CORNWALL'S SUSTAINABILITY & TRANSFORMATION PLAN

Community Events Analysis Report

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Executive summary

This report analyses data provided by the NHS and Cornwall Council from the 'Sustainability and Transformation Plan' (STP) public survey distributed in Cornwall. This report provides in-depth analysis of the data, displays key-themes and sub-themes within these, whilst also providing 'node descriptions' which summarise the breadth of responses. The sister report 'Summary Report' which also has been provided, summarises the key headlines and conclusions that developed from the data analysis. Both reports are linked to an excel spreadsheet showing the formulas and methods used to create the graphical outputs.

The University of Exeter, Cornwall Campus, provided two analysts to work on these reports- Dr Tim Walker and Philippa Brill, who were directed by Dr Michael Leyshon and Professor Catherine Leyshon. The analysts used NVivo software to process the data and recognise recurring themes, before conducting the graphical analysis using Excel spreadsheets.

This report has been produced for the sole use of the NHS Communications team, namely Garth Davies, in order to write the STP Engagement Report. The report is not for circulation nor use by any other party.

Contents

1.0: Methodology of Data Analysis

The STP survey had 17 questions. Each question had a closed and open ended component; with exception of Q1 which had two open ended components. The quantifiable questions have been processed through Cornwall Council's Negitgate software. The qualitative data from the open ended survey questions has been analysed by UoE Geographers. The researchers processed this data using NVivo software. A tool which is specifically designed to assist analysis of unstructured data. The research team took a grounded theory approach to coding the data. As such the themes identified in the data have been built up from participant responses; as opposed to themes being based on preconceived categories.

The data analysis process had two stages. Firstly this involved analysis of the raw data in a 4 stage process; results presented in the Analysis Report. Secondly this involved re-analysis of all codes and themes to draw out the headline findings; results presented in this Summary Report. The first 4 stage process involved:

1: Parent codes (Nodes in NVivo language) were developed in relation to response type. All questions required developing bespoke macro categories, but were typically based on response types which: 1) agreed or disagreed with priority or approach because; 2) agreed with priority but listed problems with approach; 3) listed barriers to delivering this priority; 4) listed opportunities or alternative solutions to delivering this priority; 5) listed problems with the STP or how the survey functioned.

2: Child codes were iteratively developed based on themes within the responses under each of the parent codes. As these codes were built the analysts wrote a description, including examples, of each theme. In some cases 'baby' nodes were built to capture the nuances in responses. The descriptions of the codes were created using a word tree diagram (see Figure 1), which indicated connecting sentences related to a particular theme. This allowed key themes and quotes to be extracted and included in the description.

Figure 1. NVivo word tree for 'Patient'.

3: The two analysts reviewed all codes for all questions and produced explanations to the themes. These codes and explanations were then checked by the project manager.

4: Based on the number of references, to each theme, the responses were quantified to produce graphs. It can be reasoned that these graphs illustrate the relative importance of each theme for the survey participants.

The second stage of analysis was necessary because of the level of detail in the Analysis Report. The unstructured data from the open ended questions, combined with a level of participant confusion resulted in a complex data set. Participants often responded to an issue which was not asked about or in a way which did not answer the question. In order to draw out the key findings the analysts have re-structured and re-analysed the data in relation to delivering the STP as whole. This involved 3 stages:

> **1:** Identifying the top, most frequently referenced, themes under each question.
> **2:** Organising the most frequently referenced issues under the following themes: 1) Issues with survey; 2) points of agreement with STP; 3) points of disagreement with STP; 4) missed priorities; 5) challenges for delivering the STP; 6) opportunities for delivering the STP.
> **3:** Constructing new quantitative graphs which illustrate the headline findings.

Important to note is that the coding process which has produced the figures in both reports has been made transparent through the provision of the NVivo code books to the NHS Communications team. Reading of these shows how survey responses have been coded and how the wider themes have been determined. The UoE team are happy to discuss the analysis process of queries about themes and their definitions.

2.0: Results

In total 1896 people participated in the STP public survey.

Graphical Outputs:
For each question, a pie chart or bar diagram was created to show the initial 'response categories' or the broad, over-arching themes displayed in the results data. From this, further bar charts were created to show more detailed sub-themes within the main response categories and the number of references (how many times the theme was referred to by respondents). In most cases a respondent's answer would be coded to multiple themes, as it contained a variation of comments related to more than just one theme, this means that the overall numbers of references will not equal the number of respondents.

2.1: Participant Information
Participants were asked for demographic information about themselves along with details on their health and social care plan. See Figures below for an overview of participant characteristics.
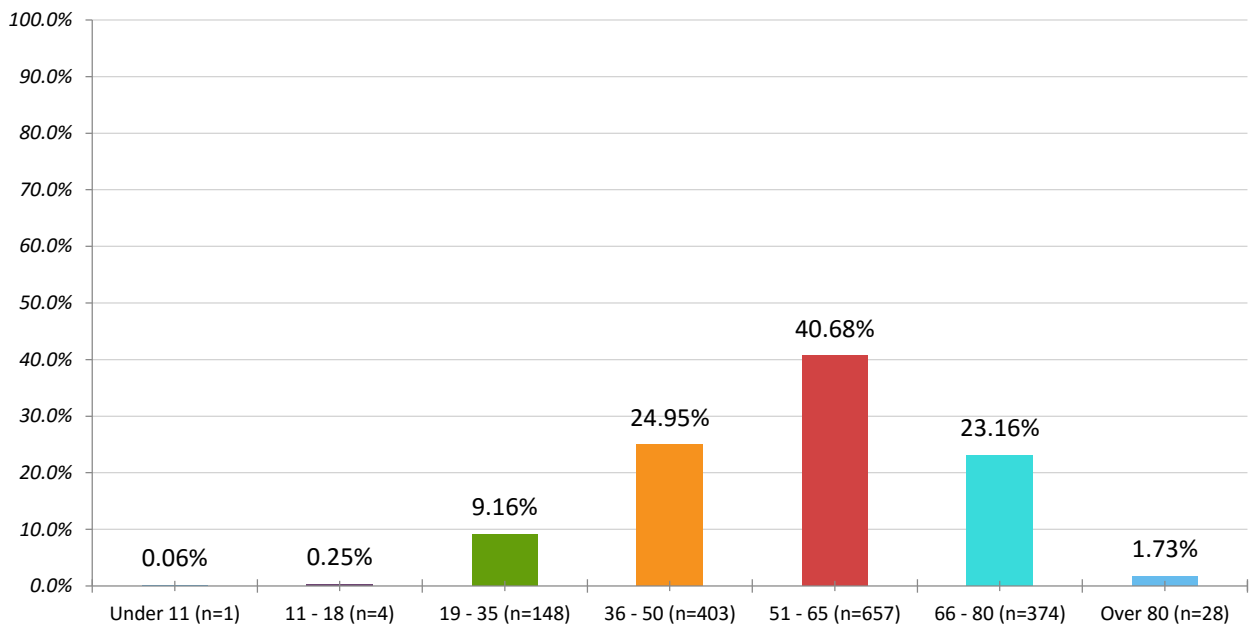
Figure 2. Participant age ranges

Figure 3. Do you have a long standing health condition?

Do you have a written care plan? ie an agreement between you and your mental health professional or social services to help you manage your day to day health.
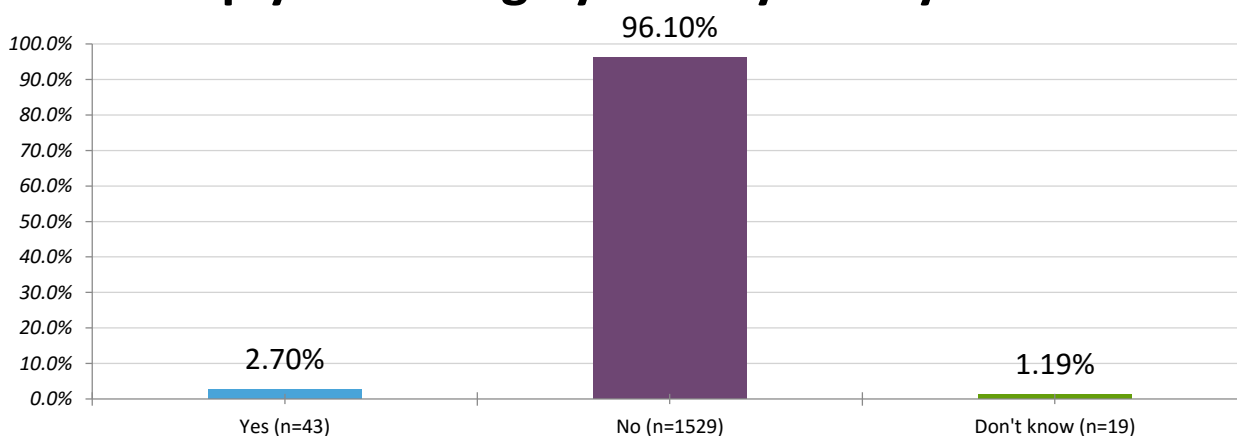
Figure 4. Do you have a written care plan?

Are you a registered / non-registered carer?
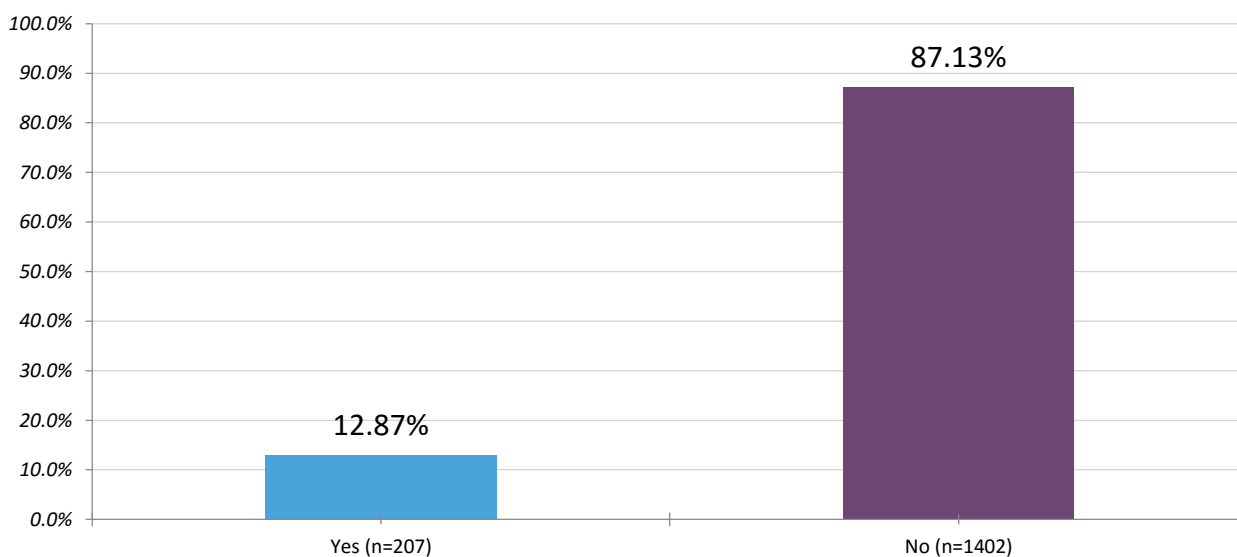
Figure 5. Are you a registered or non-registered carer?
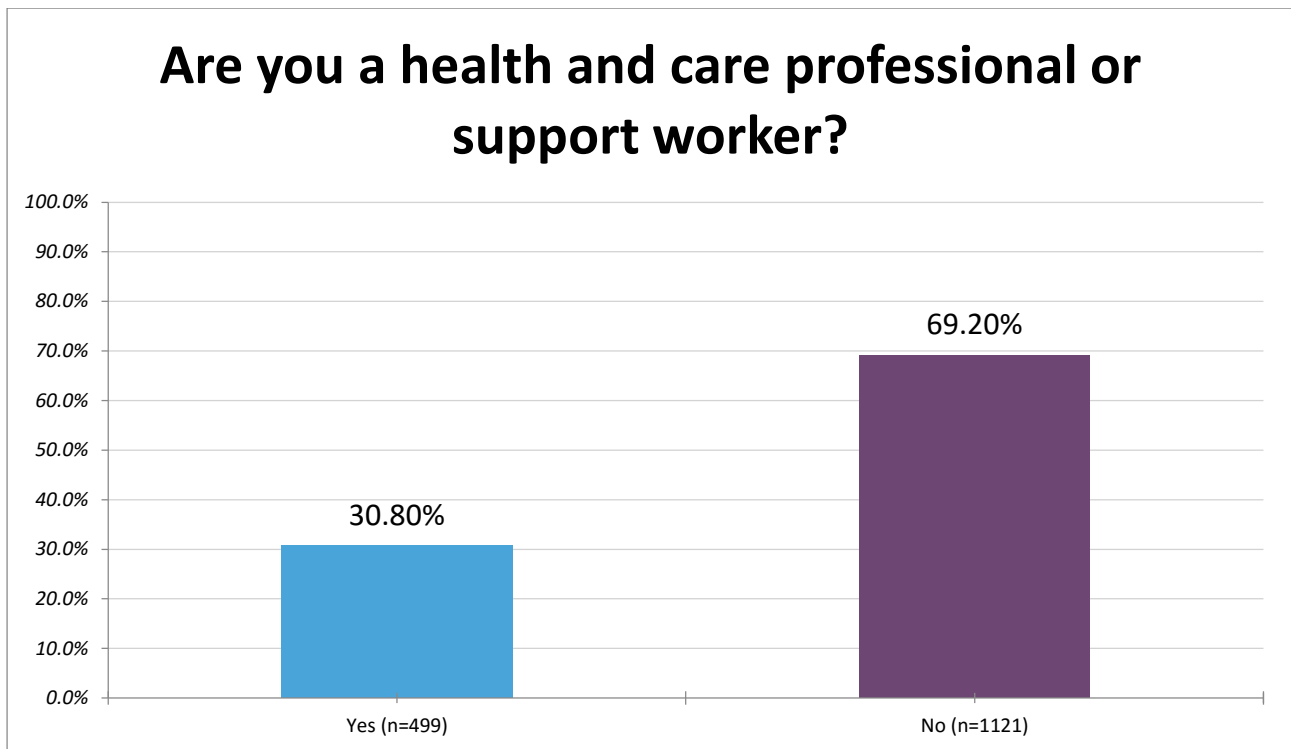
Figure 6. Are you a health and care professional or support worker?

Based on respondent's home postcodes the map below shows the extent of survey participation across Cornwall.
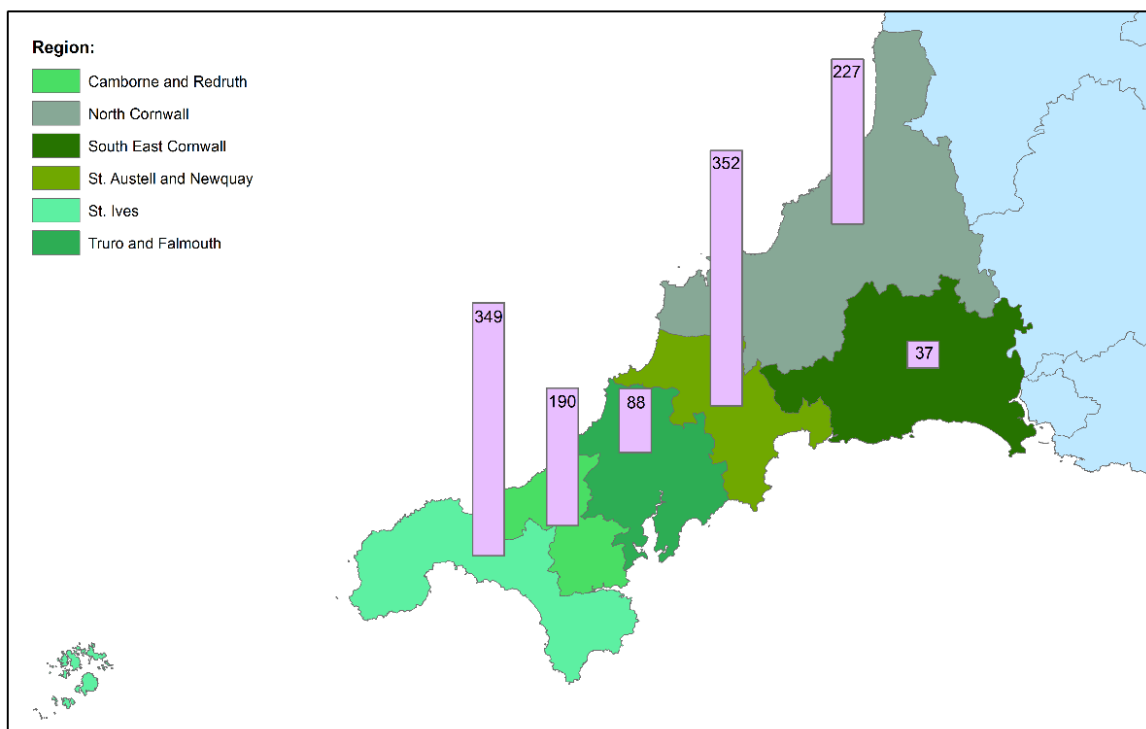
Figure 7. Map showing survey participation across Cornwall

Q1.0: To what extent do you agree with each of our priorities?
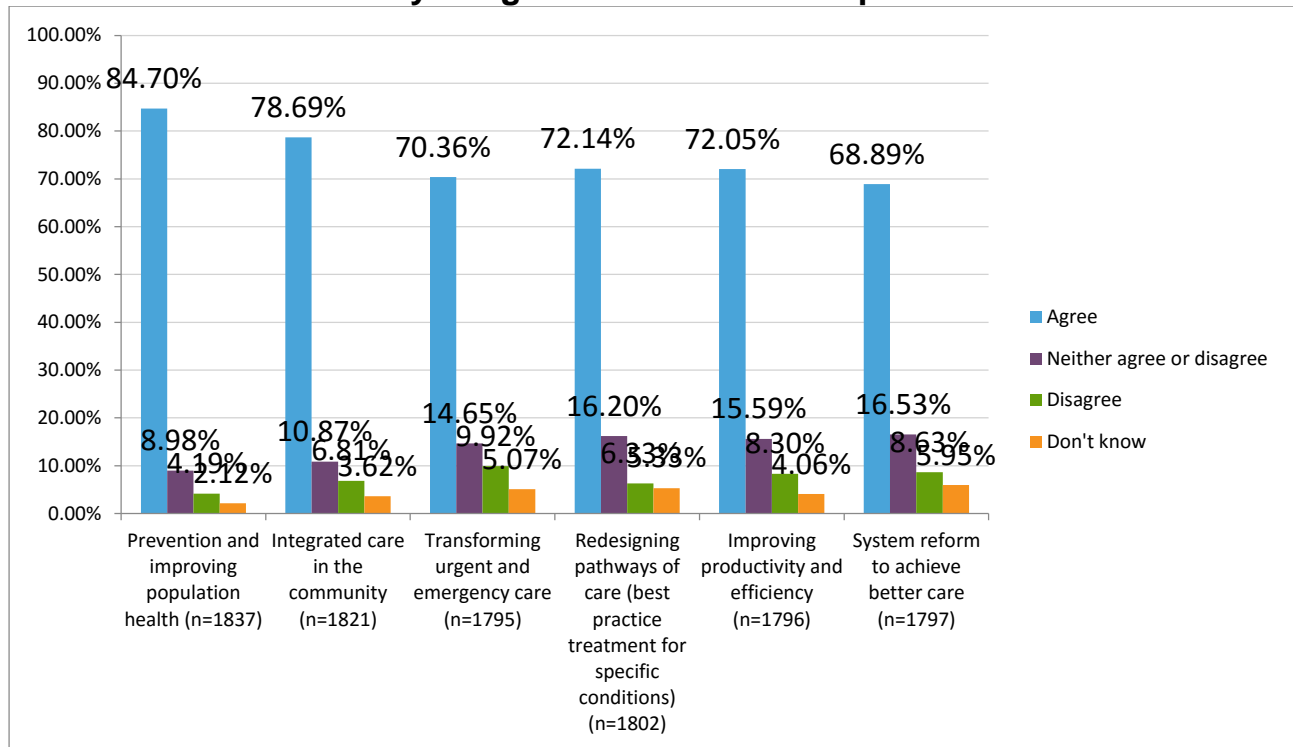
Figure 8. To what extent do you agree with each of our priorities?

Q1.1: Please state the reasons for your choices

Participants were asked to state their reasons for choosing to agree or disagree with the priorities. Responses were categorised under agree, disagree or problems & missed priorities. Within these themes the responses were then further divided into Experience of care, Cost of care and Health.
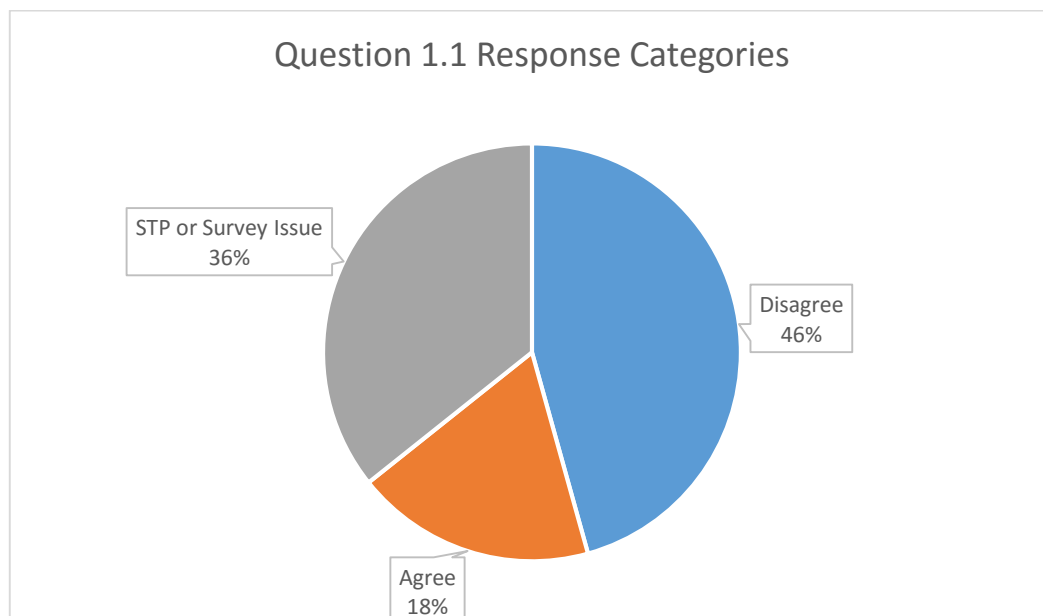
Figure 9. Response categories for Question 1.1.
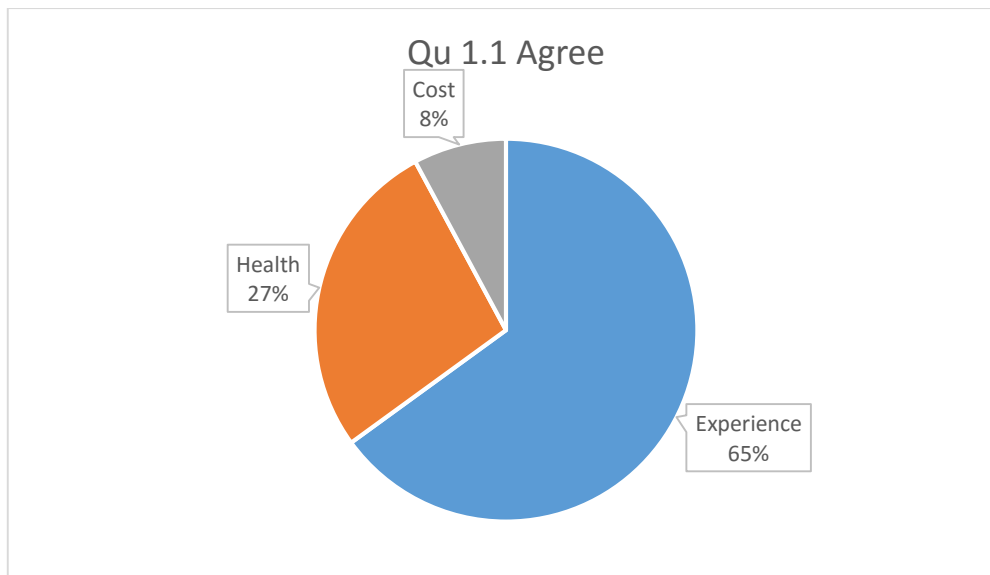
Figure 10. Reasons for agree.
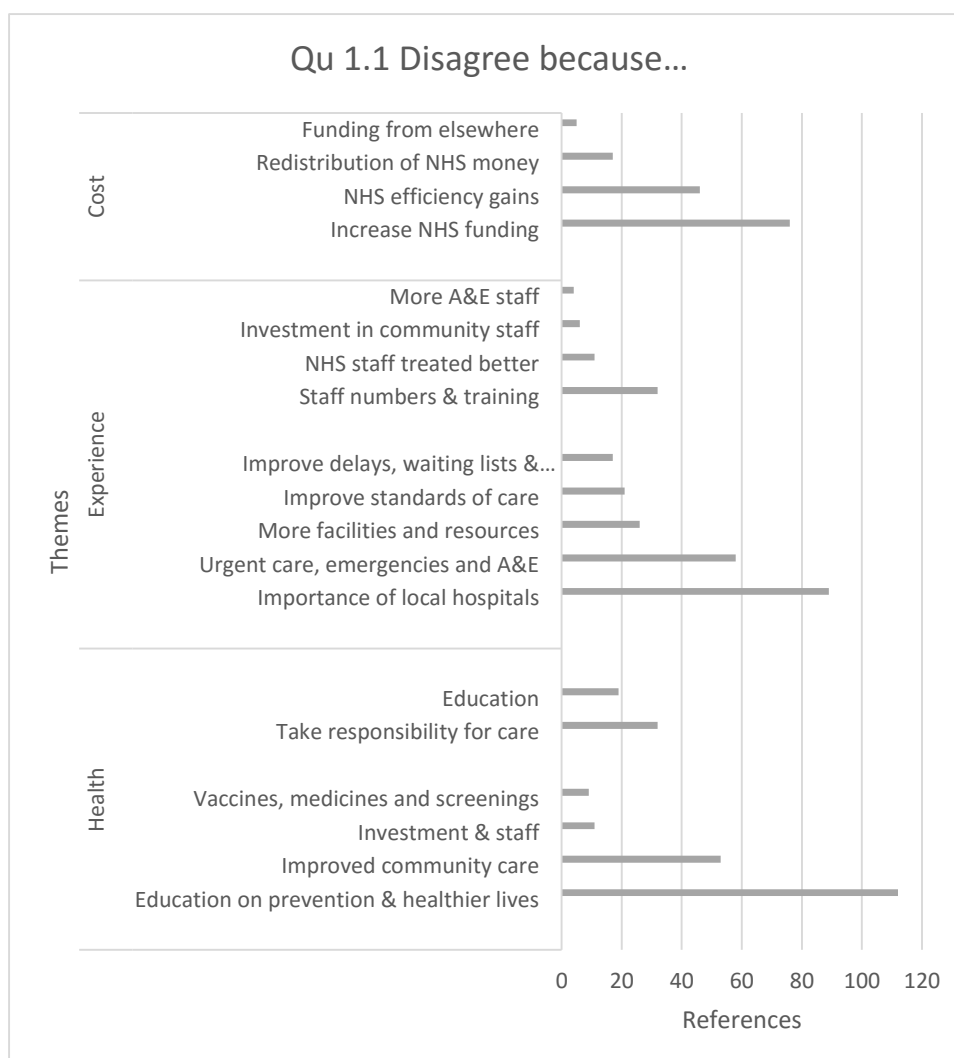
Figure 11. Reasons for disagree.

Description of nodes:

- '**Funding from elsewhere':** The respondent feels that the NHS shouldn't be funding this priority and instead it should be sourced from elsewhere, e.g. local councils or schools. This often included prevention strategies and education in schools.
- '**Redistribution of NHS money'**: The NHS money could be used more efficiently if put to another use. For example, reduce top layer of staff as they are too expensive and instead increase workers on the frontline. In the county we spend too much money on surveys, feasibility studies and upper management- we need to redirect this money to frontline services.
- '**NHS efficiency gains'**: To give a good service but in a structured financial way that provides the best care done in the most efficient way. This will include reducing wasted money and duplication within the system.
- '**Increase NHS funding'**: For these positive impacts to occur, the NHS needs an increase in funding to implement these changes. This means more funding and not a reduction which has led to cuts and closures in recent years.

- '**More A&E staff'**: More staff in A&E would help relieve the pressure of this service. It would also mean the staff could work less hours and would be less tired for work.
- '**Investment in community staff'**: This will help the transition from a hospital based service to a community based service.
- '**NHS staff treated better'**: Proper support for staff in the NHS, including better wages and more appropriate working hours.
- '**Staff numbers & training'**: NHS has an already stretched workforce, the service needs to employ more staff and improve training standards.

- '**Improve delays, waiting lists & appointments'**: Delays, waiting lists and difficulties getting appointments need to be focused on in hospitals and GP's. Often this drives more people to use A&E and emergency services.
- '**Improve standards of care'**: Standards of care within the NHS in Cornwall could be improved, this includes cleanliness of hospitals as well as the quality of care received. A priority should be to always provide the best care possible.
- '**More facilities and resources'**: NHS facilities and resources need to be improved, including the use of local hospitals. This will help reduce a major problem within hospitals; bed-blocking, and allow people who need urgent care to access it.
- '**Urgent care, emergencies and A&E'**: An increase in urgent care centres and A&E's to deal with medical emergencies. The existing A&E in Truro is vastly overworked and waiting times for emergencies is not acceptable.
- '**Importance of local hospitals'**: Local hospitals are very important to communities and need improving and developing rather than being closed down. They reduce the need and time taken to travel to larger hospitals like Derriford and Treliske, especially with poor transport links, and are essential in providing services in local communities.

- '**Education'**: Public and school education on health issues and how to avoid them should be encouraged. This also includes education on NHS services, for example when is the correct time to use A&E as opposed to visiting your GP.
- '**Take responsibility for care'**: People need to take responsibility for care, rather than relying on NHS services when they are not always needed, this applies to personal care as well as caring for a friend or relative. Setting up community groups for support with similar conditions could contribute to this.

- **'Vaccines, medicines and screenings'**: These will help to help prevent illness and show the importance of early diagnosis.
- **'Investment & staff'**: More funding and staff for these preventative health services in Cornwall to allow them to function the best they possibly can.
- **'Improved community care'**: Integrated community care needs to be improved to keep people out of the health system. This may include setting up 'Healthy Living Clubs' within communities.
- **'Education on prevention & healthier lives'**: Starting with children at school and progressing to adult education, the public needs to be made aware about how their lifestyle choices can have a negative impact on their health. This should help prevent illness and ease reliance on the NHS.
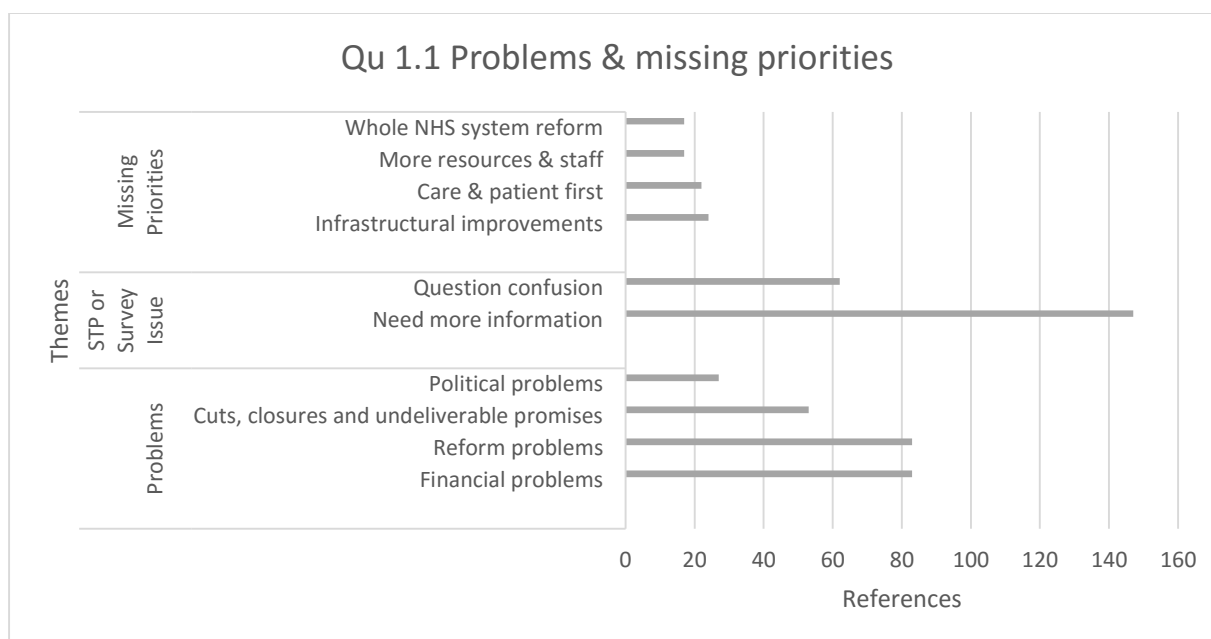
Figure 12. Problems with Qu1.1 and missed priorities.

Description of nodes:

- **'Whole NHS system reform':** In this case the respondents felt that the NHS is fundamentally flawed and needs to be reviewed as a whole system, starting from bottom-up, to truly fit the needs of the population.
- **'More resources & staff':** More money, more hospitals, more staff... all are needed to improve the service, without these then reform won't happen.
- **'Care & patient first':** The priority should be putting the patient first and providing the best possible care for that patient. Often this means improving what's already there rather redesigning the whole system at the detriment of the patient.
- **'Infrastructural improvements':** Improvements in infrastructure are needed, for example; building new homes and improving existing local hospitals.

- **'Question confusion'**: The question is unclear and the respondents are confused what it is actually asking. The question needs to be more user-friendly.
- **'Need more information'**: The plan is lacking evidence, information and clarity for the respondents to make a truly informed decision. There may also be some confusion with terminology that they do not understand.

- **'Political problems':** Why has Cornwall been pushed so far back in the priorities of the government? Some respondents feel that the Conservative government has ruined the NHS in Cornwall. Some also felt there's a hidden political agenda behind the STP that they don't agree with.
- **'Cuts, closures & undeliverable promises':** Funding and job cuts, closure of Cornish facilities and undeliverable promises from the NHS.
- **'Reform problems':** 'One size fits all method' won't necessarily work, reform will need to be more specific. Reform can't just be a short-term fix, needs to consider the future. Reform should also only happen if it's truly needed. Also in some cases the staff and public don't want to change and won't react well to the reform.
- **Financial problems'**: How are these improvements to be funded? Will it mean more budget cuts? Privatisation of the NHS?

Figure 13. Qu1.1 Word cloud

Q1.2: Please let us know if there is a priority you think we have missed and why this is a priority for you

Participants were asked what priorities they think the STP had missed[1]. The responses were categorised under the broad area where a priority was thought to be missed.

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[1] No respondents explained why this was a priority for them.

Question 1.2 Response categories

- No additional priorities 3%
- Improve the current system 2%
- STP or survey issue 5%
- Priorities missed 90%
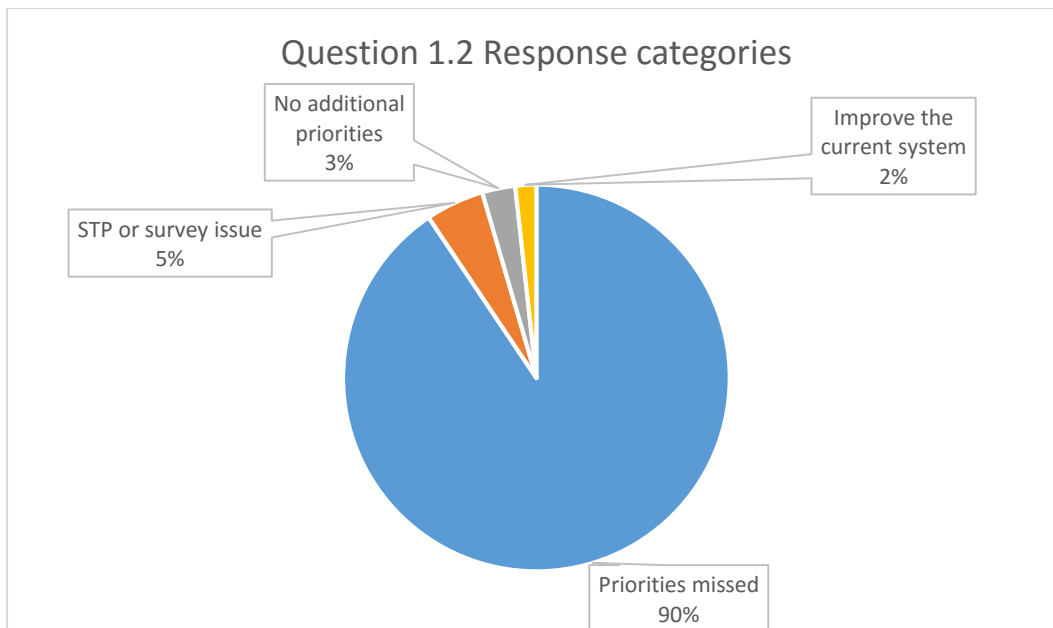
Figure 14. Response categories for Question 1.2.

Priorities missed:

Qu 1.2 Missed priorities
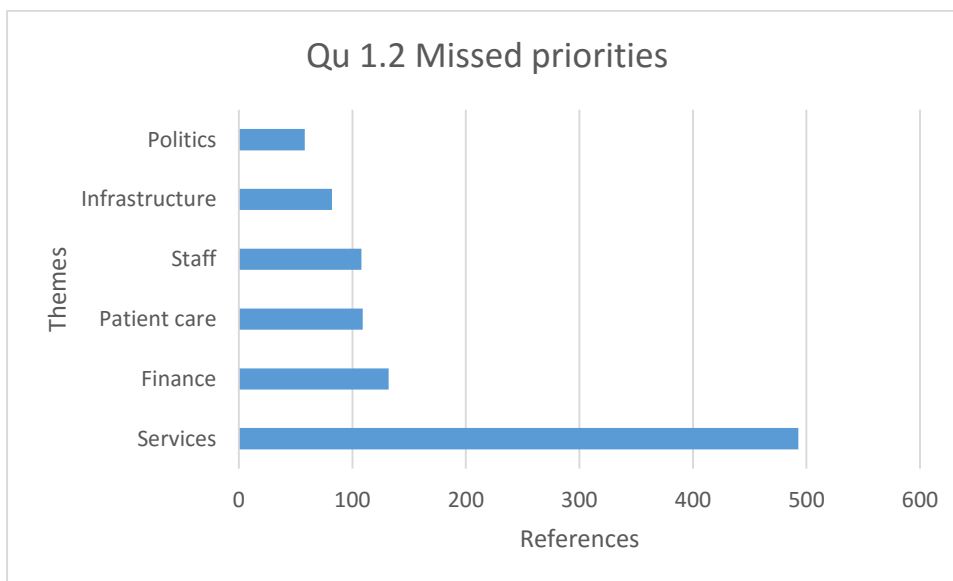
Figure 15. Missed priorities divided into broad themes.

These themes were then broken into smaller sub-themes.

- Priorities missed: Services:
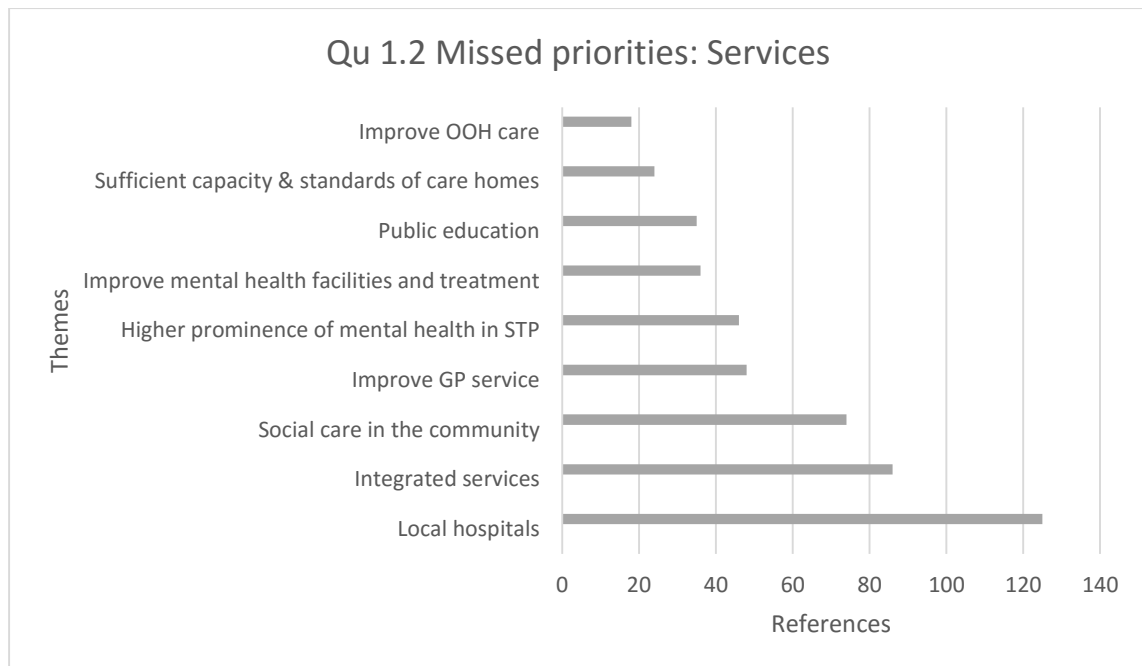
Figure 16. Missed priorities within services.

Node descriptions:

- **'Improve OOH care':** Out of hours care needs to be made more accessible. There needs to be more GP's providing OOH care. OOH care needs to be better integrated and the 111 service needs to be improved.
- **'Sufficient capacity & standards of care homes':** Care homes need to be able to cope with the growing aging population. The standards within care homes need to be improved so the elderly are receiving the best possible care. This needs to change amongst care agencies too.
- **'Public education'**: Public education desperately needs improving and better integrated into the community. Engage public on health issues and tell them how to prevent these.
- **'Improve mental health facilities & treatment'**: Improve facilities and treatment for mental health. Including better emergency services and more specialist mental health clinics.
- **'Higher prominence of mental health in STP'**: Mental health is a serious issue in Cornwall and needs more funding and higher prominence in the STP.
- **'Improve GP service'**: Improve GP service by modernising GP's, improving the prescription process, better access to GP's and more GP's available.
- **'Social care in the community'**: Improve care in the community and at-home care, e.g. more home carers, more district nurses. This needs to be better integrated with other services too, e.g., people with learning disabilities. Also need to improve care plans for when patients leave hospitals. This should also aim to reduce social isolation especially for the elderly.
- **'Integrated services'**: Including shared services, better communication between services and a more integrated approach in general. This will improve the overall quality of care as well as reducing waste and duplication.
- **'Local hospitals'**: Local hospitals provide an important service within a community and these should be kept and improved, e.g. Launceston, Bude. By utilising local hospitals, this will reduce bed-blocking in the county, which is a huge issue

mentioned by respondents. In addition, more hospital facilities (including walk-in facilities) should be built, to reduce the current strain on services.

- Priorities missed: Finance:
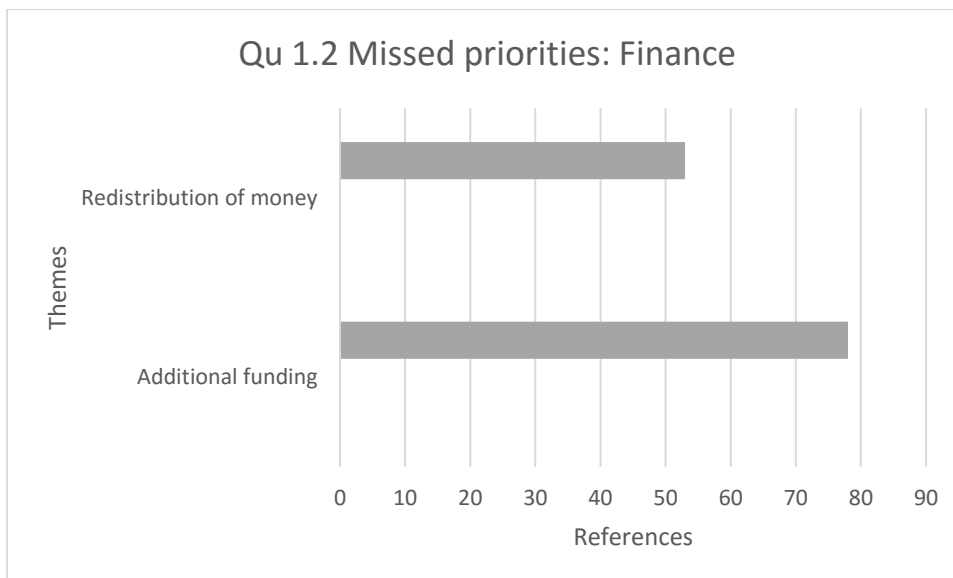
Figure 17. Missed priorities within finance.

Node descriptions:

- **'Redistribution of money'**: NHS money needs to be redistributed. This includes: less money to managers, less wasted money, more spent on funding particular services (e.g. mental health), more into social care and more money into care as a whole!
- **'Additional funding':** The NHS in Cornwall is underfunded from central government. We need additional funding to improve healthcare.

- Priorities missed: Patient care and staff:
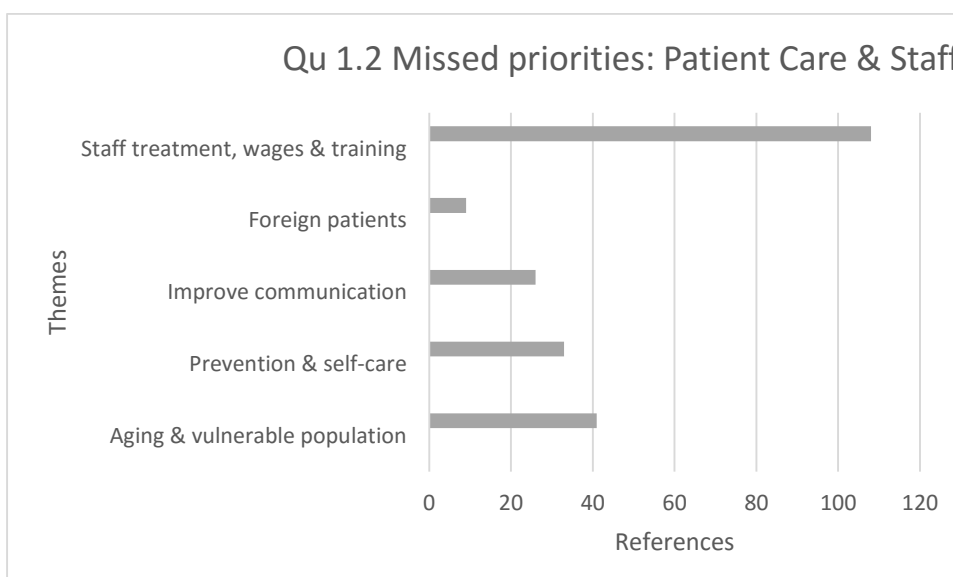
Figure 18. Missed priorities within patient care & staff.

Node descriptions:

- **'Staff treatment, wages & training'**: Treat NHS staff and carers better and lead by example. Increase staffing levels so they are not working to exhaustion (promote staff health). Improve staff wages and train the staff more appropriately. Reduce the use of agency staff and provide NHS staff with job security.
- **'Foreign patients'**: Cornwall treats foreign patients who do not pay into the NHS-this money needs to be given to NHS.
- **'Improve communication'**: Improve communication between medical care and patients so patients feel better supported with their health issues. We also need to communicate what the NHS service is for, so the public have realistic expectations of the service and know where to go at appropriate times (e.g. A&E). This will improve patient recovery and reduce the stain on the NHS.
- '**Prevention & self-care':** Target the cause of illness rather than curing it. This includes encouraging self-care, making patients take responsibility for their own health and empowering them to do so.
- '**Aging & vulnerable population':** Be better equipped to deal with an aging population and take care of those vulnerable members in our community.

- Priorities missed: Infrastructure and politics:
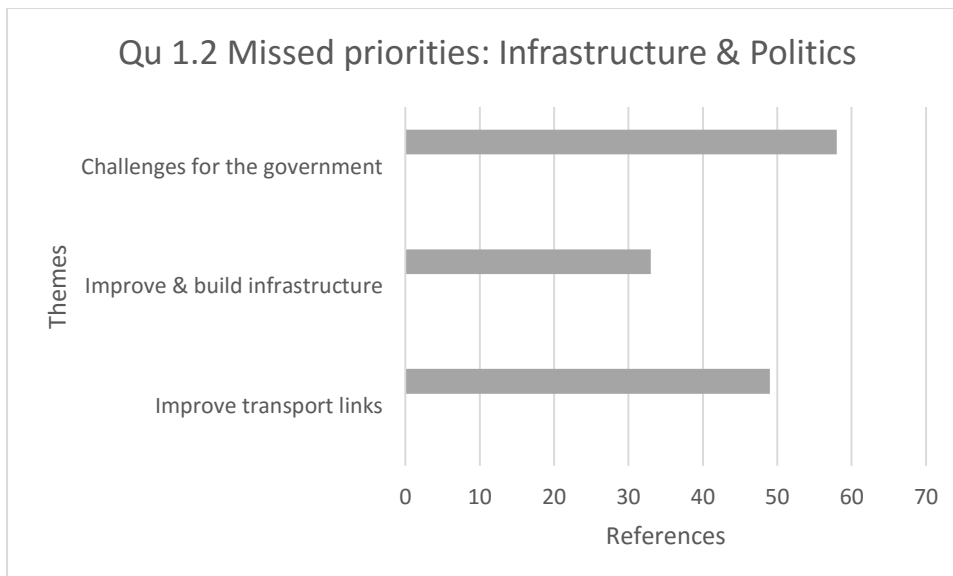
Figure 19. Missed priorities within infrastructure & politics.

Node descriptions:

- **'Challenges for the government':** Use local MPs to challenge the government and its failing austerity policies. Give Cornwall a bigger role in the government's plans. Reduce marketisation of the NHS.
- **'Improve & build infrastructure':** With so many new houses being built, so should new infrastructure like dentists, GP's, A&Es, local hospitals etc. We need more

infrastructure to keep up with demand. Current infrastructure, like housing, needs to be improved as this may improve population health.

- **'Improve transport links':** Improve transport links in Cornwall to reduce travel time and distance for patients to their healthcare centres. Better connections for rural Cornwall so it's not as isolated.

Q2.0: If you had to rank our priorities in order of importance to you which would be your first, second and third choice?
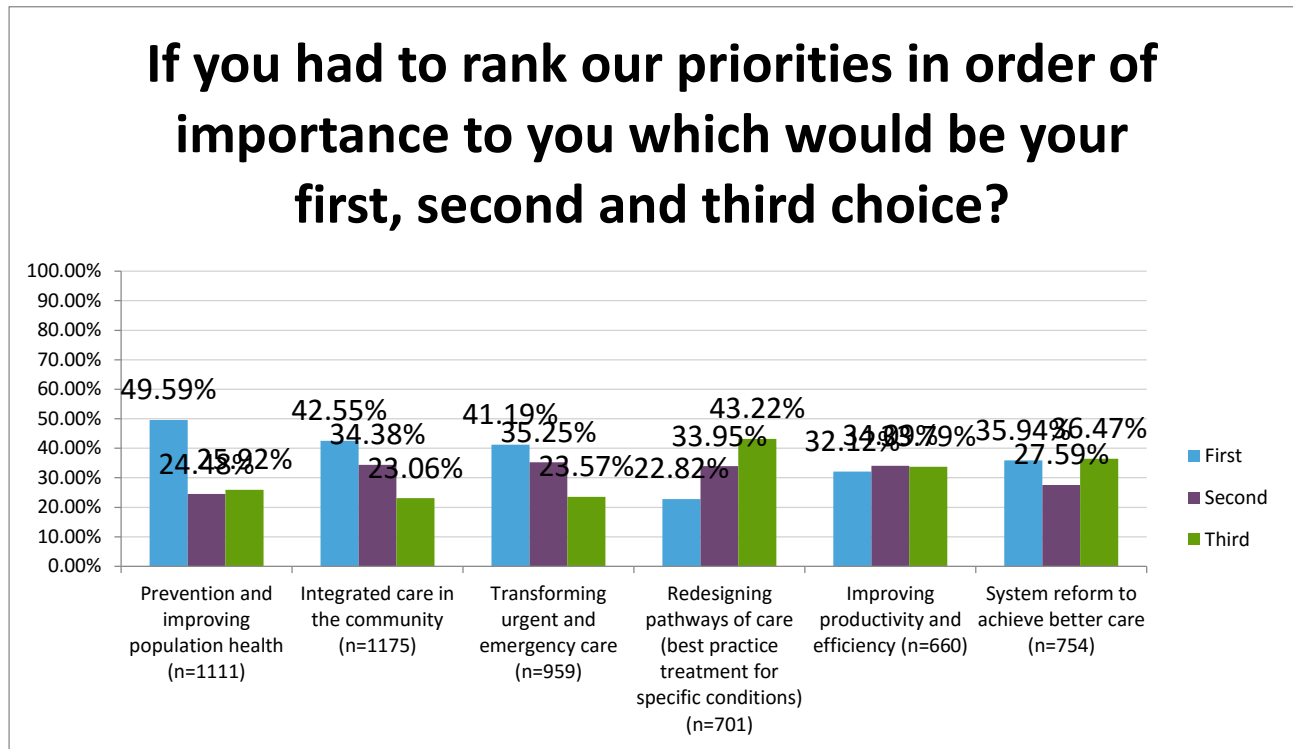
Figure 20. Priorities in rank order of importance

- *UoE suggest that results from Q1 would be better presented as follows*
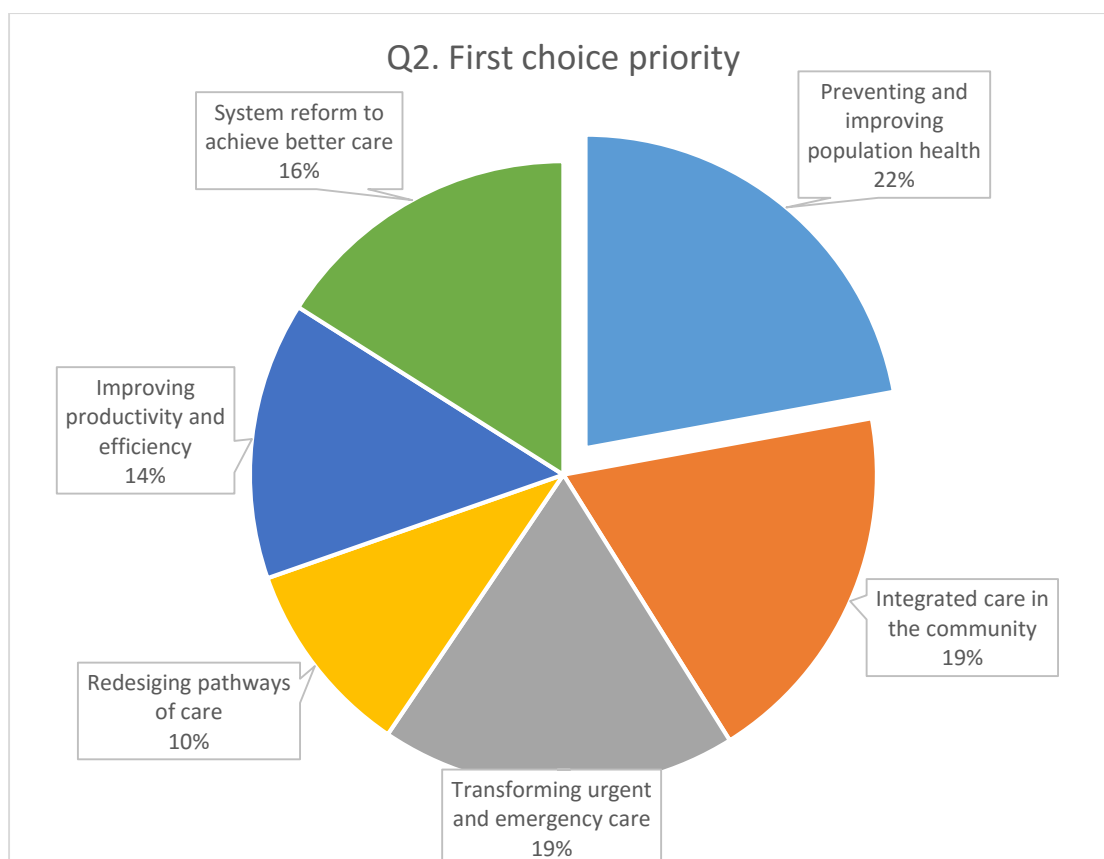
Figure 21. First choice priority

The chart shows that 'prevention and improving population health' was chosen as the most important first priority.
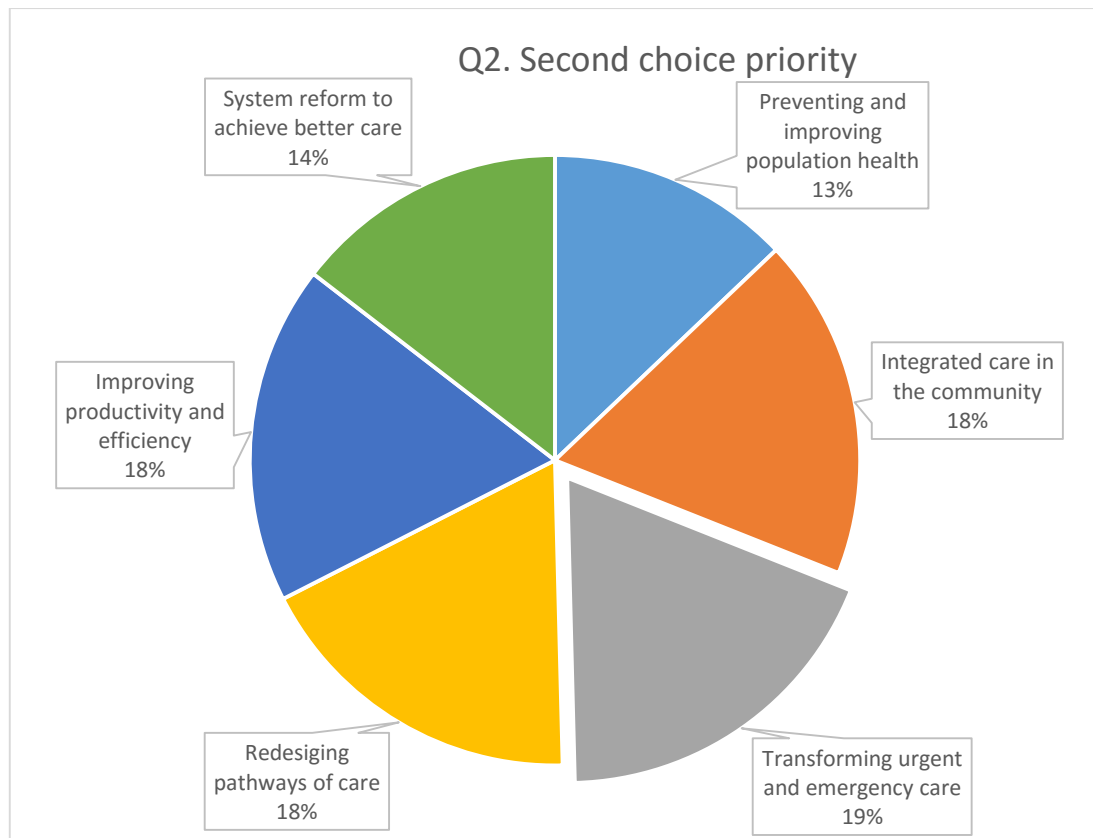
Figure 22. Second choice priority

The chart shows 'integrated care in the community' and 'transforming urgent and emergency care' were joint for the second most important priority.
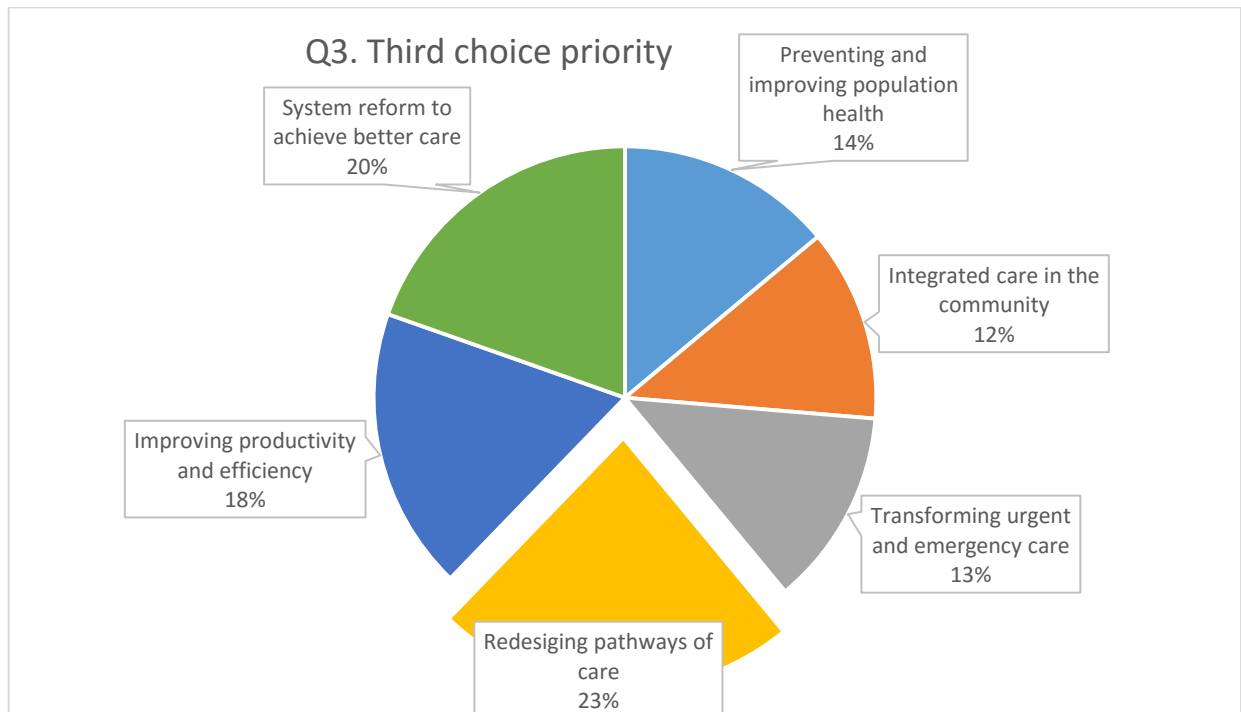
Figure 23. Third choice priority

The final chart shows 'redesigning pathways of care' has been selected as the most important third priority.

Q2.1: Please let us know the main reason behind your number one priority

Participants were asked for the main reason behind their number one priority. Responses have been organised under each of the corresponding priorities. However, participants did not always respond in a way which answered the question. As a result the response numbers under each priority, for example 'Re-designing Pathways of Care', might be under represented compared to quantitative responses in Q2. The analysis which follows contains two components for each priority. Firstly, the graph illustrates the key themes in the data alongside the number of references within that theme. Secondly, a qualitative explanation is provided which summaries the key elements to responses within that theme.
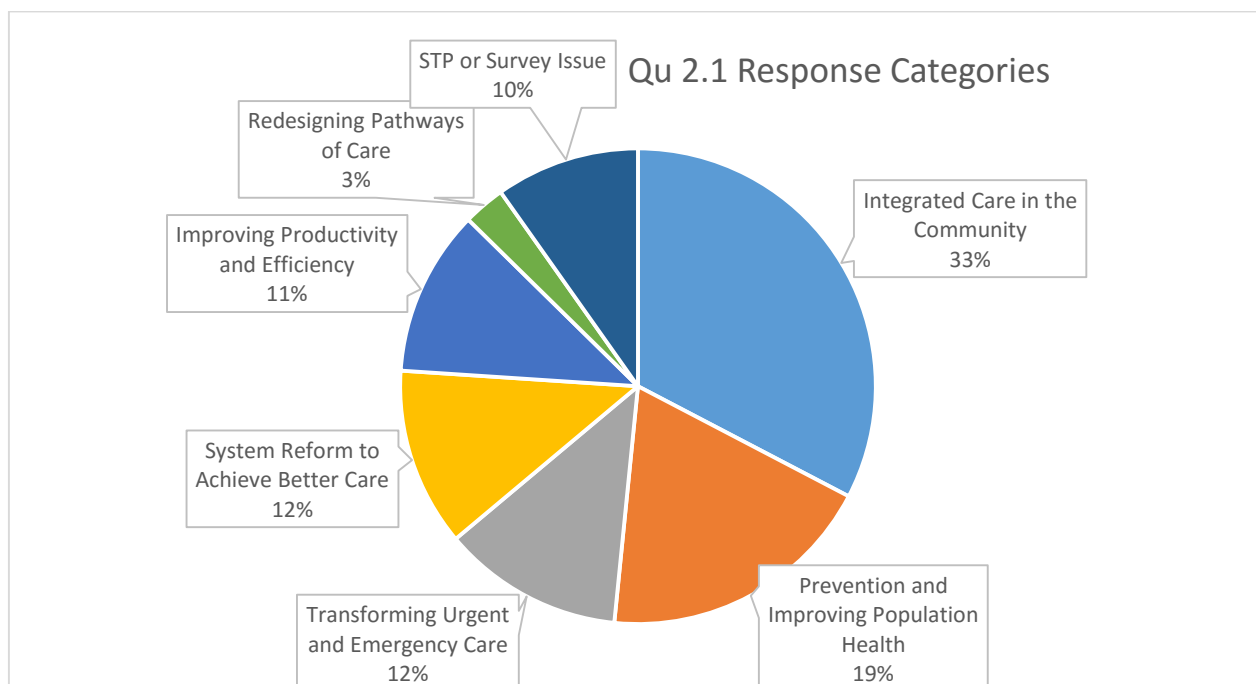
Figure 24. Question 2.1 response categories.
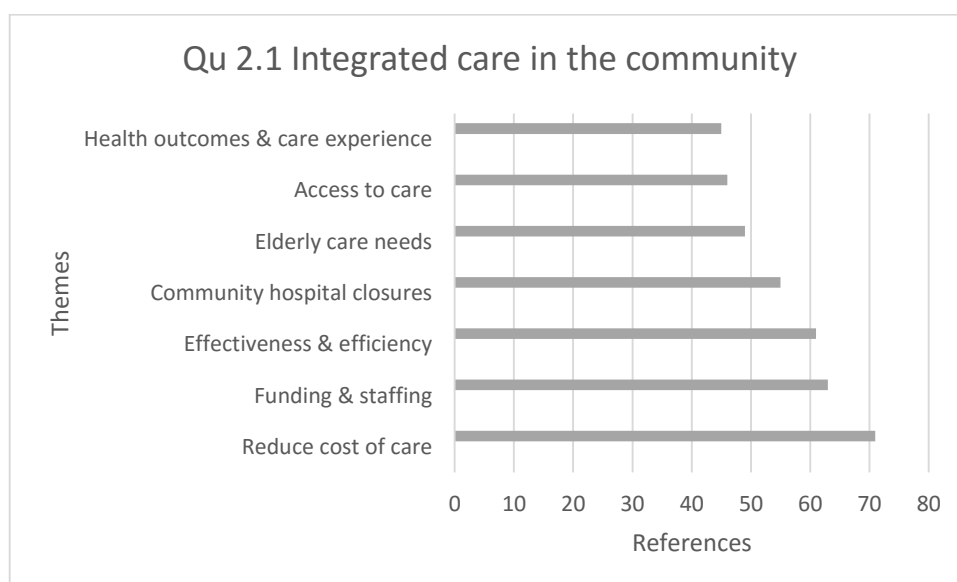
Figure 25. Reasons behind prioritising 'integrated care in the community'

Node descriptions:

- **Health outcomes & care experience:** respondents explained how integrated care in the community would increase health outcomes and patient experience.
- **Access to care:** reasons centred on the benefits of care in the community for reducing the access and transport challenges posed by a rural and sparsely populated County.
- **Elderly care needs:** Respondents explained how an ageing population means that care in the community is an important priority. Most respondents also recognised that this poses a significant challenge for the NHS. Primarily a challenge because of Cornwall's geography.
- **Community hospital closure:** Respondents explained that closing community hospitals and other local provisions of care is a challenge to delivering integrated care in the community.
- **Effectiveness & efficiency:** These respondents explained integrated care in the community would be more effective and efficient way to use NHS resources.
- **Funding & staffing:** Care in the community is underfunded and understaffed for the challenge now and ahead. In particular the pressures on GPs for serving local communities and specialist staff for serving mental health patients in Cornwall. Staff need more support to do this valuable job.
- **Reduce cost of care:** respondents explained that better integrated care in the community would reduce cost pressures on the NHS; specifically with regard to resource demand from admissions and acute services. Bed blocking was most frequently cited as the reason care in the community would reduce pressure on the NHS. Cost of care was also directly cited. Responses under both these sub issues have been categorised separately.
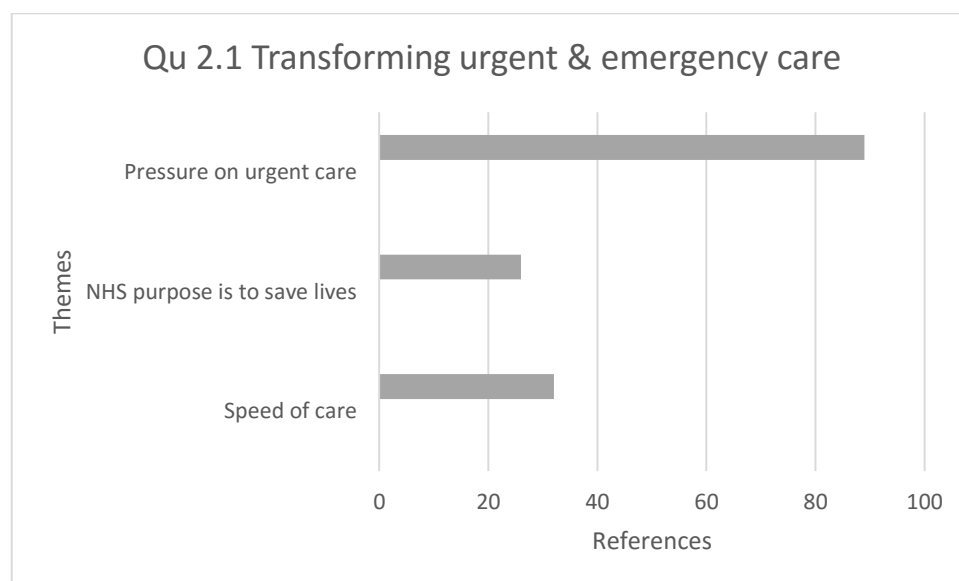
Figure 26. Reasons behind prioritising 'transforming urgent and emergency care'

Node descriptions:

- **Pressure on urgent care:** Respondents explained that the pressure on emergency care services makes this a priority. This part of the NHS is underfunded and understaffed. Urgent care services are being burdened by cases which are low risk. These cases need to be: 1) picked up prior to A&E admission; 2) an efficient pathway of care established to reduce urgent service care pressure. Pressure on urgent care also includes bed blocking.

- **NHS purpose is to save lives:** Transforming urgent care is the most important priority because saving lives should be central priority for the NHS.
- **Speed of care:** Respondents explained how their reason for choosing urgent care as the priority was because of current speed and quality of care. The key issue being the waiting times in A&E but also waiting times for specialist treatment.
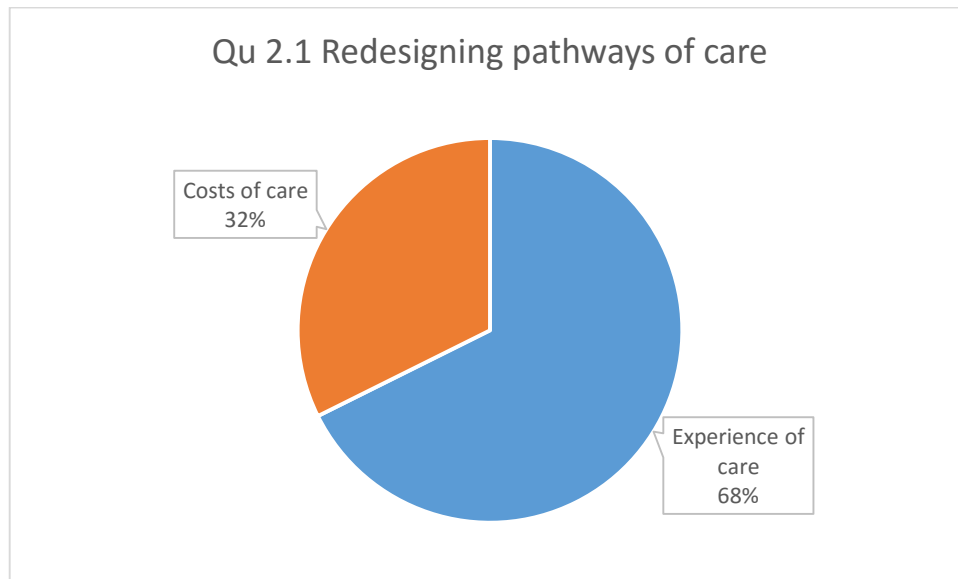
Figure 27. Reasons behind prioritising 'redesigning pathways of care'

Node descriptions:

- **Experience of care:** Respondents reasons centred on enabling a smooth transition from hospital to home. Establishing better pathways of care so staff are better trained to help individuals pass through the system.
- **Cost of Care:** Respondents reasons centred on the cost of care. By redesigning pathways of care, based on best practice, the efficiency and productivity of the NHS will be increased through using existing staff and resources more effectively.
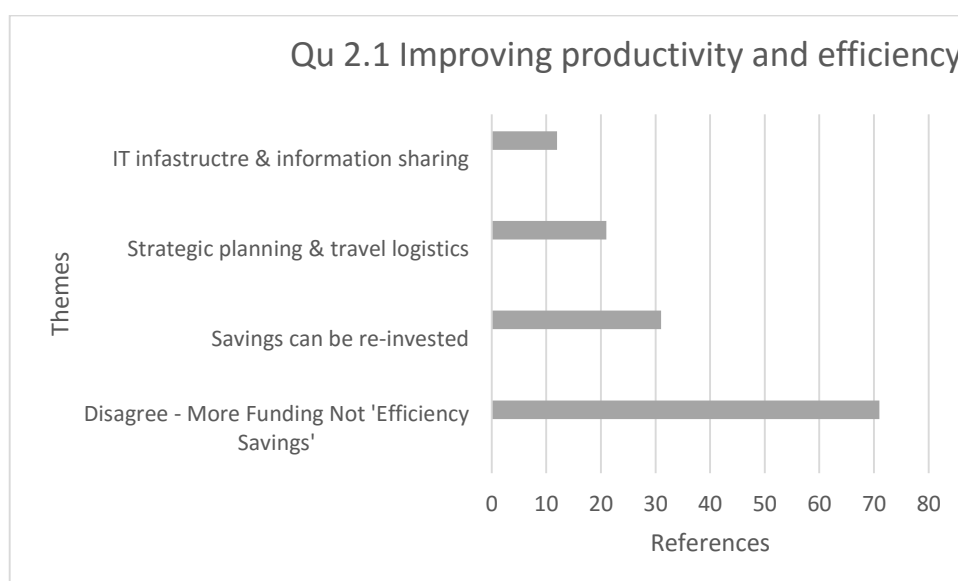
Figure 28. Reasons behind prioritising 'improving productivity and efficiency'

Node descriptions:

- **IT infrastructure & information sharing**: respondents explained how reforming the IT infrastructure and the way information is shared between health workers could significantly improve NHS productivity and efficiency.
- **Strategic planning & travel logistics:** respondents explained how a strategic review about how services are planned could increase efficiency. Considering travel logistics for health professionals was particularly important.
- **Savings can be reinvested:** respondents agreed with this priority because the savings could be re-invested to improve NHS services.
- **Disagree- More funding not efficiency savings:** respondents disagree with the 'improving productivity and efficiency savings' priority. These respondents want more funding for the NHS and are against privatisation.
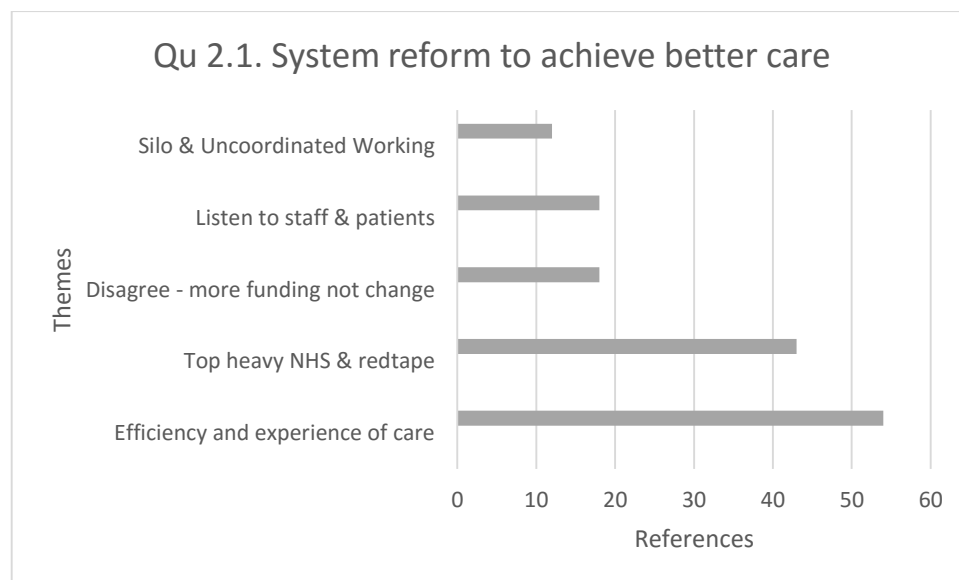
Figure 29. Reasons behind prioritising 'system reform to achieve better care'

Node descriptions:

- **Silo & uncoordinated working:** the current silo and uncoordinated system are key reasons for reform.
- **Listen to staff & patients:** Any reforms need to be done in partnership with staff and patients. These groups have valuable knowledge to ensure best outcomes
- **Disagree- More funding not change:** respondents disagree with this as a priority and explain how more funding is needed not change. Change not only costs but it causes confusion amongst staff and patients.
- **Top heavy NHS & red-tape:** Respondents explained that there were too many managers, bureaucracy and red-tape. Less managers and more frontline staff are needed.
- **Efficiency and experience of care:** respondents explained that there was poor functioning of current system and points of service duplication. Reform would improve efficiency in care delivery and experience of care.
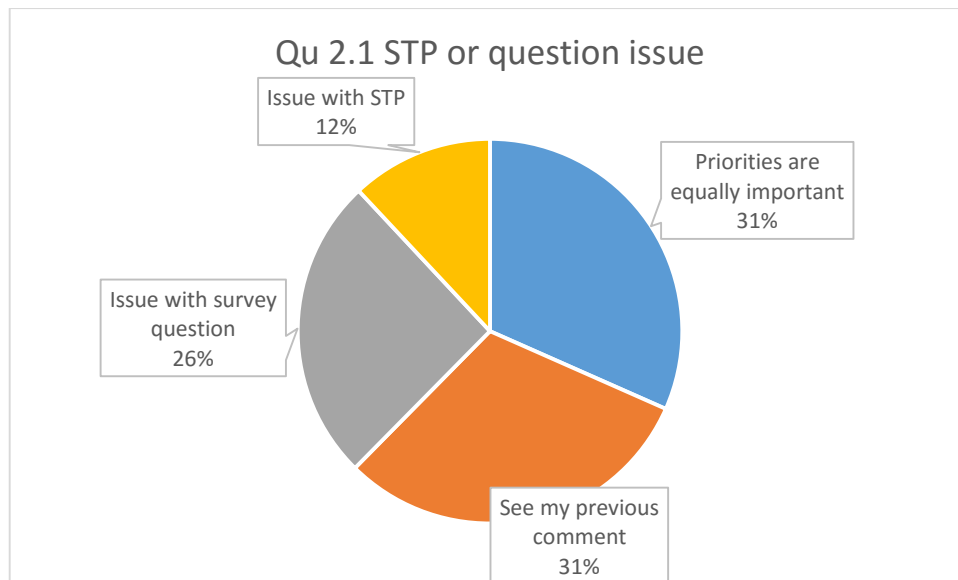
Figure 30. STP or survey directed response

Some participant responses were directed at the process of the STP or the survey itself. These responses are illustrated in the chart above.

Q3.0: To what extent do you agree with our recommended approach and our prevention priorities?
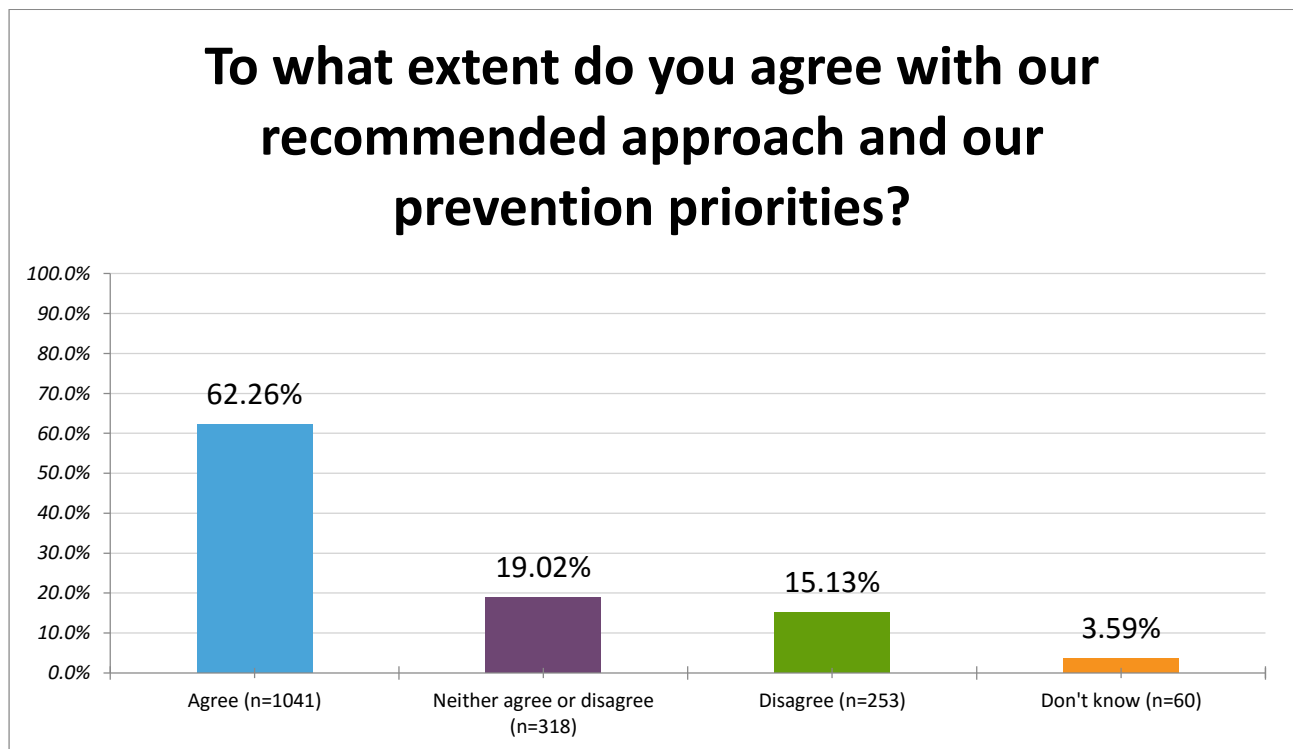
Figure 31. To what extent do agree with recommended approach and prevention priorities

Q3.1: Please state the reasons below and let us know if there are any particular groups of people or types of issues you think we need to prioritise:
Respondents for this question either agreed or disagreed with the reasons put forward by the STP, but not many offered any other reasons. The second part of the question was

focused on by the majority of respondents, providing groups of people (classified by ages, health conditions or societal factors) and other issues that need to be prioritised.

Response categories:
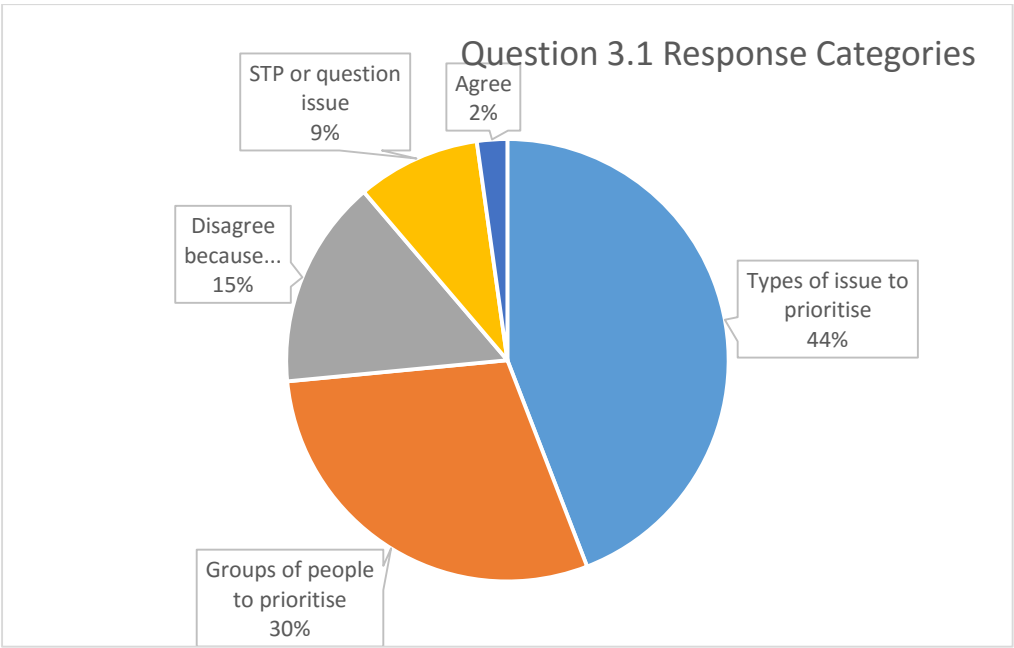
Figure 32. Response categories for Qu3.1.

Types of issue to prioritise:
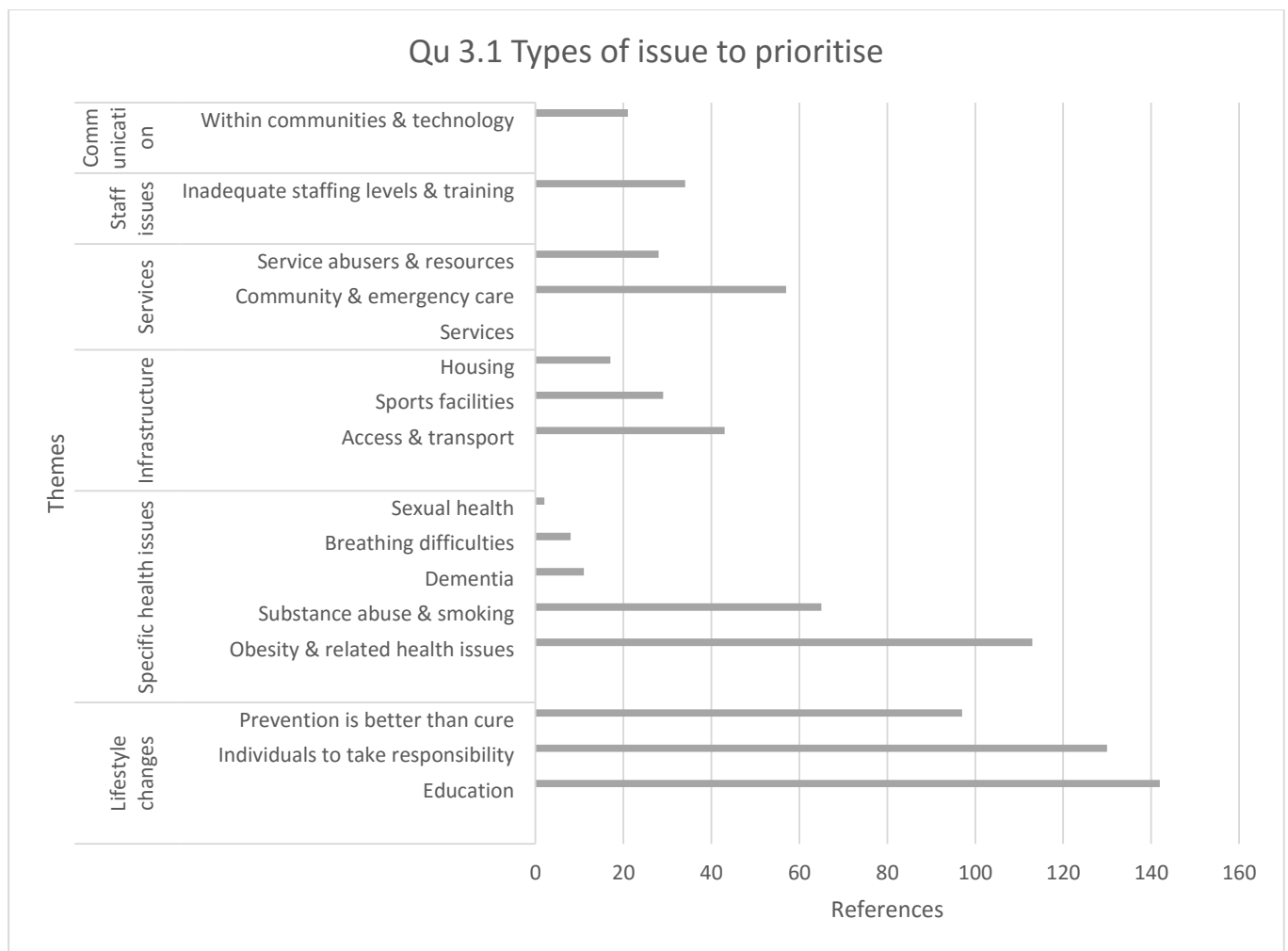
Figure 33. Types of issue to prioritise.

Node descriptions:

- **'Within communities & technology':** Improve communication within a community to provide internal support. Sometimes all people need is reassurance rather than pills. The use of computers and internet with healthcare- those who do not have access to them are immediately marginalised.

- **'Inadequate staffing levels & training':** More NHS staff are needed in Cornwall, this would reduce the amount spent on hiring agency staff. Staff need to be better trained to provide the best quality of care. Their wages need to be increased as the job they do is so vital. This also includes the hard work that carers do. Furthermore, reduction of managerial positions so more can be spent on the frontline staff.

- **'Service abusers & resources':** Too many people use the NHS and emergency services as the first option, we need to change this and reduce the amount of service-abusers so the quality of care is there for the people who really need it. Resources are inadequate in some areas and this needs to be improved. Resources need to be best used to support Cornwall's population.

- **'Community & emergency care services':** Focus on care at home and in the community, so people can leave hospital quicker and therefore reduce bed

blocking problems. Emergency care is vital, especially as Cornwall has an aging population so trips/falls/heart attacks, etc., are prevalent. Emergency services need to be improved.

- **'Housing'**: The conditions of people's houses and their ability to pay the bills comes before healthcare in many cases, this needs to change. More housing schemes for homeless.
- **'Sports facilities'**: Need more sports facilities for communities and schools to access. This could include free parking and free classes for overweight or unwell people. Encouraging people into sport will improve Cornwall's health as a whole.
- **'Access & transport'**: Reduce people using online sources and allow easier access to medical care when needed. Improve transport to health centres so this will make it easier to access the care when needed. Improve numbers and accessibility of local hospitals.

- **'Sexual health'**: Improve sexual health services and educational awareness programmes in schools and communities.
- **'Breathing difficulties'**: Such as COPD sufferers- little help apart from rehab courses and yearly check-up. Asthma and other lung conditions need more resources too.
- **'Dementia'**: Help those specifically suffering from dementia. This condition will only increase due to an aging population so more resources need to be available for this condition.
- **'Substance abuse & smoking'**: Alcoholism, drug addiction and smoking. These issues can be tackled by raising more awareness of the health issues associated to the bad habits, through education and help groups.
- **'Obesity & related health problems'**: Obesity can lead to many health conditions e.g. diabetes, cardiac problems, back problems. These conditions can be reduced by tackling the source of the problem, through lifestyle changes and exercise.

- **'Prevention is better than cure'**: Prevention is a long-term investment that should be prioritised to reduce illness in the future. Prevention is cheaper, more effective and better than curing illness.
- **'Individuals to take responsibility'**: Individuals need to start taking responsibility for their own health and wellbeing, self-care is very important. This will include support from their GP's and local facilities to enable this but will ultimately reduce unnecessary trips to A&E and other facilities. Perhaps more regular health checks should also be encouraged to detect illnesses early.
- **'Education'**: Education provided at school and to adults about how to lead healthy lives. This will include healthy eating and diets, the importance of exercise and the harmful effects of smoking, drugs, over-eating etc. Also educate them on how to use the NHS most effectively i.e. when it is appropriate to go to your GP or A&E.

Groups of people to prioritise:
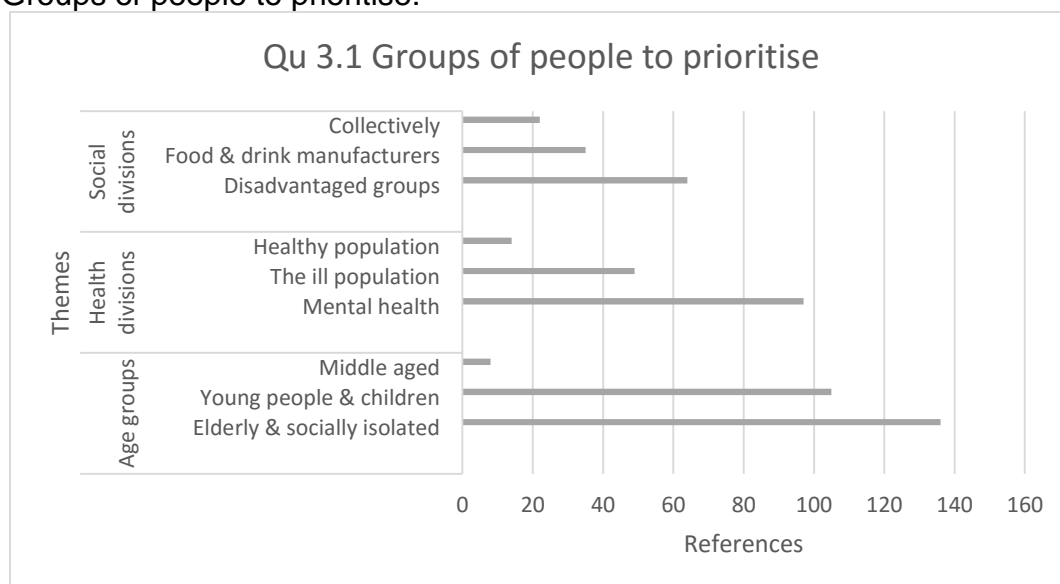
Figure 34. Groups of people to prioritise.

Node descriptions:

- **'Collectively'**: No particular group to prioritise, we need to solve our issues collectively with everyone treated equally.
- **'Food & drink manufacturers'**: Need to tackle the source of the problem and go straight to the food and drink manufacturers. Make healthy food cheaper and unhealthy food more expensive and harder to purchase. This may be a move that needs to be supported by central government.
- **'Disadvantaged groups'**: Socially and economically disadvantaged groups to be prioritised. Including the marginalised groups like gypsy traveller and migrant worker communities. Also the hard-to-reach communities, in very rural areas with limited resources.

- **'Healthy population'**: Prioritise those who make an effort to keep themselves healthy given their circumstances. These people are willing to put in the hard work so need support and advice to do so. As opposed to those who are actively harming their health (smokers and drinkers) who know their actions are harmful, perhaps they should pay for their treatment?
- **'Ill people'**: Need to concentrate on those who need care NOW, for example those who are already unwell and the elderly population. Lifestyle choices can be encouraged in different ways e.g. using the BBC, education and food/drink industry itself. But priority should be given to those who are ill, with long-term or terminal diseases. This also includes disabled people and those with learning disabilities.
- **'Mental health'**: People suffering from mental health conditions often need more support and guidance than others. This also means looking as the reasons causing these illnesses, including poor standards of living.

- **'Middle aged'**: This a group often forgotten about, but middle aged (30-60 year olds) need help and support too, especially to prevent problems in later life.
- **'Young people & children'**: Children at school, ages 0-25 years. Young parents who need support to raise their children.

- **'Elderly & socially isolated'**: Elderly people and the social isolation that comes with mobility problems and old-age.

Disagree:
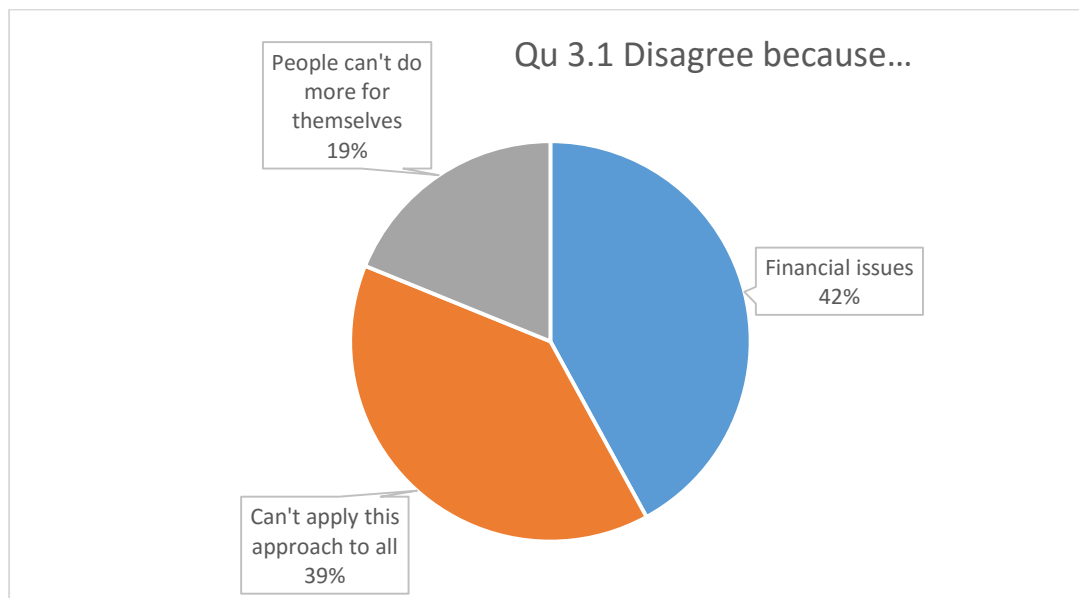
Figure 35. Reasons for disagree.

Node descriptions:

- **'People can't do more for themselves'**: People already do a lot for themselves, they cannot support their community and their own healthcare as well- it's too much and that's what the NHS is there for. Also we cannot rely on volunteers to help as there is not enough of them available.
- **'Can't apply this approach to all':** This approach cannot be applied to all people, as no two people are the same. Elderly people may particularly struggle with this approach as they need help caring for themselves. Another serious problem is that you can't force people to change, if people want to smoke and drink then they will- 'you can lead a horse to water but you can't force it to drink!'
- **'Financial issues':** Where is the £20 million coming from? How will these funds be spent? It is possible that to achieve these aims, more funding will be needed. Another problem is that throwing money at a problem doesn't always provide a solution.

STP or Question issue:
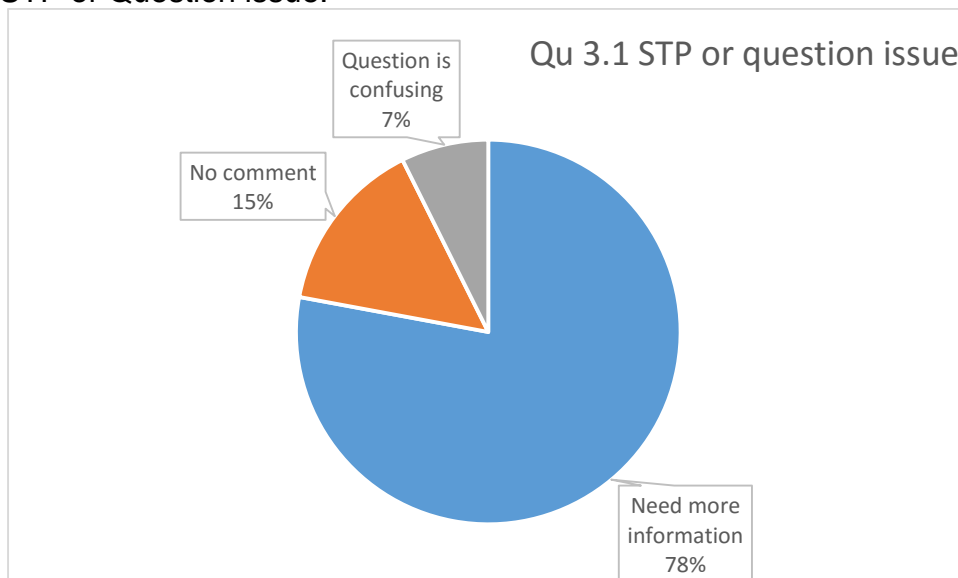
Figure 36. Qu3.1 STP or question issue

Node descriptions:
- **'Need more information'**: Stop "cherry-picking and manipulating figures" and provide more solid information so respondents can give a fully informed answer.
- **'Question is confusing'**: This question is confusing and the respondents find it difficult to understand.
- **'No comment'**: No answer provided or see previous comments.

Q4.0: To what extent do you agree with our recommended approach and our community care priorities?
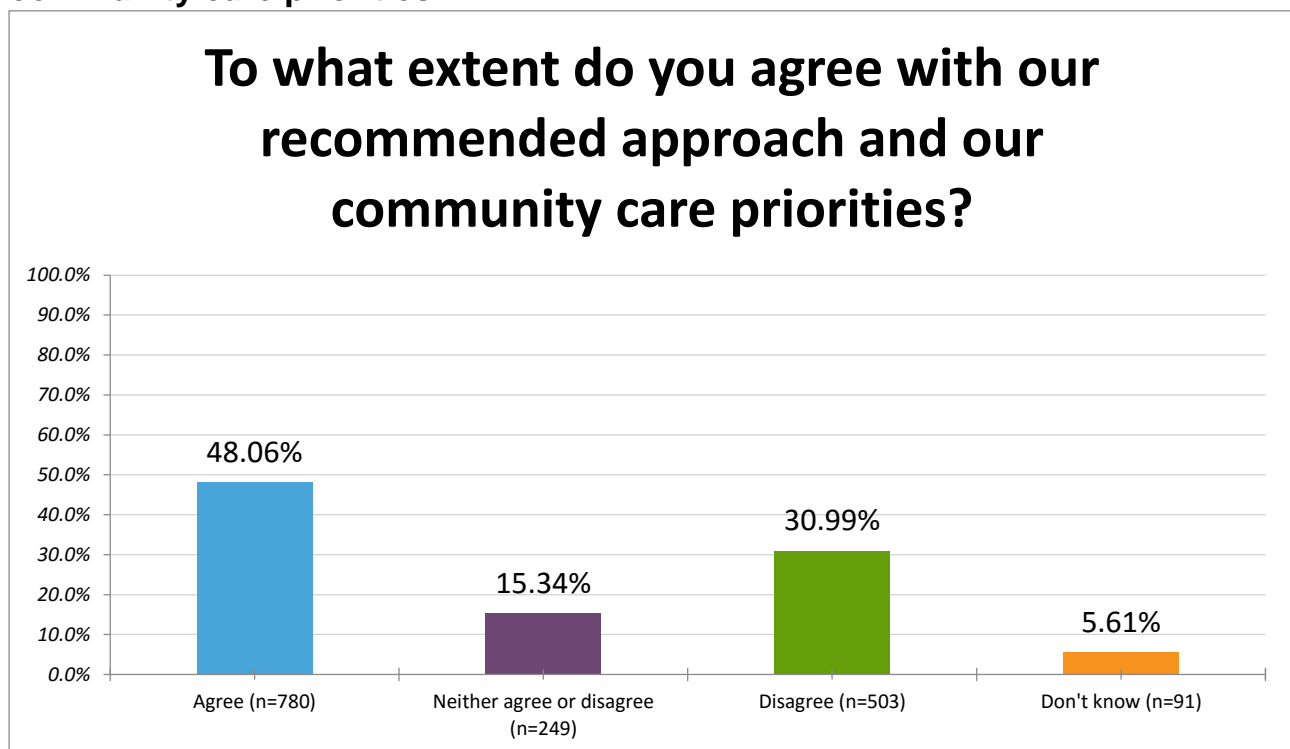
Figure 37. To what extent do agree with recommended approach and our community care priorities

Q4.1: Please state the reasons below and let us know if you have any alternative suggestions to reducing community hospital beds and sites:

Responses to Q4.1 have been categorised under whether participants: 1) agree; 2) agree but; 3) disagree; 4) list an alternative suggestions; 5) have issue with the STP or question. The figures which follow this illustrate and then explain the key themes in responses.
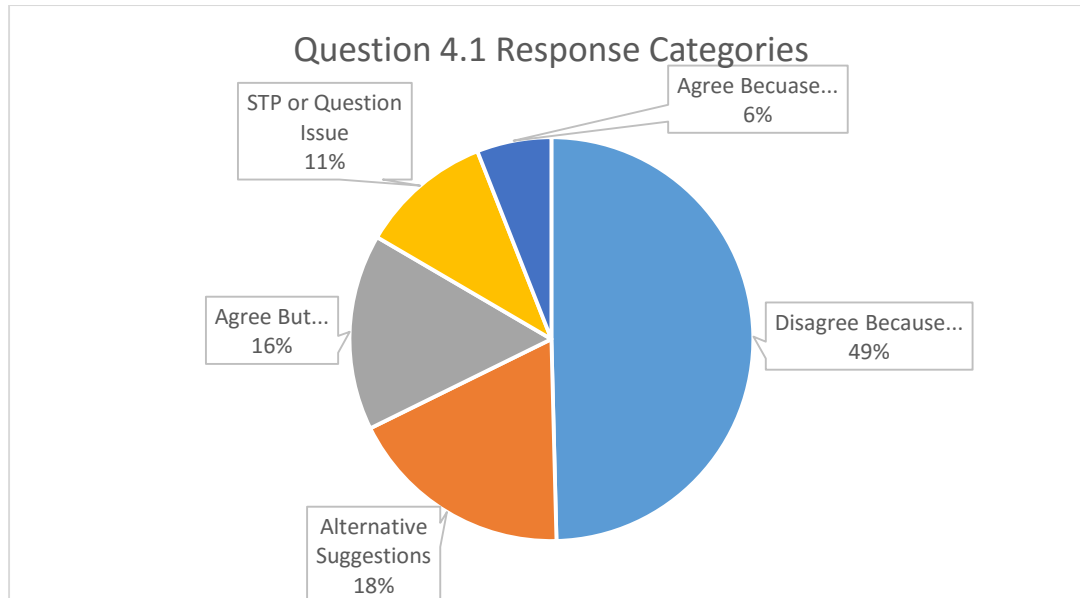
Figure 38. Breakdown of response types
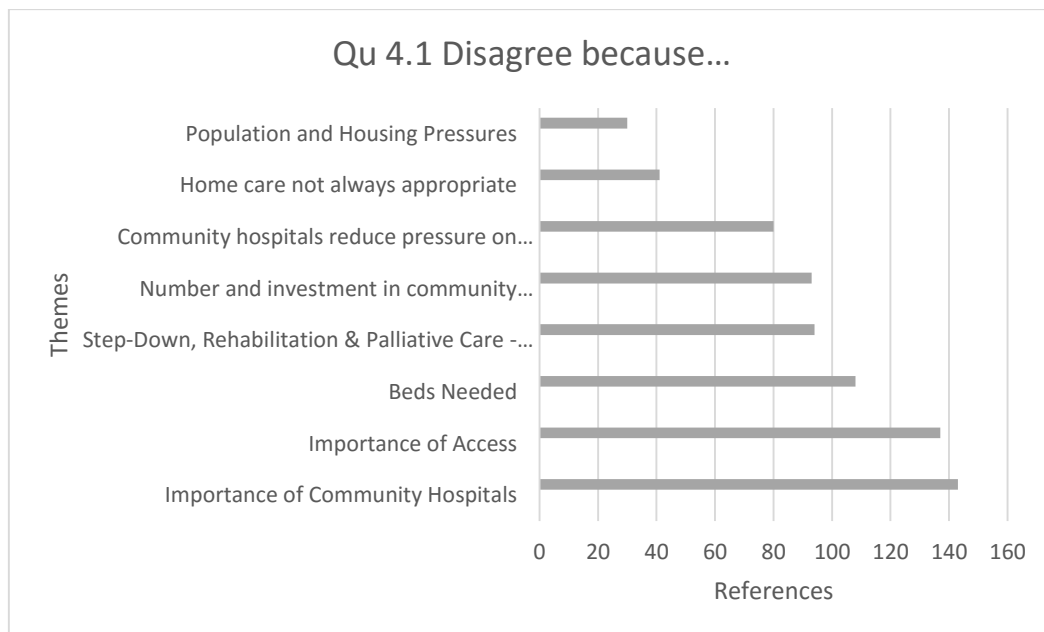
Figure 39 Disagree because...

Node descriptions:

- **Population and Housing Pressures:** An ageing population demands community based care. This challenge is compounded by the dispersed geography of

populations in Cornwall. Housing is being built without consideration of the pressure put on services.

- **Home care not always appropriate:** Not always appropriate for patient to receive care in their own home because of facilities and medical equipment.
- **Community hospitals reduce pressure on main hospitals:** Community Hospitals are effective in reducing pressure on the main hospitals. This includes 'bed blocking' for low risk cases but also because less specialist staff are needed for longer term recover.
- **Number and investment in community hospitals needs to increase:** Community Hospitals are a crucial component of the NHS. There needs to be more and an increase in investment in them to address the current demand. Need more beds not less!
- **Step-Down, Rehabilitation & Palliative Care - importance of local:** Travel in Cornwall is difficult. Palliative care needs to be accessed locally for the sake of patients and their family. There is the need for a step down ward as midpoint between main hospitals and home care. We still need local beds. By being local it also reduces the anxiety amongst patients (especially elderly) about visits.
- **Beds Needed:** There needs to be more beds in the community. The need for beds is increasing while provision declining.
- **Importance of Access:** Respondents disagree with the proposal to close community hospitals because of the detrimental impact on access. Respondents explained how travel (times & distances) is a very important consideration when planning changes or closures to any services. Access to both beds in specialist units and community hospitals are important. Over centralisation is inefficient and unfair. Travel costs for patients but also staff.
- **Importance of Community Hospitals:** Respondents explained the importance of community hospitals and how they had experienced good service. Community Hospitals do not just provide a local bed but also provide the patient support and confidence building so they can return to their own home; loneliness is a killer too. Community care does not adequately support all patients and this makes community hospitals important. Safe discharges.
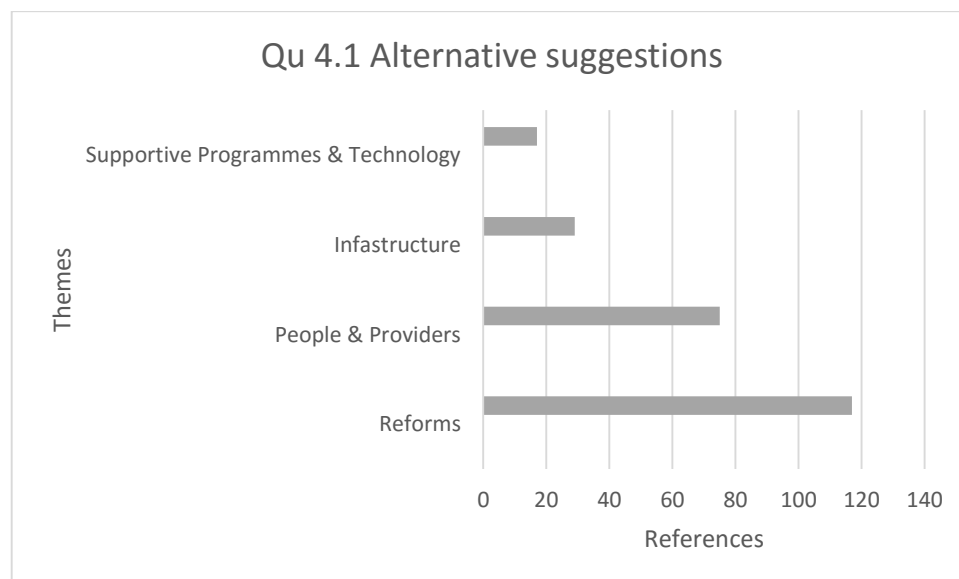
Figure 40. Alternative suggestions

Node descriptions:
- **Supportive Programmes & Technology:** develop more supportive programmes and take advantage of technology. For example support for carers at homes and active programmes for the elderly.
- **Infrastructure:** Invest in and reform the supporting infrastructure. Specifically care homes, nursing homes and the capacity of the main hospitals.
- **People & Providers:** Alternative suggestions included investment and reform into GP's and community care workers. Alternative is for GP's role to increase. Although they are currently over pressured and under resourced. GPs should be core to the hubs but their role needs to be radically re-thought. More community care workers to support people in their own home. Home care workers need to visit regularly for this to work. Invest in terms of staff training and pay. These staff would enable self-care.
- **Reforms:** Alternative suggestions included reforms to community care, community hospitals and the discharge process. Reform and investment of community care is needed. In particular improving community care packages. Community care also needs to be able to deal with more acute cases. Suggestion is to reform community hospitals rather than close them. Some hospitals like St Michael's are under used and others are over stretched.

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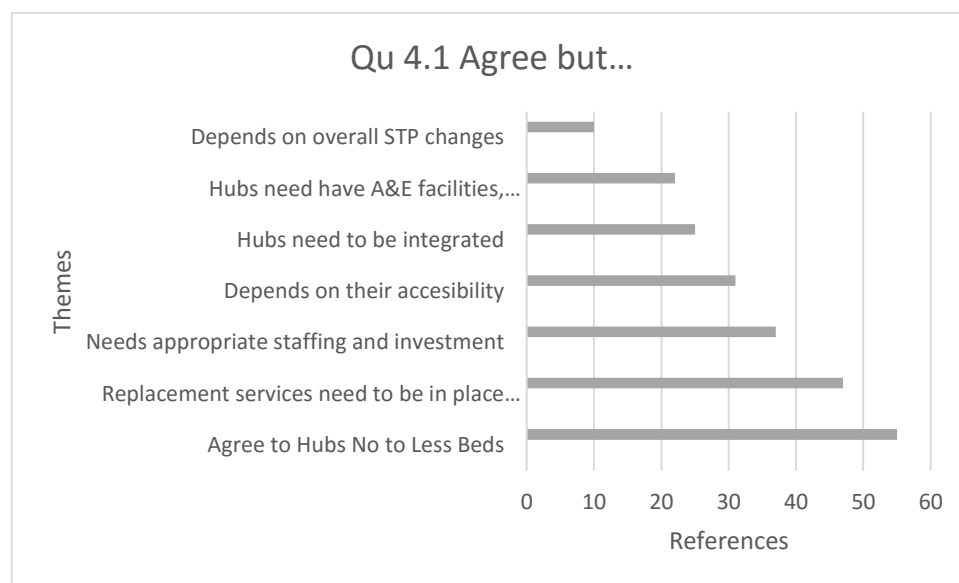
Figure 41. Agree but…

Node descriptions:
- **Depends on overall STP changes:** depends on how the STP will change care overall in Cornwall. There needs to a balance in funding for inpatient and community care; closing local provision is likely to increase inpatient stays.
- **Hubs need have A&E facilities, diagnostics, be 24/7:** For community hubs to work they need to have A&E facilities, the right diagnostic capabilities and be accessible 24/7.
- **Hubs need to be integrated:** Hubs need to be linked with primary and secondary care services. They need to be interdisciplinary and support shared learning between clinicians.
- **Depends on their accessibility:** number of sites and their accessibility.

- **Needs appropriate staffing and investment:** Hubs need qualified and experienced staff.
- **Replacement services need to be in place first**: replacement services need to be in place first. Especially bed numbers, these should not be reduced before other solutions are in place. Furthermore a social change needs to take place amongst both health care professionals and patients about how services should be accessed. Wellbeing courses such as mindfulness and yoga would also be welcome. Pharmacies should be integrated. Ideally they would also have specialist units.
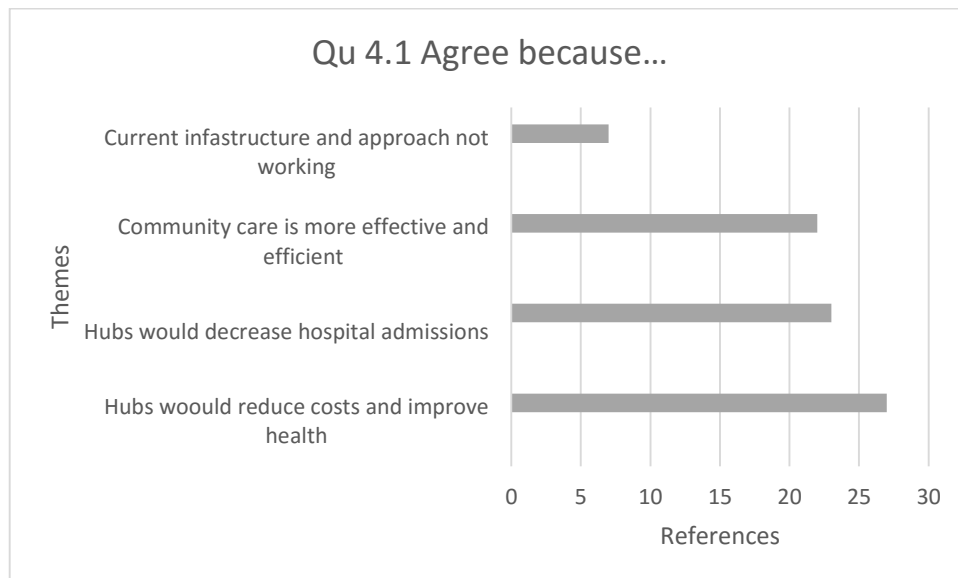
Figure 42. Agree because…
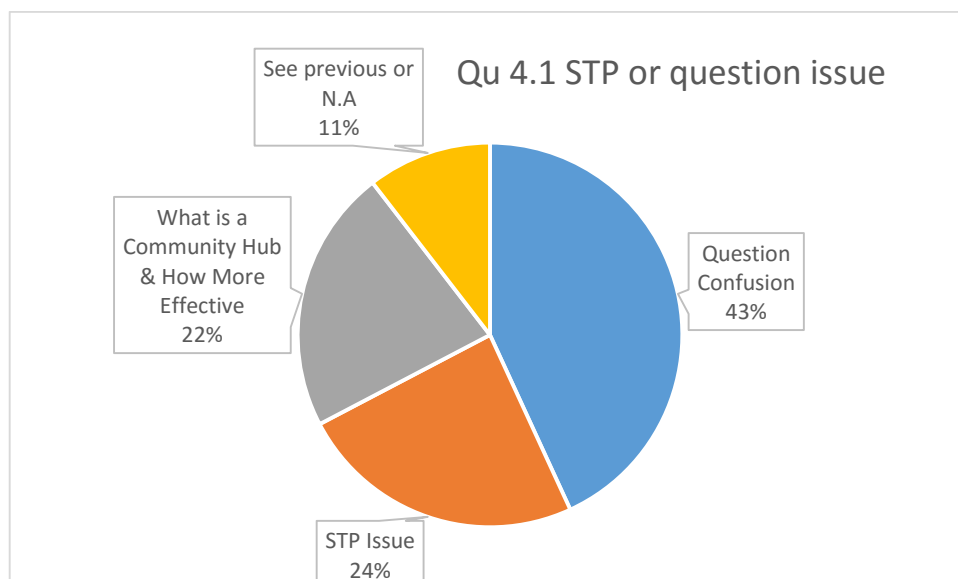
Figure 43. STP or survey issue

Q5.0: To what extent do you agree with our recommended approach and our primary care priorities?
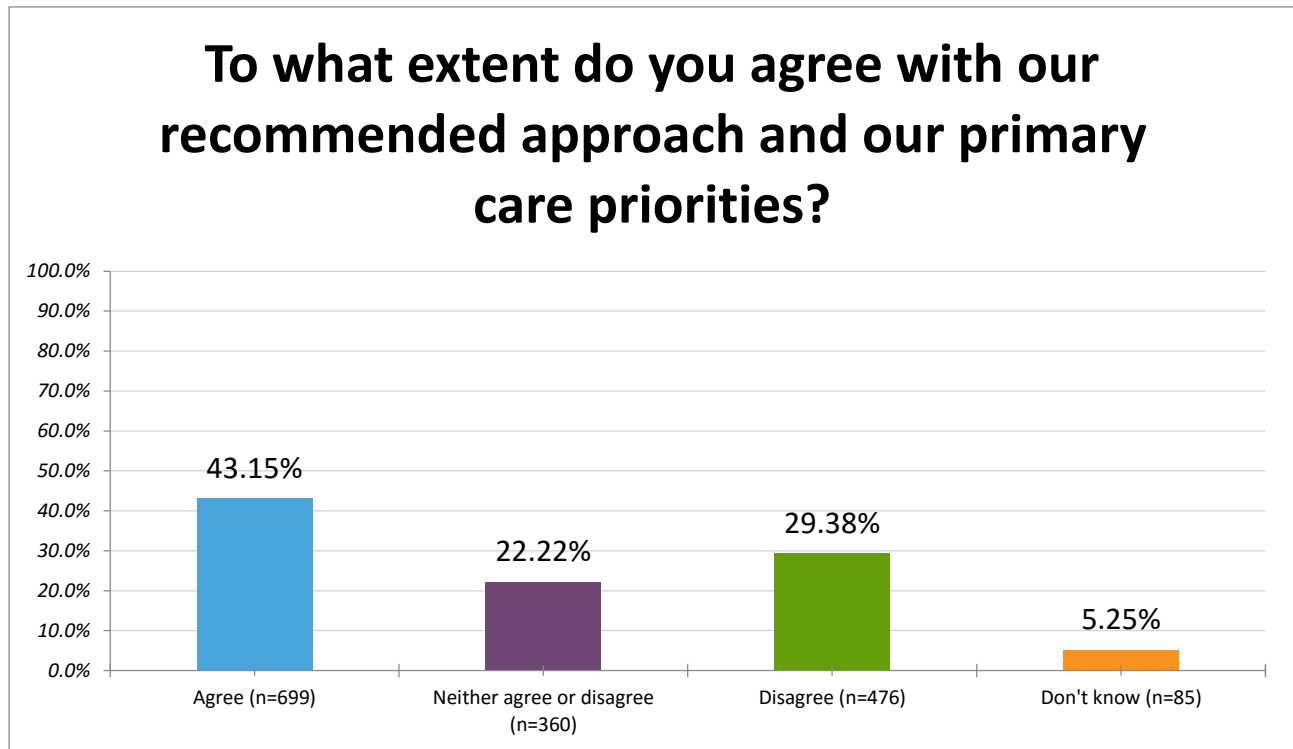
Figure 44.To what extent do agree with recommended approach and our community care priorities

Q5.1: Please state the reasons below and let us know if you have any alternative suggestions to improve the sustainability of GPs:

For this question respondents' answers were divided into agree, disagree, alternative suggestions or STP/survey issues. Within these response categories, further sub-themes were created to capture the breadth of answers.

Response categories:
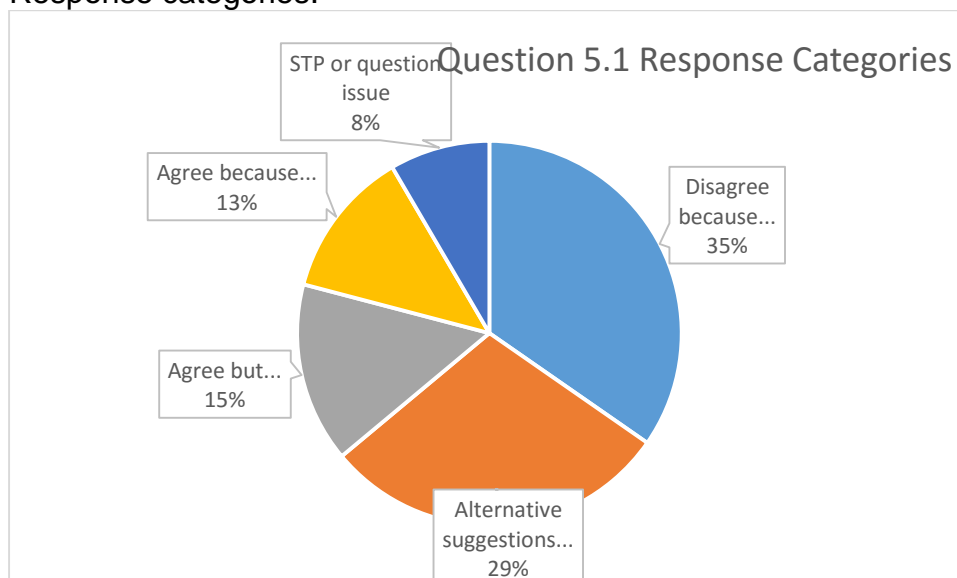
Figure 45. Qu5.1 response categories.

'Agree because…'
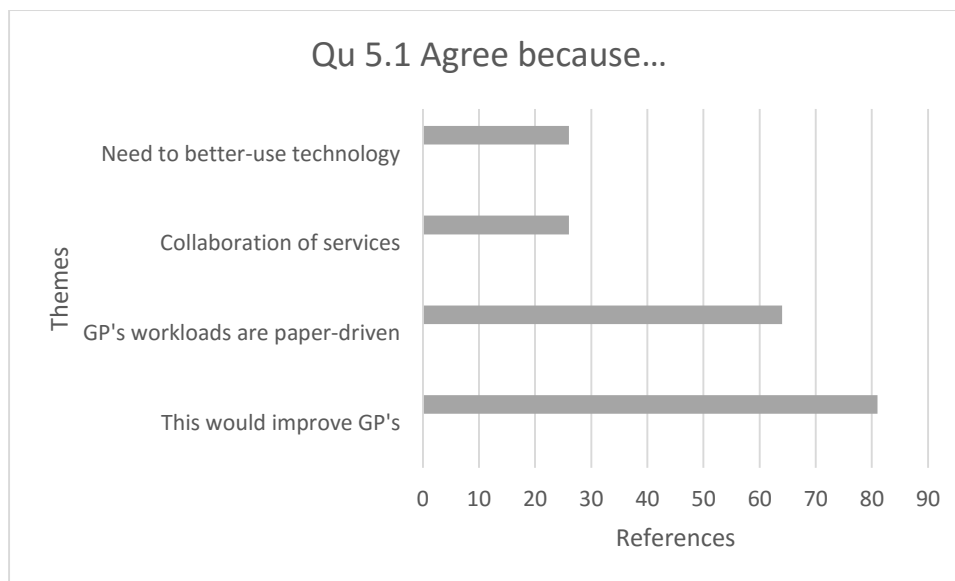
Figure 46. 'Agree because…'

Node descriptions:

- **'Need to better-use technology'**: Technology is available to be used in healthcare so this should be utilised. This could help with booking appointments and health enquiries for GP's.
- **'Collaboration of services'**: GP's could work alongside other services to provide a more integrated approach, such as community hospitals, rehabilitation and home-care.
- **'GP's workloads are paper-driven':** GP's spend a lot of time on admin and paper-driven tasks. This time would be better spent on dealing with patients and their health problems.
- **'This would improve GP's'**: This would improve the service that GP's provide. It would reduce costs and also reduce the ratio of patients to GP's for an all-round better service.

'Agree but…'
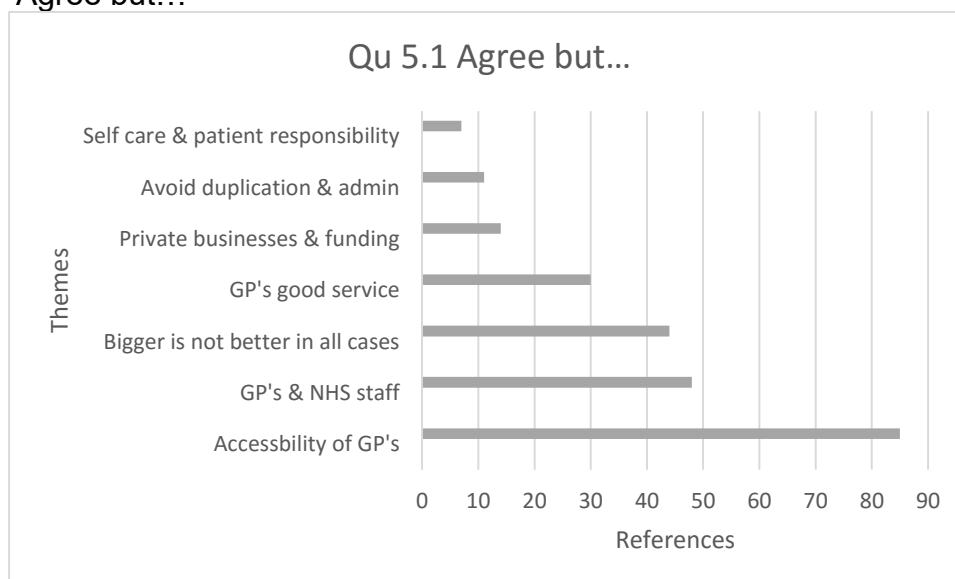
Figure 47. 'Agree but…'

Node descriptions:
- **'Self-care & patient responsibility'**: Patients still need to be encouraged to take responsibility of their own health and stop replying on NHS services when they are not truly needed. They need to invest in self-care which will free-up services and appointments to achieve the primary care priorities.
- **'Avoid duplication & admin'**: Need to avoid duplication of effort with each practice trying to do the same thing but not doing it very well. This could potentially increase admin rather than decrease it!
- **'Private businesses & funding'**: GP's are currently private businesses so they may not agree to grouping. Also questions about funding- where will the finances come from? Will the government pay for this? We need more government funding for GP's.
- **'GP's good service'**: We currently receive good GP service and do not want this to change through these reforms.
- **'Bigger is not better in all cases'**: Bigger is not better in all cases, some work better as smaller, individual entities. Many respondents still like the local nature of services and think some should be kept this way.
- **'GP's & NHS staff'**: Recruit more GP's and clinical professions. Reduce workload of GP's by utilising other staff members better, e.g. nurses, paramedics, pharmacists, physios etc.
- **'Accessibility of GP's'**: Need to meet the requirements of patients e.g. parking and ease of access. Also positioned so it's not detrimental to rural areas. The best possible location and facilities need to be provided to meet the needs of Cornwall. More appointments for people who are not classed as emergencies, and more appointments for those who are. Better transport links to these GP's.

'Disagree because…'
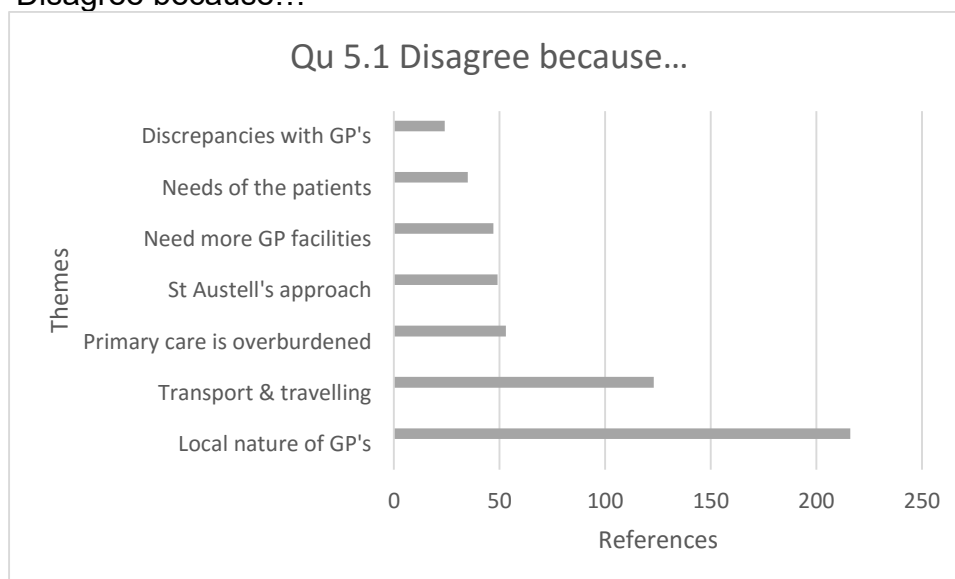
Figure 48. 'Disagree because…'

Node descriptions:
- **'Discrepancies with GP's'**: GP's are powerful businesses and won't agree to this as they might lose money. GP's are already under a lot of pressure and a lot are leaving due to this. In some cases GP's are paid huge salaries and do not work many hours, this is something that should be changed to make them more accessible. GP's need to be consulted first.
- **'Needs of the patients'**: This reform would not be meeting the needs of patients, patients need to see their doctors! Many patients have long-term health conditions and require regular care from a specific doctor, this could be detrimental to the service provided.
- **'Need more GP facilities'**: There are not enough facilities already, let alone if the GP's had to start sharing these. We need more GP's and facilities provided to cope with the number of patients.
- **'St Austell's approach'**: This approach is already implemented in some areas. St Austell's hub is an example of where this has been implemented and many patients think it is failing and providing poor results.
- **'Primary care is overburdened':** By continually reorganising the NHS, GP's and other primary care services are heavily overburdened. There are not enough resources readily available to support this change. Furthermore there are too many patients for this approach to deal with!
- **'Transport & travelling'**: The amalgamation of surgeries may mean that people are required to travel longer distances for appointments and this may be difficult if relying on public transport. Transport links need to be improved. Cornwall is a very rural county and relies on ease of access.
- **'Local nature of GP's'**: Many respondents strongly like the local nature of GP's and if they get too large think this could be detrimental to the service provided. Patients also need the face-to-face contact with their doctor, who knows them and their family history, to create a continuous pathway of care.

'Alternative suggestions'
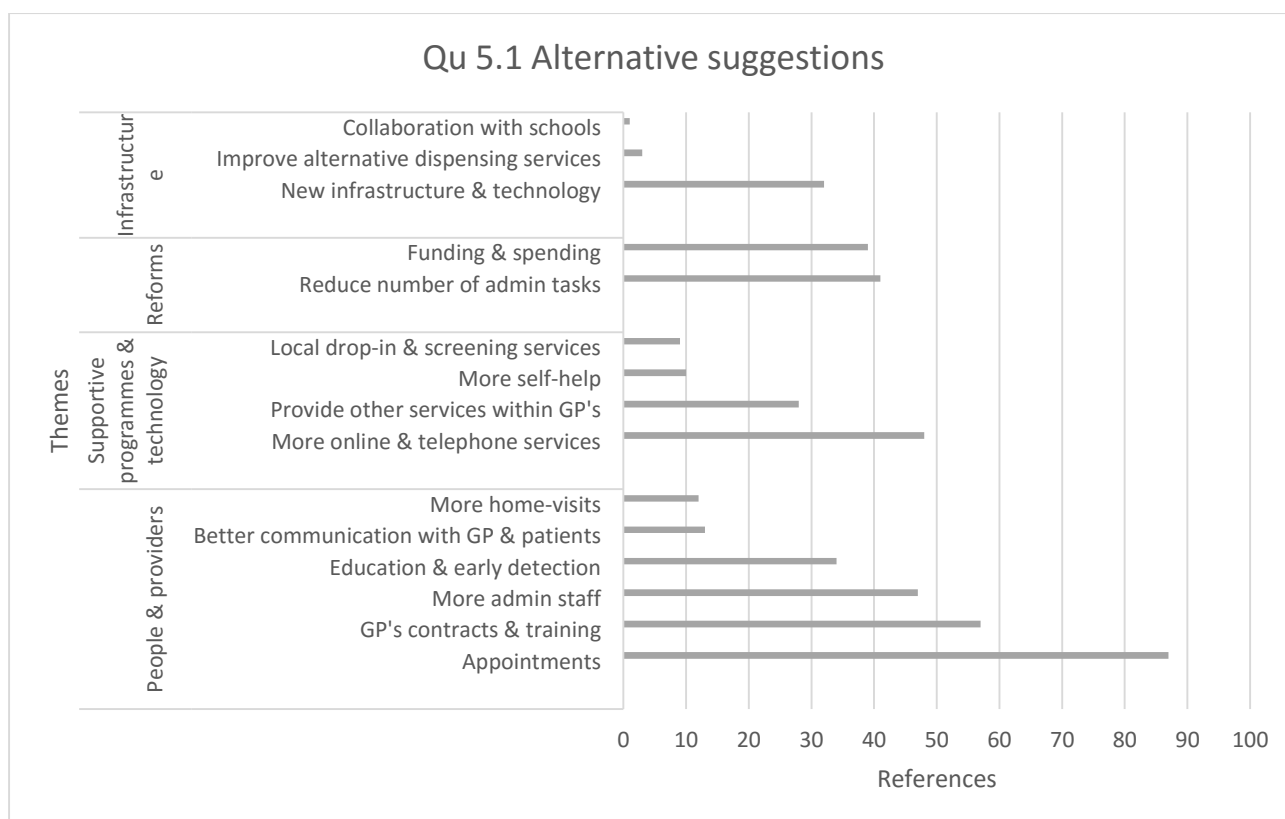
Figure 49 'Alternative suggestions…'

Node descriptions:

- '**Collaboration with schools'**: Healthcare and education in schools need to collaborate, for example nurses could visit schools and discuss health issues with the pupils. Hopefully this will reduce health problems in the future.
- **'Improve alternative dispensing services'**: Improve alternative dispensing services for prescriptions e.g. Boots and other pharmacists, as this would reduce the burden on GP's.
- **'New infrastructure & technology'**: Build new infrastructure like health centres and GP's (etc.) to support the new houses being built. Or reduce the amount of houses being built as the current infrastructure cannot cope. Technology in Cornwall could also be improved, e.g. faster internet available to more people.

- **'Funding & spending'**: In many cases GP's need more funding from the government to improve their service. In addition, some of the money received could be better utilised for patient care.
- **'Reduce number of admin tasks'**: There are too many admin tasks and protocols that use up GP's time, if these tasks were reduced then the GP would have more time to put towards patient care.

- **'Local drop-in & screening services'**: Centres set up to provide screening and drop-in services, set up by GP's and the local council. This would reduce the number of people needing to see doctors and free-up appointments.
- **'More self-help'**: Set up more self-care initiatives, including education and training to manage their own health problems, e.g. monitors for diabetics. This would reduce the strain on GP's.

- **'Provide other services within GP's'**: GP's should combine with other services to provide a much more integrated approach. This could include physiotherapy, blood tests and radiography. Overall this would be beneficial to the patient, reduce waiting and travelling times, saving money.
- **'More online & telephone services'**: Online/telephone GP consultations would reduce appointments in surgeries. Hot line service involving town councils to raise awareness of simple fixes and when's best to use what service- this would reduce unnecessary GP and A&E visits.

- **'More home-visits'**: GP's need to visit those who are housebound as these people often feel isolated and lonely and cannot travel to their surgery.
- **'Better communication with GP & patients'**: Better communication with GP's and patients, as sometimes all a patient needs is advice and reassurance. This would minimize the need for follow-up appointments that are not required. This would also help change the attitude of patients towards their GP's.
- **'Education & early detection'**: Educate the public on health issues and this may increase early detection so therefore less need for appointments at GP's.
- **'More admin staff'**: Increase admin staff so GP's are not wasting their time on admin work and can be treating patients instead. There is also the opportunity to use volunteers in GP's to reduce the workload.
- **'GP's contracts & training'**: GP's need more training to enhance their knowledge on wider health issues. In some cases they do not work enough hours (e.g. only 3 day weeks) and this could be improved so more patients have access to seeing their doctor.
- **'Appointments'**: Those patients who work Monday-Friday 8-5 need out-of-hours appointments to see their doctors, they perhaps should be open on weekends. Longer appointments with doctors as 10 minutes is not enough to diagnose problems. In addition, wasted appointments should be paid for and some prescriptions. Some also suggest that foreign visitors should pay for their healthcare.

'STP or question issue'
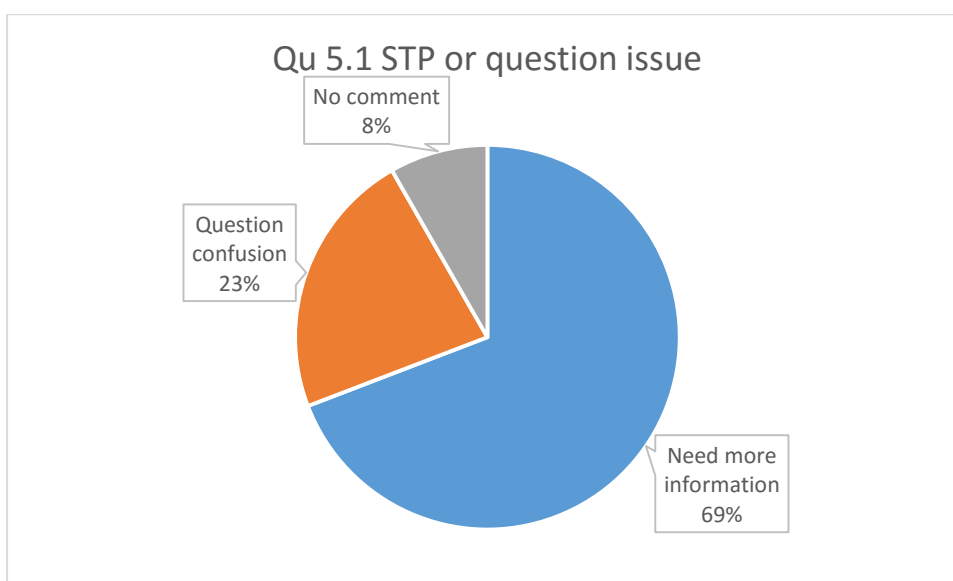
Figure 50. Qu5.1 STP or question issue

Node descriptions:
- **'No comment'**: Nothing to add or see previous comments.
- **'Question confusion'**: Respondents are confused by the question and do not understand.
- **'Need more information'**: Cannot answer this question without more information and evidence.

Q6.0: To what extent do you agree with our recommended approach and our urgent care priorities?

To what extent do you agree with our recommended approach and our urgent care priorities?

[Bar chart]
- Agree (n=850): 52.89%
- Neither agree or disagree (n=268): 16.68%
- Disagree (n=388): 24.14%
- Don't know (n=101): 6.29%
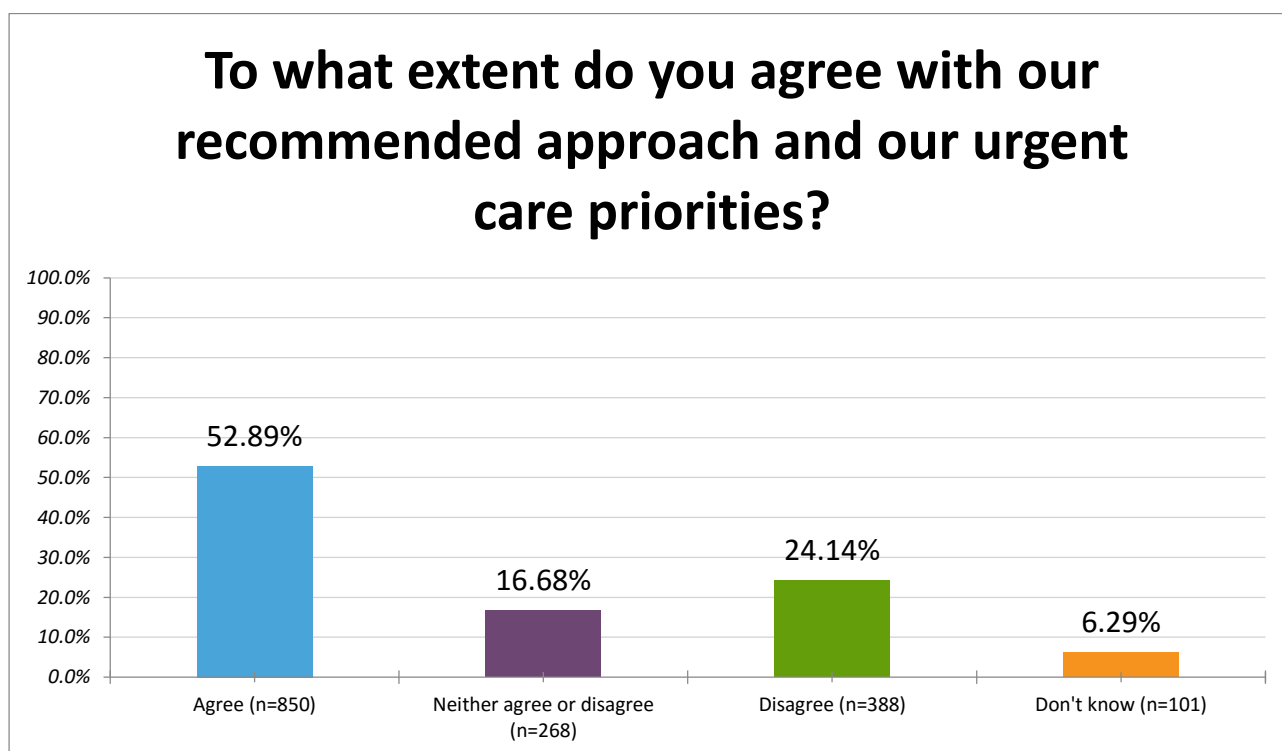
Figure 51. To what extent do agree with recommended approach and our community care priorities

Q6.1: Please state the reasons below and let us know how far you would be prepared to travel to access quality urgent care services:

Responses to Q6.1 have been categorised under whether participants: 1) agree; 2) agree but; 2) disagree; 3) list an alternative suggestions; 4) prepared to travel minutes; 5) prepared to travel miles; 6) have issue with the STP or question. The figures which follow this illustrate and then explain the key themes in responses.
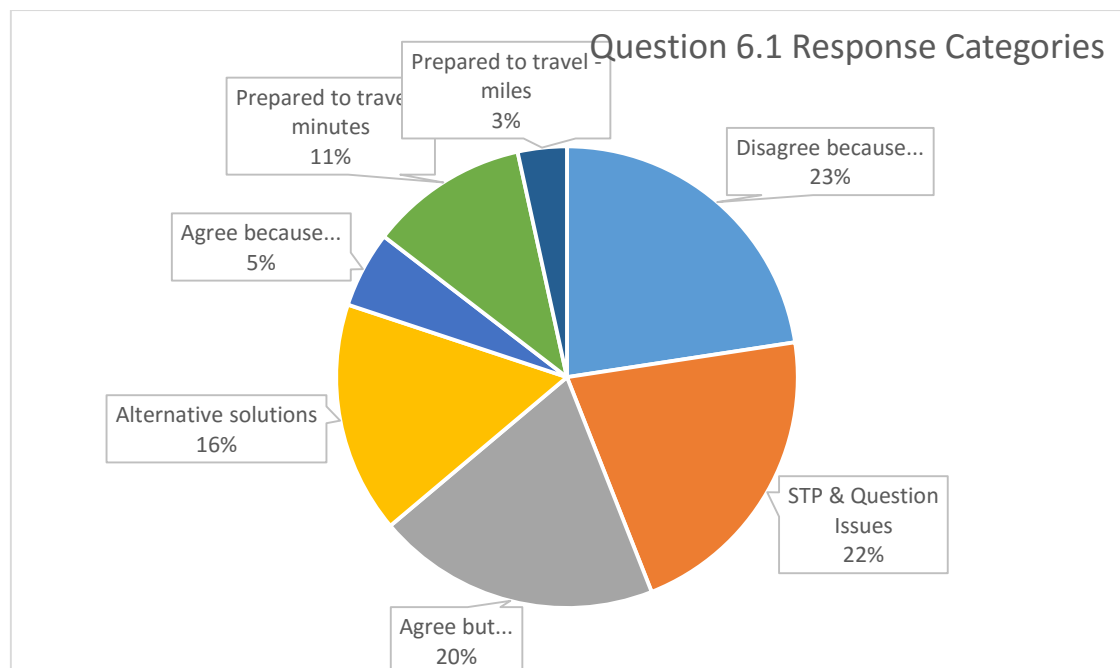
Figure 52. Breakdown of response categories.
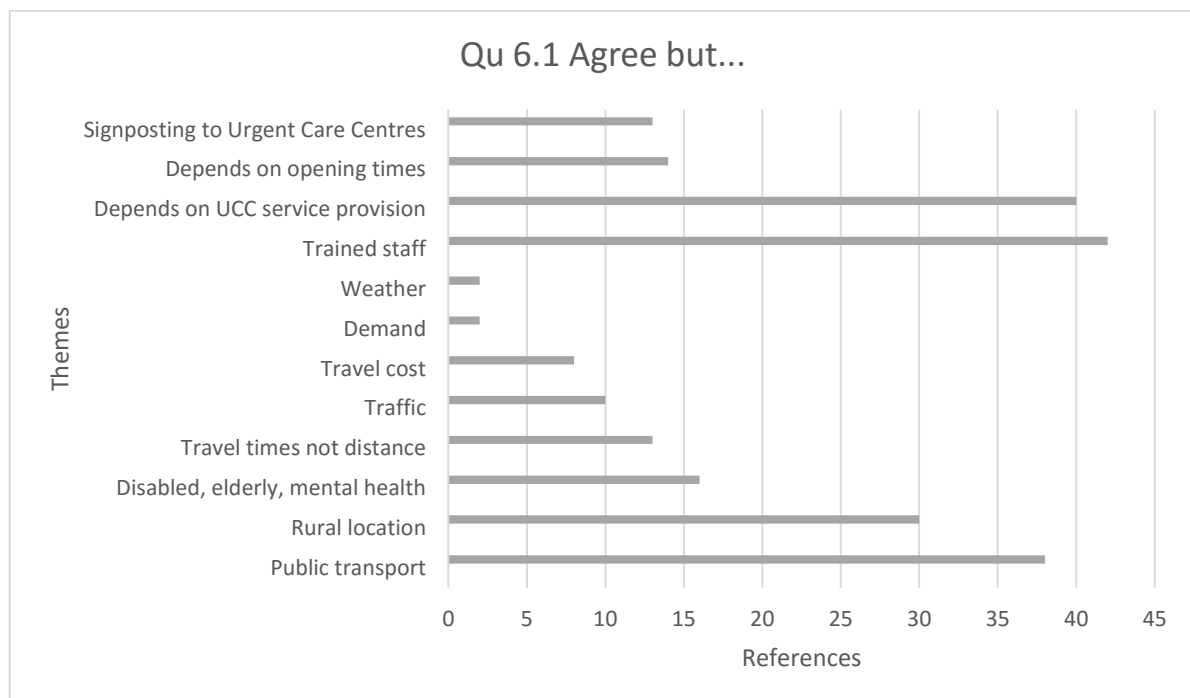
Figure 53. Agree but…

Node descriptions:
- **Signposting to Urgent Care Centres:** Effective signposting is needed to Urgent Care Centres so they are well used.
- **Depends on opening times:** longer opening times.
- **Depends on UCC service provision:** Needs to have the necessary diagnostic equipment so that patient does not have to visit A&E; in particular x-ray machines. Also highly trained staff needed to avoid patient being deferred on. Service needs to be fast and of high quality.
- **Trained staff:** Urgent Care Centres need highly trained staff not just people to sign post. Need to be able to effectively triage.

- **Transport considered:** Agree with approach but access and transport options must be considered in planning UCC. Equal access to all is essential. This requires the 30min travel time to be calculated on the most remote communities who rely on public transport. Planning also needs to consider the travel costs and those disabled. Time more important than distance.
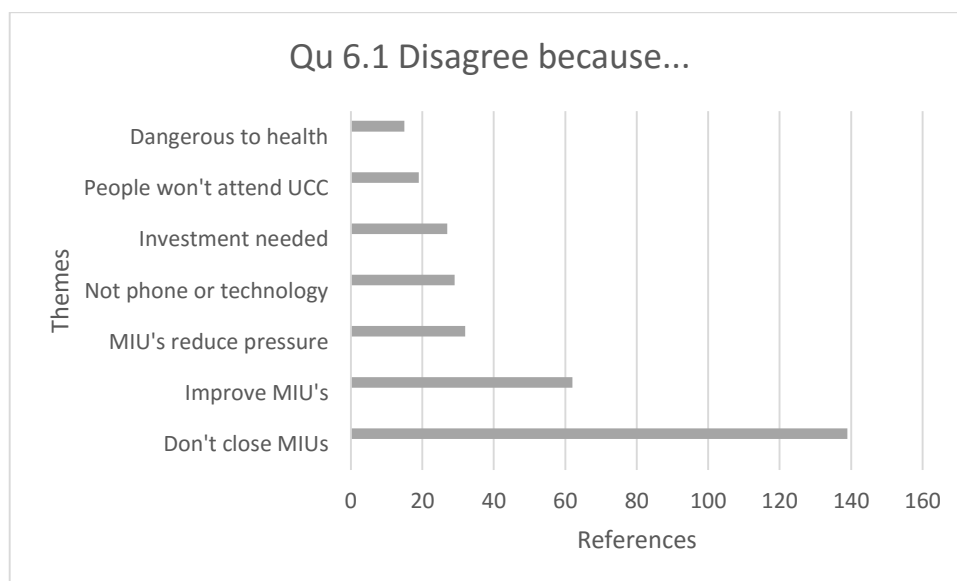
Figure 54.Disagree because…

Node descriptions:

- **Dangerous to health:** UCC are essential for saving lives.
- **People won't attend UCC:** People won't use Urgent Care Centres which will lead to longer term health problems.
- **Investment needed:** Urgent care needs financial investment. This approach is not possible without further investment.
- **Not phone or technology:** Phone or technology services can't replace people. Not as effective. Quality of care will declines. 111 does not work - need to signpost to Minor injury Unit.
- **MIU's reduce pressure:** Community hospitals relieve pressure on Treliske. Pressure in terms of resources but also waiting times.
- **Improve MIU's:** MIU's need investment and the services offered expanding. Need more diagnostic capabilities. More staff to relive waiting times. Reform and improvement of existing MIU's. Investment not change.
- **Don't close MIU's:** This will increase travel times and access to care.
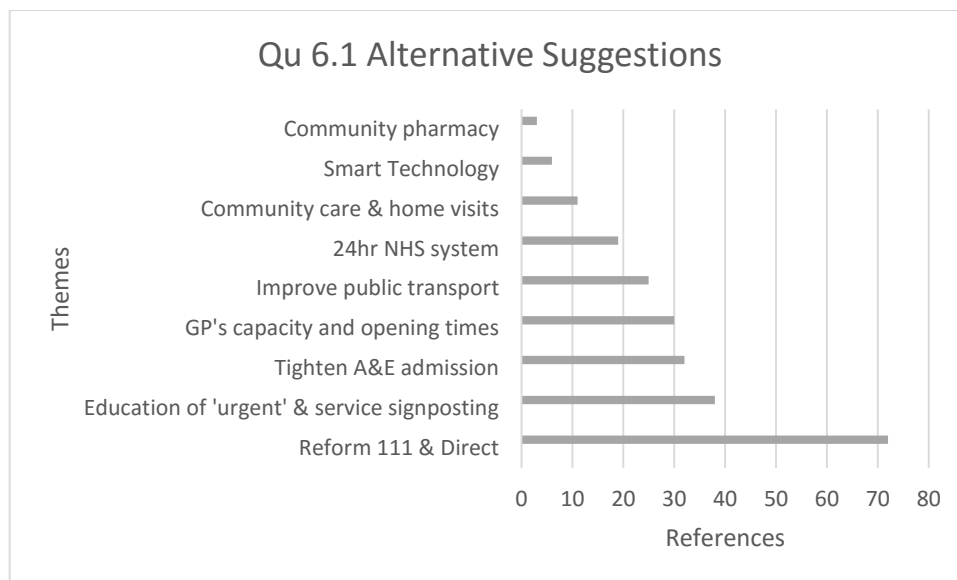
Figure 55. Alternative solutions

Node descriptions:

- **Community pharmacy:** More pharmacy services available for communities.
- **Smart Technology:** Smart apps and webcam style remote support. Face time and Skype can help. Form of triage and signpost. Smart apps and webcam style remote support. But this will require improving the communication infrastructure in Cornwall. By improving the internet and phone coverage technology can be better utilised to reduce pressure on NHS.
- **Community care & home visits**: Clinicians to visit people in the community to reduce pressure.
- **24hr NHS system:** Longer opening hours for GP's and Minor Injury units needed. This would have quality of care benefits for patients and reduce low risk cases to A&E.
- **GP's capacity and opening times:** Many people use A&E because GP's are shut on weekends, need to be 7 days a week. If they expand what they can deliver that would help. More coordination with GP services.
- **Tighten A&E admission:** Higher threshold for people to access emergency care. Education is needed to reduce pressure. Penalise misuse of services.
- **Education of 'urgent' & service signposting:** Better education will reduce pressure on A&E. People need to know the other options to access the NHS services. At the moment people know that they will be treated in Treliske A&E so go there.
- **Reform 111 & Direct:** NHS 111 is not functioning, more tick box that useful. Tends to direct straight to A&E rather than other service options. The staff need to be better trained. Experienced clinicians needed. Waiting times on phone. Personable staff needed. Speed of response. Potential to be really effective.
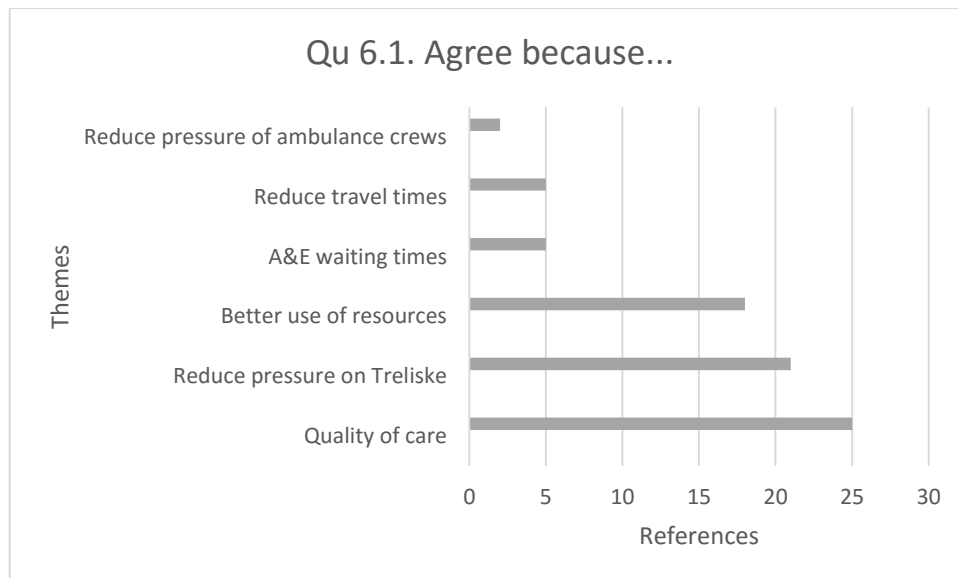
Figure 56. Agree because…

Node descriptions:
- **Reduce pressure of ambulance crews:** This would reduce the pressure put on ambulance crews.
- **Reduce travel times:** This would reduce travel times.
- **A&E waiting times:** A&E waiting times are too long and a new approach is needed to address this.
- **Better use of resources:** Agree because it will be a better use of available resources
- **Reduce pressure on Treliske:** Sometimes people are just looking for peace of mind and getting initially checked out.
- **Quality of care:** approach will improve the quality of care through increasing reliability and consistency in care provision.
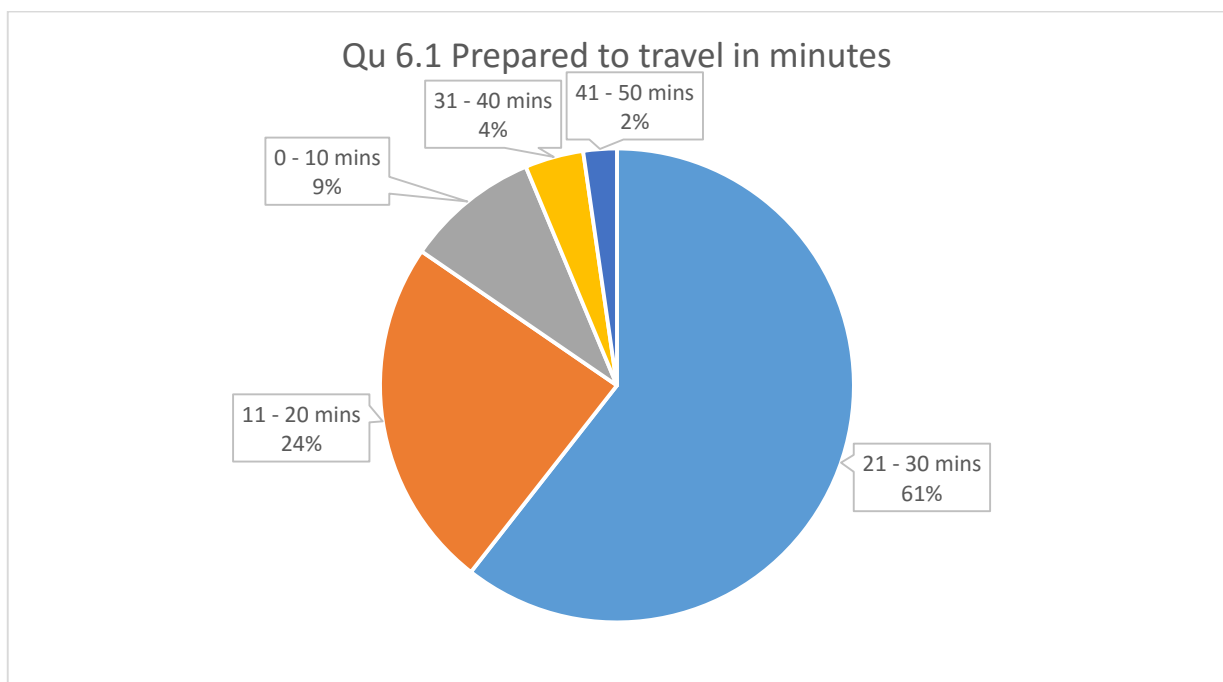
Figure 57. Prepared to travel in minutes

Qu 6.1 Prepared to travel in miles

21 - 30 miles 11%
11 - 20 miles 26%
0 - 10 miles 63%
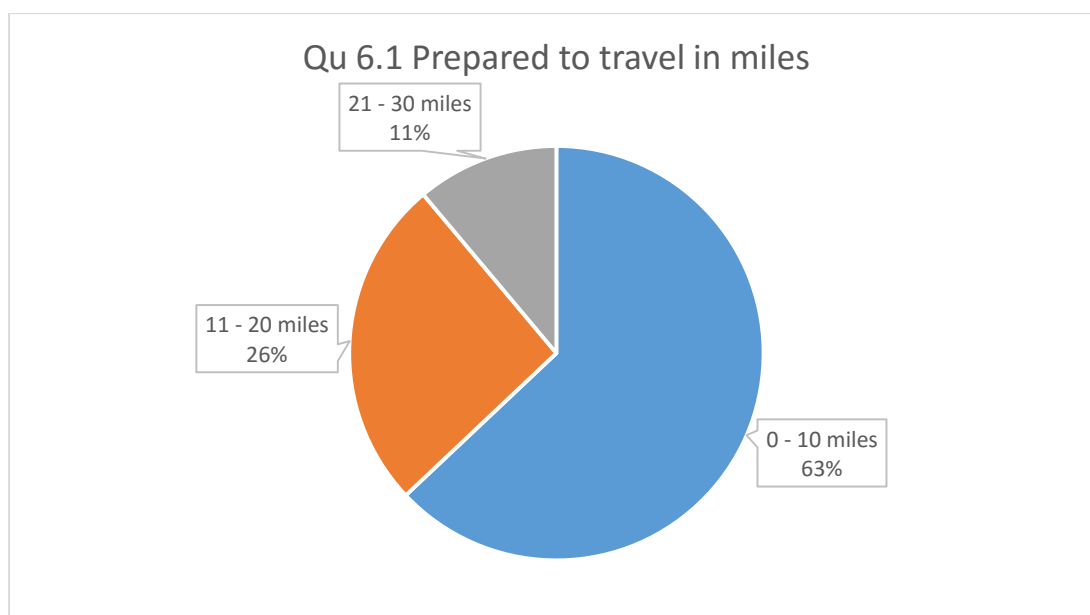
Figure 58. Prepared to travel in miles

Qu 6.1. STP or question issue

No comment & see last 5%
What is an Urgent Care Centre 9%
STP issue 18%
Question confusion 19%
30 mins 49%
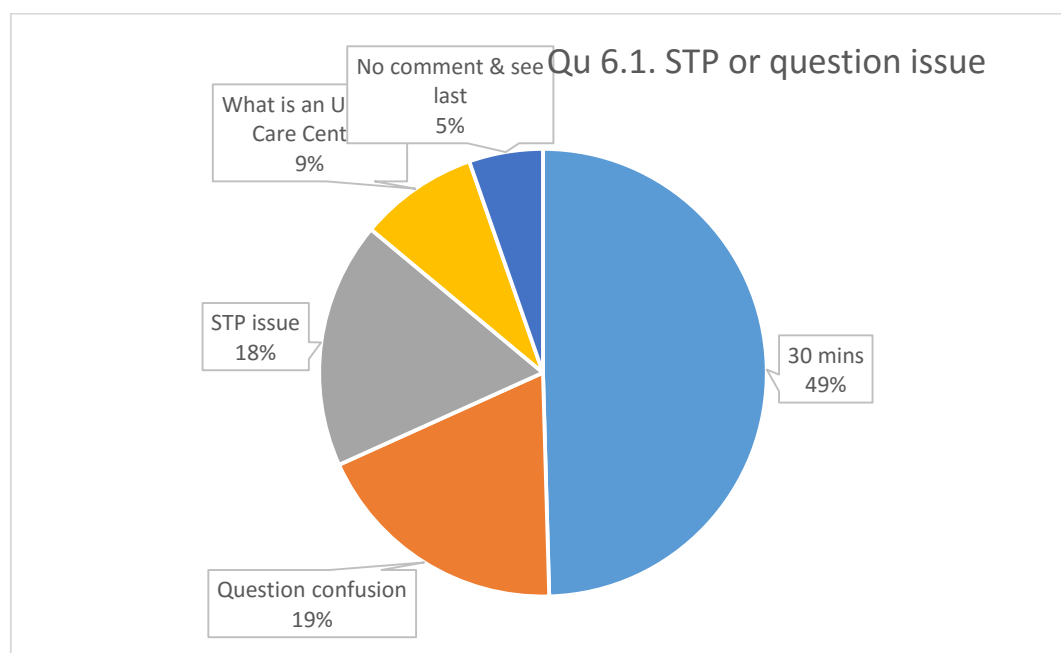
Figure 59. STP & Question issues

Node descriptions:

30 mins: How will travel times be 30 mins if less sites and what is the range if 30 min is the average? Does that include summertime traffic? Is this about ambulance response time? 30 min by public transport?

What is an Urgent Care Centre: What is an Urgent Care Centre? How is it different from a Community Hospital or a Minor Injury Unit? More or less service provision? Definition of what 'urgent' needs clarity.

No comment & see last: Nothing to add or see previous comments.

Question confusion: Respondent did not understand the question phrasing.

Q7.0: To what extent do you agree with our recommended approach and our priorities for redesigning pathways of care?

To what extent do you agree with our recommended approach and our priorities for redesigning pathways of care?

- Agree (n=1162): 72.85%
- Neither agree or disagree (n=223): 13.98%
- Disagree (n=110): 6.90%
- Don't know (n=100): 6.27%
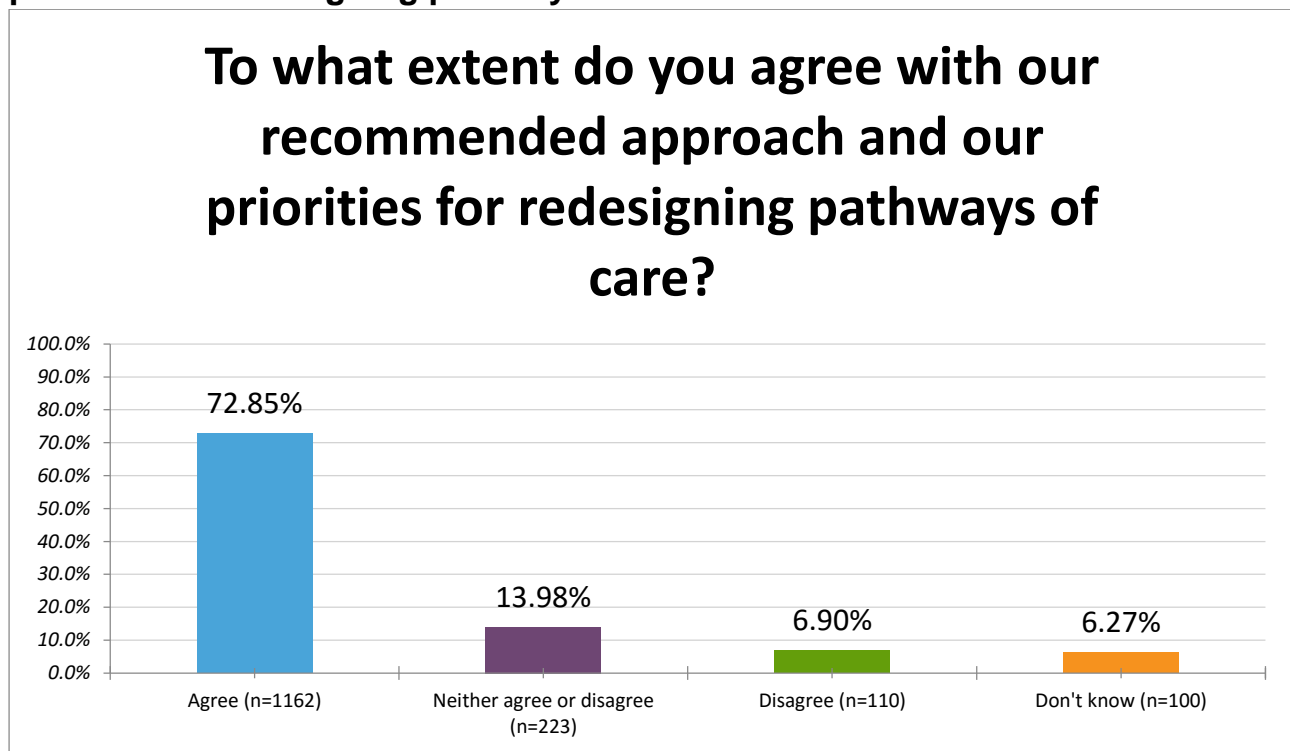
Figure 60. To what extent do agree with recommended approach and our community care priorities

Q7.1: Please state the reasons below and let us know if there are any specific conditions or improvements you think we need to prioritise:

For this question the responses were divided into broad categories of agree, disagree, specific conditions & improvements and STP or question issue. Within these broad categories, further sub-themes were created to show the breadth of the responses. However for this question there was great confusion as to whether the question meant that travel times to specialist services were to be increased (outside of Cornwall) or reduced by creating more services within the county. This meant that the data was very difficult to analyse as the responses were very disordered.
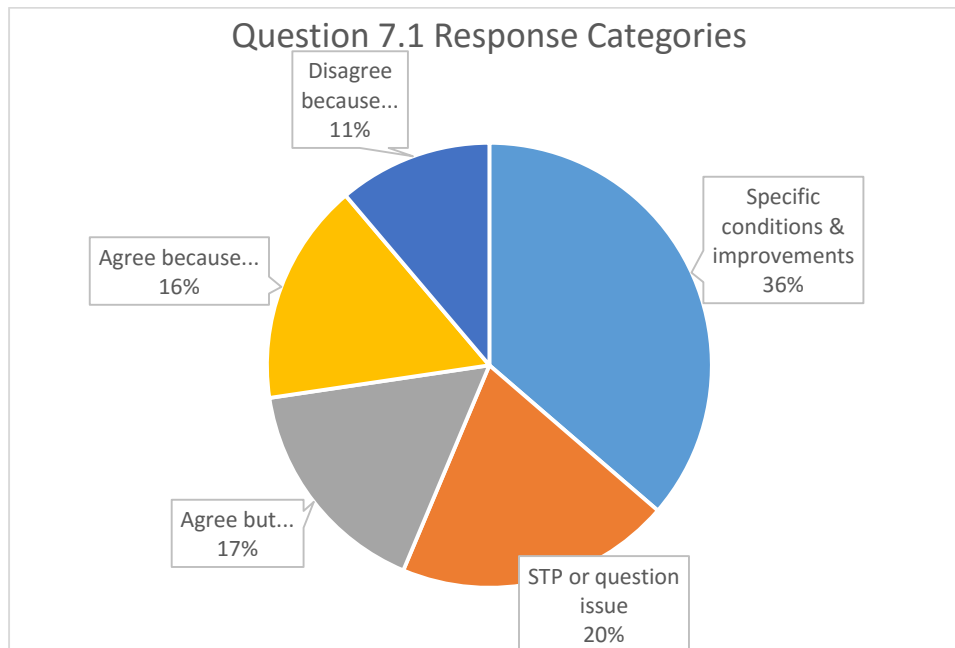
Response categories:

Figure 61. Qu7.1 Response categories
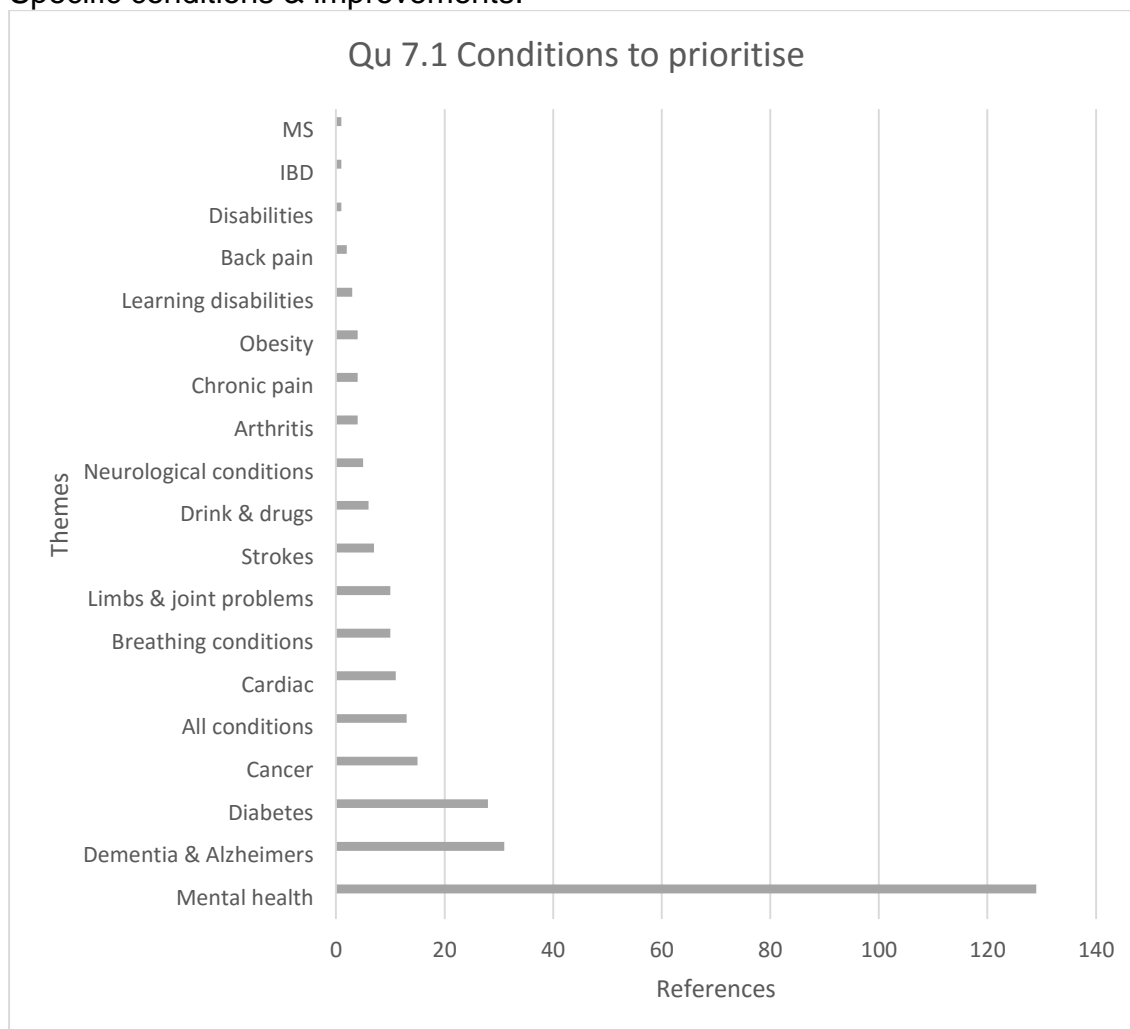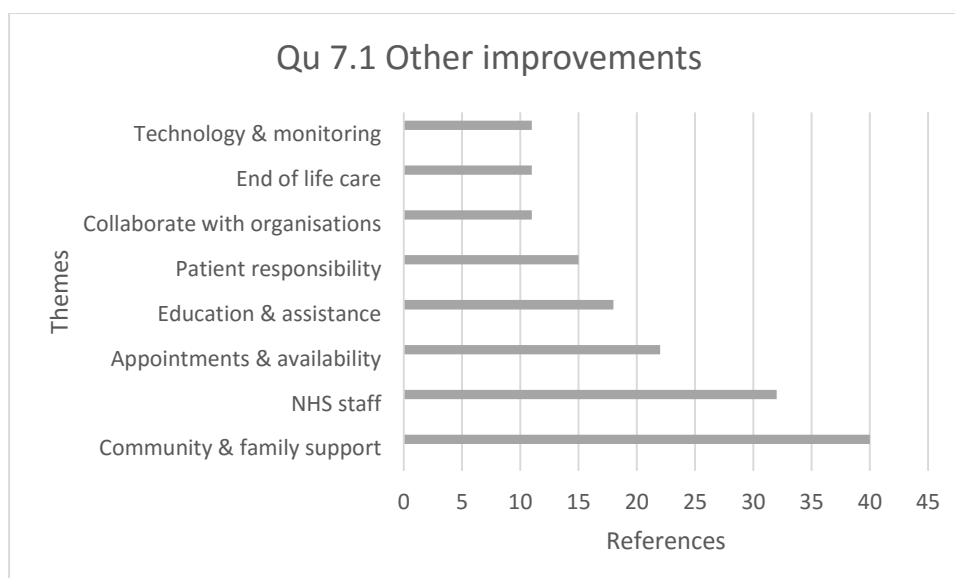
Specific conditions & improvements:

Figure 62. Specific conditions to prioritise

Figure 63 Other improvements

Node descriptions:
- '**Technology & monitoring'**: Better use technology for example phone calls, skype calls and internet services. Also better monitoring of long-term health conditions. This could be improved by better technology.
- '**End of life care'**: Invest money in hospital or public care for terminal illnesses/elderly and for patients who cannot remain in their own home, rather than using money to pay private care facilities.
- '**Collaborate with organisations'**: Such as voluntary services like the Cornwall Hospice Care. Also better integration with pharmacy services, and community organisations once a patient has left hospital/Doctors.
- '**Patient responsibility'**: Patients can't always expect healthcare professionals to sort it out, they need to take some responsibility for their own health. This includes self-inflicted problems, like drug/alcohol abuse- they should take control of their own health and stop the bad habits.
- '**Education & assistance'**: To educate and assist people to manage their chronic conditions.
- '**Appointments & availability'**: 10 minutes isn't long enough for a doctor's appointment. Charge non-UK patients for their appointments/healthcare. More out-of-hours care so patients don't feel the need to go to A&E when it isn't necessary.
- '**NHS staff'**: Specially trained staff to deal with certain conditions. Also more staff (not less) specifically trained for mental health problems.
- '**Community & family support'**: Improvements made in this sector will reduce bed-blocking in hospitals as patients can be cared for at home rather than staying in hospital when they don't require that level of care.
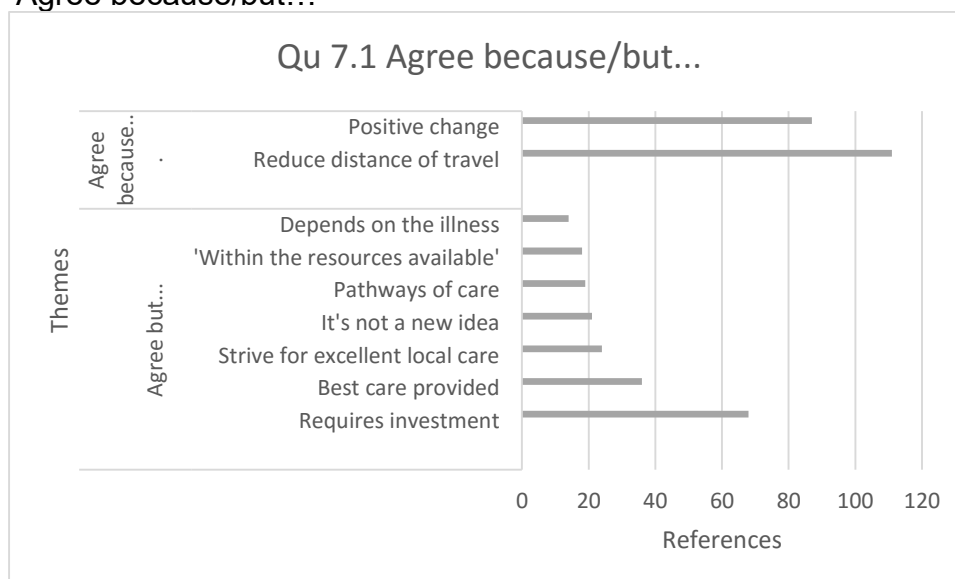
'Agree because/but…'

Figure 64. 'Agree because/but…'

Node descriptions:

- **'Positive change'**: The suggested improvements will bring about positive change for Cornwall.
- '**Reduce the distance of travel'**: Agree that reducing distance and time of travel for health services is very important, especially with regards to mental health- sufferers should not be sent out of the county for help.

- **'Depends on the illness'**: Whether it's better to be treated at home or sent to a specialist centre further afield. For example, sending someone away with mental health problems is probably negative as they are away from friends and family.
- **'Within the resources available'**: The resources need to be available otherwise this will be a waste of time.
- **'Pathways of care'**: Be wary that pathways are established to make things easier for the health systems, pathways have to be developed for people to allow them to engage and achieve what they want.
- **'It's not a new idea'**: This is hardly a new idea proposed by the STP, this idea has been encouraged before but yet to be implemented properly. Raises the question as to why this is not already happening?
- **'Strive for excellent local care'**: Cornwall should strive for excellent local care rather than shipping people up-country.
- **'Best care provided'**: Everyone in Cornwall is entitled to the best care possible- some illnesses may be better treated in a centre of excellence out of the county.
- **'Requires investment'**: These improvements will require investment in order for them to be properly implemented, where will this money come from? Central government? Agree with the plan but need to better understand the financial implications.
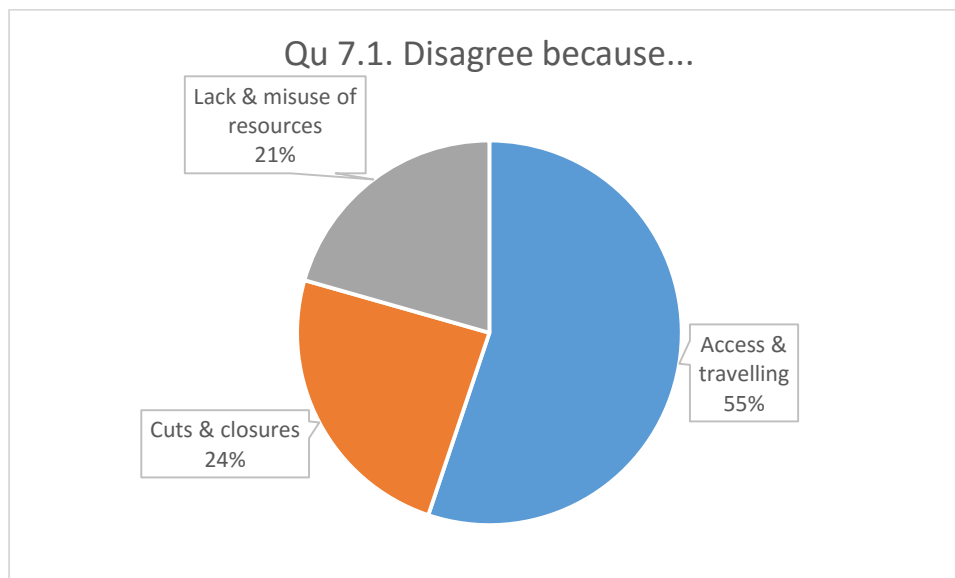
'Disagree because…'

Figure 65. 'Disagree because…'

Node descriptions:

- **'Access & travelling'**: It will be very difficult to ever achieve equitable access to care across all regions in Cornwall, especially due to Cornwall's geography. Not happy to travel long distances outside of Cornwall, especially if ill- this isn't fair on the patient. Also transport links are so poor in Cornwall, this is a very difficult task. Cornwall should be able to provide all the necessary services within the county.
- **'Lack & Misuse of resources'**: 'Within the resources available' says it all, it will not happen- Cornwall needs more resources: facilities, staff etc. Also using ambulances to ship people in and out of the county is not a good use of resources.
- **'Cuts & closures'**: If you plan to keep the services in Cornwall then why are there so many closures of Cornish facilities? Lots of cuts in Cornwall means that none of these positive reforms will ever be achieved.
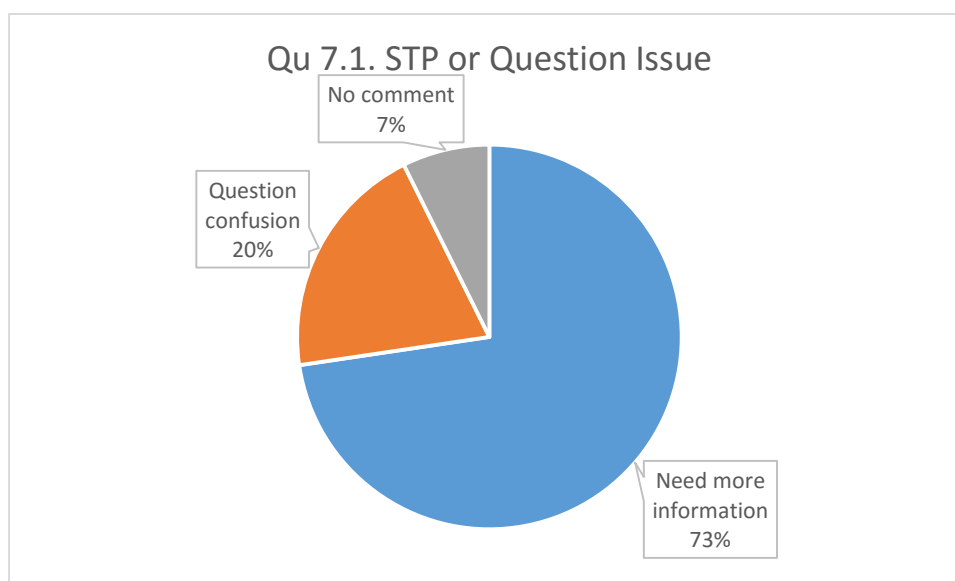
'STP or survey issue'

Figure 66. Qu7.1 STP or Survey issue.

Node descriptions:
- **'No comment'**: Nothing to add or see previous answers.
- '**Question confusion'**: Unsure what the question means or do not understand particular terms.
- **'Need more information'**: Require more information and evidence to make an informed decision especially in regards to finance and how this plan will be carried out.

This question was particularly hard to decipher. With the question being split into two parts- less travelling for mental health patients and the potential of more travelling for other patients to specialist clinics, this caused great confusion. Often respondents disagreed with less travelling but didn't specify what they were referring to. The answers were, in most cases, very muddled and therefore the analysis has suffered.

Q8.0: To what extent do you agree with our recommended approach and our priorities for system reform and improving productivity and efficiency?
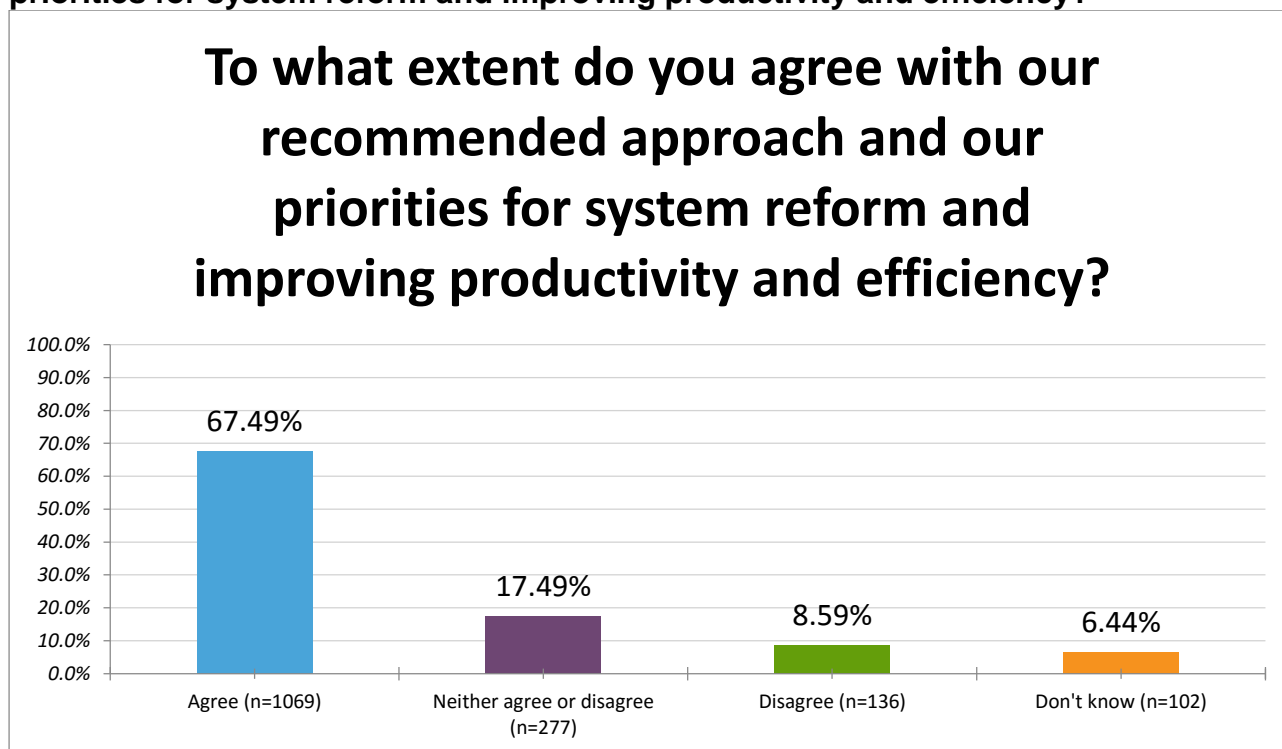
Figure 67. To what extent do agree with recommended approach and our community care priorities

Q8.1: Please state the reasons below and let us know if there are any alternative suggestions you think we need to prioritise:

Responses to Q8.1 have been categorised under whether participants: 1) agree because; 2) agree but; 3) disagree because; 4) list an alternative suggestions; 5) have issue with the STP or question. The figures which follow this illustrate and then explain the key themes in responses.
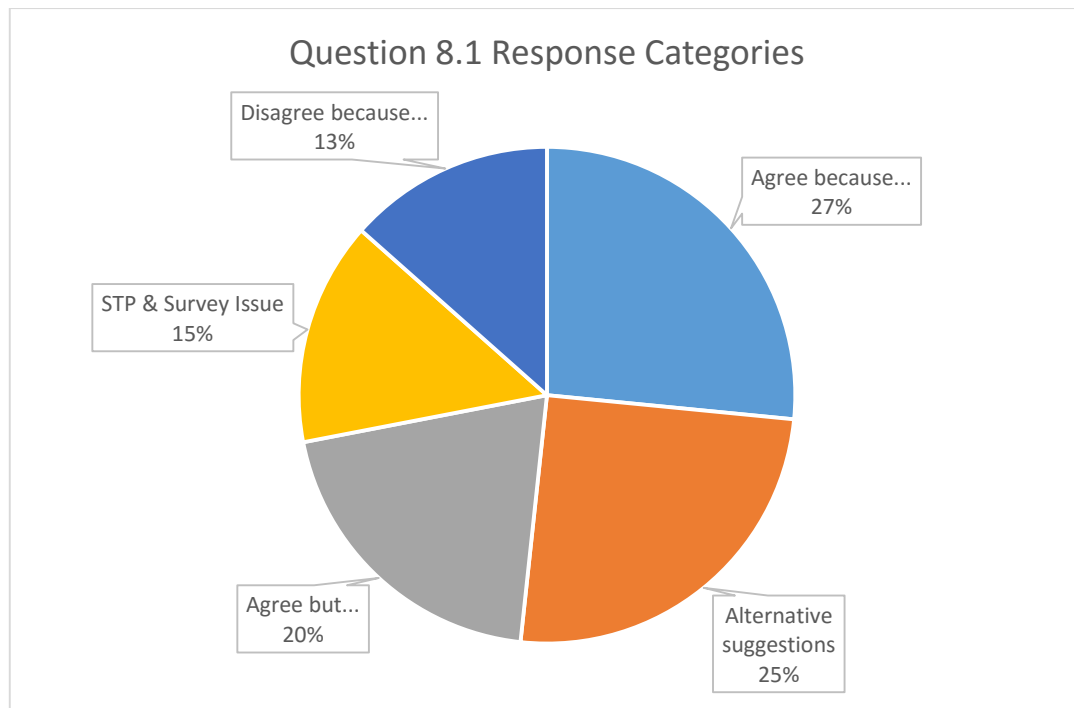
Figure 68. Response categories
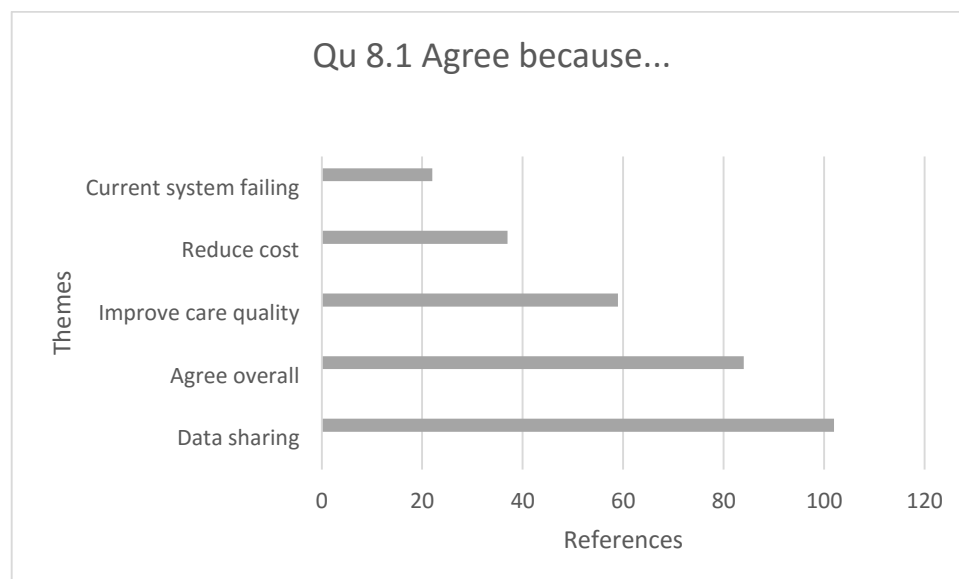
Figure 69. Agree because...

Node descriptions:

- **Current system failing:** Agree because the current system is failing patients due to disjointed delivery and poor continuity of care.
- **Reduce cost:** Agree because this approach will reduce the costs to the NHS. In particular modernisation would reduce pressure on acute services and organisational change would reduce wasted resources. Collaboration and joined up services particularly important for reducing financial and resource waste.
- **Improve care quality:** A joined up approach would prevent people falling through the care net. As most patients have more than one issue the coordination between different providers is key to improve quality of care.
- **Agree overall:** Agree because overall support this approach and believe it is a sensible plan. However, the challenge of delivering a joined up approach in practice should not be underestimated.

- **Data sharing**: Agree because data sharing underpins effectively joining up healthcare. Communication between different health professionals is crucial for effectiveness, quality and experience of care. The specific issue is the sharing of patient health records which need to be available everywhere patient is admitted. Currently dysfunctional IT systems, which take up valuable staff time to navigate, and organisations reluctance to share data are the main barriers to delivering this.
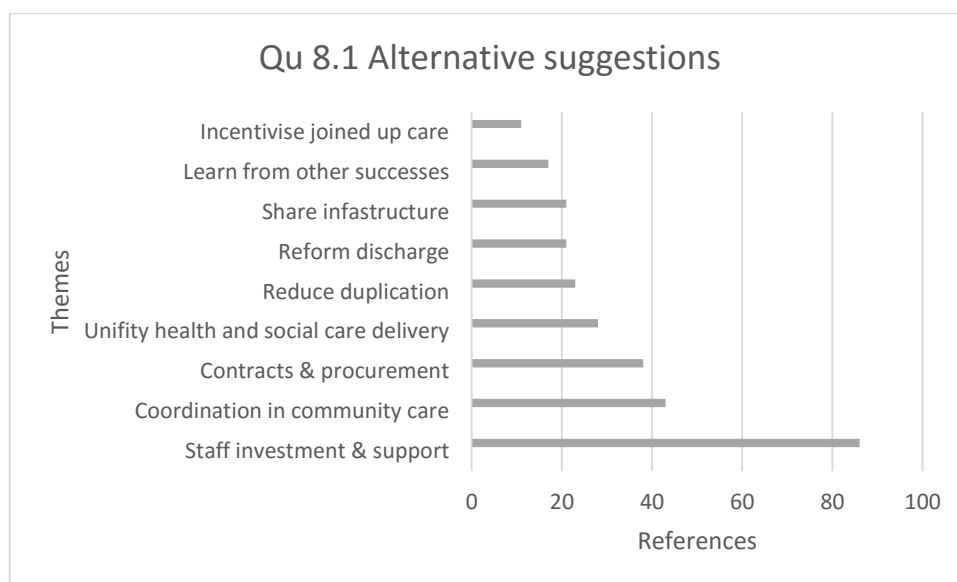

Figure 70. Alternative suggestions

Node descriptions:
- **Incentivise joined up care**: Incentivise joined up care through education and clear instructions to care providers. Need less competition and more cooperation.
- **Learn from other successes:** Learn from successful cases where joined up working has improved quality of care and reduce costs. Also learn from cases of failure.
- **Share infrastructure:** Sharing infrastructure would reduce costs. Centring back office functions would be one suggestion.
- **Reform discharge:** Reform the processes of discharge from hospital to home. Current process can be improved to reduce re-admissions to hospital or then burdening the GP services.
- **Reduce duplication:** By increasing communication between care providers and how information is shared then efficiency can be improved. For example, patient information is often asked for, and processed, multiple times.
- **Unify health and social care delivery:** Delivery of health and social care should be unified under the NHS. This would eradicate duplication and increase efficiency.
- **Contracts & procurement:** Care providers and contractors need to be brought to account. Contractual pressure needs to put the onus on providers for efficiency savings while at the same time care quality standards maintained; especially with regard to care homes. Preference to not for profit companies to ensure care not profit was priority. Contracts with providers should also stipulate the need to deliver in a joined up way; breaking the currently silo culture.
- **Coordination in community care:** Increase coordination of community care. Coordination of how infrastructure is used and reducing visits to patients from different organisation staff. This would increase quality of care and reduce health

care travelling. Enabling patients to help themselves or training a family member would also reduce cost of nurse visits.

- **Staff investment & support:** Invest in frontline staff and increase support; especially care workers. Frontline staff are currently overstressed and under resourced. Fair, equal and respectful treatment of the workforce should be a priority. The benefits of staff investment will be increased qualities of care.
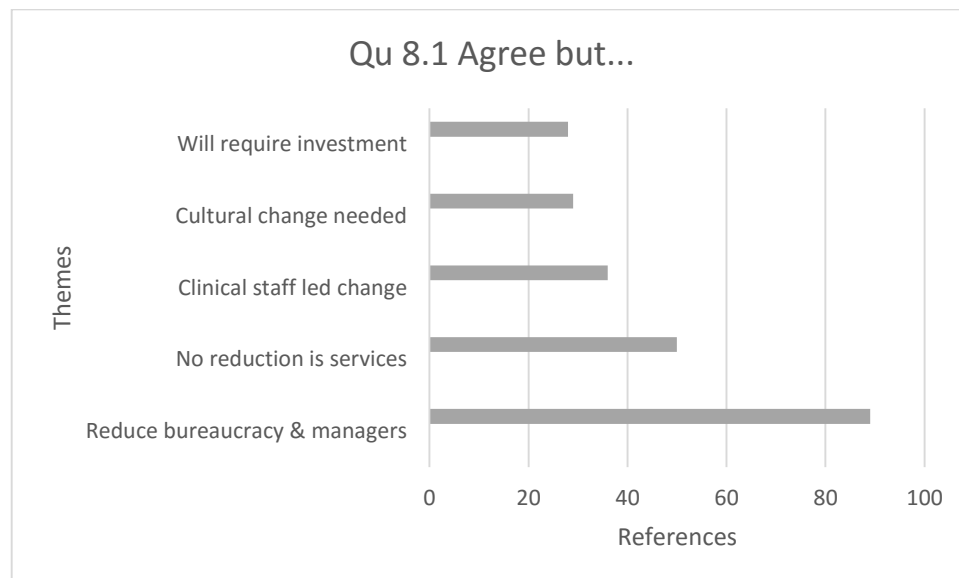

Figure 71. Agree but…

Node descriptions:

- **Will require investment:** Agree but this modernisation will require investment. Investment will be essential to ensure any new system works effectively
- **Cultural change needed:** Agree because there is currently a mentality of silo working. A joined up approach would improve quality of care but also reduce costs as resources, infrastructure and information is shared. However, this requires a significant cultural change amongst organisations. In particular away from cultures of blame and protectionism.
- **Clinical staff led change:** Agree but changes need to be led by clinical staff who have specific knowledge of opportunities and challenges. Having experience should be a prerequisite for those who decide change. If you support the staff then quality of care will increase too.
- **No reduction in services:** Agree but as long as there is no reduction in services for patients. Efficiency savings should not impact on quality, speed nor access to care for patients.
- **Reduce bureaucracy & managers:** Agree but efficiency savings should come through reducing bureaucracy and number of managers or consultants. Savings should certainly not come from front line services nor the quality of care reduce. Furthermore, no new administrative bodies to be created to oversee this approach.
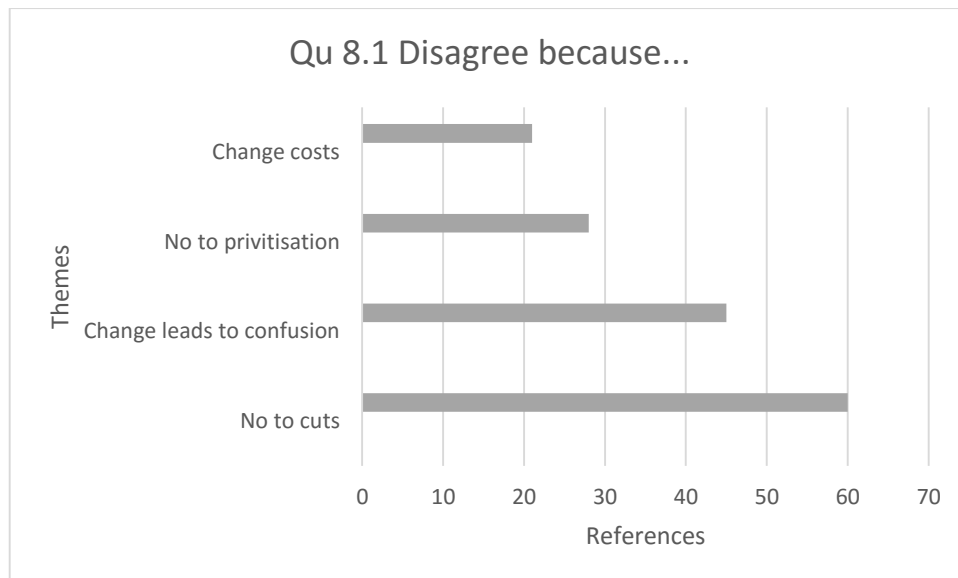
Figure 72. Disagree because…

Node descriptions:

- **Change costs:** Disagree because changing costs causes confusion. Money could be better spent elsewhere.
- **No to privatisation:** Disagree because this amounts to privatisation which has recently reduced the quality of care and increased the cost. The NHS was joined up before privatisation and 'rationalisation'
- **Change leads to confusion:** Disagree because change leads to confusion uncertainty amongst staff and patients. This in turn creates inefficiency. This approach won't improve the quality of care. Specifically because it is likely to lead to unequitable service delivery across the County as changes will impact some areas more than others. Furthermore, that many 'back office' staff and managers are the backbone of vital of clinical service delivery. IT infrastructure cannot always replace people.
- **No to cuts:** Disagree because this approach amounts to cuts. Instead Cornwall Council and the NHS to put the case to the Government for more funding.
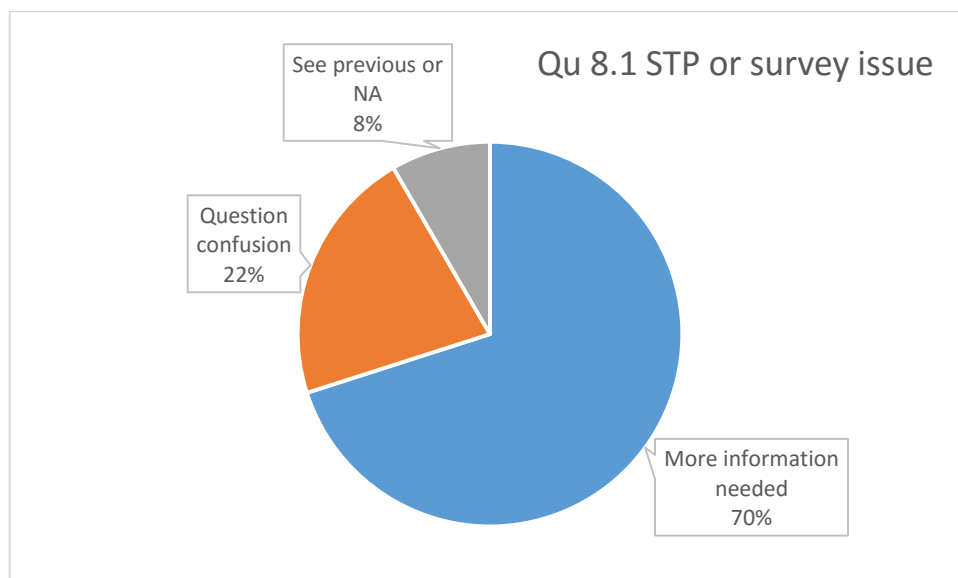

Figure 73. STP or Survey issue

Cornwall's Sustainability & Transformation Plan

Community Events Analysis Report

Dr. Tim Walker, Philippa Brill, Dr. Michael Leyshon and Professor Catherine Leyshon

Executive summary

This report analyses data provided by the NHS and Cornwall Council from the 'Sustainability and Transformation Plan' (STP) stakeholder events held in Cornwall. This report provides in-depth analysis of the data, displays key-themes and sub-themes within these, whilst also providing 'node descriptions' which summarise the breadth of responses.

The University of Exeter, Cornwall Campus, provided two analysts to work on these reports- Dr Tim Walker and Philippa Brill, who were directed by Dr Michael Leyshon and Professor Catherine Leyshon. The analysts used NVivo software to process the data and recognise recurring themes, before conducting the graphical analysis using Excel spreadsheets.

This report has been produced for the sole use of the NHS Communications team, namely Garth Davies, in order to write the STP Engagement Report. The report is not for circulation nor use by any other party.

Contents

List of figures

Methodology

During the last months of 2016 and the beginning of 2017, 6 stakeholder and workforce events were held across Cornwall to gather reactions to the proposed STP (see figure 1).

Figure 74. Map showing locations of stakeholder events.

The events followed no set pattern and allowed anyone to ask questions or comment on any of the topics presented in the STP.

Following this, the data from the stakeholder events was input into NVivo (qualitative data analysis software) to be analysed. Two parent nodes (over-arching themes) were created:

1. STP Issues
2. STP Priorities

This meant that comments or questions relating to the overall STP were categorised in the first node. Whereas comments or questions specifically relating to an STP priority was coded into the second theme. These parent nodes were further divided into sub-themes, as figures 2 and 3 depict:
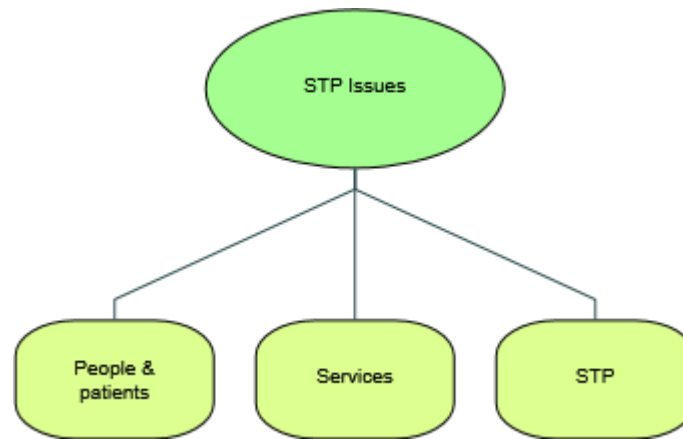
Figure 75. 'STP Issues' sub-nodes.

These were then further divided into baby nodes.
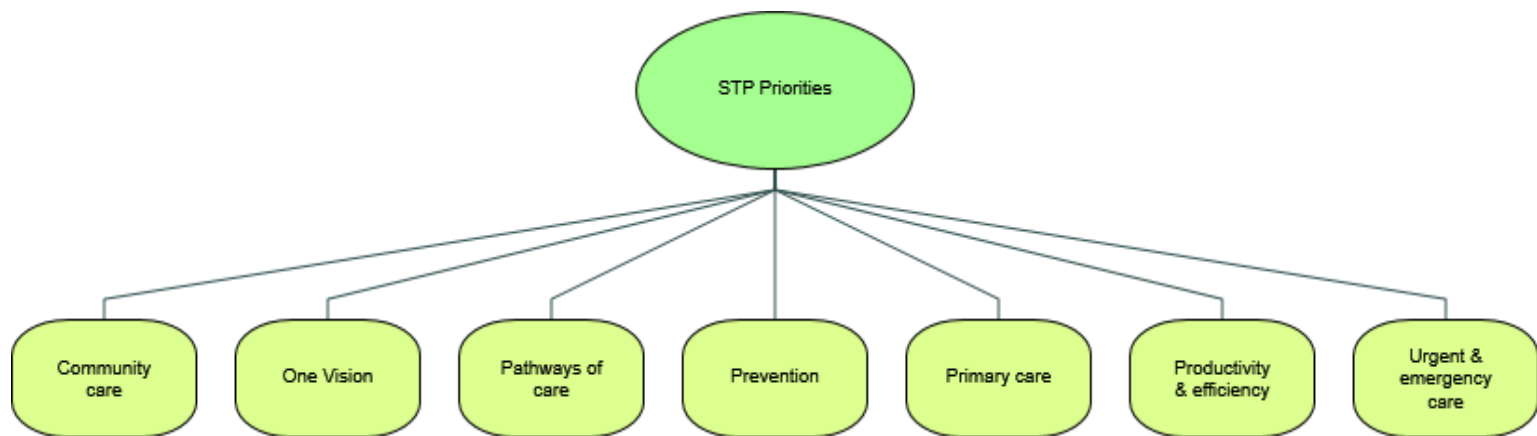
Figure 76. 'STP Priorities' sub-nodes.

These sub-nodes were then further divided into baby nodes to capture the nuances in responses.

The descriptions of the codes were created using a word tree diagram (see figure 4), which indicated connecting sentences related to a particular theme. This allowed key themes and quotes to be extracted and included in the description.

Figure 77. Word tree for 'Funding'.

STP Issues results

The graph below shows the range of responses for the STP Issue theme, with 'STP' being questioned or commented on the most
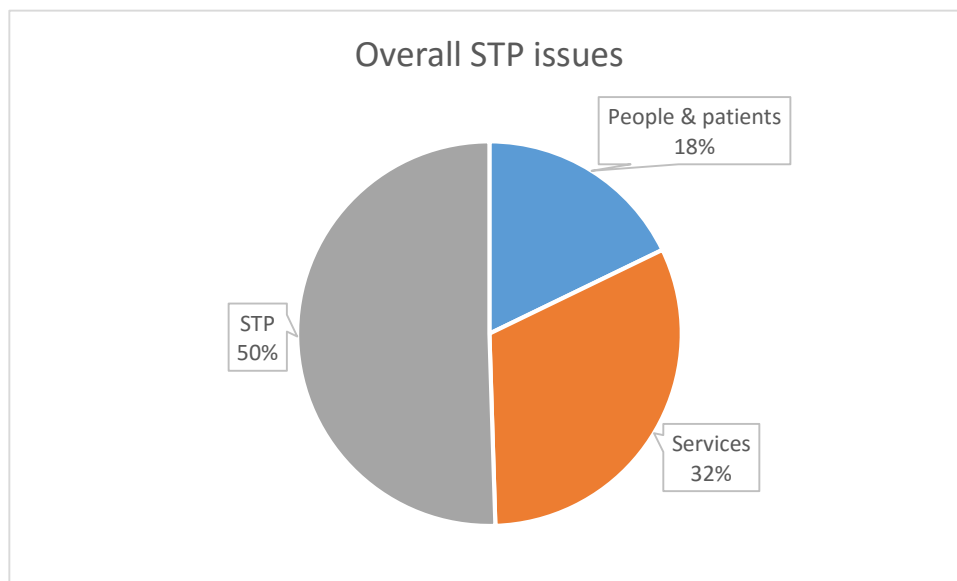
Figure 78. Overall STP Issues results.
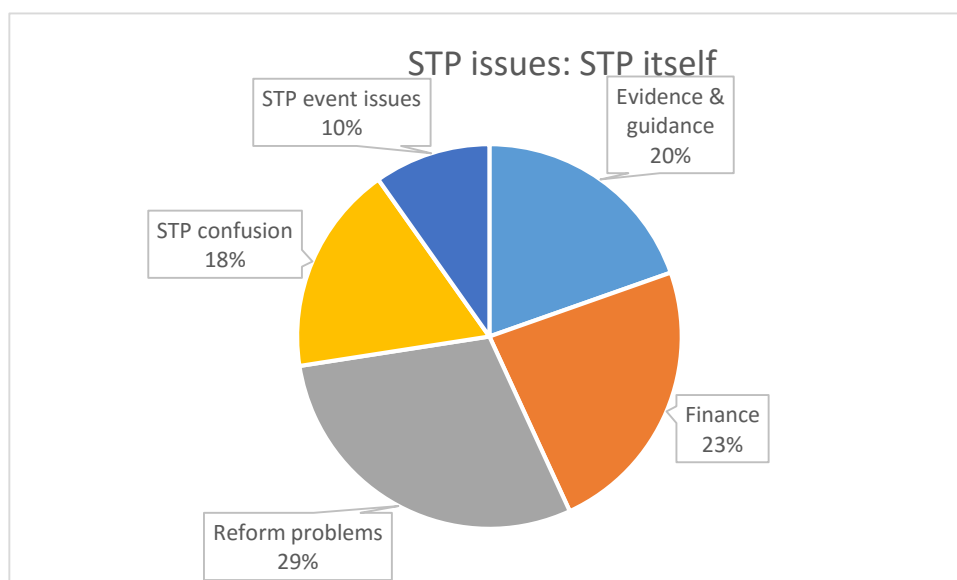
Figure 79. STP issues: STP itself.

Node descriptions:

- **Evidence & guidance:** Where is the evidence to support the STP? What will happen with the information from these events? We've heard it all before, we need evidence that it will actually happen this time.
- **Finance:** How will the STP be financed? We need more funding for the STP in Cornwall. Would like to see more details about how the money will be spent and how it's been costed. Does the local health economy get reimbursed for treating tourists?
- **Reform problems:** How will we resource this reform? There are people dying in front of us- we are hitting crisis point, we need to take immediate action.

- **STP confusion:** What is a virtual ward? Will this impact new provider specifications? Some are confused with terminology used in the STP and need clarification.
- **STP event issues:** Issues specifically regarding the event- e.g. the timing of events, the order, etc.
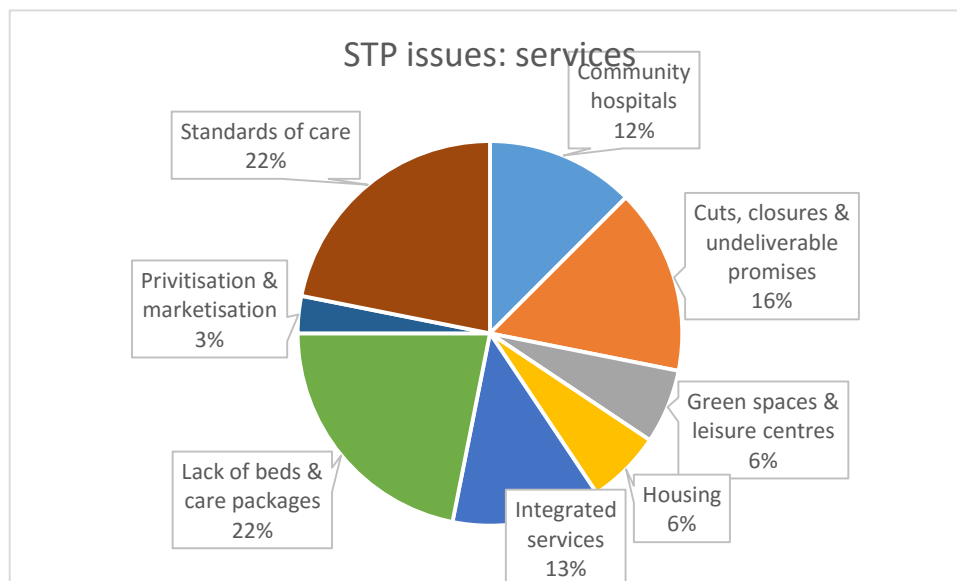
Node descriptions:

- **Community hospitals:** Interested to see the details in the plans for community hospitals- many are against the closure of these services and want those to be better utilised.
- **Cuts, closures & undeliverable promises:** This plan hints at cuts and closures of NHS services which we will not support. Need to be completely honest with the public about cuts- don't gloss it over.
- **Green spaces & leisure centres:** Influence 'local plan' to ensure access to green spaces and leisure centres. This will boost the public's mental health as well as tackle inactivity.
- **Housing:** Work with landlords to reduce damp and poor housing, as this can cause physical and mental health problems.
- **Integrated services:** All services need to be better integrated, including pharmacists, GP's and community services.
- **Lack of beds & care packages:** There's simply a lack of beds- in hospitals, in the communities- how will we address this? Often this is due to the inability to find care packages which leads to blocking beds.
- **Privatisation & marketisation:** Is the NHS likely to be privatised, e.g. Virgin Health?
- **Standards of care:** Does this mean a shift from specialist care to generalist care? Often there are missing access to meds e.g. FP10, need to stock this. Overall, the NHS standards of care need to improve.
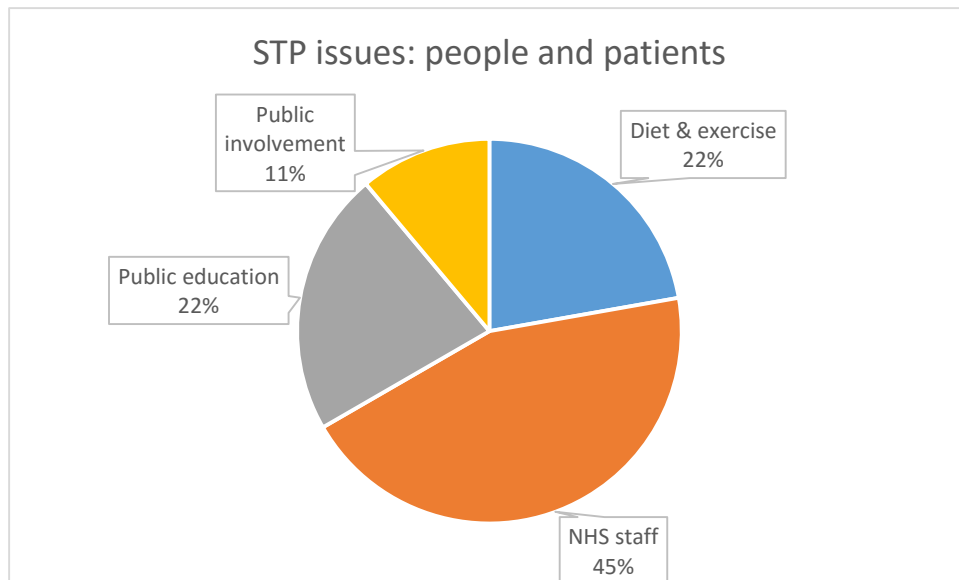
Figure 81. STP issues: people and patients.

Node descriptions:

- **Diet & exercise:** Keep weight management services- more emphasis on obesity and diet, alongside the encouragement of exercise.
- **NHS staff:** This has to be resourced and staffed properly, the workforce need to be properly engaged with, trained and supported.
- **Public education:** Public need to know when to use MIU's, UCC's, 111, A&E- they are confused and need guidance.
- **Public involvement:** What conversation are the STP board having with local populations? Are the public voices being heard?

STP Priorities Results:

The comments and questions for this theme were divided into the STP priorities (see figure 9). These themes were then further divided into smaller sub-themes or baby nodes. Please note, the child nodes vary as not all themes were discussed within the STP priorities.
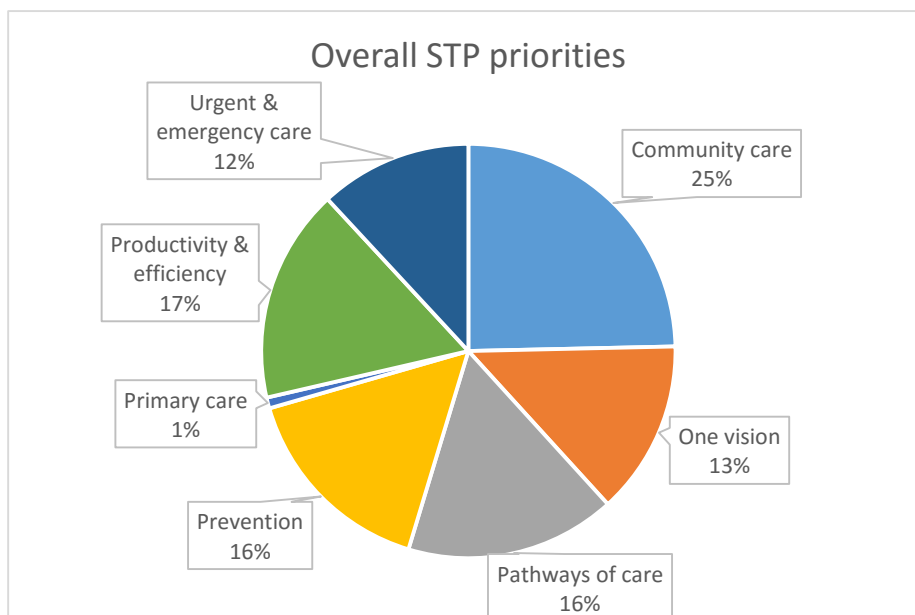
Figure 82. Overall STP priorities.

1. Community Care
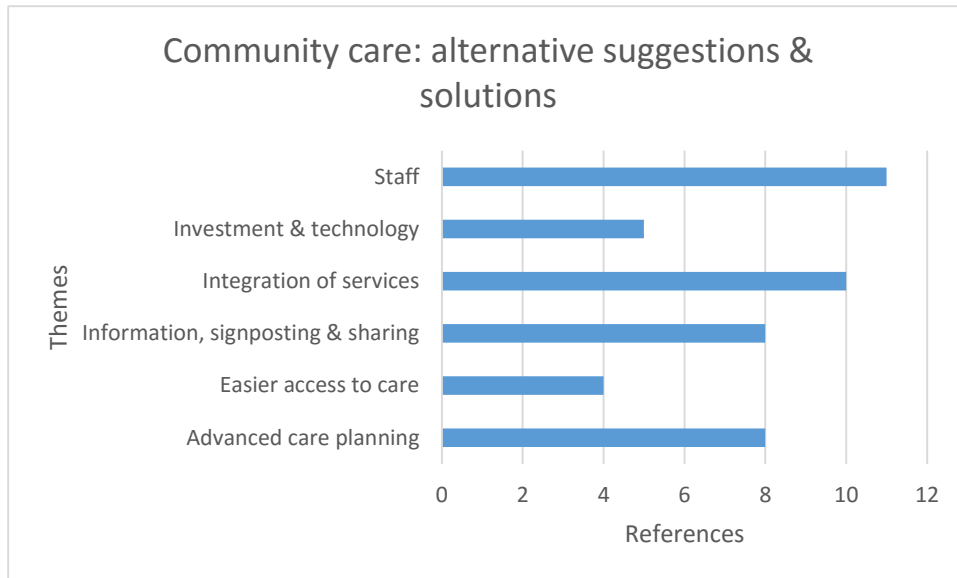
Figure 83. Community care: alternative suggestions & solutions.

Node descriptions:

- **Staff:** Invest in the workforce, e.g. include carers as per Transforming Care Agenda. Encourage staff to frequently visit their patients- this reduces the length of their stay in hospital. More training for careers in care and support them.
- **Investment & technology:** 'Front-end' investment will create medium and long term massive savings. Give workers the tools to do telephone/skype/facetime assessments. Invest in technology.
- **Integration of services:** Services working together, e.g. Apprenticeship caring. Need a single front door, then triaging from there, this will help patients.
- **Information, signposting & sharing:** Better signpost the services available to patients. Allow greater information sharing between services, to allow the NHS to run smoother.
- **Easier access to care:** Easy access for care where needed: patients/or primary care triggered. Sustainable services 7 days a week. Reduce travel time for practitioner by having better access to services.
- **Advanced care planning:** Putting things in place to prevent people going into hospitals, e.g. target people with osteoporosis by making their homes safer- adapting bathrooms etc. FIS model for health and social care? Better care planning for all patients.

Community care: issues & barriers

Themes | References

Staff — 5
Signposting & awareness — 2
Poor organisation — 5
Lack of integration — 3
Inadequate resources — 4
Domestic care — 4
Care pathways — 5
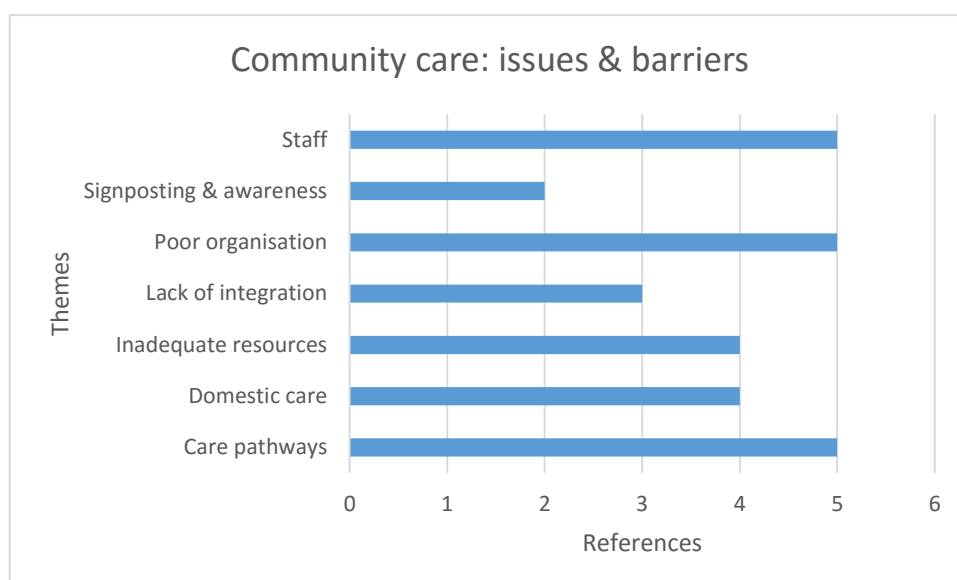
Figure 84. Community care: issues & barriers.

Node descriptions:

- **Staff:** Recruitment issues, particularly in domestic care- poor salaries and poor treatment. There is a lack of staff student nurses- need to encourage more young people into careers in healthcare.
- **Signposting & awareness:** The public are not aware of what services are out there- they need to be better signposted to increase usage and awareness.
- **Poor organisation:** Poor organisation of therapy services, e.g. CFT & RCHT, introduces more silo-ed working. There is also a postcode lottery (acute nursing at home), this needs to be addressed. Often patients are discharged too early, before they are ready or have a pathway of care in place. There is also a lack of investment which leads to poor organisation.
- **Lack of integration:** There is a lack of integration and there is currently too much fragmentation, need a more joined-up approach. Information-sharing needs to be improved between departments.
- **Inadequate resources:** At present there is inadequate community services to keep people out of hospital. In community hospitals and care homes, not enough is done for the high needs of the patients in there. There's a lack of trust in the care market because of this.
- **Domestic care:** The difficulty and unpredictable nature of domestic care. Lots of patients live on their own, perhaps short-term placements should be implemented where the carer lives with them.
- **Care pathways:** Pathways should be about individual needs, rather than the condition- silo working. Care is currently too reactive, pathways need to be pre-planned. There is also a concern that specialism will be cut out- this needs to be discouraged.
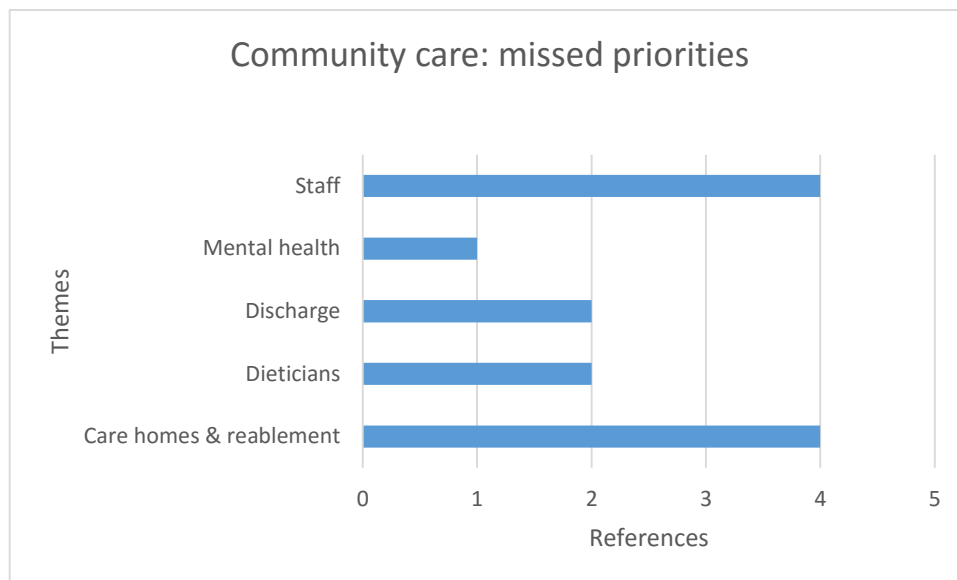
Figure 85. Community care: missed priorities.

Node descriptions:

- **Staff:** Agency care workers who are going into people's home are often not trained and have no means to access ongoing professional education. Strain on unpaid carers.
- **Mental health:** Lack of MH services in the area.
- **Discharge:** Decision on discharge- getting this right so patient goes to the right place, i.e. home, or discharge to assess. Need more options for where discharged patients can go.
- **Dieticians:** It is not unusual for people who are admitted to hospital to be malnourished- there is a need for more community dieticians and education on healthy eating.
- **Care homes & reablement:** How the independent care home sector could support the changes for health. More day care services needed and more reablement services.

2. One Vision
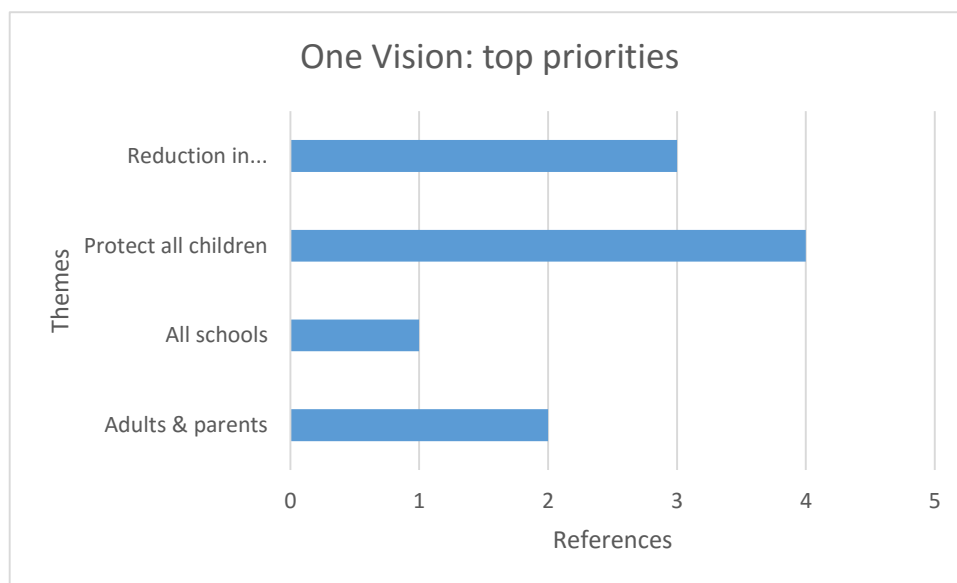
Figure 86. One Vision: top priorities.

Node descriptions:

- **Reduction in…:** 1) ASB orders as joint working with police, 2) numbers of safeguarding and 3) numbers of days not at school.
- **Protect all children:** How do we protect all children rather than focus on children living in poverty? We need to promote peer support within schools.
- **All schools:** Overwhelming need to get all schools involved in the One Vision plans.
- **Adults & parents:** How are we utilising adults' information and data to support children and young people? Learnt behaviours from parents impacting on children's wellbeing.
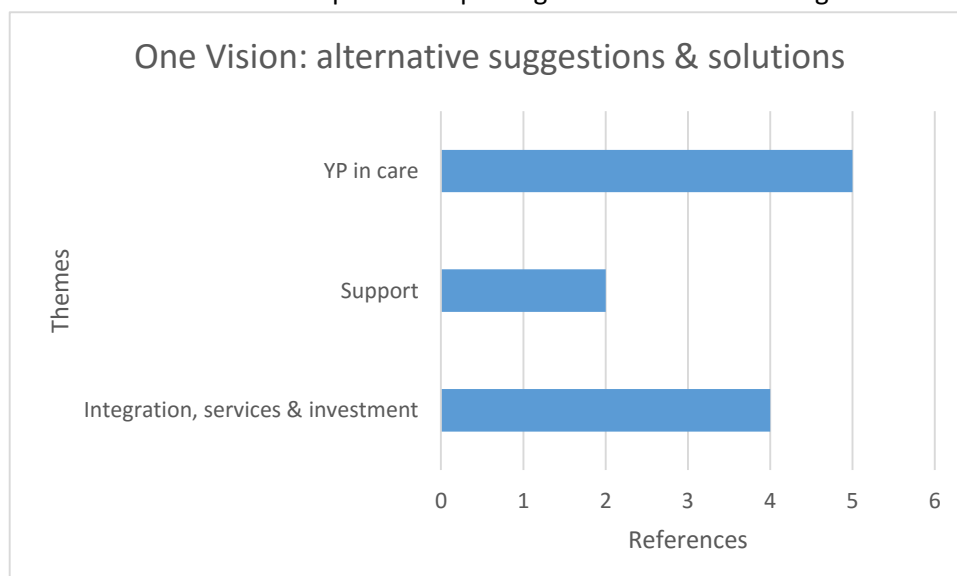
Figure 87. One Vision: alternative suggestions & solutions.

Node descriptions:

- **YP in care:** Get YP in care into good jobs. Need more providers and more places for child care. Care leaver skills- life and independent skills from early on so when they leave care they are properly equipped for the 'real world'.
- **Support:** PSHE and other life skills so important to be taught in schools. Adults and parents also need to support young people and create a pathway of care for them.
- **Integration, services & investment:** Integration of services to create consistent outcome tools. Invest in services. Services, e.g. dentists, need to be made more accessible for YP.
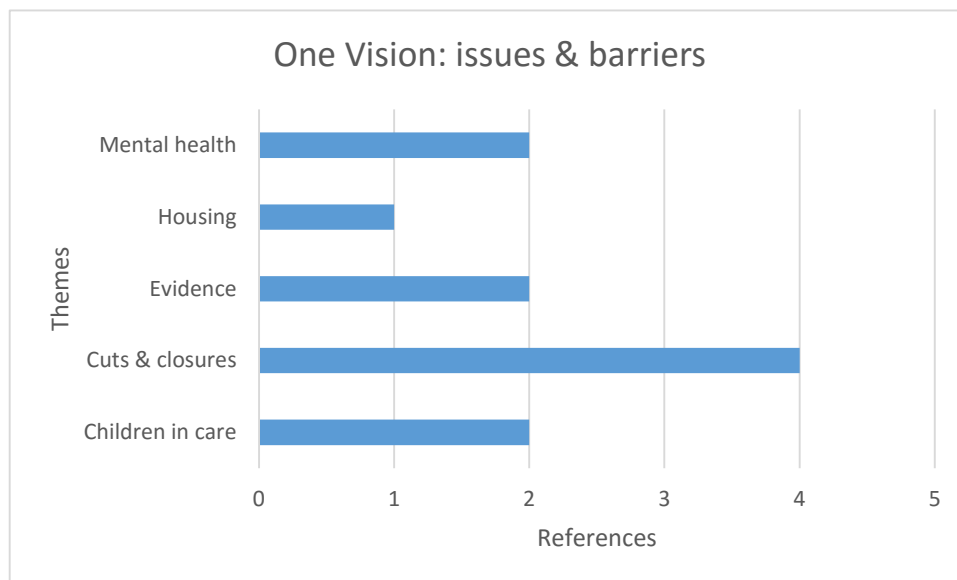
Figure 88. **One Vision: issues & barriers.**

Node descriptions:

- **Mental health:** Dealing with cyber bullying. Suicide and self-harm rates are an issue in young people.
- **Housing:** Quality and availability of private housing market- the impact this has on YP development in families but also then YP finding their own homes.
- **Evidence:** What evidence do we have that these interventions will work? Some people are sceptical of the proposed plans.
- **Cuts & closures:** Closure of children centres e.g. Penzance. Removing local contacts can cause a problem for other services.
- **Children in care:** Issue of outcome of children in care should be a priority.#
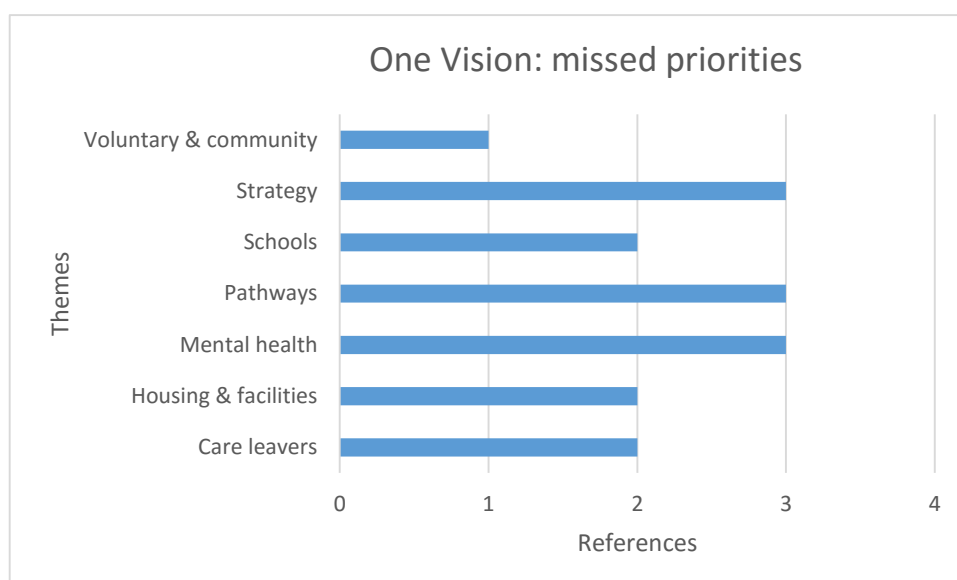
Figure 89. One Vision: missed priorities.

Node descriptions:

- **Voluntary & community:** Voluntary and community sector in POI but why not across all PO's and add voluntary to partnership?
- **Strategy:** What's the strategy for influencing the larger government decision making to really improve poverty in a bigger way? What are the outcome measures? Key outcomes that have been identified?
- **Schools:** PSHE and first aid provision needs to be taught in schools.
- **Pathways:** One pathway needed- children often get lost between providers.
- **Mental health:** Cyber bullying causes mental health problems- how can we tackle this. What input is there for children with suicidal intentions?
- **Housing & facilities:** Quality of private rented accommodation needs improvement. Use capacity/rooms somewhere not in acute settings (RCHT) paediatrics.
- **Care leavers:** Outcomes for care leavers are poor. More support to care leavers and transitions in early adolescence.

3. Pathways of care

Pathways of care: top priorities
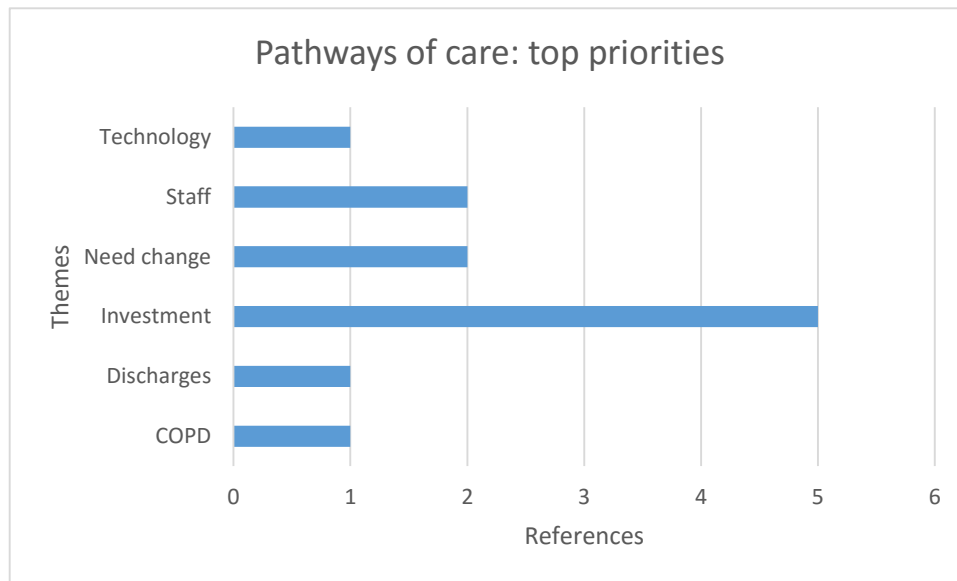
Technology	1	

Figure 90. Pathways of care: top priorities.

Node descriptions:

- **Technology:** Technology- speech and language services are developing telehealth and teletherapy on consultation with IT services in order to deliver a service intensively to remote areas.
- **Staff:** Need to invest in staff training- carers, patients, paid carers in prevention but also managing the conditions. We lack clinical psychologists for stroke, pain, dementia etc.
- **Need change:** We had meetings a few years ago because the council was due to implode, nothing came out of that meeting- don't let this happen again. There's clear gaps in many pathways of care, this needs to be addressed.
- **Investment:** INVEST WHERE APPROPRIATE- often early stage investments, e.g. stroke, but not much investment in therapy, e.g. 2 years on. Invest in Expert Patient Programme to educate people to help manage their conditions.
- **Discharges:** Early supported discharge team- need to raise capacity to take people who need help of two carers.
- **COPD:** COPD should be highlighted as a priority- the cost of drugs is high and this can be difficult for those living in deprived areas.
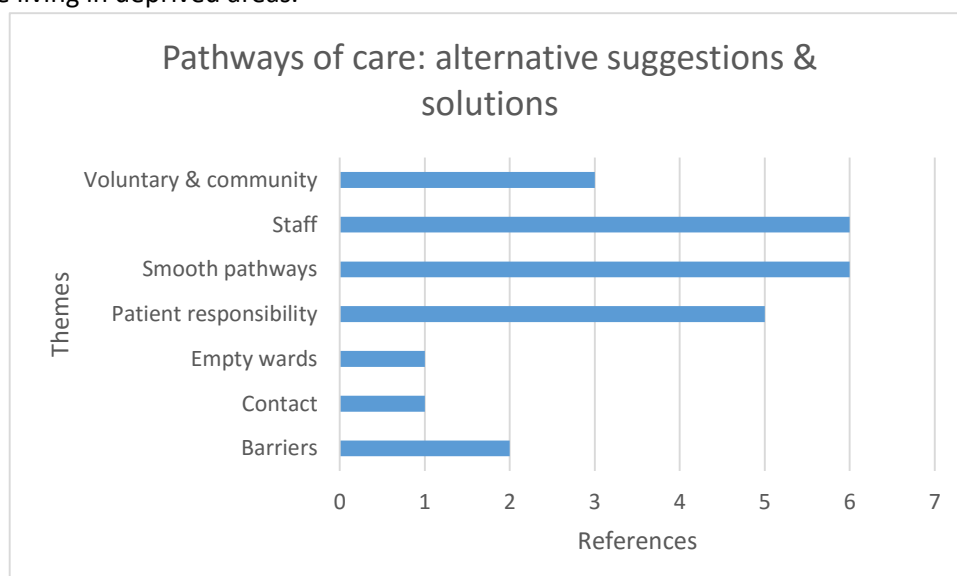
Figure 91. Pathways of care: alternative suggestions & solutions.

Node descriptions:

- **Voluntary & community:** Voluntary sector and charities need longer term financial support. More services should be provided within the community, e.g. peer support groups.
- **Staff:** Need career pathways- apprenticeships for all levels with integrated competencies. Carers need more support, training, wages and guidance.
- **Smooth pathways:** Need smooth pathways of care, but with appropriate checks! Improve end of life pathways to stop admission. Within a specific pathway, build a team with the specialist skills (community based).
- **Patient responsibility:** Patients need to take more responsibility, this could be done in small peer groups (Expert Patient Programme). Raise the profile of health and care- make it stimulating and interesting. Education and the root causes of illnesses needs to be addressed.
- **Empty wards:** If there are empty wards, can these be used as step down (social care) rehab beds instead/ as well as residential homes?
- **Contact:** Patients need one single point of contact, e.g. one number to phone when in need of care.
- **Barriers:** Remove organisational barriers. Stop reinventing- good practice will be lost!

Figure 92. Pathways of care: issues & barriers.

Node descriptions:

- **Staff & carers:** Currently not good at offering services that 'give help to carers'. Specialists need to be better used. Not enough community therapists- need these for early intervention.
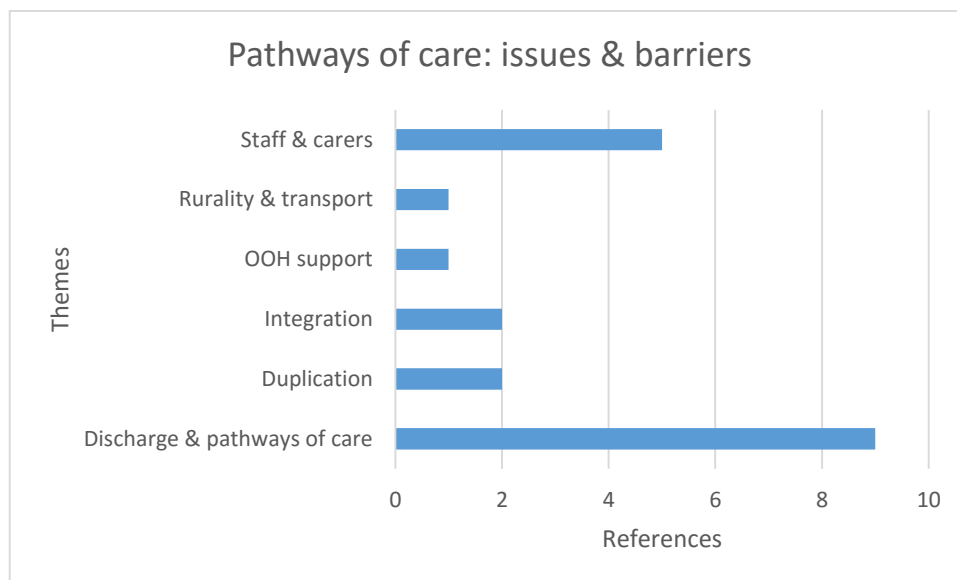- **Rurality & transport:** Rurality and the geography of Cornwall is an issue. There needs to be transport provided to attend support groups, meetings, etc.
- **OOH support:** Need better Out of Hours healthcare (in evenings and weekends).
- **Integration:** Need an integrated approach- patients often have more than one need, so they need services to fit this. Also in need of an integrated IT system to better talk to each other.
- **Duplication:** There is some duplication of services from specialists across different organisations.
- **Discharge & pathways of care:** Patients often discharged too early without the required support. Pathways need to be developed and "person centred". Need investment at later stages of pathways e.g. speech and language services. There's a feeling that pathways are becoming too diverse and standardised.

For Pathways of care missed priorities, **smoking** (Disappointed with the reduction of smoking cessation services, can these be brought back?) and **public perception** (Need to change the historical perspective of needing to see a family-GP when practice nurse could provide the same service.) were both mentioned once each.
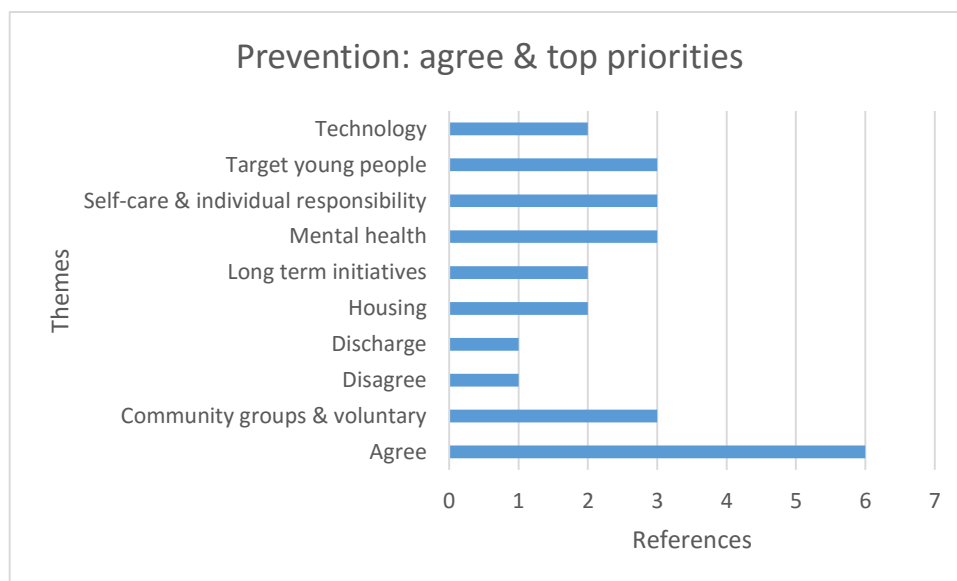
4. Prevention

Figure 93. Prevention: agree & top priorities.

Node descriptions:

- **Technology:** Need to be targeted and better used. Elderly need to have different approaches to technology so they are not isolated and excluded.
- **Target young people:** Start with young people and educate them on preventative strategies, especially within schools.
- **Self-care & individual responsibility:** Encourage individuals to self-care and look after themselves.
- **Mental health:** Tackle mental health as well as physical health. This is a major concern in Cornwall.
- **Long term initiatives:** Sustainable, long-term initiatives are needed in the STP, not short-term fixes.
- **Housing:** More affordable housing and to acceptable standards. Second homes is a concern to many people.
- **Discharge:** On discharge, put more measures in place to stop patients returning to hospital. For example, encourage healthy eating and exercise on discharge.
- **Disagree:** Does an increase in prevention mean disinvestment in acute services?
- **Community groups & voluntary:** Use community and voluntary groups, e.g. community allotments, Living Well project, peer support groups, etc. These may be individually little but they have lots of success.
- **Agree:** Yes agree with the prevention priorities.
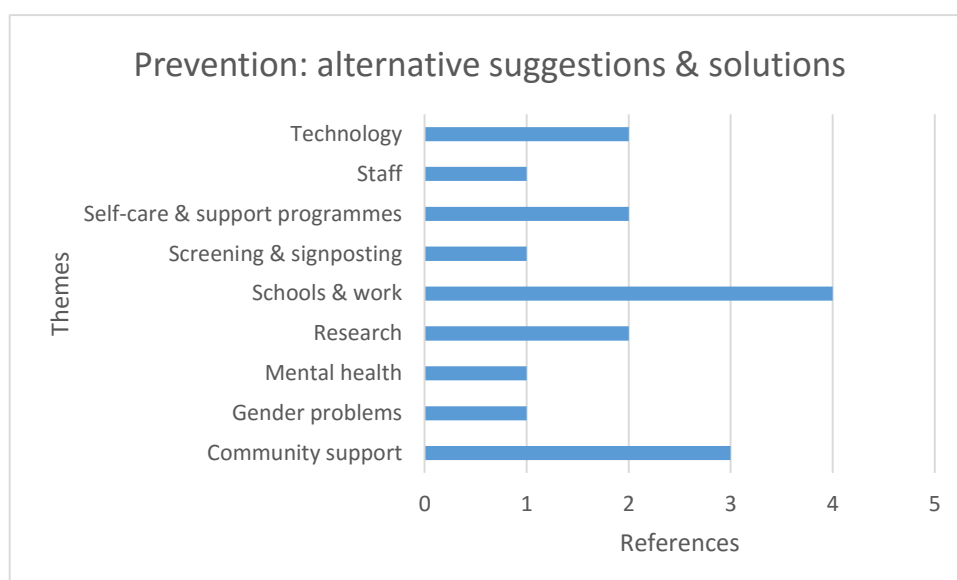
Figure 94. Prevention: alternative suggestions & solutions.

Node descriptions:

- **Technology:** Opportunities for greater role of technology- e.g. reach areas of deprivation, medication prompts via skype.
- **Staff:** Make sure managers have realistic expectations of their workforce and manage this.
- **Self-care & support programmes:** Encourage self-care but through one large programme that manages multiple conditions, don't over-complicate things. Create expert patient programmes.
- **Screening & signposting:** Need more screening e.g. breast cancer. Use signposting better to direct patients.
- **Schools & work:** Schools need to take part too, e.g. healthy eating. Health assessments offered at work e.g. cholesterol, blood pressure, weight free for all.
- **Research:** Need more research into where money could be saved in the NHS.
- **Mental health:** Mindfulness of meditation from an early age. Offer maternal mental health services.
- **Gender problems:** Piloting outline psychological therapy service that men may access.
- **Community support:** Need more support within communities. More practical groups e.g. Cornwall Healthy Eating Service.
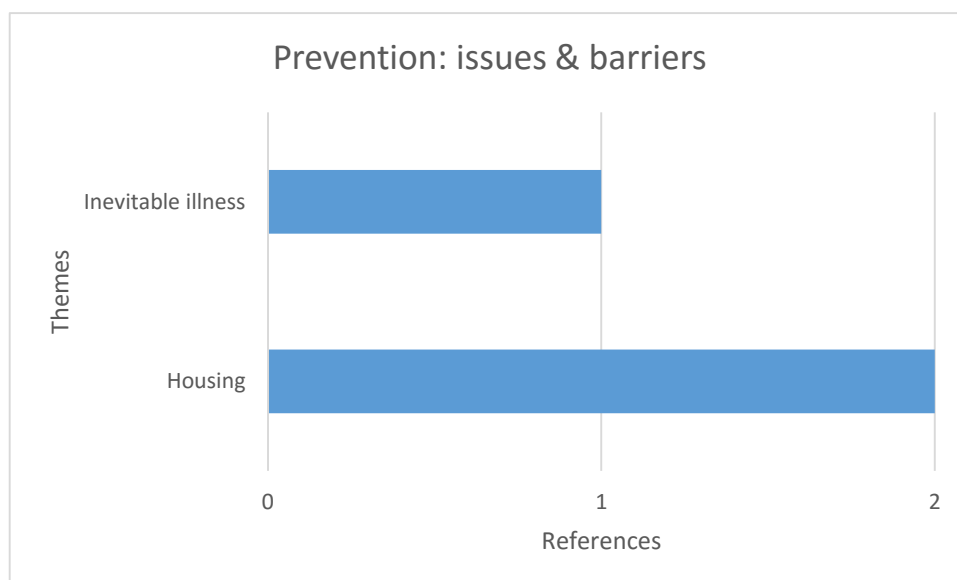
Figure 95. Prevention: issues & barriers.

Node descriptions:

- **Inevitable illness:** We can't stop people getting ill, this is a sad and inevitable part of life.
- **Housing:** SIP housing- more expensive but once it's developed its cheap to run. There are issues of how properties are built and the time it takes to do so.
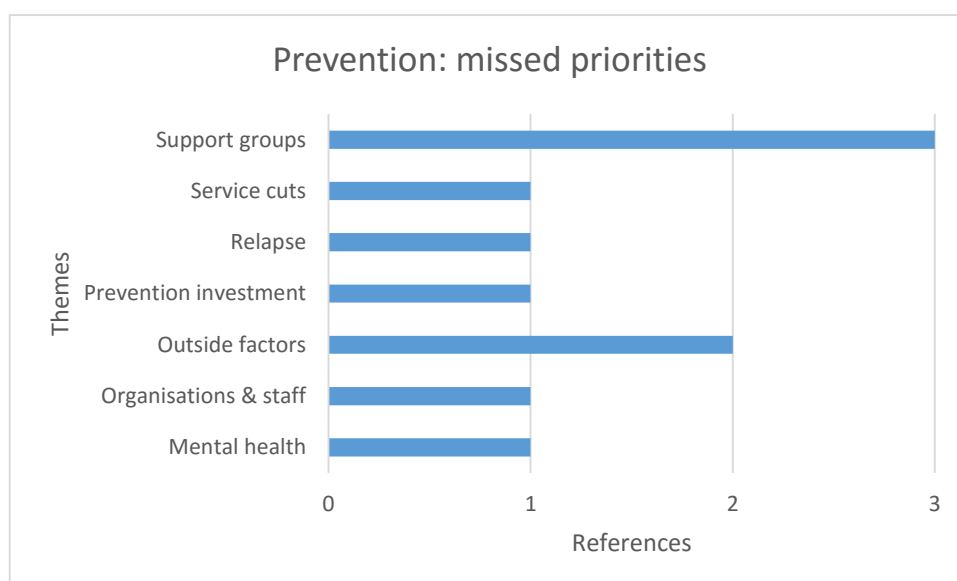
Figure 96. Prevention: missed priorities.

Node descriptions:

- **Support groups:** Better understand what support groups are available and network these better.
- **Service cuts:** Need reassurance that the services we currently have are not going to be cut.
- **Relapse:** Help more people stay out of hospital on discharge- reduce relapsing.
- **Prevention investment:** Need more investment in prevention strategies over the next 5 years.
- **Outside factors:** Want to better understand what's causing people to get ill, e.g. lifestyle choices, lack of exercise etc.
- **Organisations & staff:** Organisations need to take responsibility and have realistic expectations on staff.

- **Mental health:** Like to see mental health improving psychological wellbeing much more, even beyond early years.

5. Primary Care

Figure 97. Primary care themes.

Node descriptions:

- **Staff:** The current NHS staff are over-worked and struggling, this needs to change.
- **OOH & 24hr care:** Will there be more out of hours care? This is really needed in Cornwall.
- **GP's:** Are GP's ready to cope with this?
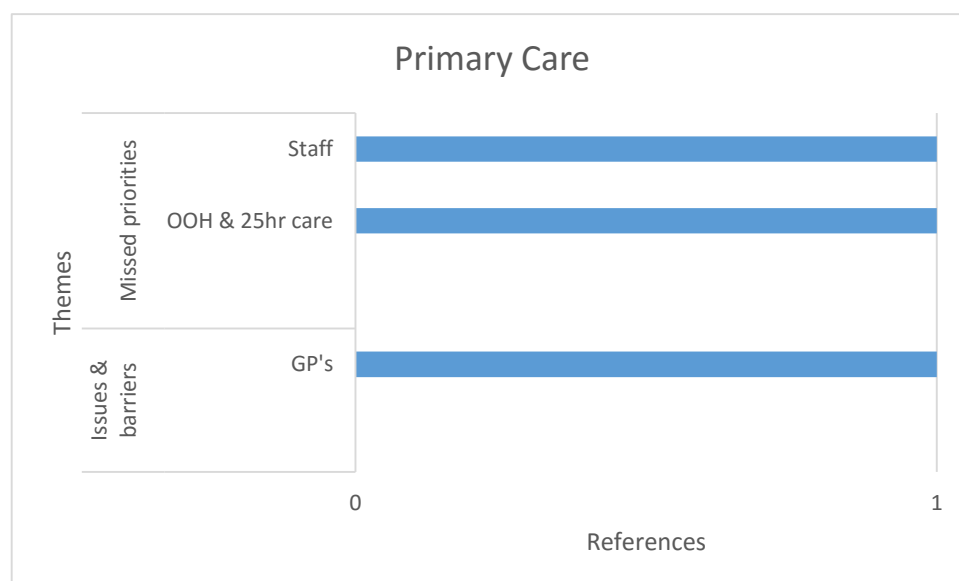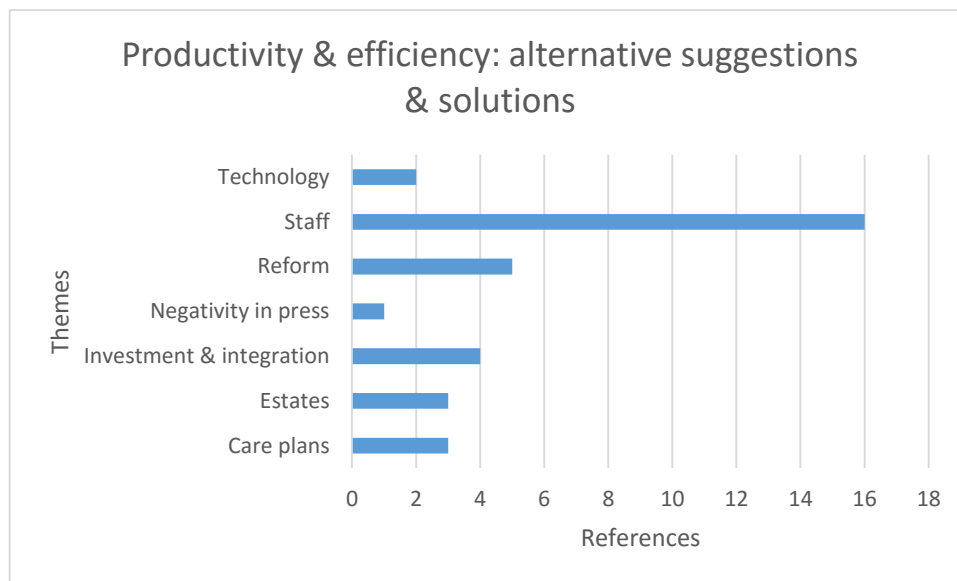
6. Productivity & Efficiency

Figure 98. Productivity & efficiency: alternative suggestions & solutions.

Node descriptions:

- **Technology:** Imperative to develop technology for the future. Need intuitive technology and purpose for people who are not technology-minded, e.g. our current older population.
- **Staff:** Care workers are low paid with no career development- change this! Make sure the workforce are productive and maximize efficiency. Use volunteers to contribute. Train and treat staff appropriately. Need to encourage flexible hours for staff approaching retirement.
- **Reform:** Take it back to basics- less PC work and more time in the community. Move to a common system- stop info collection duplication and start caring!
- **Negativity in press:** Balance the press about what it's like in health and social care- it's often too negative.
- **Investment & integration:** Invest is CRT team, rather than investing in new services. Budget protection leads to fragmentation and inappropriate priorities set. The services need to be better integrated- join up supply chain exchange.
- **Estates:** Often long waiting lists for beds. Need larger practices and greater capacity of estates.
- **Care plans:** Care plans are vital and need to be created according to the patients' individual needs.
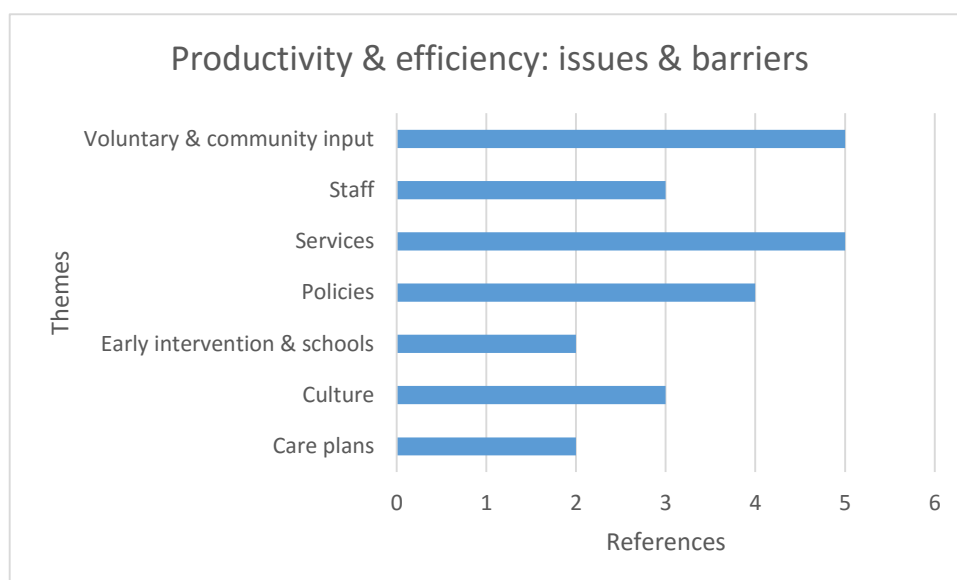
Figure 99. Productivity & efficiency: issues & barriers.

Node descriptions:

- **Voluntary & community input:** Where is the voluntary and community input into prevention? It feels health biased currently.
- **Staff:** Need to integrate working and give staff permissions to work differently.
- **Services:** Some of these co-location is not the answer alone- need to change the silo culture. Issue of out of county mental health placements to private providers- expensive as well as poor for patients and carers. Longreach beds rumours of closure in Bodmin? Services need to be better funded with appropriate technology.
- **Policies:** How do we make rules and policies making purchasing decisions more expensive? There is too much bureaucracy in purchasing that leads to waste of expensive supplies. Information governance- agencies holding tightly to information that needs to be shared.
- **Early intervention & schools:** Need to focus on early intervention. Assessments in schools need to be standardised across the county.
- **Culture:** Fundamentally, the whole culture of productivity and efficiency needs to be addressed.
- **Care plans:** Care plans need to be developed before the patient is discharged, otherwise they will end up back in hospital. Care plans particularly important for dementia patients.

For productivity & efficiency missed priorities, **information sharing** (Better access to patient information would be useful and more efficient) was mentioned once.
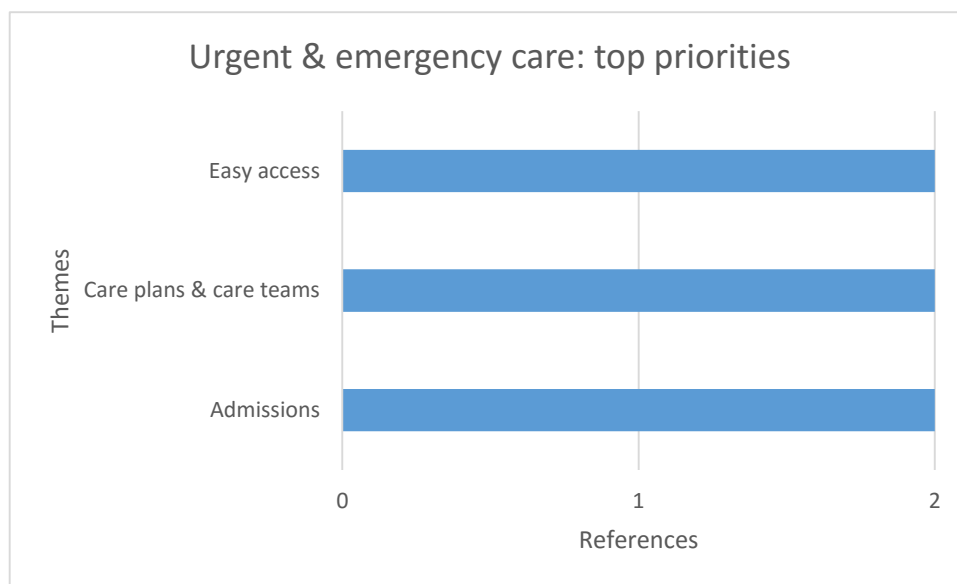
7. Urgent & emergency care

Figure 100. **Urgent &**
emergency care: top priorities.

Node descriptions:

- **Easy access:** Need to ensure easy access to healthcare services, especially pharmacy. Improve triaging- referrals and signposting of services.
- **Care plans & care teams:** Ensure that nursing homes have advanced care plans. Accessibility to integrated care teams.
- **Admissions:** Prevent unnecessary admissions into hospitals. Improve UCC's and MIU's design services so we don't reward bad behaviour, e.g. drinking and drugs.
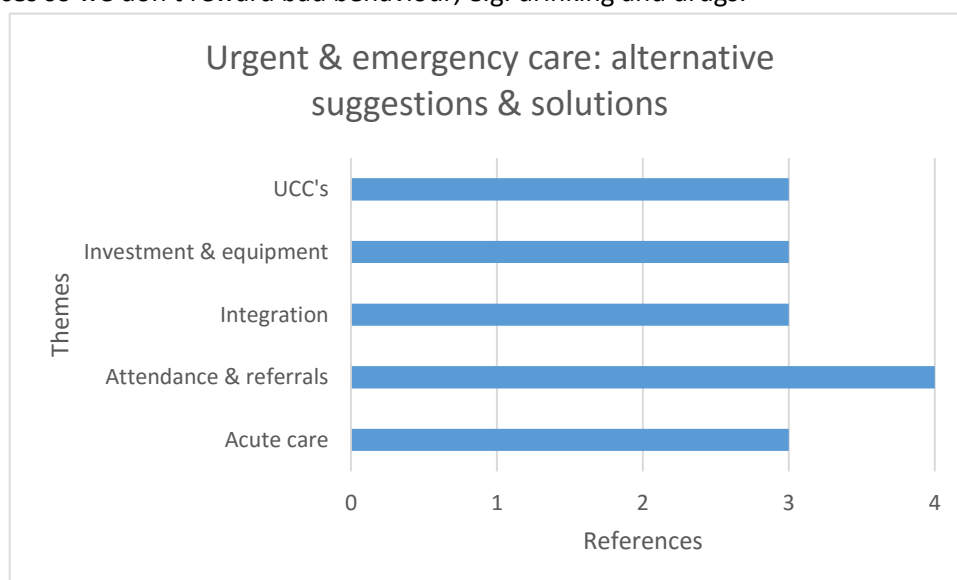

Figure 101. Urgent & emergency care: alternative suggestions & solutions.

Node descriptions:

- **UCC's:** Use existing UCC's- home system for stepping down patients to West Cornwall UCC, thus treating 3x patients in one place rather than driving to three places. National policy for MIUs to become UCC's. Also need smartly placed UCC's- why isn't there one at RCHT?

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- **Investment & equipment:** Need more investment, for example in estates. Need more equipment at primary care centres, e.g. POC testing and better access to medicines?
- **Integration:** Need community integrated teams- clustered and even distribution of services.
- **Attendance & referrals:** Need to deal with inappropriate attendance at ED. Need same day referrals for ACAH. Staff need to be specially trained to triage, to manage risk.
- **Acute care:** Need better acute care e.g. improve acute care at home, employ more acute GP's.
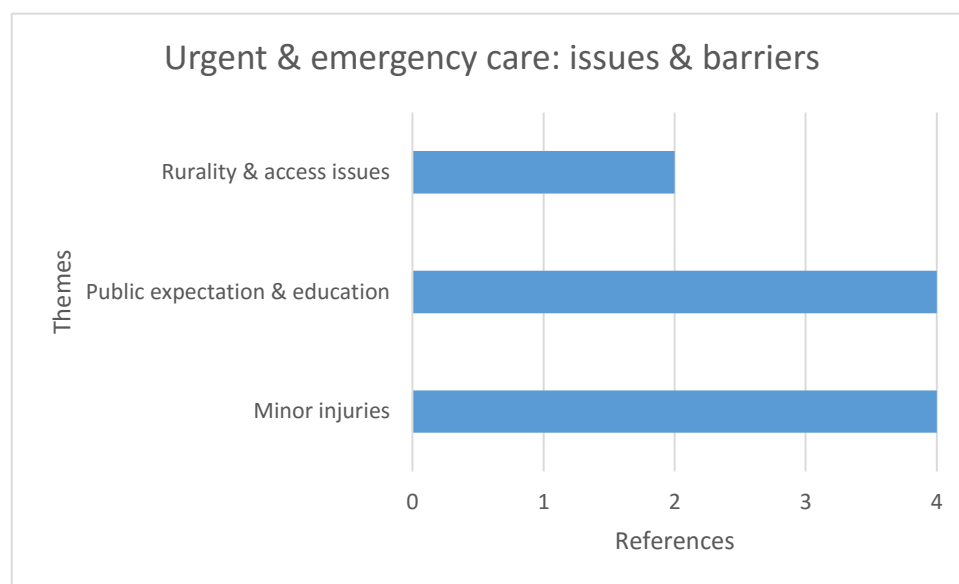
Figure 102. Urgent & emergency care: issues & barriers.

Node descriptions:

- **Rurality & access issues:** With the rurality and access to care issues in Cornwall, can 3 or 4 UCC's be beneficial?
- **Public expectation & education:** Need to manage public expectation of NHS services- we need to be better at saying what we do. Public need to know the alternatives. Also need to be careful of the language used- case for change perceived as negative.
- **Minor injuries:** Need to reduce the number of referrals of minor injuries that could have been treated elsewhere, e.g. pharmacy, NHS 111.
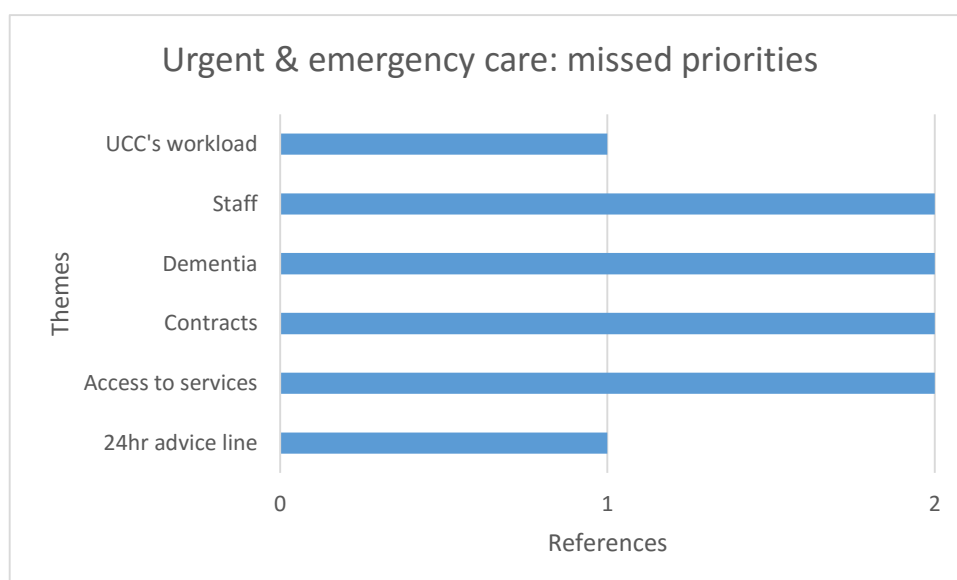
Figure 103. Urgent & emergency care: missed priorities.

Node descriptions:

- **UCC's workload:** Advance care planning to manage the workload of UCC- identified preferences to prevent unwanted admission to allow people to die at home.
- **Staff:** Recruitment of staff to cover shifts. Give nurses wider roles- upskilling in other disciplines so they can provide extra services.
- **Dementia:** Those with dementia need early support (and their families) before crisis and admission into hospital. Need to change the culture of dementia and provide support for care at home so they can manage.
- **Contracts:** Health care practices being tied to contractual requirements.
- **Access to services:** Improve access to services, e.g. respiratory physio in locality- include all therapies and disciplines.
- **24hr advice line:** Open a 24 hour advice line for palliative care- this may reduce hospital admissions.

Cornwall's Sustainability & Transformation Plan

Community Events Analysis Report

Dr. Tim Walker, Philippa Brill, Dr. Michael Leyshon and Professor Catherine Leyshon

Executive summary

This report analyses data provided by the NHS and Cornwall Council from the 'Sustainability and Transformation Plan' (STP) community network panel events held in Cornwall. This report provides in-depth analysis of the data, displays key-themes and sub-themes within these, whilst also providing 'node descriptions' which summarise the breadth of responses.

The University of Exeter, Cornwall Campus, provided two analysts to work on these reports- Dr Tim Walker and Philippa Brill, who were directed by Dr Michael Leyshon and Professor Catherine Leyshon. The analysts used NVivo software to process the data and recognise recurring themes, before conducting the graphical analysis using Excel spreadsheets.

This report has been produced for the sole use of the NHS Communications team, namely Garth Davies, in order to write the STP Engagement Report. The report is not for circulation nor use by any other party.

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List of Figures

Methodology

During the last months of 2016 and the beginning of 2017, 19 community network panel (CNP) events were held across Cornwall to gather reactions to the proposed STP (see figure 1).
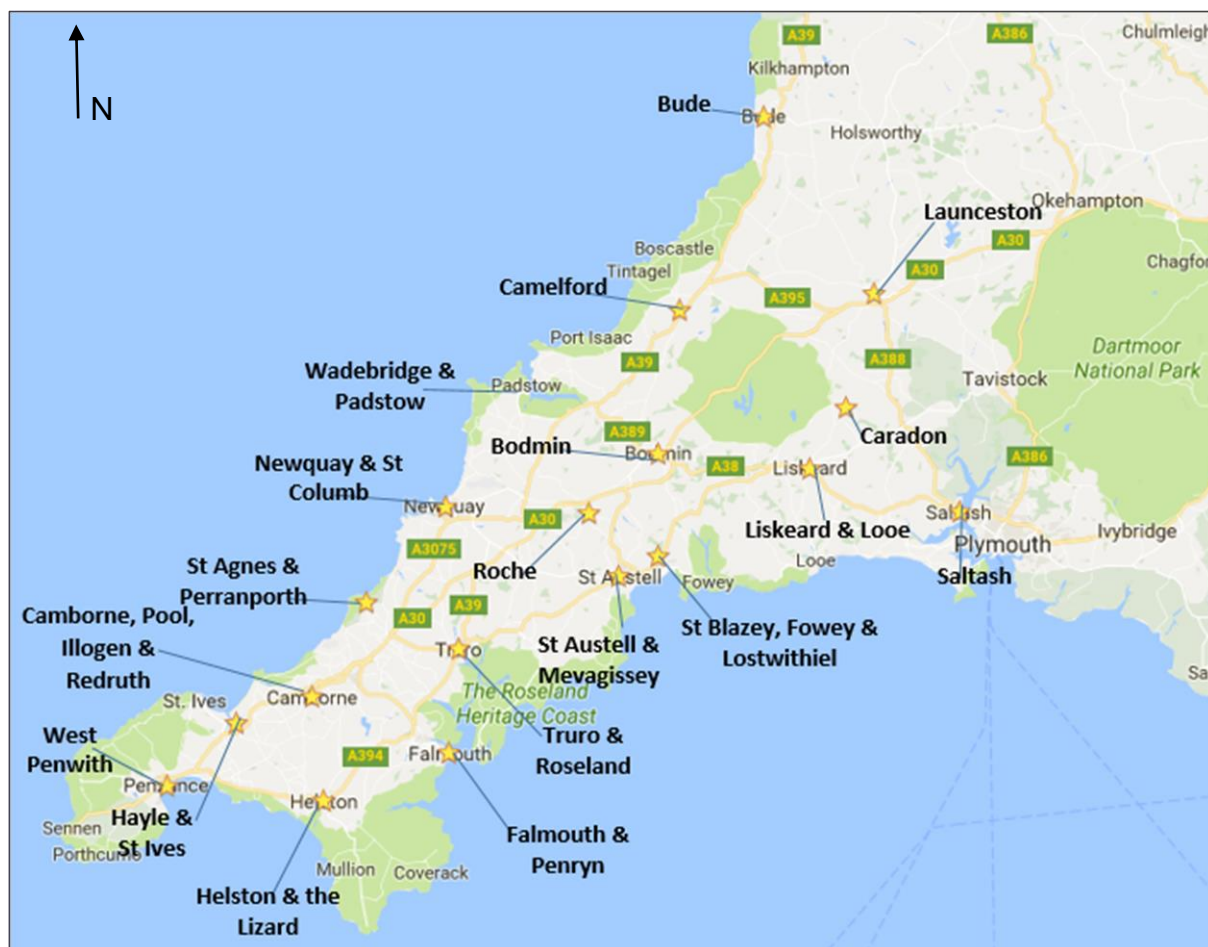
Figure 104. Community Network Panel events held across Cornwall.

The events followed no set pattern and allowed anyone to ask questions or comment on any of the topics presented in the STP.

Following this, the data from the CNP events was input into NVivo (qualitative data analysis software) to be analysed. Two parent nodes (over-arching themes) were created:

3. STP Issues
4. STP Priorities

This meant that comments or questions relating to the overall STP were categorised in the first node. Whereas comments or questions specifically relating to an STP priority was coded into the second theme. These parent nodes were further divided into sub-themes, as figures 2 and 3 depict:
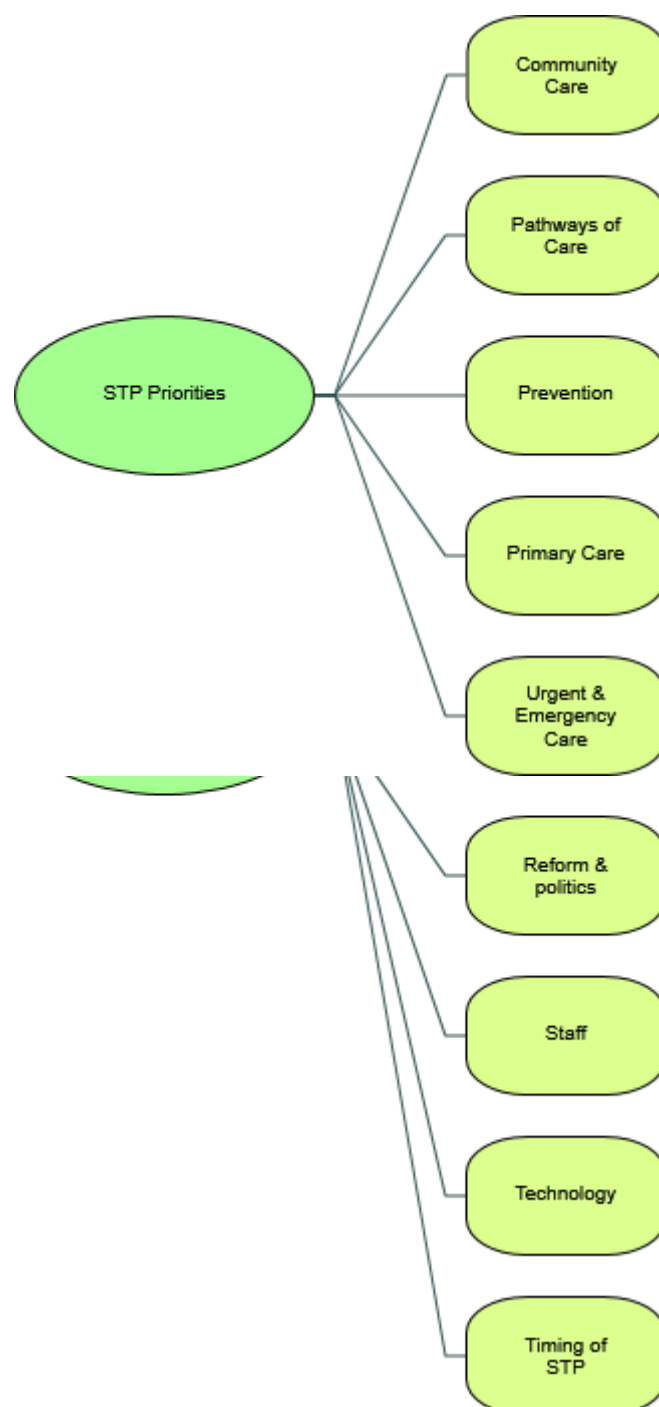
Figure 105. 'STP Issues' sub-nodes.

NB. The priority 'One Vision', was not mentioned in any of the responses, so it has not been included in the above diagram. Within the sub-nodes displayed in Figure 3, 'baby' nodes were built to capture the nuances in responses.

The descriptions of the codes were created using a word tree diagram (see figure 4), which indicated connecting sentences related to a particular theme. This allowed key themes and quotes to be extracted and included in the description.
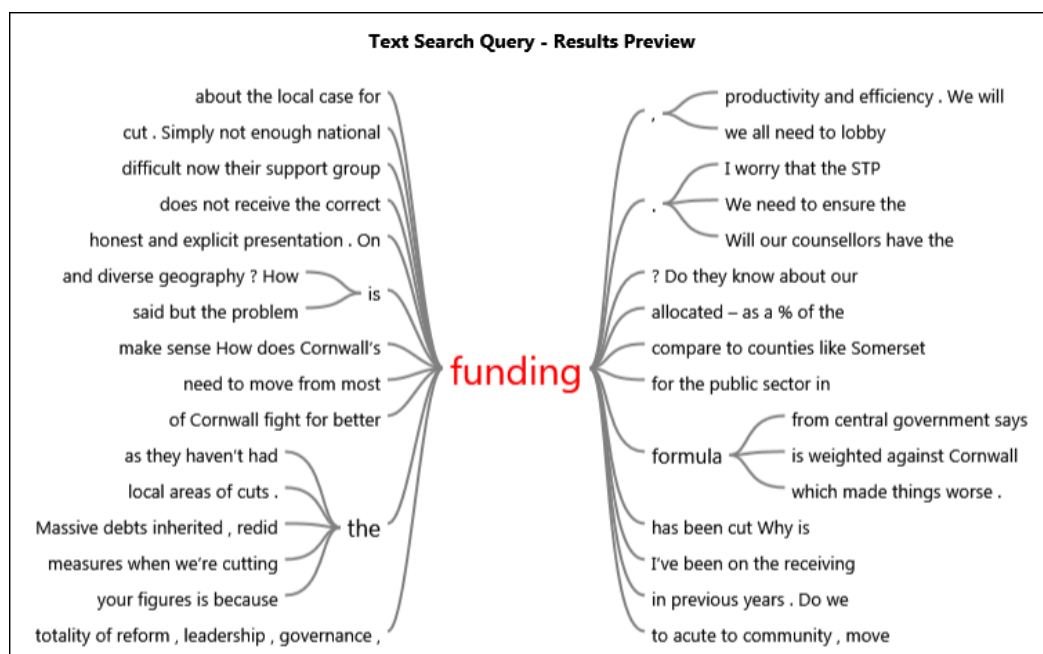
Figure 107. Word tree for 'Funding'.

STP Issues Results

The graph below shows the range of responses for the STP Issue theme, with finance being questioned or commented on the most.
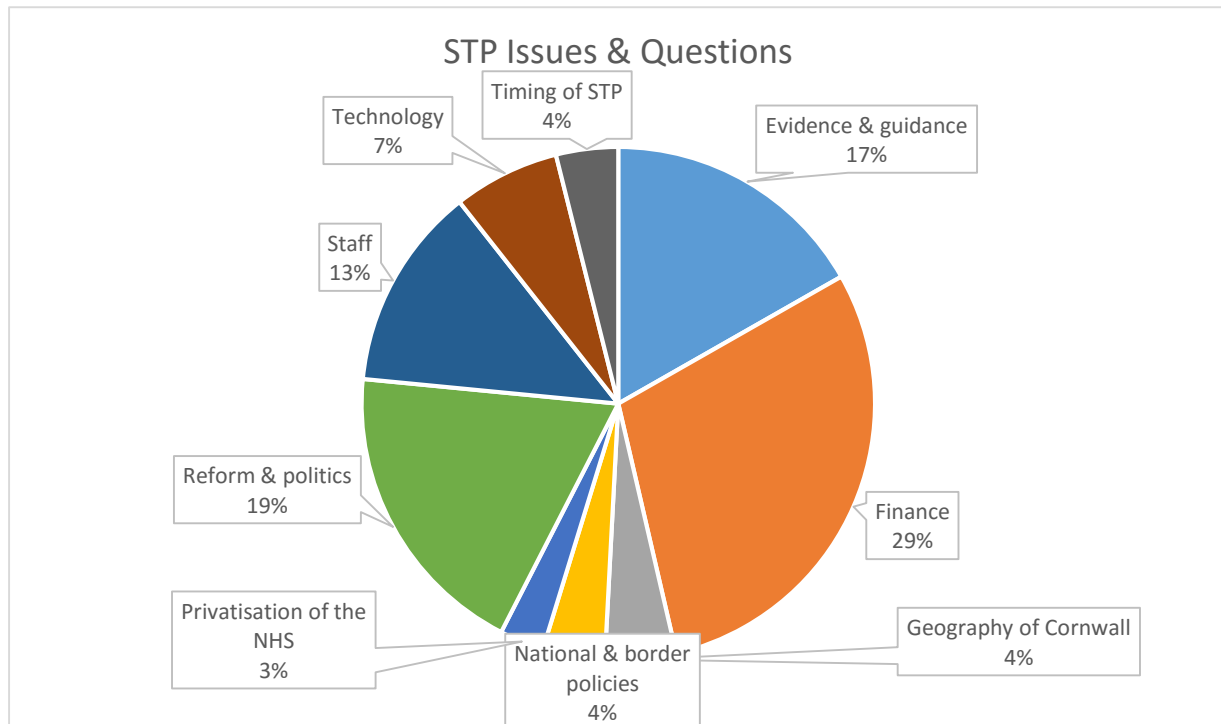
Figure 108. STP Issues & Questions.

Node descriptions:

- **Evidence & guidance:** Is the STP based on a model delivered elsewhere or is it unique? Where is the evidence that it will bring about positive change? What happens after this meeting? Some feel the STP is unrealistic and unachievable, you need to be completely transparent about the plans. Need to provide solid evidence and guidance that supports the priorities presented in the STP.
- **Finance:** Cornwall is very poor, more funding is needed from government to support the STP. How will the funding be allocated- as a % of the population? Why not pool budgets now? Also need to consider the cost of tourism on Cornwall's healthcare. What impact will the deficit have on funding? All in all, many people agreed that we need more funding for Cornwall's healthcare.
- **Geography of Cornwall:** Cornwall is very geographically diverse with some very rural and isolated areas. How will the STP deal with this? Urban models cannot be applied to a county like Cornwall.
- **National & border policies:** Housing, education, energy, poverty (etc.) these are all national policies, not just Cornwall-specific. Shouldn't these be dealt with as a country, not as a county? How will you manage across borders- e.g. Devon and Cornwall, have we had discussions with Devon?
- **Privatisation of the NHS:** Does the government want to bring privatisation of the NHS? This is a potentially very scary and concerning prospect.
- **Reform & politics:** The reform will be a lengthy exercise and will need support, governance, leadership and efficiency at every step. It sounds like cuts, closures and centralisation- need specifics of what will close especially when demand is rising.
- **Staff:** Why is it only now that staff integration is being discussed? Where will the extra GP's come from? Cut agency costs and employ more full-time nurses. Need better wages and training. We currently have an ageing workforce, we need to encourage the next generation into the profession.

- **Technology:** Need more information about virtual clinics, telehealth and telecare. How will these work? Will they bring about positive change? We need better broadband connection around Cornwall and the elderly or disadvantaged need to have access too.
- **Timing of STP:** Responses may take longer than planned- has this been considered in the overall timing of the STP? The plan is too short, needs a longer-term future plan.

STP Priorities Results:

The comments and questions for this theme were divided into the STP priorities (apart from 'One Vision', as no-one commented on that) see figure 6. These themes were then further divided into smaller sub-themes or baby nodes.
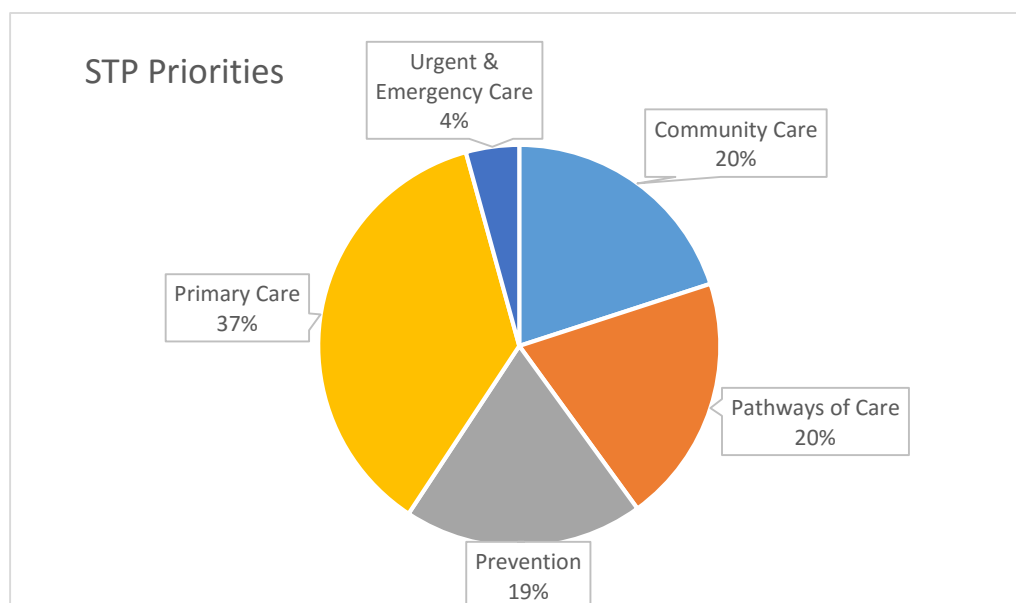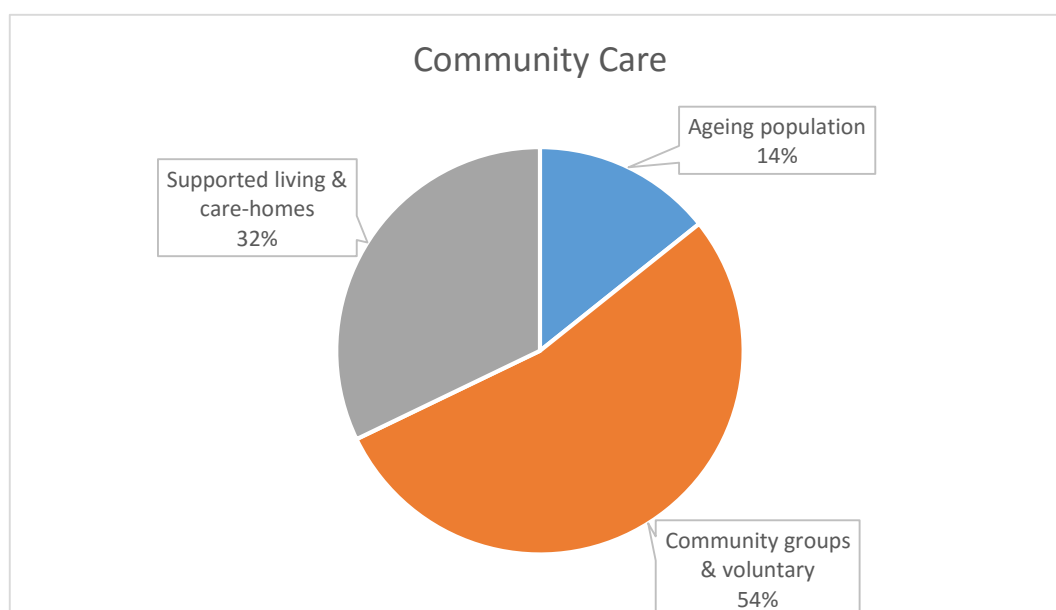

Figure 109. STP Priorities results.

1. Community Care:

Figure 110.

Community Care results.

Node descriptions:

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- **Ageing population:** Cornwall has an ageing population- how will you reach out towards them?
- **Community groups & voluntary:** E.g. run 'friends groups' to provide companionship, social interaction and support- please use and support these networks. What is the role of the 'Living Well' project? How will you engage with the voluntary sector? Charities and volunteers are a vital resource and need to be better resourced.
- **Supported living & care-homes:** Elderly people in support living cannot be placed in high-rise environments if they have mobility issues. Need more beds in care-homes.

2. Pathways of Care
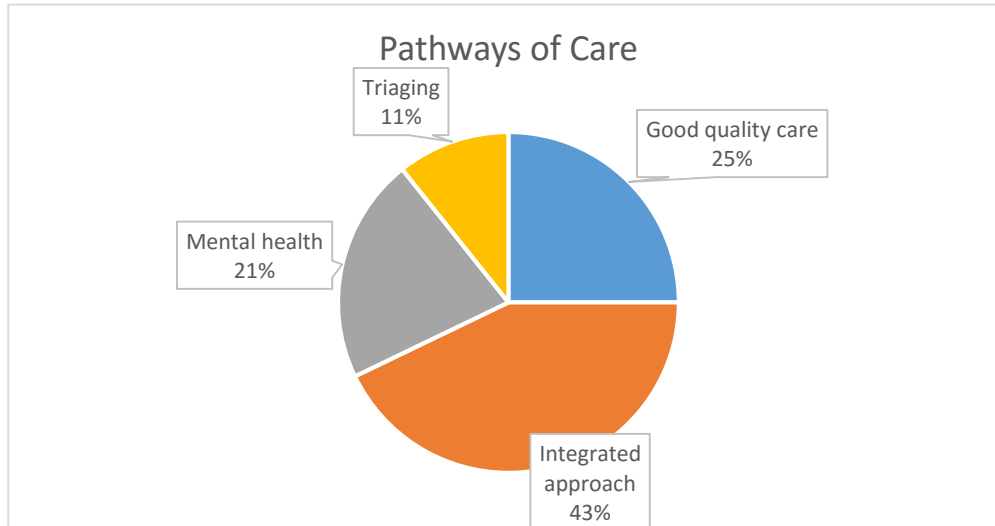
Figure 111. Pathways of Care results.

Node descriptions:

- **Good quality care:** This is paramount above all other priorities. Make care meaningful and care packages should be created according to the specific patient's needs. Overall standards of care need to improve.
- **Integrated approach:** We need a more integrated and joined-up approach, with all services working together to create a smooth pathway of care, e.g. pharmacists, GP's, councils etc.
- **Mental health:** Let people with mental health problems have their say. Why has support group funding been cut for this? Mental health pathways of care need to be better implemented. Need to consider the cause of these problems, for example, domestic violence or sexual abuse.
- **Triaging:** Need a system where one person steers you through the health and social care systems. Services need to be better signposted and the triaging service needs improvement.

3. Prevention
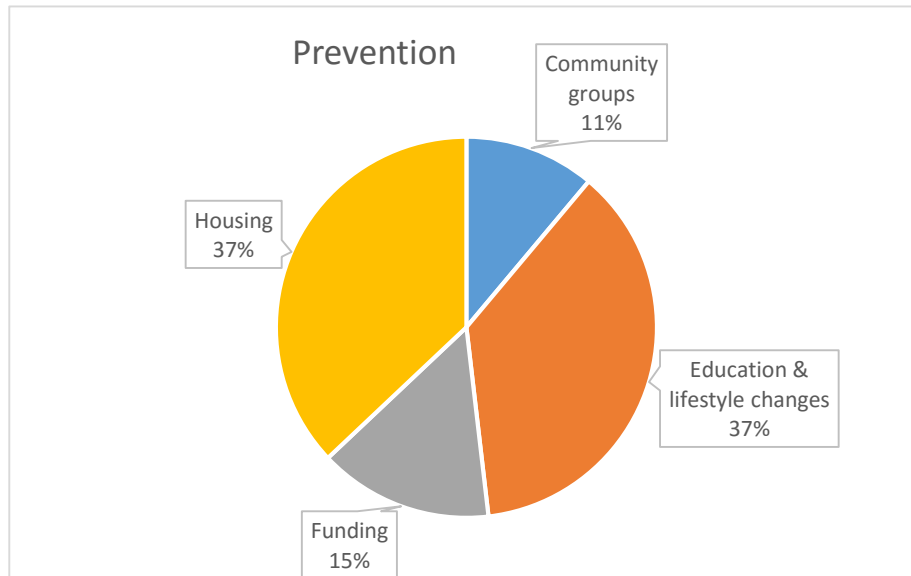
Figure 112. Prevention results.

Node descriptions:

- **Community groups:** Community groups are about keeping people healthy, e.g. a walking group. These need to be supported and encourage more people to take part.
- **Education & lifestyle changes:** Health education and leading healthier lives need to be focused on, to prevent ill health in the future. In some cases, people feel that they can't possibly do more for themselves. Also need to consider that deprivation leads to lifestyle choices- some people don't have another option.
- **Funding:** Funding for prevention was cut by local councils, what will be done about this? Need an increase in funding for prevention measures.
- **Housing:** Need to think about the wider issues that cause bad health e.g. poor housing. With more and more housing developments taking place in the county, health provision needs to keep up with it.

4. Primary Care
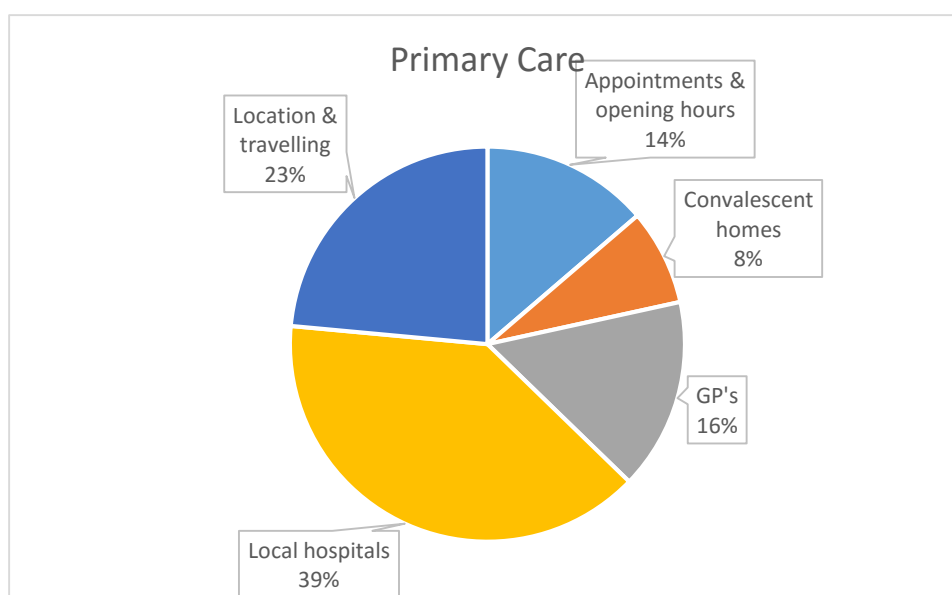
Figure 113. Primary Care results.

Node descriptions:

- **Appointments & opening hours:** Public are bad at attending appointments- how will the STP tackle DNA's? Appointments shouldn't start at 7:30am, this is unfair for the patient and doctor. Hours need to be extended into evenings and weekends to suit the working population.
- **Convalescent homes:** More convalescent homes required to ease bed-blocking in hospitals and provide the right environment for recovery in the community.
- **GP's:** Need more funding and more resources for GP's. GP's need to work together- phone, medical systems and sharing information.
- **Local hospitals:** Some local hospitals are under-used, e.g. Fowey. Many people are against these facilities being closed and believe they should be developed and supported within the STP.
- **Location & travelling:** Where will the new centres be positioned? Need to consider that travel in Cornwall is very difficult. Transport needs to be readily available and parking costs should be reduced.

5. Urgent and Emergency Care
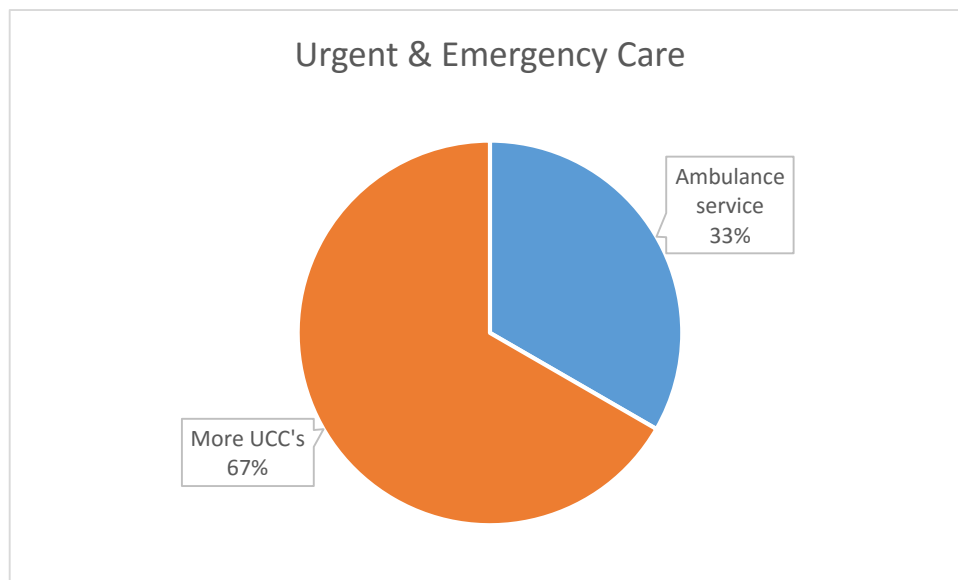
Figure 114. Urgent & Emergency care results.

Node descriptions:

- **Ambulance service:** There is an overuse of the ambulance service, the service needs to be better streamlined.
- **More UCC's:** More Urgent Care Centres and acute services needed, e.g. Helston. These reduce pressure on A&E in Treliske.

Cornwall's Sustainability & Transformation Plan

Community Events Analysis Report

Dr. Tim Walker, Philippa Brill, Dr. Michael Leyshon and Professor Catherine Leyshon

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List of figures

1. Methodology of data analysis

11 community events were held across Cornwall to ask the local communities their opinion of the proposed STP plan. The map below shows the location of the 11 events.

Figure 115. Location of community events.

In most cases, the STP community events followed a similar layout. The questions were divided into the STP main priorities:

1. Prevention
2. Primary Care
3. Community Care
4. Urgent and Emergency Care
5. Pathways of Care
6. One Vision

Within these themes, the event questions followed a similar layout. The attendees were asked:

- General Comments and Questions.
- Do you agree to the approach and priorities?
- What is your top priority and why?
- Is there anything we are missing?
- What issues/barriers are there?
- Do you have any other suggestions or solutions?
- Key takeaways.

However, some events were unable to follow this layout, e.g. Isles of Scilly and Newquay, and instead were composed of general comments and questions.

Following this, the data was input into NVivo software and nodes (collection of similar themes) were created in order to analyse the data. The parent nodes (main themes) followed a similar layout to the event and were divided into prevention, primary care, and community care (etc.) and then further divided into sub-themes that followed what questions were asked.

Parent nodes:

1. Issues with STP
2. Prevention discussion
3. Primary care discussion
4. Community care discussion
5. Urgent and emergency care discussion
6. Pathways of care discussion
7. One vision discussion
8. Key takeaways

Child nodes:

Issues with STP:

- Comments and questions regarding….
- Problems with STP

Key takeaways:

- Prevention
- Primate care
- Community care
- Urgent and emergency care
- Pathways of care
- One vision

The remaining parent nodes' (2-7) child nodes were:

- Agree with approach and top priorities
- Alternative suggestions and solutions
- Issues and barriers
- Missed priorities

These nodes/themes were created using the headlines in which the community events had been written under. This allows comments from various community event locations to be grouped under common themes. See figure 2 for an example diagram of how the node structure was developed.
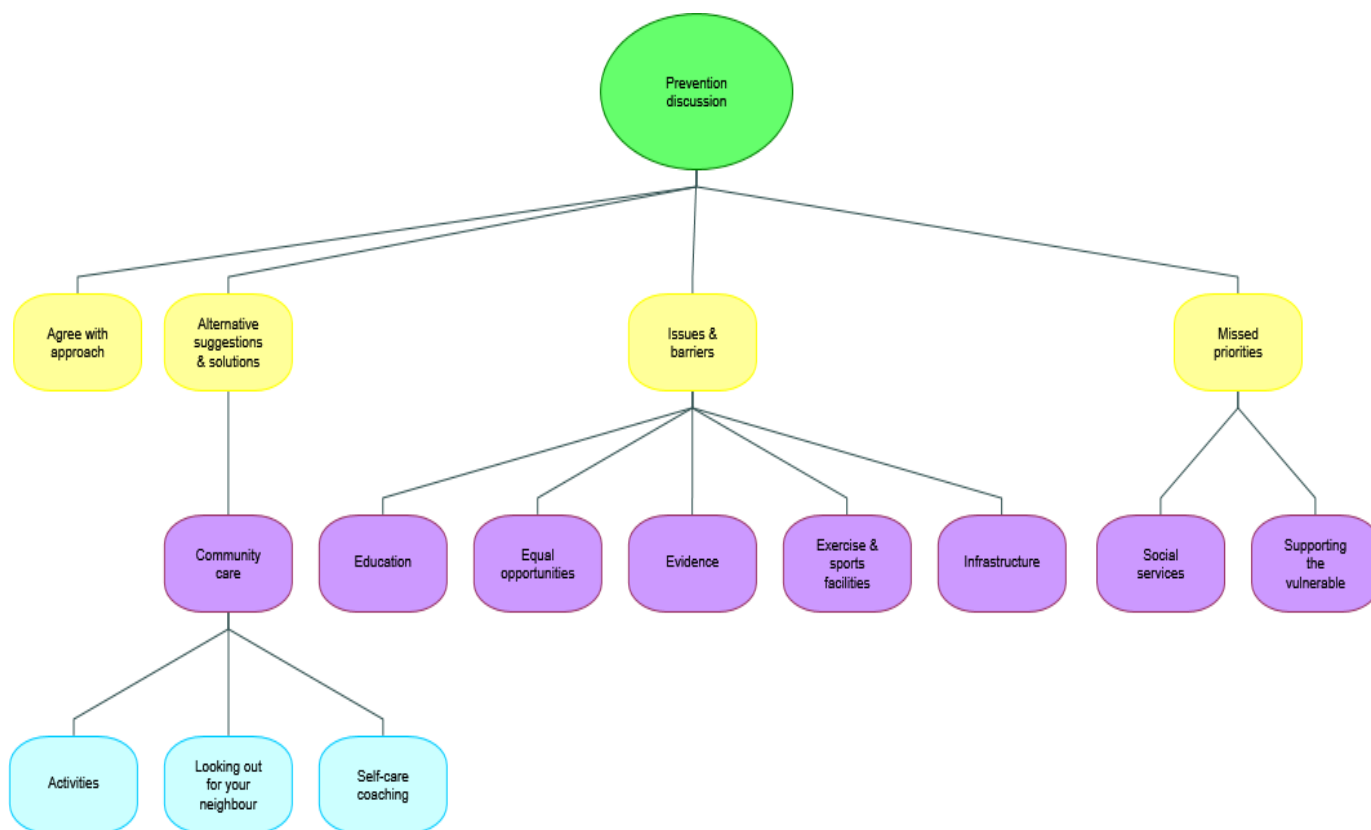
Figure 116. Example node structure for 'prevention discussion'.

As these nodes were built the analysts wrote a description, including examples, of each theme. In some cases 'baby' nodes were built to capture the nuances in responses. The descriptions of the codes were created using a word tree diagram (see figure 3), which indicated connecting sentences related to a particular theme. This allowed key themes and quotes to be extracted and included in the description.
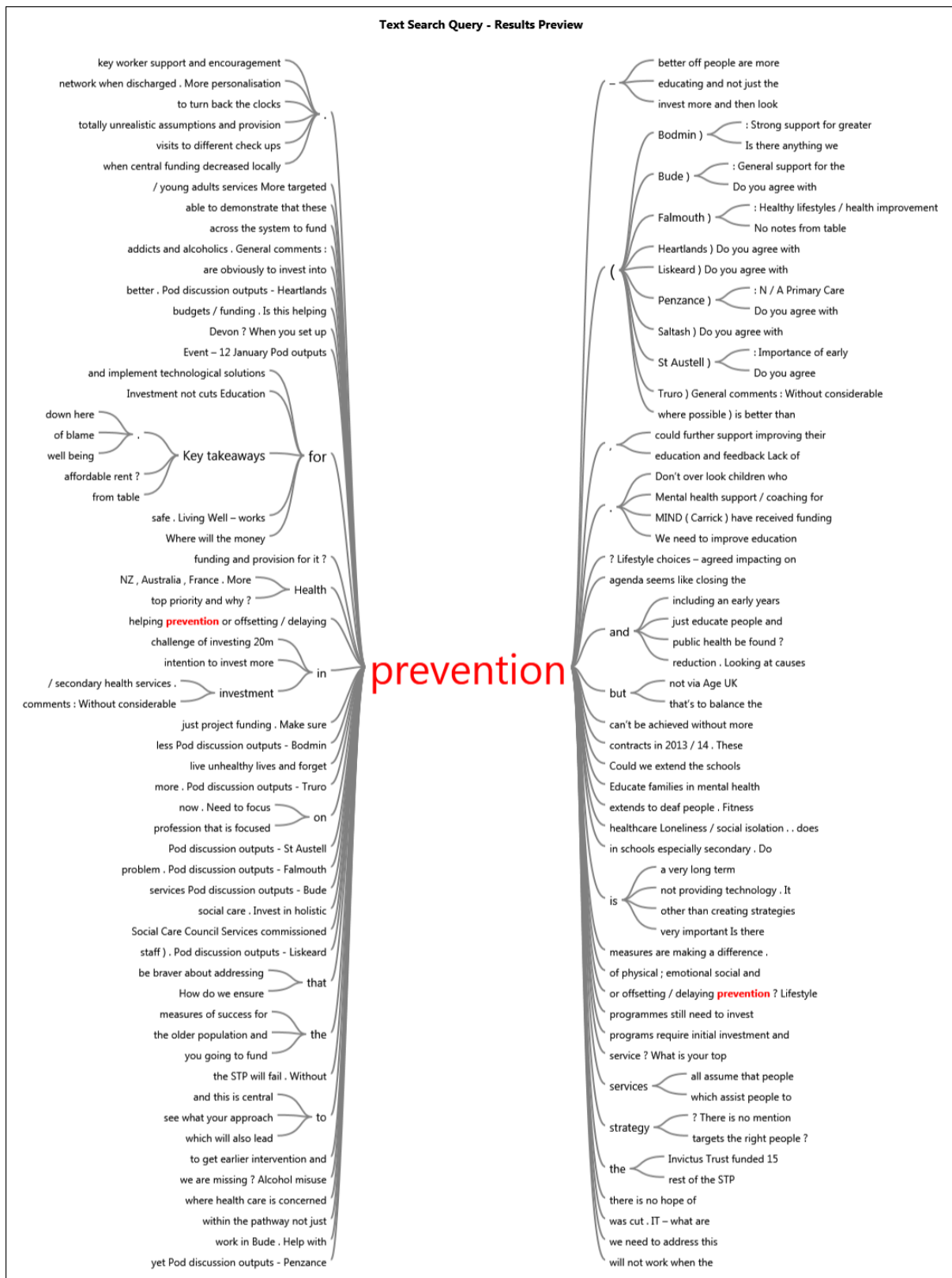
Figure 117. Word tree for 'prevention'.

1. Issues with the STP

The first question allowed the attendees to ask any questions or make a comment about the STP as a whole. This was divided into two main themes 1) Comments and questions regarding to… and 2) Problems with the STP. The graphs below show the common themes that occurred across all events.
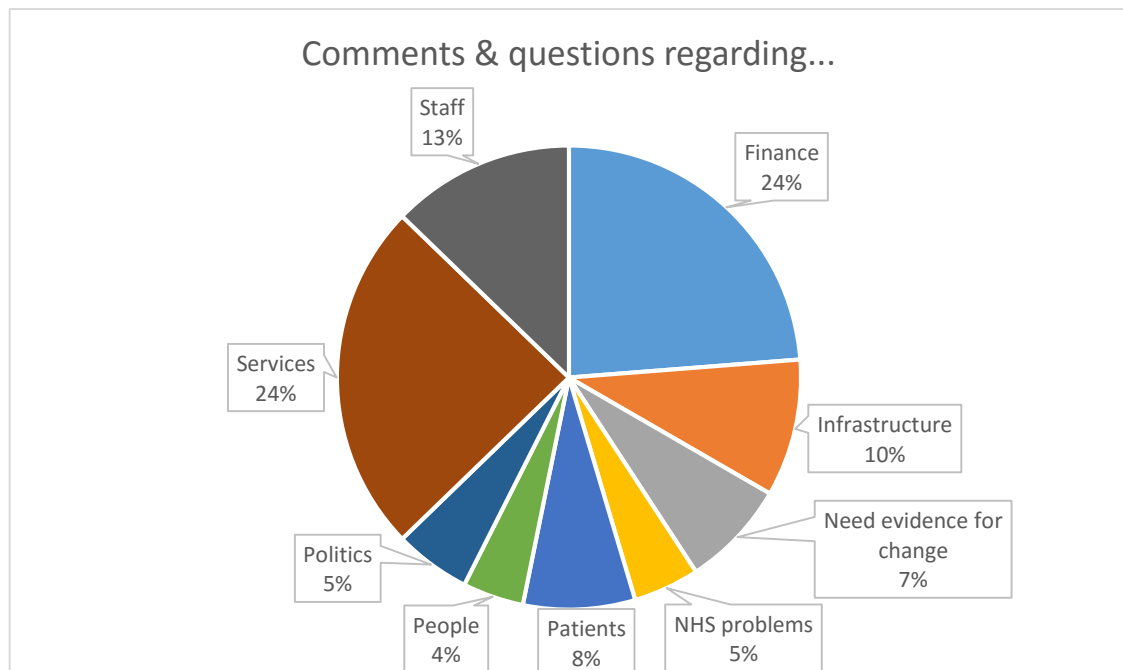
Figure 118. Comments and questions regarding...
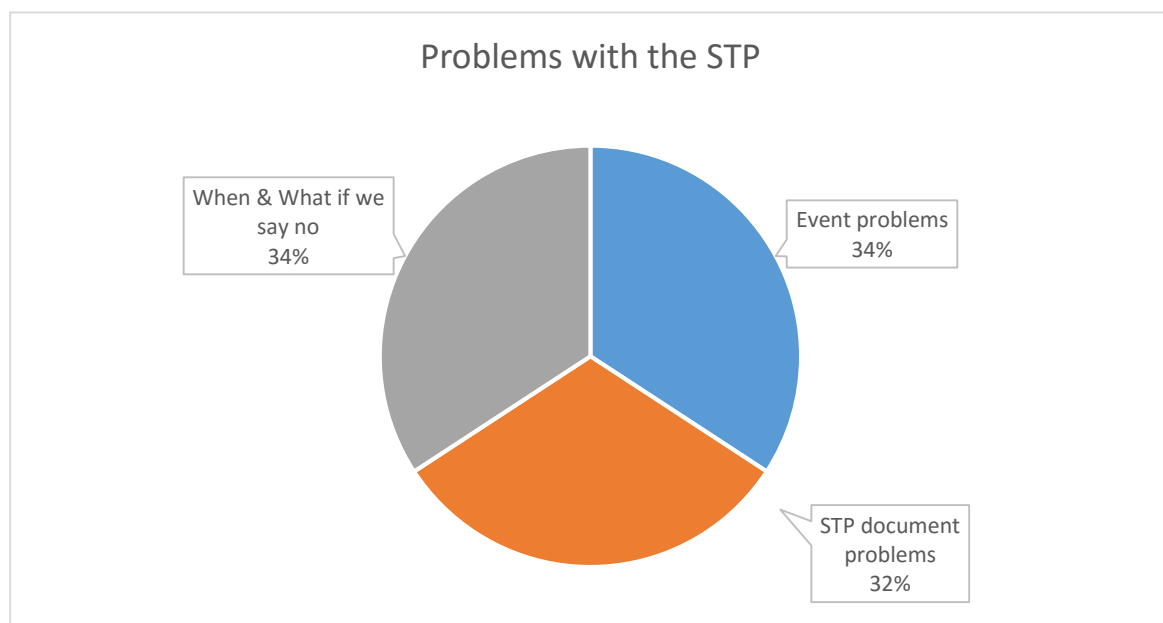
Figure 119.

Problems with the STP.

Node descriptions:

- **Finance:** Comments regarding to the finance of the STP, for example: more funding is needed, redistribution of NHS money, the deficit and charging non-UK visitors for their healthcare.
- **Infrastructure:** Comments including housing and medical facilities, new technology and transport in Cornwall.
- **Need evidence for change:** People need to see evidence that the proposed changes will cause benefits. Have we looked at what other countries do/used other examples?
- **NHS problems:** Comments included NHS improving overall standards and quality of care and disagreement with privatisation of the NHS.

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- **Patients:** Comments related to mental health of patients, pathways of care and the discharge process as well as focusing on the vulnerable and elderly.
- **People:** Comments regarding education and lifestyle choices, public consultations (thought a good idea) and questions relating to volunteers and relatives.
- **Politics:** Included comments relating to Cornwall Council, discussions with Devon, internal marketisation of the NHS and lack of a united voice for Cornwall in government.
- **Services:** questions related to closure of services (including MIU, UCCs, A&E and local hospitals), appointments, care in the community and better integration of services.
- **Staff:** comments related to an overstretched and unsupported workforce, a lack of clinical professionals, not listening to NHS staff and job security within the STP's cuts.

- **When & what if we say no:** When will the suggestions in the STP start taking action- what is your timescale? What if everyone disagrees with the STP? What will happen then? Need a backup plan.
- **Event problems:** During the event some participants couldn't hear and suggested using a microphone. Some felt it didn't represent the whole of Cornwall, for example the Isles of Scilly feel under-represented. Some called it a "corporate sham" and questioned the motives behind the STP.
- **STP document problems:** The STP document contains confusing language or terminology that needs to be better explained to the public. Some people also felt it wasn't laid out well, was difficult to read or lacked evidence and explanation. Others commented that it was "patronising" in nature.

2. Prevention Discussion

The next section of the event was referring to the STP's prevention plans. As previously stated in the methodology, attendees were asked the following questions:

- Do you agree to the approach and priorities?
- What is your top priority and why?
- Is there anything we are missing?
- What issues/barriers are there?
- Do you have any other suggestions or solutions?

Figure 120. Agree with prevention approach & top priorities

Agree with prevention approach

- Top Priorities-More funding 12%
- Agree 28%
- Top Priorities-Housing 12%
- Top Priorities-Empowering the vulnerable 12%
- Top Priorities-Education & exercise 16%
- Disagree 20%
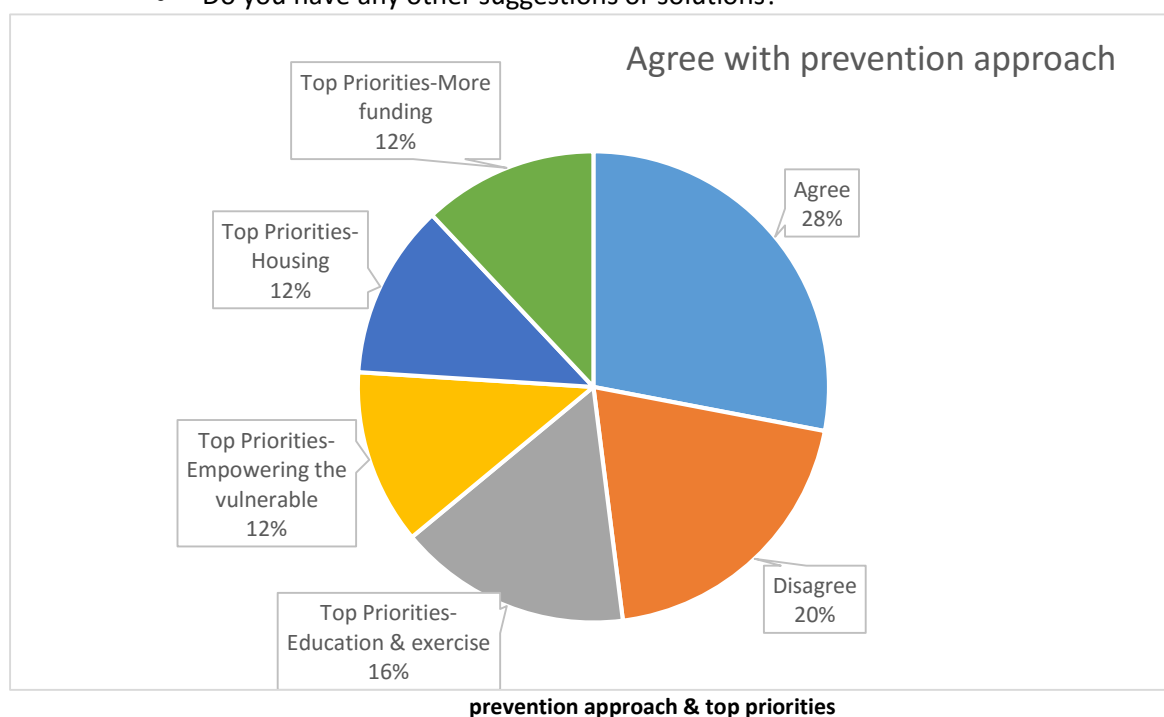
Node descriptions:

- **Education & exercise:** Start early with health education in schools (primary school), more exercise to improve childhood obesity.
- **Empowering the vulnerable:** Empowering the vulnerable to do more for themselves and self-care.
- **Housing:** Focus on breakability and insulation within housing- very poor standards at the moment.
- **More funding:** £20m is not enough, we need to ask for more!

Figure 121. Prevention missed priorities.

Node descriptions:

- **Within schools & obesity:** Medical and social support within schools. Tackle obesity in children- healthier meals in school, more education etc.
- **Supporting the vulnerable:** How are the NHS and CC going to provide extra support for those who are vulnerable, e.g. disabilities, mental health, elderly etc.
- **Staff:** Carers and staff need to be better supported and better trained.
- **Self-care & individual responsibility:** Individuals to take responsibility of their own health. Encourage self-care and a tough love approach.
- **More funding**: £20 million is too little, we need more funding!
- **'Living Well' & other projects**: Heard good things about Living Well approach. Why has the funding been taken away? 'Beacon Project' should be countywide.
- **Integration social services**: In the early 80s all community care came under social services and provision was far better and was determined and priced by one service. Would this not be cheaper and provide more personalised care? Would like to see better partnerships between NHS health & SS.
- **Assessment & activities**: Better assessments for adult social care. More activities to reduce isolation and promote exercise.
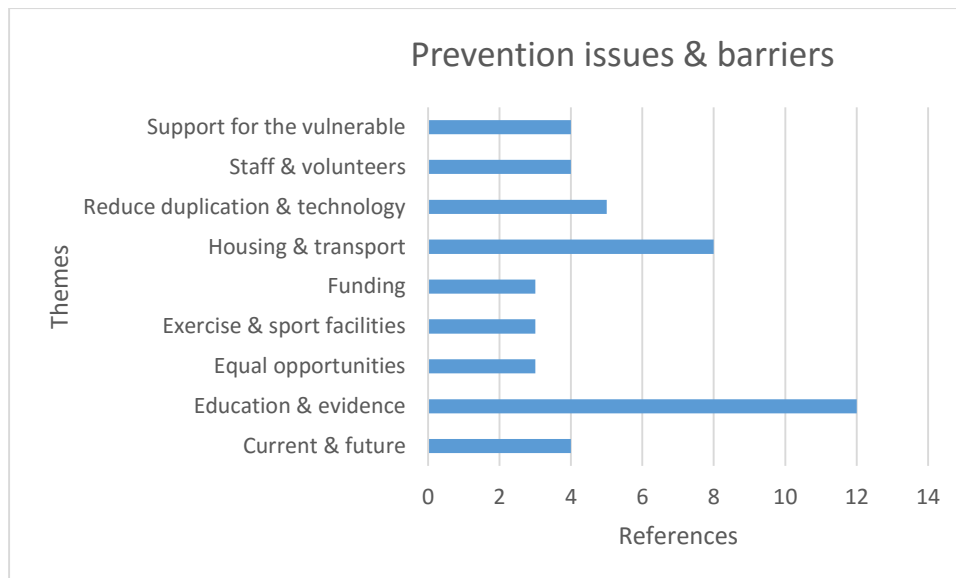
Figure 122. Prevention issues & barriers.

Node descriptions:

- **Support for the vulnerable:** Ongoing support for the vulnerable, e.g. learning disabilities, elderly etc.
- **Staff & volunteers:** Workforce needs attention- more support, training and wages. Volunteers need to be utilised and supported too.
- **Reduce duplication & technology:** Reduce duplication and money wasted within the plan. Technology isn't always the solution- this may marginalise the elderly and deprived who do not have access to the relevant technology.
- **Housing & transport:** Need to improve standards of housing. More transport links in Cornwall.
- **Funding:** With a reduction of money, how can we improve this situation? We need more funding.
- **Exercise & sports facilities:** Need to promote exercise within schools and communities. More sport facilities need to be readily available.
- **Equal opportunities:** For example, improve the % of disabled people in work.
- **Education & evidence:** The public need to be better educated about preventative measures. The STP needs to provide evidence about their plans.
- **Current & future:** Yes improve future issues but also need to deal with problems being faced now.
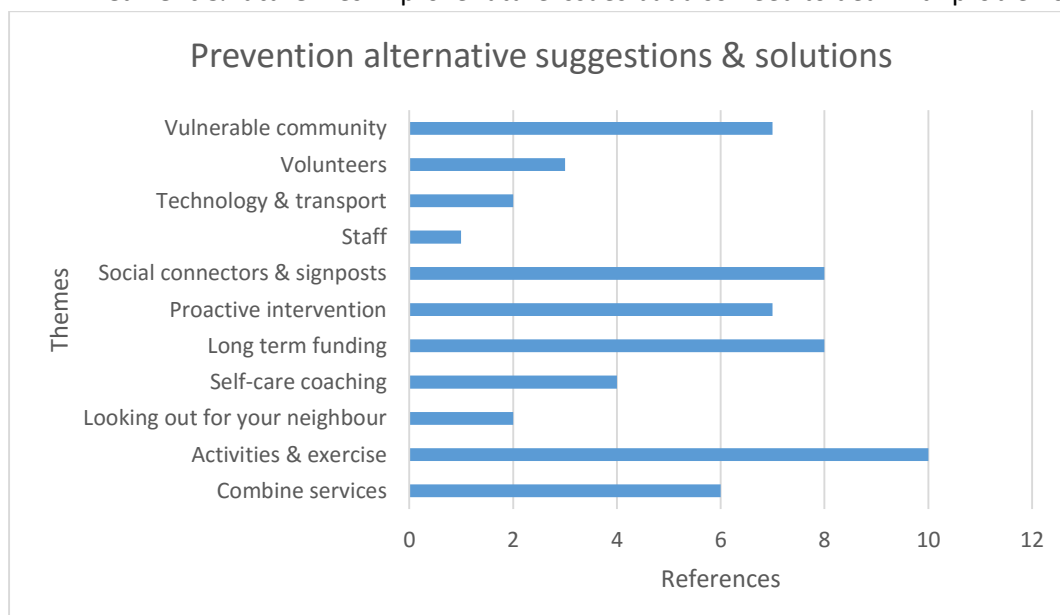
Figure 123. Prevention alternative suggestions & solutions.

Node descriptions:

- **Vulnerable community:** E.g. MH and LD- need to tackle this with more staff, more services etc.
- **Volunteers:** Use the voluntary sector. Need to be fully trained and DBS checked (or under supervision).
- **Technology & transport:** 20% of Cornish population never been online, gaps in mobile coverage, more computer confidence etc. Need reliable transport.
- **Staff:** Need more GP's and nurses.
- **Social connectors & signposts:** Get the message out better, signpost people to the services available.
- **Proactive intervention:** Intervene early to prevent disorders getting worse.
- **Long-term funding:** Long term sustainable funding and not just project funding.
- **Self-care coaching:** Provided within GP's, to empower people to look after themselves.
- **Looking out for your neighbour:** Encourage people to look out for their neighbours and support one another within local communities.
- **Activities & exercise:** Councils to provide activities for young children, within and outside of school. Keeping all ages active.
- **Combine services:** GPs to combine more services within one facility e.g. physios, doctors, nurses, OTs etc.

3. Primary Care Discussion

The next section of the event was referring to the STP's primary care plans. The data analysis follows a similar pattern to the previous theme.

Agree with primary care approach

- Agree 5%
- Disagree 6%
- Top Priorities- Funding 11%
- Top Priorities- Opening hours & appointments 31%
- Top Priorities- Self-help & continuity 11%
- Top Priorities- Technology & transport 6%
- Top Priorities- Transparency & information 19%
- Top Priorities- Use of staff 11%
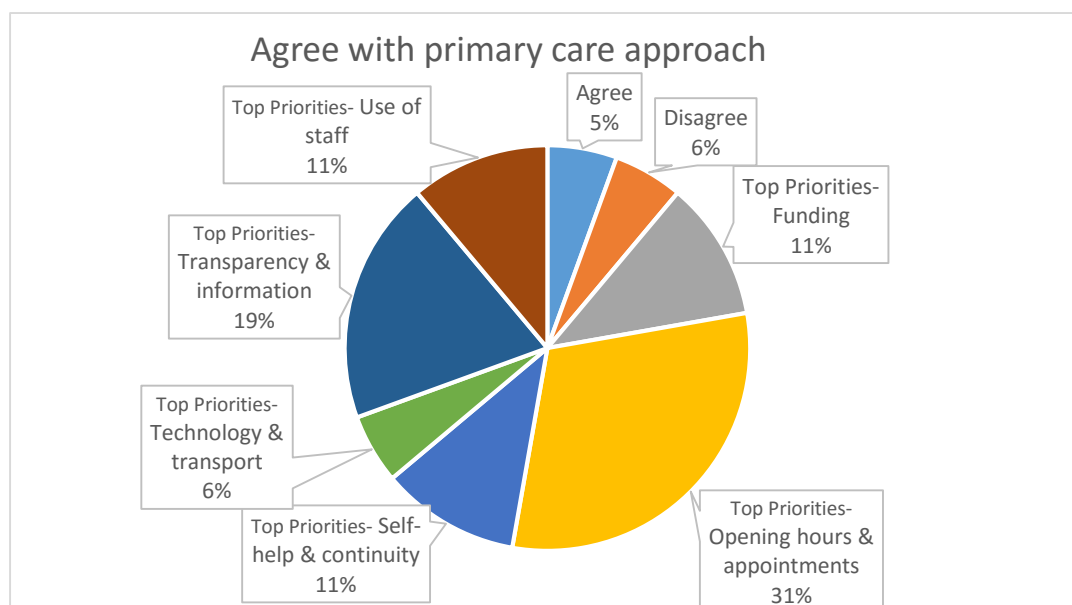
Figure 124. Agree with primary care approach & top priorities.

Node descriptions:

- **Funding:** We need more funding for primary care.

- **Opening hours & appointments:** Need practices open at weekends or in the evenings. Reduce waiting times for appointments, DNAs, better access to care.
- **Self-help & continuity:** Invest in self-help and staff it properly- educate the public to take responsibility. Continuity of care needs to improvement- getting the right treatment as quickly as possible to achieve better outcomes.
- **Technology & transport:** Use of telehealth and online sources is encouraged. Better transport connections.
- **Transparency & information:** Clearly titled, transparent assessments with information readily available for the public.
- **Use of staff:** Using different staff- e.g. paramedics/pharmacists/nurses, instead of over-loading doctors.
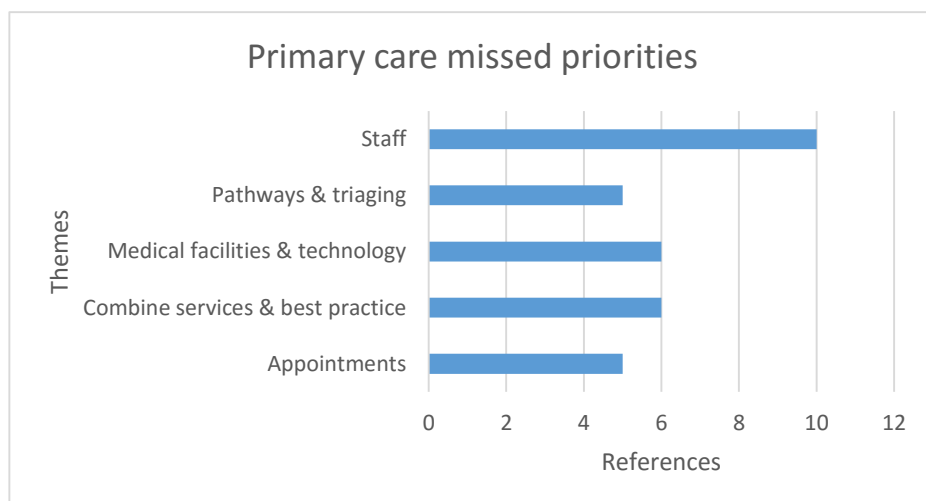
Figure 125. Primary care missed priorities.

Node descriptions:

- **Staff:** Need more GP's- but it takes 10 years to train. Need a continuous workforce.
- **Pathways & triaging:** End of life pathways need improvement (among others). Triaging service needs improvement and needs to fit local needs.
- **Medical facilities & technology:** With all the housing developments taking place, why are there no plans for medical facilities to keep up with demand? Improve use of technology.
- **Combine services & best practice:** Services to work together and ensure they are performing to their best standards.
- **Appointments:** Need a system to manage appointments- need to keep up with the growing demand. People need to know when you visit your GP and when not to.
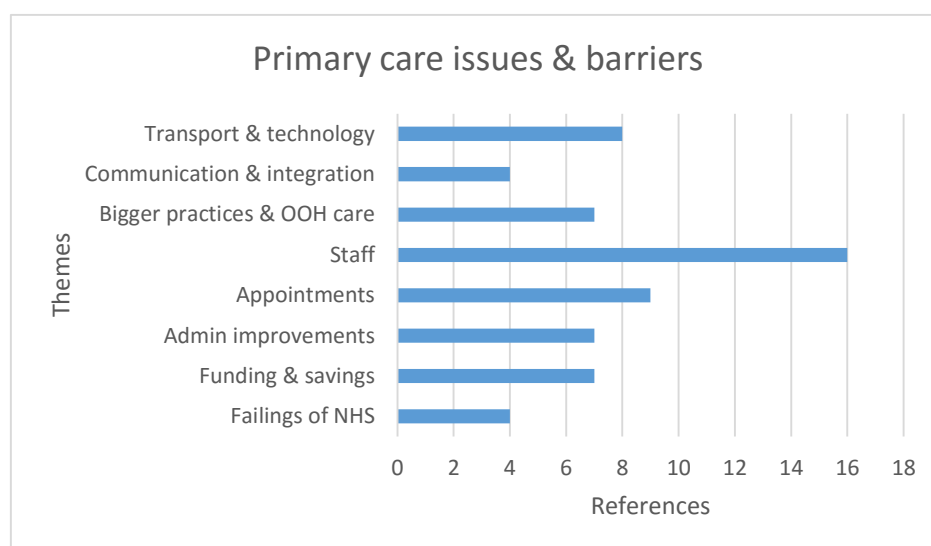
Figure 126. Primary care issues & barriers.

Node descriptions:

- **Transport & technology:** Lack of transport in rural areas, also parking at some services is very difficult. Mixed views on technology- not always a good idea for some because of potential misdiagnosis.
- **Communication & integration:** Better communication and integration is needed between services. Also improvements need to be made with communicating to the patients.
- **Bigger practices & OOH care:** Whether it's a doctor or a cleaner, staff will never get to rest properly. If GP's are open on weekends, people may treat it as a weekly visit for a check-up rather than going when it's urgently needed. Despite this, we need OOH care- employ more staff? If practices combine to become hubs, you lose the ability to move practice.
- **Staff:** How do we encourage more medical students to become GPs? Need more staff but recruitment takes a long time- they need to be properly trained. 111 service needs qualified people working on it. Need pharmacists involved in the STP.
- **Appointments:** Urgent appointments- would want to see a qualified practioner if the GP isn't available, e.g. a paramedic or nurse. Often have to 'fight' for appointments. GP's can't diagnose in 5 minutes, need longer appointments.
- **Admin improvements:** Needs to be improvements in the efficiency of NHS admin e.g. multiple visits to different check-ups- this is wasteful.
- **Funding & savings**: Needs investment and stop wasting money.
- **Failings of NHS:** Need to sort it out, don't ask the public, the issue is within the NHS. Internal marketisation of the NHS and underfunding are serious problems.
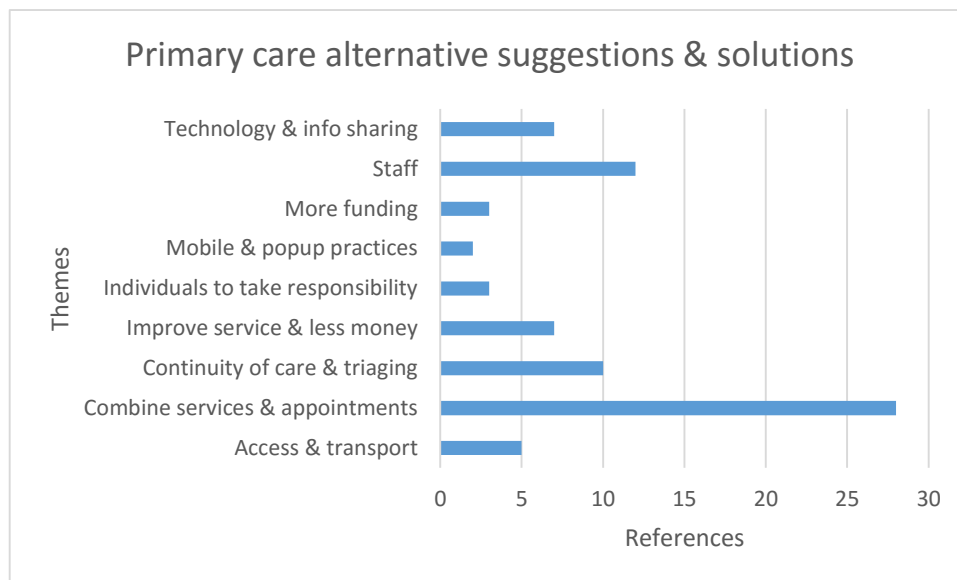
Figure 127. Primary care alternative suggestions & solutions.

Node descriptions:

- **Technology & info sharing:** Use new technology but explain properly first so the public understand. Integrated information sharing between services.
- **Staff:** More support for carers. Better training, better wages, better treatment. Use other staff, e.g. pharmacists.
- **More funding:** Need more funding for primary care- perhaps through a social care tax?
- **Mobile & popup practices:** Like a mobile library, rather than using branch surgeries, could use town halls.
- **Individuals to take responsibility:** Individuals to take responsibility for their own care.
- **Improve service & less money:** How to achieve an improved service but spend less money.
- **Continuity of care & triaging:** Very important to maintain pathways and keep healthcare continuous. Better use of triaging services.
- **Combine services & appointments:** Combine services- GP's, urgent care centres, physios etc., this will make the whole system more effective. Appointments held with other healthcare professions, not just GP's, like physios. More appointments at weekends and evenings- easy access to appointments.
- **Access & transport:** Better access to healthcare- OOH. More transport solutions.

4. Community Care Discussion

The next section of the event was referring to the STP's community care plans.
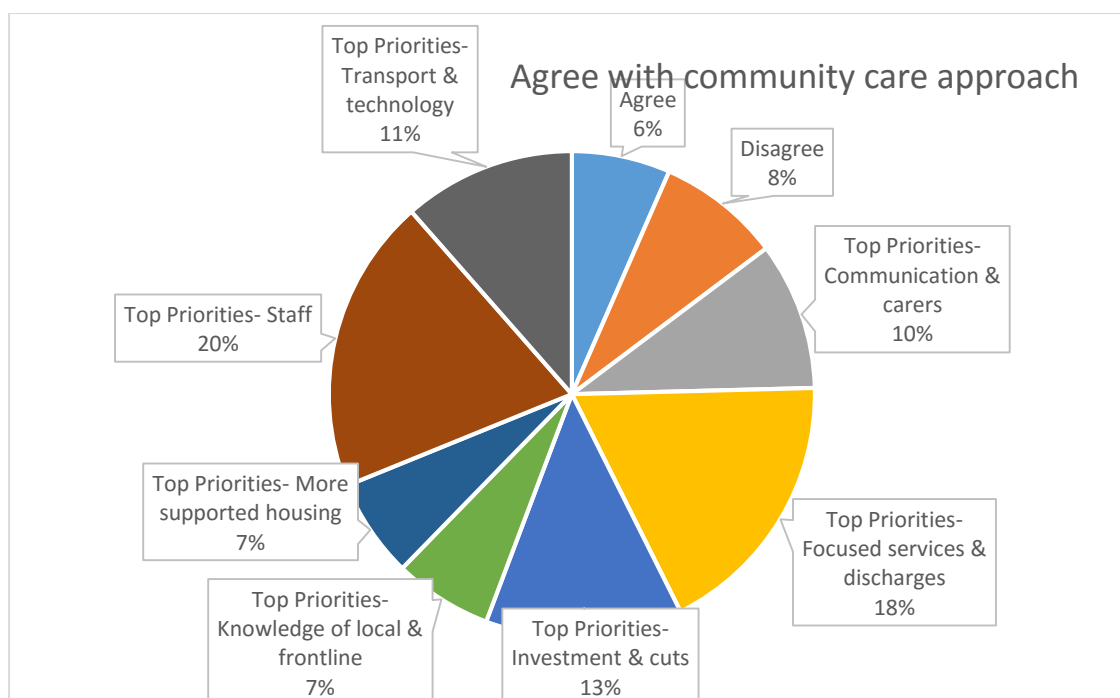
Figure 128. Agree with community care approach & top priorities.

Node descriptions:

- **Communications & carers:** Need better communication with those providing care in the community. Most are voluntary, need more trained social carers.
- **Focused services & discharges:** Use GP's to identify those who need the most focused services and better signposting. Better understanding of why people stay in hospital and when they are fit to leave.
- **Investment & cuts:** Need more investment to save. Fear of cuts and closures.
- **Knowledge of local & frontline:** Need better knowledge of local areas to better signpost to vulnerable communities and community services. STP needs to understand what it's like on the frontline.
- **More supported housing:** Need more supported housing for when patients leave hospital.
- **Staff:** There is a shortage of staff who are properly trained. Need a range of staff from nurses, physios, OTs etc.
- **Transport & technology:** Better transport links and reduce travelling distance to services (rurality of Cornwall). Better use of technology.
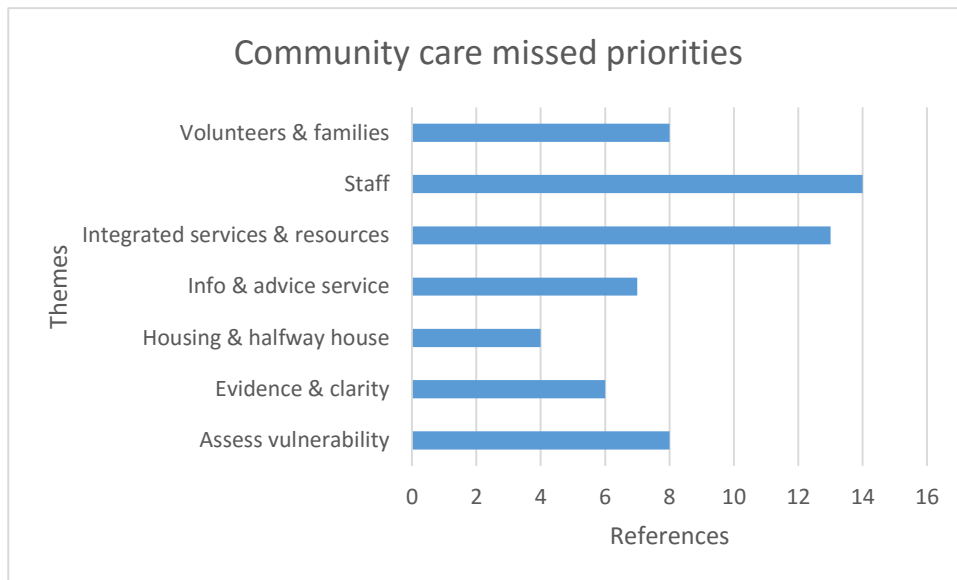
Figure 129. Community care missed priorities.

Node descriptions:

- **Volunteers & families:** How much can we rely on volunteers to support these projects? Families used to provide care but no longer do- perhaps we need to encourage this.
- **Staff:** How are you going to increase the number of social workers when they are already overstretched? Need better staff training, need more staff- we currently have an aging workforce.
- **Integrated services & resources:** Physical and mental health services need to be integrated in the community. Some resources are underused- e.g. empty day centres, this needs to be utilised.
- **Info & advice service:** Need a better information and advice service with further multi-skilling. Public need to be better educated.
- **Housing & halfway house:** Need more housing. Convalescence units/halfway houses/re-able unit is really needed.
- **Evidence & clarity:** Need more evidence and clarity on how these plans will be carried out.
- **Assess vulnerability:** A scorecard system to assess vulnerable patients so they are better supported and the most vulnerable are singled out.

Figure 130. Community care issues & barriers.

Node descriptions:

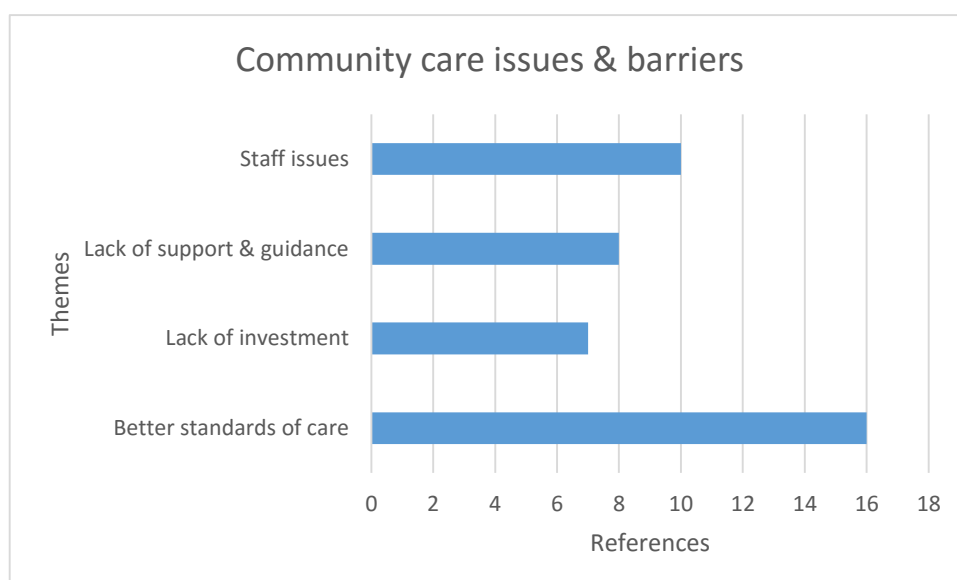- **Staff issues:** Lack of care staff- they are overstretched. Not enough GP's, physios, carers, etc.
- **Lack of support & guidance:** Lack of support and guidance from social services. Need more social activities to reduce isolation and encourage exercise.
- **Lack of investment:** By VCs and CCG and Council, e.g. welcome home scheme. More funding for supported home housing.
- **Better standards of care:** Better standards of care in the community, e.g. malnourishment. Better use feedback systems like MARV. Also tackle health inequalities.
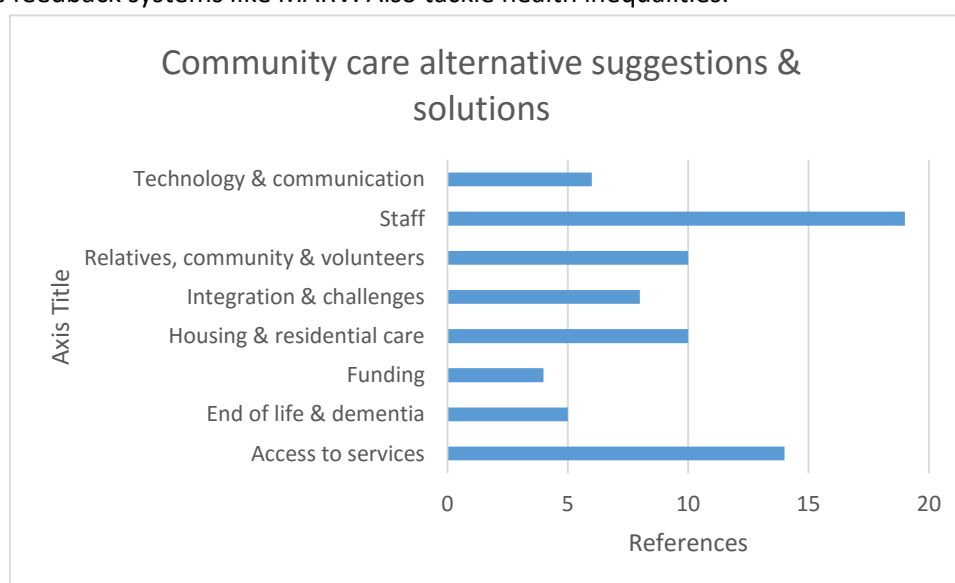
Figure 131. Community care alternative suggestions & solutions.

Node descriptions:

- **Technology & communication:** Use of IT systems so services can easily communicate.
- **Staff:** Bring back the wardens in full time places like Bederkesa Court. Widen the skillset of the staff. Use of pharmacists in nursing homes to prescribe medication. Carers need to be listened to.
- **Relatives, community & volunteers:** Relatives and carers to have more involvement in care and care planning. Use community assets and volunteers more.

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- **Integration & challenges:** Need to integrate all services. There's so many challenges to fix, how can we do this all?
- **Housing & residential care:** Use of places like Abbeyfield home- cheaper than residential care. More housing options. More residential care homes.
- **Funding:** More funding for adult social care in particular.
- **End of life & dementia:** End of life care needs to be supportive, this also applies for dementia-care.
- **Access to services:** Over weekends, evenings, festive periods. More services available within the community. Better use community hospitals and provide more clinics. Transport to services also needs to be improved.

5. Urgent and Emergency Care Discussion

The next section of the event was referring to the STP's urgent and emergency care plans.
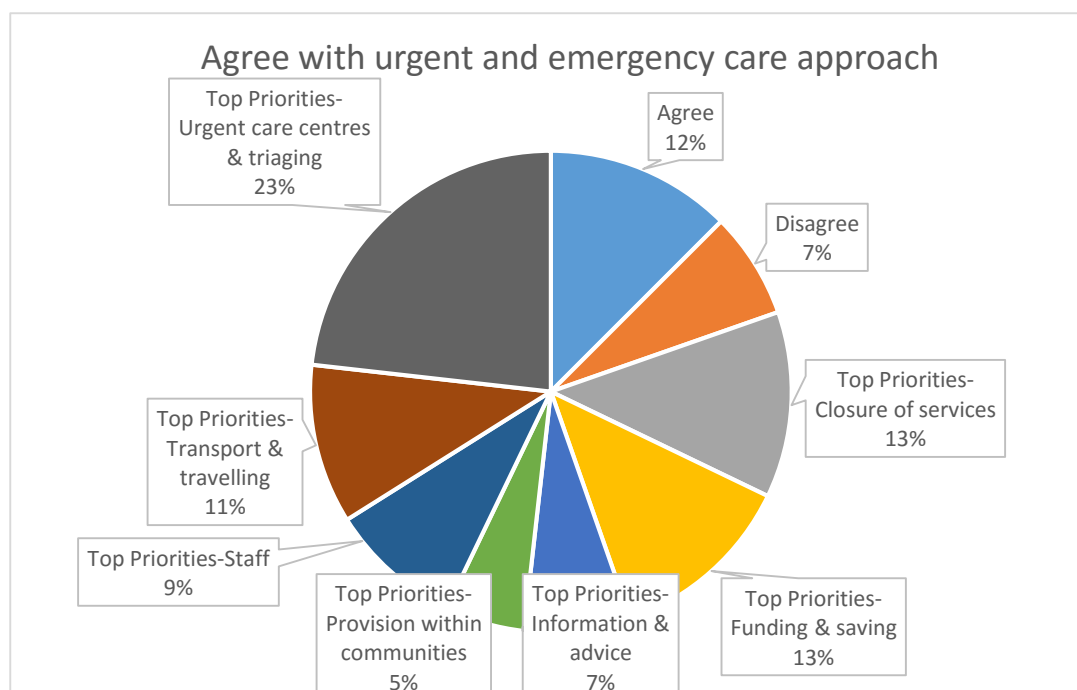

Figure 132. Agree with urgent & emergency care approach & top priorities.

Node descriptions:

- **Closure of services:** Concerns of closures of some local facilities being a bad idea, e.g. Stratton MIU.
- **Funding & savings:** How can you achieve this whilst also trying to make savings? Need investment.
- **Information & advice:** Need more information and advice about what is available and how it is best used- e.g. 111 service.
- **Provision within communities:** More provision within communities, e.g. need more first aiders within local communities. First responders are key.
- **Staff:** More trained staff, especially working on 111 service. More training as a whole. More support for carers.
- **Transport & travelling:** UCC need good transport links to reduce travelling times.
- **UCCs & triaging:** Be able to walk into urgent care centres and see an emergency care practitioner- triaged at the desk and signposted to the right service immediately. All hour's access, GP's should be available within UCCs.
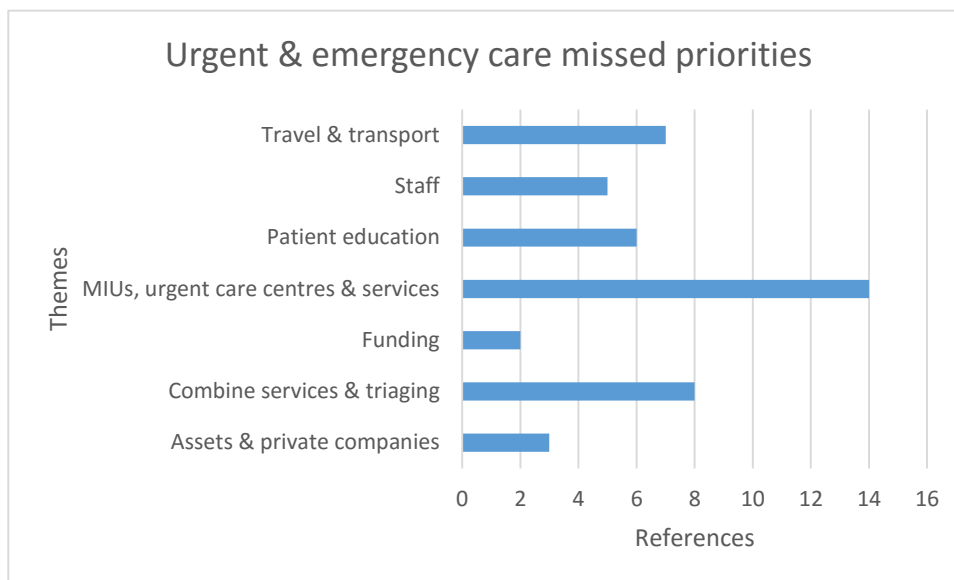
Figure 133. Urgent & emergency care missed priorities.

Node descriptions:

- **Travel & transport:** Travel time varies across Cornwall. 30 minutes is reasonable but this is often difficult due to infrastructure and rurality. Efficient use of the ambulance service.
- **Staff:** More training for staff including paramedics, nurses. Lack of staff, especially clinicians in NHS 111, need to employ more.
- **Patient education:** When to call 999 and when to see a GP. Improve general public health with education.
- **MIUs, UCCs & services:** How many sites? What will be closed? MIUs need to be properly resourced. Lack of diagnostic services- improve. Need better OOH care.
- **Funding:** Need more funding.
- **Combine services & triaging:** GP, physios, opticians, diabetic clinics etc., all in one building so it is easier to be triaged and see the right person at the right time.
- **Assets & private companies:** Make sure we keep public assessments. Stop outsourcing to private companies.
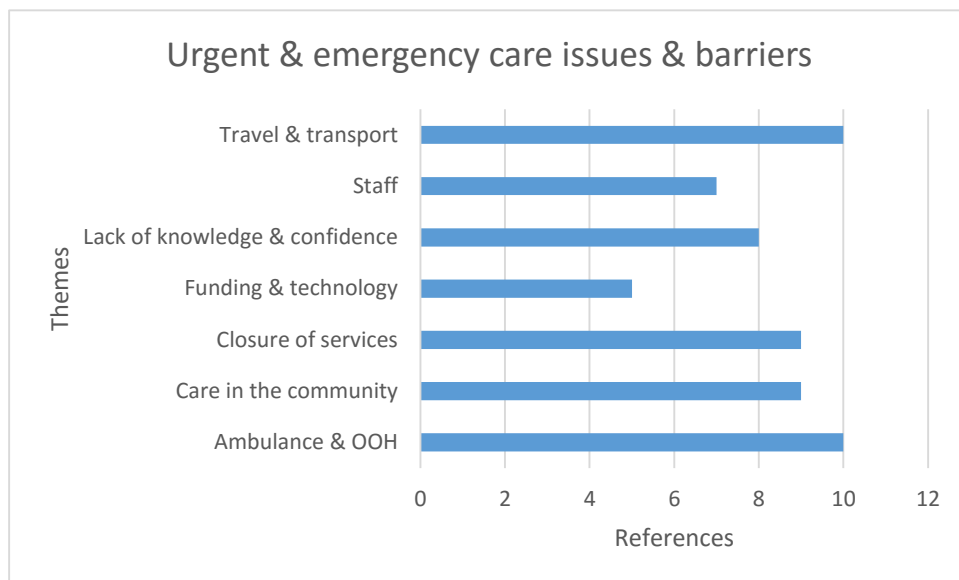
Figure 134. Urgent & emergency care issues & barriers.

Node descriptions:

- **Travel & transport:** Transport services especially in rural areas. Reduce travel times for patients.
- **Staff:** Need a better, stronger workforce, with more Doctors/nurses/paramedics etc. readily available and fully trained.
- **Lack of knowledge & confidence:** Patients' knowledge of when to use GP's, pharmacies or A&E needs to be improved. Lack of confidence in the 111 service so the public don't use it.
- **Funding & technology:** Does the funding include the cost of visitors? How will this be funded? Can urgent and emergency care better use technology, such as skype consultations?
- **Closure of services:** Do not close local services e.g. Stratton hospital (Bude).
- **Care in the community:** Better staffed, more equipment, have this in place before beds are closed.
- **Ambulance & OOH:** Improve efficiency so beds are freed up earlier and more ambulances readily available. Lack of OOH care, especially in GP's.
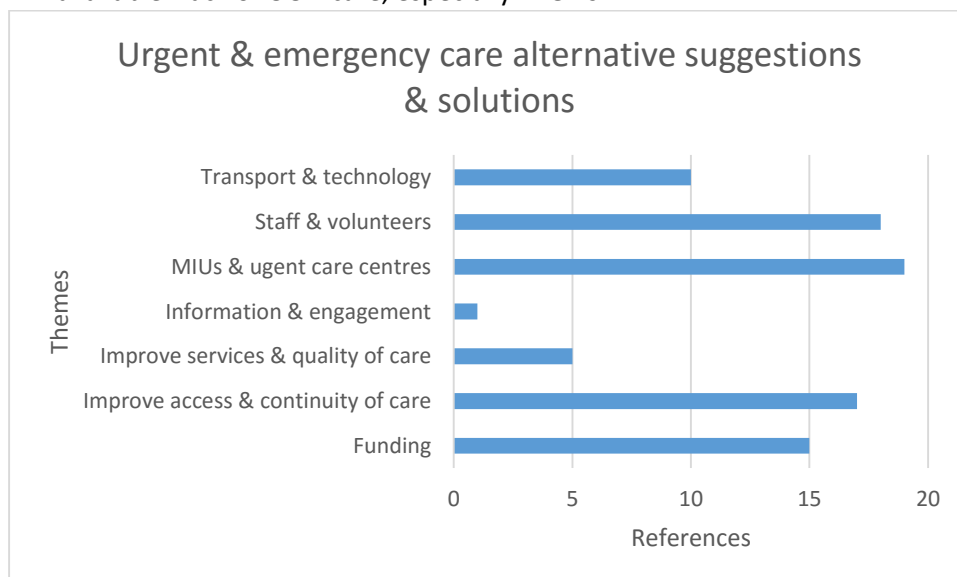

Figure 135. Urgent & emergency care alternative suggestions & solutions.

Node descriptions:

- **Transport & technology:** Better transport links and travelling times. Need to improve use of technology- more services available, more telehealth, more information sharing etc.
- **Staff & volunteers:** More staff, with appropriate training, readily available. Need to use volunteers to support.
- **MIUs & UCCs:** People going to MIU instead of seeing GP. Quick turnaround in urgent care centres- availability, blood tests, diagnostics etc. Need to provide OOH care, to stop people attending A&E when it's not an emergency.
- **Information & engagement:** More information to the public. Form of engagement is antagonistic- this could be improved.
- **Improve services & quality of care:** Improve services like care homes, more available to cope with the demand of an aging population.
- **Improve access & continuity of care:** Currently very difficult to see your GP, this is a capacity issue and needs to be addressed. Also more use of planned care.
- **Funding:** More tax to fund the NHS. We should charge people for misusing NHS services.

6. Pathways of Care Discussion

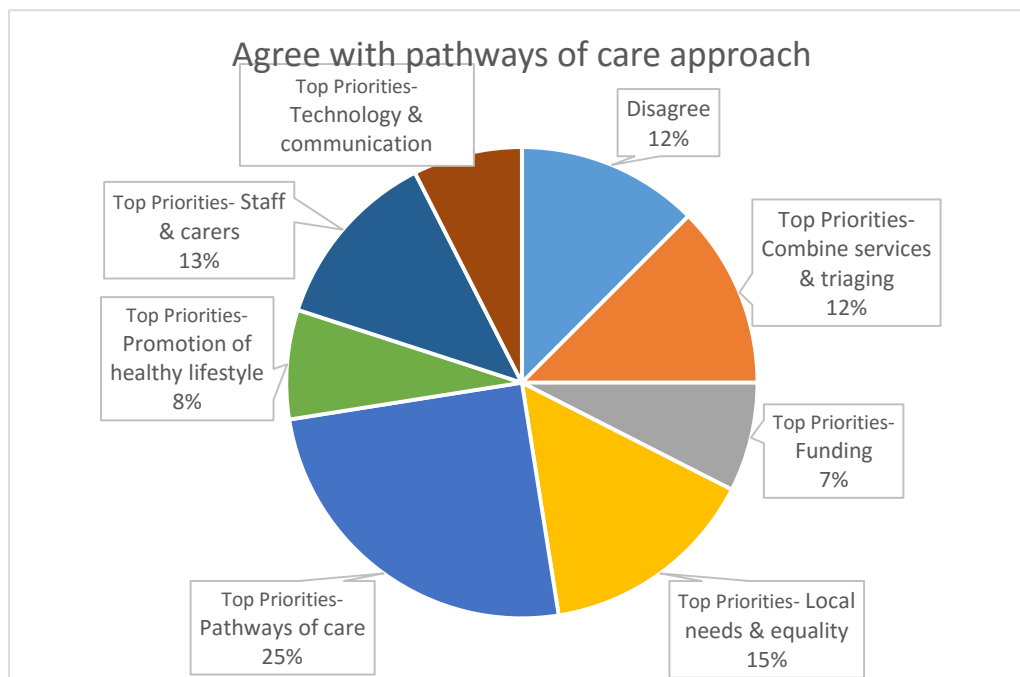The next section of the data analysis was referring to the STP's pathways of care plans.

Agree with pathways of care approach

- Disagree 12%
- Top Priorities- Technology & communication
- Top Priorities- Staff & carers 13%
- Top Priorities- Promotion of healthy lifestyle 8%
- Top Priorities- Pathways of care 25%
- Top Priorities- Combine services & triaging 12%
- Top Priorities- Funding 7%
- Top Priorities- Local needs & equality 15%

Figure 136. Agree with pathways of care approach and top priorities.

Node descriptions:

- **Combine services & triaging:** Better integration and co-operation between all organisations involved in the treatment/support pathway for any patient. Good use of triaging and sign-posting services.
- **Funding:** How will you fund this? Need more money.
- **Local needs & equality:** Community hospitals are a good resource, do not close them- people will have to travel too far. Ensure equality is implemented, e.g. employment.
- **Pathways of care:** Support network when discharged, a personalised approach. Importance of continuing care. Especially for dementia and mental health. Reduce bed blocking- ensure patients are ready to go home.

- **Promotion of healthy lifestyle:** Promote a healthy lifestyle, e.g. not smoking, drinking and healthy eating.
- **Staff & carers:** Carers need care too! More training for carers. Better assessment for carers' allowance.
- **Technology & communication:** Better technology and communication between services.

Pathways of care missed priorities
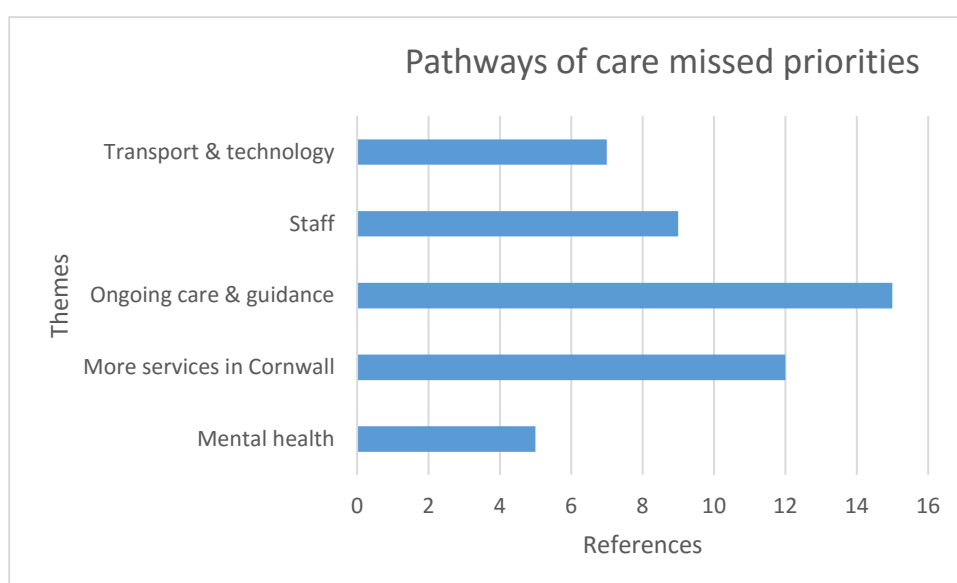
Figure 137. Pathways of care missed priorities.

Node descriptions:

- **Transport & technology:** Improve transport links in Cornwall so patients can access pathways of care. Better use of technology and make sure everyone has access to the internet e.g. the elderly and disadvantaged.
- **Staff:** Carers need care as well. Need to be better trained with prompt assessments for patients. There has been a lack of consultation to Doctors about the STP plan.
- **Ongoing care & guidance:** Need better ongoing care, especially those with mental health issues. Better discharge packages, point of contact and communication. Sports rehabilitation is another example.
- **More services in Cornwall:** More services provided within Cornwall, so patients do not need to travel out of the county. For example mother and baby specialist units, and more rare disease specialists.
- **Mental health:** Better pathway of care for mental health- more access to services etc.
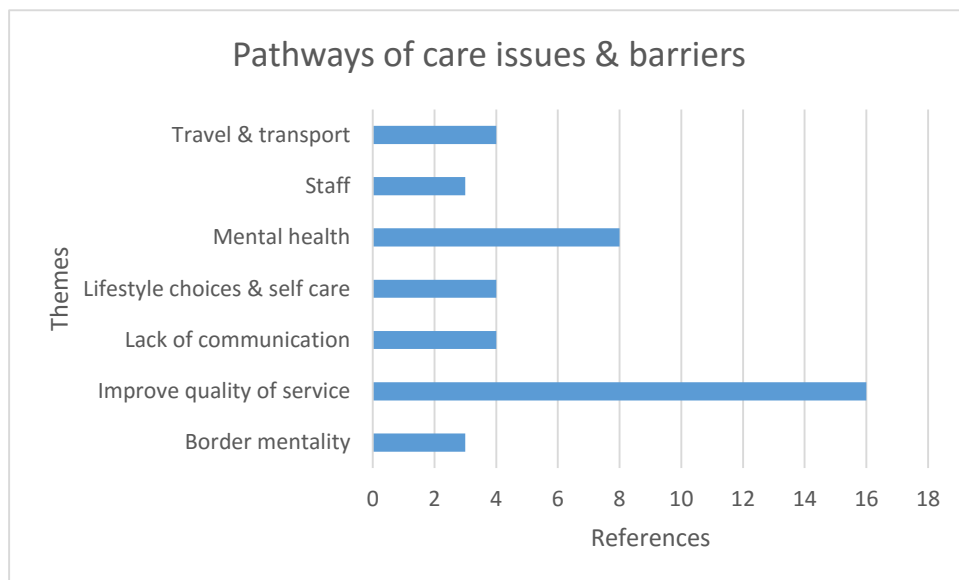
Figure 138. Pathways of care issues & barriers.

Node descriptions:

- **Travel & transport:** Travelling, lack of transport and time waiting needs to be addressed- due to rurality of Cornwall in some cases.
- **Staff:** More training for staff e.g. dementia-training, better discharge practice.
- **Mental health:** Better support pathways for those with mental health issues- e.g. tracking depression to prevent getting worse.
- **Lifestyle choices & self-care:** Unhealthy lifestyles causing illness- need a self-care coaching service. Self-care important not just prevention. Promote self-worth in the pathway too.
- **Lack of communication:** The language in the questionnaire is difficult to understand, this is not communicating in an effective way. Also need better communication between organisations/services, such as better IT systems.
- **Improve quality of service:** Improve quality of services e.g. 101 service and dementia pathways. Also remember that families and carers need support too.
- **Border mentality:** Border mentality of Cornwall and Devon needs to be addressed.
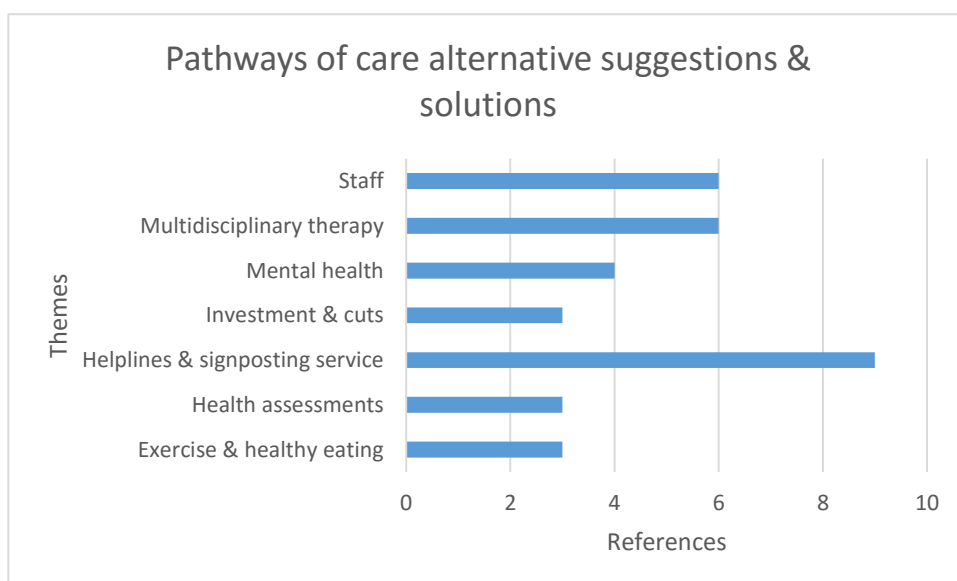

Figure 139. Pathways of care alternative suggestions & solutions.

Node descriptions:

- **Staff:** Support for carers. More nurse supervision at residential hubs.
- **Multidisciplinary therapy:** Use a multidisciplinary approach, e.g. not just physio, but mental health etc. Look at examples in the EU and the good work of stroke pathways.
- **Mental health:** Improve mental health pathway- more beds in the county, more focus on social care. Better OOH help for mental health patients.
- **Investment & cuts:** More investment, less cuts. Remove the profit from the companies.
- **Helplines & signposting service:** Set up a helpline or signposting service so people know where to go in their pathway of care.
- **Health assessments:** Routine health checks for chronic conditions to prevent deterioration. Health assessments provided within work environments.
- **Exercise & healthy eating:** Exercise classes and healthy eating for those with diabetes.

7. One Vision Discussion

The next section of the event was referring to the STP's One Vision (young people) plans.
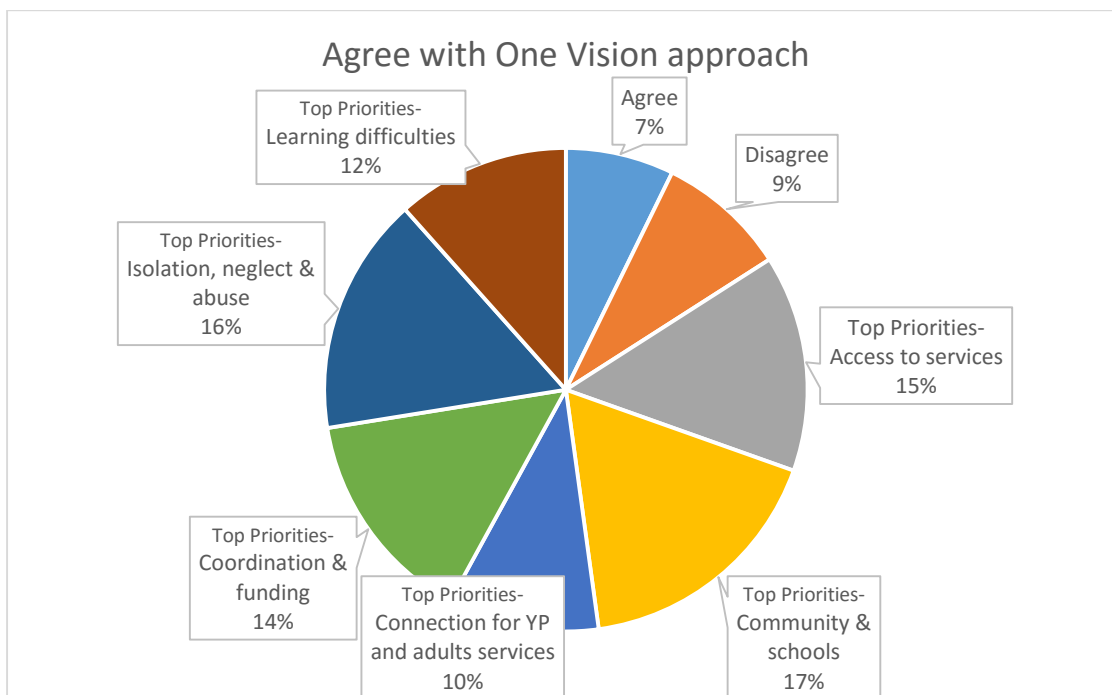

Figure 140. Agree with One Vision approach and top priorities.

Node descriptions:

- **Access to services:** Better access to these services e.g. MIUs, GP appointments, counselling and sexual health.
- **Community & schools:** Community & schools to work together. Enable other organisations to provide activities for YP, especially those who are most deprived.
- **Connection for young people and adults services:** Concern about lack of connectivity for YP and adult services. Why a separate plan for children?
- **Coordination & funding:** System needs to have better coordination, don't overcomplicate. Future-proof the services for a growing population. More funding for this priority.
- **Isolation, neglect & abuse:** Identification of isolation, neglect and abuse in YP. Focus on emotional wellbeing of young children.

- **Learning difficulties:** Early detection of these and more help and support, e.g. dyslexia, learning difficulties.
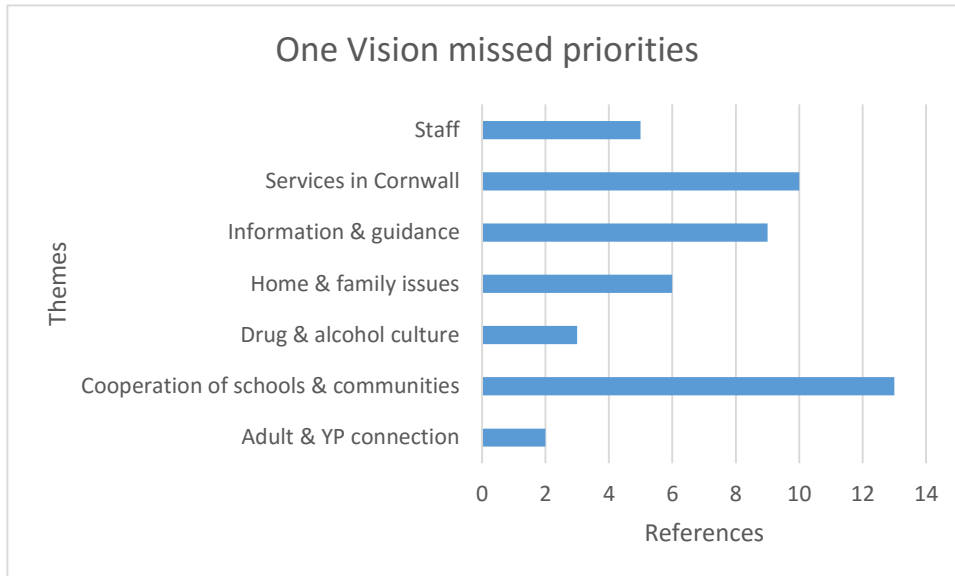
Figure 141. One Vision missed priorities.

Node descriptions:

- **Staff:** More staff employed, for example street pastors, trained nurses answering 111, counsellors available at all times.
- **Services in Cornwall:** Need more services in Cornwall, don't send them out of the county, e.g. mental health. Set up peer group mentoring and other community groups.
- **Information & guidance:** For example make sure families with children suffering from learning disabilities know what help and guidance they are entitled to.
- **Home & family issues:** Why are more children educated at home in IOS? Pressures from within the family needs to be addressed, e.g. sibling rivalry, domestic abuse, poor parenting etc.
- **Drug & alcohol culture:** Need to tackle drug/drink culture in Cornish young people.
- **Cooperation of schools & communities:** Need to ensure all schools and academies cooperate to deliver this strategy, as well as communities. Include sex education, obesity and medical education.
- **Adult & YP connection:** Connection with adults to have a positive impact on YP. Encourage parenting courses, budget and money management for parents.
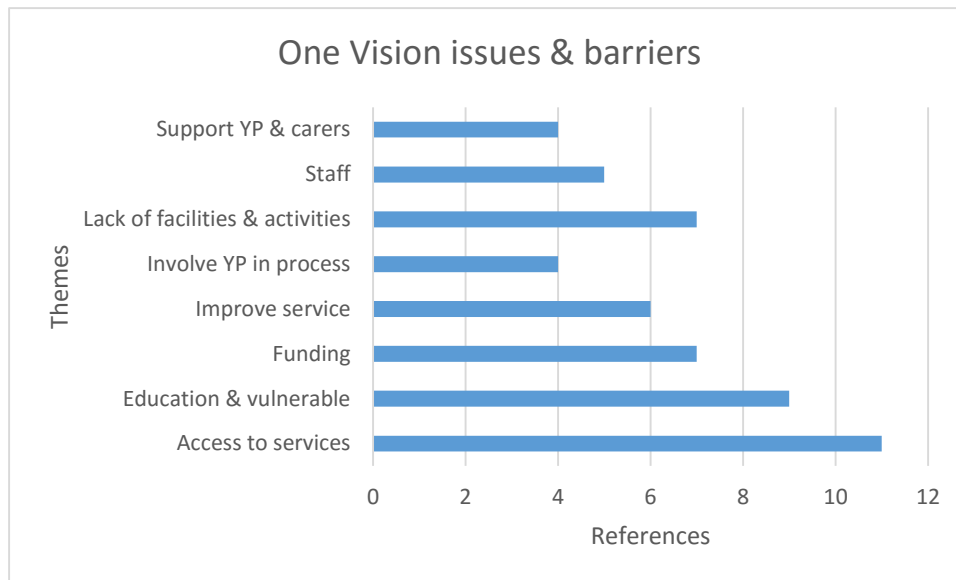
Figure 142. One Vision issues & barriers.

Node descriptions:

- **Support YP & carers:** Emotional support needs to be provided. Need to provide information to support YP and carers alike.
- **Staff:** There is a lack of staff in this sector e.g. psychiatric nurses, counsellors.
- **Lack of facilities & activities:** Lack of facilities & activities for YP in Cornwall. Need to be an equal approach across all of Cornwall.
- **Involve YP in process:** Make sure YP and children are involved in this process. A one-size-fits-all method won't work as everyone is an individual and has different needs.
- **Improve service:** Need to improve this service, e.g. assessment procedures are adding to anxiety causing health problems and higher costs.
- **Funding:** Lack of funding and cuts to this service.
- **Education & vulnerable:** Inform and educate the public on these issues and the system of support available. Target the most vulnerable in society.
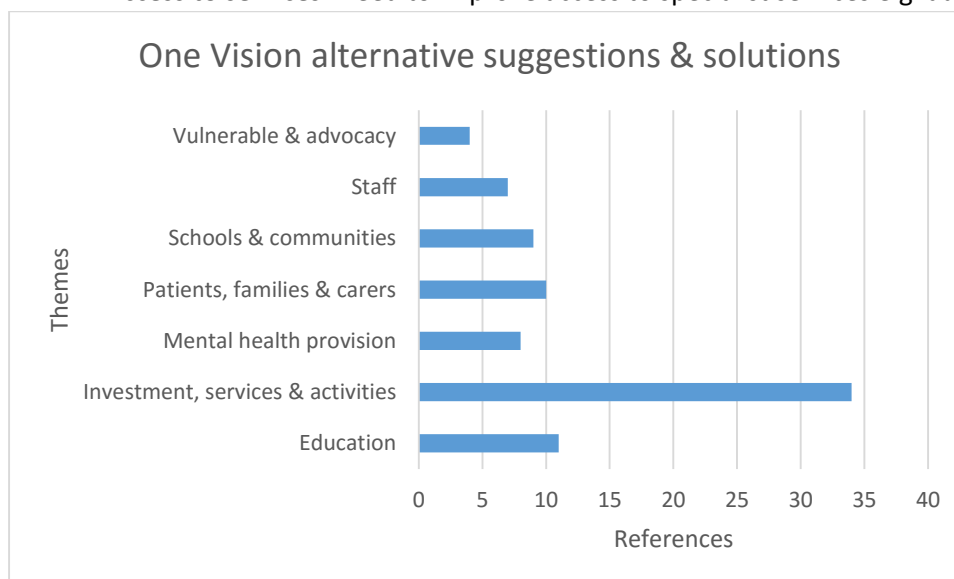- **Access to services:** Need to improve access to specialist services e.g. autism, counselling, for YP.

Figure 143. One Vision alternative suggestions & solutions.

Node descriptions:

- **Vulnerable & advocacy:** Help the vulnerable e.g. deaf, LD. Provide advocacy and peer support one-on-one.
- **Staff:** Need a devoted team to YP in Cornwall.
- **Schools & communities:** Do more in schools and communities to educate, advise and reward. For example, teach children about domestic violence, reward good behaviour. Get more people involved.
- **Patients, families & carers:** Need to be listened to, supported and know their rights and entitlements.
- **Mental health provision:** Need more mental health services in Cornwall especially for YP, e.g. more beds in county so they are not sent away from their families.
- **Investment, services & activities:** Need investment into these services. Provide more services and activities- promote 'doing' not just 'teaching'.
- **Education:** More involvement in schools on health promotion. Educate parents as well. Employ a more sensitive approach to education, e.g. gender differences.

8. Key takeaways

The final section of the community event analysis was the Key Takeaways for each theme- or the most important points mentioned across all the events and for each section. This was a very useful finishing point of the event, however unfortunately only some events utilised this method. This means the results are not truly representative of all the community events that took place in Cornwall. Out of the 11 events, only 5 completed a key takeaways section (Bodmin, Bude, Penzance, Falmouth and St. Austell).

The diagrams below depict the key takeaways or the most important priorities across some of the events in Cornwall for each question:
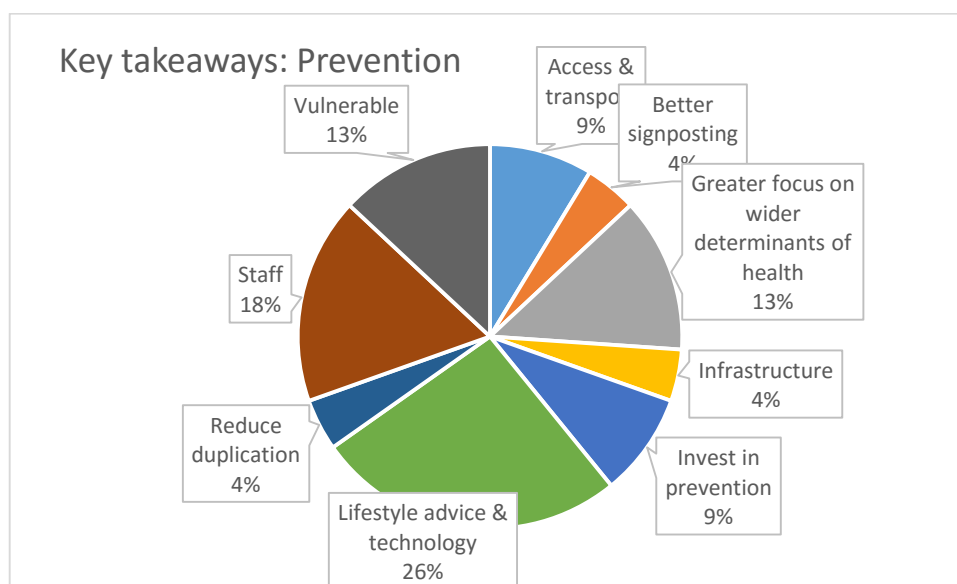

Key takeaways: Prevention

- Vulnerable 13%
- Access & transport 9%
- Better signposting 4%
- Greater focus on wider determinants of health 13%
- Infrastructure 4%
- Invest in prevention 9%
- Lifestyle advice & technology 26%
- Reduce duplication 4%
- Staff 18%

Figure 144. Key takeaways for Prevention.
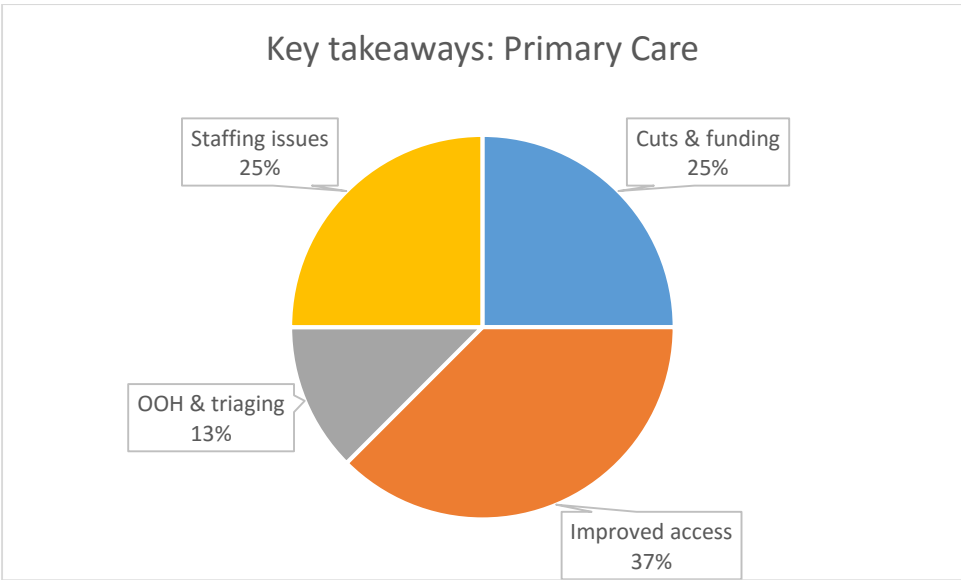
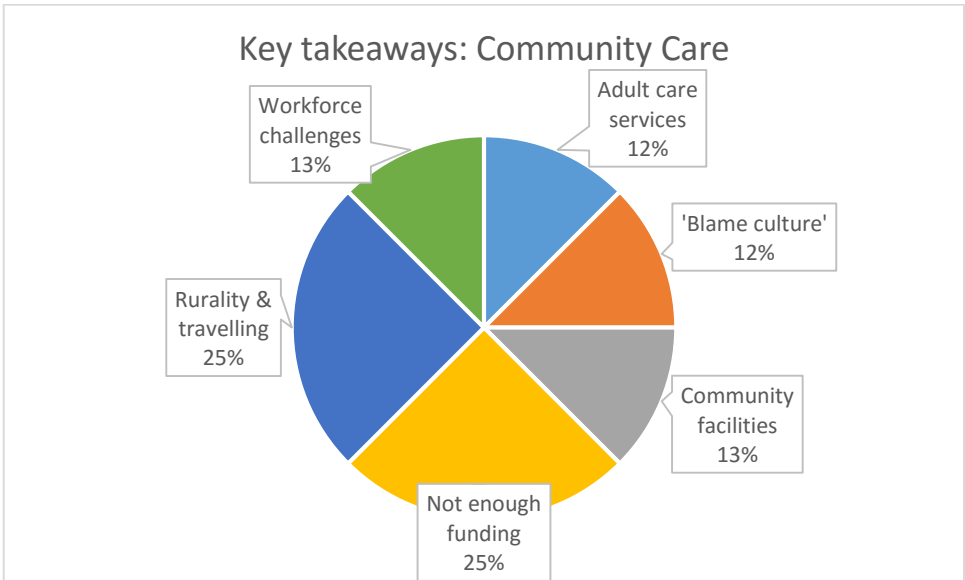**Figure 145. Key takeaways for Primary Care.**

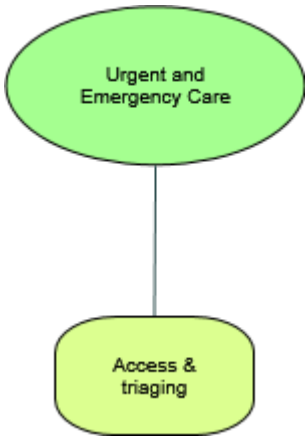**Figure 146. Key takeaways for Community Care.**

Figure 147. Key takeaways for Urgent and Emergency Care.

Please note: only one key takeaway, 'access and triaging', emerged from this theme as not enough events used the key takeaway method. This is not a truly representative result.
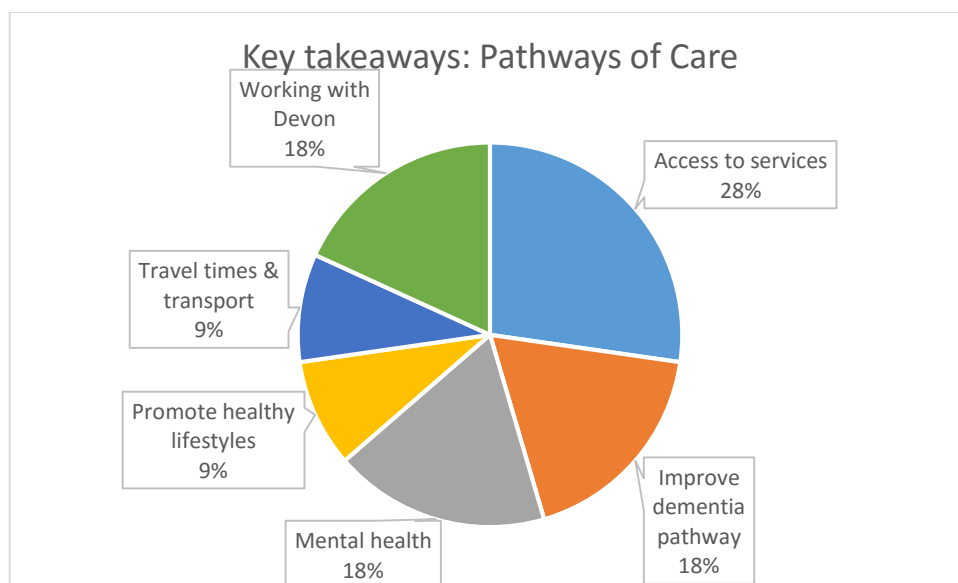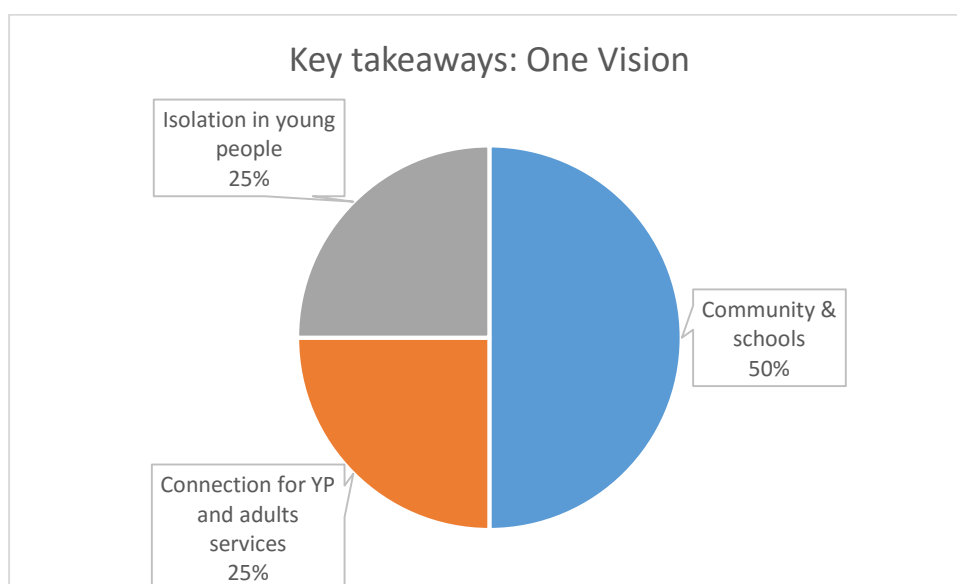

Figure 148. Key takeaways for Pathways of Care.

Figure 149. Key takeaways for One Vision.