



CORNWALL'S SUSTAINABILITY AND TRANSFORMATION PLAN

Public Survey Summary Report (03/03/2017)



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Executive Summary

The NHS Communications team commissioned academics in the Centre for Geography, Environment and Society at University of Exeter, Penryn campus, to analyse the qualitative data collected from the STP public survey. This Summary Report contains the headline findings from that analysis. Accompanying this report is the Analysis Report which contains the in-depth, question-by-question analysis of the survey data. The Analysis Report captures the full detail and nuances in participant responses. However, due to the complexity in the data set, the cross cutting themes needed to be drawn out through re-analysis of the survey data as a whole, in particular the issues which relate to more than one STP priority. This Summary Report therefore contains the outputs from a re-analysis of the survey data under the wider themes of: 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. The report concludes with a reflection on the survey process, recommendations for the next round of STP public engagement, and the short list of headlines from the survey participants' perspective.

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1.0: Introduction

This report outlines the main findings from the STP public survey. The evaluation was conducted by researchers in the University of Exeter's [Centre for Geography, Environment and Society \(hereafter UoE\)](#). The evaluation represents a detailed, but not exhaustive, analysis of the primary data. We have arranged the report to reflect the process through which the analysis was undertaken. The report begins with an overview of the methodology, followed by a focus on two important aspects of the survey which we wish to reflect upon. First, the nature of participation within the survey, and second, issues with the survey itself. The remainder of the report concentrates on drawing out the key findings from the analysis.

2.0: Data Analysis Methodology

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. Thus, 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. First, analysis of the raw data took place in a 4 stage process. These results are presented in the Analysis Report. Second, we undertook a re-analysis of all codes and themes to draw out the headline findings. These results presented in this Summary Report. The first 4 stage process involved processes which are standard to the use of NVivo:

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: i) agreed or disagreed with priority or approach; ii) agreed with priority but listed problems with approach; iii) listed barriers to delivering this priority; iv) listed opportunities or alternative solutions to delivering this priority; v) 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.

3: The two analysts reviewed all codes for all questions and produced explanations for 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.

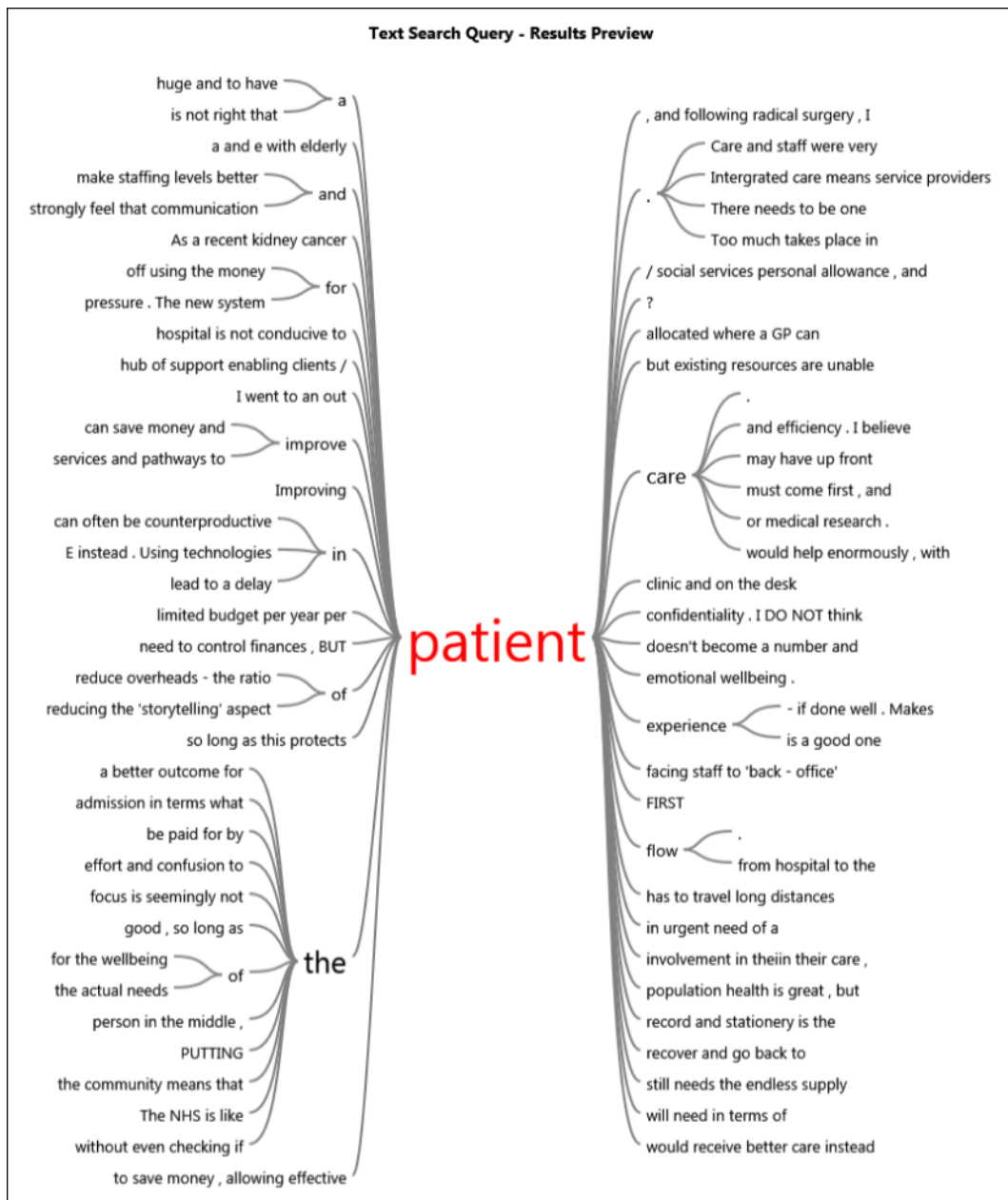


Figure 1: Word tree example used to build code descriptions

The second stage of analysis was necessary to draw out the themes which crossed STP priorities. The unstructured data from the open ended questions, combined with a level of participant confusion about how to answer, 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: i) Issues with survey; ii) points of agreement with STP; iii) points of

disagreement with STP; iv) missed priorities; v) challenges for delivering the STP; vi) 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. These show how survey responses have been coded and how the wider themes have been determined. The UoE team are happy to discuss the analysis process and queries about themes and their definitions.

3.0: Survey Participation

1896 people from across Cornwall participated in the STP survey. The quantitative and qualitative analysis presented in both reports includes all survey responses. Participants were asked for demographic information about themselves along with details on their health and social care plan. The figures below illustrate two important factors of participant characteristics (see Analysis Report for results on all other participant characteristics). First, figure 2 shows that there is a high representation of those aged 51-65yrs and low representation of people younger than 35 years old. This may partially explain the number of references to quality and quantity of elderly care services in the results. Figure 3 illustrates responses per postcode. The map shows that survey participation was high in postcode areas surrounding Truro and in the central north east areas. There were particularly low participation rates on the Isles of Scilly and around Camelford. The implication for the next round of STP public engagement is that the participation of younger people needs to be targeted, along with areas of Cornwall with low engagement rates.

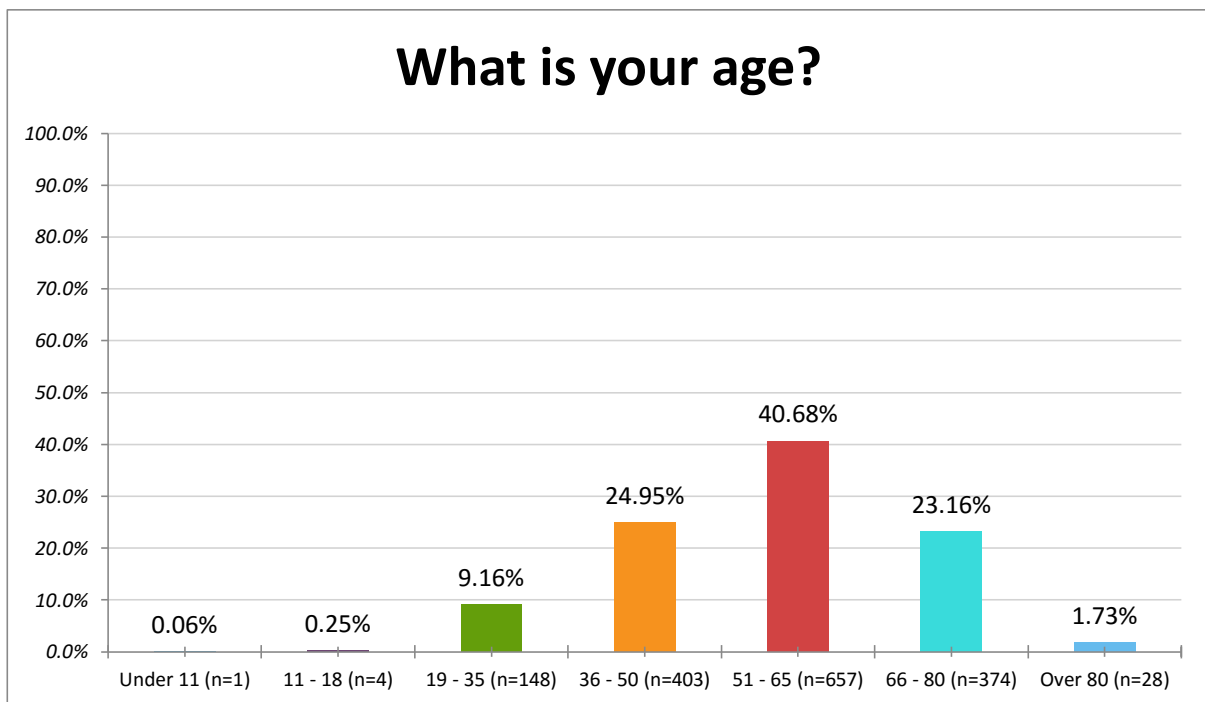


Figure 2: Participant age ranges

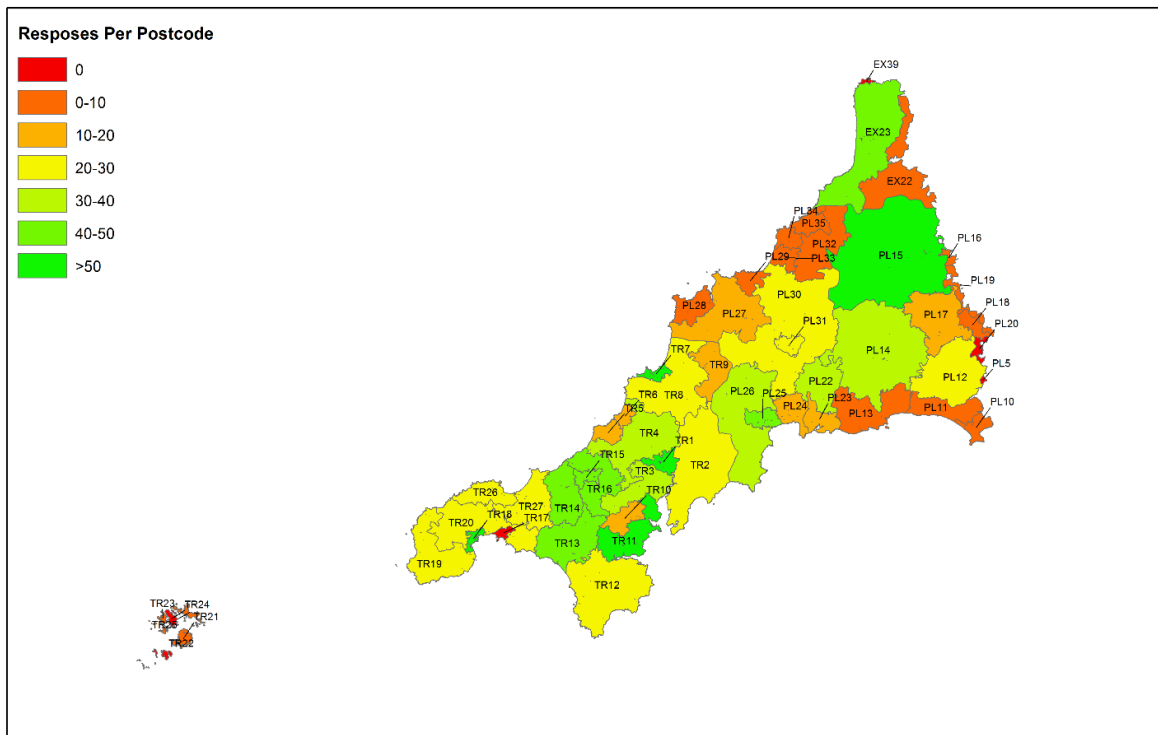


Figure 3: Map showing responses per postcode

4.0: Issues with survey

Participants expressed two problems with the STP survey. Participants reported first, that there was not enough information provided; and second, they did not understand the questions (see Figure 4). Participants explained that there was not enough specific information about the changes proposed in the STP to allow them to agree or disagree with them. Participants expressed a desire to know about specific planned changes to services within the different geographical areas. Question 6.1 had the highest number of demands for more information (see Figure 5). The two most frequently asked questions, in 6.1, asked for details on ‘30min accessibility’ to Urgent Care Centres’ and the specifics of what Urgent Care Centres are. All the frequently asked questions from participants are listed below.

As noted, many participants did not understand the questions. This is possibly due to the fact that many of the questions had two components and also due to ambiguity in question structure. The questions with the highest levels of confusion were 4.1¹ and 1.1². For example in question 4.1 respondents were confused about what a community hub was and how it was more effective than a community hospital.

¹ Question 4.1: Please state the reasons below for your choice, including alternative priorities.

² Question 1.1: Please state the reasons for your choice below.

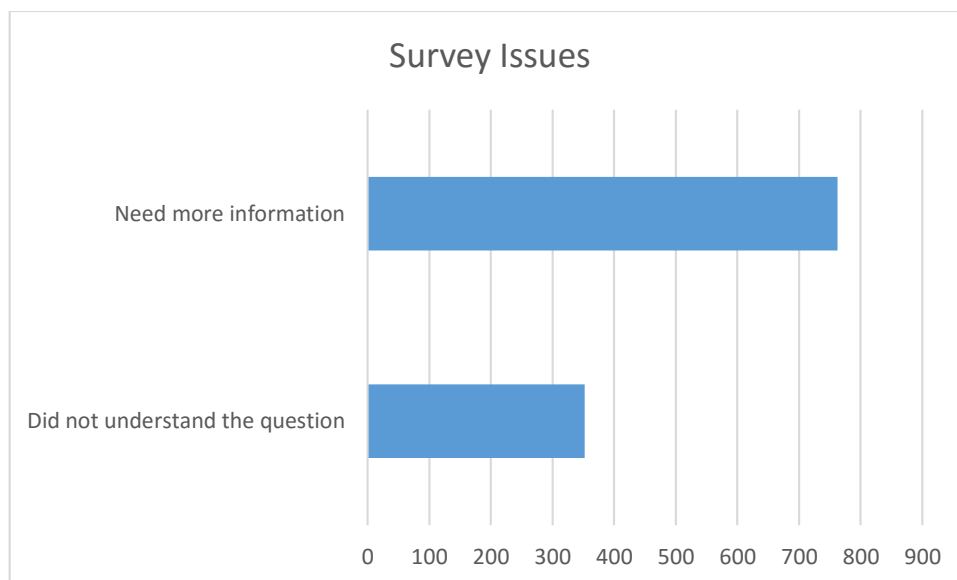


Figure 4: STP survey issues

	q1.1	q1.2	q2.1	q3.1	q4.1	q5.1	q6.1	q7.1	q8.1	Total
Did not understand the question	62	7	30	12	66	30	60	49	36	352
Need more information	147	24	14	127	34	92	29	178	117	762

Figure 5: Number of references on question understanding or information provided

Frequently Asked Questions: Throughout the survey respondents asked broad questions about the STP process and specific questions about the priorities. The frequently recurring questions are listed below. In sum respondents felt like they could not disagree with the STP as it promotes positive change. However, respondents repeatedly requested to know the finer detail about the STP plans. The broad questions about the STP process were:

- Where is the evidence behind these plans?
- How will these plans be carried out?
- Where is the money coming from to fund these plans?
- What are the financial implications of these changes?
- Do the NHS staff agree to these plans? Have you listened to their views?

The specific questions about priorities and approach were:

- What are Community Hubs? How are Hubs different from community hospitals?
- What are Urgent Care Centres? How are they different from a Community Hospital or a Minor Injury Unit?
- What diagnostic facilities will be available?
- How will any UCC be a maximum of 30 minutes away if there are fewer sites? Is the 30 minutes an average drive time or by public transport?

5.0: Agreement with STP

Question 1 asked ‘to what extent do you agree with each of our priorities?’ Figure 6 shows that participants significantly agree with the 6 priorities. Agreement levels with the ‘prevention’ and ‘integration’ priorities are slightly higher than others. The ‘prevention’ and ‘integration’ priorities were also ranked highest in the Question 2 result (see Figure 7). Further, these priorities were the most frequently referenced themes in the qualitative data (see Analysis Report). It can be concluded that while participants agree with the importance of all priorities, the ‘prevention and improving population health’ and ‘integrated care in the community’ are the most important.

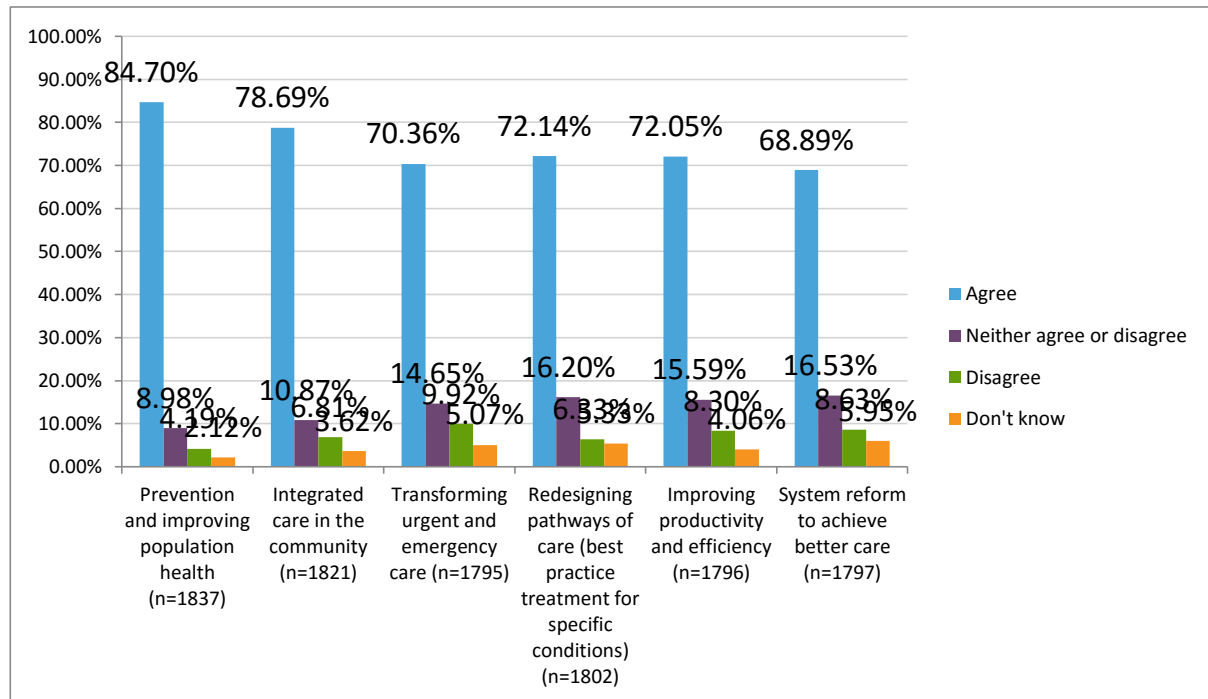


Figure 6: To what extent do you agree with each of our priorities?

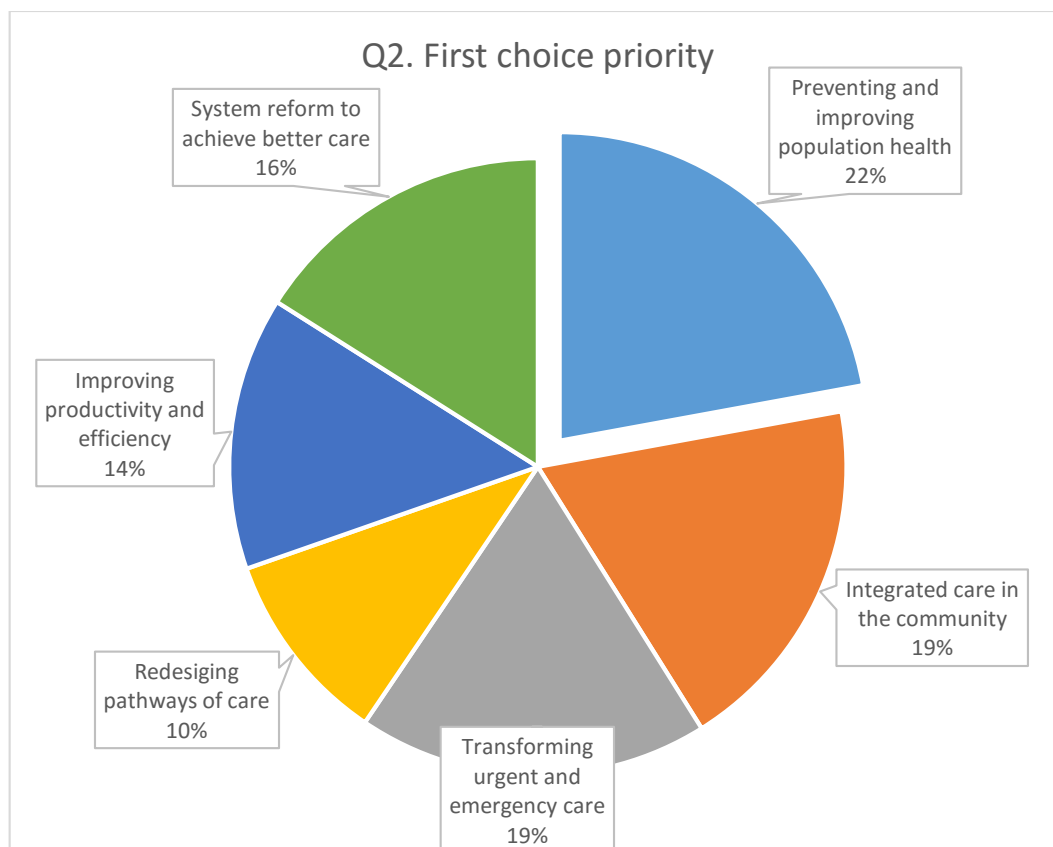


Figure 7: First choice priority

Question 2.1 asked participants to list the main reason behind their number one priority. A summary of these reasons, based on most frequently referenced issues, is listed below under each priority.

Prevention and improving population health: Participants strongly supported prevention strategies because they were perceived to reduce NHS costs and have public health benefits. Participants frequently emphasised how individuals need to take responsibility for their own health but also that they must be supported in this by local health services.

Integrated care in the community: Participants explained that better integrated care in the community would reduce cost pressures on the NHS, citing in particular the problem of bed blocking. Participants also cited savings from a reduction in A&E admissions, demand for acute services, and from the sharing of services.

Transforming urgent and emergency care: Respondents explained that the pressure on emergency care services makes this aspect of transformation a priority. Participants felt in particular that urgent and emergency care was underfunded and understaffed. Participants also felt that urgent care services were being burdened by cases which are low risk or did not require emergency treatment.

Redesigning pathways of care: participants reasons focused on enabling a smooth transition from hospital to home. Establishing better pathways of care in which staff are better trained to help individuals pass through the system were seen as important.

As such reasons for choosing this as a first priority centred on improving quality and experience of patient care.

Improving productivity and efficiency: Primary reasons for choosing this as there number one priority was based on the anticipation that savings can be reinvested to improve NHS services.

System reform to achieve better care: The two main reasons behind participants' choice of this priority were for; i) improving experience of patient care; ii) reducing the current level of bureaucracy. Participants felt that there was currently a poor functioning of current system and points of service duplication. The second reasons centred on the perceived 'top heavy' staffing of the NHS. Respondents felt that there were too many managers and not enough 'front line' staff. For these two reasons participants felt system was reform was needed.

The explanations above are useful for understanding participant reasoning. In order to understand the overall factors, the analysts categorised all the responses under whether their reasons were to: i) reduce the cost of care; ii) improve health and wellbeing; and iii) improve people's experience of care. The results from this analysis are illustrated in Figure 8. This shows that 'improving experience of care' is the most important driver for survey participant responses. What figure 8 clearly demonstrates is that the public and the NHS STP team have competing priorities: the public want improvements in care experience while NHS STP team face the intractable challenge of reducing costs.

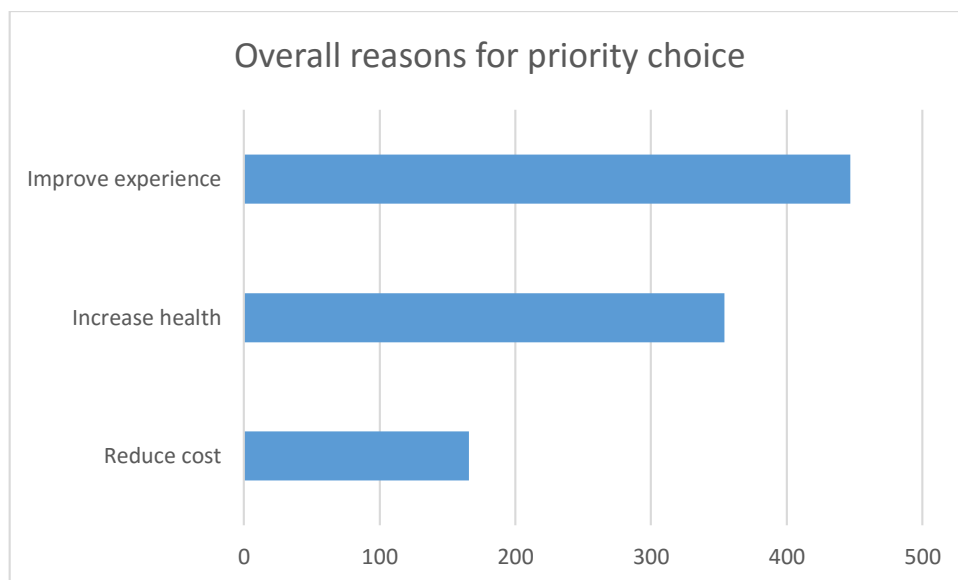


Figure 8: Overall reasons for priority choice

6.0: Disagreement with STP

The specific disagreements participants have with the different priorities are fully detailed through the Analysis Report. What Figure 9 shows is the top four points of disagreement which are most frequently referenced through qualitative responses in the survey. The figure clearly shows that the potential closure of community hospitals and minor injury units are of greatest concern to participants. There is also a significant

suspicion that the STP will lead to overall funding and service cuts. Further explanation of these top three disagreement codes is provided below.

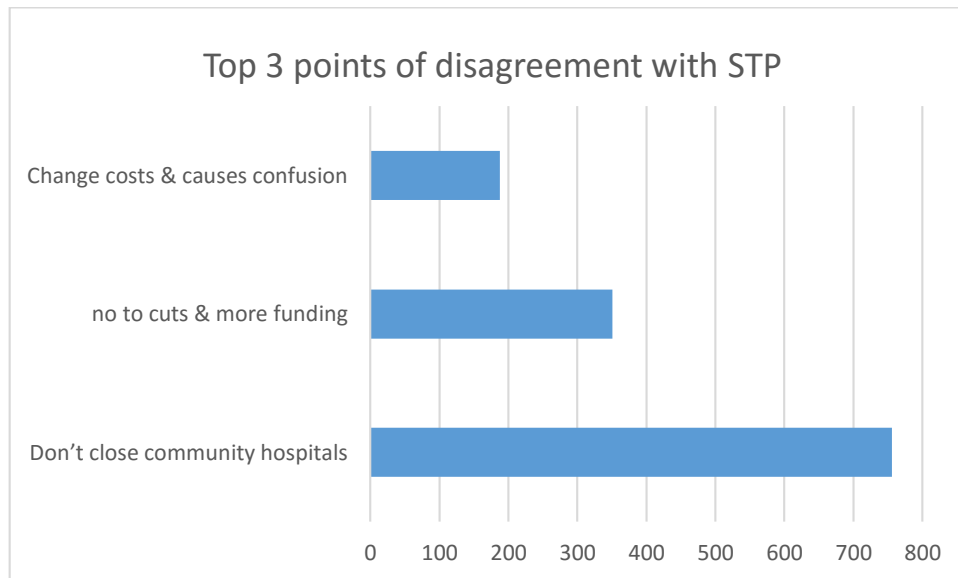


Figure 9: Top 3 points of disagreement with the STP

No to Community Hospital closure: Community hospitals were frequently identified as of vital importance to health care delivery in Cornwall. Participants explained that community hospitals are needed as a step down point between the main hospital and home care. Also, because of travel challenges in Cornwall, having local beds was crucial.

No to cuts: Participants see the STP to be a cost and service cutting exercise. The survey was used as an opportunity to protest against the STP process because of this perception. Some participants suggested that government cuts should be rejected entirely.

Change costs and leads to confusion: Participants disagreed with the STP as a whole on the ground that such proposed system change leads to confusion and uncertainty. Uncertainty for staff working within the NHS and confusion amongst patient about how to engage with services. Participants suggested that change to the system would also create inefficiencies. Further, participants felt the system reform approach would not improve the quality of care, specifically because it is likely to lead to inequitable service delivery across Cornwall as changes will impact some areas more than others.

7.0: Missed Priorities

Participants were asked what priorities they thought the STP had missed in question 1.2. The full list of 'missed priorities' can be found the Analysis Report. The top three missed priorities have been drawn out and illustrated in Figure 10 below. The figure shows that 'mental health' and 'hospitals' were the most frequently referenced missed priorities. Explanation of these themes is below.

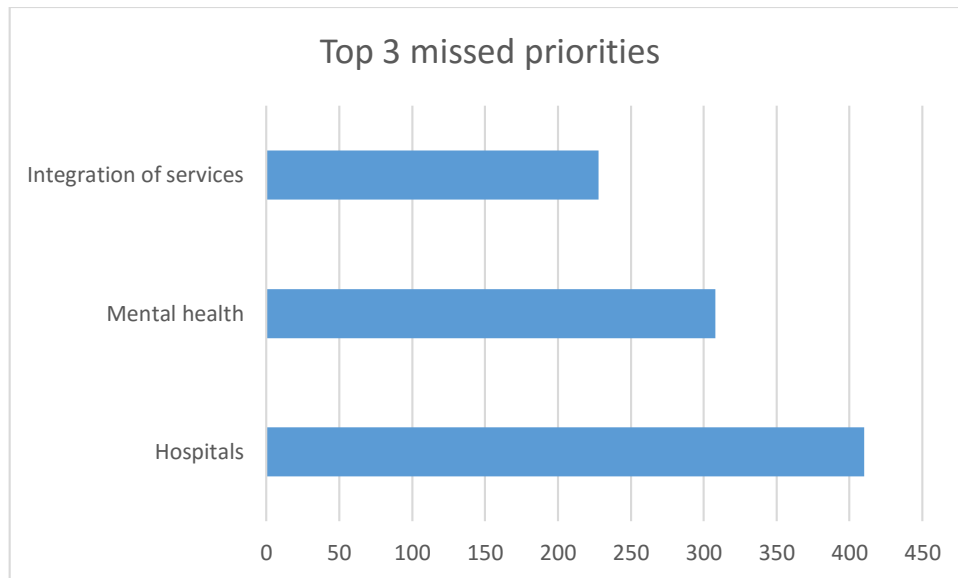


Figure 10: Top 3 missed priorities

Hospitals: Participants thought that hospitals need to be prioritised higher in the STP. Participants explained that both community and main hospitals need more facilities and capacity to cope with increasing demands. Participants saw that investing in community hospitals relieved the pressure on the main hospitals, especially with regard to ‘bed blocking’.

Mental health: Participants wanted mental health to have greater prominence in the STP. Improving facilities and treatment is needed alongside mental health prevention strategies for the young.

Integration of services: Participants wanted the integration of services to be prioritised higher in the STP, in particular integration to enable sharing of services, better communication between services, and a more connected approach towards health issues. Participants saw the benefits of this to be an increase in care quality and a reduction in cost. The eradication of service duplication and shared infrastructure were seen as collateral benefits here.

8.0: Challenges for delivering STP

The specific challenges participants identified of delivering each priority have are fully detailed through the Analysis Report. What Figure 11 shows is the top four, most frequently referenced, challenges for delivering the STP. Explanation about these top three challenges are provided below.

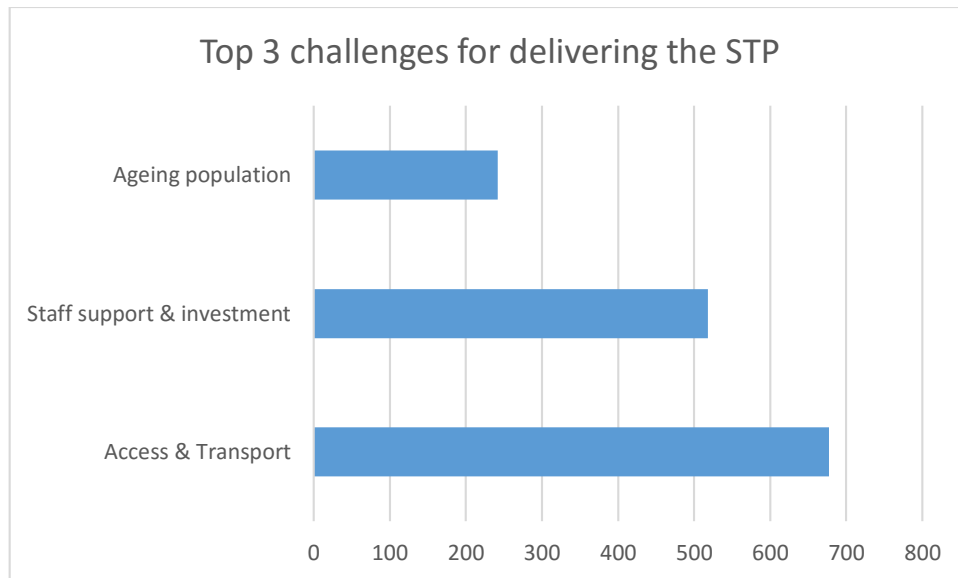


Figure 11: Top 3 challenges for delivering the STP

Access & Transport: Participants saw access and transport as the biggest challenge to delivering the STP. Respondents explained how travel (times & distances) is a very important consideration when planning changes or closures to any services. Participants felt that over-centralization of health services was inefficient and unfair. This challenge is either to improve transport links or to design service delivery around the travel time problem.

Staff support & investment: Participants saw the levels of staff support and investment as the third biggest challenge. Participants thought that current conditions meant staff were stretched to deliver care to the required standard. Participants suggested that increasing staffing levels and staff training would improve overall NHS effectiveness.

Ageing population: Participants saw the ageing population as the second biggest challenge to delivering the STP. This challenge is compounded by the isolated nature of many elderly people. Therefore participants saw an ageing population as a particularly big challenge for delivering care in the community.

9.0: Opportunities and alternative solutions for delivering STP

The opportunities and alternative solutions participants identified for delivering the STP are fully detailed through the Analysis Report. Figure 12 shows the top five, most frequently referenced, solutions to reduce health care costs and an improve quality of care. Explanation about these five opportunity codes are provided below.

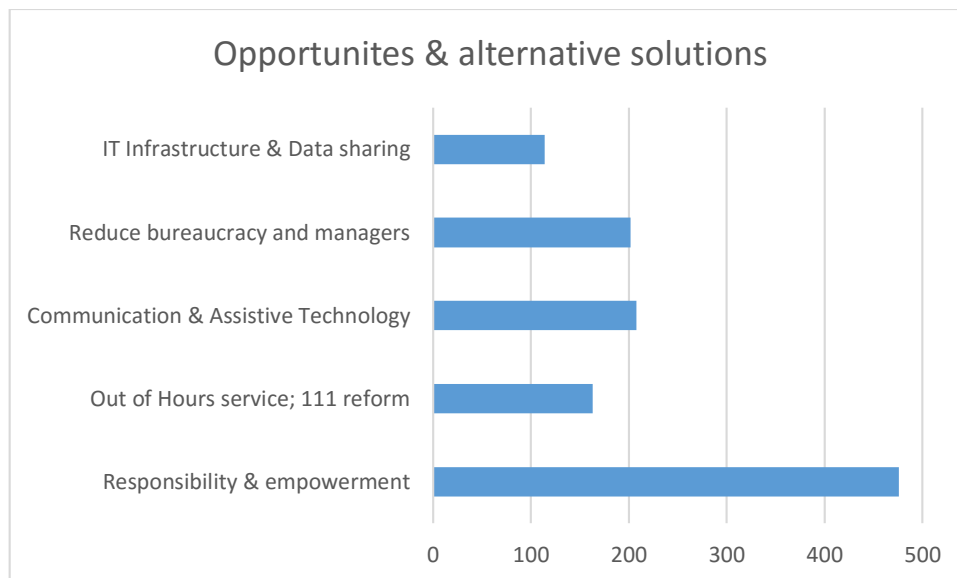


Figure 12: Top 5 opportunities & alternative solutions

Responsibility & empowerment: Participants saw the greatest opportunity to reduce costs and increase health through the prevention strategies. Essentially, individuals need to be encouraged to take responsibility for their own health. As mentioned above, health services need to empower individuals to change lifestyles.

Out of Hours service; 111 reform: Participants pointed to improving the 111 service in order to reduce unnecessary GP and A&E visits. Participants felt that an out-of-hours service was particularly important but was not currently working effectively. Online or telephone GP consultations could be part of this reform.

Communication & Assistive Technology: Participants saw the opportunity of technology, in particular technology which improved communication and assisted patients to live in the community. For example, smart apps and webcam style support could improve monitoring of long term health conditions or assist patients remotely.

Reduce bureaucracy and managers: Participants felt strongly that any NHS reform should involve reducing bureaucracy and managers rather than frontline staff. The theme of the NHS being 'top heavy' was prevalent throughout the survey question responses. Participants saw opportunity in restructuring the more administrative roles to ensure quality of care remains while costs are reduced.

IT Infrastructure & Data sharing: Participants saw opportunity in improving the IT infrastructure and data sharing capabilities between health services. Participants thought significant efficiency gains could be made through better use of IT to support where and how NHS staff can work. The ability to share patient record data effectively was also seen as a big opportunity to increase productivity.

10.0: Summary

This Summary Report has drawn out the headline findings from UoE analysis of the qualitative data from the STP public survey. What follows is the short list of conclusions, including a reflection on the survey process.

With regard to the survey structure and participant engagement there were two factors which resulted in a complex data set. First, many participants felt that the questions were not written in a user-friendly way because they included technical terminology and complex statements. This caused a lot of confusion for the respondents, who often felt they were being led by a biased question, or marginalised with their inability to respond. The UoE researchers understand that the approach the NHS Communications team are taking is to involve the public through the process of developing STP plans, rather than present options at a later date. Unfortunately this was read by participants as intentional ambiguity. The second factor is that the STP is an inherently political, personal, and emotional issue. As such participants did not often reply to the survey question, in the open ended response boxes, but rather listed their personal problem in the first instance. This meant that responses often did not correspond to the question.

The consequence of many participants 'needing more information' (762 references or ~40% of participants) and 'not understanding the question' (352 references or ~18% of participants) is that caution should be taken in drawing firm conclusions from the data. Specifically with regard to inferring that a high level of 'agreement with priorities' translates to an overall participant endorsement of the STP.

Recommendations for improving survey engagement in the future should include: i) specifics about proposed changes to services; ii) less technical language and questions with singular components; iii) ask for missed priorities or information at the end rather than beginning of survey; iv) less open ended questions in order to reduce participant fatigue.

The headline findings are as follows:

- Prevention strategies alongside integration of services are of highest priority.
- Participants are in strong disagreement with the closure of Community Hospitals or Minor Injuries Units.
- Mental health is the key missing priority in the current STP.
- The greatest challenge for delivering the STP is that of access and transport.
- The greatest opportunity is for the development of prevention strategies which responsabilise individuals alongside empowering communities to make lifestyle changes.