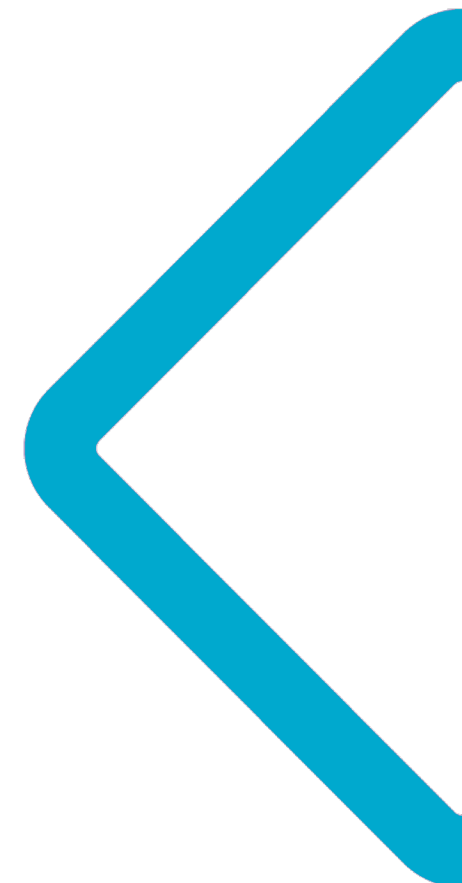


HCP Strategy survey – March 2023

Full feedback



Follow up from your feedback

Thank you for taking part in our survey back in March.

We wanted to give you an update on how we have used the feedback you gave us.

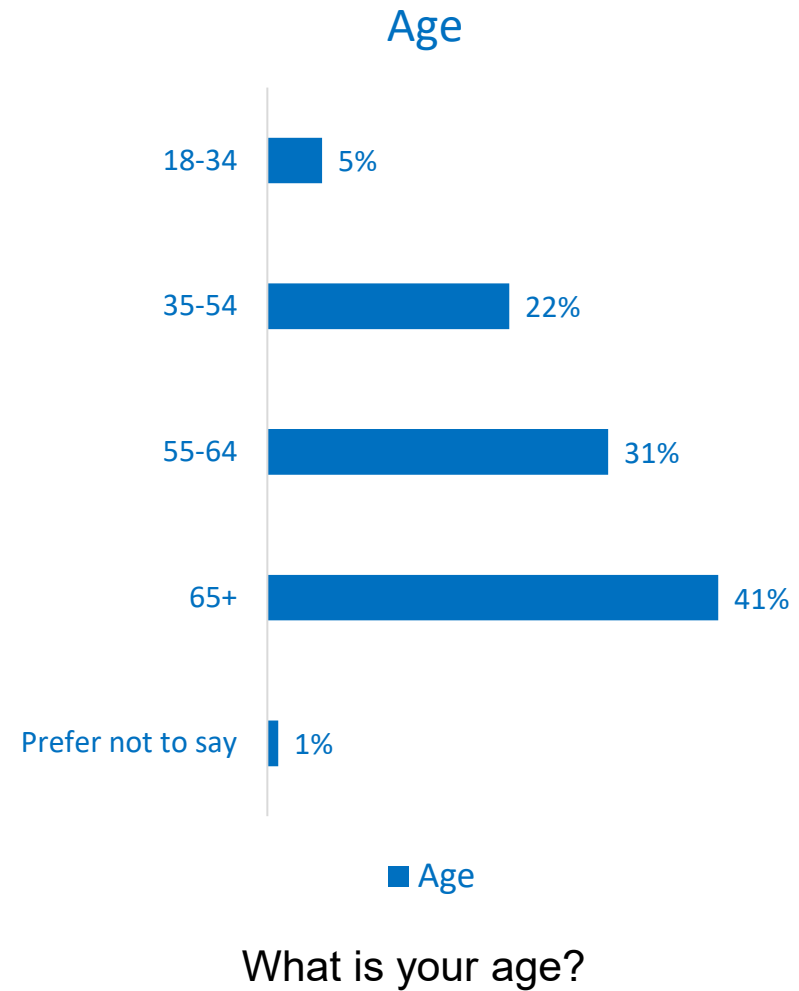
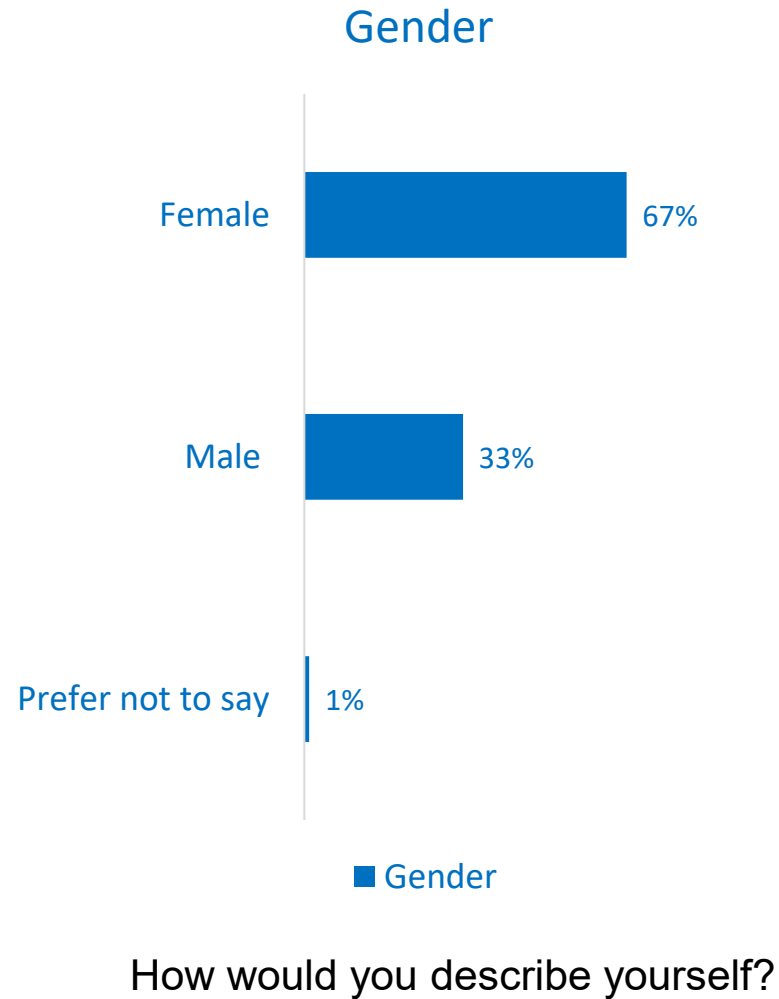
The next slides tell you of the progress we have made using the feedback. We have themed the feedback and we have included a summary of the all feedback.

We would like to thank you again for taking part and hope you continue to support us in the future.

Research method

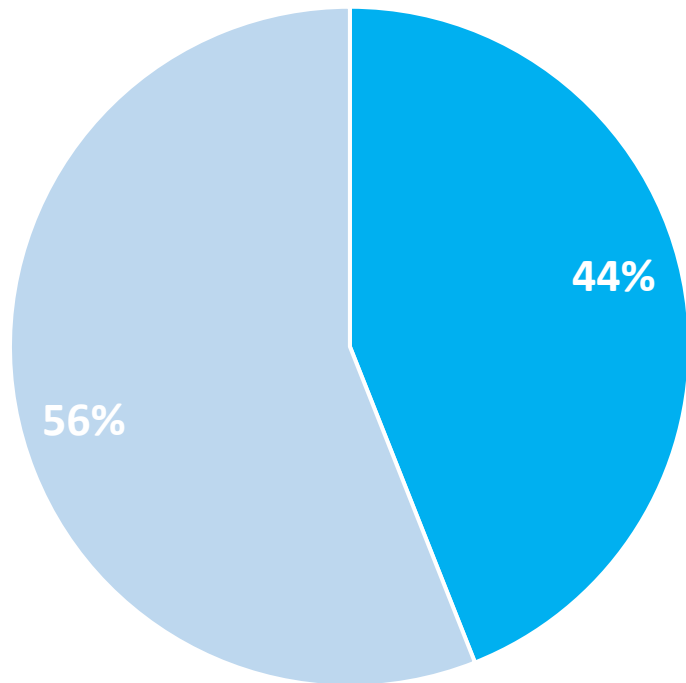
Research Method	Sample Size
Online quantitative survey (collected via landing page and via panel provider)	379

Demographic information



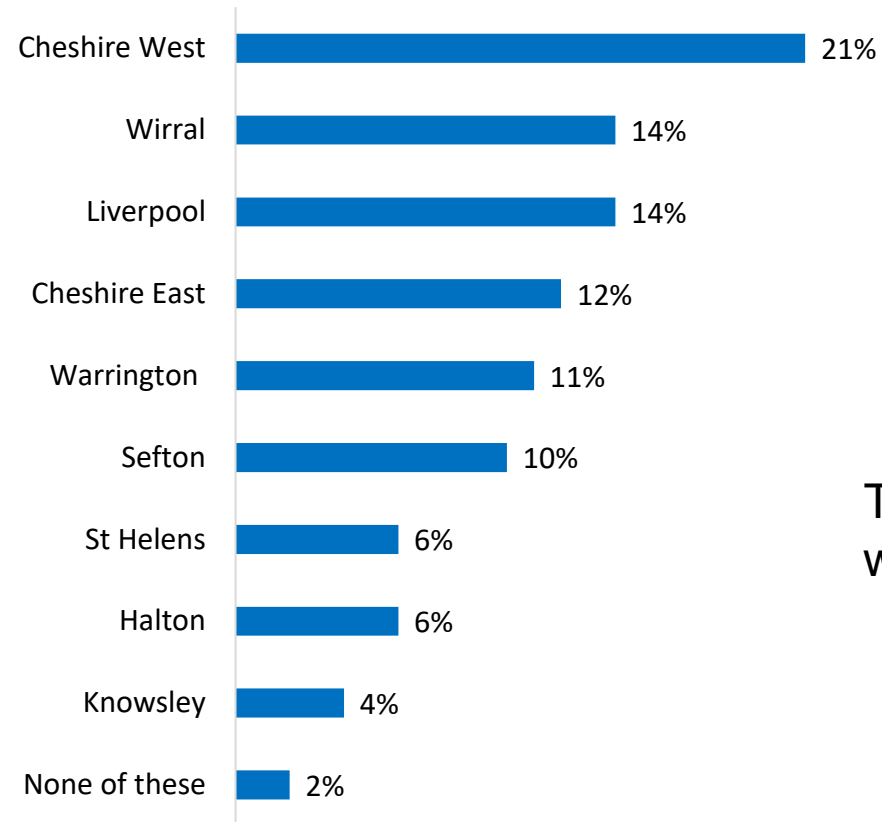
Where they live

Region



■ Cheshire ■ Merseyside

Local Authority

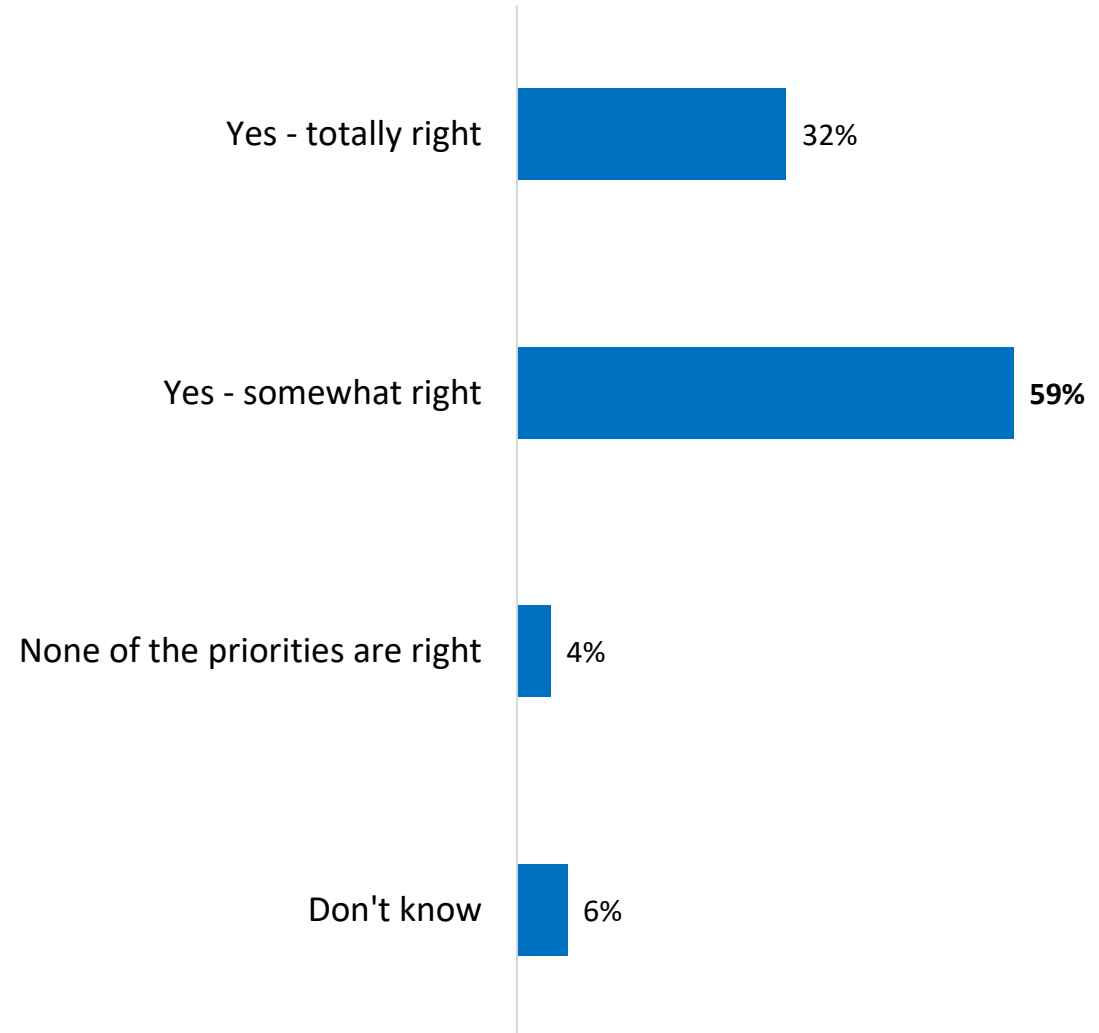


■ Local Authority

The majority of participants live within Merseyside (56%)

Do you think the priorities in the plans are the right ones?

Are the priorities right?

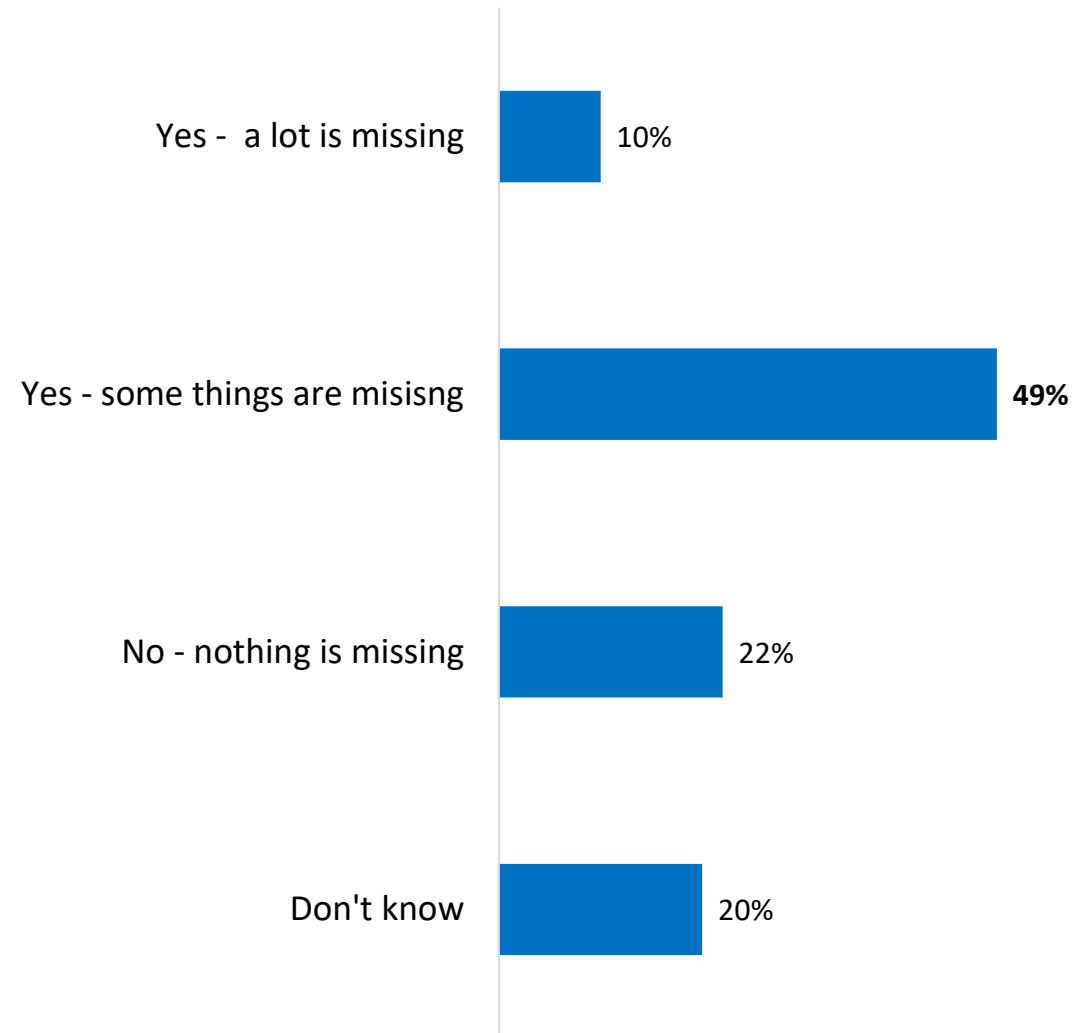


- Over 90% believe that the priorities of the Health and Care Partnership are either somewhat or totally right

Do you think there is anything missing in the plans?

Is anything missing?

Nearly 6 in 10 believe that there is either a lot or some things missing from the Health and Care Partnership strategy



Strategy document

We have simplified the document to make it shorter and easy to read including a summary document with links out to a revised glossary of acronyms. Also included are links to the other core documents the strategy refers to.

"The entire document is aimed at professional staff and contains far too many instances of "management speak" which will confuse the general public e.g. what does "at scale" mean? Some paragraphs are confusing to read and lack clarity. Definitions are too far into the document and need to be moved to the front to prepare the reader before they arrive at the phrase."

Male, 65+, Warrington

"Honestly these priorities are very broad, and take in pretty much everything. Is there a danger that focuses are spread too widely, therefore nothing will improve? Or are you figuring that with so much breadth, you're bound to achieve something? Much of it is just what you would expect from a health service anyway - timely access to appropriate healthcare for everyone. Surely that's the purpose of the NHS, I'm not sure why it needs projects and money spent on getting to that decision. Too many committees and strategies."

Female, 35-54, Cheshire East

We acknowledge the priorities are broad and we will restructure any future versions of the strategy to narrow down the core priorities focusing on what we can work on together.

Strategy document

- *“The entire document is aimed at professional staff and contains far too many instances of “management speak” which will confuse the general public e.g. what does “at scale” mean? Some paragraphs are confusing to read and lack clarity. Definitions are too far into the document and need to be moved to the front to prepare the reader before they arrive at the phrase.”*

- Male, 65+, Warrington

- *“The summary document is in fact very detailed and although I have read it all, I doubt many people will! It all sounds great on paper, if overwhelming. The reality, as I know as a retired senior health professional, is somewhat different.”*

- Female, 65+, St Helens

- *“The paper is so big and covers so many areas, will be difficult to achieve a difference to our communities unless tackled in small chunks. Small steps with defined timeline I feel would be more beneficial. Before much of this can be tackled knowledgeable, dedicated staff need to be in place, conscientious, caring and all who know and understand the aim. How will this basic foundation block be addressed? Getting staff to a high standard takes time. Changing staff morale would raise standards of care.”*

- Female, 55-64, Cheshire West

- *“It’s not clear who the plan is written for? Is it for the public and if so it’s too dense etc to be attractive and / or accessible and meaningful to the public. The strategic priorities are broad and therefore seem difficult to measure. What is the evidence, success of previous work in these area etc. How will success be judged / whether these are the right priorities etc.”*

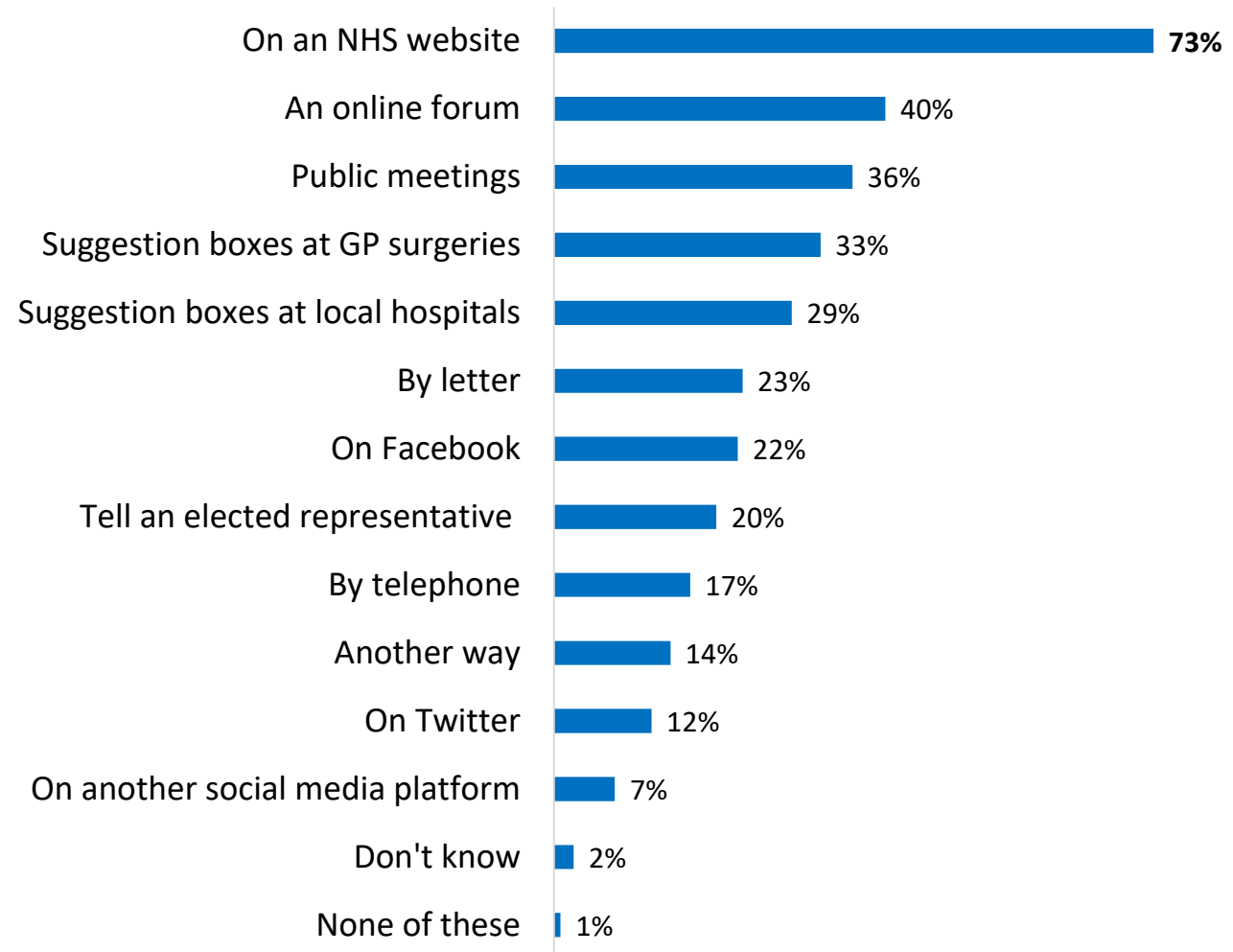
- Male, 65+, Wirral

- *“Honestly these priorities are very broad, and take in pretty much everything. Is there a danger that focuses are spread too widely, therefore nothing will improve? Or are you figuring that with so much breadth, you’re bound to achieve something? Much of it is just what you would expect from a health service anyway - timely access to appropriate healthcare for everyone. Surely that’s the purpose of the NHS, I’m not sure why it needs projects and money spent on getting to that decision. Too many committees and strategies.”*

- Female, 35-54, Cheshire East

In which of the following ways would you like to provide your views and feedback to our plans?

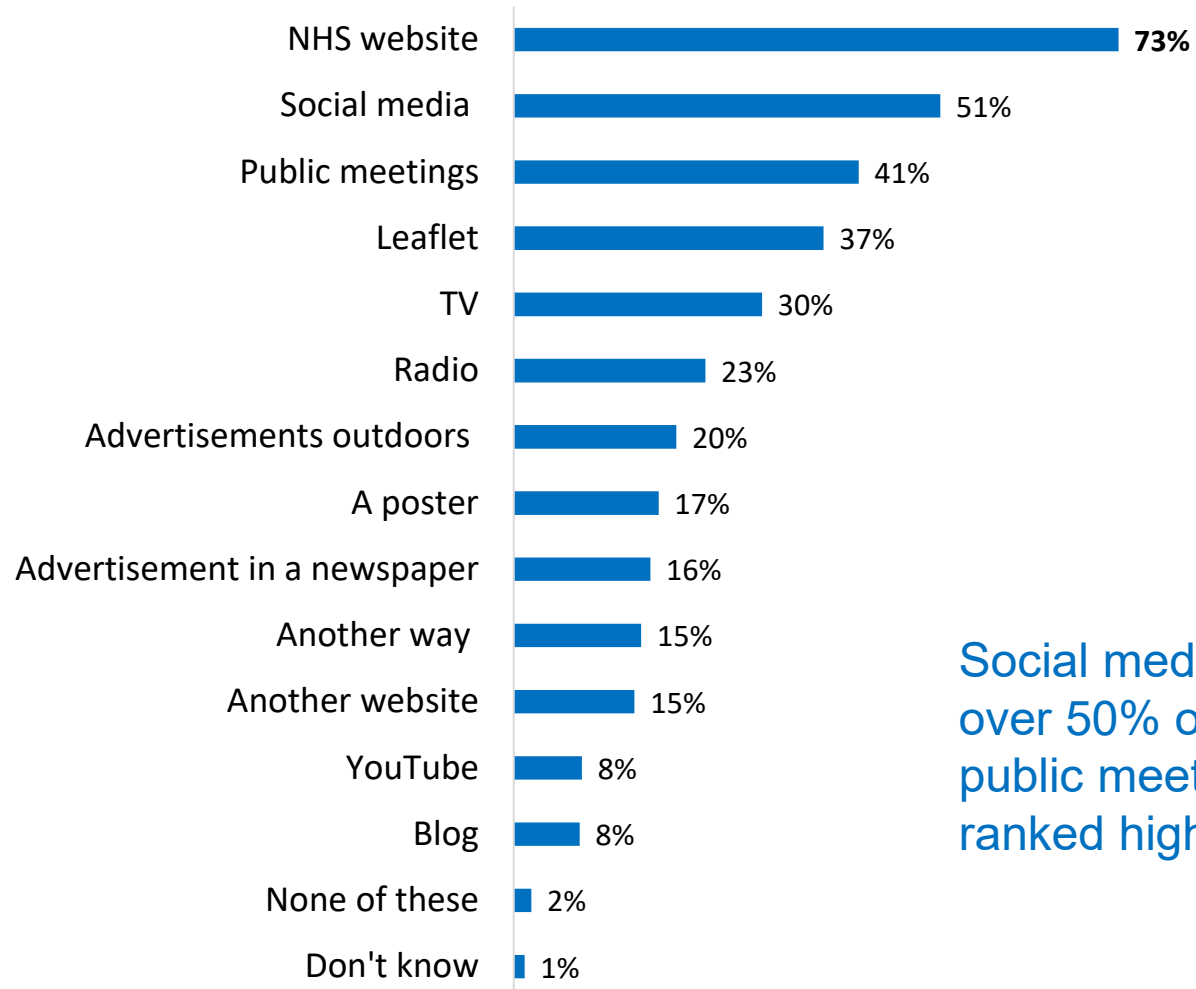
Preferred feedback channel



Public meetings and the use of suggestion boxes were also popular mentions

Which, if any, of the following ways would you like to hear information about our plans?

NHS websites are the preferred communication channel for further information on the proposed plans



Social media is preferred by over 50% of participants and public meetings are again ranked highly

How will it work?

- “How will it actually work? Which agencies will be responsible for the actions?”

- Female, 55-64, Sefton

- “How the plans are going to be implemented.”

- Female, 55-64, Sefton

- “How you intend to achieve it, set timeframes, where are the timescale to achieve by, at present it just sets out goals.”

- Male, 65+, Wirral

- *“I think it needs more specific information about how it will be done not just overarching statements.”*

- Female, 55-64, Sefton

- *“There are many aspirations and common sense approach and many generic statements but very little of exactly how/who and most importantly when targets etc will be achieved.”*

- Male, 65+, Cheshire West

- *“It all sounds wonderful in theory, however who is taking the lead. Where is the funding coming from given that the government has cut spending in education and Police, social care despite them saying they are investing more monies, which is simply not true.”*

- Female, 65+, Liverpool

- *“How progress against the key priorities will be measured, milestones and timescales.”*

- Female, 65+, Sefton

- *“The document is full of high-minded slogans and phrases that no one could disagree with. Similarly with priorities. What is missed out is the HOW. What is the roadmap? How are these things to be achieved?”*

- Female, 65+, St Helens

How will it work?

We will realign the strategy to the 'All together fairer' report and our Joint Forward Plan will echo this. This will be more focused across the whole health and care system and will include a more detailed plan to explain actions.

"There are many aspirations and common sense approach and many generic statements but very little of exactly how/who and most importantly when targets etc will be achieved."

Male, 65+, Cheshire West

"The document is full of high-minded slogans and phrases that no one could disagree with. Similarly with priorities. What is missed out is the HOW. What is the roadmap? How are these things to be achieved?"

Female, 65+, St Helens

In addition, we have had a full review of our reporting routes and have identified how each programme of work will report back to board level via a variety of expert sub committees.

Complex needs

- *“There needs to be increased focus on providing generic pathways rather than focusing on the most common diseases and illnesses. Patients such as myself that suffer from complex and multifactorial illness, are missing out on ongoing and long term treatment such as multidisciplinary pathways and rehabilitation pathways which are currently scarce and a post code lottery. For example the Cheshire and Merseyside rehab network seem to be very discriminatory on who they accept for rehabilitation and ongoing support.”*

- Male, 18-34, Knowsley

- *“From personal experience practice nurses do not have enough holistic knowledge to cope with more than one long term condition. They can't take into consideration how medication changes results. It is also removing free will yet again. Currently if you have x you have to fit into the x box regardless of education, background or ability. Your programs lack flexibility and are too basic they are run by non professionals who cant cope with intelligent questions and multi conditions.”*

- Female, 55-64, Liverpool

Disability provision

- *“There seems to be an area of our society missing, the disabled. I also couldn't see anywhere regarding the welfare and help on offer given to the military veterans like myself.”*
- Female, 55-64, Cheshire East

- “There doesn't seem to be much prioritising of services for disabled people. Services are already poor across the board for learning disabled, mentally ill and people with an ASD and putting this into community care services will simply water down other services in my opinion.”
- Female, 65+, St Helens

Cardiology

- *“Whilst I agree with the majority of the priorities, I feel that heart conditions should be included. I'm aware that you can only prioritise so much, but it should at least be considered as an option.”*

- Male, 65+, Warrington

- *“Cardiovascular disease is missing. You mention financial budgets yet we still don't have a way to pool budgets across systems, this has been tried for years and nobody has done this effectively.”*

- Female, 35-54, St Helens

- *“More focus needed on resuming provision of services affected by covid for example cardiovascular rehabilitation services.”*

- Female, 35-54

Primary care

“I think the key point of contact for starting to protect the nation's health should start at the link between patient and GP but sadly this role has broken down and appears to be worsening. The services offered by GP appear to be reducing, and telephone conversation or analysis can miss so many observations or correct diagnosis of patients concerns or problem in addition actual GP service appears to be getting restricted such as well-being clinics, blood tests not taking place etc.”

- Male, 65+, Warrington

“Focus on better access to GP’s and availability of appointments (as a lay person, this may be naive. I appreciate that greater availability + access would perhaps just increase demand).”

- Female, 55-64, Cheshire West

“Last time I needed to call my surgery, I was kept on hold for 40 minutes. The call cost me £7+ I can’t afford that. Prior to that I had a visit with the nurse for a check up after coming out of hospital. The nurse said I needed to see the doctor. I went to reception to make that appointment. The receptionist said there were no appointments.”

- Male, 65+, Halton

“Access to services such as: Easy Access to services for all in particular GP appointments and services rather than an inadequate E-consult service which makes it almost impossible to see a GP. More face to face appointments needed rather than telephone appointments (even video appointments would be better than telephone).”

- Female, 55-64, St Helens

“Provide more GPs to ensure patients have access to face-to-face consultations within a reasonable time frame. Facilitate the recruitment of additional clinical nurse specialists to ensure all patients, especially those newly diagnosed with life threatening illnesses, receive the support and guidance they need at a pace and level they can understand.”

- Female, 35-54, St Helens

Changes we have made

Complex needs – there is a link from the summary to the content in the main plan and there is a strong commitment to carers.

Learning Disability, Learning Difficulty and Autism – there is a link from the summary to the content in the main plan and additional work is underway to ensure this agenda is addressed.

Equalities - this is a very strong theme already included in the main document – this will be enhanced by aligning the plan with the ‘Altogether Fairer’ document. This alignment will help us to achieve equity in all policies. We have the opportunity to strive for equity in education, employment, access to green space, etc. in the knowledge that achieving equity there will bring equity in health.

Primary Care – access is a core theme and whole focus is improving access to services.

Dental health

- *“NHS dental care. I know this is a national problem in England but there is a link between dental health and other health issues. We need to get back to a position where there is good and prompt availability of NHS dental care with appropriate subsidy for those of limited means.”*

- Female, 65+, Warrington

- *“I think more needs to be done for access to dentists that provide NHS at service at a more affordable price.”*

- Female, 65+, Wirral

- *“Access to NHS Dental care. Although mentioned it needs to be more robust and bring back NHS into the community. There needs to be a clearer strategy on this.”*

- Female, 55-64, Knowsley

- *“I think the priorities around dental care for children need to be more about education of self care than simply improving extraction rates in hospital”*

- Male, 55-64, Wirral

- *“I have not seen anything about dental treatment for adults and any details about access to GPs but to be honest I thought the whole thing is too jargon intensive and far too long and obviously written by a university professor who has ticked all the correct boxes in how to write a report.”*

- Female, 65+, Wirral

- *“First and foremost, NHS dental services are currently totally non-existent, at least in Widnes as far as I know. There is a most urgent need to re-introduce comprehensive NHS dentistry for everyone, without any waiting lists and free of charge.”*

- Male, 65+, Halton

- *“The gateway to good health is dental care, prevention of dental disease in children can impact on growth and health into adulthood. This needs to be looked at. Prevention at an early stage and bringing back school screening needs to be looked at.”*

- Female, 55-64, Liverpool

Mental Health

- *“More emphasis on young people mental health support and support to those who have SEND. More emphasis on getting so-called long-term sick off benefits into employment.”*

- Male, 65+, Cheshire East

- *“More support for people who suffer from mental health.”*

- Female, 35-54, Liverpool

- *“Services to cover mental health like dementia as well as suicide. More help for carers.”*

- Female, 65+, Wirral

- *“Should be more around urgent provision of mental health support, mental health ambulances etc.”*

- Male, 35-54, Wirral

- *“As regards the mental system recently my son was admitted to broad oak hospital in broad green. My son and I could not believe that there were THREE patients in one room how on earth is this allowed to happen I notified pals of this and they were in total agreement further investigation would take place.”*

- Male, 65+, St Helens

- *“Staff mental health continues to come up and whilst it is mentioned (lightly) within the strategy, I think there needs to be huge insight into this. After all, happy staff - happy workforce type of thing. This is reflected within the NHS staff survey results. Some organisations are average, some above and some below. Mental health of staff members has been impacted right at the start of the pandemic and continues to grow.”*

- Male, 18-34, Liverpool

- *“You aim to reduce preventable death rates for those with learning disabilities by 20%. This will bring it down to approx. 40% as it currently stands at 49% (51% for the autistic community) the average for the general population is 22% and this is the statistic you should be aiming for at the very minimum. Currently levels of care are very poor indeed and I can only see these statistics worsening.”*
- Female, 55-64, Cheshire West

- *“Complete lack of timely access to autism assessment and diagnosis. No post diagnostic support provided for adults. Clarity and consistency of the resources to access are ambiguous and vary throughout the area.”*
- 35-54, Warrington

- *“There isn’t provision for adult autism post diagnostic.”*
- Female, 55-64, Wirral

- *“We are a charity supporting people of all ages affected by autistic spectrum disorder. We have a large resource in Prince Albert Street Crewe. We have tried many times to gain partnerships whoever none have emerged. Direct contact and activities for all ages are here and we are willing to combine our efforts. People using the centre need diagnoses or could already have one. Social skills, social activities are here and need to be supported.”*
- Male, 65+, Cheshire East

Ophthalmology

- “Eyecare should have a higher priority. Ophthalmology transformation program started over a year before COVID due to increasing numbers of patients going blind due to unacceptable delays in appointment access, routine follow up etc. COVID managed to make things significantly worse. I believe that ophthalmology is one of the biggest outpatient appointment categories and we have a number of hospital trusts across C&M that are way behind on Glaucoma, medical retina (WET AMD) and cataract as well as significant wait times in A&E. Community optometry gets a one-word entry page 39 and eyecare gets a mention on page 36. In reality you have almost completely ignored one of the 4 primary care services. even the document you link to (2023/24 priorities and operational planning guidance) looks more favourably on eyes and patients going blind.”*

 - Male, Sefton
- “Community Optometry has much more to offer to reduce GP wait times and keep patients out of secondary care. In Liverpool, pre cataract schemes can reduce false positive referrals and refine a referral for secondary care. Furthermore, a Community Urgent Eyecare Scheme can provide a local, easy accessible service to help take pressures off secondary care thus reducing R2T times. In addition, community optometrists are well prepared to look after stable glaucoma patients and help reduce waiting lists and preventable sight loss. More needs to be done.”*

 - Male, 35-54, Liverpool
- “There is no mention of Primary Care Eye services at all. There is something about the other 3 primary contractor services, GP, dentistry and pharmacy, but NHS eye services are not included. As well as providing the General Ophthalmic service, the NHS "eye test" we also provide acute services, CUES, as well as Cataract pre and post operation assessments and some repeat Reading services for Glaucoma suspects. There are many other potential services under negotiation.”*

 - Male, 55-64, Sefton

Patient records

- *“The current failure to give clinicians in all health fields immediate, full online access to all patient records, wherever they are held country-wide (hospitals, GP surgeries etc.) is scandalous in the 21st century. This should include even high-street opticians, audiologists, dentists, podiatrists, and any other treatment-giving providers.”*
- Male, 65+, Halton
- *“Patient records should be shared between hospitals for example Records held in Warrington & Halton should be shared with Whiston, St Helens hospitals. Care for over 65,'s & Stroke victims should be prioritised.”*
- Male, 65+, Warrington

Voluntary sector

- *“I do not see in the plans any attempt to encompass the wide range of voluntary services which already exist and are of great value in our existing community.”*
- Male, 65+, Cheshire West

- *“More focus on community care which is in a dire state, and community prevention services by investing more in VSCE providers. Early intervention, prevention and monitoring through support and care services is vital and simply nowhere near where it needs to be.”*
- Female, 55-64, Cheshire East

- *“In the section about alcohol and drug misuse, the strategy mentions that the ICP will partner with charities to achieve its objectives, yet in the two paragraphs and five bullet points dedicated to the c.20,000 people who die each year from a life limiting illness there was no mention of working with the 12 charitably funded hospices. This is a significant omission given the financial contribution made by these hospices through community donations being in the region of £40 million.”*
- Female, 55-64, Cheshire East

- *“The lack of reference to hospices and their service provision is a major oversight. Partnership with the local hospice community is paramount - their end-of-life care in all communities is irreplaceable.”*
- Male, 35-54, Cheshire East

- *“Reference to the VCSE sector and capitalising on community resourcefulness to enable local communities to co-create, design and deliver activities and provision which improves the quality of life for local read.”*
- Female, 35-54, St Helens

Sustainability

- *“Air pollution is something that affects everyone's health and yet most people are unaware of some of the causes of air pollution and how they affect them, their families and their neighbours. Wood burning stoves have become very popular in the last few years. They produce huge amounts of PM2.5 which according to the World Health Organisation is the most dangerous type of air pollution to human health.”*
- Female, 55-64, Warrington

- *“I think sustainability and the green agenda are essential for success of all other issues.”*
- Female, 65+, Knowsley

- *“A good summary overall. But doesn't capture the benefits of green spaces, clean air etc, not the challenges of climate change (excessive heat etc) on health.”*
- Female, 35-54, Wirral

- *“Whilst identified through the NHS Green Plans and referenced as a broader link to social value, the interim strategy lacks evidence of how access to green and blue space across our urban spaces can actively reduce the levels of social and health inequalities, especially in urban environments. Green infrastructure and planning should be referenced more, with direct links to Liverpool Combined Authorities' nature planning and map of developments.”*
- Male, 18-34

- *“You have missed out the most important priority of all on your summary chart - sustainability and climate change. In terms of tackling health inequalities you will necessarily have to tackle climate change. Our most vulnerable populations and those already experiencing health inequity will be further impacted by climate change. Air quality, coastal flooding, sustained high temperatures and heatwaves will exacerbate poor mental health, heat related mortality, child/adult onset asthma and cardiac conditions - etc, etc.”*
- Female, 55-64, Cheshire West

Changes we have made or are making

Dental - The responsibility for commissioning Dental Health services transferred to the ICB from April 2023 and further work is underway to review services and improve access

Mental Health – this is a core programme in both the Health Care partnership Strategy and the Joint Forward plan there are key actions in relation to improving access. There is additional work taking place around Children and Young Peoples Mental Health the current CYP Mental Health Transformation Plan is being refreshed and will be co-produced with CYP the families and carers

Patient Records – there is significant work underway around digital and data a key focus of this work is around improving shared care and example being around making sure the Share2Care platform is available in all NHS and Local Authority Adult Social Care providers, enabling sharing of a core set of health and care data across the whole health and care system by March 2024

Autism – again Learning Disability and Autism is an integrated element in the HCP and JFP and additional learning has been taken from the Learning from Deaths (LeDeR) reports with emphasis made in the strategy document.

Voluntary sector – there is a strong section where we commit to invest in the voluntary and faith sectors.

Green Spaces and Social Value - this is included in the main content and describes how we will address some of these areas.