

# **All Together Better**

Better Health and Care  
for Sunderland.

## **All Together Better – Sunderland market research**

**Executive summary  
July, 2016**



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## Background

### Purpose of the survey

'All Together Better' is an initiative in Sunderland that brings health and social care providers together. Working as one, the aim is to provide more joined up care for local people who need it most. In the first quarter of 2016, the NHS and council in Sunderland undertook a survey to better understand perceptions of care services and how they work, awareness of the 'All Together Better' initiative, and attitudes towards information sharing. The project was coordinated by Papyrus Research.

A key objective of this project is to track whether awareness and perceptions change over time. The key findings of the first wave of the survey are detailed below; the survey will be repeated using the same methodology, and results will be compared.

### How was the survey carried out?

Face-to-face, on-street intercept interviews were carried out with 407 members of the general public in Sunderland, using quotas to ensure that the overall survey was broadly representative of Sunderland's population across demographics including age, gender, social grading and geographic spread.

We then issued the survey as an online and paper questionnaire, reaching out to: people who have a condition or disability that requires care; and people who provide care for someone else (114 respondents in total).

Please note that, for the purposes of this summary, 'general population' refers to all those who responded to the face-to-face surveys (this group naturally includes people who require care or are, themselves, carers). 'Service users' or 'Online survey' refers to those people who responded directly to the online/paper survey, who require care or who provide care for someone else.

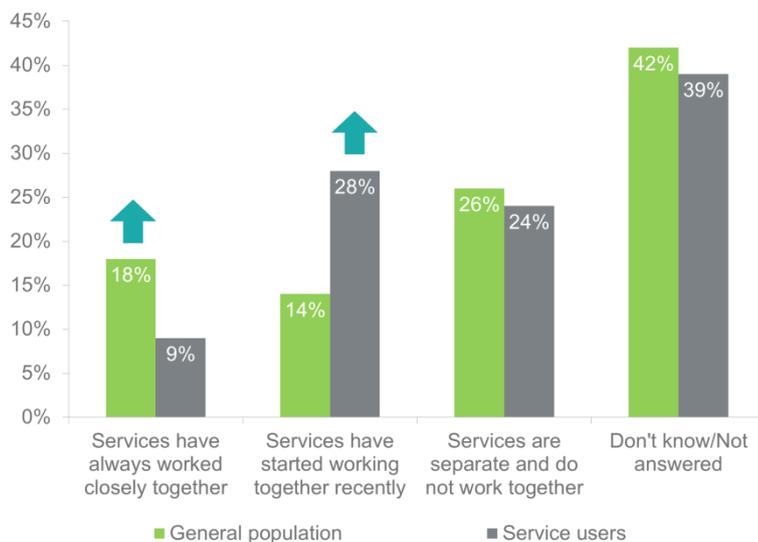
Where blue arrows are shown on the charts in this summary, this indicates that one group's response was significantly higher or lower than the other.

## Key findings

### Working together

#### How do you think care is currently provided in Sunderland?

We asked respondents to tell us what they think currently happens in relation to care provision in Sunderland – including services such as health care, social care, and charities such as Age UK Sunderland and Sunderland Carers' Centre. The results are shown in Chart 1.



*Chart 1: Whether or not you have ever used these services, please think about care providers in Sunderland such as health care, social care, and charities such as Age UK Sunderland and Sunderland Carers' Centre.*

*Which of the following best describes what **you think happens** in relation to how care is provided in Sunderland?  
(Base: General population (407); Service users (online) (114))*

The general population is more likely than the service user group to think that services have *always worked together* (18%). Service users were more likely to think that services have *started working together recently* (28%) compared to the general population (14%). In both groups, approximately a quarter think that services are separate and do not work together.

## Benefits of working together

All contributors were asked to suggest what, if anything, might be the benefits of health and social care services working together more closely. As well as a general improvement in overall care, suggested benefits of services working together included:

- The people or departments looking after you will have relevant information at their fingertips instantly (some pointed out that this is particularly beneficial during emergencies or for people who are unable to communicate);
- More relevant or accurate treatment (a more 'holistic' approach to care, where different people providing treatment understand the bigger picture about your needs);
- A more joined-up, better coordinated service (including better communication – 'the left hand knows what the right hand is doing'); and
- More efficient treatment (including faster diagnosis and reduced waiting times).

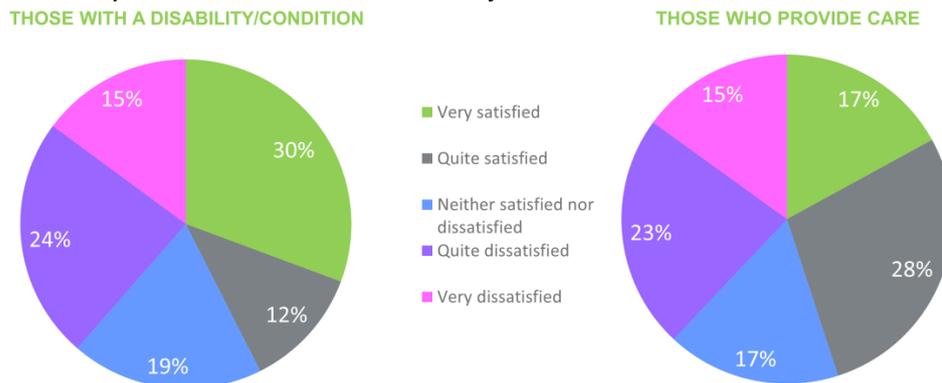
## Awareness of the 'All Together Better' initiative

Service users who responded to the online survey are significantly more likely to have heard of 'All Together Better' than the general population. A quarter of this group (25%) said they had heard of the initiative before taking part in the survey, compared to 13% of the general population.

## Services

### Overall satisfaction

Service users in Sunderland were asked how satisfied they are with the health and social care they have received in the past six months (or, for carers, how satisfied they are with the service received by the person they look after). Chart 2 shows the results from service users who responded to the online survey.



*Chart 2: How satisfied are you overall with the health and social care you have received in the past six months? (Base 68) / Other than the care provided by you, in the past six months how satisfied are you overall with the health and social care received by the person you look after? (Base 47)*

Overall, the results for both groups are very similar. Just over 40% in each group said they are very or quite satisfied with care. At the other end of the scale, just under 40% in each group said they are quite or very dissatisfied with care.

During the general population survey, we asked the same question to those who require care, or provide care for someone else. Among this group, around three-quarters said they were quite or very satisfied with care (76% among those requiring care, and 73% among carers). These results should not be compared directly against the figures from the web survey, since we would expect that the differences in methodology might produce quite different results for a number of reasons. However, both sets of results are interesting in their own right – the survey will be repeated among both groups, using the same methodologies, and we hope to see both sets of results improve over time.

### Perceptions of service

Among those able to answer specific questions about the care they (or the person they look after) receive, we asked more detailed questions about their perceptions of care provision. We asked participants to express their level of agreement with a range of statements, such as 'I understand care provider roles', 'I know how to get in touch with care providers when I need them' and 'I feel as though all of the people providing care are working together as a team'.

These questions were answered by a relatively small number of people, so the results should be treated with caution; however, they highlighted several areas for further investigation to better understand how service users perceive care provision. As with overall satisfaction, those who responded to the on-street survey tended to give more positive (or less polarised) responses overall, but every respondent group tended to show higher levels of disagreement with statements such as 'People providing care are working

together as a team’ and ‘Care providers usually know the relevant medical details without me having to explain them’. There also seem to be differences between those receiving care and those providing care in terms of how *supported they feel* by health and social care providers, and whether or not the care provided *helps people to remain independent*. Carrying out in-depth discussions among people who are service users will provide invaluable insight into why these apparent differences in perception occur, and how improvements might be made.

## Information sharing

### How are care providers *currently* allowed to share information?

Participants were asked how they think their *medical information is shared* between care providers at the moment. Care providers could be, for example, GPs, nurses, the hospital, physiotherapists, social workers, or visiting carers.

19% of the general population and 14% of service users think that information is **not currently allowed to be shared** between services. Service users were more likely than the general public to think that information is held centrally and accessible by all care providers who need it. However, this group was also more likely than the general population to believe that care providers are allowed to share only *some* information with other providers.

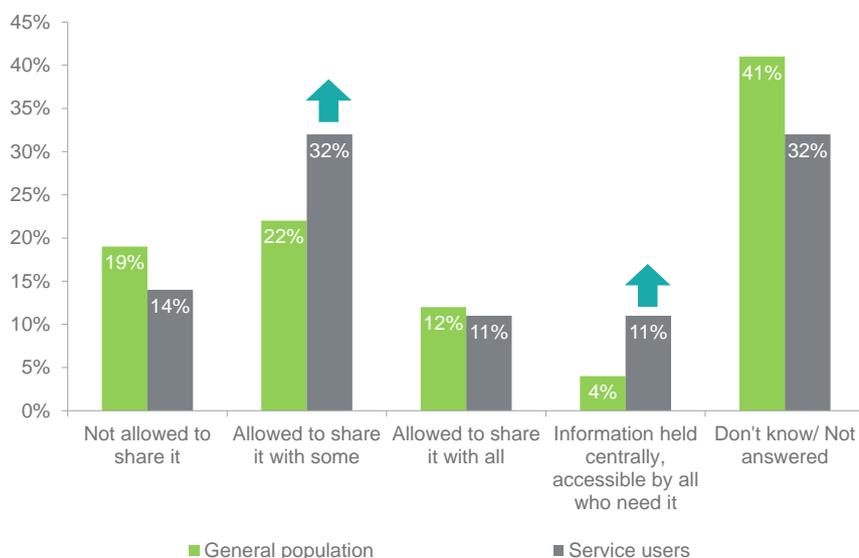


Chart 3: Just based on your own opinion, how do you think care providers are allowed to share your information at the moment? (Base: General population (407); Service users (online) (114))

### How do you think information *should* be shared between care providers?

Almost half of the people who responded (48% in both the general public and service user groups) think that care providers holding information **should be allowed to share it** with all other care providers, OR that it should be held centrally and accessible to all care providers who need it (see Chart 4). However, as we can see in Chart 3, far fewer think that this actually happens at the moment.

The general population group was more likely than service users to say that information should be held by each provider and shared with some other, or all other, providers. Service users were more likely than the general population to say that information should be held centrally and accessible by all care providers who need it.

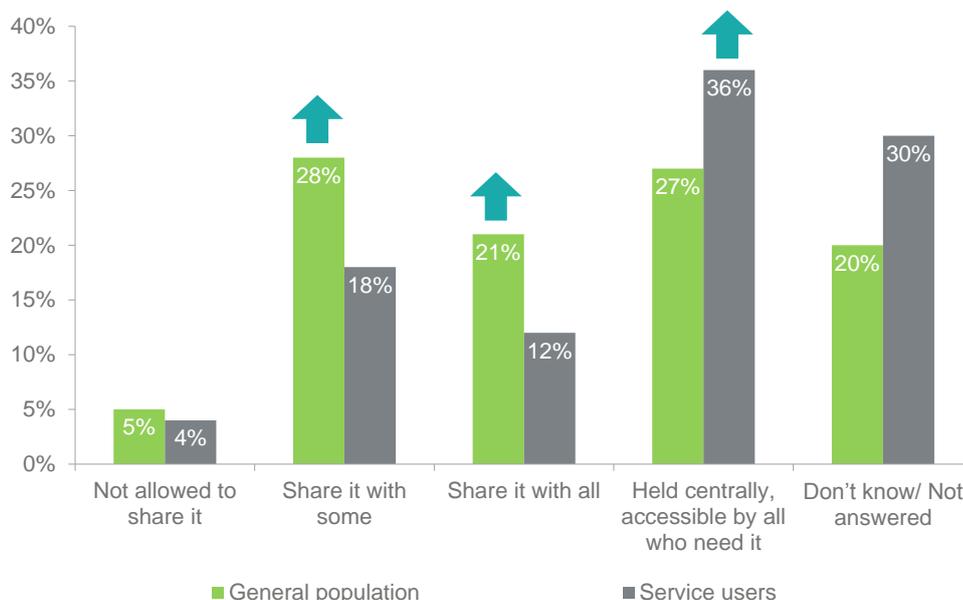


Chart 4: And how do you think information should be shared between care providers? (Base: General population (407); Service users (online) (114))

## Willingness to share medical information

We asked all participants whether they would be comfortable for a variety of care providers to access all information, some information, or no information about them if they required care – assuming that this information would be secure and relevant.

Between 90% and 100% of people who gave an answer to these questions said they would be comfortable with family doctors, hospital doctors, nurses or care coordinators, other medical staff such as physiotherapists, and social care staff such as social workers, being able to access all or some of their medical information if they required care. These numbers dropped to between 62% and 75% in relation to sharing information with non-medical staff such as paid-for and volunteer carers.

Across every type of care provider, the general population was more willing than service users to allow access to *all relevant* information. Service users were more likely to say, for every kind of care provider, that they should be able to access only *some relevant* information.

## Barriers to information sharing

Where participants stated that they would not be comfortable sharing all relevant information with some of the above care providers, we asked why. Please note this was an open-ended question, so each respondent may have mentioned more than one issue (as shown in Chart 5).

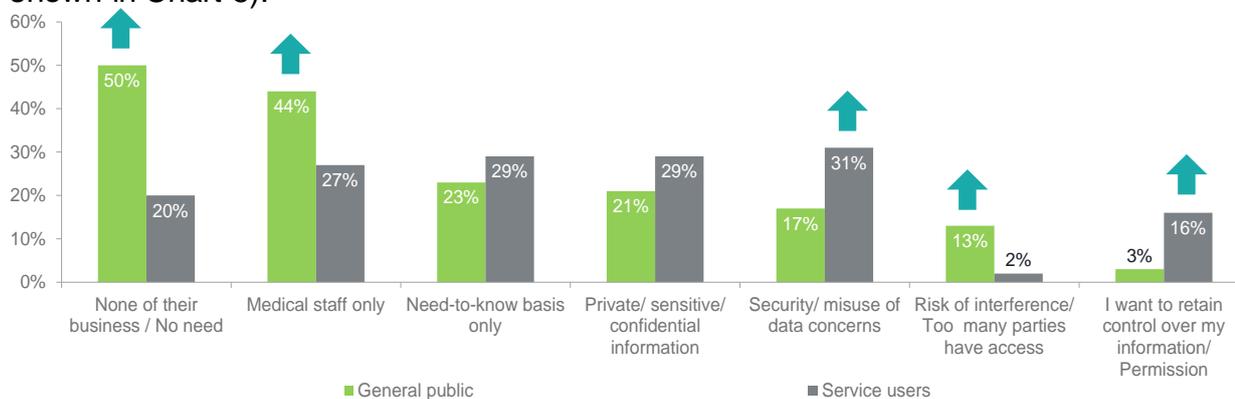


Chart 5: If you said you wouldn't be comfortable with one or more of these people having access to all of your information, please tell us why (Base: General population (202); Service users (online) (45))

The top reasons among the general public were that some people simply had *no need* to access such information (50% of all who gave an answer to this question mentioned this) and that medical information should *only be accessible to medical professionals* (44%). Although these reasons were also mentioned by service users who responded to the online survey, they were more prevalent among the general public.

Service users gave a range of reasons, similar to those mentioned by the general population but tending to be more evenly spread in terms of the number of mentions. More of this group than the general public mentioned being concerned about information security – comments on this subject referred to both the potential loss or insecurity of stored data and the potential for personal information to be discussed with other people. This group was also more likely than the general public to express the view that they want to retain control over their personal information (and/or that their permission should be sought in each case).

## Contacts:

**Kerry McQuade**,  
Head of Vanguard Delivery  
PA: Lynn Dobson  
[Lynndobson1@nhs.net](mailto:Lynndobson1@nhs.net)

0191 5613328

**Helen Gray**  
Communications Manager  
All Together Better Sunderland

Mobile; 07580 308 884  
[helen.gray20@nhs.net](mailto:helen.gray20@nhs.net)

**Caroline Latta**  
North of England Commissioning Support  
(NECS)  
Senior communications and engagement  
locality manager

Mobile: 07900 626549  
[caroline.latta1@nhs.net](mailto:caroline.latta1@nhs.net)