

**All Together
Better**

Better Health and Care
for Sunderland



PAPYRUS
RESEARCH

ALL TOGETHER BETTER

Sunderland (Vanguard) market research – Final data
May 2016



METHODOLOGY & DEMOGRAPHICS

WHAT DID WE DO, AND WHY?

WHO CONTRIBUTED TO THIS STUDY?

AIMS & OBJECTIVES

THIS PROJECT AIMS:

To benchmark perception; knowledge and experience of All Together Better – have you heard of it? Do you know what it is?

To monitor change in perception; knowledge and experience of All Together Better – over time have more people heard of it and understand it? Have more people got views on it and suggested improvements?

To get views on information (data) sharing across professional networks in order to improve services at the point of delivery – what do they think happens now? Who do they think should have access to information and what level of information?

To identify any gaps in service – monitoring of change and improvement over the 12 month period.

To feedback relevant information to those involved who are interested – including all participants; the provider board; the PMO; and including relevant publication of results.

POINTS TO NOTE

This report details findings from Wave 1 of the study. It therefore addresses only the aims that require benchmarking of services and initiatives (awareness and perceptions).

This survey will be repeated in early 2017. In order to gather comparable data, the survey will be conducted, recruited and analysed using the same methodology as outlined in this report.

It is important to note that the nature of data collection (street intercept or self-completion online) can impact the results. For example, those who take the time to fill in a questionnaire *may* do so because they have had particularly good or bad experiences in relation to the subject of the survey; those who are stopped on-street may not have the same drivers for completion. We therefore recommend that conclusions are not drawn from this study until the second, methodologically comparable, dataset is collected.

METHODOLOGY AND NOTES

ABOUT THE RESPONDENTS

Where this report refers to the 'General population', this comprises data from 407 street intercept interviews conducted in Sunderland, in February 2016. These interviews met quotas in order to gather data from a sample representative of the population of Sunderland by age, sex, address and social grade.

Where this report refers to 'Service users', this comprises data from interviews that were self-completed on paper and online (known collectively as the 'online survey'). The survey was distributed and promoted through a variety of channels including GP practices, voluntary and community groups, and local media in March/April 2016. This respondent group includes people who answered yes to either of the following questions:

Do you have a disability or health condition that means you have to get help and support from others (this could be all the time or just occasionally)?

Do you know someone who has a disability or health condition that means they have to get help and support from others? And do you look after this person? (This could be all the time or just occasionally.)

It should be noted that the general population sample also includes people who answered 'Yes' to these questions; however, unless otherwise indicated, the 'Service user' sample includes only those who responded via the online survey.

ABOUT THE DATA

Data has been tested for statistically significant differences between the two groups, to a 95% confidence interval. Blue arrows indicate where one respondent group's score is significantly higher than the other.

DEMOGRAPHICS

407 'General population' respondents; 114 'Online survey' respondents

LOCATION	GENERAL POP	ONLINE SURVEY
North Sunderland (e.g. SR5 1, SR5 2, SR5 3, SR5 4, SR5 5, SR6 0, SR6 8, SR6 9)	19%	30%
East Sunderland (e.g. SR1 1, SR1 2, SR1 3, SR2 0, SR2 7, SR2 8, SR2 9)	20%	21%
West Sunderland (e.g. SR3 1, SR3 2, SR3 3, SR3 4, SR4 0, SR4 6, SR4 7, SR4 8, SR4 9)	20%	20%
Coalfields (e.g. DH4 4, DH4 5, DH4 6, DH4 7, DH5 0, DH5 8, DH5 9)	21%	16%
Washington (e.g. NE37 1, NE37 2, NE37 3, NE38 7, NE38 8, NE38 9)	20%	13%

AGE	GENERAL POP	ONLINE SURVEY
16-25	16%	1%
26-35	15%	5%
36-45	16%	6%
46-55	17%	14%
56-65	14%	18%
66-75	11%	18%
Over 75	9%	13%
Not answered	1%	26%

GENDER	GENERAL POP	ONLINE SURVEY
Male	47%	25%
Female	51%	49%
Not answered/ Prefer not to say	2%	26%

SOCIAL GRADE (ON-STREET INTERVIEWS ONLY)	AB	C1	C2	DE
(2% not answered)	13%	29%	22%	35%

HOSPITAL ADMISSION

Have you been admitted to hospital unexpectedly (not through a planned appointment) in the last 6 months?

Respondent type	NO	YES - ONCE	YES – 2 TO 4 TIMES	YES – 5 OR MORE TIMES	NOT ANSWERED / DK
General population (all gen pop respondents, including those requiring care) (Street intercept survey) – BASE 407	352 (86%)	22 (5%)	5 (1%)	0	28 (7%)
Those who do not have a disability or condition requiring care (Street intercept survey) – BASE 324	288 (89%)	10 (3%)	1	0	25 (8%)
Those with a disability or condition requiring care (street intercept survey) – BASE 83	64 (77%)	12 (14%)	4 (5%)	0	3
Those caring for someone – has the person you care for been admitted? (Street intercept survey) – BASE 40	26 (65%)	4 (10%)	7 (18%)	1 (3%)	2 (5%)
Those with a disability or condition requiring care (online survey) – BASE 83	41 (49%)	17 (20%)	7 (8%)	0	18 (22%)
Those caring for someone – has the person you care for been admitted? (Online survey) – BASE 53	36 (68%)	8 (15%)	5 (9%)	0	4 (8%)

HOSPITAL ADMISSION – HOW? (LOW BASES)

How was the most recent admission to hospital arranged?

Respondent type	Emergency (999/111)	Immediate through GP	A&E – self-admission	Via walk-in centre/ urgent care	Nurse or health visitor	Other	Don't know
General population (all gen pop respondents, including those requiring care) (Street intercept survey) – BASE 29	12 (41%)	6 (21%)	2 (7%)	2 (7%)	1 (3%)	0	6 (21%)
Those who do not have a disability or condition requiring care (Street intercept survey) – BASE 12	4 (33%)	3 (25%)	0	2 (17%)	0	0	3 (25%)
Those with a disability or condition requiring care (street intercept survey) – BASE 17	8 (47%)	3 (18%)	2 (12%)	0	1 (6%)	0	3 (18%)
Those caring for someone – has the person you care for been admitted? (Street intercept survey) – BASE 13	10 (77%)	1 (8%)	0	0	0	1 (8%)	1 (8%)
Those with a disability or condition requiring care (online survey) – BASE 24	10 (42%)	4 (17%)	3 (13%)	0	0	6 (25%)	1 (4%)
Those caring for someone – has the person you care for been admitted? (Online survey) – BASE 14	6 (43%)	6 (43%)	1 (7%)	1 (7%)	0	0	0



SERVICES

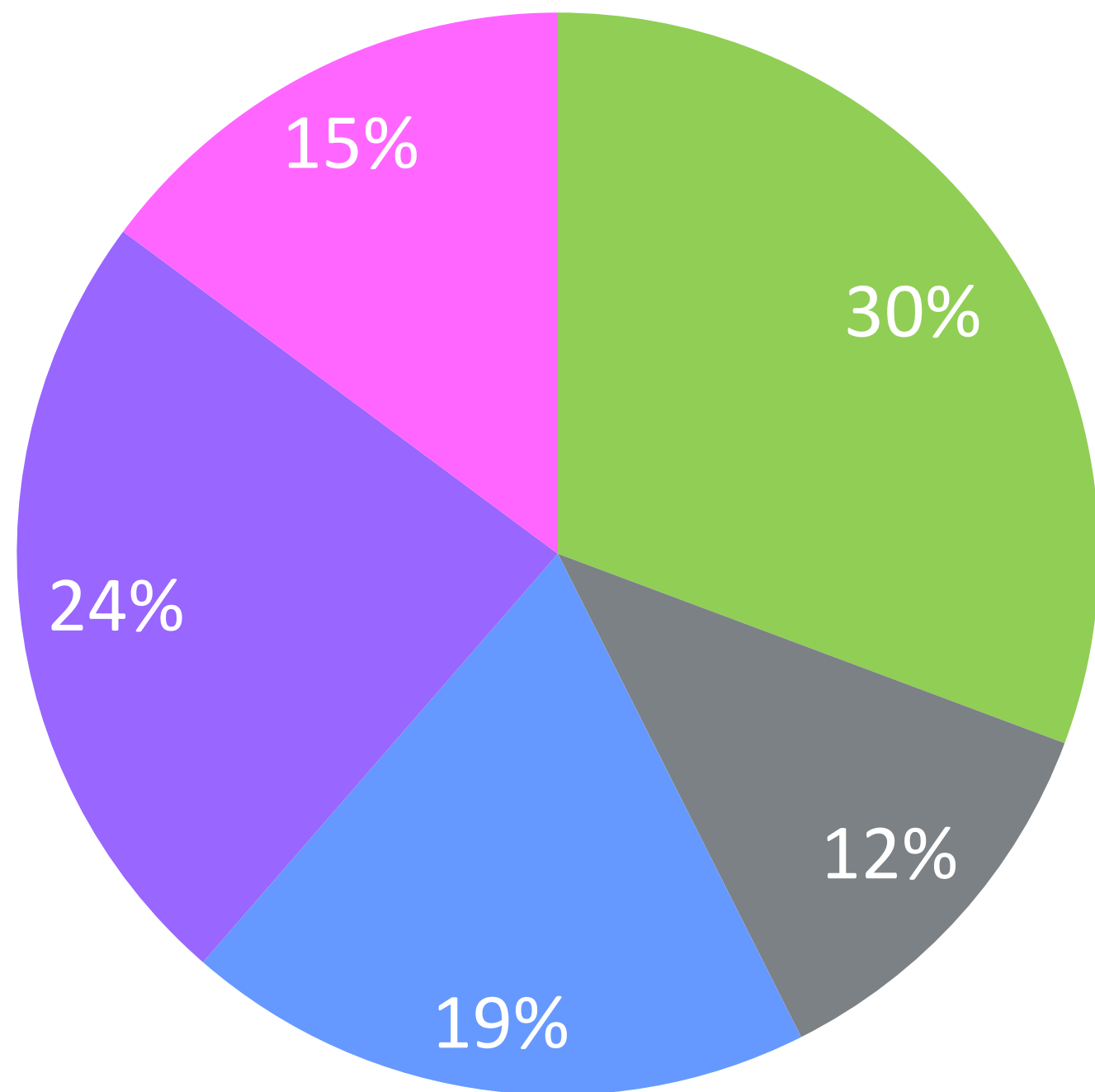
OVERALL SATISFACTION WITH SERVICES
EXPERIENCES OF SERVICE PROVISION

OVERALL SATISFACTION (ONLINE SURVEY)

How satisfied are you overall with the health and social care **you have received in the past six months?**

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?**

64% believe overall quality of care has stayed the same over the past 6 months; 24% believe it has got better
(Base 55)

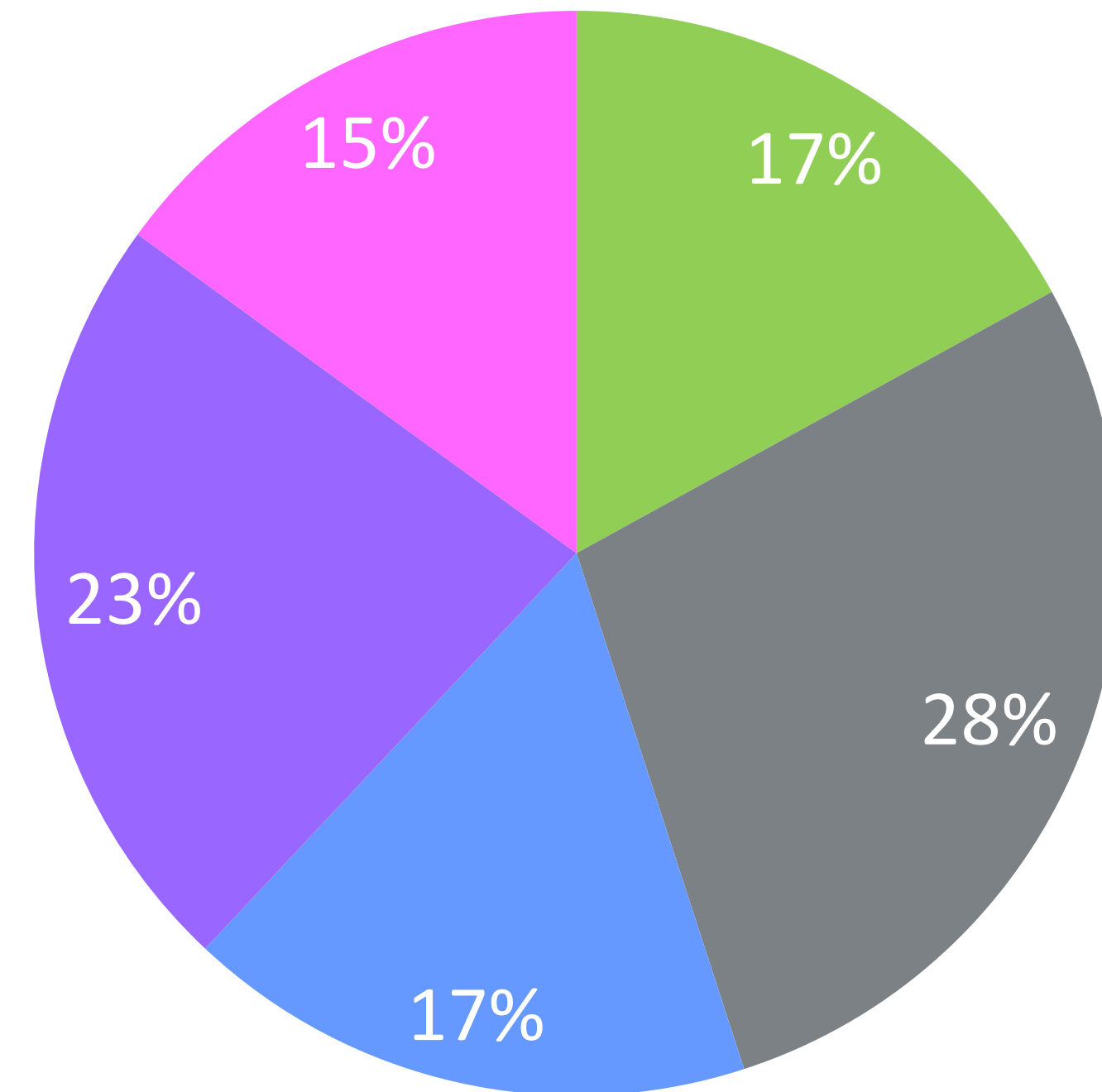


THOSE WITH A DISABILITY/CONDITION

Overall satisfaction is fairly polarised, with 43% quite or very satisfied, and 38% quite or very dissatisfied

Base: Disability/condition (68); Care providers (47)

- Very satisfied
- Quite satisfied
- Neither satisfied nor dissatisfied
- Quite dissatisfied
- Very dissatisfied



THOSE WHO PROVIDE CARE

Results are very similar among carers, with 45% quite or very satisfied, and 38% quite or very dissatisfied

72% believe overall quality of care has stayed the same over the past 6 months; 21% believe it has got worse
(Base 39)

SERVICE – GOOD AND POOR ASPECTS

Are there any aspects of health and/or social care received by you / the person you look after (in the past six months) that have been particularly good? And are there any aspects that have been particularly poor?

WHAT ASPECTS HAVE BEEN GOOD?

—
As a combined group, 72 service users mentioned positives – the following received the most mentions:

- ✓ General good care and support (20 mentions)
- ✓ GP (18 mentions)
- ✓ Hospital care (13 mentions)
- ✓ Nurses (8 mentions)
- ✓ Being diagnosed/treated quickly (6 mentions)

“District nursing service, GP contact & care staff are all good aspects of care received.”

“Excellent care at Queen Elizabeth hospital.”

“My GP always listens.”

“The special attention given by my practice nurse.”

WHAT ASPECTS HAVE BEEN POOR?

—
As a combined group, 60 service users mentioned negatives – the following received the most mentions:

- x Long waiting times for appointments (12 mentions)
- x Slow or incorrect diagnosis/treatment (8 mentions)
- x Lack of contact between parties/poor communication (7 mentions)
- x Lack of provision/resource for specific conditions/areas (6 mentions)
- x GP (5 mentions)
- x Not being listened to/poor attitude (5 mentions)

“Having to wait two weeks for a doctor’s appointment.”

“Serious misdiagnosis on first admission – resulted in emergency surgery.”

“Cross-agency communication – a number of umbrella organisations – all with the same aim to provide a caring outcome but no means of adequate communication.”

SERVICE PERCEPTIONS

We asked service users to rate their agreement with a range of statements, using the scale Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree. The statements are listed below:

RESPONDENTS WITH A DISABILITY OR HEALTH CONDITION REQUIRING SUPPORT:

To what extent do you agree or disagree with the following statements about **your own health and social care**?

- I feel supported by the health care providers I come into contact with (e.g. doctors, nurses, physiotherapists)
- I feel supported by the social care providers I come into contact with (e.g. social workers, occupational therapists) I
- I understand the roles of the various care providers I come into contact with
- I feel involved in decisions that are made about my care
- I feel as though all of the people providing care are working together as a team
- The care provided helps me to remain independent
- I know how to get in touch with the various care providers I need, when I need them
- Care providers usually know the relevant medical details without me having to explain them



RESPONDENTS WHO CARE FOR SOMEONE WITH A DISABILITY OR CONDITIONS REQUIRING SUPPORT:

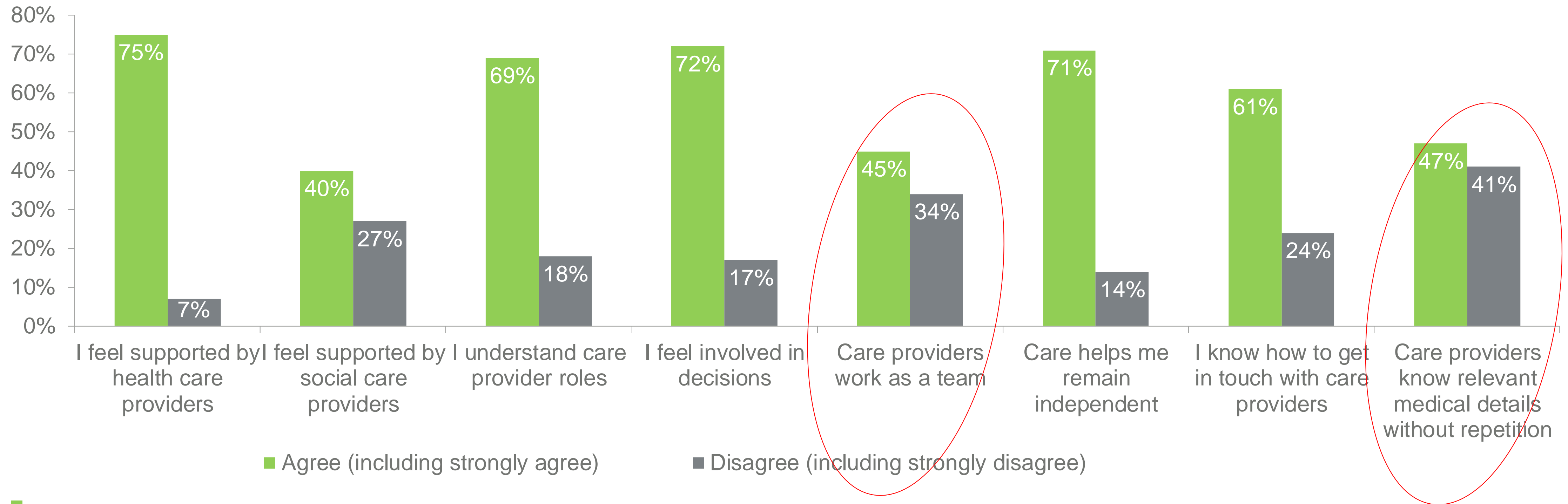
Thinking about **your experiences of looking after someone**, to what extent do you agree or disagree with the following statements about **health and social care**?

- When I look after this person, I feel supported by health and social care providers
- I understand the roles of the various other care providers I come into contact with
- I feel involved in decisions that are made about the person I look after
- I feel well informed about the care of the person I look after
- I feel as though all of the other people providing care are working together as a team
- The care provided by others helps the person I look after to remain independent
- I know how to get in touch with the various care providers I need, when I need them
- Care providers usually know the relevant medical details without me having to explain them



SERVICE PERCEPTIONS (ONLINE SURVEY)

To what extent do you agree or disagree with the following statements about **your own** health and social care? (WEB SURVEY, THOSE WITH A DISABILITY/CONDITION REQUIRING CARE)

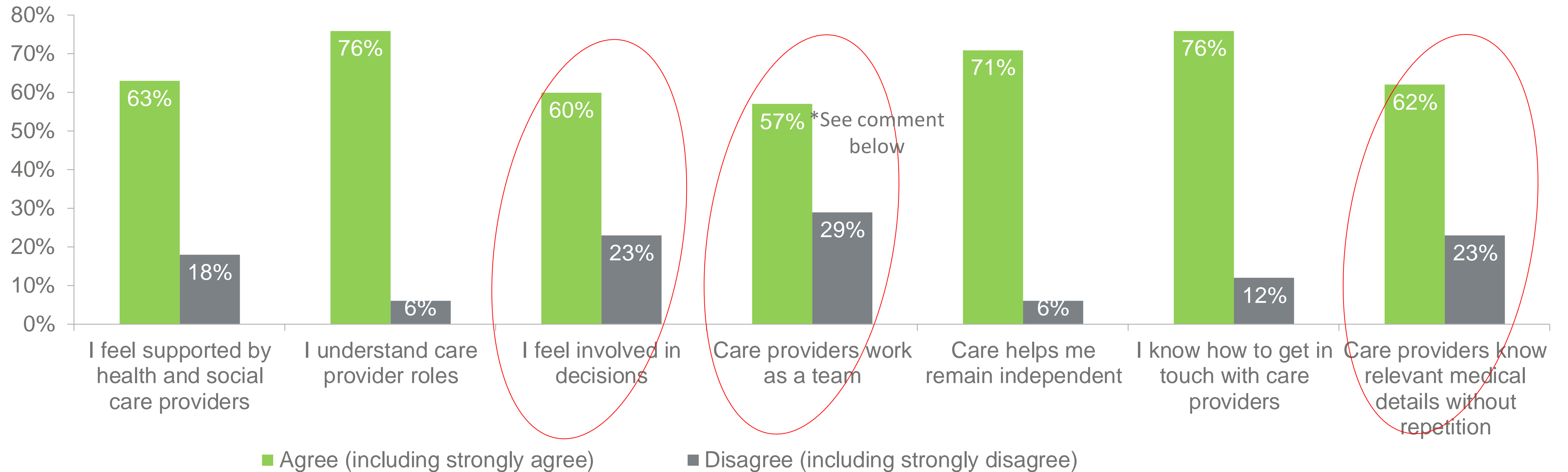


PLEASE NOTE:

This chart includes ONLY scores from people with a disability, co-morbidities or condition that requires them to get help and support from others, who responded to the online survey.

SERVICE PERCEPTIONS (ON-STREET SURVEY)

To what extent do you agree or disagree with the following statements about **your own** health and social care? (ON-STREET SURVEY, THOSE WITH A DISABILITY/CONDITION REQUIRING CARE)



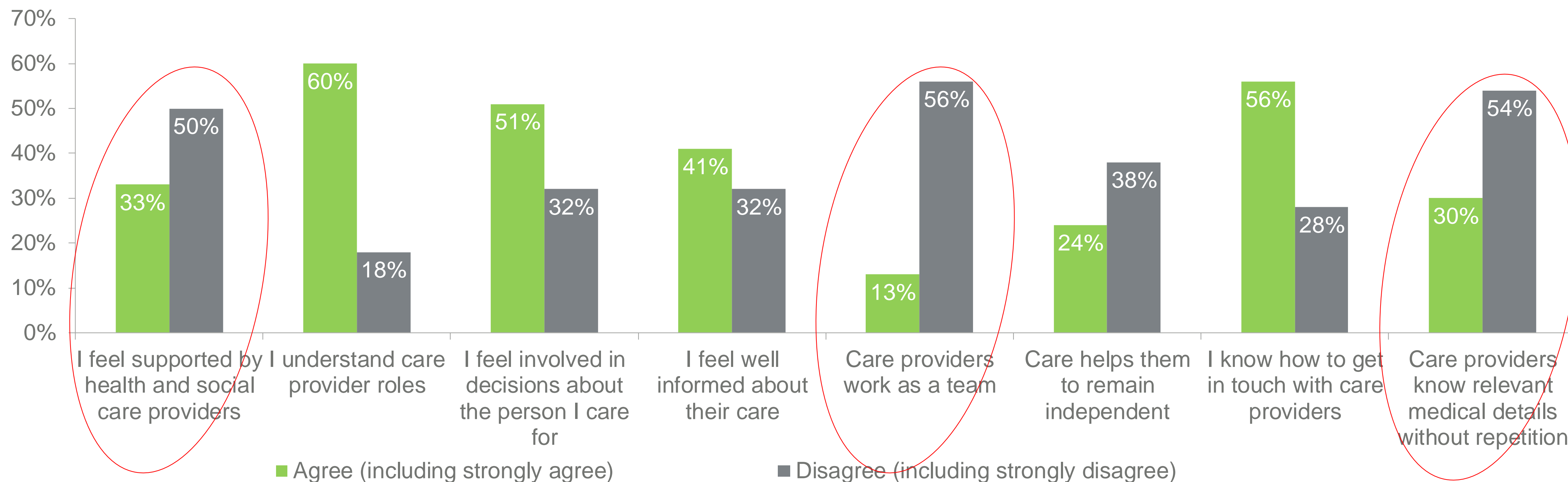
* On-street respondents are significantly more likely to 'strongly agree' with 'Care providers work as a team' than online survey respondents; online respondents more likely to 'disagree'

PLEASE NOTE:

This chart includes ONLY scores from people with a disability, co-morbidities or condition that requires them to get help and support from others, who responded to the on-street survey.

SERVICE PERCEPTIONS (ONLINE SURVEY)

Thinking about your experiences of looking after someone, to what extent do you agree or disagree with the following statements about health and social care? (WEB SURVEY, CARERS)

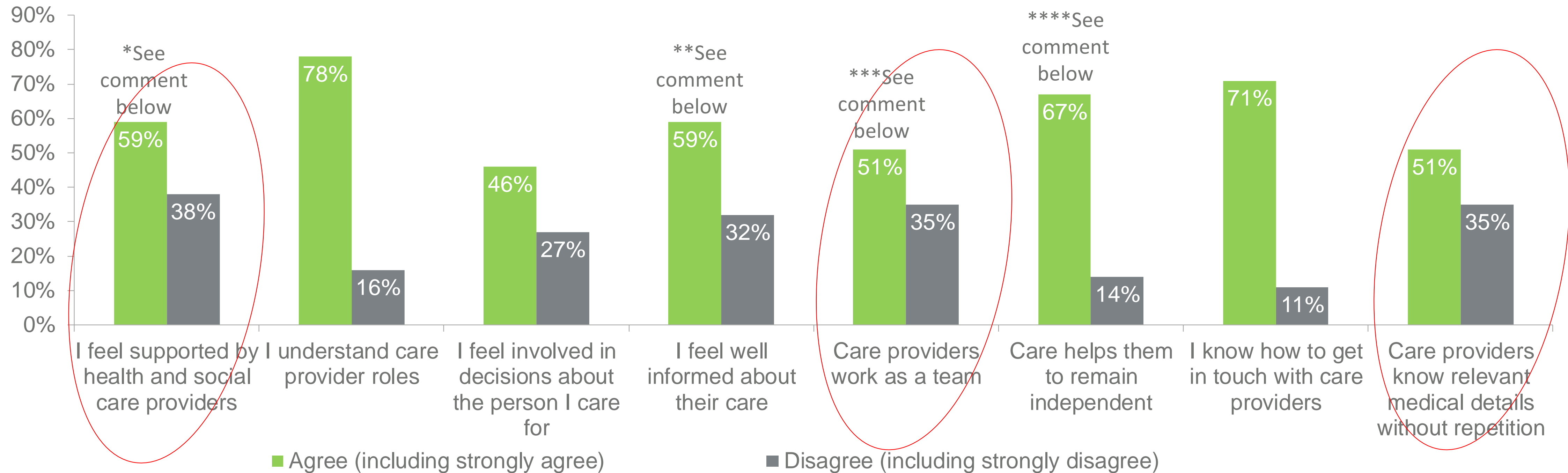


PLEASE NOTE:

This chart includes ONLY scores from people who care for those with a disability, co-morbidities or condition that requires them to get help and support from others, who responded to the online survey.

SERVICE PERCEPTIONS (ON-STREET SURVEY)

Thinking about your experiences of looking after someone, to what extent do you agree or disagree with the following statements about health and social care? (ON-STREET SURVEY, CARERS)



* On-street respondents are significantly more likely to 'agree' with 'I feel supported' than online survey respondents

** They are more likely to 'strongly agree' to feeling well informed, compared to online respondents

*** They are more likely to 'agree' that care providers work as a team; online respondents are more likely to 'disagree'

**** They are more likely to 'strongly agree' that care helps the person they look after to remain independent, compared to online respondents



INFORMATION SHARING

PERCEPTIONS ABOUT HOW INFORMATION IS CURRENTLY SHARED
HOW *SHOULD* INFORMATION BE SHARED?
BARRIERS TO INFORMATION SHARING

SHARING INFORMATION – CURRENT PERCEPTION

How do you think care providers are **allowed to share** your information at the moment?

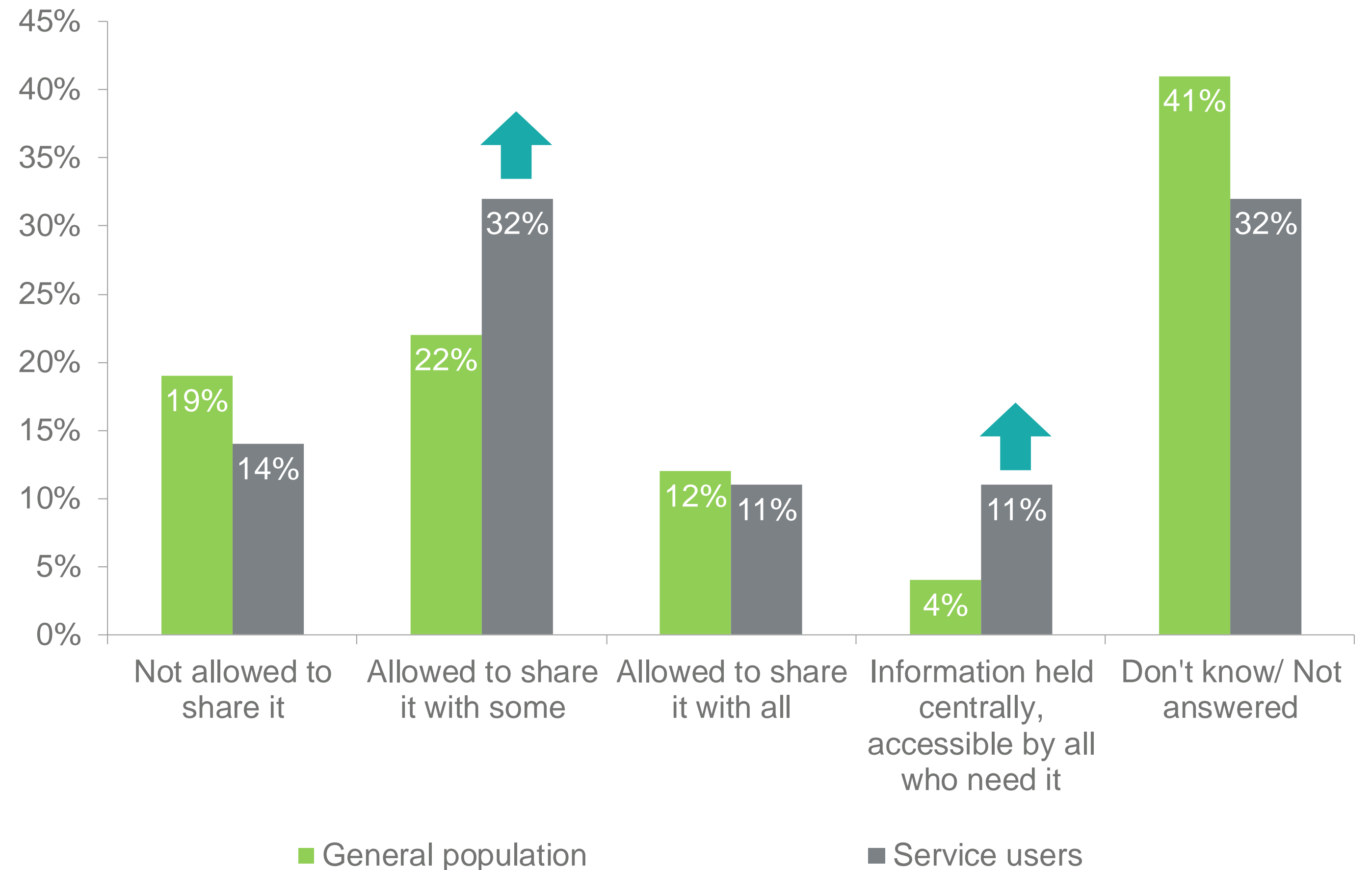
OVERALL

Just over four in 10 people think that information cannot be shared between care providers at all, or can only be shared with *some* other care providers

SERVICE USERS

Service users were more likely than the general population to think that data can be shared with *some* providers.

However, this group was also more likely to think that information is held centrally and accessible by all who need it



Base: Gen pop (407);
Service users (114)

HOW SHOULD INFORMATION BE SHARED?

And how do you think information **should** be shared between care providers?

SERVICE USERS

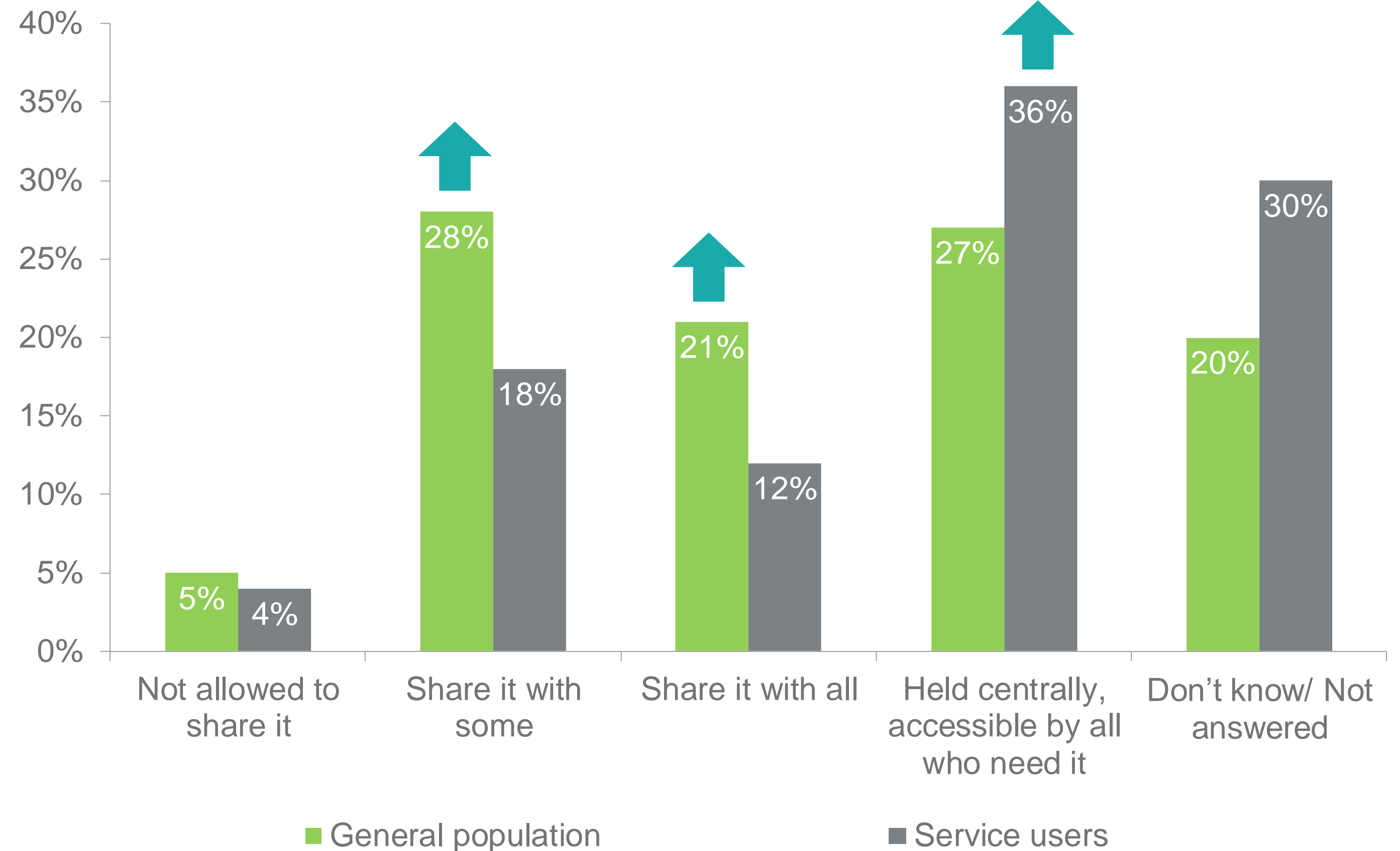
Service users are more likely than the general population to think that information should be held centrally and accessible by those who need it

GENERAL POPULATION

Opinions were fairly mixed across all three sharing options among the general public

SHARING INFORMATION

Among both the general population and service users, just under half of respondents (48% in each group) think that data should be shared with, or centrally accessible to, all care providers who need it

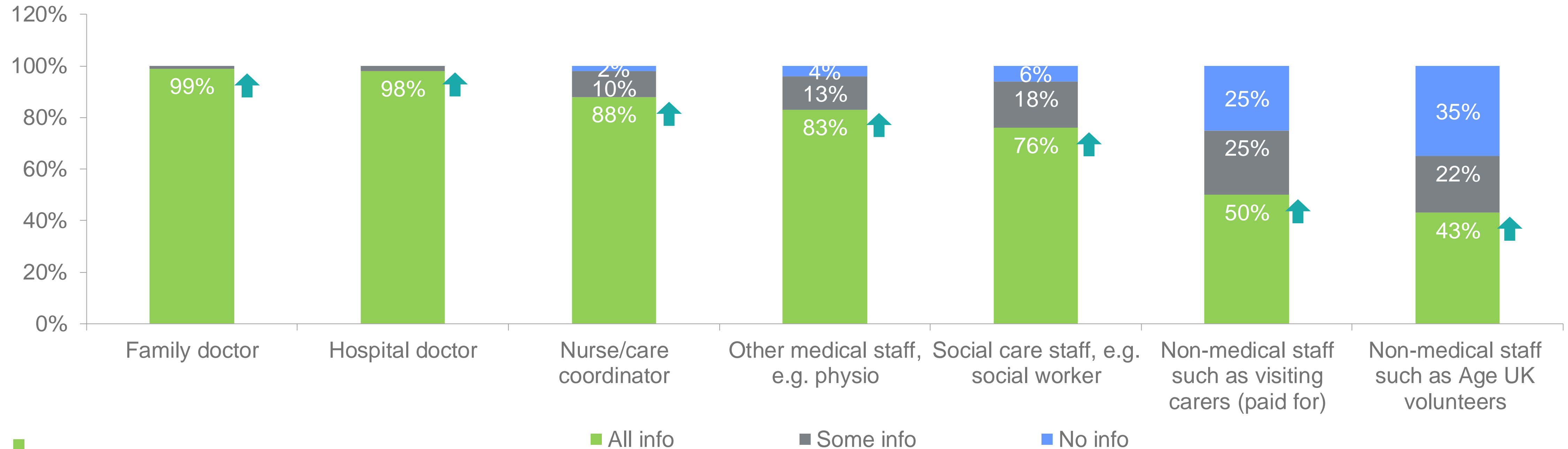


Base: Gen pop (407);
Service users (114)

WILLINGNESS TO SHARE INFO (GEN POP)

For each of the following, please say whether you would be comfortable for them to access all relevant information, some relevant information, or no information

Blue arrows show significant differences between this group and service users (next slide)



GENERAL POPULATION

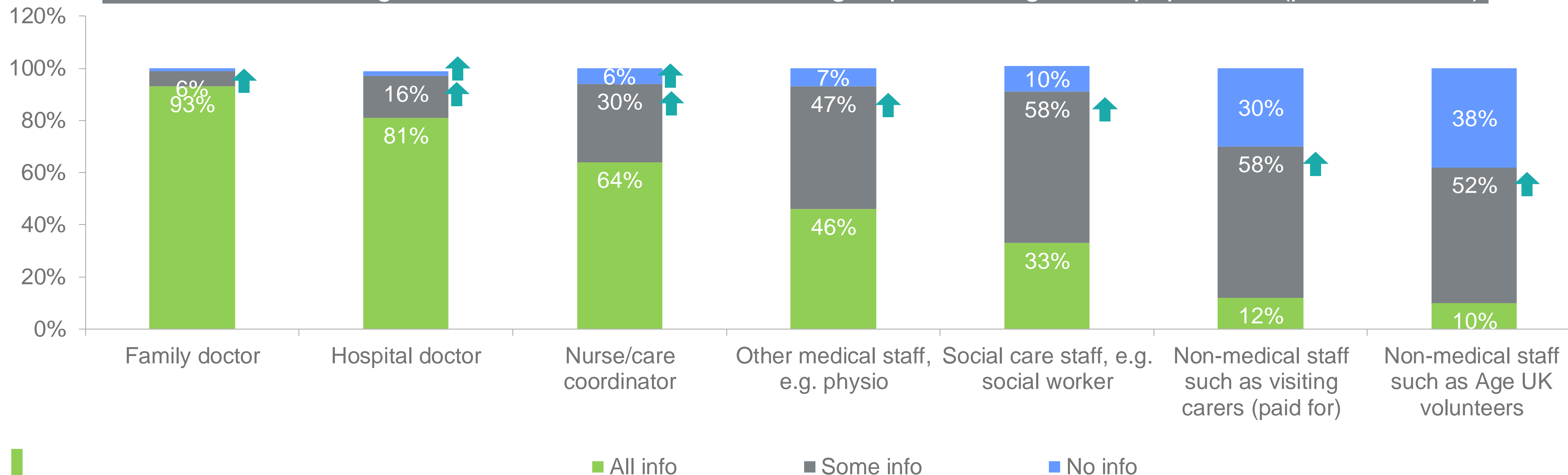
The general population is almost universally willing for doctors to access **all relevant** information. A quarter think that non-medical staff such as paid-for carers should have access to **no** relevant information; this rises to a third for non-medical staff such as volunteers

Comparing this chart to the next slide, the general population respondents were far more likely than those who responded to the online survey to say that service providers could access all relevant information. This was true across all service providers.

WILLINGNESS TO SHARE INFO (SERVICE USERS)

For each of the following, please say whether you would be comfortable for them to access all relevant information, some relevant information, or no information

Blue arrows show significant differences between this group and the general population (previous slide)



SERVICE USERS (WEB SURVEY)

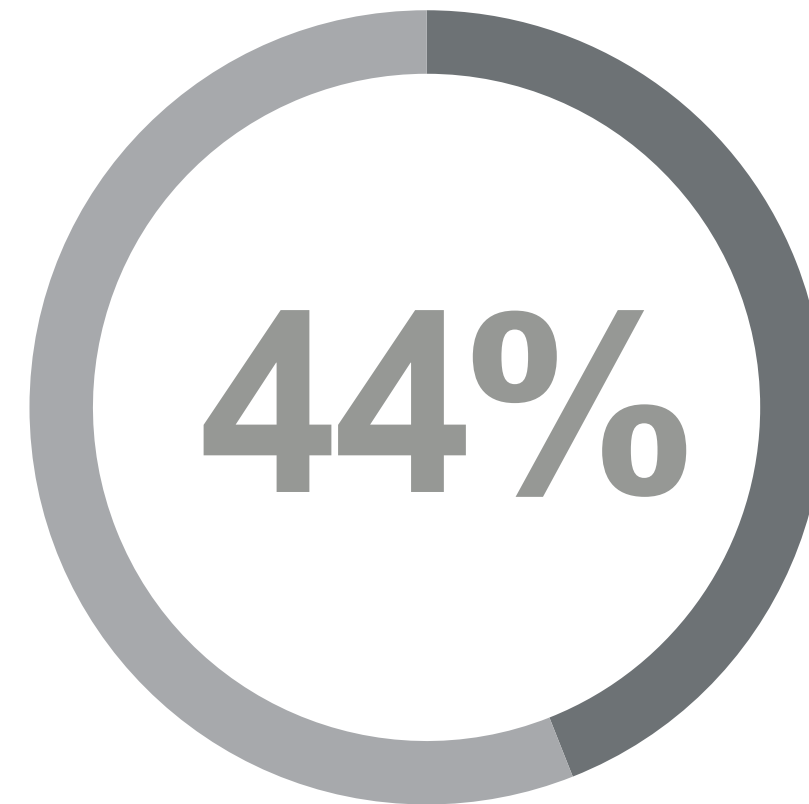
Willingness to share **all relevant** information with service providers is significantly lower among this group than among the general population. For every type of service provider this group was more likely than the general population to say that **some** relevant information should be accessible.

BARRIERS TO INFORMATION SHARING (GEN POP)

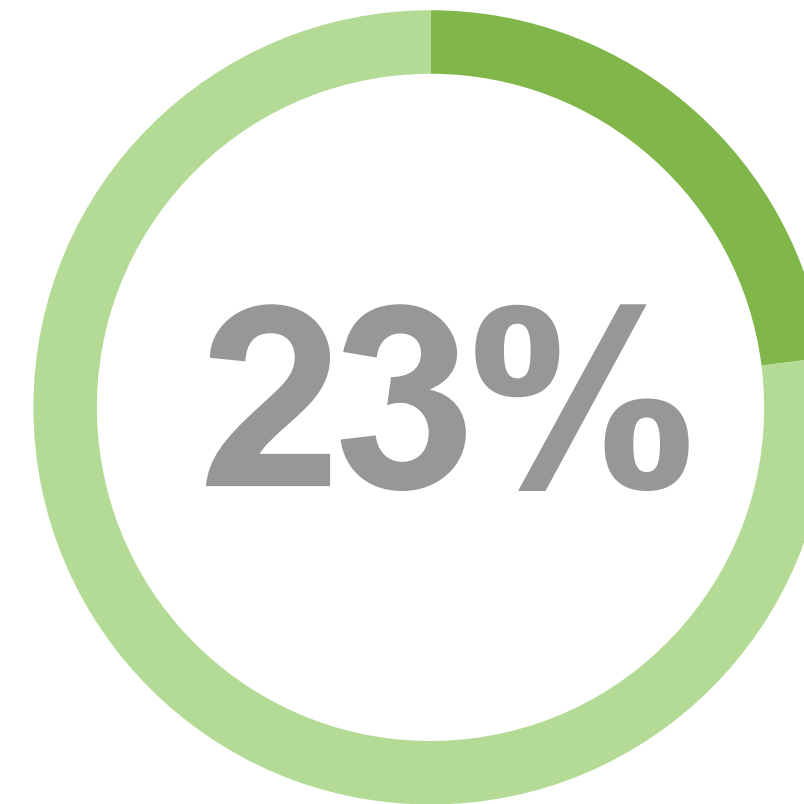
Why are you not comfortable with (one or more) of these people having access to your information?



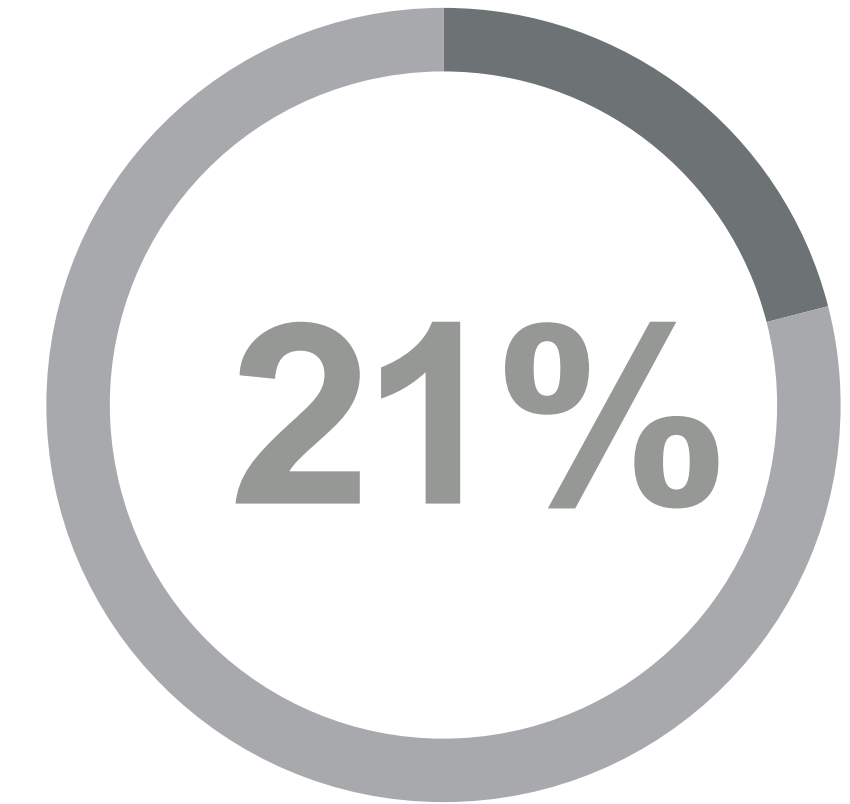
NONE OF THEIR
BUSINESS /
CAN'T SEE ANY
NEED



MEDICAL STAFF
ONLY



'NEED TO KNOW'
BASIS ONLY

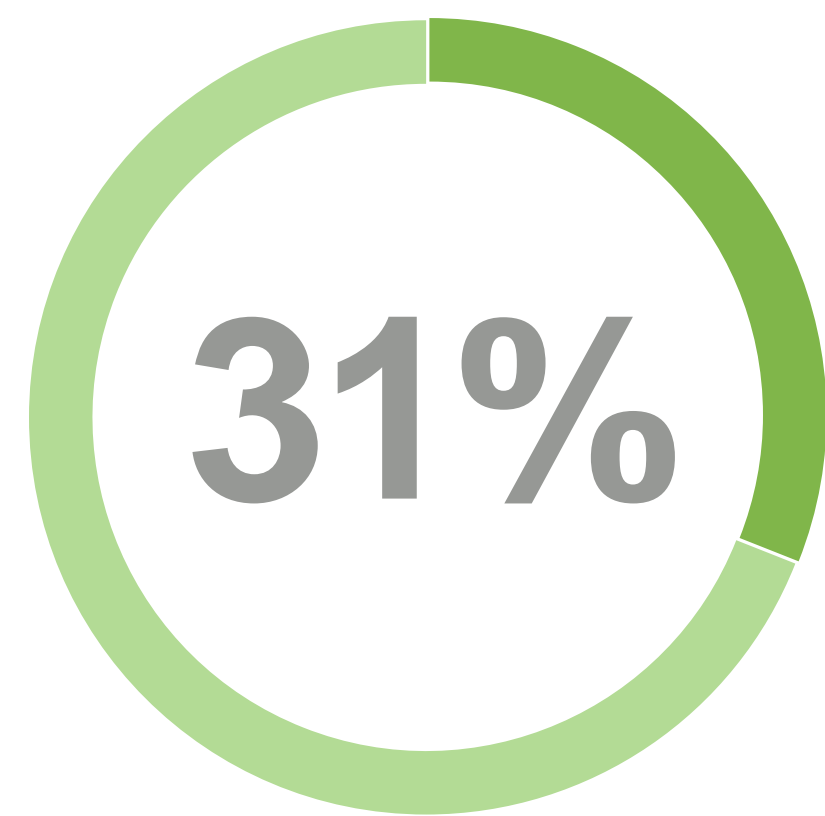


PRIVATE/
SENSITIVE/
CONFIDENTIAL

Half of the general population who responded to this question couldn't see any need for some care providers to access information – in short, 'It's none of their business'. 44% believe that only medical/professional staff should have access. Just over a fifth thought access should be restricted to a 'need to know only' basis; a similar proportion expressed general concerns that information is fundamentally private or sensitive in nature.

BARRIERS TO INFORMATION SHARING (SERVICE USERS)

Why are you not comfortable with (one or more) of these people having access to your information?



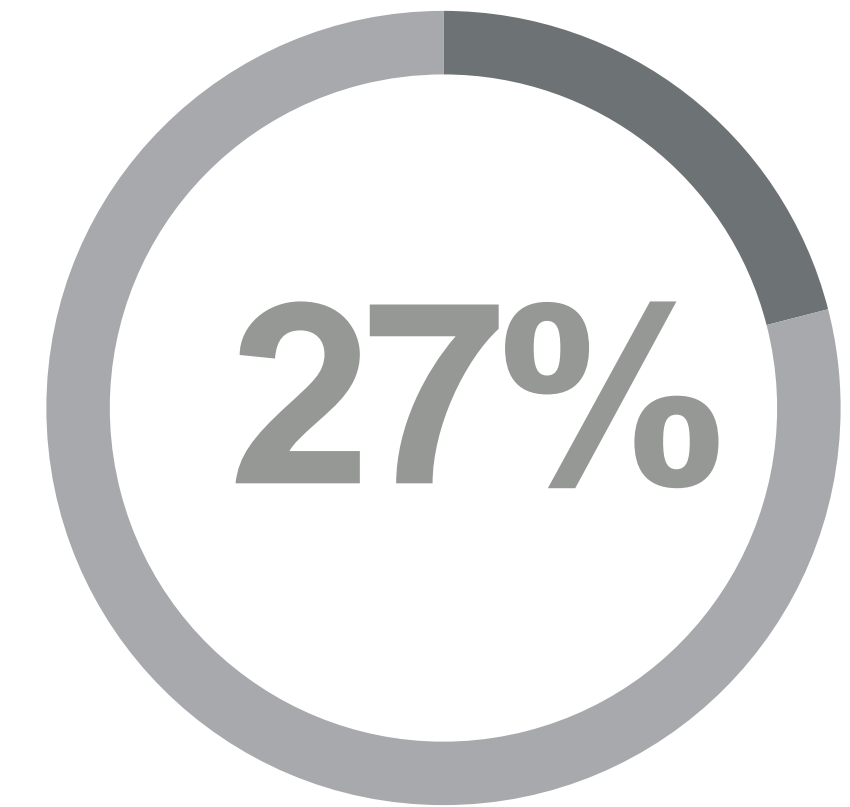
SECURITY/
MISUSE OF DATA
CONCERNS



'NEED TO KNOW'
BASIS ONLY



PRIVATE/
SENSITIVE/
CONFIDENTIAL

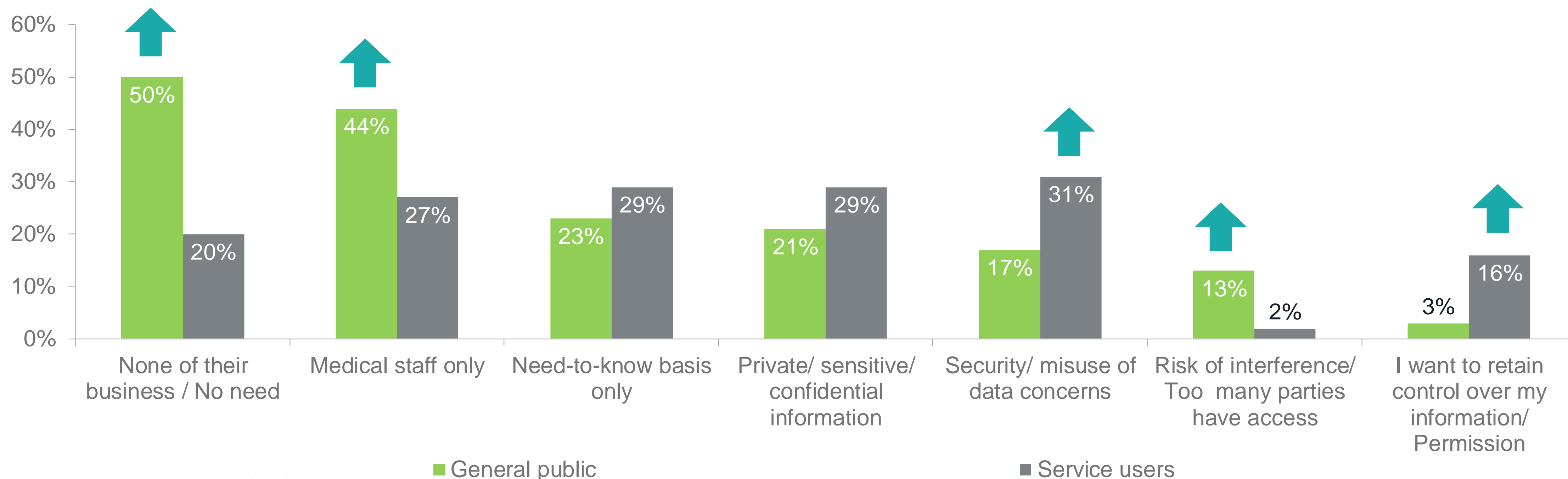


MEDICAL STAFF
ONLY

31% of the service users who answered this question were concerned about the security or potential misuse of their information. 29% said information should be accessible on a 'need to know only' basis; the same proportion expressed general concerns about information being private or sensitive. 27% feel it should be accessible only by medical staff.

BARRIERS TO INFORMATION SHARING (ALL)

Why are you not comfortable with (one or more) of these people having access to your information?



KEY DIFFERENCES

The general population is more likely than service users to say that some care providers simply have no need to see information. This group is also more likely to state that only medical professionals (or others with an obligation to keep information confidential) should be able to access information.

Service users were more likely than the general public to express concerns about their data being lost or misused, including being discussed inappropriately/publicly by other people. This group also expressed a desire to retain control over their information; i.e. their permission should be sought on a case-by-case basis.

WHY SHOULDN'T INFORMATION BE SHARED?

Why are you not comfortable with (one or more) of these people having access to your information? VERBATIM

NONE OF THEIR BUSINESS

“ They [are] not professional people – why do they need to know?

What would it achieve?
Of no benefit whatsoever to anyone. ”

MEDICAL STAFF ONLY

“ These people [medics] are obliged to keep the info confidential.

They aren't medical, they don't have the right to know. ”

'NEED TO KNOW' BASIS

“ Need to know – has to be decided on an individual basis, not as a blanket policy decision.

Don't think it should be allowed unless the person tells them what they need to know. ”

PRIVATE/SENSITIVE/CONFIDENTIAL

“ Too personal to share unless there is a confidentiality agreement.

Terrible to think non-trained medical staff could have access to such privileged info. ”

SECURITY/ MISUSE CONCERNS

“ I do not feel I can trust the staff in some organisations to maintain an adequate level of security and privacy.

Carers and other non-professional staff could take advantage of my vulnerability. ”

INTERFERENCE / TOO MANY PARTIES

“ They are two separate departments; I wouldn't want social workers having access to my file whenever they wanted to.

Too many people can get to know too much. ”

I WANT TO RETAIN CONTROL

“ I do not think my data should be shared with anyone without my permission. I would also expect that information is time-limited. ”



WORKING TOGETHER

PERCEPTIONS ABOUT HOW CARE IS COORDINATED
AWARENESS OF 'ALL TOGETHER BETTER'
BENEFITS OF WORKING TOGETHER

CARE PROVISION – PERCEPTIONS

Which of the following best describes what you think happens in relation to care provision in Sunderland?

OVERALL

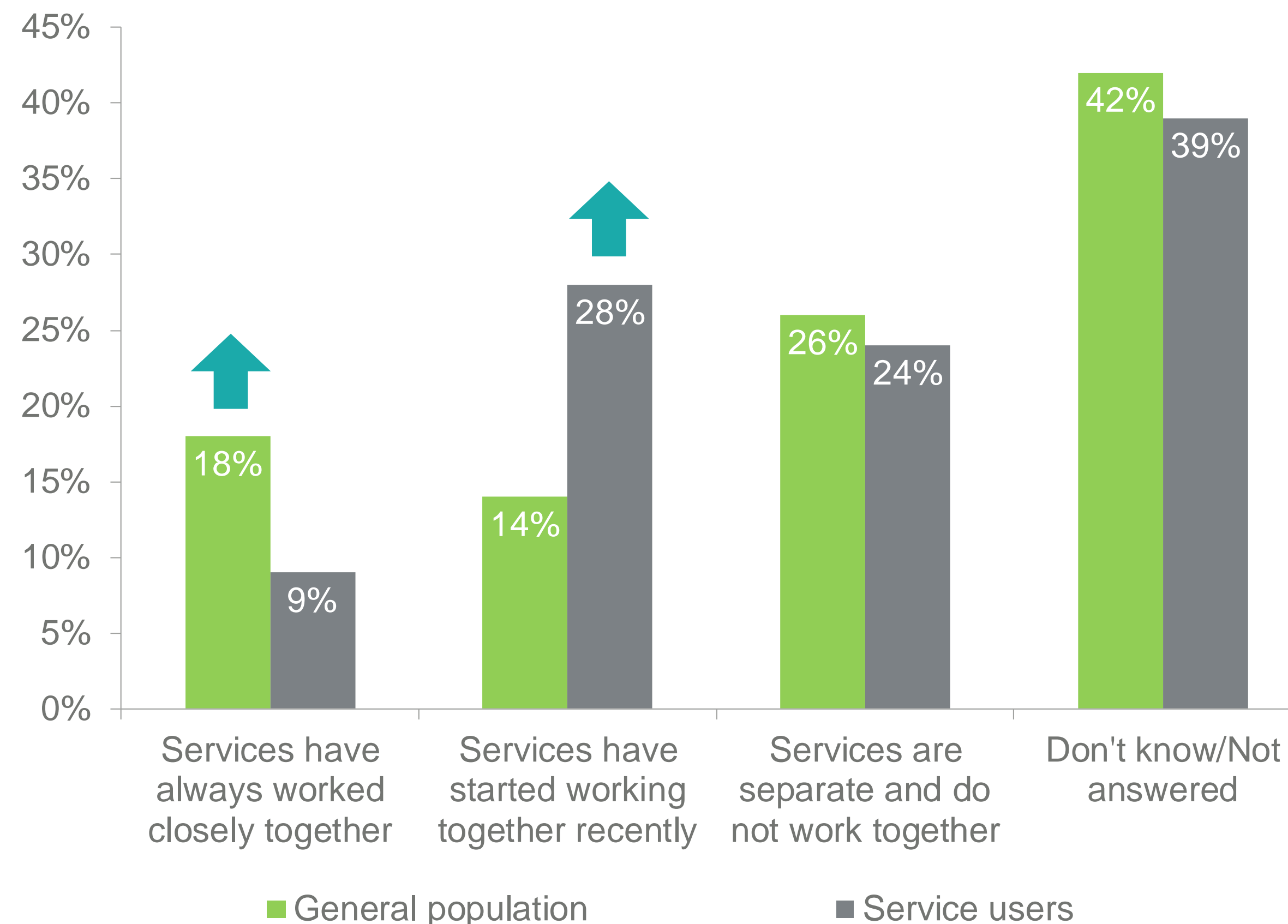
A fairly broad spread of responses; approximately a quarter of all respondents think services are separate

WORKING TOGETHER

General population significantly more likely than service users to think services have always worked closely. Service users significantly more likely than the general public to say services have recently started working together

DON'T KNOW

Around four in ten were unable to give a response to this question



Base: Gen pop (407);
Service users (online) (114)

AWARENESS OF 'ALL TOGETHER BETTER'

Other than in relation to this survey, have you heard of 'All Together Better?'

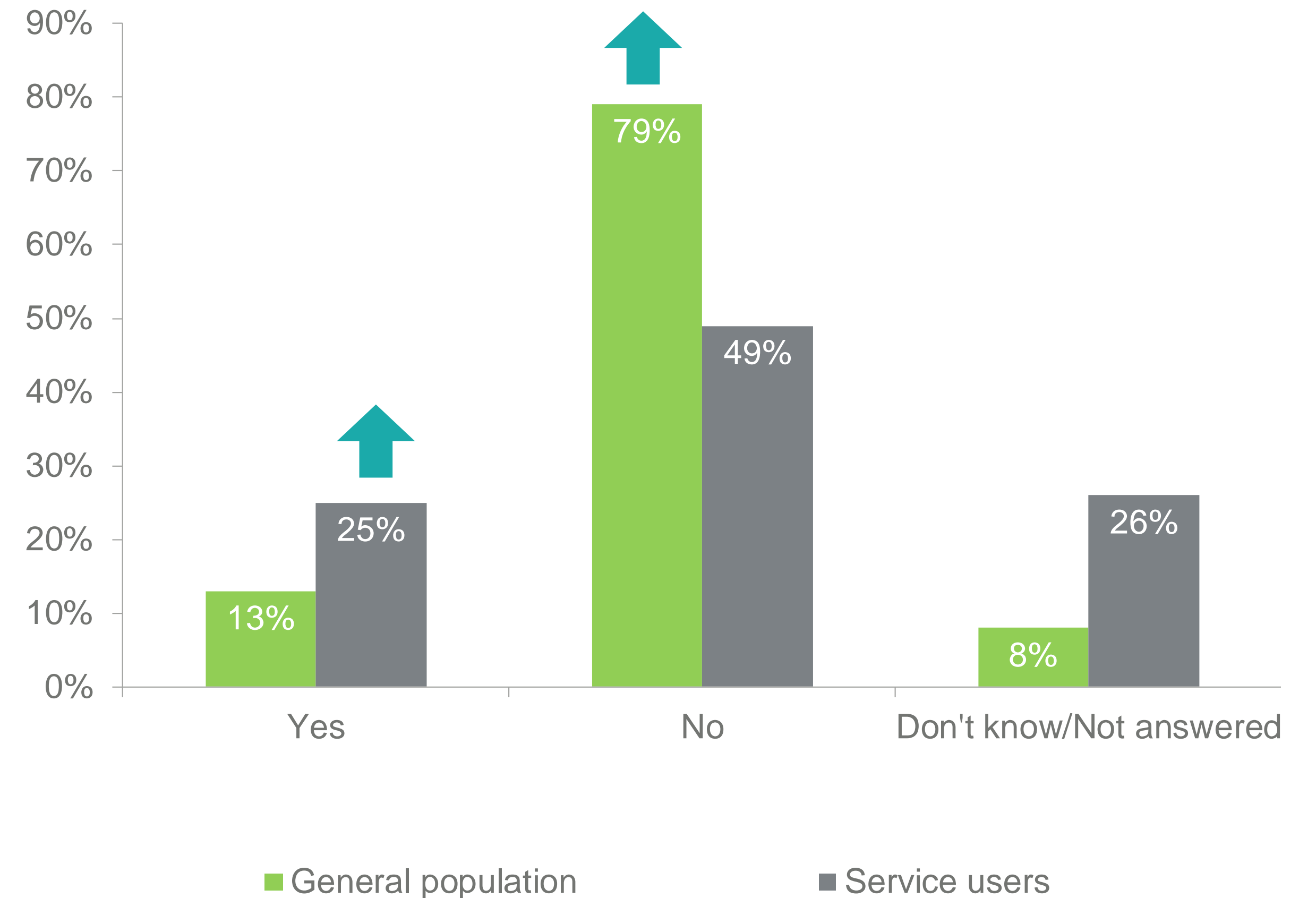
AWARENESS

Service users significantly more likely than the general population to have heard of 'All Together Better' – a quarter have heard of it

SOURCE

Awareness comes from a variety of sources, with community/volunteer/charity groups the most common (12 mentions)

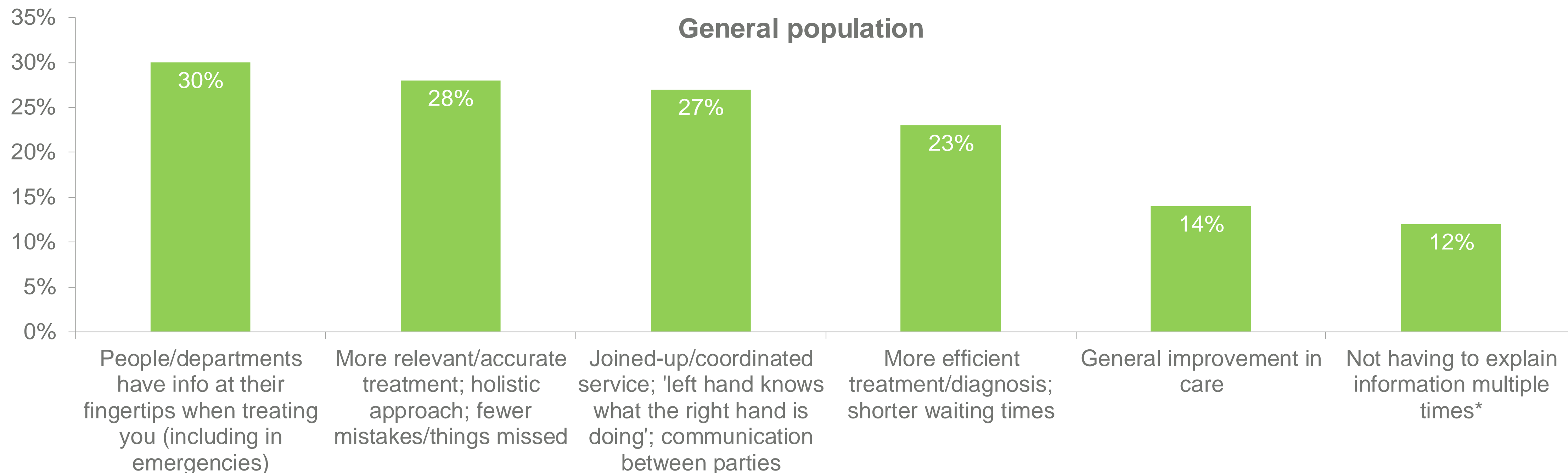
Media coverage (6 mentions), social media (5) and health/social care providers (other than GP practices) (5) were also sources of awareness



Base: Gen pop (407);
Service users (online) (114)

BENEFITS OF WORKING TOGETHER (GEN POP)

What – if anything – do you think could be the benefits of **health and social care services** working together more closely?



GENERAL POPULATION

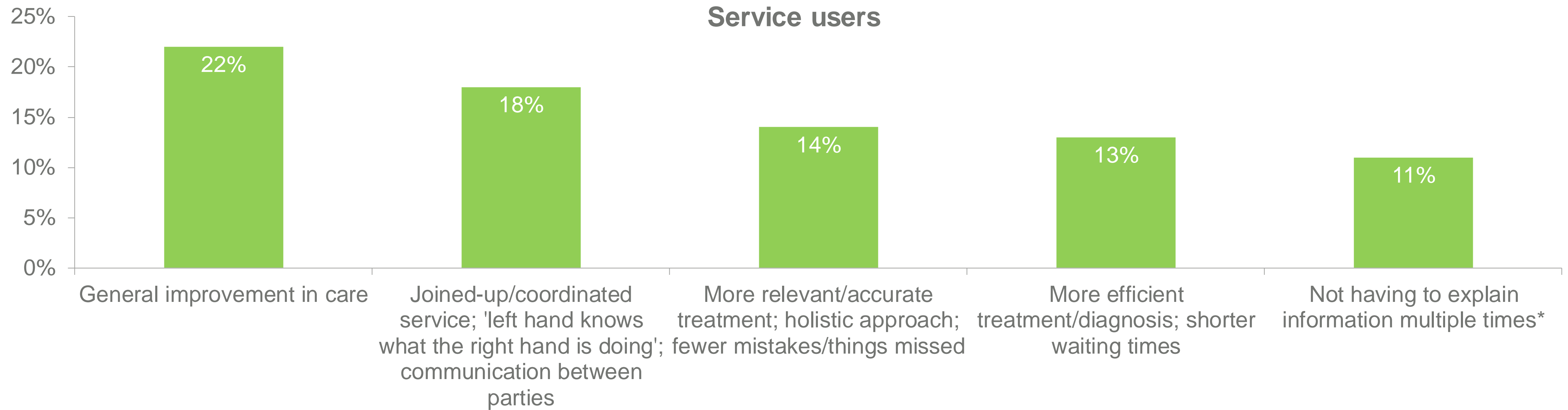
The most mentioned benefits of services working together more closely were: ensuring that the people or services who treat you have information ‘at their fingertips’ whenever it is required, including in an emergency or for people who are unable to communicate; having a more holistic, rounded approach to care so that all parties can see the ‘big picture’ – mistakes are less likely and cross-service diagnoses can be spotted; having a more joined up, coordinated service; and greater efficiency.

Base: 407

*It should be noted that respondents were told during the survey that “One aim of ‘All Together Better’ is to make sure people only have to give information *once* so you don’t have to repeat yourself every time you see someone about your care and treatment”

BENEFITS OF WORKING TOGETHER (SERVICE USERS)

What – if anything – do you think could be the benefits of **health and social care services** working together more closely?



SERVICE USERS

This group mentioned a general improvement in care; and a more joined up service, as possible benefits of services working together more closely. (Please note that, since this group responded to a web survey, it is not surprising that the range and depth of answers is less than those provided during the on-street interviews.)

Base: 114

*It should be noted that respondents were told during the survey that “One aim of ‘All Together Better’ is to make sure people only have to give information *once* so you don’t have to repeat yourself every time you see someone about your care and treatment”

BENEFITS OF WORKING TOGETHER

What – if anything – do you think could be the benefits of **health and social care services** working together more closely?

VERBATIM

“I have always thought that they should not have been separate. One’s health depends upon your social life/environment, and social life (etc.) on your health status. They are inseparable, as is mental health well-being.”

“More nurses, carers, doctors when you need them. Less time to wait for appointments, better diagnosis when seen by a health professional.”

“As people get older it is more difficult to know where to turn to for help. Only one call which can be shared with all who need to be involved would be an excellent help.”


“It would possibly mean that one or other of a different profession may notice something that may require urgent attention and with all services linked, action could be taken much quicker from a central location, as has started to take place.”

“A huge benefit! It makes sure that all professional medical staff are aware of what stage [the] patient is at – also if they are getting care properly.”

“It could mean life or death. Would be quicker at finding any problems sooner, i.e. treatment would be administered much quicker. Better outcome for [the] patient.”



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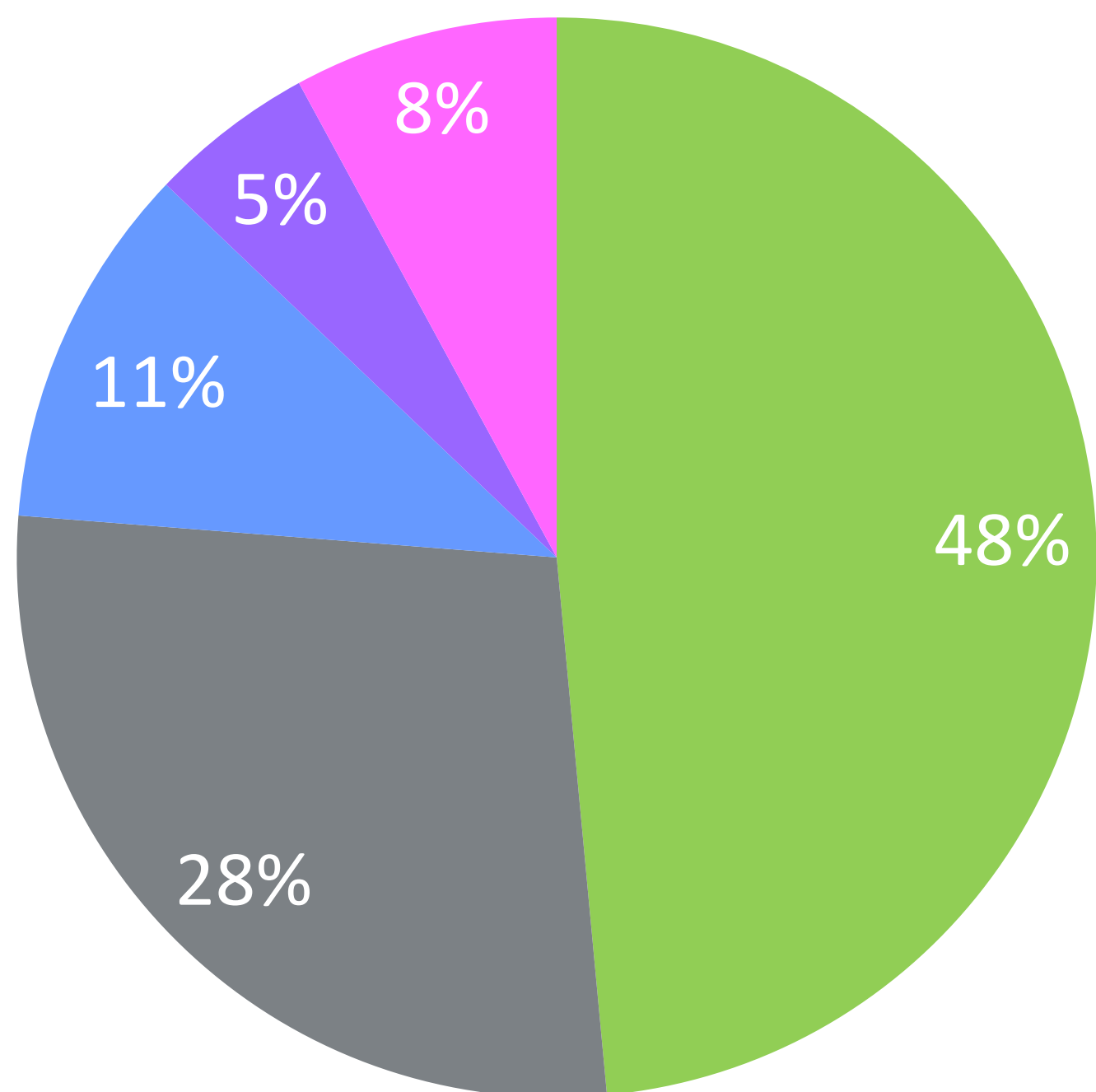
 0191 645 6700

 soo.darcy@papyrusresearch.com
www.papyrusresearch.com

OVERALL SATISFACTION (ON-STREET SURVEY)

How satisfied are you overall with the health and social care **you have received in the past six months?**

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?**

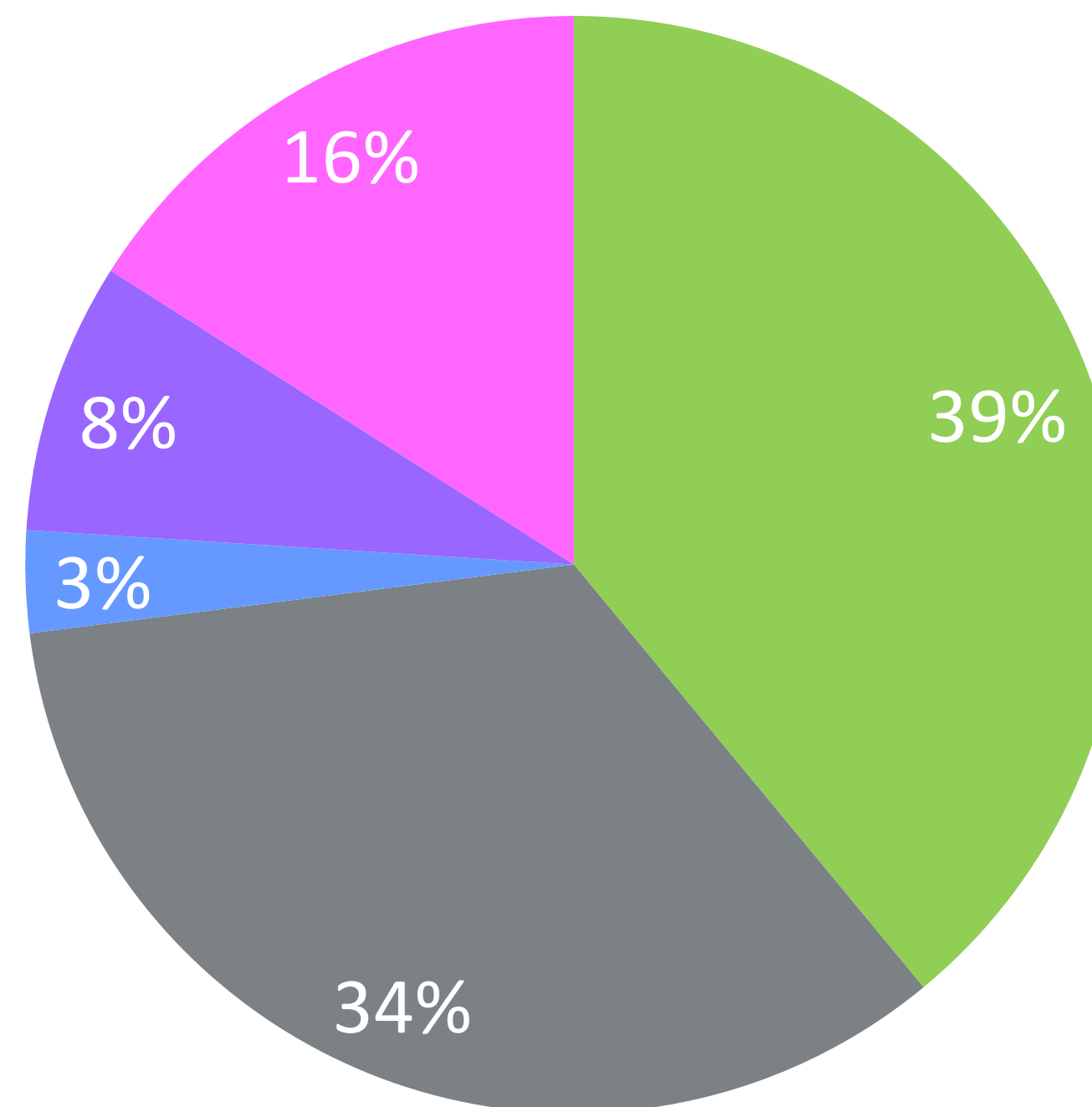


THOSE WITH A DISABILITY/CONDITION

Approximately three quarters (76%) are very or quite satisfied with care

Base: Disability/condition (80);
Care providers (38)

- Very satisfied
- Quite satisfied
- Neither satisfied nor dissatisfied
- Quite dissatisfied
- Very dissatisfied

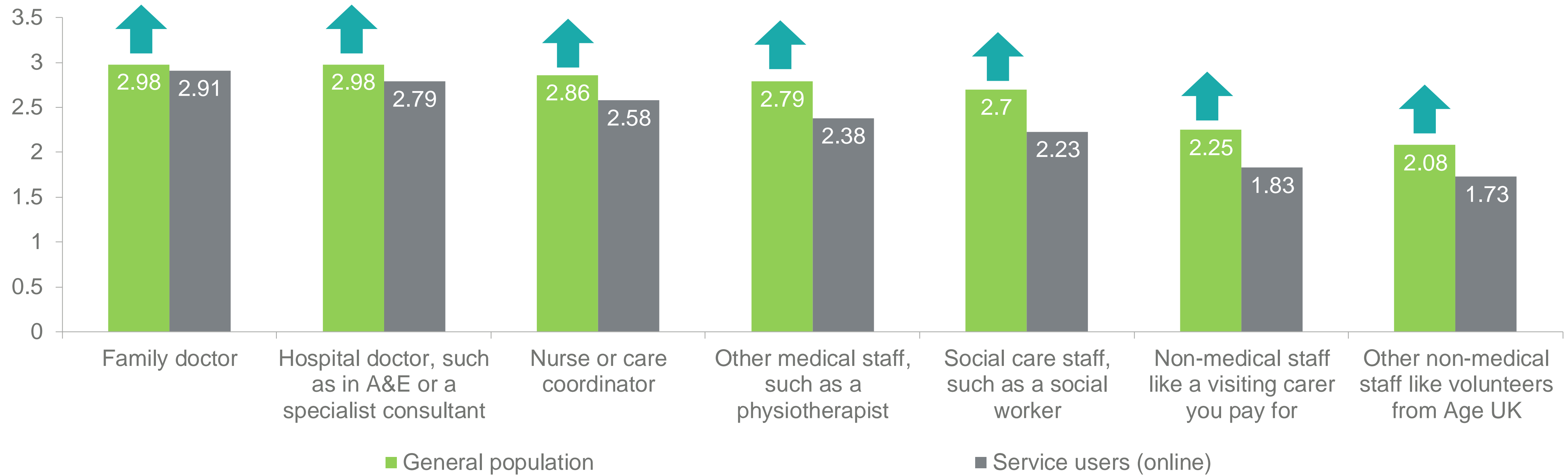


THOSE WHO PROVIDE CARE

Similar results among this group: 74% are very or quite satisfied with care. Proportionally higher results for 'very dissatisfied, but remember the base for this group is relatively low

WILLINGNESS TO SHARE INFORMATION

For each of the following, please say whether you would be comfortable for them to access all relevant information, some relevant information, or no information - MEAN SCORE SUMMARY

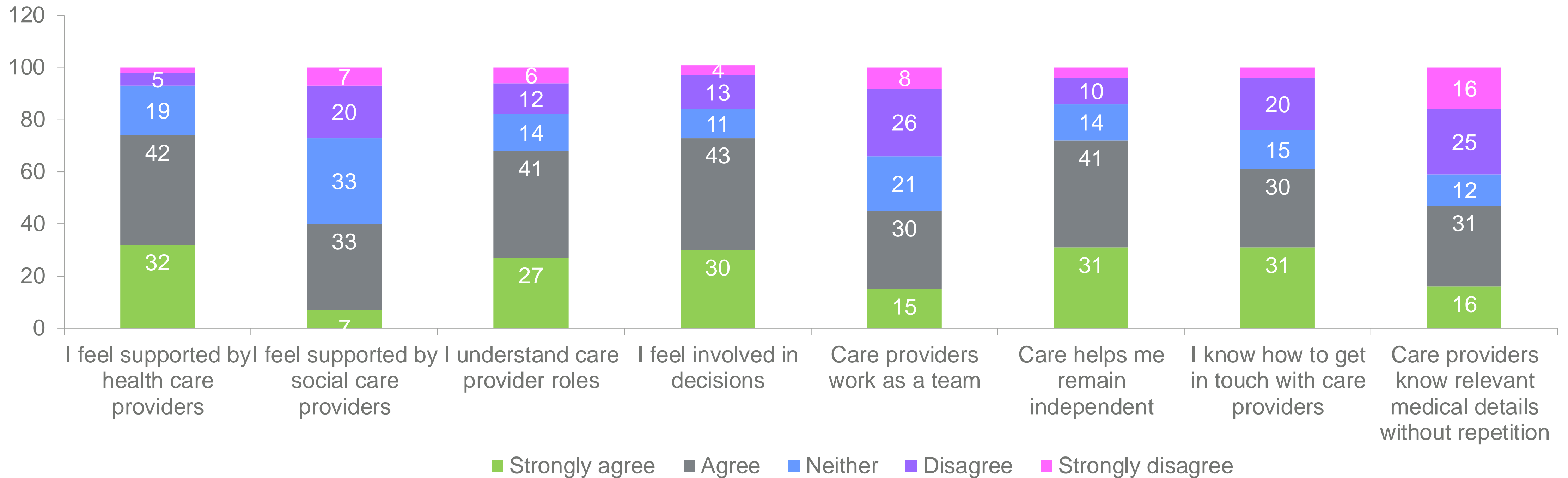


INTERPRETING THIS CHART

During analysis, a score of 3 was assigned to 'All relevant information'; a score of 2 is 'Some relevant information'; and a score of 1 is assigned to 'No information'. The chart above gives the mean scores for each care provider. So, for example, a score close to 3 means most people were comfortable sharing all information with this provider. A score around 2 indicates that most people said they would be comfortable sharing *some* information with this provider. Across every type of care provider, members of the general public show a higher mean than service users.

SERVICE PERCEPTIONS (ONLINE SURVEY)

To what extent do you agree or disagree with the following statements about **your own** health and social care? (WEB SURVEY, THOSE WITH A DISABILITY/CONDITION REQUIRING CARE)

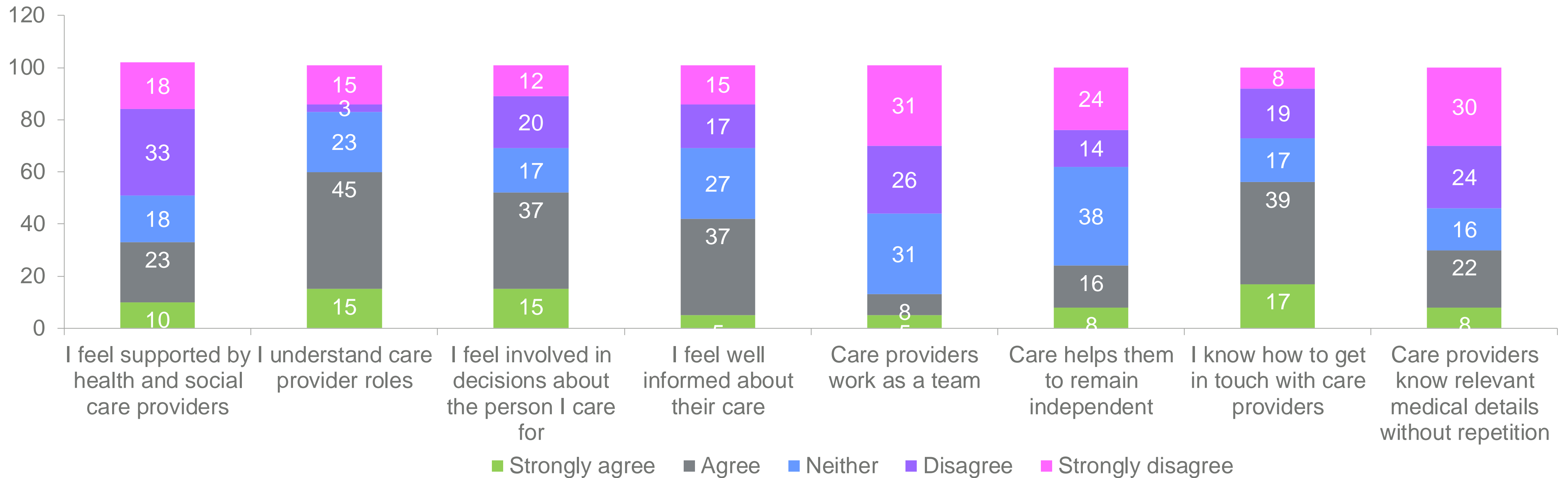


PLEASE NOTE:

This chart includes ONLY scores from people with a disability, co-morbidities or condition that requires them to get help and support from others, who responded to the online survey.

SERVICE PERCEPTIONS (ONLINE SURVEY)

Thinking about your experiences of looking after someone, to what extent do you agree or disagree with the following statements about health and social care? (WEB SURVEY, CARERS)



PLEASE NOTE:

This chart includes ONLY scores from people who care for those with a disability, co-morbidities or condition that requires them to get help and support from others, who responded to the online survey.