

<b>Subject:</b>	System Clinical Strategy – Research findings
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<b>Submitted to:</b>	Interim ICS Partnership Board, 10 June 2021
<b>Summary:</b>	
<p>This paper presents the findings of a piece of research conducted with patients and clinicians that was conducted to inform the development of our System Clinical Strategy.</p>	
<b>Recommendation:</b>	
<p>The interim ICS Partnership Board is asked to:</p> <ul style="list-style-type: none"> <li>• share the findings of the research within their organisations.</li> <li>• take into account the findings of the research as we develop our System Clinical Strategy, as well as in the development of other relevant pieces of work.</li> </ul>	

## Main body of report

### Background

1. In the summer of 2020, we commissioned [a piece of research](#) to help us understand people’s experiences of the COVID-19 pandemic and plan how services might be delivered in future. [Healthwatch Norfolk](#) and [Healthwatch Suffolk](#) also surveyed local people about the impact of the pandemic and changes made to health and care services. And we engaged with local people and groups to gain [further evidence and insight](#) into the impact that the pandemic was having on people’s health, wellbeing and care.
2. Since last summer, the pandemic has continued to have an impact on people’s health and wellbeing, as well as on health and care services. There have been two more national lockdowns and we have all had significantly more time living with other restrictions on our lives. To help us understand what has and hasn’t changed since the original piece of research and engagement, we commissioned a follow-up piece of work in March 2021.
3. Our five objectives for the research were to:
  1. Understand which of the changes made to health and care services in the last few years patients and clinicians feel have worked well and which haven’t.

2. Discover to what extent patients and clinicians understand the challenges facing the health and care system, as well as the language they use when discussing those challenges.
3. Explore patients' and clinicians' priorities and ideas for how health and care services are delivered in future.
4. Explore how people and clinicians feel about patients doing more to look after their own health and wellbeing.
5. Find out what patients and clinicians think and feel about some of our ideas about how health and care services might be delivered in future.

## Methodology

### Patients:

4. Four focus groups were held with medium service users – people that had visited primary and / or secondary care services four or more times in the last six months, may have a long term health condition, but not more than two. Each group had six or seven participants. The groups lasted 90 minutes and were held online over Zoom. The groups were split by gender, life stage and socioeconomic background:

Pre-family / children under 18 (25-45)	Empty nester (55+)
<ul style="list-style-type: none"> <li>▪ Men</li> <li>▪ ABC1</li> </ul>	<ul style="list-style-type: none"> <li>▪ Men</li> <li>▪ C2DE</li> </ul>
<ul style="list-style-type: none"> <li>▪ Women</li> <li>▪ C2DE</li> </ul>	<ul style="list-style-type: none"> <li>▪ Women</li> <li>▪ ABC1</li> </ul>

5. In each group there were a spread of ages and conditions, including people with long-term health conditions (both physical and mental health conditions) and people awaiting elective surgery. Participants were from across Norfolk and Waveney, covering urban and rural areas.
6. 13 in-depth interviews were also conducted with heavy service users – people with more than two long term health conditions and who had visited primary care services four times or more in the past six months and visited secondary care services at least twice in the past six months.
7. The interviews lasted 40 minutes. Most were carried out online over Zoom, with some also conducted on the phone. There were a mix of people, including patients receiving cancer treatment and mental health patients. As with the focus groups, participants were from across Norfolk and Waveney, covering urban and rural areas.

### Healthcare professionals:

8. 14 in-depth interviews were conducted with healthcare professionals operating in Norfolk and Waveney. The interviews lasted 40 minutes and were held online via Zoom or by telephone. There was a mixture of age and gender, with the following professions represented within the sample:
  - Five Allied Health Professionals

- Four nurses
- Two GPs
- Three junior doctors

## Key findings

9. Here is a summary of the key findings – the full report is attached as Appendix A:

**10. One: Support for and appreciation of local health services remains high, with clinicians and service users agreeing that they have coped well under the extremely difficult conditions caused by Covid.**

- However, there is concern from both audiences about the impact of the pandemic on the quality of care received by patients and clinicians are also concerned about the impact of the pandemic on staff, and on the quality of communication across the last 15 months (highlighting, for example, perceived confusing communications about PPE).

**11. Two: Both clinicians and service users are concerned about the size of the waiting lists, and the impact that delays to care might have on patient outcomes. There is widespread agreement that this is now the biggest challenge facing the health service.**

- This is a notable shift from last summer, when Covid-19 itself was seen as the biggest challenge.
- In addition to waiting times, clinicians also highlight issues around staffing (primarily recruitment and retention, but also training) as a significant challenge.
- The provision of mental health services is also highlighted by service users and clinicians as a significant challenge.

**12. Three: There is widespread awareness amongst both audiences of changes in the way services have been delivered locally.**

- Changes arising from Covid (e.g. remote appointments) are most front of mind, but both audiences can also point to changes that pre-date the pandemic (e.g. for clinicians new clinical advisory groups).
- When asked specifically about how patients currently contact and get help from GP practices as well as telephone and video appointments, both audiences are broadly supportive, and can see real benefits in terms of convenience, costs and time. However, there remain questions about access and the quality of care which lead both groups to stress the importance of retaining face-to-face care within local systems, and of taking a flexible approach to meet patient needs.

**13. Four: Of the ideas for future service delivery tested, support is strongest for the unified waiting list, which speaks directly to the issue that clinicians and service users see as the key challenge facing the system.**

- While there is also support for virtual wards and increasing emphasis on personal responsibility, there are more questions about the practicalities of implementing these changes. Increased use of 111 is seen as a good idea, but support is to some degree undermined by doubts about the current effectiveness of the system.

**14. Five: Looking ahead, service users and clinicians alike would like to see more joined-up services and streamlining – with improved communication between (and within) different services, flexible touchpoints and better mental health services.**

15. The findings from the research will be used to help us to plan for the future and to develop our system clinical services strategy. Our patient experience teams and engagement colleagues are sharing the findings and testing them out with local patient groups, which will give us further insight. Alongside the research we commissioned, we are interviewing system leaders to help us develop our strategy and the findings of the interviews will be shared with the Board.