IN CONFIDENCE

NHS Hull

THE LISTENING EXERCISE

we're all ears

Stage One Report

Final Draft

ibyd information by design

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Stage One Report
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EXECUTIVE SUMMARY

This report presents the findings from Stage One of the Listening Exercise, which took place between September and December 2008. The engagement with local residents had two broad objectives:

- To listen to residents to understand their needs and aspirations for health in the city
- To engage NHS staff in the consultation with the aim of providing greater understanding and an organisational cultural shift into a more patient friendly and public aware organisation.

To engage staff in Stage One of the consultation, NHS Hull staff were given the opportunity to engage with members of the public and to gain direct experience of consultation tools and techniques. Staff attended many of the public events, and took a number of different roles. Feedback from staff about these interactions was positive, and is being used to develop staff engagement for Stage Two, along with a training plan for staff.

Stage One was a 'pre-engagement phase' which utilised a number of different methods of consultation, both qualitative and quantitative, including a telephone survey with 1,500 residents nineteen public consultation events with numerous 'hard-to-reach' (easy to ignore) groups across the City, and consultation with the Voluntary and Community sector. Stage Two will build on the findings from Stage One by conducting a multi-mode survey with 10,000 residents of Hull. Appropriate techniques to ensure those from seldom-heard groups will be used, supported by the information gained in Stage One. A variety of communication channels have been selected to publicise the consultation with both the public and with staff.

The Listening Exercise particularly recognises the importance of the voluntary and community sector (VCS), and other partners working in the statutory sector in Hull - and so part of Stage One was utilised to engage with the sector. Key themes to emerge from the VCS included areas such as access to service, aspirations, capacity of the VCS, communication, commissioning, continuity of care, funding, information, and the needs of different service users.

There were a number of key findings and conclusions from the different elements of the first stage of the 'We're All Ears' consultation, including:

- Around one-third of the population report having an illness, health problem or disability which affects their daily lives.
- The public appears to have a good awareness of NHS Hull, although it is likely that this is due to the overall 'brand recognition' of the NHS as a whol.e
- There was strong agreement with statements about service provision, but less agreement with the statement 'my local NHS listens to the views of local people and acts in their interests'
- There are some differences in the opinions of those in North locality – and by age and employment status, these groups being less likely to strongly agree with any of the statements.
- Whilst 65% of local residents thought that NHS Hull listens to the local community a great deal or fair amount, there are clearly just over one-third of the community who think it is not.

- Those who did not think that NHS Hull was listening to them suggested more advertising, provision of funding, improving satisfaction with services.
- Almost three-quarters of respondents agreed that local heath facilities should be improved. There was less agreement that services could be influenced or that NHS services should be provided by other organisations. .
- Older residents and men in particular are less likely to agree that they can influence services.
- The community has a good knowledge of how to improve their own health, and it is clear that many of the public health messages around exercise, diet and smoking have reached the community. However, there is also a clear issue about motivating these individuals to take action on their own health.
- When asked about priorities for NHS Hull, a number mentioned 'free' access to services, reduced waiting lists, more nurses and staff, improvements and access to services, increased education.
- Around a quarter (24%) of respondents felt that they would be interested in joining NHS Hull.
- Many members of the public recognise that NHS Hull provides a good service.
- The public also recognise the constraints to service, in terms of funding issues, and are supportive of the services provided, but some are unclear about the ways in which priorities are made and on whether decisions appear to be 'sensible'.
- There are many important points about accessibility to a GP, in particular the appointments system and the ability to access the same GP within a reasonable waiting time.
- The availability of 'drop-in' centres and some 'out of hours' services was not well known to the public.
- The public were keen that children and young people were well-educated about health and well-being, to ensure that they have good health in the future.
- Communication is critical in a number of ways – for example the communication skills of doctors, doctor's receptionists and administrative staff.
- One key area mentioned was the notes and information which passes between different areas – and the fact that there is a perception that many notes – and much information - gets 'lost' in the system in transferring information.
- Continuity of service was raised as a big issue in many ways – for example, from GP to hospital, from consultant to consultant, and from administration to medical staff.
- Public health messages around the major killers, around diet, exercise, smoking and alcohol are known by the public, and the need to improve services for those with issues around obesity, smoking, drug or alcohol misuse were mentioned.
- The role of nurses in providing a good service is seen as important by the public. The return of matrons, nurse run wards and nurse led services was seen as a positive development. The behaviour of nurses, both in terms of them having high standards of conduct, their role in ensuring cleanliness and good care in hospitals, is seen as critical.
- Services for older people, particularly in our aging society, are crucial, and many of the public events mentioned the need to ensure that these services were appropriate.
- Prescribing was an issue which was raised by many groups – in terms of not just the costs, but also over prescribing, waste, equity in what is prescribed, nurse prescribing and preventative medicine.
- The inequity of a dual system of public and private medicine was mentioned in some groups, including the ability to pay to 'queue jump', and the perceived abuse by consultants of being paid by the NHS whilst undertaking private work.

- Screening and health MOT's were mentioned by many, again with the availability of service being spasmodic, and the knowledge of service being unknown by the public.
- Stress, for example, during the floods, was mentioned by some groups. The perceptions of the public about stress and how it impacts on society need to be given further consideration.
- Transport was a key issue in terms of accessing services, and particular mention was made of accessibility to car parking at hospitals.
- Waiting lists were discussed at many of the groups. This may be as a result of a lack of knowledge of the system, and the possibility of accessing services in other areas, or as a result of 'prior experience'.
- The accessibility and speed of test results was mentioned by some participants.

In thinking about the future and the vision for NHS Hull, a number of key issues emerged including many suggestions for improvements and development to the service. Setting the scene for the future, some of the wider areas mentioned were the way in which the NHS as a whole could be run in the context of a growing population, and whether it was possible to preserve the core values of the NHS as a system of universal health care which is 'free at the point of access'. Issues were raised about the potential conflict between private work being undertaken within the context of the NHS. The vision for the future included improvements to the current role and attitudes of GP's, and hospital doctors, who needed to have a more personal relationship with 'clients' and a holistic approach to health. A further aspect for the public was the attitude, accessibility, role and function of other staff, apart from the doctors, who are critical in running the services in the NHS. Developments in terms of preventative and education services were needed, and proactive and prompt treatment on diagnosis would be a necessary consequence of these improved services. Technology would have an impact on services - this included the likelihood of genetic engineering, improvements to the technology behind the services, an increasing role for internet/web-based services, computerised screening and more machines, such as robot carers, robot cleaners, and robot receptionists.

There were many issues raised about the changing population which will be served in the future by NHS Hull. The effect of an ageing population needs to be considered and a clear plan for this ageing population made ready. In terms of Young People, there was a need to improve the way that young people were educated to improve their health in the long term. Cultural Diversity was another challenge which would need to be tackled in the future, with the needs of more diverse and potentially changing communities being met appropriately. A better comprehension of mental health issues – and the connection between mental and physical health would be needed. In terms of the physical presence of NHS Hull, it was felt that larger centralised health centres would be needed, and a brand new hospital with more hospital beds should be provided for the City, as well as High Street, 'walk-in' health centres, and the provision of better transport. Information and communication is a key to providing an improved service. During sessions which asked the public to consider what to offer if there was endless money, the key areas mentioned were around affordable and accessible health centres and gyms, education and training, better equipment, expanded GP surgeries, free prescriptions, improved hospital cleanliness and food, more staff, more research and innovation, a revamped HRI, better screening and transport, and walk-in centres, which reflect the observations made above.

Overall, the message from the public to NHS Hull is that many do think that NHS Hull listens – but some do not. However, for some of the public, messages about the services which are available, or changes to services, have not been received. There are clear issues about the best ways to communicate with the whole City about a very diverse and large organisation, but this report contains some clear indications about the information which is not getting through to the different communities it serves. From the Stage One pre-engagement activity, a number of issues and suggestions have been raised and highlighted from the different areas of work. Whilst there is much information to consider, Stage Two will focus on two key areas of communication and the prioritisation of services.

1 INTRODUCTION

1.1 This report presents the findings from Stage One of the Listening Exercise, which took place during September – December 2008. The report describes the different components which comprised this stage of the Listening Exercise and provides a summary of the outcomes of this first stage of the project.

1.2 The report includes the following:

- Chapter 2 contains the background and methodology
- Chapter 3 contains a literature review
- Chapter 4 gives details of the marketing and communications for the Listening Exercise, including information about segmentation, the development of the 'brand' for the listening exercise, press and publicity, and the development of the DVD.
- Chapter 5 gives information about staff engagement in the process
- Chapter 6 gives the results from the telephone survey
- Chapter 7 gives the qualitative results from the voluntary and community sector consultation.
- Chapter 8 details the qualitative results from the three large consultation events
- Chapters 9 -19 outlines the qualitative results from the focus groups and workshops with harder-to reach groups, including working people, young people, mental health, blind and partially sighted, deaf and those with life limiting illness or disability, gypsies and travellers, eastern European migrant workers, black and ethnic minority groups, asylum seekers and refugees, drug misusing offenders and their carers.
- Chapter 20 gives the details of the Stage Two Plan
- Chapter 21 gives the summary, conclusions and recommendations
- Finally, the appendices contain a number of technical tables and information.

1.3 This report is intended primarily for internal use within NHS Hull, so that the issues raised during Stage One can be actioned, and built into the work of the organisation. Following Stage Two, a public report will be made available which contains the key issues arising from the consultation, so that appropriate action planning can be undertaken within NHS Hull.

2 BACKGROUND AND METHODOLOGY

Background

2.1 The Listening Exercise has an overall aim of consulting with local people and organisations in the city to support progress towards the agreed NHS Hull vision, which is as follows:

'The PCT will work with partners and local people to create an affordable healthcare system that exceeds minimum standards in quality and access. We will work with the citizens of Hull to improve their health and well-being as well as their healthcare'

2.2 The engagement with local residents has two broad objectives:

- To listen to residents to understand their needs and aspirations for health in the city
- To engage NHS staff in the consultation, to provide greater understanding and an organisational cultural shift into a more patient friendly and public aware organisation.

2.3 The Listening Exercise has been led by a Steering Group within NHS Hull, which comprises of representatives from all sections of the organisation.

2.4 A Project Manager was appointed by NHS Hull to lead the work, with particular responsibility for internal communications and driving forward staff engagement.

2.5 The Listening Exercise has adopted a two-stage approach to consulting with local residents.

Stage One is a 'pre-engagement phase' which utilised a number of different methods of consultation, both qualitative and quantitative, including a telephone survey with 1,500 residents, and nineteen public consultation events, in the form of focus groups/workshops with numerous 'hard-to-reach' (easy to ignore) groups across the City, held in a variety of different community-based locations.

Stage Two will take place in 2009, and will build on the findings from Stage One. It includes a face-to-face survey with 10,000 residents of Hull, with quotas set for age, gender, ethnicity and ward. Appropriate techniques to ensure those from seldom-heard groups will be used, supported by the information gained in Stage One. As part of this work, it is estimated that 2,500 people (25% of those interviewed) will agree to become members of the NHS Hull.

Stage One Methodology

2.6 The Stage One methodology included a number of elements which were agreed with the Listening Exercise Steering Group, which included a detailed project plan of actions and timings. This also established the process for engagement with PCT staff and scoped the range of groups to be engaged within the project, and the evaluation criteria by which we would be able to measure the success of the exercise. As well as providing critical feedback from the public, Stage One was also intended to provide a platform for the development of Stage Two – which is to be a large-scale consultation with 10,000 households, conducted in 2009. The elements of the Stage One exercise are shown in the following diagram.

2.7 The individual elements were as follows:

- A **telephone survey** of 1,500 residents – 500 in each locality within the city. This collected both quantitative and qualitative data on current opinions, priorities and aspirations for health and health care in Hull. The findings from this were used as an element of discussion at the main consultation events, and further analysis is contained within this report.

- A **10-minute DVD** was developed, with 'volunteers' recruited for filming from the telephone survey, giving them the opportunity to highlight issues which were important for them. This included location shots, and interviews with the Chief Executive of NHS Hull and the public to draw out potential priorities and aspirations for 'Health in Hull'. The DVD was used in the public consultation events which followed. A short version was also developed, which was made available for showing in GP Surgeries, and on the 'Big Screen'.

- Development of a **social marketing** strategy, which included the development of various images, logos and materials which were tested with the local community at one of the main events. A 'strap line' was developed for the Listening Exercise of "We're All Ears." The strategy encompassed various publicity and PR activities, including press releases at key points of the consultation, working closely with the NHS Hull Communications Team. As part of this work, the project manager was interviewed for local radio, and the first press release appeared in the Hull Daily Mail as a major article.

- Consultation and awareness raising with **PCT staff** was a key element. The aim was initially to make all staff aware of the Listening Exercise, to brief them on the activities and to encourage them to participate in the consultation events with the public. A number of staff were involved in Stage One activities, attending all of the 3 large-scale public consultation events, and many of the focus groups. This element will be developed in Stage Two, when staff will be trained and take part in face-to-face interviewing with members of the public.

- Consultation and awareness raising also took place with other agencies including the **Council and the voluntary and community sector** in Hull. A major consultation event with the statutory and voluntary and community sectors formed part of this work, as well as promoting a partnership with agencies to promote attendance at the events and participation in Stage Two.

- **Seventeen public consultation events** were held in different community locations across the City. This included 3 large-scale consultation events – one in each locality, and fourteen workshops/focus groups with different hard-to-reach groups:

    - 3 young people's workshops – with schools and Hull College
    - 2 evening workshops – largely to meet the needs of working people.
    - 2 focus groups with residents from BME groups
    - 2 focus groups with blind and deaf residents
    - 1 focus group with people suffering life limiting illness and disabilities
    - 1 focus group with substance misusers and their carers
    - 1 focus group with Gypsies and Travellers
    - 1 focus group with Eastern European Migrant Workers
    - 1 focus group with staff from organisations working in the mental health arena.

In addition, feedback from professionals working with Asylum Seekers and Refugees was sought, as a recent consultation on health issues with these groups had taken place, which it was felt did not need to be replicated. With the authors' permission, the feedback from this group is included in the later sections of this report[1] .

Stage Two Methodology

2.8 Stage Two will take place in 2009, and will comprise of a face-to-face survey with a representative sample of the population of Hull. From full analysis of the Stage One qualitative and quantitative data, a structured questionnaire will be designed for Stage Two of the project. A large-scale face-to-face interview survey will be conducted with 10,000 residents across the City. One strand of this work will be to encourage membership of the PCT – and we anticipate that 25% will wish to become members. Interviews will be conducted 'on the doorstep' or on-street, with a representative sample of residents, using quota controls for age, gender, ethnicity and ward. We will use the knowledge gained during Stage One of the survey to ensure that we consult with those who are traditionally easy to ignore (or hard-to-reach). This will mean focusing fieldwork in areas where sub-groups of residents live and also using a multi-mode approach in the survey. For example, in addition to the face-to-face fieldwork, we will also use an online survey to target young people.

[1] Campion, P, Brown. S and Thornton-Jones, H (2008). *After Wilberforce: an independent enquiry into the health and social needs of asylum seekers and refugees in Hull.* .

3 LITERATURE REVIEW

3.1 The work to-date on the Listening Exercise has been informed by various government initiatives and work which has been undertaken in other areas of the country in informing public health consultation. This included work by Sheffield PCT, which held a large-scale public consultation in 2007, the development of LINks, the work of DCLG and LGA on connecting with communities and easy to ignore groups, the development of Foundation Trusts, Our Health, Our Care, Our Say, and the DARZI review. Below are some of the key points about each of these initiatives.

Achieving Balanced Health – Sheffield PCT

3.2 Sheffield Primary Care Trust led the way when it launched a public health consultation called '*Achieving Balanced Health*' in March 2007. This consultation aims to use the feedback from the public to develop a five-year strategy. The Achieving Balanced Health consultation involved an event with 80 people from a variety of Voluntary and Community sector organisations (VCS), a deliberative event involving 78 members of the public, 1200 questionnaires, a consultation website, a mail out to 1000 organisations (such as VCS organisations, GP surgeries, dental practises), 8,000 letters to new patients registering with GPs, 76 public meetings and stakeholder events, a telephone poll of 1000 randomly selected residents as well as a number of special events to engage 'seldom heard/hard to reach groups'.

LINks

3.3 The Local Involvement Networks (LINks) were set up in England from 1 April 2008 to give communities a stronger voice in how their health and social care services are delivered. These independent networks of local people & groups (LINks) will find out what people want from NHS services, encouraging and supporting people to get involved in shaping local care services, and canvassing every section of the community for their views of local care services. LINks will be expected to give everyone in the community the chance to have their say. It is considered crucial to reach beyond those people who are already engaged in patient, public and service user involvement, and to reach out to, for example, self-advocacy, BME, Faith, Youth, Care Home residents, and Voluntary and Community Sector. Learning from the experience gained in the work by the early adopters of LINks, in PCT's such as Sheffield and Medway, will be crucial in ensuring the success of this project. A representative from the local LINk Team attended the Voluntary and Community Sector consultation event on 16th December, 2008, as part of the 'We're All Ears' stage one pre-engagement activity, and further work with the local LINk Team will be developed during stage two of the Listening Exercise.

Hard to Reach – or Easy to Ignore Groups

3.4 The Department of Communities and Local Government (www.communities.gov.uk), the Local Government Association (www.lga.gov.uk) and the Improvement and Development Agency (www.idea.gov.uk) all provide advice and guidance to councils about communicating with communities, particularly people and groups that have been 'easy to ignore' in the past. They suggest that there are different ways to invite individuals and organisations to engage, including holding open public events, workshops and developing 'easy read' materials, to targeting work with communities and 'seldom heard groups'. Communication Strategies have been developed through LINks Early Adopter Programme (www.nhscentreforinvolvement.nhs.uk/index.cfm?Content=193). The Care Services Improvement Partnership has also published guidance about communicating with diverse groups (www.mard.csip.org.uk/guidelines-and-standards/engaging-diverse-groups/communication.html?keywords=supporting%2520communication) and NHS Hull supports the approach contained within the city's 'Community Engagement Framework', and Toolkit which aim to develop good practice in community engagement through the local strategic partnership.

3.5 One key issue is how to effectively engage hard-to-reach groups – 'Achieving Meaningful Public Engagement: Taking Patient and Public involvement to the next level within a reformed NHS' suggests a number of steps which can be taken: identify and quantifying excluded groups within the local health economy, develop effective communications to ensure all members of the community identify with the NHS, encourage hard-to-reach groups to take control of their own health by developing their own health agenda, establishing cost-effective systems to support and encourage innovative health strategies, and evaluate the impact of targeting hard-to-reach groups. We have considered the ways which this could be adopted for the purposes of the Listening Exercise, and have held a number of focus groups and consultation meetings with 'hard-to-reach' groups as well as working in partnership with the voluntary and community sector, to build on local expertise and knowledge in identifying and engaging these groups. Further details are included in the section on focus groups later in this report.

NHS Foundation Trusts

3.6 The development of Foundation Trusts are a part of the Government's commitment to the creation of a patient-led NHS, created to devolve decision making to local organisations and communities so they are more responsive to the needs and wishes of their local people. They are independent public benefit corporations modelled on cooperative and mutual traditions. Residents and patients in the area served by an NHS Foundation Trust, as well as staff, can register as members of the organisation. Membership allows local communities to have social ownership of their NHS Foundation Trust. Members are able to stand and vote in elections for Governors of the NHS Foundation Trust. They can expect to be consulted on plans for its services and future developments. NHS Foundation Trusts have a duty to engage with local communities and encourage local people become members and ensure membership is representative of the communities they serve (www.dh.gov.uk/en/Healthcare/Secondarycare/NHSfoundationtrust/index.htm).

3.7 In 'Achieving Meaningful Public Engagement: taking patient & public involvement to the next level within a reformed NHS' (www.hsj-publicengagement.co.uk), the ultimate goal of engagement is the delivery of patient-centred care. A step toward this aspiration is robust patient and public involvement in commissioning, governance and service provision through various means, including public consultation to drive system transformation, maximising input and involvement of the Public Board in the strategic direction of a Foundation Trust, and embedding robust and meaningful patient and public involvement in commissioning decisions. One key aspect here is to increase engagement and involvement in care through interaction of patients and front-line staff – including empowering patients to feel involved and identifying individuals who can act as community health champions.

Our Health, Our Care, Our Say

3.8 Chapter 7 of this document (Ensuring our reforms put people in control), suggests that services delivered should engage with citizens and respond to their concerns systematically and rigorously. People's voices - their opinions, preferences and views - need to be heard at a local level. Arrangements need to offer scope to groups such as children and young people. An increased focus on public engagement in commissioning, involving and consulting the public on how services are provided is needed. Systematic engagement will complement other mechanisms, such as Foundation Trust membership, patient surveys, patient forums and NICE Citizen's Councils. LAA & OSC and using local councillors as advocates for the communities they are elected to represent. (www.official-documents.gov.uk/document/cm67/6737/6737.pdf)

Darzi Review - Our NHS, Our Future

3.9 Our NHS, Our Future (www.ournhs.nhs.uk) gives the public the opportunity to shape the vision for the NHS over the next decade by making sure it focuses on the things that really matter, and meets both rising expectations and the challenges it faces over that time. It suggests that engagement must be the major tool in shaping the NHS.

3.10 We believe that these national initiatives provide the basis for driving forward effective consultation, and that the Hull Listening Exercise will provide the opportunity for this to take place. However, they also point to some of the issues which need to be considered in developing an effective consultation – and suggest some of the issues which are critical in ensuring that the consultation engages with all groups, including those who are least heard.

4 MARKETING AND COMMUNICATION

4.1 The Listening Exercise has an important role to engage not only the general public across the city of Hull, but also with specific target groups, in particular hard-to-reach groups across the city. It was also felt by the Steering Group that younger adults, aged 14-17 and 18-25, adults with children, and older people, needed to be engaged with the Listening Exercise. It was particularly important that appropriate marketing and communication tools were utilised in order to ensure engagement with all of these groups.

4.2 A marketing plan was adopted by the Steering Group and a number of approaches were adopted to ensure that all of these groups were engaged in the exercise. This included the use of marketing approaches, including consideration of audience segmentation and the use of an appropriate marketing mix.

Strapline and Logo – 'We're All Ears'

4.3 The Listening Exercise was branded with the strap line: *'We're All Ears'* after considering a number of possible names and options. This distinctive name complements the overall NHS Membership campaign, and can also stand alone. A local designer was commissioned to produce a logo for the 'We're All Ears' brand. The aim of the logo was to identify the brand and to capture the spirit of the Listening Exercise, as an inclusive and engaging consultation. The internal NHS Hull style guide was used to ensure that the style was in keeping with other materials. A clear font was selected to make the logo accessible and easy to read, particularly for those with sight impairment.

4.4 Various logos were produced and a selection of designs was market-tested by the public at the first large scale public consultation event at the Quality Royal Hotel on 19th November 2008. Participants were asked to indicate their 'favourite design' and the largest majority favoured the logo which was subsequently adopted.

4.5 The logo was developed primarily for use in stage two of the consultation. However, as it was available, it was also used during the stage one consultation. The logo and the NHS Hull style guide were used to brand the 'We're All Ears' web site, which was launched both to promote the consultation, and to act as a 'portal' for those completing the Stage Two questionnaire. The logo is available for production in both blue/white and black/white, and reversed white/blue white/black, so that it is suitable for use on different materials and is shown in the different formats below.

The 'We're all Ears' Logo

Promotional Materials

4.6 It was agreed that a range of materials would be used to develop awareness of the consultation. The materials broadly focused on younger adults (14-18), and parents with children, with some of the marketing materials appealing to all groups, for example, pens. Promotional pens and rulers were used in Stage One of the 'We're All Ears' consultation, and given to young people in schools. They were also given to participants at the large public consultation events and in the focus groups. Bags with the logo, which were made with environmentally-friendly material, were also produced and given out at public events.

4.7 These materials included the 'NHS Hull' logo and the patient and public involvement e-mail address and telephone number: ppi@hullpct.nhs.uk and (01482) 344732. Although the target groups all received the same marketing materials in Stage One, specific materials for different target groups have been agreed by the Steering Group for the target groups in Stage Two, including balloons for the public events to support targeting younger people and families with children.

The DVD

4.8 The DVD was an essential part of the materials which would be used for Stage One, to allow a visual approach to engaging the public, and to place the Listening Exercise into context. It was also intended that the DVD would encourage participation in Stage Two, and would be available for use in a variety of settings.

4.9 The DVD was commissioned in October 2008, and following a process where local and regional companies were asked to tender for the work, responding to a creative brief which outlined the purpose of the Listening Exercise and the DVD. Following a process of interviews a local company, Eon Media(www.eon-media.com) was commissioned to make the DVD, and began filming during October 2008.

4.10 During the telephone survey, respondents were asked if they were interested in taking part in the DVD, and a range of people were selected from those interested to take part in the film, representing a broad cross-section of the local population. Men and women of different ages and backgrounds took part in the film, explaining their priorities for health, their health care needs and aspirations for the future. A number of interviews took place in people's homes, and interviewees were also filmed in local shopping centres or at their place of work or study.

4.11 In addition to the survey participants, the Chief Executive of NHS Hull, Chris Long, was also interviewed for the film, to explain the purpose of the Listening Exercise and to encourage members of the public to get involved in the Stage One and Two consultation activities.

4.12 The DVD also included details of NHS Hull membership at the end of the film on both the long and short versions. Details of how to join NHS Hull and the benefits of becoming a member were included.

4.13 The DVD was available from the beginning of November, to coincide with the start of the focus groups and consultation events. The DVD is available with sub-titles and as a summary, three-minute version.

4.14 The DVD has been shown on the council's 'Big Screen' in the city centre, as well as being part of the STREAM TV project, which beams content into approximately 200 homes across the city. Furthermore, the DVD is being shown in GP surgeries across the city on a loop system. During stage two of the consultation the DVD will be available to download from the 'We're All Ears' web site.

Communication Channels

The Public

4.15 A press and publicity plan was approved by the Steering Group to support the 'We're All Ears' consultation. As part of this plan, a series of press releases was developed. It was agreed to produce three press releases, the first of which contained overall information about the Listening Exercise, including details of the consultation events, the headline results from the telephone survey, how to join NHS Hull, and details about Information by Design.

4.16 This first press release generated a full-page article in the 'Hull Daily Mail' on the same day as the first major public consultation event, 19th November 2008. The article explained the purpose of the consultation and encouraged public participation ands engagement in the exercise.

4.17 In addition to the local press coverage, an interview with the Listening Exercise Project Manager at NHS Hull was included in the local radio news bulletin on the same day, and included each hour during the news bulletins. In addition to BBC Radio Humberside, West Hull Community Radio and KCFM were also invited to attend the events.

4.18 A web page on the local Polish community web site was dedicated to the consultation exercise (www.hull.pl) and included details of the events in stage one, and the first press release was circulated to voluntary and community groups to help explain the context and rationale for the consultation.

4.19 Throughout the pre-engagement stage of the Listening Exercise, a close working relationship has been developed with the NHS Hull Membership Team. Details of the public consultation events were also included in the NHS Hull Members newsletter, and a Membership stand was included and staffed at each of the large-scale public consultation events.

NHS Hull Staff

4.20 The social marketing plan also identified the various channels of communication which NHS Hull staff use to receive communication. Members of NHS Hull staff receive information and communications from a variety of internal sources, including:

- 'Hullo' – the monthly staff magazine
- NHS Hull Intranet and Internet
- Global e-mails
- Team Meetings
- Managers briefing sessions and special events
- Internal Training
- Posters on Staff Notice Boards and information leaflets.

4.21 Materials were also developed to target these channels of communication, and the Project Manager attended various internal staff meetings to help raise the awareness of the consultation, and will be used to provide a link from stage one to stage two of the consultation exercise.

5 NHS HULL STAFF ENGAGEMENT

5.1 The Listening Exercise presents the opportunity for NHS Hull staff to engage with members of the public and to gain direct experience of consultation tools and techniques, and as such, an important part of the Listening Exercise was the opportunity for the exercise to engage with staff from NHS Hull. Using the many channels of communication identified in section 4 (above), staff across all service areas at NHS Hull and from all grades were encouraged to engage in Stage One.

Roles for Staff

5.2 As part of the process of engaging staff from NHS Hull in the consultation, specific roles were developed for the public consultation events, and members of staff were invited to select a role with which they felt most comfortable. For the 'big events', there were three key roles:

- facilitators, who led the group at one of the tables with the public
- note-takers, who took notes to feed back to the group
- 'meeter and greeter', who were the staff who met members of the public as they arrived, and helped them to the refreshments and to their tables.

As a result of feedback from the first large scale public event, the role of note taker was combined with 'meeter and greeter' for subsequent events.

Briefing Materials and Meetings

5.3 Members of staff were sent briefing packs by e-mail prior to the public events, which explained the purpose of the consultation and a description of the role for NHS staff. Meetings were arranged before and after the event to answer any further queries and staff were allocated to a table according to their role. Staff from Information by Design led the events, ran the reception desk, and supported NHS Hull staff on the tables.

Staff Feedback

5.4 Within 24 hours of attending the major public consultation events, NHS staff who attended the events received a web-based feedback questionnaire.

5.5 Staff were asked to rate a number of elements of the events. This included their overall opinion of the events, and their rating of different aspects of the events. Overall, 41 staff completed the questionnaire – of these 88% of these rated the events as a great or a good success and 98% rated them as great, good or fair. Only 1 person rated the events as 'not a success'.

Success Rating	%
A great success	19.5%
A good success	68.3%
A fair success	9.8%
Not a success	2.4%

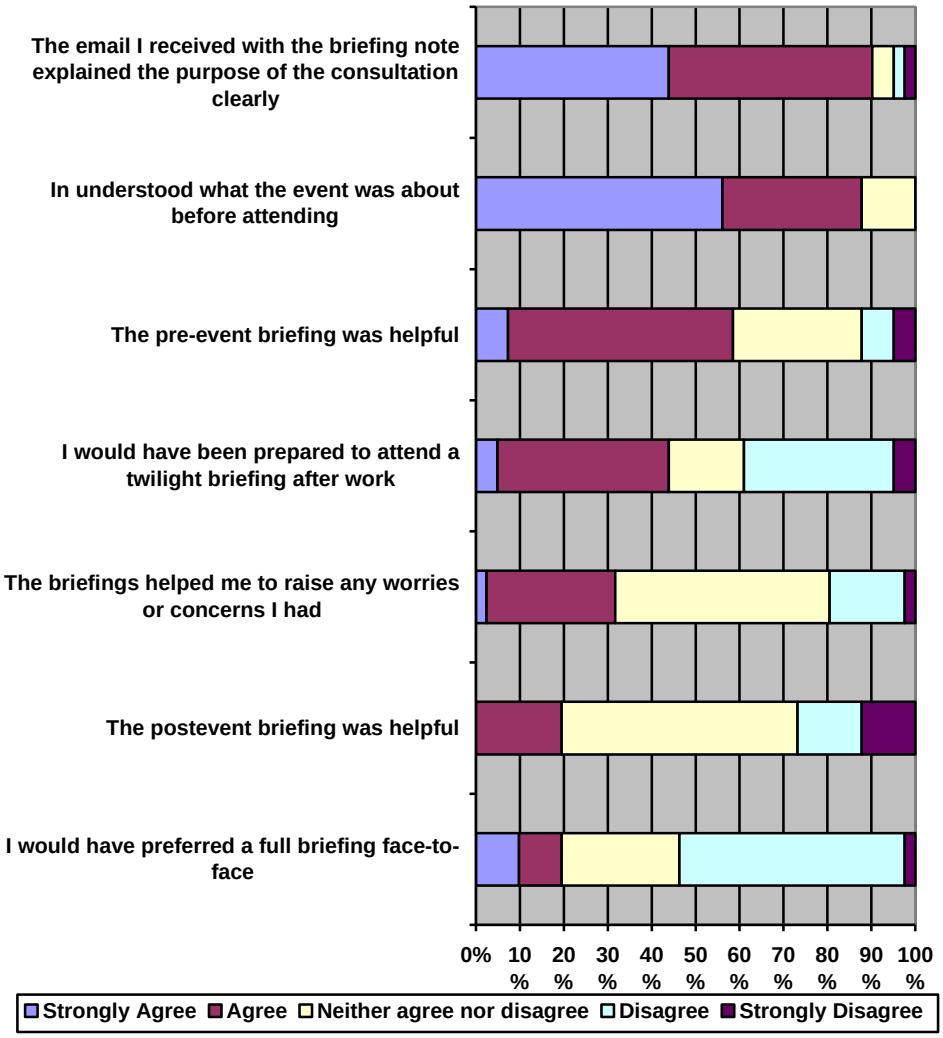
5.6 Staff were asked for comments on the event, and some examples of these are shown below:

"A good opportunity to meet members of the public who we serve, refreshing and fun."
"Helped me to understand the view of others. Both down to earth and innovative ideas shared by the group as a whole. Honed down local health priorities c/o ball game. Still room for more reflection re: learning outcomes."
"Good attendance and active participants.
"Because the public had a 'raw' opportunity to give opinion, receive immediate feedback and also Chris Long was there to give a speech."
"At the beginning it didn't seem as organised as it maybe should have been but later on, when the patients arrived it was ok."
"Good mix of people. opportunity to gather peoples views (though not quite enough time)"
"Great turn out, good participation but a shame it had to be rushed a bit."
"I thought the format of the session was just right, I was a note taker and had a really good group to work with. There was lots of debate and more people then I thought would come."
"I think the facilitator in my group found it hard to steer the group away from personal NHS issues."
"It appeared to achieve what it set out to. I believe it would have been a 'great' success, had there been more time for discussions."
"The number of attendees - the co-ordination of the workshops - the fact Chris made an appearance and over ran was managed seamlessly and his responsiveness to the questions seemed well received."

5.7 Staff were also asked to give their opinions on various elements of the events, including the information they received, their learning from the events, and their impressions of the hospitality arrangements, by stating their strength of agreement with various statements. The charts below are ranked by those strongly agreeing or agreeing with the statements

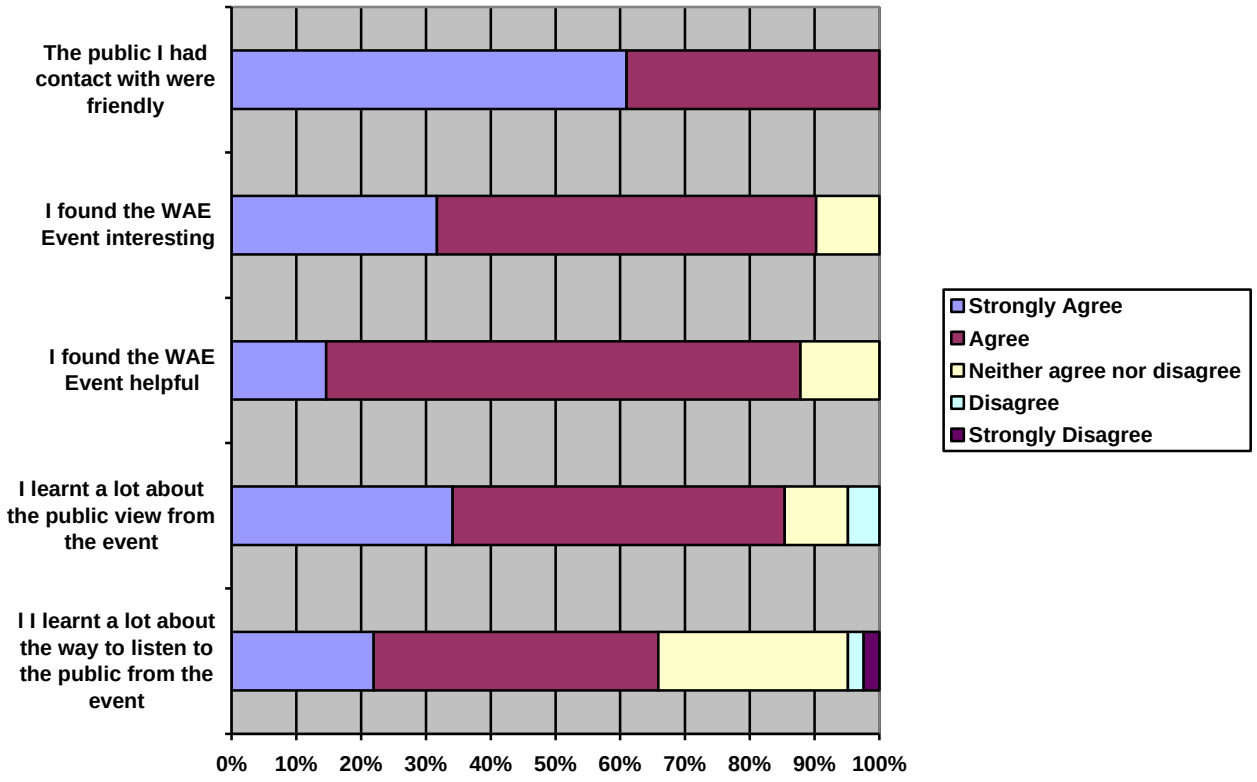
Information and Briefings

5.8 In terms of information and briefings, there were high levels of agreement with statements about the information sent to staff prior to the event, with over 80% agreeing that the email they received with the briefing note explained the purpose of the consultation clearly, and that they understood what the event was about before attending. However, there was less strength of agreement about being prepared to attend a twilight briefing after work, the need for a face-to-face briefing, and the post-event feedback session, suggesting that these have limited value in this context.



Learning and Take-out from the events

5.9 In terms of the staff learning and their 'take-out' from the events – 100% of respondents strongly agreed or agreed that the public they had contact with were friendly. Staff also had high levels of agreement with the statements about finding the events interesting and helpful, and learning a lot about the public view and about the way to talk to the public.



5.10 87% of respondents agreed that the catering was suitable for the events, and 75% that the venues were suitable.

5.11 Staff feedback from the evaluation is being used to design staff training and development for stage two of the consultation, and for the development of a training pack to support staff to develop skills to engage effectively with the public in the future. This is being supported by a Training Needs Analysis, which is to go to all members of NHS Hull staff. The results from these elements will be reported during Stage Two.

6 TELEPHONE SURVEY WITH HULL RESIDENTS

Questionnaire Development and Piloting

6.1 The Questionnaire for the Stage One telephone survey was drafted and shared with members of the Listening Exercise Steering Group. Members of the Steering Group ensured the questionnaire reflected the aims and objectives of the Listening Exercise.

6.2 In line with market research industry standards and best practice, the questionnaire was piloted internally and timed, and then piloted externally with 100 respondents, before continuing to the full survey.

6.3 In order to ensure members of the public would be able to understand the questionnaire and to make sure that the language used was universally understood, the draft stage one questionnaire was also piloted with lay members of NHS Hull, using depth interviews. This process highlighted any ambiguous language and ensured that the questions contained within the stage one questionnaire were clearly understood and fit for purpose.

Profile of Respondents

6.4 In total, telephone interviews were conducted with 1,556 residents of Hull. The sample of residents interviewed was controlled using quota sampling. The unweighted achieved sample closely matches the demographic profile of Hull residents (from the 2001 Census) by age and gender.

Table 6.1: Comparison between Unweighted achieved survey sample and Hull Population

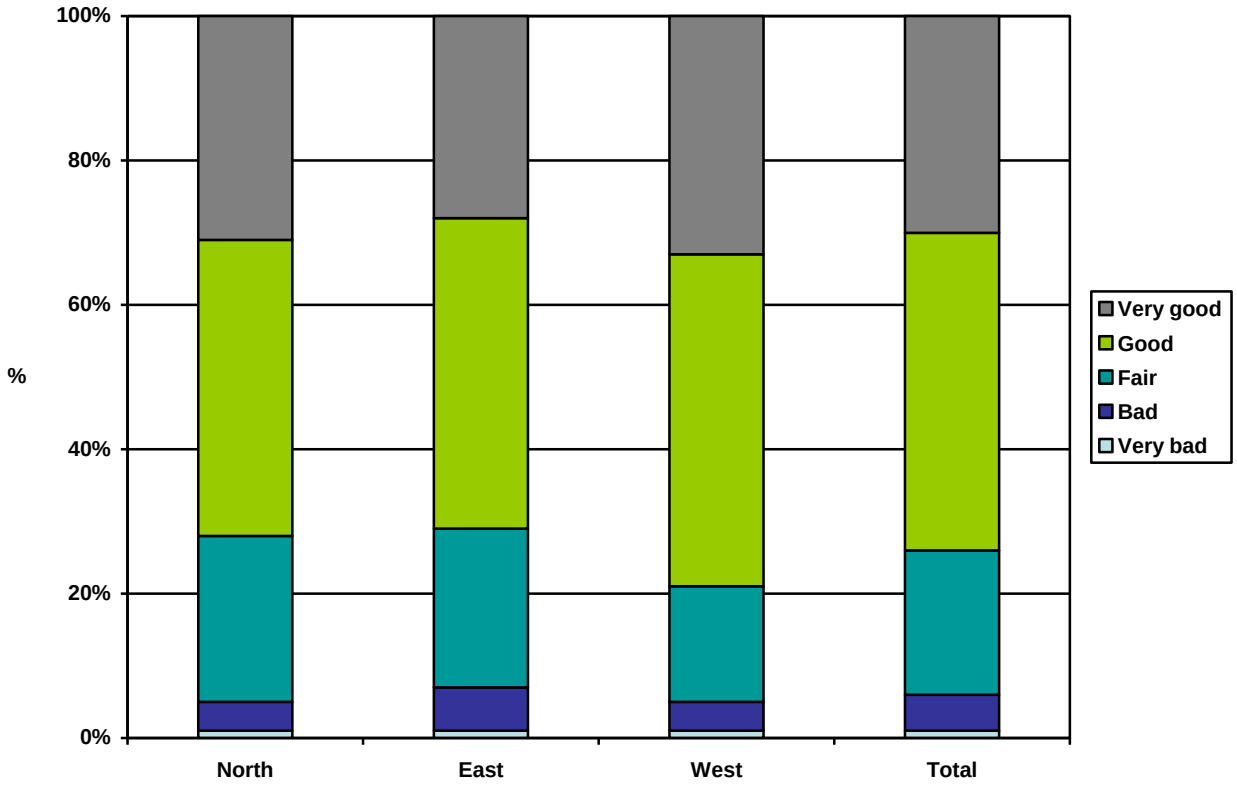
	Unweighted Survey Sample (%)	Hull Population (2001 Census) (%)
Male	49.0	50.4
Female	51.0	49.6
18-24	12.7	14.7
25-34	16.6	18.5
35-44	18.6	19.3
45-54	16.3	16.4
55-64	14.8	13.2
65-74	11.2	9.2
75+	9.7	8.6
Base: 1,556 respondents		

6.5 A detailed comparison of the unweighted sample and the 2001 Census profile is provided in Appendix 1. To correct for any differences between the achieved sample and the census profile, the data has been weighted by age, gender and locality.

General Health and Long Term Illness

6.6 Residents interviewed in the survey were asked questions about their general health and whether they had any long-term illness or health problems. Overall, 30% of those interviewed reported that, in general, their health was very good; 6% reported that their health was bad or very bad.

Figure 6.1: General self-reported health



Base: 1,500 Respondents

6.7 In total, 31% of respondents indicated that they had a long-term illness, health problem or disability that limits their daily activities or the work they can do. The proportion reporting having a long-term illness was 34% in East Locality, 30% in North and 28% in West.

6.8 The proportion of residents reporting a long-term illness, health problem or disability increases with age – over a half of those aged 65+ indicate they have a long-term illness, health problem or disability.

Table 6.2: Proportion of Respondents reporting a long-term illness, health problem or disability

	%
Total (All respondents)	31
18-24	14
25-34	14
35-44	21
45-54	36
55-64	45
65-74	56
75+	57
Base: 1,499 respondents	

6.9 The most commonly reported individual illness, health problem or disability reported by respondents to the survey was arthritis or joint trouble – this was reported by 7% of respondents (9% in East Locality). 5% report having high blood pressure; 14% reported some other illness, health problem or disability.

Table 6.3: Proportion reporting particular illnesses, health problems or disabilities

	%
Arthritis or joint trouble	6.9
Asthma or chronic bronchitis	3.8
Depression and / or anxiety	1.0
Diabetes	4.5
Heart disease	1.6
High blood pressure	5.0
Mental Health problems	0.4
Migraine or recurring headaches	0.2
Mobility problems	1.7
Obesity	0.1
Sciatica, Lumbago or recurring back trouble	1.1
Stomach or Duodenal ulcer	0.1
Stroke	0.5
Other	14.3
Base: 1,499 respondents	

Awareness and Opinions of NHS Hull

6.10 Overall, 68% of respondents said they had heard of Hull Primary Care Trust. There are small differences in levels of awareness across the 3 localities.

Table 6.4: Awareness of Hull Primary Care Trust (%)

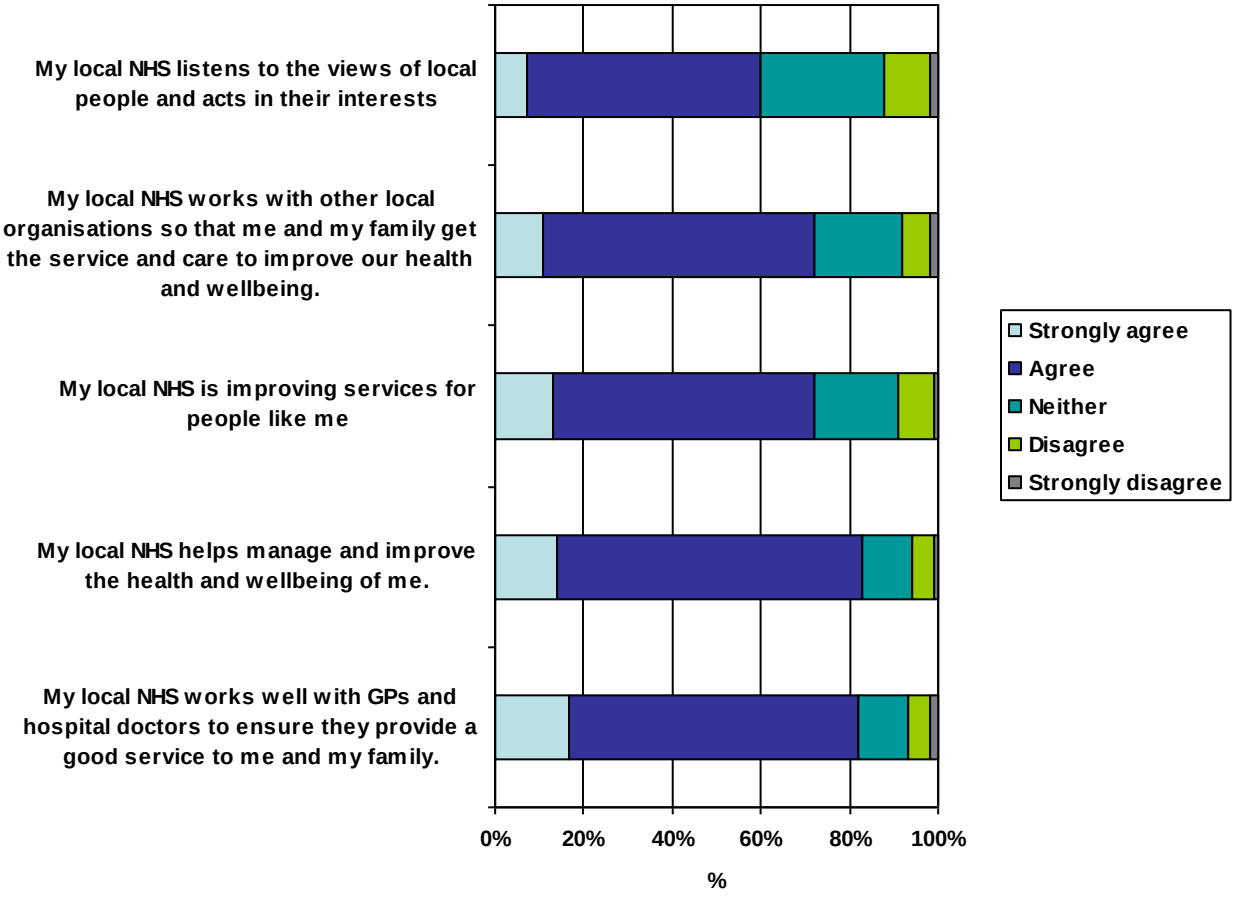
	North	East	West	Total
Definitely	66	70	67	68
Possibly	9	9	7	8
Never	26	21	26	24
Base: 1,554 respondents				

6.11 Although 'NHS Hull' is a recent 're-branding' of Hull PCT, a higher proportion of residents (80%) reported that they had heard of NHS Hull.

Table 6.5: Awareness of Hull Primary Care Trust (%)				
	North	East	West	Total
Definitely	70	83	79	80
Possibly	6	5	6	6
Never	14	13	15	14
Base: 1,554 respondents				

6.12 Respondents to the survey were asked for their opinions on the local NHS by agreeing or disagreeing with a range of statements. The results are presented in the figure below. Overall, the largest proportion of respondents (83%) agreed or strongly agreed that the local NHS 'works well with GPs and hospital doctors to ensure they provide a good service to me and my family'. In total, 60% of respondents agreed or strongly agreed that 'my local NHS listens to the views of local people and acts in their interests'. 12% disagreed strongly with this statement.

Figure 6.2: Opinions on aspects of the local NHS



Base: 1,556 respondents

6.13 There are some differences in opinions of the local NHS by locality. Those in North Locality were less likely to agree strongly with any of the statements (implying a lower level of positive opinions about NHS Hull in this locality).

6.14 Considering the statement 'my local NHS listens to the views of local people and acts in their interests' in more detail, the table below shows the proportion of a number of sub-groups agreeing or strongly agreeing with this statement. There are some differences by age and by employment status.

Table 6.6: Proportion of Residents Agreeing or Strongly Agreeing with the statement 'my local NHS listens to the views of local residents and acts in their interests'

	%
Total (All respondents)	60
Men	61
Women	60
18-24	69
25-34	60
35-44	58
45-54	53
55-64	60
65-74	64
75+	62
North	59
East	64
West	57
Ethnic Group: British	60
Asian, African, Chinese + Other	49
Disabled	58
Not disabled	61
Employed full-time	61
Employed part-time	55
Unemployed	66
Retired	63

Base: All respondents in sub-groups
Note: Asian, African, Chinese and other Ethnic groups comprised 41 respondents

NHS Hull Listening

6.15 Overall, 65% of local residents interviewed thought that NHS Hull listens to the local community a great deal or a fair amount. This proportion is highest in East Locality (69%) and lowest in West (60%).

Table 6.7: Extent to which NHS Hull Listens to the Local Community (%)

	North	East	West	Total
A great deal	12	13	13	13
A fair amount	53	56	47	52
A little	24	22	22	23
Not at all	4	3	6	5
Don't know	6	6	12	8

Base: 1,556 respondents

6.16 Respondents who indicated that they thought NHS Hull listens to the local community a great deal were asked what makes them think that. Responses to the open-ended question frequently focused around evidence from satisfaction with services, from more services being available, from evidence of consultation and from campaigns/communications/advertising by NHS Hull.

'New health centre – everything in one place – better access. More personal service on appointments and they chase you'
'Quit Smoking campaigns'

6.17 A summary of the main responses given are provided in the following table.

Table 6.8: Coded Responses – What makes you think that NHS Hull is listening to the local community?

	% of coded responses
Satisfaction with service	44.09%
Agree already listening	8.60%
More services	6.99%
Good consultation	6.45%
Good communication	5.91%
Word of mouth - generally satisfied	5.38%
Addressing local needs	4.84%
They aim to be better	3.23%
Personal experience	3.23%
Information campaigns	2.69%
General advertising	2.69%
Smoking campaigns	2.69%
TV advertising	1.08%
Radio advertising	1.08%
Weight loss campaigns	1.08%
Getting involved	1.08%
Information campaigns - elderly	0.54%
Doesn't know what they do	0.54%
Provision of funding	0.54%
Lack of complaints	0.54%
Joint working	0.54%
No reason	1.61%
Other	1.61%
Don't know	0.54%

6.18 Respondents who indicated that NHS Hull was listening 'less than a great deal' were asked what would make them think NHS Hull was listening to them. The most common responses focused around advertising and evidence from provision of funding and satisfaction with services. Other respondents thought that increased public consultation would provide evidence of a listening NHS Hull.

"Advertise more to give general updates of what is happening in NHS Hull."

"By doing such things as this survey, do more research into peoples point of view in order to improve the service."

"Improving services based on opinions of the local peoples opinions."

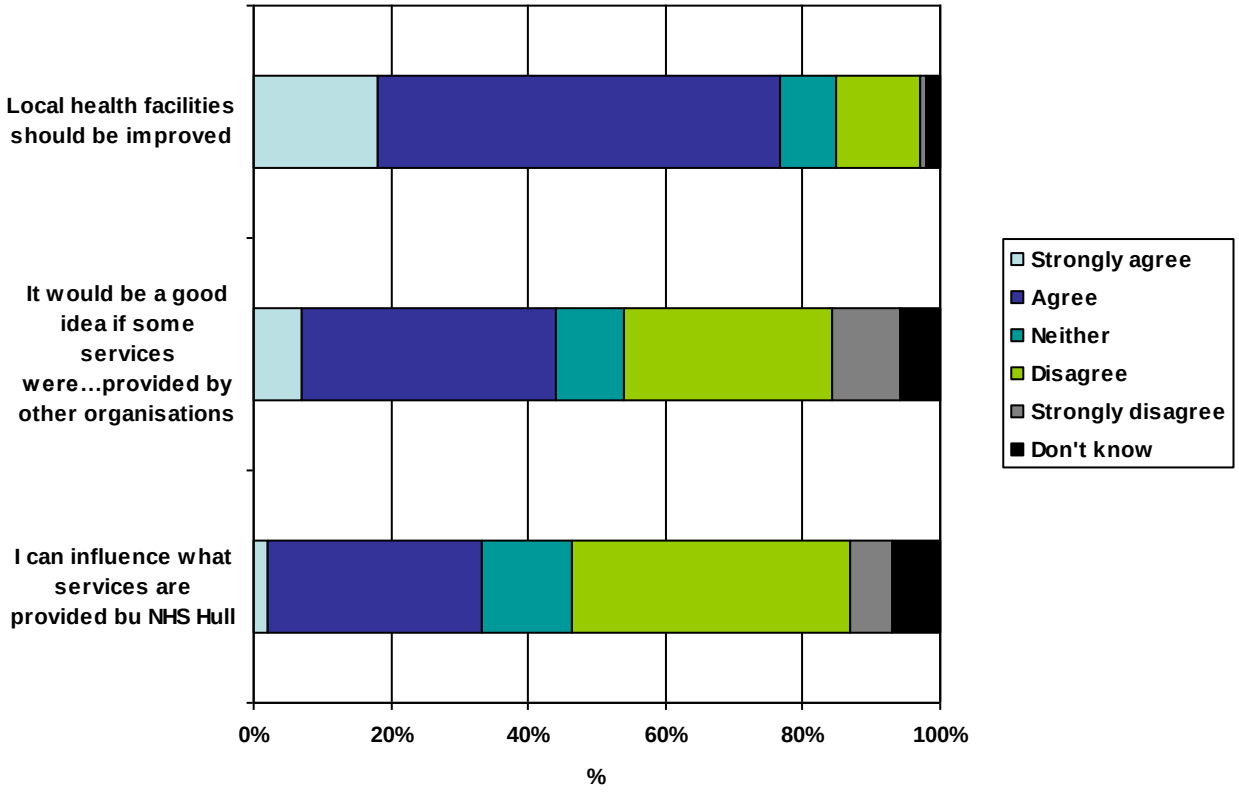
6.19 A summary of the main responses is given below.

Table 6.9: Coded Responses – What makes you think that NHS Hull was listening to you?	
	% of coded responses
TV advertising	23.46%
General advertising	6.49%
Provision of funding	4.46%
Satisfaction with service	4.39%
Smoking campaigns	3.92%
Personal experience	3.85%
They aim to be better	3.11%
Agree already listening	2.30%
Good consultation	2.30%
Good communication	2.23%
Getting involved	2.03%
Information campaigns - elderly	1.35%
Joint working	1.35%
Radio advertising	1.15%
Information campaigns - young people	1.08%
Word of mouth - generally satisfied	1.01%
Information campaigns	0.95%
More services	0.41%
Lack of complaints	0.34%
Addressing local needs	0.27%
Doesn't know what they do	0.27%
Weight loss campaigns	0.14%
No reason	10.89%
Don't know	9.94%
Other	7.57%

Local Health Services and Facilities

6.20 Overall, almost three-quarters (74%) of those interviewed agreed or strongly agreed that local health facilities should be improved. The provision of some NHS services by other organisations was viewed less favourably – 44% strongly agreed or strongly agreed with this statement. Approximately a third (34%) of respondents agreed or strongly agreed that they could influence what services are provided locally by NHS Hull; 53% disagreed or strongly disagreed.

Figure 6.3: Perceptions of aspects of local services



Base: 1,556 respondents

6.21 Women and younger residents are more likely to agree that they can influence what services are provided locally by NHS Hull.

Table 6.10: Proportion of Residents Agreeing or Strongly Agreeing with the statement 'I think I can influence what services are provided locally by NHS Hull'

	%
Total (All respondents)	34
Men	32
Women	36
18-24	40
25-34	37
35-44	37
45-54	28
55-64	32
65-74	30
75+	29
Ethnic Group: British	33
Asian, African, Chinese + Other	43
Disabled	30
Not disabled	35
Employed full-time	34
Employed part-time	33
Unemployed	45
Retired	29
Base: All respondents in sub-groups *Note: Asian, African, Chinese and other Ethnic groups comprised only 41 respondents*	

Priorities for Own Health

6.22 Respondents to the survey were asked what their top priorities for their own health were. The majority of the open text responses were around physical activity, followed by having a healthy diet. Interestingly, some respondents choose to give a response not around their own actions, but around the need for better access to health services (as a means for them to 'be healthy').

"Being able to get a doctor's appointment when I want one would be good."

"To keep my self fit and not get fat."

"To quit eating fast food."

6.23 Following coding, a summary of the responses is given in the table below.

Table 6.11: Coded Responses – What are the top priorities for your own health?

	% of coded responses
Exercise/keeping fit/being active/general health	32.65%
Healthy diet	20.65%
More access to doctors/medical services	6.60%
Other	6.32%
Correct treatment/cure/help with condition	4.54%
Stopping smoking	4.26%
NHS appointments/reducing waiting lists/follow ups/ generally quicker	3.83%
Less / no alcohol	2.13%
More info/advice	1.92%
More/free prescriptions / taking medication	1.77%
Less stress / more relaxing / happiness	1.35%
Regular checks	1.35%
More access to dentists	1.35%
Losing weight	1.06%
Cleanliness/hygiene	0.57%
Independence	0.28%
Keep warm	0.14%

Barriers to Improving Own Health

6.24 Again using an open-text response question, respondents were asked what stops them improving their own health. Of the responses given, the largest proportion were 'nothing'. Time and current health problems were seen as barriers in many cases. 12% of the responses given were around 'motivation, laziness and apathy'; 7% around 'financial issues'.

"30 hours per week working and household hold chores."

"Being unable to walk and exercise."

"Lack of motivation to go to the gym. Lack of time - has a busy lifestyle."

"Laziness maybe & lack of motivation."

"Money. Everything that benefits health at the moment costs a lot of money for example using the gym."

"Myself my mental attitude."

"Affordability of access to what you need: who can afford to go to a gym at the prices they charge."

"Nothing apart from being lazy."

"Nothing apart from drinking, otherwise I'm quite healthy. I bet I get sick now just because I said that."

"Nothing really stops me from improving my health. I do work full time but that doesn't really have an impact on the amount of free time I have. I do live on my own and I feel this means I tend to look after myself a bit less."

6.25 When coded, the responses are shown in the following table – nearly one-fifth said 'nothing', 15% 'time' and health problems/illness.

Table 6.12: Coded Responses – What, if anything, stops you improving your health?	
	% of coded responses
Nothing	19.47%
Time	15.18%
Health problems / illness	14.90%
Motivation / laziness / apathy	12.27%
Work / housework / caring	10.88%
Finance	7.35%
Family commitments	5.75%
Too busy	3.88%
Other	3.60%
Age	1.94%
Smoking	1.94%
Not eating healthily / eating too much	1.59%
Alcohol	1.18%
Stress / worrying	0.97%
Lifestyle	0.90%
Weather / dark nights	0.76%
Access to resources	0.35%
Unattractive facilities	0.28%
Disliking GP	0.21%
Having a car	0.14%
Medication	0.14%
Fear of the neighbourhood / anti-social behaviour	0.14%
Pollution	0.14%
Social life	0.07%
Not eating healthily / eating too much	0.07%
Distance of journey	0.07%
Agoraphobia	0.07%
Fear of the dark	0.07%
Education	0.07%
Television	0.07%
Road safety	0.00%

Influence on Health

6.26 Overall, 87% of respondents think that people can have a lot of influence on their own health by the way they choose to live their lives. There are differences here by locality – those in West were least likely to have this view.

Table 6.13: Amount of Influence People can have on their own Health

	North	East	West	Total
A lot	92	91	81	87
A little	6	9	17	11
Not at all	2	0	2	2
Base: 1,556 respondents				

6.27 Respondents were also asked if they could do anything to make their own life healthier. Just over two-thirds (68%) said that there was. This figure is similar across the 3 localities.

6.28 There are, however, differences by age – those in younger age groups were more likely to think there was something they could do to make their own life healthier.

Table 6.14: Proportion of Residents who feel there is something they can do to make their own life healthier by age group

Total (All respondents)	68
18-24	87
25-34	85
35-44	76
45-54	65
55-64	62
65-74	44
75+	30
Base: 1,551 respondents	

6.29 There were also differences (not significant) between men and women in the proportion who felt they could do something to make their own life healthier – 70% of men and 66% of women reported this.

Priorities for Spending

6.30 Residents were asked to prioritise spending by responding to the statement 'if NHS Hull had endless money, what could they do to help you improve your own health'. The open text responses included the following:

- Providing things free, or lowering prices

  "Free gym membership or reduce admissions at least."
  "Free advice on healthy lifestyles."
  "They should give free prescriptions and give free smoking cessation pills."

- Increased education

"More campaigns. More advertising of health issues more encouragement to get help. More help available."

- Check-ups and Screening

"Regular free check ups and create a service to advise people in a variety of topics. They could create meetings groups (preventive groups) activities."

- Things to support lifestyle change

"Do more groups for people to quit smoking."
"Better the schemes to help weight loss."

- Improved services

"Doctors hours a bit longer & more accessible for full-time workers."
"I would like to have more personal care - more home care."

- Support for the less well-off

"They could offer free food to people. Free healthy menu every day to make people eat healthier."
"Offering vouchers on healthy foods."

6.31 When the responses from the full sample of respondents are coded, the following are the main aspects as priorities.

Table 6.15: Coded Responses – If NHS Hull had endless money, what could they do to help you improve your own health?	
	% of coded responses
Free gym passes/lowering prices	14.10%
Decrease waiting lists	7.19%
More nurses/staff	6.91%
Improve general service	5.53%
Access to services	5.18%
Education and information	5.18%
Improve facilities	4.70%
Investment in research	3.32%
Medical check including screening for cancer	3.32%
Free prescriptions	3.18%
More dentists	2.42%
Healthy living courses	2.35%
Stop smoking courses	2.28%
Longer opening times work on evenings, weekends	2.00%
Make sport cheaper/free	1.59%
Continue as they are	1.04%
Free dental services	0.97%
Home help/visits	0.76%
Financial help	0.76%
Personal operation	0.55%
Free transport to and from doctors	0.48%
Hygiene	0.41%
Free parking/improve parking places	0.41%
Improve emergency services/free/more available	0.41%
Advertising	0.35%
Personal Trainer	0.35%
Nutrition of the patients	0.35%
Better physiotherapy/aftercare	0.28%
Investment in staff	0.28%
Mobile units	0.21%
Better trained doctors	0.21%
Improved appointment system	0.21%
Improve mental health facilities	0.21%
Yacht	0.14%
Stair lifts	0.14%
Environmental issues	0.14%
Faster prescriptions	0.14%
Opticians discounts	0.07%
Other	9.12%
Don't know	2.76%

Making NHS Hull Excellent

6.32 Respondents were asked what they felt would make the local NHS 'excellent'. The open text responses were most commonly focuses on the appointments system, reducing waiting lists and times, additional resources (including GPs and nurses) and improving access through increased opening times. The full list of coded responses in given below.

Table 6.16: Coded Responses – What do you feel would make your local NHS excellent?	
	% of coded responses
Appointment system	15.10%
Cut down waiting lists / times	10.80%
Positive comment (already excellent)	9.42%
More money / facilities / resources i.e. Beds	9.07%
More doctors / nurses / staff	7.55%
Neutral comment	6.44%
Longer opening times / out of hours opening / weekend opening	6.09%
Accessibility to resources / services	4.22%
Better hygiene / cleanliness	3.19%
Better communication	3.05%
More dentists	1.87%
Less bureaucracy / better managers / restructure departments	1.39%
Better care and assistance	1.32%
Generally improve	1.25%
Don't like HRI / modernise HRI / improve hospitals	1.18%
No smoking outside HRI	1.11%
Improve car park / free parking	1.11%
Raise awareness / health awareness	0.83%
Friendlier staff / decor / furniture	0.76%
More free transport / better transport	0.69%
Local treatment	0.69%
Free / cheaper / quicker prescriptions / delivered prescriptions	0.69%
Personal GP / home care/ personal service	0.69%
Not enough specialists/ specialist care	0.62%
Listen	0.62%
Be more efficient / help more people	0.55%
More compassionate / truthful doctors / staff training	0.48%
Better doctors / nurses	0.48%
Health checks	0.48%
Keep hospitals open / don't close hospitals / practices	0.48%
More home visits/ community care	0.42%
Better dentist services	0.42%
Better treatment / regular checks for elderly	0.42%

Continued overleaf

Some doctors to have English lessons / translation	0.42%
Cheaper / free dentistry	0.35%
Stop smoking campaign	0.35%
Online system appointments	0.28%
Yacht / wasting money	0.28%
Keep same GPs/consultant during treatment	0.21%
Keep drug-users separate / stop helping drug-users	0.21%
Better screening of potential staff	0.14%
More research	0.14%
No private companies	0.14%
Use alternative treatments non-chemical	0.14%
Better meals	0.07%
Separate sex wards	0.07%
Appointment reminders	0.07%
Bring back matrons	0.07%
Tighter restrictions on people claiming disability	0.07%
More teamwork	0.07%
Charge to see doctor	0.07%
More female doctors	0.00%*
Polyclinics	0.00%*
Mobile dentists	0.00%*
Other	5.47%
* Note – 0.00% represents a smaller percentage than 2 decimal places	

Current Involvement with NHS Hull

6.33 In total, 94 respondents (6% of the sample interviewed) said they work or volunteer for NHS Hull. 134 respondents (9%) said that a member of their family works or volunteers for NHS Hull. A total of 34 respondents also said that they work or volunteer for healthcare locally; 39 said a member of their family did this.

Further Involvement and Membership of NHS Hull

6.34 Overall, 764 respondents (49%) said they would be willing to attend one of the consultation events being organised as part of the NHS Hull Listening Exercise.

Table 6.17: Proportion of Respondents indicating they would be willing to attend on of the Listening Exercise Consultation Events

	%
Total	49
North	51
East	54
West	41
Men	46
Women	51
18-34	49
35-64	51
65+	38
Base: 1,499 respondents	

6.35 In total, one-in-ten of those interviewed said they would by willing to be interviewed as part of the DVD developed to support the NHS Hull Listening Exercise.

6.36 Respondents to the survey were asked if they would be interested in becoming a member of NHS Hull – a brief explanation of the requirements and benefits of becoming a member were given to respondents. In total, 385 respondents (24% of those interviewed) said they would be interested in joining NHS Hull.

Table 6.18: Proportion of Respondents indicating they would be interested in becoming a member of NHS Hull

	%
Total	24
North	27
East	26
West	20
Men	21
Women	27
18-24	22
25-34	30
35-44	25
45-54	25
55-64	26
65-74	16
75+	10
Base: 1,499 respondents	

7 STATUTORY, VOLUNTARY AND COMMUNITY SECTOR CONSULTATION

7.1 The Listening Exercise recognises the importance of the voluntary and community sector (VCS), and other partners working in the statutory sector in Hull and part of the Stage One activities was to engage with the sector to raise awareness of the consultation, to encourage members of voluntary and community sector organisations to participate in the 'We're All Ears' events, to obtain feedback from these organisations on their members' views, and to promote their engagement in Stage Two of the exercise.

7.2 An event was held at the Guildhall in December 2008, with the aim of:

- raising general awareness of the 'We're All Ears' NHS Hull consultation
- sharing the findings from the Stage One telephone survey with members of the VCS and health agencies
- giving the opportunity for the organisations to contribute their ideas on behalf of their members
- highlighting Stage Two of the consultation, including the 10,000 interviews
- publicising the 'We're All Ears' website as a method for their members to complete the survey online in Stage Two
- providing an opportunity to promote membership of NHS Hull.

7.3 The format of the VCS event included a presentation led by staff from Information by Design with the following sessions:

- Welcome and Introduction
- DVD viewing
- Discussion
- Feedback
- Plans for Stage Two of the Consultation
- Discussion
- Feedback
- Blue sky visioning.

7.4 Representatives from the following voluntary, community and public sector organisations with an interest in health attended the half-day event. In addition to the objectives above, an opportunity was also provided for informal networking and information sharing.

- Age Concern
- ARKH
- Carers Centre
- CASE Training
- Cornerhouse
- Cruse Bereavement Care
- Haven Project
- Hidden Voices
- Hon Lok Senior Association
- Hull Children's Fund
- Hull City Council
- Hull DOC
- Hull GATE
- Hull LINk
- Hull Warm Zone
- Latvian Society
- Member of the public
- NHS Hull – Membership Team
- North Bank Forum
- North Bank Forum
- Refugee Council
- Samaritans
- Stroke Club
- The Warren
- Travel Extra
- Unity in the Community

7.5 In addition to the feedback, some very useful relationships and links have been made with the VCS sector, which will support the engagement with hard to reach groups and working with groups with an interest in health in general in Stage Two.

Key Themes

7.6 The key issues which were raised at the VCS event covered a wide range of areas and can be summarised around the following themes:

Access to services	• Services have to be available and accessible for people who work and young people in particular. • Extended opening times necessary to provide better access • Problems accessing GPs and dentists • 24/7 access to GPs
Action	• Listening needs to be followed with action! Following consultation we need to see real evidence of having been listened to and being able to change things as a result. Opinions need to count and result in action
Aspirations	• Need to raise aspirations • Some people do not aspire to work and this impacts on their mental health • No work ethic in some areas / families – reduce benefits by 5% each year to encourage people back to work
Audience	• Consider the audience for the consultation and target appropriately
Capacity	• VCS is asked to do a lot • Need to look at developing new capacity within VCS – (commissioning / LAA targets) • Use of fixed term contracts reduces capacity (e.g. Gypsy and Travellers support post)
Carers	• Lack of support for carers: 24/7 role
Check ups	• Regular check ups / health MOTs / screening programmes
Cleanliness	• Cleanliness of hospitals is an issue
Commissioning	• Need to work with VCS to improve skills in commissioning and meeting local area agreement targets
Communications	• NHS is not communicating well enough • Need to communicate plans for the city with the VCS – through the web site • What happens as a result of this event? • Need to let people know how they can influence change • Use local media to raise awareness • Receptionists are gate keepers and abrupt • Good communication is vital – in a variety of formats

	• to engage people with low literacy levels • Use big screen / radio / post • Use VCS groups and their newsletter • Use GP Surgeries / hospital receptions / doctors receptionists publicising to patients • North Bank Forum has a membership of hundreds of VCS organisations – so do CVS and other infrastructure organisations – use us What you have done has involved many groups already. Telephone – for the elderly & web site for the young, with a message board
Continuity of care	• See the same GP / consultant • Samaritans – speak to the same counsellor
Cost	• Expense of opticians and prescriptions is prohibitive • Why do Scots and Welsh get free prescriptions and we don't?
Decision Making	• Hundreds of small VCS groups do not contribute to community decisions – NHS Hull needs to get out more and understand what these groups do
Disabled people	• Better services provided at home
Domestic Violence	• Need to train staff to understand victims
Education	• Training of staff and information and education to promote healthy lifestyles • To recognise symptoms of illness • Need to educate key leaders in VCS to support their role in health (developing policy / commissioning services) • More education on 'who' offers 'what' • Having some form of database which can allow people to access relevant people or agencies not necessarily GP, knowing who you should contact in certain situations
Facilities	• Better sporting facilities and activities
Funding	• Competition for limited funds provides tension within the VCS • Lack of funding for training • Will 'Personal Accounts' be able to fund the VCS? • Need to fund the VCS – pay expenses and cover costs • Full cost recovery for VCS – NHS should pay for expertise of VCS • Reimburse / donate to VCS groups • Support us: give us opportunities / funding to innovate (sometimes it won't cost a lot) • Enable us to keep initiatives going which are working and expand them

Holistic approach	• Support should be based on an holistic approach
Housing	• Everyone needs a decent home
Hull City Council	• Use HCC VCS Team to publicise events and consultation
Information	• Better information about services and support for unemployed people • Directory of services produced - needs ownership to keep up-to-date • Needs to be available in community languages • • People use A&E because they are not aware of other services • Data sharing between partner agencies
Language	• Professionals should use plain language which can be understood • Language barriers prevent access to GP services • Information needs to be available in community languages • Latvian community pleased with availability of interpreter
Learning disabilities / difficulties	• Should be a priority group for NHS
LINk	• How does the Local Improvement Network (LINk) fit in with the 'We're All Ears' consultation? • What is the role of LINk?
Local Strategic Partnership (LSP)	• VCS involved in setting priorities through LSP – are these priorities supported by people in the community?
Long term illness	• Give people something to do with long term illness
Membership Schemes	• Are there too many public sector schemes for people to join (NHS Hull/ Humber Mental Health / Citizens Panel)?
Mental Health	• Needs to be a priority for NHS – can help people through sociable activities, for example a craft group • Stress can trigger mental health problems • USA model – young people can access services to deal with stress before they become ill • Will increase in the future • Need to use alternative therapies to combat stress : massage; counselling and talking therapies • Stigma with counselling • Support for BME communities and mental health

NHS Hull	• Needs to understand what VCS does • NHS is huge – needs an Information Department - one point of call • Need a single point of access for information across the council / NHS Hull / Humber Mental Health / Acute Trust etc… • Could work with VCS groups to train volunteers
Obesity	• Focus for health
Older people	• Should be a priority group for NHS • 'When you get old you become invisible' • Do not receive the services they deserve • Better service provided at home • Better homes
Organisational overload	• The VCS is overloaded at the moment with consultations – can the sector cope with the demands placed on it to be involved and active in so many consultations?
Pathways	• Need smooth and effective pathways for treatment
Private Healthcare	• Private medical / health professionals should be bound to work in the NHS for a specified number of years before going private
Refugees	• Group without a voice • Can't access GP without NHS number – can a temporary number be made available?
Self-Help	• Importance of self help groups to share experiences • Encourage personal responsibility
Smoking	• Find out why people smoke then encourage them to change their behaviour – telling them not to doesn't work
Stage 2	• IbyD Interviewers to signpost people to services? • People interviewed receive support to access appropriate services to improve health and well being • 'Tick-box' questionnaire can be very clinical
Standardised systems	• Used across GP surgeries to improve access
Stroke	• More awareness and information necessary to avoid stroke • Mental health awareness as well as lifestyle factors • Very frightening experience – lack of GP support
Students	• Better services for students knowing where and how to register with Doctors. A lot of problems registering because of being a student and not being from Hull
Telephone support	• Can be used to provide local support –& at night time

VCS	• Significant city resource • Huge variety of VCS groups and efforts • Potential future research study on VCS in Hull and health support / Mapping VCS in Hull • Use VCS to consult members and engage in Stage 2 • Get to know the sector and ask for advice • What you're asking may not be within VCS remit • Without us you'll miss a massive group of people • More cohesion between voluntary and public sector – a holistic approach • Need to understand what VCS does and services available
Vulnerable groups	• Need to include vulnerable groups in the consultation by going out to them (focus groups) • Dedicated health worker to publicise services across the city And build trust with the community: BME groups / Gypsies and Travellers • Access to local health services for highly mobile travellers – maybe a travelling health / patients file would aid this
Young People	• Should be a priority group for NHS • Need to find ways of including children under 14 • Healthy lifestyles included on national curriculum • How can we engage with young people and encourage them to stop smoking? • NHS Hull Membership forms don't appear to be 'young-people friendly' – are there other ways that could be used to help recruit 14 year olds and upwards, for example, Facebook?

The Future

7.7 Participants were asked to 'vision' the future, during a 'blue skies' visioning exercise. The following key suggestions were made:

- Health will be marginally better
- More older people than younger people in Hull – so problems will be who will take care of older people
- As Hull becomes more culturally diverse the different cultures tend to rely more on extended family. Families in Hull may be affected by this
- More people will be helped to stay in their homes when older and ill using social care
- We will be closer to the national average in terms of smoking levels
- Integrated voluntary health, social and voluntary care
- Premises for voluntary sector groups (e.g. CRUSE) within healthcare services
- Separate spaces for young people for their services (maybe in schools etc)
- Information shared between organisations
- A&E – many people will go because they are not aware of other services that are available
- Get healthcare put on the National Curriculum and healthy cooking

- Hope health service is not insurance based as it is in USA – need to keep as it is today as it is based on need
- Like the health service to more like private: more staff time, quality of food
- Upgrade services
- More preventative and educational
- Education for young families
- People have a better understanding of the link between mental and physical health
- Hope the older generation have better health than they do now
- Services are clear in their ethos
- Will we have an NHS? Or will we move towards a similar system to that of America and Australia?
- Capability to replace joints and reduce / eradicate arthritis
- There may be alternatives to visiting a GP
- Technology will improve / self diagnosis via internet
- Big Brother – will people have to leave houses?
- Testing better for babies illnesses before they are born
- Increase in mental illness
- Old age pill to keep us young and fit
- Robot carers and cleaners
- Healthy attitude to death and dying
- Ageing disease – dementia and Alzheimer's – treatment will be more of a problem
- Skin cancer – increased incidence
- Cure for AIDS
- More preventative care (screening) especially at age 15 and 30 years old
- Better attitude to mental health
- More older people
- Hope that healthy lifestyles campaigns have had an impact
- More access to well-being and mental health services at the lower level
- Well-being focus in schools to lose mental health taboo
- Well-being drop-in groups
- Working with the voluntary sectors re: mental health
- See isolation as a health issue
- A social care role working in partnership with medical professionals
- GPs have an holistic approach to health
- GPs have a family / personal relationship.

8 PUBLIC CONSULTATION EVENTS

8.1 The three 'big events' were held in 3 different locations – a central location, one in east and one in north Hull. Each event was well attended by the public and NHS Hull staff worked alongside Information by Design staff to facilitate the events, take notes, staff reception desks, and welcome and seat members of the public. Each of the events had a core presentation which was led by staff from Information by Design, with a similar format:

- Welcome and Introduction
- DVD showing
- Discussion
- Results from the survey
- Discussion
- Prioritisation activity
- Blue sky visioning.

8.2 At one of the sessions, Chris Long, the Chief Executive of NHS Hull, attended the event and gave a short introduction to the work of the organisation. At this event, the discussion sessions were merged together in order to allow for this intervention.

8.3 Response from members of the public and NHS staff was good – and positive feedback was received by the majority of those who attended.

Key Themes from General Discussions

8.4 The key issues which arose at the sessions were many and varied. Facilitators notes and other feedback from the events have been drawn together under broad themes in the table below.

A good service	• We should be proud of our NHS – we are very critical of the NHS • NHS is working because we are living longer • NHS do a good job within resources
Action	• People on the table didn't like the voting system – they felt that things other than the chosen 'priorities' would then be neglected. One man felt that nothing would change as a result • They listen but does it get actioned?
Accessibility	• NHS needs to be more accessible. • Access to GP and hospital • Accessing GP's is a problem • People don't always access services which are available e.g.: 'stop smoking drop in centres'
An improved service	• General opinion that the NHS has improved
A poor service	• NHS is constantly cutting back _ wont exist in 5 years
After Care	• No after care available • Problem with after care when going home from hospital
Alcohol and	• Alcohol problems and Drug abuse

Drugs	• Need help for alcoholics
Appointments	• Allocation of appointments to save time • GP appointments • More help and support to access hospital appointments • 300+ unkept appointments needs to be addressed • My daughter sees the same doctor all the time, but they won't let you make an appointment for 2 weeks ahead.
Charges	• I would charge for NHS service – a couple of pounds would remove 'wingers'
Child care	• Child care is important for mums so that they can go back to work • Childcare is very expensive – can the NHS do something about it?
Children and Young People	• More Drop in centres especially for children – could start at school
Cleanliness	• Hospitals need to be cleaner. Improve cleanliness. Be careful about cleaners in the hospital, they don't always do their job properly….contractors inform visitors/enforce hand wash
Communication	• NHS Hull not necessarily getting the message across • Communication problems – deafness (clinicians speak to computer not patient) • Feel like being fobbed off • The display of leaflets at the surgeries should be improved • Not everyone can read • Breakdown in communication between doctor and staff • Keep people informed, what is expected of family members • Transfer of services without patients being informed • Given conflicting information • Lack of communication from hospital t GP • Communication between professionals and clients were not always good
Consultants and clinicians	• Very important to get to know your consultant and know the staff on a personal level to build up trust • Want more explanation from clinicians • See different consultant on each visit • Concerns about consultants time being split between the NHS and private, need some continuity with who you see, if they need to take notes. • Can't get to see the specialist (seeing doctors below them) feels like being passed around and not heard properly
Connections and continuity	• More contact from NHS with teachers who are dealing with children with health problems • No continuity of service – need to communicate more and take responsibility for interacting with other services • Should be able to see the same person for chronic conditions.

Dentists	"The dentist chucked me off his books as I was self employed and so couldn't make appointments. I apologised but he said No!" • No NHS dentists with Hull • Dentists – not enough • Need more dentist • No NHS dentists available
Diets	• Diets and NHS only send leaflets and bits and bobs on TV. • Need more advice on diets, food and health • Healthy eating – all knew what foods they were to eat but were concerned that the younger generation ate unhealthily
Doctors	• People expressed a concern that most people wanted to see the same GP who know their history and often say they need an emergency appointment just so they can see their own GP • How come you can't always specify which doctor you see, you always have to wait for them? • GP's phone lines are always busy • When you phone your GP you are kept to wait for over a week or two and the ailment gets worse One lady was told she had 4 months to live, the doctor just opened the door to leave – he offered no support • Cannot always get into the doctor when you want • Doctors should be open 7 days a week 24 hours a day • Increased number of GPs • Increased access to GPs • Long waiting times to see GP • GP's to meet with the local community • Don't agree – I have a good GP so its not representative • No/insufficient help from GP • Cant get a quick appointment at GP for urgent Childs appointment • Queuing system , sit and wait, may be better • GP's don't seem to care as much as they used to • GP's don't seem to know people's family like they used to , lost the personal touch, too many people responsible for your care • Patients who need to consult for more than one condition need to know that they need to book more than one appointment • Don't really have chance to talk to doctors before proscriptions are being written • Always see a different GP, its important to see the same GP • Extended hours at GP's • Open access to bigger facilities to get appointment • GP service depends on the surgery you go to – variations in service – should be more standardised • Access to GP • Own GP and walk in services – urgent and non-urgent • Doctors are changing – don't get to see the same doctor • Doctors are changing – Don't get the same level of service • Doctors are changing – Have to explain everything to a new doctor

	• Doctors are changing – Language problems with non-English doctors • Doctors just give you pain killers – they don't get to the route of the problem • Doctors misdiagnose • GP's need more training in cancer treatment • Contact with GP accessibility to get appointments • GP's need to be mote accessible, can't see the when you are ill • Have a problem getting past the receptionist – cant get appointment same day if you phone before 8:30 • Would be good to see the same doctor • Extended opening hours should be tried • Can't see the same doctor all the time as it is not economical • Think that Doctors are working to budgets, need to concentrate on treating patients. Need more than 7-10 minutes to discuss issues with doctors • York is a 'walk-in' GP surgery • Telephone access to GPs surgeries is poor • Talk more on the telephone to GP – more access to GP on the telephone • Passed onto GP, waiting in queue for a long time at GP too many people. • GP Telephone systems – have to spend a long time "queuing " on phone – press 1 for…. Been on phone for over half an hour some times, how much does that cost?
Drop-in Centres	• People are aware of the drop in centre at Bransholme - minor injuries clinic-but felt it didn't cater for patients with Asthma. People have turned up and been sent to A&E – people with children usually go straight to A&E • Drop in services are good for smaller illnesses, but not others • There is a walk in centre in Hull, but you need to be there at a certain time • Drop in centres are a good idea – we often wait too long to see a GP • Walk in services • Walk in centres – not individual style, GP's scattered about • Drop in centres might be useful • New 'walk-in' centre in Hull is going to be a very positive step • They don't come out anymore – want more GP visits • Doctors used to come out once a fortnight to see my mother
Education	• Health is a personal thing – start at an early age, education on healthy living is very important • More education - starts with parents • Empower/advice from NHS Don't believe it's the job of the NHS to educate people • The big ones 'diet' needs to be taught at school how to cook • Learning is the most important thing • Education needs to be at home • Need more health education

	• Used to have cookery classes years ago. Need to start educating at 'Grass Roots' • Healthy choices in schools – provided information • NHS need to be getting into the community and the schools
Elderly	• GP and health visitors for the elderly should be available
Equipment	• Equipment/aid choices – preferences not always taken into account
Exercise	• Lack of time to go to the gym • Culture of disrespect for education – schools are not the answer – we live very insular lives • Gyms are too expensive – should provide concessions • Availability of Keep fit scheme should be a priority – have to pay for it in Hull • I was referred by my doctor to a scheme in Hull where I was advised on health and diet held at the Dorchester School – very good • Already exercise. Try to walk more – use less transport
Facilities	• Staff don't seem to have the facilities that are required • New buildings: What are they?
Food	• Need clever labelling on food in supermarkets – its confusing • Full time workers cannot be bothered to cook on a night • Portion sizes are bigger now • Eat healthily • There should be a main contact point where people can get cookery lessons and also simple cookery books • Fast Food is too accessible we need to start with the children, why did we stop free school meals in primary schools? • Diet: government take no action – advise on fruits etc • Younger generation too easy to eat bad fruit with a busy lifestyle • Provide discounts on fruit and veg • Parents and children's education, feeding and eating in front of the TV and not learning to like food
Health Centres	• Have Health Centres, Sure start in most local areas • More health care centres
Health Equity	• Problem with equality of service
Health visitors	• Same health visitor instead of changing them all the time
Healthy lifestyles and information	• Need local facilities for exercises, cookery classes and just advice on healthier lifestyles • Directories in surgeries to let people know where to find health information
Hearing Impairment	• Should be designated doctors for hearing impairment, (if you cant be understood)

Home based treatment	• Treat people at home • Palliative care to enable people to die at home
Hospitals	• More people die of diseases caught in hospital than what they went in for • No more mixed wards in hospital • A& E service is greatly improved now

	• Why do services in the hospital not work together, how come they are funded separately? • Centralisation of services at Castle Hill can prove difficult for some people to access. Hospital in East Hull • DVD lacks examples of hospital care issues: more presence on wards to provide 1:1 care, for complex needs….not a clinical practitioner, more a generic health trainer support practitioner assigned to hospital wards.
Housing	• England has and always has been the biggest builder of social housing
Illness is a fact of life	• Fact of life we become ill and this wont change
Information	• Active health care not just information • Why can't the helpline for Breast cancer be kept going? • Information overload on health issues can panic people – less dictating and more offering of solutions e.g. Jamie Oliver • More publicity needed about existing services e.g. Walking groups • More information about eating healthily • Unsure as to what advice I should take. • Publications and advertisements need to be given out/handed to you! - specific to your needs. • 'Health pod'/'Information Pod' would be a good idea • More personalised system to patient info. • People could do with more info and help to manage illness • We need more information to be relayed to the public • At work all day, so how would I be able to find out about these services? Info needs to be relayed on a much larger scale • Only seem to find out these things if I have a long term illness
Internet	• Access to internet a problem – lack of information
Mental Health	• Lack of input re improvement to mental illnesses • No representation of mental health services • General/community level – not enough for mental health
Funding and Money	• NHS is just about money – its all down to this "There's never enough money" • Down to money – we're too rich – helping smokers etc is a waste • How wisely does NHS spend the funds
Nanny State	• Too much of a 'Nanny' state • Should be treat as individuals

Notes and Records	• Details lost/stolen • Get all the health service computers to talk to each other so all records are shared • Case Notes have to be accessible • Sharing of medical records appropriately between healthcare services • Personal information needs to be accessible to the professional seeing the patient • Patient should have a copy-patient should be trusted – patient should be empowered
Nurses	• Would like to see the return of the nurse run wards (matrons) • Nurses conduct in hospitals – not eating takeaways - not going home in uniform • Nurses to set a good example • Extend more nurse led services to increase availability of appointment slots
Older People	• Better services for older people, whether healthy or not • Older people are often fitter than their children
Opticians	• Eyes – help towards cost
Other services	• Morrill Street Surgery offer 'Social' prescriptions – • Responsibilities of NHS blurred (social issues) • Bring back National Service
Out of Hours Services	• People have heard of out of hours but only by ringing the surgery – it is not advertised well enough • Health service should be 24 hours service and not stop at 6pm
Pain management	• Pain management service is available but again info was not readily available
Parking	• Big concerns over parking especially at Castle Hill
Pathways for treatment	• 18 week pathway very good idea
Pharmacist	• No pharmacist on duty at the chemist
Population	• Aging population/people living longer
Prescriptions	• Prescription charges for asthma – why can't they be free as they are for diabetics etc? • More things (prescribing drugs) could be spread out to other staff (nurses) • Waste through over prescribing • Prescriptions – not always fair who gets free
Preventative Medicine	• Focus more on preventative rather than people are already sick • I'm all for prevention – don't get sick in the first place • "I am healthy, I take tablets to prevent illness"
Private Treatment	• Faster treatments for those with money – should be one system

Professionalism	• Knowledgeable professionals who deal with people effectively and quickly • To be seen on time as much as possible • More professional staff
Receptionists	• Train GP reception staff
Referral	• People think it is wrong for a doctor to refer a patient to a clinic, they would prefer to be referred strait to a consultant
Responsiveness	• Trying to make NHS consumer friendly
Screening	• Screening programs – felt this was disjointed example: mouth screening today, lack of info, only found out about it by chance • People think that MOT will save the NHS a lot of money • Health clinics – voluntary • Invitations should be sent to workers every 3 years • Confidence to be able to access a health check not just when feeling unwell • Have to be privileged to get a regular check up • In France the system is that you cant work if you haven't had the "health check" • Provide health information about health checks • Risk assessing individuals • Not enough health checks like France – voluntary every 3 years • England is good in response but not in preventative • We need to be invited to attend health checks, but its our right
Self-awareness, self-management and ownership of health	• Recent diagnosis – can influence ones own health • Need to be sensible and be aware of things you can influence, but some things we are not able to influence (loss of sight) • Must be aware of family history to help you know where you have to be careful • Help yourself • People need to take their own actions • Patients who do self manage illness are proactive, they know when they will need medical attention. Service is often not accessible when required, or access to a GP of one that will listen. • People need to be told they have a health problem before they do anything about it • Look after own health – its up to you to put in the effort • Can control basic health, more access to exercise
Smoking and Smoking cessation	• Positive feedback on the Smoking Cessation - its up to the individual to access them • Biggest problem is smoking • Smoking is a big problem – release for stress • There is a scheme for No smoking in Hull – leaflet from NHS free patches and gum for 12 weeks • Smoking clinics felt that patches worked
Staffing levels	• Increased staffing levels
Stress	• Stress is a problem
Telephone	• 08444 numbers for GP should be stopped (premium rate) –

	should be able to phone straight through to GP
Tablets	• Sometimes you have to take tablets to keep well, but it is still a choice whether to take them
Tests and Results	• Getting hold of test results is difficult and should be easy • DVD Should have included long waiting lists for blood results
Training	• Lack of training
Transport	• No bus services at Marfleet Lane • Transport is an issue
Waiting Lists, and Waiting Times	• Long waiting times for x rays and results • A long time between seeing the doctor and treatment • Cancer service is much better, as have time to see people in a certain time • Waiting lists are too long
Yacht	• Did they need to spend all their money on a training vessel? • The training vessel money shouldn't have been taken away from the NHS • Rewarding those who are doing wrong is in itself wrong • Training vessel – helpline for cancer can't keep going? • What about the hard working children who cant get jobs or further exciting training • Education is there for all. In any one class there are workers and kids who will rebel and mess around. It is the latter who receive the better attention and receive more services • If you can justify the yacht then you can justify going into the schools. Should be doing both! • Yacht has been bought because of an understanding within the PCT • It will have benefits! • If not successful after three years then the yacht can be sold and money taken back. • Youngsters will benefit, but only 150, so couldn't money be spent to train more youngsters
Miscellaneous	• NHS should stick to health matters • No publicity for Lifestyle surveys. • Payment for treatment across the Humber Bridge (Bridge Tolls) • Look at different ways of recruiting to the NHS • Childcare is not the responsibility of the NHS • Patients get 'lost' in the system • NHS do have an 'out of hours' service • Issues affect people in different ways • Lack of quality respite care and support available • Better access to respite care – to support for carers required. Are GPs using carers registers to signpost to support mechanisms • Private companies as providers (social care)

Service Specific Praise or Grumble

8.4 During the course of the events, some of the participants mentioned issues with specific services – many in a positive way, but some negative.

"I can't complain of the NHS when I had an eye problem."

"Cancer treatment has been excellent."

"I had a brain haemorrhage in 1993, I was lucky to have a wife who was a nurse – the NHS couldn't cope with strokes – they were brilliant at Castle Hill not HRI."

"I have had the same doctor for 40 years, if he moved to York I would follow him. However it is much harder to see that doctor due to the amount of people in Hull."

"My wife is on a kidney machine at HRI and they are doing an excellent job."

"Delay over sciatic nerve (not told why) – GP said no records – 2 lots of blood tests before treatment. Procrastination is the biggest problem."

"Had to wait over 6 months to have a hernia treated. After complaining asked to attend the following day."

"Had to go private to get seen about my hip. I went to Goole, incredible service, waiting time good. Would go anywhere to be seen."

"June 2007 – son became unwell, slumped over barrier at rugby, was so sick so rang doctors the next day (Monday). Doctor said he had tonsillitis, got antibiotics, during the night was really ill. Told receptionist. Son was staggering so took him to outpatients. Had to carry son in, was getting worse by the minute. Was seen by 3 doctors and nurses. They did a CT scan straightaway – son had 3 strokes. Needed to take him to Leeds- became so ill he had to stay in Hull and do emergency surgery as his brain was swelling."

"Lympadema – because she didn't get it through cancer, the NHS won't treat her."

"Rung up for an appointment – you can't get through and then when you do you can't get an appointment. When I went a few weeks ago to see a doctor about a cancerous spot – it took 2-3 days, It was too late for my husband – had to wait 2-3 months and by the time they saw him it was too late and he died. It's so silly having to wait and wait for an appointment."

"The NHS staff making the appointment don't ask how urgent it is - there should be a priority system. You could be a youngster with an enquiry for an older person who needs an operation. Sometimes you have to wait up to 3 weeks to see a doctor. Recently I had a problem with my heart and called NHS Direct, but one of the nurses in hospital told me not to ring them 'cos they're not professional. I rang them and they were wonderful, I saw a doctor within an hour and a half – wonderful service."

"Went to Castle Hill for a 10 minute appointment and I live in East Hull – it took me 8 hours on the buses. Getting off the bus is a nightmare at Castle Hill – is awful because it's such a busy road to try and cross. People don't realise that some people don't have cars. Parking is also a problem."

The Future

8.5 Members of the public gave their views on their vision of the future for the NHS in Hull in fifteen and thirty years. Their responses are given below, but it should be noted that some of these issues were raised once, some more than once.

- Don't believe we should look 30 years in front – no more than 5 years or you won't know what is needed
- Schools having health lessons – nurses back in schools
- Nit nurse makes it more open and eradicate the problem
- Sex education
- Domestic Science – teaching people how to cook healthily
- Health and education working in partnership
- There will be no NHS because there will be no more money left
- Think it will be like America – have to take out insurance
- Large central health centres, but the NHS as it is now
- If people haven't lived here – they should have to pay
- People will live longer, dementia will increase
- Hospitals should be immaculate
- Should be able to see your GP on the day you want to see him
- We should be able to talk to GP's directly
- Training the nurses so could do more
- NHS direct is quite good, hope that in the future they will be
- High Street centres where you could just walk in like a DIY centre
- Less tight with budgets and better finance management
- Home economics back in schools
- Free residential care for the elderly
- More equity with free prescriptions
- More self service
- Better benefits management
- Better residential care
- Two tier services
- Seeing a GP through a webcam/tele medicine
- More 24 hour services
- To find cures for most things
- Major advances in Health care
- Compulsory organ donation
- Central medical records on CD/DVD
- NHS or Nationwide should pick a leaf from China where people start with a gym at their place of work before they start work.
- Free check up all the time
- 24 hour GP's, mobile GP's
- Lose weight
- Electronic robots/receptionist
- More educated regarding health
- One dentist for the entire family
- Mentors to educate people on health issues, more health trainers
- Communities coming together - Ministry of food is a fantastic example
- Future of health holds for 30 years – religion or ethics taken out of health service (Genetic engineering)

- Plan for ageing population
- Still want NHS to provide universal care even though its more expensive
- Improvements in medicine
- Increased demands for services
- Young people will now have dentures in future
- Young people will develop diabetes in future
- NHS should still be free in 15, 30 years
- Move away from Government control
- Free prescriptions
- Brand New Hospital for the city
- More localised facilities
- More readily available information
- More defibrillators in public places
- Education on health in schools
- Technology developed to prevent disease
- Walk in centres
- GP access
- More doctors and more qualified nurses
- More NHS Dentists
- More health professionals
- More hospital beds
- Attract people to live and work in Hull
- More permanent staff – less agency staff
- Would like to guarantee that could get a GP appointment same day – would be prepared to sit and wait
- Cleaner hospitals
- More done within GP surgeries – e.g. minor surgery should be done to reduce waiting lists
- Home visits
- After care counselling
- Follow up after social or environmental e.g. Flood
- Preventative health checks at regular intervals – 3 years
- No change
- Would like to see it much better than today
- There will be better child care/housing
- More information via IT
- Prevention – medical check up every year
- Proactive and prompt treatment
- More risk of picking up MRSA when in Hospital
- Health MOT
- More specialist nurses for stroke and cancer
- Drop in centre/open access for Stroke/specialist service
- Drop in centre for health problems i.e. Heart disease/strokes
- Screening
- Health programs and work along gyms
- More machines – put probes on patient and give them results straight away – fat content, brain, eyes
- More technological advances
- Convenience to get appointments
- No waiting for results

- Have a GP surgery within the gym
- More immunisations
- Child care should improve – parents should be able to go out to work more easily
- Housing needs to improve
- More workers at ward level
- Cleaning services to be brought back to the hospitals
- Matrons in charge again – cleaner hospitals
- No waiting for treatments or results
- See a GP anytime – 24 hours
- Fewer paper work for GPs in relation to targets
- Help for people who are worried about their children or money worries
- Everyone should have more health checks
- More one stop shops
- A cure for Cancer
- Access to all specialists
- Drug advice
- More Dentists
- Equal access
- More Transport
- Doctors work different hours, weekends
- Consultants also prepared to work different hours
- More dentists
- Care at home – good on whole, but only 'cos Dove House implanted and battled for it and Macmillan nurses are a great help
- Vouchers for services – save them to use?
- Private for people who can afford it
- Computerised screening of patients
- Booking online
- People need to be educated to use electronic services
- Technology – communication through email
- Concern about elderly population increasing – carers
- Consider right to die legislation as made legal…?
- Virtual doctors to offer self diagnosis
- TV screens to access GP info…at home
- Drop in centres in future
- Traditional GP surgery will disappear in 15-30 years
- Self administer/Self-help Tools…Interactive…
- Inc. predictive tools…to predict risk of chronic illness
- Inc preventative tools to improve quality of life and life expectancy
- Funding issues for 30 years time: will the NHS have sufficient money to provide free health service?
- A computer/machine to monitor own health, diagnose early. (Star Trekky!)
- Things take too long to change, too many things need to change.
- Free care
- Treatment done as soon as diagnosed
- Free laser treatment for pensioners
- Telephone: immediate contact
- Video conference with health professionals
- One stop shop support for all problems in one building

- Computerised booking system
- Organise own patient care
- Bus transport direct to major hospital – paid for
- Quick turn around of test results
- Improvements in facilities from hospitals
- Be able to beat cancer in 30 years time
- More advanced medicine – stopping cancer (would like my kids to stop worrying about cancer)
- Have a choice of home visits and drop ins
- Regular check ups
- We shouldn't be breeding people with disabilities – in nature they would die off
- Sutton – lots of people over 90
- Think that everyone should have their teeth removed and have false ones so you don't have to pay the cost of going to the dentists
- More emphasis on prevention than cure
- Use of Stream (the TV service)
- A proper way of communicating medical records
- Access to your own records over the internet
- Typed in doctors notes – (can't read the hand writing)
- Consultants should tell you everything – not hold back
- Communication should be a big part of Doctor training
- Should be able to ring up someone , so that your complaints can be recorded – not necessarily by raising a 'formal' complaint – but just giving feedback if the service hasn't been satisfactory
- Elderly people have the right to die
- Virtual Doctors
- Drop in and not traditional GP's
- More self administration – more prevention
- Predictive tools and elimination of illness
- Change in fees for residential care/nursing care
- Fear that services will become private that we may be like the USA
- Avoid the move to private health
- Dentists and opticians will be free
- More help for special needs and learning disabilities
- Better informed about NHS services so that we can access aids and adaptations and services with ease
- Serious injuries need to be priority
- More drug and alcohol abuse
- Medication after effects
- Technology expensive – e.g. heart transplant – more keyhole surgery to become more prevalent
- Living longer. Larger retired population
- Less family values
- Resources – where from- more private health
- More preventative health
- Unemployment higher increase apprenticeships/training schemes
- Spread of disease due to immigration and climatic changes
- Technological improvements to prevent hair loss during chemotherapy
- Improvements in mental health assessments as stress/depression/pressure today will impact on the future

- Better fitness/healthily lifestyles information will be a part of the NHS – not just about looking after ill people
- Lots of local 'mini' hospitals to provide a wide range of services to the local population

What if there was endless money?

8.6 Participants gave their views about what NHS Hull could do if it had endless money. The many responses are given below.

- Free Parking – or maybe a one off fee as some people have to visit hospital twice in one day
- Community Transport
- Train station at KC
- A multi-storey car park
- Riverside inner city farm – for young people, mentally ill – could also generate tourist information
- Train teachers for Special needs children
- Why do Scotland get free prescriptions?
- Free parking
- Not enough parking at Castle Hill
- Idea for a train station at KC
- Free prescriptions
- Discount for gym would be good
- Provide free transport to all the hospitals
- Cleanliness in hospitals
- More money on health education e.g. Cooking
- Parents don't value education
- Back to the old day hospitals – cleanliness, matrons, education, experimental learning
- More GP's
- Parking Costs at acute hospitals for patients and visitors
- More modern equipment
- Matrons to be in charge
- NHS staff should clean and not different employers
- GP's to have more facilities
- Invest money on research and future innovations in medicine
- Affordable, accessible health centres/gyms – no monthly subscriptions
- Don't have to make stuff completely free, but reduce prices very low – e.g. 20p for swimming
- Use money for basics not 'frills'
- Should not pay for car parking
- More modern equipment
- Cleaning hospitals
- Expand facilities at GP practices e.g. Diagnostics, minor surgery
- We could have endless dentists
- Help for alcoholics
- More highly qualifies nurses
- Walk in centres
- Free swimming

- Tai Chi exercise and relaxation could be free at adult education centres
- New Royal Infirmary: revamp buildings
- Staffing Issue: improve frontline staff/improve pay
- Improve hospital food…cooked fresh on premises is preferable not private contractors far away. Kitchens in hospitals would be ideal to prepare all food
- Abolish car park s charges
- Improve the size of the car parks so sufficient space (especially Castle Hill)
- More clinical staff
- More support Staff
- Local specialist centres – lots of staff in each one to deal with clients effectively
- Free prescriptions for everyone
- Community transport – how to access transport
- Improve awareness
- Improve general hygiene of children– run more adverts like 'coughs and sneezes spread diseases
- Clean hospitals
- New hospitals
- Better Food
- More car parks
- Appointments by email
- More staff
- More screening for genetic conditions
- MOT once a year – a good idea
- Lymphadema of the leg – NHS provide shoes, they are horrible so they could provide nice shoes and more than one pair
- Bigger car parks especially at Castle Hill
- Buses to go to Castle Hill – they said they cant even afford a bus shelter
- Gyms – At school they don't do enough exercise
- A lot of new medical centres
- More doctors
- Training apprentices
- More local gyms – people used to be walking and cycling everywhere, there aren't enough footpaths anywhere
- Lots of access to exercise – affordable exercise
- Availability – access is a key issue. Access to more services
- More walk in centres
- Free swimming sessions
- Training GP's
- More staff of all kinds
- More nursing staff to support GP's
- More exercise on prescription

What could NHS Hull do better?

8.7 In response to the question of what NHS Hull could do better, again many suggestions were made.

- Communication between doctors and consultants is very poor
- They could care more

- Staff morale
- Nurses should take their work more seriously
- GP needs some lessons in speaking to people
- Doctors don't know sometimes in hospital why the patient is there/they don't care enough
- In hospital the care is really bad/morale as well
- Waiting times too long in Primary and acute
- Not enough beds in hospitals
- Hospital cleanliness is bad
- Staff attitude is sometimes bad
- There are not enough orthopaedic surgeons
- Limited staff for mental illnesses especially dementia
- Bad bed side manners
- Feel side lined by clinicians
- Feel that GPs could be more helpful
- No follow up when it has been promised/advised
- Inappropriate comments from consultants
- Hospitals need to be cleaned
- Personal care should be better
- Bring back the sister of the ward
- Work closer with social services
- More communication with social services
- You should not have to wait for a scan
- You should not have to wait for results
- More chiropody services – as you get older you cant reach them as well, feet affect your whole health
- No Complaints about the service
- Have to plan when you are gong to be ill – cannot see a doctor when needed to. Treatment used to be there and then
- Felt should be informed of when GPs are changed – e.g.: female GP left and did not have a choice of which doctor to see
- Problem with GPs who do not have English as a first language
- Half days and Saturday mornings and closing for training are a problem
- Can't get appointments within a couple of days
- Appointments need to be made quicker
- Improved communication centres between the different services
- Closure of hospitals makes access more difficult, timely and costly, need transport
- Improve security at hospital sites – personal assault risk – deter with more security staff. Better working cameras.
- Try to deal better with aggressive patients especially self-inflicted through alcohol and drug misuse.
- Include penalties for false calls of Ambulance Services and vandalism
- Shorter waiting times
- Communication should be better between doctors, nurses and patients
- The older patients should be treated with respect
- People should oversee what is happening
- People being fed the wrong food – i.e.: should only eat soft food and gets fed a pork chop in hospital
- Communication – The senior nurses do not want to know
- Nurses behaviour – laughing in front of poorly patients

- Nurse allocation – one nurse won't deal with another person's patient
- Parking – shouldn't have to pay
- Phones at bedside exploit the patient
- Positive – good referrals. Initial GP access is the problem
- Difficult to get a second appointment and get beyond receptionist

Does NHS Hull listen?

8.8 In response to the question of whether NHS Hull listens to the local community, the following responses were received.

- Not listening locally – small NHS communication
- Took a copy of letter to GP and he had not heard of this event.
- No it does not listen – three months and still waiting for help
- Who can people go to for advice
- NHS do listen – today is a worthwhile exercise
- Could listen more via access routes e.g. GP's
- Did not take up the Breast Cancer Helpline
- Want to answer to a problem there and then, often appointments are too far away
- Appointments have to be sent through the post, won't make one over the phone when you have your diary
- NHS Good! But always can improve
- Want reassurance that NHS does act on views
- Complaints – (often we don't because the end care is good)
- Not always getting information about care and treatment
- Some feel that Castle Hill Hospital is better than Hull Royal Infirmary
- Paper surveys whilst at the GP's surgery
- Can only listen through systems such as today, becoming a member of the NHS.
- Could do with Newsletters
- Expect the NHS to provide support
- Poor info, blockage at receptionist level
- Poor communication, questionable behaviour of nurses.

9 FOCUS GROUPS AND WORKSHOPS

9.1 A number of focus groups and consultation meetings took place, in order to engage with special interest and 'hard-to-reach' groups. Meetings were held at different times of the day including evenings and weekends to ensure people could attend.

9.2 Community venues as well as centrally located and easy to access buildings were used to accommodate the meetings. Participants were given refreshments and travel expenses to encourage participation.

9.3 Focus groups followed a set format, with the DVD being shown to set the scene and the findings from the telephone survey shared with the participants. Each group discussed how they felt about the findings and whether there were specific issues that they wanted to raise and comments they wanted to make. At each meeting, participants were given details of how to contact NHS Hull, through the distribution of the NHS Hull 'Comment Cards' which gave details of the Patient Advice and Liaison Service (PALS) and also how to join NHS Hull as members.

9.4 The groups held were as follows:

- Working People
- Young People
- People with Mental Health issues
- Blind and Partially Sighted People
- Deaf People
- People with Life-limiting illness or disability
- Gypsies and travellers
- Eastern European Migrant Workers
- Black and Minority Ethnic Groups
- Asylum Seekers and Refugees
- Drug Misusers and their carers.

9.5 For ease of reference the issues which were raised within each of the different focus groups are contained in individual chapters below.

9.6 It was clear from all of these groups that they welcomed the opportunity to raise the issues which were pertinent to them – and were keen to give their views. They were also keen to participate in Stage Two, and will be given the opportunity to do so by means of individual contacts with the relevant groups.

10 WORKING PEOPLE

10.1 Three groups were held in the evenings to ensure that the needs of working people could be accommodated. Many issues were raised by participants which are outlined below.

GP Access, GP appointments

10.2 Access to a GP was a major theme from this group, and the difficulties faced by people who work being able to make an appointment to see their doctor were raised. Some of the comments were around the length of time to get an appointment, others around the way that the appointments system functioned.

"*The surgery is open standard hours, you can't get in. It's maybe two weeks just to get a standard appointment….they tell you to ring up the next day, but you try ringing between eight and nine and you can't get through".*

10.3 Some of the participants in the focus group thought that GP surgeries were not open enough - with doctors being available only for short periods in the mornings and afternoons.

"They're not working enough hours, so they're trying to give them incentives to work more hours. But the surgery is open two hours in a morning; two hours in an afternoon; where lucky – two hours in the evening. And we have a lot of Doctors as well. So they're not all on duty all of the time. Are they like the dentists on the golf course all of the time?"

Continuity of Care

10.4 Continuity of care was another theme from the group, with some participants feeling that it was important to be treated by one professional so that a relationship can be developed between the patient and the doctor. "*Some of the people (in the DVD) were raising the issue of continuity of attention and they would prefer to see the same person and build a rapport with that doctor.*" Having to see a different doctor and explain symptoms all over again was raised as an issue, and there was concern that some doctors did not know the patient and did not take the time to become familiar with the patient's needs. *"I know it's impossible to see the same doctor over and over again. But when you see a different doctor, he doesn't read the notes, so he asks what's wrong. But if he studied the notes, he knows what the matter is. The patient should be a higher priority than doctors."*

10.5 Continuity of care was also raised as an issue in relation to hospitals and specialists and not being seen by the same doctor was raised as a concern, as one woman explained about her husband:

"He had arthritis, and he has seen seven different specialists. How can they know anything about you when you have seen that many different people?"

10.6 There was also some concern that, although individual specialists may be very knowledgeable and experienced, they do not communicate well with other specialists and information, and patients' notes, are not passed on between departments.

"People have a lack of communication. You might have one specialist that is very good, but if they don't share the info with the others you see, what good does it do? There is no holistic approach. They all specialise in their own thing, but they don't talk to each other and notes don't get passed on."

Hospitals

10.7 Participants discussed local hospitals and their experience of attending the accident and emergency department (A&E). Waiting times, particularly in casualty, were criticised, although it was acknowledged that the urgent cases were prioritised. The following exchange took place during one of the groups – one of the respondents had recently suffered a heart attack and was keen to point out that very serious cases did receive appropriate priority in A&E.

"*Yeah but what do you do when you're seriously ill? You take the short cut don't you?"*

"*When you get visited in hospital, the patient doesn't get treated how you are supposed to get treated. Like in casualty, it takes four hours to get seen."*

"Y*eah, but if you were urgent, you would get seen straight away".*

"*Depends how urgent you are, if you're not having a heart attack or whatever, they'll put you to one side."*

"*Broken hand or broken arm you wait for hours. If you wait for x-ray you have to wait for four hours."*

"If you have a heart attack, you wait seconds!"

"You've got to tick all of the boxes. It's about money and priorities. And that is why you have a special name for the first nurse that looks at you."

10.8 However, participants in the focus group also acknowledged that not all feedback about local hospitals was negative and that some people were had good experiences of care in local hospitals. One mentioned that different people have different attitudes:

"I hear some people speak ill of certain departments in certain hospitals, they'll say that the food was horrible.... but then you'll talk to someone else who will say they couldn't have been treated better. So I think you're always going to get different people."

10.9 The treatment provided by local hospitals was praised by some participants, and it was suggested that complaints can often relate to other 'peripheral' aspects of the hospital stay, such as food, rather than the quality of care:

"Usually the complaints are about the ancillary things. Not about the actual treatment. I know it makes the whole stay different, but the treatment is first class."

Hospital cleanliness

10.10 In the second focus group for working people, when asked if the group felt there was anything which was not covered in the DVD which they felt should have been included, cleanliness in hospitals was raised as a priority and cleanliness in hospitals was a specific concern raised in the group's 'talking wall' exercise. "*I was surprised that nobody covered anything about the cleanliness of the hospitals. Bring back the matrons, get the hospitals sorted out."* Specific hospitals and wards were singled out for criticism regarding cleanliness: *"Hull Royal, Ward 50, every time you go in the smell lets you down, it is filthy."*

Cancellation of hospital appointments

10.11 The group also felt strongly about hospital appointment cancellations, and about the reasons given for the cancellations: *"Cancellation of appointments when they go to the hospitals. Sometimes you have your appointment cancelled three times. It's abominable. If they put down date to see you because it's urgent, then you need to see someone - and the reasons given are usually that the doctor is out of town."* The group felt that people prepare themselves for a hospital appointment and therefore cancellations have a significant impact on health and mental health: *"You do hear as well of operations getting cancelled at the last minute because of lack of an anaesthetist. It's bad for your health, you get hyped up for things like that, it's just bad form."* The incidence of cancellations of appointments in the NHS led to a general feeling of cynicism and lack of faith in the healthcare system: *"I don't think many people have got time for the NHS, they have no faith in the system, when you get let down too many times."*

A two-tier health care system

10.12 The group also expressed concern that consultants were not able to devote their time and attention to NHS patients because they had commitments to private patients which compromised their ability to provide adequate care to NHS patients:

"I think the public get the impression that these consultants are juggling their private patients with the NHS patients. I know that there is a great suspicion about that and we may not get the answer to it, but that is certainly something to be questioned."

The tension between the NHS and private healthcare was an issue which some members of the focus group felt very strongly about. Comments included in the 'talking wall' exercise in the focus group demonstrated that some participants felt that the competition between the NHS and the private sector was creating a two-tier health service.

Diet and lifestyle

10.13 The group discussed diet and lifestyle and felt that people could become healthier by watching their diet, and said that fast food and take-away food was popular because people thought it was quicker than making food from scratch. It was the

'convenience' aspect which made it popular, even though in reality is was often no quicker than cooking a meal.

"People think that it is quicker or easier than cooking. I eat fast food or take-aways, but I don't eat it every day. Once a month I like my fish and chips. But there is a limit. People think that takeaway is quicker than cooking, but it isn't because it takes about 45 minutes for the takeaway to come."

10.14 Some people felt that fresh food was expensive and as such, was prohibitive. Alternatives, including frozen vegetables were seen as being more affordable and made it easier to control the amount of food, to avoid wasting it:

"We couldn't afford it. Frozen veg is very cheap and just as good and that's what we have now. And we don't throw waste away like we used to. Bread is awful, you can't keep it a week, we lived on bread with mould on during the war. It's about living sensibly, and I do live healthily and sensibly. I gave up smoking 11 years ago. I have lived a healthy life."

Attitudes towards ageing

10.15 The group discussed lifestyles and attitudes towards ageing, claiming that attitudes have changed over the generations, and that retired people are much more 'young' in their attitude and outlook on life:

"I'm 68. When my Dad was 68 he was an old man. My grandchildren are 6 foot, because compared with previous generations, they are on good diets. So things are moving forward. Nobody is doing things like our grandparents did working. They used to literally work themselves to death. Nobody works like that nowadays."

More Nurses

10.16 Participants were asked how they thought the NHS could improve, and one group felt there should be more nurses in hospital:

"My father was in hospital years ago and there just wasn't enough nurses. They were all very kind and very nice, but I've no ongoing experience".

"That was true when I went in, so many people and just three nurses."

A more visible NHS - the 2007 Floods

10.17 The stress caused by the flooding in Hull in 2007 was mentioned as a health concern, and this was seen as an area where NHS Hull could have had a much more visible presence, and could have provided significant support to people affected by the flooding:

"Not being able to control yourself. I was flooded out in the floods and can't cope. It has been amazingly stressful and you can't relieve (it). The longer you were out the worse you felt. You'd be going to sleep and be aware of tears going down your face. The health service should have put a caravan in each street and talked to people about what was going on. That would be caring. In emergencies like that, there should be someone who can go in there and talk to people who have asthma and give advice and all the rest of it. I ended up in hospital with a high heart rate. If the information is there an It's read, the cure can be put into place".

Mental health and well-being

10.18 When asked about the future and their health priorities in thirty years time, the group felt that advances in technology and medication would have a large impact, leading to changes in working patterns, rising unemployment and increased social isolation. Some felt that mental health issues would therefore become more important.

"In thirty years time you will have a totally different thing. Different technology, different type of people. More advanced medication. A lot of it is available now if you have a look around. Years ago, I saw a film about 100 years time, the people didn't have legs or arms because they didn't need them, they just sat in front of a screen. But we are getting that way because we are less active, you used to have to go out and work for a living, didn't you?"

"*I think the main one is mental health. Because a big problem we're going to have as an example is we have 100's of people working at supermarkets, but as you can do more online shopping that will move to boxes in warehouses. So jobs everywhere will be lost. So you will get generations of people who never leave their front door."*

11 YOUNG PEOPLE

11.1 During Stage One, three groups of young people participated in 'We're All Ears' - two mixed groups of boys and girls in Years 9 and 10 at Malet Lambert and Sydney Smith Secondary Schools, and a group of trainee plumbers at Hull College.

Access to GPs and dentists

11.2 Some of the young people we spoke to had experienced difficulties making an appointment to see their own GP and finding a NHS dentist.

"…then we ring the doctor and couldn't get through for ages and don't end up going and then you ring the back the next week still not being able to go."

"I was meant to go for an appointment (to the Dentists) but I missed it so they wouldn't have me anymore."

11.3 The young people reported that sometimes, they were sent to see a nurse about some of their problems rather than a doctor – "*I asked to see the doctor and they made the appointment with the nurse and I had to explain everything."* However, when asked if he thought that the Nurse was able to treat him for some things, the pupil replied that he thought they could - *"Yeah, injections and stuff."* The issue here was perhaps about the communication between the reception staff and the young person.

Communication

11.4 Some young people said they sometimes found it hard to understand what the doctor was saying to them, when English was not the doctor's first language. *"It's sometimes you don't understand a word they are saying sometimes they are from different nationalities and you can't understand what they actually say. You have to tell them to repeat what they are saying, then they have a go at you for saying to repeat it, then you have a go at them."* One went as far as suggesting that doctors should be of British nationality - *"I think it should be your own nationality as well, like a British doctor."* When questioned about this, the young person was clearly only concerned about the difficulties in communication. *"You can't understand sometimes, they say something and you're like 'What?' and then you feel like you're making him repeat it."* Clearly, there are issues about communication with young people, who may find it difficult to understand those with strong accents from other countries.

11.5 However, communication issues were not simply about cultural barriers, but also about general communication issues with NHS staff. Young people said they thought NHS staff could improve *"The way they talk to you. They could be friendlier."* One young female reported an incident in a hospital - *"When I broke my leg ages ago when I was little my mum told me that when she was talking to the doctor and he wasn't trying his best to help me so my mum said are you going to do something and he was being really cheeky to her and being disrespectful."* Another mentioned an incident where a GP had not attended a home visit. *"Before my Dad was really ill and my mum rang the doctor to come to our house and they never even turned up it was like we were waiting all day for him to come round and he didn't come and never told us why."* Another complained about their experience of accident and emergency *"All the time I went in, it was practically empty and I was waiting 2 and a half hours and there was only me and another 2 people in there."* Another said *"There are mainly drunk people in there!"* Whilst these may be isolated incidents, they demonstrate some of the types of issues which become ingrained in young people from an early age, and which then impact on their relationship with, and perceptions of the NHS for the future.

Gender Issues

11.6 Boys and girls also said they would like the opportunity to choose to be treated by either a male or a female doctor. *"I think it's better for girls if you're a girl (Doctor)".* These younger people sometimes felt anxious about revealing their bodies to those of the opposite sex. One young female said: *'When I had a heart problem.. I didn't like a man looking."*

Hospital Cleanliness

11.7 The young people were asked if they had experienced being in a hospital, either as a visitor or a patient, and had experienced HRI, Castle Hill and the BUPA hospital. When asked about how these hospitals could be improved, the young people's comments reflected the issues raised by older people, in particular, young people mentioned that hospitals could be improved through better cleanliness. *"They are already really clean." "Hull Royal isn't."* Pupils were aware of a recent outbreak of Norovirus and the hospital being shut: "*More of them are, every hospital you always like get bugs on the ward, stuff like that." "Diarrhoea and sickness. When my Grandad had a stroke there was one on his ward and they had to close the ward off, we couldn't go and see him. It upset me that I couldn't see him when he was really ill and everything"*

11.8 The young people raised the issue of hand gel, and other infection control measures - and were not convinced that these measures used by visitors and staff were effective in preventing infection were effective in preventing infection. *"They have that stuff that you put on your hands, but it doesn't really make a difference…to stop germs spreading but it doesn't work, people drink it, alcohol gel." "It doesn't work because if you put it on your hand and then open the door it's all gone on the door so if you have any on your hand it goes on the infected places." "How do they know if like the bugs are on a certain ward and why do they close it? If they close it, then what happens to the people that need to go, like nurses who have to go in, they have to clean the ward and everything, the beds and everything."*

11.9 When asked what could be done to improve cleanliness in hospitals, these young people suggested a number of possibilities, including hand-washing for visitors and staff: *"You can like wash your hands properly with soap and water instead of that stuff; I don't think it gives very good protection."* Another suggested wearing protective clothing *"You can start wearing gloves to open the door from now on!"*

11.10 When asked how NHS Staff working in hospitals could help to prevent disease, the responses included more cleaning, nurses preventing the spread of infections across different wards, and not wearing uniforms outside the hospital:

"Clean it more. The doors don't seem to be clean at all."

"It's like when the nurses go into the ward and she went into another ward without washing her hands or anything so it could spread germs to another ward."

"They should have lockers and stuff so they can get changed into the uniform."

Healthy eating

11.11 Young people were aware of the importance of healthy eating and exercise and said that the school promoted healthy eating through the curriculum and through the provision of healthy school meals. When asked what the school did to promote healthy eating, responses included: *"Food classes." "Cooking classes." "Technology classes."*

Missing Breakfast

11.12 When asked what they could do to make themselves healthier, one of the responses was "*Eat breakfast."* When asked what they had eaten that morning for breakfast, a number of young people had either missed breakfast, or had eaten something unhealthy, *"I just get a Lucozade."* However, others had eaten something, such as cereal or toast. There were various reasons given for not eating breakfast:

"I don't have enough time."

"I don't like having breakfast."

"I can't be bothered."

"I can't eat breakfast in the morning it makes me feel sick."

Unhealthy Lunch

11.13 When asked what they ate for lunch, students at Hull College ate from various local shops and outlets, including McDonald's and various bakeries, with *foods including sandwiches, sausage rolls, roast chicken and chicken pasties.*

11.14 Although schools offer healthy meals, there is peer pressure on pupils to go out at lunchtime, even in bad weather. Only one of the young people in one group stayed for school dinners – the rest went out.

"We've *got a hot menu and we've got a cold menu. And it is reasonably healthy, I mean there is always food and sandwiches and pasta and stuff isn't there?"*

"We go out for lunch"

"Go out, yeah"

"Like the sandwich shop down the road"

"There's not really anywhere where something is really healthy, unless you get like a sandwich"

"*There's nowhere, well they all basically, well most of them sell fatty foods"*

"Like sweet shops and stuff like that"

11.15 When asked whether they felt that they had healthy lunches, the young people were clear that they did not – and demonstrated that they had a good understanding of the fat content of the foods they ate, and of chips. They also mentioned the costs of healthier alternatives.

"No"

"There is just so much stuff isn't there, like fatty foods"

"There is no where to go if you want 'owt healthy, its just chips".

"There is, there is some places, but it's like, you don't want to pick them because there is nicer food on offer"
"You try and find the healthy stuff, but then when you find it its always real expensive compared to the other stuff "

11.16 When asked why they did not stay to have a healthy school dinner, the pupils said it was mainly peer pressure of going out with their friends which stopped them, at the school where pupils were allowed to leave the premises at lunchtime:

"Because everyone else goes to the other one (shop) "

11.17 Some pupils felt there was not sufficient choice left at school if they were on a late sitting, after having a detention for being late to class:

"I mean, like you queue up for ages and then you don't get your dinner!"

"Me and G stayed yesterday didn't we?"

"Yeah we had like a detention yesterday at dinner time and we went and there was still a really long queue and not even half of us hardly got to eat anything because all of the food had gone!"

"There was hardly anything left!"

"And there was still people queuing outside, not even entering the canteen yet, and there was say, like two sandwiches!"

Cookery Classes

11.18 In cookery classes, although all the pupils we spoke to could cook something, pupils in one school complained about the lack of facilities and the ratio of pupils to cookers, which meant that they did not get the chance to spend much time cooking in a cookery class. When asked if they thought they would be able to survive if they had to cook for themselves, pupils at one of the focus groups said:

"No"

"I'd live on toast everyday."

"You don't do much cooking at school though, we only do a term and you cook about like three things in a term"

"And it's not interesting!"

"And its only really in cooking lessons you do more writing than you do cooking, and it's like what are you learning?"

"And you don't learn to cook 'owt proper that you can have for a meal"

"You're writing down what you're going to cook and its like you're making like scones and fruit salad and stuff, not like, how is that…its not hard is it?"

"This year though, they've been making like Curry and there was Chilli Con Carne and things"

They explained that there were *thirty pupils in each class* - with *about 10 cookers* - *"There is usually about three to a cooker or something"*

11.19 Most students at the college said they could cook, although a small number said that they did not know how to, or they could not cook without burning food. They reported that they made a variety of meals, including omelettes – one mentioned that he could cook *"Stir fry – chilli, chicken, onions."*

Sport and exercise

11.20 When asked how their school could help to make them more healthy, suggestions included making sport and exercise available after school, as facilities were not available to them after 3 pm, as well as having more variety of fruit available to buy in school, and healthy food which is cheaper than unhealthy food. Other suggestions included:

"Make lessons more aerobic, because all we do is sit there all of the time."

"I wouldn't have us just sitting down all day in the class room. We should have practical lessons and get rid of all the bacon butties and stuff in the canteen because I know loads of people that go and get it."

"And the fruit is usually just, its just apples and bananas and stuff, I'd have something like strawberries and berries and stuff. I'd really enjoy that."

"Make them bring healthy stuff in (like salads or something like) and make them cheaper than bacon butties "

Physiotherapy

11.21 College students also thought sport and exercise was an important part of a healthy lifestyle, and some students who played rugby had experience using physiotherapy services, with mixed views. One mentioned: *"I had a physiotherapist in Hull Royal for my ankle and they sat down and moved my ankle and gave me all these elastic things to do at home. Out of all fairness it wasn't too bad."* However, another said that: *"All doctors are doing that private now the last time I went also for my back all they did was look at me and gave me a course of exercises to do … I went to see this guy that I caught in the golf club he was hands on and helped me relieve the pain and even though he was expensive. Four sessions with him and I was okay but you know you go through physiotherapist at the Hull Royal with the NHS and the treatment is just like minimum."*

School Nurse

11.22 Awareness and use of the school nurse was different in the two schools we had contact with during We're all Ears. In one, the pupils seemed to be more aware of the support available from the school nurse and asked why they were not able to give more practical support. They mentioned not being allowed to administer paracetamol, and one young person said: *"Yeah she just gives you a wet paper towel. I had a throat ache and there was a virus going round, they only give me a wet paper towel for my throat."*

Stopping Smoking

11.23 The students at the college felt they would like support from the NHS on how to stop smoking, and would welcome a visit from the NHS to the college campus in the future. When asked if they would like help from NHS Hull to help them stop smoking, half of the smokers said they would. Those who said they did not said they had tried and failed in the past.

"I don't know I have tried before but didn't work"

"Yeah but you have tried, so would you like to stop the question was? I suppose I would like to stop, yeah."

11.24 When asked about their reasons for wanting to give up, they explained:

"Just well you get more money don't you and your health"

"It's costing you money from the start"

"I am not bothered "

"I don't know, sometimes I regret it. I think probably, yeah. Back of your mind you know it's not good for you but you do enjoy it. I was a social smoker when I went out and when I was drunk I would smoke loads!"

11.25 Those who were interested in stopping were asked if they would use if there a service that helped their age group to stop. The reaction was not particularly positive.

"I don't know "

"Not really no."

"Don't know"

"I tell you what we did last year in the smoking campaign obviously you guys weren't here, I'm trying to remember, for every 10 cigs, you smoke a day it cost you an hour of your life, is that right?"

12 MENTAL HEALTH

12.1 A focus group was held with providers of services for those with mental health issues. A number of issues were raised during this group.

Importance of talking about problems

12.2 The group identified the importance of being able to talk about problems as a means of promoting mental health and well-being.

"One thing that is missing off there (the DVD) is talk. Talk and doing something you're good at. It's really important. So I always tell them about physical activity, watching their diet, drink less, sleep more, that sort of stuff, drink water and all that sort of malarkey. But talking is the key thing.

"Yeah, and have a bit of fun."

Issues for men and wellbeing

12.3 The importance of treating young men and their mental well-being was raised as an important issue, and for men to take advantage of the service and support available to them. Humber Mental Health was commissioning a film about suicide for men. There has been an increase in male suicide and Cruse has seen an increase in the number of women and children suffering bereavement following suicide of a partner / father. Unresolved problems could lead to violence and anti-social behaviour:

"But I'll say that it's an issue for men, and it's an issue for Hull, and its an issue that men are more likely to bottle feelings and do something very brutal to sort out themselves or their wives and children..so there's something about the emotional literacy of men, and if the NHS is going to get involved in anything to really transform the lives of people in Hull, it's to get them to come forward"

"Young men particularly"

"I think we get fewer men approaching groups than women, a lot fewer men and men's approach to grief is different as well. Quite often what one will do is the 'risk taking fix', you know, alcohol, sex, drugs, gambling. And they will find themselves another partner much quicker than a female will, so that is quite an interesting one. But we have had quite an increase in male suicide".

Funding the voluntary sector

12.4 The group felt there should be NHS funding for voluntary sector groups which support people with poor mental health, for example Cruse Bereavement Care and Samaritans, because they take the strain off GPs and provide counselling rather than medication. The cost each year to run these services is considerable, and is fully dependent on fund raising of volunteers. There should also be support for people with eating disorders available locally, and the rise in the number of people suffering dementia will be significant as life expectancy increases. The importance of social networks and the family was stressed as being the mainstay of good

mental health, and the need to have a commissioning system which commissions for the whole needs of the person would support mental well-being. Although there is more acceptance of the impact and prevalence of mental health, there is still stigma attached. People need support with life's challenges: relationship breakdown, bereavement and redundancy. Children and young people are particularly vulnerable to emotional stress and support should be available to them.

A mental health and well being MOT

12.5 A suggestion from the group was to introduce a 'MOT' for mental health awareness and early intervention to stop mental health issues becoming mental health problems.

Supporting people to live in their own home

12.6 When someone has mental ill-health they need extra care. It was felt that more could be done to support people to live in their own home – and that agencies needed to work together, to go in to a person's home to support and sustain normal living. This support, together with the support of friends and family and access to social networks helps to deal effectively with well-being.

Future developments to support mental health and well being

12.7 In the visioning exercise, this group felt that for the future, in 30 years:

- death should be a good end stage of life, with good care
- young people should leave school with a GCSE in emotional intelligence, as it was seen as the moral duty of schools to produce just and moral individuals
- parents should accept their primary role in educating their children.

12.8 Other areas which were mentioned in this group were:

- developing local services for people with eating disorders
- planning for the predicted rise in cases of people suffering from dementia as life expectancy increased
- having more publicity around the acceptability of having mental illness
- improving education around mental health and well-being to reduce misconceptions and stigma.
- supporting young people and children suffering from poor mental health to help to solve problems in later life.
- It was also mentioned that systems within the NHS need to be able to share data and work together effectively.

What aids mental health recovery is being in charge, being able to go back to work and have a social network of friends and family and the contribution of the voluntary sector in making this happen was noted.

13 BLIND AND PARTIALLY SIGHTED PEOPLE

13.1 A focus group took place with residents at Hull and East Riding Institute for the Blind (HERIB) on 19th December. Two people in the group were blind and the rest of the group (10 residents) were partially sighted. It was generally felt there was a lack of understanding of blindness and partial sight, and that the NHS would benefit greatly from developing a better understanding the needs of blind and partially sighted people. It was also felt that communication could be improved, by using large print and telephone communication with blind and partially sighted people.

Support for Health and Well-being

13.2 The group felt they did not have good health and would like more support for their mental and physical health and well-being. When told that 32% of people in the telephone survey had a life limiting illness or disability, the group felt that this was correct - one said, *"Yes, that's me."* Another agreed: *"I have asthma and I suffer stress problems generally, I've not been to the doctor yet, I don't think of going unnecessarily, I have inhalers and there are things I can't do lately because of my breathing. I do find I'm having more stress problems recently."*

13.3 When asked about the what support they needed, respondents mentioned a number of areas, including someone to be with, a telephone helpline, and someone to talk to.

"I feel the same way as she feels, I could do with more people to like be with because when I'm in the flat on my own, the devil starts playing about with me…I've had a bad history of mental torture and mental abuse and physical and verbal abuse."

"A little bit of support wouldn't go amiss, I try to manage myself with a little bit of yoga and meditation myself…someone to talk to about it would be good".

"Maybe a contact number for you to ring, someone to listen to you?"

Access To A Doctor

13.4 Some of the residents at HERIB had experienced problems accessing the doctor, in common with others who raised this issue thoughout the consultation. One woman suffered a fall and was told she would have to wait over two weeks for an appointment with her doctor, and another had an issue following a hospital visit.

"I've always been satisfied in the past always with the NHS…. but I fell at the end of October and I've hurt my leg very badly. The doctor come the next morning and then he went away on his holidays the next day and I haven't got an appointment now until the 12th January and this leg is so painful, I just don't know how I'm going to carry on much longer."

"I was in hospital for 19 days with a chest infection between April and May, I didn't get the letter for a check up until August 27th….to go to Westbourne Avenue and I saw the consultant, who I'd never seen before, it was his registrar I saw in hospital

and he told me he was taking me off water tablets because I didn't need them and he was going to write to my doctor and ask him to send me calcium tablets along with the other tablets I take with an inhaler and I rang the doctor and I rang the chemist and I'm still waiting for the calcium tablets and the inhaler and my doctor's never been to see me".

GP's And GP Surgeries

13.5 The group related a number of experiences that occurred within GP surgeries where they had been disadvantaged due to the systems in place. A man who was blind told us of his experience:

"My doctor, you've got to make an appointment first thing in the morning if you want to see anybody and when you go in to the surgery, and I did point this out to one of the receptionists. You go in and there's a full waiting room of people and your name I think comes on a screen to tell you when to go in and sometimes there's no receptionist available to assist you down the corridors or tell you it's your turn. I did ask if they could develop some speech to tell you when it's your turn, because other people try and push in and you wait and wait for hours."

Another partially sighted woman said:

"If you've got to go upstairs it's difficult, and there's nobody to help you…it might be useful if they could have like a shop walker to help you to the room you need to go to."

A partially sighted man told us about the problems he faced in his GP surgery and that he could be seen on the ground floor, but only if he was prepared to wait until his doctor had seen all his other patients:

"In the surgery I attend they don't have a lift….but my doctor will come down to see me….but <u>only</u> when he's finished with all his other patients, so I do all I can to get up the stairs…there's 2 flights of stairs to get up."

Hospitals

13.6 The group felt there was a general lack of understanding of the needs of blind and partially sighted people in hospitals, and indeed, that most people were unaware of their needs. They gave some examples of hospital experiences which had occurred which demonstrate the lack of consideration given to the needs of blind and partially sighted people when they are visiting hospitals.

"I'm actually registered blind but because people tell me my eyes look 'normal'. I have a problem that when I go to the hospital they'll stand at the front and they'll call you, and although you can hear them, waiting rooms are very packed and because you can't get to them I've asked it to be put on my notes that I'm registered blind and I need help…I don't like it because I know they're going to call you and you can't get there, it's a minefield, full of obstacles."

"With visual impairment it needs to be brought to the front and changed because people's impression of a visually impaired person is either the dark glasses and a stick or a dog, and if you have a guide dog you read Braille! It's not true, people

need to be made aware that there is visually impaired people and you would never guess."

13.7 One participant mentioned positive support for ambulance staff:

"Can I say something good about Ambulance men and women…when I was poorly they were very speedy…..I was nearly out of it!"

Visual Impairment Training for NHS Staff

13.8 The group thought that visual impairment training for NHS Hull staff would improve the situations that they often found themselves in:

"I think the nurses should have a little bit of visual impairment training…I was registered and then before that I was under the same illusion… I went on a course myself when I worked at the college…if a lot of the nurses did just a 5 minute course…when they bring you the menu you can't read it…and then they just leave it there, and then they bring you your food, but you can't see it and then they think that she's not hungry….but you are!"

"I think hospital staff should be trained about visually impaired and other disabilities."

"They think because you've lost your sight you've also lost your marbles as well!"

"Or you can't hear and they shout at you!"

"Or if you're with someone else who can see, they'll talk to the person you're with about you: 'Does he want sugar?' 'Can he walk upstairs?"

"Everybody does it, all these professionals, even people in shops….everybody."

"I used to be terrible, I didn't understand until I went through this."

13.9 The people we met felt frustrated that health care professionals did not understand their disabilities. They wanted to be able to help NHS staff to have a better understanding of their needs, through staff training and development, and were willing to have an input into this to ensure that their needs are understood.

Hospital Appointment Cancellations

13.10 In line with issues raised by the general population, residents mentioned hospital appointment cancellations, but particularly raised an issue about how they were contacted about alterations and cancellations of their hospital appointments. They felt that the system should allow for verbal communication with this group, via the telephone, to cater for their needs. Communication with this group of people is vitally important and taking simple steps could measurably improve the care that they receive.

"I do have problems, I am a manic depressive and I do get very angry about certain things. I've had medical appointments at the hospital changed three times because I get it registered in my brain I'm ready to go and then all of a sudden just before you're due to go to the appointment you get a letter coming through. I do find letters very annoying because it could be a different hospital, and I can't read that well, it's very frustrating; if somebody had the courtesy to ring me up, but they don't! This has been a problem all along."

"I was in hospital 3 years ago, they made all the notes to see the consultant next week, but when I got home there was a letter telling me it had been put back three weeks."

A System Which Identifies Patients Who Are Blind/Partially Sighted

13.11 Those with sight impairment said they wanted to have a system in place in the NHS which identifies or flags them as being blind or partially sighted so that they don't have to keep explaining themselves and for them to receive better care and support:

"I'm interested in hospital care….I've not been in hospital for years but I know many people who have. I lived in Northallerton and they were training staff telling them they should walk behind a blind person, they weren't to go in front or hold on to you in case they tripped and brought you down with them….I think a lot more awareness training needs to take place in the hospitals with people who are visually impaired….this business of doing a meal order the day before...my ex-husband was in hospital and his neighbour thought he was being helpful saying 'Do you like this, do you like that?' and the next day he got all sorts on his meal order….I don't want a big sign above my bed saying 'BLIND' – I don't mind 'VIP'! ….You need someone there to help people in hospitals whether they're visually impaired or whatever…some people don't get visitors, so they need someone to befriend them."

Is NHS Hull Listening?

13.12 Some members of the group were not optimistic about being listened to by NHS Hull, and mentioned that the issues had been raised previously, and no action had been taken.

"I am involved with a charity…and we've been asking the health service in Hull about flagging up for at least 10 years now….the previous Chief Executive didn't do it…it's all about costs...but it's a necessity…the eye department is one of the worst at the hospital, the other departments will just ring you up, but not the eye hospital…when arrangements change, you may have someone to go with you, or you may have booked a taxi."

The Importance Of Communication

13.13 The lack of good quality information and communications was raised several times during the focus group. The manager at HERIB said that the group had raised the poor quality of written communication sent from hospital with the NHS in the past, and provided a copy of a letter to put on file, which demonstrates how difficult the letter is to read, even for a sighted person. Members of the group stressed how important communication was for them and that they wanted to receive information over the phone or in large print if they are partially sighted. People said they would like to be asked what methods of communication they preferred and have a choice.

"I'm supposed to get a visit from the community nursing…they and my surgery run my medical situation between them….they have a list of their clients…but they never let me know when they're coming, the times I come in the front door and they say, 'Oh, the nurse has just been to see you!' Why don't they ring me? I keep saying ring me up and let me know you're coming!"

"Yes, the point is for us, spoken communications is paramount for someone in our situation."

13.14 A point was made by these residents that they were not 'always there', and that it was important to ensure that appointments were made, and kept,

"They think because you live in a place like this you're sat in here all the time!"

"I'm out and about. I might have gone up to the supermarket over the road. They know to come before dinnertime and what do they do, they come at dinnertime!"

14 DEAF PEOPLE

14.1 A focus group was held with deaf and hearing-impaired members of the Hull and East Riding Institute for the Deaf, and a fully qualified signer supported the group, to help us communicate appropriately. Two people were profoundly deaf and six people had hearing impairment in the group.

Accessing Signers And Interpreters

14.2 Deaf people felt frustrated that they were not always able to access signers and interpreters when they visited the doctor or health care professionals, even though they suggested that the NHS has a budget for this. The group felt that there was insufficient information available on the availability of these services for both deaf people and for doctors and health care professionals and suggested that it could be greatly improved on both sides. They also felt there should also be a system in place to ensure that signers are available in hospital and in A&E if deaf people are admitted unexpected and urgently to hospital.

14.3 Deaf people felt that health care professionals made them rely on family and friends to try and explain what was happening to them, and they wanted to be independent. It was also suggested that, at times, the situation may be personal and the deaf person may not want their family/friends to be aware of their health care needs, understandably wanting to maintain their confidentiality.

14.4 It was suggested that local signers should be provided as signers from different regions have different signing dialects and the group would like to have a signer from Hull and the East Riding. It was acknowledge by the group that some nurses are learning some basic signing, but this is not enough to work effectively as translators for deaf people. The signer we met had a level 5 qualification and the importance of high-level qualifications was stressed.

14.5 The group felt discriminated against, and said that ‘foreign’ patients receive interpreters straight away, without having to fight for it – but deaf people do not automatically receive this support and have to fight for their signers and interpreters. They felt this was wrong as taxpayers and felt they should be entitled to receive good quality services, as it was an issue of dignity and it was their right to be treated equally.

Making Appointments For GP and Hospital Services

14.6 The system of making appointments at the hospital and at GP surgeries was criticised as being totally inappropriate for deaf people. Asking deaf people to make appointments in person or over the telephone is not accessible, and paid signers should be available to help with this in the new health centres. Writing to deaf people would be better or using new technology. E-mail and text appointments would be suitable for some deaf people who use this form of communication.

14.7 The group felt that most deaf people use texting and this would make it much easier for them to book appointments to see their GP / attend hospital / any health care service. Booking appointments in advance should automatically enable a signer to

attend the appointment. Although this support is available currently, deaf people felt that either their GP's were not aware of this or that they actively tried not to make use of this service because they did not want to spend their budget on signers for deaf people. Deaf people wanted to be made aware of their rights to have a signer accompany them for GP and health care service appointments and for this information to be widely available so that people who work with deaf people and their friends and families are aware of the support available to them.

14.8 A woman in the focus group complained that although Hull Royal Infirmary has a Minicom system available, they are usually in a cupboard and not in working order. Deaf people in the group thought there should be a special number for emergency services for deaf people, instead of '999' which could use appropriate technology for deaf people to report an emergency and for them to be understood by the emergency operator.

A System Which Identifies Patients With Special Needs

14.9 A deaf person in the group suggested a symbol or talisman for deaf people to be able to wear so that if they have an accident or are unconscious, the emergency services will be able to know straight away that they are dealing with a deaf person. A card for them to show if they were conscious would also help them.

Hospital TV

14.10 The cost of patient TV in hospital was criticised as far too expensive, and this is something a deaf person may rely on when they are in hospital, more than other people who can speak to other patients and take part in conversation. It should be free for deaf people, and have Ceefax/subtitles available on it.

Deaf and Hearing Impaired Training for NHS staff

14.11 The meeting ended with the group suggesting that it would be good to provide deaf awareness training for NHS Hull and hospital staff, so that they can appreciate how deaf people are discriminated against and treated unfairly everyday, often without realising it. Deaf people would like to be involved in designing and delivering this training.

15 PEOPLE WITH LIFE LIMITING ILLNESS OR DISABILITY

15.1 A focus group with people with life limiting illness and disabilities was held by recruiting members of the public on-street, or from the telephone survey. Members of the group suffered from various conditions, including arthritis, diabetes and rheumatism.

Access To GP Services

15.2 In common with many others involved in this consultation, difficulties were experienced trying to make an appointment to see their GP, with problems faced by participants when ringing their GP surgery to make an appointment. Some people suggested that because they had a specific illness or life limiting illness, their doctor thought that they were available to attend an appointment at any time of day:

"All the Doctors think that we're unemployed or on long-term sick, basically as though we've got all the time in the world. Whereas when you want to make an appointment, you know that you're off on that day, so you try to make an appointment for that day, they say ring up on the day, you ring up on the day and they say can you come next week?!"

15.3 A concern was raised about the health advice provided by some GP's and the attitudes of others.

"I think it is better than it used to be with my doctor, but there's one doctor that I won't go to see because he…it was a case of when I found out I was a diabetic, he says to me do more exercise, find a diet that you don't like and you'll eat less. And that were it. That was his health advice."

"Which brings me to another point: When you see one Doctor all the time they can get rather bombastic about what they've prescribed for you. And you would like a second opinion as to whether it's doing any good. I've come across that two or three times."

Hospital Appointment Cancellations

15.4 There was frustration with hospital cancellations and patient expectations being unmet through the cancellation of appointments:

"I had my gall bladder out recently, but I actually went to see the consultant…and the guy that did the scan said that he had never seen a gall bladder with so many stones on it. He wiped his screen clean and said there's that much reflection from them and in surgery it obviously wants to come out. So I went to see Mr X… and he said within twelve weeks you shall have that out. Because I'd had backache and tummy ache for twenty-four seven for a year, that twelve weeks ended up to be thirteen months. I went into Castle Hill that day after the floods, I managed to get there by fair wind or foul. I'm an insulin dependant diabetic, they starved me for twenty-seven hours and then they cancelled the operation and said you can go

home, I said well how can I get home? You see it took me three hours to get here, there's no buses, no taxis…but that's by the by. Anyway I managed to get home and they did it three weeks later. But as I say, it turned out to be thirteen months from when the consultant said it should be twelve weeks."

15.5 Regarding the appointment system, a lack of organisation was commented on by some:

"I'd like to raise the issue of the appointments at Hull Royal with just consultants. And you get a letter saying yes, your doctor has referred you for an appointment with such and such. A few weeks later you get an appointment saying no, that one has been cancelled; you're to go on such and such. So you alter your calendar again. And you wait. So we're getting quite near the time and you get another letter saying that appointment has been cancelled and its always due to 'unforeseen circumstances', you know what I mean? That is not an explanation. And I think, that also, they have maybe had problems with the filing system there because they can also accuse you of not keeping an appointment that they've cancelled, and luckily I've kept the letter. Keep the letters!"

Support for Diabetics

15.6 Several people in the group were Diabetic and wanted more support from the Diabetic clinic on living with Diabetes, in addition to an annual health check appointment. Members of the focus group wanted to have more regular telephone support and drop-in appointments to help them to cope with their condition and to manage their diabetes. The availability of such support should be flexible to allow working people the opportunity to seek advice during the evening and at weekends, and could include the ability to e-mail a diabetic nurse for advice and support:

"*I still have (support for Diabetes) at the Brockelhurst, … you get real motivated, you start off really, really good, and it goes on for weeks and you're thinking 'this is not going to happen overnight, give it a good few months' and you seem to sort of get in this routine. Then all of a sudden, bang, it just all goes to pot… I think stop worrying about it… I have all these spasms and I can't even swallow my drink."*

The Importance Of A Positive Outlook

15.7 One of the issues raised in the group was that having a positive outlook was important for people with life limiting illness and disabilities, and being positive about what they could do, rather than focusing on what they could not so was a more helpful outlook on life:

"I look at this way, although I'm a diabetic, I think to myself, well I'm lucky because it's treatable."

"Well I still think it's a state of mind. I think there is a lot to be said for…. developing a healthy outlook. Nobody goes through life and they need nothing… live with it, and have a good hobby, or outside interests if possible, and cultivate a good circle of friends."

GP Support

15.8 The support of GP's was crucial to this group - and some mentioned the impact of conversations with GP's which had had a negative impact on them.

"I once went to see the doctor when me and the wife had just split up and I was a bit depressed. And I don't know to this day if he was asking me a question or if he was making a suggestion, but he says to me, have you considered committing suicide?"

"A few years ago I went to the doctor's with an angina stroke…… he gave me instructions on a leaflet of what you could do and what you couldn't do. And mentally, I aged about twenty years, all of a sudden I can't ..if I walk too far, or if I go to do anything…physical, I have spray beforehand or I have a spray afterwards. But you do, you change mentally."

"It can turn you into a hypochondriac, but what you think to yourself is 'Oh, you know, he knows better than me, I'll take it'."

Over-Medication

15.9 Some participants thought that doctors over-medicate, and that they should review their medication regularly, rather than expecting the patient to continue to take medication, which may appear to be having little or no effect. One participant mentioned that some patients might be keen to reduce the amount of tablets they were taking. *"I think that's one of the problems actually, I mean I think I take 168 tablets a week, a lot of them I can't even remember what I'm taking, but I'm long held in the belief that there is a possibility that some of those tablets that I take aren't acting as they should, and I don't think there's enough thought given to that."*

Free Prescriptions

15.10 When asked what they would like the NHS to provide if they had 'endless money', free prescriptions was a priority for this group:

"I think they should be free for anybody that has got a long standing illness, if you've got an illness that you're going to have for the rest of your life you should get your prescriptions free."

"I've always thought you did get them, I mean my daughter has got asthma, she's sixteen now, she's asthmatic but it's not severe."

"But it is so expensive when you think it's per item. I've never understood why it's not per prescription when you come out with four or five things… that's so expensive."

15.11 The group mentioned the difference in the way that certain conditions were treated in relation to free prescriptions – for example asthmatics did not receive free prescriptions and diabetics did, although both are very serious conditions and require support.

"If you're asthmatic, it doesn't matter, you have to pay for a prescription, simple as. Whereas diabetics, because its life threatening… get free prescriptions."

Healthy Diet And Lifestyle

15.12 Members of the group felt that most people could help to make themselves healthier and knew how to do this. It was suggested that even on a reduced income, fruit and vegetables can be sourced relatively cheaply and inexpensively:

"People go on about, I'm poor, I'm on benefits, I can't eat fresh vegetables and that really irritates me because you see all these adverts for like Aldi and Lidl, 39p for a cabbage…, vegetables to me are not that expensive. Fruit is not that expensive… you maybe can't afford organic, fair enough there, but that is something that really irritates me when people say, well I can afford to smoke, and I can afford to drink and I can afford to sit on my backside doing nothing all day, but I can't afford fresh fruit and veg!"

15.13 Issues around helping young people to eat more healthily were also discussed, and the importance of making food look interesting as well as being healthy was seen as a good way to encourage children to eat healthily:

"...and there are ways, you know, you can get books or bits from the libraries, there are ways of hiding vegetables in things so the children aren't thinking ooh, it's a big fat lump of broccoli its mixed in with something else. I mean I've done everything, I've made all of the smiley faces with food to make it look a bit more interesting."

"I don't think some mothers bother with it. Show them how to cook things."

Transport

15.14 Transport to and from hospital for older people was raised by this group, who had difficulties in getting to appointments.

Local Health Centres

15.15 The group felt that generally, the NHS was quite good, but that small, local health centres should be promoted because big is not always best.

The Importance Of Health Education

15.16 In the future, the group felt that people should be educated sufficiently to take responsibility for their own health and make healthy lifestyle choices.

16 GYPSIES AND TRAVELLERS

16.1 A focus group was held with members of the local Gypsy and Traveller community at the Community Enterprise Centre, with support staff from Hull DOC.

Doctors Receptionists

16.2 Members of the group had experienced problems both in accessing a GP, and with the GP's receptionist, and felt that the receptionist prevented access to the GP:

"Having to wait 2 or 3 weeks for the doctor's is ridiculous, I've had to do that…. ….when you ring up, it's like the doctors aren't in charge the receptionists are running the show, not the doctors, I feel like swearing at them! They say 'doctor's full up!"

Access to specialists

16.3 There were also concerns that doctors were unwilling to refer patients from this group to specialists. One woman reported:

"My husband's been going to the doctor, he's got real bad hips and back for about 23/24 years…he's got spondolosis of the spine, he goes to the GP, they're always giving him painkillers, but then he saw a different GP the last time and he put him on ibuprofen, 400g a time, he asked to see a specialist and was told he'd done this 3 year ago and couldn't see anyone…doctor said his mechanics was failing…what is he, a car?"

Community Health Bus

16.4 The women attending the group felt that men were less likely to go to a doctor, and were concerned that not all of the travelling children had been vaccinated against certain diseases. An NHS health bus which had visited Gypsy and Traveller sites was a popular suggestion.

"Men aren't very go ahead with doctors…elderly people go to doctors. What used to happen when we first moved on to Stoneferry, there was like a bus every week would come round to us and give us check ups: adults and kids. A lot of the Travelling kids had to be vaccinated against polio with sugar lumps…there's quite a few kids on site haven't been vaccinated, I don't know why, if it's a tradition or not, .but a lot of people don't take their kids to be done."

"Could they bring a health bus thing again with a nurse and GP to check people?... I think it would be helpful and they'd find out more problems by doing that…it's the waiting, when they can't get I to see their GP, but I know it's a problems for everyone."

Mental health and well-being

16.5 Mental health issues and long-term conditions were also raised by the group. One participant believed that there should be a drop-in centre to make it easier for people suffering from mental health problems to access help.

"She's suffered from depression for a long time…on Bankside, there's quite a few people with asthma and arthritis….it can be put down to age, me Dad's 75 and me Mam's 69, I think…I think their asthma's caused by the smells from the tan yard."

"Anxiety and depression is there, there's a stigma with mental health and people don't want to admit to suffering these problems. They have a fear their family will find out so don't want to go to their GP. The waiting list is so long for counselling, it should be self-referring and free. Some sort of drop in centre where you could go and talk about problems would be good.".

Better quality sites for Gypsies and Travellers

16.6 The group criticised the council for the poor condition of the sites and the lack of any evidence that talking to them had any impact on their condition, or the facilities provided. The group felt that as well as having deplorable facilities, including shower and toilet blocks which were unfit to use, the sites themselves were located in unhealthy, industrial areas, which had a negative impact on their health. Asked what they would like the NHS to do if it had endless money, the group wanted better sites, and for those who had made applications to be housed to be given higher priority. It was mentioned that the Council have £1.4 million available to build a new site.

"Yeah, I think it'd be better if they put sites in healthy areas, there isn't a site in Hull in a healthy area."

"My daughter has to share facilities with her neighbour and they put her in band 8 – it'll take more than 2 years for her to get a council house. The shower block/toilet block is disgusting - they have to share these – that's the toilet, there's no hot water."

"My husband suffers with arthritis, we've been waiting on the housing list for 7 years, we bid for a house in the Endike area and we bid and heard nothing, We went in to them in housing and asked what was happening? They said have you been bidding on any houses? They looked up on their computer and said, yes…you've been on this list for 7 years, we've had no offers but they don't see that in the winter we have to come out of our homes, and we don't have hot water or flush toilets, I said to my sister you've got to take photos and show them what you have."

Understanding the needs of Gypsies and Travellers

16.7 It was felt that training could help to create a better understanding of the needs and traditions of the Gypsy and Traveller community:

"*If someone dies in the community there are different views and beliefs about having a funeral. The Police got in touch with Mandy and she had to explain it was our traditions to come and stay up all night with the deceased. In your society the wake's after the funeral but in our community the wake's at the same time…the police wanted to know why there was so many cars parked up outside, and we said it was people from all over, Scots, Irish….all over…the police kept patrolling thinking there was something wrong…but that's how we show our respect. We had to explain to the Police how we show respect for our dead."*

16.8 Communication about health is important, but often there need to be alternatives to written communication.

"You go to the doctors and you get a leaflet but what if you can't read? There's high illiteracy levels in the gypsy community."

A dedicated support worker for Gypsies and Travellers

16.9 A practical suggestion was to have a NHS-funded Gypsy and Traveller community development worker to work proactively with the Gypsy and Traveller community:

"There should be a pot of money or a part time worker for a NHS person to work with the Gypsy and Traveller community – a health visitor to build up that relationship and trust with them and tell them what's available and what aids there are for them."

17 EASTERN EUROPEAN MIGRANT WORKERS

17.1 A focus group was held with members of the Eastern European Migrant Worker community and those who support them, and this included Hull DOC and the Industrial Mission. Polish and Latvian Migrant workers attended the meeting.

Cultural differences and attitudes towards health

17.2 Cultural differences were highlighted in this group, as it was felt that there was a more informative approach to healthcare in Eastern Europe.

"I think people - Latvian people in particular - they tend to be more informed about themselves, about their health issues. So they tend to, they expect the doctor to tell them more rather than just give a prescription and say go and get this and you'll be fine in two weeks, you know? You want to know more about your health state, about your issues."

"Yes, that's a good thing, I really agree because sometimes you forget to tell your doctor what your principal permanent sickness is - that you are asthmatic or something - and from this prescription you can't know which things may be bad for you. Especially when you are not registered with your GP and the drop in session, and they don't know anything about us, so sometimes we forget to tell them about our sicknesses that are there all of the time."

Traditional Remedies and Attitudes

17.3 Members of the group said that they would try a traditional cure before seeing a GP:

"I fell ill on Monday but I didn't go to the doctor because I know some tradition which is cheaper (first of all) and then again I know my condition, this is not something horrible, I know that I am going to be alright in five days…. I used some essential oils and garlic and I don't know what else, these traditional things which…so yes, a lot of horrible remedies, but that is what I do because I know I don't want to have paracetamol, that is not going to cure me."

Attitudinal differences were also highlighted:

"It's a traditional thing, it comes from somewhere a long time ago, not something that is happening now, you know like our different history. And I think people in Latvia, they don't tend to spend much more time doing sports. Or they don't really concentrate on, you know, how many calories, they are not counting calories or eating more healthily. It is just natural, it just happens because this is our way of life."

The importance of exercise

17.4 Participants valued exercise and sport and had a tradition of taking part in sports in their native countries. They felt that it would be helpful if the NHS promoted the importance of exercise:

"So when my friends are complaining that they don't have time to do some sport and I think that maybe some focus place for the NHS could be the university actually. Like encouraging people to (students maybe) to go to the gym. ….. if it was NHS, if it was people who actually care about your health, it may sound more serious, so I think it would be good actually."

17.5 Access to public swimming baths in Hull was highlighted as a problem because the swimming pools were not always open at convenient times for people who work to use them, for example on a Sunday:

"Even though NHS encourages us to go and do some sport, the one surprising thing for me is that, for example, the swimming pool is closed over Sunday…so if you're saying NHS are saying be healthy and it is closing a swimming pool on a Sunday. Or it's opening for Saturday for kids, and maybe I want to swim? So, maybe do something about that. Do longer hours at the weekend because that is the time when people have over the weekend, over the week they are working."

Personal responsibility for health

17.6 Participants felt that people were too quick to complain about the NHS and did not take enough responsibility for their own health and wellbeing:

"In my personal opinion, people tend to wait for someone else to come and rescue them, to come and do something for them. I think it's very kind of, common to complain about NHS, how bad it is, how difficult it is to access and these kind of things. But sometimes people don't tend to realise that they can do something by themselves. It is not the NHS who is going to live your life. You have to live it in your body and deal with it."

Members of the group criticised people for wanting things for free, rather than taking responsibility for their own health and well-being:

"I think…there must be some programmes which encourage you to take responsibility. To take responsibility rather than, I think all these free things they also show this attitude 'give us and maybe we will use it maybe no, we will think about it. No, you provide, just provide it and then we will make our decision."

Access to GP's

17.7 The group had found that they could access Polish doctors in Hull:

"It's a good thing that we can see Polish doctors in Hull. So there are people that have problems with speaking English and they can see a Polish doctor. So I think that is a sign of putting thought into communication. They are in different parts of society in Hull, so for example, Polish people have settled a huge amount of migrants in Hull and if you want a doctor there are Polish speakers."

Support is available to migrant workers

17.8 It was noted that support was available from the Industrial Mission for Eastern European migrant workers and asylum seekers. This included helping migrant workers and asylum seekers to overcome language barriers which hindered them from using NHS services, as well as supporting their religious and spiritual needs:

"As a chaplaincy we work across a range of companies and any who do employ migrant workers, so what we try to do is alongside those workers, understand their situations and also try and offer some kind of traditional welfare support through the companies that they work in. And also part of a larger national group, and I have colleagues in Wiltshire to the West who work with the more agricultural workers. We also, as a chaplaincy, work in communities. And one of our Chaplaincy Sisters is currently working with the Lithuanian community about organizing Orthodox services for the future."

Language Barriers a Problem for Some

17.9 Language was seen as a potential problem for some communities accessing health services, although the Industrial Mission had a Russian speaker to help the Russian community access local health care services:

"In terms of access to health care, it can be a real issue. Our Chaplain Sister is an interpreter of Russian and she spends most of her employed life acting as an interpreter within national health structures…. many of the migrant communities and asylum seekers don't have many resources and I think there would certainly be a problem with integration, because communities tend to stick together because it's easier. And I think language is probably an important part of that, because language is a great boundary and once you can break through that it makes movement within the community a lot easier."

The Future

17.10 Some members of the focus group found it difficult to adopt 'blue-skies visioning' because they felt that their long-term future may be in another country. *"I think in fifteen year's time, things will be much more stable because two years ago the European borders were open and lots of Polish people came just after because it was a magical day the borders opened and you don't have to give any proof of our incomes or anything, we can just go and there was this wow effect. And loads of people will come back. The situation in our country is getting better, loads of people see opportunities and they can come back and work."* However, another felt that their own country was getting worse, so suggested that more migrants would be coming to the UK. *"I think that is a very difficult question. I think in fifteen years I can't really think how the situation will be, so it is very difficult. Our country is getting worse so I predict many people coming here. Not only us, but other countries, because the situation is getting ridiculous now.*

17.11 One participant believed that the NHS should adopt a more preventative approach to healthcare and give people more responsibility for their own health. *"But about NHS, I think I would be happy to see NHS giving more responsibility to people actually. And maybe acting more like a support rather than someone who solves problems. And also dealing with the roots of the problems, not with the consequences. Also, the illnesses, trying to establish roots and deal with roots and with the reasons and causes. I think that would reduce expenditure and everything."*

www.hull.pl

17.12 The Polish web site: www.hull.pl supported the consultation and included details on the web site of the focus group and the 'We're All Ears' consultation. The web site was seen as an important means of engaging with Eastern European migrant workers in stage two of the consultation, as a link could be made to an on-line version of the stage two questionnaire, in Polish (www.hull.pl)

18 BLACK AND MINORITY ETHNIC GROUPS

18.1 Two focus groups were held with BME groups, including the Chinese and Black and Asian communities, as part of the 'We're All Ears' consultation'.

Chinese – Information - Translation and Interpretation

18.2 Members of the Chinese community explained that although there is only one written language (Chinese), two different dialects are used in speaking Chinese: Mandarin and Cantonese: *"We have to have their language (Mandarin) and Cantonese. Mandarin is an old fashioned language, we have to look after the Hong Kong community - they speak Cantonese."*

18.3 Some frustration was expressed at the availability of information being in other community languages, but not in Chinese: *"Why do we never have Chinese leaflets, we have Kurdish, etc...we need only 1 writing: Chinese – traditional – we only have different dialects, we can help with this."* It was suggested that the leaflets have one line in them saying that if you want to read the document in Chinese please ring up, but when people did this, they were told that the information is not available in Chinese: *"I complained to the council, we never have Chinese information and the council said we don't need Chinese leaflets: all Chinese all read English!*

18.4 Because information was not available in Chinese, understanding was sometimes a problem. The translation and interpretation services used by NHS Hull were generally by telephone, but there are different translation services working in competition. Some members of the Chinese community liked to use an interpreter with whom they have been able to establish trust and build a relationship:

"Language is the first thing, we're lucky we have an interpreter, the Chinese community don't like to change all the time their interpreter, they trust one person. Dentists are very hard to get interpreters for, they do this, the NHS are very good to all the places putting an interpreter there, but it's the council interpretation service, they all fight each other, lots of clients come to us, and talk to me, but I don't really do much in hospital, I do more in the courts and with the police. I say to them, look, we have lots of interpreters now, you have to get in and connect with one interpreter, they say they trust me and they don't like unqualified interpreters: there's lots of words they don't know,"

18.5 Two specific areas were mentioned as being difficult for some members of the community – Accident and Emergency, and GP services. In the accident and emergency department at Hull Royal Infirmary, the translation available was by telephone, but this had limitations: *"Lots of people say in Emergency they don't use an interpreter they say there is not an interpreter in hospital, in Hull Royal Infirmary in the Accident and Emergency, they never have an interpreter there, they use language line, but there isn't an interpreter there for you if you go in to A&E. It's OK if a friend goes with you, but they don't have a service."* GP receptionists also appeared to be unaware that an interpretation service exists: *"It's difficult, there has been an increase in demand. The receptionists don't tell us."* The difficulties experienced by the Chinese community accessing an interpreter at the GP meant that sometimes people were not able to understand what their GP was saying to them: *"When you speak to the doctor, it's hard to listen or understand what the doctor means."*

The Needs of Elders and Mental Health Issues

18.6 When asked about other health problems encountered by people within the Chinese community, mental health problems were highlighted. Elderly Chinese people living on their own were lonely and it was suggested that having a community health visitor would help them to overcome their isolation and to make sure they were healthy: *"Yes, in my community yes we do, we have a couple of people with mental health problems, and… it's because they're isolated…they're old ….they need people to visit them….they don't get visits or health checks in their home, but that would be good."* Concern was also expressed for older people within the Chinese community who may need to live in residential or nursing homes in the future, if they are unable to live independently, and do not have English language skills: *"The group of old people may need to go to nursing homes, but they are worried because they don't have the language and they are on their own."* In larger Chinese communities, for example, in Manchester, there are homes for members of the Chinese community, with staff who are also from the community and have the relevant language skills. It was appreciated by participants in the focus group that the size of the Chinese community in Hull was relatively small, and a further suggestion was to provide a home for people from different minority ethnic communities, with staff from these communities: *"There is a language problem with the elderly people, if we had a multi-cultural home for older people, with staff who can speak the language that would help a lot"*

18.7 Mental health and well-being issues were also raised by the second BME group and the impact of the floods in 2007 was mentioned. Members of the group said that sometimes people are not aware of their own mental health and how it can be affected by stress and the impact of the floods: *"I think after the floods we have more people going through mental problems, most of them they don't know they are."*

18.8 The particular mental health needs of asylum seekers and refugees were also raised: *"From a refugee and asylum seekers view, pretty much all of the people who come here, they've got a kind of psychological or traumatic backgrounds that they are dealing with, so I would say that…. when it comes to mental health issues, they all have them."* Counselling services were vital for this group and frustration was highlighted in relation to short-term and potential withdrawal of funding for specialist

counselling services which provide healthcare support to these vulnerable groups: *"I would say counselling is a medical service, it should be funded like the other medical services… most people who are working with mental health are dealing with people who have had certain types of extreme trauma, most British people don't suffer extreme trauma, most refugees and asylum seekers have suffered extreme trauma."*

18.9 In response to the question about service developments and aspirations, members of the focus group thought that community nurses who visited elderly people in their own homes, or a community befriending scheme for elderly people, to help them with cleaning and shopping, as well as providing friendship would be a way of combining practical support with health and living needs with companionship:

"I think most people, it's more important for elderly people to look after, some older people living by themselves, nobody do shopping nobody do clean… usually we have a social service district nurse, but we don't have this....if NHS have plenty of money they should bring this back…it's quite good for older people, for the company as well, so they can talk to somebody."

Fertility Treatment

18.10 One of the participants in the second BME group mentioned difficulties with obtaining fertility treatment – perhaps reflecting that these communities often have children earlier than those in the white community. *""If you are under 25 they don't give you the right to go through all the procedures, so why must we wait for something that we want when we're ready to have a family?"* The cost of funding fertility treatment was mentioned, and it was suggested that the NHS should support fertility treatment if 'endless money' was available: *"I had 5 miscarriages before I had a daughter so it was a crucial time and if you don't have that kind of money (£3,500) where would you get it from if you get a loan you would have debts on your head."*

Self-help and information for new mothers

18.11 When asked what further support could be provided to the community to improve general health, it was suggested that more information about health and self-help would be helpful, including specific information for new mothers: *"The knowledge about health is very important, some seminars or teaching along that line would be very helpful about being healthy – about new born babies, a Chinese mother needs information. That would be good, classes or a seminar."*

Continuity of Care

18.12 Continuity of care was mentioned by two different participants – one in relation to fertility treatment, and the other about kidney disease. *"I'm speaking from my mother's experience that she went to a GP, like what the lady she mentioned about different consultants …the doctor told her that you have a kidney disease and then she panicked for over a month, she started crying and panicking and worried …she went to a different GP and he told her you have no kidney disease and no kidney failure, do you see now how they are playing with the emotions?"*

Access to GP's and Dentists

18.13 There was criticism about accessing GP's and waiting for an appointment, and comparisons were made to other countries. *"In India, if you want to go to doctors you get there straight away you don't have to wait in queues or anything you just have to pay and you get to see a doctor. Here, you pay taxes to see the doctor so it's the same thing even if you want to see a big consultant in India, you just pay money and you will get there straight away, you get an appointment and you just have to go there."*

18.14 Although the group noted that places are available at NHS dentists, members of the group felt that this information was not widely understood, and had used private dentists in the past: *"You can't register anywhere so you have to use emergency dentists and when you go there and its like £150 just to get a filling, I paid, I thought that is just ridiculous because if they give me the opportunity to join someone I will not pay that amount of money!"* There was confusion about where the dental access centre was, and also whether services were NHS or private. *"It's confusing, there is both, one on the left and one on the right on the same building." "Yeah the NHS one actually is in Jameson Street that's the dental access centre, there is one in Highlands Health Centre in Bransholme." "But it sounds to me like you went to the wrong one 'coz both of them advertise as an emergency dentists but one of them is private."* The group were clear that information about charges and the type of service should be provided before the treatment starts. *"I think any dentist whether they are NHS or private should tell you before they start any treatment what so ever exactly what they are going to do and what is it going to cost you."*

19 ASYLUM SEEKERS, REFUGEES, DRUG MISUSERS

19.1 A great deal of research is currently being undertaken with the asylum seekers and refugees, and it was decided that it would be difficult to ask this group to participate in further research at this time. A representative from the Northern Refugee Centre participated at the BME focus group, we were able to contact Professor Peter Campion and are pleased to include in this report some findings from his recent research, which was undertaken as part of a Wilberforce project[2]. This is attached in Appendix 2 of this report.

19.2 In order to consult with drug misusing offenders and their carers, three events took place with RAPT and the Bridges, CHOICES Drug Treatment service user Group and Compass crossover. Findings from these three events are included in Appendix. Common themes which emerged from these events include:

- Shorter waiting times and better access to GPs
- Receptionists
- Longer appointments
- Training for healthcare staff in substance abuse
- More staff
- Holistic services
- Better information and increased awareness of GPs of services available
- Education
- Mental health awareness
- Links into employment and other mainstream services

[2] After Wilberforce: an independent enquiry into the health and social needs of asylum seekers and refugees in Hull. Peter Campion PhD, Sally Brown PhD, Helen Thornton-Jones MSc, 2008. Findings are contained in the Appendix.

20 STAGE TWO PLAN

20.1 Stage Two is a face-to-face survey with a representative sample of the population of Hull.

20.2 The aim of stage two is to consult with 10,000 residents across the City ensuring that their voices are heard, with the objective of discovering their *'needs, wants and aspirations for their health and healthcare'.*

Key Points about the Methodology

20.3 The key points are:

- From the issues raised in Stage One, and with input from the Steering Group, we will design a structured questionnaire for Stage Two of the project.
- A sample size of 10,000 completed interviews will be achieved
- To maximise response from residents we need to be careful that the design captures the imagination of the public.
- The survey will be conducted using a combined approach of

    - face-to-face interviews with residents both on street and in home
    - an online survey which will be available via the 'we're all ears' website (which is also connected to NHS Hull website), and which will be both advertised in the local press, Hull in Print, and via leaflets/flyers which be placed in local community centre and posters (e.g. in bus stops)

- Because of the methodology, the length of the questionnaire needs to be around 5 minutes in length.
- An estimated 25% of these will agree to become members of the PCT.
- The final data from the survey will be weighted using appropriate methods. This will be in discussion with the PCT.
- We will use appropriate techniques to ensure those from seldom heard groups are included in the survey, using the knowledge gained in Stage One.
- Broad quota controls will be set by area, age, gender and ethnicity, but due to methodology constraints, we would also expect to have to weight the data to be representative of the population of Hull.

Publicity

20.4 Publicity for the survey has already started within the press releases which have been developed for Stage One, and within the DVD. The Stage Two press release will be sent out in January, ready for the fieldwork stage which is to take place in February/March/April. In all publicity about the survey, we will include a web link to the 'We're All Ears' website.

The Website

20.5 The Steering Group chose the web site www.nhshullears.net from the following list of options:

- wae.net
- waehull.net
- ears.net
- allears.net
- nhshullears.net

This website will be set-up by IbyD in consultation with the PCT. It will include background information on the exercise and give details on progress on the Listening Exercise. The link to the online Stage Two questionnaire will give residents the opportunity of completing the survey online.

Questionnaire Scope

20.6 We need to determine the scope for the questionnaire, which as a minimum needs to include equality and diversity data (demographics of age, gender, working status, ethnicity, faith were specified in the tender).

There is a need for the Steering Group to determine, if we are measuring 'needs, wants and aspirations' for health and health care, what do we wish to measure? Needs, wants and aspirations are very different - for example:

- I want to see a GP (because I want to lose weight)
- I need to see a GP (because I need to lose weight)
- I aspire to lose weight (but I'm not ready to do it yet)
- I aspire to lose weight (but I don't need to see a GP)
- I aspire to lose weight (and I need to access weight management services).

The questionnaire content needs to be driven by stage one – so the analysis of this is critical. Analysis of the data will need to be presented to the SG in January to ensure that the questionnaire content is correct, but interim discussions will be held with PHS and the Project Team.

Reporting

20.7 A full report of the second stage will be provided to NHS Hull. Formal written reports on progress will also be produced for presentation at regular steering group meetings.

Evaluation of Stage Two

20.8 The evaluation of Stage Two will include the following measures:

- Questionnaire satisfies objectives
- Achievement of 10,000 completed responses
- Quota controls met such that weights are acceptable
- 2,500 new members join NHS Hull
- These measures will be used in partnership with agreed performance management, monitoring and evaluation measures

Outline Timescale

20.9 An outline timescale is produced overleaf for information. This will be finalised in early 2009.

W/c	Actions	
08/12/2008	Steering Group comments and approves plan	
15/12/2008	Questionnaire scope discussed with Public Health Science and project team	
22/12/2008		
29/12/2008		
05/01/2009		
12/01/2009	First draft questionnaire produced	
19/01/2009	Steering Group comments on questionnaire	
26/01/2009	Questionnaire approved	
02/02/2009	Fieldwork period commences	1
09/02/2009	Data entry commences	2
16/02/2009		3
23/02/2009		4
02/03/2009		5
09/03/2009		6
16/03/2009		7
23/03/2009		8
30/03/2009		9
06/04/2009		10
13/04/2009		11
20/04/2009	Fieldwork period closes	12
27/04/2009	Data entry closes	
04/05/2009	Data cleaning	
11/05/2009	Data cleaning	
18/05/2009		
25/05/2009	Data analysis starts	
30/06/2009	Report supplied	

21 CONCLUSIONS AND RECOMMENDATIONS

21.1 The conclusions from the different elements of the first stage of the 'We're All Ears' consultation are shown below.

Staff Engagement

21.2 A number of staff from NHS Hull were involved in the Stage One activities, including the big events and the focus groups. They rated the events positively, and agreed that they had learnt much about the public from their engagement. Early indications are that some staff within NHS Hull are very keen to be involved with the public, others are more reluctant, and that training and empowering staff in this area is essential for building future relationships with the public. Staff engagement will be developed further in Stage Two.

The Survey

21.3 The key conclusions from the survey are:

- Around one-third of the population report having an illness, health problem or disability which affects their daily lives. This is slightly higher than census data and there is therefore a need to consider how these needs can be met. In stage Two, this same question will be asked of 10,000 respondents, so a more accurate indication can be given on the reliability of this information.
- The public appears to have a good awareness of NHS Hull, although it is likely that this is due to the overall 'brand recognition' of the NHS as a whole. Utilising the overall brand awareness is useful for marketing purposes, but there may be a need to communicate more effectively with the public about the specific roles and responsibilities of NHS Hull.
- There was strong agreement with statements about service provision, suggesting that the public are generally satisfied with the local NHS. However, there was less agreement with the statement 'my local NHS listens to the views of local people and acts in their interests'. This suggests that NHS staff need to ensure that they listen more to local people, and to ensure that they engage with the public in effective ways.
- There are some differences in the opinions of those in North locality – and by age and employment status, these groups being less likely to strongly agree with any of the statements. Identification of the reasons for these lower levels of satisfaction needs to be given more consideration.
- Whilst 65% of local residents thought that NHS Hull listens to the local community a great deal or fair amount, there are clearly just over one-third of the community who think it is not. Publicising the work undertaken on this Listening Exercise is critical to ensuring that this message is delivered to the public.
- Those who did not think that NHS Hull was listening to them suggested many ways of improving communication, including more advertising, the provision of funding, and improving satisfaction with services. There is a need to consider these responses carefully to ensure that the channels of communication with this group are open and utilised effectively.

- Almost three-quarters of respondents agreed that local heath facilities should be improved. There was less agreement that services could be influenced or that NHS services should be provided by other organisations. There is a need to reflect on how the many recent improvements to facilities can be communicated effectively to local communities. Further analysis of the areas of dissatisfaction should be considered, and careful consideration needs to be given to the ways in which service commissioning is driven forward in the most appropriate way for the public.
- Older residents and men in particular are less likely to agree that they can influence services. The engagement of men in health services is known to be a difficult area, and further work is needed to determine what actions can be taken to influence these 'harder to reach' group. Ways of encouraging and empowering elders and men to improve their perceptions of their influence, and their ability to influence services need to be considered.
- The community has a good knowledge of how to improve their own health, and it is clear that many of the public health messages around exercise, diet and smoking have reached the community. However, there is also a clear issue about motivating these individuals to take action on their own health. The largest proportions of respondents said 'nothing', or 'time' stopped them – and motivation, laziness and apathy were mentioned, along with financial issues. The vast majority know that they can have a lot of influence on their own health by the way they choose to live their lives. Just over two-thirds said that there was something they could do to make their own lives healthier. There is a need to consider further how the community can be influenced to take action on their own health, and how to improve their motivation, leading to changing their behaviour.
- When asked about priorities for NHS Hull, a number mentioned 'free' access to services, reduced waiting lists, more nurses and staff, improvements and access to services, increased education. Some of the areas mentioned are already available or are under consideration, and consideration needs to be given to the communication of the availability of these services to the public.
- Around a quarter (24%) of respondents felt that they would be interested in joining NHS Hull. Ways of engaging the community in the membership initiative need to be given consideration, in particular, communication of the benefits of being a member. This may need further research with those who are, and are not interested in membership to discover the reasons for their position.

VCS Consultation

21.4 The consultation with the statutory, voluntary and community sector demonstrated that the VCS is well placed to support the public consultation in stage 2 and is a significant resource to support the achievement of some of the aims of NHS Hull.

- For the VCS, there are some clear issues with access to services, for example, for those who work with young people. It was suggested that extended opening times would provide better access.
- The need to ensure that action is taken as a result of the Listening Exercise is key to promoting engagement. Change needs to come as a result of the process.
- There is a need to raise aspirations in the City – particularly in terms of the work ethic in some areas. Ways of raising aspirations need to be considered, and work on the measurement of aspirations would be helpful.
- The capacity of the VCS needs to be considered, and support for the development of new capacity is key, for example, support to carers. There is a need for NHS

Hull to work with the VCS to improve skills in commissioning and meeting LAA (Local Area Agreement) targets.

- Communication is a key area, and there is a need to communicate effectively with the VCS.
- The VCS has many examples of good practice, which could be taken on board by NHS Hull. For example in terms of continuity of care, the Samaritans ensure that the individual speaks to the same counsellor on contact. Ways of sharing good practice between the NHS Hull and the VCS need to be considered.
- Costs are a key factor for many in the VCS community – examples of prescriptions and the costs of opticians were mentioned. Consideration needs to be given to the ways in which the costs might be ameliorated for certain communities.
- NHS Hull needs to understand more about what each of the VCS groups in Hull does, and how they can be used more effectively. Ways in which NHS Hull staff can be given a greater understanding of this sector need to be considered.
- Training of NHS Hull staff in the needs of different groups of individuals, such as those suffering from domestic violence or disabled people was raised by many. Consideration should be given to provision of an effective training programme on the needs of different groups for all NHS Hull staff.
- Having appropriate information readily available and accessible to all was necessary, for example a database of contacts and information sharing is critical. Information sharing, such as the provision of databases, possibly accessible via the internet, needs to be considered.
- Funding was seen as critical, and ways of ensuring access to appropriate funding to allow groups to innovate and develop was essential. Ways of ensuring access to available funding by the VCS sector need to be considered.
- Methods of ensuring that the priorities set through the LSP are shared and supported by local people need to be considered.
- Mental health issues need to be high on the agenda for NHS Hull, and particular consideration given to the ways in which these members of our community can be supported appropriately.
- The need for NHS Hull to have a single point of access information department was seen as critical, possibly linking in to other services such as Humber Mental Health, the Acute Trust and the Council.
- The needs of many different groups, for example, older people, carers, those with mental health issues, BME groups, should be more clearly understood and recognised by NHS Hull. Hard-to-reach groups experience difficulties accessing health services and want to support NHS Hull to develop appropriate services
- The importance of the VCS to encourage self-help and personal responsibility needs to be recognised by NHS Hull. Ways of NHS Hull championing the activities of the VCS need to be considered.

The Public Events

21.5 The public events raised many different issues, but the key conclusions are:

- Many members of the public recognise that NHS Hull provides a good service, and different strategies for communicating the positive messages about the NHS may therefore need to be considered.
- The public recognise the constraints to service, in terms of funding issues, and are supportive of enhancements to service, but some are unclear about the ways in which priorities are made and on whether decisions appear to be 'sensible'. An example would be the discussions which took place about the 'yacht' (training vessel), and whether the reasons for such decisions are communicated effectively to the public.
- There are many important points about accessibility to a GP, in particular the appointments system and the ability to access the same GP within a reasonable waiting time. Consideration needs to be given to the ways in which the systems operate, and whether there are methods of resource management which would allow this type of access.
- The availability of 'drop-in' centres and some 'out of hours' services was not well known to the public, and better publicity around their availability should be considered.
- The education of children and young people, and their access to and interactions with NHS Hull are critical, to ensure that they have good health in the future. Ways of interacting positively with children and young people to give them a positive experience of NHS Hull services need to be considered.
- Communication is critical in a number of ways – the communication skills of doctors, both at GP surgeries and hospitals – the role of doctor's receptionists and administrative staff - the need for effective interpretation and translation services for our many different communities – the need for appropriate communication with those who are blind or hearing impaired – and the need to consider the standards of communication and the different 'modern' methods of communication (telephone, text, email, and web-based) are vital. Communication is a major part of the questionnaire in Stage Two and further analysis of this will be needed.
- One key area mentioned was the notes and information which passes between different areas – and the fact that there is a perception that many notes – and much information - gets 'lost' in the system in transferring information. The use of computer-based systems to transfer notes has been recognised in the NHS for many years, and the development of this type of system in an increasingly complex arena needs to be considered.
- Continuity of service was raised as a big issue in many ways – teachers and NHS staff, from GP to hospital, from consultant to consultant, and from administration to medical staff. Ways of improving perceptions and of addressing issues in this area need to be considered.
- Public health messages around the major killers, around diet, exercise, smoking and alcohol are known by the public, and the need to improve services for those with issues around obesity, smoking, drug or alcohol misuse were mentioned. However, the 'nanny state' issues need to be considered, and the rights of individuals recognised. Again, it may be that communication of the services which are already available in these areas needs to be improved.

- The role of nurses in providing a good service is seen as important by the public. The return of matrons, nurse run wards and nurse led services was seen as a positive development. The behaviour of nurses, both in terms of them having high standards of conduct, their role in ensuring cleanliness and good care in hospitals, is seen as critical. How can nurses be educated to recognise their role in society and the way in which their behaviour can be changed to 'set the example' to the public?
- Services for older people, particularly in our aging society, are crucial, and many of the public events mentioned the need to ensure that these services were appropriate. This includes the wider arena of care in the community, support to carers, and the public perception of elders, as well as issues affecting BME groups. This area requires further research and careful consideration of the options available for NHS Hull.
- Prescribing was an issue which was raised by many groups – in terms of not just the costs, but also over prescribing, waste, equity in what is prescribed, nurse prescribing and preventative medicine. Due consideration should be given to whether this is a perception of the public, or a reality, and if so, what actions might be taken.The inequity of a dual system of public and private medicine was mentioned in some groups, including the ability to pay to 'queue jump', and the perceived abuse by consultants of being paid by the NHS whilst undertaking private work. There is a need to consider carefully both the way this system operates, and the perceptions of the public in this arena.
- Screening and health MOT's were mentioned by many, again with the availability of service being spasmodic, and the knowledge of service being unknown by the public. The potential for regular health checks to be available for all residents needs to be considered by NHS Hull.
- Stress, for example, during the floods, was mentioned by some groups. The perceptions of the public about stress and how it impacts on society need to be given further consideration, particularly about the ways in which stress is perceived and how 'stress' can be defined and managed.
- Transport was a key issue in terms of accessing services, and particular mention was made of accessibility to car parking at hospitals. There is a need to consider the ways in which transport to access services can be ensured, and that the methods available are communicated to the public.
- Waiting lists were discussed at many of the groups. This may be as a result of a lack of knowledge of the system, and the possibility of accessing services in other areas, or as a result of 'prior experience'. Ways of communicating this effectively to the public need to be considered and information about waiting lists in the different areas considered to determine whether action is needed.
- The accessibility and speed of test results was mentioned by some participants. Consideration needs to be given to the way that test results are processed, and how the results can be given to the patient with alacrity.

Aspirations and the Vision for NHS Hull

21.6 In thinking about the future and the vision for NHS Hull, a number of key issues emerged. Although it is not possible to list all of the points and suggestions made by the public, some of these issues are given below.

21.7 Setting the context for the future, one of the key areas mentioned was the way in which the NHS as a whole could be run in the context of a growing population, and whether it was possible to preserve the core values of the NHS as a system of

universal health care which is 'free at the point of access'. Issues were raised about the potential conflict between private work being undertaken within the context of the NHS. However, there was also a recognition that there was a possibility that some health services might be 'privatised' in the future, or have a different 'USA' style of service. The public also raised the issue about the effect of a global economy, of environmental change, and of political change, on the demands which would be placed on the NHS as a whole. This included issues such as increases in certain diseases such as skin cancer due to global warming, the spread of disease due to immigration and climatic changes, and the loss of family values as the population becomes dispersed across the world. Specific development of medical knowledge and ability to treat illnesses such as arthritis, cancer, and aids would impact on the future development of services, creating more demand.

21.8 In the future, the public felt that improvements could be made to the current role and attitudes of GP's, and hospital doctors. The public felt that the commitment doctors have to patients, the ability of patients to obtain appointments within reasonable times, and the attitudes of receptionist to allow full access to the GP could be improved. For the future, it was felt that GP's needed to have a personal relationship with 'clients', to have a holistic approach to health, and to deal with whole families. GP's need to be accessible on the day you want to see them. The public also wanted more information from doctors and consultants to be given to the patient.

21.9 One critical aspect for the public is the accessibility, role and function of the other staff, apart from the doctors, who are critical in running the services in the NHS. The following were mentioned:

- More health professionals
- Nurses role to be enhanced
- Specialist nurses
- More permanent, less agency staff
- A dentist for every family
- Mentors and health trainers.

21.10 The future vision contained many suggestions for improvements and development to the service in terms of preventative and education services. This included:

- More preventative services
- Better education on health
- Improvements to self-management and self-diagnosis
- Improved testing for illness
- Free check ups.

Proactive and prompt treatment on diagnosis would be a necessary consequence of these improved services. Other issues would be around the supply of treatments, and suggestions such as compulsory organ donation, and equity in prescriptions and prescription charges were raised.

21.11 The impact of technology on the services which could, and should be provided was mentioned as being important during the Stage One consultation. This included the likelihood of genetic engineering, improvements to the technology behind the

services, an increasing role for internet/web-based services, computerised screening and more machines, such as robot carers, robot cleaners, and robot receptionists. Simple issues, such as the extension of telephone contacts and telephone support such as NHS Direct would be extended. The centralisation of medical records and less paperwork would reduce the administrative burden, and so allow for better follow up and good after care.

21.12 The effect of an ageing population needs to be considered and a clear plan for this ageing population made ready. There were clear points made about the issues which would occur in providing adequate care for elders, such as the issues relating to care at home being available for those who required this, for social care to be provided where necessary, and consideration of free residential care for the elderly. Increased demand for service from the ageing population would have an impact on the demands on the NHS, including more age-related illness and the parallel need for more treatment and for medication – such as an 'old age pill' to keep the population young and fit. Issues to be tackled would also include the social isolation of elders, and there was a need to recognise isolation as a health issue. There were also many points made about the need to make improvement in attitudes to, and ways of dealing with death and dying, including addressing the issues relating to the right to die.

21.13 In terms of Young People, there was a need to improve the way that young people were educated to improve their health in the long term. Facilities for young people needed to be provided, with useable spaces for them to engage with health, changes needed to be made to the national curriculum and to education, to provide better educational services. Nurses needed to be back in schools and dealing with issues raised by younger people. Schools should have a key role in health education, and health and education need to work in partnership.

21.14 Cultural Diversity was another challenge which would need to be tackled in the future, with the needs of diverse and potentially changing communities met. The benefits of cultural diversity, such as the use of extended families in some communities, needed to be recognised. Communities would need to be encouraged to come together in the future, and support provided for them to do this. There was a call for religion and ethics to be removed from the health service, perhaps in recognition of the diverse religious backgrounds of these different communities, although this may be a minority view.

21.15 Public Health Messages were clearly being recognised by the population, and in some areas, were having an impact, such as reductions in smoking prevalence in some areas of the City. There was hope that there would be less obesity in the future. There was recognition by the public of the wider determinants of health, and calls for better child care, better housing, and better prevention were made by the public. The need to attract people to live and work in Hull was also mentioned, demonstrating that the public recognise the positive impact of having a strong economic base.

21.16 The contribution which the voluntary and community sector (VCS) can make needed to be recognised. The provision of suitable premises for VCS groups, and better information sharing was requested by those from this sector. Social care partnerships would need to be given greater consideration.

21.17 A better comprehension of mental health – and the connection between mental and physical health would support the development of the NHS Hull in the future. A focus on well-being, from a young age, is critical to ensuring that mental health issues can be recognised early. The voluntary sector is important in providing support in this arena, and improvements in mental health assessments in areas such stress/depression/pressure will impact on the future, with additional demand creating pressure on service. There was a need for improved counselling services to be available.

21.18 In terms of the physical presence of NHS Hull, it was felt that larger centralised health centres would be needed, and a brand new hospital with more hospital beds should be provided for the City. Once there, these new buildings would be immaculate and clean. Other facilities and services which were mentioned included the provision of High Street, 'walk-in' health centres, and the provision of better transport. Potential moves away from government control, with more localised facilities were mentioned. Better financial management and improved funding were also suggested.

21.19 Information and communication was seen as key to providing an improved service – more, readily available information was seen as crucial to the future of NHS Hull.

21.20 During sessions which asked the public to consider what to offer if there was endless money, the key areas mentioned were around affordable and accessible health centres and gyms, education and training, better equipment, expanded GP surgeries, free prescriptions, improved hospital cleanliness and food, more staff, more research and innovation, a revamped HRI, better screening and transport, and walk-in centres, which reflect the observations made above.

Does NHS Hull Listen?

21.21 Overall, the message from the public to NHS Hull is that many do think that NHS Hull listens – but some do not. However, for some of the public, messages about the services which are available, or changes to services, have not been received. There are clear issues about the best ways to communicate with the whole City about a very diverse and large organisation, but this report contains some clear indications about the information which is not getting through to the different communities it serves.

Moving on to Stage Two

21.22 From the Stage One pre-engagement activity, a number of issues and suggestions have been raised and highlighted from the different areas of work. Whilst there is much information to consider, this report has identified a number of key themes which can be considered in Stage Two.

APPENDICES

Appendix 1: Comparison Between Unweighted Sample and Hull Census Population by Locality, Age and Gender

Table A1: Age breakdown for each locality for unweighted survey sample and 2001 Census

	North		East		West	
	Unweighted Sample	2001 Census	Unweighted Sample	2001 Census	Unweighted Sample	2001 Census
Male						
18-24	12.2	17.1	12.2	12.9	15.3	14.1
25-34	13.8	18.9	18.6	17.2	16.9	21.6
35-44	18.6	21.7	19.6	20.1	19.8	20.6
45-54	15.4	16.2	18.0	18.1	16.9	16.5
55-64	14.9	12.9	16.2	14.8	12.9	12.7
65-74	17.6	8.9	10.1	9.3	8.9	8.3
75+	7.4	5.2	8.3	7.6	7.3	6.3
Female						
18-24	12.6	18.4	12.7	12.4	10.7	15.6
25-34	16.6	17.8	17.1	16.3	19.2	18.7
35-44	16.6	18.3	17.6	18.2	19.2	17.8
45-54	13.0	15.2	17.3	16.9	15.6	15.3
55-64	17.9	13.0	13.6	13.9	12.9	12.1
65-74	12.6	9.6	10.1	10.1	10.3	9.3
75+	10.8	7.7	11.6	12.2	12.1	11.1

Appendix 2 - After Wilberforce: an independent enquiry into the health and social needs of asylum seekers and refugees in Hull.

Peter Campion PhD, Sally Brown PhD, Helen Thornton-Jones MSc.

Methods
We conducted four focus groups with asylum seekers and refugees: with Kurdish men, Kurdish women, mixed origin women, mixed African men and women, and also 16 individual interviews with asylum seekers and refugees. Most were audio-recorded and transcribed: a minority were recorded by contemporaneous notes. Three of the groups were assembled from existing Goodwin Trust ESOL classes, while the Kurdish men were recruited by the Goodwin Trust's Thornton Street Community Centre. Individual interviews were arranged through the Princes Avenue Methodist Church drop-in ("Open Doors"), the 167 Centre at Springbank, and the Gateway Resettlement Programme's drop-in at ARKH.

Findings
A preliminary analysis of our qualitative data from asylum seekers and refugees has drawn out several themes, of which the following data extracts are examples. (Further analysis is in progress).

Positive experiences of GPs:
"The lady says our GP is good; her GP listens and she thinks he understands. He speaks Punjabi so she is quite happy." (Interpreter for Women's FG1)

"He goes to his GP and they give him treatment, he is very happy, it is much better than where they come from." (Interpreter for male FG 2)

"What has been your experience of doctors and the health service?"
"Very nice, very good. To me especially because of my home country and the way doctors treated people there: even if you were at the point of death, if you don't have any money the doctor won't treat you." (J, Nigeria)

Can you summarise your experience of the NHS? "They didn't recognise your colour or race; they treat the whole patient."
What did you mean by "whole patient? "I was in a 6-patient bay, got lots of attention, doctors visited all hours, the nurses came very quickly when I rang with pain from the catheter. In Jordan I stayed in 2 different hospitals, and there is a big gap between here and there – here is much better." (A, Iraq refugee)

Expectations of medical care not met:
"Every time I go for my son he says no any problem just go look after baby and no give me any medication." (Women's FG1)

"She lives on the 6th floor. Sometime the elevator doesn't work so she has to walk up and down the stairs, and she went to the housing office to tell them that she wants a house changed. The housing office told her go to your GP he has to confirm what you're saying before we can believe you and the GP told her come back tomorrow and I will have the letter ready for you. Next day she went and the GP told her we cannot do such things for everybody that comes here." (Interpreter for Women's FG)

"She needs a medical report so she can prove to the Housing Authority that that is why she has got this condition, because of that property but the GP says to the lady I cannot provide you with this." (Interpreter for Women's FG)

"The only problem is that the Housing Office wants a letter from his wife's GP, and the GP says we can not do this sort of thing to help you with the housing, we can only give you medication to make you better. But the Housing Office is telling his wife we want a medical report from your doctor to prove what you are saying. And the GP is saying I'm not a housing provider!" (Interpreter for Kurdish male FG 3)

"And I see my doctor, I have any problem I go to see and after I go to same doctor for my children. I don't have a special doctor for children." (Women's FG)

"And then when I went to the doctor to ask for a letter about my problem, they didn't help me. Then I changed my doctors, and he write a letter for me." (KH Iran)

"The GP did no tests nor any examination, just wrote a prescription, the same with my daughter, didn't examine, just write." (A, Iraq refugee)

Lack of continuity of GP:
"The ladies are all just mentioning names but each time they go book an appointment with a GP it's a different person. They never see the same GP twice." (Interpreter for women's FG)

Problems with interpreters:
The ladies say if you book an appointment and ask for an interpreter they usually give you from 3 days to 1 week notice because they need to book interpreter but if you don't need an interpreter, they will give you an appointment for the same day. If you call at 8am only they will give you an appointment for 12 o'clock. (Interpreter for women's FG)

I get from the ladies they don't trust their relatives to take care of it for them because they're not professional interpreters. (Interpreter for women's FG)

Interviewer: You asked for interpreter and they say no interpreter?
J: They say don't have interpreter there (Kurdish male FG3)

(went on to say friend interprets for him ,but he is not happy about that.)

"Yes he says if it was interpreter he is not allowed to tell anybody about my problems, but if it is a friend they could sometimes even use it against each other when they fall out and things like that." (Interpreter for Kurdish male FG3)

"To have an interpreter, it has got to be objective – for example how I know this interpreter is connected with the Iranian government? Or with other organisation which goes seeking to trace the people? How I know this? Do I know the person?"(A, Iran)

"Some doctors do not understand – I explained my problems to one doctor but he did not understand, and did not do anything.
My problem is something I am ashamed of – I cannot use an interpreter because I am ashamed." (NM, Iran)

Problems registering with GPs:
"Because I give lady my passport and she said I must go to city council and ask them to give me the little paper that says I live there. First I must come here to give me one paper said medical centre give you one paper that say you living the name of road and in finish you go to centre, you give lady the paper…" (Man FG 2)

"The staff there doesn't know what is the chart, they doesn't know how to register the people even. They ask passport from the people. How can they passport, or driving license? This is asylum! How will you ask this of people seeking asylum. Some of the people doesn't have ID." (A, Iran)

"The receptionist at Newland Avenue was not helpful – they wanted a passport, or some other proof of address. So I was not able to register there." (JF Sudan)

Dentists:
General agreement that they do not know how to access a dentist.

Housing: widely seen as unsatisfactory, and that this contributes to ill health.
"No hot water whatsoever. When it rains, all the time coming through the internal walls. He said if you want I can take pictures to record it, and of course it is affecting the health. Even mentally as well because obviously he's stressed about it, and that will affect him mentally if not physically." (Interpreter for Kurdish male FG3)

"Eight people, small room, and kitchen is dirty and everything is dirty, I was the one to establish cleanness there; I was the one to give them instruction, I was to give them education for health. Because I am a doctor, of dental medicine and doctor of public health; I know the mode of transmission of diseases. ….. communicable diseases." (A, Iran)

"My house is very unhygienic, and lot of problem in my house. The water form the toilet fall into the sink. I write a letter to my caseworker, and do not ever reply to this." (KH Iran)

"Bransholme, house good, quiet and beautiful location. I heard some rumours about bad events in the past 3-5 years. Such things happen everywhere. I met a Kurdish man in the market, who reacted with surprise when I told him that I lived in Bransholme." (A, Iraq refugee).

"In a house in St Georges Road, there are damp black spots on the wall. When I get back from the ESOL class the house smells damp. I tried to change the house, and was given a form, but was told no chance because of the floods." (H, Iraqi refugee, with wife, 2 children aged 5 & 7 and mother aged 55).

College (education): not as available as the need suggests
He [Georg] has registered with Hull College about 8 months ago asking to be put on the register and since then he hasn't heard anything from them so the waiting list eight months and he still hasn't heard anything so it could take longer as well. (Interpreter for Kurdish male FG3)

Asked about English classes, she said she had enrolled at a college, but was told that they would be writing to her – nothing received yet. (Iranian woman)

"When I went to Hull College, I was told, I have to pay for my course, so things are not getting much, so I was told by somebody else to go to somewhere like "centre" at Park Avenue, yes, that's where I am doing a course." (M, Sierra Leone)

Wife attends Eastfield Adult Education Centre, Anlaby Road, arranged by the Refugee Council. 2 days/week, 2 hours/day, and he goes as well, also 2 days/week. (A, Iraq refugee)

Mental health problems: difficult to admit, pervasive, poorly handled by professionals.

Interviewer: Is this a problem that if there's something emotional, something mental, that it's difficult to explain to the GP?

Interpreter: He says after this incident he was having problems with temper, he used to go off and tell his friend he getting angry with them for no reason. So he went to his GP and told him he got problem with his temper and they give him paracetamol. So he say what you do with paracetamol when you got bad temper?

"How is your health now?" "It's improving. When someone is living a life of fear, medication doesn't take away the fear and worry. Thinking makes me not sleep." (J, Nigeria)

Public Attitudes:

"He says in my opinion ninety-five percent of the people at the reception are good, so that in his opinion it is a high percentage and he is happy with that percentage. The majority is good." (Interpreter for Kurdish FG3)

"Have you had any problems with people from Hull?
"Sometimes you get problem, outdoors, but that's normal, because not from here."
"What do they actually say?"
"They say 'go back to your country'. I don't mind about it, I understand it."
(A, Iraq)

Individual stories: (these will be added as exemplars)

"I was looking after camels, everything was destroyed. I was told my mother was in a cave, my father dead. I paid some money from my mother to somebody from South Sudan: he took 2 thousand dollars. I went by truck to Port Sudan, by ship to the UK, in 2003. Every day I cry, I cry, I never study. I lost my father, my sister, my mum. Life is shit, you prefer to die. I have a small room, and £35 in vouchers.
I am thinking about my problem, I can't sleep at night, until 3 am, for the last three years. I don't know who to complain to about my situation." (JF, Sudan)

Appendix 3 - Compass Crossover - A Criminal Justice Day Programme for drug misusing offenders

DEMOGRAPHICS
1 female, 9 males
Ages, 22; two @27, 26, two @ 28, 29, 30, 31 and 42.
All White British

WHAT ARE YOUR HEALTH NEEDS OR NEEDS OF YOUR FAMILY?
Better doctors – that can diagnose their illnesses, i.e. look beyond the drug misuse and examine the symptoms presented.
Doctors you can understand – language barrier, i.e. nationality & terminology.
Smaller waiting times
Be treated with respect – be seen as a human being first and foremost.
Reception staff that care – show respect and equality
More Dr's and nurses
More appointment times
Longer opening times
Referral Pathways – mental health – students felt that they were having to go their GP on several occasions before being referred on to mental health services.

WHAT DO YOU THINK OF CURRENT SERVICES TO MEET YOUR NEEDS?
Ok
Dental – poor – not enough dentists in Hull taking on patients.
At times services seeing drug problem not the person.
NHS Direct – would not come out to a child – an out of hours GP would not come and see ill child, told to get the child to the locality.
More pressure on pharmacist – students say that since minor ailments scheme there is more pressure on the pharmacist, felt that GP's were less sympathetic.

WHAT COULD IMPROVE THESE SERVICES?
More money – spent in the right places, i.e. on doctors and nurses not on plasma screen TV's in waiting rooms.
More time with people – i.e. longer appointments.
Better training for reception staff – in particular communication skills & better understanding of substance misusers needs.
More nurses
Start with Government not just at grass roots – students felt that for there to be a good health service they needed to consider the specific local needs and not generalise.

Appendix 4 - CHOICES Drug Treatment service User Group

Demographics

8 patients participated in the consultation all residing in Hull

8 White British
5 Male, 3 Female
7 25-34
1 35-44

What are your health needs?

- In general health of the group was currently rated between fair to good
- Long Term Illness was Drug Misuse (8) but also Deep Vein Thrombosis (1), Alcohol Misuse (1), Mental Health (1)
- This currently did not impact on daily activities but has at times in the past

What are your views of current services to address your health needs?

- Concern across the group by the attitude of GPs and Nurses in community and hospitals towards drug users, a lot of resent by these professionals and the group felt they are not helpful (not all but a significant group of professionals)
- Drop in services are good for active users, appointment based services are not, when leading a chaotic lifestyle it is difficult to keep appointments.
- Services need to be there to listen to you – most are
- I feel I have been treated as an individual which is very positive
- Prison can be positive a lot of support and provides timeout to consider your problems
- Not enough aftercare – services are not linked up – when I left rehab there was no support in place, nowhere to go, nothing to do I ended up using again
- Services are under staffed / under resourced and over worked, an example is I asked for my script to be reduced on several occasions this did not happen, problems with my prescription at the chemist, lack of appointment time spent with my key worker
- Being in treatment is like being on a conveyor belt, you are not treated as an individual

What in your opinion could be improved with these services?

- More accessible better drop in times
- GPs should provide signposting to psychosocial support not just writing a prescription
- More staff, more time spent in keyword sessions receiving psychosocial support

- Services should be more holistic and support the whole person not just provide a prescription
- Services should work with individuals and stop people slipping through the net
- GPs should be more aware of support available and signpost / refer
- Better aftercare – when you are clean you need brain-food boredom equals relapse. Especially in relation to leaving inpatient or residential rehabilitation support (phone and appointments) somewhere to go
- Linking relapse prevention from theory to practice

If there was a blank piece of paper what services etc would you have to address your needs?

- Better information on services available
- Information on drug addiction for users and professionals
- Better use of GP surgeries to advise and support drug users
- More treatment programmes rather than prison
- Treatment programmes in prison for short sentences
- Choice between Rehabilitation and Prison for offenders
- Better links into housing, employment and education
- Better advertising about drugs and addiction looking at lifestyle choices

Any other comments

Need to provide education in schools start trying to reduce young people starting drug use

Appendix 5 - RAPT – The Bridges-A Residential Rehabilitation Centre for drug misusing offenders

DEMOGRAPHICS
2 males
Ages, 37, 25.
2 Black British

WHAT ARE YOUR HEALTH NEEDS OR NEEDS OF YOUR FAMILY?
Drug Addiction
Depression
Anxiety

WHAT DO YOU THINK OF CURRENT SERVICES TO MEET YOUR NEEDS?
Didn't know what was available in the community a lack of information

Both patients engaged in treatment in the Prison and continued into community based treatment on release

1 patient had a previous bad experience in Prison IDTS service, he felt he was detoxed too quickly which led to a relapse to stop withdrawal symptoms

Both accessed a range of psychosocial and pharmacological support in Prison. Including CARATs, Rehabilitation and IDTS to treat their drug addiction, in general they were happy with the support they received before being transferred into community based rehabilitation.

WHAT COULD IMPROVE THESE SERVICES?
More information
Accommodation offered on completion away from area of use (re-housed)
Better access into support services for addiction
Links into employment

Appendix 6 - Chris Long's Address to 3rd Public Consultation Event

1. Services that suit me as an individual.
2. Access - availability of car parking - GP surgery - here (?) cancel action
3. Support to improve health - education and lifestyle - children and young people.
4. Feeling safe - when in the health care system - records aren't lost
5. Money - don't let NHS rip us off with car park and prescription charges.
6. NHS becoming much more part of the community - how shift from being a national illness service to a health and service and prevention. 'Risk assessment of me' - health MOT. Don't carry on bad lifestyle habits. Consumer being charge and warders is a good idea. Personalised budgets for people with long-term illness conditions and children with diabetes.

Also Mentioned

- Link between good education, good employment and good health.
- Without good employment we'll never have good health. Thinking economic city is vital
- Put people in charge - hospital is a place of last *not* first resort.
- 2 ½ hours of your time - collated into a report and publish it and action plan to decipher this. Public accountability and indicators.