



## Understanding frequent users of health services in North Halifax – What did we learn?

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# Understanding frequent users of health services in North Halifax - Our work at a glance...

## Why did we look into this issue?

Healthwatch Calderdale was approached by North Halifax Community Wellbeing Partnership (NHCWP) to do some engagement work with people who make frequent use of health services. The aim was to get a better understanding of the reasons for this, and to explore whether there were any non-clinical interventions that could be used to address them.

## What did we do?

We interviewed patients identified by GP Practices over the phone, using a standard agreed set of interview questions designed to help the person look at their use of primary health services, as well as any experiences of using non-clinical ways of supporting and improving their health and wellbeing.

## What did we find?

The patients we interviewed fell into two groups; one group that didn't use health services frequently, and a larger group that did. In brief, the people that use health services more frequently:

- Reported a greater number of non-medical issues which might affect their health and wellbeing
- Were more likely to suffer from mental health problems
- Used fewer self-care strategies, and had little knowledge of local resources that could be used to support them
- Encountered a greater number of barriers that limited their access to support, and ability to develop effective self-care strategies

## Next steps...

- For GP Practices to take into account these possible characteristics when presented with a patient who is a high intensity service user, to be aware of barriers they might be facing, and to consider ways of reducing potential barriers.
- For NHCWP to use the findings in this report to inform future engagement with patients, especially when planning changes to service delivery, or seeking to increase the number of patients accessing non-clinical support.

## 1. Why did we want to find out more about frequent users of health services in North Halifax?

Healthwatch Calderdale was approached by North Halifax Community Wellbeing Partnership to do some engagement work with people who make frequent use of health services, with the expectation that the learning could influence the way that GP practices deliver support to some of their most intensive service users in the future.

## 2. Key issues

GPs are facing challenges regarding access to appointments for their patients, and many other health services offering immediate access, such as Accident and Emergency, or NHS 111, are struggling with demand.

In part, this can be due to GP surgeries and other health services working with a significant number of people who are routinely booking frequent appointments or are presenting to emergency services, but who may be doing so when there is not necessarily a clinical outcome that would benefit them.

Health professionals often agreed that some of these patients might be better served by an appropriate non-clinical service offering support or activities relevant to the individual's needs. This could possibly help to alleviate some of the challenges around access, and might improve the experience and wellbeing of the patients.

The aim of this engagement was to understand why some patients are attending GP practices and other health services on a frequent basis, to establish what other types of interventions might help them, and to understand what could help these patients to feel more empowered to use self-care strategies.

## 3. Our engagement approach

Individual patients were identified by the GP practices, and Healthwatch Calderdale undertook a small number of focused telephone interviews to get a better understanding of:

- why and how people were accessing health services
- which services they preferred to use and why
- what self-care strategies people have used
- how much they knew about local resources and support
- barriers to improving their self-care strategies

Initially GPs were asked to identify patients who would be suitable to take part in this piece of work, preferably high intensity users of NHS services. The suggested process to do this was:

- 1) Search for patients who have used NHS111 more than 5 times in the last 12 months
- 2) Check through their records for those identified rejecting those with lots of pathology, those who are unlikely to cooperate due to mental health problems, those with previous evidence non-engagement, etc.
- 3) For the GP to phone the patient, using the suggested script below:

*I am calling you to find out if you would like to help us with a bit of research we are doing, as we would like to improve the services and support we offer our patients.*

*We are working with Healthwatch Calderdale, who are going to be interviewing some of our patients in the next few weeks, and I think that you might have some valuable experiences you could share with them to help them understand what is important to our patients.*

*They would ask you about the health services you have used, as well your ideas about what we might be able to do differently in the future by using a wider range of services and support.*

*The interviews, which would last around half an hour, would be carried out over the phone at a prearranged time convenient to you, but if you prefer it we could arrange for you to have a face to face interview here at the surgery.*

*Any information you give would remain confidential, with the feedback from the interviews being anonymised, and nothing you say would influence your future treatment at the surgery in any way.*

*If you would be happy to help us with this, all you would need to at this point is to agree to us sharing your contact details with Healthwatch Calderdale.*

*They would then get in touch with you to explain a bit more about what they would like to ask you, and to arrange a convenient time to interview you.*

## 4. Patient interviews

The initial plan was to conduct in-depth interviews with between 10 and 15 patients identified by the five GP practices in the North Halifax Community Wellbeing Partnership.

The contact details of 11 patients were passed on to Healthwatch Calderdale, and all of them were contacted and asked if they would be happy to participate in the interviews.

Finally, eight patients were interviewed, as there were difficulties contacting the other three, and the contents of those interviews, which lasted between 20 and 40 minutes, form the basis of this report.

The patients were asked a predetermined set of questions, which included asking them about:

- their lifestyle and how they felt about their health and wellbeing in general
- whether there were any non-medical factors that might be affecting their health
- which NHS services they used and how they used them
- whether any medical professionals had ever suggested that something non-medical might benefit their health and wellbeing
- whether they had tried anything non-clinical to improve their health and wellbeing
- whether they were aware of any local groups, activities or support that might help them to manage or improve their health and wellbeing
- whether they could think of anything else that is not already on offer that could help to improve their health and wellbeing.

From their answers we were able to determine:

- whether they were frequent users of health services
- their key lifestyle characteristics
- their main health and wellbeing concerns
- non-medical issues affecting their health
- whether medical professionals had made any non-clinical suggestions
- their approach to self-care
- their level of awareness about local sources of support
- the barriers limiting their access to self-care strategies and support

## 5. What did we find out?

The key characteristics of the eight patients interviewed fell into the following two categories:

### **High Intensity Service Users (HISU)**

Five of the eight patients interviewed were HISU, with ages ranging from 4 (the mother was interviewed) to 58. Feedback about their lifestyles included:

- Having complex home and family lives
- Juggling a zero hours' contract job with unpredictable hours
- Living in poor quality, damp, private rented housing
- Caring for children with health conditions along with having health conditions of their own
- Older members of this group appeared to have less complex lives, but generally had more longstanding health problems to deal with.
- They knew very little about the range of support and activities available locally to help them manage and maintain their health and wellbeing, but were generally interested in knowing more, and possibly accessing them
- Health problems included: depression, anxiety, isolation, weight problems, mobility problems, chronic health conditions, regular winter health problems, asthma, diabetes, epilepsy, rheumatoid arthritis, falls, pain.
- They all faced a number of barriers to improving their self-care including: isolation, depression, poor mobility, the cost of activities and lack of time due to work and childcare, as well as a general lack of awareness about what is available and/or suitable for them.

### **Low Intensity Service Users, & Patient Participation Group (PPG) members**

Three of the eight patients interviewed, aged between 68 and 80, were not High Intensity Service Users. Feedback about their lifestyles included:

- They were all retired, and members of the PPG at their GP Practice
- They were all aware of the wide range of support and activities available to help them manage and maintain their health and wellbeing.
- They were all members of local groups and regularly take part in a range of activities
- The health problems they reported included: diabetes, mobility problems, atrial fibrillation, strokes, concerns about getting vascular dementia, asthma.

- This small group did not report any issues with mental health or isolation, and also reported few barriers to improving their self-care.
- If they did encounter barriers they were more likely to find ways around them, even if they had to struggle or travel a bit further to access activities.

## 6. What did people say?

### 6.1 Patients feedback about visiting their GP Practice:

There was a mixture of positive and negative feedback from both groups:

*'The doctor is quite nice and she is easy to talk to. It is not always easy to make appointments with the doctor you want to see anyway.'*  
(HISU)

*'It's good, I have no problems and make appointments online.'*  
(PPG)

*'When you can get an appointment at the GPs they are really helpful and compassionate. I have a condition I need to keep on top of, and they are really good with me, they are keeping on top of it with pain relief and if I need to speak to them I can speak to them that day, rather than get readmitted to hospital and spend a week in there again. There's nothing they can do better for me at the moment.'* (HISU)

*'It's very good, they write to me to remind me to ring for an appointment, which is a good system.'*  
(PPG)

*'I mainly book appointments online at midnight so I can see the doctor I want to see, as she understands me and my concerns. I go in with a note about what I want to tell her, and she understands what I am saying.'* (PPG)

*'The receptionists are brilliant, but every time you go you see a different practice nurse and I probably know more than they do, you just feel like a number at the end of the day, to see my own GP I have to book 3 or 4 weeks in advance if its urgent and they will sit and listen to you and they do have time for you, but the other people don't...'* (HISU)

*'In terms of myself it is really good, although I don't like having to explain what the problem is every time I speak to the receptionist to book an appointment as it can be embarrassing.'* (HISU)

*'Long waits, it's not easy to make appointments with the doctor you want to see anyway. I have the patient app, but I have tried to make an appointment but two or three of them had gone, but hadn't been taken off the system.'* (HISU)

*'My wife, who visits the GP a lot more than I do has problems getting appointments. We use the system online, and you go on there and it says no appointments for the next 2 weeks, you go on day after day and there are no appointments for the next 2 weeks, so my wife ends up phoning for an appointment. I believe that cancellations go on the website at midnight, but while we don't mind Skyping relatives late at night, we don't want to have to stay up to book appointments.'* (PPG)

## **6.2 Patients feedback about using wider NHS services:**

The HISU group were more likely than the PPG group to use A&E and NHS 111 on a regular basis.

There was some positive feedback about GPs from both groups:

*'My GP knows me well and understands me, I can be open and honest, and she is very caring.'* (PPG)

*'My GP has more knowledge about what is going on with me, so I don't have to keep repeating myself.'* (HISU)

as well as positive feedback about NHS111 and the Warfarin Service:

*'NHS111 because they generally tell you how long before they have to be seen, and if they have to be seen within two hours the GP can get you in within the two hours, so it's better that way than ringing up and waiting for another phone call and going down.'* (HISU)

*'111 are brilliant, absolutely fantastic, they calm you down, they listen and they get you what you need.'* (HISU)

*'The Warfarin Service is a marvellous service; they are always on the ball. It is a weekly drop in clinic at Beechwood Practice where you have your blood test, and if there is any problem they ring you straight away that afternoon, and they give you a print out of the next appointment.'* (PPG)

The service that people liked to use the least was A&E, mainly because of the long waits, or feeling that that the service was not caring enough because it was so overstretched.

### **6.3 Patients experiences of non-clinical interventions and self-care strategies:**

When asked about non-clinical interventions that might benefit their health and wellbeing, half of the eight patients interviewed, one from the PPG group and three from the HISU group said that they had received suggestions from medical professionals that something other than medication might benefit them. These suggestions were exercise, talking therapies such as counselling, and physiotherapy, and three of the four patients tried the suggested activities with varying degrees of success:

*'Physio, I don't like it because it hurts, it doesn't help, it makes it worse.'* (HISU)

*'Upbeat for 12 weeks, swimming and using the gym, but couldn't continue because of the cost. It costs £5 to go swimming.'* (HISU)

*'My physio suggested that I go to talking therapies when I had problems after an operation, I only went a few times but they were really good.'* (PPG)

It is interesting to note that physiotherapy was mentioned in response to this question, as it indicates that some patients might view this as a non-clinical intervention.

When asked about any self-initiated self-care activities they had tried, seven out of the eight patients reported trying a range of things themselves to help improve or manage their health and wellbeing better. The following word clouds illustrate the range of self-care activities mentioned by both groups:

**Self-care activities mentioned by the five HISU group members...**



**Self-care activities mentioned by the three PPG group members...**



- The HISU group only mentions three activities where they would participate with other people, with one of those being an online support group. In addition, they also mentioned things they can buy and use on their own such as vitamins, food supplements and exercise DVDs.
- In contrast the three PPG group members listed 15 group activities they used to support their mental and physical health, as well as acknowledging that day to day activities such as gardening, DIY and walking are also important.

- This seems to indicate that the PPG group take a more holistic view of improving their health and wellbeing, and by doing this they are also more likely to take part in activities that help to combat loneliness and isolation.

### 6.5 Patients awareness of local support groups and activities:

*'I can't understand loneliness in old people, there are so many activities and voluntary things to be involved with, it's astronomical, I could be out every day if I wanted to get involved with all these things. Everyone is crying out for volunteers, and then you get people living in social isolation, they must do it because they want to be isolated, but I believe that then causes the degeneration in their health.'* (PPG)

There were very different levels of awareness of the groups and activities available, even though all the patients had lived in the area for a relatively long time, ranging from 13 years to their entire life.

Half of the patients interviewed had heard of a range of local support groups and activities, this included the three PPG members, and one of the HISU group who was aware of Sure Start in relation to her child, while the other four HISU patients did not know about any local groups and activities.

All but one of the HISU group stated that they would be interested in receiving details about groups, activities or support available in North Halifax, that might help them to manage or improve their health and wellbeing.

*'I would be interested in info about exercise and using weights, as I am wary about doing the wrong thing.'*  
(HISU)

*'I have tried Slimming World, but because of the depression and feeling down I tend to eat more. I haven't really found anything that helps...'*  
(HISU)

## 6.6 Patients feedback about how their GP Practice could improve the way they work:

- **Make booking appointments easier, and let older people book appointments face to face:**

*'Sometimes if you ring the doctors up they can be a bit sharp or cocky. And sometimes I see older people come in, in their 70s or 80s, and they won't give them an appointment, they say they have to go home and ring up, I think that's shocking. A lot of old people don't have the internet, and would expect to come in to the surgery and make an appointment face to face.'* (PPG)

*'Get better staff on reception, they seem to pick and choose who to put through for appointments. It's silly that all the appointments are gone by 8.30 in the morning.'* (HISU)

- **Try having a drop-in wellbeing clinic for older people who find the appointment system difficult to use:**

*'A wellbeing clinic for the elderly who might find the appointment system difficult might be a good thing - a drop in clinic where they can have a basic check over by the nurse, blood pressure, oxygen level, heartrate etc. to keep an eye on their general wellbeing, and maybe signpost to social inclusion activities, or maybe they haven't been to the optician in years or the dentist and they need signposting to go there.'* (PPG)

- **Find different ways to make services more accessible for people:**

*'If the counselling was more than one day a week, or because of my mobility if they could get them to come out and speak to me, or do it over the phone. Sometimes it is difficult to get out with my mobility and depression, when you need counselling there are reasons you need it and they should be a bit more understanding that you find it difficult to go and get out.'* (HISU)

- **Support patients to access the follow-up care they need, if they are finding it difficult:**

*'I am struggling to make a follow up appointment with my consultant at LGI, which I need to do every year for the next 5 years. They keep telling me I am on the waiting list, and he's very busy, but I don't know how to push it forward.'* (PPG)

*'CAMHS has a long waiting list, my elder daughter has been waiting since December 2017. It's so incredibly long, it needs to be quicker to get the help.'* (HISU)

*'I wish there had been a swimming pool for proper hydrotherapy exercises when I had my operation as that would have helped a lot, but there is nothing like that in this area.'* (PPG)

- **Help patients by signposting them to activities and groups that might help them, and support them to get to the first meeting:**

*'Signposting people to groups they could be involved with as a way of easing the burden on GPs, and maybe having someone who can help people access these things. Also if they find that people want to be involved more but don't know where to start, they could be directed to the groups and maybe chaperoned to the first meeting to help break the ice, the ice breaking is the important thing.'* (PPG)

*'I find it really difficult getting out socially due to the depression as it affects my motivation. My friends and family are around but sometimes I tend to kind of shut myself off, it's easier to shut off than go and try to open up.'* (HISU)

- **Make sure that patients are made aware of GP Practice policies:**

*'No one seems to know what the policy is on patients that do not attend appointments, is it three strikes and you're out, and what would happen after that?'* (PPG)

- **Give patients more opportunities to be involved if they want to be:**

*'At the PPG meetings, which are led by the practice manager, we would like it to be more led by the patients, and not just told what the GPs want us to hear.'* (PPG)

- **Try to find ways to promote and support local health related support groups:**

*'I go to a diabetic support group once a month... and talk about what's new and things people have tried, but it's not very popular. The thing is there is no input or support from the diabetic nurses, it would be good if they could pop in sometimes.'* (PPG)

## 7. Conclusions

### 7.1 Reflections

- **Trusted services / Greater need**

There can be a wide variety of reasons why some patients make frequent use of NHS health services; it could be because they trust the service and are happy with the support they get; or alternatively they might have chronic health conditions and/or mental health problems, a low awareness of effective self-care strategies, and a challenging life that puts barriers in place limiting their ability to access support.

- **Attitudes / Awareness**

Comparing the responses of the HISU patients, with those of some PPG patients who rarely access NHS services, helped to show that the experiences of different patient groups within the same GP Practice can vary greatly, and that they can have widely differing attitudes to, and awareness of, ways of maintaining and improving their health and wellbeing.

- **Engagement barriers / Inclusive practices**

When planning changes to the way NHS services are delivered, consideration needs to be given to the best ways to engage with HISU patients, as while they may use health services more than some other patient groups, they may be harder to engage with due to the barriers they face, such as mobility issues, caring responsibilities and irregular work patterns. Services should aim to use a variety of methods that might be suitable and accessible for them i.e. focus groups, phone interviews, online surveys, face to face discussions, and social media, so that these patient's views and needs are not excluded.

### 7.2 Suggestions

Each GP Practice should consider the suggestions made by patients (see 6.6).

The suggestions focussed on:

- Making it easier to book appointments
- Simplifying access to GP services for older people
- Ensuring GP services are open, inclusive, accessible and supportive
- Improving awareness of, and support for, health related support groups
- Helping patients to start accessing activities/groups that might help them

### 7.3 Lessons learned

Patient engagement:

- It can be difficult getting the contact details for patients from a specific patient cohort.
- Some patients are probably less invested in feeding back about the services they use than others. While the PPG members were all cheerleaders for the services, groups and activities they access, life may be very different for some of the people who regularly use NHS services and have to cope with complex and stressful lives.
- Phone interviews might not be the best way to engage with some patients, as some might respond better to having a face to face meeting at a set time and place.

### 8. Limitations of the study

While the results from our survey are based on the responses of 8 patients, which is only a small sample of people, the in-depth interviews helped us to gain a real insight into some of the issues faced by patients in North Halifax who access NHS services frequently.

*'Spend a bit more time with each patient, and listen.'* (HISU)

## Appendix 1 - Project Planning Document

|  |              |                        |               |
|--|--------------|------------------------|---------------|
| <b>Start date</b>  | October 2018 | <b>Completion date</b> | February 2019 |
| <b>Key issues</b>  |              |                        |               |
| <ul style="list-style-type: none"> <li>• Many GPs are facing challenges regarding access to appointments for their patients.</li> <li>• Many other health services offering immediate access, such as Accident and Emergency, or NHS 111, are struggling with demand, and deal with patients who have needs that might be better addresses by alternative services.</li> <li>• In part, this can be due to GP surgeries and other health services working with a significant number of people who are routinely booking frequent appointments or presenting to emergency services, but who are doing so when there is not necessarily a clinical outcome that would benefit them.</li> <li>• Health professionals often agreed that some of these patients could be better served by an appropriate non-clinical service offering support or activities relevant to the individual's needs.</li> <li>• This could help to alleviate some of the challenges around access, and might improve the experience and wellbeing of the patients.</li> </ul>   |              |                        |               |
| <b>Project Aims</b>  |              |                        |               |
| <ul style="list-style-type: none"> <li>• To understand why some patients are attending GP practices and other health services on a frequent basis, and to establish what other types of interventions might help them.</li> <li>• To understand what would help these patients to feel more empowered to use self-care strategies, and how they could be encouraged to speak up about their needs and experiences.</li> <li>• To develop a blueprint for engaging with patients in local GP practices who make frequent use of health services, which could be used to help develop a better understanding of patients' needs in other Primary Care Home areas.</li> <li>• To embed learning from the engagement in the development of the Primary Care Home approach, ensuring that the people involved in this engagement are well served by the initiatives that are available.</li> </ul>  |              |                        |               |
| <b>Objectives and Outcomes</b>   |              |                        |               |
| <p>We will:</p> <ul style="list-style-type: none"> <li>• Conduct in-depth interviews with between 10 and 15 patients identified by the five GP practices in the Primary Care Home in North Halifax.</li> <li>• Analyse the feedback from the interviews to identify key themes and immediate action points, and share this with the Project Board and GP practices.</li> <li>• Arrange an event for all the patients interviewed, plus representatives from the Patient Reference Groups at each practice, to look at ways for GP practices and patients to work together better, and support patients to access a wider range of non-clinical support.</li> <li>• Produce a report outlining our findings and the approach we used, so that other GP practices can use it as a blueprint to replicate the project in their own areas.</li> </ul> <p>The expected outcomes of the project are:</p> <ul style="list-style-type: none"> <li>• For the findings of the project to contribute to a better understanding of the needs of patients in North Halifax, including those who attend primary care services on a frequent basis.</li> <li>• For the findings of the project to be used by GP practices to inform future planning and service delivery, with the aim of reducing the number of patients routinely booking frequent appointments, and increasing the number of patients accessing non-clinical support.</li> </ul> |              |                        |               |

| <b>Key milestones</b>  |                        |                                 |
|--|------------------------|---------------------------------|
| <b>Milestone</b>   | <b>Action by</b>       | <b>Due by</b>                   |
| Draft Project Plan to Key Stakeholders   | HWC                    | 02/10/18                        |
| Draft interview questions/survey produced  | HWC                    | 26/10/18                        |
| Contact details for identified patients passed to HWC  | GP Practices           | 02/11/18                        |
| Patient interviews conducted   | HWC                    | 07/12/18                        |
| Engagement Event held  | HWC                    | 18/01/19                        |
| Draft Feedback Report produced   | HWC                    | 08/02/19                        |
| <b>Responsibilities</b>  |                        |                                 |
| <p><b>Primary Care Home in North Halifax:</b></p> <ul style="list-style-type: none"> <li>- Provide guidance/feedback throughout the project as required.</li> <li>- Provide initial guidance/suggestions for how we might approach each issue.</li> <li>- Retain regular contact to understand the progress of the work.</li> <li>- Invest in making sure that the feedback that is gathered through this engagement has a demonstrable impact on the way that the future plans and associated initiatives develop.</li> </ul> <p><b>Healthwatch Calderdale:</b></p> <ul style="list-style-type: none"> <li>- Produce a draft plan for the work.</li> <li>- Conduct all telephone interviews and events, and any desk based research.</li> <li>- Conduct all analysis of responses and undertake all additional follow up work.</li> <li>- Produce a final document that is suitable for public use by the Primary Care Home in North Halifax.</li> </ul> <p><b>GPs in North Halifax:</b></p> <ul style="list-style-type: none"> <li>- Maximise opportunities for Healthwatch to promote the organisation and this piece of work.</li> <li>- Identify patients who would be suitable to take part in this piece of work.</li> <li>- Ensure information about the engagement work is discussed with each of the patients who have been identified.</li> <li>- Ensure that the details of patients who indicate that they would like to get involved are passed to Healthwatch.</li> <li>- If necessary, ensure a room can be available at the GP practice so that Healthwatch could meet the individual in a space close to their home to conduct the interview.</li> </ul> |                        |                                 |
| <b>Capacity</b>  |                        |                                 |
| <b>Staff member</b>  | <b>Work allocation</b> | <b>Number of days allocated</b> |
| Advisor – project lead   | 2 days per week        | Approx. 30 days                 |
| Additional team members supporting delivery  | Up to 0.5days per week | Approx. 8 days                  |
| Management support   | 1day per month         | Approx. 4 days                  |
| <b>Engagement approach</b>   |                        |                                 |
| <ul style="list-style-type: none"> <li>• Conduct telephone interviews with identified patients from the 5 North Halifax GP practices using a standard agreed set of interview questions, designed to help the person look at their use of GP services.</li> </ul>  |                        |                                 |

- Deliver an engagement event with those individuals who had completed telephone interviews, and members of the Patient Reference Groups from each practice, at one central location, to look at developing solutions to some of the issues that have been identified through the work.
- Healthwatch to write this up into a report.
- Patient Reference Group reps asked to take their learning back in to their individual practices to provide useful suggestions relevant to each practice.
- Healthwatch will take an informing role when working with the individuals. For example, if during one of the telephone interviews, someone discusses housing issues, we will attempt to support that person to get appropriate advice and support.
- It's important to note that people who are being asked to take part in this work are being asked because they are seen as using health services to excess, however, we need to sensitively manage how this is articulated to those individuals, who are unlikely to get involved if they feel they have been selected for a negative reason. For this reason, the title of the project and any documentation attached should refer to those involved in a positive way.

### Work plan

- GPs identify those patients who they feel would be appropriate to be involved in this engagement work.
- Healthwatch to distribute some promotional materials about the organisation and its work to the practices involved.
- GPs to pass the contact details to Healthwatch for those individuals who have said they would be happy to give feedback about their experiences. This could be a telephone number, email address or postal address, depending upon which approach the individual would feel most comfortable with.
- Healthwatch to ring/write to/email the people who express an interest and have given their consent.
- Through this, Healthwatch will encourage people to take part in a telephone interview asking about their experience of using the GP and why they attend regularly. If people are uncomfortable doing this over the phone, we can send email or paper copies of the questions. If necessary, we can meet in person if that would help meet the person's needs. We would need access to the GP surgery to host this meeting to make sure it took place in a public building but was close to the individual's home.
- After gathering the feedback, Healthwatch to do analysis and identify the key themes and any immediate action points, which will be reported back to the project board and GP practices.
- Arrange an event inviting all the people who have been involved in the telephone interviews and representatives from the Patient Reference Groups (PRG) at each practice to do some forward looking about how the GP practices could encourage people to engage in self-care, and support their access to other services, as well as identifying other things people think should be available.
- PRG members would be encouraged to take this feedback back to their practice managers.
- Healthwatch to produce a report anonymising all the feedback and share this with the Primary Care Home in North Halifax, and each individual practice.

### Relevant contacts

| Name | Organisation(s) | Role(s) | Contact details |
|------|-----------------|---------|-----------------|
|      |                 |         |                 |
|      |                 |         |                 |

## Appendix 2 - Participant Information and Consent Form

### Healthwatch Calderdale project: How do you use local NHS services?

#### Information Sheet for participants in North Halifax

Thank you for agreeing to be involved with this project, by taking part and sharing your experiences you will be helping to shape how services will be delivered in the future.

Your GP has already spoken to you about it briefly, and you have agreed to your contact details being shared with Healthwatch Calderdale so that we can contact you to arrange an interview.

#### The interview

The interview, which should take around half an hour, will be carried out over the phone at a prearranged time convenient to you, but if you prefer it we can arrange a face to face interview at your GP Practice. We could also arrange for you to receive a copy of the questions beforehand, either by email or post.

We will be asking:

- a little bit about you and your lifestyle
- how you feel about your health and wellbeing in general
- what NHS services you use, and how you use them
- whether you have tried anything non-medical to improve your health and wellbeing
- if you can think of anything else that is not already on offer locally that could help to improve your health and wellbeing.

There are no right or wrong answers, and if there are any questions you do not wish to answer you can leave them out.

#### Confidentiality and data protection

- Any information you give us will remain strictly confidential, with the feedback from the interviews being anonymised.
- Any personal data we hold about you will be destroyed once the project has been completed.
- Nothing you say will negatively influence your future treatment in any way.

#### Follow-up

We are planning to hold a small follow up event in early 2019, and would like to invite the people we have interviewed. If you are happy to be involved, we will contact you about this closer to the time.

**Once again, thank you for agreeing to share your feedback with us.**

## Interview Consent Form for the Healthwatch Calderdale project: How do you use local NHS services?

I give permission for Healthwatch Calderdale to use the information from my interview, including quotes that do not include identifying data.

I understand that my identity will not be disclosed.

Date: .....

Signed: .....

Your Name (print): .....

We may record the interview to help us to capture all the details you share with us.

- We will only use the recording to help us write up our notes.
- We will not use the recording in any other way.
- We will not share the recording with anyone else.
- We will destroy the recording once we have completed the case story.

### Recording the interview

Please tick the box below if you give permission for the interview to be recorded:

### Follow-up event

Please tick the box below if you would like to be involved in the follow-up event:

### Final Report

Please tick the box below if you would like us to share the final report with you when it has been completed:

If you have any questions about this survey please do not hesitate to give Healthwatch Calderdale a call on 01422 399433, or email [info@healthwatchcalderdale.co.uk](mailto:info@healthwatchcalderdale.co.uk)

## Appendix 3 - Patient Questionnaire

### What is this survey about?

Thank you for taking part in this survey.

The North Halifax Community Wellbeing Partnership (NHCWP) would like to know more about how people are using NHS health services in North Halifax, so they have asked Healthwatch Calderdale to interview a few patients who are registered with GP Practices in the area.

We will be asking:

- how you feel about your health in general
- which NHS services you use and how you access them
- if you have tried anything non-medical to improve your health and wellbeing, e.g. yoga classes, healthy diet advice
- whether you can think of anything else that is not already on offer that could help to improve your health and wellbeing.

If you have any questions about this survey please do not hesitate to give Healthwatch Calderdale a call on 01422 399433, or email [info@healthwatchcalderdale.co.uk](mailto:info@healthwatchcalderdale.co.uk).

You can find more information about how we will maintain your confidentiality, and what Healthwatch is, on the Healthwatch Calderdale website, [www.healthwatchcalderdale.co.uk](http://www.healthwatchcalderdale.co.uk)

Please note that when we report on the findings of this engagement, the information you have provided will be anonymised, which means that you will not be individually identified.

**PLEASE NOTE: If you are filling the survey in for someone else, please answer the questions from that patient's point of view.**

### Who is this survey about?

1. Who are you filling in this questionnaire about?

- Yourself
- Your child
- Your partner or spouse
- Another relative
- A friend

### Tell us a bit about yourself...

2. Approximately how long have you lived in North Halifax?

3. Tell us about your household. Please tick all that apply:

- I live alone
- I live with my partner / husband / wife
- I live with my children
- I live with my mother / father / other relatives
- Other (please specify)

4. Tell us which best describes you. Please tick all that apply:

- I am retired
- I am employed, full time or part time
- I am in full/part time education
- I look after my children / grandchildren
- I am looking for work
- I am unable to work
- I do volunteer work
- I am a carer
- Other (please specify)

5. What do you like to do in your spare time? Please tick all that apply:

- I like to spend time with my family or friends
- I enjoy getting out and about
- I am involved with local groups and activities
- I like to stay at home
- Other (please specify)

Tell us a bit about your health...

6. In general, how would you rate your physical health?

- Excellent
- Very good
- Good
- Fair
- Poor
- Other (please specify)

7. In general, how would you rate your mental and emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor
- Other (please specify)

8. Do you have any long-term disabilities, conditions or health concerns?

- No
- Yes, please give brief details:

9. Lots of different concerns can affect peoples health and wellbeing. Do any of the things in the list below have a positive or negative impact on your health and wellbeing?

|                           | Very positive impact  | Slight positive impact | No impact             | Slight negative impact | Very negative impact  |
|---------------------------|-----------------------|------------------------|-----------------------|------------------------|-----------------------|
| Your housing              | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| Your access to transport  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| Your employment situation | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| Your finances / debt      | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| Your family relationships | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| Your social situation     | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| The area you live in      | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |

Of all the concerns above, can you tell us a bit more about the ones which have the biggest positive or negative impacts on your health and wellbeing?

Tell us about the NHS services you use...

10. Which GP Practice are you registered with?

11. Roughly how often do you attend your GP Practice?

- Weekly
- Every 2-3 weeks
- Monthly
- Every 2-4 months
- Every 4-6 months
- Every 6-12 months

Other (please specify)

12. When you visit your GP Practice who do you usually have an appointment with? Please tick all that apply.

- A doctor
- A practice nurse
- Other (please specify)

13. Please tell us a little about your experience of visiting your GP Practice.

14. Do you use any other NHS services, e.g. A&E, NHS 111?

- No
- Yes (please specify)

15. Of all the NHS services you use, which one do you prefer to use and why?

16. Of all the NHS services you use, which one do you like to use least and why?

Has anything been suggested, that might help you to manage or improve your health and wellbeing?

17. Has your doctor, nurse or other medical professional ever suggested that something non-medical, e.g. exercise classes or a support group, might benefit your health and wellbeing?

- No
- Not sure / don't remember
- Yes

Suggested activities that might help improve your health and wellbeing...

18. What sort of thing did the doctor, nurse or medical practitioner suggest you could try? Please tick all that apply.

- Support group, social activities, befriending, etc.
- Healthy eating, diet advice, cook and learn, etc.
- Exercise and activity, walking, cycling, gardening, etc.
- Creative activities, knit and natter, art groups, etc.
- Welfare advice, benefits, housing, money worries, etc.
- Self-care, supported self-management for long term conditions, etc.
- Talking therapies, mindfulness, yoga, etc.
- Other (please specify)

19. Did you try the suggested activity/activities?

- No
- Yes
- Other (please specify)

Things you didn't try, and why...

20. What were the suggested activities and why didn't you try them?

Things you did try, and what happened...

21. What were the suggested activities, and what happened when you tried them?

Have you tried anything yourself, off your own back, to improve your health and wellbeing?

22. Have you tried anything yourself, off your own back, to improve or manage your health and wellbeing better?

- Yes
- No

What did you try, and what happened?

23. What did you try, and what happened?

Is there a reason you didn't try anything off your own back?

24. Are there any specific reasons why you have not tried to improve your health and wellbeing yourself?

Local activities and groups that might help you manage or improve your own health and wellbeing

25. Are you aware of any groups, activities or support you could access in North Halifax that might be able to help you manage or improve your health and wellbeing?

- No
- I would be interested in receiving details about what is available, by email, post or phone
- I am not interested in receiving details about what is available
- Yes

Which ones are you aware of?

Can you think of anything else that might help?

26. Can you think of anything your GP Practice could do differently that could help you manage or improve your health and wellbeing?

- No
- Yes. Please add further information:

Any other comments...

27. Do you have any other comments you would like to add?

- No
- Yes. Please add further information:

28. Would you be happy for Healthwatch Calderdale to contact you again, either with information about local activities or support that might be useful for you, or to invite you to a follow up event?

- No

Yes - how would you prefer to be contacted?

**Thank you for completing this survey.**

**If you have any queries, or would like to speak to someone about it please contact Jo Budgen as below:**

**Jo Budgen, Healthwatch Calderdale, Elsie Whiteley Innovation Centre, Hopwood Lane, Halifax, HX1 5ER**

**Tel: 01422 399433**

**Email: [jo.budgen@healthwatchcalderdale.co.uk](mailto:jo.budgen@healthwatchcalderdale.co.uk)**

**Any feedback that we use when we report back on the results of this survey will be anonymised, with identifying personal data removed to ensure your confidentiality.**

(PLEASE NOTE – Equality Monitoring Questions omitted from report for brevity)

## Appendix 4 - Initial Analysis of Responses

| Patient Group<br>North Halifax  | Broad characteristics   | Health and wellbeing concerns  | Other issues affecting health and wellbeing   | Suggestions by medical professionals                                      | Self-care  | Knowledge of local resources & support  | Barriers to self-care & support  |
|---|---|--|---|---|--|---|--|
| <b>PPG, not HISU</b><br><br>3 patients<br><br>2 f / 1 m<br><br>1 disabled | Older retired adults, not high intensity service users, aware of the support available actively involved in supporting their own health and wellbeing | diabetes, mobility problems, AF, strokes, blood disorder, worried about getting vascular dementia, asthma  |   | Weight programme based at GPs, CREW, Talking therapies, mindfulness, yoga | Swimming, Diabetic support group, Pilates, Crown green bowling, Archery, Volunteering, DIY, Gardening, go to the gym, keep fit, Weightwatchers, CREW heart group, aerobics, Zumba, Keep fit, a bit of weights, walking | The Young at Heart group, Threeways Centre, Men in Sheds, Phoenix Archers, LA Group, Diabetes support group, Church groups, sitting Pilates, walking football Staying Well, Dementia Café | Funding cut for weight loss group, but found alternative, although it is difficult to get to.  |
| <b>HISU younger age</b><br><br>3 patients, both female                    | Young people with complex family lives, caring responsibilities, lots to juggle. Low awareness of support available.                                  | Depression, anxiety, weight problems, mobility problems, chronic health conditions, regular winter health problems, arthritis in knees, polycystic ovaries, high blood pressure, | poor housing conditions, damp, difficulties with other services, lack of support for carers, low wages, unpredictable working hours, CAMHS has a long waiting list. | Upbeat swim/gym, Counselling based at GPs                                 | Facebook weight loss group, exercise DVD, Joined gym but caused problem with ankles.   | Sure Start  | Difficult getting out due to mobility issues and depression. Easier to shut off than go and try to open up. Cost of continuing activities. Don't know where I can access suitable low impact exercise. Counselling at surgery on day I can't go. |
| <b>HISU older age</b><br><br>2 patients, both female                      | Older people, 50 plus Longstanding health problems. Low awareness of support available. Higher levels of isolation Lower confidence levels.           | asthma, diabetes, epilepsy, mobility problems, rheumatoid arthritis, broken hip, anxiety and depression, falls, pain, gastric problems   | Social isolation, poor social networks, family breakdown, stressful work, no time to go to the GP.  | Physio – didn't like it.  | Health food supplements for gastric issues.  | Little knowledge of local groups and support  | Poor mobility, pain. It's hard to get on and off the bus with crutches. Lack of time due to work   |