NHS@75

Community engagement to shape the future

July 2023

LET'S GET BETTER.

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Executive Summary

Introduction

The 5th of July 2023 marked the 75th anniversary of the National Health Service (NHS); founded in 1948, it became the first universal health system which was available to all, free at the point of access. Today, the NHS provides services to millions of people across the country.

Over the last 75 years, the NHS has led the way developing new treatments to meet the needs of successive generations; from the first kidney dialysis being performed in Leeds in 1956, Britain's first heart transplant in 1968 and the subsequent UK heart transplant programme being launched in 1979, through to the response to the Covid-19 pandemic and the national vaccination programme which has delivered 128 million vaccinations since December 2020[1].

Such a significant moment provided the ideal opportunity to reflect on the importance of the healthcare services which our NHS provides, whilst acknowledging the challenges it faces and looking at how it will develop over the coming years.

The NHS@75 project was launched in Spring 2023 by the NHS Assembly, to help shape the future of the NHS through a collaborative conversation with the people it touches; the NHS Assembly brings together individuals from across health and care to provide advice to NHS England's board. The NHS@75 report, produced by the NHS Assembly can be found here.

As a statutory organisation responsible for NHS spend and performance for a population of 1.7 million people, NHS Humber and North Yorkshire Integrated Care Board (ICB) was invited to take part in the NHS@75 project and involve its people in shaping the future of the NHS.

The first part of this project involved conversations with a number of key groups, focussing mainly on:

- Staff
- Primary Care
- Local Authorities (Councils)
- Care & Independent Sector
- Voluntary, Community, and Social Enterprise sector (VCSE)

Whilst some patient and public were involved through patient representative groups, the ICB wanted to take this engagement further and develop the conversation across our communities and with a wider survey for everyone to complete.

Engagement goals

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[1] NHS England, 2023, https://www.england.nhs.uk/nhsbirthday/about-the-nhs-birthday/nhs-in-numbers-today/

The ICB expanded on the earlier questions of the NHS Assembly, and asked the following:

1. **People have told us they are proud of the last 75 years of the NHS. What do you think can be done to maintain this in the coming years?**

   (Using a scale of 1 – 5, with 1 being the most important and 5 being the least important, please tell us how important *each statement is to you*.)

2. **What is the most important thing communities can do to support the NHS in the future?**

   (Please rank these from the most important (1) to least important (4). Please only use a number once.)

3. **What do you think would help to build more trust and support the NHS in the future?**

During the planning stages for this piece of insight work, the ICB identified a need to target resources at engaging with communities across Humber and North Yorkshire within NHS England's 'Core20PLUS5' approach; these are areas which experience higher levels of deprivation, social isolation, and health inequalities. Core20PLUS5 is a national approach to inform activities which will reduce health inequalities at a national and regional level. These communities were identified using data sources including the national Census, to pinpoint the areas with the highest levels of deprivation; this data was then used to inform the planning of a series of outreach events. During a 5-day period, over 20 sessions were held across the ICB footprint, including in Hull, the East Marsh ward in Grimsby, and Scarborough.

<u>Conclusions:</u>

It should be noted that the context of these findings may be affected by the demographic makeup of the people who responded to the survey. The majority of responses came from people who were aged 45 and over; the largest age groups being 65 – 74 (170 people) and 55 – 64 (153 people). 67% of responses came from women, and most respondents identified their ethnicity as being white (650 out of 721 people); 37 people identified as Asian, with this being the second highest response rate.

There is the potential that some of the key themes and findings in this report are influenced by the demography of the people who were engaged with – in particular, age. Previous engagement activity around primary care access in the Humber region during the Covid pandemic has shown that people aged 26 – 45 were twice as likely to prefer engaging with Primary Care via remote methods such as video consultation, compared to the wider dataset[2].

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[2] NHS Humber & North Yorkshire ICB, 2020, https://www.northeastlincolnshireccg.nhs.uk/how-you-have-influenced-our-decision-making/primary-care-response-to-covid-19-engagement-report/

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Access to healthcare, including primary care, is a major theme identified in this report, with people often saying that they do not like or want remote consultations, and would prefer a face-to-face assessment with a clinician – some said that this needs to be a GP rather than a nurse or other professional. As such, there may be some benefit in an in-depth analysis of the survey data and themes by demographic data, to allow any trends to be identified and investigated further if necessary – in particular, age.

Access to healthcare
Themes related to having access to healthcare can be seen throughout the report. Concerns were expressed about the need to address waiting times for access to a service, mainly getting an appointment within primary care that a patient feels is appropriate for their need.

The findings related to primary care reflect the insight from our survey in 2020 which considered changes to primary care during and after the pandemic. People continue to hold on to the belief that the General Practitioner is the best person to see with a health problem, and that this is more acceptable if delivered as a face-to-face consultation as it had been in the past. Changes to the way care is provided, facilitated by new technologies and an expanded primary care workforce are not always easily accepted. The perception is that appointments are less available and are being controlled by the care navigator, viewed by some as a barrier to getting the care they think they need. Alternative appointments such as online, telephone or with another healthcare professional may lessen the waiting time but may not be accepted, leading some to follow other care pathways such as urgent care or to manage without.

Waiting times were also raised regarding access to secondary care, which reflects national challenges.

People also raised concerns about access to NHS funded dental services, and comments relating to this can be seen throughout the report calling for improvements to be made to these services. It is clear that there are some patients who feel that they have not been able to access appropriate dental services for some time, and that this could be having a knock-on impact on other areas of their health, such as mental wellbeing and pain management.

Funding healthcare
Many called for increased funding for health care and better pay for staff. This may reflect national media coverage, particularly the industrial action that took place at the time of the survey. However, these comments sat alongside calls for reducing wastage and making the best use of the resources available. People wanted to see a growing healthcare workforce and were clear they need to be properly supported not just financially, but valued and supported as members of staff.

Recruitment and retention of staff was important, and it was felt this would improve staff morale which in turn positively impacts on patient experience. Some comments identified that by improving recruitment and retention of permanent staff, cost savings and financial efficiencies could be achieved by reducing or removing the reliance on 'bank staff' which are often much more expensive than employed staff.

Communication
Keeping people informed and being transparent were key themes. People asked to be kept updated whilst waiting for care, for the NHS to be honest with them about waiting times and to be realistic so they would know what to expect. They would also like to be supported to 'Wait Well' when they need further treatment, such as knowing what to do to manage their condition(s) in the short-term and when to contact a service for further support or if there is a deterioration in their condition.

It was suggested that people could be better informed about services available, how the NHS system works as well as how to keep themselves healthy. If a service cannot be provided, then people would like to be told this along with an honest explanation of why.

It was also suggested that the NHS should be publicising some of the good work taking place, to help balance the sometimes-negative attention which it receives.

People suggested better knowledge would help people choose the right services and relieve pressure on gateway points such as primary care or emergency care.

Prevention and personal responsibility
There was a strong theme around educating people to use the NHS responsibly. People felt this would help redistribute demand and that by telling people how to keep themselves well, they would be able to avoid preventable ill health. This theme is unique in that all the others focus on NHS action, whilst here people felt that everyone had a responsibility for their own healthcare as far as possible. People would need support and information to enable them to do this, and suggestions included utilising communication campaigns and public health initiatives around topics such as healthy eating and exercise to enable and support them to live healthier lives for longer.

There also appears to be a feeling amongst some people, that the NHS should be more proactive in dealing with people who fail to attend a pre-arranged appointment, and those who use services inappropriately – for example, attending A&E for a minor ailment which could be addressed through self-care or by attending a pharmacy.

Local Services

Many people would like to see health and care services offered in their local communities, rather than needing to travel to other towns and cities to access the services they require. In general, this theme appears to relate to more specialised services which are often based at busier hospitals such as York or Castle Hill; however, comments also referenced the need to travel to other Primary Care Centres due to particular services being provided from a specific site within a Primary Care Network. Comments referred to the impact that centralised services can have on patients, including difficulties with travel; they also identified the potential for widening health inequalities in more rural and isolated communities. It is unclear whether these concerns are unique to particular areas in the ICB locality, or if it is a view shared across the footprint of Humber and North Yorkshire; further detailed analysis of the data would be needed to ascertain this.

Some comments also conveyed that respondents feel frustrated that there is a lack of consistency in the services which are being provided across Humber and North Yorkshire, and that there is significant variation in their delivery.

Through targeted engagement with Muslim and Sikh communities in Scunthorpe, North Lincolnshire, people told us that they would like to see more NHS services based in the community, with suggestions including pop-up health clinics which were used during the Covid vaccination programme. People would also like to see more awareness in communities of the services offered by pharmacies, and efforts made to increase the number which have consultation rooms and for them to have more pharmacy staff.

Social Care
Whilst most of the themes identified focused mainly on health care, some people felt that improvements need to be made to the interface between the NHS and social care providers, and increased capacity within the care system, especially to help alleviate some of the issues which the health system experiences around hospital discharge. This may have been prompted in part by the coverage which hospital discharge has received in the local and national media, particularly since the Covid-19 pandemic.

The NHS as an organisation
How the NHS is managed was a key theme which appeared throughout the responses to this survey, and there appears to be a lack of understanding of the role that non-clinical posts, in particular management positions, undertake in the

organisation and how they support clinical colleagues. People expressed concern that the complex management structure of the NHS makes it a difficult organisation to navigate, and some suggested that savings and efficiencies could be made by reducing the number of management posts.

Some people also have concerns about the 'privatisation' of the NHS and said that they would like to see the use of private companies stopped. This could be due to a lack of understanding of the role organisations such as Community Interest Companies and other third-sector organisations play as part of the NHS.

Patients and service users value all aspects of the NHS
When asked to rank 10 statements about what could be done by the NHS to maintain public pride in the organisation, people told us that all were a priority to them; from providing easy access to services, to increasing the number of staff – more than 70% told us that each statement was a priority to them (assigning it a ranking of 1 or 2).

This is not a surprise, given that the statements related to many of the core areas of the NHS; however, it does pose some challenges for the ICB and its partners, given that many of the priority areas would require significant financial resources and time to deliver.

Recommendations

- It appears that there may be some variation in the feedback received from different areas of Humber & North Yorkshire; in particular, it appears that there may be a preference from people living in rural and coastal areas to have services located closer to them. A more detailed analysis of the data by respondent postcode is recommended to confirm whether this is the case and to plan further targeted engagement if required.

- Analysis of the demographic data supplied by those who responded to the survey, shows that most respondents were over the age of 45, female, and of a white background. If a similar engagement activity is being planned in the future, it would be beneficial to plan more targeted work with some of the groups and communities who did not respond in significant numbers to this survey – especially young people, those from an ethnic minority background, and the LGBT+ community.

- A common thread throughout the findings of this report, and the 2020 Humber primary care engagement, is that patients are concerned about access to health and care services – including primary care; they perceive there to be barriers to accessing face-to-face consultations. We know from previous engagement that views on access to services, face to face and remote consultations can vary between age cohorts, with younger people tending to be more open to remote consultations and the convenience they offer; it is therefore recommended that an in-depth analysis of the survey data is undertaken, to identify if there are any significant differences in views between age groups. This will help to inform any future engagement activities, and the

development of communications and marketing materials relating to access to services.

- Feedback suggests that patients would like to see more services offered closer to home, in their communities, rather than needing to travel to other towns or cities to receive care; some are also frustrated about a lack of consistency in the services which are being delivered across the ICB geography. As patients are also asking for honest communications from the NHS, there could be merit in planning communications activity which explains the reasons behind services being centralised: for example, due to staffing levels, or to develop a specialist centre to improve patient care and safety.

- A lack of access to NHS funded dental services was a regular theme throughout the responses to this survey. However, given that this is a relatively small sample size in comparison to the population of Humber and North Yorkshire, it is difficult to identify how widespread this issue is and the potential impact it is having on other services, such as Urgent and Emergency Care; therefore, it is recommended that more in-depth engagement activity is planned to research this issue in detail - in particular what alternatives people turn to for care if their need is urgent.

- There continues to be evidence that some patients prefer to see their GP when accessing primary care, rather than other clinicians such as practice nurses and pharmacists. It could be beneficial to review any communications activity raising awareness of the different clinical roles, and how they can support patients to live healthy lives and manage any long-term health conditions. The role of the care navigator could be illustrated with local case studies showing how this has helped people access the care they need, along with information about how this is a role that requires training and differs from a receptionist. This could also be an opportunity to raise awareness of the support which pharmacies can offer patients to manage their medication and help with any minor ailments; improved awareness of the services offered will provide people with a convenient and accessible alternative to attending their primary care provider or an urgent care facility, which would allow more capacity in these services to be available to those who need it.

- Our findings show that people would like to hear more positive stories about our local NHS. Given the concerns which some people have regarding 'privatisation' of the NHS, it could be beneficial to look at opportunities to communicate with the population of Humber and North Yorkshire about the variety of organisations which make up the Health and Care Partnership; with the aim of raising awareness and improving understanding of the NHS structure in the region. An example could be a case study of how a patient has benefited from ophthalmology care by NewMedica and how the NHS works alongside them to provide care out of hospital.

- Concern was expressed about people who do not use NHS services responsibly, for example missing appointments or choosing services that inappropriate for their needs. Consideration could be given to communications

which illustrate the cost or impact of this, for example what else could have been provided if better choices were made by patients.

- There is an appetite for the NHS to be more upfront and honest in its communications; especially when changes need to be made to services due to budget constraints. On this note and given that the public feel that the NHS should be prioritising all 10 of the statements in question 1, there may be some merit in communicating why this is not possible. This could help to develop an understanding of the challenges faced by the ICB when balancing increased demand for services, budget envelopes, and the need for ongoing innovation and development of modern services; whilst working with partners to address the most important concerns of local people.

- Patients would welcome advice and support to enable them to 'wait well' whilst they are on a waiting list for further investigation or treatment. A review of the communication with patients on waiting lists could be beneficial to ensure that they're receiving the information they want and need, at a time which is often stressful. To shape communications around the needs of patients, a co-production approach could be taken, with current and former patients recruited to share their lived experience.

How we have listened

Methodology

Members of the ICB engagement team went out to locations in the community to speak with people and complete the questionnaire face to face. There was also an opportunity for those who preferred, to take the questionnaire away and return it via Freepost within the survey timeframe.

The engagement was planned to cover as wide a geographical area as possible, whilst also considering areas where people may be less likely to take part or may experience greater health inequalities as a result of deprivation. The team planned this face-to-face engagement to take place across the week which included the NHS birthday on 5th July 2023, and the following venues were visited:

Hull & East Riding of Yorkshire
- Orchard Park Health Centre
- Elliot Chappell Health Centre
- Hull Champions
- Bridlington Spa
- Freedom Centre
- Shores café and community centre
- Withernsea Aldi
- Goole Leisure Centre
- North Point Shopping Centre

Northern Lincolnshire

- West Marsh over 50s social club
- Centre4
- Arcafe Westcliff
- Freeman Street Market
- Scunthorpe Mosque
- Sikh Temple (Scunthorpe)

York & North Yorkshire
- Next Steps (Malton & Norton)
- Malton Library
- Scarborough Gallows Community Centre
- Acomb Garth Community Centre
- Aldi Supermarket, Scarborough
- Helmsley Market
- York

Online survey

To enable as wide participation as possible, the short survey was hosted on the ICB's online survey platform, 'Tractivity'. For two weeks, the survey link was circulated by email and shared widely on social media. Email circulation included patient and community groups across the whole ICB area, along with VCSE contacts such as local Healthwatch for them to share with their mailing lists. The patient network groups across the ICB were also sent the survey link.

Engagement reach

The map below illustrates the spread of the responses gathered across the geography of the Humber and North Yorkshire ICB. This was reviewed at regular intervals during the engagement period to ensure adequate reach, and additional face to face sessions took place where responses needed boosting.
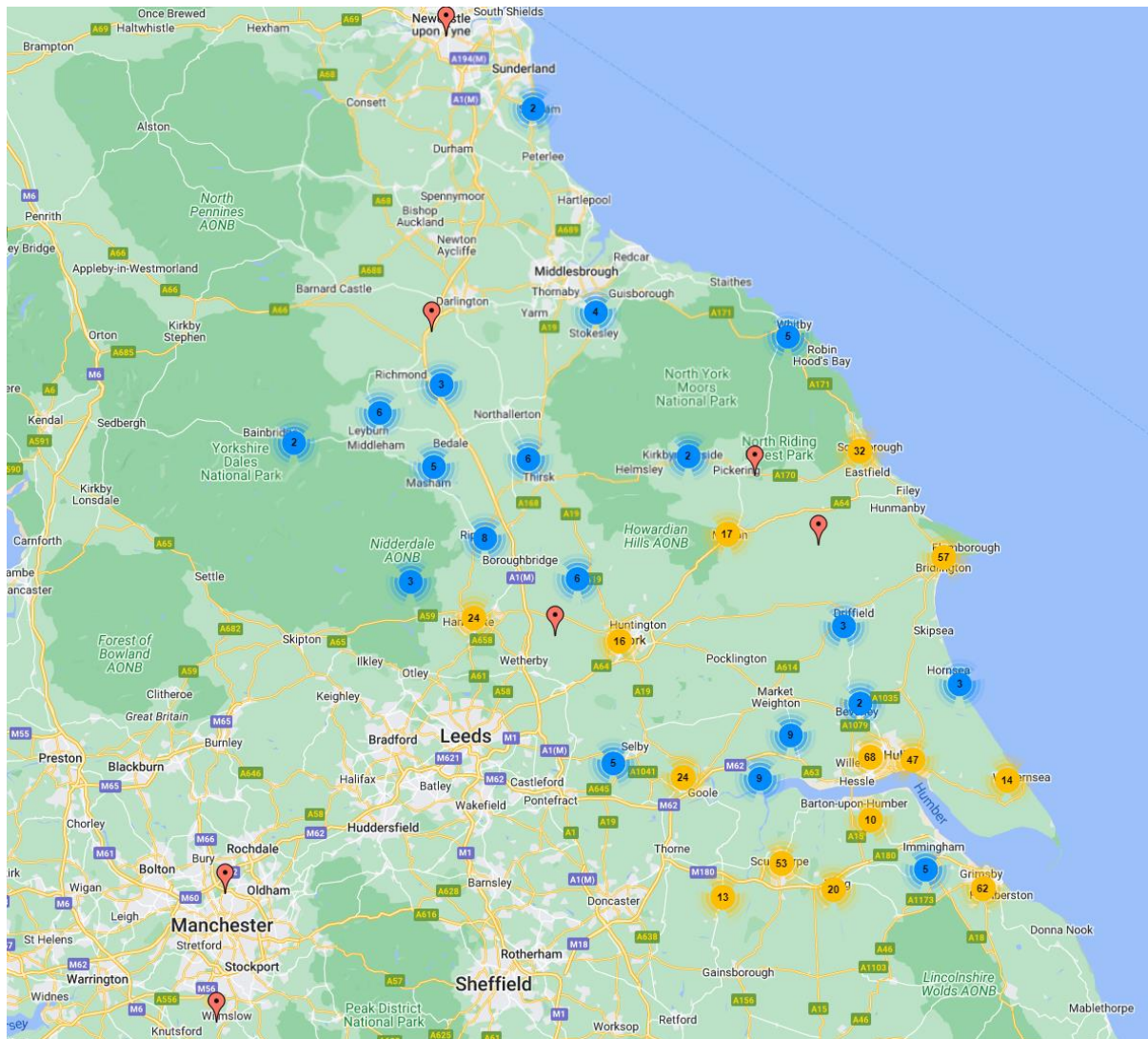
Overall, there were 755 responses to the survey, including all face to face and online submissions.

Results

Question 1 - People have told us they are proud of the last 75 years of the NHS. What do you think can be done to maintain this in the coming years?

Respondents were asked to rank the following 10 statements on a scale of 1-5, with 1 being the most important, and 5 the least important. The statements were developed from the feedback received during the first phase of the NHS75 engagement in May 2023.

- Providing services that are easy to access (including online, the availability of services, and physical access to healthcare buildings)
- The NHS should remain free for everyone
- Use resources efficiently and reduce waste

- Increase the number of staff
- Provide support and advice to people to help them stay healthy for longer
- Treat everyone equally and fairly (including patients and staff)
- Improve mental health services
- Improve the health of the most disadvantaged
- Improve the quality of NHS care
- Improve waiting times for treatment

The graph below shows the breakdown of rankings across each of the 10 statements. All these statements are considered important by most respondents, with in excess of 70% ranking each of the statements as either 1 or 2 on a scale of importance.

It is worth noting that not all respondents assigned a ranking to every statement; therefore, to make comparison across the statements easier, the graph below has been based on the percentage of respondents who ranked each statement 1-5, rather than the specific number (although this is stated for information.)

People have told us they are proud of the last 75 years of the NHS. What do you think can be done to maintain this in the coming years?

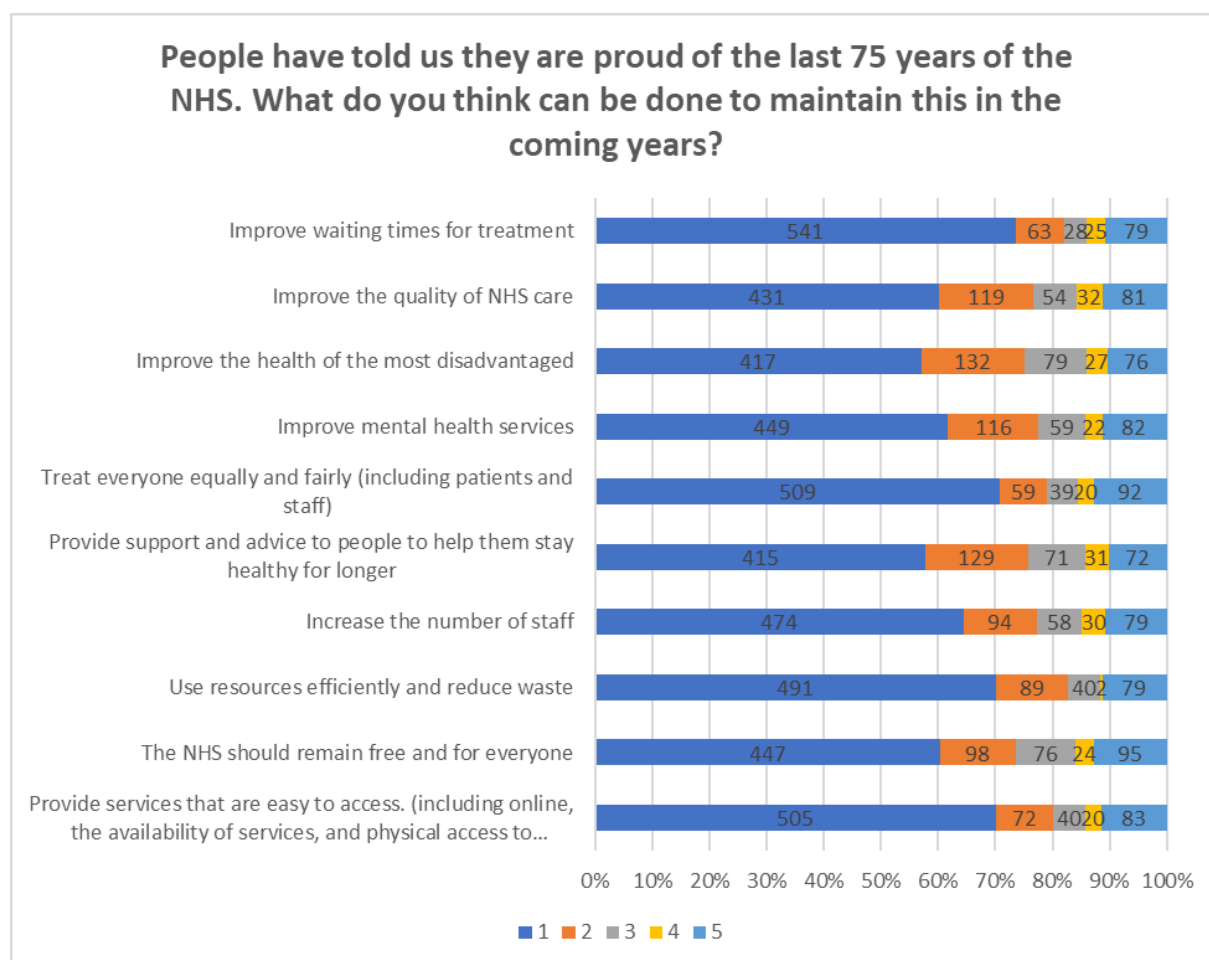| Statement	1	2	3	4	5
Improve waiting times for treatment	541	63	28	25	79
Improve the quality of NHS care	431	119	54	32	81
Improve the health of the most disadvantaged	417	132	79	27	76
Improve mental health services	449	116	59	22	82
Treat everyone equally and fairly (including patients and staff)	509	59	39	20	92
Provide support and advice to people to help them stay healthy for longer	415	129	71	31	72
Increase the number of staff	474	94	58	30	79
Use resources efficiently and reduce waste	491	89	40	2	79
The NHS should remain free and for everyone	447	98	76	24	95
Provide services that are easy to access. (including online, the availability of services, and physical access to...	505	72	40	20	83

‘Improving waiting times for treatment’ was ranked as a top priority for 73% of respondents (541 individuals), with an additional 63 people (8.5%) ranking it at number 2 on the scale. This was closely followed by ‘Treating everyone equally and

fairly', which was ranked as a top priority by nearly 71% (509 people), with a further 8.2% ranking it at number 2.

People were also given the opportunity to make suggestions for how they felt the NHS could work to maintain public pride in the organisation – 297 open-ended responses were received. These comments have been analysed in detail and coded to identify any key trends and themes. Many of the comments we received provided lots of detail, which cover several topics and means that they sit within more than one theme.

The most common theme identified during the analysis of the free-text responses, related to **access to health care services**, with over one-third (38%) of comments referencing this – in particular, access to primary care services, which 23 comments related to (7.9%).

"Make it easier to get a doctor appointment."

"The ability to see a GP without waiting a month…"

"We also need to get rid of overly complex GP triage forms. It is currently too hard to do too many things. At the moment the only way to guarantee you will be seen is to fight for your rights and chase and chase and chase until you get what you need. It actively reinforces existing health inequalities."

It is worth noting that primary care access is a theme which featured heavily in the findings from the 2020 Primary Care Response to Covid-19 engagement, which was launched to find out how patients accessing General Practice in the Humber region had been impacted by the changes which were brought in at the start of the pandemic to keep staff and patients safe; in particular, the move to remote consultations. In 2020, patients reported finding the triage processes to be 'clunky' and a barrier to accessing health services, and some questioned whether care navigators and/or reception staff are suitably qualified to be making decisions about an individual's health.

Just over 6% (18) of comments expressed a desire for services to be closer to where patients live and in the local community, rather than requiring them to travel a significant distance to access the care they need; this is a theme which could benefit from further analysis to identify whether this specific to a particular area(s), or a view shared across the whole Humber and North Yorkshire footprint.

"Improve coverage and keep services 'local'"

"Make all treatments closer to home. We have to make 3 trips to York in 1 week, that is 300 miles and up to 15 hours of driving when there is a perfectly good hospital a mile down the road from our house…"

"Care should be at the heart of what is done in the NHS and that should be delivered locally to the patient."

Some respondents would like to see more face-to-face appointments with clinicians (4.1%), with comments particularly relating to primary care services and a preference for an in-person appointment rather than over the phone.

"Access to GP's was obviously restricted during Covid but has not been reinstated – it needs to."

"Improve face-to-face access and continuity of care."

"Being able to have a face-to-face appointment with a GP instead of waiting two weeks for a phone call."

This is a theme which was apparent in the 2020 Primary Care Response to Covid-19 engagement which found that a 'digital-first' approach to primary care would 'only work for half of patients", and that the "clear preference for patient accessing health professionals is face-to-face, followed by over the phone." Some respondents to the survey also questioned how much confidence they had in diagnosis which were made remotely, without being able to show their symptoms in-person.

A small number of respondents (10 / 3.1 %) stated that they would like to see a GP rather than another clinician when they attend a service. Although this is a small sample size, this appears to relate specifically to when patients attend primary care; in some cases, there is a preference for seeing a specific GP who they have previously seen.

"…Allow us to see our doctor to save YOU more time rather than others who normally pass you onto the doc anyway…"

"To always be able to see the Doctor you were/are originally registered with."

"…I don't necessarily have a problem with phone calls for some issues, it is the access to an actual GP, rather than a Nurse Practitioner with is a problem."

Some of the comments received were related to waiting times, and the time it can sometimes take to access a service – nearly 5% of the comments related to this in some way. The examples given included the waiting time to access specialist services such as mental health, dementia, and Special Educational Needs and disability, as well as more general services including primary care and urgent/emergency care.

"Improve services for parents of SEND children so waiting times for diagnosis and support are non-existent."

"Crisis Teams for Mental Health services need better staffing, you still have to wait far too long on the phone."

"Decrease waiting times to be seen at A&E."

Concerns were also raised by a small number of respondents (10 / 3.4%) about access to dental services through the NHS, and that there are cases where people

cannot access an NHS dentist. This is a small sample size, and more insight would be needed to identify any more detailed trends – in particular, regarding whether this is an issue within a specific geography, or if it is a pattern across the whole of the ICB footprint.; however, it is clear that some areas of our population are having significant difficulty accessing dental services through the NHS. Comments included:

"Improve and make free to all basic dental services. System at present is an outrage."

"More GPs, Dentist as not seen the latter for 5 years as cannot get an appointment."

"Dentistry needs to be a high priority so everyone can access dental care, a lack of this leads to other issues such as pain, mental health issues."

A similar number of people (9) identified the need for preventative services which can enable people to manage their own health and to live healthy lives, as important factors in maintaining public pride in the NHS; with comments referencing some of the wider determinants of health.

"Invest in early health and prevention in all areas of health and social care."

"Encourage health promoting projects. Encourage people to take less alcohol and smoking less and eat healthy."

"Prevention is better than cure – people need the right diet, money to heat homes – need to deal with the causes."

A small number of respondents (4) suggested that a more stringent approach should be taken by the NHS in managing situations where patients fail to attend an appointment (without notifying in advance), or where they attend the wrong service; some suggested that attending A&E for relatively minor issues should be considered as abusing the system.

NHS funding was highlighted as an important area by many people who responded to the survey, with 14% of comments referencing issues such as staff pay (5.5% / 16) and the need to make efficiencies such as reducing the use of bank staff (2.4% / 7). A couple of respondents also said that they felt investment is needed in the NHS infrastructure – such as more beds in hospitals and improving the services available at Bridlington Hospital.

Many of the comments relating to staff pay, also acknowledged that increasing staff pay could help to address some of the recruitment and retention issues facing the health service – issues which had been the focus of significant media attention in the weeks and months leading up to the launch of this engagement (and continue to be).

"Treat staff with respect and pay them a fair wage which will improve retention and recruitment of staff."

"Reduce waste & stop using expensive bank staff."

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"Spend money more effectively and reduce waste."

On a similar note, 10% of comments (29) identified **staffing** of the NHS to be important going forward – especially the need to recruit more staff (5.5% of comments related to this), particularly in clinical roles, helping to improve the service received by patients.

"Improve the balance between staff and patients."

"More staff will help waiting times, can't reduce staff and expect same service."

In some cases, respondents identified that any increase in the NHS workforce should be focused on clinical staff such as GPs and nurses, rather than back-office managerial and administrative positions.

"Have more nurses and doctors and less admin and managers. Cut down on the unnecessary paperwork and duplication of forms."

Alongside this, 10 comments (3.4%) referred to the issues of recruitment and retention in the health service, including improving working conditions for staff and making the NHS a more attractive employer.

"Ensure staff are working in better conditions to stop people leaving and therefore having a shortfall."

"A focus on reducing health inequalities and addressing cultural issues around why people do not stay working in the NHS."

Many comments (12.4%) referred to the **internal structures and workings of the NHS** and how changes to these could help maintain public pride in the service; most of these comments related to two very specific areas. Again, some comments (4.5%) suggested that there are too many management positions within the NHS, and it leads to the organisation being overly complex. Whilst others suggested that by reducing the number of non-clinical management positions, more money could be invested into clinical, patient facing positions.

"Simplifying the complex layers of management…"

"Reduce senior management costs and use the saved finance to invest in managing the challenges in front line care."

In addition, some respondents told us that they are concerned about the perceived 'selling' of services to private companies, and the 'privatisation' of the NHS. Comments included:

"Reduce the reliance on private healthcare providers to deliver NHS services."

A relatively small number of comments were received regarding this, and as such it is difficult to draw any definitive conclusions; however, this could be a sign that some

work needs to be done to improve understanding of the different organisations, including community organisations, which are part of the NHS.

A couple of responses also suggested that some non-clinical services such as cleaning in hospitals, should be brought in-house, rather than being contracted to external providers.

Nearly 25 comments related to the **patient experience**, when someone is initially accessing, or is receiving ongoing care from a particular department, service, or organisation. Of these, 16 comments (5.5% of the total) were specific to the communications around a patient's care – for example, communication between NHS departments, and keeping families up to date. Some suggested that communication regarding appointments could be improved, and that it is important to ensure patients who do not use technology are not being missed or disadvantaged by systems moving toward online and other digital processes.

"Having a simpler system, where communication between care provider and patient is better and nothing gets lost through all of the layers within the NHS."

"Better communication for next of kin with medical professionals when their loved ones are in hospital."

"…letters and phone calls to give patients appointment as some patients cannot access the internet and some older patients can't hear very well on the phone."

A small number of comments suggested how communication could be improved. These included providing help and information on how to best navigate the health and care system and keeping patients up to date if they're waiting to receive treatment and the reason behind any delays.

"Communication could be improved – like when you are waiting and you don't know why."

"Communication and education about roles and services. Help with navigating the system."

"The NHS is ok once you're in. Waiting times are waiting times but how you treat people while they are on a list is more important."

Just over 7% of the comments received in response to this question, related to **communication** from NHS services to the public and other organisations. Some told

us that the public would like to see clear and honest communication about the challenges the NHS faces and its performance, so that people can better understand the situation.

"If services have to change, tell us early and why."

"Honesty and transparency."

"Open and honest comms about the challenges faced in the NHS (managing expectations)"

One respondent highlighted the importance of publishing good news stories to provide a balanced view of the NHS and the impact it has on people's lives.

"To be more open about the good work you are doing – we did xx hip operations this month – rather than hearing about the negative and how many people are waiting."

A small number of comments suggested that the NHS should be using its communication channels to educate the public about how to live healthier lives and the impact that some life choices can have on their health.

Some also suggested that work should be undertaken to raise awareness of the correct services to use when the public require help – thus reducing the amount of people attending A&E who would have been better placed attending another, more appropriate service.

"Provide more preventative services to enable people to make better life choices regards diet, exercise, dental health etc."

"Encourage health promoting projects."

"Educate the … population that they have to take responsibility of their own health in the first instance and that they do not always need a GP or visit and ED department to get their problem resolved. Educate, good health, where to go for treatment, starting with your pharmacist or NHS 111."

Given the close links between the health service and the **social care** system, it is not surprising to see that some comments (2.4%) referred to the relationship between both services, and included suggestions for how social care could be improved – for example, providing more beds within nursing and care homes, to improve discharge processes and reduce "bed-blocking" in hospitals. These comments are to be expected, given the media focus which has been on delays to hospital discharge, especially since the Covid-19 pandemic.

"Improve communication with and access to social services to speed up hospital discharges, this freeing resources for those that need them most."

"Improve the interface with Social Services."

"Introduce convalescent beds to stop beds being blocked."

Finally, a small number of respondents raised concerns regarding **regional variances** in the services being offered across Humber and North Yorkshire and the potential for patients to be facing a 'postcode lottery' for treatment.

"…NHS policies and procedures should be the same for every Trust in the NHS and not a postcode lottery."

"Level up (to the best) the 'postcode lottery' of NHS and social care services."

**Question 2 – What is the most important thing communities can do to support the NHS in the future?**

Respondents were asked to rank the following statements on a scale of 1-4, using each number only once; 1 being the most important, through to 4 the least important.

- Use the NHS responsibly – e.g., keep to appointments, use the right service at the right time.
- Work towards a healthy lifestyle – e.g., eating well, being physically active.
- Supporting the community – e.g., promoting good health with others.
- Treat everyone equally and fairly (including patients and staff)

Just over two-thirds (507) of the people who answered this question, allocated a particular ranking to more than one statement; for example, some ranked all the statements as 1 (most important), whilst others put multiple statements as 4 (least important.)

To allow for the inconsistencies in how people have responded to this question, whilst still being able to provide accurate insight, the data has been segmented so that the respondents which have answered the question as initially planned are analysed separately to those who used a ranking more than once. First, a detailed check of all responses took place to identify where any ranking had been used more than once; these were then highlighted and moved into a separate data set for analysis. This then allowed for those responses to be analysed in a similar way to Question 1, where respondents were asked to assign a ranking of importance to each statement and could use a ranking more than once. The findings from this analysis are below.
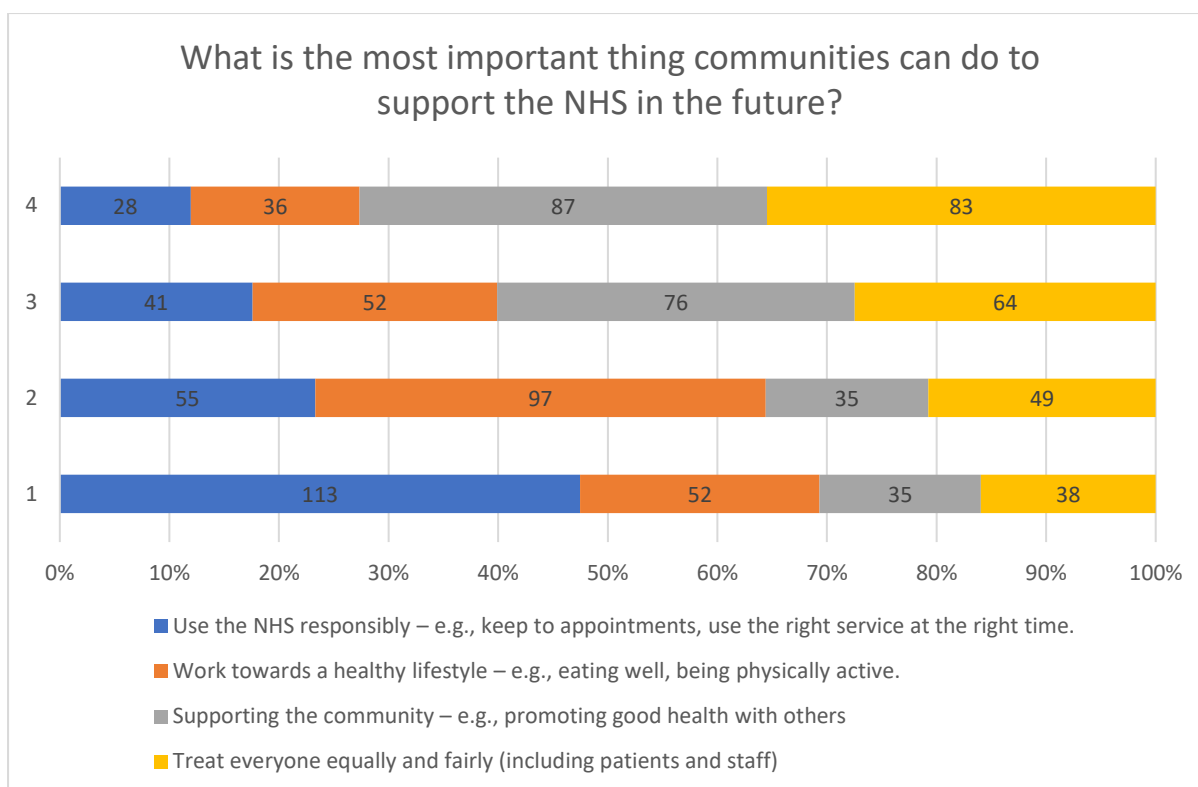
The graphs show that most respondents ranked all four of the statements as being of equal importance, with significant numbers ranking each statement at 1.

What is the most important thing communities can do to support the NHS in the future?
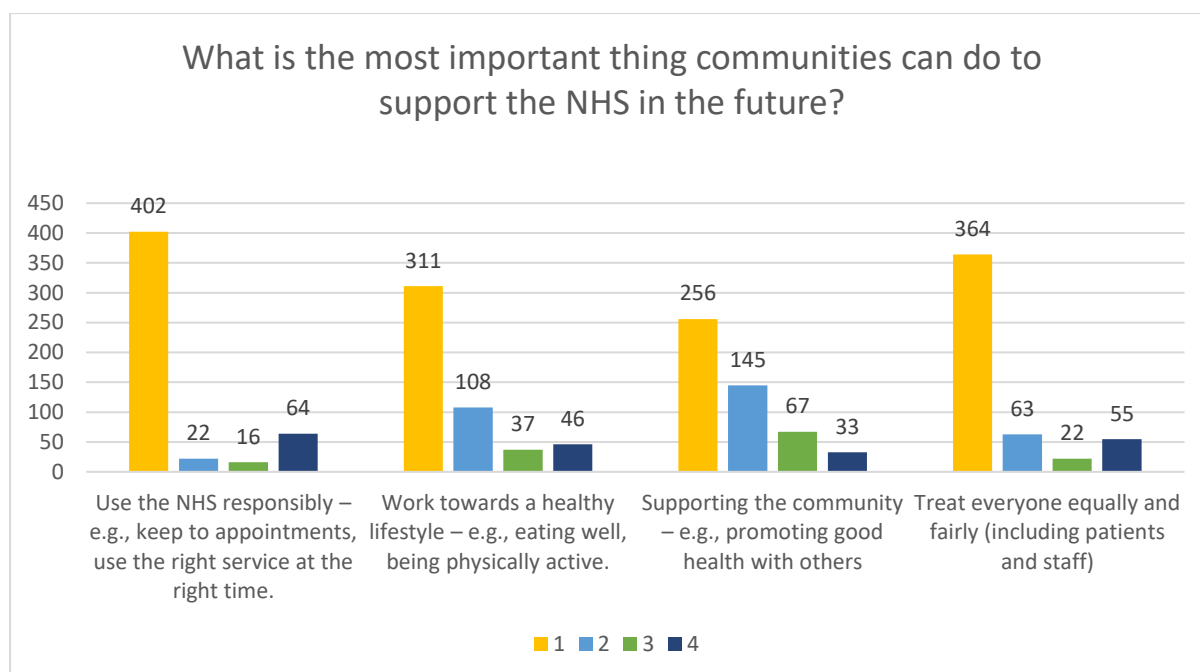
'Use the NHS responsibly' received the most with 402 people giving it a ranking of 1, closely followed by 'Treat everyone equally and fairly', which was ranked at 1 by 364 individuals.

'Supporting the community' received the lowest number of rankings at 1, with 256 saying it was most important; however, it did receive the highest number of people saying that they felt it ranked at '2' on the scale of importance, with 145 respondents – this is higher than any of the other statements.

The analysis of the data received from people who ranked the statements on a scale of 1-4 (using each number only once), paints a similar picture in many ways (below); nearly 50% of people (113) said that the most important statement was that communities 'use the NHS responsibly' by keeping to appointments and using the right services. A small number of people did not rank every statement, so the totals on the graph bars add up to slightly different totals; however, this does not make a difference statistically as the variation is minimal.

What is the most important thing communities can do to support the NHS in the future?

Rank	Use the NHS responsibly	Work towards a healthy lifestyle	Supporting the community	Treat everyone equally and fairly
4	28	36	87	83
3	41	52	76	64
2	55	97	35	49
1	113	52	35	38

■ Use the NHS responsibly – e.g., keep to appointments, use the right service at the right time.

■ Work towards a healthy lifestyle – e.g., eating well, being physically active.

■ Supporting the community – e.g., promoting good health with others

■ Treat everyone equally and fairly (including patients and staff)

Nearly 40% of people said that the second most important thing which communities could do to support the NHS in the future, is to 'work towards a healthy lifestyle' – this equated to 97 responses.

When looking at the statements which are viewed as being less important, there is very little to split between 'Supporting the community – e.g., promoting good health with others' and 'Treat everyone equally and fairly.' 32.6% (76) of respondents said that 'Supporting the community' was the 3rd most important statement, whereas 37.1% ranked it at number 4 as their least important statement. In comparison, 64 people (27.5%) said that treating 'everyone equally and fairly' was their third most important statement, with 83 people (35.5%) saying that it was their least important statement.

Question 3 – What do you think would help to build more trust and support the NHS in the future?

People were given the opportunity to tell us what they thought would build more trust in the NHS and what would be important to address to maintain services for the future. These open comments have been analysed in detail and coded to identify any key trends and themes. Again, many of the comments sit within a wider theme however the most common overall were **tackling waiting lists, levels of funding and more staff.**

People felt that addressing the **waiting lists for treatment** was a clear priority for building trust in the NHS (12.2% of comments). They told us about long waits for treatment both for themselves and family members, and expressed concerns about the effect this could have on how successful treatment might be.

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"Shorten waiting times for access to specialists so that intervention of a condition can be assessed before the condition worsens and cannot be treated."

"Shorter waiting times. Quicker responses for scan [and] treatment results. The waiting time causes anxiety."

"I think services are okay when you get into them. I've never heard people complain much about the treatment they get, but the waits are getting like they were in the 80s."

We were told that patients are sometimes given a likely wait time, such as the two-week cancer wait, but then do not get appointments in the expected time frame. People told us how important it was to keep patients informed about their wait and to keep in contact, so they know they haven't been forgotten about.

"NHS staff need to sound more like they care about how long you're waiting and keep you informed."

"Talk to people on lists. Help people do more while waiting to see consultant. If it's 3 months to wait don't say it's a month."

It was suggested by some that information could be provided during the wait to help the patient maintain quality of life, and that this should be given to patients rather than expecting them to look for help themselves.

"People contacting you while you're waiting to make sure you're okay. Not everyone is going to do it themselves."

"Let people know how long they'll be waiting and what they can do while they're on the list to help themselves."

People said they would have more confidence and trust in the NHS if there was **more funding** for services and for a larger workforce (10.5% of comments). Some of these were related to staff pay which some linked to recent workforce issues and industrial action, however other comments mention more investment into developing services.

"There is trust and support but poor funding and treatment of staff which then affects treatment."

"It all depends on how much is in the kitty - we either need more investment in the NHS or to choose which things to spend the funding on."

"Invest in it properly, reflecting the wider range of interventions, treatments and drugs available. Invest in the workforce, and do the right things for those who need most help rather than everything being a battle."

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Whilst the amount of funding available may not be something that can be influenced, people told us they were concerned about **wastage and best use of the resources available.** (8.9% of comments)

"My dad worked for the NHS for 18 years and said the waste of resources was unbelievable So look from the top down to see where money can be saved….."

"Make decisions based on need rather than trying to fit financial envelopes that only squeeze services and staffing to the minimum."

"Sometimes the obvious efficiencies are overlooked like access to records and reminders."

"Prevent local 'choice' of systems, supplies, treatments and concentrate on the best across the country - you are wasting hundreds of millions trying to be 'relevant' locally - we are individuals."

"I think people mix up buildings with services. If there are the right services provided that people need then it isn't so important that we need to have hospital buildings in every town."

"The NHS can learn from other industries on efficiency."

"Do we need more staff? No, we need to ensure staff are working to the top of their grade, embrace technology to reduce waste, remove inefficiencies, remove duplication and replace mundane repetitive tasks with automated workflows so nurses can be nurses, Dr's can be Dr's, Health care scientists and practitioners can do the jobs they signed up for."

People often spoke of a need for **more staff** in the NHS, but again many were clear that this was more frontline staff that provide clinical care rather than senior roles of management which they felt were more than adequate. (1.9% of comments). They suggested more frontline workers needed to be trained and encouraged to join the NHS through apprenticeships and improved nurse education.

"Seeing investment in the NHS workforce, increasing numbers of GPs and other frontline medical staff."

"Less "management" and more time, care and respect for the patient contact staff. Without doctors, nurses etc. there is no patient care/good outcomes."

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"Make jobs sound appealing. Less negativity. Boost training (employment) we have fine nurses and doctors and care staff. We need to keep them."

"I think the NHS is incredible and its painful to see how its struggling but I think the main reason is the system that is currently being used and how there is not enough doctors/staff on shifts."

"Less levels of management bureaucracy that bleed front line staff services dry."

Greater **transparency** from decision makers about the challenges and pressures faced by the local NHS was called for in 9.5% of the comments. People felt that it was important to 'tell it like it is', so that everyone can have more realistic expectations. It was suggested that along with being transparent, the NHS should do what it says it will do so that people have greater trust. This links with comments around waiting lists and telling patients how long they are waiting and updating on any changes to the wait times.

"More honesty and transparency about who gets treated and why/when/how"

"……being honest as to diagnosis and treatment. Time scales good bad or indifferent. If we have to wait a while then let us know!"

"Come and talk to us, be open and frank. How can we help you?"

"Transparency in how funding and resources are allocated and distributed."

"Be honest about reasons for long waiting lists. If it is lack of money (a political decision) please say so!"

"Being open and honest about why you make decisions. If there's no money, tell people."

"I Trust the health advice from the NHS but I'm not so trusting about the decisions that are made as sometimes it's for economics but you rarely say that and explain things away with "better services" etc. It would be more honest and people would trust you more if you just said, actually we can't afford to do that."

"It is important to be honest with the public about how services can be best delivered and why services previously available are now unavailable. Reasons for reduced services, longer waiting lists, removal of services should be shared honestly."

Communication was a key theme across many of the comments (7.6% / 40 comments), with some being specific about communication between healthcare professionals and organisations (1.3%) as well as people asking for improved communication with patients (5.5%).

"Some of the advice given by clinicians directly conflicts with advice given by their predecessor which is disconcerting as patients are left unsure who to believe and who's right."

"The NHS do not give themselves enough praise - people need to understand the real life experiences they provide - Showcase more services and patient stories to the public."

"Too many errors due to lack of communication between professionals within the systems gives rise to confusion and lack of faith from patients."

"open and honest comms about the challenges faced in the NHS (managing expectations)"

"I am always frustrated by the inability to speak to someone appropriate when things go wrong. It is almost impossible to get hold of someone who can help."

People said that everyone should be more aware of what services are available and the correct service to choose depending on the healthcare need. It was suggested that greater knowledge would result in less people seeking an inappropriate level of care, such as attending emergency care for things that could be dealt with at primary care level or in a pharmacy.

"We need to NHS to be more vocal, we hear that people have to wait a long time to see a GP........ what about all the other health care professionals that are available to see patients.....clear communication should be in the public domain advising that a Nurse Practitioner can do XXXX allowing GPs to XXXX. Communication all the way!!!"

"…..education around how to use it e.g. when it is acceptable to call an ambulance, this would reduce waiting times for those that actually need it…."

Many of the comments related to **primary care**, which as the gateway to healthcare remains the main experience of the NHS for many people.

"The NHS today, is a very different NHS for many positive reasons. In order for this to continue people need to appreciate and value the services available to them. The front door to the NHS is via your GP Practice and unfortunately peoples experiences are failing at this early stage. If the NHS could get this right I would see trust improved."

Some believed access to primary care should be the same as it was before the pandemic and did not accept new ways of accessing services such on the telephone, online or appointments with healthcare professionals other than a GP.

The key theme within this feedback was the need for more appointments to be offered with a GP (9.5% / 50 comments). People were sure that the GP was the healthcare professional to see within primary care, as opposed to appointments with nursing staff. This theme was also strong in the Primary Care Response to Covid-19 survey in December 2020.

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"…need to access GPs, they never have appointments, have to use drop in centres. I haven't seen a GP in 2 years, need to see a neurologist but can't see a GP to discuss requested medication review in December, it's now July…."

"Again, I think access to GPs is a big problem, particularly for the elderly."

"Actually being able to see a doctor rather than phone appointments or triaged online."

"Being able to see a GP when you need to and face to face."

"See actual doctors in person, rather than being seen by a health care assistant or nurse."

There were nine comments specifically about the role of the care navigator, some of which reflect limited understanding of the role or unwillingness to accept non-clinical staff asking questions about health needs. Some people found care navigation to be intrusive and not carried out in a confidential environment.

"Increase access to GP's and stop receptionists asking for a reason why you need to see a GP in a packed surgery ! Where is the confidentiality in that !"

"……..not getting fobbed off with a phone call with someone who is not permitted to deal with a patient's ailment or create a prescription for them."

"Change the attitudes of doctors receptionist, as they make a lot of decisions on who you see."

"Not having reception staff determine if you need to be seen or not! As they have no medical qualifications."

"being able to see a doctor if you want to, not if the receptionist thinks you should"

It was suggested that patients can sometimes use knowledge of their own conditions and know what help they need to access.

"Patients are generally very good at knowing where they need to be or the help they need. They usually know if they need a phone appointment or to see someone face to face. They know they need a nurse or a physio or sometimes a GP but we put all these barriers up in the way of people getting to the right place so they either end up in A&E or they give up and don't get help at all."

Again, in common with the Primary Care Response to Covid-19 survey in December 2020, people said they felt more trust would be gained if face-to-face appointments were restored as the default. Some referenced difficulties faced by older people who are not used to technology, however the use of telephone appointments was also less trusted.

"More face-to-face, human contact. Less frustrating automated booking systems - be able to speak to a person, not a machine"

"You should make it easier to get face to face appointments, especially for elderly patients who might not have online facilities."

A proportion of the comments asked for better **engagement** with people and patients, calling for health services to connect with their communities and ask what it is that people need (7.2% of comments). It was felt that only by understanding people's needs could tailored support be offered that would lead to a good quality of care and a healthier life. Connecting with those more vulnerable, such as older people or those with disabilities, was felt important to ensure their needs are understood and services are accessible. (1.7%)

"Practitioners being more connected to communities - stepping outside the NHS bubble, getting to know people in their communities."

"I want to see more NHS managers out having conversations like these in communities. They're really important. For us and for you"

"Come and talk to us, be open and frank. How can we help you?"

"We want more NHS people to come and see us in the community and speak with us"

"Face to face engagement with people in their own neighbourhoods."

"Listen to patients rather than look at business plans and costs all the time"

"Some communities need more help and advice than others, some areas have more ill health than others. Please come into these areas and speak to us, listen to what we have to say, having spoken to the staff today, felt really good telling NHS people what we are going through, please come back and keep talking to us."

This theme also links with that of **patient experience**, where people spoke about the need to improve the quality of care in some cases, but also the caring nature of those providing care. It was acknowledged by some in comments about support for workforce that staff who are under immense pressure or with little support could

transfer their frustrations into their attitude towards patients. Rather than simply pointing out poor skills in patient interaction, people felt this was a symptom of pressure in the system in some cases and could be addressed by action to support the workforce.

"Ensuring staff are well paid, not expected to work long hours and valued and supported - happy staff work more efficiently. This in turn improves the patient's experience of healthcare."

"Low morale with staff needs to be addressed as currently the attitude of staff can impact negatively on patients and their families "why do all the staff seem angry with us?""

"Staff need to be able to laugh and enjoy their shifts as this directly positively affects patient care."

"In my experience, phone staff are always in a rush and I know this puts people off asking for help... train staff to be relational - to be empathic, to connect genuinely with the patient, - every time. It's the little things!"

People were aware of the need to consider and address **health inequalities** (2.5% of comments), citing not only geographical differences and disadvantage but also inequalities arising from wider determinants of health such as deprivation or poor housing.

"Consideration about the vast differences between life experiences (without concentration on the top and bottom of the scale)"

"For ICBs and Trusts to make meaningful strides towards tackling costal inequalities, especially in areas of significant socioeconomic deprivation."

"To know that regardless of age, gender, ethnicity etc. that everyone is offered the same level of care."

"I and many of my friends in same situation are not ill because we have made bad lifestyle choices, but because we born with illnesses. We lived in poverty because we cannot get the timely care we need to keep working. Poverty causes our health to be permanently damaged."

People told us they still feel that services should be available **closer to home**, and locating care within communities would lead to better outcomes. (4.6% / 24 comments) There was a small proportion of these who felt strongly about hospital services that had been closed, leading to longer travel times (1.9%) but some spoke about the benefits of providing care within localities so that people have support nearby.

"…there is nothing for people like myself who lives in East Hull unless you have transport it is a long way to travel to Cottingham, especially if appointments are on a

Sunday. There is nothing much in the East Hull area for patients to go for treatment or see a specialist."

"Access to healthcare locally, especially for the now emerging older patients who cannot easily travel or afford to travel."

"No resident should be faced with journeys to other towns to access professional medical care and attention."

"Patients should be seen at their local hospital wherever possible and not have to do 80-mile round trips for tests."

"More pop up services in our communties. This will make people healthier and less need for the NHS later on"

"Recognise that people don't all live in high population areas and make an effort to provide fair and equal access to services"

Some themes arose where people told us more investment or focus should be given to particular services. Pharmacy services were said to be a good focus for developing services (2.1%), whilst some spoke about the need to improve mental health services (1.7%) and urgent care (1.3%).

"A revamp of the mental health services in North Yorkshire especially perinatal mental health support."

"Increase RMN's in GP surgeries to reduce people going into a Mental health crisis . Mental health services are in crisis themselves."

"More resources to help drug dependency, mental health and alcohol."

"…..dentists are now a joke….. i haven't been able to see an NHS practice for more than six years…"

"UTCs aren't effective - need to be an MDT approach. Opening hours don't coincide with A&E busy times"

"I think the Doctors in Doctors surgeries could provide more non urgent care to take the pressure off the hospitals and A&E but you struggle to get an appointment so people neglect their illness until its too late and then head to A&E."

"better use of pharmacies. More can be done to help people in pharmacies."

"Chemists are such a good service. But more people need to know about what they can offer. So better communication about that. And as more people know about them then we need to invest more in them - more consultation rooms, more staff etc."

Improving systems that support health and care were said to require attention, specifically modernising by greater use of IT for record sharing and patients to

manage their own health care (2.7% / 14 comments). It was said that older people or anyone unfamiliar with the available NHS IT such as online GP appointment booking should be shown how to use this and not expected to work it out.

"When the NHS introduces new technology for patients, please consider showing patients how to use it too. Surely the uptake of people using apps and websites etc will be greater if people know how to make best use of them and understand all the benefits."

"Get more people onto using NHS app to book appointments and reduce overuse of telephone bookings."

"More virtual appointments. They are easily doable for people"

"More digital first solutions for those who prefer these (but not removing other options for those that don't)."

It was said that services still need to work in a more joined up way, and that there is still room for development in the integration of health and care.

"Better links to easily navigate from one service to another."

"The ICS/integration is not as advanced or mature as it should be by now. Contracting / procurement conversations still seem to dominate and we don't seem to have embraced transformation and the freedoms to do what's best for the patients that the ICS promised."

"To embrace partnership working and allow existing staff to develop links with other organisations, which could improve a patients pathway and maintain good health for a longer period of time."

Finally, **prevention and self care** was said to be important if the NHS is to cope going into the future (6.1% / 32 comments). Whilst people recognised that some patients have encountered health problems as a result of their circumstances (such as deprivation or lifestyle choices at a younger age), they believed people should be encouraged to take steps to improve their own health and reduce the need for health care intervention.

"More emphasis on prevention, healthy lifestyles and people being responsible for their own health and wellbeing"

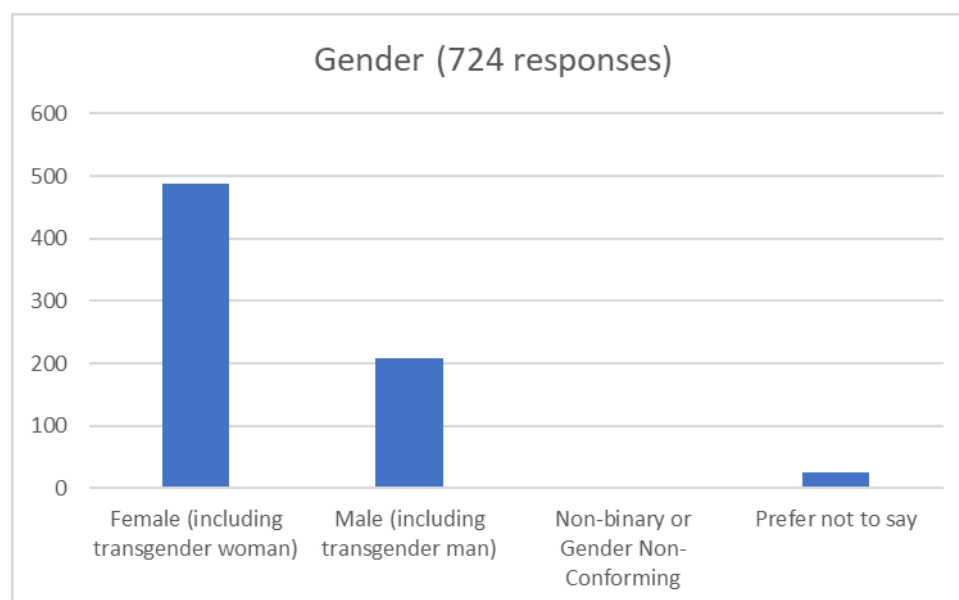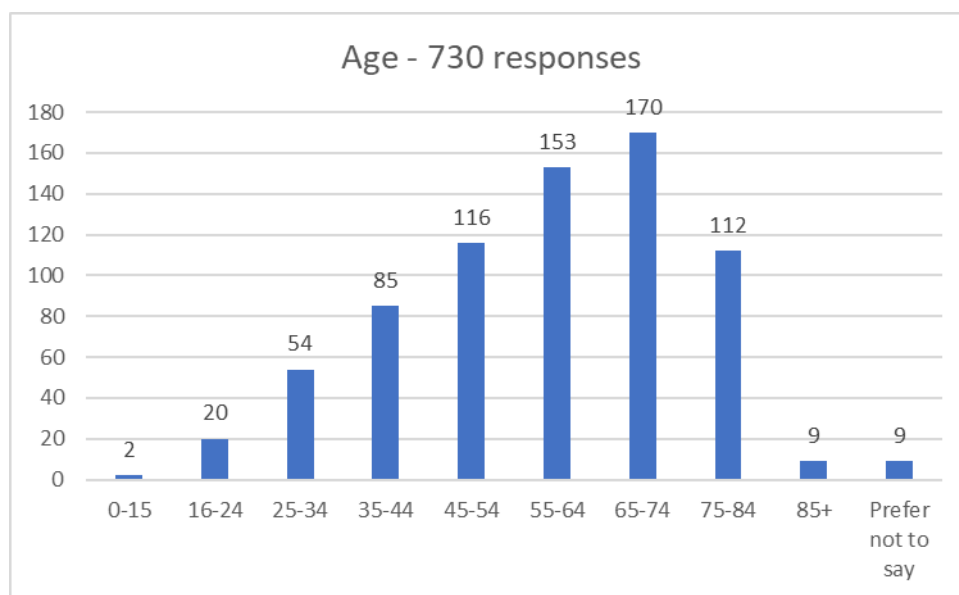*"People need to support the NHS by living a healthy lifestyle, eating well and exercising."*

"I think the most important thing is to promote and educate on healthy eating habits. I see what is in the shops and the way food and eating unhealthy things are promoted and it's no wonder we have an obesity problem. Promoting better eating habits would have the biggest impact in keeping people healthy."

"I think people need to change more than the NHS. People need to educate themselves, look after themselves and manage their conditions responsibly, not expecting the NHS to fix all their issues and keep them alive for ever more."
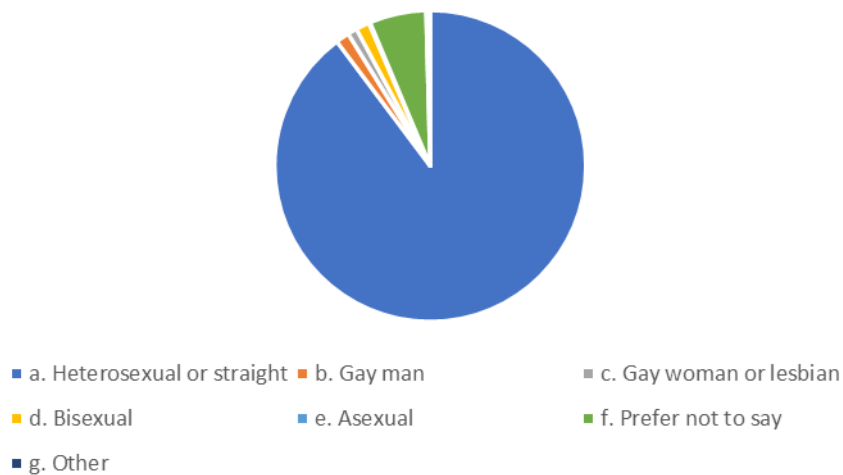
"To reach people before they get ill - preventative messages - help people stay healthy"

"Regular reviews of patients with chronic illnesses will help them to have trust and confidence in their ongoing treatment."
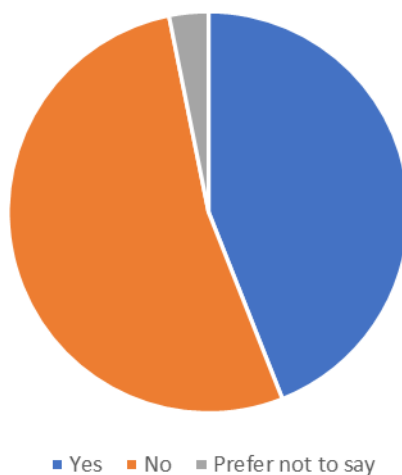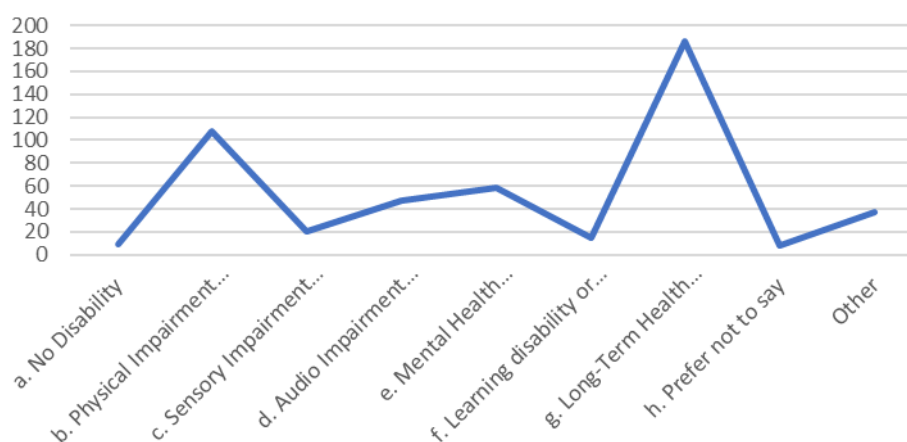
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Appendix 1 – Equalities data

Age - 730 responses

Age	Responses
0-15	2
16-24	20
25-34	54
35-44	85
45-54	116
55-64	153
65-74	170
75-84	112
85+	9
Prefer not to say	9

Gender (724 responses)

- Female (including transgender woman)
- Male (including transgender man)
- Non-binary or Gender Non-Conforming
- Prefer not to say

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Sexual Orientation - 712 responses

- a. Heterosexual or straight
- b. Gay man
- c. Gay woman or lesbian
- d. Bisexual
- e. Asexual
- f. Prefer not to say
- g. Other

Disability - 725 responses

- Yes
- No
- Prefer not to say

Disability type - 489 responses

a. No Disability, b. Physical Impairment…, c. Sensory Impairment…, d. Audio Impairment…, e. Mental Health…, f. Learning disability of…, g. Long-Term Health…, h. Prefer not to say, Other

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Ethnicity - 721 responses

Religion - 714 responses
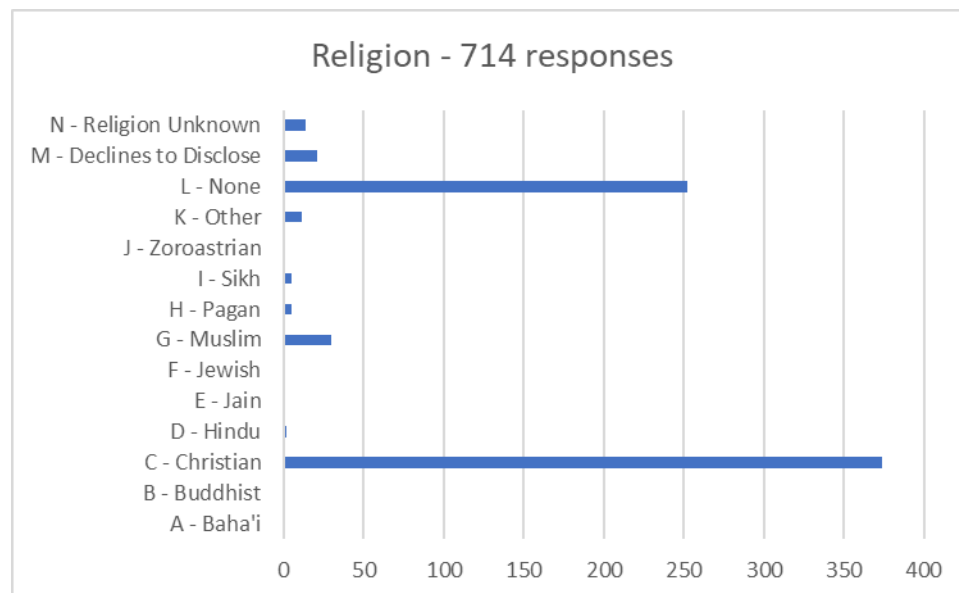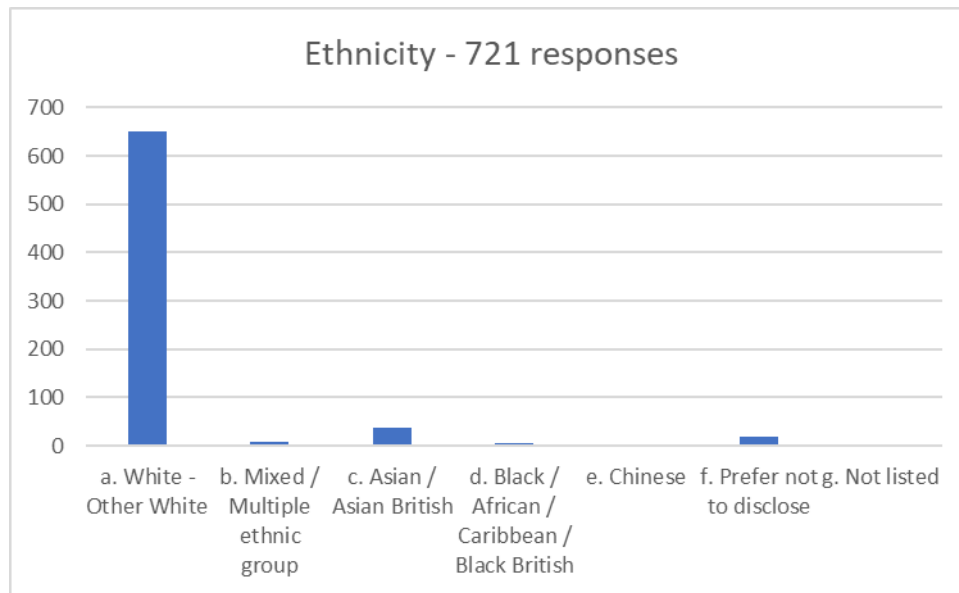
Appendix 2 - Coding framework

Question 1
People have told us they are proud of the last 75 years of the NHS. What do you think can be done to maintain this in the coming years?

Theme	Sub Theme	Number of responses
Access to services		110
	Primary Care	23
	Access to modern health tech	2
	Want Face-to-face appointments	12
	Dentistry	10
	Parking at services	2
	Want to see a Dr instead of another clinician	9
	Waiting times	14
	Preventative services/Public Health/Social Prescribing	9
	Drug & Alcohol services	1
	Local/community-based services close to home	18
	Mental Health services	9
	Dementia Services	2
	Managing people who do not attend appointments/attend wrong service	4
Staffing		29
	Recruitment & retention	10
	Training	10
	More staff	16
	Reduce admin for clinical staff	4
Patient Experience		24
	Support to 'wait well'	1
	Patient communication	16
Funding		41
	Staff pay	16
	Infrastructure & equipment	2

	Efficiencies	7	
NHS Structures		36	
	In-house services (cleaning etc.) rather than contracting out	2	
	NHS management	2	
	Reduce outsourcing	10	
	Service improvement	2	
	Reduce non-management and non-clinical posts	13	
	Service integration	3	
Communication		21	
	Education	6	
Patient & Public Involvement		4	
Social Care Provision		7	
	"Bed Blocking"	2	
Hospital Discharge		3	
Regional Variances		7	
Industrial Action		3	

Question 3
What do you think would help to build more trust and support the NHS in the future?

Theme	Number of responses
Good as it is	11
Tailored support	7
Respect services	15
More funding	55
Government action	9
Less senior staff, more frontline	10
More staff	52
Less wastage	47
More Face-to-Face	18
Transparency	50
Connect with people	38
Use pharmacy	11
Prevention and Self-care	32
Care navigation	9
Know what's available	7
More access to a dentist	7
More appointments with a GP	50
More appointments	25
Waiting list	64
Better discharge	4
Support for staff	22
Travel and transport issue	10
Close to home	24
Do what say will do	3
Inequalities	13
Wider determinants of health	8
Tackle geographic inequality	10
Communication between services	7
Communication with patients	29
Communication	40
Access to specialists	3
Listen to vulnerable patients	9
Better urgent care	7
Modernise/use IT	14
Patients to pay for some things	17
Don't close services	2
Keeping it free	3
Improve attitude/caring approach	17

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Quality of care	18
Mental health	9
Joined up working	11

Appendix 3 – paper survey

Humber and North Yorkshire
Health and Care Partnership

NHS

NHS 75

NHS@75 – Engagement to shape the future.

July 5th 2023 will mark the 75th anniversary of the NHS. To celebrate this significant moment, the NHS in Humber and North Yorkshire is speaking to local people to find out their thoughts on the NHS in its 75th year, and how it can continue to develop in the future.

By completing this short survey, you will be helping us to gain a greater understanding of what is important to our communities when it comes to accessing health and care services.

We will analyse all the responses we receive to identify any key themes and topics, with a report being shared with the NHS Humber and North Yorkshire Integrated Care Board to inform the future work of our local NHS.

The closing date for this survey is **Sunday 16th July 2023.**

If you require this questionnaire in an alternative format *(including large print or alternative languages)*, or if you require additional support to complete this questionnaire, please contact:

☎ 01482 672156
✉ hnyicb.communications@nhs.net

Please return any completed surveys back to us using the FREEPOST address below, no stamp necessary, just pop it in an envelope and post it!

FREEPOST RTTL-HSBE-BLHL
Health House
Grange Park Lane
Willerby
HULL HU10 6DT

This survey is also available online, scan the QR code below to complete:

Scan me!

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Humber and North Yorkshire
Health and Care Partnership

NHS

Question 1 - People have told us they are proud of the last 75 years of the NHS. What do you think can be done to maintain this in the coming years?

*Using a scale of 1 – 5, with 1 being the most important and 5 being the least important, please tell us how important **each statement is to you**.*

	1	2	3	4	5
Provide services that are easy to access. *(including online, the availability of services, and physical access to healthcare buildings)*	○	○	○	○	○
The NHS should remain free and for everyone	○	○	○	○	○
Use resources efficiently and reduce waste	○	○	○	○	○
Increase the number of staff	○	○	○	○	○
Provide support and advice to people to help them stay healthy for longer	○	○	○	○	○
Treat everyone equally and fairly (including patients and staff)	○	○	○	○	○
Improve mental health services	○	○	○	○	○
Improve the health of the most disadvantaged	○	○	○	○	○
Improve the quality of NHS care	○	○	○	○	○
Improve waiting times for treatment	○	○	○	○	○
Anything else...					

Question 2 – What is the most important thing communities can do to support the NHS in the future?
Please rank these from the most important (1) to least important (4). Please only use a number once.

	1	2	3	4
Use the NHS responsibly – e.g., keep to appointments, use the right service at the right time.	○	○	○	○
Work towards a healthy lifestyle – e.g., eating well, being physically active.	○	○	○	○
Supporting the community – e.g., promoting good health with others	○	○	○	○
Treat everyone equally and fairly (including patients and staff)	○	○	○	○

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Question 3 – What do you think would help to build more trust and support the NHS in the future?

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NHS

About you

The next set of questions will help us to better understand the answers you have given, and the health and care needs and experiences of people across Humber and North Yorkshire.

By answering these short questions, you will help us to work to address health inequalities, giving everyone the opportunity to receive care in a way that is most appropriate to them, and improving outcomes for patients.

You do not need to answer any or all these questions, and any information you provide will be securely stored and completely anonymous.

What is your postcode?

What is your age?

○ 0-15　　　　　○ 45-54　　　　　○ 85+

○ 16-24　　　　○ 55-64　　　　　○ Prefer not to say

○ 25-34　　　　○ 65-74

○ 35-44　　　　○ 75-84

What is your gender?

○ Female *(Including transgender woman)*

○ Male *(Including transgender man)*

○ Non-Binary or Gender Non-Conforming

○ Prefer not to say

○ I identify in another way *(Please specify)*

Do you have a disability, long-term illness, or health condition?

○ No Disability

○ Physical Impairment (e.g. difficulty moving your arms or mobility issues)

○ Sensory Impairment (e.g. being blind or having a visual impairment)

○ Audio Impairment (e.g. being deaf or having a hearing impairment)

○ Mental Health Condition (e.g. depression, dementia or schizophrenia)

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○ Learning disability or difficulty (e.g. dyslexia) or a cognitive impairment (e.g.

autistic spectrum disorder)

○ Long-Term Health Condition (e.g. asthma, epilepsy or diabetes)

○ Prefer not to say

○ Other *(Please specify)*

[   ]

Which of the following best describes your ethnic background?

○ White – other white   ○ Chinese

○ Mixed / Multiple ethnic group   ○ Prefer not to say

○ Asian / Asian British   ○ Not on the list *(Please specify)*

○ Black / African / Caribbean / Black

British

[   ]

Which of the following best describes your sexual orientation?

○ Heterosexual or straight   ○ Asexual

○ Gay man   ○ Prefer not to say

○ Gay women or lesbian   ○ Other *(Please specify)*

○ Bisexual

[   ]

What is your religion or belief?

○ No religion   ○ Jewish

○ Buddhist   ○ Muslim

○ Christian (all denominations)   ○ Sikh

○ Hindu   ○ Other *(Please specify)*

[   ]

Thank you for completing this survey.

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