

# Healthier Together

Improving health and care in Bristol,  
North Somerset and South Gloucestershire



# The Healthier Together Panel

## Survey results November 2019

 jungle green

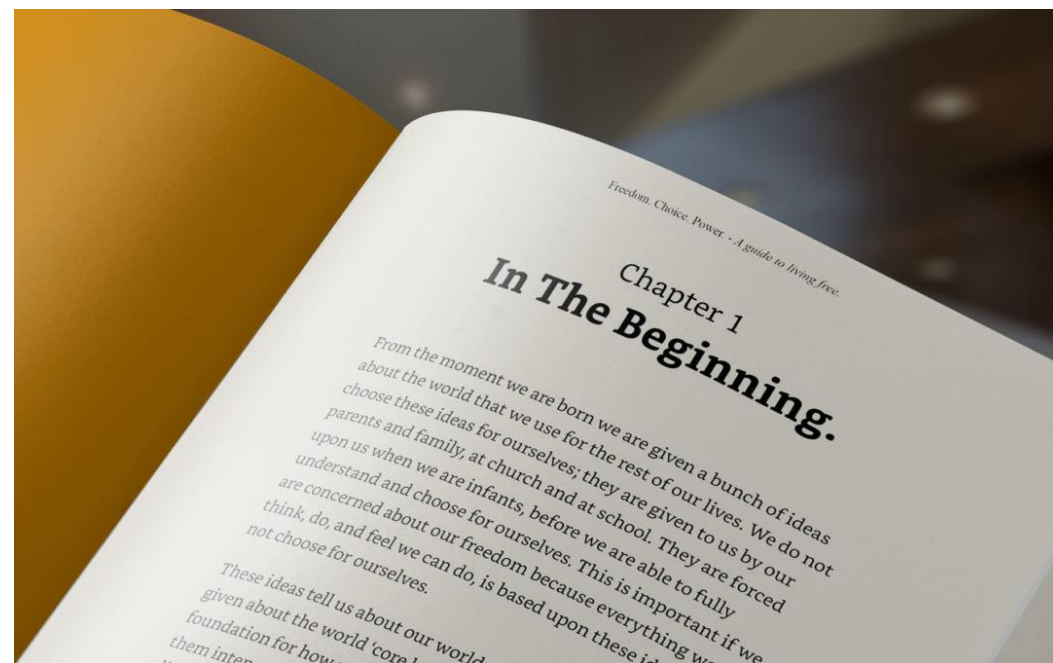


# Report structure

- 1 Overview and sample
- 2 Planned care and changing the way we communicate before and after appointments
- 3 Integrated care, focusing on joined-up care and GP practices working at scale
- 4 Medication adherence and medication reviews
- 5 Keeping well trackers
- 6 Frailty & unpaid carers

## Vision and mission of Healthier Together Panel

“Understanding the needs and wants of the BNSSG population, so that we can make quicker, more effective decisions and deliver better health outcomes for our citizens”






# Healthier Together Citizens' Panel

## Survey Results

Sept – October 2019




# Overview and segment summaries

# Survey sample profile and overview of our overall panel




# Overview (1 of 3) – Planned Care, Digital NHS, Primary Care, Medicines

## Planned Care



**8%** of BNSSG residents have ever **missed a hospital appointment** on the day, notably younger people from Inner City & East Bristol and Worle, Weston and Villages




The main reasons for this were either **ill health** on the day or simply **forgetting** about the appointment or **muddling up** the date/time

## Primary Care




Whilst **three quarters** of BNSSG residents say that they are **in favour of specialist GP Practices**, a majority of these say **'moderately'** (46%) in favour rather than **'strongly'**(29%)




The biggest drawback is seen as the **distance and logistics involved** in going to other practices, along with the **specialist's lack of familiarity** with the patient

## Medicines




**46%** of BNSSG residents are taking prescribed medicines or tablets currently, approximately 3 each on average, rising to 4 among the 75+'s



**One third** of those taking regular prescribed medicine/tablets, state that they **do not take these medicines/tablets as prescribed**, chiefly because **they forget (notably the elderly)** or because they **worry about side effects/dependency (notably younger, BAME)**




### Digital NHS



**12%** of BNSSG residents have **experienced a problem when trying to book an NHS appointment online** (that represents one quarter of all those that have tried).

This is more apparent for older residents.

The main problems were the lack of **availability of appointments** and inability to **access the system** (login/password problems etc)



**There is majority support** for the concept of a **medication review** among BNSSG residents. They perceive it as **appropriate, effective and cost saving**. Those **who do not adhere** to their prescription (ie. take medication as prescribed less than 50% of the time), **are 100% in favour** of a medication review

# Overview (2 of 3) – Health Care and Use of the NHS

## Health Care – Assessment form



On balance (63%) BNSSG residents are **in favour** of an advance **health assessment form** being sent by email or text, there are reservations though relating to its lack of suitability for certain groups of patients and whether it will actually be read by the HCP



If residents **knew for sure that the HCP would definitely read the form and hence understand them better**, they would be encouraged to complete it, **simplicity** would also encourage

## Health Care – Follow-up email, online APP



Whilst **61%** of BNSSG residents say that they are **in favour of a follow up email/online APP**, a majority of these (40%) say **'moderately'** in favour rather than **'strongly'** (21%)



The main reservations are again around the **lack of suitability for some groups of patients**, even though overall they feel **it is a better use of NHS resources**

## Use of the NHS - Multi part/ multi service experience



**One half** of BNSSG residents have had a multi-part/ multi-service NHS experience in the last 12 months. Of these, **two thirds feel it was organised and joined up** (one third 'extremely well' and one third 'quite well').

For those who were unimpressed, this related to the **referral either taking too long, being cancelled or misdiagnosed**. **Communication and information sharing** between departments had also been a problem for some



# Through the ages



- **16-24's** feel **happiest, healthiest, least lonely and most in control of their lives**, along with the oldest age groups
- **1 in 5 take regular meds**, one half of these **do not take them as prescribed**, they are worried about **side effects**
- **Some concerns about health assessment forms in advance** of an appointment, as the form may not have all the relevant information and **something not on it may not then be discussed**

15% of BNSSG residents are 16-24yrs



- **25-44's** rate themselves as the **most lonely** age group
- They are **slightly more likely to have missed a hospital appointment** on the day than other age groups

35% of BNSSG residents are 25-44yrs

- **45-64's** follow many of the **'norms'** and average percentages in survey

30% of BNSSG residents are 45-64yrs



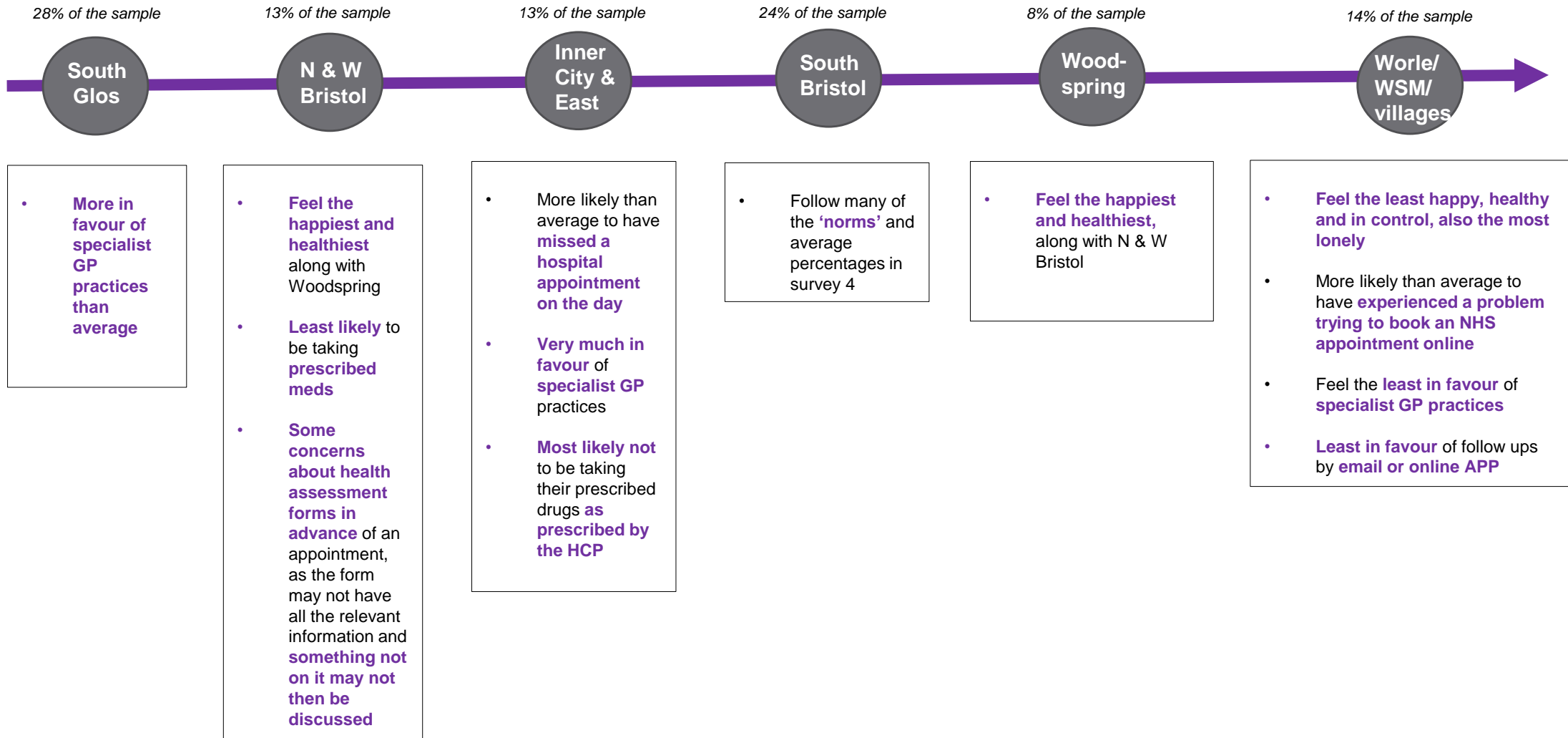
- The newly retired (**65-74 yrs**) feel **healthier, happier and more in control** of their lives than average
- They are the age group **most likely to have experienced a problem trying to book an NHS appointment online**

10% of BNSSG residents are 65-74yrs

- **75+'s** feel **happier and more in control of their lives** than average, they also rate themselves as the **least lonely** age group
- They are **less in favour** of assessment forms being sent by **email or text and follow-up emails/online APP's**, compared to other age groups, they prefer a face to face approach

10% of BNSSG residents are 75+yrs

# Across the localities





2

**Planned care**

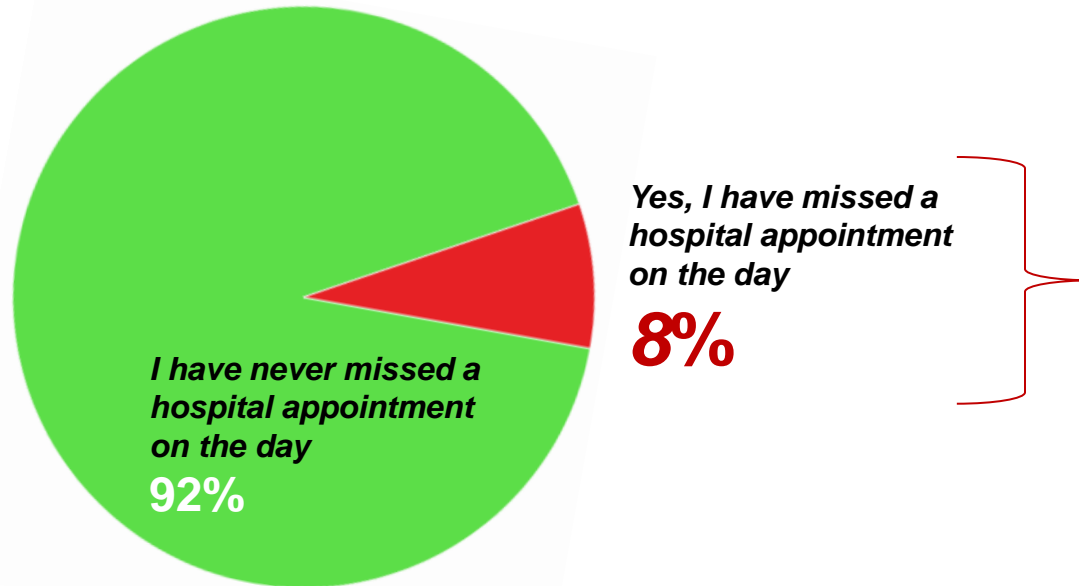
- *Missed hospital appointments*
  - *Booking*
- *appointments online*
- *Healthcare assessments*

# People who are unemployed, unpaid carers or lone parents are more likely to report having missed a hospital appointment

- However when looking at an overall population, the majority of people report never having missed a hospital appointment with less than 1 in 10 reporting missing an appointment

## Proportion of people who have missed a hospital appointment

Base = 413, all those who have ever had a hospital appointment



13% of participants had never had a hospital appointment (n=60)

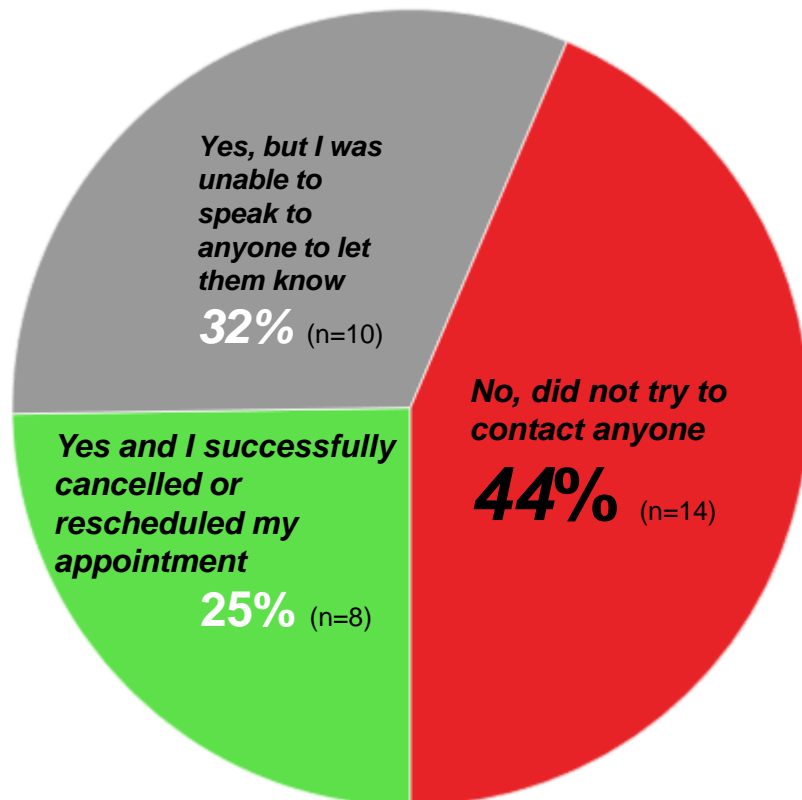
### Those more likely to have missed a hospital appointment on the day:

- Unemployed **32%**
- Unpaid carers **21%**
- Lone parents **19%**
- Inner City and East **18%**
- 25-44 years **11%**

# Of those who have missed a hospital appointment, about half did try to contact someone to inform them before they missed the appointment

- The main reasons that people report missing hospital appointments include not feeling well enough to attend, getting confused or muddled about the time/day, or just simply forgetting

## Proportion who tried to contact someone to cancel or reschedule the missed hospital appointment: *Base n=32*



## Main reasons for missing hospital appointments: *Base n=32*

Not well enough to attend **33%** (*n=10*)

I got the wrong day/time, muddled **22%** (*n=7*)

Simply forgot **17%** (*n=5*)

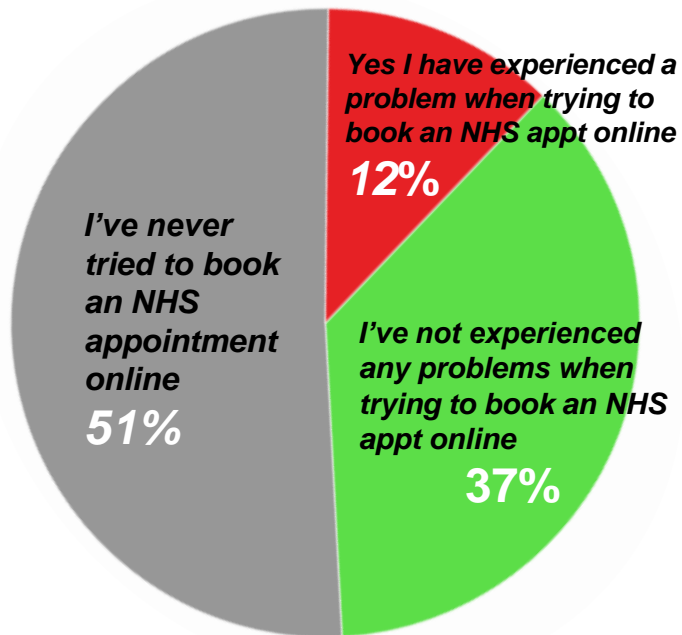
Thought it would be a waste of time **6%** (*n=2*)

I was too anxious about it **6%** (*n=2*)

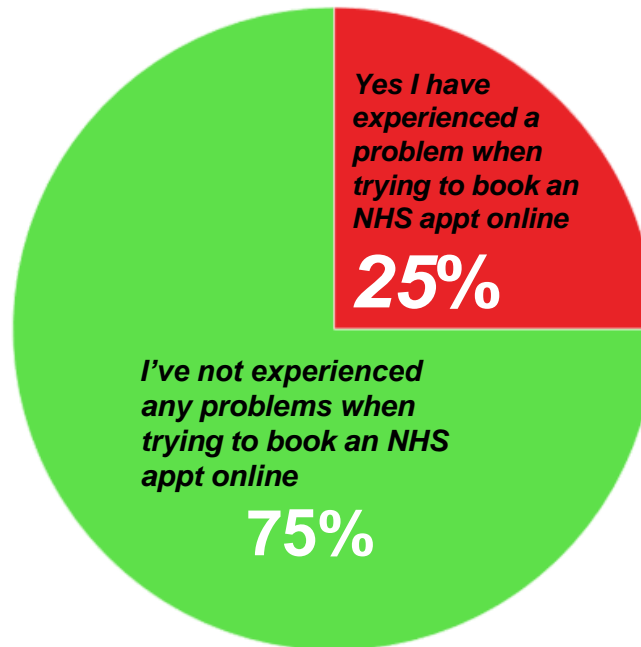
# One quarter of people who have tried to book an appointment online report having experienced some form of problem or difficulty with online booking

## Proportion who have experienced a problem booking an appointment online

Base n=473 all participants



Base = 233, all those who have tried booking an NHS appointment online

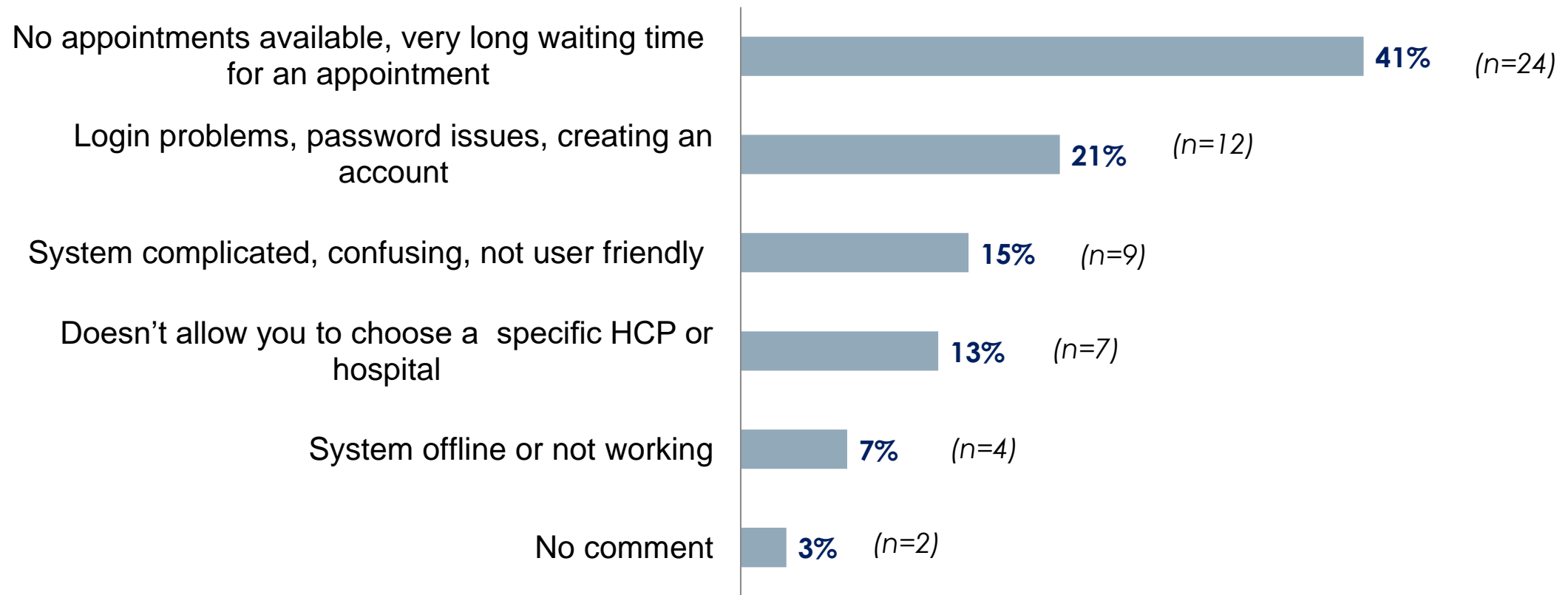


### Those more likely to have experienced a problem when trying to book an NHS appt online (of those that have tried):

- Worle/Weston & villages **53%**
- 65-74 years **35%**
- Lone parents **35%**
- Long term conditions **32%**
- Retirees **30%**

# The lack of appointments and difficulty with account details were the main problems or issues experienced when booking an appointment online

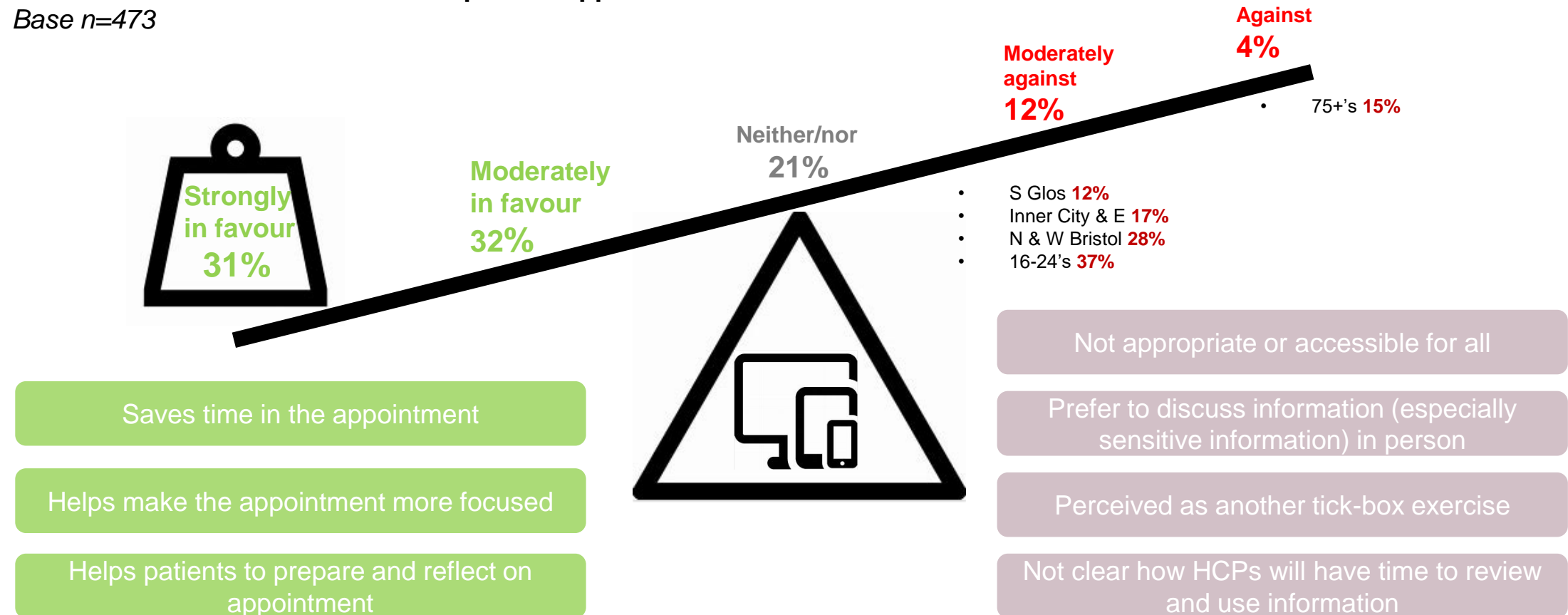
## Problems or issues experienced when booking an appointment online : Base n=59



# Almost two-thirds of people are in favour of changing the way we interact with people prior to appointments by utilising pre-health assessment forms via email or text

Extent to which people are for or against completing a health assessment via email or text prior to appointments:

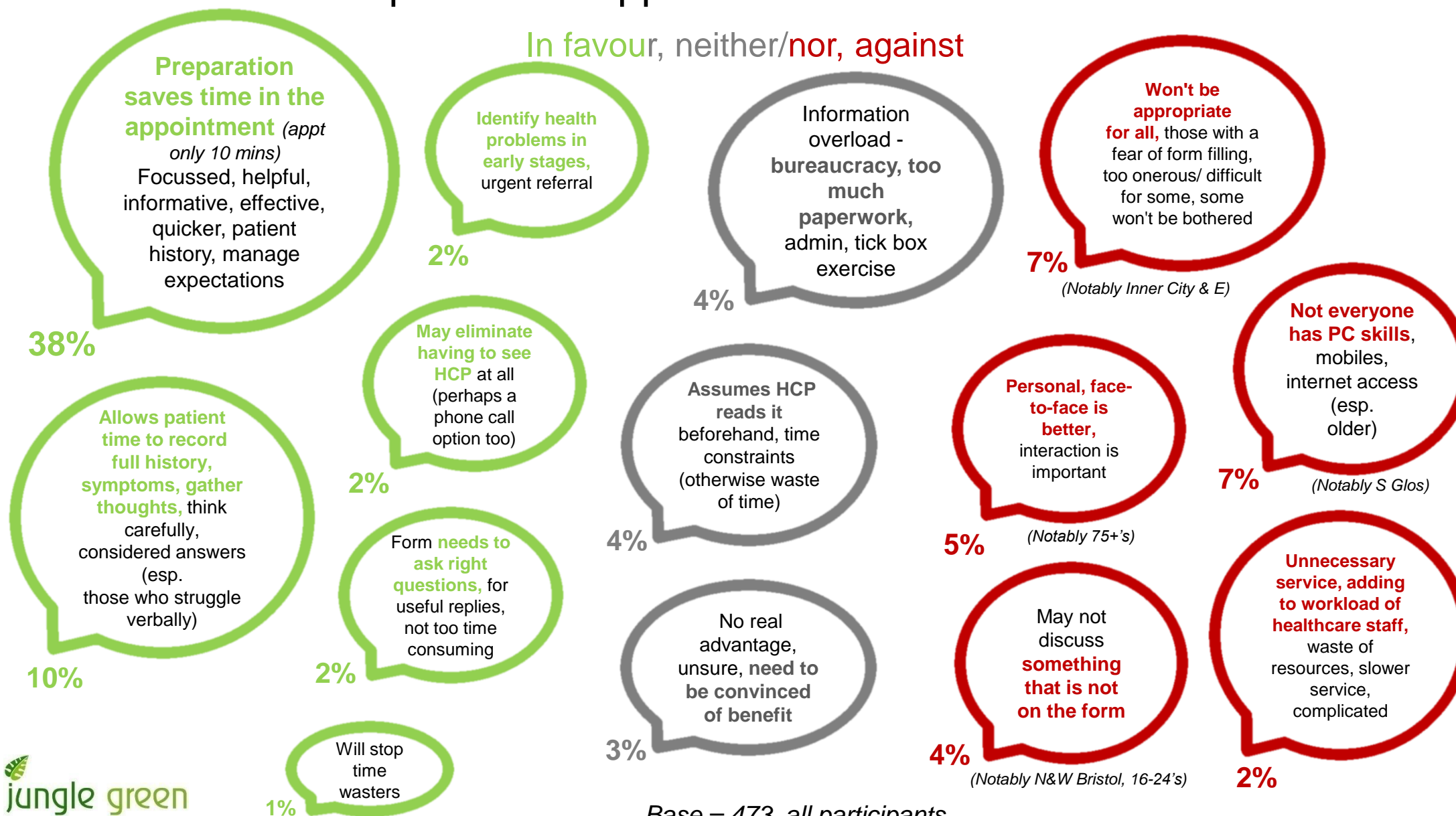
Base n=473





# Comments from people on the concept of using a **health assessment form** prior to an appointment

In favour, neither/nor, against

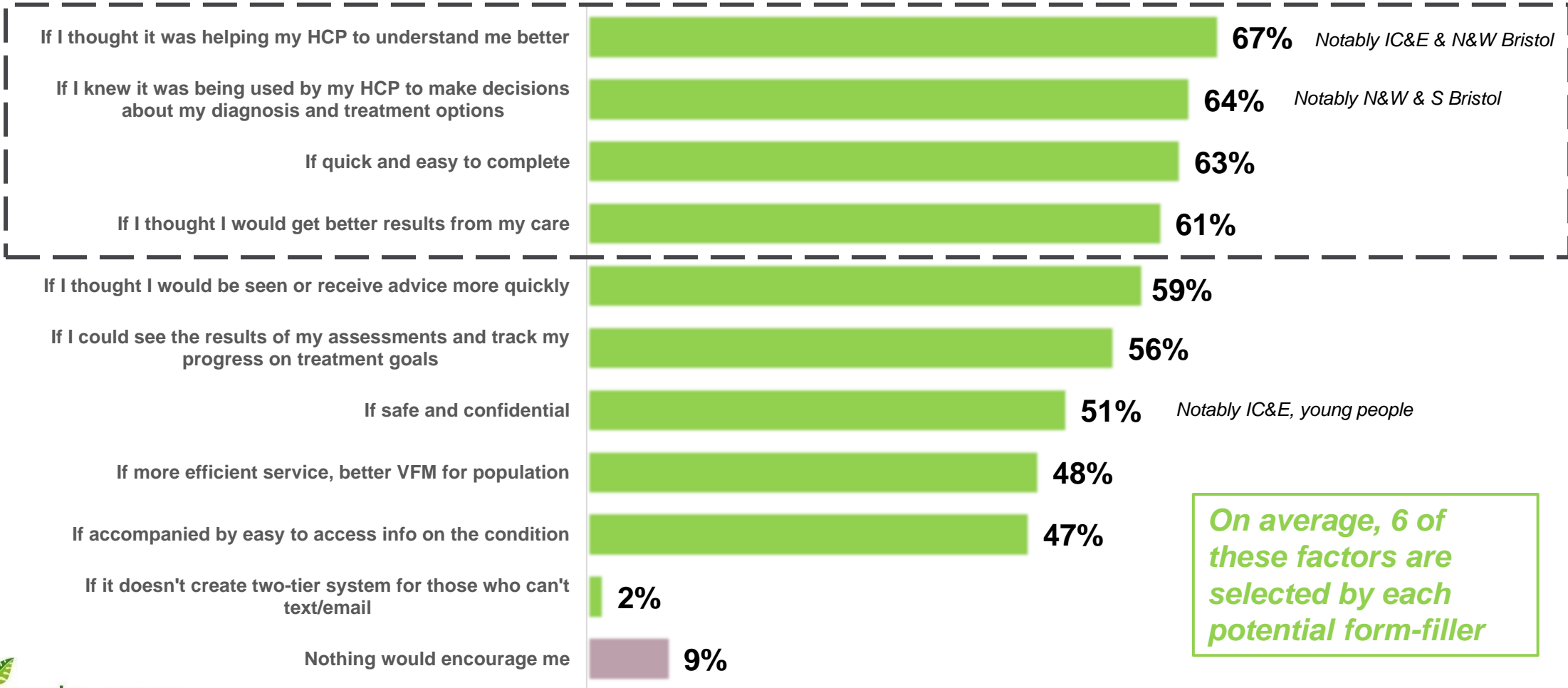


Base = 473, all participants

# People will be more likely to fill in a pre-appointment assessment form if they are clear on how it will benefit them and healthcare professionals

## Factors that would encourage people to complete a pre-appointment assessment form

Base n=473



*On average, 6 of these factors are selected by each potential form-filler*

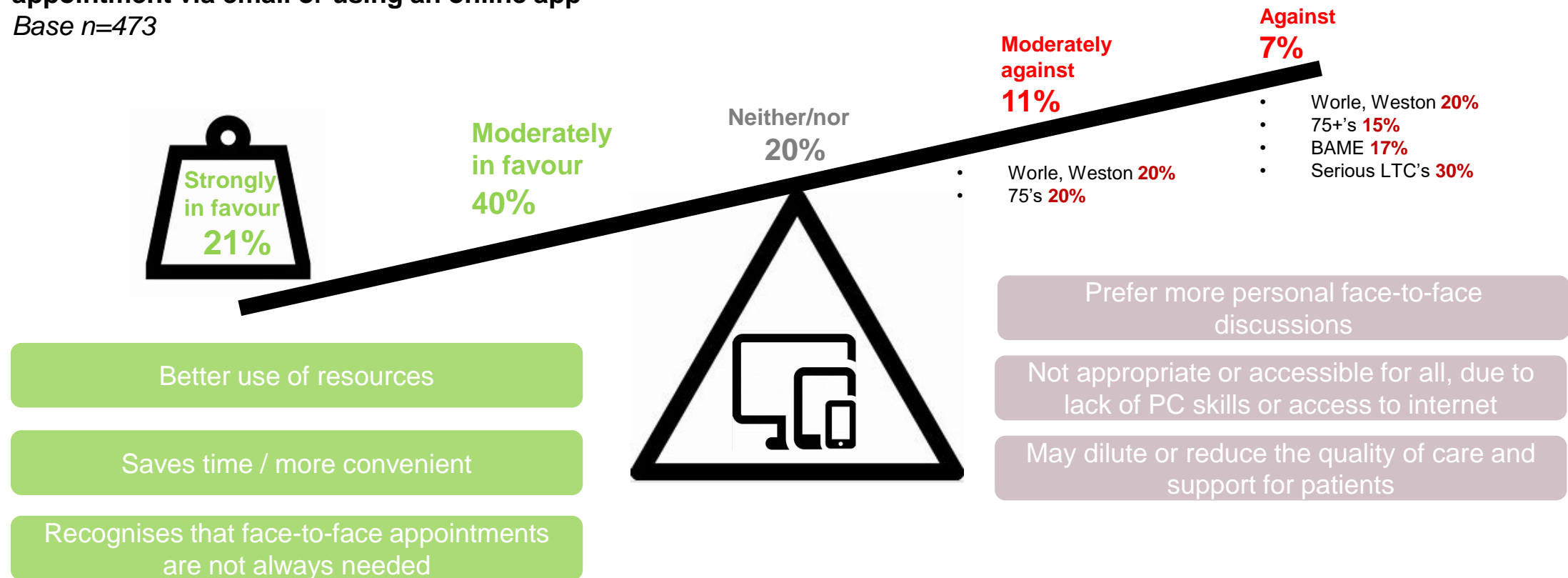


Q20. And what, if anything, would encourage you to fill in a health assessment form sent by email or text? Base n=473

People are also largely receptive to the idea of using email or online apps to conduct follow-up appointments, although most are only 'moderately' in favour of this idea

Extent to which people are for or against completing a follow-up appointment via email or using an online app

Base n=473



# Comments from people on the concept follow-up appointments being conducted using email or an online messaging application

In favour, neither/nor, against

**BETTER USE OF RESOURCES,**  
saves time,  
convenience, ease,  
quicker,  
reduces waiting times,  
increase appt  
availability (less stress  
on healthcare system)

20%

**Cost saving,** both  
the NHS and patient

7% (Notably N&W Bristol,  
16-24's)

**Face-to-face -  
more personal,**  
more confident,  
reassurance,  
More effective,  
understand  
conditions

20%

(Notably Worle, Weston, 75+'s)

**Depends on the  
circumstances,  
nature of  
condition (i.e.  
simple, test  
results, complex,  
blood tests)**

9%

**Not  
everyone  
has PC skills,  
mobiles, internet  
access (esp.  
older, more isolated,  
those with mental  
health issues - not  
appropriate format  
for all)**

14%

(Notably moderately in favour

**Saves travel  
time,** going to  
appointment  
(environmental  
factors, good for  
those working)

6%

Patients  
should be  
given the  
choice

4%

**Diluting care,** lessening the  
quality of service, fails the  
vulnerable.

**Patients could feel less  
supported,** ignored, forgotten,  
feelings are lost

**Patient may not be able to  
admit problems, answer  
honestly, express, describe  
symptoms**

14%

**Face-to-face  
- not always  
necessary,** if treatment  
successful, simple  
outcomes, easy

3%

**Perhaps a  
face time/ what's  
App/ phone call  
option (ability to ask  
questions), this is  
the future**

3%

**Open to  
misinterpretation,  
miscommunication,  
details**

3%

(Notably Serious LTC's, BAME)

Base = 473, all participants

**3**

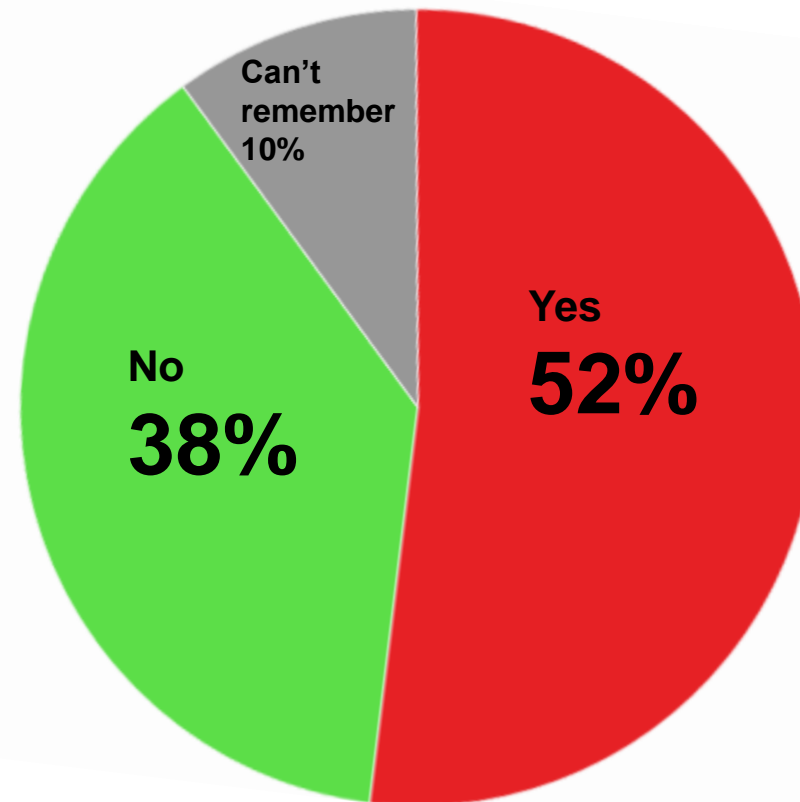
**Integrated care**

- *Use of multiple health and care services*
- *Perception of joined-up services*
- *Reactions to GP practices working at scale*

Half of people report having used multiple health and care services in the past 12 months, with older age groups and people with serious long-term conditions directionally more likely to have used multiple services

Proportion of people who have used multiple health and care services in the past 12 months

Base n=473

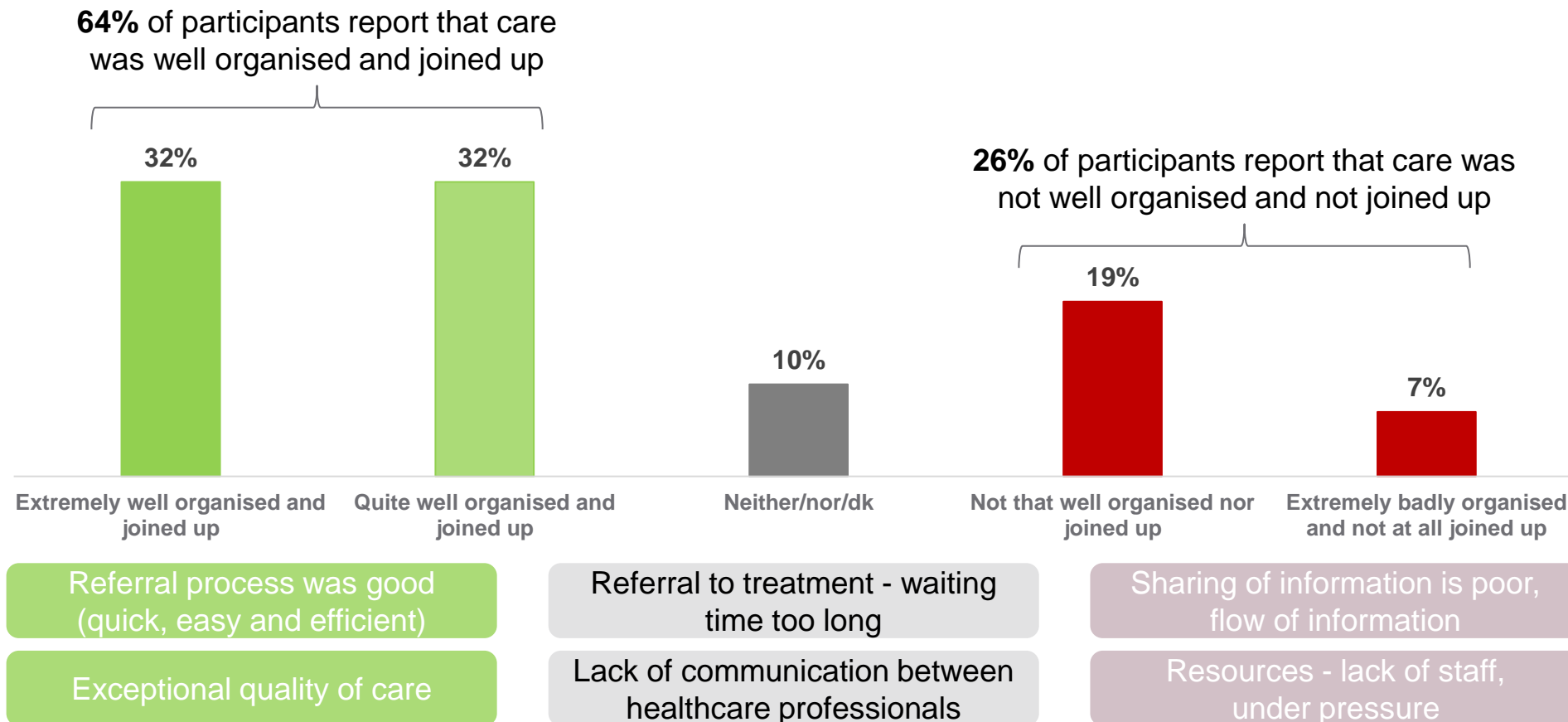


**Those who have used multiple health and care services:**

- 16-24 yrs 9%
- 25-64 yrs 57%
- 65-74 yrs 60%
- 75+ yrs 71%
- Serious LTCs 74%

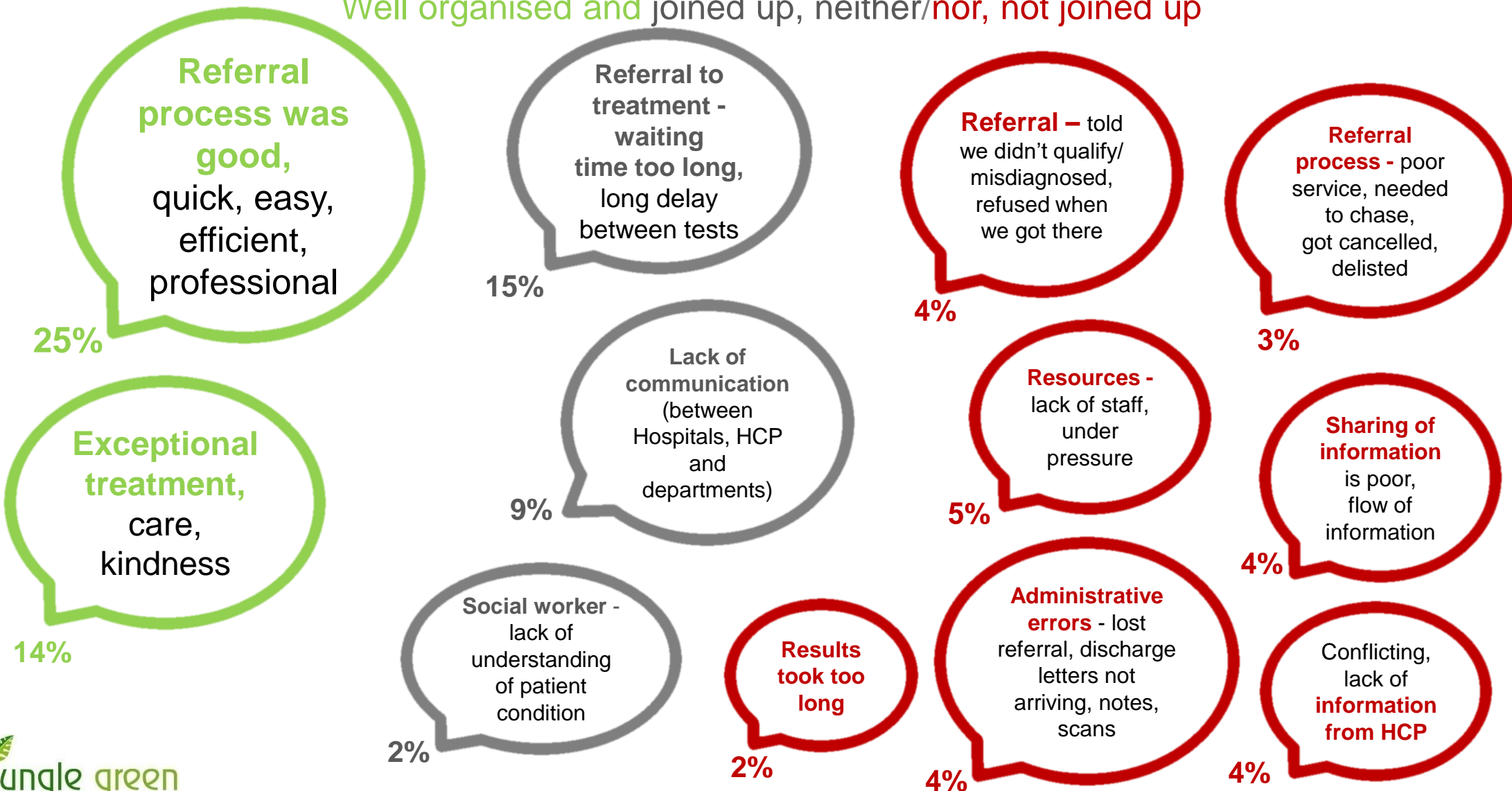
Due to a positive experience of referrals or quality of care most people perceived that health and care services were well joined-up, however one quarter had a more mixed or negative experience of joined-up care

Extent people perceive multiple health and care services to be well organised and joined up: *Base n=244*



# Comments from people on the experience of using multiple health and care services and the extent to which they were organised and joined up

Well organised and joined up, neither/nor, not joined up

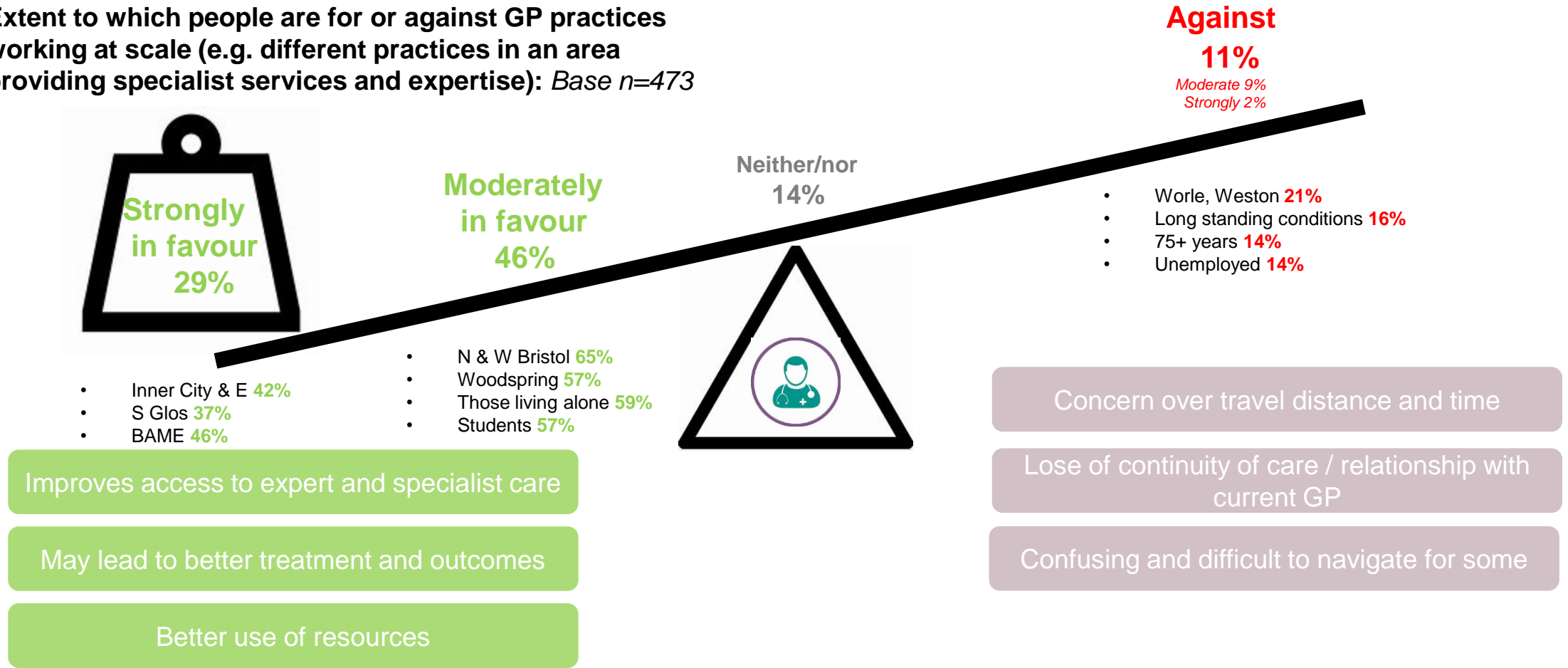


Base = 244, all who have had a multi part/service experience in last 12 months



Most people are in favour of local GP practices working at a greater scale, but concerns about travel times, distance and lack of continuity will need to be addressed for some

Extent to which people are for or against GP practices working at scale (e.g. different practices in an area providing specialist services and expertise): *Base n=473*



Q7. In the future different GP practices in our region may be able to provide specialist services and expertise for specific conditions. The idea behind this concept is that patients with specific conditions can be referred to the most appropriate practice based on their particular care needs. For example, this might mean that your local practice specialises in diabetes and another practice nearby specialises in respiratory problems. To what extent would you be for or against this approach? ) *Base n=473*

# Comments from people on the concept of GP practices working at greater scale, with different GPs offering different expertise or specialisms

## Benefits:

" <b>Access to specialists</b> , greater expertise"	32%
"The best <b>outcomes</b> , efficient treatment"	24%
" <b>Better use of resources</b> , efficiency, organisation, less strain on hospitals"	12%
" <b>Quicker</b> appointments, less waiting time"	10%
"The practice or HCP will <b>develop best practice</b> / knowledge/ expertise"	7%
" <b>Closer to home</b> , local expertise"	5%
" <b>No</b> need for parking/ <b>travel to hospital</b> "	4%
" <b>Patients better informed</b> and less anxious"	2%
" <b>No benefits mentioned</b> "	17%

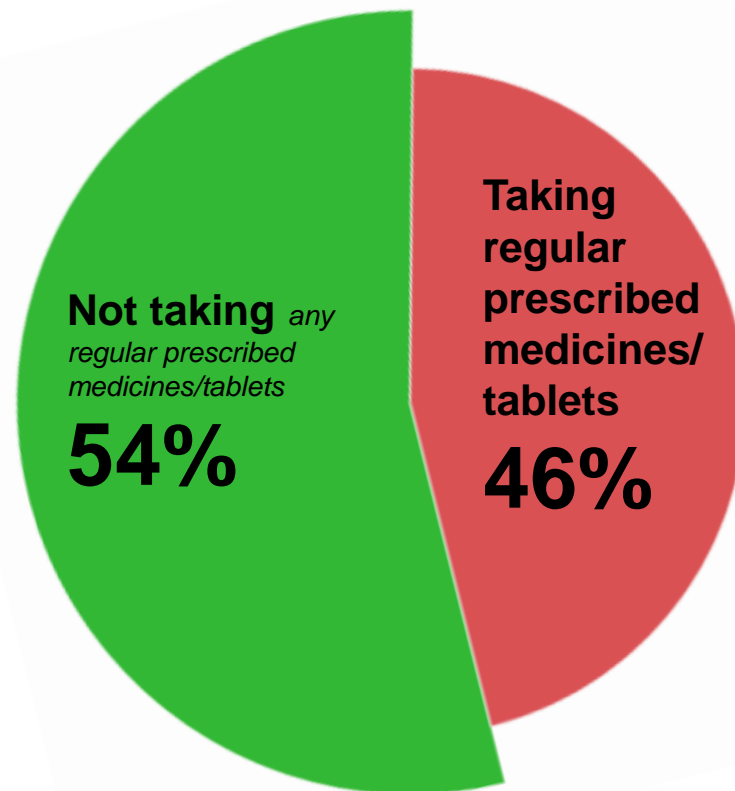
## Drawbacks:

" <b>Distance, further to travel</b> , no public transport, no transport, parking, costs - (needs to be local, easy to get to)"	55%
" <b>Lack of relationship between GP/patient</b> - continuity, patient background, sharing medical records, especially where multiple conditions exist"	10%
" <b>Confusing and difficult for some</b> , elderly, less mobile, vulnerable"	8%
"Concerns about <b>de-skilling of other GP's</b> , GP's have a broad knowledge and refer on to specialists. We need the broader knowledge, with hospital back up"	6%
"Longer <b>waiting times</b> "	2%
" <b>No drawbacks mentioned</b> "	26%



# Just under half of people report taking prescribed medications, with those people taking an average of two - three different medications

Proportion of people who report taking prescribed medications on a regular basis *Base n=473*



## Those taking:

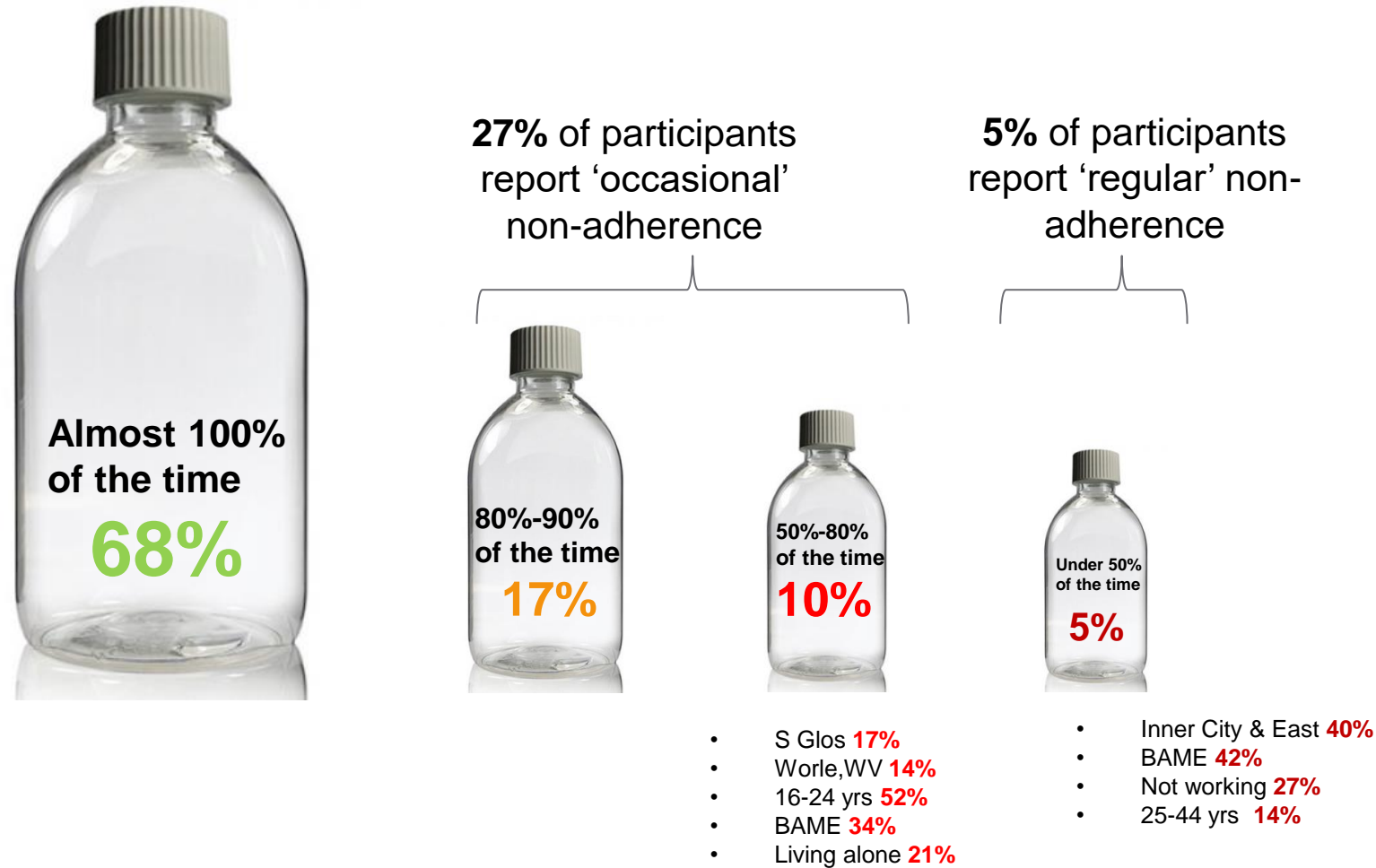
- S Glos **62%**
- Worle/ Weston **56%**
- Inner City & East **56%**
- Woodspring **44%**
- South Bristol **40%**
- N & W Bristol **23%**
  
- 16-24 yrs **21%**
- 25-64 yrs **43%**
- 65-74 yrs **72%**
- 75+ yrs **80%**
  
- Long standing conds **79%**

## Those taking, take just under 3 different medicines/tablets each on average

- 1 medicine/tablet **42%**
- 2 medicines/tablets **30%**
- 3-5 **20%**
- 6-10 **7%**
- 11+ **1%**

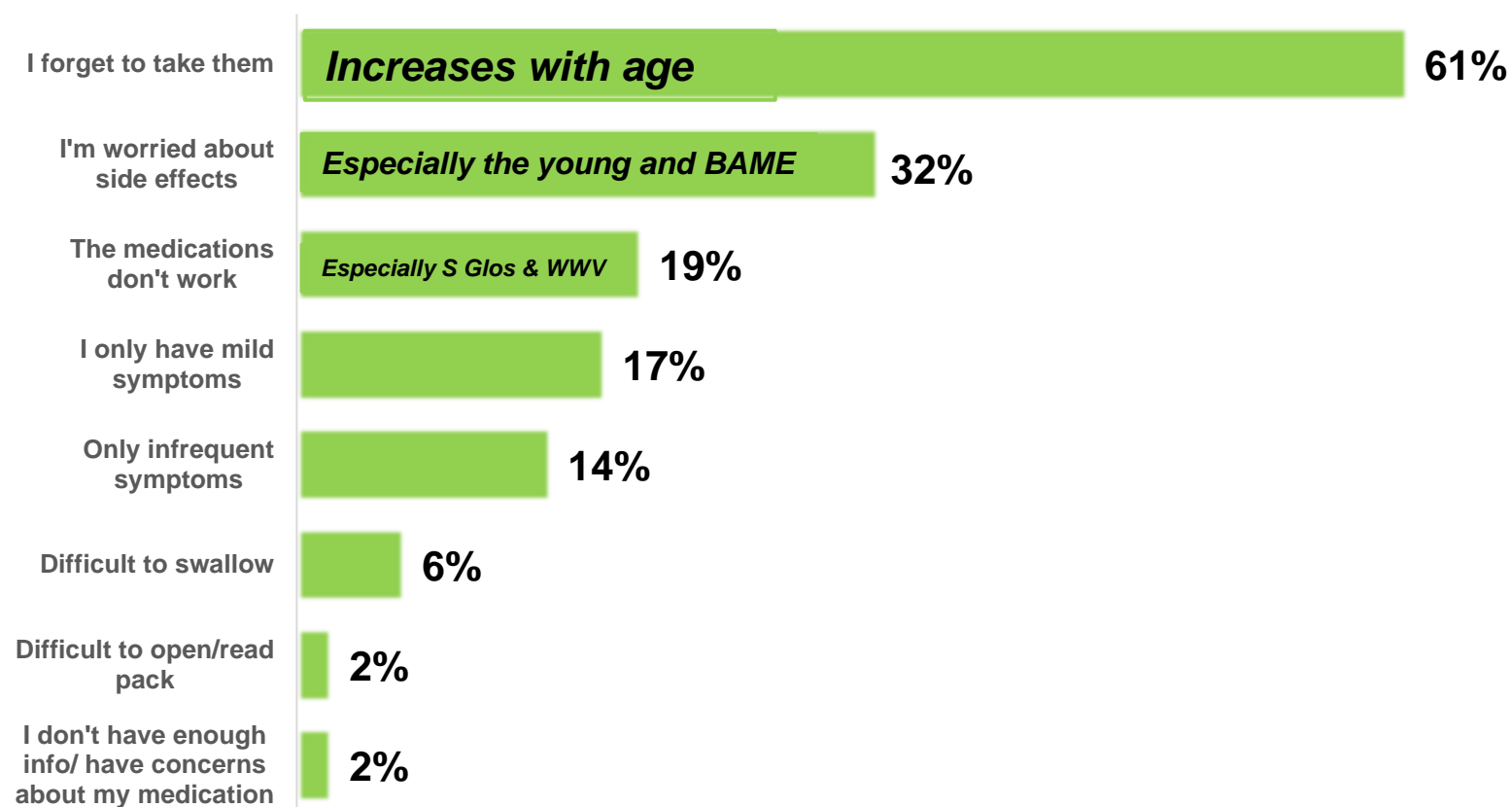
# Almost one third of people report that they occasionally or regularly do not take their prescribed medications as directed by HCPs

Self-reported frequency of taking prescription medications as directed by HCPs *Base n=219*



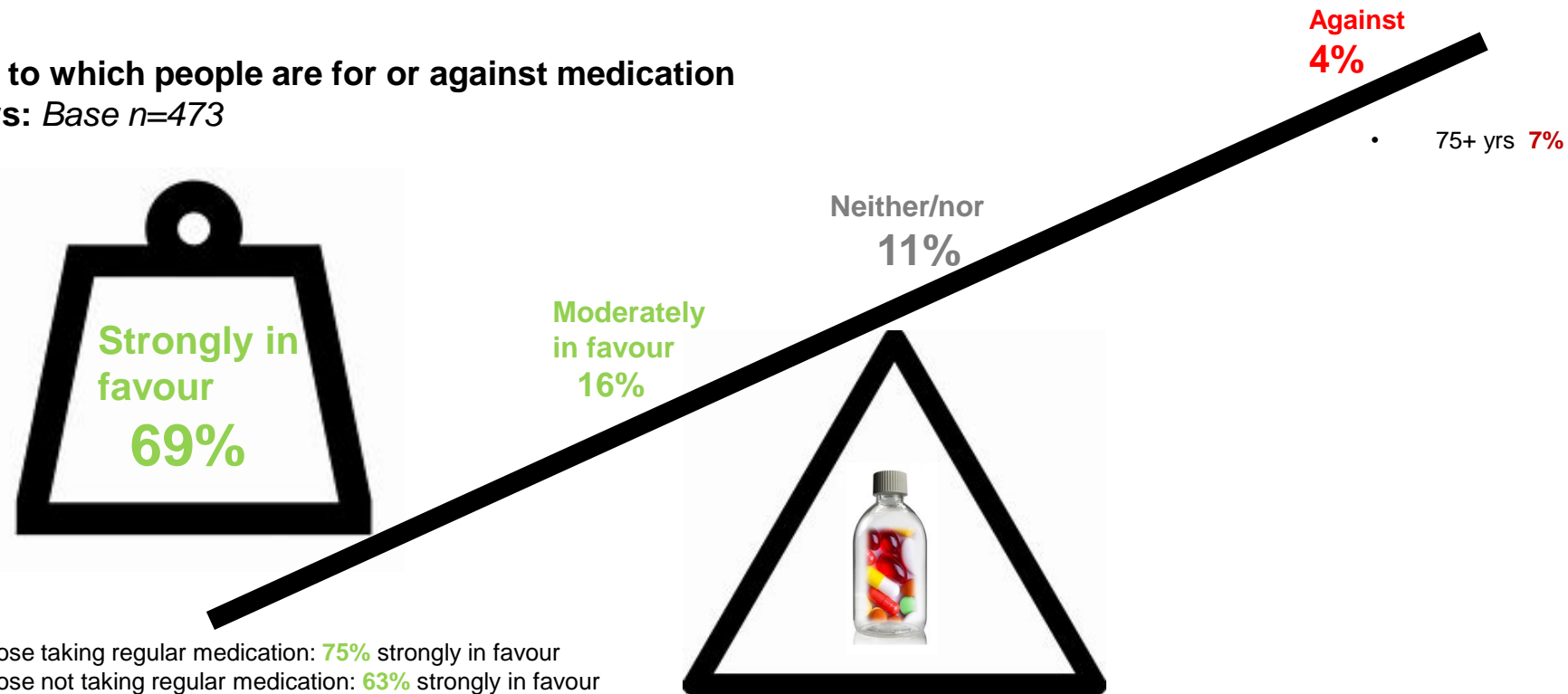
The main reasons for non-adherence include forgetfulness, concerns about side effects, and belief that medications don't work or are not needed (due to mild or infrequent symptoms)

Main reasons people may not always take their medications as prescribed by HCPs *Base n=60*



# Almost 7 out of 10 people are strongly in favour of the concept of medication reviews

Extent to which people are for or against medication reviews: *Base n=473*



- Those taking regular medication: **75%** strongly in favour
- Those not taking regular medication: **63%** strongly in favour
- Those taking 5 or less regular medications: **76%** strongly in favour
- Those taking 6 or more regular medications: **59%** strongly in favour
- Those who adhere to their prescription less than 50% of the time: **100%** strongly in favour of a review

# Comments from people on the benefits and drawbacks of medication reviews

## Benefits:

"Check that medication is still needed, appropriate, effective, relevant, beneficial"	46%
"Cost saving, <b>saves money for the NHS &amp; the patient.</b> Avoids wastage, stock piling"	17%
"Can help <b>avoid dependency</b> , addiction and unnecessary side effects"	12%
"Check that the dosage is still correct, taken accurately, advise better dosage (higher or lower)"	9%
" <b>Benefits the patient</b> , educates, peace of mind, can forget/get confused"	8%
"Check on contradictions, cocktail of drugs"	7%
"Regular health check, holistic, GP doesn't have time"	7%
"No benefits mentioned"	21%

## Drawbacks:

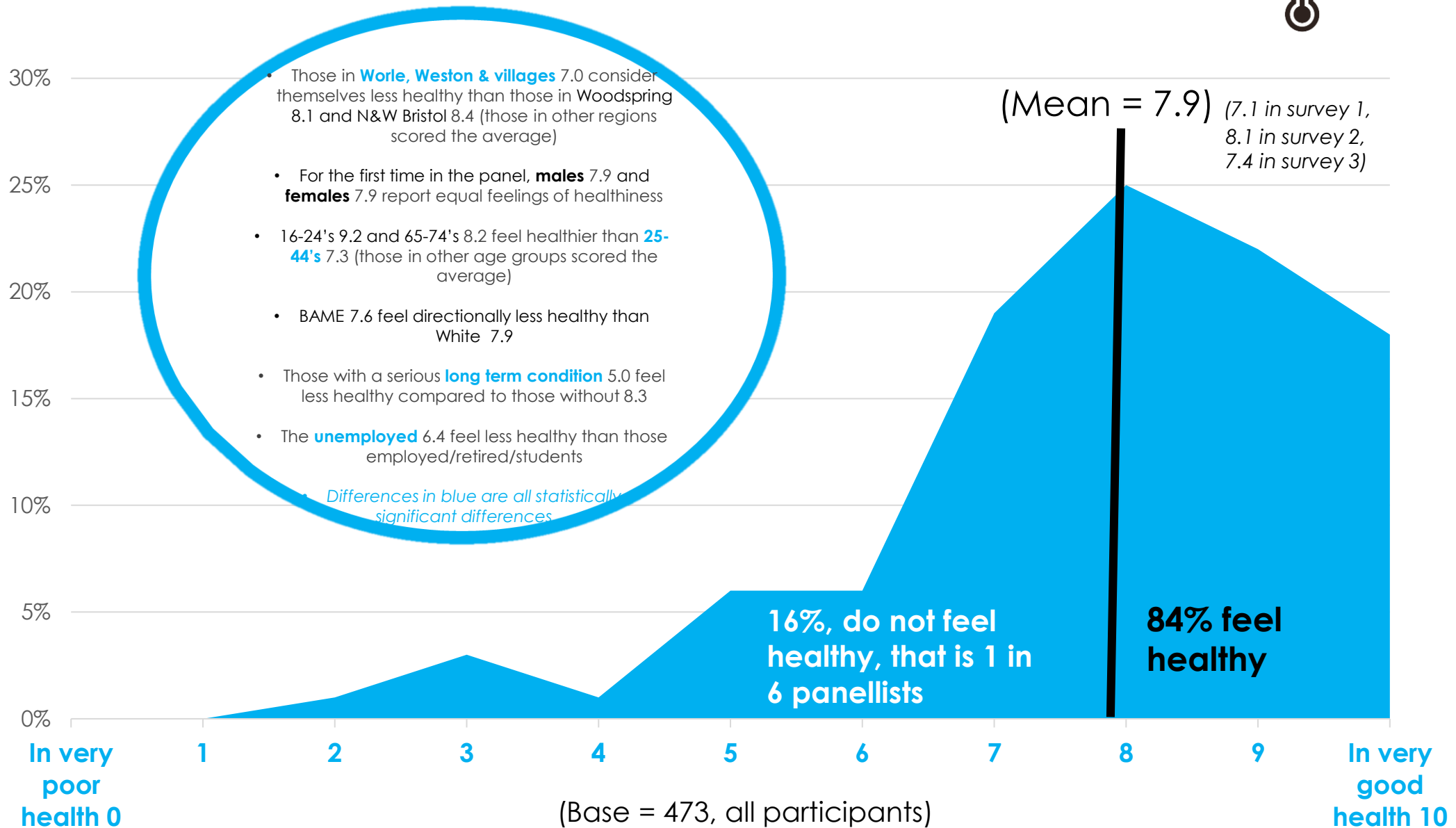
"Time consuming"	7%
"Concerns, anxiety, stress – relating to changing medication, repeat prescriptions being refused, not coping without medication, medication is imperative"	7%
"Cost to NHS (although could result in savings)"	7%
"Extra <b>resources needed</b> , extra work"	6%
"Availability of appointments"	3%
"Another HCP, <b>lack of continuity/relationship</b> "	3%
"Reviewer would need to be extremely skilled in the job"	3%
"No drawbacks mentioned"	58%



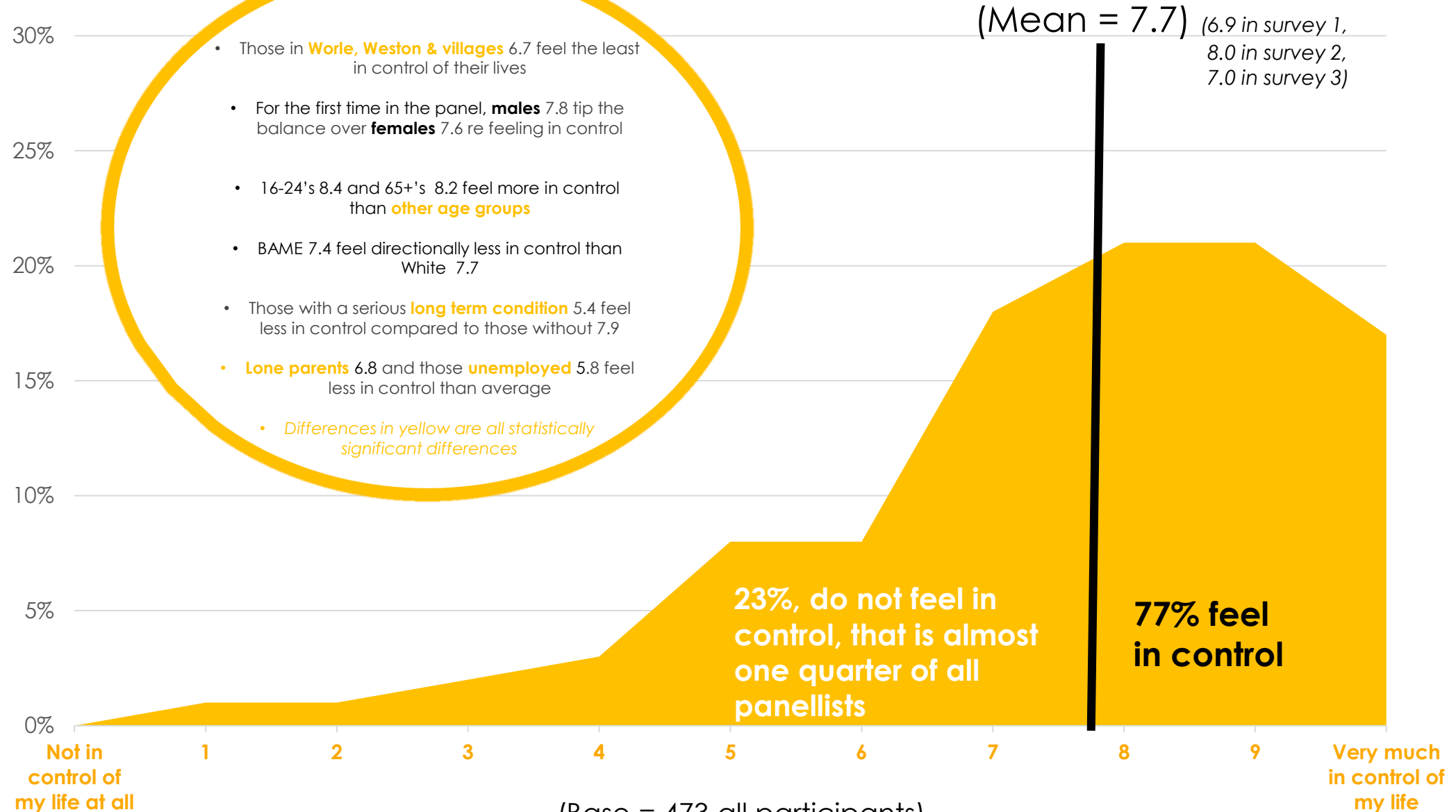


**5**  
**Keeping well**  
**trackers**

# Healthiness - do you currently consider yourself to be.....



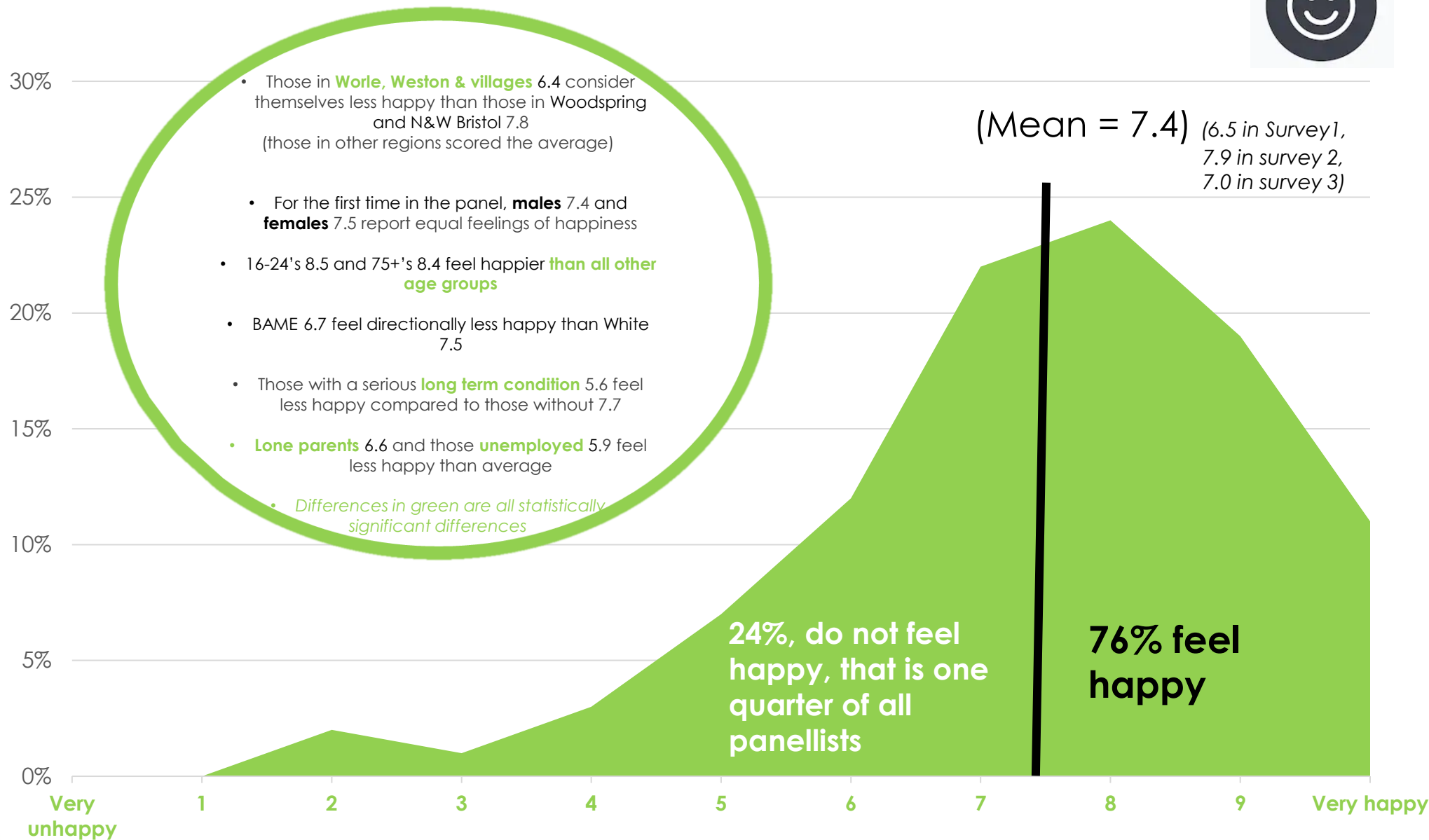
# Control - do you currently consider yourself to be.....



(Base = 473 all participants)

% represent those who gave a top three box score (score of 7 or more out of 10)

# Happiness - do you currently consider yourself to be.....

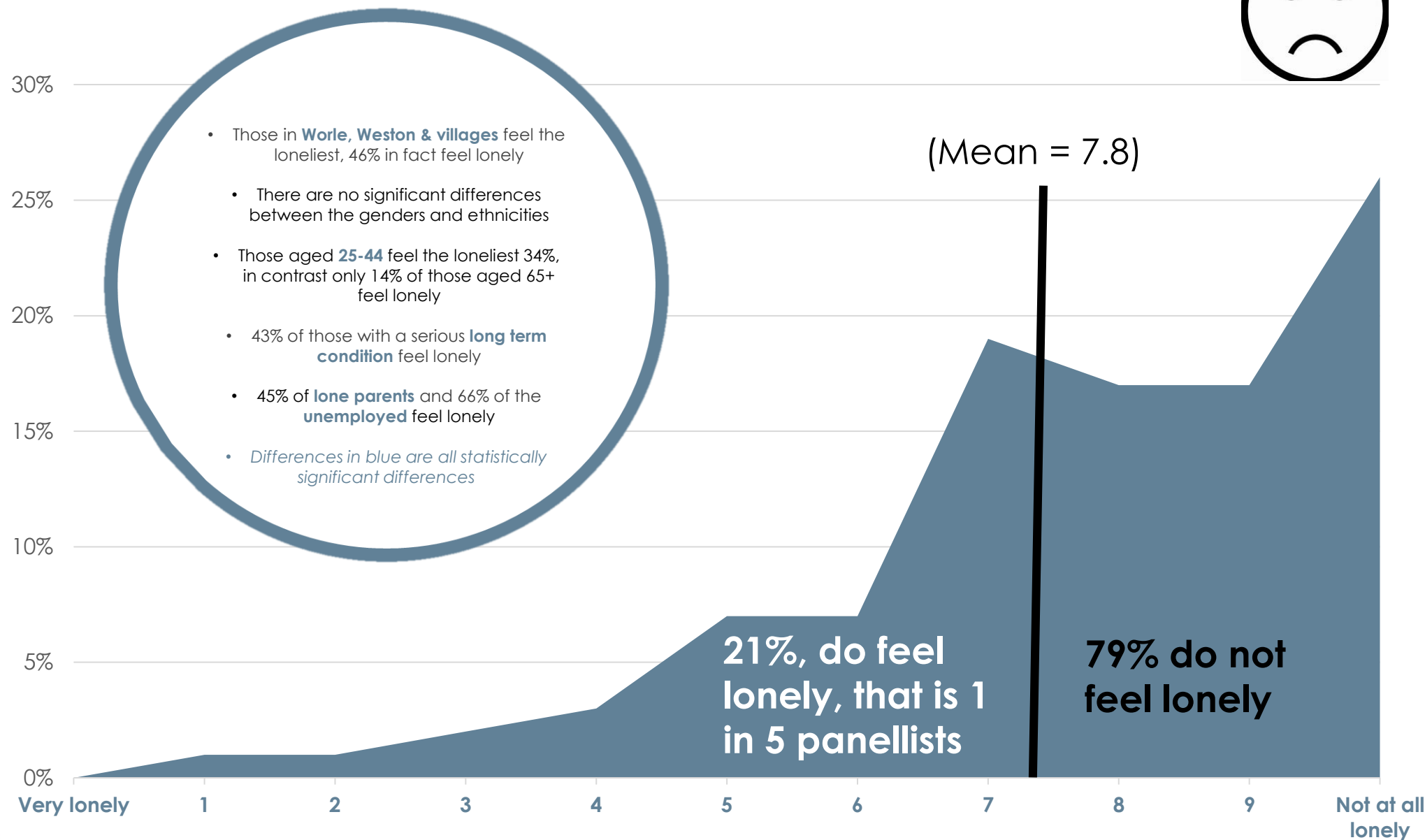


- Those in **Worle, Weston & villages** 6.4 consider themselves less happy than those in Woodspring and N&W Bristol 7.8 (those in other regions scored the average)
- For the first time in the panel, **males** 7.4 and **females** 7.5 report equal feelings of happiness
- 16-24's 8.5 and 75+'s 8.4 feel happier **than all other age groups**
- BAME 6.7 feel directionally less happy than White 7.5
- Those with a serious **long term condition** 5.6 feel less happy compared to those without 7.7
- **Lone parents** 6.6 and those **unemployed** 5.9 feel less happy than average
- Differences in green are all statistically significant differences

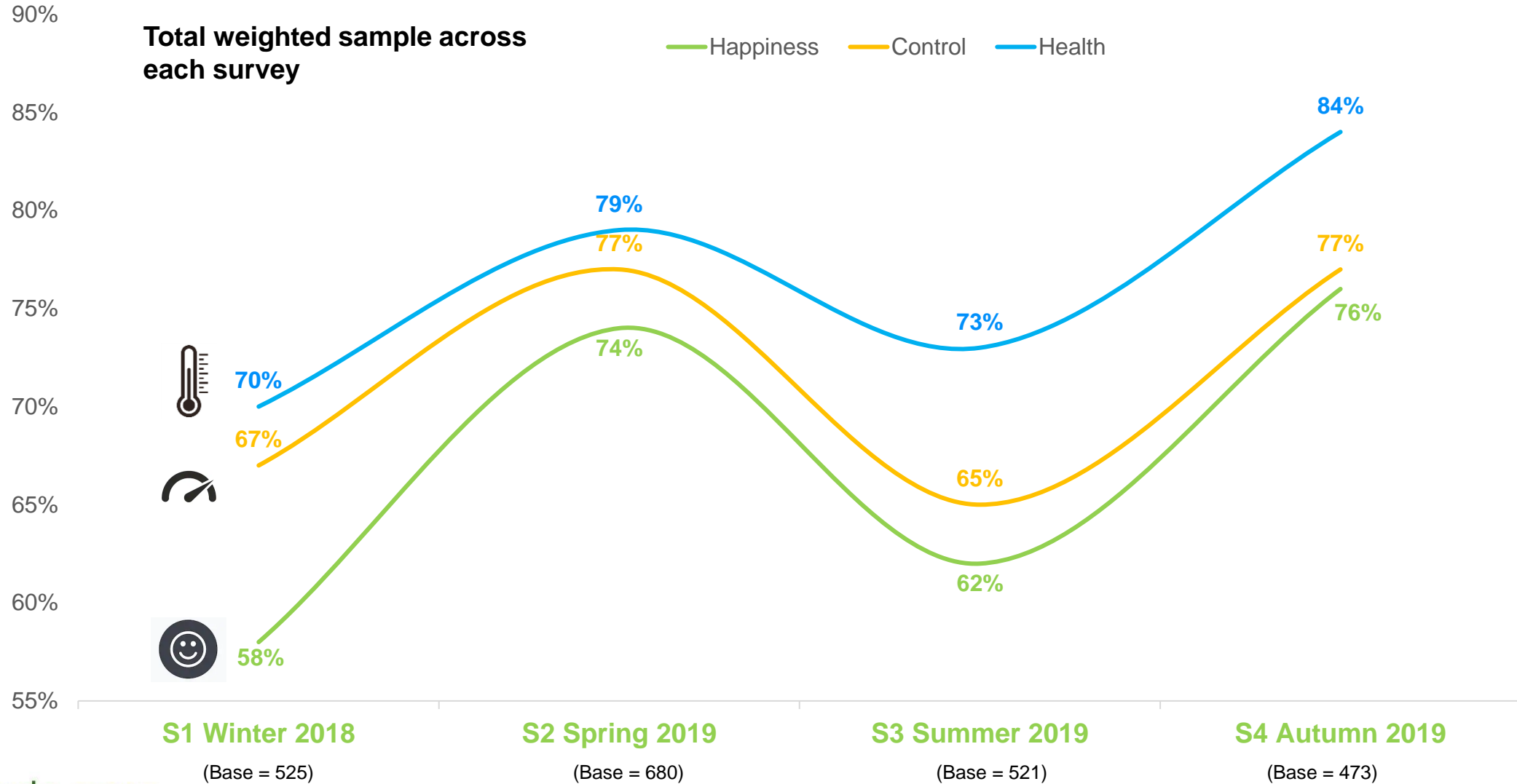
(Base = 473, all participants)

% represent those who gave a top three box score (score of 7 or more out of 10)

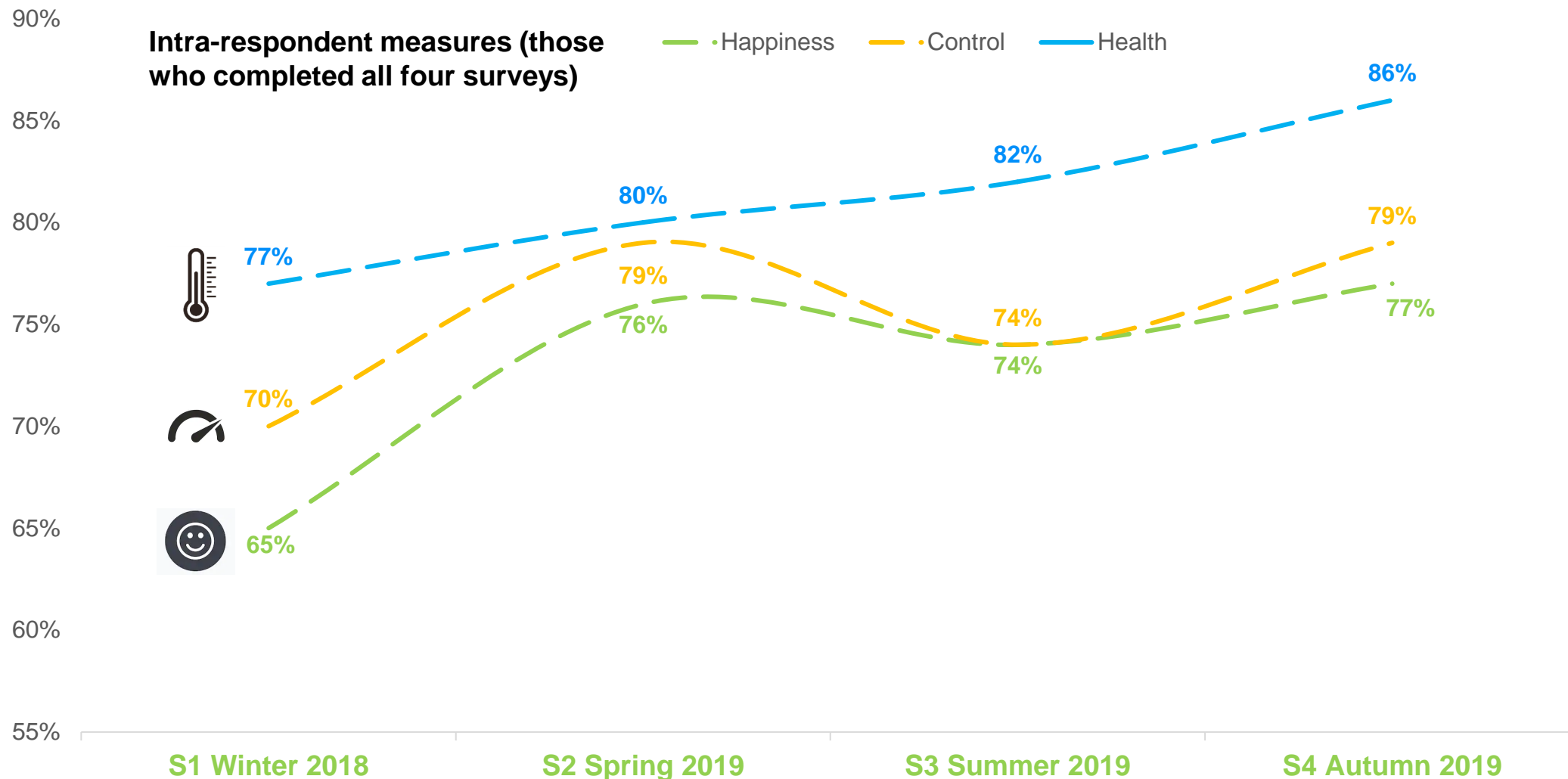
# Loneliness - do you currently consider yourself to be.....



# Looking at an annual level across surveys, there is an emerging pattern of self-reported happiness, control and health



However at an intra-respondent level a different pattern of self-reported health emerges, with health incrementally increasing







Contact and support from health and care professionals is considered important to both prevent and treat frailty

Important factors to **prevent** someone becoming frail

Contact with GP, carers, healthcare professionals 36%

Being active 19%

Healthy eating 14%

Contact and support from family & friends 13%

Care and support in the community 10%

Important factors to **help and support** people with frailty

Care and support in the community 27%

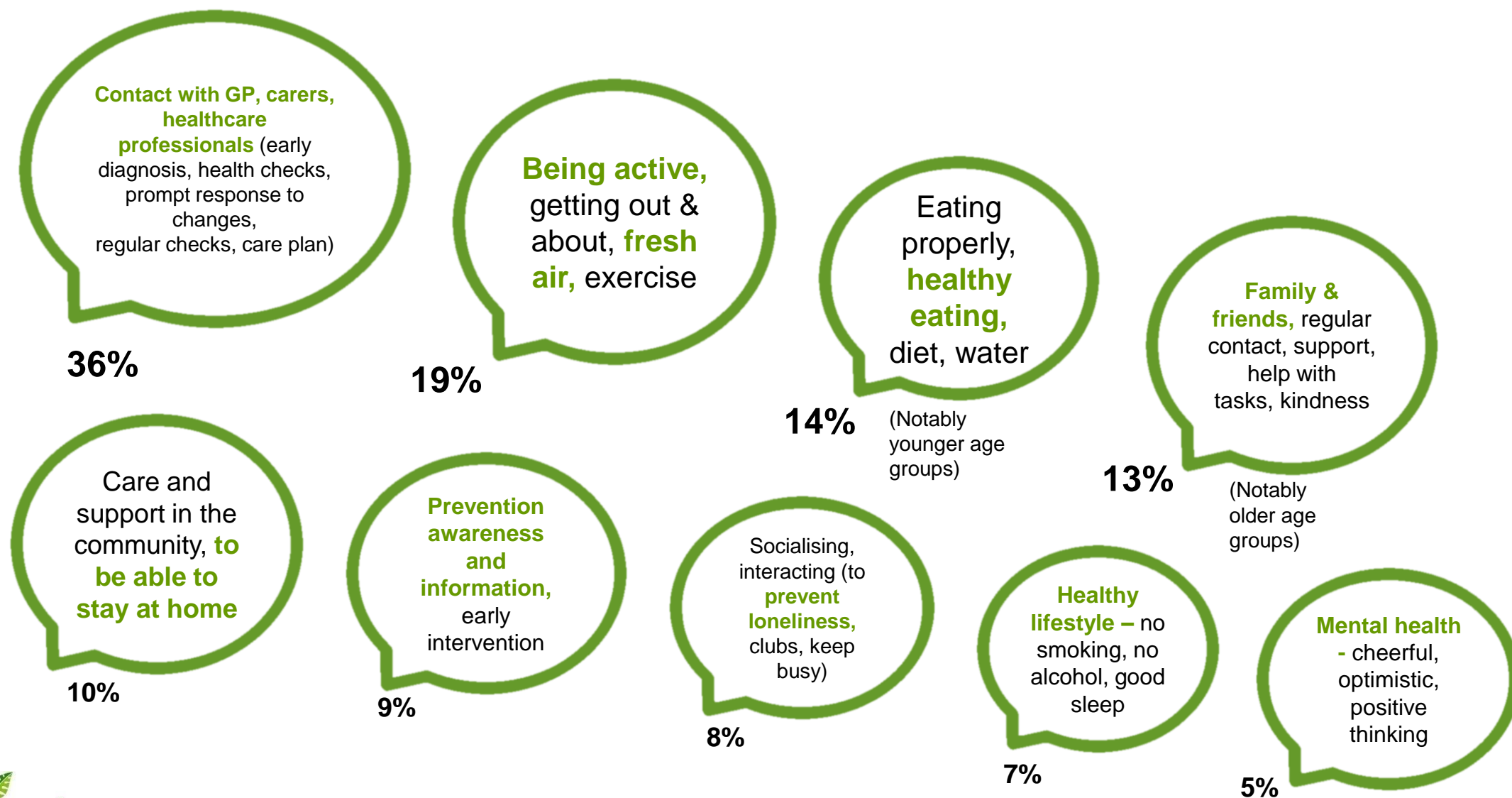
Contact with GP, carers, healthcare professionals 27%

Home support (to maintain independence / stay in home) 15%

Socialising and interacting with others to prevent loneliness 14%

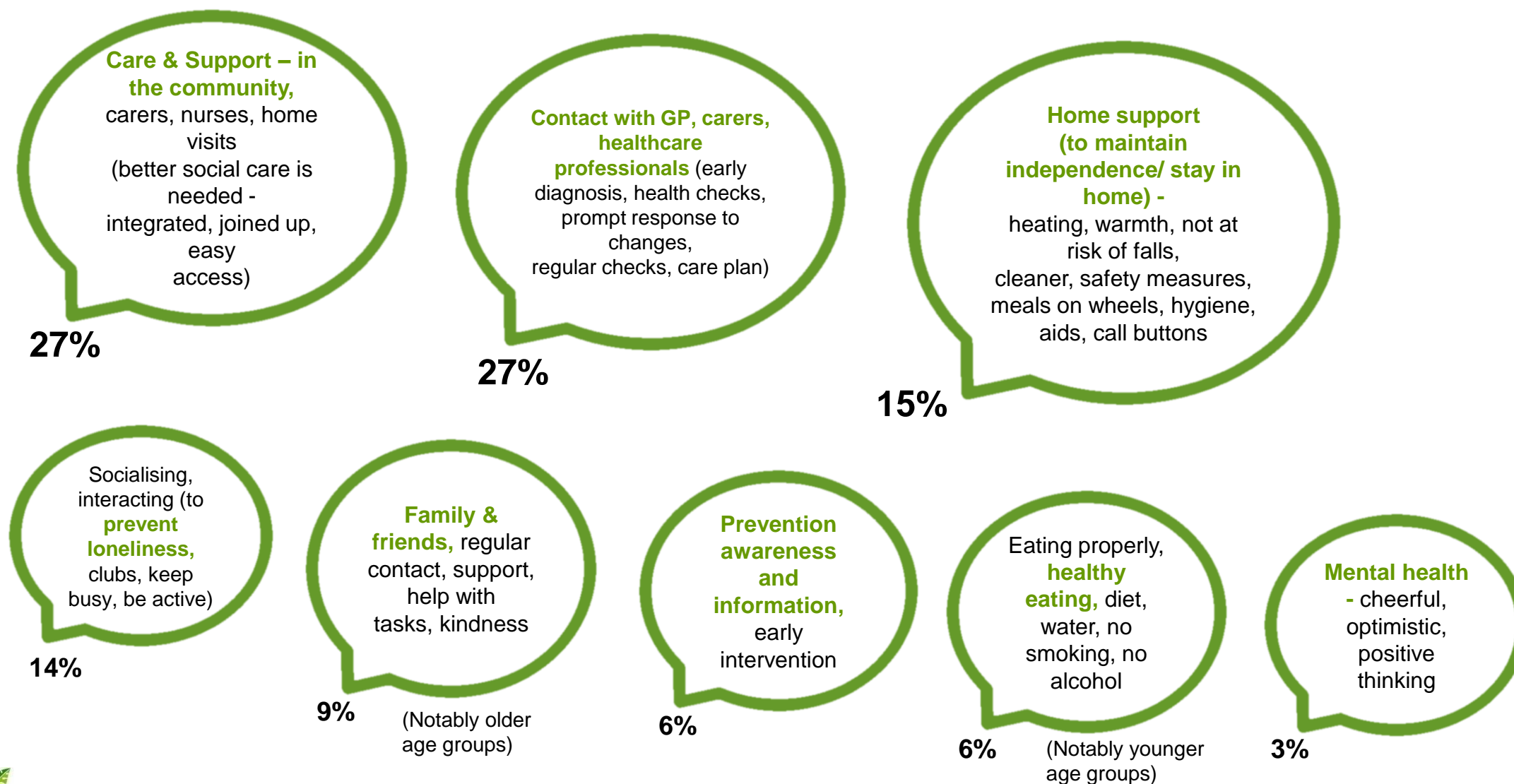
Contact and support from family & friends 9%

If you were worried about you or someone close to you (e.g. an elderly relative or someone with complex needs) becoming frail over time – what do you believe to be the important factors that could help prevent that from happening?



(Base = 473, all participants)

If you or someone close to you (e.g. an elderly relative or someone with complex needs) **did in fact become frail** – what do you believe would then be the important factors that could help with that situation (e.g. **things that could or should be done to help**)?



(Base = 473, all participants)

In Survey we had a total of **39** carers in our sample

**26 females & 13 males**

Gender

**27 are employed in other jobs**

5 are retired

5 are not working

2 are students

Working status

**14 aged 25-44 years**

**20 aged 45-64 years**

5 aged 65+ years

Age

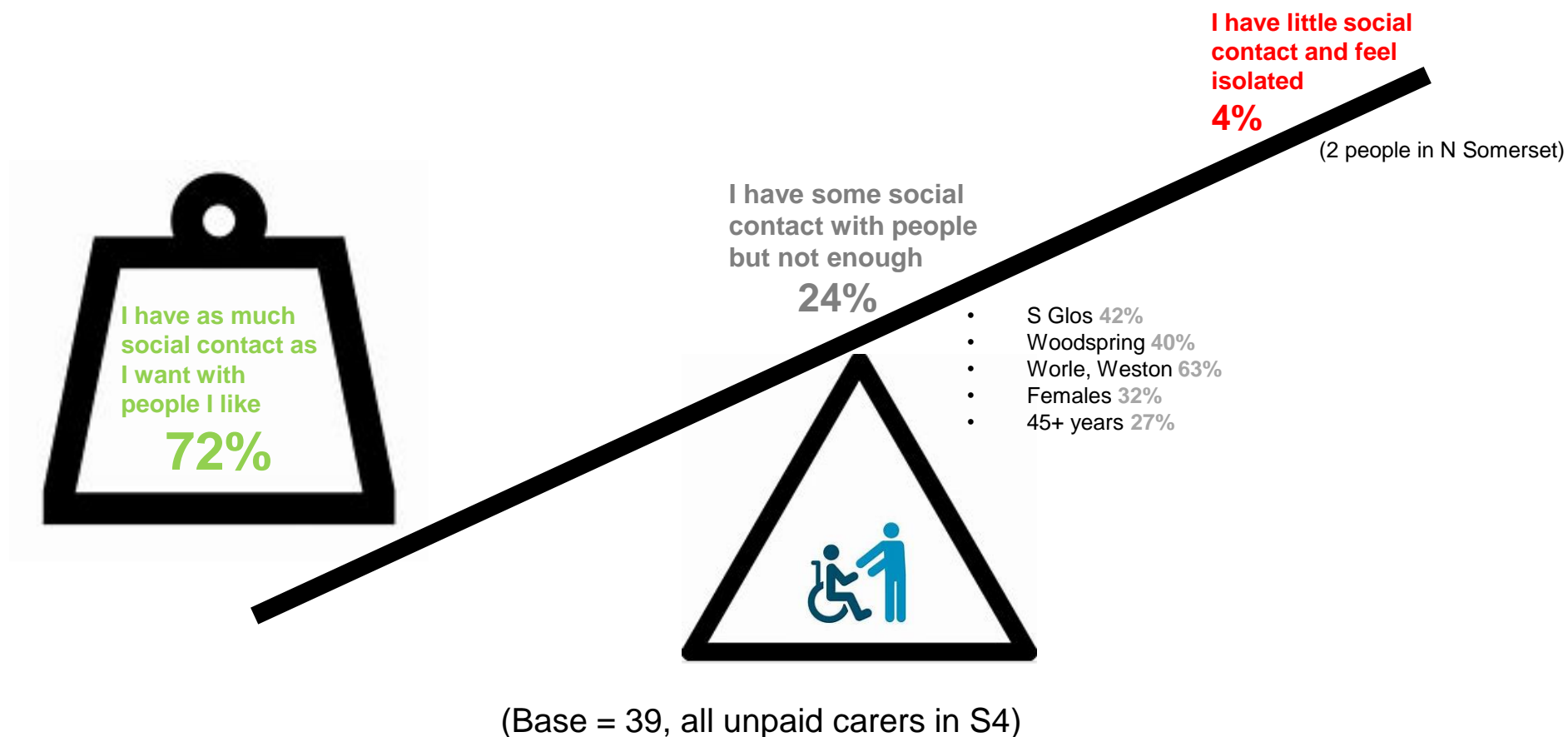
**32 white**

7 BAME

Ethnicity

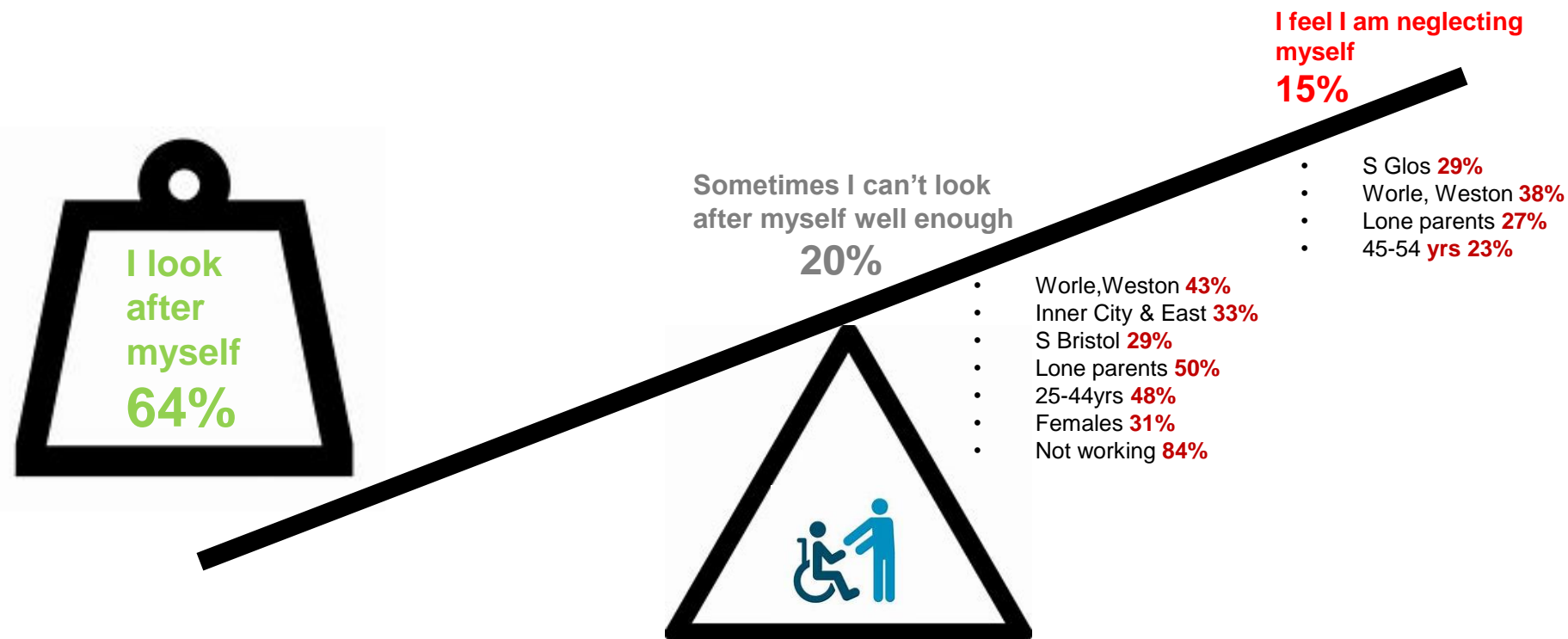
We would like to understand the impact of your **caring role** on your health and wellbeing.

Thinking about how much **contact** you've had with people you like, **which of the following statements best describes your social situation?**



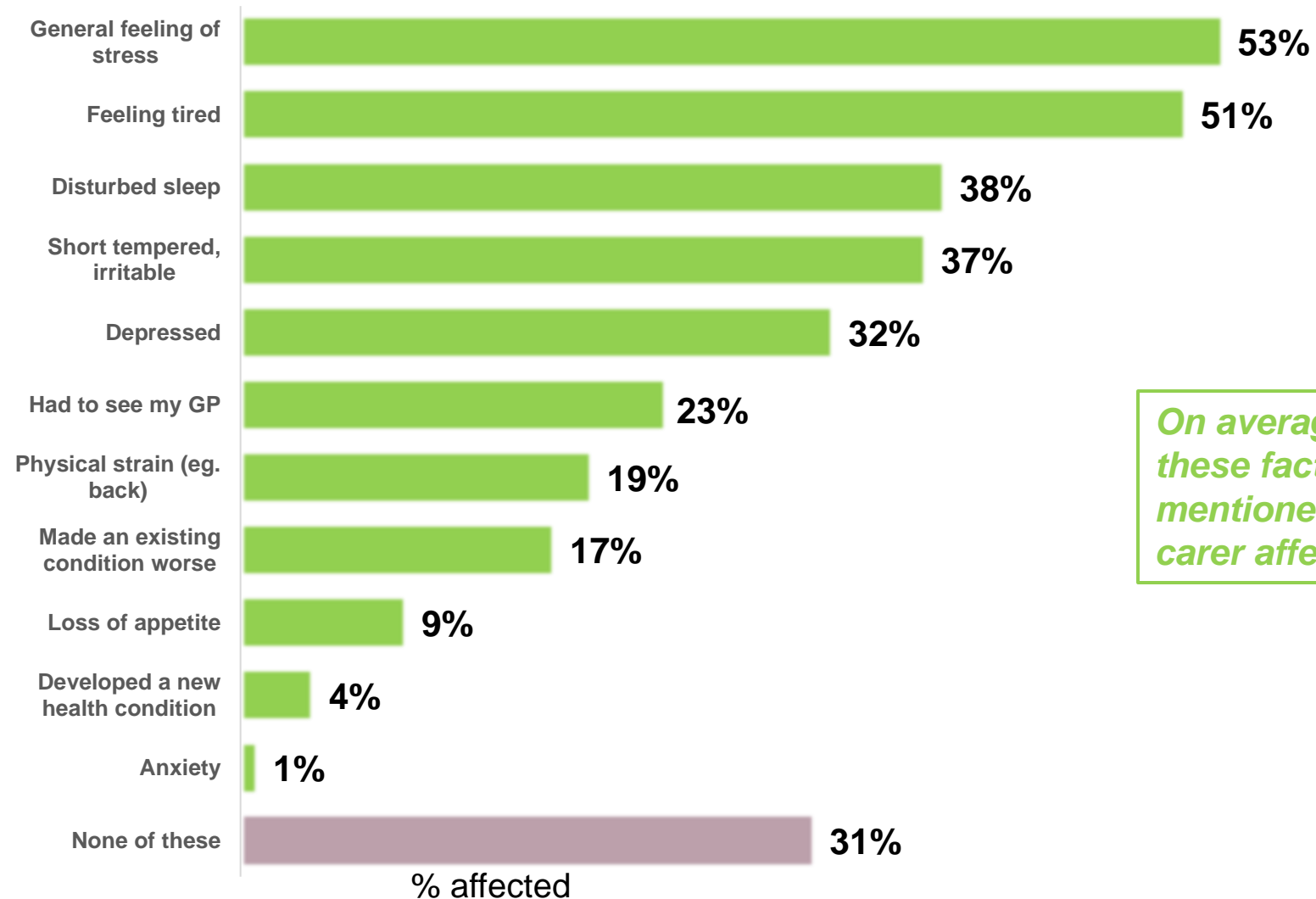
We would like to understand the impact of your **caring role** on your health and wellbeing.

Thinking about how much time you have to **look after yourself** – in terms of getting enough sleep or eating well – **which statement best describes your present situation?**



(Base = 39, all unpaid carers in S4)

In the last 12 months, **has your health been affected by your caring role** in any of the ways listed below?



*On average, 3 of these factors are mentioned by each carer affected*

# Thank you

Any questions?

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# Healthier Together

Improving health and care in Bristol,  
North Somerset and South Gloucestershire



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