



**Integrated  
Care System**  
Shropshire, Telford and Wrekin



**Shropshire, Telford  
and Wrekin**

# **Big Health and Wellbeing Conversation Engagement Findings: Telford Health Scrutiny**

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# Introduction



# Background and context

- In February 2023, NHS Shropshire, Telford and Wrekin launched a 'Big Health and Wellbeing Conversation' to help it understand what is affecting health and wellbeing and what would improve the experiences of local health and care services.
- To gather the views of the local community and stakeholders, we held a series of public events, focus groups, stakeholder events and an engagement survey.
- This summary presentation of findings details the different activities we conducted and presents the findings from the feedback shared.



# Communications and involvement



# Number of respondents

Engagement survey

2,681

(401 responses captured by our  
voluntary sector partner)

Public events

242

Stakeholder events

Approx. 110

Audio recordings of people  
wanting to engage in the Big  
Conversation

75

People making personal  
pledges to improve their health  
and wellbeing

72

Targeted public engagement  
(Seldom heard groups)

365

# Summary of findings



# Public events

## **Key finding:**

Public were concerned about accessing services, appointment availability, and awareness of services.





# Key themes from the targeted events

Consider the need to support patients while they are on waiting lists

Consider the need for easier access to information about patients' own health

Consider focusing more on mental health services

Concerns over the lack of provision of services locally

Face-to-face care is required for better diagnosis of certain conditions

Consider improving communications between services

Concerns over the difficulty of getting appointments with GPs

# Summary of findings from the public events and targeted public engagement

## Concerns raised around difficulty accessing services

- Face-to-face care is sometimes required, especially for examinations and accurate diagnosis.
- Patients found it difficult to get an appointment.
- Patients stated there is variation in accessing services and seeing a doctor.
- Concerns over transport services were also raised.

## Feedback on services

- Participants stated there is a need to raise awareness of where people can get the right type of support.
- Concern over the lack of provision and decline of local services.
- Consider the needs of vulnerable groups.
- Community services are useful (for example: group fitness classes, warm spaces, and local farms).

## General feedback

- Participants stated services need to work together better.
- There is need for greater joined-up care and better communication across services.
- Confidence with technology differs among patients, with those low in confidence being more hesitant to adopt its use.

# Stakeholder events

## **Key finding:**

Improvements are required around staff retention and collaboration between providers and accessing health services.



# Stakeholder events

## Staff

- Ensure staff feel, safe, valued and supported
- Improve staff progression, development and training
- Support staff with their cultural and religious requirements
- Greater integration and collaborative working

## Improve access to services

- Enable people to access other support and services while they wait for services
- Greater focus on children and young people and understand their needs to give them the resilience to develop a trauma-informed system
- Focus on prevention and early intervention through continual support, helping avoid access only being granted at crisis point.

## The operational system

- Improve how we record and use data
- Improve how we work together across the system
- Build and develop collaboration between providers, being sure to explain the benefits of bringing care closer to home
- More strategic investment.

## Areas for improvement

- Clearly evidence the benefits of preventative work
- Pooled budgets could assist with ensuring proper support for prevention work
- Better use of IT and data
- Educating the workforce and the population
- Set up pilot schemes on a small scale, measure their impact and roll this out across the system.

# Engagement survey

## Demographic and geographical profile of respondents



# Demographic profiling

## Ethnicity



- 2,437 (93%) were White

## Age



- 592 (23%) were 16-39
- 1,483 (57%) were 40-69
- 517 (20%) were 70 or over

## Sex



- 1,763 (67%) were female

## Relationship status



- 1,594 (61%) were married
- 285 (11%) were single

## Sexual orientation



- 2,311 (88%) were heterosexual

## Religion



- 1,013 (39%) had no religion
- 1,330 (51%) were Christian

## Pregnancy



- 2,460 (94%) were not pregnant
- 126 (5%) were pregnant

## Maternity



- 2,480 (94%) had not recently given birth
- 112 (4%) had recently given birth

## Disability or long-term condition



- 1,157 (44%) had a disability or long-term condition that limited day-to-day activities

## Armed forces



- 283 (11%) had served in the armed forces

## Carer



- 891 (34%) were carers

# Demographic profile overview: respondents from the Telford and Wrekin area

## Ethnicity



- 655 (95%) were White

## Age



- 85 (12%) were 16-39
- 457 (66%) were 40-69
- 142 (21%) were 70 or over

## Sex



- 486 (70%) were female

## Relationship status



- 431 (62%) were married
- 58 (8%) were single

## Sexual orientation



- 624 (90%) were heterosexual

## Religion



- 268 (39%) had no religion
- 367 (53%) were Christian

## Pregnancy



- 681 (98%) were not pregnant
- 5 (1%) were pregnant

## Maternity



- 684 (99%) had not recently given birth
- 2 (0.3%) had recently given birth

## Disability or long-term condition



- 349 (51%) had a disability or long-term condition that limited day-to-day activities

## Armed forces



- 55 (8%) had served in the armed forces

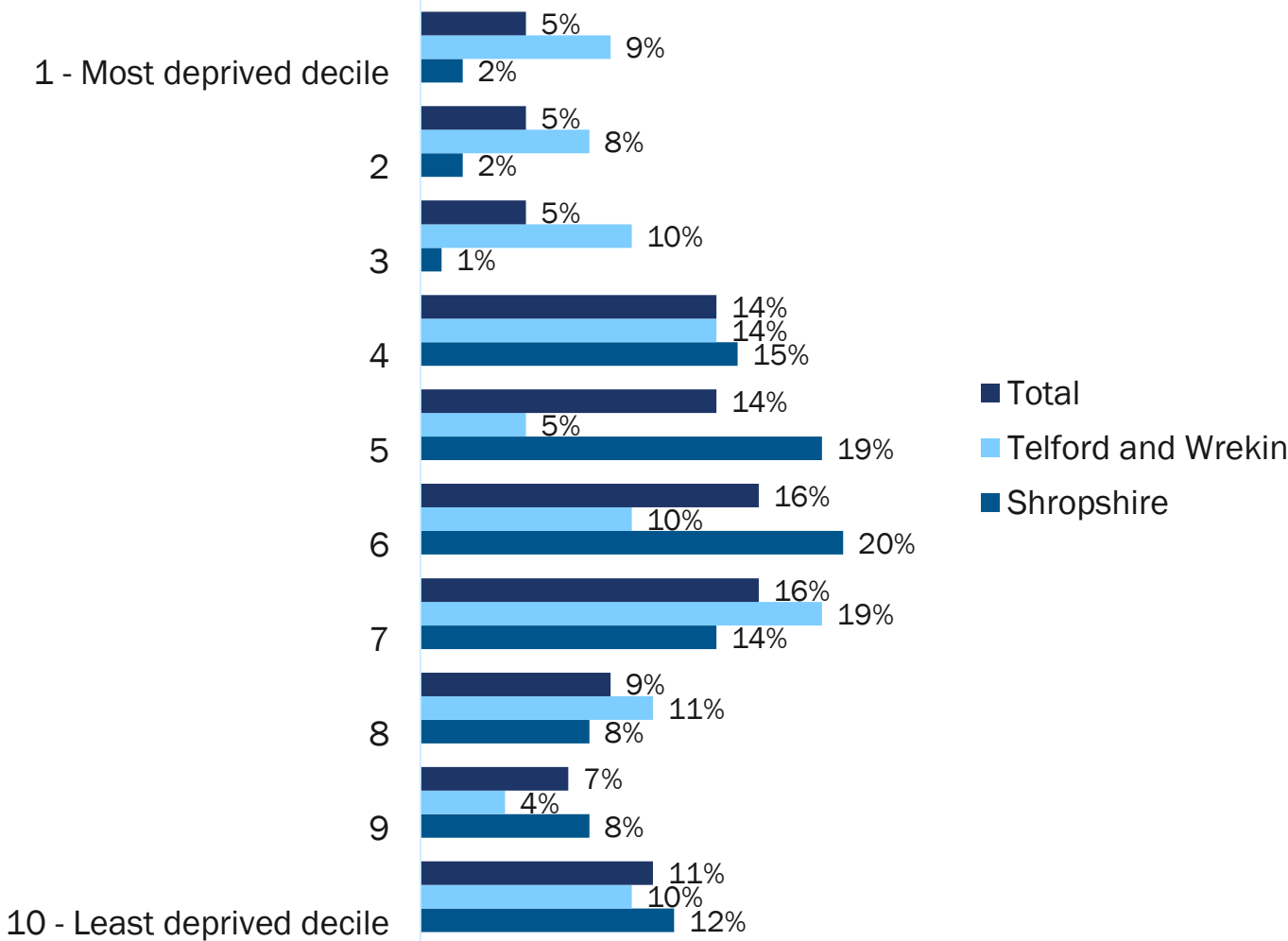
## Carer



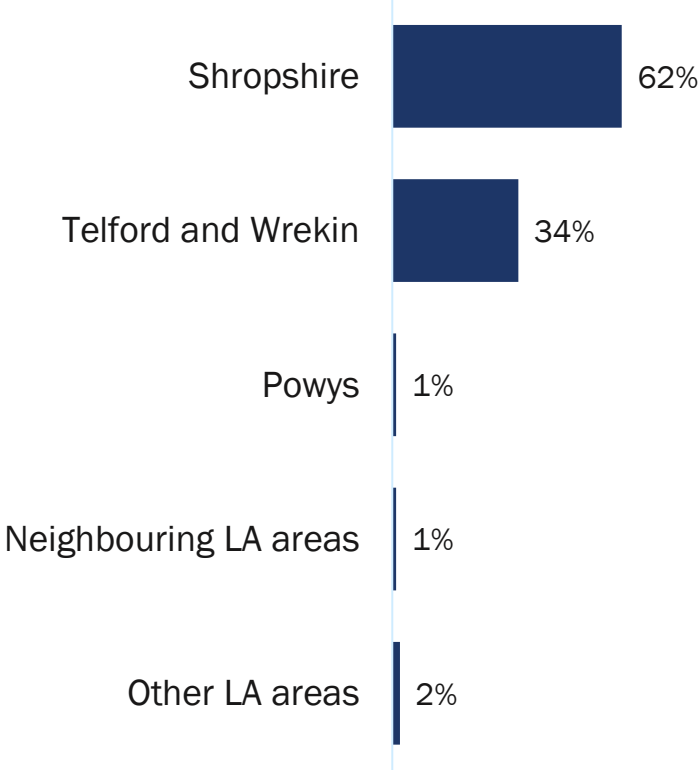
- 199 (29%) were carers

# Engagement survey respondent geographical profiling

Index of Multiple Deprivation



Local authority (LA)

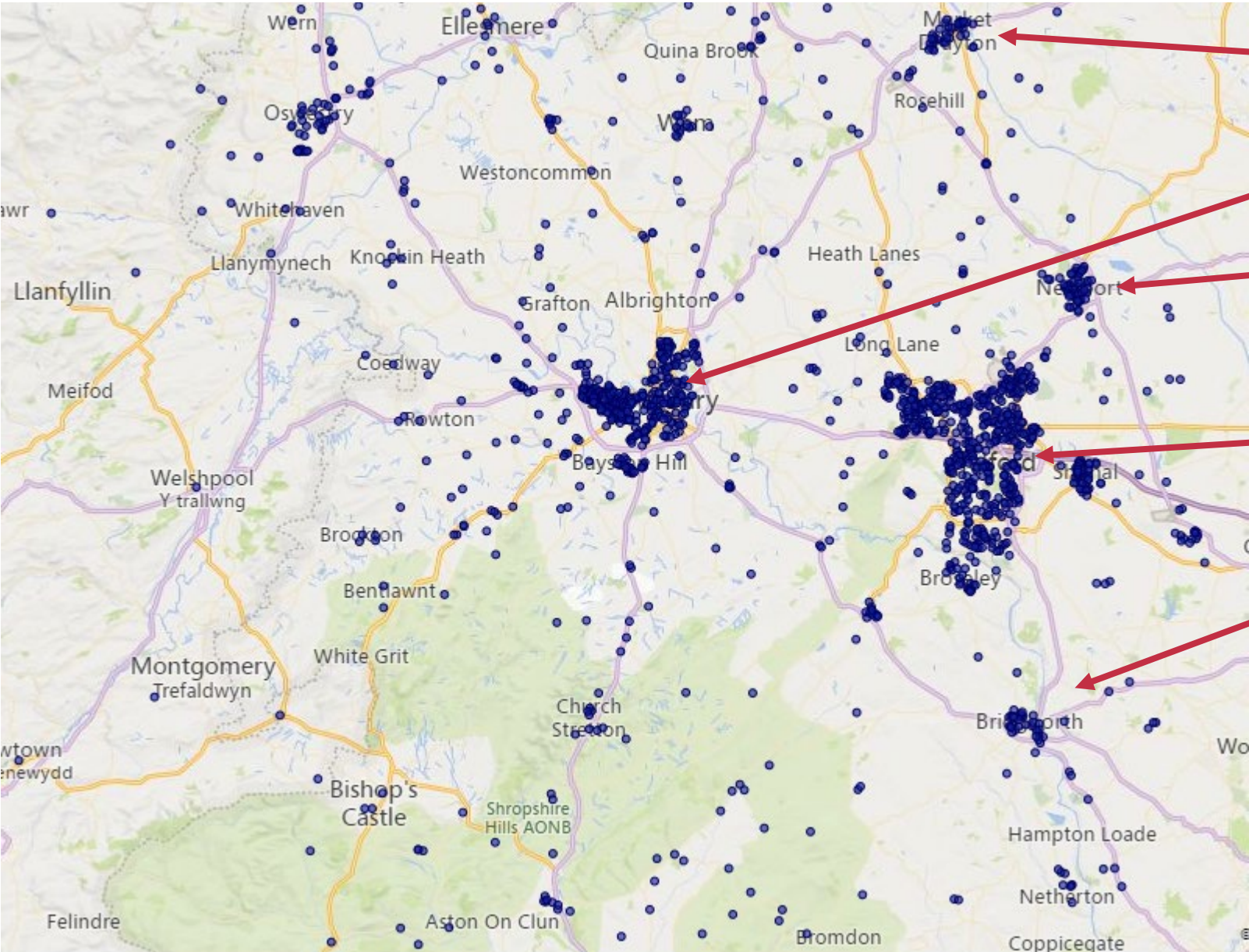


Index of multiple deprivation profiled from postcodes. Base: total - 1,992, Shropshire - 602, Telford and Wrekin - 58  
 Local authority profiled from postcodes. Base: 2,627



# Engagement survey respondent geographical profiling

Postcode map showing the location of survey respondents across Shropshire, Telford and Wrekin



Market Drayton

Shrewsbury

Newport

Telford

Bridgnorth

# Experiences of using primary care services

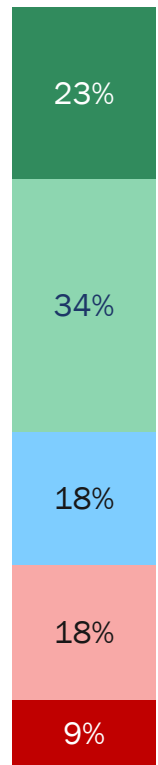
## **Key finding:**

Out of all primary care services, GP services users have the most varied experiences.



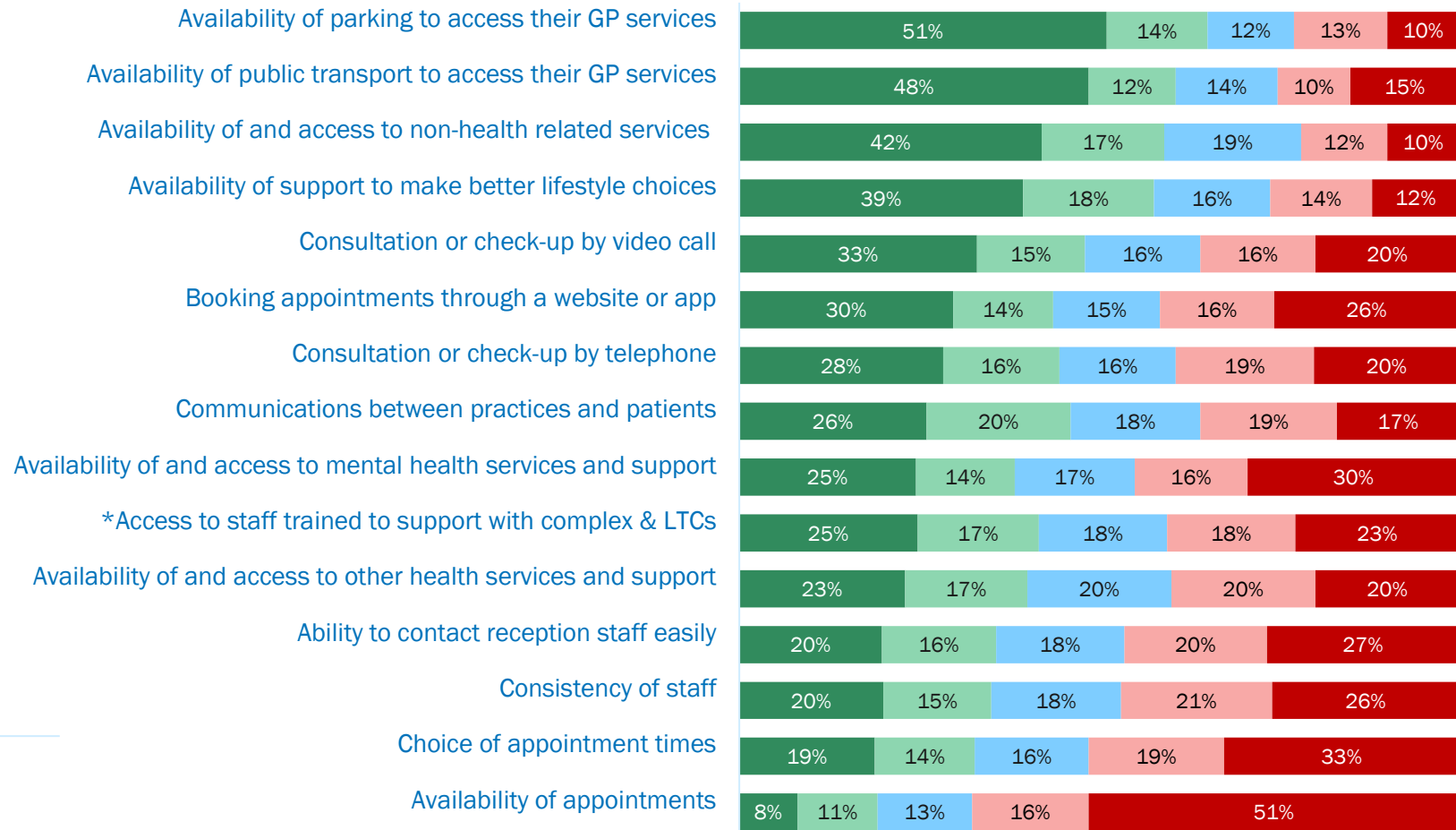
# Experience of GP services

## Experience of GP services



■ Very poor ■ Poor  
■ Neutral ■ Good  
■ Very good

## Concerns over GP services



■ Not at all concerned ■ Slightly concerned ■ Somewhat concerned ■ Moderately concerned ■ Extremely concerned

- 93% (2,445) are registered with a GP, 7% (182) are not.
- 1,210 (56%) rated GP services as good or very good, while 566 (26%) rated them poor or very poor.
- Most stated they were extremely concerned about the availability of appointments (1,343 / 51%), choice of appointment times (863 / 33%) and the availability of and access to mental health services (775 / 30%).

Are you registered with a GP practice in Shropshire or Telford and Wrekin? Base: 2,627  
 Please rate your overall experience of the services you have used. GP services. Base: 2,153  
 Please tell us how concerned you are with the following aspects of GP services. Base: 2,627

\*Access to health and care staff trained to support with complex and long-term conditions.

# Experience of GP services – reasons for negative rating

## Key themes:



Concerns over the difficulty of getting an appointment (e.g. especially post COVID-19, appointments run out by 8:05 am) (192 / 22%)



Consider improving access to face-to-face appointments (e.g. instead of phone appointments) (106 / 12%), Concern over long waiting times to get an appointment (103 / 12%)



Consider providing easier and quicker access to appointments (e.g. short waiting times, avoiding having to call multiple times) (115 / 13%)

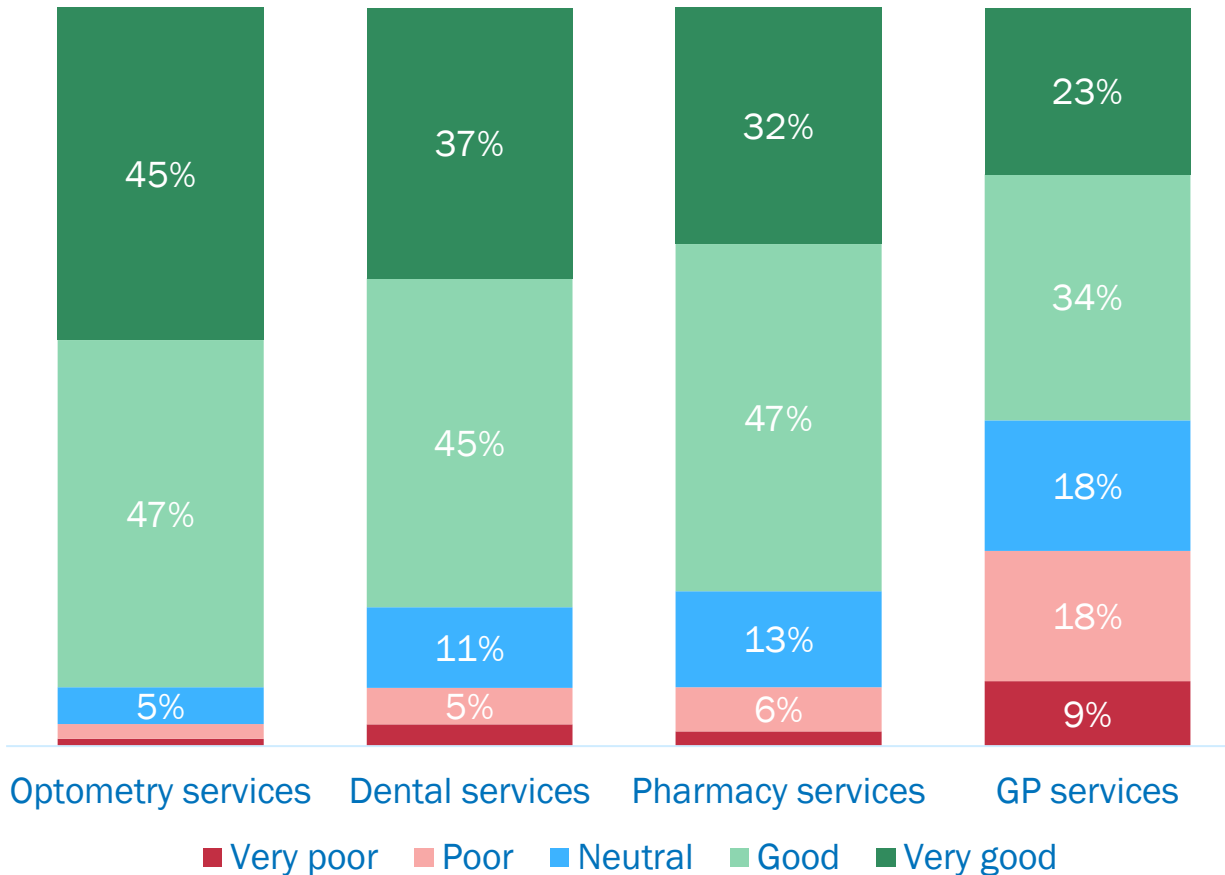
“Easier access to face-to-face and phone consultations”  
(75 – 79, female, Shropshire)

“Improve appointment waiting times. I am waiting six weeks for an appointment”  
(65 – 69, female, Shropshire)

“Being able to see my doctor when I want to. The surgery needs to open later in the evenings and weekends”  
(60 – 64, female, Shropshire)

# Experience of other primary care services - Total

Experience of other primary care services



- 1,457 (79%) rated their overall experience of pharmacy services as good or very good, while 155 (8%) rated them poor or very poor.
- 1,028 (82%) rated their overall experience of dental services as good or very good, while 93 (7%) rated them poor or very poor.
- 738 (92%) rated their overall experience of optometry services as good or very good, while 20 (3%) rated them poor or very poor.
- 1,210 (56%) rated GP services as good or very good, while 566 (26%) rated them poor or very poor.

Please rate your overall experience of the services you have used. Pharmacy services. Base: 1,846

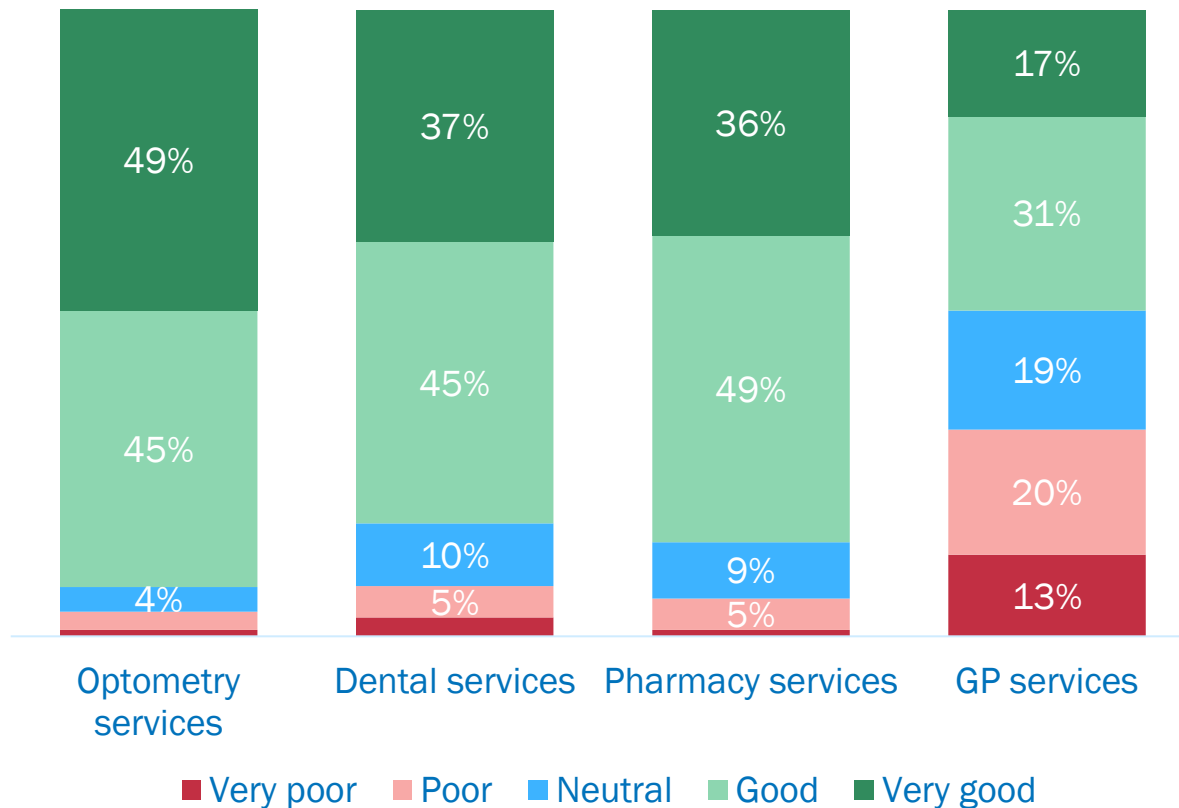
Please rate your overall experience of the services you have used. Dental services. Base: 1,258

Please rate your overall experience of the services you have used. Optometry services. Base: 807

Please rate your overall experience of the services you have used. GP services. Base: 2,153

# Experience of other primary care services – Telford and Wrekin

Experience of other primary care services



- 294 (48%) rated their overall experience of GP services as good or very good, while 200 (33%) rated them poor or very poor.
- 456 (85%) rated their overall experience of pharmacy services as good or very good, while 32 (6%) rated them poor or very poor.
- 323 (82%) rated their overall experience of dental services as good or very good, while 30 (8%) rated them poor or very poor.
- 252 (93%) rated their overall experience of optometry services as good or very good, while 8 (3%) rated them poor or very poor.

Please rate your overall experience of the services you have used. Pharmacy services. Base: 610  
 Please rate your overall experience of the services you have used. Pharmacy services. Base: 538  
 Please rate your overall experience of the services you have used. Dental services. Base: 394  
 Please rate your overall experience of the services you have used. Optometry services. Base: 270

# Experience of other primary care services – reasons for negative rating

## Key themes:

### Pharmacy services



Consider reducing waiting times for prescriptions, medication and queues (111 / 33%)



Items out of stock including lack of substitutes (64 / 19%)



Poor service offered by staff (e.g. poor attitude, lack of knowledge, rude, unhelpful, unprofessional) (43 / 13%)

### Dental services



Dental services are expensive (22 / 11%)



Concern over long waiting times to find an NHS dentist (21 / 10%)



The service provided is poor (21 / 10%)

### Optometry services



Concern over long waiting times (14 / 24%)



Concern over difficulty in accessing the service (6 / 10%)



Concern over lack of follow-up appointments (6 / 10%)

# Experience of other primary care services – reasons for negative rating

## Pharmacy services

“Every time we go to collect prescriptions we have to stand and wait for 45 minutes. They need more staff to keep up with demand”.

**(30 – 34, female, Shropshire)**

“Customer service training for pharmacy staff, increased access to medicines. Waiting 5 days for antibiotics with a raging throat infection is unacceptable”.

**(55 – 59, prefer not to say, Shropshire)**

“They are so rude, dismissive and unprofessional. When medication is not available they don’t tell you, and when you query it they just say they haven’t got it and you have to wait. Although I take 150mg of a specific tablet which were not available, they would not substitute them with 75mg which they did have in stock”.

**(50 – 54, female, Telford and Wrekin)**

## Dental services

“Overall this service is too expensive making it unaffordable now for anything more than a filling”.

**(65 – 69, male, Telford and Wrekin)**

“NHS dentist became private and can no longer access an NHS dentist after 40 years of paying taxes and national insurance, that’s disgusting”.

**(50 – 54, male, Shropshire)**

“No dentist available across the county, lack of empathy is widely spread ...and the advice is unacceptable...paracetamol?! Really? Is that way I pay over £400 insurance every month to hear that? 111 service retiring your emergency call after 30 hours - system is broken”.

**(35 – 39, female, no postcode provided)**

## Optometry services

“Been on waiting list following referral for over 3 years now. Signed consent form for surgery last September but still heard nothing”.

**(60 – 64, female, Telford and Wrekin)**

“Follow up appointments for Glaucoma referral running 4 months late at Shrewsbury. Needs way more clinics”.

**(60 – 64, male, Shropshire)**

“Absolutely need more trained staff and ones that aren’t rude and impatient”.

**(60 – 64, female, Telford and Wrekin)**



# Key findings across sub-groups



## Geography:

- Significantly more respondents living in the Telford and Wrekin area stated GP services were very poor or poor compared to those living in the Shropshire area
- Significantly more respondents living in the Shropshire area stated they were extremely concerned about the availability of transport to access their GP services, compared to those living in the Telford and Wrekin area.



## Age:

- Of all the age groups, significantly more of those aged between 35 and 49 stated they were extremely concerned about the availability of and access to mental health services and support.



## Ethnicity:

- Significantly more respondents from White ethnic backgrounds stated they were extremely concerned around the availability of appointments, compared to those from Asian / Asian British and Mixed / Multi-ethnic backgrounds.



## Limitation in day-to-day activities:

- Significantly more respondents limited in their day-to-day activities stated they were extremely concerned about accessing health and care staff trained to support with complex and long-term conditions, compared to those not limited in their day-to-day activities



## Deprivation:

- Significantly more respondents living in the most deprived areas (IMD quintile 1) stated they were extremely concerned about the choice of appointment times, compared to those living in less deprived areas (IMD quintile 4)
- Significantly more respondents living in more deprived areas (IMD quintile 2) stated they were extremely concerned about the availability of public transport to access their GP services, compared to those living in the least deprived areas (IMD quintiles 4 and 5).

# Experiences of using secondary care services

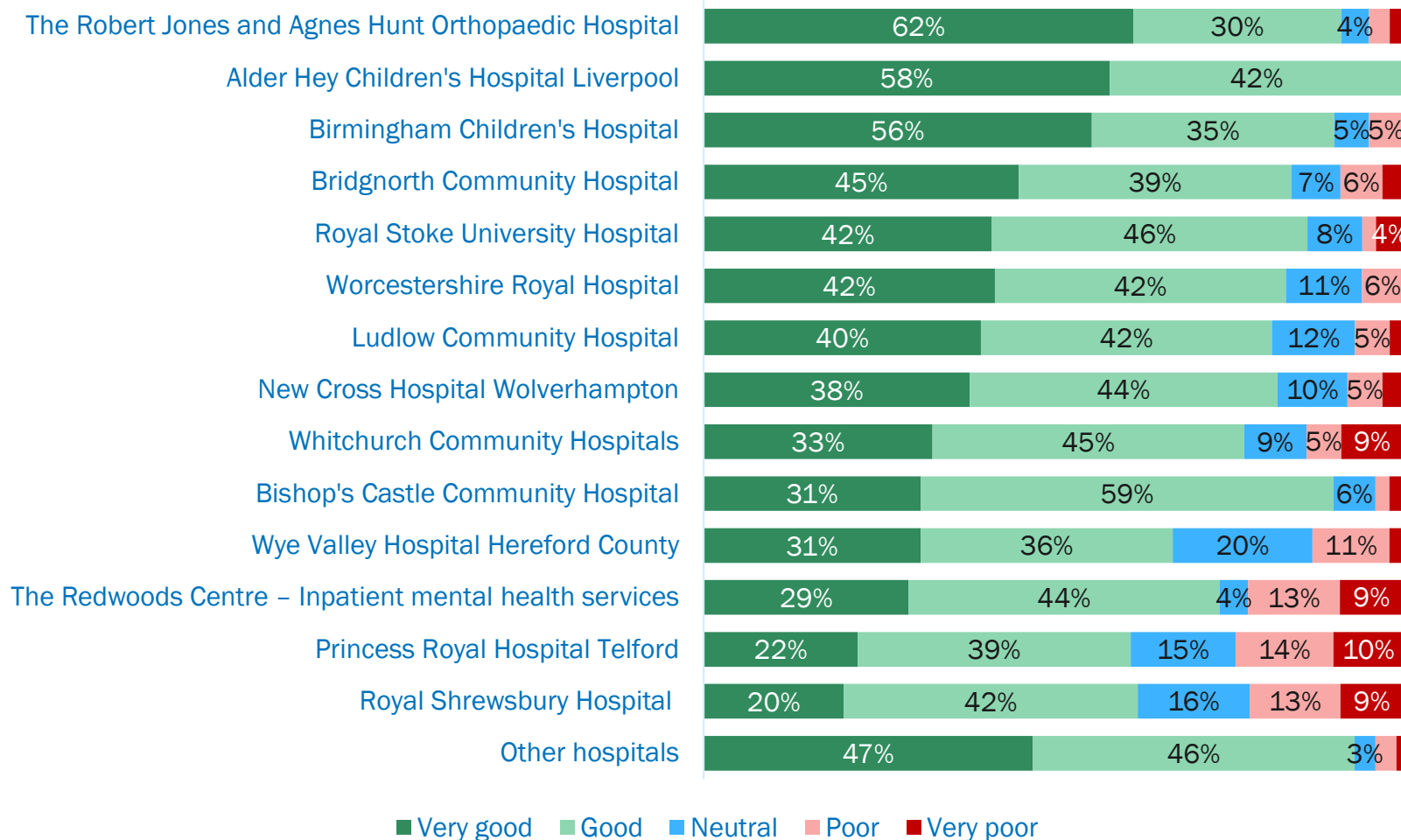
## **Key finding:**

Proportionally more respondents rated their experience of Royal Shrewsbury Hospital and Princess Royal Hospital negatively.



# Experience of secondary care services

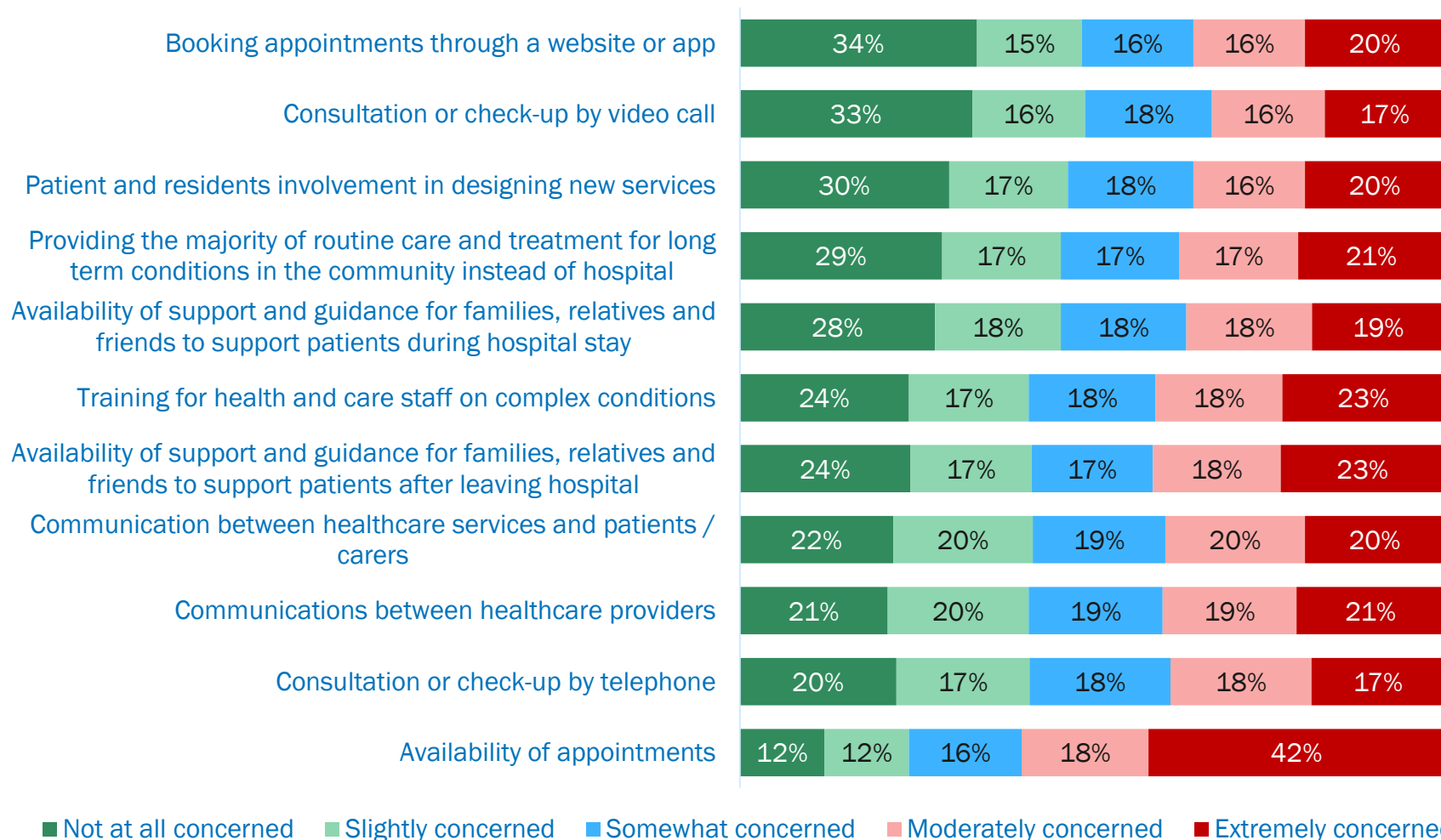
## Experience of secondary care services



- Out of 2,174 who have used secondary care services, 1,320 (61%) respondents used the Royal Shrewsbury Hospital, 1,310 (60%) used the Princess Royal Hospital while 560 (26%) used the Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH).
- 12 (100%) rated Alder Hey Children's Hospital Liverpool as very good or good, while 510 (91%) rated RJAH and 39 (91%) rated Birmingham Children's Hospital as very good or good.
- 818 (62%) rated Royal Shrewsbury Hospital as very good or good, and 797 (61%) rated Princess Royal Hospital as very good or good.

# Levels of concern around secondary care services

## Concerns over secondary care services



- Most were extremely concerned about the availability of appointments (1,098 / 42%).
- Respondents were least concerned about booking appointments through a website or app (894 / 34%).

# Experience of secondary care services – reasons for negative rating

## Overview of key themes:

Concerns over appointment waiting times

Poor quality of care

Concerns over the recruitment and retention of staff, and their attitude towards patients

Lack of car parking availability

Concerns over poor communication

# Experience of secondary care services – reasons for negative rating

**Royal Shrewsbury Hospital:** “Staff could show some interest in me as a patient. They lack motivation”.  
(80 and over, male, Shropshire)

**Princess Royal Hospital, Telford:** “Easier access by public transport from Shrewsbury and back. There is only one consultant in the whole of Shropshire who sees patients with my condition and it is not his main job so appointments are difficult to get and he is overworked, so at least one more specialist in ME/CFS [myalgic encephalomyelitis / chronic fatigue syndrome] would be the minimum to improve things”. (70 – 74, female, Shropshire)

**Ludlow Community Hospital:** “I wasn’t offered an X-ray on my leg for a month, when I did get an X-ray a stress fracture was found but I wasn’t informed for another month! The physio put in a complaint”.  
(55 – 59, female, Shropshire)

**Ludlow Community Hospital:** “More communication with patients family”.  
(60 – 64, female, Shropshire)

**Bridgnorth Community Hospital:** “Staff should have qualifications to give antibiotics since Bridgnorth have lost their GP support, instead of us having to travel 18 miles to Telford”.  
(55 – 59, female, Shropshire)

**Bridgnorth Community Hospital:** “Reception staff poor, only solution ‘bring him in’ to add to very busy department when all that was needed was a practice clinic appointment”.  
(55 – 59, female, Shropshire)

**Princess Royal Hospital, Telford:** “Better staffing levels, waiting times, doctors that are easier to understand”.  
(35 – 39, male, Telford and Wrekin)

**The Robert Jones and Agnes Hunt Orthopaedic Hospital:** “One of the best hospitals but waiting time to see consultants there is few years. Why are patients waiting 3 years for emergency back surgery? Like my friend. And after 3 years waiting, she was moved to Birmingham orthopaedic hospital where she is finally getting her operation hopefully soon”.  
(30 - 34, female, Telford and Wrekin)

**The Robert Jones and Agnes Hunt Orthopaedic Hospital:** “Too many cancelled appointments”.  
(70 – 74, female, no postcode provided)

**Royal Shrewsbury Hospital:** “Communication between staff and family members was non-existent. This needs to change. Also, please don't leave deceased patients in view of other patients”. (45 – 49 , female, no postcode provided)

No responses were received for Bishop's Castle Community Hospital and Alder Hey Children's Hospital, Liverpool

You said your overall experience of [Hospital name] was [very poor / poor / neither good nor poor].

What do you think could be done to improve your overall experience? Base: 1 - 469

# Experience of secondary care services – reasons for negative rating

**Whitchurch Community Hospital:** “Better physiotherapy, treat the patient, not everyone is the same. Again patient focus poor”.  
(70 – 74, male, Shropshire)

**Whitchurch Community Hospital:** “Have more availability for blood testing. Having to get frequent blood tests for chemo I had to travel to Shrewsbury or Telford, as I wasn't capable of booking far enough ahead to get an appointment in Whitchurch. When I did get an appointment in Whitchurch the blood letter would try and insist on using my left arm which has poor veins, and hurt a lot. When she did use my right arm, which has a really obvious vein it still was more painful and uncomfortable than any of the appointments I had elsewhere”.  
(40 – 44, female, Shropshire)

**The Redwoods Centre – inpatient mental health services:** “The acute wards need a complete overhaul from the top down. Inhumane treatment, lack of communication with family, traumatic experiences for patients, unsafe and uncaring. I would never want my son to go there again”.  
(55 – 59, female, Shropshire)

**The Redwoods Centre – inpatient mental health services:** “Nurses need to spend more time with patients”.  
(50 – 54, female, Shropshire)

**Worcestershire Royal Hospital:** “Personally its too far to travel I think we should have a large hospital in Ludlow”.  
(55 – 59, female, Shropshire)

**Other hospital:** “Waiting times must be reduced. More common-sense organisation needed - appalled at lack of it in A&E for example. Waiting room stuffed full of people but doctors sitting round chatting doing very little - even remarked upon by their colleagues. Someone needs to get a grip of it and sort it”. (75 – 79, female, Shropshire)

**New Cross Hospital, Wolverhampton:** “Lack of communication between hospital and doctors, the fact that we were sent there when our local hospital is the Princess Royal in Telford”.  
(40 – 44, female, Telford and Wrekin)

**Birmingham Children's Hospital:** “Waiting times to be seen. A&E at breaking point. Communication between hospitals and shared notes etc”.  
(35 – 39, female, Telford and Wrekin)

# Key findings across sub-groups



## Geography:

- Significantly more respondents living in the Telford and Wrekin area rated their experience of services at Princess Royal Hospital as very poor or poor, compared to those living in the Shropshire area.
- Significantly more respondents living in the Telford and Wrekin area stated they were extremely concerned about consultations or check-ups by telephone and booking appointments through a website or app, compared to those living in the Shropshire area.



## Age:

- Significantly more respondents aged over 65 stated they were extremely concerned about consultation or check-ups by video call, compared to those aged under 50.



## Limitation in day-to-day activities:

- Significantly more respondents not limited in their day-to-day activities rated their experience of services at Bridgnorth Community Hospital as very good or good, compared to those limited in their day-to-day activities.



## Deprivation:

- Significantly more respondents living in the most deprived areas (IMD quintiles 1 and 2) stated they were extremely concerned about booking appointments through a website or app, compared to those living in less deprived areas (IMD quintiles 3, 4 and 5).



## Ethnicity:

- Significantly more respondents from Asian / Asian British ethnic backgrounds stated they were extremely concerned about the availability of support and guidance for families, relatives and friends to support patients during hospital stays, compared to those from Mixed / Multi-ethnic backgrounds.



# Summary of findings on experiences of secondary care

Out of 2,174 respondents using secondary care services, most stated they have used Royal Shrewsbury Hospital. 62% of respondents rated their experience positively, and 22% rated it negatively.

The Princess Royal Hospital was rated positively by 61% of respondents and negatively by 24%.

The hospitals receiving the highest positive ratings were Alder Hey Children's Hospital and the Robert Jones and Agnes Hunt Orthopaedic Hospital.

Key areas of concern include the availability of appointments, training for health care staff around complex conditions, the availability of support for relatives and friends on how to support patients after leaving hospital, long waiting times, poor quality of care and lack of car parking.

Suggestions to improve respondent's experience of secondary care services were around recruiting more staff, improving the care provided, and improving the communication between staff and patients.

# Experiences of community services

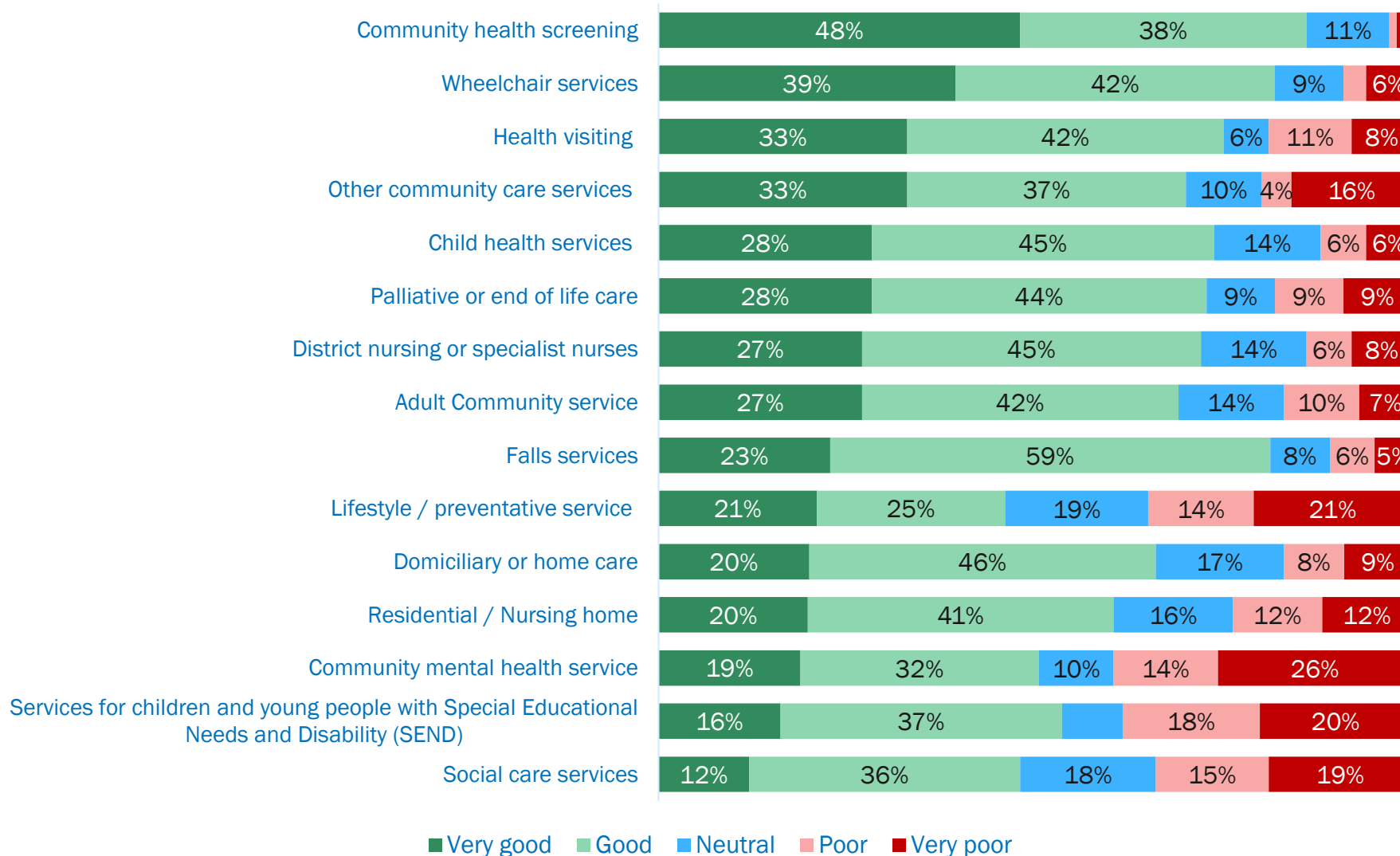
## **Key finding:**

Most community services are rated positively.



# Experience of community services - Total

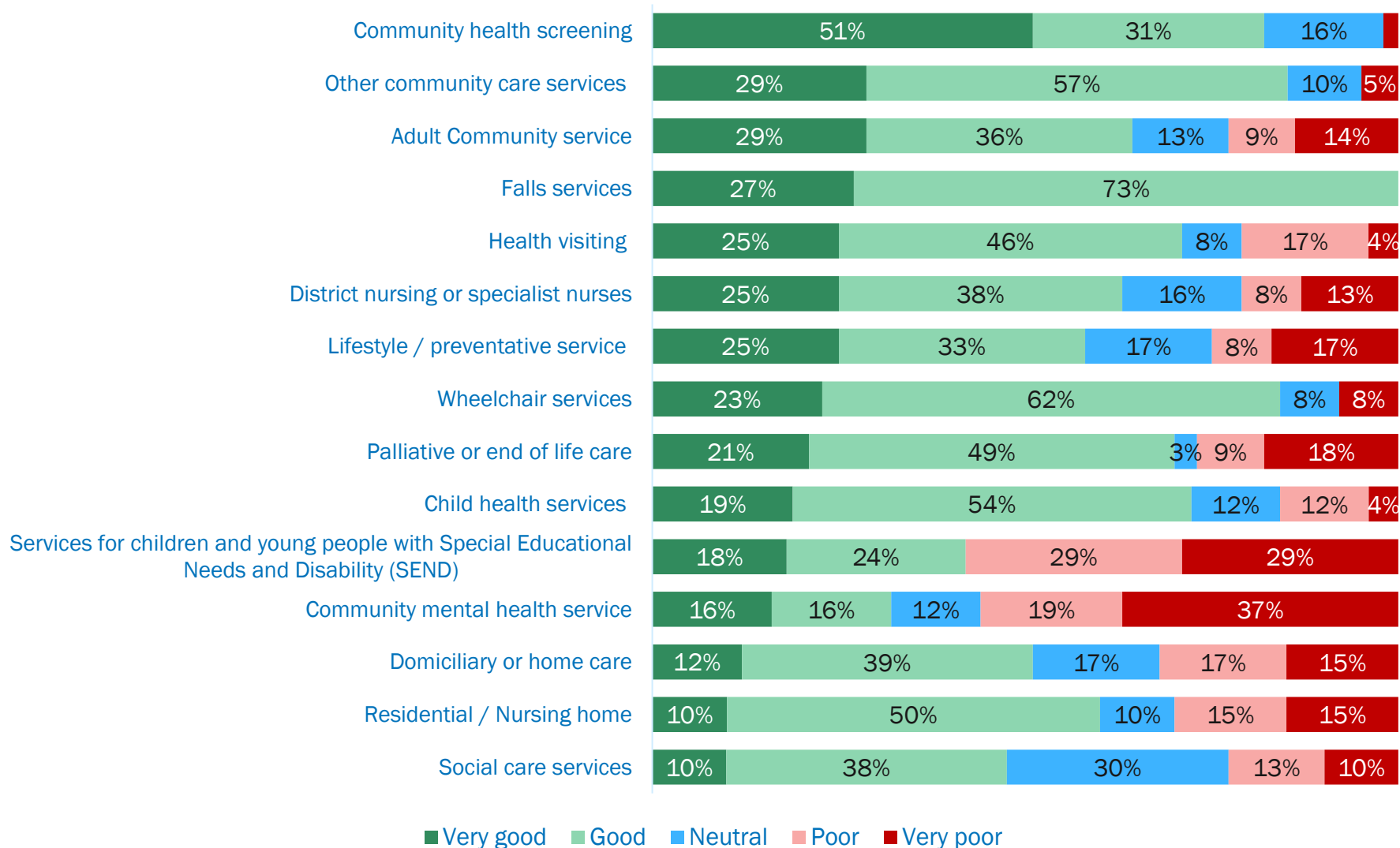
## Experience of community services



- A total of 794 used the community services, of which:
  - 141 (86%) rated community health screening as very good or good
  - 71 (82%) rated falls services
  - 27 (82%) rated wheelchair services as very good or good
- Respondents rated community mental health services (57 / 40%) as very poor or poor
- Services for children and young people with Special Educational Needs and Disability (SEND) (38 / 38%) were rated as very poor or poor.

# Experience of community services – Telford and Wrekin

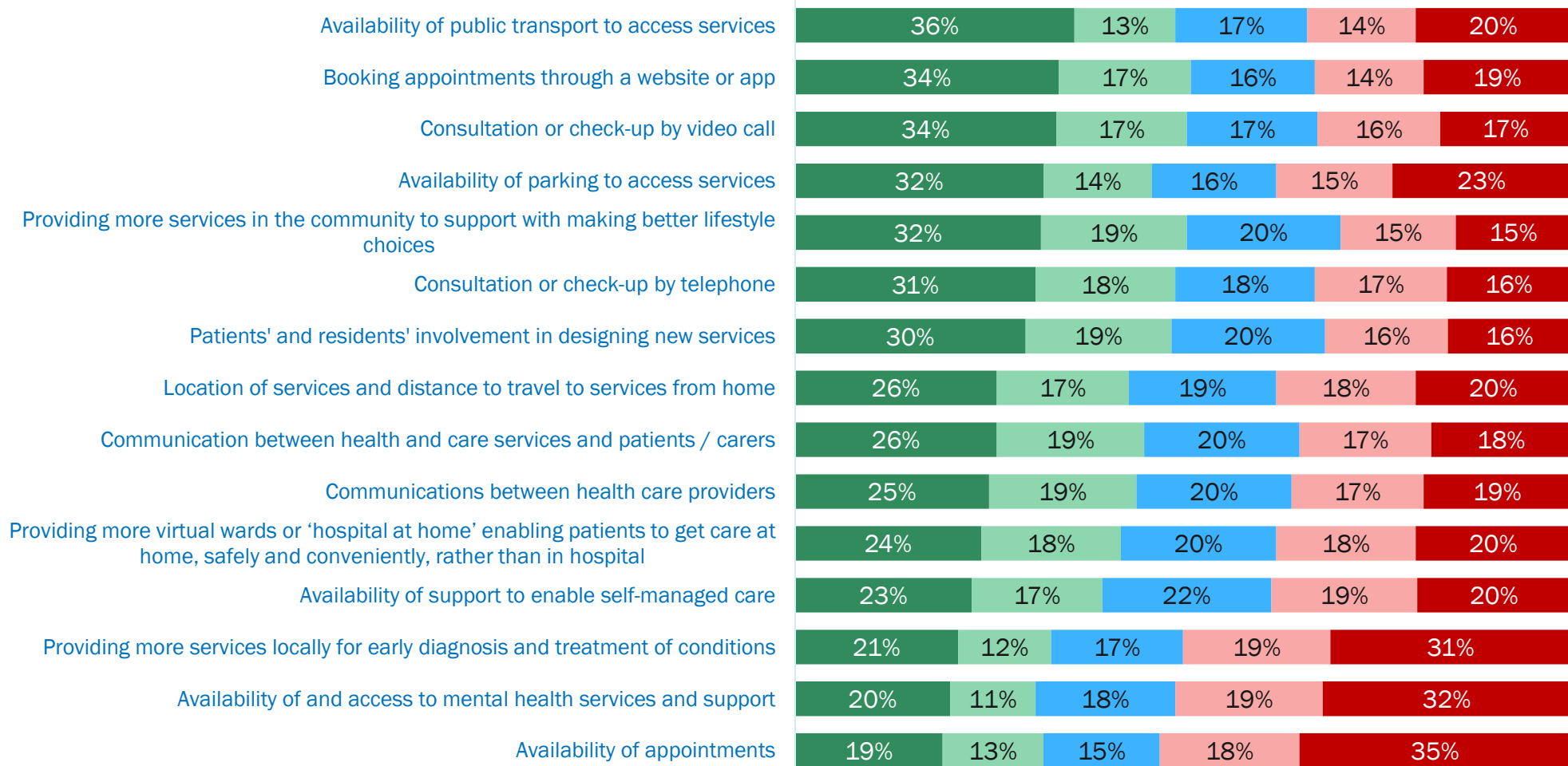
## Experience of community services



- A total of 208 respondents used the community services, of which:
  - 11 (100%) rated falls services as very good or good
  - 18 (86%) rated other community care services as very good or good
  - 11 (85%) rated wheelchair services as very good or good.
- Respondents rated services for children and young people with Special Educational Needs and Disability (SEND) (10 / 59%) as very poor or poor, and community mental health services (24 / 56%) as very poor or poor.

# Levels of concern around community services - Total

## Concerns over community services



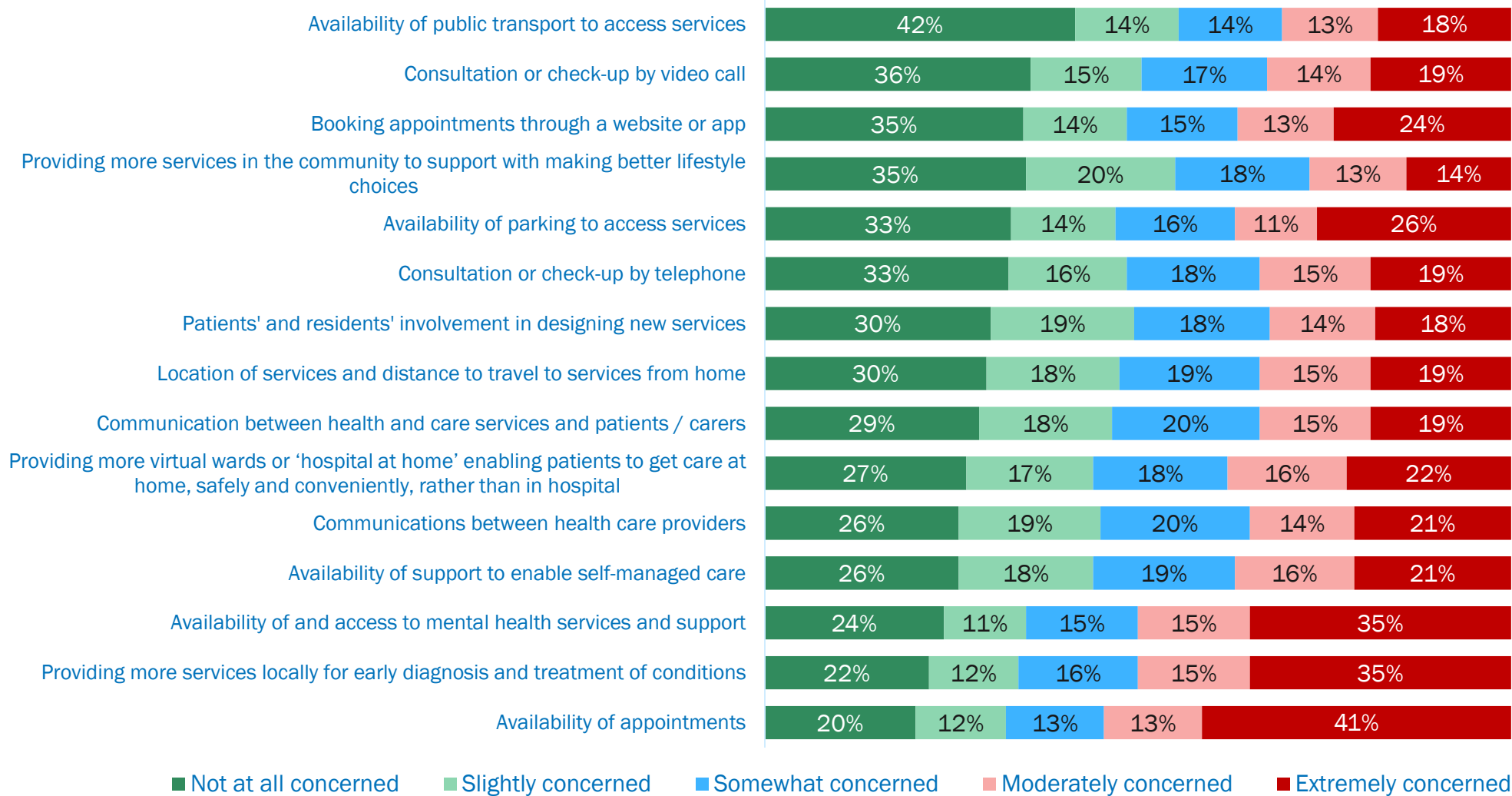
Most respondents were extremely concerned around:

- The availability of appointments (928 / 35%)
- Availability and access to mental health services and support (839 / 32%)
- Providing more services locally for early diagnosis and treatment of conditions (814 / 31%).

■ Not at all concerned   ■ Slightly concerned   ■ Somewhat concerned   ■ Moderately concerned   ■ Extremely concerned

# Levels of concern around community services – Telford and Wrekin

## Concerns over community services



Most respondents were extremely concerned around:

- Availability of appointments (285 / 41%)
- Availability and access to mental health services and support (242 / 35%)
- Providing more services locally for early diagnosis and treatment of conditions (240 / 35%).

# Experience of community services – reasons for negative rating

## Overview of key themes:

Difficulties getting appointments and long waiting times

Poor quality of care

Concerns around staff attitude and quality of service (e.g. attending appointments late)

Concerns around the lack of home visits

Lack of community screening services

Concerns around limited grants for wheelchair services

# Experience of community services – reasons for negative rating

## Key themes:

### Child health services



Need for more available appointments  
(6 / 22%)

### Services for children and young people with special educational needs and disability (SEND)



Concern over long waiting times  
(9 / 27%)

### Adult community service



Concern over difficulty getting an appointment  
(8 / 15%)

### Palliative or end of life care



Concern over lack of support and care  
(8 / 32%)

### Domiciliary or home care



Concern over staff not turning up to the appointment  
(7 / 18%)

### District nursing or specialist nurses



Concern over lack of home visits (e.g. nurse doesn't turn up)  
(12 / 24%)

### Health visiting



Concern over lack of care and support  
(7 / 30%)

### Falls services



Concern over quality of care (e.g. patient fell under their supervision)  
(4 / 36%)

### Community health screening



Need for more screening services (e.g. more general screenings, walk-in screenings)  
(3 / 25%)

### Community health screening



Concern over long waiting times  
(3 / 25%)



# Experience of community services – reasons for negative rating

## Key themes:

### Community mental health service



Concern over long waiting times (e.g. waiting for years)  
(20 / 32%)

### Residential / nursing home



The care received was poor  
(9 / 29%)

### Social care services



Concern over difficulty getting the help needed (e.g. mental health support, home support)  
(16 / 29%)

### Wheelchair services



Wheelchair grant is insufficient  
(3 / 60%)

### Lifestyle / preventative service



Concern over lack of support and care  
(9 / 31%)

### Other community care services



Concern over lack of support  
(6 / 40%)

# Experience of community services – reasons for negative rating – Telford and Wrekin

## Community mental health service:

“Extremely long waiting lists and same inappropriate treatment plans offered by untrained staff unable to diagnose”.

**(50 – 54, female, Telford and Wrekin)**

## Lifestyle / preventative services:

“Would prefer face-to-face not very good with doing things on computer. So would prefer seeing someone face-to-face”.

**(55 – 59, female, Telford and Wrekin)**

## Adult community service:

“More appointments or more time with specialist”.

**(80 and over, male, Telford and Wrekin)**

## District nursing or specialist nurses:

“More staff”.

**(55 – 59, male, Telford and Wrekin)**

## Domiciliary or home care:

“Complete lack of coordination between services and commissioning needs to be done properly”.

**(75 – 79, male, no postcode provided)**

# Key findings across sub-groups



## Geography:

- Significantly more respondents living in the Telford and Wrekin area stated they were extremely concerned about consultations or check-ups by telephone and about booking appointments through a website or app, compared to those living in the Shropshire area.



## Age:

- Significantly more respondents aged under 35 rated palliative or end of life care and community mental health services as very good or good, compared to those aged between 50 and 64.



## Limitation in day-to-day activities:

- Significantly more respondents limited in their day-to-day activities rated community mental health services and services for children and young people with Special Educational Needs and Disability (SEND) as very poor or poor, compared to those not limited in their day-to-day activities.



## Deprivation:

- Significantly more respondents in more deprived areas (IMD quintiles 2 and 3) stated they were extremely concerned about the location of services and distance to travel to services from home, compared to those living in the least deprived areas (IMD quintile 5).



## Ethnicity:

- Significantly more respondents from White ethnic backgrounds stated they were extremely concerned about the availability of, and access to, mental health services and support, compared to those from Mixed / Multi-ethnic and Asian / Asian British ethnic backgrounds.

# Summary of findings on experiences of community services

Out of 794 respondents using community services, most stated they have used adult community services (26%) and district nursing or specialist nursing services (26%).

Community services with the highest positive ratings were community health screening, wheelchair services and health visiting services. While services with the highest negative ratings were community mental health services, services for children and young people with special education needs, lifestyle / preventative services and social care services.

Key areas of concern include the availability of appointments, availability and access to mental health services and support, providing more services locally for earlier diagnosis and treatment, long waiting times, lack of care, staff not turning up to appointments and lack of home visits.

Suggestions to improve respondent's experience of community care services were to ensure more appointments are available and the need to provide more screening services.

# Using technology to provide and access health and care services

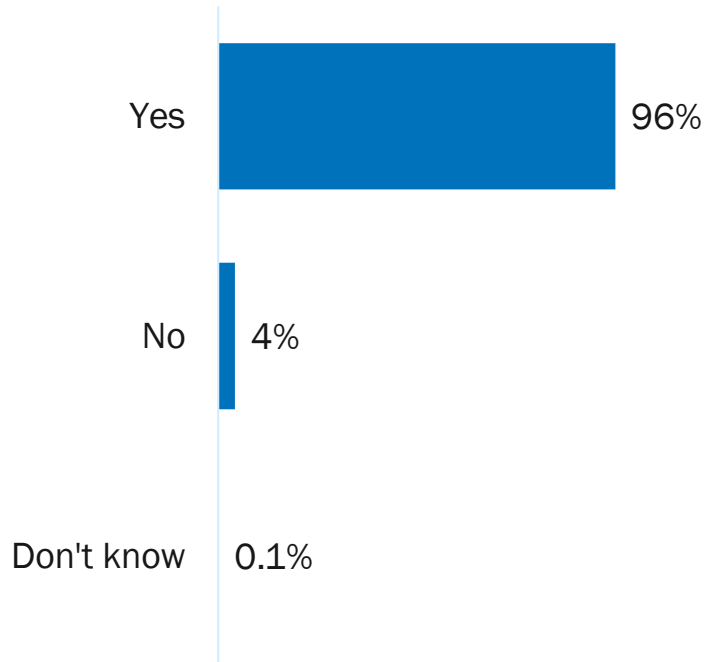
## **Key finding:**

Opinions are split on the use of technology to access health and care services.



# Using technology to provide and access health and care services

## Access to broadband at home



## Other locations respondents have access to internet



Home of a family member or friend  
(1,683 / 64%)



Pubs, cafes or restaurants  
(1,323 / 50%)

## Tasks done the most online or via an app



Order medication  
(1,552 / 59%)



Book health appointments  
(1,326 / 51%)

## What makes respondents feel more comfortable using technology



Written instructions  
(807 / 42%)



Video instructions  
(532 / 28%)

Do you have broadband at home? Base: 2,627

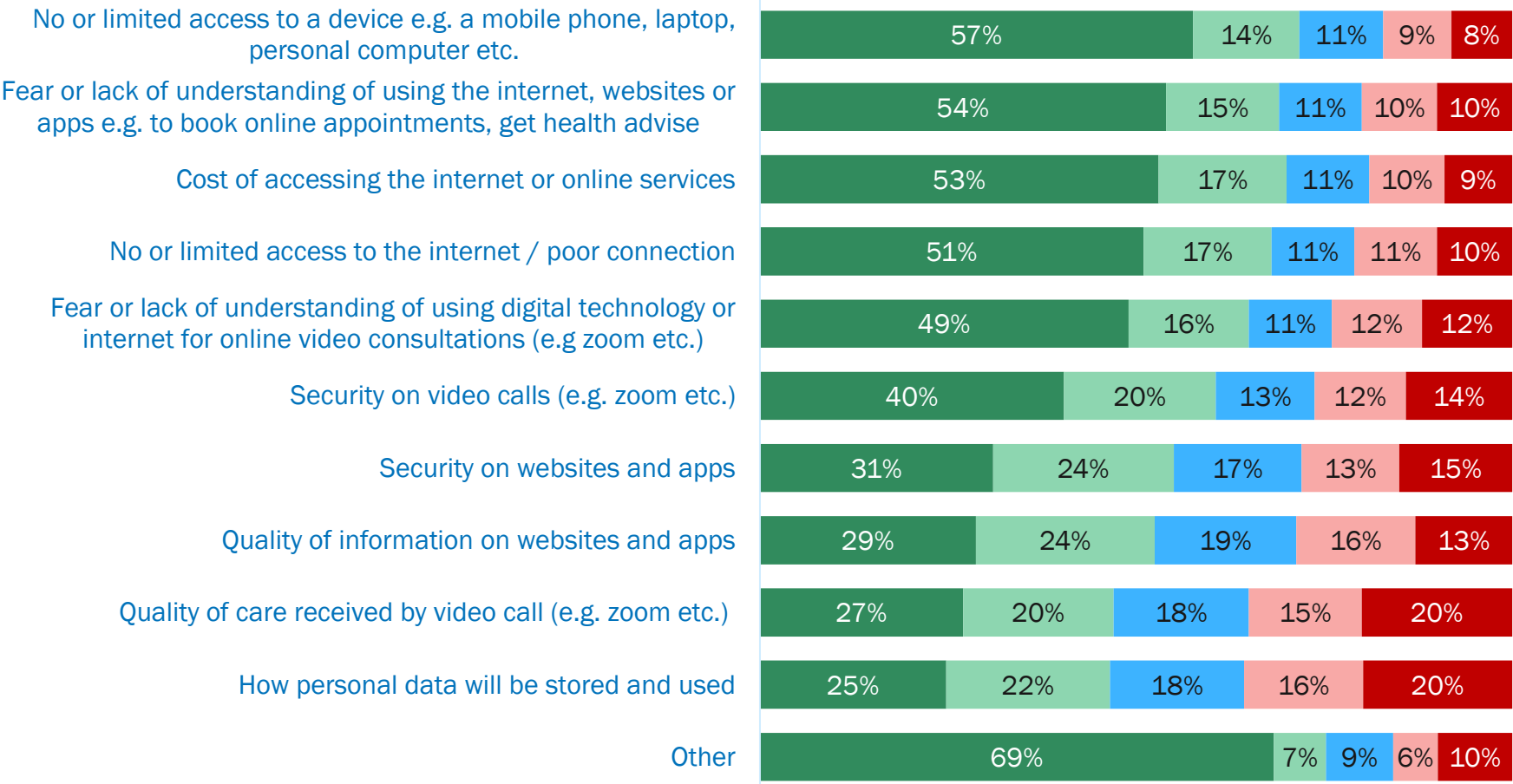
Do you access wi-fi in any of these locations? Base: 2,627

Which of the following have you done online or via an app? Base: 2,627

How could we make you feel more comfortable using technology to access health and care services? Base: 1,931

# Levels of concern around using technology to provide and access health and care services

## Concerns around using technology



- Most respondents were extremely concerned about how personal data would be stored and used (520 / 20%) and the quality of care received by video call (513 / 20%).

■ Not at all concerned   ■ Slightly concerned   ■ Somewhat concerned   ■ Moderately concerned   ■ Extremely concerned

# Key findings across sub-groups



## Geography:

- Significantly more respondents living in the Telford and Wrekin area stated they were extremely concerned about fear or lack of understanding of using the internet, websites or apps and about the quality of care received by video call, compared to those living in the Shropshire area.



## Age:

- Significantly more respondents across all ages stated they were extremely concerned about fear or lack of understanding of using the internet, websites or apps, compared to those aged between 35 and 49.



## Limitation in day-to-day activities:

- Significantly more respondents limited in their day-to-day activities stated they were extremely concerned about the quality of care received by video call, compared to those not limited in their day-to-day activities.



## Deprivation:

- Significantly more respondents living in less deprived areas (IMD quintile 4) stated they were not concerned about the security of video calls, when compared to those living in the most deprived areas (IMD quintile 1).
- Significantly more respondents living in in the most deprived areas (IMD quintile 1) stated they were extremely concerned about the security on websites and apps, compared to those living in all other areas (IMD quintiles 2, 3, 4 and 5).



## Ethnicity:

- Significantly more respondents from Mixed / Multi-ethnic and Asian / Asian British ethnic background stated they did not have broadband at home, compared to those from White ethnic backgrounds.



# Summary findings

Out of 2,627 respondents, 89% stated they have a smart phone that can access the internet, while 70% stated they have a personal computer or laptop.

Most respondents stated they access the internet using their smartphones, tablets or personal computer or laptop. Respondents either use their own broadband at home, the broadband at a family member's or a friend's house, and at pubs, cafés or restaurants.

The tasks that were most commonly completed online or via an app are ordering medication, booking health appointments, and finding information about medication.

Suggestions for making respondents more comfortable using technology to access health care services included providing written or video instructions.

Key areas of concern around using technology to provide and access health and care services included how personal data would be stored and used, quality of care received through virtual methods, and the security of websites and apps.

# Living well and self-care

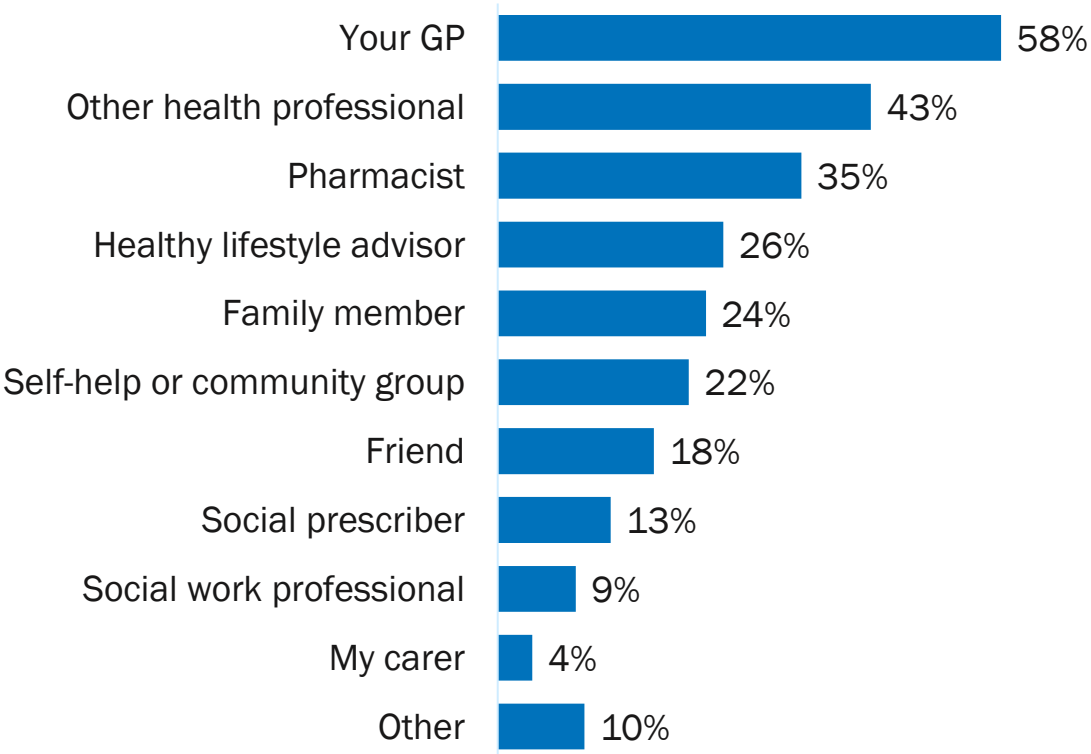
## **Key finding:**

GPs are considered the best people to provide advice and guidance on self-care and how to make lifestyle changes.

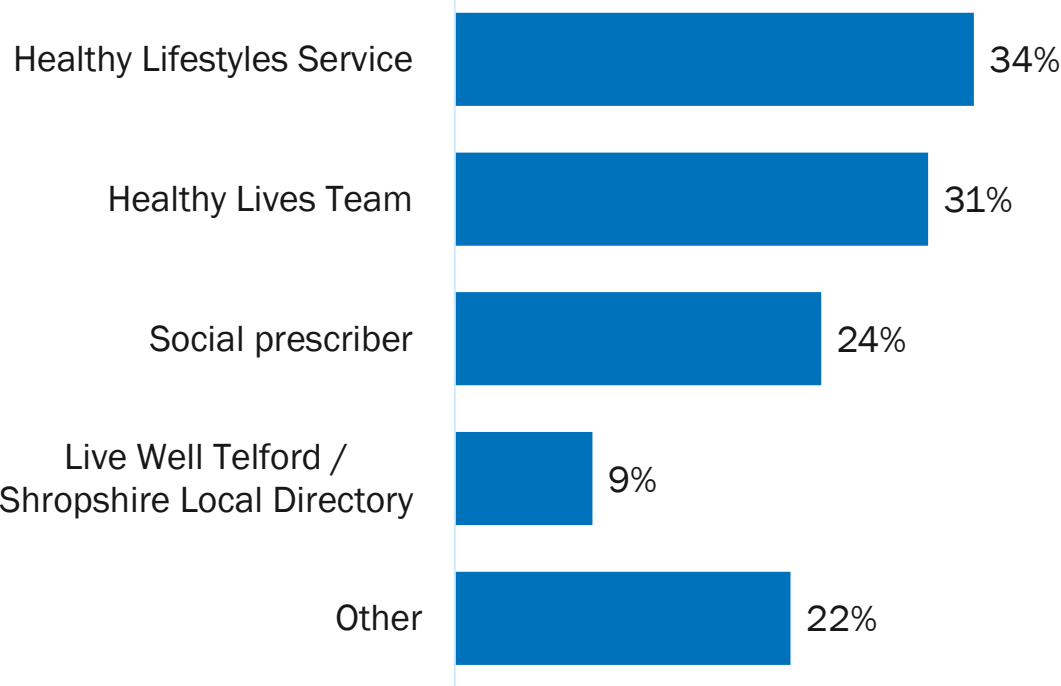


# Living well and self-care - Total

### Best services at providing advice



### Services used for self-care or make lifestyle change



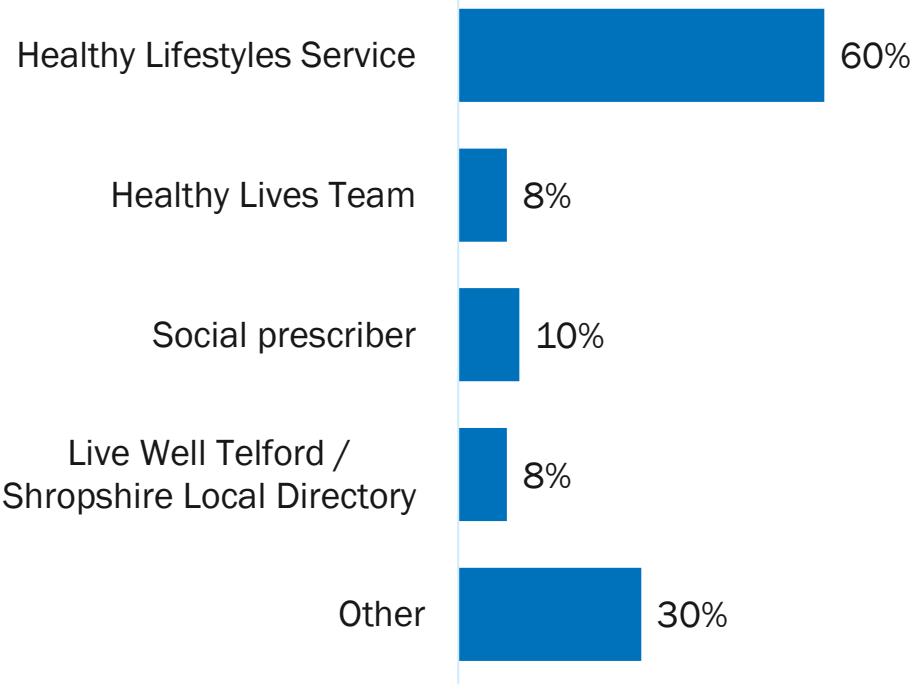
Which of the following do you think are best at providing you with advice about self-care and making lifestyle changes? Base: 2,627  
Where were you signposted to? Base: 496

# Living well and self-care – Telford and Wrekin

Best services at providing advice



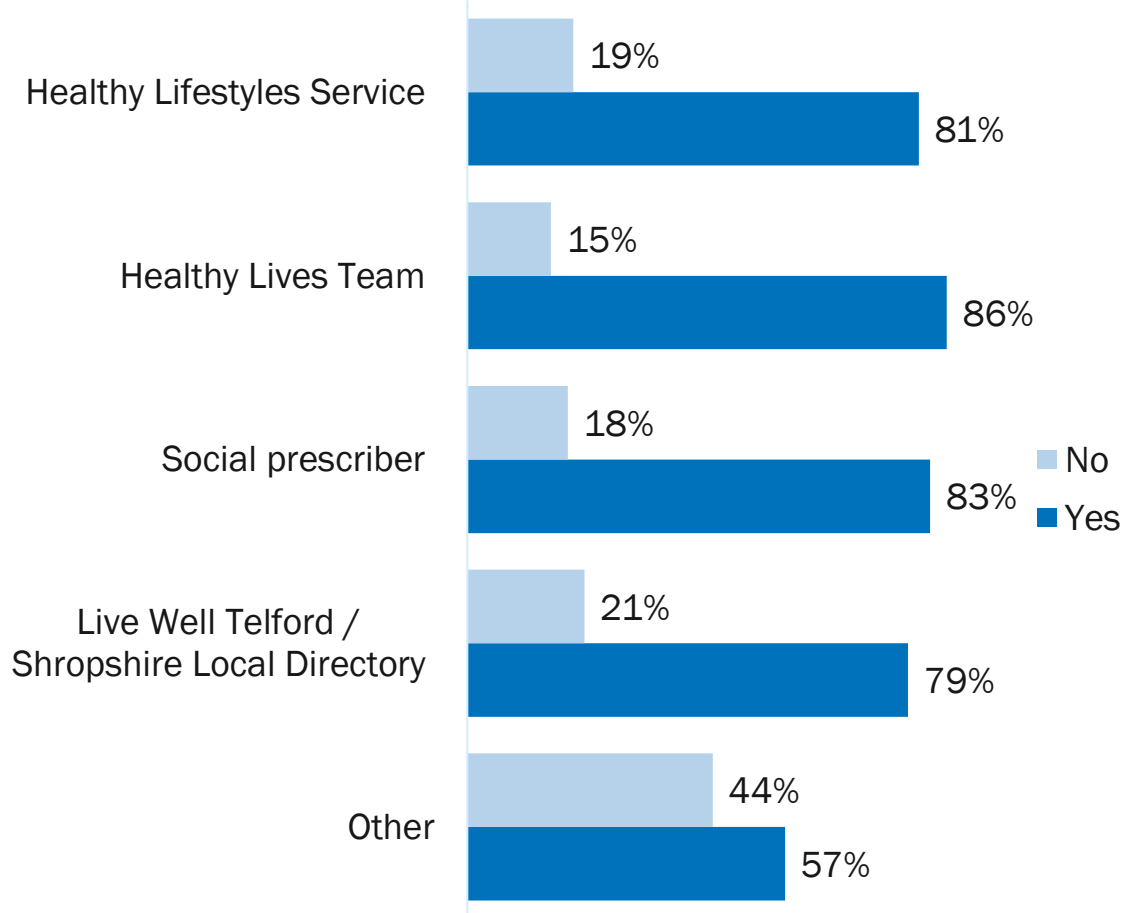
Services used for self-care or make lifestyle change



Which of the following do you think are best at providing you with advice about self-care and making lifestyle changes? Base: 693  
 Where were you signposted to? Base: 106

# Living well and self-care - Total

Was the service helpful at providing self-care advice or helping with a lifestyle change?



NHS signposting to service to support with self-care or make lifestyle changes



Yes  
(496 / 19%)



No  
(2,131 / 81%)

Where to access information, advice and support for self-care and healthy lifestyle



GP practice  
(1,439 / 55%)



Social media  
(1,410 / 54%)

Did the service support you to make a lifestyle change? Base: 167 - 43

Over the last 2 years has the NHS signposted you or someone you care for to support for self-care or to make lifestyle changes? Base: 2,627

Where would you like to access information, advice and support for self-care and healthy lifestyles? Base: 2,627

# Key findings across sub-groups



## Age:

- Significantly more respondents aged over 50 stated they did not receive support for self-care or to make lifestyle changes, compared to those aged under 50.



## Limitation in day-to-day activities:

- Significantly more respondents not limited in their day-to-day activities stated the support received from Healthy Lifestyles Services helped them to make a lifestyle change, compared to those limited in their day-to-day activities.



## Deprivation:

- Significantly more respondents living in lesser deprived areas (IMD quintiles 2, 3, 4 and 5) stated they did not receive support for self-care or to make lifestyle changes, compared to those living in the most deprived areas.



## Ethnicity:

- Significantly more respondents from Mixed / Multi-ethnic and Asian / Asian British ethnic background stated they were signed posted for support to self-care or to make lifestyle changes in the last two years, compared to those from White ethnic backgrounds.

# Summary findings

Most respondents stated their GP, other health professionals and their pharmacists were the best professionals from whom to get advice for self-care and making a lifestyle change.

Out of 2,627 respondents, 19% were signposted to self-care advice or support to make a lifestyle change, while 81% did not receive support.

Out of 496 respondents who received support, most stated they received it through the Healthy Lifestyles Service, Healthy Lives Team and social prescribers. Most respondents stated the Healthy Lives Team and social prescriber services helped them to make a change.

When asked where they like to access advice and support to self-care and make a lifestyle change, most respondents highlighted their GP practice or social media.

When asked how respondents could make a lifestyle change, the most commonly raised themes were around doing more physical activity and eating a healthy diet.

# Recommendations and Next Steps





# Recommendations

The insight and intelligence gathered should be used to inform commissioning intentions, service development plans and strategies. Further qualitative research may be required to understand some of the views in more detail, especially with sub-groups.



Keep people informed about appointment availability and waiting times and support them if required. Improve communication with patients and between services, review patient travel requirements to access care, especially those from deprived communities.



A recurring theme from the feedback was respondents' difficulty in accessing appointments across all services. This could be addressed through greater access to virtual services like online booking systems and video/telephone appointments.



Explore how we can raise awareness of services to help people live well and look after themselves. Ask more services and front-line staff to share information about these services with their patients during consultations.



Although the findings showed that many people have internet access, there is a need to explore how people who cannot access the internet can be given the same opportunities to access services and those that are not confident are supported.



A recurring theme from all the feedback channels was episodes of poor-quality care received by patients across primary, secondary and community services. We need to understand more what patients consider a 'high-quality' service and share this learning among organisations and staff.



# Next Steps

The insight and intelligence gathered should be used to inform commissioning intentions, service development plans and strategies. Further qualitative research may be required to understand some of the views in more detail, especially with sub-groups.



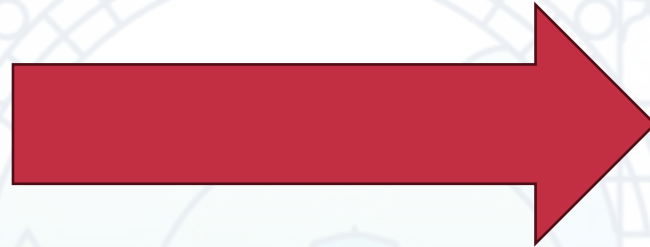
Data has been broken down to PCN level and provided to PCN clinical leads



Data has been broken down by provider and provided to Directors of strategy and patient participation leads



Data is being used to inform Integrated Neighbour Teams development and the ICB rural health strategy



Data has been provided to the relevant commissioning team and is being reviewed to identify any gaps that may require further engagement.

# Next Steps

Continue to develop our partnership approach to engagement work with LAs and VCSE to ensure we reduce duplication, increase capacity, maximise resources, and better meet the needs of our residents.



Refresh the Integrated Care Strategy and Joint Forward Plan in light of the insight gathered via the Big conversation.





**Integrated  
Care System**  
Shropshire, Telford and Wrekin



**Shropshire, Telford  
and Wrekin**

**Thank You**