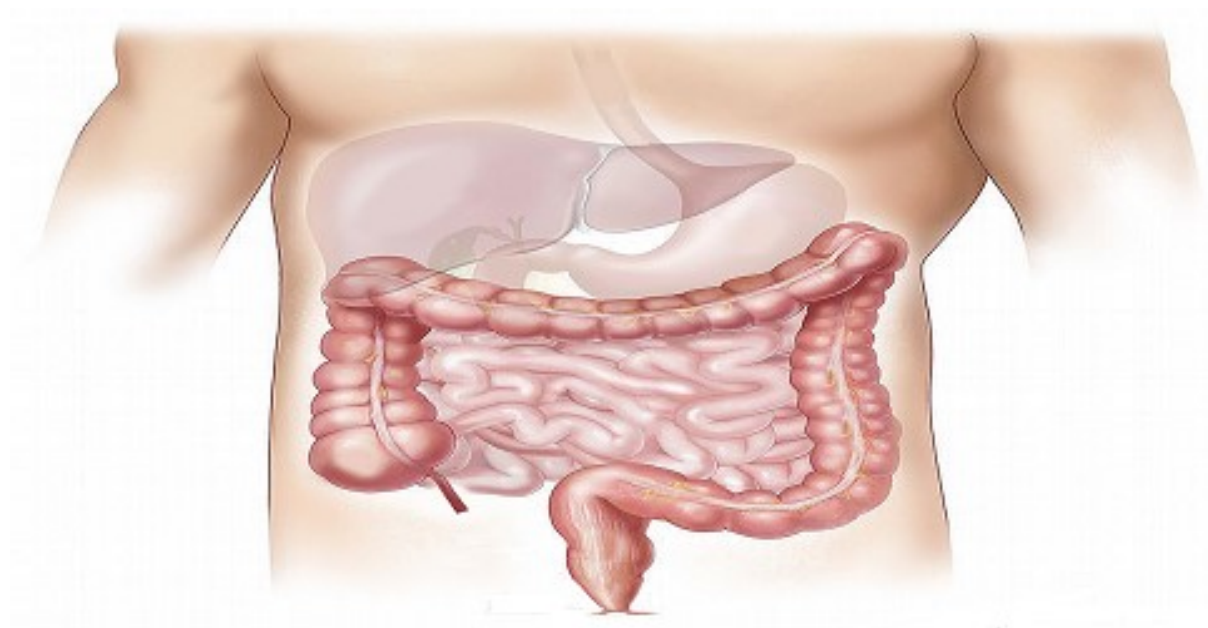


Community Gastroenterology Services in Wakefield district



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We would like to thank everyone who has given up their time to share their views as part of this engagement.

What did we do and why?

Before buying Gastroenterology service on behalf of our patients, we wanted to hear from them about their experience of using the services. The project looked at non-urgent services only and did not include cancer services, urgent care and care when staying in a hospital.

We asked those who have seen a consultant as an outpatient in a hospital or other setting and/or who have had a diagnostic test like an endoscopy or colonoscopy to tell us about their experience.

We would like to thank all who gave up their time to come and share their thoughts with us.

What did we ask and what did people tell us?

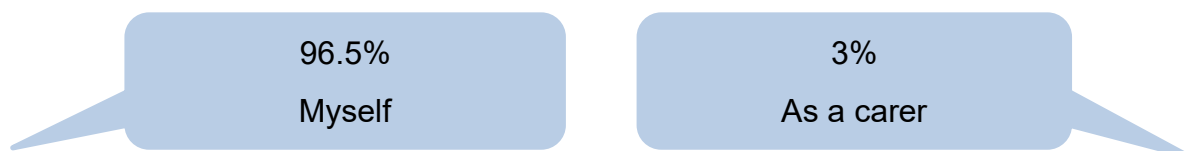
We used a survey to capture the views of those using the local services. This was shared by those who provide the services at the moment as well as shared via the CCG's database of contacts, social media, website and made available at clinics.

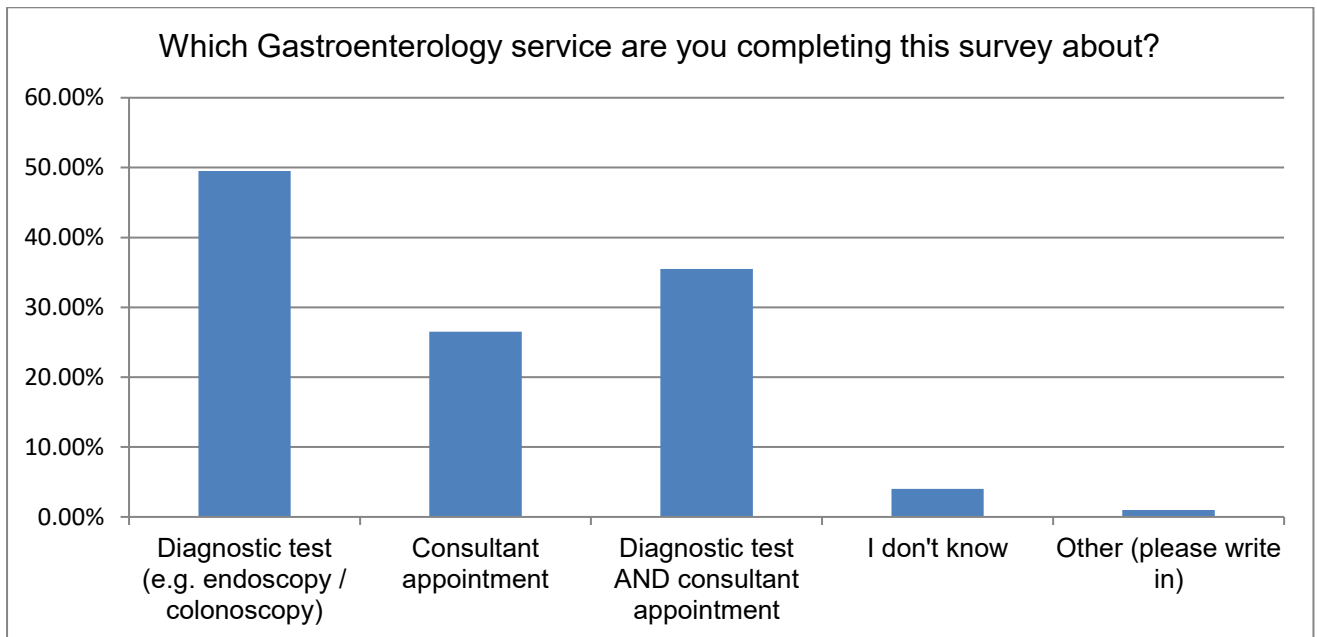
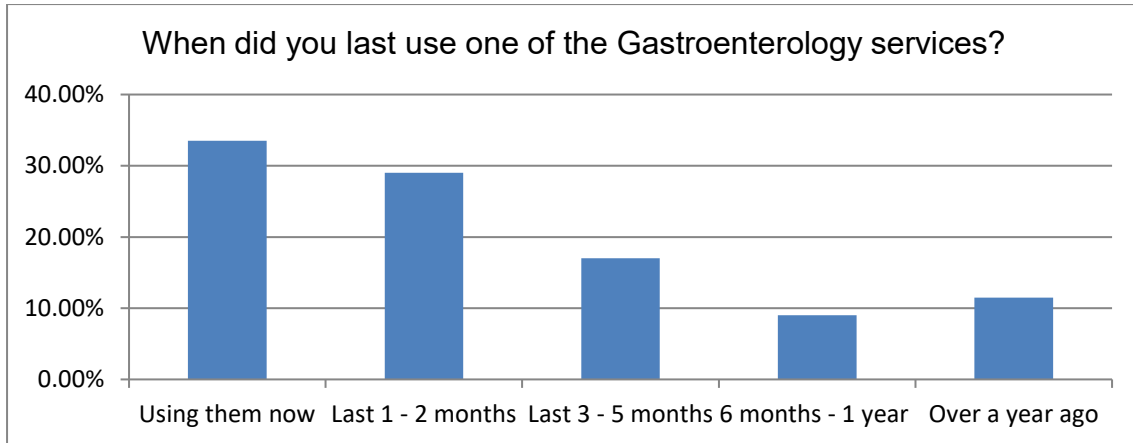
We received 200 surveys and additional three which came after the analysis of responses started.

During the engagement period, we provided regular updates to the project team as one of the aspects informing the plans going forward.

Below are the findings from public engagement. Separate engagement was held with clinicians and independent providers to seek their views.

Who responded?





In terms of where patients accessed the services:

Location	Responses	
The Grange Surgery, Hemsworth	19.50%	39
White Rose Surgery, South Elmsall	65.50%	131
Northgate Surgery, Pontefract	2.50%	5
Pontefract Hospital	9.50%	19
Pinderfields Hospital	9.50%	19
Dewsbury Hospital	4.50%	9
Other (please write in)	4.50%	9

In terms of the 'other' responses, these included Phoenix at South Elmsall (2), Calderdale and Huddersfield Hospital Trust, Northern General Hospital, The Grove, Living Care in Leeds and Spire Leeds.

What did patients feel worked well?

118 comments were received to this question.

The feedback generated the following themes:

Staff (88 comments):

- Almost half of the comments (41) related to the member of staff who patients noted as being a positive aspect in their care. This included comments of 'staff', consultant and nurses in majority.
- Staff attitude (44) was also noted, with friendly, putting patient at ease and caring accounting for over a half of comments (25). Further 19 comments were in respect of staff being professional, efficient and well organised.
- Continuity of consultant was noted by three respondents.

Appointments (63)

- Appointment – waiting times – 18
- Appointment – timing including evening/weekend appointments/being flexible – 14
- Appointment – attending incl running on time – 10
- Process from referral to diagnosis – quick/smooth - 5
- Appointment – referral - 3
- Appointment – booking - 3
- Appointment – waiting times between consultant-procedure – 3
- Appointment – during the appointment - 2
- Appointment – waiting times consultant appt after procedure - 2
- Appointments – follow up
- Appointment – waiting times between GP-blood test-consultant
- Appointments – offered telephone consultation

Level of service (45)

Location (28)

- Location - 7
- Location – distance - 8
- Location – was good not to be in a hospital setting/good in community setting - 6
- Location – easier to attend in a GP practice/convenient - 3
- Parking - 3

- Prepared to travel longer distance for shorter waiting times

Communication (22)

- Informative / explain - 10
- Communication with staff/being listened to – 6
- Communication – procedure explained - 3
- Communication between staff
- Communication – reminders text
- Communication – quick results

Care (20)

- Procedure (10) – good / went better than expected/easier (8), good aftercare (2)
- Great patient care / being treated with care and dignity - 8
- Made me feel comfortable and relaxed
- Patient needs are met

Environment (6)

- Environment – calm – 3
- Environment – clean - 2
- Pleasant practice

13 comments in this section related to negative experience, with the key themes being issues with appointments not being made efficiently and distance to travel.

What did patients feel didn't work so well?

104 comments were given to this question with 31 comments noting there was nothing that didn't work and further 25 noting that the service was good or excellent. 11 respondents stated that this question was not relevant to them.

Of the remaining comments, the following themes were identified:

- Appointments (20) – long wait (7), waits at clinics (3), would prefer phone appointments (3), length of appointment (2), communication about appointment, short notice, lack of information during appointment, frequency whilst in pain and consultant not being available and clinic being covered by a nurse
- Communication (11) – this theme included a mixture of not being listened to, not having enough information about procedure, letters/results following an appointment, patient notes not being available to the consultant and completing forms after surgery being uncomfortable.
- Location (9)

- Attitude of consultant (6)
- Dissatisfied with hospital care (3)
- Procedure (4) – attracted a mixture of feeling rushed, being uncomfortable, infection prevention and control steps not being followed by a nurse during blood test, samples and blood tests not working
- Outcomes (4) – again, this composed of a mixture of comments including not having a diagnosis and being in pain or living with symptoms longer term

Suggestions given by patients:

- To receive a reminder email/letter/text regarding blood tests prior to consultant appointment
- Could combine aspects of care into one visit, saving time for patient and nurse
- Automatic appointment for pre op to be booked closer to the procedure – would indicate to employer that this is part of a hospital appointment and allow patient to have paid time off to attend
- Diet requirements prior to a procedure could be explained at bowel prep appointment

Linking to this question, we asked patients for their thoughts on **what could be improved**. 102 comments were received. Of these, 54 comments stated that nothing could be improved or that all was ok with the service patients received. Five patients noted that this question was not applicable to them.

Of the remaining comments, the following themes arose:

Communication (15), including:

- Patient being listened to – 3
- Communication between consultant and GP to update GP - 2
- GP to have ongoing care plan as can't be discharged from consultant care. Scans could be performed in primary care and made available for consultant appointments.
- Follow up letters
- Date of follow up appointments given when seeing consultant
- Being able to reach the service, not messaging facility
- Appointment status
- Patient notes to be available ahead of procedure
- Take time to fully explain procedure/what to do
- Give time for patient to explain or ask
- Discuss long term complications, not just infection
- More information in easy to understand format

Location (10), with the majority noting for the service to be local or remain local and one person stating for it to be in a hospital setting.

Waiting times (8), including:

- Waiting time from referral to first appointment - 3
- Waiting time for procedure / pre op - 2
- Waiting time after procedure for treatment
- Waiting time at clinic
- Phone appointments

Staff (8), which included having more (2), their skill and ability to consider options other than medication only (2), attitude and compassion (2), communication skills and improved infection prevention and control protocols

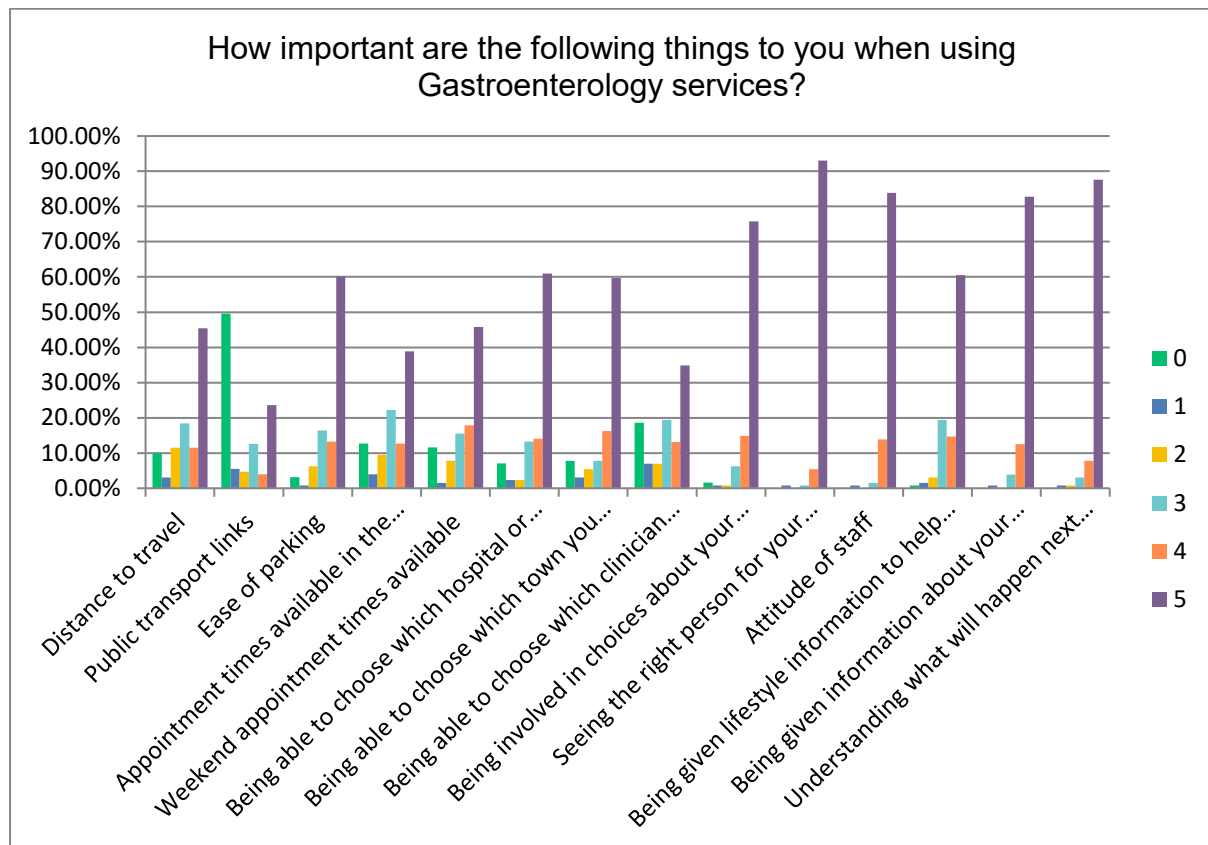
Other

- More tests - 2
- My health
- Aftercare check up if on steroids
- Performance monitor community providers
- Establish patient's needs early on
- Better knowledge
- Pain / discomfort management
- Understand emotional impact of gastro issues
- Consider anxiety when preparing for procedure

We asked people to tell us **how important the following were** to them. They were asked to score this from 0 to 5, where 0 wasn't important at all.

- Distance to travel
- Public transport links
- Ease of parking
- Appointment times available in the evening
- Weekend appointment times available
- Being able to choose which hospital or other setting provides your care
- Being able to choose which town you are seen at
- Being able to choose which clinician you see
- Being involved in choices about your care / treatment
- Seeing the right person for your treatment
- Attitude of staff
- Being given lifestyle information to help you look after yourself
- Being given information about your condition
- Understanding what will happen next with your care

The following chart shows that, apart from public transport links, all options were getting the maximum value as the largest proportion of responses. Overall, the most important and highest scoring option was 'seeing the right person for your treatment' (93.08%), followed by 'understanding what will happen next with your care' (87.60%). The third most chosen option was 'attitude of staff' (83.85%), which was very closely followed by 'being given information about your condition' (82.81%).



When patients were asked to choose their **top three priorities**, they selected seeing the right person for their condition and treatment as the top choice (31.78% or those selecting it as top priority). This reflected the previous question of scoring the importance of various aspects of the patient's journey.

Being given information about their condition attracted the most answers both as choice two and choice three (17.19% and 19.05% respectively). The same pattern of equal responses was also present when looking at the next most chosen options, with 'being involved about the choices of care/treatment' and 'seeing the right person for treatment' scoring exactly the same.

We have asked patients to let us know whether there was **anything further** they would like to add and 58 comments were received.

- Good/excellent service – 27
- Staff positive comments - 8

- Short waiting time for appointment or referral (3); very long waiting time for appointment / treatment (2), and appointment booking centre not able to offer appointments before 18 weeks
- Good level of explanation to patient – 3
- Information - more information about how to selfcare (2); more information about symptoms, and patient not given information about next steps so using GP again
- Referral pathway into the service difficult, and different pathway followed by different clinician
- Poor service
- Improved GP training could result in earlier diagnosis
- Quality of clinician is more important than location
- Patient being listened to
- Consultant shouldn't medicalise
- Location
- Lack of communication about appointments
- Need to treat patients as individuals and respond to their varied needs, be in information, reassurance
- Link current research to practice
- Consider patient/consultant forum as part of symptom management
- Thank you
- Access to dietician would be beneficial
- Need to be able to access care team for advice
- Not sure where will be seen next having been to more than one location
- Good to be able to call IBD team for advice without GP referral
- Having diagnosis is important

We asked patients about how important are aspects of choice to them, choosing what is in first, second, third and fourth place for them. The responses are indicated in the table below and the feedback scored the statements as:

1. I am seen in the right place for my condition / treatment
2. I choose which local hospital / provider delivers my care
3. I choose where I receive my care (location)
4. I can receive care close to home

How important is...?	1		2		3		4		Total	Score
I choose which local hospital / provider delivers my care	21.05%	24	36.84%	42	16.67%	19	25.44%	29	114	2.54
I choose where I receive my care (location)	7.76%	9	29.31%	34	50.00%	58	12.93%	15	116	2.32

I can receive care close to home	11.40%	13	26.32%	30	21.93%	25	40.35%	46	114	2.09
I am seen in the right place for my condition / treatment	62.70%	79	9.52%	12	11.90%	15	15.87%	20	126	3.19

Key themes

1. When looking at what makes a patient's experience positive, the majority of comments related to staff. This was linked to who made the experience positive as well as the attitude they demonstrated.
2. Appointments played an important role in how patients felt about their experience, with short waiting times, flexibility and timing and the smooth transition from referral to treatment all contributing.
3. Level of service and location of service was also important in contributing to positive experience.
4. Patients appreciated receiving explanations and information of the process, procedure and condition.
5. Receiving good care also contributed to what patients felt worked well.
6. The areas for improvement included appointments, communication, location and attitude of staff as the key aspects where patients felt improvement could have been made.
7. In terms of the areas patients felt could have been improved, this included communication, location and waiting times as key aspects.

Equality report

The survey returns have been analysed to understand if the sample who responded effectively represent the community of Wakefield, when compared to the census 2011 data. Where gaps exist, these have been highlighted.

The returns have also been analysed to understand if any equality groups felt differently than other respondents about Gastroenterology services. This was only done for groups where there were enough numbers to understand if themes were emerging.

The free text responses were also analysed to see if any comments relating to equality have been made.

200 people fully or partially completed the equality monitoring form. It should be noted that the service review was for adults and patients were targeted primarily via current service providers, therefore, the snapshot is in majority of those who access the services at the time of the engagement.

Who is the equality data about?	Survey respondents %	Survey respondents No
Me	98.41%	124
Someone else - using their information	1.59%	2

Postcodes

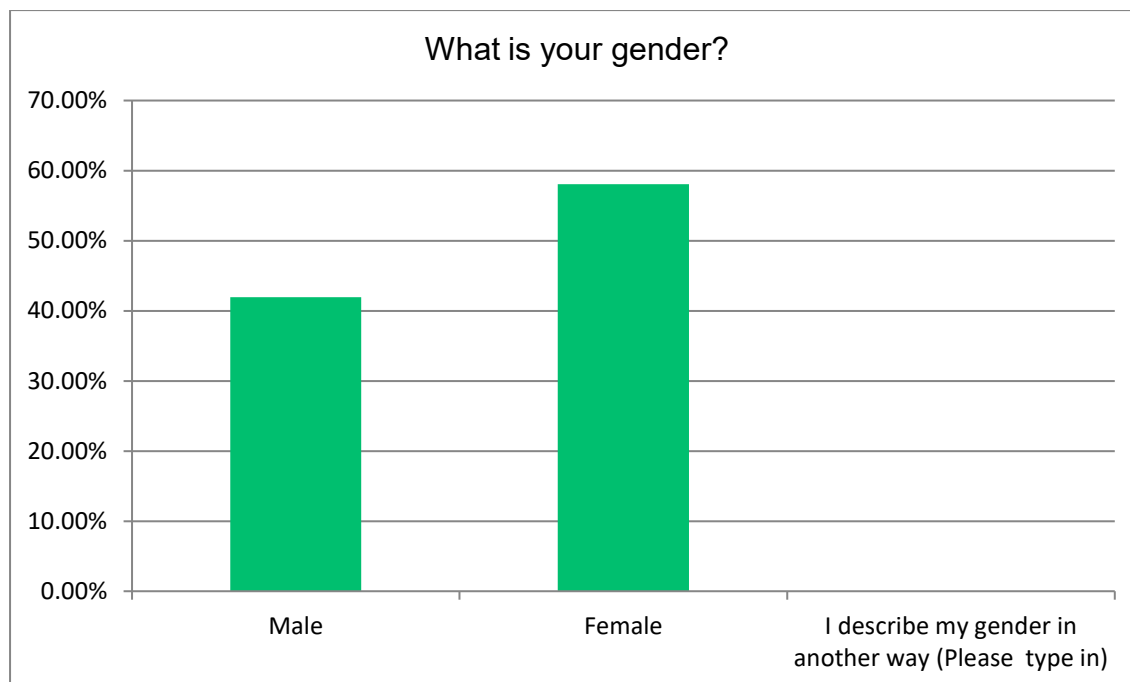
119 people provided their postcodes. The majority coming from WF9, this relates to the Pontefract area; Badsworth, Fitzwilliam, Hemsworth, Kinsley, South Elmsall, South Kirkby, Upton, and Wentbridge. It is notable that some patients were responding from outside Wakefield. The main method of sharing the survey was via providers offering the services at the moment, supported by social media, mailouts, information in clinics.

WF9	51
WF4	16
WF8	8
WF1	7
WF10	6
WF2	6
WF6	5
WF11	4
S72	3
WF3	2
DN14	2

One response each was received for the following postcodes: WF, WF5, WF7, DN6, LS14, LS17, LS26, LS8 and S63

Sex

There was a reasonably even spread of respondents of both sexes.



Sex	Wakefield (census 2011)%	Survey respondents %	Survey respondents No
Female	50.9	58.1%	72
Male	49.1	41.9%	52

When the age data was analysed and compared to the local population, there was a clear over-representation of respondents aged 45-64, with underrepresentation of younger people and particularly those under 17. This may reflect those who use gastroenterology services.

Age	Wakefield (census 2011) %	Survey respondents No	Survey respondents %
0-17	21.2	0	0.0%
18-44	34.7	31	25.6%
45-64	27.3	66	54.5%
65+	17	24	19.8%

While no young people responded to the survey, we asked people if they were parents or carers of children. It should be noted that the service is 'adult' gastroenterology.

Parent/guardian of a child/ren	Survey respondents %	Survey respondents No
0 - 4	5.88%	7
5 - 9	9.24%	11
10 - 14	5.04%	6
15 - 19	10.92%	13
Prefer not to say	3.36%	4
Not applicable	72.27%	86

When asked about their country of birth, 98% were born in the UK. Those that answered other places noted Argentina, Ireland and South Africa.

The data for religion demonstrates there was an underrepresentation of Christians and Muslims. At 52% of the survey respondents we can be assured that we have heard views from Christians, while at a much lower density in the population no views were shared by Muslim people.

Religion	Wakefield (census 2011)%	Survey respondents No	Survey respondents %
Christianity	66.4	64	52.0
Islam	2.0	0	0
Judaism	0.0	0	0
Hinduism	0.3	0	0
Buddhism	0.2	0	0
Sikhism	0.1	0	0
Other	0.3	7	N/A

No religion	24.4	48	39.0
Prefer not to say		5	4.1

The 'other' religions mentioned were; Church of England (4), Catholic (1), Paganism (1) and Spiritualism (1).

When the data for ethnicity was analysed, it was clear that nearly all respondents identified as White, with the majority 93.4% saying White British - English/Welsh/Scottish/Northern Irish. At the 2011 census 4.5% of Wakefield's population identified as Asian / Asian British, Black / Black British and Mixed / multiple ethnic groups. The expectation is that Wakefield's population has become more diverse since 2011. So there appears to be an ethnicity gap in feedback about the service.

Ethnicity	Wakefield (census 2011) %	Survey respondents No	Survey respondents %
Asian / Asian British			
Indian	0.5	0	0
Pakistani	1.5	0	0
Bangladeshi	0.0	0	0
Chinese	0.3	0	0
Any other Asian background	0.4	0	0
Black / Black British			
Caribbean	0.1	0	0
African	0.6	0	0
Any other Black background	0.1	0	0
Mixed / multiple ethnic groups			
White and Black Caribbean	0.3	0	0
White and Black African	0.1	0	0
White and Asian	0.3	0	0

Any other mixed background	0.2	0	0
White			
White English/Welsh/Scottish/Northern Irish/British	92.8	117	93.4
Irish	0.3	2	1.6
Gypsy or Irish Traveller	0.1	0	0
White Other	2.3	0	0
Other			
Arab	0.1	0	0
Other	0.2	2	1.6
Prefer not to say		3	2.4

The people that described as other provided no further data.

Sexual orientation data is not available locally, however, the ONS published data for lesbian, bisexual and gay populations, estimating 1.1% for West Yorkshire (2013-15). The survey has met this, but has no feedback from lesbians.

Sexual orientation	Survey respondents %	Survey respondents No
Bi/Bisexual	0.83%	1
Gay	3.31%	4
Lesbian	0.00%	0
Heterosexual / Straight	86.78%	105
Prefer not to say	8.26%	10
I prefer to use another term (please write in)		1

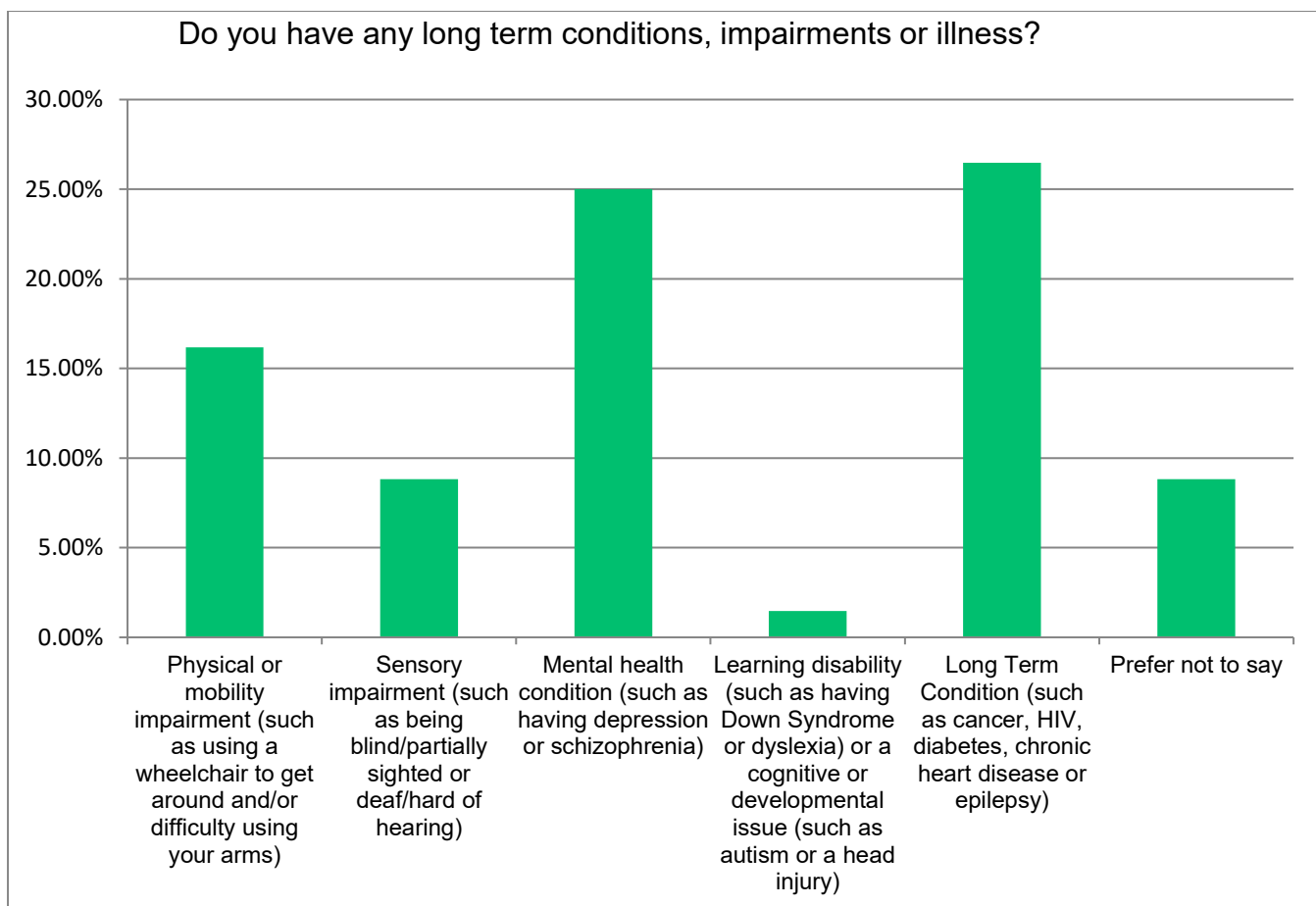
'Other' was described as pansexual. No one answered that they were trans.

The analysis of disability data demonstrated a lack of representation. Of those who answered yes and described an impairment the majority were mental health and long term conditions. The people who answered 'other' are detailed below, many of these relate to conditions that are relevant to gastroenterology services.

Disability	Wakefield (census 2011) %	Survey respondents No	Survey respondents %
Yes	Day to day activity limited a little-11.3	15	12.2
	Day to day activity limited a lot-10.7		

Physical or mobility impairment (such as using a wheelchair to get around and/or difficulty using your arms)	16.18%	11
Sensory impairment (such as being blind/partially sighted or deaf/hard of hearing)	8.82%	6
Mental health condition (such as having depression or schizophrenia)	25.00%	17
Learning disability (such as having Down Syndrome or dyslexia) or a cognitive or developmental issue (such as autism or a head injury)	1.47%	1
Long Term Condition (such as cancer, HIV, diabetes, chronic heart disease or epilepsy)	26.47%	18
Prefer not to say	8.82%	6
Other (please write in)		29

Other impairments mentioned were: COPD (2), Crohn's disease, Gastro-oesophageal reflux disease, Haemochromatosis, High Blood Pressure, Hypertension, under active thyroid and asthma, pernicious anaemia, Rheumatoid arthritis, thyroid, Ulcerative Colitis (4), Ulcers and AF.



For carers there was a slight underrepresentation.

Carer	Wakefield (census 2011)%	Survey respondents %	Survey respondents No
Yes	11.3	9.0	11

When asked 'Do you/anyone you live with get any of these types of benefits? Universal Credit, Housing Benefit, Income Support, Pension Credit - Guarantee Credit Element, Child Tax Credit, Incapacity Benefit/Employment Support Allowance, Free School meals, Working Tax Credit, Council Tax Benefit' almost 20% responded yes. From data available this seems to be representative.

Do you/anyone you live with get any of these types of benefits?	Survey respondents %	Survey respondents No
Yes	19.8%	24
No	77.7%	94

Prefer not to say	2.5%	3
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No one had been pregnant or given birth in the last 6 months.

Views from equality groups

The free text comments were reviewed by some equality groups to locate relevant comments.

Feedback from disabled people

Travel

Better knowledge, more tests and a bit of compassion and within better distance from home.

It's great that I don't have far to travel for appointments.

Didn't work well because it was an inconvenience to have to go to [location] when I only live a mile from Pinderfields.

Too far to travel.

Let me go more local locations have more time to get across what I need to ask.

Treatment

Having consultant appointments and treatment all at [location]. My consultant takes time to listen to me. The staff and nurses are all very nice and caring and reassuring.

Rude, rushed consultations - dismissive, unprofessional & gave the impression he was in a hurry and would rather be elsewhere / like he had better things to be doing with his time. Trivialised my problems.

The actual day of the test - someone had to take me there and drop me off but it was busy and confusing. The test was terrible and there was a lack of information of what was happening. I was so scared as I do get anxious. The other staff there were very nice and looked after me well. It scares me now as I've been told I have to have it done every two years.

Take into account my anxiety and how fast the sedatives work. I felt like they were holding me down, it was scary.

Some manners would be appreciated. Having a medical professional who actually listens to a patient (makes them feel valued and respected) instead of talking over them.

Feedback from people over 60

Travel

It is local and the appointment was much quicker than at a hospital was all good with excellent service.

The last few appointments I've had at [location]. I find this more convenient for me. The doctors and staff are friendly and experienced.

Whenever possible this should always be done at your local doctors you are not travelling and feel more at ease

Local and not having to go to Pinderfields

Treatment

The Consultant's interaction with the patient left an awful lot to desire. There was no discussion or information with the consent approval. I was asked if I knew what I was there for (Colonoscopy) which I confirmed. The Consultant then pointed to the signature spot. I signed and he simply took the form away and asked me to follow him. He carried the procedure out efficiently but did not speak to me during or after the procedure at all. This approach had a negative affect on the whole experience.

The competency of the Consultant is of primary importance but his/her patient interaction can have a very positive or negative affect on the patient's experience. This is something that should not need to be pointed out. I also feel that the whole experience was somewhat undermined by the Consultant's failure to make any attempt to go through/explain the procedure or the consent process. He gave me the overwhelming feeling that his prime reason for carrying out his work at the [location] was simply 'fee' based.

Everything went really well I have no negatives. Everyone was very friendly and explained all about the procedure and what to expect and they did all they could to put me at ease.