

What Would You Do?

Local people's ideas and experiences to help improve the NHS

Report by Healthwatch Cambridgeshire and Peterborough



wh  **t**
would you do?
It's your NHS. Have your say.

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Summary

Background

In January 2019, the government published its Long Term Plan for the NHS in England and Wales, setting out how it would seek to respond to the growing pressure on the NHS – an ageing population, more people living with long-term conditions, and lifestyle choices affecting people's health, and outlining the things it wants health services to do better for people.

Healthwatch England, through its network of local Healthwatch was commissioned to find out what local people felt about their health services and what they would like to see for future service development and investment.

This report summarises what people living in Cambridgeshire and Peterborough told their local Healthwatch. The report draws primarily on responses to an online survey and local focus groups, run in March/April 2019 but is also informed by the intelligence submitted to Healthwatch Cambridgeshire and Peterborough in 2018/19.

The Local Area¹

Cambridgeshire and Peterborough is a large diverse area. In 2017 there was a population of almost 850,000. This is rapidly growing and is expected to reach 900,000 before 2030. It is predominantly a rural area with the two cities of Cambridge and Peterborough to the south and north-west. Many of the rural areas do not have good transport links; for example, Wisbech in Fenland does not have a train station.

Peterborough, Cambridge and Fenland are the most ethnically diverse areas with a number of transient populations including students and a higher than average number of migrant workers. Gypsy, Roma and Traveller communities are significantly larger than in the rest of the UK.

There are three hospitals in Cambridgeshire; Cambridge University Hospitals (also known as Addenbrooke's), Royal Papworth Hospital and Hinchingsbrooke Hospital in Huntingdon. Peterborough City Hospital is the fourth hospital in the area. Hinchingsbrooke and Peterborough City Hospitals are managed by one Trust; North West Anglia NHS Foundation Trust. People living in the east of Fenland District tend to use the Queen Elizabeth Hospital in King's Lynn. Community and mental health services are provided by Cambridgeshire and Peterborough NHS Foundation Trust.

¹ Cambridgeshire Insight:

<https://cambridgeshireinsight.org.uk/population/report/view/9eb28cf5b5d045d28eeabce7819ba4f6/E47000008>

Purpose

The research collected qualitative data to provide an insight into local people's views regarding the future provision of NHS services. The findings will inform and contribute to local Sustainability and Transformation Partnership (STP) and Clinical Commissioning Group (CCG) proposals for implementing the Long Term Plan in Cambridgeshire and Peterborough.

Local objectives

The objective was to gather the views of people living in Cambridgeshire and Peterborough, focusing on frequent users of health and care services and seldom heard groups. People we particularly wanted to hear from were agreed in consultation with Cambridgeshire and Peterborough STP. Voluntary and community groups working with these communities helped us distribute the survey. Wherever possible we have identified responses from these groups:

- Carers
- Lesbian, Gay, Bisexual, Transgender (LGBT) plus communities
- Children and young people
- Refugees and asylum seekers
- Gypsy, Romany and Travellers
- People with disabilities including sensory impairment
- Newly-settled migrant groups
- Older people who are housebound
- Working adults and commuters, particularly men
- Settled ethnic minority communities.

Who we heard from

- 757 people completed surveys
- 43 people attended focus groups
- 1,100 pieces of feedback received over the past year

599 people completed the general survey. 63% of these people were between the ages of 18 and 65. 70% of respondents were female. 78% described themselves as White British. Half of the respondents did not consider that they had a long-term condition. 13% described themselves as carers.

158 people completed another survey designed to find out more from people with long-term health conditions. Half of these people who gave their age were of working age. 65% of respondents were female. 82% described themselves as White British. Nearly half of respondents considered they were disabled, and 23% described themselves as carers.

This research sought to gather the narrative of people's experiences and their ideas about what the future of health and care services should look like. The analysis in this report includes reference to percentages of people who expressed views. As the focus is on qualitative data, these statistics have not been compared to local demographic data.

What people told us

People were willing and interested to share their experiences and wanted to help shape future services. Whether about staying healthy or living with long-term conditions, people's views and preferences reveal some important principles about how they would like to see health and care services develop in the future.

We identified recurring and persistent themes in the comments people wrote in the surveys and when talking to us in the focus groups. These messages are very similar to what we hear in our routine collection of people's experiences of health care locally.

- People we heard from want faster, easier access to primary care services, particularly to GPs
- People are interested in self-help and are asking for support to access information and appropriate services to help them keep well
- Support is not always offered; people often look for support themselves sometimes whilst coping with illness or another's illness. They find that information is in lots of different places, often not current, and often not accessible
- Carers with long-term conditions often have the additional challenges of caring for others. People often experience poor communication between services and as a patient. Often the patient / carer has to co-ordinate it themselves and chase to get anywhere
- Patients want to be listened to, especially people with long-term conditions who are often 'experts' in their condition and able to recognise when their health changes
- People with conditions over a long time told us they experienced worsening services
- Care can seem to be service-centred rather than person-centred. We heard this particularly of autism and mental health services
- Care is often not joined-up – especially for people with long-term or multiple conditions. People told us they wanted to be seen and treated holistically. The experience was of systems not 'talking' to each other, and people not understanding how the system works
- There is a 'digital divide'. Not everyone does or can use the internet, but there is awareness of its potential
- Travel and transport difficulties continue to be barriers to effective health care. There is some evidence of willingness to travel and the limits on this for some aspects of care and some groups.

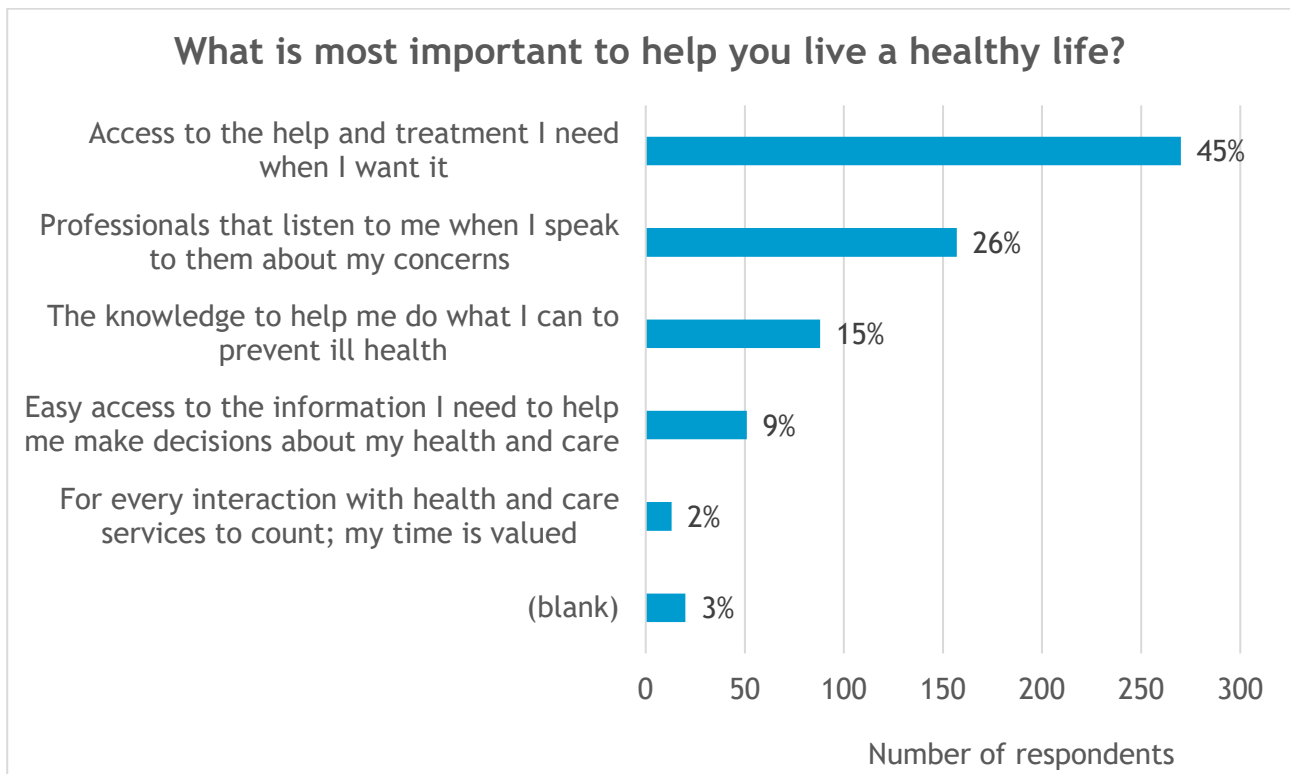
What people told us about their health services and what people want to see for future service development and investment

Question 1

What is most important to you to help you live a healthy life?

Over 90% of all the people completing the survey rated all the survey statements for question one as either important or very important.

The graph below illustrates the percentage of people who chose which statement as ‘most important’ to them, when asked to select just one from the five possible responses.



People told us that ‘Access to the help and treatment I need when I want it’ was the most important out of the five statements offered when asked ‘What is most important to you to help you live a healthy life?’ The statement ‘Professionals that listen to me when I speak to them about my condition’ had the second highest number of people rating it as most important.

Ethnicity made only a small difference in ranking responses. A small number of respondents (11) identified as Gypsy or Irish Traveller. They felt that ‘The knowledge to help me do what I can to prevent ill health’ was most important to them.

There were some differences in ranking of responses reflect differing demographics, particularly between age groups. Younger age groups ranked ‘Easy access to the information I need to help me make decisions about my health and care’, and ‘The knowledge to help me do what I can to prevent ill health’, more highly than older age groups.

What more did people tell us about help to live a healthy life?

Throughout this report, we present quotes to illustrate the free-text comments people made.

75 people wanted **better access and more information** on living a healthier lifestyle. For example, about access to free, cheaper or subsidised gym/exercises classes, cheaper ‘healthy’ food and advice on what to eat for optimum health.

“Access to wellbeing provision in the community, held via clinical support. For example, info on local yoga, things supporting a healthy lifestyle all the time, not just when I have become ill, and not just things I can access via a referral from GP – things I can look into myself.”

Improved access to GP appointments was a repeated comment (40 people) - although people also commented more broadly about wanting to be able to see appropriately qualified professionals.

“Easier way to access GP and make appointments, better opening times. Longer time given with each person.”

Other people also commented about wanting **access to facilities locally**, especially for people with long-term conditions.

“More support locally for treatment of my ME. I have to go all the way to Addenbrooke’s for good support from their pain clinic. This exhausted me and the drive which at times takes two hours brings on my pains.”

Some people told us about the **challenges of living in a rural area with poor public transport**.

“Living in a rural area where transport service is not so frequent. Having a local hospital and surgery makes it so much easier to attend appointments than if a lot of travelling was involved.”

We also heard people wanting **more co-ordinated care**, with a more holistic view to be taken as well as joined-up systems.

“I live in the Fens and have regular specialist appointment at Addenbrooke’s. That’s fine but, I can’t get my blood done here prior to my outpatient appointment because Wisbech and Addenbrooke’s are different systems – they need joining up! If I had my results before seeing the consultant, it would help both of us plan my care better.”

Other people commented about the **disparity between service provision in different areas**, for example, access to hydrotherapy.

“...you don’t have a hydrotherapy pool at the hospital but the physios that work there tell their patients (who they deem would benefit) to use St Georges hydrotherapy pool. The cost is then funded by the individual and not the NHS. This can’t be right or fair as Addenbrooke’s hospital in Cambridge does have a hydrotherapy pool that patients can access, paid for by the NHS.”

Our focus groups

We heard very similar comments from people attending our focus groups.

A LGBT group for over 50s commented about the particular challenges for their community in living a healthy life. Older people who may still have fears around disclosing their sexuality which could be a barrier to accessing services. Maintaining social networks and emotional wellbeing contributed to a healthy life, particularly for the LGBT community. They told us they wanted health reviews that took into account gender and maturing bodies.

The people attending our general focus groups both in Peterborough and in Cambridgeshire told us how they wanted continuity of care and early intervention without unnecessary barriers to services.

“Receiving phone calls from withheld numbers could be a difficulty, many people ignore them or have phone systems that automatically reject (unknown numbers).”

We heard about the lack of support for families in Peterborough for childhood obesity at the Peterborough general focus group.

Question 2

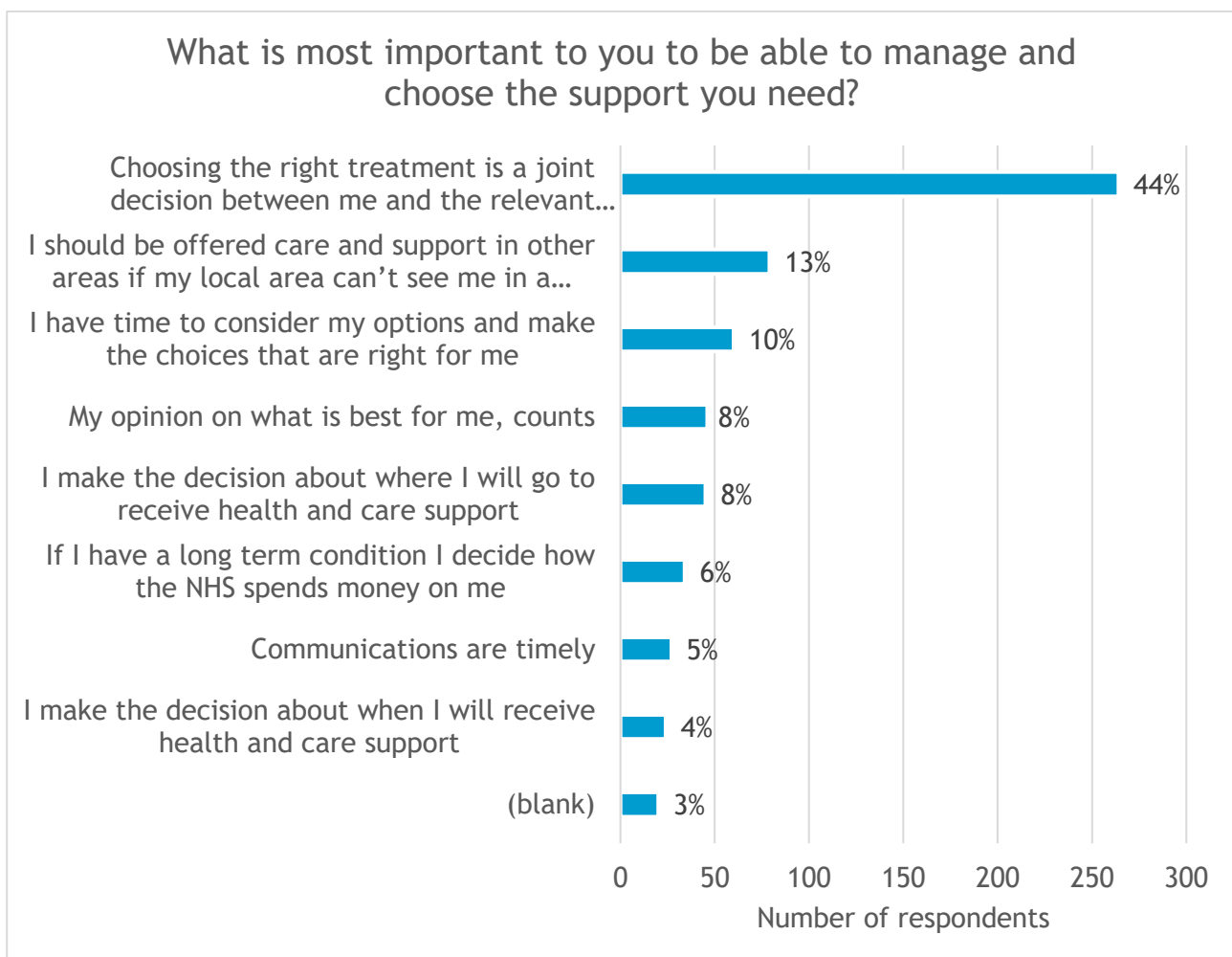
What is most important to you to be able to manage and choose the support you need?

Over 90% of respondents rated three of the statements as important or very important to them in managing and choosing their support.

- Choosing the right treatment is a joint decision between me and the relevant health and care professional (95%)
- Communications are timely (94%)
- I have time to consider my options and make the choices that are right for me (93%)

67% of people rated ‘If I have a long-term condition, I decide how the NHS spends money on me’ as important or very important.

The graph below illustrates the percentage of people who chose which statement as ‘most important’ to them, when asked to select just one from the eight possible responses.



Respondents told us that ‘Choosing the right treatment is a joint decision between me and the relevant health and care professional’ was the most important out of the five statements offered in the survey, when asked ‘what is the most important to you to be able to manage and choose the support you need’.

Ethnicity seemed to make some differences to the ranking of the statements. However, numbers were small. For example, people who identified as African valued ‘I should be offered care and support in other areas if my local area can’t see me in a timely way’ most. People who identified as Arab valued ‘Communications are timely’ most. Other ethnicities ranked top ‘Choosing the right treatment is a joint decision between me and the relevant health and care professional’.

What more did people tell us about managing and choosing support?

People told us again how they wanted quicker access to GPs and continuity of care.

“Being able to have the same healthcare professionals, not seeing a continually changing person and having to go through everything again and again.”

People told us that they wanted ‘to be listened to’, that communication needed to be jargon free and that decisions about treatment must be joint decisions.

“Please be honest about what the options are and do not use clinical expressions when talking to a patient, encourage the patient to ask questions if they do not understand.”

And when people decided not to undergo treatment, that decisions should be respected and supported.

“If I decide not to have treatment that decision should also be supported. Just because there is treatment doesn’t mean to say that it is the best thing to have in certain circumstances as it can be worse than the disease!”

People told us that access to ‘out-of-hours’ support and access to specialist appointments for advice or support was important to them.

“Better out of hours’ access to primary healthcare as it is not uncommon for 111 to simply refer me to my GP, so that normally entails a wait until Monday morning or until an appointment can be found.”

People wanted better transport and services closer to home.

“My husband has to go to a hospital which is three bus journeys just to get his blood pressure and weight checked so he can be given a prescription for chemo pills. He has his blood checked at the local hospital and when asked if he could be referred to our local hospital he was refused. I have now managed to get him hospital transport, but I am not allowed to travel with him, so I still have to take three buses to get to the hospital before he does in case he needs to dress/undress as he cannot do this by himself.”

Some people responding with mental health issues or autism told us that services didn't meet their needs, that they needed support to use services or that they would like to be able to use services for a longer period.

“There is no choice of treatment for Borderline Personality Disorder or complex Post Traumatic Stress Disorder in mental health services. I went asking for Dialectical Behavioural Therapy and got Mentalisation Based Therapy instead which didn't help as the group setting re-traumatised me each time.”

“Directions to appropriate support to help me navigate the healthcare system as an autistic person, what I should be doing when/expecting when, or alternative email or direct phone contact being possible for those who struggle with phones particularly for hospital services which mean you have to go through 'call centres' to contact the relevant department.”

“There should not be limits on treatments. You should be treated until you are well. People are not limited to the amount of chemo they get so why is mental health restricted?”

Our focus groups

We heard similar comments from people attending our focus groups.

People told us they wanted clear information about their condition and how to find support at the time of seeing a consultant.

Mental health support is too fragmented. People are either not well enough or are too unwell for the available services. Waiting times are too long, in particular we heard that there was a wait of at least three months for CHUMS, the young people's counselling service.

We heard about the need for continuity of care and how hard it can be. One person from Cambridgeshire shared their story of how, having moved from a different county with several long-term problems, it was very hard to get all the referrals for care set up. They feel lost in the system. There seems to be no co-ordination of care. They told us how they would prefer to continue to see the medical people they wanted to see but this had not been allowed.

People told us about their need for clear communication, such as letters in Plain English, instead of being copied into letters that professionals have written to one another. They also told us that they wanted to feel comfortable to speak up.

We heard that sometimes there were quicker pathways to care. An example was given by someone who had a deep vein thrombosis who was sent to A&E by the NHS 111 service. They waited four hours to be seen, then were sent to the Thrombosis Clinic which had been open all day. They asked if NHS 111 could have sent them straight there instead and bypassed A&E, the staff involved, the long wait and anxiety for the patient?

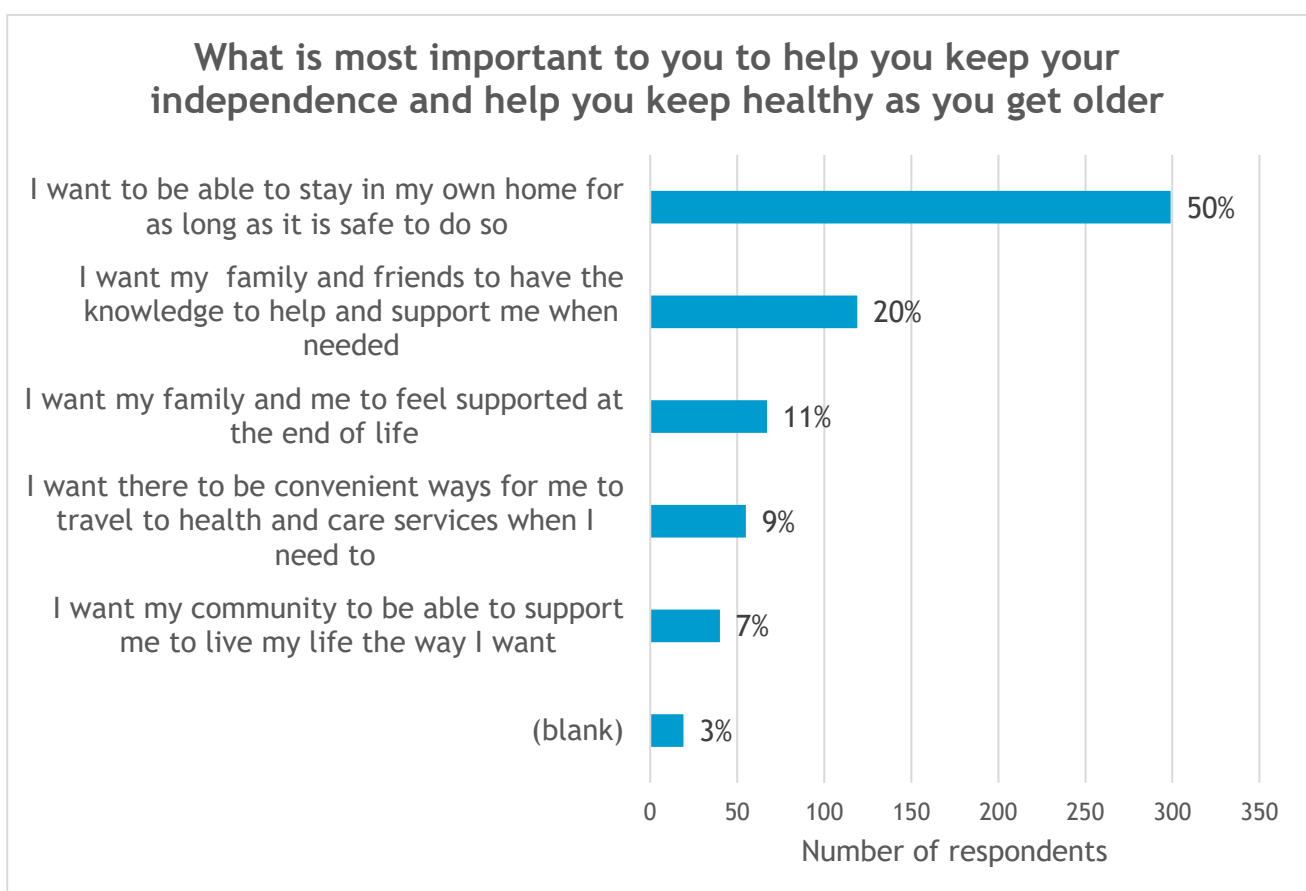
Question 3

What is most important to help you keep your independence and stay healthy for as long as possible?

Over 90% of people rated four of the five statements asking what was most important to help keep independent and stay healthy for as long as possible as important or very important.

One statement, ‘My community can support me to live my life the way I want’ was rated slightly lower (85%) than the others.

The graph illustrates how many people chose which statement as ‘most important’ to them, when asked to select just one from the five possible responses.



Most people told us that they thought ‘I want to be able to stay in my own home for as long as it is safe to do so’ was the most important of the five statements.

Age had some impact on the ranking with younger people, aged 24 and under putting ‘I want my family and friends to have the knowledge to help and support me when needed’ as most important to them.

‘I want there to be convenient ways for me to travel to health and care services when I need to’ was viewed as next most important by people aged under 18 perhaps reflecting

more reliance on public transport. People aged 18-24 saw 'I want my family and me to feel supported at the end of life' as next most important.

What more did people tell us about keeping independence and healthy in older age?

Most comments related to the provision of support at home and people told us they wanted 'seamless' health and social care services.

"More carers available to visit people in the home. I know many elderly people with no family who desperately need help but are too proud to ask. We need to support those people. More funding and more staff!"

People told us that they wanted access to appropriate and timely housing adaptations and wider, more varied range of housing options to help keep people independent and stay healthy longer, including for dementia care.

"To make modifications to the home you are in rather than moving out."

"I'd like to see more "co-living" projects. I'm a few months beyond my 60th birthday and want to contribute to shape 'older living' while I am still active. All the shiny ads I see for 'retirement living' don't reflect me, my ethnicity, my interests – they're white, middle class, golf and spa focused. I'd like to see artists, diversity, allotments and well paid care workers. Please can the NHS play a part in helping shape communities of the future?"

We heard that people valued access to their local community to help maintain independence and good health, and how just a little bit of help can make a lot of difference.

"I can take myself to the hospital and move on my own with my disability vehicle around the hospital, if someone was available and prepared to get the vehicle out of the car and away after my appointment."

"Access to day groups so that you do not become trapped in your home."

Access to better transport options also had an important place in helping people keep their independence, as well as in improving access to health services.

“Better rural transport. Many rural areas have no regular bus services. When one cannot drive any more access to public transport is vital. Whilst volunteer transport is very welcome it is no substitute for a properly timetabled regular seven day per week rural bus service between all major towns.”

People also told us that it was important to **support carers in their caring roles**.

“Respect for the family carers, throwing all the care on them makes more health issues on them and the disabled person.”

Our focus groups

We heard similar comments from people attending our focus groups.

At one of the focus groups people told us about the value of information to assist independent living. A participant told us about an 88-year-old with arthritis unable to leave her home because her front doorstep was too high. She only learned how to get help with removing this step six months later via another source.

People told us how important it was to have **local support networks** to help maintain independence and stay healthy. They told us that having even a limited support network can help people stay out of hospital.

“My neighbour does not have any help at present but is happy to have a number on a leaflet given to her by a healthcare worker, that they can call if they need help. Just having that there is reassuring for that person.”

It was asked, how do people build up a close network particularly when very isolated or vulnerable? People expressed an interest in having easy access to a single directory for charities and services that is kept up to date. They also wanted more information about how the health and care system works and where to go for more information or support.

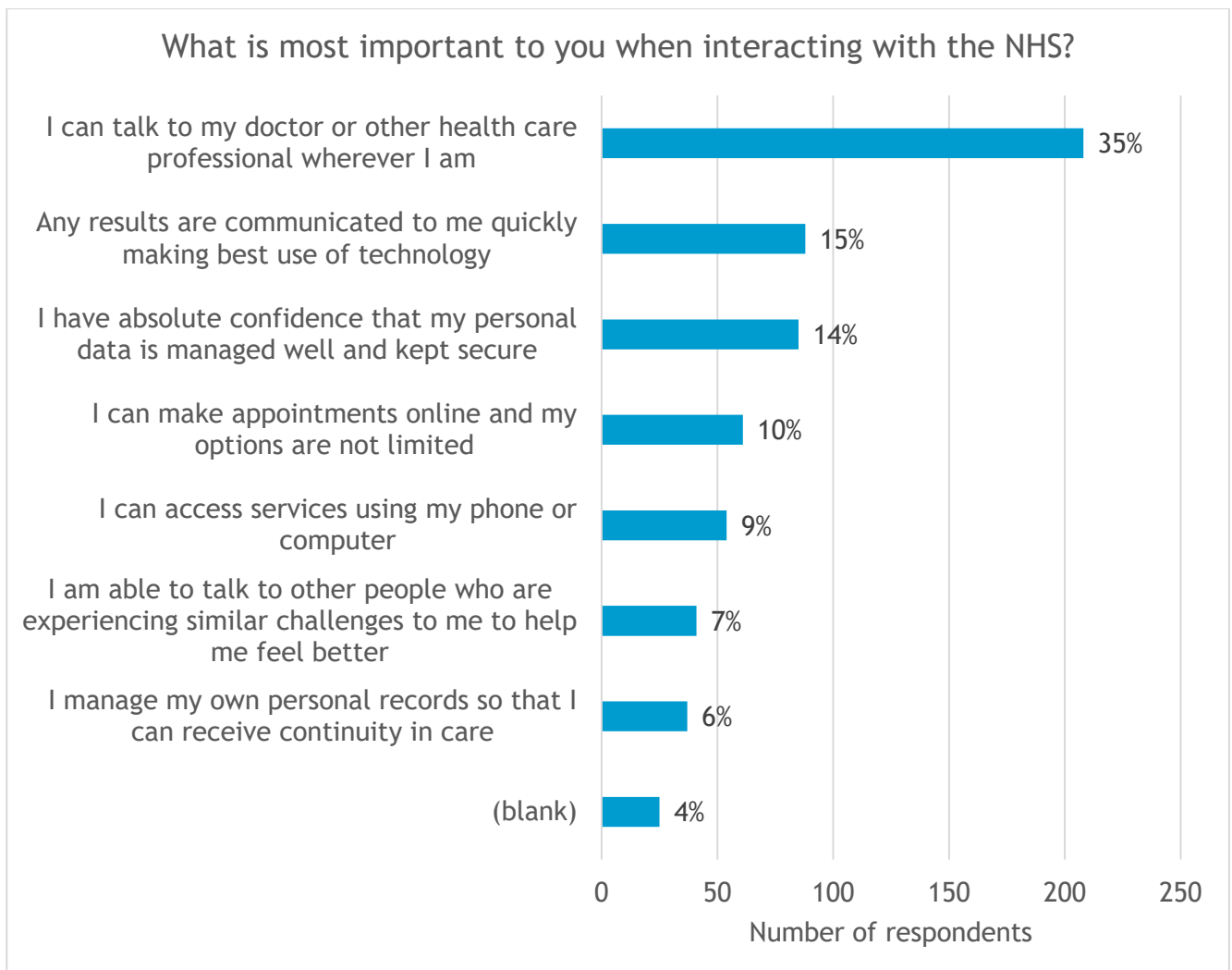
Question 4

What is most important to you when interacting with the NHS?

People ranked these statements more widely than their responses to the other questions. Between 83% and 87% ranked four of the statements as important or very important

- I can talk to my doctor or other health care professional wherever I am (87%)
- Any results are communicated to me quickly making best use of technology (87%)
- I have absolute confidence that my personal data is managed well and kept secure (85%)
- I can access services using my phone or computer (83%)

The graph illustrates how many people chose which statement as ‘most important’ to them, when asked to select just one from the seven possible responses.



Over 200 of the respondents chose 'I can talk to my doctor or other health care professional wherever I am' as the most important out of the seven statements offered. However, the comments made by people responding to this statement highlighted a degree of ambiguity which may have been reflected in how people prioritised the statement.

There were some differences in the ranking of the top two statements according to age. Younger respondents put slightly higher emphasis on confidence that their personal data is managed well and kept secure.

Although fewer people ranked 'I am able to talk to other people who are experiencing similar challenges to me to help me feel better', many people commented on the value of peer support, and the comments made on the specific condition survey reiterated how many people welcomed this support.

We noted some interesting demographic differences in people ranking the statement, 'I am able to talk to other people who are experiencing similar challenges to me to help me feel better'. A higher percentage of people aged 25-44 saw this as either very important or important, with the lowest percentage for people aged 75 and over (58%).

What more did people tell us about interacting with the NHS?

People told us repeatedly of the value they placed on **easy and timely access to appropriate health professionals**.

"Timely access to service – not long waiting lists."

We heard how **face-to-face contact continues to be the preferred approach to communication and contact** for many people, particularly for older people who do not have access or do not feel comfortable using technologies:

"Modern technology can't yet replicate that aspect of face-to-face encounters where we each check the other has understood."

"I prefer person to person contact. Not bothered about online facilities. As people get older, their eyesight can deteriorate, and they may not understand. I think person to person contact improves communication, ensuring the person understands and can ask questions."

However, we also heard people expressing an interest in using technologies to improve access to services and to interact with health systems.

“Would be really useful to be able to view test results online rather than needing to telephone my GP practice to be given these.”

“Video appointments, not everyone can make inflexible hospital appointments in the day. Text messaging to remind of appointments and/ or results (if they didn't need too much explanation). Helpline (via email, phone or text) that you can contact, with any questions.”

“Ordering repeat blood tests online for a whole year.”

We also heard that people were interested in being able to hold their own medical records:

“Keeping my own health and care records to take with me to appointments.”

Our focus groups

We heard very similar comments from people attending our focus groups.

We heard a range of views in the focus groups about the place of technology in accessing services. Some participants told us that online or even telephone-based services posed challenges for them. For example, we heard the experiences of people relying on carers coming to the house to help in a morning who were unable to make appointments by telephone as it was too late.

Another person shared their experience of communication muddles. They had received several letters through the post for various medical appointments. It was not clear on the letters if these were replacement appointments. We heard that communication needs to be simple and clear for patients.

What people with specific health conditions told

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We received 158 completed surveys from people with specific conditions.

We held two focus groups to hear the views of people with specific health conditions.

- a disability and carers focus group Peterborough
- a learning disability and carers focus group in Huntingdon, Cambridgeshire

A local support group for people with breast cancer also sent us their feedback to the survey questions.

Cross-cutting themes

A number of clear themes emerged from these surveys, whether people had identified a specific long-term condition or not. These themes also align to our findings in the general surveys and from our existing intelligence:

- Transport and travelling time
- Role of primary care and other professionals
- Advantages and disadvantages of digital and online solutions to health and care service delivery
- Research and innovation

Mode of transport and time to travel

Most people use their own car to access health services. However, amongst respondents with mental health problems, learning disabilities, autism and some respiratory conditions, there is a higher dependence on public transport and support from friends and family driving them to appointments.

Most people told us that they were willing to travel up to an hour for diagnosis or initial assessment.

People's willingness to travel rose in most instances, to up to two hours to receive specialist support. However, again people with mental health problems, learning disabilities and autism were less willing to travel for longer periods of time.

While the responses illustrated a willingness to travel which acknowledges current reality for many people, people made frequent comments throughout the survey and in focus groups about wanting more local services.

Role of primary care and other professionals

People want easier, quicker access to GP appointments. Access was regarded as being key in helping them live a healthy lifestyle. People were concerned that small issues could develop without timely access.

“To be able to access good quality, supportive health care from GPs when I need it. At the moment it can take three weeks to get an appointment, and then up to an hour in the waiting room, and then a stressed and over-worked GP who hasn't got time to work out what is wrong with you and asks you to come back. For those of us living with chronic conditions this system isn't working. At all.”

People also wanted easier access routes to a wider range of health services (including podiatry and physiotherapy), for example by self-referral, at different times, in part to take pressure away from other services:

“Many health support services are only available during the day which makes it hard to take up services if you work a full-time job.”

“Evening and weekend access to support so as to reduce pressure on A&E.”

People wanted longer appointments with GPs and better continuity of care:

“GP's to have at least 20-min-appointments. With the time pressure they are under, they barely have time to listen to one issue let alone more than one or a more complicated issue, like mental health etc.”

“I've found GPs are very busy, have to go through the assistant to explain, then again to GP. Feel rushed and don't want to be treated this way.”

“I have been trying for three days to get an appointment for my partner. They cannot queue for a morning appointment due to Parkinson's and back pain. All the afternoon appointments are gone even when I phoned at 8:30 am. Even the telephone consultations were taken.”

People acknowledged that GPs are overworked and that they were aware of the effect of staff shortages, but they commented that the impact could be mitigated with better communication and training initiatives for other health professionals, easier access to a wider range of health professionals and more nurse specialists particularly in the community.

“Currently see a dietician from Solutions for Health, very encouraging plus I am losing weight, this should be available to more people.”

“A much better 111 service. In order to not have to bother my GP practice and perhaps waste an appointment, I have contacted the 111 service on three occasions and each time I have, they have been unable to give advice and have directed me to the GP.”

We heard concerns about social care staff and how low status, poor salaries and lack of adequate training affected peoples’ ability to stay healthy and independent.

“Everyone is pushing for people to have personal care budgets without sorting out the quality of care work provision in this country. Community care provision is of a low standard barely suitable for social care provision let alone complex spinal cord injury.”

Advantages and disadvantages of digital and online solutions to health and care service delivery

Respondents want to see more joined-up IT systems, which are consistent and ‘speak’ to each other.

“That hospitals / doctors / hospices (such as Arthur Rank) are all using the same database. Communication is largely important. Watching someone in pain who is telling you they want to die and help delayed because you are not on the same page (or software). It's shocking and outdated. I was shocked that a nurse had to send a fax to our GP to get a prescription.”

We heard about a ‘digital divide’ around the place of technological and digital solutions in people’s health care. Some people wanted alternative ways to communicate with healthcare professionals such as Skype and more online services such as making and changing appointments and accessing test results. However, others feared such changes. Some told us the changes had made it more difficult for them to access care. Whilst this may decline over time, some people still do not or cannot use a computer.

“Currently, I do not manage any of my data online, I think that must be because as of yet, there's no simpler alternative than ringing the surgery – and, I know the number off by heart, whereas if I was asked to logon now, I couldn't tell you where to start. However, I use online banking, online grocery orders and so on – but I can't tell you why I haven't been tempted into doing health stuff digitally yet – I guess it's not become an embedded part of my lifestyle.”

“Doctors' surgery now computerised, no longer able to walk-in to make an appointment, yet I have no computer.”

“I am very technologically-aware however many more elderly people should have services and communications provided in the way that suits their needs.”

“The option of a telephone consultation especially for a long-term health condition that hasn't changed in 15 years. I am seen every six months and there is no change to treatment or medication. It seems a waste of valuable consultant time. I would be happier with a blood test and a telephone consultation instead.”

People told us they are interested in exploring new technology in the home.

“Use of technology to monitor my quality of life at home.”

People were interested in being able to use a combination of non-digital and digital communication to suit the situation.

“Initially or when changes occur in my needs, I want face-to-face communication so that NHS and I can check we understand each other clearly. Modern technology can't yet replicate that aspect of face-to-face encounters where we each check the other has understood.”

Research and innovation

People made very few comments in the survey about research and innovation. The only examples related to the lack of progress in introducing new hip replacement technologies.

Comments were made about the use of adaptive technologies in people's homes, home adaptations and provision of different and wider types of retirement living which are seen in other countries.

What we heard from people with long-term health conditions

The second survey was aimed at collecting information from people with long-term health conditions. The survey identified some specific conditions, for example mental health problems, and we have included sections later in this section relating to these specific long-term conditions. This first section analyses the responses from people who identified as having other long-term health conditions.

Assessment, diagnosis and treatment for people with long-term health conditions

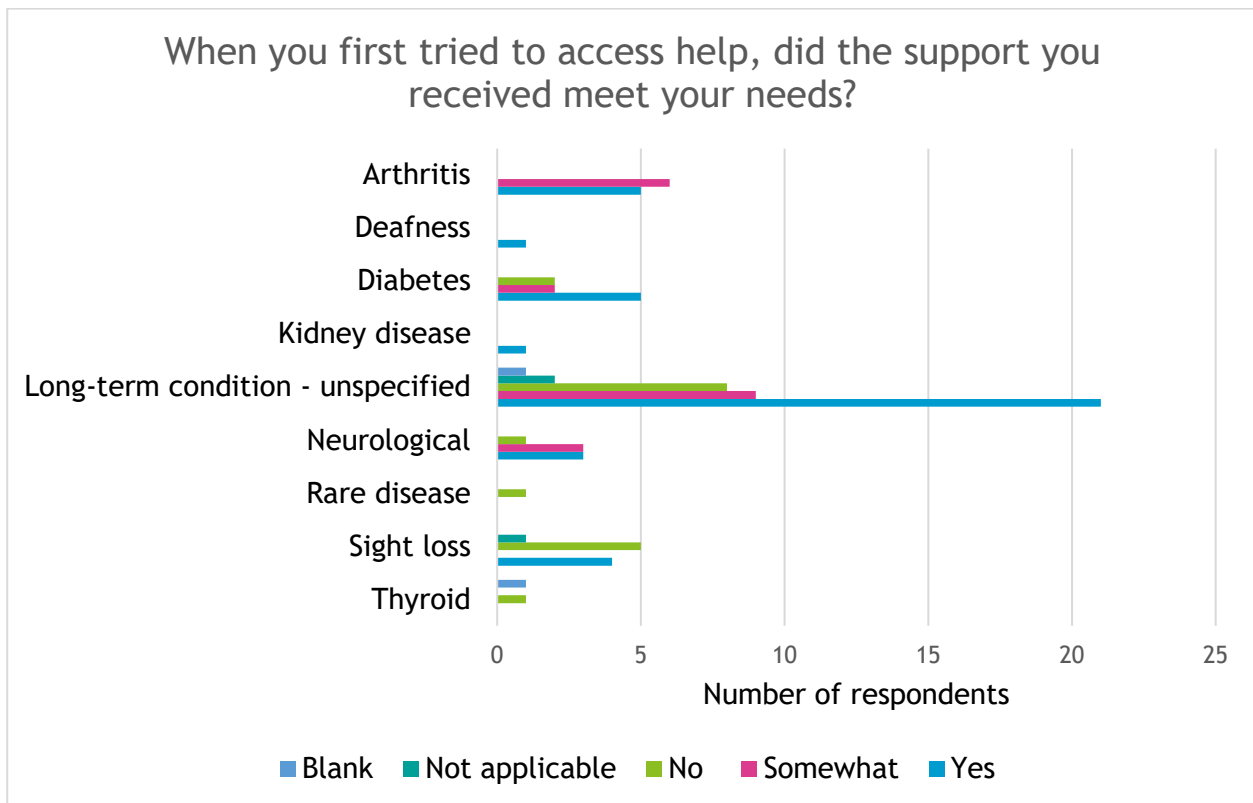
83 people living with other unspecified long-term conditions told us about their experience. Where possible, we have identified these conditions as; arthritis (11), sight loss (10), diabetes (9) and neurological conditions (e.g. Parkinson’s, multiple sclerosis) (7).

Just under half of the respondents who disclosed their age were of working age.

Nearly a third of respondents said that their conditions had started within the last three years, over two thirds, 69% of respondents (57) said their condition were longer standing.

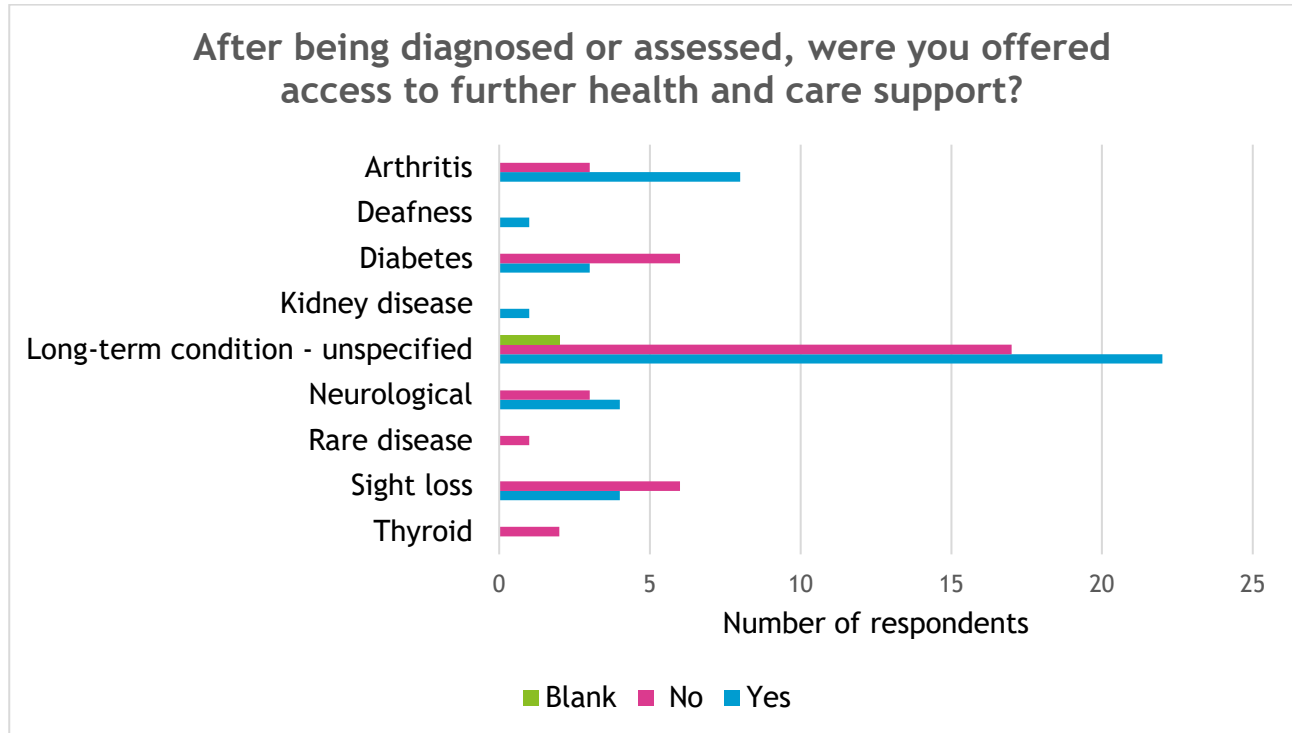
52 people had more than one long-term condition. 24% (20) said this made it harder for them.

About a third of respondents told us that their long-term condition had started within the past three years.



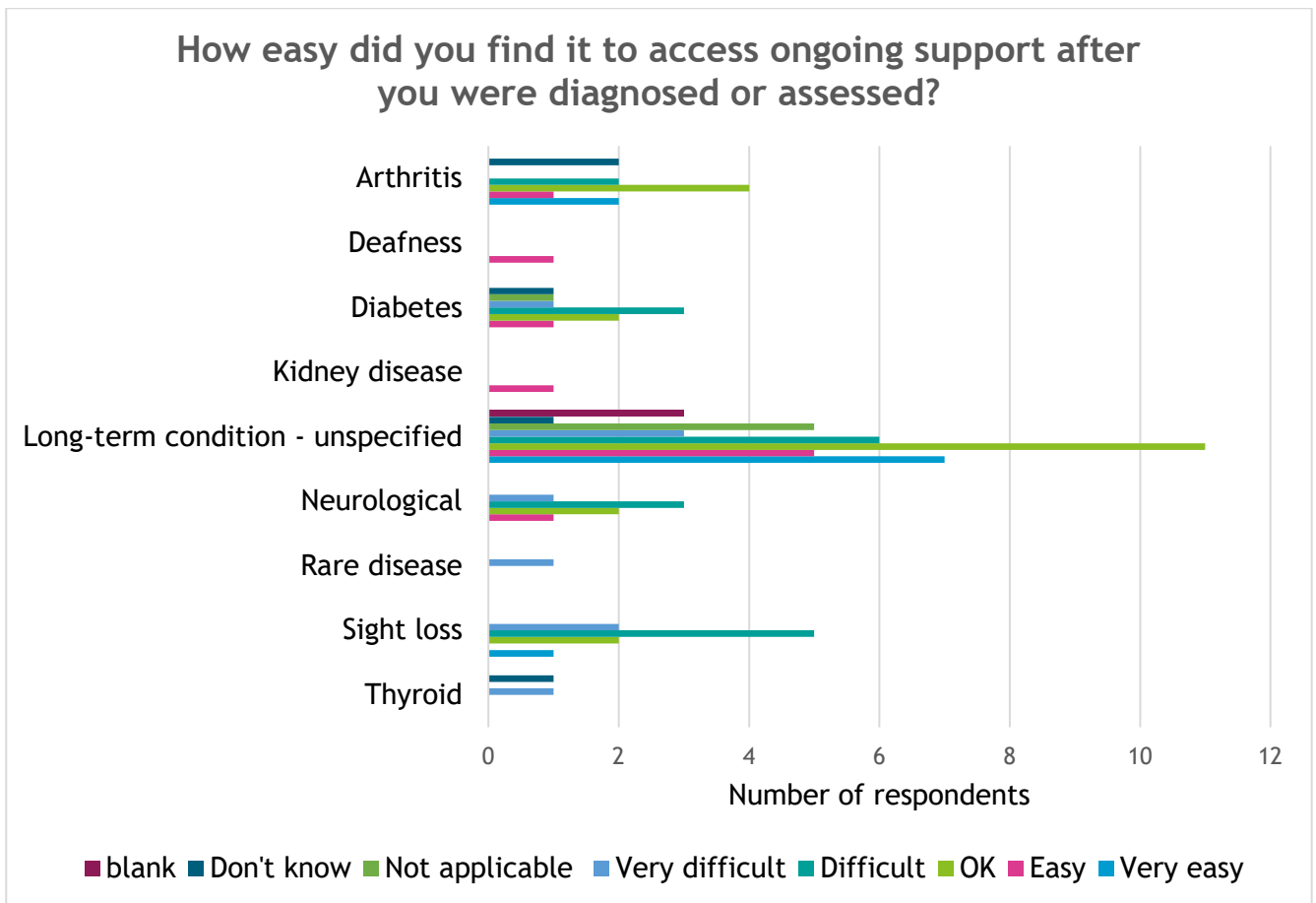
Most people replied ‘yes’ or ‘somewhat’ to ‘When you first tried to access help did the support you receive meet your needs?’

Ongoing care and support for people with long-term health conditions



People with sight loss and diabetes generally told us they were not offered further access to health and care support after diagnosis. This implies a lack of information or support in the early stages which could make the difference to how well people manage what are increasingly common conditions.

All the people whose condition started in the last three years said they were not offered further access to health and care support after diagnosis. However, the number is very small (3).



The response about ease of access to ongoing support was also a mixed picture but twice as many people said ‘ok/difficult’ as said ‘very easy or easy’.

A respondent with arthritis expressed concern about whether they are doing the correct exercises.

A respondent with sight loss commented about the importance of getting the right information at the right time:

“Did not get support, had to search for help & support. Referred myself to Cam Sight for support.”

People’s preferences for who they saw at different stages in the diagnosis/treatment/support journey

Around a third of respondents either did not mind who they saw or did not answer these questions. Between 41% and 44% of respondents expressed a preference to see any medically-appropriate health professional who is free immediately, when initially seeking help; receiving a diagnosis/assessment; or when starting support or treatment.

However, 40% of respondents said they would prefer to see someone familiar to them when receiving long-term support. This reflects the same pattern we saw across most of the specific condition survey responses. People generally saw continuity of care as more important during long-term support rather than at the point of initial assessment or diagnosis.

Prevention and/or early intervention for people with long-term health conditions

Respondents told us about the support they would like to help them to stay well or help manage their condition. These included:

- Appropriate and adequate level of care, such as telephone/email consultation in between appointments when they need a quick piece of advice; regular check-ups; more local care and support at home or near to home when appropriate; longer GP appointments for people with long-term conditions
- Access to (and support to locate and book) a wider range of services such as hydrotherapy on NHS; complementary therapies including CBD, acupuncture; diet and nutrition support; gym and exercise classes; longer term NHS physiotherapy
- Information about managing your own condition and provision of mobility aids
- Rapid response if deterioration in health or change in social circumstances.

People told us they wanted health professionals to acknowledge the patient's own knowledge and experience about their condition and to listen to them.

“Better understanding by GPs (new or temporary at the practice) that I do actually know what is going on and what has worked in the past and, more importantly, what hasn't. They frequently wish to jump to immediate conclusions, rather than listen to me when I say it is different/worse than it has been.”

Our focus groups

The survey responses were very similar to the comments made by people attending our other focus groups, and to the intelligence we collected throughout the year.

One person told us how difficult and painful travelling long distances for appointments often is for people with long-term conditions/disabilities and it may be cheaper and easier for them to access private healthcare locally on the NHS than to travel to other hospitals. We heard an example of the private MRI scanner in Peterborough being used rather than having to travel all the way to Addenbrooke's using patient transport in an uncomfortable wheelchair which would take the whole day rather than a couple of hours.

What we heard from people with mental health problems or dementia

32 people experiencing mental health services completed the survey and five people with or on behalf of people with dementia. Just over a third of these people told us their experience had started within the past three years.

17 people told us that they had an additional long-term condition. Of those 17 people, five said it made no difference, eight said it made it harder, four people said either it wasn't applicable or didn't know.

These respondents commented that they valued a supportive GP, easier access to the primary care team and being listened to. They commented on lack of staff and felt that staff seemed 'excellent but overworked'. Some people commented that they felt they had benefited from online courses.

Assessment, diagnosis and treatment for people with mental health problems and dementia

21 people told us that the support they had received when first asking for support had not met their needs.

People reported some positive experiences of their GP. However, most of the survey responses included negative experiences, relating to:

- Type of support offered or the lack of choice of type of support. For example, some said they were offered only medication, others, that they were offered support only via an 'app'
- Long waits, for example for counselling or for 'emergency' CAMH appointment. In some instances, the long wait was despite being deemed 'high risk'
- Poor quality support, or indeed no support offered. Comments related to lack of consistency in seeing clinician; people and their families feeling that they weren't listened to; support not frequent enough
- Lack of appropriate support for children and young people with mental health problems.

19 respondents described their wait for initial diagnosis or assessment as 'slow' or 'very slow'. 14 people felt it was 'fast' or 'ok'.

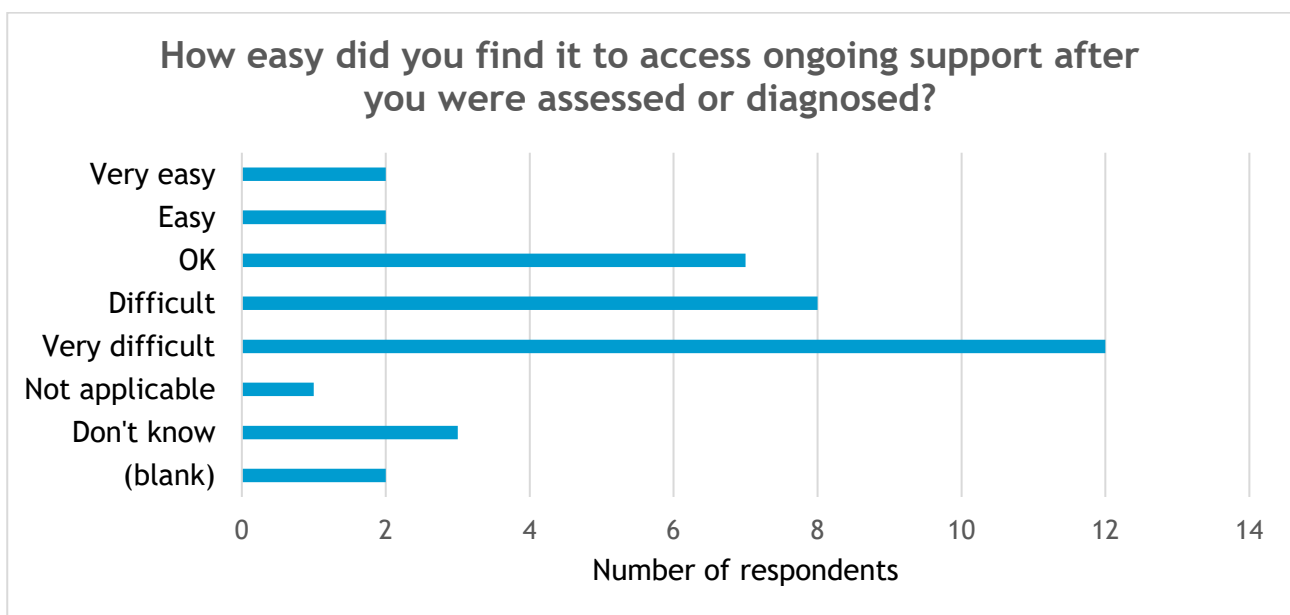
Ongoing care and support for people with mental health problems and dementia

Over half of the respondents were not offered ongoing care and support.

People’s preferences for who they saw at different stages in the diagnosis/treatment/support journey

When first seeking help, just under a third (10) of respondents told us that they prefer to see any medically-appropriate health professional who is free immediately. This rose slightly when asked about who they preferred to see when receiving a diagnosis.

Just slightly more (11) people preferred to see a health professional that they would normally see but may have to wait when first seeking help. This number remained constant for the diagnosis and then initial treatment or support stage of their journey. However, it increased to 13 people preferring a familiar professional to provide their long-term support.



Over half of the people replying told us that they found accessing support after diagnosis or assessment was difficult or very difficult.

People told us that they appreciated being involved in choosing treatment options, being listened to by the people involved in their care, and ease of access to a wide range of services, including CBT, group sessions, 1:1 sessions and services provided by MIND.

When asked what could be improved, they commented on unacceptably long waits for services, sessions being time-limited and services they felt were not appropriate for their needs.

Prevention and/or early intervention for people with mental health problems and dementia

People said they would like more help and support to stay healthy or manage their condition. This included a wider range of services to support them and a greater emphasis on listening to people, including user-led support services and befriending services.

People wanted shorter waiting times, with regular contact with someone while waiting, and more robust follow up for example to check medication is working and if the patient is responding to therapy.

More work with schools was highlighted, to help see early signs of mental health conditions and better services to support young people transition between child and adult services.

Our focus groups

Survey responses were very similar to the comments made by people attending our focus groups, and to the intelligence we collected throughout the year.

Someone told us “School budgets no longer have funding for mental health/counselling services. Schools are at the ideal position to catch mental health issues early- prevention and catching early will benefit patient and the NHS long-term funding.”

“Mental health support is too fragmented. People are either not well enough or are too unwell for the available services. Waiting times too long, CHUMS three months plus.”

Regarding adult mental health, we heard there about a long wait for services. “More difficult to access via PRISM for mild/moderate as patients need to see a GP for a referral. Other professionals like health visitors are not allowed to refer directly unless patient is in a crisis.”

“Do not forget HOME. People need to have as much information as possible in the home in order to know where they can go. Mental health is a prime example. It is good to have as much care at home as possible.”

The practical suggestion of “A single directory for charities and services that is kept up to date” was supported as there seem to be lots of different lists and it can be confusing.

What we heard from people with learning disabilities or autism

We heard from seven people with a learning disability (or their family/carers) and five people with autism.

“We (now in our late 60s) are primary carers too. There is no other help at all. Nothing proactive. Need to fight, remind, explain, all the time. We three feel utterly abandoned now.”

Four people told us that they had an additional long-term condition and three of these felt it made it more difficult for them.

Assessment, diagnosis and treatment for people with learning disabilities and autism

Four of the people with a learning disability replied either ‘somewhat’ or ‘yes’ when asked if the support they received when first seeking help had met their needs. However, only one of the respondents with autism felt that the support received even partially met their needs. All five of these respondents described their wait as slow or very slow. Three of the respondents with a learning disability described their wait as slow.

Ongoing care and support for people with learning disabilities and autism

People’s preferences for who they saw at different stages in the diagnosis/treatment/support journey

Only two people with learning disabilities and two people with autism told us that they were offered ongoing care and support after diagnosis. Both sets of respondents praised voluntary sector organisations, for example Little Miracles and the National Autistic Society.

Respondents with autism told us that they had encountered problems throughout their journey seeking assessment, diagnosis, treatment and support, and that lack of appropriate support affected their ability to lead full and productive lives.

“You get literally nothing after diagnosis.”

“No support has been available since my autism diagnosis three and a half years ago.”

“Post diagnostic support groups should always exist for adult ASD diagnoses. To both educate and ensure you have the opportunity to meet a few others like you.”

“My autistic sons have amazing minds. Please give them the support to deal with anxiety and sensory difficulties, and maybe they will live productive lives.”

“Mental health provision that takes into account the differences that ASD brings should be available and not just consist of CBT when many people with ASD find this can make them significantly worse.”

People told us of their experiences of poor communication; different teams disagreeing with each other; disjointed services; lack of appropriate services; and services withdrawn without explanation.

We heard that people with learning disabilities and autism had additional difficulties in accessing other health services, particularly mental health services.

Prevention and/or early intervention people with learning disabilities and autism

We heard that people would like:

- Help to live more healthy lives – for example gym access
- Health professionals to speak to them, not their carers
- Support to understand their relative’s mental health issues and how they could help them
- Information which explained things better, using words and pictures.

Our focus groups

We held a focus group for people with learning disabilities and their carers. We heard that participants wanted:

- Care from familiar nurses and GPs unless emergency or minor issue
- Face-to-face communication whenever possible
- To be talked to by professionals and that the discussions should NOT take place with their carer/parent/supporter UNLESS they asked for this to happen (this was also mentioned in survey comments).
- Pre-appointment questionnaires to avoid too many questions at the appointment
- Local services and care closer to home
- Support to maintain healthy lifestyles including sex and relationship education and support to access gym
- Information about what services they can access and support to do so
- Accessible information and appropriate communication
- Access and support to access dental services that met their particular needs.

We heard about loneliness and social isolation and the risk of poor mental health because of this, and how support to access activities to most appropriately meet the needs of people with learning disabilities and autism was hard to find.

Our intelligence data

We received similar comments about the obstacles to accessing appropriate support and services for people with autism throughout the year.

“They have now been told that they cannot have surgery as planned as the hospital is unable to meet their clinical needs safely.”

What we heard from people living with cancer

10 people completed the survey.

Six people did not have another long-term condition, four did. Two of these people felt that having an additional condition made it harder.

Assessment, diagnosis and treatment for people living with cancer

Eight of the respondents felt that the support initially received had met their needs. Eight described the time waited to receive an initial assessment or diagnosis as 'ok', 'fast' or 'very fast'.

Ongoing care and support for people living with cancer

People's preferences for who they saw at different stages in the diagnosis/treatment/support journey.

Most respondents (8) preferred to see any medically-appropriate health professional who is free immediately when first seeking help and when receiving a diagnosis and explanation of treatment or support options. A preference when expressed was less strong when considering initial treatment or support or during long-term support.

We heard about positive experiences of primary and specialist care. However, we also heard that people wanted to see improvements in communication particularly between different parts of the health and care system (including about entitlement to benefits) and how much they valued the wider support provided by Maggie's at Addenbrooke's and the Huntingdon Community Cancer Network.

Prevention and/or early intervention for people living with cancer

One respondent felt that more could be done at the regular NHS Health check.

"The 40-year-check is laughable, need to do blood tests as weighing and taking blood pressure is not enough."

Our focus groups

We heard about good local services:

"Skin cancer care in particular, GP referral and treatment within three weeks. Ongoing treatment is good, patient was seen every three months for a year and can be fast-tracked to consultant without being referred. (Saving time, NHS money and less worry to the patient)."

We heard from a local breast cancer support group about how they would like to have access to a well-being centre:

“Breast cancer “one stop shop” at Peterborough City Hospital. Scans, tests and start of treatment if required. Very efficient and staff explained exactly what was happening.”

“...with volunteers who make tea and can help get information off computers, leaflets or other support services or groups. With facilities for painting, music, chat, massage, alternative therapies etc. Access on rotation to dietitians, counsellors, other specialists such as lymphoedema & similar nurses, employment and financial advice as people will be working until later in life, end of life care, advice etc., outdoor and funded indoor gyms.”

Our intelligence data

Information collected throughout the year highlighted a similar mixture of positive and not so positive feedback about cancer services.

“When you get to see the consultant, they give you plenty of time – you're not under pressure.”

“They explain everything very well and are interested in you as a person and not just someone who is sick.”

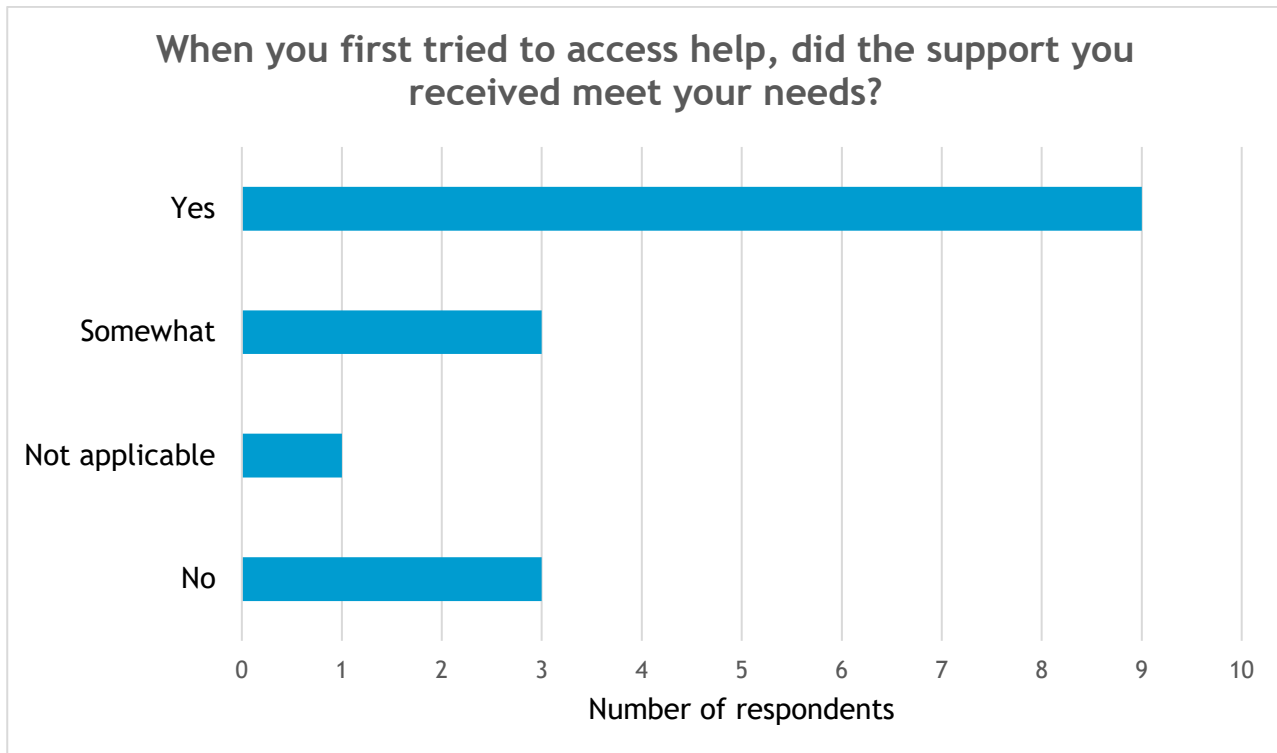
“When my husband was in a lot of pain with his cancer treatment, a doctor would not visit.”

However, we also heard from a patient who kept being sent to physio for back pain although they said the pain was different. They now have a terminal diagnosis.

What we heard from people with heart and lung conditions

We heard from 16 people who told us about their experience or that of a family member with lung and heart conditions. This is a small number to draw conclusions from especially as for specific conditions the numbers may be very small. The quality of some of the data is poor.

Nine of the respondents told us they had additional long-term conditions. Of those nine people, one said it made it easier; one person said it made it harder, four said it made no difference and three didn't know.



Assessment, diagnosis and treatment for people with heart and lung conditions

Most of the respondents felt that the initial support they had received had met their needs.

Half of those telling us about the length of wait for assessment, diagnosis or treatment described the wait as ok, fast or very fast. Slightly more than half similarly described the wait for treatment and on-going care and support.

“Took nearly three years to be formally diagnosed as asthmatic, as a runner they thought I had a cough but didn't know why.”

Ongoing care and support for people with heart and lung conditions

50% of respondents were offered access to further support and 50% were not.

People told us that they preferred to see the same consultant. One respondent said their practice nurse was a COPD specialist and that she was ‘always ready and available’ to see them.

We heard that some respondents had problems with communication – reports taking time to be sent to GP, and communication between hospitals needing improvement.

“It took six weeks for the report to get back to our doctors and that was with chasing it up. The letter of the report could have been written in language a normal person could understand and not in medical terms. A lot more care could go into explaining the results.”

People’s preferences for who they saw at different stages in the diagnosis/treatment/support journey

When first seeking help, seven of the 12 people who expressed a preference told us that they would prefer to see a health professional you normally see but you may have to wait. This number increased slightly when asked who they would prefer to see when receiving a diagnosis and explanation of treatment or support options. Five people said they would prefer to see any medically-appropriate health professional who is free immediately at both these stages.

People expressed a slight preference to see a familiar health professional continues through receiving initial treatment and support and long-term support.

This is different from what other people with other long-term conditions responding to the survey told us. Most respondents tended to prefer to see any medically appropriate health professional who is free immediately in the early stages of their diagnosis and treatment journey.

One respondent described the difficulties of living with co-morbidities.

“I am 14 years into living with multiple long-term conditions, but I’m seen as each individual condition rather than someone with five co-morbidities. Whenever I am seen it’s for one condition which means I could have multiple problems at the same time but will only address one at a time. I also find that there is little support in leaflets as explanations and no one has time to explain things.”

Prevention and/or early intervention for people with heart and lung conditions

We heard that the provision of accessible information and support groups were valued as a part of the long-term management of their conditions. People who identified as having asthma also valued regular check-ups.

People with lung disease told us how important it was to receive support in the early weeks to understand how to stop the disease developing, however:

“None of this (early support) was available. Patients with complex conditions need time spent with them so they understand the illness and how it will affect their lives.”

Our focus groups

Survey responses were very similar to the comments made by people attending our focus groups, and to the intelligence we collected throughout the year.

One survey respondent said: “The letter of the report could have been written in language a normal person could understand and not in medical terms.” The need for letters in Plain English was brought up in the Cambridgeshire general focus group:

“Plain English letters work better for patients than being copied into letters that professionals have written to one another which includes jargon which is then copied and sent to the patient.”

People in the focus groups also spoke about communication, and that it needs to be simpler and clearer for patients.

There were some indications that what people want from health services differs by age. Numbers may have been too small to identify whether ethnicity, or gender affected people’s experience. The survey did not identify employment status.

Responses did indicate that experiences of some services were affected by their experience of living with some long-term conditions. For example, people with a learning difficulty or autism, and people with mental health problem told us they had poor experiences of accessing health services both generally and services specific to their condition.

Our intelligence data

People had a range of opinions about care, but waiting times and administration were a concern for some, although there were positive stories of care too.

Heart

'It's all very good and going well. Waiting time is very long. Waiting for a heart specialist to see me.'

'My heart only half works and I take a load of tablets. Not sure they know what to do with me and they never explain what is wrong and what needs to be done to correct the problem.'

'The clinical excellence of Papworth Hospital is undermined by chaos in its admin, my recent experiences have been of total muddle over appointments.'

'Excellent cardiac rehabilitation service. Lectures, talks and an exercise programme.'

Lung

'A really positive experience. GP recognised that there was a problem and sent to A&E straight away. They discovered I had blood clot in my lungs. Lots of great things to say about everyone involved.'

'An asthma nurse has not been appointed and my son could not get his assessment on time.'

Engaging people in health service delivery

Throughout this exercise we found evidence of an interest and willingness to take part in conversations about people's expectations of services and service change. This report contains many ideas and suggestions about how services should look in the future.

Some people demonstrated an awareness of pressure on services and suggested alternatives such as telephone or Skype consultations. People seemed to be particularly interested in sharing with us thoughts about information, self-help and health literacy.

In order to self-care, people said they need access to current information. People told us they found it difficult to find current and comprehensive information. Others spoke about conflicting information, for example on healthy lifestyles.

“It is important to me that the NHS listens to me, takes me seriously and is well-informed about my condition so that I receive the best possible treatment.”

People want information on:

- Services they could access whether NHS or not
- How they could be referred or self-refer
- Clear information on healthy lifestyles
- Information in a range of formats

Some people expressed their desire to be involved in shaping services.

“I don't want my health needs to be part of a post code lottery. Consistent access to healthcare.”

“Fuller involvement and debate ... with people on the receiving ends of services.”

“Being involved in big decisions about how money is spent.”

“NHS transparency – how decisions regarding funding are made, and by whom.”

Next steps – Sustainability and Transformation

Partnership response

The Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) welcomes this Healthwatch report as an invaluable contribution to ensuring effective and meaningful engagement with local people and communities in the development of our Long Term Plan response. In particular, we appreciate the focus on gaining the views of frequent users of health and care services, as well as those of seldom heard groups. We also appreciate the face-to-face survey work as a means of gaining more insight into people's experiences and views.

The recurring themes that have emerged from the work highlight difficulties experienced by people including, in particular, access to primary care services, the challenges faced by carers, a need to focus on person-centred care, care that is not joined up as well as travel and transport issues. These are all long-standing problems and will need to be the focus for continued and coordinated action via the Long Term Plan response.

Other recurring themes, such as a willingness to self-help and awareness of the potential for digital solutions, offers the health and care system a real opportunity to empower local people to care for themselves and take more control. Again, the Long Term Plan response should ensure that we maximise these opportunities.

Regarding the responses to the 'general' survey, it is particularly helpful to have people's rankings of what they consider to be the most important issue(s) within each question's multiple options. Furthermore, the individual quotes included in the report provide an insight into the reality of individual experience.

The 'condition specific' survey offers a helpful insight into the care received by people living with long-term conditions and, although the survey response numbers by condition are small, these will nevertheless provide a helpful insight to the STP groups responsible for improving services.

In terms of next steps, the STP will:

1. Analyse this report, separating and directing specific themes, responses and insights to specific STP and System Groups for consideration and action. For example, feedback on diabetes will be directed to the Diabetes Clinical Community and feedback on digital opportunities will be directed to the Digital Enabling Group. We will ensure that the more generic themes, such as travel and transport and person-centred care, are directed more widely as these have an impact across the System;
2. Share the outcomes of this report with the STP Board as part of a wider report into the coordinated System engagement with local people in the Long Term Plan response; and
3. With Healthwatch permission, incorporate people's quotes into the Long Term Plan response.

Next steps - Health and Wellbeing Strategy

Health and Wellbeing boards were created under the Health and Social Care Act (2012) to act as a forum in which key leaders from the local health and care system can work together to improve the health and wellbeing of their local population. The Boards are statutory Local Authority committees, which include senior leaders from local NHS bodies and Healthwatch. Health and Wellbeing Boards are required by law to produce a Joint Strategic Needs Assessment of the health and wellbeing needs of local residents, and to produce a Health and Wellbeing Strategy to address these needs.

Cambridgeshire Health and Wellbeing Board and Peterborough Health and Wellbeing Board are working together to develop a Joint Cambridgeshire and Peterborough Health and Wellbeing Strategy for 2019-2024. This Strategy will place a strong focus on the wider social factors that determine our health, to create a truly joined up approach which is focussed on outcomes for local residents. We will work closely with the Sustainable Transformation Partnership (STP) to make sure that the Joint Health and Wellbeing Strategy is aligned with the STP response to the NHS Long Term Plan.

This Healthwatch Report, which captures the views of local people, has provided valuable insight to support the development of the Joint Health and Wellbeing Strategy, and will directly inform its content. By using this information about the views and experiences of local residents, together with health data and statistics from the Joint Strategic Needs Assessment, we hope that the developing Joint Health and Wellbeing Strategy will resonate with local communities and provide a strategic response to some of the issues identified.

Ongoing engagement with local stakeholders and communities throughout the development of the Joint Health and Wellbeing Strategy will be essential - and we look forward to working with both the Sustainable Transformation Partnership and Healthwatch to achieve this.

Note: More information on the local Joint Strategic Needs Assessment and Health and Wellbeing Boards is available on:

<https://cambridgeshireinsight.org.uk/jsna/>

<https://www.peterborough.gov.uk/healthcare/public-health/JSNA/>

Methodology

Surveys

Two surveys (a general survey and one aimed at people with specific health conditions) were designed by Healthwatch England and hosted on the national website. These surveys were promoted by Healthwatch England in their campaign; **'Have your say: It's Your NHS. What would you do?'**. Our Healthwatch promoted the surveys locally via:

- Twitter, Facebook and Instagram
- Healthwatch Cambridgeshire and Peterborough's website
- Ebulletins and partners' newsletters
- Links in staff email signatures
- Voluntary and community newsletters

The questions asked in the survey and in the focus groups were set as a part of a national project brief, designed by Healthwatch England for the local Healthwatch network.

A downloadable poster was circulated through these routes to encourage people to share their views, by completing a survey, participating in a focus group or talking to our staff at one of the engagement events we organised across the area.

Our engagement team, with some sessional support, promoted the survey and helped people to complete paper copies of both surveys at a wide range of engagement events working with community and voluntary groups and organisations. Aiming to encourage participation from frequent service users and seldom heard groups of people, the team spent time in Addenbrooke's, Peterborough, Hinchingsbrooke and the Rosie Maternity hospitals. The team also visited local community groups such as older people's groups and groups supporting people with specific health issues (e.g. Parkinson's groups and Cam Sight groups). The team also spoke to people from a number of ethnic minority groups.

The surveys were tested at the first week's engagement events and amendments made accordingly.

Responses obtained on paper copies was uploaded to the online database. In total, 755 surveys were completed by local people.

Focus Groups

43 people shared their views with us at five focus groups which we organised across the Cambridgeshire and Peterborough.

General public focus groups were held in Peterborough and Huntingdon, Cambridgeshire, with participants recruited from general advertising and promotion to local community groups including Healthwatch Community Forums. Healthwatch England provided guidance to structure the conversations.

A disability and carers focus group was held in Peterborough. A learning disability and carers focus group was held in Cambridgeshire. Participants were recruited through general advertising and working with partner organisations. Participants at these two focus groups had either direct experience of seeking support from, or accessing services for themselves, or for supporting a member of their family or someone they care for.

We also held a focus group with members of the LGBT community in Cambridge, whose members are aged over 50.

All these focus groups were facilitated by a Healthwatch member of staff. The discussion was built around Healthwatch England guidance and notes were taken to ensure an accurate recording of the discussion.

One local community group, Peterborough Breast Cancer Support Group, used the survey as a topic for discussion at their meeting and sent us notes of their comments to feed into the research.

Existing intelligence

We also analysed over 1,100 pieces of feedback received by our Healthwatch in the past year. We identified comments relevant to the conversation and themes in the NHS Long Term Plan.

Data protection and consent

Consent was a specific question in both surveys, ensuring that everyone completing the survey gave their consent. Focus group participants signed consent forms and were offered a copy of our leaflet which explain what we do with people's personal information and their rights under GDPR.

Analysis

There were four data sets to analyse:

- Findings from the general surveys
- Findings from the condition-specific surveys
- Findings from the focus group discussions
- Existing intelligence.

The survey data was collated and checked for any obvious errors (such as spellings of place names) and, where possible, checked against any retained paper copies for example if answers were incomplete or unclear.

Pivot tables and slicers were used to analyse the data. This was mainly to calculate number of responses by question, and where necessary, to divide those responses further – for example by one or more demographic characteristics.

Graphs were produced as appropriate and free text comments were grouped by theme. A selection of these comments was used to illustrate key messages. The full set of comments will provide an invaluable source of information about people's experiences and expectations.

The analysis of the data was peer-reviewed at regular points in the process.

Acknowledgements

Healthwatch Cambridgeshire and Peterborough would like to thank all the people in the area who took the time to complete the survey, promote it amongst friends and colleagues and came along to our focus groups.

Thank you too, to the many statutory and non-statutory organisations who also helped to encourage local people to tell us about their experiences of using health and care services, throughout the year.

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healthwatch
Peterborough

healthwatch
Cambridgeshire

We are the independent champion for people who use health and social care services in Cambridgeshire and Peterborough.

Our job is to make sure that those who run local health and care services understand and act on what really matters to people.

what
would you do?
It's your NHS. Have your say.