healthwatch Somerset

# Accessing information about health & support in Somerset:

## The views of local people

Local health and care shaped by you

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# Introduction

Healthwatch Somerset is the county's independent health and care champion. It exists to ensure that people are at the heart of care. A dedicated team of staff and volunteers listen to what people like about local health services, and what could be improved. These views are then shared with the decision-making organisations, so together a real difference can be made. This report is an example of how views are shared.

Healthwatch Somerset has been talking to local people about their experiences and views of the accessing health and support information in Somerset. This report tells you what people said when we spoke to them about this.

# Background

Over the next couple of years Somerset County Council and Somerset Clinical Commissioning Group are developing a neighbourhood approach that will bring health, care and community partners together to deliver services to local people in a more joined up way. It will:

- Promote prevention and early intervention.
- Provide high quality, person centred advice, care and support.
- Promote care and support which is delivered closer to home reducing the need for bed-based care.
- Use data and intelligence to learn from and make improvements.

SOMERSET County Council

NHS Somerset Clinical Commissioning Group

Healthwatch Somerset wanted to understand where people currently access information, advice and support to manage their health, and how this could be improved.

The aims of the project were to:

- Understand how and where people currently access information about their health and any support needed.
- Understand how and where people would like to access information about their health and any support needed.
- Understand the barriers people have experienced in accessing information about their health and any support needed.

# What we did

We prepared an information sheet for local people which included an overview of the project with details of how they could get involved.

We created a survey that could be accessed online and completed by hand at engagement events. The survey ran from 12 August to 15 September 2019.

We also attended four engagement events:

**Friday 30 August 2019**

- Alzheimer's Society Memory Café, Bridgwater

**Monday 2 September 2019**

- Frome and District Day Centre, Frome

**Thursday 12 September 2019**

- Frome and District Day Centre, Frome
- MIND group, Minehead

We also had a continuous presence through our website and social media feeds.

# Who we spoke to

237 people responded to the survey. The majority of respondents (99%, 234 people) currently live in Somerset. The three people who did not live in Somerset were registered with a Somerset GP.

Figure 1. shows the respondent's closest large town.

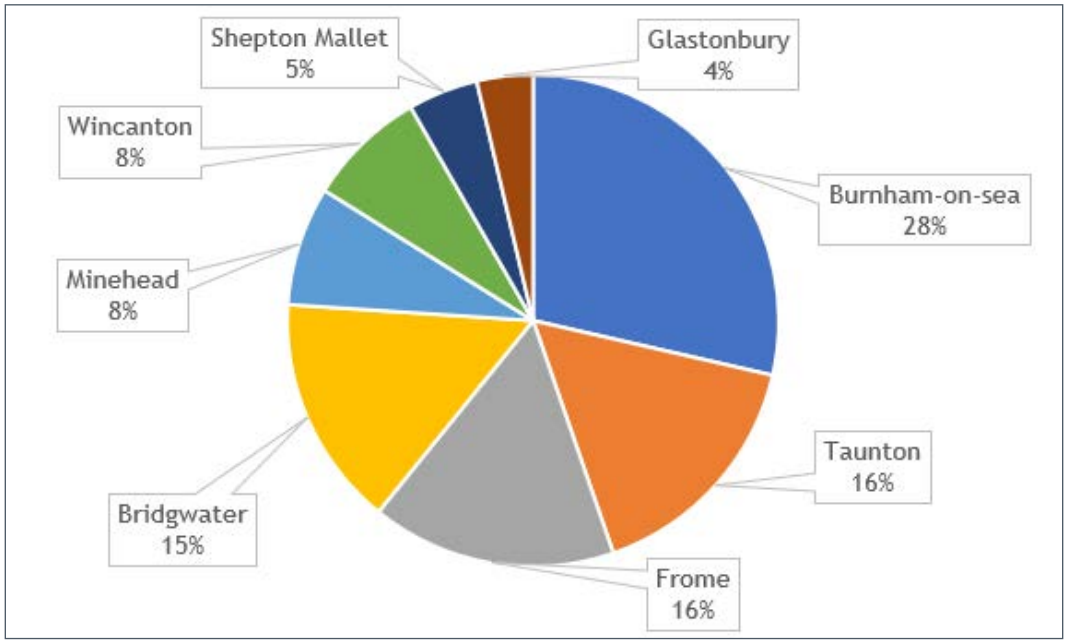


Figure 1. Closest large town of respondents.

We also received a small number of responses from Wells (5 people), Langport (4 people), Chard (3 people), Wellington (3 people), South Petherton (3 people), Cheddar (1 person) and Wiveliscome (1 person).

66% of respondents to the survey were female (157 people), 32% (76 people) were male and four people preferred not to say.

More than half (71%) of those who took the survey were aged over 55. The age breakdown of respondents can be seen in Figure 2.

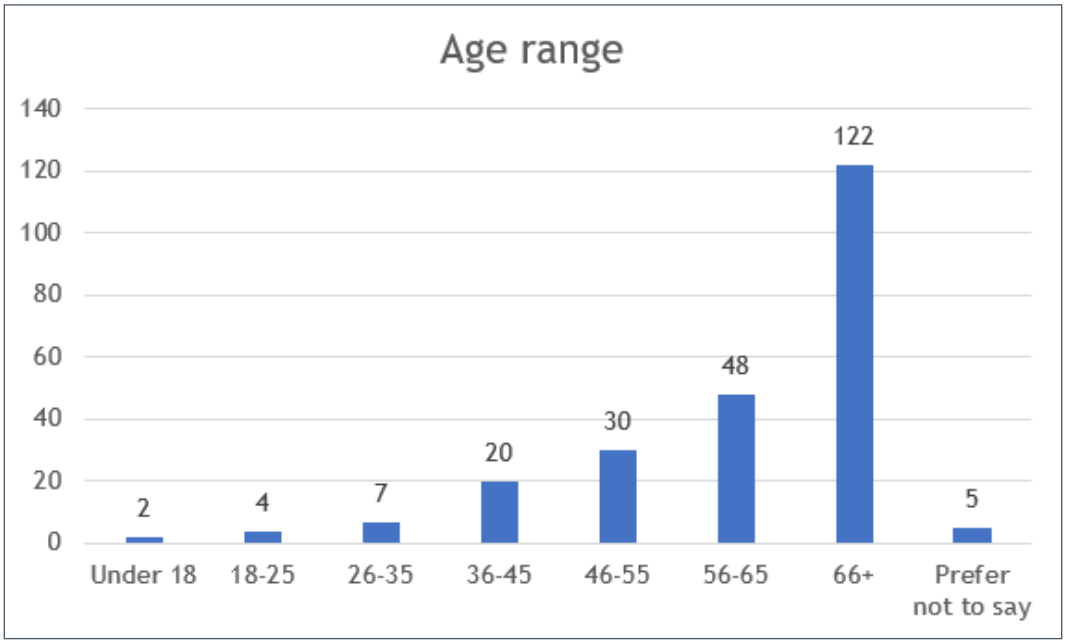


Figure 2. Age range of respondents.

The ethnicity of respondents was mainly White British (94%, 221 people). Please see Appendix A for a full breakdown of ethnicity.

62% (142 people) of respondents reported currently having a health condition, and 16% (36 people) identified themselves as informal (non-paid) carers.

Additionally, we also spoke with approximately 100 people across the four engagement events.

# Our volunteers

Healthwatch Somerset has a team of trained volunteers. Four of our volunteers were involved and contributed about 12 hours of their time. They supported the engagement by:

- Helping to promote engagement
- Supporting visits to local groups and focused discussions
- Promoting the online survey
- Distributing hard copy information and surveys
- Typing up focus group notes and inputting surveys

The views of local people

# Key findings

- Most people access information, advice and support about their health via the GP, online, and via friends and family.
- People currently access information in more than one place, depending on the severity and type of issue.
- Many people would like to access information from one centralised place (either online or in the community).
- People would most like to receive information via face-to-face interaction, leaflets/books and online.
- For those who like to receive information face-to-face, lack of access to GP appointments and transport links are seen as the main barriers to accessing information and support about health.

# What people told us

## Survey results

### Information and advice about health conditions

In our survey we asked people where they currently go to find out information and advice about health conditions. People mentioned a variety of places, and many people told us that they go to more than one place to find out information. However, the top five places were:

1. GP Surgery - 70%
2. Online (e.g. Google search) – 53%
3. Local Pharmacy – 24%
4. Friend/Family – 17%
5. NHS 111 – 15%

We also asked people in the survey where they would like to go to find out information and advice about health conditions. Respondents were able to write their own options, and Figure 3. represents their answers. The larger the word, the more it was mentioned in the responses. So for example, GP was the most mentioned word within the responses.

Figure 3. Word cloud: respondent's preferences to access information about health.

Some of the answers were related to specific services/sources of information (e.g. Somerset County Council website, NHS Choices) while others were more general ideas (e.g. a local hub, unbiased information).

As can be seen in Figure 3., people would still mainly like to get their information from the GP, and online. However, many said that they would like a central and local hub (either based online or in the community) to access information, and this was perceived to be an unavailable option at present.

People also commented that the place that they go for information changed depending on the severity of the issue. For general health queries, the internet was adequate. However, for more serious issues they would rather talk to a healthcare professional in person. Some also wished to talk to a GP to confirm that information obtained on the internet was correct.

The detailed results of these questions can be seen in Appendix B.

## Information about support services

In our survey we asked people where they currently go for information about support services (e.g day centres, lunch clubs, community groups). A variety of places were mentioned, with many going to more than one place for this information. However, the top five places were:

1. Online (e.g. Google search) – 41%
2. GP Surgery – 32 %
3. Friend/Family – 27%
4. Support Organisations (e.g. Mind, Age Concern) – 16%
5. The Local Library – 10%

We also asked people in the survey where they would like to go to find out information and advice about support services. Respondents were able to write their own options, and Figure 4. represents their answers. The larger the word, the more it was mentioned in the responses.

Figure 4. Word cloud: respondent's preferences to access information about support services.

As can be seen in Figure 4., the answers given were similar to that of where people currently go for information about support services. However, they would like the information to be available in one location, either online or a physical space.

We also asked people if they were aware of any support groups currently in their area. Sixty groups were mentioned by participants. Some of these groups were specific (e.g. Minehead Cancer Support), while others were more general (e.g. Mental Health Group). Fifty-eight people did not know of any groups; for some, this was due to not needing support groups at the time but others simply did not know where to find this information.

The most known groups were Talking Cafés and support groups for Dementia, Alzheimer's and Mental Health issues. The full list can be seen in Appendix C.

## How would people like to receive information?

We asked people how they would like to receive information. In our survey, of the three most popular ways that people would like to receive information, 77% (180 people) of people said face-to-face, 54% (126 people) said in a leaflet or book and 48% (111 people) said online written information.

In the survey, many people chose more than one way to receive information. For example, of the 180 people that would like to receive information face-to-face, 102 of them said they would also like information via leaflets/books as well.

The detailed results can be seen in Appendix D.

## Barriers to accessing information

Finally, we asked if people ever had any difficulties in accessing information, advice and support when they needed it. 54% said they had not, but 46% had encountered difficulties.

When asked to explain these difficulties, many people said that access to GP appointments and referrals was the main barrier to accessing information about health and support. Many of these respondents reported waiting between two and three weeks to see someone about their health condition.

> "Firstly trying to get through on the phone at the local surgery, then obtaining an appointment that can only be 2-3 weeks away. I could be dead by then!"

There was also concern about access to information from GPs during weekends and public holidays, and in urgent situations.

> "Almost every working day I am frustrated, as are millions of other professionals across the country at the thousands of wasted hours trying to find accurate up-to-date information."

People also told us that it was difficult to tell if information presented online was trustworthy. Many experienced difficulties in recognising the legitimacy of information, especially when it was inconsistent. Out of date information on websites, especially about locations and times of groups/clinics was frustrating.

Some people found that information was often fragmented, and that there was no central information source available to list all contacts/groups in once place. This led to feelings of confusion of where to find the best resources, with some respondents feeling that they had no idea where to go for help.

> "Not aware of one central place, leaflet or website listing all contacts/groups. Therefore whatever the need, it means using Google, asking others or being on a waiting list."

For those who preferred accessing information and support face-to-face, transport was a barrier. Support groups for specific conditions were not always held locally, and transport links were inadequate:

> "Transport. [Mendip] Slinky bus availability limited. Taxi dependent on financial."

People also told us that it was more difficult to access information and advice after they, or someone they cared for, had been diagnosed with a long-term condition. People often felt that they had been left to find the information themselves, with little to no signposting to support:

> "Search mostly online. From diagnosis pretty much left alone part from one review."

# Feedback from engagement events

While we primarily promoted the survey at our engagement events, we also had general conversations about accessing information and support with attendees.

The main themes that came out of these discussions were:

- Very few people we spoke to at the engagement events knew how to access information other than via family and friends;
- People were unaware that they could contact the council directly through a phoneline or via the internet;
- The internet was used to research specific conditions, or get information on where to go for support;
- Very few attendees who were providing care for their spouse or parent considered themselves to be informal carers, and were therefore unaware of where to go for a break;
- Many people used their family/friends/neighbours as a way of accessing information, but were unaware where those family members got the information from;
- Transport was an issue when getting to support services.

# Recommendations

This report provides insight into the provision of information about health and support from the point of view of those who access it. This information should be used to improve information access going forward. Some key considerations for commissioners and providers of services and support are:

## Information and Signposting at GP Surgeries

People told us that they wish to access information via their GP, however waiting times are a barrier to this. Therefore, we recommend that patient-facing staff in GPs surgeries are trained to give the right information and signposting to alleviate the pressure on Doctors.

One of the roles of Healthwatch Somerset is to provide signposting to local people around health and care. Therefore, if practice staff are too busy or do not know where to send patients for further support, they could provide patients with a Healthwatch Somerset leaflet or refer to our website.

### A centralised, up to date and promoted website

People told us that they like to access information online and would like health and support information to be available in one place. Healthwatch Somerset are aware that Somerset County Council and Somerset Clinical Commissioning Group have their own websites that contain this information; therefore, we recommend that they perform an evaluation of why people may not be using them.

### Support for those with long-term conditions

People with a long-term condition, found accessing information and support very difficult after they had been diagnosed. Therefore, we recommend that healthcare professionals provide patients with signposting to good quality, up-to-date information sources relevant to their condition.

### Identify carers

From talking with people at engagement events, we found that many did not consider themselves to be informal carers, despite caring for someone else. Healthcare professionals involved in caring for those who have a long-term condition, need also to consider those in a caring role (spouse/partner/sibling/child/friend etc). Introducing the idea or concept of being a carer and signposting individuals to help available to carers, may relieve feelings of stress or isolation. The medical practice should ensure this information is logged on the system so that those in a caring role have access to quicker appointments, flu vaccines etc.

# Stakeholders

This report has been shared with Somerset County Council, Somerset Clinical Commissioning Group and Somerset's Fit for my Future Programme Board. It has also been circulated to all of our voluntary and community sector partners.

The Strategic Manager of Commissioning, Adult Social Care at Somerset County Council gave us this response:

"Somerset County Council and Somerset Clinical Commissioning Group are developing a new neighbourhood approach to health and care that aims to strengthen individual and community resilience and wellbeing, and help people stay as independent as possible for as long as possible in their own home and community.

"I would like to thank Healthwatch Somerset and everyone who took part in the survey. The information and recommendations gathered have provided us with valuable insights that will be used to help make changes across the whole health and care system to ensure that access to information and support is in the right time, place and proportionate to people's needs."

# Next steps

We know that it is important that people know what has happened as a result of them sharing their experiences and views with us. We will work with commissioners and providers to ensure these findings and what people told us are used to develop how information can be accessed in the future.

Our findings will be presented to the Somerset Health and Wellbeing Board, and the report will be published on our website and shared with Healthwatch England.

# Thank you

Healthwatch Somerset would like to thank everyone who took the time to contribute their views and experience through the engagement activities described in this report. Thanks also to our dedicated volunteers who supported the engagement activity. Without them we would not have been able to reach the number of people we did.

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# Appendices

See separate document ***Accessing information about health & support in Somerset: Appendices***., which can be viewed and downloaded from the following link:

https://healthwatchsomerset.co.uk/reports-publications/

# Why not get involved?

healthwatchsomerset.co.uk

info@healthwatchsomerset.co.uk

01278 264405

Woodlands House, Woodlands Business Park, Bristol Road, Bridgwater, TA6 4FJ

@healthwatchsomerset

@HWatchSomerset

healthwatchsomerset


healthwatch Somerset


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