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The People's NHS: Research to support the consultation on creating a 'Compact' with the people of Wales in relation to their health and health services

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government.

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Executive summary

Introduction

In early 2013 Beaufort were commissioned by the Welsh Government to conduct independent qualitative research amongst the Welsh public, to support *The People's NHS* consultation. This ran between August and October 2012 and sought views and comments regarding the creation of a compact between the people of Wales, the Welsh Government and the NHS.

The research took the form of extended deliberative sessions in three locations of Wales (Cardiff, Ammanford and Pwllheli) and included a broad mix of members of the public. Aims of the research were to clarify attitudes towards the services provided by the NHS and the way such services are used by the public and to explore how relationships between the NHS, government and the public could be improved to achieve maximum efficiency of service provision. This was part of an initiative to engage the public more directly in creating a safe and sustainable health service for the future. A total of 55 participants took part in the research. Research fieldwork took place between 21st and 27th February 2013.

Key research findings:

Participants' overall perceptions of the NHS in Wales were mixed: differences in views were evident between rural and urban areas regarding the strength of the relationship between the NHS and the Welsh public; opinions were split on whether services provided by the NHS are tailored to the needs of the public; but there was overwhelming agreement that the NHS, Welsh Government and the public all have a part to play in improving health and making services more efficient.

It appeared that underlying the less positive views on the strength of relationship with the NHS in Ammanford and Pwllheli were two factors: firstly,

concern at changes in health care provision taking place locally (especially in Pwllheli); and secondly, participants' own less positive experiences of NHS care in these locations.

Immediate negative perceptions of the NHS in Wales included: criticism of the speed of service provision (with mentions of waits/delays/slowness); a perception of too much bureaucracy within the NHS; issues around a lack of funding/resources; performance issues within the NHS; reference to the health care changes taking place (e.g. crisis/change/uncertainty/cuts) and the feelings of anger, anxiety or concern engendered by these changes.

Positive perceptions focused around: the quality of care provided and aspects of the personal care provided by staff, and the accessibility of NHS services. Other points related to the service provided by the NHS, or services that participants would like the NHS to provide e.g. health promotion and prevention of illness.

In relation to participants' own interactions with the NHS, recurrent positive themes included speedy provision of care in emergencies and the high quality of care and support provided by NHS staff. Negative experiences often included frequent reference to long waits/delays for treatment.

Mixed views were evident on the service provided by GPs in Wales, but there was widespread criticism of the difficulty of booking appointments. Other areas of dissatisfaction for some with GPs were accessibility (i.e. no home visits, restricted surgery opening hours) and a lack of personal care/continuity. Some felt that the GP system was being overused by people seeing their doctor about trivial issues that could be dealt with elsewhere, or seeing a doctor because their medication would be free on prescription in Wales.

A range of views were also expressed on hospital and ambulance services in Wales, with some participants very satisfied and some less so. Negatives often centred round speed of service (i.e. response times for ambulances, or

waiting times in Accident & Emergency). When asked if hospital and ambulance services were being used in the right way overall by the public, some felt that A & E was sometimes used for less serious complaints and without there being a real need (occasionally linked to people having been drinking).

Information sources commonly used by participants to help them and their family keep healthy included: GPs and other health professionals such as pharmacists; NHS Direct; the internet more generally; as well as word of mouth, TV, magazines and advertising. The most trusted sources of information were health professionals, for their expertise and impartiality. Some concerns were evident regarding the possibility of misinterpretation of information sourced online and, sometimes, its commercial bias.

The dominant challenge facing the NHS in Wales was perceived to be a lack of money/resources. There was criticism across the venues of the way budgets were perceived to be spent within the NHS (with frequent mentions of 'waste' and 'bureaucracy') and also in all sessions, and especially in Pwllheli and Ammanford of hospital reorganisations/closures. Other challenges identified were the impact of an ageing population on health care provision and, in rural locations, immigration.

When asked who was responsible for helping the NHS to run efficiently and meet the needs of the public, participants most often cited the government. Confusion was evident over which government (with many attributing responsibility to Westminster) and also to the exact role and responsibilities of government. Funding, budgets (and sometimes cuts) were mentioned most often, where people had a view, with occasional mentions of strategy and health promotion/education.

The public were also felt by many participants to have a role in helping the NHS run efficiently, in the context of taking responsibility for their own health (e.g. by giving up smoking or not drinking excessively) and using health

services responsibly (e.g. turning up for appointments or not using A & E when there are other more appropriate sources of help available). There were mixed views on how easy or difficult this would be to do in practice, however.

When asked to complete an exercise to stimulate discussion on the perceived strength of the relationship between the public and the NHS, the relationship between the two was felt to be reasonably good in Cardiff, although there was considered to be room for improvement, but less so in Ammanford (participants in Pwllheli did not complete this task). The public's relationship with the Welsh Government was, in contrast, felt to be poor in both Cardiff and Ammanford (often based on the perceived remoteness of the Welsh Government, rather than any specifically negative views about it).

When asked how much of a say they felt the public had in the provision of health services and the NHS in Wales, the general view amongst the sample was that the public had very little influence. Whilst exercising their right to vote was sometimes thought to be an opportunity to have a say, its effectiveness was felt to be limited.

Given the low awareness and understanding of the role of the Welsh Government with relation to health services in Wales, perhaps not surprisingly the Welsh Government, the NHS and the general public in Wales were not seen as working together effectively at the moment in encouraging healthy living. When asked what was stopping this happening, the main obstacle was felt to be a lack of communication or dialogue between the three parties (and especially between the Welsh Government and NHS on the one hand, and ordinary people on the other).

More positively, some participants commented they saw more advertising and information on health promotion around nowadays than in the past, which they felt was a step in the right direction.

Whilst participants were generally of the view that the amount spent on health services in Wales was about right, many queried whether the budget was being spent wisely. Many called for a reduction in 'waste' and 'inefficiency' and a review of spending priorities within the NHS.

When asked to think about what the Welsh Government, NHS and general public in Wales could each do to help reduce the increasing health and social services budget, spontaneous suggestions for the Welsh Government were focused around a few themes: educating and encouraging the public to take better care of their health; ensuring better management of budgets and the reduction of waste within the NHS; and lastly, the provision of more information, communication and dialogue between the public and the Welsh Government.

Spontaneous suggestions for the NHS were very similar: firstly, reducing waste and improving the cost-efficiency of spend within the NHS; and secondly, creating more dialogue between the NHS and the public, to help educate and inform people on how to look after their health and also to feed-back on their experiences of care.

The key suggestion made for the general public in this respect was for individuals to take more responsibility for their health. Education was felt to be crucial to this, preferably starting at an early age in primary school.

When prompted with the Welsh Government ideas on commitments for the Welsh Government, the NHS and the Welsh public (taken from *The People's NHS* consultation document) the initial reaction of many was that the commitments were too vague and undefined. There were calls for them to be made more specific and measurable, and to use words that implied real commitment. Many of the themes struck a chord with respondents in the research, however, especially those relating to the NHS.

Ideas on improvements for the future largely focused around themes that had already been discussed, namely: an improvement in communication and dialogue with the public; a reduction in waste and improvements in cost-efficiency within the NHS; and more emphasis on the education of the public on health promotion and healthy living.

1 Background, objectives and methodology

1.1 The background

In 2012 the Welsh Government produced *The People's NHS: A consultation document on creating a 'Compact' with the people of Wales in relation to their health and health services*, reflecting a commitment in the *Together for Health* strategy.

The People's NHS consultation ran between August and October 2012 and sought views and comments regarding a compact between the people of Wales, the Welsh Government and the NHS. Its central aim was to encourage these three groups to work together to create better health and a safe and sustainable healthcare service for the future, through:

- Firstly, clarifying understanding among the Welsh Government, the NHS and the people of Wales as to their responsibilities;
- And secondly, through creating an on-going dialogue around how people can be more responsible for managing their own health and improving health services in Wales.

The consultation posed a series of questions under four broad headings, which were:

1. Helping people protect and improve their own health;
2. Involving people in their own care and treatment;
3. Involving people in designing services; and
4. Ensuring services are well-run.

It was anticipated that responses would be used to form the basis of an on-going discussion between the three stakeholders as to how NHS services can be more efficient, helping create a healthy, prosperous nation.

To support the consultation the Welsh Government commissioned Beaufort Research to provide independent research amongst the Welsh public, to gain as broad a perspective as possible on their views. It was hoped that these discussions, in line with other responses to the consultation document, would help mould a continuing dialogue through which the Welsh Government, the NHS and the people of Wales can improve healthcare services.

1.2 Research objectives

The main objectives of the research were identified as follows:

- To use qualitative research to clarify attitudes towards the services provided by the NHS and the way such services are used by the public;
- To use qualitative research to explore how relationships between the NHS, government and the public could be improved to achieve maximum efficiency of service provision;
- To produce a report for publication based on key findings of the research.

1.3 Research methodology

A qualitative approach was necessary for the research, in order to capture in-depth perceptions, expectations and experiences of a sample of the Welsh public. The research findings are therefore not intended to be 'representative' of all views and experiences across Wales but to provide indicative feedback against the research objectives.

The research took the form of extended deliberative sessions in three separate locations: Cardiff, Ammanford and Pwllheli, covering three Local Health Board areas. The aim was to include a broad mix of members of the public within the study, therefore each group contained a mix of:

- Recent users and non-users of NHS services (users were defined as having used an NHS service in the last 12 months, e.g. hospital, GP, health visitor or other service; non-users had not);

- Ages (including older people aged 65 and over);
- Gender;
- Life-stage (some participants had children at home, including some with young children aged 2 years or less);
- Different political affiliations;
- Socio-economic groupings.

Each session also included some people with disabilities. In addition, the Cardiff discussions involved some participants from minority ethnic backgrounds living in the area, whilst the Ammanford and Pwllheli groups contained some participants who lived in rural areas. Participants in Pwllheli were given the opportunity of participating in the medium of Welsh.

To allow for more detailed discussion, the sessions broke out into smaller groups during the evening. A deliberative approach was adopted for the work because it helps people engage with more complex/technical issues and enables us to see how views change as participants gain more knowledge and become more informed during the course of the two and a half hour sessions.

A total of 55 participants took part in the research. Fieldwork was carried out between 21st and 27th February 2013. Discussions were free-flowing but centred round the topic guide appended (see Appendix 1).

The report includes verbatim comments from the interviews, illustrating key points made in respondents' own words. Wherever verbatim comments are included to illustrate the point being made in the report, each comment is from a different individual. Quotes made in the Welsh language in Pwllheli are shown in Welsh and English.

2 Research findings

2.1 Summary of research discussion approach

The discussions with members of the public covered a broad range of topics:

- Sources of information used to help with their/their family's health and to keep healthy;
- Gathering examples of recent interactions participants had had with the NHS;
- Perceptions and experiences of the NHS in Wales, including GP services, hospital and ambulance services, and services in the community;
- Views on the key challenges facing the NHS in Wales today and in future;
- Perceptions of who is responsible for helping the NHS to run efficiently, and prompted views on the Welsh Government and the general public's roles and responsibilities with relation to health;
- Views on how well the NHS, Welsh Government and the general public in Wales work together in relation to encouraging healthy living and ensuring that the NHS is run efficiently;
- Prompted reaction to the Welsh Government's role in relation to the NHS in Wales, the Welsh Government's current budget for health and social services and projected future increases in spend;
- Suggestions on how the NHS, Welsh Government and public in Wales could help to reduce the health and social services budget and reaction to the Welsh Government's draft commitments for each party, from the consultation document;
- Ideas on how: the health and social services budget could be reduced; public trust in the NHS in Wales be improved; NHS services could become more efficiently run; and the general public could take more responsibility for their health;
- Suggestions for improvements in the ways in which the general public receives information and support with protecting and improving their own

health and reaction to initiatives run by the Welsh Government (e.g. Change4Life).

The full topic guide used is included at Appendix 1. Discussions covered a considerable amount of ground and in most groups there was insufficient time available to cover the last two areas above in any detail, although by this point the main themes had already been raised and discussed.

2.2 Top of mind associations with the NHS in Wales

Participants' overall perceptions of the NHS in Wales were mixed. In order to gauge their initial top-of-mind, general views, the discussions opened with a voting exercise on three statements to broadly judge where opinion lay.

The table below shows how participants voted:

	Cardiff		Ammanford		Pwllheli	
	Agree	Disagree	Agree	Disagree	Agree	Disagree
<i>The NHS in Wales has a strong relationship with the people of Wales</i>	11	5	3	16	0	16
	Plus 4 undecideds					
<i>Services provided by the NHS are tailored to the needs of the public</i>	9	11	7	12	12	4
<i>The NHS, Welsh Government and general public all have a part to play in improving health and making services more efficient</i>	20	0	16	3	16	0

The qualitative nature of these figures should be stressed, but it is interesting to note that participants in the more rural areas of Ammanford and Pwllheli were largely negative regarding the strength of the relationship between the

NHS and the general public in Wales, whilst participants in the urban South East of Wales were rather more positive (although some at this location were undecided). This reflects two issues; firstly, concern at changes in local health care provision taking place locally (notably in Pwllheli but also present at a lower level in Ammanford); and secondly, participants' own less positive experiences of NHS care in these locations (especially in Ammanford).

Whilst there were mixed views on whether the services provided by the NHS are tailored to the needs of the public, an overwhelming majority of participants recognised that the NHS, Welsh Government and the public all have a part to play in improving health and making services more efficient.

Top of mind words and phrases associated with the NHS in Wales tended to be more negative than positive on the whole, as a result of the two issues mentioned above.

Themes that arose when participants were asked which words immediately came to mind when thinking about the NHS in Wales included the following, discussed in more detail in the sections of the report which follow. Negative themes were:

- **Criticism of the speed of service provision:** words included 'slow', 'delays', 'waiting lists', 'waiting lists too long', 'GP appointments'. In Ammanford in particular, many participants had experienced delays in receiving treatment or in accessing healthcare services;
- **Perception of too much bureaucracy within the NHS:** 'disjointed', 'inefficient (top heavy)', 'too many managers' – this was a perception across all locations;
- **Issues around lack of funding/resources:** 'underfunded', 'stretched', 'rushed', 'poor financially', 'lack of money';
- **Performance issues within the NHS:** 'bad', 'poor performance', 'inadequate', 'shameful', 'systemic indifference', 'ok but needs overhauling', 'chaotic', 'dirty hospitals';

- **Feelings engendered by the changes in healthcare provision:** ‘trust’, ‘confidence’ (in the context these were being undermined); ‘frightened’, ‘worried’, ‘nervous’, ‘concerned’, ‘frustrated’, ‘anger’;
- **Reference to the health care changes taking place** (especially in Pwllheli, although a few mentions in Ammanford): ‘crisis’, ‘change’, ‘uncertainty’, ‘cuts’, ‘privatisation’, ‘dire future’.

Some positive aspects did emerge, however (especially in the South East Wales location but also from participants elsewhere who had had positive interactions with the NHS):

- **Quality of care provided and aspects of the personal care provided by NHS staff:** ‘good’, ‘friendly’, ‘caring’, ‘professional’, ‘excellent’, ‘improving’;
- **Accessibility of the NHS service:** ‘free’, ‘free prescriptions’, ‘available’, ‘local’.

There were also more ‘neutral’ comments on the types of services provided (or that participants would like to see provided) by the NHS:

- **Health promotion and prevention of illness:** ‘health prevention’, ‘more emphasis on prevention’, ‘screening’, ‘weight-loss’, ‘more effective lifestyle advice’;
- **Help provided by the NHS:** ‘illness’, ‘cancer’, ‘rare illnesses’, ‘hospital where my grand-dad died’.

2.3 Experiences and perceptions of the NHS in Wales

2.3.1 *Recent interactions with the NHS*

When invited to take part in the research sessions participants were given a short information sheet to complete, asking them to detail examples of their recent interactions with the NHS in Wales. As a starting point in the

discussions, participants were asked to refer to these sheets and explain what their personal experiences of the NHS had been like.

Across the three locations and amongst those who had used the NHS recently, a variety of different experiences was evident. Looking at positive interactions first, it appears that where the service is good it is often perceived to be very good – words used to describe the care that some respondents or a family member had received included ‘wonderful’, ‘marvellous’ and ‘outstanding’. Some examples of positive experiences of care given included **speedy provision of care in emergencies:**

- One older participant had suffered a heart attack and had been impressed by the emergency service – a paramedic had come out within four minutes, he’d been fast-tracked, had good treatment at hospital in Cardiff and made a full recovery;
- A younger man had been in a serious car crash and received emergency treatment which had saved his life (although he was critical of the length of time it had taken for his medical records to be transferred from the English hospital at which he was treated onto the Welsh NHS computer system);

A while back I had quite a major car crash and when the people, paramedics and things came to the accident I got air ambulance to hospital and the service that I received was second to none; they saved my life without a shadow of doubt (M, Ammanford)

- A father praised the quick and efficient service provided to children at Accident and Emergency (A & E) at the University Hospital Wales in Cardiff - his daughter played football and had suffered several injuries requiring immediate attention.

Other positive examples focused on the **care and support provided by staff** or on the **personal qualities of NHS staff:**

- In Ammanford one participant said he had received ‘all the help he could possibly have’ with a mental health condition, which had made ‘a hell of a difference’ to his life;
- Another participant said her mother’s treatment (for breast cancer) had been excellent;
- The support provided to a Cardiff participant’s daughter by MacMillan Nurses (she was suffering from breast cancer) was praised – others made the point this was outside NHS provision, however;

My daughter is recovering from breast cancer and I don’t think there has been any better care. There is always somebody at the end of the phone, people visit home, plenty of advertising. Really lovely, I don’t think that can be faulted at all (F, Cardiff)

- There was also praise for the health care received at Ysbyty Gwynedd from participants in Pwllheli, where several talked of being ‘treated fantastically’ there and being happy with the service provided;
- More generally, a Cardiff participant praised the friendliness and helpfulness of NHS staff she had come into contact with (at GP surgeries and hospitals).

Turning to less positive experiences of NHS care, one of the common themes emerging was of **long waits/delays for treatment**. In Ammanford perceptions of NHS care were more negative than positive, with several participants recounting their or family’s members experiences of waiting months to see hospital consultants, for hospital scans, or for an operation, and a few had experience of operations being cancelled at the last minute. These interactions left them feeling ‘very angry’, ‘very frustrated’ and ‘let down’. There was also criticism in this area of surgeons working privately and yet waiting lists on the NHS being very long.

The waiting list time is, I think it was 26 weeks, but I waited for seven months before I even got to see the consultant in which time the conditions got worse and I think the waiting times to actually go and see somebody after your GP is unacceptable. (M, Ammanford)

After six months I'm still waiting for the operation. I should have gone in two or three weeks ago but my surgeon has gone on sick. We don't know if he's coming back, so his workload has been distributed to other surgeons. So I could be waiting another six months and the cyst is three quarters the size of my liver. I'm extremely ill with it, in extreme pain constantly. (F, Ammanford)

Over the last month or two months, he has been taken into the hospital, well had an appointment to go in for the procedure and he's either been phoned up that morning and said it's not going to happen or he's actually been in. And last week again, it's about the fourth time, and he was actually in overnight, and then in the morning of the day they were going to do the procedure, they said for him to go off home again....His wife and him, the stress it's bringing to them, getting themselves wound up for cardiac surgery then only to be told at the last minute it's not going to happen and go home. (M, Ammanford)

Some compared the situation in Wales with that in England, where waiting lists were felt to be shorter.

The other thing is the waiting times in Wales and in England, I have family in England, and my brother had to have some surgery and from seeing the GP to actually having the operation was about six weeks. (M, Ammanford)

Other negatives emerging from recent interactions with the NHS or more general negative perceptions were:

- The perception amongst a few that older people were not treated as well as younger people by health professionals (although an older participant contradicted this with her own personal experience of excellent care). This was an issue that undermined their trust in the NHS;

I haven't experienced this yet but I have heard the stories where I think the NHS is a little bit ageist, where they do, as the older you get, they seem to think 'Oh well, they are here all the time' and they put you at a lower priority in terms of their patients. And another example is with cancer treatments, breast cancer treatment. A friend of mine is going through that treatment and she said she was very lucky that they have given her that treatment - had it been a 70 year old lady, they would not have given her the same degree of attention, treatment and care as she has been afforded solely because of her age, and that is disappointing because life is precious to everybody. (F, Cardiff)

It comes down to age as well. If you're quite elderly, and my grandmother's just passed away, she was 100 years old. When you're quite elderly, as it's been reported on the news and everything, a certain age in hospital, if you put your grandmother or mother, whatever, in hospital, there's a criteria now they don't give them water, they don't give them food because when they're dying they're dying and that is it. (F, Ammanford)

This perception was countered by a few older participants who felt they had not encountered any discrimination based on age, however – for example one person had been sent for a long series of tests by a very supportive GP to diagnose her condition, and another had generally received excellent health care.

Yeah, my experiences have all been really outstanding. Really, really outstanding and my brother who was born in Wales, now lives in England. He has lived in England for the last 20 years and

he commented just recently that the Welsh health service was excellent and he is very envious of the service that we get here compared to what they get in England. But no, I mean my experiences over the last couple of years have been just outstanding. (F, Cardiff)

- Concern for one person that GPs and health professionals were sometimes putting the cost of treatment ahead of patients' needs because of the financial situation within the NHS;

I think because of the financial constraints put on the NHS, all the doctors, in particular GPs, are thinking 'Right, which is the most cost effective medicine to give? What is the minimum we can give to get away to meet our targets?' (F, Cardiff)

This older participant said she had found it a constant struggle to obtain appropriate treatment for her rheumatoid arthritis – she felt the pressure on NHS budgets meant that she would not have been given the best (but more expensive drugs) without her pushing hard for them;

But I do get wonderful treatment for it, but I have to fight every inch of the way because they wanted to give two penny treatments and what I really needed was the very expensive drugs to keep it under control and to give me a good quality of life. (F, Cardiff)

- Difficulty in finding an NHS dentist (in Ammanford).

2.3.2 Views on the service provided by GPs and how these are used by the public

When asked about the service provided by GPs in Wales, the main top of mind issue across all locations was the difficulty of getting an appointment. Participants were unhappy about either having to book a routine appointment

weeks in advance or to having to ring and ring on the day if seeking an urgent appointment.

I haven't been to my doctors for two and a half years now, because unless you ring them at 8am to get an appointment you can't get an appointment and actually it's only for that day, which is from 12pm, or you go and sit in there at 9am and you could be there until midday. (M, Cardiff)

F: If you don't get through on the line between 8am and 8.30am, you don't get an appointment...

F: Yeah. And it's always engaged, you can't get through (Ammanford)

Some older people referred back to the past, when they felt it was easier to get to see your doctor, you always saw the same doctor and they would come out and make house calls when needed.

Dw i'n cofio blynyddoedd yn ôl, oedd hi'n ddigon hawdd gweld doctor, doctor yn dod i'r ty doedd? A heddiw 'ma, dach chi ddim yn gwybod pwy dach chi am ei weld...

I remember years ago, it was quite easy to see a doctor; the doctor came to the house didn't he? And today, you don't know who you'll see... (M, Pwllheli)

A few commented that they were aware some GP surgeries had better appointment systems, although only a few within the groups said their surgeries did so.

Other areas of dissatisfaction, for some, with GPs focused on accessibility and the lack of a personal relationship:

- No home visits available any longer (raised in rural areas);

I think they should bring back GP home visits. If you phone and you can't get an appointment the GP should be allowed to come up and see you. Two years ago I had norovirus and I was beside myself.....I couldn't get myself dressed to take my children to school. Thankfully I had a relative who was able to help but I couldn't get myself to the GP, I didn't know what was wrong with me. I had to phone them up and wait two hours for a phone consultation with a doctor. I mean I didn't know what I had, I could have been dead in two hours.... And I was so frustrated. I was in excruciating pain. (F, Ammanford)

- Restricted surgery opening hours were criticised in Ammanford, with calls for Saturday morning and/or evening opening, to help those who worked Monday to Friday. This was also a criticism applied more broadly to other areas of the NHS by a few (including hospital appointments / operations);

It's impossible to get an appointment without taking time off work (F, Ammanford)

It comes back to this 9am to 5pm NHS thing...You know the hours are just ridiculous (F, Ammanford)

- Sometimes experiencing long waits on arrival at the surgery before being seen, with appointments running late. Not everyone felt this was a big issue, however, and many were prepared to tolerate this if it meant they were given sufficient time in their consultation with their GP and were not 'rushed out';

I think there is a waiting time in most of the GPs [surgeries] but I think because of the service you actually get there then... It's not an in and out service as such so I think you don't mind... I don't think most people would mind waiting the extra time because you know that you will have the time that is needed for you. It's not...like

they're looking at their clock and getting people out so... (M, Ammanford)

- GPs not spending enough time with patients (for one or two), and giving the impression they'd prescribe something to hurry you along;

They're just trying to get you out of there, give you any drugs that's going (M, Ammanford)

- No 'continuity' of care with GPs and not knowing whom you would be seeing from one appointment to the next (an issue for older participants in particular, who spoke of the service from GPs being better in the past, when they had a relationship with their doctor);

Dach chi'n nabod nhw, ond dach chi ddim yn cael gweld yr un un, eich doctor chi ta, oeddau ni er stalwm, oeddau ni'n cael, oeddau chi'n sticio i'r un doctor, 'wan 'de... do's na ddim gobaith. You know them, but you can't see the same one, your doctor I mean, like you did years ago,you stuck to the same doctor [then], now.... there is no chance (F, Pwllheli)

- Some felt that surgeries were too much like businesses nowadays with a consequent deterioration in the level of care provided to patients.

Other minority criticisms made were around lengthy waits to have blood tests done and communication issues with a GP from overseas, whose English was not perceived to be very good.

When I went for a problem with my ears, I had an inflamed eardrum, I told him I did a skydive and he thought I meant diving underwater and kept on telling me I had water in it. I was like, "Well I've not been in water; I jumped out of a plane." It took so long to actually describe to

him what I had and at the end he was just like, "Don't go in water." I said, "I didn't." (F, Cardiff)

Some participants, in contrast, were very positive about the service provided by their GPs. This was the case amongst some living in small rural communities, where one of the advantages was seen to be as having a close relationship with their GP, who therefore knew them and their medical history. A few others praised the appointment system at their surgery.

I think we're quite lucky really where we're based, it's quite a small rural area, a lot of the GPs that we see are people that have known us for a very long time, most of our lives, so they get more of an understanding of who you are, they remember you, so they understand and maybe have that little bit more time for you unlike being in a city, you know, in and out, like a number really. (F, Ammanford)

One participant was full of praise for his GP who had picked up on a mention of a symptom (often linked to prostate problems) during a consultation for something completely different and had been 'absolutely fantastic' in identifying and treating the condition. Also, because of the fact that his GP had arranged for the tests to be carried out in the evening at the surgery, to fit in with his evening milking commitments (he was a farmer).

I hadn't really gone for that complaint, I just happened to mention it and straightaway he picked up on it and it turned out that I'd got prostate problems and, well, he was absolutely fantastic (M, Ammanford)

When asked if people used GPs appropriately, some felt that the system was overused in a number of ways. Firstly, some participants in Cardiff commented that it was harder to get appointments nowadays because they suspected more people would go to the GP for trivial things, because prescriptions were free in Wales.

I think it might be something to do with the prescriptions being free because people would obviously rather than pay for something, even like paracetamol and stuff, they will go to the Doctor and then they will just prescribe things like that. (F, Cardiff)

I mean the only reason I can probably think of for that is when I was living in Brighton if I had a cold or something minor I would always go to the pharmacist to just pick up my medicine, but Wales, because you get your prescriptions for free, I presume people are going who don't really need to go to the doctors, but the waiting time is a lot, lot longer. (F, Cardiff)

There was also criticism of some people taking advantage of free prescriptions in Pwllheli – again the impression was that participants felt doctors were prescribing over-the-counter drugs such as paracetamol too readily.

Mae'n nhw'n cymeryd mantais ar hyn o bryd, pob dim am ddim, 'sa nhw'n gorfod talu [am prescriptiwn].

They are taking advantage at the moment, everything for free, they should have to pay [for prescriptions] (M, Pwllheli)

As a result, some participants felt that prescriptions should not necessarily be free to everybody (if people could afford to pay, perhaps they should pay); also that there should be more frequent reviews of medication, to stop drugs being prescribed unnecessarily. Most people were supportive of the free prescription policy in principle, however.

I think they should be capped or something. If it's an on-going medical condition then maybe free prescriptions because you can't afford it, but if it's a one-off... (F, Cardiff)

Others thought that some people went to the GP unnecessarily anyway and should use other information channels or resources first.

No, I think there are a lot of timewasters just sitting on the Doctor's doorstep every day of the week. Just nothing better to do I think. (M, Cardiff)

Something minor like a headache or a cold and there's no need to see a GP but they'll make an appointment and go and see them which then is not letting somebody else that actually needs to see them go in and see them. (M, Ammanford)

But some people I think may go in with a little twinge or this, that and the other and they could resource the nurses far better, or the internet or leaflets or the chemist, rather than the GP. (F, Ammanford)

One participant suggested that practice nurses could be better utilised, perhaps carrying out some initial consultations, which would help alleviate the pressure on GPs. This might lead to an appointment with a GP, if the nurse was not qualified to deal with the problem, but could filter out and resolve some routine conditions.

But it would be nice to be able to go to the nurse and say 'My shoulder is a bit stiff, what do you think I can do to alleviate that or help it?' rather than wasting the doctor's valuable time. So if you could use the nurses a bit better. (F, Ammanford)

2.3.3 Views on the hospital and ambulance services in Wales and how these are used by the public

As with the service provided by GPs, views on hospital and ambulance services were mixed across the research groups. Some had already raised positive experiences of care from hospital and ambulance services in Wales (discussed above). Ambulance services were on the whole praised in the

South East Wales group although they were perceived to be less efficient if you lived outside Cardiff.

One positive example given by a Cardiff participant was of an ambulance arriving within a few minutes in the middle of the night to assist an elderly neighbour who had fallen downstairs. The quality of care provided by ambulance staff was also singled out for praise.

The response service is exceptional...And they were so good with her as well, because she was obviously terrified. (F, Cardiff)

Where there was dissatisfaction with hospital and ambulance services, it was often focused around speed of response/treatment.

A few participants in Ammanford were critical of long waiting times for ambulances in the area (although supportive of the service provided and mentioning the First Responders as a useful initiative locally). Participants in the Cardiff session were unhappy about delays in ambulances arriving in Penarth and Bridgend.

Generally I think the standard is very good and the air ambulance is absolutely fantastic, it's again the waiting time and I know we're in the country but again it's some of the waiting times to actually get an ambulance... (M, Ammanford)

In North Wales, Pwllheli participants were concerned about the provision of out-of-hours emergency services in their area – one spoke of a recent medical emergency at home requiring an ambulance and described it as 'laughable' that the ambulance coming out had travelled over 40 miles.

Dw i'n poeni mwyaf amdano ydi gwasanaeth argyfwng ar gael tu allan oriau arferol, hwnnw ydi'r un mawr dw i'n poeni amdano.

What I'm most worried about is the emergency services available outside of usual hours, that's the big thing I'm worried about (F, Pwllheli).

One participant mentioned that the paramedics sent out before ambulances should be able to administer a wider range of drugs and treatment than they were able to currently.

Continuing with the theme of waiting times, long waits at A & E ('up to 10 hours') were an area of dissatisfaction with hospitals, mentioned in all locations. Waits of up to 4 hours (mentioned as stated to be the maximum wait at the hospital in Llanelli) were felt to be unreasonable for small children. This was attributed mainly to a lack of staff and resources, but also, to a certain extent, to the wrong attitude amongst staff on duty.

I went to the local A&E department, my son burnt his foot, he was only two at the time and he was in a lot of pain. He was crying his eyes out. I was waiting and waiting and waiting and I said to my husband I'm going to leave in a minute, I'm going to self-medicate or treat him myself. But because it was such a bad burn I didn't want to risk making it worse... The nurse kept going past us and she could see him sitting there crying and she did not do anything to help me, give him a drink, offer him anything. (F, Ammanford)

A few also perceived there to be long waits at the local hospital for appointments (although they did not have personal experience of this).

*'Dw i wedi clywed am bobl efo apwyntiad am ddeg, ac yna tan ryw ddau, dri...dal yno 'lly' [am ysbyty Gwynedd]
I've heard about people with appointments [at Ysbyty Gwynedd] at ten, and there until about two, three, still there. (M, Pwllheli)*

Other individual issues with hospital services arising in Ammanford were concerns around hygiene (one person's husband had lost a limb from an infection picked up during a hospital stay) and a general lack of communication/care (another participant's father had been sent home from hospital in the middle of the night by taxi and had to struggle unaided to get from the taxi to his front door – his son could not understand why he had not been phoned to pick up his father personally).

When asked if hospital and ambulance services were being used in the right way overall by the public, some in Cardiff and Ammanford felt that A & E was sometimes used for trivial complaints and without there being a real need. This was felt to be the case particularly at night-time and where people had been drinking – some participants described A & E as 'scary' on a Friday or Saturday night.

I have got friends that have said to me the next day, 'Oh yeah, I was really scared so I went to A & E because I felt really sick or something in the night' and my friend thought he had broken his thumb because it was hurting a bit and then went up there because he panicked and stuff like that. I think when drinks are involved... (F, Cardiff)

There are occasions when people don't use the right systems for the right symptoms...One incident [seen on a TV hospital documentary] ... whereby a man went to A & E and he was just going because he had a splinter in his hand. A & E is not for using [in those circumstances]. (F, Ammanford)

...casualty tends to be abused by so many people anyway and that is another problem where you've got long waiting lists, is people turn up to casualty when it doesn't need to be. (M, Ammanford)

Sometimes participants felt that GPs or other health sources should be consulted instead, or that people should wait until the morning and assess the

situation then, but it was not felt to be clear-cut about what should be done in certain situations or necessarily where to go for what kind of condition.

2.3.4 Views on services in the community

Not many participants had any personal experience, so they had little to say on the whole about treatment provided to patients at home. There was praise for the service provided by health visitors to children in Cardiff however.

If you're having problems with kids they'll come out and have a look at the kids and say you need to see your doctor or he's fine/she's fine. They aren't doctors, they can't prescribe things, but they can help you on your way if they can see there's something wrong, they can tell you what to do about it. So they're quite useful. (M, Cardiff)

There was also appreciation of district nurses and for CPN nurses providing weekly home visits (by someone with a mental health condition) in Ammanford.

2.4 Health information sources consulted by the public

When asked where they would go to find out information to help them and their family keep healthy, a range of information sources (some personal, some online) were mentioned. The main sources consulted across the sessions are shown in the table below:

How/where do you find information to help you/your family with your health?
GPs/GP surgeries
Chemist/pharmacist
NHS Direct (more commonly the telephone helpline than the website)
Internet: most commonly Googling topics of interest or NHS Direct: sometimes YouTube; other websites occasionally mentioned (e.g. symptom checker, well woman/well man websites, etc.)

Leaflets or free magazines at other places, e.g. gym, leisure centre, chemist
Word of mouth/talking to friends or family
Adverts on TV e.g. prostate cancer, anti-smoking, Change4Life (although not mentioned by name)
TV programmes e.g. Embarrassing Bodies/features on TV programmes e.g. GP on This Morning
Magazines e.g. men's health/magazine or newspaper articles on health

The internet was felt to be a useful first port of call by many (generally younger) people, good for checking symptoms and getting some initial steer on what might be wrong, before making an appointment with a GP.

I think it sometimes depends doesn't it, because sometimes doctors can't or don't have enough time to go through all your symptoms and check every test they can do on you, so it is probably the best way of finding out....because if someone has had something then you can think 'Oh okay, maybe I will look and see if I have got the same symptoms'. (F, Cardiff)

It was also felt to be useful for getting information on possibly embarrassing conditions, for example acne, where someone might be reluctant to have a face-to-face consultation (although not necessarily the best source of information in these situations).

My brother has got really bad acne all over his back and like, I think because it is embarrassing you know he struggled for that to be his first point, the GP, because obviously they are going to look and stuff. So he has tried loads of like, you know herbal stuff or creams you can get over the counter and stuff and I think if things were kind of said, 'Oh, if you go here we can help you and give you these pills or whatever' he would have got rid of it quicker. (F, Cardiff)

The most trusted sources of information tended to be the personal ones – especially GPs, then pharmacists and NHS Direct – because of their expertise, but also because they were seen as non-commercial and therefore unbiased.

And the pamphlets from, like I said, the NHS or something as opposed to a private company. (M, Ammanford)

Participants preferred to speak to a health professional wherever possible, because they were seen as authoritative and specialist and had the right level of qualifications.

...whereas if you go to the doctors and chemist, you have one on one consultation and you are talking to a specialist. You expect them to be accountable and be credible in their field and their profession. So for me if I had really had a big problem I would go to the doctor as a first point. (F, Cardiff)

Do you know when you find something you need to hear it from the doctor 'cause they're professionals, or a nurse, to say 'Yes that is right'. 'Cause you wouldn't go ahead and take something, especially if you were expecting or something like that, 'cause you'd want back up to make sure you were doing the right thing. (F, Ammanford)

*Dw i'n trystio [meddyg] achos bod nhw'n gymwysiedig
I trust the doctor because they're qualified. (M, Pwllheli)*

NHS Direct was regarded as trustworthy ('government' information channels/health websites were sometimes seen as more reliable than others) but there was some criticism that the outcomes always seemed to be 'see your GP' so it was only felt to be useful to a point.

It does feel like that whenever you phone up, they almost tell you what they think is wrong with you, but then to cover themselves, 'I think you should go to the doctors anyway', even though they've almost told you what's wrong. (F, Cardiff)

The internet, although often the first information source consulted, was felt to be sometimes inaccurate and potentially misleading, and at times to provide too much information.

The internet is a wonderful thing but it can be misleading and it can be difficult.... The internet is solely you looking at a screen whereas if you go to the chemist you ask to speak to the pharmacist and you have got somebody in a two-way conversation who has got some knowledge and who if he doesn't know will tell you he or she doesn't know. (F, Cardiff)

*Y broblem efo Google ydi ffeindio cannoedd o broblemau, a dach chi'n teimlo yn r el hypochondriac.
The problem with Google is that you find hundreds of problems, and you feel like a hypochondriac. (M, Pwllheli)*

Several concerns emerged regarding health information sourced online: one was the possible risk of misinterpretation of symptoms/conditions, leading to unnecessary concern; another was the belief that many websites are there to sell a particular product or service, so the information provided is often not impartial.

I believe I read somewhere that doctors these days say that patients come in and say I have got x, y and z because I have looked it up on the internet and they usually don't have it at all but, you know, they think the symptoms all apply to them. (F, Cardiff)

The problem is, say you've got a stomach ache and vomiting, for instance, that could be anything, but you've always got cancer! ...Everything you put in is always something like that and it makes you really panic. (F, Cardiff)

...especially with the internet you have got to be careful which sites you go to because some of them are actually designed to give you advice because there is a marketing and a sales plot behind it. So you have got to be careful with that. (M, Ammanford)

TV programmes and features, as well as magazines and press articles, were felt to be useful to a point, but more of general interest, because they were not targeted towards one's personal issues / concerns. Areas mentioned where participants thought more information could be provided to help keep people healthy included:

- Cancer and screening (breast cancer/cervical cancer for women and prostate for men);
- Weight loss and healthy eating;
- Children's health (possibly through schools);
- Mental health/stress management;
- Health in pregnancy;
- General health checks or 'free MOTs on bodies' – the benefits were seen as being preventative or to pick up any issues early on.

Well, cancer is the big one, because it is growing. One in three people are diagnosed with cancer at present and they forecast one in two going forward. The other bit which is more a vanity thing and we are all guilty of it is weight loss because we overeat and [don't have] the right lifestyles. So those two are I think big things that everybody is interested in and reads up on. (F, Cardiff)

Dw i'n teimlo bod isho d'eud wrth bobl, os ydyn nhw rhy dew, bod, reit 'Fedra i ddim treatio chi nes bod chi wedi colli mymryn o bwysa'. Achos ma' na gymint o bobl ifanc rwan yn mynd efo ffyn i gerdded does? Dy'n nhw methu cered yn iawn nadyd? Achos bod nhw rhy dew.

I feel like they should tell people, if they're too fat 'I can't treat you until you've lost a bit of weight'. Because there are so many young people now going walking with sticks isn't there? They can't walk properly can they? Because they're too fat. (F, Pwllheli)

2.5 Challenges facing the NHS in Wales

Participants were asked what they thought were the key challenges facing the NHS in Wales today, and in the future, in terms of health in Wales and the services it provides. The main challenges identified unprompted were very consistent across the research locations, with the dominant issue raised being funding and resources:

Money/finances/cutbacks

The lack of money in the NHS was felt to be to blame for the problems experienced by some participants (e.g. long waits for operations, long waits to be seen in A & E).

Budgeting. Pretty much everyone's had a bad experience with things like waiting times in A & E, six hours, we've got to appreciate this, with such a strict budget and doctors earning so much and rightly they should earn much because the job they do is fantastic, they can only afford in the budget to employ three doctors on a shift so if you've got 30 patients come in, that's 10 patients a doctor, it's obvious they're not going to see everyone in half an hour. (M, Ammanford)

Some commented that the sums raised by taxation would not be adequate to cover the health care provision needed by an increasing population of older people.

It will all come down to money management because, well, there is just not enough taxes being paid in to cover everybody. Everybody is living to an old age or most people are. (M, Cardiff)

Others disputed this however, suggesting that the Government had not got its spending priorities right and was not necessarily spending the right amount on health.

I think perhaps it's not there aren't sufficient taxes to meet the NHS requirements. It is how the Government deploys those resources. I think they are spending them on the wrong things. (F, Cardiff)

My point ... was saying the Government waste money on things that are not important and they should concentrate on people's health first and foremost, that's what I think. (F, Ammanford)

Many participants were critical of the way budgets were perceived to be spent within the NHS. There were frequent mentions of 'waste' and 'bureaucracy' and the perception was voiced across all locations that too much was being spent on managers and not enough on core patient services. Others disliked the fact that they felt the NHS was being run 'as a business' nowadays and had lost sight of its core values.

There's waste, a lot of bureaucracy, resources diverted, not to the British public and that's my view. I think there is more than enough money, it is how we use that money and whether we use it [wisely]. (F, Cardiff)

I also think it's wrong to a certain extent running a health service as a business; it's not a business; they're not there to make a profit, they're there to help people and I think the more they have health wards set up as a business, the needs of the people aren't really... they're not that

high on their priority where they should be high priority. (M, Ammanford)

There was criticism of hospital reorganisations/closures in all sessions (although much more so in Pwllheli and Ammanford than in Cardiff) and anger at the impact that these were having (or would have) on service provision. These changes were sometimes seen as 'all about money' and blamed on poor budgeting.

They're closing all the smaller hospitals that could be utilised, but instead of that you've got to go up to the Heath. My family live in West Wales, so they've got to go all the way to Carmarthen. You know they're closing Pembroke. (M, Cardiff)

Just recently the way they've done the shake-up of local services within Carmarthenshire and Pembrokeshire and moving services from one place to another, whereas if they budgeted correctly, then they may not have to do that. I mean they spend millions of pounds on new units at hospitals only to close them down a couple of years later to centralise it. Now I'm used to living in a city before moving here and when you're in a rural area travelling 30 miles can be quite difficult, whereas in a city 30 miles might be nothing. (M, Ammanford)

Os does na ddim gwasanaeth lleol, mae o'n mynd yn bellach oddi wrth y bobl. A dydi'r gofalwyr ddim yn gallu copio efo be mae nhw efo rŵan. Os ydi pobl ddim yn cael y gwasanaeth mae'n nhw eu hangen, mae nhw'n mynd i ddiiodda. Fatha symud yr uned fabis o Bodelwyddan i Arrowe Park, wel dydi hyna ddim yn gwneud synnwyr, a mae'n nhw'n d'eud wedyn, dim ond deuddag babi sy'n wael iawn 'sa'n mynd i Arrowe Park, ond un dach chi isho, ac os dach chi'n riant i'r un plentyn yna, mae un bywyd yn rhy gostus i mi i golli.

If there isn't local service, it goes further from the people. And the carers can't cope with what they've got now. If the people don't have

the service they need, they are going to suffer. Like moving the baby unit from Bodelwyddan to Arrowe Park, well that doesn't make sense, and then they say then, it's only very sick babies that would go to Arrowe Park, well that doesn't make sense, but you only need one, and if you're parent to that child, one life is too expensive, for me, to lose.
(M, Pwllheli)

Ageing population

Some participants in all sessions highlighted the fact that the population was living longer, which would mean more pressure on health services. There were not felt to be sufficient resources available within the health service to manage the demands of an ageing population.

We're an ageing population aren't we, you know as we get older, we're living longer so obviously your bones have more... it's going to be a bigger strain on the service. (M, Cardiff)

Fi a pobl fatha fi, pobl sydd wedi ymddeol, llawer iawn o bobl mewn oed, lawer mwy nag oedd 'na, mae 'na post war baby boom yn gweithio'i hun drwy'r system, 'da ni'n cyraedd oed rwan ar ol chwedeg lle mae 'na fwy o ddynion yn mynd i fod ganddon ni ar y gwasanaeth iechyd, a dw i'n meddwl fod hynny yn broblem fawr, 'booming' i'r NHS yng Nghymru.

People who have retired are the problem; there are many older people, more than there used to be, and more required from the NHS.... Me and people like me... there is a post war baby boom working itself through the system, we are reaching the age of sixty now...and I think that is a big problem, a booming one for the NHS in Wales. (M, Pwllheli)

Immigration

On top of the increase in the population from people living longer, some participants in rural areas (Pwllheli and Ammanford) raised immigration as an issue for the NHS in future.

You've got people coming in from other countries and things, they can access our NHS, they've never paid into this country. We, as tax payers, pay for the NHS and you've got people from all walks of life and all countries coming in, directly into the NHS, they can use the NHS at any time. But what about the likes of us, that are waiting for operations and things? (F, Ammanford)

Os ydach chi'n dod di'r wlad yma, mae'n rhaid i chi dalu am eich triniaeth, dach chi'n goro' talu am eich triniaeth, neu rywbeth i mewn yn y pot.

If you come in to this country, you have to pay for your treatment; you have to pay for it, or put something into the pot. (M, Pwllheli)

The perceived influx of people from overseas was felt to put pressure on over-stretched health services.

They'd be absolutely overwhelmed. They're overwhelmed now and they can't cope with it. There's not enough staff, there's not enough hospitals, there's not enough equipment. (F, Ammanford)

Another concern mentioned in both Ammanford and Pwllheli was people from overseas countries coming to Britain specifically for operations or for NHS treatment, which was perceived to delay treatment for others.

Certain nationalities, Africans mainly, they will come here just for treatment and if there's a delay or anything like that, they phone, they kick off and say 'Well I've come to have an operation' and you think well why?... And they're not paying for it, and they'll blatantly admit it

and you think well that's not fair, why should people come here from other countries to be treated when our own aren't getting treated, because they're getting pushed to the back of the queue? (M, Ammanford)

Other minority challenges (mentioned in only one location) were:

- **Retaining staff**

An issue raised in Cardiff – nurses were felt to be going abroad to work because they could earn higher salaries overseas than in the NHS;

- **Culture of liability**

Widespread fear of litigation and the impact this would have on health care was raised in one discussion.

Liability, like it almost seems to be a vicious circle in a sense that there are cutbacks and everyone's worrying about money, so everybody's worried that the nurses and doctors aren't doing their jobs properly and they're worried they're not spending enough time with people – everyone kind of fears everyone. We're worried that with the cutbacks people aren't getting enough care and nurses are worried about being liable for something. (F, Cardiff)

- **Rising cost of treatment**

Another challenge raised in one location was the rising cost of treatment, with expensive new drugs and equipment being developed, and the NHS having to manage public expectations around this.

Disgwyliadau ar ran y triniaeth sydd ar gael. Mae llawer iawn o'r triniaethau yn rai drud, mae y feddyginiaeth sydd angen ar gyfer y driniaeth wedyn yn un ddrud, ac hwyrach ei fod o'n gwneud i bobl dal i fod yn fyw, a mae'n nhw'n dal yn gostau ar ôl y driniaeth.

Expectations of the treatment that's on offer. Several of these treatments are expensive ones, the medicine that is needed is then expensive, and maybe it does help to keep people alive... [but] there are still costs after the treatment. (M, Pwllheli)

2.6 Perceived responsibilities for running the NHS in Wales

When participants were asked who they thought was responsible for helping the NHS run efficiently and meet the needs of the public, the **government** was most often mentioned spontaneously.

No real clarity was evident in most cases about which government (whether the UK Government at Westminster or the Welsh Government in Cardiff); where participants could comment, they were more likely to feel Westminster was responsible than the Welsh Government, however.

The Government. That is who we pay our taxes to. [When asked which government] Right from the local right up to the Prime Minister. All the way up the lines of responsibility and accountability throughout. (F, Cardiff)

...it's got to be down to funding hasn't it, by the Welsh Assembly and by the Government. [When asked which Government] Central Government. (F, Ammanford)

The Minister for Health ultimately [When asked for which Government] Westminster. (M, Ammanford)

Where the Welsh Government was mentioned there was often confusion about its relationship with the UK Government on health – some perceived Westminster to have the overall responsibility for health, whilst others were aware that it is a devolved area.

F: Well, there is a health minister [in National Assembly] and I would have thought that they are more able to deal with local issues than national government so I would have thought there's the Area Trust, then the Welsh Assembly, then the National Government.

F: The ultimate responsibility is National Government. (Cardiff)

I think health is a devolved subject to this anyway so it is the Welsh Government that has the primary responsibility for health in Wales as far as I know. (M, Cardiff)

Expectations of the Government for a few were that, as an elected body, it should deliver a good health service to the public.

The way I see it, we voted that Government into power, into position. When we pay taxes or whatever contributions we make, it is ultimately that individual who is responsible for them. Therefore when we voted them in to provide a good national health service, that is our expectation, that is what they should deliver. (F, Cardiff)

Many participants were unclear on what the Welsh Government's specific responsibilities were as far as the NHS in Wales is concerned and had little idea how the Welsh Government linked to the NHS. This led some to call for better communications and information from the Welsh Government.

And to be honest I couldn't tell you what role the Welsh Government played completely in decisions that they make about why we have free prescriptions and why we're closing hospitals, and it doesn't sound like many people round the table could. So in that sense, I think maybe we need to kind of know a bit more about that. (F, Cardiff)

We know that they've given us free prescriptions in Wales only, that's a lovely little plus there all of a sudden. We don't know the full functions

of what the facts are, what's being spent here whatever, that would be better. (F, Ammanford)

Where people had a view, most commonly mentions were of funding and budgets (and sometimes budget cuts), as well as overall strategy; a minority mentioned health promotion/education.

They hold the purse strings, don't they? (M, Cardiff)

Cut the budget. Save this, save that. (M, Ammanford)

They're deciding now, there's a lot of aggro going on now in North Wales about sending the baby unit across into England. And Wales is saying, the Minister in charge, he has to make the decision now whether they proceed, do you know what I mean? So they have the final word in changing everything, you know. (M, Cardiff)

PR and marketing and kind of... campaigns to stop people smoking and all the kind of stuff behind that. Educating the public I guess. (F, Cardiff)

Because some people's knowledge was sketchy they often struggled to comment on how effective the Government was in helping the NHS to run efficiently.

A minority were less than positive however, with one person citing too much interference from the Welsh Government at an operational level in the NHS and another concerned about politicians' level of understanding and knowledge of the health service. Others felt that politicians would take advice from specialists in these situations in any case.

But the Government's responsibility is a strategic one and I worry a bit about too much management interference by Government at any

particular level. I think that the actual management of the service needs to be left to the service. (M, Cardiff)

...they have some say in it, but I don't know how much they understand it half the time.... One week he can be the Minister of Health, the following week he could be the Minister of Transport, Farming.... (M, Cardiff)

I get annoyed by them going out and spouting off about, for example, the NHS when they've got no background or anything in the NHS, I think if you've got a portfolio and your responsibility is either NHS or policing or something, you should have been there to know what it's about; it's pointless, you know, somebody from Barclays Bank going in and trying to manage a hospital; they're in one business so they don't know what goes on, on a ward and in a department, and they're just getting the brief from their Minister. (M, Ammanford)

Other groups singled out by participants as having responsibility in the running of the NHS in Wales were **NHS staff** and the **general public**.

A few participants mentioned the role of NHS staff (admin and hospital staff, as well as nurses and doctors) in running the NHS.

It's down to making it run smoothly and efficiently and people who answer the phones, the people who deal with appointment timeslots and the ones that deal with the calls that come in. (M, Ammanford)

The public were felt to have responsibility in the context of people taking responsibility for their own health and using health services responsibly. Examples of how they might do this were not drinking to excess; not smoking; not taking drugs; turning up for doctors/hospital appointments; not wasting medication, etc.

When you say the NHS in Wales, I mean surely we as the public have a responsibility as well to turn up for our appointments and to take all the tablets that are allocated to us and not just dump them in the bin and not just waste them. To get to our appointments on time and be a bit patient as well, because I think that there is a lack of being able to wait as a public and expecting you know for somebody to be there when we need them at that moment, and not being able to say okay so the Doctor can't see me, or I can't get a hospital appointment, or my test results are not going to be here for another week or so, and so we have a responsibility to ourselves as well as to the NHS and also to look after our own health. (F, Cardiff)

As the gentleman said....we've got a role to play with our drinking and smoking and taking recreational drugs. (M, Cardiff)

Another area where the public was felt to have some responsibility to the NHS was in giving feedback on the service received.

Point out where the failings are...and saying where it's working, as well. (M, Ammanford)

When prompted on what exactly they saw as being the role and responsibilities of the general public with regard to the NHS, most participants were of the opinion that people should take more responsibility for looking after their own health. Some of the examples given of people not doing this currently included individuals drinking too much and ending up in A & E, or not helping themselves be healthier by taking exercise.

*I think a lot of them have got to help themselves a little bit as well....
On a Friday night and a Saturday night when you go down to casualty, I went in two years ago with a broken ankle. I was sitting there with a broken ankle for two hours and there was ones coming in there*

that...they'd been out on the town, they didn't know where they were.

They were shouting, they were swearing. (M, Ammanford)

I think the NHS takes a lot of personal responsibility from your own body doesn't it, you figure if you've got a leg injury and are sort of doing exercises to strengthen your leg, you kind of go back to the doctors and get some more painkillers and it's kind of a way of... I don't know. I think people need to take more responsibility for their own physical health and to getting better. (F, Cardiff)

Mae o'n beth pwysig fod pobl yn edrych ar ol eu hiechyd, a hefyd peidio gwastraffu adnoddau prin, ond wrth gwrs haws dweud na gwneud... eto

It's important that people look after their health, and also not waste scarce resources, but of course it's easier to say than do. (M, Pwllheli)

It was felt that some of the money spent on critical care could then be put in to health promotion schemes and initiatives that might prevent people from needing medical care in the first place. Free (or subsidised gym membership) was mentioned in a few discussions as being something that should be considered¹.

Yeah, then some of the money that's directed into critical care could be, I think, wisely invested more into the health side of things... I mean, for example, I don't know if they do it in Wales but in England they have the doctor [who] can write a prescription for gym membership, so people who have got things like depression and weight [issues] and things like that rather than going and giving them prescriptions of antidepressants and things like that, if they would offer.... say three months or something going to a gym, which has shown that, obviously

¹ The Welsh Government funds the National Exercise Referral Scheme (NERS) which has been developed to standardise exercise referral opportunities across Wales. The scheme targets clients who have a chronic disease or are at risk of developing chronic disease, referring them to a high quality supervised exercise programme to improve health and wellbeing. For more information, see <http://www.wlga.gov.uk/ners>

their fitness increases, but also their mental health improves by doing that. (M, Ammanford)

Some queried how easy it was to take responsibility in practice, however – it was felt to be easy to say stop smoking but hard to give up in reality. There were also mentions of the cost of eating healthily as a barrier.

It's hard to give up though isn't it, I mean I enjoy my cigarettes and I've smoked since I was 15, you know it's hard isn't it. (F, Cardiff)

You mentioned that we don't cook fresh food, but fresh food is much more expensive... Yeah, I do as well, but sometimes like when you look at, like if you buy the fresh fruit compared to the chocolate, you can buy like three bars of chocolate for £1, but for £1 you get two bananas – no. If you've got like five kids, do you buy the three chocolates or the two bananas? (F, Cardiff)

A few hinted that they thought that it was wrong that people who persistently ignored advice were able to access services, although nobody felt that treatment should be refused.

You get 1,000 people, who have been educated about eating healthily or not smoking, yet they still choose to do it. And it just seems unfair that those people have ignored all advice, ignored everything and still get to have like surgeries to help them stop eating and anything like that – it just seems a bit wrong. (F, Cardiff)

Some suggested that they should be treated differently, however, for example asked to pay a contribution towards (or the full cost of) treatment in A & E if it was 'self-inflicted', for instance if someone had been injured in a fight after a drinking session. Another suggestion made by one participant was that additional taxes on certain lifestyle behaviours could be used to further fund NHS services.

I think something like that where it's self-inflicted, they should have a fine or something, but translate it to a charge so if the police take you in because you've been in a fight, you get fined £60 and that £60 goes back to the NHS. (M, Cardiff)

...to be honest I think that people that go out on a Saturday night and get absolutely sloshed and end up fighting and things and ending up in casualty on a Saturday night/Sunday morning, they should be... I mean I think they're just taking the mick to be honest on that, but that's just money wasted because that is self-inflicted injury really. (M, Ammanford)

Put more taxes on beer.....another bit of tax which goes entirely to make them better on a Friday, Saturday night. (F, Ammanford)

Being charged for NHS medical treatment in these situations was felt by one or two in Ammanford to be a powerful deterrent for the future.

I remember when we went away on a boys' holiday and went abroad and I got completely out of my mind drunk and was taken to hospital, I got admitted, and I had a €400 bill and I had to pay the bill before they'd give me my passport back and before I was allowed to leave and then my health insurance wouldn't cover that because you're drunk... When they went to hospital with an injury from being in a fight or from being drunk then for those simple reasons you'd have to pay....If you go out and you get drunk and you get taken to hospital and they pump your stomach and they spend all night with you and it costs you £100, next time you're going out you'll be thinking 'I'm not going to go that far again'. (M, Ammanford)

Others felt that education was the answer to changing behaviour and felt strongly that it was not the NHS's role to police (or penalise) people's behaviour.

You might not use the NHS but get in a fight one day and then be charged £60, even though you've never gone to the doctors in your life. I think it's not the NHS's responsibility to police people's health or behaviour. I think they have to take responsibility for it themselves and the money should be invested in educating, in trying to make people lead those lives as opposed to doing it the backwards way which is saying we're going to start putting charges or changes to the way we treat people. I think it's got to be trying to get people to change the way that they act. (F, Cardiff)

2.7 Views on the relationship between the NHS, Welsh Government and general public in Wales and the extent to which the public has a say

Participants in each group were split into two smaller teams and asked to complete an exercise to highlight perceptions of the strength of the relationship between the general public in Wales and the NHS and the Welsh Government. This involved placing a card representing the general public on a diagram with two axes, representing the relative strength of relationship with each body. Not all participants in every location were able to carry out this exercise, as some people taking part struggled to understand the concept of the two axes (e.g. it was not conducted in Pwllheli).

On the whole, participants in Cardiff and Ammanford tended to position the general public within the bottom right-hand square, signifying that the perceived relationship with the NHS was good (but often could be improved) whilst their perceived relationship with the Welsh Government was poor.

Those in Cardiff were more positive than participants in Ammanford about their relationship with the NHS, and therefore tended to place the general public further to the right than those in the South West Wales discussion. Figure 1 below illustrates the general perspective from both locations:

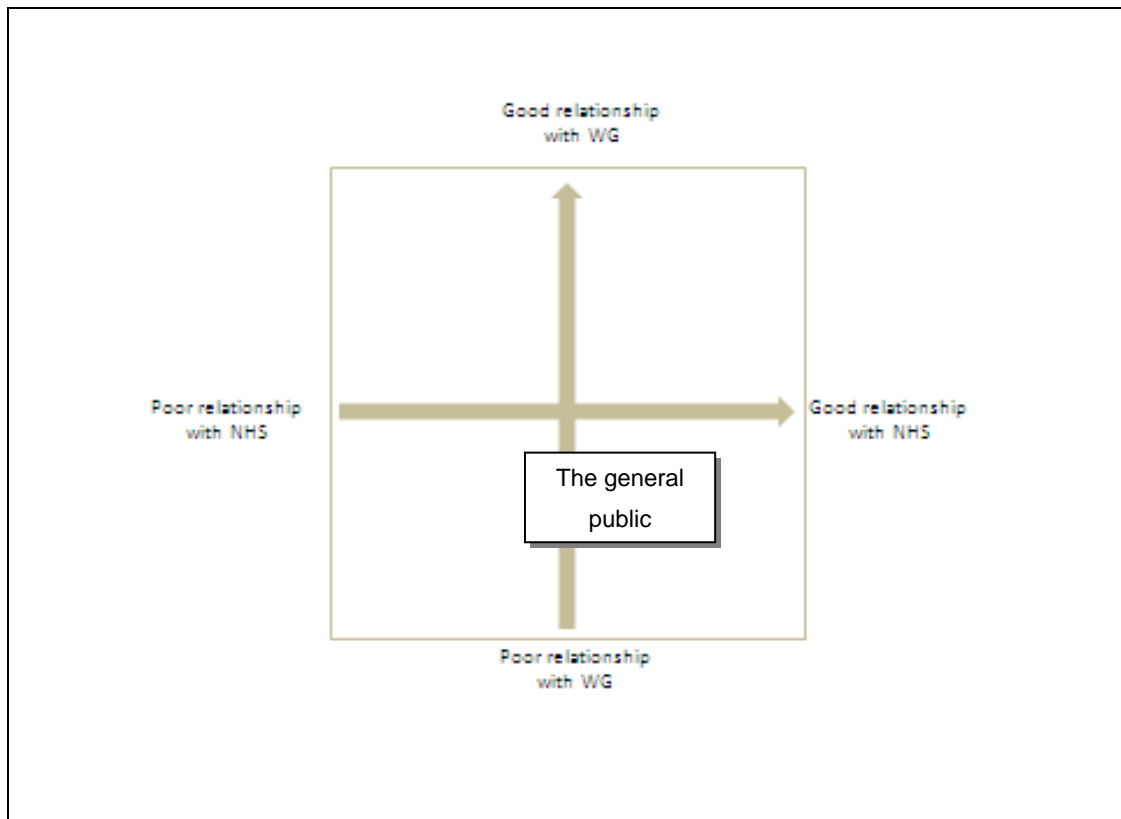


Figure 1

This was sometimes due to the perceived lack of a relationship with the Welsh Government, rather than any specific negative views about the Welsh Government. Participants commented they had very little to do with the Welsh Government and didn't hear much from them or about them. Thus, the relationship was distant.

.... A pretty good ... relationship with the NHS. Not so much with the Welsh Government. I have never really taken much notice of the Welsh Government so... (M, Cardiff)

I couldn't tell you who in the Government is running the NHS, you know... You only see them when it's voting. (M, Cardiff)

Dw i'n ystyried y Cynulliad fel rywrei sy'n gweinyddu yn rhwla, tra dw i'n gwybod bod fy noctor i, yr NHS a 'sbyty Gwynedd, dw i'n ymwneud mwy ar NHS, dw i ddim yn ymwybodol fy mod i'n ymwneud a'r

Cynulliad Cymru. Er dw i yn ymwybodol bod be Cynulliad yn ei wneud yn effeithio arna i, ond dw i ddim yn teimlo fy mod i'n rhan o'r broses yna, dweud y gwir...

I consider the Assembly to be some people who administrate somewhere, while I know my doctor in the NHS, and Ysbyty Gwynedd.... I'm more involved with the NHS, I'm not aware that I'm involved with the Welsh Assembly. Although I'm aware that what the Assembly does, does affect me, I don't feel a part of that process, to be honest. (M, Pwllheli)

However, some were more cynical about politicians and their level of interaction with the public.

...because the spokesperson, or whoever with the Welsh Government, they never answer the questions, any question about the NHS, they go around the books. And whoever's in charge, all they give you is lip service. (M, Cardiff)

They don't interact with Joe Public, not with us. (M, Cardiff)

I think the Government are out of touch. They don't listen, they say they listen, they do these, like yourself now, you're doing this survey right. But will they actually listen to you? Will it change anything? (F, Ammanford)

The minority in Cardiff who felt that the public had a better relationship with the Welsh Government than the NHS did so because the Welsh Government was seen as being more Wales-focused than the UK-focused NHS.

In Ammanford, where many participants had had negative interactions with the NHS, the public's relationship with the NHS was regarded as being poor, however.

Relationships with the Welsh Government - the only say you get as a member of the general public is who you vote for, what they do past that is nothing to do with you. The relationship with the NHS - it's a poor relationship because you have to wait, some people don't receive the care and there's a lot of mixed opinions that don't get value and yet there are still people who are high up in the NHS don't make the final decision... (M, Ammanford)

When asked about trust, and whether the positioning of the general public card would change if the axes related to trust rather than relationship, there were differences of opinion in Cardiff.

Some said that their general public card would move further to the right, since they did trust the NHS - 'implicitly' in some cases, generally because of good personal experiences or, less commonly, mentions of the absence of any scandals in Wales such as that in the Mid Staffordshire Trust area in England.

I would trust the NHS implicitly. I really would...[When asked why] Well I suppose maybe it is just blind trust. I have to trust in them because you know, it would be pretty sad if I didn't. They are looking after me, they are looking after my health, they are looking after the health of my children, and my parents and so I would trust them to do a good job, and so far, touch wood, they have. (F, Cardiff)

You can trust them because when you're ill they do a fine job, when you're in there like, they look after you well, the level of care they give you is second to none like. (M, Ammanford)

A few said the opposite, however, saying they had less trust in the NHS because of perceived abuse of power or corruption at higher management levels or, sometimes, because of poor personal experiences of NHS services.

M: It's all very well word of mouth but blimey when it comes to reality and people's lives, I hear so many bad things. I mean I don't trust [the NHS], I'm being quite honest with you.

F: I don't trust the NHS, I really don't.

F: From past experiences I have no faith in my local GP, I haven't for a long time. And recently, from a recent experience, I still don't and I think it will be a long time before I have any faith in my GP because I've often had a bad experience or I know of people who've been mistreated and their conditions have deteriorated to the point where they're almost too ill to be treated basically. (Ammanford)

Other factors affecting the trust which some participants in Ammanford had in the NHS were the perception that older people were not treated fairly in the NHS (discussed above); also the view that some staff working in the NHS no longer had a vocation or really cared about patients.

Because the loved ones that you're putting in there have been neglected and you've done your best to look after them. (F, Ammanford)

I think that a lot of people going into the profession of being a nurse, doctor, or any type of profession within the NHS and I don't think they're going into the right profession because they don't care. To them it's a job, it's not a profession anymore. It's just a job where they think they're going to get a salary. (F, Ammanford)

There were also mixed views on whether the position would change for the Welsh Government if based on trust: some said they might trust the Welsh Government more if they knew more about them, others thought the reverse might be true.

We think a lot with trust comes knowledge, you don't trust what you don't know really and I think a lot of it is perhaps not knowing and that's why it's perceived as not having trust maybe. (F, Cardiff)

When asked how much of a say they felt the public had in the provision of health services and the NHS in Wales, responses varied from 'none' to 'very little'. Some were very cynical about politicians and their involvement in health.

I don't think we have any say to be honest with you. (M, Cardiff)

M: We've got no say in the NHS.

F: Yeah, that's what it feels like, isn't it? Everybody feels helpless. (Ammanford)

Gêm bêl-droed, Gêm wleidyddol... Gêm di o, ond be sy'n bwysig ydi bod ni'n rhoi bywydau pobl yn gyntaf. Mae'n bwysig i bobl leisio eu barn.

Football game, political game... It's a game, but what's important is that they put people's lives first. (M, Pwllheli)

Exercising their right to vote was felt by some to be an opportunity for the public to have their say, but it was usually seen as being limited in terms of its effectiveness (with the exception of one or two participants who felt they did have some influence by making their views known to local politicians).

The only say we have is when election time comes and do you want to vote in whoever you want to vote in. I mean if the Government at this time aren't doing a very good job they will end up getting kicked out but then that is not dependent totally on the NHS performance, is it? (M, Cardiff)

The consensus across the discussions was that the NHS, the Welsh Government and the general public were not working together effectively at the moment in encouraging healthy living.

*Dw i'm yn gweld nhw'n gweithio gyda'i gilydd.
I don't see them working together. (F, Pwllheli)*

Some felt the three parties did not work well together at the moment because they were pulling in different directions. An example given was the lack of help available to one participant to regain his physical strength after a major car crash – he could not afford the £20 a month fee for gym membership since he was unemployed, but he needed to become stronger and fitter to be able to return to work in the construction industry.

I think they're pulling in different directions. I mean they all know what each one is supposed to do but how they're getting there, they're all... there's no joined up thinking.... They complain about people that are out of work but if they helped people to be fitter there'd be more options available for people for work (M, Ammanford)

In Pwllheli the reorganisation of local health care provision being implemented by the Betsi Cadwaladr Health Board were raised as an example of how the three parties were not working together at the moment. Here the Welsh Government was seen as the dominant partner imposing its wishes on the Local Health Board.

Dw i'n teimlo bod y Cynulliad wedi peidio rhoi blaenoriaeth uchaf i iechyd, ond yn sefyll nôl a gadael i rywun arall wneud y gwaith anoddach o fod yn cau ysbyty a newid y gwasanaethau. Mae'n hawdd i'r Cynulliad ddweud nid ni fydd yn gwneud y penderfyniad yn gogledd Cymru, Betsi Cadwaladr sy'n gyfrifol am hynny ond yn y pendraw mae be ma' Betsi Cadwaladr yn ei wneud yn dibynnu ar be mae'r Cynulliad yn ei roi iddyn nhw... Ond mewn difri pe bydda'r Cynulliad yn rhoi yr

arian i iechyd mi fydda Betsi Cadwaladr mewn sefyllfa haws. Teimlo bod nhw'n golchi dwylo er mai arnyn nhw mae y bai am doriadau. I feel that the Assembly have stopped putting health first - they stand back and leave someone else to do the harder work of closing hospitals and changing services. It's easy for the Assembly to say it's not our decision in North Wales, Betsi Cadwaladr is responsible for that, but in the end what Betsi Cadwaladr are responsible for depends on what the Assembly give to them... But in all seriousness if the Assembly gives money to health, Betsi Cadwaladr would be in a better situation. I feel like they are washing their hands [of it], although they're to blame for the cuts. (M, Pwllheli)

Some were critical that the public were not sufficiently involved in decisions taken around health services.

I think there are things I have seen on the television... and I have seen newspaper advertisements and things. I don't think it works particularly well. I don't think there's a triangle. I think there might be maybe the Welsh Government and the NHS but I am not sure that the public themselves see a role in that decision making process other than at election time. (F, Cardiff)

A lack of communication and dialogue was felt to be to blame. When asked about the obstacles to all three parties working together more effectively, the lack of dialogue between the public and the NHS and Welsh Government was mentioned in several sessions.

I don't think we're involved or given enough information to know what the issues are and how those issues can be addressed...: Yeah, communication I think. If the public and the Government are wanting to work together they need to be more involved with each other, surely? (F, Cardiff)

Consultation....There is no two-way communication (F, Cardiff)

More positively, some participants mentioned health promotion initiatives or advertisements on TV and in newspapers, or on notice boards in GP surgeries. These were thought to be coming from the NHS rather than Welsh Government - topics recalled were safe drinking, stopping smoking and stopping smoking in cars.

Some felt that more could be done in terms of health information.

I think that the NHS does a bit. More than the Government I think because I mean there is always stop smoking adverts from the NHS and things like that. But I think not enough. (F, Cardiff)

Others were of the opinion that more was being done in this respect nowadays than in the past, mentioning seeing many more adverts on TV and general information leaflets, which was welcomed.

More advertisements on TV, more leaflets coming through the door, they're just trying to make people more aware of healthy eating and looking after themselves. (F, Cardiff)

*There's plenty said about it...adverts and things...(F, Ammanford)
They're definitely, visually, pumping money into changing opinions like smoking when there are kids in the car – that was a massive media campaign wasn't it? I think it was that, the healthy eating and just giving up smoking, but they're definitely putting money into trying to change it. You can see that. I don't remember ever seeing that as much as I do now. (F, Cardiff)*

There were also calls for more information and education for children around healthy living, starting in primary schools, as well as practical teaching in how to cook healthy meals.

I would say from primary school, because I'm of a generation that if I wanted sweets I didn't automatically get them, whereas now you see people in shops, the kids start screaming because they see the sweets and they give in... when I lived near London, MacDonald's, you'd see the same families going to MacDonald's every evening and that was their evening meal. Now that isn't healthy and when I was younger it was your food was put in front of you and it was healthy. (M, Ammanford)

2.8 Prompted reaction to Welsh Government's role in relation to the NHS and on current and future levels of spending

During the discussions participants were given some information relating to the NHS's role in Wales and the Welsh Government's current role in relation to the NHS (see Appendix II), before being asked for their views on the information they had seen.

Participants' immediate reaction was often to ask whether the situation in Wales was similar to that in other parts of the UK (England in particular), for example in terms of the percentage of budget being spent on health and in terms of the percentage increase per annum in NHS costs.

Dibynnu be 'di'r budget NHS yn Lloegr, a'i gymharu fo efo'r budget yma'n Nghymru, efo'r population yn Lloegr, a wedyn cymharu'r ddau. It depends what the NHS budget is in England, and to compare that with the budget here in Wales, with the population in England, and then compare the two. (M, Pwllheli)

This was sometimes raised because people felt a general benchmark would be useful and sometimes, by a few, because of the free prescription policy in Wales, which they felt would increase costs here. Others, in contrast, felt that this could simply mean that priorities for spending were different, but that the overall budget need not be any larger.

Well, because I personally am referring to the fact that we get free prescriptions here yet where my son lives in Ipswich he doesn't. Now that's got to make a difference. (M, Cardiff)

Some wanted more information before they felt able to comment, for example what is the other £6 in £10 spent on?

Ble mae'r chwe phunt arall yn mynd arno fo dwisho gwybod? Anodd dweud ydi pedair yn ddigon, oes angen y chwech?

Where does the other six pounds go, I want to know? It's hard to know if four is enough, is there a need for six? (M, Pwllheli)

A minority (in North West Wales) reacted angrily to the statement, perceiving it to be 'government spin'.

*Spin ydi o. Mae 'na bobl efo addysg dda yn cael eu talu i eirio, wedyn mae 'na get out closes, yn hwn i gyd. Mae o'n swnio'n dda
It's a spin. There are people with good education being paid to word [this], and then there are get-out clauses, in all of this. It sounds good...
(M, Pwllheli)*

A few queried why the health budget was rising each year, when they felt that changes in technology and in lifestyle should be bringing cost-savings. When this was explained as being due to more expensive new drugs and equipment being introduced that the NHS needed to buy, some felt that there ought to be cost-savings here in that the new treatments would be more cost-effective over the longer-term.

..if you've got more technological innovations and a better lifestyle, surely that average should be going down because when, you know IT and these innovations are progressing it makes things cheaper and easier so that the cost should be coming down and if your lifestyle and you are eating healthily and all that, costs should be coming down so I

don't understand why Wales are saying that their average costs is going up 2% every year. (F, Cardiff)

Others said they would expect the health budget to rise year on year, because of increases in the population.

Reaction to the level of spend on health in Wales was mixed: in some sessions people were taken aback at the size of the budget; in others, people said it was what they would have expected.

I didn't realise it was that much (F, Cardiff)

It's a staggering amount of money. (F, Ammanford)

Participants did not necessarily feel that too much was being spent, however. Some felt the size of the expenditure and the percentage of the Welsh Government budget being spent on health was justified, on the basis that health and health services were very important to the wellbeing of the population.

Second bit is 40% of the budget out of 100% is a good proportion of spend but what are we spending the rest of the 60% on, and I know we knock the NHS again and again, for me it is a good, free service and it should always be like that but you know what we have discussed is the ways that it could be better. (F, Cardiff)

Some in fact felt not enough was being spent on health, if the current state of NHS services was anything to go by – or was it that the money was not being spent on the right things?

Well, not enough, if this is what we're getting allocated to run the NHS and the NHS is a shambles right now. If that's what they've paid last year and it's still a shambles then no, it's not enough. Or is it the fact

that it's not going in the right places for men and women on the floor where it's needed and equipment and hospitals? (F, Ammanford)

Whilst participants were generally of the view that the amount spent on health services in Wales was about right, many queried whether the budget was being spent wisely. They wanted to see a reduction in 'waste' and 'inefficiency' and a review of priorities within the NHS (reflecting points made earlier in the discussions).

I think it's poorly allocated, the money... Too many people on top.... There shouldn't be so many pen-pushers, but more nurses. (F, Cardiff)

How much of that actually goes to the people on the ground? I think what would be interesting to know is how much money out of that budget is spent on managers and how much actually goes to treating the patients. (F, Ammanford)

In one session, top of mind views on what needed to be done to address the rising health budget were two-fold: firstly, cutting back on bureaucracy within the NHS; and secondly, promoting healthy living.

It's a combination of things; cut down on the amount of higher managers there are, maybe as [participant] said earlier, who have no experience working in the health industry, but also promote the ways of healthy living. That surely would reduce the budget if people are healthier and not using, you know, not putting a strain on the services. (M, Ammanford)

2.9 Suggestions on how the Welsh Government, NHS and public in Wales could help to reduce the health and social services budget, and reaction to the Welsh Government's proposed commitments

The next section of the discussions focused on what the Welsh Government, NHS and general public in Wales could do to help reduce the increasing health and social services budget. Participants were asked to work in small teams to generate ideas on what they felt the commitments should be for each of these parties to achieve this, going forward.

Looking at suggestions for each party in turn:

2.9.1 Suggestions for the Welsh Government

When asked to think about what the Welsh Government should do to help reduce the increasing health and social services budget and improve health and health services in Wales, several themes emerged spontaneously. The first focused around **educating and encouraging the public to take better care of their health**, with an emphasis on preventing illness in the first place.

...they need to educate and promote healthy living. (F, Cardiff)

Need to improve people's health through better education on diet and keeping fit (F, Pwllheli)

Improve education through more health promotion. (F, Cardiff)

*I think prioritising, again, back into the health promotion side of things to prevent it, having, people having to actually go into the hospital and things, I think health promotion should be a more, more of a priority.
(M, Ammanford)*

*Prioritise preventative measures and provide effective lifestyle advice.
(M, Pwllheli)*

Another theme centred round **better management of budgets and minimising waste** in the NHS (picking up on criticisms seen earlier) so that more could be spent on patient care. Examples given to support this were the perception that managers were being paid too much; the NHS paying more than was necessary for basic products; free prescriptions being abused; too much being spent on branded drugs; more expensive agency staff being used in hospitals rather than NHS staff; cleaning and food contracts being passed out to external contractors.

...to manage the money, the pot of money they have effectively, so we are spending what we need to spend rather than waste... (F, Cardiff)

...my husband works in a hospital and they have got some containers that they use for disposing of needles and waste. Now I think he told me they are a couple of quid each. You can buy them like down Poundland for five of them for a quid and they are paying a couple of pounds each for them... (F, Cardiff)

...the government could cap the prescriptions... what we read in the papers etcetera, is that they're abusing [free prescriptions], you know, and it's got out that some people are selling [medication received on prescription] on eBay et cetera... (M, Cardiff)

*Stopio prescriptiwn am ddim i bobl sydd hefo'r modd i dalu
Stop free prescriptions for people that are able to pay. (F, Pwllheli)*

Talu am prescriptiwn....'Dw i'n siwr 'sa pobl un edrych ar ol eu hunain yn well wedyn.

Pay for prescriptions...I'm sure people would look after themselves better then. (F, Pwllheli)

*Cut down on administration costs...Invest in doctors, nurses, etc.
Spend the budget on patient care. (F, Ammanford)*

They should have more in-house, less outsourcing, you know, to private companies that cost more money. So if you kept the laundry in-house or the food services in-house. Cleaning in-house rather than farming it out to private services, that may kind of help the budget. Be prepared to pay resident staff overtime if they need to, rather than bringing agency staff in that cost more money. (M, Ammanford)

The third main theme was around **information, communication and dialogue** between the public and the Welsh Government. Often this related to more opportunities for NHS users to give feedback – there were calls for it to be a ‘two-way process’; more transparency and openness in any consultation or dialogue; sometimes participants called for more information on or a better explanation of the Welsh Government’s role around the NHS.

Well, improved communication with the public about issues that they are addressing...and inviting contributions from the public, not just relying on the politicians really. (M, Cardiff)

Make the public more aware of what they [Welsh Government] do for the NHS, because I don't really know what they do... (F, Cardiff)

More interaction with the general public [When asked on what] On what the Welsh Government actually do, what ... decisions [they make], what bearing that has on the services that we're using, 'cause I don't think the general public really know. (F, Cardiff)

Listen more to the public....get interactive with the public then so we can have feedback on what they're doing or what their plans are in the future, you know. (F, Ammanford)

...the government....well, give out this £6 billion to seven health boards, they should have a page on a website saying how much they've given to each one, and then the individual health

board....[should]... have another page detailing what they're spending the budget on, which is be able to be viewed by the public so you could see where it's going, so if you have an opinion that you want to say, there's somewhere you can say it and you can see what your money as a tax payer's going on. (M, Ammanford)

Other less commonly mentioned suggestions were not cutting funding; raising awareness of the benefits of immunisation; putting the proceeds from car parking charges back into the NHS; charging people from overseas arriving in Britain for operations/medical treatment; better training for nurses; ensuring that politicians with a responsibility for health have the relevant background and experience.

Participants were then prompted with the draft commitments produced by the Welsh Government in *The People's NHS* consultation document (see below):

- Do what it can to protect and improve population health and wellbeing
- Encourage all agencies to work together to support this
- Be clear what it expects from the NHS
- Report progress and problems honestly
- Give the NHS space to focus on quality

Initial reaction was that the commitments were too vague and undefined, with calls for them to be more specific and measurable. Words used to describe them in some discussions were 'nebulous', 'lame', 'vague' and 'bland'.

F: These don't seem to be smart targets, you know working smartly, you know so you have got very clear you know quality, who decides what quality is, because it's something that you know you've got to work out for yourself. These, words, are just words on a paper...

F: They are very broad, they are not specific.... (Cardiff)

*I threw it on the table and said this is typical 'government speak'....'Do what it can to protect and improve the population's health and wellbeing'. What does that say, you know? Where are the specifics? How long did they sit around a table mulling this all over.....
'Encouraging all agencies to work together to support...' They should be doing this anyway. It's all blessed nonsense. (F, Ammanford)*

I mean it should be smart, I would have thought there should be smart targets there, and that is not a smart target. It's not specific, it's not measurable. (M, Ammanford)

Some called for more detail and specific objectives or examples of how these commitments would be translated into action.

'Encourage all agencies to work and support together', in what context? To just be happy and like, just get on, or to work for what goals? Or, it would be good to see, like objectives they've got like with regards to that it think 'cause they're kind of yeah, very loose. (F, Cardiff)

They're not saying what they'll do to achieve that. (M, Ammanford)

As a result of their vagueness, some participants saw them as being a token gesture rather than a genuine commitment.

F: Seems like it just wants to kind of silence people, like, look, we are doing something, we're not going to tell you what we're doing, because that's none of your business, but this is enough to keep you quiet for a while.

M: Pat you on the head and send you home, sort of, like...(Cardiff)

It's all empty promises. (F, Ammanford)

It's not principles, is it? They're hiding. I feel like a statement like that is them hiding behind the fact that they can't do enough and they know it.
(M, Ammanford)

Also, the language used was sometimes criticised for not being sufficiently strong and was felt by some to undermine the idea of a commitment, e.g. 'do what it can to protect...' was not felt to imply a huge desire to succeed. Nor was 'encourage' felt to be strong enough in 'Encourage all agencies to work together to support this' – some participants wanted to see words like 'must' or 'will' used instead.

Sounds like a get-out clause – 'We'll do our best'. (F, Cardiff)

That as a statement just sums up they'll do what they can. They shouldn't do what they can, they should do what they can and more.
(M, Ammanford)

Mae'n nhw'n d'eud annog, ond dydyn nhw ddim yn gwarantu ddim byd yn nac ydyn?

They say 'encourage', but they don't guarantee anything, do they? (F, Pwllheli)

Some commented that Government actions contradicted and sometimes conflicted with the message in these commitments, e.g. the closure of local leisure centres would work against the improvement of local people's health and wellbeing; as would the changes to healthcare proposed in North Wales by the Betsi Cadwaladr Health Board, for some in Pwllheli.

Specifically, a few participants commented that the last commitment seemed to imply that the Welsh Government was 'drifting apart' from the NHS, not drawing closer. A few others saw this as a 'cop-out'.

'Give the NHS space to focus on quality', it's almost saying 'Well right we'll give the NHS, we'll give it to them to focus on quality and if the NHS get it wrong then we have sort of distanced [ourselves].... To me that just reads as though the Welsh Government is detaching themselves from the NHS, and not really working with the NHS and with the people. (F, Cardiff)

M: ...what I think on this is the fact that they're saying we'll give the NHS space. It's just them saying I don't know what to say but this sounds good and people are going to believe it.

M: Or, we're not going to do anything. Well giving someone space is, to me...

F: ...leave them alone...

M: ...standing back or...

F: ...and if they get it wrong, who are they going to blame?

(Ammanford)

Some confusion was evident about some of the terms used, e.g. 'agencies' – explanations were needed that this did not just relate to private sector companies but covered all sorts of organisations, including voluntary sector groups and local authorities.

When asked if any stood out, the commitment to 'report progress and problems honestly' struck a chord with some participants, as it reflected spontaneous calls for more transparency and openness. But to be credible, some felt they would need to have regular feedback and see evidence of actions taken.

If you saw a vast improvement and if we had feedback from them. Giving the information out instead of 'Oh, brush that under the carpet'. We won't show them that bit but we'll show them this bit and that's what it comes down to. There is no honesty there. (F, Ammanford)

Yeah and it should be easily accessible as well, so, i.e. online and things like that, not just in a file somewhere that we don't see. (M, Ammanford)

Others felt the first commitment (to 'protect and improve population health and wellbeing') was the most important – if strengthened.

The first one. The whole job of the National Health Service is to protect and improve our health and wellbeing. (F, Ammanford)

2.9.2 Suggestions for the NHS

Ideas on possible commitments for the NHS to help reduce the increasing health and social services budget and improve health and health services focused around very similar themes to those suggested for the Welsh Government.

The first was around **reducing waste and improving the cost-efficiency of spend** in the NHS. Sometimes this took the form of calls to cut bureaucracy and layers of management within the NHS, sometimes to think about the most appropriate treatment for patients.

Be more cost efficient. (M, Pwllheli)

Lleihau gwaith papur i ddoctors, registrae, nyrsys

Reduce the paper work for doctors /registrars/nurses. (F, Pwllheli)

...to restructure the management so it's not top-heavy, more emphasis on the you know ground troops, but also to eliminate waste and to look at procurement policies. (F, Cardiff)

Cut admin costs, be more responsible with the public purse. (M, Cardiff)

Cut down on administration costs. (M, Ammanford)

Just the bureaucracy and so many levels going up where you, for example, the operating theatres in Llandough, they're split into anaesthetic, scrub and things and they've got someone in charge of anaesthetic or scrub.... and then they've got somebody in charge of that person who's in charge of them and then they've got two bosses who answer to another two bosses...I dread to think how many layers you've got to go through before you actually get to the chief exec. (M, Cardiff)

Treating people in the most efficient and cost-saving way...just thinking of using the most cost-effective drugs or not prescribing things that don't need to be prescribed. (F, Cardiff)

...the NHS should...reduce the amount of managerial staff and put the amount of staff that can actually put actions in, rather than just words. They shouldn't compromise the level of care you receive due to the budgeting or targets, so like you shouldn't be seen faster and given less care just because they need to see another two people in the next ten minutes, or because the budget doesn't allow you to have the second scan, if you need it you have it, that simple. And another thing, I think they should bring back a lot of in-house cleaning and in-house catering and things like that, rather than just going out to work place agencies. (M, Ammanford)

The second was around **more dialogue between the NHS and the public**, to educate/inform them on how to look after their health and also for the public to feed back on their experiences/priorities.

I think the NHS should do more to like promote a better relationship with the public...by telling the public what they, what the NHS need them to be like. (F, Cardiff)

Better communication...on health issues...listen to the public when suggestions are made to improve services. (F, Ammanford)

Listen more to people's opinions. (F, Pwllheli)

Cynicism was sometimes evident in the North Wales discussions over the impact the public could have in this respect, however. As discussed, a good deal of anger was voiced in Pwllheli about the planned reorganisation of health services in the Betsi Cadwaladr Health Board area.

Beth bynnag mae'n nhw am ei wneud wnawn nhw ddim ei wireddu fo. Gaddo'r byd a g'neud dim byd. Dweud celwydd, cau 'sbytai bach a thwylo.

Whatever they do, they won't confirm it. Promise the world and not do anything. Tell lies, close small hospitals and cheat. (F, Pwllheli)

In a few locations taking the focus away from 9 to 5 services came up, for example running operating theatres for longer (or even 24/7).

Utilise equipment and facilities more efficiently i.e. no 9am to 5pm Monday to Friday health service. All those theatres, all that equipment sitting there. But yet the consultants and the surgeons can go privately in the evenings to go to another hospital and work. (F, Ammanford)

Other suggestions made in just a few sessions were: shorter waiting times; more consistency across GP practices and how they operate, to ensure a consistent level of care; more investment in front-line staff and training; preventing MRSA in hospitals; reviewing the value for money of free prescriptions; concentrating on preventative measures and improving people's lifestyles.

Promote healthy lifestyles. (M, Pwllheli)

- Work with communities and other agencies to make big improvements in people's health and wellbeing
- Become increasingly transparent about the quality of care it is providing and issue an annual report
- Will make it easy for people to feed back their view on its services and on proposed service changes
- Deal quickly and fairly with people's complaints and offer to put these right
- Help people see how small actions or changes in their lives can produce significant health benefits

When prompted with the draft commitments (above) produced by Welsh Government for the NHS, these received a more favourable response on the whole than the commitments drafted for the Welsh Government.

Reaction was generally more positive: first, because they were seen as being more specific and 'concrete' than the commitments drafted for the Welsh Government.

I think you can see from the NHS point of view, rather than the Welsh government point of view, they're a lot more forward, they know what they want to do. Whereas the government, they're not quite sure, they're trying to smooth it over a bit, the NHS, they know what they want to do, they just need a way to do it now. (M, Ammanford)

Second, because many of the areas included in the draft commitments resonated with respondents (especially 'helping people see how small actions or changes in their lives can produce significant health benefits').

That's what it is about, helping people to make small actions, you know in their lives, make the changes in their lives isn't it, which would then yes produce significant health benefits. So it's back, it's thrown it back at us, isn't it, ourselves. (F, Cardiff)

The idea of greater transparency and more information on the quality of care was well-received, as was the provision of an annual report.

Well, I think the fact that they're suggesting a report at all, whether it be good or bad, is a step in the right direction. I think, in themselves, they know that they're not as good as they should be, that's what it says isn't it? And they're prepared to listen, which is also important, you know? And it said something like, I read into it somewhere, they're almost encouraging us to complain if there's a problem. (M, Ammanford)

Requirements from the report were that it must go into the right level of detail; be totally independent and therefore credible; and a few wanted it to be quarterly rather than annual (because it was felt that would help the NHS address issues more quickly than waiting until the end of each year). Differences were evident in terms of what information people wanted, however, with some calling for mortality rates (e.g. number of deaths p.a. at individual hospitals) whilst others would prefer data on patient satisfaction, feeling that this would be a better indicator of the level of care one could expect to receive.

Making it easier for users to feed back on the service received was welcomed, with the proviso that people needed to have confidence that action would be taken on that feedback where necessary and that actions taken were visible.

I think it's, what we're all asking for is they don't listen to us and then if they're offering a feedback loop and we're saying actually we don't want it, so yeah, I think all they're doing is trying to offer the facility for people to be able to feedback and as long as that's being actioned and that's visible in that report, I guess, that's all that they can do. (M, Ammanford)

In one location the idea of a user review website, such as a 'TripAdvisor' type-site for the NHS, was suggested as a mechanism.

You know like if you go on holiday in a hotel and you use TripAdvisor and they want you to review your stay, whatever, can they have that like in a hospital if you had an appointment or stay, you know? A little website somewhere saying your thoughts, your ideas, you know. Different sections. Complaints, improvements, 'thank-yous'. (F, Ammanford)

Again, the point was made in some sessions that Government policies actually contradicted some of these aims, e.g. 'to work with communities and other agencies to make big improvements in people's health and wellbeing'.

And the point of what you just said, in the news recently they've been talking about cutting the budget of schools for athletic equipment, gym equipment for schools in quite a lot of areas. How are children ever going to overcome obesity if they're cutting the budget for schools? (F, Ammanford)

Another concern relating to this point was that working with community agencies should not be a way of cutting back on spend and 'doing it on the cheap'. One participant referred back to care in the community which in his opinion had not worked.

The only concern I've got when they keep on saying about working with agencies and working, care in the community didn't work, because the government saw it as a cheap option to keep people in their [homes], so, if it's going to work it will need investing and good management structure for the agencies. I can see the principle in it, keeping people in their own home for as long as possible, yes, and providing nursing in the community to stop the intake going into hospital and things is all

very good, but if it's done on the cheap, as an alternative, then that is where my problem is. (M, Ammanford)

2.9.3 Suggestions for the general public

The principal suggestions made for commitments which the public in Wales could make to help reduce the increasing health and social services budget and improve health and health services were centred on the theme of **individuals taking responsibility**. This was defined most often as people being accountable for their own health and lifestyle, so taking regular exercise, getting fit, eating more healthily, drinking less alcohol and smoking less or stopping smoking.

Well, we put 'More responsibility for their own health' because a lot of people don't take responsibility for their own health and we need more emphasis on taking responsibility for their well-being, diet... (F, Cardiff)

[People] should be responsible for their own health and lifestyles. (F, Ammanford)

Basically looking at healthy lifestyle, maybe taking more exercise, watching what you eat, kind of alcohol and things, smoking, drugs that sort of thing. That would help reduce the budget, and for people not to abuse the system. (M, Ammanford)

...we've just [written] down 'the general public in Wales will improve their own health and wellbeing by being more responsible and not relying on the NHS', and the other thing we felt very strongly about, is basically not taking the NHS for granted and the services it provides and seeing it as a privilege and appreciate the work it does... (M, Ammanford)

Bod yn gyfrifol am ein iechyd ein hunain, a gorfod gwneud lot o'r gofal ein hunain.

Be responsible for our own health and have to do a lot of the care ourselves. (F, Pwllheli)

Although most often defined as people taking responsibility for keeping healthy (by leading a healthier lifestyle), there were also mentions of responsibilities to the NHS, for example treating healthcare services responsibly and not missing appointments or seeing other health professionals instead of a GP.

And keeping appointments, so obviously if you have a doctor's appointment or you were to see a consultant, you know, keep that appointment so they don't have to pay to reschedule, you know? (M, Cardiff)

'Sw'n i'n barod i beidio disgwyl gweld doctor ar gyfer bob un dim, mae 'na rai pethau y basa paramedic neu nyrs yn iawn ar gyfer 'neud nhw I would be prepared not to expect to see a doctor for everything. There are some things that a paramedic or a nurse would be fine to do. (M, Pwllheli)

When asked how this could be facilitated, education was felt to be key as far as young people were concerned, starting from primary school upwards. It was also felt by many that parents should take more responsibility for their children's health by encouraging them to play outdoors and not spend hours in front of computers or TV screens.

Re-education of the younger children in schools about fast foods and obesity and problems like that. (F, Cardiff)

For adults, the provision of affordable leisure and sports facilities was singled out. Also, a few suggested that employers should encourage their workforce to take more exercise and that schools could do more to promote healthy living.

Again, some in Pwllheli returned to the theme of hospital closures and the perceived deterioration in health care provision locally with cuts to rural hospital services.

Colli allan, dioddef.

[The general public will] lose out, suffer. (M, Pwllheli)

Have to look after themselves. (F, Pwllheli)

Participants had less to say on the draft Welsh Government commitments for the general public than they had on those for other parties, which were as follows;

- Understand our actions can have consequences for our health and wellbeing
- Give some thought to advice about what might improve our health
- Think how best to work with the NHS
- Give the NHS honest feedback on its performance, to help it achieve the best

A minority commented the first was 'patronising';

As if we're all idiots. (F, Ammanford)

Some people queried how the general public could 'work best with the NHS'. They felt they could give suggestions, provide feedback, but struggled to understand what this actually meant – 'unless you're completely and utterly minted and you fancy buying them some new machinery!'

I don't know what that means, to be honest. (M, Ammanford)

'Giving the NHS honest feedback on its performance' was queried by a few, who felt that ensuring that action was taken on feedback needed to be incorporated (since this was not thought to happen currently).

I'm just thinking of, of writing a letter you know of complaint about something, you know some aspect of the National Health Service and you get a very bland letter back saying that we will look into it and you never hear anything again, well unless you write again and again.... (F, Cardiff)

2.10 Ideas on improvements for the future

Towards the end of discussions (where there was time) participants in a few sessions were given one last task to complete, working together in small groups. They were asked to imagine that it was now two years ahead and the Welsh Government was spending less on health, that public trust in the NHS had improved and that NHS services were more efficiently run, and to list what exactly had happened to produce these improvements.

Once initial cynicism had been overcome, findings from this exercise tended to emphasise issues already raised. The major prerequisites to make this happen were felt to be as follows:

- **Communication and dialogue with the public** had been improved, so that there was more openness and trust, with the NHS seen to listen to and take visible action on feedback received. Suggestions for feedback mechanisms were online channels, mobile phone surveys as well as face-to-face meetings;

Healthy communication, regular meetings and they've listened to the public, you know. (F, Ammanford)

Some sort of forum, maybe using the libraries, maybe using email, maybe through the...water bills, or ...community services. (F, Cardiff)

- **A reduction in waste and improvements in cost-efficiency:** the money saved from taking away some of the levels of management within the NHS and improving its procurement would have been spent on reducing waiting lists and improving services;

F: Cutting the top bosses down a bit and having more people on the floor.

F: Reduce admin. Reduce top notch people who do nothing anyway except sit behind a desk. Get the sisters back in to run the ward as a manager. (Ammanford)

- More emphasis had been placed on **education of the public on health promotion and healthy living**, to help people help themselves. Ideally with this education starting at a young age in school. Possibly using positive role models like the Welsh rugby team or removing sports sponsorship by fast food companies (e.g. McDonalds).

F: Early education of healthy lifestyles

F: Going back to basics, getting kids out to play (Ammanford)

Tax on McDonalds. (M, Cardiff)

3 Conclusions

Personal interactions with the NHS and the quality of service received have a major impact on attitudes towards the health service in Wales. Other factors outside of personal experience also have an effect, namely media coverage and word of mouth. As a result of the combination of all three, participants tended to have mixed views of the NHS in Wales.

Within the sample, there was a widespread perception that the service is under-funded and under-resourced; at the same time, it is seen as spending too much on administration and management and too little on patient care. However, these perceptions are not always based on sound evidence or detailed understanding of how the NHS functions or how it is managed.

There is little evidence from the study that the public feel too much or too little is being spent on health services in Wales; however, there are concerns that the health care budget is not being spent appropriately and that the NHS has not got its spending priorities right. Again, these perceptions are not necessarily based on detailed knowledge.

The study would suggest that there appears to be little understanding amongst the Welsh public of the role and responsibilities of the Welsh Government in relation to health services and the NHS in Wales. This obstacle, together with the perceived absence of any relationship with the Welsh Government at the moment, needs to be addressed before the concept of a 'compact' between the NHS, Welsh Government and general public would be workable.

The contextual situation in Wales, with high profile media focus at the moment on the changes to health care provision within certain regions, provides an additional barrier to be overcome in relation to trust and the NHS / Welsh Government taking local people's opinions into account.

Currently, the public is not felt to have enough of a say in the running of the health service in Wales and there is some cynicism about the extent to which politicians take ordinary people's views on board when making decisions (especially against the backdrop of the current controversial changes to healthcare in certain parts of Wales).

There appears to be an appetite for more dialogue and improved communication between the Welsh Government, NHS and the public therefore, but in the minds of participants there was not currently an obvious, easily accessible means of interacting with either organisation.

Certainly creating better lines of communication and more openness and transparency of information would help to build trust, but it is not obvious how communication channels to facilitate this dialogue could be created. The idea of relevant officials making the effort to come and speak with people in their communities may suggest a genuine will to listen. The internet may also provide a convenient channel of interaction provided that it was interaction with an outcome.

The type of information of interest to participants (when discussing the idea of an annual NHS report) was detailed, local-level data, whether on mortality rates at local hospitals or feedback on patients' levels of satisfaction with aspects of the care received.

When given the opportunity to discuss health in Wales in detail, and from a societal perspective, there was a general recognition that the public have a role to play in helping the NHS run efficiently by taking responsibility for their health and treating health services with respect, and widespread acknowledgement that the best ways to accomplish this are through education and health promotion.

Changing behaviour in reality may prove more difficult, however, especially if the actions of other parts of Government appear to contradict or to work

against this aim (for example, cutting leisure services provision in local government). 'Joined-up' action will be required between the Welsh Government and partners for this policy to have any credibility.

Other inconsistencies pointed out by respondents were fast food companies such as McDonalds sponsoring children's sport and the high prices charged for fresh food such as fruit and vegetables (perceived by many to be expensive and therefore less affordable than convenience foods).

Given the lack of understanding of how the NHS and Welsh Government function together, and the generalisations that participants made about the organisations, it may be beneficial to consider beginning to develop the relationships required for the compact at a local level. The emphasis would be on personal interactions with (ideally) locally based individuals from the NHS/Welsh Government, rather than an impersonal, corporate interface. Such an approach may also facilitate greater trust, provided that input from the general public was seen to be genuinely wanted, and acted upon or at least receiving a meaningful response.

The general public's ability to form a judgement on the size and use of the NHS budget in Wales might benefit from contextual information in terms of how it compares with other countries, what else money is spent on, and how it affects, or could affect, other budgets for Wales. Breaking this down to create a local picture - and what it might mean for their community - may also be of benefit in helping the general public grasp the significance of the numbers involved.

Messages around efforts to improve cost efficiencies in the functioning of the NHS in Wales (with concrete examples of how this was being achieved) may help to convince the general public that the NHS and Welsh Government are working together to improve the services and health in Wales and thus provide the public with an incentive to join the effort.

Lastly, efforts should be made in the wording of the compact or any other public-facing documents to avoid language that might be perceived as vague or ill-defined. To help ensure credibility, care needs to be taken to word commitments in clear and unambiguous language, avoiding any jargon or 'government speak'.

Appendix I: Topic guide

1. What examples can you give me of how you find out information to **help you/your family with your health or to keep healthy**?
 - Where you're able to tell us, what aspects of your health are you thinking of?
 - How useful is each source? Why?
 - Which sources do you trust most/least? Why?
 - Are there any areas where you think more help could be provided for people in relation to keeping healthy? *Probe*
2. What examples do you have of your most recent experience of the NHS?
 - *Probe for positive, negative examples*
 - What would have improved your experience?
3. What are your views on:
 - The service that GPs provide? *Probe*
 - What are your views on the way in which the general public use this service?
 - Hospital and ambulance services? *Probe*
 - What are your views on the way in which the general public use these services?
 - Services in the community, e.g. those delivered to patients in-home? *Probe*
 - What are your views on the way in which the general public use these services?
4. What do you think are the key challenges facing the NHS in Wales today and in the future in terms of health in Wales and the services it provides?

Use flipchart

5. If we now think about the NHS, who would you say is responsible for helping it to run efficiently and meet the needs of the public? *Probe; note on flipchart which parties participants mention here.*
6. *For each answer given probe:*
 - Tell me what you see as their role currently? Why?
 - How effective are [they] in helping the NHS to run efficiently and meet the needs of the public?
7. *If/when WG mentioned, follow up and probe; otherwise prompt:*
 - What exactly do you see as the Welsh Government's current responsibility towards the NHS? Why?
 - How clear is it to you what the Welsh Government does in relation to health in Wales?
 - What is politicians' responsibility towards the NHS?
 - How far should they take this responsibility?

8. *If/when general public mentioned, follow up and probe:*
- What exactly do you see as the role for the general public currently in relation to the NHS?
 - *If general public not mentioned, prompt:* Does the general public have any responsibility in relation to the NHS? *Probe*

Introduce diagram, one for each team, with NHS on one axis, WG on other. Split participants into two smaller groups.

First, ask them to position 'the general public' card onto diagram according to:

- *How strong they think the relationship is with each organisations*
- *Then ask them if the position of the card would change if we changed the axes to 'levels of trust'*

Encourage participants to focus on societal perspective here

9. Tell me more about the relationship between the general public in Wales and the NHS? *Probe what lies behind perceptions*
- What are the positive aspects of the relationship?
 - How have they come about?
 - What are the less positive aspects?
 - Again, how have they come about?
10. How much of a say do you feel the general public has in Wales on the provision of health services and the NHS? *Probe*
11. So if we now think about the NHS, Welsh Government and general public Wales, how well do you think these three work together currently in relation to:
- Encouraging healthy living? *Probe*
 - Ensuring that the NHS is run efficiently and meets the needs of the public? *Probe*
12. What do you think are the issues currently affecting how the NHS, Welsh Government and general public work together? *Probe for each*
13. I'd like you to read this information which outlines the NHS in Wales, and the Government's role currently in relation to the NHS. *Hand out briefing sheet.*
- What do you make of this information, particularly the last three paragraphs? *Probe (prompt if necessary, e.g. Were they aware of this? Are they surprised or not? Does the budget amount sound enough, too much, not enough?)*
 - How familiar were you with the Welsh Government's responsibilities in relation to health?

Does any of this information make you think differently about the Welsh Government's and general public's responsibility towards the NHS? *Probe*

14. Looking back at the last sentence on the briefing sheet (2% annual increase required in health and social services budget), what would you think if this trend continued? *Probe*
15. We're now focusing on what these three parties – the NHS, Welsh Government and public in Wales – can do to help reduce the increasing health and social services budget in Wales. Imagine that the three parties decided to make a series of commitments to do this, what might those commitments be?

Please just complete the sentence for the Welsh Government, and then we'll discuss what you come up with, before moving onto the next party. If you have more than one possible answer, please do write them all down. Don't worry about how practical your responses are – anything goes at this stage. We'd like you to think about it in terms of what's best for Wales as a whole.

Sentence completion.

16. 'To help reduce the increasing health and social services budget and improve health and health services, the **Welsh Government** will . . .'
- *Use flipchart:* What have you come up with for this sentence? *Probe each*
 - What do the rest of you think about this commitment idea?
 - How could they do this?
 - How far should politicians take their responsibility here? *Probe*

Then hand out consultation commitments for WG and prompt: the Welsh Government's initial thoughts on their responsibilities to make this work are that it will:

- Do what it can to protect and improve population health and wellbeing.
- Encourage all agencies to work together to support this
- Be clear what it expects from the NHS
- Report progress and problems honestly
- Give the NHS space to focus on quality

What do you make of these? *Probe e.g. clear? Appropriate? Achievable?*

- Which do you think is the most important commitment? Why?

17. 'To help reduce the increasing health and social services budget and improve health and health services, **the NHS** will . . .'
- *Use flipchart:* What have you come up with for this sentence? *Probe each*
 - What do the rest of you think about this commitment idea?
 - How could they do this?

Then hand out consultation commitments for NHS and prompt: the Welsh Government's initial thoughts on the NHS's responsibilities to make this work are that it will:

- Work with communities and other agencies to make big improvements in people's health and wellbeing.
- Become increasingly transparent about the quality of care it is providing and issue an annual report.
- Will make it easy for people to feed back their view on its services and on proposed service changes.
- Deal quickly and fairly with people's complaints and offer to put these right.
- Help people see *how small actions or changes in their lives can produce significant health benefits*

What do you make of these? *Probe e.g. clear? Appropriate? Achievable?*

- Which do you think is the most important commitment? Why?

18. 'To help reduce the increasing health and social services budget and improve health and health services, **the general public in Wales** will . . .'

- *Allow a few minutes to complete; use flipchart to record feedback:*
What have you come up with for this sentence? *Probe each*
- What do the rest of you think about this commitment idea?

Then hand out consultation commitments for general public and prompt: the Welsh Government's initial thoughts on the responsibilities of the public are that everyone in Wales should:

- Understand our actions can have consequences for our health and well-being.
- Give some thought to advice about what might improve our health.
- Think how best to work with the NHS.
- Give the NHS honest feedback on its performance, to help it achieve the best.

What do you make of these? *Probe e.g. clear? Appropriate? Achievable?*

- Which do you think is the most important commitment? Why?

19. You'll see from this sentence completion sheet that we effectively have a triangle (*draw on flipchart*). What (more) can we do to encourage ongoing discussions on health in Wales between these three parties? *Probe*

- In reality, how likely do you think it is that these ideas would work?

20. *Back in teams, Flipchart sheets for each team:* Let's imagine it's now 2015. We've asked you back here to discuss health in Wales and NHS services and (hand out following bullets):

- The Welsh Government is spending only £2 in every £10 on health
- Public trust in the NHS in Wales has improved
- NHS services are more efficiently run

Refer back to axes diagram. You've also now placed this card in the top right-hand corner of the diagram.

What exactly has happened to achieve this improvement? Again, don't worry about how practical your ideas are. *Probe in detail e.g.:*

- How did they do that?
- Who was involved?
- What did the general public do on their part?
 - What motivated the general public to do this?
 - How involved are they in designing NHS services? How does this work?
- How are you now accessing NHS services?

21. Also, the general public are now taking more responsibility for managing their own health. What's made this happen?

22. Let's think (more) about how the general public can help themselves with their own health. How can we improve the ways in which the general public receives information on and support with protecting and improving their own health? *Probe*

- How could this work?
- How exactly are the general public involved in the process?
- How is the public receiving this help?
- How do we make sure those who need this information and support are motivated to use it, and remain engaged with the help on offer?
- What would be the worst possible way for the people in Wales to receive information and support with health issues and keeping healthy?

Examples to help participants with this topic.

'Since 2010 the Welsh Government has been running a 'social marketing campaign' called Change4Life to help people achieve and maintain a healthy body weight. It is supportive, informative and reassuring. It's not about telling people what to do or what to eat. To date, over 52,000 have signed up.'

'Last year (2011/12) 1,330 people in Wales took part in courses to help them manage their own long term health problems such as diabetes, rather than just relying on the NHS.'

Appendix II: Briefing sheet on NHS and Welsh Government's role in relation to NHS in Wales

Just over 3 million people live in Wales and use the NHS. It delivers its services through seven Health Boards, each covering a different geographical area. These are responsible for making sure local people receive a full, comprehensive health service including:

- Health promotion for the whole local population;
- Primary care - first line services provided by general practitioners (GPs) and other health care professionals in health centres and surgeries across Wales;
- More specialised 'secondary care' services usually provided in hospitals;
- Very specialised 'tertiary' services, only available at a very few sites for those needing special skills and equipment, sometimes outside Wales.

Three 'NHS Trusts' are responsible for particular areas of business - for co-ordinating efforts to improve health across Wales ('Public Health Wales'), for ambulance services, and for elements of specialised cancer care, respectively.

The Welsh Government aims to strengthen services in the community, so as to provide more care close to people's homes and reduce the need for hospital care. This requires better collaboration with local social services and the voluntary sector and with people themselves.

Wales has:

- High rates of cancer and heart disease;
- A high and growing proportion of older people;
- A mix of rural, urban, city and valleys areas;
- A lot of health problems related to people's social circumstances and to issues such as smoking and obesity.

The Welsh Government invests £6bn a year, or 40 per cent of its budget – the largest single budget – in health and social services. Much of this is directly allocated to the Local Health Boards and Trusts.

This means that four out of every £10 available is spent on health in Wales. Through a combination of factors such as people living for longer, paying for technology innovations, and lifestyle related illnesses, the cost of the NHS in Wales rises on average by 2% every year.