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Welsh Government

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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

Research Summary

Social research

Number: 24/2013

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. Fieldwork took place 21st to 27th February 2013.

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.

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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.

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