

Focus group feedback report: The changing public perception of the NHS and what it means for us

1 Background

- 1.1 The latest iteration of NatCen Social Research's British Social Attitudes (BSA) survey, published in March 2022, showed that public satisfaction with the NHS has fallen to its lowest level since 1997 (see report [here](#)).

Satisfaction with the NHS dropped across all services, and across all ages, income groups, sexes and supporters of political parties.

- 1.2 At the time the survey was undertaken (September-October 2021), the main reasons people gave for being dissatisfied were waiting times for GP and hospital appointments, staff shortages and a view that the government does not spend enough money on the NHS.
- 1.3 The top three priorities according to survey respondents should be to make it easier to get a GP appointment, improve waiting times, and increase the number of staff.
- 1.4 At our Members' Event on Wednesday 28 September 2022, we held three focus groups (total 39 people) to discuss if we are experiencing these national findings in our local services, and what we felt the Royal Devon's priorities should be to improve satisfaction in the NHS.
- 1.5 We asked members of our focus groups:
1. Thinking about the change in public perception of the NHS, how is this affecting us locally?
 2. Do you agree with the reasons behind dissatisfaction? (Waiting times, staff shortages and Government funding). Are there any more?
 3. What should we be doing to improve satisfaction? What should we prioritise?
- 1.6 This report provides a summary of the feedback shared with us in our three focus groups. For full comments, see appendix A.

2 Main themes: Perceived reasons for dissatisfaction and the impact



3 Main themes: What we should be doing to improve



4 What we should prioritise to improve satisfaction

The top three themes across our focus groups were:

1. GP support and access – letters, appointments, offline as well as online
2. Retain staff, train staff, more staff
3. Managing individual patient and wider public expectations on waiting times, and explaining the context of the waiting times

5 Next steps

Understanding how people perceive and experience our services is an important factor in developing future plans, helping us to learn and improve. We do this in a number of ways: through direct feedback, through our patient experience metrics, through engaging with staff, patients and our communities, and through specific events such as this. The feedback gathered at the member event will be shared with the following groups to inform our future planning:

- Our Board of Directors
- Our Council of Governors
- Our Public and Member Engagement Group

We will continue to keep members updated regularly about what's happening at the Royal Devon.

ENDS

Appendix A – Comments in more detail

1. Thinking about the change in public perception of the NHS, how is this affecting us locally?

It feels like fortress NHS – it's hard to get in and get to the next stage

If we really need the NHS, it's there

No complaints about the service I've received

Everybody has their own opinion/experience

Sometimes feels we have to diagnose ourselves to choose the right service – and people don't know how to/don't know what's wrong with them

Services are too patchy to be truly 'national' – particularly GPs

Lack of infrastructure with housing developments

It is both a challenge and an opportunity

- Doesn't always work
- Heaviest users of NHS are the least able
- The two worlds don't align

Funds are never enough, money could be spent better

People are worried to overburden the NHS

Privatisation is not always clear – what is the NHS and what is private – we mustn't be complacent about it

Some people now reluctant to make appointments due to the pressures widely reported in the media. Some are suffering in silence.

Some in the focus group reported positive experience in accessing their GP for appointments, but this was not the same for all.

Working people end up waiting at A&E because they can't get a GP appt.

Cancellation of appointments (GP and acute/community) and cancellations of surgery.

Privatisation of services such as breast care, physio etc. NHS staff actively encouraging patients to go private if they can.

The national support for the NHS at the start of the Covid-19 pandemic has now evaporated. There is also a perceived lack of positive publicity for the NHS, or RD locally.

No long-term staffing/workforce plan in place.

All members reported positive quality of care at the RD once there(!)

General fear regarding lack of safety with GP; review of medication no longer happening in a timely manner, unable to get follow-up appointments etc.

Social care provision minimal, yet critical.

The transfer of care from the acute to community/home is poor and impacts hospital discharge – slow.

Low staff morale felt across all health providers, primary and secondary care.

Reduced appointment times reduces holistic care of patients; they are not signposted to additional services/support that might be available locally.

The integrated budget is always fought over by the different parties. Greater flexibility is needed to support services.

GP appointments – not universally available. It's a postcode lottery

GP appointments - Ilfracombe working well.

GP appointments – people who can't get an appointment on first contact can be dissatisfied.

Triage system can be frustrating. Expectations around first contact.

Logjams in the system – holding a lot of dementia patients in hospital who shouldn't be there.

Delays discharges. Lack of nursing home places and step down facilities

Unready carers / home setup not ready after discharge

Paid for taxi because 999 couldn't help

2. Do you agree with the reasons behind dissatisfaction? (Waiting times, staff shortages and Government funding) Are there any more?

The biggest thing is getting a GP appointment as that's the gateway in

There is a chronic problem in primary care

GP letters are really slow

Not everything should be online – phone should be first port of call. Check-ups are positive mentally

Enormous amount of dissatisfaction with lack of dentists

Constant change a challenge in NHS

Important to recognise that the survey may be biased towards those who have a complaint to make!

Lack of training of clinicians nationally

Social care reform big issue as mentioned above.

Yes Government NHS funding is key.

Managing public expectations; there is a culture in UK of 'entitlement' and expecting instant responses. This needs to be challenged by explaining context and environment.

Don't agree with not enough Gov funding – is the money organized well?

Phoning GP practice – they have automated messages, irrelevant long messages, and then it's a confusing onward journey (which button do I press?)

Some don't approach their GP, become increasingly unwell

Waiting times extensive – not hearing anything for 8 months, when initially said we'll see you in a few weeks. Other conditions developing whilst waiting. Phoned secretary for answers and got somewhere – but is this unfair?

Ambulance waits

News has significant impact. When you see queues of ambulances in the news, you believe it – it's a worry

Urgent care – waiting times generally ok, worry is around planned care. But more money won't solve it, NHS needs to orient itself as much towards planned care as urgent care. Lack of day-to-day efficiency.

Carers – top of their list is lack of support for bladder and bowel care, particularly end of life

3. What should we be doing to improve satisfaction? What should we prioritise?

Voluntary groups need to get organised

NHS needs to use its buying power

Focus on training to get more staff in

We need to completely refresh the system – we need to focus on prevention, organisation and following protocol

Sometimes feels like the body is being carved up with dentists, podiatrists etc. Need to take a more holistic approach, with a focus on prevention.

Doctors need to see the bigger picture

Interdisciplinarity should be a priority

Need to retain clinical staff in the country

Change can be positive – it's about how we manage it

'Bed-blocking' – getting people through should be a priority

Proof of all the amazing achievements made, provide evidence to convey all that is happening locally with RD trust - more positive publicity.

Extending accessibility to primary care; seeing the right clinicians at the right time.

Changing mindset about 'seeing a GP' or the historical process and provision of care.

Introduce a triage system before even seeing a GP?

Promote social prescribing and the need for everyone to take responsibility to take care of their own health. Wider education including school lessons about this subject.



A better integration of services across the region. (reminded of One Devon).

Workforce planning – we are in a vicious circle. If people are not retained, it's not easy to get back.
Pension arrangements for doctors. It takes a long time to train. Otherwise people travel abroad.

Doing more with existing funding

Social care is a renaming and devaluation of nursing care. Nurses look after the whole person.
Medication good, but nobody checking basic nursing care.

Communication – the unknown. We could make it easier to get GP appointments by having a person on the end of the phone. Being realistic with waiting times

Those who can go for private care, do not see this experience and do not help. They need to see it.

Need to see things for the whole of Devon – all the hospitals and wider