

SUNDERLAND CCG URGENT CARE CONSULTATION NOTES FROM VCISO FOCUS GROUP DEVELOPMENT SESSION

Introduction

This brief report presents the key outcomes of a group discussion between Sunderland CCG and representatives of Voluntary and Community Sector Organisations (VCISO) to co-create the process and supporting documentation for the Urgent Care consultation.

The event took place on 21st February 2018 and was facilitated by ASV.

Large Group Presentation – Comments (C) and Questions (Q)

- Q. What happens if service users can't do 1.5 hours focus groups.
- C. Very hard to interpret consultation doc in 5 mins?
- C. A lot of paperwork before discussion has even started.
- C. If you went through this process would lose focus right from start.
- C. People wouldn't know what urgent care is right from the start. Everything has to really be simplified and taken back to basics.
- C. Service user groups may vary the way we use the discussion guide and hold the focus groups.
- Q. Is that going to describe the current state moving to the future state (Re: handout A?)
- C. If going to change service, you should show what the difference will be.
- Q. What times are the urgent care centres open now?
- C. Have all Urgent care centres changed recently?
- C. Difficult to comment as we don't have handout (Re: handout B.)
- Q. Do the times imply that urgent care is less likely to be needed of a weekend?
Note: Incorrect times shown on draft document.
- C. Service users can't read / write – we will have to read everything out to them. This will fully mess up timings.
- Q. What is urgent care?
- C. How am I going to get to a centre is an important issue for users.
- C. May be better to ask what users would like to see and what opening times they need.
- C. Translated documents will be needed and interpreters?
- C. Need 'easy read' versions of the consultation documents
- C. Pictorial representations useful
- C. If you don't understand the questions you aren't going to get quality answers / feedback.

Working group

Washington Mind; Sunderland Mind; Wearside women in need

Adults with physical / learning needs / understanding

- Questions not worded correctly
- More targeted questions
 1. Tick boxes to record answers
 2. Add comments
- Survey discussion group based on survey
- 90 minutes too long
- Pictorial / one flyer with 'what is urgent care' and other prompts
- Simple questions
 - "what is UC"?
 - tick options
 - have you rung 111?
 - what do you know about them?
 - opening times?
 - Where do people go if UCC not open?
 - Not too many questions – quality not quantity

Suggestions – survey-based element:

1. 18 1 to 1 survey completions
 2. interviews with 1 to 1
 3. Basic questions, not too long, 5-10 minutes per person
- VCSO feedback discussions where professionals feedback their findings
 - Suggested questions
 1. What urgent care is?
 2. Have they used them?
 3. Any problems in the past?
 4. Where they can go?
 5. What times in the future?
 - Easy read version
 - Pro forma – question areas where people can write
 - "Any other comments" in questionnaire
 - £100 not enough
 - Could open up emotional distress to people
 - What will you do with the information?
 - Anonymous information

Support pack

1. Printed info sent + email of survey documents
 2. Not about financial payment, but still needed
 3. It's about better services for service users
 4. Time related
- Pictorial / easy to read
 - Consultation fatigue
 - Feedback events
 - "Can we answer?"
 - How will the voice be fed into the process to close the loop and benefit service users

Working group B

- Need to adapt different to all service groups
- No group will be able to understand the guide
- Describe proposals and simplify
- Mixed up document – guide is trying to be discussion guide plus how to facilitate
- Timings will naturally merge
- Round of introductions rather than icebreaker
- Recording of the session is confusing – why do you need it?
- Over-complicating a simple process
- If it's going to be meaningful the resources need to be there
- Option 1 / Option 2 – the messenger could get shouted at when a decision is made
- Differences of opinion within the group
- Quality of materials given out is essential
- Using established groups is easier: not all groups will want to engage
- Unless its relevant to people; people won't engage
- Simplify the guide as much as possible
- Background resources for the facilitators
- Women only groups will be essential
- Mutually valuable and relevant
- Need to understand – what is the system like now
- Complex issues in 90minutes for MH service users, in a way that is relevant
- Utilise existing groups if they want to get involved
- Anybody would need to use urgent care services – that has been missed out
- Can't limit the consultation
- Materials need to be as simple as possible
- What is UC?
- How do we define that?
- What does UC system look like now?
- What are the proposed changes?
- People are unaware – only know if they have used the system
- People don't understand the system
- The timings in the guide are impossible to do individually
- Facilitating will be hard
- Support needs:
 - Good background materials for facilitator
 - Clear guidance and as simple as possible
 - Interpreters
 - Easy read
 - Accessibility needs
 - BSC interpreting online
 - Videos instead of handouts
 - Simple short clips of what it is and explaining things (diagrams)
 - Does anyone object to consent forms?
 - Written consent for photos
 - £100 is not enough
 - We use volunteer interpreters anyway because multiple languages are used
 - Any sort of financial help is better than none
 - Printing / handouts should be provided by CCG
 - Lack of equipment
 - Can CCG provide screen / projector when session is being held?
 - What about carers who have to make other arrangements to attend
 - Room hire costs
 - Small incentives are not attractive to participants
 - Most organisations may not have the money to run first and then claim back
 - Translation costs, before
 - Who is expected to collate this data after focus group has been conducted

Working group C

- People will have an understanding
- Need handouts

Are the questions worded correctly?

- Too confusing; too many questions
 - Depends on audience: wouldn't know until audience came together
 - Professionals don't need a guide; they need prompts
 - Found prompts helpful – not prescriptive
 - We all have to ask the same questions for analysis
 - Young people – think of a different way: although need standardised questions
 - Urgent care needs to beat the front with explanations of what it is
 - People don't understand what urgent care is - difference between u/c and w/c etc; do you need an appointment?
 - W-I-C – reality of people's experiences quite different: overarching questions are fine – adapt how you get the details across
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- Historically different providers – 2013/14 – different contracts
 - Pallion run by hospital, others run by same company
 - All work to same spec – GP led opening hours
 - 111 has access to appointments
 - Pallion can walk in – nurse on desk performs triage
 - (2) Any questions we have missed?
 - Would like feedback so we know we are doing the right thing
 - Useful to have a reporting template – can pro forma not be the same thing
 - Comments on service: location: opening times
 - Easy read version
 - Alternative formats e.g. video use in session
 - Some people don't know the difference between 111 and 999
 - (3) Principles around how people access things
 - Majority of people happy to wait at GPS
 - Don't want to design something no one will use
 - Is opening more services making things more confusing?
 - Feedback
 - Have we captured everything: need feedback to make it worthwhile for you
 - Do we need to prioritise questions, so even if only 1 answered it's a good result
 - Support needs
 - Financial needs - £80 (£20p/h x 4 hours) + room hire + refreshments
 - It's about their financial outlay – bus fares etc
 - Nice to give them a voucher to say thank you
 - Acceptable cost per focus group? £200? Realistic? £100 not enough
 - Time to scribe / difficult to do unless you have help – need to employ help
 - Time to write up report – couple of hours
 - Format
 - Less is more – too much paper
 - Easy to understand info – easier to explain to people

Closing Statements

- Feedback to the service users regarding the outcomes of the public consultation
- Interpretation
- 1:1s – some service user groups will need to undertake 1:1s not groups; hence more expensive
- Advocacy approach – facilitators could feedback in a focus group i.e. taking on an advocacy role
- Focus on the really key questions
 1. What is urgent care?
 2. What will the new service be and how is it different to now?
 3. Locations?
 4. Opening times?
- £100 not enough to cover costs - £200 more appropriate
- Less is more!
- What really is open to influence?
- Good background materials wanted for facilitators
- CCG needs to do all the printing etc
- Not everyone has equipment to play videos