



‘What Matters to You? 2017’

for

North Ayrshire Health and Social Care Partnership
Strategic Planning

North Ayrshire-wide findings for strategic planning purposes



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1. Introduction

- 1.1 **What Matters to You?** (WMTY) day 2017 took place on Tuesday 6 June 2017. Across Scotland, and indeed the world, people were being asked the WMTY question by health and social care providers. WMTY day aims to, 'encourage and support more meaningful conversations between people who provide health and social care and the people, families and carers who receive health and social care' (WMTY, 2017).
- 1.2 North Ayrshire Health and Social Care Partnership (NAHSCP) was keen to embrace WMTY day, and engage as widely and as meaningfully as possible. The Director, Heads of Service and Senior Management Team all fully supported the day and encouraged their teams to ask the question – and to, '*ask what matters, listen to what matters and do what matters*' (WMTY, 2017).
- 1.3 As well as asking people who use our services the WMTY question, NAHSCP decided to undertake its biggest consultation to date; a team of staff from across the Partnership, strategically placed at thoroughfares in each of North Ayrshire's six localities, from 8am until 6pm (in most cases), asked members of the public WMTY.
- 1.4 Given the consultation was across services and with the public, the decision was taken to try to sharpen the focus of the conversation; asking WMTY generally can be a really useful question, particularly in context specific situations e.g. hospital settings. The difficulty arises when speaking to a member of the public – and even in some services where the context is not immediately apparent – and asking them a seemingly boundless question, WMTY?
- 1.5 In order to undertake the 3rd element of the WMTY strapline ('*do what matters*'), it must be within the sphere of influence the service provider has. To try to ensure NAHSCP could in fact do what matters, we posed the question, 'What matters to you in relation to health and social care services?' We received almost 2500 responses.
- 1.6 The WMTY exercise was undertaken with a view to being able to do what matters on at least three tiers. At the first tier, WMTY responses will be used to inform the review of NAHSCP Strategic Plan. The next tier involves considering the responses in relation to North Ayrshire's six localities; respondents provided the locality they lived/worked in, this allowed for analysis of what matters to each locality.
- 1.7 Finally, individual services provided responses from their patients and service users. Analysis of these responses will allow individual services to consider what matters to their patients and service users.
- 1.8 This report pertains to the high/strategic level findings. Other analysis and reports will be available regarding locality based findings and service specific feedback.

2. Methods

2.1 A small short-life working group was established to provide oversight and co-ordination of the event(s). Trying to be as inclusive as possible, numerous mechanisms and opportunities were provided for citizens who live and/or work in North Ayrshire to share their thoughts on what matters to them about health and social care services. Various options included:

- Ballot boxes in public spaces including libraries
- Online survey
- WMTY phone number to text
- WMTY email address to respond to
- Focus group with LGBTQI+ young people
- Workshop session with Youth Forum members
- Individual services asking their service users and patients
- Staff asking members of the public

2.2 To try to standardise the approach, without being overly prescriptive, a short briefing pack was provided and a short training event was held. The briefing pack included possible responses to give when potential respondents said that they are unfamiliar with the term 'health and social care services'.

2.3 Although some responses were received directly to the online survey, text number and email, the majority were received via the WMTY postcards used by staff in services and in the community. A small team was involved in inputting these hardcopy responses into the online survey platform. This made analysis more efficient. Another small team was assembled to undertake coding and analysis of the responses.

2.2 Analysing the responses

2.2.1 Data was collected to enable gender, age category, locality within North Ayrshire and WMTY response to be analysed and reported. Content analysis, a widely used type of qualitative data analysis that can also provide quantitative data (Krippendorff, 2004), was used to analyse the responses.

2.2.2 A combination of conventional and summative approaches to content analysis was employed; conventional approaches sees codes derived directly from the data whilst summative approaches involves counting and comparison, usually of key words and content and interpretation of the underlying context (Hsieh and Shannon, 2005).

2.2.3 In order to analyse the WMTY responses, two members of staff independently reviewed approx. 500 responses. From these, a coding framework emerged; 15 codes were identified whereby responses could pertain to 'wait' (waiting times for service), 'availability' (the general availability of services) and 'staff competence', for example.

2.2.4 In addition, a colour coding system – a sentiment scale – was used to indicate whether the response was positive, negative or neutral in sentiment. It was often the case that a response was positive about one aspect (e.g. availability) and negative about another (e.g. staff competence).

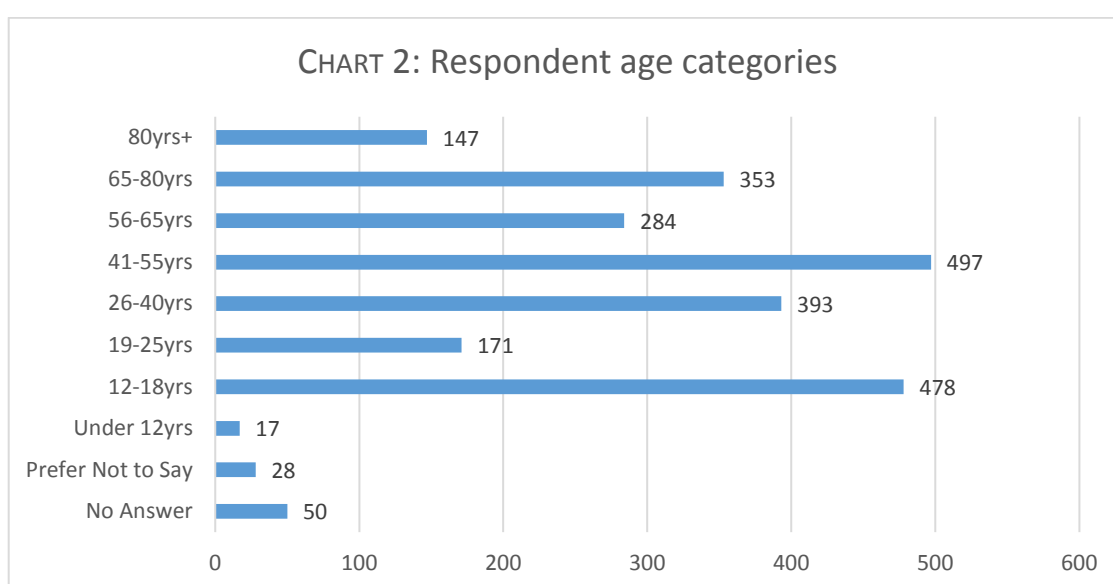
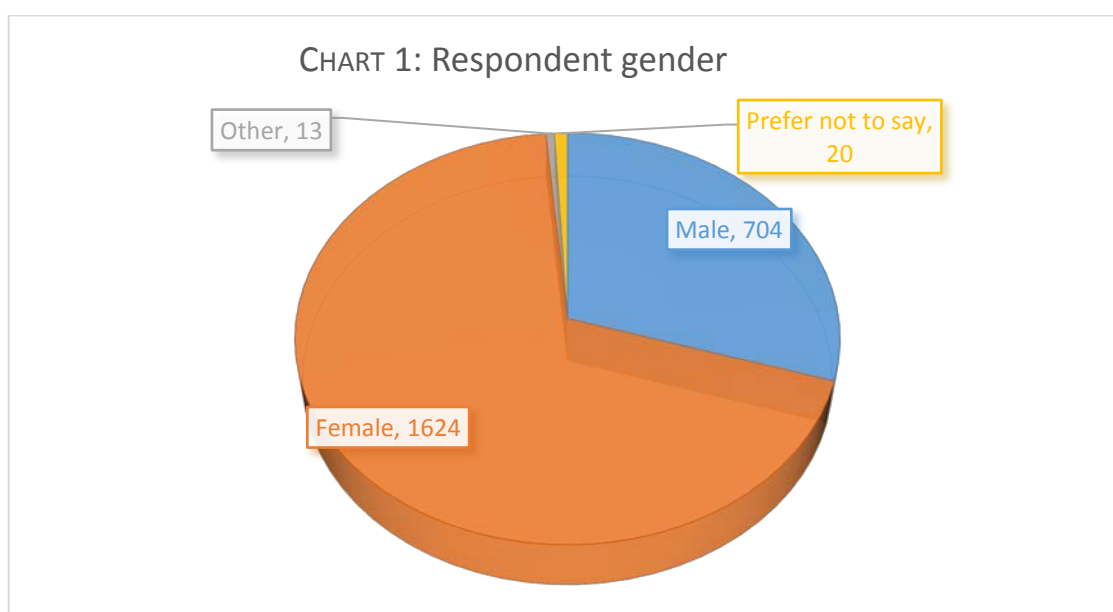


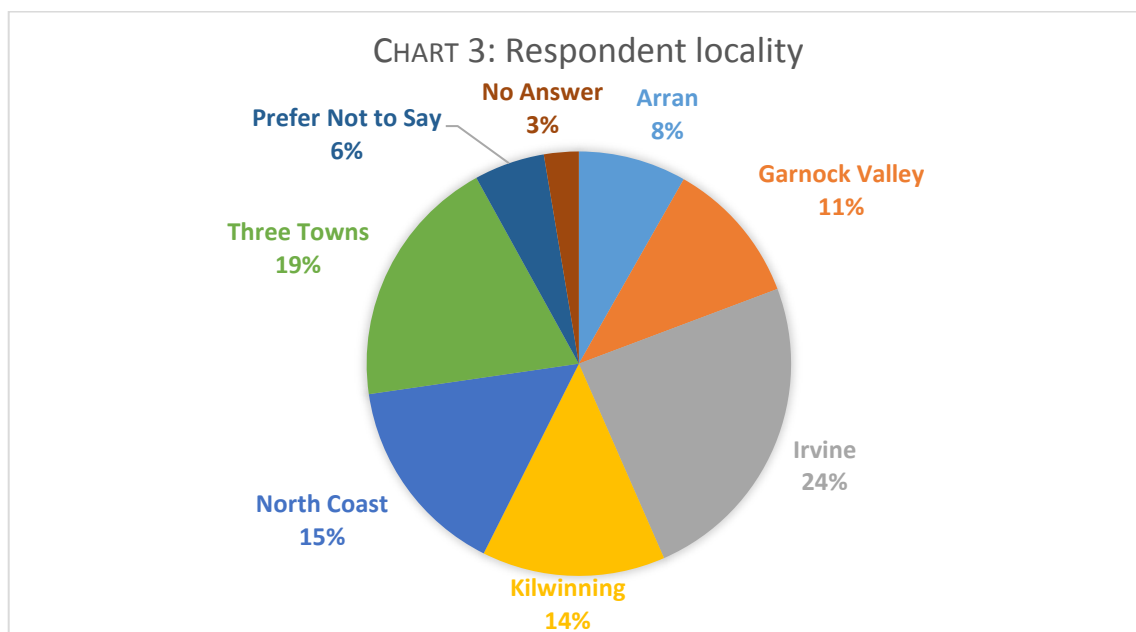
- 2.2.5 Guidance was provided to the analysis team who, over a two-week period when coding took place, held meetings every other day to ensure consistency and reliability in analysis. Such meetings considered any anomalies, whether new codes were required and how useful current codes were proving to be.
- 2.2.6 Data cleansing was undertaken before final analysis was completed. This process involved removing any missing data (e.g. one code involved identifying that there was nothing to code, and included for example, 'The service user had nothing to say', these were removed from the final data set); ensuring language was consistent and that the sentiment scale appeared to have been used consistently.

3. Findings

3.1 Descriptive data

3.1.1 Whilst there were 2475 responses submitted, coding revealed 57 of these responses had nothing to code. Examples include, 'Don't give it a thought', 'Don't use services at the moment' and 'Wishes to leave blank, no comment'. These types of responses, and some reflections, are noted in [Limitations and Lessons](#) below. Subsequently, removing such responses, the sample size was 2418. This figure (n=2418) is the figure the analysis refers to. In relation to demographic data, the charts below show the gender, age categories and localities of respondents.





3.2 Content analysis

3.2.1 This analysis considers all of the responses in their entirety with a view to informing NAHSCP's strategic plan. This analysis does not consider responses by age, gender, locality etc. but rather summarises the WMTY responses as a whole.

The sentiment scale

3.2.2 As noted above, a sentiment scale was used to analyse the comments in relation to whether they provided 'positive', 'negative' or 'neutral' responses to the WMTY question. For the scales purpose: positive comments tended to involve praise, feedback on experience or observations, and highlighting good services; negative comments tended to involve issues the respondent was unhappy about, and could include poor practice, length of time waiting for treatment or a lack of funding; neutral comments were those which lacked any indication of sentiment and could be read as straightforward statements, sometimes this includes simply saying the name of a service or type of treatment.

3.2.3 In many cases, respondents provided a combination of the above; they could have been positive about one thing, negative about another, and neutral about another. This would see their comment coded accordingly e.g. 'Good experience that doctors triage is working well – able to get doctor if required. However find it frustrating can't get podiatrist & physio due to waiting list.' This would be coded as positive and negative under relevant codes, and overall the comment would be coded as 'mixed'. The table below notes the sentiment of responses when coded in their *totality*.

Table 1: Sentiment of response (n= 2418)

Sentiment	Number	As % of responses
Positive	273	11.29
Negative	497	20.55
Neutral	1115	46.11
Mixed	533	22.04

Perspective

- 3.2.4 It became apparent quite quickly through a review of a sample of comments that they could be categorised in terms of perspective. That is to say, some comments were quite clearly from a lived experience perspective, often from people who had used services but their comments were not necessarily *about* services. On the other hand, comments were very service specific and were absent of any personal element.
- 3.2.5 Examples of experiential comments include, 'I find the nurses are nice enough but I disagree about the blood they took out of me 7 pints in two days, and it's sore on me and I want to go home sooner and get results from my family doctor', 'Not enough physios. Had to wait 7 months for an appointment', and 'More care for dementia sufferers. The doctor just wants to give you a pill and send you away. Nobody gets back to you. Care homes are a rip off and not very compassionate, they're absolutely disgusting, I had to sell her flat to fund it.'
- 3.2.6 Examples of more service oriented responses include, 'The money and corruption within the NHS', 'Needs to be better care in the community, more carers, better wages, more time to do job', and 'Being able to access doctors' appointments on the day; gender equality by social work services; knowledgeable skilful staff; good communication regarding care, treatment and symptomology; being actively listened to and concerns being validated; more support for new parents particularly fathers.'
- 3.2.7 In terms of overall perspective figures, the number of responses which were considered to be primarily about/from a lived experience perspective was 836 (34.5%) and those thought to be primarily about/from a service perspective was 1582 (65.5%).

3.3 Primary themes

- 3.3.1 As is the case with any qualitative data analysis, experience, expertise and interpretation have been employed in creating and using codes and the subsequent theming.

Availability and Access

- 3.3.2 Two main themes which emerged from the responses include availability and accessibility. These were treated as two distinct issues and were understood as the following: comments were coded as referring to availability if the comment stated that having a particular service, set of services or support was what mattered to them. This could manifest as a comment about the provision or absence of provision, could be positive, negative or neutral.
- 3.3.3 To this end, 1216 (50.29%) people commented on service availability. Of these comments, 74 (6.09%) were positive, 262 (21.55%) were negative and 880 (72.37%) were neutral. Positive comments included, 'Care at home is important for me to allow me to go about my daily tasks it has been a great help for me and my family', '(Having) company is important to me. The staff are that good and fun. It's important to me that I feel part of the community, we are always out and about. It's fabulous to be involved with local schools too', 'I enjoy coming to day service. I find it helpful with the different services on offer. Day service has a lovely atmosphere. Everyone makes us very welcome, couldn't ask for better', 'Having my carers in the morning to help me. Having my day service to come to CBS/Hazeldene. Having the opportunity to go on respite' and 'Having social work helps me and has made me happier.' Examples of negative comments include, 'Lack of GPs – trying to get an appointment is

horrendous’, ‘Issue regarding obtaining a physiotherapy appointment 40x weeks waiting time for health services physio’, ‘Need more care home places for the elderly and more affordable. Care of elderly is needing more resources’, ‘More care for carers is needed as well as more care in the community generally. Better GP services would be welcome including appointments in evenings and weekends’ and ‘There’s not enough help for drink and drug problems.’

3.3.4 Comments categorised as neutral included, ‘That people who need help get help’, ‘Availability of children services + social care team building skills’, ‘That young people get easy access to Mental Health Service’, ‘Mental Health Provision Help for unpaid carers’, ‘Right place, right time and right people’ and ‘OT equipment to be installed when required to support me to remain at home. Easier access to GP appointments.’ For more examples of quotes which were coded to include availability, [see Appendix 1](#).

3.3.5 Accessing services was the second most common theme. In terms of responses, 485 (20.06%) were in relation to access. ‘Access’ could pertain to finding and making initial contact or having ongoing contact with a service, its location, the criteria required to access it, the expectations attached and tasks required (e.g. calling at a certain time) to access it.

3.3.6 There were 26 (5.36%) positive, 177 (36.49%) negative and 282 (58.14%) neutral comments made in relation to access. Examples of positive comments include, ‘Doctors’ appointments are easy to get and it’s easy to get Dentist appointments’, ‘Being able to access services – I’m happy with what I have’, ‘Being able to see a doctor when required, can’t fault Frew Terrace Surgery. Care provided to my parents via surgery, care co district nurses, OT’s physios have all been fantastic’, ‘GP. Accessed service quickly & positively. Got access within a day to a GP. Very positive experience’ and ‘Good experience with GP especially getting appointment quickly for child.’

3.3.7 Examples of negative comments include, ‘An easier system in attempting to get a doctors’ appointment. Established doctors rather than locums’, ‘It took too long for appointments at GP. And too long for my child to be referred to the specialist’, ‘Having more nurses and doctor. It’s hard to make an appointment at local surgery’, ‘Access to services CAMHS is over worked with children waiting in desperate need and unfortunately no space’ and ‘Getting through to the GP’s is a problem and the waiting time is terrible – sometimes you feel that nobody cares. On a good note the help I have had from the physio, OT department and the carers from NAC has been great.’

3.3.8 Examples of neutral comments regarding accessing services included, ‘That care is timely and easily accessible. Environment is appropriate to meet patients’ needs & staffed appropriately’, ‘Being able to have access to services as & when necessary’, ‘Easy access to health care providers such as doctors surgeries’, ‘Services available to all age groups – having good access to GPs and community nurses’ and ‘Accessibility of services for all.’ For more examples of quotes which were coded to include access, [see Appendix 2](#).

Wait

3.3.9 Linked to availability and access but emergent as a theme in and of itself is the notion of waiting. The code of ‘wait’ was used to capture comments which explicitly mentioned waiting for treatment and/or services. There were 416 (17.20%) comments which met this

criteria; of these 10 (2.40%) were positive, 173 (41.59%) negative and 233 (56.01%) were neutral. When coding, the team, where possible, noted the service being referred to by the respondent.

- 3.3.10 The service respondents mostly referred to in relation to 'wait' was General Practice. 178 (42.78%) of the 416 'wait' comments pertained to GP appointments. Of these, 128 (72%) were negative comments, 4 were positive and 46 were neutral. Other services mentioned include Child and Adolescent Mental Health Services, Occupational Therapy, Physiotherapy, Home care, and self-directed support – usually in relation to authorisation with one reporting a wait in excess of 6 months.
- 3.3.11 Positive comments in relation to 'wait' included, 'Recently moved from England – some experience of outpatient services – much quicker than down south', 'My GP is good and I can get an appointment straight away', 'Being able to get an appointment quickly – I'm always able to get seen within the week', 'What matters to me as a member of the public is that I can get an appointment at the hospital or with social care services when required. As a foster worker I require us support and ongoing communication. At present I receive this. I can phone at any time and am supported immediately which can include a home visit. This is what should happen. I am also talked to at my level and I feel it is important that this should always be the case for everyone clearly with service', and 'Waiting times at hospital are a lot better'.
- 3.3.12 Negative comments regarding wait included, 'CAMHS waiting list is far too long to wait for appointments. (I was also) 3 weeks for a doctors' appointment', 'No GP appointments and having to wait for 8 months for CAMHS appointment', 'The waiting times at Crosshouse Hospital are a disgrace but the staff are lovely', 'Social work could be much faster – small home adaptations. Don't keep you informed as you have to chase things up. Distance to travel to appointments – why sent to Ayr and not Crosshouse' and 'Lack of funding for care of elderly. I'm concerned regarding waiting times – hospitals and GP's don't have enough staff.'
- 3.3.13 Neutral comments regarding wait included, 'It is important people get the care they need when required', 'I've got 5 kids and appointment times and waiting times are very important', 'Getting to see a doctor on time', 'Good quality service, value for money, quick response' and 'Not having to wait to long for appointments.' For more comments in relation to the 'Wait' code, [see Appendix 3](#).

Staff Values and Competency

- 3.3.14 Values and competency were used as two separate codes – sometimes they were used together while other times, issues clearly pertained to one over the other, with competency appearing more pressing: there were 413 comments in relation to competency and 263 in relation to values. These can be combined to show that staff values and competency were included in 27.96% of responses.
- 3.3.15 In relation to competency, there were 72 negative and 72 positive statements (17.43% each) and 269 (65.13%) neutral comments. For values there were 15 (5.70%) negative comments, 40 (15.21%) positive and 208 (79.09%) neutral comments.



- 3.3.16 Examples of positive comments in relation to competency included, 'The support and positive attitude from admin staff who are very helpful when you phone', 'How they respond to me and my needs. At the moment I am very pleased with the attention I receive', 'The support I receive is brilliant. Always there for me when I need to speak. Listening is very important – working together to support my needs', 'I used the local MH services – they are really good – what a great help! They listen to me!', and 'Would say it's pretty good. Good at social work department & GPs. I'm happy with service from doctor and nurse, they're excellent.'
- 3.3.17 Positive comments around values included, '...having someone who'll not judge me has been amazing for focussing on the right path to take...', '...two-way communication essential to us feeling we were important and not just 'patients'; we worked together to devise care package...', 'It matters because it gives care and love to people who need it', 'Staff are approachable and friendly. I'm happy with the services I use' and 'The way they care for you and respect you.'
- 3.3.18 Negative comments regarding competency included, 'People without a medical or social work degree should not be involved and working in H.S.C.P in N.A. - money and time wasted on - surveys etc.', 'What's scary is the lack of understanding & resources for dementia, I'd be concerned about the service I'd get if I got dementia myself', 'Been on wrong medication which damaged me. Need people's medication to be checked. Need handle – so quicker adaptations as usually need to wait too long', 'Not enough GP's. More Cancer care. Should have cared for my dad quicker and diagnosis quicker' and 'Bad organisation. Couldn't help get a family member out of hospital due to not having a care package. Eventually discharged in the morning, however the care package was not in place to the afternoon. Management need to get their act together.'
- 3.3.19 Negative comments in relation to values included, 'I want more choice about the support I get', 'No voice for service users, no choice or flexibility. Not person centred...', 'Speed of responding when things are critical. Health visitor very poor – missed thrush and was judgement', 'Disappointed with care given for a relative i.e. home helps – not enough allocated time – some too young and not interested – not enough training for giving medication and routine oxygen machine + tanks only one visit from social worker in a year and a half' and 'That a shared value base is established. Health and social care workers have very different values and this has to be addressed explicitly not just assumed'.
- 3.3.20 Neutral comments in relation to competency included, 'Having good quality and qualified staff', 'Need to know that there are qualified staff to speak to when my mental health is poor', and 'That staff are well qualified, compassionate, and in the job for the right reasons.' Neutral comments about values included, 'People show compassion when working and treat patients fairly and with respect', 'It's important that folk listen to me and include me', 'Range of services that are accessible. To get appropriate help/support when it is required', 'Working together as a joint partnership as this helps communication between service users and services' and 'Quality person centred care and equality matter to me.' Further quotes from the 'Staff Values' and 'Competency' codes can be found in Appendix 4 and 5. Linked to this theme of staff competency and values, and also to availability, is continuity of

care. This emerged in numerous responses and often in relation to GP and Homecare services, although relates to health and social care services more generally.

- 3.3.21 Respondents said that it mattered to them that the person they seen for support should be the same person each time, where appropriate. For example, having a number of different people entering your home in the evening to assist you to bed or visiting your GP about a personal care matter can be made easier if it is the same person/familiar person.
- 3.3.22 Some comments indicate that changes can cause anxiety, for example, 'I like consistency with support not knowing makes me anxious', 'New Care staff turning up without an introduction makes me anxious.' While other comments feel the lack of continuity effects the health and social care service being provided, 'GP's always rushing. No time to care. Problems with continuity', '...end of life services is very important and continuity of care. Care staff provision is good although staff can be changed often and it takes time to get to know preferences', and 'Important that mother receives continuity from home care provider & care at home assistants. This is important due to mother having dementia.'

Good Service and Improve Service

- 3.3.23 These codes were used to identify where respondents either strongly inferred or explicitly stated that they had received or experienced a good service or where they felt a service required to improve. The full sentiment scale was not required for this code insofar as 'good service' comments would be green/positive and 'improve service' would be red/negative.
- 3.3.24 If the sentiment scale were to be used for these responses, many would have been neutral; statements such as 'Good quality service is what matters to me' shows 'good service' is important but not that they had been received/provided. Aggregately, comments in these codes were seen in 30.73% of responses with 14.68% relating to 'good service' and 16.05% to 'improve service'.
- 3.3.25 Example of comments which related to good service included, 'That all agencies work together to ensure that we have the best care plans and outcomes for young people that are in our care', 'Having the confidence in services and workers to provide my parents/family with a good quality of care', 'Used Mental Health Team after birth of daughter, was referred fast by Health Visitor. Service was great makes you understand how to deal and move forward', 'The service that is provided by Rosemount admin team is excellent and are a vital part to the team. Working and achieving positive outcomes. The staff are the first point of contact and are always professional in their response – they are able to assess and speak with families – and act accordingly to ensure services are delivered and crisis averted. A+', and 'I'm getting plenty of help - services are good'.
- 3.3.26 Examples of comments which related to improve service included, 'People need more health and social care services...and more trained staff', 'Homecare - more contact with family and passing on information', 'Better GP Services in Stevenson – not enough doctors – better access to appointments. Better access to Mental Health – less waiting lists. Communication be better between services. Better early help for drug and alcohol. Reduce stigma. More awareness.', 'Better services for help and support for carers and how many get isolated looking after loved one' and 'The time people spend in hospital mental health services is



hideous. Something needs to be done and systems speeded up.’ More quotes around ‘Good Service’ and ‘Improve Service’ can be found in Appendix 6 and 7.

- 3.3.27 Of course, many people were somewhat conflicted and these responses often had characteristics which saw the use of both ‘good service’ and ‘improve service’. Examples of these comments included, ‘There is evidence of partnership working and better communication links but there needs to be a focus on a more robust discharge process and moving into the community’ and ‘Good follow up from hospital. Social Services very good but need to know who to contact especially when new to area. Good access to equipment.’

4. Discussion

- 4.1 Access and availability – services must be available to people at the time they are needed, we know long waiting times exacerbates conditions and people have told us this. People noted continuity, especially where that care is personal e.g. care at home – that the same person should enter their home and provide some of the most personal care imaginable. Continuity of care also highlighted in General Practice.
- 4.2 An issue we identified and coded separately was ‘increase awareness’. Although only used in 4% of responses, and a lot of the time in relation to understanding health and social care issues/challenging stigma, it was frequently used when people stated they did not or do not know what care is available or how to access it. That related to themselves but also other professionals, for example their GP being unaware of services available.
- 4.3 While service availability and accessibility being what matters to people may seem obvious, it is important to reflect upon the context within which these responses have been received. Accessing services has been an issue identified by the HSCP itself, as well as nationally. Social prescribing (in the form of Community Connectors/Link Workers etc.), for example, is an initiative which at its heart is concerned with facilitating the access of services for patients and service users.
- 4.4 The successful implementation of this approach could be crucial in delivering on what matters in terms of access. In relation to availability, the context here is perhaps more concerning; in a climate of reducing resources and increasing demand, it would appear that respondents are sensitive to the fact that ‘simply’ having services available when they require them is what matters, and it is incumbent upon NAHSCP to recognise and meet this challenge.

4.2 Wait

- 4.2.1 As noted in the findings section, wait is almost inextricably linked to service availability and accessibility but the term(s) (wait/waiting) was mentioned by respondents frequently enough to require individual theming. Waiting for service can be understood through simple supply and demand characteristics; the demand for services outstrips supply, subsequently people have to wait to receive services and treatment.
- 4.2.2 It should be noted that although inconvenience may play a large part in why waiting matters to people, evidence demonstrates that if conditions are left untreated (e.g. while someone is waiting to be seen), health conditions can deteriorate (e.g. Scottish Government, 2003). Moreover, waiting in itself can cause anxiety, waiting time can adversely affect a person’s family and employment circumstances, and can also be indicative of inefficiencies within the health and social care system (*ibid*).
- 4.2.3 In addition, some suggestions have been made about how to support people who may well need to wait on specialist treatment but who may benefit from some kind of interim support, perhaps from a mutual aid or third sector provider. An exploration of how services are configured and existing resources deployed may highlight opportunities to reduce the

length of time people require to wait, and possibly the demand (appropriate or otherwise) placed on services.

4.3 Staff Competency and Values

4.3.1 With people being asked 'What matters to you in relation to health and social care services', it is no surprise that the 'face' of these services came through as mattering to people a lot; that the way services are provided is important, perhaps not as important to their availability (timeously) and accessibility but once people have access to an available service, they clearly expect the people providing that service to behave in a certain way.

4.3.2 For many services, especially those who are geared towards achieving any kind of behaviour change, the relationships staff form with people who use services is key to affecting any change. Crucial to forming these relationships will be the staff members' way of being with patients and service users; that is to say, how values of NAHSCP manifest through staff in their interactions with patients and service users matters because evidence shows its impact (Elvins and Green, 2008), *and* because over a quarter of respondents identified either values or competency as something that matters to them.

4.4 Good Service and Improve Service

4.4.1 These two codes emerged from the data from what seems to be how respondents interpreted the question: in line with saying what mattered to them we have seen already that some inferred positive or negative connotations; many respondents went further than this inasmuch as they explicitly stated where they felt they had experienced a good service or where a service requires to improve, to the extent that they could be suggested to have taken the question as an opportunity to complain about or to champion services.

4.4.2 This appeared to be common when reviewing the responses, almost as if some respondents mistook the question of 'what matters to you about health and social care services?' as 'what do you think is the matter with health and social care services?' To the extent that a small number (42) of responses contained the words 'I have no complaints' or a paraphrasing thereof.

4.4.3 While there is a note made about this in the lessons learned section below, the fact that this information has been provided shows that people do have experiences – positive and negative – which they are happy to share about services. NAHSCP may wish to consider, at various levels – strategic and operational – how citizens are more routinely enabled to voice these issues and influence service design and delivery whereby more of 'good service' can be done and there may be less need for comments about 'improve service'.

4.4.4 While the aforementioned came through strongly in responses to the what matters to you question – availability in 50%, access in 20%, wait in 17%, staff competency in 17%, staff values in 10%, improve service in 16% and good service in 14% of responses – there were many other issues identified that matter to people.

4.4.5 For example, 164 (6.78%) of people identified 'funding', in particular a lack thereof and a fear of what this could mean for service delivery and for themselves as recipients of health and social care services. This shows that citizens are aware of the climate, though perhaps not as

aware of the gravity of the situation (Dayan and Edwards, Nuffield Trust, 2017). Linked to this but separate was the notion of services remaining free, with 79 (3.27%) people identifying services being free at the point of need/use, a founding principle of the welfare state, as being something which mattered to them.

- 4.4.6 Elsewhere, 'increased awareness' mattered to 112 (4.63%) respondents which related to increasing awareness of particular needs, about challenging discrimination about services (from services and within society more broadly) for certain groups, for example LGBTQI+, and about making sure information on available services was available to all; this included the population generally knowing what was available but especially service providers, with many explaining that the service they had been in contact with was not best placed to connect them with other services due to lack of awareness.

5. Limitations and Lessons

5.1 Planning and preparation

5.1.1 NAHSCP is developing a growing reputation for taking seriously the task of consulting with citizens, patients and people who use services. A series of events has been undertaken whereby consultation and engagement has informed strategic and operational decisions (e.g. consultation on strategic plan 2015-18; mental health vision for adult community mental health services; Adult Support and Protection process evaluation), and is working towards becoming a coproducing health and social care partnership. Nevertheless, all involved in the WMTY initiative would agree, 'run-in' time – time to plan and prepare, to ensure buy-in and uptake, to consider logistics and training is vital to the success of any project.

5.2 Standardising the question

5.2.1 With such a large team involved in asking the 'what matters...' question, it was important to try and standardise the question and any prompting. For example if one interviewer provided a markedly different response to being asked 'What do you mean by health and social care services' then this could significantly impact on how the respondent answers.

5.2.2 A briefing session was made available to attempt to support those who would be collecting data however this was poorly attended. This could partly explain why in one instance, a number of people were simply asked 'What matters to you?' The reason the final question included '...about health and social care services' is this is within the influence of NAHSCP. Elsewhere, when the question is asked within a nursing home, acute hospital setting or school, the context tends to be defined by the setting.

5.2.3 Random sampling of citizens in public spaces makes context setting more difficult, particularly when parameters for the question are not set. Subsequently, a sizable number of responses (223: 9.26%) were coded as 'social and community' and pertained to things such as dog fouling, lawn/grass growth, and broken windows. These issues will be passed on to the relevant departments for consideration but are outwith NAHSCP sphere of influence.

5.3 Training staff in interview techniques and recording answers

5.3.1 In addition to standardising the question, and the impact this can have on responses, interview technique can have a significant impact upon responses. For example, many responses were less than five words. It is possible that these were the only five words said by the respondent. It is also possible that the interviewer has paraphrased the response to five words.

5.3.2 A number of responses caused bemusement among the analysis team and created a difficulty in coding, analysing and ultimately doing anything with the response, for example, 'Coco pops' and even 'mental health'. While the former may be useful in a certain context, and the latter is clearly related to the question, more information is required to make anything meaningful from them. It is incumbent upon NAHSCP that if we choose to consult with citizens that this process is as meaningful, useful and useable as possible for all



concerned. Training on interview techniques and the recording of answers could go some way to assisting with this.

Ensuring people understand the question

- 5.3.3 Linked to interview techniques training, it is clear from some responses that respondents or potential respondents misunderstood the question (and possibly some interviewers). This could be due to how the question was asked and/or the prompts used to try to aid understanding. A small pilot was undertaken (approx. 40 participants) where variations of the question were used. This informed the final question, and the planned briefing session aimed to provide guidance for those involved in data collection.
- 5.3.4 As noted, poor uptake of the session arguable led to varying quality of data collection. In any multi-phased piece of work, involving a large team responsible for different phases, each phase becomes interdependent and requires quality throughout. Efforts to improve and assure quality throughout each stage of future consultation and engagement work should be considered.

6. Conclusion

- 6.1. Health and social care services are provided within and from complex systems. It should come as little surprise that what matters to people about these services is in no way straightforward. The complex, multifaceted, and sometimes contradictory, responses to what matters to people can make it challenging to decipher and prioritise.
- 6.2. However, North Ayrshire citizens have responded by telling NAHSCP what matters to them about health and social care services, and have challenged NAHSCP to:
- Make services available when required
 - Ensure services are easily accessible
 - Ensure people don't experience a long waiting period
 - Have staff who are competent and demonstrate a strong value base
 - Celebrate the good service they provide
 - Recognise where services can improve
- 6.3. That these services are aware of each other and the contribution they can each make to citizen's health and social care, that they are well funded and free at the point of use, sensitive to people's needs and challenge discrimination when it is encountered are all what matters to people about health and social care services in North Ayrshire, and should be at the forefront of strategic planning.

Appendices

Appendix 1 – Availability (these statements may also include info used in other codes)

More GPs and Nurse Practitioners for a start. More hospital beds. More Nurses, and Doctors on proper contracts; not from other agencies that cost us more. More joined up care for those leaving hospital, with more time allocated to care in the home; not short visits, but longer ones, as mental wellbeing is as important as physical wellbeing. This box is too small and this looks like a very shallow attempt at getting opinions, as people will look at the small box and only put one thing!

The most important thing to me about Health and Social Care Services in North Ayrshire are the care staff who come into help me daily. Without them I would be devastated and would not be able to do anything for myself. Also the OT service for getting me a stair lift which means I can get to my toilet and my bed. My bathroom has also been adapted and the care staff can now help me to shower.

Anything I have asked for I have got. I am in receipt of homecare services, with significant input for G.P. D/Ns. Happy with all services available in North Ayrshire, I have no complaints in relation to health or social care and feels well supported in the community of North Ayrshire.

Being seen promptly by an appropriate person when required. For services such as Physiotherapy to be increased to meet the demand, having to wait 40+ weeks no use.

That all people, young and elderly are supported. More support within the home to enable young people to remain with their families. More support in schools to enable young people to remain in mainstream education.

More Drug and Alcohol Services in North Ayrshire.

Mental Health, more support needed. Doctors appointment very difficult.'

There should be more groups for Mental Health in Irvine. I have gone to SAMH in Stevenston can we have one in Irvine as it really helps, going to Stevenston is expensive for me.

Having enough services to suit everyone. GP waiting times too long. More staff.

No paramedics on the island + ambulances as well. It's not adequate service. What if I had a heart attack – how quickly would they get to me?

More support in the community for OAP's and young families. More money and an AE/Service on Arran and money invested in the hospital so more can be done for Arran people & visitors instead of going to the mainland. A better structure in place for care facilities investment in carers & less cutbacks in the community.



Appendix 2 – Access

Keep NHS free at the point of contact. Access to relevant support from cradle to grave. Access to GP on the day or in a few days, repeat appointments as necessary. Swing parks back – childhood obesity. Harvies to be brought up to date like portal for health physical and mental.'

Easily accessible GP services, support for babies and children both for health and groups for play and interaction. Important that there is the opportunity to access information on women's health services.'

'Problems getting through to GP Surgery to make appointment & getting an early appointment. By the time you actually get an answer all appointments for that day are gone. You are then offered an appointment for weeks ahead.'

'Being able to access services – I'm happy with what I have.'

'Kilbirnie. Very difficult to get help for disabled son. Asking for help, can't get it. Social work response slow for service provision. Educational placements difficult for a child with Autism.'

'Waiting times reduced – easier access to GP appointments.'

'GP accessed service quickly & positively. Got access within a day to a GP. Very positive experience.'

'Good follow up from hospital. Social Services very good but need to know who to contact especially when new to area. Good access to equipment.'

'Access to professional medical care. (Concern) access to Mental Health Services for our young people.'

Who to contact especially when new to area. Good access to equipment.'

'More access to Physiotherapy – the waiting list is really long. Lack of staff.'

'GP more accessible and more staff. Closer to transport links for GP surgeries.'

'Getting seen straight away. Not travelling from one town to another to see a doctor.'



Appendix 3 – Wait

Continued high standards in services and professional shorter waiting lists. Priority for patients who want and need services provided.'

'Can normally get doctors' appointments quickly. Excellent working relationships between S/S and housing.'

'Waiting times at the doctors are too long'

'Not having to wait months for a doctor's appointment.'

'Too many funding cuts. CAMHS waiting list times.'

'Being able to see a GP sooner than 10 days. Would also like a BP unit in surgery reception so everyone can check their BP themselves.'

'Doctors – Disgrace people with chronic illnesses have to wait at least 1 month to see their GP. Housing: Assessed by council occupational therapists as in unsuitable accommodation nearly 2 years ago due to my health. Six stairs to negotiate to bins/drying green – bath which I need to negotiate to have a shower. None offered. Its matter of who you know in the council as someone I know has been offered 3 (and no mobility problems!). Social Care homes: Having paid into system for 54 years where has my money gone and why should we pay for care?'

'Largs. Waiting time too long. Hard to see a local GP when you're really ill quickly.'

'Haven't accessed many services in North Ayrshire as the waiting lists are very long but the services are great when we finally get there.'

'The waiting time is shocking I've had to wait 2 weeks just to be seen. Came 8:30. All appointments are gone.'

'Simple things such as being able to get a doctor's appointment quickly and not have to wait 3-4 weeks.'

'Psychiatry services are too slow. When you are ill you need help right away. However sometimes have to wait weeks to get informed need more help for mental health locally.'

Appendix 4 – Staff Values

'I find the staff all lovely and understanding but they seem to be too busy at time to deal with demanding patients. So more staff are needed at times as they are run off their feet virtually.'

'To ensure patients are at the centre of everything healthcare providers do & to ensure they are involved in their care as much as possible. Patients to have choice & be respected & treated appropriately.'

'That we get it and it is inclusive of everyone.'

'Compassionate staff who have the time to spend learning about people and adapting to needs are they happen.'

'Youth friendly, be more understanding. Long waiting lists in Mental Health.'

'People working in Social Care don't have enough time to spend with the service users. People should be treated with respect and privacy – shorter waiting times.'

'Making sure people are listened to and treated fairly whatever'

Respect for the individual, sensible & realistic approach and proper value for money.'

'The residents and the care given is with dignity and respect.'

'That I am treated with respect at all times and treated like an individual.'

'Good person centred care. Treat as individuals and listened to, I think these days a lot of 'people' assume things rather than investigating and a lot of things are missed and people end up worse off.'

'That clients get treated with dignity and respect. That clients are given choices. That there are enough staff to meet client's needs. That clients get entertainment/activities that they enjoy.'

Appendix 5 – Competency

Doctors better educated about children with special needs and better health care for them.'

'My worker from Rosemount because she has supported me through hard times I struggled with.'

'Feel well looked after. Services communicate with me.'

'Social Services need to explain their procedures to parents properly. They keep parent in the dark so they have the upper hand. They most definitely don't tell you how to defend yourself.'

'That services are high quality, reliable and appropriate.'

'The way they care for you and look after you.'

'My friends mum got treated well with carers. Giving her the general care that she needed. That's why NHS and health services are important.'

'Homecare. All care is very good. Making my tea, Dinner, Bedding down and wash or shower. And having a little chat about any worries/problem I have in confidence.'

'Generally at hospital services are very good, but at GPs, it's very difficult to get an appointment. Having a worker that responds & listens to my views & supports my family.'

'It matters to me personally that there is professional help in every aspect of our health and that any worker I've worked with has been brilliant.'

'Trustworthy, understanding, easy to contact, helpful when needed and willing to know and understand everything in black & white is NOT always the case or complete truth.'

'It is the highlight of my week attending Day Services on Tuesday and Thursday. Staff are very nice, always helpful. I have made a lot of friends at Day Services.'



Appendix 6 – Good Service

I think Social Services do a great job. They are very kind and patient. They all do a great job and are very helpful. I am just on the first time out of hospital and have been treated very well. They are good at their job, helping people get better.'

'It's good to have everyone in Social Work and in the hospital working together.'

...p replacement, very positive services for husband while dying, very positive experience. Can access GP very including a home visit.'

'Enjoy visits from Rosemount it gives me someone to talk to and support when I returned home from the unit.'

'My partner has terminal cancer and the support has been brilliant.'

'That I will be able to receive enough care and medical attention to stay in my own home until my demise. At the moment I am living monitored, and feel safe, long may it continue, our Arran team is a very good one, and helps each other in the rank and file, all the time, providing all other departments co-operate of course!'

'The Orthodontic treatment I receive at Ayrshire Central provides me with first class, professional care and treatment.'

'Provide a good service, really nice carers. No complaints about health services.'

'I use the local MH Services – they are really good – what a great help! They listen to me!'

The care and assistance received. Carers always have a chat with you. When I came from hospital I would have been lost without my carers help.'

'That it's run efficiently and it's doing well. My experience has been excellent. A year ago I had a heart attack & was provided three stents quickly. Been fine since.'

'All I can say is that doctors and nurses do an amazing job especially the nurses who work long hours as well. I was well looked after while in hospital and also follow ups and aftercare.'



Appendix 7 – Improve Service

'More communication between doctors and care staff. Avoid repeated cancellation of appointments. (Gran has waited six months to see a heart specialist which has been cancelled twice).'

'Better service with GP (Getting an appointment).'

My mum has MS – feels she is forgotten about. MS Doctor stretched and can only see once in 5 years. Feels if seen earlier, would it have gotten to the stage of MS that it is.'

'No link between broader council services and Health and Social Care.'

'Social Care – better support for elderly and mental health support.'

'More care for carers is needed as well as more care in the community generally. Better GP services would be welcome including appointments in evenings and weekends.'

'That it would be run efficiently – I don't think this is the case starting from CEO downwards. Things seem to be done to look good by management, rather than helping on the line. The money is in the wrong place.'

'No consistency with elderly care increase in wages paid per hour per client. No time for travelling between clients (private carers).'

'Too much pressure on GPs – not able to get own doctor. No consistency. Putting me off going to doctors.'

'Care for the elderly is poor. Feel they need more home care + help. Wouldn't mind paying more in tax if it helped.'

'GP services being restructured and inconsistent service, lack of appointment and no consistency in doctors opinions. Homecare services, lack of staff training, resources stretched which impacted on service provided.'

'That we can adequately support the most vulnerable people in North Ayrshire to live independent, healthy lives. It is really important that the same person provides personal care consistently and staff aren't changed so that the person receiving care can be comfortable and build a relationship with their care giver.'