


# Local priorities for Integrated Care

Interim Public and Community  
Engagement Report 2022





Coventry and Warwickshire Integrated Care Partnership (ICP) is currently developing the Integrated Care Strategy to set out how the assessed needs (from the Joint Strategic Needs Assessments already developed by local authorities) can be met. It will outline the direction of the system, setting out how decision makers in the NHS and local authorities, working with providers and other partners including the voluntary sector, will deliver more joined-up, preventative, and person-centered care for their whole population, across the course of their life.

As a system we needed to make sure that the development of the Integrated Care Strategy and the Integrated Care 5-year Plan is done in an aligned and connected way, with local communities, stakeholders and all other interested groups and individuals in the strategy communicated with, engaged and involved throughout.

From 20 August until 30th November 2022 a group assembled by the ICP to lead on the development of the strategy undertook engagement work with local communities, the ICS workforce, stakeholders and the voluntary and community sector to fill in those gaps identified in the desktop research and hear more about local priorities for health and care. This document provides a summary of this work, the themes emerging from the engagement and recommended actions for the development of the strategy as well as for the upcoming Integrated Care Five Year Forward Plan.

**NOTE:** This engagement report has been prepared to inform and support the first draft of the Integrated Care Strategy for submission and provides insight into the common, cross-cutting themes which we heard throughout our engagement.

Engagement continued until the 30<sup>th</sup> November and there remains significant work to do to further interrogate the outputs of this work to fully represent the views which we heard over the course of the engagement, particularly to understand the priorities and experiences of individual communities and to identify the inequalities in experiences and needs.

This information will inform the Integrated Care Five Year Forward Plan development, ensuring it is representative and addresses the needs of all local communities, our workforce and other stakeholders.



## Methodology for engagement

This engagement needed to be completed with the support of all ICS partner organisations, as well as those wider partners in the voluntary and community sector and our local communities, in order to ensure our reach was wider than those who the NHS has historically engaged.

An engagement task and finish group was established, including representatives from Local Authorities, NHS organisations, the voluntary and community sector, faith groups and others, to first establish what we already know from previous engagement to feed into the development of the strategy. The group then supported further engagement across the area to ensure that the feedback gathered accurately represents the priorities of residents, particularly those with a protected characteristic.

### Identification of audience

As a health and care strategy for the whole of Coventry and Warwickshire, we were aware that the strategy has a potential impact on every person within this area.

The overall intention of our approach is that we only ask our public and stakeholders to become involved in the development of the Integrated Care Strategy and Integrated Care 5-year Plan when it is meaningful, and we strive only to ask for input when we know that we have a gap in our knowledge.

A significant piece of system wide mapping and analysis had already taken place to determine the insight already available within the system in order to avoid duplication and asking people to repeat information they have already shared within the ICS. All ICS partners contributed to this desktop research exercise to ensure a broad reach throughout the population.

Following this analysis work we identified that we already had a wide range of insight into people's priorities around health and care, as well as those issues which may influence their health and wellbeing, the wider determinants of health. Considerable work has been undertaken via the local authorities to engage with their local populations and understand their priorities, such as through the development of the One Coventry Plan and the Community Powered work in Warwickshire as well as the work of the Directors of Public Health, and those learnings were key to the writers of the strategy, particularly in addressing areas of prevention and the wider determinants of health.

The Engagement Task and Finish Group identified that the gap in our knowledge was around the integration of services and priorities for health and care.

As we already had significant information about local people's priorities we focused the majority of our engagement on the following audiences

- Regular users of health and care services
- Carers
- Those with a characteristic which may affect how they perceive and receive health services including

- Older people
- Faith groups
- Those of different genders or sexual orientation
- Children and young people
- Users of antenatal and maternity services
- Local Black, Asian and Minority Ethnic communities
- Those with a long-term condition / cancer service users
- Refugees and asylum seekers
- [Core 20 plus 5 groups](#)
- Workforce across the ICS
- Voluntary and Community sector workers

However, we wanted to ensure that everyone who wanted to have a say had the opportunity to do so. To support this we promoted our online survey to a much wider audience, supported by the engagement task and finish group. These audiences included

- Housing Association residents
- Patient Participation Groups
- Wider community groups
- Local residents via local authority contact routes, posters and flyers

## Targeting methodology

The engagement took two forms


### **Qualitative – Targeted focus groups and one to one conversations**

An engagement calendar was developed to enable us to talk directly to residents of Coventry and Warwickshire and to hear about their priorities for health and care and what integration means to them. These opportunities targeted both those groups who are within the 'Core 20 plus 5' groups and those who are seldom heard or who may not be able to access online services to ensure their voices were heard.

Our primary route for qualitative engagement was through attending group sessions, both on and offline, to give a presentation on the background to the development of the strategy and then run a discussion session where people were able to share their thoughts on integration and their priorities for health care.

The content of our engagement activity was adapted at each session to meet the needs of individual groups, for instance; people with a sight impairment or who had difficulty with their hearing meant adjusting the session, giving extra time to feedback and speaking to individuals on a one-to-one basis.

There were some groups who requested to have the entire session interpreted in their language as English was difficult for them to understand. Volunteers and Co-ordinators who run local support



groups were key in liaising with the engagement team by making sure that we were prepared in advance to meet the needs of community groups.

Representatives from the ICB engagement team also attended a range of community events to have one on one qualitative discussions around their priorities and views on integration.

### **Quantitative – Survey on Integration and Priorities**

We launched an online survey which was being promoted widely through ICS and ICP networks via email, newsletter articles and posters. This survey remained open for a month to enable people to contribute.

The survey incorporated the following questions

- What is the one thing that matters most to you about health and care services?
- What (if anything) stops you from accessing the health and care services you need?
- What is one thing you would change about how organisations provide health and care services for you?
- What do you think is the most important thing for health and care organisations to work together on now as a top priority?
- What other things do you think should be prioritised?
- If all health and care services worked more closely together would it improve the care you receive?
- If all health and care services worked more closely together would it improve the way you can do your job? (Note – this question was for those who work in health and care or with caring responsibilities)
- Is there anything else you'd like to tell us?

We recognised that not everyone is able to access an online survey, so paper copies of the survey were also produced and circulated through community representatives as well as by the engagement team at health events.

## Overview of engagement results

### Breakdown of audiences reached

Format	Involvement uptake
Online survey	244 people completed the online survey
Face to face	26 engagement sessions took place in various community settings 686 individuals participated in the sessions
Paper surveys	72 paper copies of the survey were completed
Virtual sessions	8 virtual sessions online
One to one	35 individual conversations
Translated sessions	4 individual group sessions translated

### Detail of quantitative and qualitative research

#### Qualitative research

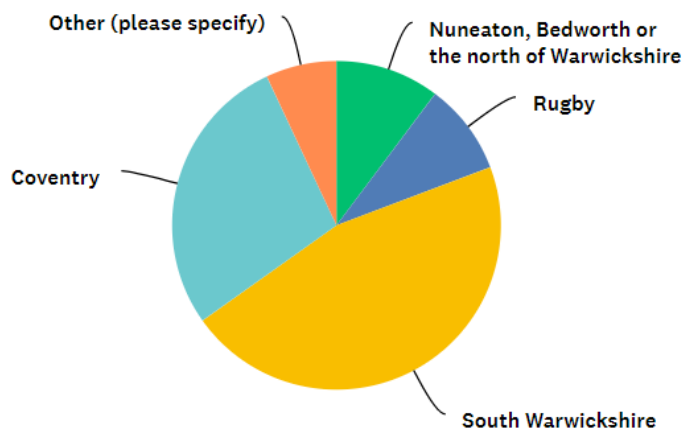
The response we have received from local communities and support groups was encouraging and the willingness by community leads to engage was extremely positive. We engaged with sectors of society who are vulnerable, under-represented and seldomly heard across the NHS system

Groups and communities involved in engagement		
South Asian community groups	Learning disability groups	Men's health support groups
Black and African Caribbean groups	Cancer support groups	Care Homes staff
Ante-natal support group	Charities	NHS and social care staff
Refugee, migrant and asylum seeker groups	Elderly support groups	Roma and gypsy traveller group
Mental health support groups	Housing support groups	LGBTQi+ support groups

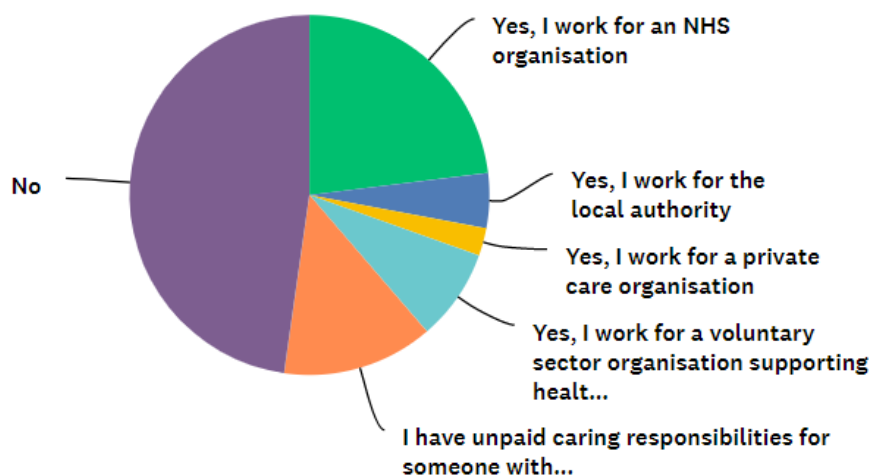
A full calendar of events and list of groups can be found in Appendix A – Engagement calendar

### Breakdown of respondents online:

The majority of respondents to our online survey came from South Warwickshire.



The majority of respondents to our online survey were local residents but not employed by the health and care service (Shown here through the no response following the question "Do you work in health and care")



## Online survey equalities responses

The diversity of our survey responses does not reflect the diversity of the population of Coventry and Warwickshire. We have mitigated against this in our face to face work, ensuring that we gathered the views of a diverse range of local communities.

What is your sex?	Is the gender you identify with the same as your sex registered at birth?	What age group do you belong to?	What is your sexual orientation	Do you have caring responsibilities for someone with a physical or mental health care need?
184 - Female	231 – Yes	(18-24) – 5 people	< 5 - Bisexual (both sexes)	66 – Yes
49 - Male	< 5 – No	(25-34) – 18 people	200 - Heterosexual (other sex)	163 – No
5 - Prefer not to say	5 – prefer not to say	(35-44) – 34 people	< 5 - Lesbian woman	8 – Prefer not to say
		(45-54) – 50 people	< 5 - Gay man	
		(55-64) – 47 people	25 - Prefer not to say	
		(65-74) – 52 people		
		(75+) - 29 people		
		< 5 - people prefer not to say		



What is your ethnic background?	Do you consider yourself to have a disability?	Do you consider yourself to have any religion?
122 – White	192 – No	102 - Christianity
86 - Welsh/English/Scottish/Northern Irish/British	40 – Yes	< 5 - Hinduism
8 – Asian, Asian British	6 – Prefer not to say	< 5 - Sikhism
< 5 – Asian and White		< 5 - Islam
< 5 – Mixed		< 5 - Judaism
< 5 – Indian		< 5 - Buddhism
< 5 – Black, Black British		5 - Atheism
< 5 – Chinese		94 - No religion
		24 – Prefer not to say
		5 - Other



## Key themes

Throughout our engagement we heard a number of key themes emerge as to what people's priorities were. These are cross-cutting themes which remained consistent regardless of the social-economic, age or other characteristics of the group in discussion.

The themes were

- Access to services
- Digital inclusion
- Trust in services

These themes, which are explored in more detail below, helped shape the overarching strategic structure and focus of the strategy.

### Access to services

Overwhelmingly, across all groups, access to primary care services were raised as people's biggest priority for health and care. The GP is seen as the gateway to all other health services, and there was a significant level of concern and distress that these services were not perceived to be accessible, with many noting that this seemed to be a change for the worse since COVID. Although dentistry does not at this stage fall under the remit of the ICB, there was significant concern raised about access to dental services as well.

The focus of feedback was very strongly based around the access to primary care services, with many people reflecting that once they had managed to secure an appointment they were happy with the care they received.

The issues raised with access raised can be broken down into specific areas

- Booking an appointment with a GP practice
- Receptionists as barriers to access
- Face to face appointments
- Ordering prescriptions
- Access to dentistry

GP Services are the services which the majority of people access most often, so it is natural that it is what comes up most in discussion with local communities as the vast majority of people who are broadly healthy do not interact with wider service. However, this does not mean that access is not proving an issue in other areas and is important to reflect the wider picture. Respondents shared many other experiences of struggle to access urgent care services, which are summarised below.

## Booking an appointment at a GP practice

Many respondents raised issues with getting through to their GP practice on the telephone to book an appointment. Many reported that the only way to get an appointment at their practice was to call at 8AM and get in an, often long, queue and when they did manage to get through all the appointments for the day were gone.

“GP appointments not available and patients asked to ring following day after 8am. This carries on for days.”

“It's important for us from an LGBTQi community that we build trust with one clinician, it's a challenge to even get an appointment when calling the surgery at 8am - there are serious issues in accessing primary care services.”

“Trying to get through when you need a GP appointment. e.g. Phoning at 8.30 a.m. and sitting in a queue for 40 minutes with no guarantee of getting an appointment.”

‘GP Appointments very difficult – problems with language, access to GP services remotely does not work, GP appointments take a long time and the GP call back do not always work – window given is too long and people have to get back to work and for genuine reasons cannot answer the calls with the GP rings.’

‘We have to wait for a long time to get through to the Drs - people's phone bills are going up as a result of this long wait!’

Getting through on the telephone - not being number 30 in the queue without speaking to a receptionist. Sometimes I have to wait up to an hour on the phone.’

“Make it easier to contact GP practices/get appointments”

‘Accessibility to doctors, we need more appointments either face to face or by phone.’

## Receptionists

People also raised issues with dealing with receptionists at their local practice. Many people reflected that they feel that the receptionist is a gatekeeper to GP services and makes the decisions on whether they feel the patient needs an appointment or not. This raised concerns for people about privacy, as well as frustration that the receptionist was able to block them from what they considered to be essential appointments.

'I get very distressed and anxious when having to call the Drs surgery, I don't like to explain my personal health problems to the receptionist.'

'Receptionists in GP surgeries are the biggest challenge.'

'To be able to at least speak to someone if you have to ring for appointments that can offer you effective advice, a lot of the time you have to speak to receptionists who may not have that experience to offer

'We need a more confidential service at the GP reception desk!'

"We should have medically trained receptionists - this could ease pressure on doctors and nurses."

### Access to face to face GP appointments

Seeing the GP in person is another area where people perceive access has become much more challenging. The reasons behind this varied, but the most common reasons given by people were a lack of trust in digital services, concern they would not get the same level of treatment over the phone or online.

Lack of face-to-face appts and GP services being too quick to assess over the phone which is leaving lives at risk.'

'We need face-to-face appointments - the Dr tells you to take a picture of your skin condition - how can this be a true reflection of my condition as my skin colour is black and you can't see a rash on black skin in a photo.'

As an elderly person you want to see someone face to face rather than talking about your health condition over the phone

'Accessibility to doctors, we need more appointments either face to face or by phone.'

"Face to face means I can get the vibe if they are racist or not – can't put my finger on it but when you see them [face to face], if you know, you know. How can I trust him if I can't see him"

## Prescription ordering

In Coventry and Warwickshire, many GPs use the “Prescription Ordering Direct” or POD service to facilitate ordering of prescriptions, as part of an initiative to reduce waste and support people to only order what they need. This service was a theme predominantly with older age groups who were often on multiple medications and struggled to use the POD service effectively, reporting long waits on the phone, difficulty with using the callback options on the web or ordering online. This service was not mentioned by any respondents on the online survey, which suggests that those more comfortable with online are better able to navigate the service online and avoid the call center.

‘Sometimes we have to wait for over an hour to get through to the POD service to order medications!’

‘Is it acceptable to call the POD service 52 times before you get through to a call handler to order one repeat prescription?’

‘The POD service is not working for patients, long delays and phone lines are busy all the time.’

The email prescription service only works for people who can get online.

## Access to dentistry

Although dental services are not yet a part of the ICB, they are primary care services which do have significant impact on people’s wider health and wellbeing and people reported significant issues in access. As we continue our journey to closer integration and are seen as the responsible organization for dentists we expect that the volume of this sort of feedback will increase.

The old dental care system worked better!’

‘How will Dentists operate under the new ICB organisation (they will need to work together to fulfil their contracts).’

Access to dentists is another problem for local people.

women in refuge [are] unable to access dentists

We need to have more dentists, GPs, nurses, ambulance and hospital staff so that patients are seen quicker.’

## Access to urgent care services

Although GP services received the most commentary about the access issues which people are experiencing, there was significant concern relating to the availability of those services needed when you have an urgent or emergency care need. People are concerned about the waiting times and the availability of urgent care services close to where they live and shared many personal experiences of long wait times.

Very long waits for ambulances and in A&E departments – sometimes more than 12-15 hours.'

Ambulance waiting times are appalling!

'Ambulance waiting times are too long and there is staff shortages in the NHS.'

'We have to wait for hours at the walk-in centre but at least you can see a doctor.'

'I waited 6 hours to see a Dr at the [walk-in] centre.'

'The walk-in centre is helpful but the waiting time is too long.'

'Long delays at A&E – 10-12 hours.'

'Since the A&E service was taken away in Rugby - people are struggling with their health and have to travel out of area.'

'Admission times at A&E are extremely long waiting hours, I've seen patients vomiting in their waiting chairs.'

## Digital Inclusion

This theme was one which was raised, understandably, more within our face-to-face meetings than in our online survey, however within the context of the face-to-face discussions it was one that came up repeatedly and for a variety of different reasons. The move of services from face-to-face and telephone based to online services has caused significant concern to many residents, particularly those who are not used to using digital services or do not have regular access to the internet. A recurrent theme in the feedback was worry about being shut out from services and left behind because they did not have the resources or the ability to access things online. This was not just health services but also services to access support for local authority services such as warm home support or the Department of Work and Pensions.

With regards to the resources to access, what people most commonly referenced was the cost of accessing digital services both in lack of suitable equipment and data costs.

Too much by mobile – who is going to pay for my WiFi?

‘If you are struggling with your mobility or if you don't have good digital access you easily give up - how can people access the service in a more equitable way?’

Trying to join up support and access is a real challenge for those people who don't have access to digital technology.

We have a very clear digital divide which needs addressing - there needs to be more inclusion for people who do not have technology.

When ability was raised there was considerable concern that, particularly the older generation lacked the knowledge and ability to navigate through online services. Although voluntary sector and local authorities used to provide support in this, it was also noted that many of them had shut down during COVID and not reopened, leaving people feeling more isolated.

People being forced to use technology they don't know how to and the services which used to help them are gone

Some of the elderly Asian people do not know how to use a computer or book appointments online.

Community members particularly the older members lack IT knowledge and how to use technology. Training should be made available and having videos in different languages to educate community members.'

We need more access to blood test services - some people don't know how to book online.

Even if resource and ability are not at issue then there is still reluctance from people to access online services for health as they do not feel they get the same response from clinicians online that they would if seen in person.

Being able to get an appointment and talk Face to Face and not these phone calls and online chats, that's how things are missed.

Digital technology is not for everyone - not many elderly people know how to use a smartphone.

Less online more access to people contact, more concern for the older generation that don't like or do modern technology

What will happen to the older generation who do not use digital technology - how are they supposed to communicate online?



It is also important to note however that, amongst those who can access online services and filled in the online survey, there was considerable support for the extension and implementation of more online services. This was frequently mentioned in the context of improving access to GP services.

[The one thing I would change would be] Online appointment bookings for routine non urgent situations

Make it more accessible e.g. be able to book appointments on online at suitable time, have online meetings if possible

Better online systems and virtual appointments (triaged by reception first).

Back to being able to book Appointments online.

provide email and online consultation bookings for patients who can use online. there are many things we want to talk to doctor about that are not extremely sensitive, and often it is easier to write things than talk to receptionist

more online access: fill in forms and book appointed call back from a professional. This would allow you to get on with your day e.g. no hanging on for a GP as soon as they open to try and get an appointment only to be asked to call back at another time/day - when you work it is very hard to fit it in

## Trust in services

Throughout our engagement we heard from people who are concerned about the sustainability of health and care services and are losing trust in its ability to respond if they have a health or care need. This is partly as a result of the two previous themes as people struggle to access the services that they need and feel shut out from digital services that they may not have the ability or the resource to access. Public perception of services also plays a large part, with several respondents expressing concern that services will not be able to cope with them if they were to attempt access, meaning they were choosing to not even try to make contact to get support.

Fear of how I'd be treated, not able to get an appointment when needed due to having to phone that morning and hope to be high up enough in the phone queue

Long wait times to get through to someone who then stops you accessing the care you need

The system discourages easy access. Services increasingly limited.

There is no link up no who do you go to its assumed families will do it...I'm single? And I haven't even EVER seen any medical person regarding having dementia.

Knowing how swamped NHS staff are, not wanting to add to their workload or inconvenience them

I am concerned that services are under increasing pressure and the quality of provision may suffer as a result.

Lack of understanding of who does what /worried about cost/waiting lists

Distrust of who I might see (due to new jobs introduced especially in mental health services like trainee WP's seeing people for counselling whereas years ago you would have typically seen a trained counsellor)

Difficulty to get appointments, long waiting lists, only seen if emergency - and then only if lucky.

Too much red tape, being told you don't meet an arbitrary invisible criteria when you are begging for help.

Not wishing to be a burden on what appears to be an overstretched service for what would be perceived as relatively petty problems to some people



## Conclusions and recommendations

### Conclusions

Throughout our engagement we heard from a wide range of local people and communities regarding their priorities and how they felt about services. People were willing to share their experiences and talk openly about what mattered most to them, and through our work we were able to reach a wide range of local communities.

Their key issues were as follows:

#### Access to services

It was striking that, although there were issues raised with specific services and people's experiences of them, for the most part when people were able to get to a service or speak to a clinician or other relevant health and care worker who was able to support them, people were happy with the service which they received. This highlights that access (and lack of access) is considered to be the biggest priority and concern people have around health and care services.


Access to GP services was something we heard about from every group that we visited, and also formed a large part of the feedback received in the online survey. Although it is important to note that this is likely in some part due to the proportional amount of appointments GPs deliver within the health system, the vast majority of people who raised issues had experienced them personally. This is not something which was caused by negative media or "received wisdom", the issues are very much real and seeing them addressed is a key priority for many of our local communities.

However, it is important to break down the areas which are causing most concern and where people feel things could be improved.

- Booking an appointment
- Receptionists as barriers to access
- Face to face appointments

With booking appointments, the single biggest issue was the need to phone at 8AM and get into a queue, referred to by one respondent as "The 8AM hustle". Several respondents to the online survey offered the solution of re-introducing online booking for appointments while others felt that the ability to book appointments in advance, particularly for long term conditions would help. This issue is something which must be considered, looking at how the Strategy and associated Forward plan can support GP Practices to deliver online or other mechanisms for booking.

Particularly in our face to face conversations respondents raised issues with GP receptionists. This specifically focused on concern of the lack of privacy and dignity in describing a health issue to a non-medical professional but also resentment in feeling that the receptionist was the one making the decision as to whether they thought the condition was serious enough to "need" a GP appointment.



This issue could, in part, be addressed through better patient education, supporting people to understand more clearly the reasons why a receptionist may ask for a brief summary of the reason for wanting an appointment, and informing the patient of the mechanism in place to protect their confidentiality. It will also be important to communicate the scope of the receptionist role to patients, and that the receptionist is not in a position to do any form of medical triage.

The issue with face to face appointments is ongoing despite the number of face to face appointments delivered in Coventry and Warwickshire increasing over the past months. It is important to understand the reasons behind a desire for face to face appointments are both varied and valid and not dismissed as personal preference. There are real concerns among local residents that the service may not be as effective online, one example raised was the doctor asking to send a photo of a rash, but the patient feeling that he needed to see them in person as they have black skin and a rash will not show up well in a photograph. These reasons must be recognized and clearly addressed in order to build confidence in online consultations.

Issues with access are multi-faceted and it would be a mistake to only focus on General Practice when considering a response. Waiting lists and referrals for hospital treatment were also mentioned frequently as well as access to urgent and emergency care. Local communities are fully aware of the extreme pressures on health or care services and this is leading to them making decisions not to access care at all, or in a timely way. This area is picked up further below.


### Digital Inclusion

Digital services are part of our future, and this is widely welcomed by many, who see them as the solution to some of the access issues outlined above. However there remains a significant cohort of people who are not able or willing to access these services, either because they lack the resources or ability to do so, or because they do not trust them.

It is important that these concerns are acknowledged and mitigations put in place to support people to access care through other routes. Training and support was suggested as being vital to supporting the uptake of digital services, but this will not be suitable for everyone and it is important to avoid the onus being put upon the service user to learn, without also acknowledging the need for support and alternative routes of accessing care for those who are unable to do so. Many barriers to accessing service digitally were raised across our focus groups, and these barriers must be acknowledged and address as part of the development of the Strategy and Integrated Care Five Year Forward Plan.

### Trust in services

Throughout our engagement, both on and offline, we heard a great deal of concern and worry across the full range of health and care services. People are worried that the services won't be there when they need them and they don't want to burden an already overstretched system. This lack of trust is a combination of personal experiences in struggling to access service and the information they hear on the news and from others. Some respondents said that their concerns about the pressure on the health system is one of the biggest barriers to them trying to access care, which can lead to people's conditions escalating and becoming an emergency.



In addition to access issues, there were a cohort of respondents who expressed a wider lack of trust in health services, having little faith that they would be treated equitably and fairly.

Improving trust in services is not something which can happen in isolation and can only be achieved through acknowledging and addressing the reasons which lie behind the lack of trust. This engagement work forms a part of that, and the data must be more fully interrogated to understand the individual priorities and needs of the different communities we serve so that we can begin the process of building trust. It is important that the Strategy and Integrated Care Five Year Forward Plan reflect these priorities and continue to be developed in as inclusive way as possible, allowing all voices to not only be heard, but to influence and lead change.

## Recommendations

- Recognise the need of improvement in access to GP appointments and consider where the Strategy and Integrated Care Five Year Forward Plan are able to support the delivery of changes.
- Explore production of information to explain the role of a receptionist in triage and appointment booking.
- Recognise the importance of digital inclusion in the development of the Strategy and Integrated Care Five Year Forward Plan.
- Acknowledge the lack of trust in health and care services to treat people equitably and ensure that inclusive service development is at the heart of the Strategy and Integrated Care Five Year Forward Plan
- Continue the process of ongoing engagement with all groups who have contributed to this work, sharing the findings and continuing the process of involving them in the development of all our work.