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CONTINUOUS ENGAGEMENT MONITORING:
EVALUATION STUDY
YEAR 3 (2019)

ABSTRACT

Full results from the 3rd
Continuous Engagement
Public Perception Survey

Resero Research
Dec 2019

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Executive Summary

Introduction & Context

The large scale, quantitative survey has been undertaken over the course of three years to monitor the impact of continuous engagement activities within Betsi Cadwaladr University Health Board (BCUHB).

The findings within this report present the data collected for Year 3 of the study and presents them against the baseline findings for Years 1 (2017) and 2 (2018). The monitoring of the data over the 3-year period ensures that any changes in behaviours, perceptions and attitudes are identified and highlighted where appropriate to identify emerging trends and patterns.

The survey provides a measurement tool for establishing if and how Continuous Engagement is making a positive difference to the public in terms of:

- Trust in their Health Board
- The reputation of the Health Board
- Their feeling that they are able to influence the Health Board
- Their feeling that the Health Board listens to them
- Their willingness to be advocates for the Health Board

The objectives of this survey align closely to the Health Board's strategic goals:

- Listen to and learn from the experiences of individuals
- Support, train and develop our staff to excel
- Use resources wisely, transforming services through innovation and research
- Improve health and wellbeing for all and reduce health inequalities

Methodology

The survey was carried out online, among a random sample of the population for the area. A total of 1,027 surveys were returned. Due to the introduction of GDPR in early 2018, the process of profiling invitees against the general characteristics of the wider BCUHB population was slightly more restricted. As a result, in year 3 the respondent sample is significantly over-indexed for Wrexham and under-indexed for Flintshire (see section 3.1.1 for full details). There is also a general response bias towards female respondents, and those aged over-45.

The findings from the previous years' research produced baseline scores for a range of questions focussing on the key areas of trust, reputation, ability to influence, being heard and being an advocate for the Health Board. Repeating these questions in each of the three years monitors overall public perception against these key metrics and has identified some ongoing changes and trends.

Overview of Findings

Overall, the findings in the third year have confirmed some emerging trends in terms of attitudes towards and trust in the Health Board, initially identified in years 1 and 2.

Current levels of engagement with BCUHB services remain high with most of the public having used local NHS services within the last 6 months (86%) and aware of a wide range of the services offered through BCUHB. However, few participants are engaging with the Health board beyond using the medical services on offer; in year 3, 9% have attended a consultation event or engagement activity, up slightly on the previous years and indicating that in the region of 60,000 people¹ have engaged with the Health Board beyond using the medical services.

Respondents continue to have a good understanding of the role BCUHB has in delivering local health services, but increasingly feel that they are unable to influence or have a say in the health priorities and decisions taken. They feel unable to make their voices heard and feel that their opinions are not valued by BCUHB. Despite this, respondents do appreciate the services provided by the local health service, with many highlighting excellent service from NHS staff. The most frequently used word in association with their local NHS for the 3rd year is **good**, highlighting the high esteem in which they hold the service they receive.

This year, respondents focus principally on **the need to be listened to and communicated with**.

Conclusions

Over the last three years, there has been a continuous decline in the perceptions of BCUHB, which during the last year has become significant. While this is likely to have been influenced by a wide range of external factors, the public is clearly stating that it needs to feel listened to by the Health Board in order to improve public perception of BCUHB.

The research since 2017, paints a picture of decreasing confidence in the governance of the Health Board; a reduction in trust in both the services it provides and its ability to listen and respond appropriately to the needs of people living in its region.

¹ Source: Stats Wales based on 8.6% of mid-2018 estimate of population n=698,369

Developing simple and effective feedback mechanisms is fundamental to improving public engagement and the public's perception of BCUHB. Increasing opportunities for involvement by undertaking more consultation, surveys and meetings are emphasised by the respondents as being successful ways of engaging the public and gathering their views and opinions.

Last year the research highlighted that it is vital BCUHB

- Ensures the public knows how to be involved
- Encourages them to make their voices heard
- Responds to their comments and concerns, and
- Demonstrates / communicates how their opinions are being used to shape the future of the Health board and the services it delivers

The research this year, confirms that these action points are not only still relevant, but increasingly more important to help reverse the downwards trends in perception of the Health Board.

1. Introduction

1.1. The Survey

Betsi Cadwaladr University Health Board has adopted the concept of continuous engagement within the organisation. It is keen to understand and be able to demonstrate the impact these programmes are having in relation to seeing

- an increase in people expressing an interest in getting involved
- an increase the number of people getting involved with the Health Board
- involved Citizens
- an increase in participation

Resero Research is a private, specialist research and analysis company that provides organisations with independent, trusted and quality focussed consultation analysis. Resero Research was appointed by the Consultation Institute to carry out fieldwork and provide analysis on the year 3 survey, to evaluate the impact of continuous engagement programmes within Betsi Cadwaladr University Health Board (BCUHB).

1.2. Objectives

The objectives of the survey are identified as being to

- Provide a baseline of information about involvement and engagement levels of the public with their local Health Board prior to the commencement of continuous engagement activity
- Monitor and identify annual changes in behaviours and attitudes towards the Health board at yearly intervals (for a total of 3 years)
- Provide a measurement tool for establishing whether continuous engagement is impacting on the behaviours and perceptions of the general public in each Health Board Area, specifically in terms of
 - Trust in their Health Board
 - The reputation of the Health Board
 - Their feeling that they are able to influence the Health Board
 - Their feeling that the Health Board listens to them
 - Their willingness to be advocates for the Health Board

1.3. Process

The engagement questionnaire was designed in order to measure these key objectives and provide further qualitative narrative around the responses.

Originally, the project team agreed a mixed methodology of telephone and online surveys to capture the responses from as wide and representative a sample of the general population of each area as possible. During the first year (2017) of the project, the methodology was switched to fully online to maximise responses.

In the second and third years of the study, the online methodology was adopted from the outset. An initial invitation to participate was sent out to a total of 16,664 screened members of the public. This was then followed up by one reminder email if they had not already responded. Those invited were able to opt out of receiving any further reminder emails about the survey.

A total of 1,027 responses were received.

Year	Total Sample Contacted ²	Responses received	Response rate
Year 1 (2017)	15,986	1,405	8.78%
Year 2 (2018)	16,062	1,161	7.22%
Year 3 (2019)	14,173	1,027	7.25%

A final response rate of **7.25%** (1,027 submitted questionnaires) was achieved, surpassing the target of 1,000 responses, and on a par with the response rates achieved in year 2.

1.4. Sample & Confidence Intervals

With a population of 698,369 in the BCUHB area³, it is essential that the survey sample is both large enough and representative of the population to ensure the results are meaningful and useful for the Health Board.

The profile of the responding sample in year 3 differs slightly from the base population, more so than the profile of respondents in the baseline year and year 2. This is likely to be due to the continued impact of GDPR on the availability of screened contacts. However, we have not weighted the survey data, as this was not done for the data in either of the previous years. This approach helps to preserve the data's integrity and ensures that

² Total Sample contacted = total number of enabled emails less any email bounces (circa 2,500 in year 3)

³ Mid 2018 source: Statswales

the surveys, across the three years, are totally comparable including the profile of those that participated, which provides an insight into propensity to engage.

With a response of 1,027 surveys the findings have a confidence interval of $\pm 3.06\%$ at a 95% confidence level.

1.5. The Report

The following report presents

- An Executive Summary of the Year 3 results from the survey to give an overview of the current levels of engagement within the Health Board Area
- A summary of the key metrics and measures from the survey, comparing the Year 1 and Year 2 results with the findings in Year 3
- Full headline findings from Year 3 of the survey, with additional analysis, comparisons and commentary on differences between the results from Year 3 and the previous years and notable variations between sub-groups of respondents i.e. certain age groups, respondents from different geographic areas or gender etc

1.6. Reporting notes

There are some key points to bear in mind throughout the report, which are detailed below:

Key Metrics & calculations

Average (mean) scores have been calculated for specific questions where responses included scoring or ratings.

Where a scale comprising levels of agreement (i.e. strongly disagree, disagree, agree and strongly agree) was offered to respondents, the mean score has been calculated by attributing a score of

- 1 to strongly disagree
- 2 to disagree
- 3 to agree, and
- 4 to strongly agree

An average score of 3 or more indicates a tendency among the public to agree with the statement or comments, whereas a score of 2 or lower indicates an overall disagreement with it. Where the mean score from respondents is, for example, 1.8 we can say that on average respondents are more inclined to disagree with the statement than to agree.

Those that indicate that they are “unsure” in their response are excluded from the mean score calculation.

A high score is not necessarily positive, it simply reflects high levels of agreement with the statement, which could have a negative sentiment i.e. *“I think that decisions by the local NHS are taken without taking notice of the concerns and comments of the public”*. In this case a lower score would be preferable.

Means scores are either out of 4 (concept statements with levels of agreement) or out of 10 (scoring questions). The scores from Year 1 were calculated to provide a benchmark score against which changes in sentiment in Years 2 and 3 have been monitored. A continuous change in the scores over the course of the 3 years may act as an indication of the effectiveness of the work of the continuous engagement programme, particularly where it relates to areas such as listening to the public, however, it does not necessarily indicate causality. A wide range of other factors influence these measures, many of which are outside the control of the Health Board i.e. political, social and economic factors. The mean scores from this survey are summarised in the table on page 9.

Base Numbers

Base numbers of respondents vary throughout the report as respondents were not forced to provide a response to every question. Base numbers for each analysis are given below the chart, and where further analysis has been undertaken, the base numbers are explained either within the report narrative or within a footnote.

Cross Tabulations

While the sub-group sample sizes are not as robust as the overall sample, confidence intervals for most of the local authorities are around ± 7 -8%. The main exceptions are Wrexham, where the sub-group size this year is notably larger, resulting in a smaller confidence interval of ± 5 %, and Flintshire, where the response rate was lower, resulting in a ± 10 % confidence interval.

	Isle of Anglesey	Gwynedd	Conwy	Denbighshire	Flintshire	Wrexham
Sub-group sample size	123	178	164	123	96	343
Response rate (as a % of invitations sent in each LA)	6.9%	5.8%	5.0%	4.5%	3.3%	10.2%
Confidence Interval	$\pm 8.83\%$	$\pm 7.34\%$	$\pm 7.65\%$	$\pm 8.83\%$	$\pm 10\%$	$\pm 5.28\%$

Cross tabulations provide additional analysis to the headline findings enabling a deeper understanding of the detail behind the headline figures. We have carried out, as standard, cross tabulations by respondents' local authority area, gender and age group. This provides an immediate reference as to whether there are any variations between the responses from different groups of respondents.

The cross tabulations identify any variations between the responses from different groups of respondents. Where appropriate, differences have been statistically tested to assess their significance. Results are assessed as being significant at a 95% confidence level i.e. we can be 95% confident that the variables are related in some way i.e. that there is **a strong** relationship between the variables.

Qualitative reporting of literal responses

All responses to the open-ended questions have been read and coded by the research team to ensure that key themes are identified and can be, as far as is possible quantified. The response from any single respondent may raise several different points and where possible this has been taken into account during the coding process.

Throughout the report we have included, where appropriate, comments from respondents to illustrate the quantitative findings and the types of comments they make to support their responses. All qualitative comments from respondents are included verbatim, as provided by the respondent, inclusive of any grammatical and spelling errors. This is to ensure there is no accidental altering of meaning, as well as to preserve the original dataset and evidence.

Throughout the qualitative elements of the questionnaire, there is a tendency by some respondents not to respond to the question asked. In these circumstances, responses have been logged as not answering the question. This may be due to a misunderstanding of the question, a lack of understanding or simply because they want to share an experience that is important to them.

2. Summary of Key Metrics & Measures

Section	Measure	notes	Average Score / Measure 2017	Average Score / Measure 2018	Average Score / Measure 2019
3.1	Positivity: When I look to the future I feel	Value range 1-5	3.26	3.17	2.97
	When I look to the future of public services I feel		2.51	2.45	2.26
	When I look to the future of the local NHS I feel		2.57	2.51	2.26
3.2.2	How relevant to you and your needs, your views or group did you find the event? ⁴	Rating score 1 to 10	7.2	7.6	6.9
	Rate: amount of information you received		7.2	7.1	6.6
	Rate: Level of detail		7.2	6.8	6.5
	Rate: Timeliness of information		6.8	6.3	6.3
	Rate: Credibility of information		7.2	6.4	6.2
3.2.3	How well do you understand the role of the local NHS in delivering local Health Services?	Rating score 1-10	7.7	7.8	7.6
3.2.3.3	A key role of the local NHS is promoting lifestyles that prevent disease	Value range 1 to 4 ⁵	3.21	3.18	3.20
	I am responsible for my own health and wellbeing	Value range 1 to 4	3.43	3.43	3.46
	The primary purpose of the local NHS is to treat us when we are ill	Value range 1 to 4	3.28	3.34	3.29
3.3	How much of an opportunity do you have to influence or have a say in the health priorities and decisions for your local area?	Rating score 1-10	3.0	3.2	2.85
3.4	How good do you think your local NHS is at listening to the local people it serves?	Rating score 1-10	4.6	4.3	3.92
3.4.3	I feel that if I have a concern about my local NHS services I am able to express these and be listened to	Value range 1 to 4	2.27	2.21	2.11

⁴ NB Base sizes for those that have attended an event are low n=88. Differences may not be statistically significant

⁵ Where Strongly disagree =1 and Strongly Agree = 4

Section	Measure	notes	Average Score / Measure 2017	Average Score / Measure 2018	Average Score / Measure 2019
	I feel that the local NHS values suggestions or comments on services improvement	Value range 1 to 4	2.38	2.34	2.23
	I think that the decisions by the local NHS are taken without taking any notice of the concerns and comments of the public	Value range 1 to 4	2.88	2.92	2.98
3.5	I believe that the local NHS understands the issues that are important to the general public	Value range 1 to 4	2.61	2.54	2.42
	I feel that I am able to make my voice heard when it comes to matters of local health that are important to me	Value range 1 to 4	2.15	2.10	2.00
	I believe the local NHS prioritises the health concerns of the people in the local area	Value range 1 to 4	2.47	2.47	2.34
3.7. 2	I trust my local NHS to make the right decisions about health services for my local area	Rating score 1-10	5.8	5.7	5.2
	My local NHS is open and honest with local people	Rating score 1-10	5.4	5.3	4.9
	I trust my local NHS to deliver health services that are of high quality and that are safe	Rating score 1-10	6.5	6.4	5.9

3. Full Findings

3.1. Respondent's Profile

In the third year of the survey, there are more notable differences between the respondent sample and the base population of the area. The introduction of GDPR in May 2018 has reduced the volume of data available to create target lists that exactly matched the base population and has had a notable impact on the fieldwork this year.

Despite this, however, the Year 3 respondents are still broadly representative of the wider BCUHB population in terms of geography. There are, however, slightly more marked differences in terms of gender and age group, with a greater bias towards middle-age and female respondents. These differences do tend to be typical within this type of research and are accepted as being representative of those more likely to have a particular interest in their local NHS services i.e. those with families, older age groups, higher frequency service users etc.

The following sections highlight differences between the samples across the 3 years and the base population of the BCUHB area.

3.1.1. Geography

The geographic spread across the 4 of the 6 local authorities within the BCUHB area is representative.

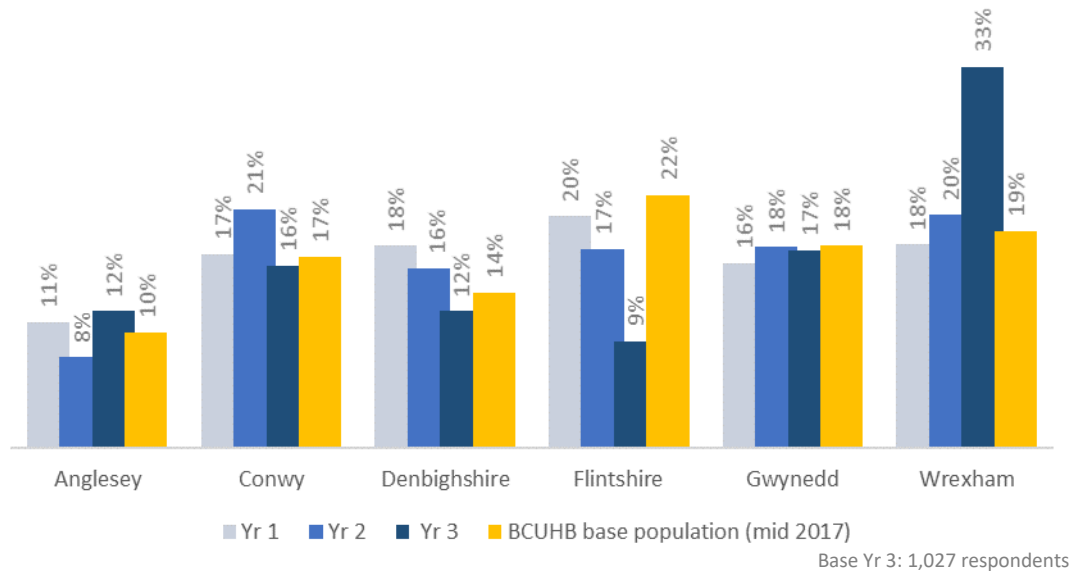
The most notable differences for the Year 3 sample, however, include a large over-representation in the number of people responding from Wrexham; 33% of the Year 3 respondents are from Wrexham compared to 19% of the total base area population⁶. The response rate from Wrexham is also notably higher than from the other local authorities, indicating a higher level of engagement among residents in this area this year in particular. Press coverage concerning the Wrexham Maelor Hospital is likely to have raised the profile and awareness of the Health Board and may have contributed to higher levels of engagement within this Local Authority area this year.

In contrast, Flintshire is under-represented within the Year 3 sample; 9% of the Year 3 respondents live in this area, compared to 22% of the population in BCUHB.

The findings are illustrated overleaf.

⁶ Base population data from Statswales.gov

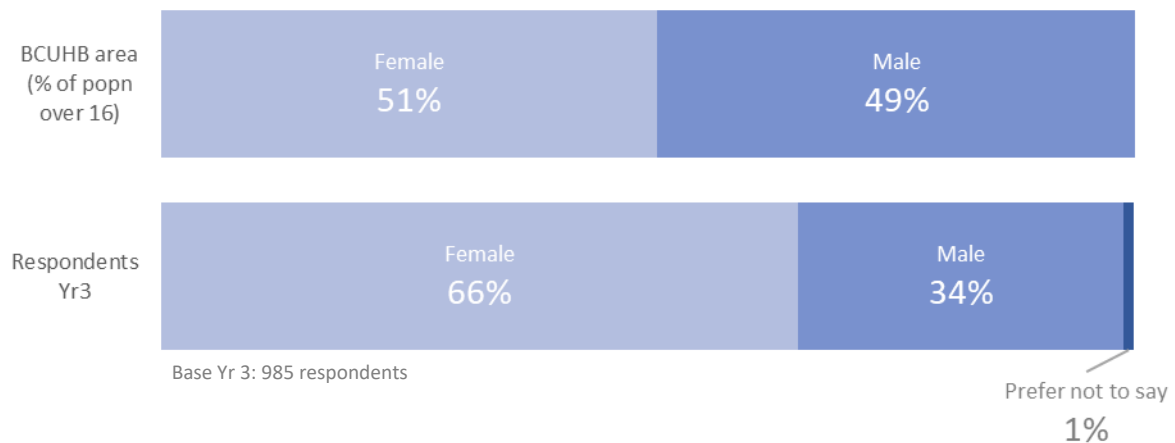
Respondents' Local Authority Areas vs BCUHB Base Population



3.1.2. Gender

Two thirds of the respondents in year 3 are female, compared to 51% of the wider population of the area. The proportions of female respondents to the survey over the course of the 3 years has, however, remained largely consistent, and therefore provides a fully comparable picture for years 1,2, and 3.

Respondents' Gender vs Base Population

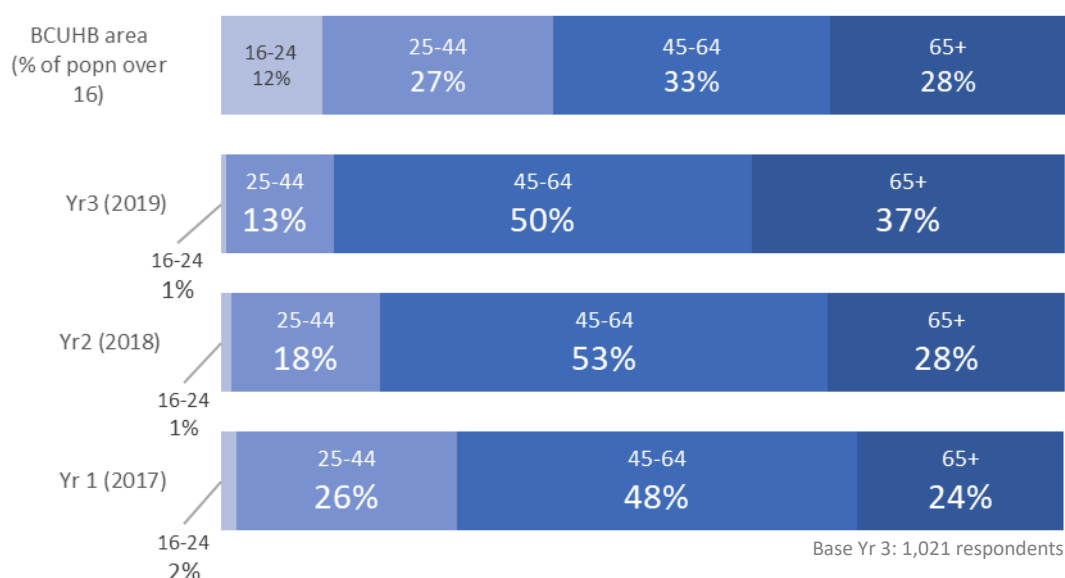


3.1.3. Age Group

The age profile of respondents in year 3 has increased notably. In year 1 just over a quarter of respondents were aged 25-44, but in year 3 this has halved to 13%. While it is notoriously hard to engage the younger age groups with matters to do with health and in this type of research activity, this year on year decrease in response rates from the under 45s suggests that specific targeting is needed to actively engage these younger age-groups.

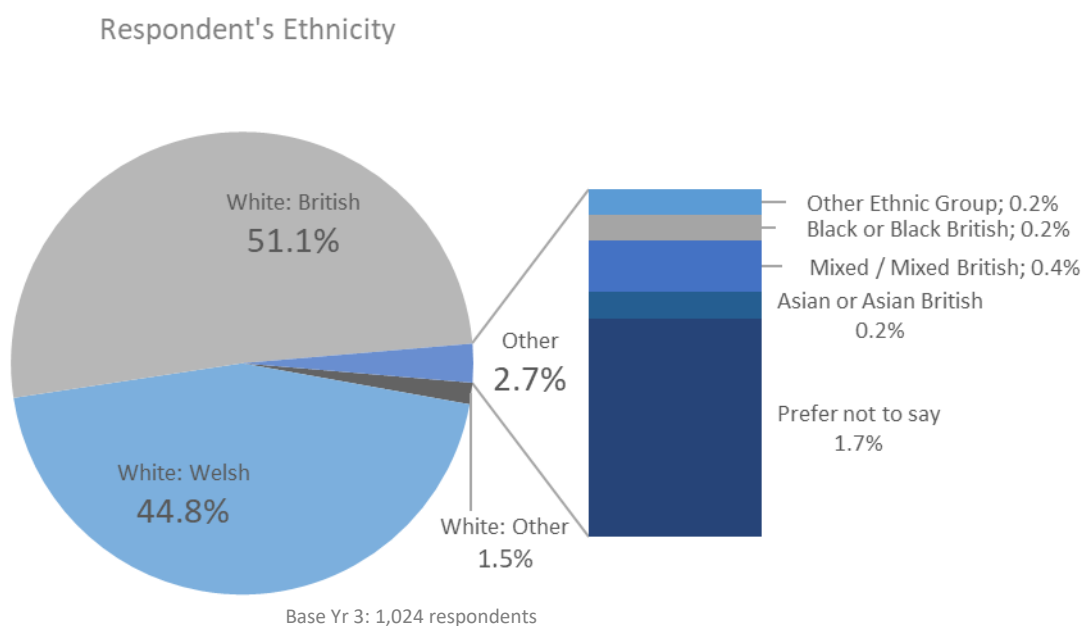
In the third year, there has also been a notable increase in the number of older people participating in the research, with the proportion of over 65s participating increasing to 37%, up from 24% in year 1. With this age group likely to have had significant experience of the Health Board, they are keen to share their experiences and express their views.

Respondents Age Groups vs Base population



3.1.4. Ethnicity & Language

As in the previous 2 years, the highest proportion of respondents describe themselves as White British (51%). This year slightly more describe themselves as White Welsh (45% compared to 42% in year 2).



Overall, 5.2% completed the survey through the medium of Welsh, up slightly on year 2 (4.7%). Welsh responses were highest from residents in Gwynedd with 18.5% of the submitted responses were in Welsh. Around 1% of the responses from Flintshire, Wrexham and Denbighshire were in Welsh.

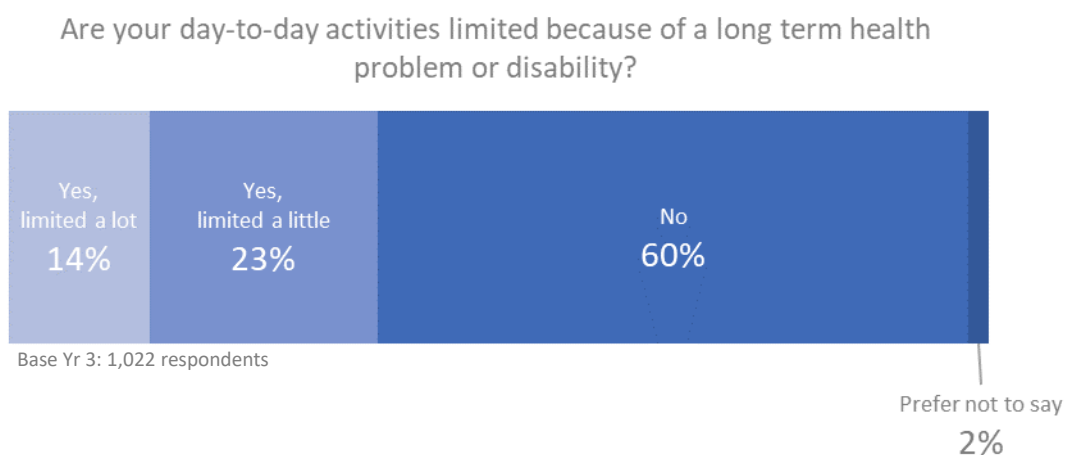
3.1.5. Disability and long-term health problems

Respondents were asked whether their day-to-day activities are limited due to a health problem or disability which has lasted or is expected to last at least 12 months.

According to StatWales, 18.6% of the population of North Wales are disabled⁷. However, 37% of all respondents to the survey in year 3 say that their day-to-day activities are limited because of a long term health condition or disability:

- 14% say that their day-to-day activities are limited a lot, and
- 23% say they are limited a little

Those with long-term health issues are over-indexed within the survey, emphasising how the higher level of engagement these individuals have with the Health Board raises their inclination to participate and share their own experiences.

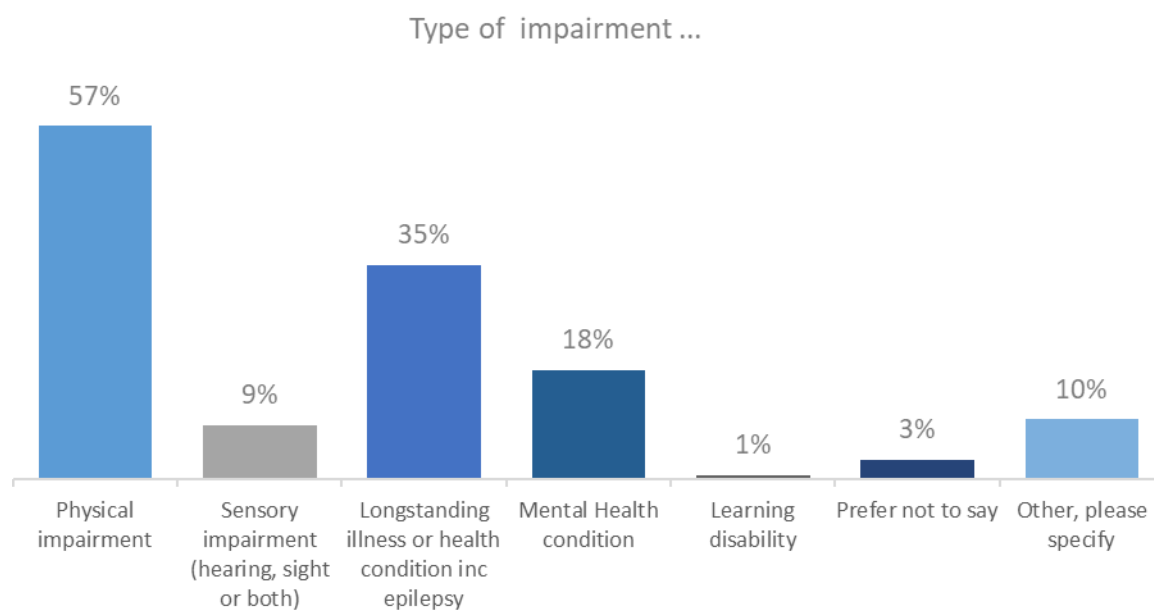


The types of health problems experienced by respondents with a limiting condition are predominantly described as being

- physical impairments (57%) and
- long standing illness or health condition such as epilepsy (35%)

There has been a slight increase in the proportion of those saying they have a mental health condition (18% compared to 16% in year 2).

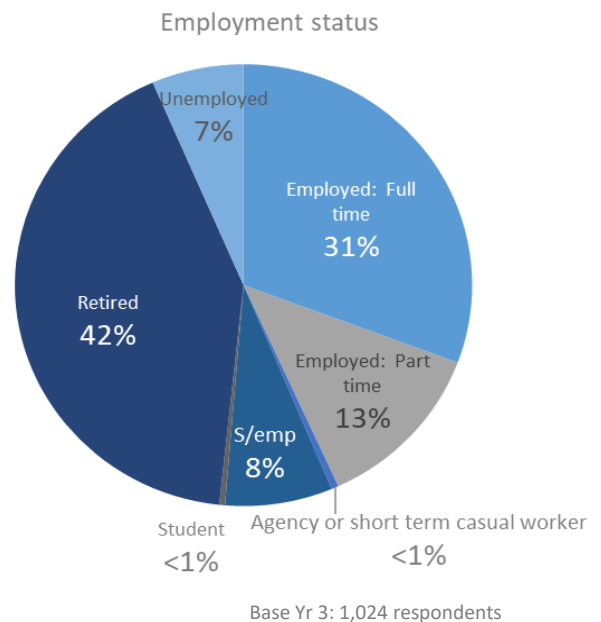
⁷ StatWales: (June 2019)



Base Yr 3: 383 respondents

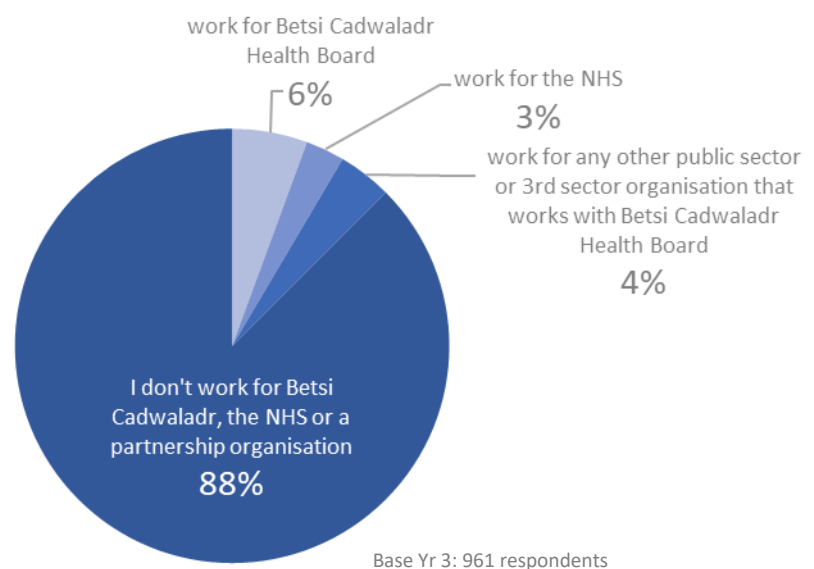
3.1.6. Employment Status

Just under a third (31%) of the respondents are employed full-time, notably lower than the 36% in year 2 and 39% in year 1. A significantly higher proportion are retired (42% compared to 34% in year2), correlating closely to the higher numbers of those aged 65+ participating in the research this year.



Respondents were then asked whether they work for the NHS, BCUHB, or any other partner organisation.

- 6% work for BCUHB
- 4% work for another partner organisation and
- 3% work for the NHS



3.1.7. Positivity about the Future

To better understand the social context of the survey, each year participants have been asked to rate their feelings in terms of positivity for themselves, their local services and their local NHS, where “not at all positive” achieves a rating of 1 and “Very positive” is scored 5.

Overall, for each of these measures the scores are considerably lower this year than last, with the proportions of those feeling not at all positive and not very positive rising across the board. This emphasises the impact that a difficult year politically, with uncertainties around Brexit and a snap General Election looming at the time of the research, has had on the overall “mood” of the people in North Wales. The average scores show that again people feel slightly more inclined to feel positive about their own future than about the future of public services or the local NHS:

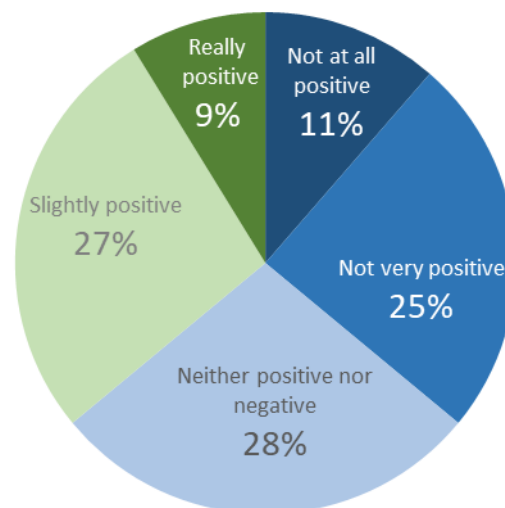
Counts Respondents	Descriptive Statistics		
	Base Respondents Yr 3	Mean Score Yr 3	Mean score Yr 2
Looking to the future	972	3.0	3.17
Public Services	967	2.3	2.45
Future of the Local NHS	958	2.3	2.51

The full findings are explored overleaf:

Overall, 36% of the respondents say that they do not feel positive about the future, a notable increase from 30% last year.

Fewer people are feeling positive, with the proportion of those saying they feel really positive about the future decreasing from 12% in year 2 to 9% this year, and those that feel slightly positive declining more sharply from 34% to 27%.

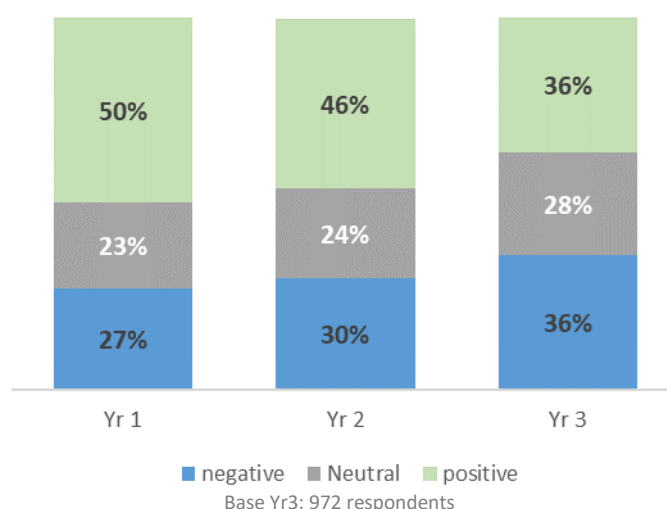
When I look to the future I feel ...



Base Yr3: 972 respondents

General positivity about the future has been decreasing over the course of the last 3 years, indicating a concerning downwards trend. Over the course of the 3 years, the overall sense of positivity among the population within the area has decreased significantly, with those feeling positive⁸ decreasing from half (50%) in 2017 to just over a third (36%) in 2019.

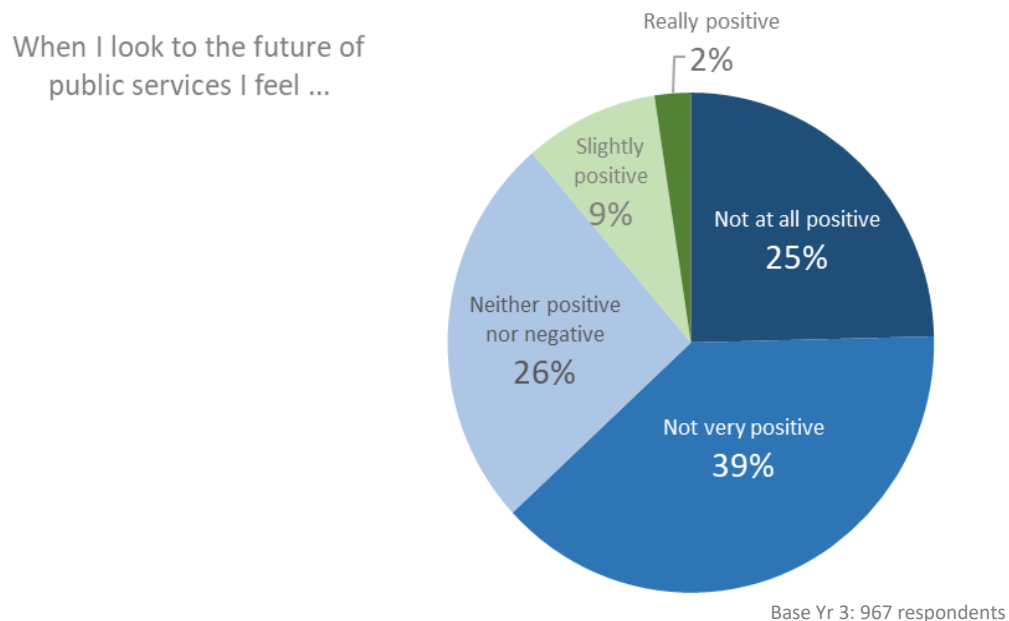
When I look to the future I feel ... Years 1-3



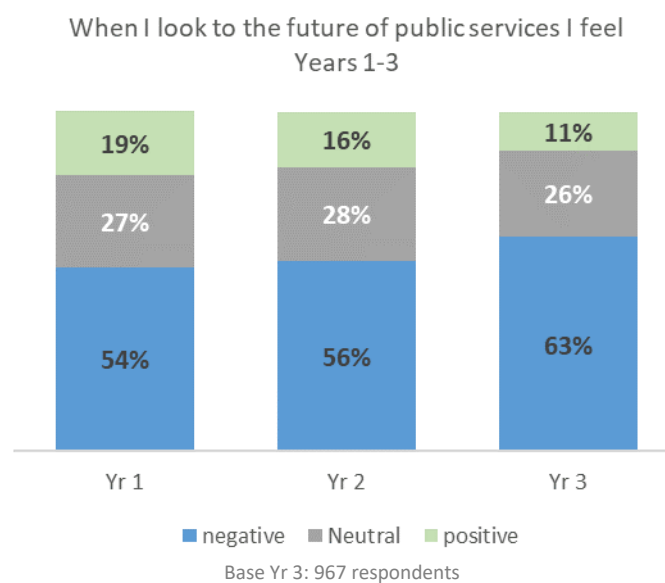
⁸ Positive = net of top 2 boxes (really positive and slightly positive)

Positivity for the future of public services is even less evident this year, with almost two thirds (63%) expressing negative feelings, up from 56% last year.

Around 1 in 10 of the population feel positive for the future of public services this year. Highlighting the public's concern for services losses.

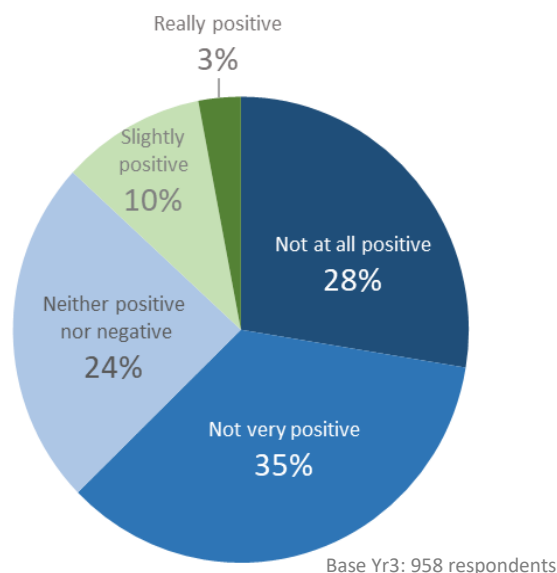


Over the last 3 years, the research findings highlight an ongoing trend of increasing concern for the future public services, with the proportion of people feeling positive about them almost halving between year 1 (19%) and year 3 (11%).



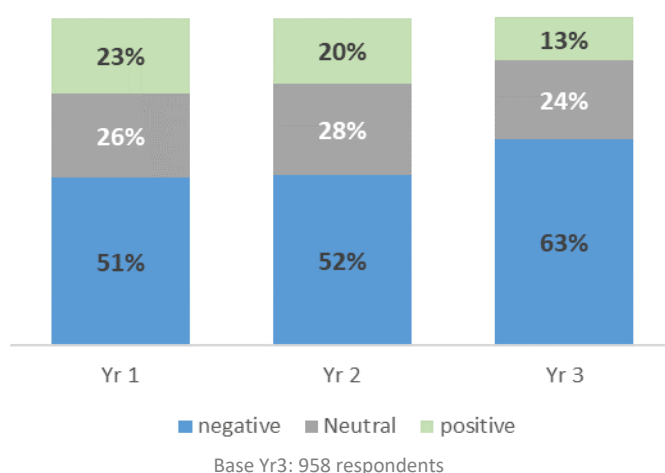
The future of the local NHS is an equally serious concern for the population. Over a quarter (28%) say that they are not at all positive for the future of their local NHS, compared to just 3% that feel really positive about its future.

When I look to the future of
my local NHS I feel...



While concern about the future of local NHS services remained steady between years 1 and 2, over the last year it has increased significantly; The number of people saying they do not feel positive has increased from 52% to 63%.

When I look to the future of my local NHS I feel
Years 1-3



Overall, this sense of negativity is impacting significantly on how the people of North Wales are feeling about all aspects of their lives and the services they interact with. It is also likely to reflect a much broader picture across the UK, one that needs to be addressed nationally as well as locally.

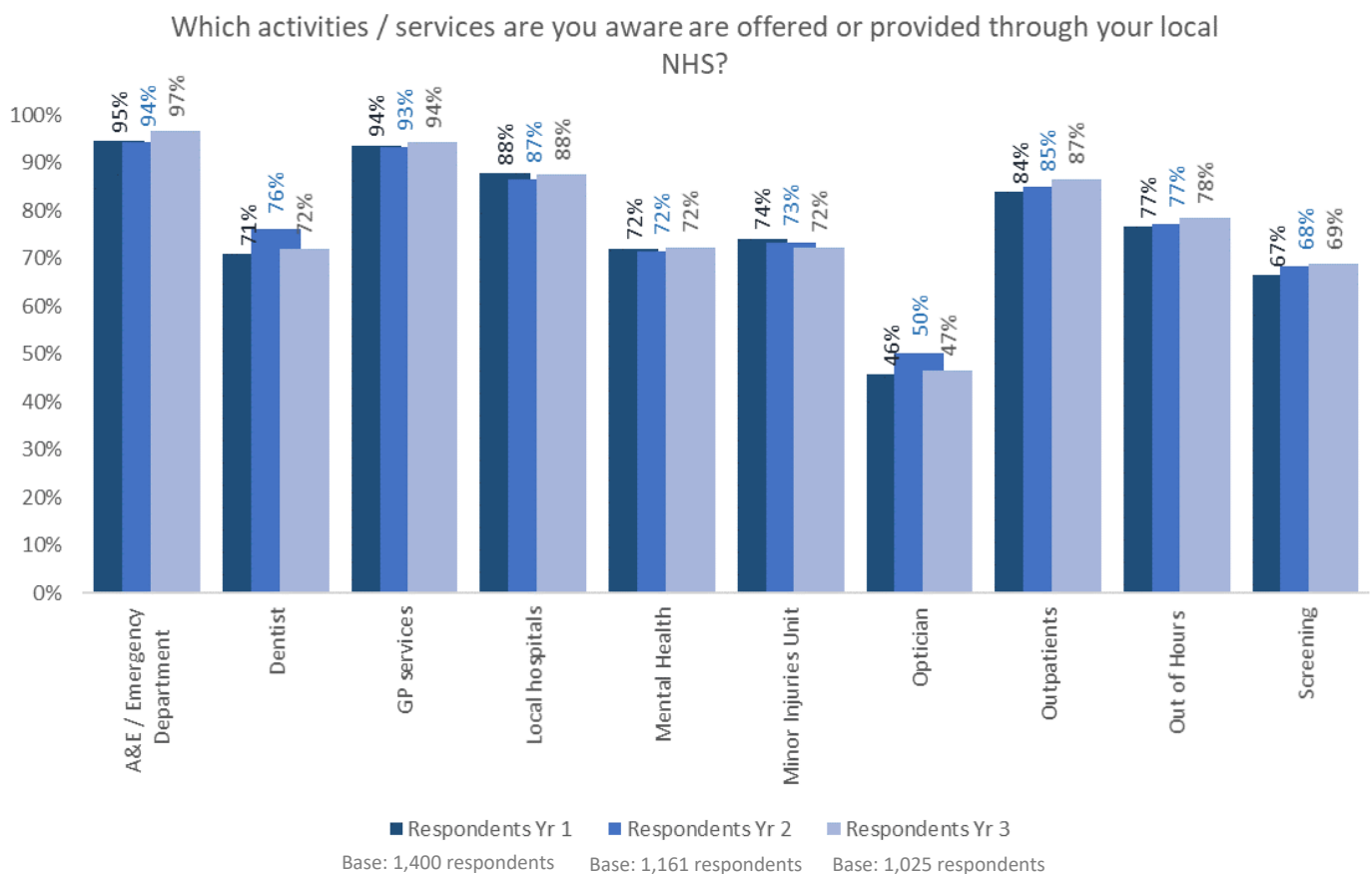
3.2. Current engagement with local NHS

3.2.1. Awareness & Use of Services

Awareness across the range of services offered by the local Health Board is generally slightly higher this year than in the previous 2 years:

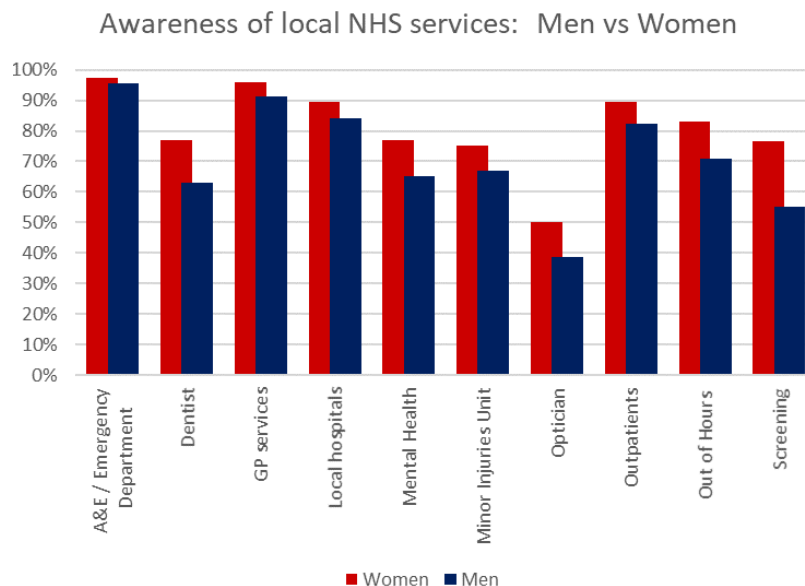
- 97% are aware of the A&E / Emergency department services compared to 94% in year 2
- Awareness of GP services remains consistently high at around 94%, while
- Awareness of outpatients, out of hours and screening services have all risen slightly this year

Awareness of Opticians' services through the local NHS remain the lowest, with under half (47%) aware of them.



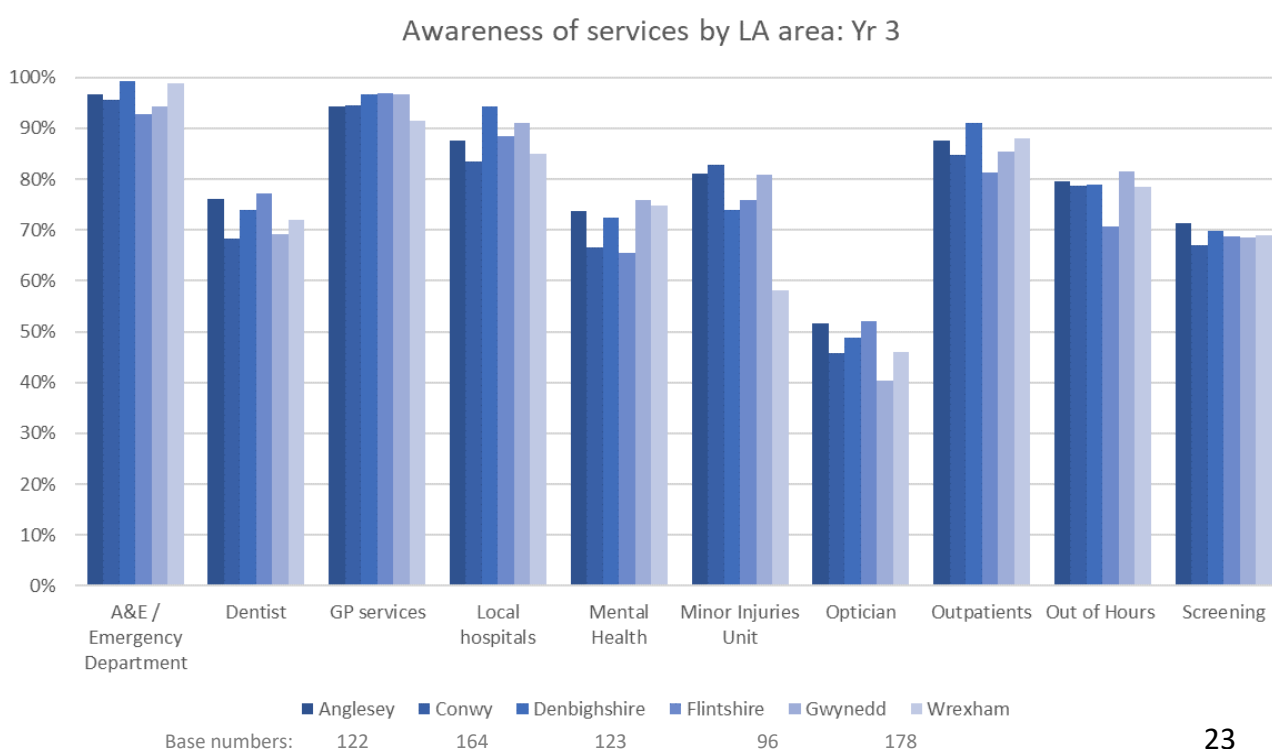
Women are consistently more aware of the range of services than men, with consistently higher proportions aware of

- Dentist services: 77% compared to 63% of men
- Mental Health Services: 77% compared to 65%
- Opticians: 50% compared to 39%
- Out of hours service: 83% compared to 71% and
- Screening services: 76% of women are aware compared to 55% of men



Awareness of different NHS services across the Local Authority areas do vary slightly as shown below, with awareness of A&E services highest in Denbighshire and Wrexham and awareness of optician services lowest in Gwynedd.

Overall, the patterns remain consistent over the course of the 3 years, with no significant increases or decreases in awareness across the services.

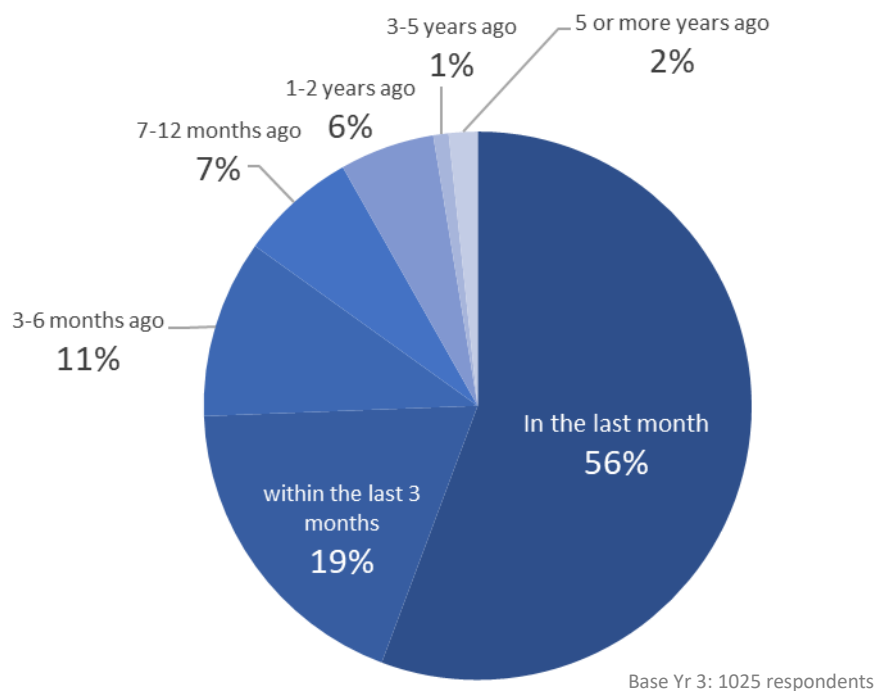


Respondents were then asked when they last used a local NHS service.

Usage rates are similar to last year, with 56% having used a local NHS service within the last month and a further 19% within the last 3 months.

3% of the population have not used a local NHS service at all within the last 3 years,

When did you last use a service provided by your local NHS?

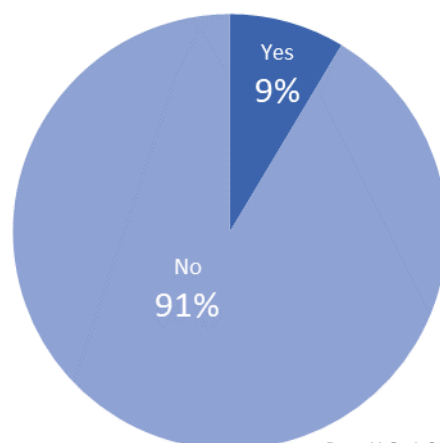


This year, there are no significant variations in terms of usage by local authority area.

3.2.2. Event, Engagement or Consultation Activity Attendance

The proportion of respondents that have attended a local NHS event, engagement or consultation activity has increased slightly this year to 9% compared to 7% of respondents in 2018 and 9% of respondents in 2017.

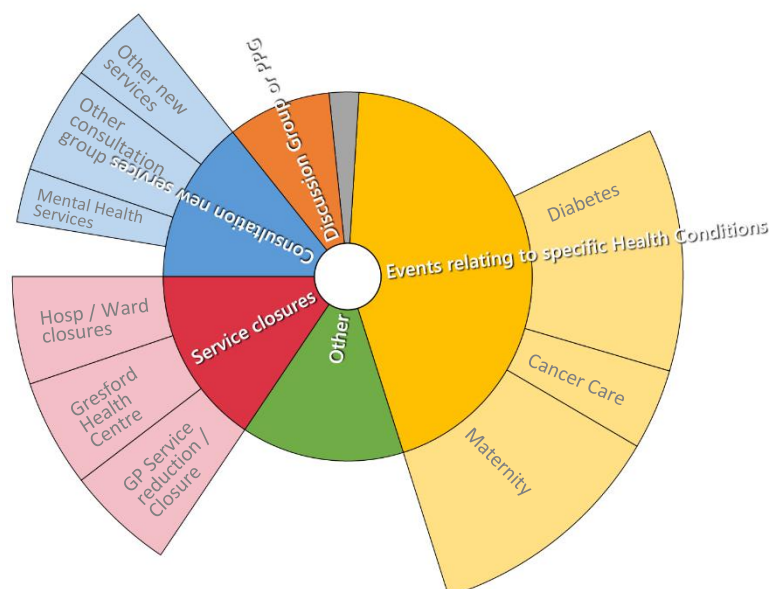
Have you ever attended a local NHS event, engagement or consultation activity?



Base Yr3: 1,019 respondents

The respondents have attended a range of different events and activities⁹:

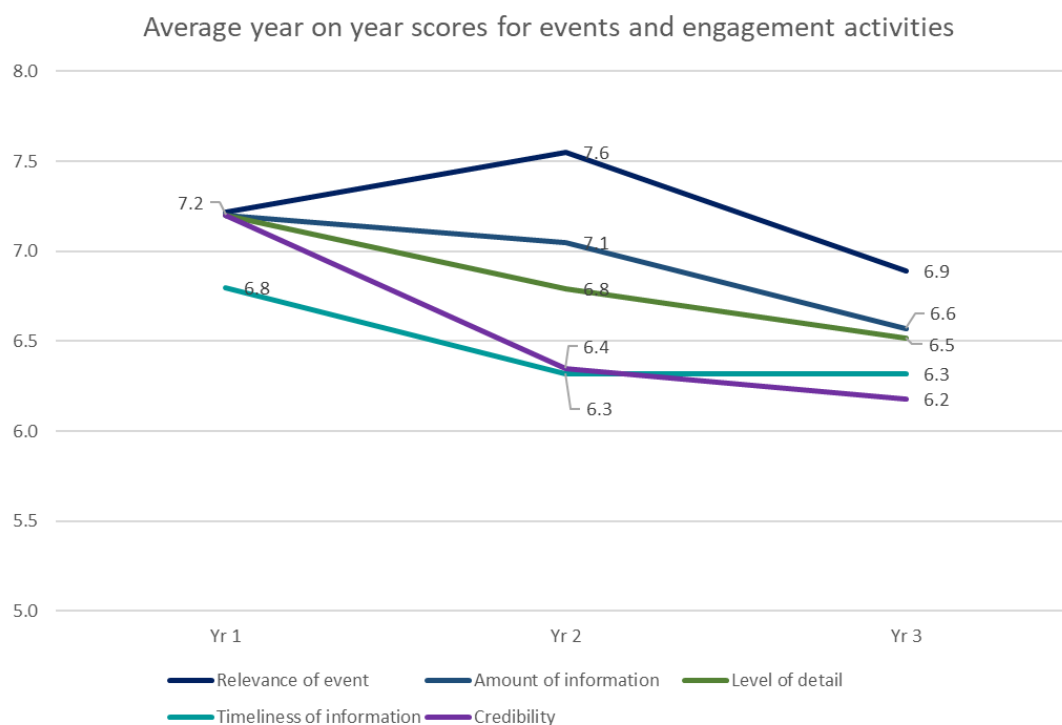
- Almost half detail events relating to specific health conditions, most notably these include diabetes, maternity services such as classes, and cancer care
- Around a sixth have attended consultations relating to new services including mental health services
- While a further sixth have attended consultations and meetings about service closures, including hospital / ward closure, reduction in GP services or closures and the closure of Gresford Health Centre



⁹ Base: n=80 Respondents may have attended more than 1 type of event; their responses have been coded separately to ensure all events / activities are noted

Those that have attended local NHS events and activities in the past were then asked a series of questions about the event / activity's relevance and the information they received¹⁰.

Comparing year-on-year, across all aspects of the events and engagement activities there is a general, but small, decrease in average scores across all elements. The most notable yearly decreases are for the amount of information received about these events and the level of detail provided about them.



The following sections provide more detail on the scores given by respondents for each element.

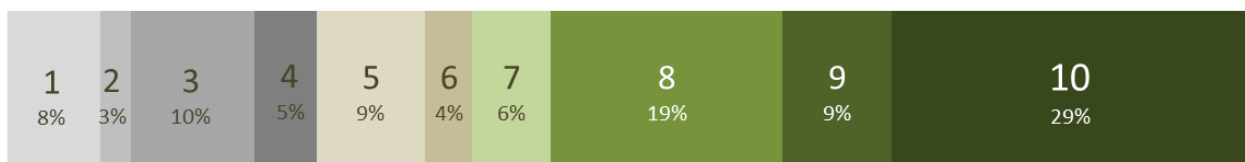
¹⁰ Base numbers of respondents within this analysis section are too small to be statistically valid, analysis is given for reference and comparison to the previous year, but should not be relied upon as being fully representative of the wider population

3.2.2.1. Relevance of local NHS event / activity

56% of those that have attended an event or engagement activity this year feel that it was highly relevant to them, their needs, views or group, giving a score of 8 or more. This is on a par with the 58% who said it was highly relevant to them in year 2.

However, in contrast, notably higher proportions of year 3 respondents also feel that the events or engagement activities were not very relevant to them, with 20% (compared to 10% last year) giving a score of 1-3 for relevance.

On a scale of 1-10, how relevant to you and your needs, your views or group did you find the event?



Base Yr 3: 80 respondents

Overall, therefore, the relevance of events to respondents' needs, views and groups is scored at an average of **6.9** in year 3, lower than the average scores of 7.6 in year 2 and 7.2 in year 1. Although suggesting a decrease in relevance of the events to the needs of the public, the difference is currently too small to be statistically significant.

3.2.2.2. Information received about the event / activity

This sub-group of respondents was then asked to rate the information they received about the event in terms of the amount of information they received, the level of detail, its timeliness and its credibility.

On a scale of 1-10, how would you rate the amount of information you received about the event you attended?

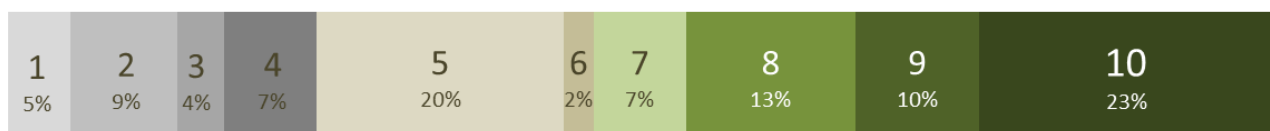


Base Yr 3: 82 respondents

Overall, respondents are slightly more likely to be happier with the amount of information they receive about events than about other aspects of the information received, such as its timeliness or credibility.

The average score for the amount of information received about the event is **6.6** compared to 7.1 in year 2 and 7.2 in year 1. This is mainly due to an increase in the number of people attributing a score of between 1 and 3, and lower proportions of those attributing scores of between 6 and 8. This suggests that there is likely to have been a small number of occasions where expectations have not been met, and these have significantly influenced the overall scores.

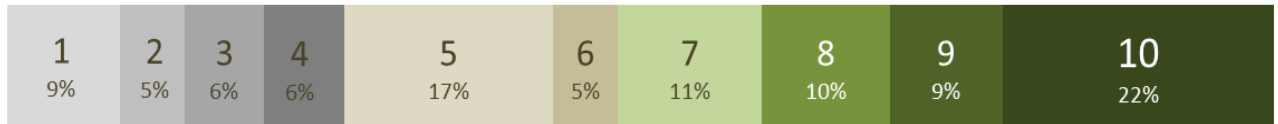
On a scale of 1-10, how would you rate the information you received in terms of level of detail?



Base Yr 3: 82 respondents

On average, respondents rate the detail of the information with a score of **6.5** this year compared to 6.8 in year 2 and 7.2 in year 1. The proportions of the public giving a score of between 1 and 3 in year 3 is consistent with year 2, indicating a more consistent trend towards decreasing satisfaction with the level of detail received about events.

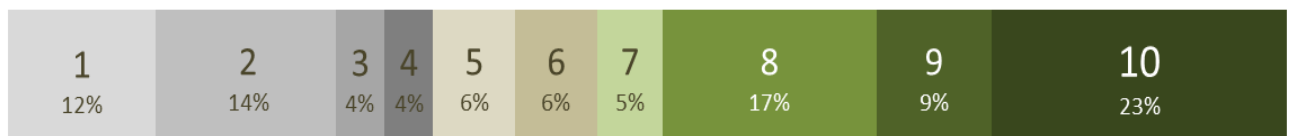
On a scale of 1-10, how would you rate the information you received in terms its timeliness?



Base Yr 3: 79 respondents

In year 3, timeliness of event information achieves an average score of **6.3** and shows a distribution of scores consistent with those in year 2.

On a scale of 1-10, how would you rate the information you received in terms its credibility?



Base Yr 3: 78 respondents

Average scores for credibility of information have fallen further still in year 3 to **6.2**, compared to 6.4 in year 2 and 7.2 in year 1. Despite the continued decrease in average score, slightly higher proportions of people rated the credibility of the information they received with a score of 8 or more than in year 2 (49% compared to 45%). This was countered, however, by the number of those attributing a score of between 1 and 3 increasing to 29%, compared to 24% in year 2. This suggests again that for a small minority, credibility was particularly poor, and this has impacted negatively on the average score.

3.2.3. Role of the Local NHS

Respondents were asked to rate their understanding of the role of their local NHS in delivering local health services on a scale of 1 to 10; where 1 represents no understanding of the role the local NHS at all and 10 represent a complete understanding of the role their local NHS plays in service delivery.

Overall, understanding of the role of their local NHS in delivery local health services among respondents remains high in 2019 (year 3), with 63% of respondents saying that they have a very good understanding of the role of the local NHS (giving a score of 8+).

8% of respondents feel that they have a poor understanding of the role of their local NHS, giving a score of 4 or less, while 18% feel somewhat unsure either way, scoring 5 or 6. Just under a quarter of all respondents (23%) rate their understanding of the role of the local NHS as 10, slightly lower than the 27% giving a score of 10 in year 2.

On a scale of 1-10, how well would you say you understand the role of the local NHS in delivering local health services?



The average (mean) score for the statement “How well would you say you understand the role of the local NHS in delivering local health services” is **7.6** suggesting that people feel well informed about what their local NHS does and the services it provides. This score remains broadly in line with the scores in years 1 and 2.

3.2.3.1. Concept statements regarding the role of the local NHS

Respondents were then asked how strongly they agree or disagree with a series of statements relating to the role of the local NHS in terms of responsibility for health.

STATEMENT 1:

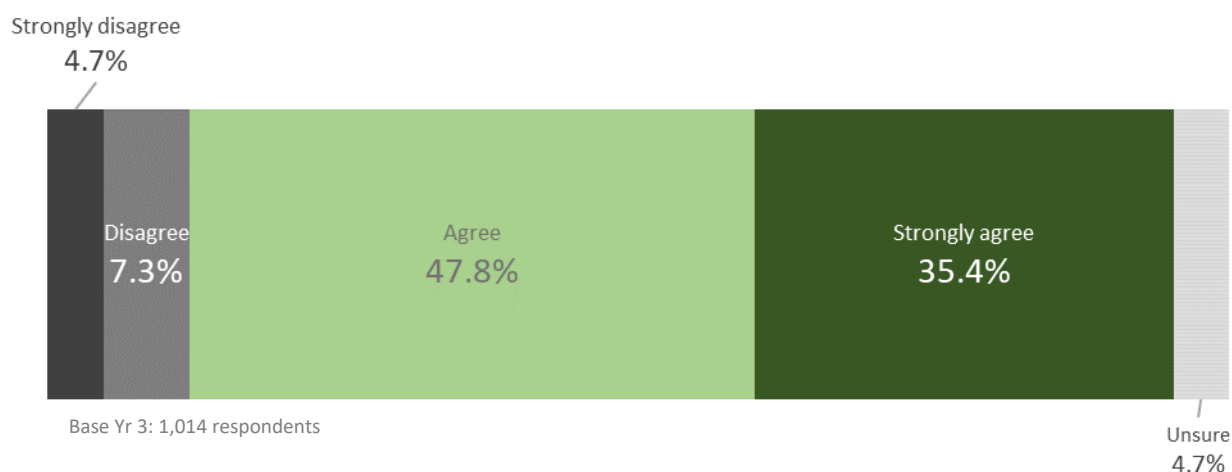
The first statement asks them how strongly they agree or disagree that

A key role of the local NHS is promoting lifestyles that prevent disease

Respondents in year 3 of the study again indicate that they agree with this statement.

More than 8 in 10 respondents either agree (48%) or strongly agree (35%) that a key role of the local NHS is to promote lifestyles that prevent disease.

A key role of the local NHS is promoting lifestyles that prevent disease



While this overall percentage remains very close to the previous year's findings (83.2% in year 3 compared to compared to 84.2% in year 2 and 83.3% in Year 1), this year's results show a slight increase in the proportion of respondents that strongly agree and a decrease in those that agree:

- 33.2% of respondents in 2018 (year 2) strongly agreed with this statement compared to 35.4% this year, and
- 51% of 2018 respondents agreed with it compared to 47.8% this year

The average score for this statement this year is **3.2**, which has been generally consistent across the 3 years.

STATEMENT 2:

The second statement

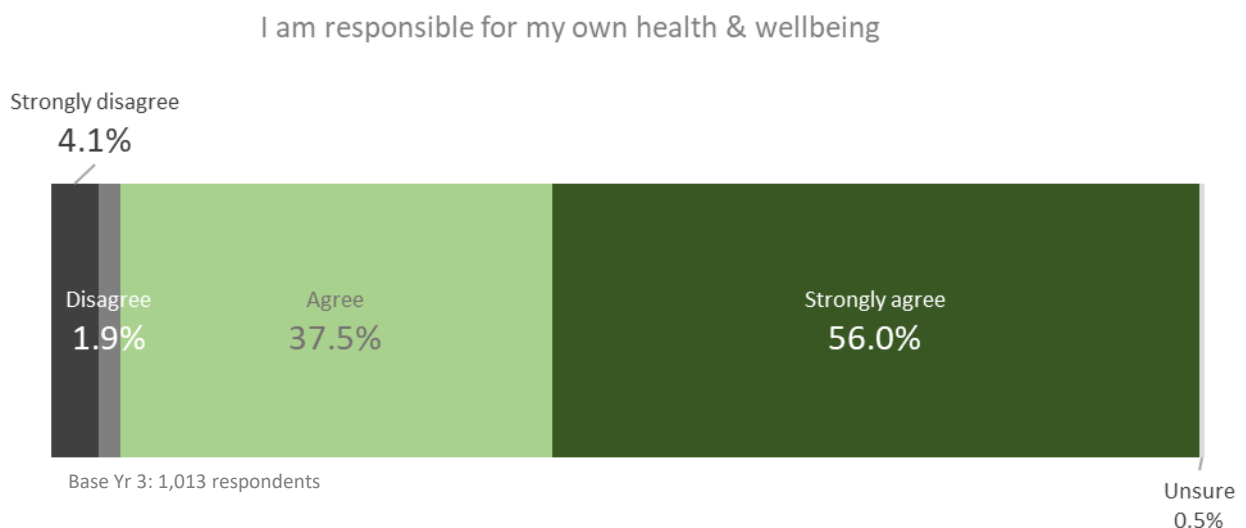
I am responsible for my own health & wellbeing

achieves a strong positive response from participants, with the overall proportion of people agreeing / strongly agreeing even increasing slightly in year 3.

- 93.5% agree or strongly agree with this statement this year compared to 92.1% last year

This year there was a very slight increase in the number of people strongly agreeing with this statement:

- 56% strongly agree this year compared to 54.1% last year



The average score for this statement is **3.46**, where 1 equals strongly disagree and 4 equals strongly agree. This has remained consistent across the 3 years.

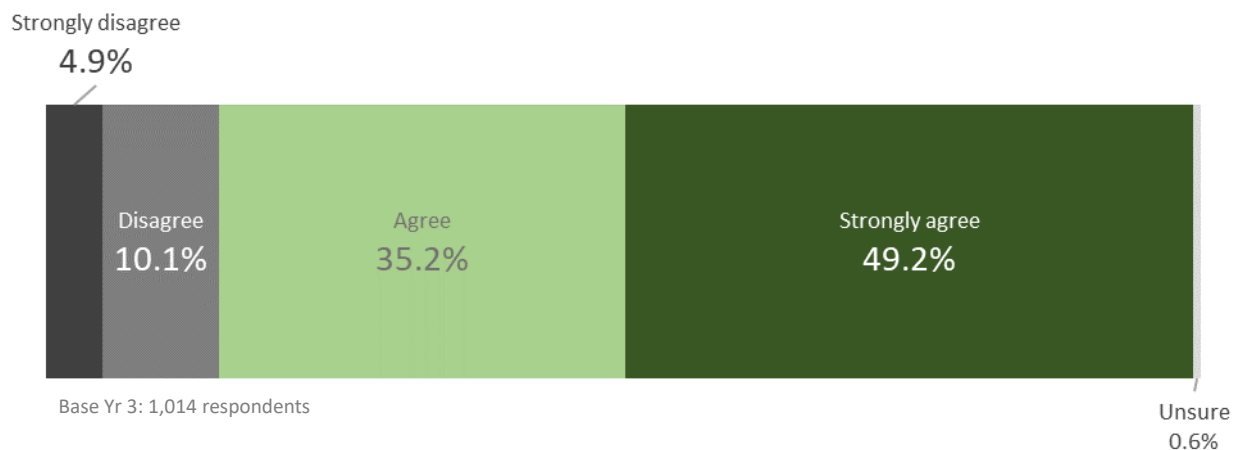
STATEMENT 3:

Most respondents also agree with the third statement:

The primary purpose of the local NHS is to treat us when we are ill

- 49.2% of the respondents strongly agree with the statement, and
- a further 35.2% agree

The primary purpose of the local NHS is to treat us when we are ill



Overall, the average score for this statement is **3.29**, down slightly from 3.34 last year. In general, the responses to this section over the 3 years suggests that there is a very slight movement towards people recognising their responsibility for their own health and acknowledging that the NHS has a role to play in encouraging healthier lifestyles.

There are no significant differences in the opinions of those living in different local authority areas or between the genders this year, with similar responses between all sub-groups.

3.3. Ability to influence local NHS

One of the core areas of research for this study is to understand how well the general public feels they can influence their local NHS and to have their concerns and ideas listened to.

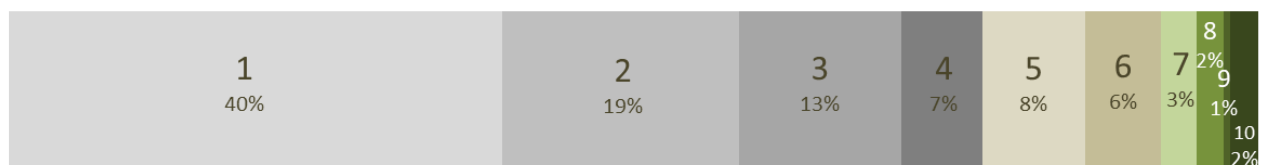
Respondents were asked to rate, on a scale of 1-10, where 1 represents having no opportunities at all to influence and 10 represents excellent opportunities, how much of an opportunity they have to influence or have a say in the health decisions and priorities for their local area.

The first 2 years of the study identified that just over a third of the respondents gave the lowest rating score of 1, suggesting that participants felt removed from the local NHS and unable to influence the decisions it makes.

The third-year results show that there has been a significant change since last year, with higher proportions of people feeling they are less able to influence the health priorities and decisions in their area:

- 40% of respondents in Year 3 feel they have no opportunity to influence or have a say, applying a score of 1 (compared to 35% in year 2), and 78% feel they have little opportunity to influence (scores 1-4) compared to 73% in year 2.
- 8% of respondents this year feel that they have an opportunity to influence or have a say and give a score of 7 or more, lower than the 11.5% in year 2, but consistent with the score in year 1.

On a scale of 1 to 10, how much of an opportunity do you have to influence or have a say in the health priorities and decisions for your local area?



Base Yr 3: 772 respondents

Overall the average score for respondents' opportunity to influence or have a say in the health priorities and decisions for their local area is **2.8**, notably lower than the average score of 3.16 achieved last year.

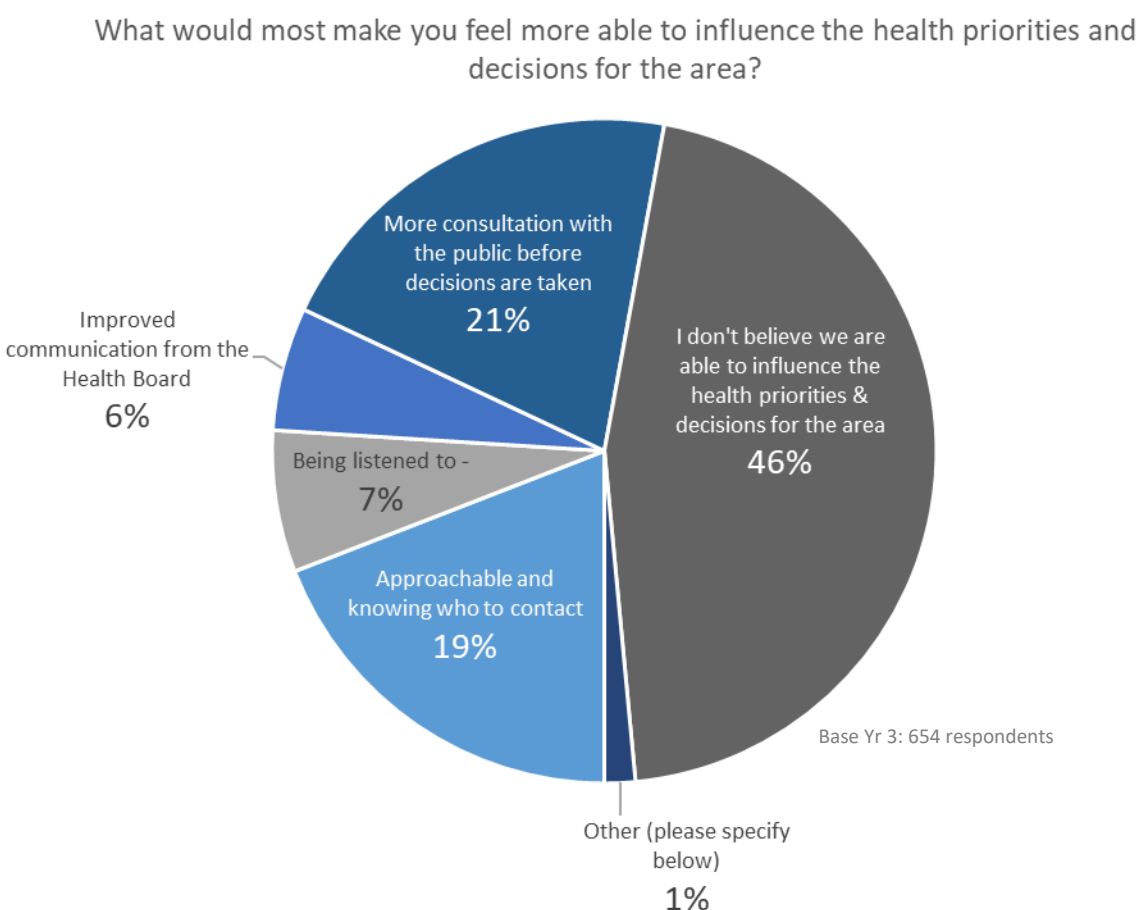
There are no statistically significant differences this year between where people live and how they feel about their opportunities to have a say.

3.3.1.1. What would make you feel more able to influence the health priorities and decisions?

Those respondents that applied a score of 5 or less¹¹, were asked to explain the reasons for their response to the previous question. Based on the qualitative responses received in year 1, they were asked to identify which factor would make them feel more able to influence the health priorities and decisions for the area.

Just under half (46%) don't believe that they are able to influence the health decisions for the area, up from 41% last year. Similar proportions to last year say that they would feel more able to influence things if;

- There was more public consultation before decisions are taken (21%)
- They knew who to contact at their local NHS



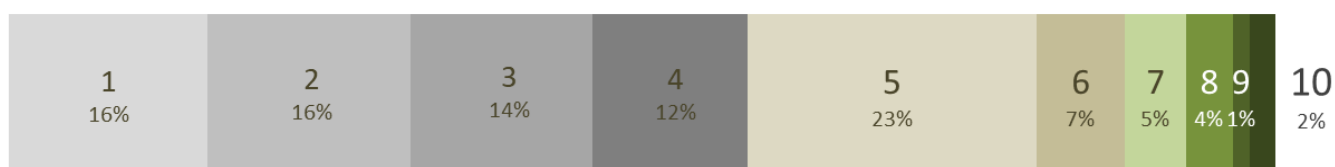
¹¹ A total of 664 respondents were asked "what would make you feel more able to influence the health priorities and decisions for the area?", 654 provided responses which are included in the analysis

3.4. Feeling listened to by their local NHS

Using a 10-point scale, respondents were asked to rate how good they feel their local NHS is at listening to the local people it serves.

This year, 41.7% of all respondents gave a score of 5 or more. This is significantly lower than in the previous 2 years (49.5% in year 2 and 54.9% in year 1), evidencing a continued decline in the belief that local people are being listened to by the Health Board.

On a scale of 1 to 10, how good do you think your local NHS is at listening to the local people it serves?



Base Yr 3: 855 respondents

Overall, the average score for how good the respondents think their local NHS is at listening to local people is **4.0**, down from 4.3 last year.

3.4.1. What would make you feel your local NHS is better at listening to local people?

Respondents giving a score of 5 or less¹², were asked to give their suggestions as to what would make them feel that their local NHS is better at listening to them.

A total of 459 respondents provided suggestions and comments to the question¹³.

Better communication is identified in more than half the comments, as being one of the key ways that the public would feel that BCUHB is listening to local people. Most notably these comments focus predominantly on ways that the Health Board could facilitate feedback from the public, particularly in terms of:

¹² Base: 693 respondents – 459 of whom provided a response

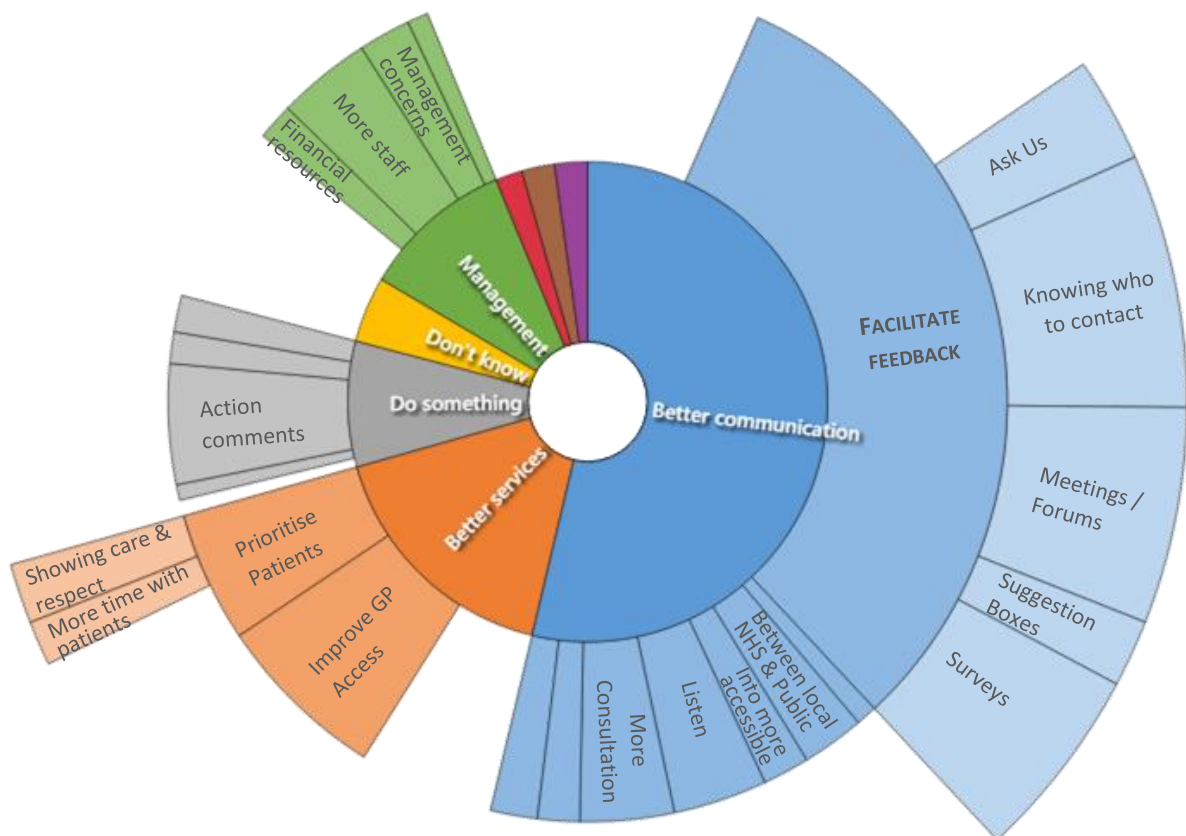
¹³ Respondents' comments have been split out and coded to separate themes where appropriate to reflect the full range of suggestions, the analysis is therefore based on 497 coded comments from 459 respondents

- Making it clear who people can contact with comments, suggestions and concerns
- Holding meetings with the public, and
- Carrying out more surveys

Improving services is also identified as being a way that BCUHB could show it is listening to local people. With concerns particularly around access to GP services a priority, the public continues to highlight service provision as an area that requires improvement.

A smaller, but notable minority of the comments highlight issues around the management of the Health Board, specifically focussing on the need for more staff and more financial resource for frontline services.

Other comments suggest that the Health Board just needs to “do something” to demonstrate that it is listening to local people.



Base Yr 3: 497 coded comments

These findings are explored in more detail in the following sections:

Their responses focus strongly on the need to **know who to contact** as well as calls more **meetings** between **local people** and the **NHS** to enable them to voice their **concerns** and offer **suggestions**.



One of the main points raised by respondents is that they don't know who they can / should go to with any comments or concerns:

Make one person responsible for all incoming suggestions and complaints, accessible to all
Male (65+) Wrexham

I have lots of ideas but wouldn't know who to send them to.
Female (25-44) Wrexham

Personally, I wouldn't have a clue who to approach if I had suggestions or wanted to air my concerns, therefore, making these more visible would be a good idea, or emailing changes which are about to change and giving me a chance to comment if I wish to.

Female (45-64) Conwy

Knowing who to talk to would be a good start !
Male (45-64) Conwy

Gwybod pwy a sut i gysylltu. (Know who and how to contact)
Female (45-64) Gwynedd

Identifying and publicising how people can get in touch would go a significant way to demonstrating BCUHB's commitment to listening to the public.

Meetings & Forums

Meetings are highlighted by respondents as an important way of gathering input from the public and again demonstrating a commitment by the Health Board to listen and take on board their concerns:

Have meetings where the local people can voice how they feel
Female (25-44) Denbighshire

By providing a Meeting or Surgery that the public can attend and share their views. So much of the NHS funding is concentrated in the South. Sick people are having to travel long distances for specialist help.
Female (65+) Anglesey

Public meetings involving the locals in important decisions about the community and its well being.
Female (45-64) Denbighshire

Inviting members of public to meetings, to discuss concerns , and having input to decisions
Female (45-64) Gwynedd

They need to hold meetings with the public to help to suggest improvements to the service
Female (65+) Denbighshire

They can also serve a dual purpose to also share information on services, progress and developments:

Have an NHS drop in session for concerns to be heard & opportunity for NHS to advise locals on the services provided.
Female (45-64) Anglesey

Surveys & Asking us

Around 1 in 10 of the comments focus on the need for BCUHB to ask for the public's input and opinions. Many of these suggest the need for more surveys:

Surveys, more information of how you can have your voice heard
Male (45-64) Wrexham

If we were more regularly consulted..surveys/ community meetings etc. I actually would not know where to go to give my thoughts on any changes/ service needs.
Female 25-44 Anglesey

Sending local questionnaire
Female (65+) Wrexham

With several focussing particularly on the need to ask service users:

*More questionnaires for patients all over the NHS
Female (45-64) Denbighshire*

*A exit interview with meaningful conversation about services received
Male (45-64) Denbighshire*

*Surveying patient opinions about their needs although delivering is clearly budget dependent
Female (45-64) Wrexham*

*Surveys of users of the service.
Female (65+) Denbighshire*

Several this year's respondents comment that being asked through surveys such as this continuous engagement study has been good:

*asking for feedback through questionnaires such as this one
Female (65+) Wrexham*

More surveys and questionnaires like this one Male (65+) Gwynedd

This survey is the first time I have ever been approached. Male (65+) Conwy

*This is the first survey I have ever been asked to answer, so this helps for listening to local people.
Female (45-64) Wrexham*

Several also note that it is essential that surveys are followed up with discussion and / or publication of the results in order to demonstrate how BCUHB is responding to what they have heard:

*A simple questionnaire on completion of each admission to hospital or outpatient treatment likewise GP and other services used But dot not overdo it and publish the results
Female (65+) Denbighshire*

*having a questionnaire to residents and ask their opinions and ideas then have a meeting with the local residents to discuss issues
Male (45-64) Flintshire*

These views are also reflected in the comments made by those saying that it is important the Health Board “does something”, responds / acts on the comments and suggestions of the public and then publicises what actions have been taken and why.

Regular reports to the general public making clear changes and responses to concerns and suggested improvements Female (45-64) Wrexham

Improvements to service provision are highlighted again this year as being an important way that BCUHB could demonstrate it is listening to local people.

A number of respondents highlight the need for BCUHB to prioritise the needs of patients, over management issues:

And identifying staff issues as something that has a detrimental effect for service users:

Specifically, they identify the need for staff to be able to spend more time with individuals:

Doctors do not have time to listen to the concerns of patients.
Female (65+) Conwy

Start at gp level and go back to community care district nurses, dedicated teams where staff dedicated to an area and know the people the way it works now you are just a number and nobody has time to really listen
Female (45-64) Wrexham

Some people don't have time to listen as they are too busy.
Female (45-64) Flintshire

And the need for them to show more care and respect towards patients:

Show more interest in the patients
Male (45-64) Conwy

Get staff that go to work to do the job their payed for , a lot seem to have attitude problems and are more interested in their social life than doing their job is looking after the public
Male (65+) Denbighshire

Improve access to GPs

Of primary importance to a notable number of respondents is the issue of access to their GPs and the lack of appointments. Most highlight difficulties in getting appointments, saying:

*It's impossible to get an appointment with a GP in the first place
Female (45-64) Conwy*

*Making appointments at the GP more available to local people, making their needs priority
before out of area patients
Female (45-64) Denbighshire*

*If it was actually possible to talk to anyone at the NHS it is impossible to get to see a doctor
these days. There is usually a 5 week waiting time for appointments to the GP.
Female (45-64) Wrexham*

*Cynnig mwy o apwyntiadau yn lleol yn hytach na chanoli popeth yn y prif ysbytai. (Offering
more appointments locally rather than centralising everything in the main hospitals) Female
(45-64) Gwynedd*

*By making services available accessible To working people who find it hard to get appointments
Female (45-64) Gwynedd*

*Doctors appointments need to be more accessible
Female (45-64) Wrexham*

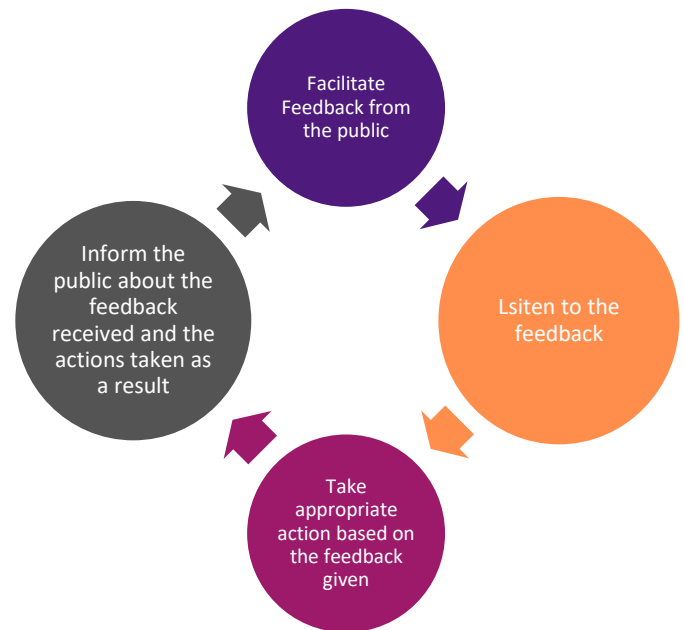
*think the GP service needs attention as it is nearly impossible to get an appointment when
needed, staff seem unhelpful (not all) and as this is usually the first point of contact work needs
to be done on customer service and satisfaction.
Male (45-64) Wrexham*

*Actions - more late opening gp surgeries, open at weekends, less waiting for go appointments,
able to book gp in advance for some circumstances etc
Female (45-64) Anglesey*

This issue is raised by people across the whole of the BCUHB area. It is not limited to one local area, highlighting it as a significant problem which has knock on effects for other services. Several respondents give occasions that they have used emergency services because of the lack of access to their local GP:

*Better service by gp It is getting very hard to see a gp. So I ended going to A and E and waiting
over 3.5 hours
Male (65+) Wrexham*

Overall, there is a distinct sense from the public that in order to be better at listening, the Health Board needs to facilitate feedback from the public, listen to the feedback, take action on what is said and then communicate what action has been taken. This would ensure that the public is taken along the journey of development with the Health Board, rather than feeling the disconnect they currently experience.



3.4.2. What makes you feel your local NHS good at listening to local people?

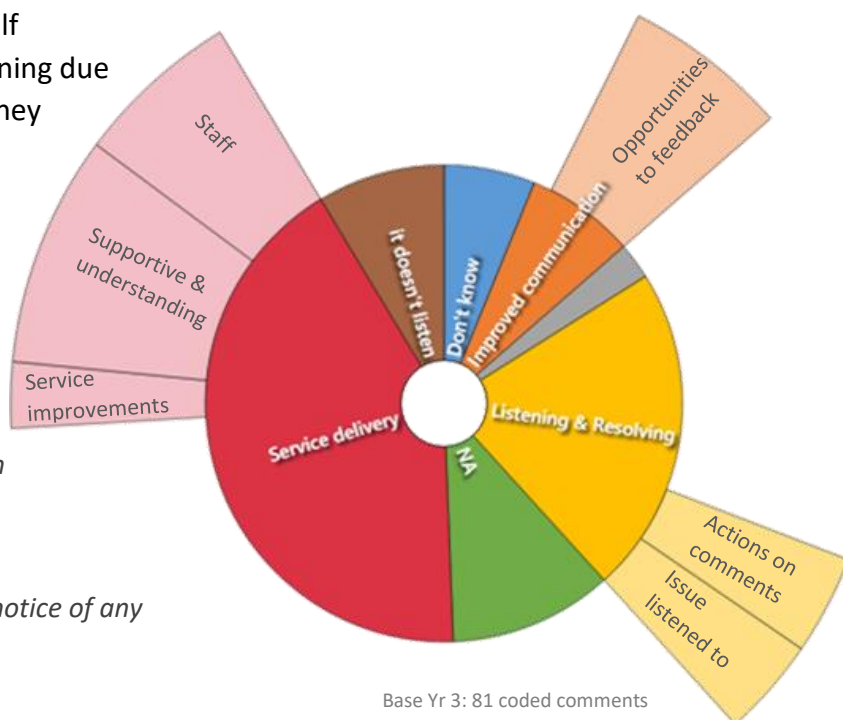
Those that applied a score of 6 or more¹⁴ were asked to explain what has made them feel that their local NHS is good at listening to them.

Among these respondents, just under half identify feel that the NHS is good at listening due to services provided, particularly when they have used frontline services themselves.

I have always had a great service, even under the huge pressure and strain the nhs are under
Female (25-44) Wrexham

The G.P surgery that our whole family use is excellent. We are well supported and appreciate the surgery in Denbigh (Middle Lane)
Female (45-64) Denbighshire

Always there when needed and taking notice of any concerns
Male (45-64) Gwynedd



Several respondents focus on the support and understanding they received through the services used:

From my own experience whenever I have had to query my treatment I have always had it explained to me.
Male (65+) Gwynedd

They support families much better than they use to.
Female (45-64) Conwy

and others specifically note how the staff have made them feel listened to:

I am going on my own experience and have a good rapport with my doctors
Female (65+) Wrexham

Good communication with doctors
Female (65+) Conwy

¹⁴ Around half the eligible respondents did not leave a response to this question. Analysis based on comments from 81 respondents providing a valid response

Listening & resolving issues is identified by around a quarter of these respondents as having made them feel that the local NHS is good at listening.

*Glan clwyd hospital is fabulous staff encourage you to speak up.
Female (45-64) Denbighshire*

*Always communicating and listening
Male (45-64) Wrexham*

*Improvements in the service are evident get great service from Wrexham hospital
Male (65+) Flintshire*

Most notably, it is where a comment has received an acknowledgment, or a change has been made that results in the feeling of being listened to:

*Issues are dealt with when people speak out
Female (25-44) Wrexham*

Respondents also identify larger-scale issues where they feel the Health Board has listened to public opinion:

*There was talk of the NHS moving the cancer unit at Ysbyty Gwynedd to Ysbyty Glan Clwyd, I believe there were strong objections regarding this move. To-date, the cancer unit is still based in YG. So it should.
Female (65+) Gwynedd*

*We kept the Mold hospital & services open
Female (65+) Flintshire*

Each of these experiences highlights how important it is that BCUHB acknowledges comments from the public and where action is taken as a result, communicates this effectively either with the individual or the wider public as appropriate.

3.4.3. Concept Statements: Listened to

A set of 3 concept statements were put to respondents to find out how strongly they agree or disagree with comments relating to how well they feel they would be listened to by their local NHS and how well their concerns are considered.

STATEMENT 1:

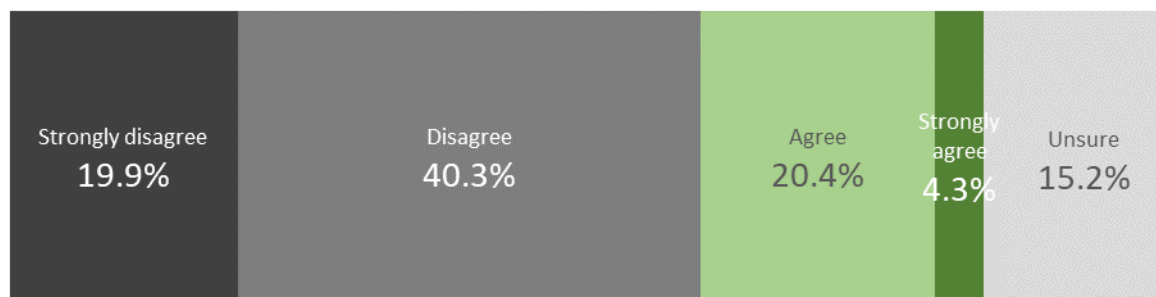
Overall, respondents tend to disagree with the first statement:

I feel that if I have a concern about my local NHS services, I am able to express these and be listened to

In year 3, 60% either strongly disagree (19.9%) or disagree (40.3%), compared to 54% in year 2. A quarter (24.7%) either agree or strongly agree.

15.2% of the respondents are unsure whether they agree or disagree with the statement.

I feel that if I have a concern about my local NHS services I am able to
express these and be listened to



Base Yr 3: 1,001 respondents

Respondents to the survey in year 3 are even more inclined to both disagree and strongly disagree with the statement than last year. The proportion of those who disagree with the statement has risen from 32.5% in year 1 to 40.3% in year 3, with those that strongly disagree increasing from 17.1% in year 1 to 19.9% in year 3. This year-on-year change is significant and again highlights that an increasing number of people feel they are not being listened to by BCUHB.

Over the course of the 3 years, the average score has shown a continual decline to **2.11** in year 3 (2019) compared to 2.21 in year 2 and 2.27 in year 1.

STATEMENT 2:

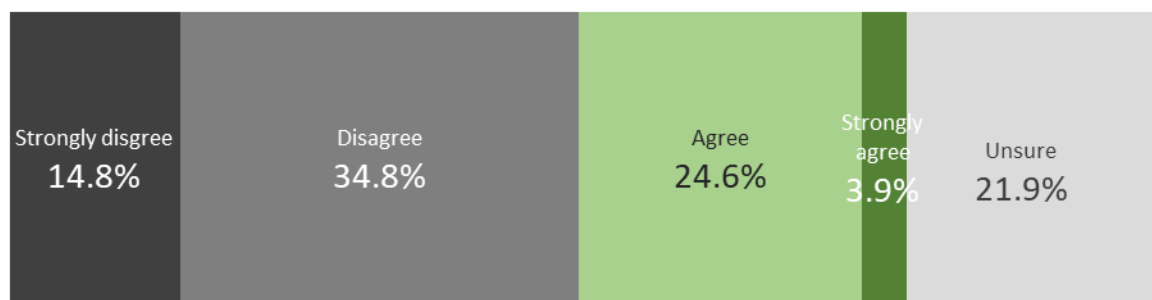
The second statement

I feel that the local NHS values suggestions or comments on service improvement

is also significantly less well-received this year. Just 28.5% agree / strongly agree that their comments and suggestions on service improvement are valued by the local NHS, compared to 34.4% last year.

In direct contrast, the proportion of respondents disagreeing with the statement has increased even further in year 3 to 49.6% (from 30.3% in year 1 and 34.7% in year 2).

I feel that the local NHS values suggestions or comments on service improvement



Base Yr 3: 993 respondents

While the results in years 1 and 2 were broadly comparable, this significant dip in the confidence of the public this year emphasises a wider shift in perceptions and the emergence of negative trends in the overall perception of the Health Board.

The significant shift in scores this year has resulted in a lower average score for this statement of **2.23**, down from 2.34 in year 2 and 2.38 year 1.

STATEMENT 3:

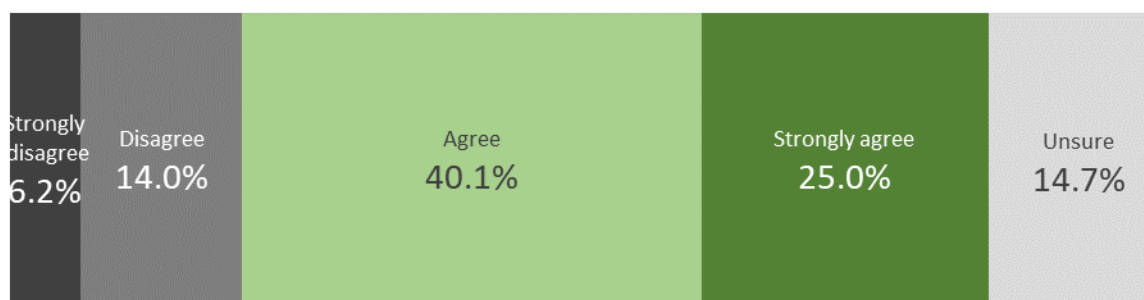
The final statement

I think that decisions by the local NHS are taken without taking notice of the concerns and comments of the public

has been the most strongly agreed with each year, confirming the public's perception that they are unable to be heard or influence the Health Board's decisions.

Overall, 65.1% of respondents either agree (40.1%) or strongly agree (25%) that decisions are taken without taking notice of the concerns / comments of the public, an overall increase from 63% in year 2 and 57.6% in year 1.

I think that decisions by the local NHS are taken without taking notice of the concerns and comments of the public



Base Yr 3: 1,015 respondents

Overall, the average score has risen slightly in year 3 to **2.98** compared to 2.92 last year and 2.88 in year 1.

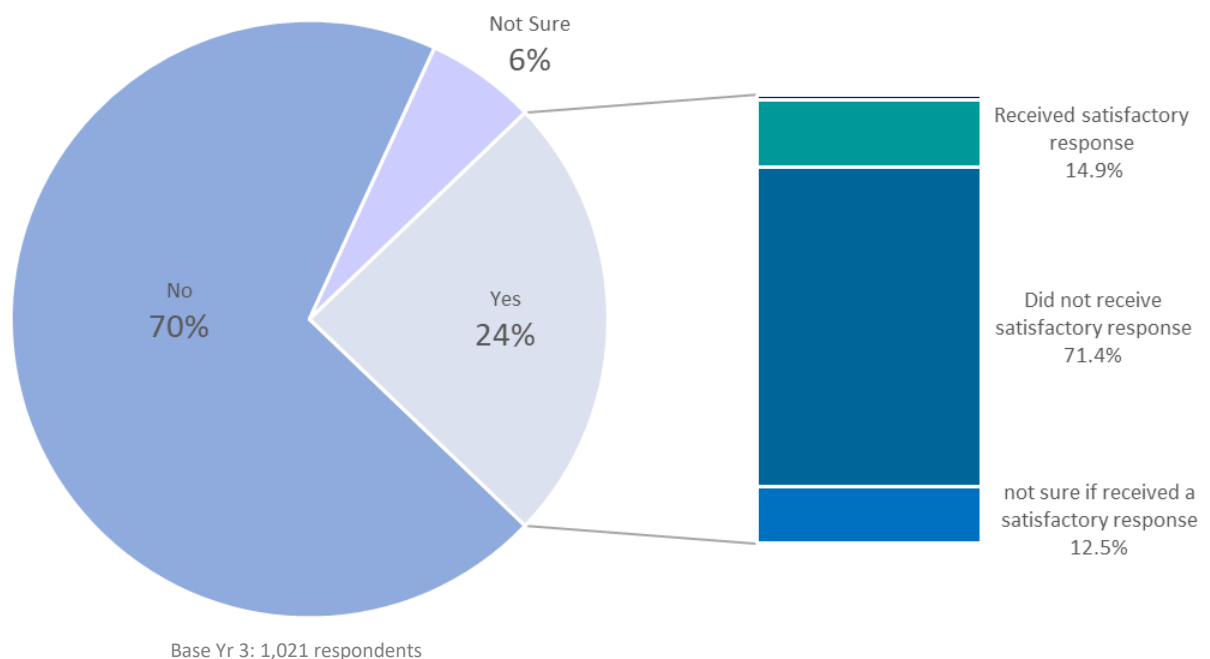
3.4.4. Suggestions & Comments

Almost a quarter of the respondents (24%) have made a comment or suggestion to BCUHB.

Of those that have made a comment or suggestion:

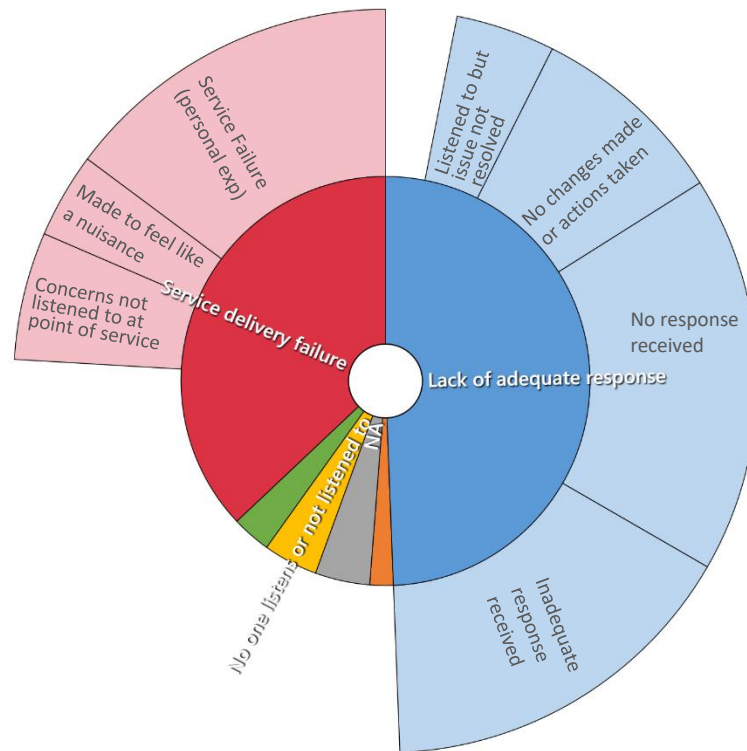
- the majority (71%) feel that they did not receive a satisfactory response an increase from the 68% that had not received a satisfactory response last year
- 15% feel that the response they received was satisfactory, comparable with the 13% in year 2 but still notably lower than the 21% who said they had received a satisfactory response in year 1
- the remaining 12% are unsure whether the response was satisfactory or not

Ever made comment or suggestion to your local NHS and satisfaction with response received.



3.4.4.2. Why did you feel you had not received a satisfactory response?

Respondents that did not feel they had received a satisfactory response were asked to detail their reasons for saying this¹⁶.



Base Yr 3: 162 coded comments

Around half of the comments focus on the individuals not having received an adequate response to their comment or suggestion. Many of these, around a sixth of all comments, say they received no response at all, which led the individuals to feeling that they were not listened to.

Recent complaint made in August has still not been addressed despite the 30 working day window in which a response is promised
Female (65+) Denbighshire

Left in limbo. Got fed up waiting for response. Female (65+) Gwynedd

Roedd aelod o staff Wedi siarad yn wael a mi, - Roeddwn yn disgwyl Llythyr yn ymddiheuro am ei hymddygiad ond ni chefais ubrhywbeth. (A member of staff had spoken badly to me – I was expecting a letter of apology for her behaviour but I didn't get anything)
Female (25-44) Gwynedd

¹⁶ Base: 177 respondents – 151 of whom gave further information about why they did not feel listened to (162 coded comments)

Similar proportions felt that the response they received was inadequate

Completed a feedback after my cancer treatment and although I received acknowledgement of completion received not further response to my comments.

Male (65+) Denbighshire

Took too long to respond and even then it was brushed away

Female (25-44) Denbighshire

A number of these receiving a standard reply that did not address their concerns:

Did not make any difference to the outcome. Response was a standard letter/email not really answering the question

Male (45-64) Gwynedd

Around a third of the comments overall highlight service failures that have made them feel they have not been listened to, with around half of these comments detailing their own personal experiences:

My husband suffered from Vascular Dementia and was moved to a hospital involving a 24 mile round trip daily to feed him, the care was awful and I had to stand up to his Consultant to get him brought back to Wrexham. This happened just before Christmas.

Female (65+) Wrexham

It is difficult to find the point of contact. Plus there does seem to be a difference between East and West Wales. My family having moved from north west Wales are experiencing problems with healthcare. Clinical decisions made do not seem respected in north east Wales and they are told they have to go through process again and back of queue. This seems a complete waste of tax payers money and results in stress for family.

Female (45-64) Wrexham

Overall, there is the common sense that these respondents feel that their concerns and comments have been neither adequately listened to nor responded to. While several acknowledge difficulties in implementing all suggestions from service users, the majority are clear that comments must be appropriately responded to i.e. with a personal, tailored response acknowledging the difficulties experienced or the concerns raised and detailing the likely outcomes. This type of response would help people to feel that their concerns are being taken seriously, their input is valued and to provide some sort of follow up in terms of what they can expect to happen next.

3.5. Understood by their local NHS

Participants were then asked to rate their level of agreement with a range of concept statements relating to how well they feel they, and their health needs, are understood by their local NHS.

STATEMENT 1:

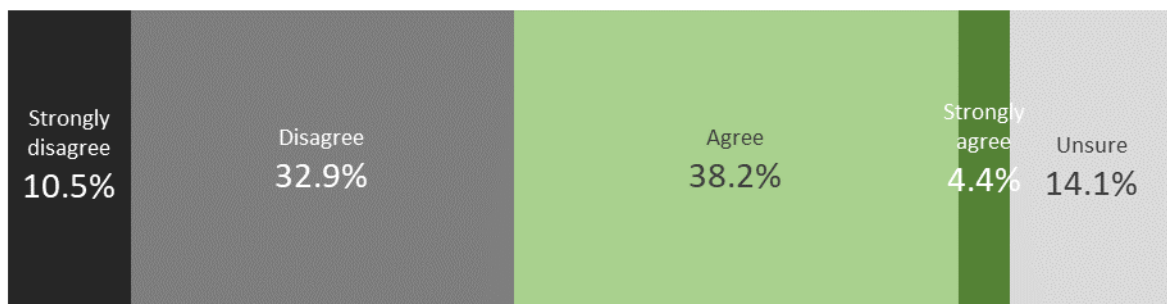
Response to the first of the statements

I believe that the local NHS understands the issues that are important to the general public

has shifted considerably in year 3. In year 2 respondents were more likely to agree than disagree with this statement (47% agreed and 38% disagreed). However, this year the proportions are evenly split with 43% agreeing and 43% disagreeing.

Most notably, the proportion of those disagreeing strongly with the statement has increased from 7.9% in year 2 to 10.5% in year 3, demonstrating a concerning increase in strength of feeling that their local NHS does not understand the issues of importance to them.

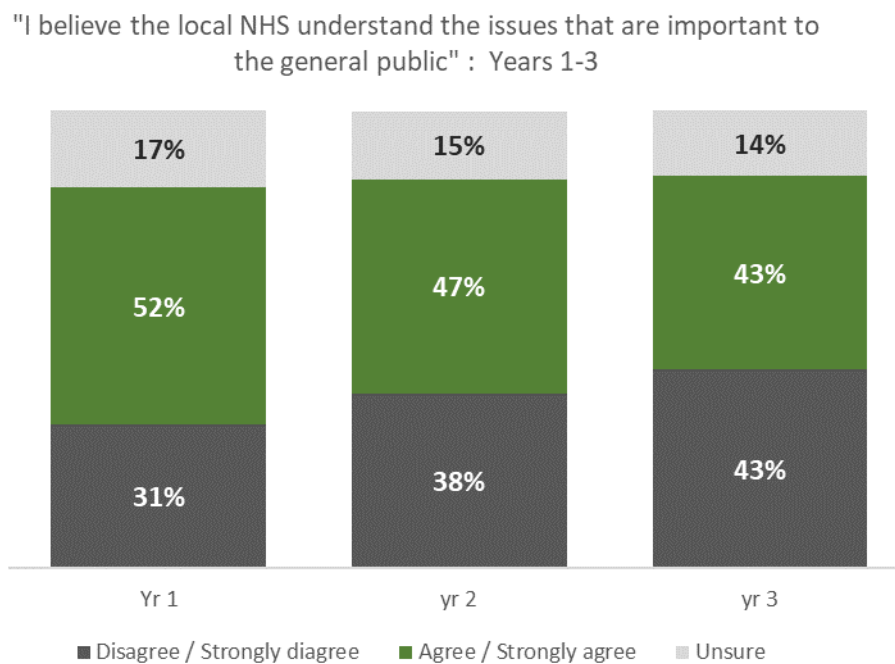
I believe that the local NHS understands the issues that are important to the general public



Base Yr 3: 1,022 respondents

Overall the average score to the statement “I believe that the local NHS understands the issues that are important to the general public” is **2.42**; continuing to decrease from last year’s score of 2.54 and 2.61 in year 1.

Looking at the net agree and disagree scores for this statement over the course of the 3 years emphasises this prolonged shift in opinion. The decrease in the number of those that feel BCUHB understands the issues that are important to them highlights a fundamental decrease in positive sentiment towards the Health Board; one that must be reversed if overall perceptions are to improve.



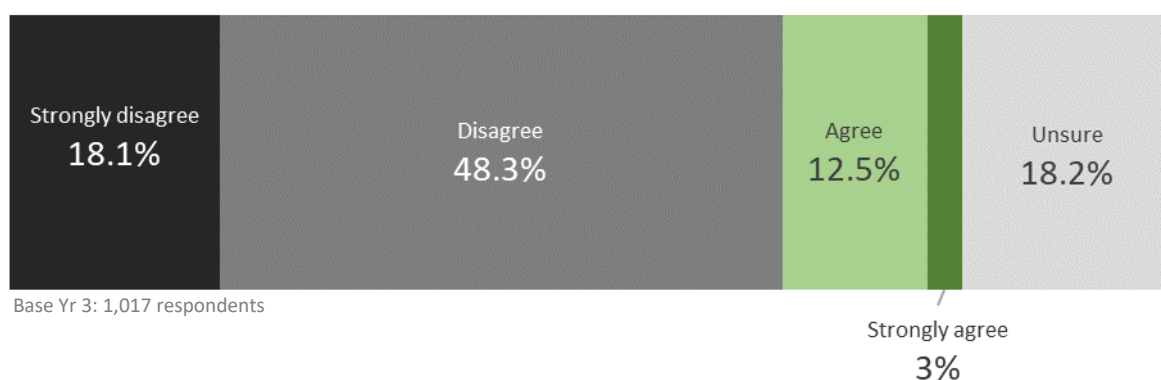
STATEMENT 2:

The second statement

I feel that I am able to make my voice heard when it comes to matters of local health that are important to me

also has a significantly higher proportion of respondents disagreeing / strongly disagreeing with the statement this year (66.4%) than in previous years, while the proportion of those that agree continues to reduce.

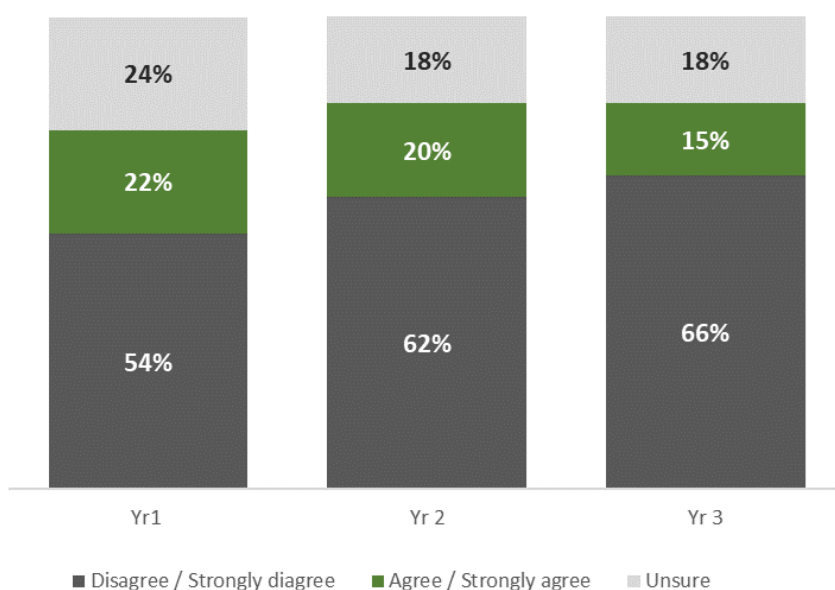
I feel that I am able to make my voice heard when it comes to matters of local health that are important to me



Overall, this has resulted in a further decrease in the average score to **2.0** this year compared to 2.10 in Year 2 and 2.15 in year 1

Over the course of the 3 years, again we see a significant increase in the numbers of those that disagree that *"I am able to make my voice heard when it comes to matters of local health that are important to me"*; rising from 54% in year 1 to 66% in year 3 and in line with the general feeling that the public is unable to influence BCUHB.

"I feel that I am able to make my voice heard when it comes to matters of local health that are important to me": Years 1-3

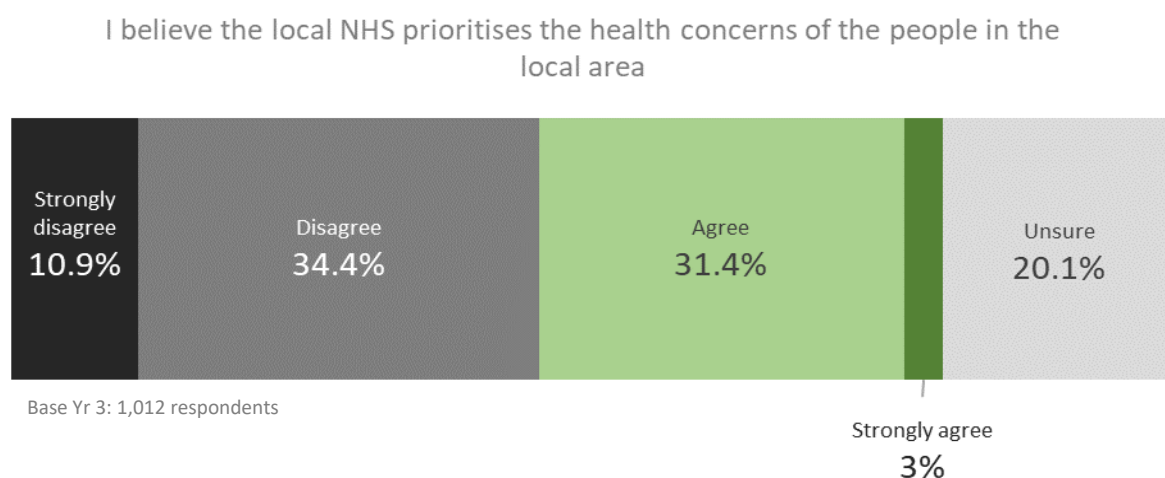


STATEMENT 3:

In year, there is also a further increase in the proportion of people disagreeing with the statement

I believe the local NHS prioritises the health concerns of the people in the local area

Around a third of all respondents agree/strongly agree that local health concerns are prioritised (34.4%), while 45.3% disagree / strongly disagree.

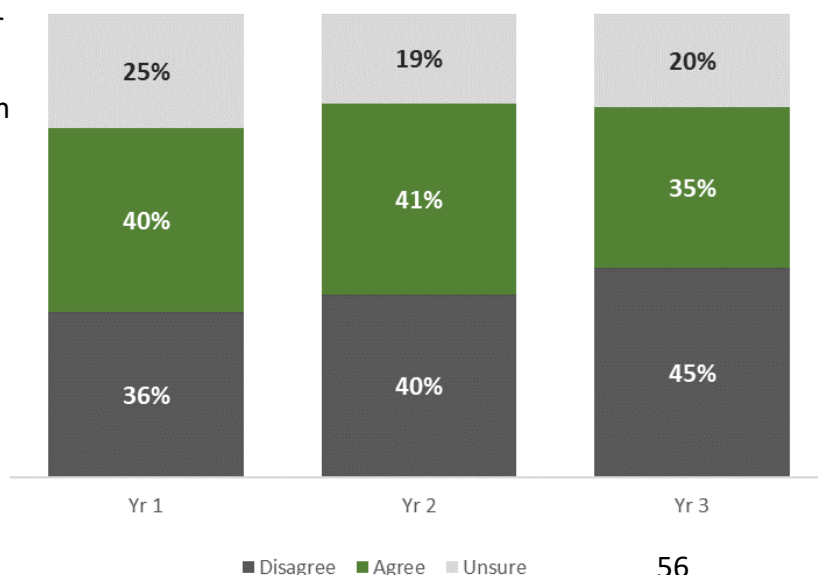


Overall, the average score for this statement in year 3 is **2.34**, notably lower than the previous 2 years (2.47).

As with the previous 2 statements, the emerging pattern over the last 3 years points to decreasing confidence in BCUHB, particularly in terms of listening to local people and understanding their needs.

"I believe the local NHS prioritises the health concerns of the people in the local area": Years 1-3

There are however a significant number of people (20%) that are unsure whether BCUHB is prioritising the health concerns of local people. This number remains consistent with last year, suggesting that more positive action from the Health Board to demonstrate how it is prioritising local health concerns, could make a significant positive difference in this area

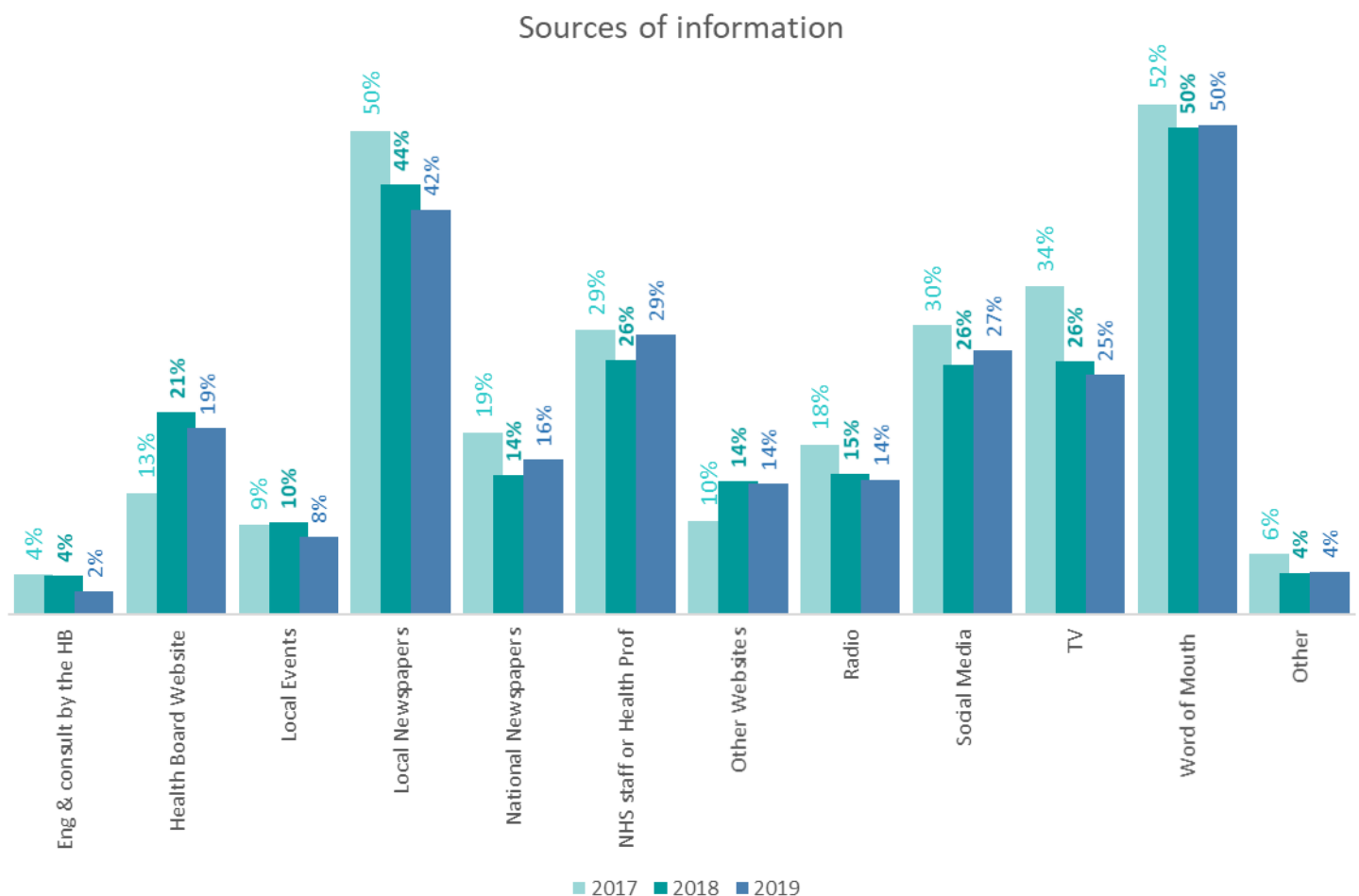


3.6. Sources of information

Word of mouth and local newspapers remain the main sources of information about the local NHS for the 3rd year running. Over the course of the 3 years the use of local newspapers has declined notably from 50% in year 1 (2017) to 42% in year 3.

Word of mouth, however, continues to be the most widely used source of information, with around 50% of the total population each year saying they find out about the local NHS from friends and family.

Use of the Health Board website remains constant with around a fifth of the population using it to source information (19% compared to 21% last year). The use of other websites (14%) and social media (27% in year 3 compared to 26% in year 2) also remain consistent but relatively low, highlighting that the use of digital sources is not really increasing as might have been expected over the course of the 3 years.



Across the 3 public perception surveys there has been a sense that the public don't actively look for information about their local NHS. The results over the course of the 3 years seem to indicate that this is an ongoing trend, with the findings emphasising that the general public passively receives information about their local NHS rather than actively seeking it out themselves. This indicates that the public firmly places the responsibility with BCUHB to ensure that its communications are consistent and effective at reaching the wider public audience.

When asked whether they know where to go to get more information about the local NHS and its services, there has been a more definitive shift towards not knowing where to get information. In year 1, 36% said that they did not know where to go for information, by year 3 this has increased to 43%, suggesting that more could be done to raise awareness and inform people about the various ways they can access information about the Health Board.

Would you know where to go to get more information
about the local NHS and its services?



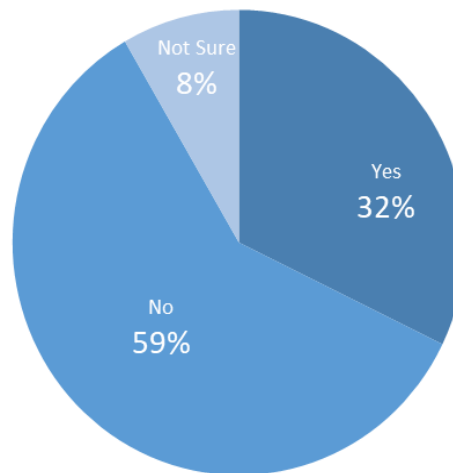
Base Yr 3: 1,016 respondents

Respondents were also asked whether they remembered hearing anything about BCUHB in the previous month.

A higher proportion of the public (32%) recall hearing something about BCUHB in the last month than they did in either of the previous years (22%).

This significant increase is likely due to a range of high-profile issues that have affected the Health Board over the last year. There has been considerable local and national press coverage about BCUHB in recent months which has raised its profile and publicised the issues it faces.

Do you remember hearing anything about your local NHS / Health Board in the last month?

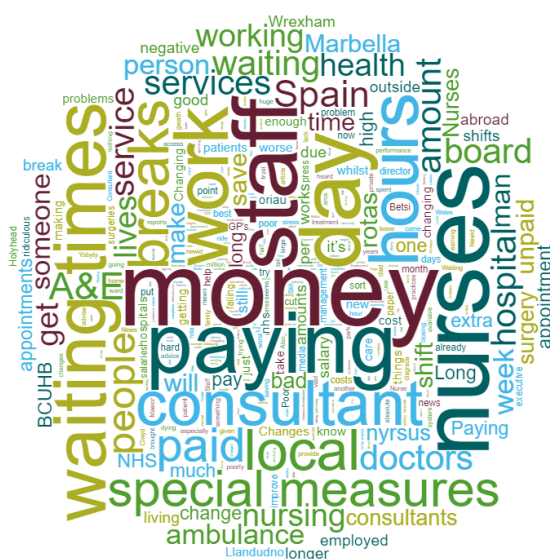


Base Yr 3: 1,013 respondents

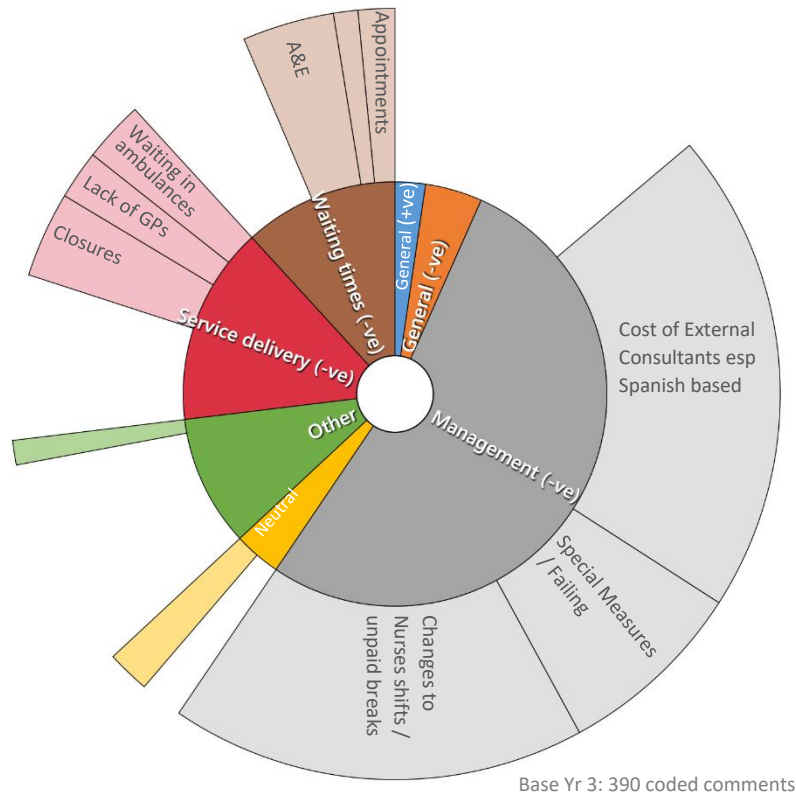
Respondents comments on what they have heard focus on several key areas:

- Waiting times
- Unpaid breaks for nurses
- Pay for consultants living in Spain

They frequently use words including **money**, **nurses**, **staff**, **waiting times** and **special measures** within their comments.



Among these respondents¹⁷, over half the comments focus on negative aspects of the management of the Health Board. The majority of these have heard something, either about the changes to nursing rotas /contracts and/or the cost of external consultants, in particular, the Recovery Director in Spain.



Management (-ve)

The recent high-profile coverage of these linked issues is evident from the high number of respondents having heard about them. The comments relating to these matters, however, highlight the levels of concern and outrage that the issues raise among participants. Those that focus their comments on the appointment of highly paid external management consultants have heard that;

The HB paying some bloke in Marbella £2K/day to change the nurses rosters to save money - you simply couldn't make it up
Female (45-64) Gwynedd

That a Consultant had been brought in costing a vast amount of money and he cut the nurses breaks, what a great idea, not.
Female (45-64) Wrexham

¹⁷ Base: 326 respondents, 307 provided further information about what they heard about their local NHS. Within these comments, respondents may have heard information about several different topics, where this occurs, they have been coded separately. The analysis is based, therefore, on 390 coded comments.

That they are paying Philip Burns who is holidaying in Marbella for most of the week a huge amount of money to sort out Betsi Calwaladr while he is trying to get nurses to take unpaid breaks. Yes it sounds far fetched but still within the realms of possibility....
Female (65+) Conwy

Reducing staff working hours through the advice of someone who cares so much about the NHS he lives in Spain
Female (65+) Wrexham

The latest blunder is to employ a consultant who required other consultants to work with him at a cost of nearly half a million just to save £ 25, 000 on peoples tea breaks,
Female (65+) Denbighshire

Also heard about the man who has been employed earning thousands who lives abroad. Money seems to be spent in the wrong areas
Flintshire (65+) Flintshire

That you were paying thousands of pounds to a private individual so they could come up with ideas as to how cuts could be made yet again when staff are almost at breaking point already, i.e. unpaid breaks
Female (65+ Denbighshire

Costau cyflog y person sy'n chwilio am effeithlonrwydd. (Salary costs of the person looking for efficiency)
Female (45-64) Gwynedd

The sinful amount of money they are giving to an external business consultant who lives in another country and swans in to BCUHB once a week - obvious rip off, shame on him, perhaps he's there to prepare the privatisation of BCUHB?
Female (45-64) Gwynedd

That a person acting as a "consultant " lives / works abroad and receives a very large amount of money for that role. Both of these are to the detriment of the people requiring services and the staff involved.
Female (45-64) Wrexham

Gwariant eithriadol ar dal l ymgynghorwyr - gwarthus (Extra ordinary expenditure still paid to consultants – outrageous)
Female (45-64) Anglesey

putting in place new nursing hours directed from consultants assigned to cut costs who themselves have been paid or will be paid hefty sums of money
Female (45-64) Conwy

About trying to make nurses work longer hours whilst paying some consultant £2k a day!!! An absolute disgrace - this is where the NHS money is being spent
Female (45-64) Anglesey

How management spend an absolute fortune on consultants to tell them what they should already know, and that one works from their home in Spain and then they condone this as being ok under the premise they are specialists in their own field. They suggested stopping nurses pay for the half hour they take during a 12hr shift an absolute disgrace, they should reduce the salaries of the most senior management as paying such high salaries does not seem to improve the service.

Male (65+) Flintshire

While those that refer to the proposed changes to nurses shifts and unpaid breaks, participants have heard and are concerned about;

How they are treating the nurses by expecting them to work a longer shift for nothing, never hear anything good these last few months. People are worried.

Female (65+) Gwynedd

Reducing staff working hours through the advice of someone who cares so much about the NHS he lives in Spain

Female (65+) Wrexham

Changes to nurses rots, another example of not listening.

Male (65+) Denbighshire

That you were paying thousands of pounds to a private individual so they could come up with ideas as to how cuts could be made yet again when staff are almost at breaking point already, i.e. unpaid breaks

Female (65+) Denbighshire

Darllen am newid oriau gwaith y nyrsus a staff sydd ar y wardiau , a diffyg tal iddynt am awr ginio. Anhygoel . (Read about changing the working hours of nurses and staff on the wards and their pay for lunch. Unbelievable)

Female (65+) Gwynedd

That they are penalising nurses by making them work extra shifts to make up for stopping their paid breaks.

Male (65+) Wrexham

Changing the hours of work for nursing staff, and effectively removing their unsocial allowance, which will require them to work longer for less money.

Male (45-64) Denbighshire

Very disgruntled nurses who are expected to work a day each month for nothing to cover a half hour lunch break without pay!

Female (65+) Flintshire

Service Delivery (-ve)

Just under a sixth of all the comments retell stories they have heard about service delivery failures. Most notably, these focus on

- closures of local services; Loss of GP services, closure of theatres and day surgery units and centralisation of services
- issues associated with long waits for patients in ambulances; most notably the death of a patient who died after a long wait in an ambulance

and

- a lack of GPs and GP appointments

Waiting Times

A significant number of respondents (around 10%) have also heard stories about waiting times, particularly for A&E services.

3.7. Advocacy, Trust & Reputation

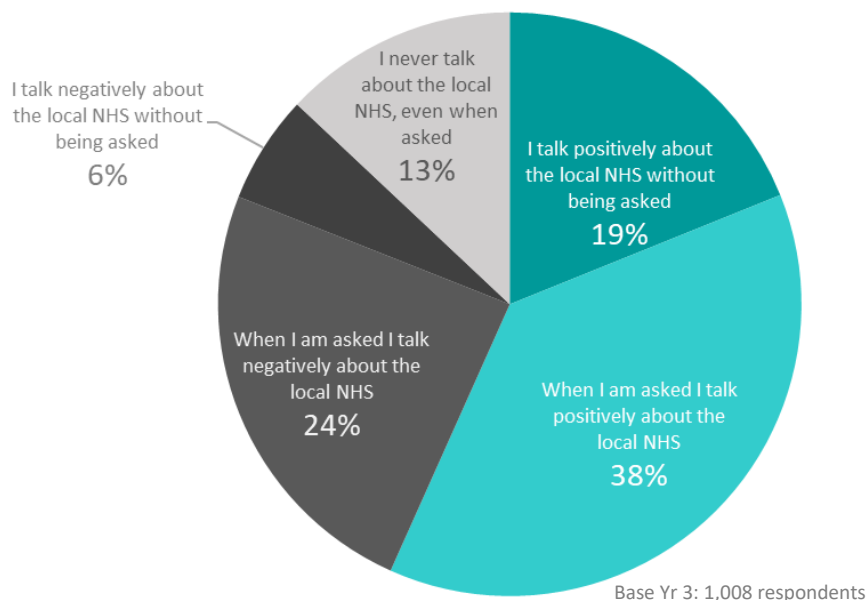
Respondents were asked a series of questions about how they would talk about the local NHS with their friends, family and others that they know. This group of questions asks them how positively or negatively they would talk about the NHS, to give 3 words that they would use to describe their local NHS and to respond to a series of concept statements focusing on trust and the local NHS.

3.7.1. Advocacy

Respondents were asked which statement most closely represents their current point of view in terms of how they would speak about their local NHS.

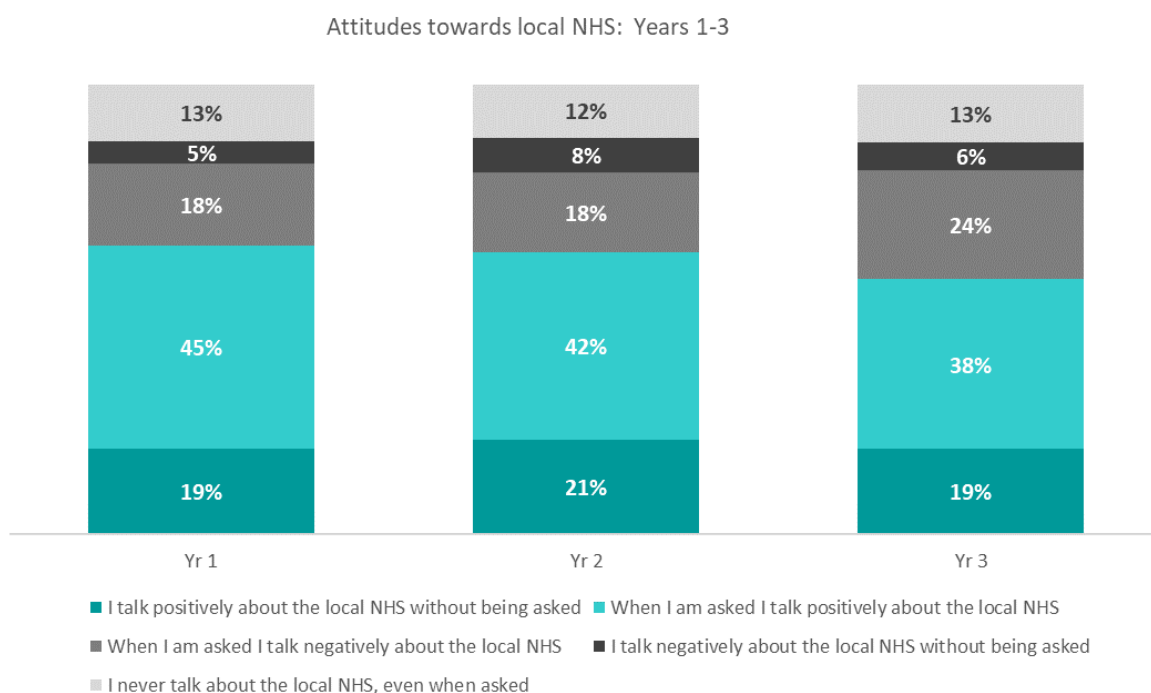
- This year, 57% of those living in the BCUHB region say that they speak positively about the local NHS, down from 63% in year 2
- 30% say that they speak negatively about their local NHS, an increase from 26% last

Attitudes towards your local NHS



Over the course of the 3 years, there is an increasing propensity among the population to speak negatively about their local NHS. In addition, fewer are speaking positively about the local NHS when asked.

Across the 3 years, however, the proportion of people that speak positively about the local NHS without being asked has remained constant at around 20%, indicating that there is a significant proportion of the population acting as advocates for their local health services.



3.7.2. Trust

Respondents were then asked to rate, on a scale of 1 to 10, how likely they would be to say each of the 3 concept statements:

STATEMENT 1:

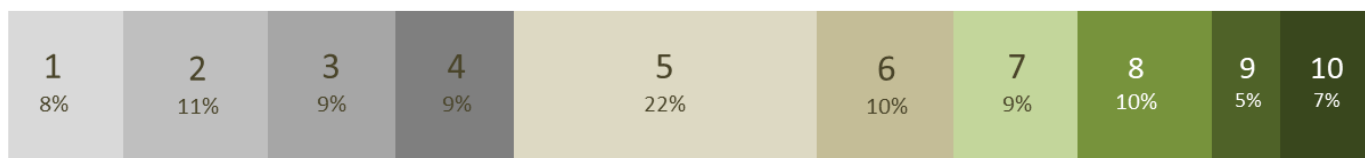
Overall, the proportion of those that are likely to say

I trust my local NHS to make the right decisions about health services for my local area

continues to decrease while the numbers of those that are unlikely to say this increases.

- 37% of the public in year 3 say that they would be unlikely to trust their local NHS to make the right decisions about health services in their area (give a score of 1-4 to the statement).

I trust my local NHS to make the right decisions about health services for my local area



Base Yr 3: 952 respondents

This is a significant increase on the proportion of those giving a 1-4 score in year 2 (30%), indicating overall that trust in the Health Board is declining and evidence further by the notably lower mean score of **5.2** compared to 5.7 last year and 5.8 in year 1.

STATEMENT 2:

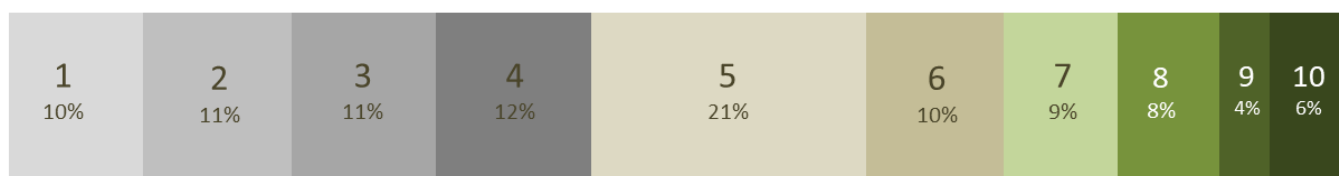
The second statement

My local NHS is open and honest with local people

again shows a continuing decrease in the proportion of those that are likely to say this about the Health Board. Overall, opinions are becoming more definite, with fewer people remaining neutral. In year 3

- Just over a quarter (26%) are likely to say this about their local NHS (giving a score of 7 or more) compared to 32% in year 2
- A higher number of people are unlikely to say this about their local NHS (giving a score of 1-4); 43% compared to 35% in year 2

My local NHS is open and honest with local people



Base Yr 3: 936 respondents

Overall the average score for the statement “My local NHS is open and honest with local people” in year 3 is **4.9**, notably lower than the score of 5.3 received last year.

STATEMENT 3:

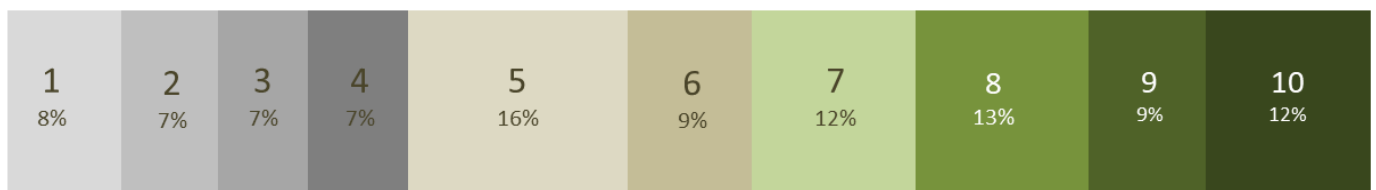
The third statement

I trust my local NHS to deliver health services that are of high quality and that are safe

achieves higher scores than the previous two statements, but overall shows similar decreases in the numbers of those scoring 7 or more. In year 3:

- 45% say that they would be very likely to say that they trust their local NHS to deliver services that are high quality and safe (down from 52% last year)
- 25% of respondents this year apply an uncertain score of 5 or 6, while
- 29% are unlikely to say they trust the local NHS to deliver high quality and safe services

I trust my local NHS to deliver health services that are of high quality and that are safe



Base Yr 3: 958 respondents

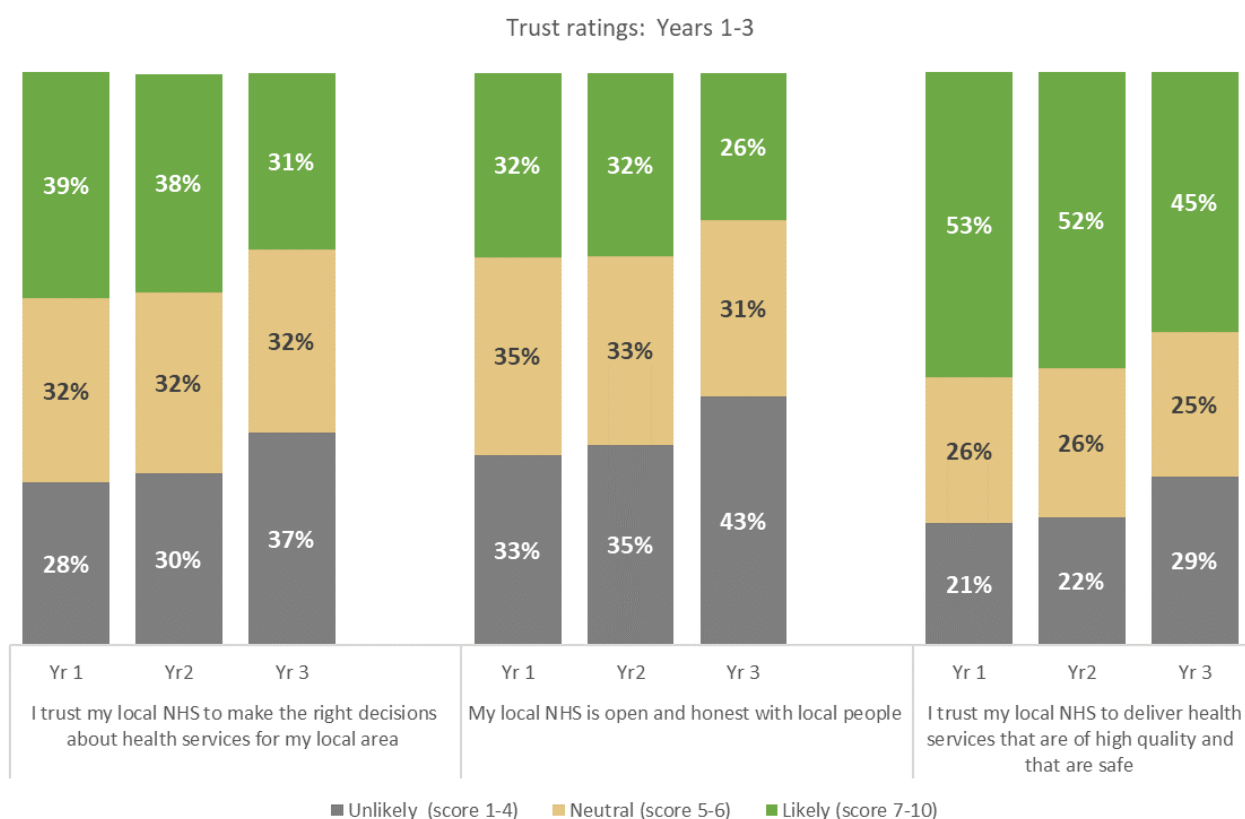
Due to the significant shift in scores this year, the overall average score has decreased markedly from 6.4 last year to **5.9** this year.

Looking at the attribution of scores for each of the statements relating to trust over the 3 years identifies a continuing decline in the public's trust for their local NHS.

Although the statement *I trust my local NHS to deliver health services that are of high quality and that are safe* is more likely to be agreed with than the other statements around trust, it still receives notably lower levels of agreement this year than in the previous 2 years.

Last year, we determined that the higher levels of agreement with this statement were likely to indicate a greater level of trust in the services delivered than around the elements of decision making and transparency within the local NHS. While this is still likely to be the

case, the overall picture is one of decreasing trust across all areas that must be addressed if public perception is to be improved.



Respondents were also asked what three words they would use to describe the services of their local NHS¹⁸.

[illegible]

- **underfunded** (69 uses)
- **understaffed** (67 uses) and
- **Caring** (61 uses)

Other terms featuring within the top 10 include **poor** (52 uses), **staff** (51), **stretched** (50), **waiting** (48) and **slow** (47).

The terms used have changed very little over the course of the 3 years, with most people praising the service and staff but focussing also on the lack of resources and the impact this has on service provision.

¹⁸ Base: 907 respondents

4. Conclusions

The findings from the Public Perception Survey over the course of 3 years have identified some emerging trends in attitudes towards, and thoughts about, BCUHB. Year on year, there have been decreases in the average score across the range of key metrics measured. Between years 1 and 2 there were some minor shifts in opinions. However, from year 2 to year 3 (2018 to 2019) the rate of decrease has accelerated notably; indicating that the overall decline in public perceptions are on a continued downward trajectory.

Placed within the external context of increasingly complex political circumstances, including Brexit and austerity in years 1 and 2, and the additional impact of an upcoming general election in year 3, public positivity generally is lower now than it has been over the course of the 3 years.

The research since 2017, paints a picture of decreasing confidence in the governance of the Health Board; a reduction in trust in both the services it provides and its ability to listen and respond appropriately to the needs of people living in its region. This year, respondent's priorities continue to focus principally on **the need to be listened to and communicated with.**

Ability to influence:

The public increasingly feels they have little opportunity to influence or have a say in the health priorities of the area (87% up from 84% in yr 2). Furthermore, almost half of these say that they do not believe that they are able to influence the health priorities or decisions for the area. Increasing proportions also feel that decisions are made without taking notice of the concerns and comments of the public. There is little understanding of how they can be involved in decision making and still less belief that it will make a difference

Combined, these findings indicate a sense of hopelessness among the public, that there is little individuals can do make a difference and influence change with the Health Board. Much of this stems from their perceptions of the Health Board's ability to listen to, and hear, their concerns.

Active Listening & Communication

Respondents this year are less inclined than last year to feel that BCUHB is good at listening to local people. Increasingly they feel that they are unable to express any concerns they have about services and be listened to. They are also less likely to feel that their comments and suggestions are valued.

Their suggestions as to how the Health Board could demonstrate its willingness to listen identify **better communication** from BCUHB as a fundamental factor in addressing this. Within this,

- Facilitating Feedback
 - Knowing who to contact
 - Surveys & asking directly
 - Meetings and forums
- Listening, and
- More consultation

are all identified as being key elements to demonstrate that the Health Board is actively listening.

While encouraging and facilitating feedback from the public would help to ensure public involvement, it is the response to these suggestions and comments, however, that is critical to demonstrate listening.

Around a quarter of the population have made comments and suggestions to BCUHB, and yet around 70% of these do not feel that they received a satisfactory response. Many of these people feel that their concerns were not listened to; responses, when received, did not generally address the issues raised with many having received only a standard reply.

Several the respondents this year identify that it would be useful for BCUHB to communicate what it has heard from local people, how it is responding to those comments and suggestions and the actions it is taking as a result. The potential positive impact of this “You said ... We listened ... We did” approach is significant. Not only in terms of demonstrating active listening, improving communications and increasing involvement of the public, but also in terms of addressing the things that are important to service users. Acknowledging their concerns and addressing them will help to ensure they become advocates for the Health Board and provide an opportunity to counter some of the negative perceptions and reverse the downward trends.

Conclusion

As in year 2, developing simple and effective feedback mechanisms is fundamental to improving public engagement and the perception of BCUHB. Ensuring people can easily locate relevant contact details and establishing an organisation-wide feedback procedure is essential to address the key issues identified throughout the 3 years of this perception survey. Increasing opportunities for more involvement by undertaking more consultation, surveys and meetings are emphasised by the respondents as being successful ways of engaging the public and gathering their views and opinions.

Last year the research highlighted that it is vital BCUHB

- Ensures the public knows how to be involved
- Encourages them to make their voices heard
- Responds to their comments and concerns, and
- Demonstrates / communicates how their opinions are being used to shape the future of the Health board and the services it delivers

The research this year, confirms that these action points are not only still relevant, but increasingly more important to help reverse the downwards trends in perception of the Health Board that are evident in the findings.

5. Appendices

Appendix 1: Equality & Diversity

At the end of the questionnaire respondents were then given the opportunity to answer some additional questions for equal opportunities monitoring.

Q27a1 Would you be happy to answer these additional equal opportunities questions?

76.2% Yes

23.8% No

Q27a2 At birth were you described as

66.1% Female

32.9% Male

0.0% Intersex

0.9% Prefer not to say

Q27a3 Which of the following describes how you think of yourself?

66.1% Female

32.7% Male

0.3% In another way

0.9% Prefer not to say

Q27a4 How else would you describe yourself?

100.0%

Q27a5 Which of the following options best describes how you think of yourself in terms of your sexual identity?

95.4% Heterosexual / Straight

1.4% Bisexual

1.8% Prefer not to say

0.9% Homosexual / Gay or Lesbian

0.4% In another way

Q27a6 How else would you describe your sexuality?

100.0%

Q27a7 What is your legal marital or same sex civil partnership status?

11.3% Single, that is never married and never registered in a same sex civil partnership

13.9% Divorced

61.5% Married and living with husband / wife

5.3% Widowed

0.7% In a registered same-sex civil partnership and living with your partner

3.7% Other (please specify)

2.0% Separated but still legally married

1.6% Prefer not to say

Q27a8 Please describe your marital status

100.0%

Q27a9 Are you currently pregnant or have you been pregnant in the last year?

1.6% Yes

97.5% No

0.9% Prefer not to say

Q27a10 Have you taken maternity leave within the past year?

10

0.9% Yes

98.3% No

0.8% Prefer not to say

Q27a What is your religion / belief?

11	32.3% No religion / belief	0.0% Hindu	0.0% Sikh
	0.5% Buddhist	0.0% Jewish	1.4% Other (please describe)
	62.8% Christian (all denominations)	0.1% Muslim	2.8% Prefer not to say

Q27a Please describe your religion / belief

12	100.0%
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