Wokingham Area PPG Forum 2015 Survey

Executive Summary

Objectives

This is the second survey that the Area Forum has conducted across the Wokingham CCG area.

The survey had two completely distinct objectives

The first was an attempt to measure the well-being of Wokingham residents and to investigate any links between lifestyle and environmental factors.

The second was to follow up some health related issues including those raised by respondents to the 2014 survey relating to local hospital service provision.

Because the two objectives were so different this executive summary report has been split into two parts each of which has its own conclusions and recommendations. A detailed report has been published separately and can be made available on request.

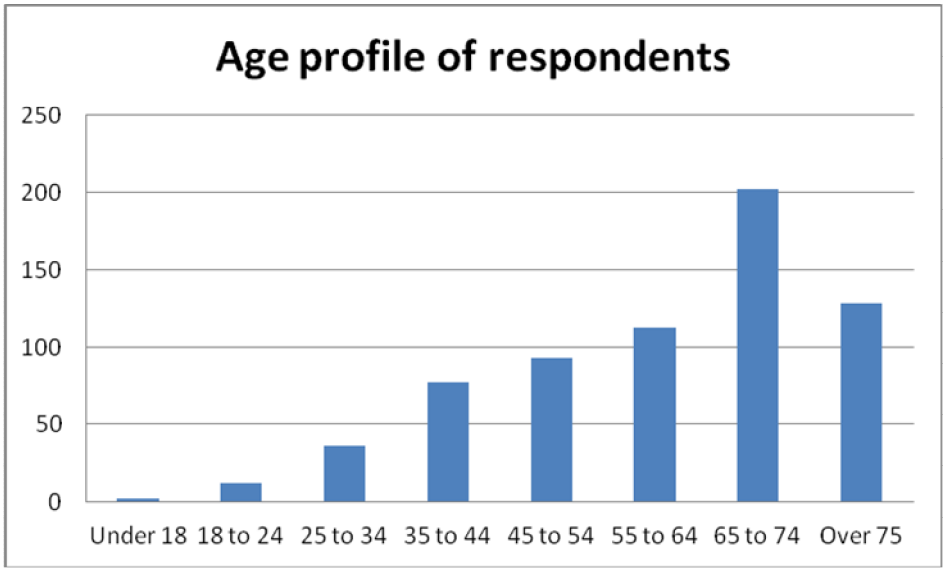
Part one - The measurement of well-being

Methodology

The Short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS) was used to measure well-being. This consists of seven personal assertions (see Appendix 1) on which respondents are requested to score themselves. These are scored from 1 (not at all) to 5 (all of the time) giving a maximum score of 35. This scale, once it has been statistically transformed, should permit comparison with surveys carried out elsewhere in the UK. It has been validated by the respective universities. For technical statistical reasons the scores need to be transformed so that they can be used as an interval scale for psychometric analysis.

There were 672 respondents to the survey all of whom were members of the patient reference groups at eight of the 13 Wokingham practices. In 2014 we had 1350 respondents from 10 practices.

The age profile of the respondents is shown on the chart set out below. It will immediately be evident that the age profile is heavily skewed towards the over 65s. As noted in the report 401 (63.3%) of the 633 people that disclosed their gender were female. Whilst this may be representative of the people that use GP surgeries it is not representative of the community as a whole.



Conclusions

1 Comparative scores

The average transformed score for the participants to this survey was 23.9 (26.2 before being transformed). The maximum possible score is 35.

A national survey conducted in 2011 had a transformed mean of 23.6. Both the mean and the distribution profile of the scores in our Wokingham survey are similar to those in the national survey.

Two surveys in the North West conducted in 2009 and 2012/13 indicated untransformed scores of 27.70 and 27.66 compared to the 26.2 recorded in this survey.

Subject to permission, we are awaiting sight of the outcome of a survey commissioned by Haringey Council earlier this year using the SWEMWBS methodology.

2 Links to demographics and lifestyle factors

2.1 Demographics

The 232 male respondents had a mean score of 24.7 and the 401 female respondents had a mean score of 23.6. A number of respondents omitted to reveal their gender.

Although we asked people which surgeries they attended, we did not ask for their address or postcode. If however we look at the SWEMWBS scores for those practices that had in excess of 50 responses then the table below records their scores.

Patient reference group	Respondents	SWEMWBS Score
Wargrave	271	24.4
Finchampstead	96	24.3
Woodley	74	23.7
Swallowfield	74	23.2
Brookside	57	22.3
Wokingham Medical Centre	52	24.4

The marginal outlier in the above table is Brookside. On investigation there are no obvious anomalies in either the data or the individuals with low scores.

If we look at the relationship between physical characteristics and the transformed SWEMWBS scores, results are shown in the table below (The figures highlighted in yellow indicate sample sizes of less than 10 respondents.) :-

Characteristic	Combined Score	Males only	Female only
BMI <=20	22.3	21.8	23.1
BMI >20 and <=25	23.9	24.3	23.7
BMI >25 and <=30	24.5	25.5	23.6
BMI>30 and <=35	24.0	24.2	24.3
BMI>35	21.0	21.2	20.9
Height <5ft	24.1		24.3
Height 5ft to 5ft 6”	23.5	25.0	23.4
Height 5ft 6” to 6ft	24.2	24.4	23.7
Height > 6ft	25.3	25.4	
Age 18-24	19.7		19.5
Age 25-34	22.3	20.9	23.1
Age 35-44	23.0	23.7	22.8
Age 45-54	23.5	24.4	23.2
Age 55-64	23.7	24.7	23.2
Age 65-74	25.0	25.2	24.8
Age ≥75	24.6	24.7	24.3

Contrary to one's intuition it would appear that the highest average SWEMWB scores for men were recorded for those that were overweight (Body Mass Index [BMI] 25 to 30) and even more surprisingly the highest average scores for women were recorded for those that were obese (BMI 30 to 35). Those that were severely obese or worse scored well below average.

As might perhaps be expected in the Wokingham Area, there was some evidence of marginally higher well-being scores for men and women of retirement age and significantly lower scores for younger people though one must urge caution as the numbers of respondents in the younger age categories was low.

2.2 Lifestyle factors

We asked people about their alcohol and tobacco consumption and then compared this with their SWEMWBS scores. The table below sets out the results. (The figures highlighted in yellow indicate sample sizes of less than 10 respondents.)

Characteristic	Combined Score	Males only	Female only
Alcohol consumption 0 units per week	22.8	22.9	23.0
Alcohol consumption 0 to 30 units p wk	24.3	25.2	23.9
Alcohol consumption > 30 units per wk	23.2	24.0	22.7
Non smoker	23.9	24.7	23.6
Occasional smoker	24.4	26.3	23.4
Moderate smoker	25.2	23.5	26.5
Regular smoker	21.8	22.4	22.0
Heavy smoker	22.4	23.1	N/A

It was striking that the majority of respondents to the survey (91.7% of women and 91.4% of men) stated that they didn't smoke at all. Those that did admit to being a regular or heavy smoker recorded significantly lower well-being scores than non-smokers or occasional smokers.

Regarding alcohol, those with a moderate intake seemed to have a significantly higher well-being score than either those that abstained or those that drank over 30 units per week though this was more marked in male respondents than female.

35 (5.3%) of the 657 that responded to the question on alcohol consumption drank more than 30 units per week (averaging 54.5 units per week) and 29 of those were older than 55.

We asked people to indicate which of several statements described their lifestyles and then compared that to their scores. The table below records the outcomes. (As above, the figures highlighted in yellow indicate sample sizes of less than 10 respondents.)

Characteristic	Combined Score	Males only	Female only
Good work life balance	25.4	26.1	25.0
I have too much to do	21.7	22.7	21.3
Sometimes I feel that I have more free time than I would like	21.1	22.2	20.4
I'm in full time employment	23.1	24.0	22.6
I'm in part time employment	23.5	25.8	23.2
I'm in full time education	19.7	21.0	19.1
I'm in part time education	21.2	26.2	19.5
I'm not currently in paid employment	22.9	23.7	22.6
I'm retired	24.5	24.9	24.3
I'm a full time housewife /house husband	23.7	22.2	23.9

I'm a volunteer	23.9	24.7	23.5
I'm a carer	22.4	24.3	22.8
I maintain my house and garden	24.3	25.3	24.0
I walk more than 5 miles each week	24.7	25.2	24.4
I exercise in other ways regularly	24.9	25.4	24.7

Those respondents that said they had too much to do and conversely those that said they had time on their hands scored much lower than those that have a good work life balance.

Those that exercised regularly also scored marginally higher than the averages for men and women of 24.7 and 23.6 whereas carers and particularly female carers scored marginally less than average.

There is some limited evidence that those in full-time education and those in the younger age group have worryingly low scores but, as the sample sizes were very low, no conclusions can be drawn at this stage.

2.3 Relevance and caveats

In retrospect this exercise by the area forum has turned out to be somewhat ambitious. We have learned that men tend to have (or award themselves) better scores than women of the same age and that older people (>45) tend to have better scores than younger people. There is some evidence that people who exercise regularly and those that are moderate drinkers tend to have above average scores. It could be deduced that people in these categories tend to be more gregarious and possibly are more optimistic. There is a concept termed social capital which is an indication of the level of interaction within communities. This should be a concept that local authorities might wish to encourage and hence might wish to measure. This survey, though conducted in good faith by volunteers, has some flaws. The main flaw is that the respondents to the survey are not sufficiently representative of the Wokingham community as they are predominantly female and are heavily skewed to the over 65 age groups. The other main flaw is that we omitted to include a measure of social deprivation. This has been shown elsewhere to be a major determinant of well-being.
We have a suspicion, supported by the recent work that HealthWatch Wokingham have done in local schools that younger groups may have significantly lower well-being scores than other groups and if this should be proven then the social implications need at the very least to be understood by policymakers.

3 Recommendations

We only have one recommendation to make as a result of this survey.

We would like to recommend to Wokingham Borough Council that they consider the commissioning of a professional survey of the well-being of the local population. If such a survey was conducted correctly then it might identify those groups within the local population with lower well-being scores and lower levels of social capital. On the

assumption that these scores are linked to deprivation and thus to poor levels of health then measures taken to alleviate this could be measured against the baseline established by such a professional survey as could any benefits arising from such measures. There might be a case for such a survey to be conducted across the West of Berkshire provided that there was sufficient granularity in the expanded survey.

Part two – Health related issues

4 Issues covered

In this part of the survey we looked at a limited number of health-related issues. These included :-

a) Intentions whether or not to have a flu injection in 2015 bearing in mind the comparative ineffectiveness of the 2014 formulation.
b) Experiences of hospital outpatient departments
c) Experiences of discharge from a local hospital

4.1 Flu vaccination program

There were 667 responses. 420 (63% of 667) of respondents had received an injection. Of these, 56 (13.4%) thought that they had experienced flu symptoms. The remainder thought they had probably not had flu. 428 (65% of 658) intended to have the injection in 2015. It would appear that the comparative ineffectiveness of the 2014 formulation has not put people off. 52 of the 56 that thought they had experienced flu symptoms in 2014/15 said that they intended to have a flu injection in 2015

4.2 Hospital Outpatient appointments

4.2.1 RBH experience

481 people responded to the question of whether they or a close relative had visited a hospital outpatient department in the last 12 months. Of these 256 had attended the Royal Berkshire hospital in Reading.

Patient's experiences at the RBH can be summarised as set out in the following table

Please rate your experience at the above hospital						
Answer Options	Unsatisfactory	Fair	Good	Excellent	Not applicable	Response Count
Initial communication / setting up appointment	18	30	106	83	10	247
Reception / Waiting Time at hospital	21	65	101	58	2	247
Quality of Medical Treatment	6	13	101	118	5	243
Access / Car Parking	111	63	36	13	22	245
Follow up communications	35	44	88	51	22	240
					answered question	251
					skipped question	5

As expected 49.8% of those responding deemed car parking at the RBH to be unsatisfactory. Significant numbers however thought that there were issues in other areas. For example 36.2% of those responding thought that follow up communications were only fair or unsatisfactory and 35.1% thought that there were problems with waiting times and reception arrangements. On the positive side 92% of those responding thought that the quality of medical treatment was good or excellent.
More detail on these issues is available in the full report including a variety of patient comments.

4.2.2 Circle experience

The second highest contingent of patients attending outpatient clinics went to the Circle Hospital in Reading. Patient's experiences at Circle Reading can be summarised as set out in the following table

10.4 Please rate your experience at the above hospital

Answer Options	Unsatisfactory	Fair	Good	Excellent	Not applicable	Response Count
Initial communication / setting up appointment	1	0	14	32	0	47
Reception / Waiting Time at hospital	4	2	14	27	0	47
Quality of Medical Treatment	0	1	13	33	0	47
Access / Car Parking	6	7	7	26	1	47
Follow up communications	5	3	18	17	4	47
					answered question	47
					skipped question	0

As can be seen from the table, most patients seemed to be happy about their experiences at Circle apart from a few issues with car parking and follow up.

4.3 Delayed discharge

4.3.1 Respondent profiles

158 people stated that they or a close relative had been discharged from a local hospital in the last 12 months. The bulk of the reported discharges (121 of 146) were from the RBH

4.3.2 RBH Experience

The main reason for delayed discharge was the provision of medication to take home with 25 (34.2%) of the 77 that responded reporting waits of more than 4 hours. This compares to the 2014 survey where 44 (27.5%) of 160 had to wait more than 4 hours. There is little indication of any significant improvement in this survey though we understand that this is a defined priority for the RBH in 2015/16.

5 Conclusions

5.1 Flu injections

There is little evidence that the comparative ineffectiveness of the 2014/15 vaccine is going to put people off having a flu injection in 2015.

5.2 Outpatient experience

More than half those attending an outpatient appointment at the RBH deemed the parking arrangements to be unsatisfactory.
Respondents also registered concern about follow up communications, waiting times and their experience of reception with 36.2% of those responding deeming follow up communications to be either unsatisfactory or only fair and similarly 35.1% raising issues with either waiting time or reception.

5.3 Delayed Discharge

The main patient issue remains the delays involved in waiting for TTOs. There is little evidence of any significant improvement from the survey conducted in 2014. See comments from the RBH in Appendix 2.

6 Recommendations

a) It is recommended that consideration be given to monitoring the waiting times of individual patients at outpatient clinics and that some method be devised for summarising progress in reducing waiting times. It would seem logical that if waiting times could be reduced then this would have a knock-on effect on alleviating car parking problems. There may be some scope for monitoring the average length of time that people pay for in the multi-storey car park as a proxy for possible trends in waiting time.

b) The promising initiatives being undertaken at the RBH to reduce delayed discharges related to the provision of medication to take home need to be monitored and the relevant metrics should be published in some publicly available format. When appropriate this needs to be rolled out beyond the initial 5 wards.

Appendix 1

The seven statements

1) I've been feeling optimistic about the future
2) I've been feeling useful
3) I've been feeling relaxed
4) I've been dealing with problems well
5) I've been thinking clearly
6) I've been feeling close to other people
7) I've been able to make up my mind about things

The five responses

1) None of the time (scores one point)
2) Rarely (scores two points)
3) Some of the time (scores three points)
4) Often (scores four points)
5) All of the time (scores five points)

Appendix 2

Recent comments on the draft report from the Royal Berkshire Hospital

We have set out below some extracts from the minutes of a meeting with the nursing director, Caroline Ainsley, on October 12th 2015

CA welcomed the PPG Forum report, which in its final form she would wish to share with her colleagues.

In regard to patient issues concerning communications with RBH, CA referred to teething problems with the newly introduced Clinical Administration Teams (CATs). In some departments, notably Cardiology, it had worked well, but in others not so well. There was a perceived need to improve staff training and in some areas to recruit. The focus now is to take best practice and apply it CAT by CAT.

In regard to Car Parking (predictably the RBH issue most complained of by patients), there are continuing efforts by RBH to alleviate the problems. CA said that RBH is keen on encouraging volunteer drivers to escort elderly patients (this is also a Healthwatch initiative) and is working closely with Age Concern.

It was agreed that one conclusion of the PPG Forum survey that there was "little indication of any significant improvement" since 2014 in RBH patients having their discharge delayed due to late provision of take-home medication (TTOs) was correct. CA commented that there had been two RBH initiatives here:-
Quality Account Priority Improvement Programme: This involves working with Community services, Social Services amongst other external agencies to ensure appropriate arrangements for patient discharge; CQUIN - Meds on Discharge: This started in Quarter 1 for 5 wards: Mortimer, Burghfield, Emmer Green, Woodley and Hurley. CA agreed that these elderly care wards were chosen partly because clinicians were strongly motivated to improve discharge performance and partly because improvement might be most easily tested and achieved in such wards. Good progress had been achieved in May and June 2015 (as measured by "number of TTOs /EDLs received in pharmacy, where the discharge date is at least one day in future of the date received in pharmacy"), but had fallen back in July, probably because of the serious fire/flood incident, and in August, probably due to the change over of junior doctors. This CQUIN is being monitored on a weekly basis and there is a determination to achieve improvement again in Quarter 3. CA said that the aim at RBH was to achieve this CQUIN on a regular basis across the 5 wards by the end of the year; and from that experience to roll it out to other wards one by one starting in 2016.

It was agreed that the results (numerator figures) of this CQUIN should be available publicly. Tom Berman (Area Forum chair) emphasised that the message from patients via PPGs / surveys was that speeding up RBH patient discharge was a high priority, but that its achievement would also bring benefits to the hospital in terms of reduced delayed transfers of care.