



**It's everyone's NHS – and we're not going to waste it**

# Engagement report

August 2017

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## 1.0 Purpose of the Report

The purpose of the report is to provide feedback on the engagement 'It's everyone's NHS – and we're not going to waste it'. The report sets out the background to the engagement, the legislation the CCG work to, the methods and approaches used and the key findings which include who we reached as part of our equality monitoring.

## 2.0 Background

Calderdale CCG has an overall budget allocation of £312million to “commission” or buy, health and care services such as:

- Planned hospital and urgent and emergency care,
- Rehabilitation care and community health services
- Mental health and learning disability services

A growing demand for health and care services, inflation and the costs of new drugs and treatments mean we need to look at how we spend budgets to get maximum benefit for everyone. We have already engaged and consulted on hospital and community services but more needs to be done. National austerity is having an increasing impact on the financial positions of public sector organisations, including NHS Calderdale CCG.

As a CCG we must live within our means and unless we change the way that services are delivered we will not have enough money to fund them. We have a statutory duty to balance our books. If we do not, decision making will be taken out of local hands. The level of savings required over the next few years is around:

- £5.5m in 2016/17
- £13m in 2017/18
- £13m in 2018/19

In order to make these savings we need to make some changes. The CCG wanted to talk to local communities to gather ideas about:

- How we can reduce waste and save money whilst keeping the high quality services we need.
- How we can reduce our spending on pharmacy services.

As part of our respective recovery programmes, as well as being standard good practice, NHS Calderdale CCG have reviewed a range of commissioned services to test whether they are providing the best quality and outcomes, value for money, and that they are an effective and equitable way of using the resources available for the best benefit of the overall population of Calderdale. The CCG found:

- Medicines are the second highest area of spending in the NHS, after staffing costs.
- It has been estimated the £300 million of NHS prescribed medicines are wasted each year

- It has been estimated that 30-50% of medicines taken for Long term conditions are not taken as intended
- We currently spend over £1.1 million on self-care medication

The CCG wanted to talk to local people about how we can reduce waste and spending on prescribed medication.

### **What are we doing already?**

- Calderdale CCG currently spends £1.1million on self-care products, such as paracetamol and ibuprofen
- New medicines are being developed all the time, which can have a significant impact on both the length and quality of our patient's lives.
- Saving money on self-care medicines allows the CCG to use the money more effectively for patient care – including funding some of these new medicines.
- We will do this by promotion of principles of self-care to members of the public

## **3.0 Our responsibilities, including legal requirements**

### **3.1 Our responsibilities**

Engaging people is not just about fulfilling a statutory duty or ticking boxes, it is about understanding and valuing the benefits of listening to patients and the public in the commissioning process.

By involving local people we want to give them a say in how services are planned, commissioned, delivered and reviewed. We recognise it is important who we involve through engagement activity. Individuals and groups play different roles and there needs to be engagement opportunities for both.

Engaging people who use health and social care services, and other stakeholders in planning services is vital to ensure services meet the needs of local communities. It is also a legal requirement that patients and the public are not only consulted about any proposed changes to services, but have been actively involved in developing the proposals.

### **3.2 Legal requirements**

There are a number of requirements that must be met when discussions are being made about the development of services, particularly if any of these will impact on the way these services can be accessed by patients. Such requirements include the Health and Social Care Act 2012 and the NHS Constitution.

[Health and Social Care Act 2012](#), makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners, and it also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution - and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements, where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- in decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSC) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The duties to involve and consult were reinforced by the [NHS Constitution](#) which stated: 'You have the right to be involved directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services'.

[The Equality Act 2010](#) unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. To help support organisations to meet these duties a set of principles have been detailed in case law. These are called the Brown Principles;

- The organisation must be aware of their duty.
- Due regards is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regards involves a conscious approach and state of mind.
- The duty cannot be satisfied by justifying a decision after it has been taken.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- The duty is a non-delegable one.
- The duty is a continuing one.

[An Equality Impact Assessment \(EQIA\)](#) will need to be undertaken on any proposals for changes to services that are developed through the programme, in order to understand any potential impact on protected groups and ensure equality of opportunity. Engagement

must span all protected groups and other groups, and care should be taken to ensure that seldom-heard interests are engaged with and supported to participate, where necessary.

## 4.0 Principles for Engagement

NHS Calderdale CCG has a 'Patient Engagement and Experience Strategy'. The strategy sets out NHS Calderdale approach to engagement and what the public can expect when we deliver any engagement activity. The principles in the strategy state that we will;

- Ensure that we engage with our public, patients and carers early enough throughout this process
- Be inclusive in our engagement activity and consider the needs of our local population
- Ensure that engagement is based on the right information and good communication so people feel fully informed
- Ensure that we are transparent in our dealings with the public and discuss things openly and honestly
- Provide a platform for people to influence our thinking and challenge our decisions
- Ensure that any engagement activity is proportionate to the issue and that we provide feedback to those who have been involved in that activity.
- We are clear about our plans and what the public can and can't influence and why
- We make sure we engage with the right target audience and consider equality and the impact on diverse groups
- We can demonstrate that we have listened to people's views in all of our plans
- We will provide feedback on our website, through newsletters and local media of any outcomes from engagement activity.

The strategy sets out what the public can reasonably expect us to do as part of any engagement activity and the process we need to deliver needs to preserve these principles to ensure public expectations are met.

## 5.0 Engagement process

The engagement process was delivered to help the CCG understand local communities' views, comments and ideas on two specific areas. The areas were:

- How the CCG could reduce waste and save money whilst keeping high quality services that were needed
- How the CCG could reduce spending on pharmacy services

A survey was developed to support both sections of the engagement (see appendix 1). The survey was used to deliver conversations in either a forum such as a focus group or as a paper or online survey.

A narrative was in place to support the engagement and this formed part of the introduction to support the topic. The website and other supporting tools such as social media were in place to raise awareness of the survey and ensure people could receive the information they required to respond to the engagement.

To support this work further and to help the CCG reach our most vulnerable and protected groups we used our Engagement Champions to support delivery. The Engagement Champions are community assets working in the voluntary and community sector who are managed on our behalf through VAC. In addition to this we also engaged our local Patient Reference Groups (PRGs). Both the Engagement Champions and PRGs received a full presentation on the engagement prior to the start of the engagement process to ensure they had an understanding of the financial challenges the CCG faced.

The following Engagement Champions came forward as participants willing to have conversations within their communities. The groups involved were:

- Women's Activity Centre
- Disability Advice Resource Team (DART)
- Elland Golf Club
- Weekend Care
- Project Colt
- Advancement of Community Empowerment (CIC)
- Wheelchair Enabling Society
- Unique Ways
- Healthy Living Partnership
- Halifax Sports Club
- Disability Support Calderdale
- Citizens Advice Calderdale
- Crisis Pregnancy Care
- Forum 50+
- St George's Community Trust Ltd
- CREW
- Wheelchair Kurling
- Age UK
- Cloverleaf

Engagement Champions deliver conversations with people from a range of local areas, protected groups and communities. Engagement Champions are individuals working in the voluntary and community sector who are trained to engage with the local population on our behalf. By working with volunteers in this way the response to our conversations has

strengthened and increased, particularly amongst seldom heard groups. In addition other engagement approaches included:







- Promoting the opportunity for involvement via local networks
- Through a variety of social media and communication
- For staff, the engagement was promoted through internal websites and newsletters
- Copies of the survey were sent to other voluntary and community groups of interest who are not part of the asset based approach
- Targeted conversations were held with groups representing protected groups including those with a learning disability.
- Talkback were approached about circulating the survey but were unable to do so on this occasion.

The survey was also sent to key stakeholders, such as Healthwatch to promote to practices across Calderdale to cascade to patients and staff.

To ensure maximum engagement the questionnaire was offered in different formats and made available in a number of settings. Face to face interviews and focus groups to complete the survey were the most favoured method of involvement for most. The Engagement Champions were able to choose the most appropriate approach to engage with their community.

## 5.0 Analysis of engagement feedback

We received **987 responses** to the survey, and the findings from this survey are set out below. Prior to completing the survey we asked people to tell us who they were. The majority of those responding identified themselves as a member of the public 73% with voluntary and community sector views at 30%. Staff and PRG representatives were between 2 - 4% of the responses received, see table below.

Q1. Please tell us more about you. Are you completing the survey because you are: (please tick all that apply)							Response Percent	Response Total
1	A member of a voluntary and community group						30.43%	300
2	A member of a patient reference group (PRG)						2.74%	27
3	A member of the public						72.52%	715
4	A member of staff NHS						3.55%	35
5	A member of staff Local Authority						1.62%	16
6	Other (please specify):						4.87%	48
<b>Analysis</b>	Mean:	3.05	Std. Deviation:	1.35	Satisfaction Rate:	37.85	answered	986
	Variance:	1.83	Std. Error:	0.04			skipped	1



## Section 1: Reducing spending in the NHS

### Q2. What else can we do to reduce NHS spending?

We received **932 detailed responses** to this question. The responses were free text and so the responses often contained more than one response. People had taken a lot of time to complete this question and there were so many ideas provided that each one should be given a level of consideration.

The key themes from these responses are highlighted below but the list is not exhaustive, and the free text should be referred to for more insight. The key themes in no particular order were:

- **Re-use equipment:** this was a reoccurring theme and referenced by the huge majority who responded. People want to see the NHS reusing wheelchairs, stair lifts, crutches and commodes. People feel it is unacceptable to dispose of this type of equipment.
- **Medicines:** only prescribe antibiotics where absolutely necessary, and reuse unused medication (throwing medication away when it is sealed is a waste on the NHS), if necessary provide sealed packages that if unopened can be returned. Constantly review medication, stop prescribing over the counter medication and reduce what is on a prescription. Pharmacies and GPs need to improve communication. Better process for repeat prescriptions is needed and GPs need to keep records up to date, and stop thinking prescriptions are the answer to everything. Reduce prescription fraud and ask for proof of no payment or assume people can pay as a standard approach.
- **Mental Health:** Stop giving people antidepressants and look at the alternatives. Social prescribing and support in the community can offer a solution to helping people get well. Invest in the cause and use third sector and community to identify solutions including natural and non-medical interventions and complimentary therapies and counselling.
- **Reduce bureaucracy:** reduce management and paperwork. Public sector should share staff and resources to avoid duplication.
- **Reduce use of paper and postage:** use technology such as text and email to book appointments and only send paper when necessary or if requested. This will reduce paper and postage.
- **Think, plan and commission as a whole healthcare system:** remove boundaries between organisations and teams and include all sectors, in particular the voluntary and community sector who already have solutions and ideas. Buy in bulk across large footprints and use the high street when it offers better value. Stronger relationships with home care and care homes to ensure residents or those cared for remain well.
- **Educate people and provide them with skills and knowledge:** particularly young people in maintaining health and managing health and prevention. Also managing ill health at home, home remedies, self-support and basic first aid. More health

promotion is needed using community to community networks and resources. Get people to take more responsibility for their health.

- **More frontline staff:** more community nurses and frontline staff. Ensure staff have the right level of skill to care for people to prevent deterioration in health. Reduce consultant bonuses. Ensure therapies are given enough time to work resulting in longer term benefits for patients.
- **Staff:** retain staff, treat them well, provide good working conditions to ensure they stay and encourage new recruits. Provide uniforms only to those who need it. Improve communication between staff and get them working together across systems. Employ staff directly for maintenance, cleaning and other jobs and start to prepare meals in house again. Buy a van and employ a driver instead of using taxis for dropping of tests and equipment.
- **Technology:** better use of technology including phone consultations and apps.
- **Discharge:** improve discharge and waiting to be discharged from hospital. Use more community transport and volunteers and fewer ambulances, to transport people. Ensure people blocking beds are moved to community facilities quickly and get care in place.
- **NHS structure:** stop changing the NHS structure.
- **Promote NHS 111:** raise more awareness of 111 and get people to use it as a first point of contact to avoid unnecessary trips to the doctor or A&E.
- **Estates:** sell off unused buildings and use the money to support the NHS. Share buildings and premises where possible; combine GPs, pharmacists and opticians on joint sites. Use existing community buildings or voluntary and community sector estates and places of worship often unused during the week to provide services. Provide evening and weekend services at scale in supermarkets or shared buildings. Reduce energy bills and encourage office staff to work from home.
- **Interpreters such as language and BSL:** ensure those requiring an interpreter receive it at the right time. This ensures one visit deals with the problem rather than repeated visits or misunderstanding leading to deterioration in health. Employ staff who are bilingual to ensure services are delivered first time.
- **Treatment:** focus on prevention and screening, use public places such as fetes and public events to promote messages. Treat people thoroughly when they first present with a condition rather than leaving it too late. Do not fund non-medical procedures; examples such as IVF, obesity and cosmetic surgery were mentioned. Charge for these services even if it's a small donation to contribute to the NHS budget – local income generation.
- **Do not attends:** reduce the number of do not attends by fining people – average suggestion was between £5-10, or make them wait again and go to the back of the queue.
- **Foreign tourists:** reduce use of NHS by foreign tourists or charge for the use of services.
- **Restrict use of A&E:** redirect alcohol and substance misuse and some mental health related admissions to non-medical community providers and charge people for being treated for non-medical admissions.

- **Privatisation:** stop privatising buildings and parking so costs can go back into services.
- **Volunteers:** increase the use of volunteers, unpaid staff and create an NHS apprenticeship scheme that supports those with low educational attainment but the right approach to be employed in NHS services.
- **Visitors:** reduce visitors, stop people sitting on beds, ask people to wear covers on footwear and bring back matrons to patrol wards to reduce the risk of infections.
- **Funding and charges:** Let departments manage their own budgets and be held accountable for misuse or overspending. Charge people for hospital food as they would pay at home, non-attendance of appointments as a standard fine and for procedures that are non-medical. Ask people to contribute to patient transport services as they would on a regular bus/taxi. Ask patients to leave a deposit for equipment or pay for some items.
- **One stop services:** provide a one stop shop for patients to get everything they need in one go reducing management of a number of appointments and departments.
- **Transport:** ensure an ambulance goes to the right location first time round to prevent numerous transfers.

#### **Direct quotes:**

*'Every time I go for a script to be filled they ask me if they can get it for me every month (to save me time) they say'*

*'For those requiring support such as interpreters and BSL why does NHS not provide? This costs a lot of time, money and distress for those needing it'*

*'Stop giving out anti-depressants for everything. Start looking at alternative treatments such as counselling, peer groups and relaxation techniques'*

*'Promote 111 more'*

*'Stop taking weekend drunks to A&E, set up facility in the community. If it is not life threatening then they should not be in hospital'*

*'More involvement with religious and community organisation in delivering health education around smoking, medication, diet, etc'*

*'Stop funding unnecessary things like IVF. Having a child is not a right - it is a privilege. And I speak as someone unable to have children so I know life is not destroyed by not having a child'*

*'Think, plan, commission and provide as a whole healthcare system'*

*'I offered to buy one of my prescription items (1 of 4) which is aspirin but was told by my GP they liked to keep prescribing it so they could keep a check on what I was taking. Surely a note could be added to my medical records to say I am buying my own'*

*'Provide more effective physiotherapy treatment sessions in order to reduce the 'revolving door' principle. Lots of staff find the 20 minute follow up too short when trying to provide effective long term treatment for patients. Longer appointment times and less of them may work better'*

*'Better trained staff would also be helpful. CHT are losing highly experienced staff due to an inflexibility in working hours/contractual hours which means less experienced staff are*

*having to deal with more complex, chronic patients and not necessarily achieving the best outcomes’.*

*‘Sort out cancelled appts as it costs a lot in time and money to get another one and in the meantime people are off work, etc and that costs us all’*

*‘Charge for things like paracetamol or don’t prescribe them and get people to buy them themselves’.*

*‘Charge £10 per hospital visit and if the problem is serious, the money can be returned’.*

*‘Merge some of the surgeries, it does not make sense to have two surgeries in the same building paying double when other services could be located in the building’*

*‘Stop cancelling appointments’.*

*‘Some procedures are clearly not medical, such as gastric bands, IVF, pinning ears back and breast enhancement. Hundreds of thousands of pounds can be saved in this area alone by not performing such procedures’.*

*‘You could procure the services of Sexual Violence & Domestic abuse counselling & therapy services to prevent individuals using mental health services when they really need to address the root cause of their ill mental health for e.g. being raped, sexually abused as a child, exploited and groomed in childhood’.*

*‘It worries me that we are having to reduce spending rather than increasing it.....’*

*‘In the community why are disability aids that are on lone serviced every year? Why can’t they be serviced every two years and the client could be given a phone number to ring if they have problems within the two years’.*

*‘Lets simplify processes like referrals - lets have one simple method linked to our medical system’.*

*‘Recently my daughter was an inpatient but came home during the day when the community nurses gave the medication. The hospital massively over-prescribed the necessary medication to be used at home and when her treatment was over we were told to throw all the excess away as it could be used even though most of it had never been opened’.*

*‘Use funds more efficiently, to deliver health services not healthy services like nicotine patches for smokers and methadone for addicts’.*

*‘Expectations are so high these days. People need to be accountable for their own actions more. Buy paracetamol from a pharmacy, not on prescription. Central services so people will attend’.*

*‘Provide support for the families to be able to do things for themselves to save the burden on the NHS’.*

*‘Stop making staff redundant and then using agency staff. Where is the logic in that?’*

### **Q3. What could we do to make sure NHS resources are not wasted?**

We received **934 responses** to this question. Again each response provided a number of suggestions and real life experiences. The key themes in no particular order are set out below:

- **Reduce equipment waste:** recycle, repair and reuse equipment by providing community drop off points or volunteers who could collect. Identify a recycling

scheme. A number of people cited instances where equipment had to be thrown away; some barely used. People wanted to see equipment only provided to those who needed it and a deposit paid to ensure it was returned. Other suggestions were for not using equipment such as rubber gloves when hand washing would do.

- **Follow up on missed appointments:** contact people to ask why they have missed an appointment and if there is no reasonable explanation apply a small charge; it is worth noting that people did still want this to be delivered with compassion and not heavy handed.
- **Stop prescribing anything that costs more on prescription:** this related to products that could be bought cheaply over the counter and limit the length of scripts to one month.
- **Relationship with voluntary and community sector:** a stronger relationship with the sector and allowing them to offer cheaper alternatives and solutions. More working in partnership on areas of health such as diabetes, obesity, mental health and long term conditions.
- **Use more community transport:** instead of using ambulances identify vehicle that could be run and managed by volunteers and volunteer drivers
- **Better information and communication:** use networks that already exist like PRGs and those who are now talking to communities such as the voluntary sector to start campaigns and better communication about not wasting resources.
- **Technology:** start to embrace and use more technology to prevent people travelling or to help with self-care. Don't waste unnecessary paper and postage when text or email will do.
- **Alternative therapies:** promote more alternatives to medical intervention including social prescribing, alternative therapies and remedies, and activities that keep people healthy and active.
- **Staff:** reduce the funding for locums and temporary staff by employing and skilling local people. Use more nurses to deliver services.
- **Hospital food:** charge for hospital food or provide your own, this came up quite a few times with people stating they were not expecting to be fed for free when they have to pay at home to eat.
- **Bilingual staff:** more staff that represent the community so that staff can communicate clearly with patients first time and ensure the right care is received. Barriers in communication can cause a number of problems including reluctance to use service until it is an emergency.
- **More medication reviews:** offset employing staff to do this or trained/retired volunteers against the cost saving of appropriate prescribing.
- **Consideration for some people:** ensure that any changes don't impact on those with low incomes, or who are vulnerable such as people with a mental health condition, frail elderly and those with Alzheimer's or dementia.

#### Q4. Do you have any other ideas about how we could save money in the NHS?

We received **863 responses** to this question. The key themes are set out below:

- **All agencies need to work together:** this includes local authority, NHS and voluntary and community sector.
- **More work needs to be done with schools:** we need to start working with children and young people and educating them on health and well-being and provide skills for life.
- **More monitoring of those attending A&E:** do not just treat people who turn up but refer them to another service or for some advice. Look at how people who use the service could be redirected to community services provided by the voluntary sector.
- **Stop cosmetic procedures:** only provide procedures that are for a medical need only.
- **Pool budgets:** work on economies of scale across organisations and other local areas.
- **Prevention:** do more on prevention, promote healthy lifestyles, more campaigns and more skills developed in the local community.
- **Better use of resources:** share buildings, staff and systems.
- **Other providers:** more collaboration with private therapists such as sports injury specialists, counsellors and alternative therapists.
- **More youth and community services:** investment in young people keeping them active and connected.
- **Stop free transportation to hospital:** charge an amount for transport that people could afford to pay.
- **Better coordination of services:** services working together to avoid duplication for both staff and patients.
- **Alternative treatment:** invest in therapies, support groups, walking groups, create spaces such as allotments to keep people active and well.
- **Communication:** more communication on how to use NHS and wider alternatives, where to go and who to see.
- **Tackle the root cause of mental health:** don't just keep treating the symptoms use the voluntary and community sector and community to help people get well.
- **Qualifications:** the qualifications required to work in the NHS don't often attract the right workforce. Look at alternatives to support the right people into the sector.
- **Use the community:** use the community networks, use the volunteers, work as equal partners to create innovative solutions to keeping people well in the community.
- **Increase access to GP appointments:** people want to see the local GP and can't so find other ways to access services via A&E.

#### **Direct Quotes:**

*'local government/ NHS/Voluntary bodies need to work together I do not mean more meetings and levels of management I mean one small planning group that allocates the objectives and resources fairly*

*'Adopt the system as abroad where non-residents pay for their treatment and then have to claim through their insurance when they get home.'*

*'The NHS should pool budgets together for a greater economy of scale'*

*'Move services such as physio and counselling into community settings. Also, set up gyms at GP surgeries for rehab support.'*

*'Stop prescribing anti-depressants and slimming tablets. Better spent getting people into peer support groups and offering gym memberships to encourage active lifestyles.'*

*'The medical centre in Todmorden is underused for its size and equipment available'*

*'More education awareness campaigns. More peer support groups. But this will need proper investment and resources, not on the cheap.'*

*'NHS to be allowed to buy all drugs on the open market as well as the closed market'*

*'Bring cleaning services back in house, not too have expensive offices when you have offices/old locations that are no longer used'*

*'Also have community facilities for drunks at weekends to stop them ending up in a&e if not needed'*

*'Voluntary or community groups could look in on people who are just out of hospital needing a little help and confidence temporarily until they get back on their feet.'*

*'Promote voluntary sector providers to deliver NHS contracts not big firms, keep it local'*

*'Promote youth and community services to get people out more to reduce social isolation, which costs a lot due to mental health issues'*

*'Drunk patients, or problems caused by drugs should have to pay towards treatment or ambulance costs etc'*

*'Yes, bring opticians, dentists, physios and other such services into the same building.'*

*'Move some into community centres, churches and mosques which are sat empty during the day'*

*'An improved relationship with GP practices so blood test requests x rays etc are co-ordinated better there are breast screening buses why not have something similar for bloods and other tests more local for the community'*

*'Well for a start you could inform families when discharging elderly patients. The Calderdale Home from hospital service is a damned disgrace and needs a rethink as the staff currently in this role are clearly uninterested'*

*'Have a single health and social care team for elderly care'*

*'For goodness sake why do we have creams dispensed in huge tall containers that have expiry dates when in nursing homes and hospitals these products are thrown away in large quantities. Wouldn't it be better to talk to manufactures and get smaller containers'*

*'we have started commissioning retinal screening in our building for all diabetic patients in the area which has a really good take up rate, maybe more practices could get together to have joint ventures ?'*

*'I know some visitors came to this country from New Zealand and they haven't lived in this country for 45 years, yet they visited the doctor several times plus had medicines prescribed for nothing . Even though in their own country they pay 50 dollars to visit the doctor and pay for medicine'*

*'If for instance someone has NHS transport and goes to lots of appointments try get them on same day...liaise better with voluntary groups and advertise for said groups to gain more members'*

*'Use more community based resources e.g. empty community centres at weekends/evenings could double up as drop-ins for none urgent appointments.'*

*'Do not deny people the job opportunity by demanding (degree) level entrance - some people just want to be excellent carers not necessarily academic entrants.'*

*'Education is the key-start educating people from an early age pre-natal throughout life about better health.'*

*'Peer mentoring and counselling instead of always dishing out tablets.'*

*'Encourage more outdoor activities such as allotments, walking groups to get people out more as social isolation leads to mental problems.'*

*'Health champions to run letters and health information.'*

*'joining forces with training academies so staff are trained adequately'*

*'make nhs staff who just require a computer to work from home or hot desk'*

*'Speak to local groups who offer services you could "buy" into or that GP's, clinics could refer to or that you could work with to offer minor services in the community. Talk to social services about ways to work together and combine resources'*

*'When I go for my health check I have to go to doctors, I need a day to this as my carer has to get things ( and me) ready and we have to use public transport, why can't I have this done at my weekend care group?'*

*'I did the training to be on an interview panel. Yet never been asked by NHS to be on an interview panel. So you paid for me and a lot of other people to do it. So people stop being involved and the trust loses out. So over and over again volunteers give up.'*

*'Use local groups more As a carer I get more from these groups then from my GP and now take better care of me and my cared for.'*

*'Talk to memory lane, weekend care (our place), community transport Calderdale, chit chat club and others to fund them to supply more of what they do and work with them and others 'in the community' services'*

*'Use the community around you, many groups have better knowledge of what happens + whats needed than you do'*

*'Make better use of apprentices + volunteers'*





*'One of the sources of continual problems in the NHS is the problems of obtaining an appointment at GP surgeries. This then makes people attend A&E and impacts on hospital services'*

*'Our voluntary & community services are struggling to keep going. They run libraries, community shops, kids clubs. Why should they work for free. You lot don't.'*

## **Section 2: What else can we do to reduce the amount we spend on prescribing?**

We asked people to specifically think about prescribing in this section. Initially we wanted to identify the criteria for prescribing drugs and treatments. We asked people to tell us which statement most closely matched their view. The findings from this question are set out below;



Q5a. Which one of the following statements most closely matches your view? Please tick only one answer							Response Percent	Response Total
1	The NHS should provide all drugs and treatments no matter what they cost						24.20%	235
2	The NHS should provide only the most effective drugs and treatments, whatever they cost						38.11%	370
3	The NHS should provide the most effective drugs and treatments only if they are good value for money						28.94%	281
4	I don't know/don't have a view						8.75%	85
<b>Analysis</b>	Mean:	2.22	Std. Deviation:	0.91	Satisfaction Rate:	40.75	answered	971
	Variance:	0.83	Std. Error:	0.03			skipped	16






### Q5b. Please tell us the reason for your answer?

We received **675 additional responses** to this question and lots of feedback and stories. The key emerging themes are set out below:

- If a drug is to be prescribed it should be the best drug available.
- You can't buy large quantities of some drugs from the high street, it would mean lots of trips out for those requiring regular medication.
- Not prescribing certain drugs could mean a significant cost to those who are on a particularly low income.
- Those over 60 may be able to afford to pay more than those who work. It should be based on income not age.
- Children should receive free treatment as a priority.
- Life-saving drugs and drugs for those who are very ill should be a priority.
- We need to look at alternatives to drugs such as social prescribing.
- Larger medication contracts need negotiating, can't the NHS buy from elsewhere to get a better deal?
- Drug changes can cause people to worry and become unwell, particularly the elderly.
- The NHS need to stop prescribing anti-depressants
- Every individual option should be assessed case by case – no one size fits all approach.
- The NHS can't be expected to fund everything and is medication always the answer.
- Get the care right so it requires less treatment, ensure staff are doing their job and are trained to reduce ill health, accidents and the need for treatment.
- Medication should be 'effective' irrespective of cost; this should be the main criteria.
- Good value is important to people, a number of people assumed this criteria was applied already.

- Patients need more time to talk about treatment options not just prescribed medication because it is quicker.
- Be consistent in the application of criteria, don't create a postcode lottery.
- If people need treatment they need it and some people state they expect it if they have paid into the system.
- The NHS need to reduce abuse of the prescribing system.

**Q6a. To what extent do you agree with our ideas to help save money on repeat prescriptions?**

6. To what extent do you agree with our ideas to help save money on repeat prescriptions?						Response Percent	Response Total	
1	Strongly agree					35.64%	345	
2	Agree					42.05%	407	
3	Disagree					11.36%	110	
4	Strongly Disagree					4.65%	45	
5	Don't Know					6.51%	63	
<b>Analysis</b>	Mean:	2.05	Std. Deviation:	1.11	Satisfaction Rate:	26.19	answered	968
	Variance:	1.24	Std. Error:	0.04			skipped	19

**Q6b. Please explain your reason for your answer including any impact it may have on you**

We received **874 additional responses** to this question. There was an overall agreement from the majority of people about the idea and additional key themes and considerations are set out below:

- **Not everyone has access to use a computer or are able to use the website:** this included people with low literacy, those on a low income who did not have equipment, some older people, people who do not have English as a first language or have a learning disability or mental health problem.
- **Some areas are not served by good internet connections:** people stated they had difficulty in gaining signal for personal use in some areas.
- **Not everyone is able to attend the surgery:** some patients rely on family, relatives to attend the surgery. For some people on a low income this may mean extra transport costs.
- **Chemists are more convenient:** most people who provide this point stated that they chemist was easier to get to than the surgery. People wanted to understand why pharmacists could not be educated on managing the prescribing budget.
- **Unused drugs/medication:** throughout the responses to all questions many people cite the need to reconsider destroying medication that is sealed and in date.

- **Working together:** people want to see the GP and pharmacist working more closely together on repeat prescriptions to avoid unnecessary additional appointments.
- **More medication reviews:** people want to see more regular reviews on medication to avoid unnecessary prescribing or waste.
- **Educate and inform people:** continue to educate and inform people and identify a scheme to go through medication on delivery to ensure the patient does need it.
- **People with a long term condition:** automatic ordering of standard prescription items should be part of reducing unnecessary appointments.
- **Use volunteers like PRGs:** use volunteers and PRGs to talk to people and campaign against waste.

### Q7. Is there anything else you would like to tell us?





We received **675 responses** to this question. There were a number of key emerging themes that could be identified from the responses. A number of responses referenced or summarised thoughts from previous questions and around 30% just stated they did not have anything to add.

We received a lot of positive comments about the value of the NHS and how well it works at the moment and a few who acknowledge change is required or that the system is not working as it should. The key areas people want us to consider are set out below:

- Private services cost more and people want to retain the NHS
- Only people who have contributed to the system should receive the service free. Others can use it but with a charge and some felt that people now living abroad should not be able to use the services as freely as they do now if at all
- There were lots of offers of help to look at solutions together, there was a real sense that people want to help. More conversations and engagement with GP practices being a hub for some of these
- Some people wanted us to explore a greater use of non-branded products as a standard approach
- Self-care, communicating, skilling and educating people (particularly young people) was a reoccurring theme. The community feel they can do this role effectively and creatively on our behalf and the cost savings would be considerable
- People do want to see more services out of hospital but have concerns about GP access, appointments, waiting times and under used estates
- The use of managers and agency staff need to be reduced and more frontline workers employed
- A number of people want us to reduce the use of antibiotics and believe GPs should play a part in this too
- Those responding ask if we can identify how other businesses operate and start to run the NHS in this way
- More NHS funding to not for profit sectors and more use of services like community transport and volunteers

- Patient transport required improvement if appointments were not missed or people not able to be discharged in a timely manner
- More support for mental health and for things like sexual violence that can result in medical conditions and addictions if intervention is not early enough
- More investment in staff who care and a reduction in the paperwork and bureaucracy staff have to complete in order to do their work
- Provide technology in GP practices so people can't access services via the website or online
- The hospital PFI debt and repayments and car parking charges came up a number of times; with people unsure if parking revenue is invested back in the NHS or if it could/should be
- More communication with the public about what things cost, more campaigns and awareness about the true cost of the NHS at the point of use to educate people
- The services in the voluntary and community sector were highly praised by a number of people who provide stories on how much these services kept or helped them keep well
- GPs and clinicians need a more honest relationship with patients and families about areas such as dying with dignity and the effectiveness of medication
- More volunteers and retired clinicians and staff to run out of hours facilities
  - no examples were given of conditions they may refer to

## Q7. Do you currently receive Free Prescriptions?

8. Do you currently receive Free Prescriptions? (Please tick your response)							Response Percent	Response Total
1	Yes						53.82%	465
2	No						42.25%	365
3	Don't know						1.16%	10
4	Prefer not to say						2.78%	24
<b>Analysis</b>	Mean:	1.53	Std. Deviation:	0.66	Satisfaction Rate:	17.63	answered	864
	Variance:	0.44	Std. Error:	0.02			skipped	123

## 6.0 Equality

There are 209,800 people in Calderdale according to the ONS 2016 Mid-year population estimates. The sample provided by the surveys is 0.47% of the population.

### Postcode

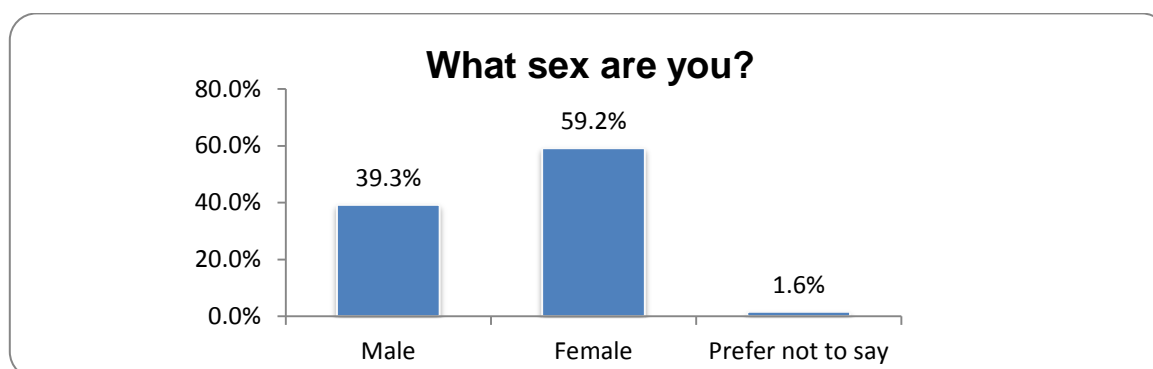
Feedback was received from four local areas in Calderdale. The areas with the highest response rates are HX1, HX2 and HX3, which cover the areas of Town and Park wards.

Postcode	HX1	HX2	HX3	HX4	HX5	HX6	HX7	HD	OL14	Other

<b>Response</b>	292	203	197	31	52	52	39	35	29	8
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## Sex

59.2% participants identified as female and 39.3% as male. The 2011 Census states that the Calderdale population consists of 48.9 % people identifying as male and 51.1% as female. This survey has gained the views of 19.9 % more females than males. In any future engagement or consultation work, more needs to be done to ensure better representation of males. There was no significant difference in viewpoints from either male or female participants.



## Age

Feedback was received from a range of age groups across the four local areas. The majority of responses came from the following age groups: 45 - 54, 35 - 44 and 25 - 34. There was much lower representation from the 18 - 24 age group, with only 48 respondents in total. There were only two responses from 18 year olds and two from those under the age of 18. The 2011 Census indicates that under 18 year olds make up 22% of the population and 18 -25 year olds 9%, which is not reflected in this sample. Therefore, any further engagement or consultation work will need to consider the views and experiences of young people.

Age	
17	2
18-24	48
25-34	152
35-44	169
45-54	187
55-64	128
65-74	134
75-84	74
85+	26

Age	
17	2
18-24	48
25-34	152

35-44	169
45-54	187
55-64	128
65-74	134
75-84	74
85+	26

Young people (17-24) indicated that they would value health education and promotion in schools and colleges. They felt this would help them make better choices and increase their chance of remaining in good health. And in the long term reduce cost to the NHS. Older people (65 plus) were concerned about services being overused and people not using more self-care, they valued more support in the community from both NHS and local voluntary organisations. There was concern expressed about the use of technology when not everyone has access to it or is familiar with it. They valued community transport and patient transport but expressed frustration at its unreliability.

### Country of birth

From those responding 47% identified their country of birth as England or UK, 6.5% identified it as Pakistan, with the remainder mainly from Poland, Bangladesh and India

Country	United Kingdom	Pakistan	Poland	Bangladesh	India	Other	Prefer not to say
Responses	463	64	8	7	6	7	3

### Religion

39.6% of participants identified their religion as Christian, 29.9% as Islam, and 20.6% stated they had no religion. Whilst reflecting the diverse communities in Calderdale the percentage of those who identified their religion as Islam is much when compared to the local population. There was no significant difference in viewpoint from any particular religious group.

Do you belong to any religion?		
Answer Choice	Response Percent	Response Total
Buddhism	0.1%	1
Christianity	39.6%	375

Hinduism	0.4%	4
Islam	29.9%	283
Judaism	0.1%	1
Sikhism	0.6%	6
No religion	20.6%	195
Prefer not to say	5.5%	52
Other (please specify):	3.1%	29
<b>answered</b>		<b>946</b>
<b>skipped</b>		<b>41</b>

## Ethnicity

Responses correspond with the country of birth data collected, with the highest responses from people with White British backgrounds. There was a 25.12% response rate from people with an Asian/Asian British background, which is higher than the wider Calderdale demographic. Asian/Asian British participants identified the need for more bilingual staff who represent the community, so that staff can communicate clearly with patients first time and ensure the right care is received. Barriers in communication can cause a number of problems including reluctance to use services until it is an emergency.

### What is your ethnic group?

Asian / Asian British	Number of responses	Percentage
Bangladeshi	34	3.44%
Chinese	1	0.10%
Indian	14	1.41%
Pakistani	248	25.12%
Other Asian background	11	1.11%
Total	308	31.20%

Black/Black British	Number of responses	Percentage
Caribbean	2	0.20%
African	5	0.50%
Other Black background	2	0.20%
Total	9	0.91%

Mixed or multiple ethnic group	Number of responses	Percentage
White and Black Caribbean	12	1.21%
White and Black African	1	0.10%
White and Asian	6	0.60%
Other Mixed or multiple ethnic background	19	1.92%
Total	38	3.85%

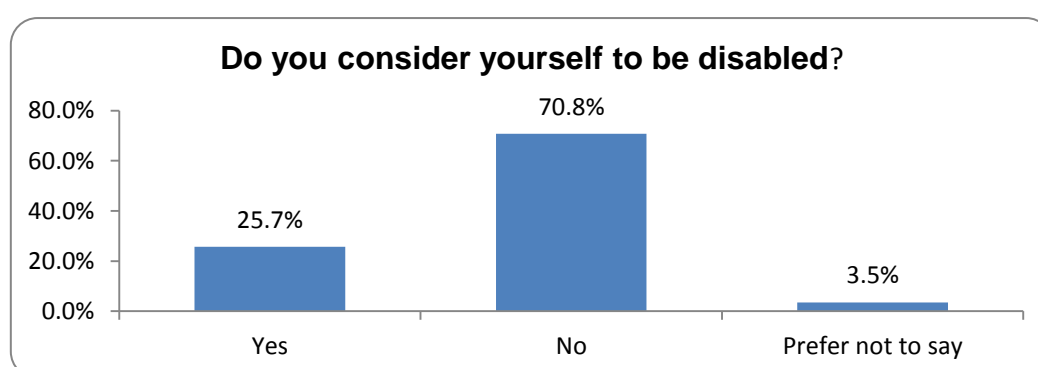
White	Number of responses	Percentage
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English/Scottish/Welsh/Northern Irish/British	573	58.05%
Irish	9	0.91%
Other White background	16	1.62%
Total	598	60.58%

Other Ethnic Groups	Number of responses	Percentage
Prefer not say	31	3.14%
Any other ethnic groups	1	0.10%
Total	32	3.24%

## Disability

25.7% of participants identified as having a disability. This sample has a higher percentage of disabled people than the wider Calderdale demographic. Feedback from the survey indicated that many disabled people were concerned about having to purchase over the counter pain relief when they were taking it in large numbers. There were examples given of only being able to purchase limited amounts of Paracetamol per day so this would mean having to go out and purchase medication frequently which is not viable for some due to disability and cost. Concerns were also expressed around the risk to health of people with coeliac disease and having to pay for gluten free foods when on a low income or welfare benefits. Concerns were expressed about patients being denied medication due to cost, examples were given about cancer patients and others with life limiting conditions. There was a genuine fear that medication could be denied because it was too costly. Equally some participants wanted to encourage social prescribing and alternative treatments rather than medication. If medication was to change due to effectiveness and cost, people wanted this properly explained to them and discussed; experiences shared by patients indicated that this was not always the case. As described by a carer *"I have a disabled child and change of medication or treatment without proper explanation causes anxiety, stress and calls to the GP. This could all be reduced if proper discussions took place to explain changes."* There are also concerns that lower cost medication wasn't always the most effective for patients with complex conditions citing experience of their conditions becoming worse because they felt they had been given lower cost medication first or denied treatment due to cost.



## Carers

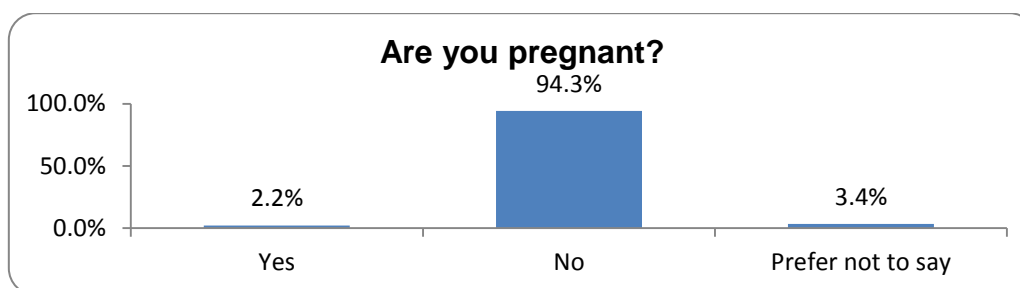
22.7% of respondents identified as a carer, this sample has a higher percentage of carers than the wider Calderdale demographic. Greater partnership working between services and ensuring patients' communication needs are met was highlighted by carers as a concern.



<b>Are you a carer? Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?</b>		
Answer Choice	Response Percent	Response Total
Yes	22.7%	218
No	74.5%	716
Prefer not to say	2.8%	27
<i>answered</i>		961
<i>skipped</i>		26

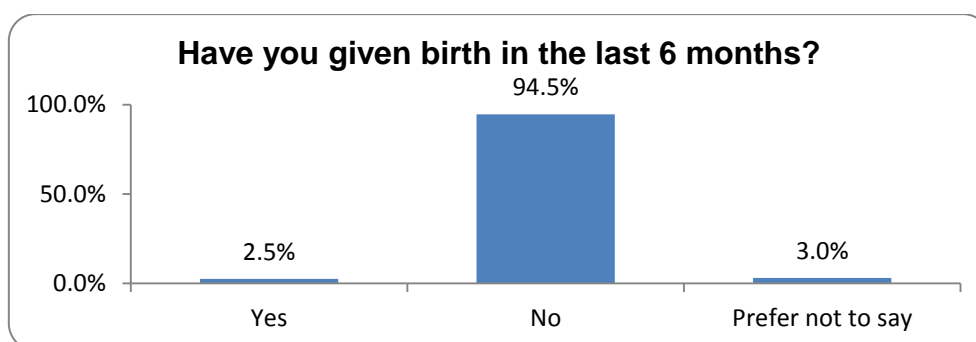
### **Pregnancy**

2.2% of people stated that they were pregnant. Pregnant women and those who had given birth in the last 6 months were keen that the NHS provides all drugs and treatments no matter what they cost.



### **Have you given birth in the last 6 months?**

2.5 % responses were received from women who stated they had given birth in the last 6 months.



### **Sexual Orientation**

The majority of respondents 87% identified as heterosexual, 1.4 % as Gay, 0.9% as Lesbian and 9.4% preferred not to say. Nationally it has been estimated that 6 to 7% of the population is lesbian, gay or bisexual (LGB) and if this figure was applied to Calderdale this would equate to approximately 12,096 to 14,112 LGB people. The responses are broadly representative. However, future engagement or consultation with LGB people should ensure a more comprehensive understanding of their views.

Please select the option that best represents your sexual orientation?		
Answer Choice	Response Percent	Response Total
Bisexual (both sexes)	1.2%	11
Gay (same sex)	1.4%	13
Heterosexual/straight (opposite sex)	87.2%	816
Lesbian (same sex)	0.9%	8
Other	0.3%	3
Prefer not to say	9.1%	85
<i>answered</i>		936
<i>skipped</i>		51

### Free prescriptions

There were 465 respondents who indicated that they were entitled to free prescriptions. However, further analysis revealed that the majority of respondents were either over 65, had long term health conditions or disabilities, or were pregnant or had been in the last 6 months, which made them eligible for free prescriptions. It was not possible to disaggregate the data to identify those on a lower income and potentially experiencing poverty. However, there were concerns expressed about the affordability of over the counter medication, and in particular pain relief, if it was no longer prescribed and the negative impact for those on low incomes and welfare benefits. Cost effective medication meant for some that there was a risk that they would be expected to pay for medication they couldn't afford and would have to make the choice between eating and being pain free. Equally there was concern that this would mean medication that was most effective would be replaced by the cheaper less effective option.

### Key Equality Findings

Many of the themes found in the engagement occurred across all protected characteristics. However there were some key themes that appeared more prevalent within some groups. There are also some suggestions from respondents which may adversely affect some groups and therefore would need to be impact assessed if there were plans to implement them.

- Whilst reusing equipment was a recurring theme and referenced by the huge majority of respondents, there was a significant concern expressed by older people, the disabled and carers in particular about equipment being supplied and then it not being collected when no longer needed or not having anywhere to return it to.
- Medicines: regular reviewing of medication was important for those with long-term conditions and disabilities. They felt they often receive medication they didn't need any more. However, for some people on low incomes with or without a disability or long-term condition, stopping prescription of over the counter medication could cause hardship. There was also concern expressed by carers that reviewing needs to be done with the patient and any changes communicated effectively before the medication is altered. People with cancer, long-term and life limiting conditions were

concerned about the possibility of medication being withdrawn or not prescribed due to cost and this having a life limiting result or a worsening of their condition.

- Mental Health: Social prescribing and support in the community could offer a solution to helping people get well. This was particularly supported by people who identified as having a mental health condition. As was more support for mental health and other traumatic experiences such as domestic and sexual violence that can result in medical conditions and addictions if intervention is not early enough.
- Whilst using technology such as text and email to book appointments was deemed useful for many and would reduce paper wastage and cost this may have negative implications for some groups. Carers were quite positive about the use of technology to access information and to organise appointments. Feedback from people with disabilities, older people and those on lower incomes indicated that they might not have access or be familiar with such technology. There was also feedback that a phone call would be the preferred option for many to be notified about appointments or changes to medication etc.
- Young people highlighted the benefit of education in maintaining health and managing health and prevention. There was general feedback from all groups about the need for more health promotion using community to community networks and resources.
- The provision of interpreters such as language and BSL was highlighted as important for people from BME communities and those with disabilities. This provision would ensure that one visit deals with the problem rather than repeated visits or misunderstandings leading to a possible deterioration in health. Employing staff who are bilingual or who are qualified in BSL would help to resolve this and reduce cost.
- Disabled people, older people and carers were keen to ensure that patient transport goes to the right location first time round to prevent numerous transfers. The reliability and poor level of service from patient transport was a recurring theme.
- It is important to consider the impact of any changes on those people with low incomes, or who are vulnerable such as people with a mental health condition, long term conditions, learning disabilities, the frail elderly, carers and those with Alzheimer's or dementia.
- Not everyone has access to a computer or is able to use the internet: this included people with low literacy, those on a low income who did not have equipment, some older people, people who do not have English as a first language or have a learning disability or mental health problem. And some areas are not served by good internet connections: people stated they had difficulty in gaining signal for personal use in some areas.

- Not everyone is able to attend the surgery: some patients rely on family, relatives to attend the surgery. For some people on a low income this may mean extra transport costs.
- Locating services in community settings would increase attendance and access for a lot of communities. Some people suggested leisure centres, community groups and other local facilities. Chemists were identified as being more convenient and easier to get to than the surgery and some BME people fed back that Chemists/Community pharmacies are more likely to have staff that are bilingual which increases their accessibility.
- For people with a long term condition automatic ordering of standard prescription items would be beneficial as part of reducing unnecessary appointments. But this would only work if prescriptions were regularly reviewed to reduce waste.
- For people who use patient transport e.g. people with disabilities, long-term conditions, and the elderly, it was important that this improved to ensure appointments were not missed and people were able to be discharged in a timely manner.

If further work on reducing spending on medicines is to commence, it is recommended that there should be further consultation with communities in Calderdale before a decision is made and an equality impact assessment undertaken. Some groups have identified particular concerns which require further consideration and further engagement or consultation should target underrepresented groups such as young people.

## Conclusion and key findings

In conclusion nearly all those responding to the consultation had ideas and suggestions on how we could:

- Reduce waste and save money whilst keeping the high quality services we need.
- Reduce our spending on wasted medicines and lower value medicines.

There seems to be general agreement that there are a number of opportunities to reduce costs and make savings. A number of ideas were presented and there is a clear indication that further conversations should take place. The key findings from each of these areas are set out below:

### **Reduce waste and save money key findings:**

- Recycle and reuse equipment whenever we can and limit the items we throw away.
- Look at alternatives to support mental health including early interventions, alternatives to medication and community support.
- Reduce bureaucracy and unnecessary paperwork particularly for frontline staff.

- Think and plan services as a whole healthcare system. Share staff, buildings, budgets and work to economies of scale.
- Educate and skill the public so they can support their own health and wellbeing.
- More frontline staff with the right skills so care is right at the first point of contact.
- Treat staff well, retain and employ permanent staff and promote Calderdale as a great place to work to attract new staff. Look at employing people because they are the right people not just because they are qualified.
- Use more technology.
- Improve discharge and use more volunteer led transport.
- Promote NHS 111 and increase GP appointments.
- Get maximum use out of estates and use existing community buildings (not just NHS) to support services closer to home.
- Focus on prevention and work with communities and schools.
- Only treat conditions that are medical.
- Reduce the high level of DNAs and charge people for not turning up.
- Charge tourists for using NHS services and patients for hospital food. Redirect those who turn up at A&E with a non-medical need to community services.
- Increase the use of volunteers and the voluntary and community sector to support services including providing clear information and communication to communities.
- Reduce the number of visitors in hospital and manage infection control in hospital.
- Let departments manage and be accountable for their own budgets.
- Create one stop shop services so a patient can reduce attendance and get everything they need in one appointment.
- Ensure the ambulance goes to the right location first time and charge people a small amount for community transport.

### **Reduce spending on medicines, key findings:**

- Stop prescribing anything that costs more on prescriptions if it can be bought.
- More medication reviews to reduce waste.
- Consider carefully the needs of people who are vulnerable, on a low income or who have a mental health problem when making a decision on medication.
- Ensure the pharmacists are managing waste as much as the public, its everyone responsibility.
- Drugs should be prescribed on the basis of 'effectiveness'. Non branded products were favoured but elderly people found new brands a worry. Reduce antibiotic prescribing.
- Consider those who can't buy large quantities of high street products and those on a low income. Consider that some people over 60 can afford to pay for prescriptions and reduce abuse of the system.
- Get the right care so drugs and treatments are reduced.
- More time with the clinician to discuss treatment options that often end in drugs and not alternatives.
- Be consistent in the criteria for prescribing so we on't have a postcode lottery.

- Not everyone can access online systems, consideration for those who can't get out is important for repeat prescriptions.
- Prescriptions for Long term conditions need to last longer to reduce GP visits.

## 7.0 How the findings will be used

The report will be used to identify the opportunities for a consultation on medicines that would reduce the current spending. The engagement findings will be used by the medicines management team to identify the medicines that can be reduced alongside other evidence. The consultation will be planned for Autumn / Winter 2017 and a separate plan and survey will be developed.

The report findings for waste and savings will be presented at an internal group who are looking at recovery. The engagement will provide a useful baseline for future conversations which will take place throughout the forthcoming year.

The engagement process has provided the CCGs with the views and suggestions of the public and voluntary and community sector organisations, this report will be made publically available and feedback provided to those respondents who have requested it.

## Appendix 1

### It's everyone's NHS – and we're not going to waste it

Calderdale CCG has an overall budget allocation of £312million to “commission” or buy, health and care services such as:

- Planned hospital and urgent and emergency care,
- Rehabilitation care and community health services
- Mental health and learning disability services

A growing demand for health and care services, inflation and the costs of new drugs and treatments mean we need to look at how we spend our budget to get maximum benefit for everyone. We have already engaged and consulted on hospital and community services but more needs to be done. National austerity is having an increasing impact on the financial positions of public sector organisations, including NHS Calderdale CCG.

As a CCG we must live within our means and unless we change the way that services are delivered we will not have enough money to fund them. We have a statutory duty to balance our books. If we do not, decision making will be taken out of local hands. The level of savings required over the next few years is around:

- £5.5m in 2016/17
- £13m in 2017/18
- £13m in 2018/19

In order to make these savings we need to make some changes.

#### **What is the engagement about?**

We want to know what local communities think about:

- How we can reduce waste and save money whilst keeping the high quality services we need.
- How we can reduce our spending on wasted medicines and lower value medicines.

Your feedback is really important to make sure we are making difficult decisions in partnership with our local community. Your ideas, suggestions and feedback will help the CCG understand and consider the impact any decisions may have on our local population.

The NHS and the services it provides can affect everyone, so we need local people to get involved. We want you to work with us on this journey and support us to make the right decisions. This is the start of a long conversation that will continue throughout the year.

This engagement will last for six weeks commencing Monday 26<sup>th</sup> June 2017 and you can complete the survey attached and send it in to our FREEPOST address (no stamp needed). Or complete the survey online at <http://www.smartsurvey.co.uk/s/recovery/>

**The closing date for all responses is: Monday 7<sup>th</sup> August 2017. Thank you for taking the time to complete this survey.**

**Q1. Please tell us more about you. Are you completing the survey because you are:**  
 (please tick all that apply?)

- A member of the public
- A member of a voluntary and community group
- A member of staff NHS
- A member of staff Local Authority
- A member of a patient reference group (PRG)
- Other (please tell us).....

**Section 1: Reducing spending in the NHS**

<b>Q2. What else can we do to reduce NHS spending?</b>

<b>Q3. What could we do to make sure NHS resources are not wasted?</b> ( For example sometimes people miss their appointments and don't tell us so, or patients may have equipment at home they don't need or use anymore)

<b>Q4. Do you have any other ideas about how we could save money in the NHS?</b> (As an example: You may want to think about the treatments and services it provides or how we can work together better with the local council and voluntary and community groups)



## Section 2: What else can we do to reduce the amount we spend on prescribing?

<b>Q5a. Which one of the following statements most closely matches your view? Please tick only one answer</b>	
• The NHS should provide all drugs and treatments no matter what they cost	
• The NHS should provide only the most effective drugs and treatments, whatever they cost	
• The NHS should provide the most effective drugs and treatments only if they are good value for money	
• I don't know/don't have a view	

<b>Q5b. Please tell us the reason for your answer</b>

## Section 3: What else can we do to save money on repeat prescriptions?

We would like to change the way we currently provide repeat prescriptions. By changing the way prescriptions are provided we believe we can save NHS money. We would like to encourage most people to order their own repeat prescriptions directly from their doctor surgery by using the online ordering system or dropping a repeat prescription request in at the doctors surgery.

<b>Q6a. To what extent do you agree with our ideas to help save money on repeat prescriptions?</b>				
Strongly agree	Agree	Disagree	Strongly Disagree	Don't Know

<b>Q6b. Please explain your reason for your answer including any impact it may have on you</b>

<b>Q7. Is there anything else you would like to tell us?</b>

**Q8. Do you currently receive Free Prescriptions? (Please tick your response)**

- Yes  
  No  
  don't know  
  Prefer not to say

## Equality Monitoring Form

In order to ensure that we provide the right services and that we avoid discriminating against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and data will be protected and stored securely in line with data protection rules. This information will be kept confidential. Please try to answer all the questions.

<p><b>1. What is the first part of your postcode?</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Example</td> <td style="width: 50%; padding: 2px;">HD6</td> </tr> <tr> <td style="padding: 2px;">Yours</td> <td style="padding: 2px;"></td> </tr> </table> <p><input type="checkbox"/> Prefer not to say</p> <p><b>2. What sex are you?</b></p> <p><input type="checkbox"/> Male   <input type="checkbox"/> Female</p> <p><input type="checkbox"/> Prefer not to say</p> <p><b>3. How old are you?</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Example</td> <td style="width: 50%; padding: 2px;">42</td> </tr> <tr> <td style="padding: 2px;">Yours</td> <td style="padding: 2px;"></td> </tr> </table> <p><input type="checkbox"/> Prefer not to say</p> <p><b>4. Which country were you born in?</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> Prefer not to say</p> <p><b>5. Do you belong to any religion?</b></p> <p><input type="checkbox"/> Buddhism</p> <p><input type="checkbox"/> Christianity</p> <p><input type="checkbox"/> Hinduism</p> <p><input type="checkbox"/> Islam</p> <p><input type="checkbox"/> Judaism</p> <p><input type="checkbox"/> Sikhism</p> <p><input type="checkbox"/> No religion</p> <p><input type="checkbox"/> Other (Please specify in the box below)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> Prefer not to say</p>	Example	HD6	Yours		Example	42	Yours		<p><b>6. What is your ethnic group?</b></p> <p><b>Asian or Asian British:</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Other Asian background (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>Black or Black British:</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Other Black background (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>Mixed or multiple ethnic groups:</b></p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Other mixed background (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>White:</b></p> <p><input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> <p><input type="checkbox"/> Other White background (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>Other ethnic groups:</b></p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Any other ethnic group (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> Prefer not to say</p>
Example	HD6								
Yours									
Example	42								
Yours									

Please turn over the page

**7. Do you consider yourself to be disabled?**

- Yes    No  
 Prefer not to say

**Type of impairment:**

Please tick all that apply

- Physical or mobility impairment**  
 (such as using a wheelchair to get around and / or difficulty using their arms)
- Sensory impairment**  
 (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)
- Mental health condition**  
 (such as depression or schizophrenia)
- Learning disability**  
 (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)
- Long term condition**  
 (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- Prefer not to say

**8. Are you a carer?**

Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

- Yes    No  
 Prefer not to say

**9. Are you pregnant?**

- Yes    No  
 Prefer not to say

**10. Have you given birth in the last 6 months?**

- Yes    No  
 Prefer not to say

**11. Please select the option that best represents your sexual orientation?**

- Bisexual (both sexes)  
 Gay (same sex)  
 Heterosexual/straight (opposite sex)  
 Lesbian (same sex)  
 Other  
 Prefer not to say

**12. Are you transgender?**

Is your gender identity the same gender you were assigned at birth?

- Yes    No  
 Prefer not to say

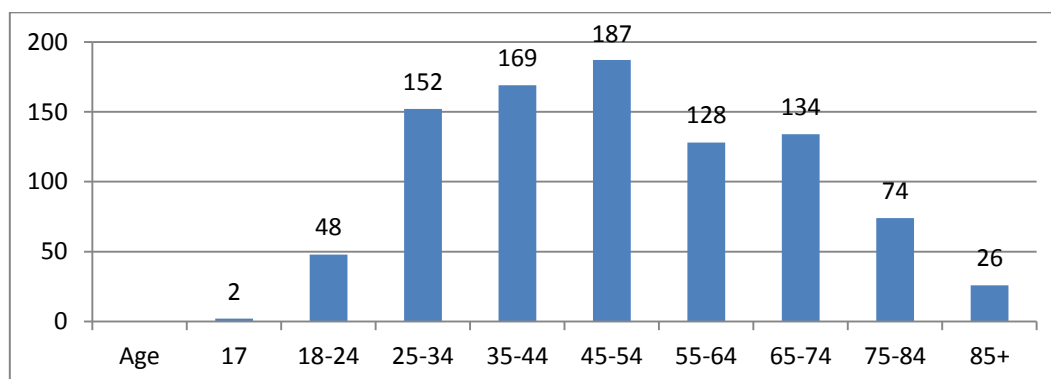
Please return to completed questionnaire to FREEPOST (no stamp needed) by Monday 7<sup>th</sup> August 2017.

'It's everyone's NHS', FREEPOST RLTG-JAYY-ZSRX, NHS Calderdale CCG, 5th Floor, F Mill Dean Clough Halifax HX3 5AX

## Appendix 2

### Equality Monitoring Data

#### Age



#### Disability

Type of impairment: Please tick all that apply		
Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using their arms)	31.5%	126
Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)	16.0%	64
Mental health condition (such as depression or schizophrenia)	25.5%	102
Learning Disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)	7.8%	31
Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	44.8%	179
Prefer not to say	11.3%	45
<b>answered</b>		<b>400</b>
<b>skipped</b>		<b>587</b>

#### Transgender

Are you transgender? Is your gender identity the same gender you were assigned at birth?		
Yes	42.3%	384
No	50.9%	462
Prefer not to say	6.8%	62
<i>answered</i>		908
<i>skipped</i>		79

#### Age

To what extent do you agree with our ideas to help save money on repeat prescriptions?	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85 +
Strongly agree	16	45	55	45	54	59	28	4
Agree	23	72	67	58	53	54	34	16

Disagree	4	15	26	22	11	11	4	2
Strongly Disagree	4	3	7	6	3	2	2	2
Don't Know	3	8	14	13	5	3	0	0
Column Totals	50	143	169	144	126	129	68	24

### Sex

To what extent do you agree with our ideas to help save money on repeat prescriptions?	Male	Female	Prefer not to say	Row Totals
Strongly agree	119	213	6	338
Agree	164	224	4	392
Disagree	41	64	2	107
Strongly Disagree	16	26	1	43
Don't Know	31	29	1	61
Column Total	371	556	14	941

### Religion

To what extent do you agree with our ideas to help save money on repeat prescriptions?	Buddhism	Christianity	Hinduism	Islam	Judaism	Sikhism	No religion	Prefer not to say	Other (please specify):
Strongly agree	0	155	1	57	1	2	83	19	9
Agree	1	148	2	135	0	4	75	18	13
Disagree	0	38	0	44	0	0	18	5	1
Strongly Disagree	0	11	1	25	0	0	4	3	1
Don't Know	0	17	0	20	0	0	13	6	4
Column Total	1	369	4	281	1	6	193	51	28

### What is your ethnic group? Asian or Asian British:

To what extent do you agree with our ideas to help save money on repeat prescriptions?	Bangladeshi	Chinese	Indian	Pakistani	Row Totals
Strongly agree	0	0	4	56	60
Agree	15	1	8	124	148
Disagree	11	0	0	32	43
Strongly Disagree	6	0	2	18	26
Don't Know	2	0	0	16	18
Column Total	34	1	14	246	295

**Black or Black British:**

To what extent do you agree with our ideas to help save money on repeat prescriptions?	Caribbean	African	Row Totals
Strongly agree	2	3	5
Agree	0	0	0
Disagree	0	1	1
Strongly Disagree	0	1	1
Don't Know	0	0	0
Column Total	2	5	7

**Mixed or multiple ethnic groups:**

To what extent do you agree with our ideas to help save money on repeat prescriptions?	White and Black Caribbean	White and Black African	White and Asian	Row Totals
Strongly agree	4	1	0	5
Agree	6	0	4	10
Disagree	1	0	1	2
Strongly Disagree	0	0	0	0
Don't Know	0	0	1	1
Column Total	11	1	6	18

**White:**

To what extent do you agree with our ideas to help save money on repeat prescriptions?	English/Welsh/Scottish/Northern Irish/British	Irish	Gypsy or Irish Traveller	Other White background (please specify)	Row Totals
Strongly agree	248	4	0	6	258
Agree	216	4	0	4	224
Disagree	57	0	0	2	59
Strongly Disagree	16	0	0	0	16
Don't Know	28	0	0	4	32
Column Total	565	8	0	16	589

**Other ethnic groups**

To what extent do you agree with our ideas to help save money on repeat prescriptions?	Arab	Prefer not to say	Any other ethnic group (please specify)	Row Totals
Strongly agree	0	7	0	7
Agree	0	11	1	12
Disagree	0	1	0	1
Strongly Disagree	0	1	0	1
Don't Know	0	9	0	9
Column Total	0	29	1	30

### Do you consider yourself to be disabled?

To what extent do you agree with our ideas to help save money on repeat prescriptions?	Yes	No	Prefer not to say	Row Totals
Strongly agree	77	252	10	339
Agree	106	281	10	397
Disagree	36	65	4	105
Strongly Disagree	10	31	4	45
Don't Know	17	39	5	61
Column Total	246	668	33	947

### Have you given birth in the last 6 months?

To what extent do you agree with our ideas to help save money on repeat prescriptions?	Yes	No	Prefer not to say	Row Totals
Strongly agree	8	323	9	340
Agree	10	359	12	381
Disagree	1	92	1	94
Strongly Disagree	2	36	0	38
Don't Know	2	50	4	56
Column Total	23	860	26	909

### Type of impairment: Please tick all that apply

To what extent do you agree with our ideas to help save money on repeat prescriptions?	Physical or mobility impairment	Sensory impairment	Mental health condition	Learning Disability	Long term condition	Prefer not to say	Row Totals
Strongly agree	34	19	37	5	61	16	172
Agree	54	31	39	12	82	11	229
Disagree	18	6	10	8	19	5	66
Strongly Disagree	12	1	6	0	6	3	28
Don't Know	6	4	9	5	9	8	41
Column Total	124	61	101	30	177	43	536

### Are you a carer?

To what extent do you agree with our ideas to help save money on repeat prescriptions?	Yes	No	Prefer not to say	Row Totals
Strongly agree	87	239	10	336
Agree	90	301	8	399
Disagree	20	83	3	106
Strongly Disagree	7	37	1	45
Don't Know	9	49	3	61
Column Total	213	709	25	947

### Are you pregnant?

To what extent do you agree with our ideas to help save money on repeat prescriptions?	Yes	No	Prefer not to say	Row Totals
Strongly agree	4	328	10	342
Agree	7	364	15	386
Disagree	5	94	1	100
Strongly Disagree	2	39	0	41
Don't Know	2	49	4	55
Column Total	20	874	30	924

### Please select the option that best represents your sexual orientation?

To what extent do you agree with our ideas to help save money on repeat prescriptions?	Bisexual (both sexes)	Gay (same sex)	Heterosexual/straight (opposite sex)	Lesbian (same sex)	Other	Prefer not to say	Row Totals
Strongly agree	5	4	302	1	0	24	336
Agree	3	5	339	2	1	35	385
Disagree	0	1	85	3	1	10	100
Strongly Disagree	0	1	33	0	0	7	41
Don't Know	1	3	48	1	1	7	61
Column Total	9	14	807	7	3	83	923

Which one of the following statements most closely matches your view? Please tick only one answer	Male	Female	Prefer not to say	Row Totals
The NHS should provide all drugs and treatments no...	100	124	3	227
The NHS should provide only the most effective dru...	137	217	7	361
The NHS should provide the most effective drugs an...	102	169	1	272
I don't know/don't have a view	32	47	3	82
Column Total	371	557	14	942

Which one of the following statements most closely matches your view? Please tick only one answer	15 - 24 s	25 - 34 s	35 - 44 s	45 - 55	55 - 64 -	65- 74	75 - 84 -	85 +	Blank
The NHS should provide all drugs and treatments no...	14	43	57	47	24	25	11	3	3
The NHS should provide only the most effective dru...	19	43	64	77	49	55	28	10	25
The NHS should provide the most effective drugs an...	10	40	35	45	42	51	30	11	12



I don't know/don't have a view	6	14	8	15	11	4	4	0	11
Column Total	49	140	164	184	126	135	73	24	51

Which one of the following statements most closely matches your view? Please tick only one answer	Buddhism	Christianity	Hinduism	Islam	Judaism	Sikhism	No religion	Prefer	Other
The NHS should provide all drugs and treatments no...	0	74	2	102	0	4	29	15	1
The NHS should provide only the most effective dru...	1	135	1	105	0	2	76	19	18
The NHS should provide the most effective drugs an...	0	134	1	42	1	0	71	12	6
I don't know/don't have a view	0	28	0	33	0	0	15	3	3
Column Total	1	371	4	282	1	6	191	49	28

What is your ethnic group? Asian or Asian British:					
Which one of the following statements most closely matches your view? Please tick only one answer	Bangladeshi	Chinese	Indian	Pakistani	Row Totals
The NHS should provide all drugs and treatments no...	13	0	5	88	106
The NHS should provide only the most effective dru...	16	0	4	91	111
The NHS should provide the most effective drugs an...	3	1	3	40	47
I don't know/don't have a view	2	0	2	28	32
Column Total	34	1	14	247	296

Black or Black British:			
Which one of the following statements most closely matches your view? Please tick only one answer	Caribbean	African	Row Totals
The NHS should provide all drugs and treatments no...	1	2	3
The NHS should provide only the most effective dru...	0	1	1
The NHS should provide the most effective drugs an...	1	2	3
Column Total	2	5	7

### Mixed or Multiple Ethnic Groups

Which one of the following statements most closely matches your view? Please tick only one answer	White and Black Caribbean	White and Black African	White and Asian	Row Totals
The NHS should provide all drugs and treatments no...	3	0	0	3
The NHS should provide only the most effective dru...	4	0	0	4
The NHS should provide the most effective drugs an...	3	1	3	7
I don't know/don't have a view	1	0	2	3
Column Total	11	1	5	17

### White:

Which one of the following statements most closely matches your view? Please tick only one answer	English/Welsh/Scottish/Northern Irish/British	Irish	Gypsy or Irish Traveller	Other White background (please specify)	Row Totals
The NHS should provide all drugs and treatments no...	93	3	0	6	102
The NHS should provide only the most effective dru...	232	2	0	5	239
The NHS should provide the most effective drugs an...	204	4	0	2	210
I don't know/don't have a view	37	0	0	3	40
Column Total	566	9	0	16	591

### Other ethnic groups

Which one of the following statements most closely matches your view? Please tick only one answer	Arab	Prefer not to say	Any other ethnic group (please specify)	Row Totals
The NHS should provide all drugs and treatments no...	0	11	1	12
The NHS should provide only the most effective dru...	0	10	0	10
The NHS should provide the most effective drugs an...	0	5	0	5
I don't know/don't have a view	0	4	0	4
Column Total	0	30	1	31

### Do you consider yourself to be disabled?

Which one of the following statements most closely matches your view? Please tick only one answer	Yes	No	Prefer not to say	Row Totals
The NHS should provide all drugs and treatments no...	45	178	6	229
The NHS should provide only the most effective dru...	96	250	19	365

The NHS should provide the most effective drugs an...	85	184	4	273
I don't know/don't have a view	20	57	4	81
Column Total	246	669	33	948

Type of impairment: Please tick all that apply							
Which one of the following statements most closely matches your view? Please tick only one answer	Physical or mobility impairment	Sensory impairment	Mental health condition	Learning Disability	Long term condition	Prefer not to say	Row Totals
The NHS should provide all drugs and treatments no...	23	8	22	4	34	13	104
The NHS should provide only the most effective dru...	52	20	37	10	68	16	203
The NHS should provide the most effective drugs an...	42	31	35	13	66	9	196
I don't know/don't have a view	9	4	8	4	9	5	39
Column Total	126	63	102	31	177	43	542

#### Carer

Which one of the following statements most closely matches your view? Please tick only one answer	Yes	No	Prefer not to say	Row Totals
The NHS should provide all drugs and treatments no...	52	173	5	230
The NHS should provide only the most effective dru...	83	268	12	363
The NHS should provide the most effective drugs an...	65	203	6	274
I don't know/don't have a view	15	64	2	81
Column Total	215	708	25	948

#### Are you pregnant?

Which one of the following statements most closely matches your view? Please tick only one answer	Yes	No	Prefer not to say	Row Totals
The NHS should provide all drugs and treatments no...	10	202	6	218
The NHS should provide only the most effective dru...	5	333	14	352
The NHS should provide the most effective drugs an...	4	265	7	276
I don't know/don't have a view	2	74	3	79
Column Total	21	874	30	925

#### Have you given birth in the last 6 months?

Which one of the following statements most closely matches your view? Please tick only one answer	Yes	No	Prefer not to say	Row Totals
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<b>The NHS should provide all drugs and treatments no...</b>	<b>10</b>	<b>200</b>	<b>6</b>	<b>216</b>
<b>The NHS should provide only the most effective dru...</b>	<b>6</b>	<b>325</b>	<b>12</b>	<b>343</b>
<b>The NHS should provide the most effective drugs an...</b>	<b>6</b>	<b>262</b>	<b>5</b>	<b>273</b>
<b>I don't know/don't have a view</b>	<b>1</b>	<b>74</b>	<b>3</b>	<b>78</b>
<b>Column Total</b>	<b>23</b>	<b>861</b>	<b>26</b>	<b>910</b>

<b>Please select the option that best represents your sexual orientation?</b>							
<b>Which one of the following statements most closely matches your view? Please tick only one answer</b>	<b>Bisexual (both sexes)</b>	<b>Gay (same sex)</b>	<b>Heterosexual/straight (opposite sex)</b>	<b>Lesbian (same sex)</b>	<b>Other</b>	<b>Prefer not to say</b>	<b>Row Totals</b>
The NHS should provide all drugs and treatments no...	2	3	200	3	0	16	224
The NHS should provide only the most effective dru...	4	4	307	0	2	37	354
The NHS should provide the most effective drugs an...	2	3	237	4	1	18	265
I don't know/don't have a view	2	3	63	1	0	12	81
Column Total	10	13	807	8	3	83	924