

Brent LINK

Community Health Survey 2012

November 2012

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Table of Contents

1	Introduction, Context and Methodology	2
2	Responses	3
3	Summary of Findings	8

1 Introduction Context and Methodology

- 1.1 Brent LINK's Healthwatch Steering Group, with the support of its host, Hestia agreed in August 2012 to undertake a community health survey of residents and organisations in Brent.
- 1.2 Brent LINK sees this exercise as a legacy project for the forthcoming Healthwatch. In so doing the LINK is committed to support an evidence based insight into the perceptions of people about health services locally, their awareness of the current initiatives and priorities in the health and social care sector, the concerns and hopes for health provision locally and priorities for the Healthwatch going forward.
- 1.3 The Methodology for this questionnaire is relatively simple, with six multiple response questions being asked with a series of variable responses. In addition some open ended questions were provided offering the respondent qualitative input. The survey is then profiled by gender, age, ethnicity, disability and employment status.
- 1.4 The questionnaire was designed to take 10-15 minutes to complete and was accessed either through the Brent LINK website, via email or in paper copy administered by Brent LINK and its volunteers.
- 1.5 The survey was distributed in a variety of ways, it is both a hard copy and web based survey and its distribution included:
 - Press release (2nd week in September) into the local press with the web site response location and address
 - Email dissemination to the LINK's 120 community and voluntary organisation, with the request that they disseminate the survey to their client/membership base and thus extend the opportunities for people to be engaged. This has been followed up three times.
 - The questionnaire was sent out to all the LINK's 700+ members
 - The questionnaire was taken and distributed to the relevant LINK meetings between September and October including its election hustings and numerous other meetings.
 - Management committee members sought to disseminate the questionnaire through their personal and organisational contacts
 - Copies of the questionnaire were provided for CAB and CVS
- 1.6 The period of the survey was between September and October 2012. The report was completed in early November, the aim of which was to provide a summary report of the survey's findings to the council's Overview and Scrutiny Committee on the 29th November.
- 1.7 In total 119 responses were returned both in hard copy and via the web. 79 were returned as hard copies and 40 were completed on the web returns.
- 1.8 Additional personal, respondent, contact details were returned which confirms their interest or otherwise in continuing their involvement with the LINK either as a volunteer, action group participation, attendance at meetings and being included in the LINK's mailing list. This information will be provided to HealthWatch, which will support the

growing contacts of local people wishing to engage in health related matters in the borough.

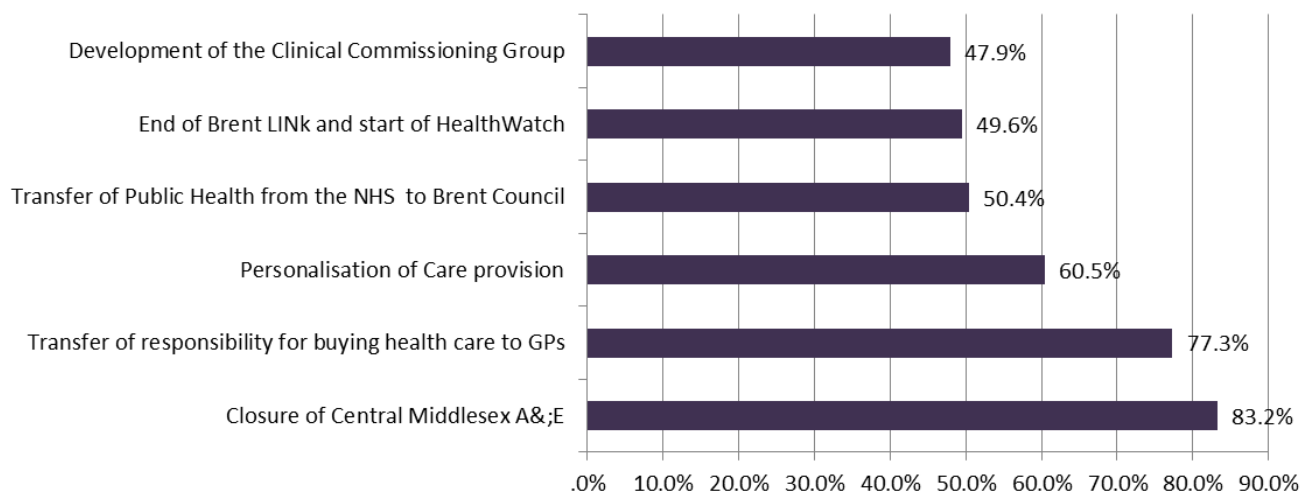
2 Responses

2.1 This section reviews the findings to the questions asked and each question is reported in sequence. The survey sought to;

- Assess the awareness people have of the various changes there are currently in the health environment and economy
- Establish matters/issues people feel it is important on which to have their voice heard
- Identify general concerns people have about provision in the borough
- Establish their top three concerns
- Assess perceptions about quality, accessibility, efficiency, cleanliness of services
- Assess perceptions of the sector's willingness to listen experienced by different providers, the need for a voice, and the representative support provided by Brent LINK.

2.2 The first of these is set out below:

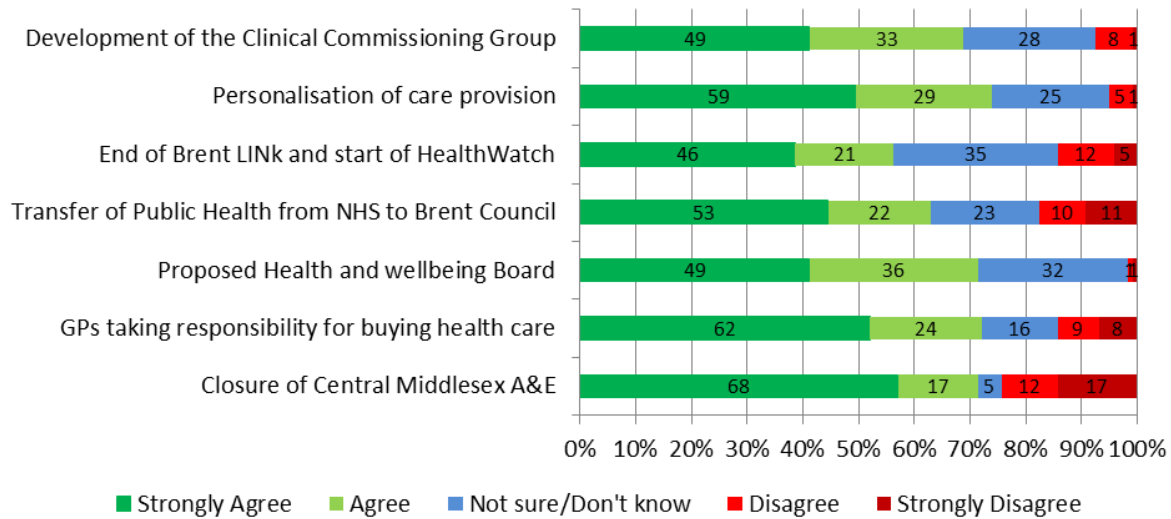
Figure 1: Awareness of the many changes happening in local health and social care services



2.3 Figure one above shows quite clearly that some issues are better known than others. 83.2% of respondents had heard of the closure of Central Middlesex A&E. 3% were aware of the transfer of commissioning responsibilities to GPs, 60.5% had heard of the personalisation of Care Provision, and just over 50% had heard that Public Health is to be transferred to the Council, 49.6% had heard that Brent LINK is due to end, to be replaced by Healthwatch and 47.9% had heard of the development of the Clinical Commissioning Group.

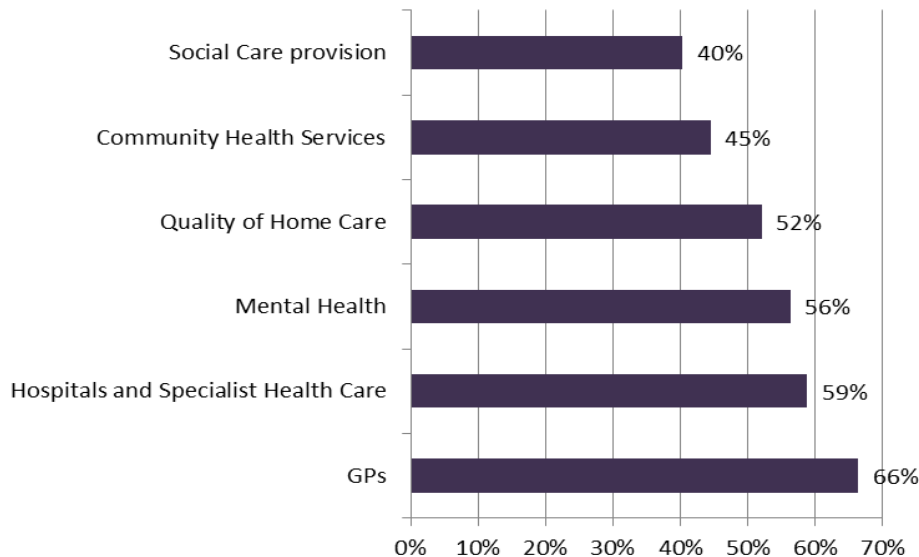
2.4 What this suggests is that the issues people had heard of most were about things that were accompanied by press and media interest at a local, in the case of the closure of Central Middlesex Hospital, and national level, through the Government's policy transferring responsibility for buying health care to GPs. (Health & Social Care Act 2012)

Figure 2: Do you feel it is important to have your views heard on these matters as they develop?



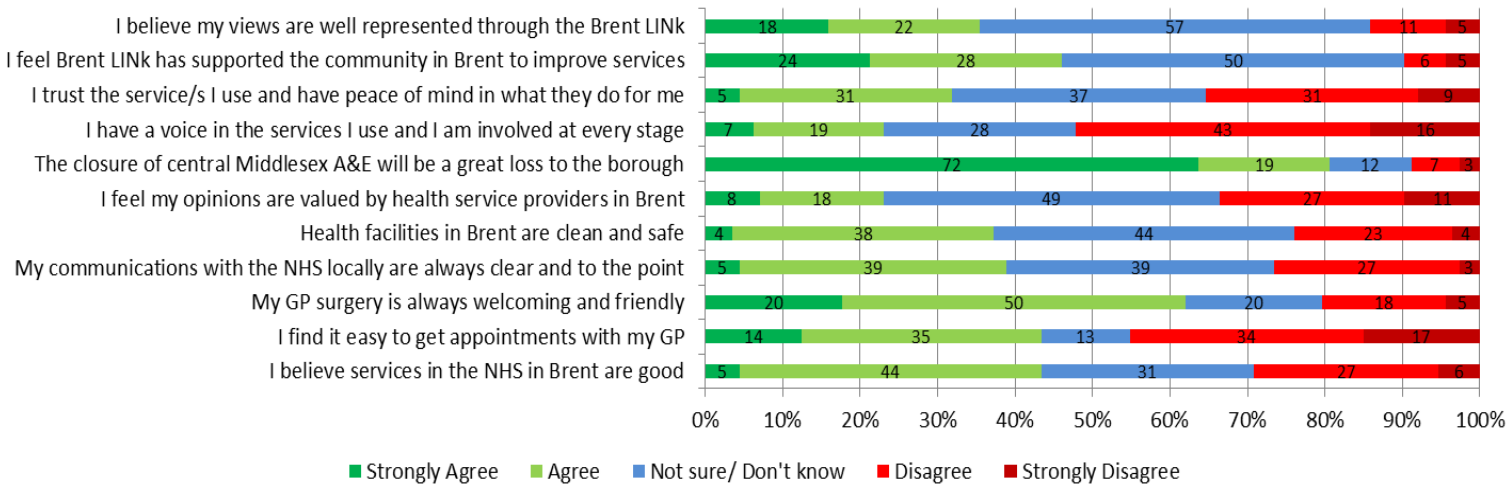
2.5 Figure two above shows the level of agreement with the importance people place on having their views known about key issues in the borough. The four highest areas of agreement (over 70% in each case) were with respect to the personalisation of care provision, the proposed Health and Wellbeing Board, GPs taking responsibility for buying healthcare and the closure of Central Middlesex A&E.

Figure 3: Do you have any concerns about the provision of health and social care in Brent in the following areas?



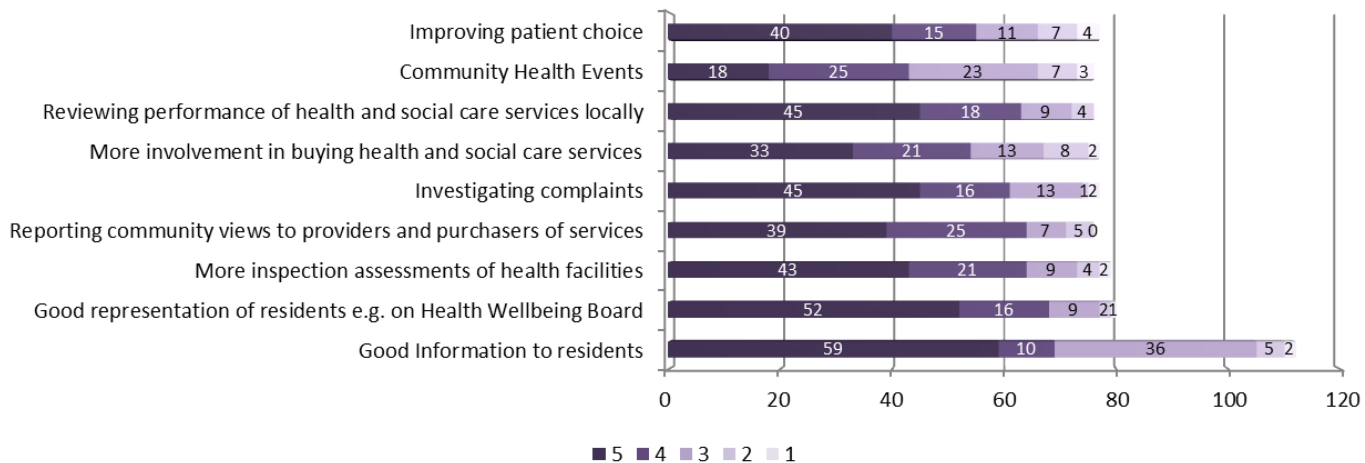
2.6 The areas respondents felt were the greatest concerns regarding healthcare provision in the borough are set out in figure 3 above. This was an open multiple response question and it is clear that the three highest ranked issues of concern are GPs, Hospitals and Specialist Health Care and Mental Health.

Figure 4: Respondent agreement and or disagreement with the following statements



2.7 Figure 4 above, has different statement which respondents have either agreed with or disagreed with. The highest level of agreement is with the statement that the closure of Central Middlesex Hospital will be a great loss to the borough. 62% of respondents felt their GP surgery is always welcoming and friendly, 46% of respondents agreed that Brent LINK has supported the community in Brent, 43% agreed that they find it easy to get an appointments at their GPs, although interestingly this is counter balanced by 45% who disagree with this statement. 43% agreed that NHS services in Brent are good. The highest level of disagreement was 53% who disagreed that they have a voice in the services they use and they are involved at every stage.

Figure 5: What are the priorities you would want HealthWatch to concentrate on (scored out of five)



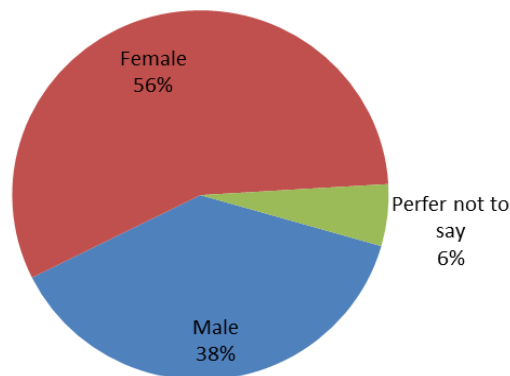
2.8 Figure 5 sets out the scoring against the priorities respondents feel HealthWatch should concentrate on. These priorities have been taken from the DoH guidance on the roles of HealthWatch and should hopefully encapsulate the main activities and priorities for HealthWatch. The highest scoring and largest response base was the need for good

information to residents. The remaining responses were broadly the same sizes although some clearly had higher 4 and 5 scores. These included; good representation on the Health and Wellbeing Board, more inspection and assessment of health facilities, reporting community views to providers and reviewing the performance of health and social care services locally.

Respondent Profile

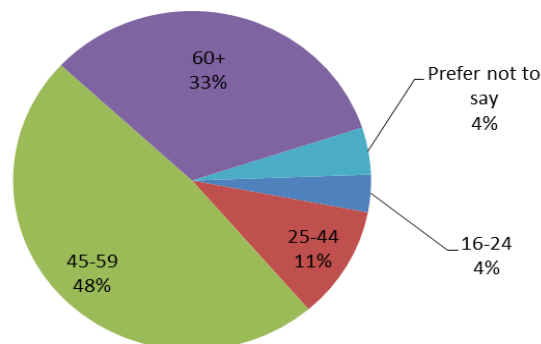
2.9 Figures 6 to 10 set out the gender, age, ethnicity, disability and work status of the respondents.

Figure 6: Gender Profile



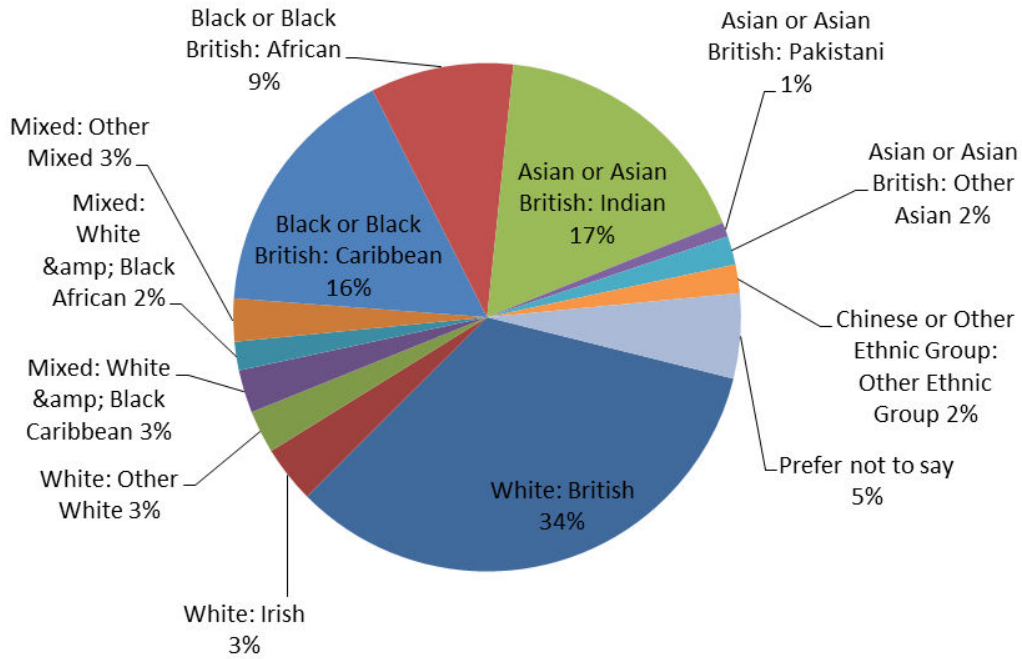
2.10 More women 56% than men 38% responded to this survey.

Figure 7: Age Profile



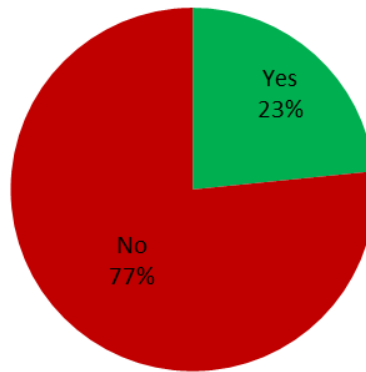
2.11 Essentially almost ½ of the respondents were aged between 45 and 59 and 33% were over 60. This suggests that the survey is more a reflection of middle and older aged people. This would indicate the need for HealthWatch to capture more young people in its engagement processes, although the LINK is fully aware of the difficulties in doing this.

Figure 8: Ethnic Profile



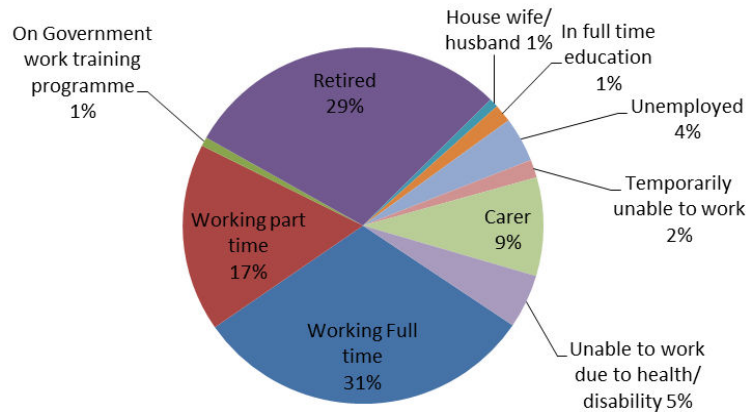
2.12 The ethnic profile of respondents is pretty diverse; however given the higher proportion of older people in the sample the profile is more reflective of the ethnic profile of the older age ranges of the population.

Figure 9: Disability



2.13 Interestingly almost a quarter of respondents self-declared a disability, the majority of which were physical disabilities followed by sensory impairments.

Figure 10: Work Status of the respondents



2.14 The profile of the working status of the sample was fairly mixed with 31% of full time employed, 17% part time and 29% retired. The other category of statistical note was 9% carers.

3 Summary of Findings

3.1 The survey provides some clear insight into the views of local people and whilst the LINK is disappointed with the overall level of return it still feels that the responses highlight some clear and distinct perceptions of local provision by Brent people.

3.2 In summary:

- 83.2% of respondents are aware of the closure of Central Middlesex Hospital
- 77.3% are aware that GP's are taking responsibility for buying health care
- Both these high level of awareness have been supported by local and national press campaigns/ media coverage
- The areas of greatest priority for local people having a voice were seen by respondents to be:
 - Personalisation of care provision
 - The Proposed Health and Wellbeing Board
 - GPs taking responsibility for buying health care
 - Closure of Central Middlesex Hospital
- GPs (66%) and Hospitals and Specialist Care (59%) were the two highest areas of concerns seen by respondents, predominantly relating to access to appointments and services.
- 81% of respondents agreed that the closure of Central Middlesex Hospital would be a loss to the borough
- 72% agree that their GP surgeries were always welcoming and friendly
- 53% of respondents disagreed that they have a voice in the services they use and are involved at every stage
- The survey prioritised the focus of HealthWatch to:
 - Provide good information to residents
 - Good representation e.g. on the Health and Wellbeing Board
 - Review the performance of health and social care providers and
 - Undertake more inspection assessments of health facilities.