

Integrated Neighbourhood Team (INT) Survey

Background

This is a summary of findings from the 'Your Services – Your Say' stakeholder engagement campaign that was undertaken to understand the views and experiences of health and other professionals regarding the INT service. The survey ran for an eight week period from July to September 2018.

The survey forms part of the community services review that is being undertaken by NHS East Lancashire CCG. The findings from this survey will be used, in conjunction with service intelligence, data and national guidance to inform the community services review.

Aim

The aim of this survey was to understand the views of health professionals, as well as other professionals who use or work with the INT service. In particular, the survey sought to elicit what health professionals like about the service, what, if anything could be better, and any other comments or views. The demographic data of respondents was also sought to ensure the insights obtained from the survey were representative of the population and to understand the demographic nature of the respondents as this may have a bearing on their responses and use of the INT service.

Methodology

The survey was a retrospective survey of service use by professionals. It was promoted as an online survey. The survey was promoted to GPs via the GP bulletin, and via locality managers. It was also shared with service managers for the INT service to help promote to partners and other health and care professionals.

Approach

The survey focused on three open questions:

1. What do you like about the service?
2. What, if anything, could we do better?
3. Is there anything else you would like to tell us about the service?

The open questions enabled respondents to articulate their views in narrative format, rather than in a rating scale such as a likert scale. The responses therefore lend themselves to a qualitative analysis approach, which was undertaken using content analysis to identify key themes and establish a framework of these themes. These were then used to consider and map the comments from respondents. Having established the content themes in a framework for East Lancashire, the framework was then cross referenced against responses for each locality, and by each professional working within that locality.

Findings: East Lancashire

Summary of findings

The data suggests that the INT service achieves high levels of positive sentiment – it is well regarded and users and partners of the service consider it to be a significant additional service with notable levels of satisfaction and perceived benefits for health professionals.

However, while the service achieves positive recognition and appreciation of its benefits; it is also notable that there is clearly room for improvements to the service offer. These are not significant, and in the context of INTs, could be considered as minor improvements or adjustments to the service offer.

Responses

A total of 75 health and care professionals responded to this survey.

Professionals who responded

Table 1, below shows the range of professionals who responded to the survey

Table 1. Response across East Lancashire, by professional

Health professional – GP	12 (16%)
Health professional – Nurse	15 (20%)
Health professional – Hospice	4 (5%)
Health professional - Other (please state below)	0 (0%)
Care professional - Social Care	16 (21%)
Voluntary Sector worker	5 (7%)
Other	23 (31%)
Total	75 (100%)

There were multiple responses to the questionnaire from individuals who operate in multiple localities in East Lancashire. For example, for the Burnley locality 4 individuals work in other areas of East Lancashire, for Hyndburn, 7 individuals work in other localities, for Pendle, 5 individuals work in other areas, and for Ribblesdale and Rossendale 7 and 5 individuals work in other localities respectively. This means that the responses in each locality outnumber the respondents. For completeness, the professionals whose work involves multiple localities are asterixed in table 2 below.

Table 2. Response by locality and by profession, including professionals with multiple locality foci

Locality	Profession						Total
	GP	Nurse	VCFS	Hospice	Other Health Professional	Other	
Burnley	6	4	1	1	8*	1*	21
Hyndburn	0	5*	2*	1	5*	10*	23
Pendle	4	5	1	0	8*	7*	25
Ribblesdale	2	3*	2	0	2*	3*	12
Rossendale	0	1*	0	2	3*	3*	9
Total	12	18	6	4	26	24	90

Use of INT service

Sixty two (86%) respondents stated that they use the INT service, and 10 (14%) stated that they don't use the service. Three (1%) respondents did not respond to this question.

What respondents like about INT

Thirteen themes were identified from the content analysis. These are listed in order of "weight" or the importance given to them, evidenced by the number of references to them. These themes appear to be self-explanatory. They can be used to test whether the objectives of the INT service had been met, or not. Or indeed, whether new insights about the benefits of the INT service could be derived from them.

- Coordinated/joint/MDT approach
- Ease of access /referral
- Good communication and regular updates
- Information sharing
- Management of complex cases
- Knowledgeable staff
- Community focus
- Better outcomes
- Strengthened relationships
- Flexibility of service
- Compassionate approach/Patient focus
- Supportive/approachable staff
- Time saving & well organised

What, if anything can we do better with INTs

Twenty-one themes were identified from the content analysis. These are listed in order of "weight" or the importance given to them, evidenced by the number of references to them. These themes appear to be self-explanatory. They can be used to test whether the objectives of the INT service had been met, or not. Or indeed, whether new insights about the benefits of the INT service could be derived from them.

- More capacity required (more INT staff required)
- More proactive case finding (identifying patients) needs to happen
- Build relationships with individual practices
- Improve knowledge of community assets
- Co-locate staff in primary care
- Reduce the frequency of meetings
- Ensure that INTs operate consistently across East Lancs
- Encourage a GP presence at INT meetings
- Ensure that there is more recognition of private and government sectors
- Promote the INT service more widely
- Ensure stronger liaison between hospital and primary care
- Include action plans with dates so that the referral can be tracked
- Ensure initial appointment confirmation email sent to GP
- Reduce delay time between referral and appointment
- Better telephone answering – this is a reference to a perception that INTs don't respond to phone calls
- Include INT care plans in EMIS
- Consider innovative ways of collaborating in the community
- Involve the community geriatrician more

- Ensure more mental health input
- Improve communication with secondary care

Is there anything else you would like to tell us about the service?

Nineteen (25%) respondents replied to this question. All were positive, and complimentary about the service. Key comments are provided here for illustration:

“It is exceedingly valuable and works sometimes in lateral ways to remove barriers to vulnerable patients accessing the care they may need” (Personal Independence Co-ordinator, Age UK Lancashire).

“I have found the service invaluable to my housebound caseload, not only with the co-ordinated thinking but also as a source of information. There is evidence that this team has helped reduce hospital admissions in our area” (Nurse, Hyndburn).

“Thanks to the INT team we have managed to provide a much better service to our complex patients. Unfortunately in general practice we are unable to provide the time needed to manage the health and wellbeing of these patients. We see the INT as an essential part of our neighbourhood team” (Practice Manager, Pendle).

“I really hope that the INT will become a permanent part of healthcare system in the future; as it is very rare to be face to face on a regular basis to health, medical and voluntary sector workers who have a common purpose to support and meet the needs of their clients/patients” (Voluntary Sector Worker, Burnley).

The next section provides findings from each of the East Lancashire localities.

Burnley

Respondents

Table 3. Response by profession

Locality	Profession						Total
	GP	Nurse	VCFS	Hospice	Other Health Professional	Other	
Burnley	6	4	1	1	8*	1*	21

There were 21 responses from Burnley based respondents. These were GPs (6), Nurses (4), a hospice nurse and a representative from the VCFS. Nine respondents characterised themselves as “other”. These were admin (2), service manager (1), OT (2), Fire and Rescue (1), Medicines Management (1), GP Practice Manager (1) and Health Care Assistant (1).

Service use

With the exception of one nurse, all respondents have used the INT service.

What respondents like about INT: content analysis by professions

Table 4. What respondents like about the INT service

Theme	GP	Nurse	Hospice	VCFS	Other - health	Other – non-health
Coordinated/joint/MDT approach	4	1		1		6
Ease of access /referral	1	2				3
Good communication and regular updates	2	2			3	3
Information sharing					2	
Management of complex cases						2
Knowledgeable staff	1				1	2
Community focus						2
Better outcomes						3
Strengthened relationships						1
Compassionate/Patient focus					2	5
Supportive/approachable staff	1					
Time saving & well organised	3					1

What, if anything can we do better with INTs: content analysis by professions

Table 5. What, if anything can we do better with INTs

Theme	GP	Nurse	Hospice	VCFS	Other health	Other non-health
More capacity	2				1	1
More proactive case finding	1				3	
Build relationships with individual practices						1
Improve knowledge of community assets						1
Ensure initial appointment confirmation email sent to GP						1
Reduce delay time between referral and appointment	2					
Better telephone answering	1					
Include care plans in EMIS	1					
Improve communication		1				
Home IV?	1					

Demographics

Age group

25-34 (2)
 35-44 (3)
 45-54 (8)
 55-64 (1)
 No response (11)

Gender

Eleven respondents were female, 3 were male, 7 preferred not to say or didn't respond to this question. None of the respondents were the recipients of gender reassignment.

Ethnicity

Eleven respondents were White British, 2 were Asian, 1 was of mixed heritage.

Sexuality

With the exception of 3 respondents, all respondents described themselves as heterosexual. These three respondents did not reply to this question.

Disability

Eleven respondents reported that they had no disability; and 10 respondents didn't respond to this question.

Religion

Seven respondents stated that they were Christian, 5 atheist or agnostic and one, reported that they were Muslim. Seven respondents did not respond to this question.

Hyndburn

Respondents

Table 6. Response by professional

Locality	Profession						Total
	GP	Nurse	VCFS	Hospice	Other Health Professional	Other	
Hyndburn	0	5*	2*	1	5*	10*	23

There were 23 responses from Hyndburn based respondents. No GPs responded. The respondents included: nurses (5), a hospice nurse and two respondents from the VCFS. Five respondents described themselves as “other health professionals”, and ten respondents characterised themselves as “other”. Health professionals included 4 Practice Managers, and one OT. The ten respondents who described themselves as “other” included OT (1), Admin (3), Wellbeing worker (1), Service Manager (1), Assistant Practitioner (1), Age UK (1), Pharmacy Technician (1) and a family member.

Service use

Twenty respondents confirmed that they have used the INT service, two respondents don't use the service and one respondent didn't reply to this question. Of the two respondents who didn't use the service, one was a practice manager, and the other respondent was an administrator. The practice manager didn't give a reason for non-use, however the admin worker stated that the service wasn't needed.

What respondents like about INT: content analysis by professions

Table 7. What respondents like about the INT service

Theme	GP	Nurse	Hospice	VCFS	Other - health	Other – non-health
Coordinated/joint/MDT approach		2			1	
Ease of access /referral		1			1	4
Good communication and regular updates		1		1	1	
Information sharing		3		1		1
Management of complex cases				1	1	1
Knowledgeable staff		2		1		2
Community focus		2			1	
Better outcomes					1	
Strengthened relationships					1	
Flexibility of service				1		1
Compassionate/Patient focus		1				4
Supportive/approachable staff		1				2
Time saving & well organised						1

What, if anything can we do better with INTs: content analysis by professions

Table 8. What, if anything can we do better with INTs

Theme	GP	Nurse	Hospice	VCFS	Other health	Other non-health
More capacity					2	1
More proactive case finding						1
Improve knowledge of community assets						1
Co-locate staff					1	1
Reduce the frequency of meetings				1		
GP presence at INT meetings				1		1
More mental health input		1				

Demographics

Age group

35-44 (1)
45-54 (8)
55-64 (6)
No response (8)

Gender

Fourteen respondents were female, 1 was male, 8 preferred not to say or didn't respond to this question. None of the respondents stated that they were the recipients of gender reassignment.

Ethnicity

Fifteen respondents were White British, 8 respondents did not reply to this question.

Sexuality

Eleven respondents were heterosexual, 2 were bi-sexual, and 10 either didn't reply or preferred not to describe their sexuality.

Disability

Eleven respondents reported that they had no disability; and 9 respondents didn't respond to this question. Three respondents stated that they had a disability. Two of these stated that their disability was learning disability and sensory disability respectively.

Religion

Eleven respondents stated that they were Christian, and 4 stated that they were atheist or agnostic. Eight respondents did not respond to this question.

Pendle

Respondents

Table 9. Response by professionals

Locality	Profession						Total
	GP	Nurse	VCFS	Hospice	Other Health Professional	Other	
Pendle	4	5	1	0	8*	7*	25

There were 25 responses from Pendle based respondents. Four GPs responded. The respondents included: nurses (5), and one respondent from the VCFS. Eight respondents described themselves as “other health professionals”, and 7 respondents characterised themselves as “other”, non-health professionals. Health professionals included 2 Practice Managers, 2 OTs, 2 podiatrists, one medicine support and one respondent did not reply to this question. The seven respondents who described themselves as “other” included 2 receptionists, one manager, one service manager, one policeman, a practice manager and a representative from fire and rescue.

Service use

Twenty respondents confirmed that they have used the INT service, and five respondents don't use the service. Of the five respondents who didn't use the service, 3 were nurses, and two were administrative staff. Of these, 2 stated that they had no need to use the service, 2 stated that they work in the service, and one didn't respond to this question.

What respondents like about INT: content analysis by professions

Table 10. What respondents like about the INT service

Theme	GP	Nurse	Hospice	VCFS	Other - health	Other – non-health
Coordinated/joint/MDT approach	1			1	2	
Ease of access /referral	2	1			1	
Good communication and regular updates	3				1	
Information sharing	2					
Management of complex cases	2					
Knowledgeable staff	1			1	1	
Community focus				1		
Better outcomes					1	
Flexibility of service	1					
Compassionate/Patient focus					1	
Supportive/approachable staff					1	
Time saving & well organised	1			1	1	

What, if anything can we do better with INTs: content analysis by professions

Table 11. What, if anything can we do better with INTs

Theme	GP	Nurse	Hospice	VCFS	Other health	Other non-health
More capacity					2	1
More proactive case finding						1
Improve knowledge of community assets						1
Co-locate staff					1	1
Reduce the frequency of meetings				1		
GP presence at INT meetings				1		1
More mental health input		1				

Demographics

Age group

35-44 (1)
45-54 (8)
55-64 (6)
No response (8)

Gender

Fourteen respondents were female, 1 was male, 8 preferred not to say or didn't respond to this question. None of the respondents stated that they were the recipients of gender reassignment.

Ethnicity

Fifteen respondents were White British, 8 respondents did not reply to this question.

Sexuality

Eleven respondents were heterosexual, 2 were bi-sexual, and 10 either didn't reply or preferred not to describe their sexuality.

Disability

Eleven respondents reported that they had no disability; and 9 respondents didn't respond to this question. Three respondents stated that they had a disability. Two of these stated that their disability was learning disability and sensory disability respectively.

Religion

Eleven respondents stated that they were Christian, and 4 stated that they were atheist or agnostic. Eight respondents did not respond to this question.

Ribblesdale

Respondents

Table 12. Respondents by profession

Locality	Profession						Total
	GP	Nurse	VCFS	Hospice	Other Health Professional	Other	
Ribblesdale	2	3*	2	0	2*	3*	12

There were 12 responses from Ribblesdale based respondents. Two GPs responded. The respondents also included: nurses (3), and two VCFS respondents. Two respondents described themselves as “other health professionals”, and 3 respondents characterised themselves as “other”, non-health professionals. The two other health professionals were a pharmacy technician and an OT. The three respondents who described themselves as “other” included one service manager, one administrator and one wellbeing worker.

Service use

Eleven respondents confirmed that they have used the INT service, and one respondent didn't respond to this question, this respondent stated that they are an administrator.

What respondents like about INT: content analysis by professions

Table 13. What respondents like about the INT service

Theme	GP	Nurse	Hospice	VCFS	Other - health	Other – non-health
Coordinated/joint/MDT approach	1	2			1	
Ease of access /referral	1	1				1
Good communication and regular updates						
Information sharing		1		1		
Management of complex cases						
Knowledgeable staff						1
Community focus						
Better outcomes	1					
Strengthened relationships		2				
Flexibility of service						
Compassionate/Patient focus						
Supportive/approachable staff						2
Time saving & well organised (reducing GP workload)	1					1

What, if anything can we do better with INTs: content analysis by professions

Table 14. What, if anything can we do better with INTs

Theme	GP	Nurse	Hospice	VCFS	Other health	Other non-health
More capacity	1				2	1
More proactive case finding						1
Improve knowledge of community assets						1
Co-locate staff	1				2	1
Reduce the frequency of meetings				1		
More mental health input		1				
Improve communication						1

Demographics

Age group

45-54 (5)
55-64 (3)
No response (4)

Gender

Six respondents were female, 2 were male, 4 preferred not to say or didn't respond to this question. None of the respondents stated that they were the recipients of gender reassignment.

Ethnicity

Eight respondents were White British, 4 respondents did not reply to this question.

Sexuality

Eight respondents were heterosexual, 4 either didn't reply or preferred not to describe their sexuality.

Disability

Seven respondents reported that they had no disability; and 5 respondents didn't respond to this question.

Religion

Five respondents stated that they were Christian, and 3 stated that they were atheist or agnostic. Four respondents did not respond to this question.

Rossendale

Respondents

Table 15. Respondents by profession

Locality	Profession						Total
	GP	Nurse	VCFS	Hospice	Other Health Professional	Other	
Rossendale	0	1*	0	2	3*	3*	9

There were 9 responses from Rossendale based respondents. No GPs responded. The respondents included: one nurse and two hospice staff. Three respondents described themselves as “other health professionals”, and 3 respondents characterised themselves as “other”, non-health professionals. The three other health professionals were a medicine support technician, an OT and a podiatrist. The three respondents who described themselves as “other” included one service manager, a strategic manager and a representative from Fire and Rescue services.

Service use

All nine respondents confirmed that they have used the INT service.

What respondents like about INT: content analysis by professions

Table 16. What respondents like about the INT service

Theme	GP	Nurse	Hospice	VCFS	Other - health	Other – non-health
Coordinated/joint/MDT approach			1		1	2
Ease of access /referral		1				1
Good communication and regular updates					2	
Management of complex cases					1	
Knowledgeable staff					1	1
Community focus						
Better outcomes						1
Supportive/approachable staff					2	1
Time saving & well organised (reducing GP workload)						1

What, if anything could we do better: content analysis by professions

Table 17. What, if anything can we do better with INTs

Theme	GP	Nurse	Hospice	VCFS	Other health	Other non-health
More capacity					1	1
More proactive case finding						1

Demographics

Age group

25-34 (1)
45-54 (5)
55-64 (1)
No response (2)

Gender

Six respondents were female, 1 was male, 2 preferred not to say or didn't respond to this question. None of the respondents stated that they were the recipients of gender reassignment.

Ethnicity

Seven respondents were White British, and 2 respondents did not reply to this question.

Sexuality

Six respondents were heterosexual, and 3 either didn't reply or preferred not to describe their sexuality.

Disability

Seven respondents reported that they had no disability; and 2 respondents didn't respond to this question.

Religion

Two respondents stated that they were Christian, and 3 stated that they were atheist or agnostic. Four respondents did not respond to this question, either preferring not to state their religious status, or didn't respond.

Overall Conclusion – East Lancashire INTs

The data suggests that the INT service achieves high levels of positive sentiment and it is well regarded by health professionals and partners who refer patients to the service. Notably professionals consider it to be a significant additional service which supports the work they do, through helping to manage workload, and through forging connections between health professionals with good communication and coordination.

However, while the service achieves positive recognition and appreciation of its benefits; it is also notable that there is clearly room for improvement to the service offer. With the exception of the theme which seeks more capacity, and the need for more innovative approaches to collaboration in the community, and more INT staff, the other suggestions do not appear to be significant, and represent mainly minor improvements to practices and procedures.