

*REPORT ON:
DALTON REVIEW
SURVEY OF FOUNDATION TRUST MEMBERS*

FULL REPORT

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1. EXECUTIVE SUMMARY

The Dalton Review, led by Sir David Dalton at the request of the Secretary of State, is an independent review into new organisational options for providers of NHS care.

As a part of the review, the Department of Health commissioned Membership Engagement Services (MES) to seek the views of aspirant and authorised NHS Foundation Trust (FT) members. The Department approached MES because of the company's access to and experience with the Foundation Trust sector.

The research was conducted as an online survey consisting of five questions including four closed and one free text response question. Emails that included a unique link to the online survey were sent to 82,638 members representing 28 aspirant or authorised NHS Foundation Trusts.

The data collection and field work was conducted for 19 days from 28th August 2014 through 15th September 2014. A response rate of 6.5% was achieved, with 5,377 aspirant or authorised FT members from all 28 Trusts responding to the survey.

Key findings from the survey are summarised below.

- Thinking about the best ways of making sure local health services are accountable to local people, respondents showed the highest level of support for involving members in decision making through surveys, workshops and focus groups (66%). The lowest level of response was seen for 'Council of Governors elected by Trust members', though 42% of respondents still considered this one of the best ways of making sure local health services are accountable to local people.
- Following the establishment of a coding frame to analyse free text responses for the survey's open question (Question 2), the largest proportion of respondents indicated that consulting members of the public through surveys, committees, focus groups or discussion groups would be the best way for providers of NHS health and care services to make sure they are delivering the services that are most important to local people (46%).
- Others suggested that NHS health and care providers could ensure they are delivering the services most important to local people by:
 - Conducting regular and inclusive communication and events for patients, carers and members of the public (12%).
 - Conducting research and utilising existing health and demographic data to better understand local populations (7%).

- 56% of respondents agreed or strongly agreed with the statement: If a hospital from another part of the country started to run some services in my local area they could still be accountable to local people.
- A slightly higher majority of respondents agreed or strongly agreed that patients could remain involved in improving the quality of services if a hospital from another part of the country started to run some of the services in their local area (61%).
- In relation to their local NHS Trust, respondents expressed the most interest in specific clinical services (46%), long term strategic planning (40%) and local news and information about the Trust (34%) (Table 5). The lowest levels of response were seen for the Trust Executive Team and Board (9%) and Council of Governors (7%) as areas of interest.

2. BACKGROUND

2.1 DALTON REVIEW

In February 2014, the Secretary of State appointed Sir David Dalton, Chief Executive of Salford Royal NHS Foundation Trust, to lead the Dalton Review, an independent review into new organisational options for providers of NHS care.

This Review has been supported by an Expert Advisory Panel including a number of Foundation Trust CEOs, Monitor, Trust Development Authority, Care Quality Commission, Foundation Trust Network, NHS Confederation and others.

From its inception, the Review has consulted with a range of audiences through various engagement platforms. In August 2014, to support these efforts, the Department of Health commissioned Membership Engagement Services (MES) to seek the views of aspirant and authorised NHS Foundation Trust (FT) members. The Department approached MES because of the company's access to and experience with the Foundation Trust sector.

2.2 OBJECTIVES

The objectives of this report and research were to:

- Understand aspirant and authorised Foundation Trust (FT) Members' views on how providers of NHS care remain accountable to their local populations.
- Understand how patients and carers can be involved in improving the quality of the services that are provided.
- Gather views on how organisational changes to NHS providers could impact local people.
- Understand aspirant or authorised Foundation Trust (FT) Members' views on how this accountability and involvement can be achieved.

3. METHOD

The research was conducted as an online survey consisting of five questions including four closed and one free text response question.

82,638 emails containing a covering letter and unique URL to the online survey were sent out to aspirant or authorised Foundation Trust (FT) members' email addresses on 28th August 2014. The data collection and fieldwork were conducted for 19 days through to 15th September 2014.

A copy of the online survey is shown in Appendix 5.1.

3.1 SAMPLE

The 28 participating NHS Foundation Trusts provided a good geographic spread, and represented a mixture of aspirant and authorised acute, mental health and community services providers (Table 1).

Table 1: Profile of participating aspirant or authorised NHS Foundation Trusts

Trust Status	Trusts
Aspirant	13
Authorised	15
Type of Trust	Trusts
Acute	18
Mental Health	6
Community	4
Region	Trusts
South of England	6
London	3
Midlands and East of England	9
North of England	10

3.2 RESPONSE RATES

Overall, 5,377 aspirant or authorised FT members responded to the survey constituting a response rate of 6.5% (Table 2).

Table 2: Response rate for the 2014 Dalton Review survey of FT Members

Total amount of surveys despatched	Total amount of respondents	Response rate (%)
82,638	5,377	6.5

Respondents represented public, patient and carer members of all 28 aspirant or authorised NHS Foundation Trusts participating in the survey.

3.3 QUALITY MANAGEMENT

Below is a summary of the systems and tools in place for quality management and information security at MES:

- MES is a registered Data Processor under the UK Data Protection Act 1998. Our registration reference with the ICO is Z110099X.
- MES is ISO 9001:2008 certified.
- MES is ISO 27001:2005 certified.
- MES is a registered MRS company partner.
- MES is registered for the Health & Social Care Information Centre (HSCIC) Information Governance Toolkit for 2013-2014
- All researchers at MES are working in accordance with the Code of Conduct of the Market Research Society.
- Project managers within MES are certified to at least PRINCE2 Foundation level.

4. MAIN FINDINGS

This section presents the main findings of the survey of aspirant or authorised Foundation Trust (FT) members conducted as a part of the Dalton Review.

Please note that due to the rounding of figures and the presence of multi-response questions, the percentage figures presented in tables may not total 100%.

4.1 KEEPING LOCAL HEALTH SERVICES ACCOUNTABLE TO LOCAL PEOPLE

For Question 1, respondents were asked to indicate the best ways of making sure local health services are accountable to local people.

Table 3: Making sure local health services are accountable to local people.

Question 1: Thinking about your local NHS Trust, what do you think are the best ways of making sure local health services are accountable to local people? <i>(Please tick all that apply)</i>	Total (%)
Involving members in decision making through surveys, workshops, focus groups	66
Public meetings and Annual General Meeting	53
Annual Report and Plan providing information on what the Trust has done and what it plans to do	51
Trust membership scheme	51
Newsletters and other Trust communications	47
Council of Governors elected by Trust members	42
Other	10
Not stated	0
<i>Base: All respondents</i>	<i>(5377)</i>

As shown in Table 3, the highest level of support was seen for involving members in decision making through surveys, workshops and focus groups (66%).

The lowest level of response was seen for ‘Council of Governors elected by Trust members’, though 42% of respondents still considered this one of the best ways of making sure local health services are accountable to local people.

Among those who selected ‘Other’ (10%), some reiterated the importance of involving members in decision making through surveys, workshops and focus groups, while others emphasised the wider dissemination of information and more accessible communication channels.

“Radio and local newspaper announcements as well as updates. Publicise website to access. Use local Sainsbury, Tesco notice boards to advertise. Be more locally visible.”

“Regular information should be produced in a variety of formats so that the implications can be understood by anyone, regardless of level of education or familiarity with the nuances of policy and politics.”

“All the above mechanisms are fine, but many members of the public are unaware of them, so their reach may be minimal. We need far more well explained & clearly visible information available in all waiting rooms, clinics, reception areas in each hospital, GP surgery, pharmacy about how patients can feed back their views and experience of local healthcare. Patients need to know the outcomes of any issues they raise & reassurance that raising concerns will not affect their care.”

A number emphasised the importance of working more closely with local councils or authorities and other health organisations such as their local Healthwatch.

“Linking up with charities and professional bodies to ensure that the needs of the most vulnerable people in the community are represented and taken into account.”

“Support to help members of the public to engage with Healthwatch and other such bodies.”

Others suggested ways to make it easier for members of the public to engage with some of the given options, such as public and annual general meetings.

“Create a fund to reimburse members of the public for travel expenses and a nominate sum say ten pounds per hour for meetings attended.”

“Meetings need to be in evenings as well as day to enable working people to attend, or stream them via internet.”

4.2 DELIVERING THE NHS HEALTH AND CARE SERVICES THAT ARE MOST IMPORTANT TO LOCAL PEOPLE

Question 2 afforded respondents the opportunity to provide a free text response on the best way for providers of NHS health and care services to make sure they are delivering the services that are important to local people.

Our team of experienced coders established a coding frame, which was constantly reviewed as responses for Question 2 came in throughout the survey period.

Table 4: Delivering the NHS health and care services that are most important to local people.

Question 2: What do you think would be the best way for providers of NHS health and care services to make sure they are delivering the services that are most important to local people? (<i>Free text</i>)*	Total (%)
A. Consult patients, carers and members of the public via surveys, committees, focus groups, discussion groups etc.	46
C. Engage with patients and the public more effectively by communicating with them regularly and holding events to reach out to members of all local communities.	12
D. Improve existing services, staff and facilities through training and more efficient spending etc.	10
B. Research and use of health and demographic data.	7
F. Co-operate with other health and care providers more effectively.	7
G. Be more transparent - make information about services and results of surveys more readily available.	5
H. Other	5
E. Become more local-centric - targets, services etc. should be planned on a local level with minimum external input.	4
I. Irrelevant	1
Not stated	31
<i>Base: All respondents</i>	<i>(5377)</i>

* Please note that as some free text responses for Question 2 could be attributed to more than one code, the sum of percentages in Table 2 may not equal 100%.

As demonstrated in Table 4, the largest proportion of respondents indicated that consulting members of the public would be the best way for providers of NHS health and care services to make sure they are delivering the services that are most important to local people (46%). Respondents suggested specific methods by which to consult patients and members of the public including surveys, committees, focus groups and discussion groups among others.

4.2.1 CODING FRAME

The following provides further details of the coding frame applied to free text responses for Question 2.

Although this section highlights key themes uncovered within the body of free text responses, full verbatim comments have also been provided to the Department.

4.2.2 Consult patients, carers and members of the public via surveys, committees, focus groups, discussion groups etc. (A)

This code represents the prominent theme among responses around giving a voice to patients, carers and members of the public as a means of delivering the services that are most important to local people, and can be exemplified by the following comments:

“Online surveys like this one, as well as phone interviews of people who aren’t on the web.”

“There can be a degree of apathy amongst local people until they need to access health & care services so it is important to involve those local people who already need to use services, and their carers, to establish what is required, what works and what fails to work, as well as why this is so. Focus groups are probably the best way to achieve this, with occasional open information drop-in sessions to gather/share information.”

“Enter into meaningful dialogues with local people using services, particularly at the point of service delivery.”

“Find out what local people really want. This might be through meetings with local people at the hospitals or at local facilities e.g. village halls. There could be surveys through local newspapers. It must be easy for people to get their views across. Having found out what is wanted there must be action to provide it e.g. if people want their local surgeries to be open on Saturday mornings this has to happen.”

“Ask the public for their opinions based on their personal experiences of the local health and care services.”

4.2.3 Research and use of health and demographic data (B)

This code includes responses which advocated research into the makeup of local populations and the use of this and other health and demographic data to make sure that providers of NHS health and care services are delivering those that are most important to local people.

This code is exemplified by the below comments:

“They must look at the local demography, the levels of poverty in the local area, and measure the rates of morbidity and illnesses in the area, so that services can be targeted and geared to those who need it. Much more attention should be focussed on prevention of ill health, with programmes of health education aimed at those most at risk of particular diseases, or life styles and or poverty leading to ill health.”

“It has to reflect the diversity of the local population. Not just race and gender, but of social and economic standing as well.”

“Asking and analysing medical data from GP’s, A & E and local pharmacies. From the pharmacies information may be gleaned from sales of OTC drugs.”

“Analysis of health and care services to measure local demand and effectiveness. Focus on local needs but not removing entirely other services that may become important at another time. Look into how far people travel (and/or are prepared to travel) to gain the services they require.”

“By making sure that they have a complete record of the demographics of the local population. Also by analysing key trends in care needs over a given period.”

4.2.4 Engage with patients and the public more effectively by communicating with them regularly and holding events to reach out to members of all local communities (C)

Distinct from code 'A', which involves consulting and gathering the view of patients, carers and members of the public, this code (C) includes responses which referenced keeping these groups better informed through regular, inclusive communication and events as a means of ensuring the NHS health and care services delivered are those which are most important to local people.

This code can be exemplified by the following comments:

“To have a regular meet with recent patients to ensure up to date information that would probably reduce long term problems!!”

“Prospectus of services provided”

“By the issuing of newsletters stating what and how the NHS is tackling health problems together with stories as to how the NHS have tackled the various problems that arise in handling sick people. Also the newsletter should advise what they are planning to offer in the future. This newsletter should be sent to all residents in the area covered by the hospital and should be available online”

“Keep public informed. Have more info available to public, via posters, newsletters and leaflets. Use local library (sic) to access this info.”

“Regular information which is communicated using plain language and addressing issues that are of concern to the community, not details of retirements of people how have made a long term contribution to but will no longer. Don't really want to know about new appointees only how effective they are once in office.”

4.2.5 Improve existing services, staff and facilities through training and more efficient spending etc. (D)

This code represents responses around using training and more efficient spending, among other means, to improve existing services, staff and facilities, and can be exemplified by the following comments:

“Services are splintered at present and the way funding is distributed stops CCGs commissioning things in a joined up way. I have been involved with my CCG and it's good that they are involving patients and getting patients' views but the way services are run is un-coordinated.”

“Continual reviews into practice and provision”

“Some ruling body should see the 'top brass' are penalised financially, individually for failures i.e. on a sliding scale for the severity of failing.”

“Allow the budgets to be controlled by health care professionals.”

“By constantly monitoring performance. It is a pity in questions 3 and 4 we are not asked why we are worried about how such an arrangement would work and how accountability might be ensured”

4.2.6 Become more local-centric - targets, services, etc. should be planned on a local level with minimum external input (E)

This code includes responses which advocated a local emphasis in the development of service quality and financial targets, with minimum external input, to make sure that providers of NHS health and care services are delivering those that are most important to local people.

This code includes and is exemplified by the below comments:

“Although we are rightly proud of the National Health Service, it is accountability at the local level and to local people that makes the most difference to successful outcomes. However, to most people the NHS is an impenetrable organisation. The majority of the public take at face value that the NHS is one, very large organisation - and they rarely understand the commissioner / provider relations that exist between nominally separate and independent NHS bodies. For me this strengthens the argument that local councils should have a significantly greater role in the commissioning and scrutiny of local NHS services in their area. The democratic accountability of councils and their essential simplicity, in that people understand that a council represents their area, provides a very strong vehicle for councils to play this role.”

“Keeping as much provision locally as is possible whilst appreciating that sometimes more specialised care is needed, but still within reasonable distance. - Ensuring there is need for the small district hospital.”

“Make sure that services are available to local people, mine are not, I can't get to my new hospital.”

“Most people want their medical services to be provided by a local hospital that is easy to access. There is a danger in pulling the “popular” services out of local hospitals together with the funding and setting up regional centres. This can significantly weaken a local hospital both clinically and financially. - The argument regarding giving patients more choice disappears when you are admitted as an emergency patient, usually to your local hospital, and find that the services have been reduced and you then have to be transferred elsewhere for specialised services. Keep healthcare local, this is what is most important to local people. Not everyone has cars or the money to attend or visit outside their locality.”

“To have the large majority of NHS services available locally”

4.2.7 Co-operate with other health and care providers more effectively (F)

Responses for this code include those which emphasised cooperation among NHS health and care service providers and other health organisations as a means of delivering the services that are most important to local people.

This code can be exemplified by the following comments:

“Eliminate political interference. - listen to the bosses in hospitals. - Join up trusts and social services. One overarching boss to allocate funds in each area”

“Improve liaison with GPs and other social service providers. We need a joined up service, particularly for the elderly and chronic sick.”

“To have local social workers, police, consultants as well as GPs together making the decisions what is most needed and secondly and thirdly. First focusing on these three and not spreading the ideas too wide because then all areas would get too little help because there would be no actual focus groups. When these three are well running and local inhabitants and decision makers definitely are noticing and following Then sorting the next three most important but not starting with these new ones before the previous are well up and running whatever everyone in the media etc is writing and saying. Too many threads make only a bad unworkable mess as it is now and has been for a long time. The choices should neither be the most populist (sic) ones but the ones that are most needed for widest population as seen by all these four decision making groups.”

“Input from GP's and other health care front line community staff. They have grass roots experience of the needs of the locality”

“Better communication between hospitals”

4.2.8 Be more transparent - make information about services and results of surveys more readily available (G)

Further to code 'C', which includes responses advocating better communication with patients, carers and members of the public, this code (G) comprises responses which were particularly interested in transparency. These responses supported making information available about the quality of services and public feedback to ensure the delivery of the services that are most important to local people.

This code includes and is exemplified by the below comments:

“To be open to members, in particular governors, about performance, future options, and the roles played by commissioners and regulators, in a way that would allow the normal democratic process to influence outcomes. Too often all this has been cloaked in the mantra of, 'commercial confidentiality' and presented as a done deal to governors for rubber stamping.”

“Openness (sic) and honesty”

“Ensure people are aware of the effects of spending cuts, often the effect is not known until either you or a family member need a service, then you discover that the service no longer exists. Informed choice makes for better decisions, if this also means making people aware that spending needs to increase and they will have to pay more through tax or national insurance people will still have a choice.”

“Have regular unannounced independent checks on the services delivered and the results of these checks available to the public on a web-site”

“Strait (sic) talking, transparency and no bureaucracy!!”

“Decisions on how much money to spend on what in the NHS are complex and need to be made by the professionals. However it is reasonable to expect annual reports on what has been achieved with that spend including numbers of patients treated and length of waiting lists. Given that the NHS has to be run subject to budgets any increase in spend on one area will have to be funded by cuts elsewhere. Proposals of this nature need to be made by the professionals. It is reasonable to expect that these decisions should be subject to approval by an oversight board. All this information should be in the public domain.”

4.2.9 Other (H)

This code represents responses which advocated ways of ensuring providers of NHS health and care services are delivering the services most important to local people which were less comfortably incorporated within the other themes present in the coding frame.

Examples of responses for this code include:

“Scrapping Trusts”

“I think that raises a whole host of questions. - Do you mean most important to all local people, important to most local people, etc - Providers will always find it difficult to find out what people want/don't want until they change things and people object as the only people who will engage with the majority of discussions are the vociferous minority who will out-shout the silent majority every time!”

“Priority for local people specially (sic) if they have lived in the area for 10 years or more”

“Ensure that all of the items ticked in the previous question are applied”

4.2.10 Irrelevant (I)

This code represents responses which had minimal relevance to making sure that NHS health and care providers are delivering the services that are most important to local people.

Examples of responses for this code include:

“Not sure”

“Moot question. As a national service”

“Do your homework and go from there.”

“Through a referral from the doctors surgery”

4.3 ORGANISATIONAL CHANGE AND ACCOUNTABILITY TO LOCAL PEOPLE

Question 3 presented respondents with a statement around organisational change and accountability to local people. Respondents were asked to indicate how much they agreed or disagreed with the statement by ticking one of five boxes on a Likert scale of agreement.

Table 5 illustrates the levels of agreement for all respondents. The results for “Net: Agree” are calculated as the net percentage of respondents who stated that they “agree” and “strongly agree” with each of the statement. The results for “Net: Disagree” are calculated as the net percentage of respondents who stated that they “disagree” and “strongly disagree” with the statement.

Table 5: Organisational change and accountability to local people.

Question 3: Please read the below statement and tell us whether you would agree or disagree: If a hospital from another part of the country started to run some services in my local area they could still be accountable to local people.	Total (%)
Strongly agree	32
Agree	24
Neither agree nor disagree	6
Disagree	8
Strongly disagree	6
Don't know	3
Not stated	20
Net: Agree	56
Net: Disagree	15*
<i>Base: All respondents</i>	(5377)

*Please note that due to the rounding of figures, net disagreement in the tables appears as larger than the sum of the figures presented for “agree” and “strongly agree”.

Overall, 56% of respondents agreed (those who stated that they agree or strongly agree) that if a hospital from another part of the country started to run some services in their local area they could still be accountable to local people.

Figure 1 below demonstrates that net agreement that services can remain accountable to local people is even higher when the base is adjusted to exclude those who did not provide a response for Question 3.

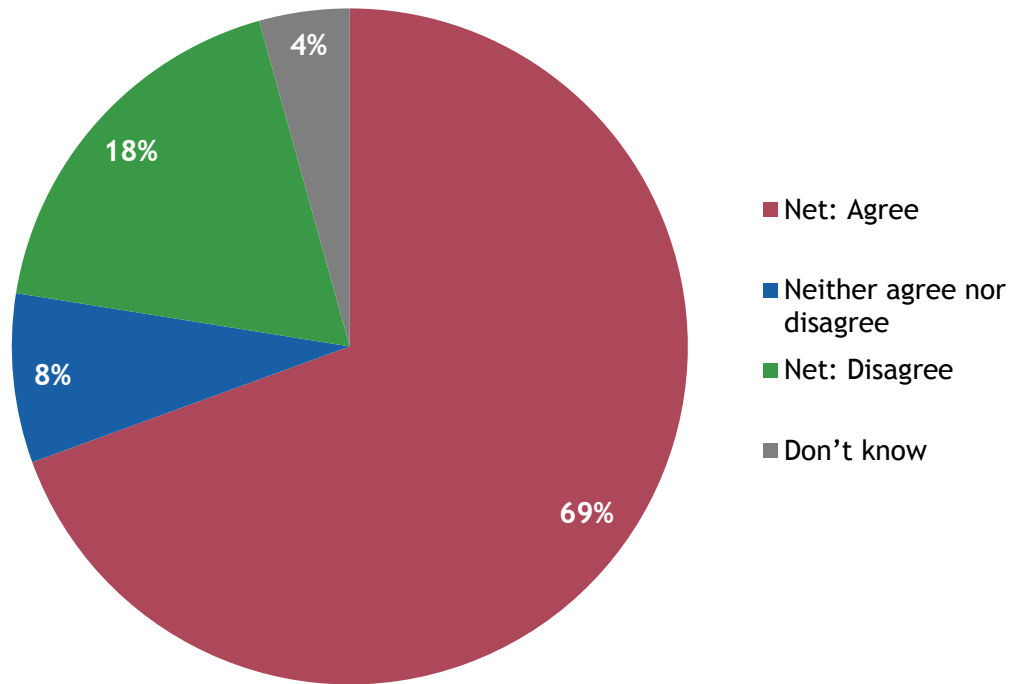


Figure 1: Organisational change and accountability to local people.
Base: All respondents for Question 3 excluding 'Not Stated'

4.4 ORGANISATIONAL CHANGE AND PATIENT INVOLVEMENT IN IMPROVING THE QUALITY OF SERVICES

Question 4 presented respondents with a statement around organisational change and patient involvement in improving the quality of services. Similar to Question 3, respondents were asked to indicate how much they agreed or disagreed with the statement by ticking one of five boxes on a Likert scale of agreement.

Table 6 provides levels of agreement with the statement for all respondents. The results for “Net: Agree” are calculated as the net percentage of respondents who stated that they “agree” and “strongly agree” with each of the statement. The results for “Net: Disagree” are calculated as the net percentage of respondents who stated that they “disagree” and “strongly disagree” with the statement.

Table 6: Organisational change and patient involvement in improving the quality of services.

Question 4: Please read the below statement and tell us whether you would agree or disagree: If a hospital from another part of the country started to run some services in my local area, patients could still be involved in improving the quality of services.	Total (%)
Strongly agree	34
Agree	27
Neither agree nor disagree	6
Disagree	7
Strongly disagree	4
Don't know	3
Not stated	20
 Net: Agree	 61
Net: Disagree	11
 <i>Base: All respondents</i>	 (5377)

As seen in Table 6, a majority of respondents agreed (61% responding that they “agree” or “strongly agree”) that patients could remain involved in improving the quality of services if a hospital from another part of the country started to run some of the services in their local area.

As with Question 3, the proportion of respondents who agree with this statement is even higher (76%) when the base is adjusted to exclude those who did not respond to this question (Figure 2).

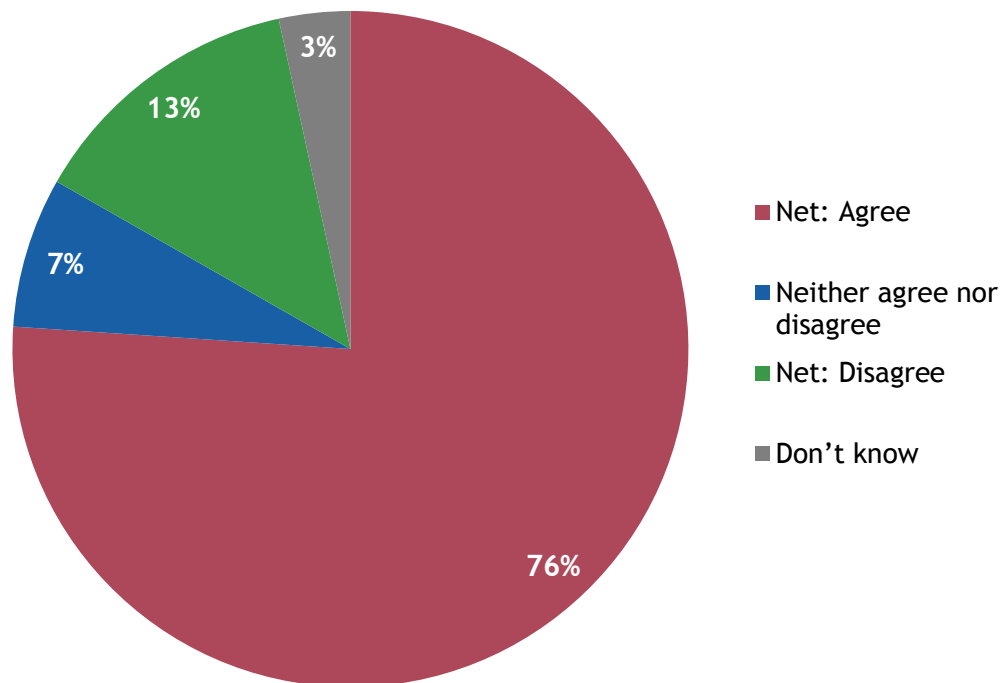


Figure 2: Organisational change and patient involvement in improving the quality of services.

Base: All respondents for Question 4 excluding 'Not Stated'

Net agreement (those stating that they “agree” or “strongly agree”) was slightly higher for the statement presented in Question 4 (76%) than in Question 3 (69%) (Figures 1 & 2).

4.5 AREAS OF INTEREST IN NHS FOUNDATION TRUST MEMBERSHIP

In relation to their local NHS Trust, respondents expressed most interest in specific clinical services (46%), long term strategic planning (40%) and local news and information about the Trust (34%) (Table 7).

The lowest levels of response were seen for the Trust Executive Team and Board (9%) and Council of Governors (7%) as areas of interest.

Table 7: Areas of interest in NHS Foundation Trust membership.

Question 5: In relation to your local NHS Trust, which of the following areas are of most interest to you? (Please tick up to 3 areas)*	Total (%)
Specific clinical services	46
Long-term strategic planning	40
Local news and information about the Trust	34
Reorganisations and other changes to the way the Trust is run	30
Local meetings and events	22
Outreach work of the Trust	13
Trust Executive Team and Board	9
Council of Governors	7
Other	6
Not stated	22

Base: All respondents

(5377)

* Please note that as respondents were able to select up to 3 areas of interest for Question 5, the sum of percentages in Table 2 may not equal 100%.

Among those who selected 'Other' (6%) areas of interest in relation to their local NHS Trust, a number expanded on 'specific clinical services' to specify their interest in receiving information on service improvement, targets and whether or not these are being met.

“Performance against shorter-term objectives to ensure continuous improvement.”

“Accountability through published inspection with thorough and transparent reporting of the trusts performance”

Beyond specific clinical services, some respondents expressed interest in how the Trust promotes general public health.

“Greater investment in preventative behaviour, eg diet, exercise, stress-reduction.”

“Policies and plans to support active healthy sustainable transport of staff, patients, visitors and goods/services. Walking, cycling and public transport should be promoted and encouraged while suppressing need and demands for private transport including parking facilities.”

Other respondents were interested in how patients, carers and members of the public are being involved.

“Local patient online forums. A forum for local medical teams, which can be viewed, anonymously by the local community.”

“Youth forums”

5. *APPENDICES*

5.1 ONLINE SURVEY

Dalton Review

This review is interested in how providers of NHS care remain accountable to their local populations, and how patients can be involved in improving the quality of the services that are provided. We would also like to gather views on how organisational changes to NHS providers could impact local people. For example, if a hospital from another part of the country started to run some services in your local area, how would they remain accountable to the local community?

By answering the following questions, you will help us to understand your view on how this accountability and involvement can be achieved.

You are welcome to view our [Help/FAQs document](#) and the [MES Online Privacy Statement](#).

You have been selected to participate in the survey, **Dalton Review - FT Members Survey**.

This survey consists of 5 Question(s), and should take no longer than 5 minute(s) to complete. All of your responses are anonymous.

Please do not submit any personal identifying information in the course of this survey.

[Start]

Question 1 of 5: Thinking about your local NHS Trust, what do you think are the best ways of making sure local health services are accountable to local people?

Please tick all that apply

- Trust membership scheme
- Council of Governors elected by Trust members
- Involving members in decision making through surveys, workshops, focus groups
- Newsletters and other Trust communications
- Public meetings and Annual General Meeting
- Annual Report and Plan providing information on what the Trust has done and what it plans to do
- Other, please specify: _____

[\[Previous\]](#) [\[Next\]](#)

Question 2 of 5: What do you think would be the best way for providers of NHS health and care services to make sure they are delivering the services that are most important to local people?

[Free text response]

Maximum of 1000 characters.

[\[Previous\]](#) [\[Next\]](#)

Question 3 of 5: Please read the below statement and tell us whether you would agree or disagree.

‘If a hospital from another part of the country started to run some services in my local area they could still be accountable to local people.’

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

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Question 4 of 5: Please read the below statement and tell us whether you would agree or disagree.

‘If a hospital from another part of the country started to run some services in my local area patients could still be involved in improving the quality of services.’

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

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Question 5 of 5: In relation to your local NHS Trust, which of the following areas are of most interest to you?

Please tick up to 3 areas

- Specific clinical services
- Long-term strategic planning
- Reorganisations and other changes to the way the Trust is run
- Local meetings and events
- Council of Governors
- Trust Executive team and Board
- Outreach work of the Trust
- Local news and information about the Trust
- Other, please specify: _____

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Dalton Review

Survey Completed

Thank you for completing the Dalton Review - FT Members Survey

Your participation and views will be an extremely valuable contribution to the Dalton Review, and will contribute to the findings feeding into the report due to be published later this year. If you are interested in more information or an overview of the work to date, please visit the official site of the Dalton Review: <http://www.srft.nhs.uk/dalton-review/>



Visit our website: <http://www.membra.co.uk/>

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