

Stakeholder and Resident Sentiment Benchmarking

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Alasdair Gleed, Research Director
agleed@djsresearch.com

Clare Rapkins, Senior Research Manager
crapkins@djsresearch.com

Head office: 3 Pavilion Lane, Strines,
Stockport, Cheshire, SK6 7GH

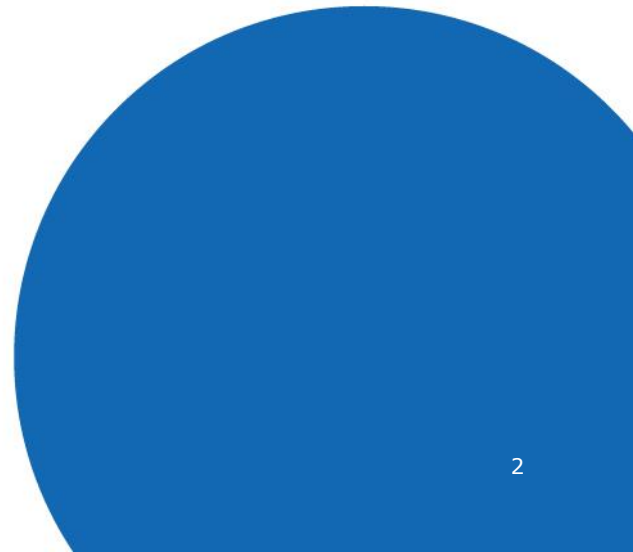
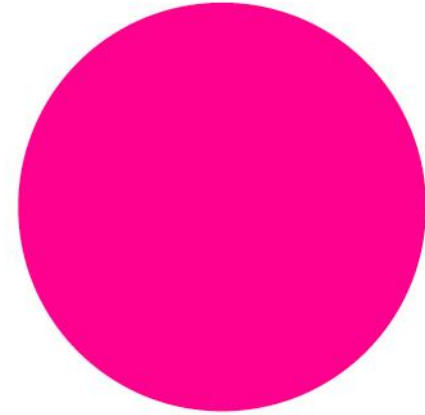
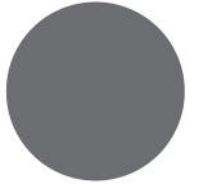
Leeds office: Regus, 18.09, 67 Albion Street, Pinnacle,
15-18th Floors, Leeds, LS1 5AA

+44 (0)1663 767 857
djsresearch.co.uk



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1. Background





About the NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

The NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMKICB) was formed under the Health and Care Act 2022, replacing Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group.

The Integrated Care Board is responsible for planning the delivery of NHS services to achieve the aims of the strategy to improve the health of the population, including how resources are allocated.

The main areas of work of the Integrated Care Board are:

- Developing a plan for the delivery of NHS services
- Allocating resources
- Establishing joint working arrangements
- Establishing system governance
- Arranging health service provision
- Using data and digital to improve services
- Emergency preparedness, resilience and response
- Delegated functions from NHS England and NHS Improvement
- People priorities
- Data and digital
- Achieving social and economic development and sustainability goals
- Maximising value for money



Background to the research

The Stakeholder and Resident Sentiment Benchmarking is an evaluation tool to monitor the outcomes of communications and engagement work.

This initial survey of residents and stakeholders will establish a benchmark against which sentiment can be monitored on an annual basis. It will establish what residents and stakeholders know of the work that the ICB are undertaking with their communities and how they feel about that work. Subsequent years will monitor the effectiveness of the work and how perceptions have changed.

Objective 1: Establish from a representative sample of BLMK residents and stakeholders, their perception of the ICB, its responsibilities and how it engages with BLMK communities.

Objective 3: To understand from stakeholders how they feel the system is working, the benefits and identifying where improvements can be made.

Objective 2: To understand from residents what their experience has been of health and care in BLMK and what improvements need to be made.

Objective 4: To ensure that the survey work can be repeated annually to allow direct comparison to provide a progress report.

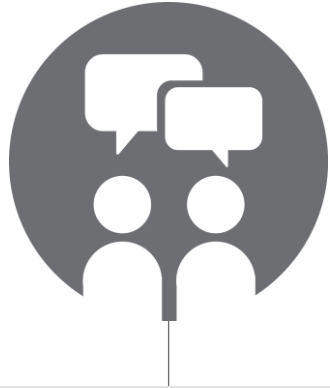


2. Methodology





Methodology & sample (Residents Survey)



**Face to Face
interviewing**



**7-minute
duration**



Fieldwork:
16th May – 13th June
2023



Responses:
A total of 418
residents interviewed
which comprised of:

- Bedford - 100
- Central Bedfordshire - 112
- Luton - 106
- Milton Keynes - 100

**Final dataset was weighted by
gender, age and ethnicity**

The profile of respondents can be found in the Appendix (slides 60-61).



Methodology & sample (Stakeholders)



21 Semi-structured interviews conducted via Microsoft Teams or by telephone



15-20 minute duration



Fieldwork

Semi-structured interviews took place between 18th May and 12th June 2023.

Sample

The sample was provided by BLMKICB. A total of 42 stakeholder contacts were provided from a range of organisations including Local Authorities, health care providers, emergency services and the voluntary sector.

Notes on analysis

It should be recognised that qualitative research is designed to explore the views of participants in depth, understanding their attitudes, beliefs, and reasons for the answers they give, rather than necessarily providing a representative or statistical view of all BLMKICB stakeholders.



3. Residents Survey

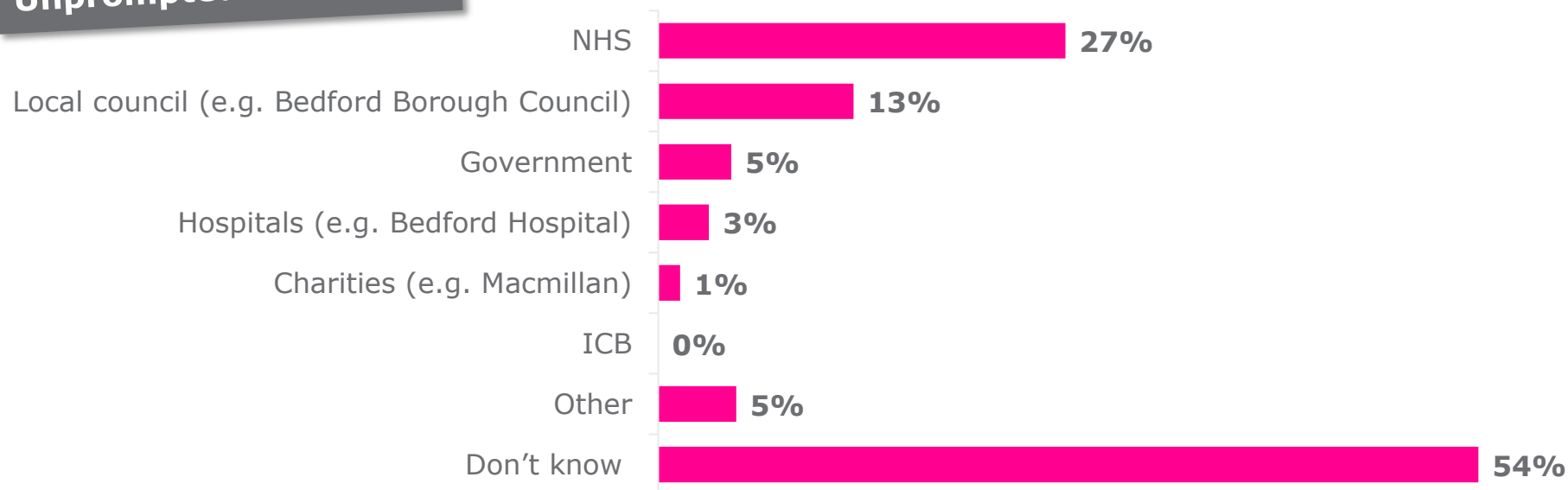




Around a quarter think the NHS is responsible for planning, managing the NHS budget and arranging health service provision (unprompted)

Only one resident mentioned the BLMKICB when asked to name local organisations which are responsible for developing a plan for meeting the needs of the population, managing the NHS budget and arranging the provision of health services in the local area. It is also notable that over half (54%) of residents did not know of any organisations that were responsible for these activities. This suggests further work to raise awareness may be needed.

Unprompted awareness

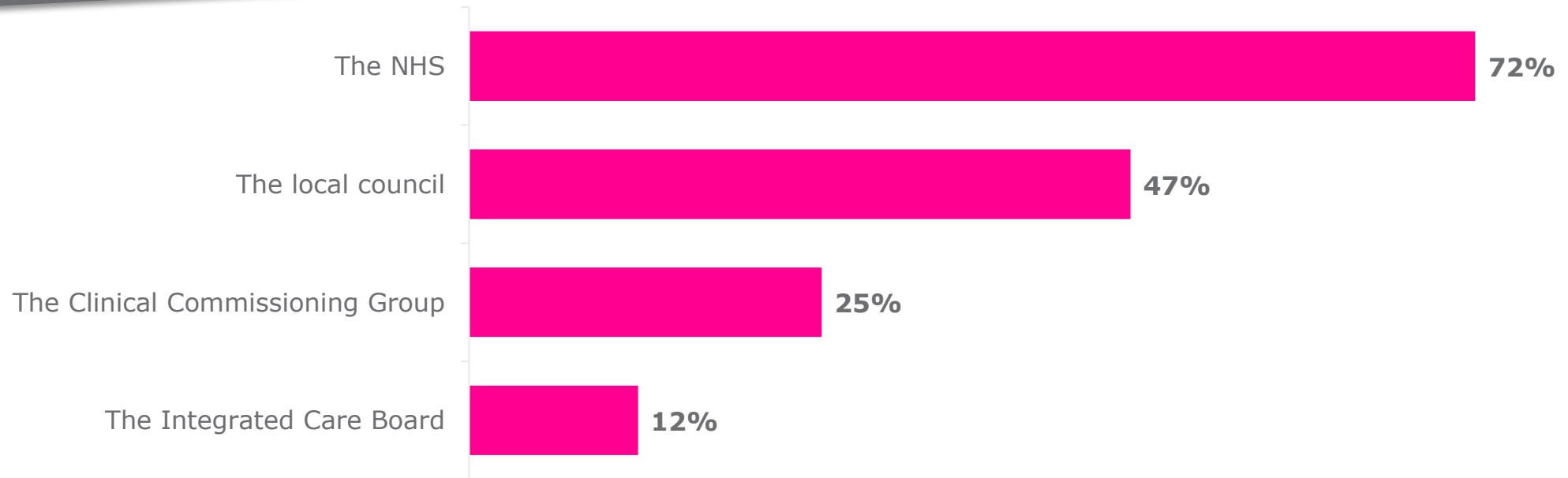




When prompted, almost three quarters (72%) of residents think the NHS is responsible for these activities

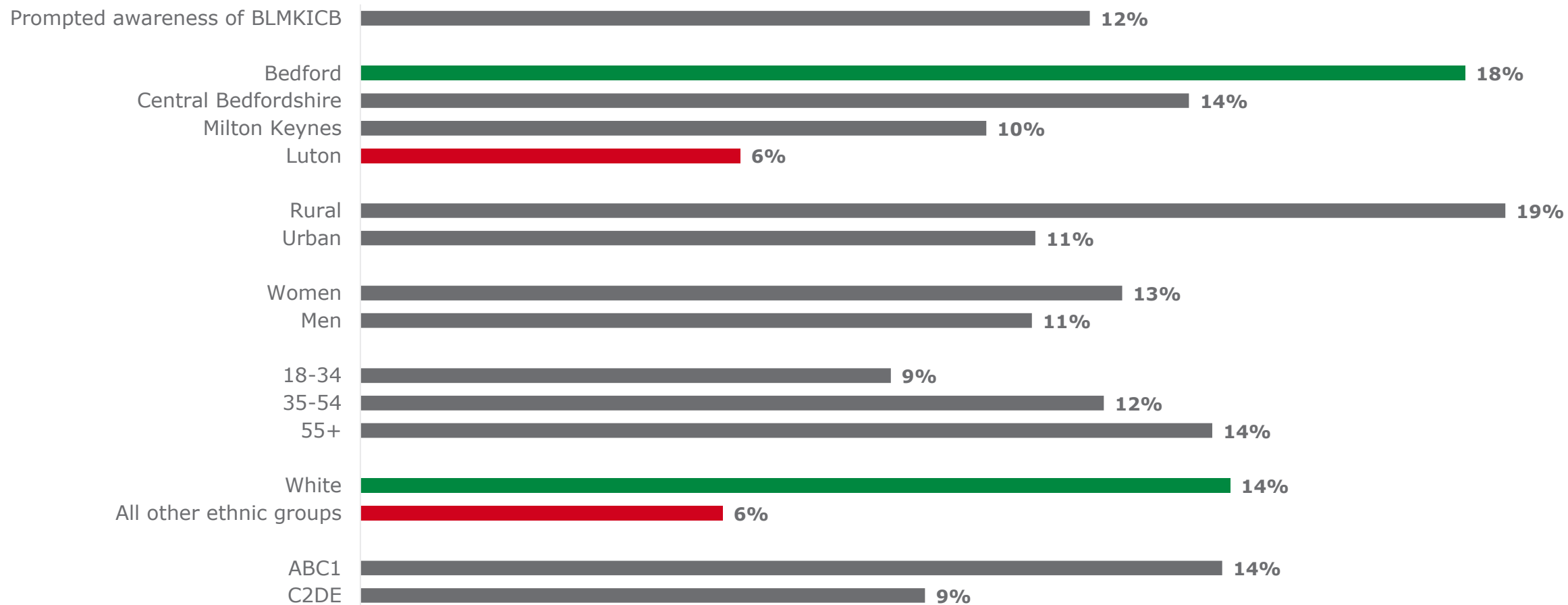
The proportion of residents who think that the BLMKICB is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the local area increases from 0% to 12% when prompted. Interestingly, 25% consider the Clinical Commissioning Group (CCG) to be responsible for delivering these activities. This suggests that some residents are unaware that the CCG was dissolved in July 2022 and the BLMKICB has taken on its work along with some additional duties as set out in the Health and Care Act 2022.

Prompted awareness





Awareness that the BLMKICB is responsible for these activities is highest in Bedford



Base: 418 **Q02:** Which of these organisations do you think are responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the local area?



Significantly higher than comparator

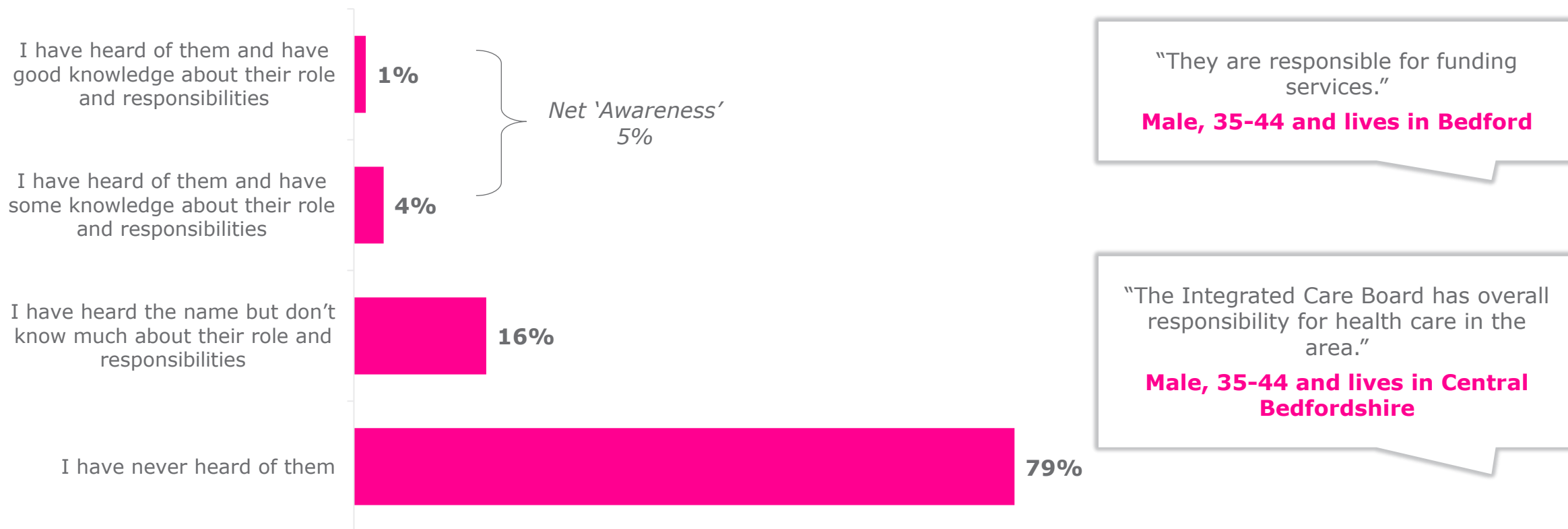


Significantly lower than comparator



Only 5% of residents consider themselves to have any knowledge of the BLMKICB

All residents who have some degree of knowledge about the BLMKICB were asked to provide details about what they knew about the organisation and its responsibilities. Out of the 21 residents who responded to this question, the majority gave responses which related to funding, managing budgets, planning and providing health services for the local population. However, this might have been prompted by earlier questions in the survey.



Base: 418 **Q03:** Which of the following best describes your knowledge of the Bedfordshire, Luton and Milton Keynes Integrated Care Board? and **Q04:** What do you know about the Integrated Care Board and its responsibilities?



Overall, 95% of residents state they have little or no knowledge of the BLMKICB

This increases significantly to 100% in Luton and also amongst residents aged between 18-34.



Base: 418 Q03: Which of the following best describes your knowledge of the Bedfordshire, Luton and Milton Keynes Integrated Care Board? and Q04: What do you know about the Integrated Care Board and its responsibilities?



Significantly higher than comparator

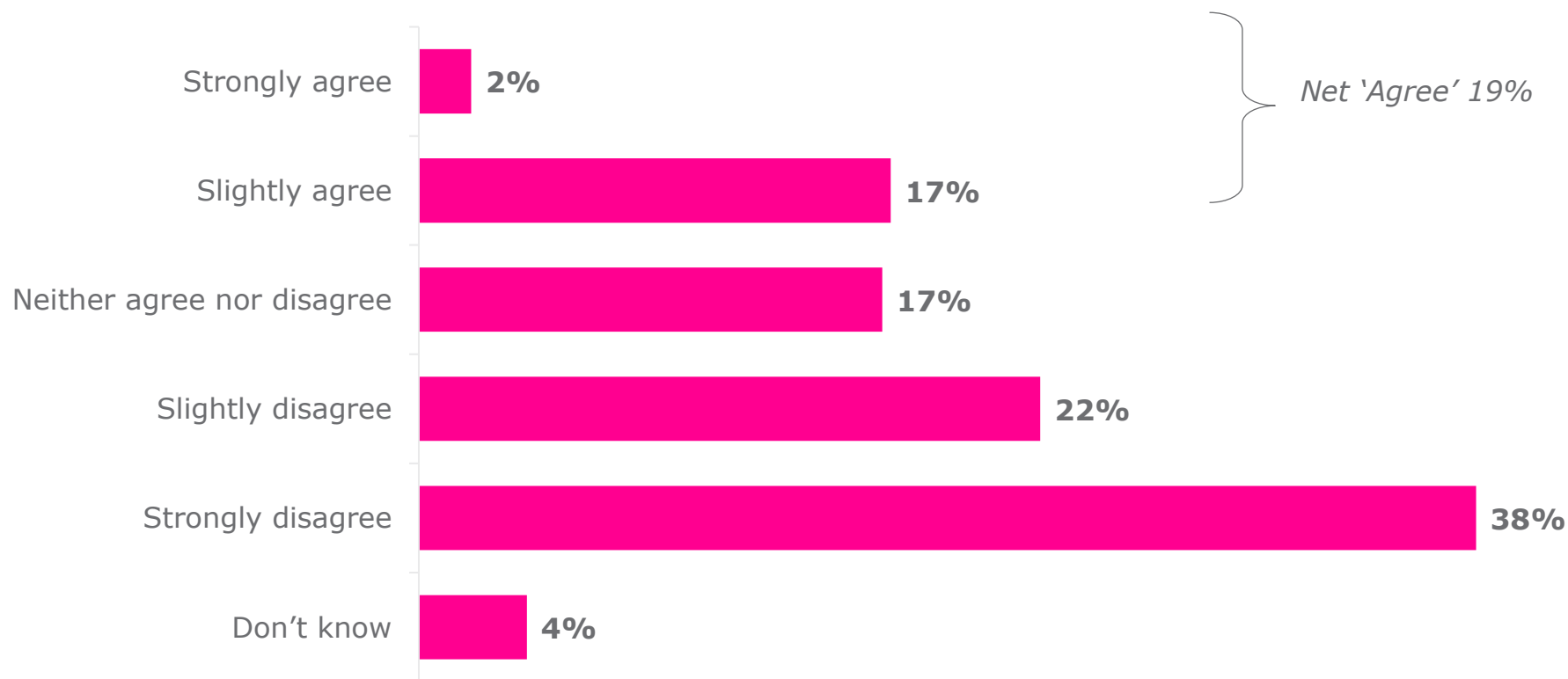


Significantly lower than comparator



A fifth (19%) of residents agree that they have been given an opportunity to get involved in shaping the health and care services they use

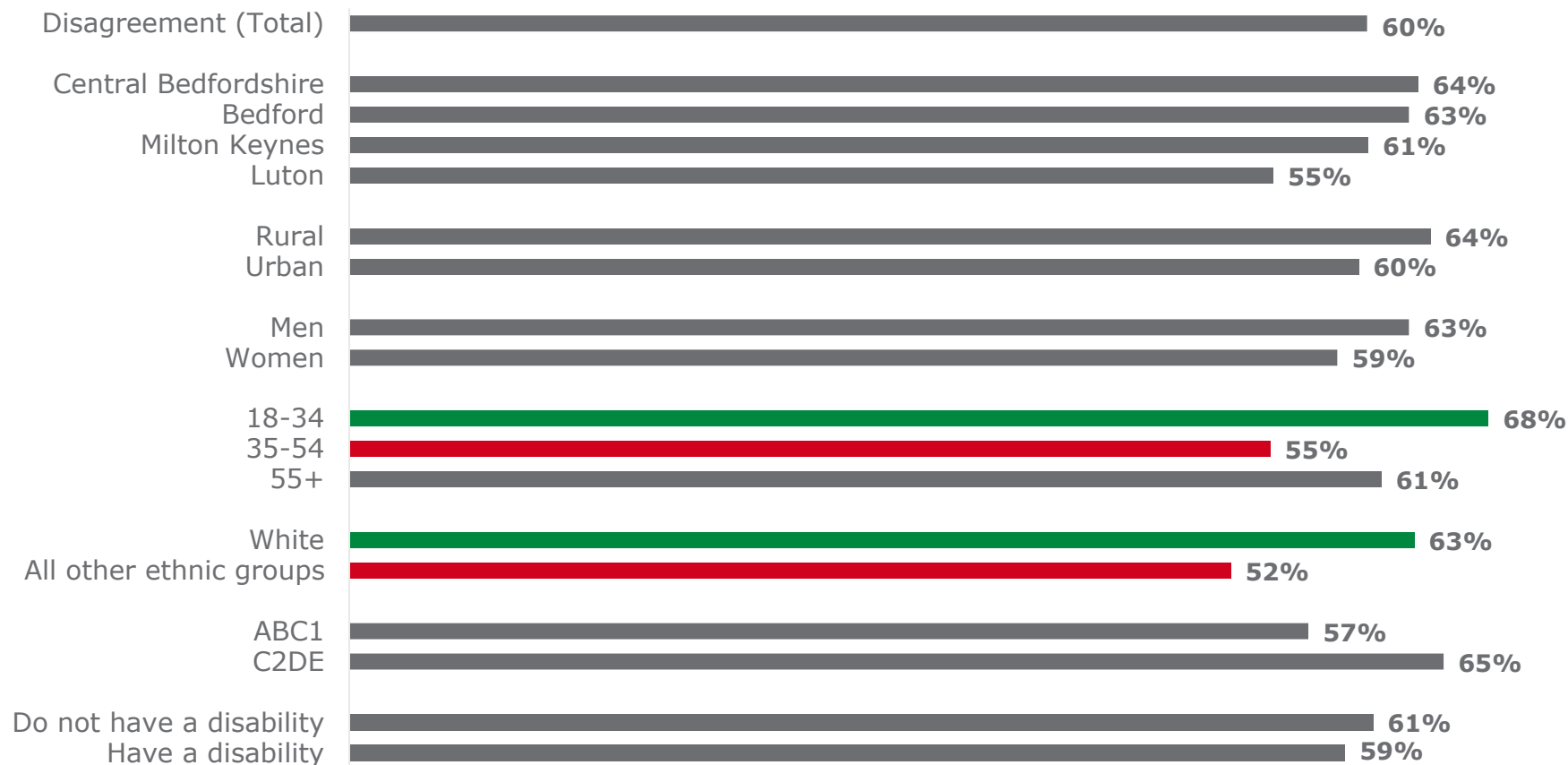
60% disagreed, almost a fifth (17%) were ambivalent and the remaining 4% were unsure.





Disagreement levels are highest amongst residents aged 18-34

It is also significantly higher amongst Non-White ethnic groups (52% cf. 63%).



Base: 418 Q05: To what extent do you agree or disagree that you have been given the opportunity to get involved in shaping the health and care services that you use?



Significantly higher than comparator



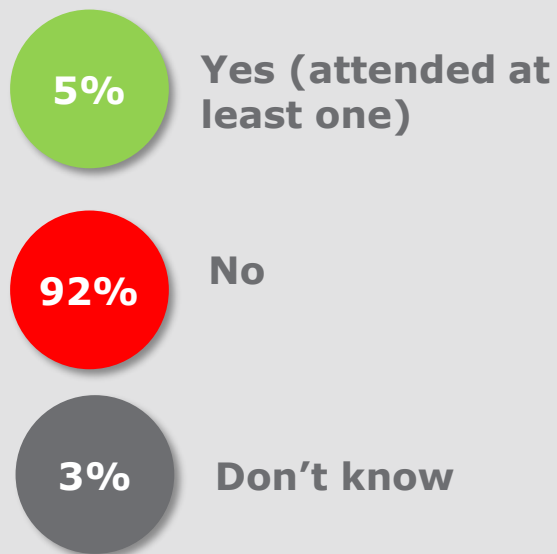
Significantly lower than comparator



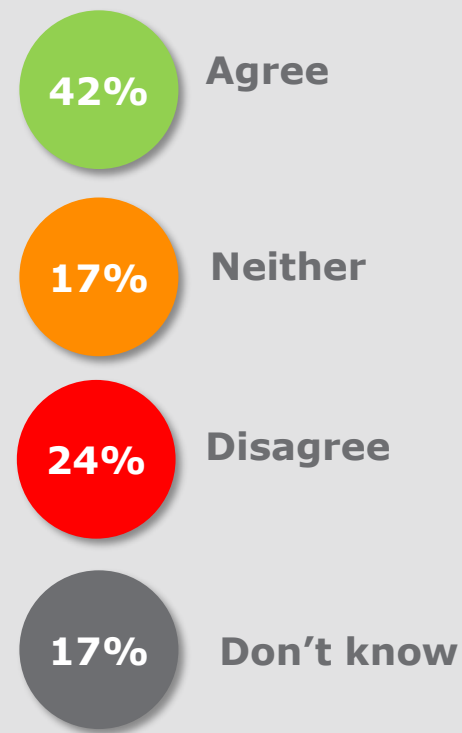
Only 5% of residents have attended events about health and care services over the past year

Out of the 21 respondents who have attended events, 42% agree that the event(s) they attended gave them the opportunity to shape local and health and care services.

Have you attended any events about health and care services over the year?



To what extent do you agree or disagree that the event(s) gave you the opportunity to shape local health and care services?

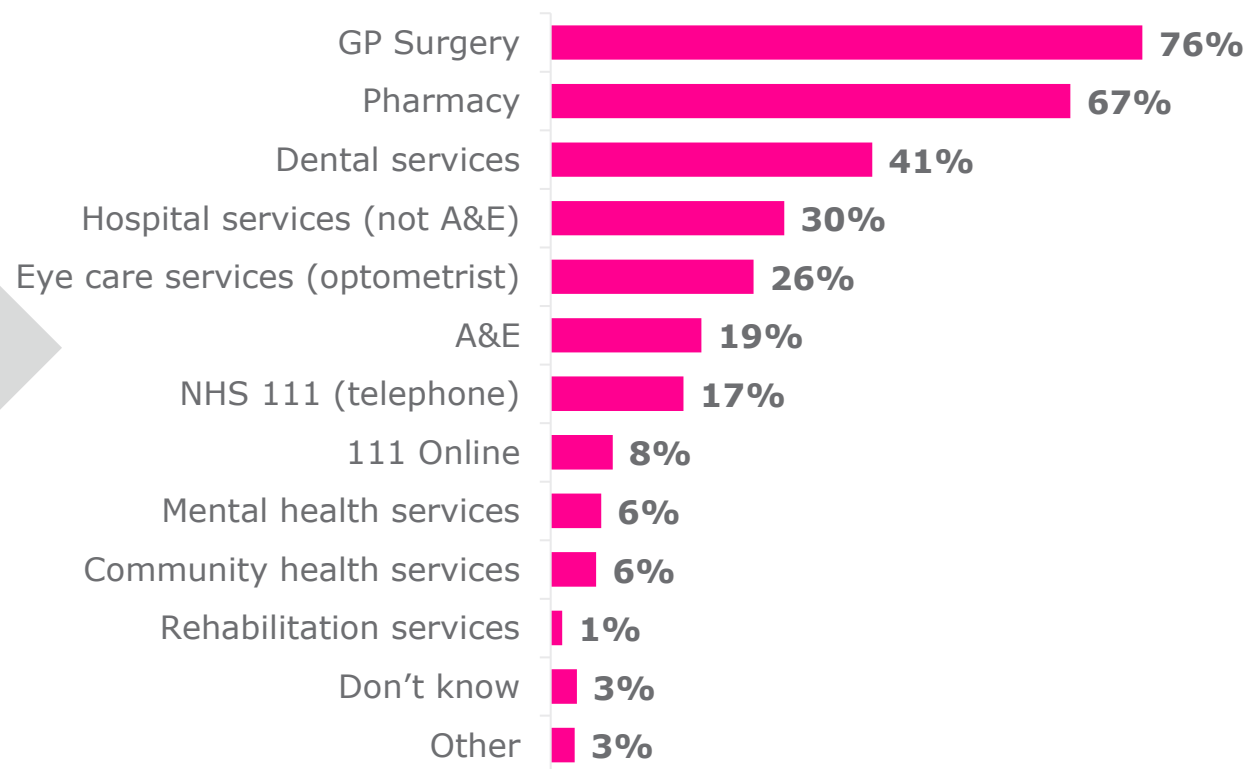
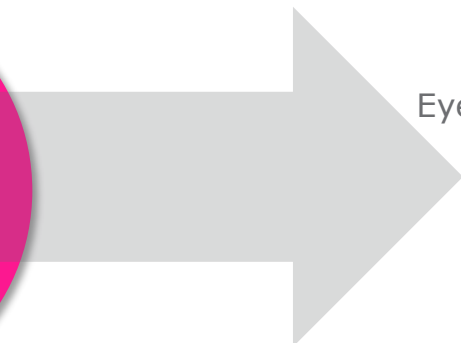




97% have accessed at least one healthcare service over the past year

The top two healthcare services that have been accessed over the past year are GP surgeries (76%) and pharmacies (67%). Four in ten (41%) have accessed dental services and three in ten (30%) have accessed hospital services (not A&E).

**97%
accessed at
least one
healthcare
service in
past year**





Subgroup analysis: Accessed their GP surgery in the last 12 months

Residents aged 55+, women or those who have a disability are most likely to have accessed their GP surgery in the last 12 months.



Base: 418 Q09: Which of the following healthcare services have you accessed over the past year?



Significantly higher than comparator

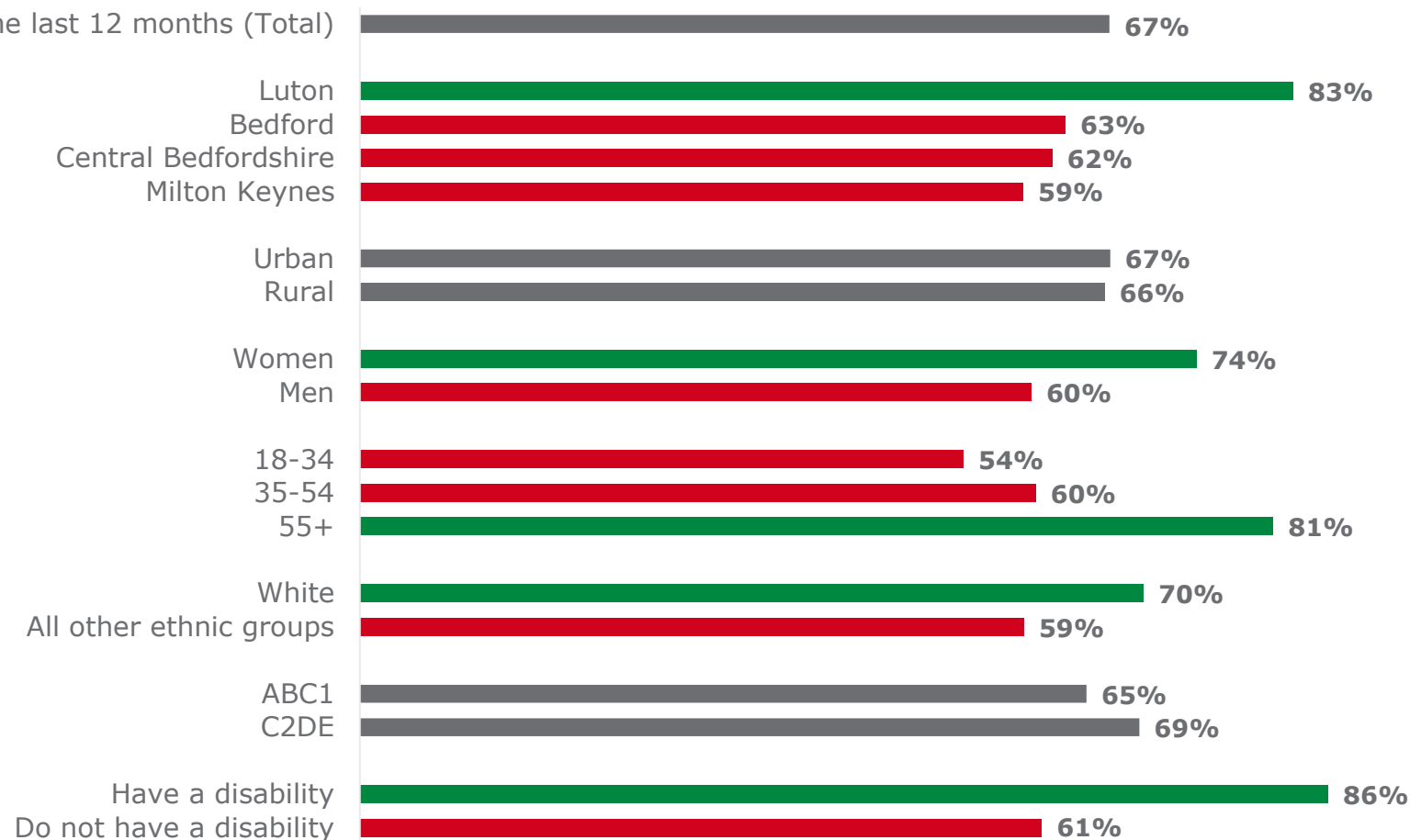


Significantly lower than comparator



Subgroup analysis: Accessed pharmacies in the last 12 months

The chart below indicates a number of significant variations when looking at local authority areas, gender, age, ethnicity and disability. Residents living in Luton, women, those aged 55+ or those with a disability are more likely to have accessed a pharmacy in the last 12 months.



Base: 418 Q09: Which of the following healthcare services have you accessed over the past year?



Significantly higher than comparator

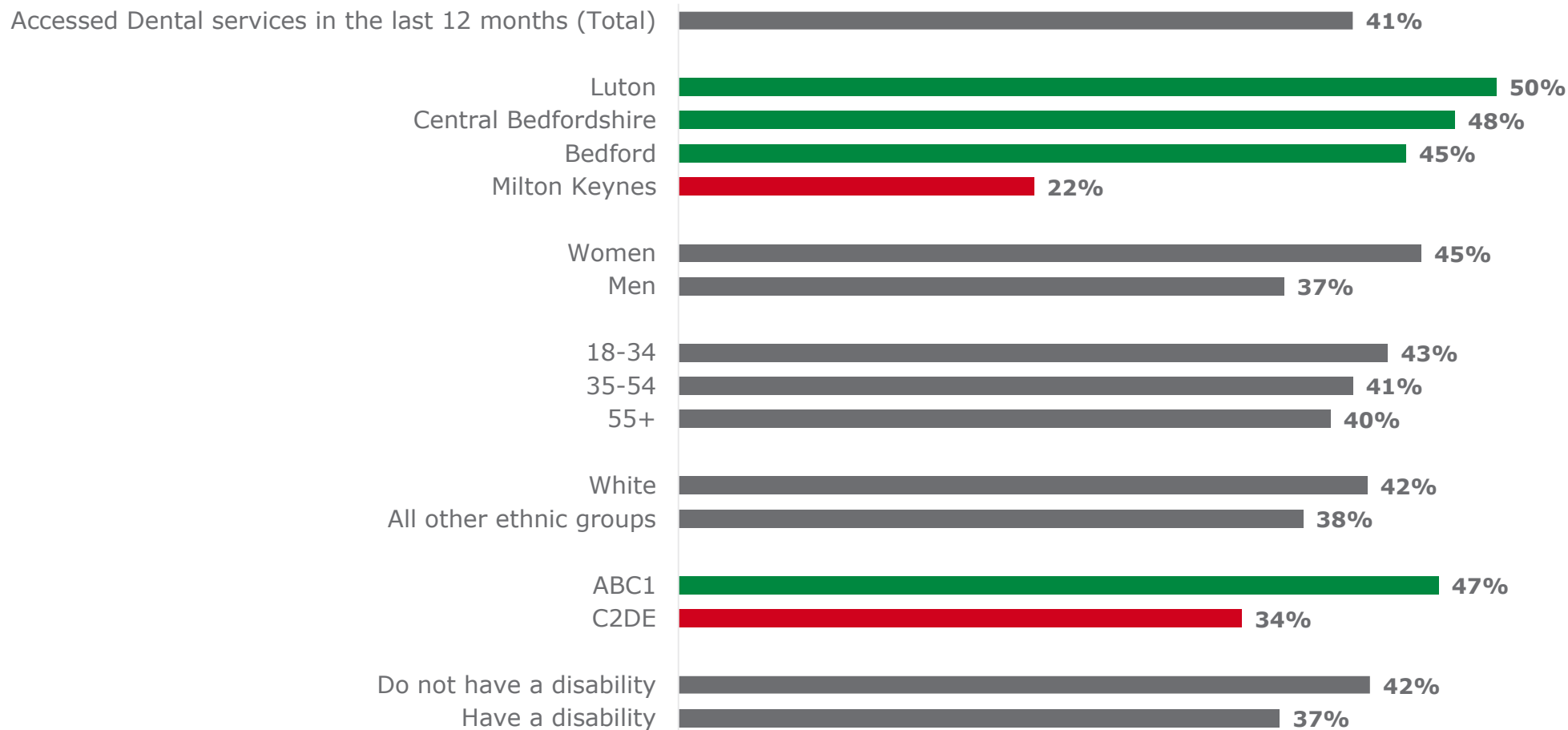


Significantly lower than comparator



Subgroup analysis: Accessed dental services in the last 12 months

Residents living in Milton Keynes are significantly less likely than the other three local authorities to have accessed dental services within the last 12 months. This is also the case amongst residents who fall within the C2DE socio-economic group.



Base: 418 Q09: Which of the following healthcare services have you accessed over the past year?



Significantly higher than comparator

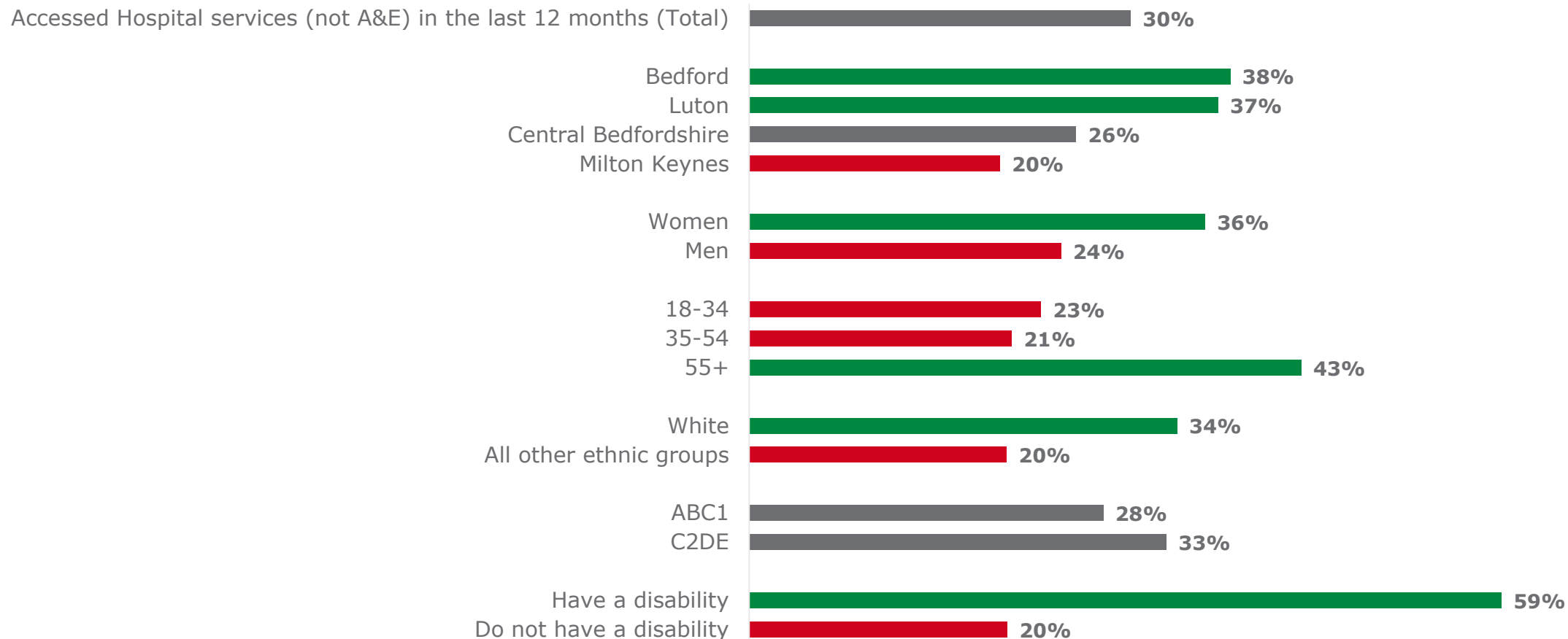


Significantly lower than comparator



Subgroup analysis: Accessed hospital services (not A&E) in the last 12 months

Residents living in Bedford, women, those aged 55+, White residents or those who have a disability are most likely to have accessed hospital services (not A&E) in the last 12 months.



Base: 418 Q09: Which of the following healthcare services have you accessed over the past year?

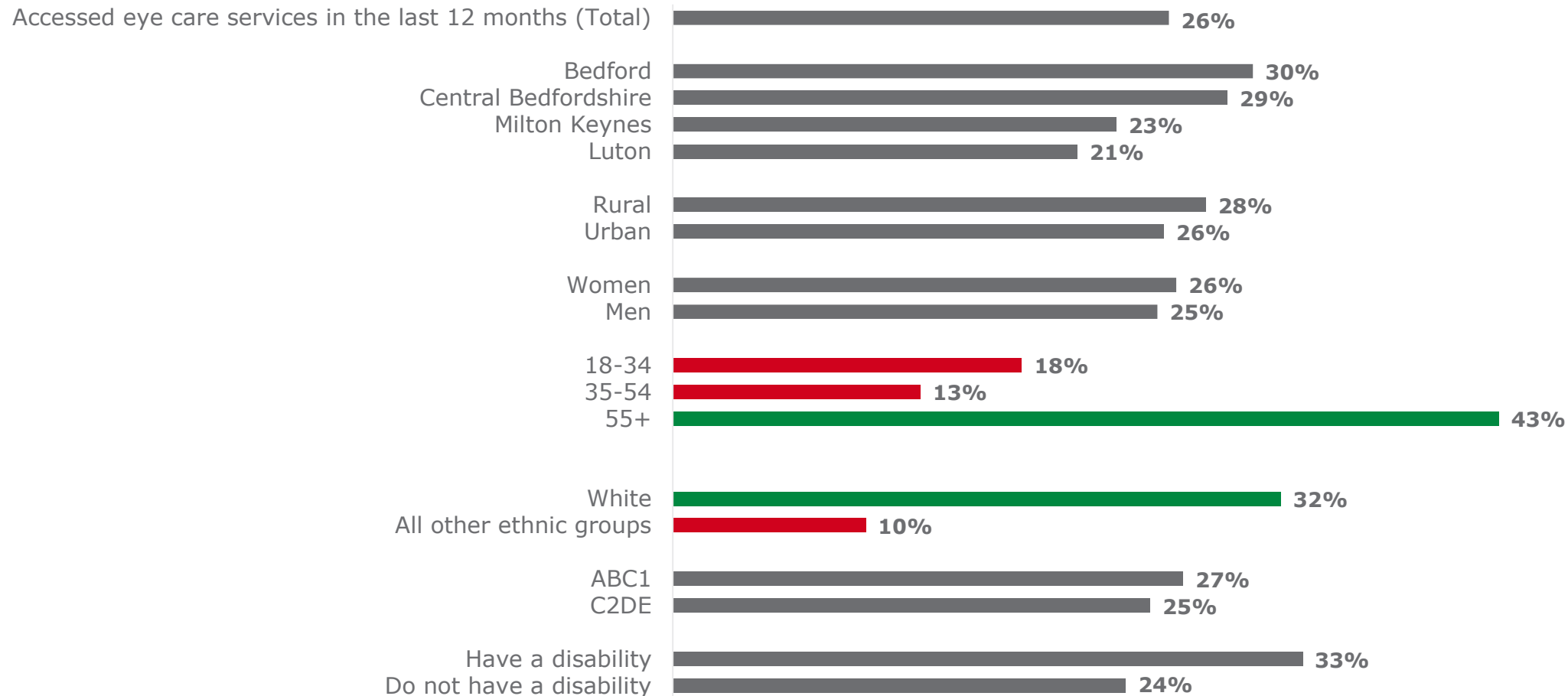
 Significantly higher than comparator

 Significantly lower than comparator



Subgroup analysis: Accessed Eye care services in the last 12 months

White residents (32% cf. all other ethnic groups 10%) or those aged 55+ (43% cf. 18% 18-34 and 13% 35-54) are most likely to have accessed Eye care services within the last 12 months.



Base: 418 Q09: Which of the following healthcare services have you accessed over the past year?



Significantly higher than comparator

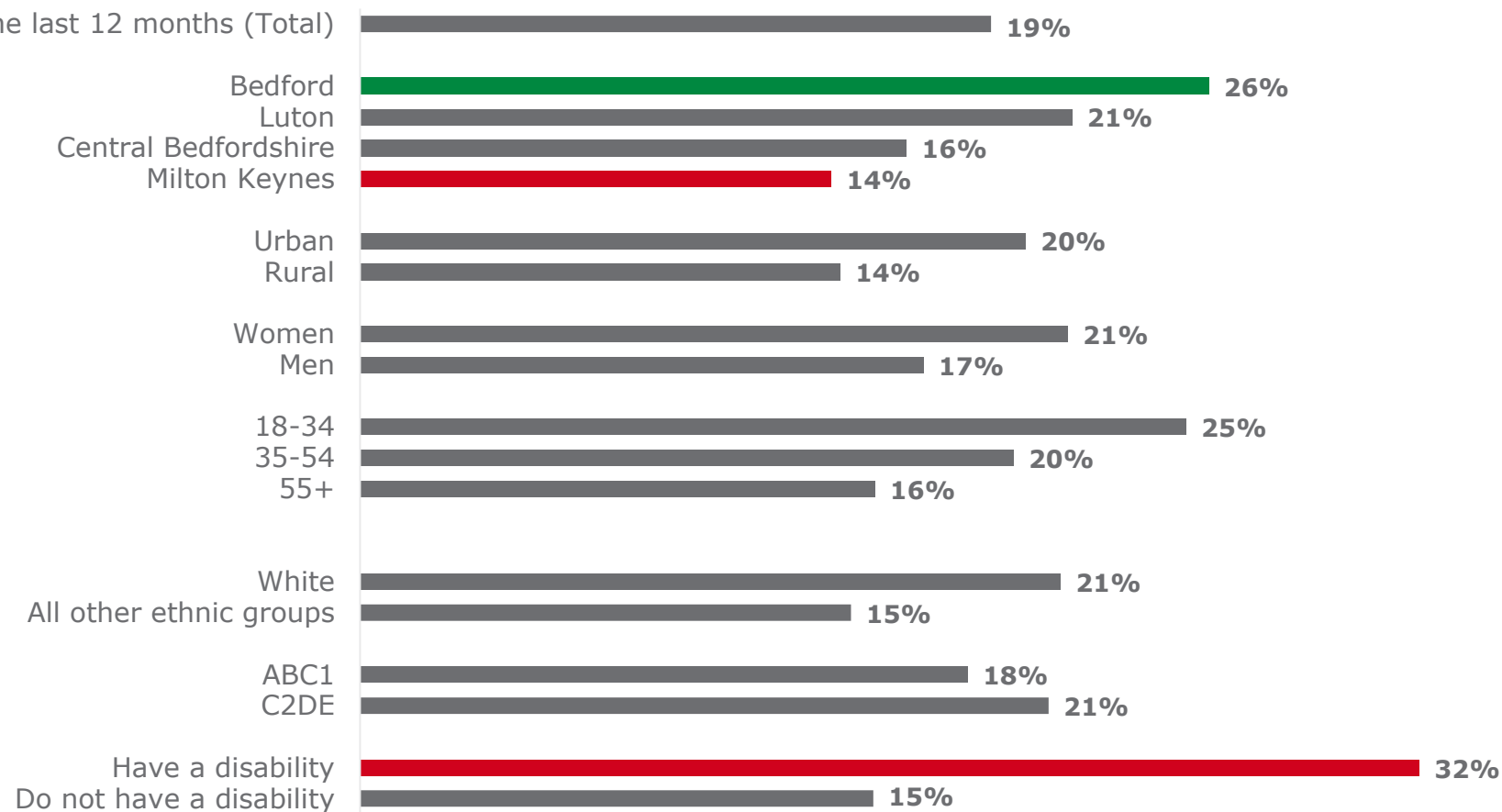


Significantly lower than comparator



Subgroup analysis: Accessed A&E services in the last 12 months

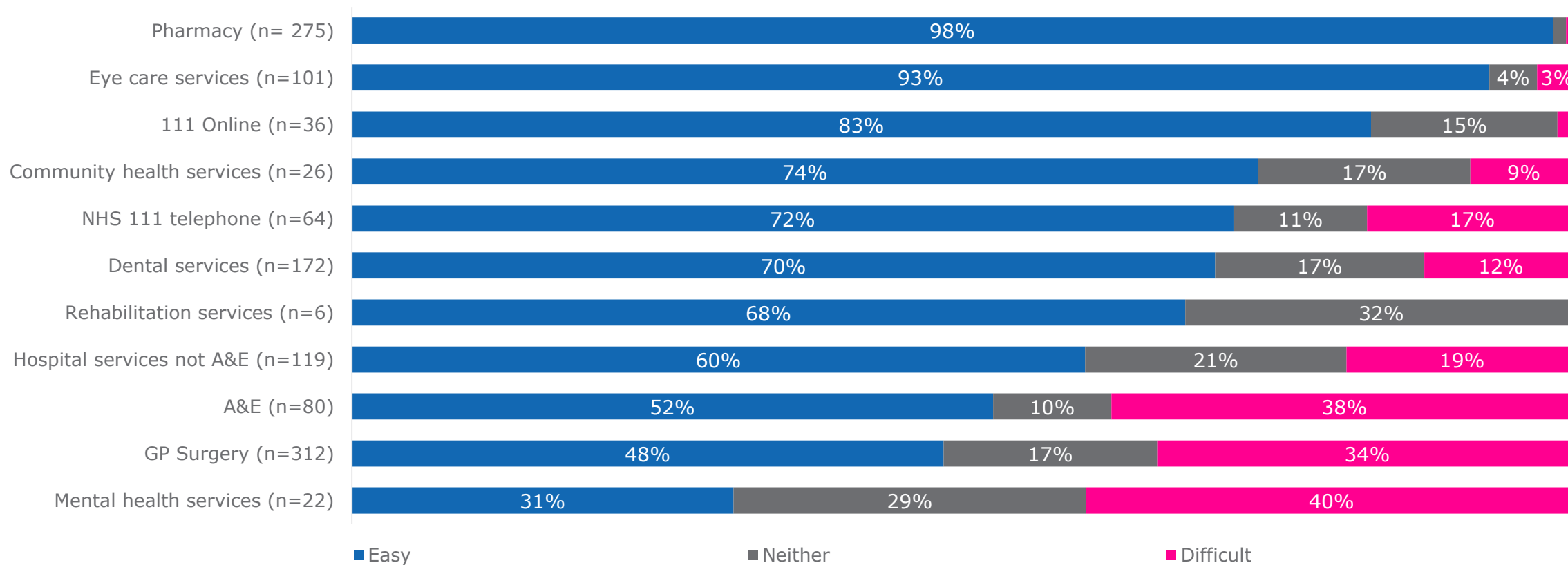
Residents with a disability are significantly more likely than those without to have accessed A&E services in the last 12 months.





Nine out of ten residents who have used a pharmacy (98%) found it 'easy' to access the care they needed

A similar proportion (93%) found it 'easy' to access the care they needed when using Eye care services. In contrast, only half (48%) found it 'easy' to access the care they needed through their GP surgery.





Subgroup analysis: Ease of accessing their GP surgery

Residents aged 18-34 or those from a White background are significantly less likely to rate their experience of accessing their GP surgery as 'easy' ('very' or 'quite').



Base: 312 Q010: How easy or difficult was it to access the care you needed through...



Significantly higher than comparator

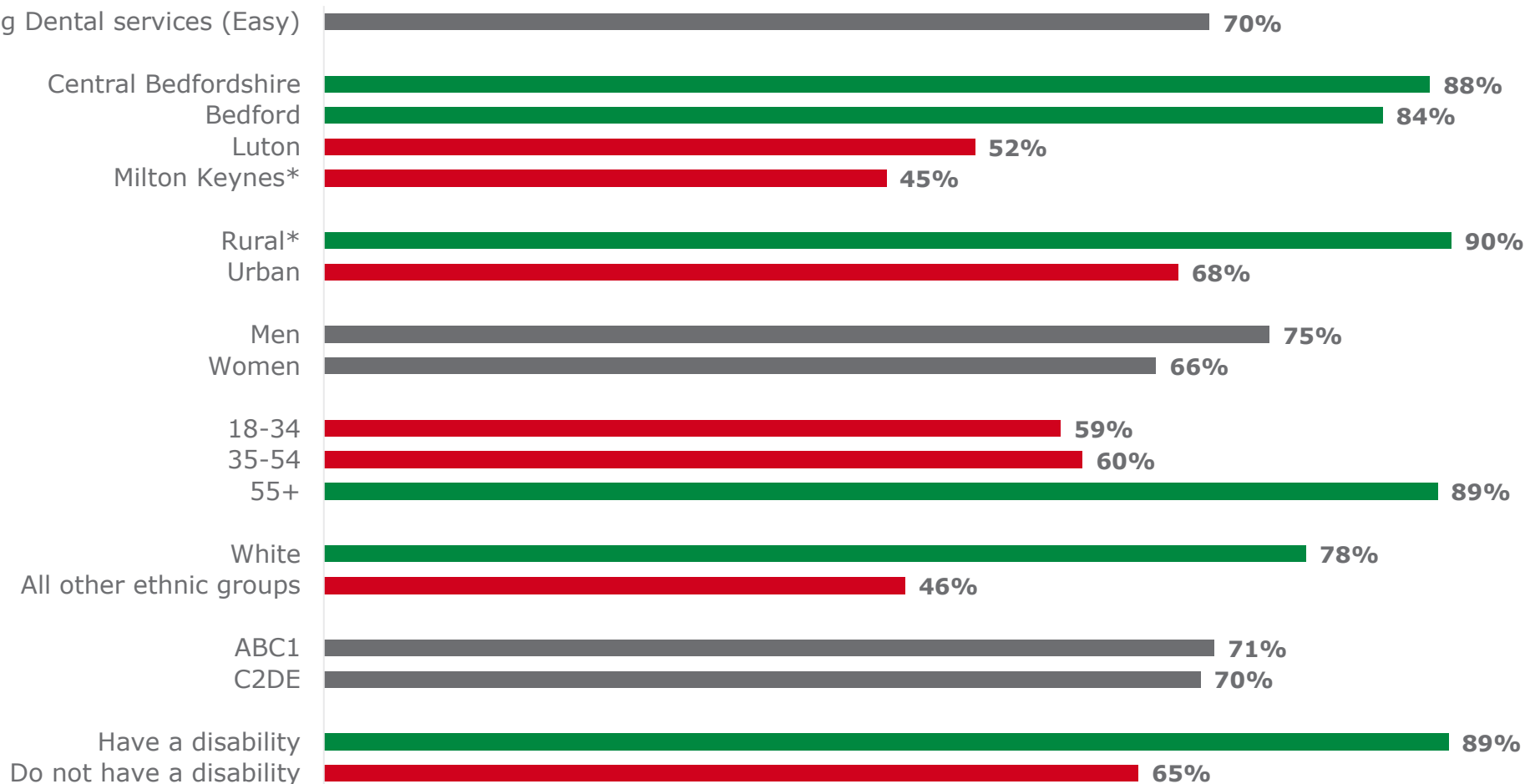


Significantly lower than comparator



Subgroup analysis: Ease of accessing dental services

Residents living in Luton and Milton Keynes, those under 55 or those without a disability are less likely to find accessing dental services 'easy'.



Base: 169 Q010: How easy or difficult was it to access the care you needed through *Base less than 30



Significantly higher than comparator

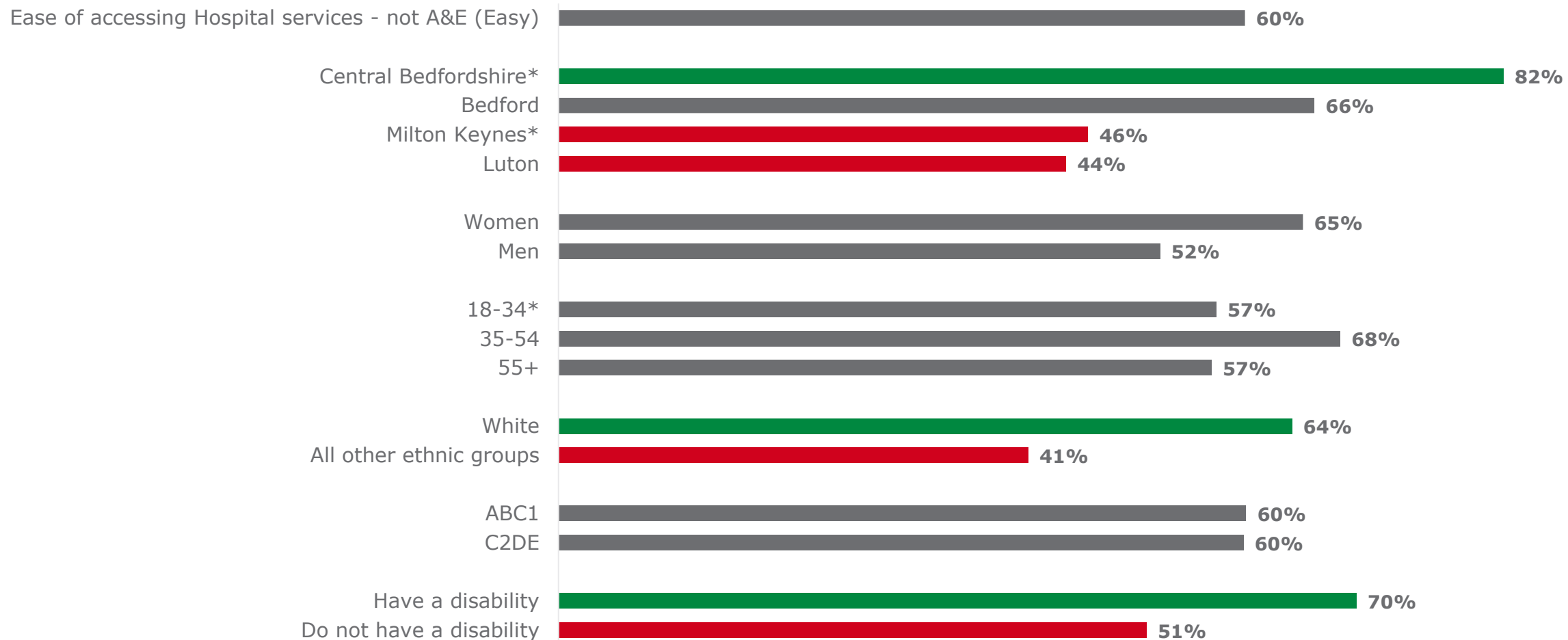


Significantly lower than comparator



Subgroup analysis: Ease of accessing hospital services (not A&E)

Residents living in Milton Keynes and Luton, those from Non-White ethnic groups or those without a disability are less likely to find accessing hospital services (not A&E) 'easy'.



Base: 119 Q010: How easy or difficult was it to access the care you needed through *Base less than 30.



Significantly higher than comparator

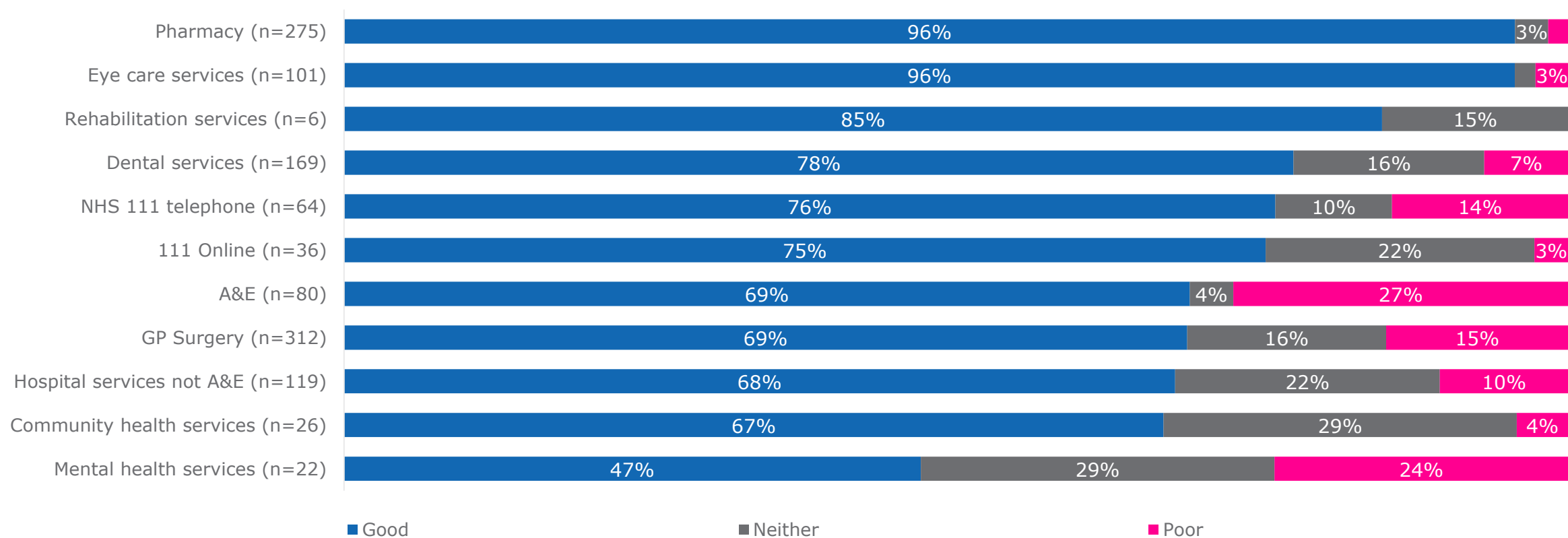


Significantly lower than comparator



Nine out of ten residents who used a Pharmacy or Eye care services (both 96%) rated their overall experience of using these services as 'good' (either 'very good' or 'good')

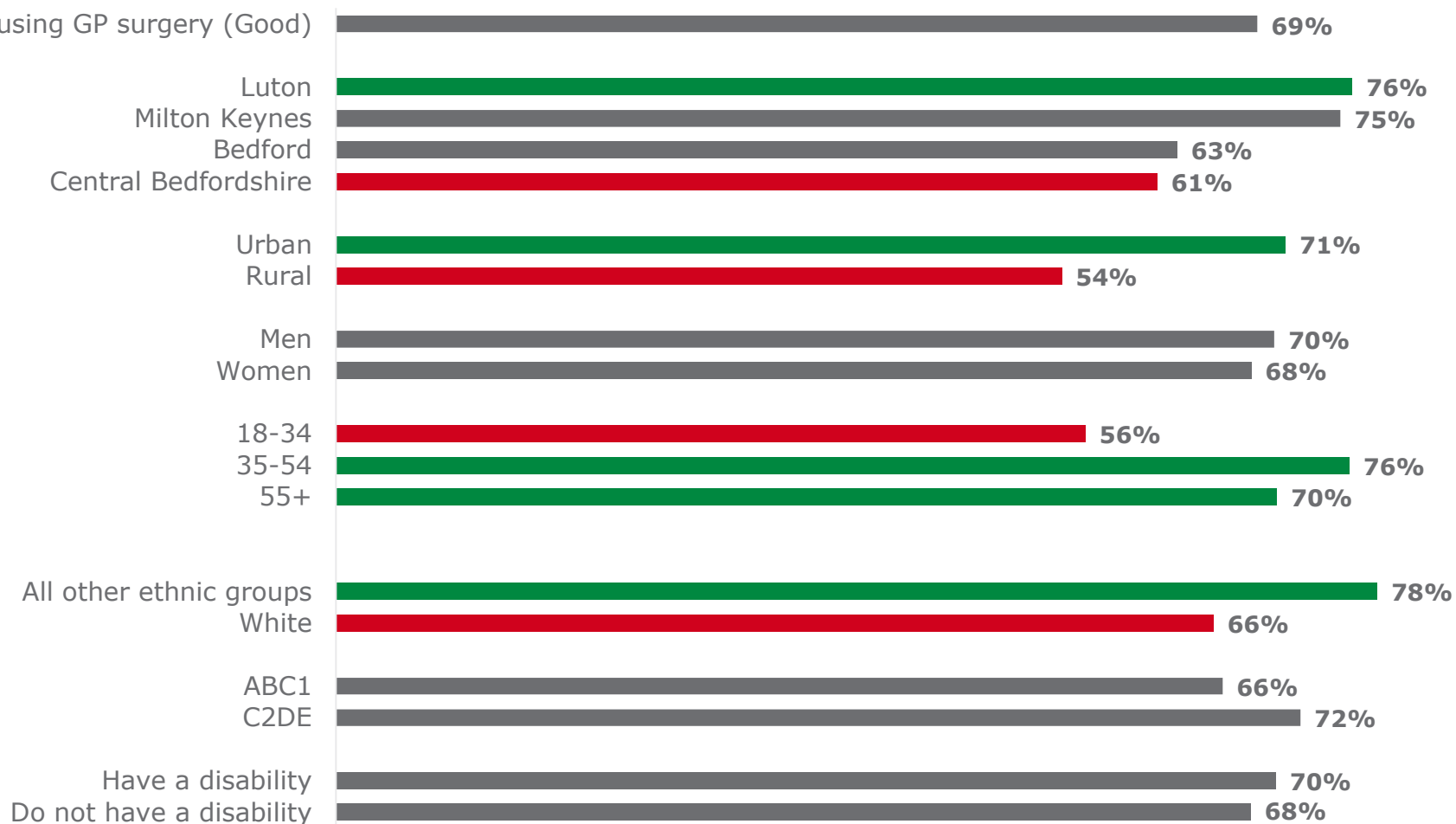
Only a half (47%) rated the overall experience of using mental health services as 'good'.





Subgroup analysis: Overall experience of using GP surgery

White residents, those living in Central Bedfordshire or aged 18-34 are less likely to rate the overall experience of using their GP surgery as 'good' (either 'very good' or 'good').



Base: 312 Q011: Thinking about the service you received overall, how was your experience of the service?



Significantly higher than comparator

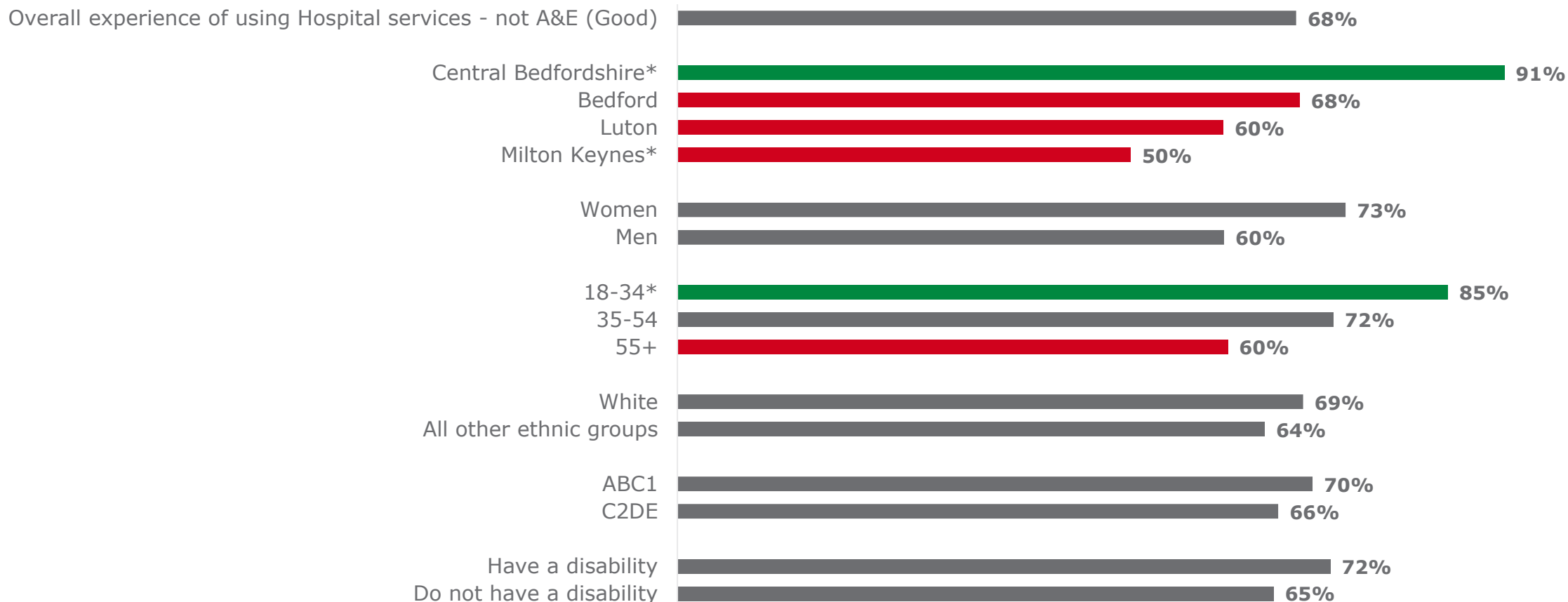


Significantly lower than comparator



Subgroup analysis: Overall experience of using hospital services (not A&E)

Residents living in Bedford, Luton or Milton Keynes are significantly less likely than those living in Central Bedfordshire to rate their overall experience of using hospital services (not A&E) as 'good'. In addition, residents aged 55+ are significantly less likely to rate this service as 'good'.



Base: 119 Q011: Thinking about the service you received overall, how was your experience of the service?
*Base less than 30.



Significantly higher than comparator

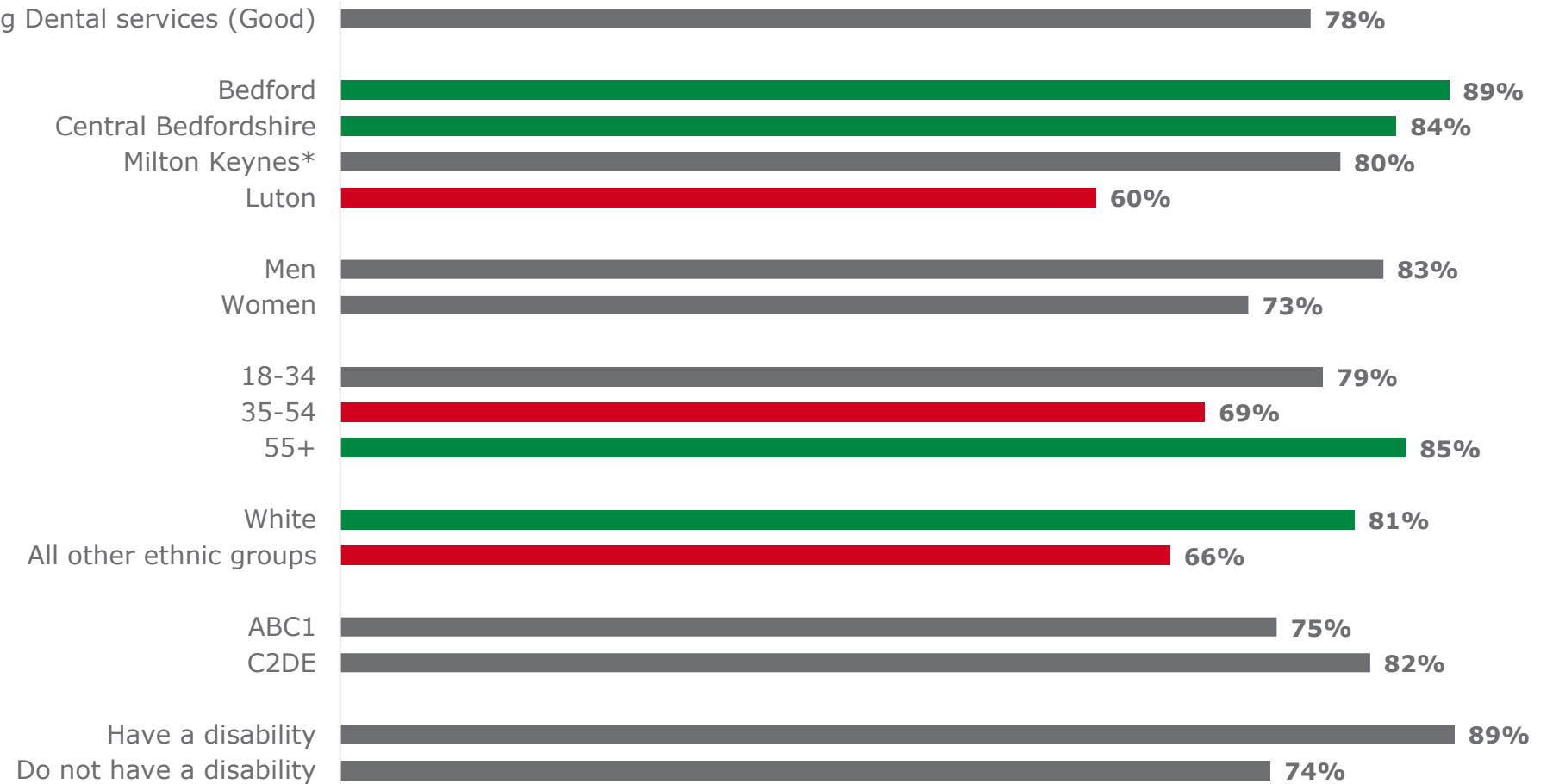


Significantly lower than comparator



Subgroup analysis: Overall experience of using dental services

Residents living in Luton, aged 35-54 or those from Non-White ethnic groups are less likely to rate their overall experience of using Dental services as 'good'.



Base: 169 Q011: Thinking about the service you received overall, how was your experience of the service?
*Base less than 30.



Significantly higher than comparator

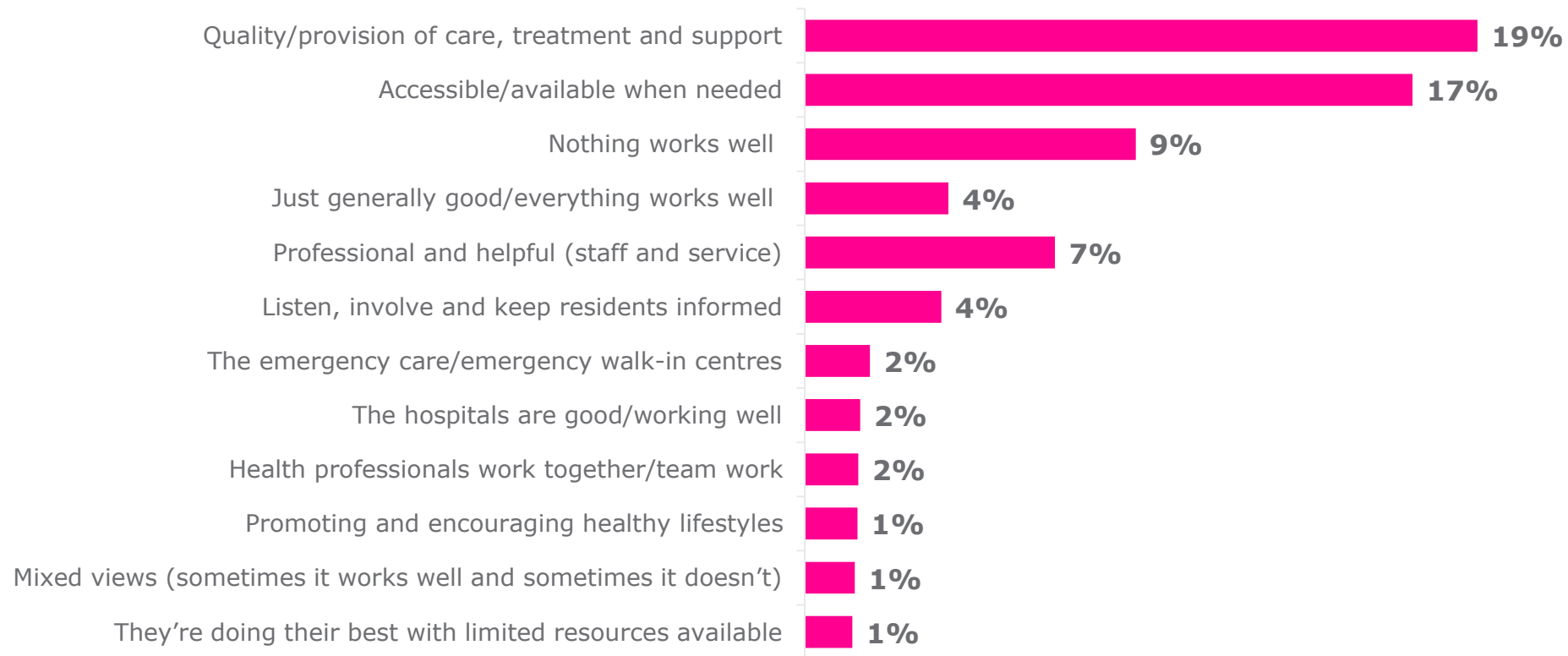


Significantly lower than comparator



A fifth of residents say that local health and care services work well due to the quality of care, treatment and support they receive

17% also praised that their local health and care services are accessible and available whenever they need to use them.



Base: 418 No comment: 3%. Other: 5% and Don't know 30%. **Q012:** In what ways do you feel that local health and care services work well? Coded from an open response.



Top two ways that residents feel that local health and care services work well

Quality of care/treatment/support provided

19%

"It provides quality of care for patients."

Female, aged 25-34 and lives in Milton Keynes

"They always provide excellent healthcare services."

Female, 65-74 and lives in Luton

Availability when needed

17%

"There are many options to get medical help, you can contact the GP, pharmacy or hospital for medical help."

Male aged 35-44 and lives in Milton Keynes

"The services can be accessed through telephone or face to face."

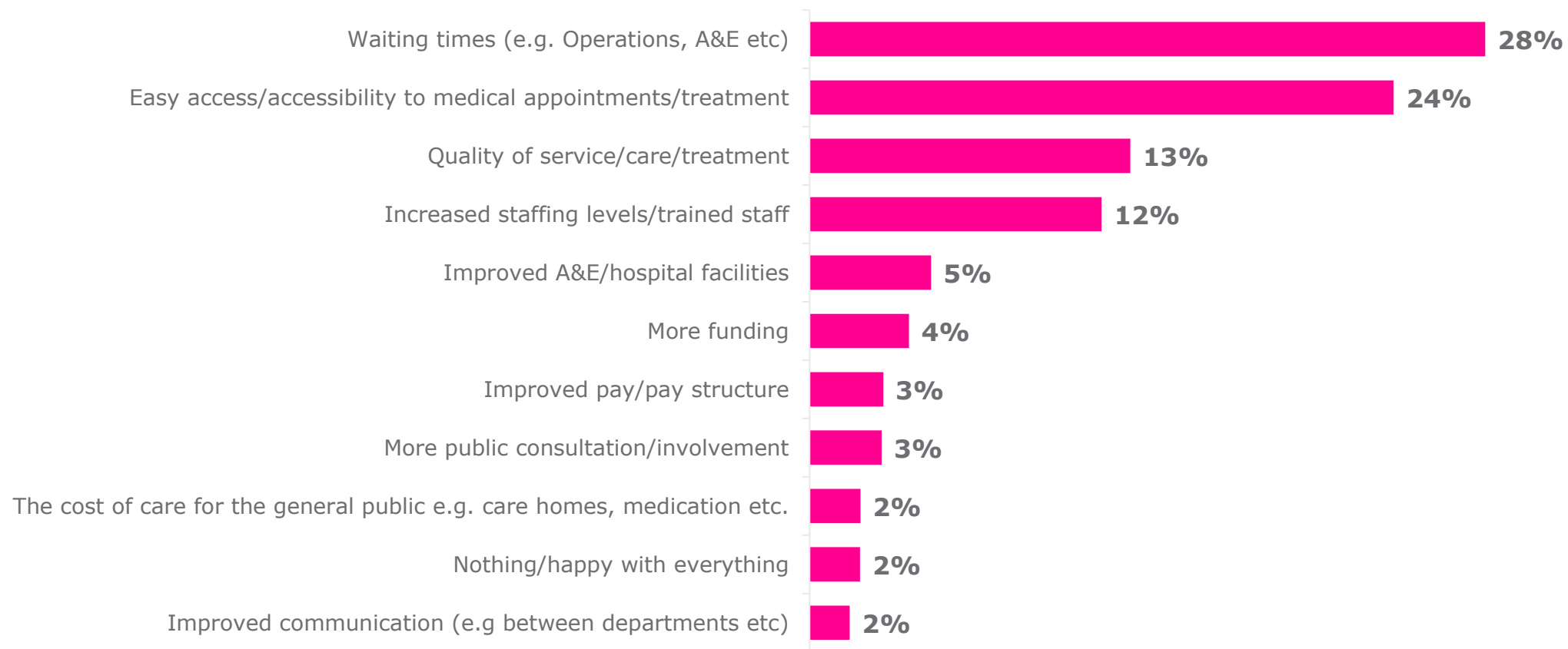
Male, aged 35-44 and lives in Milton Keynes





Over a quarter (28%) mention waiting times as a potential area for improvement

This is very closely followed by easy access/accessibility to medical treatment and appointments (24%).



Base: 418 No comment/Don't know: 10%. Other: 7% **Q013:** What's the most important thing health and care services need to improve? Coded from an open response.



Top two areas that residents feel that local health and care services could be improved

Waiting times

"A&E waiting times and ambulance waiting times definitely need to be improved. It takes hours to be seen".

Male, aged 35-44 and lives in Bedfordshire

28%

"The waiting time for an operation or seeing a doctor needs to be reduced."

Male, 55-64 and lives in Bedfordshire

Easier access/accessibility

"Make it easier to see a doctor."

Female, aged 65-74 and lives in Central Bedfordshire

24%

"We need easier access to GP and hospitals appointments. More consultants and easier access to them."

Male, aged 45-54 and lives in Luton

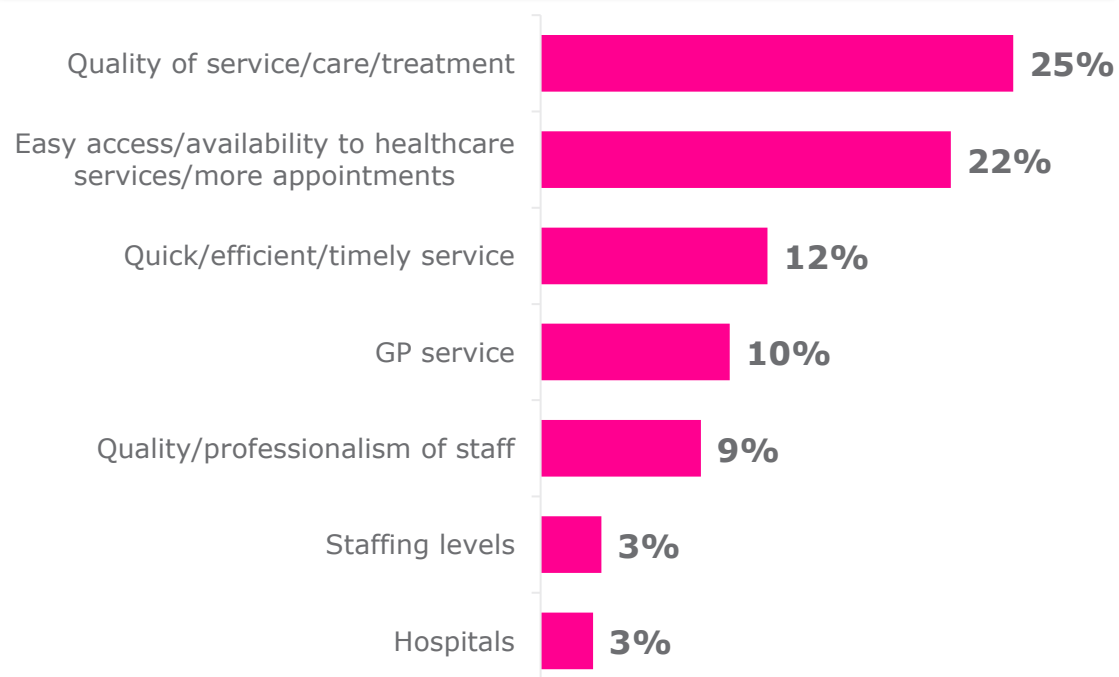




A quarter of residents consider the quality of service/care/treatment as one of the most important aspects to them

A similar proportion of residents (22%) mention having easy access/availability to health care services/appointments as an area of importance for them. Although, notably, only 40% and 46% (respectively) of residents would rate these two areas as performing 'well' (either 'very well' or 'well').

Most important aspects of health and care services



Q015. How well do local health and care services perform in the area(s) that is/are most important to you?*	% Well
Quality of service/care/treatment (n=109)	40%
Easy access/availability to healthcare services/more appointments (n=94)	46%
Quick/efficient/timely service (n=52)	40%
GP service (n=41)	36%
Quality/professionalism of staff (n=38)	56%

*Excluded any results with a base size less than 30

Base: 418 No comment/Don't know: 7%. Other: 6%. Percentages less than 3% are not shown on chart. **Q014:**When you think of health and care services, what is the most important to you? Coded from an open response.



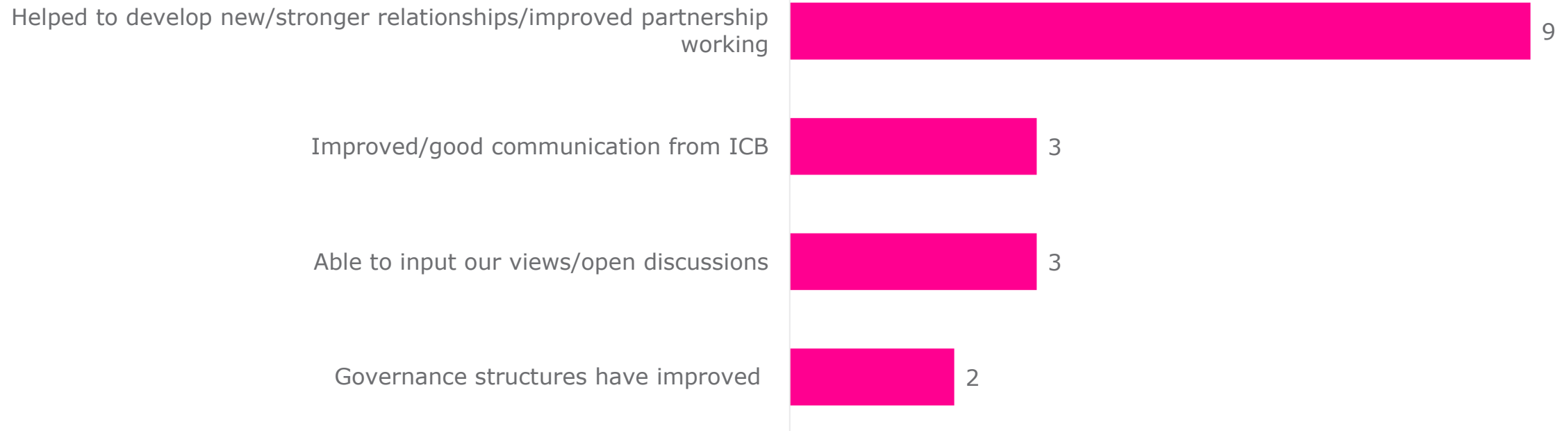
4. Stakeholder Survey





The establishment of the BLMKICB has helped to facilitate new relationships and partnership working

**Q01: What has worked well with the establishment of the BLMKICB for your organisation?
(number of mentions)**





What has worked well with the establishment of the ICB: Top three themes

Partnership working/building relationships

"Compared to a lot of places that operate in this model, there is a strong partnership approach. Working closely alongside the ICB in terms of place and what that means, this has been very positive."

"It's perhaps strengthened some of the operational and strategic relationships that were there before, but with some more consistency now."

Ability to input views

"They have involved Healthwatch MK very well in every step of the way. We were able to have proactive discussions about a local Healthwatch representative being a participant member on the ICB itself, and that was very welcomed. We faced no barriers to that. That request was taken on board proactively. In terms of the establishment of a subcommittee and governance structures, we were proactively involved in the establishment of the Working with the People and Communities Committee and Policies. We have sight of the governance handbook and are able to input our views."

Improved communication

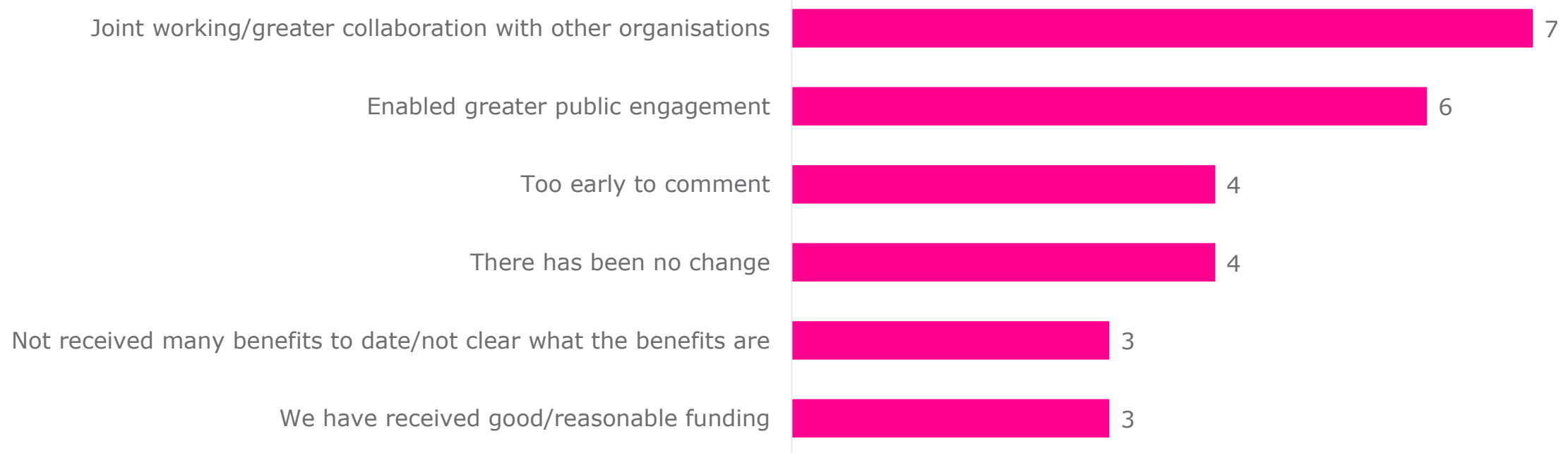
"They communicate very well with us, they update us on any changes, or commissioning decisions that are coming up or have been made. They involve us in any engagement they would like us to undertake in relation to those changes."



Several stakeholders have benefitted from joint working/collaboration and greater public engagement

However, some stakeholders state that it's too early to comment, they haven't experienced any benefits to date or things have remained unchanged.

Q02: What benefits has your organisation experienced from closer integration and partnership working? (number of mentions)



Base: 21 Other: 10 mentions (unable to code due to variation of themes/responses provided). Coded from an open response.



What benefits has your organisation experienced from closer integration and partnership working: Top two themes

Joint working/collaboration with other organisations

"At place level, we deliver services in Milton Keynes, in the main. That is a place. Through a more collaborative approach we have taken more of a shared ownership over knotty system problems, challenges, opportunities, and a sense of how to approach them together."

"There has been an acknowledgement that the work we do has a cost. There has been funding made available for some activities, which is positive. It has encouraged greater discussion and collaboration between the four Healthwatches involved. This was not done previously. We have benefitted from getting feedback from other areas outside of the Luton area."

Greater public engagement

"The ability to flag up, signpost some of the residents we have come into contact with. We do community visits, signposting them other services where we have concerns."

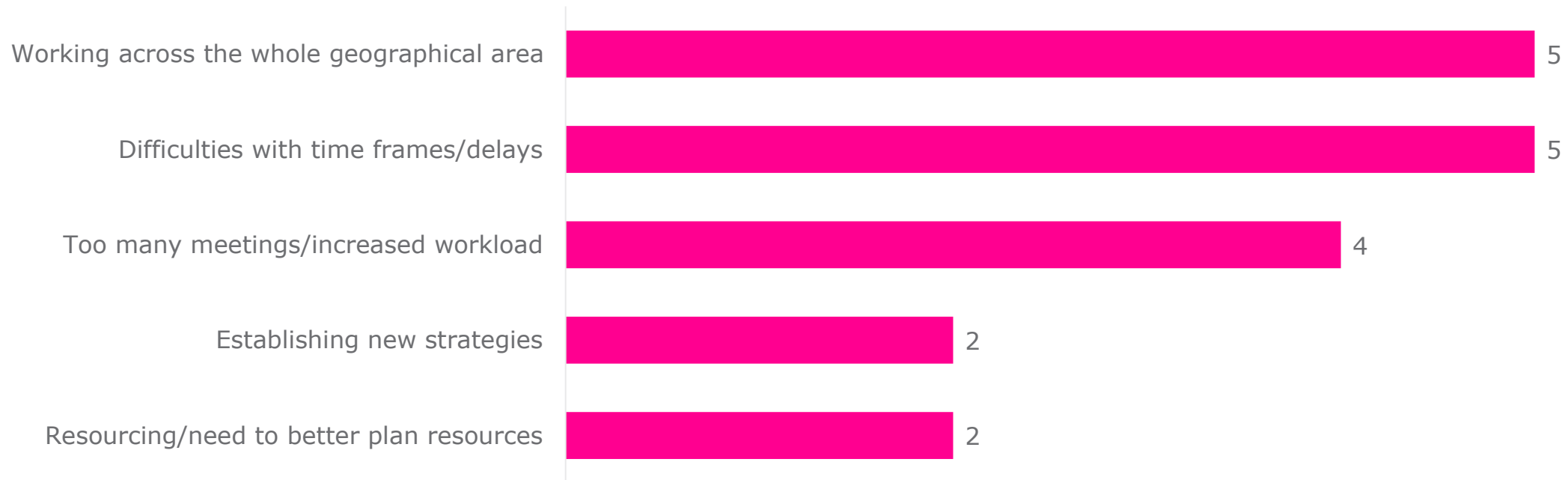
"For the first time since I've been working for my organisation, we have seen greater proactivity from local service leaders to engage residents in their priority projects."



Stakeholders mention challenges with an increased geographical area to cover

There were also five mentions which related to timings/delays with getting activities started or completed as some staff were new in post. They also highlighted that some organisations work to different time frames (such as Local Authorities) which has sometimes caused delays (see next slide for examples).

Q03: What challenges, if any, have there been with the new system? (number of mentions)





What challenges, if any, have there been with the new system: Top two themes

Working across the whole geographical area

"The geographical area is not a natural area for most communities. It doesn't match everything else that happens. A lot of voluntary sector organisations we speak to don't work on the same footprint; they only work in certain parts of the area. When you try to get a view or consensus across the entire area, that is difficult because we don't work across the entire area and are not used to coming together as an area. There is no pre-existing arrangement like this. It's quite a challenge."

"When you compare scale with place. Each area within BLMK, has different needs. The population doesn't work the same in one area compared to another. There can be specific needs to that population. The challenge is to deliver services across BLMK that address place."

Difficulties with timings/delays

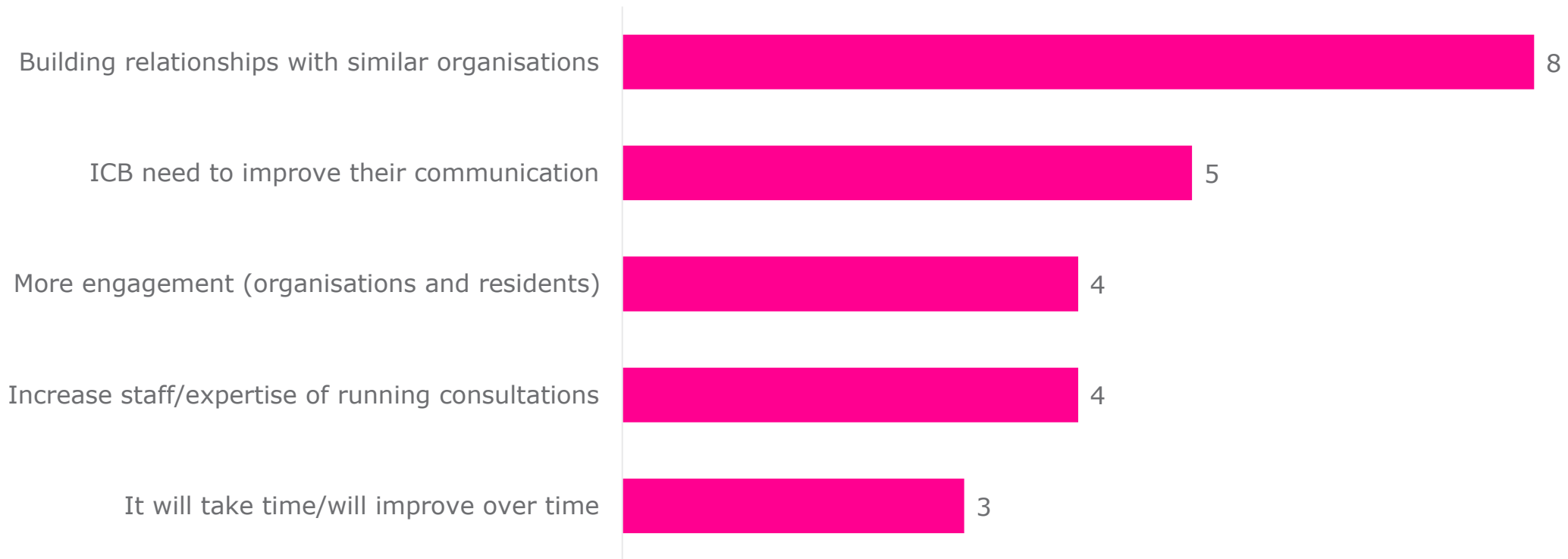
"Any time there is a new system, there is a big hiatus when everything gets stopped and restarted. People are being rotated into new jobs. Then there is time delay for reviewing policies and responsibilities."

"It won't be unique to this ICB. Some of the challenges are expectations as a local authority. Getting to know governance in a local authority, timescales, lead times are very different to the ICB. Governance in the local authority is different."



Stakeholders feel that continuing to build relationships and working with similar organisations in other areas will help to overcome these challenges

Q04: What would help to overcome these challenges? (number of mentions)



Base: 21 Other: 13 mentions (unable to code due to variation of themes/responses provided). Coded from an open response.



What would help to overcome these challenges : Top two themes

Building relationships with other organisations

"In BLMK, we have straightforward conversations as a Board about these sorts of challenges. Therefore, it comes over time, by working together, doing things together. It starts to build shared appreciation and shared culture about working together. Some of this is there and developing at the moment, working together. Certainly, more of this will be helpful going forward."

"Time will inevitably help with relationship building".

Improved communication from the ICB

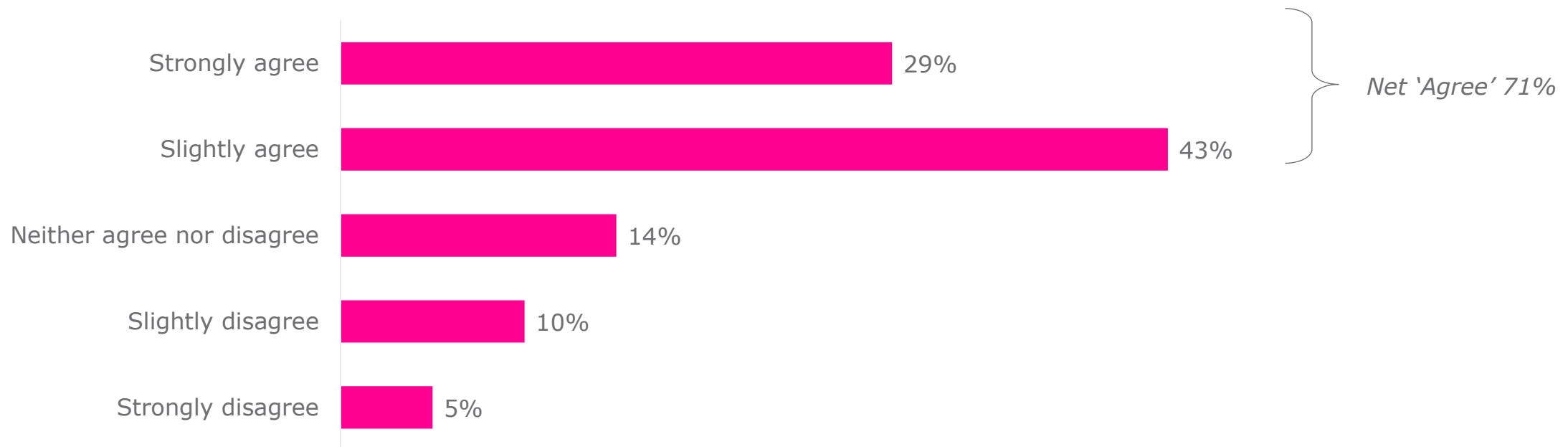
"It feels like decisions are made without conversations first. Also, the way the ICB communicates NHS related things, it tends to be through enormous slide packs which take 3 hours to read through. It's not realistic. Papers for certain meetings are vast. That is challenging for us."

"It's all about communication. There is a lack of communication in some areas, and over communication in others. There is over communication in others because you are inundated with information. I mention this in meetings."



Almost three quarters of stakeholders agree that they have an effective working relationship with the ICB

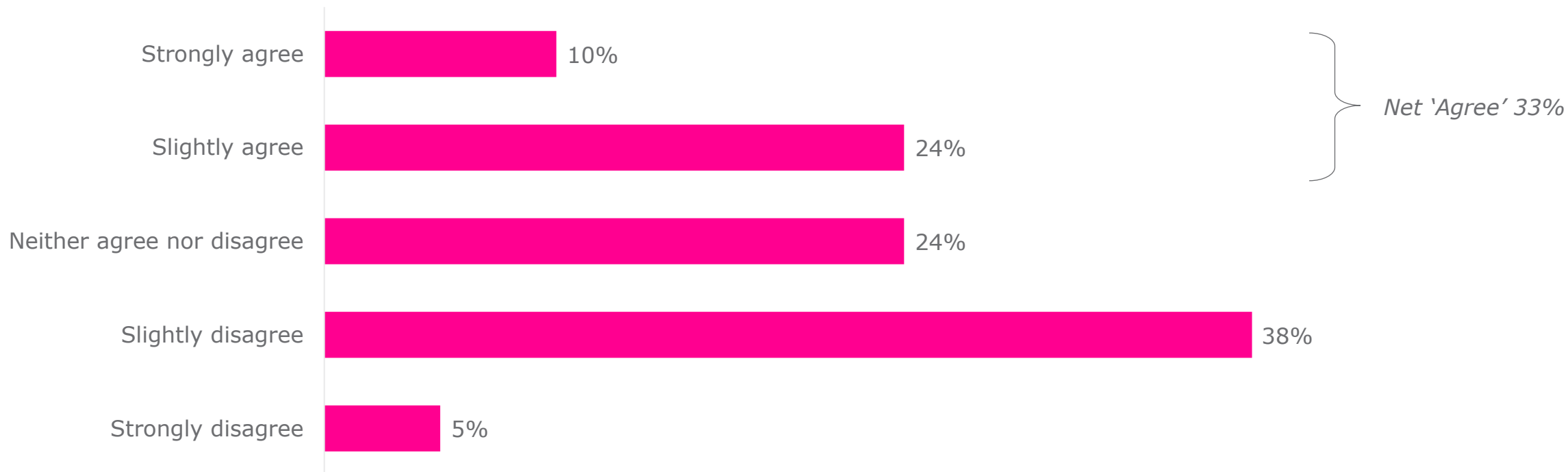
When asked to provide reasons for their answer, the most frequently mentioned themes related to improved communication and involvement with decision-making. Respondents who disagreed with this statement were also invited to provide their reasons. There were four mentions of the ICB needing to improve its communication (e.g., being more responsive/clearer) etc. A small number of stakeholders also felt it was too early to comment on this aspect.





Only a third of stakeholders agree that the support structures to support what is delivered at place and what is delivered at scale is working for the system

All respondents were subsequently asked to provide their reasons for their response to this question. There were very few common themes apart from a couple of mentions about not understanding the difference between what is delivered at place and what is delivered at scale. Others felt that it was too early to comment on this particular aspect at the moment.

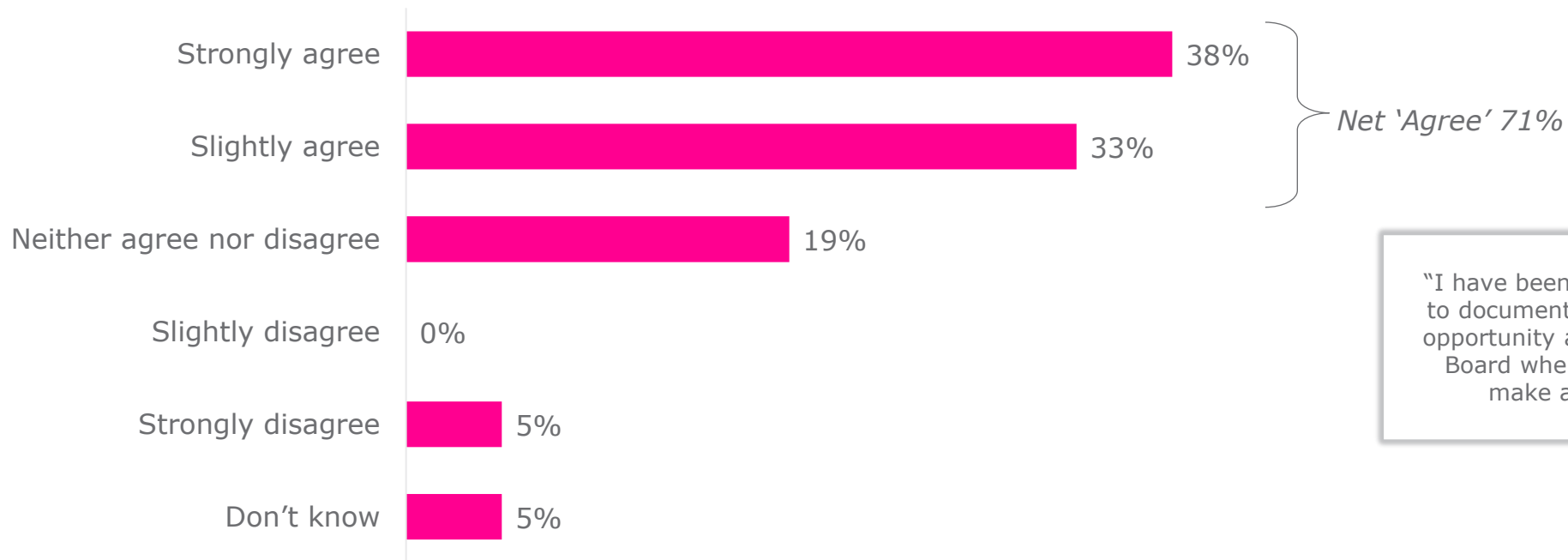


Bases: 21 **Q07:** To what extent do you agree or disagree that the structures to support what is delivered at place and what is delivered at scale are working for the system? **Q08:** Why do you say that? Coded from an open response.



Almost three quarters of stakeholders agree that they feel that they have been given the opportunity to influence ICB's plans and priorities

All respondents were subsequently asked to provide their reasons for their response to this question. One of the key themes relates to the fact they have been given the opportunity to comment/give their views on ICB's plans and priorities. Those that disagreed say it was because they don't feel like they have much influence on decision-making, or they did not feel like their opinions were taken into account or considered.

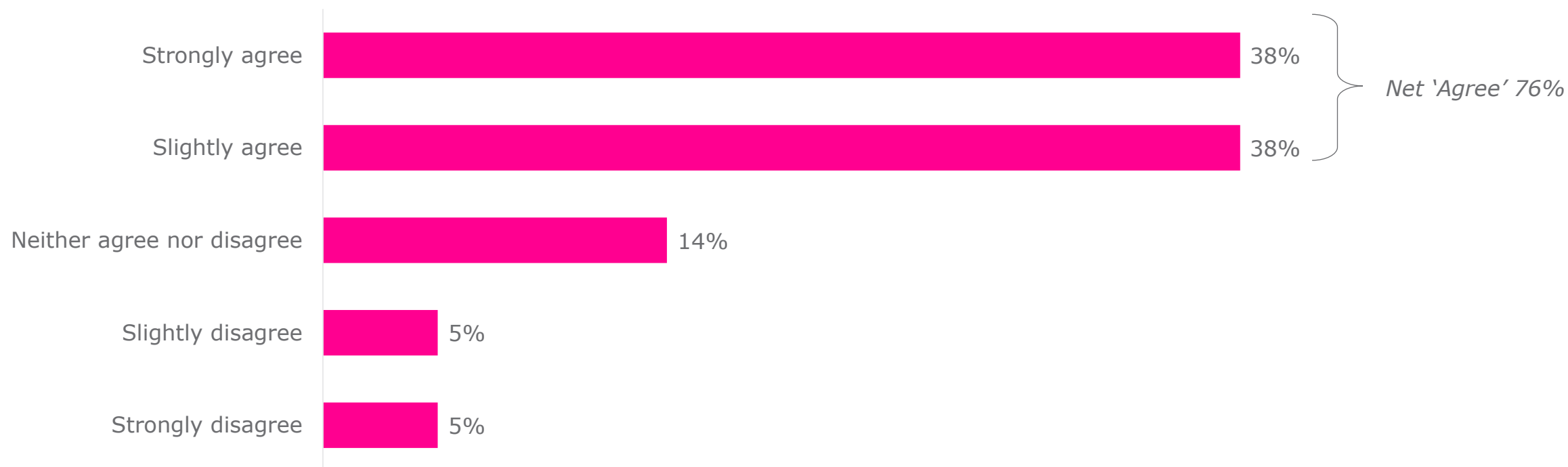


"I have been able to sit on boards, contribute to documents, and views. There has been an opportunity at a strategic level. It's not in the Board where the work is done, it needs to make a difference on the ground."



Over three quarters of stakeholders agree that the ICB's plans and priorities align with their own organisational priorities

Q011: To what extent do you agree or disagree that the ICB's plans and priorities align to the priorities of your organisation?

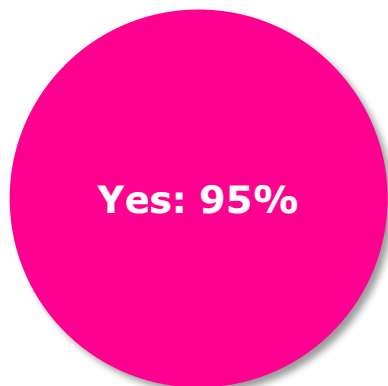




The vast majority of stakeholders are aware of the legal duties to involve residents with shaping health and care services locally

When explored further, several stakeholders mentioned that they were engaging and involving the public via a mixture of surveys, public meetings and co-production. There were also a few mentions of using their own Health and Wellbeing boards. A couple of stakeholders also highlighted that they were finding it challenging (due to lack of staff or expertise with undertaking public engagement activities etc).

Awareness of the legal duties to involve residents



Mechanisms of delivering legal duties

Top two themes:



Public engagement/consultation
(8 mentions)



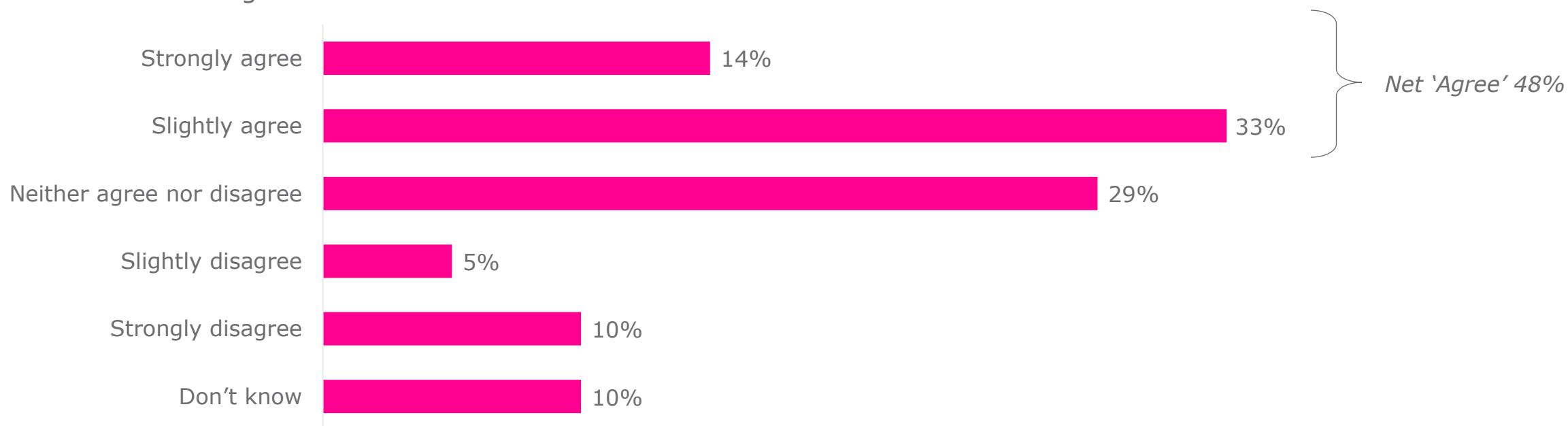
Health and Wellbeing Board
(5 mentions)

"We deliver by issuing our surveys to patient groups. Patients can always complete a short survey and leave comments behind with their feedback."



Under a half of stakeholders agree that the ICB demonstrates that it has considered the views of patients and the public when making commissioning decisions

14% disagree with this statement. The remaining 38% are either ambivalent or unsure. This was explored further in the next question as respondents were asked to provide reasons for their answer. There were several mentions of not seeing any evidence (particularly relating to co-production/co-design of services) to date and/or not involving seldom heard communities enough in activities.

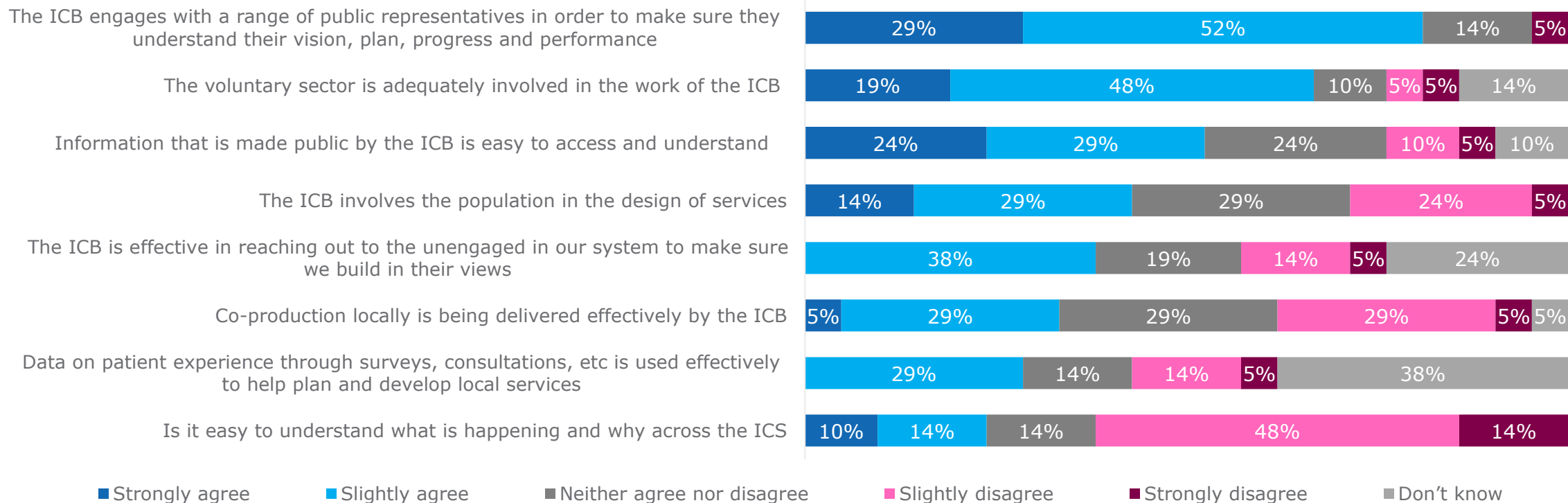


Base: 21 **Q015:** To what extent do you agree or disagree that the ICB demonstrates it has considered the views of patients and the public when making commissioning decisions? And **Base:**21 Other: 15 mentions (unable to code due to variation of themes/responses provided) **Q016:** Why do you say that? Coded from an open response.



Over eight out of ten (81%) agree that the ICB engages with a wide range of representatives in order to ensure they understand their vision, plan, progress and performance

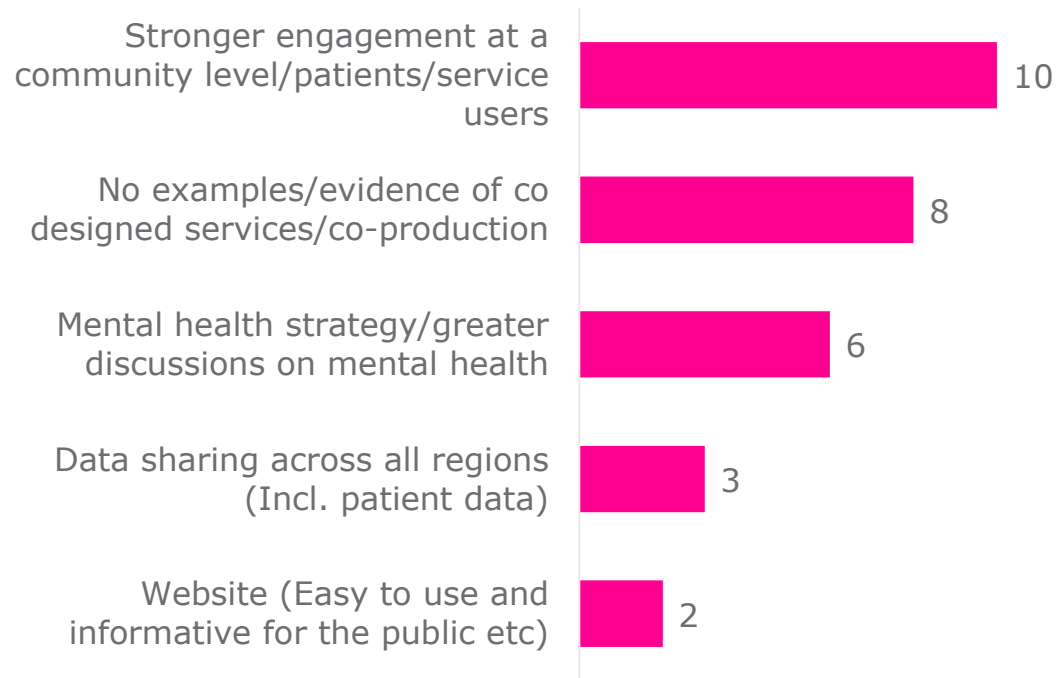
Over two thirds (67%) agree that the voluntary sector is adequately involved in the work of the ICB. In contrast, only a quarter (24%) agree that it is easy to understand what is happening and why across the ICS. In addition, only 29% agree that data on patient experience (through surveys etc) is used to help plan and develop local services.





Stakeholders recognise that stronger engagement with patients and/or service users now exists

As well as providing positive feedback on what's going well with public engagement. Several stakeholders also provided some suggestions on how it could be improved. These included increased engagement with seldom heard groups and ensuring the website (and other published materials) are jargon free, accessible and easy to understand. They also highlighted a need to keep the public updated on any outcomes as result of taking part in research/consultations.



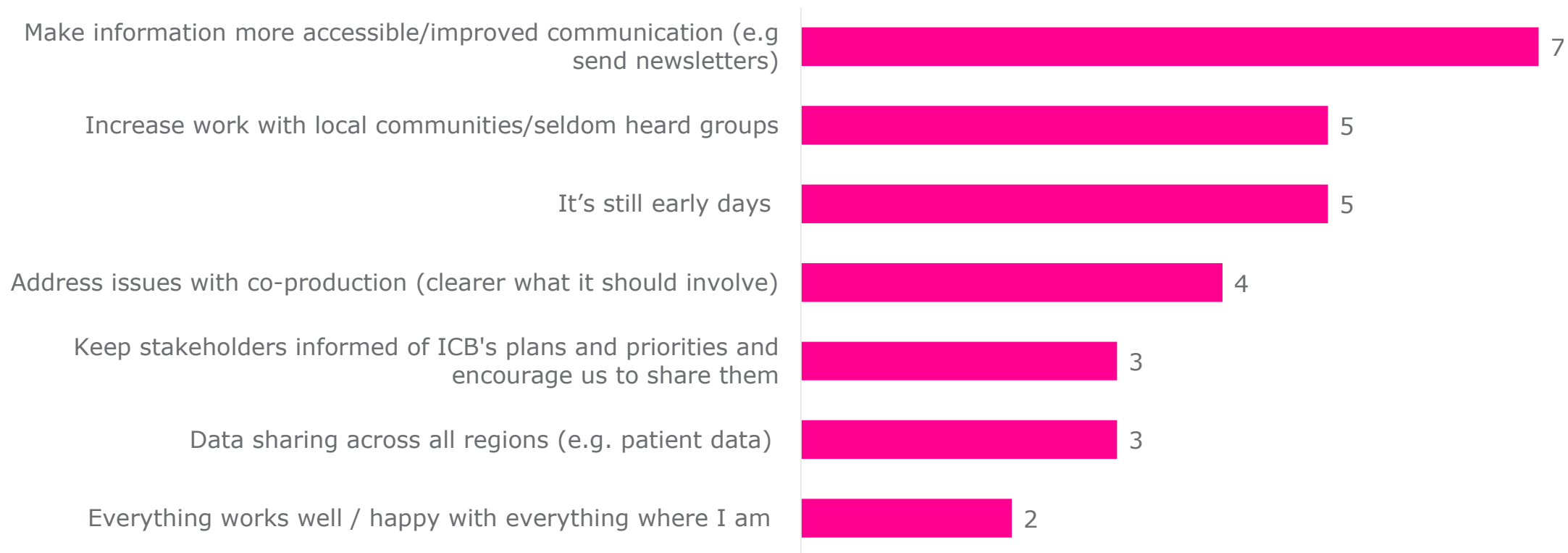
"Where we have done direct engagement with people, met people, had conversations with them, it's worked very well for us."

"Some of the work the ICB are doing with health overview and scrutiny is good. Patient voice on procurement is good. There has been some good person patient centered work. Maternity services is another good example. There is also a discussion going on about mental health collaboration. We have the MSK piece, where the Board had an opportunity to hear from the patients themselves."



Any other comments?

Finally, all stakeholders were given the opportunity to provide final comments if they wished. Many of the themes echo those already outlined earlier in the report such as more evidence of co-production, increased engagement with seldom heard groups and more data sharing across areas. Seven stakeholders mentioned a need to ensure the information provided by the BLMKICB is easier to find and accessible to all audiences. A few stakeholders also highlighted that it was difficult to comment on some of the questions in the survey, as it is still early days.





5. Key Takeouts



Key takeouts (Residents survey)



Over half (54%) of residents were unable to provide any names of organisations that are responsible for developing a plan for meeting the needs of the population, managing the NHS budget and arranging the provision of health services.

1

Of those that were, 27% mentioned the NHS (unprompted) but this increased to 72% when they were provided with a list. Only one respondent mentioned the BLMKICB, although this increased slightly to 12% when prompted. Although, it should be noted that prompted awareness is significantly lower amongst Non-White ethnic groups (6% cf. 14% White).

Linked to this, only 5% of residents consider themselves to have knowledge of the ICB's roles and responsibilities. A fifth have heard the name but don't know much about its roles and responsibilities but the majority (79%) have never heard of the ICB.

This indicates that some further work is needed to promote the work of the ICB, its role and responsibilities and how it works with other health care organisations within the BLMK area.

Only a fifth (19%) agree that they have been given an opportunity to get involved in shaping the health and care services they use. Again, this result is significantly lower amongst Non-White ethnic groups (52% cf. 63% White). This result is also echoed further in the stakeholder survey, as several partners mentioned a need for greater engagement amongst seldom heard groups.

2

The vast majority (97%) of BLMK residents have accessed at least one healthcare service in the last year, with the most popular being GPs, Pharmacies and Dental services.

3

Whilst access to pharmacies was deemed 'easy' (98% found it easy to access the care they needed), ease of access was considerably lower when accessing mental health services, GP surgeries and A&E. This was further supported in the comments with 24% mentioning a need for easier access/accessibility for medical appointments and/or treatment.

When looking at the overall experience, nine out of ten who used a Pharmacy or Eye care services rated these services as 'good'. In contrast, further improvement in accessing Mental Health Services maybe required, with 47% rating this service as 'good'.

4

On the positive side, residents did recognise the quality of care, treatment and support they received (when they got it) and praised that it is readily available/accessible as and when they require it.

5

Key takeouts (Stakeholder survey)

1

Almost three quarters of stakeholders interviewed (71%) consider themselves to have an effective working relationship with the ICB. One of the key reasons relates to their increased involvement in decision-making and future planning. They also praise the fact that the establishment of the ICB has helped them develop working relationships with a wider range of organisations in different parts of the BLMK region.

Almost three quarters of stakeholders agree that they feel they have been given the opportunity to influence ICB's plans and priorities. This is further supported with 81% of stakeholders agreeing that the ICB engages a range of public representatives in order to make sure they understand their vision, plan, progress and performance.

Linked to this, over two thirds (67%) of stakeholders agree that the voluntary sector is adequately involved in the work of the ICB.

2

In terms of areas for improvement, only a third of stakeholders interviewed agree that the support structures to support what is delivered at place and what is delivered at scale is working for the system.

Just under a half of stakeholders agree that the ICB demonstrates that it has considered the views of patients and the public when making commissioning decisions. However, only 38% agree that the ICB is effective in reaching out to the unengaged in their system to make sure they build in their views. This was also reflected in the comments with several stakeholders mentioning that further efforts to consult with seldom heard groups was needed. In addition, only 43% of stakeholders agree that the ICB involves the population in the design of services.

3

Another potential area of improvement for the ICB (and the wider Integrated Care System) is communication (both in terms of keeping stakeholders informed but also accessibility of its materials). For example, only 14% agree that it is easy to understand what is happening and why across the ICS. Similarly, several stakeholders highlighted a need to improve the accessibility of marketing and communication materials to ensure they are suitable for a wide range of audiences.



6. Respondent Profile





Respondent profile – Residents (i)

	Weighted	Unweighted
Total	418	418
18-34	25%	24%
35-54	37%	40%
55+	39%	36%
Male	50%	48%
Female	50%	51%
Non-binary	1%	0%
Other	0%	0%
Gender assigned at birth - Yes	98%	98%
Gender assigned at birth - No	1%	1%
Prefer not to say	1%	<1%
White	73%	62%
All other ethnic groups	27%	38%

	Weighted	Unweighted
Total	418	418
Bedford	24%	24%
Milton Keynes	24%	24%
Central Bedfordshire	27%	27%
Luton	25%	25%
Urban	88%	88%
Rural	12%	12%
ABC1	56%	59%
C2DE	44%	41%
Has a disability	25%	23%
Does not have a disability	75%	77%
Christian	53%	49%
Non-Christian	15%	20%
No religion or belief	30%	28%
Prefer not to say	2%	3%



Respondent profile – Residents (ii)

	Weighted	Unweighted
Total	418	418
Straight or heterosexual	92%	91%
Gay or Lesbian	3%	3%
Bisexual	2%	1%
Prefer not to say	4%	5%
Married/Civil Partnership - Yes	49%	51%
Married/Civil Partnership - No	46%	43%
Prefer not to say	4%	6%
Pregnant/been pregnant in the last year* – Yes	11%	10%
Pregnant/been pregnant in the last year* – No	85%	83%
Prefer not to say*	4%	7%

Unweighted base: 214/Weighted base: 208

For more information



Alasdair Glead, Research Director
agleed@djsresearch.com

Clare Rapkins, Senior Research Manager
crapkins@djsresearch.com

Head office: 3 Pavilion Lane, Strines,
Stockport, Cheshire, SK6 7GH

Leeds office: Regus, Office 18.09, 67 Albion Street
Pinnacle, 15th–18th Floors, Leeds, LS1 5AA

+44 (0)1663 767 857 | djsresearch.co.uk



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