

healthwatch

Liverpool

Talk Liverpool

Patient Feedback Survey Report

December 2018 - June 2019

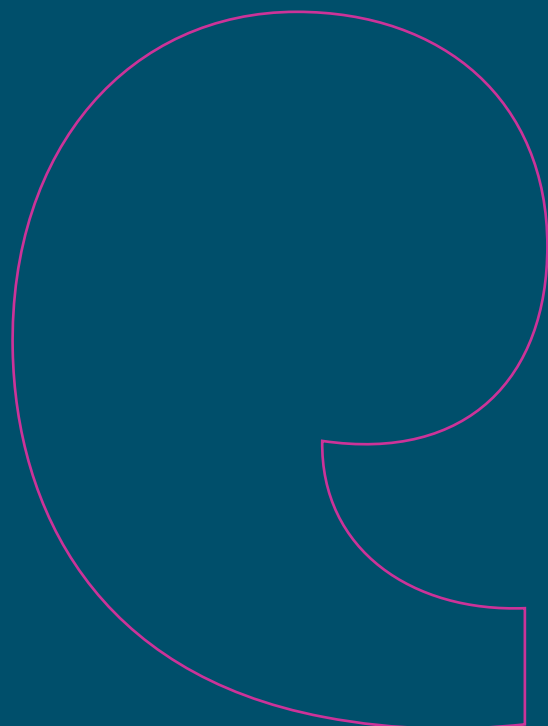
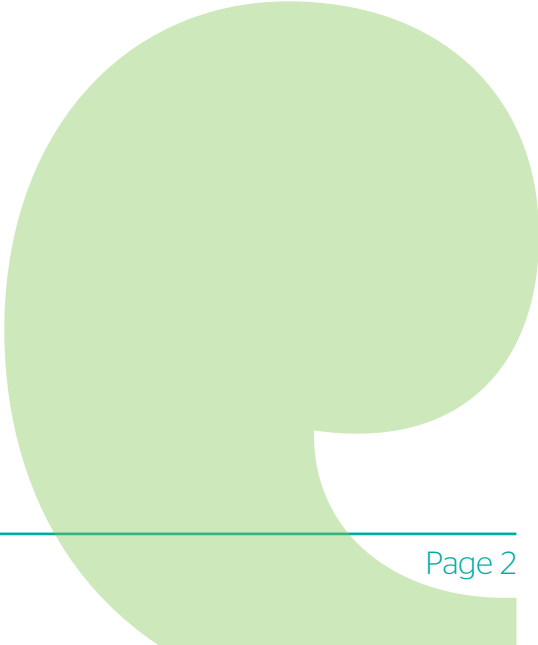


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Introduction

Between December 2018 and June 2019 we worked with Talk Liverpool, which is provided by Mersey Care, to get feedback about their services.

We printed 350 questionnaires that were distributed by Talk Liverpool staff to people attending Talk Liverpool courses.

Talk Liverpool is a service delivered by Mersey Care and funded by Liverpool Clinical Commissioning Group to help people with common mental health issues such as depression or anxiety. We have previously surveyed people receiving 1-to-1 therapy from Talk Liverpool. Their model of delivery has since changed and patients now receive support mainly through courses or online in line with national guidance. The aim of this is to reduce the waiting times for people trying to access its services and increase the number of people accessing the service. We wanted to know what people's experiences of these groups were and whether attendees felt they were meeting their needs.

The aim was to find out what course participants thought was good about the service, and what could be improved. We received 87 completed surveys. For a copy of the survey we used please see Appendix A.

This report is based on the feedback we received from attendees of Talk Liverpool courses. It is therefore limited in its scope. We didn't hear the experiences of people who decided not to take up the offer of a course or those who only attended the initial sessions of a course before deciding not to continue.

While keeping those limitations in mind, from the feedback we received here's what we found.



Key findings

Of the 87 people we spoke to and who answered the relevant questions:

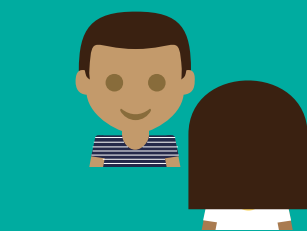
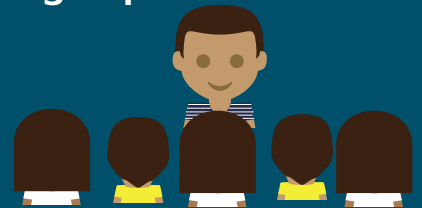
62% (54 people)
had been referred to
Talk Liverpool



87% (47
respondents) of those
referred had been
referred by their GP



26% (just over a
quarter of
respondents) had
expected to be offered
a group



37% (Over a third of
respondents) had
expected to be offered
face-to-face treatment

82% would give
Talk Liverpool a 4 or 5
star rating with an
average rating of 4.2
stars out of 5



6.2 weeks
was the average length
of time respondents
waited to start a course.

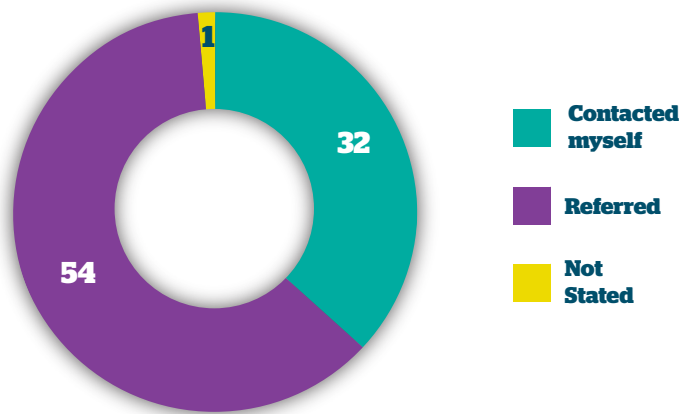
Survey Results

Are you attending a course yourself, or accompanying someone?

86 out of 87 people said they were attending the course themselves. One person did not answer this question.

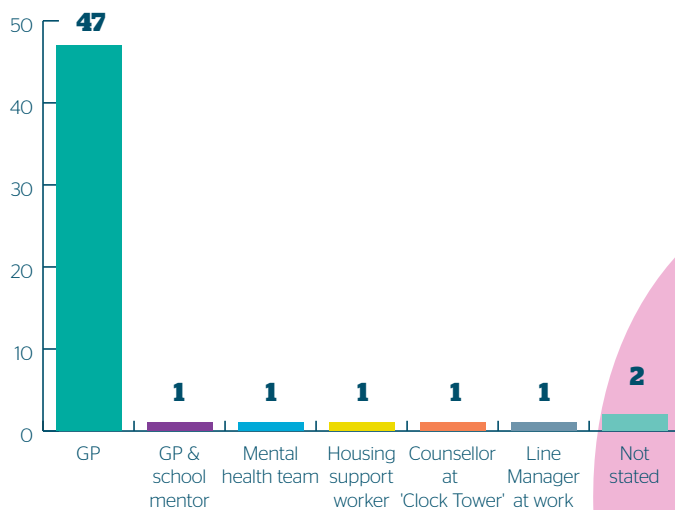
Did you decide to contact the service yourself or did someone refer you?

A majority of respondents had been referred to Talk Liverpool:



If referred, by who?

The vast majority of those who had been referred to Talk Liverpool said this had been done by their GP, as shown below:

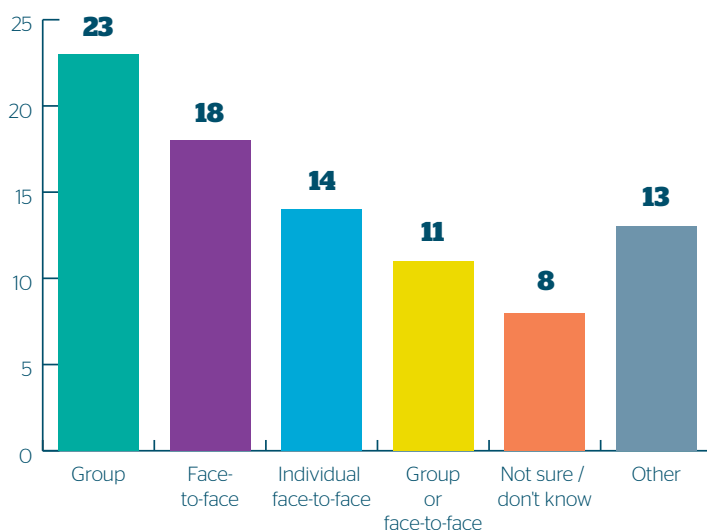


Additionally seven respondents said they had contacted Talk Liverpool themselves, but that it also had either been suggested by, or discussed with, their GP.

What help did you expect to be offered?

Whilst just over a quarter of respondents were aware that they would be attending a group, a larger proportion thought they would be getting some kind of face-to-face therapy, including on an individual basis, or were not sure what help they would be offered.

Other people gave a range of individual responses, including ‘therapy of some sort’, ‘an appointment with a counsellor’, ‘advice’, and ‘1-2-1, small groups in a circle’.



When you were offered a course, what did you think about that?

The responses to this question varied considerably. Several people had multiple thoughts about being offered a course, but overall the 86 respondents to this question gave 44 broadly positive responses, including 29 who said they were pleased, happy or grateful to be offered a course, or any help at all.

Comments included:

- “Happy to receive help”*
- “Was pleased as had to wait nearly a year last time”*
- “I was pleased to be offered something that wasn't too clinical”*
- “Pleased to start being able to tackle my problems”*
- “I thought it was good I would get some help quickly rather than having to wait months & I was grateful for the service”*

26 comments were more mixed or people were unsure. Comments included:

- “I was very unsure about the course and not sure if it would be helpful”*
- “Before I attended I thought it would be good but after 1st session I knew it wasn't for me”*
- “Relief, but nervous and anxious about group environment”*

24 people were not as positive about attending a course. Comments included:

"I want to talk in depth about my problems. This course denied me so"

"Unsure how it would help. Nervous of being in a group and breaking down and unable to control my tears and emotions."

"I really wasn't happy as I need to talk to someone about my problems as I really am not coping."

How many weeks did you have to wait before starting the course?

Responses varied from less than 1 week (5 people) to 20 weeks (1 person).

11 people gave an approximate number of weeks.

The average number of weeks people said they had waited to start a course (including the approximate number of weeks) was 6.2 weeks.

Three people said they were not sure how long they had waited, 1 said it was 'not long', while another said they had waited 'too many' weeks.

What do you think has been good about the course/service so far?

There were many different responses to this question. Most positive feedback was about the course contents and information, and the tools/strategies/advice it contained. This received 54 positive comments, including:

"Good tips on how to manage my low mood and anxiety"

"Working on ways to curb unhelpful thinking has been really interesting and I feel it's been useful in my everyday life"

"The broad range of tools and how they can be applied in different ways"

The instructors/course leads received 18 positive comments:

"Leads were very helpful"

"Girls were brilliant, so feeling, understanding, helpful"

Seven people mentioned that talking to people who understand helped:

"Realisation that you're not the only one struggling. A lot of stuff discussed was very relatable"

Seven others mentioned that the group sizes and/or environment had been good:

“It was a small group so everyone had the opportunity to speak although they didn’t have to”

Five people mentioned that they felt they had a better understanding of issues; Five others had more general comments, saying that it had all been good.

There were individual comments about what was good, including that it helped in getting out, that there had been a short wait for the course, and that the course gave hope.

Two people said it was only the second week and felt they couldn’t comment yet. Eight people gave less positive responses in this section, including that they felt it was not what they had expected, or that nothing was good. The next question asked what could be improved, giving people a chance to elaborate if they wanted to.

What would you like to see improved?

Again, there was a wide variety of responses to this question.

30 people mentioned they’d like to see improvements to the course contents. This included more targeted contents, better or more relevant examples/scenarios, more group and individual participation and/or chances to share experiences with other course attendants, and providing either more, or less, information. Others mentioned spending less time each session going over the rules, or providing more information about other issues such as post-natal depression or suicidal thinking.

Comments included:

“The course covered a very broad range of conditions. Some of the techniques and practices were aligned to specific conditions e.g. phobia. Not everyone on the course may be having such symptoms”

“There’s a lot of information to take in, in such a short space of time. More ideas and bullet points on the projector to explain further concepts”

“Might be useful to identify specific anxieties of individuals on the course prior to beginning to provide more relevant examples”

Four people said they would have preferred to be seen 1-to-1, and another said they would have liked a choice of group or 1-to-1:

“I gain more from one-on-one, and can discuss more”

Another four people mentioned that they would have liked smaller groups:

“Maybe split the group in half for smaller groups”

Three people said they didn’t like the room set-up:

“I feel how the room is set out is like a ‘classroom’ + very clinical with the course facilitator desk at the front. I feel maybe a more comfortable, warming setting - less formal”

A further three people said they would like to have been offered coffee or refreshments.

There was a variety of other individual suggestions for improvement, including the waiting time before the course started, providing more information about the course prior to it starting, and providing more sessions.

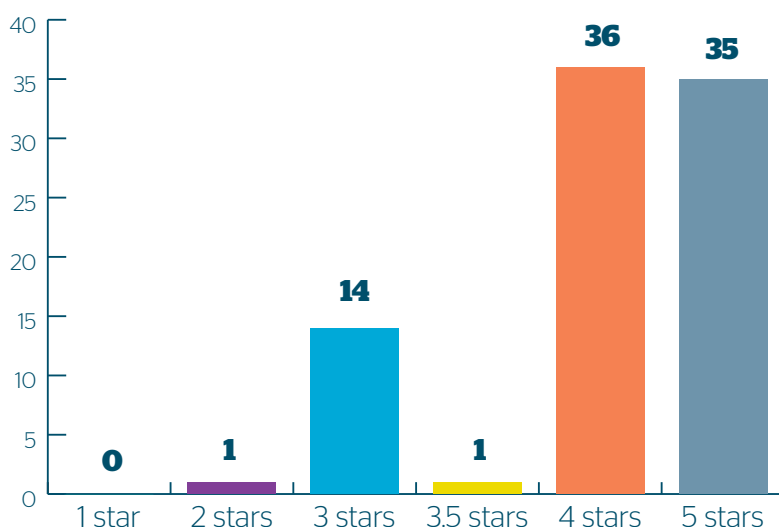
One person was concerned about a potential lack of confidentiality by attending a group:

“Not confidential. I knew someone in the group & may not want them to know I’m here”

Three people responded by saying it was a good course, and seven said nothing could be improved. 21 people did not give a response, two said they were not sure, and one said it was not applicable.

Please rate the service here overall

We asked everyone to give the service a rating from 1 (very poor) to 5 (very good) stars. This question was answered by all 87 respondents. Star ratings were as follows:



The average star rating awarded was 4.2. 82% of respondents awarded the service 4 or 5 stars.



Any other comments

We asked people if there were any other comments they wanted to make about the service. 44 people chose to make an additional comment, mostly positive:

“Brilliant service, looking forward now to my future. Putting all I have learnt in to practice.”

“Thank you for help given. Feel better than when first came to course.”

“Staff very pleasant and friendly and approachable.”

Some feedback was mixed:

“This last course was definitely for me and made me realise and be aware of what I am feeling and going through. I know I am not ‘recovered’ because I still get anxious in certain scenarios and still get physical symptoms. I wish I did not have to wait so long for 1 to 1 as I really want to ‘offload’ to someone who is not my family or friend”

Others had less positive comments:

“I just feel the course was delivered as a ‘lip service’ as it didn’t encourage participation and didn’t look at what people had done on the subjects outside of the course. To the point where the facilitators would say ‘anyone got any questions...no?’ which actually tells people not to ask questions. Some facilitation skills need enhancing”

“The course wasn’t for me but got told to stay anyway. It didn’t help me in any way because I do all the things in the course anyway. There were other people who felt the same. There were 50 people who started the course, 6 at the very end. Doesn’t that speak volumes that it’s not working!”

Some people had further suggestions for improvements:

“Regarding equality - although I have never felt discriminated against within the group, I do think groups which focus on specific issues, i.e. relating to race for BAME people, disability, or issues affecting LGBT individuals, would also be beneficial.”

Conclusions

Overall

Talk Liverpool received a great deal of positive feedback from people using its services in the questionnaires that we received, especially about the course contents and about the course leaders. This was also reflected by the average ‘star rating’ of 4.2 stars. When asked about possible improvements, the course contents were again mentioned most often. A variety of suggestions for improvement included providing examples or scenarios that were more relevant to course attendants. Several respondents also mentioned that they would have preferred to have a choice on whether to attend a course, or receive face-to-face or 1-to-1 counselling.

Expectations

What we found: A majority of respondents did not expect to be attending a group, or weren’t sure what to expect from a group setting.

Suggestion: Continuing to work with GPs and other referring parties to ensure that they can better explain what is on offer may help people know what to expect and to make an informed decision about attending.

Waiting time and capacity

We know that there have been, and are, pressures on mental health services, and that Mersey Care / Talk Liverpool has worked hard with commissioners to reduce the waiting times for people trying to access its services and increase the number of people able to access the service.

What we found: Our feedback shows an average wait of 6.2 weeks which is much quicker than the previous wait time for 1-to-1 therapy. We know that long waits are very difficult for people and so reducing this is to be welcomed.

“I thought it was good I would get some help quickly rather than having to wait months”

Group setting

What we found: Although group settings allow more people to be seen more quickly, feedback showed that even some people who did attend found a group setting difficult or felt that their needs would have been better met in a 1-to-1 setting. This illustrates the difficulty of trying to meet diverse needs within a clearly defined model and limited resources.

Suggestion: It would be helpful to collect and analyse information about people who decline or drop out of courses and their reasons for doing so. The recent move to a “course first” model may lead to some people who really need support not receiving it. Monitoring will be important to understand the consequences of this.

We would also be interested in what happens to people who decline or drop out of courses and whether they are able to access alternative support but we are aware that this is not information which would be easily accessible.

We have provided Talk Liverpool with an anonymised version of all the feedback that we captured. Talk Liverpool/ Mersey Care can use this feedback in conjunction with other ways in which they capture patient experiences to see what is working well, and any areas for improvement.

We look forward to continuing our work with Mersey Care over the forthcoming year.

About Healthwatch Liverpool

Healthwatch Liverpool is the independent champion for people who use health and social care services in Liverpool. We're here to make sure that those running services put people at the heart of care.

One of our main purposes is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

As part of a national network made up of local Healthwatch organisations in every local authority area of England and Healthwatch England, the national body, our work contributes to a nationwide perspective of health and social care services.

We also work with neighbouring local Healthwatch to gather patient experiences from a wider local footprint when it is useful to do so.

At Healthwatch Liverpool we also provide a dedicated information and signposting service which helps to put people in touch with services and activities that can help maintain and improve their health and wellbeing.



Appendix A - Survey Questionnaire

Talk Liverpool Questionnaire 2018



Healthwatch Liverpool is the independent champion for people who use health and social care services in Liverpool. We're here to make sure that services really meet the needs of people who use them. As part of this, we want to hear from as many people who use health and care services in Liverpool as possible.

Please be honest in your feedback; the only way we can change things is if we know what's working well for people and where improvements could be made. Thank you very much!

1. Are you: Attending a course yourself Accompanying someone

2a. Did you decide to contact the service yourself or did someone refer you?

I contacted Talk Liverpool myself I was referred by someone

2b. If referred, by who?

3. What help did you expect to be offered? (e.g. online help, individually face-to-face, group, other, don't know)

4. When you were offered a course, what did you think about that?

5. How many weeks did you have to wait before starting the course?

6. What do you think has been good about the course / service so far?

Please turn over



7. What would you like to see improved?

8. Please rate the service here overall (please circle):



9. Any other comments

Some details about you. We don't ask for your name, so any information you give is anonymous. By answering these monitoring questions, you'll help us to make sure that we are hearing from people from all parts of the Liverpool population.

Age Prefer not to say

Do you consider yourself to have a disability? Yes No Prefer not to say

Do you consider yourself to have a religion or belief? Yes No Prefer not to say

If yes, which religion or belief?

Which best describes your situation?

Full-time work Part-time work Retired Full-time education Unemployed

Self employed Unable to work Carer Prefer not to say Other

How would you describe your race or ethnicity? Prefer not to say

How would you describe your sexual orientation? Prefer not to say

Which of the following describes how you think of yourself?

Woman Man In another way (please state) Prefer not to say

Is your gender identity the same as that you were given at birth? Yes No Prefer not to say

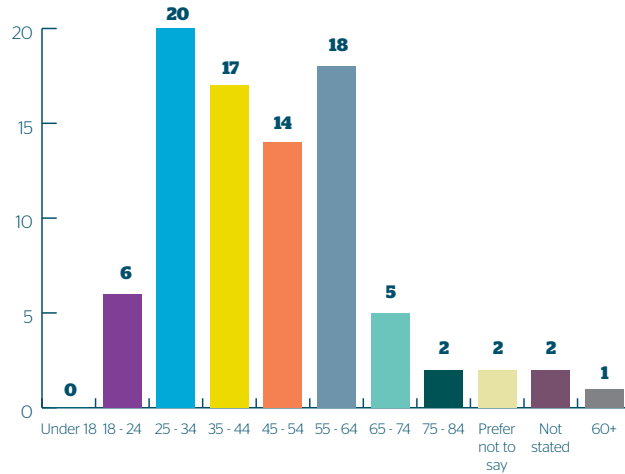
How well does the service meet your needs in terms of equality?

Please put this in the Freepost envelope provided and seal. Either hand it back to the course facilitator, or post it to us directly.

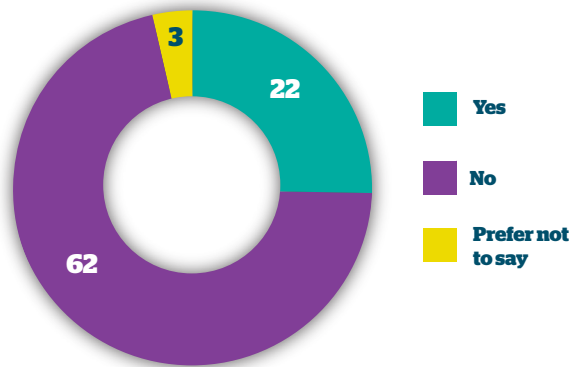
Appendix B - Equality and Diversity Data

As part of our survey questionnaire we asked people a series of equality and diversity questions. These are asked to ensure that Healthwatch Liverpool are speaking to a broad cross section of the local population.

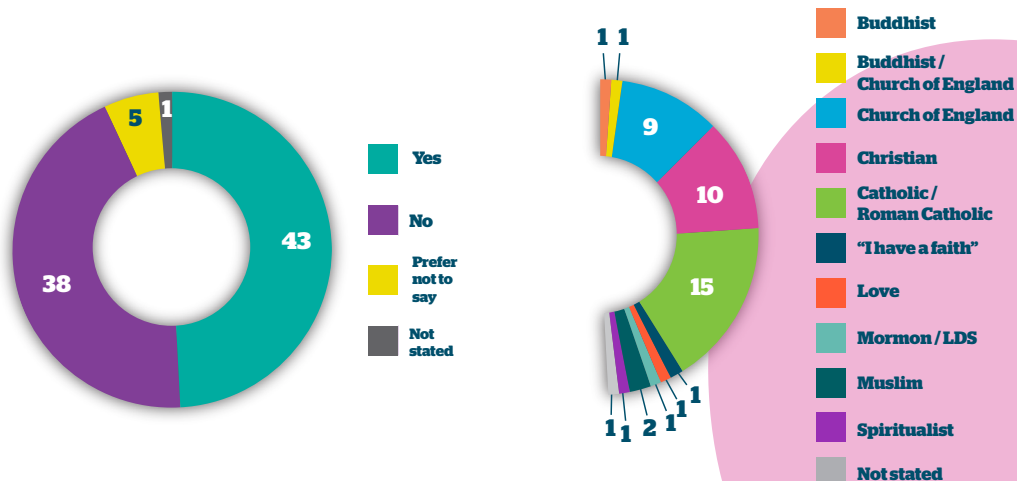
Age



Do you consider yourself to have a disability?

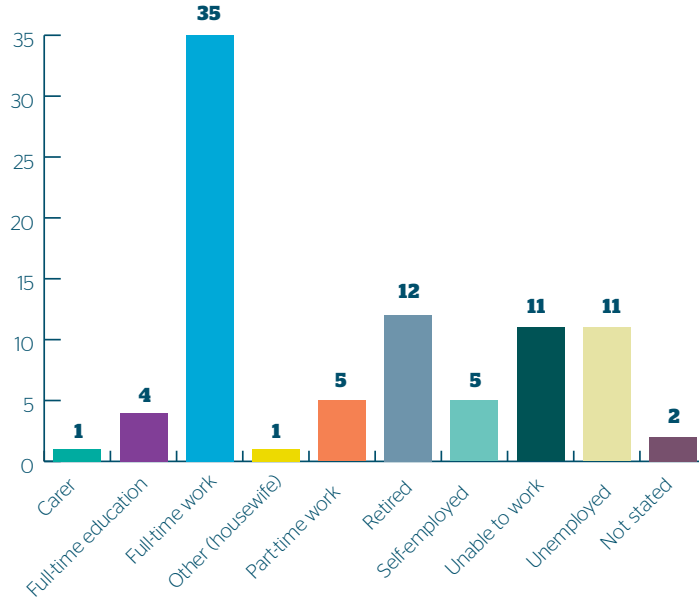


Do you consider yourself to have a religion or belief?

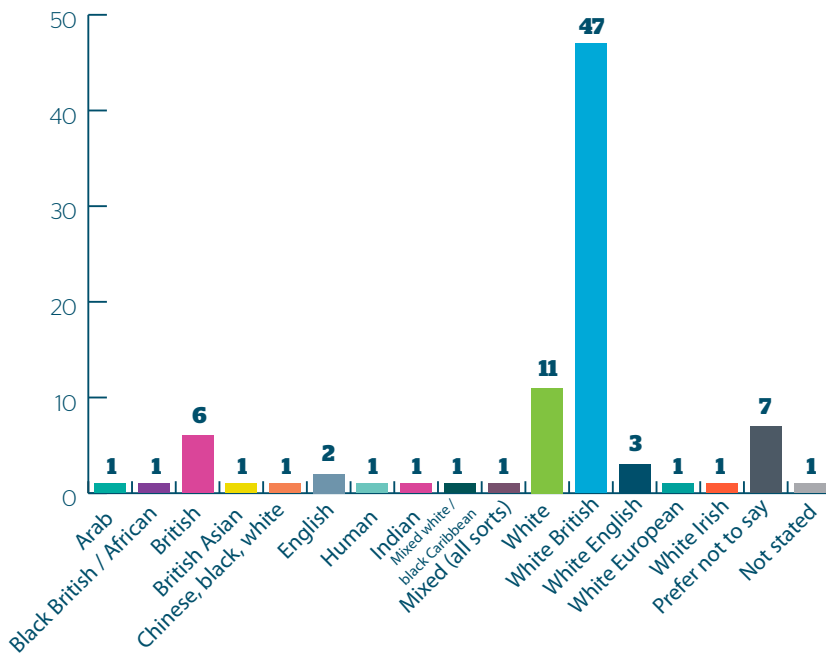


NB 1 person ticked 'No' but wrote 'Methodist' in the free text box

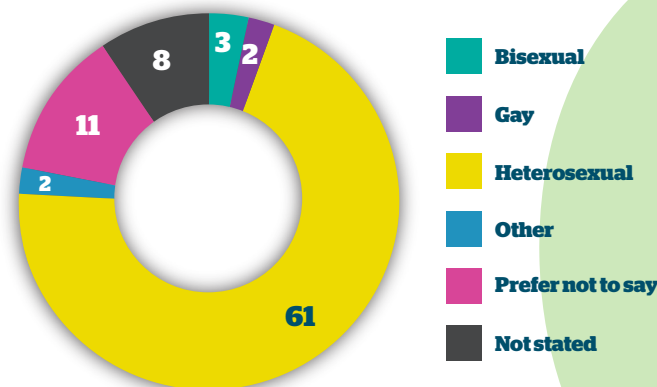
Which best describes your situation?



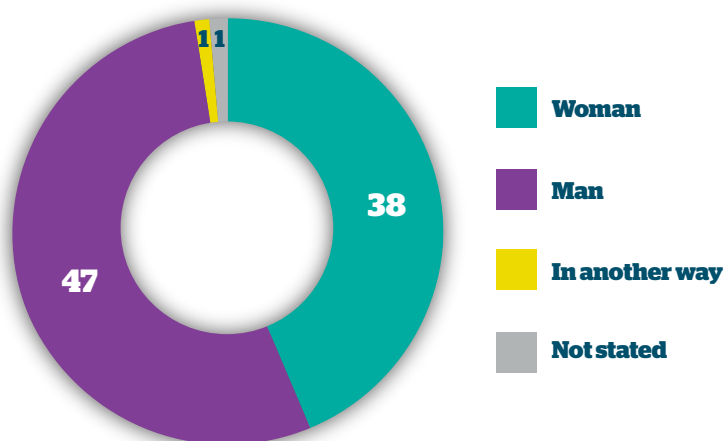
How would you describe your race or ethnicity?



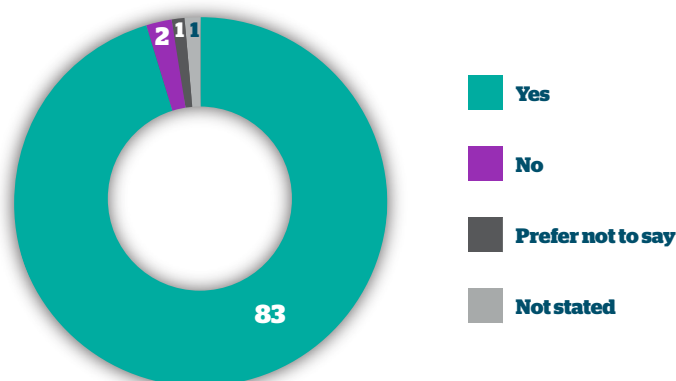
How would you describe your sexual orientation?



Which of the following describes how you think of yourself?



Is your gender identity the same as that you were given at birth?



How well does the hospital meet your needs in terms of equality?

We asked people how well Talk Liverpool meets their needs in terms of equality and we captured their feedback in a free text box on the survey. The question was answered by 73 out of 87 people. Of the 73 responses, 28 said their needs were met 'well', 'good', 'fine' or that it 'ticks all boxes', 25 said it was 'very good' or 'very well', and 4 said it was '100%' or 'perfect'.

11 people said it was 'OK', 'normal', 'no issues', 'no problems', or that it 'meets needs'. One respondent said that it was 'as expected and hoped for', and another that the service 'treats all the same'. One respondent said that it had 'not arisen'.

However, 2 respondents were not as positive; one said it was '5 out of 10', while another said 'some are more equal than others'. We don't have any further details to know why any of the responses were given, either positive or negative.

As mentioned above, there was a suggestion to improve meeting equality needs by providing groups focusing on specific equality issues.

Appendix C - Response from Talk Liverpool

On behalf of Talk Liverpool, we would like to say how pleased we all are with the fantastic range of feedback detailed in this report. An average rating of 4.2 stars out of 5 is a reflection of our staff's unwavering commitment to offering the best therapeutic work possible; improving people's lives, and supporting individuals to move through difficult periods.

We are also, by nature of what we do, here to listen. This report provides us with a range of suggestions to help the service in moving forward. Respondents were those attending our courses, which are open to wide range of people in need, from all backgrounds and walks of life. Understandably therefore there are different positives being highlighted, as well as different ideas for change.

In relation to some of the suggestions specifically highlighted in the report:

- Talk Liverpool is what is known as an Improving Access to Psychological Therapies (IAPT) service. Being part of the NHS, all the therapeutic work offered follows recommendations made by NHS England and the National Institute for Health and Clinical Excellence (NICE). This means our treatments are evidence-based; proven to be effective in reducing the symptoms of whatever problem area people are seeking help with (which for Talk Liverpool is primarily Depression and a range of Anxiety disorders). Talk Liverpool also follow a stepped care model, meaning the least intrusive treatment is offered first. If symptoms persist, then the next step is taken or a more 'intensive' approach tried. NHS England and NICE guidelines suggest that people presenting with depression or anxiety symptoms should be offered a self-help course of treatment initially, such as the Skills for Wellbeing Course, to get people on their journey to recovery as soon as possible. This is why courses are offered as a starting point to all patients, with the option for 1-1 work if symptoms persist at the end of the course (and the person has been applying the skills and techniques they have learned).
- We are conscious not to provide examples or scenarios that may cause upset or distress to attendees and so aim to keep these as general as possible, so they can be flexed or adapted to suit more individuals. However, we will invite people to share their own examples in the sessions should they feel comfortable to do so (but no one is forced to talk or share if they don't want to).
- Some people can also find a course setting to be daunting – especially to begin with. To this end, interactivity in the courses is kept boundaried to certain points in the sessions, so as those who don't want to share don't feel too pressured. The course is also based on Cognitive Behavioural Therapy (CBT) – the recommended first-line treatment for depression and anxiety disorders – meaning the focus is more on understanding how the way we think impacts on our behaviours, or how we think can impact on the habits we may fall in to and the things we do, or don't do. The course isn't group counselling therefore, but focused instead on helping attendees to learn more about what impacts on the way they are feeling overall, and teach how to make positive changes. To make sure that we stick to the allotted session times (and don't over-run!), we do need to limit the amount of sharing / participation we can fit in.
- The course content also has regular reviews – usually once a quarter (or every 3 months) and we can incorporate the report in to the next one, which is hugely appreciated.

We want to say a massive thank you to Healthwatch for all their hard work with compiling this report.

Talk Liverpool senior management team