TEN THOUSAND MORE VOICES

“Your Experience of the Multidisciplinary Team (MDT) at your GP Surgery”

-Exploring the lived experience of service users, families and carers

SHARE YOUR STORY, SHAPE OUR SERVICE

HSC Public Health Agency

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

HSC Health and Social Care

"...the support I've received from the team has meant everything to me. They've helped me to get the treatment I need, provided a support network and introduced me to the local community. This has changed everything for me and given me the strength to keep on fighting ... I feel that I can make it through and get to a better place with the support of MDT..."

-reflections from a service user story

Foreword

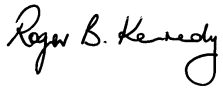
"I am delighted to present the report on the 10,000 More Voices project, "Your Experience of the Multidisciplinary Team (MDT) at your GP Surgery". The development of Primary Care MDT services was a central theme in 'Health and Wellbeing 2026 - Delivering Together" with a driver to transform the way in which health and social care services are delivered in Northern Ireland, with a commitment to person-centred care, rather than buildings and structures. The implementation of MDT roles into Primary Care was not just focussed on managing ill-health, but also on the physical, mental and social wellbeing of communities. Primary Care MDT services seek to ensure patient's needs are identified and met at the earliest possible opportunity, reducing the need for onward referrals into secondary care services.

The 10,000 MORE Voices project was commissioned in 2023 by Regional MDT Project Board to support the voices of service users, families and carers in the evaluation of services embedded across seven federations. The project takes a person-centred approach to shaping the way services are delivered and commissioned. It is based on the principles of Experience Led Co-Design[(a)]. The purpose was to elicit qualitative feedback on how Primary Care MDT services have impacted on improving health and well-being across communities.

It takes courage to share your experience, so I am very grateful to each one of the eight hundred and thirty-one people who took the time to tell us their story of engaging with the Primary Care MDT services. It also takes courage to listen and learn from the stories shared, so I am grateful to all of the GP Federation and Trust Managers, MDT Service Leads and all the staff in MDT Practices who engaged with this work and were determined to amplify and improve good practice.

I am grateful to our colleagues in the Public Health Agency's Regional Patient Client Experience team for collaborating with SPPG on this project. As an evidence-based tool, this rigour gives us confidence in the integrity of the work.

No story told will go unheard. The key messages will be used to inform actions to further develop the roll out of MDT services in Northern Ireland. In this way, we honour the story tellers, each person who shared their experience, and we demonstrate our commitment to ongoing learning, improvement and development"



Roger Kennedy

MDT Programme Director, SPPG

Chair of the MDT Regional Programme Board

Contents

Abbreviations

Abbreviated Term	Full Term
ARC	Association for Real Change
DOH	Department of Health
GP	General Practitioner
HSC	Health and Social Care
HSCNI	Health and Social Care Northern Ireland
MDT	Multidisciplinary Team
PHA	Public Health Agency
QR	Quick Response
SPPG	Strategic Planning and Performance Group of the Department of Health

1.0 Project Summary

Context

This project was commissioned through Regional MDT Project Board and was jointly led by PHA & SPPG. Story generation commenced in February 2024 over a 6-week period. In total **831 stories** were collected across the 7 identified GP Federations. This is the greatest number of stories generated in the shortest time frame for any 10,000 MORE Voices project, summarised as follows:-

LOCALITY

7 Federations were identified as part of the project. This is representative of 114 individual GP practices

- Ards – 136
- Causeway – 213
- Derry – 101
- Down – 165
- Newry – 96
- North Down – 70
- West Belfast – 50.

SERVICE

Project focuses on 3 core services for MDT. 259 stories highlighted experience of more than one service

- Social Worker – 372
- Social Worker Assistant – 164
- First Contact Physiotherapy - 347
- Mental Health Practitioner- 171
- Other – 36* (*reference to midwife. Dietician , health visitor, community teams)

WHO?

The majority of experiences were shared directly from the service user

- Patient/service user 676
- Relative 52
- Carer 80
- Other * 20

(*reference to volunteer, staff, friends)

ANALYSIS

Core concepts consider in analysis included

- The approach of the health professional (within MDT)
- The impact of the health professional (within MDT)
- Working in partnership
- Communication
- Improving the experience
- The outcomes of the experience

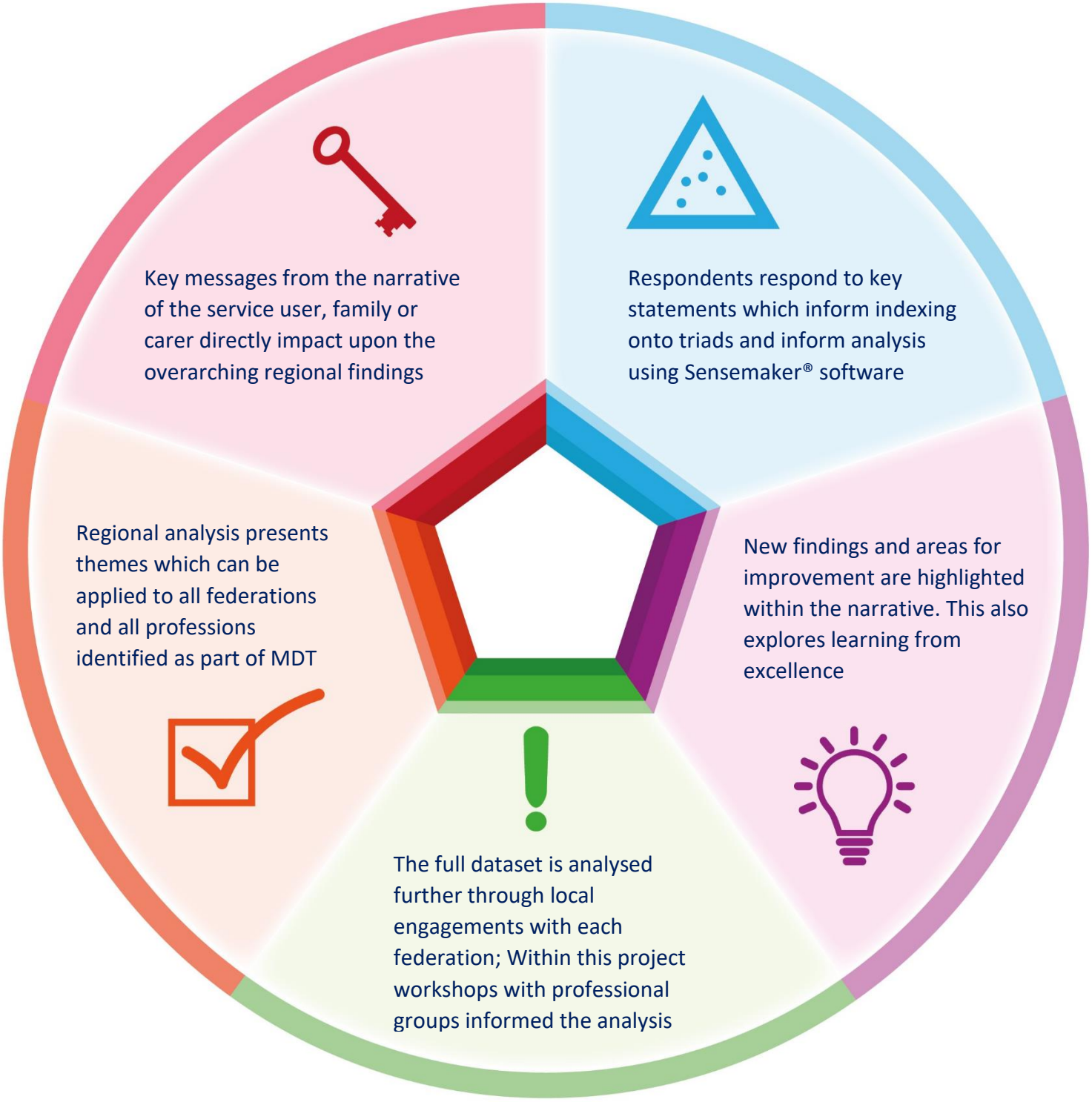
RATING

Each respondent was asked to rate their overall experience of MDT service

- Strongly Positive 675
- Negative 5
- Positive 133
- Strongly Negative 5
- Neutral 12

Analysis of Stories

Key messages and areas of reflection highlighted throughout the report have been identified using a matrix of analysis tools as illustrated below. These provide rich insight and understanding of the experiences of services users, families and carers engaging with MDT services in Primary Care.



Regional Key Message

The Regional key messages outlined reflect the experiences shared across the 831 stories submitted. It is important this learning is reflected in both regional and local actions to ensure the voices of service users, families and carers are shaping our services.

Theme 1

Working in Partnership with the service user, family or carer

The Primary Care MDT team demonstrate opportunity to work in close partnership with service users, families & carers. An important area to develop upon is supporting people to recognise their role in decisions about care and promoted shared decision making. This includes exploration of current work on implementation of Shared Decision Making (NG197) in Northern Ireland and regional developments in staff and public understanding

Theme 2

Explore the timeliness of information sharing

The Primary Care MDT team supports effective sharing of information with service users, however timeliness is a challenging factor. Developments relating to information sharing should consider a repository of reliable information for reference, written record of an assessment or plan of care and information signposting other services to support changes to presentation for example in an emergency/crisis

Theme 3

Focus upon Early Intervention and Prevention

Primary Care MDT has opened opportunity to expand upon health improvement initiatives to support early intervention and prevention – focussing upon the wellbeing of the local population. Further developments should consider how the Primary Care MDT can support people to care for themselves at home, supporting early actions to preserve or improve their own health

Theme 4

Supporting Community Development through Primary Care

Key messages highlight the positive impact MDT has had on connecting communities with local opportunities. Through growing the work on community development the Primary Care MDT and wider teams have opportunity to identify further local need/health inequalities and build upon the current networks to highlight the gaps or address the local needs of the community

Theme 5

Further the promotion of Primary Care MDT across local communities

Consideration should be given to a renewed promotion strategy for MDT at local community levels and outline the role of the MDT so individuals engage with the right service first time. Also a staged Regional Communication plan should underpin plans to roll out across other practices and federations.

Theme 6

Expanding the work of MDT across the region

The Primary Care MDT role is making positive impact upon service user, families and carers in Northern Ireland, however the services are not currently available across every federation and every practice. The strongest theme across all the stories shared is the importance of Primary Care MDT services and a desire to see evolved in every practice and every federation across all of Northern Ireland

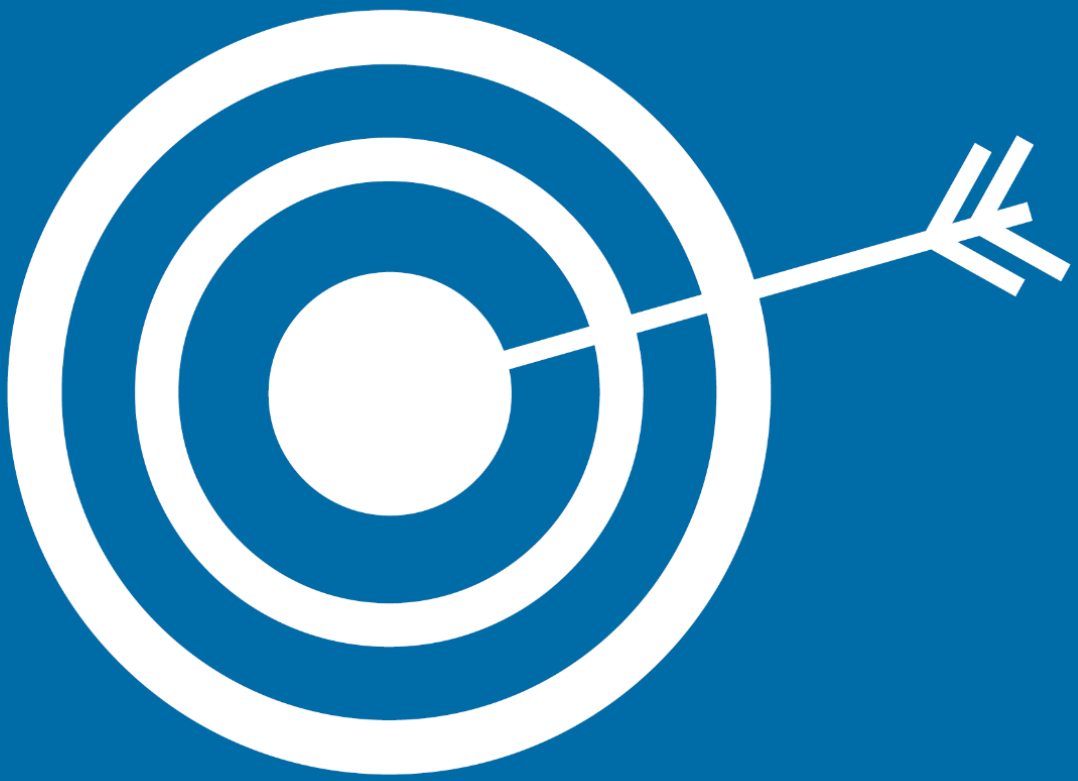
Next Steps

The key themes identified through this project should be supported by a response – either through the development of a regional action plan or integrated into the current implementation action plan. Turning learning into actions is the driving force behind 10,000 MORE voices and ensures the voices of service users, families and cares are shaping our services across Northern Ireland. It is recognised some of the actions should be codesigned and developed alongside people with lived experience and build upon the concept of working in partnership. Therefore actions may be taken forward at local federation, community or practice level. This approach will strengthen the work of Primary Care MDT to be person centred within communities.

The aim of this project was to embed the experience of service users, families and carers into the evaluation of MDT in Primary Care and inform the development of the programme at both a local and strategic level. The findings presented within this report have been presented to the boards of each represented federation, leads of each professional group and the Project Board responsible for the implementation of the MDT services across Primary Care in Northern Ireland.

Alongside evaluation of the work to date, this report provides insight into areas of further consideration to improve the lived experience of the MDT services. The report itself draws to a conclusion this cycle of 10,000 MORE Voices model, however it is driver to inform change and therefore begins a new cycle of change – embedding learning and improving quality alongside service users, families and carers with lived experience of Primary MDT services.

2.0 Project Outline



2.1 Background

The project, "Your Experience of the Multidisciplinary Team (MDT) at your GP Surgery", was commissioned and approved through the MDT Project Board, in September 2023 following a scoping exercise through the Task and Finish Group. Membership of the key forums is detailed in Appendix 1. It was agreed the project would follow the methodology of the 10,000 MORE Voices initiative, developing upon pilot project undertaken in 2019 through Derry and Down Federation. The project would focused upon the core professional groups – Social Work (including Social Work Assistant), First Contact Physiotherapy and Mental Health Practitioner, across the federations with an established team. These were:

- Ards
- Causeway
- Derry
- Down
- Newry
- North Down
- West Belfast

The 10,000 MORE Voices initiative is led by the Public Health Agency (PHA), and seeks to provide a person-centred approach to improving and influencing people's experience of health and social care services. The 10,000 MORE voices initiative is based upon narrative analysis, using computer software called Sensemaker®. It adopts the principles of Evidence Based Co design (EBCD), to inform the project, and elicit qualitative feedback in the form of stories. The process underpinning 10,000 MORE voices is summarised in figure 1. Each stage is further expanded upon in Section 2.3 Methodology.

Figure 1. Summary of 10,000 MORE Voices Initiative

2.2 Aim and Objectives

The aim of the project was to embed the experience of service users, families and carers into the evaluation of MDT in Primary Care and inform the development of the programme at both a local and strategic level.

The objectives of the project were:

1. To gain insight on receiving care within primary care Multi-Disciplinary Teams from the perspective of the respondent through the 10,000 MORE Voices initiative facilitating regional, professional and local analysis at a federation level

2. To demonstrate the collaborative working of the new Multi-Disciplinary Teams as a whole system approach

3. To highlight best practice and learning for future developments across the Region in relation to MDT in GP surgeries

2.3 Methodology

Presented in a Gantt chart figure 2 summarises the timeline for the full project reflective of each defined stage of 10,000 MORE Voices project.

Figure 2. Project Timeline – Gantt Chart

Stage		Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24
1	Survey Design													
	Engagement plan													
2	Story Generation													
3	Regional Analysis													
	Themes Report													
4	Workshops – Professional Leads													
	Federation dataset													
5	Final Reports													
	Commitment to Actions													

- STAGE 1: Design (September 2023- January 2024)
  The design and development of the data collection tool was built upon the pilot project undertaken in 2019. This project was support by Derry Federation and Down Federation with a pilot project completed in GP surgeries in Derry Federation. Amendments to the data collection tool were based upon the pilot report. Members of the MDT programme within Strategic Planning and Performance Group (SPPG) also mapped across the contact of the MDT evaluation and reflected upon additional core concepts including timelines of appointments.

  The final agreed data collection tool focused upon the following core concepts:

  1. The approach of the health professional (within MDT)
  2. The impact of the health professional (within MDT)
  3. Working in partnership
  4. Communication
  5. Improving the experience
  6. The outcomes of the experience

  Through engagement with key stakeholders it was agreed to launch of Stage 2 in February 2024, recognising competing priorities within Primary Care and support capacity to promote the project as part of Story Generation

- STAGE 2: Story Collection (February 2024-March 2024)
  Story Collection was facilitated by the Regional PCE team in PHA and the Federation Support teams. Support from the Leads for each professional group was essential to encourage teams to engage this stage, distribute resources and maintain momentum over the 6-week period of story collection.

  Promotion of the opportunity for service users, families and carers to share their experience, was undertaken through a variety of methods to ensure story collection was accessible. This included:

  1- Flyers and posters were available in every GP surgery within each federation to promote an online link through a QR code
  2- Printed versions of the survey were available in each GP surgery with an attached Stamped Addressed Envelope
  3- Translation of the tool in line with communication needs was available on request by staff within a GP surgery. This included an Easy Read format supported by Association for Real Change ARC UK – Association for Real Change and translation into other languages.
  4- Regional telephone helpline for information/ request resources and share stories

- STAGE 3: Emergent Pattern Analysis (April 2024-May 2024)
  This stage provided stakeholders with the key messages identified through analysis of the data, via Sensemaker®. Findings present what matters most to the service users, families and carers through their stories. This gives the first insight into the regional themes, exploring the data as a collective through Sensemaker as further explained in section 2.4. This stage also included exploring the data per professional group and per federation to identify variation in the findings or strengthen the regional themes. Separate reports were collated as part of this process.

- STAGE 4: Sensemaking Conversations and Identifying Improvements (May 2024-August 2024)
  To further explore the emerging themes identified in Stage 3, Stage 4 supports identified groups to engage with the overall findings and related stories. It was agreed to host 3 workshops with each group of professional leads (or nominated representative). The workshops were hosted virtually by the PHA and focused upon overview for the profession, exploring context of the themes and engaging stories through appreciative inquiry (Home | Learning from Excellence). At this stage the Regional Lead within PHA also presented to each federation board themes within the context of their data giving opportunity to discuss the final stage of the project – moving learning into action.

- STAGE 5: Actions (September 2024)
  This is the final stage of the project with the publication of the regional report, however should be viewed as the start of actions to improve experience. As 10,000 MORE Voices is built upon a model of change this final regional report presents areas for change and development, moving the learning into action. Similar reports have also been developed for each profession and each federation to empower ownership of the findings and inform local change. Stage 5 affirms the commitment of MDT to experience of service users, families and carers by applying the learning identified through the 10,000 MORE Voices initiative. It is the role of the commissioning forum to explore how to best take forward actions -either as a separate action plan, or integrated into the wider MDT implementation action plan. Any action plan should set out the key themes for action, the desired position/aspiration, and the actions to support an improved experience for the service user, family and carers engaging MDT services.

  It is recognised learning is ongoing and the need to continue to engage with the service users, families and carers, is part of all actions to improve services. Therefore for the implementation of the MDT programme across Northern Ireland it is important consider mechanisms to enable the voices of service users, families and carers impact and influence MDT services in Primary Care.

2.4 Data Analysis

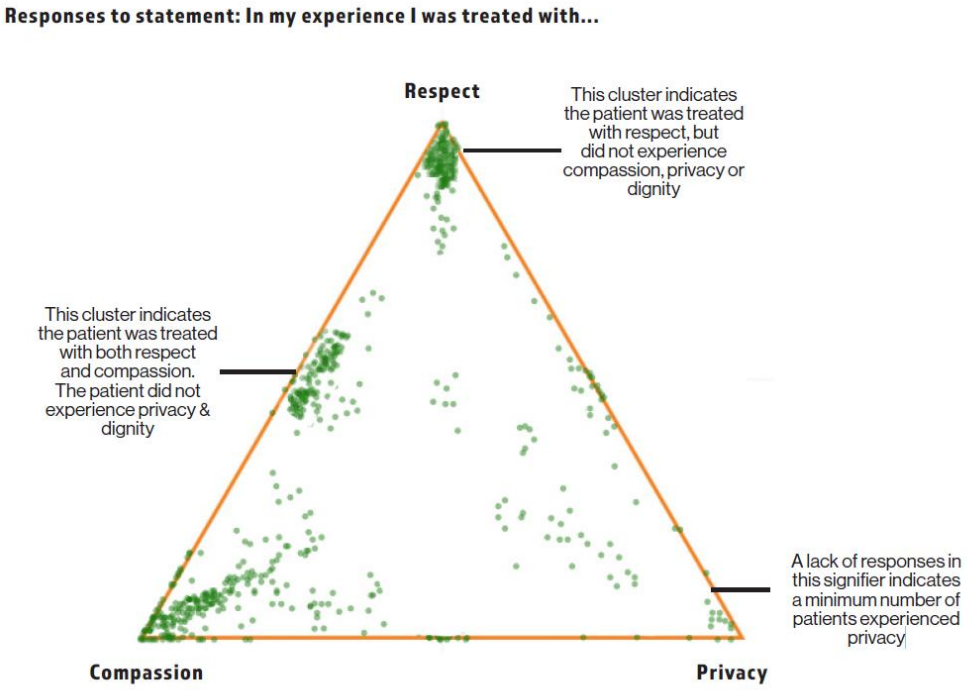
In Stage 3, data is analysed using Sensemaker® platform, to identify the key messages around the core concepts within the tool. This is a unique approach blending qualitative and quantitative data in triads and dyads. This allows for deeper exploration, and understanding, of what matters most to the respondents. When completing the survey, all respondents were asked to describe their most memorable experiences of the MDT services, in the form of a story. The second section contained a number of statements to support the respondent to reflect more deeply on their experience. These responses are recorded in Sensemaker® in the form of a Triad (triangles) and are included in Section 3 of this report.

The following outlines an example of how data is interpreted in Sensemaker® through the lens of triads.

Triads

Triads illustrate pattern formation and clusters of responses to each statement. In relation to triads the dot was plotted according to the relevant answers selected; if none of the responses applied the respondent could tick "this does not apply to me". Each dot within the triad represents an individual experience of the service user, family or carer, with each individual story accessed through the analysis software Sensemaker®. A high concentration of dots in a specific area identifies an emerging pattern in relation to the statement. An example of responses to a triad is demonstrated in Figure 3.

Figure 3. Example of interpretation of a Triad



2.5Limitations

It is important to highlight the limitations to the project to acknowledge the context and challenges to the process.

- The Regional dataset supports strong pattern formation which will highlight the key overarching themes; however in the areas (either professional group or federation) the strength of pattern formation is less, for example if there are 50 or less in a dataset. As a result it can be challenging to draw clear conclusion when drilling deeper into the datasets.

- Story generation relies on opportunistic sampling. Throughout this stage there were no additional requests for translated surveys. There were 12 returns completed on the telephone when a respondent requested help to complete the survey.

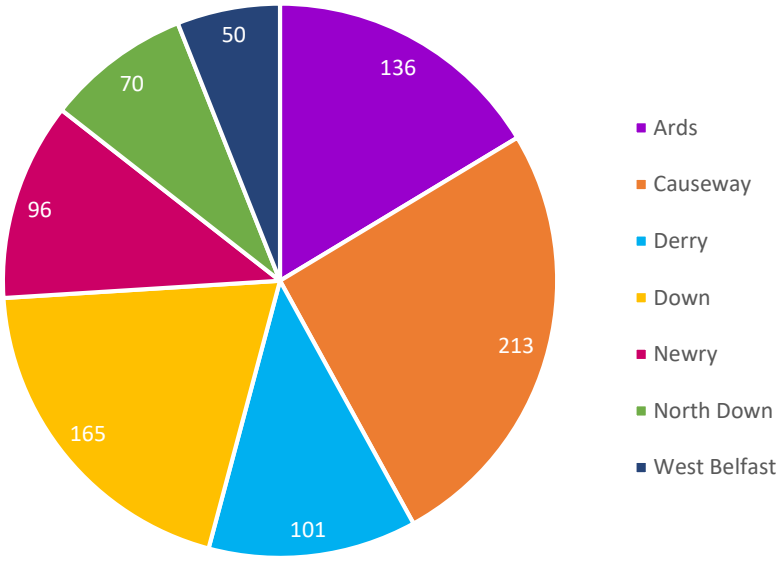
- During story generation there were challenges to specific areas in relation to workforce capacity which may have impacted upon the returns in that area.

3.0 Overview

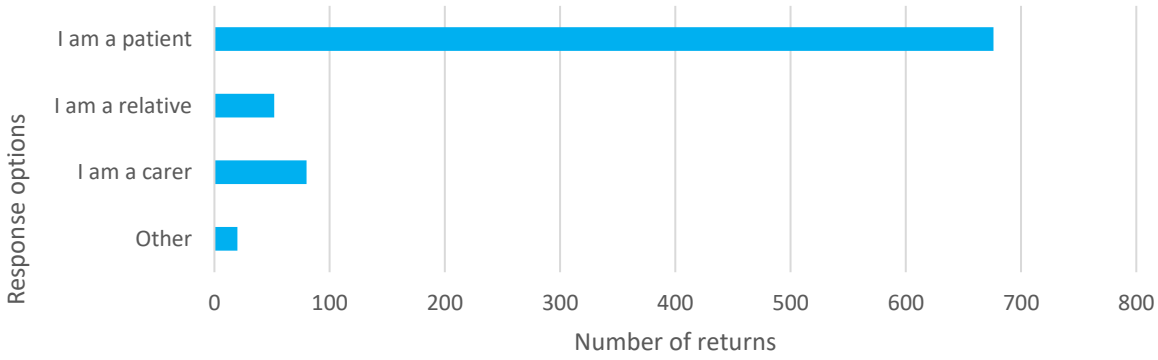
3.1 Context

The following overview outlines emerging trends and themes (Stage 3) identified within the collective data, from across all seven federations. In total **831 stories** were collected across the region during Stage 2 of the project. It is important to note this is the highest number of stories generated in the shortest period of time in any 10,000 MORE Voices project and demonstrates the commitment of the workforce to engaging with the voice of service users, families and carers. It also shows a desire within the public to share their experience of the MDT service within Primary Care. Micronarratives are included throughout to ensure the voice of respondents is heard when reading the report.

3.1.1 What Federation does the experience relate to? (n=831)

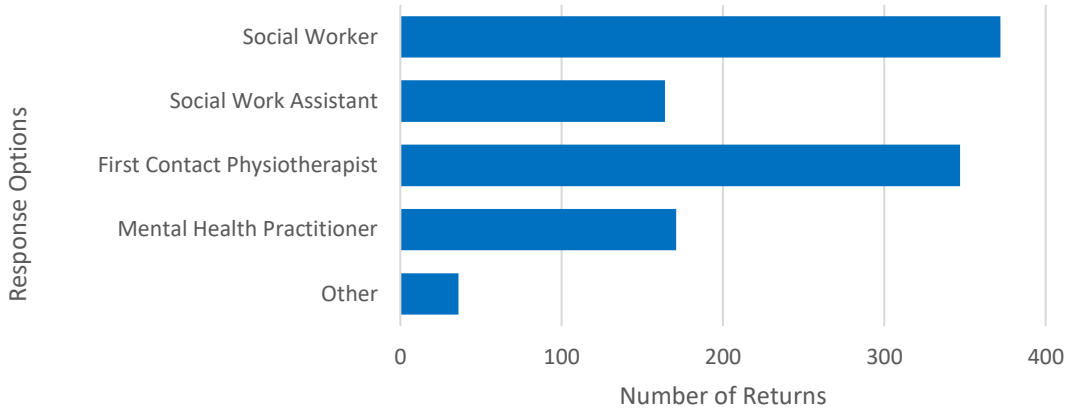


3.1.2. Tick which of the following best describes you (n=828)



The greatest portion of stories have been generated in the first person, with reflections on direct experience. It is recognised there are experiences shared by relatives and carers supporting someone who may not be able to share the experience without support or sharing an experience from a family/carer perspective.

3.1.3 What members of the Multidisciplinary Team did you see? (you can tick more than one)



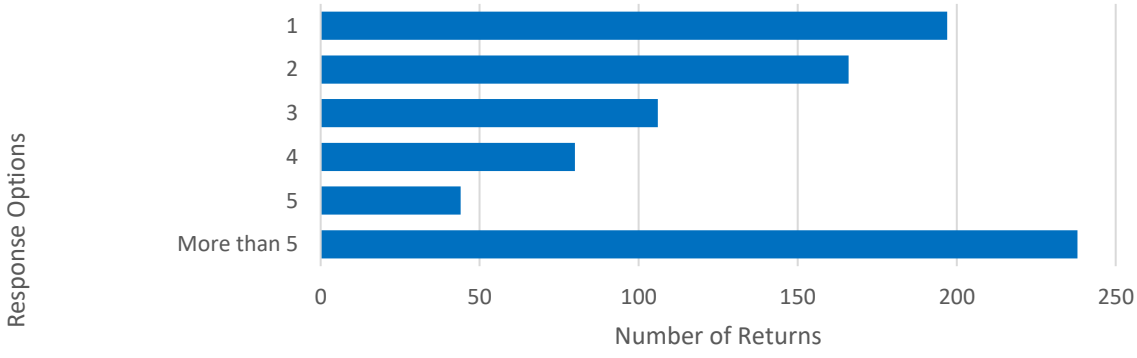
There were 31% of stories (n=259) highlighted more than one professional group within MDT, with some stories reflecting upon the relationship between various members of the Primary Care team including GP.

"…the physio explained about what was causing pain and showed how to do exercises and arranged follow up - couldn't have been more helpful. Followed up by the social work assistant which has been so good at keeping us informed of any activities to keep with our health and wellbeing…"

"…The mental health and wellbeing combination works extremely well together. The physios are excellent as they explain their exercises and how beneficial they can be to your body…"

Some respondents reflected upon experiences of other professional groups including midwife, health visitor, treatment room nurse, GP, dietician and podiatry. Again this reflects the extensive network of health professionals working within primary care.

3.1.4 Including your most recent experience, how many times have you attended this service within the Multidisciplinary Team? (n=831)

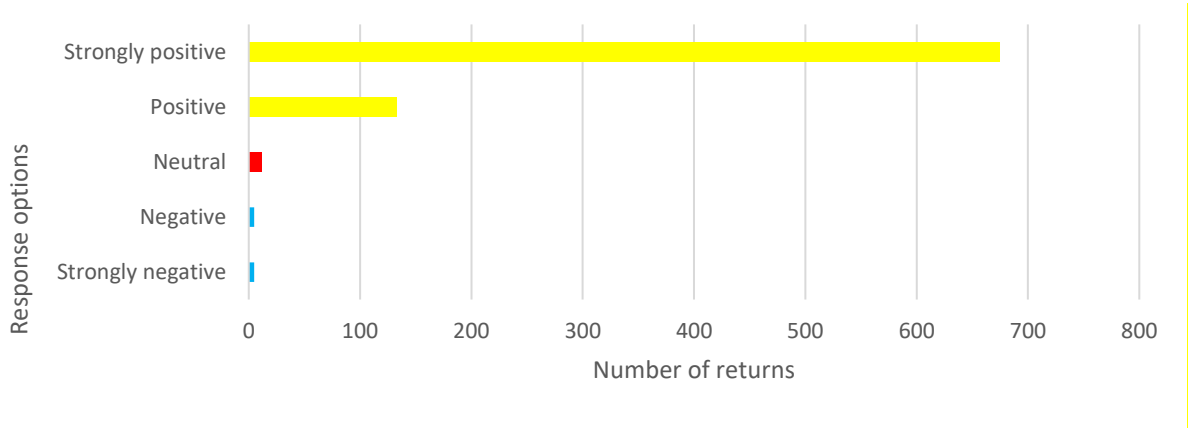


From the respondents' perspective the majority had attended the MDT more than 5 times. These returns mainly reflected upon social work, however there was also reflections on classes and events hosted by C&V sector. Therefore this data should be reviewed in line with other data sources in relation to attendance numbers and referrals etc.

3.2 Rating Experience

After sharing their story respondents were asked to reflect upon their overall satisfaction of their experience.

3.2.1 Think about your experience within the Multidisciplinary Team - Overall how would you rate your experience? (n=830)



Respondents clearly articulated strong support for the MDT services within GP surgery with the majority rating their experience as strongly positive. This gives a very high-level indication that implementation of MDT in the GP surgery is making a positive impact upon the service user, family and carer however section 3.3 demonstrates the important factors contributing to positive experience and the areas for development to sustain this positive impact.

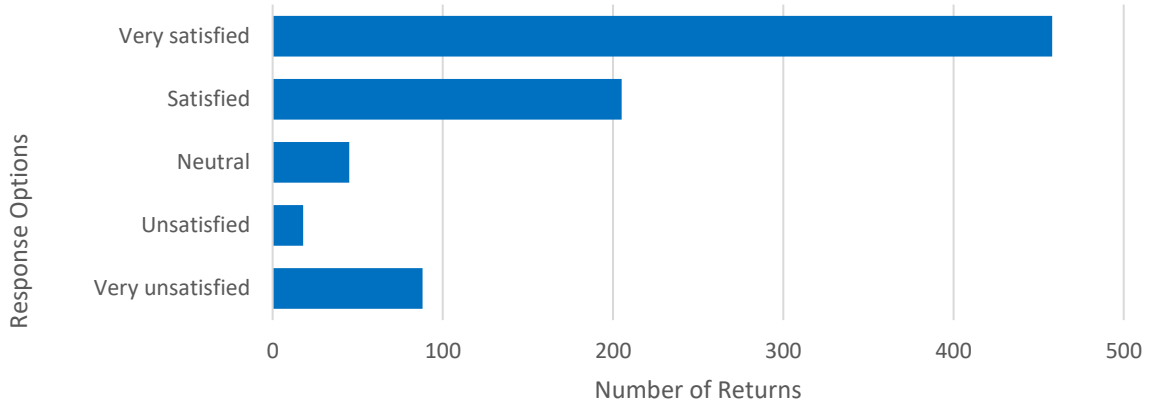
In relation to experiences with a less than satisfactory rating (3% rated experience as neutral/negative/strongly negative) the following factors have been identified within the stories. It is evident some of the factors relate to the wider system of HSCNI

- Communication needs not met when supporting someone with autism
- Delay in seeing service user resulting in increased anxiety
- Social Work not available within the particular GP surgery
- Attitude & behaviour of health professional
- Management of records and decision making regarding a child
- Referrals and intervention did not meet expectation of someone in crisis
- Preference to see a GP
- No follow up/delays with referral to secondary care
- Limited knowledge/understanding of a complex presentation
- Difficulty making contact or accessing a service
- Prefer option of a face to face/home visit (if required)
- Frustrations with system issues – delays with equipment, direct payments, waiting lists

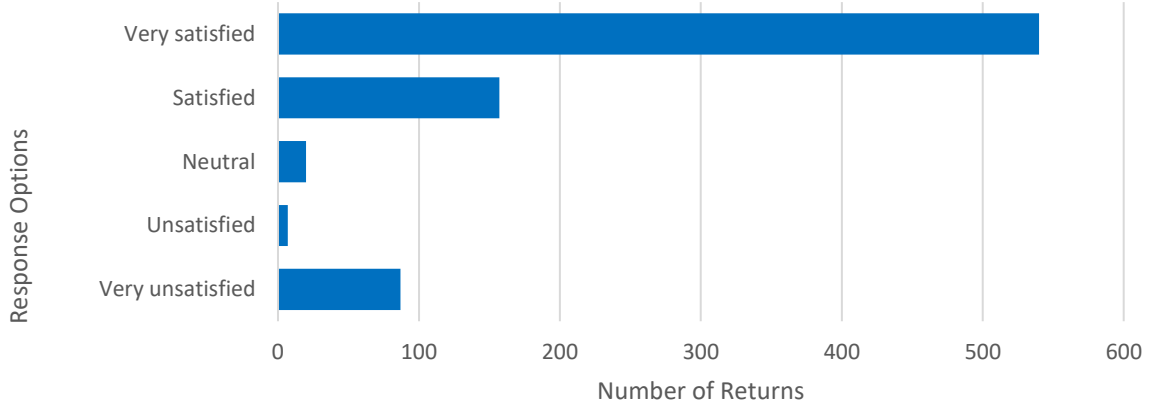
"Other than having a diagnosis there has not been any other input. Things are just the same except now have a diagnosis but difficult to get any help"

Respondents were also asked to rate the timeliness of their journey in relation to their most recent experience, as illustrated in the following questions

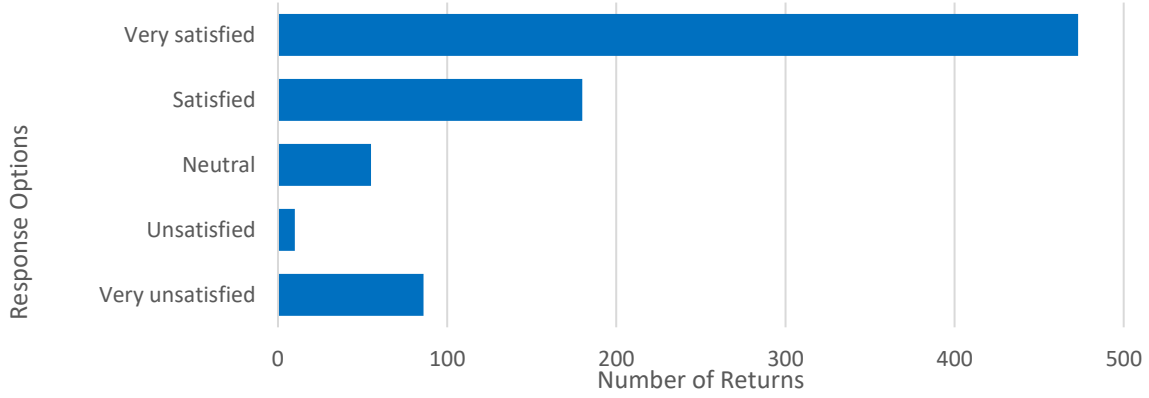
3.2.2 In relation to the time from making my appointment to attending my appointment I was... (n=812)



3.2.3 In relation to the time spent with me at my appointment I was... (n=810)



3.2.4 In relation to my progress and the number of appointments I have attended I am... (n=804)



In relation to timely access and time spent at an appointment the majority of returns reflected a high level of satisfaction. It is important to triangulate this information with data sources which quantify the timeframes for making an appointment or recommended

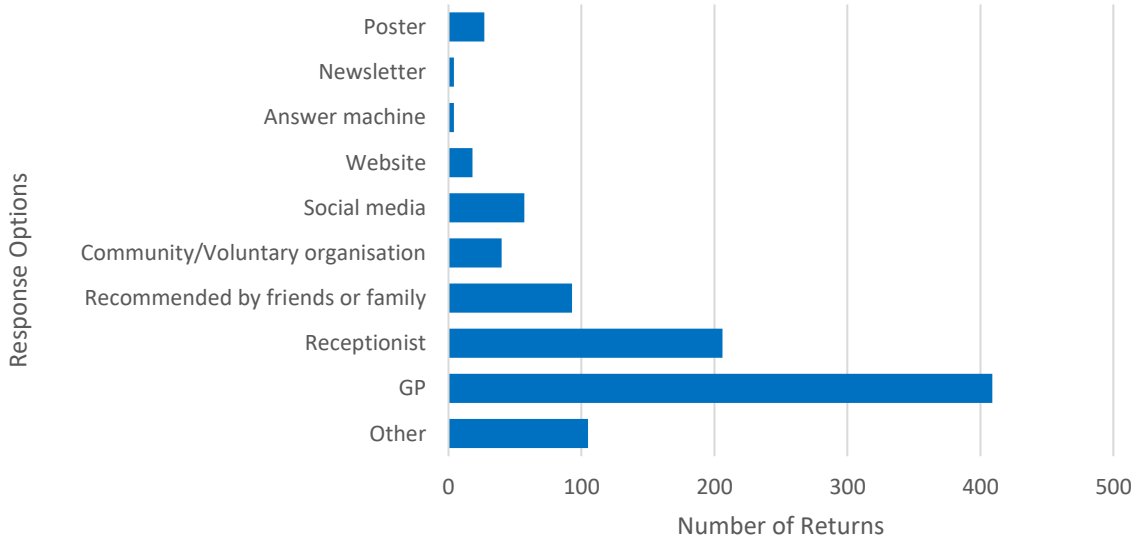
timeframes for appointments etc. When exploring the small number of stories from respondents who expressed dissatisfaction a number of themes were identified and may have contributed to this, as follows:

- Difficulty accessing the reception by telephone
- Attitude and behaviour of the health professional during an appointment
- Health professional did not meet expectation
- Delays with follow appointments

3.3 Engaging with Primary Care MDT

There were a number of questions integrated into the project to explore how people access the services and how the appointments were undertaken; these questions are known as filter questions and all data and themes are tested against each filter question to identify any variations in line with context.

3.3.1 How did you find out about the service(s) in your story(you can tick more than one)? (n=712)

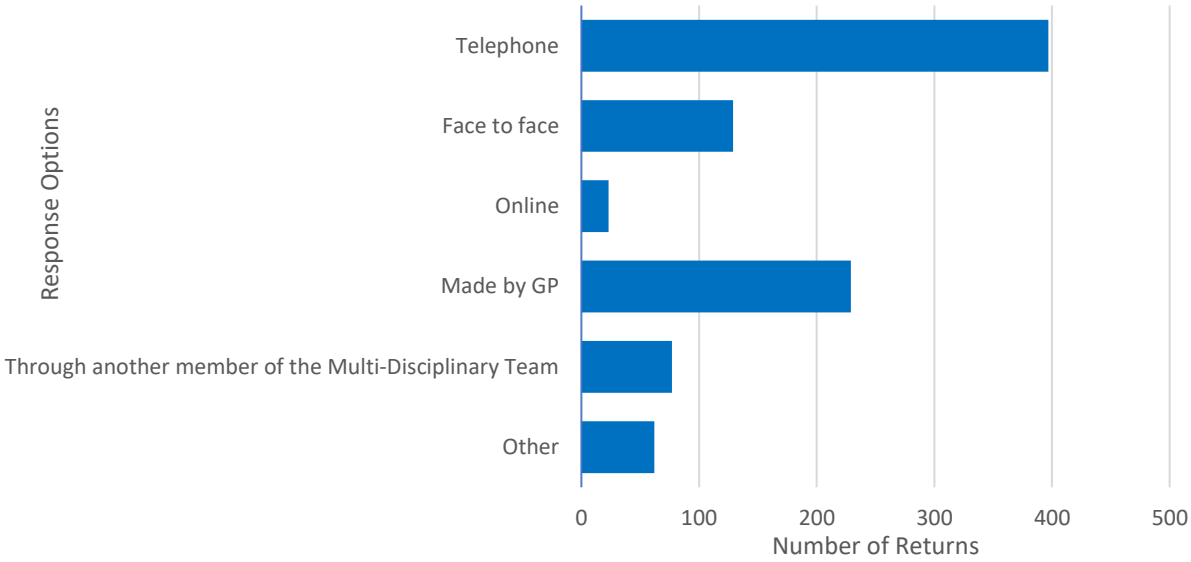


Respondents highlighted the GP and receptionists were central to the promotion of the service. In support of the positive experiences reported many respondents expressed a desire to see the Primary Care MDT services promoted wider across their communities. It is recognised promotion materials and events have been developed over time to promote the services. Active public campaigning can be a challenge for new services to become established into practice without becoming overwhelmed and exceeding capacity. However, when asked "How would you improve the experience?" a recurrent theme is a desire for promotion and advertising of the services and what each service can do (discussed further in section 3.5)

"…Local communication about the services available and how/who to contact. More funding. Advertise and promote more widely locally, as I only found out by chance!"

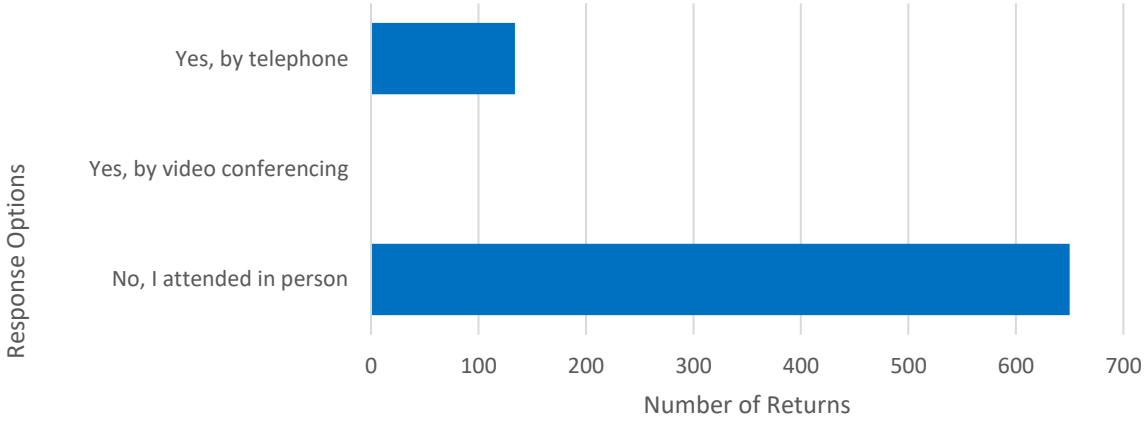
As part of the roll out of Primary Care MDT services there has been a number of local public campaigns in focused areas or through each federation. At this stage, in the context of partial roll out, it Is recognised a wider public campaign for all of Northern Ireland would not be feasible and could cause confusion or heighten expectations with the public; however upon agreement of roll out across all GP practices there is a clear need for a regional communication plan, harnessing opportunities through social media and promotion opportunities.

3.3.2 I made my appointment by... (n=810)



The greatest proportion of appointments were made directly by the service user (or family/carer) via telephone. GP was also a mechanism to make an appointment. Interestingly only a small number of appointments were supported through an online appointment booking system. It would be worth considering if this is a mechanism which requires further promotion or development to empower service users, families and carers to make their own appointments. There was no significant variation in satisfaction scores when filtered against how the appointment was made.

3.3.3 In your experience was your assessment undertaken by telephone or video conferencing? (n=784)



Only 17% (n=134) of respondents experienced a telephone assessment, with no returns reflecting upon video conferencing. The majority of stories within this dataset (Yes, by telephone) related to Social Work (including assistant) accounting for 93% (n=125) of the stories. The majority of these experience were rated positive or strongly positive.

"…I found this person very warm and understanding in all my dealings with her. she has a great knowledge of the workings of social services and was able to direct me to the appropriate personnel that I required at the time. An excellent professional in every way…"

"…Good listener. Told me about places that could help me - counselling. Really friendly. Didn't push me, gave me time to make my decisions…"

"…Safe; compassionate; empathetic; proactive; responsive; practical - Positive experience, nothing did not work for me…"

In the small number of stories rated neutral – strongly negative (n=4) the following contributing factors have been identified in their stories:-

- No alternative or adaptations offered for someone with autism
- Lack of clarity on process from receptionist
- Strong preference to meet face to face/home visit but not available

"…Only a telephone slot despite my mother saying I was Autistic and not good with phone calls. On the call, saying I was Autistic seemed to make no difference as the questions weren't changed and I was just told to go for walks. At the end of the call she said she had to end the call because of other patients and was that ok… but I felt worse on that call… (clearly crying), but the call just ended anyway…"

"…can't get face to face with any of these people - phone call only. why is it so difficult? reception need to be on the ball - very mixed up. Perhaps training required…?"

Through the lens of person centredness it is important to explore communication needs of the service user and consider adaptations or solutions to meet individual needs. From the dataset of respondents who were happy with a telephone call assessment 68% said they felt equipped and confident during the call and 74% stated they would be happy to undertake the same process for future appointments.

There were also a number of stories which demonstrated the phone call was the start of a process and led to a face to face or onward referral to another service to manage the presentation.

"…The physio rang me as arranged & after an initial consultation & some advice we arranged a face to face appointment. He put me through some physical tests, advised me on a diagnosis & on pain medication & gave me some exercises. It was a positive interaction & had I been offered this facility sooner I would have been more able to deal with my complaint & perhaps have been able to ease my pain sooner…"

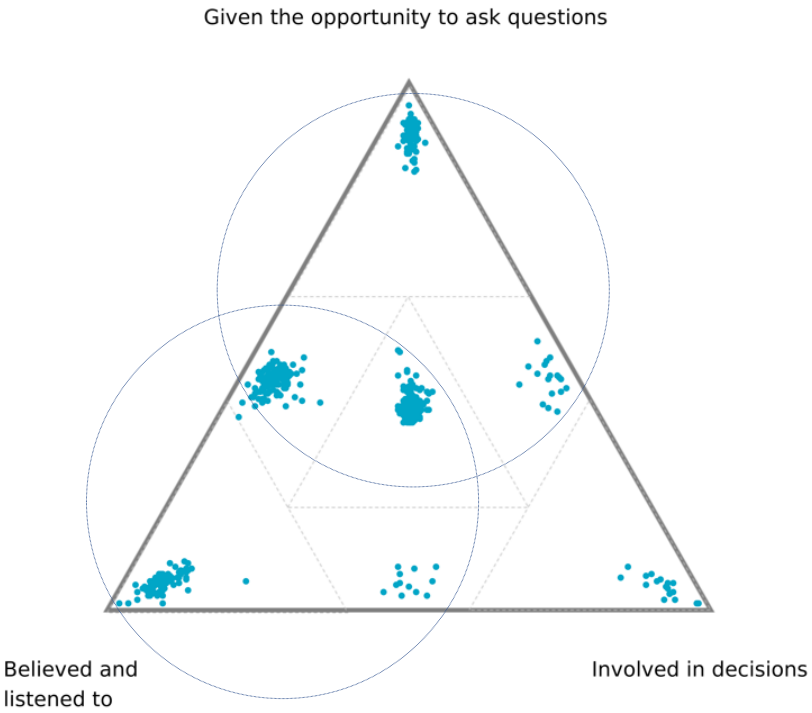
"…Great advice and support. Quick response to query. Offer to refer to other team members. Didn't have to join the morning queue to speak with a GP. Dealt with in a quick and professional manner and told where to go if further help needed…"

In line with the Sensemaker® methodology all satisfaction scores are also tested against all context questions and demographic questions (detailed in Appendix 2) with no significant variations identified; However the following section presents deeper exploration of stories through triads – considering the core concepts from the perspective of the respondent (service user, family or carer).

3.4 Core Concepts

Presented as triads the following diagrams provide visual representation of emerging themes from each story and areas for further consideration. The circles indicate the majority perspective (or mass sense). Each discussion is supported by a number of micro narratives.

3.4.1 WORKING IN PARTNERSHIP In my experience I was... (n=783)



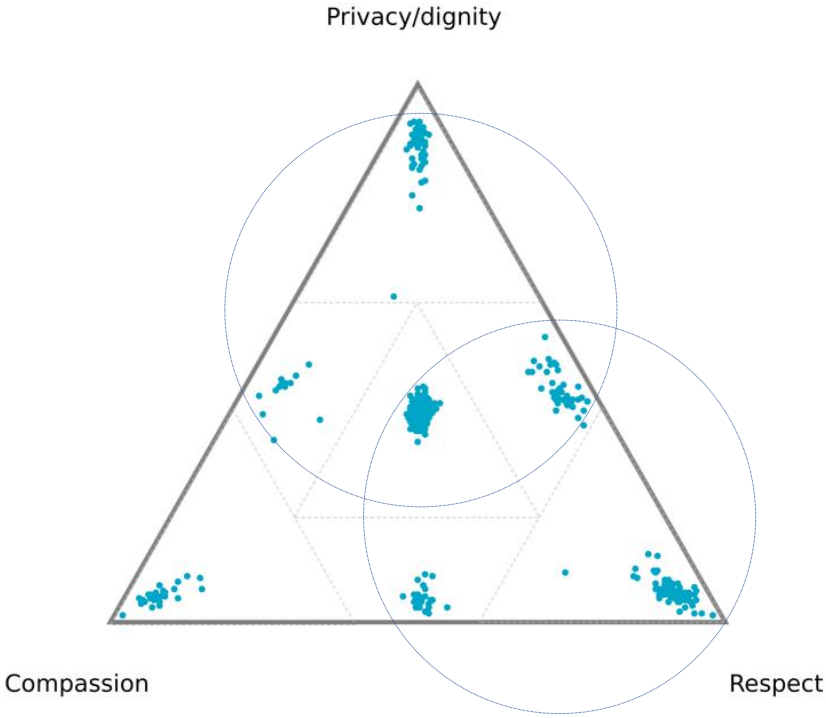
The majority of respondents expressed experiences by which they were believed and listened to and/or given opportunity to ask questions. These are key elements in effectively working in partnership with the health professional.

"…They made me feel comfortable, very approachable. Easy to talk to, coming away slightly positive about myself. Always felt they were ready to listen and advise of different activities which may have been of interest to me, enabling me to interact with other adults. At no time did I ever feel as if I was bothering them…"

"… As a carer, I feel I am not listened to but I was today and my concerns were seen as real…"

However a smaller number of respondents felt they were involved in the decisions made about their care. Therefore consideration should be given to how MDT services can support people to become more involved in the decisions about their care. Current work in Northern Ireland on implementation of Shared Decision Making has highlighted some complex contexts in involving people in decisions about care and also variation within the staff and public perspective or understanding of what it means to be involved in decisions. This is a possible platform which could not only support Primary Care MDT services to ensure people are empowered to be part of decisions made, but also to support the public understanding of what shared decision making means.

3.4.2 APPROACH OF HEALTH PROFESSIONAL. In my experience I was treated with... (n=794)



This triad reflects the values which matter most to people when interacting with the health services as reflected in the Regional Patient Client Experience standards (DHSSPSNI, 2009). The majority of responses highlighted experiences of privacy, dignity and respect. Encouragingly there was also a strong core pattern where all three elements were evident.

"…I felt safe when I was explaining my mental health issues and felt they were actually listening to what I was saying. I was a complete mess when my session was over but I really felt they listened to what I was saying and gave me some insight to why I am feeling like I am…"

When applying the Sensemaker analysis compassion was evident to a lesser degree. The absence of these values from a service user perspective can have a strong negative impact upon the outcome of the interaction.

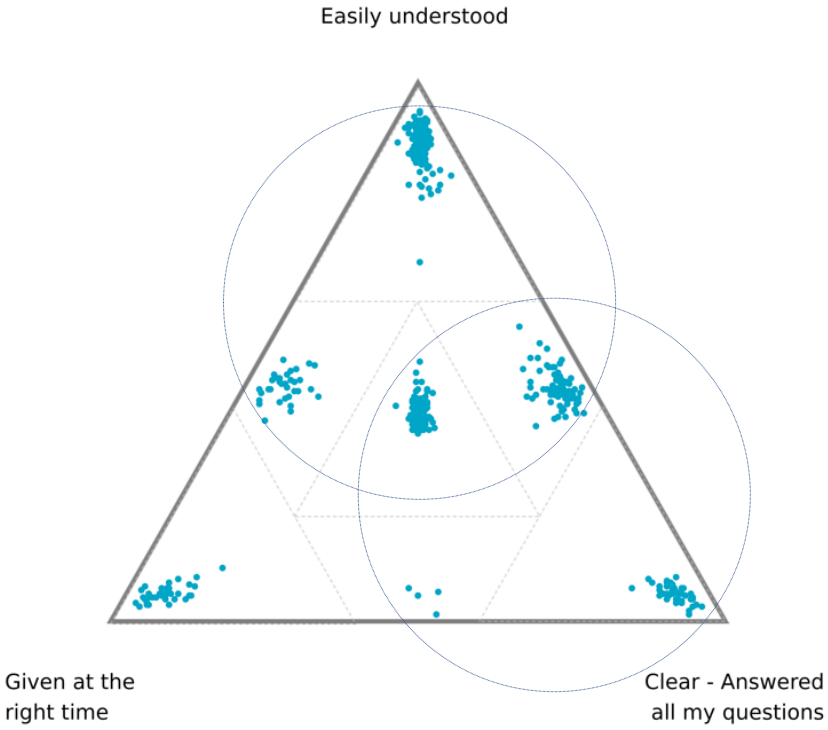
"…And I will never be back … [she] rolled her eyes when I spoke and was very argumentative. She made it clear she didn't want to treat me or that I shouldn't have been there even though I was referred from a GP appointment earlier this week . I felt so low . I suffer with bad mental health. I had a bad panic attack when I left and cried the entire day . I still feel really low…"

On a practical level compassion is difficult to articulate, often only evident when it is not present. In stories where compassion was not present the respondant reflected upon the following contributing factors:-

- Non verbal cues (lack of eye contact /no physical examination of the issue etc)
- Difficulty accessing the service
- Difficulty relating to the diagnosis/plan
- Limited or no follow up from a session

Experience of Primary Care MDT has demonstrated a high standard of approach and this should be promoted and maintained in the values and principles of implementation.

3.4.3 COMMUNICATION The information/communication given was... (n=783)



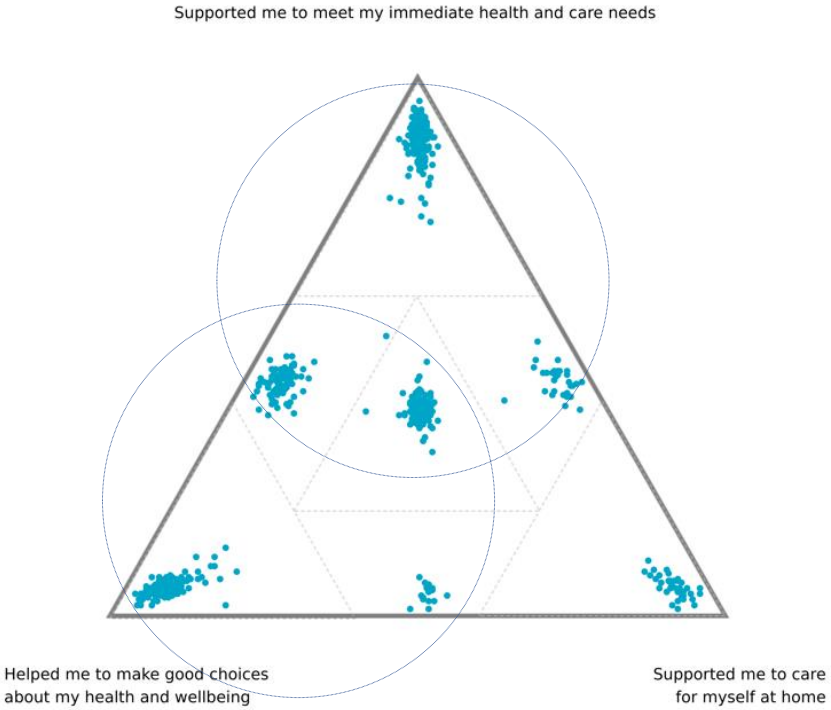
This triad considers if the information shared is easily understood, answered peoples' questions and given at the right time. The strongest element highlighted information shared is reaching people's understandings and supporting questions or queries.

"…She helped me to talk about my feeling and was very understanding. I felt very at ease and able to share my difficulties. She give me both emotional/practical support which was very beneficial. I feel very reassured that I can return for support if necessary…"

"…I self-referred to the First Contact Physiotherapist at the surgery…I saw the physio within a week, had a thorough examination, diagnosis and treatment options within that appointment time; Exercises were demonstrated and I was offered another appointment if an alternative treatment was needed if the first one didn't cure my symptoms. I was given printouts of the exercises to aid my progress at home. The whole experience was excellent…"

Respondents reported the timely provision of information to a lesser degree. To enhance the experience of service user, family or carer of Primary Care MDT services consideration should be given to ensuring that the information provided is timely and upon what stage of the service users journey. For example what information is provided during an appointment – is there a written format for reference when the service user returns home; is there a repository of information online/leaflets which a service user can be signposted to following an appointment? – again empowering the service user through effective information sharing.

3.4.4 IMPACT Engaging with this service within Multi-Disciplinary Teams has... (n=733)



Analysis of patient experience also explores the service user, family or carer perspective on impact- considering if the engagement supports immediate needs, positive choices on health and wellbeing and supports caring for self at home. From the returns the strongest themes highlight engaging with Primary MDT met immediate needs and supported positive choice for health and wellbeing.

"…Had embarked on a hike for charity and in preparation for 26 miles this flare up happened [sciatica] & I was thinking I needed to throw in the towel. Hands on realignment, management, exercises and further advise on how to build up to the big event all given. Last outing was 14 miles and pain free…"

"…"I sought out support for my mum who has become withdrawn and isolated after the loss of my dad. The social worker was very empathic and knowledgeable... It has been a delight to see my mum go to local groups in the area with the social worker supporting my mum to attend on the last visit.

My mum has reconnected with local people in the area and would not have has the confidence to do this on her own..."

A recurrent reflection in stories relating to positive choices was the link to Primary Care and MDT in accessing community groups, events and peer support forums. These stories focus upon the impact of MDT outside of immediate need through linking to communities. For example, when navigating difficult circumstances such as grief, loneliness, domestic abuse, chronic pain and role of carer. This demonstrates the wide reach of the Primary Care MDT which may not always be evident in numerical performance measures.

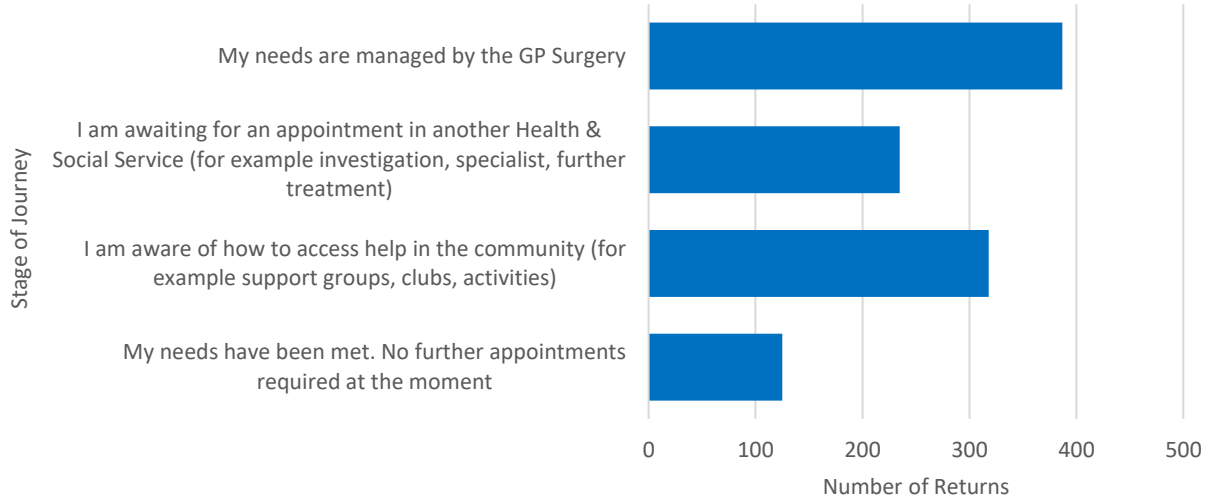
To a lesser degree, respondents reflected upon support to care for myself at home. Similar to shared decision making, this is challenging with variation in the public perspective or expectations around taking responsibility for own health & wellbeing needs. It is best demonstrated through First Contact Physiotherapy service whereby service users were provided with exercises to support them at home.

"…Thorough case history taken. Felt that I had really been listened to and taken seriously. Reassured by the advice I had been given. Exercises given that were achievable and realistic to fit into a busy schedule…"

"…Very understanding of my pain. Good information and advice given on how to improve my situation. She took time to hear my problem & gave me good advice… Fully explained the results of my x-ray of my knee and then proceeded to direct me through a variety of exercises which I can carry out to manage my symptoms…"

Further consideration should be given to empowering service users, families and carers to address health and wellbeing proactively at home. Primary Care MDT has opened opportunity to expand upon health improvement initiative to enable early intervention and prevention within a local population. This is a currently a strategic priority for the wider HSCNI; however it can be difficult in a culture whereby immediate need can overwhelm capacity of services. It is recognised in the long term there is merit in developing strategies relating to early intervention and prevention to reduce future demands upon the system. Strategies relating to Public Health often sit outside of health, requiring partnership with areas such as housing, education and communities; The work of Primary Care MDT has potential to make further advancement towards early intervention and prevention, through the growing relationships with key stakeholders and the wider community where they are based.

3.4.5 OUTCOME At this stage in my journey...



This question sought to explore the respondent's perspective on their journey of care. It is recognised every story submitted is unique and varies in the journey to manage their presentation. It is evident the majority of respondents felt their needs were being managed by the GP surgery, through community groups or no further intervention was required. Only 28% of returns (n=235) reported onward referral to secondary care. It is important this information consider in context of other data sources such as referral rates.

3.5 Summarising Questions

In line with 10,000 MORE Voice model respondents are asked to reflect upon the following statements:

- The positive aspects of my experience were…
- My experience could have been improved by…
- Describe your experience in 3 words

3.5.1 Positive reflections

In line with the satisfaction ratings the majority of respondents identified the following as part of their experience:-

- Professional approach
- Timely access to services
- Referrals to meet needs including connect to opportunities within community
- Opportunity to speak to with healthcare professional with relevant discipline/specialism
- Connection between other members of the Primary Care team including GP, Health Visitor, Midwife, Nursing and Dietician
- Person centred approach to assessing need and planning care

The following micronarratives help to illustrate the positive experiences in the words of the respondents.

"… She was empathetic and helpful. I was able to tell my [mental health] practitioner how I felt, and she appeared to totally understand. She created a safe space to share and really listened to what I said/or didn't say…"

"…My son and I are still alive, only for this team. They have been our rock and having that help is amazing…"

"…Quality of service provided and ease of access. Both equally important."

"…I have been treated with utmost respect and love and care. The Social Worker and Pharmacist my 'rock' and I am doing very well…"

"…Since moving to N Ireland in 2020 I have faced many challenges with family members. My physical and mental health has suffered but despite endless efforts to see a doctor. I was assigned a Mental Health Nurse… I'm now in the care of your Social Work Team and to be honest without them, I'm not sure where I would be..."

3.5.2 Areas for improvement – regional themes

Although there is a high level of satisfaction respondents highlighted a number of recurrent regional themes for improvement are evident; Underpinning the following themes is the positive impact made by the Primary Care MDT through the experiences shared. The themes are in addition to the possible areas of improvement discussed in section 3.1-3.4.

1. Embed Primary Care MDT services into all GP surgeries giving equal opportunity and consistency to people of NI

   "…Keep expanding and building upon what has been achieved and proven to work so far…"

   "…I sometimes wish my surgery had this service available more than two days a week and that another professional be available in times of absence…"

   "…All practices are not equal in the level of skill set or support they give. One will go all in to help and support while another will tell you to self-refer. One will go with you to deal with a problem another will say it's not my job… They all should be doing the same thing…"

   "…I currently don't have access to a social worker in my GP practice which I feel isn't fair as other family members and neighbours have this and have access to lots of support that I don't have Please roll this out to all surgeries… otherwise its inequitable and me & my children are being disadvantaged and we don't want to change to a different surgery has been with the practice for years…"

2. Focus upon community development – identifying needs of a community, consider the gaps and promote local opportunities

   "…More community events. These are so much more relaxed and I have learned so much about my health and wellbeing. I also feel more a part of my community meeting similar people with similar issues…"

"…I think more funding is needed to expand these services to help others. This will take the pressure of GPs. It also puts you in the hands of the right people with more specialist knowledge of support groups, online services, clubs and external support agencies…"

"…I was signposted to relevant support services that I was unaware I had access to. I felt heard , validated and supported where I needed help in navigating a system I was unfamiliar with…"

"…Carers information events would be helpful with outside organisations coming into the practice to discuss help with caring needs, support groups in the local area, benefit advice etc…"

"…Keep promoting on Social Media. Some of us who don't regularly visit the GP surgery would be unaware otherwise. If it wasn't for the carer group I would feel very abandoned by the health service whilst caring for my mum…"

3. Promote the role of MDT within the GP surgery – increase awareness across communities

"…More varied areas in MDT be made available and patients made aware of them. I did not know about this service until receptionist advised - More posters and advertising…"

"…Local communication about the services available and how/who to contact. More funding. Advertise and promote more widely locally, as I only found out by chance! …"

"…Advertise what they actually do- promote the value of the services – I didn't know we could see them…"

"…Possibly make the public more aware of what the social work service offers and what they do for families and communities. It might help bring people forward who are scared to ask..."

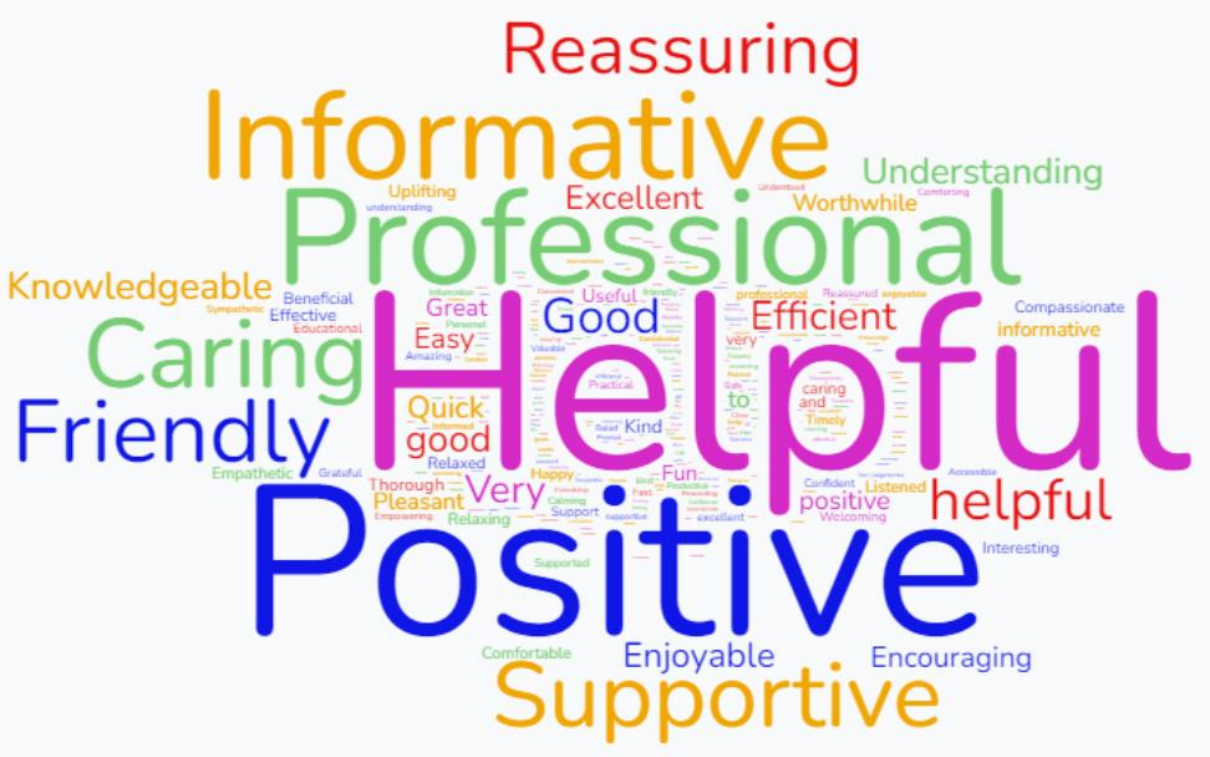
There are areas for improvement which are specific to a practice or individual professional. As part of 10,000 MORE Voices processes stories will be shared with each federation and professional group through an "Emerging Themes report" to enable these specific areas to be addressed. This includes issues such as staff behaviour, waiting area, signage and documentation.

There are also areas of improvement highlighted which refer to the greater context of Primary Care and the wider system of Health and Social care; these in turn do impact upon the experience of Primary Care MDT and include:-

1- Telephone access to the GP Practice
2- Delays following referral to secondary care services
3- Limited funding for a specific community programme

3.5.3 Summarising experience in 3 words

The following word cloud summarises the overall feelings and emotions related to the experience of engaging with an MDT service in Primary Care. This further reinforces the positive impact of Primary Care MDT reported by the majority of respondents.



4.0 Learning and Responding

4.1 Learning

The 10,000 MORE Voices initiative seeks to garner learning from lived experiences and present them at both regional and local perspectives. The analysis within this report focuses upon the key learning which can be applied across the region and is evident in data for each federation or professional group (Social Work/Mental Health Practitioner/First Contact Physiotherapist). In line with the agreed parameters of the project data specific to each federation or professional group has been shared through workshops, presentations and emerging themes report.

The process of sharing and discussing the data has shaped the regional report. There are six key regional themes identified from the stories, which can be applied to every federation or professional group. Each theme highlights areas of work to further improve the experience of service users, families and carers engaging with Primary MDT service.

- **Theme 1: Working in Partnership**

  The Primary Care MDT team demonstrate opportunity to work in close partnership with service users, families & carers. An important area to develop upon is supporting people to recognise their role in decisions about care and promote the concept of shared decision making. This includes exploration of current work on implementation of Shared Decision Making (NG197) in Northern Ireland and regional developments in staff and public understanding. Consideration should be given to embed mechanisms such as Patient Decision Aid or Communication log which enables service users, families and carers to focus upon involvement in decisions about care.

- **Theme 2: Explore the timeliness of Information sharing**

  The Primary Care MDT team supports effective sharing of information with service users, however timeliness is a challenging factor. Developments relating to information sharing should consider an online repository of reliable information for reference, written record of an assessment relating to specific needs/plan of care and outlining next steps, and information signposting other services to support changes to presentation for example in an emergency/crisis

- **Theme 3: Focus upon Early Intervention & Prevention**

  Primary Care MDT has opened opportunity to expand upon health improvement initiatives to support early intervention and prevention – focussing upon the wellbeing of the local population. It is recognised in the experiences to date there is impact upon immediate need and to make good choices about health. Further developments should consider how the Primary Care MDT can support people to care for themselves at home, supporting actions to preserve or improve their own health- linking into strategic priorities identified by Department of Health

- **Theme 4: Promotion of Primary Care MDT across local communities**
  Current perception is MDT is it promoted internally within the GP surgery. Consideration should be given to renewed communication plan for MDT across a community and outline the role of the MDT to empower individuals to engage with the right service. Development of a Regional Communication plan would also support Primary Care MDT upon agreement for implementation across all practices in NI. This would require a staged approach in line with a phased roll out and upon completion of the implementation plan.

- **Theme 5: Supporting Community Development**
  Key messages highlight the positive impact MDT has had on connecting communities with local opportunities. Through growing the work on community development the Primary Care MDT and wider teams have opportunity to identify further local need/health inequalities and build upon the current networks to highlight the gaps or address the local needs of the community

- **Theme 6: Expanding the work of MDT across the region**
  As presented in the stories the Primary Care MDT role is making positive impact upon service user, families and carers in Northern Ireland, however the services are not currently available across every federation and every practice. The strongest theme across all the stories shared is the importance of Primary Care MDT services and a desire to see evolved in every practice and every federation across all of Northern Ireland. It is also noted currently within federations with MDT services there is variation in the workforce which impacts upon the service available. There is a desire for consistency and equity across the region.

4.2 Responding

The key themes identified through this project should be supported by a response – either through the development of a regional action plan or integrated into the current implementation action plan. Turning learning into actions is the driving force behind 10,000 MORE voices and ensures the voices of service users, families and cares are shaping our services across Northern Ireland. It is recognised some of the actions should be codesigned and developed alongside people with lived experience and build upon the concept of working in partnership. Therefore actions may be taken forward at local federation, community or practice level. This approach will strengthen the work of Primary Care MDT within communities.

It is recognised that this project represents the first regional analysis of Primary Care services through 10,000 MORE Voices initiative. The high volume of returns demonstrated the public desire to share experiences and feedback through mechanisms which commit to learning and change. Therefore the regional response should identify mechanisms for ongoing engagement with the lived experience - giving opportunity for service users, families and carers to provide feedback on their experiences of care which can make a difference at every level the system.

4.3 Conclusion

The aim of this project was to embed the experience of service users, families and carers into the evaluation of MDT in Primary Care and inform the development of the programme at both a local and strategic level. The findings presented within this report have been presented to the boards of each represented federation, leads of each professional group and the Project Board responsible for the implementation of the MDT services across Primary Care in Northern Ireland.

Alongside evaluation of the work to date, this report provides insight into areas of further consideration to improve the lived experience of the MDT services. The report itself draws to a conclusion this cycle of 10,000 MORE Voices model, however it is driver to inform change and therefore begins a new cycle of change – embedding learning and improving quality alongside service users, families and carers with lived experience of Primary MDT services.

5.0 Appendix

1.1 Regional MDT Programme Board

Name	Role
Roger Kennedy	MDT Programme Director MDTs, SPPG (Co-chair)
Aaron Thompson	Primary Care Programme Manager, DoH (Co-chair)
Dr Siobhan McEntee	MDT Clinical Advisor, SPPG
Jonathan Doherty	Primary Care Deputy Programme Manager, DoH
Mike Megaw	Chief Executive, GP Federation Support Unit
Martin Hayes	PCID Programme Director, SPPG
Jonathan Pope	Regional GMS ICT Manager, BSO
Lisa Whyte	Senior Programme Manager, DHCNI
Brian Beattie	Director of Adult Community Services, SHSCT
Shane Breen	Assistant Director Integrated Care Systems, WHSCT
Maura O'Neill	Interim Director of Primary Care & Older People's Service, WHSCT
Clare-Marie Dickson	Director of Primary Care and Older Peoples services., SEHSCT
Sinéad O'Kane	Assistant Director Integrated Care Systems & Partnerships, NHSCT
Paula Tally	Assistant Director Quality Improvement, SHSCT
Colin McMullan	Interim Director Adult Community, Older People's Services and Allied Health Professionals, BHSCT
Dr Jacintha O'Kane	GP - Nomination from the Derry GP Federation
Dr Johnny Burns	GP – Nomination from the Causeway GP Federation
Dr Joe Dugan	GP – Nomination from the West Belfast GP Federation
Dr Peter Hyland Dr Patrina Bell	GP – Nomination from the South Eastern GP Federation
Dr Tayo Idowu	GP – Nomination from the Newry & District GP Federation

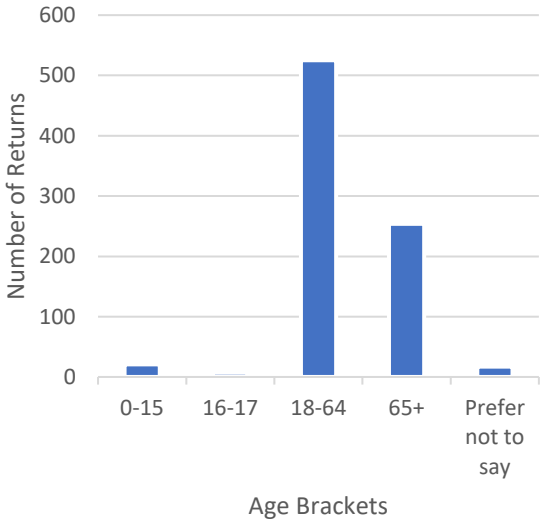
1.2 Task & Finish Group Patient Survey

Name	Role	Area
Anne McDonnell	MDT Senior Programme Manager	SPPG
VACANT	MDT Programme Manager	SPPG
Lorraine Goodall	MDT Project Support Officer	SPPG
Shelley Keenan	MDT Service Lead (MH)	Down
Julie Wilson	MDT Federation Manager	Causeway
VACANT	MDT Trust Project Manager	Newry
Charmaine McNally	MDT Service Lead (SW)	Derry
Helen Welch	MDT Service Lead (FCP)	West Belfast
VACANT	MDT Service Lead (MH)	Newry
Cathy McAllister	MDT Project Manager	DoH
Gillian Gillespie	MDT Trust Project Manager	WHSCT

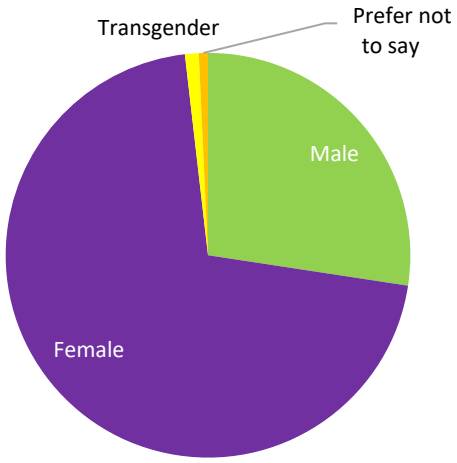
Appendix 2: Demographics

Under 10,000 MORE Voices processes all surveys collect key demographic information relating to the respondent of the survey. Completion of this section is optional. All data is analysed against demographics as part of identifying key themes and if relevant highlighted in overview of learning

(a) Age



(b) Gender



(c) Ethnic Group

White	783
Chinese	21
Irish Traveller	1
Indian	2
Pakistani	1
Black African	1
Mixed Ethnic Group	5
Prefer not to say	8
Any other Ethnic Group	2

(d) Sexual Orientation

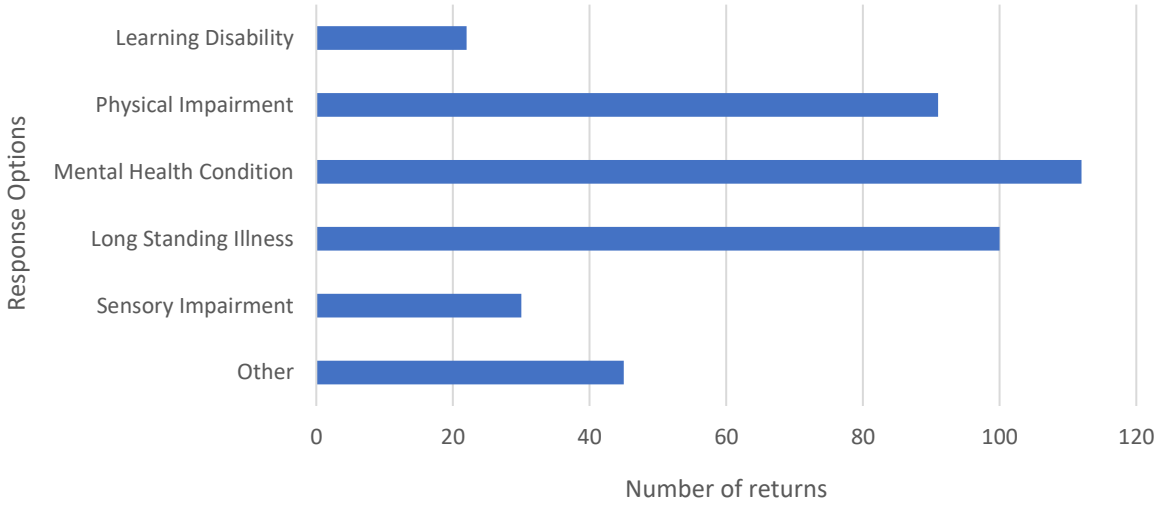
Heterosexual	699
Bisexual	10
Gay	16
Lesbian	4
Asexual	3
Other	2
Prefer not to say	41

(e) Country of Birth

Northern Ireland	692
England	80
Wales	2
Scotland	11
Republic of Ireland	17
Prefer not to say	3
Other	15

(f) Do you consider yourself to have a disability

Yes	288
No	475
Prefer not to say	53


Learning Disability
Physical Impairment
Mental Health Condition
Long Standing Illness
Sensory Impairment
Other
Response Options
0
20
40
60
80
100
120
Number of returns

Regional Patient Client Experience Programme is managed by-
Regional Lead for Patient Client Experience (PCE): Mrs Linda Craig: linda.craig3@hscni.net

HSC Public Health Agency

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