

NHS Long Term Plan Event

Healthwatch Harrow Forum, 16th May 2019



Shaping the future of our NHS in Harrow

“People aren’t aware of community services and therefore we can’t get access.”

Harrow resident and service user

What is the NHS Long Term Plan?

With growing pressure on the NHS - people living longer, more people living with long-term conditions, lifestyle choices affecting people's health - changes are needed to make sure everybody gets the support they need.

The Government is investing an extra £20 billion a year in the NHS. The NHS has produced a 'Long Term Plan' setting out the things it wants health services to do better for people across the country.

This includes making it easier to access support closer to home and via technology, doing more to help people stay well, and providing better support for people with long-term health conditions.

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Whilst the national plan has set some clear goals, it's up to local areas to decide how they're achieved - that means engaging with local people and listening to their experiences and expectations of current and future services.

Healthwatch Harrow, alongside the network of 152 Healthwatch organisations has collected local views on the Long Term Plan through surveys, focus groups and events between April and May 2019, to give tens of thousands of people the opportunity to help local hospitals, GP surgeries and community services hear about the changes people would like to see.

On Thursday 16th May 2019, around 30 local people and NHS representatives attended the Healthwatch Harrow Forum, to give their views on the plan. Attendees were aged between 30 - 80 years, and of various ethnicities including White, Asian and Irish.

Experience of Services

At table discussions, we asked people 'what works, what doesn't work, and what could easily be improved'?

What Matters

We then asked people what matters most to them and recorded experiences around prevention and early intervention, assessment, diagnosis and treatment, and ongoing care and support.

Communication

We also asked people how communication and engagement across services could be improved.

This report gives an overview of findings.

What matters most to people at the event?

We find that local people consider communication, staffing levels, continuity of treatment and care, and service access to be important in current and future services.

Summary of Themes

1. Communication

When talking to local people about present and future services, communication is an important topic. People tell us that good communication is important - at both individual level (between service and patient) and for the wider community (having information about services available in and around the borough).

As well as a good level of information, people prefer use of simple, accessible language and formats, ideally suited to the needs of the recipient. This also means that the 'drive for greater use of technology' should not altogether replace traditional formats such as written letters and verbal communication.

2. Staffing and Continuity

Many people have noticed that health and social care services are under 'full stretch', with sometimes considerable pressures on staff. It is desirable that future changes are equitable for staff and service users alike, with good levels of support available to all.

While many people are happy to see a different health or care professional to reduce their waiting time, a significant number, such as people with Dementia require consistency and a named contact. When looking at continuity, there is no one size fits all.

3. Service Access

It is clear that people would like greater access to services (particularly GPs) and better support in obtaining their appointments. A large number of people still use the telephone as their preferred booking method and switchboard facilities often do not meet current demand - at primary, acute and social care services.

People would also like greater levels of co-ordination between services locally and regionally - for example one patient experienced considerable delays with hospital discharge, as the hospital and community rehabilitation service were in different boroughs.

What did people tell Healthwatch?

Here, we take a more detailed look at the top themes emerging from discussion.

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1.1 Personal information

People often complain about insufficient or inconsistent personal information from health or social care professionals:

"Poor communication from my GP when changing my medication."

"They don't provide enough information."

"Inconsistent information provided."

1.2 Service-wide information

When looking at services as a whole, people say they are not always aware of basic service information, such as opening times.

"My GP doesn't promote services, such as extended hours."

"The website needs to be up-to-date."

Others say that use of publications such as in-house magazines could be useful.

"How about a magazine from doctors?"

1.3 Community-wide information

People benefit from knowing what exists within and around the borough, however information is not always available borough-wide.

"Services need to engage with the wider community - clients and residents."

"We need clear information on which services are appropriate - A&E, walk-ins for example."

"We need more information on service closures or changes (Alexandra Avenue Walk-In Centre, for example)."

"A lot more promotion of pharmacy services needed."

"People aren't aware of community services and therefore we can't get access."

Some people suggest the creation of guides and forums:

"Something like a 'Patient's Guide' - what we should be looking for is a good idea."

"Why not create a Citizens Panel?"

1.4 Accessibility of information

As well as a good level of information, people prefer use of simple, accessible language and formats, ideally suited to the needs of the recipient.

“I need accessible information that is easy to understand.”

“Communications should suit the recipient.”

“Language, when communicating to the public, needs to be simple.”

“Patients need greater levels of education and understanding.”

1.5 Inclusivity of communication

People have a diverse range of needs, therefore the ‘drive for greater use of technology’ should not altogether replace traditional formats such as written letters and verbal communication.

“It sometimes depends on the ‘generation gap’. Digital information is good for most people, but not all. Verbal and written communication is still essential for many of us.”

2. Staffing and Continuity

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2.1 Staffing levels and retention

Low staffing levels can result in a poor working and service environment - this makes it difficult to retain staff and may also be a real disincentive for potential service users:

“Not enough staff.”

“We all know staff in the NHS are overworked.”

“Staff are leaving because of working conditions. Staffing is inadequate, leading to deficiencies in the service.”

“People can be reluctant to phone for assistance (for example a lady on the floor with a dislocated hip).”

2.2 Continuity and consistency

A significant number of people, such as those with Dementia require consistency and a named contact. When looking at continuity, there is no one size fits all.

“Recruitment is a ‘big problem’, you never see the same person. All outsourced.”

“I had the same carer for over a year, she was trained and knowledgeable. Now ‘it’s a different one every week’. The service isn’t reliable.”

“Lack of consistency in the service.”

“I need to develop a continuous relationship with my own specific doctor.”

“My husband has Dementia and has to see the same GP.”

It is suggested that seeing the same professional reduces the time taken at appointments, therefore may be more efficient:

“If you see the same person regularly the appointments are smoother and quicker - surely this saves the NHS in the long run.”

“For social care, definitely the same person. The carer on the phone ‘tries to find someone to talk to’, it often takes an hour and they get someone they don’t know. It’s not effective or efficient.”

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People would also like greater levels of co-ordination between services locally and regionally - for example one patient experienced considerable delays with hospital discharge, as the hospital and community rehabilitation service were in different boroughs.

3.1 Contact and booking

Service Access

People would like greater levels of support when booking appointments. A large number still use the telephone as their preferred method and switchboard facilities often do not meet current demand:

“Poor telephone access to outpatients at Northwick Park Hospital.”

“I need more support to get appointments.”

“Can’t get an appointment - keep phoning.”

It is also noted that services don’t all use the same IT systems, which can be problematic:

“Computers that don’t talk to each other.”

3.2 Co-ordination between services

People would like greater levels of co-ordination between services locally and regionally - for example a patient experienced considerable delays with hospital discharge, as the hospital and community rehabilitation service were in different boroughs:

“NHS boundaries and discharge - mother who has had hip replacement ‘still in hospital after 3 weeks’ because the hospital is in a different borough to the rehabilitation service.”

4. Other Popular Themes

People also commented on a number of other topics, including GP referrals, medication wastage and cost, and stigma around using A&E:

GP Referrals

“Consistency in GP referrals? Some under refer while some over refer.”

“GP won’t refer me for my bad back, as the CCG won’t allow it”.

“Clearer information about referrals. I had a serious bowel problem (at one stage lost pints of blood) and had to chase up GP for referral to St Marks - later found out that St Marks can handle it directly.”

Medication Wastage and Cost

“A waste having to dispose of un-used equipment (Asthma inhalers in sealed units).”

“Medication waste ‘is horrendous’ - if I had to pay for it, I wouldn’t waste it.”

“Daughter with Asthma - costs us a lot for medication. Everybody should either be paying, or not paying.”

“Everyone should pay for prescriptions.”

A&E

“There’s a ‘culture of blame’ around using A&E services - assumption that people go because it’s free.”

“A&E being used inappropriately.”

5. What works well, and what could work better?

Generally we asked people what they feel works well and what could work better.

5.1 What works well?

People are generally complimentary about a broad range of services:

“GP services work well.”

“Staff in the NHS are excellent and go the extra mile.”

“The rapid response team works.”

“The 60+ multi-disciplinary team works well.”

Other positive statements:

- The walk-in centre offers same day appointments.
- A local community project is successful - providing rehabilitation support including treatment in the community and buses to the hospital.
- Services that ‘come under one umbrella’ work.
- Hospital nurses that can prescribe.
- Proximity of pharmacy to GP ‘is superb’.

5.2 What could work better?

People comment negatively on communication, staffing levels and retention, access to services and medication wastage and cost (comments in sections 1-4).

Other negative statements:

- Prescribing the cheapest tablets and drugs.
- Accessibility and access (example wheelchairs).
- The impact of Diabetes is not recognised and support has been cut.
- Care in the community doesn’t work, multi-disciplines needed.
- No interaction with community groups.
- Equipment at home is not PAT tested?
- Carers used to be given training and followed the patient into the hospital. Today it’s ‘nothing like that’.
- Closure of smaller GP practices (a real worry).

6. What could easily be improved?

We asked people to consider what could be improved 'easily'.

6. What could easily be improved?

Some easy improvements include better communication and administration (such as updating websites) and enhanced consistency and continuity (comments in sections 1-4).

Other statements:

- HCAs that are 'specifically trained' (example for terminally ill children).
- Provide community Asthma nurses and blood pressure specialists.
- Community nurses that can prescribe.
- Integrated services are 'the way to go'.
- Having 'senior medics' to assist paramedics so they 'don't feel rushed'.
- More GPs at A&E front desk to triage people.
- More specialists at local hospitals (example Glaucoma consultants at Northwick Park).

7. Experiences - From Prevention to Ongoing Care

We talked about various aspects around prevention and early intervention, assessment, diagnosis and treatment, and ongoing care and support.

The following topics were discussed:

7.1 How important is it to see the doctor you know, or the doctor that is free the quickest?

On this topic there is no consensus - some people feel the nature or urgency of the condition is important, while others value continuity.

"Depends on the condition."

"It's 'complicated'."

"I will see whoever is available."

"Depends on the issues."

"Depends on the urgency."

"My husband has Dementia and has to see the same GP."

7.2 How could doctors training be improved?

Some people feel that doctors could improve their interpersonal skills:

“Doctors should be better able to use their PC and listen to the patient simultaneously.”

“Doctors not looking at you - looking at the screen.”

People also feel there should be better training on Mental Health and long term conditions such as Diabetes. Some suggested reinstating grants to incentivise uptake for training:

“Mandatory training in mental health services and for GP networks.”

“Reinstate the training grant that was ‘taken away’ (bursary).”

“Someone with Diabetes who had cut their leg - the GP ‘didn’t know how to dress the wound’ but A&E did.”

Other selected statements:

- Specialists within surgeries.
- Better knowledge about the patient’s appointment.
- Greater partnership with the voluntary sector.
- Training for pharmacists to have wider knowledge.
- New GPs don’t have the experience of the older ones.

7.3 How far are you willing to travel to an appointment?

Just one person commented on this question:

“Depends on the condition and specialist service.”

7.4 What additional information would you like?

People are particularly interested in more information on pharmacies, referrals and major changes to local services, such as walk-in centres:

“A lot more promotion of pharmacies, including of private sessions.”

“Clearer information about referrals. I had a serious bowel problem (at one stage lost pints of blood) and had to chase up GP for referral to St Marks - later found out that St Marks can handle it directly.”

“More information on service closures or changes (eg’ Alexandra Avenue Walk-In Centre).”

7.5 How would you like information being provided?

One person recommended leaflets as a good method of general communication. Another said we should be mindful of different needs, citing the ‘generation gap’.

“It sometimes depends on the ‘generation gap’. Digital information is good for most people, but not all. Verbal and written communication is still essential for many of us.”

7.6 In what other ways would you like to be supported?

People mentioned access to GPs and medical records, options of telephone consultations, support groups for carers and nominated support for the less able.

“Good accessible GPs.”

“Access to medical records.”

“More support groups for carers.”

“Telephone consultations - as long as there’s choice between that and a personal appointment.”

“People who ‘can’t speak their own corner or help themselves’ need a nominated nurse or consultant.”

8. How could communication and engagement be improved?

Finally, we asked people how engaged they would like to be, and whether they would like to be involved in designing new services.

8. How could communication and engagement be improved?

Some people suggested that services and commissioners are ‘not picking up the views of people’ and that public meetings/engagement is not always accessible:

“Not picking up views of a lot of people.”

“These meetings are difficult for most members of the public to understand.”

“Language, when communicating to the public, needs to be simple.”

Other selected statements:

- Appropriate engagement on triage and technology, and which new services should be implemented.
- We do not always receive information.
- More engagement and consultation on service closures or changes (eg’ Alexandra Avenue Walk-In Centre).

Distribution and Comment

This report is available to the general public, and is shared with our statutory and community partners.

If you have any comments on this report or wish to share your views and experiences, please contact us.

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