



How has health and social care changed for you?

A Healthwatch Harrow event, 29 November 2023

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Executive summary

Introduction and key findings

1. Executive summary

1.1 Introduction

Healthwatch Harrow is a statutory partner in the health and social care sector. Our aim is to make sure that the views of Harrow residents are heard in order to shape and improve health and social care services. Each year we hold two forums bringing residents and providers together.

Healthwatch Harrow held a forum at Harrow Baptist Church on 29 November 2023 themed "How has health and social care changed for you?". We recognise that there is significant work being undertaken to improve the provision of health and social care services by the commissioners and providers of these services. Their aim is to ensure that services are integrated and easy to access, and that people do not have to repeat their story to many people.

The people that commission the services worked with Healthwatch Harrow in delivering this forum and they wanted to hear from residents to find out if what they are doing is working.

1.2 Context

The forum was attended by 75 people. The Chair of the event was Ash Verma, Chair of Enterprise Wellness, which delivers the Healthwatch Harrow contract.

The following attendees were guest speakers:

Lisa Henschen

Managing Director, Borough Based Partnership

Shaun Riley

Assistant Director, Health and Wellbeing (Harrow Council)

Carrie Whelan

Service Manager at Central North West London NHS Foundation Trust

Gbemi Akin

Service Manager at Central North West London NHS Foundation Trust

We wanted to hear what people had to say, so the people attending were divided into 9 groups and discussed the following:

- How easy is it to access health and social care services?
- What issues do they face with ongoing care or treatment?
- How have services changed from their perspective?

Please see **Section 2** for more details of the group discussions. It must be noted that this reflects the comments expressed by those that attended only.

Following the discussions, the speakers were asked to reflect on what they had heard and to respond and provide any relevant updates. Please see **Section 3**.

1.3 Summary of key findings and feedback

We discussed these key themes and service areas:

- Mental health
- GP access
- Hospitals
- Social care

Mental health

- Pathways to services are still not clear and it is difficult to find out who to contact.
- Disintegrating service from Mental Health: you have no idea who is coordinating your support and no dedicated staff member or point of contact.
- Annual Reviews are not always carried out for individual patients.
- There is no service when it is most needed by carers in cases of emergency.
- Residents would like to see more day opportunity services offered to mental health patients within the community.
- There is insufficient engagement when services are undergoing change or when they are closed down. For example, users of The Bridge shared that no other services have been offered to them to replace the support that The Bridge provided.

GP access

- Patients still have issues contacting their GP for an appointment. They are being forced down the online route and patients are generally not aware that they can also contact their GP by phone, in person or by letter to request a face-to-face appointment – it is what the GPs are contracted to do, but not always what is being shared with patients.
- There are long waiting times for booking appointments when referrals are made to external clinicians.
- When trying to book an appointment by phone, there is a very long queuing system before one is put through to speak to someone.
- There is a high preference for face-to-face consultations over virtual consultations, particularly for people who have limited digital knowledge. For those who are more confident using the internet, some reported that they are now accustomed to virtual consultations which they find adequate in some situations. It was clear that having a choice is important, depending on the circumstances.

Hospitals

- Difficulties arise when patients do not have a named staff member who they can go to when issues arise. This comes about with high staff turnover.
- There is a long wait for some hospital procedures.
- Discharge from hospitals is affected by delayed care packages within the community.

Social care

- Pathways to services are not clear or communicated effectively.
- Access to Children and Young people's services and Health Workers is really difficult.
- Many said it was difficult to contact social workers, with no named worker and no contact details.

1.4 Recommendations

Healthwatch Harrow will continue to monitor people's experiences and report back to commissioners. This will include sharing our reports with relevant lead officers.

Key recommendations

- Communication should be improved by service providers for Harrow residents, especially where there is a language barrier. In addition, we will work with partners to publicise new changes in services through our communications channels.
- Social Workers should be more visible to residents, and named workers with contact details should be provided once a Social Worker is allocated. The Local Authority is to work with their teams to ensure this happens.
- GPs are to offer choices other than only online methods and to ensure that their patients are aware of their rights to request and receive an appointment via phone, letter and going into the surgery, as well as online.

- Shorter waiting times are needed and appointments to be prioritised making it better for patients.
- Improved engagement and communication with residents and people who use services is needed when those services are being changed or closed down. Talking is key to better engagement.

1.5 Our next steps

Healthwatch Harrow as patient champion will aim to ensure the experiences of marginalised communities in Harrow are not excluded and are reflected when reporting trends within Harrow. In addition, through collaboration with other stakeholders, Healthwatch Harrow will continue to disseminate information to the general public through various channels. We will ensure the following activities continue:

- Capture feedback through our forums and Trend Analysis Reports.
- Escalate trends and concerns to commissioners and service providers.
- Share key information with residents through our communications channels.
- Monitor progress against recommendations.

Round table discussions

Feedback from delegates

2. Round table discussions

Attendees discussed the following:

Table 1

Mental health and social care	<ul style="list-style-type: none">• There is disintegrating service from mental health and social care services: no idea who is coordinating (people expect Care Coordinators to be in place).• We are not getting the full services of a dedicated staff member allocated to a service user.• It is hard to find information about services and who to contact.• There is no access to a psychiatrist and annual reviews aren't conducted.• We need to have an allocated worker.
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Table 2

Mental health	<ul style="list-style-type: none">• GP access – 3 weeks waiting times for appointments.• Access in crisis – one person shared that a medication review took 3 weeks.• Could chemists promote support groups? Could there be promotion in local libraries?• People expect more services.• Waiting times are an issue.• No services are available when most needed.• The Bridge (a meeting venue for patients) has been shut down indefinitely– Harrow Council is doing nothing to replace it- proof of volunteering and computer literacy is needed to find services(one attendee saw a physician associate for mental health/Central North West London Foundation Trust currently has a Care Coordinator
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	<ul style="list-style-type: none"> • “Rethink” group meeting once a month – support for carers, people’s needs – especially high-level mental illness. • You need to show you’ve done some volunteering work before you can be referred • There is nothing at all in place for those with major issues. • Bentley House – NHS refers to them and they should refer to an appropriate service in the community. • Seasonal Stress Buster event held once a year at St. Peter’s Medical Centre where people can find out about services. • Young and old categories run by the Hub of Hope. • You need to be computer literate to find out about services available because most information is online.
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Table 3

Mental health	<ul style="list-style-type: none"> • It’s extremely difficult to get people to answer the phone: “like ringing the cemetery”. • People are not delivering the service. • Staff are not suitable. • A recent service change is “not fit for purpose”. • There is no monitoring of quality of service. • Provision within the community is disjointed. • There is poor communication generally.
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Table 4

General services	<ul style="list-style-type: none"> • A demand was expressed for much higher quality in health and social care. • Staffing levels impact health: what is to be done about these issues.
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	<ul style="list-style-type: none"> • Less staff are available and difficult to recruit into profession. • Funding has decreased. • Health and social care need to work better together. • There is a lack of NHS dentists.
GP access	<ul style="list-style-type: none"> • An appointment with a different GPs on each visit causes anxiety. • There is an assumption that a single channel for access is available. • Timings for return calls from GPs tend to be unpredictable. • Delays in being seen can impact health physically and mentally.
Health visitors	<ul style="list-style-type: none"> • There are not enough health visitors not enough information on how to reach out to access service for children.
Social care	<ul style="list-style-type: none"> • It is reactive to highest need and risk. • A lot of work is being done around prevention and mixed awareness. • We have to repeat our story with each new professional.
Systems	<ul style="list-style-type: none"> • Online different ways – website etc. • Some methods do not suit all individuals • There is lack of choice and ease. • Signing up to a service can be confusing.

Table 5

GPs (access)	<ul style="list-style-type: none"> • Access has changed over the years. We need a phone to book online appointments. This is not always easy for those who don't have smart phones.
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	<ul style="list-style-type: none"> • People can't always see the same GP; they see whoever is available on the day. • Continuity of care has changed; for example, blood test results are accessible online. • PATCHS system feels like you are deprived of your choice and connection. We don't have clear explanations of how to use new systems. Some practices allow for reception staff to complete a PATCHS request on behalf of patients. • Pharmacists are able to advise. • Services are available but we don't always know what they are. • Walk-in clinics are no longer available.
GPs (ongoing care)	<ul style="list-style-type: none"> • Surgeries are over prescribed.
GPs (service change)	<ul style="list-style-type: none"> • Services should be tailored as people are now living longer. • Chargeable services have increased (for example, ear syringing has gone up from £35 to £75) but GP's don't always refer to you.

Table 6

GPs (PATCHS)	<ul style="list-style-type: none"> • People have old Nokia phones instead of smart phones and do not own computers, so access via PATCHS is a barrier. • There is poor service for carers and loved ones. • Face-to-face access is needed for yearly reviews: how can you take blood pressure on the phone? • Time limited system is not available to use over weekend. • People prefer face-to-face.
GPs (relationships)	<ul style="list-style-type: none"> • Why not go back to pre-Covid arrangements? • Relationships are not patient-focused.

	<ul style="list-style-type: none"> • Receptionists are not all caring; they can appear rude, which feels as if their role is stopping you from seeing the doctor. • System is just a feeding system.
Hospital	<ul style="list-style-type: none"> • There are long waiting lists for operations. • Older people feel they are a burden. • A&E is affected by poor back-up of GP services.
Social care	<ul style="list-style-type: none"> • People cannot get a social worker. They can't find a good care agency. • Some have had no support for years. • With emergency reviews the burden is shifted to carers. • Day opportunities existed pre-Covid: where are they now? • Phone calls are not being taken. • There is a lack of face-to-face social care. • There are either no hubs or they are hidden away. • Poor communication leads to people not being aware of prevention – this is the case with Therapeutic services in particular. • Mental Health relies on Talking Therapies; patients are not ever seen in person.
Social prescribing	<ul style="list-style-type: none"> • Carers reported that in some cases this is not addressing the underlying needs of the patient.

Table 7

Social care and hospital referrals	<ul style="list-style-type: none"> • Service centres have implemented change in eligibility criteria for service users. • Adjustment of services impacts current services. • Patients are affected by staffing issues such as recruitment and retention. • There are new changes to current day centres in Harrow.
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- More engagement and events are needed in the community.
- Transport issues and access have increased with more community events as well as cost of travel.
- Resources should be identified if services are changed. Innovative changes need to include people in the community.
- Harrow domiciliary care services are not monitored; there is no auditing of services.
- The system is against patient interests.
- Electronic billing at Harrow Social Services will be introduced. This will prevent charging for services not delivered
- People are not happy with signposting services in place.
- Hospital referrals are delayed or not updated through a communication breakdown.

Table 8

Hospitals	<ul style="list-style-type: none"> • Access is a barrier; for example, a letter about urgent surgery had no contact number. Once solution could be “deli-counter” style numbering. • How to book? Phone numbers are not recognised and patients have to research who to contact. People should be given additional contact details. • Somebody should be in control of pathway – PALS has been emailed. • It would be reassuring if patients could know <i>if</i> and <i>where</i> they are in the system. • There is a disconnect between hospitals and GP surgeries. • Personal experience of a minor stroke was shared: there was good service via ambulance but 3 doctors were seen in 8 hours for 4 minutes in the corridor. • There are poor services issues, but we can’t blame clinicians. Transport home after admission to A&E wastes a great deal of time, and therefore it is not
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	<p>uncommon for people who are unwell to be told to take a taxi home.</p> <ul style="list-style-type: none"> • Follow-up visits are impacted because of access issues or letters not shared between departments. • Face-to-face feedback compared to Healthwatch Harrow surveys shows that anonymising answers allows for more honesty. People tend to evaluate more positively in a face-to-face scenario. • A comment from a professional: people don't appreciate how good we are; they can have unrealistic expectations; they think everything is free (for example, blood tests), but there is always a cost implication. • Some people don't take ownership of their own health. • Citizens Advice are offering benefits advice to cancer patients.
Questions	<ul style="list-style-type: none"> • Hospital discharge: where is the integrated care? • What discharge service is offered to people who leave after hours? • Why does it take so long to get medication from hospital pharmacies?

Table 9

Dentists and GPs	<ul style="list-style-type: none"> • It is difficult to register for a dentist under the NHS due to long waiting lists. • Some people wait over an hour on the phone when they call the GP: older people get anxious with the wait. • People are waiting 2 weeks for appointments. • There is a preference for face-to-face GP appointments. • EKTA – Private group for information. • Harrow Carers would welcome more activities for carers and access to social care. • Warm Hubs in the community are welcome.
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- Ongoing care treatment depends on the GP and differs from surgery to surgery.
- Repeat prescriptions are sometimes affected by delays, especially medication for diabetes.
- Social care: People are not sure what financial support is available

Speakers Session

Response to feedback

3. Speakers session

The second part of the session involved the speakers responding to issues raised in the group discussions. This was followed up by the Questions and answers session.

Lisa Henschen – Managing Director of Borough Based Partnership

Lisa explained that she is responsible for overseeing the joint delivery of services for health and social care in Harrow, and she reflected on what she heard from groups.

She thanked everyone for sharing their thoughts and stories. To hear some of the stories was distressing and she apologised that despite the work that is ongoing, in some areas things were clearly not right.

The key areas she will take away to follow up on are:

- GP access issues – fundamentally getting an appointment to see the doctor and waiting times for that appointment.
- Children and Young Peoples' services – access to Health Workers. Prevention and engagement with children is key to longer term health along with the need to ensure there is a clear pathway that is communicated.
- Reflecting on the last 2 years in health and social care, it has been challenging, but some of these issues were there before Covid and we recognise that we have an ageing population.
- There have been changes to the specialists that can now be accessed at your GP surgery, but more communication is needed to ensure everyone is aware of these specialist roles which may be more appropriate than seeing your GP.
- There is closer working now with community and voluntary groups.
- There is a need to look at how we better integrate services; professionals need to talk more to each other so that patients are not having to repeat their story. The ongoing work around Integrated Neighbourhood Teams will support this.

Shaun Riley – Assistant Director of Health & Wellbeing, Harrow Council

Shaun explained that his remit in social care is managing the following teams: older people, people with a physical disability, hospital, early intervention, and locality. He commented that it was great to be at the forum and to hear people's voices and that we need to talk more. He reflected on the following:

- There is a need for more conversations with the Local Account Group.
- We talk about co-production: people who use the services should have more of a say in how services are developed.
- Access to services is important. During Covid, Social Workers had to work in a more distant way; they now need to get into their neighbourhoods and communities. The development of the Integrated Neighbourhood Teams will enable this.
- The Conversation Café has been developed; the main purpose of this is to ensure that people can go and talk to someone face-to-face about their issues and get signposted to where they can receive help.
- There has been a shortage of Social Workers: with more resources we can tackle the issues and provide early intervention.
- Neighbourhood Resource Centres are going to change, but people don't feel they have been consulted or engaged in in these proposed changes.
- There is some work going on to look at how Support Workers can be monitored. For example, they don't go into someone's home, but the client is still charged.

Carrie Whelan and Gbemi Akin – Mental Health – Central North West London NHS Foundation Trust

Carrie and Gbemi gave apologies from Garikayi Teera, the Deputy Director, who had been unable to attend. They said it was empowering to hear everyone's voice at the forum and thanked everyone for being honest in what they shared. Key elements they reflected on included the following:

- Communication: the need to know who you can call, who you can talk to, and which contact details when you want to make contact. They

committed to ensuring that everyone in contact with their teams should have a named worker.

- The way the service is run has changed and there is now a split between the service areas and specialists, which has caused confusion for service users.
- They confirmed that there is now only 1 referral system, which is clearer: anyone making contact is triaged and the right service to meet their need is identified. This speeds up the whole process of making sure you are seen by the right person. The target is 28 days, but they aim for 14 days.
- There are other services being introduced in Harrow such as The Cove. They are also developing a recovery pathway in Harrow.

4. Questions and Answers

Attendees had the opportunity to ask questions.

Question 1

Patients find it difficult to make an appointment to see a GP. In many cases patients are turned away and told to make an appointment online.

General Practices are contracted to provide patients with 4 different ways of access to their GP:

- In person
- Telephone
- Letter
- Online

How do you ensure that GPs abide by their contractual obligations and legal requirements?

Response:

Lisa shared that she had personally telephoned all GP surgeries to check that they are providing all options. All GP surgeries said they were.

Lisa asked people who know where this is not happening to tell her, and provide the name of the GP surgery; she will follow this up. You should complain to your surgery.

In addition, you can email info@healthwatchharrow.co.uk who will share this information with Lisa.

Question 2

Is the patient better off now with the introduction of the North West London Integrated Care Board (ICB) and the Harrow Borough Based Partnership

Response:

Lisa responded that there are some examples of good practice and working as part of the North West London ICB has provided more funding opportunities. They are trying to level up the funding between the 8 North West London boroughs.

However, some decisions are now made at a North West London level rather than locally.

Question 3

What is being done to replace the services that used to be provided by The Bridge before it was closed?

The Bridge was a safe place for people experiencing mental illness, where they could receive assistance from trained staff and volunteers as part of their recovery process.

Response:

Gbemi confirmed that she was not aware of any other service being offered.

Shaun confirmed that he will raise this with Santokh Dulai, Assistant Director, Specialist Learning Disabilities Care and CYAD Services, who has responsibility in this area and will provide a response to the question.

Deven Pillay, CEO of Community ConneX, commented that people do not want change particularly where they have not been engaged in what is happening. This is a constant failing of the service. There is a need to embed building relationships and working together to find solutions. People who use services should be involved in the discussions.

Question 4

A parent has been seeking an ADHD referral through their GP. They have been told there is a waiting list of 3 years for assessments.

Is this correct? If so, what is being done to improve this situation?

Response:

Lisa confirmed that this was correct. It is a big concern at the moment. Some people cannot get on the waiting list.

Lisa committed to keeping everyone updated with plans to improve the situation.

Event photos

Selected images

5. Event photos

Selected images from the event.

Harrow Baptist Church, 29 November 2023.



Distribution and comment

6. Distribution and comment

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

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



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