

NHS Long Term Plan

Healthwatch Harrow Engagement
May 2019



Shaping the future of our NHS in Harrow

“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.”

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.

Feedback from Local People

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.

Hosting three events in May 2019, Healthwatch Harrow engaged with a total of 63 local people.

Engagement Events

Learning Disability and Autism Focus Group, 2nd May 2019

On Thursday 2nd May, we engaged with 11 local residents with a Learning Disability or Autism.

Healthwatch Harrow Forum Event, 16th May 2019

On Thursday 16th May 2019, around 30 local people and NHS representatives attended the Healthwatch Harrow Forum, to give their views on the plan and learn more about local services.

Greenhill Manor Residents Association, 20th May 2019

We visited the Greenhill Manor Residents Association on Monday 20th May, and heard from 22 people.

Experience of Services

During the events, we asked people ‘what works, what doesn’t work, and what could easily be improved’?

What Matters

We then asked 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 in Harrow?

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.

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.

1.1 Personal communication

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."

"There isn't always good communication between staff and patients."

In summary - what would local people like?

- Good levels of information and communication.
- Information that is consistent.

1.1 Personal communication (continued)

Some people with learning or other disabilities experience exclusion or poor treatment and support.

“Where medical professionals talk to the parent or carer, rather than the person with a learning disability.”

“Not being responsive to people’s needs and ignoring people with a disability.”

“Receptionists should be more sensitive on the phone and have a better understanding of learning disability.”

Some practical ideas were forwarded:

“Some way of people knowing that you have a learning disability, so they know to make/offer reasonable adjustments such as double appointments at the doctors.”

“Medical professionals and staff receiving more training about learning disability.”

“Learning disability nurses having more time / resource so they are not spread too thin.”

In summary - what would local people like?

- To be included, involved and respected.
- Recognition of their disability or condition.
- Good levels of awareness (training for staff).
- Well resourced specialist nurses.

1.2 Service-wide communication

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.”

The following ideas were forwarded:

“How about a magazine from doctors?”

“Communication - ensure people are aware of services available (such as out of hours appointments).”

In summary - what would local people like?

- Accurate and up-to-date information on basic service aspects.
- Supplements, such as magazines or leaflets.

1.3 Community-wide information

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

“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.”

The following ideas were forwarded:

“Something like a ‘Patient’s Guide’ - what we should be looking for is a good idea.”

“Why not create a Citizens Panel?”

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

“Educate people to know when to go to the GP rather than A&E - includes making it easier to see the GP.”

In summary - what would local people like?

- Information about existing services.
- Advice on which services to use.
- Timely information and engagement on service changes.
- Engagement between services and the ‘wider community’.

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.”

“Information and forms not always provided in an accessible way - complex language used.”

“Where English is not the first language of the doctor, it is sometimes difficult to be understood.”

The following idea was forwarded:

“Information and forms being provided in easy read. Removing complex language.”

1.4 Accessibility of information (continued)

In summary - what would local people like?

- Information in accessible formats.
- Clear oral and written language.

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.”

In summary - what would local people like?

- Choice of electronic, oral or written 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.

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).”

2.1 Staffing levels and retention (continued)

In summary - what would local people like?

- Good working conditions and working environment for staff.
- Adequate staffing levels.

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.”

“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.”

The following suggestions were made:

“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.”

In summary - what would local people like?

- Continuity (choice of professional) if required.
- A named contact.

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.

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 - at GPs, Hospitals and Social Care services. There is also widespread inconsistency across services:

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

“I need more support to get appointments.”

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

“Inconsistency across GP surgeries, some it is easy to get an appointment in others extremely difficult - why is there such inconsistency?”

“Access to GP surgeries mixed - not consistent across the borough.”

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.”

In summary - what would local people like?

- Good telephone access.
- Reliable and easy-to-use booking systems.
- Consistency across services.

While many people anticipate delays, a large number consider punctuality to be important. Complaints about waiting times are common:

“Appointments always running late - you can be waiting for a long time.”

In summary - what would local people like?

- Punctuality of services.
- Communication from staff when this is not the case.

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.”

3.2 Co-ordination between services (continued)

In summary - what would local people like?

- Services in different localities to work together.

Health Passports are considered a 'good idea' - but only if they are actually utilised by staff.

"Health Passports aren't always recognised or used by some medical professionals."

"Health Passports - when a person has them and the medical professional uses them."

The following was suggested:

"All medical professionals to be aware of Health passports and know to use them."

In summary - what would local people like?

- Staff to be aware of, and actively utilise Health Passports.

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."

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.”

“Learning Disability Nurses in hospitals.”

“111 works really well.”

“Referred to Watford General to get a quick appointment as I couldn’t get one in time at Northwick Park - Watford were very good.”

Levels of expertise and knowledge are particularly appreciated:

“Doctors - knowledgeable, helpful and we trust them.”

“Medical professionals are informed, and we trust that they know what they are talking about.”

“Dentists - advising what is wrong with your teeth.”

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’.
- Easy to get appointments
- It’s more accessible when signing in with technology at appointments.

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).

Some people cite a lack of support from GPs, Community and Social Services:

“Reasonable adjustments not always made (double appointments not offered).”

“Provision and funding of ongoing community services (example falls prevention) - not enough funding or services once the person has had the initial support through the programme.”

“Community services are not sufficient to meet needs.”

5.2 What could work better? (continued)

“Social Care Services - lack of adequate respite care - one parent hadn't had respite care for 2 years, her daughter has cerebral palsy, no confidence in the social worker - doesn't know where to go to get help. Support in Brent.”

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).
- Northwick Park Hospital - out of dated and not very welcoming.
- Where she previously lived was much better.

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), greater use of Health Passports 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).
- More online access to doctors to get advice
- Consistency - GP surgeries all providing the same services in a similar way to the same quality
- Learn from other counties (why can Watford General provide a better service than 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?

Generally, people like to see someone who knows them, but if urgent would be happy to see a professional quickly even if not known. It is more important to get an appointment at a time that suits:

“The group agreed that it was more important to see a medical person who was qualified who was free immediately if it was urgent.”

“It did help to see someone who knew you if it was less urgent. It helps if someone knows you and your history.”

“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.”

7.7 Other statements

Other selected statements:

- Prevention and/or early intervention is not particularly relevant to learning disability as it is a life long condition. But for other conditions prevention and early intervention was seen as very important.
- Assessment, diagnosis and treatment at the right time is very important.
- Better community services to meet ongoing needs once the initial programme of support has finished.
- Supportive of the NHS long term plan but felt community services needed to be funded / developed otherwise the plan will not work.

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).
- It should be more accessible using straight forward language. It is better to do this as a group, but happy to receive letters.
- The survey should have been provided in an easy read format.
- Clear, up to date and easy to understand communication is important.

9. Health and Wellbeing

At one event, we asked people what they do to stay healthy, how they know that they are healthy, and what they do when not feeling well.

9.1 What do you do to stay healthy?

People cited the following:

- Gym
- Eat fruit
- Football
- Physical work
- Keep fit classes
- Think about what you eat and drink
- Dancing
- Moving around
- Walking
- Cricket
- Personal trainer

9.2 How do you know you are healthy?

People cited the following:

- Doctor
- Blood tests
- Blood pressure
- Balance of eating and bowel movements
- Getting tired
- Headaches

9.3 What do you do when you don't feel well?

People cited the following:

- Talk to your family or a friend
- U Tube
- Visit doctor
- Take painkillers
- Rest
- Visit pharmacy

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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It's not always the case that people want the prescriptions...”

Harrow resident and service user