

NHS Long Term Plan

Healthwatch Engagement
May 2019



Shaping the future of our NHS in North West London

“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.”

Local resident and service user

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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 organisations in Central and West London, alongside the national Healthwatch network has collected local views on the Long Term Plan through surveys, focus groups and events between April and June 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.

The general national survey was completed by 920 people across North West London, with responses from a wide age range 11% were under 18, the next largest groups at 20% those 55-64 and 65-74. We note a few of the headlines here:

87% of respondents wanted "*professionals that listen to me when I speak to them about my concerns*" and 96% of respondents felt it very important or important that communications were timely. 89% thought it was either important or very important that any results were communicated quickly making the best use of technology.

Hosting 18 events in April, May and June 2019, local Healthwatch organisations in Central and West London engaged with a total of 257 local people.

Engagement Events

- Brent - 2 events (3rd and 8th May).
- Ealing - 2 events (15th and 22nd May).
- Hammersmith and Fulham - 2 events (17th April and 8th May).
- Harrow - 3 events (2nd, 16th and 20th May).
- Hillingdon - 3 events (16th April, 7th and 8th May).

- Kensington & Chelsea - 2 events (29th and 30th April).
- Hounslow - 2 events (30th May and 14th June).
- Westminster - 2 events (9th and 10th May).

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 and Engagement

We also asked people how engaged they would like to be, and whether they would like to be involved in designing new services. As part of this, we asked them which aspects of communication and engagement could be improved.

This report gives an overview of findings.

What matters most to people in North West London?

Firstly, we look at services as a whole. When exploring basic service attributes, we find that local people consider communication, staffing, continuity of treatment and care, plus service access to be *most important* in current and future services.

Summary: Services in General

Communication

When talking to local people about present and future services, communication is an important topic. People tell us that good communication is vital - 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.

Staffing, Training 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.

Some people feel that doctors could improve their interpersonal skills. People also say there should be better training on Mental Health and long term conditions such as Diabetes. Some suggested reinstating grants to incentivise uptake for training.

Summary: Services in General

Staffing, Training and Continuity (continued)

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.

It can be difficult to see a doctor of a preferred gender - some gynecology patients have experienced delays, or wasted journeys, to see a female practitioner.

Service Access

It is clear that people would like greater access to services (particularly GPs) and better support in obtaining their appointments. Many experience poor telephone access and systems, however some have noticed improvements in online booking, and availability of out-of-hours appointments.

While patients are complimentary about telephone triage, there is concern that it should not be the only option, or prevent a personal consultation when it would be 'the best clinical option'.

While many people anticipate delays, a large number consider punctuality to be important - complaints about waiting times are common. Experiences of waiting lists are mixed, however a large proportion of patients are waiting too long - to see their GP or for services generally.

Although there should be a choice on referral, this is not always the case. Some people feel they are excluded from the process, or have little control.

On transport, we hear that stricter eligibility criteria has left many people unsupported.

Coordination and Consistency

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. It was felt that services could also strive to be more consistent, and with it become 'fairer and more equitable for all'.

Communication - local people would like:

- Good levels of communication.
- Information that is consistent, accurate and up-to-date.
- Clear oral and written language and information in accessible formats.
- Choice of electronic, oral or written communication.
- To be aware of existing services, and advised on which to use.
- Timely information and engagement on service changes.
- Engagement between services and the 'wider community'.

Staffing, Training and Continuity - local people would like:

- Good working conditions and working environment for staff (example, employers to observe the 'Anchor Organisations' principles).
- Adequate staffing levels and well resourced specialists.
- A well trained workforce (both hard and soft skills).
- Continuity (choice of professional) if required.
- A named contact.

Service Access - local people would like:

- Good telephone access.
- Reliable and easy-to-use booking systems.
- Punctuality of services and communication from staff when this is not the case.
- Priority for those with a particular need (such as Autism).

Coordination and Consistency - local people would like:

- Consistency across services.
- Services in different localities, and of different specialities to work together.
- Staff to be aware of, and actively utilise Health Passports.

Local people would also like:

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

General Services: From Diagnosis to Ongoing Care

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

Assessment, Diagnosis and Treatment

It was felt that generally, services need to be more transparent and better coordinated.

People said that waiting times from assessment to treatment are ‘too long’, with some suggesting a cap. We heard examples of inadequate ongoing support for patients following the assessment, and a lack of joint decision making between the service user and the health professional.

Digital technology is considered to be a positive element of NHS services, although there was consensus that technologies are being under utilised in local health services and not meeting full potential (for example in research and applications for patients).

Cultural awareness was flagged as a ‘key area of concern’ and it was suggested that health professionals and service users ‘could be matched’ on the basis of experience with different groups and cultures.

Prevention and Early Intervention

To maximise prevention, we need ‘clear referral pathways’, accessible support and greater use of self-help and peer support groups. Consulting patients on the design and delivery of services can also make it work better for all.

There was much emphasis on promoting ‘healthy lifestyle’ factors such as diet and exercise - local people could be encouraged to attend groups or talks and to learn new skills (such as cooking).

Reinstating health checks in schools could be useful, plus provision of a Patient Advice & Liaison Service (PALS) for primary care.

Ongoing Care and Support

Generally it was felt that greater support is needed following assessments - particularly for long term conditions. Better use of digital technology (such as remote appointments) and closer working between social prescribers and community groups could enhance personal support.

If referring, provision of a care plan detailing locations, contacts and timescales would be useful for patients, carers and services. Patients also need to ‘know about their rights’.

Ongoing Care and Support (continued)

People also said that the mental health of carers should not be overlooked and that carers could benefit from advocates - particularly when addressing inequalities and lack of support.

To assist ongoing support, discharge letters should be more informative (including named contacts) and those aged 75 plus could benefit more from social prescribing and home visits.

Learning from Discussion (Checklist)

Assessment, Diagnosis and Treatment - local people would like:

- Services that are transparent and well coordinated.
- Timely access to treatment and support following assessment (with a waiting time cap).
- To be included, involved and respected (joint decision making).
- Optimal use of digital technology - for professionals and service users.
- Good cultural awareness and inclusion.

Prevention and Early Intervention - local people would like:

- Referral pathways that are 'clear' and support that is 'accessible'.
- Access to self-help and peer support.
- User engagement in service design and delivery.
- Good awareness of 'healthy lifestyles'.
- Health checks in schools.
- A Patient Advice & Liaison Service (PALS) for primary care.

Ongoing Care and Support - local people would like:

- Good levels of support following assessment (particularly for long term conditions).
- Optimal use of digital technology - for professionals and service users.
- Partnership working - community groups and social prescribers.
- Care plans and discharge letters that are detailed and clear.
- Promotion of patients' rights.
- Mental health and other support for carers.
- More supplementary services for older people.

How could communication and engagement be improved?

We asked people how engaged they would like to be, and whether they would like to be involved in designing new services. As part of this, we asked them which aspects of communication and engagement could be improved.

People feel they are 'asked to do too many satisfaction surveys', and that we need 'more than forms'. Focus groups could be used to help design the surveys - to make them more appealing, and perhaps more relevant.

Updates on how the information is used would be useful, and most importantly, people want to see the impact of the suggestions they have made, or at least for their suggestions to be considered and to be told why/why not they have been acted on.

It was noted that focus groups are not always representative of a borough's diverse demographic and different abilities, therefore outreach (such as school visits to talk with children and parents) would increase inclusivity.

On service related feedback, it was felt that the Friends and Family Test is 'inadequate'.

Learning from Discussion (Checklist)

Communication and Engagement - local people would like:

- Fewer surveys (to combat 'feedback fatigue').
- To be included in survey and engagement design.
- Updates on how their feedback has/has not been used.
- Good representation, including at events.
- An alternative to the Friends and Family Test.

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.

In this section, we explore communication at a personal, service-wide and community-wide level. We also consider accessibility, inclusivity of information and complaints processes.

1.1 Personal Communication

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

Selected Comments, Personal Communication

Positive experiences:

“My GP explains things well - makes me feel comfortable and listened to.” [Hounslow]

“Many felt when discharged from hospital, things were explained to them clearly.” [Hounslow]

“My GP is brilliant, and I can always get an appointment” [Hillingdon]

“I felt respected by my GP” [Hillingdon]

“Access to my GP is quick and it’s easy to fill my repeat prescription” [Hillingdon]

Negative experiences:

“Poor communication from my GP when changing my medication.” [Harrow]

“People aren’t often encouraged or provided with the necessary information to help themselves.” [Kensington & Chelsea]

“Inconsistent information provided.” [Harrow]

“Receptionist ‘no good’ at communicating with patients.” [Westminster]

“My poor husband ended up on patient transport for hours, he is diabetic, it nearly made him ill, they just can’t seem to join things up” [Hammersmith & Fulham]

“Access to my GP is not always easy” [Hillingdon]

“I needed to wait a month to see my own GP after another GP in the same practice wanted to see me quickly” [Hillingdon]

“Having to wait for 2 weeks to see a GP, even though it was a follow up appointment” [Hillingdon]

“In some cases the language used and communication is not clear and customer care skills can be better” [Hillingdon]

Suggestions:

“Participants said they received text messaging from GPs to give feedback but don’t respond to it because they receive too many.” [Hounslow]

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.

Selected Comments, Service-wide Communication

Positive experiences:

“There is a course for informing people about avoiding diabetes - very good for prevention and awareness.” [Westminster]

Negative experiences:

“My GP doesn’t promote services, such as extended hours.” [Harrow]

“There are good NHS sites and apps, but they are hard to find; contact details aren’t always clearly displayed or they aren’t provided at all.” [Kensington & Chelsea]

“I am not accessing the right services because the systems have changed and not communicated” [Hillingdon]

“The website needs to be up-to-date.” [Harrow]

“There are problems with admin within hospitals - letters are often being sent to confirm appointments that have already taken place, this has happened to patients at Ealing hospital. Additionally, there have been examples of data breaches whereby letters containing medical information have been sent to the wrong addresses without the patient knowing.” [Ealing]

“Discharge papers are too legalistic and could be simpler” [Hillingdon]

Suggestions:

“How about getting volunteers to help draft standard letters or provide a plain language compliment”? [Hammersmith & Fulham]

1.3 Community-wide Information

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

Selected Comments, Community-wide Information

Negative experiences:

“We need clearer information on which services are appropriate - A&E, walk-ins for example.” [Harrow]

“We need more information on service closures or changes (Alexandra Avenue Walk-In Centre, for example).” [Harrow]

“A lot more promotion of pharmacy services needed.” [Harrow]

“Care navigators - this person didn’t know they existed, it took a year to find out and get an assessment.” [Westminster]

Suggestions:

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

“Why not create a Citizens Panel?” [Kensington & Chelsea]

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

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

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.

Selected Comments, Accessibility of Information

Negative experiences:

“I need accessible information that is easier to understand.” [Harrow]

“Communications should better suit the recipient.” [Harrow]

“The use of terminology which is not explained makes accessing services difficult” [Hillingdon]

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

“Patients need greater levels of education and understanding.” [Brent]

“Information and forms not always provided in an accessible way - complex language (jargon) used.” [Brent]

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

Suggestions:

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

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.

Selected Comments, Inclusivity of Communication

Negative experiences:

“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]

1.6 Complaints

Experiences of complaints are mixed.

Selected Comments, Complaints

Positive experiences:

“Provided a complaint and received an excellent response.” [Kensington & Chelsea]

Negative experiences:

“Been trying to give feedback to WLCCG about Grenfell-related services for two years, without having any progress; the feedback thus evolved into a complaint, which did not need to be the case.” [Kensington & Chelsea]

Suggestions:

“We need to enable carers/unpaid visitors to report problems with those they are visiting.” [Westminster]

2. Staffing, Training and Continuity

Many people have noticed that health and social care services are under ‘full stretch’, with sometimes considerable pressures on staff.

In a stark account, a volunteer in Ealing says “through delivering food parcels I see nurses relying on food banks and living in homeless hostels. How can they provide the best quality care when they are struggling so much themselves?”

Healthwatch Brent comments “We hear in the news that we are losing nurses and doctors every week due to stress, overwork and mental health problems. Service users and those in the industry ask ‘how and when’ will this be addressed?”

We need good employers for our healthcare staff in order to retain them. There seems to be confusion about whether bursaries for training new nurses will continue, and whether this is making a difference or not. There also seems to be a mismatch between what we hear in the news and the statements in the NHS Long Term Plan summary. Where is the workforce going to come from?”

In this section, we look at staffing and retention, training and service continuity.

2.1 Staffing and Retention

The recruitment and retention of staff is a challenge people understand and experience the consequences of.

Selected Comments, Staffing and Retention

Positive experiences:

“I felt respected by my GP” [Hillingdon]

Negative experiences:

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

“There is a learning difficulties nurse that helps and supports patients - although one nurse for 3 hospitals - NPH, CMH and Ealing.” [Brent]

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

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

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

“Nurses filling in and covering shifts due to shortages. They can only do this for so long before they get fed up. Too much is asked of them.” [Ealing]

2.2 Training

Some people feel that doctors could improve their interpersonal skills. 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.

Selected Comments, Training

Positive experiences:

“One of the people in the focus group’s mother had a fall. They had a breakdown and the paramedics were able to calm her down (even broke protocol to do so). They saw this a very positive experience. Turned out, they had been trained in how to sufficiently deal with those with learning disabilities.” [Hounslow]

Negative experiences:

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

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

“Training for carers is “non-existent.” [Westminster]

“Participants were concerned about who was training carers because they have seen them not follow basic rules of hygiene. There was an example given of a time a carer was working in the medical surgery (of a care home), wearing gloves, and the person went into the kitchen wearing the same gloves. However, ECIL to do run a 12 week course for carers about medical administration and hygiene etc.” [Ealing]

Suggestions:

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

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

“Training for pharmacists to have wider knowledge.” [Harrow]

“Before appointing an agency, the NHS should consider how the agency trains its carers on sensitive issues like nutrition, language, Mental Health, multiple conditions, cultural sensitivities. It should then consider how the agency monitors this as well.” [Westminster]

2.3 Continuity

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.

It can be difficult to see a doctor of a preferred gender - some gynecology patients have experienced delays, or wasted journeys, to see a female practitioner.

Selected Comments, Continuity

Positive experiences:

“Sees the same GP - prefers this because communication is easier and it’s more comfortable. It’s ‘hard to trust people’ so this makes this easier.” [Hounslow]

Negative experiences:

“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.” [Harrow]

“When seeing multiple different professionals, a lot of repetition happened. Had to give mini medical histories every single time.” [Hounslow]

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

“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.” [Harrow]

“The ‘named GP’ system does not mean anything in reality. I have never seen them.” [Ealing]

Suggestions:

“Seeing the same professional reduces the time taken at appointments, therefore may be more efficient.” [Harrow]

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

“Focus on prevention should be top of the agenda as this is the key to reducing pressure on services, particularly A&E” [Hillingdon]

3. Service Access

It is clear that people would like greater access to services (particularly GPs) and better support in obtaining their appointments. Here, we look at contact and booking, waiting times and punctuality, referrals and transport.

3.1 Contact and Booking

Many people experience poor telephone access and systems, however some have noticed improvements in online booking, and availability of out-of-hours appointments.

While patients are complimentary about telephone triage, there is concern that it should not be the only option, or prevent a personal consultation when it would be 'the best option'.

Selected Comments, Contact and Booking

Positive experiences:

"Growing availability of remote/phone appointments." [Westminster]

"GP good at offering alternative and out-of-hours appointments." [Westminster]

"It's easier to book online or in person (than it was)." [Westminster]

"I got a telephone triage - I phoned, described my symptoms and they were able to tell me if I needed to come in. Very good service." [Ealing]

"GP has specific afternoon hours for urgent cases, the receptionist also has a medical experience and knowledge, so she can give you an initial assessment if you show up in urgent cases." [Ealing]

Negative experiences:

"Poor telephone access to outpatients at Northwick Park Hospital." [Harrow]

"I need more support to get appointments." [Harrow]

"Can't get an appointment - keep phoning." [Harrow]

"Phone lines not telling callers how long they will wait is costly and stressful." [Kensington & Chelsea]

3.2 Waiting Times and Punctuality

While many people anticipate delays, a large number consider punctuality to be important - complaints about waiting times are common. Experiences of waiting lists are mixed, however a large proportion of patients are waiting too long - to see their GP or for services generally.

Positive experiences:

“GP did a good initial assessment and sent to the hospital, where I was diagnosed with a serious condition the next day and operated on.” [Kensington & Chelsea]

“GP has a walk in service three days a week, you arrive in the morning on the day and you get seen.” [Kensington & Chelsea]

“GP did a good initial assessment and sent to the hospital, where I was diagnosed with a serious condition the next day and operated on.” [Kensington & Chelsea]

“My GP is brilliant, and I can always get an appointment.” [Hillingdon]

“It’s more accessible when signing in with technology at appointments.” [Harrow]

Negative experiences:

“We need better communication between departments to line up appointments” [Hillingdon]

“There needs to be better accessibility to deal with appointments” [Hillingdon]

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

“There should be no waiting time for patients if they have Autism. Carers find it very stressful to manage the patient when they become restless and start to get aggressive or anxious and worried.” [Brent]

“The whole dementia pathway didn’t work, it was hard to get an appointment and the wait took two years to get anything.” [Westminster]

“3 week delay for GP appointment, 2 week delay for physiotherapy.” [Westminster]

“Called for a consultation and advised to ‘call in 14 days’ this is too long.” [Westminster]

“Had to go to hospital for blood test as the GP had a 3 week wait.” [Hillingdon]

“I have to wait 2 months to see my preferred GP.” [Ealing]

“There is a lack of community services. I asked for physio after a broken arm. The wait is approx. 19 weeks. Effectively physio is not available. It has to be immediate to be effective.” [Ealing]

“Delayed operation - cancelled last minute as they didn’t have the drugs needed to do the procedure.” [Hillingdon]

“ A&E has a massive waiting time” “Long waiting time in A&E” [Hillingdon]

3.3 Referrals

Although there should be a choice on referral, this is not always the case. Some people feel they are excluded from the process, including when things go wrong (such as referral to the wrong service) or that services do not connect to support progress of referral, treatment and follow up.

Selected Comments, Referrals

Positive experiences:

“I received a text about my referral - made it easier to remember.” [Brent]

Negative experiences:

“I asked my GP for a referral to Guys and St Thomas. I got a letter with an appointment for Charing Cross. I logged on and cancelled it and then received another letter for a new appointment at Charing Cross. I called the number and was told I can’t actually cancel it myself, only they can. Eventually I got my appointment at Guys.” [Ealing]

“I asked for referral to another hospital and got the same thing, an appointment letter listing a different hospital. Choice does not exist. The systems automatically decide which hospital you go to.” [Ealing]

“Audiology: My GP said she could refer me to a local Specsavers but if patient flow reduced to Charing Cross then we could lose the Charing Cross ENT department which would mean there was nowhere to go for more complex patients.” [Ealing]

3.4 Travel and Transport

When engaging with older people in particular, we hear accounts of long journeys, a lack of basic support and poor timing of transport. It is also reported that stricter eligibility criteria leaves many people unsupported.

Transport links from borough to hospital are not always convenient, particularly when ill. Parking was cited as an issue for both patients and staff.

Positive experiences:

“One person a travel buddy which helped them become more independent. In fact, this person could now come to the community access service by themselves.” [Hounslow]

Negative experiences:

“Multiple pickups, long journey for first passenger.” [Kensington & Chelsea]

“The Department for Health is restricting access to transport for appointments.” [Westminster]

“Experiences of older, chronically ill and diabetic patients deteriorating due to long wait times, long journeys and long periods without food or drink.” [Kensington & Chelsea]

“Transport starts at 9am, even when some appointments start at 10, meaning some are missed.” [Kensington & Chelsea]

“Poor public transport links between Ealing and Northwick Park Hospital - which is not ideal if you are ill’. [Ealing]

“Parking problems - all the parking metres were closed near the surgery, making it difficult for disabled people to access the service. General parking issues means that people must use taxis and these costs build up, especially if you have a long term condition.” Staff also have to pay sometimes. [Ealing]

Suggestions:

“A local community project is successful - providing rehabilitation support including treatment in the community and buses to the hospital.” [Harrow]

4. Coordination and Consistency

People would like good levels of co-ordination between services locally and regionally, and greater consistency in general.

Healthwatch Brent comments “Only 10 to 15% of our health needs require health service input. So [the LTP] needs to recognise the rest of what keeps us well. Record keeping and integration of data across the whole sector seems essential if this is to work, from hospital to GP to community, to any service area we use. What needs to be integrated so that it suits [works for] people? Social Care needs to be part of this new system - but so do lots of other services that we use in our lives - all these things need to work together to keep us well.”

4.1 Co-ordination

People comment on a lack of coordination, and say that services in different localities and of different specialisms ‘could work better together’.

Selected Comments, Co-ordination between services

Positive experiences:

“My pharmacist gave me a ‘My Medication Passport’ - excellent idea!” [Ealing]

“GP shared a ‘Health Passport’ with the patient, meaning she was able to easily share information with the hospital when she had to go to A&E - useful as an older person.” [Ealing]

Negative experiences:

“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.” [Harrow]

“Lack of communication between health professionals puts the onus on carers to connect different members of a care support network.” [Hammersmith & Fulham]

“Different health professionals ‘all ignore each other’ and ‘no one follows the plan’.” [Hammersmith & Fulham]

“Some processes should be better connected; interconnected between Citizens Advice Bureau and the extended care network” [Hammersmith & Fulham]

“Patient waiting too long for an operation due to lack of communication between care navigators.” [Westminster]

“Hard to get a consistent dentist on the NHS.” [Hillingdon]

“UCL wouldn’t give me treatment because I was being seen by another hospital (cancer).” [Westminster]

“Poor communication between departments/companies: Featherstone Clinic out of hours - couldn’t do the x-ray because they are privately run and so couldn’t share the x-ray results. They went to urgent care for the x-ray and then had to get tested elsewhere, due to a lack of communication between the different areas/companies running the departments. This is also the case in hospitals.” [Ealing]

Suggestions:

“Health Passports work well- when a person has them and the medical professional uses them.” [Harrow]

4.2 Consistency

It was felt that services could also strive to be more consistent, and with it become 'fairer and more equitable for all'.

Selected Comments, Consistency

Negative experiences:

"Inconsistency across GP surgeries, some it is easy to get an appointment in others extremely difficult - why is there such inconsistency?" [Harrow]

"Access to GP surgeries mixed - not consistent across the borough." [Harrow]

"Computers that don't talk to each other." [Harrow]

Suggestions:

"Integrate services so you tell your story once only". [Hillingdon]

"Digitise care to support integrated services so you tell your story once only." [Hillingdon]

From Diagnosis to Ongoing Care

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

5. Assessment, Diagnosis and Treatment

It was felt that generally, services need to be more transparent and better coordinated.

People said that waiting times from assessment to treatment are 'too long', with some suggesting a cap. We heard examples of inadequate ongoing support for patients following the assessment, and a lack of joint decision making between the service user and the health professional.

Digital technology is considered to be a positive element of NHS services, although there was consensus that technologies are being 'under utilised' in local health services and 'not meeting full' potential (for example in research and applications for patients).

Cultural awareness was flagged as a 'key area of concern' and it was suggested that health professionals and service users 'could be matched' on the basis of experience with different groups and cultures.

General Services: Assessment, Diagnosis and Treatment

Common themes include:

Communication

Any interactions between the health professional and the service user should be transparent, informative and respectful, without rushing the service user (the current limited time for appointments makes this difficult). GPs need to be better coordinated with one another and with specialists; service users also need to know their pathways to the specialist.

Waiting Times

Patients wait 'too long' from assessment to treatment - people say the wait can go from a 4-week minimum to as long as a year, allowing conditions to worsen. One group suggested a cap on waiting times.

Support (Appointment Duration)

Many people agree that the 10-minute time limit on appointments, and the restriction of only talking about one condition, disadvantages people with multiple conditions, as well as people with communication difficulties i.e. language barriers or speaking tangentially as part of an existing disorder.

Optimising Technology

Digital technology is considered to be a positive element of NHS services, although there was consensus that technologies are being 'under utilised' in local health services and 'not meeting' full potential (for example in research and applications for patients).

Cultural Awareness

This was a 'key area of concern' for the Kensington and Chelsea group, with some stressing the importance of understanding that anything that could be considered 'minor' or 'routine' might not be so for the patient, particularly those from BAME groups; the group also pointed out that assessment, diagnosis and treatment can all be problematic for BAME groups with Mental Health conditions. Some suggested more matching health professionals and service users on the basis of experience with different groups and cultures.

General Services: Assessment, Diagnosis and Treatment

Summary of other popular themes:

- **Alternative locations and services:** GPs should find a service that suits the patient, even when they can't provide it. The question of travel to that alternative service would be a question of what the doctor would do

to support the patient in the event that this happens. Suggestion that a patient does not always need to attend a non-physical appointment.

- **Ongoing care and support:** Health professionals should offer support while waiting for diagnosis, then treatment. The group said that there needs to be long-term follow up as well (consultant follow up after one year).
- **Care Plan:** These need to be implemented for everyone. There are many cases when plans do not exist or haven't been agreed with the patient (specifically in Mental Health cases). These too need to be maintained efficiently and clearly followed up.
- **Upskilling GPs:** Primary care professionals should be coached to interpret or read X-rays.
- **Improving feedback and complaints services:** It should be easier to report and provide feedback; PALS should be more widely available; NHS staff should have a system for following up with patients for feedback; a dedicated, independent complaint service.
- **Signposting:** There should be more information provided at GP surgeries; better signposting and training for frontline staff.
- **Continuity of Care:** Patient information should be kept in one place, shared with and read by different doctors; Option to see the same doctor.
- **Training and Staffing:** Invest in radiographers; problem with manpower; more nurse practitioners in surgeries, give them more responsibility; Podiatrist needs to be seen frequently for diabetes patients.

6. Prevention and Early Intervention

To maximise prevention we need 'clear referral pathways', accessible support and greater use of self-help and peer support groups. Consulting patients on the design and delivery of services can also make it work better for all.

There was much emphasis on promoting 'healthy lifestyle' factors such as diet and exercise - local people could be encouraged to attend groups or talks and to learn new skills (such as cooking).

Reinstating health checks in schools could be useful, plus provision of a Patient Advice & Liaison Service (PALS) for primary care.

General Services: Prevention and Early Intervention

Common themes include:

Clarity and Accessibility

Referral pathways should be 'clear' and support services 'accessible'. Out of area services could be utilised, to avoid long waiting times locally.

Support Groups and Self Care

It was suggested that increased referrals to patient self-help and support groups could benefit patients - social prescribers and volunteer 'community champions' could play an important role in signposting. Expert Patient Programmes are also shown to be effective.

Co-Produced/Designed Services

Consult patients and carers on planning, with monitoring services to track the service's progress and identify issues (could be patient-led).

Diet, Exercise and Healthy Lifestyle

Preventative solutions through diet and exercise are important. We need to provide exercise classes and community activity that can draw people in - combining this with talks about improving health; Inter-generational pro health activities; cooking lessons; walking groups for adults.

School Nursing

Reinstate health checks in school to support early intervention.

Patient Advice & Liaison Service (PALS)

There is no current equivalent to PALS in primary care (except one Nottingham scheme); this could be explored as a means of support.

General Services: Prevention and Early Intervention

Summary of other popular themes:

- **Breast feeding:** This should be encouraged and supported among more new parents.
- **Awareness of Mental Health conditions:** More education for the public on signs of mental health deterioration, and on knowing how to provide support or signposting if required.
- **Using Technology:** 'Gamified' apps that would encourage people to change unhealthy behaviours and prevent chronic lifestyle illnesses; Show people how to use the NHS websites; OpenAge to give talks in local areas/games and apps; Need info on available online services
- **Community Outreach and Signposting:** Library/café/Community centre for volunteer listeners/signposters; Network of community neighbours to signpost and link a person to the health and social care services they need; Informative booklets
- **Information in Health Centres:** Videos in surgeries to explain options to patients; Embedded community clinics
- **Education and Training:** Regular training on prevention in the community.
BAME Outreach: Need more outreach with different ethnic groups that are not taking up certain screenings
- **Specialist Practitioners:** Able to follow up people who have been "flagged" (might need more frequent tests and referrals).
- **Wellwoman and wellmen clinics:** Greater provision.

7. Ongoing Care and Support

Generally it was felt that greater support is needed following assessments - particularly for long term conditions. Better use of digital technology (such as remote appointments) and closer working between social prescribers and community groups could enhance personal support.

If referring, provision of a care plan detailing locations, contacts and timescales would be useful for patients, carers and services. Patients also need to 'know about their rights'.

People also said that the mental health of carers should not be overlooked and that carers could benefit from advocates - particularly when addressing inequalities and lack of support.

To assist ongoing support, discharge letters should be more informative (including named contacts) and those aged 75 plus could benefit more from social prescribing and home visits.

General Services: Ongoing Care and Support

Common themes include:

Using Digital Technology:

Better use of app development; offering remote appointments; using personal data proactively to improve continuity of care; offering remote synergy between mental and physical information. Put technology into people's homes (digital care assistance).

Social Prescribing

Could work with local volunteer and community groups, remaining mindful that the work of these groups can sometimes obscure the gaps within local health and social care services, without getting the necessary support themselves.

Referral Information and Communications

The health professional should provide the patient with a plan at the beginning with location, contact and timescale in an introductory info pack; this would be to support the patient, but would also be useful to the referral unit. There should be a directory of support, and surgeries should have the details updated and available to patients.

Information about Patient Rights

The patient should know what to expect, especially in terms of what they are entitled to.

Carers

More messaging and recognition around mental health is needed - rather than being seen as 'too complex' we need to treat it as essential support. We need more carer-patient advocacy, and advocacy on behalf of carers; need to

recognise inequalities in care (single parents receiving less home support after being discharged), and inequalities of need.

After-Care

Better support for when you leave hospital - a discharge letter should include details of who will support you (a named doctor, district nurse etc). Home visits should be available for people aged over 75.

General Services: Ongoing Care and Support

Summary of other popular themes:

- **User-friendly communications:** communicating in an accessible way (minimising clinician language, using translators, mini com, Easy Read etc.) would be an improvement.
- **Continuity of Care:** health professionals should communicate with other specialists and keep information safe. Keep track of patients with long appointment waits with regular reminders.
- **Monitoring and Scrutiny:** individual volunteers could provide scrutiny on care and communication throughout the referral journey, as some people do not feel they can complain and need support (Expert Patient Programme).
- **Transport:** coordination is 'poor' - communication and logistics need to be improved. More people need to be supported to access transport.
- **Self-Care:** needs to be taken seriously and supported; diabetes a particular area of need.
- **"Pensioner MOT" or "Health Passport":** Newborn booklet model for over 65s; Health passport to give patients control.
- **Transport:** Taxi service for people travelling for care; Travel needs to be improved: you want to be as close to the service you receive as possible, you should be supported with access if this isn't possible.

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. As part of this, we asked them which aspects of communication and engagement could be improved.

People feel they are 'asked to do too many satisfaction surveys', and that we need 'more than forms'. Focus groups could be used to help design the surveys - to make them more appealing, and perhaps more relevant.

Updates on how the information is used would be useful, and most importantly, people want to see the impact of the suggestions they have made, or at least for their suggestions to be considered and to be told why/why not they have been acted on.

It was noted that focus groups are not always representative of a borough's diverse demographic and different abilities, therefore outreach (such as school visits to talk with children and parents) would increase inclusivity.

On service related feedback, it was felt that the Friends and Family Test is 'inadequate'.

General Services: How could communication and engagement be improved?

Common themes include:

Co-Design of Engagement

It was felt that 'people are asked to do too many satisfaction surveys', and that we need 'more than forms'. Focus groups could be used to help design the surveys beforehand, so that they can comment and test.

Closing the 'Feedback Loop'

Most importantly, people want to see the impact of the suggestions they have made, or at least for their suggestions to be considered and to be told why/why not they have been acted on.

Representation

Focus groups are not always representative of a borough's diverse demographic and different abilities; discussed the need to capture views from across the population.

Local Engagement

We need to go into schools and speak to parents, who remain an underrepresented group in feedback on local health and social care.

Friends and Family Test

The culture of how the NHS listens to patients 'needs to change'. It is felt that the Friends and Family Test is 'inadequate'.

General Services: How could communication and engagement be improved?

Summary of other popular themes:

- **PPGs:** Are useful avenues for providing feedback, but they are not considered to be well-publicised. We also need better links between Patient Participation Groups (PPGs) and Patient Reference Groups (PRGs).
- **Citizenship Panel:** Important to note that some people do not want to be involved in the way this meeting's attendees want to be involved; need for a citizenship structure with a panel that can be used to engage local service users and provide feedback.
- **Using Skills:** Healthwatch should utilise skills of the Discussion Group and members, capturing their expertise and using them as expert contributors in future groups and discussions.

9. In Focus - Mental Health

Engaging with 46 people, we received feedback about services including GPs, Community Mental Health services, Hospitals, SPA (Single Point of Access) and the Recovery Team. Findings are summarised below - see Appendix 1 for the full report.

Mental Health Services

GP Services

When talking about local GP services, people cite good levels of empathy from GPs, however treatment is not always effective. Some patients comment on feeling unsupported, with GPs showing 'little interest' in their personal or social circumstances - this can affect ongoing care and early intervention. One patient had to 'persuade' the doctor that he was ill, while others say that assistance is only offered in potentially suicidal cases.

Generally it is felt that mental health specialists at GPs 'are not best equipped' to help and it was also agreed that the ten minute consultation period was not sufficient. Long waiting lists are a common theme, with people receiving little or no support in the interim. Digital technology was seen as a good way to make online appointments but there is not enough direct marketing of the service.

Community Mental Health Services

We heard reports of attentive and thoughtful psychiatrists at the Child and Adolescent Mental Health Services (CAMHS). People were also complimentary about community services and hubs.

Some people comment on a lack of personalisation, in some cases leading to social isolation. For counseling, it is reported that the number of sessions on offer is not always effective, particularly for those with 'complex needs'. Waiting times are also cited as an issue, with some services not responsive following referrals.

Hospitals

People commented on good levels of empathy and support, and timely services. However, we heard experiences of poor staff attitude, a lack of quiet space or privacy on wards and an environment not conducive to recovery.

It was also suggested that cuts to community services have increased demand on hospital beds. Waiting times are also cited as an issue, particularly for Psychiatric Liaison.

Being accompanied by a partner, family member or carer can make the experience more comfortable for all. Views about mixed-sex wards differ - some people prefer them while others do not, therefore a choice would be equitable.

SPA (Single Point of Access)

Many people commented that the service is 'not empathetic' and offers advice of little value - such as 'make a cup of tea, listen to music or go for a walk'. Telephone access and waiting times for callbacks are also noted as issues.

To improve understanding and empathy, it was suggested that staffing should include people who have had similar mental health illnesses.

Recovery Team

We heard accounts of compassionate staff, however people note the service is 'over stretched'. Many experience poor telephone access, with one person trying to make contact for one week. It is also reported that communication and liaison between services and GPs is poor.

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

Mental Health: From Diagnosis to Ongoing Care

Assessment, Diagnosis and Treatment

It was felt that assessments should include a 'risk assessment', and that only Mental Health professionals should be authorised to diagnose. A good level of training was emphasised across the board - from school staff to GPs. People also stressed the importance of contact with peer workers who have recovered from similar conditions.

Follow-up treatment and support should be tailored and personal, and alternatives (such as laughter therapy, music therapy and exercise) included in the mix of options, as appropriate.

At one event, a number of people felt the 'only way to access emergency treatment' was through the police and that this was inappropriate.

Prevention and Early Intervention

Discussions emphasised the importance of education for new mums, children and young people, and school staff. People said that GPs should have a 'broader understanding' of mental health issues. There is also a need to educate the wider community so that people with mental health issues do not feel any different and can seek support (break down the taboo factor about mental health).

It was felt that good levels of specialist support are vital, including for continued access, and people should not be discharged prematurely. Lack of community based projects, poor levels of information & signposting and use of 'jargon' were also cited as challenges.

Ongoing Care and Support

The ability to build relationships is considered important - a named, consistent contact (such as a care navigator) would be useful for both patients and families

and volunteers could be trained to befriend and offer peer support. Carers also need greater levels of support - suggestions include drop-in centres and peer support groups.

People would also like subsidised travel, greater choice of treatment and therapies and practical support - such as assistance in applying for benefits or completing forms. It was felt that medication 'should not always be the go to approach'.

At one event, young people use the word 'frustrating' as it is felt that help 'simply isn't there' for them.

We asked people how engaged they would like to be, and whether they would like to be involved in designing new services. As part of this, we asked them which aspects of communication and engagement could be improved:

Mental Health: Communication and Engagement

It was felt that public meetings should be well communicated, to maximise turnout. Consideration should be given to having meetings at different times in the day, including evenings, so that people can attend.

Patients also need encouragement and support to get involved in engagement - Healthwatch could be useful, particularly in raising awareness, harnessing skills and building networks. Outcomes of meetings should be widely communicated and actions reported back - to keep people engaged.

10. In Focus - Learning Disabilities

Engaging with 75 people, we received feedback about services including GPs, Hospitals and Clinics. Findings are summarised below - see Appendix 2 for the full report.

Learning Disability Services

GP Services

When talking about local GP services, people comment on feeling excluded or ignored, and not being able to understand written or spoken information. It was suggested that increased training and awareness could do much to address this.

Some people also said that levels of support could be greater, for example longer appointments and shorter waiting times for people with a learning disability. It was suggested that the system could 'flag' disabilities so staff know when to make reasonable adjustments.

Hospitals and Clinics

We heard accounts of good levels of involvement, communication and support from hospital doctors, nurses and other staff. Levels of expertise and knowledge are also particularly appreciated.

However, lengthy waits can be uncomfortable and problematic for patients, families and carers. It was suggested that use of Health Passports could help staff to prioritise. Some patients would also like more information in easy read. People were appreciative of specialist nurses and doctors, but question staffing levels (one particular nurse has a catchment of three major hospitals).

We talked about various aspects around assessment, diagnosis, treatment and ongoing care and support:

Learning Disabilities: From Diagnosis to Ongoing Care

Assessment, Diagnosis and Treatment

People felt that assessment, diagnosis and treatment at the right time is very important. Most people agreed that it was more important to see a medical person who was qualified who was free immediately if it was urgent. However, if less urgent it helps if 'someone knows you and your history'.

Ongoing Care and Support

We heard accounts of good levels of support and communication. When asking what could work better, people are quick to comment on long waiting lists and lack of support overall. Some people suggested more emotional support for patients and carers, plus practical assistance (such as help to fill in a form). We also asked people to consider what could be 'easily' improved. Suggestions included enhanced training and awareness, and clearer communication to patients, and professionals.

11. In Focus - Children & Young People

Engaging with 10 people, we received feedback about services including Schools, GPs, Pharmacies and Hospitals. Findings are summarised below - see Appendix 3 for the full report.

Children & Young People's Services

Schools

Students have opportunities to volunteer in the community (for example supporting elderly people in care homes) and this is seen as good way to 'learn how to communicate with individuals who have health problems'.

Some students feel that care in school is not focused enough and there is not enough empathy from staff - the perception is that young people's health

complaints are not taken seriously. It was also suggested that school nurses are 'not trained properly' and 'offer ice packs for everything'.

Communication is also noted as a problem - teachers will often send an email to the nurse about a student's health concern that is not picked up until the end of the day. Mental health issues are addressed at assemblies, however students cite a shortage of named teacher contacts, and lack of follow up.

It was felt that schools could be more inclusive by appointing health prefects and monitors who are trained in Mental Health First Aid, so young people have someone to talk to of their own age.

Primary Care Services

Young people cite good support from NHS 111 and GPs, and a 'good atmosphere' at the pharmacy. However, it is observed that 'staff are overworked' and this impacts on quality.

Some people comment on a lack of information from their GP and poor liaison between GPs and Pharmacists.

Emergency and Acute Services

An example was given of 'a clear and supportive' service from 999, however some young people feel they 'won't be taken seriously' and this can be a disincentive.

We talked about various aspects around prevention and support:

Children and Young People: From Prevention to Support

Key themes emerging from a Westminster workshop include how to successfully promote healthy eating, how to utilise technology to engage young people, how to highlight the adverse health outcomes of smoking and how to create an inclusive and nurturing environment for open conversations about mental health.

We asked people how engaged they would like to be, and whether they would like to be involved in designing new services. As part of this, we asked them which aspects of communication and engagement could be improved:

Children and Young People: Communication and Engagement

People said...

- There was a preference for group forums over other types of engagement.
- Volunteering should be flexible, young people have different interests and ideas so some room for manoeuvre would be helpful.
- The desire to be involved in the co-design and production of solutions for problems with NHS healthcare.

12. Supplementary Topics

In this section, we look at IT systems and digital communication, the voluntary and community sector, getting the 'best start in life' and helping people to 'age well'.

12.1 IT Systems and Digital Communication

The general consensus is that data sharing does not work consistently. Systems are not joined up, not always user friendly and there 'real fears' about security and confidentiality.

IT Systems and Digital Communication

Challenges and Barriers:

- People want personal records to be shared across district nurses etc, but there are reservations about private parties being involved and having access to patient's information - concern that they 'might sell their data', or outsource to foreign countries.
- Concerns that NHS record systems are not secure, as they were broken into last year. General lack of trust in security.
- People thought there was definitely a place for IT systems but, especially the older ones, thought that it 'just added to all the extra passwords' that they had to remember, and as they were accessed infrequently they often forgot them or the whole system had changed yet again.
- People were concerned about too much focus on digital health care and reiterated the need for both digital and seeing people in real life.

Suggestions:

- The general consensus is that people should be allowed to opt out of data being shared.
- We need secure IT systems.
- GDPR compliance is important to patients.
- IT systems must be compatible - between GPs Hospitals (within the NHS).

12.2 Voluntary and Community Sector

The role of the voluntary and community sector is vital for health and wellbeing and supporting communities to stay well. Despite their known value, in terms of reducing social isolation plus use of services, many are not adequately supported. These organisations 'should not be taken for granted'.

Challenges and Barriers:

- Charities and voluntary groups need to be supported. Many of these services provide something for people to do which helps to combat social isolation and keep mental health issues at bay. People are often stuck at home with no reason to leave the house, and these organisations give them something to do, and leave the house. Aging people need a safe space to come out and interact with other people. Mental health services closing down will be detrimental to those who use them. People who are also less-able often access these organisations too.
- The Strength and Balance classes by the council had really positive reviews by service users, when it was first introduced it had a number of free weeks. However, over time the number of free weeks was reduced incrementally to the point where users now have to pay for classes, which resulted in people not being able to afford it and they had to stop going.
- Services must be aware of key voluntary sector agencies and refer where they can help. Eg ECIL, day hospice could be referred to
- Shop mobility: was a service where you could get a free cart to take you around, but it has been defunded and no longer exists

Suggestions:

- Community organisations need to be encouraged, funded, and supported by the council instead of constantly being inundated with higher rents and bills. These charities could also be supplied by other services with food etc - such as when supermarkets have to throw out food which will be wasted, it can be diverted to these spaces instead.
- Community classes which are often put on by voluntary and charity groups are very important. Combating social isolation and keeping people active is a form of preventative care and they should be supported by the NHS as well as the council as they save healthcare services from having to provide further care.
- There are other things that could be useful to combat social isolation such as a free travelcard, so that people aren't hindered by financial stress in order to leave the house for outings - it will help to encourage people to get out and see others. Additionally, libraries are being shut down by council cuts but they often double up as community centres for groups and social interactions, they also employ local people. Free gym membership for certain people could be useful to keep them active and therefore foster good mental health.

At Healthwatch Hillingdon, particular workshops focused on 'making sure everyone gets the best start in life' and 'supporting people to age well'.

12.3 Making Sure Everyone Gets the Best Start in Life

When looking at ‘the best start in life’, there was a high level of frustration about the difficulty of accessing services and the time it takes to find the right pathways to these services.

Making Sure Everyone Gets the Best Start in Life

Challenges and Barriers:

In the current climate of staff numbers and user demand on the NHS, it was felt that ensuring that everyone gets the best start in life was crucial but difficult to achieve without changes in peoples lifestyles and increased knowledge of healthy living.

Suggestions:

- Better education about vaccinating your child.
- More education regarding vaccinations.
- Educating new mums in how to look after a baby best - and as they grown up.
- Parent education.
- Wider family support so education for older parents.
- Better breastfeed advice and services for new and expectant mother.
- Best advice possible on contraception - avoid unwanted pregnancies.
- Good diets and exercises/
- Keeping well in pregnancy - perils of smoking and alcohol to an unborn child.

The other key challenge related to greater youth participation and genuinely listening to young people about what they need. Schools play an important role - staff need awareness of services and there should be ‘better and easier’ education in school about emotional wellbeing and healthy lifestyle.

12.4 Supporting People to Age Well

It was felt that prevention should be ‘top of the agenda’ as this is the key for reducing pressure on services, particularly A&E.

Supporting People to Age Well

Challenges and Barriers:

It was felt that ‘more needs to be done’ for the elderly under the following key headings:

- Education and Training

- Provision
- Communication
- Policy

Suggestions:

- **Education/Training:** To help people to be self-responsible. Free training needed for the end of life care (compassion, care, respect). Education should be used to encourage wider family support.
- **Provision:** Lunch clubs should be provided to encourage greater social activity. More creative activities are needed for those who suffer from dementia. Increase befriending groups by providing additional funding. Additional funding should be made available to increase the number of support groups in the community. There should be more activities/sport provision for older people.
- **Communication:** There needs to be better advertising services so that people know where to access services/activities. There is a significant need for raising awareness that you can be fit and healthy at any age.
- **Policy:** The following are needed: early identification of people who might need support; people's independence should not be taken away. They should be supported in the community, primarily at home, so that they can live longer in their homes; carers should be paid more and trained so that they stay in the job; social care should not be dependent on personal budgets; dementia provision should be funded through the NHS and euthanasia should be a choice for the individual.

12.5 Comments on the Long Term Plan

Finally, Healthwatch colleagues offer this advice - to those designing and implementing the Long Term Plan.

Comments on the Long Term Plan

In summary - Healthwatch says:

- If the plan is to work it needs to be co-produced with patients/service users.
- The users' voice needs to be heard from the beginning and service users must be consulted in planning.
- Hold regular 'big events' to inform and engage, and give participants timely feedback.
- Engage with Healthwatch.

Glossary of Terms

BAME	Black, Asian and Minority Ethnic
LTP	Long Term Plan
NHS	National Health Service
PALS	Patient Advice & Liaison Service
PPG	Patient Participation Group
SPA	Single Point of Access
WLCCG	West London Clinical Commissioning Group

Acknowledgements

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

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

Local resident and service user