

Do health and social care services work well for older residents?

Community Insights briefing May 2019

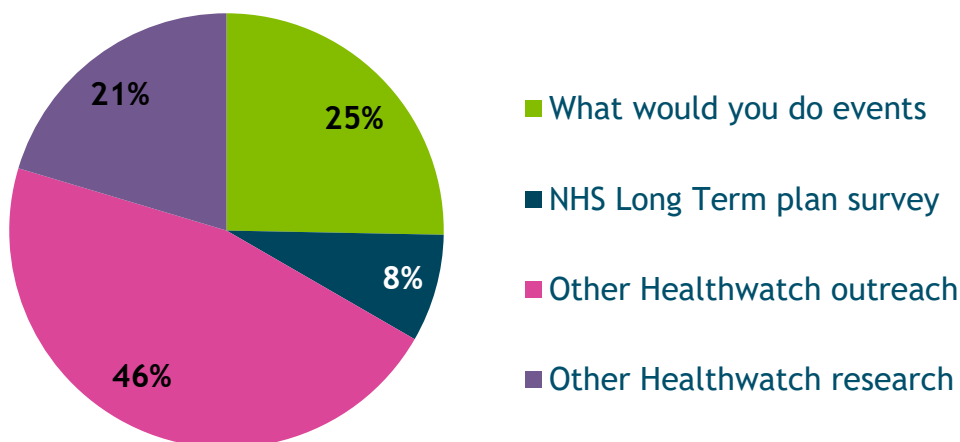
In May 2019 we conducted a series of ‘What would you do?’ engagement events in four local street markets to understand local residents’ thoughts and expectations around shaping health and social care services in the context of the NHS Long Term Plan. To also feed in to the local STP we specifically looked at **prevention, personalisation, primary care** and on **improving neighbourhoods** as healthier spaces.

We engaged with **346 local residents** over the course of **four events**. **41 residents (12% of total)** were aged 65 or over.

At the same time, we conducted an online survey on the NHS Long Term Plan (similar surveys are carried out across multiple Healthwatches). The survey had **104 respondents**, **13** of which (**13%**) were aged 65 or over.

Additionally, over the past 12 months through our usual research and data collection activities, we engaged with **108 people** aged 65 or over on their experience with health and social care services.

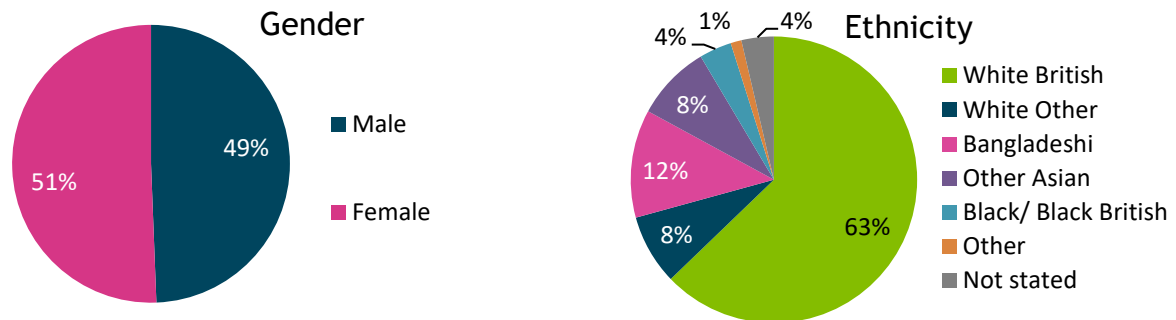
This report features the views of 162 older people



What we have learned

Demographic profile

The people we engaged with represent a diverse cross-section of society in line with the demographics of the borough and age group:



Based on 162 respondents aged 65+

Out of the 54 residents aged 65+ who either took part in our What Would You Do events or answered the NHS Long Term Plan survey online:

Four people (7%) were **disabled**.

31 people (57%) suffered from at least one **chronic or long term condition**.

Seven people (13%) suffered from a **mental health condition**.

Key insights- healthy communities

- **Walking** is the preferred form of physical activity among older people; although a minority take part in organised group exercise.
- The main obstacles to being more active are around **air pollution, community safety and transport**.
- To support older people to **remain independent for longer** and to be more physically active, community interventions should target:
 - Reducing air and noise pollution.
 - Making streets friendlier to pedestrians, by improving road safety and accessibility.
 - Cracking down on drug dealing and anti-social behaviour.
 - Making public transport and other public spaces more accessible for people with mobility issues; developing bespoke forms of public transport especially for people with impairments.
 - Organising group walks as a social activity.
 - Maintaining better cleanliness of public spaces, by cracking down on rubbish dumping and dog fouling.

Key insights personalisation and health services

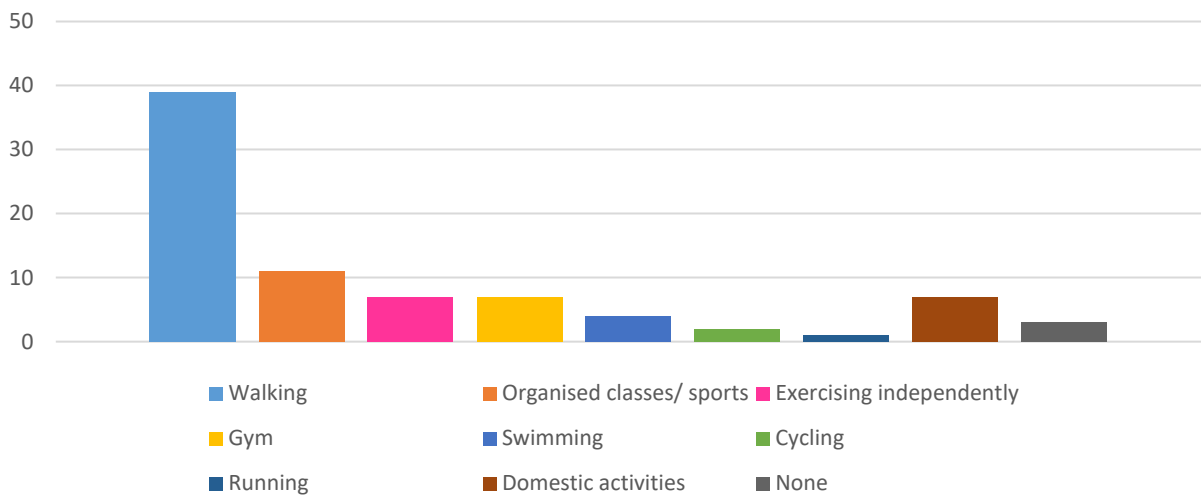
- Older people are broadly satisfied with Tower Hamlets as a place to live. Compared with other groups of people, they were somewhat more likely to be satisfied with their home and where they live; and slightly better supported to make healthy lifestyle choices.
- It is important for older people to be able to access healthcare, including GP services and specialist hospital services, as promptly as possible.
- Older people would like to have **more information** around the kind of medical, social and community services available to them; and around where and how to access them. In particular, better communication from GPs and hospital clinics around access to healthcare is needed.
- Older people would like to be able to access more health and social care services from their own home- including better provision of homecare, as well as home visits from district nurses and GPs.
- While a majority of older people are somewhat reluctant to use online services, such as online consultations or appointment booking, a sizeable minority are open to using them.
- Older people perceive NHS services as high-quality, trustworthy and compassionate, but difficult to access. They would prioritise increased funding for hospital and bespoke older people's services.
- The idea of financial management and budgeting workshops for older people has been found useful by a majority of respondents aged 65+.

Prevention and healthy living

Out of the 54 residents aged 65+ who either took part in our What Would You Do events or answered the NHS Long Term Plan survey online:

- 39 people (72%) mentioned **walking** among their favourite ways of keeping physically fit.
- Eleven people (20%) said that they took part in **organised classes or sports** (e.g. aerobics class, table tennis)
- Seven people (13%) said they went to **the gym**; seven that they **exercise on their own** at home or outdoors (e.g. stretching). One person **ran** regularly, two **cycled** and four went **swimming**.
- Seven people (13%) mentioned things like **gardening, housework or playing with grandchildren** as ways of staying physically active.
- Only three people said that they don't engage in any particular type of physical activity.

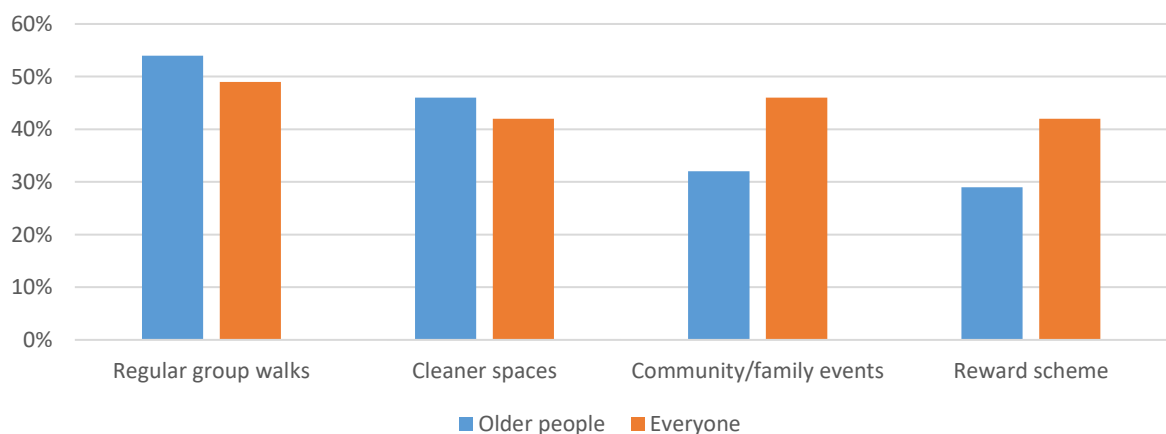
What older people do to stay active (54 respondents, up to 3 answers/ respondent)



We also asked respondents to the NHS Long Term Plan Survey **what they do in order to stay independent**, and we found that, out of the 13 respondents aged 65+:

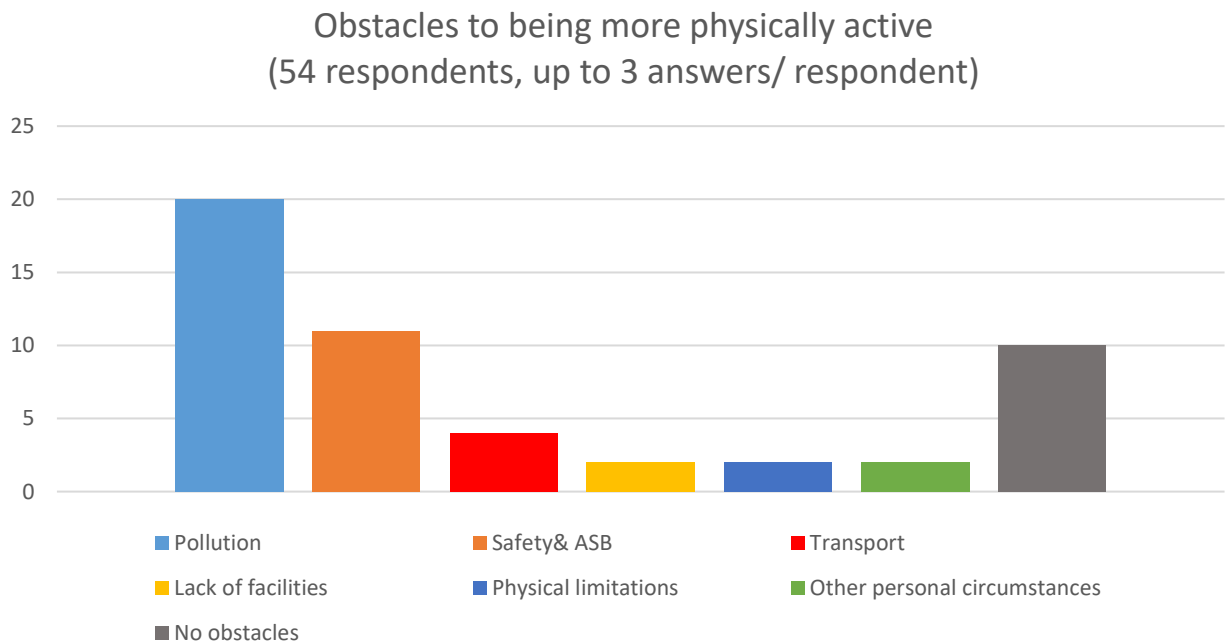
- Four people gave answers around making health choices around their food and diet (such as cutting down on meat, fattening foods or alcohol), and a further three mentioned staying physically active.
- Three people mentioned spending time with friends or in the community; a further three mentioned being able to travel, either in their own cars or using public transport.
- Three people mentioned getting the medical treatment or interventions they needed for their ailments.

Compared with other survey respondents, older people were more interested in group walks, but less interested in community events or a rewards scheme.



In terms of **obstacles to staying healthy**, out of the 41 residents aged 65+ who took part in our What Would You Do events:

- 20 people (49%) said that air or noise pollution made it difficult for them to stay more physically active.
- 11 people (27%) cited concerns around safety and antisocial behaviour as obstacles to being more physically active.
- Four people mentioned issues with transport, including poor public transportation accessibility for the mobility impaired, and congested traffic.
- Two people mentioned lack of facilities such as parks or outdoor gyms.
- Two people said their own illness or physical limitations prevented them from exercising more; and an additional two said other personal circumstances made it more difficult for them to be physically active.
- Ten people (24%) found that there are no significant obstacles preventing them from being as physically active as they want to.



We asked participants to the “What Would You Do” events to tell us what would motivate them to **walk more**:

- 22 people (54%) would like regular group walks led by locals.
- 19 people (46%) would like parks and open spaces to be cleaner.
- 13 people (32%) would like to have more community events.
- 12 people (29%) would be interested in a reward scheme.

Building neighbourhoods where older people can be healthy

In terms of how neighbourhoods can be made healthier, we have received the following feedback from residents aged 65+:

- Air pollution needs to be reduced (seven mentions); the Mile End, Whitechapel, Shadwell and Blackwall areas are particularly affected. Infrastructure should be friendlier to pedestrians (four mentions) with safer crossings; this would also reduce car traffic. Cycle and pedestrian lanes should be separate.
- Across the borough, drug using/dealing, particularly in parks, and the associated anti-social behaviour make residents feel unsafe (two mentions)
- Rubbish, spitting and dog fouling are issues that put people off walking in their neighbourhood (three mentions)
- Fruit and vegetables could be grown locally in community gardens; the area around the Royal London Hospital could be a potential location (two mentions)

Experience with health and social care

Personalisation

As part of our four “What would you do?” engagement events, we have asked local residents to express the extent to which a series of descriptors of **how residents’ experience of their local area** should be matches their personal experience, on a sliding scale (recoded as a 0 to 100 scale).

There were only small differences between **older people and the general population of respondents** in terms of their opinions and experience.

Older people were somewhat more likely to be satisfied with their home and where they live; and slightly better supported to make healthy lifestyle choices.

Similar to all respondents, their biggest points of dissatisfaction were around **air quality**.

Among older respondents, polarisation of answers around **air quality, neighbourhood safety** and **civic participation** in the running of local areas point towards entrenched inequalities: while some residents have a broadly positive experience, a non-negligible proportion do not.

Definitely
NO

Definitely
YES



I am supported to make healthy lifestyle choices



I am satisfied with my home and where I live



I can breathe clean air in my neighbourhood



Health and social care services work well together



I can access good healthcare services if I need them



I feel safe in my neighbourhood



I can financially support myself and my family



I have a say in how my local community is run




I can access good social care services if I need them



I am treated as an individual; my specific needs are considered

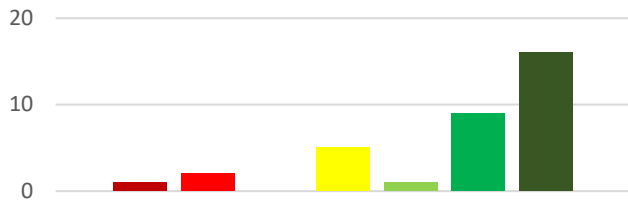
346 respondents total

 = everyone

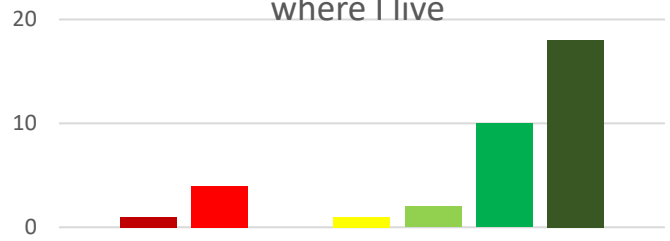
54 respondents aged 65+

 = older people (65+)

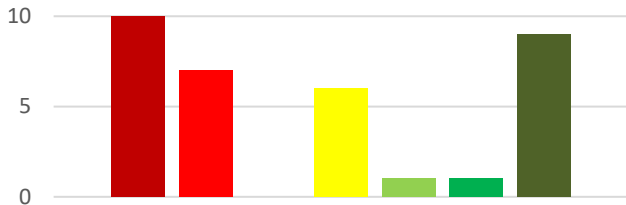
I am supported to make healthy lifestyle choices



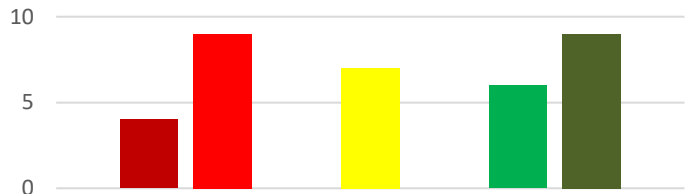
I am satisfied with my home and where I live



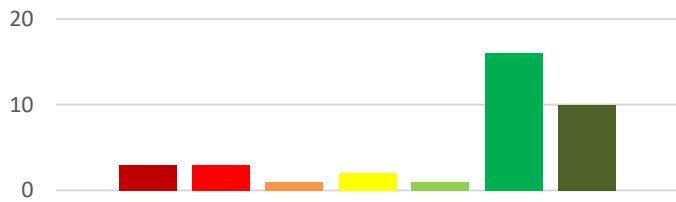
I can breathe clean air in my neighbourhood



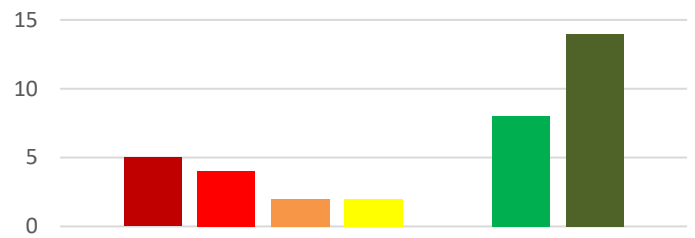
Health and social care services work well together



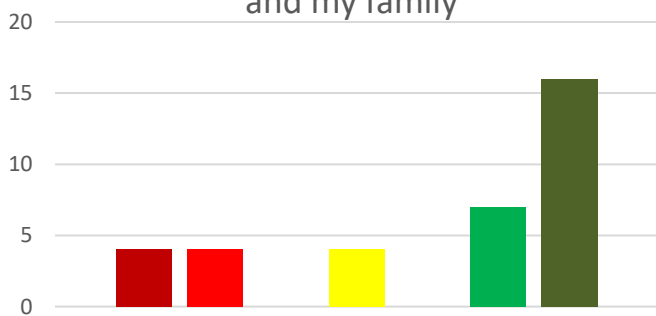
I can access good health services if I need them



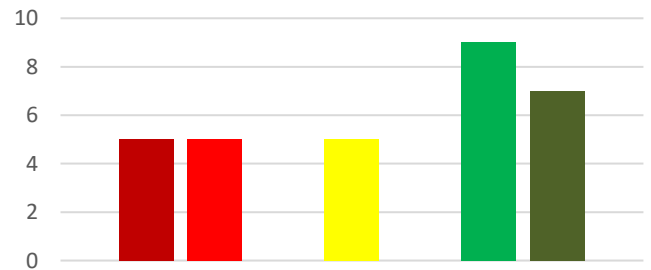
I feel safe in my neighbourhood



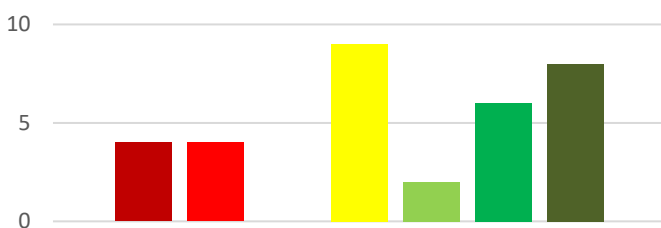
I can financially support myself and my family



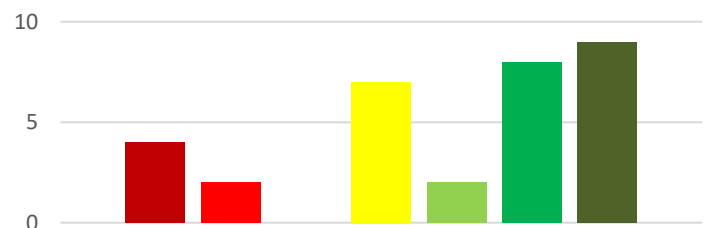
I have a say in how my local community is run



I can access good social care services if I need them



I'm treated as an individual; my specific needs are considered



Strong disagreement

Disagreement

Leaning towards disagreement

Neither agreement nor disagreement

Leaning towards agreement

Agreement

Strong agreement

We also asked participants to our four “What would you do?” engagement events their opinion on whether Tower Hamlets is a good place for older people.

Very hard



Very easy

How easy is it to live as an older person in Tower Hamlets?

346 respondents total

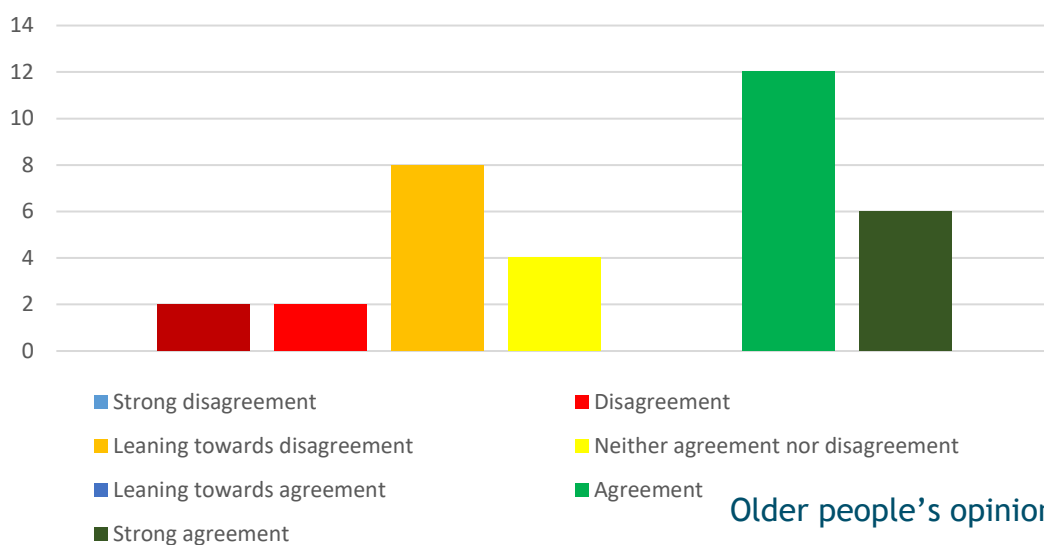
54 respondents aged 65+



= everyone



= older people (65+)



Older people’s opinions only

Older people’s perception of the borough in this respect **leaned positive**, being slightly more positive than that of other respondents.

The suggestion, based on our previous research, that *bespoke financial management and budgeting classes should be offered to older people* to alleviate uncertainty about their financial situation was welcomed by participants to “What Would You Do?” events: **70% of residents aged 65+** and **82% of all residents**.

In terms of **services that would empower older people to live the best possible life**, the 41 respondents aged 65+ who took part in the four “What Would You Do?” events came up with the following:

- Eight people mentioned improving public transportation, including free travelcards for older people and a dedicated affordable/ subsidised taxi service, designed with older people in mind. A further three people mentioned better accessibility in public spaces other than transportation.
- Four people mentioned improved domiciliary care provision, including better access to healthcare from home (such as visits from GPs or district nurses) and

provision of housing that meets older people's needs, including adaptations such as stairlifts.

- Four people said they wanted more information on available services and support.
- Three people asked for better financial support, such as increases in pensions and disability benefits.
- Three people asked for better provision of social care services.

In terms of things the NHS and its partners could do differently to help older people stay independent, out of the 13 respondents aged 65+ to the NHS Long Term Plan Survey:

- Four people expressed a desire for having access for medical services more promptly.
- Four people expressed a desire for better integrated services, with better follow-on.
- Two people suggested better ways to book GP appointments, including online and text-based booking.
- Two people said they needed better information around what services are available for them.

Experience with medical services

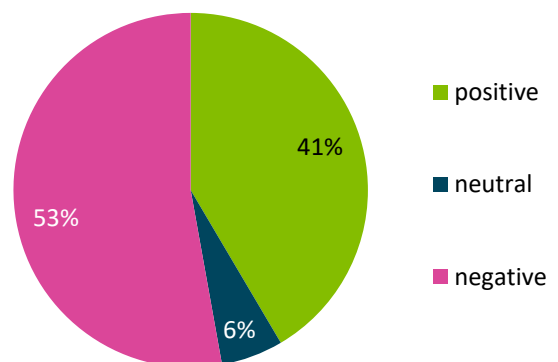
Primary care

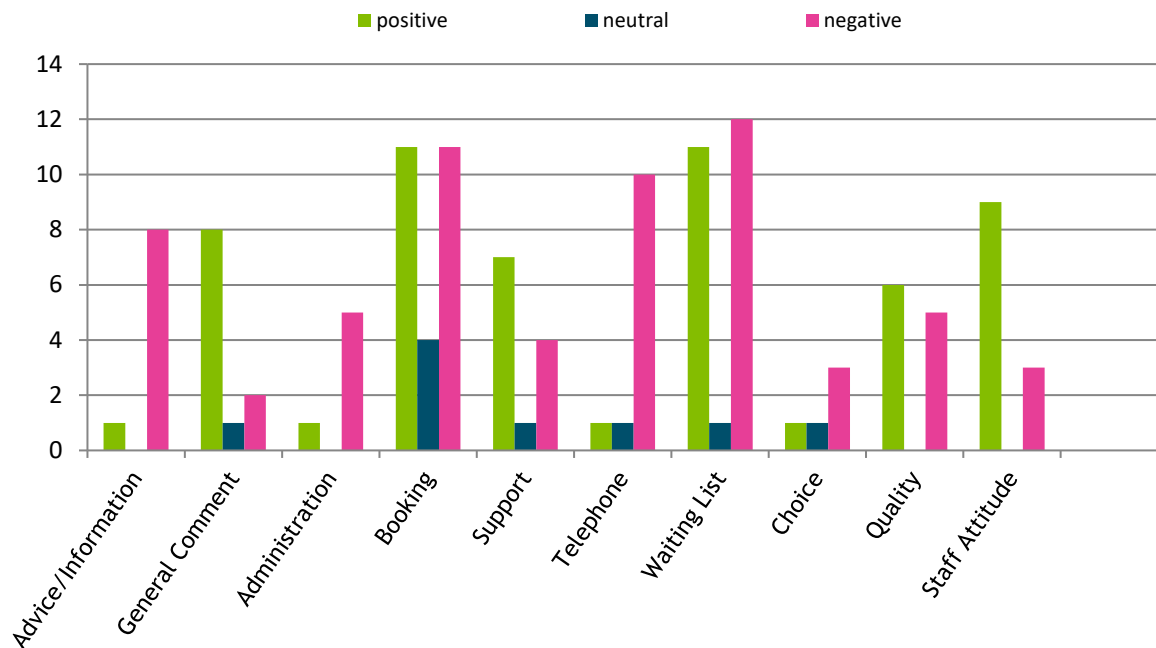
Between May 2018 and May 2019, through Healthwatch's usual outreach and research, we have received feedback from **35 people aged 65+** on GP surgeries.

Their experience was 53% negative; which is more negative than the overall opinion of GP surgeries (63% positive).

Respondents aged 65+ raised concerns about **access to GP surgeries**, primarily around **being able to get through on the telephone**. Feedback on booking systems and time spent waiting for appointments was mixed.

Another point of concern for residents was around **poor communication** from GP surgeries on issues such as appointments, health checks and tests.





- Dr. [name] is very good. He is willing to speak to me in my own language. The doctors are all fine but getting an appointment is very difficult.
- Nurse practitioner was very helpful and kind.
- They are very helpful. Booking appointments works quite well, I can book an appointment in less than one week. I usually book my appointments in the morning.
- If I call before the surgery opens, I get a voicemail message telling me to call during opening hours. Then I call as soon as the lines open, I wait for more than 20 minutes, then when they finally get to me they tell me "there are no more appointments, you'll have to call back next morning". I have to explain to them that I need to be seen today because I have a serious chronic condition-I have heart and lung issues- and that's when usually they manage to give me an appointment. They try to offer me a telephone consultation first, but I prefer face to face appointments because I get to ask about more things.
- It's the same for everyone, isn't it? The service is fine once you get through the machine part of it; you have to call right at 8 or 12.
- It's difficult to get an appointment. If we are late they say we can't see the doctor. But if they are running late, the GP's, then we can't do anything. It's one rule for them and one rule for us. I'm not late intentionally, sometimes things happen, or a road maybe closed, there's always roadworks. I think they should be lenient if patients are not usually late.
- Because the phone appointment isn't very good, I go at 8.30 and stand in front of them so then I get an appointment. I tried phoning a couple of times and then just gave up. They have agency staff there and they don't know what they are doing. I had a card for what I thought was an annual health check so I went round and they said they sent it out by mistake. With the flu jab they tried an

open to all system, but they sent out too many texts and too many people turned up and they ran out of the jabs.

- *Their telephone service is rubbish. I have to redial & redial at two minutes to 8:30. When you finally get through to the menu, they then say that they are unable to take your call. And by the time you get through, they don't have any appointments. Recently I had blood tests, they said 5-7 days. Next day I got a text saying try and make an appointment. So I panicked and finally got through and finally got through and they said it was just for a routine appointment. And then I had to wait 7 days for an appointment and I was stressed the entire time.*

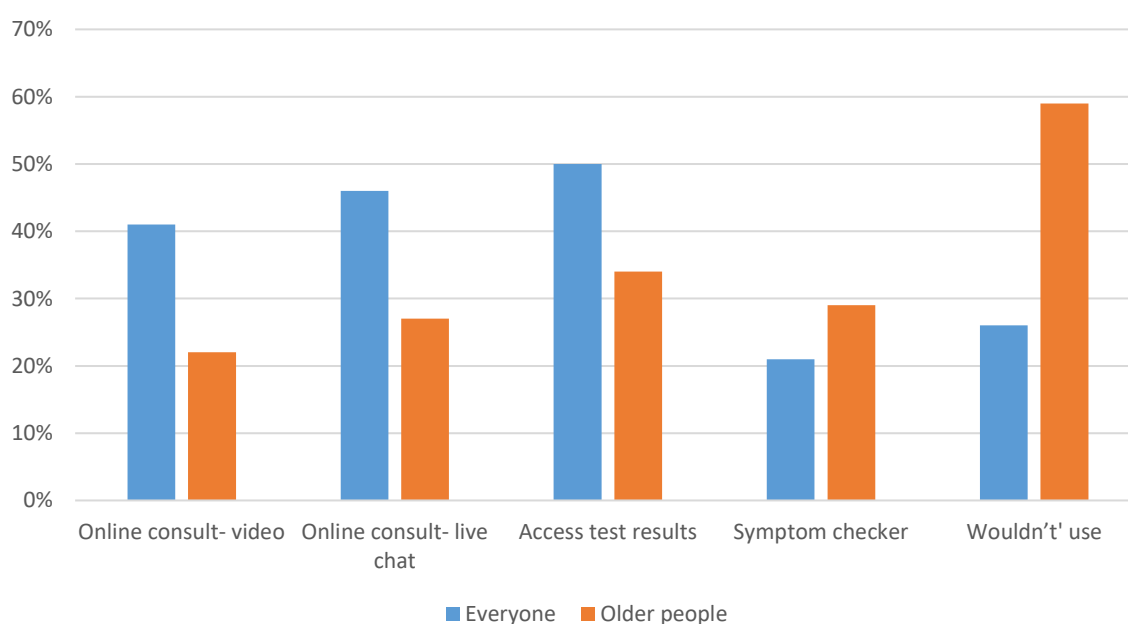
Digital inclusion in primary care

Older people tend to have lower levels of internet literacy, which means that improvement plans based on *improving digital access or introducing online tools* may be less beneficial to them than for other demographics.

We asked participants to our “What would you do?” events whether they would use a newly launched GP app, for purposes such as having online consultations, checking symptoms or accessing their test result.

In total, only **26%** of the 346 event participants said they wouldn't use such an app, but **59%** of the 41 people aged 75+ did.

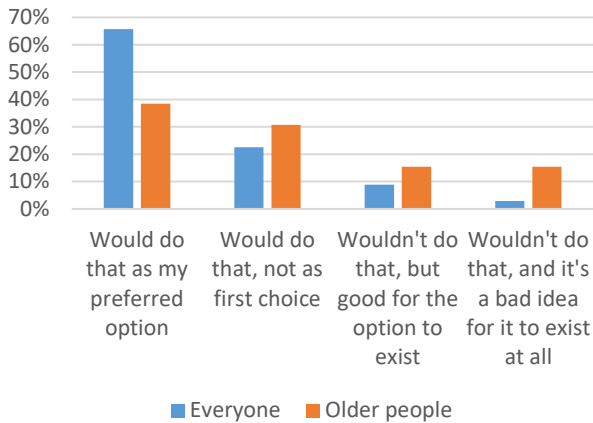
Nonetheless, a minority of older people would still be interested in using online services: **22%** would consider using a video consultation, **27%** a live chat-based online consultation, **34%** would like to access their test results online and **29%** to use a symptom checker tool.



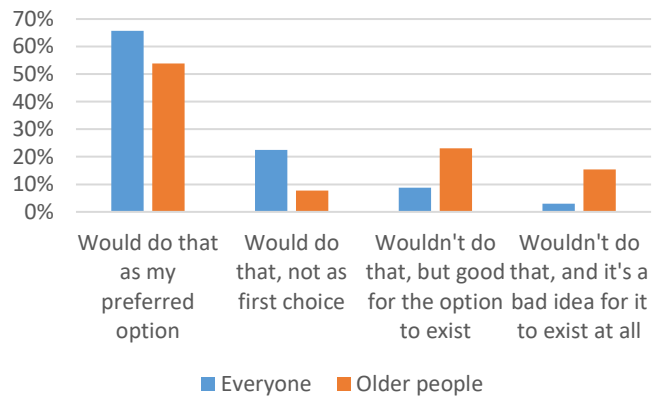
Similar results can be seen with respondents to the NHS Long Term Plan Survey: older people are more reluctant than the general population to use any kind of online services, but opinions are ultimately divided:

(Please note that this is a survey which was conducted online, therefore the sample of respondents is biased towards people with a good level of web literacy)

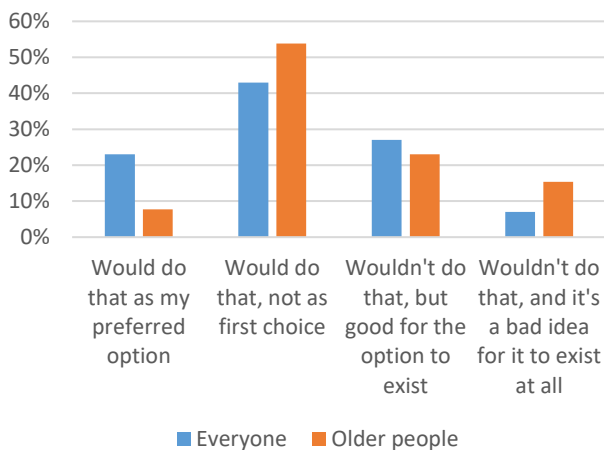
Booking GP appointments online



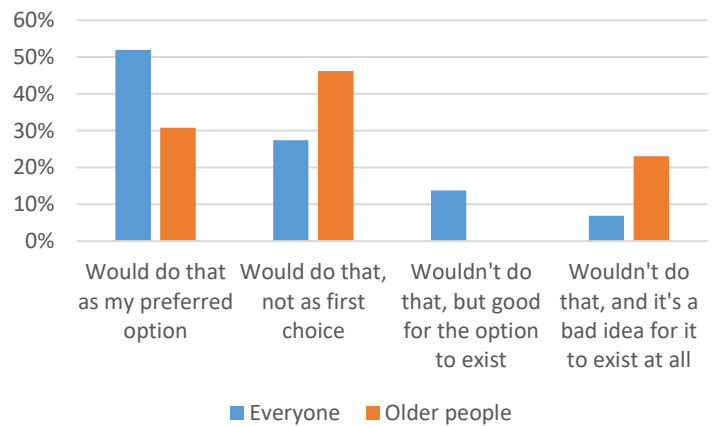
Booking dental appointments online



Online GP consultation



Accessing my medical records and test results online



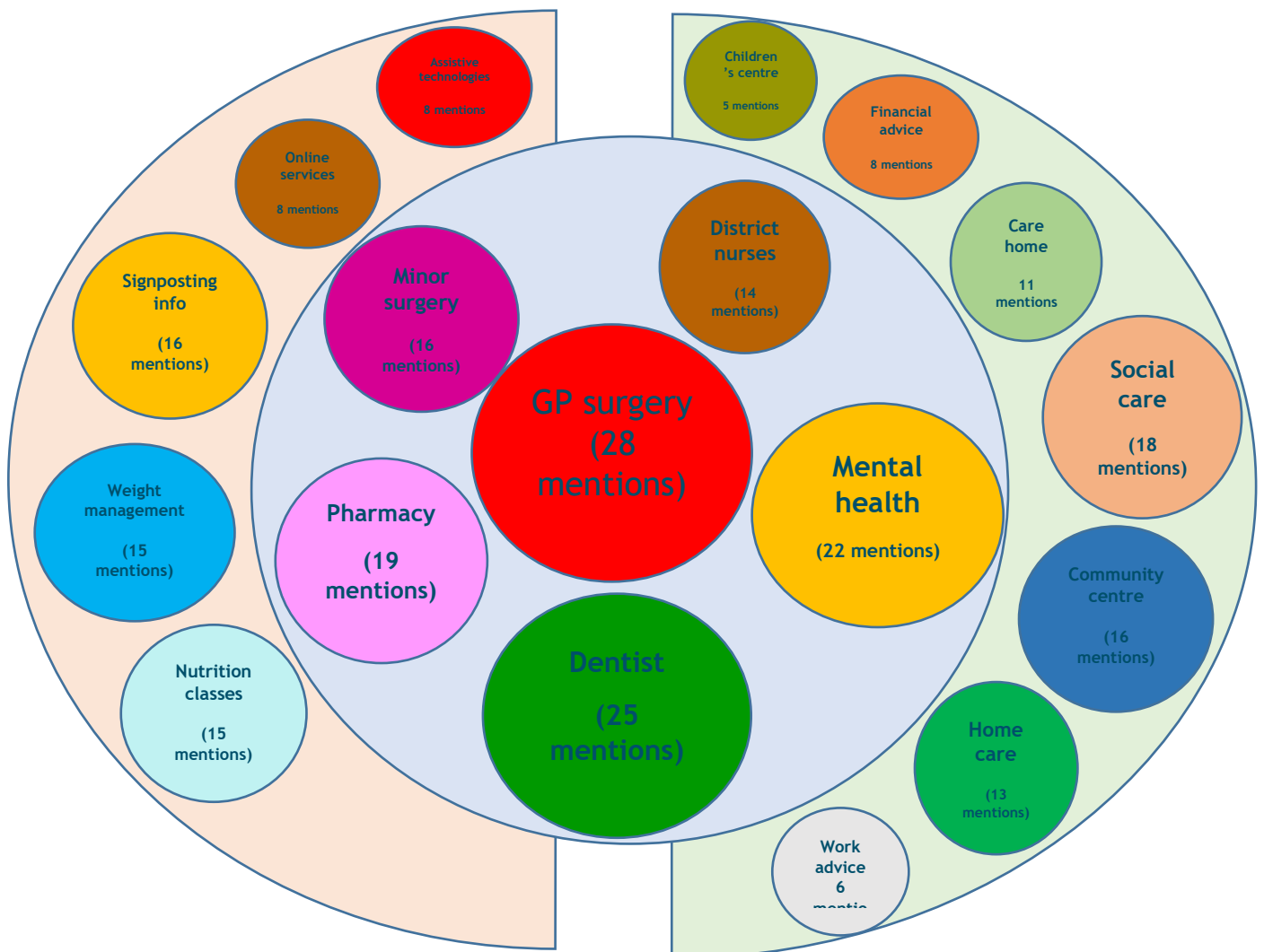
104 respondents total

13 respondents aged 65+

Integrated primary care

We asked participants to our “What Would You Do” events to design a Health and Well-being Hub, in which multiple services work together, under the same roof.

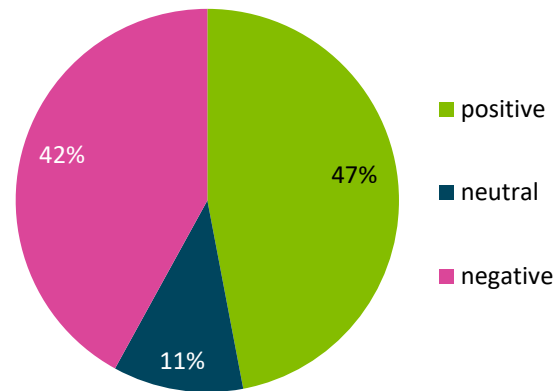
Here is what the 41 participants aged 65+ came up with:



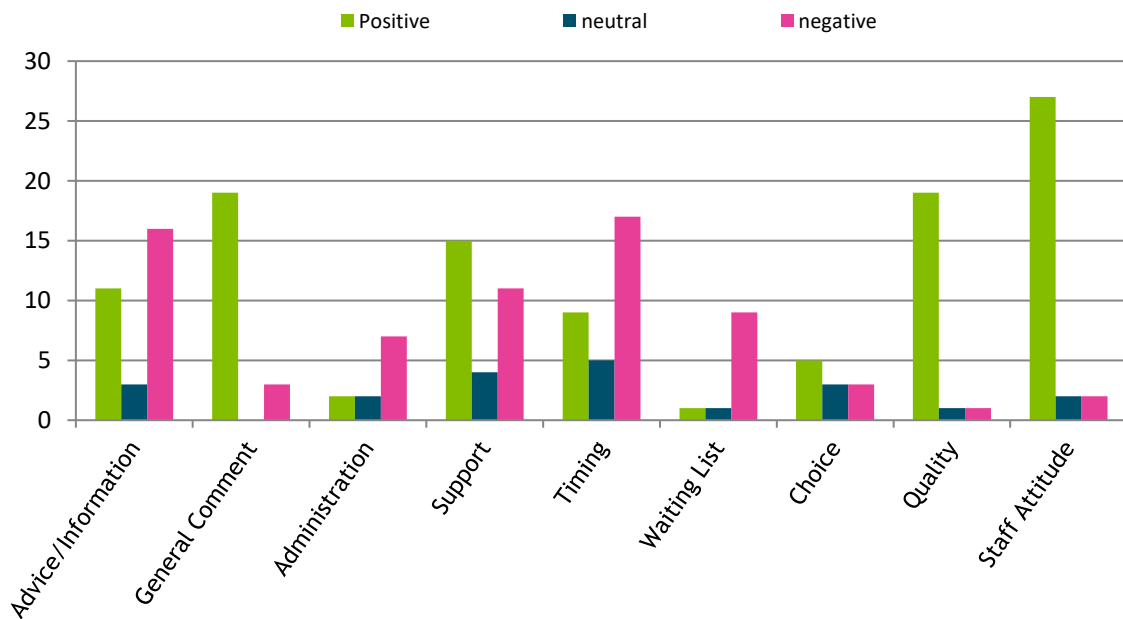
Hospital services

Between May 2018 and May 2019, through Healthwatch's usual outreach and research we received feedback from **55 people aged 65+** on hospital services.

Their experience was 47% positive; which is slightly more positive than the overall opinion of hospital services (55% negative).



Older people are happy with the **quality of medical services** they receive from hospital consultants and nurses and find staff members in hospitals to be **polite, empathetic and kind**; however, they complain about **poor communication and delays to the transport service or to appointments**; as well as **admin issues and unreasonable waits for appointments**.



- I went to St Barts to have an MRI. There was one receptionist and one operator. They were efficient, my experience was good.*
- I had diabetes for 8 years and have a dislocated ankle. I had collapsed and been in a coma for a week. I think my treatment has been amazing because the staff helped me a lot and they are really kind. The ambulance always comes when I need them to. I met a lady during surgery, she was an Asian surgeon and was very gentle and I communicated with her a lot and we told each other a lot of*

jokes and stories. The cafe staff can't wait for my stories and jokes when I enter the room, and that makes me feel very happy.

- I had a lateral bypass operation. The waiting time for the operation was very long, over 6 months. I came in for a follow up appointment. I purposely booked an early appointment and was seen on time. There was no delay in being seen. Everything was fine with my follow up and the doctor is good. Sometimes the wait to be seen by the doctor can be very long. No information is given that the clinic is running late. Sometimes they write it on the road, but if you can't see the board then you won't know. If they made an announcement or the information was more visible about clinics running late that would be helpful.*
- I tripped over paving stones and hurt myself. Went to A&E and there I was "hijacked"- they took my blood and found I had very low sodium. I was aware of this; my doctor is aware of this- but they made me have a drip right then and there. They admitted me, then in the middle of the night the sister on the ward woke me up at 2 am, because they had gotten someone sicker than me and they needed to move me to another area. In the morning, the geriatrician looked at me and said "You don't want to be here", and I said "No, I don't, so he discharged me.*
- I was diagnosed with Rectal Cancer in August 2017. I had problems as a result of the treatment for the cancer but I wasn't made aware that I would have these problems. After radiotherapy was over I had severe backache and leg numbness, I couldn't work out why. I had suffered a sacral fracture because I wasn't told I shouldn't exercise. I was laid up in bed for six months and now have to use a walking stick as an aid. The reason why I suffered a sacral fracture was because I was being active. I am 69 years old, I didn't have osteoporosis, but I do now, I think it is a side effect of chemotherapy. The doctors never told me that this could be a possible side effect either. I felt that through the whole process there is information lacking. Nurses know a lot of things and have advice but don't feel they can tell me. That's my feeling, because they can't go over doctors' head.*
- My dad's appointment was booked for 2:10pm, but we have been waiting for over 35 minutes for the appointment. Usually, we wait up to an hour. The receptionists are kind and polite. There is a major staffing issue. There are not enough doctors and nurses available to treat all these patients.*
- I came to hand clinic. I had a surgery before. All went well, but I had one cancellation. I was informed about it well enough. It would be great if they can keep waiting time shorter: stick with the appointment times.*
- I think the Rheumatology is not as good as it used to be. The transport used to pick me up arrives late and I sometimes miss my appointment.*

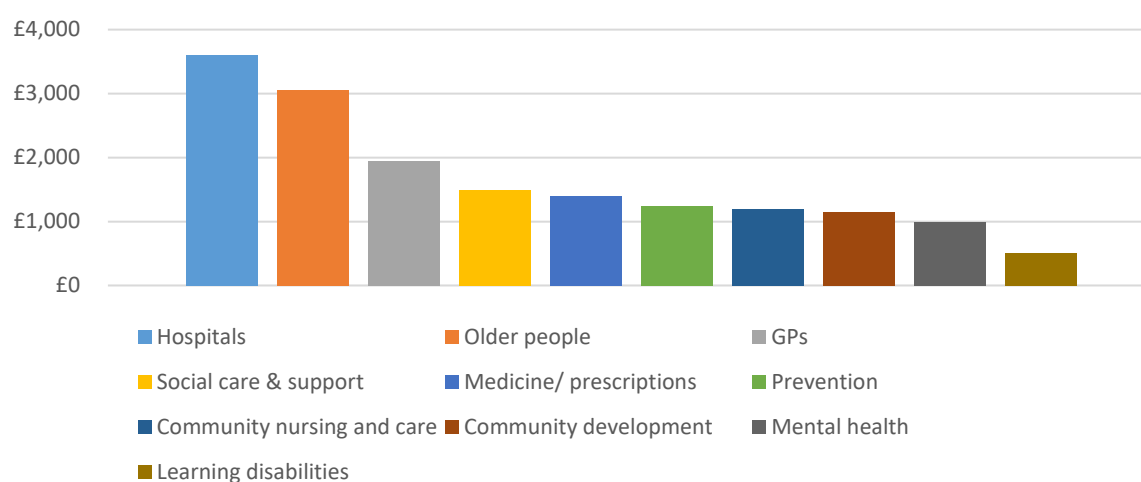
Prioritising services

Participants to the four “What Would You Do” events were invited to take part in a budget- prioritising exercise.

They were given “prop currency” stickers with the value of £200 (one sticker), £100 (two stickers) and £50 (two stickers) and they were asked to assign them to a list of healthcare, community and social services.

The 41 participants aged 65+ prioritised **hospital services** and **older people’s services**- the ones they would be most likely to personally use.

Budget priorities- respondents aged 65+



Compared with the general population, older people were more likely to prioritise **hospitals** and **older people’s services**, and less likely to prioritise **prevention**, **mental health** and **learning disability** services.

