

# **NHS Long Term Plan:** The views of Gloucestershire residents

**what**  
**would you do?**  
It's your NHS. Have your say.

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# 1. Introduction

This report details engagement work carried out by Healthwatch Gloucestershire around the NHS Long Term Plan. Part one of the report summarises the work and its findings (see *Executive summary*). The second part of the report provides more detail on the work done and what people told us both through the national survey and during our visits to local groups, events and organisations.

## Part 1

## 2. Executive summary

### What is this report about?

In January 2019, NHS England (NHSE) published their Long Term Plan [*The NHS Long Term Plan: <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>*]. The plan sets out the proposed changes to be made across the health sector (NHS) in order to address the increasing pressures on the system and to ensure that the NHS is ‘Fit for the future’.

In Gloucestershire, as in other parts of the country, partners across the health and care system have devised plans to address local needs and priorities [e.g. *One Gloucestershire – transforming care, transforming communities: <https://www.onegloucestershire.net>*]

NHSE were interested to hear the views of people in these local areas about the local and national plans, and their experiences of accessing ‘the system’ in their own communities. In addition, as local and national plans focus heavily on prevention of ill-health and on empowering individuals to maintain good health, NHSE wished to know more about the support that people would like to see locally and nationally to enable them to live healthier lives.

In order to access local voices, NHSE asked Healthwatch England [<https://www.healthwatch.co.uk/>] to support local Healthwatch organisations in engaging with their local health and care system and most importantly, local people.

In order to ensure the greatest level of engagement, Healthwatch England produced two online surveys. One asked about people's general experiences of health and care services. The other focused on issues specific to those living with long-term physical and/or mental health conditions and of those who have a learning disability or autism.

### **What did we do and who did we speak to?**

Healthwatch Gloucestershire were keen to get involved and give Gloucestershire people the opportunity to have their voice heard in this national piece of work. Following discussions with local health and care leaders, a plan of engagement was put together. The engagement was broken down into two parts, the first involved engaging more generally with local people and promoting the surveys. The second focused on finding out more about the experiences and needs of three specific communities: The Chinese Community, The LGBT+ community, and young people not in employment, education or training (NEETS). They were particularly interested in their experiences of accessing mental health support in the county.

The work took place between February and May 2019. From the 23-28 March the Healthwatch Gloucestershire Team and their volunteers toured the county in a vintage Volkswagen Campervan promoting the surveys and talking to people in their local communities. They also spoke to young people not in education, employment or training and had conversations with the local Chinese and LGBT+ communities. More than 500 views were collected during the Campervan and comments Tour with 241 Gloucestershire residents completing the online surveys.

### **What did people tell us?**

#### **People would like:**

- People want quicker access to and longer, better quality interactions with a named GP.

- In order to help them to stay healthy, people would like easier and cheaper access to exercise classes, gyms and cycleways.
- People would like to see better quality, accessible and easy to read information about specific conditions and how they can live healthier lives (e.g. dietary information).
- Those with dementia and other complex and long-term conditions would like to have access to a Care Navigator to help them to navigate the care system and provide them with practical advice.
- Carers would like better support to enable them to carry out their caring role. In particular, community-based support.
- Consideration needs to be given to those for whom English is not their first language. In particular, instructions on medication packets to be translated, translation services that are consistent and meet the needs of the individual e.g. using the correct dialects and dental/GP registration forms made available in different languages or translators provided to assist in completion.
- The needs of the LGBT+ community should be considered when local and national plans are being put together. In particular, mental health issues and support around transition for the trans community.

## Part 2

### 3. Background

#### **The NHS in Gloucestershire: the voice of local people about health and care**

The NHS is coming under increased pressure to fully meet the needs of those accessing its services. These pressures are set to rise over the next 10 years as people live longer and with more long-term health conditions. Unhealthy lifestyle choices also impact negatively on people's health and therefore, prevention of ill-health and an increased focus the maintenance of good health will need to be prioritised.

The UK Government have pledged to invest an extra £20bn a year in the NHS. This money will be

used to reshape the NHS so that it is better able to address the shortfalls in staffing, meet the needs of an aging population, improve outcomes of care and tackle inequalities in the access to healthcare across the country. NHS England (NHSE) leads the NHS in England. In January 2019, it published its Long Term Plan. The plan sets out the proposed changes to be made across the health sector in order to address the increasing pressures on the system and to ensure that the NHS is 'Fit for the future'.

More specifically, the Long Term Plan sets out what the NHS wants to do better. This includes making it easier for people to access support in their local area and via technology, doing more to help people stay well, and providing better support for people living with cancer, mental health conditions, heart and lung diseases, diabetes, arthritis as well as for those with learning disabilities and autism. People are living longer and with more long-term conditions such as dementia. Therefore, the plan also details a program of increased support for older people. The plan was put together following consultation with the public, frontline health and care staff and other key stakeholders across the health and care system.

Although it is important to address these overarching issues on a national level, different regions of the country will have their own unique issues. In 2016, NHS organisations and local councils came together to form 44 sustainability and transformation partnerships (STPs) covering the whole of England and set out their proposals to improve health and care for patients. In May 2018, NHSE announced that Gloucestershire was to become 1 of only 14 Integrated Care Systems (ICS) across the country. An ICS is a new type of even closer collaboration in which, NHS organisations, in partnership with local councils and other health and care organisations, e.g. acute hospitals and mental health trusts, take collective responsibility for managing local resources, delivering NHS standards, and improving the health of local people. In Gloucestershire this new ICS partnership is called 'One Gloucestershire: Transforming Care, Transforming Communities'. The aim is to help keep people healthy, support active communities and ensure high quality, joined up care when needed. Over the next year, One Gloucestershire will be working with patients, the public and partners to develop local plans to turn the national ambitions contained in the Long Term Plan into real improvements to services and outcomes for patients. More information about One Gloucestershire can be found on their dedicated website: <https://www.onegloucestershire.net/>. Healthwatch Gloucestershire are also involved in the ICSs to ensure that the voice of local people is heard and taken seriously.

NHSE were keen to engage with people to hear their views on local and national plans as well as their experiences of accessing healthcare locally. More specifically, they wanted to address the following questions:

- **How would you help people live healthier lives?**
- **What would make health services better?**
- **How would you make it easier for people to take control of their own health and wellbeing?**
- **What would you do to make support better for people with long-term conditions?**

In order to reach deep into local communities, NHSE commissioned Healthwatch England to support the network of local Healthwatch across England in engaging with their local health system and local people. Healthwatch Gloucestershire were keen to get involved to ensure that the voices of Gloucestershire people were heard in this national piece of work. Following discussions with local health and care leaders, a plan of engagement including the aims and objectives of the work was put together.

The aims of the work in Gloucestershire were as follows:

- To hear the views of Gloucestershire people on local and national plans, and their experiences of accessing ‘the system’ in their own communities.
- To find out more about the support that people would like both locally and nationally to enable them to live healthier lives.
- To explore in more depth the issues of those from the Chinese and LGBT+ communities and those young people not in employment, education or training (NEETS) in terms of accessing healthcare and in addition, their ideas for how local and national plans could be adapted to better meet their needs.
- To learn more about how the people of Gloucestershire would wish health and care services to be developed in the future according to their local needs.

## 4. Objectives

To gain a deeper understanding of the views of Gloucestershire people on local and national health plans and their experiences of accessing care in their local communities. The information will feed into the work already being carried out in Gloucestershire under the 'One Gloucestershire' banner.

## 5. What did we do?

As part of their involvement in this national work, Healthwatch Gloucestershire were required to carry out two separate strands of work. Firstly, to engage with the local population more generally on the local Healthcare system and secondly, to speak with a seldom heard group/s or community about their specific issues.

In addition to the local work, Healthwatch England put together two online surveys for use nationally. The first survey asked about people's general experiences of health and care services and their ideas on the support they would like to help them to live more healthily. The second survey focused on issues specific to those living with long-term physical and/or mental health conditions and of those who have a learning disability or autism. The surveys were available in Easy Read format and BSL. Local Healthwatch were encouraged to promote the surveys as part of their engagement.

### 5.1. General engagement

Healthwatch Gloucestershire wanted to make sure that they reached as many people as possible across the county to collect their views and promote the two online surveys. They did this by going 'on tour' in a converted Volkswagen Campervan called Milo. The 'Campervan and Comments' tour took place from 23rd until 28th of March 2019. During this time Healthwatch Gloucestershire staff and volunteers visited 13 different venues across the county from local markets and GP surgeries to community and district hospitals and supermarkets. Figure 1. shows



all of the venues and tour dates. As well as pointing people towards the online surveys, the team created picture boards with key questions from the survey where people were able to stick coloured dots by the issue that was most important to them. Hard copies of the surveys were also available. Local people also shared their experiences of individual health and care services and any concerns they had about these services. Altogether, the team collected over 360 pieces of general feedback across the duration of the tour. In addition, 150 people added their dots to the picture board.



Figure 1. The Campervan Tour:

## Tour Dates

### Saturday 23 March

- Stroud Farmers Market

### Sunday 24 March

- Gloucester Car Boot Sale, Hempsted Meadows

### Monday 25 March

- 3Shires Garden Centre, Newent
- Clock Tower, Coleford

### Tuesday 26 March

- Gloucester Cathedral Grounds

- Tesco Supermarket, Brockworth

#### **Wednesday 27 March**

- Fairford Market – 8am-12pm
- Tesco Supermarket, Cirencester *[Information Stand]*
- North Cotswold Community Hospital, Moreton in Marsh
- Budgens Supermarket, Moreton in Marsh *[Information Stand]*

#### **Thursday 28 March**

- Tewkesbury Community Hospital
- Morrisons Supermarket, Tewkesbury *[Information Stand]*
- Springbank Community Resource Centre, Cheltenham

## 5.2. Seldom heard communities

Gloucestershire is a diverse county with a number of different minority ethnic, cultural and faith communities as well as a vibrant LGBT+ Community. Some of these communities can often feel ‘left out’ of discussions and consultations around healthcare. In particular, for those whom English is not their first language, accessing healthcare can be problematic. Gloucestershire has a significant Chinese population, and traditionally this community has made the least use of health services of any other BME community in Britain [<https://raceequalityfoundation.org.uk/wp-content/uploads/2018/03/health-brief10.pdf>]. In addition, research carried out by Stonewall in 2018 has shown that LGBT people often face widespread discrimination in healthcare settings and that one in seven LGBT people (14 per cent) avoid seeking healthcare for fear of discrimination from staff [<https://www.stonewall.org.uk/lgbt-britain-health>]. Finally, a report published by Public Health England and UCL Institute of Health Equity, stated that spending time not in employment, education or training (NEET) has been shown to have a detrimental effect on physical and mental health [[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/356062/Review3\\_NEETs\\_health\\_inequalities.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/356062/Review3_NEETs_health_inequalities.pdf)].

Therefore, Healthwatch Gloucestershire were interested to know more about the experiences of the local Chinese and LGBT+ communities and young people classed as NEET. In particular, they wanted to explore what, if any, impact being part of one of these communities had on people’s ability to access good quality healthcare. They visited a local Chinese group, spoke with

members of the LGBT+ Community and visited 'HITZ Gloucestershire'. HITZ is a national initiative and 'uses rugby's core values of teamwork, respect, enjoyment, discipline and sportsmanship to get young people not in education, training or employment (NEET) back into education, training, apprenticeships and/or employment'

<https://www.gloucesterrugby.co.uk/community/gloucester-rugby-community-charity/hitz/>. It is delivered nationally by England's 12 professional rugby clubs. In Gloucestershire, Gloucester Rugby Community Charity are delivering this service.

In total, the Healthwatch Gloucestershire Team and volunteers spoke with 48 people across the three groups. Questions focused on mental health support but also addressed more general issues relating to accessing health and care services in the county. In particular, the team wanted to know:

- What works well?
- What does not work so well?
- What would you do to improve services in the future?

## **Our volunteers**

Volunteers are key to work of local Healthwatch. Six trained Healthwatch Gloucestershire volunteers were involved in the Long Term Plan work and gave 60 hours of their time.

# 6. What we found

## 6.1. Surveys

### **a) General survey**

215 people completed the General Survey, both online and at engagement events. The majority of respondents were over the age of 55, female and stated that they were 'White British'. 29% had a long-term health condition and 15% considered themselves to have a disability. 21% said that they were carers (unpaid). Figure 2. gives further detail of those who completed the survey.

Figure 2. Demographic characteristics of respondents

Age range	65-74 yrs. 58; 55-64 yrs. 37; 45-54 yrs. 32; 75+ yrs. 26; 25-34 yrs. 25; 35-44 yrs. 24; 18-24 yrs. 11; Under 18 yrs. 1; Did not answer 1
Gender	Female 117; Male 64; Did not answer 33; Prefer not to say 1
Ethnicity	White British 171; Asian British 14; Black British 8; Any other white background 6; Other 3; Other mixed 3; White other 3; Indian 2; Pakistani 2; African 1; Any other mixed background 1; Did not answer 1
Sexual orientation	Heterosexual 168; Did not answer 29; Gay or lesbian 13; Other 4; Bisexual 3; Other 1
Religion	Christian 66; Did not answer 66; No religion 46; Prefer not to say 30; Buddhist 3; Jewish 2; Muslim 1; Other religion 1
Disability	No disability 174; Disability 32; Did not answer 8; Prefer not to say 1
Carer status	Not carer 167; Carer 46; Did not answer 2
Long-term health conditions	No long-term condition 131; Long-term condition 62; >1 long-term condition 18; Did not answer 4

## Q1. What is most important to you to help you live a healthy life?

Respondents were given a choice of 5 statements and asked to choose the one that they felt was most important to enable them to live a healthy life. The most chosen answer was:

“Access to the help and treatment I need when I want it.”

They were then asked whether there was anything else that would help them to live a healthy life. The top five responses were:

1. Easier and cheaper access to exercise classes, gyms and cycleways.
2. Joined up services that share records and communicate with each other.
3. Easier and quicker access to healthcare services, especially GP appointments.
4. More time spent with healthcare professionals, especially GPs.
5. Better information about healthy lifestyles, including the debunking of misinformation (especially concerning diet).

## Q2 What’s most important to you to be able to manage and choose the support you need?

Respondents were asked to choose one statement that was most important in enabling them to manage and choose the support they need. The most chosen answer was:

“Choosing the right treatment is a joint decision between me and the relevant health and care professional.”

Respondents were asked if there was one more thing that could help them to manage and choose the support they needed. The top five responses were:

1. Clearer communication from hospitals. Currently letters are late or get lost in the post. It was suggested that email or text messaging could be used where appropriate.
2. More information concerning treatment options available both in and out of the county.
3. More time with healthcare professionals.
4. Access to second opinions outside of the local NHS Trust.
5. More signposting to local support groups, with more groups offered by the NHS.

### **Q3. What’s most important to you to help you keep your independence and stay healthy as you get older?**

Respondents were asked to choose one statement that was most important to enable them to keep their independence and stay healthy as they got older. The most chosen answer was:

“I want to be able to stay in my own home for as long as it is safe to do so.”

Respondents were asked if there was one more thing that could help them to keep their independence as they got older. The top five responses were:

1. Better transport links to hospital and healthcare settings, especially from rural areas.
2. More individualised care plans for end of life and elderly care.
3. More care in the home setting. More healthcare assistance, occupational therapists, companions and community nurses.
4. Better mental health support.
5. Support for carers.

### **Q4. What is most important to you when interacting with the NHS?**

Respondents were asked to choose one statement that was most important to them when interacting with the NHS. The most chosen answer was:

“I am able to talk to other people who are experiencing similar challenges to me to help

me feel better.”

The statement that was almost as popular was;

“I can access services using my phone or computer.”

### **Q5. If there was one more thing that you think needs to change to help you to successfully manage your health and care, what would it be?**

People were asked for ideas that they thought would help them manage their health and care.

The top 5 comments were:

1. More local support groups for specific conditions such as, pain management, terminal conditions, mental health and carer support.
2. Better access to health care professionals. In particular, being able to see a named GP without long waiting times. People preferred face-to-face interactions.
3. Being able to access their own records for free. Despite being told by the CCG that this is already the case, many people are experiencing barriers and are being asked to pay for access.
4. Provision of better quality, accessible information.
5. Being included in decisions about their health.

## **b) Conditions based survey**

As only 26 people answered the Specific Conditions Survey, the full analysis will not be presented in the current report. However, results will be shared with the local ICS and fed into national results.

It should be noted that the data from this survey reinforced themes identified in discussion groups and the general survey, such as long waiting times to see a GP/consultant and not feeling listened to during interactions with health and care professionals. People suggested that for those with a long-term condition, having one contact such as a ‘Care Navigator’ that could help them to navigate the care system and provide practical advice, would be useful.

One person had a piece of advice for ‘the NHS’:

“Don’t dismiss what patients are telling you, or assume they are exaggerating. Don’t assume we aren’t able to understand the things that affect us. Don’t make us feel bad because we are broken.”

## 6.2. Campervan & Comments Tour

The majority of comments related to primary care and more specifically, to GP surgeries. The comments have been divided into similar themes.

### a) Primary care

People valued being able to get an appointment with their GP easily and in a timely manner. They also appreciated ‘old fashioned values’ as described by one satisfied person living in a small village in Gloucestershire:

“I can get an appointment within a few hours if necessary. They have an in-house pharmacy and a volunteer driver scheme for those who have hospital appointments and who do not drive. It is an absolutely brilliant practice and has old fashioned values within an up-to-date surgery.”

Similarly, another patient reported that her surgery had been a great source of support when her husband was ill:

“My husband was very ill and was eventually diagnosed with cancer and they (the surgery) just thought of everything before I asked for it.”

Others were less pleased, complaining about a lack of communication and in some cases misdiagnosis. Many people found it difficult to get an appointment often waiting weeks to see a GP, particularly their named GP. Consistency of care and having enough time to talk through issues was valued particularly to those who have multiple conditions. People do not want to have to repeat themselves over again. One person described their experience at their local surgery:

“(where two surgeries have merged) ...there are lots of locums and no one seems to know the patients anymore.”

Another said:

“The length of appointments with a GP is far too short and especially if you have 2 or 3 conditions to talk about at the same time. If the GP does not know you it takes time to tell your story all over again.”

Another person dissatisfied with not being able to see their own GP and being offered a telephone appointment said:

“I know times are hard but working practices need examining. Not being able to see a GP is why more and more people clog up A&E.”

A number of people expressed dissatisfaction with GP receptionists asking them about why they wanted an appointment:

“Receptionists always ask what the appointment is about. It is none of their business and I object having to explain it to them.”

One person reported not being able to get an appointment until they disclosed to the receptionist why it was needed.

Many people valued the service they received from local pharmacies. One person described the improved service in her local pharmacy:

“They (pharmacy) do chase things on my behalf now, which they didn't used to do. I also use inhalers and if I am running low, they will chase them for me.”

They also appreciated the ability to receive the flu jab at the pharmacy. Others were not so happy and spoke of the difficulty they had getting some of their medications. This often caused a lot of stress to both patients and carers.

## **b) Secondary care – Care in a hospital setting**

Both acute and community hospitals were praised by many of the people who commented. After a recent fall, one person had received both emergency and acute care from the two main acute hospitals in the county and went on to her local community hospital for rehabilitation. She said that:



“All three hospitals treated me with dignity and respect.”

Following a 6-week stay in an acute hospital, another person said:

“The nurses were lovely.”

Community hospitals are valued especially by those in the more rural areas of the county. One person praised the regular care from the stroke nurse at her local community hospital:

“She is very good and extremely thorough.”

Others wondered why more care could not be provided more locally. One person having to travel to Cheltenham for podiatry said:

“I do not know why I cannot be seen in Tewkesbury hospital as lots of people in this area need the services of a podiatrist.”

### **c) Accessing care when English is your second language**

For those whose first language is not English, accessing care can sometimes be challenging:

“I find it really difficult to make an appointment with a dentist as I do not speak very good English. I was given a questionnaire to complete and I had to arrange a translator through GARAS (Gloucestershire Action for Refugees and Asylum Seekers).”

Another person spoke of the difficulty they had with understanding the information on boxes of tablets:

“I would like to see the information on boxes of tablets offered in different languages as sometimes I am not able to understand the dosage.”

## **6.3. Focus groups**

### **Seldom heard communities – hearing your voice**

For each of the three seldom heard groups, we looked at what people had told us and picked out the key themes/ideas.

## a) The LGBT+ community

**Transgender, transition and the NHS:** “Incredibly long waiting times but glad the NHS exists for people like us.”

Sixteen people attended this group and were aged between 18 and 60 years old. For those who were trans, the main issue was overwhelmingly the long wait for an initial appointment at a gender clinic. Reported waits ranged from two-and-a-half to three years. There was a concern that vulnerable individuals were being made to wait this long:

“Waiting times for first appointment is now 2.5 to 3 years. Two out of three self-harm and one out of two will (attempt suicide) but they are having to wait this long for an appointment, and it is not good.”

One person felt that the waiting times could be reduced by offering shorter initial appointments (gender clinic appointments are currently 45 minutes) and for these to be offered as telephone appointments. In addition, gaps between appointments were reported to be long, with most of the support currently coming from within primary care. The whole process of going through transition is long and drawn out and can take 6 years and more to complete. However, despite all of this, there was praise for staff along the pathway and a sense of gratitude that transition was available on the NHS:

“The NHS got me through transition over many years and I will be forever thankful that it has happened... Everyone was uniformly lovely. The pathway is long...”

“Incredibly long waiting times but glad the NHS exists for people like us.”

**LGBT+ and the NHS Long Term Plan:** “The NHS has utterly failed this patient group.”

In terms of the NHS Long Term Plan, it was felt to be left wanting in relation to the LGBT+ community. People felt let down by the system:

“The NHS has utterly failed this patient group and the NHS Long Term Plan has nothing in it at all about recognising or resolving the issue.”

According to the NHS plan, by 2023/4 a ‘digital flag’ for those with a learning disability and/or autism will be present in their medical records. This will ensure that staff are aware that a patient has a learning disability or autism. Having read about this, the LGBT+ group felt strongly

that this flag should also be available for those who had gone through transition:

“(There is a) digital flag for learning disability and autism and I want one too as I have been through transition... It is also about choice and I am not offered this.”

The group had noted that in the NHS plan it states that action would be taken to tackle the causes of morbidity and preventative deaths in people with a learning disability or autism. However, there was no mention of a similar initiative for those who were trans despite the high levels of self-harm and suicide in this group. Similarly, in the plan there was mention of further training to improve NHS staffs’ understanding of learning disability and autism but again, there was no mention of similar training around LGBT issues or HIV:

“HIV sufferers are also at high risk and as carriers can infect others. We see this impacting all population groups and straight and LGBT+, yet there is nothing about providing stronger HIV/AIDS education, diagnosis and treatments.”

Information around faith/religion was also thought to be lacking with the NHS plan.

**The NHS plan states that:** “Where individuals are identified with high risk conditions, appropriate preventative treatments will be offered in a timely way.”

The LGBT+ group felt that issues such as gender dysphoria and HIV should be treated as high risk conditions and treated similarly. The group felt that there was still work to do to ensure equality and diversity within the NHS workforce. The NHS plan talks about the link between LGBT+ and poor mental health and their aim to embed mental health support in schools and colleges to help to address these issues. The LGBT+ group felt that issues within the NHS LGBT+ workforce would need to be addressed first so that it as a public body, the NHS could lead by example:

“The persistent NHS link of LGBT+ and poor mental health issues as in (section) 3.28, is a symptom of the failure to deliver basic equality. It’s time for the NHS to at least resolve this in its own organisation so that if it chooses to talk to children and young people it can at least demonstrate it is delivering LGBT+ equality itself.”

**Primary care and the growing use of technology:** “Lots of positive aspects to technology but it should not remove the human element.”

The group also talked about more general issues such as the use of technology in GP surgeries.

The feeling was that they would rather speak to someone face-to-face than over the phone or via Skype:

“The technology dehumanises people and I understand its uses, but I do not like it. Give me all the technology you want. I also need the option to be able to speak to an individual.”

There was a similar feeling when it came to booking an appointment:

“I can book an appointment online within a couple of days, but I am a technophobe and I want to ring up and speak to someone.”

Following on from this, someone pointed out the disadvantage of technology particularly within the actual GP appointment itself:

“I hate online... when you are with your GP, they spend lots of time gazing into the screen... lots of positive aspects to technology but it should not remove the human element.”

A final point made by the group related to receptionists within GP surgeries. Many of the group had been asked questions by the receptionist that they had not wanted to answer in a public space. However, they were aware that they could say that they didn't want to disclose.

## b) The Chinese community

### Translation, interpretation and dialect: “The language isn’t right”

Thirteen people attended this group. All were aged 60+. The issues of translation and plain language were key within this group. Firstly, they felt that there should be more consistency in the use of translators across all GP surgeries and dental practices. The service was felt to be patchy and often family are expected to do the translation themselves. The group felt that it would also be useful if people could book an appointment and have an interpreter at the same time rather than hope that an interpreter is booked and turns up:

“Often I have gone to an appointment, only for there to be no interpreter there for me.”

The group reported that there was much use of jargon and technical language in appointments. This caused difficulties for interpreters who often felt uncomfortable translating these terms because they did not understand what they meant themselves. The group felt that the use of simple English would help enormously in these situations.

Different dialects in Chinese is something that is often not considered when booking interpreters:

“The other thing we find is that sometimes a ‘Chinese’ interpreter is booked, and the language isn’t right - for example the interpreter may be something other than Cantonese and the dialect is not understandable to the person.”

It was felt that if this happened, the individual would likely *‘brush it under the carpet’* and may not seek help or support again.

Speakerphone interpreters were sometimes used at appointments but were generally disliked by the group:

“Speakerphone interpreters do not work. People should be given the option of face-to-face.”

Some even felt that the use of such technology could actually put people off seeking medical help. Having an actual connection with a GP was seen to be important particularly for the older generation. Therefore, face-to-face appointments were valued over telephone consultations.

**Culture and mental health:** “We don’t necessarily see a problem and see it as being sad.”

The second theme centred on mental health and its meaning to the Chinese community. The group felt that medical professionals needed to have a deeper understanding of the meaning of mental health and what is ‘normal’ for their culture. The group had a very different idea of mental health and what should be done to support it:

“Personally, I see mental health as just needing to get on with it - in our culture we don’t necessarily see a problem and see it as being sad.”

The also felt that generally, the language used around mental health was not helpful.

### **c) The Hitz Young People’s Group - NEETS**

**Accessing mental health support:** “If I could sort it out myself I would but they need to help me.”

Seven people attended this group. Three were aged under 18 years with the remainder aged between 20-35 years old. The conversation with this group was focused mainly on mental health support within the county. In Gloucestershire, the children’s mental health service is referred to as CYPS (Children and Young People Service) and not the more usual CAMHS. CYPS caters for young people up to the age of 18 years old.

In general, the group were dissatisfied with CYPS although they did have an appreciation of the issues faced by the service:

“Absolutely terrible. I understand that they have a lot of people to help out. I have been waiting since May last year and every month they are passing the buck and moving the date of when they can see me. If I could sort it out myself I would but they need to help me.”

This individual felt that the wait was detrimental to their mental health:

“Every day I wait I am getting worse.”

They also talked about the frustration that they had picked up from staff:

“It’s all frustrating and the Counsellors are even frustrated that they can’t help.”

Some of the group had accessed external help but had not always found it to be accessible or fit for their needs. Regarding the charity Teens in Crisis:

“Every time I have tried using the counselling service they have been closed as it’s after school or after the training programme.”

The emergency and urgent care services were thought of more positively by some:

“When I have rung 999 they were pretty good, helped me and talked me through things.”

“111 is quite good for mental health. When I was in a crisis, they sent me to a healthcare professional within two hours.”

One person had received weekly one-to-one support from a tutor in college. They felt that the opportunity to meet with someone and just talk was really valuable:

“Everyone needs to someone to talk to at least once a week.”

There was a real sense of frustration within the group about the apparent lack of timely support for young people:

“I would buy CYPS myself and sort it out if I had the money. It’s so important to me that if your mental health is low then it impacts everything else.”

Another concern was that although some of the group were unhappy with CYPS, they felt unable to complain for fear that they would be denied access to further treatment:

“I haven’t made a complaint about the services and I need to do it at some point. I can’t do anything until I have received the treatment I need as if I do it now, they will look at the list and take my name off it because I have made a complaint.”

They did, however, see the importance of making a complaint to help others coming through:

“So many of my friends are on waiting lists.”

## 7. Key findings

People across Gloucestershire shared their many and varied experiences of accessing care within

the county. Despite their differing experiences, a number of shared themes were apparent are listed below along with suggestions for how things may be improved to better meet the needs of local people:

- In order to help them live healthier lives, people would like easier and cheaper access to exercise classes, gyms and cycleways.
- People would like to see more consistency of care within primary care e.g. easier and quicker access to their named GP.
- Interactions with healthcare professionals in primary care (GPs) need to be longer especially for those with long-term conditions or multiple conditions. These interactions need be focused on listening to patients, respecting their opinions and involving them more in decisions about their care.
- Carers would like better support to carry out their caring role and to be respected for that role, their contribution and sacrifices that they make.
- People would like easier access to good quality, easy to read, health and care information particularly around particular conditions. They also want to see less confusing and conflicting information around diet and exercise.
- People would like to stay independent in their own homes or communities for longer and would therefore like to see more consistent community-based support within primary care including GPs and pharmacies and better support services closer to home. For example, gardening clubs for those with mental health issues. In addition, people would like to see better use of community hospitals for services such as podiatry.
- Those living with complex or long-term conditions and dementia would like access to a 'Care Navigator' to help them to navigate the often complex health and care system and to provide them with practical advice.
- Better transport links would be appreciated for those living in more rural communities.
- Consideration should be given to those whose first language is not English. In particular, ensuring that patients are clear about medication dosage instructions and possible side effects, more accessible registration processes (GP/Dentist), more consistent provision of translations services, better use of lay language and less use of acronyms in consultations.
- An appreciation that some cultures will have differing views of mental health and working



with them to better meet their needs.

- Children and young people benefit from regular, face-to-face interactions to talk openly about around issues such as, their feelings, mental and emotional health and sexuality and gender. More support for local initiatives, charities and schools and colleges to provide this service at times convenient for all (e.g. out of school/work hours) would be appreciated.
- Most support for those going through gender transition process is provided within primary care. Working with the trans community to explore of what support is available in the county for those going through or considering going through transition, and for young people experiencing gender dysphoria or exploring their sexuality may be helpful.
- In terms of the Long Term Plan, NHS England may wish to consider the needs of the LGBT+ community and make provision in future iterations or revisions of the plan. More locally, there is opportunity to incorporate feedback from this community into developing plans.

## 8. Next steps

This report will be shared with the ICS in Gloucestershire and more widely with key stakeholders across the local system. It will also be shared with Healthwatch England and will feed into the national picture and policy paper that will be presented to NHS England. Most importantly, the report will be made public and shared with local people. Healthwatch Gloucestershire is involved regularly in conversations with ICS partners and will be monitoring closely the progress of local plans and ensuring that local people continue to be involved in changes going forward.

## 9. Response from the ICS

Becky Parish, from the One Gloucestershire Integrated Care System, said: “Healthwatch Gloucestershire has worked alongside NHS colleagues to collect the views of local people about ‘what matters’ to them about local health and care over the past few months. The One Gloucestershire Integrated Care System NHS partners want to ensure that local people are part of everything we do and that local voices are heard. Joint working with Healthwatch Gloucestershire supports this aim.

“We are pleased to receive the Healthwatch Gloucestershire report and will combine this with the feedback we have gathered to inform the development of services that are ‘fit for the future’ in Gloucestershire.”

There will be other opportunities for the public to share their views further over the summer about urgent advice, assessment and treatment services and specialist hospital services. More details:[www.onegloucestershire.net](http://www.onegloucestershire.net)

## 10. Limitations

The timescales within which the work was carried out were tight and therefore, Healthwatch Gloucestershire were not able to speak with as many people and communities as they would have liked. A number of people commented on the usability and clarity of the national survey. In particular, younger people felt that they were difficult to understand and suggested that future surveys should involve younger people in the design process.

## 11. Data protection confidentiality

No personal data was collected as part of this engagement work. All stories and comments used in this report have been anonymised so as not to identify any individual. All of the data collected as part of the work is stored on password protected servers at Healthwatch Gloucestershire and their parent company Evolving Communities, in line with current data protection legislation. A copy of our data privacy statement can be found here:

<https://www.healthwatchgloucestershire.co.uk/privacy-statement/>. A hard copy can be obtained on request by contacting Healthwatch Gloucestershire.

## 12. Acknowledgements

Healthwatch Gloucestershire would like to give thanks to all of those Gloucestershire residents who took time to share their experiences – either face-to-face or via the survey. There would be

no report without your input. We would also like to thank all of our wonderful volunteers who gave a great deal of their own time to support us with the engagement. Finally, we would like to thank NHS England for providing funds to carry out the work.

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