

NHS Long Term Plan

Patient Voice from

North East London

whot
would you do?

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East London Health and Care Partnership - comment

A response to this report from the East London Health and Care Partnership will be published here in due course.

Executive summary

North East London (NEL) consists of the London boroughs of Barking and Dagenham, Havering, Redbridge, Hackney, City of London (City), Newham, Tower Hamlets and Waltham Forest. Collectively the region serves approximately 1.7 million people. This figure is expected to increase over the next 10 years.

The North East London region is divided into three local systems;

- Barking and Dagenham, Havering and Redbridge (BHR)
- Hackney and City
- Waltham Forest and East London (WEL) which includes Waltham Forest, Newham and Tower Hamlets.

NEL demonstrates how populations, services and support can vary within and between boroughs. It contains areas of multiple deprivation and places of relative affluence (often in close proximity to one another). NEL is characterised by its rapid growth and increasing ethnic diversity. The region ranges from areas of relatively low diversity to Waltham Forest, Newham and Tower Hamlets some of the most ethnically diverse boroughs in London. Tower Hamlets is set to have the fastest growing local population in England until 2026. Ethnic community populations in NEL are projected to increase until 2026.

North East London Healthwatch spoke to almost 2,000 people during a short engagement period to capture the patient voice on the NHS Long Term Plan (LTP). NEL Healthwatch hosted focus groups, events and outreach to engage communities in the NHS LTP. We completed 1275 regional patient surveys. The feedback from our events combined with the patient surveys forms the evidence base for this report.

NEL Healthwatch together with the East London Health and Care Partnership (The Partnership) agreed to focus on three priorities in the Long Term Plan. These are:

- Prevention
- Personalisation
- Primary Care.

The priority areas were identified as themes that required further public patient input and development. NEL Healthwatch thought patient voice would have the biggest impact in these areas. The intention is to continue

to work together on developing services that better utilise precious NHS resources and deliver improved patient experience.

Following outreach and engagement throughout the region and analysing the data captured NEL Healthwatch have developed the following recommendations for supporting the delivery of Prevention, Personalisation and Primary Care in NEL.

Prevention Recommendations:

- Work collectively and collaboratively to improve access to health care (GP and health professional) appointments with a view to reducing waiting times for GP and health professional appointments.
- Adopt a regional approach to producing and disseminating prevention information that is accessible and relevant to NEL communities.
- Co-create NEL Information and Signposting solutions that can be collocated (in GP surgeries, Community Pharmacies) and adequately inform residents about health, social care and wellbeing services.

Personalisation Recommendations:

- East London Health and Care Partnership (ELHCP) to co-produce Information and Signposting resources and support with Social Care providers, CVS, social prescribers, patients, carers and service users.
- Develop a Quality Improvement project to improve patient access to GP appointments including identifying examples of best practise and sharing learning within NEL.
- Work with partners and stakeholders to co-create better Patient Carer Education ensuring that information and support is accessible to relevant client groups.

Primary Care Recommendations

- ELHCP to work with NEL communities to explore the possibility of GP surgeries becoming hubs for health and wellbeing offering; improved access to GP/health professionals, site based services (blood testing, physiotherapy, alternative therapies) and support (information, advice and guidance).

- Work with Community Pharmacies to improve local offer to communities, carers and service users in terms of Prevention, Personalisation and Primary Care.
- Make it easier for patients to book Primary Care appointments (GP, Health Professional, and Dental), manage medical records and order repeat prescriptions online.

Methodology

Long Term Plan Programme Objectives:

As a region, each Local Healthwatch agreed to conduct a minimum of two focus groups and aimed to complete 250 surveys made up of general and condition specific responses.

Local Objectives:

As a region, Healthwatch worked with East London Health and Care Partnership (ELHCP) to identify three themes that we agreed as priorities within the region. The priorities are a combination of work streams that require further development and those that regional Healthwatch organisations felt required greater patient voice and engagement.

Following discussions the three agreed priorities are:

- Personalisation
- Prevention
- Primary Care

Key Research Questions:

As a region, our patient and public engagement mechanisms within Healthwatch differ. This can make cross regional comparisons difficult, as each Healthwatch is capturing and recording patient experience differently. At present, local data suggests that services vary within each borough and this indicates a lack of parity across the region.

The research questions we are seeking to address are;

- What do people think about the NHS Long Term Plan?
- What are people's concerns about the NHS Long Term Plan?
- Possible solutions in terms of Personalisation, Prevention and Primary Care.

As a region we hope the adoption of a consistent approach to capturing and recording patient experience will enable a comprehensive review of patient voice and patient experience in terms of; Personalisation, Prevention and Primary Care.

The intention of this report is to evidence Patient Voice in relation to the NHS Long Term Plan, in North East London. The primary drivers for measuring the success of this report are;

- The impact the report has in terms of influencing NEL commissioning intentions

- How East London Health and Care Partnership receive the report's recommendations
- The influence on patient and public involvement in the coproduction of NEL services and support.

Recommendations

The evidence gained from focus groups, outreach into the community, and completed surveys fed into the recommendations. This ensures the recommendations are evidenced based.

The proposed recommendations for NEL will require a coproduced approach that includes the perspectives of commissioners, services providers, services users, carers and the Community Voluntary Sector.

We expect our recommendations to initiate dialogue and joint working between provider organisations, commissioners, patients, carers, services users and the local community. We envisage that suggestions for improvements are agreed at borough, local system and NEL levels with relevant leads.

Limitations

Our research has captured patient and public views on the LTP in NEL. However, the focus of the engagement are the agreed priority areas. As a region, we acknowledge that the engagement is not as inclusive or extensive as we would like. This is because of the very short turnaround times and limited resources allocated to this project. Therefore, NEL Healthwatch consider this the start of a new way of working as opposed to the completion of the engagement around the NHS Long Term Plan.

It is important to note that each local Healthwatch has capacity and capability levels that influenced their ability to participate in the research. At the time of this research;

- One local Healthwatch organisation was recruiting for officers.
- One local Healthwatch was without a member of the Senior Management Team

NEL Healthwatch proposed to engage with the accessible majority as well as seldom heard communities. This was to ensure that we were as inclusive as possible with our approach to engagement.

Engagement Methods:

NEL Healthwatch developed a bespoke patient survey to capture information relating to; Personalisation, Prevention and Primary Care. Each local Healthwatch used the regional survey to enable regional comparisons. In addition, we wanted to gain an appreciation of patient voice in the region. As a region, we employed a combination of the standard and condition specific surveys.

Each Healthwatch adopted a variety of engagement mechanisms including; participating in community events, hosting focus groups, workshops, and conducting outreach to capture patient voice. The intention was to use established networks and create new working relationships to capture the patient voice of a representative group of NEL.

At a borough level, each Healthwatch organised two main events or focus groups supported by additional sessions if required. The information captured at borough level was then sent to the coordinating Healthwatch for processing.

Data Management:

In accordance with Healthwatch standards and procedures all data with personally identifiable information was stored securely at local HW offices (in line with data protection regulations).

As a region, we used the Community Insight System (CIS) for patient voice reporting. Each local Healthwatch captured local data and complete a borough data return. The completed spreadsheet was then sent to the Coordinating Healthwatch who expedited the data into the Community Insight System. This allowed regional analysis and inspection of the information.

NEL Healthwatch, will produce one regional patient experience report (this report) as well as borough level engagement reports that accurately reflect the evidence collected within the region.

The coordinating Healthwatch ensured that all local data was input into the Community Insight System (CIS).

Risk Assessment:

Risk assessments were completed at borough level for each outreach and engagement event (meeting or focus group). Local Healthwatch ensured that engagement activities were conducted to our usual standards in a professional, safe, and responsible manner.

Any safeguarding concerns identified were escalated in accordance with Healthwatch and national safeguarding guidance.

Ethical Considerations:

Consent:

Each research participant was asked to give consent to use their data for the purposes of this study. To comply with Data Protection and GDPR regulations (GDPR and DPA 2018) a consent statement was included on each questionnaire. This will be standard across the region. In addition, consent was obtained for any pictures taken at engagement events.

Representative Engagement:

Each local Healthwatch engaged with local communities that are reflective of the demographics in their borough. The engagement process took into consideration the equality strands and accessibility issues. We were particularly interested in hearing from our seldom-heard communities including, young people, learning difficulties and disability groups, and Black Asian Minority Ethnic communities.

Skills and Expertise:

Within the region, we have a diverse spread of skills, specialisms and proven abilities. Each Healthwatch has its own skillset and area of expertise that it brings to the region. This project enabled the local Healthwatch organisations to work on a joint regional project for the first time.

Outreach and engagement is a key strength for local Healthwatch organisations in NEL.

Technical:

Patient Experience data collected via surveys were coded and input into the Community Insight System.

This allowed the region to develop trend and theme analysis reports based on the evidence collected.

Roles and Relationships:

In NEL we are striving to develop new progressive working relationships with the ELHCP. NEL Healthwatch are working collaboratively with local and regional leads to maximise the impact of the patient voice in the delivery of the NHS Long Term Plan.

The role of each partner organisation was as follows;

The Coordinating Healthwatch;

- Liaise with Healthwatch England Engagement and Project Leads
- Keep local Healthwatch organisations updated and informed about the project
- Develop good working relationships with ELHCPLeads
- Communicate challenges and solutions to key stakeholders
- Facilitate development and delivery of project
- Provide additional support, advice and guidance to local Healthwatch and key stakeholders
- Draft regional delivery plan
- Draft regional report

The Local Healthwatch;

- Actively engage with patients, service users, carers and local community
- Reach out to local key stakeholder organisations
- Produce borough NHS LTP engagement report
- Share borough report with key stakeholders including borough and sub regional commissioners, local authority and providers

The East London Health and Care Partnership

- Work cooperatively with Coordinating and local Healthwatch organisations
- Secure regional agreement for implementing recommendations and next steps
- Agree regional approach to patient voice and engagement
- Commit to working in collaboration with Healthwatch to deliver the Long Term Plan
- Ensure local borough leads are actively involved in the coproduction of local solutions

Quality Assurance

At a regional level, the draft report has been shared with leads and each local Healthwatch for comment and final approval.

Healthwatch England are providing additional quality assurance and guidance to ensure that this report is able to withstand robust scrutiny and meets the desired standard for publication.

Audience:

The NHS LTP North East London engagement report is designed to support the work of commissioners at borough, sub regional and regional levels to implement the NHS Long Term Plan. We appreciate that the Long Term Plan cannot be delivered in isolation. Therefore, this report will be made available to relevant stakeholder organisations, providers and the public.

Evaluation:

The recommendations outlined in this plan form a framework for collaborative working between ELHCP and the NEL Healthwatch to put Patient Voice and engagement at the heart of delivering the NHS Long Term Plan.

North East London Healthwatch organisations will continue to work at a borough level to capture patient experience and patient voice. We recognise that as NEL commissioning and NHS landscapes change we also need to adapt to accommodate these changes.

East London Health and Care Partnership are working collaboratively with North East London Healthwatch to develop a shared way of working that continues to put patient and service users first.

Summary of Findings

North East London (NEL) Healthwatch consists of Healthwatch Barking and Dagenham, Havering, Redbridge, Hackney, City of London (City), Tower Hamlets, Newham and Waltham Forest.

Together NEL Healthwatch spoke to almost 2,000 people through outreach events and focus groups in a short consultation period from April to May 2019. We completed 1,275 Long Term Plan surveys and this information together with patient voice feedback from our events formed the evidence base for this report.

What is clear from our engagement with NEL communities is that this consultation formed the start of a process of patient involvement in the NHS Long Term Plan (LTP). NEL residents are passionate about the NHS and the Health and Care services they receive. People understand the need for transformation and want to play their role in the way services are developed and improved.

There is strong public feeling that the NHS is an organisation to be proud of and one that should remain a public institution.

In NEL, our engagement focused on Prevention, Personalisation and Primary Care. These priorities were agreed in partnership with the East London Health and Care Partnership.

Prevention:

In terms of prevention NEL communities want

- Better access to healthcare (GP and healthcare professional)
- Good quality Information and Signposting
- Affordable healthy living and eating options including subsidised exercise classes

Access to social activities and support is important to 89% of those surveyed in NEL. This was reinforced through information gained from outreach and events. In Havering, the majority of respondents told us they felt their current health and wellbeing was 'fair' or 'better'. Participants in Havering took care of their diet, exercise regularly (predominantly by walking) and participate in hobbies. However, in Hackney 27% of those surveyed said that staying healthy for someone like themselves in their local area was 'fairly difficult' or 'very difficult'. Reasons given for these responses included

poverty, poor diet, pollution, lack of information/awareness, and access to GP services.

In addition, to affordable exercise, NEL residents want access to a variety of social activities to stay healthy. In Tower Hamlets, walking is by far the most popular form of exercise among all respondents. A campaign to incentivise walking for different client groups would yield positive results for local communities. These walking groups could be combined with improving the cleanliness of parks and open spaces.

Of those surveyed in NEL 93% referred to stress as a factor affecting their health and wellbeing. With such a significant response rate ELHCP could consider developing stress reduction and stress management interventions that are inclusive and accessible to a diverse range of client groups.

The recommendations identified from the consultation are;

Prevention Recommendations:

- Work collectively and collaboratively to improve access to health care (GP and health professional) appointments with a view to reducing waiting times for GP and health professional appointments.
- Adopt a regional approach to producing and disseminating prevention information that is accessible and relevant to NEL communities
- Co-create NEL Information and Signposting solutions that can be collocated (in GP surgeries, Community Pharmacies) and adequately inform residents about health, social care and wellbeing services .

Personalisation:

Residents in NEL are already taking steps to maintain their independence and wellbeing. When asked what more could be done to support the personalisation of services and support the top three responses were as follows;

- 17% Information and Signposting
- 12% GP Access
- 12% Support

However, waiting times was fourth with 8% of the responses.

NEL Healthwatch propose further engagement with NEL residents to identify what is needed to deliver the personalisation agenda in NEL.

Healthwatch Redbridge identified GP access as a common theme in their engagement. The participants in Redbridge highlight issues with availability of suitable appointments and long wait times for appointments. They identified an issue with online access to appointments and how this is not accessible for all.

Healthwatch Newham engaged with Learning and Disability groups and discovered that services and support were not always accessible or tailored to meet the needs of these specific client groups. For example, it is very important for GP's and Pharmacists to explain when medication or the brand of medication is changed. Visually impaired patients would only know that the medication has been changed after they have taken the medication and experience unexpected side effects.

Of those surveyed 83% of NEL respondents want care delivered in and around their home. For 83% of participants community support is important and for 86% knowledge (in terms of patient care education) is critical for delivering personalisation.

Personalisation Recommendations:

- East London Health and Care Partnership (ELHCP) to co-produce Information and Signposting resources and support with Social Care providers, CVS, social prescribers, patients, carers and service users.
- Develop a Quality Improvement project to improve patient access to GP appointments including identifying examples of best practise and sharing learning within NEL.
- Work with partners and stakeholders to co-create better Patient Carer Education ensuring that information and support is accessible to relevant client groups.

Primary Care:

The response to Primary Care questions indicate that GP services are used more regularly than Community Pharmacies and Dentists in NEL. With 38% of those surveyed visiting a GP within the last 12 months compared to 35% visiting a Community Pharmacy and 27% a Dentist.

NEL communities are very clear that they want better access to GP and or Practise Nurse appointments. Of those surveyed 59% want an appointment within a week.

NEL communities make good use of the additional services provided at a GP with 50% using blood testing services, 28% health checks and 4% flu vaccinations. NEL residents would like to see a range of complementary services and support offered at their GP surgery. In focus groups, mental health services was a crucial service that people would like to access at their GP.

In Barking and Dagenham, mental health was a critical issue for our younger residents. The participants in Barking and Dagenham proposed the following solutions;

1. Having an adviser, mentor or someone who they trust to support them to keep mentally well for a consistent period of time when they need it - be it someone from the community or an individual's Faith Group.
2. Local NHS mental health services that assess and provide support quickly.
3. Organised group activities to improve self - esteem, reduce loneliness and help young people to realise their potential.

In the City of London, participants requested better and early access to mental health services, with concerns that people reached crisis before they accessed appropriate services. This was very similar to residents in Waltham Forest who wanted better access to mental health services, requesting that mental health services be delivered from GP sites.

From the survey the top four suggestions for additional services at a GP are:

- 45% Blood Testing
- 12% Information and Signposting
- 11% Dietician
- 9% Physiotherapy

The most requested service to be located at a GP is blood testing which secured 45% of popular opinion. This is more than triple those opting for the second choice of Information and Signposting.

Blood testing scored highest for both services used and services requested at a GP. NEL residents want easier access to blood testing services at their GP.

Survey respondents used a variety of services at Community Pharmacies. The top three answers are:

- Health checks 22%

- Information and Signposting 22%
- Flu Vaccinations 21%

NEL residents also used medication review and repeat prescription services at Community Pharmacies. The services that NEL residents would like to see at Community Pharmacies are:

- Blood Testing 34%
- Information and Signposting 19%
- Health Checks 14%
- Blood Pressure Checks 13%

Blood testing topped the list for services that local residents want to see at a Community Pharmacy. However, the responses to the remaining options were fairly evenly spread.

Primary Care Digital

NEL residents were positive about the use of digital technology in terms of; booking appointments, checking test results and managing clinical records. However, respondents were not keen to use online consultations instead of face to face appointments. 24% of those surveyed thought it was 'not important' (17%) or 'not important at all' (7%) to have online consultations.

ELHCP could seek to ensure patients were better able to use online systems to manage the booking of appointments, and access to medical information. Good quality patient information and patient education would support patients to make better use of the digital resources that are available.

Primary Care Recommendations

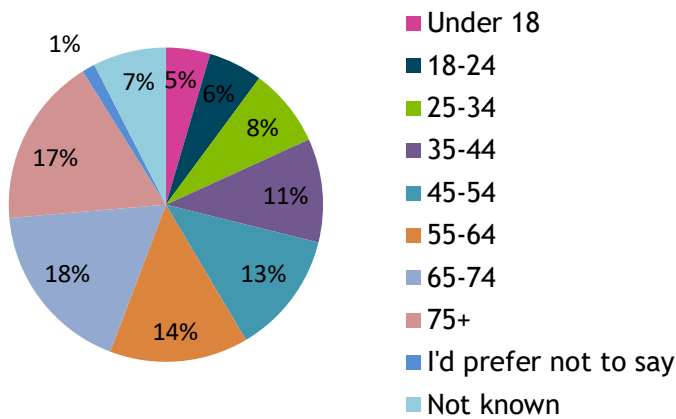
- ELHCP to work with NEL communities to explore the possibility of GP surgeries becoming hubs for health and wellbeing offering; improved access to GP/health professionals, site based services (blood testing, physiotherapy, alternative therapies) and support (information, advice and guidance).
- Work with Community Pharmacies to improve local offer to communities, carers and service users in terms of Prevention, Personalisation and Primary Care.
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North East London Perspectives

Survey Respondents

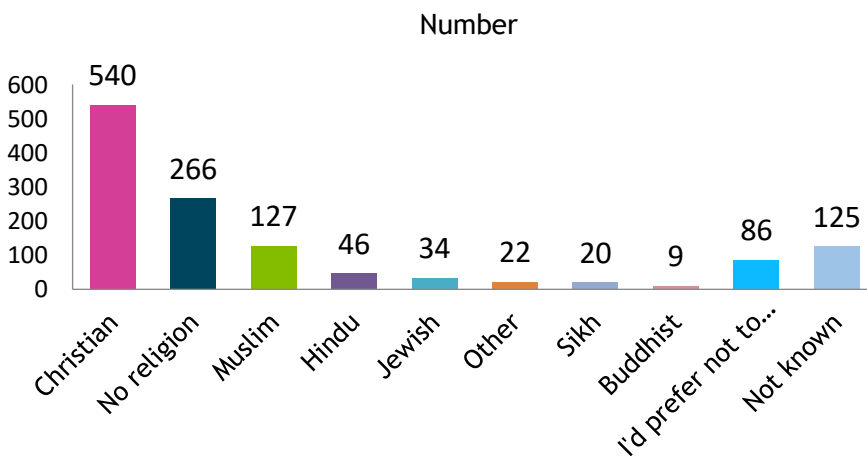
North East London Healthwatch organisations engaged widely during the engagement period. The sample group included good representation across all age ranges with participants aged 18 and under, through to the over 75’s.

Table 5 Age



The survey sample consisted of women 63%, men 25%, 2% preferred not to say, and 10% responded not known. While 88% of the respondents were happy to define themselves in terms of male and female; 12% were not. In future, it would be better to consider a wider range of gender classifications enabling respondents to have a broader choice of gender options.

Table 12 Religion

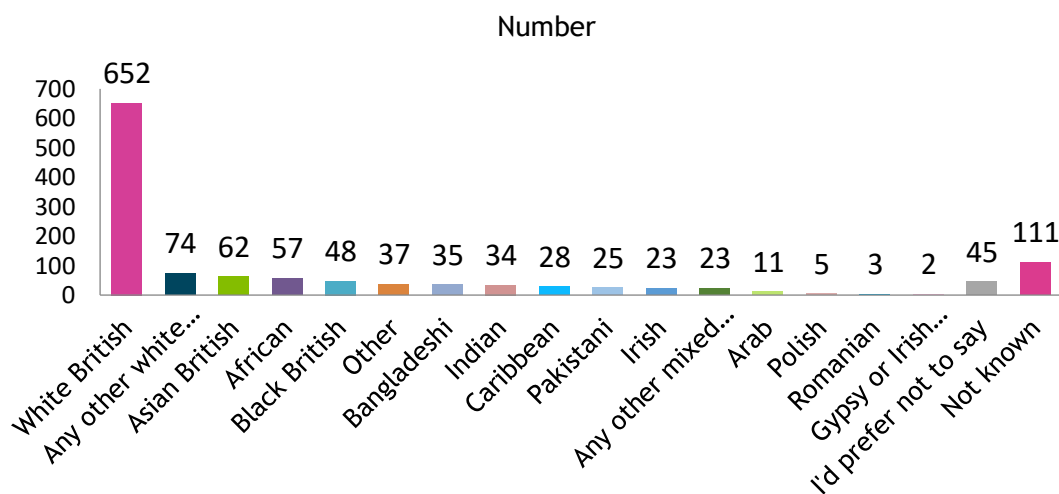


The survey sample consisted of representation from each of the main and lesser known faiths. With 43% of respondents identifying as Christian, 3% Hindi, 3% Jewish, 2% Sikh. It is important to note that 10% of those that completed the survey identified as Muslim. This is significant as NEL has a large Muslim population. This figure (10%) would suggest that more targeted engagement is required with faith based communities to ensure responses are reflective of NEL communities.

The survey also consisted of 21% who had no religion and 7% who did not want to state their religion.

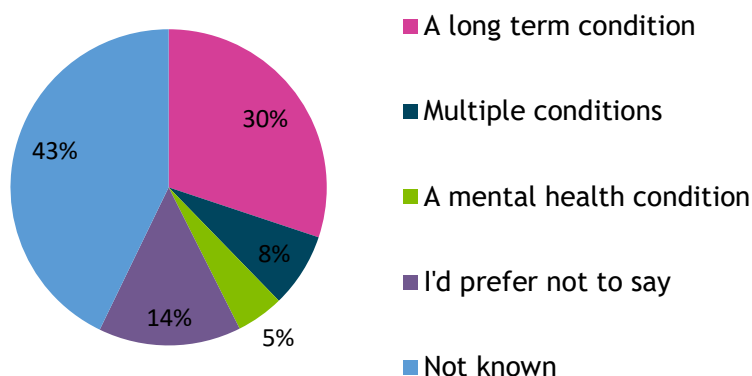
The survey sample reflected diversity within NEL well, with 51% of respondents identifying as white British and 49% identifying as from other ethnicities. However, some ethnic groups are underrepresented in the survey respondents e.g. Caribbean, Indian, Pakistani, Polish, Romanian and Albanian. Given that NEL is one of the most diverse regions in London it is important to recognise that future engagement and consultation requires specific approaches to involve under represented groups. A possible solution is collaborative working with the Faith Based Organisations and the Community Voluntary Sector to access marginalised and seldom heard communities.

Table 6 Ethnicity



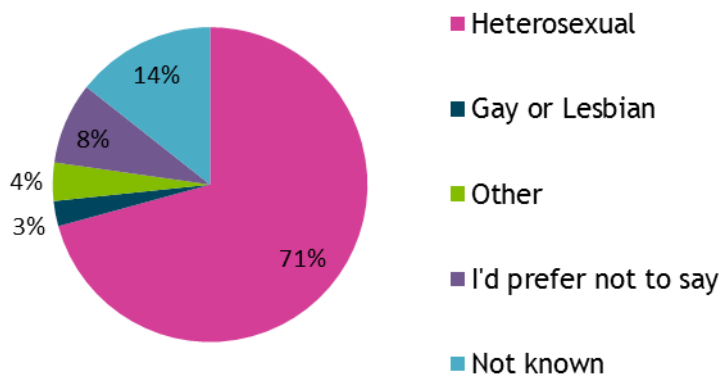
The NEL survey sample consisted of people, who identified as disabled 22%, and carers 11%. The respondents reflected a good mix of lived experience with health conditions with 8% having multiple conditions, 5% mental health condition and 30% with a long-term illness.

Table 7 Health Conditions

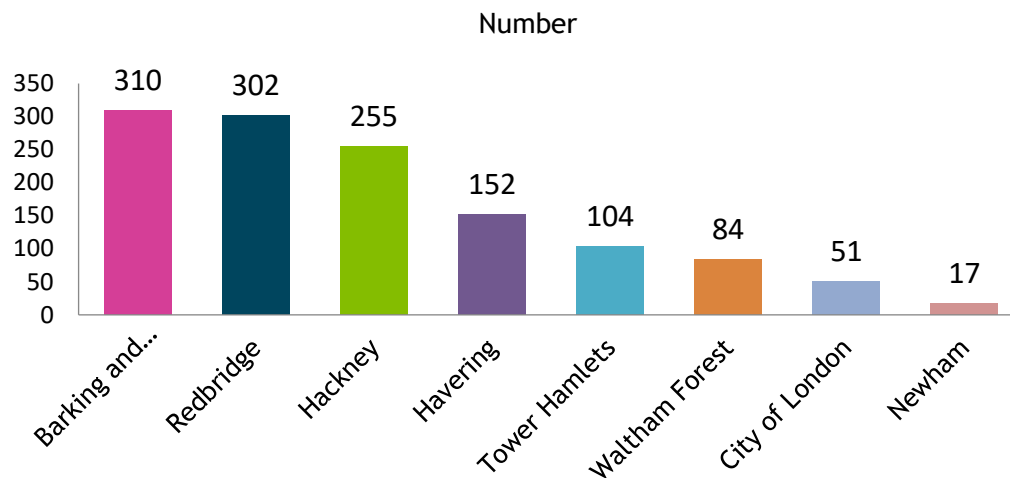


The NEL sample consisted of 71% heterosexual, 3% Gay or Lesbian and 4% who responded other. However, 22% of the sample either did not want to say or didn't know how to answer the question. This is possibly a limitation of the questionnaire as if there were more sexual orientation categories to choose from there might have been more positive responses to this question.

10 Sexual Orientation



Responses by Healthwatch



Each Healthwatch engaged in their respective boroughs. The figures presented in this section relate only to the numbers of people responding to the surveys. This does not include the number of people involved in focus groups, workshops and events.

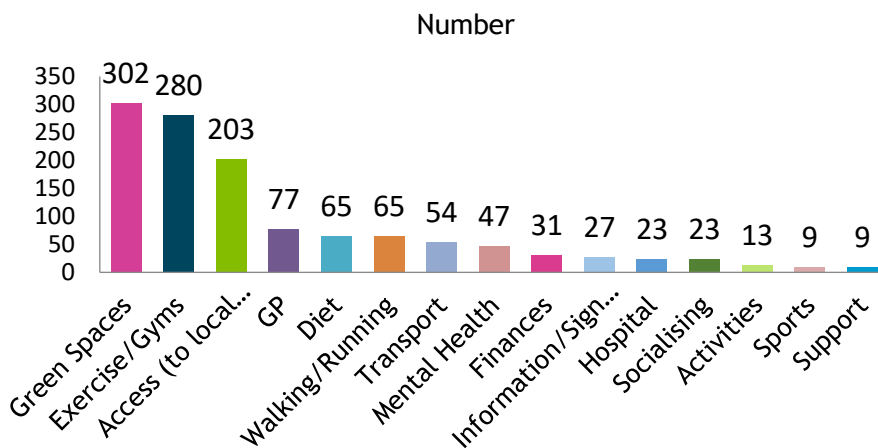
Healthwatch Barking and Dagenham, Redbridge and Hackney surpassed their 250 survey target. With Healthwatch Barking and Dagenham achieving 310 responses, Healthwatch Redbridge 302 responses and Healthwatch Hackney 255 responses.

Prevention

On review of the data the majority of participants in the NEL identified their health as ‘good’ 44%, or ‘fair’ 28%. The top three things that people in North East London already do to stay well are; diet 30%, walking and running 21% and exercise 21%. However, 5% (152 respondents) identified socialising as one of the three things they do to stay healthy.

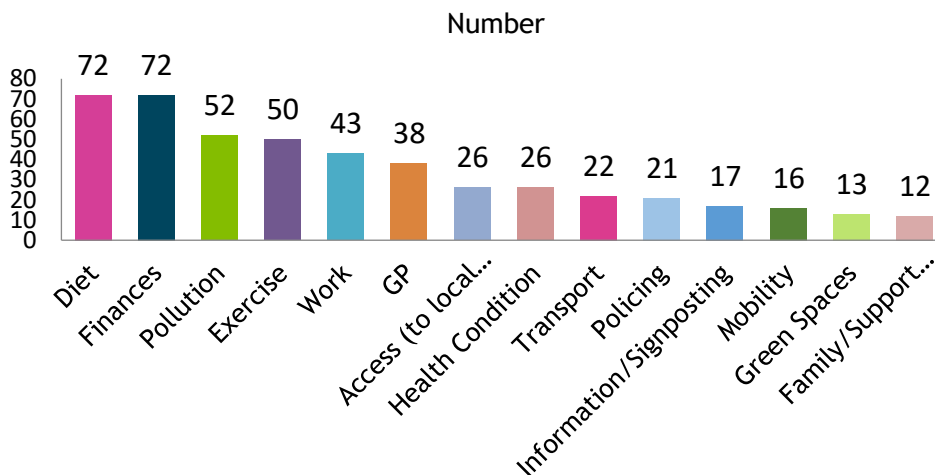
To support Prevention in NEL communities the East London Health and Care Partnership could consider increasing the accessibility of; walking and running, exercise classes, social prescribing and socialising activities.

1.3.1a. Why do you think so? (positive responses)



When asked about staying healthy in NEL, 53% of respondents said they found it ‘fairly easy’ and 17% said they found it ‘very easy’ to stay healthy and well. Having access to Green Spaces is very important to staying healthy with 25% of respondents giving this as their top answer. This is closely followed by 23% opting for Gyms/Exercise and 17% Access to Facilities (table 1.3.1a). From these responses we can see how important Green Spaces, having access to Exercise and Gyms and to local facilities are in supporting people to stay well. In comparison, 10% found it ‘difficult’ and 5% ‘very difficult’ to stay healthy and well living in the local area.

1.3.1b Why do you think so? (negative responses)

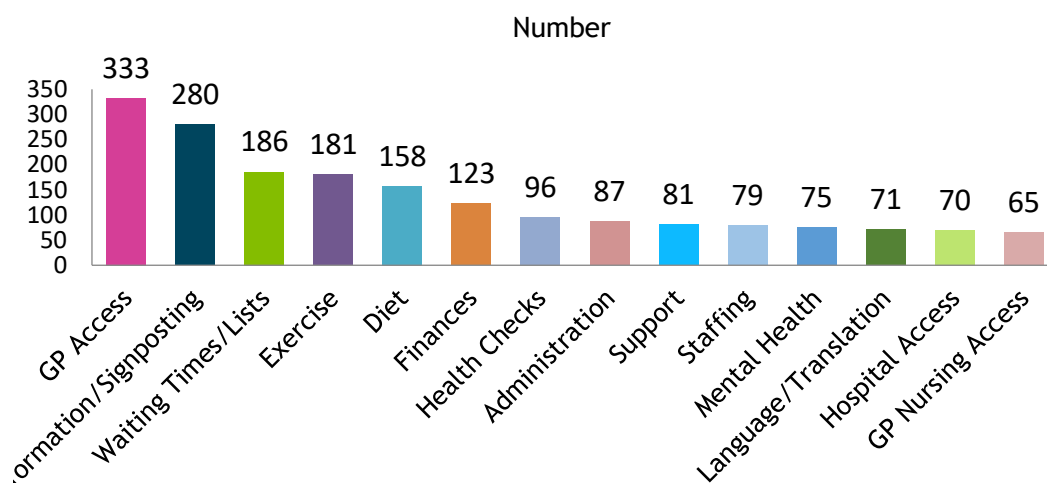


However, when we look at the negative reasons for people who did not feel it was easy to stay healthy and well in their local area we see that; 15% of respondents site diet and finances as the main barrier to staying fit and well (table1.3.1b). To address the affordability of staying well requires involvement from a range of stakeholders (including NHS providers and commissioners, local authority education, social care, communities, public health departments and commissioners, Community Voluntary Sector and Civil Society Organisations) to collectively resolve the barriers to eating healthy and living well. This requires new ways of working that overcome organisational and sector specific boundaries.

Pollution scores 11%, suggesting that people in NEL are not always able to make good use of Green Spaces. ELHCP could explore initiatives to reduce pollution in NEL by working with local government, environmental organisations and Transport for London.

A further 10% cite exercise as a barrier. This response suggests affordability and/or accessibility of exercise is a barrier to staying healthy. Of those surveyed 9% state work as a barrier to staying healthy. Therefore, any proposed solutions has to take into account changing working conditions. It is possible that employers could be encouraged to adopt healthy working practises that enable employees to look after their health and wellbeing better.

1.4 Tell us up to three things the NHS and its partners could do differently to help you stay healthy and well.



Participants responded decisively when asked about what the NHS and partners could do differently to improve services locally (question 1.4 in the survey). It is clear that what NEL communities want is better GP Access. This was the top answer securing 18% of the responses. Respondents view good GP access as important to staying well. While some areas perform well in terms of GP access others do not. ELHCP has to consider what it can do to increase parity in accessing GP appointments.

Of those surveyed, 15% of respondents suggested Information and Signposting as the second most important activity to help people stay well. This suggests NEL requires ELHCP to develop quality prevention information that is accessible and culturally appropriate.

Exercise and reducing waiting times/lists both scored 10%. The request to ELHCP is to create new incentivised activities programmes that promote wellness. A possibility would be to promote exercise in terms of its benefits e.g. stress reduction, improve heart health, strength and flexibility. People are keen to stay well and require support to be able to do so.

Reducing waiting times/lists requires a fresh approach to booking and receiving appointments. Some NEL areas have made significant progress in improving access to GP appointments. While others have not. NEL Healthwatch suggest ELHCP continues to engage with patients and service users to clarify what a 'good service' looks like in terms of waiting times and lists. ELHCP should continue to work together with service users, patients and carers to develop improvements to the system.

When asked what was important for staying healthy; 76% said 'Healthy diet' and 63% said 'physical activity' is 'very important'. This is in line with findings identified in earlier questions.

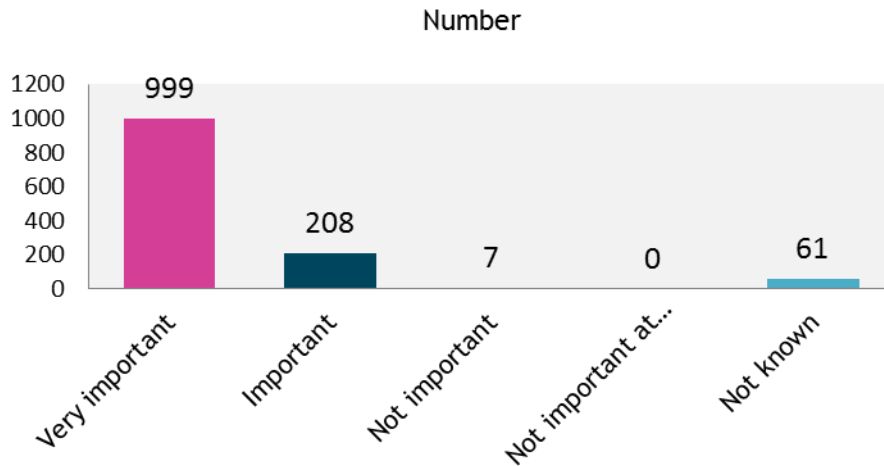
Social networks were incredibly important to staying healthy and well. With 51% of respondents stating social activities to be 'very important' and 38% 'important'. That is 89% of those surveyed recognise social networks as important to staying well and being healthy. This suggests that a consistent approach to the availability of and signposting to suitable social opportunities is required in NEL e.g. social prescribing, community connectors, community liaison officers.

Of those surveyed 60% said dealing with stress is 'very important' and 33% said 'important' to staying healthy. Managing stress is a huge contributor to staying well for 93% of our respondents. The request here is for ELHCP to review and reconsider its stress reduction/stress management offer in order to increase the numbers of people actively reducing and or managing their stress levels in NEL. While we appreciate the challenging environment that we are all operating in, we also have to acknowledge that in order to get a different result, we have to do things differently. During the NEL focus groups it became apparent that people want access to therapeutic interventions and alternative therapies as well as exercise classes to manage stress levels. This included access to Yoga, Pilates, mindfulness, massage, and acupuncture. It might be useful to focus particular stress reduction interventions at specific client groups most at risk of high stress levels e.g. professionals, single parents, Community Voluntary Sector employees, and front line service providers.

Feeling safe in their local community was very important to 63% of participants. The challenge for ELHCP here is working collectively to improve the perception of safety. This may require developing a closer working relationship with neighbourhood and policing teams.

NEL residents want access to good reliable health information with 53% saying this is 'very important' and 39% 'important'. Therefore, it is important for ELHCP to consider the information and signposting offer in NEL.

1.5g. How important do you think each of the following are for staying healthy and well? Access to healthcare I need, when I need it.



What matters most to people in North East London is, ‘having access to healthcare when I need it’ with 78% (999 people) saying this is ‘very important’ and 16% ‘important’ (208 people). ELHCP is tasked with improving access to healthcare to support NEL residents to stay well.

The responses to question 1.35h demonstrate that money is a consistent feature to staying well. Of those surveyed 51% of respondents stated it is ‘very important’ and 33% ‘important’ to have support with costs to stay well.

The solution requires ELHCP to work closely with a range of providers and local communities to develop schemes that are accessible to those on low incomes.

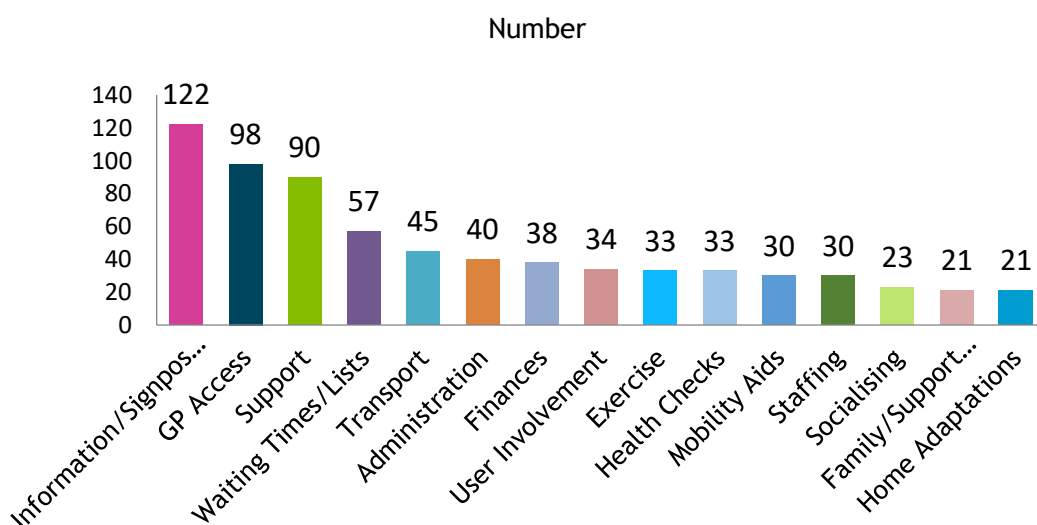
Prevention Recommendations:

- Work collectively and collaboratively to improve access to health care (GP and health professional) appointments with a view to reducing waiting times for GP and health professional appointments.
- Adopt a regional approach to producing and disseminating prevention information that is accessible and relevant to NEL communities.
- Co-create NEL Information and Signposting solutions that can be collocated (in GP surgeries, Community Pharmacies) and adequately inform residents about health, social care and wellbeing services.

Personalisation

Personalisation is one of the pillars in delivering the NHS LTP. In this report we use the term to define patients having greater say and control over the way services are delivered to them. This approach requires a system approach to delivering healthcare with each part of the system communicating with the patient and carer and with each other. NEL Healthwatch are keen to see personalised services that are patient focused and wrapped around the patient to better meet their needs.

2.2. Tell us up to three things the NHS and its partners could do differently to help you stay independent.



Participants opted for a variety of interventions that the NHS and its partners could do to promote independence. The top three suggestions in the region are: Information and Signposting 17%, GP Access 14%, and support 12%. Waiting times/lists scored 57 responses and 8% of the vote. The remaining options all score 3% to 6% of responses.

The responses to question 2.2 illustrate the variety of ways ELHCP can work with partners to deliver improvements in personalisation. Key to the personalisation agenda is the availability of and access to Information and Signposting. ELHCP in collaboration with service providers, clinicians, Community Voluntary Sector, service users and carers require a consistent approach to Information and Signposting that ensures patients and service users are given accurate information and advice that supports their decision making.

GP Access plays a critical role in the personalisation of services. The Partnership in collaboration with patients, service users and other key

stakeholders are asked to develop solutions that enable better to access to GP's and associated health professionals.

NEL Healthwatch are requesting further engagement with service users and providers to identify what support is in place for service users, patient pathways to access support and to clarify if new types of support is required.

Questions 2.3a to 2.3e asked respondents to identify what is most important to them in terms of personalisation. Of those surveyed 72% thought it was 'very important' and 16% 'important' to stay in their own home for a long as it is safe to do so. These responses suggest that the personalisation agenda has to consider the best way to allow people to receive the support and care that they need within their own homes.

For many people community equates to support from community and voluntary organisations, community (support) groups and local residents (local network of family and friends). Community support is critical in delivering Personalisation with 50% of respondents saying it is 'very important' and 33% saying 'important' to maintaining their independence. To support the implementation of the Personalisation agenda, we suggest that ELHCP adopt improved ways of working with the Community Voluntary and Enterprise Sector to ensure that community whether in terms of being a good neighbour (an individual) or as an organised group (Community Voluntary Sector organisation) are able to support people to live within the community.

Knowledge (patient and carer education) is 'very important' for 60% and 'important' for 26% of the sample. Patients and service users want to have the knowledge and skills to care for themselves and/or loved ones properly. This was a central theme in our focus groups and events. Patients, carers, local communities want to have better training, information and support to be able to provide quality care. This was particularly evident in End of Life Care discussions. The evidence suggests that ELHCP, with NEL Healthwatch, could seek to establish and deliver patient/carers education and training support programmes that enable patients, service users and carers to provide good quality care to themselves and others.

Convenient travel to health and care services is 'very important' to 65% and important to 22% of respondents. This is significant for a number of reasons. Health and Care services should have good public transport links. Where this is not the case the suggestion is to work with Patient and Community Transport and Transport for London to ensure that patients and their carers can access services easily. In NEL, Patient Transport has to take into consideration the support required by the service user/patient to attend the

appointment. In the new regional developments that do not encourage driving or offer parking facilities requires further attention.

End of Life Care is important to 86% of respondents with 66% stating it is 'very important' and 20% 'important'. Participants want assurances that they and their family members will be supported throughout the End of Life Care journey.

A review of the End of Life Care offer in NEL would highlight possible areas where patient choice and decision making could be better supported and implemented. End of Life Care requires sensitive and transparent dialogue that enables the patient and carer to engage with the dying process. For example the ability for someone to die in their own home as opposed to a hospital.

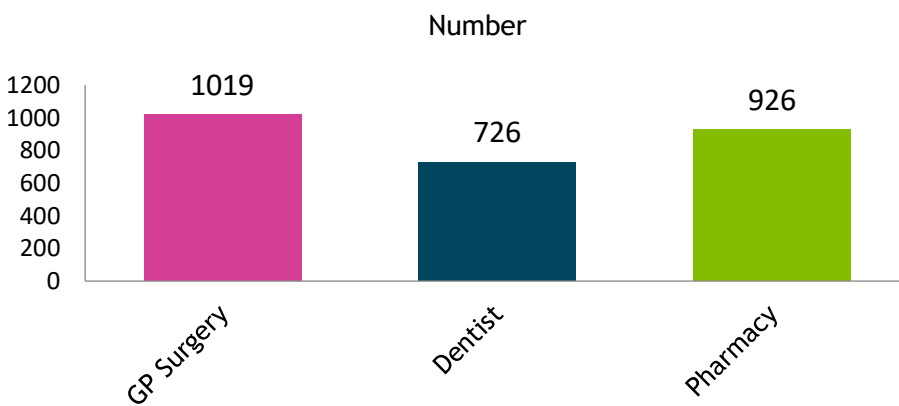
Personalisation Recommendations:

- East London Health and Care Partnership (ELHCP) to co-produce Information and Signposting resources and support with Social Care providers, CVS, social prescribers, patients, carers and service users.
- Develop a Quality Improvement project to improve patient access to GP appointments including identifying examples of best practise and sharing learning within NEL.
- Work with partners and stakeholders to co-create better Patient Carer Education ensuring that information and support is accessible to relevant client groups.

Primary Care

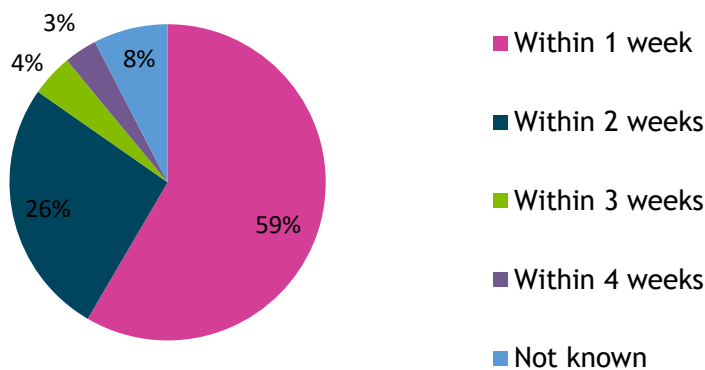
In terms of Primary Care engagement focused on three key services; GP Surgeries, (Community) Pharmacies and Dentists. The Primary Care survey sought to capture patient voice on how these services are used, what additional services are already used at these sites and to identify possible complementary services that could be accessed from these sites.

3.1. In the last 12 months, have you used any of the following services?



Of those surveyed, 38% used GP services, 35% Pharmacy services and 27% Dental services in the last 12 months.

3.2. For routine (non-urgent) appointments, what do you consider a reasonable wait to see a GP or practice nurse?

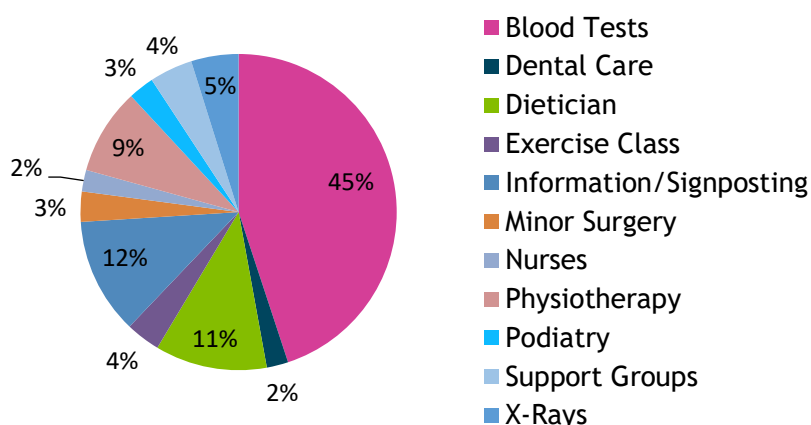


In response to the non-urgent appointments question, 59% want an appointment within 1 week and 26% within 2 weeks. Of the sample surveyed, only 7% were prepared to wait three or more weeks (Figure 3.2).

In North East London there is a great deal of difference when it comes to booking appointments. The patient experience could be anything from getting a same day appointment to waiting three weeks for an appointment. It is difficult to justify this inequality when some providers are delivering same day appointments and others are asking patients to wait three weeks. It is important to note that all GP’s can access training and support to improve efficiency. Therefore, the Partnership is tasked to work with providers to share best practice and learning throughout the region to improve the patient experience.

Patients in North East London make good use of additional services offered at their GP. The most popular GP services are Blood Testing 50%, Health Checks 28% and Flu Vaccinations 4%.

3.3a Is there anything else you would like to use at your GP, if available?



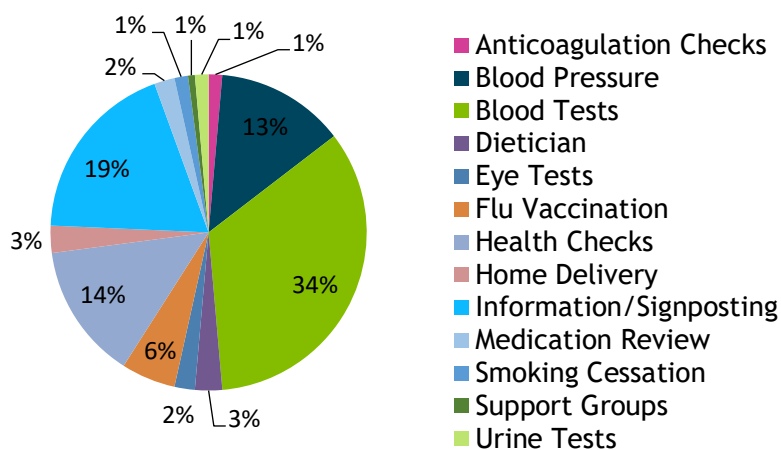
When asked what more could be offered at the GP surgery 45% of patients want to see more blood testing. Patients opted for a range of services and support including; 12% opting for Information and Signposting, 11% Dietician and 9% physiotherapy (Figure 3.3a).

From a patient perspective GP surgeries could become a version of a health and wellbeing hub; where patients access what they need to manage a condition and/or prevent the development of an illness. Patients want to access site based; GP appointments, information and advice, blood testing and support services.

NEL residents use their pharmacies differently from their GP surgeries. The survey sample predominantly use pharmacies for health checks (22%), information and signposting (22%) and flu vaccinations (21%). NEL patients

also use pharmacies for medications reviews (9%) and repeat prescriptions (9%).

3.4a. Is there anything else you would like to use at your pharmacy, if available?



When the survey sample was asked what additional services could be offered at a community pharmacy residents responded with blood testing (34%), information and sign posting (19%), health checks (14%) and blood pressure checks (13%), (Figure 3.4a).

Access to blood testing services are important to the people of NEL. This presents an opportunity for NEL commissioners and ELHCP to review present phlebotomy arrangements and source options for enabling blood testing at GP sites and Community Pharmacies.

The evidence suggests that Community Pharmacies play a key role in prevention and personalisation in terms of health checks, flu vaccinations and information and signposting. If this role could be further developed then Community Pharmacies could play an increasingly supportive and complementary role to GP practises and the delivery of the LTP.

What is important to you for staying healthy and well?

The next series of questions (questions 3.5a to 3.5f) asked respondents to rate the importance of different categories to staying healthy and well.

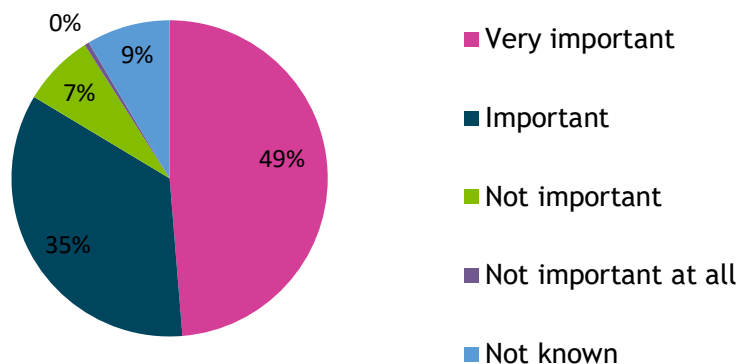
When asked what matters to stay healthy and well, 59% said it was ‘very important’ and 26% thought it was ‘important’ to have access to your preferred GP, nurse or professional (Question 3.5a).

Of those surveyed, 49% think out of hours appointments are ‘very important’ for staying healthy. The availability of out of hours appointments is ‘important’ to 35% of those surveyed (Figure 3.5b below)

These figures have to be taken in the context of what constitutes ‘out of hours’. It could be that what was once considered out of hours has changed over time. With changing working patterns and lifestyle choices access to appointments has to adapt to meet patient needs.

3.5b. How important do you think each of the following are for staying healthy and well?

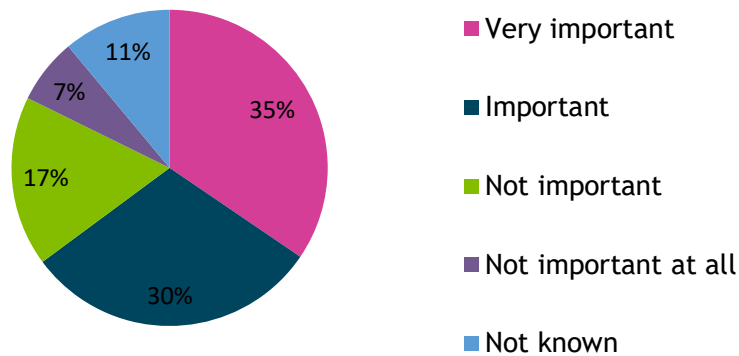
Availability of out-of-hours (weekend/evening) appointments



NEL residents think it is important to be able to book appointments online with 65% agreeing with this question. Of those surveyed 35% think it is ‘very important’ and 30% ‘important’ to be able to book appointments on line (figure 3.5c below).

The Partnership with commissioners, Community Education Provider Networks and GP providers could seek to ensure all NEL GP offer online booking.

3.5c. How important do you think each of the following are for staying healthy and well? Being able to book appointments online



In question 3.5d respondents were asked about having access to telephone or online consultations. This question prompted a mixed response from respondents with 71% of respondents thinking it was important (36 %) or very important (35%). However, 24% respondents thought it was a not important (17%) or not important at all (7%).

The responses to this question possibly indicate the boundary of the digital divide. While there is a significant number of people who are happy to use technology in this way. There is a significant minority who are not. Further engagement with NEL communities is required to identify what the possible barrier and solutions are to telephone and or online consultations.

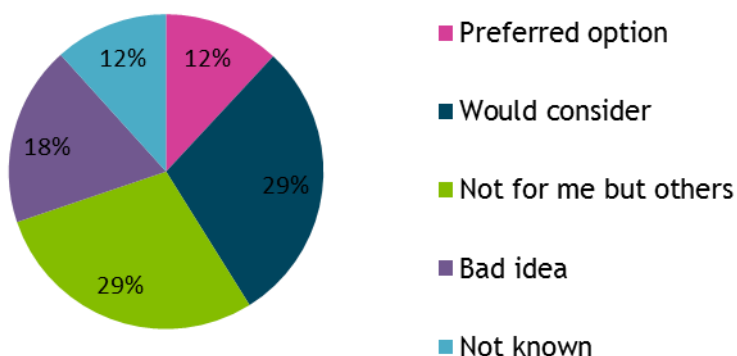
Question 3.5e asked how important it was to be able to check test results online. Of those surveyed 63% would check test results online, and 56% would manage medical records through an online portal (question 5.5f). However, 32% felt this was ‘not important’ (23%) or ‘not important at all’ (9%).

Digital

The next series of questions relate specifically to digital access to booking appointments and consultations (questions 3.6a to 3.6d). When it came to booking a GP online or through an app, 41% of respondents said this would be their preferred option. However, 18% said ‘this was not for me’ and 8% thought this was a ‘bad idea’.

Question 3.6b asked respondents to consider booking Dental appointments online or via app. Of those surveyed 38% said this would be their ‘preferred option’ and 22% said they ‘would consider’ booking an appointment in this way. However, 20% thought this was ‘not for them’ and 8% said it was a ‘bad idea’.

3.6c Thinking about digital access, how do you feel about the following?
Having an online consultation rather than seeing my GP face to face.



When asked about online consultations instead of a face to face appointments respondents were very clear that online consultations were not a substitute for face to face appointments.

Of the participants 12% said this was their ‘preferred option’. This is the lowest positive response out of all the primary care questions. Of those surveyed, 29% ‘would consider an online consultation. However, 29% said ‘not for me’ and 18% said this was a bad idea. This is the largest negative response to a primary care question.

The responses to question 3.6c are particularly interesting as they appear to represent the point at which NEL respondents draw the digital line. With 41% of the sample providing a positive response and 47% a negative response to online consultations. The evidence suggests that where possible patients would prefer a face to face appointment with a GP.

Conversely, patients were happy to access medical records and tests results through an online portal; with 34% stating this was their ‘preferred option’, and 21% ‘would consider’ this option. However, for 20% of the survey sample said this was ‘not for me’ and 13% thought it was a ‘bad idea’.

Primary Care Recommendations

- ELHCP to work with NEL communities to explore the possibility of GP surgeries becoming hubs for health and wellbeing offering; improved access to GP/health professionals, site based services (blood testing, physiotherapy, alternative therapies) and support (information, advice and guidance).
- Work with Community Pharmacies to improve local offer to communities, carers and service users in terms of Prevention, Personalisation and Primary Care.
- Make it easier for patients to book Primary Care appointments (GP, Health Professional, and Dental), manage medical records and order repeat prescriptions online.

Borough Perspectives

Each local Healthwatch embarked on engaging with communities about the NHS LTP in our respective boroughs. Each NEL Healthwatch will produce a borough level NHS LTP report that will be distributed locally. What follows is a flavour of the perspectives from each borough.

Healthwatch Barking and Dagenham

Executive Summary

A key role of a local Healthwatch is to listen to its residents and their experiences of using local services, what works well for them and what doesn't work so well.

In Barking and Dagenham there is an estimated population of 210,000 residents from a broad spectrum of social and cultural backgrounds. For the purposes of this survey, we were able to reach out to 337 individuals to capture their views.

With this sample group, we were able to capture the thoughts and ideas of local people, relating to 3 elements of the NHS Long Term Plan.

Personalisation

The support of living aids and equipment is used by 55% of the people that responded to the survey. For 68%, being able to participate in physical and social activities helps them to stay healthy and well.

What matters most to local people in Barking and Dagenham are;

1. Being able to stay in their own home so long as it is safe.
2. They can live their life the way they want if their community is able to support them.
3. Family and friends can help and support them when needed, provided they are given the knowledge to do so.
4. To get to and from health and care services in the most convenient ways.
5. Making sure they have the right after care and support at home when discharged from hospital.
6. For end of their life care, that their family and themselves are supported.

Prevention

When looking at their own current level of health 87% of people said it was fair to very good. While 80% attributed exercise and physical activity in some form, as the way they support their health and stay well. For 44% of people, they said that they actively took part in sports or went to the Gym.

Eating healthily and having a good diet is something that 69% said they are aware of to maintain and promote good health. Mindfulness, self-awareness and inner wellbeing was cited by 60% of respondents who participated in some form of holistic activity such as Yoga or Pilates, to support good health.

Keeping healthy, living in the local area is fairly easy or easy for 71% of respondents. Almost all participants, 98% said that local health and care services could be improved or provided in different ways.

Main themes that emerged are;

1. Timely appointments and access to GP services.
2. Easy to understand access and signposting through clear communication.
3. Extending care and support into the local community.
4. Encourage and incentivise people to take part in physical activity by providing free or low cost activity to sports or exercise centres.
5. Support access to services for mental health and wellbeing by actively referring people to different services prescribed in the community.

Primary Care

Accessing services over the last 12 months, 82% of local people said they had been to a GP surgery; 76% had gone to a Pharmacy and 59% had visited a Dentist.

For routine GP appointments, 89% said that it was reasonable to wait for 2 weeks or less - 60% of those said it was reasonable to have an appointment within 1 week.

If it was available as an additional service at their GP surgery, 55% of respondents said they would want a blood test service and 25% said they wanted health check services there too. In addition, 37% of respondents indicated they wanted this additional service and health checks at their local Pharmacy.

Being able to access counselling services and other alternative forms of therapy were also additional services people wanted from their GP.

Most important to local people for staying healthy and well using Primary Care Services;

1. Being able to see a preferred GP or nurse.
2. The availability of out-of-hours appointments during evenings, weekends and bank holidays.
3. Booking appointments online, but recognising that it is not the most appropriate way for all residents and taking that into account.
4. Having an option of telephone or online consultations, as well as being able to access test results and medical records online.

Booking GP appointments online or through an app was a considered or preferred option for 66% of respondents, whereas 34% indicated they would not use that option.

Consulting online rather than seeing a GP face to face was either a considered or preferred option for 46%. For Dental appointments, the same options were either considered or preferred by 67% of people that responded.

For young people needing to access help and support through local mental health services the key themes that emerged as solutions are;

1. Having an adviser, mentor or someone who they trust to support them to keep mentally well for a consistent period of time when they need it - be it someone from the community or an individual's Faith Group.
2. Local NHS services that assess and provide support quickly.
3. Organised group activities to improve self - esteem, reduce loneliness and help young people to realise their potential.

Healthwatch Havering

Havering is a London Borough, with a population estimated in 2017 of about 256,000, with the lowest level of ethnic diversity in London: in the 2011 census, the population was broadly split between those identifying as White - 87.7%; and other ethnicities - 12.4% (Asian 4.9%; Black 4.8%; mixed 2.1%; other groups 0.6%); further demographic changes since then suggest that the current balance is likely to be around 80% white and 20% other ethnicities.

Havering's age-profile is also atypical of London - it has the highest proportion of elderly residents of any London Borough but there are also a growing number of children and young people.

152 people responded to our survey, which we carried out at seven events within the borough, using both one-to-one interview and focus group approaches. In reporting, we have also considered other Healthwatch activity we have carried out on related matters.

Purpose

The purpose of this survey was to discover how people felt about the health services they receive and how that might be improved, in order to inform the development of NHS England's Long Term Plan for the NHS nationally, and the STP locally.

Objectives

To ensure that the views and aspirations of patients and service users are taken into account in the development of health and social care services as the NHS Long Term Plan is developed and delivered, whether at national, regional or local level.

In addition to the work on this and similar surveys by other Healthwatches, nationally and in North East London, we will continue to use the data we have obtained by this and other surveys and activities to influence the development of local health and social care facilities.

Methodology

We spoke to people at seven events, organised with -

Havering Over Fifties Forum

Romford Evangelical Church

Romford Salvation Army Drop-in Group

Havering Partially Sighted Society

Tea Pot Friendship Group

Havering Sign Language Club

Havering Sight Strategy Group

Not all those who attended these events were willing to participate in the survey.

In addition, we have included in the report a summary of an event we organised jointly with our Healthwatch colleagues in Barking & Dagenham and Redbridge for patients undergoing treatment for cancer at Queen's Hospital, Romford.

Several survey forms were also completed by members of Healthwatch Havering.

Recommendations

Our survey was part of both a regional and a national exercise, and there will doubtless be broader recommendations of general applicability across North East London and England generally once the survey results have been collated. But there are some local points that have emerged that we invite the Havering CCG and other players in the Havering health and social care economy to consider.

Prevention: staying healthy for life

1. That “social prescribing” be used more extensively than at present to encourage service users to make more use of non-medical facilities to support their health and wellbeing
2. That more information be made available as to where patients should go to arrange for stitches to be removed
3. That the arrangements for blood-testing (phlebotomy) in Havering (and Barking & Dagenham and Redbridge) be reviewed to address service users' complaints about inadequate service (such as NHS Long Term Plan Engagement Programme restricted numbers of tests or opening times (or both) and long waiting times before being seen)

Maintaining health and personal independence

4. That signposting and advisory services be reviewed to enable service users more easily to access information, not just about the health services they need to use but about broader health and wellbeing issues

5. That, in developing future health and wellbeing policies and individual service developments, the underlying theme be the need to maintain individual health and personal independence for so long as possible and practicable

Cancer care: changes to chemo-therapy services

6. That the arrangements for patients undergoing cancer treatment who attend the Emergency (A&E) Department at Queen's Hospital for unrelated reasons be reviewed to ensure that they are accorded the priority of treatment that their condition requires

7. That the accommodation used for cancer treatment at Queen's Hospital be reviewed to ensure that the patient experience is not adversely affected by over-crowding, lack of privacy or inability to enjoy natural day light

Developing Primary Care

8. That, in developing online consultations and other, non-traditional forms of contact between patients and healthcare professionals, the needs of those who prefer to deal with HCPs face-to-face be acknowledged and honoured.

Healthwatch Redbridge

Executive Summary

During April and May 2019, Healthwatch Redbridge worked as part of the North East London regional Healthwatch to capture the Patient Voice in relation to the NHS Long Term Plan. As a group, we decided to focus on the following themes:

- Personalisation
- Prevention
- Primary Care services

In order to do this we worked with organisations and residents in Redbridge, conducting a mix of individual surveys and focus groups to gather residents' responses.

As part of this report, we have also taken into account other Healthwatch Redbridge activity on related issues.

Main findings

The key recurring theme identified during our research was access to GPs. The report highlights patient and service user issues with long wait for appointments or not being able to book an appointment at a suitable time. Through our engagement, we identified an issue with online access and how this is not accessible for all.

Purpose

The purpose of the research was to gain people's views on their local health & social care services. We specifically focused on:

- Personalisation - Being able to manage and choose the support I need
- Prevention - Having what I need to live a healthy life
- Primary care services - GPs, dentists and pharmacies

Objectives

We aimed to identify and undertake a market research exercise with local residents to find out the following points:

- To ascertain what people feel they need to live a healthy life
- To ascertain what facilities, services and support people feel they require to be able to choose and manage the support they need
- To establish patient and public views regarding plans to "join up" primary care services such as GPs and pharmacies

Methodology

Healthwatch Redbridge undertook outreach across Redbridge in hospitals, libraries, community groups, a young person's group and a pub. We posted the survey online on our website, on Twitter, Facebook and in our e-news (Appendix 1) in order to gather the views of local people. In total, we completed surveys (Appendix 2) with 302 Redbridge residents, and an additional 55 people across the five focus groups.

Priority research groups were:

- Redbridge residents of all demographics

In addition, we held five focus groups on the following themes:

- Cancer services - two groups
- Additional Communication Needs
- Jewish older people's day services
- Healthwatch Redbridge volunteers

Our findings enabled us to look at:

- Whether experiences vary for different groups of people. For example, those with hearing impairments.
- Issues related to the provision of cancer services
- The benefits (or not) of digital and online solutions to health and care service delivery in relation to older people
- The benefits of being actively engaged in terms of its positive effect on mental health

Healthwatch Hackney

Purpose

Healthwatch Hackney was commissioned by Healthwatch England to engage the public in shaping the local delivery of the NHS Long Term Plan.

In addition, Healthwatch Hackney's CCG funded NHS Community Voice project also delivered an engagement event to consult on the NHS Long Term Plan.

Objectives

- Raise awareness of changes that are taking place in the NHS
- Encourage members of the public to share their views with Healthwatch Hackney to help shape this work
- Communicate people's views to the NHS

Summary of Findings:

What matters most to people in Hackney

The future of Homerton Hospital and fears that it might be downgraded was a clear area of concern expressed at our public meeting. This included the loss of acute services and the loss of mental health beds from the Homerton to Mile End Hospital. A potential merger of the Homerton with St Barts hospital is also of concern.

Concern around the privatisation of the NHS through the awarding of large contracts to commercial Health care organisations was raised at both our public meeting and NHS Community Voice events. Residents were need reassured that Hackney Council would not sign a long-term commercial contract for an Integrated Care Provider with a commercial health care body, this is nevertheless an ongoing issue.

For Individuals who completed our survey, 27% said that staying healthy for someone like themselves in their local area was fairly or very difficult. Reasons given included poverty, poor diet, pollution, lack of information/awareness, and access to GP services.

Patient Voice - Comments

“It is stressful if you rent in a private sector”

“High pollution and healthy food is expensive”

“Prevalence of fast food shops”

The 75% who said that staying healthy for someone like themselves in their local area was fairly or very easy referred to the parks and open spaces in Hackney, easy access to gyms and leisure facilities as well as lifestyle choices they made.

When asked for the three things the NHS and its partners could do differently to help them to stay well, information and signposting, and support with finances, exercise and diet were chosen by the greatest number of people.

Healthwatch City of London

Purpose

Hackney Healthwatch under its Healthwatch City of London contract was commissioned by Healthwatch England to engage the public in shaping the local delivery of the NHS Long Term Plan.

Objectives

- Raise awareness of changes that are taking place in the NHS
- Encourage members of the public to share their views with Healthwatch City of London to help shape this work
- Communicate people's views to the NHS

As part of the national engagement of the NHS Long Term Plan Healthwatch City of London held two public meetings to hear people's views on Plan.

On Friday 10 May 2019 at the Golden Lane Community Centre, on the Golden Lane Estate, we held an open public meeting to engage members of the City community around the NHS Long Term Plan. The event was a key opportunity for residents to have their say on the Plan and put questions to senior local NHS leaders. Healthwatch City opted for an interactive, café style meeting with group discussion on key elements of the Long Term Plan. Twenty One City residents attended along with Officers from the City & Hackney Clinical Commissioning Group (CCG).

On Tuesday 30th April 2019, we hosted a City of London focus group with older people at their regular Tuesday Club held at Lauderdale Tower in the Barbican. Eleven members (nine women and two men) of the Tuesday Club attended all City of London residents and all over 65. The session started with a short presentation on the Long Term Plan (and an opportunity to complete the Long Term Plan survey) followed by a group a discussion where members presented their views.

In addition to the focus groups, we surveyed 51 City of London residents about the NHS Long Term Plan.

Summary of Findings:

What matters most to people in the City of London?

In terms of Prevention people are eager to be more engaged in maintaining good health through better screening, provision of accessible health information and being enabled to eat healthier. Carrying out physical

activity needs to be encouraged alongside helping people to be more socially engaged to tackle social isolation.

Digital solutions were recognised as helping people remain in their home safely for longer. However, many people preferred continued access to face-to-face support, with people commenting on their lack of technology skills as a barrier to using digital solutions.

Mental health was highlighted by many as a key issue, particularly for the young. A greener environment was noted as benefiting mental health. Better and early access to mental health services was called for, with concerns that people reached crisis before they accessed these services. With cancer services, many mentioned the importance of proactive screening were needed so people could tackle cancer diagnoses earlier.

In Primary Care people called for better access to services and longer appointments for complex conditions. People recognised GP services were under pressure and saw better use of nurses and other health professionals, alongside pharmacists, could help. More technological solutions were seen as being helpful to easing the pressure on Primary Care but this should not dilute access to face-to-face to doctors and other health professionals.

Key areas and next steps

Throughout the discussion, some key areas emerged across the groups such as;

- the need for education on areas such as prevention and mental health;
- community groups as a support mechanism and
- community spaces for people to meet at;
- the impact of the environment on the health of City people e.g. tall buildings, noisy bars and cafes and lack of green spaces.
- People were open to digital solutions but it was clear that more support is needed to make digital healthcare accessible to all.

Patient Voice Comments

Primary Care

- “It’s impossible to get an appointment at the Neaman Practice”.

Joined up health services

- The communication between different health services is often poor - services do not work together to ensure as patients move between

services their needs are fully understood and sharing appropriately between services.

Digital Solutions

- None of the attendees were enthusiastic about digital solutions such as video conferencing “we want to see a person or speak to them on the telephone”.

This is in part due to the fact that the group were not familiar with the technology. To address this barrier patients may require additional training and support on how to use new technology.

Tower Hamlets

Healthwatch Tower Hamlets talked face to face with 346 local residents in local street markets in the Borough over four days in early May 2019.

Personalisation

The opinion of local residents in terms of **Tower Hamlets as a healthy place to live** is leaning positive; although those who suffer from chronic illness or mental health issues take a slightly more negative view.

People who felt that **they were not treated as an individual with specific needs** and that **services do not work well together** brought up experiencing a lack of support or a lack of information when they were in a difficult situation.

Older people generally find Tower Hamlets a good place for them to live in.

Prevention and healthy neighbourhoods

Walking was by far the most popular form of exercise among all respondents. A successful campaign to incentivise walking would have a multi-layered approach to engage with different age groups: a rewards scheme for young people, community events for families with children, and group walks for seniors. These efforts should be combined with improving the cleanliness of parks and open spaces.

Generally, people feel they can do the activities that they like in Tower Hamlets. However, the most important obstacle to exercising more is air pollution, followed by safety.

Primary care

Most local residents are open to the idea of multiple services functioning under the same roof as a GP surgery. *Mental health/ psychotherapy, dentist, pharmacy, social care services, nutrition and weight management classes, a children's centre and a community space* have been named as the most relevant services to co-locate.

A majority of respondents would use an NHS GP app to access primary care services. The most popular use for the app would be **checking test results**, although many app users would also consider **having online consultations**.

In terms of **prioritising services while on a limited budget**, local residents believed that **hospital and GP services** should be prioritised.



Newham

Healthwatch Newham held two focus groups with learning and physical disability groups and completed 17 surveys.

Unfortunately, at the time of this engagement project Healthwatch Newham were unable to engage fully with the project as they were in the midst of recruiting for two new officers.

Healthwatch Newham surveyed 17 people and hosted two focus groups. Of the 17 surveyed, 53% described their health as 'good' or 'very good'. However, 23.5% described their health as 'poor'.

Of those surveyed 59% said they eat healthy with 42% using other physical exercise and 35% walking.

The respondents found it relatively easy to stay healthy, with 47% in equal numbers think it is 'easy' and 'very easy' to stay healthy in Newham. People in this group said they found it easy to access their GP and the hospital. Conversely, 17% of respondents stated that it was 'very difficult' to stay healthy in Newham. The reasons given for this varied but included the high cost of healthy food, low incomes, and poor health.

Respondents were evenly spread in response to what could be done to improve the NHS. The highest number of participants, 23.5% said easier quicker appointments would be their top priority.

In response to this question, 76% of those surveyed cited eating healthily and 65% cited feeling safe and dealing with stress. However, 59% stated physical activity as 'very important' in staying well.

Interestingly, 41% thought funding to support prevention and having friends and social activities were very important to staying healthy and well.

Focus Groups Summary of Findings

Newham Healthwatch held two focus groups that were attended by 21 participants, 12 with learning difficulty (LD) and 9 with physical disability (PD).

Adequacy of service and support received from health services (did it meet your needs?)

For people with physical disabilities it was important to have the option to discuss more than one condition within a single GP appointment as participants had multiple conditions that influenced their health.

For this group it was very important for GP's and Pharmacists to explain when medication or the brand of medication is changed. For example, visually impaired patients would only know that the medication has been changed after they have taken the medication and experienced unexpected side effects.

Awareness of Newham Self-Care Programme

Participants suggested the following improvements to the Newham Self Care Programme;

- Have staff available to support the patient to make an appointment.
- Have a private room for the sessions.
- Provide reassurance about confidentiality.
- Have a good knowledge of Newham's community and health services.
- Have staff that have good medical knowledge for people with long-term or complex conditions. Staff would need to know detailed medical information. One example was given of a patient that can't digest certain food but would like to know if they can take liquid vitamins. They would not want to visit a GP for this, but are not sure where to go to find out. This is it the type of thing a pharmacist could advise on.

Social Prescribing

Participants with learning disabilities enjoyed taking part in organised activities. Participants with physical disabilities thought social prescribing was a good idea.

Cancer Screening

Participants with learning difficulties expressed that they were not receiving information and advice on cancer screening and tests. The LD focus group exhibited considerable concern around the subject of tests and testing. Participants suggested having reps visit their groups to explain tests and the screening process.

Participants with physical disabilities cited a lack of support as a risk to their conditions deteriorating. Participants cited the importance of messaging and reminders. The group noted that people with visual impairments would not be able to see the signs of cancer. Therefore, they would need messaging and information in alternative formats.

Waltham Forest

Healthwatch Waltham Forest engaged with patients, service users, carers, and local residents through focus groups, public meetings and outreach. We surveyed 152 people and spoke to many more.

What matters most to people in Waltham Forest?

People of Waltham Forest are passionate about the NHS and their health and wellbeing. In Waltham Forest people really want to be listened to and involved in the development of the NHS Long Term Plan.

Three things that came up repeatedly in our engagement activities were;

- Improved access to GP/health care appointments and services. Waltham Forest residents would like to have access to appointments within a week.
- Access to quality Information and Signposting particularly at GP surgeries and Community Pharmacies
- Enhanced and complimentary services offered at GP practises including mental health services, counselling services, district nursing, physio therapy, massage and other therapeutic services.

Summary of Findings

Personalisation:

In Waltham Forest, people undertake a variety of activities to stay independent. They include walking (18%), exercise (15%), and driving (13%). People suggested the NHS could improve information and signposting (22%), support (20%), and GP Access (15%).

It is very important for people to be able to stay in their own home with 74% agreeing with this statement. Interestingly, 85% said it was 'important' or 'very important' for their community to be able to support them. This is extremely important in Waltham Forest as presently Waltham Forest does not have a recognised Community Voluntary Sector (CVS) acting on behalf of the sector. However, providers, patients and service users are expecting the Community Voluntary Sector to play a key role in the personalisation agenda.

Family and friends having the knowledge to provide help and support was 'important for 89% of respondents. Having easy transport to medical appointment was 'very important' to 63% of respondents.

When it came to End of Life Care 63% of respondents said it was 'very important' and 21% 'important' to have support at end of life.

Prevention:

The responses to prevention were very mixed. While 48% of those surveyed reported to have 'good health', 15% said they had 'poor health' and 27% described their health as 'fair'.

Of those surveyed the majority, 55% said they found it 'fairly easy' to stay well. People gave a variety of responses including; exercise 27%, access to green spaces 32%, and access to local amenities 14%.

People cited a number of the things that the NHS could do to improve the prevention agenda. They include 15% citing better access to GP Services and 15% Information and Signposting, 9% diet, 8% improve waiting times and lists.

When asked what people need to stay well, a total of 93% of those surveyed said social activities are 'very important' and 'important'. A healthy diet (75%) and physical activity (63%) were also cited as essential to be healthy. Of those surveyed 96% state dealing with stress as 'very important' or 'important'.

Local people felt access to healthcare was 'very important' 84% and important 11%. This was also true for having reliable information with 57% saying it is very important and 38% saying it is important.

Primary care:

In Waltham Forest People visit their GP and or pharmacist more regularly than the dentist. With 39% of those surveyed visiting their GP and 37% their pharmacy in the last 12 months.

In Waltham Forest 62% of respondents want to see a GP within a week and 29% within two weeks. Patients surveyed already use additional services at the GP including 47% using blood tests, 14% flu vaccinations and 19% using health checks. In response to what services people in Waltham Forest would like to see at their GP 42% said blood testing, and 27% Information and Signposting.

Of those surveyed, 48% said it was 'very important' and 31% 'important' to be able to see their preferred GP or nurse professional. In addition, 50% of respondents said it was 'very important' and 29% 'important' to have access to out of hours appointments.

People are happy to book appointments online with 34% of respondents agreeing that it is 'very important' and 38% 'important' to be able to book appointments online.

The responses are similar for question 3.5d regarding the option of telephone or online consultation. With 38% of respondents saying it is 'very important' and 34% 'important' to have the option of online or telephone consultations.

Having access to test results online is 'very important' for 37% of respondents and 'important' to 35%. Managing medical records through an online portal is 'very important' to 28% of respondents and 'important' to 33% of respondents.

Waltham Forest residents are happy to consider booking appointments online with 52% stating this as their preferred option for booking GP appointments and 48% said the same for dental appointments.

However when it came to online consultations 40% of respondents would consider an online consultation. There was a strong negative response to this proposition with 24% responding 'not for me'.

Next steps

NEL Healthwatch will continue to work together closely at local, sub-regional and regional levels. This exercise has shown the different strengths of individual Healthwatch organisations and highlighted what can be achieved when NEL Healthwatch work together as a region.

This report and indeed the entire project has been delivered collaboratively with East London Health and Care Partnership. We hope that we have now established a new progressive way of working that will secure the best results for NEL communities.

We expect this report to influence the way the transformation agenda is delivered in NEL. The delivery of the NHS LTP requires collaboration, creativity and innovation to create health and care services and support that meet the needs of a growing NEL population. NEL Healthwatch are willing to play their role in the delivery of an improved health and care economy.

Patients, carers, service users and members of the public are keen to play their part in the development and delivery of the NHS LTP. NEL Healthwatch have a definite role to play in facilitating the engagement, involvement and development of the Patient Public Voice.

NEL Healthwatch hope to be commissioned more frequently to support the patient public engagement elements of the NHS LTP and health and care transformation agendas.

A response to this report from the East London Health and Care Partnership will be published here in due course.

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