

The NHS 10 Year Plan: A place based view

A qualitative place based report on the NHS 10 Year plan
in Thurrock

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"In Thurrock we welcomed this opportunity to engage with local residents and communities to comment upon what is important to them in helping to shape a 'fit for the future' NHS. I believe that locally there is much to be proud of and celebrate, but equally much more to be done. The national government is keen to increase the focus upon prevention and maintaining wellbeing, increase resources into primary and community health services, and explore the potential for digital solutions. This all sounds good but we need the local voice of residents and community to confirm this and tell us how they think we can achieve it.

We asked Healthwatch Thurrock to carry out this piece of engagement on behalf of the Thurrock Alliance as an independent organisation, the valuable feedback will be shared at a national level and will also be used to look at Thurrock's Residents voices and lived experience to help shape the future of Health and Care at a local level.

Your contribution matters. In Thurrock, whether working in the voluntary and community sector, within the NHS or for the local Council we want to work ever closer as an integrated system to deliver improved outcomes for our local population – your views gathered through this consultation will help us to achieve this. THANK YOU."

Rob Persey

Interim Executive Director of Adults and Health

About Healthwatch Thurrock

Healthwatch Thurrock is the independent champion for health and social care services in Thurrock. As part of a national network, we gather and represent the views of local residents, highlighting what is working well and where improvements are needed.

Healthwatch was established in 2013 as part of the Health and Social Care Act 2012 to ensure that people's voices are heard in shaping health and social care services. Healthwatch England oversees and supports local Healthwatch organisations, ensuring that public concerns influence national policy and service improvements.

Alongside consultation work and gathering residents' voices, Healthwatch Thurrock provides information, guidance, and signposting services to help individuals navigate health and social care systems. Residents are encouraged to "speak out" through an online forum, targeted surveys, conversations, and face-to-face engagement within the community.

By amplifying lived experiences, Healthwatch Thurrock presents the voices of local people to identify areas for change, support best practices, and ensure informed decision-making before new services are commissioned. Our recommendations to providers are based on real experiences, ensuring that services truly meet the needs of Thurrock residents.

We believe that services improve when people actively participate in their development. By learning from real experiences and feedback, health and social care providers can adapt and deliver better, more effective services for the community.

The NHS 10 Year Plan: Shaping the future of healthcare

The NHS 10-Year Plan is a key part of the government's commitment to shaping a health service that meets future needs and challenges. The plan is designed to tackle current pressures whilst laying the groundwork for a more sustainable health service.

The journey began with Lord Darzi's independent review, which took an in-depth look at the challenges facing the NHS. Darzi's report, published on 12th September 2024, concluded that the NHS is in a 'critical condition' 'due to mounting challenges including long waiting lists, increasing pressure on services, and worsening overall health across the country.

In response to the report, Healthwatch England's William Pret highlighted the urgent need for improvements, stating that true transformation requires more than just operational improvement. He stated:

"We're calling for better patient communication, more choice in accessing care, a stronger culture of listening within the NHS, and a greater focus on patient experience—not just waiting times."

At Healthwatch Thurrock, we recognise the importance of amplifying patient voices. This report aims to highlight real experiences at a local level, making them central to the national conversation about NHS reform.

A collaborative approach to change

As the next phase of this journey, the NHS launched "Change NHS: Help Build a Health Service Fit for the Future" in October 2024. This national initiative invites the public, NHS staff, and patients to contribute directly to shaping the 10-Year Plan. By actively involving those who use and work within the NHS, this initiative ensures that the future of healthcare is built on real experiences, needs, and expectations.

Informing the report

In January 2025, **Thurrock Integrated Care Alliance (TICA)** commissioned Healthwatch Thurrock to conduct an intensive four-week engagement programme focused on the NHS 10-Year Plan. The aim of the work was: to support Thurrock residents in submitting their views to the national portal and to gather local insights that reflect the unique needs and views of the community.

This place-based approach ensures that Thurrock's voice is not only heard at the national level but also integrated into local decision-making. By focusing on Thurrock's residents, we can influence the direction of Thurrock Integrated Care Alliance (TICA) and ensure that those who might be excluded from broader national dialogues have the opportunity to share their thoughts.

While we encouraged those who are able to use the portal directly, we made a commitment to produce a local report that highlights the responses from Thurrock. This report will be a valuable resource at the local level, influencing decisions and commissioning, while also being uploaded to the Department of Health and Social Care via the portal to ensure Thurrock's unique perspective contributes to the national conversation.

Methodology

Our goal was to reach 500 people and gather feedback from at least 100 individuals within a tight four-week timeframe.

To achieve this, we developed a structured engagement plan and enlisted experienced engagement workers from a list of Thurrock CVS bank workers.

Community engagement can be challenging, especially when people feel their voices won't be heard. To encourage participation, Healthwatch Thurrock simplified the NHS Change Portal questions, making them easier to understand. We promoted the initiative through CVS and Healthwatch Thurrock newsletters, social media, and distributed physical copies of the survey at engagement events.



To ensure representative feedback, we organised focus groups across all four PCN areas to discuss the NHS 10-Year Plan. Due to time constraints, we couldn't secure an evening session at our preferred venue for those with daytime commitments. Additionally, while we were unable to confirm a location in the Grays PCN area, we still gathered a significant amount of responses from residents within this area.

The PCN focus groups were widely promoted via social media, online community forums, and physical posters at event venues.



NHS 10-Year Plan FOCUS GROUP

Healthwatch Thurrock is hosting a drop-in session to hear your thoughts on the NHS 10-Year Plan.

Join us to have your say, and we'll supply your first tea or coffee.

**Thursday 6th February
10am - 12pm**

Purfleet Community Pantry and Café
32 River Court, Centurion Way
Purfleet-on-Thames
RM19 1ZY

For more information, call: 01375 389883 or
email: admin@healthwatchthurrock.org



NHS 10-Year Plan FOCUS GROUP

Healthwatch Thurrock is hosting a drop-in session to hear your thoughts on the NHS 10-Year Plan.

Join us to have your say, and we'll supply your first tea or coffee.

**Tuesday 11th February
10am - 12pm**

Spacious Place Cafe
2-4 Chase Rd, Corringham,
Stanford-le-Hope SS17 7QH

For more information, call: 01375 389883 or
email: admin@healthwatchthurrock.org



NHS 10-Year Plan DROP-IN


Healthwatch Thurrock is hosting a drop-in session to hear your thoughts on the NHS 10-Year Plan.

Join us to have your say.

**Thursday 6th February
12:15pm - 1:15pm**

South Essex College
High Street, Grays RM17 6TF

For more information, call: 01375 389883 or
email: admin@healthwatchthurrock.org



NHS 10-Year Plan FOCUS GROUP

Healthwatch Thurrock is hosting a drop-in session to hear your thoughts on the NHS 10-Year Plan.

Join us to have your say, and we'll supply your first tea or coffee.

**Tuesday 11th February
2pm - 4pm**

Asda Tilbury
Thurrock Park Way,
Tilbury, RM18 7HJ

For more information, call: 01375 389883 or
email: admin@healthwatchthurrock.org

Engagement

We held successful PCN focus groups at

- Purfleet community pantry and café
- Tilbury Asda Café
- Spacious Place café in Corringham

We also reached out to and either held engagement sessions at or with the following groups below

- Welcome to the UK
- Tilbury community hub
- South Essex College Thurrock campus
- Corringham Ladies Guild
- Thurrock Carers Service
- Corringham Library
- Mindful Mondays in Tilbury
- Thurrock Stroke Project
- Thurrock members service (ward councillors)
- Thurrock LAC team
- Thurrock CLS team
- Thurrock MIND
- ILT distribution
- Thurrock Council Comms
- Corringham IMWC

Who we heard from



We received 147 responses to our survey



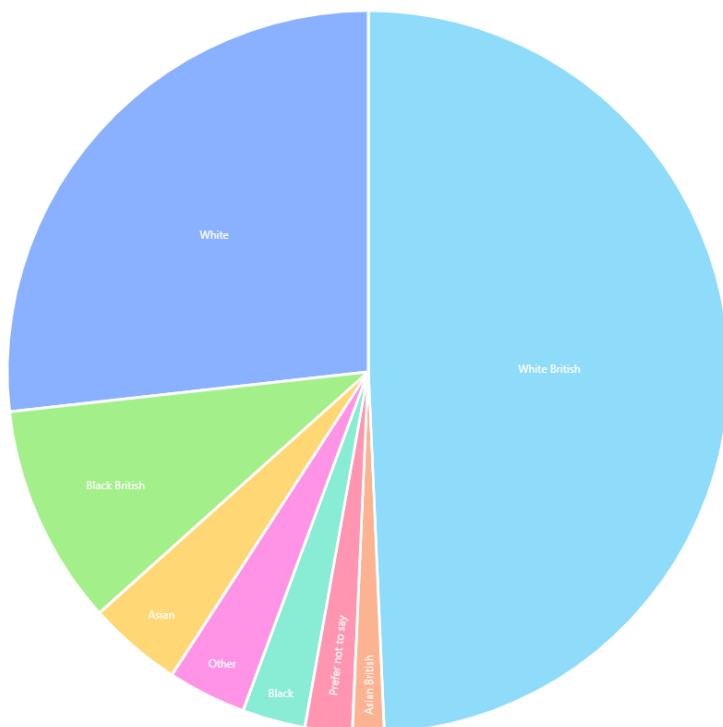
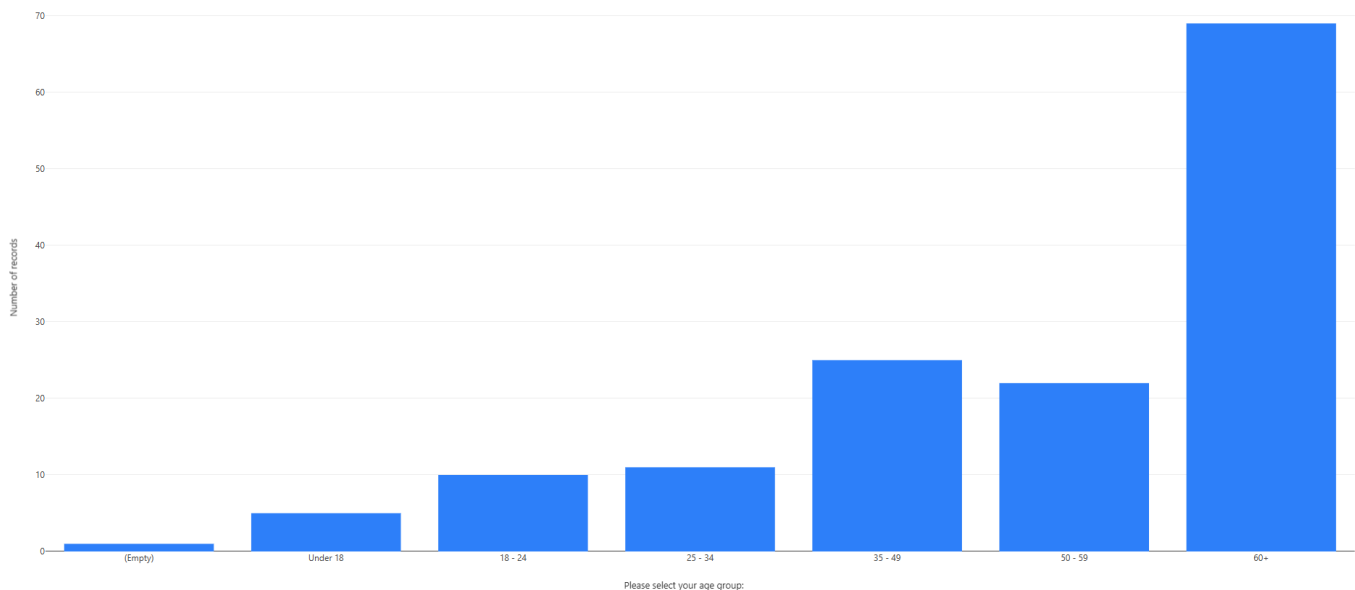
We engaged with a total of 511 people around this work

***The postcode we heard the most from was SS17
(Stanford le Hope)***

Ward responses

- **40:** Stanford le Hope and Corringham
- **29:** Grays town centre
- **24:** Tilbury
- **23:** Chadwell, Chafford Hundred, Orsett and Grays
- **7:** South Ockendon and Aveley
- **7:** Purfleet
- **3:** West Thurrock
- **9:** Didn't respond

The age range we heard the most from was 60+ (49%) of responses



The ethnicity we heard the most from was White British and we also received responses from Black British, Asian British, Black and Asian.

We had responses from 99 females, 40 males and 3 preferred not to give their gender identity

The findings

We asked respondents, '**What is currently the best thing about the NHS**' as a start to the survey. We received a mixture of responses and have themed these below

What is currently the best thing about the NHS?

- **64:** Free and accessible service
- **20:** Good treatment
- **18:** Didn't respond
- **17:** Staff
- **16:** Nothing
- **6:** Particular service mention
- **5:** Appointments at primary care level

With **64 responses** highlighting free and accessible healthcare as the best thing about the NHS, it's clear that Thurrock residents highly value this fundamental principle. Ensuring continued accessibility—particularly for vulnerable groups—should remain a top priority. **16 people** explicitly stated “Nothing” was good about the NHS. This signals a significant level of local dissatisfaction that needs deeper investigation. Common concerns in Thurrock, such as long waiting times and access issues, may be contributing factors.

“The best thing for me is that we can speak to a doctor on the same day if we call before 9am”

“Is there a best thing?”

“That it is free at the point of service and hasn’t been privatised”

“Disability assessments that take place annually (annual health check)”

“The care once you are in the system is brilliant and the front line workers can’t be faulted”

“That we have run down hospitals but they still treat people”

“The NHS app is great and the medication”

“Keeping people alive for longer who are suffering with cancer”

“The passion nurses and doctors have”

“The response to emergency calls and 111”

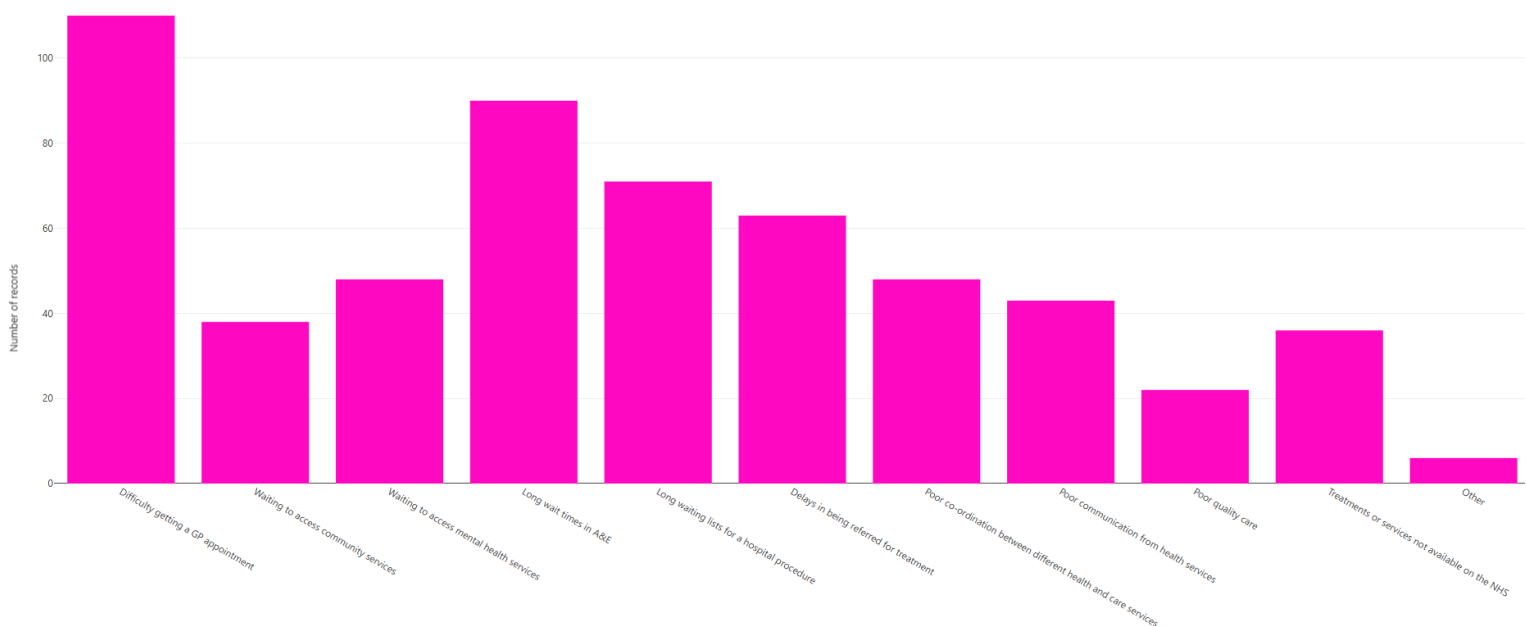
“Not a lot at the moment, it is abused”

We then asked respondents, **‘Which of these challenges do you think are most important?’**

Our options mirrored those of the NHS portal survey which were

- **Difficulty getting a GP appointment**
- **Waiting to access community services**
- **Waiting to access mental health services**
- **Long wait times in A&E**
- **Long wait times for hospital procedure**
- **Delays in being referred for treatment**
- **Poor co-ordination between different health and care services**
- **Poor communication from health services**
- **Poor quality care**
- **Treatments or services not available on the NHS**
- **Other**

We had 575 responses to this question, meaning that on average each respondent chose 4 challenges they felt were equally important



From the bar graph, it is evident that the **top 3** challenges respondents felt were most important were

- **Difficulty getting a GP appointment (110)**
- **Wait times in A&E (90)**
- **Long wait lists for hospital procedures (71)**

These were then followed by

- **Treatment delay (63)**
- **Poor coordination (48)**
- **Waiting to access mental health services (48)**
- **Waiting to access community services (38)**
- **Treatments not available on the NHS (36)**
- **Poor quality care (22)**
- **Other (6)**



We gave respondents the opportunity to expand on the answers they had given...

“Mental health is definitely an overstretched area for the NHS. It’s currently years of waiting for an ADHD assessment from GP appointment to treatment. It’s frustrating that mental health appears to be a ‘back of the shelf’ concern in the UK. Though it isn’t a physical threat, as much as a serious condition, it can lead to a poor quality of life, depression and suicide. It should be a higher priority”



“The only way to get a GP appointment was to queue outside the surgery at 6.30am!”

“E consult is good for somethings but sometimes you actually need to physically see a doctor but getting an appointment is so difficult”

“Trying to get appointments for people with health conditions and elderly relatives is so difficult and some people with mobility health conditions or older people might not be able to visit a walk in centre or hub”

“I’ve been waiting for my mum to get referred to the memory clinic, and it’s been four months without any answers. This delay is unacceptable”

“I think long wait lists for hospital procedures are particular concerning because such delay means the initial problem could be worsened by the time the procedure can be done, but further intervention may then be needed, which could have been avoided”

“All the resolutions the NHS offers always feels like a false economy”

“Not the best offering in Thurrock it really is as simple as that. They seem like they do not care!”

The Three Shifts

Shift 1: Moving more care from hospitals to communities

This means delivering more tests, scans, treatments, and therapies nearer to where people live. This could help people lead healthier and more independent lives, reducing the likelihood of serious illness and long hospital stays. This would allow hospitals to focus on the most serious illnesses and emergencies.

More health services would be provided at places like GP clinics, pharmacies, local health centres, and in people's homes. This may involve adapting or extending clinics, surgeries, and other facilities in our neighbourhoods so that they can provide things that are mostly delivered in hospitals at the moment.

Examples might include:

- urgent treatment for minor emergencies
- diagnostic scans and tests
- ongoing treatments and therapies.



How could delivering more care in the community improve health and care?



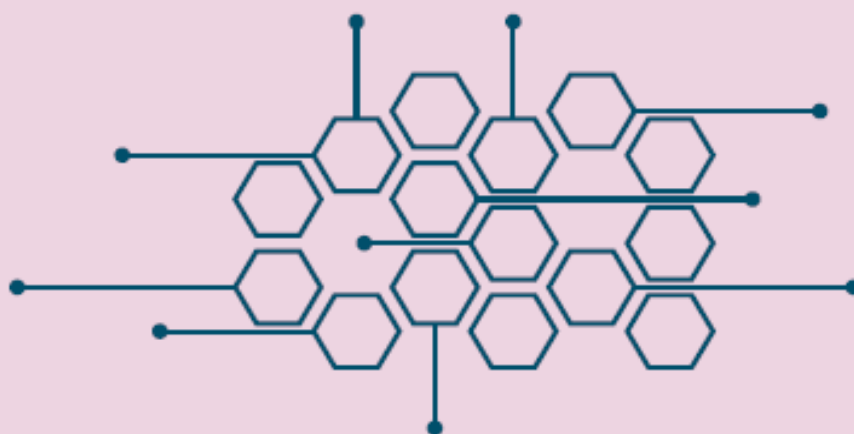
Do you have any concerns about the idea of delivering more care in the community in the future?

*See pages 19 - 22

Shift 2: Making better use of technology

Improving how we use technology across health and care could have a big impact on our health and care services in the future.

Examples might include better computer systems so patients only have to tell their story once; video appointments; AI scanners that can identify disease more quickly and accurately; and more advanced robotics enabling ever more effective surgery.



How could technology be used to improve health and care?



Are there any concerns you have about the idea of increased use of technology in the future?

*See pages 23 – 27

Shift 3: Focusing on preventing sickness, not just treating it

Spotting illness earlier and tackling the causes of ill health could help people stay healthy and independent for longer and take pressure off health and care services.



In what ways could an increased focus on prevention help people stay healthy and independent for longer?



What concerns you about the idea of an increased focus on prevention in the future?

*See pages 28 - 32

Shift 1: Moving care from hospitals to communities

We asked respondents **“In what ways do you think delivering more care in the community could improve health and care, and what concerns if any do you have about this approach for the future?”**

People strongly supported the idea of bringing more healthcare into the community through mobile clinics and local services. Many felt this would help reduce pressure on hospitals, especially by preventing bed blocking.

There was particular interest in the examples provided in the question, which were:

- More diagnostic testing and scans in GP practices or community clinics
- Urgent care and minor emergency services are available locally
- Ongoing treatments and therapies delivered in the community

People also highlighted the need for pharmacies to offer more appointment-based services, as they are often promoted but don't always have the right facilities. Some pointed out that community-based care worked well in the past and could be an effective approach again, promoting best practice and a historic perspective.

Many people said that moving more care into the community would make hospitals more efficient, helping services like A&E and mental health liaison teams' focus on urgent cases. It could also reduce delays in treatment and long waiting times, which often lead to worsening health conditions.

Accessibility was another key factor—local services would make it easier for people to get the care they need without relying on hospital transport, which has been a long-standing issue in Thurrock. Community care could also encourage earlier diagnosis, better engagement, and ultimately help reduce NHS costs in the long term.

When asked about potential concerns, people raised issues around staffing and capacity. Many were worried that community services are already stretched, with referrals into community services already taking a long time, highlighted as an important challenge from the first question, and an increasing demand could make things worse. There were also questions about how local these services would be and whether easier access might lead to overuse and higher costs.

People felt that any shift towards more community care should be supported by clear communication and education to avoid inconsistency in service availability. Another key concern was support for housebound residents—community-based care must include outreach services to ensure no one is left behind.



A Thurrock Perspective

Transport remains a significant challenge in Thurrock, with a lack of community transport options. Cuts in public transport have also greatly impacted residents in more rural areas of Thurrock such as Bulphan, leaving them little or no means to get to appointments. Residents also noted that while four Integrated Medical and Wellbeing Centres (IMWCs) were promised in Thurrock, only one has been delivered; this was mentioned in the responses, particularly from residents in Tilbury.

On a positive note, the opening of the Community Diagnostic Centre (CDC) at the Thurrock Community Hospital site in July could help rebuild trust in local services. There has also been an increase in mobile units at Orsett Hospital, illustrating local efforts to continue to deliver care whilst concerns remain about the future of Orsett and its suitability. In the past, Thurrock had a walk-in centre in Grays High Street, which has since been converted into a GP service, highlighting the changing landscape of local healthcare.



“Relieve bed blocking because some patients require care but not in hospital. Care provision in community could help with making hospitals more efficient”

“People treating people in their homes (where they feel safe and not nervous) would help people to want to get better. Confidence comes from seeing the same people, if possible”

“A concern for me would be how local is it (Tilbury?) I have to get two buses for the hospital now”

“Care in the community for minor conditions, tests, checks etc. will leave hospital staff and doctors and specialists more time for urgent cases but more hubs are needed”

“Hopefully with proper public education, this could relieve the hospitals, free up beds, mean earlier detection and treatments, and provide more accessibility for all. Which in turn means lower cost to the NHS, which is the bottom line. The issue that this could create is that people may find it too easy to access these local services, so they could be overused and it could become costly again. This is why proper education is needed alongside change”

Shift 2: Making better use of technology

We asked respondents, **“in what ways do you think technology could improve health and care, and what concerns, if any, do you have about its increased use in the future?”**

Many people agreed that AI and digital systems have the potential to enhance communication between healthcare services and improve the accuracy of medical history tracking. By linking patient records across all providers, individuals would no longer need to repeatedly share their medical history, leading to a more efficient and accurate care system. Improved data sharing could help identify health patterns both locally and nationally, supporting better public health strategies and treatment outcomes.

Digital technology is widely viewed as **“the way forward”**, helping future generations by enhancing public health initiatives and reducing administrative burdens. Faster referrals and automated processes would free up healthcare professionals to focus more on direct patient care, ultimately reducing waiting times.

The COVID-19 pandemic accelerated the adoption of digital healthcare, with virtual consultations and online health management tools becoming more common. Many of these digital changes have remained in place, proving their effectiveness. Online appointments have made healthcare more accessible, particularly for housebound individuals and those with mobility challenges. This demonstrates best practice in remote care and flexible healthcare provision.

One of the major advantages of AI is its potential to reduce human error in healthcare. AI-driven systems could improve accuracy in medication dispensing and diagnostics, ensuring greater reliability

in medical treatments. Automated prescriptions and digital records help minimise manual handling errors, improving patient safety and overall quality of care.

AI-powered scanning technology could also transform early detection and prevention. Several residents expressed interest in full-body AI scans for routine health assessments, which could help detect illnesses earlier, allowing for timely interventions and reducing pressure on emergency healthcare services. Improved digital systems would further support healthcare professionals in making informed decisions, leading to better patient outcomes and increased efficiency within the NHS.

Patient Empowerment and Digital Accessibility

Greater transparency and patient autonomy were highlighted as key benefits of digital healthcare. Providing patients with access to their own records and real-time updates on waiting lists would empower them and reduce anxiety. For example, knowing their exact position in a waiting list for treatment would help manage expectations. An informed public could contribute to better self-care and preventive health strategies, ultimately improving overall well-being.

Digital check-ins and triage systems for minor injuries could further improve accessibility. Flexible scheduling options were particularly valued by unpaid carers and those with demanding work schedules, enabling them to choose appointment times that fit their needs, rather than the system being overly prescriptive. This could also help reduce missed appointments, alleviating pressure on hospitals and increasing efficiency across the healthcare system.

Concerns around Digital Healthcare Implementation

Despite the benefits, there are concerns around the financial and workforce challenges of increased technology in healthcare. Implementation and maintenance costs are significant, and

outsourcing raises questions about long-term sustainability and control over patient data. Staff training is another challenge, as healthcare professionals must be fully equipped to use new digital systems effectively. There are also concerns that specialist roles required for digital management could limit opportunities for junior healthcare professionals, creating workforce imbalances.

Many residents expressed concerns that increasing digital solutions could create an illusion of greater availability of appointments and services without actually increasing the number of healthcare professionals. This could lead to frustration among patients who expect improved access but find that capacity remains unchanged.

Security and reliability of digital systems are also major concerns. Data privacy, cybersecurity risks, and adherence to GDPR regulations must be prioritised to protect patient information. Some residents worry about digital errors and the limitations of AI in making complex medical decisions without human oversight. Risks such as hacking, system failures, and power outages could disrupt healthcare services. Faulty equipment could lead to misdiagnoses and treatment delays, placing additional strain on an already pressured system.

A Thurrock Perspective

Digital exclusion remains a key concern, particularly for individuals who lack access to technology or digital literacy skills. There is a risk that an over-reliance on digital healthcare could isolate those who prefer in-person care. Certain areas of Thurrock are among the 20% most deprived in England, meaning many residents struggle with digital access. Language barriers present additional challenges, given Thurrock's diverse population, where a significant number of residents have English as a second language. Translation services must be integrated into digital healthcare platforms to ensure inclusivity. The Gypsy and Traveller community also requires targeted engagement, as many individuals are not

currently part of digital healthcare systems, raising concerns around accessibility.

Locally, Thurrock has faced challenges since the MSE NHS Foundation Trust merger in 2020, particularly around hospital discharge processes, missed referrals, and limited access to patient records across multiple hospital sites. Healthcare professionals at Basildon, Southend, and Broomfield hospitals often struggle to access essential patient information, impacting continuity of care and leading to treatment delays.

Funding disparities also remain a concern, with Thurrock often receiving less investment compared to London and other areas. Residents question how the government will ensure an equitable distribution of resources so that people in Thurrock receive the same healthcare benefits as those in more affluent areas. Unequal resource distribution within Primary Care Networks (PCNs) means that some areas benefit more from digital advancements than others, exacerbating existing health inequalities.

While AI and digital technology have the potential to transform healthcare, their implementation must be inclusive, well-communicated, and adequately resourced. Ensuring that all residents of Thurrock benefit equally from digital health solutions will require careful planning, investment, and a commitment to addressing barriers to access. Digital healthcare should be a tool that enhances—not replaces—human-led care, ensuring that no one is left behind in the shift towards a more technologically advanced healthcare system. It is a shift that can, however, only be introduced with a real drive on public digital education.

A new extended opening hour's initiative for Tilbury Library, funded by Thames FreePort for one year, was launched in February. As part of this, over 100 refurbished computers and accessories were donated to Tilbury children through Every Child Online for a one-off fee of £20. This aimed to support children without access to devices for homework. The initiative emphasises digital inclusion, with libraries offering free public computers for two hours, free digital skills courses via Wiser4IT, and in-person digital support through Digital Assistants. Additionally, library staff are trained to stay up-to-date with digital skills to assist the public.

“Technology will greatly improve care however we cannot lose that personal touch that so many associate with the NHS”

“Transparency of information so you only have to give your background story would help”

“Any scanners that can detect diseases at early stages before they become harder to treat would be wonderful”

“It is becoming more documented that AI has negative environmental effects so that might not be an ideal long term solution”

“Technology will make accessing healthcare services easier, for example referrals can be done online and fast tracked”

“Better computer systems would aid better communication across all health services (GPs, hospitals etc.)

“It is crucial to consider digital exclusion and accessibility. Not everyone has access to technology to reap the benefits of streamlined healthcare”

Shift 3: A focus on prevention

Public Views on Prevention and Maintaining Independence

Through our engagement with the community, we heard a strong message that prevention should not focus solely on physical health. Many people told us that mental health prevention needs more attention in the community, with better education from a younger age. This would not only support individuals in managing their wellbeing but could also reduce hospital admissions and the need for more intensive interventions later on.

A common theme from our consultation was that **"prevention is key, not just the cure."** Many respondents agreed that prioritising prevention leads to better long-term health outcomes and helps individuals maintain their independence. Early detection and intervention can also reduce costs in the healthcare system and ease pressure on hospitals and waiting lists. People highlighted that prevention aligns well with the move towards community-based care, especially for those who are housebound. Greater consistency in care can reduce anxiety, as individuals often feel unsettled by changes in their healthcare providers and unfamiliar medical settings.

Many respondents felt that more should be done to promote healthy lifestyle choices, including encouraging exercise. However, affordability remains a barrier, as some people expressed concerns that gym memberships and wellness activities are seen as luxuries they cannot afford due to the cost of living crisis. Some suggested more affordable and accessible options, such as community-led yoga and Pilates classes. Others spoke about the need for better marketing and communication, ensuring that health information is widely accessible through social media, television, and radio.

Some mentioned that changes in legislation, such as clearer nutrition labelling on food products, could help individuals make healthier choices. People also spoke about the importance of community safety, better footpaths, and improved public transport to encourage more active lifestyles.

A number of respondents stressed that education on diet, lifestyle, and nutrition is key to empowering individuals to make informed choices. Many felt this education should start early and continue throughout life to support people in taking responsibility for their health. Some spoke about how bad mental health can impact academic success and overall wellbeing. There was also a call for better support for unpaid carers, recognising that they often have the best insight into a person's health. Many felt that if a carer notices something concerning, they should have an easy route to community-based health services where they can raise their concerns. Making key health services more accessible, such as lowering the age restrictions on free health checks and improving access to blood tests, was also suggested. Some people felt there needs to be a greater focus on a listening culture within healthcare, ensuring individuals feel heard and valued.

There was also a suggestion that local university students and volunteers could play a role in supporting preventative initiatives within the community. Some respondents wanted to see a more holistic approach to healthcare, one that is immersed in education and lifestyle rather than being overly prescriptive. They felt that a greater focus on diet, lifestyle, and mental wellbeing would create a more sustainable health system.

Concerns were also raised about whether services could deliver prevention effectively. Some felt that the healthcare system is already under strain, with too much focus on meetings and promotional activities rather than actual service delivery. There was also concern that individuals may resist preventative health measures, making it difficult to implement them on a national level.

Many expressed concerns about staffing and resources, questioning whether there is enough capacity to introduce more preventative initiatives. Some mentioned that smaller independent GP practices may struggle to keep up if they do not have the infrastructure and staffing needed to support prevention. Others worried about misinformation and scam organisations exploiting health inequalities, particularly targeting vulnerable individuals.

A recurring theme was that too much independence in healthcare could be risky. While prevention is important, some respondents felt that structured care is still necessary, especially for end-of-life care. They spoke about the need for balance, ensuring people have autonomy while also receiving the right medical intervention when needed. Some raised concerns that the breakdown in the natural authority between medical professionals and patients could lead to confusion, especially around complex conditions. There was also concern that existing preventative checks, such as Learning Disability (LD) health checks and medication reviews, are not happening as frequently as they should.

A Thurrock Perspective

From a Thurrock perspective, people spoke positively about the new St Luke's Hospice in the area, highlighting how it is enabling individuals to have more autonomy over their end-of-life care. Many felt that this new facility was a much-needed addition to the area and would help to ensure that individuals could pass with dignity and the right support. However, a significant concern was the loss of general advocacy in Thurrock. Healthwatch Thurrock has been contacted by many people who feel that without advocacy, they are not in a position to access care or make independent decisions about their health. Some felt that this leaves vulnerable individuals at risk of being influenced by those around them who may not have their best interests at heart. Others spoke about the importance of protecting small, successful independent practices in Thurrock, as they play a vital role in delivering local healthcare.



The By Your Side (BYS) home-from-hospital project in Thurrock supports individuals after discharge through practitioner referrals. It provides up to six weeks of face-to-face assistance with tasks like shopping, prescription collection, and minor furniture adjustments for mobility aids. Afterward, BYS helps reconnect individuals with their community or voluntary organisations. The project also offers temporary key safes (30 days) or permanent ones for a fee. In 2023-24, BYS saved 3,543 bed days, with wellbeing calls playing a crucial role in preventing hospital readmissions. This is a local service that demonstrates best practice in terms of prevention.

There was recognition that the Health Transformation Team and Integrated Locality Teams (ILTs) are working hard to create more collaborative care in the community. Many people acknowledged that there has been a positive shift towards prevention, but they stressed that more needs to be done to ensure that these changes translate into real, accessible services for everyone. While prevention is widely supported, the community wants to see clear action that ensures services are available, accessible, and effective in keeping people healthy and independent.



“Professional staff are currently being used to promote services, to attend meetings which leaves the service they are promoting short of the valuable service they have been trained to deliver”

“Tests for younger people to avoid future diseases and mental health issues”

“It must be recognised that often there comes a time in later older life that you don’t want to prolong your life as you have lived a healthy and lengthy life and want to pass on peacefully”

“Concerns around scam organisations and people mismanaging their own health because they can’t access a doctor or well qualified medical professional”

“Encouraging exercise and making gym memberships more affordable. With the cost of living this is the first thing people will sacrifice”

“The more people are educated about their own mental health, self-worth, wellbeing and nutrition the more autonomy they have to make better decisions about themselves”

Healthwatch Thurrock Summary of the NHS 10-Year Plan Engagement

Thurrock residents have made it clear: while the ambitions of the NHS 10-Year Plan are welcome, urgent and fundamental issues must be addressed at a local level. Our engagement, reaching over 500 people across the borough, revealed key concerns about access to primary care, waiting times for hospital treatment, and overstretched mental health services.

The most pressing issue raised was the difficulty in securing GP appointments, with some residents resorting to queuing outside surgeries at 6:30 am. The struggle to access A&E and hospital procedures was also a major concern, with residents fearing that delays in treatment could lead to worsening health conditions. Poor coordination between services further exacerbates the problem, with referrals often taking too long or getting lost in the system.

There is strong support for bringing more healthcare services into the community, with many believing this would ease pressure on hospitals. However, residents raised concerns about lack of transport options—especially in more rural areas like Bulphan—limiting access to community hubs. The failure to deliver all four promised Integrated Medical and Wellbeing Centres (IMWCs) was also highlighted as a source of frustration, particularly in areas like Tilbury, where residents feel underserved.

The shift towards digital healthcare, including AI scanners and online consultations, has the potential to improve efficiency, but it also risks excluding those without digital access. Many in Thurrock lack the necessary technology or internet access, particularly those in deprived areas or older residents unfamiliar with digital systems.

Language barriers were also cited as an issue, as a significant portion of the community speaks English as a second language.

Mental health support remains one of the most underfunded and overstretched areas in Thurrock. Residents reported waiting years for ADHD and autism assessments, while others felt that mental health services were not taken as seriously as physical health issues. There was strong demand for greater investment in early intervention and prevention, with calls for better education on mental wellbeing from a young age.

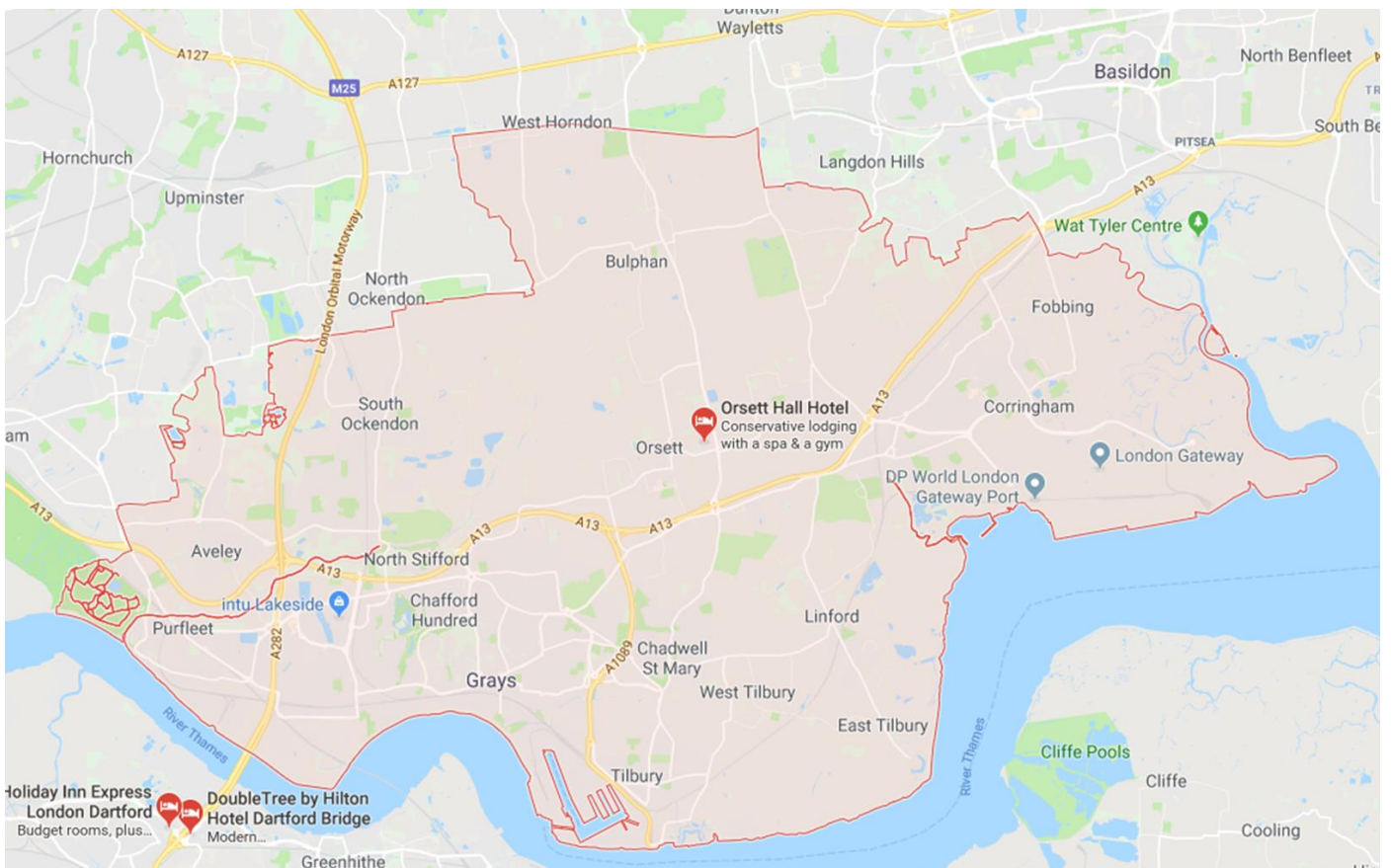
Residents strongly support a shift towards preventative healthcare, recognising that early intervention leads to better long-term outcomes. However, concerns were raised about the lack of funding and staffing to deliver meaningful change. Many felt that public health campaigns were not enough—residents need affordable access to gyms, wellness activities, and community-led fitness programmes to make real lifestyle changes.

Thurrock Integrated Care Alliance (TICA) must actively listen to and address these concerns to ensure that the future of local healthcare is not only designed by and for the people of Thurrock but also meaningfully contributes to shaping national healthcare priorities. Place-based feedback is critical in the NHS 10-year plan, as it ensures that healthcare services reflect the unique needs and challenges of local communities. By integrating real experiences and insights from Thurrock residents, TICA can help create more effective, targeted, and sustainable healthcare solutions that align with both local and national objectives.

The NHS's long-term plan aims to reduce health inequalities, enhance community-based care, and improve patient outcomes, but these goals can only be achieved if local voices are heard and acted upon. Thurrock, like every community, has distinct healthcare pressures—whether it be access to primary care, mental health services, or support for an aging population. By

embedding local feedback into policy development, we ensure that national strategies are not one-size-fits-all but instead adaptable to the realities faced by different communities.

Now, more than ever, it is vital that Thurrock residents contribute to this national conversation, ensuring that the healthcare landscape evolves in a way that prioritises their needs. TICA has a responsibility to act as a bridge between local concerns and national policymaking, championing the voices of those it serves. Only through meaningful engagement and action can we create a healthcare system that is truly responsive, inclusive, and future-proof.





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