

Summary

NHS Long Term Plan

#WhatWouldYouDo?

People from West Yorkshire and Harrogate
and Craven share their views

April 2019



wh  **t**

would you do?

It's your NHS. Have your say.

Summary

Introduction

In 2018, the government announced that the NHS' budget would be increased by £20 billion a year. The following January, the NHS in England published a 10-year plan for spending this extra money, covering everything from making care better to investing more money in technology.

The plan sets out the areas the NHS wants to make better, including:

- **Improving how the NHS works so that people can get help more easily and closer to home;**
- **Helping more people to stay well;**
- **Making care better;**
- **Investing more money in technology.**

For more information about the NHS Long Term Plan, visit <https://www.longtermplan.nhs.uk/>

West Yorkshire and Harrogate (WYH) Health Care Partnership were asked to formulate a local plan in response, specifically a 5-year strategy. To ensure this reflected what local people want, our six Healthwatch organisations were commissioned by Healthwatch England to find out local people's views. To do this, we used two surveys and 15 focus groups, engaging with 1806 people in total over a period of two months.

This report sits alongside two reports that the WYH Care Partnership have also completed. One brings together previous information regarding people's thoughts about digitalisation and personalisation; and the other is an engagement and consultation mapping report which sets out the work that has taken place in the six local areas and at a West Yorkshire and Harrogate level.

Key Findings: General survey and focus group

- People told us that the main things they do to keep healthy and well are **exercise and healthy eating**. People wanted support from the NHS and its partners to make it **easier and affordable to keep fit and eat healthily**, as well as more pro-active **support around weight loss**.

- There was a commitment to **self-care** from people who responded to our survey. 9% of people told us that the NHS could help them with this by providing **more information and advice** about healthy lifestyles and how they can better monitor their own health. People were also keen for more prevention of ill health through increased access to **regular general check-ups** as well as screening for specific conditions.
- People want the NHS to provide **easier access to appointments**, mainly with their GP but also with hospitals. Access to appointments was the single most mentioned theme (18% of responses) when people were asked what the NHS could do differently to help them stay healthy and well. The speed with which people could make an appointment was cited as one of the most important things for people when talking to health professionals about their care. People wanted the option of longer appointments, more appointments outside working hours, more appointments available to book online (including same-day appointments) as well as more availability of virtual and telephone appointments.
- **Mental health** was a recurrent theme running throughout responses to many of the questions in the survey. The main findings were:
 - People wanted mental health services to be **more accessible** for people of all ages, with shorter waiting times and easier and quicker assessments.
 - People felt that the **waiting times** for counselling and therapy were far too long, risking a detrimental effect on a person's mental health during the wait.
 - We were told that there needs to be **better emergency support** for people in mental health crisis, and current services are not working well.
 - Mental health services need to be more appropriate and **accessible for people with autism, deaf people and speakers of other languages** who may need an interpreter.
 - There should be more investment in **community support** before people reach crisis point.

- People want to see more of a focus on prevention of poor mental health through **raising awareness around looking after your mental health** and how to help yourself (e.g.: running mental health first aid courses and general awareness sessions in schools and communities).
- **Children and young people's mental health services** were highlighted as an area of concern. Respondents said in particular that referral thresholds were too high and waiting lists too long, and they also cited concerns about the detrimental effects of children having to travel to inpatient units out of area.
- People who were using **digital services** told us that they were mainly booking appointments, ordering repeat prescriptions, finding information and making contact with health professionals. The positives cited for digital services were that they were **convenient and easy to use**. Negatives that were mentioned were that there is not enough access for online patients (e.g.: to appointments or medical records) and that some digital services needed to be **more user-friendly and joined up** with other health and care service systems.
- Whilst the majority of people were in favour of having the option to access the NHS digitally, more than 500 people (41% of respondents) told us about **barriers to using online services**. These included **access to digital technology** (e.g.: not having a suitable device or internet access) and **lack of skills and confidence**. People were concerned that too much dependence on digital technology could create **inequalities** in the system, where particularly older or disabled people and those on low incomes or with language or literacy issues were disadvantaged. Many people were also clear that personal contact was important to them and may be a factor in whether or not they would choose to access the NHS digitally.
- When asked where they would go for an **urgent medical need** (other than A&E or their GP), the majority of respondents told us that they would either call NHS 111 (31%) or attend a minor injuries unit/urgent care centre (22%) or other urgent care provider (31%). A significant number of responses (16%) indicated

people weren't sure where to go. There was also **much confusion around the difference between minor injuries units, urgent treatment and walk-in centres.**

- The majority of respondents were satisfied or very satisfied with their experiences of the different **urgent care services** in the last 12 months. The highest rates of dissatisfaction were with out of hours GP services (i.e.: out of hours telephone consultations, home visits, or referral to another GP practice) which had an average dissatisfaction rate of 27%.
- 21% of responses mentioned **education as being crucial to ensuring children and young people live healthy lives** and have the best start in life. This included the NHS and its partners educating parents and carers about making healthy lifestyle choices for their children. Schools were cited as having a key part to play and people felt that there should be a whole system approach to children's health and wellbeing, and for it not just to be the responsibility of the NHS.
- As well as education, **early support** was an area that people saw as key to children living healthy lives. This included supporting mothers during pregnancy, supporting families with new-born babies, early diagnosis of conditions and support through childhood.
- 22% of people who answered the survey question about **personalised care** were unable to give a definition of it, either because they didn't know, hadn't heard of it or said it wasn't applicable. This figure was higher for BAME communities (37%) and young people aged 15 or under (33%). Those who were able to give a definition understood some of the different elements of it. This included recognising that it is about what matters to individuals and that they are at the centre and a key partner with choice and control over their care. People also mentioned how personalised care looks at the person as a whole and includes physical and mental health, as well as other factors such as housing, family and support networks.
- **Communication** came up throughout the survey responses as key to good personalised care. Primarily people told us they **wanted to be listened to and spoken to as individuals**, as well as

treated with dignity, care, compassion and respect. Particular communication issues were raised by people with sensory impairments around making information accessible and adhering to the **Accessible Information Standard**.

- When people were asked if they could change one thing about the way the NHS works, the most common response was that people wanted it to be **more efficient**. People wanted to see a change in the structure so that there is less management, more efficient administration systems and more front-line staff who are well trained, supported, and have a good work environment.

Key Findings: Specific Conditions survey

- People with physical conditions are **generally more satisfied** with the initial support they get than people with non-physical conditions (see p.69 for definitions of physical and non-physical conditions).
- People with physical conditions are **more likely to get support** quickly than people with non-physical conditions.
- People with non-physical conditions are **more likely to find ongoing support** inaccessible and unsatisfactory.
- Having more than one condition often **makes it harder to get initial support**, especially if you have non-physical conditions.
- Ongoing support is most likely to be considered helpful when it involves **reliable, regular person-to-person contact**.
- Respondents feel that ongoing support could be improved if it were made **more reliable and personalised and if it recognised their emotional needs**.
- People with **mental health conditions** are particularly likely to feel their ongoing support is inadequate because they have been given the **wrong diagnosis or therapy**.
- **Cancer services** often provide **effective communication**, whereas mental health and autism services' communications are often felt to be inadequate.
- Most people **get around in their own car** and are **willing to**

travel slightly longer to see a specialist than to get a diagnosis.

- At the beginning of the care process, people prize speed over familiarity with health professionals, but once they are in a treatment routine they prefer familiarity over speed.

Next steps

This report will be shared with West Yorkshire and Harrogate Health and Care Partnership. We will work with them to ensure that people's views expressed in this report are taken into account throughout their five-year strategy. We will also share the content of this report with as many other strategic partners as possible in health and care and beyond.

We will share findings with people who took time to share their views and the report will be published on all of the West Yorkshire and Harrogate and Craven local Healthwatch websites, as well as the West Yorkshire and Harrogate Health and Care partnership website.

Each local Healthwatch involved in this piece of work will also be looking at the data for their local area to pull out any local variations and themes.

Response from West Yorkshire and Harrogate Care Partnership

We are delighted that Healthwatch colleagues have reached over 1800 people with the local survey on digitalisation and personalisation, as well as many others for the long-term health conditions national survey. It's also helpful to read further comments gathered on other areas of our health and care work, including the importance of: *'partners working together to make it easier and affordable for people to stay fit and eat healthily*, as well as *'more pro-active support around weight loss'*; and concerns around *'better emergency support for people in mental health crisis'* - an area we are working hard to address together.

It's also heartening to hear that as well as the surveys, local Healthwatch colleagues have coordinated over 15 focus group sessions across the area with seldom heard people from different equality groups such as those with mental health conditions; dementia and carers, LGBTQ, disability, faith groups and young people. The voice of

carers taking part in the focus groups endorses our programme approach that: *'carers need more support to keep them safe and healthy including regular health checks, respite care and flexible appointments to fit round caring responsibilities'*.

The comments received around quicker appointment times are very helpful. This is a fundamental part of the primary care and urgent and emergency care programmes. For example, Yorkshire Ambulance Service NHS Trust (YAS) had been awarded the contract for NHS 111 telephony, call handling and core clinical advice service (referred to as IUC) in Yorkshire and the Humber. This will see an increase in clinical advice and direct booking; clinical validation for emergency department referrals and managing dental calls for children under five.

We will be sharing this eagerly awaited report with all our priority programme leads and asking for their response on how they intend to make best use of the findings in their work plans.

This engagement report will also be discussed at our leadership meetings, including the Clinical Forum; West Yorkshire Association of Acute Trusts (hospitals working together); The Mental Health, Learning Disability and Autism Collaborative; and Joint Committee of the Nine Clinical Commissioning Groups; as well as the Partnership Board which meets in public in September 2019. Members of all leadership groups are keen to read the report and to act on the findings wherever possible.

Key to all of the above is our next steps. I'm sure colleagues working in Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield will find the report very useful when planning any further engagement work needed at a local level as we will for the West Yorkshire and Harrogate priority programmes. The engagement findings are an important part of developing our Five Year Strategy.

One clear theme worth noting is that people want us to work: *'towards stopping folk getting ill rather than curing illnesses'*. This message of preventing ill health, early help and intervention is consistent with the conversations held at the Partnership Board meeting in public in June.

The importance of joining up services for people at a local level in Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield will remain at the heart of local and West Yorkshire and

Harrogate Plans. All decisions on services are made as locally and as close to people as possible.

With this firmly in view, our Five Year Strategy (which we hope to publish at the end of the year) will describe how the health and social care workforce of over 100,000 in West Yorkshire and Harrogate is changing to meet the current and future needs of the 2.6 million people living across the area - the approach we will take is in line with the recently published '[Interim NHS People Plan](#)'.

Our strategy will recognise the huge contribution community organisations and volunteers make; and the vital role of the 260,000 unpaid carers who care for family and friends day in day out and whose numbers are more than that of the paid workforce. All significant areas mentioned in this helpful engagement report.

As work on the strategy gets under way, ambition must be joined with realism, transformation and sustainability. Framing the ambition around improving people's health and a new deal with the public offers the best opportunity for the future - having the Healthwatch engagement report to hand will help us develop this further.

People's comments around self-care, communications, and the personalisation agenda will be well received - for example the [West Yorkshire Cancer Alliance](#) Focus Group said: '*they wanted communication to be improved between primary and secondary care and time between follow up appointments to be reduced*'.

The wider determinants of health, for example housing, employment and household income are ever present in our Partnership approach and it's helpful that this is an identified theme in the report.