



North West London
Collaboration of
Clinical Commissioning Groups

Patient engagement report on The NHS Long Term Plan July to August 2019

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1. Background

Across the country NHS, teams are working to develop local responses to deliver the ambitions of the NHS Long Term Plan.

“As medicine advances, health needs change and society develops, so the NHS has to continually move forward so that in 10 years’ time we have a service fit for the future.

“The NHS Long Term Plan will do just that. Drawn up by those who know the NHS best – frontline health and care staff, patients and their families and other experts. It will give everyone the best start in life; deliver world-class care for major health problems, such as cancer and heart disease, and help people age well.” NHS England – Long Term Plan

Engaging the public on the development of our Long Term Plan in NW London has been a key focus for the organisation.

2. Summary of engagement

Throughout July and August 2019, we held conversations and collected local views by undertaking surveys, delivering focus groups, attending community events, local hospitals, GP surgeries, markets and shopping centres. The team spoke to over 1750 people and over 500 completed the survey from the North West London boroughs between July and August.

We asked people to share their views on how they use healthcare services now and how they would like them delivered in the future.

We were keen to hear from the people about how we can:

- improve care that is provided locally
- help people know when to use A&E and direct people where to go when it is not an emergency
- help people understand and use health digital technology
- join up health and care services to make sure everyone in our community has access to the right care when they need it

2a. What people told us

When people were asked what is important to help them live a healthy life **41%** said to have access to health service when they need them

People overwhelmingly said (55%) that choosing the right treatment should be a joint decision between the patient and the doctor

Over 72% of people considered that they used emergency services appropriately on further conversation many were unaware of GP access services

54% of people we spoke to had not heard of any of the health apps on further conversation about NHS health apps many recognised the benefits

The two most important things for people when they interact with the NHS is for their personal data to be secure and for results to be communicated to them quickly

When focus group participants were asked to prioritise health funding, which was a difficult exercise, their top priorities were:

- Prevention
- Out of hospital care
- Mental health
- Long term condition

3. Engagement approach

Two main approaches undertaken for engagement were:

- Focus groups and conversations
- Surveys

While undertaking the survey, we also took the opportunity to discuss key current projects with the public.

- Health Help Now App
- Mum and Baby App
- Know diabetes information for patients
- Citizens' panel membership forms

Opening up the conversation by talking about new and current services helped people focus on what was important to them and provided a better understanding of some of the improvements we are trying to develop.

4. Focus groups and conversations

Over 50 people participated in four focus groups (Appendix 1 focus groups listed). Table 1 outlines the main themes from the conversations in the focus groups and with patients at the hospitals, GP centres, and urgent treatment centres. The conversation time available varied, the focus groups were designed for in-depth conversations. The time with patients in GP centres and hospitals were around 10 minutes but it was still possible to theme the conversations that took place beyond the survey questions.

Table 1 Conversational themes

Services need to change to respond to the pressures on the NHS and the demands from an increasing population	The hospital discharge process needs to be reviewed people can stay in hospital too long while they wait for home and social care arrangements to be made.
Mental health and wellbeing services were identified as key issues.	People knew very little about 'social prescribing', but once understood saw it as key to support patients and NHS services.

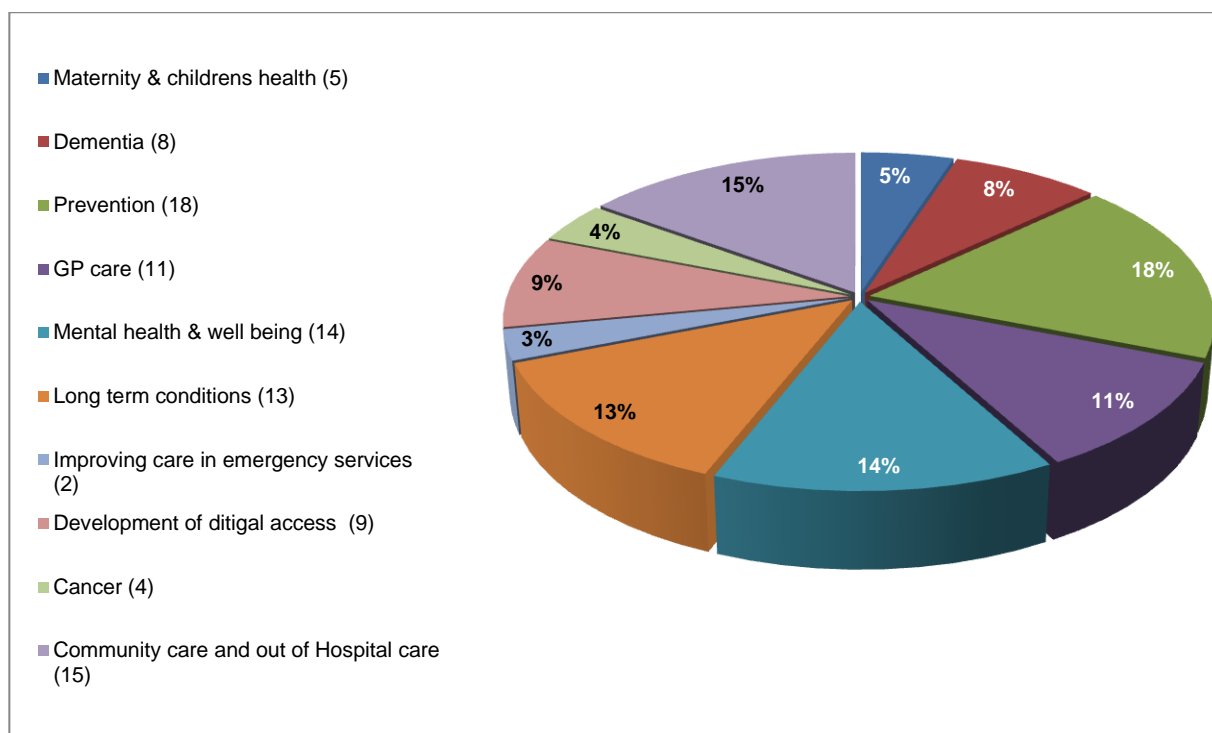
Difficulties to get GP appointment was still seen as a real problem. The participants welcomed 'GP extended access' - the majority were unaware about GP Access.	There should be greater investment into community care services and prevention.
Clinical procedures, treatments and waiting times should be standardised and equitable across NW London	The use of digital technology was supported. Technology accepted as crucial for better and more responsive services. There were concerns that the vulnerable and the elderly would not benefit.
All recognised the growing demand on emergency departments and considered that urgent treatment or care centres could reduce the demand, but the public must be better informed.	There were concerns about health inequalities across the NW London boroughs. What are the plans to address this?
Better communication between local NHS, social care services, patients and public must improve for the LTP to succeed.	The voluntary sector should be used to a greater effect – they provide a lot of support to BME communities and vulnerable groups.
Older people were concerned about failing mobility, unable to make clinical appointments or even local shopping. They considered that some of the LTP funding should be directed to prevention. For example, free exercise classes.	Young people supported the use of apps – although received most of their health information from Google. Young people were less interested in e-consultations.
BAME respondents supported digital healthcare apps but concerned about the use languages. Cultural sensitivity was lacking in some hospitals.	Overall, the vast majority of conversations felt that NHS is overworked and understaffed against. The LTP was supported but there was apprehension about the difference between a plan and the money available.

4a. Prioritisation exercise

In some of the focus groups, participants were also asked how they would prioritise funding, based on the key areas of the Long Term Plan: note that the participants did not have the time to read the LTP report in any depth but had a brief understanding from the LTP presentation and discussions. The outcomes of this exercise are outlined below in the pie chart. The response may have reflected the population profile of those attending but in general, the same key areas were also seen as priorities.

What the exercise told us was that in some equal measure, participants considered that there should be greater financial prioritisation towards prevention (18%), support for long term conditions (13%), mental health (14%), and out of hospital care (15%) these areas received significantly more support than the other areas. Surprisingly, the development of digital solution and access received 9%. It was considered that if there were significant improvements in prevention and out of hospital care, this would lessen the demands placed on emergency services.

Table 2: Focus group exercise: How would you prioritise health funding?



5. Survey approach

The survey was conducted during the months of July and August 2019. A number of voluntary and community groups were approached to support the engagement by linking the survey to their websites. The survey was shared with:

- 57 organisations across NW London
- Published on the Healthier North West London website
- Promoted through twitter
- The survey was also made available through a number of reception areas at community centres

Due the low returns from the online survey link, the majority of the surveys were undertaken face-to-face with patients and public. Over 500 completed the face-to-face surveys.

6. Survey responses by demographic summary

The **gender** response rate fairly even.

- 54% of responses from women and 45% from men

Age related feedback was reasonably equal up to the age of around 80 years. There was less than 3% difference between the age ranges of 25 to 59 years.

- Highest return rates 15% were for ages between 35 to 44 years. The second highest return was for 25 to 34 years age bracket was 14%.
- 7% of responses were from young people under 24 years
- 53% of responses come from people between 25 to 59 years.

The range of **ethnic** responses reflected the demography within the NW London boroughs

- 27% white British
- The accumulative responses from the Asian community groups was 24%
- 17% from white others –
- Irish 22%

The survey responses from across the eight NW London boroughs were evenly spread

- The highest number of responses were from Hounslow at 18%
- West London was the next highest at 15%
- The lowest return rates were from Harrow and Hillingdon at 8%

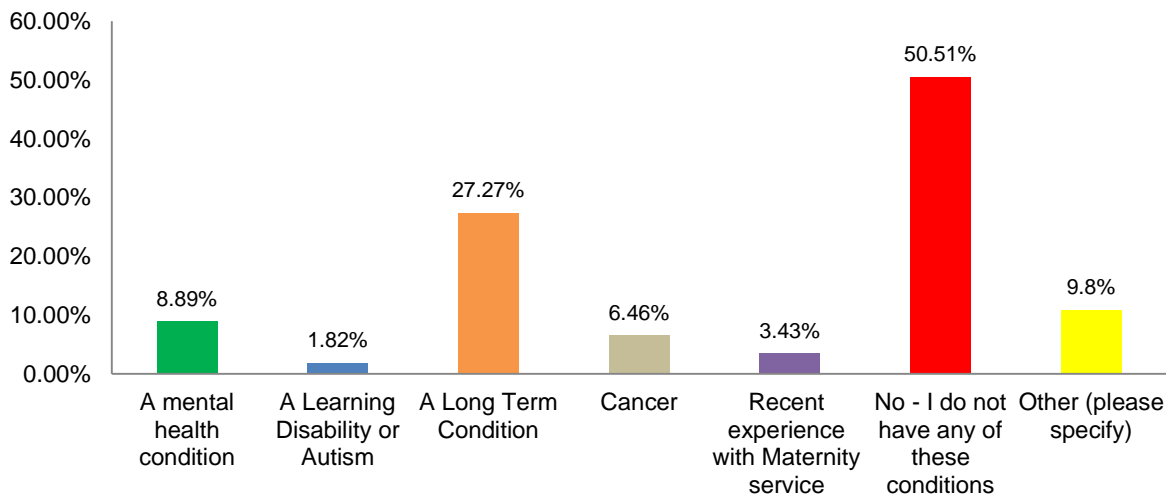
7. Survey findings

This section provides the results from the bulk survey questions excluding the demographic questions. The survey questions were co-designed with patients and other stakeholders. The questions were initially derived from a range of LTP surveys. The draft for this survey was assessed by three patients and five stakeholder groups. The surveys were mainly undertaken in hospitals, GP centres, shopping centres and community events

Question 3 '**Do you have any of the following?**' was designed to assess whether respondents had any ongoing long-term conditions.

- Over 50% did not have an ongoing health condition
- 27% of respondents considered that they had a long term health condition
- 10% considered that they regularly used the NHS
- 9% of respondents used mental health services

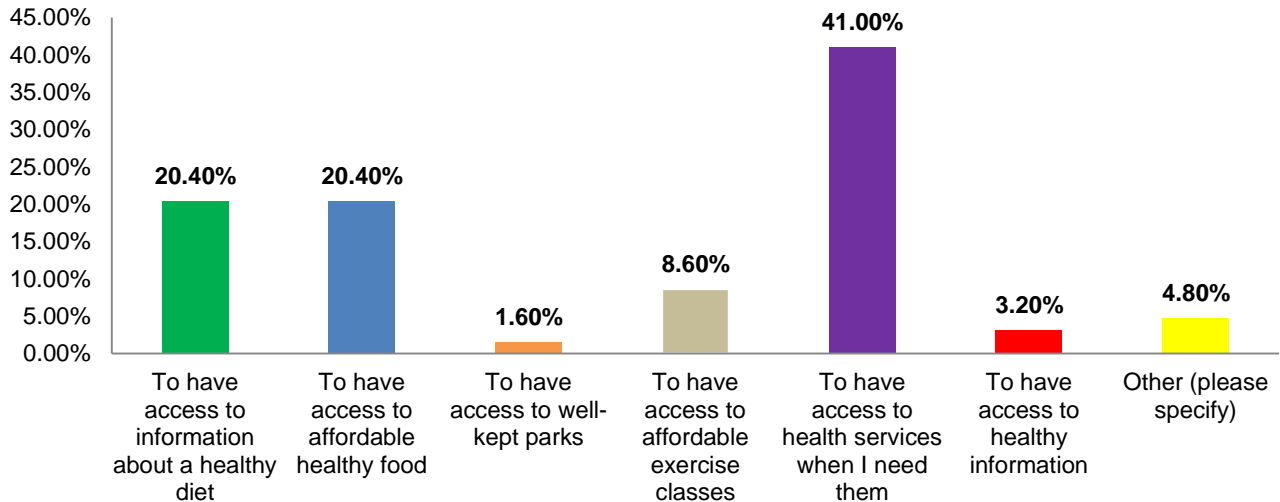
Question 3: Do you have any of the following?



In question 4 ‘**what is most important to you to help you live a healthy life**’ respondents were only allowed to select one responses in the question. The reason behind the limit, was to encourage people to think about what was most important to them.

- Over 40% wanted to have access to health services when they need them
- Combination of ‘information about a healthy diet’ and ‘affordable health food’ was over 40%.
- Parents and young people told us how easy it is to buy cheap unhealthy food, even in some hospitals unhealthy foods can easily be purchased.

Q4. What is most important to you to help you live a healthy life?



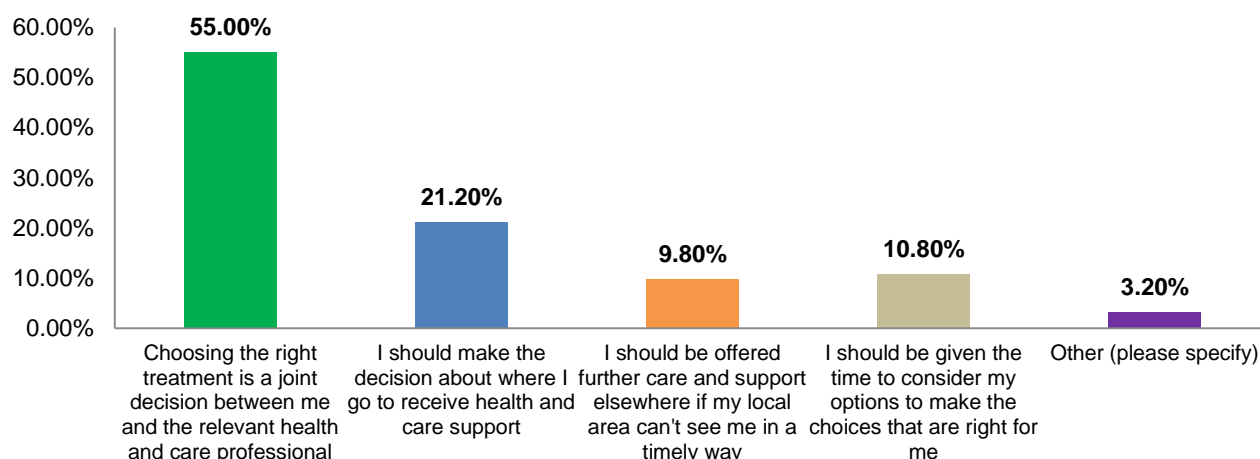
In question 5, participants were asked ‘**what is most important to you to manage and choose the support that you need**’. As with the question above, only one response could be selected.

- 55% felt that choosing the right treatment should be a joint decision between patient and clinician.

How we take this forward in the Long Term Plan

Patients want to be involved in decisions about them. It worth remembering that these conversations often took place with people whose views of health care have previously not been sought, they do not want to be passive recipients. They want the decisions to be made ‘with’ the health care profession.

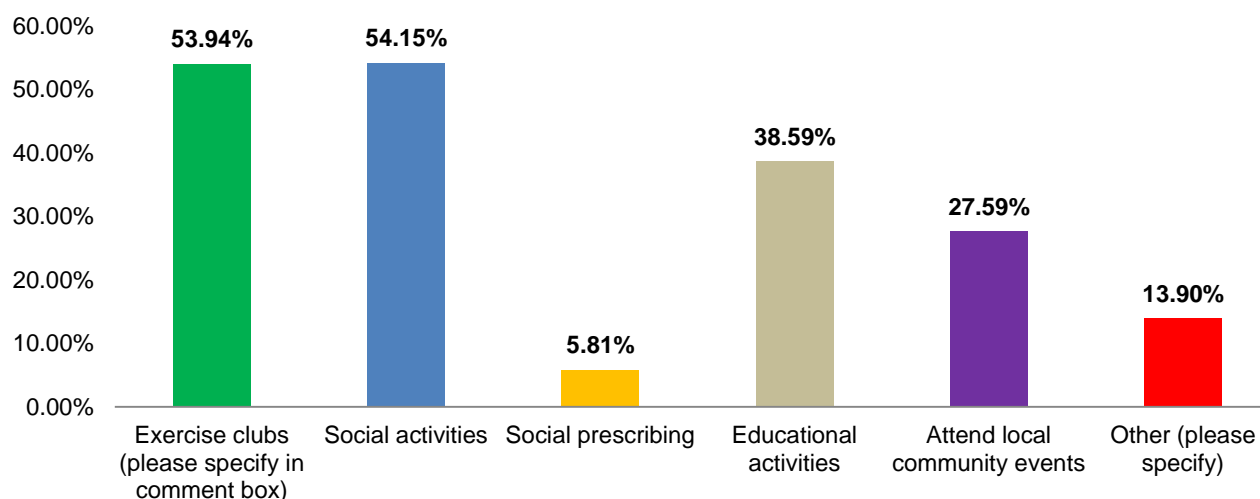
Q5. What's most important to you to be able to manage and choose the support you need?



Question 6 asked participants 'how they try to keep healthy'. Respondents were offered the choice to tick all the responses that applied.

- Over 50% suggested that they undertake some form of exercise from attending gyms, swimming, dance, yoga and biking.
- The frequency of activity varied from once a month to a daily routine
- Women from some ethnic groups were eager to swim but felt that the local facilities were often unable to respond to their cultural needs
- Only 5% had heard of social prescribing or used it. This provided us with the opportunity to provide further information about the uses of social prescribing.

Q6. What type of services do you use to help you feel healthy? *

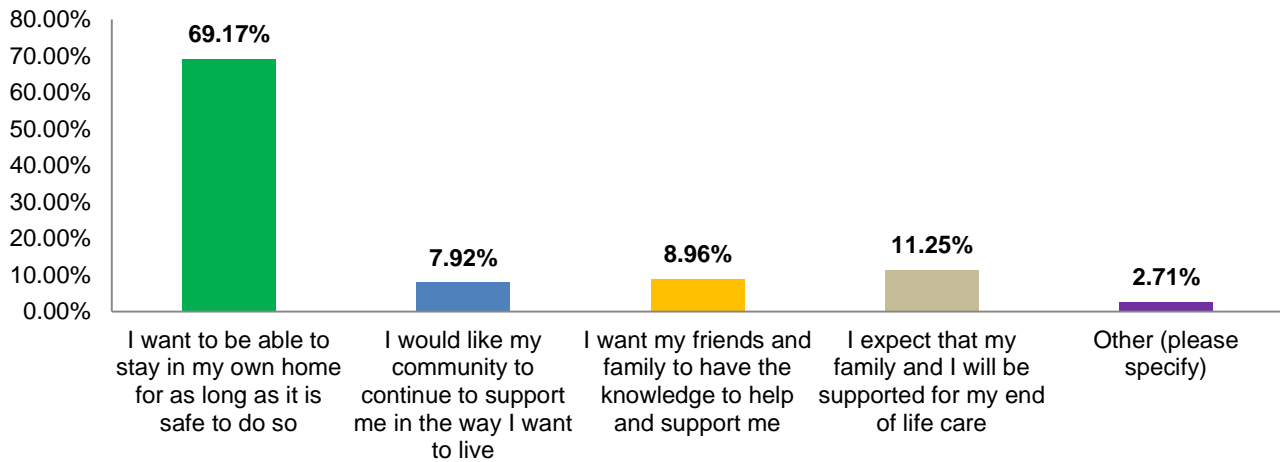


Question 7 'what is most important to you to help you keep your independence and stay healthy as you get older' was mainly addressed to older people or for people with long term conditions that prevent mobility.

- 69% said that being able stay in their own home for as long as it safe to do so was most important to main their independence.

- Family members and carers strongly suggested that most of the care takes place in the home so every effort should be used to maintain this aspect and to further support.

Q7. What is most important to help you keep your independence and stay healthy as you get older?

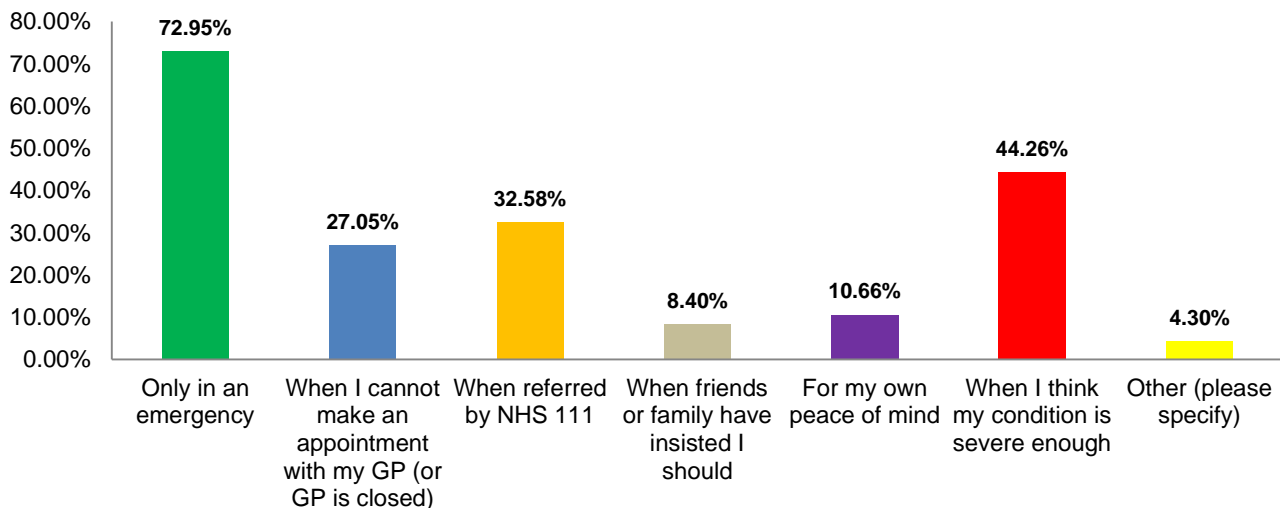


In question 8 ‘when do you use the emergency departments’ respondents were invited to select all responses that applied.

- 73% said that they only use A&E when they felt it was an emergency.
- 32% of those respondents were also referred by NHS 111
- 44% go when they think their condition is severe enough
- 27% used A&E when they couldn’t get a GP appointment

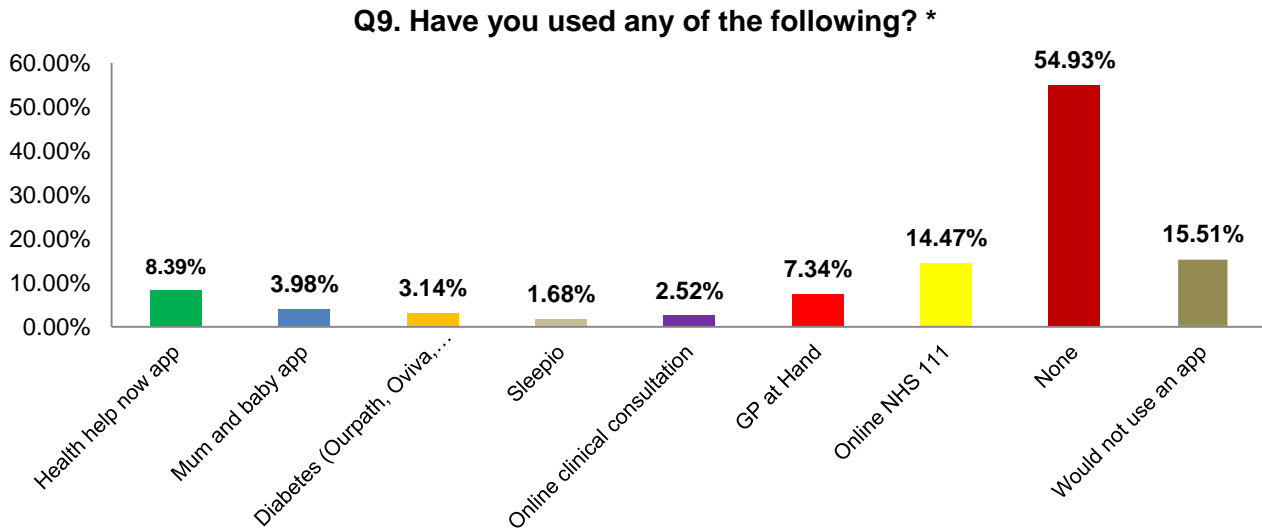
Some respondents from the focus groups suggested that they were better off going straight to A&E. They did not see the point of wasting time trying to get a GP appointment. Following further conversations all agreed that if there were other type of appointments available for the same day or the next day this be a great improvement.

Q8. When do you use Accidents & Emergency (A&E)*



Question 9 was designed to assess two things, firstly, to ask participants if they had heard of any of the apps, and secondly if they have used or would use any of the apps.

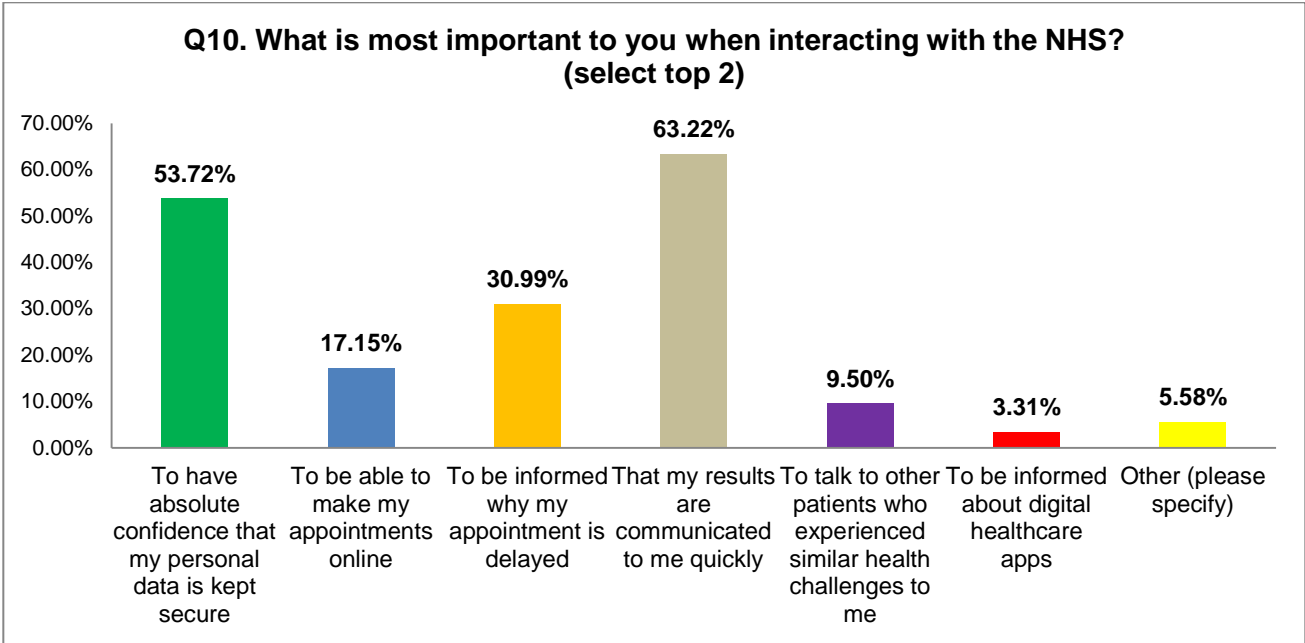
- 55% had not heard of any of the apps
- Only 15% indicated that they would never use a health app
- 8% who downloaded 'Health help now' offered mixed reviews
- 4% who used 'Mum and baby' app all recommended the app and would recommend to others.



In question 10 participants **were asked to think about what is most important to them when they interact with the NHS.**

- Over 63% said that the important thing is for their results to be communicated to them quickly
- 53% to have absolute confidence that personal data is kept secure

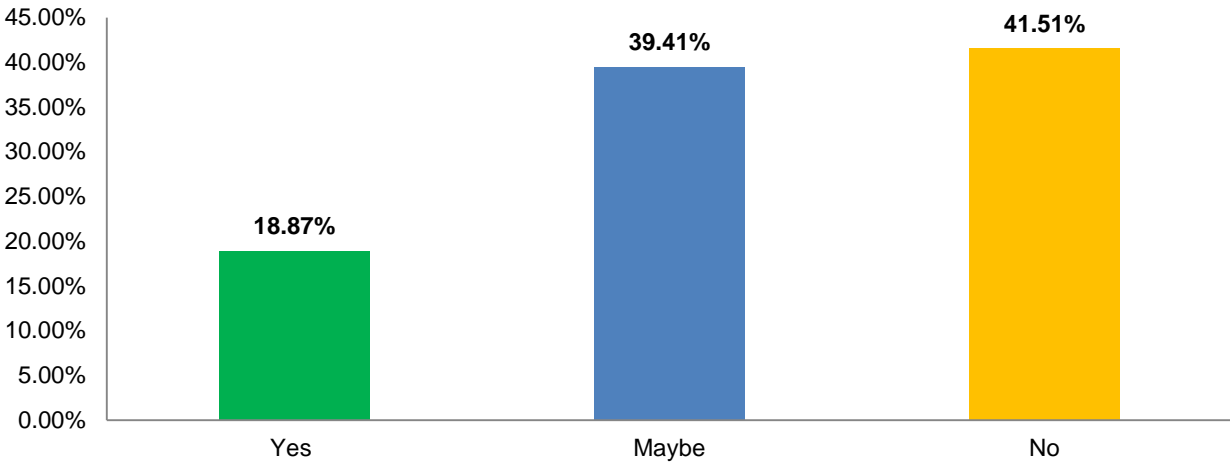
This response to this question may not be surprising, however the question was often asked in busy clinics where patients had been waiting for long time-periods. We were concerned that the waiting room environment could have biased the question but on every occasion, the initial first response was either data security or results returned quickly.



Question 12 asked respondents whether they **would be interested in joining the North West London CCG Citizens' Panel (CP)**.

- Around 19% immediately said 'yes'
- 39% suggested that they would be interested this was dependent on the time commitment.
- 41% said no

Q12. Would you be interested to become a member of our NHS Citizens' Panel?



8. Comments

The final two questions in the survey asked participants 'what works best for you in the NHS?' and 'what doesn't work so well? Some of the responses are highlighted below

The NHS saved my life on more than one occasion

The NHS is free and provides care. What can we moan about?

Clinical care is excellent

All of my treatments are well explained from start to finish

Professional, friendly staff always try to communicate in lay language

The care information exchange is simply brilliant

The maternity service at ChelWest is the best

The NHS is best in the world the LTP sounds great – without it we are dead

It's always there when need it – the plans sound good – I want to believe in them

You talk about this Long Term Plan but all I see and hear about are service cuts

Always promises about MH investment, new support, yeah what will really change?

The parking issues problems at Ealing makes me anxious

I go to work and can hardly ever get a GP appointment – do something about that

Difficult to get a GP appointment and that is why I'm here at A&E

The waiting times in outpatients is outrageous – how will the LTP tackle that

Can anyone explain to me why no matter what the emergency you still have to queue?

I never get immediate reassurance – my waiting time has been 5 months

Communication to patients is so slow & sometimes nothing at all

4. Summary

We used this engagement opportunity to talk to patients and public who do not often engage with the NHS. The engagement process was also designed to be inclusive of carers, BME communities, young people, service users, families and older people. It was important to strip away the NHS jargon for people to comprehend the LTP in understandable in everyday language. It was not always possible to take out the NHS language but by opting to bring the essence of the LTP priorities into everyday experiences enabled some achievement of our aim.

There was clearly a different understanding and response about the LTP when delivered within a focus group as opposed to handing-out surveys or trying to talk to the public in shopping centres. Likewise, in GP practices and hospitals where patients were waiting for appointments providing opportunities for survey-type conversation. The time and space to talk benefitted the support for the LTP priorities.

There were number of concerns, which are already known to the NHS being:

- Long waits for referrals
- Long waits to be seen at hospital appointments (emergency departments and outpatients)
- Difficulties to organise GP appointments
- Communication issues; poor telephone access,

Alongside the concerns, there were also noticeable improvements

- Online booking for GP
- GP extended access (for those aware of the service)
- Informed about clinic delays
- Text reminder messaging

When participants were asked to consider what they thought about the Long Term Plan it was supported but there was apprehension about funding. It was felt by some, that some of the proposals maybe unaffordable. In the prioritisation exercise, participants were asked to do the impossible task and prioritise some areas over others, 'prevention', 'mental health & wellbeing', 'support for long term conditions' and 'out of hospital care' where the main areas they recommended. Collectively, they agreed that without the focus group discussion then they may not have prioritised those areas.

A similar understanding was around the use of health apps, the use of emergency departments and around the difficulty of accessing GP appointments. When patients and public (regardless of social grouping) are provided with clear positive information then they will act differently. Following a short conversation people felt differently about:

- The benefits of health apps
- How to access GP evening and weekend services
- Where to go and what to do if not an emergency

When participants were asked what is most important to them when interacting with the NHS the top two most important areas included 'personal data' and 'receiving results quickly'. Patients, public, service users and carers want to be reassured.

Throughout this engagement process, the necessity to engage and communicate to the many was only possible through partnership arrangements with the voluntary sector (for example: BME health forum & Age UK), face-to-face conversations was fundamental for people to have a say and understand the priorities within the LTP.

Appendix 1: List of places visited

1. Northwick Park Hospital	17. Kensington and Chelsea Social Council
2. Charing Cross Hospital	18. Dementia and Black Minority Centre
3. Hammersmith Hospital	19. BME Health forum – Latymer Community Church (focus group)
4. St. Mary's Hospital	20. Ada Court – Breathe Easy group
5. Heart of Hounslow GP Health Centre	21. Lyric Square Hammersmith shopping centre
6. Ealing Hospital	22. Parsons Green summer fair: public
7. Hillingdon Hospital	23. Queens Park Summer festival: public event
8. Harrow Christian centre – invited patients and public (discussion)	24. The Alexandra Health Centre
9. Young People's Hammersmith & Fulham Foundation	25. The Dalgarno Trust event BAME users in Kensington & Chelsea
10. The Abbey Centre with various groups (carers, older people & rough sleepers and BAME groups) (focus group)	25. Annual General Meetings (West London & Hillingdon)
11. Hardly Heard to reach – for refugee	26. Community Champions public event Paddington
12. Tavistock Square – Operation Cup of Tea public event	27. Wembley Practice – Brent
13. BME Health forum – Church Street (focus group)	28. St Paul's Church PPG Leadership training
14. Wembley central shopping centre	29. Fulham Market, Fulham Road
15. St Anns Harrow Shopping centre	30. Age UK Hounslow (focus group)
16. St. Charles Wellbeing centre	31. Victoria place shopping centre

Locations visited



Other Organisations

- Heart of Hounslow
- St Charles Centre for Health...
- Young Hammersmith & Fulh...
- The Abbey Centre
- UB3 2UE
- Tavistock Square
- Church Street
- Wembley Central
- St Georges
- Town Hall
- Lyric Square
- Parsons Green
- Queen's Park
- The Dalgarno Trust
- Brunel University London
- Lancaster Road
- The Wembley Practice
- St Paul's Church
- Market Hall
- Age UK Hammersmith and F...
- Victoria Place Shopping Cent...
- Ada Court

Hospitals

- Hammersmith Hospital
- Charing Cross Hospital
- Chelsea and Westminster Ho...
- Northwick Park Hospital
- St Mary's Hospital
- Ealing Hospital
- Hillingdon Hospital

Appendix 2: The link to the Long Term Plan engagement survey

<https://www.surveymonkey.co.uk/r/9NN3RX7>