

## NHS Long Term Plan Engagement Summary for Worcestershire

In January the NHS in England published a Long-Term Plan setting out how they plan to improve health and social care services over the next ten years.

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. For example, being able to talk to your doctor on your computer or smart phone; access more services via your GP near to where you live; use other community services which could improve your health; and leave hospital without delay when you are well enough.
- Helping more people to stay well. This includes things like helping more people to stay a healthy weight or to stop smoking. It covers helping to tackle air pollution and making sure your health isn't worse because of where you live, the services and treatments available and the amount of money you have.
- Making care better. The NHS wants to get even better at looking after people with cancer, mental health, dementia, lung and heart diseases and learning disabilities, such as autism.
- More money invested in technology so that everyone is able to access services using their phone or computer, and so that health professionals can make better, faster decisions.

### What did we do?

Healthwatch Worcestershire gathered the views of local people about how to implement the changes in the Plan locally around the following priorities:

- Local, out of hospital care
- Prevention and self-care
- Specialist Services
- Emergency Care
- Mental Health care for adults
- Mental Health care for children and young people
- Health Inequalities
- Digital Technology
- Learning Disability and Autism

### How did we do it?

We visited groups and organisations across the county and held focus groups in Worcester City, Malvern, Evesham, Pershore, Kidderminster, Bromsgrove and Redditch. A total of 250 people took part in our focus groups. The feedback below covers the main themes specifically from the focus groups.

People also had the opportunity to complete an online survey.<sup>1</sup>

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<sup>1</sup> 290 responses were received for Worcestershire. It is not possible to break down the results of the survey which covered both Herefordshire and Worcestershire. The [full report](#) is available on our website.

## What did people tell us?

### LOCAL, OUT OF HOSPITAL CARE

#### Access

- Access to support and services 24/7 plays an important role in preventing admission and ensuring smooth discharge process
- Better access to the right information at the right time for patients and carers
- Better access to GPs will help prevent admissions to hospital. Longer appointments with GPs would be useful, although these are available now there is a longer waiting time

#### Carers

- Preventing people from going into hospital and getting them home sooner will increase pressure on unpaid carers
- Increase in accessible information, support and services available for carers
- Carers need to be involved in decision making as well as the patient

#### Services

- If services communicate better with each other, co-ordinate themselves and become consistent in the support and services they provide it would reduce admission and help with the discharge process
- Services need to be able to share patient information efficiently
- If support provided in the community is holistic it will help prevent admission and improve the discharge process
- Keeping people at home will increase the reliance on the voluntary sector - is there capacity for this?

### PREVENTION AND SELF CARE

#### Access and Support

- There needs to be an increase in opportunities and safe places for people to come together, which take into account:
  - Cultural differences
  - Age/generational difference
  - Specific requirements for those with certain conditions and disabilities
- Access to support programmes is difficult due to the rurality of Worcestershire

#### Information

- It is important to use a wide range of channels to raise awareness of what support is available and how to access it
- Clearer and wider reaching messages are needed
- Health professionals, schools and pharmacies could play a role in providing more information to people
- People trust their GP. GPs could play an increased role in:
  - Signposting
  - Providing upfront and clear messages
  - Providing current information in the surgery itself

## Condition Management

- Use Expert Patient Programmes so support the management of conditions
- Increase peoples understanding of their condition and provide ongoing support to help people manage their condition.
- Self-help works when guided by the right professional/s
- Individuals can monitor their own conditions if supported to do so
- Some people need help to recognise they have an issue/problem so they can help themselves

## SPECIALIST SERVICES

### Travel

- Accessibility and availability of public transport must be considered - Worcestershire is a rural area so this impacts on people's access to transport
- Implications for patients and carers of travelling to COE need to be considered:
  - Cost
  - Time
  - Emotional impact on patient and carer
  - Certain long-term conditions will have difficulty travelling for example people with MS suffer from fatigue
- Support for COE:
  - Receive the right care from skilled surgeons
  - Everything under one roof
  - Complete package of treatment and best care
  - Everything in one day rather than separate appointments
- Locations of COE must be planned not a result of historical accident or financial deficit

### STP Geography

- STP geographies do not necessarily make sense to patients. For example, Hereford to Coventry - 4hrs, Hereford to Cardiff - 1.5hrs

### Workforce

- Concern Worcestershire would lose personnel and specialist equipment if COE are developed in other locations
- Better workforce planning is required
  - Recruitment of extra consultants
  - Training for specialist nurses
  - More resource for specialist nurses e.g. there is one MS nurse in Worcestershire.

## Follow up care

- Must be planned to understand what support/equipment will be needed
- Ongoing support from a specialist nurse should be provided at a local level not at COE giving patients and carers access to expertise when needed
- Importance of working together and co-ordination with involvement of patients, carers and family

## Accessibility and Technology

- COE should have a 24hr helpline to provide specialist advice
- Patients should be able to visit when in need of support
- 24hr accessibility

## EMERGENCY CARE

- There needs to be clarification about which service to use and when in order to reduce the number of people attending A&E
- People don't know where services are, their opening hours, what they are for and the facilities they have
- Increase access to:
  - GP appointments
  - Minor Injury Units (MIU) (also extend the role of MIU)
  - Walk-in centres
- Concern NHS 111 is risk averse and sends people to A&E unnecessarily

## MENTAL HEALTH - ADULTS

### Access

- Support for increased availability of and access to crisis care:
  - 24hr walk-in facility
  - Place of safety, especially overnight
  - More patient centred care
  - Quick and appropriate response is needed
- Improving access to GP appointments would help prevent the crisis in the first place
- Worcestershire is a rural county so this impacts on the support and services people have access to
- Agencies need to work better together to prevent people experiencing a mental health crisis being arrested. This includes Mental Health teams, Police, Ambulance and NHS 111

### Type of therapy

- Non-medical therapies can be very beneficial
- Increase in funding to train more therapists
- Improve access to therapeutic approaches which empower people
- Some current therapies use a 'one size fits all' approach

## **Alternative Provision**

- Crisis Cafes, but not referral only
- Safe spaces/drop ins which are self-referral
- Volunteer led peer support
- Wider range of lower level support to prevent mental health problems becoming a crisis

## **MENTAL HEALTH - ADULTS LGBTQ+**

- The NHS makes assumptions people are heterosexual
- Support groups are aimed at heterosexual couples. For example, a cancer support group for wives/girlfriends
- The feeling of being judged stops people accessing services
- The NHS needs to see the whole person
- Concerns people are being told they have mental health problems because of their sexual identity
- More effort is needed to build trust, tolerance and support

## **MENTAL HEALTH - CHILDREN AND YOUNG PEOPLE**

- Access to CAMHS appointments needs to be much quicker
- Lack of resource in schools to adequately support children and young people with mental health issues
- More information needs to be available to help educate children and young people on mental health, this might help prevent people becoming unwell
- There needs to be consistency of professionals supporting the young person
- A range of therapies should be considered to meet individual need
- More support for lower level mental health issues
- Introduce resilience techniques from Early Years onwards
- Support for parents
- Continuity during transition from child and adult services
- Local eating disorder service required to prevent admission to hospital far away from home

## **MENTAL HEALTH - CHILDREN AND YOUNG PEOPLE LGBTQ+**

- GP is first point of contact, but it is hard to talk to them
- GP surgeries don't indicate that they are LGBTQ+ aware/friendly
- There is a lack of awareness of the help and support available
- More information about mental health support in places where young people go
- More support is needed for carers
- School nurses could do more beyond safe sex and preventing pregnancy to include support for LGBTQ+ children and young people
- Children and Young people are concerned about confidentiality. Not wanting to tell the GP as they might tell their parents
- There is support available, but it is not joined up
- Increase training and support for teachers
- Increase youth groups for LGBTQ+ with links to mental health services. For example, peer support

## HEALTH INEQUALITIES

- Issues with access to information and support
- NHS needs to go into communities in order to get an understanding of needs and issues
- Identify who within communities can communicate with people i.e. Police, Fire Service, Postal service, bin collectors etc
- Increase in schemes and activities relating to:
  - Smoking
  - Obesity
  - Healthy living
  - Children and teenagers

## DIGITAL TECHNOLOGY

- It is not for everybody
- Cannot assume everyone will be happy to use technology
- Signal strength is an issue in many areas of the county
- Technology can create more barriers
- Opportunity to use Facetime and Skype for appointments
- Phone appointments can be used for people with sight loss
- Certain technology and gadgets are very helpful:
  - Fitbits to enable self help
  - Alex for individuals with physical disabilities and sensory impairments
  - Other voice activated technology for example to open/close curtains
  - Special phones and other gadgets for the home for people who have a sight impairment. For example, Doro Phones
- Alarms to remind people to take medication
- Apps to enable people to source support and information. For example, mindfulness
- Use of social media and forums to provide peer support
- App linking individual and their GP - self monitoring can be useful as don't have to attend appointments. Can report a problem through an app
- Telephone interpreting service is valued
- Training and support are required to enable people to use technology
- Could be used to improve information sharing throughout the NHS
- The cost implications need to be considered

## **LEARNING DISABILITY AND AUTISM**

### **What would make going to the Doctors or hospital easier for people with a learning disability?**

- Information that is easy to understand - Easy Read letters, appointment reminders and information, use of pictures to explain things and photos and symbols on signs.
- Staff to have an understanding about learning disabilities and Autism and to have an understanding of individual needs without having to explain - for example having a flag on their notes.
- Staff to explain things clearly and check that they have been understood
- Having support to attend appointments, but ensuring that doctors and nurses speak to the individual themselves and not just the person supporting them
- Making adjustments - longer appointment times, appointments at a quieter time of day, a quiet place to wait, a quieter room when staying in hospital
- Better use of Health Action Plans to share individual's information and record outcome of appointment

### **What would help people with a learning disability when they are poorly so they can stay at home rather than go into hospital?**

- More support at home with care tasks and taking medication
- Making sure that those coming to give care and support at home have an understanding of learning disabilities and Autism and know the individual and how to communicate with them
- Information about the individual to give to those coming to provide the care
- Individual knowing who will be coming to provide care
- Good communication between medical staff and carers and support

### **What can services do to help keep people with a learning disability healthy?**

- Easy to understand information with pictures to help understand more about healthy eating, including step by step easy recipes
- More support from support workers to understand more about being healthy and to attend screening and health checks
- Specific groups or sessions for people with a learning disability to learn more about being healthy, take part in activities such as cooking and exercises and provide peer support.
- Films with simple messages and cooking demonstrations - e.g. on YouTube
- Support to understand more about medication, when to take it and why
- Have more learning disability nurses and support workers
- More information about preventing infections spreading and hygiene, stopping smoking and reducing alcohol consumption

## How could technology help people with a learning disability to keep healthy or get better when they are unwell?

- Using Facetime or Skype for appointments without needing to travel to Doctors or hospital
- Alexa to give reminders and call for assistance
- Apps to remind you to take medication
- Monitors, such as epilepsy mattress
- Using tablets with pictures and symbols for those who are non-verbal
- Basic phones or tablets so they are easier to use
- Fitbits to monitor and encourage activity
- Information online, such as social media and YouTube about healthy living and recipes to motivate people

People told us that many people with a learning disability would find it difficult to use new technology and some might not want to use it. Technology would need to be easy to use and support available.

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