

NHS Long Term Plan report

Summary of findings from Healthwatch Barnet,
Healthwatch Camden, Healthwatch Enfield,
Healthwatch Haringey and Healthwatch Islington

wh  **t**

would you do?

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Executive summary

The NHS Long Term Plan, a ten-year plan created by NHS England, sets out a vision to make sure that health services are fit for purpose in the future. With growing pressure on the NHS: an ageing population, more people living with long-term conditions, and lifestyle choices affecting people's health, changes are needed to make sure everybody gets the support they need.

A significant part of the plan is around preventative action against illness and disease, so switching to a healthier lifestyle could prevent some health issues occurring. The plan also promises that more support will be available for people with mental health conditions, heart and lung diseases, long-term conditions such as diabetes and arthritis, learning disabilities, autism, and dementia.

There will be a drive to increase staff numbers to support this. Technology will be used to give medical professionals better access to information and the ability to share it with other service providers.

The number of people living in North London is approximately 1.44 million, and the area has a £2.5 billion health budget and £800 million social care budget¹.

During April and May 2019 Healthwatch Barnet, Camden, Enfield, Haringey and Islington, using various approaches and surveys, engaged with over 1,000 residents about their experiences of health and care services and the potential future developments as outlined in the NHS Long Term Plan.

In addition to the conversations about the NHS Long Term Plan in general, Healthwatch organisations also focussed on:

Barnet	Cancer screening and Learning disabilities, Autism and other disabilities
Camden	Cardiovascular disease, High blood pressure, Cholesterol
Enfield	Learning disabilities, Autism and other disabilities
Haringey	Diabetes
Islington	Dementia

The analysis of over 1,000 responses and items of feedback collected from residents of Barnet, Camden, Enfield, Haringey and Islington is clear where North London Partners in Health and Care² should focus - on **improving access to services**.

¹ Data based on information available in 'Case for Change' document created by North London Partners in Health and Care. The document is available for download at <http://www.northlondonpartners.org.uk/downloads/plans/NCL-Case-for-Change-September-2016.pdf>

² For more information on North London Partners in Health and Care please go to <http://www.northlondonpartners.org.uk/about/who-we-are.htm>

Evidence collected also suggests that local people³ want to participate in decisions about their treatment; this will be aided by providing them with meaningful, clear information. There was a recognition that increasingly, local people recognise the benefits of using technology to deliver efficiencies and a faster, more effective and responsive NHS service. Though there is a risk of dividing the population, based on those who can or can't afford access to equipment.

In addition, the findings focussing on those with Learning Disabilities⁴ suggest there are inconsistencies in the quality of and access to primary care and Annual Health Checks. Equally, local people who shared their views felt there was a lack of clear, easily understandable information in the form of Easy Read.

Lack of access to information that meets patients' needs was cited as problematic in most of the boroughs, whether this was regarding prostate and bowel cancer or support around the management of diabetes.

Barnet

During April and May 2019 Healthwatch Barnet engaged 145 local residents in discussions about their experiences of health and care services and where investments should be made.

In addition to **improved access**, with **85%** of votes, local people indicated that the following were also 'very important':

- professionals that listen to me when I speak to them about my concerns
- having the knowledge to help me do what I can to prevent ill health
- easy access to appointments
- for every interaction with health and care services to count; my time is valued

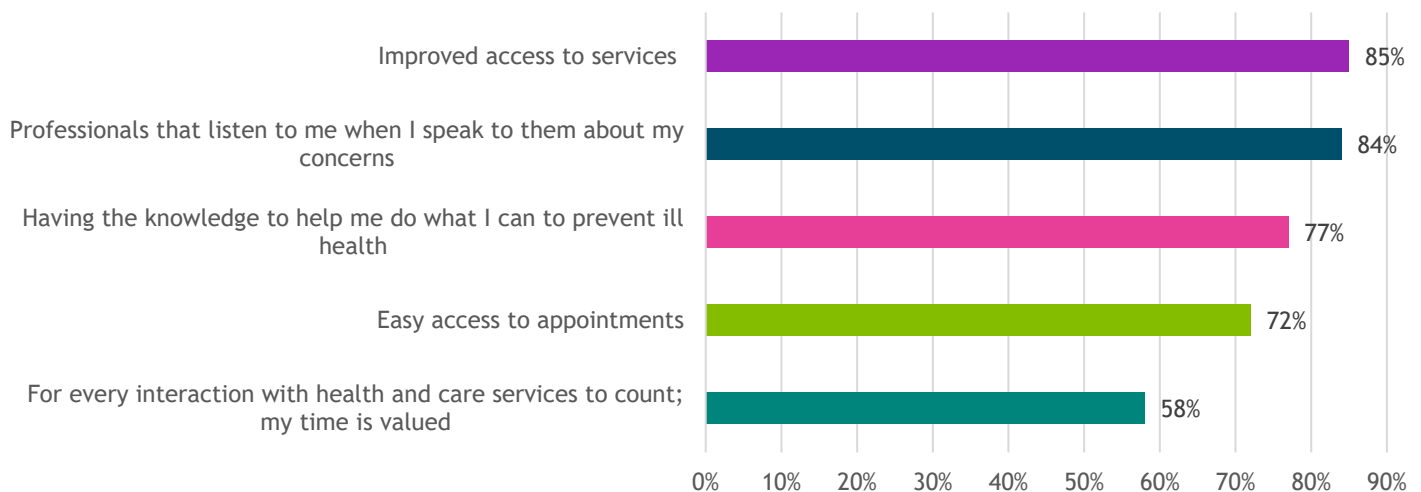


Figure 1. Priorities where investments should be made based on feedback from Barnet residents

12% of people approached by Healthwatch Barnet reported that more **integrated, personalised care** would help them.

³ Those who have been in touch with Healthwatch Barnet and Healthwatch Camden

⁴ Those who have been in touch with Healthwatch Barnet and Healthwatch Enfield

To help individuals manage and choose support they receive, local people who engaged in conversations with Healthwatch Barnet highlighted the need to improve communications and for clinical staff to provide more personalised care.

Choosing the right treatment is a joint decision between me and the relevant health and care professional	68%
Communications are timely	67%
I have time to consider my options and make the choices that are right for me	58%
I make the decision about where I will go to receive health and care support	48%
I should be offered care and support in other areas if my local area can't see me in a timely way	46%
My opinion on what is best for me, counts	42%
I make the decision about when I will receive health and care support	40%
If I have a long term condition I decide how the NHS spends money on me	31%

Barnet residents who shared their views about NHS services of the future we clear that there is a need and an appetite to utilise technology:



Figure 2. What should the developments around technology be, based on feedback from Barnet residents

Cancer Screening

A focus group, organised by Healthwatch Barnet, to discuss cancer screening was attended by 9 people. Participants were clear that cancer screening aims to detect cancer before symptoms appear. Some received letters about screening programmes whilst others were given verbal reminders by their GP when attending the surgery for something else.

There was a recognition that breast cancer and cervical cancer screening receive a lot of publicity, but that **bowel and prostate cancers screening is not as widely advertised or understood**. Local people suggested there is some confusion about:

- ages at which screening for different types of cancer should be undertaken
- whether regular screening is harmful

To improve uptake of cancer screening programmes in Barnet, it was proposed that:

- information used to promote screening should be reviewed so that it is more transparent. The format should be considered to make the information more visual and potentially include statistics. Location of screening centres should be included alongside ensuring that the information is in a format accessible to different groups and communities
- screening should be offered in the evening, at weekends and through mobile clinics
- information about screening programmes and self-checking should be disseminated through different channels including in schools and through working with communities, for example in a mosque
- text message reminders, not just letters, should be used to remind individuals about cancer screening programmes
- consideration to extend age of screening is given

GP Access and Annual Health Checks

Eleven people who are members of Barnet Mencap attended a second focus group organised by Healthwatch Barnet, focussing on Learning Disabilities. Residents who attended the session shared their experiences of accessing GP appointments and of having an annual NHS health check⁵.

Analysis of feedback gathered outlines challenges faced by people with Learning Disabilities receiving consistently high quality of primary care in Barnet:

- not all participants had been offered double appointments to discuss their healthcare needs
- of the eleven attendees, four knew what an annual health check was and two had been offered one

People with Learning Disabilities in Barnet hardly receive information in Easy Read or using a language they can understand.

Camden

During April and May 2019 Healthwatch Camden engaged 130 local residents in conversations about their experiences of health and care services and where investments should be made.

In addition to **improved access, with 94% of votes**, local people indicated that the following were also 'very important':

- professionals that listen to me when I speak to them about my concerns

⁵ <https://www.nhs.uk/conditions/learning-disabilities/annual-health-checks/>

- easy access to appointments
- having the knowledge to help me do what I can to prevent ill health
- for every interaction with health and care services to count; my time is valued

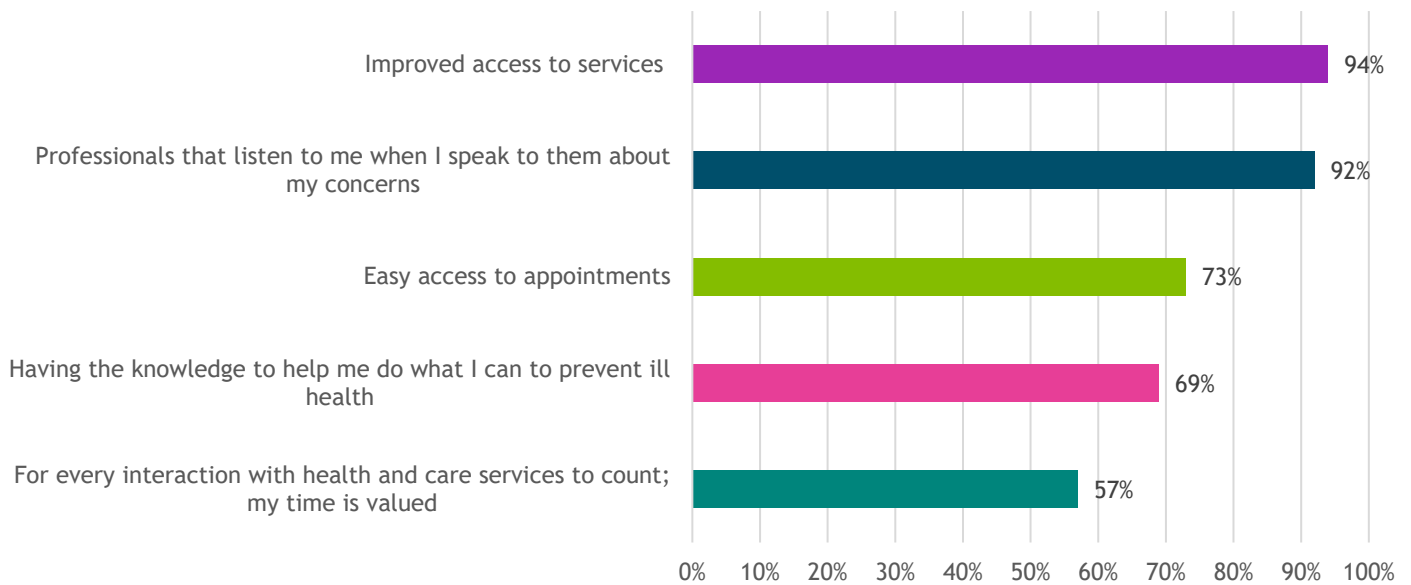


Figure 3. Priorities where investments should be made based on feedback from Camden residents

26% of respondents also explained that **access to affordable exercise and reliable information** would help them live a healthy life.

Again, to help individuals manage and choose support they receive, local people who engaged in conversations with Healthwatch Camden highlighted the need to improve communications and information in order for them to be involved in the decisions about their care.

Choosing the right treatment is a joint decision between me and the relevant health and care professional	61%
Communications are timely	59%
I should be offered care and support in other areas if my local area can't see me in a timely way	56%
I have time to consider my options and make the choices that are right for me	51%
I make the decision about where I will go to receive health and care support	48%
I make the decision about when I will receive health and care support	40%
My opinion on what is best for me, counts	37%
If I have a long term condition I decide how the NHS spends money on me	24%

Camden residents who shared their views about NHS services of the future we clear that there is a need and an appetite to utilise technology:

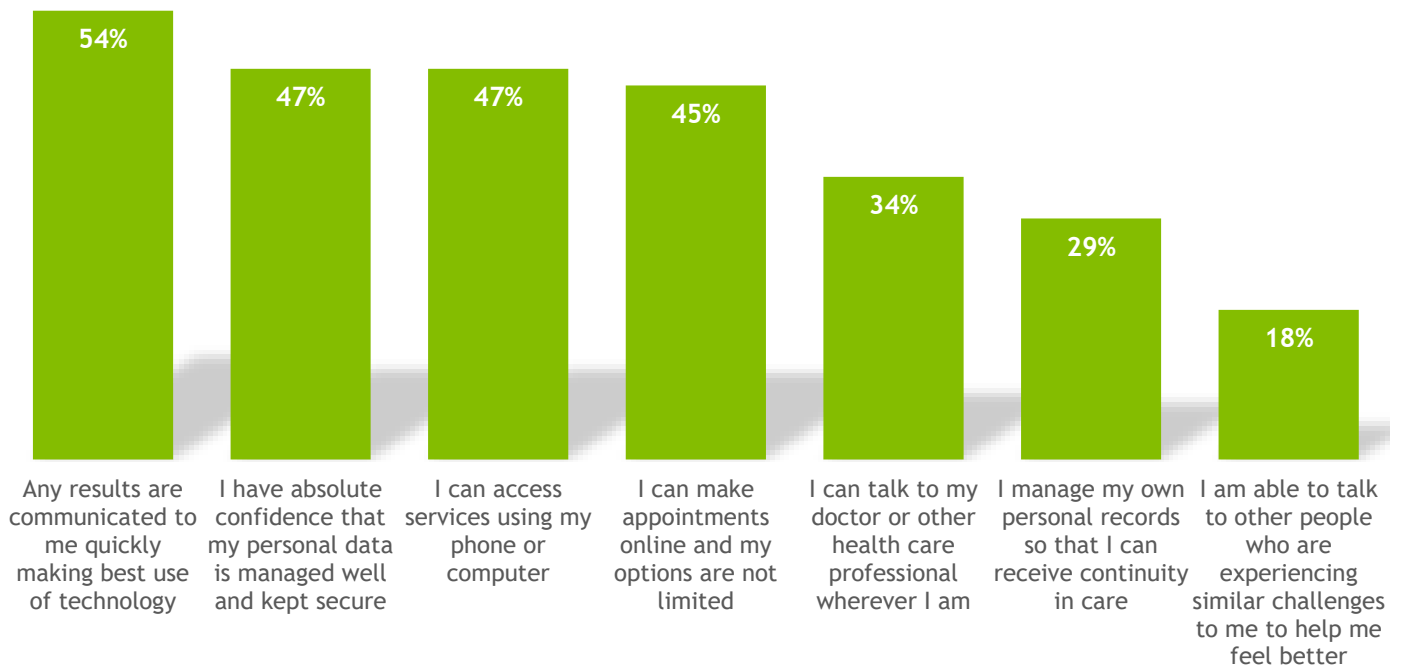


Figure 4. What should the developments around technology be, based on feedback from Camden residents

GP Online

Fifty people, who attended a focus group organised by Healthwatch Camden to listen to individual’s feedback on the NHS Long Term Plan, identified the following key issues with GP online:

- **equality of access** for those who do not own a suitable device or have lower levels of computer literacy
- and
- security of data

Camden residents present at the focus group felt that the proposed digital front end may mean the NHS becomes divided into an inclusion group and an exclusion group, based on patients’ digital access, meaning the excluded group will find it harder to get health services.

Cardiovascular disease, high blood pressure and cholesterol

The second focus group organised by Healthwatch Camden was attended by thirteen people⁶ with conversations focusing on cardiovascular disease, high blood pressure and cholesterol.

Feedback gathered suggests diagnosis of any of the conditions was instigated by patients.

⁶ 5 Chinese women 70 years plus, 4 Somali women 45 years plus and 4 Bangladeshi women 50 years plus

All individuals reported that their high blood pressure and/or cholesterol was managed by medication upon diagnosis; **no healthy lifestyle advice was given**. There was consensus amongst individuals that GPs offer no follow up and that patients are *'left on their own to cope'*.

They voiced concerns that people from BAME communities are at higher risk of cardiovascular diseases and therefore they should be invited for annual health checks at an earlier age, routinely.

Providers must continue to address the issues of disparity in health care service provision and preventative health promotion to BAME communities at an earlier stage, **providing quality advice on lifestyle changes and aftercare**.

Enfield

Healthwatch Enfield engaged 426 local residents in discussions about their experiences of health and care services and where investments should be made. Based on the data collected, funding should be committed to:

- improving access to services (indicated by 33% of respondents)
- improving care for those most vulnerable who may need it the most (indicated by 25% of respondents)
- reviewing where the NHS spends its money and how efficient this is (indicated by 25% of respondents)

With the NHS Long Term Plan outlining developments within fifteen different areas, from support in care homes to improving care for people with cancer, the evidence base collected by Healthwatch Enfield indicates which principles should support the decisions made by the North London Partners in Health and Care:

Using NHS funding more effectively	45%
Making sure that everyone gets the same care, regardless of where they live	39%
Having more staff	38%
Reducing the pressure on A&E departments	38%
Having access to services near me, outside of the hospital	37%
Improved services for children and young people, to give them a strong start in life	34%
Having shorter waiting times for planned operations	34%
Better care for major health conditions	33%
Having the support to manage my own health	32%
Creating systems where different organisations work together to provide care	31%
Using technology more to make the NHS more efficient	30%
More focus on reducing things to prevent ill health such as smoking, obesity, alcohol & air pollution	28%
Being able to access care through the use of technology	27%

In addition to engaging local residents in conversations about the NHS Long Term Plan, Healthwatch Enfield heard from 165 individuals with Learning Disabilities, autism and other disabilities, and their parents and carers.

Analysis carried out suggest that people with Learning Disabilities, autism and other disabilities do not have access to universally-high-quality primary care services in the borough and that there are opportunities to improve all care services, particularly where **access to services** and **awareness** are concerned.

Adults and Young People with a disability

Of the fifty people who completed an Easy Read survey:

- 58% reported that they their doctor or nurse is good at helping them. 36% said that they thought their doctor and/or nurse were okay at helping them whilst 6% said that they were bad
- 60% indicated that they have been contacted by their GP practice previously to have an annual health check. 75% reported their experience of having one as good.
- 64% rated their experiences of hospital services as good.

However, these findings should come with a health warning as the individuals engaged with are known to services and have support workers. What is not known, is the level of support provided to those who are not in receipt of or not known to services.

Parent/Carer Feedback

Feedback collected from 90 parents and carers of people with Learning Disabilities, autism and other disabilities:

- rates 70% of primary care services in Enfield as excellent or good by carers and parents and 30% as poor or very poor
- indicates that 33% of their relatives were invited for an annual health check with concerns raised about **the quality of checks on offer**

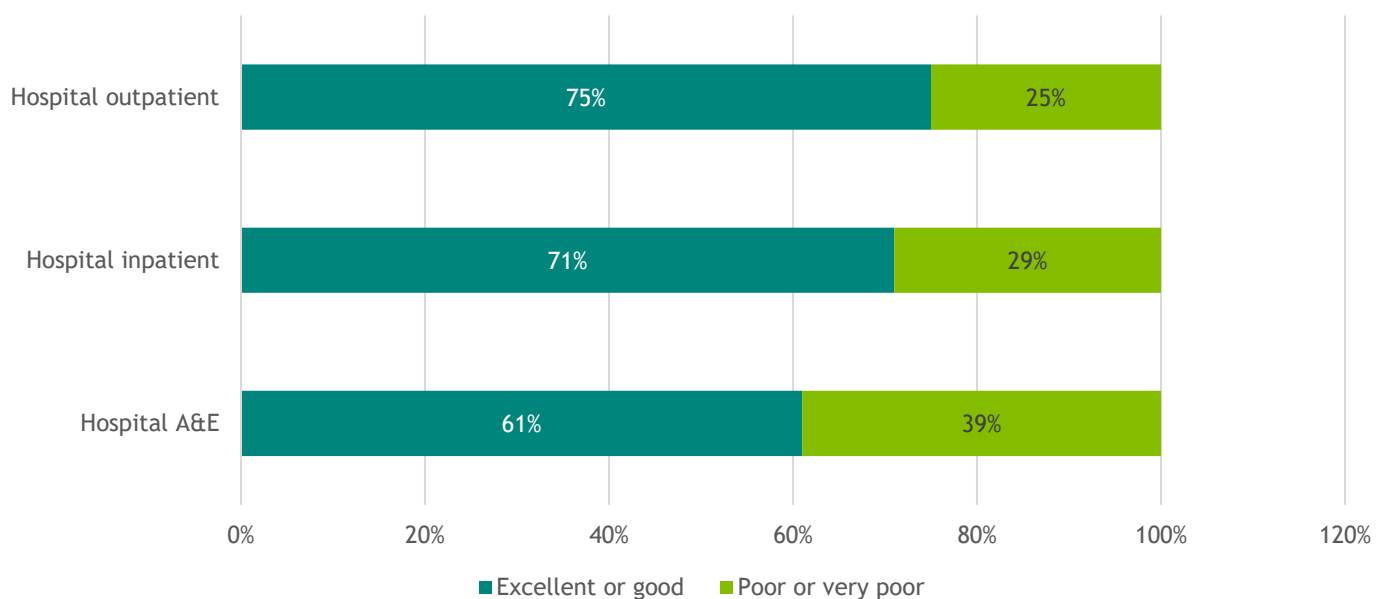


Figure 5. Hospital services rating by carers and parents of people with Learning Disabilities, collected in Enfield

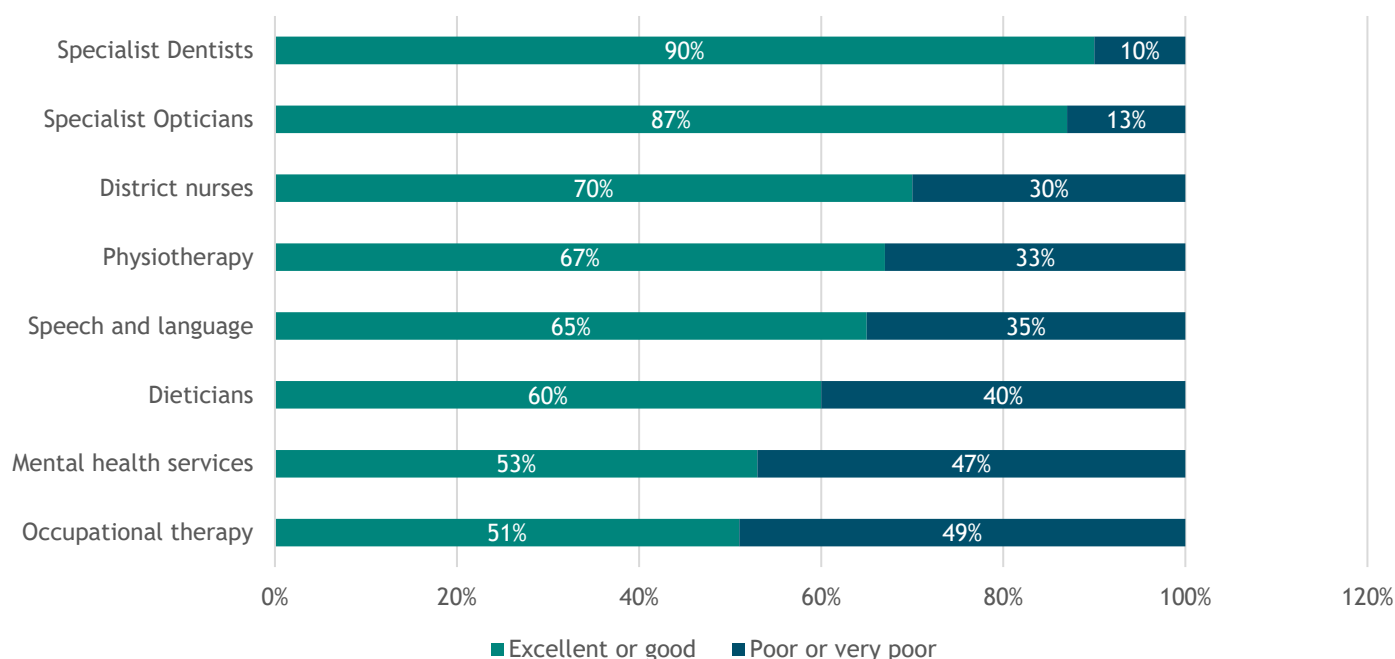


Figure 6. Health services rating by carers and parents of people with Learning Disabilities, collected in Enfield

Of the carers and parents who rated the health services their child/dependant received as poor or very poor:

- 47% justified the rating due to **difficulties accessing services** and long waiting times
- 26% based the rating on the **poor quality of care** and a **lack of understanding** amongst professionals of the needs of individuals with a learning disability, autism or other disabilities
- 37% of parents and carers of people with Learning Disabilities, autism and other difficulties (90) reported that they felt their child/the person they care for experienced **delays in receiving treatment due to having additional needs**.
- **50% of individuals do not understand what the doctor or nurse is telling them.**
- **embedding the principles for reasonable adjustment within health services.** This would be that appointments for patients with Learning Disabilities, autism and other disabilities are always offered on time to minimise stress and anxiety so that their behaviour does not become challenging

It should be noted that **65% of parents and carers** of people with Learning Disabilities, autism and other disabilities (90) indicated they had **limited or no support available to them**.

Haringey

Healthwatch Haringey engaged with 71 Haringey residents in conversations about their experiences of health and care services and where investments should be made. Based on the data collected, their top three recommendations as to where funding should be committed to, were:

- improving access to services (indicated by 29% of respondents)
- reviewing where the NHS spends its money and how efficient this is (indicated by 26% of respondents)

- improving care for those most vulnerable who may need it the most (indicated by 22% of respondents)

With the NHS Long Term Plan outlining developments within fifteen different areas, from support in care homes to improving care for people with cancer, the evidence base collected by Healthwatch Haringey indicates which principles should be applied to decisions made by North London Partners in Health and Care:

Having access to services near me, outside of the hospital	48%
Using NHS funding more effectively	44%
Reducing the pressure on A&E departments	41%
Having more staff	40%
Having shorter waiting times for planned operations	32%
Creating systems where different organisations work together to provide care	30%
Having the support to manage my own health	27%
Better care for major health conditions	26%
Making sure that everyone gets the same care, regardless of where they live	26%
More focus on reducing things to prevent ill health such as smoking, obesity, alcohol & air pollution	26%
Improved services for children and young people, to give them a strong start in life	18%
Using technology more to make the NHS more efficient	18%

Haringey Priorities

Fourteen individuals who attended a focus group organised by Healthwatch Haringey, indicated that North London Partners in Health and Care should prioritise:

- mental health services (including CAMHS) due to lack of local funding
- care for adults with autism, including diagnosis
- diagnosis for children with autism
- moving more services into the community e.g. X-rays, blood tests and scans

They also highlighted the need for **more joint working between the NHS and adult social care** - particularly looking where ageing is concerned. **Social care was recognised as playing an important role** in helping to keep people safe and happy in their community.

Diabetes

The second focus group organised by Healthwatch Haringey was attended by four people with conversations focusing on diabetes and the challenges around lack of information and issues with access to appointments when needed.

Islington

Healthwatch Islington engaged with 198 local residents about their experiences of health and care services and where investments should be made.

Of those who shared their feedback about primary care services in Islington, 23% respondents described a positive experience whilst 34% explained that they would improve access to their GP practice.

34% of respondents also suggested improvements in the care and/or services they receive from their GP. These included provision of blood tests, being able to see a named doctors and better training and awareness around issues faced by those with Learning Disabilities.

Of those who shared feedback on hospital services in Islington, 22% indicated that their experience has been a positive one. Suggestions to improve the quality of hospital care included:

- 35% indicated focus should be on improving information, reviewing discharge processes and providing training to staff ‘in empathy and sensitive topics’
- 22% identified shorter waiting times for hospital appointments
- 10% talked about shorter waiting times in A&E departments

Healthwatch Islington held two focus groups which were attended by sixty four people discussing dementia support and services in the borough.

Raising awareness of Dementia

The first focus group was attended by thirty-six individuals and focussed on:

- the types and signs of dementia
- what to do if someone has dementia
- information how certain types of dementia can be affected by lifestyle factors

Support for those with Dementia

The second focus group was attended by Islington residents who had a diagnosis of dementia (two), who had early signs of dementia (nineteen) or cared for someone with dementia (nine). Individuals who attended shared **their concerns about accessing support from a GP**. Many have not sought help because they do not feel their GP will take their concerns seriously.

Awareness of services available to people with dementia was low. Only one in three had heard of the Memory Clinic run by Camden and Islington NHS Foundation Trust.

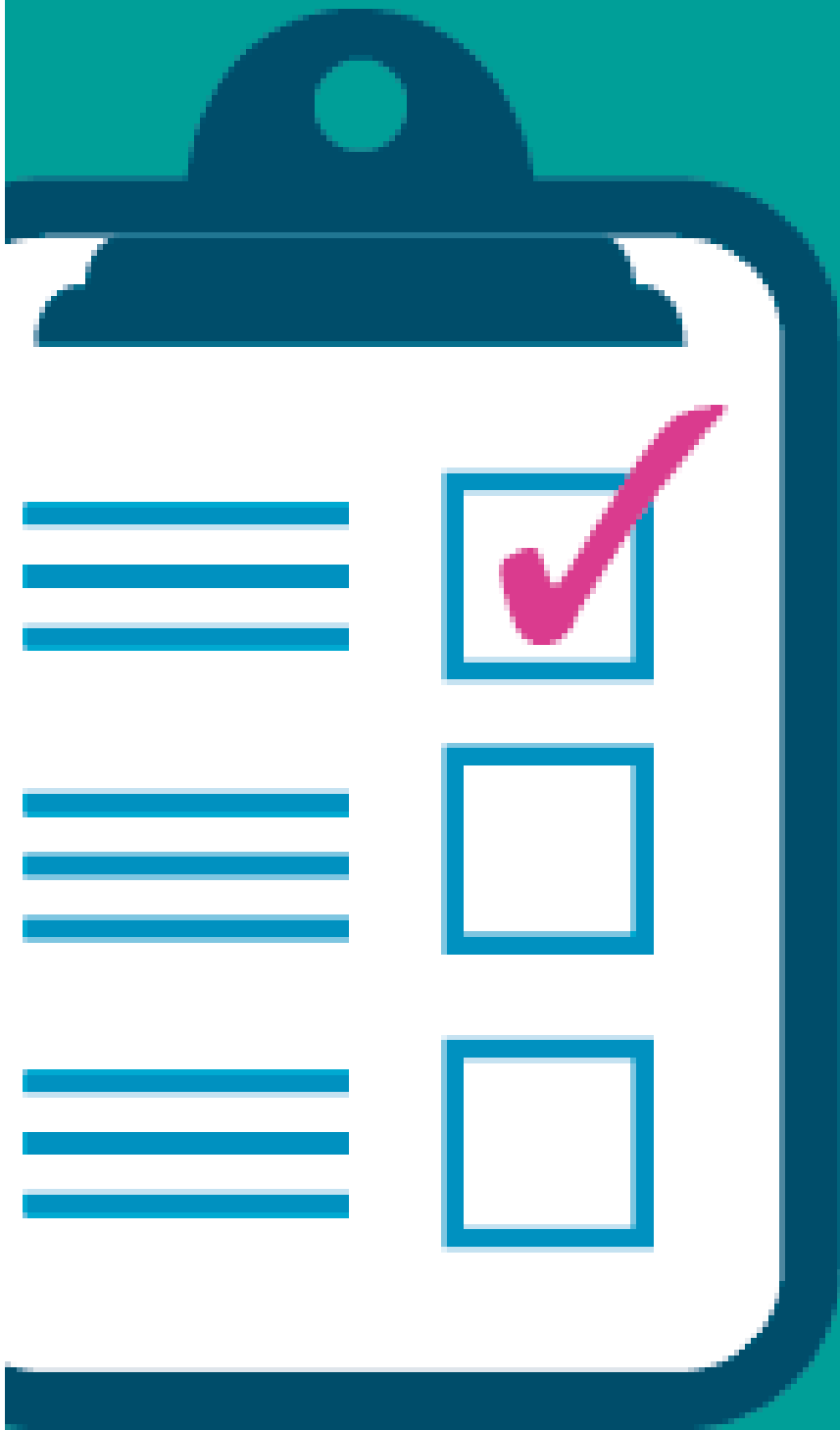
Feedback from local people suggests there seems to be a tendency for local people and their families to refuse support due to a general mistrust of the health service and a feeling that the services do not care for their needs.

Healthwatch organisations in Barnet, Camden, Enfield, Haringey and Islington have collected an evidence base that should be utilised by North London Partners in Health and Care.

We are asking the leaders and decision makers across North London:

- to consider feedback from local residents to prioritise service development and investment, as per the data collected
- to involve local people in co-designing NHS services that work for them

Methodology



A mixed methods research approach was utilised, consisting of semi structured face to face engagement, in addition to the use of three different online surveys:

- Healthwatch England Long-Term Plan Survey (general)
- Healthwatch England Long-Term Plan Survey (conditions)
- North London Healthwatch Long-Term Plan Survey

Individual Healthwatch also collected qualitative data through hosting focus groups with local residents.

Data from all surveys and focus groups was analysed and reported by the co-ordinating Healthwatch through the use of descriptive statistics, correlational analysis and qualitative theming.

To eliminate the possibility of bias in data collection, interpretation and analysis, volunteers and Healthwatch staff who were engaging with individuals and completing data collection were independent from those conducting data analysis.

Demographic data was also collated. Correlational analysis based on demographic differences has not been provided due to the risk of overgeneralising results from uneven samples of individuals of differing age, gender and ethnicity and location for each of the surveys used.

Ethical considerations

Following face to face engagement, all individuals were signposted to contact details of who to contact if they want to discuss any of the issues raised. Individuals gave their consent for the sharing of their feedback and were made aware that their feedback would remain anonymous and would not have impact on their care.

Responses to the surveys were inputted into a secure survey database. The survey databases were password protected and were only accessible to a select few Healthwatch staff from the co-ordinating Healthwatch. All paper copies of completed surveys were stored in a locked cabinet within Healthwatch offices and were shredded and disposed of by each individual Healthwatch after electronic inputting, for which consent was given.

Evidence base collected

The table below outlines the numbers of individuals each Healthwatch across North Central London engaged with, for each of the surveys and within focus groups:

	Healthwatch England survey (general)	Healthwatch England survey (conditions)	North London Healthwatch survey	Focus groups	Other (specific survey)	Total
Barnet	109	10*	6*	19		145
Camden	51	2*	14*	63		130
Enfield	6*	5*	250	25	140	426
Haringey	21*	3*	71	18		113
Islington	6*	2*	2*	188		198
					Total	1012

*To eliminate the possibility of overgeneralising survey results, reports of survey data were only compiled for local Healthwatch's that engaged with a significant number of individuals (<30). For this reason, not all individual borough level reports contain reports for each of the three main surveys used.

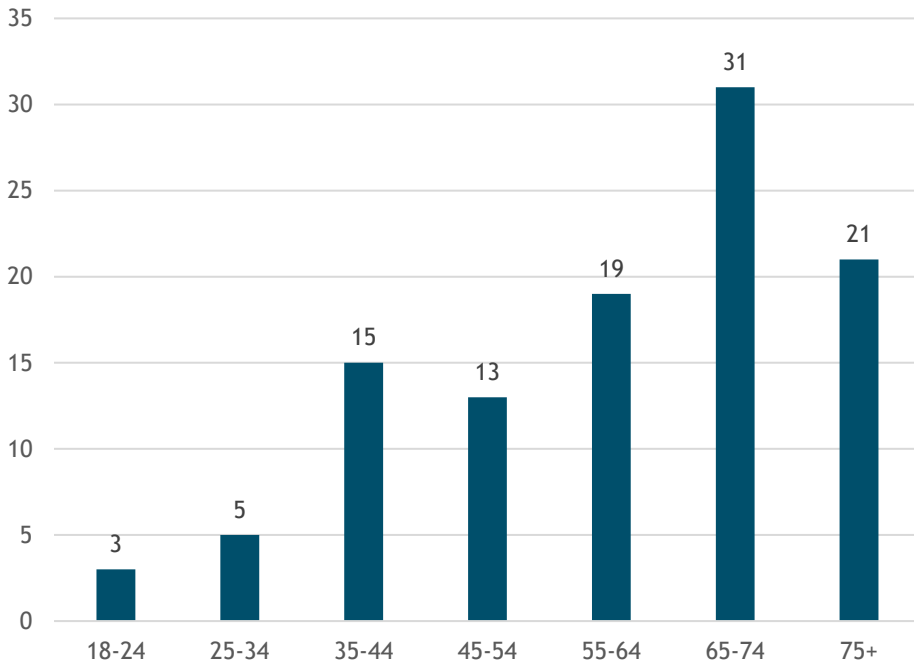
Next steps

We have approached North London Partners in Health and Care to ask:

- how the work Healthwatch has done fits with the broader public engagement the STP is doing
- which of Healthwatch findings stand out
- does the STP have plans to investigate any elements further?
- what role do they see public engagement playing in the future in terms of tracking progress against the plan

The response received from North London Partners in Health and Care will be published once received.

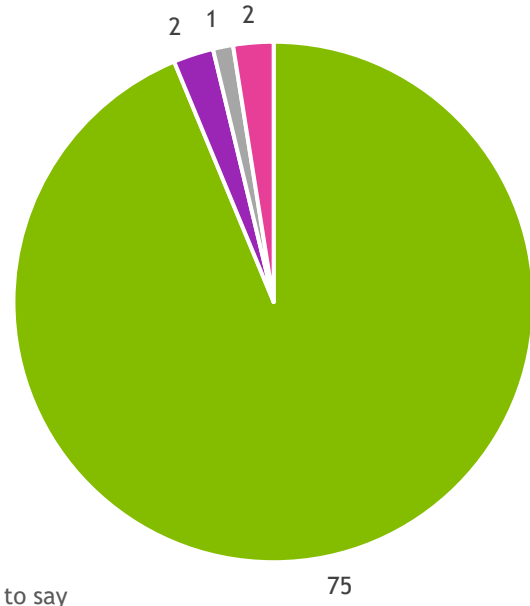
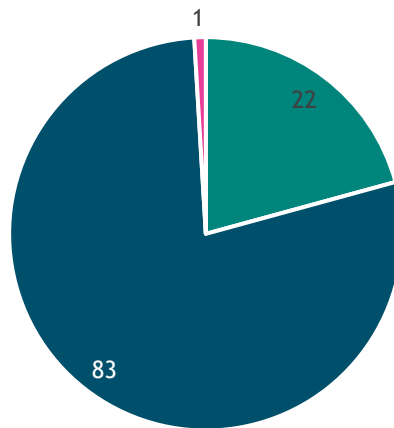
Appendix 1 Demographics of people engaged with



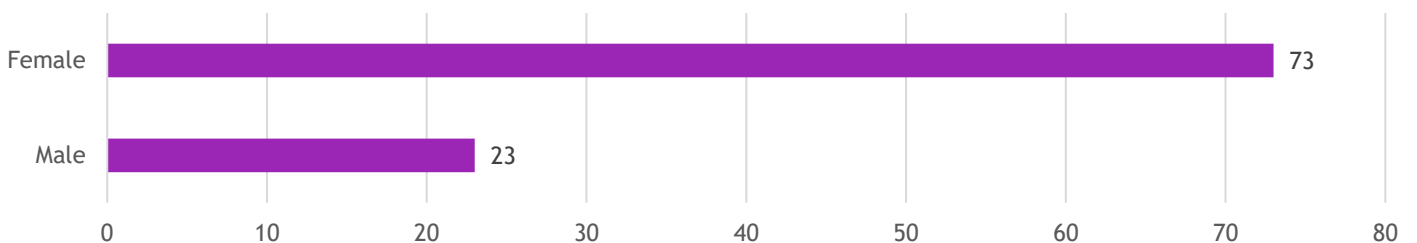
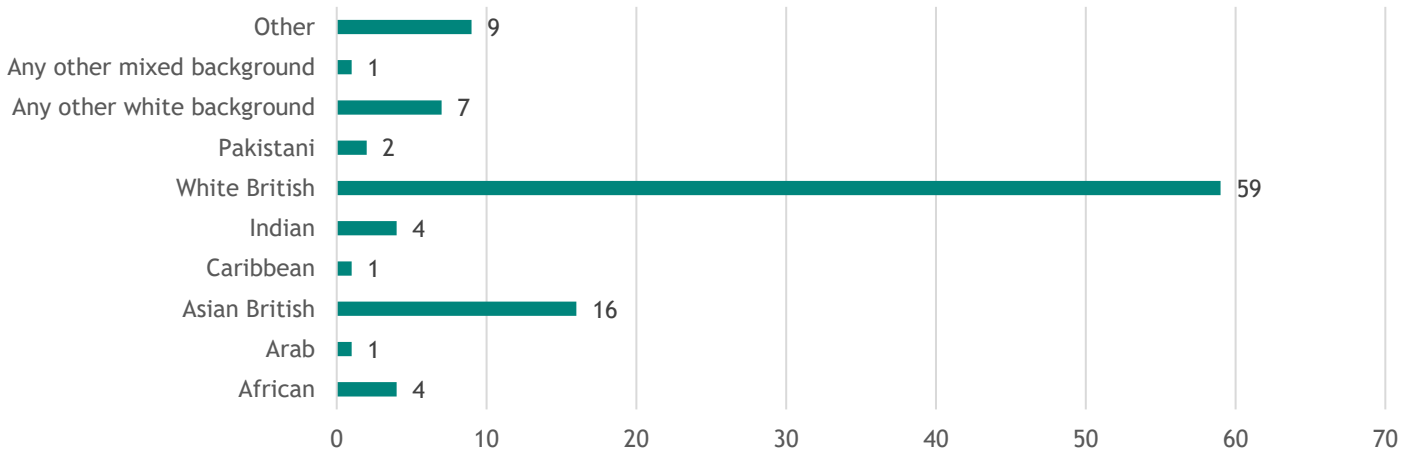
Religion	
Buddhist	2
Christian	29
Hindu	4
Jewish	21
Muslim	15
Other	4
No religion	20
I'd prefer not to say	1

Are you a carer?	
Yes	15
No	88

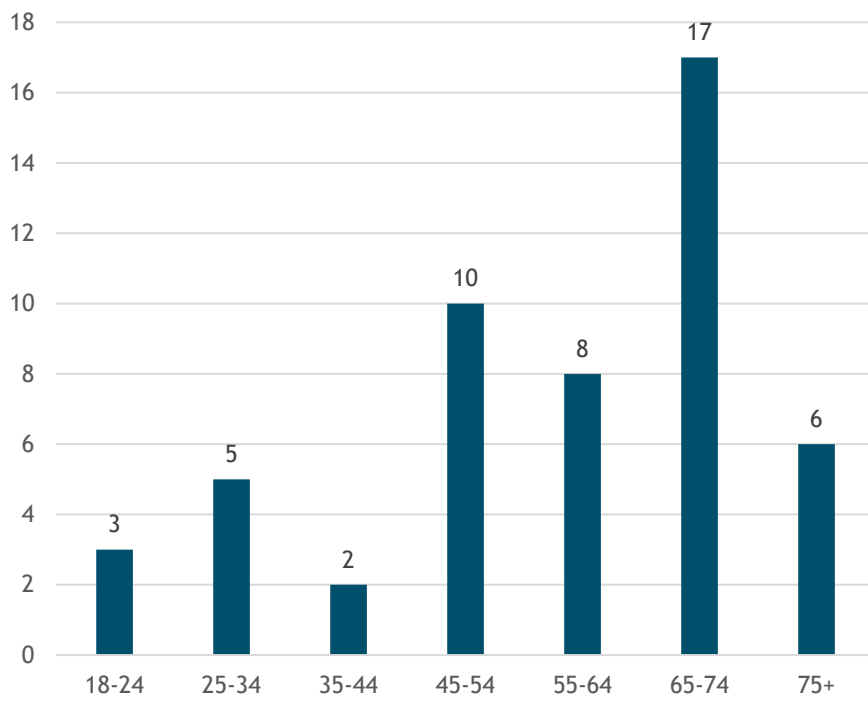
- Heterosexual
- Gay or lesbian
- Bisexual
- Other



■ Disabled
 ■ Non-disabled
 ■ I'd prefer not to say



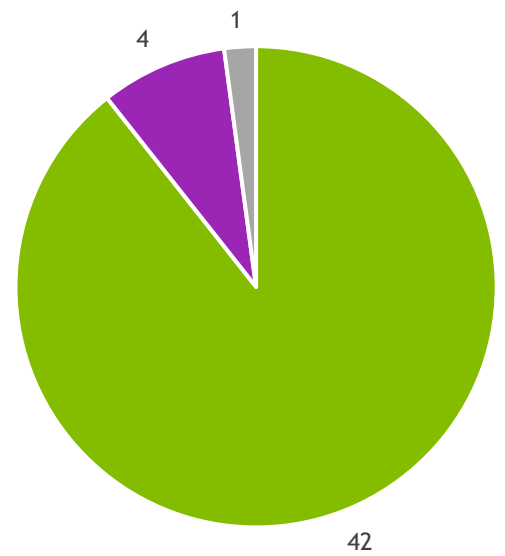
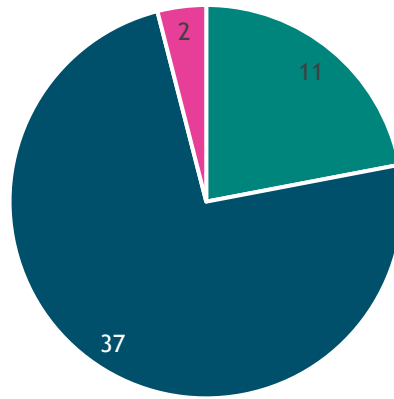
CAMDEN



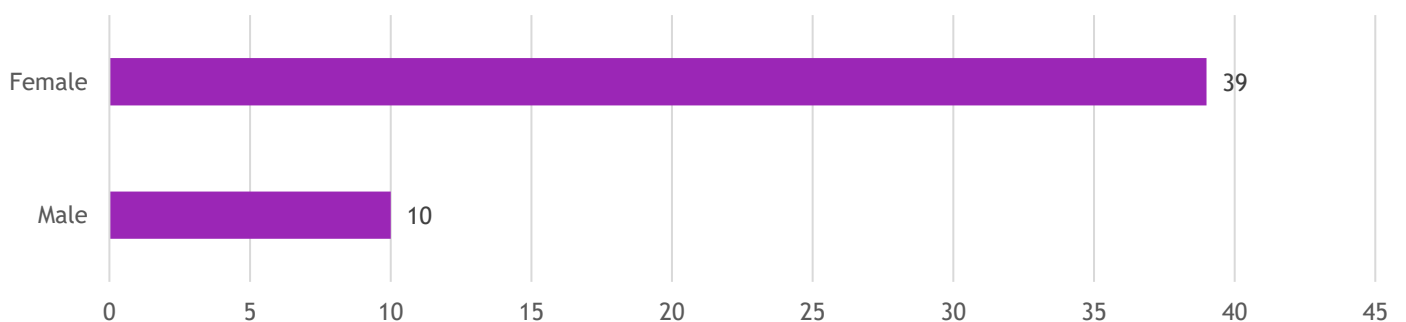
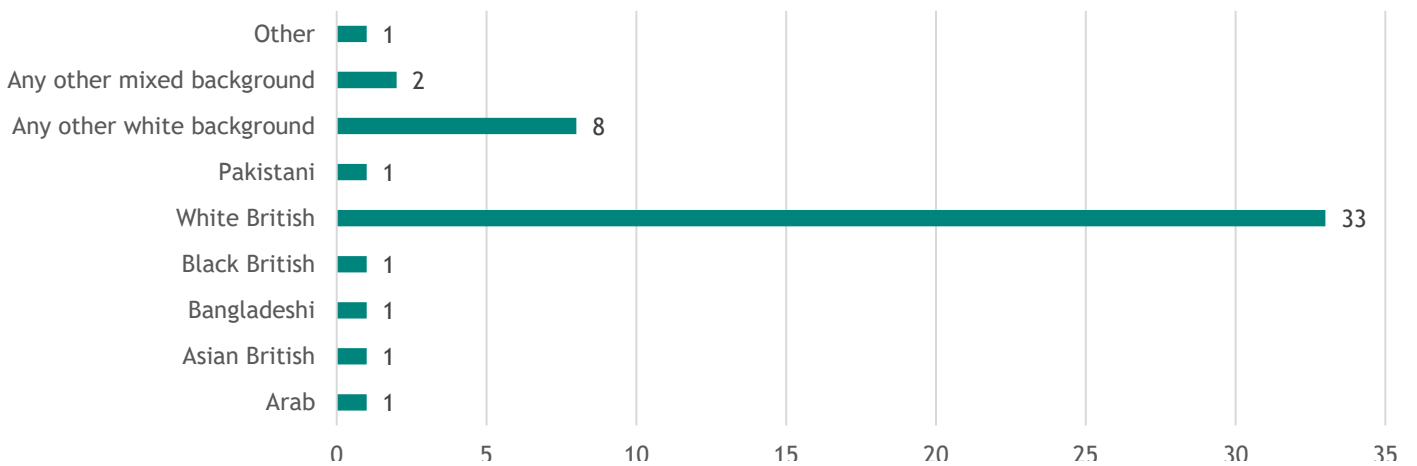
Religion	
Buddhist	1
Christian	15
Jewish	6
Muslim	5
Other	1
No religion	17
I'd prefer not to say	6

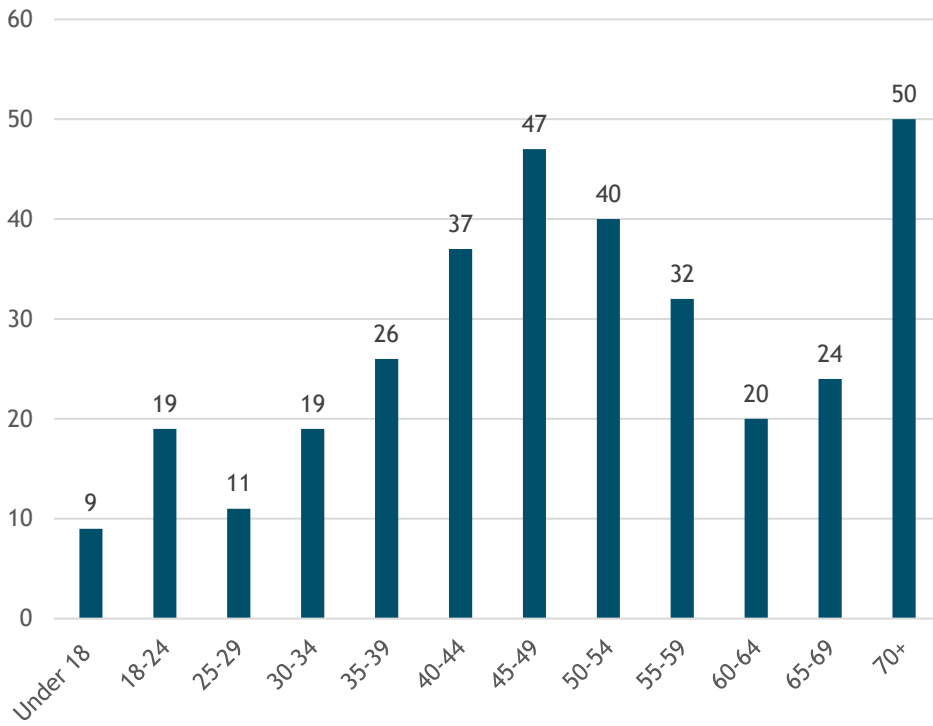
Are you a carer?	
Yes	11
No	45

- Heterosexual
- Gay or lesbian
- Bisexual
- Other



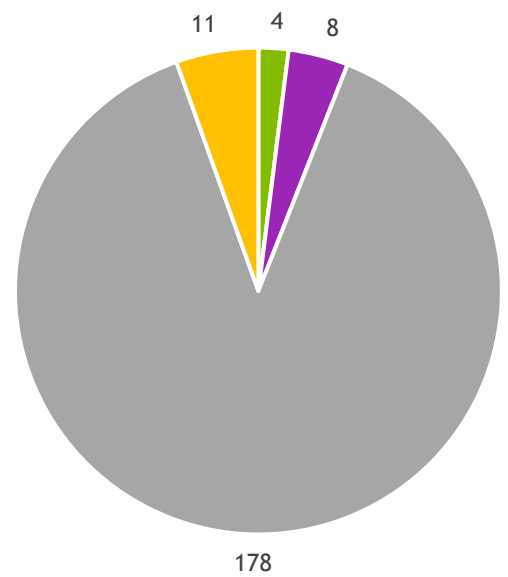
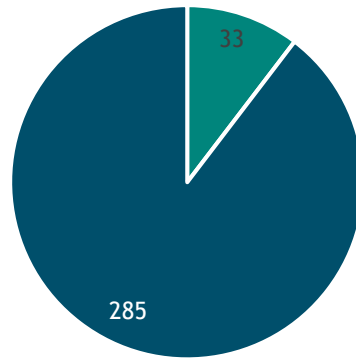
■ Disabled ■ Non-disabled ■ I'd prefer not to say



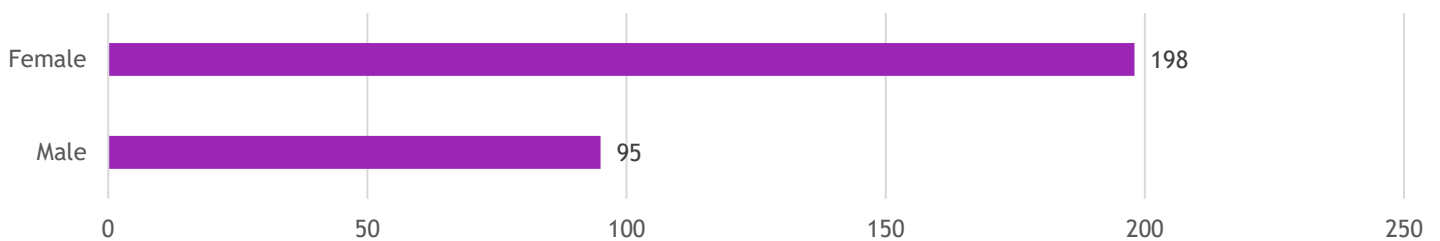
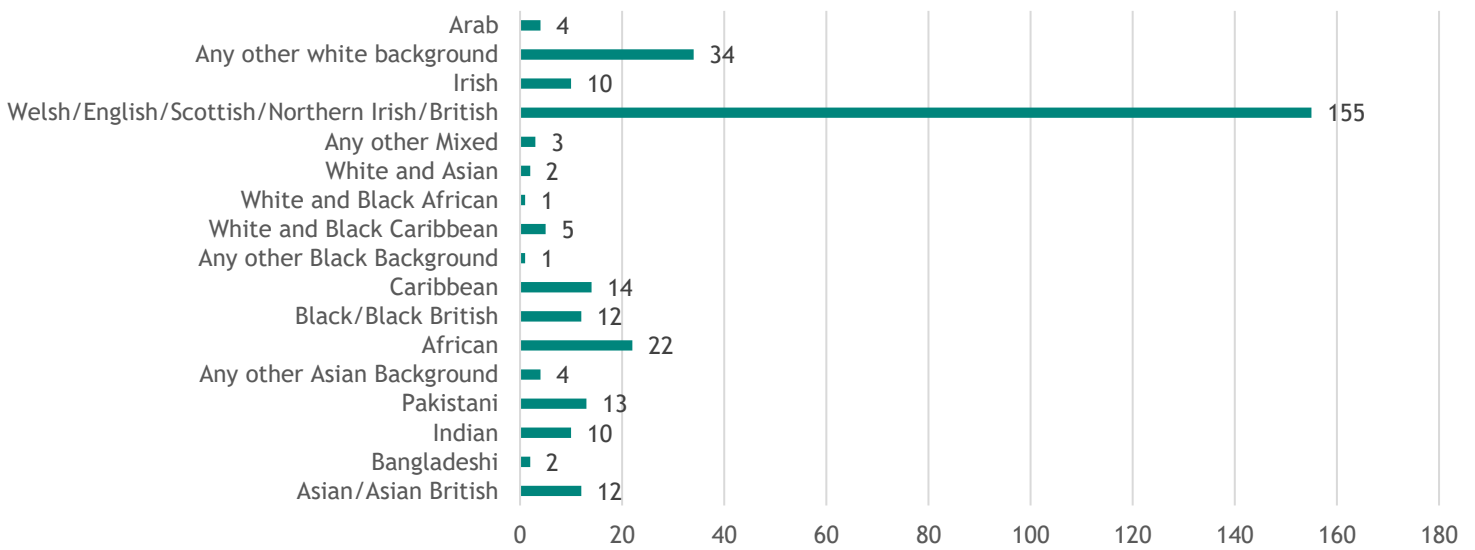


Religion	
No religion	20
Christian	42
Hindu	2
Jewish	3
Prefer not to state	7

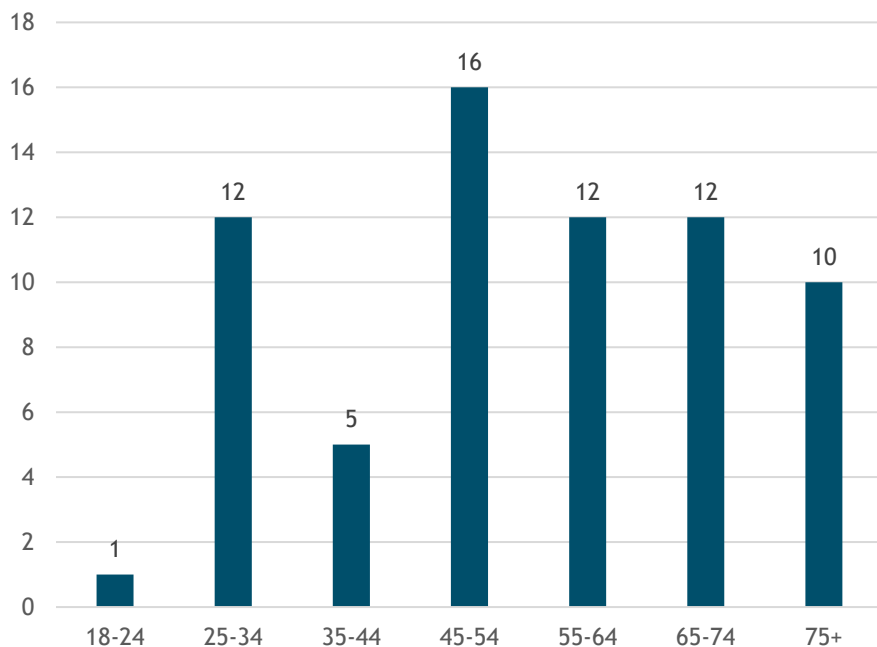
Are you a carer?	
Yes	35
No	178



- Bisexual
- Gay or Lesbian
- Heterosexual or Straight
- Prefer not to state



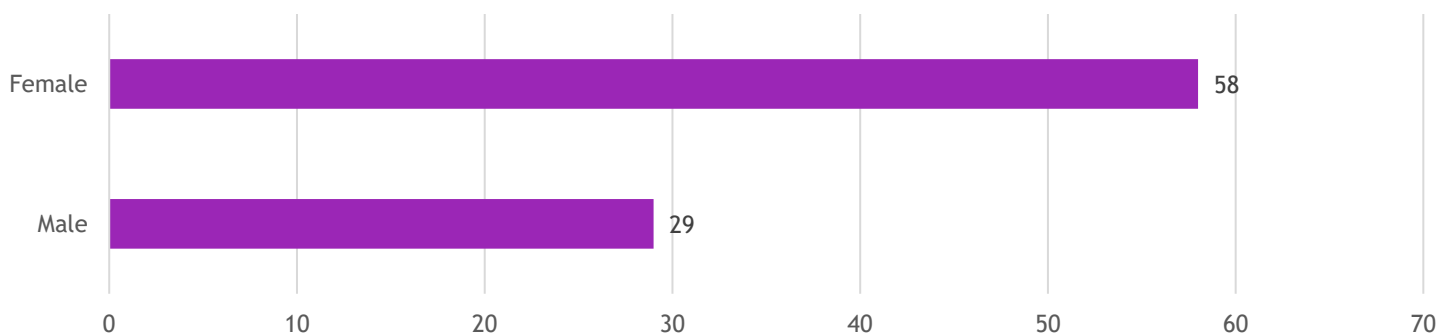
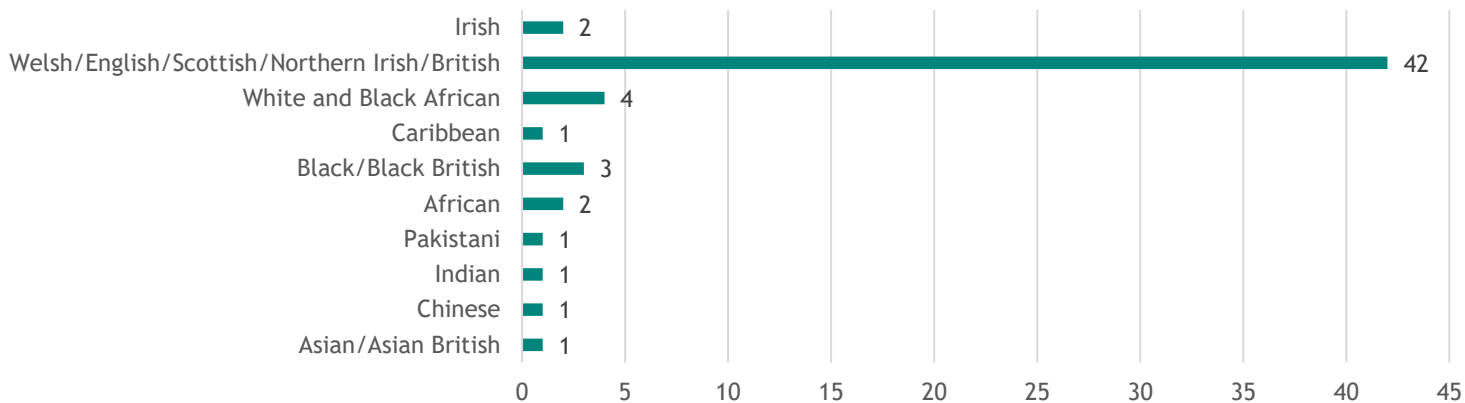
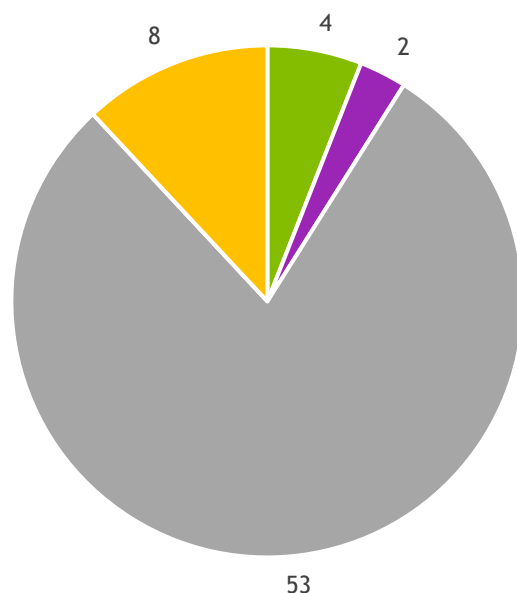
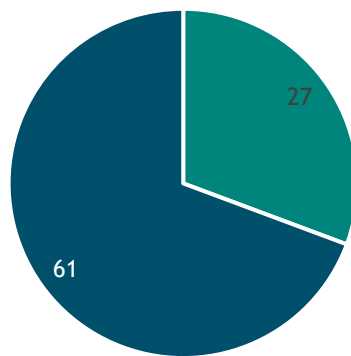
HARINGEY



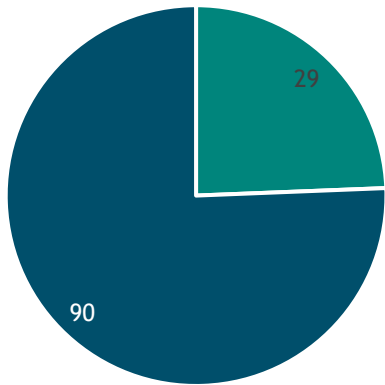
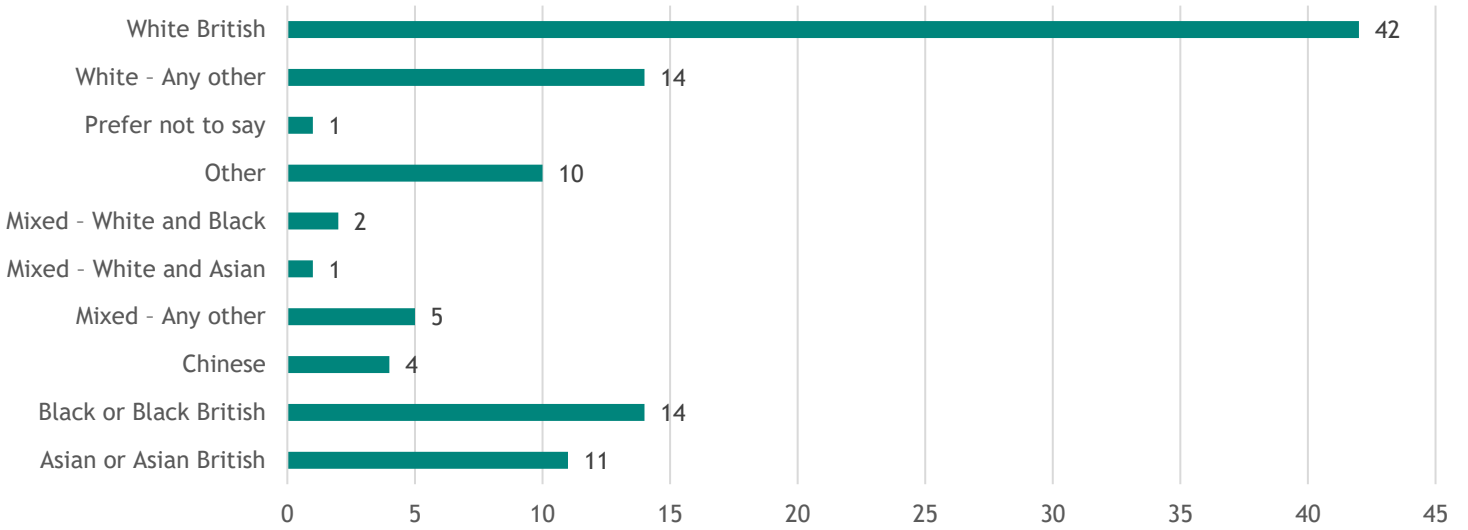
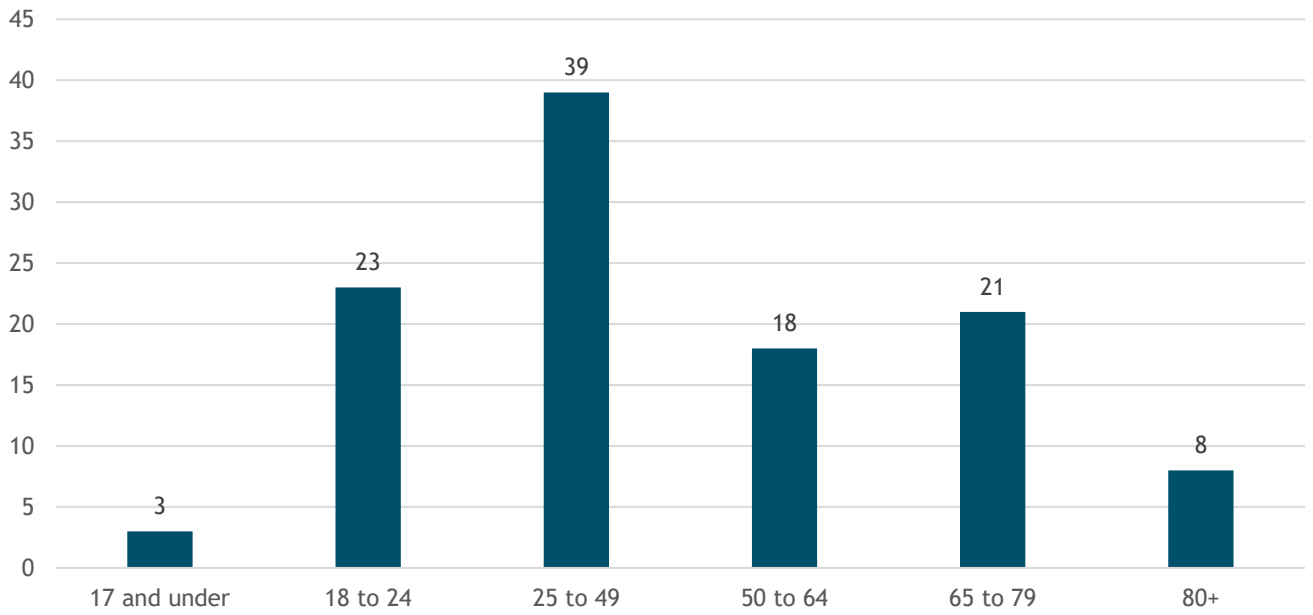
Religion	
No religion	14
Christian	9
Hindu	1
Jewish	3
Prefer not to state	1

Are you a carer?	
Yes	18
No	71

- Bisexual
- Gay or Lesbian
- Heterosexual or Straight
- Prefer not to state



ISLINGTON



■ Disabled ■ Non-disabled

