

NHS Long Term Plan

A report of evidence base collected by Healthwatch
Haringey

wh  **t**
would you do?
It's your NHS. Have your say.

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Introductions

Haringey has a young, ethnically diverse population. The total resident population in Haringey is 282,904 and BME or Other White ethnic groups account for 63% of the resident population

Deprivation levels are high, particularly in the northeast of the borough. Haringey is ranked 30 out of the 326 local authorities in England with respect to deprivation, and is the 6thmost deprived in London.

There are significant gaps in healthy life expectancy between populations in Haringey: the gap in healthy years of life between richest and poorest deciles is 15 years for men and 17 years for women. Cancer, cardiovascular disease and lung disease are the main causes of early death (deaths under the age of 75) in Haringey. The most common habits associated with long-term conditions, poor health and early death in Haringey are poor diet, smoking and high blood pressure.

During April and May 2019 Healthwatch Haringey engaged 113 local residents in conversations about their experiences of health and care services and the potential future developments as outlined in the NHS Long Term Plan using:

- Healthwatch England survey (general) collecting 21 responses
- Healthwatch England survey (conditions) collecting 3 responses
- North London Healthwatch survey collecting 71 responses
- Focus groups attended by 18 participants

North London Healthwatch Long Term Plan Survey

During May 2019 Healthwatch Haringey engaged with 71 Haringey residents about the NHS Long-Term plan via a survey developed by NCL Healthwatch.

If you were in charge of planning how the NHS spends its money, what three areas would you focus on and why?

According to feedback gathered by Healthwatch Haringey from seventy-one local people, the three areas that should be prioritised when developing NHS services of the future are:

- 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)

To **improve access to services**, Haringey residents, who engaged in conversations, would invest money in primary and secondary care.

‘Speeding up access to hospital services once patients have been referred’

‘Making GPs more accessible (never appointments)’

‘The Waiting list is very long’

‘GP appointments and blood tests too long’

‘Shorter waiting times A&E’

To secure the ability for the NHS to offer more appointments and cut down waiting times, investment needs to be made to recruit more staff. This was closely followed by developing technological solutions and ensuring research is at the forefront of spending so that local people receive the highest quality of care.

‘Everyone using the same computer system, less paper, more digital access’

‘More doctors, more nurses, more backup from therapists of all kinds!’

Top areas of priority for the future of the NHS

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

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| 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% |

| | |
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| 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% |

‘Better provision of information about services available so best use is made of them’

‘More joint working, one common system for all sections of the NHS’

‘Teach people about healthy lifestyle options e.g. eating a healthy diet’

Developing local services

‘Listen Listen Listen’

‘Talk to people, let people know what's happening, use less jargon, talk plainly, ask for input, value opinion and experts by experience.’

Of the Haringey residents, who participated in research carried out by Healthwatch Haringey, 65% indicated that they would be interested in helping to develop the local services by sharing their views and opinions. In return, they asked for more communication using clear and accessible information.

The most favoured way to engage local people in conversation, based on the available sample, is via an online survey (43% of respondents), a public meeting (19% of respondents) or a telephone chat (17% of respondents). Other recommended channels include setting up a local ‘overseeing group’.

In focus: Long-Term Plan general feedback

On 28th March 2019, Healthwatch Haringey held a focus group at Winkfield Resource Centre, N22. The meeting was attended by fourteen people and gave local people an opportunity to share their feedback on the NHS Long Term Plan.

Individuals who attended the focus group felt that, in Haringey, 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

To improve the quality of services on offer, there needs to be more joint working between the NHS and adult social care - particularly looking at ageing. **Social care is really important** to help keep people safe and happy in their community.

With more emphasis on people being responsible for their own health, Haringey residents who attended the focus group, felt there **needs to be an attitude change in the interaction between doctors and patients**. Based on their experiences, patients are still not seen as experts in their own health: they are called ‘interfering’ if they ask questions. *‘Self-management should not mean people being left alone. People should be more in control of their care and should be supported to self-manage with professional advice on hand when needed’*. There is potentially a bigger role for community pharmacists in supporting individuals to do this.

The NHS Long Term Plan was also seen as an opportunity to standardise quality of care provided by GP to ensure that all Haringey residents receive consistently high standard of services.

Although the general feeling expressed was that the ideas in the Long-Term Plan are good, individuals explained that the implementation needs to be resourced and funded properly.

In focus: Diabetes services

On 24th May 2019, Healthwatch Haringey held a focus group, which was attended by two males and two females with different types of diabetes.

Based on the experiences of patients accessing services for living with and managing diabetes:

it is difficult for individuals to access appointments when needed

*I check my condition regularly; however, seeing a Dr is difficult. To control and make sure I am OK, I have to wait for 4 weeks for an appointment
Having an appointment and check-up is very difficult when you need*

there is no information offered

*You are on your own. You only see GPs and take medicine, but no information/explanation or support is offered
Don't know where to seek advice or what services are available*

Participants at the focus group organised by Healthwatch Haringey felt that *'there is a need for specific diabetes centres (with doctors and nurses competent around diabetes) to have access at any time (no appointment, walk in centre) to ask questions, to seek advice/help, to have tests and to have support'*. The centres could also play a role in furthering the prevention agenda and could be utilised by community groups to offer peer support alongside signposting to relevant services and resources.

