

NHS Long Term Plan

Healthwatch

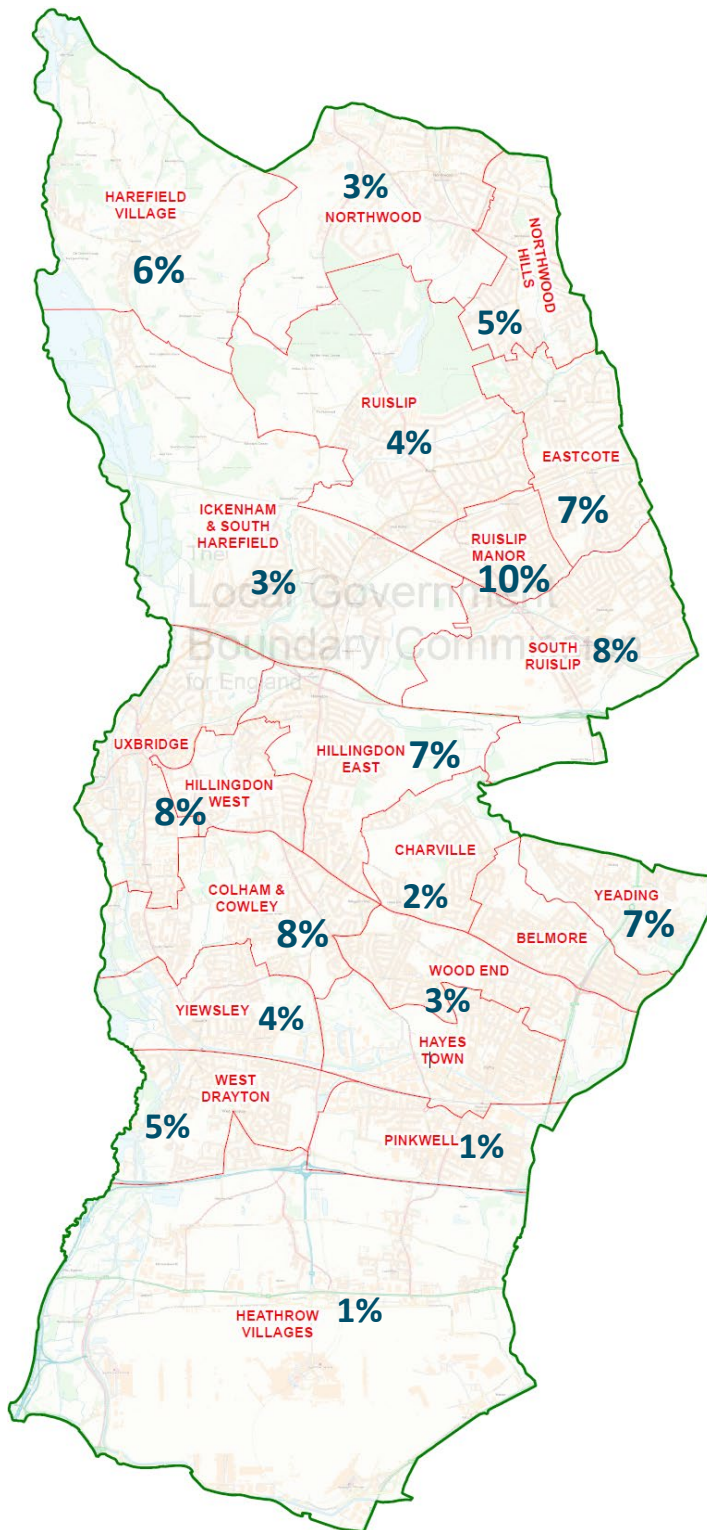
Hillingdon

Local Report

what
would you do?

It's your NHS. Have your say.

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Context

With growing pressure on the NHS - people living longer, more people living with long-term conditions, lifestyle choices affecting people's health - changes are needed to make sure everybody gets the support they need.

The Government is investing an extra £20 billion a year in the NHS. The NHS has produced a 'Long Term Plan' setting out the things it wants health services to do better for people across the country.

This includes making it easier to access support closer to home and via technology, doing more to help people stay well, and providing better support for people with long-term health conditions.

The Healthwatch network was funded by NHS England and NHS Improvement to carry out engagement with communities across the country to establish how the Long Term Plan (LTP) should be implemented at a local level. The views gathered will feed into the development of the NHS local Plans.

The information gathered through the engagement is being collated for North West London (NWL) Healthwatch network and is made up of the following:

- Brent, Central West London (Kensington & Chelsea, Hammersmith & Fulham and Westminster), Ealing, Harrow, Hillingdon and Hounslow.

A report providing an overview for NWL has been produced and shared with stakeholders and the public. The report can be accessed on our website.

The report herewith details the outcomes of the engagement for Hillingdon.

Prior to the start of this project, Healthwatch Hillingdon (HwH) met the local Clinical Commissioning Group (CCG) to outline the engagement programme and to determine current and future priorities. Following discussion, it was agreed that in addition to seeking public views on general health and care services, Healthwatch Hillingdon would also conduct focused engagement regarding mental health services as this is one of the priority areas for Hillingdon CCG, NWL CCG and the NHS Long Term Plan. This included engaging with people who access these services. The feedback received by Healthwatch on this service provision, as well as general health and care services, will be valuable in informing future work.

The engagement work comprised, firstly, of two national surveys developed by Healthwatch England: people's general experiences of health and care services, and a condition specific survey. These surveys were used to gather people's views on NHS services across the Borough. They were distributed locally, at targeted engagement sessions and completed online.

Secondly, HwH held three focus groups. One was held to collect people's views on ways to improve NHS services, to share their ideas on how people can live healthier lives and what improvements they think could be made to help people access services quickly. The second and third focus groups concentrated on one specific condition, that of mental health. One of the groups involved Young Healthwatch Hillingdon (YHWH). People were asked to share their ideas on what they would change about the way the NHS in Hillingdon supports people with mental health and:

- What this support should look like.
- What needs to change regarding current provision.

The programme of engagement ran from mid-March to 8th May 2019 (six weeks). In total, Healthwatch Hillingdon engaged directly with nearly 300 people across the Borough (from whom 273 surveys were received and direct feedback from 26 people in focus group settings) on their experiences and views of how health and social care services could be improved across Hillingdon. The aim was to give Hillingdon residents the opportunity to have their say about how the national plan is delivered locally. The views gathered will feed into the development of the NHS local plans. Key themes explored by the focus groups were:

- Making sure everyone gets the best start in life
- Delivering world class care
- Supporting people to age well.

Healthwatch England's focus group toolkit was used to explore the three key themes identified above, asking key questions on people's opinion of NHS and social care services. Questions for the general focus group included the following:

- What has worked really well for them?
- What do they feel has not worked well?
- What must change to improve NHS services?
- What matters most to them?
- How and when do they wish to be engaged, and to feedback their opinions and views on changes made to NHS service design and delivery?

People were also asked to make suggestions about how services could be improved.

This report provides an overview of the feedback received from engagement with the public, patients, service users and carers from across Hillingdon. The Appendix detailing the analysis of the questionnaires can be found at the end of the report.



Healthwatch Hillingdon at Hayes Muslim Centre

Executive summary

Summary of Key Findings

The common issues across all services are summarised below.

General Health Issues Focus Group

What works well?

- People feel that the staff in the NHS generally provide a good service but were under intense pressure.
- When people are treated with respect by staff and they communicate clearly with patients there is greater confidence that the issues will be dealt with.
- There are elements of all services that work well, including the hospital, GPs and the voluntary sector. Much of this is based on good communication and people feeling they are being listened to.

What could be better?

- There was a high level of frustration in the group regarding the difficulty of accessing services and the time it takes to find the right pathways to services. This frustration was identified across all services.
- Waiting times continue to be a frustration for people. This is made more challenging as services appear not to be working together. This results in people having to repeat information on numerous occasions.
- Customer care skills aren't always good and some services are treating patients with a lack of respect.

Key Suggestion:

Overall the group agreed that, "Focus on prevention should be top of the agenda as this is the key for reducing pressure on services particularly A&E".

Mental Health Focus Group

What works well?

- It was clear that when staff listened it helped people to relax and feel that help would be made available and patients were not being blamed for their condition
- The support provided by the voluntary sector.
- Having treatment at the right time when it is needed.
- Organisations like Healthwatch that helped people to find a way forward through advice and signposting.

What could be better?

- As with general issues reduction in the long waiting times. Along with more interim measures in place to support people while waiting for appointments.
- Increased lines of communication while waiting for an appointment and the amount of information about pathways so as to ease access to services.
- Services to work in an integrated way so that it does not leave people feeling services are 'passing the buck' and blaming each other.

Key Suggestion:

There was strong agreement that resources should be utilised to target early diagnosis of Mental Health (“catch them early in school”).

Summary of the Survey Outcomes

The following four key themes were covered by the questionnaire:

1. Having what I need to live a healthy life
2. Being able to manage and choose the support I need
3. The help I need to keep my independence and stay healthy as I get older
4. How you interact with your local NHS

1. Having what I need to live a healthy life

The survey shows that the most important element to Hillingdon residents (44%) is, ‘Access to the help and treatment I need when I want it’. This was also the case when the data was analysed by gender.

2. Being able to manage and choose the support I need

46% of respondents identified ‘Choosing the right treatment is a joint decision between me and the relevant health and care professional’ as the most important element.

3. The help I need to keep my independence and stay healthy as I get older

Over 50% of the respondents chose 'I want to be able to stay in my own home for as long as it is safe to do so'. In terms of gender this aspect was more important for males (65%) than females (50%).

4. How you interact with your local NHS

37% of the respondents across the Borough regarded, 'I can talk to my doctor or other health care professionals wherever I am' as the most important.

When the data was analysed by wards 37% of those in the North of the Borough agreed with the above. In the South of the Borough 31% agreed with the above.

In Detail

What matters most to the people of Hillingdon?

General Focus Group

Key comments:

People feel that the staff in the NHS generally provide a good service but are under intense pressure. When people are treated with respect by staff and communicate clearly with patients there is greater confidence that issues will be dealt with. There are elements of all services that work well, including the hospital, GPs and the voluntary sector. Much of this is based on good communication and people feeling they are being listened to.

The group provided numerous examples of when they experienced good service, such as:

- "My GP is brilliant, and I can always get an appointment"
- "Felt respected by my GP"
- "Fast first responder action after my heart attack"
- "Excellent support before and after surgery"
- "Palliative care with Harlington hospice once it was put in place (Husband)"
- "Wonderful care in Hillingdon hospital when my husband broke his arm, and a year later a few weeks before his death"
- "When we needed an ambulance for my mother-in-law it came quickly and they were great"
- "Regular checks for bowel, breast and bone cancer"

However, there were many more negatives than positives for the group. Waiting times continue to be a frustration to people which is made more challenging as services appear not to be working together. This results in people having to repeat information on numerous occasions. Customer care skills aren't always good and some services are treating patients with a lack of respect. This frustration was identified across all services.

Examples of things that have not worked/are not working for people:

- "Appointment waiting times to see GP".
- "Needing to wait for a month to see my GP after another GP in the same practice wanted to see me quickly".

- “Operations being cancelled at the last minute and lack of communication regarding a new appointment”.
- “My operation was cancelled at the last minute as the hospital did not have the drugs needed to do the operation”.
- “Lack of clarity with regards to who to contact when more than one trust is involved in service delivery”.
- “Not being able to access the right service because the systems have changed”
- “Customer care skills aren’t always good and some are treating patients with a lack of respect”.

Generally, there was a high level of frustration in the group regarding the difficulty of accessing services and the time it takes to find the right pathways to these services: “Don’t continue to reinvent the wheel, how many more plans do we need? Don’t fix for the sake of change”.

Key Suggestion: “Focus on prevention should be top of the agenda as this is the key for reducing pressure on services, particularly A&E”.

Making sure everyone gets the best start in life:

Challenges:

In the current climate of staff shortage and high user demand on the NHS, the group felt that ensuring everyone gets the best start in life was crucial but difficult to achieve without changes in lifestyle and increased knowledge of healthy living.

Suggestions:

There was strong agreement that education was the key and that there should be:

- Better and more education about vaccinating your child.
- Educating of new and expectant mums in how to best look after a baby - and advice as children grow up including better breastfeeding advice and keeping well in pregnancy, for example, perils of smoking and alcohol to an unborn child.
- More education and guidance for people about good diet and exercise.

The other key challenge relates to greater youth participation and genuinely listening to young people:

- Relating to young people and their engagement is a role played by schools. There is a need for school staff to have awareness of services available to children and young people.
- Better education in schools about emotional wellbeing and healthy lifestyle is desirable.

Delivering world class care:

Much of the discussion focused on improving communication between hospital departments, GPs and patients and the need for training more qualified staff. Many ideas the group raised were voted upon. The suggestions to meet some of these challenges can be categorised into the following headings:

- **Communication**
- **Increase staffing**
- **Technology**

Suggestions:

Communication:

- Better communication between departments to line up appointments (accessibility).
- Integrate services so that you tell your story once only.
- Observe GDPR and share information with the right people/places.
- Truth and being informed of everything honestly.
- Better support to help review and understand difficult information and diagnosis.
- Timely communication by letter and email: "Call when you say you will".
- Be polite/not rude to 'client' (patients).

Increase staffing:

- Reduce management structure to release resources.
- Reduce the paperwork.
- More NHS dentists.
- Train more doctors / nurses / GPs and other healthcare professionals.

Technology:

- Digital care to support integrated services so you tell your story once only.
- Investment in technology for cutting-edge treatment - e.g. proton beam therapy.
- Train older people to use technology better.

Other:

- Do not plan and plan - do not fix it if not broken.
- Clearer education for younger people about regular health check-ups.
- Invest in new hospitals.
- Ensure drugs to treat cancer are made more widely available.

Supporting people to age well

The group view was that if the above suggestions were implemented then, in time, people should feel the benefits of better self-management of their life and health needs. However, in the meantime, more needs to be done for the elderly under the following key headings:

- Education/Training
- Provision
- Communication
- Policy

Suggestions:

Education/Training:

- To help people to be self-responsible.
- Free training is needed for the end of life care (compassion, care, respect).
- Education should be used to encourage wider family support.

Provision:

- Lunch clubs should be provided to encourage greater social activity.
- More creative activities are needed for those who suffer from dementia.
- Increase befriending groups by providing additional funding.
- Additional funding should be made available to increase the number of support groups in the community.
- There should be more activities/sport provision for older people.

Communication:

- There needs to be better advertising of services so that people know where to access services/activities.
- There is a significant need for raising awareness that “you can be fit and healthy at any age”.

Policy:

The following are needed:

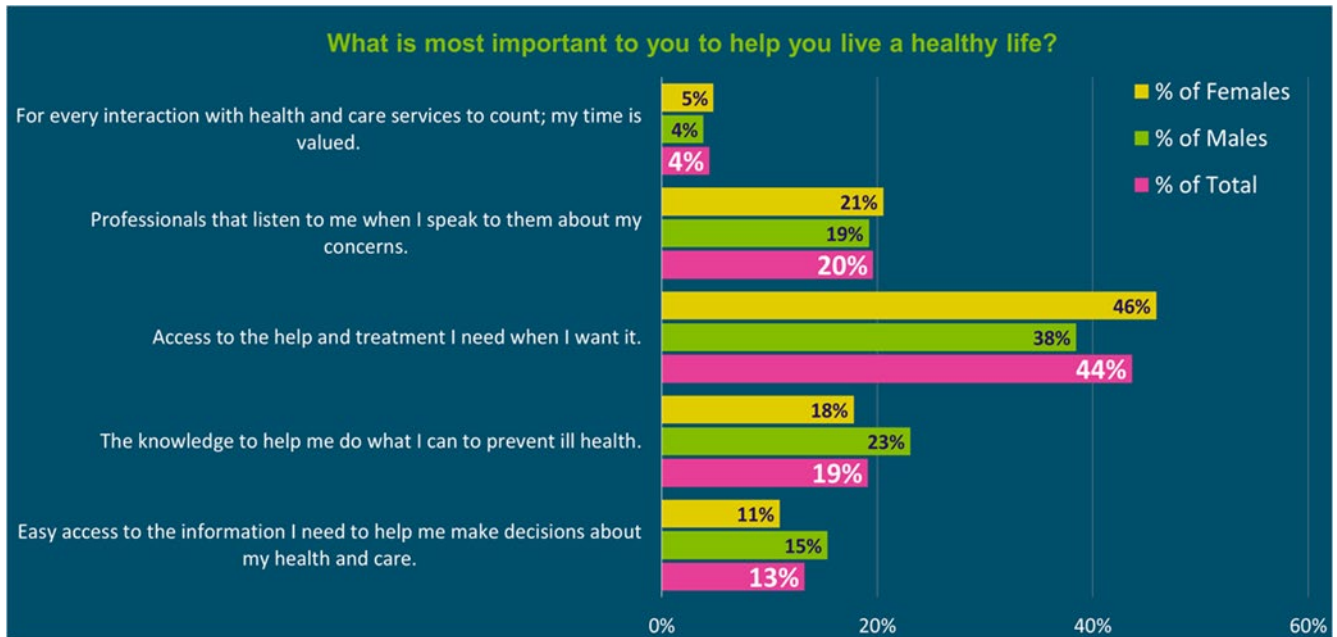
- Early identification of people who might need support.
- People’s independence should not be taken away. They should be supported in the community, primarily at home, so that they can live longer in their homes.
- Carers should be paid more and trained so that they stay in the job.
- Social care should not be dependent on personal budgets.
- Dementia provision should be funded through the NHS and euthanasia should be a choice for the individual.

In conclusion, the group supported strongly the notion that a “focus on prevention should be top of the agenda as this is the key for reducing pressure on services, particularly A&E”.

What did the survey tell us?

Healthwatch Hillingdon asked people completing the survey to also identify the ward they resided in. This was not a requirement in the original Healthwatch England questionnaire. Of the 273 questionnaires returned 250 identified people by ward. 50% of these were from the south of the borough and the other 50% from the north of the borough.

1. Having what I need to live a healthy life



‘Access to the help and treatment I need when I want it’, is the most selected option for a healthy life. ‘The knowledge to help me do what I can to prevent ill health’, is a noteworthy point for men, as is, ‘Professionals that listen to me when I speak to them about my concerns’ for women.



Differences between the North and South are small, however the South Hillingdon residents place a greater importance on access to help and treatment, and a less pronounced need for knowledge to prevent ill health, and health professionals that listen to their concerns.

Suggestions for what more could be done to help people live a healthy life were mainly about having better and quicker access to services, particularly to GPs:



“To get a GP appointment when I'm unwell not 2-3 weeks later”.

“Easy access to see a health professional relevant to you. A & E is the only place you get to see the right people quickly and that is why it is abused. It's hard to get a GP appointment / can take several weeks to get a referral etc”.

“I feel very let down by GP access. Appointments are almost impossible to get, the system of ringing 8 o'clock in the morning needs sorting out, the answer is normally, 'Nothing available'. There is no easy access and it's very hurried”.

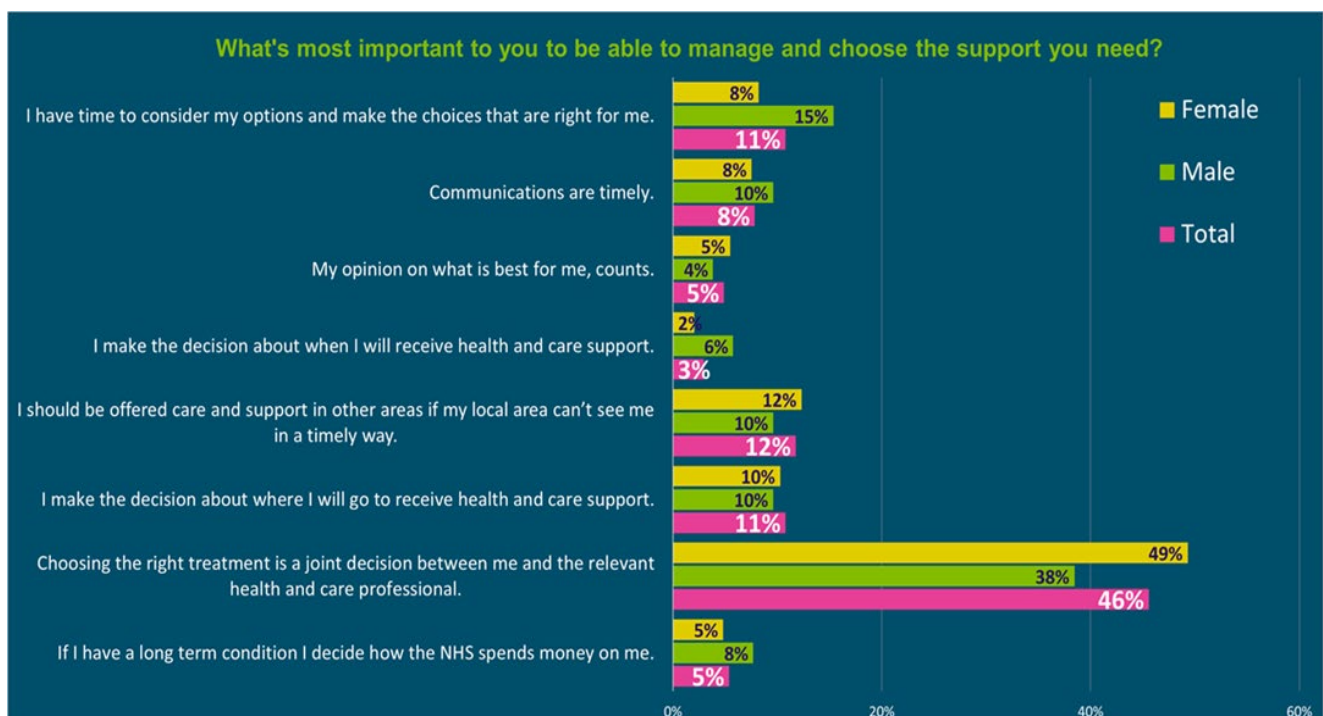
“A lot of the open surgeries are in working hours and I work in Central London. It would be good if some of them were at the weekends”.

“Drop-in centre that includes a health advisor for general health as access to GP and nurses is very limited”.

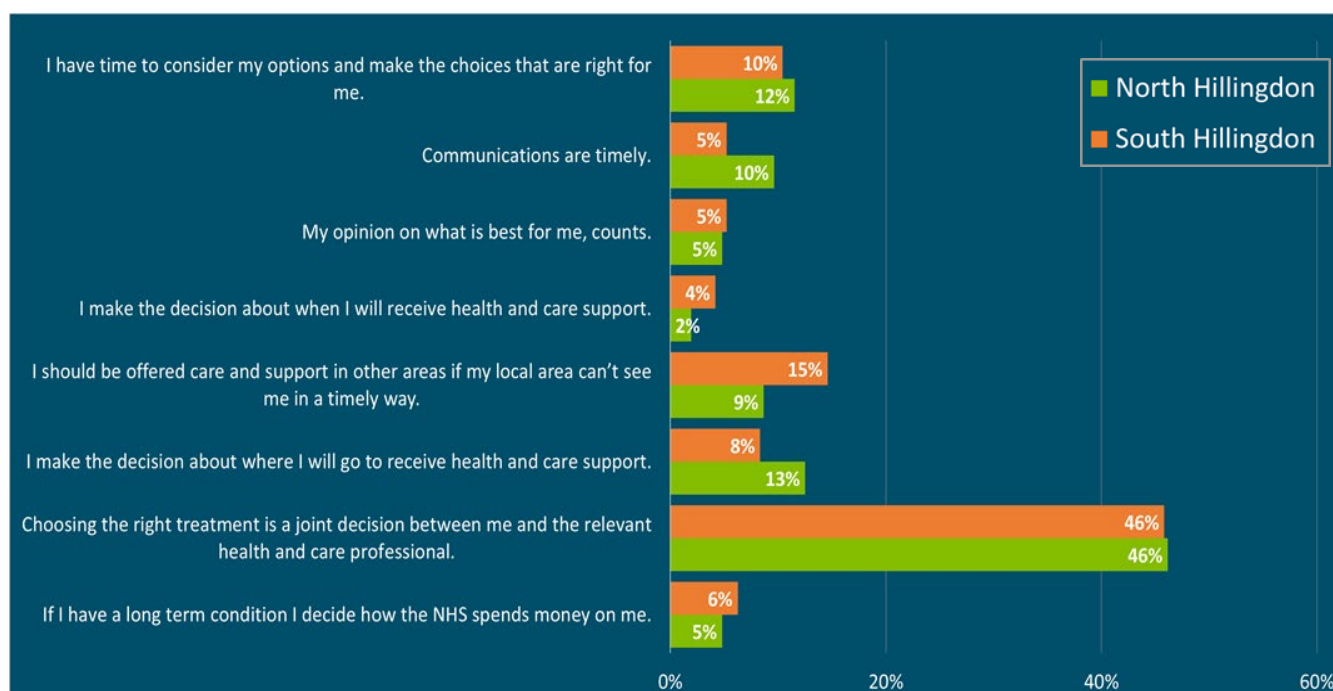
“In an ideal world concerns being listened to with health care professionals having the time to listen and any treatment needs to be in a reasonable timeframe”.



2. Being able to manage and choose the support I need



When people were asked, ‘What was the most important to you to be able to manage and choose the support you need?’ 46% responded that, ‘Choosing the right treatment is a joint decision between me and the relevant health and care professional’. When analysed by gender this aspect was more important to female respondents than male.



When the returns were analysed by ward, the results were very similar for both the North and South of the Borough.

Suggestions:

There were three key suggestions by people who completed the survey regarding 'Being able to manage and choose the support I need':

A. Better access to and longer appointment time with GPs and other health professionals

"Better support from GPs with longer appointments where needed. There are lots of other professionals that could do some of the work of the GP, freeing their time".

"Give GPs more time to spend with patients to allow for discussion and more holistic approach to health problems thus enabling more than one issue to be considered at a time".

B. Easier access to information to help patients manage and choose the support they need

"Enough information about the options - and health care providers willing and able to take the time to discuss all the options rather than just tell me what they think should happen".

"Enough information at the right level to make an informed choice".

"Easily accessible information about my needs and legislation".

"Knowing who to go to for advice".

C. More technology to help people make appointments and to contact GPs and other health professionals

"Better/more extensive electronic interfaces for appointment bookings and amendments, reviewing own notes, etc".

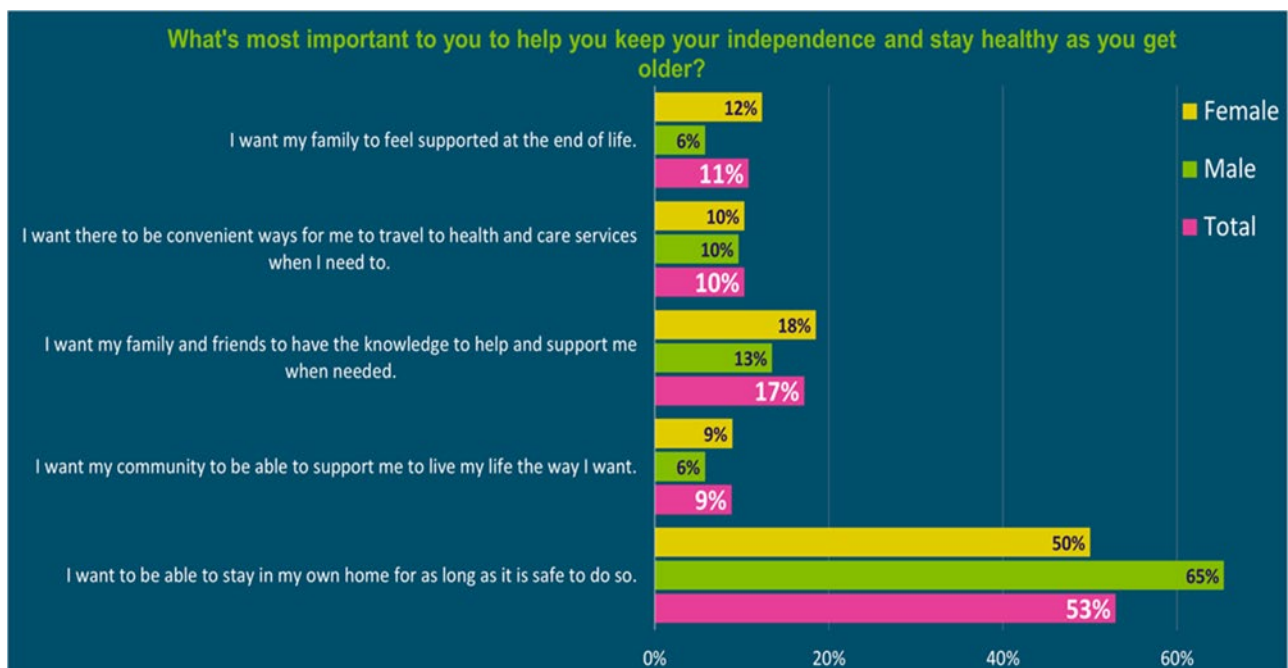
“Being able to get hold of someone easily without having to go through loops of automated phone messages”.

“Electronic appointment booking system not long lengthy waits on the phone to change or reschedule appointments”.

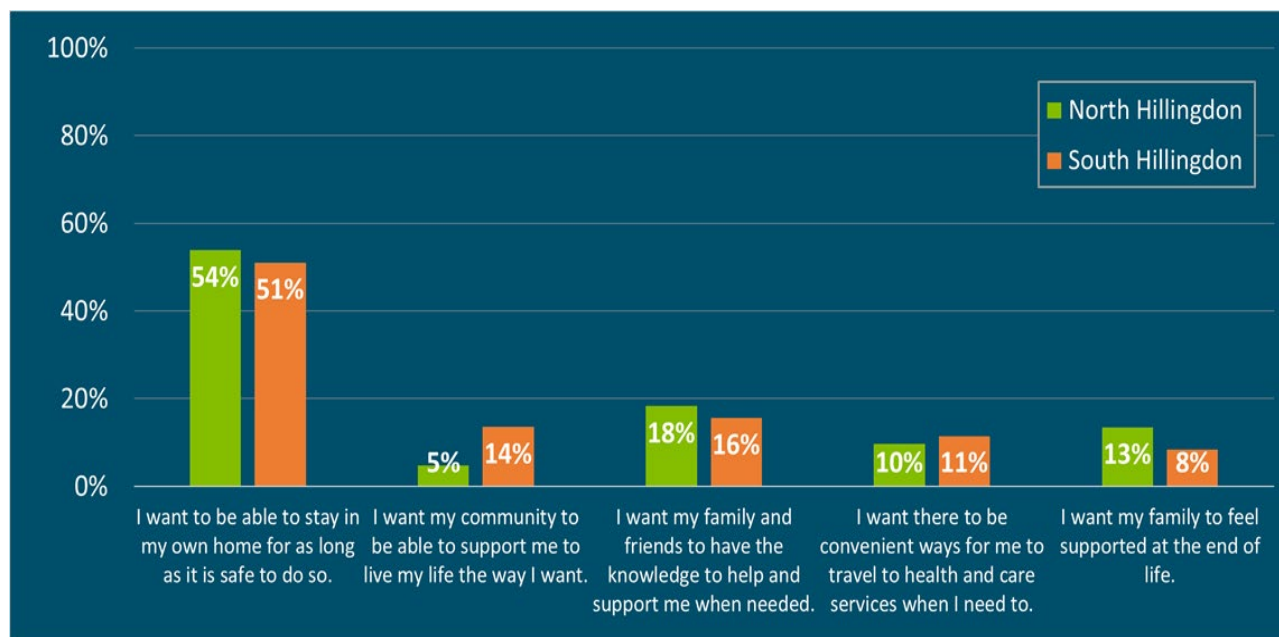
In addition, there were a number of returns that highlighted the need for health professionals to improve their customer care skills:

“To make sure all professionals in the NHS are caring and highly professional”.

3. The help I need to keep my independence and stay healthy as I get older



There is a clear preference here for, ‘I want to be able to stay in my own home for as long as it is safe to do so’, for Hillingdon residents (53%), particularly men. Despite the sizeable difference, the second strongest, ‘Very Important’, response on the individual statements was for family to feel supported at the end of life.



When the returns were analysed by ward, the results were very similar for both the North and South of the Borough. North Hillingdon places greater emphasis on friends and family having the knowledge to support them, whereas the South places a similar importance on support from the community.

Suggestions:

There were three key suggestions by people who completed the survey regarding, ‘the help I need to keep my independence and stay healthy as I get older’:

A. Easy access to information

“Easy access to information about services that could help me to retain my independence - ideally, this information should be available/signposted a long time before decisions need to be made so that I/my family can get used to the idea of change and what we should expect”.

“Greater knowledge of care costs and financial processes for help before you need them not after the event”.

“Better access to information, as to what is available to help and any grants available”.

“Provide all information available to allow me to make informed decisions”.

“Earlier intervention by professionals to advise in a timely manner what options are available. This can then be discussed with family members”.

B. Easier access to health and community services

“Quicker access to medical and community services when required”.

“Easy access to health care and my GP without having to wait on the phone for a longtime or at the GP surgery”.

“Access health professionals when needed not weeks later”.

“Easier access for help in the home that doesn't cost a fortune”.

“Much better care in the community and being able to rely on the carers that are provided”.

“Improved and regulated carers that attend and are available at the times requested whether that’s through social care or private. If I book carers for morning and night then I don’t expect them to attend at 11am and 4pm one day and 9am and 3pm another”.

“Better social care. The end of it's not my job, it's theirs. Health passing patient to social and back again”.

C. More activities and cost

“Reduction in cost of gym membership as it is extremely expensive, and this deters people from joining as it is not affordable. If prices were more realistic the aging population would join, maintain health and reduce risks such as heart attacks, high cholesterol and mental health”.

“The possibility to access gyms, and swimming pools at reduced prices for pensioners”.

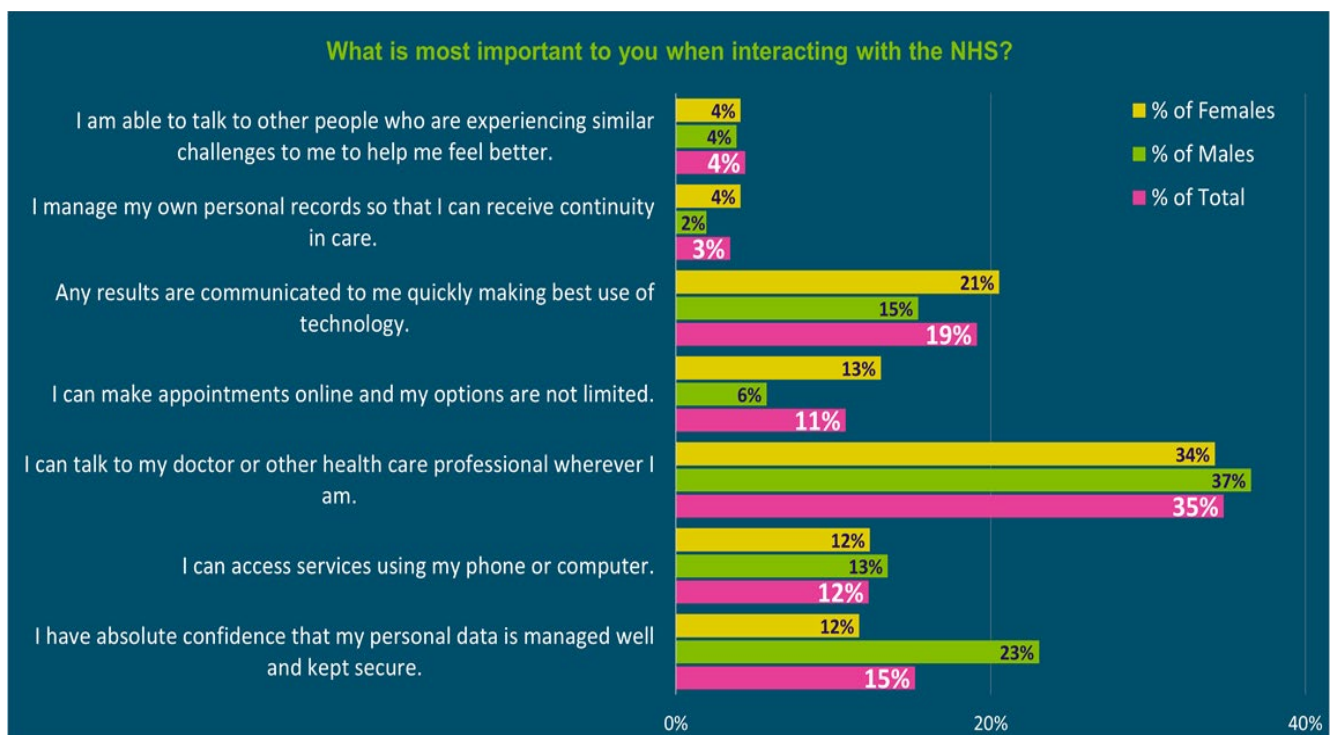
“I think community support to avoid mental stagnation and loneliness is a must for our elderly residents. Reaching out to elderly individuals to offer support. Encouraging neighbours to look out for each other”.

“There ought to be a wider range of accommodation available for older people and for that accommodation to be integrated into the community rather than old people’s ‘villages’ or residential blocks”.

“More support structure and more community activities to reduce loneliness”.

“More proactive activities on anticipating health, noticing social problems and risks. For example, encouraging balance classes to pre-empt falls surveys of homes to assess risks”.

4. How you interact with your local NHS



This shows a more evenly spread result, with communication of results and data security featuring highly, but being able to talk to health professionals has the majority. Results are more of a key factor for women, and a sizeable spike in concern for data security is shown for men.



The importance of well managed personal data is also shared by residents in the South of the borough, and the North Hillingdon residents place greater emphasis on results being communicated in a timely fashion and being able to talk to their doctor.

What do people want to see happen?

“Better access to medical records and the ability to set preferences for appointment times. I work Mon-Fri 9-6. Having an appointment at midday makes it impossible for me to do my hours at work”.

“Facilities to talk about concerns regarding diagnosis and/or treatment without having to visit a surgery or hospital. More of the old type district nurses”.

“More convenient, (less time consuming) ways to contact doctors/professionals”.

The survey also asked:

‘If there was one more thing that you think needs to change to help you to successfully manage your health and care, what would it be?’

Some of the responses were:

“Ensuring that there is training and support for me to use new technology so that I can access information”.

“Becoming as digital for patients as the government expects people to be for their lives”.

“Good information about how to manage more than one condition and no conflicting advice”.

“National database/records where all medical care/history/records can be accessed and updated from any medical centre/hospital - systems that talk to each other”.

“Easier access to medical records and letters”.

“Information shared with family members”.

“Be able to nominate someone to share information with”.

“Options for the elderly to obtain meds and prescription in ways other than technology due to their limited knowledge, understanding and accessibility to online services”.

“Better use of technology in the healthcare service e.g. email communication with the GP surgery for queries”.

“Free access to my medical records”.

“To receive copies of letters and test results from all hospitals, GPs and clinics I attend in order for me to manage my health and share information with my family, if I wish to do so. This would enable me to manage my health better as I age and get the correct support”.

Mental Health Focus Group

Key comments:

Generally, where people felt that they were listened to, it helped them to relax and feel that help would be made available and they were not being blamed for their condition. Organisations such as Healthwatch were important for them to find their way round the system “Healthwatch Hillingdon help me to find a way forward”.

The group provided numerous examples of when they experienced good service, for example:

- “Having treatment at the right time when I needed”.
- “Helpful therapist and an understanding receptionist at CAMHS”.
- “Home treatment team when I needed help”.
- “Riverside Centre was very caring”.
- “Talking therapist has been of help to me”.
- “When the GP actually listened to me”.
- “When the police helped my daughter and me at a time of need”.
- “The support services provided by the voluntary sector have been of benefit to me”.

Once again there were many more negatives than positives for the group. The following were identified as the main issues:

A. Need for reduction in the long waiting times along with the need for more interim measures to support people while waiting for appointments is critical.

“Long waiting times (no interim measures in place while waiting for appointments)”.

“I have to wait months for medication review”.

B. Increased lines of communication while waiting for an appointment and the amount of information about pathways to services to ease access to services.

“I had to turn to the internet for advice as there is a lack of information on what is available”.

“The advice I have been given is inconsistent”.

C. Services to work in an integrated way so that it does not leave people feeling that services are passing, ‘the buck’ and blaming each other.

“Passing the buck - response is always, ‘call the police’ “.

“When I went into A&E (I wanted to end my life) there were no ‘mental health staff’. I was in a room for a few hours. They called my parents. The hospital felt, ‘I was ok’ to go home. They brought me to the exit and showed me where the phone was to call a taxi and left me on my own at the entrance to the hospital”.

1. Assessment, Diagnosis and Treatment

“Frustrating, because there is a lot of change. Young people want to be helped but feel the help isn’t there. There isn’t enough stability from the doctor with the patient. The therapist, for example, changes multiple times so the bond between the patient and the doctor can’t be created”.

Challenges:

The group discussed their issues with an emphasis on the difficulties of accessing services for assessment, diagnosis and treatment. A number of people were concerned that the only way to access emergency treatment was through the police and that this was inappropriate. There was a strong agreement that resources should be utilised to target early diagnosis of mental health problems (‘catch early in school’). If assessment, diagnosis and treatment is to be effective services need to better work together and communication between GPs and mental health services needs to improve. Additionally, there was a strong feeling that advice should be given at the point of diagnosis to help manage the situation while waiting for appointments. With regard to Young Healthwatch Hillingdon (YHWH) the feeling was that in general the experience wasn’t good and the people who gave help weren’t friendly.

“The GPs turn people away unless the situation is life threatening. It’s things like this that pushes people to hurt themselves”.

Responses to these challenges:

Assessment: An assessment should involve a comprehensive risk assessment before crisis point. Any non-specialist staff involved should be trained to spot the signs and this should be the protocol across the borough. School staff should be trained to spot the signs of mental health difficulties so that they can be identified before becoming a crisis. Training should also be provided to GPs and/or their staff to help identify issues and to have a better understanding of how to manage the person/patient.

Diagnosis: Advice should be given at the point of diagnosis as well as guidance on how better to manage while waiting for appointments. This would help the patient to cope better. At the diagnosis stage there is a need to ensure that it involves everyone who knows the patient, especially carers as they know the person best.

Treatment: Emergency mental health needs should be accessible without having to contact the police. There needs to be a way of accessing treatment after the short-term Cognitive Behavioural Therapy (CBT) and Talking Therapy as when these have stopped it can have a devastating effect for some people. More specialists are needed to resolve the waiting time issue.

As one youngster said:

“The process is too slow and it’s not helpful so young people lose faith in the fact that the doctor will find a diagnosis for them”.

2. Prevention and Early Intervention

The following were seen as important:

Further training: The discussions emphasised the importance of education for new mums, for children and young people, GPs and school staff. Children should be educated to understand feelings and emotions and how to manage them. There is also a need to educate the wider community so that people with mental health issues do not feel any different and can seek support: “Break down the taboo factor about mental health”. Young Healthwatch Hillingdon

suggested that there should be some teaching about the impact of social media like Facebook and Instagram on young people and this should start at primary school.

Role of GPs: There was a strong view that patients with mental health care needs should be informed of any GPs in their practice with specific knowledge of mental health.

Specialist support: Having more specialists to reduce waiting time is crucial both in terms of treatment, early intervention and prevention. Within this aspect of the service, having continued access to the healthcare professional is crucial. Not being discharged too early from treatment is important.

Other: Monitoring those people who don't meet the threshold would help people who are close to crisis point. Parents and carers should be trusted more when they report their concerns about an individual.

3. Ongoing Care and Support

Three key areas were identified by the group:

- A. **Carers/support groups:** More support is needed for carers who are caring for long-term mental health service users. There should be support groups for carers specifically focusing on mental health. There should be drop-in centres for people particularly for males who are 50+ after the meds have been prescribed. Support should also be available via websites which would allow people to keep in touch. Families should be involved in on-going care of patients.
- B. **Communication:** One point of contact would help with on-going care and support and this should not be the GP. There should be a process of checking up on the patient so that it is not always the client chasing up issues related to appointments and medicine needs. This would help in reassuring patients who are having to wait a long time for support. Patients need more regular monitoring than what is currently available.
- C. **Quality of service:** There is a concern about the quality of services in different parts of the country (postcode lottery). One person was concerned about her impending relocation to another borough and whether the care and support would be continuing, who to contact and the quality of communication between the services. Shortage of staff is a concern, particularly when patients are seeing different people.
- D. **Other:** There is a need for more long-term beds for those with mental health issues particularly for teenagers. There needs to be some transport support to get people home from hospital particularly when they have been referred to out of Borough hospitals. There is a need for some form of support for teenagers who have been diagnosed with mild mental health conditions.

Young Health Watch Hillingdon: the young people stated that support has been given after several incidents of self-harm. However, "It's like medical people are waiting for self-harm to occur before they give help".

The group was asked to use the three words to describe their experiences:

- "Helpful": when the therapy works, but young people feel doctors aren't helpful, reactive enough or supportive. The process is too slow, and GPs don't understand. In a positive way, there is a lot of promotion of different options for self-care.
- "Frustrating": because there is a lot of change. Young People want to be helped but feel the help isn't there. There isn't enough stability from the doctor with the patient. The therapist, for example, changes multiple times so the bond between the patient and the doctor can't be created.

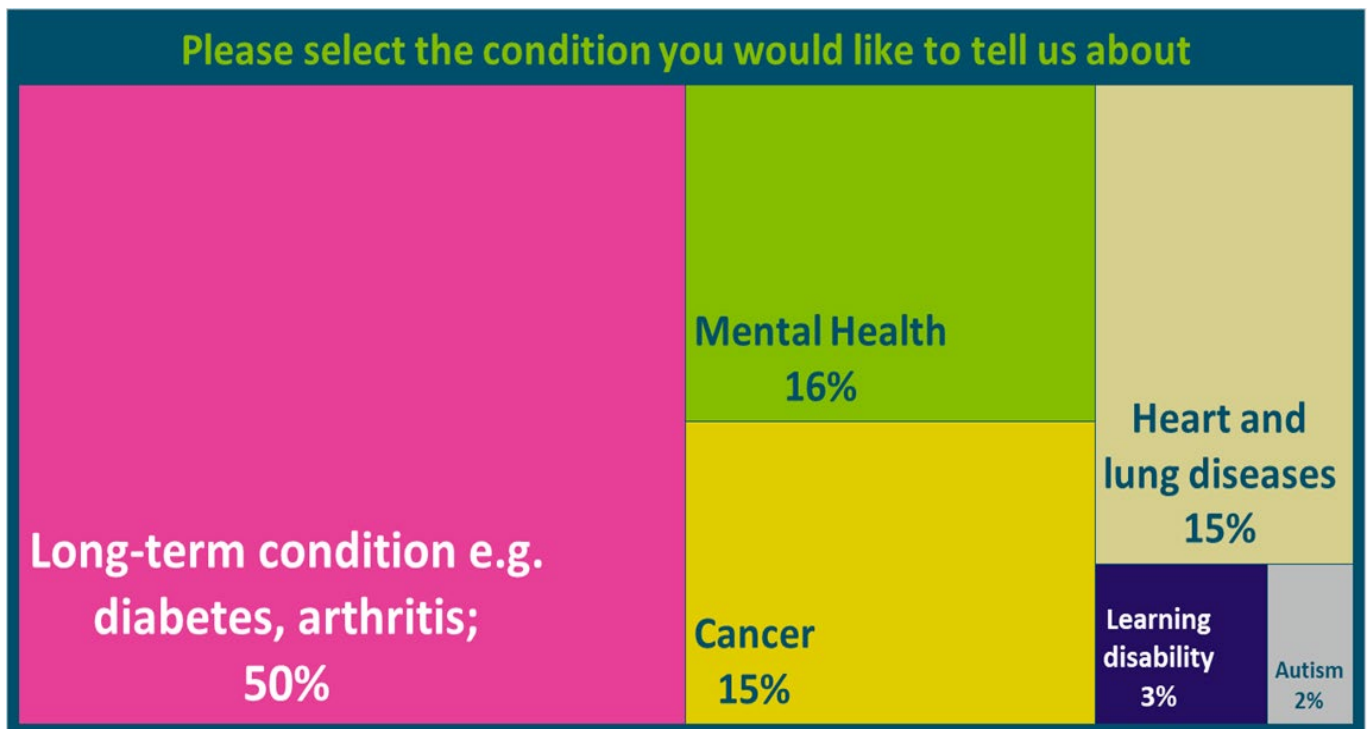
- “Crap”: to define the process because it is too long, and sometimes the only answer given is medication. As before there is no stability and a lot of travel between the services.

4. Engagement and Information

The group members were asked going forward to consider, how would they like to be engaged with health services and the type of information they would like to be provided with.

- **Meetings:** There should be more of these types of meetings with key decision makers in attendance (CCG, THH, CNWL, GPs, CAMHS, Police, Social Services and other Local Authority representatives). One group suggested monthly meetings. Such meetings should be better communicated so that patients and carers can attend. Outcomes of such meetings should be widely communicated and actions to be reported back.
- A database should be available that shows what meetings are taking place, what these are about and who is attending.
- Consideration should be given to having meetings at different times in the day, including evenings, so that people can attend.
- Healthwatch could be the vehicle for creating awareness of these meetings like this one.
- **Information:** There should be transparency of budgets so that people know what is available and how it has been used. This would give people an opportunity to have a better understanding of budgets.
- **Co-production:** There should be more co-production by services.

What did the specific conditions survey tell us?



The number of returns for the specific conditions survey was limited and, therefore, difficult to draw any real conclusions for any one condition. However, there are a number of general

conclusions that can be drawn from the comments made. These generally reflect both the mental health and general health focus group feedback. These being:

Positive:

- People feel that the staff in the NHS generally provide a good service but were under intense pressure.
- When people are treated with respect by staff and communicate clearly with patients there is greater confidence that the issues will be dealt with.
- There are elements of all services that work well, including the hospital, GPs and the voluntary sector. Much of this is based on good communication and the quality of staff.
- It was clear that when staff listen it helped people to relax and to know that help would be made available and patients were not being blamed for their condition.
- The support provided by the voluntary sector.
- Having treatment at the right time when it is needed.
- Organisations like Healthwatch that helped people to find a way forward through advice and signposting.

Negative:

- There was a high level of frustration in the group regarding the difficulty of accessing services and the time it takes to find the right pathways to services. This frustration was identified across all services.
- Waiting times continue to be a frustration for people. This is made more challenging as services appear not to be working together. This results in people having to repeat information on numerous occasions.
- Customer care skills are not always good and some services are treating patients with a lack of respect.
- As with general issues 'reduction in the long waiting times'. Along with more interim measures in place to support people while waiting for appointments.
- Increased lines of communication while waiting for an appointment and information about pathways so as to ease access to services.
- Services to work in an integrated way so that it does not leave people feeling services are passing the buck and blaming each other.

Recommendations

This local report should be read in conjunction with the report produced for North West London. The NWL Long Term Plan Report, as expected, identifies similar issues to those listed above. However, people who attended the local focus groups requested that HwH produced a report that focused on views within the London Borough of Hillingdon. The following recommendations are also very similar to those listed within the NWL report.

In summary:

- Those people that engaged with HwH are very clear that “resources should be used to focus on prevention and early diagnosis in order to reduce pressures on the NHS”.
- Users of the service are asking for more opportunities to be informed and be able to influence services particularly events and focus groups. Co-production of plans with patients is a must.
- Information and advice for patients needs to be more readily available and in plain English. Whilst the move towards the use of digital communication is understandable the traditional face-to-face meetings and written hard copies should not yet be stopped.
- The move towards more holistic and integrated health and care services is welcomed and should continue.
- Develop further health care professionals’ customer care skills.

Acknowledgements

Healthwatch Hillingdon would like to thank the following for their help and support in the production of this report:

- All individuals who attended our three focus groups
- Hillingdon CCG
- The Hillingdon Hospital Trust
- Hillingdon Borough Council
- The Stroke Association
- Hayes Muslim Centre
- Yeading Library
- CNWL (Mead House)
- Mount Vernon Hospital
- The Pavilions Shopping Centre
- The London Borough of Hillingdon (Older Peoples Assembly)

Appendix A

NHS Long Term Plan

Healthwatch

Hillingdon

Survey Results & Analysis

what

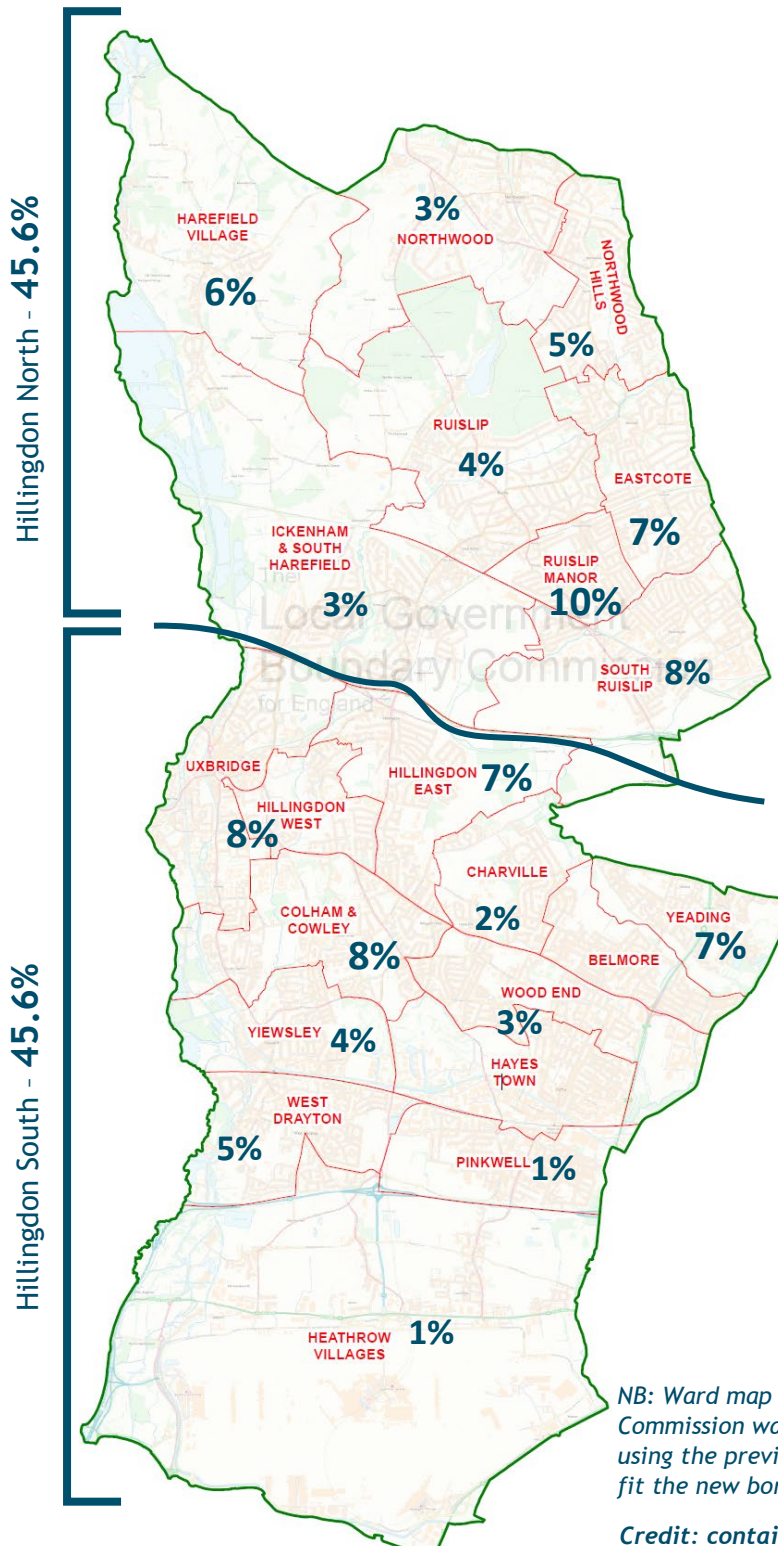
would you do?

It's your NHS. Have your say.

Executive summary

As part of our engagement we hosted two surveys; a general survey, and another focusing on specific conditions. These were collected via hard copies (collected directly or mailed to us), or filled out online on the Healthwatch Hillingdon website. In order to give the report more local relevance, Healthwatch Hillingdon adapted the national templates to include ward information, allowing us to look at themes emerging in different areas of the borough.

Summary of Engagement Results by Ward



Ward	Returns	%
Harefield Village	16	6%
Northwood	7	3%
Northwood Hills	14	5%
Ickenham & South Harefield	9	3%
Ruislip	10	4%
Eastcote	20	7%
Ruislip Manor	27	10%
South Ruislip	22	8%
Uxbridge/Hillingdon West	21	8%
Hillingdon East	19	7%
Charville	5	2%
Belmore	0	0%
Yeading	18	7%
Colham & Cowley	23	8%
Hayes Town/Wood End	7	3%
Yiewsley	11	4%
West Drayton	13	5%
Pinkwell	4	1%
Heathrow Villages	4	1%
Other/Out of Area	24	9%
Grand Total	274	

Due to the differences in demographics and deprivation levels between the north and south of Hillingdon, it is important to have appropriate engagement across the borough. 125 people from each half responded to the surveys, giving us an even view.

NB: Ward map shows the Local Government Boundary Commission wards as of June 2019 - survey data was collected using the previous ward organisation and has been adapted to fit the new borough profile.

General Survey

The general survey was split into 4 main parts:

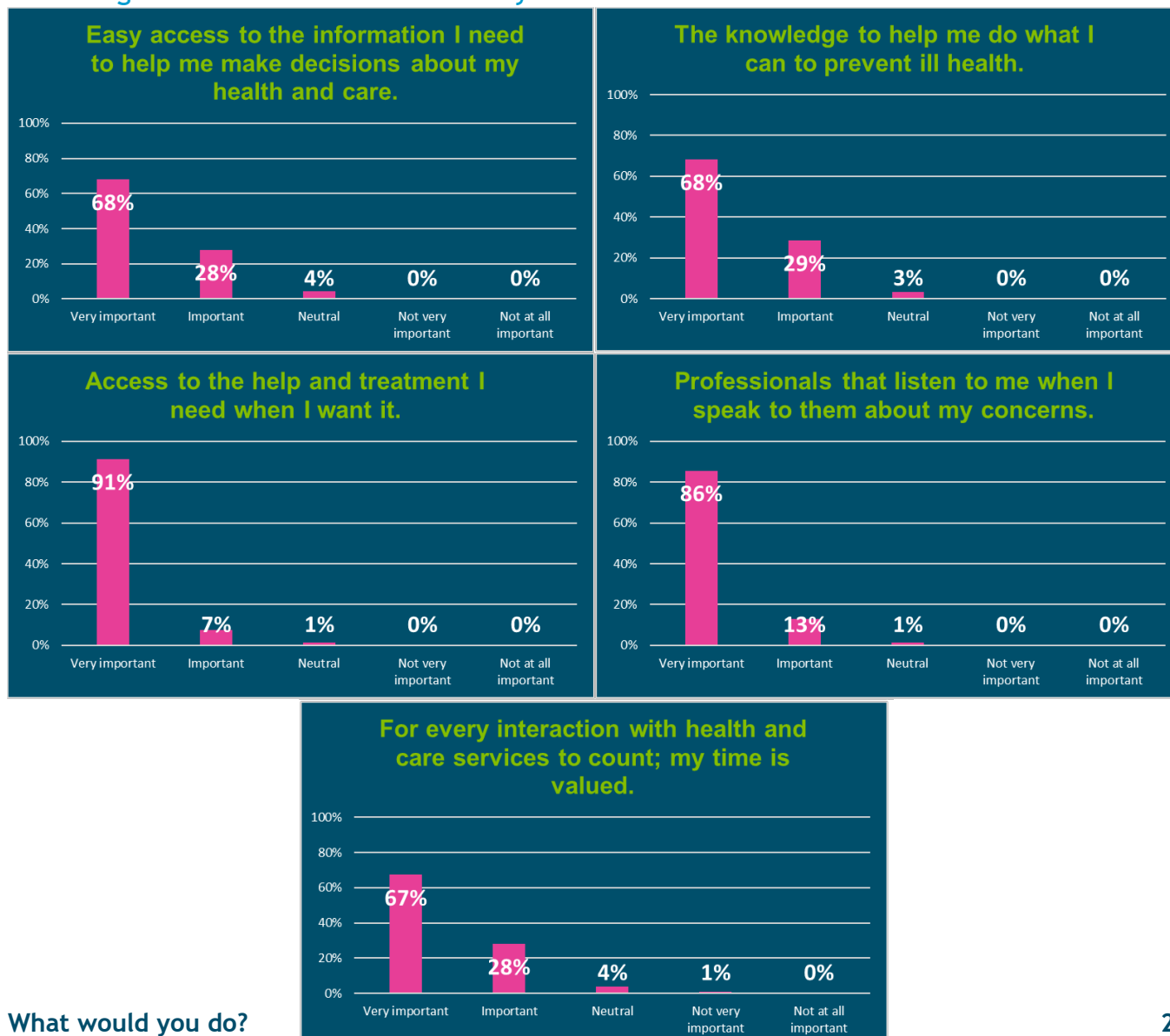
- Having what I need to live a healthy life
- Being able to manage and choose the support I need
- The help I need to keep my independence and stay healthy as I get older
- How you interact with your local NHS

Views were recorded on Likert-scales for each statement in the 4 categories, ultimately selecting the most important component, with space for the responder to offer any other feedback through free text boxes.

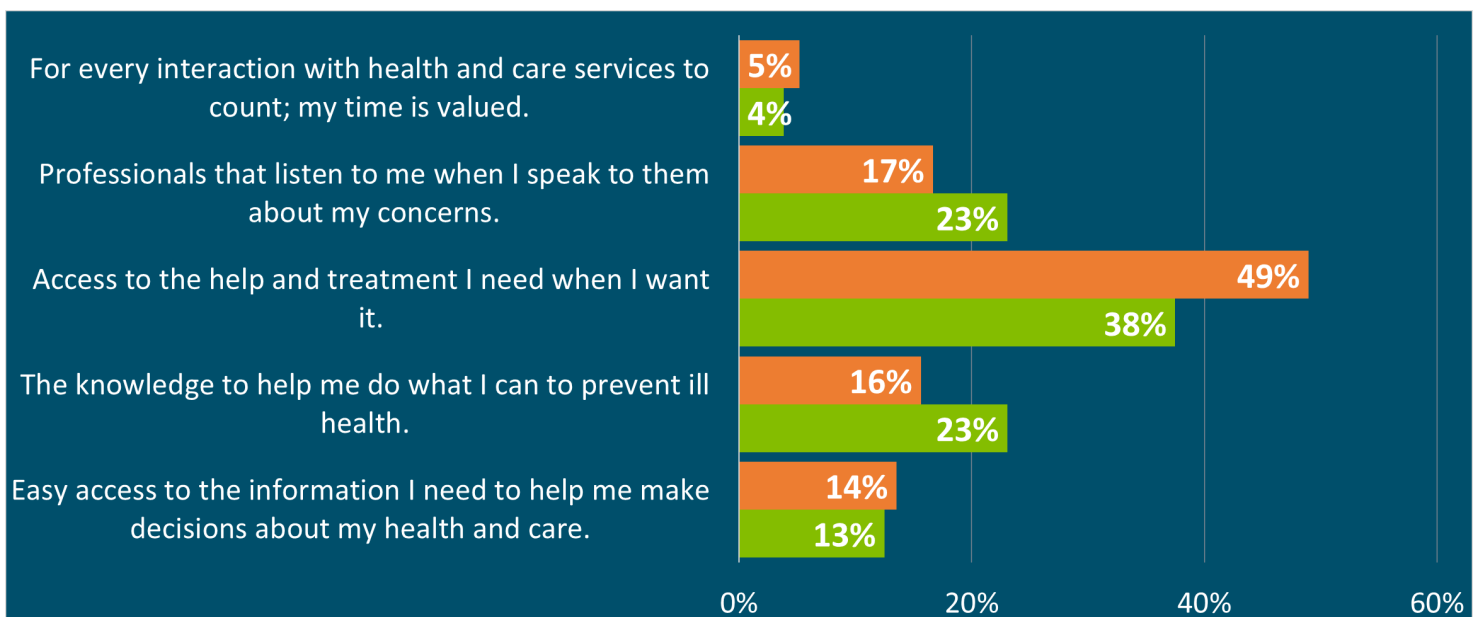
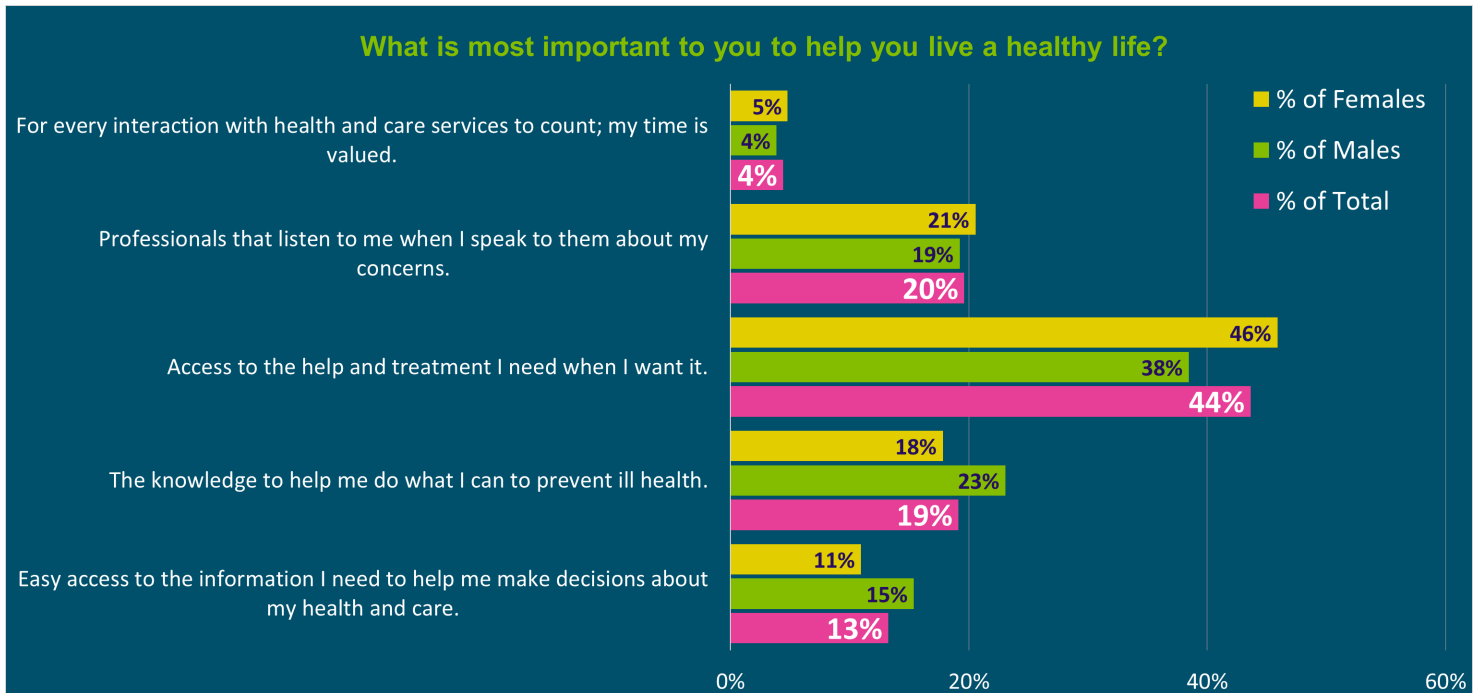
However, using the Likert-scales on the subject matter of health, the majority of responses (89%) rated statements as ‘Very Important’ or ‘Important’ - rendering meaningful analysis problematic. Due to this, those with higher ‘Neutral’ responses resulting in a more even spread across the options show lower priority by comparison.

	Responses	%
Very important	3048	61%
Important	1431	28%
Neutral	474	9%
Not very important	46	1%
Not at all important	23	0%

Having what I need to live a healthy life



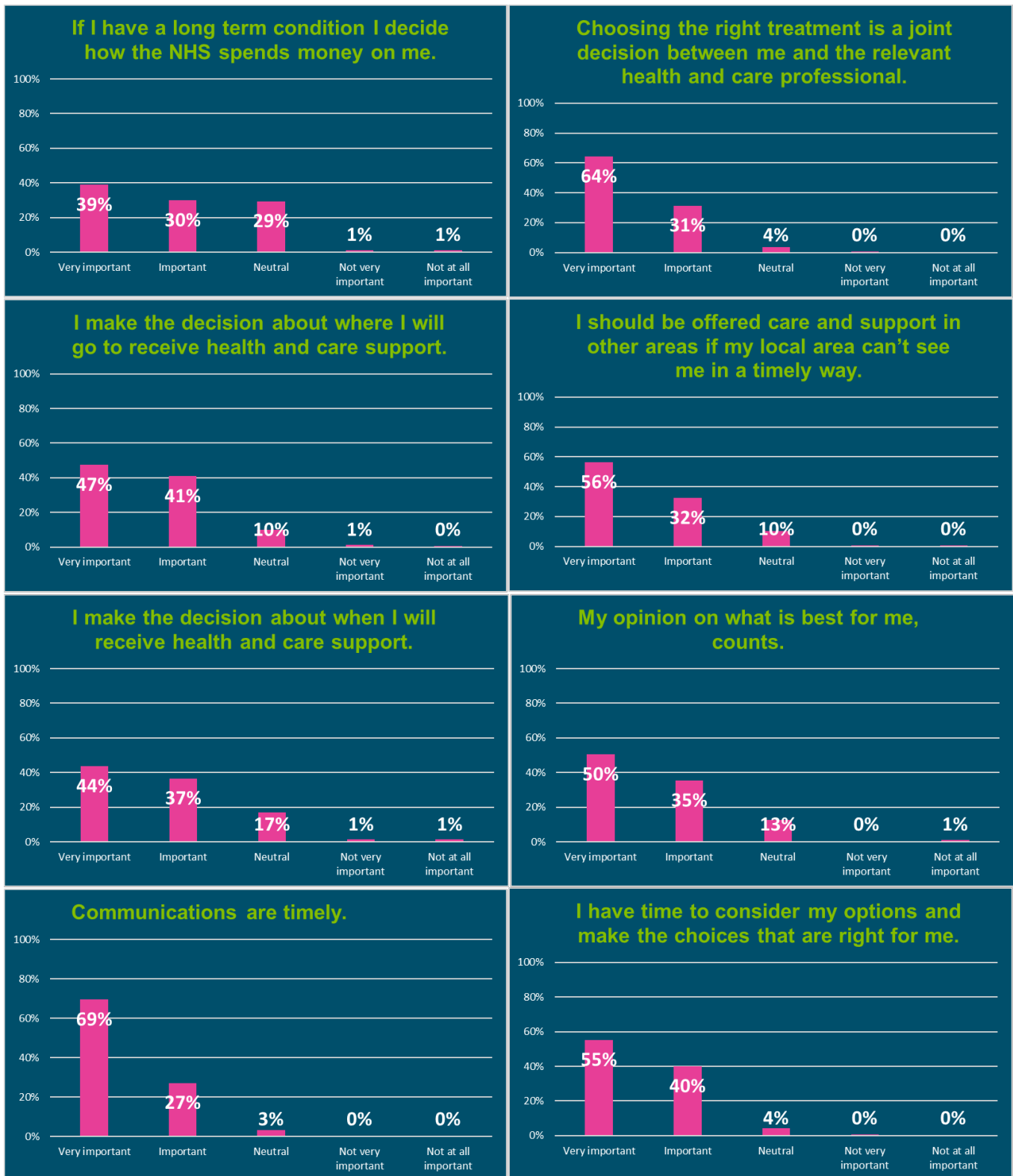
Having what I need to live a healthy life (continued)



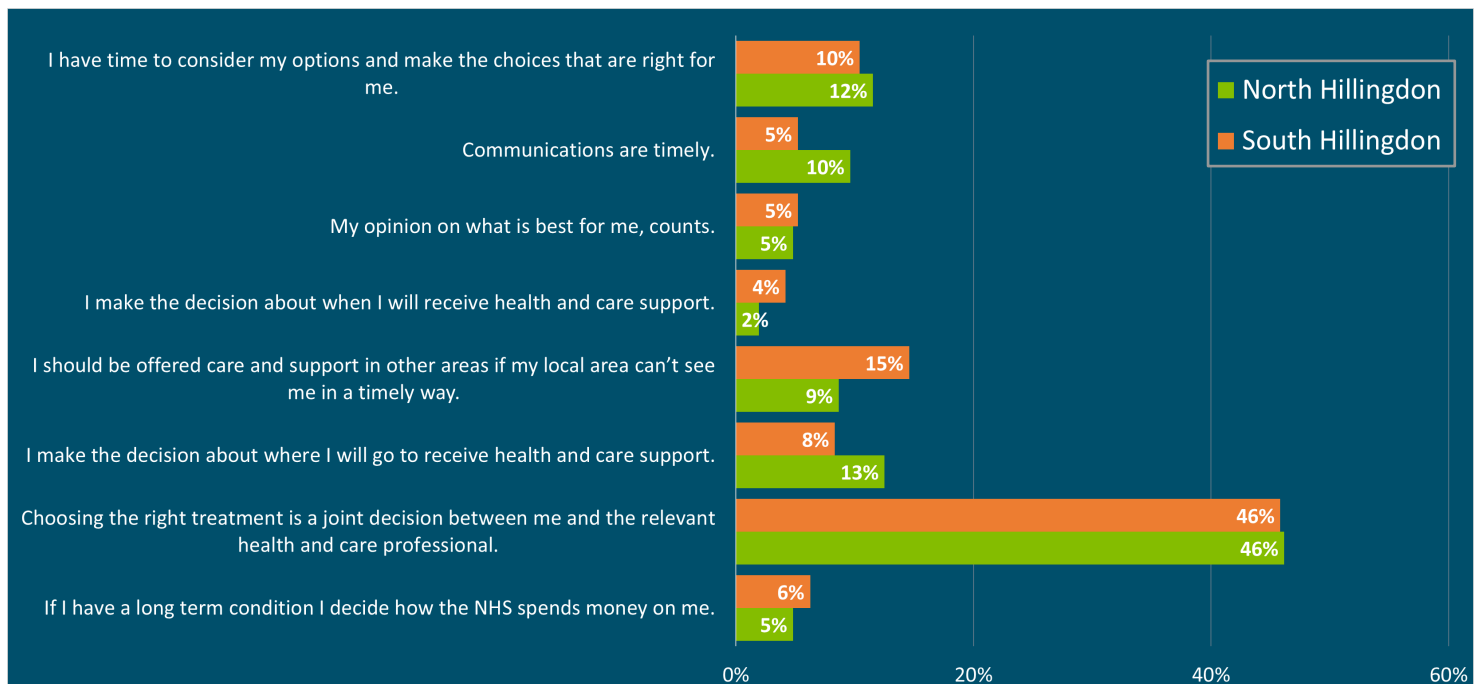
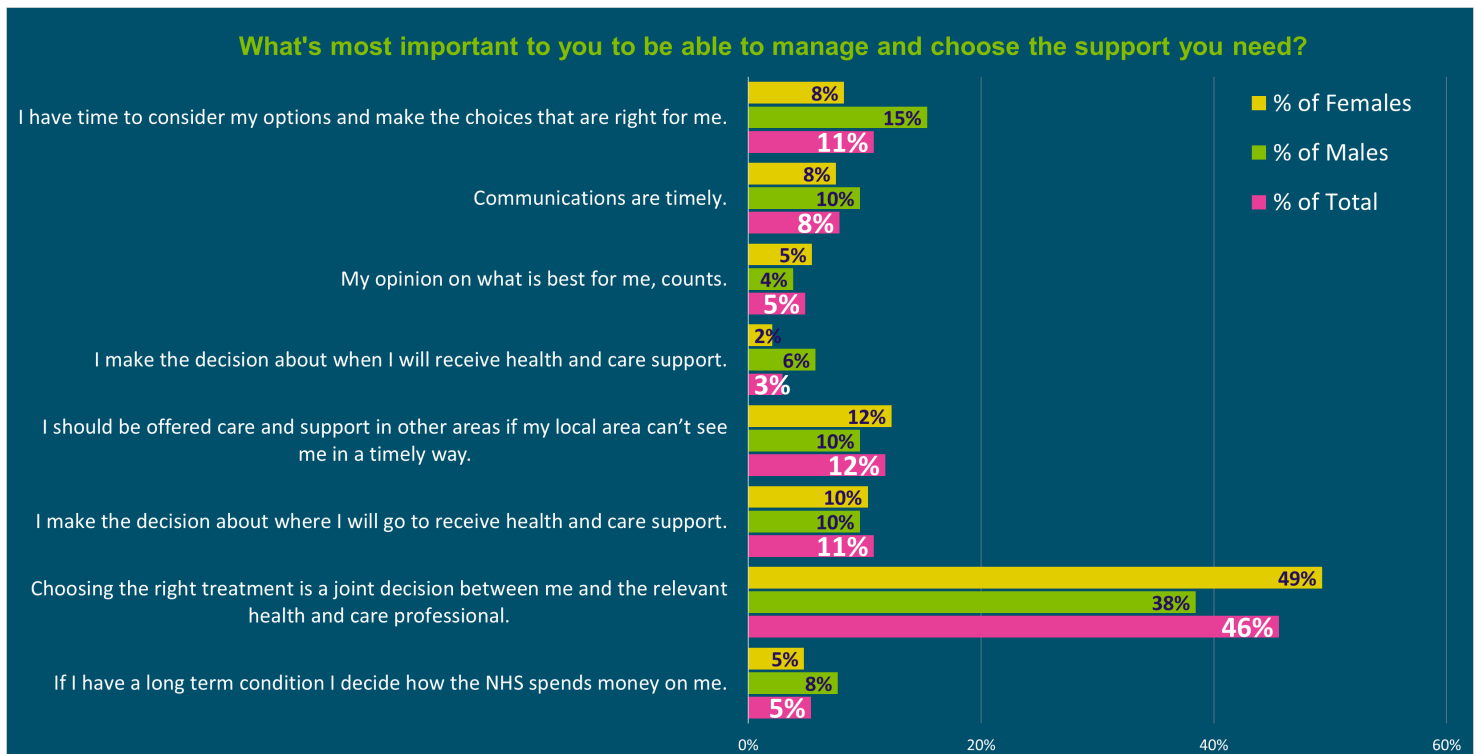
‘Access to the help and treatment I need when I want it’ is the most selected option for a healthy life, also coming in the highest (91%) for those regarding it as very important. ‘The knowledge to help me do what I can to prevent ill health’ is a noteworthy point for men, as is ‘Professionals that listen to me when I speak to them about my concerns’ for women.

Differences between the North and South are small, however the South Hillingdon residents place a larger importance on access to help and treatment, and a less pronounced need for knowledge to prevent ill health, and health professionals that listen to their concerns.

Being able to manage and choose the support I need



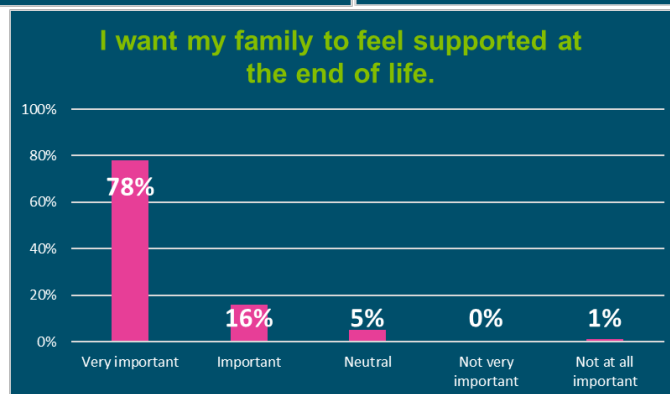
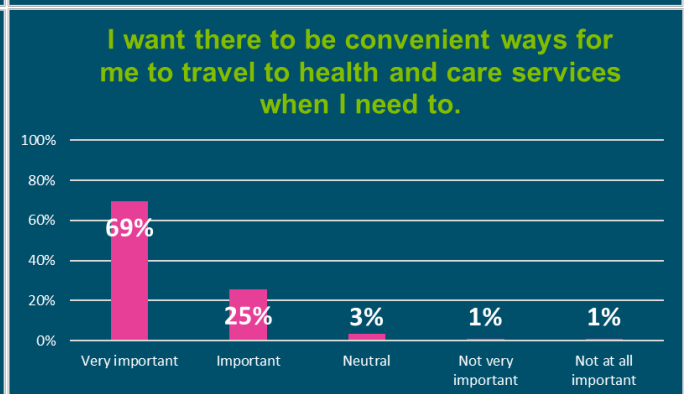
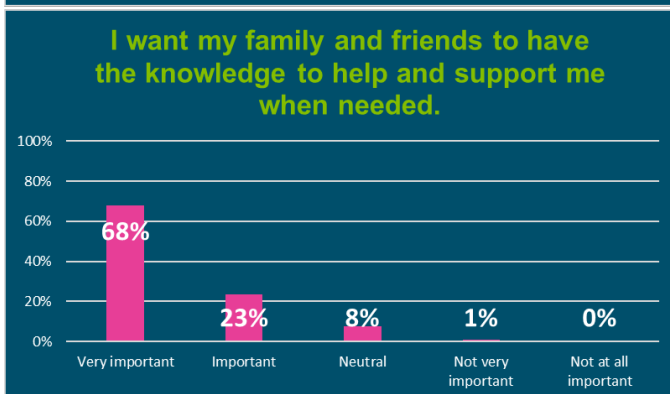
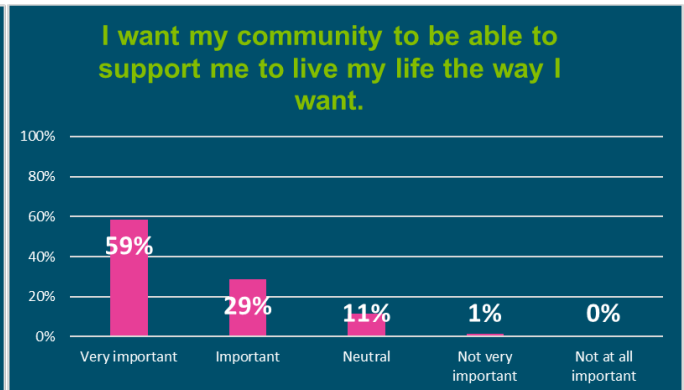
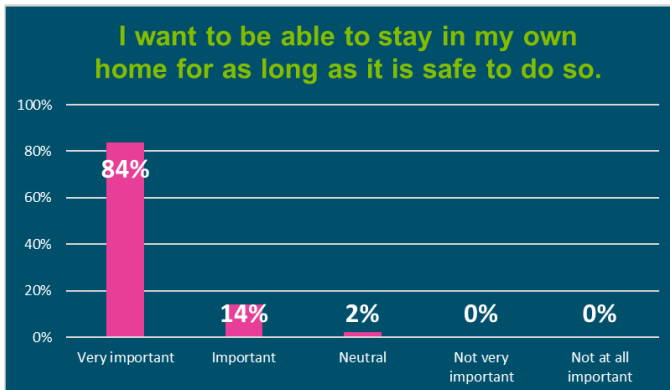
Being able to manage and choose the support I need (continued)



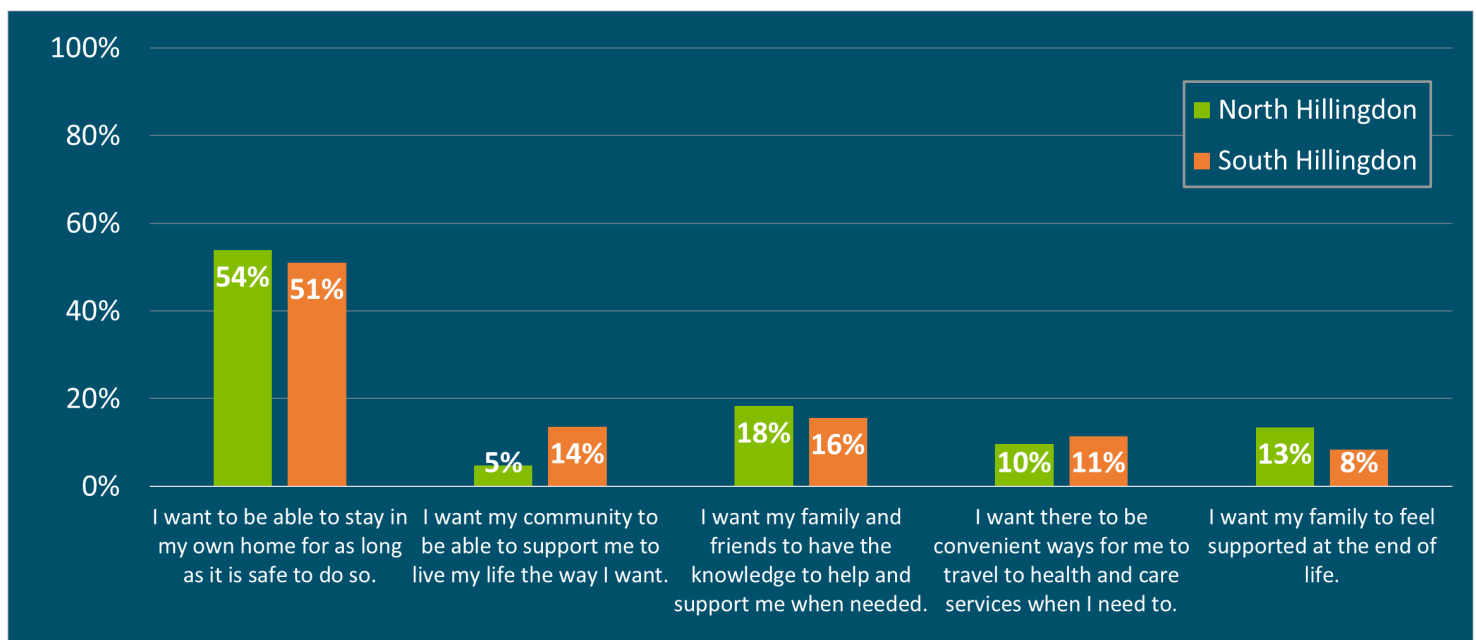
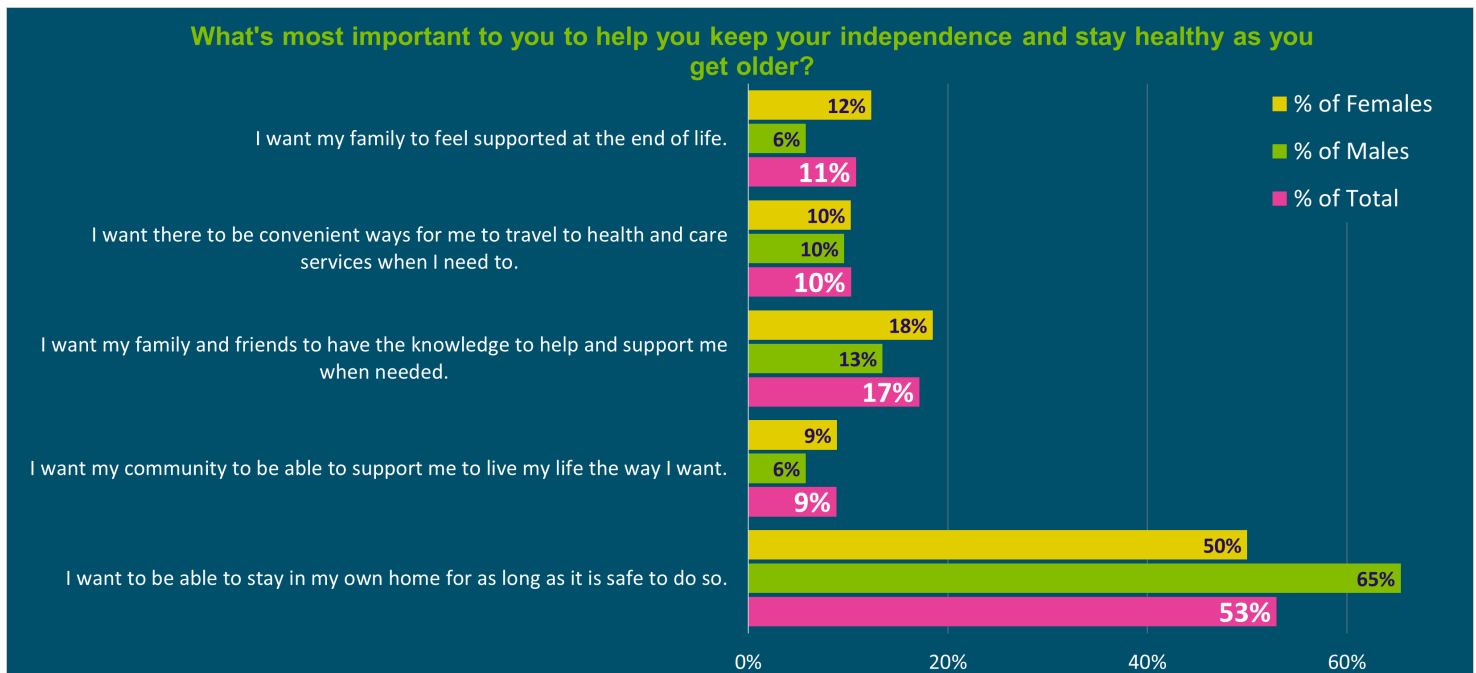
‘Choosing the right treatment is a joint decision between me and the relevant health and care professional’ is a similarly important point for all demographics shown above, with nearly half of all female respondents selecting it.

However, 15% of respondents from South Hillingdon selected ‘I should be offered care and support in other areas if my local area can't see me in a timely way’. This coupled with the higher need for ‘Access to the help and treatment I need when I want it’ in the first section does indicate a feeling from these wards that there is a lack of provision to appropriately service the local population.

The help I need to keep my independence and stay healthy as I get older



The help I need to keep my independence and stay healthy as I get older (continued)



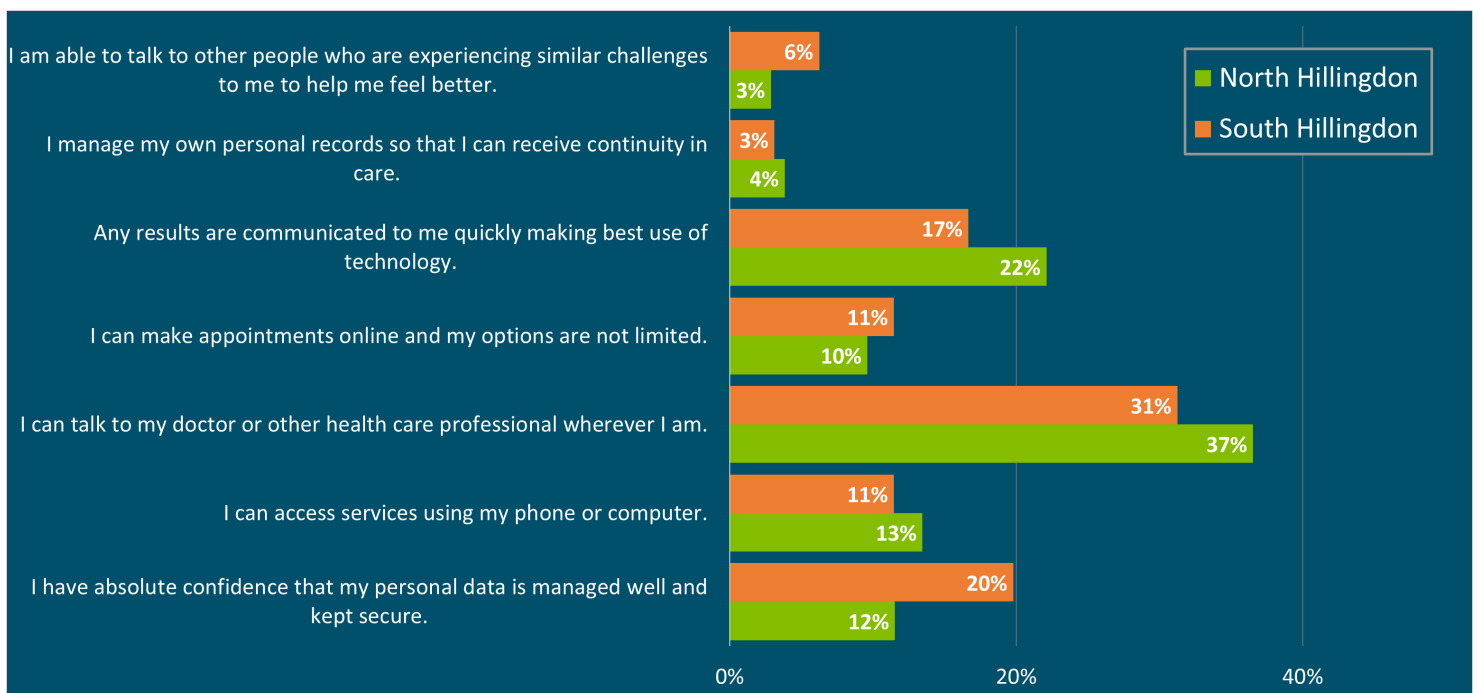
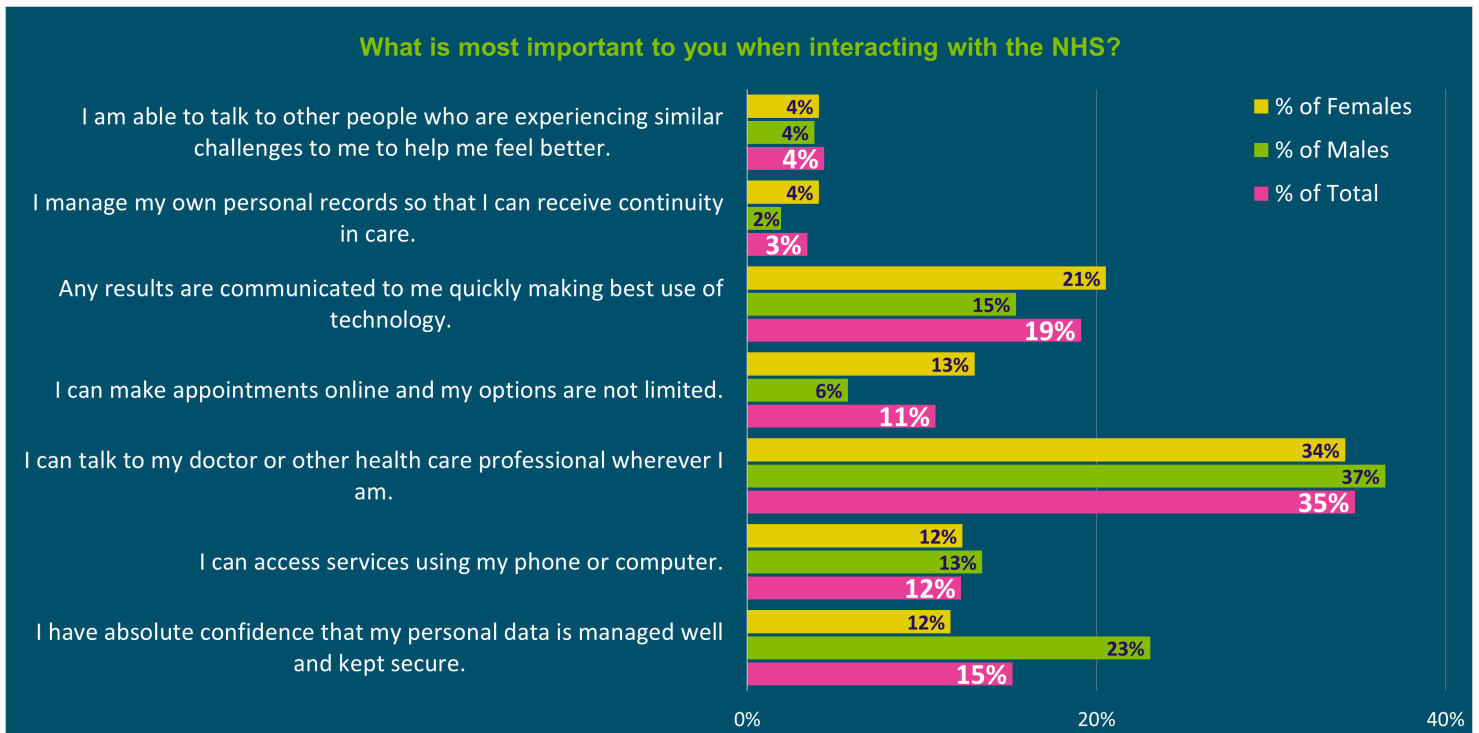
There is a clear preference here for ‘I want to be able to stay in my own home for as long as it is safe to do so’ for Hillingdon residents, in particular men. Despite the sizeable difference, the second strongest ‘Very Important’ response on the individual statements was for family to feel supported at the end of life.

North Hillingdon places greater emphasis on friends and family having the knowledge to support them, whereas the South places a similar importance on support from the community.

How you interact with your local NHS



How you interact with your local NHS (continued)



This shows a more evenly spread result, with communication of results and data security featuring highly, but being able to talk to health professionals has the majority. Results are more of a key factor for women, and a sizeable spike in concern for data security is shown for men.

The importance of well managed personal data is also shared by residents in the South of the borough, and the North Hillingdon residents place greater emphasis on results being communicated in a timely fashion and being able to talk to their doctor.

General Survey results: Age group key factors

In order to understand the different priorities of local residents of different age groups, the survey data have been represented below based on the options selected by each age group.

Having what I need to live a healthy life

	Under 18	18-24	25-34	35-44	45-54	55-64	65-74	75+
Easy access to the information I need to help me make decisions about my health and care.	0%	7%	20%	14%	19%	9%	7%	17%
The knowledge to help me do what I can to prevent ill health.	0%	33%	28%	21%	19%	15%	18%	0%
Access to the help and treatment I need when I want it.	100%	60%	32%	39%	40%	43%	54%	42%
Professionals that listen to me when I speak to them about my concerns.	0%	0%	16%	18%	19%	26%	18%	42%
For every interaction with health and care services to count; my time is valued.	0%	0%	4%	7%	4%	7%	4%	0%

Here we see a clear majority for access to treatment, but there is a consistent drop off for wanting the knowledge to prevent ill health in older residents, and an increase in desire for health professionals that take the time to listen to patients.

Being able to manage and choose the support I need

	Under 18	18-24	25-34	35-44	45-54	55-64	65-74	75+
If I have a long term condition I decide how the NHS spends money on me.	0%	0%	0%	11%	8%	9%	0%	0%
Choosing the right treatment is a joint decision between me and the relevant health and care professional.	0%	40%	32%	57%	50%	39%	50%	58%
I make the decision about where I will go to receive health and care support.	0%	13%	16%	7%	6%	13%	14%	8%
I should be offered care and support in other areas if my local area can't see me in a timely way.	0%	20%	12%	11%	10%	13%	11%	0%
I make the decision about when I will receive health and care support.	0%	0%	4%	0%	2%	7%	4%	0%
My opinion on what is best for me, counts.	0%	7%	8%	4%	6%	4%	0%	8%
Communications are timely.	100%	13%	20%	11%	2%	2%	7%	8%
I have time to consider my options and make the choices that are right for me.	0%	7%	8%	0%	15%	13%	14%	17%

A clear preference for choosing the right treatment as a joint decision across all age groups, with 18-24 year olds willing to travel for care, and 25-34 year olds placing importance on timely communication.

The help I need to keep my independence and stay healthy as I get older

	Under 18	18-24	25-34	35-44	45-54	55-64	65-74	75+
I want to be able to stay in my own home for as long as it is safe to do so.	0%	27%	48%	43%	52%	63%	71%	42%
I want my community to be able to support me to live my life the way I want.	0%	13%	4%	11%	17%	7%	0%	8%
I want my family and friends to have the knowledge to help and support me when needed.	0%	47%	16%	14%	15%	22%	7%	8%
I want there to be convenient ways for me to travel to health and care services when I need to.	100%	13%	4%	11%	6%	4%	18%	33%
I want my family to feel supported at the end of life.	0%	0%	28%	21%	10%	4%	4%	8%

Staying at home is the most important factor for health and independence in later years for most age groups, with 18-24 year olds more inclined towards family and friends having the knowledge to provide support. Also of note is the wish for families to be supported at the end of life amongst 25-34 year olds, and the greater proportion of those at either end of the age ranges for convenient travel - possibly due in part to the reliance of these age groups on public transportation.

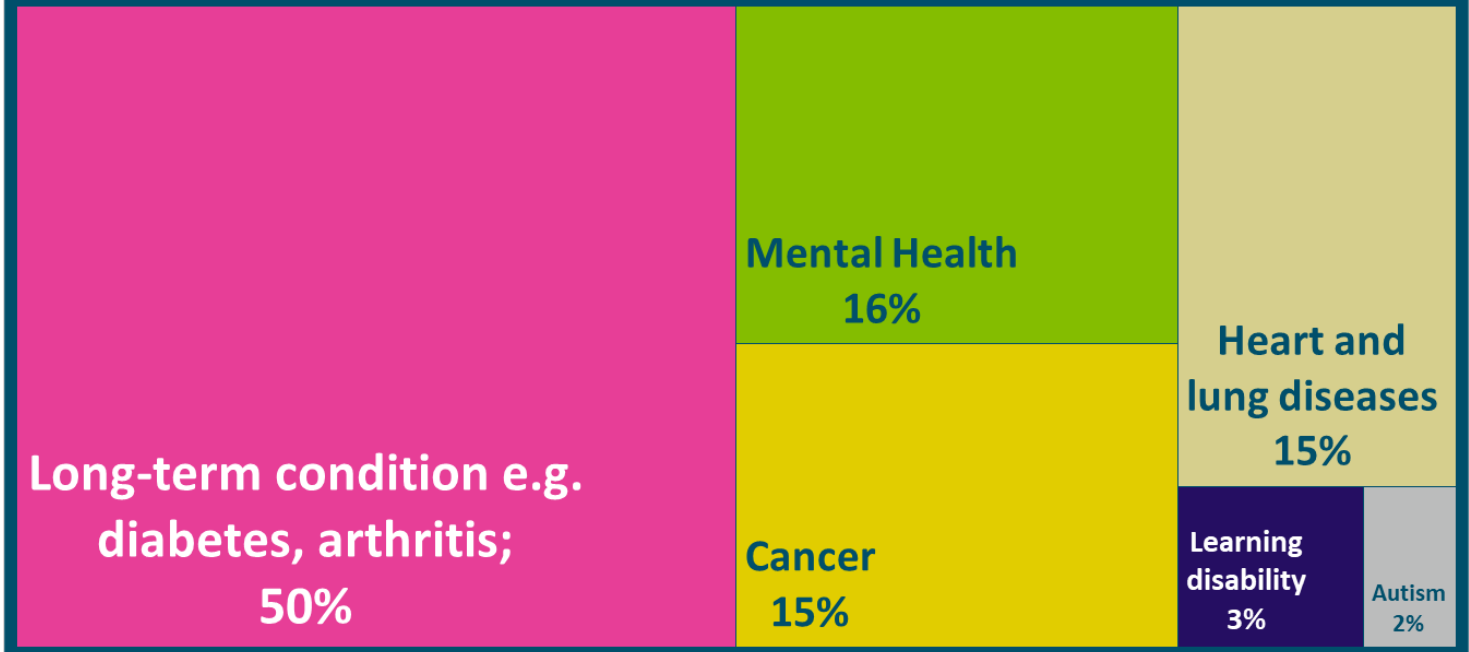
How you interact with your local NHS

	Under 18	18-24	25-34	35-44	45-54	55-64	65-74	75+
I have absolute confidence that my personal data is managed well and kept secure.	0%	27%	4%	25%	21%	11%	11%	8%
I can access services using my phone or computer.	0%	13%	20%	11%	17%	9%	11%	0%
I can talk to my doctor or other health care professional wherever I am.	100%	27%	28%	18%	38%	33%	43%	75%
I can make appointments online and my options are not limited.	0%	13%	16%	11%	8%	7%	18%	0%
Any results are communicated to me quickly making best use of technology.	0%	7%	20%	21%	10%	35%	14%	17%
I manage my own personal records so that I can receive continuity in care.	0%	7%	4%	7%	4%	2%	0%	0%
I am able to talk to other people who are experiencing similar challenges to me to help me feel better.	0%	7%	8%	7%	2%	4%	4%	0%

A more scattered set of results among the age groups, but a clear preference for being able to talk to health professionals. Of note again here is the emphasis on data security and timely communication of results.

Specific Conditions Survey

Please select the condition you would like to tell us about



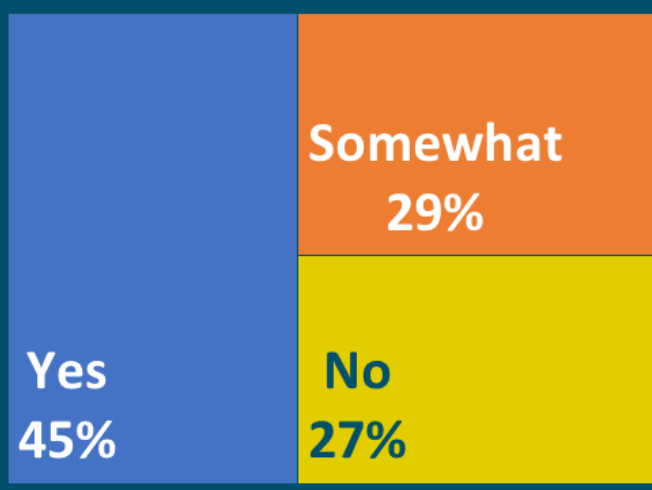
Who are you responding on behalf of?



Has the condition you are telling us about started within the last three years?

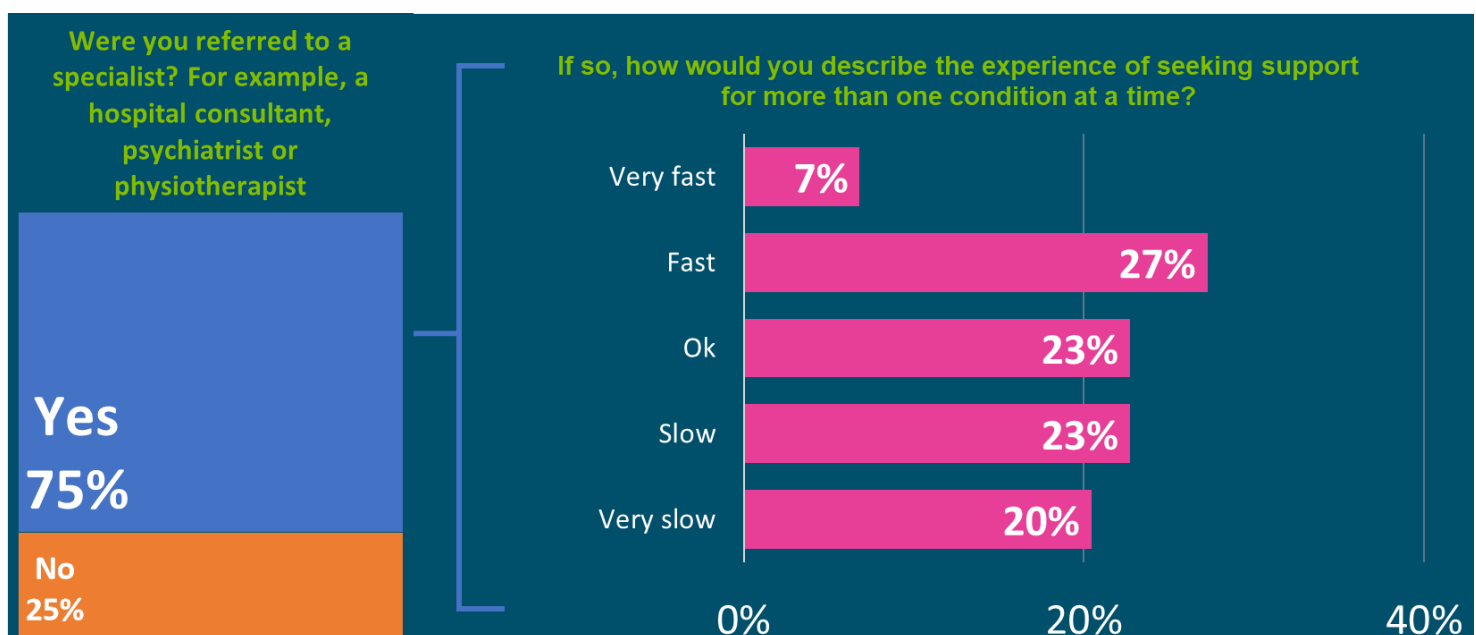
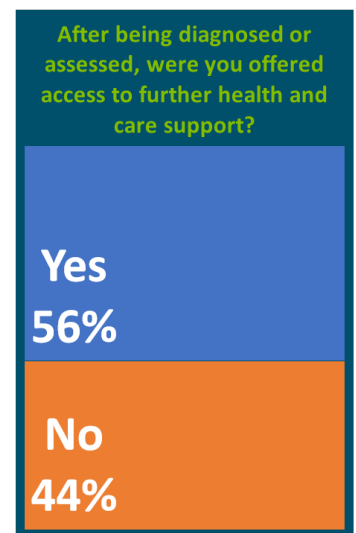
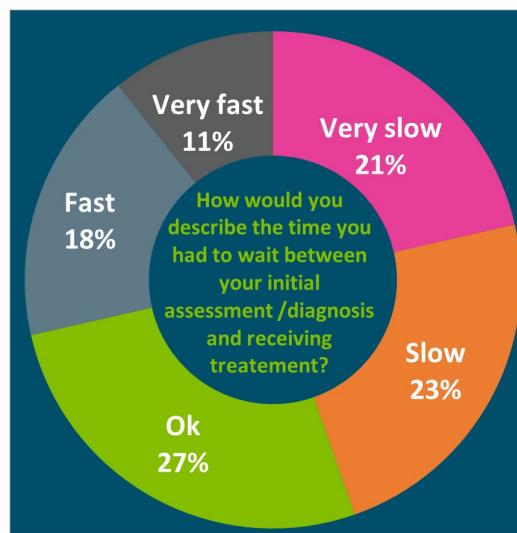
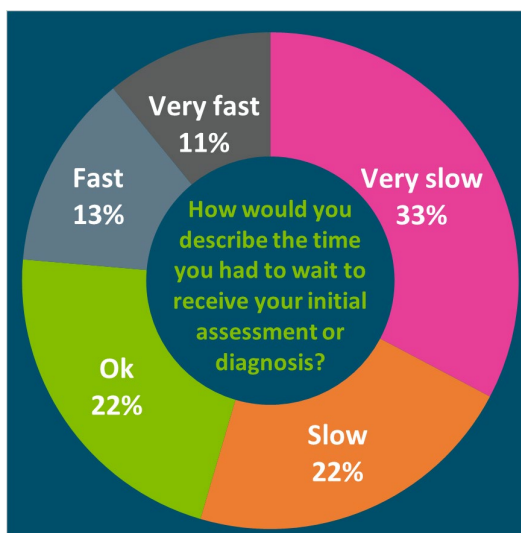
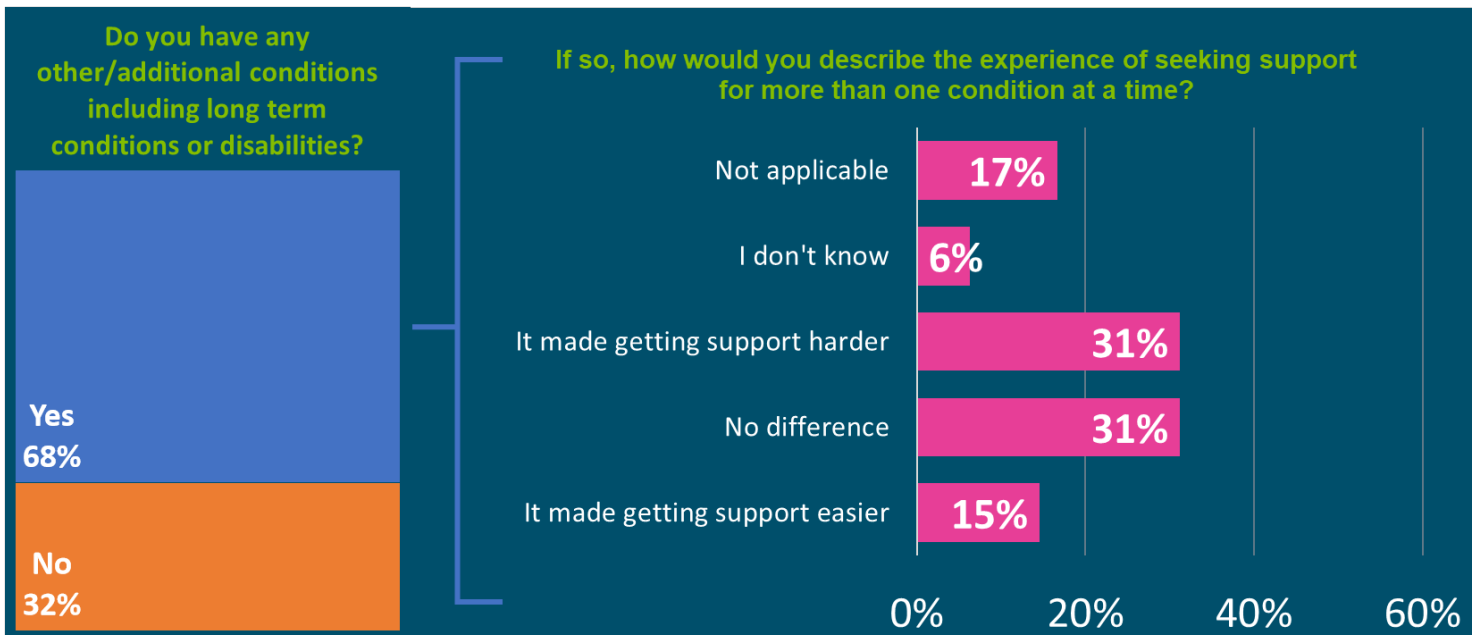


When you first tried to access help, did the support you received meet your needs?

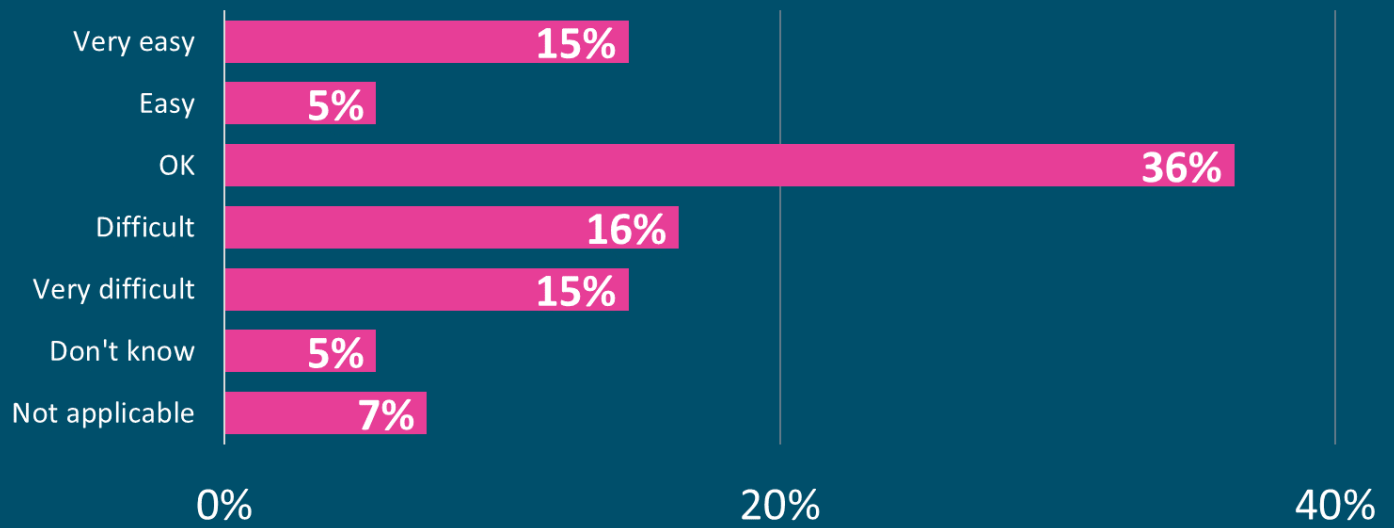


How would you describe your overall experience of getting help?

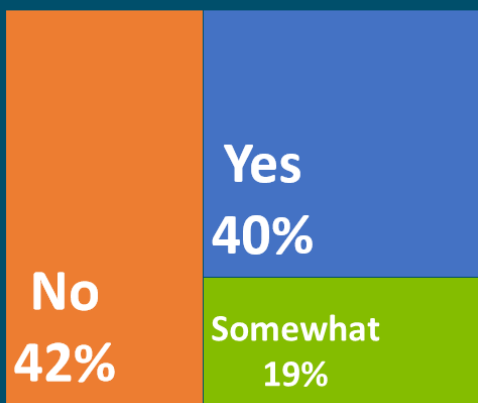




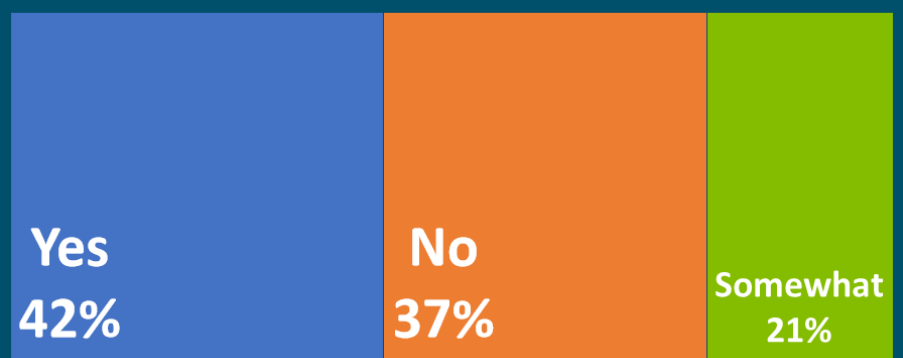
If so, how would you describe the experience of seeking support for more than one condition at a time?



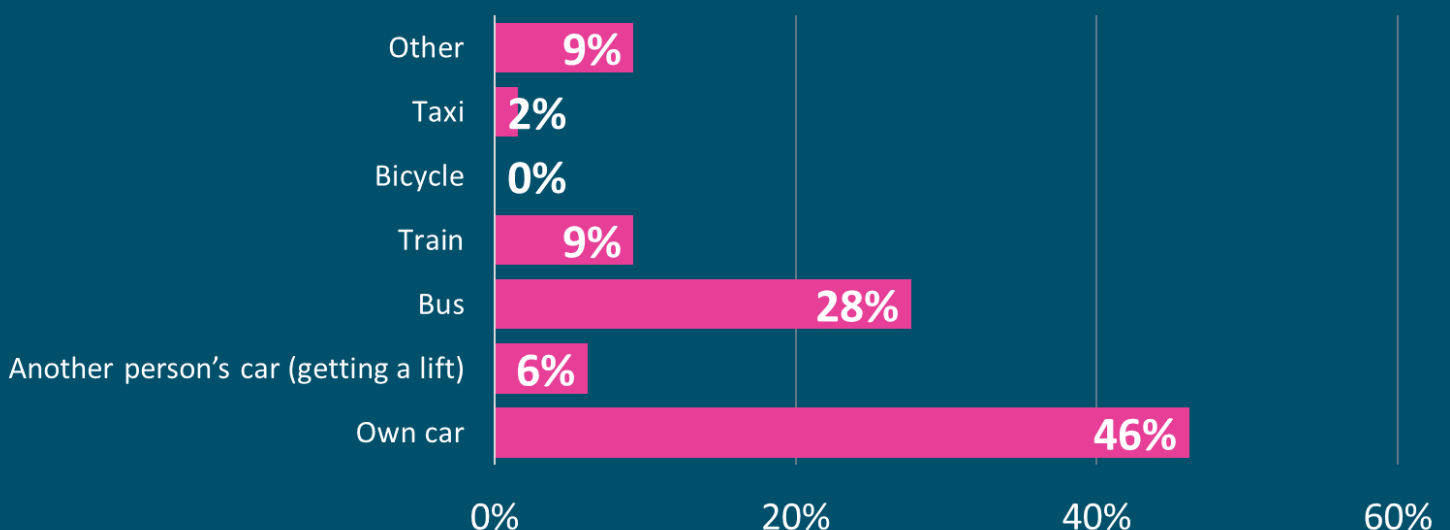
Did the support options you were offered meet your expectations?

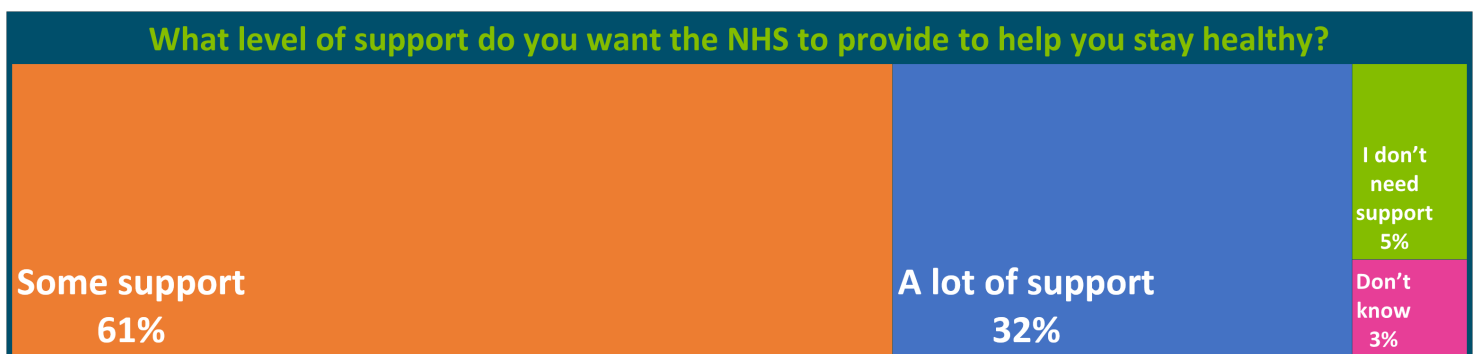
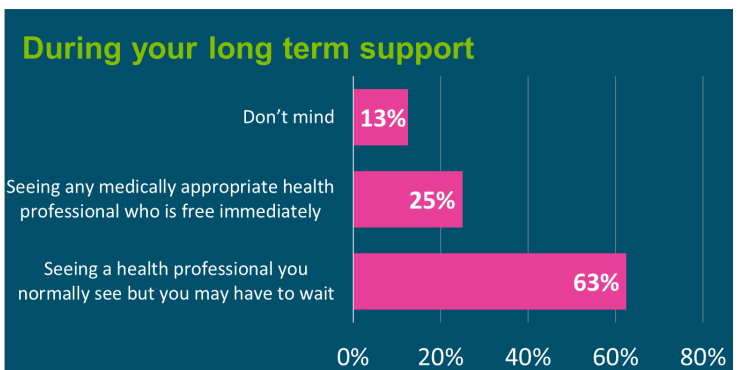
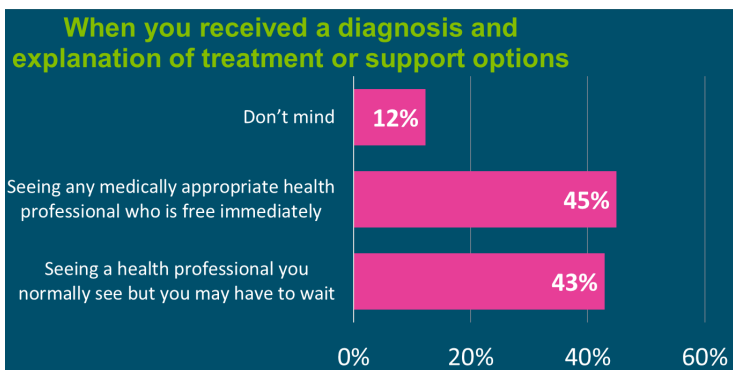
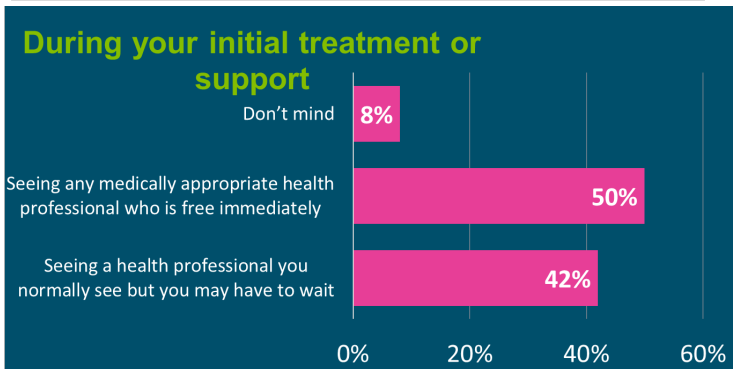
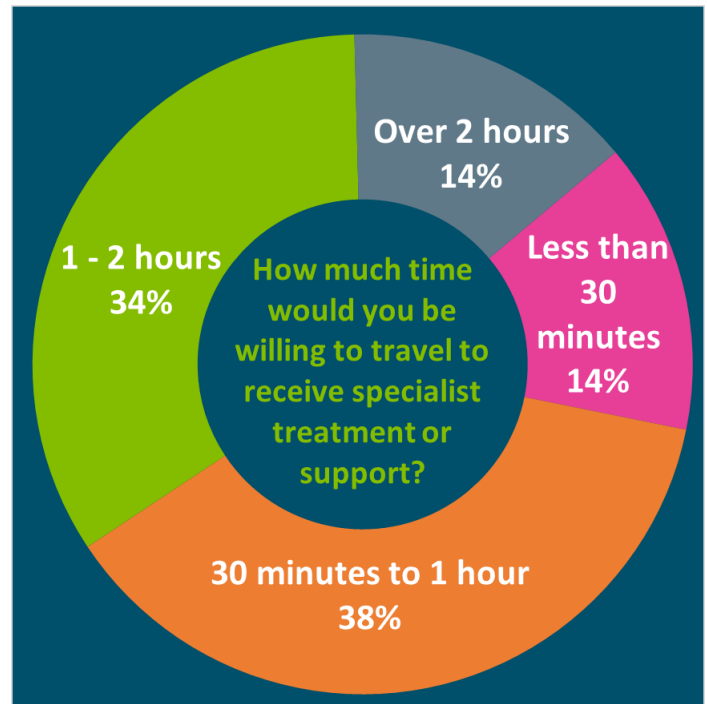
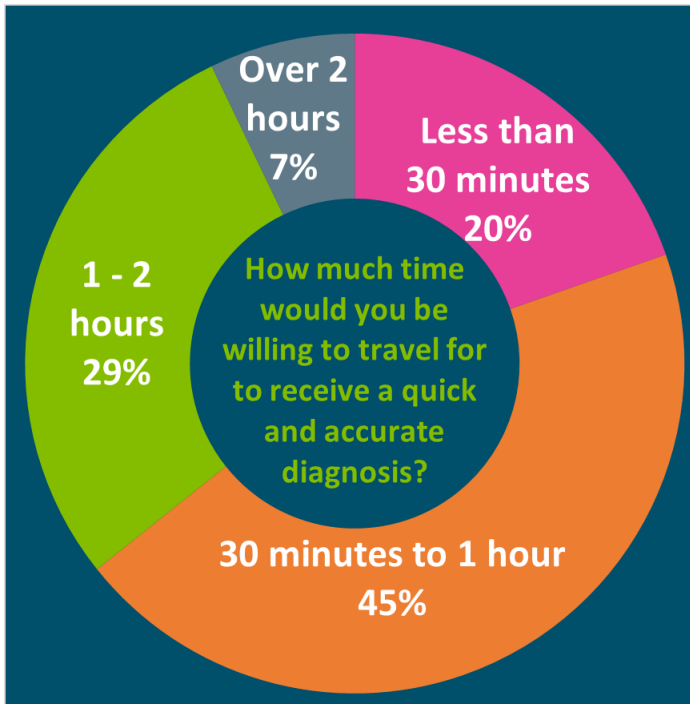


During your whole experience of getting support did you receive timely and consistent communication from all of the services that you came into contact with?



What is your main means of transport?





Demographic Information

