healthwatch Coventry

healthwatch Warwickshire

what would you do?
It's your NHS. Have your say.

NHS Long Term Plan – what people told us was important

Coventry Report

August 2019

Contents

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Introduction

About this report

This report provides an analysis of the response from Coventry residents from a piece of work carried out by all local Healthwatch to ask local people questions related to the NHS long term plan and the priorities this sets. We have included more detail for the findings from our focus groups and findings from discus at our annual open meeting.

A separate report produced by Healthwatch Warwickshire analyses the findings for both Coventry and Warwickshire

What is the NHS Long Term Plan?

The Government has announced that the NHS budget will be increased by £20 billion a year. In January, NHS England published an ambitious ten-year plan showing how this extra money will be spent.

The plan set out the areas that the NHS wants to make better, including:

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

What does this mean locally?

NHS organisations have been asked to come up with a local plan explaining how these priorities will be delivered in Coventry and Warwickshire. Healthwatch Coventry and Healthwatch Warwickshire worked together to find out what local people think. What people told us has been shared with the local NHS and will be used when local plans for Coventry and Warwickshire are developed.

What did we do?

From March to April 2019, Healthwatch Coventry and Healthwatch Warwickshire launched two surveys.

One survey asked people for their views on how to make care better and understanding what changes are needed to get people the support they need.

The second gathered the view of people who had health conditions asked about the health and care support that people received and what could be improved.

The surveys were available and promoted online and were also used to engage with local people face to face (see the Surveys Methods section in the appendix for more information).

The table below sets out the number of responses by area:

	Coventry	**Warwickshire**	**Total**
General Survey	177	323	500
Specific Conditions Survey	105	190	295
Total	282	513	**795**

Simultaneously we ran focus groups to gain more detailed insight into what people thought.

Healthwatch Coventry held 3 focus groups with:

- Asian Blind Association
- Mental Health service users
- Older people Ageing healthily

The topics, preventing ill health and the role of Technology in Health and Care, were the two priority areas we agreed for our focus groups after meeting with the Sustainability Transformation Partnership (STP).

In July 2019 Healthwatch Coventry facilitated discussion at its open meeting.

Information about Coventry

Coventry is a multi-cultural city bordering Warwickshire, with a population of 360,000 people. In the 2011 census, 33% of the population identified themselves as from a Black, Asian and Minority Ethnic (BAME) communities. Coventry is the second-fastest growing Local Authority outside of London, with the biggest rate of growth amongst 25-29-year-olds. However, the number of older people is also growing, with 14% of the population over 65 years old.

Findings from the general survey

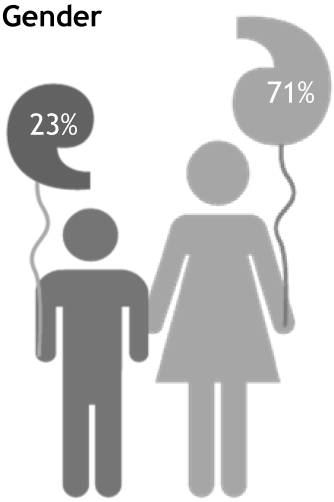
Demographics

Who are you responding on behalf of?

Myself	Someone else	No answer	Total
167	6	4	177

25% considered themselves to have a disability
33% stated they have a long-term condition, 17% having multiple conditions
22.5% reporting being a carer

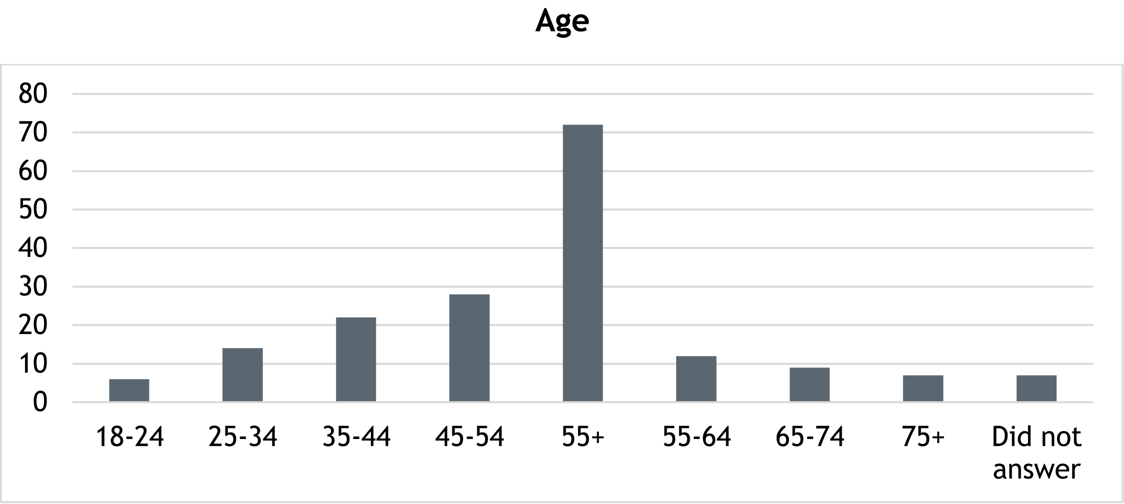
Gender



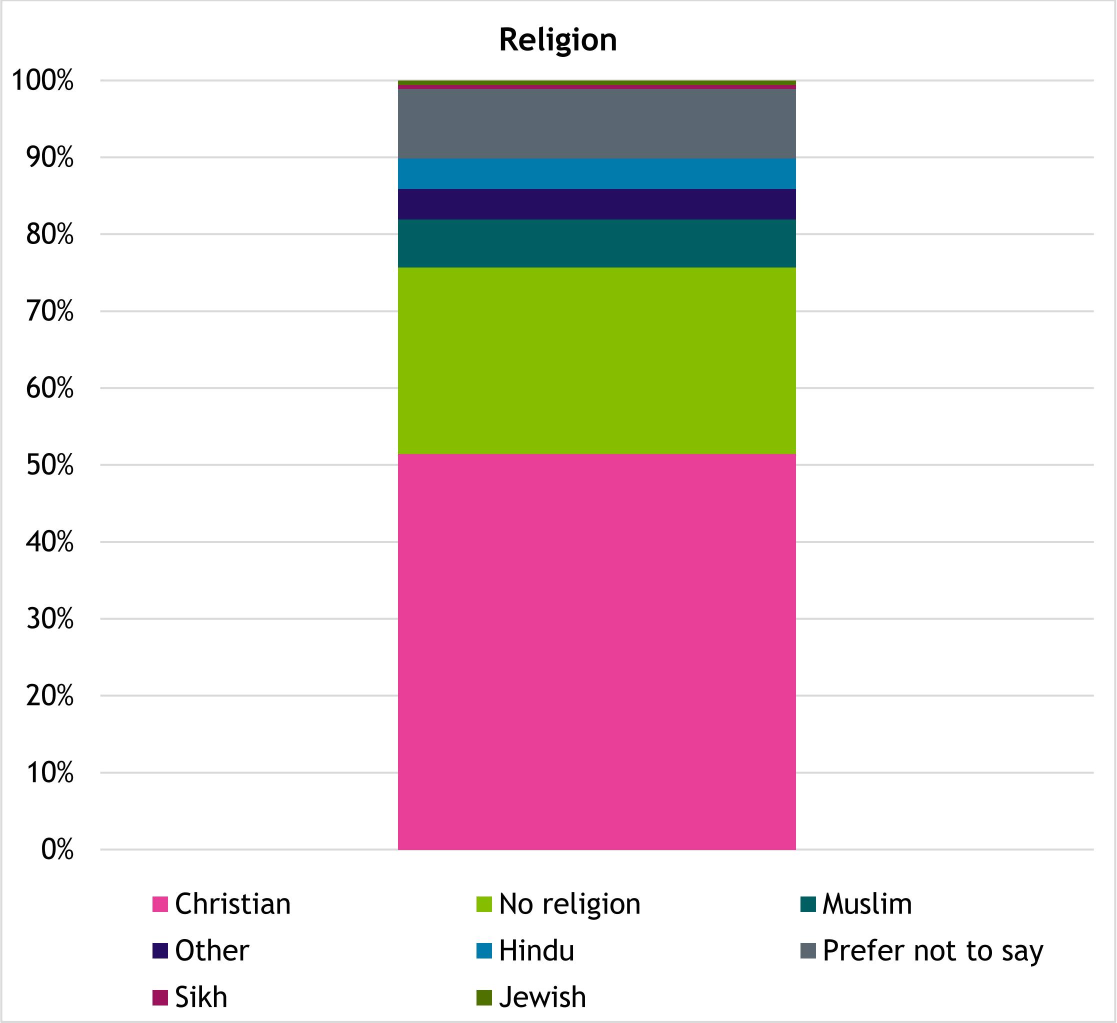
6% did not to say

Ethnicity	Count
White British	125
Any other white background	8
Indian	4
Asian British	10
Other	5
Any other mixed background	4
African	5
Black British	4
Pakistani	2
Caribbean	1
Gypsy or Irish Traveller	1
Did not answer	8
Total	177

Sexuality	Count
Heterosexual	149
I'd prefer not to say	22
Other	2
Bisexual	1
Gay or lesbian	2
Pansexual	0
Asexual	1
Total	177



NB Paper surveys used 55+ in place of categories for 55 -75+ therefore making the high level of respondents in this category

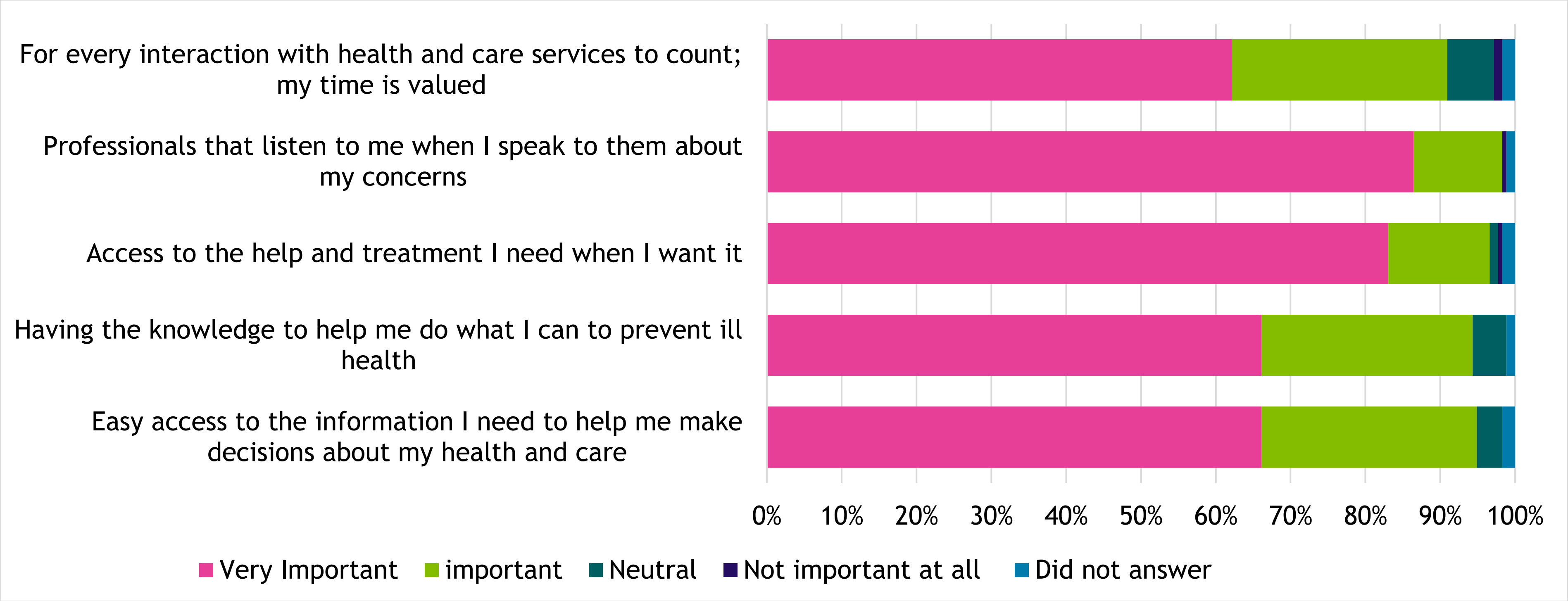


Responses

This survey set out a series of statements relating to four topics and asked respondents to state how important these were to them and to then pick which one was most important.

1. Having what you need to live a healthy life

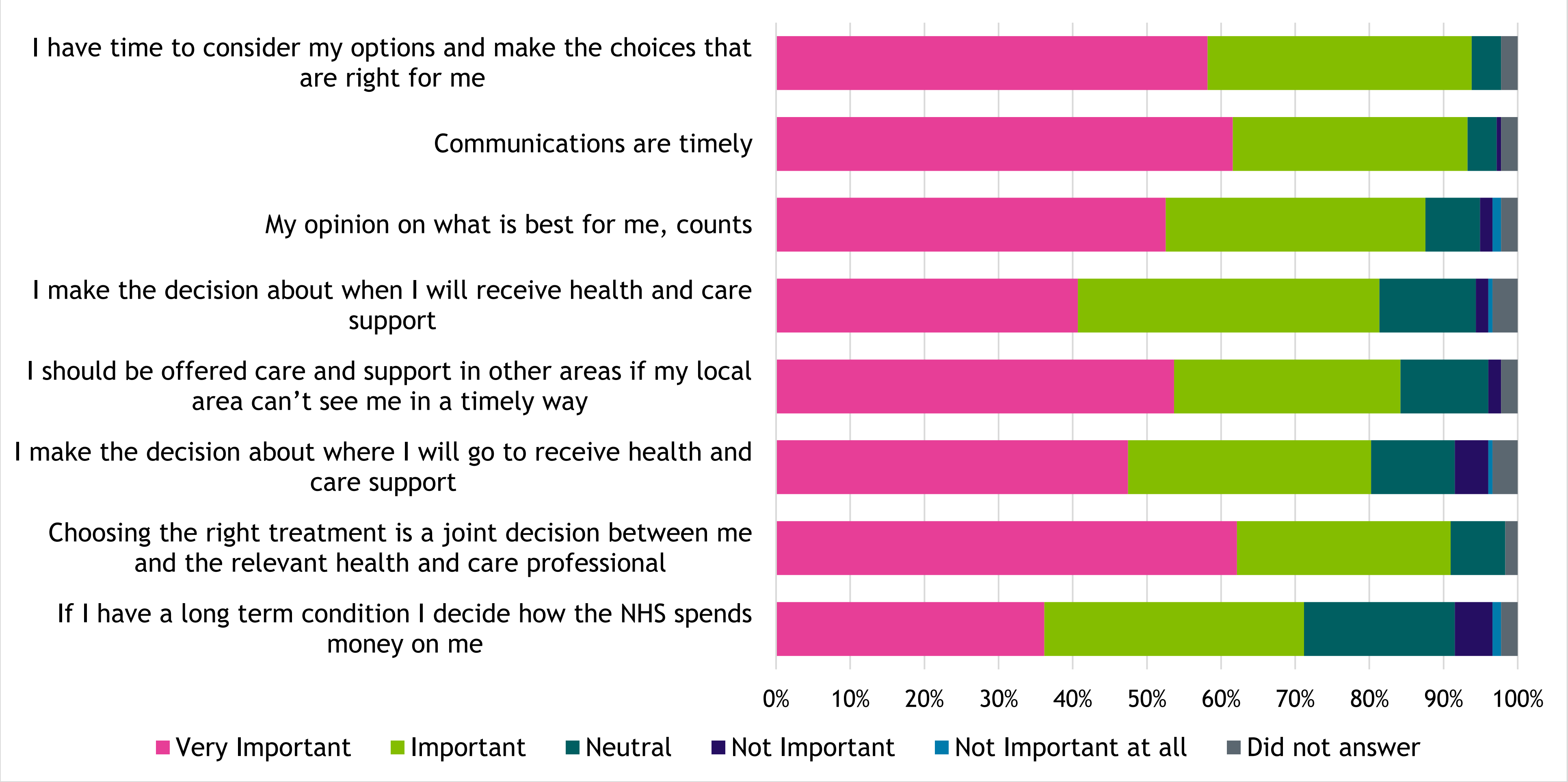
Professionals that listen and access to help and treatment when needed were ranked most frequently as very important or important.



A separate question asked people to pick the statement they thought was the most important from this list and ‘Access to the help and treatment I need when I want it’ received the highest response of 44.5%, 79 selections.

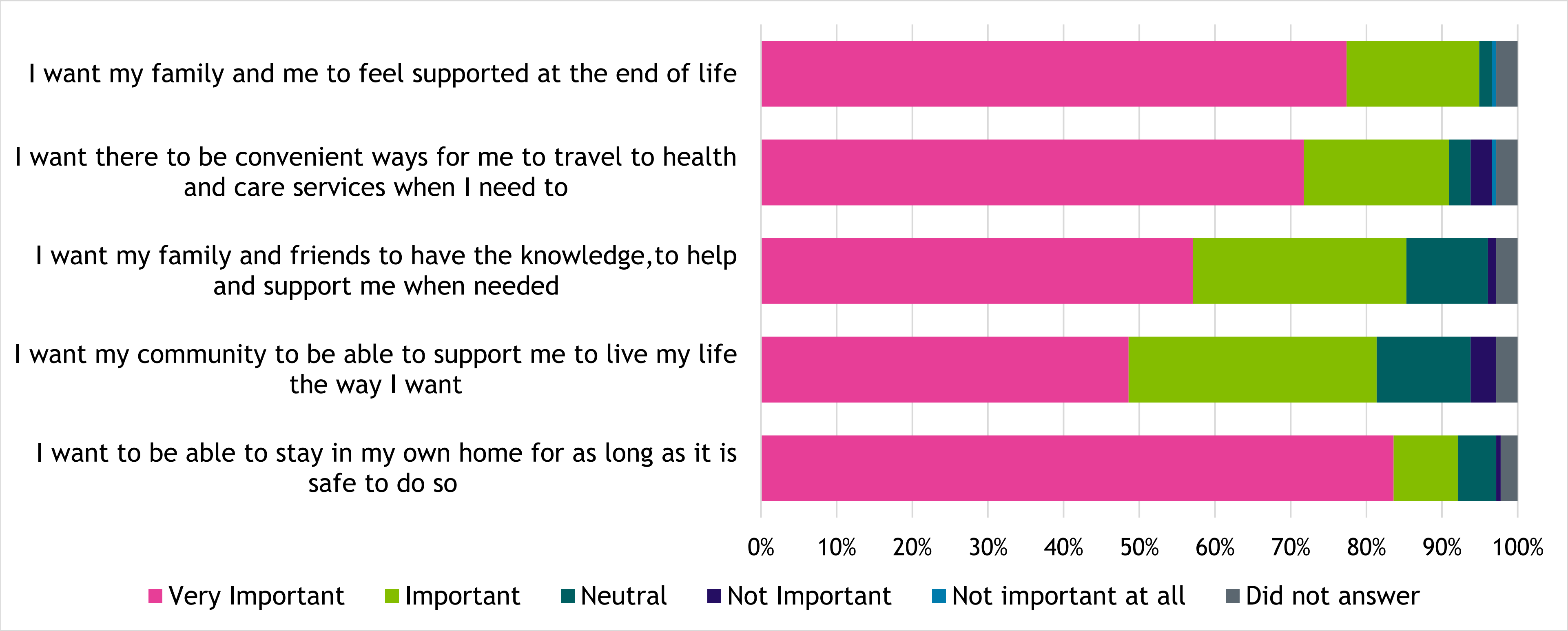
2. Being able to manage and choose the support you need

Choosing the right treatment is a joint decision between me and the relevant health and care professional was picked by 45% (80 people) as the most important from this list. Communications are timely and time to consider options were also seen as very important or important.



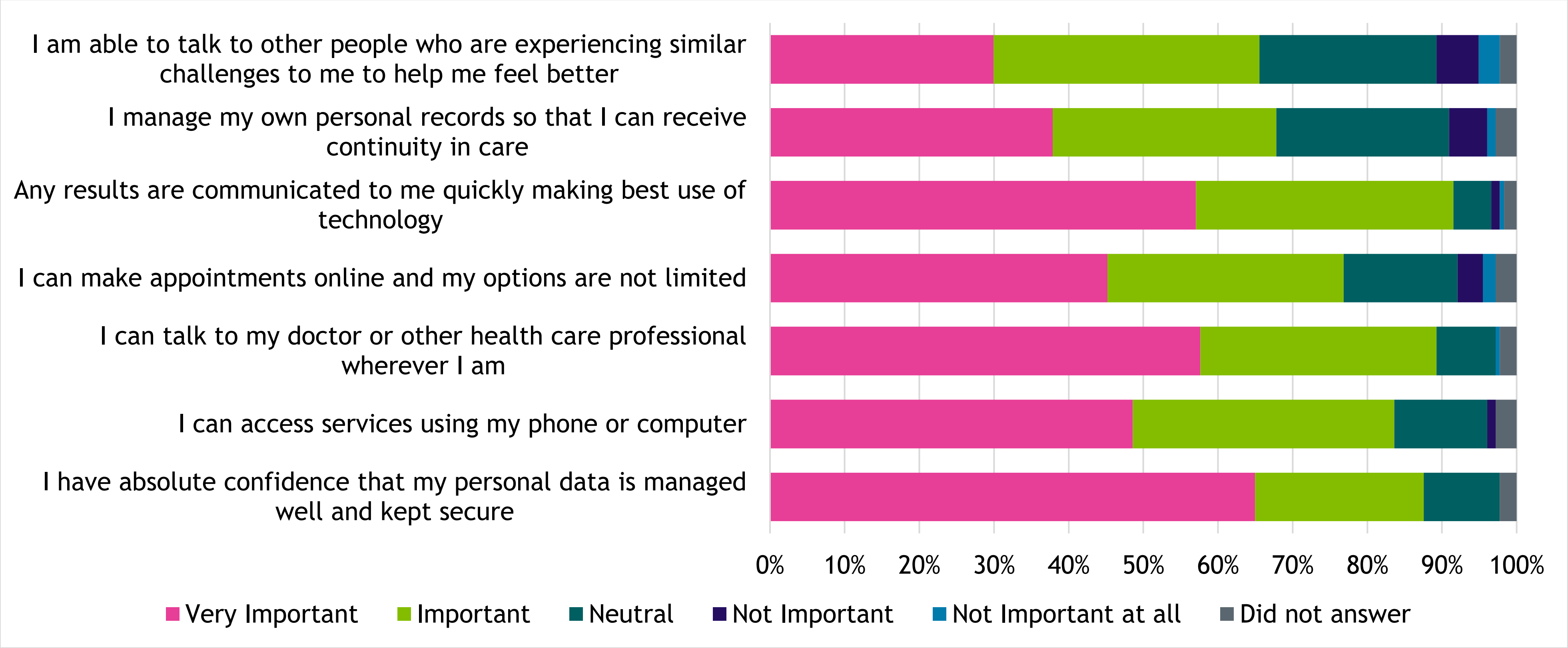
3. Help to stay independent

The greatest number of people selected that it was very important to them that they were able to stay in their own home for as long as possible: 51% (91 people). 16% (29) rated convenient ways to travel to healthcare when needed as most important.



4. How I interact with my local NHS

Getting results quickly, I can talk to my doctor wherever I am and my data is kept secure, were the most frequently considered very important and important. There was less desire to talk to others experiencing similar challenges. For the question asking people to pick the most important there was the same top 3 but a slightly different order: I can talk to my doctor or other health care professional wherever I am 29.94% (53); Any results are communicated to me quickly making best use of technology 20.34% (36) I have absolute confidence that my personal data is managed well and kept secure 18.64% (33)



Comments and suggestions

People who filled out the survey were asked for their suggestions of what would support them to live healthy lives; manage and choose NHS support; retain independence for as long as possible and to interact with local NHS services.

Support, information/communication and lifestyle factors featured most frequently within these suggestions along with concerns about accessing GP appointments in a timely way. Here are some examples of what people said:

- *After care services to be more co-ordinated so that you get help to fill in forms etc to ask for help*
- *More physiotherapy group sessions for pensioners and people with arthritis or swimming lessons*
- *Regular 'well man' clinic that includes internal examination*
- *Regular check-up and to advise/explain diet/food*
- *More local health workshops in Doctor's Surgeries*
- *A list of support groups to help me understand in more detail or a counsellor*
- *Easier access to healthier activities*
- *More classes especially yoga in the day but not pricy so mothers can get to them for themselves. They need to advertise properly*
- *Access to more relevant information*
- *Having services that talk to each other and work together to help me stay well*
- *A number of different ways to contact health professionals*
- *Information that is presented in plain English*
- *Opportunity to discuss with GP or consultant & be told all the information & options available to me*

Biggest category of other comments related to maintaining independence was aspects of social care support for maintaining independence including how this is assessed and funded.

Other comments	
Technology	*What's the use to technology if you can't access it financially*
	Technology is good but I need an alternative offer too in case my technology fails/breaks
	I also think it is important to talk to your doctor when needed
	Phone appointments and letters will need to remain in place to provide access to the most vulnerable in society. Digital technology is not the silver bullet answer to NHS problems (cyber-attacks May 2017)
	I may not be the best person to make decisions, the skill and knowledge of doctors may need to override my choices, that's what doctors are for!

Prescriptions	• *Flexibility on reordering prescriptions i.e. time allowed to be flexible in case meds spilt, lost etc. Able to choose type of medicine not the cheapest brand. Transparency of what the results are and what they mean*
	• *So much money is wasted on repeat prescriptions that are not used. Limit and check the use of repeat medication.*
Lifestyle support	• *Health professionals I see are quick to change the focus of the discussion to losing weight, whatever problem I am there to address. This deters me from seeking help. Yet it seems the NHS can't do anything to help me achieve weight loss. Every time it is mentioned, I now ask for directions on how to do it … and nobody can tell me what to do. It is flagged up as a health problem, but the health service leaves me completely alone to tackle it. Compare with how smoking is dealt with!*
Information/ access	• *Treatment should be offered not for us to find out by accident and have to ask if it is available us.*
Records	• *I think it is vitally important that hospital clinics have easy access to records and results that have not been computerised, plus the motivation to read these. Any serious illness that has happened to me in the past seems to have been ignored if it happened pre-computerisation, and I believe I have been misdiagnosed as a result.*

Findings from the long-term conditions survey

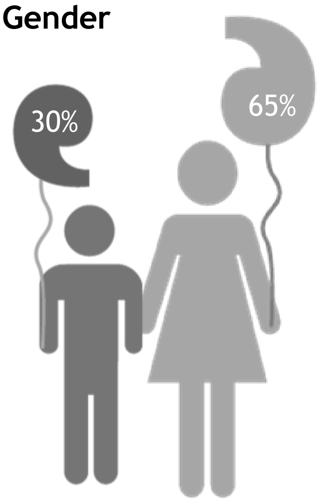
Demographics

Who are you responding on behalf of?

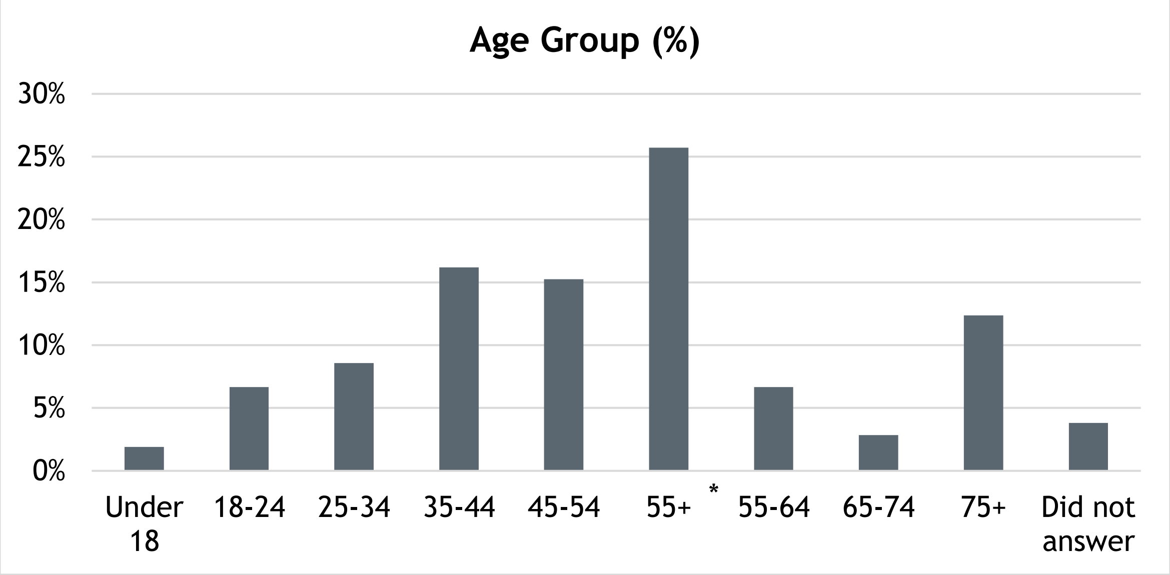
Myself	Someone else	Did not say	Total
90	14	1	105

51% considered themselves to have a disability
19% reported being a carer

Gender



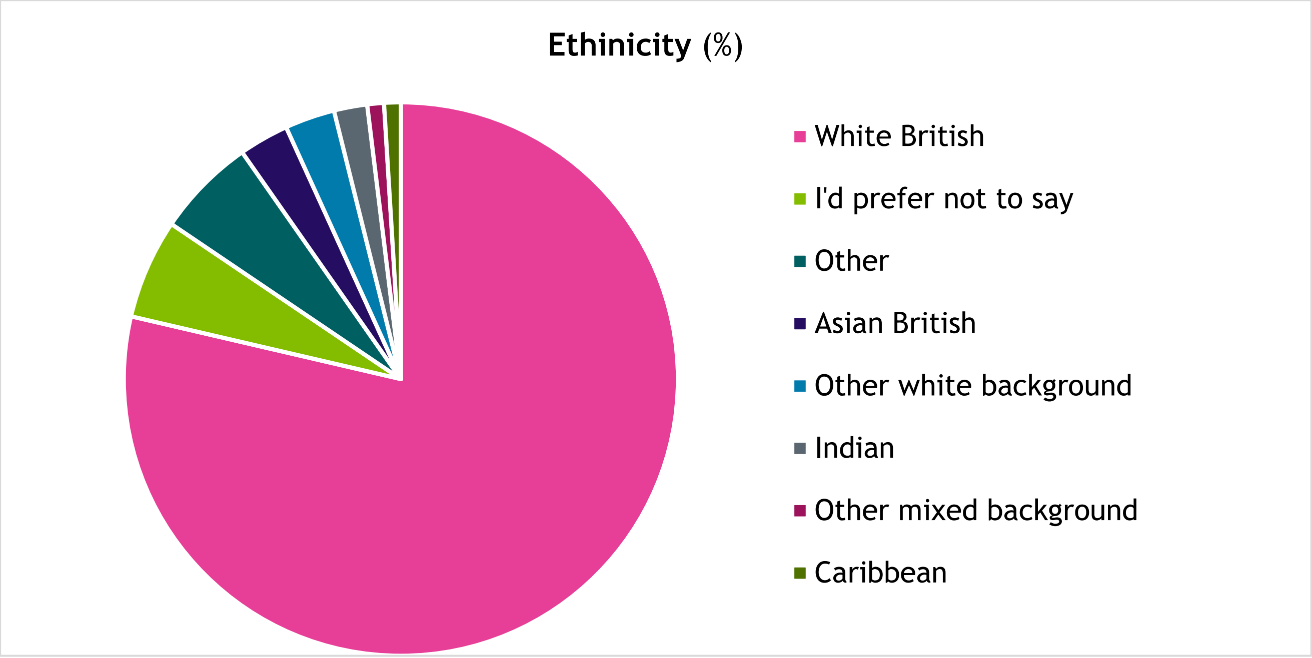
5% did not say



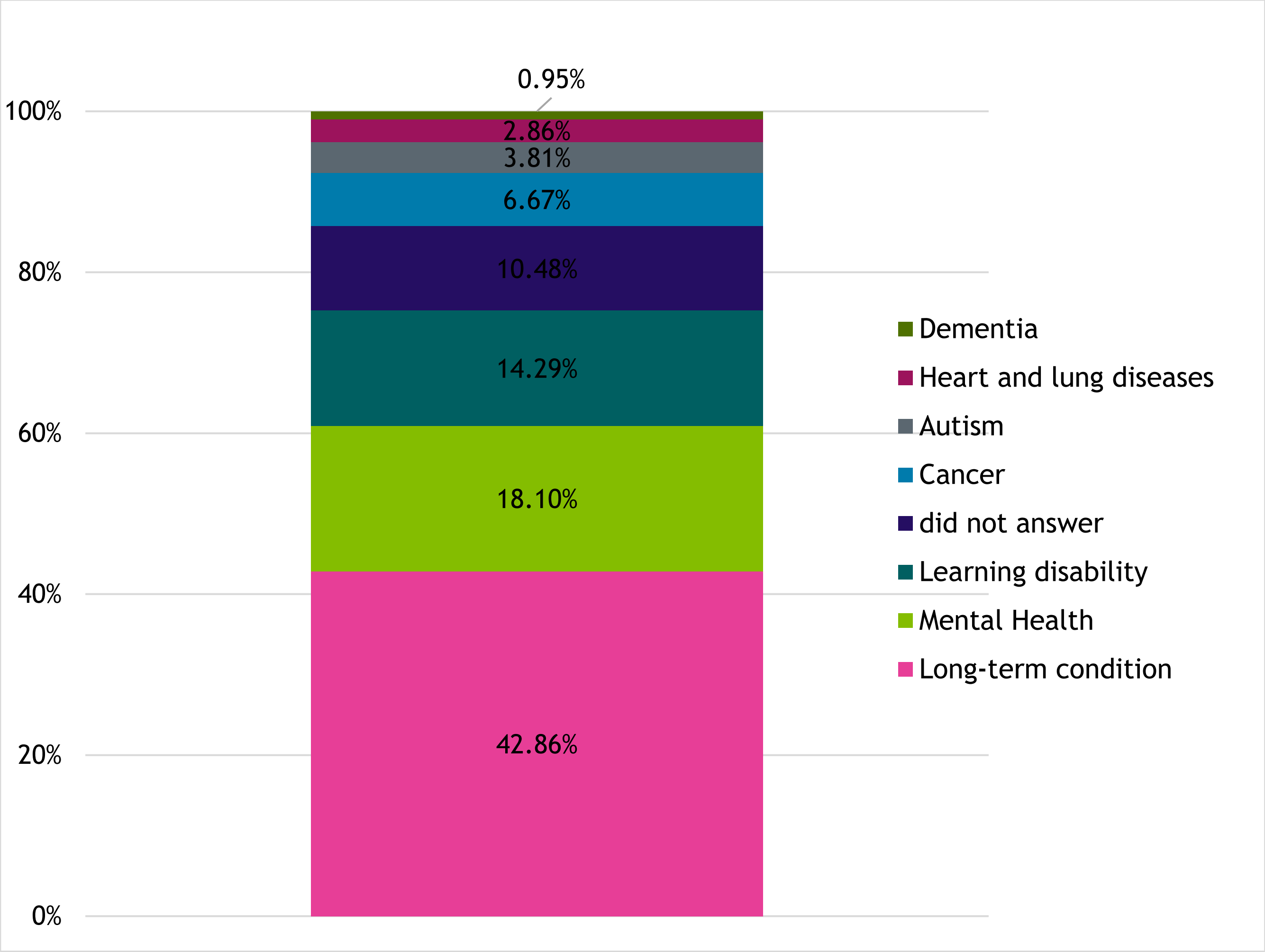
NB Paper surveys used 55+ in place of categories for 55 -75+ therefore making the high level of respondents in this category

Religion	%
Christian	45%
No religion	25%
I'd prefer not to say	21%

Religion	%
Other	6%
Hindu	3%
Jewish	1%



Type of health condition experienced



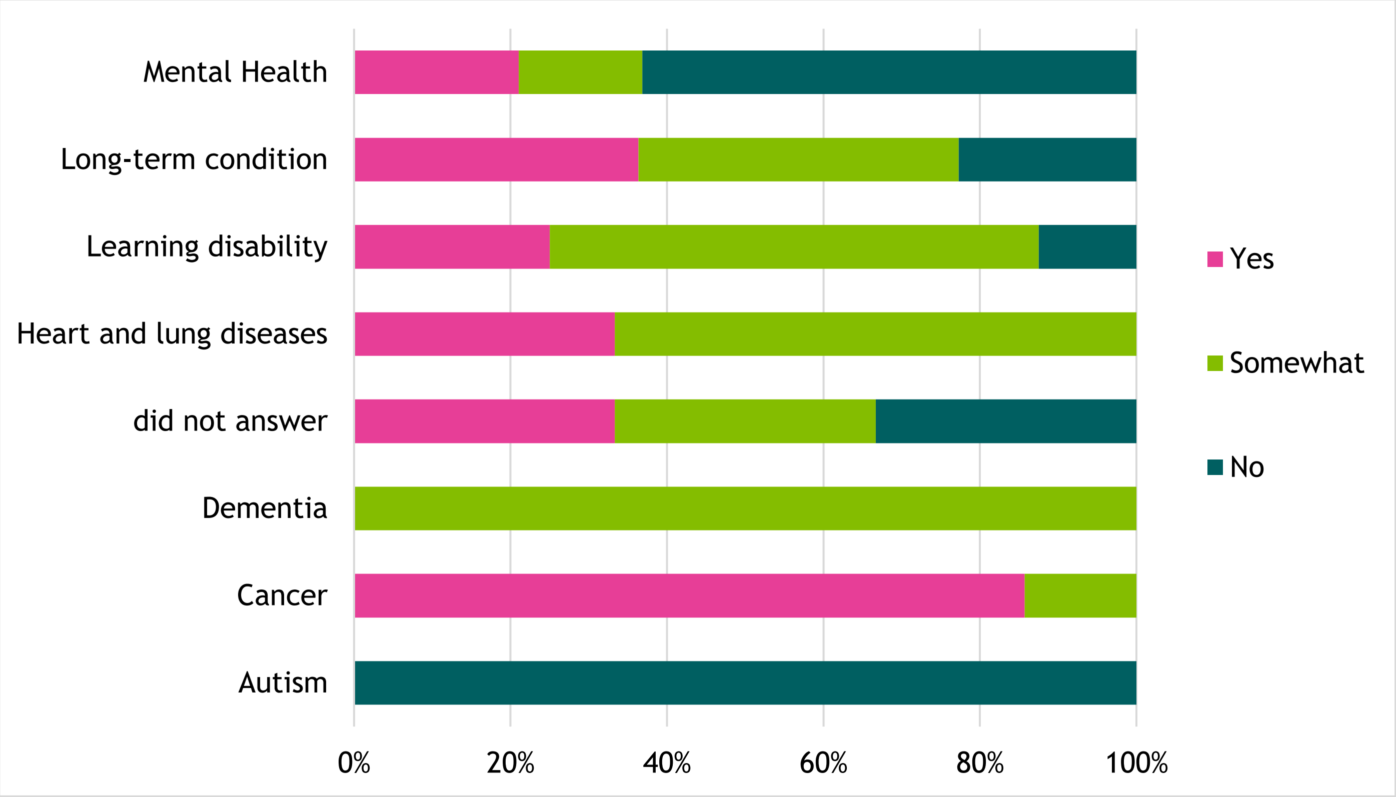
43% of respondents wanted to tell us about a long-term condition which did not fall into the six defined categories. The next highest responses were for mental health (18%) and learning disability (14%).

74% told us that the condition they were telling us about started more than three years ago

54% told us they had additional or more than one condition and 23% felt this made getting support harder, whereas 14% thought it made getting support easier.

When first accessing help

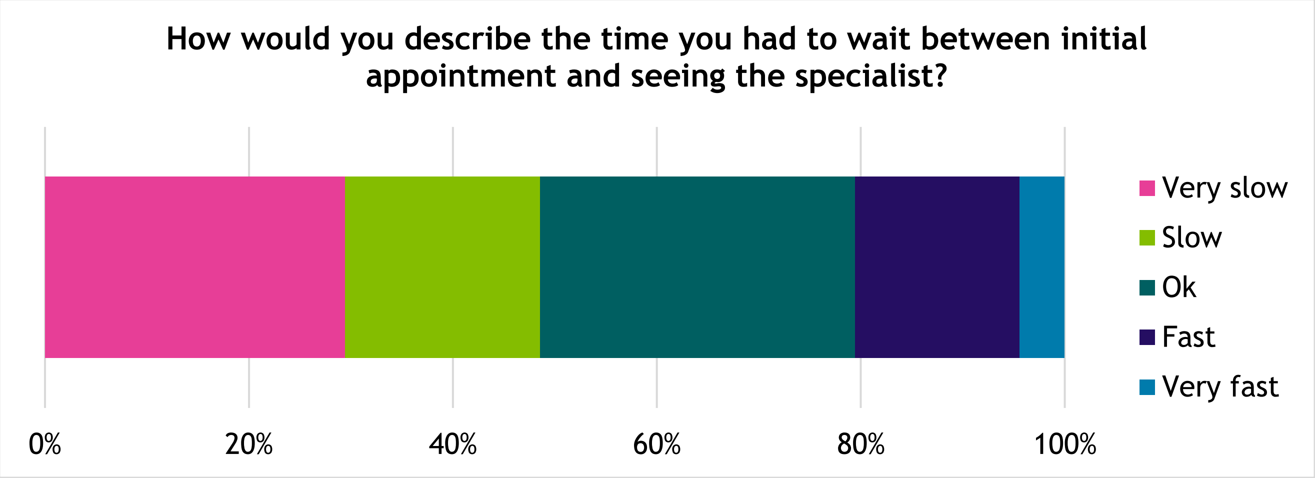
Overall there was an event split, with 30% said the support they received met their needs but 29% felt their needs were not met. 31% thought their needs were somewhat met. The remainder did not know or did not say. For specific conditions the results are:



NB There were low number of respondents with dementia and autism.

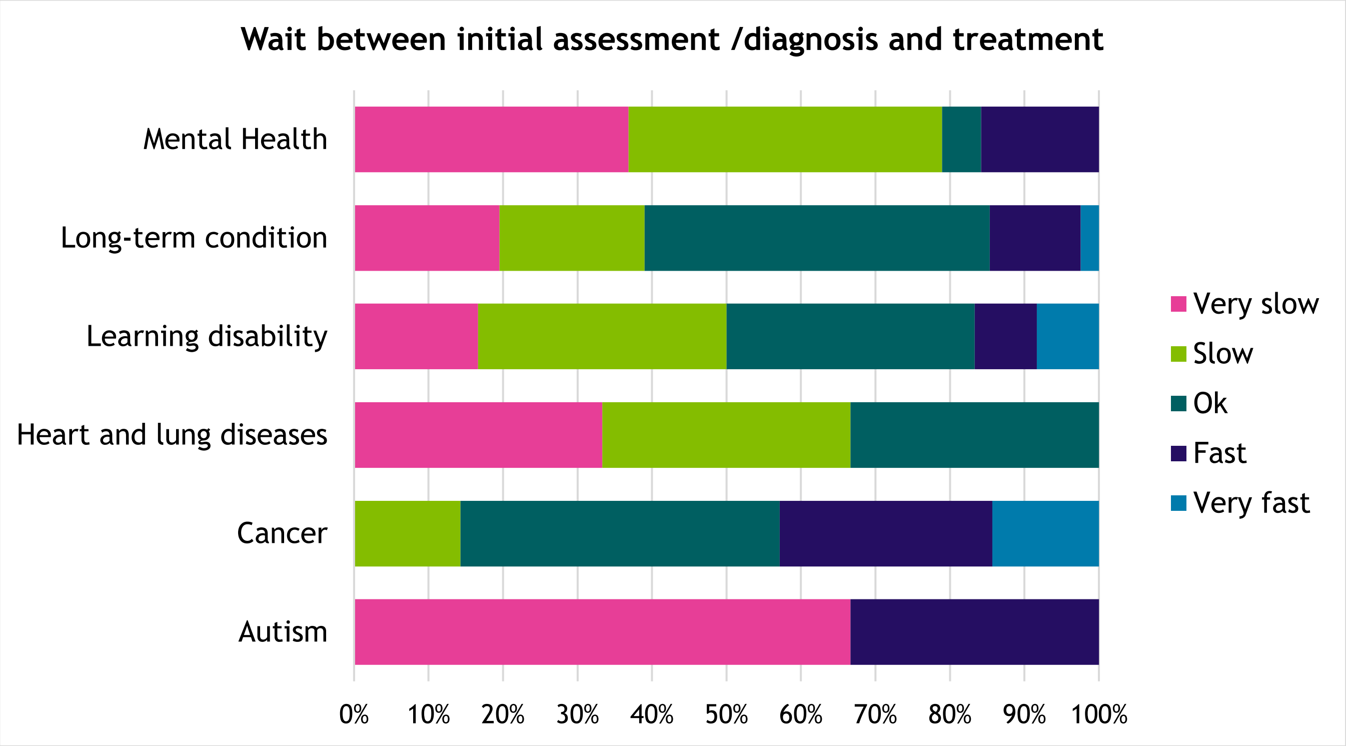
For Mental Health the majority reported that their support needs were not met. For learning disability the answer was that the majority felt their needs were somewhat met.

The next stage of getting treatment

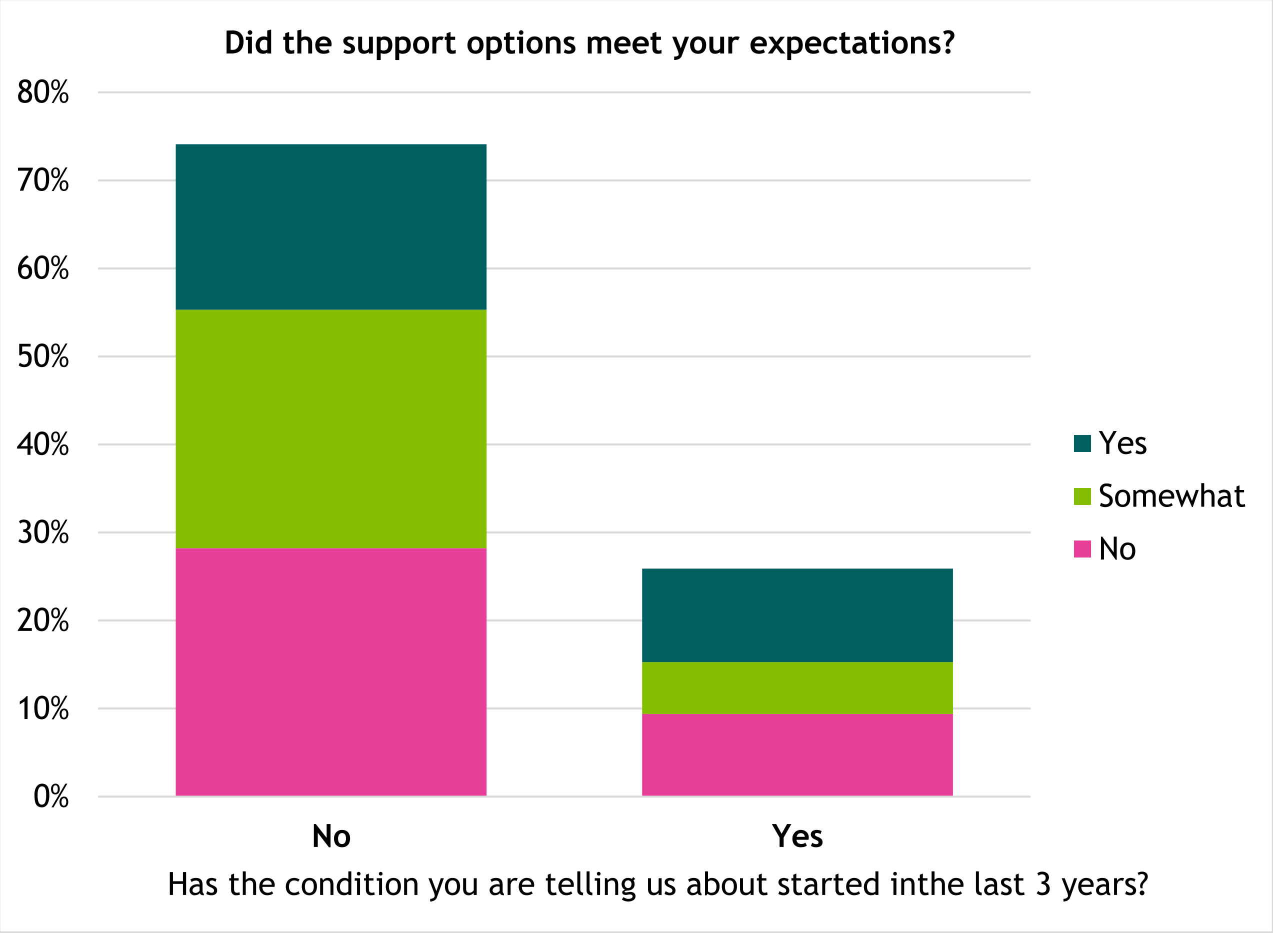


Overall 16% of respondents rated their wait as quick and 26% as slow. All 3 respondents commenting on accessing care for heart and lung disease said this was slow. For mental health no one rated their wait as very fast and most saw it as slow or very slow. For other conditions experiences were varied.

Similarly the majority thought their wait for treatment was slow; especially for mental health.



- *"From first referral to final diagnosis in all conditions well over 12 months"*
- *"I was always listened to or seen fairly quickly"*
- *"Many months, I was even taken off a consultant's waiting list - no reason given"*
- *"I kept going back to my doctor. I was told I was a nuisance. It was found that I had broken artificial hip joint"*



More people thought their support needs had been met if their condition had started within the last 3 years. However a similar number of people from both those who had their condition for under or over 3 years felt their support needs had not been met.

We asked for experiences of how expectations had been met and what had been difficult and comments included:

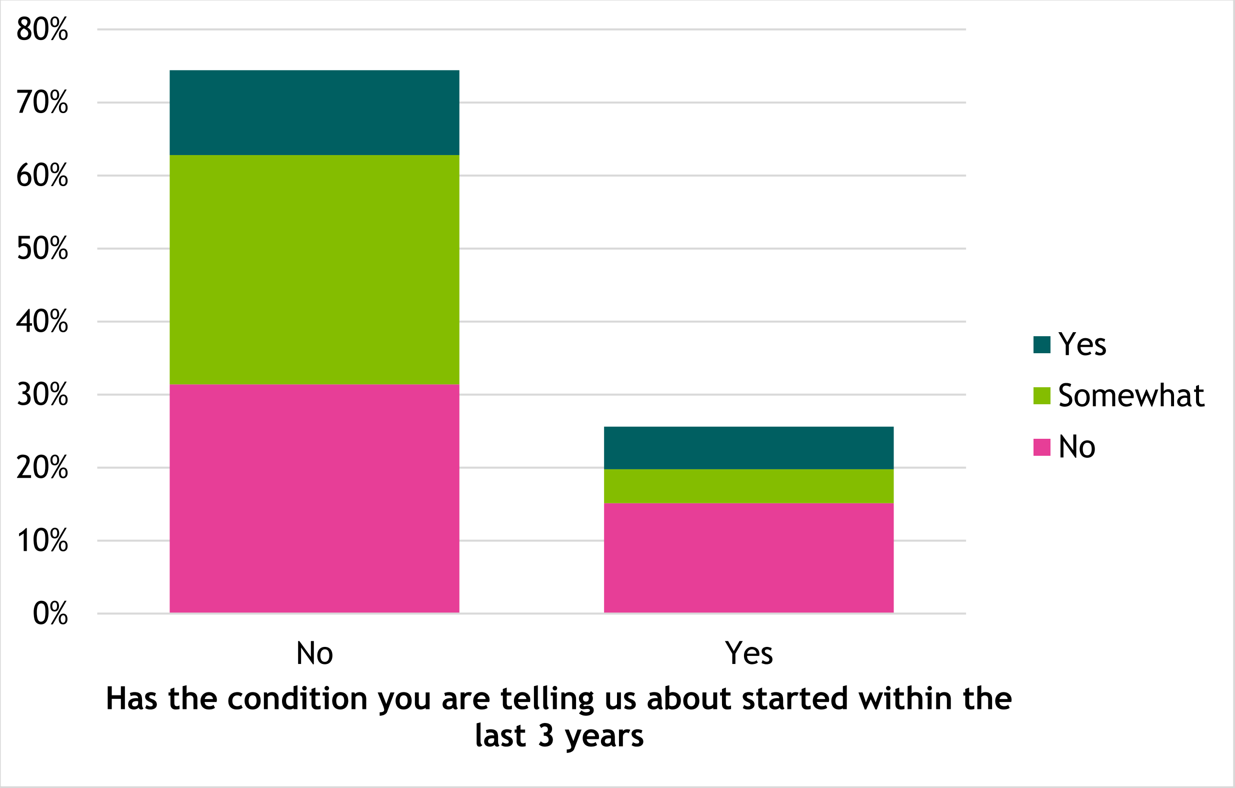
- *"Had to repeat to different doctors before one sent me for x-ray and then specialist"*
- *"Seemed to be all separate"*

- *"Having community physio to date. Referred for 3 areas of body but only doing one area at a time so treatment is slow "*
- *"Although I had treatment through A&E, it took some time to get referred to a specialist"*
- *"3 years to diagnose something that was obvious to others"*
- *"My GP diagnosed me and within a month I had an appointment with neurologist at the UHCW"*
- *"Experienced mental health issues, had to go into crisis before real help"*
- *Was too young to be medicated, psychiatrist said my depression wasn't severe enough to continue consultations*
- *Some staff in the hospital were not helpful and expressed they didn't think I should still be in hospital. Also not much was offered for after hospital due to being aged over 70*
- *I found mental health support very difficult to access*
- *Lots of positive experiences from doctors and consultants*
- *In my experience suffering from Parkinson's I feel that the NHS in Coventry must be one of the best places to get good treatment.*

Communication

Overall 46% of people said they had not received timely and consistent communication. The graph below shows a breakdown of views about communication by whether people had been diagnosed within the last 3 years or not.

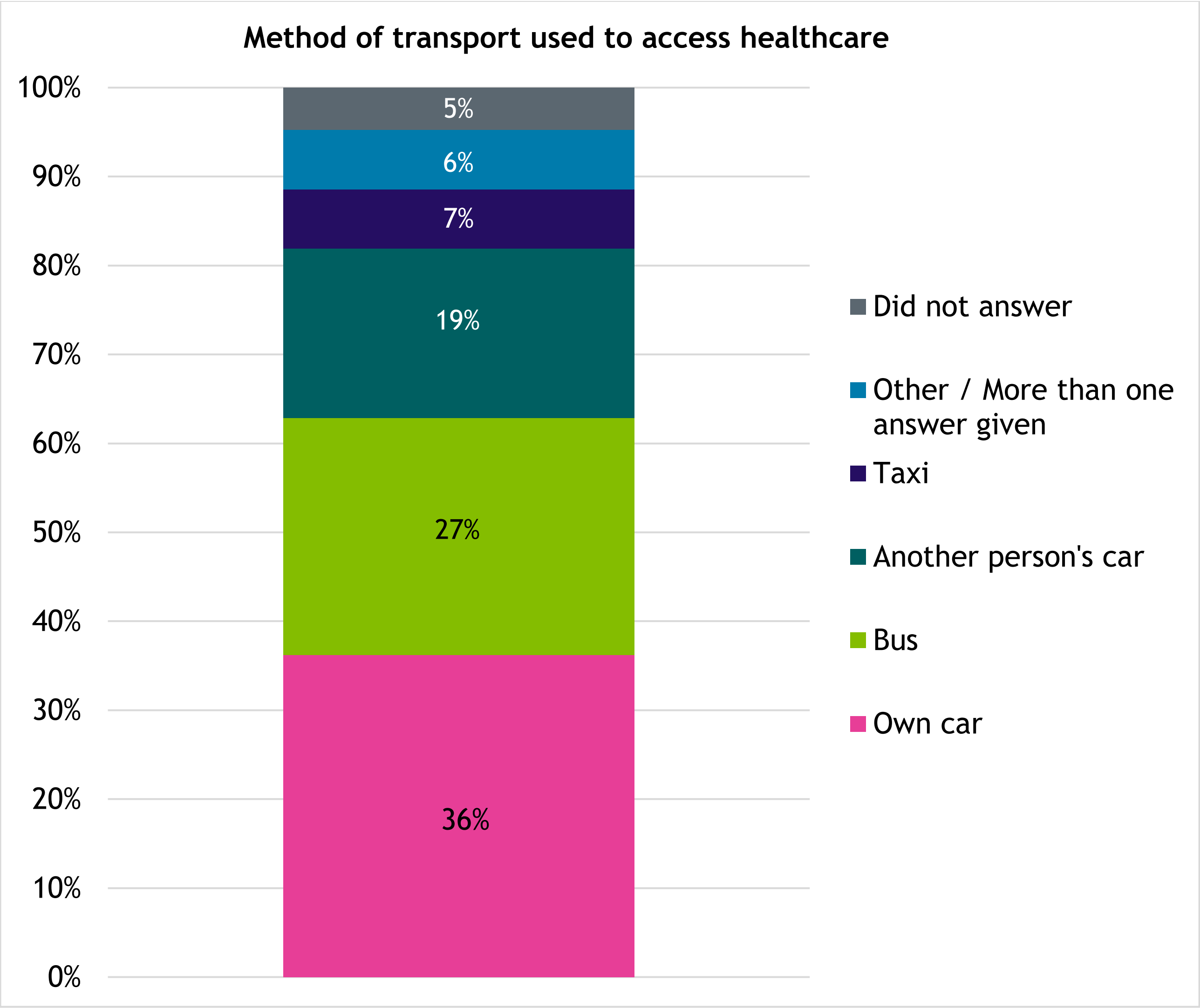
During the whole experience did you receive timely and consistent communication?



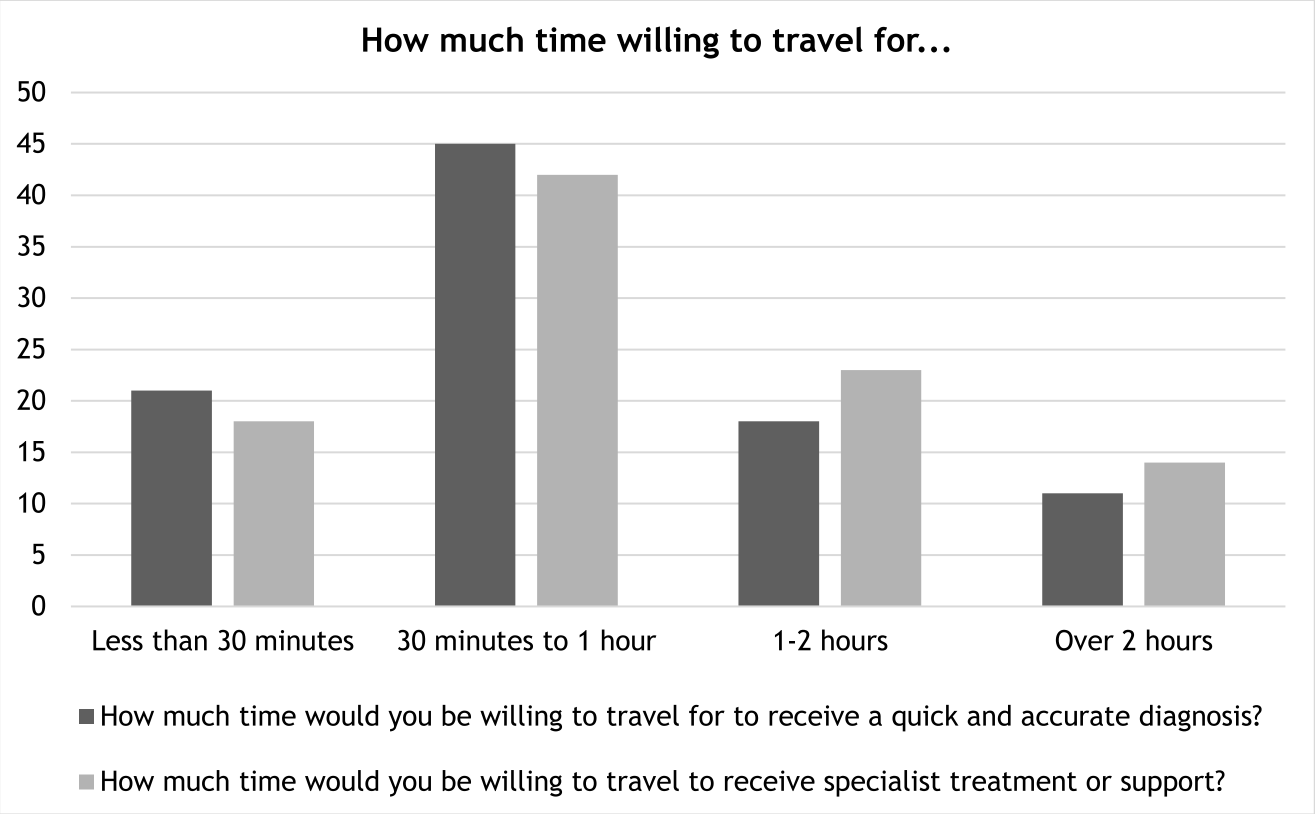
- *“When meeting new health care professionals they talk to the person with learning disability ask questions above the persons understanding. They would need to simplify the questions and slow down so an understanding can be gained”*
- *“Because I am blind … written information could have been supplied and read to me by another person”*
- *For information to be offered and not for me to find out by accident”*

Travel

When we asked people what method of transport they used to access healthcare, 55% of respondents told us that they either used their own car or got a lift from someone they knew. 27% said they used the bus. 7% used taxis and 7% used other means of transport or varied means.



As shown in the graph below, the largest number of respondents reported being willing to travel 30 minutes to 1 hour to access care but were generally willing to travel slightly further for specialist treatment than for a diagnosis.



Getting to outpatient appointments

In March 2018 Healthwatch Coventry published *Getting to outpatient appointments: report of public survey about factors influencing choices and access*.

Local people told us what they think about the location of outpatient appointments and tests. 205 people responded to our survey asking about how people travelled to outpatient appointments at hospitals and what impact different locations would have.

Our findings included:

Respondents expressed a preference to attend a hospital within Coventry.

- Choice of day/time of appointment and the ability to see a specific Dr/consultant team were also considered very important.

- The most important factors when choosing a hospital to attend for an outpatient appointment were the shortest waiting times, very closely followed by close to where you live. Access by public transport was also seen as important.

- We received many comments about public transport when we asked people to consider different hospitals in Warwickshire, Birmingham, Leicester and

Nottingham. Most of these were concerns that there was no quick and direct public transport.

- The top 3 factors identified as potential mitigations for travelling further to a hospital location were:

    1. Choice of time of day for appointment to fit around commitments
    2. Avoiding peak traffic such as early morning
    3. More direct public transport

Find out more at www.healthwatchcoventry.co.uk/getting-out-patient-appointments

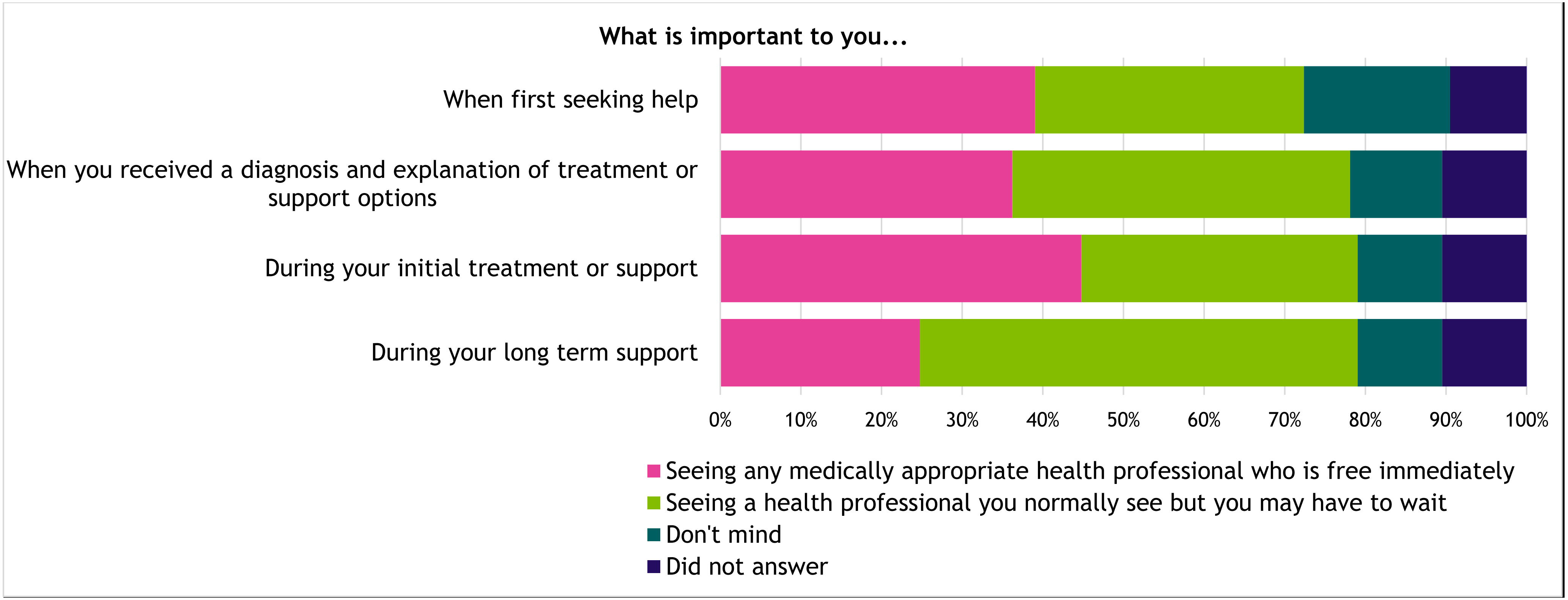
Your expectations at each stage of your care

What is more important to you?

	Seeing a health professional you normally see but you may have to wait	Seeing any medically appropriate health professional who is free immediately	Don’t mind	No answer
When first seeking help	33%	39%	18%	10%
When you first received a diagnosis and explanation of the treatment options	42%	36%	11%	10%
During your initial treatment or support	34%	45%	10%	10%
During your long-term support	54%	25%	10%	10%

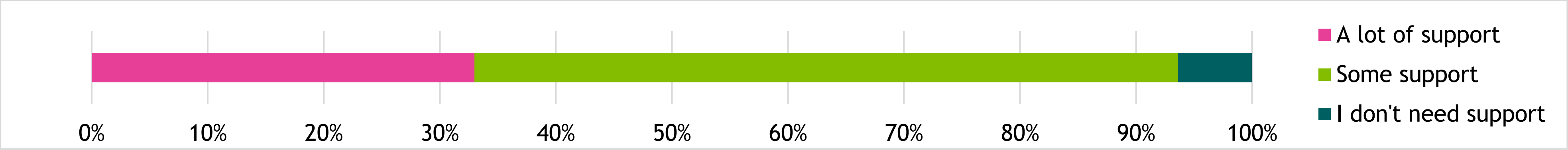
The table above shows respondent’s preferences towards either: waiting for a known health professional or seeing any appropriate health professional but sooner, and how this preference changes for the different stages of care.

There was a preference for seeing usual normal health professional when receiving diagnosis and the preference increases for long term support.



What level of support would you like the NHS to provide?

84% of respondents said they wanted support with 54% ‘some level of support’ and 30% telling us they would like ‘a lot of support’



What could the NHS do to help you stay healthy or manage any condition you have?

We gathered the following suggestions:

- *“See a dietitian, physio or therapist who can give me a plan of exercise, food to ease pain and healthy mind”*
- *"A regular check up by GP, say 12 months. Not just keep repeating prescriptions”.*
- *“As a severely disabled man, I would like to be treated with more respect and asked if there is anything I need help with and have services offered so that I can prevent further problems in my long term disabilities. I do feel that I am a nuisance and get passed on to someone who doesn't know my medical history"*
- *“I am extremely obese but need surgery for knee and hip. There has been no offer of support with weight”*
- *“Listen to me, reassure me”*
- *“Just make help more accessible”*
- *“Have more support for people with mental health, to be listened to, have more people trained/qualified to support people struggling”*
- *Continue with my regular health checks*
- *I need a community matron or someone to support me at home, I see lots of consultants at lots of hospitals but CHC and community isn't there*
- *Put more support in the community*
- *Arrange more support through its channels including doctors surgeries*

Focus groups

38 people took part in three focus groups organised by Healthwatch Coventry. Each of the focus groups looked at information relevant to their groups such as, mental health and how to age well, as well as discussing the use of technology in healthcare.

From the equalities information collected; 21 of respondents were female; 15 were male and 5 did not respond. Only two of the groups provided information on ethnicity and this could be grouped into White (8) and Asian/Asian British (14). 14 of the respondents were aged 65+ and 7 were between 35-65 years of age.

Aging well

In two of the focus groups the discussion focussed on how to age well. Those taking part were older people and they concluded that knew how to age healthily but the barriers included; finding information, motivation, support, cost and transport.

Support services

The Asian Blind Association understood that ageing healthily was made up of a healthy body and a healthy mind. They felt that keeping your mind well was very important. The support they received from their own group was helpful, but they were generally unaware of any other formal NHS or community services that could provide them with support to age well. It was also suggested that there needs to be more support and general engagement activities available for local Asian community members to take part in. This way the local community would be well armed to support themselves and each other.

Participants of the ‘ageing healthily group’ provided an extensive list of services and concluded that most sat within the voluntary and community sector rather than statutory sector provision.

Both groups agreed that these services could be useful/essential in the ability to age well. The aging healthy group thought that information about service could be a barrier:

- *“It would be better if the GP/nurse practitioner could recommend a greater variety of physical activity and community groups”*
- *“It is difficult to access information about these groups if you’re not online”.*

Volunteering was seen as important for healthy ageing by many of the group participants. The benefits were mentioned as:

- *Having a purpose, a reason to get going in a morning*
- *Good basic exercise, just getting out, walking somewhere*
- *Preventing social isolation and all of the negative stuff that comes with it*
- *Learning new skills and knowledge*

Social isolation

Asian Blind Association participants noted that there could be an issue around social isolation if people remain at home for long periods of time and that this could result in health-related issues like depression.

Transport

Both groups picked up on transport being an issue in Coventry. The Asian Blind Association had concerns about a local service ‘Ring and Ride’ that had gone into administration and that they had little alternatives to use. They did not want to have to depend on family and friends. The ‘ageing healthily’ group stressed that there was a need for non-emergency transport and that it would be useful to be able to use their bus pass more widely which would enable them to see friends and family as well as travelling to health appointments, overall reducing social isolation.

- *“Being able to travel independently to see family and friends. It would be better if older people could access discounted bus travel etc. (to help with medical appointments and mental/social health)”*

  - Member of the Ageing Healthily Group

NHS services

The Aging Healthy group thought that it would be better to have more focus on the patient rather than the provider i.e. patient centred care.

The group wanted a better communication from medical staff. Feel like outpatients’ departments e.g. *“The seating arrangements are organised around the staff rather than patients. Would like more services that address the point of personalized care generally”*.

Mental health support

Participants of one focus group were mental health service users. Key themes included in their discussion were:

Prevention

Participants thought that there should be emphasis on ensuring that young people do not have to enter services in the first instance. The group thought that young people’s services should include support on self-esteem, the impact of relationships, and social media.

- *“More work into preventative care. Holistic approach to long term conditions focusing on the cause of Illnesses”*

Support/provider services

The group identified that there was a need for more investment in family hubs and crisis support.

Participants felt that access to services should not only be available to those in crisis. There should be more community support like family hubs. The group noted the benefit of services like street triage teams but there was a need for mental health charities to have extended opening hours. The group said that there was no directory of services available due to funding cuts - this information was now only available online which restricted access.

There was a strong consensus that there had been a lot of 'deletion/merging' of services and that this resulted in less choice for the user and therefore a reluctance to go to support groups.

- *"There used to be lots of support groups now there are fewer"*
- *"They (a mental health charity) bid for funding then squeeze people into a one-size-fits-all, then people don't go"*

Participants said people with 'drug problems' (and other dependencies) attend the same groups as those for people with mental health problems and some people don't feel comfortable going to the groups for these reasons as the experiences of the people are too different to be relatable.

- *"The services provided by the council lack visibility, pages are deleted from the website and are not replaced, the on line directory is not clear".*

There was concern that there are no low level support services offered for things like mild depression. Former provision by Rethink (a mental health charity) was missed by service users.

Referrals

The group thought that there was a need to change the GP referral system particularly in relation to prescribing:

- *"For instance, a GP cannot refer someone to a CPN or psychiatrist until a crisis has occurred. There needs to be more services for prevention"*

Currently GPs have to refer to Psychiatric consultancy for particular/restricted prescribing even if as a GP they specialise in that area.

- *Why cannot specialists visit GP practices"?*

Use of Technology in Healthcare

All three focus groups discussed the role of technology in healthcare. The main findings include:

Access

All three groups had concern about the access to services and access to using technology and Internet. One participant in a focus group claimed that *"one fifth of Coventry homes are without an internet connection"*.

We asked if anyone in the Ageing Healthy Group had used a telephone appointment with a GP, some members of the group had experienced the triage call back system and gave mixed feedback. One person commented *"Sometimes the surgery never call back"*. Another said *"The experience of waiting for a telephone appointment in itself is stressful when you are not feeling well"*.

It was raised that it is always assumed that older people are always the barrier to the implantation of digital services but it was poverty that would be the real factor persistently limiting access to these services.

Another point was that although some older people may have access to technology in their own homes they simply prefer going to the library or surgeries to access services for the social access or as part of 'trips out', and also to promote and support the use of library services.

A mental health service user said: *"I would rather use phone than skype, most people in the group do not have internet access"*.

Participants were in favour if it helped them access healthcare:

- *"If there is something that helps, this is good for me. There is no point in phoning for an appointment, by the time I get through all the appointments are gone. I wait outside the surgery whatever the weather at 8.00am, there is no shelter, when I am feeling ill, just to get appointment, how is that right for people who are ill"?*

- *"For those who are able to use technology to access GP services it would be good to be able to check drugs (to find out contra indications etc)"*

- *"It is difficult to access information about these* [support] *groups if you're not online"*

- *"Online you can see when a doctor is free, and this was much better than calling at 8am, it's a more efficient service for prescription ordering online, don't have to deal with fuss, save GP money, good for people who have issues with mobility"*

Cost

All three groups voiced concern over the cost of technology and Internet subscriptions.

For the Mental Health group the general feeling of the group was that as many of them did not have smart phones or immediate access to the Internet, they felt that this would put them at a disadvantage when accessing services.

All three groups had concerns about this resulting in a two-tier health and care system.

The Asian Blind group was concerned that the introduction of technology would put them at a greater disadvantage as they would be unable to use technology. As this group broadly didn't use technology, they felt that in order to get equity of access to services they would need a lot of help in education, would incur a lot of expense and an additional monthly bill (internet and mobile phone charges) just to access healthcare.

Integrated care and single patient record

One group identified ensuring that health and social care worked as one was important. There was a need for the integration of services and that having a single patient record would allow patients to only tell their story once.

> *"If the services cannot be properly integrated then they will blame each other for underperforming"*

Priorities identified by the three focus groups were:

- Continuity of care – need to be treated by professionals who understand the patient's history, to not have to say the same thing all of the time
- Having the right information at the right time and being signposted
- Enough community support 'to be able to help ourselves and each other'
- A greater focus on mental ill health/crisis prevention
- Access to transport to prevent isolation

Discussion at Healthwatch Coventry open meeting

We posed four questions related to priorities within the NHS Long Term Plan to use technology more to support access to NHS services for patients to the 55 people attending this meeting.

What does the term 'digitally enabled' mean to you?

We found that people had a mixed understanding of the term and therefore this is not the best terminology to use to talk to patients and the public about new ways of accessing services or information.

For some their understanding was mixed up with how they felt about this approach and their perceptions that this would not be positive for them:

Questions	- *Does it mean the person is digitally enabled or the service is digital?* - *Will the NHS connect up between organisations?* - *Digital decision making?*
Types people identified	- *Automated systems – bookings* - *Paperless* - *Can use your fingers* - *Websites; Web search* - *Access to various devices - smart phones, IPad, tablets, computers* - *Online booking – eg for blood tests* - *Skype appointments* - *Apps – my GP* - *Social media* - *Alexa – symptom checker (GDPR nightmare)* - *Assisted technology*
Concerns/feelings	- *Equality of access – could create isolation, less interaction with people* - *Booking service – not first come first served* - *Impersonal* - *Generation gap* - *Tension between technology and human face of care* - *It is always seen as an add on rather than digital first*

Information sharing	- *Access to information but issues re. trusting sources* - *Means of information sharing to improve care* - *Access to knowledge* - *Information BUT accountability / ownership / responsibility*

One person associated this as a dependency and confining you to your house as it takes away the reasons to go out. It was described as:

"If you have a telephone or a computer you don't get out of your chair, it doesn't encourage people to be active. Being active is important, it keeps you well. Planning you day, planning to get off the bus one stop before you need to, keeps you well. Being digital sadly will isolate you. When we get old we need help to keep us moving not do things that keep us in our chairs"

How can health services support and remove the barriers for people to use digital health services?

Barriers identified

- **Cost**
  - Poverty prevents access. Not everyone can afford this technology (cost of internet access at home or by phone; cost of devices
  - Could be more expensive to provide both services
- **Computer literacy/IT literacy**
- **Trust**
- **Language/culture** (eg newly settled communities)
- **Accessibility**
  - Physical barriers – physical disability, Learning disabilities, Visual impairment
  - Mobile signal

One participant who felt very uneasy about technology said *"You've got to believe in it to be a part of it. I do not like it. It's not private and confidential. There might be a breach. I'd like to turn the clock back. It's difficult to accommodate modern day. I feel like I left childhood and went straight to old womanhood"*

Solutions suggested

- *Have community based resources to use to access services, libraries, pharmacy and GP practice - welcoming environment plus staff to assist*
- *Find out how people want/need to use services*
- *Range of options – keep face to face for those who need it*
- *Difference of: can opt-in to assuming opt-in*
- *Consult with different groups about how this can work- but actually listen*
- *Consistent deployment between GP practices*
- *Provide NHS leaflets to let people know what their options/preferences are and how they can express this*
- *Training and education*
- *Helpline number at the bottom of appointment letter and correspondence*
- *Languages training staff/carers*
- *Backup system*
- *Access to records - records got to be good quality*
- *Most people have access to a phone for phone calls*

How can the NHS ensure equality in access with the introduction of digital services for patients

Give people choice - right method for individual our idea

For people who are known to services, they can be communicated with and asked their preferred method of communication.

For first point of contact through primary care, people should be asked to complete a questionnaire to express their preferred method of communication. This creates ‘a profile’ that should be shared NHS wide (maybe attached to an individual’s hospital number, so that all services know the communication preferences of each patient.

Do not limit other points of access to services to focus on digital - still have face to face/telephone access.

Support/approach

- *Libraries, pharmacy and family centres – digital hubs with trained staff*
- *Training education campaigns*
- *Monitor the system*
- *Enforce continuity of care*
- *Ensure affordability*
- *Address availability in different languages*

How could outpatient appointments be done differently to benefit patients?

Groups made the following points:

Method

- *Phone or skype could be used to discharge and for 6 monthly reviews for long term health conditions where a physical examination is not required.*
- *Important that the patient is given a final opportunity to ask any questions so text or letter wouldn't provide that.*
- *The patient's communication profile should play a role in this.*

Location

- *Locate in community area eg library or GP services could be used to provide the facility for skype if people don't have this available to them. Or identify community assets that are already in place, maybe another service for pharmacy to offer.*
- *Could be done at GP surgery/ Appointments with GP/Nurse instead*
- *Specialists see people at the health centre rather than in hospital*
- *Transport, Group practice, pharmacy, schools, triage for bloods, ecgs, paediatricians, ophthalmology, respiratory, OT/Physio*
- *Keeping hospital setting but seeing multiple specialists on the same day if patient has more than one condition*
- *Mobile or temporary clinics*
- *Home visits – more information than a phone call*

Who with

- *Allowing GPs more prescribing power to deal with mental health*
- *Frequency – Advanced Nurse Practitioners, dependent on condition/operation, dependant on individual*
- *Follow up with different staff*
- *Issue specific – dependent on condition/complexity*

Other

- *Outreach/telephone clinics*
- *Prompt response good but not at expense of quality*
- *Group appointments*
- *Phone calls*
- *Needs based service, telephone/skype*
- *Shared database*

Conclusions

Summary of findings

Factors to support people:

Coventry residents expressed preferences for:

- **To live a healthy life:** professionals that listen and access to treatment when needed
- **To manage and choose support:** joint decision making with professionals and timely communication
- **To stay independent:** to stay in my own home for as long as possible and convenient ways to travel to healthcare
- **Interacting with local NHS:** getting results quickly, I can talk to my Dr wherever I am and data kept secure.

For people with long term health conditions

People who responded to this survey in Coventry said that:

- Only 30% felt there needs were fully met when first accessing help. For mental health the majority reported their needs were not me
- A lot of people thought the time they waited to see a specialist was too long (i.e. very slow or slow)
- Communication was an issue for people as many did not think it was timely or consistent
- For on-going support patients prefer to wait to see a healthcare professional they already know, rather than see any appropriate healthcare professional sooner.
- People prefer to travel for up to 1 hour for healthcare
- 46% used public transport or relied on a lift to access healthcare
- Having more direct routes to healthcare facilities by public transport would help access

Use of technology in Health

Conversations about the role of technology in health and care formed an important part of this piece of work. Our discussions in Coventry showed that the term ‘digital’ does not necessarily mean anything to local people who can struggle to think what this might mean for them.

Individuals felt they were at a disadvantage if they could not use technology, for example, in booking appointments and were concerned that if they did not wish to or were not able to use digital mechanisms to access healthcare they would suffer a two tier approach resulting in worse access for them.

There were particular concerns related to affordability and access. Coventry has areas of deprivation and people identified that they did not necessarily have access to the internet at home or by phone, may not have phone credit and felt they needed additional support.

Suggestions for how this could be overcome included:

1) Developing personal communication plans identifying how people want to do this
2) Investigating provision at accessible locations where people could also receive support to use the internet etc – although there were concerns about confidentiality
3) Range of options – keep face to face for those who need it
4) Consult with different groups of the community and listen
5) Consider disabled people and those who do not speak English

There was support for more outpatient and follow up appointments to be carried out within the community.

Promoting wellbeing and preventing ill health

Participants within our focus groups discussed how to prevent ill health and how to age well. Participants emphasised preventing social isolation, access to transport and cost could be barriers.

Mental health service users said that more support to prevent mental health issues developing to crisis would be helpful.

Overall what people would like to see

- **Shorter waiting times** for GP appointments, appointments to see a specialist and access to necessary support

- **A more holistic approach to care,** using community care and support groups, as well as exercise, diet and a better environment for people to live in

- **Better transport** people continue to tell us that they are unhappy with the availability of transport, this includes public transport to get to healthcare and transport to prevent social isolation

- **Communication** respondents would like to receive timely, clear and consistent information from health professionals. Having the right information at the right time and being signposted aswell as better communication between services

- **Mental health support,** a greater focus on mental ill health/crisis prevention

Limitations

Whilst we received a large amount of survey responses, enabling us to look at the information we have gathered in more detail, some of the numbers of responses for particular groups were quite small

There were also several limitations of the surveys. We often found the wording and repetitive nature of the survey frustrated and confused some respondents.

Next steps

This was a great opportunity for Healthwatch Warwickshire and Healthwatch Coventry to work jointly on this piece of engagement, as well as with our colleagues in the NHS. We have learnt from this initial stage and look forward to applying this to the next phase of work, looking in more detail at some of key themes and findings of this work, both in Coventry and in Warwickshire. We will use this information to continue our work with the Coventry and Warwickshire Health and Care Partnership (formerly the STP), bringing these findings to other key partners such as to the Health and Wellbeing Board.

Healthwatch Coventry has added a work priority to its work programme to continue to have conversations with local people about ideas in the NHS Long Term Plan and what they mean in Coventry.

Response

From Head of Engagement and Communications for Coventry and Warwickshire Health and Care Partnership (formerly the STP)

The Coventry and Warwickshire Health and Care Partnership thanks Healthwatch Coventry and Healthwatch Warwickshire for providing the engagement report for the NHS Long Term Plan. The insights and feedback gained through this engagement are a valuable resource to help inform and shape the future health and care system in a variety of ways.

In the first instance, the report will feed into a wider engagement review for the whole health and care system, the purpose of which is to identify common trends and themes, such as the importance of access and person-centred care, which have come from all of the engagement work across the system to date. It will also help to identify gaps in our evidence and understanding of the needs of our population and potential areas for further, targeted engagement.

This report is a single but important step in a much larger programme of engagement and we look forward to our continued partnership with our local Healthwatch organisations to improve the health, wellbeing and outcomes of our entire population.

Appendix: Methodology

Surveys

Healthwatch Coventry and Healthwatch Warwickshire launched two surveys: a general survey, which asked how to make care better and understanding what changes are needed to get people the support they need, and; a specific conditions survey, which asked about the health and care support that people received and what could be improved. The surveys were available both online and in paper, and available in different formats, Healthwatch Coventry using the easy read versions of the survey.

Timeframes:

March-April
- Engagement on the NHS Long Term Plan
- Promoting Surveys

May-June
- Holding Focus Groups
- Analysis of survey data

Engagement methods:

Healthwatch Warwickshire and Coventry sent copies to and attended groups, events and meetings, engaging with individuals about the NHS Long Term plan and promoting the survey. We also sent out paper copies to various groups with a freepost address.
Some of the community groups Healthwatch Coventry talked to included: Coventry Older Voices (COV), Headway, Women of Willenhall, Bell Green Community Centre, Moat House Lunch Club, WATCH Hillfields, Parkinson's Society, Life Path Trust, Arthritis Action, Alzheimer's Society, Involve, Innini, Muslim Resource Centre, and Penderels Trust.
Healthwatch Warwickshire attended or sent the survey to groups/events including; Kenilworth Fire Station Open Day, Senior Citizens Luncheon Clubs, Mums and Toddlers Groups, South Warwickshire CCG Diabetes event, Westbury Community Café and Food bank, Age UK Warwickshire, Hope4, Doorway, Mary Ann Evans Hospice.
Healthwatch Warwickshire also ran two paid promotions on Facebook for both the surveys.

Data Management:

Consent was obtained as part of the survey. Data was collected anonymously. For Healthwatch Coventry the data was entered into an excel spreadsheet with restricted access. Paper forms are stored in line with data protection retention policy.

The data from the online survey was sent to us on a password protected excel spreadsheet from Healthwatch England and this was combined with the manually entered data from Healthwatch Coventry and stored on password protected computers.

Excel Pivot tables were used to help analyse the data and investigate the responses to questions.

Deliberative Engagement

We ran focus groups to gain insight on people's thoughts on how to age well and the use of digital technology in supporting health and social care.

Engagement Methods:

Healthwatch Coventry ran three focus groups with the following groups.

- Asian Blind Association
- Mental Health service users
- Ageing healthily

All groups were given an overview of the NHS long term plan and asked if they had heard about it. Some of the questions asked to all groups included:

- What do you think the pros and cons of having technology in healthcare are to you?
- Which of these services (as listed by participants) should be kept?
- What new services are required in Coventry to help people stay well for as long as possible?
- What matters most?

There was a little variation between groups to ask about particular topics, for example the aging healthily group had an introductory discussion on what ageing healthily meant to them and were asked what services they use that help people age healthily.

Summaries from the notes taken for all activities were written up, including quotes from participants of the Coventry Focus Groups.

Healthwatch Coventry ran seven facilitated table discussions at its annual open meeting on 16 July 2019. This was mixed group of participants from the local community with some representation from NHS and social care organisations. Groups wrote their points onto flip charts which were written up to produce the report of the discussion.

Contact us

healthwatch
Warwickshire

✉ info@healthwatchwarwickshire.co.uk

www.healthwatchwarwickshire.co.uk
@Healthwatchwarw

☎ 01926 422 823

healthwatch
Coventry

✉ yoursay@healthwatchcoventry.co.uk

www.healthwatchcoventry.co.uk
@HealthwatchCov

☎ 024 7622 0381