



NHS Long Term Plan

Rotherham Surveys

**Background**

Following on from the formal launch of the NHS Long Term Plan in January 2019, Local Healthwatch were commissioned to engage with the local community. The work carried out was co-ordinated by a Healthwatch lead for each ICS area, in our case South Yorkshire & Bassetlaw was co-ordinated by Healthwatch Doncaster who produced an Engagement Programme Report in June 2019. This report drills down further and the information here is specifically from the Rotherham surveys.

There were two surveys which were available during the process one provided online by Healthwatch England and the second one designed by Healthwatch’s in Barnsley, Doncaster, Rotherham, Bassetlaw and Sheffield in agreement with South Yorkshire and Bassetlaw ICS.

From the local surveys Healthwatch Rotherham received 150 replies and these are the findings and comments from those surveys.

**Demographics**

|  |  |  |
| --- | --- | --- |
| **Age Range** | **Number of people** | **Percentage** |
| 18 – 24 years | 16 | 11% |
| 25 – 34 years | 27 | 18% |
| 35 – 44 years | 13 | 9% |
| 45 – 54 years | 24 | 16% |
| 55 – 64 years | 32 | 21% |
| 65+ years | 19 | 12.5% |
| Prefer not to say | 19 | 12.5% |

|  |  |  |
| --- | --- | --- |
| **Ethnicity** | **Number of people** | **Percentage** |
| White/British | 120 | 80% |
| Pakistani | 2 | 1% |
| Chinese | 5 | 3% |
| Prefer not to say | 23 | 16% |

|  |  |  |
| --- | --- | --- |
| **Gender** | **Number of people** | **Percentage** |
| Male | 38 | 25% |
| Female | 88 | 59% |
| Prefer not to say | 24 | 16% |

Of the residents who completed the surveys

3% where currently living with a cancer diagnosis

11% had a mental health condition

6% were considered to have a learning disability or autism

23% were living with a long term condition including arthritis, diabetes, heart or lung disease.

**The Survey**

***Question 1*** talked about the commitments to Prevention and Promoting Independence to Self-Care

including things like

* helping people to stop smoking
* helping people to be a healthy weight (preventing diabetes)
* helping to lower pollution (reducing breathing problems)
* lowering the number of admissions to hospital through too much alcohol.

133 residents believed this was the right thing to focus on with 17 residents disagreeing.

Here are some of the comments received.

The 1990 Care in the Community Act outlined all of the above, sadly it has failed miserably to materialise. So 30 years later what makes the authorities think it will make any significant impact on peoples lives? It's just been tweeked and those who have reassurected this hope for the best with little or no funding to make any difference. All hot air and no action yet again!

All of these things are important but the majority of people are lazy where it comes to health and no amount of education will change that. The immediate problem is the seriously over stretched services and the lack of people to deal with the sheer volume of work. Years of underfunding and cuts have created a deficit which leaves staff struggling to manage the work and patients waiting longer. Start with having enough resources to do the job as whether you increase self-management and edicts to prevent disease this will have little effect in the vast majority of the population

It’s the management of this that isn’t correct and the fact that patients are unique not just a number or a person who falls into a category. There are many reasons people have some conditions and they cannot be treated until that person is treated as themselves..

Positive encouragement to look after your own health will decrease pressures on NHS in the future

I agree with what the long term plan outlines. Prevention is always the best policy but it is down to the individual to look after their own health and not put a strain on the NHS It is an incredible service whereas no other country provides.

The best strategy is prevention preventing illnesses from manifesting in the first place can improve quality of life and conserve NHS resources. Social prescribing can also be a flexible yet effective way to improve physical and mental health.

They SOUND positive but aren't always what's wanted by an individual. I HATE online CBT. I wouldn't want to manage a personal health budget. Social prescribing is all very well but services (e.g. leisure centres) are often inaccessible because of bus service reductions.

***Question 2***  asked how important the following were in relation to staying healthy.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not ImportantAt all | Not Important | NeitherUnimportantOr important | Important | VeryImportant |
| I can getSupport to stay healthy(such as healthy eating/stop smoking advice | **8** | **2** | **14** | **56** | **67** |
| My community can support me to live my life the way I want | **5** | **10** | **22** | **48** | **61** |
| My family and friends have the knowledge and skills to support me | **2** | **7** | **19** | **57** | **63** |
| I work in partnership with my GP/Other health professionals to get the care that is right for me. | **5** | **1** | **10** | **42** | **90** |

***Question 3*** residents were asked what they would need to be able to take greater care and control of their own health needs, and what could services do differently. Many of the comments we recorded were regarding more access to GP appointments, and the cost of eating healthier foods (fresh fruit and veg) versus the cost of a takeaway. Costly gym membership and subscription fees to Slimming World and Weight Watchers were also a feature.

“Diet advice and healthy life style can promote healthy mind and body, which local community group must involving in this long term plan, as they can help to engage and to raise the awareness to the hard-to-reach people. The local community group play a very important role to provide language support to the non-English speaker to access the above services.”

“Better public transport. The bus has been removed from my estate which is a bungalow estate and has mostly disabled and elderly people living on this has severely isolated a lot of people”

“We need more skilled health care. We need to stop rigid targets and remove politics from the NHS and allow them to do their jobs. More investment needed for the work force which is stretched to breaking point due to years of austerity and an ageing population with a creaking system stretched to capacity”

***Question 4*** Asked if the resident had tried using local services to help them manage their own health and care needs (including support groups, community pharmacies, community activities or events)

57 residents said they had and this is what had worked well for them,

|  |
| --- |
| “Local Pharmacy really knowledgeable and helpful” |
|  |
| “Health advice with language support. Advocacy service to support people to choose the services to meet their needs.” |

|  |
| --- |
| “They were quicker than waiting to get to see doctor to refer me” |
| “I enjoyed the social aspect of meeting up with people” |
|  |
| “talking to people who have the same condition, they understand” |
|  |
| “The communication between all agencies and staff involved to get me the best care, possible.” |

“Good advice from a pharmacist. Accessing information from local health roadshows.”

“Tolerance and understanding”

“Access to pharmacy is straightforward Access to mental health services is impossible”

“Good for motivation and speaking with people in the "same boat" but many cost”

“pharmacy was immediate access no waiting time for appointment etc”

“As a childless married female in my 50's I feel I don't count, my community group listens“

***Question 5*** We then asked if anything could be improved on the above services

“More stuff out in the community for people to access without booking appointments”

|  |
| --- |
| “More funding to the community and voluntary organisations. More manpower.” |

“A directory of groups and ones with quality marks so to identify which are able to deliver a good service that works.“

|  |
| --- |
| “possibly location/venue as not everybody can travel especially with the new bus timetables” |
|  |

“The volunteer sector works well but need better linking to GP etc it is starting to improve though”

“More awareness of difficulties by those with hearing and sight loss. Went to GP with depression no one told me about sight and sound”

“There is room for massive improvement in providing support to carers who are also trying to work full time. There is minimal support for parents of children on the ASD pathway and the pathway is so long there needs to be something. There is minimal awareness of ASD on healthcare professionals especially in relation to girls.”

***Question 6*** We asked if the resident or someone they cared for had used local support groups to manage their mental or emotional wellbeing

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I have used local services and support for myself | I care for someone who has used local services and support | I have not used any local services or support | I care for someone but they have not used any local services or support | Other(please state |
| **28** | **12** | **41** | **7** | **4 (see below)** |

I gained support from my university's health and well-being service whilst studying (Manchester met)

Peer support invaluable knowing you are not alone

I haven’t used this service however I know a lot of people who would benefit from this support.

I tried, but the long calling process at times and which didn’t fit well with my work meant that I got too worried and nervous about calling, so I gave up.

***Question 7*** Talked about mental health service investment increasing by 2.3 billion and outlined commitments to

* Expand the crisis service, ensuring they were available 24/7 for both Adults and Children.
* Create new mental health support teams in schools and colleges
* Increase funding into childrens eating disorders
* Expanding mental health services for pregnant and post-natal women
* creating more joined up ways for professionals to support those with serious mental illness.
* Introduction of new waiting time targets for mental health services
* Increased focus on suicide prevention.

**129 residents** agreed this was the right things to focus on, and here are some of their reasons why.

“Some deaf peoples and friends was upset and stressed because no one to support them when their family and friend passed away through suicide”

“My brother tried suicide a few months ago. Took 2 days to get help”

“My mum has dementia and it’s in the early stages but I would like to think she will get the best care if she needs to go into hospital”

“My child is on a two year waiting list to be assessed for a diagnosis and then will have to join another waiting list for treatment. The system has failed us”

“Too easy to say children have mental health issues, probably more to do with parent problems and upbringing.”

“Again, I do agree with the plan, I just feel that the very nature of mental health problems mean that reaching out for help is incredibly difficult. Therefore, I feel that making appointments and getting help should be an easier and more accessible process.”

“While they are broadly correct early intervention is key. 5 years ago I had a breakdown and gut amazing support from my primary care team, from discussions with friends in similar situations more recently the level of service has decreased”

“I have a child on the ASD pathway (not a mental health issue in itself) but they are dealt with by mental health services. We were advised to come back when she was suicidal - hardly the way to ensure early intervention is the best option.”

***Question 8*** We asked if residents thought that physical and mental health should be treated together, whilst 108 thought yes it should, 21 residents thought not and here are some of the reasons why.

“Better physical care and mental health should be part of it but not treated together”

“Not everyone who has mental health issues is unfit! They should be set apart”

“I would have selected 'unsure,' as I am unaware of the arguments for and against, and how this will work in practice”

“Close link, I was diagnosed with depression together with dementia but the treatment seemed to treat depression with dementia as an afterthought until dementia is advanced.”

“One should follow the other but dedicated time should be spent for each illness”

“Totally different needs”

“Not necessarily. The trust I have for my excellent GP in seeing the whole person I don't have for MH team. So unreliable in the past, careless with data, care plans etc.”

“They are different conditions”

“It’s hard to say depending on the giving circumstances”

“Because someone could be really healthy and fit but there mental health could be bad”

“Often mental health is seen as an embarrassment to those who have it so needs to be dealt with separate”

***Question 9*** We asked residents to rate the helpfulness of each of the following proposals. ( 5 = most helpful, 1 = least helpful)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 – least helpful | 2 | 3 | 4 | 5 – most helpful |
| Mental Health support for children and young people available and in place in schools and colleges | 4 | 1 | 18 | 21 | 84 |
| Access to online services which can help you to stay well | 13 | 13 | 38 | 23 | 43 |
| Different options for people in a mental health crisis e.g where to access support to manage their crisis | 5 | 4 | 19 | 28 | 74 |
| More services in communities | 4 | 5 | 22 | 31 | 63 |

***Question 10*** We asked if the resident or someone they cared for had already accessed help and support for mental wellbeing and emotional health what had worked well.

“Local community activities and services are diversified to meet individual's different needs. Voluntary sectors work together with schools to raise the health awareness to the children, parents and school staff”

“Nothing as BSL Interpreters are NOT available to explain letters and make calls. The deaf community are often ignored.”

“It's very difficult to get help and support when you start to feel unwell - you have to be on the edge/in crisis before they do anything”

“I think services in the community help as they are easily accessible and staff or volunteers know their area and the problems residents face.”

“I benefited from counselling services, saying my problems aloud made them not feel silly to worry about and helped to organize my thoughts”

“Group sessions- introduced a social element back into life after a long time of isolation but with like - minded people who were in the same boat”

We then went on to ask what could be improved.

“Interpreters used in deaf community more for general help not just appointments. Letters saying ring this number, English is not their first language its BSL and often misunderstood.”

“More services and support locally, somewhere for carers to meet up while people with dementia do an activity - supervised of course”

“More information available for families or friends on how to support someone with mental health problems and where to go to in a crisis”

“Access. My sister had to stop attending meetings as they moved it upstairs and no lift.”

***Question 12***  We spoke to residents about how the Long Term Plan outlines commitments to improve local, in your neighbourhood care including

* New Urgent Community Response Services
* Improve reablement care
* Primary Care Networks
* Upgrading NHS Support to care home residents
* Greater recognition and support for carers
* Extending independence as we age

124 of the residents thought this was a good idea and gave these reasons why.

“These are in principle excellent aims especially regarding support needs but the plan needs to be mindful that it is not a one size fits all some elderly people would prefer human contact to the monitoring equipment”

“People end up stuck in hospital for too long waiting to be discharged, they would get better looked after at home”

“Again early intervention by providing services within communities they can work together and prevent many people from having to attend hospital”

“Mixed feelings. Support carers more, obviously. Primary care networks - sounds great - also sounds a bit Nanny state - the establishment looking at more ways to save spending on welfare Good luck trying to get all those services to work together! I am all for ensuring people are as independent as possible - but some don’t want to be and benefit greatly from institutions - they have others to talk to for example and they also should have access to professional help if they require it Home based wearable monitoring equipment? Sounds like another cost saving exercise”

“Community response services works here by erratic response e.g. wait 6 weeks for a needs assessment! Primary Care network - need to happen at the present very uncoordinated. Care Homes difficult to get a GP to Care Home if registered in another practice”

“Community approaches are the way forward in a fast approaching time when the population will be elderly and reliant on home care. Community based services will be necessary support networks to enable care in the community.”

***Question*** *13* We asked residents to tell us how important the following statements are in relation to local neighbourhood care.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not important at all | Not important | Neither unimportant or important | Important | Very important |
| Developing more rapid community response teams to prevent unnecessary hospital spells and speed up discharges home. |  3 |  |   4 |  35 |  86 |
| Improving the recognistion of carers and all the support they provide |   1 |  1 |  8 |  35 |  83 |
| Giving more people more say about the care they receive and where they receive it particularly towards the end of their lives |  1 |  |  5 |  35 |  87 |
| Easier access to primary care – community pharmacies dentist opticians and GP Surgeries |  |  3 |  5 |  26 |  95 |

***Question 14*** We asked how health and care services in their community could work better.

“Support is needed to be given to people with different needs and they should be well informed to understand how to get the most effective services from the NHS long term plan. The NHS should work together with the voluntary sectors to support people get the most effective, efficient, easiest accessible services from the long term plan. Unfortunately there are lots of voluntary sector organisation folded up because of no resources be allocated.”

“Communicate more and be in same building if possible. Be seen if needed same day”

“They need to talk to each other there is still some feeling that community groups are unprofessional but they help as much or more than the doctors”

“Listen to the community and there needs - have a central base within the community and stay there stop moving around”

“Stop all the form filling surely everything is on a central computer but still endless form filling for every appointment”

“Talk to each other Involve the community Do proper user research before commissioning services Improve communications”

“Collating patient’s data, as my wife has had trouble in the past where the doctors and hospital have not had the same Information.”

***Question 15*** We talked about the increase of “digital” ways to use local services and asked resident what was important to them when interacting digitally with the NHS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I have absolute confidence that my personal data is managed well and kept secure | I can access services using my phone or computer | I can talk to my doctor or health care professional wherever I am | I can make appointments online and my options are not limited | Any results are communicated to me quickly making the best use of technology | I manage my own personal records so that I can receive continuity in care | I am able to talk to other people who are experiencing similar challengers to me to help me feel better. |
| **68** | **78** | **57** | **68** | **68** | **50** | **40** |

These are some of the comments we gathered regarding the increased use of online services

“Not everyone uses a computer or mobile phone, especially learning difficulties and the old.”

“I would like to see my full NHS number record for myself. So I can see everything from all hospitals and from community services. This will help me self-manage all my own health needs“

“It’s easier to access online and can be done at any time of day - you don't have to wait until 8am to start ringing your surgery for an appointment”

“Online and digital is ok until it goes wrong or breakdown - then everything stops.”

“Whenever I have tried to use my GP's online system it hasn't worked and I have had to telephone them.”

“I am quite savvy using technology and navigate my way around but a lot of our older generations cannot do this and feel they are being forced to which created added pressure on them - I have seen people walk out of my GP Surgery because they cannot use the self-arrival touch screen and the receptionist was unwilling to help - some people are illiterate and are unable to do this for themselves but are too embarrassed to admit it in a waiting room full of people.”

“I have no confidence in the NHS managing my data - which is this not an option above. I want to speak to a person not a machine or a computer. It might be useful for arranging and confirming appointments, but telkephone CBT , for example, is about saving money. The data shows it is nowhere near effective as face-to-face CBT - as the outcome is largely based on the relationship you may develop with the practitioner. Most communication is non-verbal (around 86 per cent I believe), how can this picked up by a machine? “

***Question 16*** We asked residents if there was anything they would like to highlight to those planning the South Yorkshire & Bassetlaw 5 year strategy. These are the responses from Rotherham

|  |
| --- |
| “Good communication is important at all levels and at all times. |
| Support is needed to be given to people with different needs and they should be well informed to understand how to get the most effective services from the NHS long term plan; otherwise access to those facilities will become stand still. The NHS should work together with the voluntary sectors to support people get the most effective, efficient, easiest accessible services from the long term plan. Unfortunately there are lots of voluntary sector organisation folded up because of no resources be allocated.” |

“The social prescribing strategy is a far thinking and innovative policy however whilst I believe its full impact hasnt been revealed yet I do think it should continue. Perhaps with more emphasis on support for mental health and on elderly care”

“BSL Interpreter available for basic help wider knowledge about deaf issues helping limited mental ability to understand better.”

“Public transport can be problematic between the different hospitals. “

“listen to individuals and don't group people with the same illnesses under one umbrella, we are all different”

“Don't make everything digital, keep some of it human”.

“Dull name - Couldn't anyone think of anything more original”

“The need for more money to be spent on support groups”

“reduction of delays to see a GP - if you call to see the doctor you need the appointment within 48 hrs not 3 weeks - when you go to the drop in times to see a doctor you don't get turned away as there is not doctor on site in the surgery on a Wednesday or Thursday ?? Need to explain how to complain if you are not happy “

“Concentrate on mental health instead of trying to make everything digital.”

“Fibroscan machine-we don’t have one in Doncaster Barnsley or Rotherham”

“Think about transport issues - parking is a big issue no matter what hospital you go to, but Doncaster have a brilliant park and ride at the Racecourse - could something similar be set up in Rotherham using the New York Stadium car park?”

“Information technology and integration of systems across the whole NHS not just one region is vital. So much time is wasted posting and faxing things and staff having to chase clinical details as there is no access to records from outside. It needs to work better together. The infrastructure is old and bit fit for purpose”

“I just find it hard to believe that at some surgeries there are no appointments at 8 am and instead told to go to A & E... Clogging up there. I believe a return to the turn up and queue system of the old days in the GP surgery with perhaps a triage there (as in casualty) to fast track serious cases ... people will soon stop abusing the system if they have to wait for a bottle of cough stuff..etc.. And if not perhaps better training for receptionists who can read patient notes and see if there is an emergency.. an ongoing problem or if the person is a habitual caller with no specific problem”

“Each department needs to talk to each other.”

|  |
| --- |
| “may not be accessible for all even if they were provided with the equipment |
| easier access to see GP and not having to wait weeks and weeks. Cant get an appointment even when ringing fro m 8 am on wards and by 8 45 all appointments have gone. “ |

“Communication is key to a happy patient. Please remember to keep them informed throughout any procedures or results received. This will prevent worry misunderstanding and stress to the patient.”

“Accessibility should be planned in”

“Better children’s services that listen to parents concerns, have quicker access to assessments and a diagnosis with aftercare”

“Better care of cancer patients. The treatment is good but the administration is dreadful.”

“Local face to face services are needed. Increased capacity for GP Appointments.”

|  |  |  |
| --- | --- | --- |
| “advice on dental care that’s realistic.”

|  |  |
| --- | --- |
| “Stopping the privatisation of the NHS. Ensuring it is always responding to need and not the ability to pay”“Alcoholism”

|  |
| --- |
| “Someone who understands Less know disease like PBC” |

 |

 |