healthwatch
North Yorkshire

NHS Long Term Plan:

What Would North Yorkshire Do?

August 2019

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

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Executive Summary

In 2018, the Government announced it was investing an extra £20bn a year in the NHS. In January 2019, the NHS in England published an ambitious 10-year plan showing how this extra money will be spent. NHS England and NHS Improvement funded the Healthwatch network to carry out engagement with communities across the country to establish how the Long Term Plan (LTP) should be implemented locally. 530 people across North Yorkshire engaged with us through three surveys and four focus groups.

Key findings

Here's a summary of what we heard:

- **Choice and Control** People wanted to be more involved in the management of their care and to make joint decisions with professionals. To do this they wanted better knowledge through well-communicated information and more options through better access to primary care and more joined-up working between services.
- **Access to professionals for advice and treatment** People wanted timely appointments and routes which allow them opportunities to speak with professionals in a timely manner. GP access and urgent hospital care was of particular prominence, but more specialised services too.
- **Local care or care at home** As people age they want to maintain their independence by staying in their own homes. People feel this requires access to local health care, care at home and community support in their immediate areas to enable them to stay mentally and physically active, alongside better travel support to access health services further away.
- **Communication** People wanted to see more joined-up working between services to enhance their care and ensure smooth transitions. They felt collaborative working would improve knowledge and increase care options available for patients. It was thought communication with patients themselves could be clearer, including more listening to patients, which was valued in order to achieve individualised care and to treat the person as a whole. Access to interpreters was an important part of this for speakers of other languages.
- **Technology** There were pros and cons to using technology for patients, but the value for professionals within services was highlighted. Improvements would be welcomed, but human interaction is favoured.
- **Healthy living** People want better access to help and treatment to support them in living a healthy life as well as easy and affordable access to services which promote a healthy lifestyle like exercise and healthy eating courses.
- **Long-term conditions** There is a need for faster access to improve diagnosis and initial assessments which would improve the overall patient experience through treatment. Access to further support and specialists could also be

improved, especially for mental health and those with more than one condition. Regular contact with consistent professionals, good knowledge of local support and linked-up working were all beneficial, though infrequent.

- **Engaging in services changes** Despite poor expectations, people want to be involved in more strategic decision-making, primarily through active community outreach, though having multiple feedback routes available was valued. People want to see changes in delivery as a result of public engagement but also want to be formally updated about how feedback has been used via reports and other communications.

Next Steps

The feedback we have gathered from this project will be shared with local stakeholders and the public and will be considered alongside our other feedback when identifying priorities for our future work.

Who are Healthwatch?

Healthwatch North Yorkshire

There is a local Healthwatch in every area of England. We are the independent champion for people using local health and social care services across North Yorkshire (county council boundaries). We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also share them with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

In summary - Local Healthwatch is here to:

- help people find out about local health and social care services
- listen to what people think of services
- help improve the quality of services by letting those running services and the government know what people want from care
- encourage people running services to involve people in changes to care

Healthwatch England

We are the independent national champion for people who use health and social care services. We're here to make sure that those running services, and the government, put people at the heart of care.

We support local Healthwatch to find out what people want and to advocate for services that meet local communities' needs. Healthwatch around the country act as our eyes and ears on the ground, letting us know how people's care could be improved.

Our sole purpose is to help make care better for people. We have the power to make sure their voices are heard.

In summary - Healthwatch England is here to:

- help local Healthwatch do their job – to listen to people, and to make people's views of services heard
- help improve the quality of services by letting the government and those running services know what people want from care
- encourage people running services to involve people in changes to care

What Would You Do?

Background

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.

In 2018, the Government announced that it is investing an extra £20 billion a year in the NHS. In January 2019, the NHS in England published an ambitious 10-year plan showing how this extra money will be spent. This Long Term Plan sets out all the things it wants health services to do better for people across the country. This includes:

- **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 to stay well** This includes issues 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 problems, dementia, lung and heart diseases and learning disabilities such as autism.
- **More money invested in technology** so that everyone is able to access services using their phone or computer, and health professionals can make better, faster decisions.

While the national plan has set some clear goals, it's up to individual areas to decide how they're achieved and delivered locally.

Purpose

NHS England and NHS Improvement funded the Healthwatch network to carry out engagement with communities across the country to establish how the Long Term Plan (LTP) should be implemented locally. This included 152 local Healthwatch organisations engaging people across England to help inform local implementation of the NHS Long Term Plan.

Between March and May, Healthwatch events, focus groups and surveys gave tens of thousands of people the opportunity to help local hospitals, GP surgeries and community services hear about the changes people would like to see.

Healthwatch England appointed 44 local Healthwatch to co-ordinate this feedback-gathering exercise around England. Now completed, they will work with local health leaders to make sure people's views inform development of local plans.

As part of the grant agreement, local NHS groups will be asked to respond to what we've found, and to set out how they have used the feedback gathered from their communities to inform changes to local services.

Objectives

In every Sustainability and Transformation Partnership (STP) area or Integrated Care Systems (ICS) area, one local Healthwatch was appointed as a co-ordinating body. Their role was to agree priorities with the NHS STP or ICS Communications and Engagement lead; co-ordinate engagement activity across the STP or ICS; and produce a final report about what the public have said. The reports aim to bring together all the evidence and insight gathered by each Healthwatch, who were all individually contracted to carry out this engagement work. The co-ordinating Healthwatch will share the reports with the appropriate NHS colleagues in the ICS or STP. North Yorkshire falls into four of these areas:

North East and North Cumbria ICS The co-ordinating Healthwatch for the North East ICS which covers the Hambleton, Richmondshire and Whitby area of North Yorkshire is Healthwatch Darlington. Healthwatch Darlington chose to split this area into two sections, North and South, where their South Report includes the feedback from Hambleton, Richmondshire and Whitby.

West Yorkshire and Harrogate ICS Healthwatch Leeds was the co-ordinator for this area which includes the Harrogate and Rural district and the Airedale, Wharfedale and Craven district in the report

Humber, Coast and Vale STP This report includes the Vale of York area and the Scarborough and Ryedale area. It was co-ordinated by Healthwatch East Riding

Lancashire and South Cumbria STP This includes the Morecambe Bay CCG area which includes High Bentham and Low Bentham area of North Yorkshire.

The objective and priorities for each ICS or STP area were slightly different, but Healthwatch North Yorkshire chose to focus specifically on these key issues:

- Mental health services
- Primary care services

These issues were identified from our existing evidence and based on what residents in North Yorkshire told us was important to them over 2018/2019.

Each co-ordinating Healthwatch has published a report on findings in their respective ICS or STP areas which can be found here. However, this report serves to bring together findings in our area and demonstrate views specific to North Yorkshire.

Summary of Findings

What matters most to people in North Yorkshire?

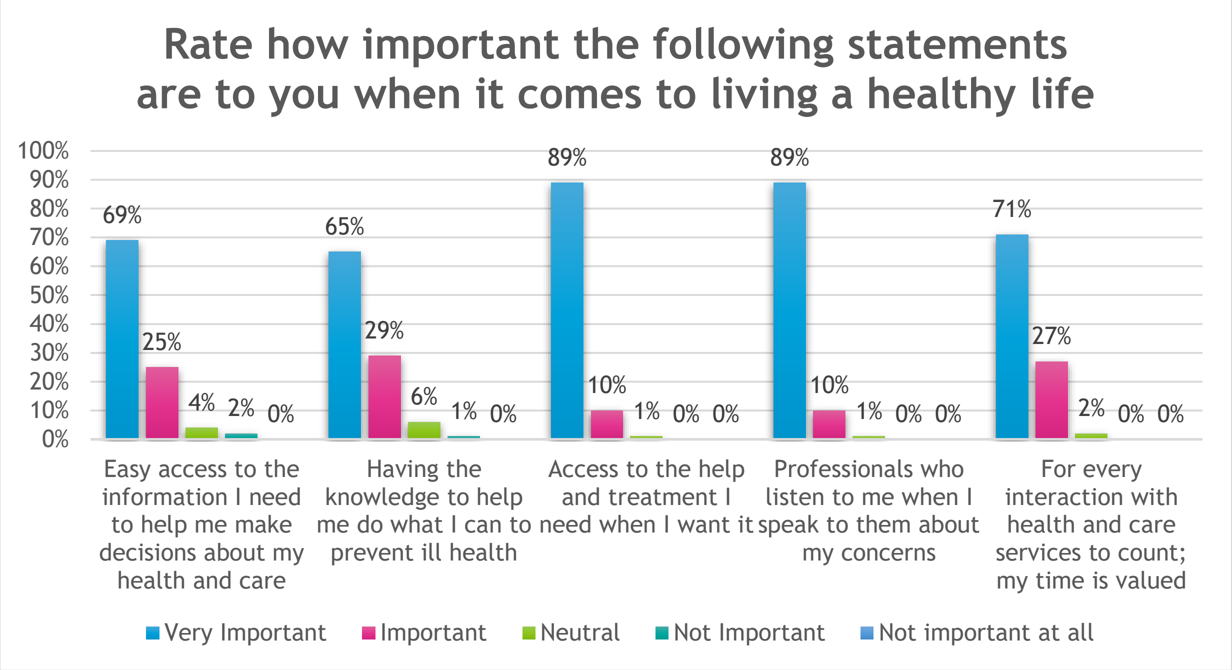
The findings in this section are based on the 482 survey responses we received from people in North Yorkshire. 312 of these were responses to the general survey designed by Healthwatch England which was promoted in the Hambleton, Richmondshire and Whitby CCG area, Scarborough and Ryedale CCG area and Vale of York CCG area. A further 115 responses were collected using an adapted version of the survey designed by Healthwatch Leeds for use in the West Yorkshire and Harrogate ICS. Therefore, those responses primarily relate to Harrogate and Rural District CCG area and the Airedale, Wharfedale and Craven CCG area. Additionally, 55 surveys were collected from people with long-term conditions using the condition-specific survey designed by Healthwatch England, which was distributed throughout North Yorkshire. All three surveys were available online over a two-month period, but a large number were paper copies collected at our numerous outreach sessions. Easy Read versions were also available along with support from Healthwatch staff and volunteers to complete the survey if needed.

While some surveys design routes didn't allow us to account for breakdown by specific area, only the relevant surveys were promoted in the respective areas of North Yorkshire. You can see the monitoring information related to these responses in the demographics section of this paper. It should be noted that not everyone who responded to the survey answered every question and, as a result, the percentages cited under each heading are worked out on the basis of the number of responses to that particular question.

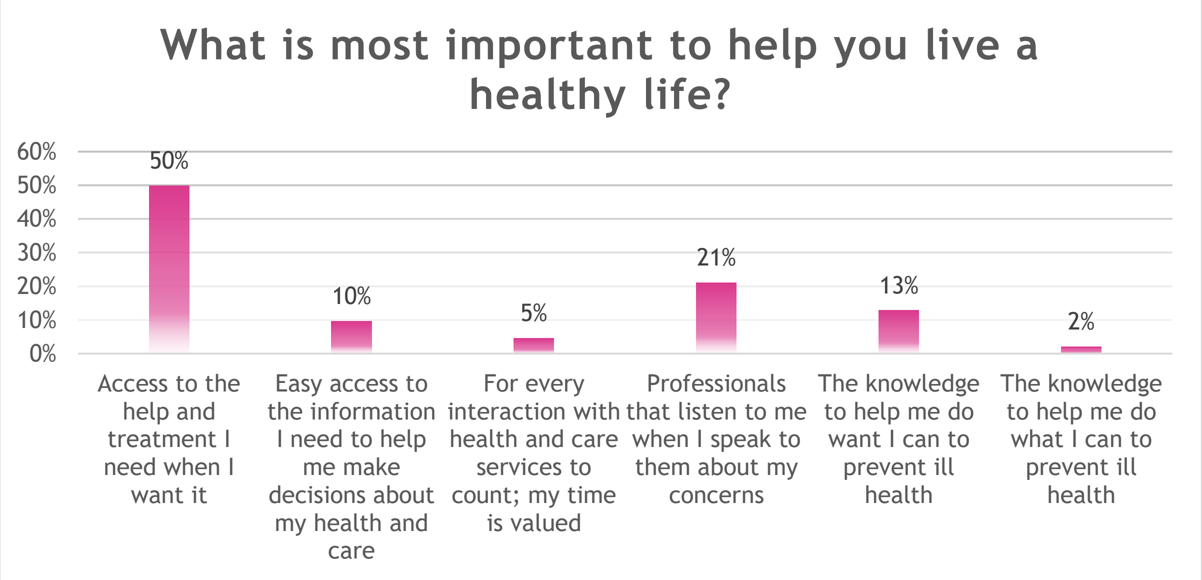
Among the responses, there was recognition that the NHS has to make difficult decisions around what resources are effective when managing outcomes against a limited supply of funding. There were also several positive comments across the region about NHS staff and services, which suggested there is little room for improvement. However, most of the following summary is in relation to where services can be better improved.

Having what I need to live a healthy life

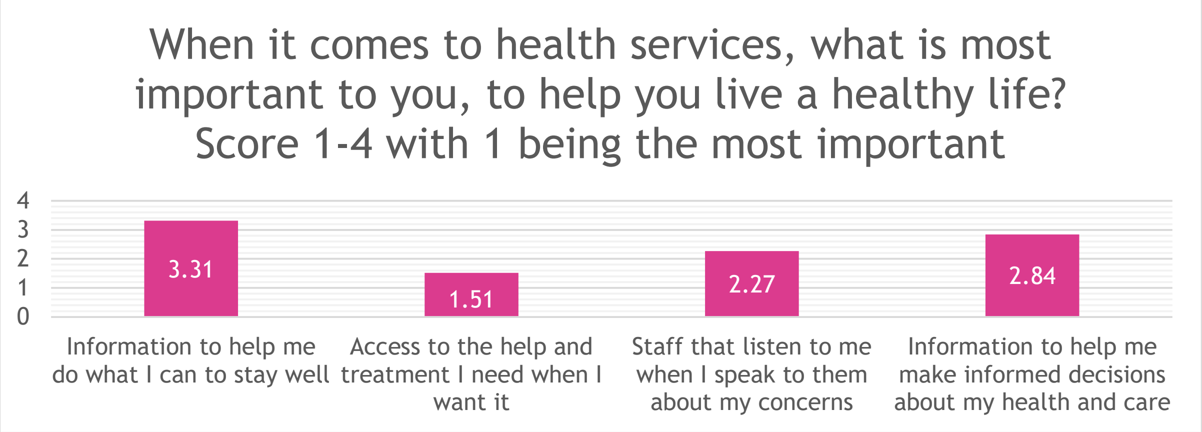
We wanted to understand how local people felt they could be supported to live a healthy life. In the Healthwatch England general survey, we asked people what element was the most important when considering a range of aspects regarding access to information and treatment to live healthily. When rating the importance of these, both "*Access to help and treatment I need when I want it*" and "*professionals who listen to me when I speak about my concerns*" were equally most likely to be voted as "very important". As you can see in the graph below, people were unlikely to vote any aspects as 'Not important' or as 'Not important at all'.



However, to understand more clearly, we also asked people to pick just one option as the most important requirement when it comes to living a healthy life. The clear majority was "*Access to help and treatment I need when I want it*"



In the West Yorkshire and Harrogate survey, the choices for this question were slightly different and respondents were asked to numerically score each statement. On average, "*Access to help and treatment I need when I want it*" again came out as most important.



In addition, we asked people in the general survey to tell us one more thing that could help them live a healthy life. There were a number of suggestions, but some common themes did emerge among the 181 responses. About 27% (48/181) of respondents once again highlighted the need for **better and quicker access to services** to help them. Of these, 50% (23/48) wanted better access to their GP; 22% (11/48) wanted better access to hospitals with a further 12% (6/48) specifically mentioning emergency care; and 15% (7/48) said better access to mental health support was important. Comments related to long waiting times for appointments, wanting more face-to-face access or being able to just talk to someone.

It is very difficult at present to make a doctor's appointment. You ring up and are put in a telephone queuing system only to be told that there are no appointments available for three weeks. You can never get to see the doctor of your choice. It is off-putting and I can imagine that for some it would prevent them from calling or encourage them to use emergency services instead. Prescription lines are only open until 1-30pm - this is not convenient when working and I do not have online access all the time.

Counselling when needed for depression/anxiety

The availability of emergency care i.e. stroke unit at Whitby hospital

Access to medical services quickly especially when the surgery is closed. The out-of-hours service in TS9 is not adequate; Northallerton is a long way on a winter evening.

Easier access to health care in the area in which I live…. there is no hospital transport provision or help with transport costs. This means some people will not attend for treatment

Better access to occupational health, across different workplaces, perhaps funded/assisted by the council.

It is likely that these issues with access are likely due to the **rurality** of the area, as 11% (20/181) of respondents did specifically mention issues with transport, and wanting **services closer to home** or issues with services being too far away from their local area. A number of people talked about the impact of social isolation due to lack of transport or lack of local support. Many highlighted the resulting effect of people not accessing care at all which may worsen the issue, or resorting to inappropriate care which can affect NHS resources. Some of these ideas may be outside the remit of the NHS but could be achievable through joint work with other services and organisations at a local level.

More services locally instead of traveling 20 miles to Darlington hospital

Not having to travel far for appointments as I have Parkinson's and the railway services to and from Scarborough are terrible adding lots of stress to the journey

More transport to villages that aren't on bus routes so that you get out to walk and see people more easily

Be able to access services locally, that is within 20 minutes from where I live. This is very important as the population ages. Local smaller hospitals play a critical role in this.

Equal access to health services, not postcode-based

Unacceptable 40 miles EACH WAY for hospital treatment … there is no hospital transport provision or help with transport costs. This means some people will not attend for treatment

25% (46/181) of people who responded to the question wanted easier access to **services that promote a healthy lifestyle**. Many of the solutions offered seemed to include having holistic lifestyle choices through diet, exercise, wellbeing support and social activities. It was considered important for these options to be available in their **immediate local areas** and responses suggested that barriers to access include the costs involved, excessive travel and the hours when services are available as they are inaccessible for many local people who work or have childcare responsibilities.

Opening times at sports village spinning pool to be full-time-working-adult-friendly for those who cannot or do not like gym work.

I have a disability and access to gyms etc. would be good but I do not have the money, maybe if exercise could be put on a prescription

An outdoor play park with adult and elderly rides and swings to encourage activity and fun.

Free access to yoga and other associated activities such as meditation or tai chi

Social prescribing initiatives that would put patients locally in contact for exercise, outdoor experiences and social groups.

Another common theme was that 15% (28/181) of people felt that **information and advice** would be most important to help them live a healthy life. Suggestions included better access to professionals to give advice, clearer communication of information and more widely available information. A further 9% (17/181) felt **education and prevention** work would help so that people can make informed choices, using more accessible and clear communication about existing support. Some felt having yearly or routine check-ups to help identify health conditions sooner would be the best prevention technique.

The ability to get the help, advice and support I need in one or two phone calls. I've currently been sent round a loop of seven agencies and back to where I started. Adding stress but no help

Talk to you more and let you know what's going on. Not to be waiting weeks for appointments

Help to explain, Easy Read on leaflets

Easy access to information so I could make the appropriate decisions

Access to information regarding the best source for information and treatment

6% (10/181) considered support with healthy eating a wider issue which requires support from consumer industries to give better information and support from the media to give advice that is consistent with the NHS.

More control on what goes into food products

Full approach - media, supermarkets, magazines - all say same message

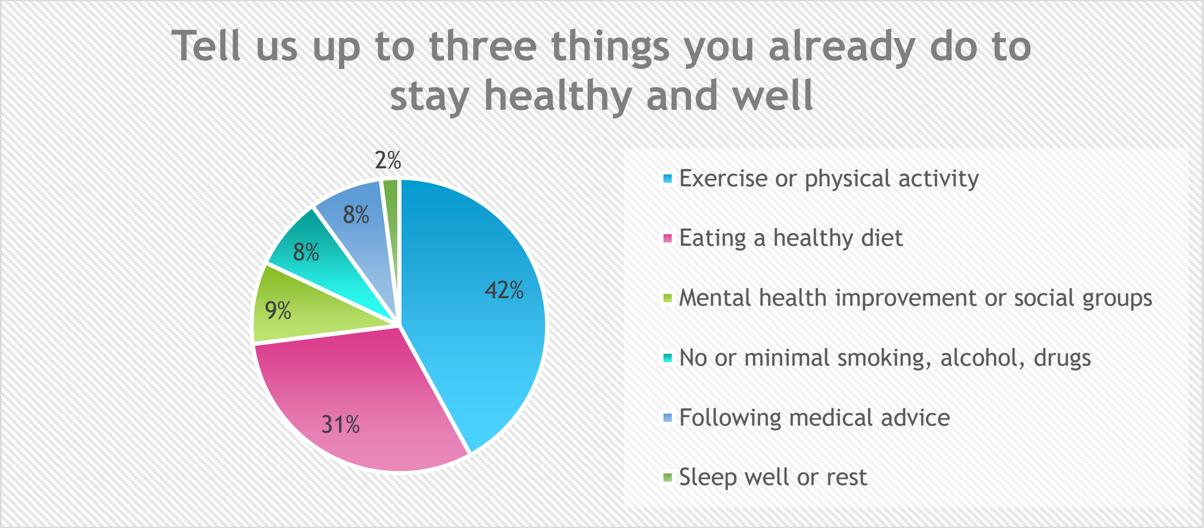
More pedestrian-focused roots to encourage safety in walking and community. School to have bike storage to allow kids to bike to school. Stricter licensing on fast-food outlets. Better information about food contents and supply chain. Adequate staffing to enable healthcare to deliver service they are trained to without having to compromise quality. Encourage communities to engage without technology

Cheaper prices for healthier options

Nonetheless, it should also be noted that some felt people have to **take responsibility for their own health** and lifestyle.

Promotion of self-care - Patients taking responsibility for their health and not expecting the NHS to provide everything. Patients should use the services appropriately

In the West Yorkshire and Harrogate survey, people were asked what three things they already do to stay healthy and well. Of the 328 responses given by North Yorkshire residents, by far the most common answers were doing some form of exercise or physical activity (42%) and maintaining a healthy diet (31%). Walking, cycling or going to the gym were the most common forms of exercise mentioned. 'Following medical advice' covered taking medication, having regular check-ups and screening, as well as seeking medical advice when needed.



They were then asked to tell us up to three things the NHS and its partners could do differently to help them stay healthy and well. There were 209 responses in total. Once more, the theme of **access** to NHS services was most common with around 31% (64/209) of responses relating to **shorter waiting times, longer appointments**. This was broken down further as 33% (21/64) specifically talked about GPs while 30% (19/64) talked about other professionals or services including mental health, physiotherapy and condition-specific specialists. 7% (15/209) felt that providing health screens would help them live a healthy life. 6% (13/209) hoped for NHS services to be more local or spoke about issues with public transport.

Shorten waiting list for routine appointments with designated GP - realise this is a funding issue and am not grumbling but very hard when 70, chronic illness and would feel guilty about asking for more home visits

Provision of local Lymphedema services - I am expected to travel to Halifax for my next appointment. I already have outpatient appointments in York most weeks and Leeds most months

More walk-in clinics for advice rather than GP telephone appointments - these could be manned by nurses

Have a well person's clinic at one's surgery?

Provide counselling. IAPT think I'm too complex, TEWV say I'm not a priority

Similar to findings in the general survey, 27% (56/209) of responses suggested increased availability or promotion of public health services. 53% (30/56) were related to **exercise** or physical activities and 18% (10/56) thought **healthy eating** advice or regimes would be useful. People were keen for both of these to be free or subsidised, and there were some suggestions that they be more **inclusive**, for example for those with disabilities or people with child-caring responsibilities.

Provide online clear weight-loss advice: sensible rate e.g. 1/2 lbs/week for those of us who have mobility problems

Provide help to get into exercise classes that will cater for people with VERY complex health issues

Offer advice (not lectures) on specific diets for different conditions

Lower age of bus pass, swimming pool etc. cheaper facilities

Work with councils/police to encourage pedestrian routes across roads etc.- mainly their responsibility but they seem to struggle costing in the health benefits against the cry of keep the traffic moving/cars are priority

Availability and promotion of **social prescribing** were valued by 9% (18/209) and some stressed that they prefer to avoid medication.

Have a room at the surgery available to self-help support groups.

Encourage people with similar health problems to form "clubs" for beneficial activities and social interaction. Like the pre and post-natal clinics that were held weekly at many surgeries

Other issues included more effective information and signposting, more joined-up working between external and internal services and better communication.

Provide more information on risks to health & take more proactive approaches i.e. to obesity

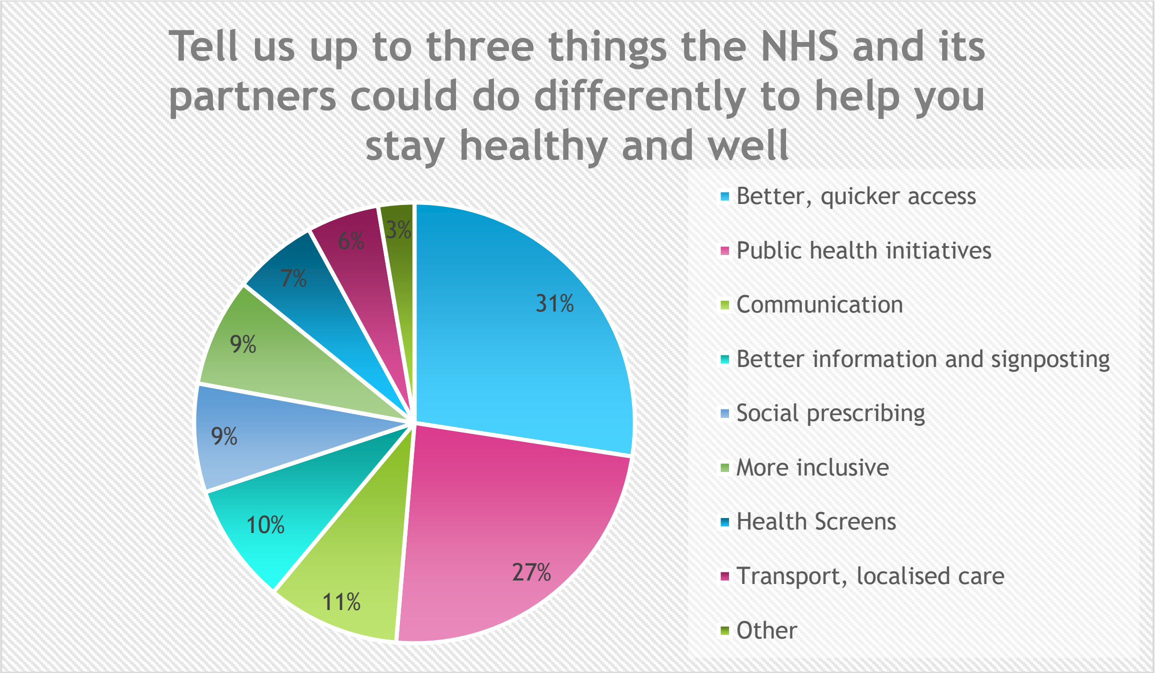
Talk to each other! Frequently have to go over and over same issues despite having long-term disabilities and problems

Ensure I can get an appointment [with someone] who is aware of all the conditions I have so I don't have to repeat myself. Conditions mean I might find speaking to someone difficult

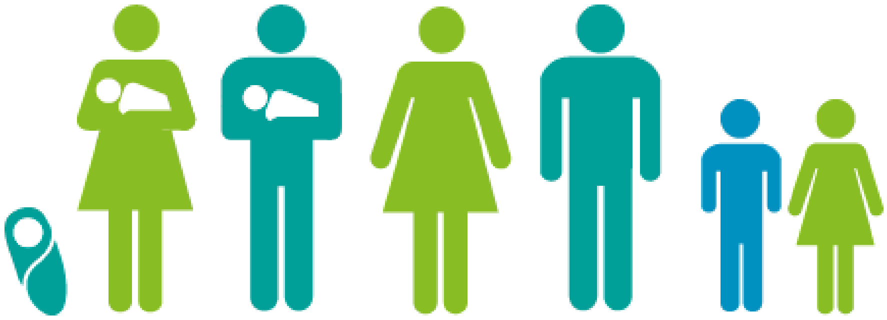
Work with local councils to improve access to exercise

Train admin staff in LGBTQ and autism

Stop blaming patients for non-attendance at appointments, when it's their fault that they have not sent out the appointment. I received all my bills, the NHS are the only ones whose letters never arrive.



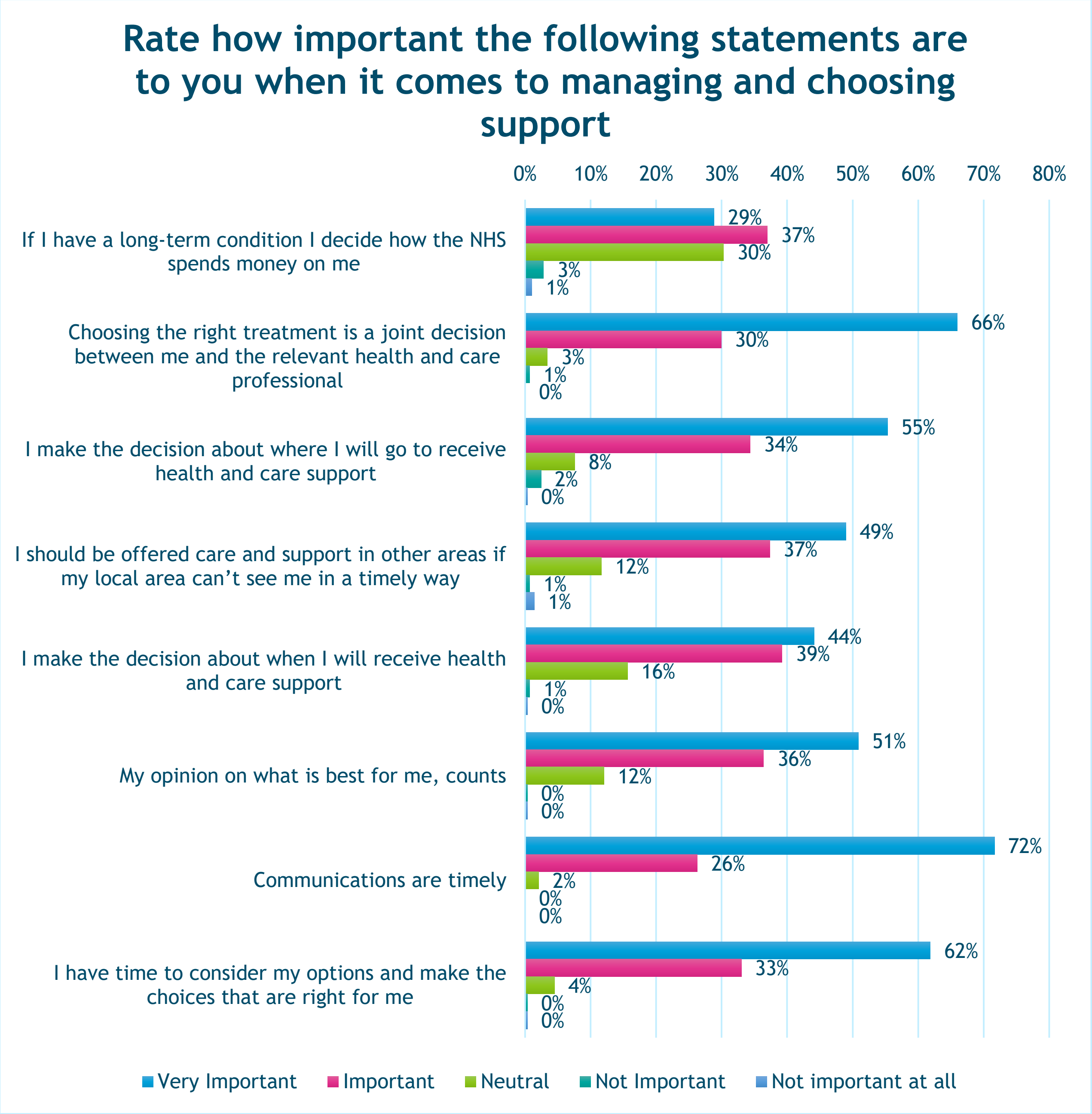
The West Yorkshire and Harrogate survey then asked what the NHS could do to make sure children and young people in particular have the best start in life and to live healthy lives. Accordingly, themes from these answers mainly revolved around **diet** (20% 18/89) and **exercise** (15% 13/89), but also **mental health** and wellbeing (13% 12/89) including better CAMHS access. Most solutions offered were about prevention and education generally, but particularly **for parents**, with 34% (30/89) of respondents mentioning the need for support at all stages from pregnancy through to parenting teenagers. Conversely, 15% (13/89) felt a focus on prevention support **for children** themselves was needed and for the NHS to listen to children more - 6% (5/89). Another key theme was for the NHS to provide more nurses or health visitors to be involved **in schools and nurseries** to deliver care intervention, health checks and workshops as 26% (23/89) of respondents discussed this. 10% (9/89) thought the NHS should do more joined-up working with other agencies such as the council or school dinner providers to help give more consistent support to help young people live healthier lives.



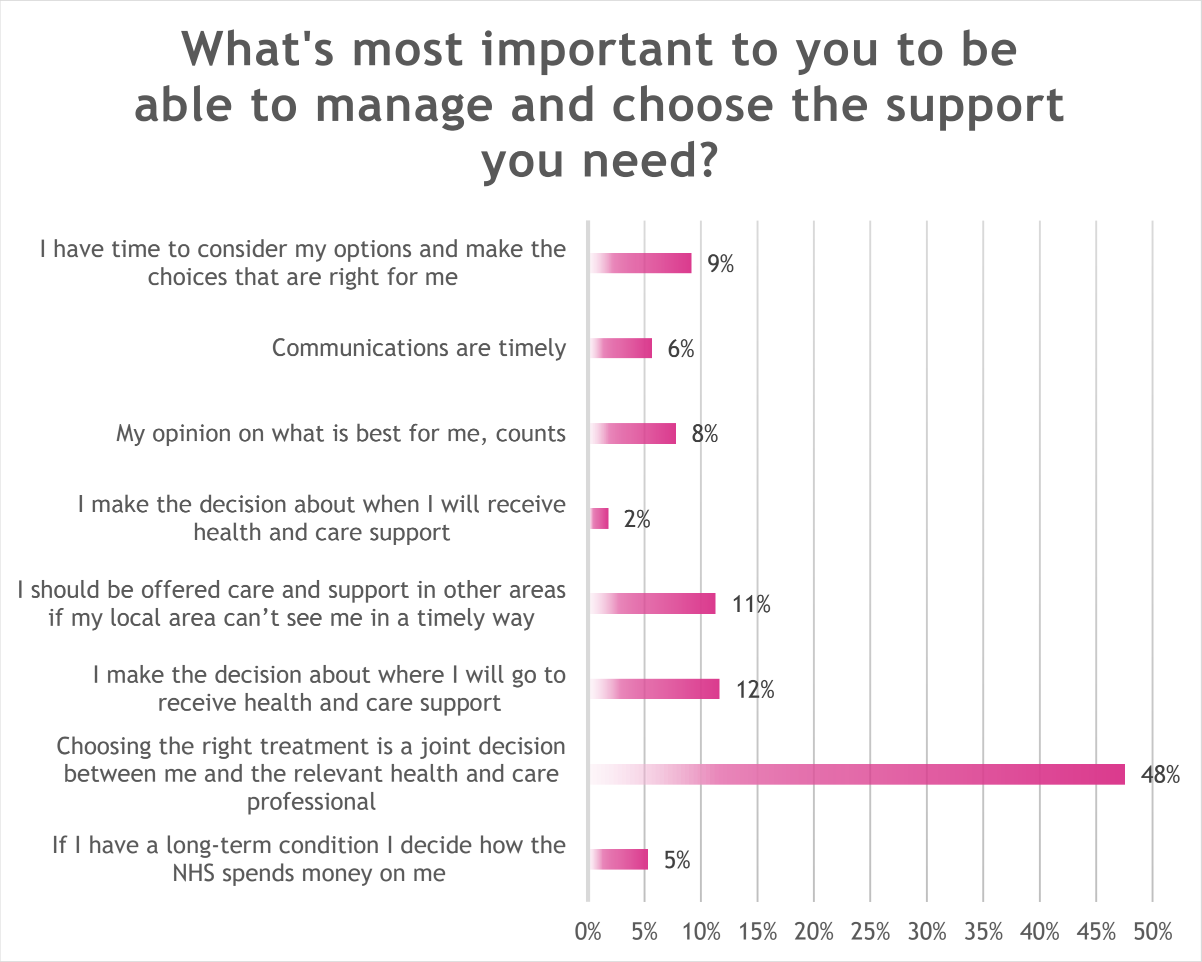
Being able to manage and choose the support I need

The NHS Long Term Plan set goals to roll out the NHS Personalised Care model across the country, reaching 2.5 million people by 2023/24 and then aiming to double that again within a decade. The West Yorkshire and Harrogate survey asked what was people's understanding of personalised care. More than 76% (71/94) correctly identified aspects relating to individualised care, tailor-made to meet the needs of patients, and some noted elements of choice and control in this. 10% (9/94) weren't sure or didn't know and 14% (14/94) thought it meant one-to-one care with a single professional, personal assistance in homes or quicker access to GPs.

The general survey asked about patient priorities when managing and choosing healthcare. Responses to this were more varied than the previous question.



"*Communications are timely*" was most likely to be voted as very important for most people. People were less likely to value making decisions themselves about health care or about how money is spent on them, but did want to be involved in the decisions and have time to consider their choices. However, when we asked people to choose just one of the above options as most important, "*Choosing the right treatment is a joint decision between me and the relevant health and care professional*" came out on top with nearly half of all respondents saying this.



We also asked people to tell us if there was one more thing that would help them manage and choose how the NHS supports them. Many asked for better **communication** as around 24% (34/142) of respondents mentioned this. Suggestions included better use of technology such as telephone contact and email as well as being able to talk to someone and openly discuss their options. There were some suggestions that clear communication between health services themselves and with other services like social care would help people manage their support. A further 13% (19/142) said that **better information** on the choices available to them would help, including better communication of that information. By working with more services it was suggested that people can have more choice in their care and can therefore be more involved in the decisions made about their care.

Being able to talk to someone, such as a nurse, at my local medical centre, while waiting (say three months) for chemotherapy. If I have questions - waiting three months to speak to an oncologist is adding stress. A professional oncologist may have better answers - but something is needed in the interim, to prevent the anxiety of not knowing and feeling like you have no control to help yourself.

Adequate time to reflect and discuss options on specific health issue with a dedicated person

To be given all the right information to be able to make a choice. To be given information in a way that is easy to understand

I should be informed about waiting times for investigations and treatment and should be able to go to the quickest place for access if I wish

Better links between the Social Services and NHS so appropriate care can be given at home or in a nursing home, then people are not kept in hospital too long.

Access to emergency self-medication via GP. Facetime GP appointment

Telephone appointments are a godsend for those who don't feel they are unwell enough to visit a surgery

23% (33/142) said that having **local services** would help them manage and choose their support. Having to travel long distances and the lack of transport support were seen as barriers to accessing care and reducing the choices available in the region. There were specific concerns for better local care, especially when it comes to **emergency care or hospital services**.

Local hospital care, comparable with York hospital. Currently services are being cut and reduced and we have second-class care in Scarborough because the Health Trust does not care about us or about its own staff… If or when I am ill, I do not want or need a two-hour journey each way by public transport. I can't afford it financially or psychologically.

As a non-driver with no local family or friends it is both stressful and inconvenient and expensive for me to travel long distances for treatment. Therefore, I would prefer my local hospital to offer a fuller range of services as it used to do.

Help with travel costs as live in East coast a return journey to Hull or York's 80 miles. Would the MPs like to make this journey? Just had breast cancer treatment and have covered 1,800 miles to appointments. Fuel cost would help people with own transport if only a nominal amount

The three-monthly treatment I need was stopped in Scarborough when my consultant retired. My GP arranged for one of his partners to train to give this treatment but was then told by the CCG that it had to be given by a hospital which means I now have to travel to James Cook Hospital at Middlesbrough which is costing the NHS and myself more money

A lack of appointments or the delay in getting appointments was raised by 19% (27/142), with some in particular suggesting a need for better access to primary care. People hoped for **shorter waiting times** to reduce delays in treatment and want to see better access to primary care GPs.

Ensure that people with long-term conditions can access the help when they need it not in a month's time.

Being able to get a doctor's appointment within a short time of need, and to see the correct doctor for ongoing concerns

16% (23/142) suggested elements of **better care and listening** would be important to them. People felt more training for staff to help with multiple issues and that seeing the same appropriate professional was likely to lead to better care. They also suggested that professionals should have more time to listen to patients and that they should consider the person as a whole. This encompassed thinking about wider parts of their care than a single health condition such as considering wellbeing.

More time with medical professionals, always feel I am a burden and should rush

I was in hospital recently; the consultants and doctors never listened to me

Being treated as a person not just a condition/illness

We need health care professionals who are trained in how to support individuals manage long-term conditions

The West Yorkshire and Harrogate survey asked what is most important when talking to health professionals. Here, people were less concerned about being involved in planning healthcare goals. "*How quickly I can make an appointment or have chance to talk with them*" was most likely to be selected as important.

We then asked people if there was anything else they'd like to suggest when talking to professionals about care. Only 35 people responded but the majority (54% 19/35) talked about wanting to talk to **professionals who listen** to them and to enable holistic, individualised treatment for **multiple issues**. Similar to above, people suggested longer appointment times so that professionals have more time to listen, and that professionals have more joined-up working to support individuals' multiple needs.

That health professionals listen to me, that they are more willing to speak to other professionals involved in my care so that they understand the impact of one treatment upon another, the nature and complexity of the condition. It would be helpful if I did not have to explain my complex medical situation to every single NHS professional.

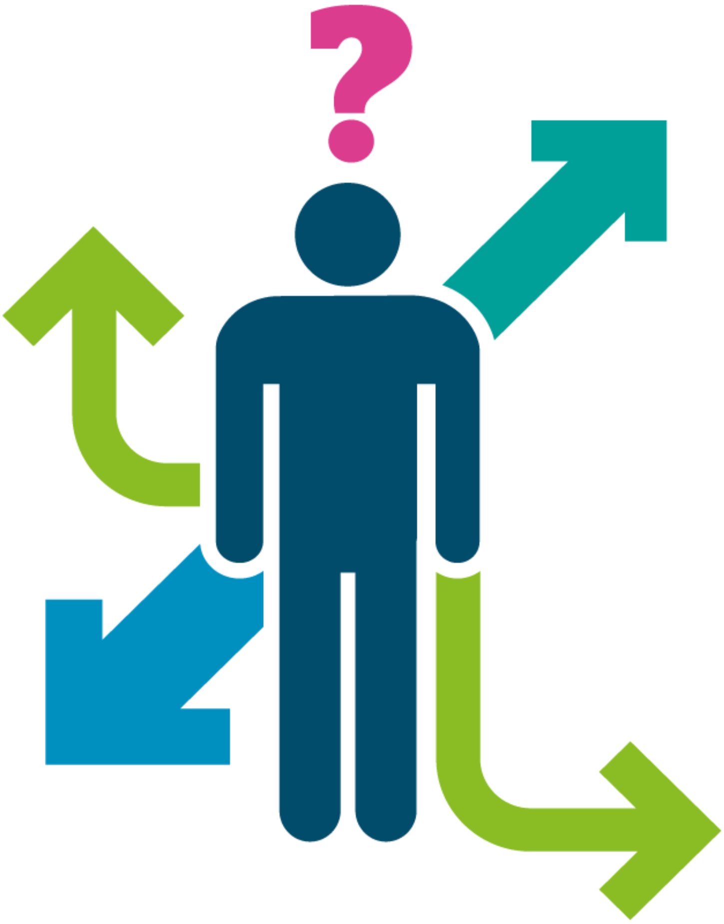
To listen to an individual, sometimes the advice feels like a blanket one-size-fits-all ideology rather than being treated as an individual

That appointment times are long enough to adequately discuss my problems and for medical practitioners to have time to acquaint themselves with my issues. That includes easy and regular access to a favoured medical practitioner every time.

30% (11/35) of people also wanted **better information and advice which is easy to understand**.

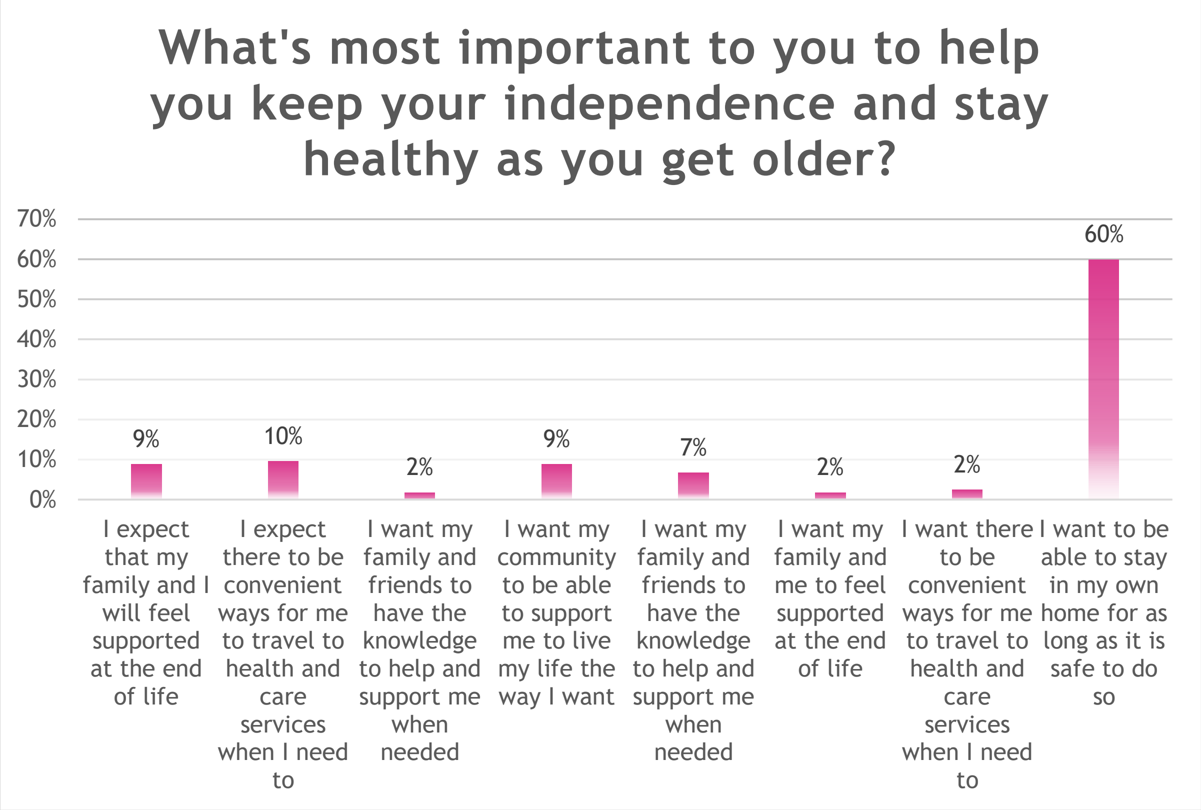
Sometimes it is very difficult to understand what some of the professionals are saying, more written information

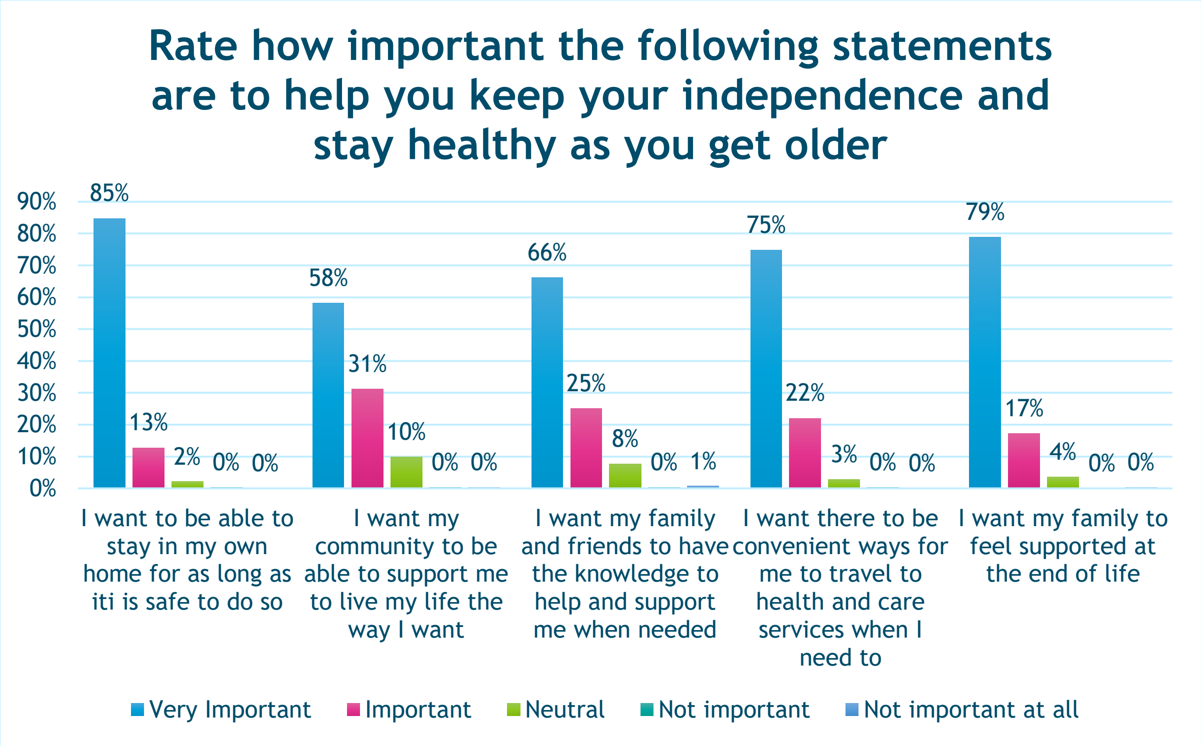
Talk in plain language, not medical jargon



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

When it comes to getting older, people told us it’s important for them to maintain their independence. “*I want to be able to stay in my own home for as long as it is safe to do so*” was the most important of all the choices in the survey, with over half of all respondents choosing this.





Further comments reflected that sentiment as 26% (36/138) of people told us how they want better or more provision of **care at home or independent living support,** including assessments for home adaptations. There were often comments that this should be affordable and to a good standard. Some noted that this falls under social care responsibilities, while some thought that more NHS-trained medical professionals would be important for home visits.

Support with local services. e.g. Refuse collection. Having to bounce a wheelie bin up and down 30 steps for it to be emptied by the council is not ideal when you are in your 70s

Good affordable and well-staffed assisted living; where ensuring individuals are supported in areas they need, with the ability to move "seamlessly" to more supportive areas as required

An independent living facility well maintained with dedicated exercise classes, homely facilities, human interaction, health visits and activities

Availability of sufficient carers to give home support with sufficient time to ensure my wellbeing is paramount

NHS carers, regular visits from same individual not agency staff who don't give a damn

21% (29/138) of people felt having support **services close to where they live** or having **local transport support** to enable them to access support further away would help their independence and ability to stay healthy. Usually this was due to worries about mobility difficulties and the general need for more healthcare as we age.

Good transport links to hospitals I am expected to attend especially if I cannot drive or walk very well

A hospice in our local town, not 30-plus miles away

Access to services at local hospital rather than travelling to York where difficult parking and transport links

13% (18/138) of people wanted more information on **self-care** or ways they could stay healthy and active, while a further 12% (16/138) suggested better or more provision of **community facilities** to support them to stay physically, mentally or socially active.

Access to community care which would enable me to go out and socialise if my mobility was limited

A better way to find the NHS website for the elderly

Knowledge about what's available in my community. Having a caring community e.g. church, local social groups

Readily available advice about aids for the disabled to use in the home

There needs to be more education for individuals in how to prepare for life in older years, how to manage conditions and how to remain independent. Also residential care needs to be looked at and planned in a better way so that it can be a more appealing option

12% (17/138) wanted quicker and **easier access** to services like GPs and hospitals. A further 9% (13/138) mentioned the need for more consistent **joined-up working** and communication between these services and social care to enable more smooth transitions and better care.

Having good access to services such as Occupational Health to do proper assessments and assess risk. I have found this is not available always and it's frustrating. Having the right aids means people can avoid falls and this can avoid accidents and prevent admissions. Hospitals need to work with and hand over to the community team or the care package provider in a joined-up way. You should not be passed from pillar to post

Consistent healthcare professionals - able to put a picture of my health and condition together rather than treating the circumstances of a single episode / symptoms but to begin to join things up.

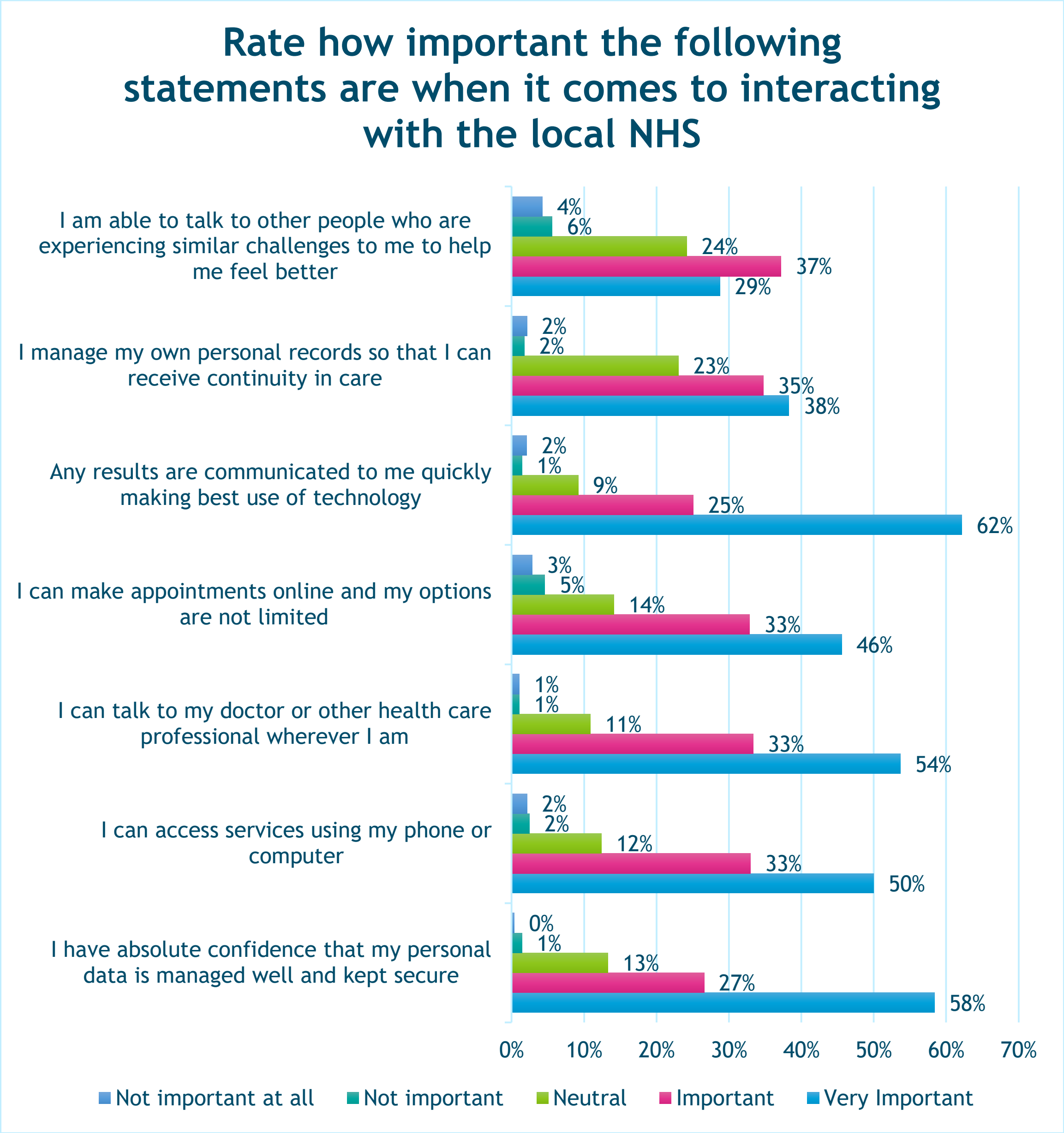
Using Community Transport is good, but it would be better if they could co-ordinate with the hospital/surgery on my behalf when needed. Even if I give permission they won't talk to the transport administrators

The communication between GPs and the hospital. To me more productive, instead of a lottery

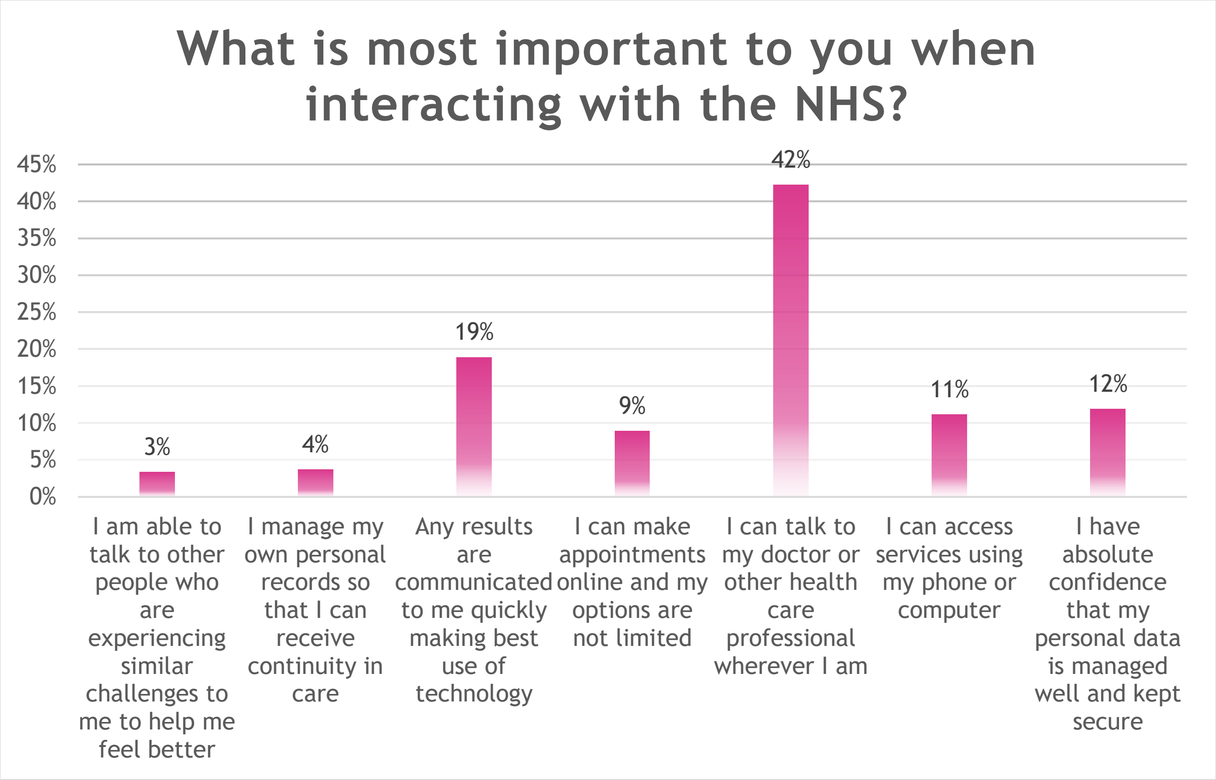
More joined-up services between Social Care & Healthcare, especially between James Cook University Hospital & North Yorkshire Social Services.

How you interact with your local NHS

There was far more variance in responses to this line of questioning than any other when rating levels of importance. Statistically speaking, people were most likely to give a high importance rating to "*Any results are communicated to me quickly making best use of technology*" on average but also valued security of their personal data. People were less likely to consider mutual aid or group support as important.


Rate how important the following statements are when it comes to interacting with the local NHS

Ultimately, "*I can talk to my doctor or other health professional where I am*" was most important when choosing just one option.



When looking at further comments, the factor that 31% (32/102) of people valued most was being able to **access** support. People wanted more availability of appointments, quicker access and shorter waiting times. Interaction via doctors was a valued access route as the **ability to speak to a GP** was of great importance. Occasionally people wanted access to other health professionals such as counsellors, physiotherapists or hospital services. While some felt the availability to talk to a health professional was sufficient, 8% (8/102) were more specific on the importance of face-to-face contact. Once more, the importance of **local services** and travel support in order for services to be truly accessible was brought up by 10% (10/102) of people.

Better and quicker access to a local GP who knows you and your history. Not some locum who probably knows nothing about you

Ability to see your local GP quickly when needs arise, currently very fortunate our local surgery is able to provide appointments within 24/48 hours

Better access to locally available services, free at the point of delivery. My GP and practice nurse are excellent but I have health conditions that will mean I will have to travel to York, and I should be able to have treatment here (eye surgery)

There were mixed responses about the use of **technology** with 14% (14/102) advocating for more use to improve efficiency, such as booking appointments online to reduce waiting times and being able to get health advice over the phone or get test results via email from professionals. On the other hand, 13% (13/102) actively disliked the use of technology, including feelings that it would make care impersonal, worries about cyber-security and concerns that information would become inaccessible for those who do not use computers and other forms of technology, especially the elderly. Some felt technology still needed to be improved in order to be useful.

Video calling is not an acceptable way of "visiting" any medical facility and many older people do not have technology or inclination to do this

Cannot access online due to sight loss

I think more online options should be available, such as Skype chats with GPs and email updates on progress - you don't always need to waste an appointment going to the GP to get an update on your blood tests etc. I am also very interested in the new technologies in home testing, such as those sent in the post for bowel cancer and the new scheme for home cervical screening - I think further testing should be rolled out at home

The below respondent sums up this juxtaposition well.

Technology - is an ever improving area of work, however this is not for everyone so we always need to have other methods available. To be able to move towards all health/social organisations where appropriate to share patient records would be an advantage to patient and health professionals and that is the way it is going

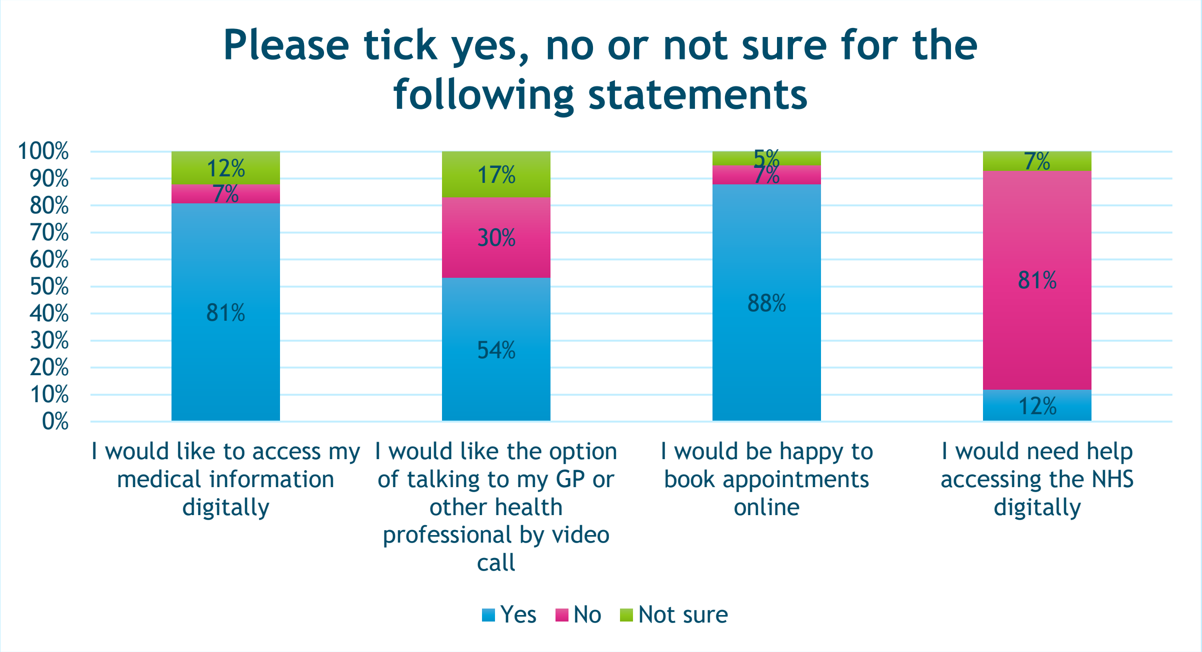
Despite the value in secure personal data management, 8% (8/102) respondents wanted **more linked-up working** between services with suggestions that health records should be shared between services. 10% (10/102) wanted the ability to access their health records personally, but some also saw the value in having a centralised record for other services and professionals to use. Respondents explained the importance in providing continuity of care with more integrated working and better communication to make a more streamlined system. Other suggestions included better explanations of treatment, and more advice and information to support this.

Joined-up services between all branches of health and social care so they and I share the same information about what is available, where

Better co-ordination and communication between healthcare professionals and more explanation about the purpose of repeated tests, especially when the tests have already been done at different hospital

Improve communication on NHS wards to patient and relative about treatment plan, progress and expected time of discharge

The Harrogate and West Yorkshire survey was more specific in asking people how they would like to use technology when interacting with the NHS, asking people to tick yes, no or not sure for the below statements. Most people were happy to **book appointments online** and access their **medical information digitally** but were less likely to want a video call. There were some who identified that they would need help to be able to use any of these services and there were some who did not want to use technology at all.



Participants were then asked to tell us any reasons why they would not use digital services. Of the 43 responses we received, 40% (17/43) alluded to issues with access due to poor internet access in rural areas, not being computer-confident or not having a computer. 19% (8/43) were concerned about data protection and confidentiality, where 14% (6/43) felt issues may be too complex to discuss via digital means. 23% (10/43) were either ambivalent to using technology or conclusively against using digital services, preferring face-to-face contact over "*speaking to a screen*".

Not sure I would be as confident in discussing my problems on a video phone. Some problems are v complex and need 1-1 discussion, however simple problems I would discuss on the telephone

I talk too slow and slur people struggle understanding me

Because doctors are PROFESSIONALLY trained to observe and assess the patient properly, in the flesh

Do not have Wi-Fi. Cannot afford it on benefits. Will the NHS pay for me to have my own laptop and to have Wi-Fi fitted in my home to help my health and wellbeing?

50 respondents then told us about their current experiences of using NHS digital services. 54% (27/50) of people were using digital services for booking appointments, 46% (23/50) were using IT to order medication or prescriptions and 20% (10/50) were using them for other things such as video consultations, checking records and test results or getting advice online and via email. Only 12% (6/50) had negative experiences where systems didn't work or there was not enough information available, and 54% (27/50) had positive experiences including quicker easier access from anywhere.

What a fantastic service. I recently had an accident and the last thing I wanted to do was attend my GP surgery. I was able to book an appointment with a GP via an app and have a Facetime appointment. Perfect.

It's a lot easier as you can just go straight on and do it any time, instead of having to try and ring at limited times, and having to try countless times and waiting on hold before getting through.

34% (17/50) were mixed responses where some aspects worked well but there was room for improvement.

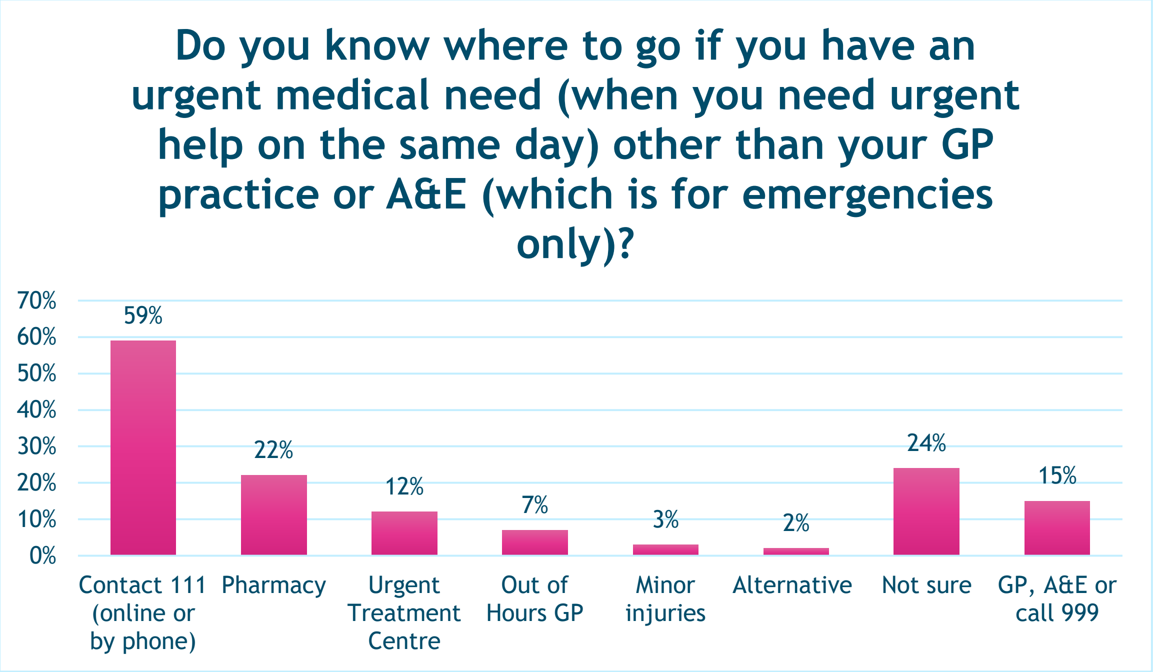
I have very limited access to my data at the GP surgery. I have accessed my results, but only results acquired since I was granted access - no historical data to compare.

Use app to reorder prescriptions. Would welcome additional functionality e.g. appointments, access to test results and records

Repeat prescriptions and booking appointments both good but a mile away from video diagnosis and advice

Absolutely fine: book appointments + request repeat meds BUT wish websites could have larger print cos very longsighted, always have been and can easily make mistakes. Can touch type blind but reading can be difficult

On a similar topic, the survey also questioned people on what services they use to interact with the NHS. People were asked if they know where to go when they have an urgent medical need, and what services they've used in the last 12 months.



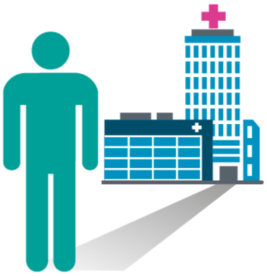
The majority were aware of the NHS 111 service, pharmacies and other alternatives; however, 24% (24/102) were not sure where else to go for help. Despite the question, some people said they would still go to A&E or their GP, perhaps not knowing where else to go. While some respondents were aware of drop-in services as a route of support, others highlighted the lack of access to these in North Yorkshire.

Urgent care / walk in centre - if not recently closed or had service downgrades

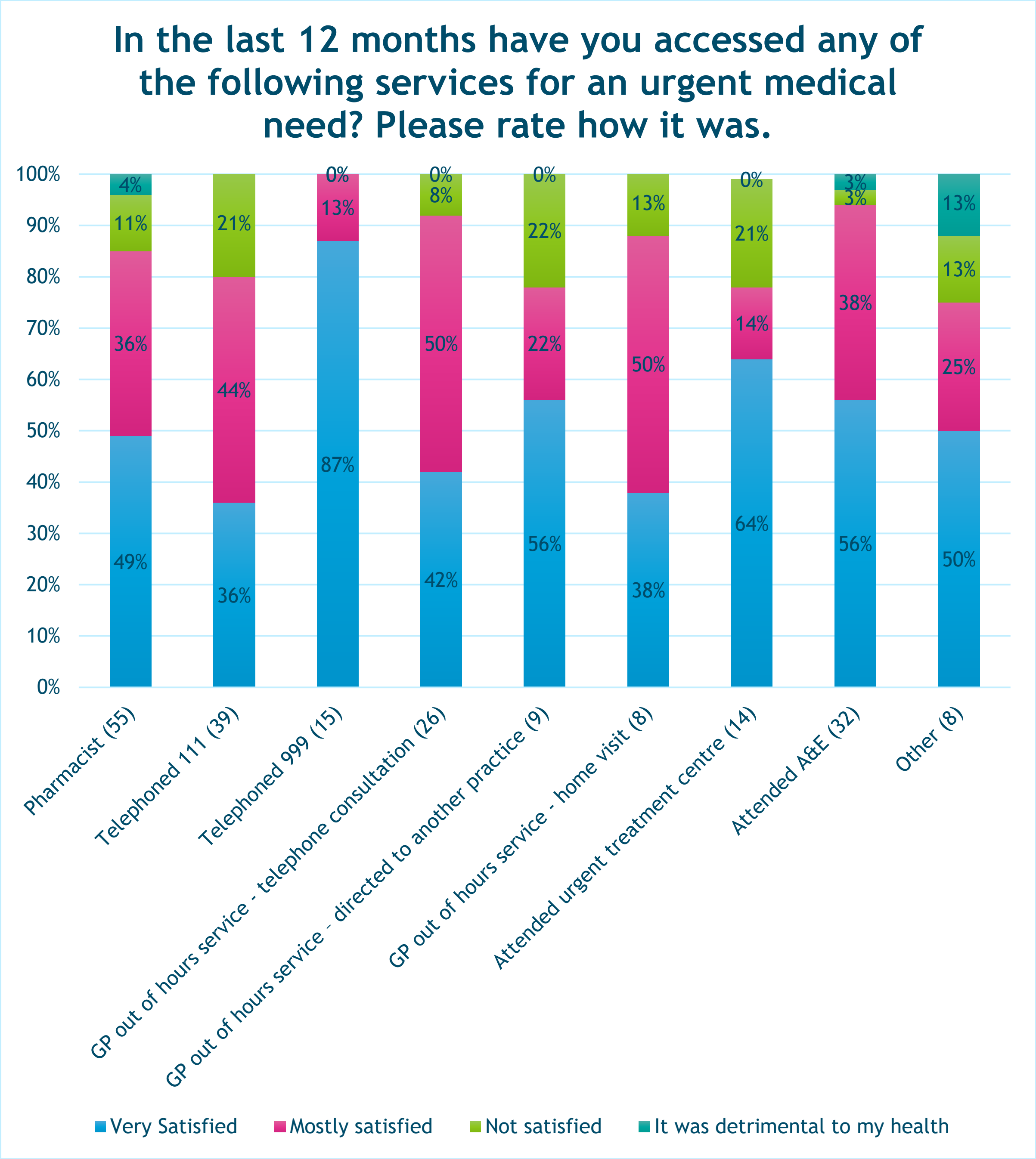
111 is the only option where I live as there are no drop-in centres

There are no walk-in facilities in Harrogate area

Walk-in centre, but do not know where one is



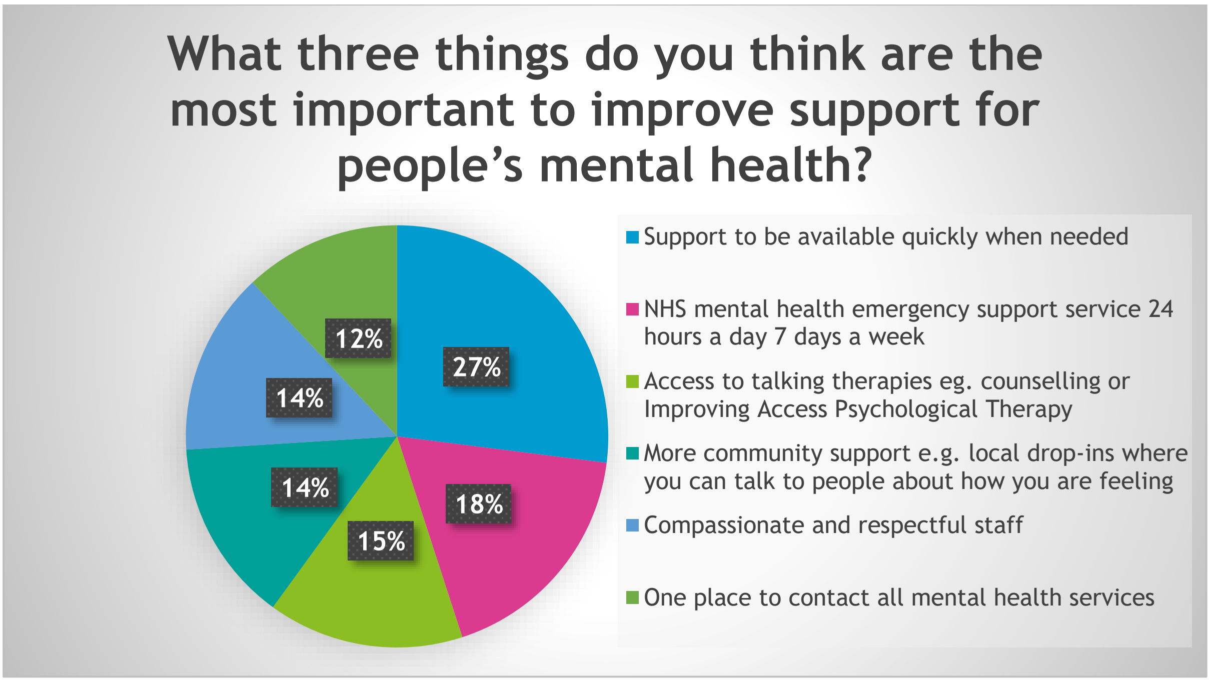
Similarly, when we asked which services people have used they were most likely to have used the pharmacy (55 people) or NHS 111 (39 people), though levels of satisfactions varied. Levels of satisfaction are skewed by the number of people using services, but do indicate that 999 is working to a good standard.



In the last 12 months have you accessed any of the following services for an urgent medical need? Please rate how it was.

Mental Health Conditions

The West Yorkshire and Harrogate survey asked what three things are most important to improve support for people's mental health and provided options to choose from. "*Support to be available quickly when needed*" was most often selected. In line with previous identified themes, people commented about long waiting times for services and a lack of local support services, and asked for improvements to be made to routine and emergency care through more funding and more staff. There were calls for more involvement of family, friends and carers in recovery plans and more joined-up working between services too. Many were concerned about a lack of inpatient beds available which is likely in relation to the closures in Northallerton and uncertainty around closures at Harrogate. These fears were based around the impact of travelling further to unknown surroundings with unfamiliar staff, and travel problems for family, friends or carers which could all be detrimental to an individual's recovery and support network.



North Yorkshire needs the range of comprehensive community mental health services, replacing some bed-based services, and ensuring a much greater range of talking therapies (not just IAPT) and primary care liaison - good models exist in other parts of TEWV and BDCT

When my son wanted to kill himself the A&E psychiatric nurse was great, unfortunately that was followed by weeks and weeks of waiting for counselling so when it was actually offered he refused. That delay is not helpful

Lack of accessible counselling support in the area. Lack of non-religious support. Service user input crucial for improving mental health services. Good knowledgeable group meets in Harrogate but I'm not sure how much weight is given by decision-makers to our views.

One more thing or any further comments?

Finally, both surveys asked if there was one more thing or any other comments. 163 comments were received (101 from West Yorkshire and Harrogate, 62 from general).

Many people talked about the need for more funding, less waste and more efficiency in general. However, some identified key areas which are most important to focused on including **hospitals** (9% 14/163), **GPs** (7% 12/163), **A&E or ambulance service** (3% 5/163), **community and voluntary services** (3% 5/163) and **mental health services** 2% (3/163) as well as dentists, social care, fitness and exercise programmes or alternative therapies.

21% (34/163) thought the priority should be **staff** as suggestions were around increasing **front-line staffing levels**, improving staff training and treating staff well in terms of recruitment and their wellbeing. More time to talk with professionals and time for them to listen were important to allow the patient to have more choice and control in their care.

17% (27/163) reiterated the importance of access to services when they need them, with a particular focus on **reducing waiting times** and more availability of appointments. Along this theme, 7% (12/163) echoed the issues with transport links which causes services to be inaccessible for some and requested more local services or transport support for NHS care. Another 4% (6/163) were concerned about local services that have been closed or moved further away, which had a detrimental impact on their ability to access services.

Better communication between services was significant for 13% (21/163) of respondents. Examples shared included a lack of communication between homecare or social care and hospitals; NHS services and carers or relatives; hospitals and GPs; professionals and patients; and within NHS departments. Sharing of information and records with other services was thought to improve smooth transitions between services, make care better and result in less repetition for the patients.

We need a better way of apportioning money per head. North Yorkshire should get a rurality bonus. Our area is too large with poor transport links

Overall in the area where I live I think primary health services are appropriate, however, secondary health care is being taken away from locality perspective which as one ages is a daunting factor

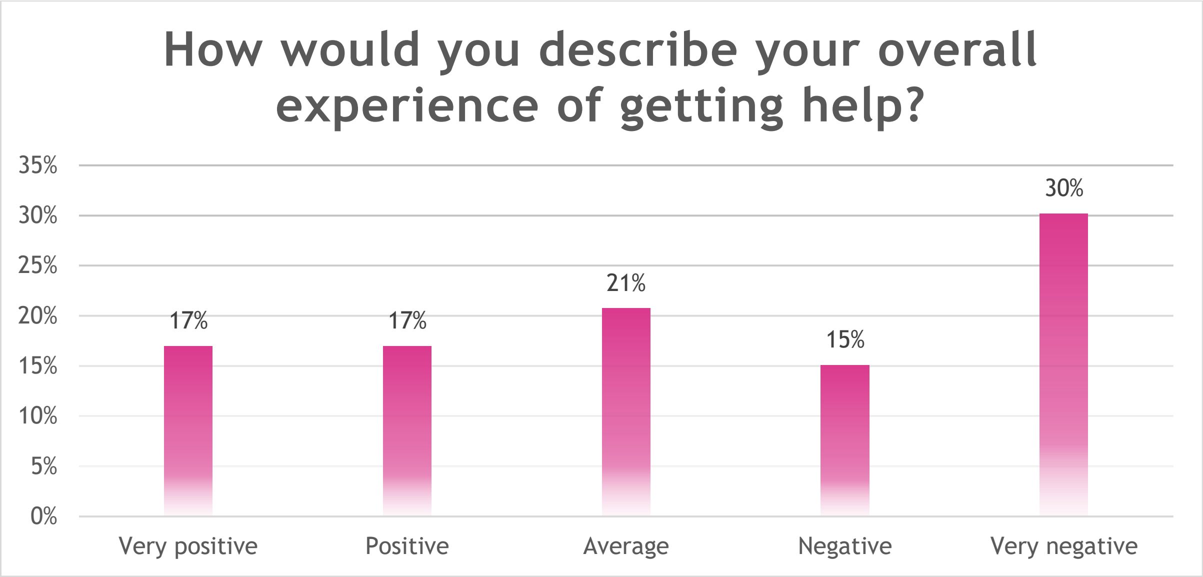
That care was holistic. Currently it is fragmented and this means there is a lot of wastage. I have experienced inappropriate referrals, having to cancel an appointment with one department because it depends on the outcome of an appointment in another department, which has been cancelled on numerous occasions by the hospital, conflicting advice from health professionals, useless equipment etc

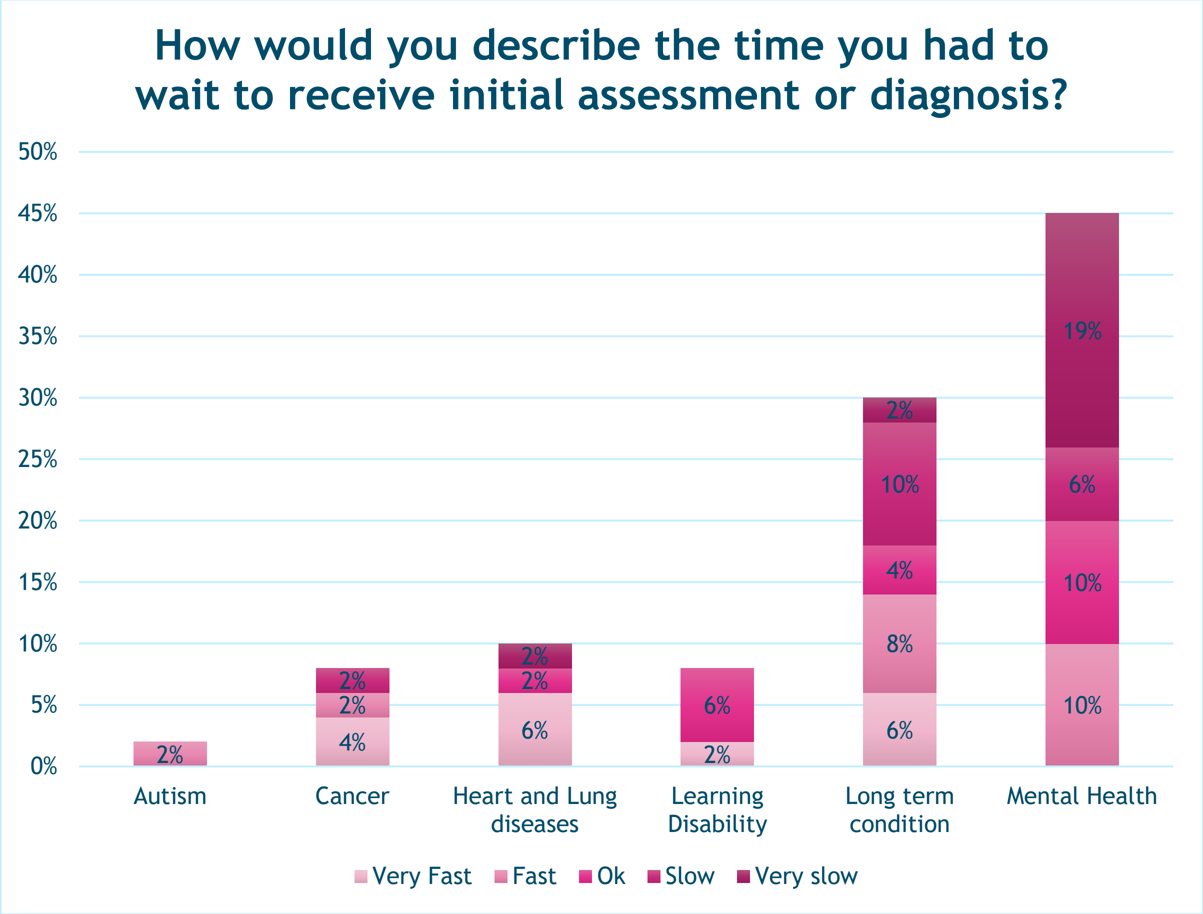
What matters most when you have a long-term condition?

In total there were 55 specific surveys collected from people living with long-term conditions in North Yorkshire. 45% of these conditions started in the last three years.

Assessment, diagnosis and treatment

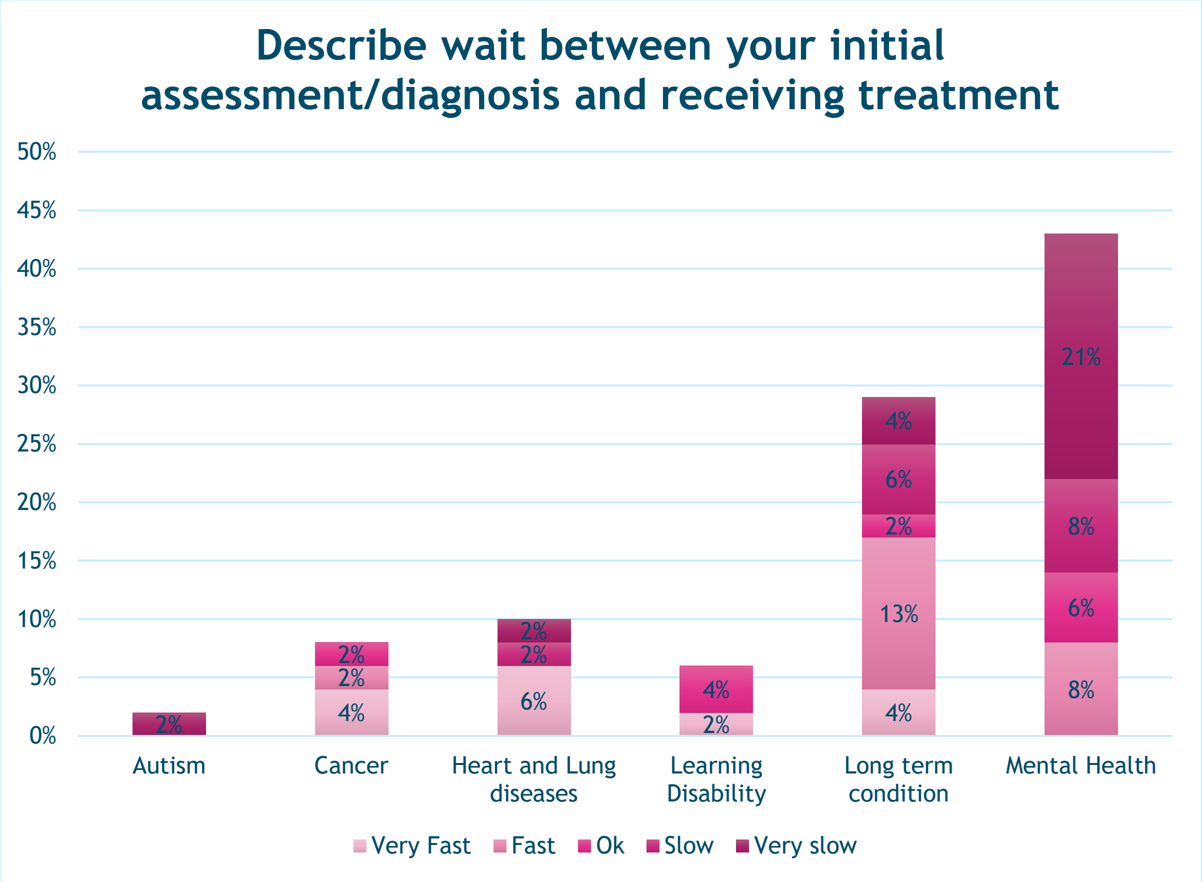
When it came to first accessing help, 36% (20/55) of respondents felt support met their needs, 22% (12/55) felt their needs were somewhat met and 40% (22/55) feel it did not meet their needs. Most people (45%) felt that their overall experience was "*negative*" or "*very negative*", and this was particularly high for people with mental health conditions. People with mental health conditions were also most likely to describe the time they had to wait to receive initial assessment or diagnosis as "*very slow*". Where people gave details, the "*slow*" and "*very slow*" qualifiers ranged from three weeks to eight years, with most people waiting months and describing a **lack of support available** or situations where they were **sent to multiple services** before they got the right support. "*Fast*" to "*very fast*" ranged from one hour to one year with most diagnosed within two or three months and described being sent for treatment quickly. Of the 33 people who told us they had an additional condition, most (55%) told us that "*it made getting support harder*" for them, but 13% say "*it made it easier*" and 32% said "*it made no difference*". Positive experiences included **regular contact** with professionals; **timely** diagnosis or initial assessments and being **signposted** to community support with **good-quality information** given to them. Equally, negative experiences comprised of long waiting times where delays resulted in hospital visits, lack of information and support and not enough prevention work.


How would you describe your overall experience of getting help?


How would you describe the time you had to wait to receive initial assessment or diagnosis?

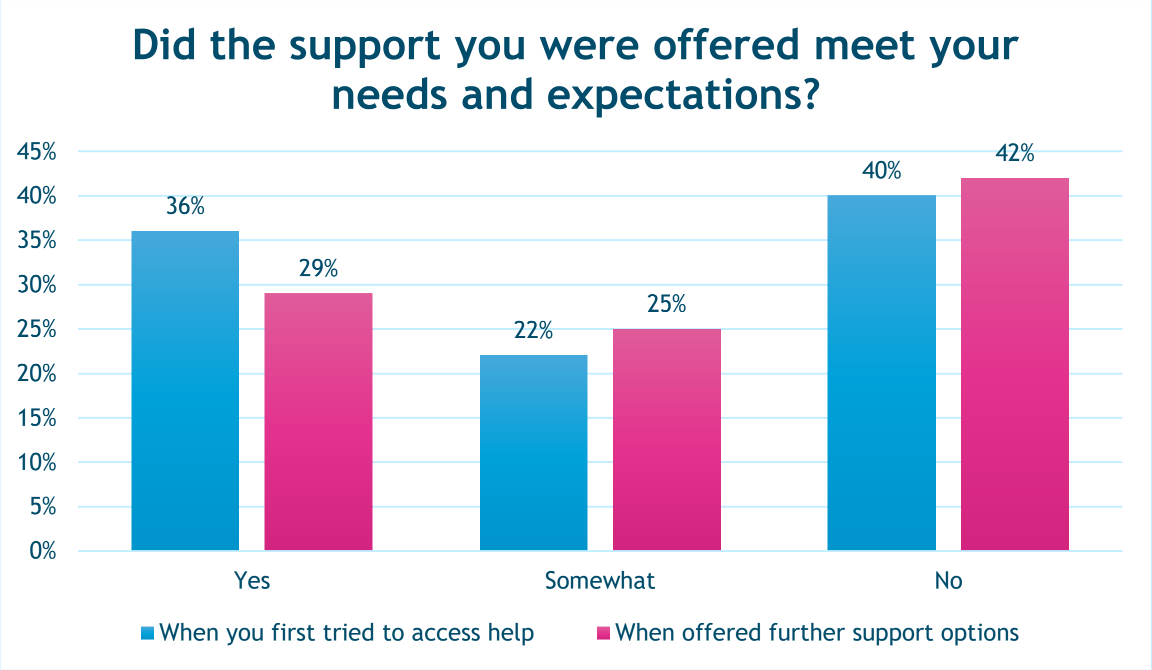
The provision of ongoing care and support

We asked about the time it took to receive treatment after initial diagnosis or assessment. The majority of people described it as "*very slow*" and this was particularly prominent for people with mental health conditions. Only 55% (30/55) of people told us they were offered access to further health and care support after being diagnosed or assessed. Where people told us that they accessed support, we asked what it was like. Things that worked well were when people were given good information about available support; professionals were helpful, caring and non-judgmental; the treatment or support improved their condition; proactive investigations led to further diagnosis; other services were linked in well to enhance support; and their carer or family were also supported. Things that could be improved included getting good information about support that is available more quickly; more regular access to professionals through a single point of contact rather than being "*passed from pillar to post*"; weekend support, young people's support and A&E crisis support; and more joined-up working between services.



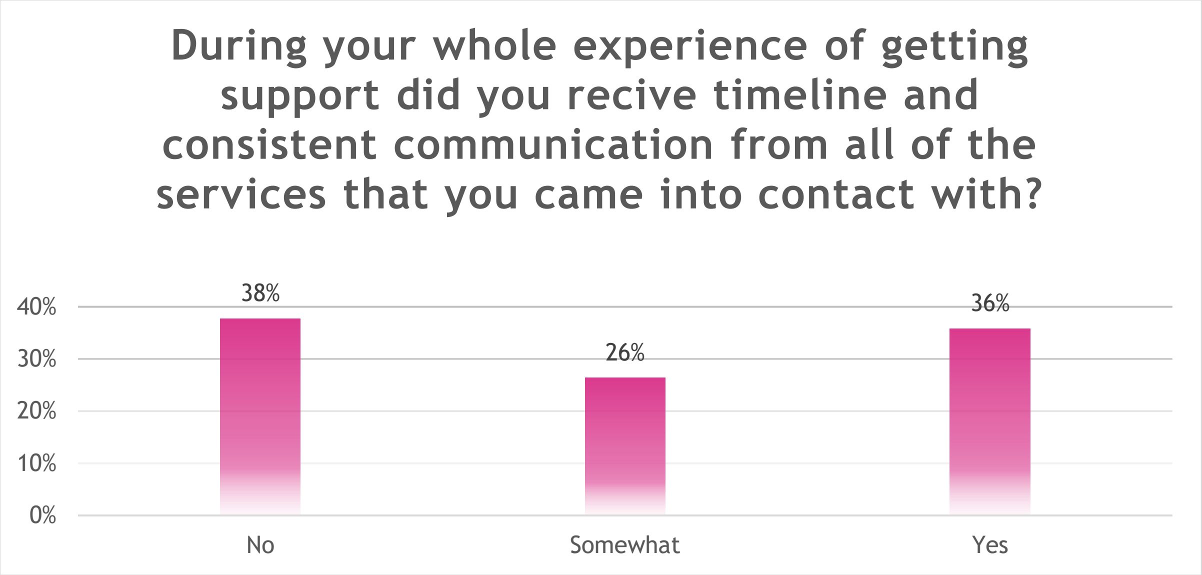
Of the 55% (30/55) who were offered further support, most (25/30) were also referred to a specialist; and of the 40% (22/55) who weren't offered further support, half of them were referred to a specialist. Around half (18/37) of those who did see a specialist considered the time they had to wait from diagnosis to seeing the specialist as "*fast*" or "*very fast*". Disclosed times scales ranged from three days to one month.

When it came to the further support options offered, 29% (16/55) felt support met their needs, 25% (14/55) felt their needs were somewhat met and 42% (23/55) felt it did not meet their needs. These levels were reflected when asked how easy it was to access ongoing support after initial diagnosis and assessment as 62% described it as "*difficult*" of "*very difficult*". People with mental health conditions were significantly less likely to describe accessing support as "*easy*", whereas people with cancer or heart and lung disease were more likely to find it "*easy*" than any other people with long-term conditions. Similar to the diagnosis stage of treatment, at the ongoing care stage comments showed that people valued professionals who **work together** across different services; **being seen locally** for example at their GP surgery; **regular contact** with professionals; **treatment and support** that improved their condition and useful knowledge or **signposting information**. Areas for improvement were along the same lines with people sharing experiences of a lack of joined-up working; having services that were too far away; inconsistency with support and professionals; delays in access and lack of information about available support during long waiting lists.

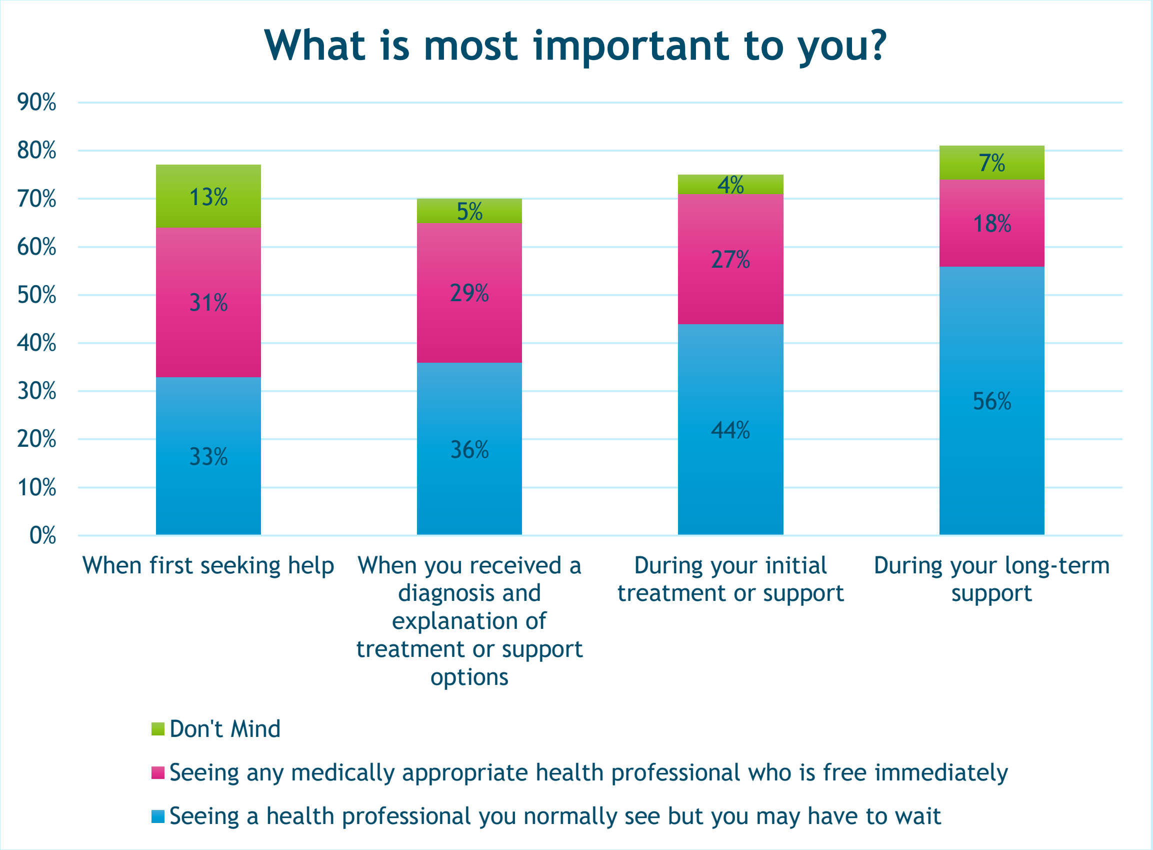


In keeping with earlier themes, when we asked what communications were like most people (38% 20/53) did not experience timely and consistent communication throughout care. People shared their experiences and told us they would like clear information about what is happening and for their information to be shared with other services to ensure more co-ordinated care.

Everything operates in isolation. Needs better co-ordination so that there is not a time delay at every stage

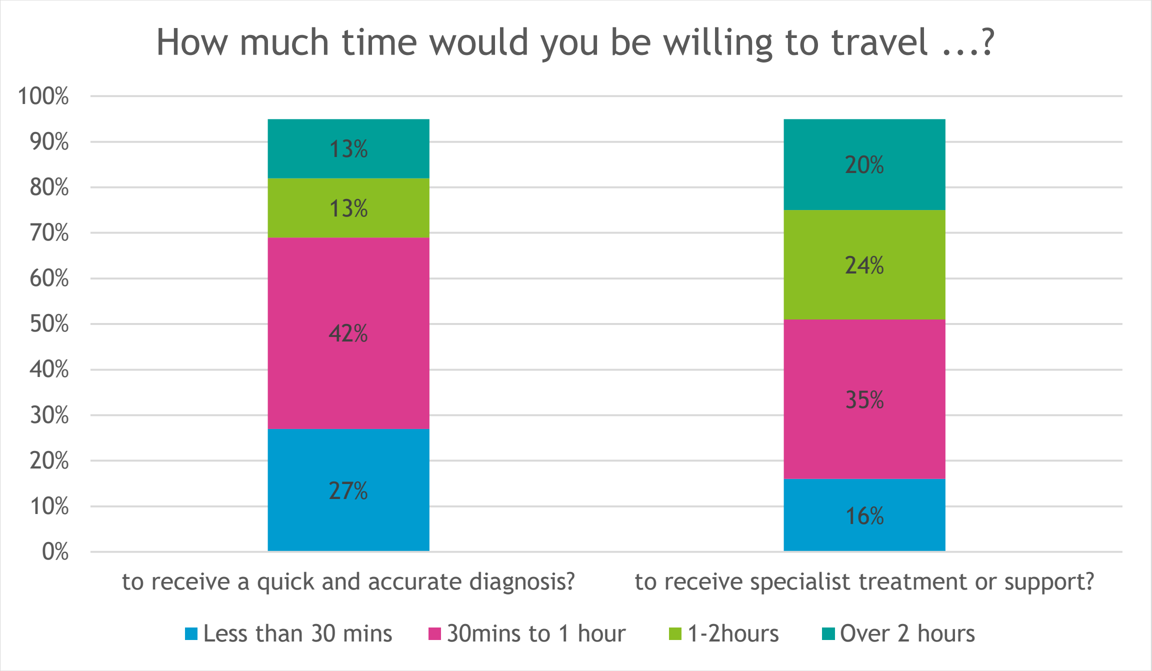


During all stages of treatment, respondents felt that “*Seeing a health professional you normally see but you may have to wait*” was most important, and this was particularly valued during long-term support.



Time spent travelling to access support and care

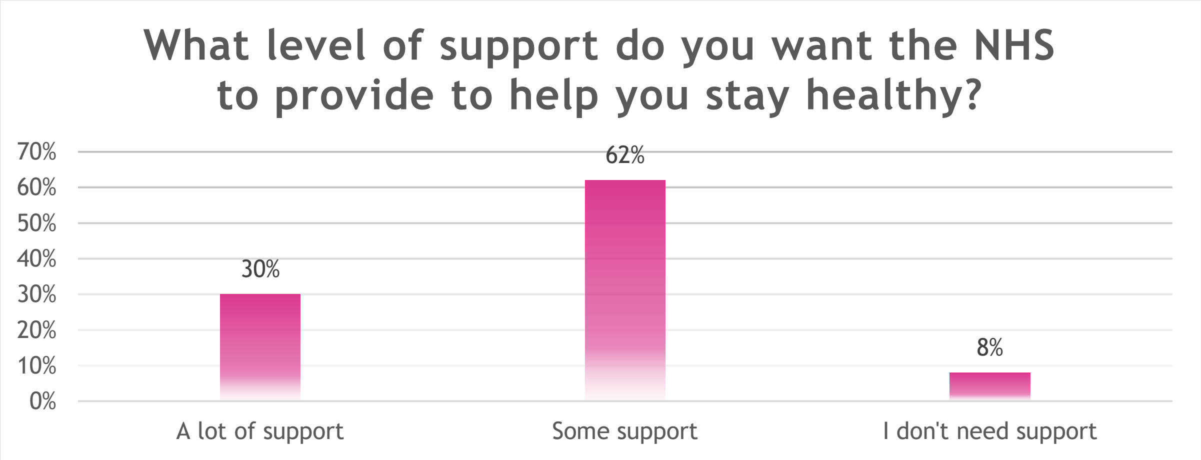
42% (23/55) of respondent told us their main means of travel was their own car, but 53% (29/55) told us they rely on other means including getting a lift in another person's car, bicycle, bus or taxi. This reflects the sentiment from respondents in the general survey who were concerned for people who struggle with access to transport links. We also found that people are most willing to travel 30 minutes to one hour, where people who have their own car are more likely to be willing to travel further.



Supporting you to have more control over your care

People told us they want "*some support*" from the NHS to stay healthy. Comments consisted of similar themes to the general survey around easy or regular access and information on support which is locally available. They felt that services could be more joined up. Some said they were happy with the current level of support they received to stay healthy and would like it to continue.

Be aware of what else I could access if NHS unable to help, work with professionals from other organisations rather than exclude them - if someone is important to me and my care then I expect the NHS to acknowledge that!



healthwatch
North Yorkshire

Focus on: Implementing Mental Health Services

We spoke to three groups of local people with experiences of using services to support their mental health needs in each ICS area - Scarborough, Northallerton and Harrogate. We discussed how mental health services should be implemented locally in the future including what currently works well and what areas should be improved.

What works well?

Mutual aid and community support groups Members of all three groups were very positive about the benefits of mutual aid in the community and this serves as the most important part of mental health care for them. In **Northallerton** and **Harrogate**, they told us how living with a mental health condition can be very lonely and isolating so having company, support and understanding from fellow service users was seen as highly beneficial. They told us the importance of places where they feel comfortable, protected, safe and able to be themselves. In **Scarborough**, they told us that these community support services often have excellent hyperlocal knowledge about what alternative or extra support is available for them. Participants hoped these could be more widely available and open more often including evenings and weekends. It was seen as positive when GPs knew about these services and were able to refer people there for support, though this didn't happen often.

It's good to get out the house

Something to fill the time

Something to look forward to

Having someone consistent to talk to There was a lot of value placed in having trusted and consistent support workers or GPs. Some had good experiences of this happening and some shared negative experiences when this didn't happen. In **Northallerton**, it was thought that regular contact enables professionals to "*get to know you*" and they can spot a difference in demeanour, which avoids inaccurate judgement based on how patients present on the day or based on previous notes. Face-to-face contact was particularly valued in **Scarborough**, and in **Harrogate** it was appreciated when GPs booked follow-up appointments within the current appointment to ensure continuity of care.

It takes time to build trust, and even longer when keyworker changes

Being listened to and involved in care In **Harrogate**, people shared positive experiences where they were given choices about their care and support, and given information in a way they understand. It was important to be treated as an individual where personal experience and expertise is valued and recognised. They told us it was empowering to have a voice and speak out on their own behalf to feel in control of their actions. One person said "*I know what and how I feel*". In Scarborough, they said it works well when professionals take time to really listen with compassion and understanding. However, in future they expect communication about what is going to happen to be more clear, and shared with individuals and families if they want it (though some wouldn't want it shared). We heard many comments saying that care plans need to be based on patient needs, not service-led, and that it would be more transparent if service users could see their own health records.

There needs to be good communication and trust; valuing and respecting what I have to say

I should own my care/support plan and be supported to have more control over the choices I make

Good knowledge of mental health In Scarborough, they felt the best professionals are those with lived experience, and that more staff like these are needed at all levels of mental health services. They said it works well when staff are trained in mental health and have good local knowledge. They thought this training or experience should be applied in all areas of healthcare; and that specialist mental health support workers should also practice in other places too such as non-NHS community centres, substance misuse projects and the job centre. It's thought this would help to share knowledge and gain other skills, resulting in better care for the patient. In Northallerton, it was suggested that hospitals have somewhere which can be used to talk privately or for there to be mental health support workers in hospitals. In Harrogate, some said they would like a broader understanding of their own mental health conditions to enable them to help themselves to stay healthy and well. There was a suggestion that some GPs are "*not clued up*" about mental health, but it was positive when they had good local knowledge and were able to refer to community support. Shared knowledge seemed to be valued as a way of making care more person-centred and having more treatment choices available. Without it, "*it seems like a one-size-fits-all, where no other options are available, if you don't do what is suggested. Short-term CBT doesn't work for everyone*"

What could be improved?

Less travel to hospitals, more local services As a result of their condition hospital visits were not uncommon for people we spoke to, and in all three areas the issues of travel to hospital was brought up. In Northallerton, the lack of transport links was highlighted, particularly in the evenings, and so it was suggested that more emergency services close to home would beneficial. In Harrogate, they asked for increases in mental health beds with two people telling us they had been sent to Middlesbrough. In Scarborough, they said that hospital services are too far away to access, but that the crisis team aren't big enough to cope with all they have to deal with. When people shared their experiences of being hospitalised far away, they told us the impact of not having their support network close by and strongly suggested that more support on discharge from hospital is needed. They felt reintegration after hospital discharge for acute mental health could be improved to support people back into employment, alongside better communication with other support services. However, there were some positive experiences of people being supported to stay in their own home, with more in-home care support.

You can be admitted or taken in an ambulance, to a hospital far away, and then discharged when there's no public transport running. You're expected to get back home from wherever the ambulance has taken you – not everyone can afford taxis or buses

Less digitalisation The importance of having someone to talk to was a reason why digitalisation was not favoured, alongside a lack of phone memory; fear of potential costs to download; complications and stress caused by using online services; problems with connectivity in rural areas; not having a smartphone or computer and uncertainty about online security of their personal information. While it was largely thought to be impersonal to use technology for patients, it was acknowledged that digital appointments could be useful to get guidance, perhaps once a week, if able to access. Some did find it useful to book appointments and used apps to help with their mental health.

Better GP access Being able to quickly make an appointment or having a chance to talk to professionals was important, particularly when in crisis or relapse. It was thought that waiting times for GP appointments are too long and there is a need to reduce waiting times for mental health diagnostics and treatments specifically. For some going to the GP helped, but they felt they needed more time in the appointments to discuss all their current issues. Other mental health support services were also thought to be too busy with long waiting lists. For example, access to counselling was thought to be especially slow in **Scarborough**. Age, autism and other conditions sometimes made it harder to access services. They told us that time-limited options are difficult to cope with and add more pressure, which can exacerbate conditions and affect the success of the treatment.

More joined-up working We heard many situations where people have had to retell their story several times to several different services or professionals. People told us how this can be traumatising to recount, and that it is also an inefficient use of time. Many told us that communication between services need to improve to ensure more joined-up working, and that by sharing information like medical histories it could lead to better treatment. This included sharing of information with family, friend and carers who could also provide an important role in their care, treatment or recovery. One respondent shared their experience of their physical health and mental health being treated as separate entities: "*If you go in with leg pain, they say it's because of your mental health problems. Doctors just fob you off for your physical health problems because you have a mental health diagnosis*". Another told us about difficulties with substance misuse and mental health conditions where only one condition can be treated at a time, yet each has an impact on the other.

Share the system!

Work in partnership with carers and family members, they are a valuable resource

Not to be referred from one service to another

If you drop out of services, you fall through the gaps as it's felt no one chases you up or checks what went wrong

I've rung Samaritans and crisis helplines and places like that before, but they aren't here so they don't know what support is around me, what services are available here for me – they are at the other end of the country

Focus on: Implementing Primary Care Services (BAME)

We also conducted a focus group with 21 local primary care service users from the ageing Gurkha community in Catterick Garrison. We spoke to the group about the NHS Long Term Plan and we explored in further detail the priorities to develop primary care.

What works well?

Interpreters People told us that having an interpreter was highly important for them to be able to access services. This was important to be able to communicate their issues and fully understand the advice and treatment health professionals give at GP surgeries. However, this is only available two mornings a week through a specific staff member which means there is a limited availability for the appointments. They hoped for more flexibility in future rather than fixed times which can be inaccessible for some.

Specialised, local services People told us about positive experiences at **Phoenix House Personnel Recovery Centre** where they received holistic treatment and support. They valued the old military hospital before it closed. The group also appreciated the outpatient services at Richmond as it is closer to home which is better than having to travel long distances to hospitals. They hoped for more local services and when asked which hospital service would be most important to have close to home, eye clinics were suggested. Their reasons for this was that eye problems make travelling long distances even more difficult and that cataracts seem to be a common problem in an ageing community.

What could be improved?

Less digitalisation The idea of digitalisation was not favoured, as again interpretation would be needed. Not being computer-confident meant many would not be able to access technology without the help of a younger family member, and not all members of the community do have that support available to them. This also compromises the privacy of those who would need to ask for help.

Less travel, more local services Having to travel far for appointments was seen as a major problem in this rural area, especially since participants felt ageing often leads to more health appointments and more difficulties with mobility. The lack of public transport links to hospitals was of particular prominence. One man shared his experience of having a cut on his finger which was bleeding and needed stitches, so he went to his doctors to get it bandaged up, but they signposted him to Darlington hospital. He tried the pharmacy but was also told the same again [minor injuries unit approx. 20-mile trip, 30 minutes if able to drive by car, but lacking public transport links if not]. He felt he was expected to travel on a bus with a heavily bleeding finger. There was a shared disappointment in the group in relation to this and many expected that a doctor “*could have done something*” to help like providing a bandage. The idea of more specialised support in local GPs would be beneficial if it leads to less travel to distant centralised hospitals.

Reduce waiting times, faster access A common theme across the surveys and focus groups was issues around having access to a GP more promptly. Many wanted to see the same GP throughout, particularly those with complex issues. The length of time it takes to wait for an appointment with a GP was thought to be too long and the length of time in an appointment was thought to be too short. However, there were some exceptions to this where regular doctors were thought to spend quality time with their patients.

GP appointments needed sooner, have to wait two weeks, need it sooner

More treatment options explained One member of the focus group shared an example of going to the GP about the side effects of his medication making him feel dizzy. After raising his concern, he was told by the GP to stay on the same medication, so he felt more treatment or medication options were needed. Better information about the medication and clear explanations around the decisions could help improve patient experience. A similar scenario was shared about needing a repeat prescription due to running out of medicine, but when the patient realised this, the GP surgery advised to wait 48 hours for appointment to get a repeat - “*we sometimes forget!*”. They felt more could be more done to remind patients when appointments and medication is needed, or perhaps better communication to reassure patients when they’re off prescription medication with clear explanation and empathy listening to their concerns.

Engaging people in Health Service Delivery

Engaging people and using their feedback to help local NHS provide services that work is a key enabler of the Long Term Plan. We wanted to find out what local communities think about this and when they think this engagement should occur and how it should be undertaken.

What is reasonable to expect?

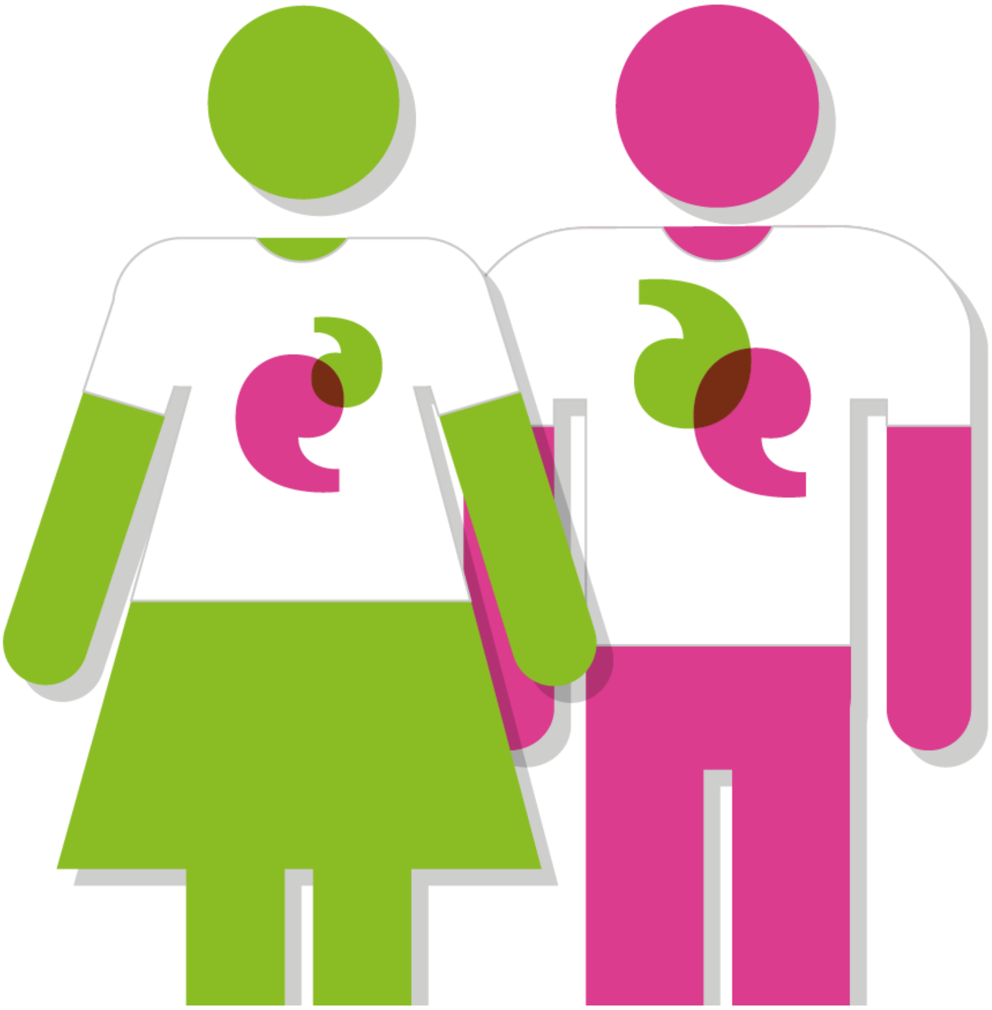
The **Northallerton**-centred focus group didn't feel listened to and didn't feel much would change as a result of their input, based on their past experience. While we were able to gain their views and provide some reassurances, they felt they often weren't involved in decisions and there was some reference to the Friarage being closed despite their wishes. "*Nothing's going to change*". It was felt that money issues and cost savings were more important than the public's opinions and views. The surveys also brought forward a few concerns about the lack of money and a failing system, "*just pouring money into a malfunctioning and incorrectly managed system is crass*". The public seem aware and concerned about money struggles within the NHS, which impede their expectations during treatment as well as during service changes. It was acknowledged by members of the **Catterick Garrison** group that "*you can't fix everything*".

Despite poor expectations, however, the focus groups seemed to agree that public involvement is important and thought that active engagement which reaches out to people in community hubs was a good way forward. Face-to-face conversations were preferred to written questionnaires which were thought to be too long. Participants confirmed that they would be happy to discuss in a group or give individual feedback, though once more it was noted that interpreters or text translation may be needed. Some felt that CQC inspections were "*not fit for purpose as services can prepare for them*", but that independently speaking to service users is more telling. There was not much awareness about where public engagement already take place in the NHS such as patient participation groups. So perhaps more needs to be done to promote existing engagement to wider audiences.

How important is it to see examples of where feedback provided by the public has been successfully transformed into action?

People thought it was important to see successful changes as a result of public engagement but with smooth transitions. It was considered that public reports were also important to see how feedback is transformed into action. There were suggestions that closing the feedback loop could be completed by going back to the original contributors and discussing the resulting implementations. Again, it was important this was done in a non-jargonistic manner and using interpreters or translations where needed. In **Scarborough**, it was suggested that reports on changes could be more widely available online.

Some of the **Catterick Garrison** group felt it would be important to get feedback on all changes that happen in healthcare services, not just those that affect them. Transparency was important in **Scarborough** with one person saying "*We deserve feedback whether we ask for it or not*". It was suggested that there should be acknowledgment from both sides (the professional perspective and the patient perspective) that not everyone understands in the same way so a variety of feedback routes are needed to ensure full representation.



Next Steps

We will ensure that all key stakeholders including system leaders, patients, carers and the public, receive our findings using an appropriate and agreed method. The comments and views that have been shared with us will, joined with other information we have received, help to inform the selection of our own research priorities ensuring that we are focussing on the things that matter to our residents across North Yorkshire.

We have shared the information we collected with Healthwatch Darlington to include in the North East and North Cumbria ICS report; Healthwatch Leeds to include in the West Yorkshire and Harrogate ICS report; and with Healthwatch East Riding to incorporate in the Humber, Coast and Vale STP report. These reports will be used to inform work locally and we will work collaboratively to ensure that these findings influence the implementation of the NHS Long Term Plan in our area.

We will also be reviewing the impact of the research findings by keeping positive and collaborative working relationships with the ICS and STPs and will be ensuring that any information fed directly to Healthwatch England from NHS England is also monitored so that we know what is happening at a national level as well as at a local level.

Demographics

*0 = not an option so not applicable

Method	Number of surveys collected in total
Healthwatch England General survey	312
West Yorkshire and Harrogate General survey	115
Healthwatch England condition specific survey	55
Focus groups	48
Total	**530**

District	HWE General Survey	HWE condition specific survey	Focus groups	WYH General	Total
Airedale, Wharfedale & Craven	0	0	0	4	**4**
Hambleton, Richmondshire & Whitby	79	0	28	3	**110**
Harrogate & Rural District	3	0	13	52	**68**
Scarborough & Ryedale	102	0	7	0	**109**
Vale of York	60	0	0	4	**64**
Not answered	68	55	0	52	**175**
Total	**312**	**55**	**48**	**115**	**530**

Your Age	HWE General Survey	HWE condition specific survey	Focus Groups	Total	Your age	WYH General
Under 18	4	0	0	4	11-15	0
18-24	3	1	0	4	16-24	4
25-34	16	6	1	23	25-49	25
35-44	22	6	0	28	50-64	39
45-54	36	9	2	47	65-79	37
55-64	85	18	7	110	80+	4
65-74	70	9	10	89	Prefer not to say	1
75+	49	4	12	65		
Not answered	27	2	16	45	Not answered	5
Total	312	55	48	415		115

Your Gender	HWE General Survey	HWE condition specific survey	Focus groups	WYH General	Total
Male	84	14	16	29	**143**
Female	192	39	18	78	**327**
Other	0	0	1	0	**1**
Transgender	0	0	0	3	**3**
Prefer not to say	5	0	0	0	**5**
Not answered	31	2	13	5	**51**
Total	**312**	**55**	**48**	**115**	**530**

Do you consider yourself to have a disability	HWE General Survey	HWE condition specific survey	Focus Groups	Disability	WYH General	Total
No	199	26	3	**I do not have a disability**	66	**294**
Yes	75	27	7	**Yes (people who ticked at least one option)**	29	**138**
Prefer not to say	11	1	1	**Prefer not to say**	8	**21**
Not answered	27	1	37	**Not answered**	12	**77**
Total	**312**	**55**	**48**		**115**	**530**

Do you have	HWE General Survey	HWE condition specific survey	Focus Groups	Do you have	WYH General	Total
A long-term condition	111	24	7	**A long-term condition**	21	**163**
				I have a physical and mobility impairment (such as using a wheelchair to get around and/or difficult using your arms)	13	
				I have a sensory impairment (such as being blind/having a serious visual impairment or being deaf/having serious hearing impairment)	1	
				I have a mental health condition (such as depression or schizophrenia)	8	
				I have a learning disability (such as Down syndrome or dyslexia) or cognitive impairment e.g. Autism or head-injury)	6	
				I have a long-term condition (such as cancer, HIV, diabetes, chronic heart disease or epilepsy)	16	
Multiple conditions	45	31	2	**Multiple (people who ticked more than one of the above option)**	8	**86**
Neither	125	0	1	**Neither**	66	**192**
Prefer not to say	0	0	0	**Prefer not to say**	8	**8**
Not answered	31	0	38	**Not answered**	12	**81**
Total	**312**	**55**	**48**		**115**	**530**

Your Ethnicity	HWE General Survey	HWE condition specific survey	Focus Groups	WYH General	Total
African	0	0	0	0	**0**
Arab	1	0	0	0	**1**
Asian British	1	0	0	0	**1**
Bangladeshi	0	0	0	0	**0**
Black British	0	0	0	0	**0**
Caribbean	0	0	0	0	**0**
Gypsy or Irish Traveller	0	0	0	1	**1**
Indian	0	0	0	0	**0**
White British	272	49	11	105	**437**
Pakistani	2	0	0	0	**2**
Any other white background	1	2	0	1	**4**
Any other mixed background	0	0	0	1	**1**
Other	4	3	21	1	**29**
Prefer not to say	0	0	0	1	**1**
Not answered	31	1	16	5	**53**
Total	**312**	**55**	**48**	**115**	**530**

Are you a carer?	HWE General Survey	HWE condition specific survey	Focus Groups	WYH General	Total
Yes	35	11	2	13	**61**
No	246	42	8	55	**351**
Prefer not to say	0	0	0	4	**4**
Not answered	31	2	38	43	**114**
Total	**312**	**55**	**48**	**115**	**530**

Which best describes you?	HWE General Survey	HWE condition specific survey	Focus Groups	WYH General	Total
Heterosexual	246	43	10	92	**391**
Gay or lesbian	6	2	1	3	**12**
Bisexual	2	3	0	2	**7**
Asexual	0	1	0	0	**1**
Pansexual	0	0	0	0	**0**
Other	7	1	0	2	**10**
Prefer not to say	7	3	0	7	**17**
Not answered	44	2	37	9	**92**
Total	**312**	**55**	**48**	**115**	**530**

Your Religion	HWE General Survey	HWE condition specific survey	Focus Groups	WYH General	Total
Buddhist	2	0	0	0	2
Christian	169	26	6	0	201
Hindu	0	0	0	0	0
Jewish	0	0	0	0	0
Muslim	1	0	0	0	1
Sikh	0	0	0	0	0
Other	3	3	2	0	8
No Religion	87	20	2	0	109
I'd prefer not to say	17	5	1	0	23
Not answered	33	1	37	115	186
Total	**312**	**55**	**48**	**115**	**530**

Hyperlinks

Long Term Plan - https://www.longtermplan.nhs.uk

Sustainability and Transformation partnerships - https://www.england.nhs.uk/integratedcare/stps/

Integrated Care Systems - https://www.england.nhs.uk/integratedcare/integrated-care-systems/

Healthwatch Darlington – http://www.healthwatchdarlington.co.uk/

North East and North Cumbria Report (South Report) - http://www.healthwatchdarlington.co.uk/sites/default/files/hwe_ltp_south_report_07072019_0.pdf

Healthwatch Leeds - https://www.healthwatchleeds.co.uk/

West Yorkshire and Harrogate Report - https://www.wyhpartnership.co.uk/application/files/7315/6208/4734/NHS_Long_term_plan_report.pdf

Healthwatch East Riding - http://www.healthwatcheastridingofyorkshire.co.uk/

Humber Coast and Vale Report - http://www.healthwatcheastridingofyorkshire.co.uk/sites/default/files/humber_coast_vale_long_term_plan_report_final.pdf

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