What's Important to you?

We ran a survey which was open for 6 months from October 2018 to March 2019 asking people what's important to them and what they think Healthwatch North Yorkshire should be looking at. We also asked question about their awareness of Healthwatch and where'd they'd heard about our service. We heard from 328 people. These are the findings from that survey.

What's Important to North Yorkshire?

When we asked people what NHS or social care services they think Healthwatch North Yorkshire should look at in its next work programme and why, there was a great variety among the 222 responses we received. However, some key themes did emerge as follows.

Q5 What NHS or social care service do you think Healthwatch North Yorkshire should look at in its next work programme?

Mental Health

Around 36% of people's responses suggested we should look at mental health in our next working programme. The main sentiment of this theme was about the lack of provision or support services available in North Yorkshire and the long waiting times. From the feedback given, people think that there is a clear lack of funding and therefore staffing, which affects the level of care, treatment and support provided for patients.

"Under funded, understaffed, potentially fatal"

"Not enough support. Referrals to support too long. Greater need for specialist support"

"Has been neglected for many years, the plans to move inpatients out of area is a backward step!"

"Mental health social care support is changing in North Yorkshire, better clarity and access to mental health social care should be possible, and commissioners needs to know what is needed"

Moreover, the disparity of mental services was highlighted across the whole of North Yorkshire with many people highlighting particular areas and districts where support is lacking.

"In the Harrogate district we are about to have no such service in this area"

"Because no support in Northallerton District for mental health no counsellors"

"Access to crisis worker, prevention of mental health breakdown. Drop-in / open access available in other area but not in Hambleton and Richmondshire"

"Craven Mental Health Team. There waiting list is awfully long and for people like me with mental health problems it's such an inconvenient wait."

"Bradford NHS Trust covering Craven s appalling"

"Mental Health Services are poor in the Selby area (None existent). Services are needed"

While there was a definite trend that mental health should form part of our working plan, there was contrasting views on which aspects of care and varying levels of mental health issues. For example, more specific suggestions ranged from low level mental health issues or general health and wellbeing to crisis facilities, A&E and emergency care. There were several mentions of hospitals, mental health beds and care of those who are sectioned. There were also requests to look at prevention work, talking therapies, community mental health teams and community activities for peer support or self-help.

"The provision seems to be decreasing. Also there is a need for counselling and other talking therapies to be much more available rather than drug therapy"

"There is a lack of support for those suffering mental health issues and whilst IAPT is good it is not enough for everyone. Further follow up services would be great"

"Crisis bodies who you call when people are mentally in need being available 24/7. When I have people in medium crisis I have nowhere to go as everything is answer phone or engaged. Very stressful"

"Mental Health provision at A&E, because it is not fit for purpose and only looks at physical health in its policy. However mentally ill you are, you are given the same priority as a non-urgent case. Mental health patients/those who have illness but not in services as it is very hard today to get mental health services - they concentrate on firefighting mental health not prevention"

"It is diabolical. Relative on acute MH ward with skeleton staff, pharmacy miles away, closing down soon and 2 consultants in 8 weeks. People with long term problems as care in the community isn't for all"

"The current providers are not delivering the quality and level of care required and people are needlessly suffering or dying as a result…. Trauma specific services, community mental health treatable and crisis services rarely receive the attention those services require"

While many highlighted that mental health support is important for everyone, other comments suggested it was more difficult for certain people and that we should focus on specific groups. A majority of these suggestions were often based on age with lots of people saying we should pay attention to children and young people or the elderly, and their respective services.

"There is very limited support for those suffering with mental health issues, particularly children and especially in rural/remote areas such as the Dales"

"The continued quality of mental health services for older people"

"Vulnerable people. Those with long term chronic conditions. Also the young. Don't forget the older generation"

Yet, some people did note the lack of support available for those in between these specialist service groups too.

"Focus has been given to young and old at expensive of those in between i.e. working age"

"Working age especially 24 +, seems to be help for youth and 50 + groups. what about 25 - 49?"

Another trend occurred where people were mentioning a lack of joined up working between services. Some of these were within mental health services, especially at the point of discharge, such as the lack of support during transitions from young people's services to adult services, or the transition from hospital to community. Whereas others suggested we look at people who are getting support from different service for different conditions. Again these all related to gaps in service provision or where the level of care can be improved. Dual diagnosis and other conditions or issues which affect the support available were also highlighted. These included traumatic brain disorders, autism, substance misuse or alcohol dependency and learning disabilities.

"Primary Care Mental Health services. What is the offer, where are the services, are there any gaps, how does it link in with secondary services / IAPTs, who can access the services - age, - to whom do they refer on - secondary / third / voluntary sector?"

"Mental health and complete lack of aftercare following discharge. I feel unsafe. [You should concentrate on] recently discharged mental health patients"

"Lack of psychological support in the area for mental health and also for trauma, Neuro services etc. Because there is 0 service here. I know numbers aren't great but the effect on those of us with traumatic brain disorders and / or PTSD is huge!"

"People with autism and comorbid mental health problems. If you are autistic with a mental health problem, local services invariably say they can't help you because they don't understand autism or how to adapt psychological therapy for autistic people"

"People with dual diagnosis- mental health & substance misuse. Offenders & homeless - access to services"

GP appointments, access and waiting times

Around 16% of people told us we should be focusing on GP's. There were a few positive comments about GP's being supportive and accessible, but many people told us their difficulties in getting an appointment and the long waits involved at their local surgery's. Most comments related to appointments access rather than a lack of care. People often struggle to get through on the phone and expressed disappointment about waiting times which, where disclosed, ranged from 2 days to 4 weeks. People commented on wanting to see their own GP, but also a long wait despite their willingness seeing any GP. There were some negative comments and a lack of understanding about the information receptionists need in order to book an appropriate appointment.

"If I wanted to see my own GP I would have to wait at least two weeks and even if I phone up for an appointment with any GP on the day, more often than not all the appointments have been filled and you can only phone up on the morning which is a first come first served. IT IS DISGUSTING"

"It is impossible to get appointments. Told to ring at 8:00am. This will enable you to book an appointment. What a joke!!! I recently rang on 5 consecutive mornings, 8:00am as told. On hold each morning for 30 to 40 minutes. When finally got through, to be told "All appointments are gone. Ring back tomorrow at 8:00am" Doesn't matter how seriously ill patient is, it's the same answer. Then, if you end up ringing 111 or going to hospital, the first question is " have you seen your GP?" If you DO finally see GP and he wants follow up appointment, you then get quizzed by receptionist, as to why!! Everyone must be as frustrated as me. But it must be extremely frightening for parents of young children. Individuals living with dementia. Carers. Elderly. And for those who are terminally ill"

"Same day access to GP when required. Service users know when it's time to ask for help. So having to wait a few days or weeks is detrimental for the patient. Patients with mental health problems!"

Some people expressed their preference to have a regular GP and the importance of this.

"Difficult to get appointments. Never see the same doctor"

"Length of time to see my own GP. I don't want to see a nurse. I want my own doctor. 4/5 weeks. It takes too long for an appointment"

"GP care in the community. Appointment systems in particular. Continuity of care with designated GP. Because appointment systems are not one size fits all. Often difficult to impossible to book appointment with continuing GP, or (importantly) book, say, two months in advance for monitoring check-ups"

There were also some solutions offered for this:

"Encouraging communities to look after selves and each other. Info/training for communities to develop general knowledge around illness/wellness and how to avoid clogging up GP surgery"

"Use of A&E, Out of Hours, GP etc. Continually trying to ensure people attend the correct service at the right time makes the whole service run more efficiently from the beginning. Means people can get emergency care when they need it and see doctors when they have general health concerns which may lead to the early diagnosis of disease etc because the patient could actually get an appointment"

"Reducing waiting times. How: Try and employ more doctors. How: make GPs a better alternative by better hours and pay"

"Reducing the workload on NHS staff. The system is clearly overloaded. Waiting times to see GPs are excessive. A&E Scarborough is under extreme pressure"

Rurality and transport

There was also a number of responses that suggested we look at issues of rurality and transport links or travel to health and social care appointments. 14% of responses suggested we look at this in our next working programme. Many of these used the elderly as examples of people who are particularly disadvantaged by a lack of transport, though there were other examples such as people living with disabilities or those on lower incomes. The lack of services in rural areas was again highlighted. People also commented on the need for more local community support and better access to local community activities to reduce social isolation and increase health wellbeing.

"Effects upon social isolation in rural areas"

"The bus services out to the villages are not as good leaving people who don't drive finding it difficult to get to a surgery and chemist. Is there anything that can be looked at to help these people?"

"Transporting patients/clients to activities and appointments. It is a services that is lacking in support of people (elderly) - people do not wish to pay for transport, then become isolated. Volunteer drivers. Services providing transport for people to attend their groups/events"

"People without private transport, public transport is sparse where we live and getting to appointments can be difficult"

Many of these responses related more specifically to access to hospitals, outpatients care or emergency care.

"The rurality of N Yorkshire and the long distances many people have to travel to district hospitals often from areas with little or no public transport. The elderly especially those who may no longer be able to drive and rely on public transport"

"Patient Transport Services. Recently YAS have reduced the amount of transport for patients needing to go to outpatient appointments. The criteria for being eligible have changed"

"Emergency care - Drop ins, A & E. Not enough facilities in local area"

"Support services in the rural communities and how people are met to access these services if they do not have access to their own transport; public transport is limited and expensive if living on benefits i.e. universal credit. People living on their own and no family / neighbour network i.e. people who have retired here and then become unwell. Lack of access to transport"

The movement, closure and transfer of services were often mentioned, particularly in relation to access, travel issues and involvement in changes.

"All Scarborough Eye patients now have to travel to Bridlington. No transport provided. This now entails 3 buses. Not easy when you have eye drops in! A 93-

year-old has to do this. Because many services have been transferred to York, Bridlington and Middlesbrough transport is a problem especially if you are elderly and have given up driving. Breast Cancer and Heart Patients are now also being transferred to York. When Scarborough merged with York, we were promised no loss of services. This is patently not true and needs to be addressed" [This survey has been completed by "The Voice" Scarborough and District Older People's Forum representing 100 people]

"Cancer care in Scarborough. Because diagnosis and treatments of cancers are being taken out of Scarborough Hospital and patients are having to travel to York, Hull or Middlesbrough for treatment. At a time in their lives when their health, and possibly life, is in the balance it is wrong that they should have to travel so far. Many patients don't have their own transport and the public systems are slow, poor and often non-existent. There is also the fact that some cancer treatments make a patient feel exhausted, nauseous and emotional, it is unfair that they should have to do this on public transport. I have my own experience of having to attend York hospital because there are no facilities in Scarborough - other than a cabin in the carpark for mammograms and have to wait at least 2 weeks for a result."

"People are having to travel out of North Yorkshire- to James Cook at Middlesbrough or Darlington for treatments which should be available at the Friary in Richmond or the Friarage, Northallerton eg macular injections and consultant appointments"

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Hospitals

There were a lot of suggestions about various hospital services included in around 9% of responses. Most of these related to A and E services including lack of access due to travelling distances, long waits during distressing times and staffing levels. These comments may be related to recent changes at the Friary in Richmond and the Friarage in Northallerton and these specific hospitals were brought up occasionally. However, some other hospital services were also mentioned such as:

"Hospital discharge issues and A&E waiting times. Because the costs to the NHS of both challenges are significant"

"Lack of labour ward at Malton Hospital"

"A fully functioning ENT department in the Borough of Scarborough. Because Borough residents have to travel o/s area for specialist attention/operations"

"Equality! Providing interpreters for people whose English isn't their first language i.e. Emergency services. Cause our client groups have had issues with this service"

"Hospital discharge and link with social care. Too many elderly people sent home without a care package"

Disabilities and Learning disabilities

6% of people mentioned we should concentrate on learning disabilities or other disabilities. Examples of services included looking at autism support services, wheelchair services, services for adults with learning disabilities, services and services for children with disabilities, especially in hospitals.

"Adult Learning Disabilities. As there is still inequality of care for people with learning disabilities accessing mainstream services and people with LD continue to die much younger than the general population. Patients transitioning from paediatric (children's services) to Adult Learning Disability Service - having had a lot of input and support; patients have a much reduced service when accessing adult LD services as this area is less well-funded. Patients, carers and families often find this transition period very difficult and upsetting"

"Autism support in Craven for those on the high functioning end of the spectrum. People don't know if there is any support out there"

"Support for neurodivergent adults - autism, adhd etc - like workshops, therapy etc. Also training for GPs in services available for these adults. Because I am finding it difficult to find anything like this!"

"Support for people with Autism (with or without a learning disability). It feels as if there is a significant lack of easily accessible advice, guidance & support that is sufficiently knowledgeable about Autism. In particular options available for those without a learning disability"

There were also a couple of proposals for us to look at non regulated services in this area.

"Non-regulated services and supported hiring. Non-regulated services have limited visits, checks and governance compared to regulated"

Dentists

About 5% of people told us we should look at dentists, noting a lack of NHS dentists in their area. This often related to closure or movement of services and little local rural access. Though not restricted to Richmondshire, this issue was particularly evident for Scarborough residents.

"Dental services, my dentist in Scarborough closed in August and my nearest dentist taking on patients is in Whitby 17 miles away. There is not one dentist in Scarborough taking on new NHS patients"

"There is a lack of NHS dentists and since moving to Scarborough in 2017 I have struggled to register"

"Just moved to Selby Area and other than private care I have to wait 18 months for NHS"

"Availability of NHS dental care in rural/market towns. Lack of availability. We are disadvantaged compared to those in larger towns. None in Thirsk with capacity for NHS patients and lots of housing developments increasing population"
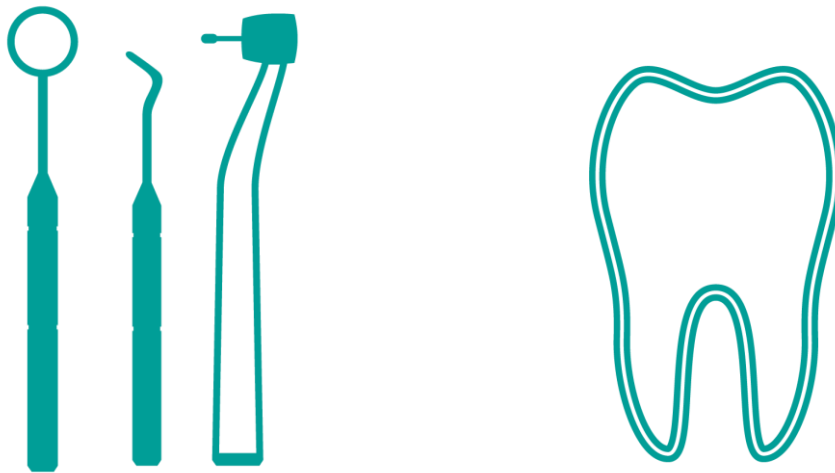
Social care including care homes and care at home

Approximately 5% of people mentioned that we should look at care homes or home care. Most of the time this related to older generations, but some mentions of other assisted living needs were also acknowledged including dementia, learning disabilities, autism, mental health and children with complex illnesses. People felt there is not enough placements or availability for either care homes, home care services or respite services. There were also many recommendations to look at support for carers and how a lack of respite or care service affects carers needs.

"Feel that service providers aren't given enough time and resources to deliver this service. e.g. 1/4hr is not long enough time to get a meal etc and do any other things they need. This problem will only get worse with an ageing population"

"It's so underfunded people who could live in the community with support are being denied that choice because social care is so expensive and time with patients is a min of 15 mins. If a better funded system was available, it could reduce the amount of elderly being admitted to hospital. I also feel very strongly about child care. We shouldn't expect children to care for their parent."

"The availability of respite beds in care homes. There are not enough available beds for the number of carers who require respite"

"Suitable care homes with more staff to take care of clients, especially during the night. When my husband was ready to move from a hospital environment to a care home, I found it very difficult to A) find a suitable place, and B) had enough staff to cope"

"Respite, or permanent care for people with dementia / Alzheimer's. Particularly those under 60 (early onset), and funding for these people"

"Young adults with complex needs. This group is misrepresented and often left to deteriorate with no joined up thinking. Care is poor and many are forced into unsuitable residential homes"

There were also call for us to look at social care and its links with NHS.

"Linking NHS and social care. They need to work closely together to be a success"

"Joined up thinking is required between health and social care provision to avoid duplication or holes in provision"

"I'm a social work student in a CMHT. I've noticed a lack of joined up working between older person's mental health via NHS and LA services for older people. There seems to be a lot of arguing about who pays for what! Arguing between social care and mental health (NHS) is causing bed blocking on wards (mental health patient not being moved into care quick enough). Wards for mental health inpatients are being closed - where do elderly patients go?"
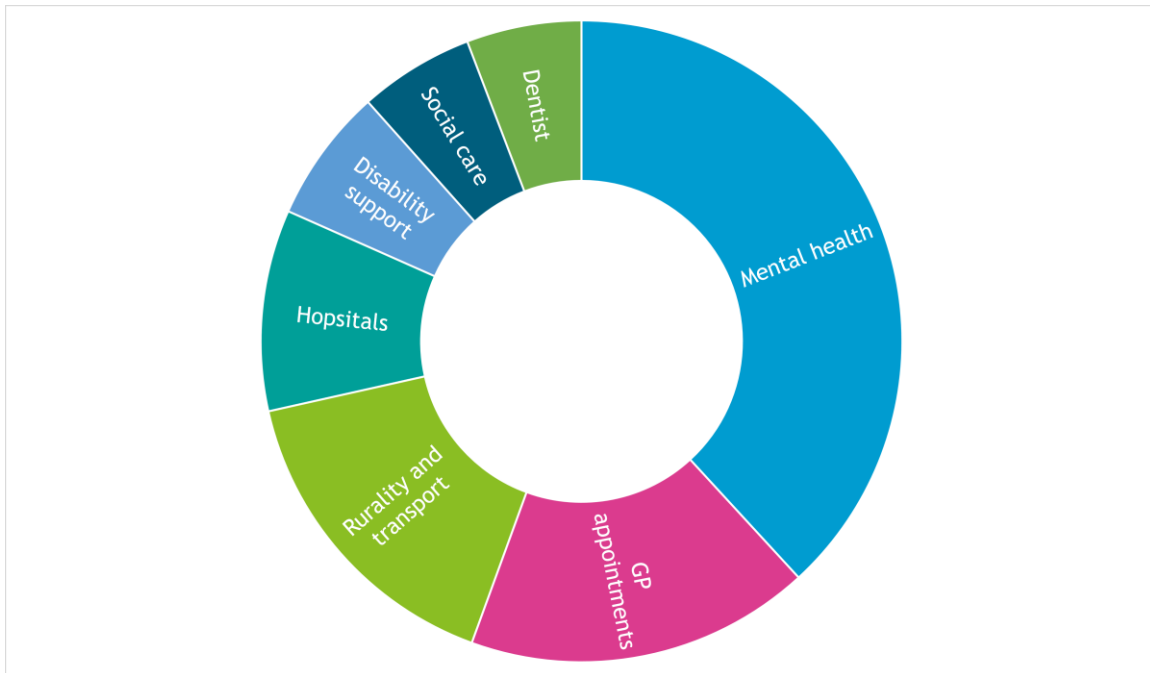
Other

Some other suggestions of things we could look at included staff manner, sight loss, digitalisation, smoking cessation, end of life pathways, public health, interpreters, living well, childcare, and diabetes.

What's more, when we asked people why we should look at the services in question, some people highlighted reasons why Healthwatch in particular might be valuable.

"It [Healthwatch NY] helps them [other services] keep up to date on every aspect of care"

"I feel an outside view is always beneficial and supportive"

"If they don't, who will?"

"As these services are currently non regulated and therefore there is significant risk which is not being picked up under a number of [other] regulatory regimes"

"You represent Patients and can access this kind of information"

"To raise the profile and differentiate between poor and excellent care"

Patient groups and communities

We also asked if there any groups of patients or the community we should focus on, there were many responses which suggested that we should look at services for everyone. This idea of equality links in with our continued work to hear from seldom heard groups whose voices are often excluded. We will continue to do our best to support and communicate with people from all backgrounds and experiences.

More specifically, people showed concern that we concentrate on:

- older people (32 mentions)
- young people (26mentions)
- children (18 mentions)
- people with long term conditions (14 mentions)
- people in rural communities (13 mentions)
- people living with learning disabilities and autism (10 mentions)
- Carers (9 mentions)
- homeless people or vulnerable people living in deprivation (9 mentions)
- People with disability (8 mentions)
- people living with dementia (7 mentions)
- Working people (3 mentions)
- Men (3 mentions)

"All - care leavers, domestic abuse, veterans, prison leavers, substance misuse, vulnerable, elderly, trans community"

Q7 Are there any groups of patients or the community we should focus on when looking at this service?

mental health patients hospital mental health services long transport particularly needs community young people teenagers learning disabilities support long term school age groups mental health issues age rural areas mental health problems patients conditions Elderly access people access services Children Families services mental health problems adults Vulnerable care disabled Everyone sure young may older people year olds Older etc dementia Children young people Working age areas Young adults especially Working

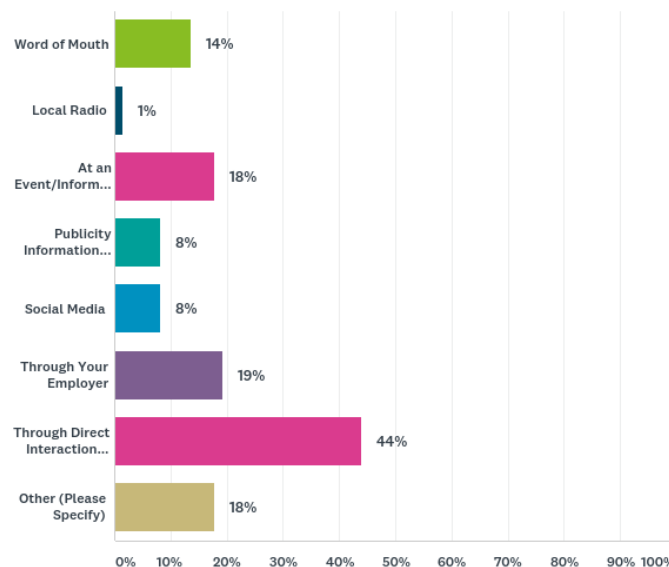# How people interact with Healthwatch North Yorkshire?

About 41% of people who completed the survey had heard of us before, but 59% had not. Those who were not aware were then given brief explanation of what we do and how we work.

Q1 Were you aware of Healthwatch North Yorkshire before taking part in this survey?

Yes - and I know what yo...	23%
Yes - but I'm not sure wha...	18%
No	59%
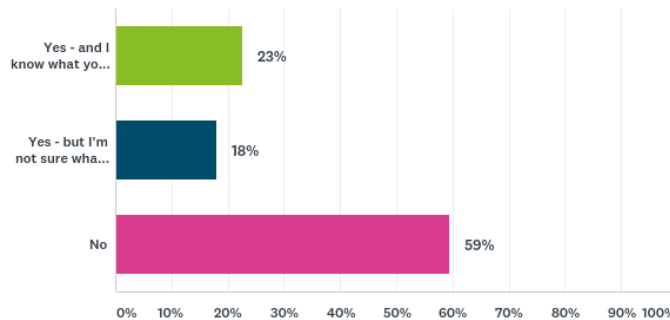
Of the 74 people who did know about us and knew what we do, 73 of them told us where they heard about us. It seems that the majority of these people knew about us "*Through Direct Interaction with Healthwatch North Yorkshire*" (44%) which suggests this is our best option to inform people about our service.

Q2 How did you hear about us? Please tick all that apply:

Word of Mouth	14%
Local Radio	1%
At an Event/Inform...	18%
Publicity Information...	8%
Social Media	8%
Through Your Employer	19%
Through Direct Interaction...	44%
Other (Please Specify)	18%

Of those 59 people who had heard of us but weren't sure what we do, 57 told us where they heard about us. There was more variance in these responses but the majority of these were through word of mouth which may suggest that health connectors and volunteers in local areas are a good way to spread word of mouth and increase knowledge of the brand, but more could be done to properly inform people about what we can do for them.

Combined totals show that direct interaction and word of mouth have been the best form of outreach in raising awareness of Healthwatch North Yorkshire. Most of the "other" responses were related to previous employment with NHS or NYCC.

	Q2 people who do know what we do		Q3 people who aren't sure what we do		Total	
	% of 73	Exact	% of 57	Exact	% of 130	Exact
Word of Mouth	14%	10	28%	16	20%	26
Local Radio	1%	1	0%	0	1%	1
At an event/information stand	18%	13	14%	8	16%	21
Publicity Information (Poster, Leaflet, Directory)	8%	6	12%	7	10%	13
Social Media	8%	6	25%	14	15%	20
Through Your Employer	19%	14	19%	11	19%	25
Through Direct Interaction with Healthwatch North Yorkshire	44%	32	9%	5	28%	37
Other (Please Specify)	18%	13	14%	8	16%	21
Total	130.00%	95	121.00%	69	125.00%	164

*Totals are more than 100% as people were allowed to tick more than one option

We also asked people if they use social media and which platforms they use. Of the 308 people who responded this question, they told us that they often used various social media platforms, with Facebook being most popular. However, this wasn't the case for everyone as 25% told us they don't use social media. Other answers included LinkedIn and WhatsApp.

Q4 Do you use social media?

Platform	Percentage
Facebook	64%
Twitter	28%
Instagram	21%
I don't use social media	25%
Other (please specify)	4%