NHS Long Term Plan

Focus Group

Engagement

healthwatch

Contents

Executive Summary

This project was commissioned by Lancashire & South Cumbria Integrated Care System (ICS) to deliver focus groups which target priority groups in the area and collate feedback from them about their experiences, ease of access, levels of support and guidance, and any barriers within the system, what matters to them as service users, their engagement and their perceived next steps.

Overall the groups were positive about being included in the consultation and that links were being developed between healthcare services. Mental health service users felt there was a lack of support for their issues and lengthy waits for referrals. There was a lack of understanding around the role of the PCNs and community services seem to be heading in the right direction. It was noted that GPs tend to focus on physical symptoms with not enough emphasis on peoples mental health and wellbeing. Having greater access to health professionals in the community other than their GP would be welcomed. Good health and care services should have more emphasis on social and support groups and not be a 'one hit wonder. Access to mental health and psychiatric medication reviews are problematic with some patients having to access private services due to a lack of support. Illiterate and visually impaired individuals still receive letters and rely on family rather than being catered for. Continuity of care is important and patients dislike explaining the same symptoms at each visit due to never seeing the same GP twice. A & E services should be kept for emergencies only, with better triage especially for mental health access.

In conclusion, whilst effective inroads have been made in gaining feedback around services – the overall trend was current pathways need to be looked at from a users' perspective and they should be redesigned or tweaked so a pathway starts with the desired end or outcome in mind. Patient User groups feel that whilst their views are sought nothing fundamentally changes due to the financial constraints and the fact that some of these pathways and techniques for communicating are decades old and have never been updated. Each group welcomed being involved in their own area pathway being revisited with user feedback, which in turn could save the NHS money and improve the overall patient journey.

Project Approach

The Lancashire and South Integrated Care System (ICS) wanted to ensure that the needs of those with complex health conditions were being addressed by recent developments within the healthcare system.

The five health and care partnerships were asked to identify priority groups. This information was then passed to the local Healthwatch who delivered focus groups that specifically targeted these groups. This report is based on the feedback from these focus groups.

NHS West Lancashire CCG carried out some direct patient and public engagement with the three local neighbourhoods. The CCG is currently liaising with Healthwatch to carry out further in-depth engagement around frailty to support the work happening in the West Lancashire Partnership.

The focus group activities took place between June and September 2019. Group members were asked for their views on:

- The current transformation of the health service.
- The support they receive from local organisations to assist them in making better lifestyle choices, to encourage wellbeing across the population.

They were also presented with an infographic showing how the health and care system is developing and asked:

- What do you think?
- Do you recognise this now?
- Do you agree with what is suggested?
- What do you think the benefits could be to patients?
- What do you think it would be like to be a patient?
- Do you think these things are already true?
- Is there anything missing?
- Do you agree?

Why were Healthwatch (HW) involved?

Healthwatch were involved in order to ensure that local people remained at the heart of the decisions being made as part of the transformation of our healthcare system.

The Focus Group work is part of a wider programme that seeks to establish how the people of Lancashire and South Cumbria feel about the NHS LTP.

Healthwatch England designed a survey which would feed responses in to the NHS LTP. The questions focused on identifying what people felt were the important aspects of health care that helped them to prevent ill health and encouraged them to age well.

The report

This is a combined report for the Lancashire and South Cumbria area. It details collated findings and recommendations from survey responses, comments, discussions and case studies that local Healthwatches collected. It also includes some individual ICP area reports for HW Lancashire, HW Blackburn with Darwen and HW Blackpool.

Priority groups

The Local Health and Care Partnership priority groups are detailed in the table below.

ICP area	Priority group	Aim
Fylde Coast	Residents of Blackpool, Fylde and Wyre aged 18-65 who have a mental health condition or care for someone who does.	• Experiences of accessing health services. • Do local services provide support and guidance when it is needed? • How do they overcome barriers?
	Residents of Blackpool living in areas of deprivation with a high level of transience and where possible, living in houses of multiple occupancy (HMO).	• Experiences of accessing health and care services. • The wider impact of living in a deprived environment. • Are those living in HMOs at greater risk of poor health?
	Residents of Fylde & Wyre living in rural areas.	• How do people in remote, rural areas access health and care services? • Are they more or less likely to access routine health services? • Is the health service designed to meet the needs of people living in rural locations? • What are the key barriers to accessing health and care services?
	Residents of Blackpool and Fylde & Wyre who are of working age.	• Experiences of accessing health service. • Do they use digital platforms?
Central Lancashire	Residents with long term medical conditions LTM), including cancer, COPD, diabetes, end of life, stroke and gynaecology.	
	Priority Groups including military veterans, those with LTM, older transgender persons in Preston and Preston Pride.	

West Lancashire	The priorities identified by West Lancashire CCG required a different project design and methodology and could not be achieved within the timeframe of this project. It has been agreed that we will carry out a separate set of focus groups in West Lancashire at a later date.	
Pennine Lancashire	Mental Health in Darwen.	• What matter most to you about your health?
	Frailty in East Blackburn	• What matter most to you about your health?
	General Health & Wellbeing in West Burnley	• What would help keep you healthier?
	General Health & Wellbeing in East Burnley	• What would help keep you healthier?
	General Health & Wellbeing in Ribblesdale	• What would help keep you healthier?
	Dementia in Hyndburn (rural)	• What would help keep you healthier?
Morecambe Bay	Young people group 1	• Views on changing Primary Care Networks
	Young People Group 2	• How they want to be engaged with and informed about the delivery of health services.
	Young people LGBT group	• Views on changing Primary Care Networks
	Older people	• Experiences of accessing health and care services in enabling them to live a healthier life. • What support would help them remain at home for as long as possible.

The Focus Groups – overall key themes

Several themes arose in response to the questions posed to the Focus Groups, these are briefly summarised below:

Changes and developments to the health care system
Generally people were not aware and did not recognise the changes and developments that are being made to the health care system.

- "I agree with what is being proposed but it sounds too good to be true. If it is followed through the outcomes would be good."
- "Everyone's needs would be met."
- "We like that they will be hoping to use more technology."
- "There is very little mention of staff being well trained to manage these changes. I worry that new processes will be pushed on staff without the chance for them to adapt."

Feedback on using new roles in Primary Care
There was concern over a lack of training or knowledge amongst new staff roles in Primary Care.

- "Who decides if we see a physician associate, nurse or doctor?"
- "It would be ok if they worked closely with the doctor and had supervision on hand as required."
- "It would be ok as they would still know what they were talking about.
- I am worried about lack of knowledge."
- "They might not have enough knowledge or miss warning signs."
- "It might be easier to get an appointment."
- "It would be good as they would have access to all my records so they will know what's going on with me."

Inclusion
Overall people were positive about feeling included in the discussion about the services that they access and the changes that are happening, but they raised some concerns over a focus on the elderly at the expense of younger people.

- "A lot of the plan caters for the elderly. There should be more recognition about young people being lonely and that they find social situations highly difficult."
- "It's good that they are hoping to talk to different communities and make sure everyone gets a say."

Communication
Some participants reported positive experiences of communication between medical staff and departments, particularly with the more specialist services.

Negative experiences included:
- "There is bad communication between services currently."
- "Different hospitals don't always communicate and notes aren't shared."

Links between different services
People felt positive about links being formed between different healthcare services.

- "We have already seen joined up working in Ormsgill in Cumbria between health services, police, education etc. It works really well."
- "It's good that mental health is being linked with social and physical health."
- "There should be more links with education and encourage people to take on those roles to fill staffing gaps."

Mental health
There was an overwhelming feeling of a lack of support for mental health issues and lengthy waits for referrals.

- "There isn't enough focus on mental health – what are they actually going to do?"
- "There should be more holistic thinking, like wellbeing to physical, sexual and mental health."
- "I would like more drop in sessions available in GP surgeries. More mental health support, more mental health support in schools."

Primary Care Networks
Opinion was divided over whether these were a positive development, although not everyone understood what a PCN is and how they work.

Negative comments:
- "I am not comfortable with this; I like my GP and know the practice well. I wouldn't feel comfortable seeing anyone else or accessing services elsewhere. Things may get lost or confused if you are working with a big group of practitioners."
- "I have experience of this and our doctor blamed another service I had been referred to for the failure of my treatment. There was a lot of conflict and I didn't feel well looked after".
- "If a GP or practitioner doesn't know us, they may not spot changes."
- "I am concerned that I may phone for an appointment that may not be at my practice and I may have to travel which may be difficult."

Positive comments:
- "I like the fact that it may bring services closer."
- "It sounds good that you may be seen quicker, as there will be more staff availability."

- "The fact that there will be more specialist knowledge in the network is really good to know."
- "Weekend appointments are brilliant for the workforce."
- "Out of hours' services under one roof are great."

Community services

People were positive about improved community services.

- "It would be good as it would make things cheaper."
- "It sounds good to keep people out of hospital, my mum is a nurse in a hospital and I know she is under a lot of pressure."
- "It would be a good idea to free up more space in hospital."
- "I like the idea of having more treatment in my own home or locally."

Focus Groups

South Lakeland Youth Council, Barrow, Cumbria Participants – 7 Healthwatch Cumbria	The young people in this group liked the idea of more joined up working and more services being available in the community, but they felt it was important to have a named GP who got to know them well.

What have been people's recent experiences of accessing services in their general practice (to include access to appointments and the health professional they saw)?

Group members said that their family tend to make appointments for them. Although one person said the doctor then phoned them back and asked to speak to them directly. For some it was important for them to be able to see a female doctor. Another felt that GPs should ask about mental health at every visit rather than just physical health and that this should be mandatory.

How do people feel about seeing another health professional such as a Physician Associate (see description) or going to the pharmacist if it means they will get the right advice from the best person and be seen as quickly as possible? If any barriers/concerns, what are these?

Group members felt that seeing a different health professional would be more convenient as long as they had access to all records and were up to date. They also felt it might be easier to make an appointment with them. Others said it would be good on the condition that they work closely with the doctors or were supervised by them.

There were concerns that some may not have enough medical knowledge and miss the warning signs of a more serious condition.
Questions were raised about who would decide if they are to see a Physician Associate, nurse or doctor?

How do people feel about being able to receive more services in the community – at their GP practice (Directed Enhanced Service) – rather than going to hospital?

The group were positive about community services but felt that there should be more signposting about what is available and the recognition that some people may need reassurance that they will still receive the same standards of care

If there was one thing you would like to see that would improve your health and/or prevent ill health, what would it be?

The group would like to see more drop-in sessions available at GP surgeries and improved mental health support.

What would enable you to better support yourself?

The group recognised that there was a lot of information available about keeping healthy, though they would love to be involved more in gyms, health sessions, yoga etc., but these are costly.

Through the new Primary Care Network arrangement, the way people access services may change. This may be a change to how they contact their practice, the way appointments are offered or where they receive services (for example, they may have the option of visiting another practice in their network to receive a certain type of service, such as physiotherapy).

What are people's views on these Primary Care Networks?

The young people in the group said they would not feel comfortable going elsewhere and seeing someone else. They felt information may get lost or confused due to the large number of practitioners and that they would not trust the advice

they received as much. They said they would be happier to wait longer to see their own GP.

Here's how the health and care system is developing - see infographic:

Do you recognise this now?

The young people said they did not feel the plan was happening for everyone and that there was an emphasis on older people. The group felt it should be recognised that young people also suffer with loneliness and have difficulties in social situations.

"I don't see this plan as happening now for every individual; I find that lots of things mentioned in this plan are just for the elderly. Especially with the social side of things, I think it needs to be realised that even young people and young adults can get lonely and find social situations highly difficult."

Do you agree with what is suggested? What do you think the benefits could be to patients?

The group responded very positively to the suggestions. In particular they liked that mental health was being linked with social and physical health as well as other services such as the police. One young person said that "people would be better trained, listened to, educated, taken seriously and given the best chance to succeed in whatever we need."

They were also happy to see that engagement would be inclusive of different communities and that "everyone gets a say." They also said they liked that they would use more technology.

Is there anything missing?

They felt that there was not enough focus on mental health and they would like to see a more holistic approach; linking wellbeing to physical, sexual and mental health.

Blackpool Inspirations Group

(a group for those with a mental health issue (MHI), or who are supporting someone with a MHI.)

Participants – 6

Healthwatch Blackpool

A lack of support from social workers and limited access to mental health workers and a general lack of trust in medical staff.

 Issues around appointments being changed and getting to appointments.

Lack of signposting from the NHS about what services and support is available.

The invaluable support from friends, family and members of the Inspirations Group.

How would you describe your recent (12 months) experiences of accessing health and care services?

A lack of access to specialised support

There were concerns over a lack of access to social workers and GP services, resulting in a lack of support that caused significant problems and crisis. On person said that they struggle to attend appointments without a support worker, and it is very hard to find the right places for them to go for appointments or health care services."

One member said they moved from Norfolk to Blackpool and the transition was "terrible". They did not receive a support worker or social worker and the crisis team failed them.

A lack of understanding

Group members said that they do not trust health services or the diagnosis and advice provided by health professionals. They feel that people don't really have the time to talk to them and understand them properly, that the system helps the carers rather than the person that is ill.

One group member suffered with extreme mental health issues and health challenges. They told us that they arrived for their surgery at a hospital but it had been cancelled due to further investigations needed, which meant they were waiting for another slot. They told us that this caused them to "stress out" and attempt suicide.

Feeling well enough to use the available services could be problematic, with some people commenting that although they had been offered support they were unable to access it. Reasons included difficulty with morning appointments and short-term memory loss. They felt that these difficulties should be taken into consideration when people have missed appointments.

What should good health and care services look and feel like?

Good support
Good health and social care services would encourage social and support groups, it would provide support workers, timely prescriptions and it would look after patients and *"not leave them alone"*.

Easier access
The group would like more access to GPs and drop-in services -
"I would like more contact with the same GP (they feel the GP's are not very experienced within mental health matters)." As well as regular access to psychiatrists - "I have not seen a psychiatrist in 6 years and cannot get an appointment to see one. My GP is not trained in mental health or my bi-polar needs and I was struggling with my medication so they advised me to self-medicate and to test my own levels of my medication to see what worked for me and what didn't as they couldn't suggest any other treatments. This should not happen waiting six years since my last medication review, so in the end I paid privately as playing with my medication is certainly not the answer."

They felt that a good service would **not** look like A&E.
"The system needs to empathise, be more understanding and person centred and realise that people with mental health issues are not all the same and lack of access leads to negative outcomes and experiences."

What ideas would you like to offer the decision makers to make improvements?

Long-lasting support
Group members said they would like to see more services that last longer so that they feel a meaningful difference to their health and wellbeing. These included Psychiatrists who give regular check-ups and appointments at the point of crisis and not 12 weeks later.

Others included more access to places like the Phoenix Respite Centre, more day centres, and therapeutic activities such as pottery or counselling. One person said that there should be availability of funding for the chosen activities.

A further suggestion was that people that need support more quickly, such as those experiencing mental health crisis, should be able to get through to someone on the phone or face to face immediately; for instance, a day centre with support workers and social workers.

Staff trained in mental health issues

Other improvements suggested included GPs gaining more experience and specialisms for patient's needs such as mental health. They felt that the police get trained in mental health and so should all NHS staff. One person said *"I ring 111 regularly but I should be able to ring a member of the crisis team and get help."* They would also like reminders for appointments, more flexible services and timings to avoid and reduce people missing their appointments.

An accommodating environment

Another suggestion was the provision of a separate room at A&E for people who are in a mental health crisis situation. Somewhere that is friendly, relaxing and has food and hot drinks facilities, TV activities and books.

Financial support

One group member said they felt they should receive more financial support that is easy to get: "Services are closing, but we maintain our personal independence payments as we need help, we shouldn't have to use our own money for services; they should be provided. The assessment is more like an interrogation. The criteria changed for accessing a bus pass, so my mental health was no longer considered a criteria option, I find arguing/fighting for what is right for me stressful and if it wasn't for my husbands' tenacity and perseverance trying to reinstate my bus pass I would not have won my appeal. What happens if you have no support?"

How well does the NHS signpost its services/communicate with you?

Good communication from GPs

Some felt that their GPs understood them which meant they get the support they needed: "I am at South King Street surgery they understand me and I understand them and get their language so it gets me my support."

Some group members were signposted to the Blackpool Inspirations Group, though it can be difficult to identify local services if you are not from the local area. Some of the group felt that they found out about groups mainly through word of mouth. Group members said that "there is limited information supplied by professionals as they don't know what is on offer in the communities."

Issues with written communication

Other group members talked about not being able to read letters that are sent, either because they are illiterate or have visual impairments. Some relied on family to explain the letters or use the Internet to look into explanations and definitions that are in audio. One group member said they find brown envelopes cause significant anxiety as they worry they will lose money.

What does self-care mean to you?

Socialising and good relationships

Group members talked about socialising, talking to people and the importance of relationships. They also discussed walking and other exercise such as yoga, bowling, dog therapy, cooking, cleaning, walking the dog, cycling. Some said they could not afford some activities and did not have a bike so suggested free activities on the beach. Some group members also said getting enough sleep was important.

What are people's views on Primary Care Networks?

Lack of understanding about PCN

Three members did not understand what a PCN was. One member felt there was too much focus on physical health and not mental health.

Group members were positive about assisted nurse practitioners.

How do people feel about being able to receive more services in the community – at their GP practice – rather than going to hospital?

Responses from group members were mixed with some feeling positive about having more services especially those in the community. One group member said "Blackpool Inspirations have been great, Christian community centres and churches like St Marks in Layton have supported my needs rather than medical centres."

Other group members said they would still want to go to A&E when in a crisis.

Memory Café, Garstang **(a support group for people with dementia and their families.)** Participants – 17 Healthwatch Blackpool	The group told us they would like more local services in their rural area that are face to face rather than a reliance on technology. There were issues raised about continuity of care when seeing different doctors, long waiting times and expensive car parks. Group members told us they would like more specially trained staff and services for people with dementia. They felt communication could be better, use more simplified language and suggested a local community newsletter to find out about local services.

garstangmemorycafe@gmail.com

GARSTANG MEMORY CAFE

A FREE DROP IN CENTRE FOR THOSE LIVING WITH DEMENTIA

AND THEIR CARERS OR ANYONE WITH AN INTEREST

How would you describe your recent (12 months) experiences of accessing health and care services?

Positive feedback from the group included the experience of a calm and responsive service from the ambulance crew.

Lack of continuity of care
They felt that there was a lack of continuity of care from doctors, and a dislike of having to explain symptoms to a new doctor on each visit. Some members of the group also disliked having to use the NHS 111 service (as it is too impersonal) and of online appointment booking and prescriptions.

Single point of access
People commented that they would like to see a return to a 'single point of access', rather than having to use multiple services. Long waiting times and expensive car park charges have also been recent negative experiences.

What should good health and care services look and feel like?

Dementia friendly
The group would like to see free parking passes for people with dementia as well as separate waiting areas/facilities and more staff training on dealing with people with dementia.

More face-to-face access
They would also like rural walk-in centres and more face to face contact with health professionals, rather than a reliance on digital technology.

What ideas would you like to offer the decision makers to make improvements?

Local drop-in centres
Group members wanted to see drop in centres or the availability of medical services in the local area or community setting. People felt that drop in centres should be dementia friendly.

Correct repeat prescriptions
There have been issues over repeat prescriptions, "they should be correct and consistent, in order to avoid confusion."

Car park passes
"The decision makers could consider reducing carpark charges and offering free passes for those who will be in hospital for a prolonged period of time."

Consistency of care
"A consistency of care would also be an improvement, so that all health professionals have access to the same medical notes."

Staff trained in dementia
"Specially trained staff who are sensitive to the needs of people with dementia as well as dementia-friendly waiting areas, with calm, soothing music rather than a loud radio."

How well does the NHS signpost its services/communicate with you?

Privacy and accessibility
Issues were raised about a lack of privacy in GP surgeries and an over-reliance on digital technology, which is not easily accessible for everyone.

Better communication
The group suggested a local community newsletter that provides details of all the local services.

They felt that communication could be better overall, as there is a failure to use appropriate and understandable language, as some information is too complex.

What does self-care mean to you?

Group activities and support
Having informal social groups is a big benefit, such as those available to Wyre Bank and Wesley Church.

Being able to look after yourself and keep active, attending art groups, singing groups and yoga can be very helpful.

What are people's views on Primary Care Networks?

Group members said they don't have any primary care network facilities as they live rurally. The group was very positive about NHS services. The understanding of dementia and the butterfly system has not been understood within some services.

How do people feel about being able to receive more services in the community – at their GP practice – rather than going to hospital?

Disillusionment
The services that have been advertised have not materialised yet, leading to feelings of disillusionment within the group. They would love to have a walk-in centre, perhaps at a local pub.

healthwatch

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Department for Work and Pensions (DWP)

3 groups – Blackpool, St Annes & Fleetwood

Healthwatch Blackpool

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The groups told us they found traditional working hours made getting a doctor's appointment difficult, being able to work flexi-time is helpful.

They felt waiting lists for services were too long and there was a lack of availability for mental health services.

Group members felt online services were useful, although were less favoured by older people.

The group was positive about more services being available within the community.

It was felt that communication from medical staff to patients could improved.

The group felt that more places should become 'Dementia Friendly'.

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Department for Work & Pensions

How would you describe your recent (12 months) experiences of accessing health and care services?

GP surgeries offer differing levels of flexibility
There were conflicting viewpoints on getting a GP appointment. Some members of the group found it difficult to get an appointment, as a result of working during surgery opening hours. Whilst other people commented that their GP surgery was open until 6.30pm, making it easier to get an appointment. Being able to work part time, having an employer who would give time off for appointments or offer flexi-time, also made it easier to get an appointment.

Long waiting times
Waiting times are felt to be too long for hospital appointments, particularly for people who have dementia and "lose interest" when waiting to be seen. There are issues around continuity of care and having to explain the same symptoms to different doctors.

One person had to wait ten months for an NHS dentist, but found the service was very good once they were registered. The orthodontist service was also rated positively.

Those who had accessed mental health services found that there were long waiting lists and very little help from the Crisis Team.

Poor communication
Poor communication was an issue, with one lady having received a letter for a midwife appointment despite having notified her GP that she had suffered a miscarriage.

Issues with parking
The car parking facilities were described by one participant as "horrendous", with parking charges that are far too high.

What should good health and care services look and feel like?

Work buddy system
In Blackpool there is a work 'buddy' system, which provides staff with someone to talk to, which is helpful and reduced stress.

Being able to see your GP
Being able to see a GP rather than having to go to hospital would be helpful, or being able to contact a doctor or consultant via the phone or email. There were concerns that GP appointments were being taken up by people who were not at work, including the later appointments, meaning those who could only attend after 5pm still couldn't get an appointment. A suggestion was made to have specific appointment times for workers and non-workers.

Better staff training for mental health issues
Better training and more availability of mental health care staff would create a better system, as well as trained staff being available out of regular office hours. One lady told how her husband lost his job with the Civil Service due to a pre-existing bi-polar condition and subsequently lost his mental health support as a result. She felt that a good service should continue to offer mental health support for pre-existing conditions.

Sympathetic
People felt that a good health and care service should have polite and sympathetic staff. Examples were given of GP receptionists who were "rude" and "threatening".

What ideas would you like to offer the decision makers to make improvements?

Improving online services
It was mentioned that easy improvements could be made by making more services available online.

More choice
People would like more choice over their healthcare providers.

Mental Health First Aiders
Employers could provide Health and wellbeing officers trained in mental health first aid, and designated health and wellbeing spaces that could benefit the whole workforce.

Accessible services
Generally the focus groups felt positively about the NHS, however there was a feeling that the NHS doesn't benefit people who work 9-5 and that it would be good to have a dedicated team that prioritised people who need to access 'out of hours' services. The same issue was raised for mental health services, people felt they should be accessible out of normal working hours. There were also worries over a lack of health care staff and not enough of a financial incentive to fill nurse vacancies.

How well does the NHS signpost its services/communicate with you?

Generally positive
DWP promotes the free annual eye test that is available through the NHS and they also offer a Mental Health Advisor for staff.

Some people found GP text reminders were useful, both for appointments and for other services such as Dementia Week or Stop Smoking services.

People have seen the wide variety of leaflets and posters available in GP surgeries that advertise NHS services, although few people said they take much notice of them.

Generally it was felt that the language and communication from the NHS was very positive, although there were individual examples of some very poor and inappropriate communication.

What does self-care mean to you?

Taking responsibility for yourself
Some people use devices, such as an Apple watch that monitors blood pressure and heart rate.

Most people agreed that self-care means looking after yourself, eating healthily and taking regular exercise. Many enjoy keeping active through team sports and regular

walks. Practicing mindfulness, socialising, taking a proper lunch break and having a 'power nap' were also mentioned.

What are people's views on Primary Care Networks?

Generally positive
Most group members responded positively stating that waiting times may be lower and access and flexibility were better. Group members felt that GP services can be, on occasion, impersonal.

How do people feel about being able to receive more services in the community – at their GP practice – rather than going to hospital?

Generally positive
Some participants would rather continue to see their GP, whilst others were happy to have access to more services in the community as it can be difficult to see a GP. Being able to have health checks conducted at work was seen as a positive step as was being able to see a pharmacist for issues such as eye infections and minor ailments.

111 and walk-in centres were viewed as taking the pressure off A&E services, leading to quicker appointment times. But someone raised the caveat that these services are only useful if they are staffed by qualified medical professionals.

Blackpool Police Force	Common issues included a lack of parking spaces, expensive parking charges, delays in referrals and limited opening hours.
Participants – 9	They would like to see employers being more supportive to staff attending their appointments.
Healthwatch Blackpool	The group felt that communication was poor both within and from the NHS and there were concerns about an over reliance on technology.

How would you describe your recent (12 months) experiences of accessing health and care services?

The group members described a range of positive and negative experiences of accessing health and care services.

Recent experiences dependent on GP surgery access
There was positive feedback for GP surgeries - "My GP is great for online appointments and repeat prescriptions" with participants feeling that some GP surgeries accommodate shift workers by offering flexible appointments. It was also helpful to have an employer who was accommodating with having paid time off to attend appointments.

However, some participants were frustrated at a lack of available 'emergency' appointments or flexible appointments at their GP surgery, and were not given time off for compassionate leave.

Whether people had a positive or negative experience of accessing healthcare over the last 12 months was very much dependent on which GP surgery they were registered with.

What should good health and care services look and feel like?

Reduced parking charges
Group members discussed that a good health and care service should consider reducing parking charges and have no charge for people that have a long term sickness.

More flexibility
They said that the opening hours should be more flexible with earlier and later accessibility and extended only for working people. The group said that police are quite flexible in giving time for medical care including kids, paid and unpaid leave. The group said that they can not always attend appointments in or out of working hours.

Improved support for children in crisis
It was felt that when children are in crisis they are often treated or discharged inappropriately and drift back into services without ongoing support. They said that there is a lack of commitment from the NHS to support children within mental health services. Group members felt that a good service should support children and young people in crisis.

'Person-centred' services
Group members talked about services being person-centred: "It should cater to individual circumstances/needs, they should be bespoke services and demographical which essentially frees up appointments."

What ideas would you like to offer the decision makers to make improvements?

Improve mental health services
"People within mental health services reach crisis and struggle to get into services. They get appointments but due to the nature of their mental health they cannot attend these appointments because of their illness so they get cancelled/DNA's on their records if they don't turn up, they then have to start the process again. This delay is very damaging and as a by-product of their illness aspirates their condition. Improvements could be made prior to crisis point with simple trained professionals offering earlier interventions."

Improve communication with the elderly
"Within our roles we see the elderly, lonely and confused. They are often unable to read letters from the hospital which they receive months in advance. We recommend the older generation to receive phone calls to remind people of appointments as a text service is no good to them. It wouldn't cost a lot of money and would stop missed appointments."

Wellbeing as a 'company responsibility'
"Well-being is a company responsibility. Here at the police force we have health and well-being sponsors, free recharger spa days, a gym in the building, sports for social

(free swimming and cheap massages). Maybe the NHS could offer that to their employees so they could recharge from their stresses and support patients better?"

Flexible GP opening hours
"GP opening hours could cater better for workers (e.g. extended hours) and for workers only."

How well does the NHS signpost its services/communicate with you?

Lack of consistency
The group felt there was a lack of consistency between recommendations from 111 and individual GP surgeries. They felt that communication between services and departments was poor. There was also an issue in that many people don't know what services are available.

Dislike of digital technology
One group member said they did not like digital technology for promoting services, particularly as older generations are less likely to have a phone. They suggested a medical hub in the library instead. They felt that the older generation often rely on their relatives to book their appointments as medical professionals do not cater for their needs.

User-friendly communication
Some participants felt that signposting information should be made more 'user-friendly', ensuring that all communication (including appointments) is accessible for the partially sighted and those suffering with memory loss. "Text or call services would be a good focus of communication - Why can't the NHS verbally remind patients that they have an appointment?"

Improve referral process for children's mental health services
The group members said that the referral process for children's mental health services is confusing. They said they are referred to multiple services although can only be under one agency at a time. This increases waiting times and is confusing for the young people and their families as they often get refused access from all agencies referred to.

What does self-care mean to you?

Individual responsibility
The group talked about having good sleep patterns and attempting to reduce external factors that cause them to wake up such as noise and sunlight. This was especially important when working on shift patterns. They said that sleeping apps and some herbal tablets were helpful to aid sleeping during the daytime. Education and attending the gym was also noted.

Most of the group said they would travel to get the care they required to maintain their health and well-being. For mild illnesses like coughs and colds they said would go to a pharmacist for self-care.

Employer responsibility
Group members said that the police force have a work well scheme whereby they are tested every 5 years for blood pressure, cholesterol, height , weight and diabetes to encourage staff to look after themselves. They also have a well-being ambassador to promote good mental health. Refresher spa days by the police were well received for supporting self care as was spinning classes at lunch time, sports and social society and free corporation swimming pools.

What are people's views on primary care networks?

Generally positive
Participants were positive about the PCN and sounded effective for working people, offering extended hours and urgent care facilities under one roof making accessibility better.

How do people feel about being able to receive more services in the community – at their GP practice – rather than going to hospital?

Generally positive
The group thought this was a positive step, particularly the use of pharmacists. They would like to see more community based clinics and pop up sessions for minor illnesses or check-ups (MOTs).

Empowerment, Blackpool (Advocacy service)	The group told us that waiting times for GP appointments and mental health services was too long.
Participants – 5 Healthwatch Blackpool	They found it difficult to get to appointments during the day as they worked. The group wanted services to treat them as valued customers and given more options and choice when accessing services.

Our mission is to make you feel Safe, Supported and Strengthened

Positivity

Positivity: No matter how serious or bad your situation may be; our response will always be positive, always solution focused and... always about your needs and wishes!

Respect

Respect: Whatever your background, whatever you may have done or not done in life, we will always treat you fairly, recognising your individual needs and circumstances and work alongside you to enable you to reach your full potential.

Patience

Patience: Positive change can take time, we also recognise that the people we work with aren't always going to get it right first time. We are committed to empowering you in a way that is appropriate to your individual circumstances.

How would you describe your recent (12 months) experiences of accessing health and care services?

Long waiting times
Most of the group said they had found it difficult to get an appointment for their GP and would often have to wait longer than a month. Although some appointments were available on the day, they were hard to access for people that worked during the day.

The waiting times for mental health services were also considered very poor.

Positive experience with orthodontist
Another group member had a positive story about his daughter attending the dentist. They said that they were referred to the orthodontist by their NHS dentist and that the referral process was very quick. The orthodontist met with their daughter several times to assess her, develop a treatment plan and agree timescales for the treatment to start. They felt their daughter was kept fully informed throughout.

What should good health and care services look and feel like?

They should make people feel valued
Participants said they would like services that make them feel valued and easy to access, particularly for people who are at work during the day. One person said "It

should be like you are important and not an inconvenience to them. The GP receptionists are particularly rude."

What ideas would you like to offer the decision makers to make improvements?

More choice over healthcare providers
Ideas included giving patients more options particularly when choosing their healthcare providers. They also felt that communication should be better between healthcare providers.

How well does the NHS signpost its services/communicate with you?

Poor communication
Overall the group felt the NHS did not communicate or signpost very well. Issues were raised about health professionals not following up on issues with midwife, letters being sent out inappropriately and poor communication with family members receiving care services.

One group member described a difficult experience trying to get a referral for a scan following a sports injury:

"I had physio privately and the physio said I needed a scan. The physio cannot refer as its NHS so I went to see my GP and the GP said I needed a scan so I was referred to the musculoskeletal department. They sent me to the physio and the physio sent me for a scan and then eventually I got a scan. The injury was November 8th, Physio 15th November, GP 30th November, musculoskeletal 1st Feb, scan 1st March. My private physio couldn't refer me, GP couldn't refer me, so it took 3 months to get a referral and another month for a scan."

What does self-care mean to you?

Individual responsibility
Group members said that self care meant prioritising their health and wellbeing, eating well and exercising, using the chemist and reading up on treatments.

How do people feel about being able to receive more services in the community – at their GP practice – rather than going to hospital?

Generally positive
People felt positively about being able to access more services in the community and also commented that the parking might be easier.

Wing's Centre, Preston (Military Veterans) Participants – 8 Healthwatch Lancashire	The main concerns for this group were social isolation and a lack of confidence. Access to NHS services was difficult. They felt there is a lack of awareness of military veteran's specific needs.

Group members were asked to discuss their experiences of accessing health and social care support? What has worked well? What hasn't worked well? What changes or improvements would you like to see?

Social isolation and lack of confidence
The Veterans in the Community Project (VIC) commented that the main issues they encounter amongst their service users are social isolation and lack of confidence.

"For the veterans it's more complex than just knowing about the services available. The first challenge for veterans is recognising that they need help and support, and then once they acknowledge this, the second challenge is being willing to accept support and engage with a service."

Group members talked about the importance of veteran specific services to help to combat their health needs. They talked about having a familiar place to go, being understood and accessing specific health services and getting involved in community projects and activities.

Difficulties Accessing NHS services
Group members said they struggled with having to wait for appointments, particularly because the system is in contrast to their experience of serving in the military. It was added that this often creates a sense of abandonment. One group member said "Veterans are very distrustful of the NHS as in the military they don't have to wait for appointments; they just have them available for whenever they are required. Veterans are not used to waiting. They want be seen there and then; it's what they are used to in the military. It's a shock when they are faced with

the waiting times of the NHS. They are not used to waiting. They feel like no one cares. They feel abandoned once out of the military."
There were also issues highlighted about veterans feeling interrogated by receptionists when trying to make an appointment.

Lack of Awareness of Military Veterans' mental health needs
Group members discussed the lack of understanding of mental health conditions often experienced by veterans, such as depression, anxiety and insomnia. It was felt that doctors want to provide a quick fix with medication rather than understanding their condition and supporting them through therapeutic treatments. It was felt by some that there is more support for substance misuse.

Providing quiet areas in hospitals
Another group member said that they become stressed in a GP waiting room due to large areas and groups and would like quieter rooms to be available. They said "From my army training I'm always now hypervigilant ... So going into a waiting room full of people, it's terrible. Perhaps if there was a quiet room to go to, a separate room where you could wait. That would help."

Lack of NHS support for veterans in crisis
It was felt by the group members that if a veteran contacts their GP to make an appointment they are likely to be at crisis point. Given the long waiting times this can be difficult as they need to be seen straight away. One group member had a positive experience to share and said that their GP practice sees them in 20 minutes if they ring up and say they are a veteran and need mental health help. They also said that when registering, the registration form had a section dedicated to people if they were veterans which asked if they had any medical conditions as a result of their time in the services. This was then followed up by the GP once they were a registered patient.

If there was one thing you would like to see that would improve your health and/or prevent ill health, what would it be?

Improved awareness of Armed Forces Covenant
Group members said they would like to see more awareness of the Armed Forces Covenant amongst all health professionals and NHS staff, more knowledge of the medical conditions that veterans face and 'no barriers' to them accessing GP practices and hospital services.

Consistency of service
One group member said "just knowing who to ring up, being able to get immediate GP appointments, having consistency of service and to be treated with respect and politeness." He added, "There needs to be some communication on discharge from the armed forces of where to go and that you need to tell your GP that you are a veteran. The Ministry of Defence and the NHS need to work together for the veterans. On resettlement there's plenty of information on housing, benefits, jobs but nothing about health care. I think when you register with a practice the forms should include 'are you a veteran?' as standard."

PALMS, Preston **(Pancreatic & liver cancer support group)** Participants – 10 Healthwatch Lancashire	The importance of a support group, particularly when suffering from social isolation and loneliness. Over-reliance on third sector to offer group support. Health professionals unaware of local services.

PALMS

Group members were asked to discuss their experiences of accessing health and social care support? What has worked well? What hasn't worked well? What changes or improvements would you like to see?

Good care and support during treatment
The general feedback from the group was that care and support around cancer care had been good at every stage. "Once you mentioned the 'C' word, care and support was very good". However, after their treatment had ended the network of support was lost and some had felt abandoned. One group member said "they had lost the family that had looked after them".

Support from PALMS and other support groups
The group members really valued the benefits of being part of P.A.L.M.S. as a way of staying in touch with a network of support, finding out about other services and encouraging them to use or try them out.
Alongside the importance of the P.A.L.M.S. group, there was a real acknowledgement of the value of Vine House as a centre where you could meet

people face-to-face rather than on the 'end of a telephone help line'. They have eight support groups (including the P.A.L.M.S. group) who meet at Vine House free of charge. Whilst the groups are independent of Cancer Help, they can link in and access additional help and support. As well as daytime services, Vine House opens on two evenings a week to meet people's preferences of "real face-to-face contact and physical meetings rather than emails and online groups".

Members of the group discussed the importance of community based activities and how this was particularly important to tackle social isolation and loneliness. One group member gave an example of how her local GP referred patients to Longridge library for chair-based exercises ("a real workout"). "Afterwards everyone stays and has a cup of tea and a chat." This opportunity encouraged people to go out and meet new friends socially which all helped towards reducing isolation and loneliness.

Mindfulness
Anxiety and lack of sleep was a concern for many members of this group. As a result, Cancer Help offer a free mindfulness course (over 7 weeks) as well as providing two sessions of support whilst people wait for a place to become available.

Sharing information
The idea of social prescribing was well received, but wasn't something necessarily on group members radar ("we didn't even know about Macmillan's services"). Others reported that GPs are struggling to access what is available within the community and to share this information with their patients, so it may not be on their agenda as yet. One group member said "There needs to be a better way to share information about different community programmes that can help."

Increasing reliance on Third Sector
A general concern was also voiced regarding increasing reliance on the Third Sector for offering support. It was felt this was due to the continued reduction in services run by the NHS or other providers. For example, St Catherine's day centre service has ceased and Vine House has seen an increased flow of people as a result of this change.

"We have talked about an exercise class at Vine House, but we need to get funding for this. We have been looking at Sport England for funds. Having to bid for funding is very time consuming – it's a full-time job keeping the centre going. The NHS is reliant on the Third Sector; however we are reliant on chasing around for small pots of funding to keep services going."

Stroke Association	Issues getting timely appointments, long hospital stays, poor communication, a lack of physiotherapy and financial difficulties.
Participants - 17	More advice on self-care.
Healthwatch Lancashire	The importance of this group to counteract loneliness and isolation.

Group members were asked to discuss their experiences of accessing health and social care support? What has worked well? What hasn't worked well? What changes or improvements would you like to see?

Negative experiences of discharge process
Group members were quite complimentary about their experience of hospital care (for themselves and loved ones), with the exception of the discharge process. They felt there was too much waiting around and this understandably added to the shortage of hospital beds. Also, if you are at the hospital as a patient alone it's even worse waiting around for a prolonged period of time "as a couple it's ok but not when you're on your own".

Issues with car parking
Car parking at the hospital (Royal Preston and Chorley) was also identified as a key concern for the group.

Issues with GP appointments
In terms of primary care, there was a key concern around access. Members voiced how they have to wait two weeks to see their GP, yet their local surgery is displaying posters advertising for new patients:

"Is this because they get more money for new patients? What about the patients that have been with the practice for 20 years and who cannot get to see their GP."

"I am going to see a GP that I don't know and they don't know about me. They have no idea of my history. Every time I meet a new health professional I am back to square one. You don't get any practical advice for staying well … just plod on and try not to fall over … are you surprised that we then have to try 'Dr Google' when we have a problem".

Support needed for 'self-care'
Group members were also concerned about their declining health particularly for those living on their own. The group highlighted wanting more support around how they can self-care as they get older or their health declines.

Poor access to transport
A Stroke Association Support Co-ordinator highlighted that her main concern for stroke survivors is access to transport. "They get so depressed because they are so isolated. Community Transport is so limited – people can't get here or to other places. GDPR regulations have made it very difficult to involve volunteer drivers."

Benefits of social interaction
Everyone recognises the benefits of social interaction as there are big concerns over isolation, so attending groups (such as this one) or doing voluntary work are seen as very important.

Group members said there had to be a reliance on family support, as the NHS "gets you to a certain standard of recovery, then the care tails off and you're left on your own".

Most group members wanted to stay active, try to participate in exercise classes and attend the local leisure centre, but not everyone was able to.

Charity organisations were rated very highly, in particular CAB, the Stroke Association, the Stroke Survivors Programme and Headway.

Financial support
Another key concern raised for people who have had a stroke is accessing help with benefits. "There is no one who can help with benefits now as many services have been cut. It's difficult for us to help as the benefits are changing all the time. There's also a lot of emphasis to go online, but many of the people that we

support don't have access to or use computers. We used to recommend Citizen's Advice and Age Concern, but some of these have a cost or long waiting lists."

Group members had found they have to pay for their own treatment and have had to use up family savings, for example one participant had to pay for private physiotherapy treatment until the NHS provided some. It is difficult to get advice on what benefits you are entitled to, although CAB does provide good information.

Poor communication from the NHS
Some patients have had long hospital stays, with poor communication from the doctors and a lack of practical interventions (such as physio). There have also been problems with late or misdiagnosis.

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Darwen Valley Community Centre, Darwen

(Focus on mental health issues)

Participants - 5

Healthwatch Blackburn with Darwen

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Importance of strong, local connections and good community centres.

Profound effect of food poverty and poor quality social housing.

Difficulties accessing mental health support and a lack of continuity of care.

Problems with transport.

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Who and What Is Important to You, Your Family and Your Community to Maintain Good Mental Health and Wellbeing?

Importance of social support and community centres
The group spoke of the importance of strong social connections to support their mental health, particularly family, friends and neighbours. They also stressed the strong connection between neighbours in the area and that they are all friendly and supportive. Community centres play a large part in bringing people together in positive activities, with peer support groups and volunteers making these groups happen.

At the Darwen Valley Community Centre there are arts and crafts sessions as well as boogie bounce and martial arts. There is also an Alcoholics Anonymous group that meets at the Centre which the group felt was extremely important because there is a significant level of alcohol abuse in the area. Citizens' Advice Bureau also deliver sessions at the Centre which members of the group felt were important in supporting residents' mental health because housing and finance issues can have a significantly detrimental impact on people's mental health and wellbeing.

Poor social housing and poverty

They spoke of the fact that some families in the area are facing eviction and that there is a transient community in the local social housing stock due to families not being able to afford to stay there for long. The community centre has put on fun days across the summer to support these families and is looking at establishing a teatime club during term times and a lunch club during summer to address issues of hunger amongst the community, with many living off the food bank.

The Darwen Food Share was mentioned by a member of the group as a real positive in the area – taking away stress of the cost of food from families by giving them the opportunity to buy a week's worth of shopping for £5.

Green spaces

One member spoke of the importance of green spaces around the area for individuals and families. Simply being able to look out on to the hills around Darwen was important to her mental health and wellbeing.

How Could Services Work Better for Residents to Care for Their Own Mental Health?

Improve communication about local services

The group felt that it would be beneficial if services could have increased presence in the community as well as promoting better information to residents where they can get help if they need it. One member of the group said that it would be good if healthy cooking, nutrition classes and smoking cessation workshops could take place in community settings – helping residents to make more positive lifestyle choices. One member of the group also said that Minds Matters used to deliver workshops from the centre but these no longer happen; however, they would be of great benefit to residents. A suggestion from the group was that services come to the Centre to deliver a fun day/health day to raise greater awareness of services available to residents.

Improve support for mental health services and for young people

One member of the group spoke of difficulties in accessing support for mental health issues. When he had been to speak to the GP about it, he had appointments with different GPs and was embarrassed by having to tell his story over and over again which played a part in him disengaging from services. He also spoke of the difficulty of getting "back into the system" once he had got out of it and being stuck on a waiting list for Minds Matters.
Another member of the group spoke of the lack of support for young people in the area, with little youth provision available. One girl she knew was struggling with both drug and alcohol abuse but would not access support from a GP therefore a youth work approach to support her and others to access help from the GP would help significantly.

Issues with transport

Transport was considered to be an issue in accessing services amongst the group, with residents complaining that they have to go to Blackburn for support with

infrequent and expensive bus travel or even more expensive taxis to be able to get to appointments.

Improve social housing
One member of the group felt that social housing providers could do a lot more to support the residents that live in their housing. The housing stock is often poor quality, which impacts on residents' wellbeing. He reported that families are paying high rents and cannot break the cycle of worklessness because it is more cost effective to be on benefits to pay the rent – thus resulting in families living in third generation worklessness. The group felt that housing providers should give more back into the community and improve the quality of housing.

How can we get residents to take more control of their health or engage with services better to take control of their health issues?

More support and recognition for community centres
The group felt that community centres are an underused resource which could support more residents' health and wellbeing. By providing more people the access to social networks, positive activities including physical activity and peer support groups would support individuals' journey to making better choices about their health and wellbeing. They felt that this soft approach did take longer but was needed for long term change in residents' attitudes and behaviours. They suggested that guest speakers with lived experience of mental health issues talking to groups would also be of great benefit.

Adverse Childhood Experiences (ACES)
They discussed the need to speak with residents about the impact of a hard upbringing on their long term health and wellbeing (an ACES informed approach by professionals). They felt that if they knew how this affected them then people could learn better coping strategies and be better parents, breaking the cycle of mental health issues in families.

| Linden House Care Home, Blackburn

Participants – 8
Healthwatch Blackburn with Darwen | Well supported physical and emotional wellbeing.

Main issue is boredom and a lack of physical exercise and activities. |

Who and what is important to you to maintain your physical and emotional health and minimise the impact of frailty?

Good support within the care home
Residents reported that the carers at the home are key to supporting their physical and emotional health and wellbeing as well as their families when they come to visit. The group shared that they also get support as and when needed from social workers, doctors, physiotherapists and district nurses. The district nurses visit the home most regularly to support residents.

The two volunteers provide a significant level of support for residents in the home, coming in five times a week to play games with residents and run bingo sessions and tombolas. Occasional visits from singers also provide entertainment for residents as well as carers organising activities for them.

Boredom and a lack of physical exercise
Some members of the group stated that they were often bored and left to make their own entertainment, finding the adjustment from independent living difficult. However, one member of the group said that he was doing an Open University course online which he had been supported to access by a carer.

Carers support residents to stay mobile and exercise but the group said that they often do not have much time to spend with them because they are so busy. One member of the group made reference to the fact that one of the carers is trained in sports injury physiotherapy and could support them with exercises to maintain their balance but does not have the time to do this. One member of the group

stated that a carer had given him some small weights so that he could build his upper body strength. The volunteers stated that they occasionally put on dance activities for residents.

A private sports instructor funded by the home comes in once a month and does chair based exercises for their arms and legs, which the residents really enjoy.

One member of the group stated that staff sometimes take them outdoors when the weather is good, but it depends on whether there are enough staff available to provide 1-2-1 support for them to do this, particularly when staff are on annual leave. There are also trips out organised by staff every few months to places like the zoo, theatre and a local primary school performances.

One of the men in the group stated that he goes out and helps with weeding in the grounds of the home supported by the handyman or independently as long as he takes his mobile.

How Could Services Help You More to Care for Yourselves?

Increased physiotherapy support and exercise sessions
One member of the group stated that the Wellbeing Service used to come to the care home to deliver fall prevention exercises and balance classes which also helped increase their mobility. He felt that it would be a great benefit to all residents if these could be offered again as well as increased access to physiotherapy support. Another member of the group stated that he had fallen three times since being at the home and had not really received any support to regain mobility.

The group stated that the exercise sessions with the private sports instructor are extremely beneficial and that access to this kind of support more than once a month would be beneficial.

Being able to go out into the community
Members of the group expressed the desire to be able to go out of the home, even just into the local area to go shopping but knew that this would require additional staffing at the home to accommodate this. One man stated that the days can be very long if you have been used to having an active lifestyle before coming to the home. He felt that if he had something to look forward to even once a month that would give him more hope, "It would be great if people took the risk to let us out even just for an hour". He felt it was a particularly hard transition for residents like himself who do not have family coming to visit on a regular basis.

Increased support from GPs
One member of the group felt that increased support from GPs would be beneficial – she had been waiting a long time for a replacement hearing aid and did not know what was happening about this and expressed embarrassment about not being able to hear people very well.

How Could We Get Residents to Take More Control or Be Better Engaged in Taking Control of their Health Issues including Frailty?

Encouraging residents to take responsibility for their own health
The volunteers in the group stated that it was hard to engage all residents in taking responsibility for their health and simply doing things for themselves. Greater staffing or volunteer time to encourage residents to do more would be beneficial – if they saw that everyone was getting involved in exercises, it would set a good example. Other members of the group stated that increased group activities would encourage more residents to stay active and healthy in the care home.

Stone Moor Bottom Residents Association, Padiham	Appreciation of the green spaces.
	Good access to supportive social networks.
	SureStart provide good family support, but there is a lack of medical support for new mothers.
Participants – 7	Limited activities for young people.
Healthwatch Blackburn with Darwen	Feeling of isolation from mainstream health and social care services.

Who and What Is Important to You, Your Family and Your Community to Maintain Good Physical and Mental Health?

Importance of green spaces
One common theme in the feedback from the group was the importance of green spaces to both their physical and mental wellbeing – from walking the dog in the woods to simply getting out in the fresh air. The group also felt that the community spirit in their neighbourhood was incredibly important for their mental health, with access to supportive social networks on their doorstep with neighbours often spending time in each other's houses. They also maintain an active Neighbourhood Watch, which they saw as an important factor in looking after each other.

Socialising, trips and support groups
Several of the group stated that day trips in the holidays play a key role in keeping both them and their children physically active and socialising in positive activities. These trips also offer residents a chance to visit places they otherwise would not be able to afford or be able to access on local transport. These are all organised by the Residents' Association and cater for all ages.

One mum in the group felt that SureStart at Whitegate was also a great support for engaging small children of families on benefits in the area.

One lady in the group had started yoga recently in a local group and commented on the difference this has made already to both her physical health and ability to relax.

What would you do?   44

How could Services work better for Residents to Care for Themselves Better so that they can live happier and healthier lives in their own home?

Feeling of isolation
There was a general feeling amongst the group of being isolated from services that could best support them. They were keen for agencies to come down and speak to residents including Citizens' Advice Bureau, mental health support workers and sexual health advisors. The women are organising coffee mornings to bring residents together and felt that these would be a perfect opportunity for drop-ins from services, including the police. They commented on the lack of visibility of police in the area, acknowledging that PCSOs have a much larger area to cover now.

One plea from the group was more funding for community groups so that they can sustain the activities they deliver and the difference they make to the lives of residents.

Improve activities for young people
All of the group felt that there was a serious lack of activities for teenagers in the area and were unclear as to whether the Youth Zone in Padiham had closed down completely or was operating on a one night per week basis. They were also concerned that the nearest family planning and sexual health advice centre for young people was Brook in Burnley which they felt that young people would simply not travel to in order to access their services and that they most definitely would not go to a chemist for advice or support.

They felt that it was important to have someone that young people could simply talk to about their health and wellbeing and support them to make good decisions about their lives. They felt that this support was not available in schools and that with the move towards creating "super schools" with larger numbers of pupils, behavioural and mental health issues would not be addressed.

Better access to GPs
One woman in the group stated that she did not know who her health visitor was for her youngest child who was now 5 years old. She felt that if she had not been proactive in accessing a GP for his 2-year check that this might have been missed. She was also concerned that without this health visitor support, local women experiencing postnatal depression might not access services at all.

How can we get residents to take more control of their health or engage with services better to take control of their health issues?

Expense involved in eating and living healthily
The residents' association felt that they struggle to get messages across too. They have a monthly newsletter and highlight activities and good things to do to stay healthy in there. One member of the group felt that it is far too expensive to eat healthily.

They did feel that a community growing scheme would work in their area and are keen to do this with part of the field, but it would need children to be on board and taking ownership.

Investment in the local park
The park on the estate was viewed as a great asset by all the group – not just for children but for adults too. Investment in the park would encourage more residents to engage in physical activity.

Members of the group suggested collecting donations at their coffee mornings in order to build up funds to go towards activities for families. They also suggested that these would be a good opportunity for agencies including local GPs to come down to chat with residents about maintaining good health.

Challenging individuals
The group spoke of drug usage on the estate and felt that they could not change behaviours amongst residents but as a group they challenge the individuals concerned to make sure that children are not exposed to it. They also felt confident to contact the police when necessary.

The group reinforced the message that the one group that is suffering from lack of engagement at present is teenagers in the local area and that more needs to be done for them.

Valley Street Community Centre, Burnley **Women for Peace Group &** **Stoops & Hargher Clough Community Centre** Participants – 4 Healthwatch Blackburn with Darwen	Strong sense of community in the area though there are concerns over a lack of funding. Issues over a lack of access to primary care services, mental health support and social care support. They would like to see funding to encourage people to become 'experts in their own lives' and for ACEs training.

Who and what is important to you, your family and your community to maintain good physical and mental health?

Strong community network
The group stated that in their area there is a strong community network and sense of neighbourliness. There are several active groups that are supported through the local community centres, school and churches and there is good cooperation between these groups and organisations because they know that families are supported by a number of them. The group said that there are strong bonds between neighbours and they always support each other in times of difficulty.

The buildings that these groups run activities from are also considered by the group to be a huge asset to the community, giving them the space to access opportunities, provide activities for families and the chance to socialise. However, they expressed concern about the threat of these closing due to the financial pressures associated with running the buildings. The group stated that there are a

significant number of local people who are really passionate and keep these activities going voluntarily – with several peer support groups including a chronic pain group and a mental health support group.

Importance of green spaces
The green spaces in the local area were important to the group to stay physically well and good for their overall wellbeing. The park has a well looked after play area and zip wire which is good for their children. There is also an outdoor gym which is used by all ages and an Incredible Edible community growing space. Members of the group stated that there are a number of community food growing spaces in the area which benefit the whole community.

How could Services work better for residents to care for themselves better so that they can live happier and healthier lives in their own home?

Improve primary care in the area
Members of the group felt that there should be increased primary care activity in their area and suggested that drop-ins would be beneficial, particularly because transport links to health centres are poor. The group suggested that better links between services and communities to create an ongoing conversation about how services might best respond to their needs would be beneficial. One member stated that the tenant representatives scheme worked well and gave residents a clear route for raising their concerns for these to be discussed with services.

Increase mental health and social care support
The group felt that there was a need for increased mental health and social care support in the community but that it was important for residents to have some ownership over this too. An example was given of children at Cherry Fold School being trained in 'trauma informed' and mediation approaches and they have now spoken to both their siblings and parents about what they've learnt. The group felt that if some basic mental health training was provided to a group of residents, they could then become mental health champions and cascade their knowledge and skills – "creating a ripple effect". However, they did feel that increased joint working between agencies to support the community was needed.

How can we get residents to take more control of their health or engage with services better to take control of their health issues?

Basic mental health training
The group felt that if residents were trained in basic mental health and in how to give health messages about other conditions then they could become 'community health champions' and were best placed to have conversations with other residents about managing their health better.

Public funding
One member of the group suggested delegation of public funding to the public which would give them more ownership of their health, as "experts in their own

lives". He suggested that 1% of the public sector budget should be delegated to increase participatory decision making in services.

Awareness of ACEs
A member who had spoken about the ACEs informed approach being taken on in schools suggested that work could be done with prisoners who are due to be released in 6-18 months to make them aware of the impact of ACEs on their lives and then on release could be "alternative community leaders", sending out positive messages to residents who might not listen to agencies or other community members.

Chai Centre, Burnley **(General health and wellbeing)** Participants – 3 Healthwatch Blackburn with Darwen	Importance of community groups, but a lack of funding. Anti-social behaviour restricting access to parks. Difficulties getting appointments, repeat prescriptions and cancer support. Significant need for parenting support.

Who and What Is Important to You, Your Family and Your Community to Maintain Good Physical and Mental Health?

Importance of community groups
They said that they acknowledged the important role of GPs in supporting the health of residents, the group spoke of the importance of community groups to local residents in helping them to stay well both physically and mentally. These provide invaluable opportunities to residents to socialise, learn and stay active in their community. One member spoke of the importance of the buildings such as community centres and sports centres from which they deliver these groups.

The role of volunteers
The group also spoke of the role of passionate volunteers in supporting residents to stay healthy – without such individuals a lot of these support groups would not exist. They also spoke of the tight knit communities that still exist in the area who are supportive of one another.

Green spaces
One member of the group felt that parks were important spaces for residents to stay active, but he stated that he knew of several residents who would not feel comfortable accessing them by themselves because of groups of young men congregating in them.

How could Services work better for residents to care for themselves better so that they can live happier and healthier lives in their own home?

Difficulties getting appointments
One member spoke of consistent difficulties in getting appointments and repeat prescriptions and frustration with underqualified staff in health services. He also spoke of the lack of support post diagnosis with cancer. Another member felt that services could promote and share information more widely using social media to reach people who would not access their services.

Poor communication
The group felt that there should be increased dialogue between services and residents and those services should be bold in trying out new approaches to supporting residents' health and wellbeing – designing programmes "from the bottom up".

There was a general feeling that services should work better together to support residents' health (an example was given of the DWP and NHS needing to communicate better) and work more with organisations within the voluntary sector, with increased opportunities for social prescribing. Although the navigator system run by CVS was considered to be a good step towards a referral process between GPs and the voluntary sector, it was felt that there was little knowledge of the system across the town and that at present it was not reaching people who would benefit most. It was also felt that services should work directly with voluntary groups and charities and not just with one organisation "representing the third sector".

How can we get residents to take more control of their health or engage with services better to take control of their health issues?

Parenting support
The group felt that there was a significant need for parenting support for families in the borough and that this would help break the cycle of lack of aspiration and apathy amongst residents and increase residents' confidence in managing their health. They felt that people do not take responsibility for their own health and wellbeing as a result of deep-rooted inertia, with several families in the area living in "third generation worklessness".

Better funding for community groups
They felt that local residents supporting each other in community groups and peer support groups are best placed to share health messages. They felt that residents speaking to one another about the impact that accessing support has had on their

lives was the most powerful way of encouraging residents to take more control of their health.

They felt that more funding for social prescribing schemes in the community would help maintain these community groups to keep residents healthy and reduce social isolation.

Corbridge Court Care Home, Clitheroe	Importance of socialising, being active, having a television, having a garden and remaining independent.
Participants – 5 Healthwatch Blackburn with Darwen	Would like more support with exercise.

Who and What Is Important to You, Your Family and Your Community to Maintain Good Physical and Mental Health?

Socialising
The group said that having the opportunity to mix with other people played an important factor in staying well. They have coffee mornings each weekday and people often meet to play cards and they occasionally cook together in the shared living/dining space available in the grounds.

The group also acknowledged the importance of having television to watch in combatting isolation, they saw it as a form of company.

Remaining independent
Being able to stay independent was also a significant factor contributing to their mental and emotional wellbeing – "we can be as independent as we like but we also know there's always someone around to help". The group stated that the manager of the sheltered accommodation is very good and supportive of all of the residents.

healthwotch

Remaining active
Staying active was important to the group in terms of physical health. They are able to get to the local supermarket easily because it is on one level and the bus station is really handy to get out and about, although they did feel that Clitheroe was hilly, so they do not venture into the whole of the town. Having a garden was also important to the group so that they could sit out and a number of residents help to maintain it.

Positive about local GPs
Although the group did not access GP services regularly, they felt that the local doctors are excellent, and they were happy to wait a couple of weeks to see a particular doctor. One lady in the group who was 94 stated that a nurse had been out to see her recently because she had not been to the doctors in the while which she appreciated.

How could Services work better for Residents to Care for Themselves Better so that they can live happier and healthier lives in their own home?

Exercise classes
The group all felt that the local NHS services are very good in terms of both doctors and dentists – "we are served really well here". They felt that the fact that the health centre is close by was a great help for residents in Corbridge Court. Although very few residents at the Court have experienced falls, the group felt that support for exercises would be beneficial. They stated that they did have exercise classes at some point but that these had been stopped. They felt armchair exercises would help increase or sustain the mobility of some residents. They were happy to contribute towards the cost of an instructor, sharing the fee between them.

How can we get residents to take more control of their health or engage with services better to take control of their health issues?

Social activities
The group felt that it would be hard to change some people's attitudes and behaviours towards taking responsibility for their health. They felt that socialising as a group was beneficial to have conversations about health and they support new residents to get involved in their groups, although they stated that couples do not engage with other residents as much as single residents.

Advice on staying healthy
One member of the group felt that it might be beneficial if a GP visited every so often to chat with residents about staying healthy, with the suggestion of every few months to talk about different topics.

healthwatch

Foundation for Ribble Valley Families, Clitheroe	The new mother's group recognised the importance of family support, baby clinics, parent support groups and friends, but felt that there was little support available for new dads.
(Baby massage class)	They would like a more consistent approach from health visitors and better communication about what statutory health services and voluntary sector groups can offer.
Participants – 6 Healthwatch Blackburn with Darwen	

Who and What Is Important to You, Your Family and Your Community to Maintain Good Physical and Mental Health?

Support of family, friends and professionals
The majority of the group spoke of the importance of family support to help them stay healthy, particularly with regards to mental health and emotional wellbeing. Friendship groups and parent support groups were also very important to help maintain good mental health and wellbeing – being able to speak to someone going through the same experiences of new parenting and knowing that they are not on their own was a real positive for members of the group.

Support from baby clinics was important for their families' health and access to information on the internet through trusted websites and online peer support groups was important to the group for both their physical and mental health. Being able to get out in the fresh air and simply go for a walk in green spaces were also cited by the group as important to both their physical and mental health. Sleep was also a very important factor.

How could Services work better for Residents to Care for Themselves Better so that they can live happier and healthier lives in their own home?

More consistent support from health visitors
There was a common view amongst the group members that support from health visitors should be more consistent, particularly during the weaning stages. They felt that the number of visits dropped off too soon at this stage when they are most concerned about the welfare of their child. One woman highlighted the importance for health visitors to convey consistent messages to parents – she had received support from three different health visitors and was told different advice each time.

The group also emphasised the fact that if you are not proactive in seeking help from services, it is very easy for individuals to miss out on support that is accessible to them and their health could suffer as a result. Examples were given of not being aware that they could have physical checks at six weeks with the GP and having to self-refer for access to a physio. One woman felt that a 'Mummy MOT' provided by a private health care provider would be great to have on offer from the NHS.

Better communication about available services
Others felt that there should be better promotion of what statutory services and voluntary sector groups can offer residents – they often found out about groups and support via word of mouth. They felt that this was very important as being a mum can be a very lonely experience, particularly for those who had a caesarean section and could not drive for up to six weeks. They felt that ante-natal classes did not prepare them for the first few weeks of motherhood whereas these classes would be the opportune time to talk about this.

More support for new fathers
They spoke of the need for more support for new dads and their emotional wellbeing. They felt that often groups and classes were not very inclusive for men.

How can we get residents to take more control of their health or engage with services better to take control of their health issues?

Better promotion and communication
The group again spoke of the need for better promotion of activities available to them. Including those delivered by both statutory services and the voluntary sector, in order to increase awareness of the support available for health issues and maintaining positive health and wellbeing. They felt that there needs to be more promotion of health messages beyond the GP practice – on social media, via email and through outreach work.

One woman spoke of the need to promote health messages more visually. She made reference to an example in the medical centre where the level of sugar in drinks was demonstrated using images of teaspoons of sugar next to the cans of

drinks. She felt that seeing this made her think about what she drank whereas wordy pamphlets conveying health messages were not as effective.

Access to alternative therapies
One woman suggested that GPs should offer greater access to alternative therapies rather than medication, particularly for mental health. She felt that this approach would encourage greater ownership of decisions about physical and mental health amongst residents.

Acorn Medical Centre, Accrington	Good social networks and support from faith organisations.
(Hyndburn Central, focus on general health and wellbeing)	Need better transport links.
	Feeling safe and being able to keep active.
Participants – 5	Better education about health and wellbeing would be beneficial.
Healthwatch Blackburn with Darwen	

Who and What Is Important to You, Your Family and Your Community to Maintain Good Physical and Mental Health?

Support of family, friends and medical professionals
The group reported that their GP plays a key role in supporting their health and wellbeing as well as their family and close friends. Members of the group spoke of having close social networks through good neighbours and friendly pubs. Faith organisations also play an important part of people's lives with members of the group referring to having support from the mosque and churches. One member said that churches are hugely supportive of families, providing social activities and food banks, "they really bring the community together".

Members also stated that the leisure centre in Accrington is good and that the Adventure City play area is great for kids. They also said that good transport links in the town were a real help in being able to access places like the leisure centre and medical centres. Members of the group felt that the local schools were good for their children's health and wellbeing. One member noted that there are good support agencies in the town and that Community Solutions was a great support for residents' mental health and wellbeing.

Feeling safe
People spoke of feeling safe where they live and having access to parks and walks along the canal were important to them to stay active.

How could Services work better for Residents to Care for Themselves Better so that they can live happier and healthier lives in their own home?

Better communication and promotion of services
Members of the group felt that it would be helpful if services offered better education for residents about health and wellbeing and raised more awareness through better promotion. They felt that social media like Facebook would be the best way to reach most residents – "we just want to know where to go and get support when we need it". One member felt that there is not enough access to NHS dentists in the area whilst another spoke of the need for more accessible services and out of hours provision or home visits from GPs.

Members of the group felt that it would be good if health service providers supported events in community centres or went out to churches as guest speakers. Another member suggested that it might be helpful if local people are trained to deliver basic health messages and offer support in community centres.

Members felt that greater awareness in communities about smoking cessation would be beneficial.

How can we get residents to take more control of their health or engage with services better to take control of their health issues?

Encouraging individual responsibility
One member of the group felt that some people will simply not engage and take responsibility for their own health, they would rather rely on the GP or a nurse. Another felt that drop in clinics might encourage more residents to engage with health services whilst another felt that GP referrals to the leisure centre would be beneficial in getting people more active on a regular basis.

Limiting purchase of alcohol
One person felt that limiting the amount of alcohol people can buy in supermarkets would be beneficial to curb people's binge drinking.

Increase life skills
Overall, the group felt that increased life skills and better knowledge of how to cook healthily on a budget would support residents to make better health choices. It was felt that there are too many takeaways in Accrington and that it would be best to focus on educating young people in schools on how to live more healthily. It was also felt that there should be more education in the community around drugs and alcohol, for both young people and adults (particularly around cannabis usage amongst adults), and more schemes available to support people to stop smoking.

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Young Peoples Group, Cumbria

(Young people)

Participants – 11
Healthwatch Cumbria

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Embracing of modern technology.

Want responsibility for own health.

Would like to be involved in shaping future services.

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This was a focus group held with primary school aged children. They were asked different questions to the rest of the focus groups in this report, that were devised to be more age appropriate.

What digital devices do you have access to and use regularly?

Almost all of the children had access to mobile phones and/or tablets. Other popular digital devices included games consoles (Playstation and Xbox). Older children in the group also had laptops and tablets.

We asked the parents of the under 11s if they would be happy for their children to access advice or support via technology?

Their response was that it would depend on the application or technology, but they would be happy as long as the source of the information was reputable, such as the NHS and that people would be unable to contact them via the app.

In the future, the NHS are going to encourage us to look after our own health much better, how can the NHS give you information on how to do this?

The group suggested the NHS could communicate with them via letter, adverts on television, emails or websites, face to face including through the school and also through parents. Some of the older children said they would welcome being communicated via posters, newspaper articles, text messaging or through social media.

What apps and websites do you find useful to manage your health and wellbeing?

Common sites and apps that the children knew about included Shout, Sleep Counter, Young Minds, Big White Wall, My Autistic Brother, ASMR, Kooth, Breathe and Headspace.
They also said that social media sites such as Facebook, Snapchat and Twitter helped to support their wellbeing. Some of the children used 'health' apps such as Couch 2-5k, Carbs, Apple Fitness and Fitbit.
Overall the children were aware of a wide range of online support available for health and wellbeing, although it wasn't clear how often they used or visited these apps and websites.

What are the good and bad points about the NHS sharing information directly to me?

Some of the good points that the children raised included the NHS giving them information that was important to them ("things I should know") and that would enable them to make a decision and to stay healthy.

The bad points included concerns about not being able to understand what they are being told, being too shy to share the information with parents, or being told something scary and not knowing what to do about it.

How do we know what information is reliable?
Out of the apps and websites you have seen, which do you know are reliable?

The children felt that Kooth, Breathe, Carbs, Shout, Deezer and Spotify were all reliable, as these are recommended by schools or doctors.
They were more wary of Tellonym (they called this 'high risk'), Facebook because of images of animal cruelty and some of the pictures available on Instagram.

There were comments that there needs to be a reporting facility or button on the websites and social media.

Website/Application	Details
Apple Fitness	Fitness tracker
ASMR	Sleep sounds app
Big White Wall	Online mental health community
Breathe	Relaxation app
Carbs	Carbohydrates counter diet app
Couch 2-5k	Fitness
Deezer	Music streaming
Facebook	Social Media platform
Fitbit	Fitness tracking
Headspace	Meditation app
Instagram	Social Media platform
Kooth	Online counselling
My Autistic Brother	Blog
Shout	Location based mobile app (tracks other people's locations)
Sleep Counter	Sleep aid app
Snapchat	Social Media platform
Spotify	Music streaming & podcasts
Tellonym	Anonymous messaging app (to provide honest feedback) Blamed for a rise in cyberbullying
Twitter	Social Media platform
Young MInds	Young People's mental health charity

If the NHS wanted to find out about your views and opinions, how would you want this to be done?

In order to gather their views, the children said they would want the NHS to use group talk, engage with Healthwatch, let them use emojis to represent how they feel, 'how did we do' buttons in surgeries and hospitals and by speaking to them face to face or over the phone.
The older children said they would feel ok telling a doctor, talking in a group, using drawings, contact through email or through school, speaking to them face to face, by letter, leaflets, through a quiz, a survey or through social media.

What information or support could the NHS give you to help you live healthier lives?

Most of the feedback fell into the following categories; healthy eating and diet, health advice including ill health prevention, more opportunities for sport and exercise and information about community events.

If there was one thing you would like to see that would improve your health and/or prevent ill health, what would it be?

Both young people under the age of 11 and over the age of 11 said they would like more mental health support and coping mechanisms for everyone, but especially for young people and within schools.

Respectability Group, Age UK, Barrow, Cumbria (Older people) Participants – 11 Healthwatch Cumbria	Would like to stay at home for as long as possible. Would not like to be in a care home.

If you needed step up/ step down care where would you want this to be?

Care at home
The group shared a consistent view that they would like to be supported at home or with family. One person said they would like to be at home "I would want to be in familiar surroundings and close to family and friends." Two group members said if they needed specialist care, they would consider the hospital for a short stay. All members of the groups said they did not want to be in a care home.

If you lived in a rural community, would you prefer somewhere more local?

Yes

The group said they would consider care at home as family and friends would be local. If this care was in a hospital setting it would be hard to see family and friends, which they felt would have a huge impact.

What would your concerns be about having to use step up/step down care?

Being taken away from friends and family
Concerns were again centred on the importance of home and family. Group members said they would be concerned about being "taken away from family and friends." Another said "I would put up a bit of resistance if I was asked to go to a care home for this as I would feel that I wouldn't be able to get out again."

Concerns over lack of continuous care
Other comments were about some of the concerns they may have with being cared for at home, such as not having access to continuous care and what would happen if their condition worsened. One person questioned how their family and home life might be affected by carer/nurse visits.

Who should lead this care?

There was a mixed response to this question, with suggestions of GP involvement, hospital, social services or family.

As part of the preparation for the future of the NHS there is a consideration of using Physician Associates, how do you feel about this?

Generally positive
Responses to this question were mostly positive although conditional that they "had the right training so that my health wasn't in jeopardy" and that the Physician Associates "referred me to a doctor if my need increased or there were any complications."

There was some feedback from group members that they would be unhappy and would like a "proper doctor."

How would you normally travel to your local NHS hospital?
Family
Some group members were transported by their family although one person said "this can be tricky as they work."

Public and patient transport
Others travelled by public transport and told us that they find it expensive or inconvenient as they do not run on Sundays and have too long to walk to their home.

Some group members travelled by patient transport and reported mostly positive experiences, stating they have "always been very prompt". There was also room

for improvement with one person reporting they are "helpful but often you are picked up early and dropped off late so you are away many hours for a short appointment."

Would it be a challenge for your friends and family to visit you if you were admitted to hospital?

Expense of travelling
Group members discussed difficulties with the expense of travelling to the hospital and paying for parking and accommodation. Others said that as family members work they would struggle to travel longer distances. Group members were unsure if they could get concessions. Given the importance of family from earlier questions it was important to note that one person said "I would encourage my family not to visit so often as I wouldn't want them to pay for it." This was shown by one of the group members:

"A friend I had with dementia was treated in Durham. It was so costly and time consuming for her family to visit and this had a huge detriment to her well being as they couldn't be with her as often as they would have liked. Her family didn't know she was safe as so far away and this had a huge pressure on them."

If there was one thing you would like to see that would improve your health and/or prevent ill health, what would it be?

Well trained staff
Group members said they would like to see more well-trained staff throughout the healthcare system, so there aren't long waits for treatment and staff are under less-pressure, having more time to spend with patients.

Better funding and advice
The group said they would love more information about diet and more funding for services like Age UK who support their health and well being.

Drop Zone LGBT Youth Group, South Cumbria Participants – 4 Healthwatch Cumbria	**The group were very open about the ideas behind the infographic and the introduction of Primary Care Networks, they felt that if they were brought in gradually this would have the best outcome for staff and patients.**

This was a small focus group of four participants. They were a very quiet group and not everyone was confident about speaking up and putting their views forward.

This is the infographic for Lancashire and South Cumbria:

Do you recognise this now?

The group looked at the infographic and said they had very little knowledge of how the healthcare system works currently. The group didn't see any parts of the infographic as a representation of what they are receiving currently.

Do you agree?

The participants liked the part of the infographic that spoke about integrated systems and thought it would be good for different systems to work better together an example of this was a GP working closely with mental health

What would you do? 67

professionals so that they didn't need to repeat their story. The group discussed concerns over data protection if information was shared with lots of people and also how this will be managed effectively.

What is missing?

There is very little mention of ensuring that all staff are really well trained to manage these changes. The group worried that new processes would be pushed on staff without the chance for them to adapt, which could have a knock on affect with them accessing healthcare or could cause major safeguarding issues.

How do you feel about new roles in Primary Care?

Generally the group felt positive about them, they recognised that they would be well trained and knowledgeable, but thought there might be frustration if you had expected to see your regular doctor. The group worried that there may be issues around them not having as in-depth knowledge in certain areas and they may miss warning signs, but agreed that once you got to know them, they would be happy to see one.

Primary care networks, what do you think about them?

The group liked that it might bring services physically closer to them and may reduce the need for hospital attendance as you would have a wider range of services in the local area. They also liked the prospect that you might get seen quicker by a doctor as long as you weren't particular about seeing a certain doctor or at a certain place. They liked the fact that there might be more staff available and that they would share their specialist knowledge. The group said they would probably choose to see the doctor they are familiar with, in their local practice even if this meant waiting longer for an appointment.

How do you feel about more services being available in the community?

The group were very positive about this prospect as they felt it might make things cheaper. They also understood the pressures faced by hospitals and acute services so recognised the positive impact this may have on keeping services local and people out of hospital. The group liked the idea of having more treatments locally or in their own home as they said they often felt anxiety travelling to hospitals.

Summary and key findings

The information contained in this report came from a diverse range of focus groups, who differed in age, their experience of the health service and their geographical location. Despite these differences, the groups all raised similar concerns and gave similar suggestions.

The key themes are listed in below, with some grouped together (as they produced similar responses).

Changes and developments to the healthcare system
- Generally people were unaware of any changes
- People did not understand or did not recognise the changes to the healthcare system.

Primary Care Networks (PCN)
- Most people did not really understand what a PCN is
- Concerned over changes to their current GP services
- Fear of detrimental change to existing service
- People hoped that there may be more staff and services available

Receiving more services in the community – at their GP practice – rather than going to hospital
- Positive expectations, including more services being available locally
- It would help ensure that transport costs are kept down
- Signposting to the correct services would need to be improved
- People felt disillusionment, as not everything expected had materialised

Experiences of the healthcare system
- There seems to be great variability between GP practices
- Most people felt there to be a '**lack**'; a lack of access to specialist support, a lack of understanding over mental health issues and a lack of continuity of care
- Long waiting times
- Negative hospital discharge process
- Good support during cancer treatment, but feeling abandoned once the treatment was completed

New roles in Primary Care
- Younger people were more positive about Physician's Associate's
- Concerns over a possible lack of training and knowledge among less qualified and experienced staff

Level of Involvement by People in the Process
- Everyone felt that they had been appropriately involved in the process
- Greater emphasis on older people

Improving links between services

- Seen as a positive step, particularly between health & social care and the police service
- Positive responses to using digital technology to do this

Improving physical and mental health and wellbeing
- Better support for mental health issues
- Better access to GP services, with drop-in sessions available
- A consistency of service across the NHS
- Community centres, social groups and support groups, to provide specialist support and to counteract isolation and boredom
- Cheaper and more accessible exercise activities, groups and classes
- More activities for younger people

Important factors for good mental and physical health and what would help them support themselves better
- Affordable exercise activities, groups and classes
- Good social support and positive relationships
- Taking responsibility for their own health
- Support from employer
- Better quality social housing and the availability of green spaces

NHS signposting of its services/communication channels with people
- Lack of consistency across the different NHS services and departments
- Lack of consistency during the follow-up for tests or previous appointments
- More 'user-friendly' information should be available
- Communication methods should take into account people's differing levels of understanding and accessibility
- A need to improve signposting to relevant local services (that are sometimes only heard about through 'word of mouth')

What good healthcare services look like and suggestions to decision makers

- They would encourage social support through specialist and community groups.
- There should be a combined approach to individual support via family, friends, medical professionals and their local community.
- There should be easier access for appointments and a continuity of care (particularly during recovery.)
- A&E should be kept for emergencies and not used as a provider of mental health support (due to lack of mental health support availability.)
- All NHS staff should be trained in Mental Health First Aid, aware of ACEs (Adverse Childhood Experiences) and Dementia Friendly.
- There should be welcoming, safe spaces particularly in A&E (suitable for people with mental health issues, those with learning disabilities including autism and those with dementia.)
- Better financial support and advice.
- It would not be over-reliant on digital technology, but would use it where appropriate.
- Online services would be efficient and reliable.
- There would be affordable and available parking and improved, affordable transport for those who need it.
- There would be better support for children and young people in crisis.
- All communication would be easy to understand, timely and available in a preferred accessible format.
- It would make people feel valued.
- It would not be over-reliant on the Third Sector.
- There would be good parenting support (including for new fathers) and training offered in life skills.

Conclusion

In conclusion, the overall patient user groups felt they were being 'heard' at the end of their journeys, rather than being engaged upfront.

The vast majority made comments around the need for pathway overhaul, as most of the pathways are outdated and no longer fit for purpose.

Extra resources being invested into better, more effective pathways with user groups involved in pathway design could save the NHS millions of pounds in wasted resources. For example Mental health user groups often ending up in A & E has a significant cost to both parties, firstly to the user being filed into a service area as there are no other routes to deal with them at the time i.e. ineffective triage process, creating extra stress and anxiety, and secondly to the NHS who is still incurring a considerable cost, but without a desired outcome being achieved.

It's the same for people who are illiterate or partially sighted receiving letters, when a phone call would be both cheaper and reduce both the anxiety and the stress another brown envelope through the door can create without understanding its content.

Through this engagement it shows that the experts in care are the service users and their experiences are that of being heard too late in service redesign/ delivery processes to make a valuable contribution.

References
[1] https://www.england.nhs.uk/long-term-plan/