



Healthwatch Hartlepool Consultation Event – NHS 10 Year Plan

Date of Event – Tuesday 28th January (12pm – 1.30pm)

Location – Greenbank, Waldon Street, Hartlepool TS24 7QS

Setting – the workshop took place in Hartlepool which is a coastal community

Format – Face to face and in English

Attendees – 18 attendees, who were a mixture of public, patients and VCS representatives

1) Key Insights – Warm up activity

If the 10 year plan is a success what three words will describe how using the NHS will feel in the future?

The group came up with a variety of words and phrases but by some margin these three words were most frequently used –

Efficient Free Accessible

What will be the same and what will be different?

For this activity, the group worked in pairs and came up with the following –

Some groups/individuals felt that certain things are too deep rooted to be effectively addressed in the next 10 years including and there will still be -

- Staff shortages
- Poor communication with patients and between different parts of the NHS
- Long waiting lists

The following positive aspects of current NHS services were also identified, and considered to be vital aspects of future service delivery –

- Free at point of delivery
- Dedicated and compassionate workforce
- Quality service when seen
- Accessible to all

What Will be Different?

Again, the group worked in pairs and came up with the following –

- More accessible service (primary and secondary)
- More patient involvement in the development and planning of services
- Better informed patients
- Aftercare will be more integrated, particularly access to social care
- More local services (e.g. cancer screening)
- Better and more extensive use of technology
- No more “post-code lottery”- every area will have high quality, accessible services
- Services will be more joined up (hospital, GP, community, social care)
- More of a preventative emphasis and greater equality of access to care
- Reduced waiting times for appointments and treatment
- More health awareness and education amongst public
- Fewer missed appointments
- Able to access an NHS dentist!

2) Key Insights – Making better Use of Technology

When You think about technology in the NHS what are your hopes and fears?

Hopes

- The use of same technology across different health sectors to share information and avoid patients having to re-tell their stories
- It makes a difference in waiting times, reduces the treatment time

- Virtual GP appointments (outside of working hours), increased patient choice
- Being able to book appointments online, request prescriptions, fit notes etc without having to wait a long time to get through to a receptionist
- A dedicated line to cancel appointments
- All services using the same software
- Easier access to records between relevant professionals
- Good quality training
- Same technology used throughout health care organisations, hospitals
- Better diagnosis
- Better communication between services (referrals)
- More use of AI to support diagnostics and quicker identification and access to treatment for conditions such as cancer
- Greater use of AI to support independent living, and increase the time people can stay safely in their own homes
- Use of AI to support people with conditions such as anxiety and depression during recovery
- Development of websites and web based information which is accessible to fully accessible to people with a range of disabilities, including physical, sensory and cognitive

Fears

- Missing information/diagnosis
- Data protection-How safe is information from hacking
- Shutdowns – electrical issues
- Using AI – will staffing be cut, less personal service?
- Data protection – safety of patient information
- Hacking
- Management using AI to justify cutting staff
- People not being able to use it – increased digital exclusion
- More social isolation
- Exacerbation of health inequalities and less effective care for digitally excluded patients

- Some patient groups (patients with Learning disability, dementia, older patients etc) may struggle with IT or AI based support, particularly if personal contact is reduced.
- Investment focused on AI and IT at the expense of developing skilled, communicative workforce

What technologies do you think the NHS should prioritise?

Technology	Why
Artificial Intelligence	Massive potential to improve patient care and diagnostic capabilities
Consistent IT systems	All information in one place and avoids patients telling their story over and over again
E- Consult at GP Surgery	Can work well in more routine cases, and save time for patients and GP
Scanners, MRI and equipment	Assists diagnosis and thus quick access to treatment pathway
Conditions Apps (eg diabetes)	Assist patient with condition management and staying well
GP access phone/apps/online	A better patient experience, and quicker access to care
Cancellation phone line/app	Fewer did not attends
NHS app	use more widely for appointments, prescriptions, patient information etc

Technology Concerns	Why
Artificial Intelligence	Less personal experience of care
Data/system security	Hacking, confidentiality, data leaks
Investment	Initial cost, updates
Staff training	Developing and updating skills

Patient/public access

Digital poverty/exclusion, exclusive,
prevent some patients accessing care
they need

3) Key Insights - Moving More Care from Hospitals to Community

What difference (good or bad) would this make to you?

- In principle positive, spending minimum time in hospital desirable – quicker recovery at home, more active, less likely to contract hospital infection, more likely to have better emotional and mental wellbeing at home.
- For some patients with certain conditions, being in hospital can be a particularly difficult experience (for example, people living with autism, dementia, sensory loss and a variety of other conditions).
- To work, needs a high level of integration and collaboration between health and social care services as well as community based services such as community nurses, GP, physiotherapy, occupational therapy and social workers – teams around the practice, wrap around care.
- Home environment has to be appropriate, adaptations, equipment, access to property, bathing and toileting facilities,
- Does the person live alone, support for family and carers.
- Has to be patient centred care/recouperation and recovery centred, and not a money saving bed freeing focused. Savings may be made, as people spend less time in hospital, but unless appropriate investment is made in necessary community based services, high likelihood of increased readmissions and potentially unsafe discharges.
- Good community based care depends on multi – disciplinary inputs from various strands of NHS and social care providers.
Communication therefore key both between providers and with patients, families and carers.

Thinking about virtual wards, what sounds good and what concerns do you have?

Sounds Good

Patients can access high level and regular monitoring and support without having to leave their own home and travel to hospital or community health settings.

Care and treatment can be enhanced by the use of AI which enables regular monitoring of the patient's condition and adverse changes can be picked up quickly and dealt with.

Particularly useful for monitoring certain types of condition, particularly respiratory, heart conditions and can also give additional support and reassurance that enables a frail person, or person with some cognitive issues to continue living at home safely.

Can be a useful part of a package of services including physiotherapy, occupational therapy, community nurses, social prescribing teams, which help individuals manage conditions effectively, thus increasing quality of life, wellbeing and time individuals can safely live at home.

Gives greater flexibility to patient, carers and care providers as to how and when support is provided.

Could link into direct payments or personal budgets

Concerns

Could lead to greater isolation and less face to contact. This could impact detrimentally on both physical and mental wellbeing.

Needs a level of competence with digital equipment which not all patients may have or have the capabilities to develop.

Some localities may not lend themselves to some aspects of this approach due to poor digital service (for example some rural communities).

Digital inequalities and cost of installing digital services.

High level of cohesion, communication and planning to ensure changing care needs are picked up and dealt with appropriately and quickly.

Emergency situations, for example power supply or internet is down due to storm, hacking of IT systems etc?

Done “on the cheap” without necessary levels of investment, staffing, equipment, training etc.

Could delay identification and diagnosis of new health conditions if it reduces contact with GP’s and primary care providers.

4) Key Insights – Preventing Sickness Not Just Treating It

What differences (good or bad) would this make to you?

- NHS staff should not be expected to fix everything (physical & mental health) for everyone!
- As well as what the NHS might offer, there also needs to be emphasis on people taking personal responsibility for their own health (as it’s fairly well known what the basics of self-care involve).
- However, following on from the point above, there needs to be a greater emphasis on health awareness & education – including incorporation into school curricula and the practice of schools (e.g. healthy school meals); ante-natal health awareness. Health awareness raising needs to be less “preachy” and more subtle.
- There also needs to be action to influence the quality of food available through retailers – e.g. more rigorous food labelling.
- Teaching cooking skills, using whole foods, should become widespread.
- Hardship & poverty are known to be major risk factors for ill health – the NHS should
 - Acknowledge this
 - Become more joined up with initiatives seeking to address hardship & poverty
- More patient involvement in designing treatment plans – often patients are the experts about their experiences – and including support for lifestyle changes as part of this process.
- More timely appointments with GPs and other health professionals – so that possible illness is detected asap and before current illnesses progress further.
- Related to the point above, more regular health checks and screening – for the same reason
- The NHS needs to account more for the social/psychological dimensions of living healthily – such as the effects of loneliness, the importance of meaning and purpose arising from having an occupation (paid or otherwise) – e.g. by joining up more with

agencies and organisations that address these, including the voluntary and community sector.

Three forms of prevention that should be prioritised are...

1) Education

As mentioned earlier, preventing sickness and ill health is not just the responsibility of the NHS but of us all. To this end greater education around health awareness is needed and should be incorporated into school curricula. From an early age this will enable people to make more informed choices about lifestyle and also provide the necessary skills (e.g. cooking skills) to enable this to happen. However, we also feel it is important that education and awareness raising is not judgemental but is delivered in a way which encourages personal growth and empowerment.

2) Lived Experience

People have a wealth of experience around lifestyle change, what works and what doesn't. In many areas the NHS is now tapping into peoples lived experience at all stages of health care development and delivery process and recognises the value this brings. This approach would also help with the development, adoption and implementation of strategies and ways of working which would help prevent sickness and encourage positive changes to lifestyles leading to increases in life expectancy and healthy life years.

3) Screening, Health Checks and Support

There are still wide variations from area to area in the extent to which patients can readily access regular health checks and screening. People living with a learning disability should receive an annual health check via their GP practice, however, many still do not. The provision of annual health checks generally also varies from practice to practice and in different locations. Greater consistency of approach and awareness raising of the availability and importance of health checks is a basic but

important building block in raising individual awareness and ownership and also an important means by through which developing health conditions can be identified early and treatment commence.

Insights From Other Areas of Work

A common theme emerging from recent projects and patient/public engagement has highlighted that health cannot be viewed independently of social care. Our recent review of hospital discharge clearly demonstrated the important part played by social care in promoting post discharge recovery and preventing rapid patient readmission to hospital. Feedback received during the workshop both recognised and reiterated this point. If the well documented crisis within our social care sector is not addressed, then the potential for successful delivery of the 10year Plan will be seriously undermined.