

NHS Long Term Plan

Healthwatch

Redbridge

Report

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**would you do?**

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## Executive summary

## Executive Summary

### Purpose

During April and May 2019, Healthwatch Redbridge were commissioned by Healthwatch England to gather feedback regarding the NHS Long-term plan. This report should inform the development of NHS England's Long-term plan.

We worked as part of a footprint with other local Healthwatch across North-East London. As a group we decided to focus on the following themes:

- Prevention
- Personalisation
- Primary Care services

In order to do this we worked with organisations and residents in Redbridge, conducting a mix of individual surveys and focus groups to gather residents' responses.

As part of this report, we have also taken into account other Healthwatch Redbridge activity on related issues.

### Main findings

The key recurring theme identified during our research was access to GPs. The report will show residents highlighting issues with a long wait for appointments or not being able to book an appointment at a suitable time. To a lesser extent we also identified an issue with online access and how this is not accessible for all.

The report does not cover all aspects of the NHS Long-term plan.

## Purpose

This report sets out the results of research, conducted by Healthwatch Redbridge and commissioned by Healthwatch England.

The purpose of the research was to gain information regarding people's views on their local health & social care services. We were specifically looking at:

- Prevention - Having what I need to live a healthy life
- Personalisation - Being able to manage and choose the support I need
- Primary care services - GPs, dentists and pharmacies

## Objectives

We aimed to identify and undertake a market research exercise with local residents to find out the following points:

- To ascertain what they feel they need to live a healthy life
- To ascertain what facilities, services and support they feel they require to be able to choose and manage the support they need
- To establish their views regarding plans to “join up” primary care services such as GPs and pharmacies

## Methodology

Healthwatch Redbridge undertook Outreach across Redbridge in hospitals, libraries, community groups, a young person's group and a pub. We posted the survey online on our website, on Twitter, Facebook and in our e-news (Appendix 1) in order to gather the views of local people. In total, we completed surveys (Appendix 2) with 302 Redbridge residents, and an additional 55 people across the five focus groups.

Priority research groups were:

- Redbridge residents of all demographics

In addition to this we also ran five focus groups. They covered the following themes:

- Cancer services - two groups
- Additional Communication Needs
- Jewish older people's day services
- Healthwatch Redbridge volunteers

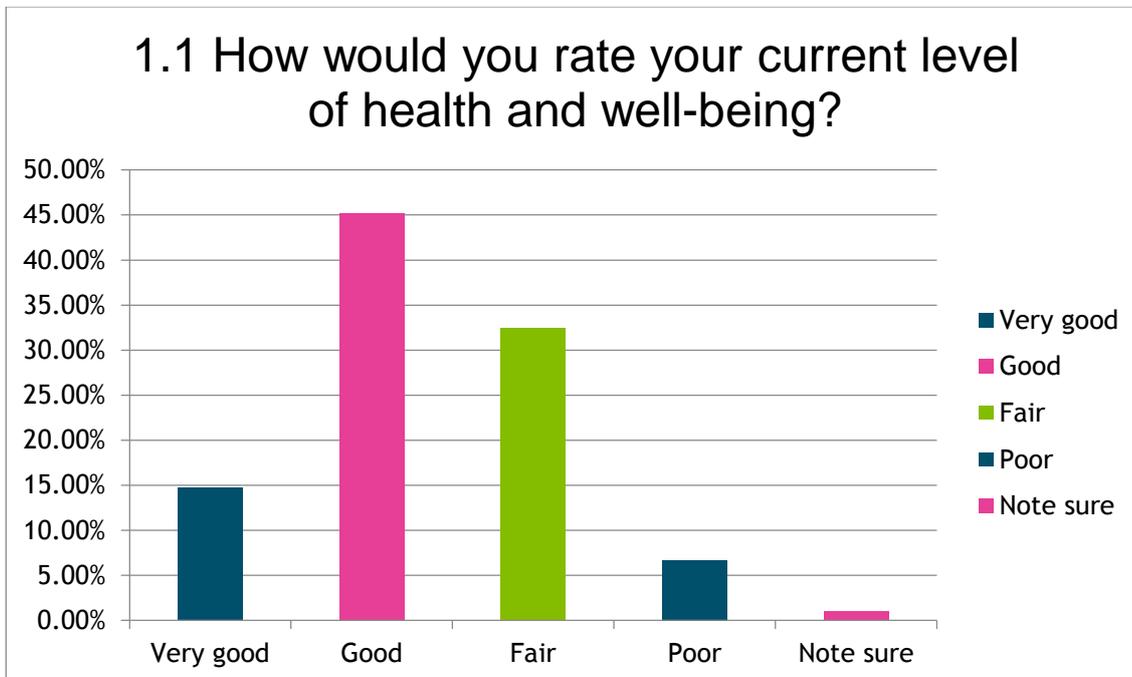
Our findings enabled us to look at:

- Whether experiences vary for different groups of people. For example, those with hearing impairments.
- Issues related to the provision of cancer services
- The benefits (or not) of digital and online solutions to health and care service delivery in relation to older people
- The benefits of being actively engaged in terms of its positive effect on mental health

## Summary of Findings:

### Section 1 - Prevention:

#### Having what I need to live a healthy life



### Response

In total we received 299 responses to this question. It is evident from the graph that the highest percentage of people 45 % (135 people) identified their current level of health and well-being as good.

### Comment

Unfortunately we were not able to concretely identify whether those people that classified their health and well-being as good and very good were from a specific part of Redbridge. However, in processing the surveys we did recognise that there was quite a large section from an affluent part of the borough who were of an elderly, and white British demographic. In hindsight, it would have been helpful if we had included a question asking people to identify which part of the borough they live in. This would have enabled us to clearly analyse if there are health inequalities in the borough.

1.2 Tell us up to three things you already do to stay healthy and well (such as attend exercise classes)

Local residents were able to provide more than one response to this question. In total we received 784 responses:

foods possible diet Badminton Run x week Eat healthy times week  
 Keep fit classes week Eat cycle gym lot  
 Exercise Eat right foods Walk meals  
 Healthy eating home exercise classes  
 much possible VOGA Healthy diet Swimming days week regular

The word cloud above signifies the activities local residents undertake to support them to live a healthy life. It shows that the top three preferred activities are walking (183 responses), healthy eating (105 responses) and exercise (68 responses). Other activities, identified, that people take part in to stay and healthy and well include running, cycling, going to the gym, yoga and swimming.



## Response

In total we received 290 responses to this question. It is evident from the graph that the highest percentage of people 56% (162 people) told us that it is fairly easy to stay healthy and well in their local area.

The main reasons people said that 'staying healthy and well' was fairly easy are because of:

- Exercise based activities (this includes the gym, exercise classes, running and swimming etc) - 56 responses
- Access to parks and green spaces - 55 responses
- Access to transport - 16 responses

1.4 Tell us up to three things the NHS and its partners could do differently to help you stay healthy and well.

### Response

In total we received 541 responses to this question. The main issues that were identified are:

- GP appointments
- Easier access to health & social care services
- Support with funding

### Comment

It was very apparent, whilst speaking to local residents that access to GP appointments was a big concern. This theme has been apparent in all conversations we have with local people during our Outreach and Engagement sessions. Below are some examples of comments received:

*“My main comment is about waiting lists for medical appointments. Not long ago I waited 5 weeks for a local GP appointment”*

*“If you want to see a GP you have to wait at least 2 weeks”*

*“Unable to attend GP appointment when required”*

## 1.5 How important do you think each of the following are for staying healthy and well?

	Very important	Important	Not important	Not important at all
<i>A healthy diet</i>	80%	20%		
<i>Physical activity</i>	71%	29%		
<i>Having friends and taking part in social activities</i>	54%	42%	3%	1%
<i>Dealing well with stress</i>	65%	33%	2%	
<i>Feeling safe in my local community</i>	68%	30%	2%	
<i>Access to reliable information about health</i>	55%	43%	2%	
<i>Being able to access the healthcare I need, when I need it</i>	81%	19%		
<i>Funding (help with costs) to help me do what I can to prevent ill health</i>	53%	34%	11%	2%

### Response

The table above demonstrates the most important identified themes for staying healthy and well are:

- Being able to access the healthcare I need, when I need it (81%)
- A healthy diet (80%)
- Physical activity (71%)

### Comment

It can be noted that the theme of access seems to be a recurring theme. Above we talked about access to GP appointments and here the highest response was given for access to the healthcare I need, when I need it.

**Section 2 - Personalisation:  
Being able to manage and choose  
the support I need**

## 2.1 Tell us up to three things you already do to stay independent (such as use a mobility scooter or telecare alarm)

This question was not applicable to all people. In total we received 111 responses to this question. We were not able to identify any clear themes, but the things that people told us they do to stay independent include: using a walking stick or walker, wearing a lifeline alarm and socialising with friends and family.

## 2.2 Tell us up to three things the NHS and its partners could do differently to help you stay independent.

Not all respondents answered this question as it did not apply to them. In total we received 63 responses to this question. Key themes that we identified are:

- Education - we noted that several people suggested that having the appropriate knowledge and information would enable them to stay independent
- Transport - we received a few comments about transport

*“Improve transport services - how about a decent Uber-for-patient-transport app?”*

- Mental health - we noted some comments regarding better access to these services. Mental health is one of the key themes that we identified from our priority postcards (Appendix 3). We consult with local residents annually to involve them in informing our Work Plan.

*“Mental health should get more funds to improve the quality of life for people with mental health issues”*

*“Many people are depressed these days, so more services are required”*

*“All services are important. So many cuts it’s becoming increasingly challenging for people with mental health issues due to high threshold and long waiting list for counselling”*

Other noteworthy comments made by respondents were:

*“Spend less money on high level staff and employ more nursing/cleaning/day to day running of hospitals and health centres/GP surgeries”.*

*“Social workers who would regularly monitor care packages & ensure that appropriate care was being given”.*

*“Help me keep out of A & E by having available nurses at my GP surgery”.*

## 2.3 Which of these are most important to you?

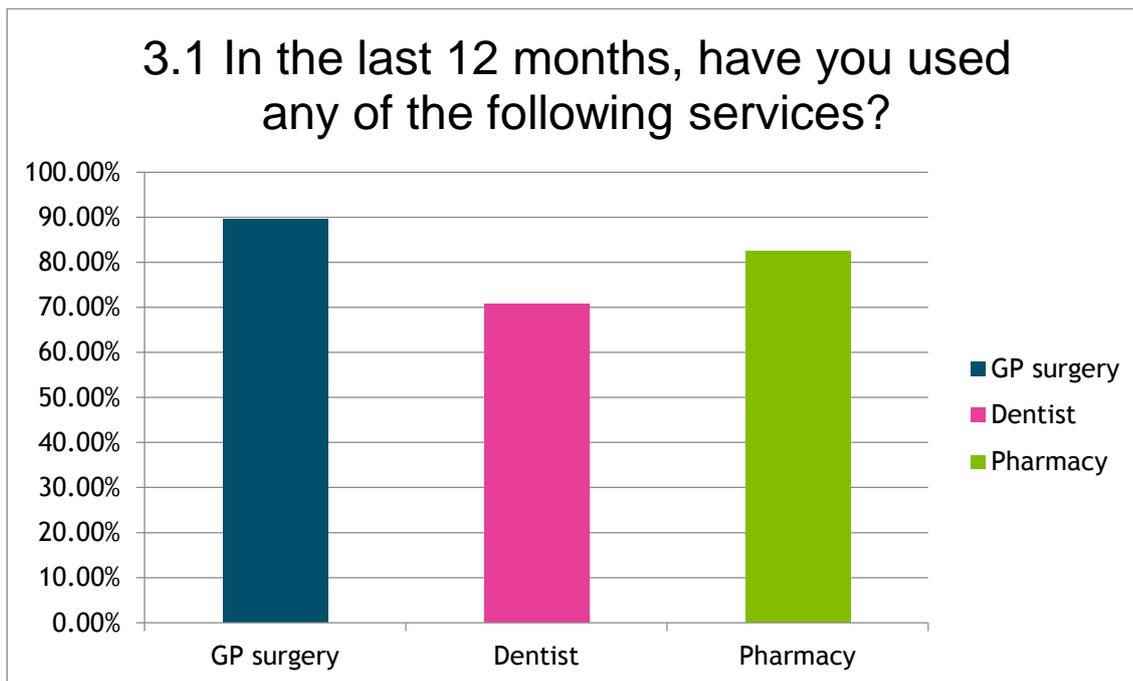
	Very important	Important	Not important	Not important at all	Not applicable
<i>To be able to stay in my own home for as long as it is safe to do so</i>	77%	14%	4%	1%	4%
<i>For my community to be able to support me to live my life the way I want</i>	54%	31%	8%		7%
<i>For my family and friends to have the knowledge to help and support me when needed</i>	66%	27%	1.5%		5.5%
<i>To have convenient ways for me to travel to health and care services when I need to</i>	70%	22%	2%	1%	5%
<i>For my family and I to be supported around the end of my life</i>	73%	21%			6%

## Response

The table above demonstrates the most important identified themes for being able to manage and choose the support people need are:

- To be able to stay in my own home for as long as it is safe to do so (77%)
- For my family and I to be supported around the end of my life (73%)

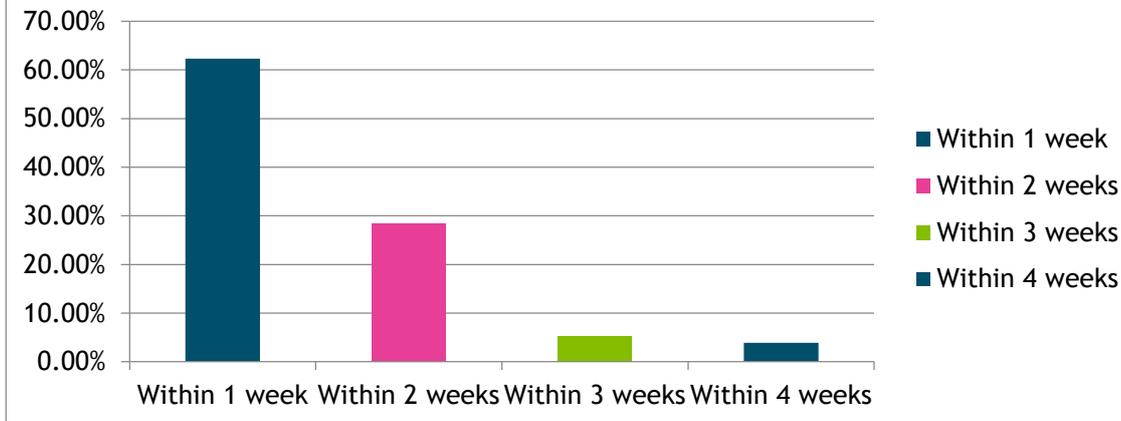
## Section 3 - Primary Care Services



## Response

It is evident from the graph that all three services are well used.

### 3.2 For routine (non-urgent) appointments, what do you consider a reasonable wait to see a GP or practice nurse?



#### Response

It is clearly evident that the majority of respondents (62%) feel that being able to get a routine appointment within one week is a reasonable wait.

#### Comment

This has been raised as an ongoing issue during our Outreach and Engagement in Redbridge. As mentioned earlier in the report, access to GP appointments is a huge issue across the borough.

This was recently highlighted again in a project we were commissioned by our local CCGs to undertake which focused on changes to Urgent Care services. We are unable to share this report as it has not yet been published by the CCGs. However, people again told us that if they are unable to get an urgent same day GP appointment, as a consequence they present themselves at Accident and Emergency (A & E). This supports the feedback from other engagement work and shows the impact of a lack of same-day appointments with a GP. If people felt confident that they were guaranteed to get an appointment for a routine issue within one week, this may prevent an increased footfall at A & E or urgent care services.

3.3 Which additional services do you already use at your GP (such as blood tests, health checks, classes or groups). Please share your views:



### Response

The word cloud above clearly shows that the main additional service people use at their GP are blood tests and health checks.

Is there anything else you would like to use at your GP, if available?

Some of those people who do not currently have access to blood tests and health checks at their GP, said that they would like their GP to provide them. Additionally, physiotherapy was also mentioned.

3.4 Which additional services do you already use at your pharmacy (such as blood tests, health checks, classes/groups). Please share your views:

It was interesting to see that the same services are currently used (blood tests and health checks) at pharmacies as at GP practices. We also noted that people have flu jabs at their pharmacy.

Is there anything else you would like to use at your pharmacy, if available?

Additional services that people would like to be able to access included blood pressure and diabetic checks.

### 3.5 How important do you think each of the following are for staying healthy and well?

	Very important	Important	Not important	Not important at all
<i>Being able to see your preferred GP/ nurse/ professional</i>	67%	27%	5%	1%
<i>Availability of out-of-hours (weekend or evening) appointments</i>	54%	39%	6%	1%
<i>Being able to book appointments online</i>	37%	35%	20%	8%
<i>Having the option of telephone or online consultations</i>	37%	42%	15%	6%
<i>Being able to see your test results online</i>	33.5%	36%	22%	8.5%
<i>Being able to manage your medical records through an online portal</i>	27%	33%	27%	13%

#### Response

The table above shows the most important identified themes for staying healthy and well are:

- being able to see your preferred GP/nurse/professional (67%)
- availability of out-of-hours (weekend or evening) appointments

#### Comment

This again demonstrates the issue of access to GP appointments highlighted throughout this report.

### 3.6 Thinking about digital access to primary care, how do you feel about the following?

	I would do that as my preferred option whenever feasible	I would consider doing that under some circumstances, but it wouldn't be my preferred option	I personally wouldn't do that, but it's good for the option to exist for people who want to use it	I wouldn't do that, and I think it is a bad idea for it to exist at all
<b><i>Booking GP appointments online or through an app</i></b>	47%	24%	23%	6%
<b><i>Booking dentist appointments online or through an app</i></b>	42%	25%	25%	8%
<b><i>Having an online consultation rather than seeing my GP face-to-face</i></b>	9.5%	35%	33%	22.5%
<b><i>Accessing my medical records and test results through an online portal</i></b>	35%	22%	29%	14%

#### Comment

In contrast to the previous tables, you can see that none of preferred options are above 50%. People are quite mixed about using online services. We are aware from speaking to people about digital services that in general, older people are less keen and less likely to want to use them.

4. If you have any further comments please write them below

## Access to GPs

This theme has been evident throughout this report, and has further been highlighted in comments received from Redbridge residents.

*“I want my GP to have more appointments”*

*“Want more GP appointments (not every 2 weeks as at present)”*

*“I am appalled by how bad some GP practices are with a lack of access to make appointments over the phone”*

## Funding

There were both positive and negative comments regarding funding. In general during our Outreach and Engagement, we have not previously received comments on funding. However, we felt that the comments made here were important enough to include in the report.

*“Very pleased to have a free health service especially for the poor. In this country we are very lucky”*

*“We need more money for the NHS”*

*“Additional financing by government is a necessity not an option”*

*“It is more important to spend money on the NHS. We should be educated and encouraged to pay more taxes. Makers of medicines should not charge as much”*

## Online

We have touched upon online access earlier in this report (see 3.5 and the focus group with Jewish Care). Furthermore the comments below back up some of the face-to-face comments that are regularly made when doing our Outreach and Engagement.

*“Not sure about online. Have been unable to access online appointments (incompetence on my part). Also not happy about online test results etc. who else can access - some very clever hackers out there.”*

*“I am a competent and willing computer/app user, but many people are not, and I feel they are discriminated against by the current focus on and preference for online access.”*

## Staffing

Again the comments below back up what we hear when speaking to members of the public during the course of our work. People’s biggest concerns regarding staffing are staffing shortages and attitudes.

*“I think the NHS is a brilliant service-just needs more staff in all areas”*

*“Recruit more GPs and nurses to take the strain from existing staff”*

*“I would like to see a better, more helpful attitude from GP and receptionist. At times they can be obstructive.”*

*“I would suggest that all receptionists at all GP surgeries receive a receptionist training reflecting NHS standards of quality of care. MY GP Surgery receptionists are exceptionally rude and ineffective and lacking in any understanding of good quality customer care. I understand that NHS and GP surgeries are under pressure but having well trained receptionist can make visits to GP surgeries less stressful, frustrating and challenging for all.”*

## Focus Groups

## Implementing cancer health and care services

### Focus Group 1

This group is a practical and informative Support Group for anyone affected by cancer, lung disease (e.g. COPD), Parkinson's, heart /kidney disease. The group is run by St Francis Hospice. The group consisted of 4 local residents, two of these were cancer patients and 2 were carers. The respondents are using the services of two different hospital trusts

### Assessment, diagnosis and treatment

The experiences of the respondents are very different, in terms of assessment diagnosis and treatment. One respondent said that the time from initial assessment to diagnosis has taken too long, it has been difficult for her. Without her husband's support, she would not have managed. She felt there is lack of communication at the hospital which they are being treated which led to the delay. However, she mentioned that once she had been diagnosed the services seem to improve tremendously and she is now receiving the help and support she requires.

*“The initial diagnosis was delayed, there was lack of communication at the hospital. This has made the journey very stressful for me”*

Respondent two, who uses the services of a different hospital trust said:

*“The journey from assessment, diagnosis and treatment had been positive and they continue to receive the care and support they require”*

Other frustrations faced by the respondents were:

- waiting times once they were at the appointment
- waiting time for appointments,
- not keeping to the original appointment given and
- transport

They felt all these things have an impact on their health and well-being, which is already compromised due to their diagnosis,

## The provision of ongoing care and support

In general, all the respondents felt that once the initial diagnosis had been made, albeit it took longer in some cases, the ongoing care and support they receive has been very positive for them.

## Prevention and/or early intervention

All the respondents felt early intervention is key and the NHS need to get things right from the onset, - making it less stressful for the patients.

## Focus Group 2

In late 2018 the Chemotherapy services for Barking, Havering & Redbridge University Trust (BHRUT) were centralised to Queens Hospital. Prior to this the services had been offered both at Queens and King George Hospital.

Due to this change in service, local Healthwatch: Barking & Dagenham, Havering and Redbridge undertook a consultation with the patients using the services to find out how they felt regarding the change in the service.

### [Read the report](#)

We spoke to 18 people at this focus group which consisted of 13 people undergoing cancer treatment, and 5 carers. One person had received their treatment at King George Hospital and two people had received chemotherapy at both sites. These patients told us they had not been formally informed the changes were taking place.

The people in this group, are still receiving, or have received cancer treatment. The discussion was about the effect the change in the service had on them since the chemotherapy service had been centralised.

### Patients view of the service:

*“The nurses were great, amazing, caring, wonderful volunteers, professional and brilliant!”*

- Some of the patients said they felt safe and supported during their treatment.
- Most patients told us the day unit is outstanding but a bit cramped since the service was centralised.
- One patient said:

*“We are packed in like sardines!”*

- Some patients felt privacy had become an issue, saying:

*“Private conversations could be overheard.”*

- Patients said they had not seen new staff on the ward to accommodate the extra patients but had noticed the use of student nurses. However, they felt staff were doing an excellent job under difficult circumstances.

- One patient recounted an experience of when they were given a box of injections for five days by one of the nurses. They had not been given any guidance or training about them but were told to inject themselves without being given any explanation. They said this was a cause of great stress, when they next met the consultant, they explained what had happened and the consultant was very surprised.
- Some patients told Healthwatch they would like more comprehensive information at the start or prior to their treatment to understand what will happen, with most being in favour of more one-to-one personal services being offered as an option, saying:

*“Personalised care and support at all times would be good.”*

- Some patients felt the service had improved:

*“Chemotherapy at Queens is done a lot more quickly; I see the same staff which is good”*

- A number of patients felt the service had become overloaded at times
- Some patients told us the service had changed negatively, with regards to raising medical problems when attending chemotherapy sessions.
- Regarding oncology appointments, some patients told us the system of making consultant appointments had changed. Where they had been able to make an appointment before they left the department; they now have to wait for a letter with the next appointment to be generated afterwards. This causes a delay in confirming the next appointment which is required before they attend the next chemotherapy session.
- Some patients and carers said this causes complications because not all the letters were arriving before their next Chemotherapy session was due. Some patients resorted to telephoning the consultant’s secretary to obtain their appointment details for their chemotherapy session as they needed to have an appointment with their consultant a few days before the session.  
For some, this meant they were worrying unnecessarily or having additional tasks to remember. One person said:

*“I should not have to do this, I already have enough to think about!”*

- One patient that had been using the Chemotherapy service for 6 years told us they had seen a big increase in the number of people attending in the last 6 months. They felt this had caused problems with their appointment times, being much longer.
- Blood tests have been a concern. Many patients commented that they are having a long wait in the oncology department and have been attending other departments to get the test completed.
- A major concern was highlighted regarding the use of chemotherapy priority cards when accessing the Accident and Emergency Department both at Queens and King George Hospital.
- Although patients undergoing Chemotherapy are issued with a red card by their oncology consultant; they were not prioritised, within the first hour, when attending the A&E department. Patients were concerned they were being asked to sit in A&E without being prioritised due to the high risks of infections associated with their treatment.
- One patient said:

*“The ‘Red Card’ is useless and doesn’t give (chemo) patients priority.”*

### Comments

- The trust should review the way patients and carers are involved in the development of the service.
- In future, patients should be informed about any changes that are taking place regarding their treatment and they should be provided with information in a way they understand.
- As patients are undergoing treatments that can be quite traumatic the lack of privacy and the cramped space should be addressed by the Trust. Being in a good environment has a huge impact on the health and wellbeing of the patient.
- The system for booking appointments should be reviewed, allowing the patients to confirm their next appointment before leaving the department.

## Identifying Health Inequalities

### Focus Group 3 - Deaf Empowerment Society

#### Demographic

This focus group was with five Deaf females from boroughs across London (Newham, Camden, Hackney, Epping Forest and Lewisham). Unfortunately the focus group was smaller than we were led to believe it would be and it did not include any Redbridge residents. We elected to hold this focus group as we have been doing extensive work on the Accessible Information Standard over the last three years. You can read the report here:

[http://healthwatchredbridge.co.uk/sites/default/files/summary\\_report\\_ais\\_gp\\_review.pdf](http://healthwatchredbridge.co.uk/sites/default/files/summary_report_ais_gp_review.pdf)

#### What works well?

Unfortunately we were not able to pull out anything that works well for this group in terms of the health and care services they access.

#### What could be better?

It was shocking to hear the variety of negative experiences that all of the group shared with us. It was shocking both in terms of the specific experiences faced and the fact that these were across five separate London boroughs, giving us some insight into the barriers faced by Deaf people across London.

The top three responses that came out of the focus group were:

1. The lack of provision of BSL interpreters at health appointments. All focus group members told us of many occasions when they had turned up for a medical appointment to be told that either the BSL interpreter had cancelled or that there was not one available. This was across both GP practices and hospitals.

One woman said that she was told that she needed to read and write to communicate. The hospital, not understanding that if someone is profoundly Deaf, English will not be their first language and therefore this is an added barrier.

Another woman told us that she had given up going to her GP as this happened on every occasion and she was self-medicating her children depending on what treatment she felt they needed.

As one woman pointed out:

*“It’s discrimination, the way we are treated”*

### Comment

Not providing a BSL interpreter can potentially have dangerous consequences when the patient feels they need to diagnose and treat themselves and their family.

2. Access to services that would enable the group to stay healthy and well is prevented due to their costs. The group shared their knowledge of certain exercise classes for Deaf people across London (yoga, swimming and a gym). It was acknowledged that there was a barrier with the majority of these as their cost makes them inaccessible.

*“A lot of the sessions aren’t free and Deaf people can’t afford it. This is a common problem at the gym and for swimming. They should have free services for deaf children e.g. swimming”*

3. The issue of struggling to communicate was mentioned repeatedly during the focus group.

One woman shared her experience of being left waiting with her husband on a trolley in the Emergency Department for a long time as there were no available BSL interpreters. Her husband was distressed and became aggressive.

Another woman told us of her frustration at attending a mainstream healthy eating group and trying her best to lip-read. But the person running the group would repeatedly turn away making it impossible for the deaf woman to follow what was being said, so she stopped attending.

*“It comes down to communication. Clear, information being provided. Given medication, but don’t understand how to take it”.*

### Comment

This can also be potentially dangerous, taking medication, but not understanding how you are supposed to take it.

Additional comments made by group members:

*“The only way for a Deaf person to get equal access is if the NHS has someone who can interpret up to Level 6. Maybe one person working across several local GP practices”.*

*“They MUST provide information in an accessible format”.*

## Outcome

We agreed to send the group information on their rights under the Accessible Information Standard. Additionally, information on the existing health conditions that qualify someone to ask their GP to refer them to a free exercise class. Information will also be shared with relevant local Healthwatch mentioned in this summary.

## Older people

### Focus Group 4 - Jewish Care

#### Demographic

The focus group consisted of both males and females at a Jewish day centre for elderly people. The session started with 15 people and grew to 23 during the focus group (3 of whom were staff, of differing demographics).

#### What works well?

The top two responses that emerged from group were:

1. The majority of the group identified the service they receive from their various pharmacies as being very good. The majority have their medication delivered to them at home.
2. Access to transport services mean the group find it “very easy” or “fairly easy” to stay well and enable the majority of the group to retain some independence. The group use different transport schemes: London Transport’s Dial-A-Ride scheme, London Borough of Redbridge’s Mobility Scheme and Taxicard scheme.

#### What could be better?

The top three responses that came out of our focus group were:

1. Only two members of the group know how to go online. The remaining group members said that online services were not for them.

**Comment** - This barrier then limits these members access to some services, such as appointments

2. To help them remain independent, group members told us that they would like the NHS to offer free dental services, free chiropody services and to pay for facilities e.g. stair lifts
3. Out of all of the people we spoke to individually and in focus groups, this was the only group to state that they felt they should not have to wait for a routine GP appointment for more than 2-3 days. They did not agree with the suggestion of waiting for 1 week which was the lowest option given.

### Other comments noted:

There was poor knowledge of the 111 service.

### Recommendation

When the CCG promotes the updated 111 service, they should consider where they are publicising the service to ensure that certain groups who do not have access to digital services do not miss out on finding out about services.

Comments made by group members about additional services they would like to see:

*“A service that contacts you, every other day to check in on you and check you’re ok”*

*“A bandage service - should be able to change a dressing at your GP”*

### Outcome

We held a discussion on physical activity with one lady raising the issue of wanting to do exercise but her body not letting her do so. This led to a conversation on chair exercises with a member of staff setting up a weekly group starting the following week.

## Volunteers

### Focus Group 5 - Healthwatch Redbridge volunteers

#### Demographic

The focus group consisted of six residents from Redbridge who are also Healthwatch Redbridge Volunteers. The group was split 50% male and 50% female and was of varying ages.

#### What works well?

The top two responses that emerged from our focus group were both about mental health:

1. Keeping active was identified by our volunteers as having a positive impact on their mental health. They do this by volunteering, exercising, socialising.
2. Five of the six volunteers have a Freedom Pass, enabling them to travel about quite freely, without worrying about the costs. They told us that this also has a positive effect on their mental health.

#### What could be better?

The top three responses that came out of our focus group were:

1. The topic of information came up several times during the focus group. Volunteers identified both a lack of information and difficulty in accessing information. Some prefer to access information online (mainly the younger members of the group), whereas the older group members told us they preferred physical paper formats. Volunteers also highlighted the need for information to be available in a variety of formats, e.g. accessible for people with visual and hearing impairments.

*“There is a lack of information regarding local facilities”*

*Provide more information about services in the area*

2. The issue of funding was raised. The volunteers suggested that if fitness services were subsidised more people may attend which may enhance people’s level of health and well-being.

*“The government should provide funding or subsidised exercise and fitness classes to keep well”*

*Make facilities more cost effective*

3. The issue of accessibility was mainly raised by our volunteer who is in a wheelchair. His mother is also one of our volunteers and was able to add to the discussion, based on their experiences. It was felt that services need to be made more accessible. He gave the example about receiving a good service from the wheelchair service, but the actual service itself not being accessible as it is up a flight of stairs.

*“The facilities that are provided are not very accessible”*

## Acknowledgments

We would like to thank everyone who responded to our survey, all the community groups who allowed us to visit and speak with Redbridge residents, the organisers of our various focus groups and all of the Healthwatch Redbridge volunteers involved in this project.

## Appendices

## Appendix 1

### Survey 1 - people's general experiences of health and care services

Do you consent to Healthwatch using your responses?

- Yes  No (If no, go to end of survey)

Where do you live (which London borough, or County)?

Who are you responding on behalf of?

- Yourself  Someone else

## Section 1 - Having what I need to live a healthy life

The NHS isn't just there to help you when you're ill, but to support you to live a healthy life too.

1.1 How would you rate your current level of health and well-being?

- Very good  Good  Fair  Poor  Not sure

1.2 Tell us up to three things you already do to stay healthy and well (such as attend exercise classes).

1)

2)

3)

**1.3 For someone like you, living in your local area, staying healthy and well is...**

- Very easy       Fairly easy       Fairly difficult       Very difficult       Not sure

**1.3.1 Why do you think so?**

**1.4 Tell us up to three things the NHS and its partners could do differently to help you stay healthy and well.**

1)

2)

3)

### 1.5 How important do you think each of the following are for staying healthy and well?

	Very important	Important	Not important	Not important at all
<i>A healthy diet</i>				
<i>Physical activity</i>				
<i>Having friends and taking part in social activities</i>				
<i>Dealing well with stress</i>				
<i>Feeling safe in my local community</i>				
<i>Access to reliable information about health</i>				
<i>Being able to access the healthcare I need, when I need it</i>				
<i>Funding (help with costs) to help me do what I can to prevent ill health</i>				

## Section 2 - Being able to manage and choose the support I need

When you are unwell and need support or treatment for your condition you need to be properly informed to make choices about what works best for you. Tell us what local services need to do to make this a reality.

**2.1 Tell us up to three things you already do to stay independent (such as use a mobility scooter or telecare alarm).**

If not applicable, please tick here

1)

2)

3)

**2.2 Tell us up to three things the NHS and its partners could do differently to help you stay independent.**

If not applicable, please tick here

1)

2)

3)

## 2.3 Which of these are most important to you?

	Very important	Important	Not important	Not important at all	Not applicable
<i>To be able to stay in my own home for as long as it is safe to do so</i>					
<i>For my community to be able to support me to live my life the way I want</i>					
<i>For my family and friends to have the knowledge to help and support me when needed</i>					
<i>To have convenient ways for me to travel to health and care services when I need to</i>					
<i>For my family and I to be supported around the end of my life</i>					

## Section 3 - Primary Care Services

The plan aims to 'join up services', with a focus on personalised and preventive care. As part of this, primary care services (such as GPs and Pharmacies) will be expanded to include a greater range of services.

**3.1 In the last 12 months, have you used any of the following services?**

GP surgery       Dentist       Pharmacy

**3.2. For routine (non-urgent) appointments, what do you consider a reasonable wait to see a GP or practice nurse?**

Within 1 week       Within 2 weeks       Within 3 weeks       Within 4 weeks

**3.3 Which additional services do you already use at your GP (such as blood tests, health checks, classes or groups). Please share your views:**

Is there anything else you would like to use at your GP, if available?

**3.4 Which additional services do you already use at your pharmacy (such as blood tests, health checks, classes/groups). Please share your views:**

Is there anything else you would like to use at your pharmacy, if available?

### 3.5 How important do you think each of the following are for staying healthy and well?

	Very important	Important	Not important	Not important at all
<i>Being able to see your preferred GP/ nurse/ professional</i>				
<i>Availability of out-of-hours (weekend or evening) appointments</i>				
<i>Being able to book appointments online</i>				
<i>Having the option of telephone or online consultations</i>				
<i>Being able to see your test results online</i>				
<i>Being able to manage your medical records through an online portal</i>				

### 3.6 Thinking about digital access to primary care, how do you feel about the following?

	I would do that as my preferred option whenever feasible	I would consider doing that under some circumstances, but it wouldn't be my preferred option	I personally wouldn't do that, but it's good for the option to exist for people who want to use it	I wouldn't do that, and I think it is a bad idea for it to exist at all
<i>Booking GP appointments online or through an app</i>				
<i>Booking dentist appointments online or through an app</i>				
<i>Having an online consultation rather than seeing my GP face-to-face</i>				
<i>Accessing my medical records and test results through an online portal</i>				

4. If you have any further comments please write them below.

Your views are important - this is *your chance* to help shape your local NHS.

## Appendix 2

## NHS Long-term plan Outreach

Date of visit	Organisation	Organisation Type	Number of Completed surveys
11/04/19	South Woodford Library	Library	4
12/04/19	Whipps Cross Hospital	Hospital	7
17/04/19	Queens Hospital	Hospital	8
17/04/19	AWAAZ	Asian Women's support Group	16
17/04/19	Redbridge Central Library	Library	8
24/04/19	Knit & Natter	Support Group	9
29/04/19	Youth Council	Youth Forum	16
02/05/19	King George Hospital	Hospital	1
07/05/19	King George Hospital	Hospital	7
	AGE UK - services sent via post	Older people	47
09/05/19	Wetherspoons	Pub	14
10/05/19	Gants Hill Library AM	Library	6
10/05/19	Gants Hill Library PM	Library	17
11/05/19	Redbridge Central Library	Library	13
11/05/19	Fullwell Cross library	Library	11
12.05.19	St Marys Church Wanstead	Church congregation	20
13.05.19	Wanstead House Keep Fit group	Fitness group for older people	10
13.05.19	Wanstead Parks Women's Club	Women's group	9
13.05.19	Jazzercise class IDSA Hall Barkingside	Older people's exercise class	4
13.05.19	Wanstead Library reading group	Reading Group	11

14.05.19	Redbridge Sports Centre	Older people's exercise class	3
14.05.19	Redbridge Central Library	Library	4
14.05.19	Wanstead Library	Library	7
16.05.19	Woodford Singers	Local choir	4
	Volunteer's and their families		6
	Redbridge CVS		2
	Healthwatch Havering		2
	Handed into office		3
	By post		6
	Online		27
	Total		302

### Focus Groups

04/04/19	Chemotherapy service changes	Cancer Care	17
29/04/19	HWR Volunteer Group	Focus Group	6
08/05/19	Jewish Care	Care Support Group	23
13/05/19	St Francis Hospice	Cancer Care Support Group	4
14/05/19	Deaf Club	Focus Group	5
	Total		55

Appendix 3

Help us plan our work for 2019/20



**Tick the issues that matter to you and your family**

- Mental health
- Young people
- Older people
- Social care
- Hospitals



*Please post this card back to us (freepost, no stamp required)*

*Please use this space to write down any other health or social care related issues you feel we should look at:*

.....

.....

.....

.....

.....

.....

.....

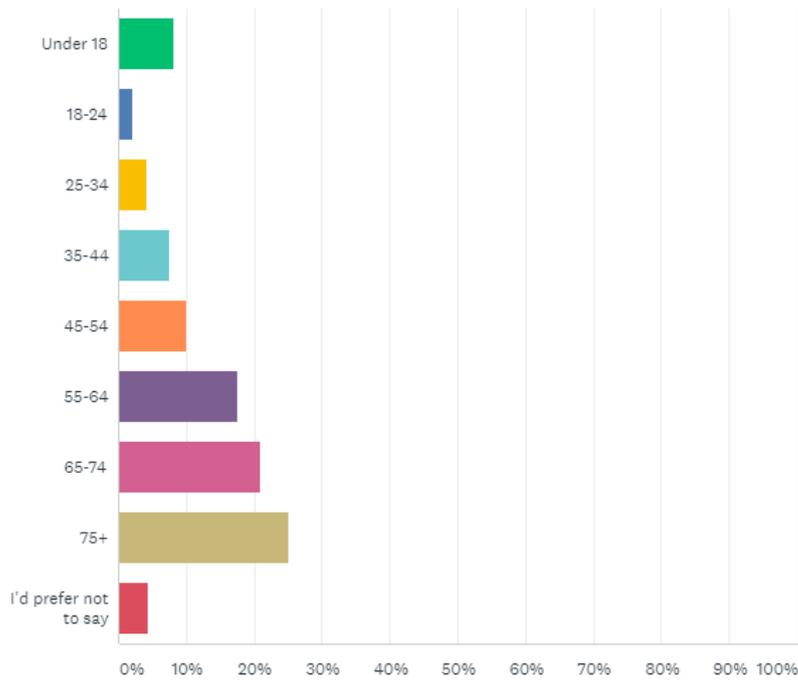
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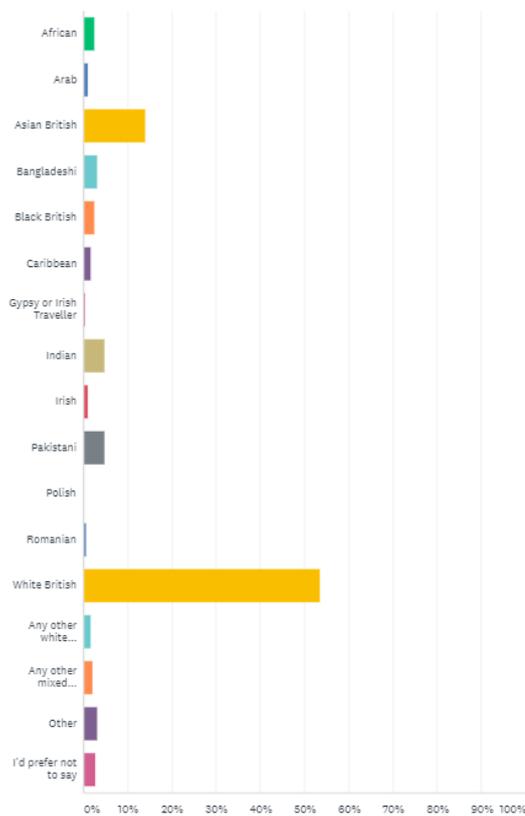
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## Demographics

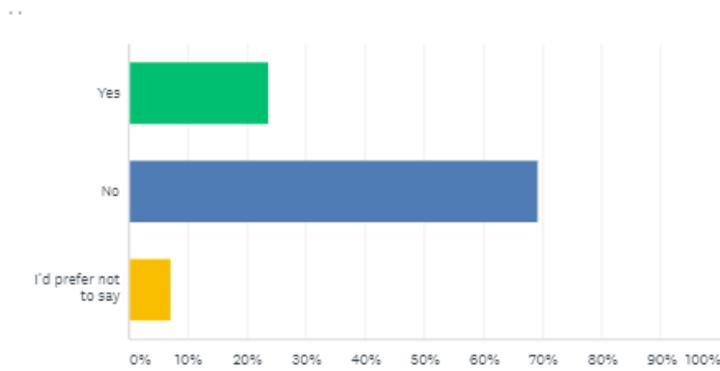
### Age



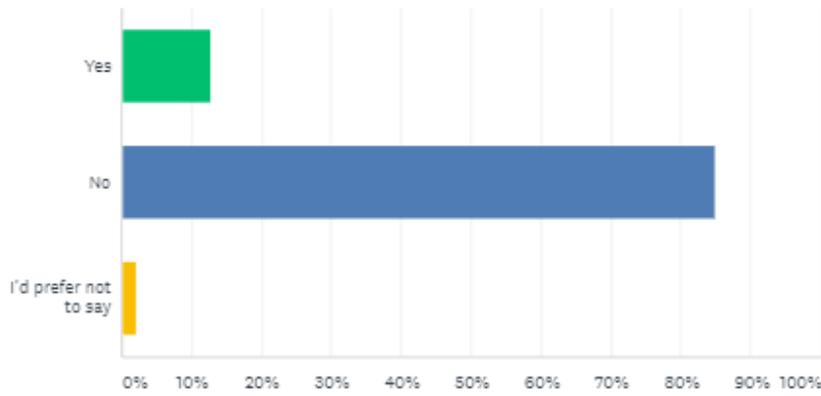
### Ethnicity



## Disability

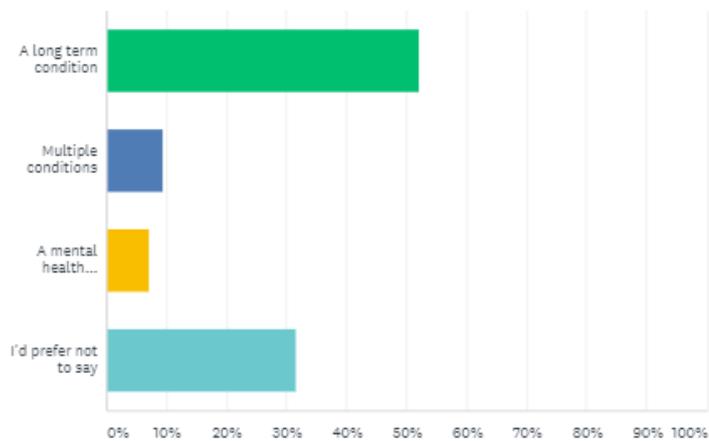


## Carer

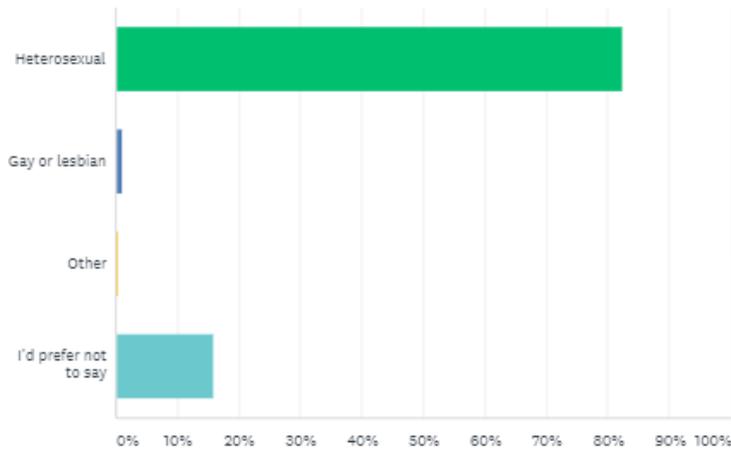


## Do you have

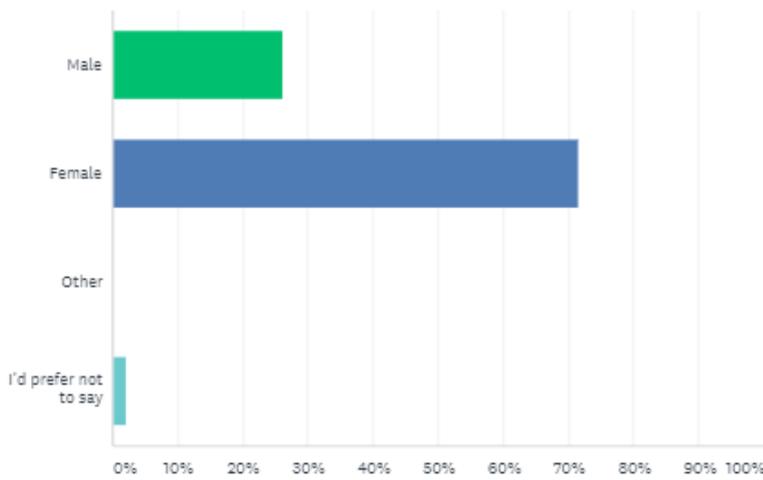
any of the following conditions?



## Which of the following best describes you



## Gender



## Religion

