

Change NHS Feedback from 13 February members' workshop at Hampshire Hospitals

This Change NHS workshop was held at the Royal Hampshire County Hospital for Hampshire Hospitals public members as part of the 10 Year Health Plan NHS England and Department of Health and Social Care Change NHS campaign.

The session plan, including questions asked, were provided by the Change NHS team and responses gathered from workshop attendees have been submitted to inform the government's 10 Year Health Plan. That feedback will sit amongst thousands of other views from patients, staff and the public who, across the country, have given their feedback to help shape the plan and build an NHS fit for the future.

The below responses are summaries of opinions, thoughts and feedback given by workshop attendees and do not represent the views of Hampshire Hospitals NHS Foundation Trust.

INTRODUCTION

Question: If the 10 Year Health Plan is a success, what 3 words describe how using the NHS will feel in the future?

Responses:

Words included innovation, efficient, partnership (between patient+medical), not patronising, modern, human, well staffed, local, still here, free at point of delivery, accessible, connected, more community + primary care, more mental health services and CAMHS, timely, safe, accountable, less bureaucratic, trimmed management, competent, responsive, individualised, planned workforce, better out of hours services from GPs, easy

Repeated comments around being local, safe, efficient and free.

Question: What will be the same?

Responses:

- The original ethos of care from cradle to grave
- Free at the point of delivery (repeated comment)
- Local acute services with time sensitive A&E
- Caring, empathetic and competent staff, not robots
- High professional standards and quality of care
- Public service, not privatised or sold off
- High quality medicine
- There will be staff and money shortage, lack of common sense, patients still using A&E when they don't need to and wasting money within NHS procurement

Question: What will be different?

Responses:

Communication & information sharing

- Superbly communicated
- Better communication and sharing information
- Linking IT systems

Healthcare access & delivery

- Access & delivery
- Family GPs
- More local
- Community services → home care
- Integrated care
- Less blockage – more social care
- More mental health
- More frontline staff/increased staffing levels
- If care is delivered nearer to home/at home, sufficient staff for this

Technology & digital healthcare

- Machines to assist, not replace doctors
- Digital medicine
- Monitor from home

Emergency & social care improvements

- Improved ambulance response times
- Better social care, free up beds

Workforce support & protection

- Whistleblowers protected and listened to
- Free staff parking and park & ride services

Funding & resource management

- Increased funding
- Wiser spending by management
- Fewer middle managers
- Reduction of litigation payouts

Proactive & preventative care

- Pro-active, not reactive care

Question: When you think about how we could use technology, what are your hopes?

Responses:

AI

- AI/computer learning alongside face-to-face care
- AI support to scan for early cancers
- AI could be useful if safely implemented
- More diseases being picked up easier by using technology/AI
- AI support for rare disorders diagnosis
- AI isn't over expected for how much it can do
- AI removing human bias
- Understanding what technology can do

Data management & IT systems

- Unified access to notes and security
- Effective and integrated information sharing
- Sharing of data between hospitals and GPs
- Use same IT systems across the NHS
- Try again and set standardisation of IT services
- Lessons to be learned from past failures

Efficiency & reducing admin burden

- Reduce time on admin by frontline staff
- Technology screening and collating data through tick box
- Effective and efficient use for better outcomes
- Assisting with making appointments
- Assisting with ordering drugs
- Integrated communication systems

Surgical & medical advancements

- Advances in surgery – robotic and keyhole surgery
- Quicker recovery, less time in hospital

- Robotic support for surgery if it improves outcomes
- Utilising technology in medicine

Monitoring & patient support

- Home monitoring
- Diary kept on app if asked for by Dr
- Inclusive digital training and support

Standardisation & procurement

- Shared procurement e.g. same ambulances across NHS

Healthcare assessment & resource allocation

- Sufficient budgets to provide support and staffing
- Increased surveys to monitor/assess healthcare needs

Question: When you think about how we could use technology, what are your fears?

Responses:

Raised multiple times:

1. Personal data security – risk of details getting into the wrong hands (repeated comment)
2. Vulnerable/elderly people might not be able to use IT or have access, including dementia patients, Over 2m people over the age of 60 do not have a smart phone or computer
3. Lack of resilience – system failure stopping everything, Back-up required independent of web
4. Loss of personal privacy - “Big Brother” fear – being watched, GDPR considerations

Other comments:

- Not necessarily the best way to communicate with a Dr – sometimes face to face is necessary over a phone call
- Loss of experienced staff to actually help people
- Care becomes impersonal – AI works to an algorithm rather than being flexible to need. Algorithm may not help with the art of medicine vs science of medicine
- May still have waits/could result in increased waits
- IT should not promote inequalities, inclusion not exclusion
- Ensure that people are not disenfranchised
- Set questions don’t always pick up the correct or essential information – answer isn’t always yes or no
- AI in consultation
- Poor procurement decisions – unsuccessful implementation

MOVING MORE CARE FROM HOSPITALS TO COMMUNITIES

Question: What difference would this make to you?

Responses:

Elderly & community care

- Increased independence and dignity for the elderly (or infirm)
- Bring back convalescent homes and increase local community hospitals
- Increased social/community care may encourage relatives to play a larger part
- More mobility support prior to and following discharge from hospital
- Need more social care so people can be in a home setting
- Palliative care
- Health and social care should be one service, one boss, one budget, one objective

Workforce & training

- Better workforce planning
- Better training and qualifications with appropriate regulations
- Encourage young people to visit to encourage a career in healthcare
- More accommodation for staff

Technology & remote care

- Use of remote tech to monitor patients if necessary and appropriate
- IV antibiotic service for patients in own home

Funding & resource management

- Who is going to pay for it – NHS or councils? Needs funding properly
- Stop wasting money sending out unnecessary equipment and drugs – especially things that can only be used by medics who aren't actually provided to use said equipment. This ends up in equipment waste as it isn't accepted to return.
- Revisit contract system for primary care, community pharmacy, dentists etc
- Plans must take into account building plans for increased populations

Access

- Support from GPs needed
- Mental health agencies
- Need 24-hour primary care, GPs only available if working hours, by appointment, NHS 111 is not a substitute
- Psychiatric care closer to home

- Have CAMHS service that provides for need
- Concerns raised around removal of Winchester A&E and emergency maternity. Local A&E and maternity services should go alongside strong community and primary care.
- Care should be delivered where it is appropriate (repeated comment). Some care needs to be delivered in the community, some by GPs, some by local hospitals, some by centralised hospitals.

Domiciliary & home-based care considerations

- These must be the professional agencies – enough staff and a high level of community care for this to work
- Visiting people in their homes is an inefficient way of delivering healthcare to all but chronic conditions due to time spent travelling between patients
- It is not possible to take a van load of diagnostic equipment to each patient
- The worry is depletion of frontline acute staff in order to increase funds for domiciliary visits
- Need community care – more DNs, community specialists, and GPs. Bring back community services

Accessibility & equipment

- Assessment for equipment being done correctly in the first place to reduce inappropriate equipment being issued and not accepting returns
- The assessment for being eligible for a wheelchair is restrictive (e.g., people who can't leave the house are ineligible, even though a wheelchair would enable them to do so)
- People often have to purchase their own wheelchairs
- Manual wheelchairs can be converted into power chairs, but NHS wheelchair service doesn't support this as you cannot attach the power chair device
- Wheelchairs and accessible equipment should be designed by people with lived experience

Ethical & policy considerations

- Assisted dying on the NHS

Continuity & quality of care

- Resource allocation – seeing the same patient is better for patients and surely more job satisfaction for the medic involved

PREVENTING SICKNESS, NOT JUST TREATING IT

Question: Three forms of prevention we think are important...

Responses:

Most repeated comments:

1. **Education**, including better information about vaccinations. Also includes patient education around use of technology, media, advertising. Important to get the messaging out there at a younger age. Education in schools around smoking cessation, nutrition, lifestyle, junk food (junk food should be taxed)
2. **Screening**, including bringing some screening in at an earlier age and also screening available in the district, this should be coupled with better education around prevention. Lower the age if people have a predisposition or their lifestyle suggests they could be at risk – participant shares personal experience, they know lots of people with cancer younger. Should screen for a wider range of cancers e.g. cervical, colon, breast, lung, prostate, liver – NAFLD, this would catch it earlier and treat better. Home tests for this.
3. **Mental health**. Addressing mental health issues in a more pro-active manner – wider availability of support as waits are too big. This would prevent future ill-health and support a more balanced lifestyle. Also to promote self-reliance and self-belief. Better services for mental health including autism, alzheimers – this would prevent associated mental health issues and learning disabilities
4. **Vaccines**. More encouragement and publicity around vaccinations and screening with more availability in the community. Extension of age bans for certain vaccines. This would promote overall good health, prevent disease in the individual and the community.
5. **Health checks**. Regular health check ups that come without asking – this is effective in Hong Kong. MOT in primary care to catch issues before an emergency.

Other areas:

- Better training for GPs around cancer patients, further checks after 5 years and better palliative care. Plea to stop privatising services
- Medication formulary has not been reviewed in years and there would be a cost benefit – there are many medications that are not available free of charge to support long term health conditions which is costing the NHS and social care millions of pounds. For example: parkinsons when people can't afford to purchase their medications their symptoms are exacerbated their quality of life is limited. But if the medication was available free of charge, this could save money reduce hospital admissions and improve quality of life for the patient. Another example is epi pens for severe allergies, could save lives and reduce severity of outcomes. A further example given was treatment for Cystic Fibrosis medication is not free and this was historically because children with CF did not live very long, but with improved treatment people are living longer and affording the medication is challenging.
- Weight reduction/obesity prevention – important for future health/disease prevention
- Improved access to primary care – critical if 10 Year Plan is to be successful and effective in reducing dependency on secondary care
- Reduction in advertising of unhealthy foods and clearer/better information on dietary health – early years intervention and education. Easily obtained advice readily available and publicity of links to better health.

- Sure start provision – it works in engaging parents and children – part of early intervention
- Establish a national school medical and dental services so that children and parents are engaged in promoting better health
- CAMHS and education psychology service dedicated to partnership working – participant with first hand experience suggests that as reason why this is important.
- Much better health can be achieved by forming a strong relationship between a good nutritious diet, exercise and dental care and all round preventative medicine and education.
- More free groups for vulnerable groups e.g. old, mentally ill, parents and young children
- A personal GP who knows your history and can assess you in the context of your history
- Dental services available
- Self referral to reduce waiting lists