

# NHS Long Term Plan:

The views of  
Somerset residents

**wh**  **t**  
**would you do?**  
It's your NHS. Have your say.

<b>Contents</b>	<b>Page</b>
1. Introduction	3
<b>Part 1</b>	
2. Executive summary	3
<b>Part 2</b>	
3. Background	6
4. Objectives	8
5. What did we do?	8
5.1. General engagement	9
5.2. Seldom heard communities	11
6. What we found	11
6.1. Surveys	11
6.2. Campervan & Comments Tour	17
6.3. Focus groups	19
7. Key findings	26
8. Next steps	27
9. Response from the STP	27
10. Limitations	27
11. Data protection confidentiality	28
12. Acknowledgements	28

# 1. Introduction

This report details engagement work carried out by Healthwatch Somerset around the NHS Long Term Plan. Part one of the report summarises the work and its findings (see *Executive summary*). The second part of the report provides more detail on the work done and what people told us both through the national survey and during our visits to local groups, events and organisations.

## Part 1

# 2. Executive summary

### What is this report about?

In January 2019, NHS England (NHSE) published their Long Term Plan [*The NHS Long Term Plan*: <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>]. The plan sets out the proposed changes to be made across the health sector (NHS) in order to address the increasing pressures on the system and to ensure that the NHS is ‘Fit for the future’.

In Somerset, as in other parts of the country, partners across the health and care system have devised plans to address local needs and priorities [e.g. *Fit for my future - a healthier Somerset*: <https://www.fitformyfuture.org.uk/>]

NHSE were interested to hear the views of people in these local areas about the local and national plans, and their experiences of accessing ‘the system’ in their own communities. In addition, as local and national plans focus heavily on prevention of ill-health and on empowering individuals to maintain good health, NHSE wished to know more about the support that people would like to see locally and nationally to enable them to live healthier lives.

In order to access local voices, NHSE asked Healthwatch England [<https://www.healthwatch.co.uk/>] to support local Healthwatch organisations in engaging

with their local health and care system and most importantly, local people.

In order to ensure the greatest level of engagement, Healthwatch England produced two online surveys. One asked about people's general experiences of health and care services. The other focused on issues specific to those living with long-term physical and/or mental health conditions and of those who have a learning disability or autism.

## **What did we do and who did we speak to?**

Healthwatch Somerset were keen to get involved and give Somerset people the opportunity to have their voice heard in this national piece of work. Following discussions with local health and care leaders, a plan of engagement was put together. The engagement was broken down into two parts, the first involved engaging more generally with local people and promoting the surveys. The second focused on finding out more about the experiences of those living in the more isolated and rural areas of Somerset, those living with a disability and those with chronic obstructive pulmonary disease (COPD).

The work took place between February and May 2019. From the 15-22 March the Healthwatch Somerset Team and their volunteers toured the county in a vintage Volkswagen Campervan promoting the surveys and talking to people in their local communities. As part of the tour they also visited 5 Community Hospitals. In addition, they went along to local groups in the more rural areas of the county to talk to people about the challenges of accessing healthcare, as well as groups for those living with a disability or long-term condition.

More than 400 views were collected during the Campervan and comments Tour with 220 Somerset citizens completing the online surveys. The team visited five local groups and spoke with 43 people to gather their views.

## **What did people tell us?**

A lot of issues were raised during this work. However, there were a number of key issues that were shared across the survey and focus groups.

### People would like:

- quicker and easier access to their GP with longer and better-quality interactions.
- to feel listened to, supported and have their opinions respected. People want to be actively involved in decisions about their health.
- earlier referral to specialist care and support, e.g. for mental health issues and physiotherapy.
- to be able to access more help closer to home, e.g. more outpatient appointments in local community hospitals, physiotherapy based in the GP surgery.
- better data sharing between NHS organisations both within the county and externally (as many people go out of county to access care and treatment).
- better use of, and more support from the system for existing community resources such as, volunteers and village agents and more affordable homecare so that people can stay in their own homes for longer.
- for hospitals to better consider the needs of those with disability – better support for those with visual impairments and more hoists and better wheelchair access for those with physical disabilities.
- better support for those with mental health issues and more non-statutory options to help maintain wellbeing such as, exercise and cookery classes.
- More specialist community-based support and advice for those with long-term conditions such as COPD.
- More community transport options to help those people in the more rural areas to get to GP and hospital appointments.
- More support and assistance for unpaid carers and in particular, those supporting someone at the end of their life.
- More free places to exercise, such as swimming pools and gyms, and better high-quality information around diet, as well as easier access to healthy and affordable foods.
- Better infrastructure, such as cycle paths, and better street lighting to help people exercise and stay healthy more safely.

# Part 2

## 3. Background

### **The NHS in Somerset: the voice of local people about health and care**

The NHS is coming under increased pressure to fully meet the needs of those accessing its services. These pressures are set to rise over the next 10 years as people live longer and with more long-term health conditions. Unhealthy lifestyle choices also impact negatively on people's health and therefore, prevention of ill-health and an increased focus the maintenance of good health will need to be prioritised.

The UK Government have pledged to invest an extra £20bn a year in the NHS. This money will be used to reshape the NHS so that it is better able to address the shortfalls in staffing, meet the needs of an aging population, improve outcomes of care and tackle inequalities in the access to healthcare across the country. NHS England (NHSE) leads the NHS in England. In January 2019, it published its Long Term Plan. The plan sets out the proposed changes to be made across the health sector in order to address the increasing pressures on the system and to ensure that the NHS is 'Fit for the future'.

More specifically, the Long Term Plan sets out what the NHS wants to do better. This includes making it easier for people to access support in their local area and via technology, doing more to help people stay well, and providing better support for people living with cancer, mental health conditions, heart and lung diseases, diabetes, arthritis as well as for those with learning disabilities and autism. People are living longer and with more long-term conditions such as dementia. Therefore, the plan also details a program of increased support for older people. The plan was put together following consultation with the public, frontline health and care staff and other key stakeholders across the health and care system.

Although it is important to address these overarching issues on a national level, different regions of the country will have their own unique issues. Therefore, local health systems called sustainability and transformation partnerships (STPs) developed their own plans based on local need. These plans address how they aim to manage pressures within the

local health and care environment. STPs are made up of local health and care leaders from organisations such as the local NHS, local authority, acute hospitals and mental health trusts. Local Healthwatch are also involved in these STPs to ensure that the voice of local people is heard and taken seriously. For more information about STPs visit the NHSE website: <https://www.england.nhs.uk/integratedcare/stps/view-stps/>.

In Somerset, a program of work called *Fit for my future - a healthier Somerset* has been ongoing for over a year. NHS Somerset Clinical Commissioning Group (CCG) and Somerset County Council are working with health providers in Somerset to develop an integrated health and care strategy for the County. The programme is divided into two phases. The first phase involved a period of engagement with local people and those working within the system. This resulted in the development of a set of proposals to transform care in the county. The Fit for my future team is now working to further develop these proposals which will potentially involve a degree of service change and reconfiguration (modifications) to specific settings of care such as, acute settings of care; community settings of care and mental health settings of care. In particular, they will consider areas such as clinical quality and sustainability, staffing, patient experience, accessibility and travel time impact, staffing impact, estates and finance. They want to encourage more integrated working across the health and care system and in addition, they want to encourage and help people to live healthier, longer lives. More information about the local plans can be found on the Fit for my future website: <https://www.fitformyfuture.org.uk/>.

NHSE were keen to engage with people to hear their views on local and national plans as well as their experiences of accessing healthcare locally. More specifically, they wanted to address the following questions:

- **How would you help people live healthier lives?**
- **What would make health services better?**
- **How would you make it easier for people to take control of their own health and wellbeing?**
- **What would you do to make support better for people with long-term conditions?**

In order to reach deep into local communities, NHSE commissioned Healthwatch England to support the network of local Healthwatch across England in engaging with their local health system and local people. Healthwatch Somerset were keen to get involved to

ensure that the voices of Somerset people were heard in this national piece of work. Following discussions with local health and care leaders, a plan of engagement including the aims and objectives of the work was put together.

The aims of the work in Somerset were as follows:

- To hear the views of Somerset people on local and national plans, and their experiences of accessing 'the system' in their own communities.
- To find out more about the support that people would like both locally and nationally to enable them to live healthier lives.
- To explore the issues around access to healthcare of those living in isolated and rural areas of Somerset.
- To explore the issues around access to healthcare of those living with a disability or long-term condition.
- To learn more about how the people of Somerset would wish health and care services to be developed in the future according to their local needs.

## 4. Objectives

To gain a deeper understanding of the views of Somerset people on local and national health plans and their experiences of accessing care in their local communities, both rural and urban. The information will feed into the work already being carried out in Somerset around the *Fit for my future* programme.

## 5. What did we do?

As part of their involvement in this national work, Healthwatch Somerset were required to carry out two separate strands of work. Firstly, to engage with the local population more generally on the local Healthcare system and secondly, to speak with a seldom heard group/s or community about their specific issues.

In addition to the local work, Healthwatch England put together two online surveys for use

nationally. The first survey asked about people's general experiences of health and care services and their ideas on the support they would like to help them to live more healthily. The second survey focused on issues specific to those living with long-term physical and/or mental health conditions and of those who have a learning disability or autism. The surveys were available in Easy Read format and BSL. Local Healthwatch were encouraged to promote the surveys as part of their engagement.

## 5.1. General engagement

Healthwatch Somerset wanted to make sure that they reached as many people as possible across the county to collect their views and promote the two online surveys. They did this by going 'on tour' in a converted Volkswagen Campervan called Milo. The 'Campervan and Comments' tour took place from 15th until 22nd of March 2019. During this time Healthwatch Somerset staff and volunteers visited 18 different venues across the county from local markets and GP surgeries to district hospitals and supermarkets. Figure 1. shows all of the venues and tour dates. They also visited five Community Hospitals across the County (see Figure 2.). As well as pointing people towards the online surveys, the team brought along hard copies of the surveys so people could complete them there and then and receive support from the team should this be required. Local people also shared their experiences of individual health and care services and any concerns they had about these services. Altogether, the team collected over 400 pieces of feedback across the duration of the tour.



Figure 1. The Campervan Tour:

<b>Tour Dates</b>	
<b>Friday 15 March</b> <ul style="list-style-type: none"><li>○ Frome Cattle Market</li></ul>	<b>Tuesday 19 March</b> <ul style="list-style-type: none"><li>○ Fore Street, Taunton</li><li>○ Richard Huish College, Taunton</li><li>○ Asda Supermarket, Wellington</li></ul>
<b>Saturday 16 March</b> <ul style="list-style-type: none"><li>○ Cox's Yard car park, Somerton</li><li>○ Goldenstones car park, Yeovil</li><li>○ Yeovil District Hospital</li></ul>	<b>Wednesday 20 March</b> <ul style="list-style-type: none"><li>○ Morrisons Supermarket, Minehead</li><li>○ Harbour Road car park, Watchet</li></ul>
<b>Sunday 17 March</b> <ul style="list-style-type: none"><li>○ Shepton Mallet Market</li><li>○ St Dunstan's car park, Glastonbury</li></ul>	<b>Thursday 21 March</b> <ul style="list-style-type: none"><li>○ Fore Street, Bridgwater</li><li>○ Highbridge Medical Centre</li><li>○ Tesco Supermarket, Burnham-on-Sea</li></ul>
<b>Monday 18 March</b> <ul style="list-style-type: none"><li>○ South Petherton Community Hospital</li><li>○ The Meadows Surgery, Ilminster</li><li>○ The Lace Mill car park, Chard</li></ul>	<b>Friday 22 March</b> <ul style="list-style-type: none"><li>○ Cheddar Medical Centre</li></ul>

Figure 2. Community Hospital engagement:

<b>Community Hospitals</b>
<b>Thursday 11 April</b> <ul style="list-style-type: none"><li>○ Bridgwater Community Hospital</li></ul>
<b>Monday 15 April</b> <ul style="list-style-type: none"><li>○ West Mendip Community Hospital</li></ul>
<b>Tuesday 16 April</b> <ul style="list-style-type: none"><li>○ Minehead Community Hospital</li></ul>
<b>Tuesday 23 April</b> <ul style="list-style-type: none"><li>○ Frome Community Hospital</li></ul>
<b>Wednesday 24 April</b> <ul style="list-style-type: none"><li>○ South Petherton Community Hospital</li></ul>

## 5.2. Seldom heard communities

Somerset is a mix of large urban communities alongside some very rural areas. Because of their extreme rurality, communities living within these areas can often feel 'left out' of discussions and consultations around healthcare. Healthwatch Somerset were interested to know what if any impact living in very rural parts of the county had on an individual's ability to access good quality healthcare. They also wanted to find out more about the unique experiences of those living with a disability or long-term condition. Therefore, they spoke with two groups based in the more rural areas of Somerset, two local disability groups and one for those living with COPD. In total, the Healthwatch Somerset Team and volunteers spoke with 43 people.

At each of these groups questions were themed around the following areas:

- Prevention and early intervention
- Assessment, diagnosis and treatment
- Ongoing care and support

### Our volunteers

Volunteers are key to work of local Healthwatch. Nineteen trained Healthwatch Somerset volunteers were involved in the Long Term Plan work and gave 54 hours of their time.

# 6. What we found

## 6.1. Surveys

### a) General survey

147 people completed the General Survey, both online and at engagement events. The majority of respondents were over the age of 55, female and stated that they were 'White British'. 22% had a long-term health condition and 20% considered themselves to have a disability. 14% said that they were carers. Figure 3. gives further detail of those who completed the survey.

Figure 3. Demographic characteristics of respondents

Age range	55-64 yrs. 38; 65-74 yrs. 38; 45-54 yrs. 24; 35-44 yrs. 15; 75+ yrs. 14; 25-34 yrs. 9; 18-24 yrs. 5; Under 18 yrs. 3; Prefer not to say 1
Gender	Female 101; Male 43; Did not answer 2; Prefer not to say 1
Ethnicity	White British 140; Other 3; Any other white background 3; Did not answer 1
Sexual orientation	Heterosexual 133; Other 4; Bisexual 3; Gay or lesbian 1; Prefer not to say 3; Did not answer 3
Religion	Christian 69; No religion 57; Prefer not to say 10; Other religion 9; Did not answer 2
Disability	No disability 144; Disability 29; Did not answer 3; Prefer not to say 1
Carer status	Not carer 122; Carer 21; Did not answer 4
Long-term health conditions	No long-term condition 92; Long-term condition 32; >1 long-term condition 20; Did not answer 3

## Q1. What is most important to you to help you live a healthy life?

Respondents were given a choice of 5 statements and asked to choose the one that they felt was most important to enable them to live a healthy life. The most chosen answer was:

“Access to the help and treatment I need when I want it.”

They were then asked whether there was anything else that would help them to live a healthy life. The top four themes were:

1. Quicker and easier access to primary care. More GP appointments, and less travel time from rural areas to access health services.
2. More places to exercise that are free or cheap in particular, swimming pools. Gyms and cycle paths were also mentioned. *“Trying to be healthy can be expensive.”*
3. Better infrastructure (e.g. cycle paths, better street lighting).
4. Better dietary advice and easier access to healthy and affordable foods.

One respondent stated:

“Joined up thinking between the public sector. I love to be active with my family but that relies on good street lighting, cycle ways and local physical activity opportunities that rely on volunteers. They need support to understand their role in healthy lives.”

## Q2 What's most important to you to be able to manage and choose the support you need?

Respondents were asked to choose one statement that was most important in enabling them to manage and choose the support they need. The most chosen answer was:

“Choosing the right treatment is a joint decision between me and the relevant health and care professional.”

Respondents were asked if there was one more thing that could help with this. The top five themes were:

1. Access to GP appointments via face to face, phone, online and at evening and weekends.

“My old surgery used to do workers appointments (walk in and wait) in the evening. This would help those working odd shifts.”

2. Being able to choose how to communicate with GPs about test results and how to receive general communications from the NHS in general, for example, cervical smear results and child immunisations (via text, email rather than letter).

“I get fed up of letters from the NHS. What a waste of money. The last letter about immunisations arrived from NHS England two days after my child had had the vaccination. Pointless.”

3. To be given clearer information about treatment and support available, in order to be involved in choices.

“Clear information about what support is available in the community. It's the first point to start at that is hard.”

4. More choice about where to get treatment especially for those in rural areas. Many felt that current Minor Injury Units and community hospitals should be used more. However, if acute services were to be used, suitable transport links should be put in place to facilitate this for those in rural areas.

“Our major hospital is nearly 20 miles away and transport is difficult and expensive for anything routine to be dealt with.”

5. People wanted to be respected and listened to by health and care professionals as illustrated by these two statements from respondents:

“I would like to be listened to and if I have worries then know that they are being

taken into consideration.”

“In mental health care, I would like respect from professionals. I want my opinions to count.”

### **Q3. What’s most important to you to help you keep your independence and stay healthy as you get older?**

Respondents were asked to choose one statement that they felt was most important to enable them to keep their independence and stay healthy as they got older. The most chosen answer was:

“I want to be able to stay in my own home for as long as it is safe to do so.”

Respondents were asked if there was one more thing that could help them to keep their independence as they got older. The top three themes were:

1. Being able to stay home via affordable home care, adapted living arrangements and more encouragement to maintain healthy lifestyle in old age (perhaps with cultural change).

“An emphasis that getting older does not always mean being incapacitated. Old age should be seen as a continuation of healthy living (encouraging movement, exercise etc).”

2. More community support to retain independence. Signposting to local services, support and places to interact with others. Access to exercise classes.

“To be more aware of what is in my community and how some of these services or groups could support me.”

3. More affordable and accessible transport options for when they are no longer able to drive. This applied to hospital transport as well as for personal use.

### **Q4. What is most important to you when interacting with the NHS?**

Respondents were asked to choose one statement that was most important to them when interacting with the NHS. The most chosen answer (135 people - 92%) was:

“I can talk to my doctor or other healthcare professional wherever I am.”

However, also of importance were the following three statements:

“I have absolute confidence that my personal data is managed well and kept secure.” (88%)

“Any results are communicated to me quickly making best use of technology.” (87%)

“I can access services using my phone or computer.” (86%)

## **Q5. If there was one more thing that you think needs to change to help you to successfully manage your health and care, what would it be?**

Three main themes came out of the comments:

1. **Access to health records.** Respondents wanted to have access to their own health records. However, they also wanted all NHS organisations to have quick access to their records (data-sharing) for a more joined up service:

“My health record is mine and not owned by anyone so that I am free to share with all NHS organisations. I expect all NHS organisations to be able to access my record not just in the area where I am registered... they all have separate records of my health, so it is not joined up.”

2. **Use of technology.** Respondents felt that technology was useful for managing health and care but did acknowledge that there should always be other options available for those who do not wish to use it:

“An app so I can be aware of my own notes, medications and appointments without phoning up all the time. I’m in my 20s and I can get the current online system to work.”

“An acceptance that a digital solution is not necessarily the best response to meeting my needs!”

3. **Continuity of care.** Many respondents felt strongly that there needs to be more continuity of care in terms of seeing the same healthcare professionals:

“It would be nice to have someone who knows you like it was the good old days when you had your own named GP. I know things will have to change because doctors don’t want to be just GPs anymore, but just having your medical history on a page or screen in front of a stranger is NOT the same as talking to your own GP or nurse who knows YOU.”

## b) Specific conditions survey

72 people answered the Specific Conditions Survey. However, when broken down into specific conditions there was not enough data to carry out a meaningful analysis.

Therefore, some snapshots and comments will be used to give a very general idea of what was being said.

Out of the 72 people who responded, the largest group (39%) were those who stated that they had a long-term condition such as diabetes or arthritis. Twenty-five percent said that they had a mental health issue. The remainder of respondents stated that they had the following conditions: Cancer, heart and lung diseases, and dementia. Five percent were living with either autism or a learning disability.

Although limited in number, the data did reinforce themes previously identified in discussion groups and the general survey, such as:

- Need to reduce waiting times, especially for mental health services
- Better signposting to services and support
- Listen to patients needs
- Treat patients with respect
- Access to cheaper/free exercise options
- Improve communication
- More joined-up services
- Give other ways of support (phone, email, text etc).

Of those that said they had a long-term condition, 23 left comments. Unfortunately, the majority of these comments were negative with many stating that they did not feel listened to, believed or supported by healthcare professionals. They also felt that some healthcare professionals lacked knowledge about their condition.

18 people who said that they had a mental health issue, left comments that again were mainly negative. In summary, they talked about long waits to be seen, intermittent support, limited access to long-term support, out-of-county referrals for treatment. Suggestions for improvement involved the provision of non-statutory wellbeing support such as, day centres, exercise classes and cooking classes.

In contrast the seven people who left comments regarding cancer care were much more positive in terms of the support that they had received. NHS Staff and palliative care teams were given specific mention. However, they did suggest areas for improvement. These included more support to die at home and chemotherapy treatment being offered at a local hospital.

After considering all of the statement lists in the survey questions one person had this to say:

“I feel like these are all very good things (suggestions for improvement), but are they actually doable for the NHS? We must be realistic.”

## 6.2. Campervan & Comments Tour

Staff and volunteers promoted the online survey and assisted some to complete hard copies at each engagement event. Data collected on hard copy surveys was entered directly into the online survey and will be reported separately. More general feedback was collected on comment cards and entered into Healthwatch Somerset’s own issues database. The feedback was a good mix of positive and negative comments. Key themes from these comments are as follows:

### a) Access to GPs and continuity of care

The majority of comments received on the tour centred on the difficulty people experienced getting to see a GP. More specifically, the systems used to get an appointment were criticised by most of the people who raised this issue. One person stated that they had waited for 45 minutes for someone to answer the phone and when they eventually managed to get through was told they would have to wait 4-weeks to be seen by a GP. Someone else said of the appointment booking system in their surgery:

“...very busy, if you phone up you don’t get a same day appointment, but if you go into the surgery at 8.30 am you can. This seems unfair.”

However, it was apparent that experiences were entirely surgery dependent with some people having a more positive experience:

“Appointments are easy to get. Things move quickly here.”

People spoke about the lack of continuity of care and the importance of seeing the same GP particularly if you have a long-term condition:

“I never see the same GP twice.”

Again, this was surgery specific with some experiencing better continuity:

“Moved to this practice from X medical Centre. Now great continuity and you don’t have to wait 3 weeks for an appointment.”

Some medical centres in the county have paramedics in place who sometimes see patients in place of a GP. However, many people saw this as a barrier to seeing a GP:

“Pushed off to paramedics when a doctor was needed.”

Practice nurses were often viewed in the same way.

## **b) Inpatient and outpatient hospital care**

Most people stated that they were happy with the care that they received from the two main acute hospitals within the county:

“Cancer removed from head/ear - fantastic treatment everywhere.”

“The care medical, surgical and nursing, is second to none.”

“Outpatients, quick appointment and staff great.”

Not all feedback was so positive, however. One person said that whilst they were an inpatient, they had observed that a fellow patient was left on the commode for 45 minutes with no buzzer and had to shout out to other patients to press the buzzer on their behalf. Another said that:

“Aftercare from hospital bad and staff indifferent.”

## **c) Urgent care**

The care received within accident and emergency departments and from the NHS 111 service was generally very positive:

“Overall experience was excellent.”

“Staff so attentive.”

“Visited A&E today, wait time under an hour.”

“Staff excellent and treated well.”

**Commenting on the NHS 111 service one person said:**

“Brilliant for child health issues and a reassuring service.”

**However, some were less pleased with the service:**

“Rang three times on a Saturday night from 7-10pm. The service explained that a GP would call back within 2 hours. No call back. 111 disappointing.”

Between June and August 2018 Healthwatch Somerset carried out a large study that explored people’s experiences of using the 111 service in Somerset. The report can be accessed by clicking the following link <https://healthwatchsomerset.co.uk/wp-content/uploads/2018/09/NHS-111-service-Final-r.pdf> or by contacting the Healthwatch Somerset Office.

## 6.3. Focus groups

### Seldom heard communities – hearing your voice

The comments from all of the groups were combined and for each of the areas of discussion – prevention and early intervention; assessment, diagnosis and treatment; ongoing care and support. We looked at what people had told us and grouped all similar comments and experiences together to form common themes (topics).

#### a) Prevention and early intervention

Most of the comments from this area of discussion centred on primary care with the greater proportion of comments referring to GP/medical practices. People had both positive and negative views of the care that they had received in this setting. In addition, they made suggestions for how they thought things could be improved in the future.

Early diagnosis and quick referral to appropriate personnel was seen as important and in some cases transformative:

“In the case of anxiety and depressive episodes, a referral to a nurse practitioner transformed my life.”

Good quality interactions and feeling listened to by GPs and practice staff was valued by those that were spoken to with some people singling out individual GPs for good praise. In some instances however, people did not feel that this was always the case:

“I would like it if my GP would talk to me rather than spend most of the appointment looking at the computer screen.”

People appreciated the opportunity to have a telephone consultation with a GP as this often meant that their issue could be dealt with much more quickly and sometimes on the same day.

“New phone system works well for me. Get a same day conversation with my own GP.”

People often struggled with the appointment booking system at their GP surgery with some stating that they spent ‘hours on the phone’. In order to have any chance of getting a same day appointment with their GP, people were often required to call up their surgery at 8.30 in the morning. This was not always convenient and in particular when they were then required to hang on the phone for a considerable time:

“Calling at 8.30 am to get a same day appointment does not work for people with jobs where phones are not possible/allowed.”

People wanted a better system of accessing same-day appointments that did not require them to call at a specific time and hang on the phone. Similarly, getting access to a GP at all was perceived to be difficult for some with triage systems sometimes seen as a barrier:

“It is difficult to get GP appointments. I struggle to get past the triage nurse.”

Interestingly, there was an appreciation from the people in the groups that recruitment and retention of GPs was in part to blame for the difficulty in accessing GPs and in particular, impacted on consistency of care:

“High turnover of staff at the local GP surgery.”

“Access to GP appointments is getting worse as GP practice is struggling to find a locum.”

Of particular concern is that people may be put off going to their GP owing to the difficulty accessing an appointment:

“Cannot recruit GPs to the practices so as a result, GP appointments are really difficult to get. As a result, people are put off trying to get appointments and leave it perhaps escalating problems.”

People felt that more support should be available to practices to help improve their staffing levels and thereby improve services for registered patients. In addition, it was felt that GPs should be left to ‘do their job’ instead of expecting them to ‘be managers and business people’.

Some people valued appointments with their GP but felt that they were often wasted:

“GP appointments are very valuable. They shouldn’t be wasted because of rules. If there is another way to access repeat medication/care/advice then this should be made available and used.”

For those in the more rural areas of Somerset, travelling longer distances to see a GP was considered to be an issue particularly when GPs worked across more than one surgery:

“It’s not always easy to see my GP at the surgery closest to me.”

When people did get to see their GP, time slots were often seen as being too short with some feeling that the 10-minute time slot should be relaxed:

“I feel that the GP is just trying to rush me along. The appointments are not long enough.”

Short time slots were particularly problematic for those people living with a long-term condition such as COPD:

“My GP does not have enough time to discuss my COPD issues.”

Further support for those living with COPD was seen to be lacking by some:

“COPD support not available in (my) GP surgery, unlike other parts of the county.”

Where it was available it was sometimes felt not to be sufficient:

“COPD support not offered regularly.”

In order to overcome this issue, people felt that surgeries could work together to provide specialist support, for example, by sharing a COPD nurse.

Access to physiotherapy in primary care was also seen as difficult. People would like to see

more opportunities to access physiotherapy at their GP surgery and to be able to self-refer. Where this was provided in a primary care setting, it was valued.

Talking therapies are often seen as the first port of call for those with low level anxiety, stress or other mental health issues. However, for those with a hearing impairment, this form of therapy was seen as inaccessible and inappropriate.

## **b) Assessment, diagnosis and treatment**

The majority of comments in this section related to care in acute and community hospitals including outpatient appointments. Overall, people were relatively happy with the immediacy and access to cancer treatments and brain scans:

“brain scan happened within 48 hours.”

**And urgent care:**

“Within 10 minutes (I) was seen by doctors for breathing difficulties. Treatment was excellent.”

**The ambulance service was also singled out for praise:**

“SWASFT (ambulance service) paid for a taxi rather than send out an ambulance. This was a good use of initiative.”

**The air ambulance was also valued particularly for those in isolated communities:**

“Air ambulance vital to isolated communities.”

There was an understanding from some that if they live in very remote areas such as Exmoor, that they will have to travel to access care. However, many people who required more specialist care such as dermatology, ophthalmology, urology and rheumatology would appreciate the opportunity to access outpatient clinics in a setting closer to home. Where such a service was provided, and where people were given a choice of where to be treated/seen it was very much valued:

“Keep community hospital services in the local community. They are easy to access, free and lots of parking. These are important for rural communities.”

Traveling to appointments was problematic for many people. Parking at acute hospitals

was often difficult and expensive with some reporting a lack of blue badge spaces. One person stated that a trip to the nearest acute hospital in a taxi had cost them £80 with another saying that they had to use three buses in order to get to their hospital appointment.

For those with a disability, there was a general feeling that healthcare staff should show more empathy and respect for their disability. Some had experienced poor care whilst in a hospital setting. In particular, for some, a lack of equipment such as overhead hoists had resulted in substandard care and a loss of dignity:

“No overhead hoists so when I needed to use the toilets they put a pad on me. No dignity at...” (two named acute hospitals; one within Somerset and the other in a neighbouring county)

**Another person stated:**

“NHS is not equipped to provide disabled wheelchair users with access or hoists.”

One person reported that no one had been available to help them to get changed. Similarly, the experience of another person, who stated that they were blind, left them in a vulnerable position:

“I am blind. I can get a taxi to the hospital but when I get there, there is no one to help me find where I am going.”

They suggested that there should be clear guidance for people who are blind about the support they can access at hospital, to help them to find their way to their appointment.

The issue of stigma was raised in relation to two areas, firstly: Age. There was a concern that older age was a deterrent for access to certain treatments and screening tests:

“I feel that the treatments offered depend on your age. I feel age discrimination happens within the NHS.”

**Another person said:**

“(people aged) 60+ are not being offered screening tests (cholesterol, diabetes, blood pressure). People are having to ask for these.”

Secondly, there was a feeling from the COPD group that there existed a stigma around COPD and that there was often an assumption that they had all been heavy smokers when this was not the case. The group said that they would appreciate specialist COPD clinics in

more rural areas, and they questioned whether those living with COPD in urban areas of the county received a better service. In addition, one person stated:

“Feel like COPD sufferers are the poor relation to cancer patients who seem to get an amazing NHS service.”

The length of outpatient appointments was felt to be too short by some. People would appreciate doctors with more time to spend on patient care. Additionally, in relation to appointments, there was a feeling that they should be easier to arrange and if an appointment was missed or had to be re-arranged, they shouldn't have to go through the whole pathway again.

### c) Ongoing care and support

For those in rural areas of Somerset, there was a real onus on community support. Community groups and Village Agents were spoken of positively:

“The local Community Agent runs the COPD support group.”

“All support is available locally through support groups and the GP surgery”

In some places the GP surgery acted as a hub:

“Big GP surgery with space for groups to meet, important to preventative work.”

Whilst group support was valued, there was still felt to be a need for more specialist support:

“Can only get so much support from a group.”

In particular, those with COPD stated that they would like more education on what to do when you have COPD, more regular checks with the respiratory nurse (currently once a year) and more support around dealing with anxiety:

“COPD and anxiety have strong links, but these are not communicated to people. Better communication and support around anxiety.”

In addition, they said that they would like to see pulmonary rehabilitation groups run in locations that were easier to get to as some of the current groups were in locations not easily accessible by public transport.

For some, getting local support had proved difficult:

“I am blind, lonely and my health is deteriorating. I want local support groups but they do not exist, or I do not know about them.”

The person had asked their GP for help, but nothing had come of this. Some people felt that there was a lack of understanding that some people have ongoing needs:

“It’s not always just a treat and fix situation.”

There was much talk of the community pulling together:

“People help each other in this rural community.”

In one case volunteers got together to operate a ‘drug run’:

“There is a drug run, operated by volunteers that gets medication out to those that need it.”

Also in some rural areas people stated that:

“The community pull together to help with transport.”

However, this was obviously not the case for all communities. Good community transport schemes were seen as vital to those in rural communities and people felt that these should receive more support.

In terms of ongoing support, people often accessed support from charities:

“Cancer support in the community seems to come only from charities such as, Macmillan and St. Margaret’s Hospice.”

People requested more support from the NHS at home for those at the end of their life:

“(For the) last few months, not just days.”

More support for people caring for very ill family members and for carers in general was also a common theme.

Paid care at home was also mentioned with people saying that more paid carers willing to travel to remote locations were required. For those requiring care in a residential setting, people felt that it was important to place people close to home but questioned whether this was possible in rural locations. In addition, they believed that the health and care sector should be more joined up:

“Social services and NHS working better together to support older people. This should be a smooth pathway.”

Finally, given the ongoing changes throughout the health sector, there was a feeling that there should be:

“Better communication between the NHS and the public, keeping them updated of changes.”

## 7. Key findings

### People would like:

- Quicker and easier access to their GP with longer and better-quality interactions.
- To feel listened to, supported and have their opinions respected. People want to be actively involved in decisions about their health.
- Earlier referral to specialist care and support, e.g. for mental health issues and physiotherapy.
- To be able to access more help closer to home, e.g. more outpatient appointments in local community hospitals, physiotherapy based in the GP surgery.
- Better data sharing between NHS organisations both within the county and externally (as many people go out of county to access care and treatment).
- Better use of, and more support from the system for existing community resources such as, volunteers and village agents and more affordable homecare so that people can stay in their own homes for longer.
- For hospitals to better consider the needs of those with disability - better support for those with visual impairments and more hoists and better wheelchair access for those with physical disabilities.
- Better support for those with mental health issues and more non-statutory options to help maintain wellbeing such as, exercise and cookery classes.
- More specialist community-based support and advice for those with long-term conditions such as, COPD.
- More community transport options to help those people in the more rural areas, to get to GP and hospital appointments.
- More support and assistance for unpaid carers and in particular those supporting someone at the end of their life.
- More free places to exercise such as, swimming pools and gyms and better, high

quality information around diet as well as easier access to healthy and affordable foods.

- Better infrastructure such as, cycle paths and better street lighting to help people exercise and stay healthy more safely.

## 8. Next steps

The work was carried out under strict time limitations and therefore, restricted the amount of engagement that could be carried out and the diversity of participants that had the opportunity to comment. Follow-up work across the STP area may consider exploring in more depth some of the issues brought forth in this piece of work and carrying out further work with a wider range of seldom heard groups to ensure that their specific needs are considered in ongoing health and care plans. A number of people commented on the usability and clarity of the national survey. Some people noted that some of the statements contained two options within one statement which had made it difficult to answer. Others felt that some questions were biased.

## 9. Response from the STP

Patrick Flaherty, Senior Responsible Officer for the Somerset STP, commented: “The NHS in Somerset and Somerset County Council are committed to hearing the voice of Somerset residents as we plan our future services. I am very grateful to our friends at Somerset Healthwatch for sharing this piece of work with us. Our goal has to be to support residents to live healthier, for longer, and wherever possible to care for people at home, in their community; and to avoiding people falling in to medical or health related crisis. The findings of the *What would you do?* campaign are fascinating and will be used to help design services and we commit to working with Healthwatch and our residents further as our plans evolve.”

## 10. Limitations

The work was carried out under strict time limitations and therefore, restricted the amount of engagement that could be carried out and the diversity of participants that had the

opportunity to comment. Follow-up work across the STP area may consider exploring in more depth some of the issues brought forth in this piece of work and carrying out further work with a wider range of seldom heard groups to ensure that their specific needs are considered in ongoing health and care plans. A number of people commented on the usability and clarity of the national survey. Some people noted that some of the statements contained two options within one statement which had made it difficult to answer. Others felt that some questions were biased.

## 11. Data protection confidentiality

No personal data was collected as part of this engagement work. All stories and comments used in this report have been anonymised so as not to identify any individual. All of the data collected as part of the work is stored on password protected servers at Healthwatch Somerset and their parent company Evolving Communities, in line with current data protection legislation. A copy of our data privacy statement can be found here:

<https://www.healthwatchsomerset.co.uk/privacy-statement/>. A hard copy can be obtained on request by contacting Healthwatch Somerset.

## 12. Acknowledgements

Healthwatch Somerset would like to give thanks to all of those Somerset residents who took time to share their experiences - either face-to-face or via the survey. There would be no report without your input. We would also like to thank all of our wonderful volunteers who gave a great deal of their own time to support us with the engagement. Finally, we would like to thank NHS England for providing funds to carry out the work.

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