

NHS Long Term Plan:

The views of
Dorset residents

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

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1. Introduction

This report details engagement work carried out by Healthwatch Dorset 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 Dorset, as in other parts of the country, partners across the health and care system have come together to devise a plan that addresses local needs and priorities [e.g. *Our Dorset*: https://www.dorsethealthcare.nhs.uk/application/files/6014/9633/1685/Our_Dorset_STP.pdf]

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 Dorset were keen to get involved and give Dorset 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 with a learning disability in the county. As part of the continuing development of the *Our Dorset* plan, the local system partners wanted to know more about how those with a learning disability accessed services and what could improve their experience.

The work took place between April and June 2019. During this time the Healthwatch Dorset team and volunteers set up stands in hospitals, a local college and in addition, attended patient participation group meetings and other local events promoting the surveys by talking to people in their local communities. They also visited local groups for those living with a learning disability to speak with them about the challenges of accessing health and care in the county.

306 Dorset people completed the online surveys. The team visited five local groups and engaged with 195 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. These are summarised in the panel below. More detail on how these key issues were gathered can be found in the full report.

People would like:

- Quicker and easier access to primary care services.
- Quicker access to diagnosis and treatment options.
- Access to annual health checks so that any health issues could be picked up at an early stage.
- More regular support for those with a long-term condition to help them to live well with their condition.
- More services based in local communities so that people do not have to travel long distances to access healthcare.
- Better transport provision to help people to access health and care services particularly for those in more rural parts of the county.
- Easy access to good quality, accessible information to help people to make informed conditions about their care and treatment. In particular, people would like to see more information around long-term conditions. Easy read versions should also be available.
- Clearer information around end-of-life care and support.
- More support for carers and quicker access to carers assessments.
- Easier access to first line mental health support to help prevent people from reaching crisis point.
- More places to exercise that are free or cheap. More information, including easy read versions around healthy eating on a budget.
- Better sharing of health records between NHS services across the country. A single NHS platform so that health records can be accessed wherever someone is receiving treatment.
- More easy read information around smoking and how to give-up, staying healthy and long-term conditions.
- Better awareness across the health service of the needs of those with a learning disability or autism when accessing care and treatment including respite and residential care.
- Respect for those with a learning disability, listening to their concerns and treating them with dignity - helping them to maintain their best level of independence at all times.

Part 2

3. Background

The NHS in Dorset: 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.

Dorset is a mix of urban communities such as, Bournemouth and Poole alongside some very rural areas. Since April 2019, it has two unitary councils, Dorset Council and Bournemouth, Poole and Christchurch Council (BCP). It has a population of approximately 750,000 people and this is expected to rise to 800,000 by 2023. Much of this growth is attributed to a rise in older people as individuals are living for longer.

In Dorset, the sustainability and transformation partnership is called *Our Dorset*. NHS Dorset Clinical Commissioning Group (CCG) worked with its council partners and other key health and care organisations to develop a local plan that aims to deliver the vision of changing the health and care system, providing services to meet local need and achieving better outcomes for the people of Dorset. Their goal is:

“to see every person in Dorset stay healthy for longer and feel more confident and supported in managing their own health.”

There are three main priorities:

- i. **Prevention at Scale** - helping people to stay healthy and avoid getting unwell
- ii. **Integrated Community Services** - support individuals who are unwell by providing care at home or in the community
- iii. **One Acute Network** - will help those who need the most specialist support through a single acute care system across Dorset

More information is here: <https://ourdorset.nhs.uk/>. A summary of the STP can be found here: <https://www.dorsetccg.nhs.uk/wp-content/uploads/2018/03/dccg-stp-pop.pdf>

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 Dorset were keen to get involved to ensure that the voices of Dorset 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 Dorset were as follows:

- To hear the views of Dorset 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 with a learning disability.
- To learn more about how the people of Dorset would wish health and care services to be developed in the future according to their local needs.

Note: Healthwatch Dorset came under new contract management on 1 April 2019. Therefore, time for planning and execution of the work was limited.

4. Objectives

To gain a deeper understanding of the views of Dorset 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 Dorset around the *Our Dorset* programme.

5. What did we do?

As part of their involvement in this national work, Healthwatch Dorset 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 British Sign Language (BSL). Local Healthwatch were encouraged to promote the surveys as part of their engagement.

5.1. General engagement

Healthwatch Dorset wanted to make sure that they reached the maximum amount of people across the county to collect their views and promote the two online surveys. They therefore put together a plan of engagement that involved setting up their promotional stands at venues with a large footfall, e.g. two large acute hospitals, a local college, and a large county event. In addition, they attended two patient participation group (PPG) meetings who were able to provide a service-user perspective. PPGs are attached to GP surgeries and are generally made up of a group of volunteer patients, the practice manager and one or more of the GPs from the practice. They discuss the services on offer, gather patient views and discuss how improvements can be made. The team visited both urban and more rural areas. During this time Healthwatch Dorset staff and volunteers visited seven different venues across the county. The engagement took place between the end of April and the beginning of June. Figure 1. shows all of the venues and events that they attended.

As well as pointing people towards the online surveys, the team created picture boards with key questions from the survey where people were able to stick coloured dots by the issue that was most important to them. Local people also shared their experiences of individual health and care services and any concerns they had about these services. The team collected a great variety of interesting feedback across the duration of engagement and in addition, 150 people added their dots to the picture boards.



Figure 1. Public engagement

Dates and venues

4 May

- Picnic in the Park, Swanage

8 May

- PPG meeting, Kinson

9 May

- PPG meeting, North Dorset

14 May

- Weymouth College

15 May

- Royal Bournemouth Hospital

22 May

- Dolphin Restaurant, Poole Hospital

5.2. Seldom heard communities

Dorset's 'Big Plan' sets out how the Local Authorities and Dorset CCG will work together to make services better for those living with a learning disabilities. The key aims are for all of those with a learning disability to:

- be treated with dignity and respect;
- have choices and rights and be responsible for their lives;
- have access to services who make sure that people with learning disabilities, and their families, are at the centre of everything they do.

More information can be found on this website: <https://www.poole.gov.uk/council-and-democracy/statistics-data-and-census/consultations/past-consultations/the-big-plan-2017-2020/>

Healthwatch Dorset were interested to know what, if any, impact living with a learning disability had on an individual's ability to access good quality healthcare. This was supported by the NHS Dorset CCG and key people from the local STP as it was felt that this would provide information that would usefully contribute to their work going forward. Therefore, Healthwatch Dorset visited two local groups for those living with a learning disability to gather their views and experiences of accessing health and care services in the County.



The team created picture boards with key questions from Healthwatch England's easy read survey where people were able to stick coloured dots by the issue that was most important to them. This method was received well by all of the groups. In addition to the picture boards a more general discussion based around the survey took place so that more specific issues could be shared. One further group, led by a People First Coordinator, held an independent discussion about the work using materials provided by Healthwatch

Dorset. This principally involved having a discussion based around the questions in the Long Term Plan easy read survey. People First 'is an organisation run by and for people with learning difficulties. The organisation aims to speak up and campaign for the rights of people with learning difficulties': <http://peoplefirstltd.com/>. They compiled the results and fed this back to the Healthwatch Dorset Team.

In total, the Healthwatch Dorset Team and volunteers received feedback from 35 people living with a learning disability. Figure 2. shows all of the venues and events that they attended.



Figure 2. Learning disability groups

Dates and venues

30 May

- Bournemouth Gateway Club

6 June

- People First Forum, Dorset

7 June

- Speaking Up Group (a People First forum)

6. What we found

6.1. Surveys

a) General survey

234 people took the General Survey. Respondents were mainly over the age of 55, female and 'White British'. 31% had a long-term health condition; 15% said that they had more than one long-term health condition. 22% stated that they were disabled and 13% said that they were carers. Figure 3. gives further detail of those who completed the survey.

Figure 3. Demographic characteristics of respondents

Age range	65-74 yrs. 71; 55-64 yrs. 46; 45-54 yrs. 37; 75+ yrs. 36; 35-44 yrs. 17; 25-34 yrs. 12; 18-24 yrs. 12; Did not answer 2; Under 18 yrs 1
Gender	Female 157; Male 70; Prefer not to say 5; Did not answer 2
Ethnicity	White British 207; Any other white background 13; Other 4; Any other mixed background; Did not answer 3; Bangladeshi 1; Indian 1; Asian British 1; Black British 1
Sexual orientation	Heterosexual 192; Prefer not to say 26; Gay or lesbian 6; Bisexual 5; Did not answer 5
Religion	Christian 129; No religion 70; Prefer not to say 23; Other 7; Muslim 1; Jewish 1; Hindu 1; Buddhist 1
Disability	No disability 174; Disability 51; Prefer not to say 6; Did not answer 3
Carer status	Not carer 199; Carer 31; Did not answer 4
Long-term health conditions	No long-term condition 123; Long-term condition 73; >1 Long-term condition 35; 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 with a named

GP, and better use of Nurse Practitioner appointments for lower level concerns.

“Easier access to advice, e.g. not having to wait weeks for a GP appointment and ending up as an emergency admission.”

They would also like to access annual health checks so that issues could be picked up at an early stage.

2. More places to exercise that are free or cheap (e.g. swimming pools, gym sessions, cycling), especially for those over 60 years old and/or with a disability.

“Access to physical exercise such as, swimming at a reduced rate especially for disabled.”

Exercise prescriptions were also valued:

“Generally I think exercise prescriptions are really positive for people - perhaps with peer support to encourage attendance.”

3. Better advice about diet and easier and cheaper access to healthy food. Many respondents felt that there weren't enough cheap and healthy foods available:

“Access to fresh items in supermarkets which are not sold in packs but able to buy just a few loose fruit and vegetables. Large packs are no good for someone living on their own.”

4. Clearer information and signposting. Many people felt that there should be better information about healthy living and also specific health conditions. They also wanted to see improved signposting to groups, charities and services:

“It would be useful to have a store of information in one place with lots of tips on healthy living organised by various body systems or diseases.”

“Knowing what groups/support services are available in the area. Health centres should be aware of everything locally and refer patients to them as appropriate.”

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. **Better access to GP appointments particularly evenings and at weekends:**

“The ability to make a GP appointment on my day off.”

They wanted to interact with GPs in many different ways including face-to-face, phone, and online.

2. **Those with long-term conditions wanted to receive more regular check-ups:**

“Having a long-term condition I wish I had regular check-ups rather than wait until I am ill, and then have to wait 3-4 weeks to see my regular GP.”

3. **People wanted to feel that they were being listened to and to be involved in decisions about their care:**

“That they realise you know your own body.”

4. **To be given clearer information about treatment and support available, in order to be involved in choices. One person felt that this was particularly important when being given a diagnosis:**

“It is hard to process information and takes time to consider options when your brain is ageing. Health professionals although very willing, seem to be very short of time.”

5. **More services based in the local community.**

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 this. The top three themes were:

1. **Transport.** Better public transport to access health and care services:

“Access to transport - this is the greatest single barrier for older people, affecting physical and mental health. It also affects the ‘health’ of our communities as it effectively prohibits generational interaction, which can support and expand people’s understanding of each other.”

2. **Keep care in the community.** Don’t expect those who are elderly to travel miles for services or to access shops to buy healthy and cheap food. People felt that services need to meet local needs, especially when aging:

“We need local services to meet local need, and not to expect frail and elderly patients to travel miles for appointments and to visit loved ones. This means more beds in community hospitals.”

3. **End-of-life care and provision.** People wanted to see more information about what to expect from end of life care and how families could be supported. Others felt that advance directives and living wills should be respected. Some people wanted access to assisted dying, or termination of treatment.

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 was:

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

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?

Four main themes came out of the comments:

1. **Faster access to healthcare professionals, especially GPs.** Although some were happy to see a nurse instead:

“Quicker access to GP appointments when the need arises. I am very happy to see a nurse/practitioner for most purposes but when the advice is that you need to see the doctor, it is no good having to wait ages for a further appointment.”

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 technology:

“If I prefer to use ‘non-technological’ communication methods for some or all of my contact and/or access to services, that I can choose between technology or in some instances, ‘old-fashioned’ methods.”

3. Hire more staff, and give them better training and pay:

“The NHS needs much more funding. There needs to be far more GPs, Community Nurses and support staff in GP practices, and they all need to be highly trained and paid well, as they have a very stressful role to perform.”

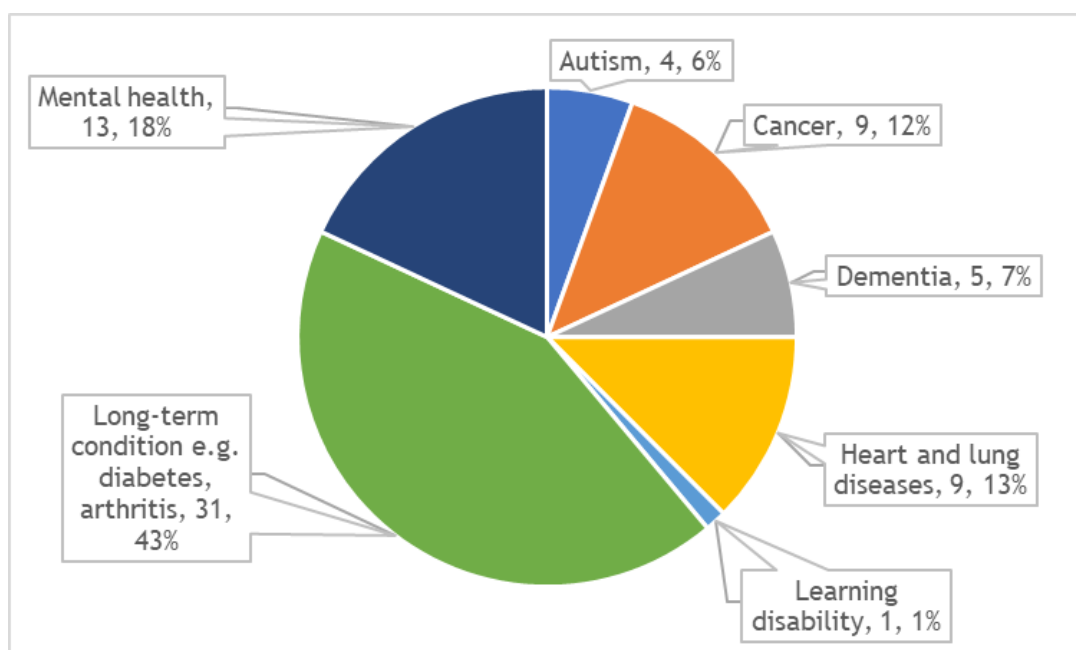
4. Share medical records between services, and give patients easy and free access to their own records:

“I would like to see the hospitals sharing information and medical records on a single NHS platform, so that wherever you are treated in the country they can access your up-to-date records rather than waste hours going through medical questionnaires and information that is duplicated time and time again.”

b) Specific conditions survey

72 people answered the Specific Conditions Survey. Most respondents were over 55, female, white British and heterosexual. 43% were disabled, and 10% were carers. Over 65% of those who took part in the survey had been diagnosed more than three years ago, therefore experiences may not be relevant to current service provision. The breakdown of conditions can be seen in Figure 4.

Figure 4. Specific conditions



As can be seen, when broken down into specific conditions, the number of responses in each category is small and therefore, cannot be said to be representative of the entire population with each of these conditions. However, the comments provided by the individuals completing this survey was extremely illuminating and informative and are reflected below. Full results will be shared with the local STP and will be fed into national results.

Key issues arising from the comments: diagnosis and treatment

Throughout the diagnosis and treatment pathway people particularly valued sympathetic and understanding staff, being given clear information, and quick access to diagnosis and treatment. However, 58% of respondents described the time taken to **receive** a diagnosis as being slow/very slow, and 41% of respondents said that the wait **between** diagnosis and treatment was slow/very slow. Only 21% described this wait as OK. Around half of respondents were offered further health and care support after their diagnosis, with 28% of respondents finding it difficult to access ongoing support after diagnosis. 74% said that they were referred to a specialist.

There were only 14 positive comments about support received. Five of these related to cancer care as demonstrated by this quote:

“I was quickly referred by my GP for relevant tests which were carried out very quickly. The findings were acted on in a timely and very efficient manner which led to the appropriate treatment being given following full diagnosis. Overall, my own experience was very good, and I cannot really think of anything that could have been done to improve it other than making it even quicker.”

However, for some, particularly those with heart conditions, the experience was less positive:

“Had a very confusing response to my heart problems at first referral to a consultant. He said, ‘there’s nothing wrong with your heart!’, I had my first heart attacks weeks later.”

Similarly, another person had resorted to seeking private healthcare owing to the lengthy waiting times:

“My GP had tried to get me an appointment within NHS, but a wait of 5 months meant I paid to go privately. He knew it was my heart but said that I wouldn’t be seen quickly unless I had a heart attack.”

A number of comments were received about mental health services. In general, people felt that a lack of services or long waiting lists meant that they were left to 'struggle' or reach crisis point:

"It took a few visits to the doctor, a couple when there was a crisis situation, to be understood and listened to."

When asked if respondents received timely and consistent communication from all services, 49% said they did not, and 29% said they did. Some patients with a long-term condition felt that they were often left 'out of the loop' with professionals communicating with one another but not the patient. For those with cognitive difficulties there was sometimes frustration when easy solutions to communication issues were not followed up:

"I have memory issues and asked for text reminders of appointments, and it never happened."

When first seeking help, receiving a diagnosis and initial treatment, over half of respondents said that they would prefer to see a medically appropriate health professional who is free immediately. However, during long-term support, over half of respondents wanted to be seen by the same health professional even if this meant waiting longer.

The survey asked people how much time they would be willing to travel for a diagnosis, specialist treatment and support. Half of respondents said that they would be prepared to travel between 30 minutes and an hour. This is a key issue for those particularly in the more rural areas of the county who are likely to need to travel further distances.

Respondents were asked about their experiences accessing health and social care, and how they would like to improve services relating to their conditions. The key themes that were identified were:

- Quicker access to services
- Quicker diagnosis times
- Ongoing care after treatment, including regular check-ups and monitoring
- Point of contact/helplines for questions that do not require appointments
- Joined up services, communication and information between services are seen as a barrier to treatment
- Quicker referrals for those with ongoing conditions so they do not have to start the

process from beginning each time they need a consultant/specialist appointment

- Look at the whole person; do not treat symptoms in isolation (e.g. mental and physical)
- Offer different types of support (phone, email, face-to-face)
- Autism trained and aware staff
- Better transport, especially out of hours
- Heart and lung conditions need to be taken more seriously at the initial consultation
- Better information around treatment options

6.2. Focus groups

Engaging across the county of Dorset

a) Seldom heard communities

Staff and volunteers promoted the online survey at each engagement event. They also encouraged people to add dots to 'What is important to you' picture boards. The feedback from the dot boards reflected those from the general survey. The feedback was a good mix of positive and negative comments. Key themes from these comments are as follows:

- People were concerned about delays in diagnoses - they would like these to be quicker.
- There was felt to be a lack of patient transport service coordination and a lack of transport provision in general. An issue particularly important in a county with many rural communities.
- A lack of specialist services for those who are transgender. In particular, people stated that there were delays in referrals to specialist clinics.
- A lack of support for carers and in particular, people were concerned about the time taken to access carers assessments.
- Long waiting times to see GPs, difficulties accessing appointments especially for those working away from their home area. There were also concerns about the closure of some GP surgeries in the county.
- People reported difficulty accessing NHS dental appointments in certain, more rural areas of the county.
- In more rural areas of the county, people reported that all of the available pharmacies closed at 5.30pm, meaning that they had to travel out of their community to access medications after this time.

b) Hearing the voice of those with a learning disability

The comments from all of the learning disability groups were combined. We looked at what people had told us and grouped all similar comments and experiences together to form common themes.

In order to help them manage their condition and help them to stay healthy, those with a learning disability said that they would like:

- Advice on how to sleep well
- More general easy read information provided by their GP
- Access to friendship groups
- More speakers at groups to provide information around health and care
- More easy read leaflets on various topics
- More warnings and information about smoking
- Money off vouchers for healthy food and more education around food and healthy eating in general.

One interesting point coming out of the general discussions was that some group members reported that they had difficulty reading. Therefore, for them, it was important that their carers also received a copy of any medical information that was sent to them. So whilst it is important for the individual with a learning disability to be independent and autonomous, some of those we spoke to want their carers to be included in important communications.

The NHS Long Term Plan makes reference to the increased use of digital technology, for example, to make appointments and access services online. However, one topic that arose during discussions with the learning disability groups was that carers generally used the telephone to make appointments on their behalf, so for some of the individuals themselves, making appointments online wasn't of huge importance.

People wanted clear information to explain any treatments and help them make decisions about their care. In particular, group members said that they would like health professionals to explain what they are doing (for example, when individuals were receiving treatment in hospital) as this helped to ease any anxiety they may have.

In addition, the group members felt that it was important to ensure that people who need

support had the option of having their supporter or carer with them during any interactions with health and care staff. Related to this were waiting times at appointments. One person spoke about their experience of having a panic attack because they had had to wait too long whilst at an appointment.

Some people from the groups felt that before undergoing any treatments, it would be helpful to speak to others first to see what their experience had been like. Making sure that people are told the results of tests, whether they are positive or negative, was important to group members. However, some people said that they were told that they would not hear anything back if the test was negative.

One individual shared their experience of spending time in a respite care setting. Unfortunately, they had felt that their choices had been taken away from them at this time and therefore they had been unable to maintain their normal level of independence. This had been a very upsetting experience for the person involved.

7. Key findings

Over a very short period of time, the Healthwatch Dorset team managed to engage with a wide and diverse number of people. The responses to the survey were informative and provided added detail and were reflective of the information gathered through face-to-face engagement. Healthwatch Dorset combined the data from the surveys and the face-to-face engagement which revealed some key issues. These are things that local people feel would improve their experiences of accessing health and care services and in addition, would help them to manage their health and stay well for longer.

People would like:

- Quicker and easier access to primary care services.
- Quicker access to diagnosis and treatment options.
- Access to annual health checks so that any health issues could be picked up at an early stage.
- More regular support for those with a long-term condition to help them to live well with their condition.
- More services based in local communities so that people do not have to travel long distances to access healthcare.

- Better transport provision to help people to access health and care services particularly for those in more rural parts of the county.
- Easy access to good quality, accessible information to help people to make informed conditions about their care and treatment. In particular, people would like to see more information around long-term conditions. Easy read versions should also be available.
- Clearer information around end-of-life care and support.
- More support for carers and quicker access to carers assessments.
- Easier access to first line mental health support to help prevent people from reaching crisis point.
- More places to exercise that are free or cheap. More information, including easy read versions around healthy eating on a budget.
- Better sharing of health records between NHS services across the country. A single NHS platform so that health records can be accessed wherever someone is receiving treatment.
- More easy read information around smoking and how to give-up, staying healthy and long-term conditions.
- Better awareness across the health service of the needs of those with a learning disability or autism when accessing care and treatment including respite and residential care.
- Respect for those with a learning disability, listening to their concerns and treating them with dignity - helping them to maintain their best level of independence at all times

8. Next steps

This report will be shared with the STP in Dorset and more widely with key stakeholders across the local system. It will also be shared with Healthwatch England and will feed into the national picture and policy paper that will be presented to NHS England. Most importantly, the report will be made public and shared with local people. Healthwatch Dorset are involved regularly in conversations with STP partners and will be monitoring closely the progress of local plans and ensuring that local people continue to be involved in changes going forward. Importantly, the current work has identified areas that could still be improved to make accessing health and care services easier for those who need to do so. It has also highlighted areas where further and more in-depth engagement would be beneficial, for example, those with a learning disability. In particular, around prevention of ill-health and staying healthy, and accessing hospital and outpatient services. It is clear

that staying healthy and living well is important to the wider population and that they are willing to take charge of their own health with support from the system.

9. Response from the STP

“Healthwatch Dorset has done a great job reaching out to our communities and asking them for their views. They have connected with a wide group of people and used a combination of surveys and talking to people to find out what they think about health and staying well in Dorset. We would like to thank Healthwatch Dorset and everyone who took part, because it’s vital we hear what’s important to local people, where they think we need to do better and where they think we should focus our efforts for the future.

“This report makes an important contribution to the engagement work already taking place and shows us particular themes that were raised where we can focus our future engagement activities, such as on preventing ill health and staying healthy. The ‘Our Dorset’ partnership of our councils and NHS organisations is absolutely committed to continuing to listen to the views of local people and acting on them wherever possible, alongside acting on the evidence we have about population health.

“Some of the comments and views shared in the report show where people’s experiences have not been as they should be, for example, about waiting times around diagnosis and treatment, and around timely and consistent communication. There are some things we can and will do more immediately to improve those experiences; and there are other things where the plan being developed by our councils and NHS organisations will make bigger changes, so that we better support people to stay well and access the services they need, when they need them.

“The conclusion of the report that people are willing to take charge of their health with the support of services is important because it challenges the traditional view that people only access health and care services when their health or wellbeing has already declined.

“We need to keep challenging that traditional view and move to a position where people and communities have charge of their health and wellbeing with the responsive services to support them. We will always need to ensure high quality services and care

when they are needed and we must have more of those focused on preventing ill health and giving people the information and support they need to stay healthy and live well.”

10. Limitations

The work was carried out under strict time limitations because of the change of contract that 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, particularly those with a learning disability, to ensure that their specific needs are considered in ongoing health and care plans. We also received comment on the readability of the national surveys which some people found confusing.

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 Dorset 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.healthwatchdorset.co.uk/privacy-statement/>. A hard copy can be obtained on request by contacting Healthwatch Dorset.

12. Acknowledgements

Healthwatch Dorset would like to give thanks to all of those Dorset 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. Thank you to the GP Patient Groups/PPGs, who helped us promote the survey and the local learning disability support groups who made us so welcome at their events. Finally, we would like to thank NHS England for providing funds to carry out the work.

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