Public engagement on the Sustainability and Transformation Plan
By Local Transformation Board (LTB) area

05 September 2017
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1. Executive Summary

The NHS in south west London, working with local councils, is in the process of developing a long-term plan for local health services, called the Five Year Forward Plan, or a Sustainability and Transformation Plan (STP). This work is being carried out by six local Clinical Commissioning Groups (CCGs), local authorities, four hospitals trusts, clinicians, community health services and mental health trusts and patients and members of the public. The six south west London boroughs are Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth.

Since March 2016, the NHS has been undertaking a grassroots outreach engagement programme, funded by NHS England, to reach out to seldom heard communities. The NHS provided funding to local grassroots organisations to run events for their populations, to listen to views on local health issues. The funding was allocated via local healthwatch organisations that promoted the opportunity, evaluated the bids and administered the funding. In addition, OPM Group was commissioned to design, facilitate and report on six open access health and care forums, one in each of the six south west London Boroughs.

This report provides a summary of the feedback from the all this engagement activity, organised by Local Transformation Board Area. It has been independently compiled by OPM Group.

Due to the wide-reaching nature of the engagement, not every issue was covered in every event/activity. Therefore, comparisons between areas should be treated with caution. To understand if the differences highlighted below are ‘real’ or a result of who participated, a more focussed and structured exercise would be necessary.

1.1.1. Seven day acute services

People in all Local Transformation Board Areas had mixed views about the ability to implement and deliver the quality of healthcare services anticipated in the plan. They believed that limited GP access was likely to be a significant barrier to delivering the proposals for seven day acute services and that many people attend A&E as they are unable to access an alternative.

In Sutton, people recommended instead of aiming for behaviour change, the service offering should be changed so that that GPs and social care services were provided alongside A&E so that people can be directed easily to the appropriate service.

People in Kingston and Richmond requested further information on the criteria for choosing which A&E site would close, and people in all areas expressed concern that any closure would increase pressure on the remaining services.

People in all areas also commented on the creation of more specialist centres, with some supporting this proposal, but others expressing concern about travel times and the impact this could have on patient outcomes. In Kingston and Richmond, some thought that centralising services contradicted plans to take care closer to home. They also raised questions about how decisions made in SW London would be coordinated with other STPs.
People in Sutton emphasised the strengths of St Helier’s hospital, while people in Croydon noted the improvements they had seen in Croydon University Hospital.

People in all areas also felt that it was unclear that NHS 111 could reduce A&E use, as people commented that they were often directed to A&E by the NHS 111 service. All areas agreed more needs to be done to educate people about alternatives to A&E. In Wandsworth and Merton, it was suggested that patients should be charged for service misuse.

1.1.2. More care closer to home

People in all Local Transformation Board Areas supported the ideas about more care closer to home, but expressed uncertainty as to how it could be delivered in practice. In Kingston and Richmond people were particularly concerned about how to hire and train staff to deliver this level of local care.

People in all areas commented on the proposals for an increased role of pharmacists. People in Croydon and Sutton felt that they needed to be better trained and gave specific examples of mistakes pharmacists have made, undermining confidence for pharmacists to deliver local care. In Kingston and Richmond and Merton and Wandsworth, people were more confident in pharmacists. However, people in all areas commented that pharmacists would need to adapt their services, suggesting special rooms to ensure confidentiality, and identified a need to support pharmacists to improve their communication skills.

People in all areas commented on the issues accessing GP appointments, and many commented on the difficulty to make same-day appointments. It was also mentioned in all areas that reception staff acting as ‘gate-keepers’ to appointments made patients feel uncomfortable. People commented that GPs, hospital staff and nurses needed more training to communicate with patients with additional needs, such as learning disabilities, autism and mental health issues.

People in all areas also commented that GPs often lack information to signpost to alternative services and all commented that GPs were too quick to prescribe medication in the case of mental health issues, rather than considering alternative treatments.

1.1.3. Prevention and early intervention

People across all Local Transformation Board areas were supportive of plans for prevention, but felt that they would be challenging to deliver. People expressed concerns about whether there would be the budget to deliver both treatment services and prevention. People in Croydon and Sutton expressed concerns that the proposals may not deliver the anticipated benefits and others felt they would take a long time to realise.

In Kingston and Richmond people expressed support for the use of technology such as smart phones, so long as services remain for those who are uncomfortable using these technologies. Other areas mentioned the use of technology but had mixed views.

People in all areas wanted more information about how locality teams will work in practice. In Kingston and Richmond people commented on the need to work with friends, family and communities, as well as the voluntary sector to deliver the proposals around prevention. In Merton
and Wandsworth people expressed concerns that this proposal could lead to an overreliance on the voluntary sector.

### 1.1.4. Mental health

People all supported more integrated mental health services, suggesting that physical and mental health should be better linked. People agreed that A&E should not be the first port of call for a patient suffering from a mental health crisis, but expressed concerns about whether GPs are sufficiently knowledgeable to support mental health patients. In Merton some highlighted the importance of early intervention so that the need for crisis care was reduced.

In Croydon and Sutton, people felt that they are not getting enough funding for mental health services and in Sutton they were particularly concerned given recent closures and the lack of a local crisis centre.

Overall there was concern about current mental health services, and while people in Richmond felt their services were good, all other areas felt significant improvements were needed. People raised specific concerns about the long waiting times for referrals, the needs to educate staff and patients to overcome the stigma attached to mental health and the delivery of Children and Adolescent Mental Health Services. In Merton and Wandsworth, people commented on the difficulty in transferring from CAMHS to adult mental health services.

### 1.1.5. Learning Disabilities

There was little variation across the areas on views surrounding learning disability services. In all areas people felt that services providers, including nurses and reception staff, needed more training in how to deliver care to patients with learning disabilities and autism. There was emphasis on tailoring services to individual needs, with a patient-centred approach as opposed to treating each condition separately. People felt that more should be done to promote the annual health check for children with learning disabilities as many were unaware of it.

### 1.1.6. Children’s services

People agreed with the proposals to reduce parent’s reliance on A&E, but all thought that there was a need to provide more detail about viable alternatives and agreed that more flexible access to GPs was required. In Kingston and Richmond, people emphasised the importance of supporting parents who might feel isolated as they felt these would be most likely to be nervous and therefore over-use services.

In Croydon, people noted that high staff turnover (for example in occupational therapy) could be detrimental to children using these services. This was echoed across the other Local Transformation Board Areas where people felt that continuity in care was particularly important for children with learning disabilities.

In Croydon people commented that there was more scope to encourage healthier lifestyles for children both in and out of school.
1.1.7. Maternity services

In Kingston and Richmond, people were positive about the pre-natal services. Despite this, all Local Transformation Board Areas agreed that changes to maternity services were required.

In Merton and Wandsworth, people said that they agree with the proposed inclusion of perinatal and mental health services in the plan, and commented that there should be more support for patients who have experience miscarriage.

Most areas commented on the national shortage of midwives and that there should be better training to ensure consistency in care.

People in all areas supported the idea for a more personalised maternity service, but wanted to ensure that safety was maintained as a priority. Kingston and Richmond and Merton and Wandsworth were particularly positive about offering choice where it could be delivered (although people in Merton felt the plans were not ambitious). In contrast, in Sutton there was some concern that people might not be equipped to make good choices.

1.1.8. Cancer services

In Croydon people commented that GPs needed more support to spot cancer earlier. People in Croydon also specified that there should be more access to drug trials and they felt that data collection could be improved.

In Kingston and Richmond, people commented that there should be increased support for cancer patients following diagnosis and treatment and that GPs should be more involved with treatment, following up with patients while treatment is underway.

People across all areas commented that the communication of a cancer diagnosis should be delivered with more sensitivity.

1.1.9. Planned Care

In Kingston and Richmond people discussed adequate transport options for planned care. In Merton and Wandsworth few people mentioned planned care other to comment on the length of waiting lists. In Sutton, people commented on follow-up care such as physiotherapy which they thought could be improved.
2. Introduction

2.1 Background

Why is a forward plan being developed?

The NHS in south west London, working with local councils, is in the process of developing a long-term plan for local health services, called the Five Year Forward Plan, or a Sustainability and Transformation Plan (STP)\textsuperscript{1}. The draft plan is available [here](#).

This work is being carried out by six local Clinical Commissioning Groups (CCGs), local authorities, four hospitals trusts, clinicians, community health services and mental health trusts and patients and members of the public. It covers all aspects of local health services including hospitals, primary care, mental health and community services.

The local NHS has identified four key challenges – money, workforce, estates and consistent quality of care – which the Five Year Forward Plan will aim to address by setting out plans to:

- use money and staff differently to build services around the needs of patients
- invest in more services in local communities to improve outcomes for patients, including preventative care
- invest in estates (buildings) to make them fit for purpose
- try to bring all services up to the standard of the best.

What has been done so far?

An outline strategy was published in June 2014, setting out a plan for the local NHS and detailing the standards of care that people in south west London should expect.

An [issues paper](#) was published in June 2015 setting out the challenges for local services and initial ideas about how to tackle them. In September 2015, The NHS commissioned a series of deliberative events to gain the views of members of the public and local stakeholders on the Issues Paper (the events were delivered by OPM Group; see the report [here](#)).

Since March 2016, the NHS has been undertaking a grassroots outreach engagement programme, funded by NHS England, to reach out to seldom heard communities. The NHS provided funding to local grassroots organisations to run events for their populations, to listen to views on local health issues. The funding was allocated via local healthwatch organisations that promoted the opportunity, evaluated the bids and administered the funding. In addition, OPM Group was

\footnote{All NHS regions are required to develop a Sustainability and Transformation Plan (STP).}
commissioned to design, facilitate and report on six open access health and care forums, one in each of the six south west London Boroughs.

2.2 Methodology

2.2.1 Health and care forums

People for the health and care forums were recruited by NHS South West London. They were invited to attend events via:

- emails to those who had attended previous events
- engagement with local community and voluntary groups and local Healthwatch groups
- advertising via local press, radio and social media.

Each event had capacity for up to 100 people.

The six events were held in the evenings and lasted 3 hours (6-9pm). The format of the events encouraged an in-depth dialogue with people about the key issues and questions raised in the draft Five Year Forward Plan. People had the opportunity to join two rounds of table discussions, with each round including at least 6 tables, each table focusing on one of 6 topics. Most events had 6 tables for each round of discussion, but for some rounds there were fewer tables (if no people chose a particular topic), and for others there were two tables for the more popular topics (so that people could focus on the topic of their choice).

Each event was independently run by OPM Group’s facilitation team, made up of one lead facilitator and table facilitators to manage the table discussions.

NHS representatives (including CCG Chief Officers and Chairs, hospital medical directors and chief executives and other NHS staff) attended the events, to set the scene, present the draft Five Year Forward Plan and answer questions from people. At each event, the local NHS representatives:

- Provided background information on the Five Year Forward Plan, explaining what it is
- Outlined the challenges facing healthcare in south west London
- Described how the Five Year Forward Plan is proposing to address these challenges

This information formed the basis for the table discussions amongst people, to elicit their responses to and concerns around the Plan.

2.2.2 Grassroots engagement activities

The aim of the grassroots engagement activities was to develop meaningful conversations with seldom heard communities. NHS South West London recognised that these communities would differ across boroughs, however, in general they focused on those people from groups with protected characteristics, as defined by the Equality Act (2010). They also enabled local Healthwatch organisations to suggest other local communities that were harder to reach in each borough.
To successfully deliver this programme, NHS South West London worked collaboratively with local Healthwatch organisations and grassroots groups. Each Healthwatch organisation was invited to manage a pot of funding that local grassroots groups could apply for to run events/activities enjoyable to their population. Each Healthwatch was able to set their own application guidelines with a request that groups applying for the funding should be from seldom heard groups and there would be an opportunity at each event for NHS staff to attend and speak with individuals.

Healthwatch organisations used their connections and communication channels to promote this opportunity to local groups, particularly those groups with protected characteristics/seldom heard voices. They advertised the opportunity through their websites and via social media. Some Healthwatches used a more targeted approach by making direct contact with those organisations that they thought would benefit from the funding. Each organisation was able to apply for the funding and Healthwatch would check the application and then let the organisation know if they were successful in receiving the funding.

Once this process was completed, the information was passed onto the programme team for contact to be made with the local organisation; congratulating them on being successful in the application process. Arrangements were then made for attendance at the event, including discussions around what the most appropriate way to speak to people on the day.

At each session, the programme team, local CCG and Healthwatch were invited to attend. Where sessions had a specific focus towards a work stream, the assistant directors, or other work stream people, were also invited to attend or send questions that would be relevant for the engagement team to ask – this helped to ensure that the conversations were relevant to local priorities within each area of the STP.

The programme and local CCG attended each session and spoke to attendees about their experience of local services. During the events, the engagement team had a dedicated slot/opportunity to discuss local health issues and to listen to the views of those participating. This was through a variety of mechanisms such as one-to-one conversations, focus groups or group discussions. The questions asked at each session were tailored to the audience.

2.2.3 People

The table below summarises the number of people who attended each of the events and engagement activities across the six London Boroughs.

<table>
<thead>
<tr>
<th>Borough</th>
<th>Date</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Croydon health and care forum</td>
<td>7th February, 2017</td>
<td>33</td>
</tr>
<tr>
<td>Croydon grassroots engagement events</td>
<td>May – November 2016</td>
<td>11 events speaking to over 222 people</td>
</tr>
<tr>
<td>Merton health and care forum</td>
<td>29th June, 2017</td>
<td>33</td>
</tr>
</tbody>
</table>
2.2.4 About the report

This report provides a summary of the feedback from the six health and care forums and the grassroots engagement activities, capturing the feedback by Local Transformation Board area. It includes an executive summary which pulls out similarities and differences from across the areas; a summary table per LTB which pulls out key themes and then a more detailed analysis of the feedback per work stream.

A separate report has been produced organising the information by each work stream (across boroughs).
3. Findings by borough

3.1 Croydon

<table>
<thead>
<tr>
<th>Borough</th>
<th>Date</th>
<th>Number of people</th>
</tr>
</thead>
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<td>Croydon health and care forum</td>
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</tr>
</tbody>
</table>

3.1.1 Overarching themes

Many people agreed that there is a need for change in the NHS nationally. Several people felt **local circumstances exacerbate a need for changes to the health service** (e.g. Croydon has a large and diverse population; the Home Office near Croydon means many asylum seekers move to the borough).

**Some people felt the plans laid out in the STP had been discussed before and hospital closures were off the table.** Some felt that the STP was not realistic in the context of the resources available and that there was **not enough detail in the plan.**

<table>
<thead>
<tr>
<th>Seven day acute services</th>
<th>GP access was a significant issue, impacting on the perceived feasibility of changes, and potentially driving perceived misuse of A&amp;E.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>There were also concerns about whether the existing capacity of acute services was sufficient.</td>
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<tr>
<td></td>
<td>Although some could see a case for fewer, more specialist centres, others had concerns about the implications for travel times.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>More care closer to home</th>
<th>People were generally supportive of the plan to have more care closer to home, but there were different opinions about how it could work in practice.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Some concerns about whether NHS 111 would meet expectations and whether nurses/pharmacists would be suitable alternatives to GPs.</td>
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<tr>
<td></td>
<td>Some specific concerns about privacy of a pharmacist consultation, and specific examples of mistakes made which would undermine their confidence in pharmacists.</td>
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<td></td>
<td>Some questions about the feasibility of extending out of hospital services, when there are already insufficient staff to cover the current provision (especially GPs).</td>
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<tr>
<td></td>
<td>Examples of difficulties getting appointments and with the accessibility of GP services. Also, frustration with receptionists acting as gate-keepers.</td>
</tr>
<tr>
<td>Prevention and early intervention</td>
<td>Identified room for improvement as currently feel post-diagnosis support and signposting can be lacking.</td>
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<td>-----------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Most people thought there were challenges to achieving the plans for prevention and early intervention.</td>
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<tr>
<td>Specifically, they felt it would be under-resourced and changes would not lead to the anticipated benefits and some felt there was a risk this could lead to privatisation of health services. Although some felt that ‘fun’ activities could lead to behaviour change, others thought this would be difficult.</td>
<td></td>
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<tr>
<td>People were unclear about how locality teams would work, and were concerned that using budgets to support at-risk patients could compromise care for others.</td>
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<tr>
<td>Some identified preventative or early intervention opportunities missed due to long waiting lists currently.</td>
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<tr>
<td>Mental health</td>
<td>People want to know which services could be discontinued and how, if at all, physical and mental health will be linked.</td>
</tr>
<tr>
<td>Perception that there is not sufficient capacity in IAPT currently which leads to long waiting times.</td>
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<tr>
<td>There is a need for services to be better tailored to the needs of minority or vulnerable patients.</td>
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<tr>
<td>People want to be treated with more compassion as inpatients, and were concerned that reductions in community services would lead to more cases ending up in hospital.</td>
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<tr>
<td>Experiences of community hubs after discharge are mixed – some prefer them, but travel times can make regular visits difficult.</td>
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<tr>
<td>Some felt that Croydon is not getting a ‘fair share’ of funding for MH services.</td>
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<tr>
<td>There were particular concerns about CAMHS, and mental health education in schools.</td>
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<tr>
<td>Learning Disabilities</td>
<td>People raised particular issues including the need for GPs to ensure all staff are aware which patients have learning disabilities. Additionally, they wanted GPs to have more knowledge of LD and related issues.</td>
</tr>
<tr>
<td>Children’s services</td>
<td>The NHS needs to promote awareness and signposting to available services.</td>
</tr>
<tr>
<td>However, if no GP is available, most believed parents would continue to use A&amp;E as an alternative, rather than a community based service.</td>
<td></td>
</tr>
<tr>
<td>High staff turnover (for example in occupational therapy) was seen to have a detrimental impact on children using these services.</td>
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</tbody>
</table>
More scope to encourage children to have healthier lifestyles both in and out of school.

**Maternity services**  
People valued having a local hospital to give birth in.

**Cancer services**  
GPs need more support to spot cancer earlier, and waiting lists need to be reduced.
People would like more access to drug trials, and felt data collection could be improved.
Most were open to idea of treatment in community settings, as long as it was safe.

### 3.1.2 Seven day acute services

Overall, people felt there were many challenges to achieving the proposed plans for seven day acute services in the STP. **For example, GP access was a significant issue for many people.** People were concerned that access to a GP can be patchy depending on the practice you attend and felt that inconsistent access to GPs can increase demand for A&E. At the grassroots engagement events, people commented that at Croydon Hospital they ‘never serve people on time.’ Most understood that access to GPs is strained because of difficulties in recruiting sufficient numbers of clinicians, and thought this should be addressed.

Some people from the health and care forum were **concerned about a current lack of capacity in acute services**, and thought this could be exacerbated by having fewer acute services. This was echoed by people at the grassroots engagement events who commented on the long waiting times in A&E, which put some people off going to A&E especially at peak times. Some people also felt that short travel times were important, and were worried about travelling further if there were fewer acute services. However, others thought there might be better care if there were fewer sites, for example if there were hubs to triage non-urgent care and ensure people go to the right place. At grassroots engagement events, people raised concerns about walk-in centres being too driven by efficiency and seeing patients in five minute slots, rather than by patient needs. Some health and care forum people liked the idea that patients might receive elective surgery and rehabilitation quicker if it took place outside of an acute service.

**There was a belief that Croydon University Hospital has improved and is now somewhere they would be happy to go** (it had not been, historically), although a the health and care forum they did not explain why. However, at the grassroots engagement events, some people commented on areas for improvement, such as the current lack of signage and communication issues at A&E, where people have been left feeling anxious and frustrated when they are not given regular updates. A few people at the grassroots engagement events also mentioned communication issues within the hospital, for example due to a lack of learning disability specialist nurses or peer support available for young people, which are both needed to cater services and communication accordingly.
Several people at the health and care forum thought communication from the NHS is critical to ensuring people go to the appropriate place for care. At the grassroots engagement events only a minority of people had heard of NHS 111 (but some who had used this service had positive reviews). A few people commented that they would not know where to go in a mental health crisis, with a few giving examples of being rejected at A&E and having nowhere else to turn to. They suggested that there be mental health nurses present at A&E. For more information about mental health services in Croydon please see section 3.1.5.

People thought changing behaviour about where to go would only work if service levels were the same in non-A&E settings as they are in A&E (i.e. being seen within 4 hours). There was a concern about perceived misuse of A&E currently, and confusion in the grassroots events about the difference between A&E and Urgent Care. Across the events in Croydon, some people thought cultural differences meant migrants prefer hospitals over non-A&E care, and some thought people wrongly rely on A&E for minor illnesses such as coughs and colds. Some people felt communication from the NHS to encourage people to use services appropriately was necessary to ensure patients accessed appropriate care.

### 3.1.3 More care closer to home

Although people were generally supportive of the plan to have more care closer to home, there were different opinions about how it could work in practice.

Some people broadly liked the idea that services would be more joined up. Many people said that the plan could work if prevention was prioritised and if services like NHS 111 were improved. However, some were sceptical of the quality of service NHS 111 provides and thought that this could hamper quality care as proposed in the STP.

People had divided views about whether seeing a nurse or pharmacist instead of a GP would work in practice. Some said it could be a positive change (e.g. could be quicker way to receive care/advice). However, even if they were supportive of the concept, some people felt there would be barriers to uptake (e.g. people not knowing that pharmacists are skilled, and a current lack of promotion of pharmacist services).

At the grassroots engagement events, several people commented about communication breakdowns with pharmacists, leading to unknown changes made to medication, lack of advice about how to take medication, or wrong medication being given. Several health and care forum people were sceptical of using a pharmacist or nurse instead of a GP or other specialist. Concerns about pharmacists included a lack of privacy in locations that pharmacists operate, a perception that pharmacists are too overworked already, a perception that pharmacists cannot prescribe, and a belief that pharmacists are not skilled enough. At the grassroots engagement events, some people commented that 'Patient Online’ has made it easier to pick up prescriptions.

At the grassroots engagement events, some people also highlighted communication issues surrounding GP prescriptions, such as GPs as changing medication without notifying the individual, not discussing side effects with patients, and not writing prescriptions for over-the-counter medicine for their children.
Several people at the health and care forum had concerns about the plans for more care closer to home including how longer opening hours could be sustained if the NHS was already short of GPs and how the NHS could shift budgets without negatively affecting acute care. Some people also highlight current challenges that could affect the success of the proposed changes. For example, they thought that there was a current lack of patient knowledge about what services are available in the area and a high number of patients who do not show up for appointments with their GP. These people felt these problems should be addressed in order for the plans to work.

At the grassroots engagement events, people discussed the difficulty surrounding booking GP appointments, some said that they had issues getting a same day appointment and others commented that they had to wait several weeks to be seen. Other people commented that they were happy that they could book a telephone appointment if a face-to-face one was not possible. People expressed concerns about issues with referrals to hospitals, where hospital appointments were cancelled due to incorrect information being provided by the GP surgery and some commented on long waiting times for referrals from GPs. A few mentioned weekend appointments were available, which they really valued.

These people also expressed the need for more interpreters in GPs and hospitals. They commented that GPs have a general lack of understanding about autism and that it can be very hard to get a diagnosis, particularly for those who do not speak English. For more information about learning disability services in Croydon see section 3.1.6. A few spoke more generally about accessibility issues with GPs, commenting that letters were often written in a way that was difficult to understand, and that some building layouts were confusing or inaccessible with dangerous stairs.

Some people at grassroots engagement events commented on issues regarding reception staff at GP surgeries. A few commented that receptionists were too loud when discussing confidential patient matters which meant that other people could hear personal information. People also expressed frustrations that reception staff are acting as practice ‘gatekeepers’ triaging patients for appointments and making decisions on whether their cases are emergencies. Some people in the grassroots events who did not speak much English highlighted that they can find receptionists particularly intimidating due to the language barrier.

People at the grassroots engagement events emphasised issues with post-diagnosis support, where they commented that they did not know where to turn to for follow-up support, with many relying on voluntary organisations. They said that they would like more support, advice and signposting to understand treatment and support options for them and their children. They also noted that when they were referred for specialist follow up care there could often be a long wait.

3.1.4 Prevention and early intervention

Most people thought there were challenges to achieving the plans for prevention and early intervention in the STP. For example, people felt that the STP was overly optimistic about the resources available to deliver the proposed changes. Others felt that the changes would mean current levels of care will not be met in the future. Additionally, many people were worried that the lack of resources could lead to privatisation of health services.
Several questions were raised, mainly around the quality of service and how changes to prevention and early intervention would be coordinated. People **wanted to know if further cuts would follow the changes proposed in the STP and what services would be lost.** When asked about locality teams, **people had questions on how a locality team would be run, and who would find who** (e.g. would specialists reach out to patients or vice versa). There was also a concern that locality teams would only work with at-risk or vulnerable patients, compromising care of others.

Many people felt that **the quality of communication** between the NHS and the public is low but that the success of prevention and early intervention would rely on good communication from practitioners to patients. Specifically, they felt there is a current lack of communication about the services available in the area, and a lack of confidence that CCGs and GPs know enough about services to share useful information. People said that posters, advertisements in mainstream media and information on screens in GP offices would be useful ways to disseminate knowledge about local services.

People had **mixed views about whether changing people’s behaviour would be a successful approach to improving prevention and early intervention.** Some people felt that behaviour changes could be introduced and encouraged in schools or in community groups (e.g. Croydon Weight Watchers, Croydon Nordic Walking or groups at the Asian Resource Centre) where the focus is on having fun rather than telling people what to do, and where people already trust the people they interact with in those settings. Other people thought it would be challenging to change peoples’ behaviour if they did not want to change.

A discussion took place on the Croydon POP (Partnership for Old People) bus. Broadly, people said that this intervention (e.g. parking in pedestrianised area and providing advice on variety of topics) was useful. Some people were frustrated that funding for the service had stopped.

There was limited discussion of this topic in the grassroots events. However, a few people mentioned examples of preventative opportunities missed, leading to problems escalating. For example, one person found the cost of dentists prohibitive so would wait until they definitely needed attention. Others mentioned waiting lists for psychological support (see section 3.1.5 below).

### 3.1.5 Mental health

Discussions about mental health at the health and care forum centred on challenges and questions about proposed changes to mental health services in the STP. Broadly, many people wanted to know **which services would be discontinued and how, if at all, physical and mental health might be linked.** One participant said they were not sure what the NHS is proposing because they felt the plan sounds like what should currently be offered.

Some people said **additional IAPT (Improving Access to Psychological Therapies) services are needed to reduce waiting times for psychological treatment.** At least one participant said that a lack of GPs in the north of the borough meant long waiting times for care.

Some people said there was a **need for services to be better tailored to the needs of minority or vulnerable patients** including BME patients, those who might experience cultural barriers to
understanding mental health, and those struggling with alcohol dependency. This was echoed at the grassroots engagement events, where people commented on cultural barriers to seeking help, not knowing where to turn for mental health issues, and anxiety caused by their communication with The Home Office.

People at the grassroots engagement events expressed concern that staff that work in Mental Health Trusts sometimes were not able to show compassion to the individual when they were an inpatient. Many of these people said that they wanted psychiatrists to spend more time talking to patients rather than making assumptions that they need medication or a change of prescription.

Some people at the grassroots engagement events had been discharged from hospital (Bethlam/Springfield) and referred to community hubs such as Tamworth Resource Centre to receive their medication. There were mixed views about community hubs, with some feeling positive not to have to make appointments with their GPs and others expressing frustration about having to make regular visits to Tamworth Resource Centre to collect medication. Some expressed concern about the change of care coordinators and commented that care needed to be kept consistent.

People in the health and care forum felt they have seen the funding to community services being reduced and questioned how it would be possible to keep non-urgent care needs out of hospital in this context. For example, one participant said that because mental health services were cut at Foxley Hill, patients now go to the hospital for care. At least one participant felt that Croydon is not getting a “fair share” of funding for mental health services.

People also asked specific questions on a variety of mental health topics during the discussion. These questions included how mental health education for schools would be developed, what type of support home carers would get, and what would be different about coordinating hospital and community mental health resources.

Overall, people agreed with the need for a holistic approach to mental health issues, that accounts for how they interact with other illnesses and physical conditions.

At the grassroots engagement events, some people discussed concerns regarding mental health support for children. They raised issues with confidentiality when seeing a school councillor or a tutor, and many said that they would prefer to seek help outside of school, but that they did not know where to go to receive help. To read more about children’s services in Croydon, see section 3.1.7.

### 3.1.6 Learning disabilities

Many people at the grassroots engagement events commented on the treatment of patients with learning disabilities, suggesting that people with a learning disability should be noted on the GP system so that all staff are aware. Parents also commented that they wanted more support surrounding diet and nutrition for children with autism, who can often fixate on certain foods to the detriment of a varied diet. Some also noted the lack of Easy Read or accessible materials.

Several people commented that they struggled to get a diagnosis for their child and felt that this could take several years, commenting that CAMHS in Croydon are overrun.
3.1.7 Children’s services

Most people at the health and care forum who discussed children’s services attended because there was a lack of interest among other people and they felt it was important that the topic was discussed. Generally, people had suggestions and concerns about the proposed approach to children’s services in the STP.

Concerns and suggestions centred around how the NHS needed to promote better awareness and signposting of available services. People recommended developing partnerships with schools and community-based services to advertise services or to have nurses available in schools for parents to speak to if they have concerns about their child’s health.

However, several people agreed that changing behaviour in order to reduce the number of visits to A&E for non-urgent care may be difficult. Since many parents can be anxious when their child is ill, people felt it was likely parents would still take their child to A&E in a non-emergency if a GP was not available (rather than a pharmacy or community-based service).

There was a recognition that immigrant families might need extra support because their extended family members might not be around to provide advice or care. Additionally, many people agreed that information and services should be provided in different languages.

At the grassroots engagement events, some people commented on the turnover of staff for occupational therapists which has a big impact on children and their treatment and suggest that more occupational therapists are needed.

There was some emphasis of supporting healthier lifestyles for children at the grassroots engagement events, where children and young people were asked about their relationship to healthcare and their understanding of diet and nutrition. Most said that they would call 999 to seek medical help, or use the walk-in clinic and some were unsure where to go for alcohol or drug problems. When discussing healthy eating and exercise, the children participating were generally aware of which foods were healthy and which were not, and some wanted more nutrition education and healthier choices at school. Others commented that more lifestyle help was available outside of school and wanted there to be more information in school about these services. For more information on prevention in Croydon, see section 3.1.4.

3.1.8 Maternity services

No people attended the maternity sessions at the Croydon health and care forum or commented on the service in the grassroots engagement events.

3.1.9 Cancer services

Cancer services were not discussed separately at the health and care forum, but were discussed at the grassroots engagement events. People mentioned that GPs need the right support and guidance from hospitals to spot early stages of cancer with less obvious symptoms. They also discussed the need to better manage the health requirements of the metastatic cancer population, suggesting that
GPs learn how to spot the possible symptoms of recurrence (be it a local one or advanced stage) and get these patients seen as quickly as those who might have a primary cancer.

There was some concern about waiting lists, and one participant made the suggestion that patients could be directed to hospitals with shorter waiting lists if the local service had a long wait. Equally, people were open to some treatment being provided in community settings, as long as they were assured that it would be safely managed. Equally, they were supportive of the service helping people with cancer to self-manage where appropriate – for example, by encouraging them to manage their weight.

Some people commented on cancer treatment received at the Royal Marsden, asking for more treatment trials and new testing methods to be offered. People also requested that the data collection of cancer patients be improved. Several mentioned that the suggested proactive approach is particularly relevant as the Royal Marsden is part of a cancer vanguard.

Some people commented on the importance of post-treatment care, such as physical therapy and emotional support. They suggested that this could be done locally using community centres and local services.
3.2 Kingston and Richmond

<table>
<thead>
<tr>
<th>Borough</th>
<th>Date</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kingston health and care forum</td>
<td>8th February 2017</td>
<td>35</td>
</tr>
<tr>
<td>Richmond health and care forum</td>
<td>2nd March 2017</td>
<td>55</td>
</tr>
<tr>
<td>Kingston grassroots engagement activities</td>
<td>March 2016 – March 2017</td>
<td>15 events speaking to over 302 people</td>
</tr>
<tr>
<td>Richmond grassroots engagement activities</td>
<td>June 2016 – March 2017</td>
<td>18 events speaking to over 378 people</td>
</tr>
</tbody>
</table>

3.2.1 Overarching themes

In both Kingston and Richmond one of the most frequent comments at the health and care forums was that **more detail is needed in the STP**. People felt that the STP as it stands is too aspirational and high-level, and they would like to see more detailed plans, figures, modelling and timelines about how the proposals will work in practice. There was also a suggestion in Kingston that the STP mirrored what was in the 2008 “High Quality Care for All” report, i.e. that there was not anything new in the STP.

People in both Kingston and Richmond questioned how the proposed improvements would be possible to make given the **lack of funding available to support these changes**. Some people felt that the STP lacks realism and people were concerned about how the NHS would balance funds between health and social care and suggested that more funding needed to be directed to social care, especially if the NHS wanted patients to leave hospital sooner, but also to better support patients over the long term.

In Richmond, some people felt that **one individual or small group should champion and lead the changes** outlined in the STP, so there would be accountability for coordination and delivery and to avoid inconsistency or duplication of services. They did not believe that a collaborative approach to leading the implementation would be effective.

People at the health and care forums in Kingston emphasised the **importance of public health, and of educating and informing the public** as part of the prevention and early intervention agenda, as well as more broadly so that patients understand the changes and who they should see for support in different situations.

Many people in both areas raised concerns about the NHS and healthcare generally, including:

- their experience of poor communication within NHS and with patients;
- a perceived lack of resources and staff;
Public engagement on the Sustainability and Transformation Plan – By Local Transformation Board (LTB) area

- concerns about funding cuts;
- questions about the cost of administration;
- concerns about privatisation of NHS services; and
- concerns about the provision of quality care for older people.

| Seven day acute services | Support for plan to direct people to alternatives services, but lack of clarity on what these might be.  
Wanted more information on criteria for choosing which A&E to close, and had concerns about the additional pressure on remaining A&E services.  
Mixed views on impact of proposals on quality, and concerns that centralising the service was contrary to plans to take care closer to home. And diverse views on whether seven day service was desirable.  
Questions about how good access would be ensured, especially for people living on the borders of the STP, and the level of co-ordination with other STPs.  
Concerns about existing acute service including communication and problems with discharge. |
|-------------------------|-------------------------------------------------------------------------------------------------|
| More care closer to home | Some concerns and questions about these plans, particularly relating to the staffing and training required.  
Supportive of idea of locality teams and potential for better joined-up working if it can be achieved.  
Current lack of confidence in alternative service provision including NHS 111 and potentially pharmacists.  
Need for more information about when different services are appropriate to use, encouraged by staff working in different care settings.  
Support for the idea of working more closely with voluntary sector, but concerns about how it would work in practice.  
Significant concerns about current GP services including access to appointments, accessibility of services, problems with referrals and GPs not being patient centred. |
| Prevention and early intervention | Broadly supportive of plans but concerned that it will be challenging to deliver.  
Think locality teams are a good idea but have questions about how they will function and want to see enhanced communication within and between NHS services.  
Support for use of technology, such as smartphones, as long as services remain in place for those who are not comfortable with these services. |
<table>
<thead>
<tr>
<th>Mental health</th>
<th>Encouragement to work with friends/families/community as well as the voluntary sector to deliver the ambitious around prevention.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some concerns about existing mental health services, although Richmond people felt that services were currently good.</td>
<td></td>
</tr>
<tr>
<td>Particular concerns related to parity of esteem, knowledge of frontline staff, and gaps including for mental health crisis. Additionally, regular changes and the range of organisations involved could make navigation difficult.</td>
<td></td>
</tr>
<tr>
<td>Support for plan to ensure A&amp;E is not the first port of call, and for the idea of care navigators, but some questions about the overall ambition and likely impact on existing services.</td>
<td></td>
</tr>
<tr>
<td>Need for more education for frontline and public to understand mental health conditions, and to address stigma.</td>
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<tr>
<td>Additional support required for people with diverse needs.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Leading Disabilities</th>
<th>Some particular challenges faced by parents of children with LD – they asked for more support and also help in booking suitable appointments.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low awareness of annual health check, and expectation GP should do more to promote this service.</td>
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</table>

<table>
<thead>
<tr>
<th>Children’s services</th>
<th>Concerns that lack of funding would make it difficult to provide services envisaged in the STP.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed in principal with reducing reliance on A&amp;E but were not clear parents know, or trust, the alternatives.</td>
<td></td>
</tr>
<tr>
<td>Also, felt that increased access to GPs would be particularly important.</td>
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<tr>
<td>Want more information about CAMHS in the STP.</td>
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<tr>
<td>Important to ensure care is flexible and tailored to individual needs of the young person and their parents.</td>
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<thead>
<tr>
<th>Maternity services</th>
<th>Agreement with the case for change, although pre-natal care in both boroughs received positive feedback.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support for a more personalised service, but not at the expense of safety. View that while there are insufficient midwives, choice should be a lower priority, although important that diverse needs are met.</td>
<td></td>
</tr>
<tr>
<td>View that maternity services should not be too medicalised, so that they also support safeguarding and post-partum care.</td>
<td></td>
</tr>
<tr>
<td>Support for the idea of greater consistency in care for midwives.</td>
<td></td>
</tr>
</tbody>
</table>

22
Cancer services

Some services receive positive feedback but need for increased support for patients following diagnosis and treatment.

Request that GPs are more involved in treatment, and follow up on both mental and physical wellbeing while treatment is underway, and following treatment.

Planned Care

Discussion related to the need for adequate transport options and the importance of avoiding last minute cancellations and long delays.

3.2.2 Seven day acute services

There was some confusion about the term ‘acute’. At the Kingston health and care forum people queried whether this meant emergency services or specialist facilities and in Richmond, people generally took “acute care” to mean A&E. Once this was clarified, some people supported the idea of directing people to places other than A&E, in principle. However, in practice, they questioned where else people can go.

Response to plans to consolidate acute services

This raised several issues and queries. In Richmond people wondered what criteria would be used to decide which A&E sites would close. Several people also commented that it is already difficult to get a GP appointment and, although the STP suggests people could visit pharmacists more often, people thought that funding for pharmacists had also been cut. Some people commented that there were cultural reasons for some groups, (for example refugee groups) for going to A&E with minor needs, and that this would be difficult to change.

In Kingston, people requested details and modelling to show how local services can relieve the burden on acute services. Some people thought providing improved support to patients in hospital so they can leave sooner might alleviate the perceived pressure closing A&E sites might cause.

While many people thought that Richmond was generally well-served for health care, some worried the changes could mean a reduction in health care standards such as increased travel time, and fewer acute sites to choose from. Other people thought the principle of seven day acute services was a good idea (i.e. to have fewer sites but provide improved care; and to become better managing staff and services), but felt sceptical about whether the STP could deliver as proposed.

During one discussion at the Richmond health and care forum, some people thought it was not necessary for acute services to have a full range of specialists seven days a week (e.g. physiotherapists), while others thought a quality acute service does require the same level and mix of staffing on every day of the week.

In Kingston, people identified what they believe to be two incompatible aims within the STP: to provide care at a more local level, and to concentrate resources into a smaller number of acute hospitals.

There were concerns that concentrating resources into a smaller number of acute hospitals could:
- exacerbate waiting lists;
- make accessing the right specialist more difficult;
- increase pressure on A&E;
- mean hospitals only treat the most severe emergencies or conditions; and
- mean that the right hospital is much further away.

There was a view that providing seven day acute services is likely to mean resources are spread more thinly, rather than an improvement to services. Some people suggested the motivation to have seven day acute services is political rather than based on evidence. In contrast, some people at the Richmond grassroots engagement activities said that there was fear among the older population around getting ill on Friday, as they were concerned about the level of treatment that they would get over the weekend.

Most people said that if they were ill over the weekend or they could not get an appointment with their GP, they would either go to Teddington Memorial, or call NHS 111. Yet, some people were worried that they would not be adequately triaged by the NHS 111 service. Others said that if they were not able to get a GP appointment they would go to A&E. People commented on the long waiting times at A&E (particularly at Kingston Hospital) where some said that they would avoid going.

**Access to services**

There were also several questions relating to the access to acute services. People at the Richmond health and care forum discussed how the plan for seven day acute services could work geographically. One participant noted patients do not fit neatly within boroughs and because there is no hospital in Richmond, it wasn’t clear how the changes would apply in the borough. Another participant wondered what coordination between regions and boroughs was being planned.

At the Kingston health and care forum, people felt that transport for elderly people or those with disabilities could be more difficult at weekends (they said there is no hospital transport at weekends at the moment), and that this should be taken into account in changing to seven day services. They also questioned how the STP considers the use of services in neighbouring areas such as Tooting or Surrey.

Some people commented on transport issues at Kingston hospital, for example that parking can be difficult for people with disabilities and should be free. Others commented that patient transport was not always adequate for people with physical disabilities and a few said that Kingston Hospital was very confusing to navigate around as the signposting is not clear.

**Tailoring acute services to different needs**

A few people at the Kingston and Richmond grassroots engagement activities shared negative experiences about communication issues in hospital. People mentioned a lack of translation services, having to rely on friends or family. Others commented that A&E staff do not know how to effectively communicate with children or adults with mental health conditions or learning
disabilities. Several people said that staff at Kingston Hospital were rude. A few people praised the ‘blue band scheme’ which let staff know if a patient was suffering from dementia.

Some people commented on the **provisions for those who arrive at A&E in a mental health crisis**, and suggested that these patients be given a room away from others to help them keep calm, where they should then be attended to by someone with experience working in mental health. For more details about mental health services in Kingston and Richmond, see section 3.2.5.

At the Kingston grassroots engagement activities people commented that **discharge from A&E was always delayed**. Others mentioned that some homeless people were discharged in the early hours of the morning when shelters and other services are closed.

People made several negative observations about **how older patients were being treated** at Kingston Hospital. For example, one commented that older people were seen as not being helped to feed themselves when in hospital and another commented that the staff were more focussed on freeing up bed space, than providing care.

People at the health and care forums **felt that intermediate care is not addressed in the STP** and they requested information about what the plans would be for those who are well enough to leave hospital, but not yet well enough to be at home.

### 3.2.3 More care closer to home

People at the Kingston and Richmond health and care forums had **concerns about the plans for health care closer to home**. These concerns were broadly about:

- A lack of staff or adequate training for staff to serve patients currently and in the future;
- The role of care navigators in the STP;
- Challenges with communication and information sharing by the NHS internally and externally; and
- The role the voluntary sector would play in the STP.

People in the health and care forums **liked the idea of locality teams** providing services that are usually accessed via a GP or Outpatients. However, they wanted to know more about what a locality team would look like in practice, and what role they would play beyond information sharing. Similarly, they wanted to know **what the remit of a local health centre would be**, how patients would access such a service, and what the waiting times would be.

In both Kingston and Richmond, people were **positive about the focus on local care, joined-up working between health and social care, and increased collaboration in communities** to improve health care. For example, some people felt the approach would facilitate the prevention of health problems.

A few people had questions, including whether care and health services would be joined up across the boroughs. At the Richmond health and care forum they asked how Queen Mary’s Hospital would function and be funded under the STP.
**Staffing and training**

Some people in the health and care forums expressed concerns about staffing and training. They questioned whether the plan would be viable since they felt GPs are already too busy to manage their current caseload. Further, some people felt that the plan did not account for how much training would be needed to prepare practitioners to deliver care to patients with a different range of needs.

Closely related to staffing and training were questions about the role and training of care navigators. For example, some people wanted to know how patients would be informed of the remit of the care navigator role and how they would be trained.

**Views of alternative services**

People at the Kingston health and care forum felt that the NHS 111 service needs re-launching if it to be a key part of the new way of working; they felt that people do not trust the service as it is now and wanted to know more about how it would be improved. This was echoed by people at the grassroots engagement activities where some commented that they had never heard of the NHS 111 service and others thought it had a poor reputation.

At the health and care forums in Kingston and Richmond, there was support for the idea of long-term conditions being managed by pharmacists, and using pharmacists as a first port of call instead of GPs because they felt there would be less waiting time to receive advice. However, people wanted to be reassured that pharmacists would be able to provide consistent, reliable, and accurate advice. Some people at the grassroots engagement activities commented that pharmacists needed to improve their communication skills, as some said that they were given medication without being given advice on how to take, and others commented that their medication had been changed without being informed.

People felt comfortable in principle with seeing other health professionals instead of going to A&E in a non-emergency. However, they felt that communication needs to be improved to support this shift, including providing information about what different health professionals can do, and raising awareness about different services, including the NHS 111 service, pharmacists and other out of house services and when to see these rather than a GP.

Some people in Kingston suggested that receptionists at GP surgeries should play a bigger role in signposting to clinical nurses or pharmacists when appropriate. Others noted that local services need to offer a more convenient alternative to visiting the hospital. Some also thought there needed to be increased collaboration and communication between different health and social care practitioners. For example, at least one participant felt health and social care practitioners work in silos, which can limit the exchange of information across services and different areas of care.

People also discussed the use of the voluntary sector. Some people liked that the plans for care closer to home included working with voluntary organisations. They felt this could improve access to and the quality of care, since voluntary organisations have expert local knowledge. Others thought there were challenges to working with the voluntary sector that might hinder the proposed changes. These challenges included how to ensure consistency and quality of care,
organisational and logistical challenges, and a perception that the voluntary sector is becoming “too commercial.”

Some people at the grassroots engagement activities commented that there should be **better sharing of patient records and information** and that this was particularly important for people with disabilities and long term complex conditions who use multiple branches of the NHS, and multiple services. They also commented that patients should be able to get access to their medical records free of charge.

**GP practices**

Many people at the grassroots engagement activities commented on GP practices – specifically the difficulties they were currently experiencing, which could impact on the STP’s ability to deliver more care closer to home.

**Access to appointments**

A few said that they had no issues getting appointments with GPs and in particular, **some praised particular practices**, for example for their use of ‘Patient Online’ to book appointments in advance. Another said they liked that they could have at telephone GP consultation when they were unable to get a face-to-face appointment. Despite this, most people at the grassroots engagement activities had **difficulty getting a GP appointment when they needed one**. They suggested that this was due to a shortage of GPs, and thought more emphasis should be placed on recruitment and regulating registration to practices.

In most cases, to get a same-day appointment, people were required to call at 8am. In many instances, they had to wait on the line for up to an hour, and even then it could be several days until they got an appointment. Some commented that they felt they had to ‘jump through hoops’, justifying to reception staff why they needed an appointment. Several people also commented that they had **no choice over appointment days or times, even when booking in advance**, which was a concern for working parents.

A few people at the grassroots engagement activities said that it was particularly important that reception staff are friendly and helpful, rather than a barrier to care. Several were concerned that **reception staff act as ‘gatekeepers’ asking invasive questions**, which people felt should be confidential, and others commented that the mood of reception staff influence the service delivery. Some commented that receptionists should have training for how to speak to people with learning disabilities and how to deal with sensitive matters.

Many people felt that there should be **alternative ways to book appointments**, such as online, by text or in person at all practices. However, others expressed concerns about online bookings, or online GP appointments, as they were concerned that those who did not know how to use computers would be left out.

Several people at the Kingston and Richmond grassroots engagement activities **wanted more continuity with their GPs**. They were frustrated that they would see a different GP every time, which meant that they could not build relationships and trust with their GPs and had to explain their health concerns each time. They also commented that this meant that advice given was often inconsistent.
Others suggested that they did not mind seeing different GPs if it was a one-off, but not if their appointment was part of an ongoing condition.

Referrals

Some people felt that although they had no issues getting an appointment with their GP, there are serious issues when it comes to referrals. Some commented that referrals take a long time and some told anecdotes of referrals being lost, either in the post or due to other administration errors, and that it was then left to the patient to follow up. Some people felt that there needed to be more information about the referral process, where a few commented that they had to wait several weeks for test results which made them anxious. A few people at the Richmond grassroots engagement activities suggested that some services should allow for self-referral.

Accessibility

Several people commented on accessibility issues:

- A few people comment that GPs are more reluctant to make home visits which causes an issue with those who have accessibility needs.
- Some people felt that calling appointments being via a screen is not appropriate for those with bad vision.
- Others commented on the lack of translation services offered at GP practices, which leads to misdiagnosis, delayed or cancelled appointments, and issues making appointments. Specifically, a few people at the grassroots engagement activities in Kingston commented that there are limited staff of Korean descent and that this impacts access to services, given the large Korean population.

Patient centred care

People commented on the need for patient centred care, treating the person holistically and emphasising health lifestyle and prevention. Some people welcomed the concept of a care navigator, especially for people with multiple complex conditions. For more details on the discussion surrounding prevention see section 3.2.4.

A few people at the grassroots engagement activities felt that their illnesses were not being taken seriously, or that due to a lack of GP knowledge their illness took a long time to diagnose. Some specifically commented that GPs need to have more sensitivity towards ME.

Some people at the Richmond and Kingston grass roots engagement activities felt that GPs were unsupportive when discussing mental health concerns such as autism, ADHD, anxiety and depression, and that appointments were too short to talk openly about such issues. Some said that GPs were dismissive of mental health issues and quick to prescribe medication as opposed to suggesting other services that may help. For more information on mental health, see section 3.2.5.

Some people commented that there was not enough information for carers that GPs should place more emphasis on the mental wellbeing of carers.

Some people commented on issues with prescriptions. People expressed frustration around the delay in prescribing PrEP medication to those at risk of HIV. Individuals need to be treated within 72
hours of exposure and there is confusion around prescribing this medication; which often comes down to who is funding it. Others commented that it was difficult to get B12 injections prescribed for patients suffering from ME.

Other concerns

A few people commented that it was difficult to register with a GP, and some noted that the Kingston Churches Action on Homelessness was helping some register. Homeless people at the grassroots engagement activities felt that their personal circumstances restricted them from seeking medical help.

A few people at the grassroots engagement activities were concerned about smaller practices closing and merging into hubs. People believe that this means that patients will need to travel further to see a GP, which could be particularly difficult for older people, and may encourage more people going to A&E.

A few people at the Kingston and Richmond grassroots engagement activities commented on the lack of appointments available with a chiropodist, suggesting that there should be more frequent appointments, and more places that offer chiropody services.

3.2.4 Prevention and early intervention

While people were broadly supportive of the focus on prevention and early intervention in the STP, they also cautioned against thinking it would be easy to change people’s behaviour. Some suggested that information and communication is an important first step so that people understand where they can go for what kind of support. Some people liked elements of the plan, such as the focus on promoting healthier living and addressing obesity.

Locality teams and communication

Several people said they like the idea of locality teams, however there were questions and concerns about how these teams would function in practice. One participant was concerned that introducing locality teams would mean another layer in an already complex healthcare system. Another was concerned about how to ensure locality teams would be in the places they are needed, with enough local provision for all. Others still queried how locality teams would work in practice given the shortage of GPs.

Most people felt communication and information sharing by the NHS amongst practitioners and with patients was currently unsatisfactory. Some people offered suggestions for how communication and information sharing could work better in the STP. Suggestions included:

- the need for GPs and other practitioners to be aware of all available services in an area and communicate this information to patients;
- improved online public information to signpost services; and
- provide enhanced communication between practitioners about patients to reduce the need for patients to tell the same story repeatedly.
Use of apps

Some health and care forum people liked the idea of using smartphone apps to help manage their health and care. For example, they could see benefits such as being able to check their own blood pressure. However, they also questioned whether this information would only be available to the patient or whether it would be sent through to their GP or another health professional who could respond if there was something concerning.

Other people noted that digital apps will not work for everyone and there should be alternatives to support diverse needs and preferences. There was also a concern that patients might feel they have been ‘fobbed off’ by being directed to an app, rather than being able to see a health professional.

Working with non-NHS resources to support prevention

People at the health and care forums, as well as the grassroots engagement activities considered the role of community support, and a perception that GPs may currently be dealing with a number of patients whose needs are social rather than medical. People felt that if support from families, friends, communities and the voluntary sector was encouraged, this would support the prevention and early intervention agenda. One participant described this as a cultural shift in how people think about their health and care.

There was broad agreement that the voluntary sector could be more involved in prevention and early intervention, as long as they do not replace other more highly trained professionals. One example of where volunteers could provide support in addition to clinician care was volunteers in the eye unit at Kingston Hospital, who are perceived to play a valuable role in providing information and support about sight loss. The participant who shared this example felt a similar model could be used for other conditions such as strokes, but they emphasised that the voluntary sector needs resources to be able to provide these services, and said that there was a high initial set-up cost for this service.

3.2.5 Mental health

There were several concerns about the quality of existing mental health services in South West London, with specific reference to St. George’s Hospital and Tolworth Hospital. One participant described attending Tolworth Hospital as a stressful experience for someone with a mental health issue, with long waiting times, specialists not available and often only locum psychiatrists. Despite current and future concerns about mental health services and the NHS, several people felt Richmond mental health services were very good. This quality of care was attributed in part to having strong local volunteer support for mental health care.

Praise was given by people at the Kingston grassroots engagement activities for the Recovery College provided by South West London and St George’s Mental Health. One individual used the services and felt it really improved her wellbeing. Others commented that voluntary services were better than NHS support and some specifically mentioned Soundmind Battersea.
**Improvements to current services**

At the grassroots engagement activities, several people commented that there is little support for those suffering from mental health crises. People mentioned that some carers turn to A&E in desperation and few commented early discharge, before the problem has been treated, contributes to this.

People at the grassroots engagement activities felt that there is a lack of parity between the treatment of physical illness and mental health illness by the NHS and believe that physical health conditions are treated before mental health. People also felt that there was stigma attached to mental health concerns. It was suggested that more mental health education was needed for frontline staff in primary and secondary care (including receptionists) to learn how to be more sensitive to those with mental health needs.

People discussed funding for mental health services. Some highlighted that the budget allocated for mental health was unjustifiably low given the high prevalence of mental health issues, leading to gaps in existing mental health provision. There were a few suggestions that budgets from different departments should be pooled to provide mental health services, including budgets from the NHS, local authorities and police.

People at the grassroots engagement activities in Richmond commented that psychiatric care is often changed without notifying patients. Many also raised the issue of how long they had to wait to be referred to a specialist service and that it was difficult to get a diagnosis for mental health issues.

It was also noted that diagnosis for mental health conditions sits between different organisations, which leads to a disjointed, inefficient system. Many adults (aged between 35 – 52) spoken to at the grassroots engagement activities had only recently been diagnosed with ADHD. They noted that they had gone through the majority of their adult lives being told they a number of mental health conditions such as personality disorders, depression and anxiety instead of ADHD. Several people noted that late diagnosis can have a significant impact and leads to the wrong medication being prescribed.

**Response to proposals**

People were in broad agreement that A&E should not be the first port of call because it is a disturbing place for someone who is in a mental health crisis. They felt it is particularly important for there to be out-of-hours mental health care somewhere other than A&E, so that people can be taken to a more appropriate place of safety.

People supported the idea of having care navigators for mental health because they felt it would help reduce the need to repeat yourself - which is particularly difficult due to the sensitivity often associated with mental health issues - and to signpost to the right places. One example of a service that was thought to offer valuable signposting to other mental health services was the ‘Crisis Café’ in Merton. Some people felt that providing informal spaces for people to gain support for emerging or enduring mental health issues were just as important as providing support during crises.
People raised some concerns about the plans for mental health in the STP. These ranged from: whether the right resources were available for GPs and other professionals to be trained to recognise and treat mental health issues, to whether smaller mental health charities would experience increased competition with larger mental health charities, which was not seen as ideal because it might limit the variety of services available in a local area. Although people liked the idea of a psychiatric decision unit, some were concerned this could mean patients would not get seen by a specialist until the condition has progressed to being classified as ‘severe or enduring’.

Many people also had questions about the plans for mental health in the STP. For example, one participant wanted to know if the proposals aimed to keep people with serious mental health issues out of residential care. Other people wondered how physical and mental health care would be joined up in practice. There were also a few Richmond-specific questions including what the outcomes would be for the Psychiatric Unit at Springfield Hospital.

Making the proposals work

Several people had suggestions for what could make the proposals work. These ideas included recognising and accommodating diverse needs in mental health services (i.e. LGBT patients, adolescent patients, perinatal patients), working better with a range of voluntary sector organisations to improve community collaboration, more coordination between NHS practitioners (i.e. between GPs and IAPT professionals), and improving mental health education to alleviate stigma so more people ask for mental health support sooner. People at the grassroots engagement activities in Kingston commented that there is a particular stigma surrounding mental health in the Korean community which needs to be overcome.

Mental health services for children and young people were discussed. Some people felt that more sustained support should be provided for young people, from an early stage in any mental health condition, and that a holistic approach should be taken to providing this support. They felt that parents and schools are currently left to manage by themselves for too long before any support is available.

Many people felt that the NHS was not as good as it could be at working with a variety of services that promote mental health. People discussed a desire for the NHS to prioritise collaboration between and signposting to mental health services, as well as other services such as schools, voluntary organisations, organisations that support homeless people or veterans, and the criminal justice system.

Some people at both the forums and grassroots engagement activities also felt that the public should be better informed about how to support people presenting mental health issues and that schools and community organisations could be sensible places to promote mental health awareness.

3.2.6 Learning disabilities

Several people at the grassroots engagement activities commented on the provisions for patients with learning disabilities, and their parents. They thought that parents of children with learning disabilities should have more support for their own health and wellbeing.
People also commented on the accessibility of GP practices for patients in wheel chairs. For example, one participant mentioned that there needed to be more access ramps at the Surbiton health centre.

It was noted that not all GP surgeries invite people with a learning disability to an annual health check. People in the grassroots engagement activities felt strongly that the GPs should write to the patient in advance to remind them to book these annual checks. Everyone felt that the annual health check is an extremely important appointment and GPs should take the time discuss and explain what they are doing. However, many people had never heard of this service.

People noted that there is a lack of communication between services and this has an impact on care that is being delivered for patients with complex issues.

### 3.2.7 Children’s services

People who discussed the proposals for children’s services agreed that there is a need for change in this area. People had concerns about the perceived lack of NHS funding and wondered how the NHS could make the proposals for children’s services work in practice. For example, people worried about not having enough trained GPs and midwives. One participant felt that 24-hour care would not be possible because of insufficient staff availability and another suggested that amalgamating health budgets and social care budgets may alleviate pressure on services.

**Avoiding unnecessary A&E usage**

They agreed that unnecessary visits to A&E should be discouraged, but felt that access to GPs is not working for many parents. Some highlighted that existing alternative services, such as the NHS 111 service, are not always effective for parents if they are worried about their child as they feel more reassured by seeing someone in person.

Most people felt the NHS does not communicate well with the public on options for where parents can take ill children. People had a range of suggestions for how the NHS can deter parents from making A&E their first port of call. Suggestions included:

- signposting parents and carers to other services upon arrival at A&E,
- GPs and nurses being better informed to signpost parents to other services during regular appointments,
- targeting local schools with information about children’s services, and
- providing community paediatric nurses in locality teams.

**Access to GPs was important for people** and they emphasised that parents need GP appointments to be available after work hours and seven days a week. Some suggested that there could be dedicated appointment times available for children; some were supportive of using technology such as Skype for remote appointments; and a walk-in clinic for first-stage diagnosis was also suggested. If children do need to go to hospital, specialist units such as the paediatric assessment unit at Kingston Hospital were referred to as good models of care, or a further suggestion was having access to a GP in a hospital setting.
Isolation was raised as a significant barrier to the implementation of changes to children’s services. People said that when parents are isolated with few social networks, they are more fearful and less confident about their child’s care, so they are more likely to go to a hospital as the first port of call. They felt this could particularly be the case for people with English as a second language and people suggested the STP could better address the needs of diverse or vulnerable parents.

**Child and Adolescent Mental Health Services**

People felt that specialist support for children with mental health issues needs to be addressed more thoroughly in the proposals. This should include clarity about what a mental health issue for children is; availability of practitioners who specialise in children’s mental health; and support for parents with children who have mental health issues.

For parents with children with special educational needs and disabilities, people suggested that direct routes to services such as occupational therapy, speech therapy, and nurses could help the child get what they need and reduce the burden on GPs and hospitals.

**Person-centred care**

Although in general, people were in support of out-of-hospital care for children, they emphasised the importance of flexible services that meet different parents’ needs, instead of taking a ‘one size fits all’ approach.

At the grassroots engagement activities people commented that there is a lack of specific support for children who are transgender, and despite there being research to suggest that autistic children have a higher rate of becoming transgender than other individuals, there is no specific services in place to support them.

Some people commented that there needs to be more awareness in the NHS of the link between children with hearing loss and behavioural issues and provide access to CAMHS services specifically for these patients.

Some commented that the private services are better than NHS therapists for those with speech and hearing issues, as they are more tailored and consistent. A few mention that there is a difference in services offered to children with unilateral (hearing loss in one ear only) and bilateral hearing loss (both ears).

**3.2.8 Maternity services**

People agreed with the overall proposals for maternity services and that change is needed. Their own experience was that there is currently a lack of continuity of care, and they were supportive of the aspiration to address this issue and to improve personalisation and choice.

Generally, people thought pre-natal care in Richmond was good, birthing care was very good and post-natal care was poor. Kingston was highly thought of both in terms of care and private rooms and staff were highly praised by several people. Conversely, some people expressed criticism for the level of care at Kingston Hospital, saying that locum nurses did not seem to care about the mother or children.
There was a feeling that **more personalised maternity care would enable a more holistic approach**, where women feel listened to and understood, rather than experiencing ‘box-ticking’ exercises. However, some people queried what choice really means in the context of maternity care and whether it extends beyond choosing which hospital to give birth in.

There were **concerns about a current lack of trained midwives**, and people questioned how this would be addressed as part of the STP. At least one participant felt that this would be exacerbated by Brexit. People generally thought that providing **adequate staff for maternity care should be prioritised over providing pregnant women with choices** about her care. For example, one participant was concerned that if women had more choice over their care during and after pregnancy, some would not make safe or healthy choices without advice or guidance from a practitioner. At least one participant thought personalised care was more important after the mother had given birth, rather than before.

People felt the STP proposals should give more consideration of **outreach to individuals with diverse needs**. This includes support not just for the pregnant patient, but to her partner, or to other family members who may be supporting her; as well as to pregnant women from communities with English as a second language and her family, or pregnant women who do not typically access healthcare.

People were **concerned about safeguarding pregnant patients** and some people thought a medicalised approach to maternity care is a barrier to having conversations where safeguarding risks and concerns could come to light. For example, some people felt personalised and holistic care and outreach could help identify women who are experiencing or are at risk of domestic violence, especially during pregnancy.

People also discussed the types of support they thought were most important to prioritise for pregnancy and post-partum care. People felt there was a **need for post-natal classes to be available to women after they have given birth**. At least one participant felt the NHS could do more to encourage new fathers to participate in post-natal learning to help care for new-born children or mothers, especially if the mother was suffering from post-partum depression. Another participant emphasised that mental health support for depression during pregnancy was important.

Overall, people **supported the idea of having greater consistency in care from midwives** and having post-natal health visitors for additional support, though they emphasised the need for recruiting and retaining more midwives as well.

### 3.2.9 Cancer

Several people at the grassroots engagement activities commented on cancer services. A few said that **support should be given to patients after a diagnosis**, with concerns specifically for people living alone who can feel isolated after a diagnosis.

People expressed the importance of an early diagnosis, and **many shared experiences where diagnoses were wrong, or the prognosis was delivered tactlessly**. People noted that it would be helpful to have a follow up appointment to discuss any questions that may not have been asked immediately upon diagnosis.
People said that the quality of care they received varied depending on what time of year they were diagnosed with cancer, due to the staff changeover in July, and were concerned that this could interrupt care. People also felt that GPs should be more involved in their treatment, finding out the results of surgeries and caring about the patient’s wellbeing, as opposed to merely treating the condition.

Some people praised the West Middlesex Cancer services and the Royal Marsden for the treatment they received. A few people commented that they had used the ‘one stop shop’ centre in Kingston and said it was efficient for testing and treatment, but it was not good at emotionally supporting patients. Several people commented that there was a big lack in support following cancer treatment.

### 3.2.10 Planned Care

Many people commented on the need for adequate transport for planned hospital appointments. Several said that there are usually delays with transportation. Some also commented that typically seated ambulances are booked, and that these are not always appropriate. For example, people with ME can struggle to sit for long periods of time.

Although Kingston Hospital is considered very accessible in terms of public transport, for the individuals who need to drive people felt that car parking charges should be free or at a reduced cost.

Several people commented on a last minute cancellations, or long delays for planned hospital appointments. In particular people commented on the long waiting times at Kingston Hospital eye clinic.

A few people commented that they had poor experiences of doctors within Kingston Hospital, not having a clear understanding of ME and how to diagnosis the condition.
3.3 Merton and Wandsworth

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<thead>
<tr>
<th>Borough</th>
<th>Date</th>
<th>Number of people</th>
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<tbody>
<tr>
<td>Merton health and care forum</td>
<td>29th June, 2017</td>
<td>33</td>
</tr>
<tr>
<td>Wandsworth health and care forum</td>
<td>14th March, 2017</td>
<td>44</td>
</tr>
<tr>
<td>Merton grassroots engagement activities</td>
<td>May – December 2016</td>
<td>10 events speaking to over 250 people</td>
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<td>Wandsworth grassroots engagement activities</td>
<td>June 2016 – Feb 2017</td>
<td>10 events speaking to over 200 people</td>
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3.3.1 Overarching themes

Across the health and care forums and grassroots engagement activities in Merton and Wandsworth, three discussion topics were very popular: care closer to home, prevention and early intervention, and mental health. Seven day acute services had a moderate level of interest, and the maternity services topic was slightly less popular.

Most people in Merton and Wandsworth were very engaged with the STP plans, and welcomed the proposals. However, there were concerns from people about the ability to implement these proposals due to a range of constraints, including funding and staffing pressures.

For many people, their primary concern was uncertainty in NHS funding. They felt that it was not clear where funding would come from and whether it would be sufficient to deliver on the transformation goals. Some clarification or additional details of the financial model supporting the plans were requested.

Others were concerned about how staff would be attracted and retained to deliver the plans, especially in light of upcoming changes such as Brexit and the rise of living costs in London.

The proposed new roles of care coordinators and locality teams were seen positively as helpful and appropriate additions to the care system. There were many questions regarding how these would work, and people asked for more detail and specific information about these proposed changes. There were also requests for more information about the hospital bed reduction targets. Some people expressed concern that these targets would not be met, and asked for assurances that there was provision for additional resources during the transition period. Others questioned how access to GPs would be improved, emphasising the importance of addressing this issue to support the other aspirations in the STP.

People supported the idea of encouraging individuals to take more responsibility for their own health and lifestyles but emphasised that a culture shift is required for this to be successful.
### Public engagement on the Sustainability and Transformation Plan – By Local Transformation Board (LTB) area

| Seven day acute services | Overall people supported the proposals for seven day services in theory, and liked the flexibility and opportunities for specialisation it would offer, but were concerned that they would be challenging to implement and that it might become over-centralised.  
There is a need to educate people about which alternative services are most appropriate to use instead of A&E, and potentially charge people for misuse of services.  
Some concerns about alternatives as GPs are already very busy, and many were not aware of NHS 111.  
There was support for locality teams as long as they had sufficient time to care for patients.  
People described poor experiences in A&E and acute services including inappropriate waiting areas, abrupt healthcare staff, communication issues and early discharge. |
| --- | --- |
| More care closer to home | Most people supported the proposals for having more care closer to home and felt that success would be reliant on funding, training, good access to patient data, strong connection to local infrastructure and improved IT systems.  
People reported difficulties getting GP appointments and discomfort with receptionists acting as ‘gate-keepers’. There are some concerns about communication with GPs, with some specific examples of cultural differences leading to problems.  
Most were comfortable with asking pharmacists for advice as long as privacy could be maintained, although there were concerns about capacity.  
There were concerns about NHS 111, and some felt it would direct more people to A&E, rather than less.  
There was support for increased integration with the voluntary sector with examples of where this works well.  
People want more information about care navigators and supported the idea of health champions on locality teams.  
Some would welcome increased use of technology but had mixed experiences and raised concerns about the security of online services.  
There were concerns that GPs are too quick to medicalise mental health conditions. |
| Prevention and early intervention | While supporting the need for change people wanted more information about the details of the prevention. |
People were concerned it would be difficult to fund prevention as well as treatment, although they recognised the need to invest.

They felt behaviour change would be needed in staff as well as patients in order to improve prevention outcomes.

They liked the ideas of locality teams in this context, although wanted to make sure this did not exclude the involvement of community based organisations.

There was some concern that the voluntary sector might be relied upon too heavily unless funding was available to support them.

| Mental health | General agreement that MH needs are not currently being met and a desire for more information about the plans in the STP.  
View that there is not sufficient funding currently and questions about whether more would be available.  
Some concern about increased emphasis on GPs, given difficulty in accessing appointments and tendency for GPs to medicalise MH.  
Recognised a need for increased MH education in the community through a range of channels to demystify MH.  
Encouragement to ensure early intervention as well as improving crisis care.  
Support for plans to integrate mental and physical health.  
Concerns about Children’s MH services including long waiting times and difficulty transitioning to adult services. |
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<tr>
<td>Learning Disabilities</td>
<td>Limited people responded but emphasised importance of tailoring services to individual needs, balanced with a need for consistency in the services available.</td>
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| Children’s services | Fewer people commented on these services but those who did supported the proposals overall.  
They thought providing alternatives to A&E is important, and highlighted the importance of more flexible access to GPs.  
They were open to use of technology and telephone appointments to support flexible access.  
The difficulty transporting unwell children was identified as an important consideration when making changes to services.  
Communication of range of services is important, and should start during pregnancy.  
It is important that the plans provide for holistic and patient centred care that is able to meet the additional needs of children – for example those with autism or leading disabilities. |
### Maternity services

- Viewed the maternity plans as positive but unambitious
- Agreed with inclusion of perinatal and mental health services in the plan, and thought there are some good services e.g. in Wandsworth, that Merton can learn from
- Reflected on national shortage of midwives and importance of focussing on what the patient really needs, while also helping midwives take care of themselves
- Supportive of plans to increase choice, but also recommended managing expectations so that mothers are not disappointed later
- Some concern that current services are ‘hit and miss’ and that staff could benefit from more training to ensure consistent care levels
- Need for more support after miscarriage

### Cancer services

- There were not many comments about cancer. Issues with referrals, support and the way diagnosis was delivered were the main points raised

### Planned Care

- Few people mentioned planned care except to say that waiting lists are too long for a range of services.

### 3.3.2 Seven day acute services

Overall, people supported the proposals for seven day acute services and believed they were going in a sensible direction. There were conflicting views in Wandsworth as to whether the plans would work in practice and Merton people felt practical details were needed to include more specifics about the savings and how much funding would be provided for the changes.

**Feasibility**

Many people in the Wandsworth health and care forum thought the plan would not be successful. The main reasons were a perception that the NHS does not have a track record of managing change well and that the NHS does not have sufficient funding to deliver the changes effectively. Many Wandsworth people felt the changes were being proposed too late. Several people were frustrated that waiting times were long and buildings were in poor condition and felt these issues should have been addressed sooner. One participant said the scale of changes could not be delivered in 5 years and the NHS would need more time for implementation.

People raised concerns about practical constraints that could hinder the success of the proposals. There were concerns about staff requirements, particularly when there is a shortage of GPs within the current model of care. Some people were concerned that community services would be asked to take a greater caseload without additional funding or capacity and one participant was concerned about a dip in service quality over weekends. There were also worries that larger hospitals would lose the advantage of being a ‘one-stop-shop’ for services if departments had different timetables.
Other challenges raised were a lack of social care funding to support patients once they left hospital; and a lack of information and knowledge about where patients can access care outside of hospitals.

Some people shared positive views about the proposals for seven day services in the STP. For example, Merton people in the health and care forums viewed seven day acute services as flexible to support different needs and thought this approach would reduce congestion.

A few Wandsworth people said they had good experiences with care in the area (e.g. quick access to a variety of services; additional care locations across the river are easy to access), and felt that because there are options for care, that the proposed changes would not significantly impact them (negatively or positively).

Alternatives to A&E

Merton people agreed with the proposal to reduce A&E visits, but were concerned that there were few alternatives, for example most reported difficulty getting a GP appointment when they needed one, although online booking was seen as improving convenience. They felt that more people would need education about which alternative service is most appropriate, and it was suggested that this would particularly benefit those not familiar with the UK health system. People at the grassroots engagement activities noted that there were few alternative options for urgent health needs after 6pm.

A couple of people at the Wandsworth health and care forums said that the hospital’s tiered approach to A&E care (i.e. different areas depending on the severity of need) was efficient. These people also suggested that patients could be charged for missing appointments or misuse of A&E to help reduce the instances of unnecessary visits to A&E. People also questioned why patients who do not need to be in A&E are not sent to other locations upon arrival.

People felt that more education and promotion was needed around NHS 111 and when to use it. A few people shared positive experiences using NHS 111. One participant expressed that a child’s health was too important to risk using NHS 111, and they would always go to A&E.

People at the Merton grassroots engagement activities commented that if they were unable to get a GP appointment that they would try to go to a walk-in clinic, such as Wilson Health Centre or the Croydon walk-in service. They commented that this was more pleasant than going to A&E. Some people at the grassroots engagement activities commented that although the service at the hubs is good, it is less personal than going to a local GP.

Specialisation of larger sites was supported by Merton health and care forum people, who believed the trade-off in travel would be needed to concentrate medical expertise and high quality services. Some people cautioned about over-centralisation, as they were concerned that this could lead to a reduction in the quality of community services. To support this, additional resources for community services were suggested for the transition.

Locality teams

People at the health and care forums expressed support for the proposed locality teams, and felt it would allow more care at home to reduce hospital usage. People would like health visitors to have
more time to care for their patients, rather than what some felt was overly computerised medicine management. They also expressed concerns about the current difficulty in recruiting and retaining nurses, and the impact this could have on implementation of the proposal for seven day acute services.

**Experiences of A&E**

People at the Wandsworth grassroots engagement activities noted that St George’s A&E has a particularly poor waiting area which is not fit for purpose. They said that staff were bad at keeping patients informed as to when they would be seen. Some people also noted the long waiting times to pick up prescriptions at St George’s.

A number of people at the Merton and Wandsworth grassroots engagement activities commented that nurses could be rude and abrupt. Several people shared anecdotes where nurses were not accepting of children with learning needs. It was felt that hospital staff should undergo training in how to treat a patient with autism.

A few people commented that mental crisis is not taken seriously in A&E and that staff needed to better understand mental health conditions. They felt that there needed to be a quieter ‘safe’ space to wait to be seen. For more details on mental health services, see section 3.3.5.

**Acute hospital services**

Several people noted communication issues, where doctors asked for embarrassing information without reading patients’ files and some commented that hospital staff’s bedside manner could be improved, particularly at Croydon University Hospital.

People at the grassroots engagement activities expressed the view that patients were being discharged from hospital without being medically fit and that little information is given about at-home care.

A number of people commented on the single sex wards at St Helier, and noted cases where transgender patients were put on the same ward as their birth gender which made them feel very uncomfortable. People also commented that they felt uncomfortable disclosing their gender which could impact care.

People felt frustrated that parking was so expensive at St George’s, as this can accrue a big fare and also puts people off visiting relatives.

**3.3.3 More care closer to home**

People at the Merton and Wandsworth health and care forums supported proposals for having more care closer to home. They identified several key success factors including funding, training, access to patient data, strong connection to local infrastructure and improved IT systems (for example to link different services or professionals involved in a patient’s care, or to use Skype with patients).
Public engagement on the Sustainability and Transformation Plan – By Local Transformation Board (LTB) area

**Feasibility**

Despite high-level support, many people identified **challenges to achieving the plan** and there was some scepticism about how it could work in practice. These challenges included:

- A lack of integration between health and social care, including patients remaining in hospital longer than necessary because no support was available outside of hospital, and insufficient communication arrangements between services;
- Insufficient coordination of NHS services and staff internally;
- A lack of GPs;
- A lack of information and awareness on alternatives to A&E, meaning people often did not know where else to go.

**Working with the voluntary sector**

Merton health and care forum people suggested that **integration with the voluntary sector was important and needed to be improved**. For example, in end of life care hospices would potentially be able to reduce NHS caseload. They also felt there should be better integration with the local authority, because they thought this could facilitate a quicker discharge from hospital. They referred to Wellbeing teams as good examples of a community based approach to care.

There were additional services Merton people wanted to be delivered closer to home, including **chronic illness management** through schemes such as Live Well (a local voluntary group) which matched people with professionals and volunteers.

**Care navigators and locality teams**

People wanted more information about the locality teams, and whether there was additional funding for this model. Wandsworth health and care forum people supported the idea of **care navigators** but felt they should be used more strategically, making them available in public places where people go to anyway such as neighbourhood shopping areas.

People were **frustrated that GPs were unable to signpost people to different groups or services**. Some people **like the idea of care navigators** to help deliver joined up care. Many had to do their own research to find support groups and IAPT services. Some people felt that more should be done to encourage social prescribing.

People in the Merton health and care forum felt an expert in a patient’s medical condition was needed on locality teams and they supported the idea of **Health champions** for this purpose.

People in Wandsworth also felt it was important to provide **more support for families and carers**, especially to manage the needs of ageing patients. One participant said having dieticians more readily available could help keep people out of A&E.

**GP Services**

**Appointments**
Many people at the Merton and several at the Wandsworth grassroots engagement activities disliked the current GP appointments system and expressed frustration that they struggled to get same-day GP appointments. Some said that they would be on hold for up to an hour when trying to make an appointment and others commented that they could never get through. Some commented that once they did get through after the long wait, all appointments would already be gone. A few said that when they were unable to get an appointment they would go to A&E.

Despite this, some people at the Wandsworth grassroots engagement activities had not encountered any difficulty getting a GP appointment. One participant commented that there are two walk-in clinics a week in her area and another said that they had a positive experience using the GP Pooling services where if their GP surgery is closed or they cannot get an appointment, they are referred to another one nearby.

Several people at the grassroots engagement activities noted that GP appointments were not long enough and expressed frustration that they had to book double appointments if they had more than one issue to discuss and a few people commented that they did not like the lack of continuity in terms of which GP they saw, which they felt disrupts care.

**GP Capacity**

Some people noted that there was a shortage of local GPs and there was some concern that GPs were no longer doing home visits to the most sick and vulnerable, who would struggle to come into a surgery. A few felt that GP surgeries should do more to stop patients missing appointments, such as charge them.

**Receptionists**

Many people commented that reception staff are used as ‘gatekeepers’ and several felt uncomfortable disclosing confidential information to a non-clinician. Receptionists ‘triaging’ patients seemed to be a cause of anxiety for older patients, and there were concerns about whether the receptions were qualified to make these assessments. There was also some frustration surrounding reception staff giving patients test results, as they were unable to answer any follow-up questions.

**Referrals**

Several people at both Merton and Wandsworth grassroots engagement activities commented that referrals to hospital appointments had been lost, and it had been up to the patient to chase them. These administrative errors led to long waiting times for referrals. People felt that GPs and hospital consultants should be able to talk to each other directly without the patient being the middle man. Several commented that improvements needed to be made to the referrals system to improve these delays.

**Communication**

People wanted to see more interaction between GPs and patients, for example giving reminders for blood tests and appointments. Some felt that GPs did not care about patients as they did not follow up. Others commented that GPs seemed disinterested during consultations.
A few people commented on cultural issues which they believed had impacted on the quality of care that they received from a GP. Several people in Merton commented that Merton GP surgeries no longer do HIV testing. It was felt that more should be done to promote HIV testing.

Many people commented on a lack of awareness of specific services. For example, a few said they were unaware of annual health checks. 

Several people commented that GPs should be trained in how to communicate with children with learning disabilities and autism.

**Pharmacy**

Almost all Wandsworth health and care forum people said they would feel comfortable asking a pharmacist for advice if issues of privacy, including having a private place to meet with the pharmacist, were addressed and well managed. Despite this support, various concerns were raised:

- pharmacies would not be able to manage all the community needs;
- pharmacies were being closed;
- there might be resistance to directing people to pharmacists from GP surgeries as it might be against the GP’s business interests;
- personal views or beliefs of pharmacists might influence the treatment and advice they provide.

Some people had queries about operational details of using pharmacists instead of GPs, such as whether and how communication would be shared between pharmacists and GPs; how patient information gathered by pharmacists would be stored; and whether pharmacists would be financially compensated for having a larger workload.

**NHS 111**

Wandsworth people were concerned about the current NHS 111 service. For example, they wondered how the service would fit into the plan since they felt NHS 111 often directs people to A&E, rather than non-A&E sites. Further, some people did not like the idea of using NHS 111 more because they preferred speaking to a practitioner in person, while some felt NHS 111 staff do not communicate well (e.g. staff ask too many questions during a call).

**Use of technology**

A few people at the Merton and Wandsworth grassroots engagement activities commented that they would like the ability to book non-urgent appointments in advance, and some welcomed the prospect of telephone consultations but requested more information. Several people liked that they received a text from their GP to remind them of when their appointment was.

People had mixed experiences with online services. Some had used ‘Patient Online’ but most were unaware it was an option and said that they would not use the service as they did not use the internet. Others were more positive and said they would consider using it and felt that it should be
better promoted. A participant who had used the services commented that it was difficult to navigate the bookings system. A few people felt that their privacy would be compromised by using online services, and were concerned about data hacking and leaks. Some people liked the fact they could email their surgery.

**Mental Health**

People the Merton and Wandsworth grassroots engagement events felt that GPs were too quick at prescribing medication, particularly for mental health conditions, rather than seeking alternative options. People noted that these can often be addictive, are not explained properly, and tackle the symptoms instead of the causes of mental health issues.

Some felt that their GPs did not understand mental health conditions and people wanted more support for themselves and their families to understand their mental health condition in more detail. An example would be counselling from the community mental health team for families and carers so that they are able to understand what the individual is going through. For more details on mental health services in Merton and Wandsworth, see section 3.3.5

People at the Merton grassroots engagement activities felt that their conditions were being looked at one-by-one instead of as a whole person and that there was a disconnect between physical and mental health issues. They suggested that an integrated and coordinated approach to healthcare would particularly benefit patients with learning disabilities, who often have a variety of medical problems.

People also felt that NHS services should work more closely with social care. One participant commented that GPs should have better knowledge of existing social care and that information should be easily relayed between these services for joint up care.

**Other**

Some people at the Merton grassroots engagement events felt that there was a need for a new GP hub, as the current surgery is run down. There was much praise for the newly built Nelson Health centre, and people appreciated having several complimentary services under one roof.

People commented that the general environment in GP surgeries should disability friendly.

Some people expressed frustration with the current complaints systems, and felt these should be updated to allow for face-to-face complaints.

**3.3.4 Prevention and early intervention**

Overall, while supporting the need for change, people at the Merton and Wandsworth health and care forums wanted more information about the details of the prevention services. Merton people cautioned against continued consultation without a final plan, as well as suggesting the need to take learnings from previous transformations.

Merton people raised concerns over lack of funding and resources, as people believed public health funding had been cut and the NHS would struggle to fund prevention as well as acute care. Many felt that prevention was very important as an aging population would mean more complex needs in
the future unless intervention was implemented now. As they believed early intervention work has an impact on health outcomes 15 – 20 years later, they thought changes would not see a reduction in demand for services in the short term. One participant felt the focus should be on quality of years not just longevity.

People identified several challenges related to behaviour change and education. Some felt there is a current a lack of interest in prevention and early intervention from many health professionals, whilst other people thought encouraging prevention and early intervention could be dangerous (e.g. one participant felt individuals might underestimate a health issue and decide not to seek support). Merton health and care forum people supported promoting healthy lifestyles to more people, and thought signposting to services in local areas would help support changing behaviour. They believed the public did not know about all options, such as mental health services in the area, and suggested GPs have a list of services they could signpost to. More realistic healthy living advocates and role models were suggested to encourage people to seek more information.

Locality teams

People at the Merton and Wandsworth health and care forums liked the locality teams working to support people from different agencies together, providing integrated health care in their community. However, some Wandsworth people were concerned that community-based organisations could be forgotten as a useful resource, and one participant felt locality teams presented a risk because they were an un-tested service.

People had questions about how locality teams would be implemented, who would coordinate them, which professionals would be included, what area they would cover, how to contact them, and the level of support that would be provided for patients. Other questions raised by people included:

- the role of care navigators as they felt these roles were not clearly defined, for example, how would this role differ from receptionists who direct to services;
- more details about interventions for obesity and diabetes and how this would be managed by a GP;
- how workplaces would be involved in meeting the objectives of the prevention and early intervention plans in the STP.

Voluntary organisations

Merton health and care forum people also discussed the role of voluntary and community services in this transformation plan, which some felt might be relied upon too heavily. Some partnerships were working well, such as Live Well (a local voluntary group), as these groups understand the needs in community. However, a lack of funding and communication between services would be a challenge to these partnerships. A directory or forum to share ideas locally was suggested, which could help support the transformation plan.

People also made the following suggestions:

- there should be additional services for recovery and reablement, as well as prevention;
- making use of technology, including apps, could make health care more accessible (however, others thought technology would not be universally accessible);
- social prescribing or using more community-based health care options would improve health outcomes.

### 3.3.5 Mental health

Many attended the Merton mental health discussion, and agreed that change was needed. They felt there is a **serious need for mental health services in the area which is not being met.** For example, one participant said there were increasing numbers of people with mental health needs in statutory services or on the street, as well as inadequate support for carers.

Some people felt there was a **lack of information about how the STP proposals for mental health would be carried out.** They wanted to know more about

- what a mental health team might look like;
- the Psychiatric Decision Unit, whether it currently exists and how it would work in practise;
- whether GPs have sufficient capacity and training to work with a range of mental health practitioners in the community to improve care.

#### Feasibility

Concerns were raised about the feasibility of proposals, given the funding challenges in the NHS. Merton health and care forum people believed there was **not enough funding for mental health services**, such as talk therapy, meaning patients did not get the full treatment they needed. Understaffed and underpaid workers was also a concern, as the national lack of nurses was made **more difficult in London due to expensive living costs.** They questioned if **funding for changes would be taken from existing services.**

There were **concerns about the increased emphasis on use of GPs in mental health provision.** Many Wandsworth health and care forum people thought **current problems in accessing a GP**, including long waiting times and insufficient GP capacity, could hinder the mental health proposals in the STP.

As outlined above (In Section 3.3.3), some Wandsworth people felt there was a **tendency for GPs to prescribe medications** rather than prescribing non-medical approaches such as talking therapy or social prescribing. Some people at the Merton grassroots engagement activities noted that loneliness can often cause or exacerbate mental health problems and that this required community support. Several people thought there that **GPs lacked an overall awareness of the IAPT programme.**

People also said care for different vulnerable populations (e.g. ageing, young, or parents) was currently inconsistent and should be improved as part of the proposals. Many people commented on the long waiting times for ‘talking therapies’, which for some has taken over a year.
Springfield University Hospital

People at the Merton health and care forum and grassroots engagement activities commented on Springfield University Hospital. Some people expressed concerns that reducing the use of beds in Springfield Hospital would lead to longer travel times for patients. Others commented that the negative public opinion of Springfield was not good for their mental health if they were admitted there and some were irritated that when you call Springfield you need to provide a lot of personal information which made people feel nervous. People felt that it would be helpful if patients at Springfield were grouped by condition on the ward.

Education

People felt there was a need to engage with the community, to demystify and take action on mental health. The Springfield Hospital of Recovery College was highlighted as a model for peer support in recovery. Wandsworth health and care forum people thought that the voluntary sector could be more involved in providing mental health support in community settings such as in public libraries, so people can find support in a more informal setting.

People made various suggestions for mental health awareness raising initiatives:

- schools should do more to educate young people and children, supporting healthy habits particularly with technology with direct discussion in classrooms;
- local further education colleges could be used to educate and fund courses for people in recovery moving into learning and employment;
- signposting in GP surgeries;
- running mental health awareness campaigns;
- more training for NHS 111 staff to signpost to mental health support and services;
- training for a wider range of professionals about how to support someone with a mental health issue.

Early intervention

Early intervention in mental wellbeing, not just crisis, was highlighted with models in Wandsworth and Merton given as examples of what they felt was good practice. For example, faith-based community leaders were given Mental Health First Aid training, such as a group of 12 pastors of black majority-led churches learning about therapy and how to support families with mental health conditions, and a similar scheme was being implemented for Imams and mosques. At least one Wandsworth participant felt there were not currently enough staff in the NHS to implement a preventative approach to mental health, especially for children’s mental health. At Wandsworth grassroots engagement activities people felt there should be more visible support for men who may not seek support due to the stigma around mental health issues.
Integration

The plans for integrating mental and physical health were supported, and people gave the example of a pilot scheme at St George’s Hospital giving mental health support during cancer treatments. Some Merton people felt it was important to explain the importance of healthy eating and exercise to mental health. Similarly, perinatal mental health support before and after birth was needed, for example having an assessment during home visits to identify signs when a mother is not coping.

Crisis support

People at Merton and Wandsworth grassroots engagement activities commented that there was a lack of support within the NHS for those experiencing a crisis and suggested that there needed to be an increase in walk-in services and out of hour’s services to support individuals when they need it most.

Many people at the Merton grassroots engagement activities commented that the crisis line had been unavailable when required. One participant commented that after he was discharged from hospital having had a mental health crisis, he was not offered any follow up support, but had to seek it himself and suggested that this support should be more readily available.

Some people noted that the NHS in SWL are setting up ‘Crisis Cafes’ in partnership with the voluntary sector. People fed back that this model assumes that people understand their own triggers and know when to seek support. Some also commented that it was important these are promoted effectively.

Child and Adolescent Mental Health Services (CAMHS)

Several people at the Wandsworth grassroots engagement activities commented on mental health treatment for children or adolescents. Several individuals criticised the long waiting times for CAMHS, but most found that once they were in the system, the service was good.

A few people commented that there was little support for parents after the diagnosis of their children and that it would be useful for parents to be given useful tips on how to manage difficult situations, especially if they have children with behavioural issues. A few people commented that the transition from CAMHS to adult services was difficult to navigate and patients got lost in the system.

For more information of children’s services, see section 3.3.7

3.3.6 Learning disabilities

People at the Wandsworth grassroots engagement activities discussed issues surrounding care for patients with learning disabilities. They felt that the specialist care for children with disabilities is poor and not tailored to individual’s needs. Several people commented that there is a lack of support for carers of disabled children. A few people also commented on the lack of consistency received for speech and language therapy outside of school.
3.3.7 Children’s services

Very few people participated in this discussion in the health and care forums, however they supported the children’s service proposals overall. People had concerns about reducing A&E visits, as they felt this would not be achieved without more flexible access to GPs for parents.

Alternative services

Using a specialist nurse at the local GP hub was understood to be successful in Richmond. Another suggestion was that technology could be better utilised to give advice to parents more quickly, such as skype appointments to assess things like dermatological conditions.

Some people at the Wandsworth health and care forum felt that telephone consultations could work well for parents with children who are unwell, especially if this kind of service was available out of hours. However, others had concerns about how reliable advice and diagnoses could be if consultations are carried out over the phone. Some noted that telephone consultations rely on the parent being able to accurately describe the symptoms which might not always be appropriate.

People talked about needing services in the right place for parents as transportation can be difficult with a sick child or to visit them in hospital. In addition, there were questions about where the proposed specialist nurse unit would be located.

Raising awareness

People also talked about providing education and raising awareness of services with parents. They believed parents should be empowered with knowledge of the choices available to them and when it is appropriate to use them, giving them confidence. People suggested more engagement about their needs at local parent groups could be a good option for several reasons: engaging with parents in an environment they are comfortable in; an opportunity to both learn what they need; and raise awareness of existing or new services.

Another participant expanded on this, believing that this communication should start during pregnancy, to build a trust in the NHS and knowledge of services throughout the child’s life. At the grassroots engagement activities in Merton, people felt that there should be greater access to advice and support from the start when a child is diagnosed with a long-term condition.

Holistic and patient centred care

One participant in Wandsworth health and care forum felt that there should be a culture change in how children are communicated with as patients. They emphasised that children should be asked about their symptoms so that the medical professional hears directly from them rather than second-hand through their parent. In their view, this approach could also foster a culture where young people feel more confident being people in their own care, helping to move society further towards a patient-centred approach.

Some of the Merton grassroots engagement activities were centred around prevention of health issues for children. Several commented that GPs had not tried to solve health issues through healthy eating and others commented that they were unaware that a child with a learning disability was eligible for an annual health check. For more details on prevention, see section 3.3.4.
Children with additional needs

People at the Wandsworth grassroots engagement events commented on the importance of seeing the same professional when dealing with children with additional needs. Some also expressed concern that there were often long wait times and delays in the waiting rooms of specialists, which can be difficult to manage with an autistic child. Others mentioned that awaiting a referral to a specialist can take a long time which should be better managed.

Many commented that staff should have full training on how to manage patients with autism.

3.3.8 Maternity services

People at the Merton health and care forums felt the proposals were positive but unambitious, as these things should previously have been in place with one person saying these were proposed 25 years ago. There was a lack of awareness about the plans, with people from the local authority feeling there was not enough information for them or local counsellors.

People were pleased to see that mental health and perinatal services were included in the proposals, but felt staff at St George’s Hospital could be doing more to support mental health. At the Wandsworth health and care forums, people were concerned that it is not always easy to identify who is not coping, especially if mothers feel stigma associated with disclosing this information. These people felt that more personalised care and good relationships between women and their maternity care professionals is vital to support this aim.

People in the Merton health and care forum believed there were several areas of London with excellent perinatal services such as Wandsworth, Chelsea, and Westminster, which they felt Merton could learn from. In addition, they felt that they could learn from transformations such as Basildon or Morecombe Bay, or from international leaders such as Sweden.

People noted the national shortage of midwives, which they felt needed to be addressed in the plans. They felt quality care was more important than having one person consistently throughout pregnancy. People believed good maternity care was less about complex procedures, instead competent basic care with a good bedside manner was key. They had concerns that midwives were being given too many ‘tick box’ procedures to carry out rather than thinking about what a patient really needs. For example, a participant noted that women who were refugees would have very different maternity needs to a same sex couple, or an older mother. Some disagreed about use of beds post birth proposals, as some felt that patients could be moved to a less urgent care ward, while others said mothers should be discharged to go home more quickly.

At the Wandsworth health and care forums, discussions centred around the proposals for personalised maternity care and choice. Some people felt that control and choice is sometimes taken away from women in pregnancy and labour and they supported the aspirations in the STP to empower women to have more choice in their maternity care. Some noted that choice for women must always be balanced with medical decisions about what is safest for mother and child, but that there is scope for the balance to shift more towards women compared to their experience of current practice.
One participant noted the importance of managing expectations and for the NHS to be realistic about what it can provide, rather than raising expectations and then not meeting them. For example, letting women know that they may not have the same midwife throughout their pregnancy but that there will be a team of midwives available. This participant felt that by being honest in this way women wouldn’t feel so let down, for example if they see a different midwife when their usual one is not available.

At the Merton health and care forums people agreed that patient experience varied and there was a ‘hit-and-miss’ element to the services, suggesting that more training is needed to ensure more consistent care standards. For example, one participant said Kingston and St Helier hospital had excellent maternity units.

Some forum people and the Merton grassroots engagement events were generally positive about their experience of St George’s. Whereas people at the Wandsworth grassroots engagement events were less positive, including one comment that the health visitor only gave very general advice and some comments that the services were ‘disgusting’.

People said more support was needed post-miscarriage and for fathers in supporting pregnant partners and their own needs. A participant highlighted the lack of prevention plans in the proposals for maternity services, such as educating young people more about sexual health and pregnancy.

Finally, people raised concerns about midwives being overworked. Linked to this, they felt that training for midwives should include helping them to take care of themselves so that they are able to give the best care to women. People were worried that the emphasis on productivity could cause midwives to burn out and not be emotionally available to support women effectively.

### 3.3.9 Cancer

There were no comments on cancer services in Merton, however a few people commented on cancer services at the grassroots engagement activities in Wandsworth. One participant noted that their cancer diagnosis was delivered insensitively and that there was no signposting to additional support services. They also mentioned that they had issues with their referral. Another commented that they had to do their own research into community support. One participant mentioned that their treatment at the Marsden was excellent.

### 3.3.10 Planned Care

Few people at the Merton and Wandsworth grassroots engagement activities commented on planned care.

A few people at the Merton grassroots engagement activities commented that there were long waiting times at St George’s for outpatient appointments.

Some people at the Wandsworth grassroots engagement activities commented that the aftercare was not good and that changes in staff we very disruptive. One participant commented that that waiting list for the pain clinic was too long.
3.4 Sutton

<table>
<thead>
<tr>
<th>Borough</th>
<th>Date</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sutton health and care forum</td>
<td>1st February, 2017</td>
<td>30</td>
</tr>
<tr>
<td>Grassroots Engagement Activities</td>
<td>July – December 2016</td>
<td>13 events speaking to over 284 people</td>
</tr>
</tbody>
</table>

3.4.1 Overarching themes

While people at the health and care forum were supportive of the aspirations laid out in the STP, many felt that **the plan lacked detail and they wanted more information including overall timelines and a chronological plan**. Some questioned whether the STP is any different from previous plans, expressing frustration that plans are constantly produced but little change appears to take place. Others felt that the plans are **unsustainable and are too ambitious in the current financial climate**.

People broadly supported the STP aspirations, but had questions about how it would be implemented including **how staff shortages would be managed and where services would be located**. People also felt the STP did not provide enough detail about how the changes would work in practice and wanted to know more and what decisions had already been made (e.g. which hospital would be closed).

<table>
<thead>
<tr>
<th>Seven day acute services</th>
<th>Concern that there is insufficient capacity in A&amp;E and that closing a department would exacerbate waiting times.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unclear whether NHS 111 will reduce A&amp;E use based on their past experience.</td>
</tr>
<tr>
<td></td>
<td>Suggestion to change configuration of A&amp;E to have GPs / social care available there, rather than try to change behaviour.</td>
</tr>
<tr>
<td></td>
<td>Strong support for St Helier Hospital and concern that reliance on alternative A&amp;E services would lead to increased travel times which they felt could put people at risk.</td>
</tr>
<tr>
<td></td>
<td>Some concern about communication within St Heliers, and between St Heliers and other organisations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>More Care Closer to Home</th>
<th>Variable experience of GP services, with some great experiences and others reporting difficulty accessing appointments and a perception that receptionists were undertaking triage for appointments.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A view that GPs need to improve the way they support and communicate with patients with additional needs (e.g. deaf, learning disabilities, mental health).</td>
</tr>
<tr>
<td>Category</td>
<td>Summary</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Some concerns about increasing reliance on pharmacists as people were unsure whether they would have the right skills/training. Online booking works well for those who can use internet, but important to keep telephone option for those who cannot.</td>
<td></td>
</tr>
<tr>
<td>Prevention &amp; Early Intervention</td>
<td>Broad support for idea of increasing the emphasis on prevention, but more evidence needed to convince people it will have the benefits anticipated in the STP. Will require changes to both NHS staff behaviour, and people’s behaviour – both of which will be challenging. Specifically, people want more information about how locality teams will work and how they will interact with other local services in the public and voluntary sectors.</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Concerned about a current lack of resources and funding for mental health, especially given recent closures, the lack of a local crisis centre and long waiting lists. Felt they would benefit from more long term mental-health support once patients have been discharged. Scope for the NHS to improve the information available to patients about mental health services including community and voluntary sector services. GPs sometimes too quick to prescribe medication and should involve specialists. Felt that some groups have specific needs that are not addressed, for example providing counselling in sign language, providing a clear route to getting mental health support for young people and supporting carers.</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>Very few comments in Sutton. Suggestion more could be done to increase professional’s understanding of LD and autism.</td>
</tr>
<tr>
<td>Children’s Services</td>
<td>A few people felt frustrated with how long it took to be referred to CAMHS. There was a feeling that the local CAHMS service is overstretched. People were unsure where to find help.</td>
</tr>
<tr>
<td>Maternity Care</td>
<td>There were some concerns about access to maternity care, as people did not want it to be provided in a large GP surgery. The NHS should do more to raise awareness of maternity services, as well as tailor information about relevant services to individual needs. Some questions about personalised maternity care and providing more choice to patients and how to ensure this would be safe.</td>
</tr>
<tr>
<td>Cancer</td>
<td>Very few comments in Sutton.</td>
</tr>
</tbody>
</table>
View that follow-up care could be improved for patients and carers.

<table>
<thead>
<tr>
<th>Planned Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very few comments in Sutton.</td>
</tr>
<tr>
<td>Some positive comments about the South West London Elective Orthopaedic Centre.</td>
</tr>
<tr>
<td>A perception that follow-up care, including physio could be improved.</td>
</tr>
<tr>
<td>Some mentioned poor communication in hospital leading to wasted time.</td>
</tr>
</tbody>
</table>

### 3.4.2 Seven day Acute Services

Overall, there was significant concern that all five existing A&E services are already operating above capacity. People at the grassroots engagement activities believe that this will be exacerbated by the growing population in Sutton. As a result, people at all events were concerned about possible negative impacts of removing one or more acute services, including the potential for waiting times to be even longer than they are now, and about having to travel further for urgent care. These concerns were compounded by worries that A&E alternatives, such as walk-in centres, were closing. In contrast, a few people accepted that traveling further for specialist care might be necessary to improve the quality of care received.

Some people at the grassroots engagement activities commented that they did not know where to go other than A&E in an emergency; some had not heard of NHS 111, or did not wish to use it as they felt it had a poor reputation. Additionally, many people at the health and care forum were concerned about an increased reliance on NHS 111 for signposting patients to care. Some said NHS 111 had sent them to A&E in the past, so relying on the service could increase demand for A&E. They therefore suggested that the NHS 111 service would need to change if the plans were to be successful.

Similarly, people questioned whether it is possible to change people’s behaviour to stop them going to A&E unnecessarily. Instead, there was a suggestion to move the location of some GPs and social care services to the same place as A&E.

Short travel times to care were important to people and many were concerned that getting to care quickly would get harder over time as traffic increases. Although technically closer, people told us that Croydon University Hospital does not have a good reputation and some thought their only option would be travelling further to St George’s Hospital if St Helier A&E closed.

At the grassroots engagement activities, there was strong support for St Helier Hospital, where people have had mostly good experiences, although many said more could be done to speed up discharge. Several people noted the lengthy wait for patient transport to take patients home after they have finished their appointments in hospital. Some people shared their experiences of having been discharged at unsociable hours, without care being arranged at home and others said that they were disappointed at level of care post-discharge and suggested that there was no support outside of hospital. A few people also commented that the NHS and social care services needed to work...
together more closely, to avoid patients staying in hospital longer than they needed to, when social care services could help.

Some people at the grassroots engagement activities shared anecdotes about communication issues at St Heliers hospital, giving mixed feedback about staff attitudes. People raised instances of rudeness, abruptness and being sent to the wrong wards. Others commented that hospital staff have not been trained to communicate with patients with autism. Some people commented that there is little support for mental health needs in A&E. For details about mental health services in Sutton, see section 3.4.5.

A few people also commented on the lack of provision for deaf patients at St Helier. Whilst there were varying views on the availability of interpreters (some felt there was no one on hand, whereas others said it was easy to book in advance) one commented on the lack of a free TV options for those hard of hearing and a few people commented that as there was no Wi-Fi in the hospital, they could not engage with online interpretation software, which would be useful in the absence of an interpreter.

Some people at the grassroots engagement activities noted that there is a long waiting list to be referred across departments at St Helier Hospital and one commented that there was an issue with referrals being lost from Epsom Hospital.

A few respondents at the grassroots engagement activities commented on the St Helier building, and maintenance needs, for example that the toilet doors do not lock.

3.4.3 More Care Closer to Home

Discussions about more care closer to home raised many questions among people. These often centred around how the plan could work and be sustainable in what was perceived as an environment of funding cuts. Some people were concerned that care closer to home could mean services would be more basic than tailored and specialised. For example, one participant asked, “what are we willing to lose by putting care into the community?”.

Most people did not think they would go to a pharmacist as a first choice for care and were sceptical about how this change would work in practice. Many people believed that pharmacists were not skilled enough to manage medical problems compared to a doctor and pharmacists and may not have appropriate communication skills to work with patients. At least one participant felt specialist doctors and nurses are best placed to serve patients and was frustrated about the shift away from this model of care. Some people felt a nurse would be better placed than a pharmacist to provide alternative care for patients to help make care closer to home feasible.

Some people had suggestions for what changes needed to be made for patients to feel more confident about going to a pharmacist. Suggestions included more effort by the NHS to change people’s tendency to go to A&E as a first resort, encouraging people to use the NHS 111 service more often, and investing in further training for pharmacists to communicate and offer advice regarding a range of health problems.
Many people at the grassroots engagement activities shared their positive experiences with GPs in the local area, particularly at Manor Surgery. Others commented that there should be a clearer complaints system, and several expressed concerns which are outlined below.

Many people at the grassroots engagement activities commented on the difficulty of getting a GP appointment, saying that it can take up to 2 weeks. People also expressed frustrations that reception staff at practices are triaging patients for appointments and making decisions on whether their concern should be treated as an emergency. Some people commented on the length of time for referrals and their frustrations when referrals got lost, which meant that they had to chase their GPs.

There were some specific concerns about GP’s responsiveness to different patient needs. For example:

- A few people commented GPs’ lack of knowledge on the rights of deaf patients. For example, people commented that many GPs were unaware that they should book interpreters, and that a double slot should be offered. People also commented it was particularly difficult for deaf people to phone up for an emergency appointment, so it was suggested that another method of appointment booking be introduced for more equality.

- A few people at grassroots engagement activities described the lack of support for parents with children with learning disabilities, and many people commented on the lack of support for carers, where some commented that GPs should play a bigger role in identifying the health and wellbeing needs of carers.

- Some people felt that GPs were unable to direct patients to mental health community groups and a few felt that GPs were quick to prescribe medication for mental health issues as opposed talking.

- Some also felt that GPs do not provide information on diet, wellbeing and mental health.

Some people at the grassroots engagement activities commented on the benefits of Patient Online, saying it was somewhat easier to book an appointment the night before and that it has made it a lot easier to collect prescriptions from their pharmacy of choice at a time convenient to them. Others expressed concern that the NHS is moving towards booking online appointments and accessing medical notes online as they did not know how to connect to the internet. People suggested that telephone appointments continue for those who do not have internet access.

Several people at the grassroots engagement activities wanted information at GP surgeries to be presented in a more readable format, as some of the jargon used can be difficult to understand (and some especially asked for there to be more information around eye conditions.)

### 3.4.4 Prevention & Early Intervention

Some people at the health and care forum felt the STP’s focus on prevention and early intervention was logical. However, most people raised challenges and questions around financial feasibility and how, if at all, social care resources would be included. A few people said they did not think there was enough evidence in the plan to demonstrate how prevention and early intervention would make the NHS work better, such as how the plan would reduce the number of patients in A&E in
practice. One participant was concerned that a focus on prevention and early intervention could compromise the care for conditions that cannot be prevented.

People felt there was not enough information in the STP about how locality teams would function. For example, many people wanted to know more about who would manage the locality teams, who would champion the linking of services and practitioners, and where the members of locality teams would be physically situated.

People said changing peoples’ behaviour would be challenging; however, they agreed it was a key component to making prevention and early intervention work. Some people offered suggestions including changing NHS 111 to focus on prevention, using the voluntary sector (though not relying on the sector), and targeting specific groups for prevention and early interventions such as elderly via care homes, smokers, or pupils in school.

Some people felt the NHS would need to change its internal culture and approach to patients to make prevention and early intervention work. For example, many people perceived the NHS does not currently foster a culture of prevention and early intervention and that internal policies and staff would need to change to support patients’ behaviour changes. At the grassroots engagement activities, some people commented that free gym membership would help people live healthier lives.

### 3.4.5 Mental Health

Many people at the health and care forum said they were concerned about a current lack of resources and funding for mental health care. Several people worried that despite an identified need to address mental health more holistically, several mental health centres in the Sutton area have closed (i.e. the ‘Memory Lane’ service and a mental health drop-in centre in Wallington). They also noted Sutton does not have a mental health crisis centre. Thus, people discussed the negative impact on patients of needing to travel long distances to access mental health care. Patients were also concerned about long waiting times to access mental health services and limited support for patients and carers once initial treatment is completed. For example, several people at the grassroots engagement activities commented specifically on the lack of mental health support after being diagnosed with fibromyalgia.

Some people at the grassroots engagement activities suggested that there should be more long term mental-health support once patients have been discharged from care to stop them going into crisis again. They also noted a need to connect mental health services with other physical health services to improve care in a more holistic way. Others commented that people needed more education into how physical and mental health are linked.

People also felt the NHS could improve the information available to patients about mental health services including community and voluntary sector services in their area. Some people felt there was a need for greater awareness about early mental health intervention, such as incorporating mental health education in the school curriculum.

A few people commented that GPs were quick to prescribe antidepressants without considering alternative treatment methods. They suggested that more should be done to treat the cause and not
just the symptoms, and that there should be more emphasis on referrals to mental health specialists.

Several people at the Sutton health and care forum were concerned that some groups were not represented at the discussion, noting that different groups would have different mental health needs (e.g. homeless, ex-offenders, migrants, LGBT, teenagers). Some people at the grassroots engagement activities said that they were unsure how to navigate getting help for child mental health, where several found getting referrals for their children difficult and others commented that the Sutton CCG currently does not offer British Sign Language counselling for deaf people. At the grassroots engagement activities, some people commented that carers’ mental health should be specially considered.

### 3.4.6 Learning disabilities

A few people at the grassroots engagement activities commented that more training and awareness around learning disabilities and autism would be helpful.

### 3.4.7 Children’s Services

No people attended the children’s services sessions at the Sutton health and care forum. A few people felt frustrated with how long it took to be referred to CAMHS. There was a feeling that the local CAHMS service is overstretched. People were unsure where to find help.

### 3.4.8 Maternity

Three people at the health and care forums attended the discussion on maternity services. People expressed concerns about access to maternity care. Many felt it was important to have maternity support close to home and ideally not in a large GP surgery where people felt care would be comprised with high numbers of patients competing for appointments.

People said the NHS should do more to raise awareness of maternity services, as well as tailor information shared during appointments to individual needs. For example, people thought GPs and midwives could provide more information to patients about available support, provide information in different languages, account for cultural differences in how women prefer to receive care, and provide at-risk mothers and families with additional support.

Some people had questions about personalised maternity care and providing more choice to patients. One participant was unsure about what more personalised care would mean in practice. Another participant felt that by allowing patients to choose maternity care for themselves without the right information, women might make choices that could harm their health, rather than empower them.

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2 Although not all these groups are necessarily represented in Sutton, the grassroots engagement activities were designed to ensure that people from seldom heard groups have a voice
3.4.9 Cancer

A few people who attended the grassroots engagement activities commented on cancer services in Sutton. Several mentioned that the follow up support services were lacking, for those who have gone through cancer treatment. People also felt that there should be more counselling services for those affected by cancer as well as their carers.

3.4.10 Planned Care

Several people at the grassroots engagement activities raised concerns about the cancellation and postponing of operations, as well as a lack of communication in hospital which led to events such as checking blood pressure twice in a row, and delayed discharge.

People gave a lot of praise for the South West London Elective Orthopaedic Centre although some were concerned that the pre-op assessment questionnaire could be feel insensitive and very impersonal.

Some people expressed concerns about recovery from operations, and several felt that support with physiotherapy was lacking. One said that they were given some physiotherapy sessions and these were abruptly stopped and a few others were expected to engage in physiotherapy on their own at home. Some people wanted to see more support in the community after an operation, including physiotherapy and community activities.

4. Next steps

The Sustainability and Transformation Plan in south west London is currently undergoing a refresh in order to ensure that the work moves towards local planning and delivery to keep people out of hospital and ensure that delivery is centred around the Local Transformation Boards (LTB). It is expected that a refreshed plan will be published in November 2017. All of the outputs from the engagement activities (health and care forums and grassroots engagement activities) will feed into this refresh. In addition, the area feedback will be taken to each Local Transformation Board for their consideration. It will be saved as a repository of information which can be drawn upon when community intelligence is needed about a local service. The grassroots engagement programme has continued into 2017/18 – and the feedback will be considered at a LTB level.
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<th><strong>Client</strong></th>
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