South west London NHS response to feedback gathered during early engagement on the Issues Paper (April 15 – March 2016)

Contents

1. Introduction

During 2014, the whole of the NHS in south west London published an 'issues paper' which set out a series of challenges faced by local health services. The issues paper was for discussion with local people and included some emerging ideas from NHS clinicians and managers to address some of the challenges raised.

The paper was circulated across south west London and local organisations and people were asked to comment. A large-scale focus group or 'deliberative event' was held in each borough and a report of these independently-facilitated events is available on the South West London Collaborative Commissioning website.

The feedback from members of the public and local organisations has been taken into account in developing a draft Five Tear Forward Plan for south west London. This report sets out the response from the local NHS to the overarching themes discussed at the events.

2. Overarching themes across work streams and the programme response

2.1 Funding

The majority of people recognised that the health system in its current form has increasing demand and not enough funding or resources. When considering ideas for making changes to health services, people often felt that these were aspirational rather than feasible in the context of the challenges around funding and resources.

Our response

Our five year forward plan attempts to address these issues. A big part of the problem is that our services are not set up in the right way to address people's needs. We believe that by spending the money we are allocated each year differently, we can improve or maintain the current quality of care and make services more financially sustainable. This is why our plan emphasises helping people earlier before problems get worse, supporting people to live healthier lives, improving access to GPs and other primary care services, increasing the services available in local communities and providing dedicated support in local communities for frail elderly people, those with long term conditions, children and people with mental illness.

2.2 Efficiencies

There has been a lot of discussion around how NHS budget could be spent more efficiently. For example, by thinking differently about use of buildings, 24/7 care, spending less money on administration, contracting and management and investing instead in doctors and nurses, and securing better deals with pharmaceutical companies.

Our response

A key part of our plan is to spend less money on non-clinical, 'back office' functions. Our acute hospitals are working together on a plan to combine these functions where possible and our CCGs are moving to a structure where we will have a single Accountable Officer for south west London. We are also working on an ambitious estates plan for south west London, making sure we get the best use out of our buildings and land and that our buildings are all suitable for delivering 21st century healthcare.

2.3 Staff

Lack of staff and resources was often mentioned as an issue. There were concerns about senior and specialist doctors leaving the NHS, e.g. moving into private practice or working abroad. People felt that more should be done to make nursing an attractive profession for young people, starting with increasing nurses' salaries. Some people have also queried the economic viability of outsourcing jobs to expensive agency staff rather than paying NHS nurses more.

Our response

Our plan is to reduce spending on expensive agency staff by integrating services better and reducing the need for hospital care by providing better services in local communities. We recognise that there are shortages of some clinicians – such as GPs and specialist children's doctors – and our plan takes account of this. Some of the issues raised, such as nurses' salaries, are national issues which are outside our remit in south west London.

2.4 Equality of access to health services

A theme that came up several times was equality: that access to health services and the quality of these services should be equal for everyone. There was some concern about privatisation of services and that priority or better quality of care would be given to those who can pay for it.

Our response

Health inequalities are a strong driver of our plan. We do not think it is acceptable that the quality of care patients receive depends on where and when they access our services and this is one of the challenges our plan aims to address. While we are bound by national legislation on procurement, we do not believe there is a need for increased privatisation of services and our plan does not recommend this. Our plan aims to make existing services work better.

2.5 Data sharing and integration

Better information sharing between health services was a recurring theme across the different work stream areas: people having to repeat themselves, waiting for information to be transferred after a referral, or mistakes being made. Many people have suggested that some of these problems could be solved by better IT systems e.g. online database of patient records accessible to all the different care providers as well as patients, Overall, people feel that issues with information sharing impacts on the

continuity of care; participants noted that “you end up seeing so many different people, and having to repeat things” and “you get passed from pillar to post”. This was felt to be not only confusing, but also a waste of time and resources.

Our response

We completely accept that better IT systems and better use of technology will be integral to improving the NHS. We are working on an IM&T strategy to address this. Better sharing of information between services is critical to improving care and patient experience and is a key element of our plan. We will also increase the use of ‘care navigators’ who can support patients and carers to find their way through the health and care system, so that they do not have to keep providing the same information to different professionals.

2.6 Joining up services

Many people fed back that there should be greater collaboration between the NHS and voluntary community sector, as well as between primary and secondary care. It was felt that more effective primary care services would help prevent unnecessary admissions to hospital. Closer working with local authority care providers was also seen to be important as this would ensure continuity of care and reduce duplication.

Our response

This is a key plank of our five year forward plan. We want all parts of the health and care system working together, with patients and their needs at the centre of all we do. We are putting in place locality teams in each borough, to look after the needs of at least 50,000 patients. These will be joint teams of GPs, nurses, pharmacists, mental health staff and other healthcare professionals, working with local authority social care staff and hospital clinicians. We want the system to work as one system in response to peoples’ needs and this is a crucial driver of our plan.

2.7 Education and awareness of services

Better and more targeted communication was often suggested, to help people navigate the healthcare services. Related to this, people thought there should be more focus on prevention and early diagnosis for patients in order to enable them to make informed decisions and get early access to services. Education is an important aspect of prevention, people need to be educated and supported to live healthier lifestyles. People would like to see improved and more effective signposting and communication between different service providers.

Our response

More focus on prevention and early diagnosis is central to what we are trying to achieve. We need to do much more to keep people well and support them to live healthier lives. We need to focus on better health education campaigns across south west London, increasing uptake of screening and improved support to help people navigate our systems. This includes a revamped 111 telephone hotline for patients, increased use of care navigators and better use of technology such as smartphone apps or Skype appointments for those who want this.

3. Transforming primary care

3.1 Challenges/feedback

- **Type and quality** of services provided by GP surgeries varies
- Difficulty **making GP appointments**.
- **Pharmacists are underused** and more should be done to communicate the different services available.
- **New technology** should be embraced to help relieve pressures on primary care, in particular online booking systems, the use of Skype and information available online to educate and communicate different services that the NHS provides.
- More communication around **111 services and walk-in centres** as these are underused
- Community services should be **signposted by healthcare providers** and support organisations should be used more by GPs. This would also help in preventative tactics for common illnesses such as diabetes and raising public health awareness and campaigns.
- There is concern about the **quality of facilities and buildings** across the six boroughs, with some healthcare centres having multiple healthcare providers and are modern and efficient whilst others are inaccessible those with disabilities.

3.2 Ideas for improvement

- **Nurses -** Many people felt that having nurses available in surgeries would be a positive step towards reducing pressure on GPs as they can deal with many minor cases and travel into communities to deliver services and provide information for example giving blood tests.
- **Pharmacists -** People were largely unaware of services such as free deliveries of prescriptions, making up dose boxes, and being a preventative health service. However, there was concern that trained pharmacists weren't always available.
- **Primary Care Navigators -** were seen to have the potential to reduce repeat and unnecessary GP appointments.
- **Community and Social Services -** People felt there was a need to have other professions in GP surgeries, for example counsellors or a person in situ to guide patients to different services.
- **Seven day GP surgeries -** People who worked Monday-Friday 9-5 supported the concept of seven day GP surgeries. Most people said they were happy to go in the late evening to visit a doctor more than at a weekend**.**
- **Primary care settings -** People were generally positive about having healthcare provided in one building. For example, it was suggested that having pharmacists in the same building as GPs would help monitor prescriptions to avoid any errors as well as nurses to help provide any minor treatments.

- **Local practice networks -** Collaboration between practices was positively received however some felt this might come with an increased administration expense. Some felt uneasy about shared patient information, others felt that there is nothing wrong with this.
- **Extending the use of technology -** Some felt that that more could be offered online, for example booking repeat prescriptions or corresponding with a doctor, through email or telephone. Most people felt comfortable and happy to Skype their GP as it seemed efficient.

3.3 Our response

The issues raised here are exactly the challenges our five year forward plan is seeking to address. Section 4.1 of the south west London 5 year forward plan sets out our approach to dealing with primary care challenges. We plan to:

- Increase access to GP appointments between 8am and 8pm
- Make better use of other clinicians such as pharmacists and nurses and increase links between GPs and hospital consultants
- Set up 'locality teams' to coordinate care in each borough and support people to stay well, including supporting those with long term conditions and their carers
- Communicate better with patients about what services are available, including a revamped and improved 111 telephone service and more use of care navigators to support people
- Extend the use of technology such as smartphone apps, Skype appointments, online booking and prescription renewal, and sharing of patient data between clinicians where appropriate
- Bring all of our buildings up to scratch, so that they are fit for delivering 21st century healthcare

4. Out of Hospital

4.1 Challenges/feedback

- Poor **hospital discharge** often led to people feeling that services were not as joined up as they should be.
- Poor **information sharing** was seen as a huge weakness for the NHS and was a particular concern in the management of people with long term conditions
- People were unsure how the **move to more community based care** would save money for the NHS and wanted more information on service costs to understand this
- **Better use of digital technologies** was welcomed by most to improve access to GPs and other healthcare professionals
- People felt that the **role of the voluntary sector** in the delivery out of hospital care should have more emphasis

4.2 Ideas for improvement

- **Working together to avoid repetition to different professionals –** it was noted that trying to implement co-ordinated care will require several things to happen – all services need to know who is involved in someone's care, what services are available, and they need to be able to communicate easily with each other.

- **Stronger focus on giving people greater control of their own care -** It was thought essential that people become more involved in their own care so that doctors are only doing what doctors have to do. Using digital monitoring was also seen as a great way to help people keep well in their own homes.

- **Support for people with long term conditions -** Several people were worried about the lack of support when someone has a long term condition. Many felt that the information about the next steps and where to find appropriate help should be a priority at the point of diagnosis because these patients are the most likely to use out of hospital care.

- **Support for carers -** It was felt that there needed to be more support for carers, acknowledging that more services delivered out of hospital puts pressure on carers. It was acknowledged that without adequate support, carers 'might go downhill' and often had feelings of guilt if they were unable to care for their loved one: 'you can't afford to be ill'. They stressed the importance of opportunities for respite care or groups for carers to meet each other.

- **Voluntary sector role in improving care -** Many saw an opportunity to work more closely with carers, voluntary sector and the wider community. Examples of good practice included the St Christopher's Hospice, and the Daniel Spargo-Mabbs Foundation, which is a voluntary organisation specialising in the education of young kids on the dangers of drugs.

- **The financial impact of more out of hospital care – can money really be saved?** People felt that they did not have enough information about the cost of services (including the cost of delivering services in different locations) to be able to have an informed discussion about the cost benefits. They would find it helpful to have a breakdown of costs to get a better understanding of budget decisions.

4.3 Our response

We recognise the issues raised here and seek to address them in our plan. An integrated, joined up approach between all health services and social care is essential if we are to improve hospital discharge and deliver better services in our communities. We also need to work better with the voluntary sector, which is often well placed to provide support to patients and carers.

A central part of our plan is to give people more control over their own health, helping patients and carers to self-manage conditions where appropriate. Key to this is ensuring that the right support and information is in place when they need it. For people with long term conditions, this is particularly important and our plan sets out how we will support these patients and their carers. Our locality teams and increased use of care navigators should ensure that out of hospital services are much more 'joined up' for patients.

Hospital care is more expensive to deliver than community-based services and is often less convenient for patients who could be treated nearer to home, or at home where appropriate.

One example of this is outpatient services. Many patients are given 'automatic' follow up appointments that they do not need or attend. This costs the NHS substantial sums of money and means other patients may not be seen. Our plan aims to transform outpatient services, ensuring patients only get appointments when they need them, that they are given appropriate reminders and that, where possible, outpatient care is delivered in the community, for example by primary care staff, over the telephone or via Skype for those who want this.

5. Urgent and emergency care

5.1 Challenges/Feedback

- **Capacity issues and stretched resources** mean that some people have inconsistent experiences of UEC services or are sometimes unseen.
- People strongly agreed that there was insufficient understanding and awareness about what local services are available as **alternatives to emergency services** – especially those services that could bridge the gap between GPs closing at night and opening in the morning.
- Most agreed that they **lacked knowledge about different services** both in terms of what is available, but also, when to use urgent vs emergency services.
- It was recognised that people use urgent and emergency services unnecessarily far too often. **Navigating health services** out of hours was seen as a particular challenge, because some people don't know there are other options like 111 or walk-in centres.
- A **focus on prevention** is a key issue missing from the case for change for urgent and emergency services.
- Giving people **easy alternatives to A&E** was seen by many as being the main way to avoid overstretched A&E services, and services that bridge between UEC and GPs are highly appreciated in this context. Information and raising awareness is crucial, to avoid people going to A&E by default.
- People generally liked the idea of **locating urgent and emergency centres close together** to have a single point of entry that would be responsible for early assessment and sending you to the most appropriate service.
- It was agreed that **triaging** can be highly effective in diagnosing the patient's needs early on and sign-posting patients to the most appropriate service.
- People liked the idea of better joined up working between hospitals and social services.

5.2 Ideas for improvement

- **Increasing capacity in urgent care services outside of hospitals, along with better information for patients about alternative services to A&E, and how to access them.** Giving people easy alternatives to A&E was seen by many as being the main way to avoid overstretched A&E services. Services that provide a bridge between UEC and GPs are highly appreciated in this context. Several people agreed that the walk-in centres offered excellent service for times when GPs aren't available and it's clearly not an emergency situation. Many also liked that these centres give people the opportunity to have urgent care services closer to home because they are spread out across local areas.
- **Making sure that patients with major illnesses or injuries are seen early on by a senior doctor in A&E, seven days a week -** Generally, people liked the idea of locating urgent and emergency centres close together to have a single point of entry that would be responsible for early assessment and sending you to the most appropriate service.
- **Making sure that hospitals, social services and housing departments work together so that people can leave hospital sooner -** People liked the idea that if someone is in UEC and

needs social care, the department will be notified, and they will have a set amount of time to prepare for their needs to be met. It was also agreed that transport and pharmacy services needed to be part of joining up services better.

- **Improving the links between hospital A&Es and mental health services, so patients receive the right assessment and care as quickly as possible -** Several people felt that the links between hospital and mental health services need to be improved, given that people with mental health problems may be difficult to manage and require trained and experienced staff.

- **Connecting NHS 111 with different urgent and emergency care services so individuals can get the right advice in the right place, first time -** It was noted that it would be critical that early assessment services, like 111, must connect you with clinical staff – experienced nurses or doctors – so they are better able to provide alternatives to emergency care and offer the right advice and make a quick diagnosis.

- **Patient passports -** Some people mentioned patient passports – a new initiative in south west London – whereby patient assessment and 'need to know' information can be summarised and shared electronically or hard copy. By creating these documents professionals are able to deliver more personalised care and patients can save time and energy by avoiding the need to repeat information. It was noted that initiatives like this will only be successful if health professionals take the time to read these documents.

5.3 Our response

Our five year forward plan aims to address the issues highlighted here. We plan to revamp the 111 service, providing better information for patients about where to get help when, and to promote it more widely and effectively. For many patients, it should often be their first port of call. We also plan much better integration between A&E and mental health services and between hospitals and local authority services such as housing and social care.

An important focus of our plan is to reduce the pressure on acute hospital services like A&E by treating people sooner or in a community setting where appropriate, so that problems do not escalate to the point where they end up in hospital. This will reduce the pressure on our hospitals, enabling them to provide a better service and to meet the minimum staffing requirements that we do not always meet at present. This could also free up more space in our hospitals for non-acute services, such as care for the frail elderly. We also recognise the importance of co-locating urgent and emergency care in our hospitals.

6. Children and young people's services

6.1 Challenges/feedback

- It was agreed that **services needed to be more joined up** for children and young people, including links between schools, Child and Adolescent Mental Health Services (CAMHS), GP surgeries, maternity services, paediatric wards and social services.

- There were concerns about a **lack of awareness of available services** amongst children and young people and their families, feeling these could be better publicised.

- The **importance of mental health services** for children and young people as a priority, especially early intervention strategies, was emphasised.

- It was felt that **supporting parents** to diagnose and care for their children was essential and support services and resources need to be available alongside GPs.

- People value affordable services and fear that the closure of **Children's Centres** (which sometimes also provide health services) will reduce the range of free or affordable services to support parents. More affordable sports clubs in schools was also felt to be a good idea to encourage healthy lifestyles.

6.3 Ideas for improvement

- **Making sure services work together with the rest of the NHS and local authorities -** Many people agreed that joining up services for children and young people was essential. Often it was not clear to parents how much information a health professional had about their child.

- **Support for the Children's Network but need for more information about its purpose** - There was broad support of the Children's Network, identifying that this could be a useful way to share learning across boroughs. However, people need more information about its purpose.

- **Specialist hospital care for children and young people -** People were concerned that the specialist hospital care cited in the ideas to improve CYP services might mean cutbacks to other services. However, some felt that it would be beneficial to have specialist paediatric trained nurses in the community setting, within GP surgeries.

- **Look at children's mental and physical health across south west London: how well are existing services supporting them -** Many people felt that there should be more focus on mental health services for children and young people within the SWL programme. They were particularly concerned about mental health issues that are common in children and young people, including anxiety, eating disorders and self-harm, as well as issues around social media, the internet, and bullying. It was felt by some that facilities like local CAMHS services did not appeal to children, especially teenagers. People wanted these places to be made more fun, or for more outreach work to be done with children in their own homes.

6.4 Our response

We agree that children and young people and their parents do not always get appropriate or joined up support at present. Our plan recognises that most children's care should take place in the community rather than in hospital and that too many children end up in hospital when they do not need to be there.

The improvements we are making to out of hospital services we are suggesting will mean children need to go to hospital less often. It will be easier for children and young people and their parents to get the help they need from their GP or another service in their community.

If children do need hospital support, this will be provided in specialist short-stay units linked to A&E. These changes should mean that the small number of children who need to be admitted to hospital will get to see a specialist more quickly.

We will provide more information about our Children's Network and we will use the Network to improve links across different health and care services.

7. Maternity

7.1 Challenges/Feedback

- General consensus that **inconsistent services** and women not always getting the support they need is caused by staff shortages in maternity care services and that this should be addressed as a priority if services were to be improved.
- Concerns that the **ideas for improving services seemed more geared towards saving money** rather than providing the best maternity care to women.
- Some people suggested that, unless there are complications or complex needs, **midwife-led care and home births** should become the norm.
- **Collaborative and joined-up care between different service providers**, as well as more effective signposting and information sharing were thought to be key in improving maternity care and raising awareness of the different sources of support available to women.
- There was a focus on the importance of **ensuring on-going and personalised care for women**, especially for those with complex needs or chronic medical conditions.
- **Birth options** were also discussed at length and participants agreed that midwife-led care and birth centres could provide a more pleasant environment for women with low-risk pregnancies.

7.2 Ideas for improvement

- **More availability of midwife-led care and home births -** Promoting midwife-led birth centres and home births as a viable option for women was seen as important. One suggestion was to relax the criteria for accessing midwife-led care because increasing one-to-one support can reduce risks and better support women.
- **Better range and quality of services outside hospitals -** New initiatives such as the new Birth Centre in Croydon were seen as positive, but people felt that better use could be made of birth centres to take pressure off hospital wards. For example, it was suggested that women with low-risk pregnancies could be moved to midwife-led birth centres as this provides a more pleasant environment.
- **Supporting antenatal and post-natal care -** The need for better end-to-end maternity care, from family planning and education through antenatal and postnatal care, was highlighted. People want to see a more personalised and holistic approach to maternity care to support women to better understand and manage their own health during pregnancy, especially if there are complex needs or other conditions.
- **Providing 24/7 care in hospital obstetric units -** People saw a need for better planning ahead for possible complications, and better checking and monitoring. Many felt that the referral system needs to improve and that women with complex needs or chronic medical conditions should be referred to a specialist as early as possible.
- **Improve referrals for women with chronic medical conditions -** Women suffering from chronic medical conditions should receive early in-depth health checks and tests for in order to identify the risks of passing their condition onto the baby.

- **Improving continuity of care for mother and baby** - People emphasised the need for more collaborative and joined-up maternity care. In particular, concerns were raised about lack of coordination between physical and mental health care to support women through their pregnancy, especially when experiencing miscarriage or postnatal depression.
- **Better signposting and information sharing -** There was agreement that women should be better supported with information resources and guidance throughout their pregnancy and after giving birth, especially when it comes to out-of-hours services. Many people emphasised the need for effective signposting and information sharing to help women access maternity care services and other sources of support available in their communities.

7.3 Our response

As in other areas, the challenges highlighted in maternity services are issues we recognise and are attempting to address in our five year forward plan.

Our aim is to ensure that pregnant women get a more personalised service and more choice. There will be more home births and midwife-led care for those women who want this – and women who need or prefer to give birth in a consultant-led maternity unit will continue to have that choice. Care before and after birth will become more personalised, with women seeing the same midwife throughout their pregnancy and after giving birth.

Mental health support will be on hand for women who have mental health problems during pregnancy and/or suffer post-natal depression. If we are to meet the minimum standards for women in all our consultant-led units, it is possible that we will have to reduce the numbers of hospitals providing this service, making us better able to provide extended consultant-led care in these units.

Improvements to out of hospital care in general should enable women to be better supported throughout their pregnancy.

Our approach is designed to improve maternity care and patient experience – we certainly want to live within our budgets, but our strategy on maternity care is not financially driven.

8. Planned care

8.1 Challenges/feedback

- There was broad acceptance of the principle that **planned care and emergency care operations be separated** if it meant operations were less likely to be cancelled and medical staff more likely to maintain skill levels. Separating planned care from emergency care is a significant change which participants felt the NHS needed to explain and promote the benefits of to the public.
- Most people would be **prepared to travel further** if they knew the outcome was likely to be better and the procedure was unlikely to be cancelled. Although for some this would depend on the circumstances and the procedure.
- There were mixed views about what separating planned care from emergency care would look like in practice, with some people preferring “one shop stop” hospitals which offer a full spectrum of services, and others saying that trying to have everything under one roof is unsustainable.

However, overall there seemed to be **appetite for clustering certain procedures**, thereby still having a diverse group of surgeons in your local hospital, as well as more expertise in one place.

- Some expressed concern about local hospitals being turned into planned care hospitals, leaving local residents without a nearby hospital.

8.2 Ideas for improvement

- **Develop centres of excellence in different surgical specialties, (similar to the South West London Elective Orthopaedic Centre at Epsom Hospital) -** People recognised that specialist hospitals, such as the South West London Elective Orthopaedic Centre at Epsom Hospital offer high quality care. Most people agreed that hospitals are doing too much, and this was not sustainable.

- **Develop a more efficient system, separating planned operations from emergency care** - There was broad acceptance of the principle that planned care and emergency care operations be separated if it meant operations were less likely to be cancelled and medical staff more likely to maintain skill levels. For people who work, the decreased likelihood of a procedure being cancelled was appealing, as they would have to take time off work, and it would be a nuisance for them and their employer if they had to reschedule the operation.

- **Willingness to travel further for planned procedures -** In principle, most people would be willing to travel further for planned procedures if they knew the outcome was likely to be better and the procedure was unlikely to be cancelled, as long as it did not result in longer travel times for emergency care. **H**owever, people wanted to know how accessible the planned care hospital would be to them.

8.3 Our response

We do not propose to create a dedicated planned care centre in any of our hospitals, but we will maintain the very successful South West London Elective Orthopaedic Centre. We will also look to improve clinical networking between different planned care services and clinicians. We recognise the importance of separating planned and emergency care in our hospitals.

9. Mental health

9.1 Challenges/feedback

- People agreed that mental health is just **as important as physical health**, but services and funding don't seem to reflect this. Joining up services across physical healthcare, social care and the voluntary sector should be improved.

- Whilst people welcomed the focus on earlier help, they thought that there should also be **more emphasis on the prevention agenda**. They highlighted that mental health training in schools could help early intervention and equip children with the knowledge to recognise the symptoms and seek help.

- For many people with a mental health problem their GP might be the first port of call; participants felt that access to s**pecialist mental health support in primary care settings** should be much

easier than it currently is. Suggestions for improvement included dedicated mental health champions in every GP practice, training for GPs and better self-referral options.

- **Crisis care** came up as one of the main concerns; people in mental health crisis too often end up at A&E, or in a police cell. More appropriate crisis care should be put in place, for example 24 hour emergency mental health care or safe houses.

- People pointed out that a higher degree of choice and **personalisation is essential** given the array of conditions mental health encompasses and warned against a “one size fits all” approach.

- The importance of moving mental health services closer to home was emphasised. They also advocated for better support for family and carers.

- A priority going forward should be supporting and **scaling up peer support schemes**.

9.2 Ideas for improvements

- **Improving mental health in primary care settings –** people suggested having a dedicated mental health champion in every GP practice, or, mental health nurses or specially trained doctors working across a number of primary care patches.

- **Better quality and access to mental health services in the community, helping people to stay well and out of hospital where possible -** People supported the idea of improving access to mental health professionals so that waiting times could be reduced. They thought that counselling and therapies could be improved.

- **Family care -** Better support for families and carers so they are better prepared for dealing with crisis situations, but also more information for families to support them with the day to day things, such as a place or helpline where family and carers can ask a quick question.

- **Peer support -** Overall, people thought that supporting and scaling up peer support schemes should be a priority. It can be hugely beneficial for people with mental health issues to meet other people who have gone through the same thing and have come out at the other side and are ok.

- **Support for homeless people -** Many homeless shelters are ‘dry’ which can cause problems for people who are alcoholics. Some have started allowing certain limits of alcohol, but this has had mixed results.

- **Better support for children and young people with mental health needs; importance of education, early intervention and better transition into adult mental health services -** Many people advocated for better education of children about mental health issues, for example by teaching about it in schools. Mental health training in schools could help early intervention and equip children with the knowledge to recognise the symptoms and seek help.

- **Providing better access to crisis care in emergencies -** People thought that A&E services should have a quiet place designated for mentally ill patients where they can wait to be examined. It was also suggested that there should be 24 hour emergency mental health care (with the Maudsley in south east London mentioned as a good practice example, as was the crisis home treatment team at St George). Support from Crisis Line should also be improved.

- **Patient choice and personalisation: need for greater understanding and differentiation -** Overall, people supported a higher degree of choice and personalisation - pointing out that this is

essential given the array of conditions mental health encompasses and warned against “one size fits all” approach.

- **Helping people to stay well: promoting good mental health, better targeted information and signposting, including clarity around services and pathways -** There is a need for more joined-up and targeted approaches to promoting good mental health and highlighting what is going on. The NHS could do more to identify specific groups who may be experiencing poor mental health and then providing tailored and targeted information in the right types of settings.

9.3 Our response

We were struck by the high level of interest in mental health services at all of our events – this is clearly an issue of great importance to people in south west London.

A central assumption in our plan is that mental and physical health are linked, that they are of equal importance and that early intervention and preventative care are essential to stop mental health problems escalating.

Our plan is to deliver much more mental healthcare in the community, supporting people to stay well, helping them more quickly when they become unwell and ensuring much better integration with other health services. Mental health services will be a key element of our locality teams, working closely with GPs and hospitals. We need to ensure that people with mental health problems – currently a third more likely to attend A&E – receive better support to prevent them going into crisis and appropriate support if this does happen. The role of families and carers is essential and we will work with families, carers and social care and voluntary sector professionals to ensure that we are hearing their concerns and delivering the care service users need.

10. Cancer

10.1 Challenges/feedback

- A major concern was **early diagnosis**. Actions that would bring about a positive change included educating GPs to know what to look for early on in terms of signs and symptoms; providing more information about symptoms to patients for early detection; and being more encouraging in offering screening opportunities to high risk groups.
- **Treatment tends to fall down** in two ways: lack of time spent with patients explaining their cancer, what options are available and the impact of those options; and lack of guidance on how to navigate their patient journey and what services are available.
- **Personalising care** is really important in cancer care; people need to be treated holistically, making sure that the relevant teams are talking to each other.
- Resources might be better used by placing treatment and care for cancer patients **in the community**.
- Creating **specialist centres of excellence** was supported, but care in specialist centres must include the emotional as well as clinical aspects. Potential issues with travel to a specialist centre should be taken into account.

- **Adequate staffing** on hospital wards was critical to ensuring continuity of service during treatment. There should always be a consultant available, 24 hours a day, to ensure continuity of service to cancer patients. Lack of continuity can significantly contribute to experiences of poor patient care.

- Supporting families to understand the **patient's journey** and what emotional and practical support is available at each stage, including end of life.

- **'End of life'** care should figure more highly on the plans for improving cancer care. People should be given the option to die at home or in hospices.

10.2 Ideas for improvement

- **Improving prevention, early diagnosis and patient experience - t**o speed up diagnosis processes, people thought that GPs should be doing the blood tests at the surgery, rather than sending patients to a hospital. People also thought that pharmacists could be trained to do a lot more, including blood tests.

- **Care delivered in specialist centres -** People were supportive of the idea of creating specialist centres of excellence. However, they felt it would be important to acknowledge that if certain services become concentrated into centres of excellence, this will involve some people having to travel further to access care so appropriate arrangements should be made, as many people with cancer have mobility challenges.

- **Improving treatment: more personalised treatment and care in the community -** People felt that GPs have a key role to play in coordinating care and explaining to patients what the stages of care were likely to be and what they should expect in terms of quality standards.

- **Suggestions for improving staff capacity -** People thought that there should always be a consultant available on cancer wards because of the varied, complex nature of the disease and suggested that every hospital should have an emergency oncology service open 24 hours.

- **Better support from primary care services -** GPs need to be more involved with aftercare and support patients better to manage living with and beyond cancer, as currently most of the responsibility tends to fall on the district nurses. People also thought that there should be health and wellbeing events as part of the plan for survivors of cancer, including event on exercise and yoga, meditation and dealing with stress.

- **Improving end of life care -** It was felt that patients would need reassurance that if they choose to be cared for in their own homes rather than in a hospital, it will not mean that they get less care and interaction with staff.

- **Access to emotional and practical support for patients, carers and families -** Clinicians need to ensure that they build in enough time and are sufficiently well trained to explain the prognosis and to help people to try and feel positive and hopeful about their future.

- **Secondary Cancer -** People feel very strongly that an opportunity is being missed to improve matters for the whole population when it comes to cancer. Including those diagnosed with metastatic cancer. It seems to ignore the reality that those of us who have had primary cancer will probably be at a risk of some sort of locally recurring cancer or advanced cancer. "

- **Living with and after cancer -** Providing access to physical therapy, lymphedema services and mental/emotional support – this should be done locally. There is no need for patients to come to the hospital and could be provided via local health centres, GP services and walk in centres etc. Make use of community centres as well and churches. Early intervention improves outcomes for recovery from surgery, for managing lymphedema and avoiding or reducing cellulitis etc. better self-management by patients.

10.3 Our response

We recognise all of the issues raised here and they are the very issues our five year forward plan aims to address. We are putting more resources into the early diagnosis and treatment of cancer, meaning patients should be seen and treated more quickly. We will encourage patients to attend screening appointments and to raise any worries with their GP.

The idea of a specialist centre is one we are exploring. We are considering pooling the resources of the Royal Marsden, St George's and Epsom and St Helier to create a new cancer centre for routine surgery, but only if this can be shown to improve results.

We have ambitious plans to improve end of life care, in particular respecting people's choices about how
and where they are cared for and ensuring that support is always available when needed.

We also recognise the vital importance of emotional, practical and mental health support for people with cancer and their carers.

11. Our overall response to comments received

Our Five Year Forward Plan is the result of unprecedented collaboration between local NHS commissioners and providers, working with our six local authorities. It is an ambitious and concerted attempt to address the challenges we raised in the Issues Paper published in 2014 and which we have been discussing with local people for several years.

What is most striking about the comments and feedback we have received is how far patients and the public share our view of the challenges we are facing. There is widespread recognition of the problems we have highlighted. Our Five Year Forward Plan has attempted to address all of these issues.

Of course, for the plan to work, we will need many more discussions with local people about the detail, the implications and how health services will need to change. This will involve some behaviour change from patients and the public and will mean different ways of working for many people in the NHS.

Our Five Year Forward Plan is published for discussion. It is not a final document and many of the challenges we seek to address will need more work, more discussion and more detail adding to them. Some elements of our plan – such as increasing services in the community and developing locality teams – we can begin to progress immediately. Others – such as potential changes to acute hospital services – will need further discussion and possible formal public consultation.

We are grateful to all of those who have taken part in the conversation about local health services to date for their help in developing an initial plan. But we also recognise there is much more work to do and much more for local people to contribute.