The 10 Year Health Plan for England

The government has promised to put in place a 10-Year Health Plan to fix the NHS in England. We want to hear what your priorities are for this plan as interested organisations. Tell us what your organisation wants to see in the 10 Year Health Plan, and why this is important.

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

Healthwatch Birmingham and Healthwatch Solihull are pleased to see the NHS undertaking this listening exercise about the future of the NHS. We would like to see this good work continue with greater importance placed on the gathering and use of patient experience as part of the 10-year health plan. We strongly believe it is only by listening to patients and the public that services can meet their needs.

At the moment, patient experience data is fragmented with many different organisations and services collecting their own data, making it harder to see the true picture of people's experiences. Patients and the public are not clear what action is taken as a result of their feedback. We would like to see a single source of patient experience data developed to be used at a local level, with services and the public clear on how this is collected, shared and how it drives improvement.

Local Healthwatch play an important role in our health system as an independent local voice for patients and the public. We would like to see Healthwatch, and our important role fully recognised in the 10-year plan, ensuring stability for Healthwatch in the future. This will demonstrate further how the voice of the public is crucial to service improvement.

Healthwatch Birmingham and Healthwatch Solihull regularly publish reports with experiences and insight from the public into services in our local areas. These contain many recommendations for improvements to services.

Healthwatch Birmingham investigations

Healthwatch Solihull investigations

We recognise the challenge of health inequalities currently faced in our system and urge more to be done to address these are part of the 10 year plan. These inequalities are not just based on demographics such as gender and ethnicity but also deprivation, health literacy and knowledge, and access to services – both physical and digital.

Our reports have highlighted some of the inequalities people have faced in our areas:

Health Inequalities: Somali people's experiences of health and social care services in Birmingham

Maternity services in West Birmingham: The experiences of Black African and Black Caribbean women

People's experiences of accessing GP services via technology

Healthwatch Birmingham and Healthwatch Solihull would like to see a greater focus on improvements to mental health services as a key area of the 10 year plan. Mental health services have worsened in our areas based on a lack of long-term investment, infrastructure and staffing

despite many efforts to address this. Waiting times, poor access to timely interventions including crisis services, and a lack of comprehensive care planning have all led to worsening patient experiences. People tell us that there is an over-reliance on medication to treat mental health conditions rather than addressing the root causes through interventions such as talking therapies. There is a perception that mental health conditions and problems are not treated comparably to physical health issues.

People have told us about the challenges they have faced whilst waiting for appointments and treatment across the health system. Whilst steps are being made to address waiting times, we feel that significantly more can be done to address the lack of information and support offered to people whilst waiting. This should be both about the waiting process such as stages and timescales but also steps people can take to improve or prevent worsening of their health. Another key area to address is effective pain management during waits. Our report Experiences of the neurodevelopmental assessment and diagnostic pathway for children and young people in Birmingham demonstrates how the lengthy waits for referrals and professional support detrimentally affects young people and their families. Experiences of NHS Community mental health services in South and East Birmingham outlined how prevalent long waits were for accessing community mental health support, and Local people's views on the referral process from general practice to secondary care the need for more information and managing of expectations during the referral process.

We would like to see a greater focus on the integration of social care into health services. Whilst there have been some interventions and steps towards partnership working and planning of care, these have not been universal, leading to the existing problems in social care quality and provision to entrench and worsen. Healthwatch Birmingham's soon to be published study on hospital discharge shows that poor partnership working between hospital staff and social care teams has a negative effect on arrangement of post discharge care, especially for more complex cases.

Shift 1: moving more care from hospitals to communities

This means delivering more tests, scans, treatments and therapies nearer to where people live. This could help people lead healthier and more independent lives, reducing the likelihood of serious illness and long hospital stays. This would allow hospitals to focus on the most serious illnesses and emergencies.

More health services would be provided at places like GP clinics, pharmacies, local health centres, and in people's homes. This may involve adapting or extending clinics, surgeries and other facilities in our neighbourhoods, so that they can provide things that are mostly delivered in hospitals at the moment. Examples might include:

- urgent treatment for minor emergencies
- diagnostic scans and tests
- ongoing treatments and therapies.

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

Healthwatch Birmingham and Healthwatch Solihull recognise the importance of being able to access services locally for many people. It is well known that people who live in the most deprived areas are least able to travel to access services. Whilst we are pleased to see a commitment to helping people locally, we have a number of concerns around how this may be implemented.

One significant challenge to moving care to the community is the capability of each locality to fund these changes to care structures. For example, the financial challenges impacting the local authority in Birmingham is well documented which are likely to impede their ability to make these shifts towards community-based care. One clear example of this issue is that many of the neighborhood facilities that would likely be used as care hubs as part of these changes are currently facing closure due to a lack of funding. With fewer of these venues available in certain communities, many would be unable to access care in their local area and would still have to travel longer distances to receive care.

Further to this issue, it is likely that changes to the existing structure of healthcare would increase health inequalities at least in the short term due to the existing public transport infrastructure. Much of the public transport within Birmingham is set up around the existing healthcare structure. If these care venues were to be moved elsewhere many of those who rely on public transport to attend appointments may struggle to access the care they need without facing additional costs. This would create further inequality as many may not be able to afford this cost of attending appointments without the use of public transport.

Another challenge which has to be considered is the difficulties in changing the culture of use that exists for NHS patients. Our joint work investigating barriers to access following the recent changes to community pharmacy highlighted a number of challenges faced when moving the venue for certain types of care:

- **Awareness** – We identified a lack of awareness of the services provided by community pharmacy following these changes. This shows the need for any changes to the venues
- for healthcare services to be well communicated to patients to enable them to access care at the appropriate venue.
- **Facilities** – We identified doubts from patients that community pharmacy has the facilities to enable private consultations. This highlighted the need to assess how well suited each of these venues are for the type of care they will be providing so that patients can be reassured and feel comfortable accessing care in these venues.
- **Preference for care venues** – Many people told us that they simply preferred to seek treatment for minor illnesses from their GP despite the change in guidance. This again shows that more work needs to be done to make patients feel comfortable accessing care in different venues in order to effectively move care into communities.

More information regarding these findings can be found here:

Access and barriers to NHS Community Pharmacies in Birmingham - Healthwatch Birmingham

Access and barriers to NHS Community Pharmacies in Solihull - Healthwatch Solihull

These challenges in use culture change are especially significant for people who are not registered with a GP. These people are much more likely to attend traditional venues such as A&E rather than attending newer care venues which are generally promoted to people by their GP. Therefore, additional work needs to be done to make sure these people feel well informed and

comfortable accessing care from new venues within their community rather than these more traditional venues.

In terms of people accessing care from their own homes there are a number of challenges around the cost to patients which need to be considered. One key issue is that when utilising virtual wards to provide care the patient is having to pay utility bills to run the equipment within their own home. This again produces inequality as there are many who cannot afford the extra cost that this incurs. Further to this issue of cost, much of the existing infrastructure for home care is based around having access to a landline which is no longer offered as standard by many providers. This is also an issue as many may not realise that they still require a landline for these services and therefore have equipment that they cannot use in their homes.

Shift 2: Analogue to Digital

Improving how we use technology across health and care could have a big impact on our health and care services in the future.

Examples might include better computer systems so patients only have to tell their story once; video appointments; AI scanners that can identify disease more quickly and accurately; and more advanced robotics enabling ever more effective surgery.

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

Healthwatch Birmingham and Healthwatch Solihull have identified a number of challenges which may cause issues for patients if not addressed as part of the move towards further integration of technology in healthcare. The first challenge is the additional costs to patients of attending virtual appointments. In order to attend an online appointment or use online booking systems, patients require a device capable of accessing the provider's digital services as well as a stable internet connection which many are unable to afford. This creates further health inequality as those from more deprived communities may be unable to access appointments or care at home through these online systems due to financial limitations. This is especially pronounced in areas such as Birmingham where there are now less publicly available spaces to facilitate digital access such as libraries which people would have used in the past to access digital services.

Digital literacy also poses a significant challenge to the shift towards digital services as a replacement for more traditional appointments and booking systems. Not everyone is able to use technology to an equal level which creates inequalities in the care they are receiving which need to be addressed by offering additional support to access digital services. An example of best practice for providing this support is the work done by College Green Medical Centre to offer IT workshops to teach people how to use these services whilst also offering support through reception staff. Even with this support being offered these online systems should never fully replace traditional booking systems as many will still have issues accessing care through these systems. They should instead serve as an aid to make care as accessible to as many patients as possible.

There are also challenges in ensuring consistent quality across digital services. Some providers have poor quality digital services which are creating inequalities in how easily patients are able to access the services on offer. The only way to ensure that digital services are meeting the needs of patients is to integrate easily accessible and working platforms for patient feedback so that changes and improvements can be made based on patient needs. In Healthwatch Solihull's

investigation into people's experiences of accessing GP services via technology we noted that involving patients in the design and development of digital services where appropriate may help to reduce inequalities and help these services better meet their needs. We also noted that while digital services can be useful for helping patients access care the limitations of these systems expressed by patients need to be considered when deciding how they are used. For example, patients expressed the view that the lack of visual cues that can be used to explain symptoms during remote appointments can cause issues with understanding from professionals.

It is also likely that services will encounter challenges with patient perception of the use of AI and machine tools within the healthcare system. Many may be reluctant to place their trust in AI and robotics in the diagnosis and treatment process. Therefore, feedback must be gathered from patients regarding their views on these changes and work must be done to address their concerns before these changes are fully implemented into the healthcare system. This could include demonstrations of these technologies to show that they are safe and effective as well as consistently seeking patient feedback regarding their use.

Our report on Local people's views on the referral process from general practice to secondary care highlights how important it is to ensure digital tools work appropriately, as failure to do so discourages people from using digital tools. Our report showed patients were offered an opportunity to 'choose and book' a day of surgery online. However, for most of the patients who used this system, they found out neither the GP or Surgeon were able to access this information.

Shift 3: Sickness to Prevention

Spotting illness earlier and tackling the causes of ill health could help people stay healthy and independent for longer, and take pressure off health and care services.

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Healthwatch Birmingham and Healthwatch Solihull see a number of challenges in the shift from Sickness to Prevention. There needs to be a shift in the culture of how people use services. People have told us about their frustrations about lack of access to GP appointments and how this affects their health. When people are unable to access appointments about emerging issues, they are even less likely to access health checks and screening appointments. Some people have told us about their frustration that they can't get the treatment but then are invited to a health check, that they view as a less important use of resources.

People's views on access to GP services in Birmingham

The experiences of Solihull residents who try to access Urgent Care

We have also heard how the practice of only allowing patients to discuss one problem at a time at GP appointments prevents them from getting more information or raising concerns earlier. Many people have also told us about 'not wanting to bother' services with their concerns until problems significantly worsen. This in part because of messaging they have heard about protecting NHS services time and resources.

It has been an ambition of health services for some time to have a greater focus on prevention, but it has been clear that the current financial structures and arrangements have greatly inhibited this shift. Services have been 'firefighting' presenting needs of people who access their care and have not had the extra flexibility to address these issues longer term. Already many effective

treatments have had to be rationed or are not available in some areas due to financial constraints, leaving people with less effective treatments and worsening health.

The local authority funding pressures have greatly exacerbated financial spending on public health schemes and facilities. For example, in Birmingham, cuts are having to be made to library services which greatly affect people's health. Across the country, leisure services such as sport facilities, leisure centres, parks and open spaces and youth services are being cut or closed altogether. This means there are less available facilities for people to use to improve their health without ensuing costs to themselves. The lack of co-ordination with health services is clear, as at the same times health services are advocating their use, local authorities are forced to close them.

Many of the shifts that need to be made towards a system of prevention rely on individuals to change their behaviours and engage in activities to stay healthy. There are many barriers to this, namely a lack of health literacy and understanding, cultural aspects, access to services and facilities, personal financial constraints and perceptions of public safety. The cost of living crisis has affected how people have spent money to look after their health, as demonstrated in our report How has the cost-of-living crisis affected the health and wellbeing of people in Birmingham and Solihull?.

People have told us how long waiting times for specialist appointments and treatments have been detrimental to their health. There is a lack of clear advice and guidance for people during this time. We know that people awaiting some treatments such as surgeries greatly benefit from prehabilitation advice ahead of these interventions, but that this is not routinely issued to everyone and there are only small pockets of best practice in this area. Learning from these schemes need to be rolled out nationally. The uncertainty of waits for diagnoses and assessments can greatly impact on people's mental health as well as physical health.

The COVID vaccinations roll out has showed us the importance of challenging misinformation about preventative treatments. Not enough was done to prevent trusted sources of information to people, and in our area's vaccine uptake was lower than the national average in places, and significantly lower in the most deprived areas. More needs to be done not just to present trusted information, but also to educate the public on being able to assess and recognise misinformation when they receive it.

Our report Health Inequalities: Somali people's experiences of health and social care services in Birmingham highlighted the needs for improvement in the information and education people receive, and the important role trust plays in assessing the information presented to them.

Ideas for change

We're inviting everyone to share their ideas on what needs to change across the health and care system. These could be:

- Ideas about how the NHS could change to deliver high quality care more effectively.
- Ideas about how other parts of the health and care system and other organisations in society could change to promote better health and/or improve the way health and care services work together.
- Ideas about how individuals and communities could do things differently in the future to improve people's health.

Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:

• Quick to do, that is in the next year or so

• In the middle, that is in the next 2 to 5 years

• Long term change, that will take more than 5 years

Healthwatch Birmingham would like to see the following ideas for change implemented:

Quick to do

- Ensure an audit is taken of all public community buildings suitable for the transfer of health services to prevent assets being sold off or mothballed in the interim due to financial pressures in local authorities and health trusts.
- Develop health literacy resources to provide clear messaging on key topics such as preventative health measures, use of technology in health and myth dispelling.
- Ensure patients are given more information and support when waiting for specialist appointments or treatments, to prevent their health worsening in the interim.
- Steps are made to address social care needs of communities by immediately convening partnership meetings to look as issues cohesively instead of in insolation at service level.

In the middle

- Shift the public perceptions of the access point of health services being solely GP services and A&E, to wider primary care services. As outlined in our reports on community pharmacy services, awareness of these services is low amongst the public.
- Improvements are driven by a single source of patient experience data being developed to be used a local level. People engage more with sharing their experiences as visible changes are made as a result of their feedback.

Long term change

- Health literacy resources and education are fully embedded in our society, including education, skills and training to recognise and challenge misinformation.
- Changes to eradicate health inequalities have been fully implemented and a continuous process of public engagement and patient experiences has been utilised to identify and address any additional or emerging barriers people face.