What is the public's current perception of the NHS?

Future NHS Stage

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Speakers:

- Claire Enston, Chair, Insight and Feedback Lead, NHS England
- Dan Wellings, Senior Fellow, The Kings Fund
- Neil Tester, Deputy Director, Health Watch
- Amen Dhesi, Founder, Imagine Bradford.

Claire:

Thank you very much, Gavin. Thank you to all of you for sticking around. It's about the end of the first day at Expo and I'm sure it's been a long day so thank you for staying with us.

We spend a lot of our time finding out and what patients have made of their most recent patient experience but finding out what the public think about the NHS is a different kettle of fish entirely. So, what I will do in a moment is ask Dan Wellings of the King's Fund to find out what he has learnt about the public's perceptions of the NHS. Given we are going through huge change at the moment, it is important to stop and remember the importance of understanding as well as being understood. So that's really at the heart of the session today. So, after Dan has spoken, we will then come to the panel who will introduce themselves and have some discussion.

Then I'll try and make sure we have some time left for you to ask some questions. We don't have the Glisser functionality for this session so we are using the traditional mechanism of raising your hand for a question. Please

try to remember your questions towards the end. I think with thanks, I will pass over to Dan.

Dan:

Thank you. Thank you very much for coming along. There's less of you than in previous sessions but I hope it's worth your while coming along. We will talk a little bit about what I think is one of the most important subjects for the day which is where is the public on the NHS right now. So, what I'm going to do today, as the NHS approaches its 70th birthday, it continues to occupy a unique position in public consciousness, but it is under significant pressure and facing its biggest challenges since it was established. Do we know where the public is on the NHS? One of the things we talk a lot about is around rising public expectations and we talk about public engagement, we talk about self-care, we talk about prevention but where is the public on these questions?

So, the King's Fund is embarking on a piece of work to look at this and today we're going to present some of the initial findings. We commissioned IPSOS MORI to conduct a survey into the attitudes into the NHS and we share these for the first time. Do they still it should be maintained? Do they still believe in its founding principles? What do they believe is their responsibility with regards to their own health? We will look at the results of this and ask the questions to you at the end in a discussion for some of the key things coming out. Where are we now?

Before presenting the newer findings, it's useful to reflect on how concerned the public is about the NHS and how satisfied we are with the service. So where are we now? This is a polling data that IPSOS MORI have been asking for many, many years now.

This tracks what do you see as the most/other important issues facing Britain today? The first one is the NHS. What is extremely interesting on this is if you look back at around the early 2000s and early '90s, we were at significant levels for the service. What you saw over time was this starting to drop off

and then start to look at the trend as we go back up again. One of the most interesting points on this one is actually this is just in May this year we recorded the fifth highest level of concern with the NHS since 1997. It's the highest it's been since April 2002 prior to Gordon Brown announcing £40 billion of extra funding for the NHS. One of the things to think about is what is driving this concern, what is driving this down? A very easy comment is around funding. What is driving the increasing concern around the NHS? If you look at some of the other trends one of the most striking things we can see is the Brexit.

This line coming up here is Brexit. The NHS is of more concern to the public than Brexit is right now. What an extraordinarily striking figure to see where we are as an institution. If we track satisfaction with the NHS, this is the British social attitude survey which has been asking the same questions since 1983. Think back to the trend you saw on the previous slide and think back to the progression we got to. What's very interesting we are increasing concerned with what the public think we are, but we reached a low of 43% level of satisfaction with the NHS. The last time we asked was last year and it was 63%. You have to look at polling data and what was going on in the background.

So, we're actually in the field again now. It's worth thinking where will this go. How do we tell where it's going? The three main reasons for being satisfied were the quality of care, the fact the NHS is free at the point of use and the range of treatments available. For dissatisfaction, it was long waiting times, staff shortages and a lack of funding. We are trying to work out what is driving concern with the NHS. So, a new question we wanted to ask, this is a question that has not been asked for some time, which was from 2000 to 2007, which of the following statements best reflects your thinking on the NHS?

One side is crucial to British society and we must do everything we can to

maintain, to the NHS is a great project but we probably can't maintain it in its current form. What do we take away from that? If you go back to the level of concern and satisfaction graph, you might think it means we want change, we want it to be different. Actually, there's a status quo bias which is since 2000 there's been almost no change on that figure. One of the questions for the panel is the extent to which actually our love for the NHS stops us from wanting to see change even if that change may be for the best. Is there something about the fact that we are so grateful for its service that we stop wanting to see it differently?

There is an emotional attachment we don't see in many other ways. A question I had for the audience, do you think this view is likely to be held by older people or younger people? Who thinks it is more likely to be held by older people? Okay, younger people? Yeah. It's younger people. It's very easy to think this is a generational thing this is people that grew up with the NHS but you have a younger generation coming through that still wants to hold on to these services and the NHS.

As I said, there is a flipside to this and there is a question that asked whether our love for the NHS limits its potential for change. A recent quote from Paul Johnson, director for the Institute of Fiscal Studies. Free universal healthcare is a precious thing indeed and we need to stop worshiping at the shrine of the NHS, we need to ask how it can change for the better. This is particularly relevant for public engagement. I will show you a slide later on which shows actually the people that believe there should be more public engagement in the NHS are also those that are less likely to think it has to be maintained at all costs.

Again, I think the question for the panel about what does that mean for change.

Moving on. We then asked one of the challenges for an increasing devolved

system is how it reconciles local decision-making with one of the perceived strengths of the system, it is available for us regardless of the where you live. We asked a few statements, that treatments and services should be available on the NHS if they're available to everyone and not dependent on where you live, against the availability of NHS treatments and services should be based on local need rather than on a one-size-fits-all approach across the country. So, in other words, it is a postcode lottery question, which is one of the things that exercising people more than any other concern. It is difficult. It is how do you design services for your local area and how do you engage people in that debate about what do we need for here.

An exercise I did many years ago which was far more deliberative and quantitative and by opening up the debate, something that came across is when you asked people to design it they actually design a postcode lottery because they start to understand the differences. So, when you are asking what should be available in Brighton versus Eastbourne, people will design different systems. This is a challenge for a communications perspective, so how do you get that across. How do design the fact that as we move to devolved decision-making and STPs, how do you get this message across to the local populations in okay, there is also the question from a self-care and prevention agenda which is, "What is the contract? What is that we're asking individuals to do versus what the NHS itself delivers?" It comes to the fundamental which is what is the NHS for?

So, we asked a spectrum, is the job of the NHS to keep people healthy versus it is the individual's responsibility to keep themselves healthy. You see a vast number of people are saying it is the individual's responsibility. If you asked healthcare professionals do you think people are exercising that responsibility, they may have a different answer. It comes down to do we see it as a treatment and a care service as opposed to a prevention? There's a big question here for the self-care agenda which is what does this mean when we're asking people to take better care of themselves, will that be seen as

withdrawing services rather than having this contract between the two organisations.

What level of say do people want? This is particularly relevant for the panel. Often in the NHS, there is a big debate about the level of public engagement with services. So, decisions about which NHS treatments and services should be made by health professionals and not the general public. The public should be consulted on decisions shaping which NHS treatments and services should be available but the final decisions should be made by qualified health professionals. The general public should be much more actively involved in shaping which NHS treatments and services are available. We've seen a lowering over time of the number of people in that last category. But I would still argue that 14% of the population is a significant amount. It is also worth asking in terms of when we go out to engage with people, what is a meaningful engagement with different people in those different groups? The question is when you're thinking about how you engage with other public services; how do you want to engage?

There used to be a question asked by IPSOS MORI for many years: Do you think community partnerships are a good idea? 80% think it's an excellent idea. Would you get involved in partnerships? I think they're a good idea but they're not for me. You look at the number of people who get engaged and you see a Christmas tree. What's the reality? What's the reality in terms of what we're asking people to do? The other question here is: What is different about the people we tend to hear from?

So, I spoke to a director of strategy in one of the emerging ACOs and they done a piece of work where they done a self-selecting sample and people could complete the survey whenever they wanted and they did a representative of a thousand people and they gave different answers. Who are you hearing from? More importantly, who are you not hearing from at the same time?

The other thing I think is interesting is rising patient expectations when you read many documents on the NHS you will see a lot of footnotes on ageing population, increasing demand, you do not see footnotes for rising patient expectations. There is not a huge amount of evidence in it, people tend to use anecdotal data, I don't think the questions we ask nail this, but there is a debate opening up about rising expectations. People use the analogy in other services we use in our lives we have rising expectations, whether it's banking or hotel, it is not the same for the NHS. My experience of working with the public over a number of years is we do not think about if in the same concept. So, the first question we asked is how realistic if at all would you say people's expectations are of the service they should get from the NHS.

The vast majority are saying they are fairly realistic, what is interesting about those that are not realistic is they are less likely to believe it should be maintained in its current form, they are hose likely to believe it -- less likely to be believe it should be delivered free at the point of care. So, you start to think that there are different views out there. There was a focus group last year with young people who made the point that they know it's different and some of the things is do we not expect enough from the NHS. So just to give you an example of that, I wanted to read something out which was thought was striking from a patient. He starts by saying, "Overall, the care I have received from frontline staff, primarily from the NHS has been outstanding.

I, therefore, have some reservations about describing the adverse findings as reported below because I do not want to detract from the overall excellence of care, however I think it's important to point out some of the shortcomings and possible solutions based on my observations." He then goes on to say, I had a cannula inserted for the administration of intravenous antibiotics I knew it was not positioned in a vein, but the nurse would not listen. I then had repeated antibiotics causing severe swelling of my hand, it was only the next day that the cannula was replaced. My trust in that nurse vanished rapidly.

Patients do know when something is wrong and they should be listened. He finishes the tale with, "I must conclude as I started by praising the overall level of care offered."

I raise that example as we do have different expectations and there is a big question for the panel and the audience to address which is are we not demanding enough of the service? Lots of people will realise that staff are under pressure, our love of doctors and nurses often trumps other feelings we might have about the service. So, there is a big question about the NHS are we as consumers and patients as the public not place enough demand and certainly there are many academics who think you are falsely representing a good experience of care because people are using gratitude bias and the fact that it's about the NHS which they wouldn't do in other areas of their lives. So, it's to push back on the idea that we are increasing expectations and it's to try and place it in context.

Thinking generally about what you expect of NHS services, would you say the vast majority, this is a proxy for satisfaction, most people think they are meeting expectations but the question back again is what are those in the first instance? This one is for the politicians I think. We are now seeing a record pessimism for the future of the NHS. So, when you start to ask people why this is, it is staff shortages, it is funding.

The other debate we are not seeing which is happening and we are seeing increasing numbers of the public saying this is they would pay more taxes for the NHS. So, one of the things we talk about solutions for the NHS we talk about STPs and systems, we rarely talk about the public and I think that is a mistake, about what can we learn from what people experience and where the public is on these things. So, we will finish off now, one of the thing to focus on was this is a piece of work that Britain Thinks did, what is the case for it, we talk about these things. The public do not use that language we talk about.

So, I will give you a good example of this. Someone spoke to me about some public engagement and they spoke to someone and said we are specialising services so you will receive a better level of care it will be further away from your home, the response I got is "I want worse care closer to home". Now, it doesn't mean you deliver that, that isn't a great strapline, "worse care closer to home", but it is understanding where someone is coming from and the reason why I felt this was particularly helpful was because it allowed him to realise that he wasn't in the same place as the people he was trying to deliver care for. That is what the debate is. It's not giving what people want, it is understanding rather than anything else and it's a conversation.

So, I think just to move on to the panel, Claire, there is a few questions I thought we could start the debate on, is our support for the NHS a barrier to change? Let's not pretend the entire public wants to be engaged with decisions but there is a huge amount of people who do and how can we understand people better? The NHS is not good at speaking the language of the public. STPs ACOs, ACSs, MCPs, PACs, TLAs, three letter acronyms, I will finish there.

Claire:

Thank you, Dan. A lot for us to think about and discuss there. Before we do I would like to ask the panel to introduce themselves so you all know who you are talking with so, Amen, would you like to go first?

Amen:

My name is Amen, I have been in and out of mental health services for the past, since the age of 13, 14 years old. My dad has bi-polar, I haven't been diagnosed with a mental health condition as of yet. I hate the word suffer because I see it as a journey, I have been on a journey of self-harm,

alcohol/drug abuse and I am using my experience to promote the importance

of self-care, exercise and the relationship between exercise and children's mental health and how people are developing into a state of not being able to understand their emotions and then that is always portrayed in anger or fear and we are basically setting up children to fail in a system that is not equipped to deal with them.

So, moving forward how do we change it from a treatment to a preventative measure?

Claire:

I am Claire Reilly, Director of Communications for Northumbria Healthcare we track our progress every year but also using insight as part of the consultation process to target people who are specifically affected by service change.

Neil:

I am Neil Tester, Deputy Director of NHS England. We are the national voice of people who lead a team of 152 who are with two top tier local authorities in England. They have statutory powers to let the local system know what people are thinking and feeling and we have the national advisory powers to share the national picture with the Department of Health and national bodies.

Claire:

I am going to start with you, Neil, since you were the last person to speak, any mediate reflections?

Dan:

I found that quite reassuring that the intelligence that our network gathers but also the national pieces of the deliberative research that we have done on the issues. So, the things that came through strongly for me about the findings were that sense of realism, but also that genuine overall commitment to and affection for the values of the NHS. I think that is something that is probably worth exploring. I am not so convinced that other than the very obvious, very

concrete things like A&E departments or GP surgeries, a lot of the other things that go on, people don't know about unless they have had individual experience or a family member or a friend has, but what everyone has is a sense of that national enterprise of a service that is equally open to everyone, free at the point of use.

So, I wonder whether that is what is driving that continuing commitment across the generations and I think it's something interesting to explore there. But I think, Dan, you put your finger on the key word here at the end when you talked about a conversation. To me, the answer to most of the questions that this research has looked at and that are exercising people throughout the health and social care system is about the national conversation we need to have and the degree of honesty about that conversation and the point at which those conversations happen because I think all of the evidence of what we are seeing empirically at the moment, some of the big change and traps formation conversations is when you work out what your plan is, based on what you think is good evidence and then you go and sell it to people you will really struggle. If you have a conversation with people about the shared challenges that they have in using the service and that staff and managers have in delivering the service you will start to get somewhere.

Claire you and I spoke about the importance of honest conversations so is that something you will find true as well?

Claire:

Absolutely. First and foremost, insight is essential and as a NHS system we don't learn enough and access enough from the insight we have access to. Dan has presented a lot of information and I am sure there is a lot of information behind it too and the more the NHS can understand and act upon it the better.

For me we are at that point where we really do need an open and honest

conversation with the public about the future of the NHS. If you look at the New Care Models and the vanguards and some of the work they have been doing, no longer is the number of beds in your hospital the measure of the success of the health system yet we don't talk about that with the public. We are not open enough. Maternity services with 13 births a year are not sustainable, yet actually they are something that local communities fiercely defend. Yet, when you talk to the women of child-birthing age they are never going to use that service and it's how do you utilise that insight and that insight and behaviours and understanding and change the way that we do things, change the way we support service change in the NHS because that is the way that we then have them open and honest conversations.

When you have that evidence base behind you and you go and have a conversation with the overview and scrutiny committee or health watchers they can't defend a position when the majority of women do not want those services and I think we need to get more savvy from an NHS point of view and how we use that insight and knowledge base through listening to change how we talk.

When Neil was speaking a moment ago and about it not being about experience I could see you nodding to say that feels real. So, do you feel what people understand of the NHS is based on experience rather than broader conversations?

Amen:

Everyone has a subjective opinion of the NHS based on how they have been cared for or how their relative has been cared for. That will differ nationally to locally to me because my level of service is different from someone who suffers with clinical mental health issues or someone who has cancer or somebody who has a different co-morbidity. Yes.

Claire:

So, experience-base, that triggers emotions about how you might feel about the NHS or your worries about it.

Amen:
Definitely. There has been a lot of talk in the public about privatisation, but what does that actually mean to professionals? It means streamlining services so their client gets the most effective treatment, but the public don't see it like that. They see it as I am going to have to pay for a service but that is not the case. So, it's about having that conversation and getting people from the public on board with commissioning groups, participation groups, engaging with NHS professionals and not just seeing the professional as the expert but seeing the client and the professional as a joint force because when I ask a professional about what I am going to get from my care, so I am waiting for dialectical behaviour therapy, their module is predetermined and I am going to be set out for me, but I can choose the modules I am going to learn first.

That is extremely important because I am choosing what I want to engage with. The module I want to do is exercise because that is what I promote. So, lifestyle and self-care and we all need to try to look after ourselves before we look after other people. It goes out to NHS staff. Look at how many NHS staff are under pressure because of the time constraints and the funding crisis. What is that doing to NHS staff's mental health and physical health? Are staff able to give the correct amount of care to patients if they're not feeling well, if they're not getting enough sleep, if they're not hydrated? So, it's a two-way conversation.

I remember in my first ever session with my psychologist or counsellor, or whatever you want to call it, I said, "One day, I will be on the other side of the chair. I'll be helping other people." That's the level of thinking that I'm at and that was six or seven years ago. So, it's about a joint conversation not just this is what I am, this is what I know, this is how you can improve. It's sort of

like a mutually beneficial thing.

Claire:

It is interesting because you were talking about your worries for staff and what it's like to be there, it resonated with your points, Dan, people are worried about the pressure on staff. You also talked about the concerns that the public have and you asked us whether we're responding to concerns. I thought I would ask Neil and Claire, how do you think we are responding to concerns raised by the public and how could we do it better?

Dan:
Well, I think there's a range of responses. I think one thing that really strikes me about the system's response is that it's finally starting to talk about issues in the way that they actually affect most people, i.e., across the whole place and actually across the health and social care system.

It's interesting; if you poll people just about the NHS most people don't live lives that either have NHS services or not NHS services. It's a mixture. We published two social care reports in August and in both of which people talked a lot about the interaction of health services, their experience in home care services, or their experiences of care homes.

Now that the system is looking at that right across a place, it's fallen into the trap of inventing every-evolving jargon so people don't get that that is what it's doing. There's an opportunity for the evidence-based but open conversation that Claire was calling for and I know that does go on in Northumbria. I think we would never say too little too late about any form of engagement model or any kind of conversation with the public. It is always early enough to start a conversation.You might just have to work a bit harder at it the later you start it.

Claire:

For me, it's inconsistent. It depends on the area you're in. It depends on the system leaders. It depends on how connected those system leaders are to engagement and communications and how supportive they are. There's definitely something to be done about being more consistent in how we both listen and involve and engage the public. I absolutely agree very, very early on in a process. For us in Northumbria, we view it as part of our corporate responsibility. We don't just want to be a hospital at the end of a road. We want to be involved in the local community. It's on every level. We have got over a thousand volunteers in our trust involved in multiple different roles and responsibilities and that's part of our engagement.

But also, we're in communities and we're visible all of the time and we are constantly wanting to listen, but even down to our social media channels, we use them as an early warning system for potential things going wrong. We feed them back into our operational teams so we can respond really quickly. There's a governance procedure around that, too, to make sure that the organisation at the highest level sees those responses. It's a constant. We have to keep at it all of the time but it is inconsistent in areas and it depends on the people working in those areas.

Claire:

I'm interested in what you are saying about that kind of consistent and ongoing reception to listening which I don't know, but it might be quite unique to Northumbria because it speaks volumes about the culture of the organisation and the willingness to listen, how is it that that works so well?

Claire (R)

I think for Northumbria we have always wanted to be one of the people... we are not arrogant enough to think that we don't need the public to be with us and also our critical friends, we may not want like what we hear sometimes because every service has something but we're always open to listen and also open to learn and fix whatever we've got wrong. Actually, our model of

both engagement and also visibility in local communities is something that we invest in because actually it makes us better.

Claire: Dan, I'm conscious you have not spoken for some while, I'm conscious you have not added to the conversation?

Dan:

There is a piece of work that we're been looking at which is, you're right, it is about how you listen or are you open to listening. I spoke to a consultant recently and we talked about the idea of leadership training and we talked about the idea that people will talk about you on social media and this consultant was indignant this would be happening but we don't have a choice and it is going to happen.

What you do with what you get back in is kind of up to you but it is going to happen regardless of whether you can control it or not. A similar example on NHS Choices where a GP had said you have come through the wrong channel so I will ignore your complaint. Now, that tells you how not to listen. I think one of the things that we are guilty of is that -- I think this needs to be a shift and there's a real chance now as you move to a system, which is that if each person is responsible for a small part of a patient that isn't helpful. I think that you've got directors of patient experience -- no disrespect to Neil Churchill -- you need directors of patient experience for the most part but there is a question that it's everyone's business.

It is not just the director of patient experience that should be in charge of this. The real challenge is how do you get the finance director to think this is as important as the director of patient experience so it is not just about dignity. If this person is in receipt of 11 services -- someone was in receipt of 11 different home visits from 11 different people in a week, their mental health suffered because they had to stay in all of the time. How do you become an efficient service by listening? A good business, you can use that word, what's

actually working, what's not working, how do we need to improve.

I agree with what everyone said, you have to know how to listen and you also have to know when you can be brave enough to say we can't do that. I think that's where the NHS is not good at it. Why do we keep asking people what they want, we can't deliver what they want, and it's actually not that conversation?

Claire:
Amen, you were nodding vigorously when people were talking about 11 services and when Claire was talking about social media as well, so a slightly different generation from some of us on the stage...

Amen: I'm not as young as you!

Claire: Social media is inevitable these days.

Amanda:
Bradford has come up a lot today, my home city is Bradford. I'm a proud Bradfordian. It is going to be the youngest city in Europe in the next five years or so. It's the 8th largest city in the country. How is... what's the economy like in Bradford compared to Leeds? It is the 8th largest city but what is the economy like? If you've got a deprived economy, a young population, a lack of opportunity, everyone's going to leave the city.

There's an overuse of the NHS in Bradford because of the poverty so people are getting increased co-morbidities because they're relying on fast food takeaways, drugs and alcohol, not exercising because they can't afford to go to the gym, what is that doing to the NHS? If we know what happens in particular societies or particular clusters of areas, the NHS could streamline services to provide things that the population needs in that city or that area or that district. But then when you're looking at young people, how do young

people engage with the NHS?

Well, that's a conversation that I don't know how to respond to because I engage with the NHS when I know I'm in a crisis or I know that my mental health is deteriorating. But what about the individuals of the population that don't know that they're in a crisis or they don't want to engage in services or they don't want to be associated with mental health services or they think that they're going to be brandished as a nutter or get bullied in school or get called a freak? It's a society problem towards mental health and then... yeah...

Claire: It's a complicated relationship.

Amen:
There is numerous factors influencing mental health services and how they interlink with the NHS.

Claire:Do you feel you are being listened to when you want to give feedback to the NHS?

Amen:
Yes, personally I do because if I don't get listened to I knock the door down so I meet with counsellors, take part in patient participation groups, CCGs, Barnardo's young carers. Young carers between the age of 5 and 18, where is the national carers strategy? Who listens to young carers nationally on a national basis? They care for their mum or their dad or their sibling, where is the national preventative measure to ensure their psychological and mental and physical stability is there for their lifetime? Where are the opportunities for these people?

Where are the opportunities for them to ensure they're not left behind in terms of compared to people who are not caring for people or families or relatives from the age of 6, 7, 8, 9, 10, who are turning in late up to school because

they've been up until 3.00 a.m. taking their mum's pills or helping their mum get to bed or helping the sister with autism or helping a sibling with ADHD? We're setting up kids to fail. So how do we prevent this from happening in the future? That's what I'm saying.

Claire:

Well, I think we're hearing you loud and clear. It's a good challenge to everyone in the room. I would be failing in my duties as chair if I didn't give over now to questions from the floor. We're getting quite close on time. There's a question over there.

Question: Thank you. Dan, it was just to go back. I just wanted to check that I had heard you. You were saying that your research is looking like it is going to show that people are willing to pay more tax to keep the NHS going. The thing about the... the question of whether people's expectations are too low, I wondered if that expectation was predicated on the current level of funding and then the interaction with social care, I just wondered whether your research was going look into whether people would be up for paying more tax to fund social care or whether there is a problem that people don't know enough about what social care is?

Dan:

Yes, briefly, I think just to address the social care question first, I think the biggest challenge in social care is just a complete lack of understanding of what it is. So, it is almost impossible to come up... so people don't know how it is funded. They will not think there's a 23,000 means test until they're in the system. They will often assume it is the same model as the NHS. There's the classic, when is it social care, when is it the NHS? Far too late in the journey as it starts to unravel do they realise what social care actually means.

There's a big debate there, how are we defining that and how is it coming across?

On the taxes question, the way it is being asked is to maintain the level of care, as that level of care is going down people are more inclined to say they will pay more. I think the answer from this is we don't know. I think more qualitatively we need to explore what does that expectation mean. From various polls, people are increasingly saying they would pay more tax to maintain the NHS. An NHS is the service that is always the one that people say should be protected from cuts. There's something happening there which qualitatively we need to explore in a bit more detail.

Claire:

There is a few questions over here. Great.

Question: I was very interested to see the facts and figures to start with. It was quite an eye-opener. It's interesting to see that the public expectation is that in respect of waste, immigration, postcode lottery, treating the wrong people and staff under pressure, the public is not unhappy with the services they get when they get them. What they are unhappy with is the total lack of systems at middle management and upper level which should be guiding them in, should be treating them as if one person is the same person if they have a mental health complex or if they have a physical problem and that social care is part of healthcare. It also used to be part of healthcare, it is still part of healthcare.

It's just that the systems are designed to split us down and make us pay and make us pay while we think that we are getting a good service and it's being slid out from underneath us currently by this Government which is removing the funds that we have paid in for our care for now and the future and it's leading young people in a terrible state - leaving young people in a terrible state as they try to work their way through when they should be up for anything virtually.

It's leaving them as dependent. We should not be dependent on our system it should be there to support us and it's the middle management and upper where you have people who fail and move on to the next job and for higher money and they fail and they go on, round and round the spiral and we are left to suffer the consequences and, in particular, the NHS staff are left to suffer the consequences of lack of training when they need more staffing, lack of systems to help them, that is the question. How can we change it? Am I offending you? I am so sorry.

Question: I am wondering what the question is.

Question: How can we change people? How can we get rid of people who shouldn't be in there and put proper systems in place which will support the nursing and professional staff and also support the patients and not waste money? That is the question.

Claire:

There were more questions over there, so if we take one more and we will come back to both of them.

Question: Hi, one thing that didn't come up in the sort of facts and figures that were presented was whether people are worried about the fragmentation of the NHS through private providers. There are certainly private companies who are running GP surgeries and that didn't come up as a concern. And the other thing is I do still wonder why we can't get over the barrier of realising that people are paying for the NHS.

It should be the strapline the NHS paid for by you. I think we are quite right why can't we understand we are all paying to this. I know in France money has to exchange hands so people realise they have had a service, but I think a lot of people I speak to anecdotally -- do think that wasn't quite right but I

won't say anything, or that behaviour wasn't correct but it's okay.

We love the NHS but we are afraid to speak out because we think it's free, but we all know we are paying for it. I wonder where that psychology is coming from and although there is a good complaints system in place I am sure that is the tip of the iceberg, there is a lot of things under the radar but people don't want to say. That is my perception.

Claire: Thank you, Dan; do you want to come back on that?

Dan: What is the first part?

Claire: It was about different providers. The fragmentation of the NHS.

Dan:
The private fragmentation question as Amen mentioned. If you look at the polling, there is difference between independent sector providers which is free on the NHS. There are more people than we might imagine think that is okay. Okay. Then you think about what is privatisation on the NHS? Do we include GPs? It's a really hard question to ask. It's a very interesting point.

It's a knee-jerk reaction to the word privatisation, where as there are degrees of privatisation, where people become exercised is free at the point of delivery that relates to your then question that we have lost the idea that actually we have paid for it and I think that is an important concept. So, there is a debate going on about hypothecated taxes. I am now guilty of what I said which is taxes by allocated specific for the NHS and when you do ask on that that is a relatively popular concept.

I know there is a lot of issues around hypothecation versus other ways of taxing, I think there isn't a simple answer to that, some people think is it Virgin, will I react against that? People don't think GPs are small businesses, it's

hard to ask a question on privatisation where it's meaningful what the response comes in. It does come up.

Claire:

I think sometimes the facts or the stories can get in the way of the facts as well. Certainly, for Northumbria, we are quite lucky we provide social care here as well as hospital-based care, so we are allowed to care for the patient across the pathway, it's helping us discharge earlier. We have people with hip operations going out in the same day now and really transforming the model of care we are providing in Northumbria, but what we are also doing is running seven GP practices in the area and if you look at true integration, could you argue that is part of the privatisation? I don't know. Is it providing a good service to patients? Yes.

Neil:

The thing, Claire, is it's the transition between the service, that is where it is. We are poor at understanding where that is. So, if we knew more about what happened at discharge can you stop readmissions because you understand what is the journey of that person as they leave the hospital that is an interesting insight instead of satisfaction individually in services.

Claire: I agree.

Neil:

Can I come in on the complaints point, what comes through strongly is, so one of the first things Health watch did when it was set up is work together with the two ombudsmen, to do a whole lot of work to understand people's attitude to complaint, their experience of making complaints and what encouraged them to and what stopped them from doing. One of the biggest single factors is people are often worried there will be an impact on their care or that of their loved one, that care will be withheld, whether it's true revenge or whether they think staff will become cautious and stop communicating with

them. So that is also a contributing factor there.

On the waste point I am glad you raised that because I spotted that on Dan's slide and wanted to say something, when we did some deliberative work asking people about their future thoughts about care delivered outside hospitals waste came true strongly in that, not that they were banging the drum saying what is this awful system doing it's wasting money left and centre, but very much that point about a system that it's giving people the right experience or making best use of resources.

I do think as that conversation about overall funding and potentially tax comes more to the fore in public debate it's inevitable that people were talking sharper turns about waste, so what is going to be very interesting this week, given the focus there is on digital transformation is the slight tension between people involved in the really amazingly sexy stuff about genomics and artificial intelligence and that and where most people are, what do you mean by GP doesn't know when I have been into hospital unless I take a letter back to the surgery, I kind of thought you did that anyway.

Claire:
Thanks, everyone, for your contributions. it's nearly 5.55, so we have run over, so you probably all want to get trains. Thank you ever so much, I have learnt a lot from each of you about the importance of having these conversations and the importance of being brave enough to what people are saying and have the types of conversation because we need bravery going into this new era of change.

So, thank you very much and thank you for listening and your participation.