

# London



A CALL TO  
ACTION

**A Summary of NHS & patient engagement**  
**April 2014**

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## 1. Executive summary

This report provides outcomes from engagement activities undertaken across London by Clinical Commissioning Groups (CCGs) - groups of GPs responsible for commissioning and designing local health services in England - and NHS England (London region) and the groups and individuals involved as part of the Call to Action. It summarises key findings and themes following engagement and includes a cross analysis of the results, illustrating how responses and feedback have been grouped

Activity has been part of existing fora for discussion, or focused in specific events and opportunities to feedback. Over the engagement period, which commenced on 14 October 2013 and concluded in March 2014 over 630 stakeholder groups and over 18,000 people have been engaged, with many of those keen to share their thoughts.

This report picks up on many questions and themes raised in the Interim Engagement Report which was issued to CCGs and other stakeholders in January 2014. That report was compiled to capture and examine the status of the engagement work at that time and ensure that remaining engagement was focused on any identified gaps or to investigate identified themes.

Despite the differences between boroughs and the different responders (patients, carers, charities, NHS organisations etc.), there is a strong commonality in the key themes identified:

- Educating and supporting the public to be better able to prevent ill health, live healthier lives and to take responsibility for their own health outcomes;
- Appointments and access to care was highlighted as an issue of real importance for Londoners;
- Clear information about services and good access to them is a key priority.

For clinicians at the London Clinical Senate, the over-riding imperative was for services to achieve a greater degree of integration so that patients benefitted from better, joined up services between hospitals and primary care sectors.

Analysis of the questionnaire responses suggests that whilst there is support for spending a greater proportion of the health budget on prevention rather than hospital-based care, there is also significant concern around this issue. A similar view surrounds the need for fundamental change to the NHS – with a majority believing change is necessary, but a significant minority not agreeing with this proposition.

Specific engagement events held in conjunction with the London Health Commission and City Year (a youth social action charity) provided useful feedback on some of the key themes raised during the interim engagement and provided insights in addition to some of the comments we received through other channels, such as the online surveys and various CCG events and meetings.

At these events, the key themes were:

- London should take steps to improve the overall wellbeing of the population by improving health literacy, education and access to health information, especially for children and young people;
- Communication with health professionals should be easier using online channels and more accessible and longer appointments with clinicians where necessary;

- Access to good primary care – optometry, dentistry, sexual health, mental, GPs and repeat prescription services – was a priority for young people.

The London Clinical Senate also identified several themes important to the transformation of primary care and the importance of this being part of a wider system approach.

## 2. Background

In July 2013, NHS England set out a Call to Action to staff, public and politicians to help the NHS meet future demand and tackle a funding gap through ‘honest and realistic’ debate.

As a global city, London’s NHS services have unique pressures which need to be identified and addressed. There is much good work to build on – services for stroke and trauma have been transformed, London now has one of the best mortality rates in England for cardiovascular surgery, improvements have been made to the way the NHS delivers mental health outreach services and high quality standards for acute emergency and maternity services have been developed and are being implemented across the capital.

However, change is required in order to meet altering expectations and increasing demand for services. Other sectors of the economy have had to change the way they work in recent decades in order to adapt to the changes in the way people work, travel and communicate. NHS health and care services need to change also in order to meet the needs of a growing capital city with a rapidly changing and diverse population.

NHS England (London region) launched the London Call to Action in October 2013. The accompanying report identified the challenges the NHS is facing:

- London’s population is getting bigger. We have a growing and high birth rate and at the same time an ageing population which places increased demand on services.
- Patients now have more long term, complex conditions. In London, the NHS spends more than 75 per cent of the health and social care budget on the 20 per cent of patients with multiple long term conditions.
- Many Londoners struggle to see a GP. Many patients require access to services in the evenings and at weekends.
- 40 per cent of London’s GPs operate from single-handed or small practices limiting the range of services they can offer.
- London has a relatively high concentration of hospitals which mean they have smaller patient catchment areas compared to the rest of the country, making them very financially challenged. In addition, specialist consultants are too thinly spread across the city.

In addition, NHS England (London) launched *Improving general practice: a call to action* and an Integrated Care Case for Change to highlight the specific challenges in general practice and ‘out of hours’ services. A comprehensive programme of engagement with London’s clinicians, the public and NHS bodies about GP standards is being planned for Summer 2014.

The following sections outline how NHS England (London) and the CCGs (aggregated) publicised the engagement, how feedback was provided, who provided feedback and what we heard. The feedback and themes identified during

engagement across London during this time, will be used to inform five year strategic plans due to be signed off in Summer 2014.

## **London: A Call to Action engagement**

The objectives of the London Call to Action were to:

- build public awareness of the challenges faced by commissioners and providers of health and care;
- generate a debate with the public, staff and stakeholders about how the NHS could meet these challenges, the priorities and the choices we wish to make;
- gather feedback and insights to inform future strategies and commissioning plans (for CCGs and for direct commissioning);
- support the creation of public legitimacy for future commissioning decisions;
- create a platform for future transformational change; and
- include these transformational change plans within a five year strategic plan, submitted as part of the planning round for 14/15.

The engagement has provided an opportunity for stakeholders, clinicians, NHS staff and members of the public to provide feedback to the questions set out in the London Call to Action document or discuss locally with CCGs. Participants were also encouraged to offer their ideas and solutions to other challenges faced by health services in the capital.

Engagement on the London Call to Action has been coordinated through a partnership approach with 32 clinical commissioning groups and targeted engagement with health stakeholders across the capital.

In general:

NHS England (London region) has engaged with pan-London stakeholders, interested parties and national representatives on the services for which it is responsible e.g. specialised commissioning and GP services; and on London-wide issues

Clinical Commissioning Groups have engaged with local stakeholders, members of the public and patients on the services for which they are responsible e.g. secondary (hospital) care, mental health; and local issues.

Stakeholders and members of the public have provided information through a variety of channels and in order to ensure all feedback has been captured and recorded, NHS England (London region) and the CCGs have shared information. Comments made to individual CCGs as well as to NHS England (London region) have been included in analysis.

### **3.1 NHS England (London) engagement**

The London Call to Action report and the challenges highlighted within it were promoted online and through traditional media and press briefings. In advance of the launch of the report, health journalists were invited to a press briefing with NHS England London's Regional Director and the region's Medical Director.

Electronic copies of the report were shared directly with over 2000 stakeholders and staff. Over 160 copies were distributed at the launch event of London clinical leaders, and with other stakeholders including:

- Chairs and Chief Officers of all London CCGs
- Local Authority Directors of Public Health
- Commissioning Support Units

- Local Authority Chief Execs & Directors of Adult Social Services
- Trusts (Foundation Trusts, Acute Trusts, Mental Health Trusts)
- Health and Wellbeing Board Chairs
- HealthWatch representatives
- London MPs
- Parliamentary Health Select Committee
- Local Education and Training Boards
- Regulators
- Voluntary and community groups
- Academic Health and Science Networks
- Strategic Clinical Networks
- Trade unions
- Royal colleges
- London Directors of Nursing
- Clinical Senate

In some cases, representatives of NHS England (London Region) and the Call to Action project team met with groups and individuals to discuss the unique challenges faced in London and to encourage attendees to feedback to the questionnaire. For instance the team has met with:

- London Health and Care Leader's Forum (160 delegates)
- Council for disabled children (60 delegates)
- MPs (11 attended a briefing)
- London Healthwatch representatives (27 delegates)
- London Assembly (18 attendees)
- People's Inquiry (25 attendees)
- Age UK and Age Concern forums (60+ attendees)
- Clinical Senate (c130 attendees)
- Royal College of Nursing Representatives meetings (25+ attendees)

For a full list of meetings and events that took place as part of the engagement see Appendix C.

### **3.1.1 Public summary document**

A public and patient facing summary document of the Call to Action report was produced and sent to over 100 organisations and charities in the voluntary sector.

In addition each CCG in London was sent 100 copies of this summary document to disseminate amongst their populations.

### **3.1.2 Transforming Primary Care in London**

In December, NHS England launched the Primary Care Case for Change. The report sets out the challenges faced by primary care providers in the capital. NHS England London region are currently engaging with stakeholders across the capital to hear views on what changes need to be made to improve the quality of general practice. Work is ongoing to develop primary care standards with more intensive engagement planned for later on in 2014. A link to the full report is provided in Appendix F.

### **3.1.3 Integrated Care Case for Change**

The London Health and Care Integration Collaborative has produced a case for change setting out how the current fragmented model of care fails to meet the needs of Londoners. To assist the development of integrated care in London and the preparation of local Better Care Fund plans, the Collaborative is also capturing a comprehensive account of the full London story to complement arguments made in the case for change. A link to the full report is available in Appendix F.

### **3.1.4 Youth engagement work**

As part of the work to engage young people with the London Call to Action, the following activities were facilitated by NHS England (London) with input and support from the charities and organisations involved. These were:

- Online web-chats with members of the charity Young Minds;
- In depth interviews with four young people involved with Youth Net – a London charity dedicated to providing frank and unbiased information;
- A half-day deliberative event with 100 young people from City Year, a leading youth and education charity.

These engagement sessions sought to explore the Call to Action themes in a deeper conversation with young people about health and the NHS. More than 150 young people were involved, spanning a 16-24 year old age range and with a high degree of gender, ethnic, religious and socio-economic diversity represented in the activity. The key themes and ideas for change are summarised later in this document.

## **3.2 Clinical Commissioning Group engagement**

CCGs used a variety of engagement methods to discuss A Call to Action with over 630 stakeholder groups and 18,000 people across 32 London boroughs.

These included a range of activities including:

- Discussion forums and promotion on websites
- Social media activity including Twitter Q&As, tweets, Youtube and myhealthlondon forums
- Meetings, drop-in sessions and briefings were advertised and arranged
- Adverts, letters and interviews in the local press

The chart below displays the most popular methods of engagement used by CCGs.

### **3.3.1 Most popular methods of engagement used by CCGs**



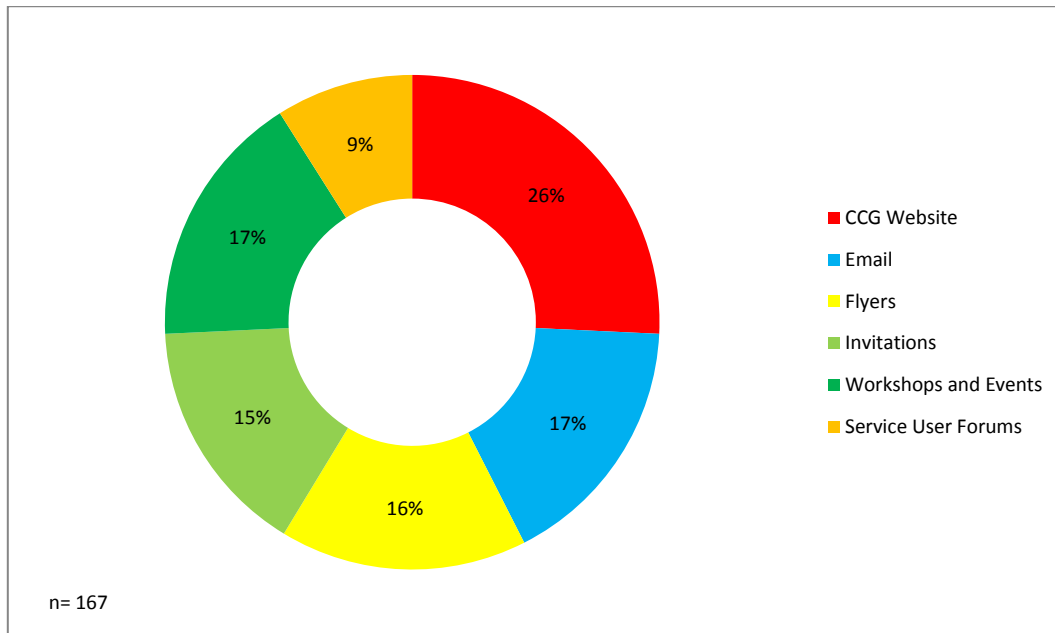


Figure 3: Most popular methods of engagement used by CCGs

### 3.3.2 Examples of CCG engagement

CCGs combined traditional methods of engagement such as fora and meetings with more unusual techniques to reach out to people in their respective areas and involve them in the London Call to Action.

Tower Hamlets CCG held ‘The 2013 Health Conversation’ at their Idea Store in Whitechapel in October. The event was held in the style of a fair with a number of stalls each covering a different topic, with themes ranging from GP Services, Children and Young People, Mental Health and Long Term Conditions. In addition to these stalls the day included a number of health related activities for local people to participate in and there were a range of activities for children and adults. Further information can be found [here](#).

Lambeth CCG adopted a range of methods to enable and encourage local people to get involved in the engagement. These included an online discussion forum, a Lambeth Health Quiz, printing promotional postcards listing how people could participate and posted a ‘Join the Debate’ film on their [website](#).

Kingston CCG held an outreach session at Kingston University Fresher’s Fayre at which staff manned a stall and spoke to students about the Call to Action engagement. Further information on Kingston CCG’s engagement activities with regards to A Call to Action can be found [here](#):

### 3.3.3 Who was engaged by CCGs?

An estimated 630 stakeholder groups were identified as having been engaged with by CCGs. The analysis considers all CCG responses. However a detailed comparison between different responders to each CCG has not been possible due to the range of collection methods used by each CCG.

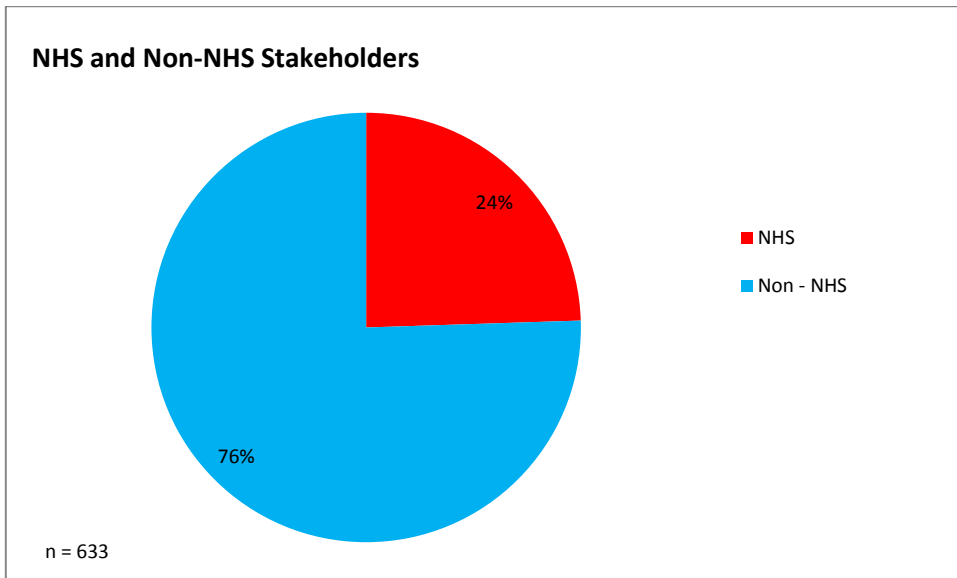


Figure 4: Percentage of NHS and non-NHS groups engaged at a local level

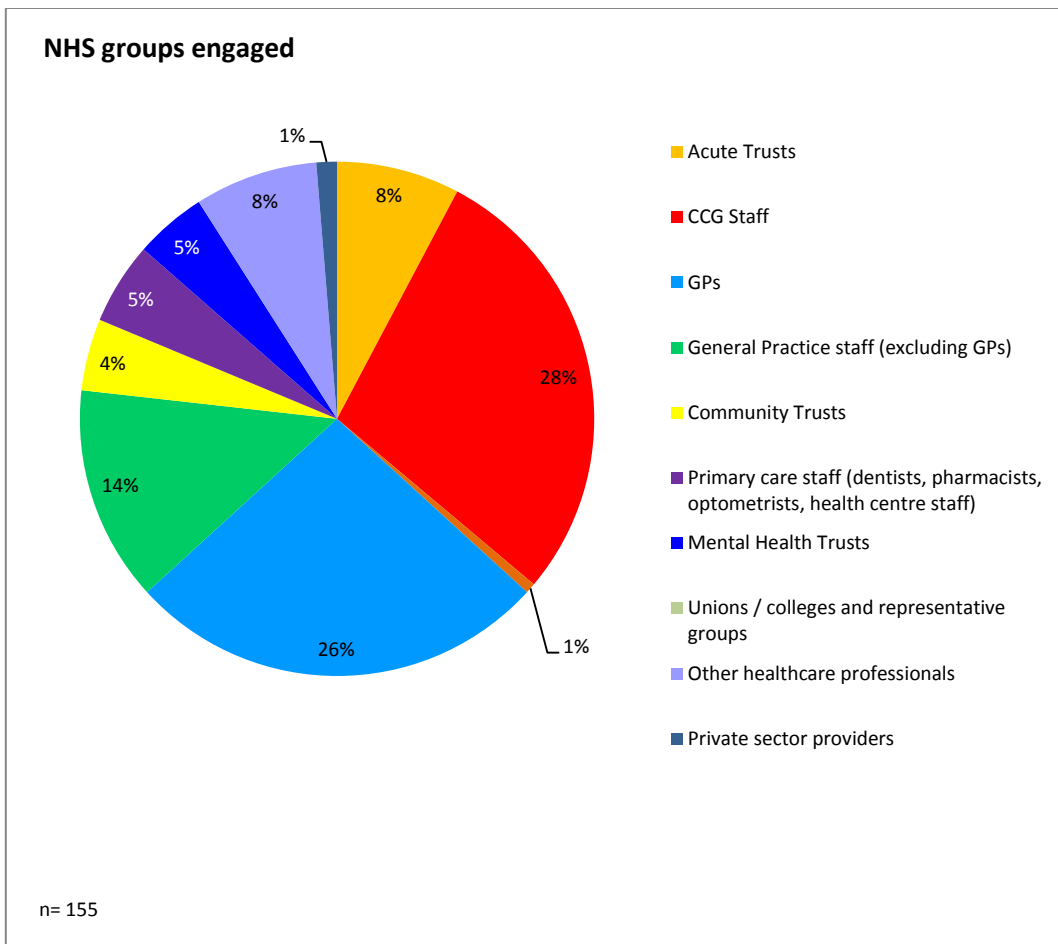


Figure 5: NHS groups engaged

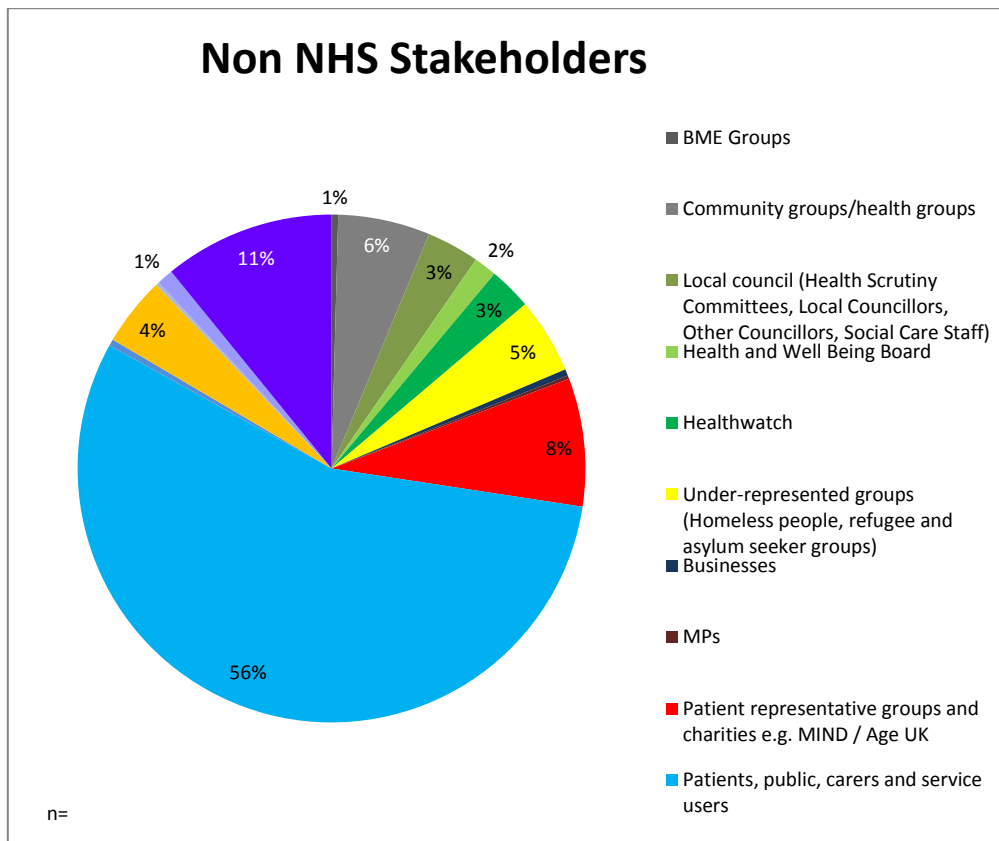


Figure 6: Non NHS groups engaged

### 3.4 Social media

The Call to Action engagement was promoted on Twitter with its own hashtag (#NHSCalltoaction), on the home page of myhealthlondon website and the NHS England website. Some stakeholders also promoted the report on their own websites. CCGs also publicised the NHS England national and London region reports on their own websites.

A **“tweet”** is a message posted via Twitter containing 140 characters or fewer.

**“Mentioning”** another user in a Tweet by including the @ sign followed directly by the username is called a "mention". Also refers to Tweets in which your username was included.

When we say **“impression”**, we mean that a Tweet has been delivered to the Twitter stream of a particular account. Not everyone who receives a tweet will read it. Currently, there is no way to know whether or not a particular user has actually read a particular Tweet.

Over the course of engagement, the #NHSCalltoaction generated:

- 8, 576, 537 impressions
- 1,925 tweets
- 686 participants



Figure 1: Twitter graphic for #NHScalltoaction

The graphic below shows a snapshot of those 686 participants:

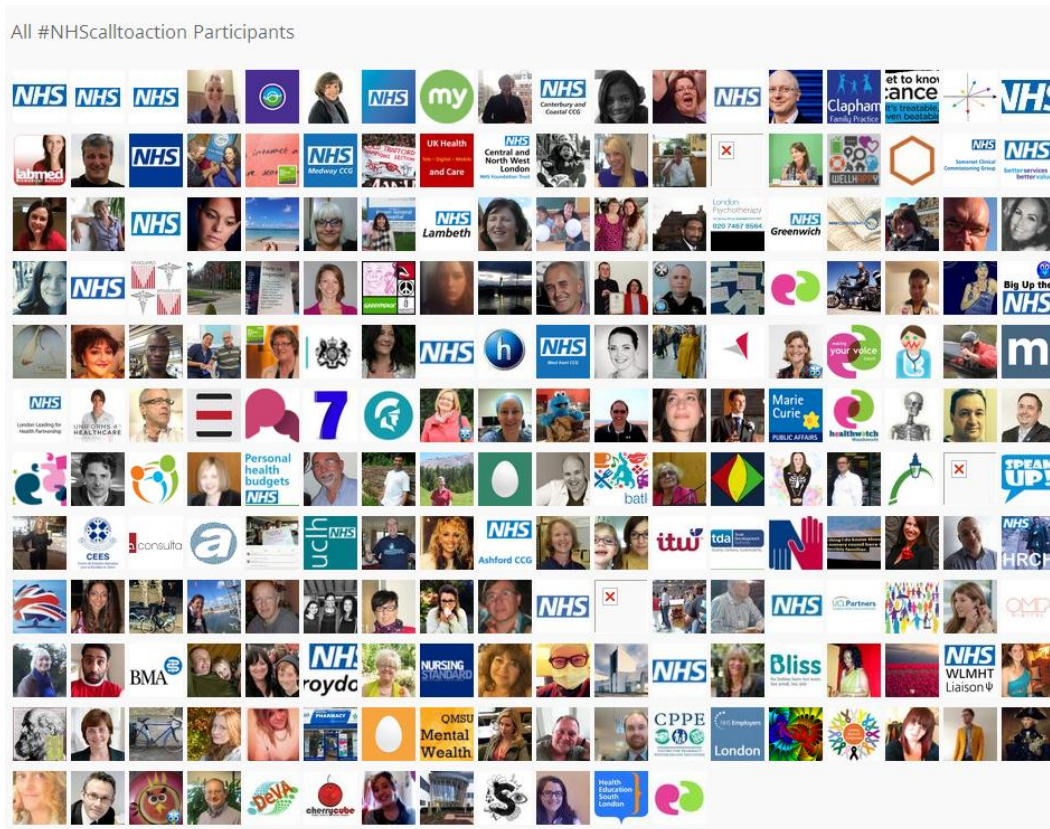


Figure 2: Graphic of Twitter participants

Analysis of social media activity is provided in Appendix B

## 4 Feedback

### 4.1 How was feedback provided?

#### ***NHS England London Region***

As well as analysing questionnaires and feedback submitted electronically to the Call to Action email address or in writing to the project team, through the myhealthlondon website or through taking part in a conversation on Twitter using the dedicated hash-tag, views were analysed from meetings and briefings. Attendees were encouraged to fill out the questionnaires but the team also recorded views made on the meeting fringes or in some cases and at larger meetings (for example the London Health and Care Leaders Forum meeting), a record of general comments and issues discussed was maintained by the team.

The table below shows the number of people who provided feedback directly to London Call to Action and lists the feedback mechanisms used.

Feedback Mechanisms	Number of people recorded
Questionnaire responses	222
Tweets	1650
Meetings and events	Approx. 570
<b>Total</b>	Approx. 2440

Figure 7: Types of activity and number of respondents

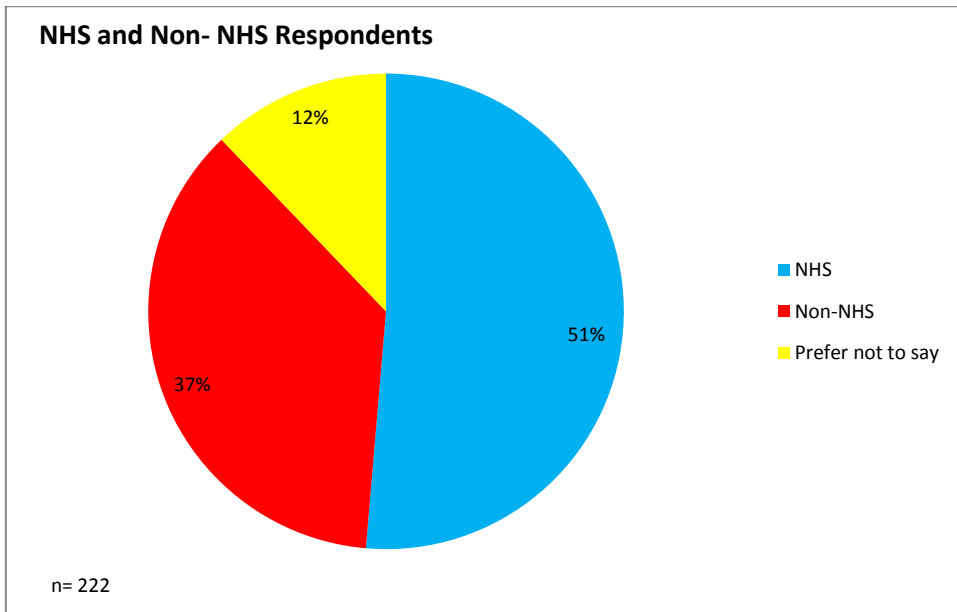
#### ***Clinical Commissioning Groups***

Feedback to the 32 London CCGs was gathered through a similar range of media and meetings. In some cases specific meetings with interested parties and stakeholders were held, whilst many CCGs discussed the topics as part of existing channels and meetings. Some feedback was submitted via online forums or over the phone.

### 4.2 Who provided feedback?

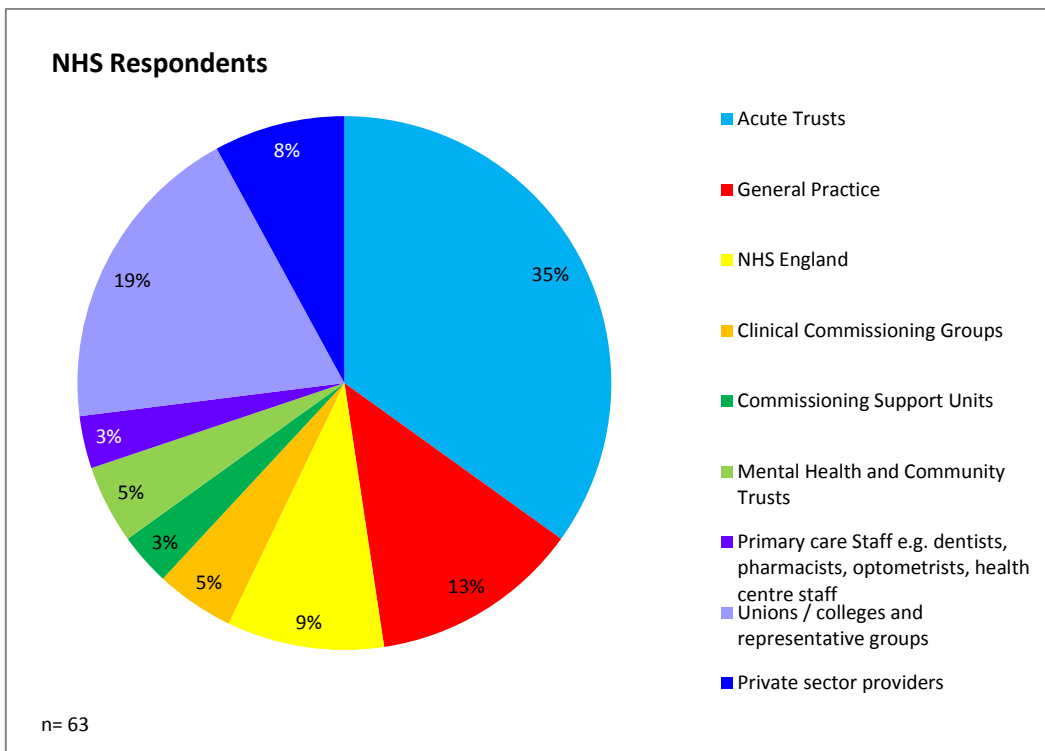
#### ***NHS England London Region***

Out of the London Call to Action questionnaires a total of 114 out of 222 respondents said they work for the NHS. Not everybody who responded to the questionnaire chose to disclose what organisation or group they belonged to, see Figure 8 below.



**Figure 8: Types of stakeholders responding**

Figure 9 provides a breakdown of the types of NHS organisations recorded from those respondents who said they worked for the NHS.



**Figure 9: Breakdown of NHS organisations that have responded**

The pie chart below shows a breakdown of the types of other organisations and industries that responded to the questionnaire.

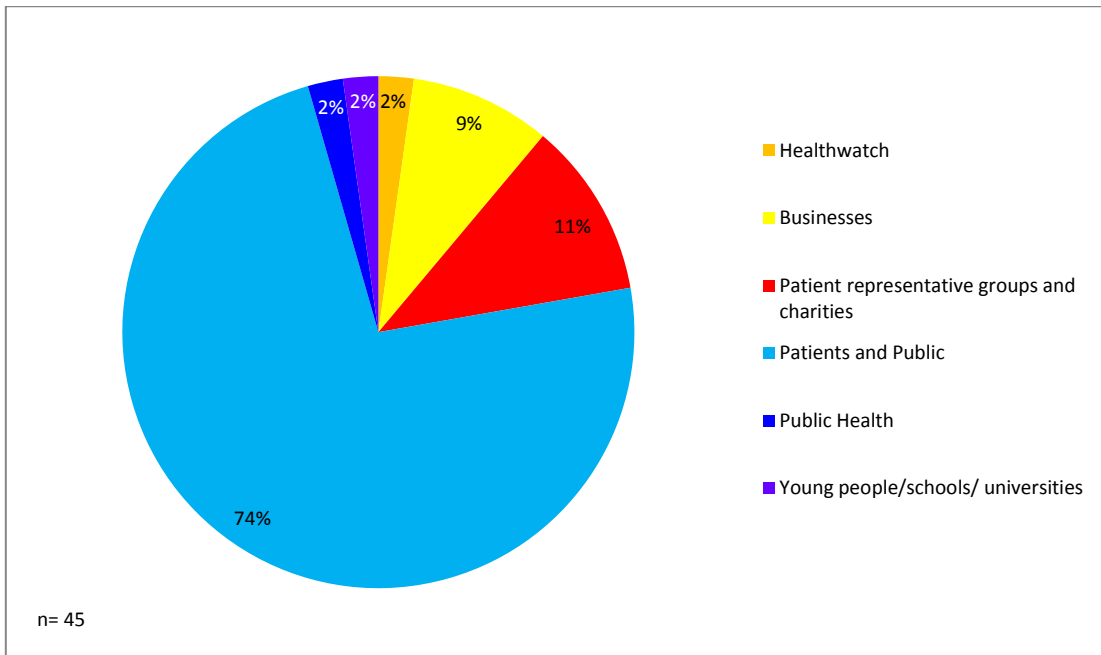


Figure 10: Types of other organisations and industries that responded to the questionnaire

The charts below show a further breakdown of who responded to the London Call to Action questionnaire.

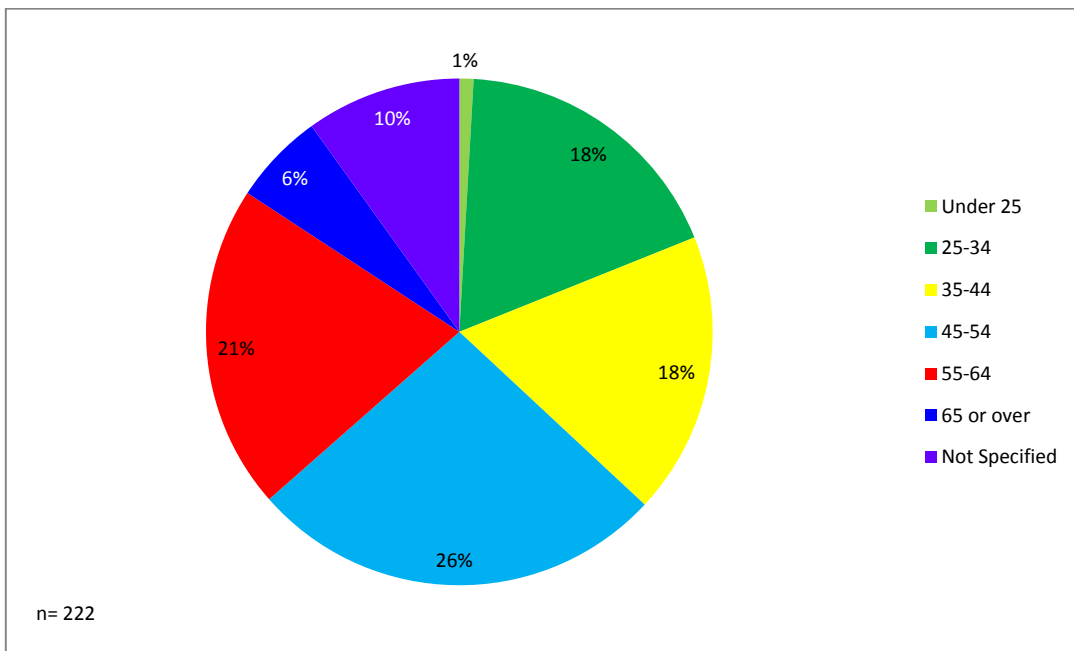
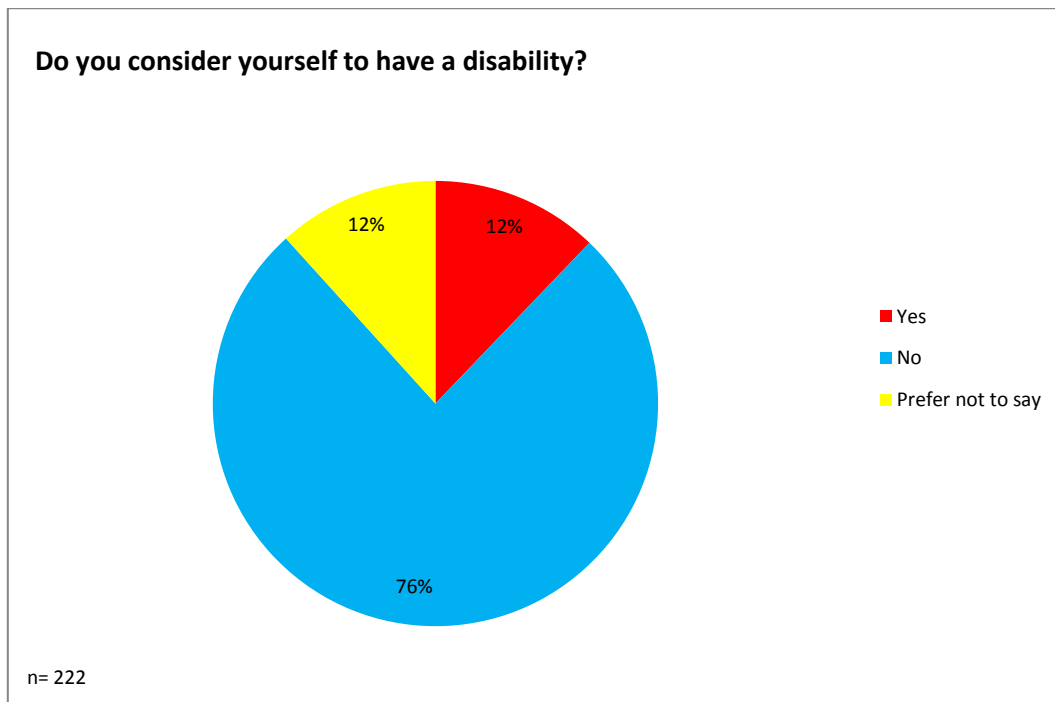


Figure 11: Age profile of respondents



**Figure 12: Disability status of respondents**

### 4.3 Equalities

Under one per cent of respondents to the questionnaire were young people, so NHS England (London) sought to ensure this group were actively engaged online and through a deliberative event, with City Year volunteers. City Year is a youth and education charity that recruits a diverse mix of young people to act as mentors and role models in schools in deprived areas. Amongst the 100 young people there was a good spread of age range (between 18-25 year olds), ethnicity and religious orientation.

In addition, the public facing summary document that was sent to over 100 voluntary organisations and charities including BME support groups. CCGs were encouraged to disseminate the public facing document to their populations

### Overall London-wide themes

#### 5.1 Methodology

While an engagement exercise is a very valuable way to gather opinions on a wide range of topics, there are a number of issues to bear in mind when interpreting the responses:

- Whilst anyone could have commented, the reality is that many people will not have seen the publicity and/or will not have been interested. The respondents were self-selecting, and certain types of people may have been more likely to contribute than others. This means that the responses are not representative of the population as a whole. We cannot assume that the views and/or percentages detailed in this report hold true for the general population. The number of responses means that they are statistically inconsequential when compared, but this does not mean the outputs and comments made are not extremely valuable and insightful.



- Typically with an engagement process, there can be a tendency for responses to come from those more likely to consider themselves affected and more motivated to express their views. NHS engagement responses tend to be more biased towards those people who believe they will be negatively impacted upon by the implementation of any proposals or changes.
- Responses are also likely to be influenced by local issues.
- This analysis synthesises inputs from a range of sources – some of which are qualitative and some quantitative. Thus, the most popular themes are the programme team’s informed view taking into account responses made in different formats e.g. the questionnaire, questions and responses at meetings, tweets and to different organisations e.g. NHS England London region, and the CCGs.
- The programme team has made every attempt to classify each response to a correct category or theme but sometimes responses are open to interpretation.
- Not all respondents answered all questions.
- The programme team attempted to identify duplicate responses or ‘campaigns’ but this is not always possible.
- No specific ‘weighting’ was given to key stakeholders versus individual members of the public, however the London region engagement focuses more on the responses provided by key stakeholders.
- The size of the words used in word clouds give some indication as to the importance of a particular topic.
- For the purposes of reporting we have only included those responses that were relevant to the scope of the London Call to Action on which we were seeking feedback, rather than more general comments about the project.

## **5.2 Frequently mentioned topics and emerging themes across London**

Below we have illustrated the phrases, words and concerns that were heard the most often during engagement. (The size of the text indicates the number of responses giving this a key point).

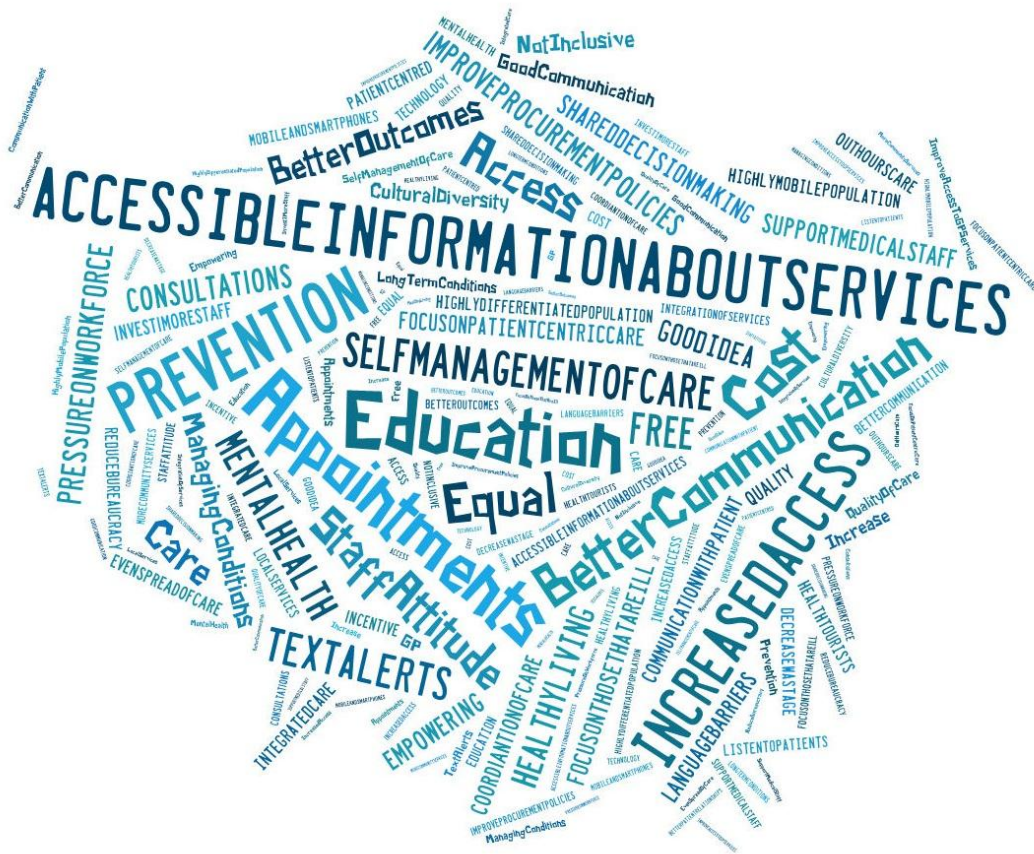


Figure 13: Word cloud of most frequently mentioned topics and themes from CCG and survey responses

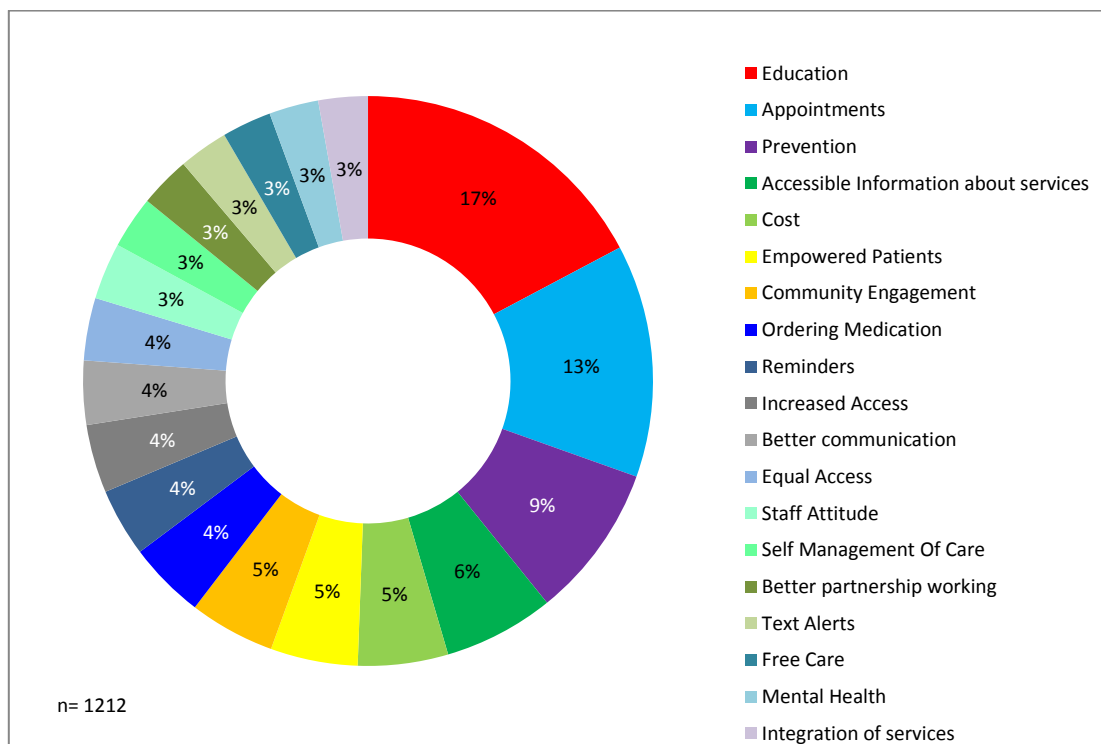


Figure 14: The graphic shows the most popular themes<sup>1</sup>.

- **Education**

Respondents from the questionnaire and those engaged by CCGs showed strong support for better public education in areas such as prevention and other aspects of healthy living. Providing health education for young people and empowering the public to take responsibility for their own health outcomes was a key theme throughout engagement. Potential mechanisms for doing so include increased media campaigning and simplified leaflets on healthy living and other preventative measures.

Young people thought that schools could play a more active role in improving the health literacy of children and young people by focusing education towards 'leading a happy and healthy lifestyle', 'understanding food better' and 'the importance of exercise'. They also thought we should have better food labeling and improved information on packaging and campaigns to promote healthy eating choices.

*'We need to educate people enough so that they can better take care of themselves.'* Patient/public (aged 25-34)

*'More education and involvement with schools should be compulsory.'* Patient/public (aged 25-34)

*'Education should be made available in all communities about health, from GP surgeries, district nurses, schools, education facilities and community centres.'* NHS staff (aged 25-34)

*'There is not enough awareness in schools. Healthy eating could be incorporated more into the curriculum.'* (aged 20)

*'Pictures and slogans have worked on cigarette packets, why not on alcohol too?'* (aged 22)

- **Appointments**

Appointments and access to care was highlighted as an issue. GP consultation times were discussed as being too short, not providing patients with the time that they felt they needed to better understand their conditions. One respondent stated *'My GP appears to be very overworked and has little time to talk to me about anything.'* Patient/public (aged 35-44)

Access to appointments was also raised as a common concern across London with the majority of respondents emphasising the difficulties faced with trying to access appointment slots. Feedback also highlighted that the impact of this could potentially drive people towards other alternatives such as A&E.

Young people raised the importance of improving GP registration process and questioned why it wasn't currently possible to be registered with more than one GP, especially when studying at university in another city. They also wanted the NHS to embrace technology to improve access to services. Ideas like being able to Skype,

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<sup>1</sup> In order to simplify the graphics (and not record visually every comment and category) the top 30% of all tagged themes are displayed. All the remaining responses and themes were analysed to ensure the data was captured accurately but these were not used to populate the graphic.

email or telephone a doctor were favoured. Young people wanted more weekend availability and more access to GPs beyond the normal working hours. There was a perception that it took longer to wait for mental health services.

*'My GP has an online booking service but I haven't registered for it yet because in order to register you have to fill in a form at the practice – and the practice isn't open outside of my working hours.'* (aged 19)

*'I'd like to see what the GP schedule is and what time slots are available and what you have to choose from. Its sometimes hard to ring up if you are working full time. I ring up during my short break and the receptionist seems to expect me to be able to ring back at any time, but I can't because I'm working.'* (aged 18-25)

- **Prevention**

Feedback across London recognised the role that prevention has to play with regards to improving health outcomes and supporting people to live healthier lives. Many highlighted the need for more work in this area coupled with strong evidence-based solutions. Although expensive, the promotion of healthy living and education for those who are already ill to manage their own care is considered beneficial and money well spent. Raising the profile of preventative techniques alongside better education in schools and communities was offered throughout as a solution for reducing demand on healthcare in the future.

*'There is a need for more easily accessible and up to date sources of information. Health messages in the press, media and online.'* Patient/public (aged 65-54)

*'The NHS needs more of a focus on prevention.'* Patient/public (aged 25-34)

*'More focus and resource on prevention, particularly for the most vulnerable.'* AGE UK Lambeth

*'Why do we have general check ups for our teeth but not for the rest of our physical health?.'* (aged 18-24)

- **Accessible information about services**

The NHS system and how to navigate through pathways is discussed as an area that is not well understood by patients and the public. Those engaged stress the issue of not always understanding what services are available and more importantly when they should be accessed. Clearer and more concise communication with patients and the public are considered a must for the NHS as it will ensure that the system is used efficiently.

*'The NHS needs to offer more readily and quickly accessible information and advice on services.'* Patient/public (aged 55-64)

*'We need to do more to let people know what services they can access.'* NHS Worker (aged 45-54)

*'You should be able to choose online the sort of doctor or nurse you want to see.'* (aged 22)

- **Cost**

Feedback across London consistently highlights the concerns people have surrounding the cost implications of seven day services and how the changes of moving care in to the community will impact on the quality of care received. Although

respondents supported the notion of seven day services, they felt that community and GP services are under-funded and must be supported by well-trained community and general practice staff. This concern is also echoed when discussing the impact that this change would have also if applied to acute services. One respondent noted that *'either the cost of additional staffing has to be met with more cash or the staff will have to be thinned through the week. The service needs must be clearly evaluated to ensure efficient use of resource before any changes are made.'* Pharmacist

- **Empowered patients**

Empowering patients and supporting them to manage their own care was supported across London as a way of preventing avoidable admissions into hospital. Empowering patients and enabling them to proactively engage in their care plans and take responsibility for their own health is considered a priority. Examples of enabling this include the introduction of patient owned medical records and better staff training programmes to enable this transition.

*'We should work in partnership with patients to empower them to have a dialogue about their care rather than just accept what is meted out to them.'* Tower Hamlets Local Medical Committee

*'Patients need to be empowered to take responsibility for their own health'. NHS staff (aged 45-54)*

- **Community engagement**

A large proportion of respondents highlighted the importance of the NHS being open and honest with the public about the challenges that the NHS currently faces. Continuous community engagement with the public and raising the profile of some of these challenges could be a way of driving momentum and building public support for some of the necessary changes such as centralising services and other transformational programmes.

*'There needs to be more conversations with people and populations early on. Being honest about the challenges faced locally and engaging with people early as this will help to address the problems. Make engagement and co-production with local populations meaningful and real.'* Patient/public

- **Ordering medication**

Flexibility and making use of new technological improvements are discussed as being not only efficient but a way of adapting to patients' needs. Support for ordering medication online as opposed to visiting the GP is considered as a much more convenient and less time consuming way of accessing some of the services that local practices provide. Young people were particularly keen for the NHS to make it 'easier' and 'more efficient' to order repeat medication.

*'The NHS must adapt to the times we live in.'* Patient/public (aged 45-54)

*'Very useful for ordering medication.'* NHS staff (aged 55-64)

*'Repeat prescriptions should be available online and sent straight to pharmacy for pick up.'* Patient/public (aged 45-54)

- **Reminders**

Reminders for a variety of services were discussed as being beneficial to both the patient and the clinician. Respondents highlighted that more than often those who

are required to manage their condition effectively forget to take medication resulting in a deterioration of their condition. A simple reminder was highlighted as way to avoid such occurrences. Support is also shown for mobile phone text reminders for appointments and reducing the amount of missed appointments or DNAs (Did Not Attend).

*'An alarm could be set to remind people to take their medication.'* NHS staff (aged 45-54)

*'Reminders for GP and hospital appointments would also be useful, also potential to provide reminders use for smear tests.'* Patient/public (aged 25-34)

- **Increased access**

Access to GP services were highlighted as a concern across London with feedback focusing on issues such as long waiting times, telephone access and opening times. Those engaged show strong support for more flexibility around opening times with suggestions ranging from Saturday opening hours to employing more practice nurses to support the workload. There was also support for more online access to services ranging from online consultations with health professionals and information about health, services and personal records.

*'I am diabetic and a middle of the day appointment with someone in my GP practice in two weeks is just no good.'* NHS staff (aged 55-64)

*'More routine appointments should be available in the evenings and weekend.'* Patient/public (aged 25-34)

- **Better communication**

Communication between healthcare services and other health and social care services is considered to be in need of urgent improvement. Many respondents highlighted the detrimental impact of this on effective coordination of care. The links between primary and secondary care are noted as being fragmented and often delaying diagnostics and treatment. Suggestions to improve this include better information technology systems and the introduction of named GPs to better coordinate care.

*'I waited nearly three months for a consultant to tell me exactly what my GP had told me at a doctor's appointment. Following this I then had to wait another six weeks for a scan that my GP said that I needed.'* Patient/public (aged 25-34)

- **Equal access**

Feedback indicated strong support for the NHS to provide equal access to all. A person's location or severity of need for care was considered as irrelevant. The general principles and founding values of the NHS were highlighted as imperative to the NHS and its direction of travel.

*'The NHS should be based on meeting need rather than any other criterion. This means that people most in need of care should receive it regardless of their geographic position.'* Patient/public (aged 25-34)

*'Free to all, just as how it was founded.'* Patient/public (aged 35-44)

- **Staff attitude**

Staff attitude and the impact that this had on people's experience of care was often discussed throughout engagement. Many highlighted the need for customer care

training to be implemented throughout care services whilst others reported the lack of dignity and respect in some of the services that they had encountered.

*'Staff need to recognise that any one of us can be a patient; it must be remembered that the NHS needs patients as they much as they need the NHS.'* NHS staff (35-44)

- **Self management of care**

Feedback shows support for self care and the need to allow patients to take responsibility for their own health and care plans. Better patient education about self care and the programmes of support available are discussed in detail. More work on empowerment and supporting patients and carers to feel more in control is highlighted as imperative to support the reduction in unplanned hospital activity. Ideas to implement this successfully include patient champions who advocate self care amongst similar peer groups.

*'Give self care action plans to patients with sensible advice.'* NHS staff (aged 35-44)

*'We need to enable patients to become more responsible for their own health.'*  
Patient/public (aged 55-64)

*'Support "patient champions" who act as advocates for self care among peer groups.'* Patient/public (aged 25-34)

*'We could promote community champions of healthcare to give advice on diet, nutrition and minor medical problems.'* (aged 22)

- **Better partnership working**

Better partnership working and the integration of services across health and social care are highlighted as a priority for London. Fragmented relationships and undefined communication channels between services need to be addressed to support better coordination of care and improve patient outcomes. Much of the feedback suggests 'merging the health and social care budget' to multidisciplinary working arrangements to help successfully enable this way of joint working.

*'...more flexible NHS contracts for all healthcare professionals as this would allow time and scope for true multidisciplinary working across health and social care.'*  
Private healthcare company

- **Free care**

Feedback across London clearly supports the notion of free healthcare. Many of those engaged note that access to healthcare should not only be equal but should also remain free at the point of delivery. This viewpoint was expressed as 'what makes the NHS world class'.

*'We have a service that is free to all at the point of care. That's the best thing the NHS got right'* Patient/public (aged 35-44)

*'Universal access to care that is free at the point of service, which is what makes the NHS so good.'* Patient/public (aged 25-34)

*'The principle is right. Free at the point of need.'* NHS staff (aged 45-54)

- **Mental health**

Mental health services are considered an area that the NHS should focus on. Better mental health provision, the availability of support services and raising awareness

are discussed in depth. Pathways are noted as being fragmented and often disrupt the patient's journey to recovery. Ideas for improving services within mental health include the introduction of more local memory clinics, better awareness campaigning and improved funding streams to support GP education and reduce the stigma attached to mental health conditions.

*'The lack of focus on mental health commissioning means that the whole pathway is fragmented.'* Patient/public (aged 55-64)

*'We are going wrong with mental health funding, patient needs in this area are rising and services have difficulty in keeping pace.'* NHS staff (aged 45-54)

*'There needs to be more practice nurses, particularly with specialist training in mental health.'* Patient/public (aged 25-34)

*'Education should be taught in schools about and the community about how to cope with pressure, resilience and keeping a positive mental outlook.'* (aged 18-24)

*'Social media is a good way to reach out to young people and educate them about mental health issues and reduce the stigma that young people associate with mental health.'* (aged 17).

- **Integration of services**

Better integration of services is highlighted as an area in need of improvement. Feedback discusses the lack of joined up working across primary, secondary, community and social care services. The impact of this is highlighted as disrupting the patient's journey through health and social care services often resulting in delays as well as patients not receiving the support that they sometime desperately need. Patients and organisations engaged across London show strong support for development in this area and note that by centering the integration of services around the individual, and not the individual around the services, will improve patient outcomes.

*'Better integrated services across primary, community and social care should be built around the person and not the services.'* NHS staff (aged 45-54)

### **Other issues raised in meetings and responses**

- Need for stronger emphasis on transformational strategies on primary care (London Health and Care Leaders' Forum)
- Not enough understanding around the new structures of the NHS (Council for Disabled Children)
- Concerns raised regarding the accessibility of care (Council for Disabled Children)
- There are trade offs in the balance between centralising services and access to high quality local services (MP)
- There should be a consultation on CCG funding (MP)
- Healthwatch has to prioritise local issues (Healthwatch)
- Will the NHS discuss GP access standards with Healthwatch after discussing with GPs? (Healthwatch)
- How do Strategic Planning Groups fit with Health and Wellbeing Boards (HWB)? Will Healthwatch sit on Strategic Planning Groups (SPG)? (Healthwatch)
- Welcomed the freshness and honesty of the London Call to Action. Agreed that radically transforming the NHS is needed.(Healthwatch)



### **Suggested ideas and solutions**

A selection of suggested ideas submitted by respondents is detailed below.

#### **Introduction of a co-payments system**

*'In the context of finance I think we have to seriously consider a system of co-payments for some aspects of NHS provision, such as a small fee for a GP consultation.'* Patient/Public (aged 65+)

#### **Introduction of patient reward systems**

*'Rewarding chronically ill patients if they treat themselves for minor ailments.'* Patient/Public (aged 25-34)

#### **Nutritional advisors in schools**

*'Make a nutritional advisor available and responsible in all schools and colleges for setting and implementing healthy diets and dishes. Accelerate and enforce this. Would it really be so hard not to provide fried food in schools?'* NHS staff (aged 45-54)

#### **Automated medicine dispensing machines**

*'Access to medicines out of hours: Consider automated dispensing machines so long as service location is appropriate, clinical and medicines safety is assured, the range of medicines is appropriate and security is suitable.'* Pharmacist

#### **Community health care buddy scheme**

*'Flexible accessible timely services, readily understandable services, a community health care buddy.'* City University staff (aged 55 – 64)

#### **Advisors in GP practices to signpost patients**

*'Education through informal drop in sessions - maybe having an advisor located within GP practices who is non-clinical and can signpost people to ancillary services.'* Patient/Public (aged 55-64)

#### **Clinical mentors**

*'Teach them the basics of care first and then have a model mentor to look up to. This could be a health professional in primary care such as a pharmacist or care nurse.'* Patient/Public

#### **E communities of self care**

*'Online appointments, online option for tele-consultation, email results, text alerts to indicate need to take medication, attend for follow up, e-communities of self care.'* Health Education North Central and East London staff (aged 55-64)

#### **Education through health schools**

*'A programme to educate them through "Health schools" would be of benefit. This could be educating them on obesity, alcohol, smoking, drugs, sexual health etc...it is a shame that the superstores plaster their windows with special offers which do more harm than good to the consumer. This needs to be addressed if we are to succeed in a healthy nation.'* Patient/Public



Continuity is very important when patients have an ongoing illness and patients' experience shows there is often a conflict between continuity and rapid access in general practice; it is essential to patients that this is addressed. It is important to work in partnership with patients and to see patients as part of the multi-disciplinary team. The goal should be to engage patients fully in their care e.g. with access to their own records, empowering self-management and provide education to enable this, working in partnership with secondary care too.

Primary care should be transformed as part of a wider system and not in isolation and general practice must have a strong interface with social care as well as other community services, mental health and secondary care. Patients do not see these as separate systems. Boundaries need to be blurred; the actual structure of the NHS is irrelevant to patients who expect integrated services, co-design and co-delivery. There is also a need for a common language, mutual understanding of respective services and less fragmentation.

General practice needs to be at a greater scale to enable new ways of working and efficient models of collaborative working with secondary care and mental health services, for example. This could be achieved by confederating across practices as well as through larger practices.

There needs to be an appropriate skill mix in hospitals and primary care along with effective and supportive working. The contribution of primary care clinicians other than GPs needs to be enhanced across the continuum of care pathways to support delivery of care and value, particularly practice nurses but also pharmacists, optometrists and allied health professionals.

An inability to share information is one of the biggest challenges to coordinated care. Joined up working would be significantly enabled by shared records, ensuring better information sharing for professionals and preventing patients having to repeat information several times over. A lack of connectivity between IT systems within hospitals and across care settings and different agencies is a contributing factor however some initiatives are reported to be having a positive impact on this issue.

Several financial issues were highlighted including a view: that separate budgets can act as a barrier to more effective working across primary and secondary care; that commissioning and providing perspectives need to be considered to drive integration more effectively; commissioning needs to include resources for integrated care and consider how financial incentives can be used e.g. to address deprivation and inequalities, including use of personal budgets and incentives for behaviour change.

Tackling smoking, as the greatest single cause of avoidable death and health inequalities, is a key area for collective action across London.



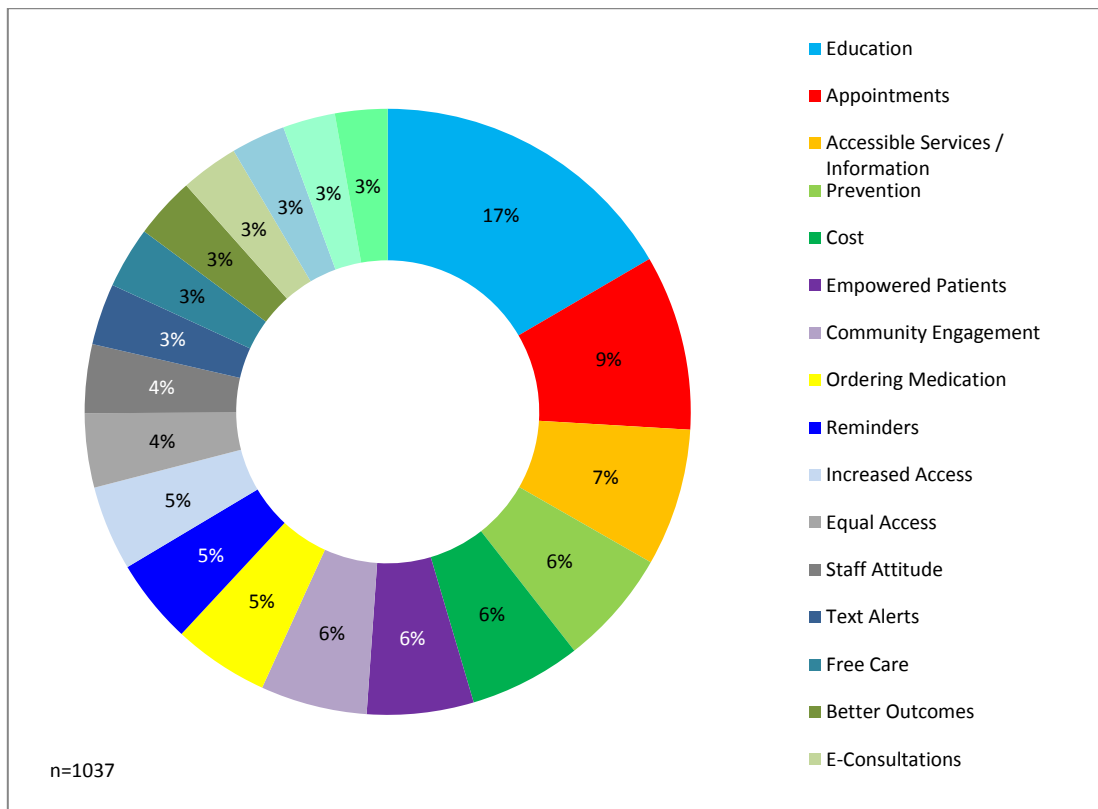


Figure 18: The graphic shows the most popular themes<sup>2</sup> from the A Call to Action online survey

### List of survey questions and responses

(Questions 1-5 are demographic questions)

**Q6. Please indicate the response that most closely matches your view regarding the following statement: I would like a greater proportion of the health budget to be spent on keeping people from becoming unwell, even if it means there is less spent on hospital-based care.**

Whilst the move towards spending a greater proportion of the health budget on keeping people well was generally well supported, there was a recognition that this would be challenging.

<sup>2</sup> In order to simplify the graphics (and not record visually every comment and category) the top 30% of all tagged themes are displayed. All the remaining responses and themes were analysed to ensure the data was captured accurately but these were not used to populate the graphic.

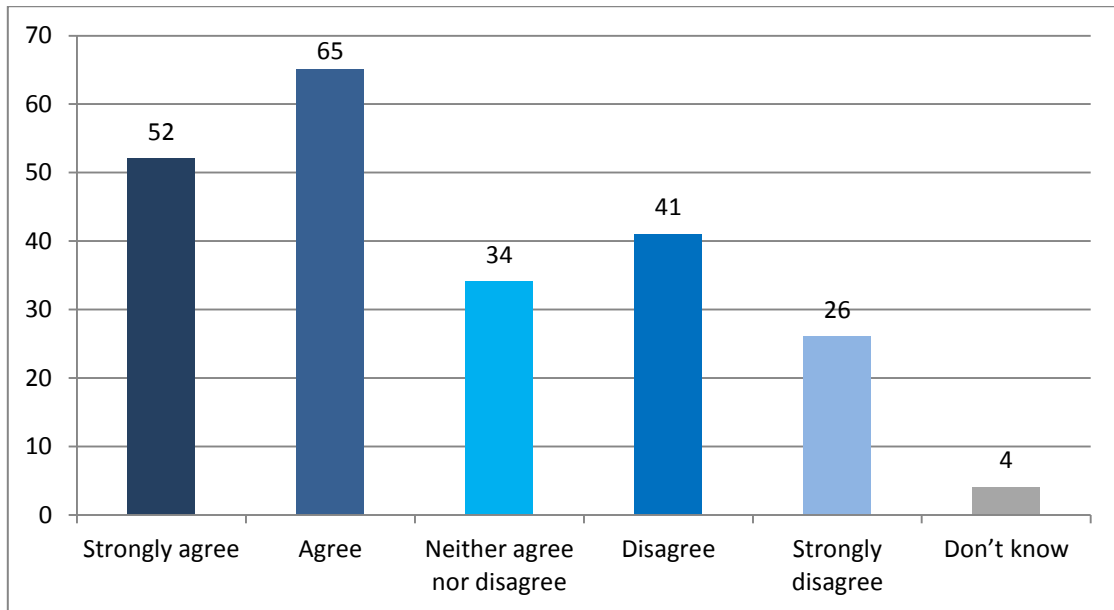


Figure 19: Chart shows breakdown of survey responses

*'This may take a generation to show cost benefit. Until it does, the funding for hospital care cannot be compromised.'* Patient/public, aged 35-44

*'Would only be worth doing if it worked... a lot of money is spent on health promotion that has little effect. The worthwhile things would require central government action such as taxing fatty and sweet foods, supporting the cost of gyms etc. Without this sort of action, I am not convinced that local campaigns have a long lasting effect.'* NHS staff, aged 35 -44

*'No evidence that prevention works.'* Patient/public, aged over 65

**Q7. Please indicate the response that most closely matches your view regarding the following statement: The NHS should ensure that it cares for people who are the least healthy, regardless of where they live in London.**

The question of caring for people who are the least healthy had support, as expected, across the spectrum of respondents: patients, staff, organisations. However the responses tended to focus on the benefits this has on equality and free access rather than tackling the more subtle issue of whether the NHS should focus on those who are least healthy and whether this would drive strategies that could see shifts of expenditure around different parts of London or between different social, ethnic and demographic groups. A number of respondents indicated the need for people to take personal responsibility for their own health.



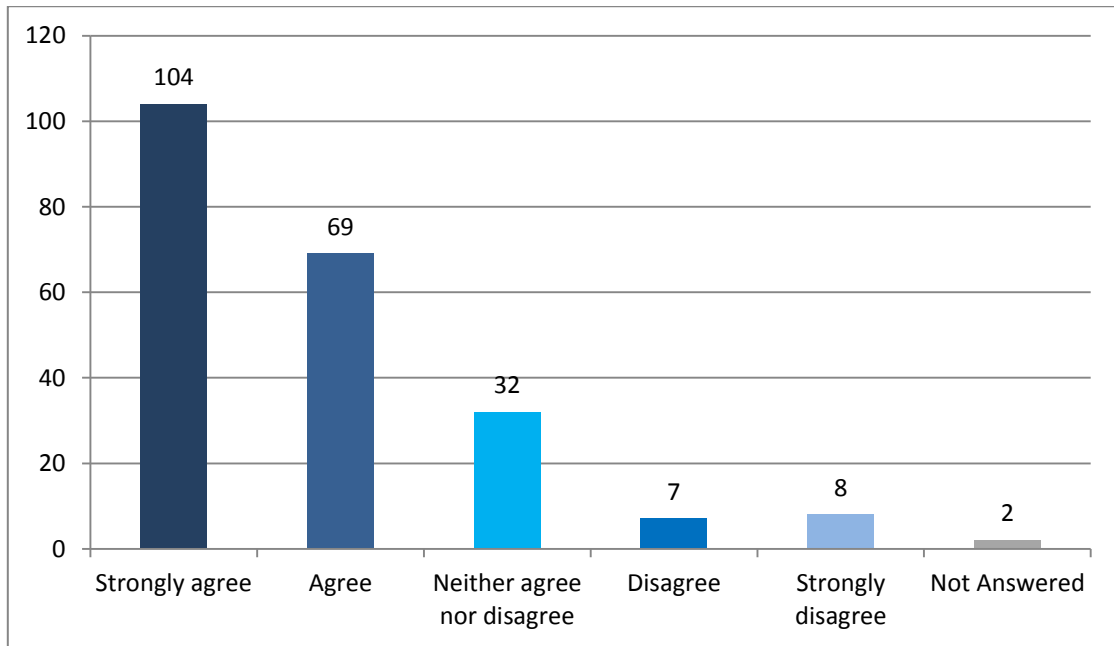


Figure 20: Chart shows breakdown of survey responses

*'Equal care standards and expectations for all, where ever they are in the NHS system.'* NHS staff, aged 35-44

*'All residents should be given fair treatment, and given the chance to have free health care.'* Patient/public, aged 25-34

*'The NHS must not discriminate on any grounds including location.'* Health Education England

*'NHS should provide a basic level of care to all, and put appropriate focus on the areas of greatest need.'* Acute Trust (NHS Chelsea and Westminster)

*'Everyone deserves care when it is required, it should not just relate to who is the least healthy.'* Patient/public

*'But we need to ensure that people do more to help themselves and are not persistently allowed to ignore advice.'* Patient/public, aged 45-54

**Q8. How can the health and care services support people to be more in control of their own care?**

Better education was cited as key to encouraging people to take more control of their own care. But whilst 'formal' education was seen as important, there was a general view that education by staff in care situations would be more beneficial and have greater impact. Increased choice and longer appointment times with GPs were also a common theme.

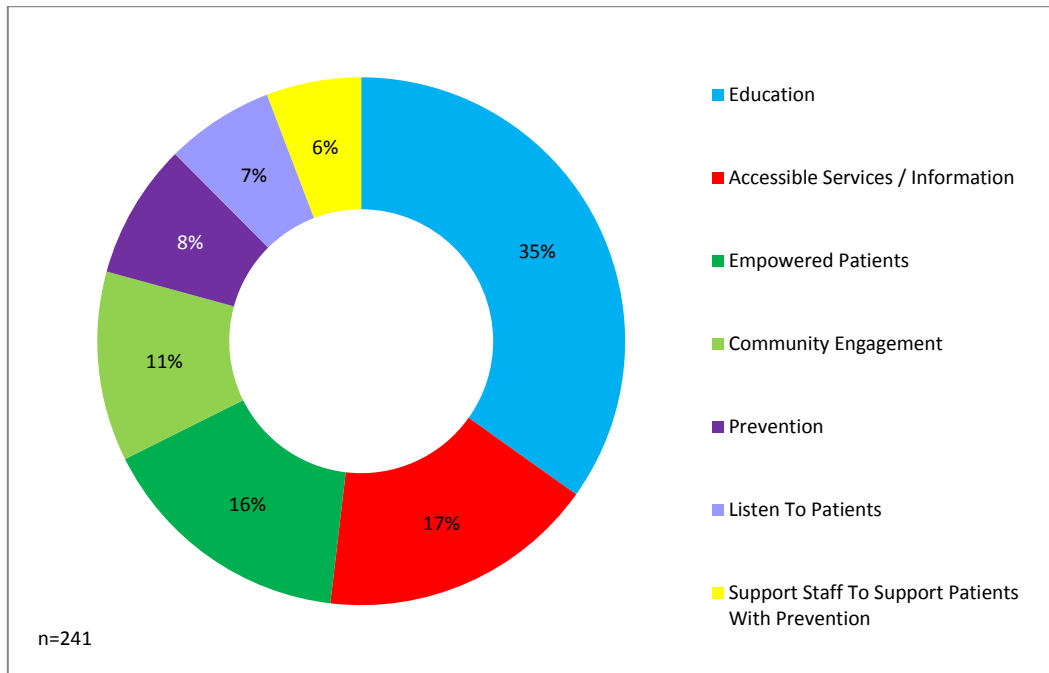


Figure 21: The graphic shows the most popular themes<sup>3</sup>.

*'Education is the key, the more the patient understands their disease and their medicines, this will significantly improve medicine adherence and health outcomes.'*  
Private Healthcare Company

*'Better access to GP's at the moment the system discourages people to seek advice from their GP.'* NHS staff, aged 45-54

*'First and foremost there needs to be an open and honest discussion about what is achievable. When people understand that, then they can be more in control of their care.'* Patient/public, aged 25-34

### Q.9 How can the health and care services support people to take more responsibility for their own health?

Better education and involvement were also key to people taking more responsibility for their own health (as well as taking control of their own care). However a number of other ideas were suggested including offering financial incentives for people staying healthy, A&E turning away people with minor injuries and better access to patient records.

<sup>3</sup> In order to simplify the graphics (and not record visually every comment and category) the top 30% of all tagged themes are displayed. All the remaining responses and themes were analysed to ensure the data was captured accurately but these were not used to populate the graphic.



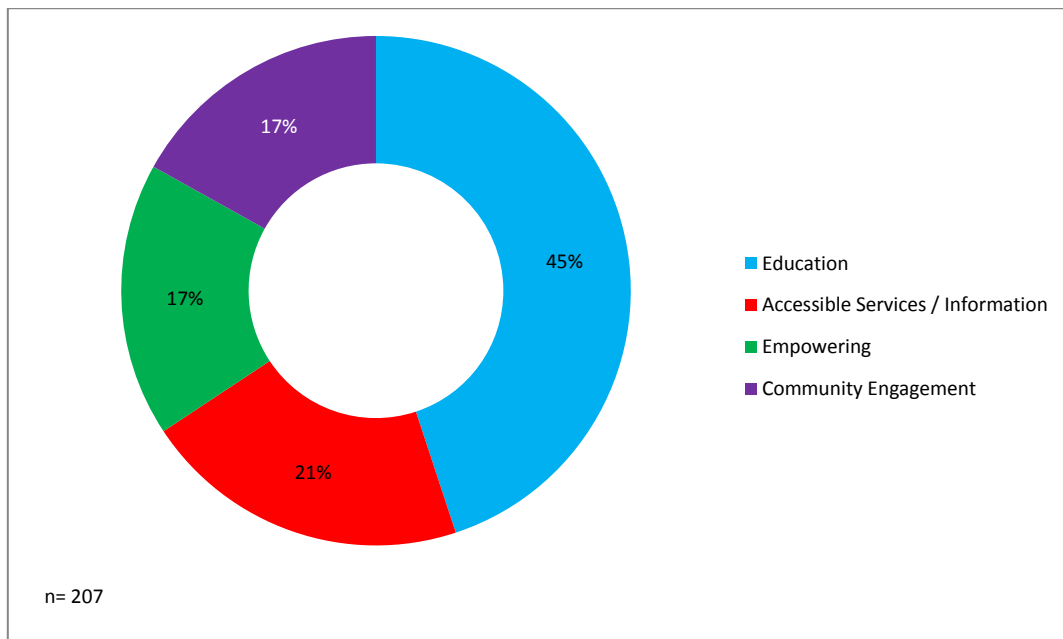


Figure 22: The graphic shows the most popular themes<sup>4</sup>.

*'Personal healthcare budget ownership.'* NHS staff, aged 55-64

**Q10. Mobile, smartphone and computer technology are now a part of life. Please give us your view on how the NHS and care services could better use this type of technology. For example, would you use it? What for? Prompt: appointments, consultations, ordering medication, managing conditions?**

The use of mobile technology was given a thumbs up by many respondents keen to take control of their own care and help the NHS manage its workload - a win, win. However there was a note of caution that for some people it wasn't the solution; that investment needs to be managed wisely (with respondents citing expensive failures in the past); and confidential patient information needs to stay confidential.

<sup>4</sup> In order to simplify the graphics (and not record visually every comment and category) the top 30% of all tagged themes are displayed. All the remaining responses and themes were analysed to ensure the data was captured accurately but these were not used to populate the graphic.

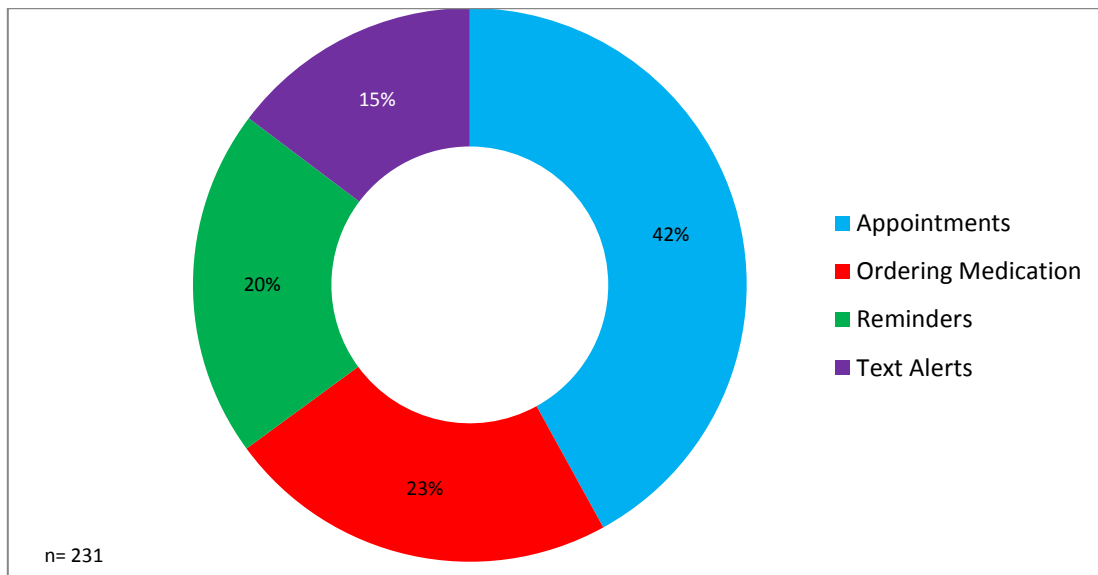


Figure 23: The graphic shows the most popular themes<sup>5</sup>.

*'Prompts for appointments with penalties for those continually failing to turn up.'* NHS staff, aged 55-64

*'Good for appointment reminders, could be good for on line prescribing and some advice giving for long term conditions'* NHS staff, aged 55-64

*'Apps for making appointments and repeat prescriptions, but also respected NHS best practice advice online to counter-act some of the unscientific and sometimes dangerous advice you can find online. Make better use of technology to make the 111 service or something similar more effective'. Local Education and Training Board*

*'Could isolate more vulnerable.'* NHS staff, aged 25-34

**Q11. What do you see as the advantages and disadvantages of providing the same quality of care at the weekend and overnight as well as during the week?**

The NHS believes that improvements to the quality of care at weekends and overnight can be made by consolidating some services - thereby enabling greater consultant presence. However respondents didn't always recognise this as a 'given'. Even when respondents agreed with the principle that quality of care should be the same 24/7 it was often assumed that improved care would automatically incur a financial cost and result in increased pressure on staff. Only a few respondents identified that there could be economies in making better use of existing assets and managing demand/waiting lists.

Respondents generally felt that a strategy to improve weekend and overnight care would improve access and equality. There was also a recognition that improvements are needed in primary as well as secondary care. The message that better care does not necessarily cost more has not been understood by everyone.

<sup>5</sup> In order to simplify the graphics (and not record visually every comment and category) the top 30% of all tagged themes are displayed. All the remaining responses and themes were analysed to ensure the data was captured accurately but these were not used to populate the graphic.

## Advantages

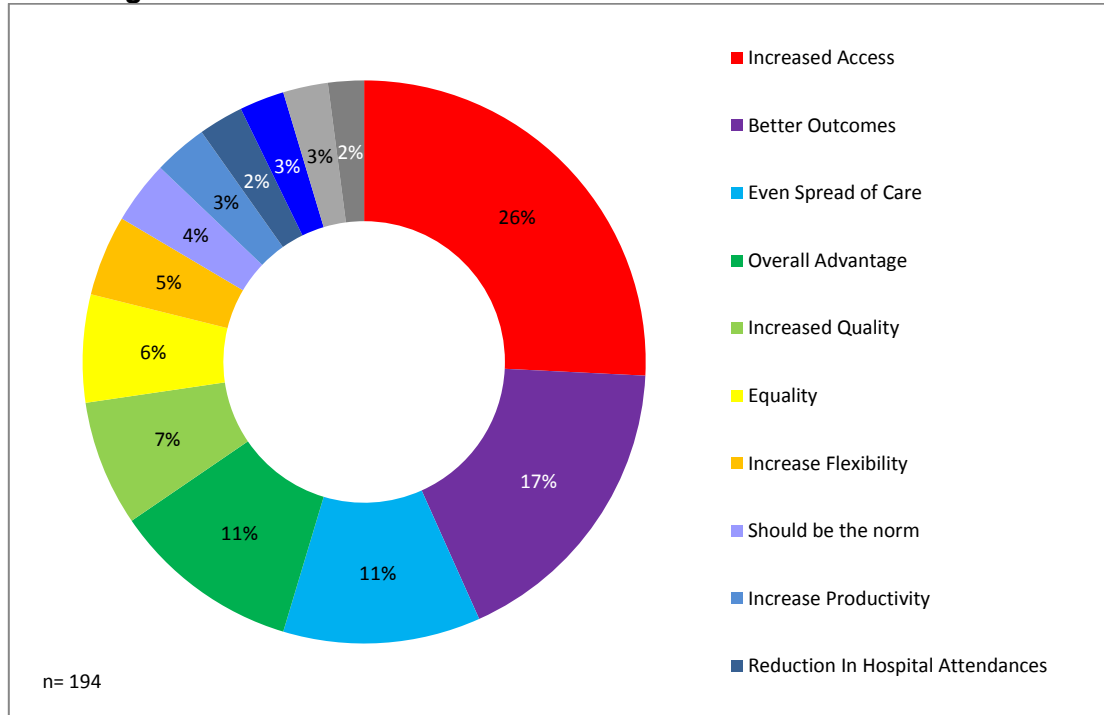


Figure 24: The graphic shows the most popular themes<sup>6</sup>.

## Disadvantages

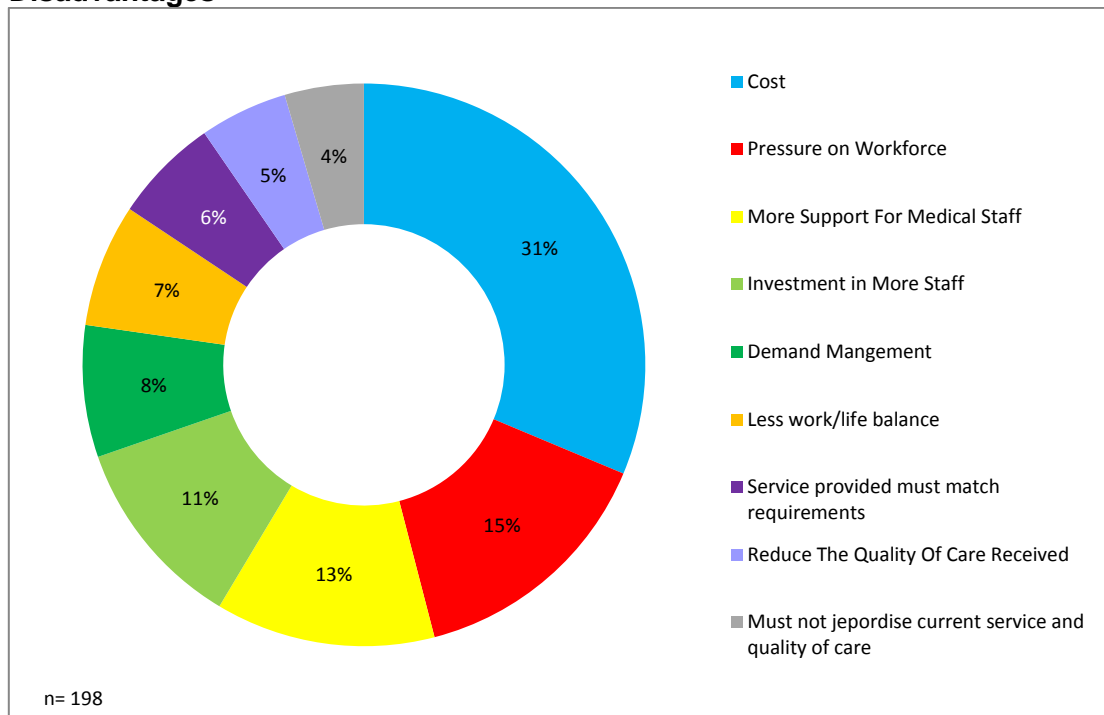


Figure 25: The graphic shows the most popular themes<sup>7</sup>.

<sup>6</sup> In order to simplify the graphics (and not record visually every comment and category) the top 30% of all tagged themes are displayed. All the remaining responses and themes were analysed to ensure the data was captured accurately but these were not used to populate the graphic.

<sup>7</sup> In order to simplify the graphics (and not record visually every comment and category) the top 30% of all tagged themes are displayed. All the remaining responses and themes were analysed to ensure the data was captured accurately but these were not used to populate the graphic.

*'The disadvantage is that, given a finite amount of resource, that resource becomes too stretched and doesn't function well at any time during the week. An improvement can only be obtained if more resources are put in. Access + Resource + Quality = X. Unless X changes, altering one affects the others.'* GP

*'I see it as imperative but it carries a cost. The worst failings at the weekend are in primary care and not in the hospitals, and this should be the priority.'* Patient/public, over 65

*'If GP services offered more flexible hours, people could access care early before conditions get to the point of needing the A&E.'* Patient/public

*'It depends where you mean. I think there is an expectation that in-patient treatment should be of the same quality/standard every hour of the week. Primary care - I think its probably just too expensive to provide weekends & overnight. I guess the crucial area is A&E, again expensive but investment here would probably reap benefits e.g. fewer admissions.'* Healthwatch Wandsworth

*'It's a 24/7 service - but this should be for emergency care not for routine care.'* NHS staff, aged 35-44

**Q12. Thinking about health and care services, what three things would make the biggest difference in improving patient experience?**

Unsurprisingly staff attitude was cited as the key area for improving patient experience, with accessibility (not just geographical location, but ease of entry to, and along, the the patient journey, availability of services, timeliness of services etc) also high on people's lists. Perhaps surprisingly, the quality of estate did not feature strongly as a key issue.

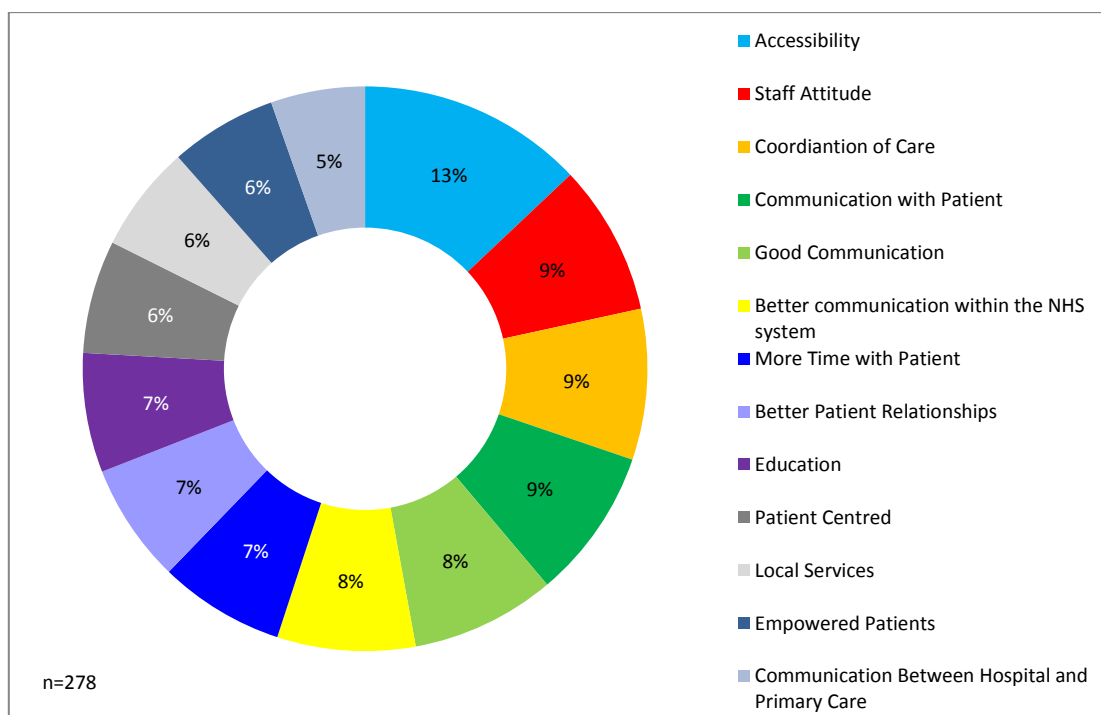


Figure 26: The graphic shows the most popular themes<sup>8</sup>.

*'1. Access points or hubs to the right service at the right time. Real time info should be available to these hubs on services in the area and where they are. 2. Education and networking of workforce who provide the service. Facilitating this within multidisciplinary teams involving primary, secondary and tertiary care. 3. Care packages agreed within these hubs for when services are accessed depending on specialty. These should be able to reduce unscheduled care in a significant manner. This would also help to improve trust in primary care.'* GP

*'Personal budgets, user-centred coordinated care across the HSC (Health and Social Care) sectors, emphasis on prevention and optimal self-management.'*  
Patient/public, aged over 65

*'1. All staff to be empathetic. 2. Allow frontline staff more say in how services are structured. 3. Better use of new technology for appointment etc.'* Patient/public

*'More community services - less acute & more public involvement in the commissioning cycle.'* NHS staff, aged 35 -44

### **Q13. How do you think the NHS should get better value for money?**

The general headline answers for this question were generally as expected: better purchasing and management of medicines; less bureaucracy and administrative staff. However quite a number of respondents identified the need to let go staff who were unable to perform competently. Others recognised that better community services could drive an improvement in the general health of the population (and therefore reduce the dependence on the NHS) whilst there was a recognition by a few respondents that improved care can drive better value for money (in the form of reduced errors, fewer readmissions, shorter length of stays etc). The need to focus on patient outcomes came out loud and clear and some respondents mentioned integrated budgets, reducing the number of people failing to attend appointments, ensuring discharge summaries are completed, better step down services, streamlining patient pathways and better use of IT.

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<sup>8</sup> In order to simplify the graphics (and not record visually every comment and category) the top 30% of all tagged themes are displayed. All the remaining responses and themes were analysed to ensure the data was captured accurately but these were not used to populate the graphic.

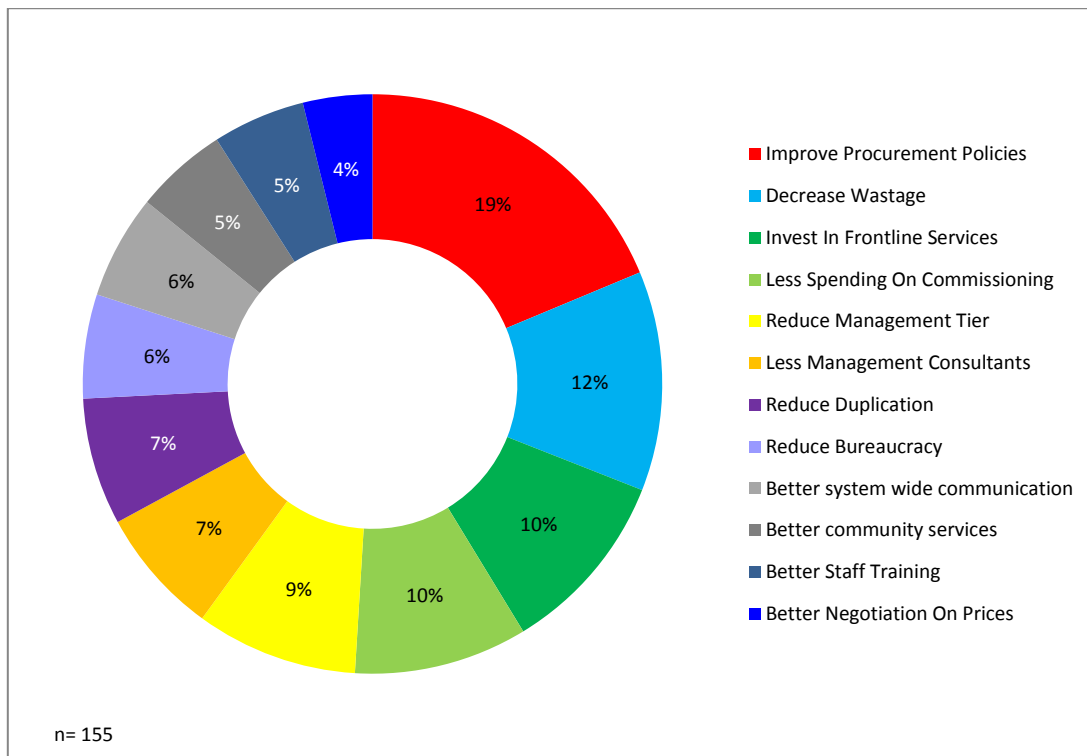


Figure 27: The graphic shows the most popular themes<sup>9</sup>.

*'Investing in staff and not concentrating on targets which are linked to finances and not the quality of a patients experience.'* NHS staff (aged 45-54)

*'Better and more consistent prescribing, minimise waste, have trained business managers rather than clinicians as managers.'* Private Healthcare Company

*'Focus on health outcomes and less on the process.'* NHS staff (aged 35 -44)

*'Merge the health and social care budgets so that people are getting the right kind of care.'* Patient/public (aged 45-54)

**Q14. Technology and our understanding of disease and treatments are changing fast. But changing services (and in particular the location of services) in the NHS can be a very long process. How could we speed up the process?**

Whilst there were some calls for more engagement and transparency in decision-making; and improvements in the quality of planning and delivery of change, there was an equally strong feeling that the NHS must, at times, be quicker in making clear, bold decisions that it will stand by and that there should be less politics involved.

<sup>9</sup> In order to simplify the graphics (and not record visually every comment and category) the top 30% of all tagged themes are displayed. All the remaining responses and themes were analysed to ensure the data was captured accurately but these were not used to populate the graphic.

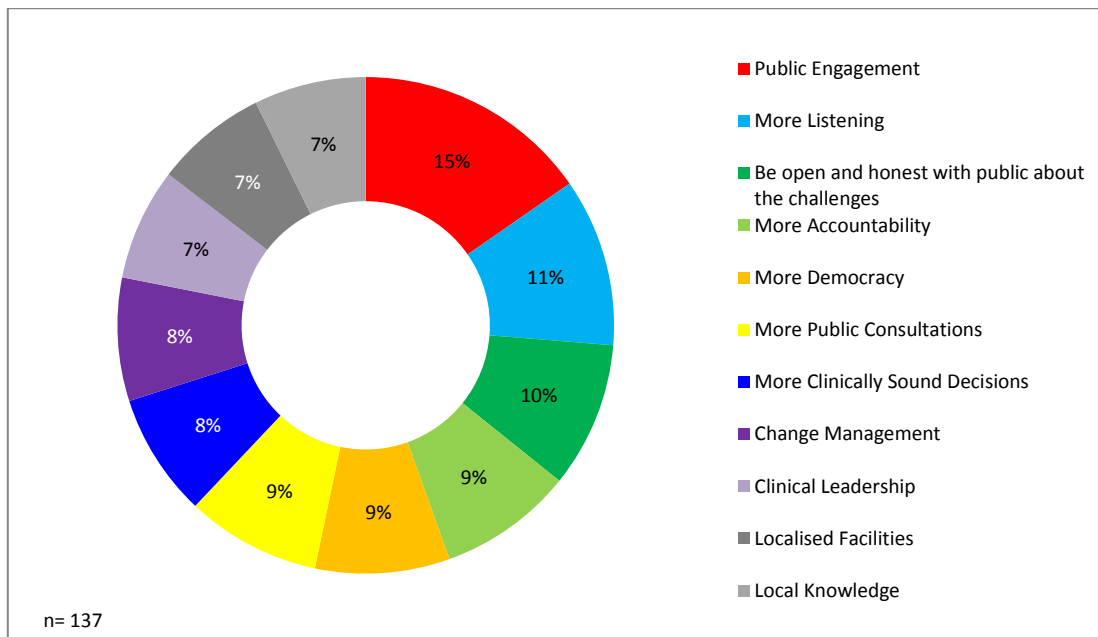


Figure 28: The graphic shows the most popular themes<sup>10</sup>.

*'By being unpopular and making and implementing painful decisions. Needs courage and conviction.'* NHS staff (aged 55-64)

*'Involve everyone at the start of these discussions that way problems that could cause delays can be addressed early on.'* NHS staff (aged 45-54)

*'Stop talking about and just do it.'* Patient/public (aged 55-64)

*'Enable primary care to push service development by having a strong voice. Get rid of the purchaser provider split and have primary and secondary care working together locally without all the red tape from central government.'* NHS staff (aged 55-64)

*'Agree now on a vision for future and staged transition plan. Get the controversial problems out there now.'* Local Education and Training Board

*'Make the NHS more like a private business- too many managers, meetings, focus groups, listening groups etc. Have set deadlines for projects, performance manage processes more robustly, don't accept substandard performance- get rid of the people/ systems that aren't working!'* Private Healthcare Company

**Q15. In the previous pages we have described a range of health challenges. Some of these are common across the country. Some are quite particular to London. What do you think are the main challenges in London? Have we described them in this document?**

There was a general view that the document described the challenges in London.

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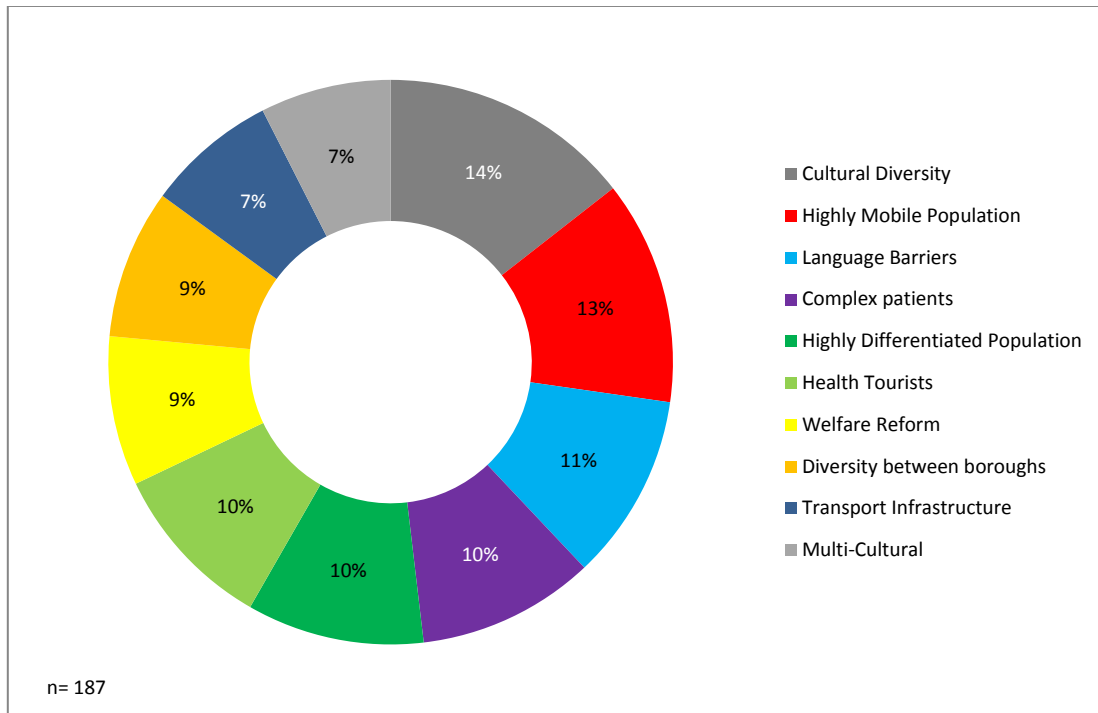


Figure 29: The graphic shows the most popular themes<sup>11</sup>.

*'The document is useful and reads well. The bottom line is well-described - too many hospitals providing a range of services.'* NHS staff (aged 55-64)

*'1. Complicated system 2. Departments working in silos 3. Threat of closure of several Acute hospitals 4. Poor uptake of new and innovative medicines that could improve health outcomes.'* Private Company

*'Churn of population around 30% in some boroughs makes shambles of current GP practice model Need completely different approach to integrated primary and community health care and also integration with social services for children and adults. "Wellbeing" inadequately addressed: housing, education, employment, transport have huge impact on health of Londoners.'* Patient/public (aged 65+)

*'Health inequalities between boroughs and communities.'* Patient/public (aged under 25)

*'Multiple powerful hospital providers, weak commissioning, multiple stakeholders (e.g. 32 CCGs) means no decision can be made, lack of leadership means Londoners receive "dumbed" down decisions.'* Patient/public

**Q16. Thinking about the NHS as a whole: What have we got right? Where are we going wrong? What or where do we need to focus on?**

Universal access to free healthcare was a clear 'winner' in what the NHS has got right, along with high quality staff and outcomes. Privatisation, politics, a target culture, too many managers and organisations working against each other in a

<sup>11</sup> In order to simplify the graphics (and not record visually every comment and category) the top 30% of all tagged themes are displayed. All the remaining responses and themes were analysed to ensure the data was captured accurately but these were not used to populate the graphic.





## What we have got wrong?

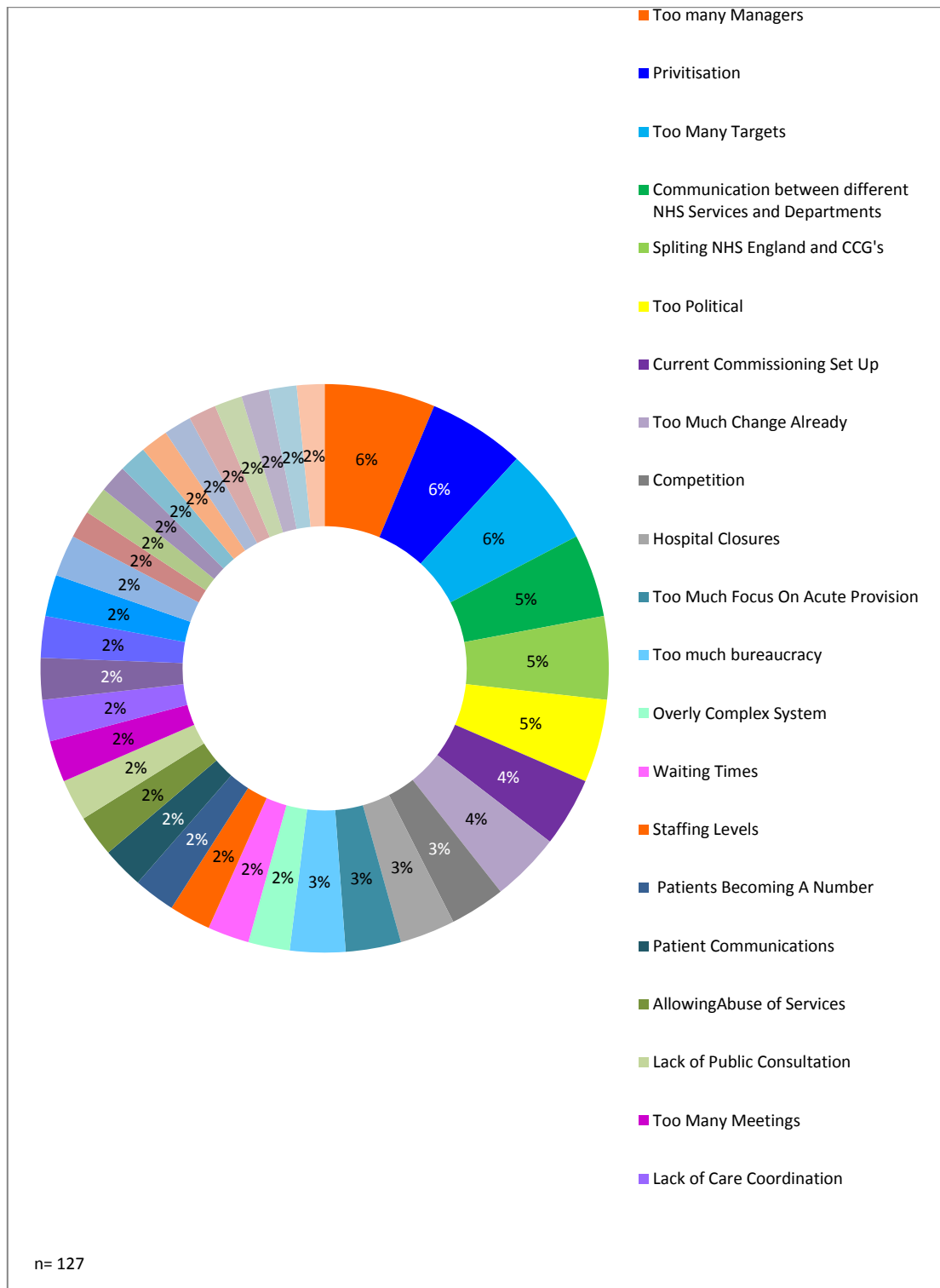


Figure 31: The graphic shows the most popular themes<sup>13</sup>.

<sup>13</sup> In order to simplify the graphics (and not record visually every comment and category) the top 30% of all tagged themes are displayed. All the remaining responses and themes were analysed to ensure the data was captured accurately but these were not used to populate the graphic.

## What we need to focus on

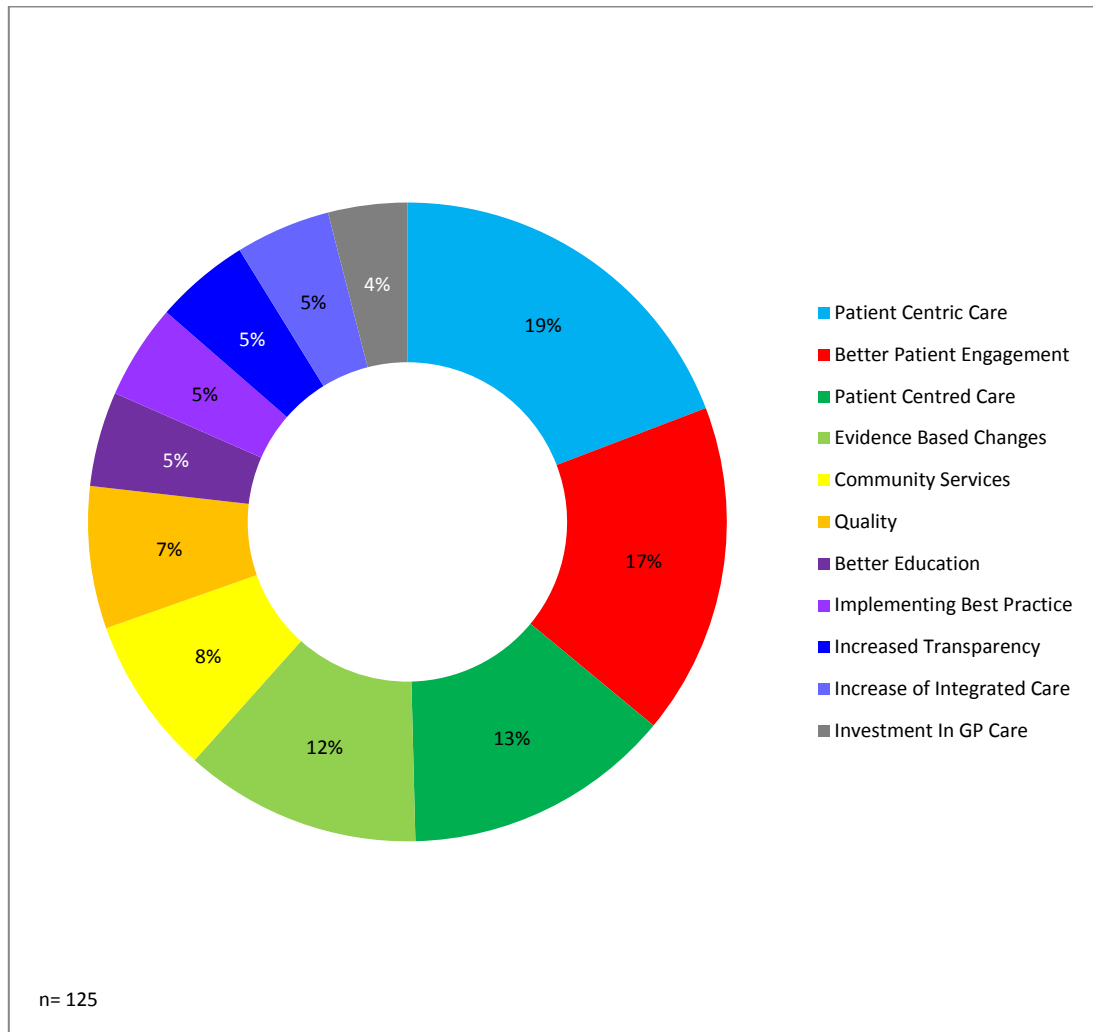


Figure 32: The graphic shows the most popular themes<sup>14</sup>.

*'Free health care regardless of one's background, circumstance or income. I know this is controversial, but care/surgery offered to patients with complex existing conditions should be more measured.'* Patient/public (aged 55-64)

*'I still believe there are too many targets which relate to data clean up and technicalities. The only targets that should exist are ones that relate to patient experience and safety. I think generally that NHS employees are excellent, however we need a government who are supportive and make changes that matter, and unfortunately we don't have one. It mostly seems like a PR exercise.'* NHS staff (aged 25-34)

*'The idea of giving more say to clinicians is good. They need, at the very least, to be left alone to do that job. Not a good record of this so far vis-a-vis budget moving by NHS England.'* GP

<sup>14</sup> In order to simplify the graphics (and not record visually every comment and category) the top 30% of all tagged themes are displayed. All the remaining responses and themes were analysed to ensure the data was captured accurately but these were not used to populate the graphic.

*'Splitting NHS England and CCGs does not make sense - what are the health and wellbeing boards doing - should be joined into CCG's' NHS staff, aged 25-34*

**Q17. Please give us your feedback regarding the following statement: There is a need to fundamentally change the way the NHS works in London.**

Whilst there is concern that there always seems to be change in the NHS, and a note of caution that change needs to be for the better and not just for the sake of it, the majority of respondents agreed that fundamental changes are needed. There was a view that organisational change was often not useful, but clinical and pathway changes e.g. consolidation of specialist services, were a positive step in the right direction. A significant number of responders felt that competition and the commissioner/provider split did not engender patient-centric, efficient NHS.

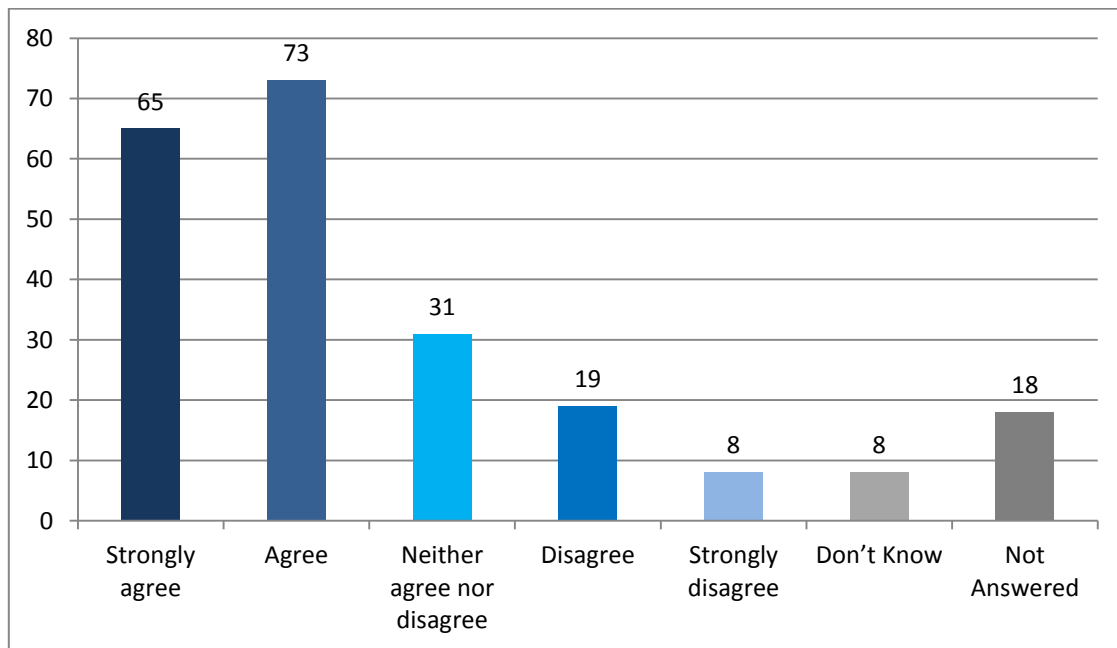


Figure 33: Chart shows breakdown of survey responses

*'Today with a large population and less services there is already a crisis'. NHS staff, aged 45-54*

*'Trusts work independently and in competition. Removing this would bring efficiencies'. NHS staff (aged 55-64)*

*'I am a GP and chair of a large LMC I would love to be able to help London NHS improve, but I feel unwanted, unloved and uncherished. I never feel that my voice is heard or that anyone even wants to listen to it. I don't have answers for everything, but I do know that what is happening now is ripping the guts out of the profession I love'. GP*

*'The role of specialist 3rd sector organisations should be considered and added to the mix of delivery methods deployed to improve health... services will need to be funded and grown, but could, within a few years, provide a significant addition to the resources available to CCGs, social care services and acute services, providing excellent value for money through a judicious mix of trained volunteers and paid staff.' Age UK Lambeth*

*'Until the patient is placed at the centre of healthcare all that will be delivered are more wonderfully written reports going nowhere'. Patient/public*

## Appendix B: Social media analytics

During the London Call to Action engagement, which was launched on 14 October, an extensive Twitter campaign was put in place in order to raise awareness of the engagement work and to reach out to a broader range of audiences.

In addition to the London Call to Action engagement, there was widespread activity around the launches of the Integrated Care Case for Change and the Cancer Commissioning Strategy on 22 January 2014. Both these events had their own hashtags.

The word clouds and charts in this appendix provide information on the use of the respective hashtags and give an indication of how many times various themes were raised. The size of the words in the word clouds below give an indication of how many times words and phrases were mentioned.

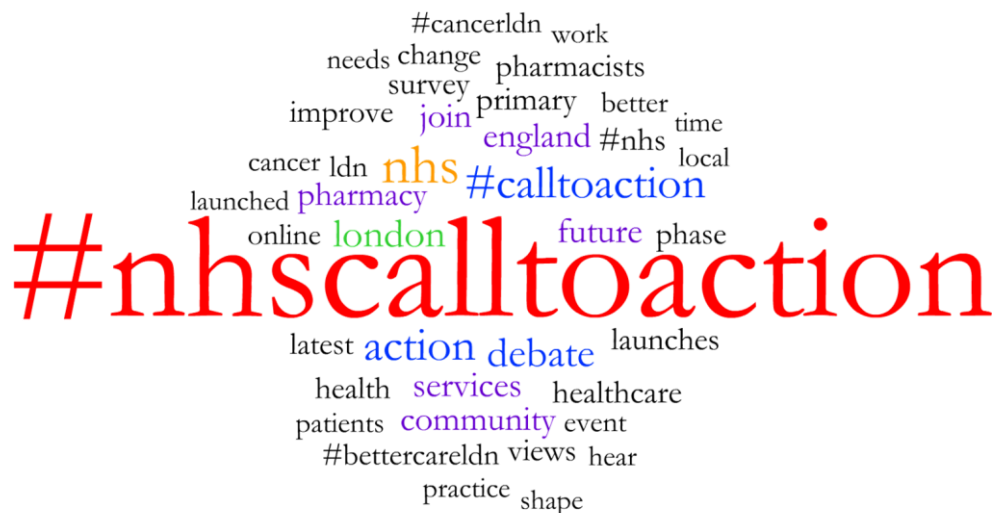


Figure 34: Word cloud shows main themes arising from Twitter activity in relation to #nhscalltoaction



Figure 35: Word cloud shows main themes arising from Twitter activity in relation to #bettercareldn

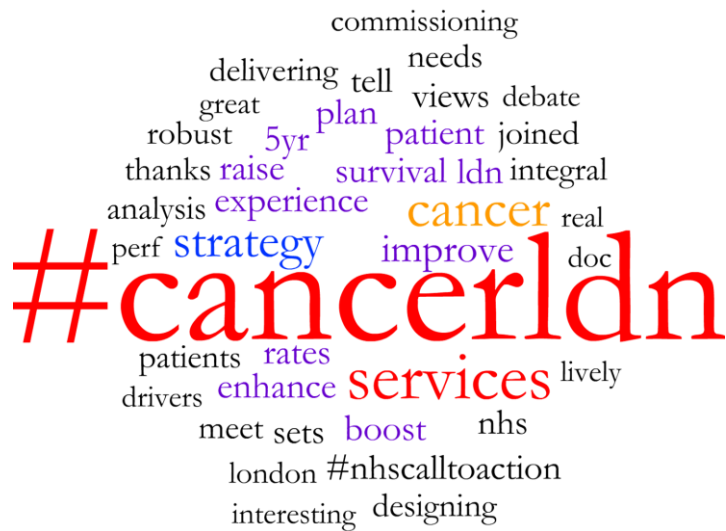


Figure 36: Word cloud shows main themes arising from Twitter activity in relation to #cancerldn

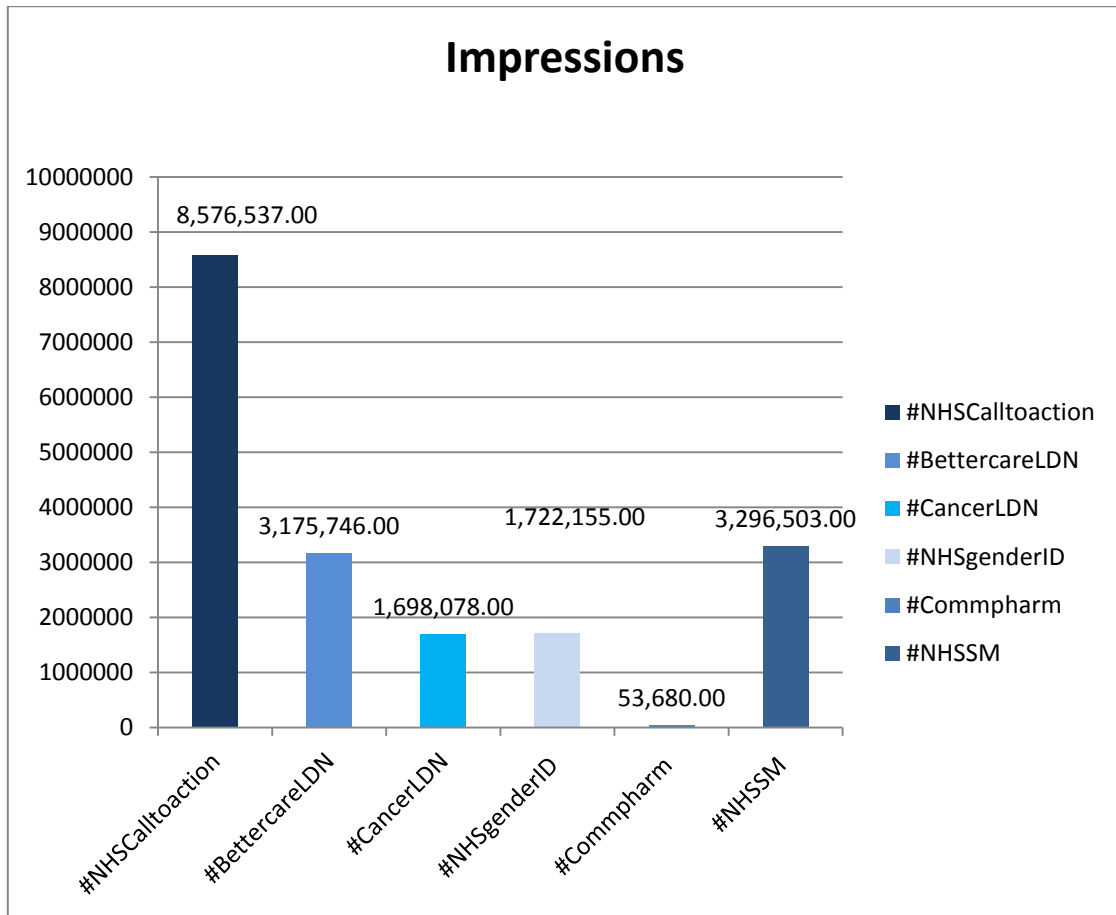


Figure 37: The chart shows the number of impressions generated during engagement for each hashtag

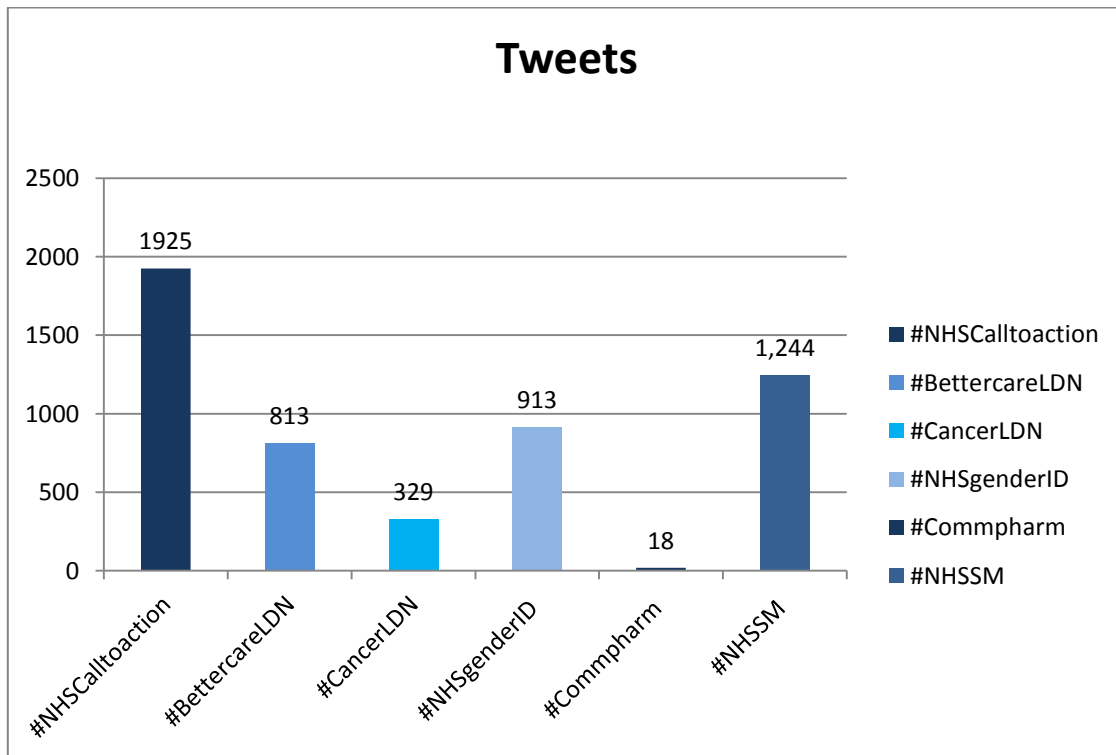


Figure 38: The chart shows the number of tweets generated during engagement for each hashtag



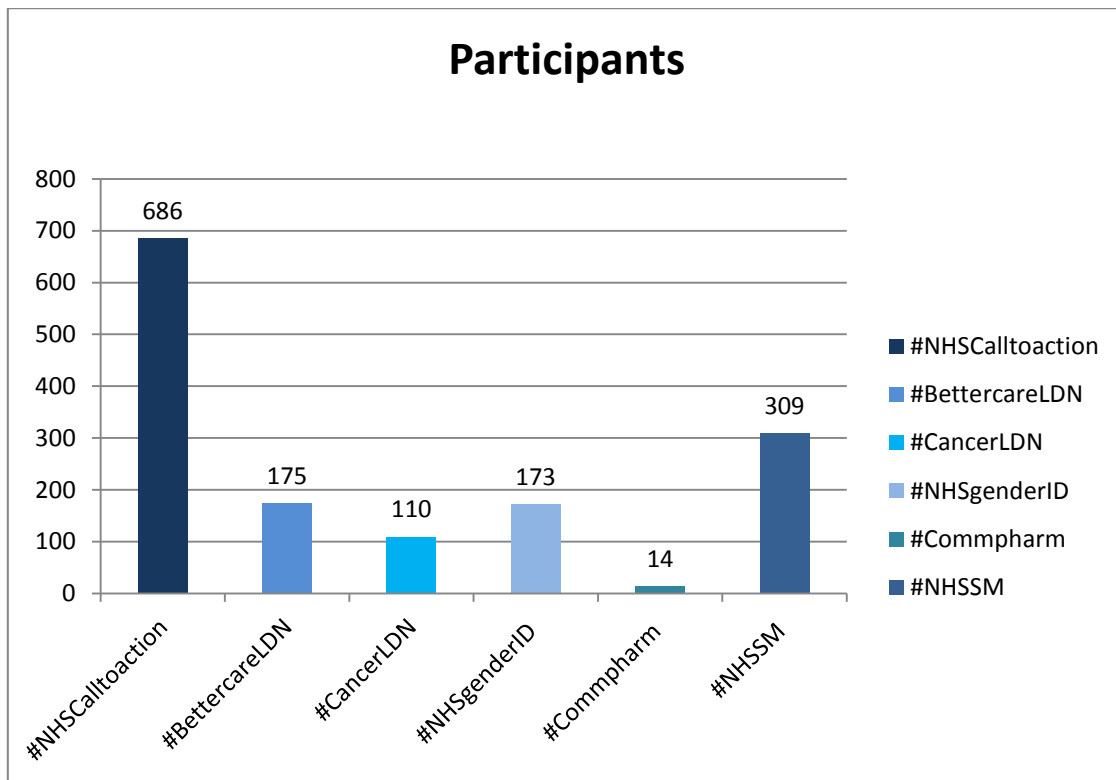


Figure 39: The chart shows the number of participants involved in the twitter debate over the course of engagement

The chart below provides an overview of website analytics on the Call to Action. This is divided into number of pageviews, unique pageviews and document views.

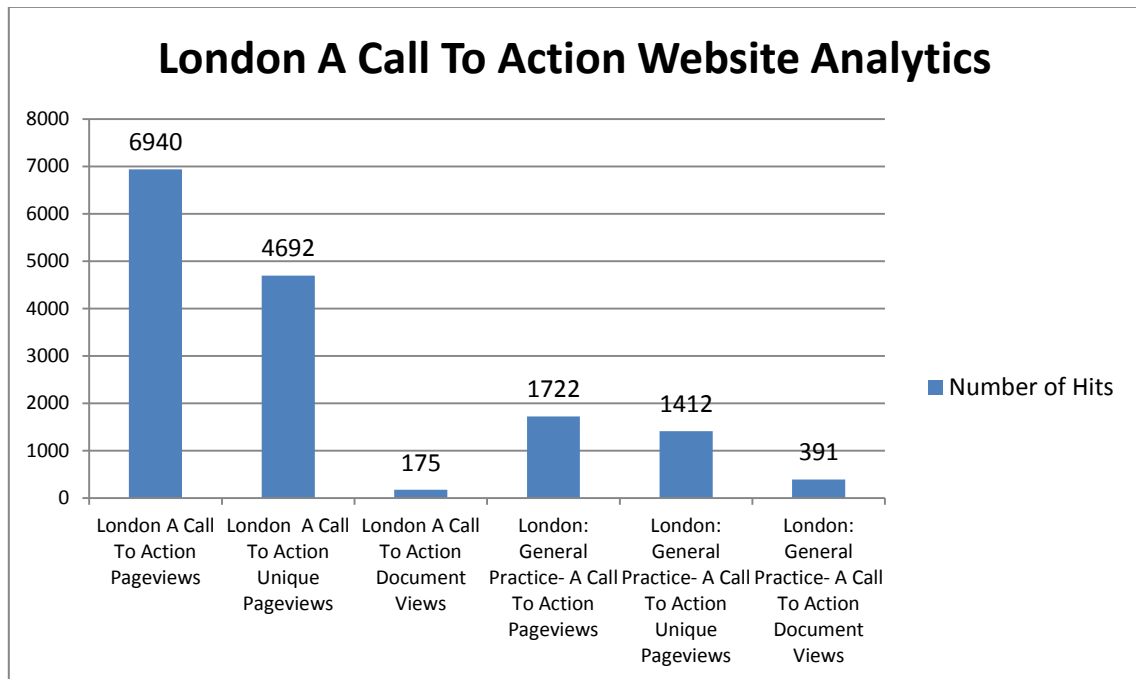
**What the below means**

A ‘pageview’ is the number of times a web page is viewed. Additional page view counts can be triggered via visiting the same web page multiple times by the same visitor, when the visitor:

- Reloads after reaching the web page
- Navigates to a different web page and then returns to the original web page

A ‘unique pageview’ is the total number of unique visitors to a given web page during the same session (visit).

A ‘document view’ is the number of times a visitor accesses the document in question from the website



**Figure 40: The chart shows the number of pageviews, unique pageviews and document views during engagement**

## Appendix C: NHS England (London region) meetings and events

Date	Organisation
30/09/2013	Clinical Senate Council
09/10/2013	<a href="#">Queen's Nursing Institute</a>
11/10/2013	London Directors of Nursing
14/10/2013	Leadership Forum NHS England
23/10/2013	MPs
24/10/2013	Clinical Senate
04/11/2013	Wider Leadership Team – NHS England London region
06/11/2013	Greater London Authority
07/11/2013	Council for Disabled Children
11/11/2013	Healthwatch network
11/11/2013	CCG engagement leads
14/11/2013	Leadership Forum NHS England
18/11/2013	Health and wellbeing board chairs
19/11/2013	London members of the Royal College of Nursing
25/11/2013	London Commissioning Support Unit MDs
04/12/2013	London Regional Meeting of Age UKs and Age Concerns
04/12/2013	Academic Health Science Network MDs
05/12/2013	London Partnership Forum (trade unions)
09/12/2013	Age UK London (Positive Ageing in London)
16/01/2013	Clinical Senate
07/03/2014	City Year

## Appendix D: Strategic Planning Group feedback

SPG	Emerging Themes
Barking and Dagenham, Havering and Redbridge	<p><u>Community Services and Care Closer To Home</u> Feedback highlights support for more community based and local services. Patients engaged express the problems of having to travel to receive treatment and note the importance of accessible services within one location. Concerns are also raised regarding the capacity to deliver such care models in terms of resourcing.</p> <p><u>Availability of Information and Services for Patients</u> Concerns surrounding the amount of public awareness in areas such as prevention and self care is discussed. Groups engaged suggest raising more awareness of local services available to better inform patients when making choices.</p> <p><u>Mental Health</u> Support for better mental health provision is discussed. Priorities for those engaged include better diagnosis rates for dementia through the implementation of memory clinics.</p> <p><u>Increased Support For Carers</u> Developing better support networks for carers is highlighted as an issue. Suggested areas of focus include courses for carers, identifying carers and providing respite.</p> <p><u>Increased Access To GP Services</u> Feedback highlights the difficulty surrounding access to GP services and increased waiting times the need for longer appointment times is also highlighted as a concern.</p> <p><u>Improved Partnership Working</u> The Importance of utilising the third sector is discussed in detail. Better consultation processes are discussed as being needed to ensure that the voluntary and community sector are fully represented in the commissioning process. This way of working is noted as being a key enabler to successfully delivering better integrated models of care.</p>

City & Hackney	<p><u>Increased Access to NHS Services</u>  Feedback highlights particular concerns with accessing NHS services and advice. Difficulty with patients securing hospital and GP appointments were noted as a particular concern. Other issues raised include being unable to contact services on the telephone and inconvenient opening hours. Support is shown for alternative appointment booking processes and advice lines.</p> <p><u>Patient Empowerment and Prevention</u>  Prevention and supporting people to manage their own health are discussed. More advice is need on maintaining a healthy lifestyle alongside other preventative techniques and solutions. More work is needed to deliver patient centred care that is personalised for individuals in terms of what preventative measures can be taken by the patient. Healthcare staff to receive sufficient training on prevention as a way of teaching them to better support people to manage their own health.</p> <p><u>Mental Health</u>  Strong support for improved mental health services and awareness are discussed. With those services already available for patients, more work needs to be done to promote them. The need for more mental health services around dementia, perinatal services and services for children and young people is highlighted as an issue. Suggestions include more community based mental health services and further investment in the treatment of low level mental health issues such as stress and anxiety.</p> <p><u>Well Integrated Care</u>  The importance of considering the wider determinants of health, such as housing and employment are noted as key enablers to building better integration of services across health and social care. Feedback highlights that in order to do so there is a strong need for efficient sharing of information across services, the implementation of community hubs for care and clear access points through the patients journey.</p> <p>*Note: Although City and Hackney’s submission does not identify a range of the strategic programmes and system objectives that will address themes emerging from their local engagement. The covering note submitted alongside their ‘plan on a page’ does make reference to the development of services through patient and public engagement, investment in more mental health services, improved partnership working and prevention in areas such as cardiovascular and respiratory disease.</p>
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<p>North Central London</p>	<p><u>Availability of Information and Improving Access</u>  Feedback highlights that patients are often confused about the NHS system and find it difficult to navigate. Issues raised discuss the need for more clarity on the role of primary care and what core services are available. Discussion also focuses on current services and how it is important to manage patient expectations and address issues created by language barriers to reduce abuse within the system. Better access to GP services and longer consultation times are highlighted as a concern and a potential enabler of high A&amp;E activity. Support for alternative appointment booking processes such as e booking and the introduction of telephone appointments are offered as potential solutions.</p> <p><u>Improved Education and Self Management of Care</u>  Patient education and self management of care are discussed in detail. Patients and carers note the importance of being educated in areas such as basic health checks as a way of enabling this. Feedback also highlights the need for better education about self care and what support services are available to help empower them to take more responsibility.</p> <p><u>Prevention and Promotion of Healthy Living</u>  Education and the promotion of healthy living is discussed as key to enabling the success of prevention. Discussion focuses on engaging with younger generations, working with parents and making use of community groups as they are seen as vital in supporting patients with information on healthy lifestyles, keeping fit classes and peer support.</p> <p><u>Better Integration of Services</u>  Issues highlighted discuss support for making services more integrated and offer more support to patients in the community. Feedback discusses the lack of joined up Health and Social Care Services and the importance of strengthening links to community organisations and the voluntary sector to get support to empower patients as when needs arise. Patients and other organisations engaged show strong support for the integration of services and highlight that these services often act as trusted advocates on behalf of individual patients and communities.</p>
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North West London	<p><u>Information about Services and Better Communication</u>  Feedback highlights the lack of understanding amongst patients regarding the services available within their locality. Better communication is needed to inform patients of how and when to access services. The issue of being unable to access information on treatment and conditions is also discussed and noted as being a key enabler to support patients manage their own health and avoid emergency treatment.</p> <p><u>Improved Services on Mental Health</u>  Issues are raised regarding current mental health services and the need to raise better awareness within services and the community. The need for better GP community and IAPS services are noted in addition to the implementation of increased out of hours support for low level mental health services. Feedback highlights the lack of information available to support the increase of awareness around dementia and 'mental wellbeing'. There is strong support to better equip primary care to support those suffering from mental health conditions in addition to stopping the stigma attached to these types of conditions.</p> <p><u>Improved Access to GP Services</u>  Improved access to GP services is discussed in detail. Feedback highlights concerns around the length of consultation times and being able to secure an appointment. Particular areas highlighted as in need of implementation are extended opening hours for GP's, an increased number of nurse practitioners to support GPs with workload and longer consultation times.</p> <p><u>Better Coordination of Care</u>  Feedback discusses in detail the need for better care coordination across organisations as a way of improving outcomes for patients. Discussion focuses on those patients who are experiencing ill health and the ways in which their journeys through the system can be made more efficient. Providing more structured support services, pre-social services, the promotion of independence at home and informing patients of the support programmes and community services available are all suggested as potential solutions. Better communication between GP and secondary care services are also discussed, with named GPs being suggested as the lead care coordinator for all patients.</p>
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South East London	<p><u>Focus on Prevention</u>  Feedback highlights the need for more information to be made available on prevention and self care. Discussion focuses on educating school age children on healthy diet and what makes a 'bad' lifestyle choice. The local authority is discussed as key to joined up working with other organisations and can be used as a way of enabling preventative measures and talking hard to reach groups. Suggestions for driving through prevention locally include campaigns, peer to peer patient groups and engaging more with young people.</p> <p><u>Self Management of Care</u>  The need for more proactive information from primary care to enable better self management is discussed. Patients and carers are highlighted as in need of better emergency planning support – in order to understand what do they do or who to call when help is needed. Enhancing the amount of information on long term conditions is highlighted as a suggestion as well as increasing education on medicines management. Other potential solutions for supporting patients to take responsibility for their care include the introduction of 'Patient Passports'.</p> <p><u>Better Communication and Education</u>  Better communication and education around the NHS system and better ways to manage the patient journey are highlighted. The need for better sign posting to available services and advice are discussed in detail. Patient and public understanding of unscheduled care options are not always clear. Better signposting is discussed as a way of informing choices when care is needed. Educating young people and families is also highlighted as an important factor and support is shown for social media and social marketing to deliver this.</p> <p><u>Better Partnership Working</u>  Better partnership working between Health and Social Care is discussed as a way of improving the efficiency of service integration through joined up working. Feedback discusses that the Integration of services and organisations should be person centred. Service offers should be made simple and have clear access points.</p> <p><u>Improved Access To GP Services</u>  Access and appointments with GPs and other Primary Care services is highlighted as an issue. Engagement discusses the need for longer appointment times and continuity of care with the same practitioner to support patients when managing conditions. Feedback notes that if GP access was made easier patients wouldn't use A&amp;E and walk in services as often.</p>
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South West London	<p><u>Improved Integration of Services</u>  The importance of better health and social care systems and the needed for the integration of these services is highlighted. Feedback considers it as essential for the voluntary sector to be better used in providing community support. Discussion surrounding GPs and their understanding of what services are available in terms of mental health are also raised as an issue and highlight the need for better sharing of information and stronger integration between existing services. Health and social care teams are noted as crucial to supporting better integration and should be locally based to improve the continuity of care received.</p> <p><u>Quality of Care</u>  Discussions around what needs to be done to improve quality of care are discussed. Feedback highlights the importance of all care being patient centred and integrated to drive up standards. Ways of influencing better care and driving up standards are discussed as being achievable through better commissioning and a focus on outcomes.</p> <p><u>Better Patient Engagement</u>  Better patient engagement is discussed and noted as being a way to enable patients to become partners in healthcare. The importance of ensuring that patient views are reflected in commissioning and strategic decision making is discussed throughout engagement. Shared decision making is supported and new ways of working to enable this are noted. Overarching communication plans, multi channel communication and better patient information are suggested as ways of engaging patients and capturing useful feedback.</p> <p><u>Information On Services</u>  More comprehensive information for patients and better signposting to available services within the system are highlighted. Communication with patients is highlighted as too complex and should not be jargon filled. Feedback raises that in order for patients to use NHS systems more efficiently clearer messages regarding the availability of services, medicines management and what to do if it isn't an emergency need to be widely available and far reaching.</p> <p>*Note: Although South West London's submission does not identify a range of the strategic programmes and system objectives that will address themes emerging from their local engagement. The 'plan on a page' does make reference to the improving the quality of care received through joint commissioning and clinical networks, patient and public advisory groups as mechanisms to involve patients in their care and the delivery of out of hospital services to integrate services and increase access.</p>
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Increased Access to GP Services

Feedback highlights issues surrounding access to GP services and long waiting times. Telephone access and opening times are considered to be a problem. Suggestions for improvement in this area include practices opening for one Saturday per month, the introduction of Internet bookings and telephone appointments.

Improved Mental Health Services

Current Mental Health Services and issues surrounding awareness and the stigma attached to mental health are discussed. Feedback highlights the need for a more integrated and joined up approach to between mental health services and primary care. As current communication channels are ineffective and need to be reviewed. Issues surrounding the awareness of mental conditions are highlighted as an area of priority and that more work should be done to use organisations such as schools and community organisations to raise awareness.

Better Patient and Public Participation

The need for better patient and public participation was highlighted throughout engagement. Feedback from patients and the public detailed support for better informing patients about the choices and options available. The need for better communication and information sharing with patients was discussed as well as valuing their opinions in decision making processes regarding services and patient care.

Better Partnership Working

Feedback discusses the importance of ensuring that Health and Local Authority Care systems are prioritised towards the same outcomes. Support for the delivery of patient care within the community and in people's homes is discussed as only being successful through partnership working. Support is also shown for the development of cross organisational 'one stop hub' models of care that include support aspects such as community counselling, mental health and wellbeing, health advocacy, work and pensions advice and transitional services delivered in one place.

Funding for Community Services

Emphasis is placed on improving community healthcare to support a reduction in avoidable hospital admissions. Although strongly supported, feedback also notes that any attempts to move clinical, nursing treatment and/or care into the community must be supported by well trained community staff. Concerns surrounding the cost and implications of patient care of this model are noted.

## **Appendix E: CCG stakeholders engaged with:**

CCGs engaged with acute trusts, Community and Mental Health Trusts, Health and Wellbeing Boards, Local Healthwatch Organisations and providers across London.

In addition they reached out to community and voluntary sector groups, central and local government, schools, universities and colleges as well as patients and the public.

Detailed below is a list of some of the stakeholder groups that CCGs reported to have engaged with.

### **Community and Voluntary Sector Groups**

*Including but not exclusive to:*

- 999 Club
- Ace of Hearts Cardiac Support Group
- AGE UK
- Alzheimer's Society
- Anchor House Organisation
- Basaira Elderly Project
- Blue Ribbon
- Carers Support
- Carers UK
- Community and Voluntary Sector Association Hammersmith and Fulham
- Community and Homes Assistance To Seniors Community and Voluntary Service
- Community Policing Engagement Group
- Council for Voluntary Services
- DeafPlus
- Ehlers-Danlos National Foundation
- European People's Party Network
- Hayes and Harlington Outreach Project
- Headliners UK
- Hidden Heroes
- Lambeth Living Well Collaborative
- Lewisham Park Housing Association
- Mencap
- MIND
- Office of Gay, Lesbian, Bisexual and Transgender Affairs Members
- Pocklington Trust
- Redbridge Indian Welfare Organisation
- Rotary Clubs
- Sheltered Housing Groups
- Social Action For Health
- Somali Hayaan Focus Groups
- St Mungo's Housing
- Standing Together
- Stroke Association

### **Central and Local Government:**

*Including but not exclusive to:*

- Health Scrutiny Committees
- Local Councillors
- Other Councillors
- MPs

#### **NHS Staff**

*Including but not exclusive to:*

- Clinical Commissioning Groups
- Commissioning Support Units
- NHS England
- GPs
- General Practice Receptionist Staff
- Practice Nurses
- Dentists, Pharmacists, Optometrists and other Health Care professionals

#### **Patients, Public and Service Users**

*Including but not exclusive to:*

- Diabetes Patients
- Deaf Patients
- Chronic obstructive pulmonary disease Patients
- Cardiovascular Disease Patients
- Dementia Patients
- Drug and Alcohol Service Users
- Ehlers-Danlos Patients
- End Of Life Care Patients
- Mental Health and Improving Access to Psychological Therapies Service Users
- Long Term Conditions Patients

#### **Religious Groups**

*Including but not exclusive to:*

- Christian Groups
- Hindu Groups
- Islamic Groups
- Jewish Groups
- Sikh Groups

## Appendix F: List of Call to Action Resources

### National engagement:

1. The NHS belongs to the people a national Call to Action available here; [http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs\\_belongs.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belongs.pdf)
2. More information about the national Call to Action is available here; <http://www.england.nhs.uk/2013/07/11/call-to-action/>
3. Improving General Practice; A call to Action is available here; <http://www.england.nhs.uk/wp-content/uploads/2013/08/igp-cta-slide.pdf>
4. Commissioning for prevention; A Call to Action is available here; <http://www.england.nhs.uk/wp-content/uploads/2013/11/call-to-action-com-prev.pdf>
5. Transforming participation in health and care; The NHS belongs to us all; <http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf>
6. 'Any town' toolkit available here: <http://www.england.nhs.uk/2014/01/24/any-town/>

### London engagement:

7. London A Call to Action available here; <http://www.england.nhs.uk/london/wp-content/uploads/sites/8/2013/11/ldn-cta.pdf>
8. London A Call to Action summary document for patients and the public available here; [https://www.myhealth.london.nhs.uk/sites/default/files/u78/34978%202901568%20A%20Call%20to%20Action%20WEB\\_V2.pdf](https://www.myhealth.london.nhs.uk/sites/default/files/u78/34978%202901568%20A%20Call%20to%20Action%20WEB_V2.pdf)
9. London A Call to Action questionnaire available here; <https://www.engage.england.nhs.uk/consultation/23f64380>
10. Transforming Primary Care in London – A General Practice Call to Action available here; <http://www.england.nhs.uk/london/wp-content/uploads/sites/8/2013/12/london-call-to-action.pdf>
11. General Practice A Call to Action questionnaire available here; <https://www.engage.england.nhs.uk/consultation/ldn-gp-cta>
12. Integrated Care case for Change available here: <http://www.england.nhs.uk/london/london-2/integrated-care/>