

NHS Long-Term Plan

Healthwatch Stoke-on-Trent and Healthwatch Staffordshire

whot
would you do?

It's your NHS. Have your say.



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Recommendations

- Focus on prevention including identification of priority areas based on population health together with long-term financial investment and a clear line of accountability for achieving positive change.
- Health and Care services to develop a joined-up approach to communication and information provision for all members of our communities so that they are enabled to keep themselves well whilst taking account of Data Protection legislation.
- Community assets that alleviate loneliness or promote communities should be considered, monitored and recognised as integral to the overall approach. This includes engaging the third sector in a meaningful way and accepting that financial investment is needed in the third sector if a gap cannot be met by health and care services.
- Transport should be understood as a key determinant of health, especially in rural communities. It should be at the heart of planning beyond the placement of health and care services and done so jointly.
- Carers should be supported to fulfil their role and services such as respite given higher priority.
- Access to mental health should be improved and recognition of possible mental health conditions be considered when diagnosing conditions.
- The use of technology in healthcare should be a choice, addressing the needs of patients who may not be comfortable with it but maximising opportunity for those that are.
- Easier access to test results and information where appropriate so that patients can become active participants in their care.
- Improved communication between services and move towards an integrated, digital system.
- GP reception staff should be trained to communicate with young people and other vulnerable groups to enable them to feel more confident to engage. This should form part of Care Navigation training where delivered.
- Every effort should be made to ensure continuity of care in all settings, especially with at-risk groups and young people for whom the building of a relationship is important.
- The NHS' comprehensive service should extend to residential care and care homes, providing simple access to services such as physio's, occupational therapists, dentists and district nursing, hearing specialists and others.
- Staff training in care homes should be key priority for the NHS as well as increased supervision of establishments where required.

Executive Summary

Background

Healthwatch promotes the involvement of people in the commissioning of health and care services locally. It monitors the standard of provision of these services and produces reports and recommendations as to how and what services ought to be improved. Healthwatch is the voice of local citizens and well embedded in the community to ensure that it is well placed to listen and make sure their views are heard.

With growing pressure on the NHS such as an ageing population, more people living with long-term conditions and lifestyle choices affecting people's health, changes are needed to make sure everybody gets the support they need. The NHS has produced a Long-Term Plan¹, setting out the measures it intends to take to address changing need.

Purpose

This report is the result of collaboration between Healthwatch Stoke-on-Trent², Healthwatch Staffordshire³ and Healthwatch England⁴. Its purpose is to share the views of the general public when asked about Health and Care across the Stoke-on-Trent and Staffordshire Sustainability and Transformation Partnership⁵ (STP) footprint. It is the result of engagement with the public about the NHS Long Term Plan. It focuses on areas related to the Long-Term Plan including:

- *How to help people have a healthy life*
- *How to help people manage and choose the support they need*
- *How To help people keep their independence and stay healthy as they get older*
- *How people would like to interact with their local NHS*
- *Peoples experience of getting help and support*
- *How to improve Health and care support after initially seeking help*
- *How expectations of care are met at each stage*

Responses about the above areas were gathered in surveys.

In order to avoid duplication and to identify gaps in engagement we asked the STP to identify two areas in which they would benefit from further public feedback. They identified:

- Young People
- NHS in the Care Home

Responses for these two areas were gathered in Focus Groups.

Objectives

Healthwatch is determined that the NHS Long-Term Plan is shaped by significant public engagement. This report is an important tool in this and part of ongoing engagement with NHS leadership. Not only is this intended to influence decision making locally it also forms part of a larger national dataset that can be used by Healthwatch England to influence decision makers.

¹ <https://www.england.nhs.uk/long-term-plan/>

² <http://www.healthwatchstoke.co.uk>

³ <http://healthwatchstaffordshire.co.uk/>

⁴ <https://www.healthwatch.co.uk/>

⁵ <https://www.twbstaffsandstoke.org.uk/>

Summary of Findings:

Our respondents answered two questionnaires. One with general questions relating to their opinions on how best to keep them well, and another more focussed upon people with specific conditions, their experiences and views on how to improve services. They also participated in focus groups relating to Young People and NHS in Care Homes.

People told us that the most important things are that:

- They can access treatment when they want
- Professionals listen to them when they talk about their concerns.

Access and Communication are common themes throughout this report.

“Services are not joined up... District Nurse can't see when the hospital last changed the catheter for example, and I don't always remember” - Respondent

Prevention/Self Care

- Our respondents express a desire to be involved in their own care and repeated the need for better information provision to help them do this, such as timely communications. They are also keen to prevent ill health, with many respondents making suggestions as to how preventative services can be improved. Healthwatch is keen to see preventative services given a priority and a move away from reactionary services becoming more than an aspiration.

Communication

- Many of those who responded to this survey express a desire to be partners in their own care. Through comments shared and survey responses they describe a desire to be listened to and communicated with in a way which enables this. Many are happy for this to be enabled by technology too, although this does not suit all. Technology is also suggested as a means for agencies to communicate better. Respondents want organisations to be able to adequately share information needed to keep them well, such as the sharing of test results. However, they also suggest that the management and security of data is of paramount importance to them.

Information Provision

- Recent moves towards initiatives such as Social Prescribing suggest a real move towards answering some of the concerns raised by respondents about information provision. Information provision across the STP patch is piecemeal. Healthwatch is keen to see that information provision forms part of forward planning with clear ownership and leadership attached to it. It should also consider groups particularly affected by information provision, such as those with hearing loss, represented in the cohort included in this report.

Maintaining Independence

- As they get older, our respondents want to be secure that their family will be helped to support them at the end of life and want to remain in their own home for as long as possible. To help them to remain independent, they want services to be accessible and transport links ample, especially in rural communities. They identify access to services such as respite, community care and help in the home as important tools in remaining well. What they say also echoes earlier work done by Healthwatch Stoke-on-Trent in which over 75s explained the importance of social factors such as measures that alleviate loneliness or community action⁶.

Those with Long-Term Conditions

- Of those who answered the condition specific survey, just under a third of them said that their initial attempts to access help met their needs and quarter of them described their overall experience of getting help as positive. Half of respondents who sought support for more than one condition said this made it more difficult to access. A third of respondents described waiting times as ok and a quarter said this didn't improve much when waiting for specialist help. Many of these comments relate to mental health, an ongoing theme throughout this report. A third of patients described their access to ongoing care as ok and a quarter said that this met their expectations. Although respondents described the communication between organisations as well as between staff and patients as the main cause for their dissatisfaction; it is notable that throughout this feedback, access and communication are mentioned more than anything else.

“Communication hasn't kept up with modern best practice and relies too heavily on letters, is restricted to office hours and departments don't communicate well with each other.”

“Better access to chronic disease community services. Since Wolverhampton took over Cannock Chase's rheumatology service it's been hard to find someone who really cares that you're struggling, and the service is very slow to react to requests.”

Young People

“GP is pretty good, they know that I am a young carer.”

- Young people described some good experiences, such as the use of emergency services and the general care they have received. They reflected wider concerns of society, highlighting waiting times as a concern, and again communication. In this though, the nuances changed with this group. Many of the waiting comments relate to accessing mental health services with long waits described, others about getting appointments with their GP. Also highlighted is the critical importance of continuity of care in this group with many describing difficulties communicating with staff in primary care. Things are easier for young people in a clinical setting if they have a relationship with those treating them, something becoming particularly less frequent. They make useful suggestions, such as the use of Skype to alleviate the anxiety of attending primary care. However, for this group more than any they feel a difficulty in explaining mental health problems to reception staff. Healthwatch feels that although recent work done on the impact of

⁶ https://www.healthwatchstokeontrent.co.uk/wp-content/uploads/2018/04/HW-Stoke_Brinsley-Befrienders_Staying-Well.pdf

initiatives such as Care Navigation showed that most do not mind the interaction with receptionists, there should be special recognition in training for this group if this is not already present.

Care Homes and NHS Provision

- When talking about NHS in care homes, respondents spoke positively about much of the care they receive and how hard staff work. They mention appreciating things like dentist and GP visits. They expressed concern about access issues such as to things such as physio, hearing specialists and questioned why district nurses do not go into care homes. To improve things, they suggest staff training as a top priority and more supervision of care in homes by the NHS. Respondents mention specific training to support staff in keeping resident's mobile and active as well as the potential for reducing urine infections.

“Access to chiropodists, dentist, hearing specialist ad hoc and hit and miss. Not all homes provide this.”

Next steps

This has been a large piece of work and a valuable insight into opinions of the public about their health and care. They provide many ideas for service improvement and this only furthers the case for service user engagement in the future development of health and care services across the STP⁷ patch. Both Healthwatch Stoke-on-Trent and Staffordshire will continue to support in this work.

This report has been shared with STP Leads. Sir Neil McKay, Together We're Better Chair, said:

“The independent voice provided by Healthwatch Staffordshire and Healthwatch Stoke-on-Trent is a crucial part of the Together We're Better partnership. This very welcome report, which captures the views of local people on what they want to see change in health and care following the publication of the NHS Long Term Plan, will form a key building block in the development of our refreshed Five Year Plan, due out in the autumn. We thank Healthwatch Staffordshire and Healthwatch Stoke-on-Trent for carrying out this work.”

The clear recommendations set out in this report will be strongly represented by Healthwatch Stoke-on-Trent and Healthwatch Staffordshire in their strategic roles. The themes outlined by respondents can also form part of Healthwatch workplans for the near future. We will endeavour to report against them and be accountable to the public who have taken the time to contribute towards this work.

⁷ <https://www.kingsfund.org.uk/topics/integrated-care/sustainability-transformation-plans-explained>

Methodology

Healthwatch Stoke-on-Trent and Healthwatch Staffordshire met with local STP leads to discuss how to progress this piece of work and gather views that would mostly likely affect change. As well as agreeing upon two questionnaires, it was determined that there were gaps in intelligence around young people's views and NHS provision in Care Home experiences. It was agreed that a mixed approach of both surveys and focus groups would be most appropriate.

We carried out a variety of focus groups with our partner organisations. This included:

- Tamworth Carers Group
- Penkrige Carers Group
- North Staffs Carers Association
- Stoke-on-Trent YMCA
- Stafford College
- Stoke-on-Trent Sixth Form
- North Staffs Carers Association -Young Carers
- Changes Youth Group

Over **140 individuals** participated in these focus groups across Stoke-on-Trent and Staffordshire.

Two online surveys were promoted by social media via a campaign called 'What Would You Do' supported by several press releases. A significant engagement campaign was also undertaken that included visiting numerous community groups where paper-based surveys were completed. This work resulted in **731 completed surveys**.

Data was analysed using Microsoft Office Applications and Tableau Public.

Healthwatch Stoke-on-Trent and HealthWatch Staffordshire are part of Engaging Communities Staffordshire (ECS). ECS underpins its research activities by applying the Market Research Society Codes of Conduct, which allows it to demonstrate that it is credible, fair and transparent. ECS is a company partner and accredited by the Market Research Society. The team carefully consider all data requirements and the handling of data in relation to research.

To further ensure the quality of the final report, an internal peer review process was initiated to ensure that the report is fit for purpose before submission. Where data is not robust it has been statistically suppressed to prevent disclosure.



What did they tell Healthwatch?

Results from the General Survey

To help people have a healthy life*:

- **87.4%** described access to help and treatment when they need it as being *very important*.
- **85.6%** described it as being *very important* that professionals listen to them when they speak to them about their concerns.
- **70.7%** of respondents described as it being *very important* that each interaction with services counts and that their time is valued.
- **73%** said that it is *very important* that they have easy access to the information they need to make decisions about their health.
- **67.9%** described having the knowledge to help them prevent ill health as being *very important*.
- They made many suggestions for things that would help them lead a healthy life. Top themes included:
 - **Prevention, such as through education or affordability of facilities like gyms**
 - **Improved access and access options for services like Primary Care**
 - **Information provision to help them stay well**

*ranked in order of *very important* only. Please see appendix the full results.

“free exercise, yoga, walking groups possibly organised by GP Surgery.”

“Clearer labelling on food.”

“Healthy food to be cheaper than fast food/unhealthy food”

“Prevention and skills in place for wellbeing resilience and maintenance”

“An accessible NHS programme to help me to log my food and drink intake, with alerts for sugar, fat, salt and alcohol.”

“Probably access to therapy. I know that the NHS is busy, so I don't want anyone to waste time on my issues but in school therapy wasn't useful & the staff weren't helpful”

“Access to the department/help I need, when I need it, and not have to hunt for the information on who to contact or wait for a month to speak to someone.”

“Access in my village to all the help and assistance they get in towns and cities”

“More explanation and information from professionals about the condition/issues I have which helps me to better understand it, in addition to the treatment itself.”

“More information in school about health and wellbeing.”

To access comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

To help people manage and choose the support they need:*

- **66.1%** said it is *very important* (28.9% *important*) that choosing the right treatment is a joint decision between themselves and a health professional.
- **64.3%** describe it as *very important* (31.2% *important*) that communications are timely.
- **59.2%** said that it is *very important* (34.4% *important*) that they have time to consider their options and make the choices that are right for them.
- **56.2%** said it is *very important* (30.9% *important*) that their opinion on what is best for them, counts.
- **47.5%** describe it as *very important* (36.5% *important*) that they make the decision about when they receive health and care support.
- **42.1%** said it was *very important* (36.8% *important*) that they choose how money is spent on their long-term condition.

They made many suggestions for things that would help them manage and choose how the NHS supports them. Top themes included:

- Improved access and access options.
- Communication between practitioners and patient as well as organisationally.
- Information provision to help them stay well.

“Parking at hospitals need to be more accessible.”

“Easy quick access to GP appointments before after work.”

“More options on where to be seen for consultations. It is often just one or two locations based on home postcode where work location may mean there is a more suitable option which hasn’t been offered.”

“Access to rehabilitation outside of a private nursing home as I believe that the NHS provide better services with better outcomes.”

“To be included in all correspondence about my health without having to ask.”

“To have electronic access to information about my current health conditions. If the specialist I have seen has not taken my concerns seriously enough it should be easier to get a second opinion and see a second specialist at a different location.”

“GPs to listen to me and understand how my condition affects me. Treat me as a person, not just a symptom. Manage my care holistically.”

“Helplines for my LTC.”

“Ensuring I had the right information in the first place.”

“Knowledge of all available options.”

“Having all the information in layman’s language.”

To access comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

To help people keep their independence and stay healthy as they get older:*

- **81.7%** felt it was *very important* that their family feel supported at the end of life.
- **79%** of people said it is *very important* to remain in their own home for as long as it is safe to do so.
- **75.6%** of respondents said it is *very important* (26.2% important) for there to be a convenient way for them to travel to health and care services when they need to.
- **68.7%** said that it is *very important* (26.2% important) that friends and family have the knowledge to support them when needed.
- **56.3%** described it as *very important* (32.5% important) that the community is able to support them to live the life they want.
- Respondents made many suggestions for things that would help them retain independence and live healthily for as long as possible. Top themes included:
 - Access to a variety of services and identified respite, community care and help in the home.
 - Information about services and ways to manage conditions.
 - Transport is highlighted and how a lack of consideration of this important factor might impact, especially in rural communities.

“Timely access to packages of care and social services. There is also a HUGE gap in the lack of night carers which is often the reason people can’t return to their own home”

“The lack of local Hospice care in Uttoxeter, makes it difficult for individuals and families navigate the last months and weeks of the patient’s life. A quality death is important to the whole family”

“More community health care”

“Access to low level prevention services such as health checks which have been restricted in Staffordshire depending upon where you live. This is discriminatory and is not helping you stay healthy and independent if you cannot access these sorts of services because you allegedly live in a less poor area. ” - Respondent

“Pain clinics do a lot to help people live with their pain, but we need more dietary advice about what foods to eat or avoid to improve one’s condition. ”

“To just have more knowledge on what you are dealing with or possibly what your body is dealing with. ”

“Knowledge is key. The knowledge of what services are available - who to go to for advice - having someone to go to for advice! - knowledge of aids to help with mobility and practical daily tasks. I have elderly relatives who are entirely uninformed and are struggling - and I cannot find who to go to on their behalf”

“Making sure the infrastructure is in place for ease of travel, to be able to access community and health care needs”

“There are no buses where I live, they have all been withdrawn due to funding issues. A taxi is £13 return for a 5 min (2 mile) each way journey which is only affordable in emergencies. Local authorities have to do more to provide public transport. ”

To access comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

How people would like to interact with their local NHS:*

- **66.8%** said that it was *very important* (23.6% *important*) that their data is managed well and kept secure.
- **62.3%** described it as *very important* (26.9% *important*) that results are communicated to them quickly making the best use of technology.
- **56.6%** said it was *very important* (31.1% *important*) that they can talk to their doctor or other health professional wherever they are.
- **53.3%** felt it was *very important* (31.7% *important*) that they can access services using their phone or computer.
- **50.9%** said that it is *very important* (32.4% *important*) that they can make appointments online and that their options are not limited.
- **43.6%** felt it was very important to be able to talk to people experiencing similar challenges to themselves.
- **42.9%** said that it is *very important* (34.8% *important*) that they can manage their own personal records so that they can receive continuity in care.
- Respondents made many suggestions for things that would help them successfully manage their health and care. Top themes included
 - **The use of technologies.**
 - **Access issues, mostly Primary Care.**
 - **Communication between practitioners and patient as well as organisationally.**

**ranked in order of very important only. Please see appendix the full results.*

“I would not like to have to book appointments online or have an online assessment. All appointments should stay face-to-face and with the same GP whenever possible. Seeing a locum on an occasional visit would be acceptable but will never be as reassuring or as satisfactory as seeing a familiar face.”

“Being able to interact with other services as well as the NHS... they may be as relevant as the NHS... i.e. social care, housing, transport and possibly education for the younger generations”

“Spine needs to work linking all health and social care records across the UK.”

“More face to face access to professional health care staff - including GPs.”

“Access to GP appointments and quick access to test results.”

“To improve dementia services.”

“Ensuring that all NHS staff are aware of the NHS England Accessible Information Standards 2015 and their responsibilities. Everything after this becomes easier for anyone with a sensory loss. The key factor is that majority of services rely on telephone or internet systems and this is a barrier for people with a sensory loss in how they access information and communication. The above statements are very important to me but there are barriers with some of the systems and these need to be addressed in order to comply with the AIS.”

To access comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

The things that are most important.

When asked to choose what things were most important to them from a list, the respondents chose*:



“Access to the help and treatment I need when I want it.”

“Choosing the right treatment is a joint decision between me and the relevant health and care professional”

“I want to be able to stay in my home for as long as it is safe to do so.”

“I have absolute confidence that my personal data is managed well and kept secure.”

**Case Study -**

In 2018 Healthwatch Stoke-on-Trent visited Brinsley Befrienders, a group for older people intended to prevent and address loneliness in Trentham.

We asked them what they do to stay well, using questions aligned to work areas within the local Sustainability and Transformation Plan (STP), Fit and well and Maximising Independence.

The group explained how they stay well and what is important that helps them to do this. They also offered ideas for improvement to services.

The results show the importance of community and social factors that impact upon health. It also shows that patients are willing to be flexible and accept change but only when services listen to their needs.

For future proposals to fit they need to be patient centred, holistic and joined up in a purposeful way.

Find the report - <https://www.healthwatchstokeontrent.co.uk/projectreports/>



Support for Specific Conditions

Respondents referred to several conditions when answering this survey; the top three being:

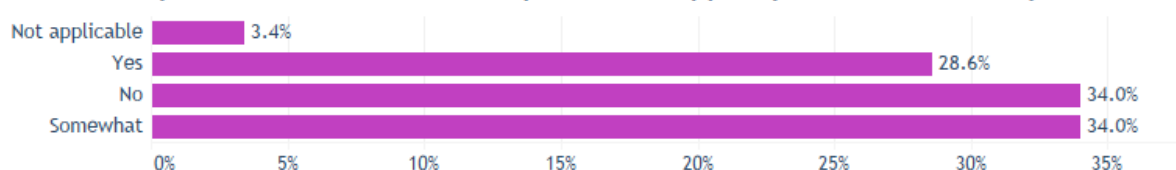
- Mental health (28%),
- Long-term conditions (28%)
- Hearing loss (13.3%).



Peoples experience of getting help and support:

- When asked if the support they received when they first tried to access help met their needs only **28.6%** answered yes and **34%** somewhat (34% no).

Q6a - When you first tried to access help, did the support you received meet your needs? (n147)



Top themes included for things that would help them successfully manage their health and care included:

- Access to services such as for mental health or Autism.
- The quality of treatment or care, such as that of counsellors or discharge.
- Communication between practitioners and patient as well as organisationally.

“Support for people on the autistic spectrum is inadequate. There are huge gaps in services. Following diagnosis people are given leaflets signposting them to charities. One such charity is Lifeworks Staffordshire who are well known for their expertise. People are referred there by many professionals; however, they receive no government funding.”

“Impossible to get to see a neurologist. North Staffordshire Hospital offered me an appointment 6 months in the future whilst I was having regular seizures. My GP would not prescribe any AEDs so I was faced with a ridiculous wait for medication.”

“There are no services for People with Brain injury (BI) only BI support group for Tamworth and Lichfield and South Staffordshire rehabilitation Service both part of Headway UK.”

“I volunteer for a charity and have a number of clients with mental health issues. Getting them help is extremely difficult.”

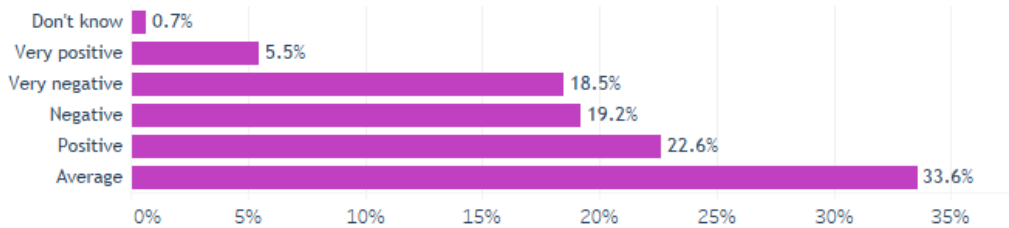
“When I first accessed support, it was very negative. It took a long time to get referred to counselling. At the initial Drs appointment, I was not listened to and got told to sit in reception (in tears) and do the paperwork. Then at counselling it was silence, you were expected to talk without conversation”

“When first having tests, results could have been managed more effectively between the 2 hospitals and my GP”

To access comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

- **33.6%** of respondents described their overall experience of getting help as *average* (22.6% positive)

Q7 - How would you describe your overall experience of getting help? (n146)

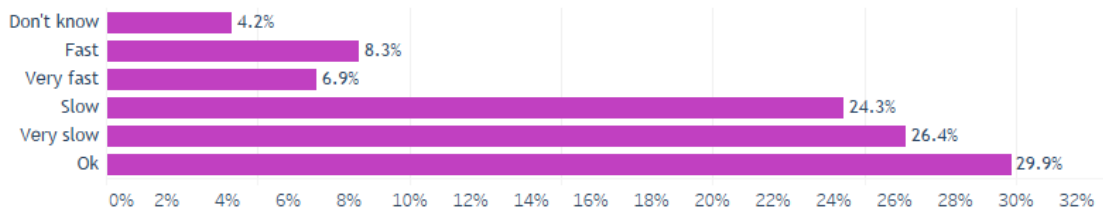


- **52.9%** of those with additional conditions describing seeking support for more than one condition at a time *more difficult*.

Health and care support after initially seeking help:

- **29.9%** described the time they had to wait to receive initial assessment or diagnosis as *ok* (26.4% very slow).

Q10 - How would you describe the time you had to wait to receive your initial assessment or diagnosis? (n144)



- Respondents shared many comments about the time they waited after initially seeking help. These comments refer to a variety of services including
 - **Mental health**
 - **Referrals after hospital**

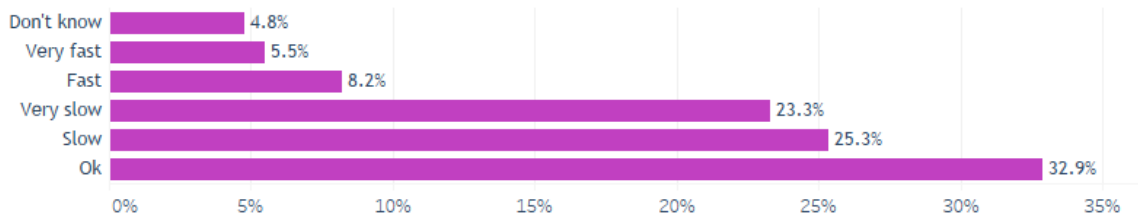
“After leaving hospital the next day I was told that I would be on the waiting list for heart CT Scan angiography and this would be at Sandwell hospital which has a 6-8 week wait but I would be contacted and given a date quickly as I was informed my condition was urgent. I have had to chase daily and weekly to try and progress my treatment both via my GP surgery and regular phone calls to city and Sandwell hospital”

To access comments in full, please go to www.healthwatchstoke.co.uk/LTPReport



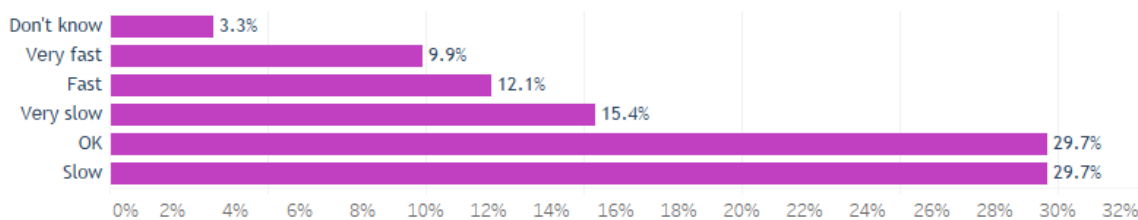
- **32.9%** described the time they had to wait between initial assessment/diagnosis and receiving treatment as being ok (25.3% slow).

Q11 - How would you describe the time you had to wait between your initial assessment/diagnosis and receiving treatment? (n146)



- Once diagnosed, many of our respondents (63.2%) were offered the support of a specialist. **29.7%** described this wait as ok and **29.7%** slow.

Q16a - How would you describe the time you had to wait between the initial appointment and seeing the specialist? (n91)



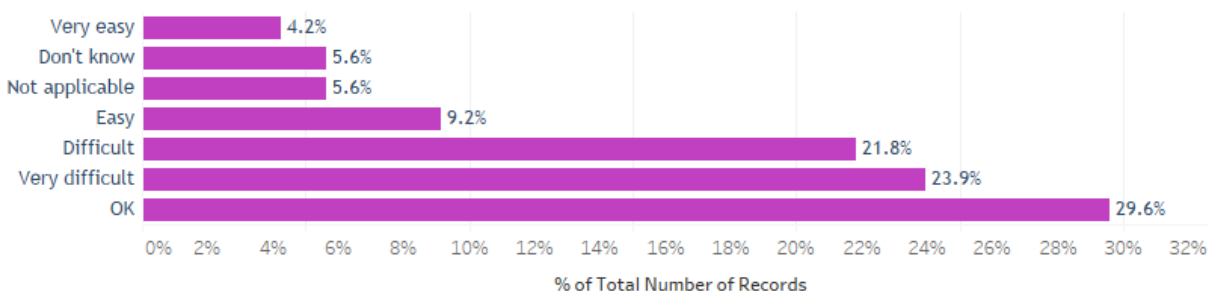
- Respondents shared many comments about the time they waited while waiting to see a specialist. These comments refer to a variety of services including
 - **Mental health**
 - **Referrals after hospital.**

“It took months to get an appointment with the psychiatrist...my CPN just kept telling me my appointment would be “soon”. Then, despite being told I’d have a follow up appointment to see the psychiatrist again within a couple of weeks, I had to wait almost 3 months.”

To access comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

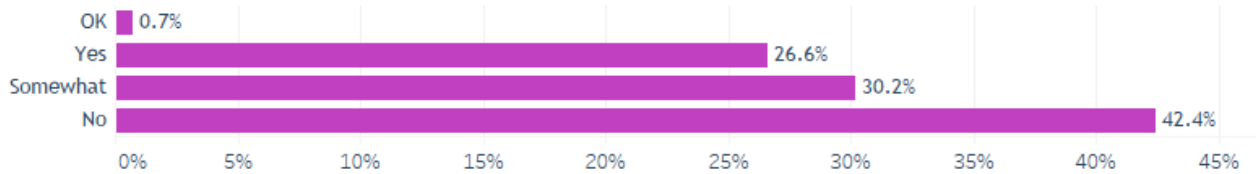
- **29.6%** described finding access to ongoing care ok (23.9% very difficult).

Q17 - If you needed it, how easy did you find it to access ongoing care after you were diagnosed or assessed? (n142)



- When asked if the support they were offered met their expectations, **42.4%** said *no*. Notably, only 26.6% answered *yes*.

Q18 - Did the support option you were offered meet your expectations? (n139)



- Respondents explained how the care did or didn't meet their expectations. Top themes included
 - Communication between practitioners and patient
 - Treatment or care
 - Mental health

“Extremely poor communication, if it was an elderly person or alone I would be left in the system not knowing what to do or what was happening”

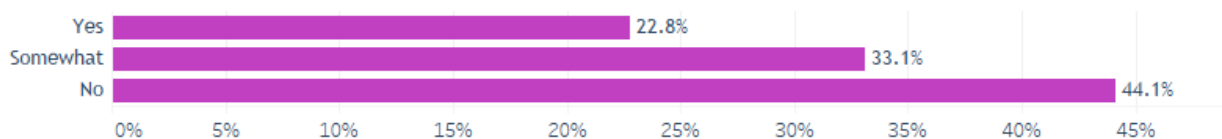
“There was no engagement or encouragement for Mom to start doing things for herself again, no physio to help her walk, nothing!”

“I know that CAMHS have a very small budget but there is no support for children who don't have either autism or major needs. These are the children who as adults will go on to use anti-depressants and adult services in droves because provision has not been made to support them as children. More money needs to be provided to CAMHS and professionals trained for primary care low level, so children can be supported better. This could be done at the GP surgery, School or at a designated specialist place.”

To access comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

- **44.1%** of respondents said that they did not receive timeline and consistent communication from all the services they came into contact with.

Q19a - During the whole experience of getting support, did you receive timeline and consistent communication from all the services that you came into contact with? (n136)



- Respondents explained how the care did or didn't meet their expectations and what could be improved. Top themes included
 - Communication
 - Access

“Communication hasn't kept up with modern best practice and relies too heavily on letters, is restricted to office hours and departments don't communicate well with each other.”

“Because I have multiple, complex needs as a result of the illness I have. There has been a Communication conflict between doctors and specialist that I see. They all needed to have the same update information about me and how my illnesses affect me.”

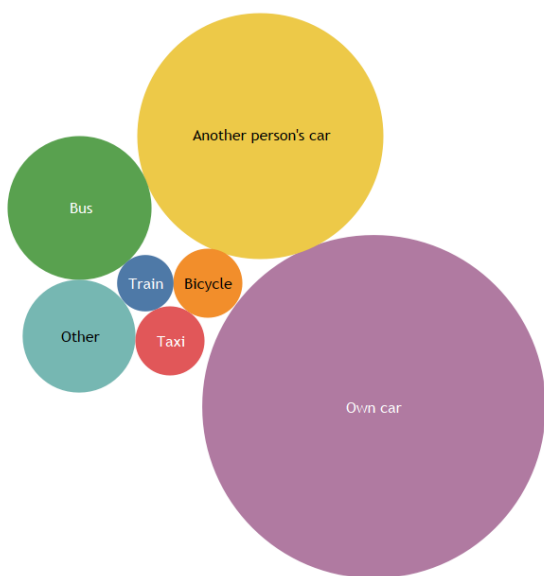
“Emails getting lost, letters not being revived. bad communication between stoke and Liverpool services.”

“Tell No out of order- was ringing but not connecting, unable to leave messages.”

“Needed more emotional support to deal with mental health aspects of stroke- none provided”

To access comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

Time spent travelling to access health and care:

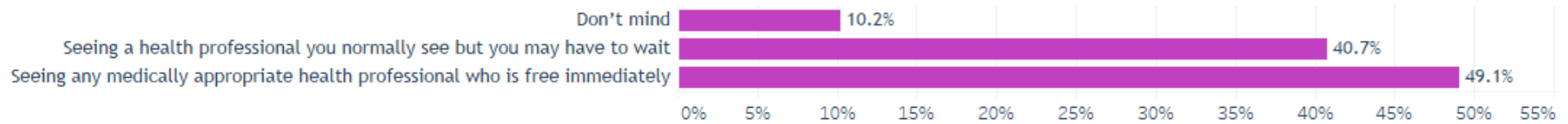


- **44.7%** of respondents reported being willing to travel for 30 minutes to an hour (28.4% for less than 30 minutes) to receive a quick and accurate diagnosis.
- **41.1%** of respondents said they would be willing to travel for 30 minutes to an hour (29.9% for more than 2 hours) for specialist treatment or support.

Expectations of care at each stage:*

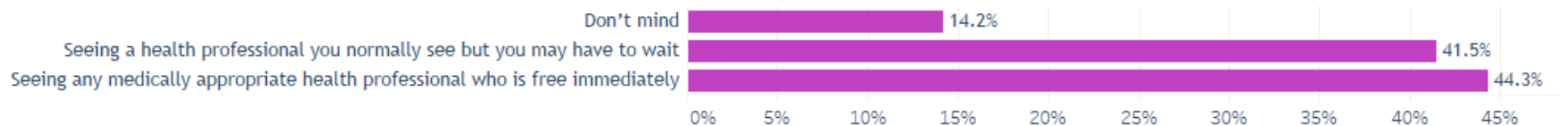
- **49.1%** of respondents said that when they are first seeking help, it is most important to see any medically appropriate health professional who is free immediately (40.7% said seeing a health professional they see normally but may have to wait).

Q23 - What is most important to you when first seeking help? (n108)



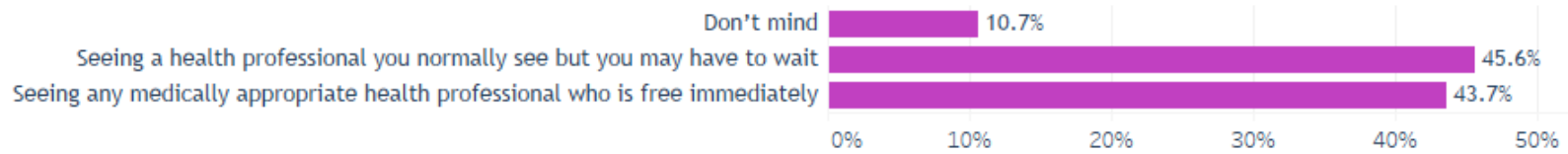
- **44.3%** of respondents said that when they first receive a diagnosis, it is most important to see any medically appropriate health professional who is free immediately (41.5% said seeing a health professional they see normally but may have to wait).

Q23 - What is most important when you first receive a diagnosis and explanation of your treatment or support options? (n106)



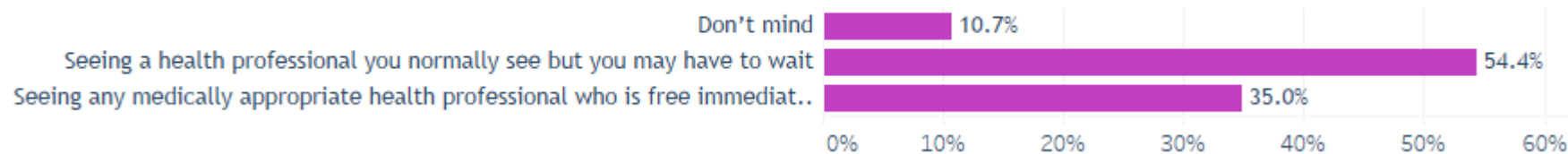
- **45.6%** of respondents said that during initial treatment, they would rather wait to see a health professional that they are familiar with (43.7% said it is important to see any medically appropriate health professional who is free immediately).

Q23 - What is most important during your initial treatment or support? (n103)



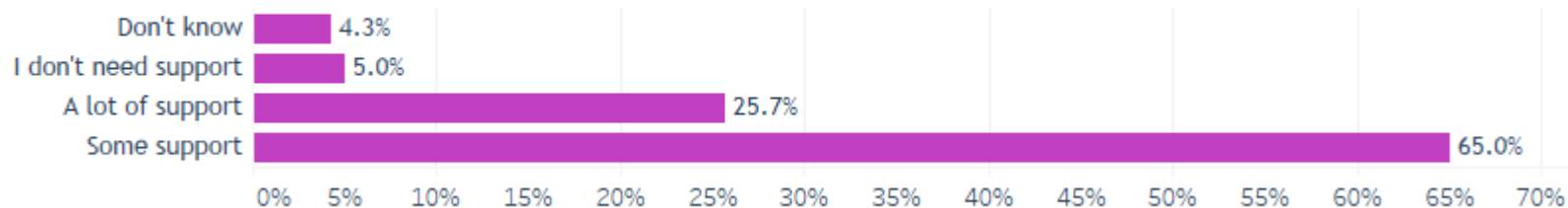
- **54.4%** said that for their long-term support, they would rather wait to see a health professional that they are familiar with (35% said it is important to see any medically appropriate health professional who is free immediately).

Q23d - What is most important during your long term support? (n103)



- When asked what level of support they would like the NHS to provide to stay healthy, **65%** said some support (25.7% a lot of support).

Q24 - What level of support do you want the NHS to provide to stay healthy? (n140)



- Respondents described things that the NHS could do to help they stay healthy or manage any condition they have. Top themes were
 - Access, to services such as autism services, mental health support or more regular appointments.
 - Communication between practitioners and patient
 - Information provision.

“Keeping resource centres open, maybe offering out of hours (i.e. out of the normal office hours) so I can access face to face support after work; crisis support face to face support not in A&E would be helpful”

“Make sure that results are safely communicated between hospitals and the GP”

“Ensuring all information is accessible in accordance to the NHS England Accessible Information Standards 2015”

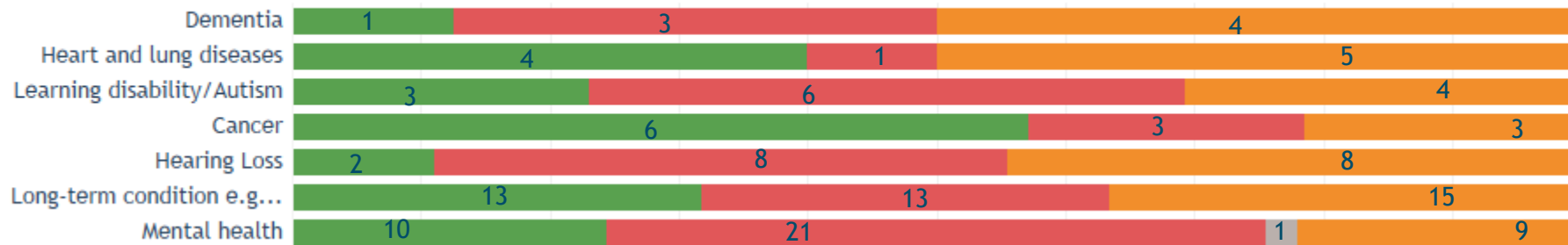
“Accessible information in BSL or health workshops in BSL so it overcomes any problems listening to or reading information”

* To access in full, please go to www.healthwatchstoke.co.uk/LTPReport

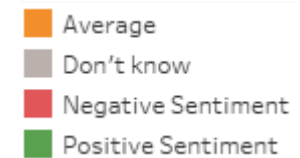
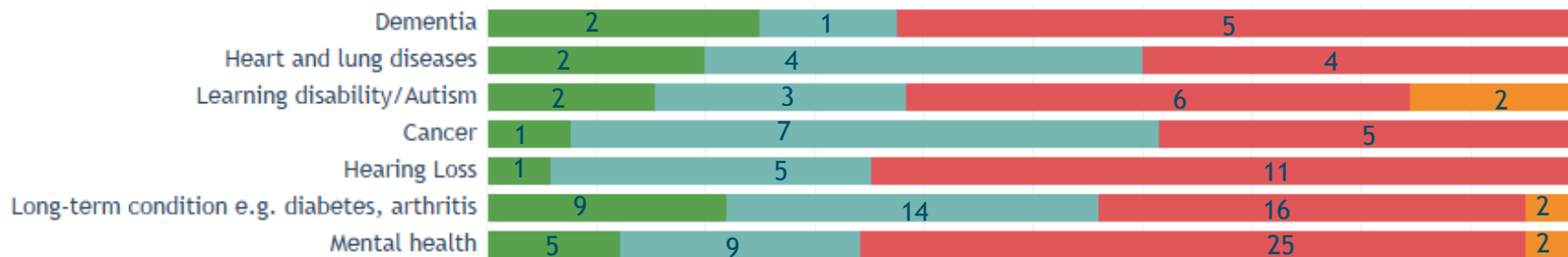
Conditions - Deeper Dive

The above two below graphs show the different experiences of patients when accessing services*.

Q7 - How would you describe your overall experience of getting help?



Q10a - How would you describe your wait to receive your initial assessment or diagnosis?



*Low numbers. Statistics suppressed - should be taken as an indication only.

In Focus - Working with Young People

Healthwatch Stoke-on-Trent and Healthwatch Staffordshire engaged with young people from Stoke Sixth Form College, Stafford College, North Staffs Carers Association Young Carers and Stoke-on-Trent YMCA. Workshops and focus groups were carried out resulting in over 400 comments about different aspects of health and care. We spoke to in excess of 90 people. These comments have been analysed and categorised below.

Top Themes from Young People (positive sentiment)*

- Treatment or care
- Communication
- Attitude of staff



“Provided Correct medication/treatment”

“Gave good advice”

“Different people have various experiences”

“People with chronic illness get fast tracked”

“Emergency Services - Good”

“Healthy minds - really supportive when 12-year-old brother took own life”

“Some support workers are amazing”

“North Staffs Carers Association is the safest place I have ever been, I feel safe to talk about my issues and always get the support I need”

“One social worker we had was great and couldn’t have done more to help us.”

“Some nurses really do actually care.”

“GP is pretty good, they know that I am a young carer.”

**56 positive comments in total*

This is a selection of comments only. To access in full, please go to www.healthwatchstoke.co.uk/LTPReport

Top Themes from Young People (negative sentiment)*

- Waiting times
- Communication
- Treatment or care



“I got an appointment 6 months after an emergency referral (mental health)”

“Struggle to get appointments when required”

“Mobile/phone call queue”

“Biggest concern would be not being seen soon enough so this can have an impact on life in general, life, school, college, work etc”

“Not being able to get an appointment when you need it”

“You have to ring on the day to even get an appointment”

“Having to wait even though you suffer and know the place you need to go.”

“CAMHS - urgent referral as suicidal, they never responded”

“Appointments are not person-centred”

“Always a different GP each time I visit”

“Some are good with communication, not all”

“(They) dumb it down too much because of age, not seriously needed.”

“Having to repeat my story”

“Feel intimidated by GP”

“Past bad experiences mean low expectations of future care including mental health issues

“Young adults are sometimes stuck between transitioning. ”

“Contact with CAMHS is ended as soon as you turn 18 leaving me without support from a counsellor or psychiatrist”

*189 negative comments in total

This is a selection of comments only. To access in full, please go to www.healthwatchstoke.co.uk/LTPReport

Improvement Opportunities Identified by Young People*

- The use of technology
- Accessing services
- Capacity



“Skype is ok for appointments but would feel strange.”

“An app that helps you get appointments and advice”

“Speaking to Drs virtually”

“Skype approach is better for my anxiety”

“Apps to track food/medication/give advice”

“Email and text updates”

“Additional arrangements for those with special needs”

“Getting support and information as soon as possible especially in relation to mental health” - Respondent

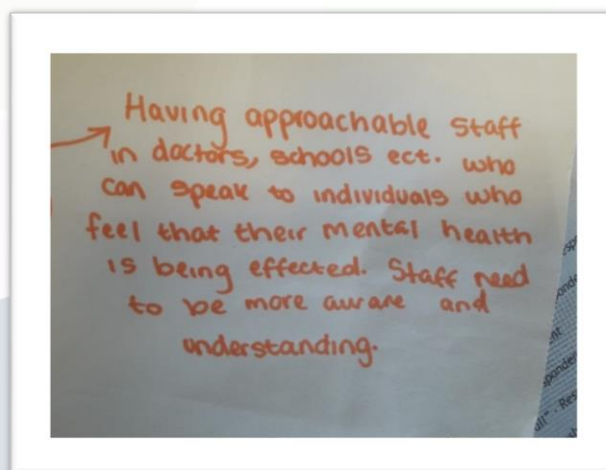
“Pathways to access support for young carers at times of crisis”

“NOT HAVING TO REACH CRISIS POINT TO GET SUPPORT”

“More Staff”

“Longer GP Hours”

“Low (more) funding for the NHS”



*145 improvement comments

This is a selection of comments only. To access in full, please go to www.healthwatchstoke.co.uk/LTPReport

In Focus - NHS and Care Homes

Healthwatch Stoke-on-Trent and Healthwatch Staffordshire engaged with people from Tamworth Carers Group, Penkridge Carers Group and North Staffs Carers to enquire about the NHS and Care Homes.

5 different workshops and focus groups were carried out resulting in over 90 comments about different aspects of this service. Over 50 participants attended. These comments have been analysed and categorised below.

Top Themes - NHS and Care Homes (positive sentiment)*

- Treatment or care
- Access
- Attitude of Staff



“Care was generally very good from GP when relatives became ill.”

“Good when residents can keep same GP who has known them years, but this is not always the case.”

“Found care given to relative by GP excellent.”

“Nurses in homes do a good job but seem in short supply.”

“Hospice care is excellent.”

“Staff work really hard.”

“Activities are good.”

“The dentist visits our home.”

**18 improvement comments*

This is a selection of comments only. To access in full, please go to www.healthwatchstoke.co.uk/LTPReport

Top Themes - NHS and Care Homes (negative sentiment)*

- Accessing services
- Treatment or care
- Communication.



“Not enough NHS care to help keep people well to let them stay at home, better for everyone.”

“Staffing levels and training inadequate to cope with patients who are ill or who fall”

“ Access to chiropodists, dentist, hearing specialist ad hoc and hit and miss. Not all homes provide this”

“No access to physio or OT to help with mobility and skills to keep people mobile and well”

“Letters written by NHS very confusing to understand and don’t know the difference between NHS and Local Authority”

“Communication between health staff and homes and social care poor so no one knows what is going on for residents”

“Don’t know what to expect from the NHS once relative is in a care home.”

“Very poor continence service/ limitations on continence pads (humiliating for residents) ” - Respondent

“Continence pads are limited , affecting dignity and also long-term health”

“District Nurses don’t seem to go into homes to care for residents”

“Dentists wont visit care homes often so residents can’t get oral care”

“NHS care can be zero”

“Residents who move out of area often must change GP and end up with someone who doesn’t know them or their history”

“No ongoing support for people with dementia to help keep people from deteriorating”

*30 improvement comments

This is a selection of comments only. To access in full, please go to www.healthwatchstoke.co.uk/LTPReport

Top Themes - Improvement Opportunities*

- Staff training
- Treatment or care
- Access

“Better trained staff perhaps from NHS professionals would mean less hospital admissions and also no need to move resident to nursing home or hospital.”

“Input from NHS / professional in terms of training staff in how to keep residents mobile. Active, engaged and mentally active would help.”

“Training for families to help residents stay well.”

“Training for staff on gentle exercise and diet for residents.”

“Better medical oversight of homes.”

“Training staff to manage and prevent falls to CQC standard.”

“Better advice to homes on diet/nutrition.”

“Training and advice to staff and families on helping to manage long term conditions.”

“They should make sure staff can speak English properly”

“Regular visits by other NHS staff. OT’s Physio’s.”

“Physio and Occupational therapy for residents to stay mobile and stimulated.”

“More access to services such as dentist. Chiropodist, specialist services within the care home as residents may struggle to get out to appointments.”

“More memory activities to help people with dementia”

“Ongoing access to medical services for LTC, clinics etc (people in care homes don’t get this).”

“Regular visits from Chiropodist/dentist/Optician/ hearing service”

“There should be more use of doctors in homes”

“Reduce occurrence of Urine infections which lead to falls , confusion and hospitalisation”

“Provide better end of life care.”

*49 improvement comments

This is a selection of comments only. To access in full, please go to www.healthwatchstoke.co.uk/LTPReport

Acknowledgements

We would like to thank all that have contributed towards this report including:

The Volunteers of Healthwatch Stoke-on-Trent and Healthwatch Staffordshire

Tamworth Carers Group

Penkridge Carers Group

North Staffs Carers Association - Young Carers

North Staffs Carers

Stoke-on-Trent YMCA

Stafford College

Stoke-on-Trent Sixth Form

North Staffs Carers-Young Carers

Changes Youth Group

Stroke Art Cafe

Hanley Stroke Group

Staffordshire University students

Green Door Club

Attendees BAME Women's Health Awareness Event (MPFT)

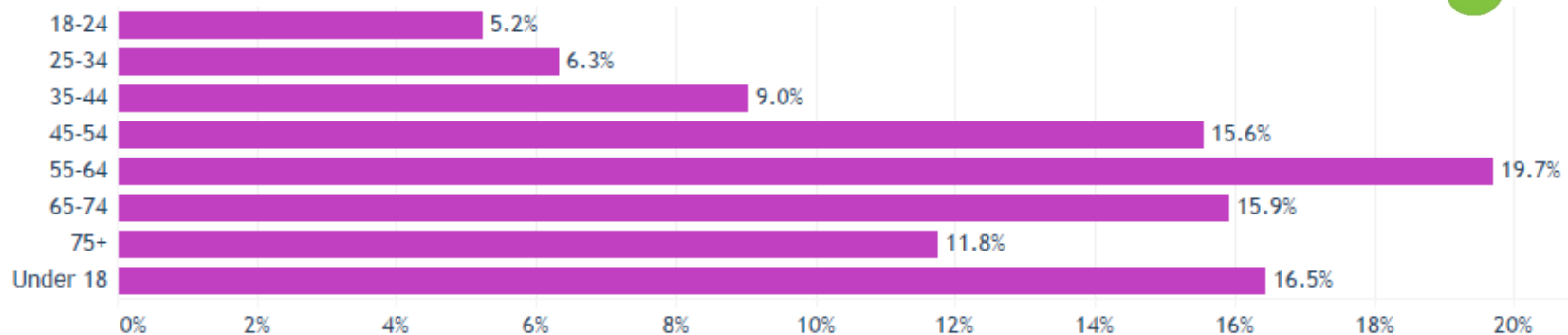
BAME Men's Awareness Event (MPFT)

Strokes R Us Stoke

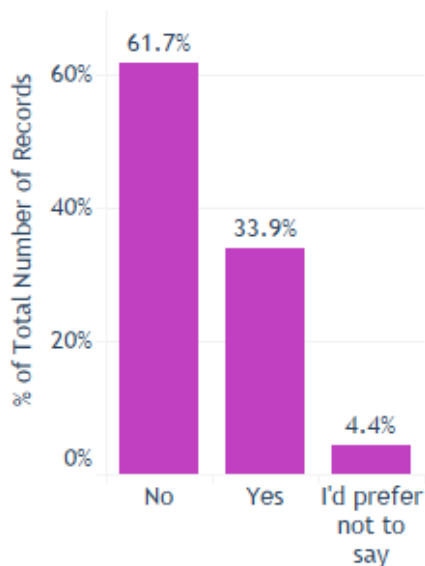
Appendix 1 - NHS Long Term Plan General Survey - Full Results

About you.

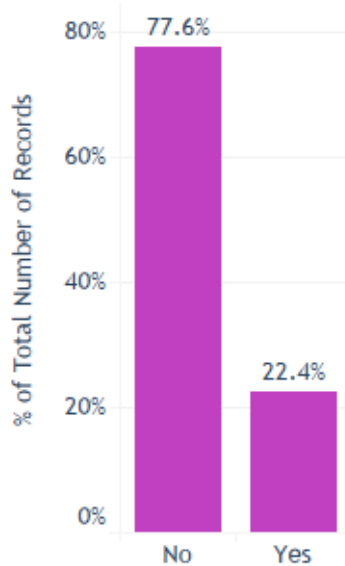
Age (n553)



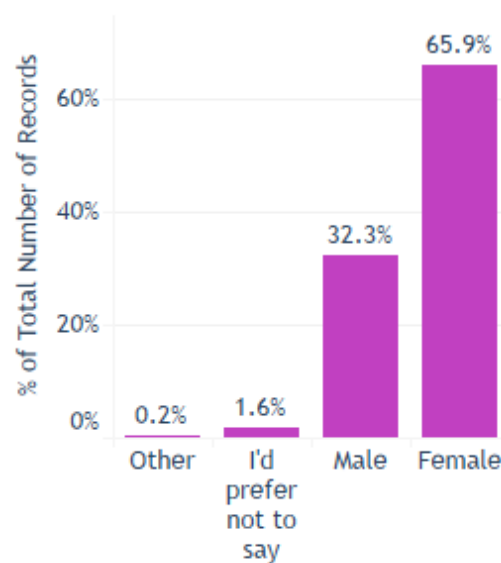
Do you have a disability? (n551)



Are you a carer? (n540)

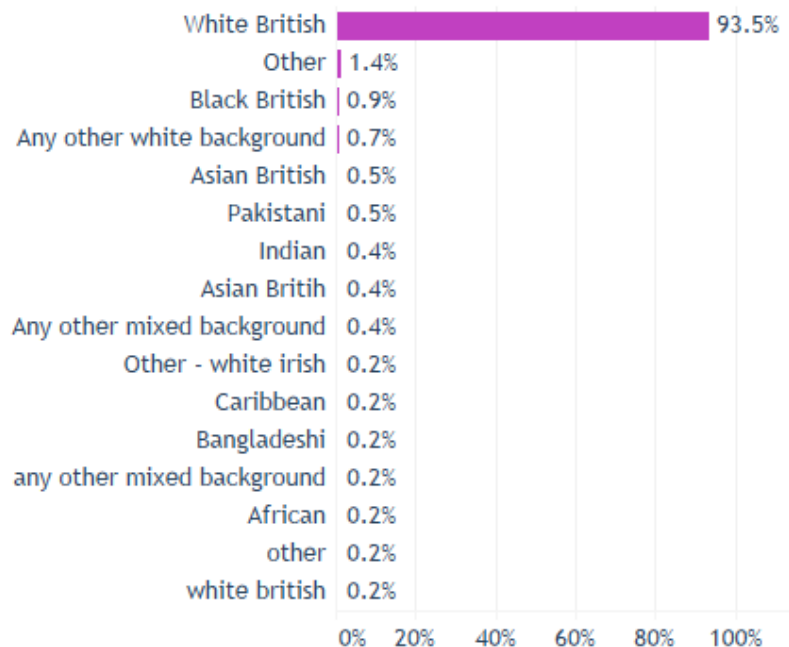


Gender (n548)

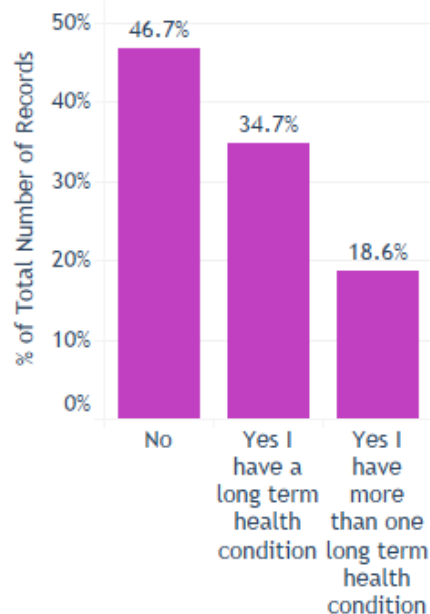




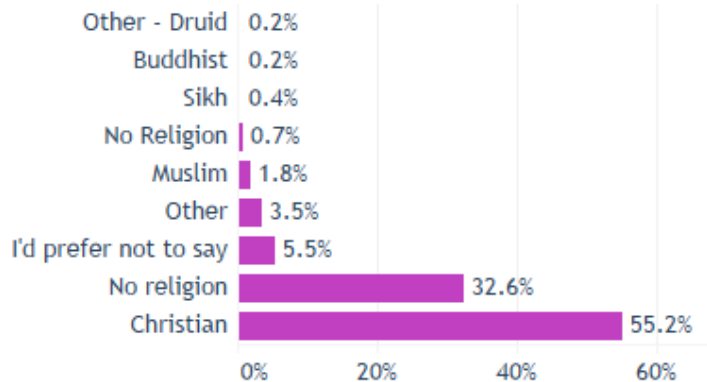
Ethnicity (n554)



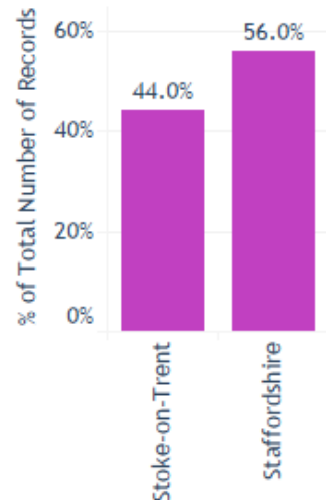
Do you have a long term condition? (n549)



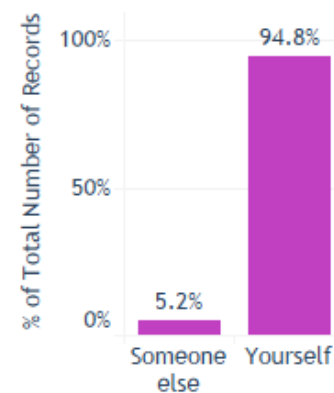
Religion (n549)



Q2a - Area (n584)



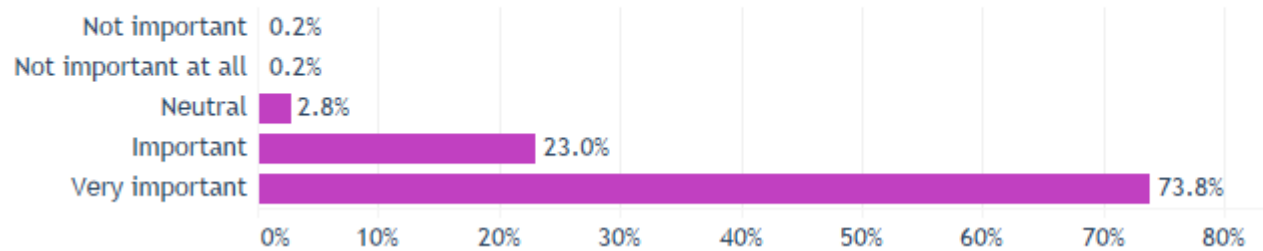
Who are you responding for? (n572)



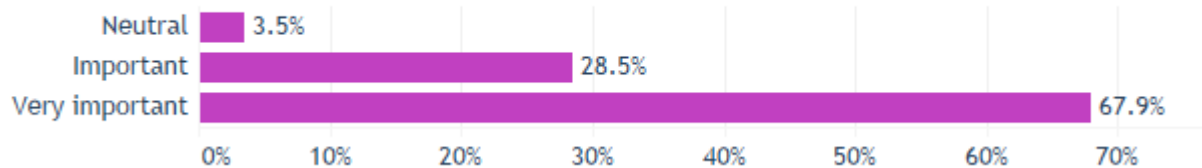


Having what I need to have a healthy life.

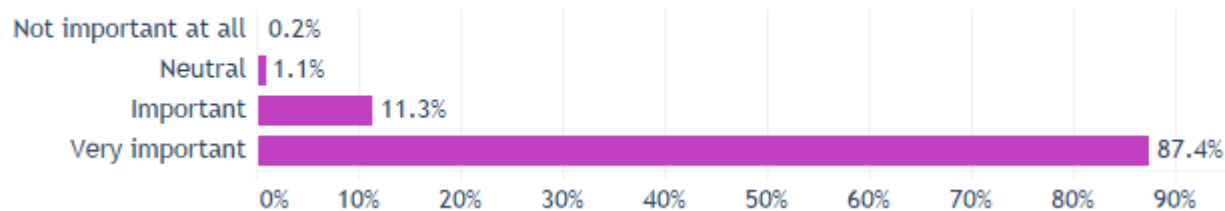
Q3a - Easy access to the information I need to help me make decisions about my health and care (n565)



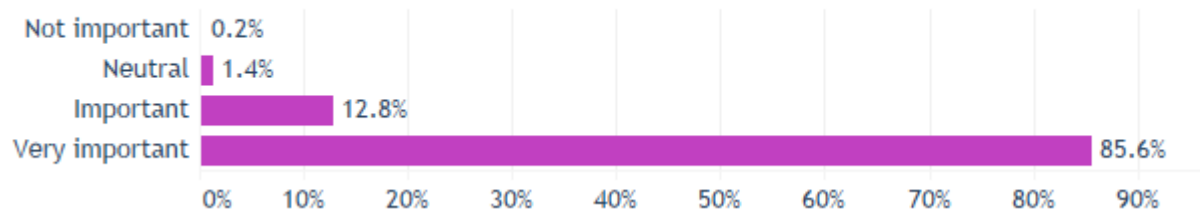
Q3a - The knowledge to help me do what I can to prevent ill health (n564)



Q3a - Access to the help and treatment when I need it. (n565)

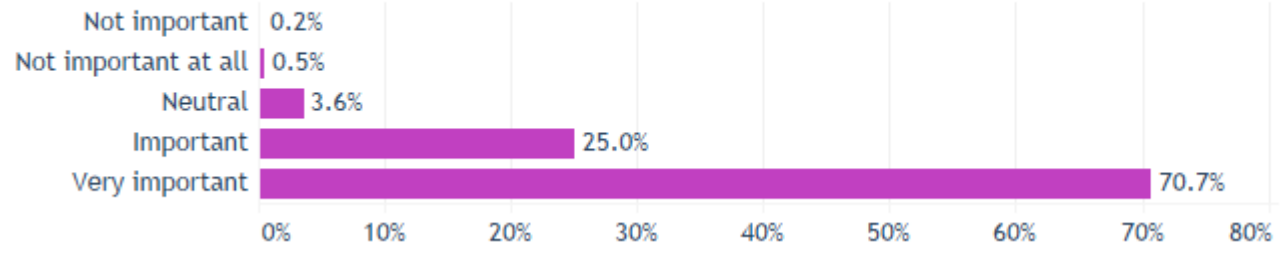


Q3a - Professionals that listen to me when I speak to them about my concerns. (n562)

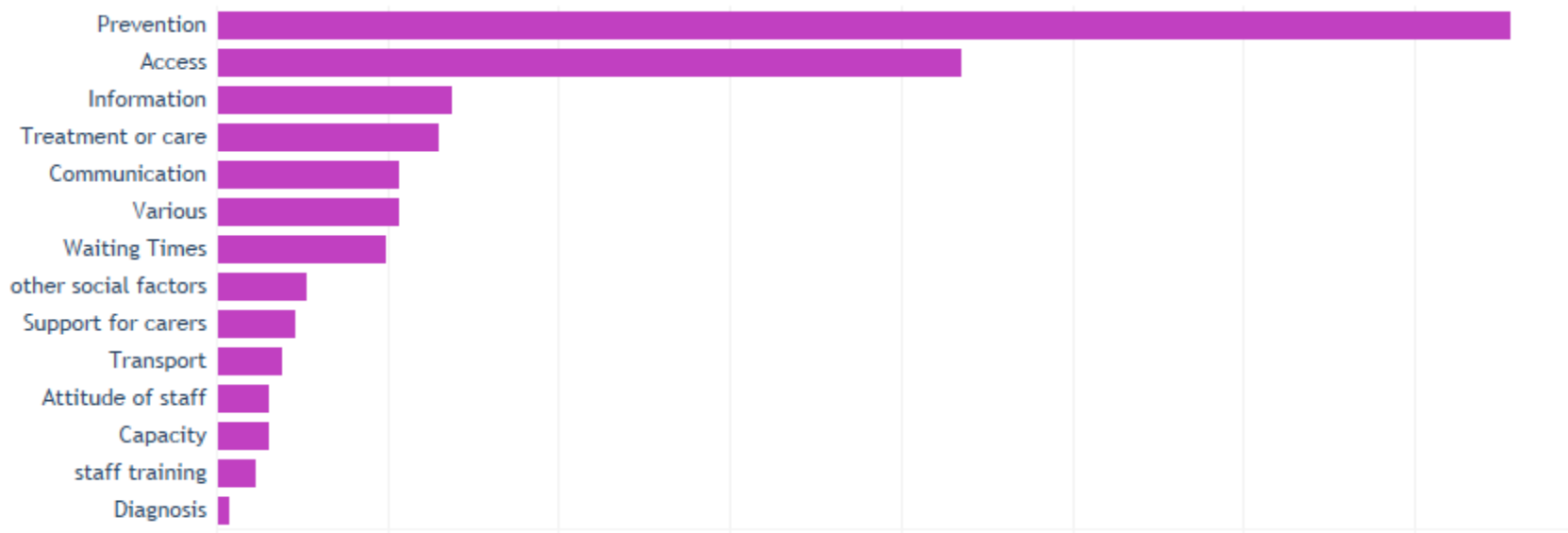




Q3a - For every interaction with health and care services to count; my time is valued. (n559)



Q3b - If there was one more thing that would help you live a healthy life. What would it be?



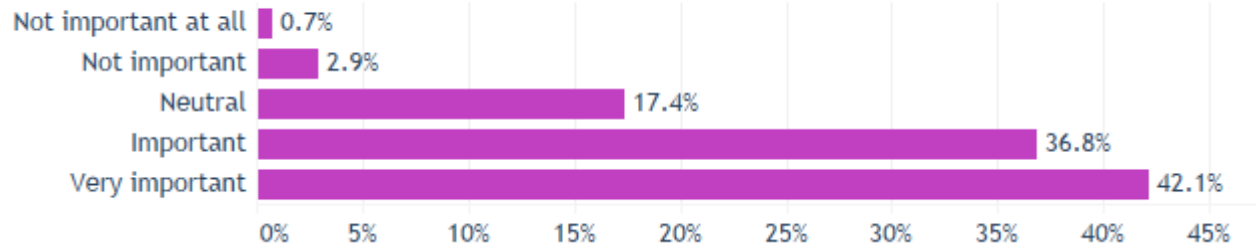
We received over 200 comments. [These are sorted by theme in the above table to give an indication only.](#)

To access these comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

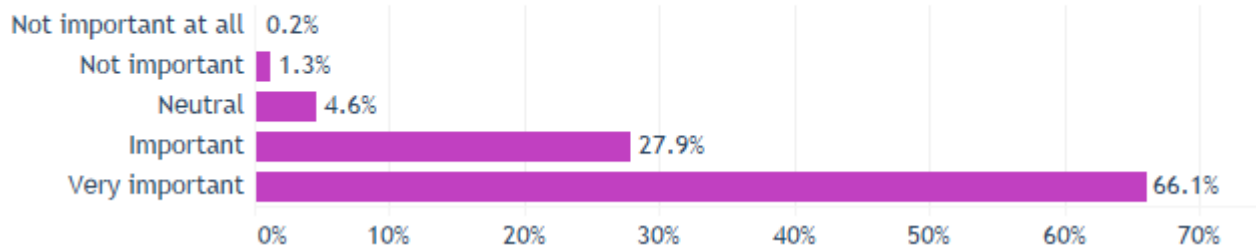


Being able to manage and choose the support I need.

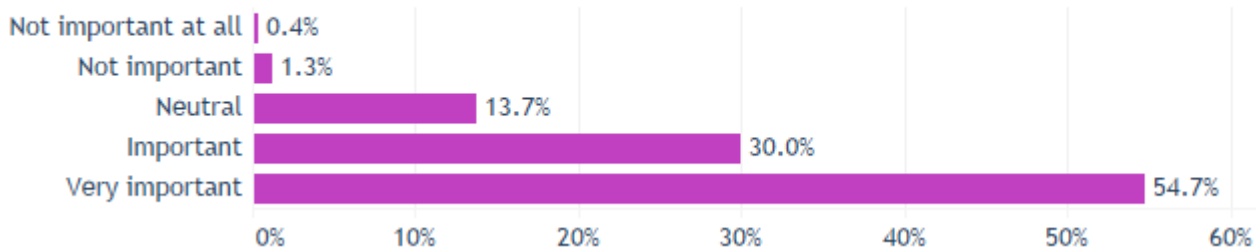
Q4a - If I have a long-term condition I decide how the NHS spends money on. (n536)



Q4a - Choosing the right treatment is a joint decision between me and the relevant health professional (n560)

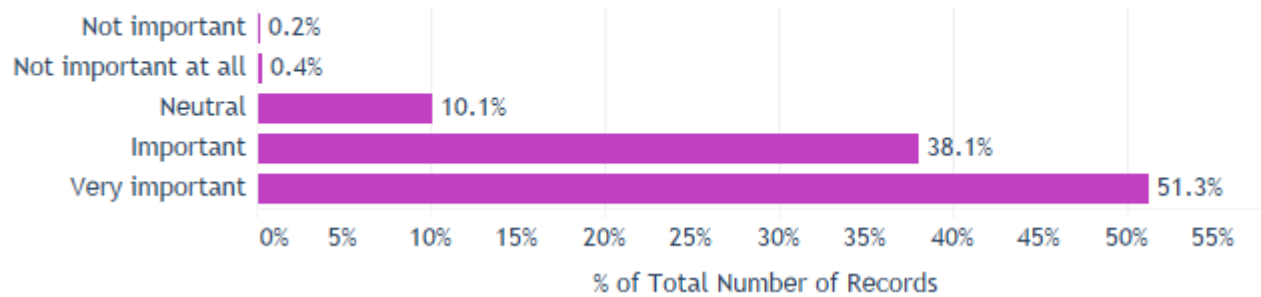


Q4a - I make the decision about where I will go to receive health and care support. (n554)

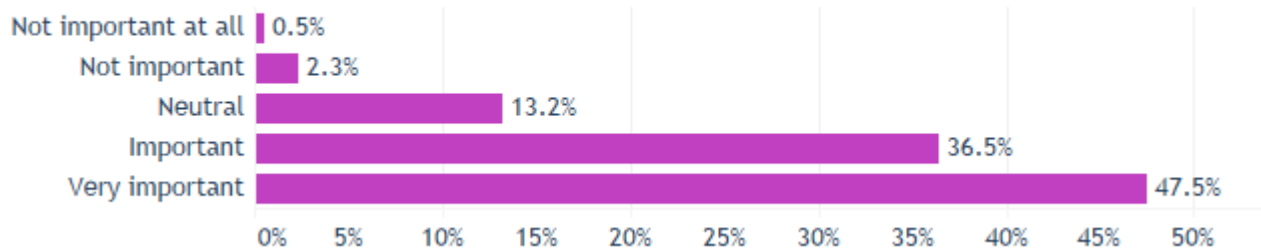




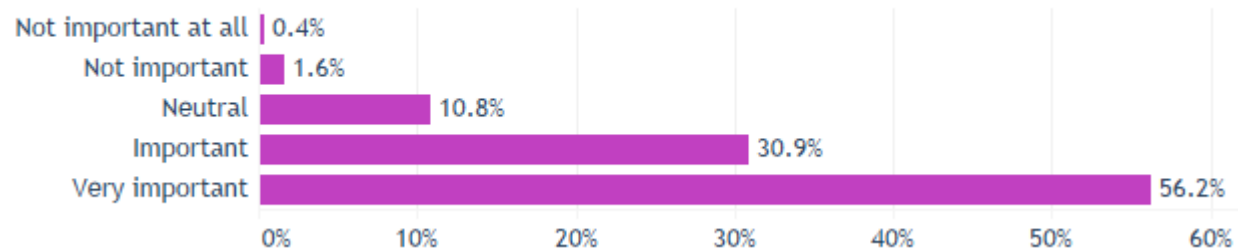
Q4a - I should be offered care and support in other areas if my local area can't see me in a timely way (n554)



Q4a - I make the decision about when I will receive health and care support. (n554)

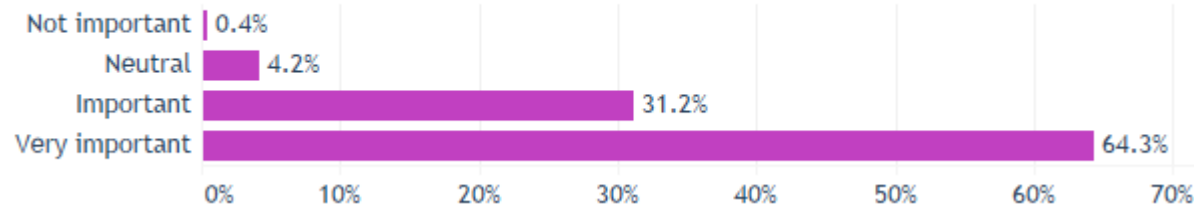


Q4a - My opinion on what is best for me, counts. (n553)

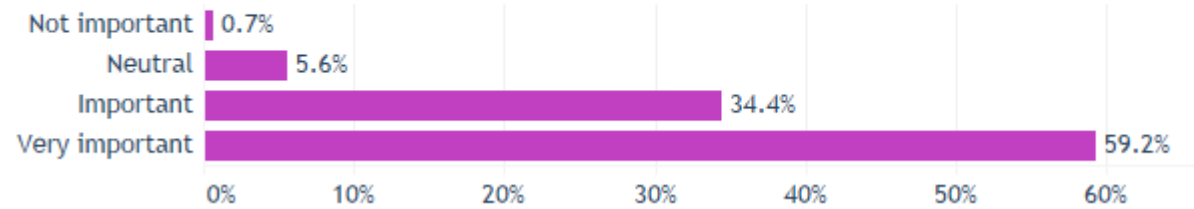




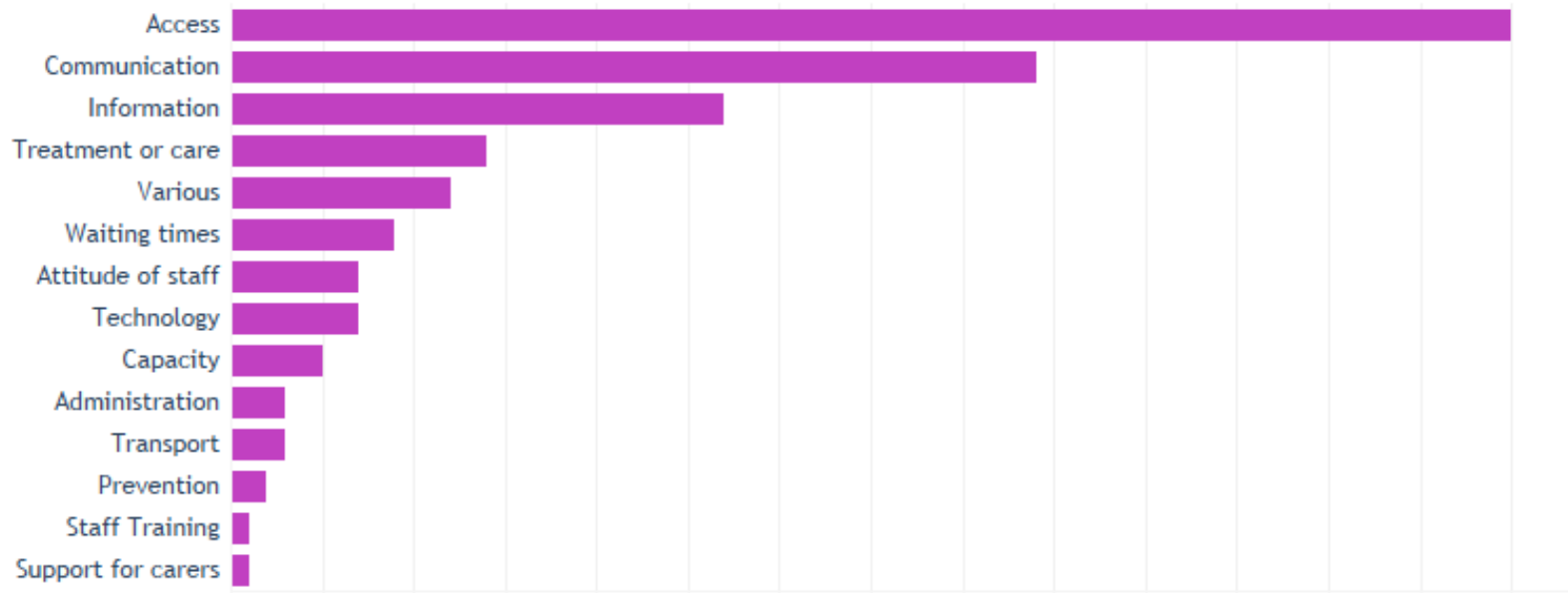
Q4a - Communications are timely (n552)



Q4a - I have time to consider my options and make the choices that are right for me. (n552)



Q4b - If there was one more thing that would help you to manage and choose how the NHS supports you, what would it be?



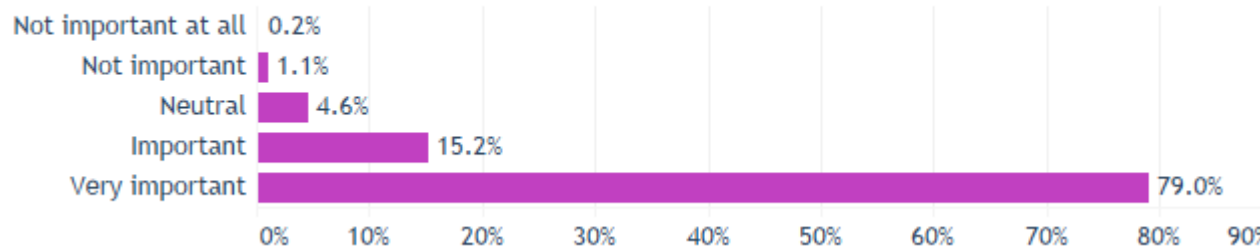
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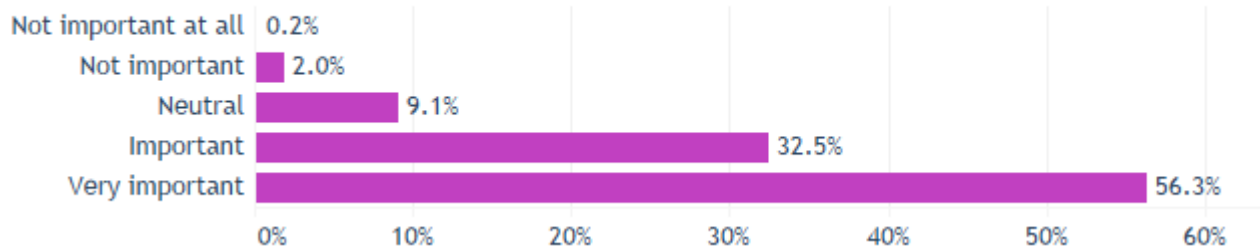


The help I need to keep my independence and stay healthy as I get older.

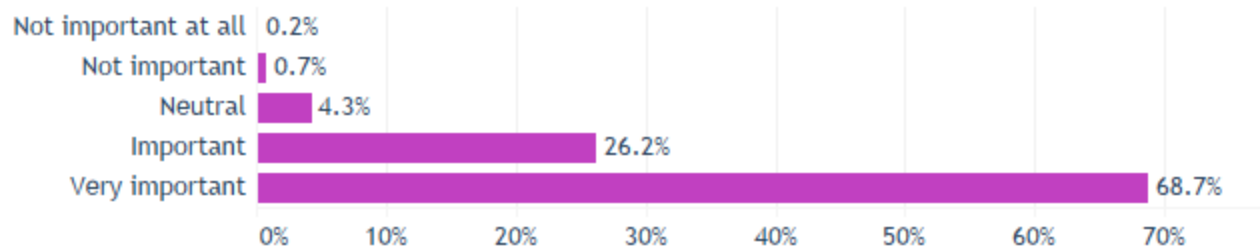
Q5a - I want to be able to stay in my own home for as long as it is safe to do so. (n567)



Q5a - I want my community to be able to support me to live my life the way I want (n563)

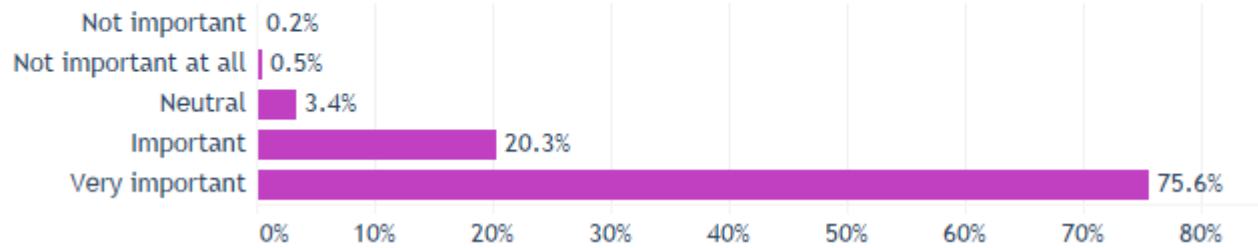


Q5a - I want my family and friends to have the knowledge to help and support me when needed. (n562)

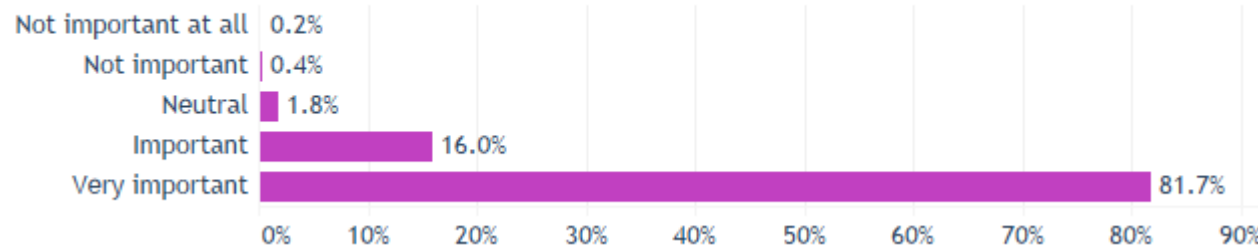




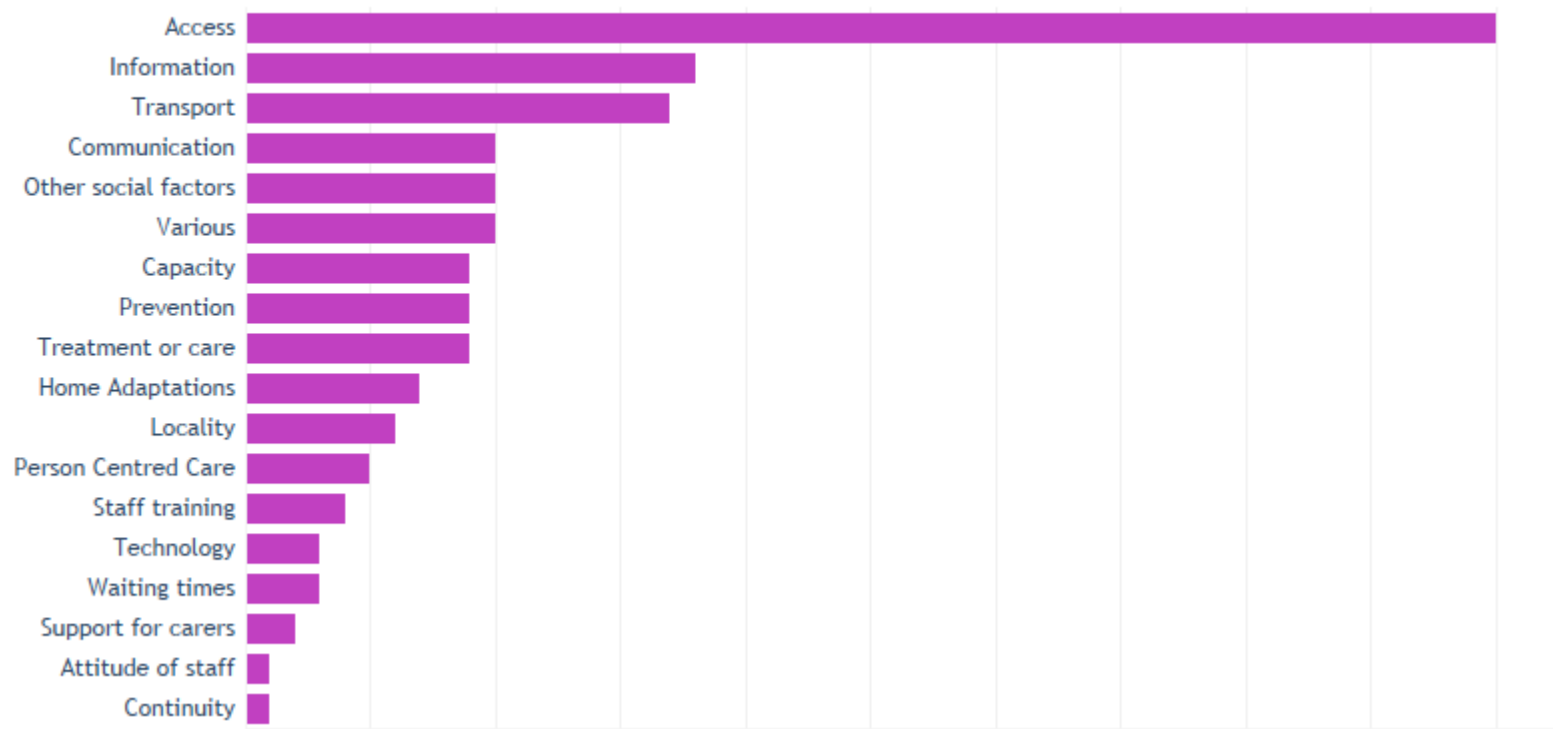
Q5a - I want there to be convenient ways for me to travel to health and care services when I need to. (n561)



Q5a - I want my family to feel supported at the end of life. (n564)



Q5b - If there was one more thing that would help you retain your independence and live healthily for as long as possible, what would it be?

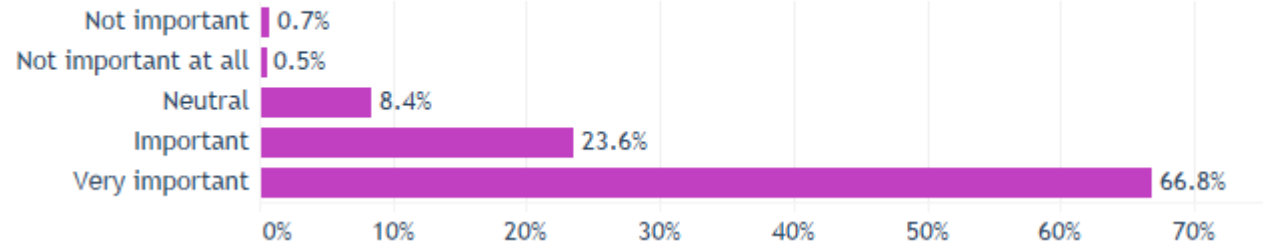


We received over 170 comments. [These are sorted by theme in the above table to give an indication only.](#)

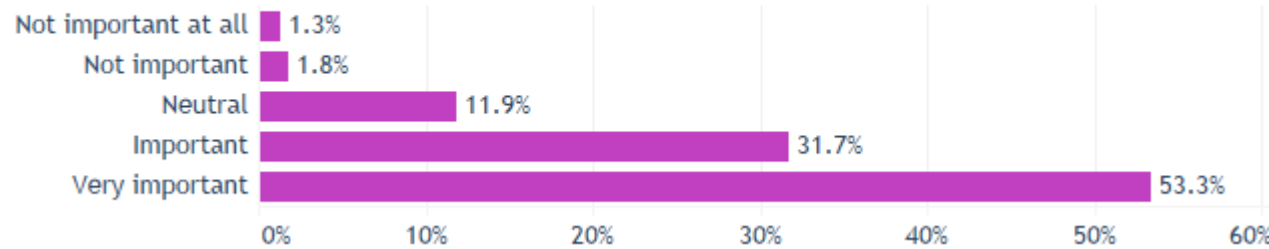
To access these comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

How you interact with your local NHS

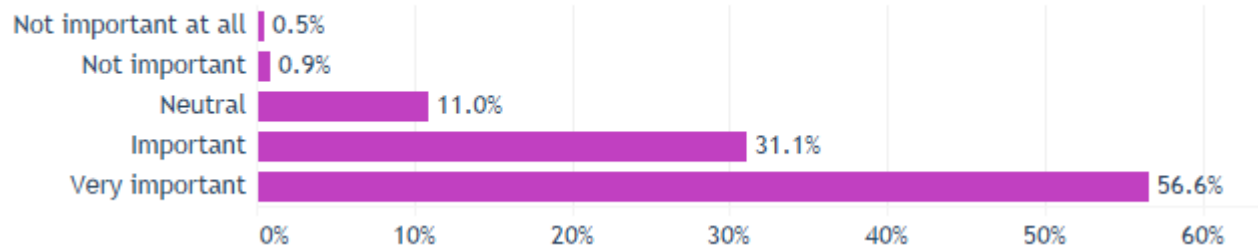
Q6a - I have absolute confidence that my personal data is managed well and kept secure. (n560)



Q6a - I can access services using my phone or computer. (n555)

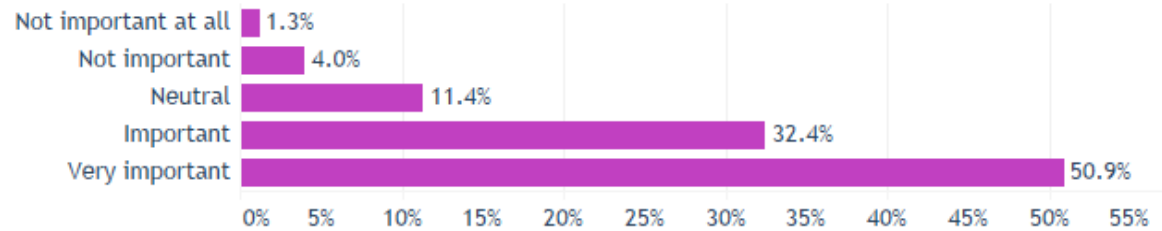


Q6a - I can talk to my doctor or other health professional wherever I am. (n577)

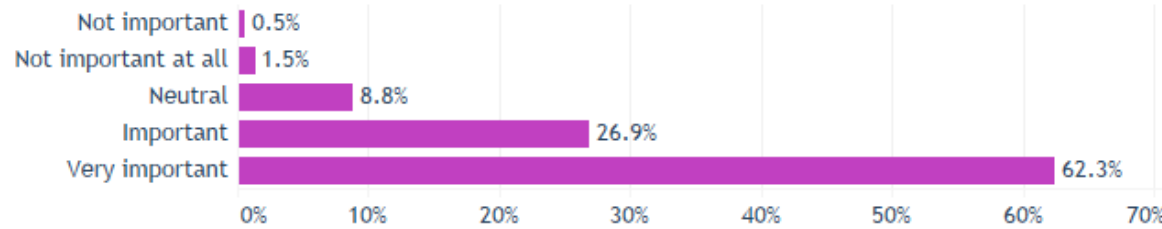




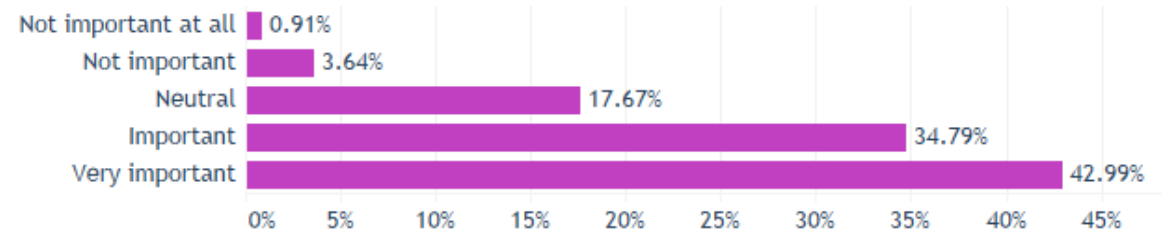
Q6a - I can make appointments online and my options are not limited. (n546)



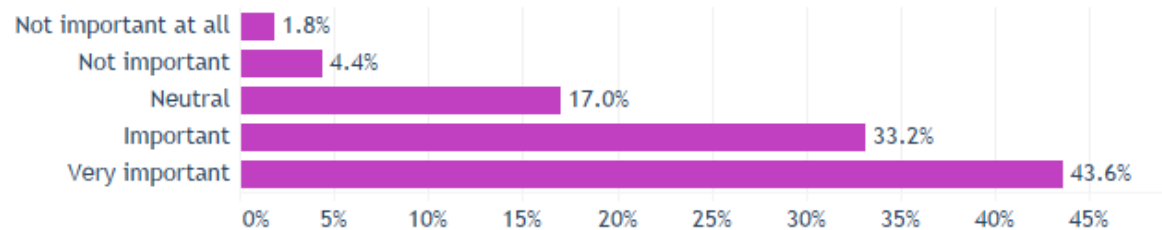
Q6a - Any results are communicated to me quickly making best use of technology. (n547)



Q6a - I manage my own personal records so that I can receive continuity in care. (n549)

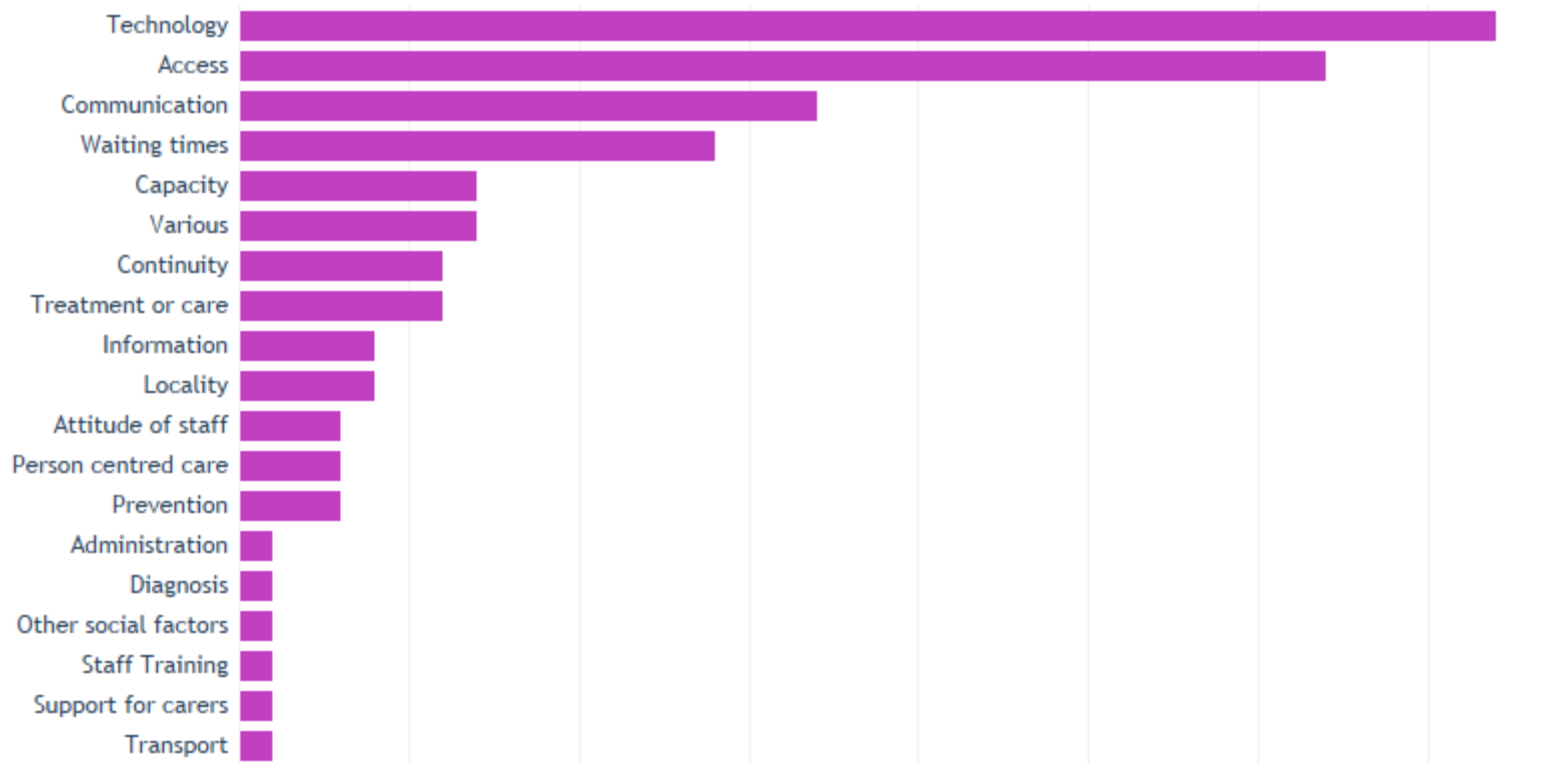


Q6a - I am able to talk to other people who are experiencing similar challenges to me to help me feel better. (n546)





Q6b If there was one more thing that you think needs to change to help you to successfully manage your health and care, what would it be?



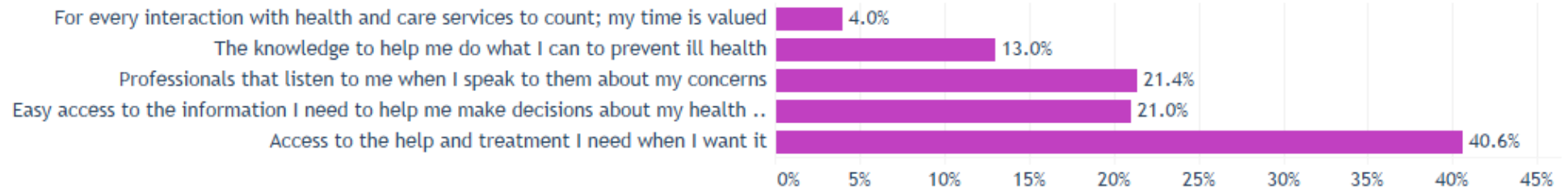
We received over 170 comments. [These are sorted by theme in the above table to give an indication only.](#)

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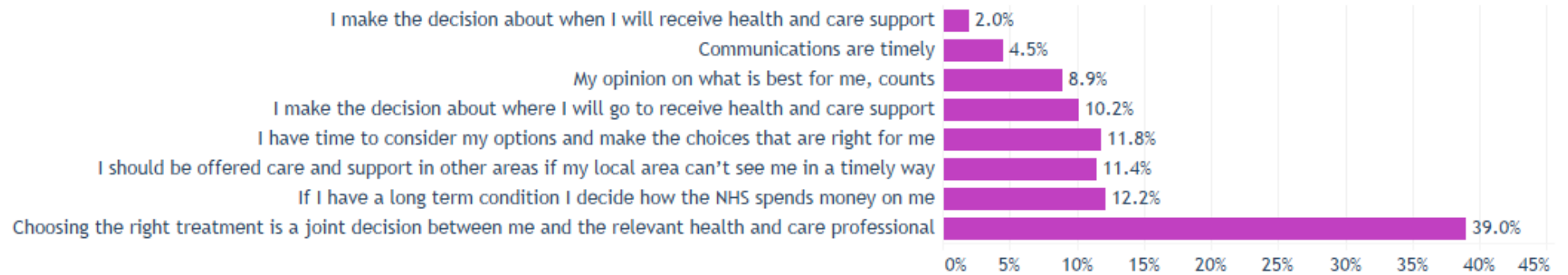


Tell us what is most important.

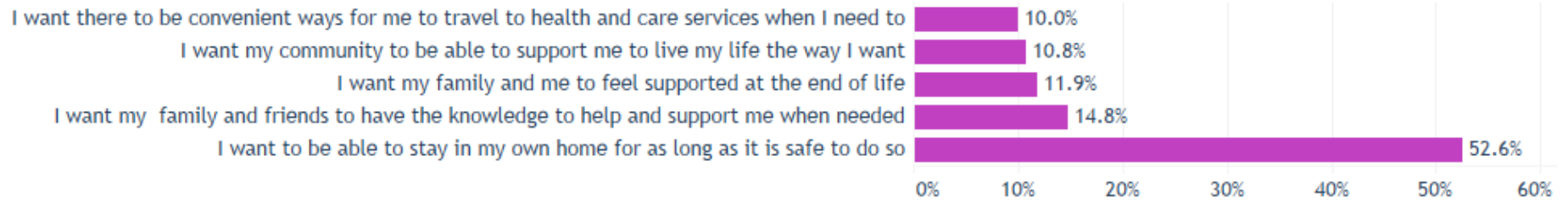
Q7 - What is most important to you to help you live a healthy life? (n552)



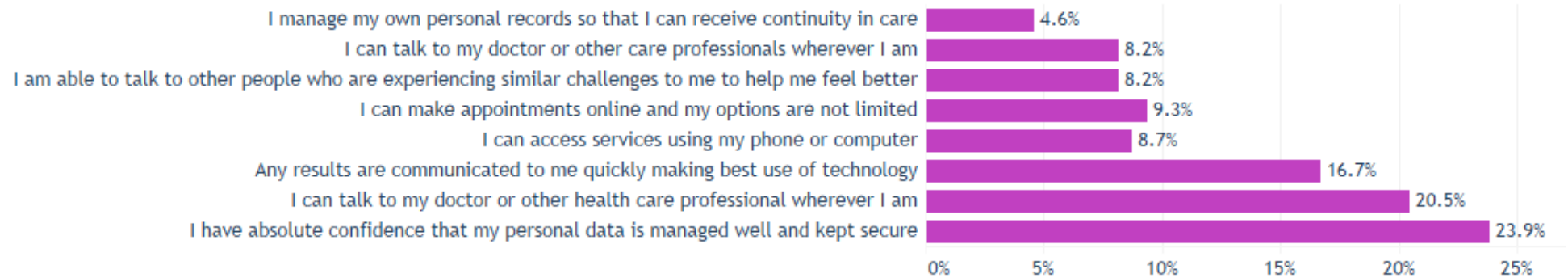
Q8 - What is the most important to you to be able to manage and choose the support you need? (n551)



Q9 - What's most important to you to help you keep your independence and stay healthy as you get older? (n548)



Q10 - What is most important to you when interacting with the NHS? (n503)



Q11 - If you have any further comments please write them below.



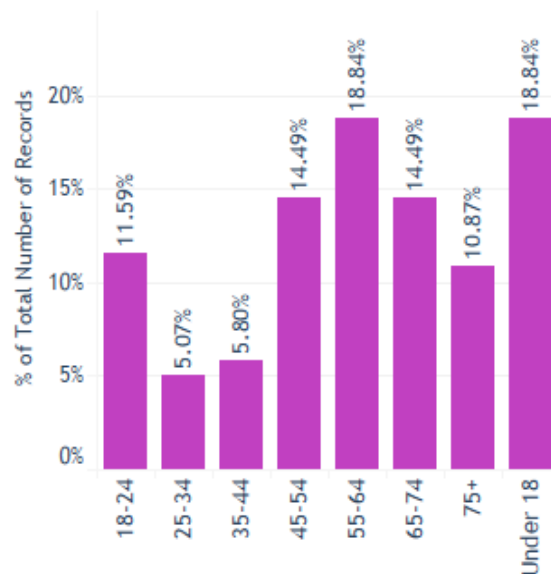
We received over 70 comments. To access these please go to www.healthwatchstoke.co.uk/LTPReport



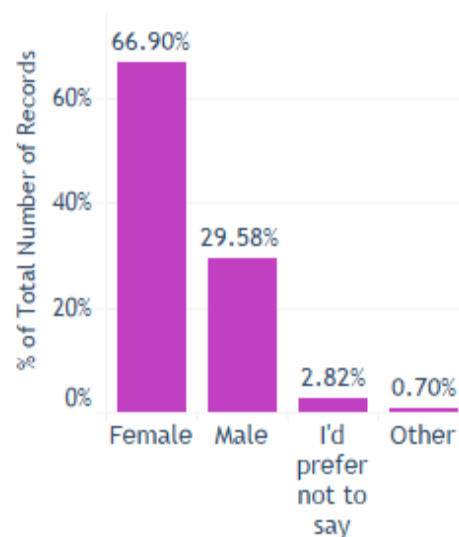
Appendix 2 - NHS Long-Term Plan Conditions Survey

About you

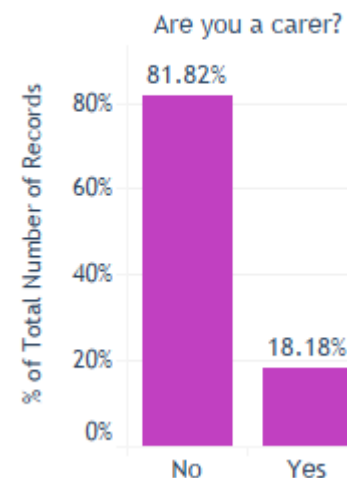
Age (n138)



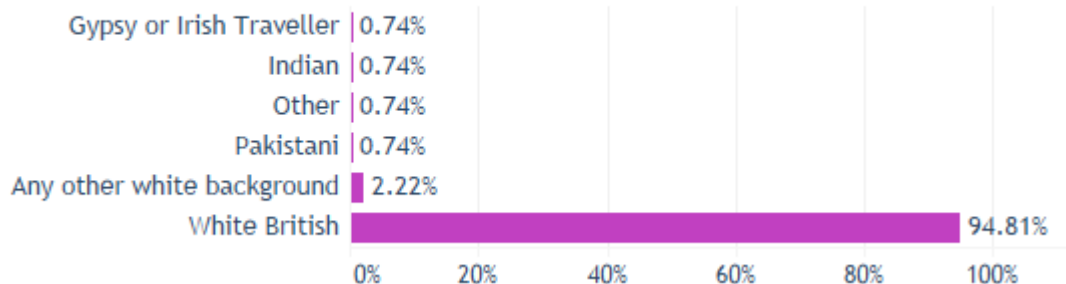
Gender (n142)



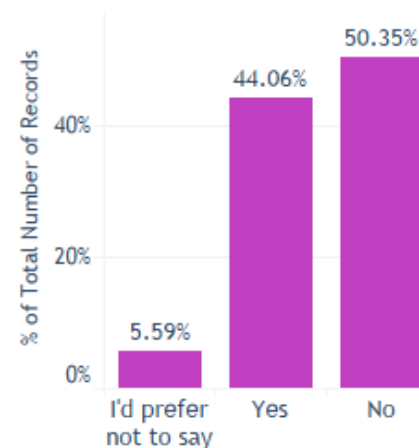
Are you a carer? (n132)



Ethnicity (n135)

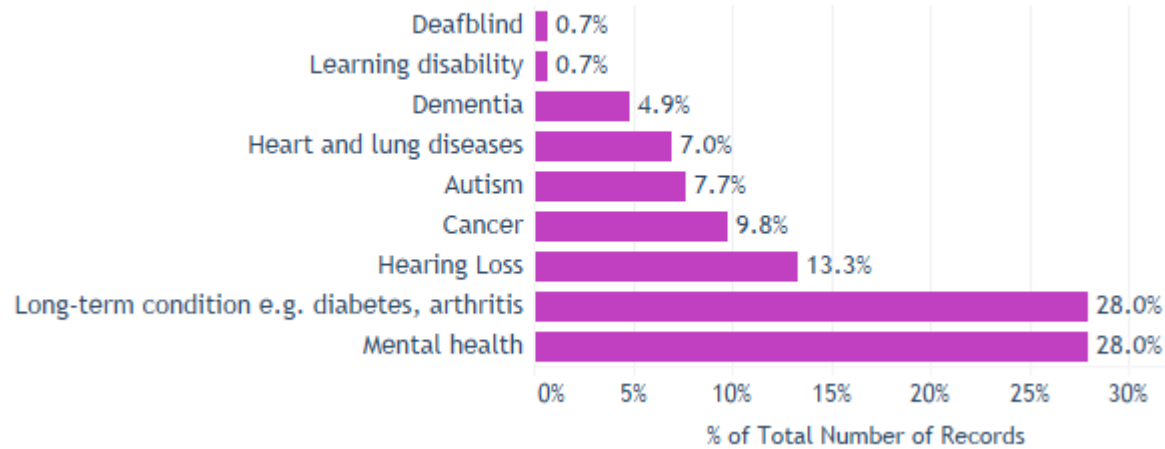


Do you have a disability? (n143)

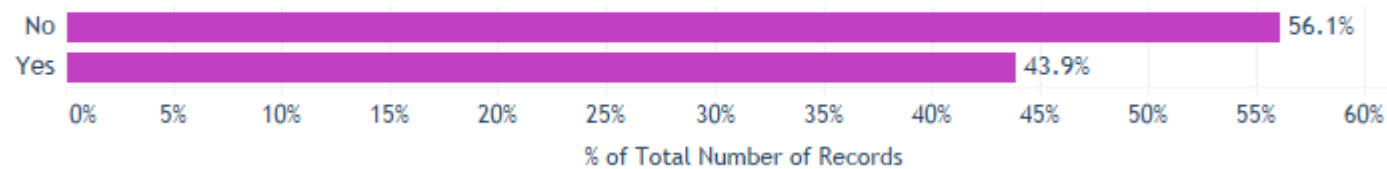




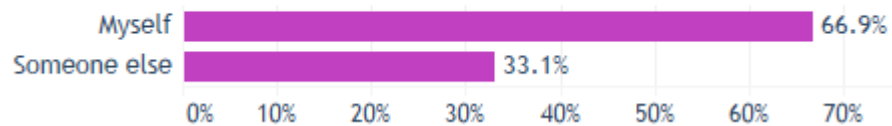
Q3 - Please select the condition you would like to tell us about. (n143)



Q5 - Has the condition you are telling us about started within the last 3 years? (n148)



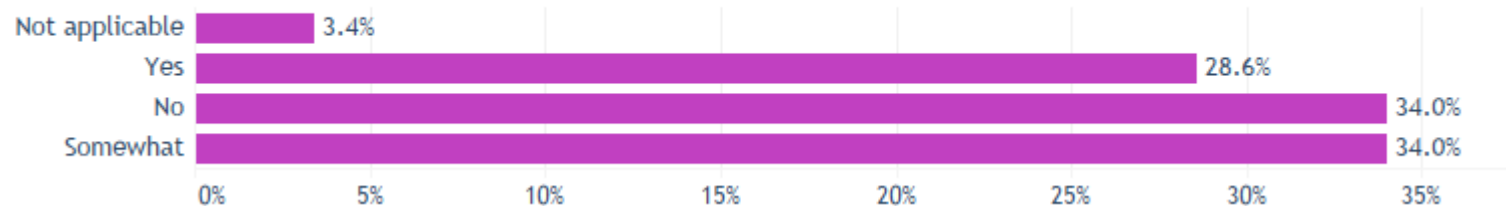
Q4 - Who are you responding on behalf of? (n148)



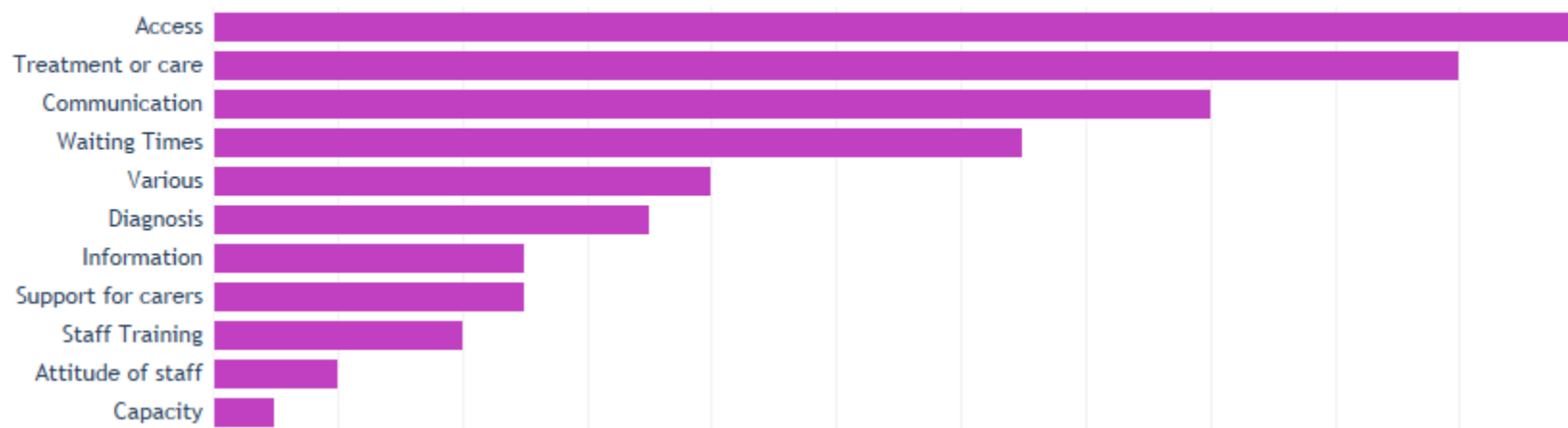
Your experience of getting help and support



Q6a - When you first tried to access help, did the support you received meet your needs? (n147)



Q6b - Tell us whether the support met your needs and how it could of been improved.

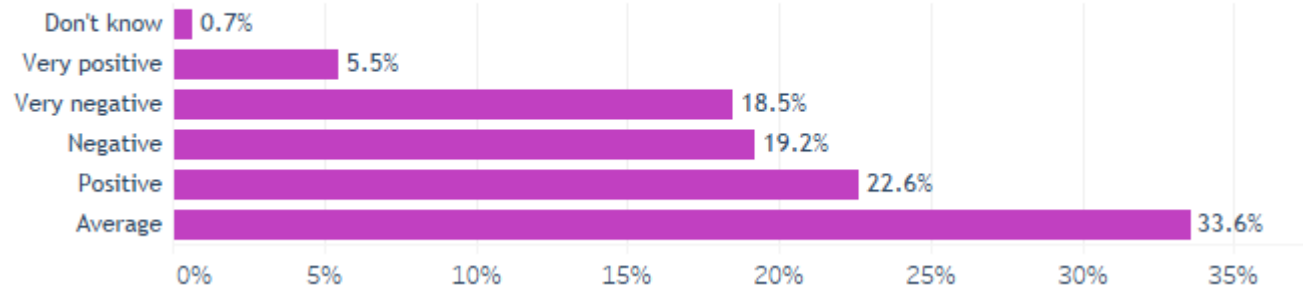


These are sorted by theme in the above table to give an indication only.

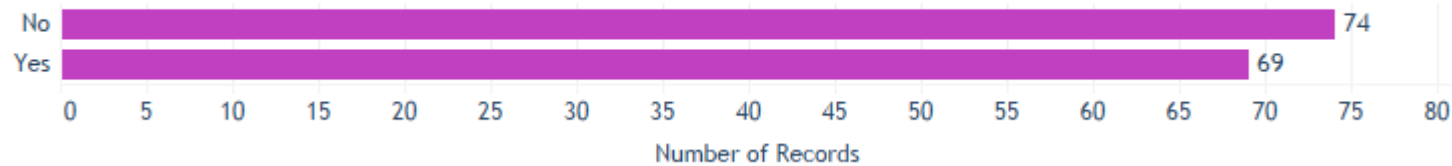
To access these comments in full, please go to www.healthwatchstoke.co.uk/LTPReport



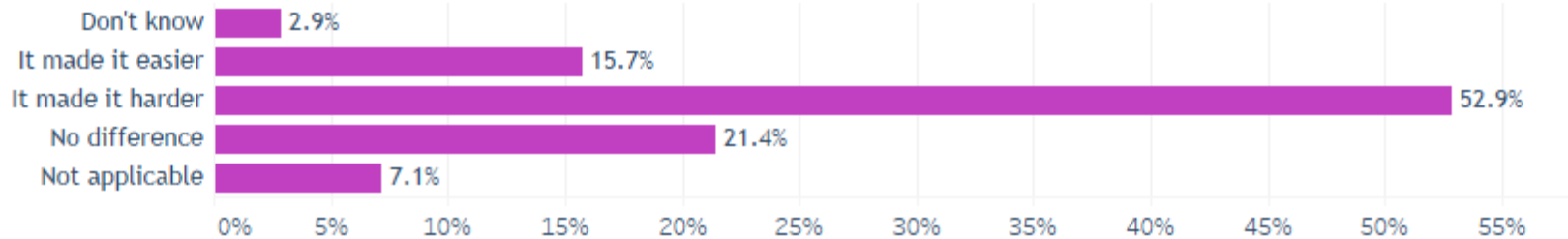
Q7 - How would you describe your overall experience of getting help? (n146)



Q8 - Do you have any other/additional conditions including long-term conditions or disabilities? (n143)

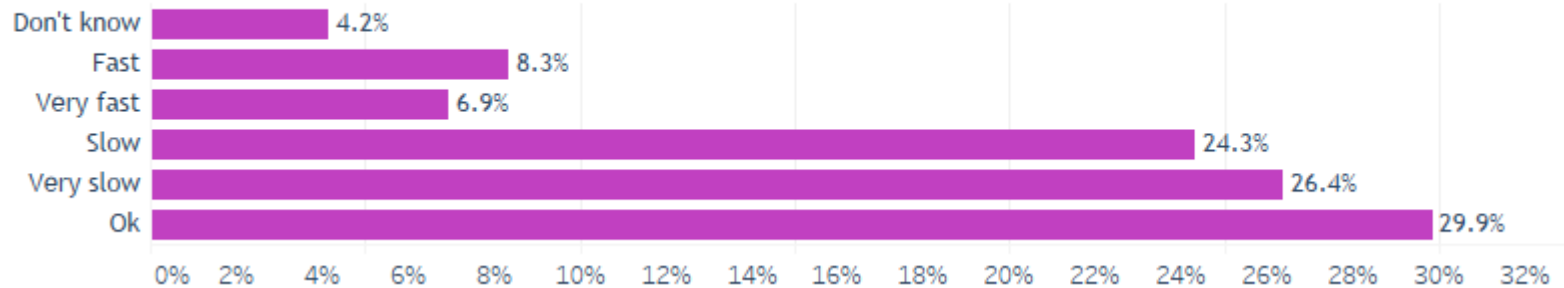


Q9 - If so, how would you describe the experience of seeking support for more than one condition at a time? (n70)



The health and care support you received after initially seeking help.

Q10 - How would you describe the time you had to wait to receive your initial assessment or diagnosis? (n144)



Q10b - Please tell us more about the time you waited.

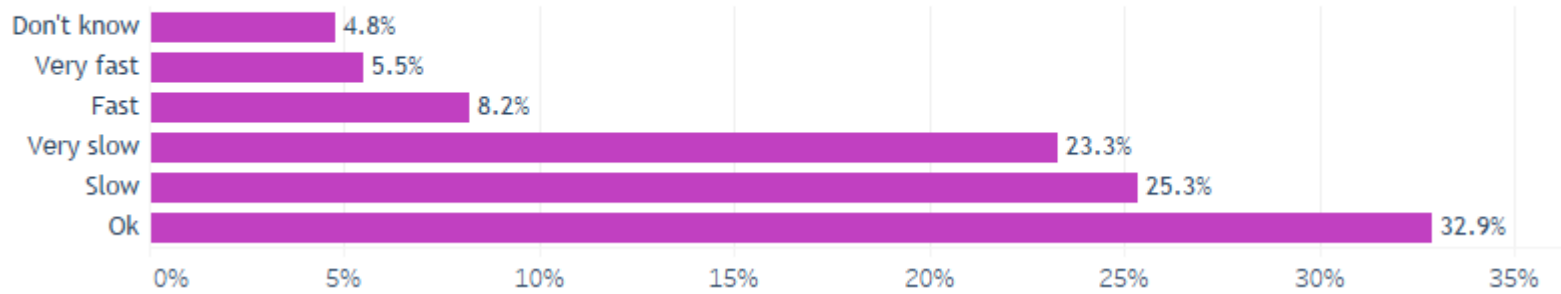
We received 92 comments. Here are a selection of notable ones. To access all please go to www.healthwatchstoke.co.uk/LTPReport



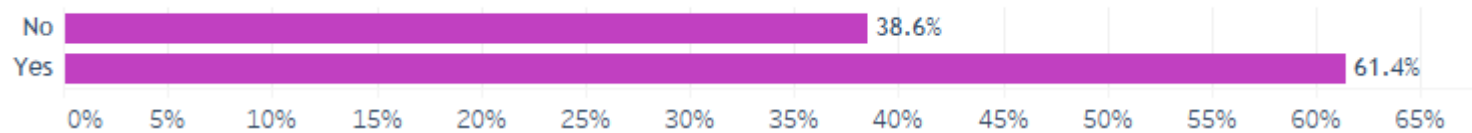
i was being seen every month by the mental health team they were my support now because of cut backs made by the Tories I no longer receive appointments. making it rendered useless.
From seeing my GP to diagnosis took several months, followed by 3+ years of trial and error with unsuitable treatments, before finding one that works.
It took about 5 months from initial referral from my GP to get a diagnosis from the mental health consultant
Tricky with MS to achieve a definite diagnosis. In the end we paid for a consultation which then enabled us to access NHS neurological services
If it is in a holiday period about 8 weeks because the MDT does not take place until all the specialists involved in your case are present which usually results in too long a delay.
Following discharge from acute hospital no referral for support or rehab. Have to find this them selves or their family do.
Due to my knowledge of NHS and Social Care services and the processes - I was able to use my expertise to ensure my family member who is profoundly deaf with Bi-polar was admitted to specialist deaf mental health services in London (where he lived). His discharge from hospital for treatment with physical injuries ensured he was admitted to specialist deaf mental health services (tertiary) at my insistence.

<p>I went 7 years before my initial diagnosis, during this time I saw many doctors, consultants etc</p> <p>I saw services for so many sessions then I was discharged from the service and not seen again for over a decade. I was told that was that It was unacceptable to think my GP should be the person treating me. When my illness needed support from specialists services who have experience of help support people with certain illnesses. My doctors weren't equipped to support me other than handing out tablets that made me more unwell</p>
<p>After leaving hospital the next day I was told that I would be on the waiting list for heart CT Scan angiography and this would be at Sandwell hospital which has a 6-8 week wait but I would be contacted and given a date quickly as I was informed my condition was urgent.</p> <p>I have had to chase daily and weekly to try and progress my treatment both via my GP surgery and regular phone calls to city and Sandwell hospital Eventually had to email PALs at city hospital and they got my treatment meeting but this started with a heart echo gram at Sandwell which I have never had results back. Chasing up again PALs never returned my emails never acknowledged my concerns so I had to constantly ring the city hospital on several different numbers even if I was put through by the operators I was put through to the wrong department or section or unit and or ended up with a fax tone or automatedly told to use my login number or automatedly told the mail box is full . Absolutely frustrating and not good for my anxiety.</p>
<p>I was referred to crisis team and I missed a call and they took me off there list of patients. I had to reaccess their service through my GP. This took around 3 months.</p>
<p>Had to wait over a year and then pay private because it was self-help strategies that they suggested</p>
<p>I wasnt diagnosed until I'd been under the care of the mental health team for 12+ months. And that diagnosis was the psychiatrist's "best guess". Still trying to get a second opinion.</p>
<p>12 months of hell of being judged and not listened to</p>
<p>For both my wife and I, three weeks for a GP appointment. Then, of course, they only see you for one health issue. A second and a third and a fourth appointment needs to be booked for anything else.</p>
<p>Submitting on behalf of a number of veterans. Mixed time to diagnosis</p>
<p>Around 4 months to see Mental Health CAMHS with an urgent referral</p>
<p>Deaf people wait longer to receive mental health support from specialist mental health counselling services. Voluntary sectors do NOT incorporate funding for other communication support in their funding bids and therefore refuse to provide BSL interpreters as they do not have the funds. This means that deaf people experience lengthy delays. A recent example - Daniel MJ Webster was declined funding by his local regional CCG resulting him ending his life - Daniel was a young popular profoundly Deaf BSL man who was married with a young family. This was despite the fact Daniel's GP requested Deaf focused therapist using BSL which met his communication needs. So what is the point of the NHS Accessible Information Standard 2015 if CCG's are not willing to meet the communication needs of deaf people? What is the point of the Equality Act 2010 if CCG's are basing their decisions on funding and the need to use local services in the first instance?</p>
<p>6 months to see a counsellor</p>
<p>The nurse we saw at the practice was great, she identified it as anxiety straight away. However, the referral afterwards was appalling; not from the nurse, but from CAMHS</p>
<p>Because of the situation the treatment was very quick. My sister came on one of the initial appts</p>

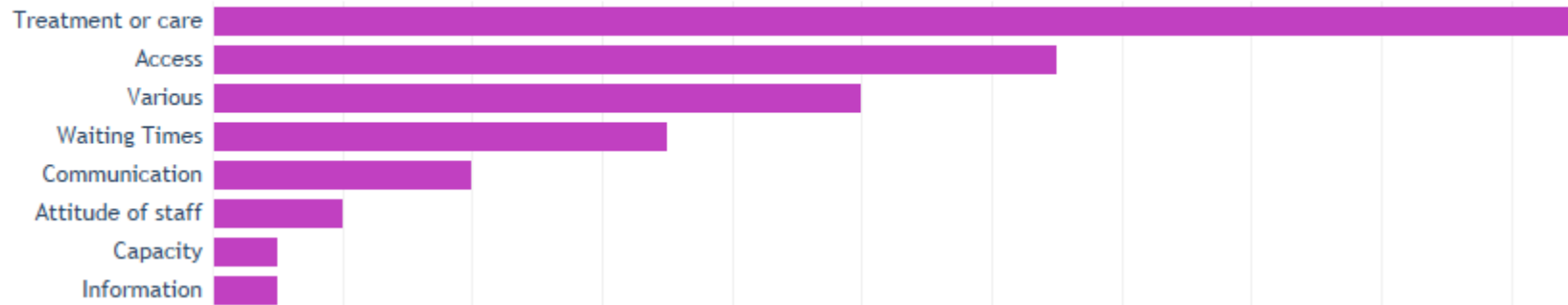
Q11 - How would you describe the time you had to wait between your initial assessment/diagnosis and receiving treatment? (n146)



Q12 - After being diagnosed or assessed, were you offered access to further health and care support? (n140)



Q13 - If you accessed support, what aspects worked well?

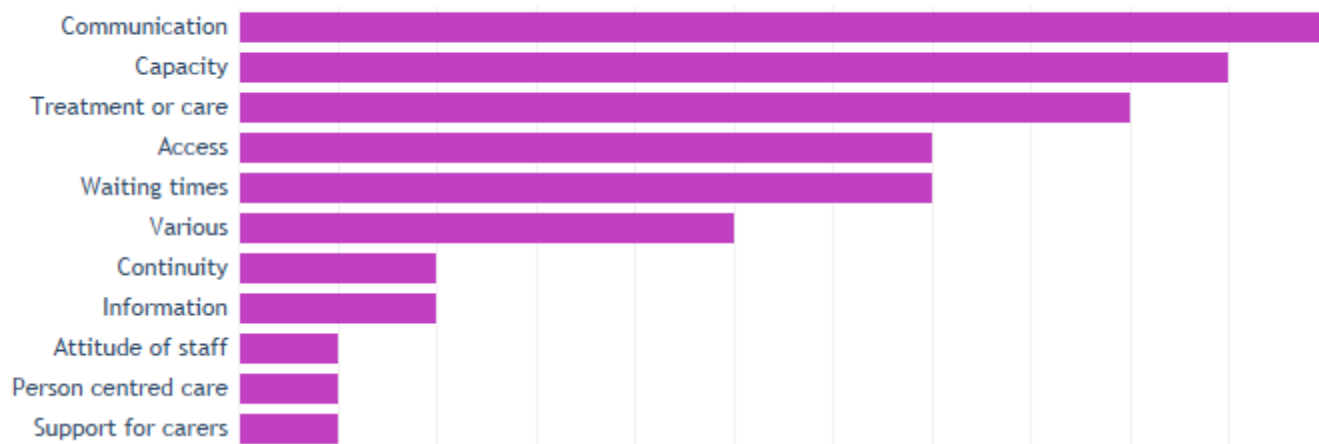


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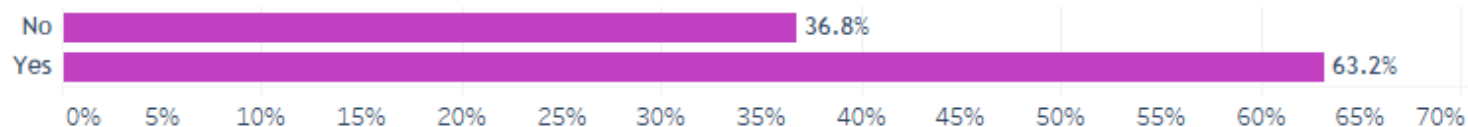
Q14 - If you accessed support, what aspects could be improved?



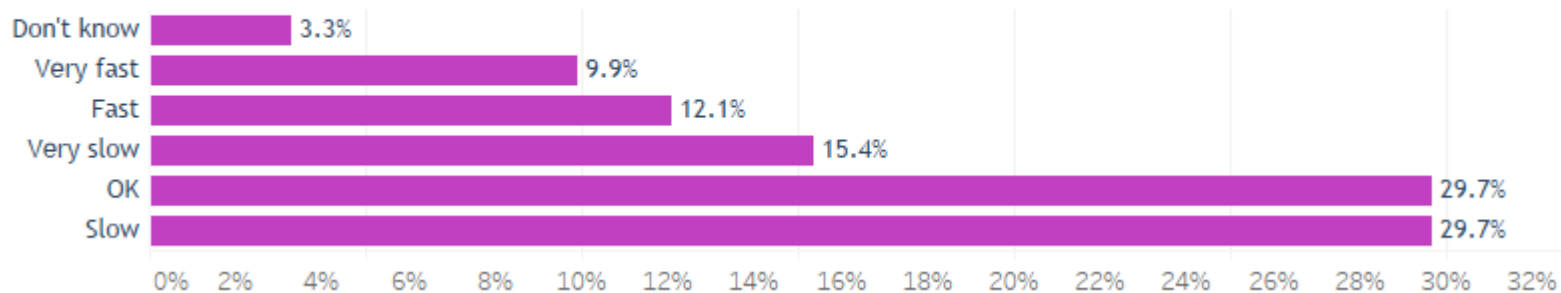
These are sorted by theme in the above table to give an indication only.

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Q15 - Were you referred to a specialist? For example, a hospital consultant, psychiatrist or physiotherapist? (n137)



Q16a - How would you describe the time you had to wait between the initial appointment and seeing the specialist? (n91)



Q16b - Please tell us more about the length of time you waited.

We received 55 comments. To access these please go to www.healthwatchstoke.co.uk/LTPReport



I was referred several times first time was very slow the second OK
The appointments system is archaic and reliant on letters and communication with a hospital switchboard that's only available during the working day and difficult to get through to, and not in a position to do much more than pass on messages. I get notified by letter of consultant appointments booked 6-12 months in advance with no reminder (by text, etc) as the date approaches.
There was a time lag because of staff shortages and staff holidays.
I waited three weeks to see psychiatry and didn't even see a psychiatrist because there wasn't any so a CMHN saw me and I was dismissed for the fourth time because I wasn't going to end my life immediately.
After assessment the response time was ok and I did receive the needed treatment
I'm not sure could up to 6 months for one of my illness.
My other chronic illness was longer then I've gone years with seeing anyone, this is so unacceptable

The doctor on duty who referred me to the cardiology unit when I was released from hospital was apparently sent my results from the heart echogram and I was told to contact him a few days afterwards to get my results. Only to be told that the doctor on duty was a gynaecologist and would not get involved and I should go through cardiology unit and did so through another high number of calls made.

I saw a consultant within two weeks of my initial visit to the breast clinic.

It took months to get an appointment with the psychiatrist...my CPN just kept telling me my appointment would be "soon". Then, despite being told I'd have a follow up appointment to see the psychiatrist again within a couple of weeks, I had to wait almost 3 months.

The paediatrician appointment was ok waiting wise but original Dr left and we haven't had an appointment for new one. My biggest complaint is with Midland psychology waste of time they are. Thus process needs to be quick, stress free. I was told because of family history of autism our youngest son is to be assessed quickly. I don't call the time scale quick at all.

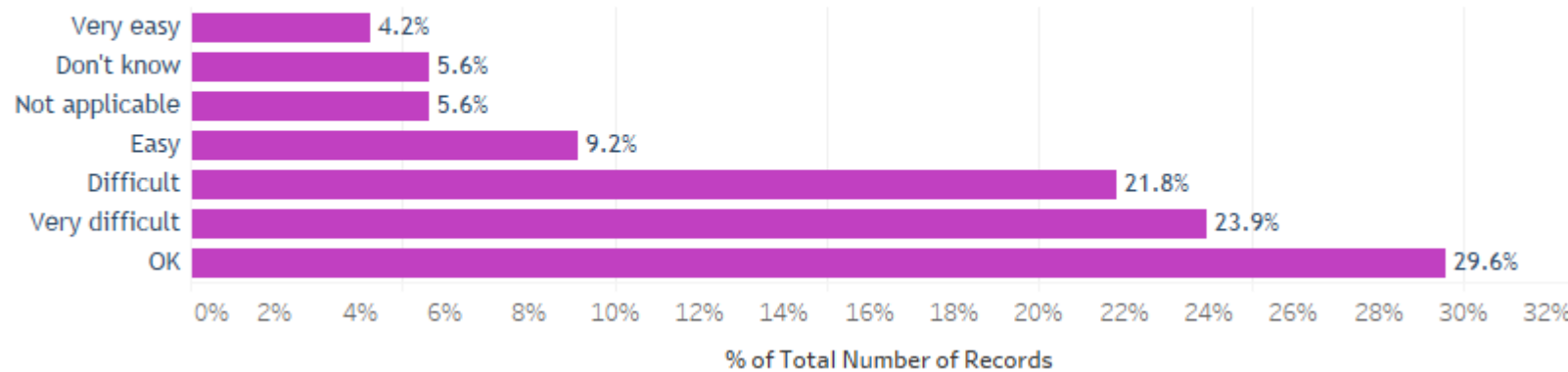
2015 I was diagnosis for Hip Replacement only to wait until 2016 12 months later . On the other hand Prostrate Cancer examination January 2019) and treatment started immediate. I have my first meeting for radiation later this month (April 2019) I have long term High blood Pressure. Arthritis. Sight treatment. balance problems (using a Stick. Back problems and other bodily functions that prevent me from from carrying out my normal functions. My Hip replacement has slowed my movements and I have to take care not to make sudden turns etc .I have a very poor sleep pattern. I can to bed only to find I am awake 2-3 hours later. I also when going to sleep find I am woken several times needing the toilet. Discomfort in this is painful and embarrassing during daytime when I am out.

I had immediate neuro care, follow up scans and appointments. referred o ophthalmic team too. They cant fix my sight, but at least they had a go

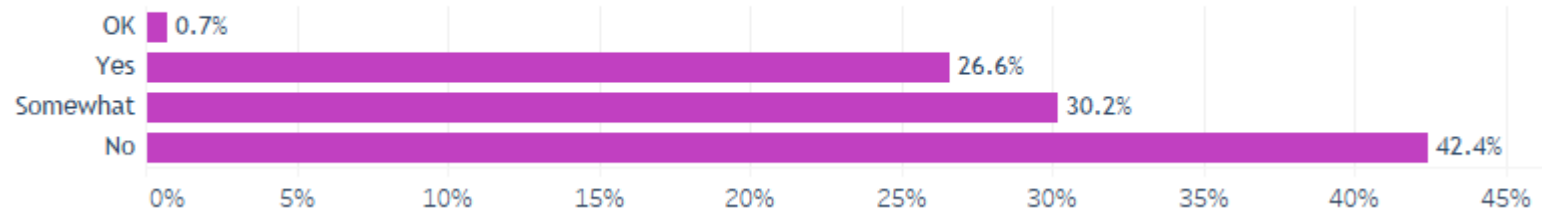
Had to be referred to Queen Elizabeth, Edgbaston, diagnosis probable if i went here, referral was due to locum at Stafford Hospital, was a learned colleague.

I went to accident and emergency years ago with severe kidney pains on my own. There was no interpreter available. I had kidney stones

Q17 - If you needed it, how easy did you find it to access ongoing care after you were diagnosed or assessed? (n142)

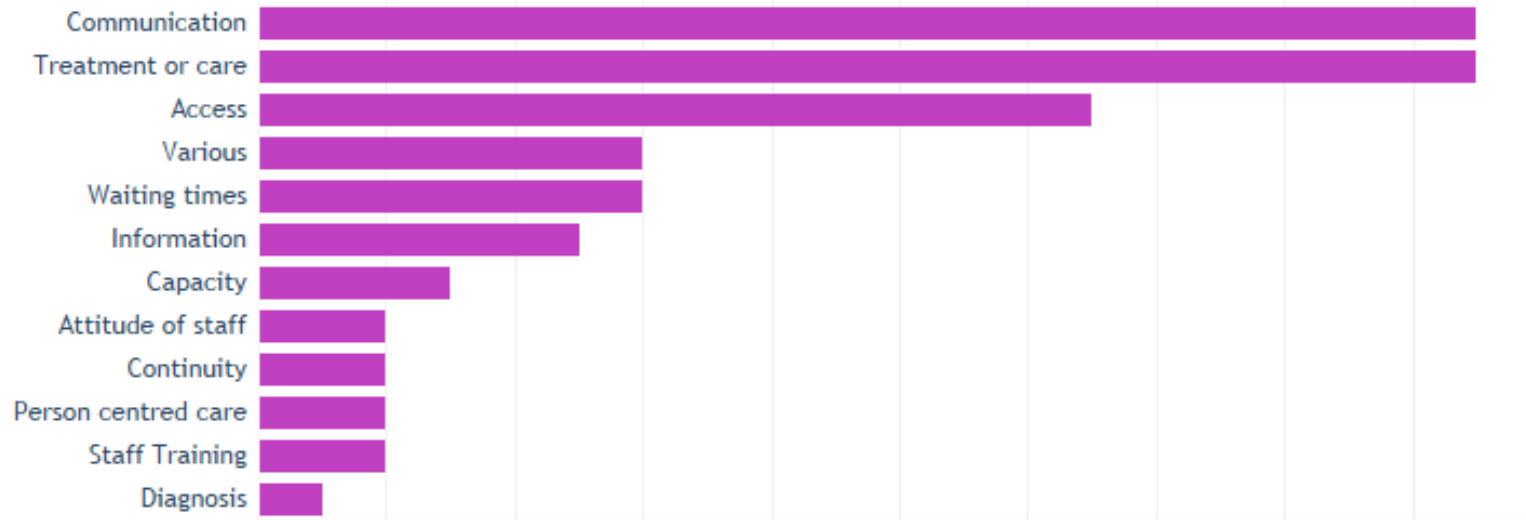


Q18 - Did the support option you were offered meet your expectations? (n139)





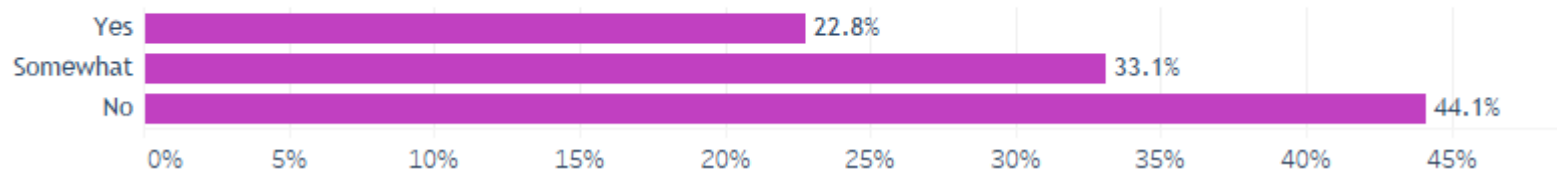
Q18b - Please explain how the care did or didnt meet your expectations and how it could have been improved.



These are sorted by theme in the above table to give an indication only.

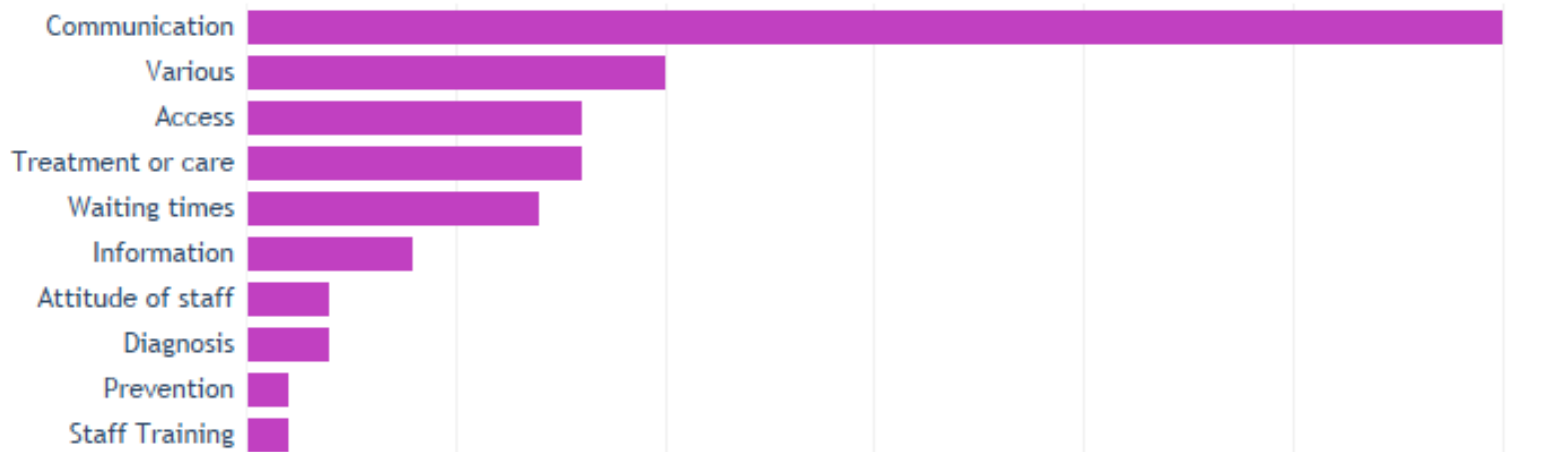
To access these comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

Q19a - During the whole experience of getting support, did you receive timeline and consistent communication from all the services that you came into contact with? (n136)





Q19b - Please explain how the care did or didnt meet your expectations and how it could have been improved.

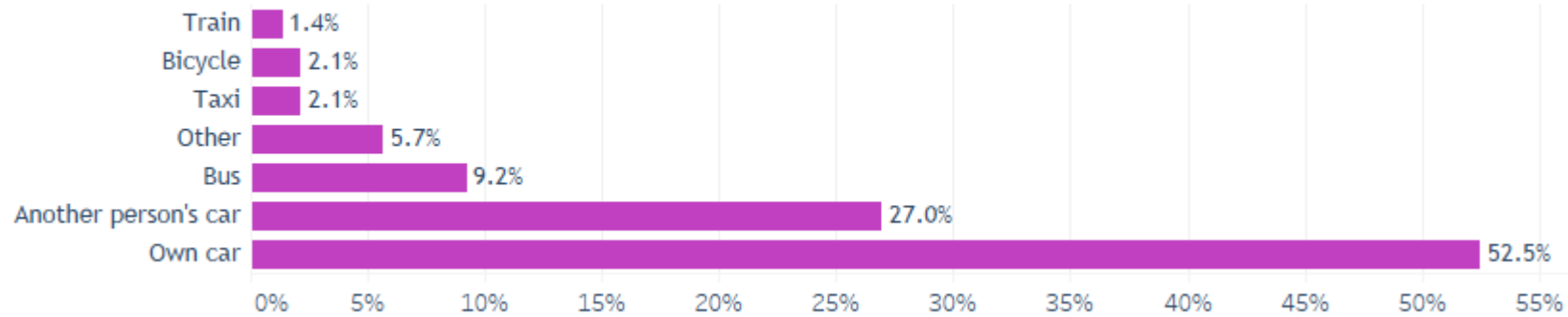


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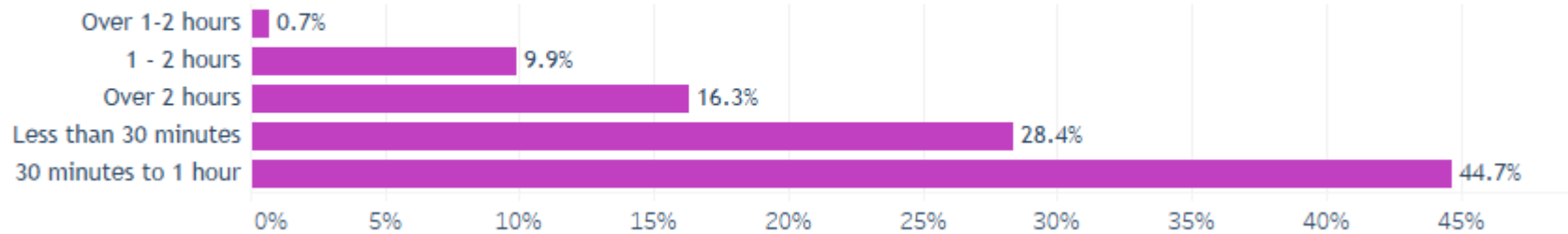
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Time Spent Travelling to Access Health and Care

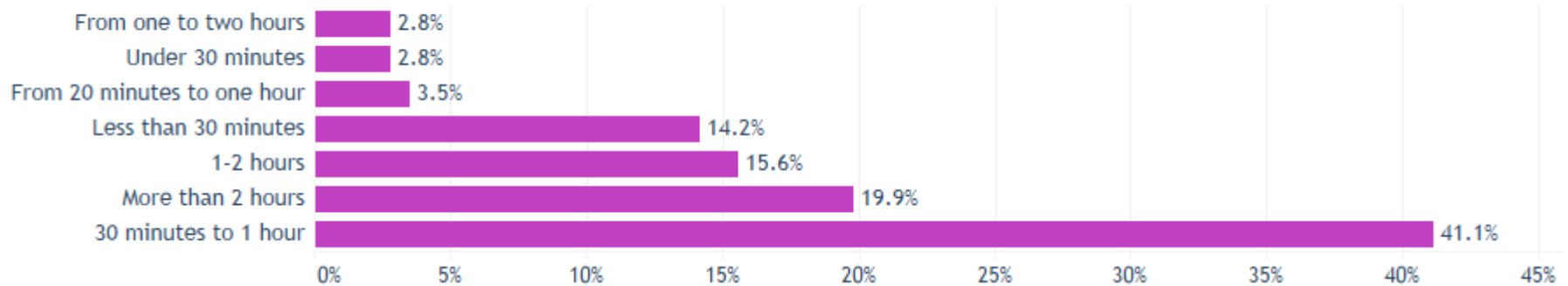
Q20 - What is your main means of transport? (n141)



Q21 - How much time would you be willing to travel to receive a quick and accurate diagnosis? (n141)



Q22 - How much time would you be willing to travel for specialist treatment or support? (n141)

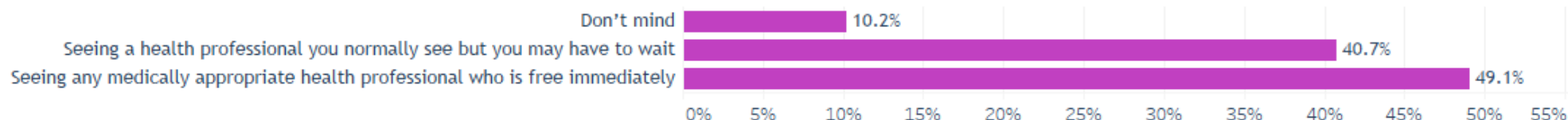


Your expectations at each stage of care

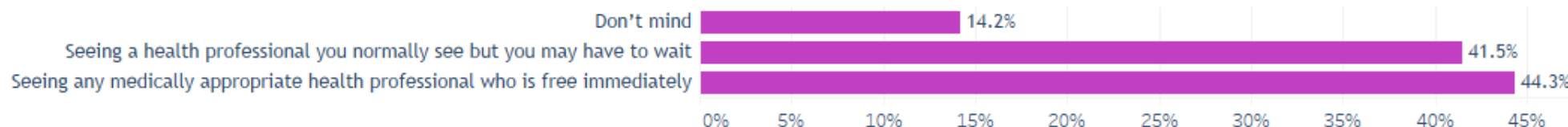
What is most important to you?



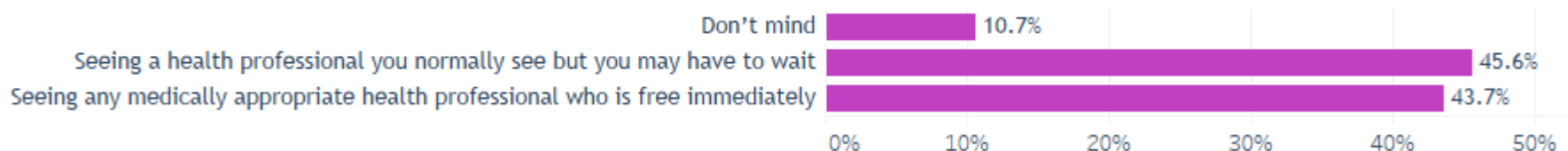
Q23 - What is most important to you when first seeking help? (n108)



Q23 - What is most important when you first receive a diagnosis and explanation of your treatment or support options? (n106)



Q23 - What is most important during your initial treatment or support? (n103)



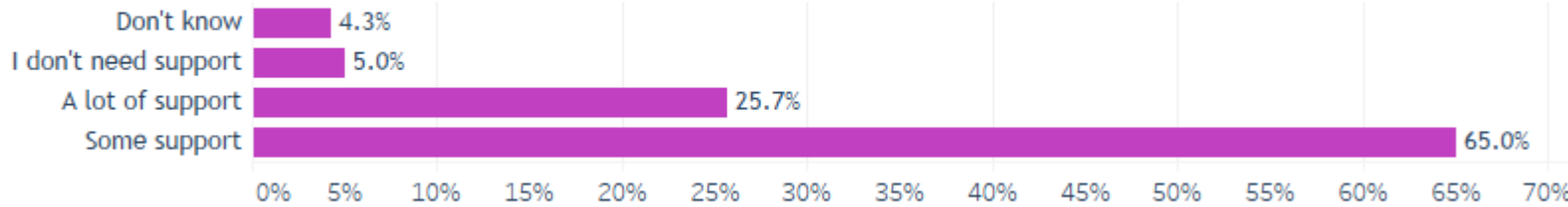
Q23d - What is most important during your long term support? (n103)



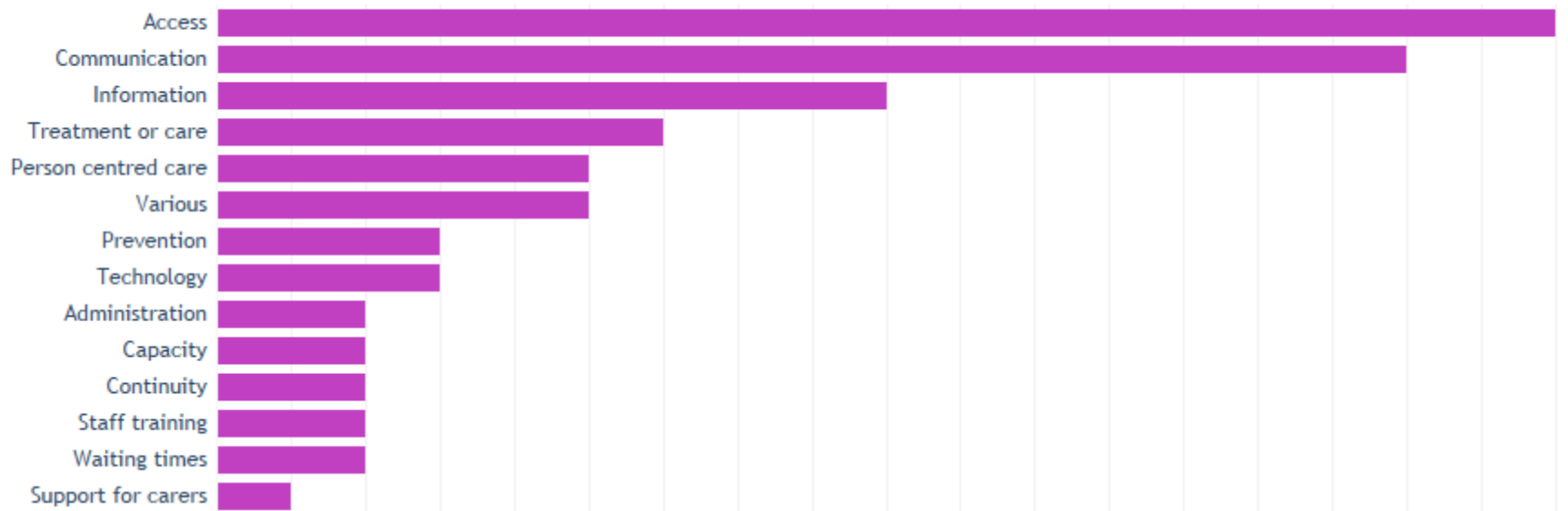


Supporting you to have more control over your care.

Q24 - What level of support do you want the NHS to provide to stay healthy? (n140)



Q25 - What could the NHS do to help you stay healthy or manage any condition you have?



These are sorted by theme in the above table to give an indication only.

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Q26 - If you have any further comments, write them below.

We received 38 comments. To access these please go to www.healthwatchstoke.co.uk/LTPReport