

**NHS Long Term Plan**

**whot**  
**would you do?**  
It's your NHS. Have your say.

## What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Community Interest Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

### Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

***'You make a living by what you get,  
but you make a life by what you give.'***  
***Winston Churchill***

## Executive summary

### Background

During April 2019, Healthwatch Havering gathered views from residents of Havering about how they would like to see the NHS develop during the period of NHS England's long-term plan. This was part of a nation-wide exercise, led by Healthwatch England on behalf of NHS England and involving the Healthwatch network across England.

Seeking residents' views is a very important part of our role and already during 2019 we have undertaken two important 'seeking your views' exercises. In Havering, we do this in partnership with other organisations and these two public consultations have included the North East London Health Joint Overview & Scrutiny Committee, the Barking, Havering & Redbridge Clinical Commissioning Group and Barking, Havering & Redbridge University Hospitals Trust (BHRUT). These have been on Cancer Services and Urgent and Emergency Care - both very high up on everyone's agenda locally; the results of both consultations have been published.

In undertaking these two surveys we worked with local organisations that we know well. We have been conscious that often organisations and individuals feel 'survey exhaustion' and it is important to recognise that to continue to inspire residents to share their views we need to respect the time that they give and not overburden them. We have included some of this evidence within this report.

In undertaking the survey we are now reporting on, we worked with individuals and groups that we had not worked with before. Although, regrettably, fewer individuals responded than we had hoped for (and many of those who did participate were reluctant to give their views in full), we have learnt a considerable amount about these groups which will support transforming our communications with the public, and ensuring that their voice is heard in the planning, development and delivery of health and social care.

A significant number of people told us that they felt that the survey was too long and complicated, and many objected to completing the demographic details at the end, terming them "the nosey pages". One respondent asked:

*"why do you need to know who I sleep with?"*

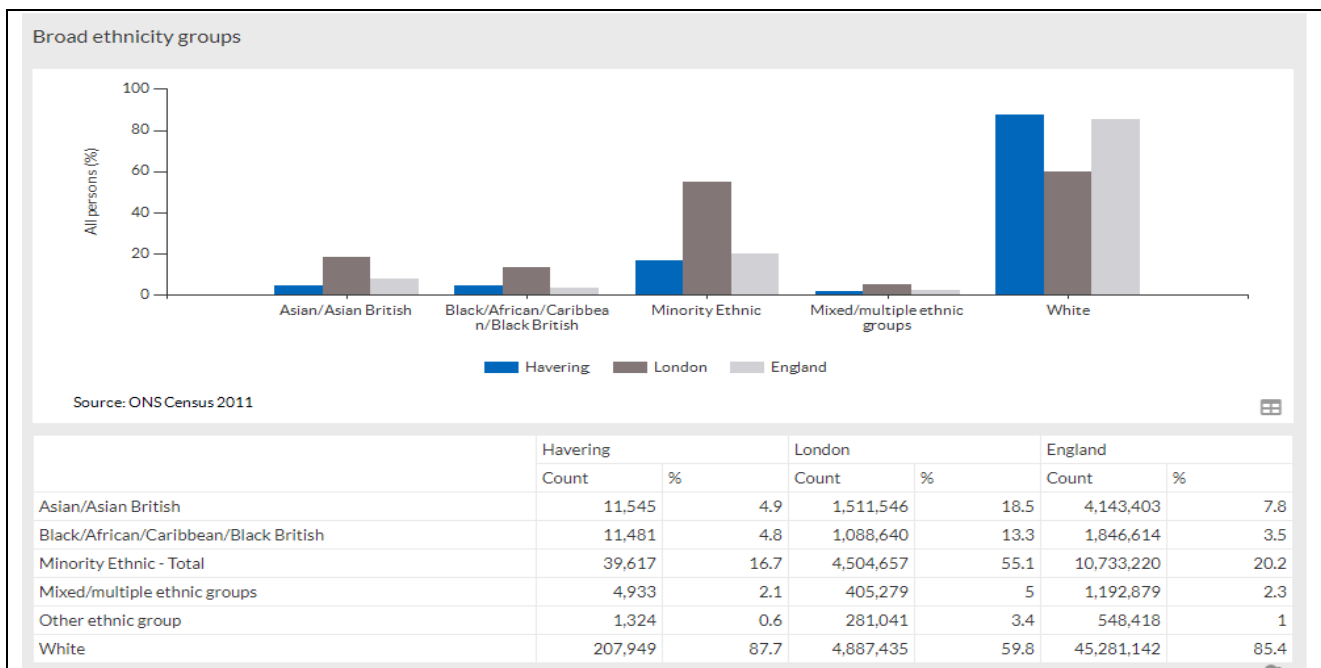
## STP priorities

Havering is one of seven London Boroughs to the east of central London, and the City of London itself, that together comprise the North East London Sustainability and Transformation Plan (STP) area; the STP brings together the statutory health and social care agencies that cover that area and is being taken forward by the East London Health and Care Partnership (ELHCP), led by the Clinical Commissioning Groups for the boroughs working jointly.

The STP priorities for the ELHCP are: Cancer, Mental Health, Primary Care, End of Life Care, Prevention, Urgent and Emergency care and Maternity. For reasons of practicality, it was not possible for our survey to cover all of these priorities, but aspects of it address Cancer, Primary Care, End of Life, Prevention and Urgent and Emergency Care.

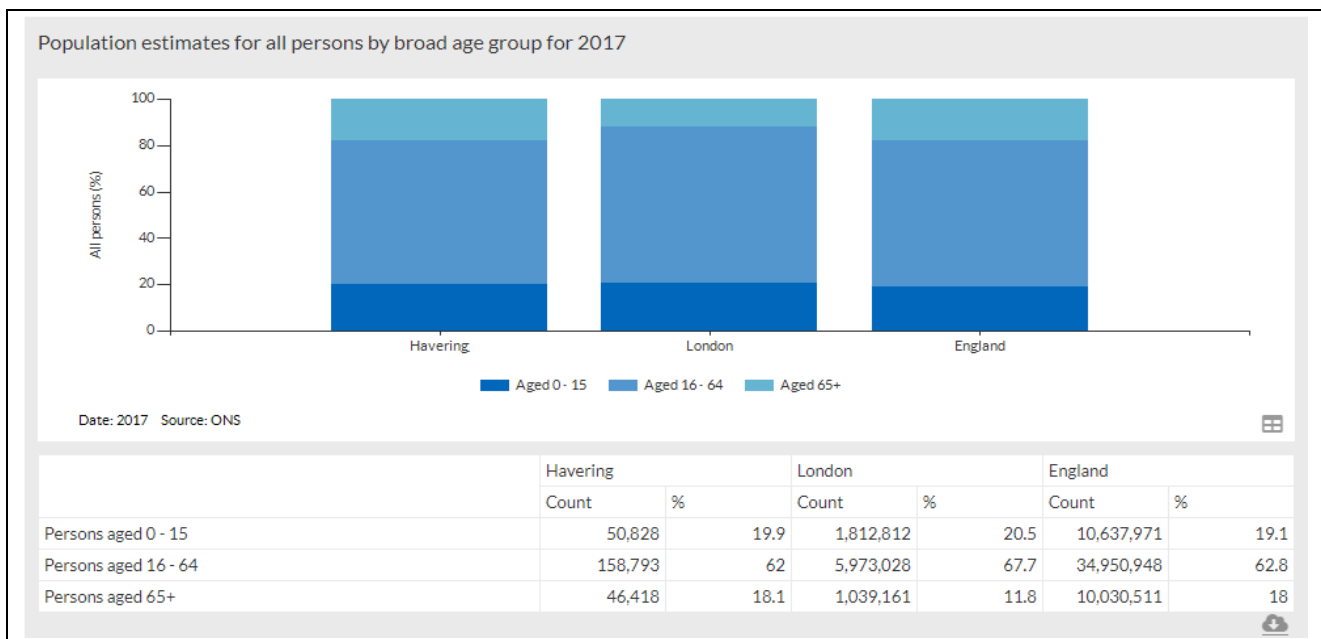
## Demographics

Havering is a London Borough, with a population estimated in 2017 of about 256,000<sup>1</sup>, with the lowest level of ethnic diversity in London: in the 2011 census, the population was broadly split between those identifying as White - 87.7%; and other ethnicities - 12.4% (Asian 4.9%; Black 4.8%; mixed 2.1%; other groups 0.6%); further demographic changes since then suggest that the current balance is likely to be around 80% white and 20% other ethnicities:



<sup>1</sup> The general demographic data here and elsewhere in the report are taken from the Havering Data Intelligence Hub provided by Havering London Borough Council (<https://www.haveringdata.net/population-demographics/>)

Havering’s age-profile is also atypical of London - it has the highest proportion of elderly residents of any London Borough but there are also a growing number of children and young people:



152 people responded to our survey, which we carried out at seven events within the borough, using both one-to-one interview and focus group approaches. In reporting, we have also considered other Healthwatch activity we have carried out on related matters.

The detailed demographics of the respondents to our survey are set out on pages 26 and 27 following. Comments from individual respondents are set out in quotations throughout the text.

### Purpose

The purpose of this survey was to discover how people felt about the health services they receive and how that might be improved, in order to inform the development of NHS England’s Long Term Plan for the NHS nationally, and the STP locally.

### Objectives

To ensure that the views and aspirations of patients and service users are taken into account in the development of health and social care services as the NHS Long Term Plan is developed and delivered, whether at national, regional or local level.

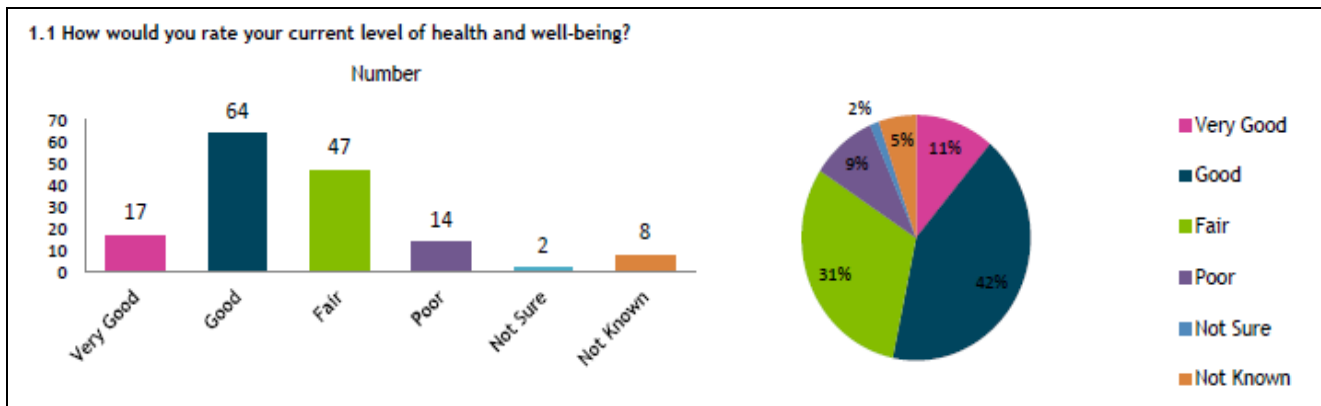
In addition to the work on this and similar surveys by other Healthwatches, nationally and in North East London, we will continue to use the data we have obtained by this and other surveys and activities to influence the development of local health and social care facilities.

## Prevention: staying healthy for life

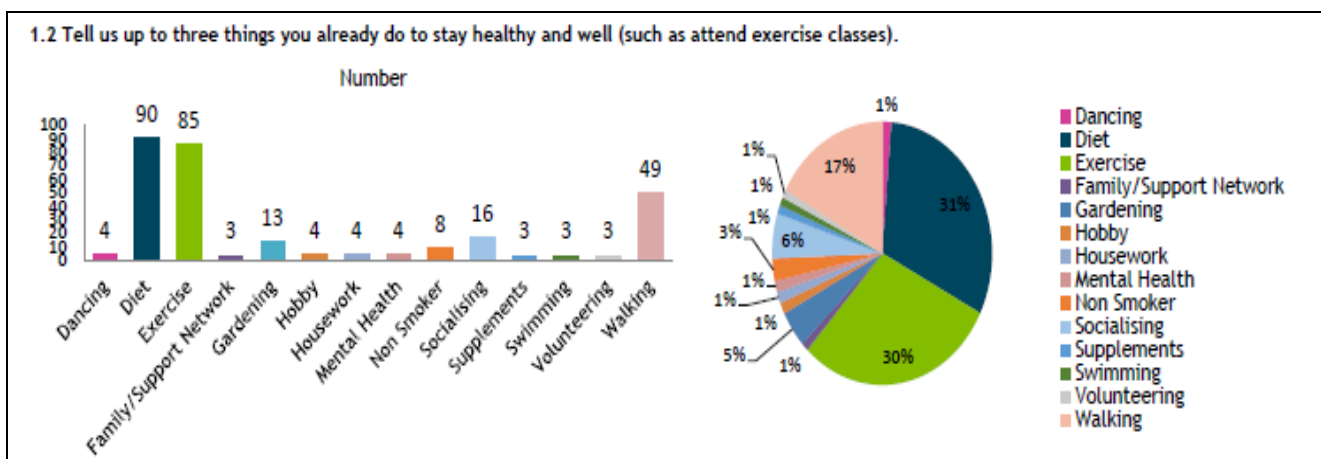
The NHS isn't just there to help us when we're ill, but to support us to live a healthy life too. What do we need, to live a healthy life?

### What matters most to people in Havering?

Most of the respondents (128) told us that they felt their current health and well-being to be very good, good or fair. Only 14 people told us they were in poor health and 10 people declined to answer that question:



Most people were taking conscious steps to remain healthy and independent and the vast majority (128) felt it was important that they be supported to remain in their homes rather than move to residential care or hospital, and to be able to travel around on their own (for which the London Freedom Pass, providing free public transport was an important factor). Even those with mobility problems told us that they tried to get out as much as they could:



All of our respondents felt that access to healthcare was important and most wanted reliable information on which to base decisions about their health and wellbeing:

*“keep to NHS promise e.g. when given a 2-week referral this should happen and not just to be told there are no appointments”*

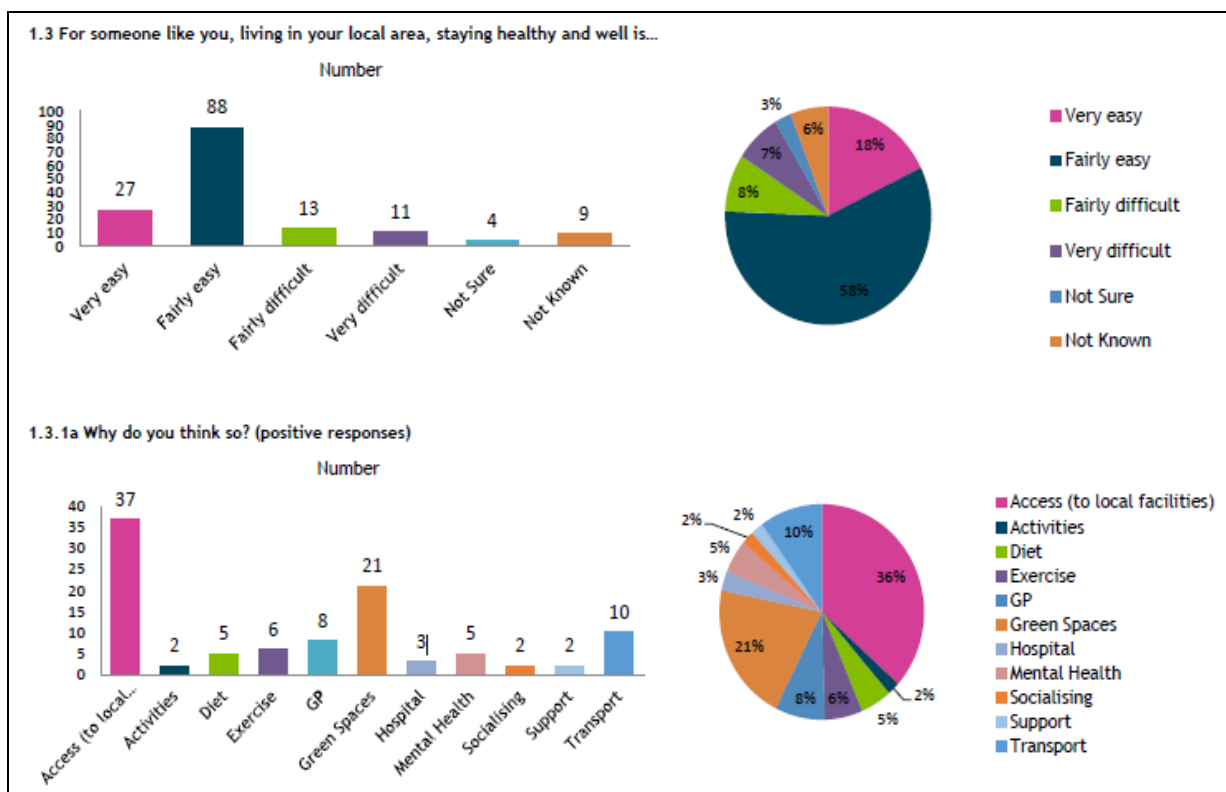
## What did they tell Healthwatch?

Almost all respondents told that us they felt their current health and wellbeing was fair or better. They took personal responsibility for maintaining that by a range of actions, including taking exercise - not necessarily formal exercise but simply walking (especially with their dog) - and participating in hobbies. They took care of their diet and had taken positive steps to promote their own health, such as giving up smoking. They took part in active hobbies including gardening, bowling, line dancing and attending clubs. They took part in, and enjoyed, socialising.

Most respondents found it easy to stay healthy and well. They felt that access to healthy amenities such as local parks was easy and that they were well served by local transport.

- **What works well?**

Respondents felt that local facilities worked well for them - most could get out and about and had easy access to parks and shops, although some were housebound or less mobile and were not so easily able to access those facilities. So far as the NHS was concerned, nearly all respondents felt that the treatment provided by the service was excellent but that its ancillary services needed to improve:

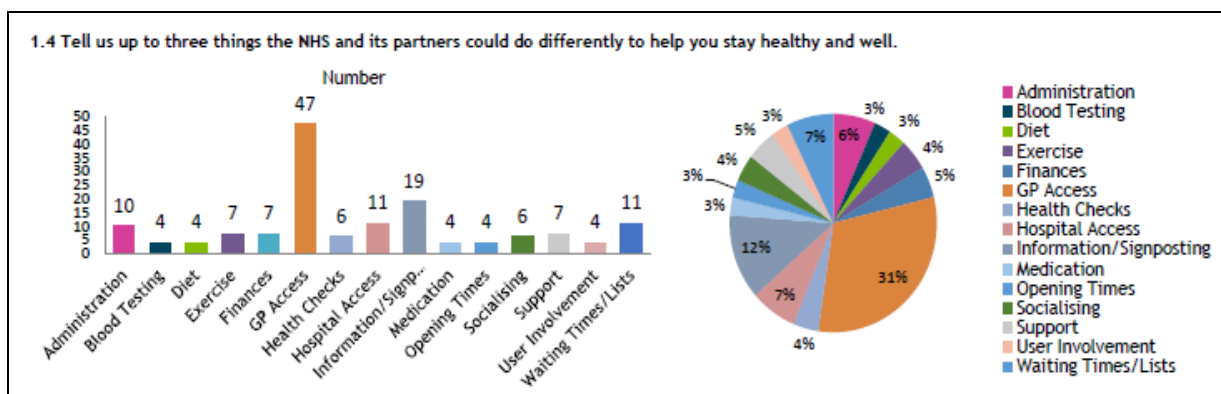




- **What could be better?**

Many respondents wanted improvements in the GP service: a common complaint was that there is a long wait for appointments to see the GP and that it should be easier to see one. They wanted to see GPs offer more services, such as phlebotomy and stitch removal; they also wanted more out-of-hours appointments and home visits: 133 respondents felt it was important that they should be able to see the healthcare professional of their choice.<sup>2</sup>

Respondents wanted a range of improvements in GPs’ services, including healthchecks, blood tests and blood pressure checks:



*“Blood tests needed at surgeries especially for tests needed after fasting”*

*“The phlebotomy service locally seems to be in meltdown”*

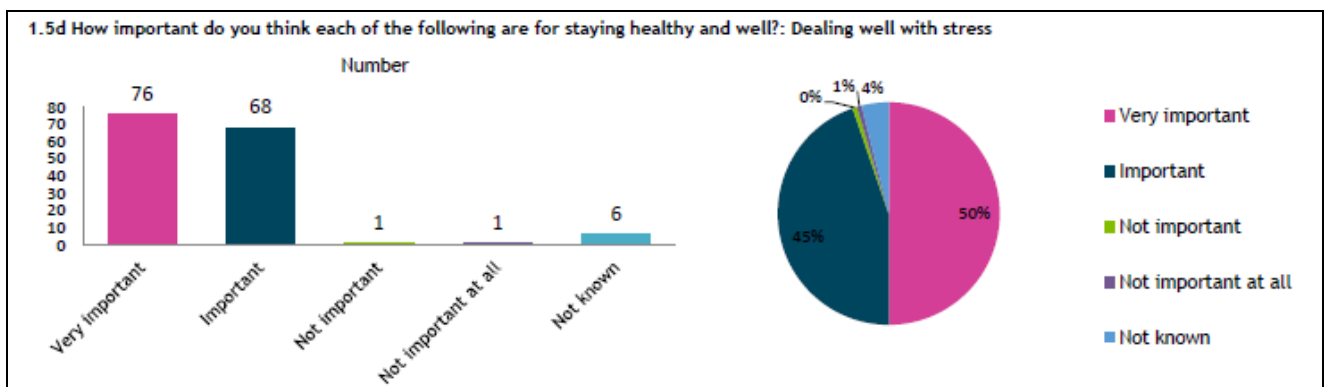
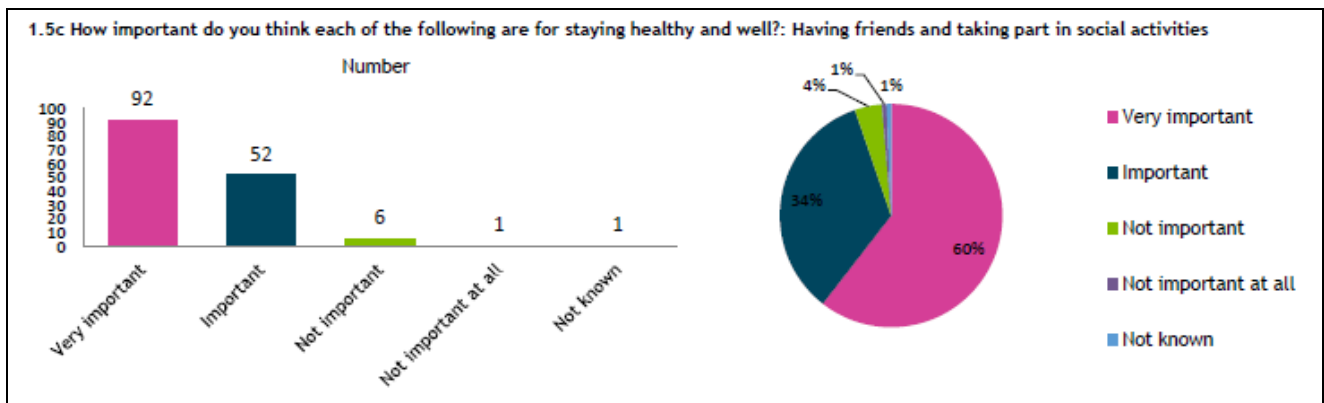
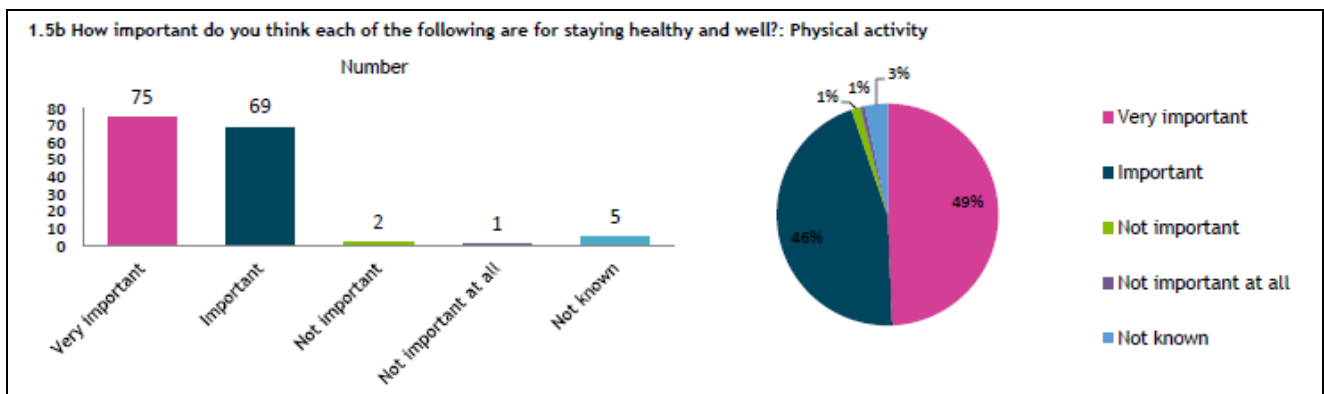
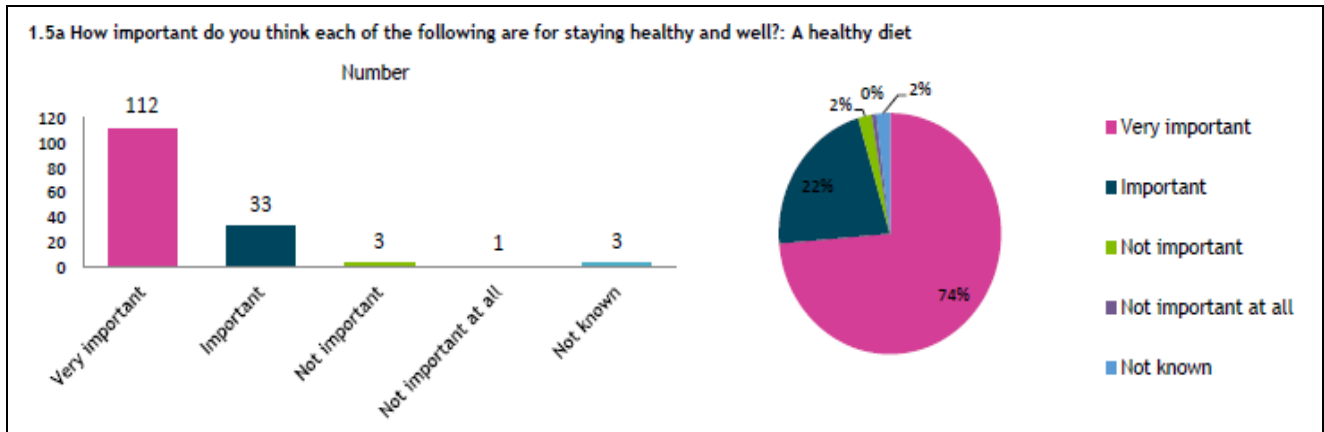
*“More staff needed to take blood tests, long waits or being told to come back another day is not acceptable”*

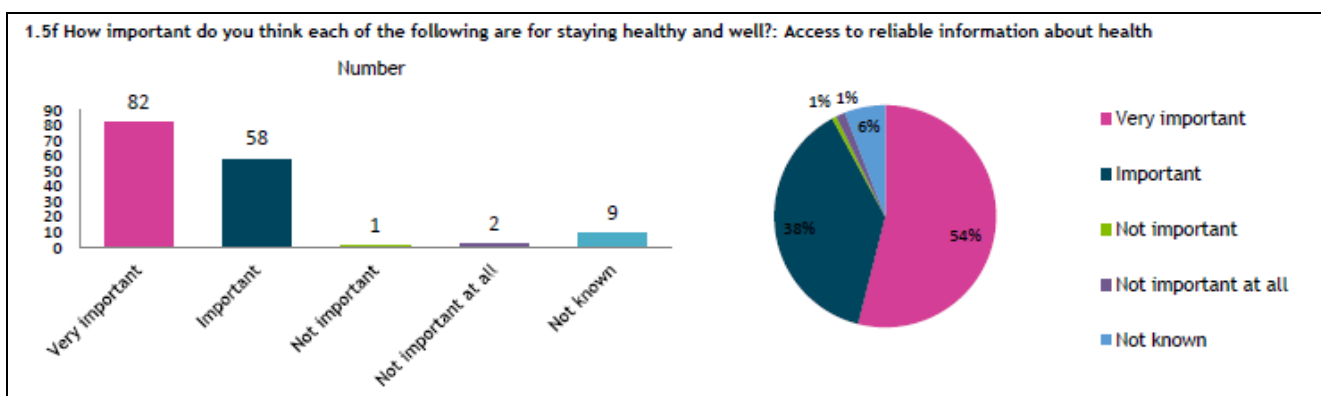
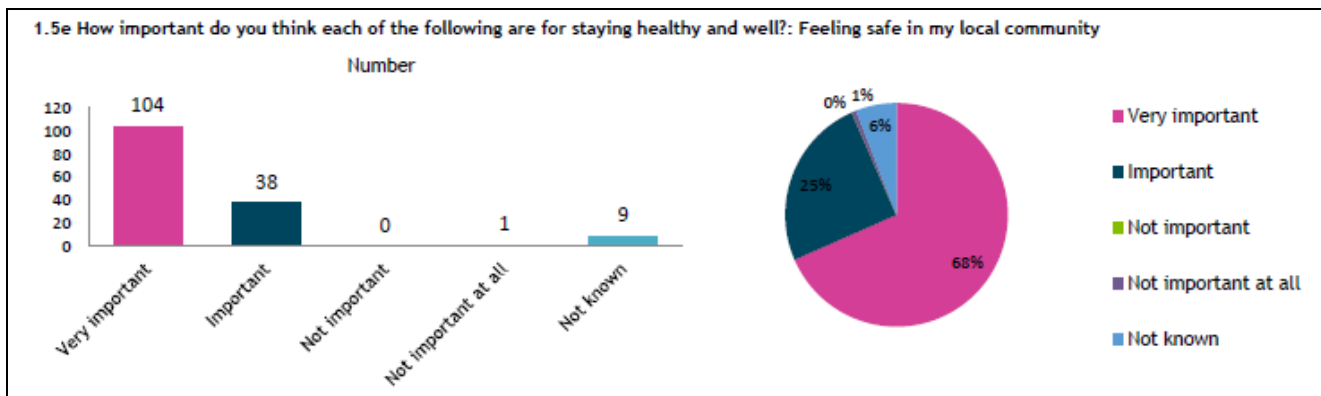
### Staying healthy and well

We asked respondents what they thought was important for staying healthy and well. Most told us that they considered a healthy diet, physical activity, having friends and taking part in social activities, dealing well with stress, feeling safe and being able to access reliable information about their health were all important:

<sup>2</sup> This reinforces findings from our Enter & View visits to various GP surgeries in the borough

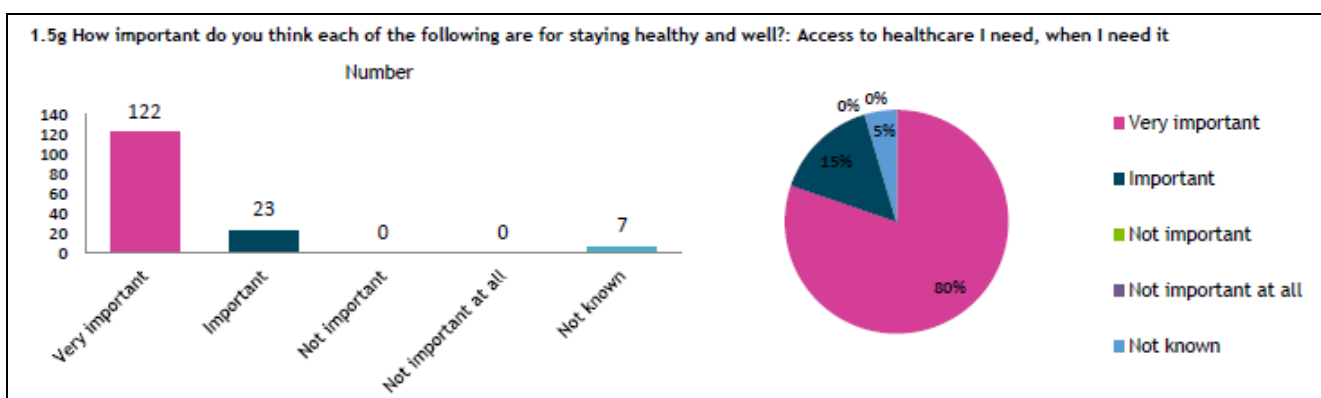






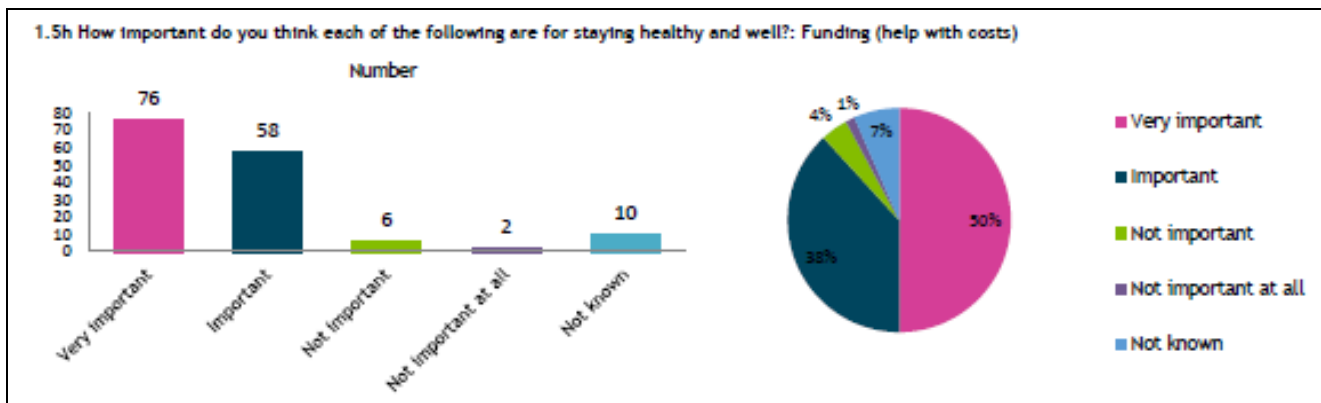
### Access to healthcare

We also asked respondents how important it was to them to access the healthcare they needed, when they needed it. None told us it was unimportant - most felt that accessing healthcare when needed was very important:



*“Having only one GP and one nurse in practice offers no choice”*

Most respondents felt that it was important to have be able to access funding to help with preventing ill health:



*“GP services need more resources and support”*

**Conclusion:**

The data from our survey suggests that most people regard staying healthy, well and independent as a priority, and that they look to the NHS and other social care agencies to support them in maintaining that.

It may be thought that such a conclusion is self-evident, but the data clearly supports the view that public policy needs to be directed firmly at maintaining people’s health, wellbeing and independence. In the past, not all public policy has been able to achieve all three: change is therefore needed to ensure that work is focused on these priorities holistically.

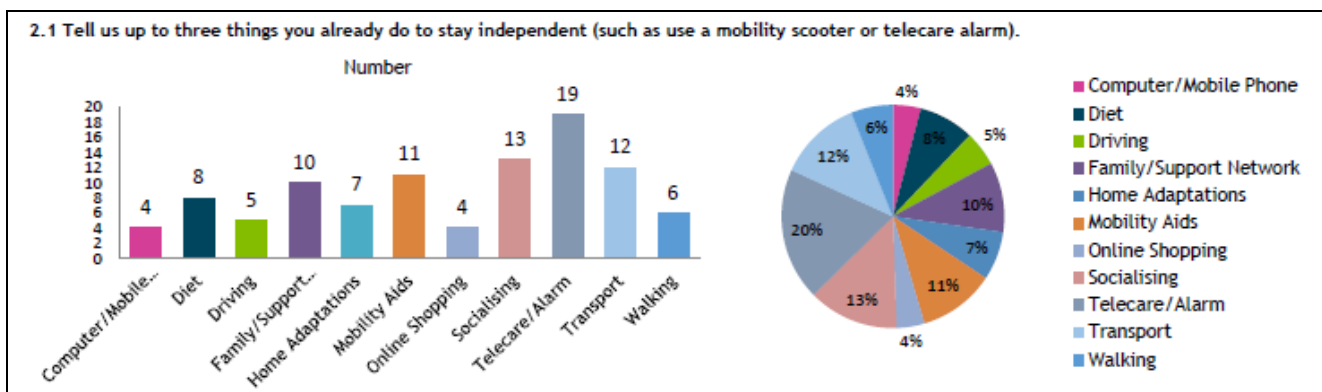
For the majority of our respondents, the keys to achieving this were the ability to access health and social care, green spaces and public transport facilities.

# Maintaining health and personal independence

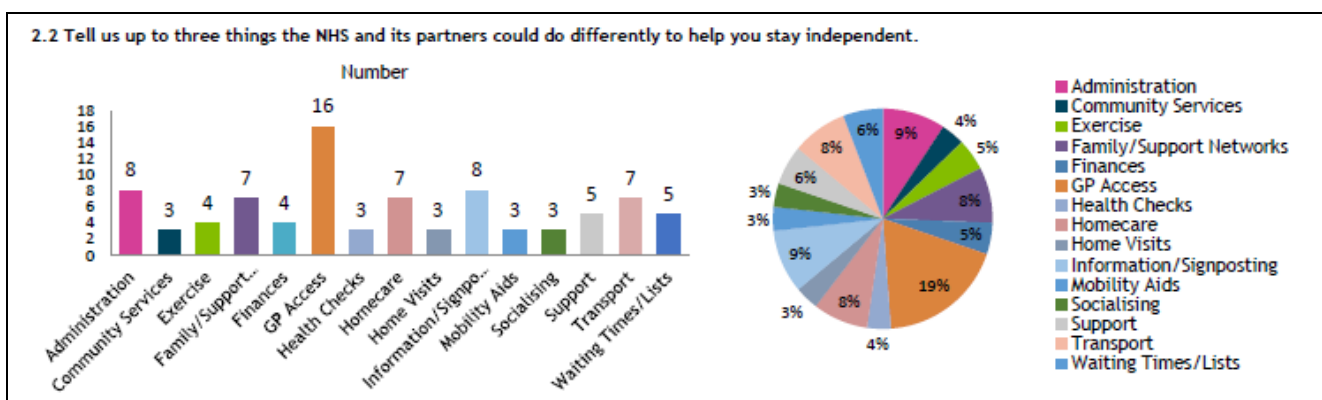
Every community has a diverse range of needs. How can we best tailor services to meet our individual needs, to help us stay healthy and independent?

A key priority for respondents was the ability to maintain their own independence; they wanted to retain their independence for as long as possible, and most were taking active steps to remain healthy, even those in the later stages of life.

We asked what people were doing to maintain their independence. Respondents told us that they used a variety of means to do so:



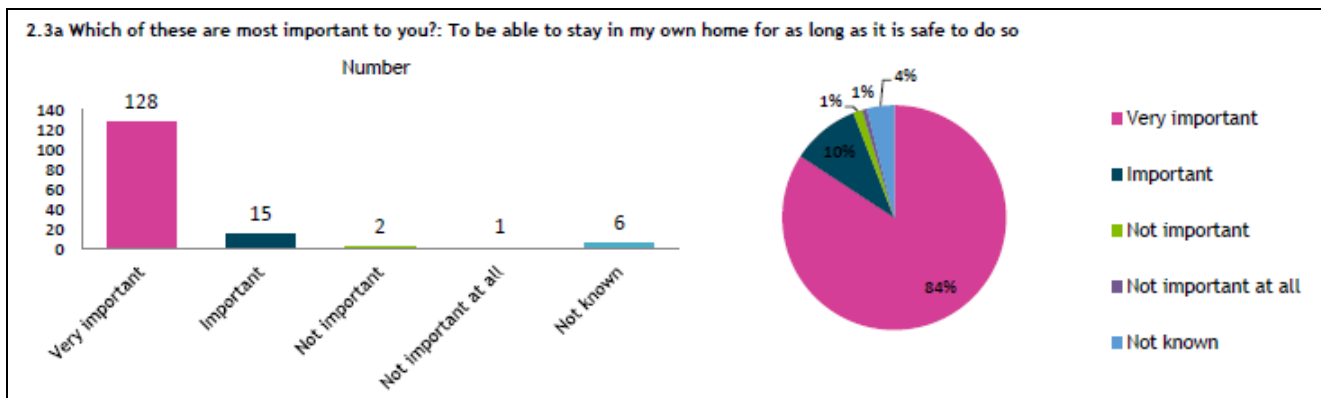
We asked specifically what the NHS and other health and social care agencies could do to help maintain people’s independence. Respondents told us that there were various improvements the agencies could make to support their independence:



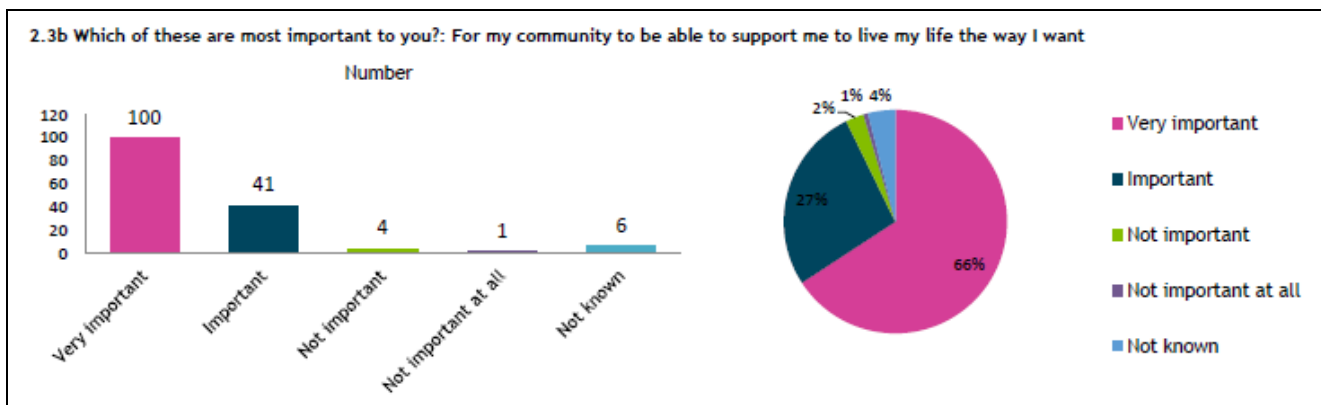
*“Make getting GP appointments easier and not have such long waiting lists to see consultants”*

*“Easier access to telephone advice from surgery”*

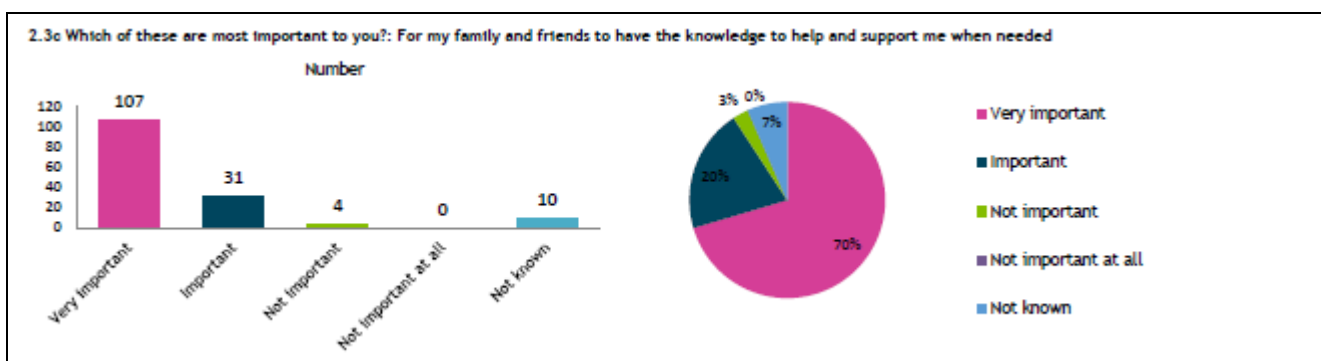
Almost all respondents felt that staying in their own home for as long as it was safe to do so was important:



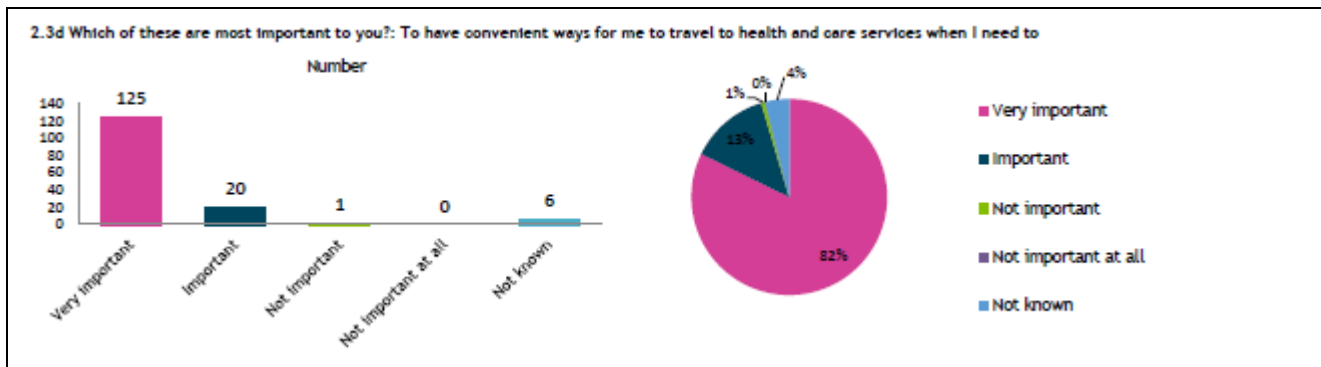
They also wanted the support of their community:



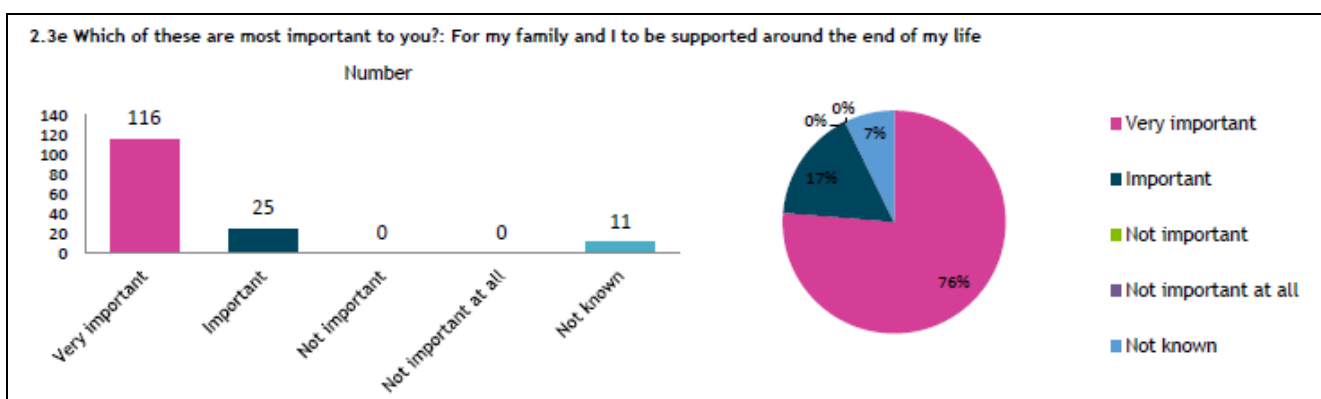
... and for friends and family to know how to give that support:



The ability to get to health and care services was also important:



This extended to care at the end of life - perhaps not surprisingly, no respondent told us that such was unimportant:



**Conclusion:**

In addition to staying healthy people want to maintain their independence and look to health and social care agencies to support them in doing that at all stages of life.

*“Overall I have a very high opinion of the NHS but feel it is drowning in excessive admin and bureaucracy”*

*“Support needed for local groups and STOP trying to close them”*

*“Remember the elderly, otherwise we can be very vulnerable at home alone”*

*“Not enough support given to people that are housebound”*

*“I am 92 - I don’t think the NHS knows me anymore”*

## Case study - Cancer care: changes to chemotherapy services in Havering

In late autumn 2018, BHRUT decided to rationalise cancer care services by concentrating chemotherapy treatment at Queen's Hospital, Romford - previously, chemotherapy had been delivered both there and at King George Hospital, Goodmayes. This was a move that generated some local controversy and the Healthwatches for Barking & Dagenham, Havering and Redbridge were asked to carry out a consultation exercise to ascertain what patients felt about the change<sup>3</sup>. A focus group was held in late March to which a random sample of patients was invited, who said that staff in the wards at Queen's Hospital were:

*“really welcoming, nurses were great, amazing, caring, wonderful volunteers, professional and brilliant”*

There was a calm atmosphere and they felt safe and supported. They did, however, feel that the accommodation was cramped and privacy was compromised:

*“we're packed in like sardines”*

They also complained about a lack of natural lighting (a common criticism of the Queen's Hospital building).

Patients considered that staff were doing an excellent job under difficult circumstances, coping with additional tasks but with little time to devote exclusively to their patients. Their shift patterns had been altered and staff seemed under greater pressure.

Patients recounted their experiences, including being expected to administer their own injections of medication without explanation or instruction, and attendance at the Emergency Department (A&E - the commonly used term) for treatment unrelated to their cancer at which their need for priority treatment was not recognised: one patient told us:

*“I'm scared of A&E at Queens as they're not specialised in cancer care”*

Another said:

*“I went to A&E after my third (chemotherapy) treatment as my temperature had soared. I had to explain the issue to four doctors! They had no knowledge of the risk to oncology patients”*

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<sup>3</sup> Changes to chemotherapy services at BHRUT: a review of patient experience by Barking, Havering and Redbridge Healthwatch (Healthwatches Barking & Dagenham, Havering and Redbridge - April 2019)



A third told us:

*“The staff at A&E didn’t know how to take blood from the PICC line. They were about to take it from my toe but my wife had to stop them and pointed out that a chemotherapy patient can’t have blood taken from their toe”*

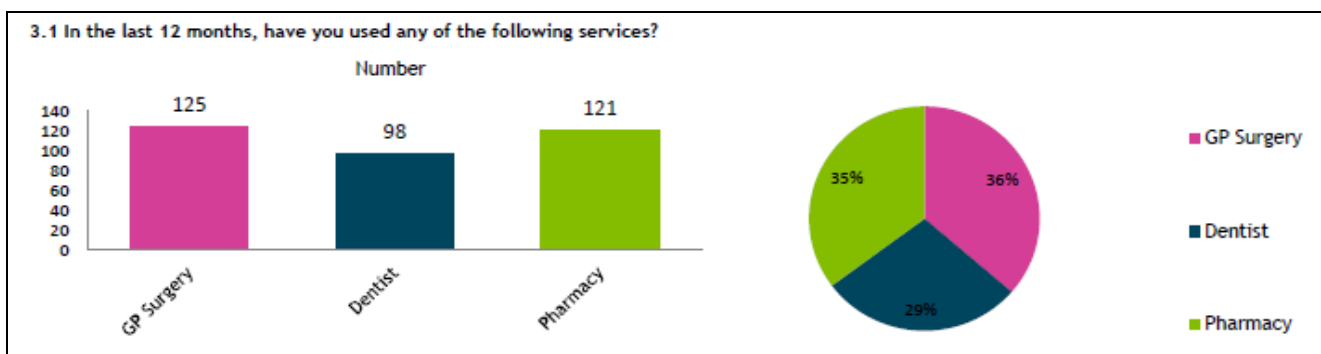
We had already been looking closely at the A&E department and its adjunct, the Urgent Treatment Centre co-located at Queen’s Hospital, amid concerns that the department was often over-crowded and slow to process individuals calling there for urgent attention. We will be looking closely at the response to the complaints about the attention paid to patients undergoing cancer treatment who attend A&E for unrelated urgent care.

Pleasingly, subsequent observations tend to confirm that the importance of prioritising cancer patients has been recognised and is being given the appropriate attention.

## Developing Primary Care

The plan aims to 'join up' services. As part of this, primary care services (such as GPs and Pharmacies) will be expanded to include a greater range of services.

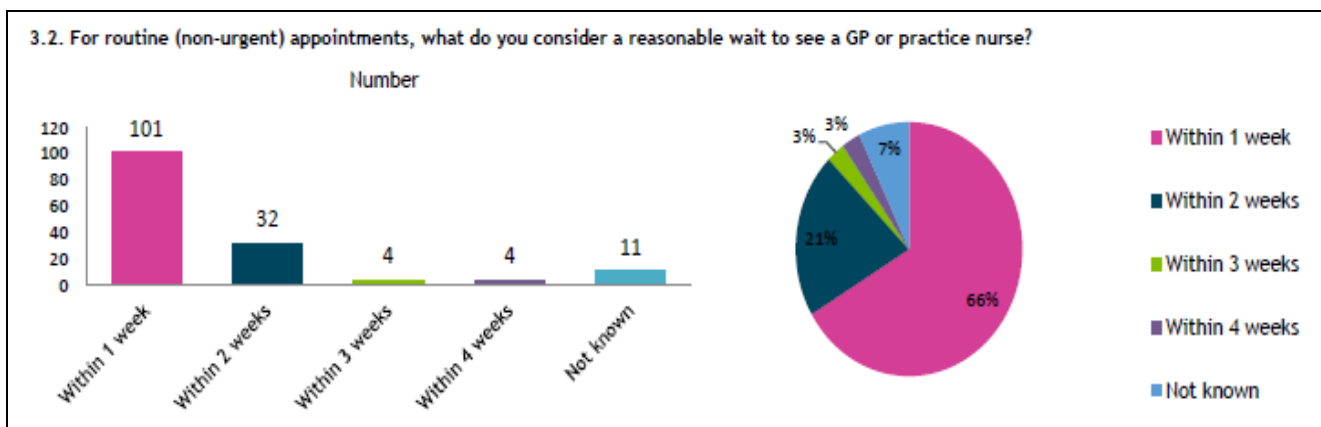
We asked respondents whether they had used a primary care service (GP, Dentist or Pharmacy) in the past 12 months. Some had used only one service, others two or all three:



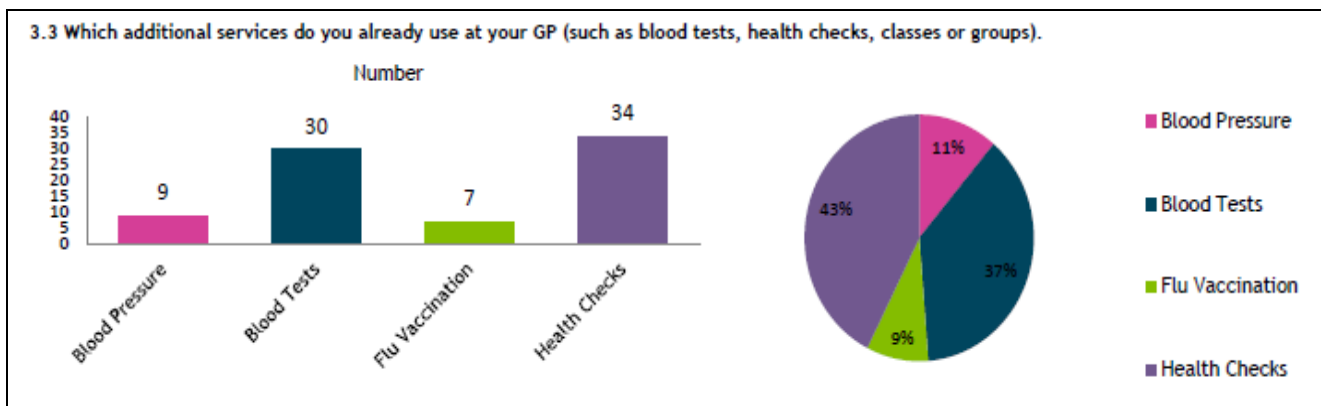
Respondents were asked what would improve the service they receive from the NHS.

*“I think a lot of Doctors don’t really listen to what is wrong with you. They should take more time with patients”*

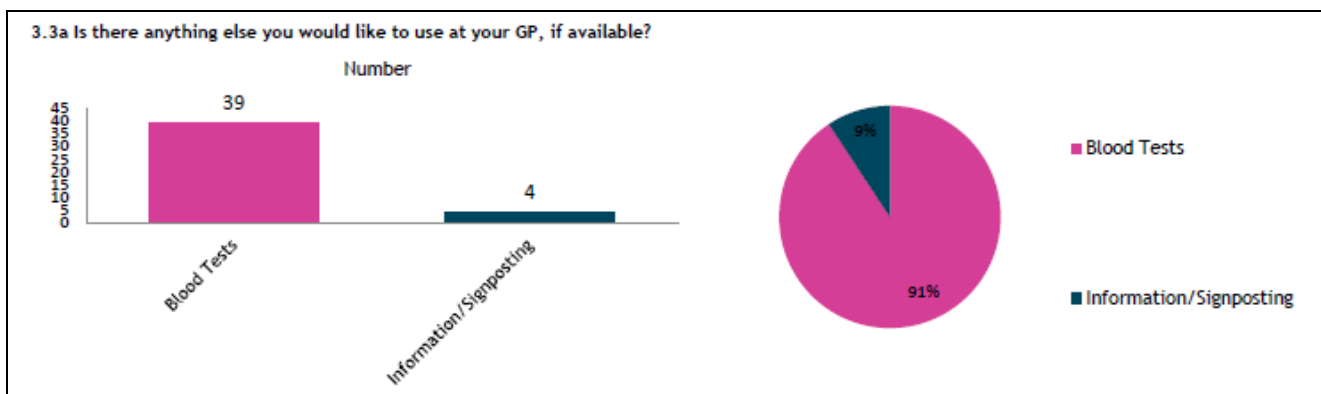
A common response was to suggest that the appointments system be improved. Many respondents complained that it was difficult to get an appointment within a timescale they considered reasonable, or with the GP (or other professional - e.g. Practice Nurse) within what they felt was a reasonable time. Some told us that they had experienced waiting times for an appointment of one month, or even longer. Most felt that a reasonable waiting period for a routine, non-urgent appointment was up to one week:



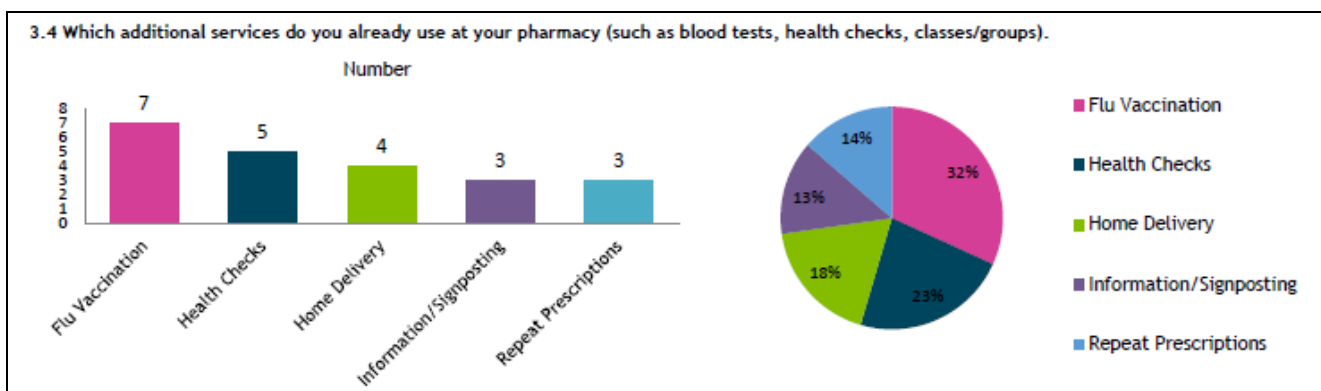
Many were able to use additional services at their GP practice:



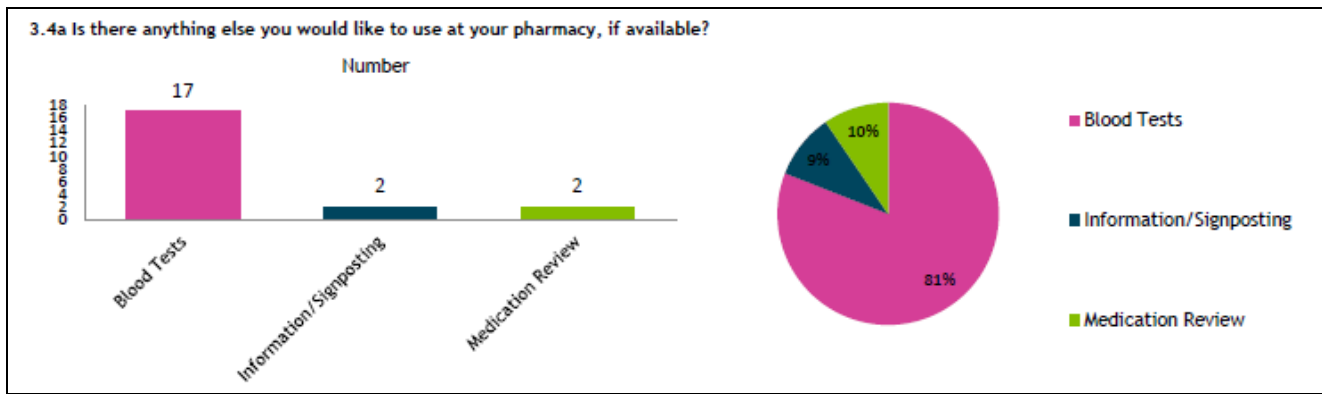
When we asked those whose GPs did not offer other services, they told that blood tests in particular were an additional service that many wanted to see available at their GP practice:



Similarly, respondents were asked what services they used at their local pharmacy:



Again, asked what additional services they would like to see provided at pharmacies, respondents told us:

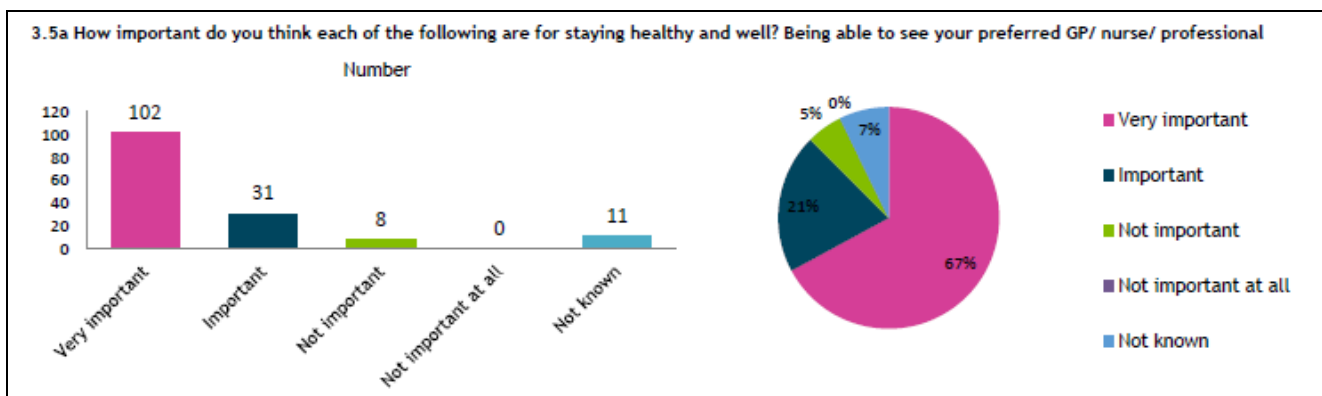


*“Continue improving pharmacy advice”*

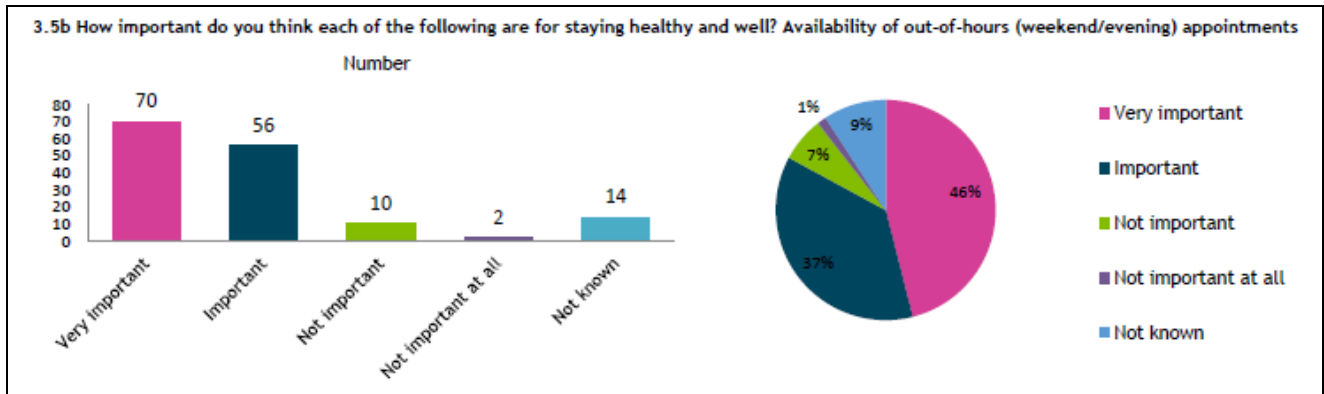
Clearly, the availability of blood tests is a major concern for respondents in Havering. Currently, these are available from Queen’s Hospital, Romford and several “satellite” centres around the borough but (aside from this survey) we have received complaints from users about difficulties in accessing the service, such as centres offering only limited numbers of tests on a “first come, first served” basis, providing them only within a limited time period and, at Queen’s Hospital, extended waiting periods. We have decided to carry out a review of blood test services in Havering later in 2019.

We asked respondents what they thought was important for staying healthy and well. They told us that more services needed to be available, or more accessible, at or from GP practices, including blood tests (phlebotomy) and health checks. A few wanted to see pharmacies adjacent to GP practices. They did not appear to be interested in using a pharmacy for primary care.

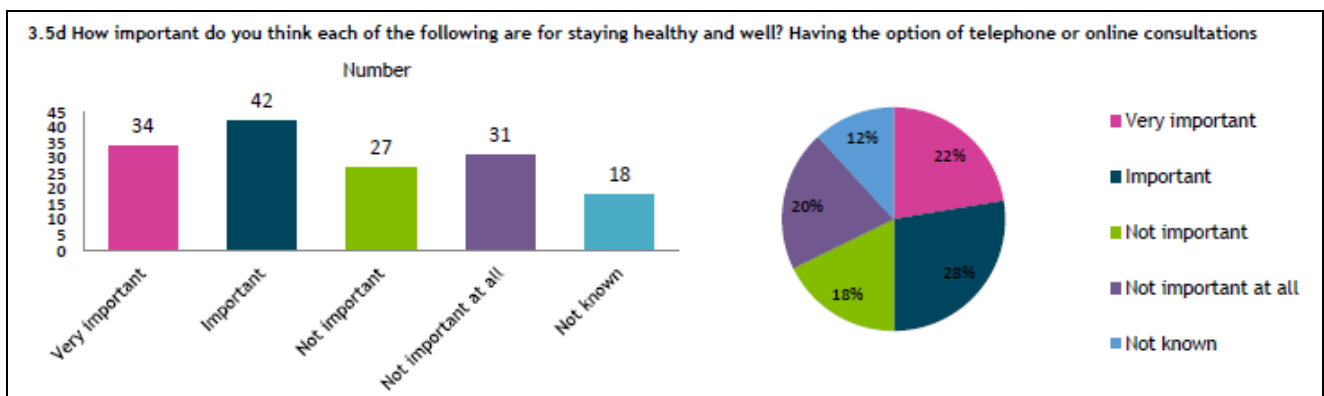
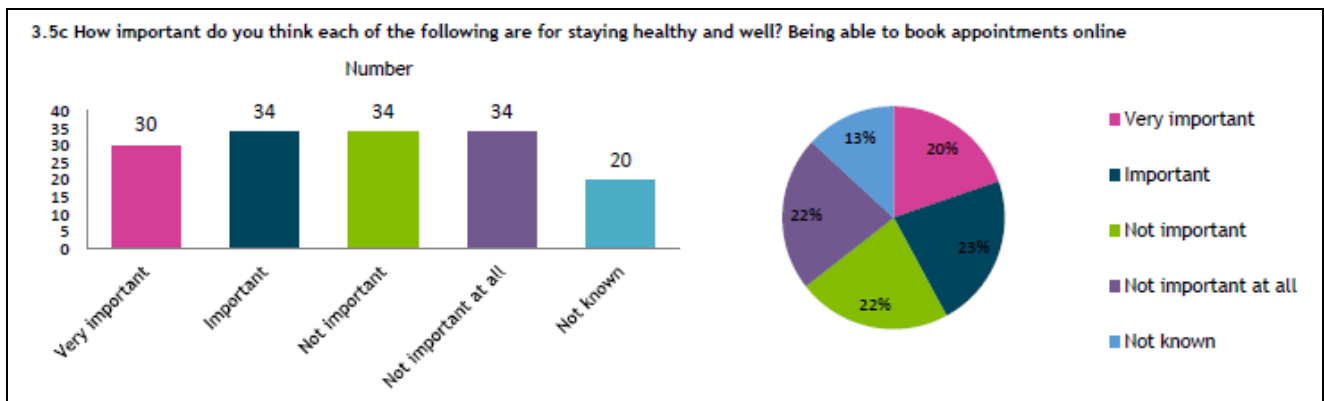
Most wanted to be able to see the healthcare professional of their choice:

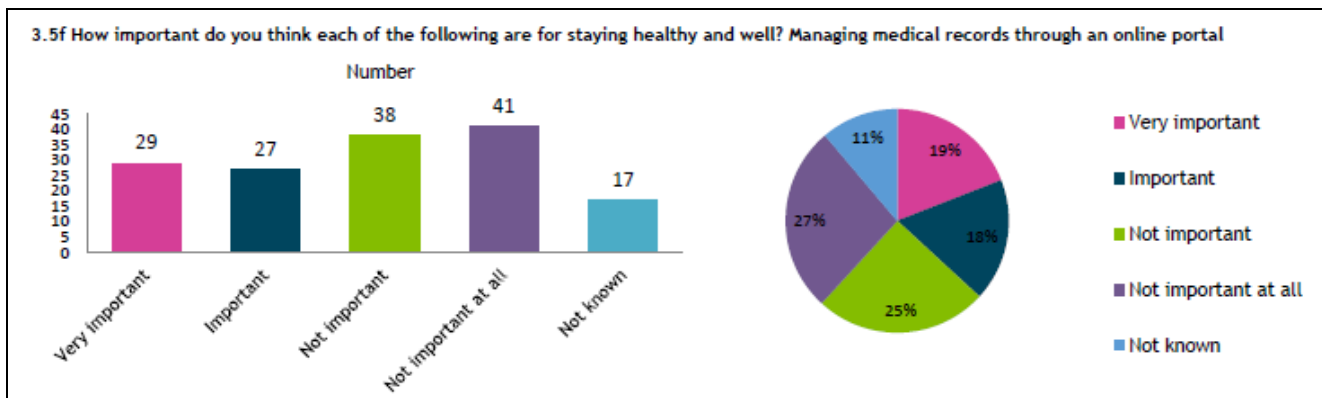
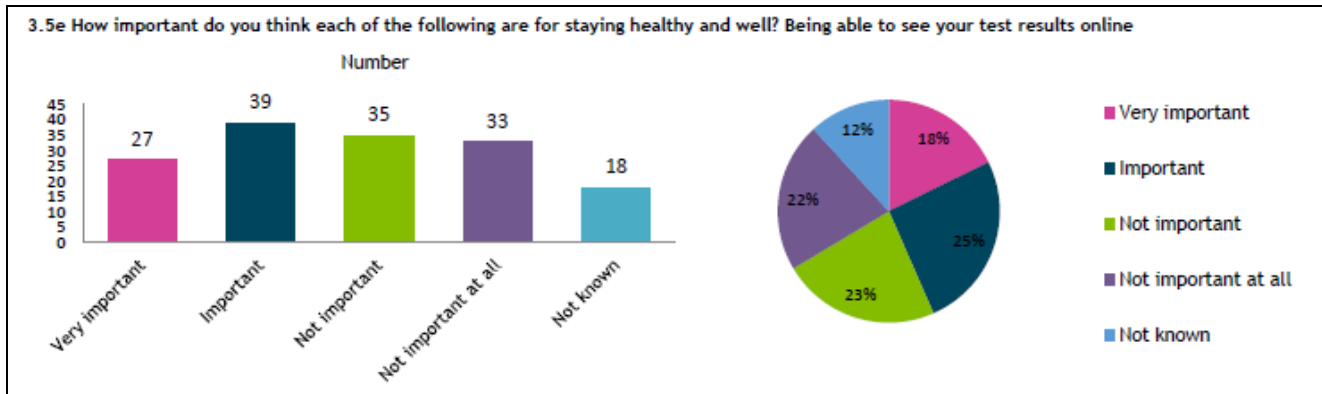


The accessibility of primary care services when needed, “out of hours”, was of paramount importance:

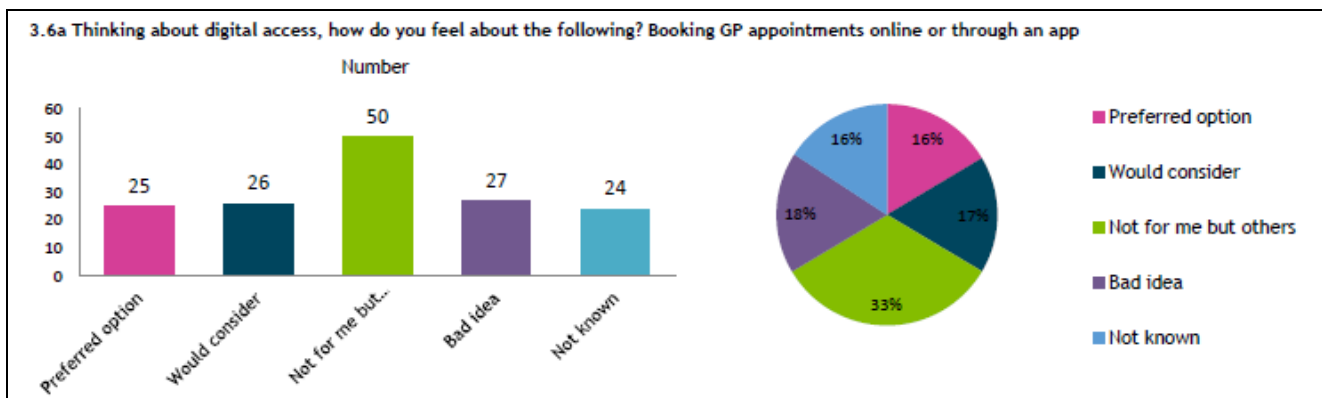


Most people also wanted to have face-to-face consultations: options for remote access such as online or by telephone were regarded as unimportant by the majority:





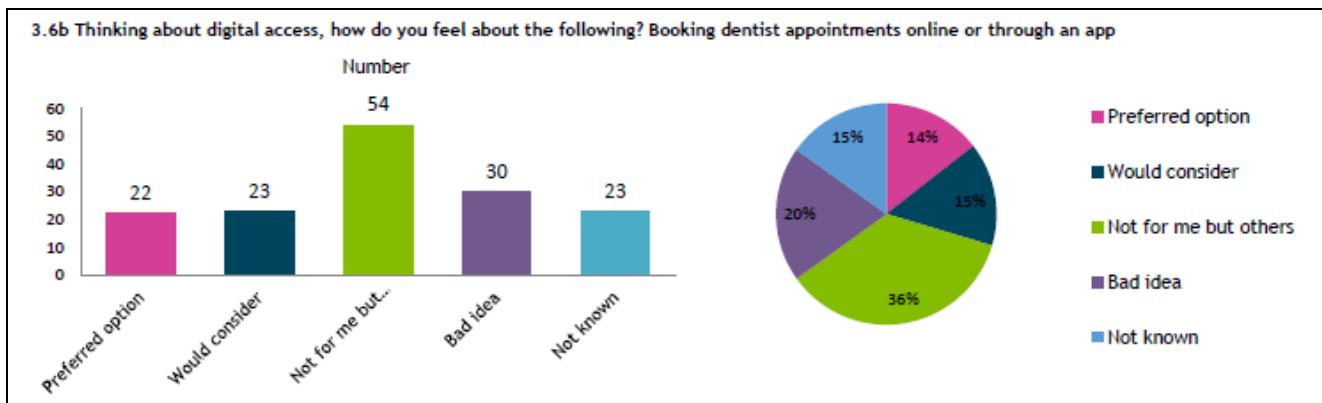
Only about one-third of respondents seemed to find the prospect of booking appointments for GPs online acceptable; another third told us that they thought others might do so but they did not feel it was something they wanted:



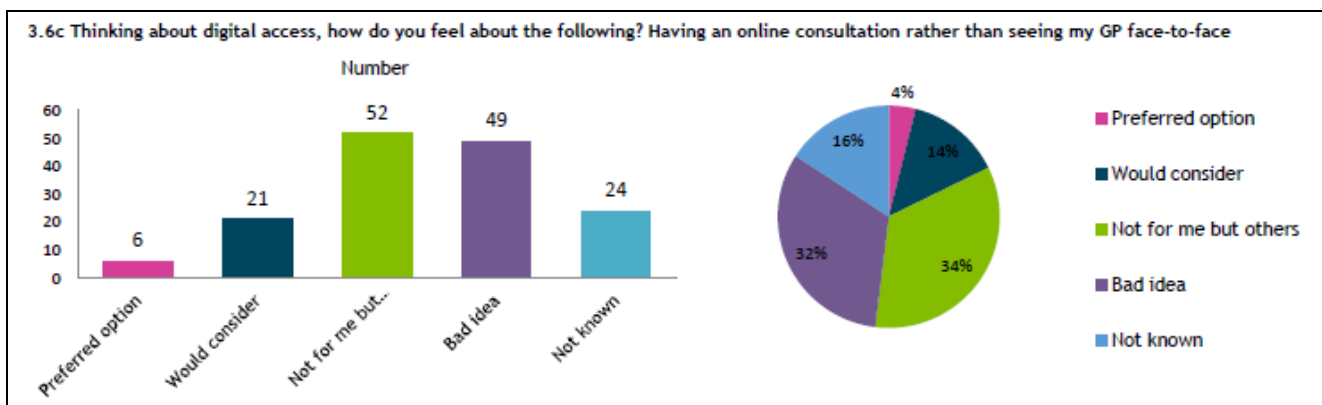
*“People who do not have computers should be able to make an appointment at GP surgery in a reasonable time”*

*“Important to have telephone appointments as no access to a computer”*

The reaction to making digital bookings to see a dentist was similar:

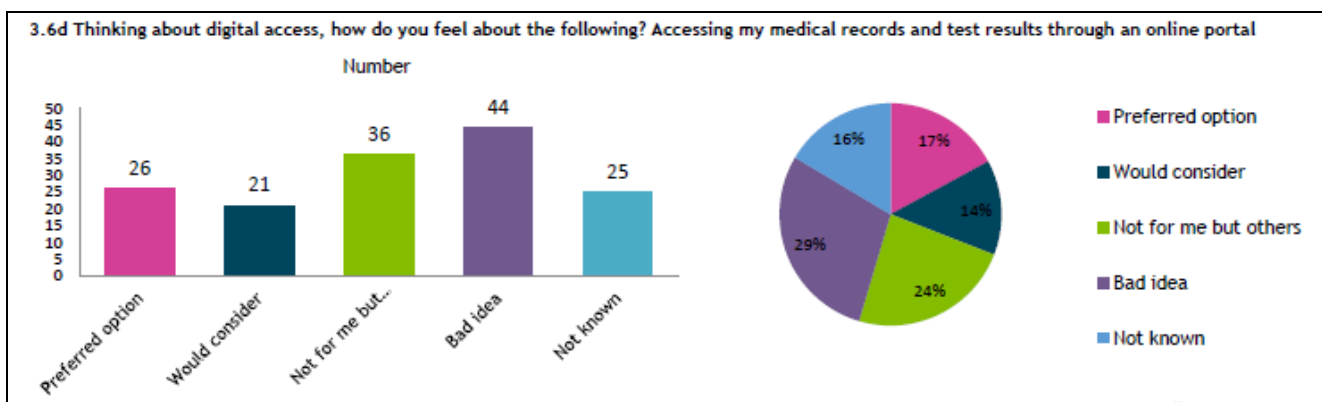


Fewer respondents would be happy with online rather than face-to-face consultations with their GP:



*“If you could see a GP when you are first unwell then many complications would not arise. GPs have too many patients on their books so are therefore unable to cope with the demand. No one is a winner”*

Similarly, respondents were not keen on accessing medical or test results online:





## Conclusions

### What people expect during their treatment journey

Most respondents' comments related to primary care, predominantly GPs' services. As noted earlier, a key concern was the time needed to obtain an appointment: respondents reported long waiting times for an appointment. In other tests of opinion we have carried out during Enter & View visits to GP practices, patients have frequently commented that they have difficulty in getting same-day appointments and, in some cases, have had to wait for up to a month for a routine appointment. Most respondents expected to be seen, if not the same day, then within a couple of days but told us it was rarely possible to achieve that.

For those who had had to use hospital services, improvements to A&E were essential. Waiting times there were considered unacceptable and, although new streaming arrangements had been introduced, they were not felt to be working as well as expected. As noted above, a particular concern has been identified for patients undergoing treatment for cancer, whose condition was not recognised by A&E staff - this is being remedied.<sup>4</sup>

Comments were also made about the cost of using the hospital's car park.

### What people expect during service change and transformation

Other surveys we have carried out<sup>5</sup> have shown that people are confused by the terminology used by the NHS - for example, few people can easily distinguish between the terms "urgent care" and "emergency care", which to some extent explains the large number of non-emergency patients who go to A&E (although with the new streaming approach, they will be referred to the adjoining Urgent Treatment Centre rather than A&E). Evidence from other surveys suggests that much clearer information needs to be available to service users in order to inform their choice of treatment pathway - in response to this survey, 140 respondents told us that information was important (of whom 82 said it was "very important"). Only three respondents thought good information was "not important".

Nearly all respondents felt it was important to be supported by their local community, friends and family and to be able to travel easily; they also

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<sup>4</sup> We are undertaking a series of Enter & View visits at the Emergency Department (A&E) of Queen's Hospital, Romford (including the separate initial streaming arrival area) to observe how the new arrangements are working in practice following receipt of complaints about the system.

<sup>5</sup> **Urgent and Emergency Care Consultation Responses (2016)** and **Urgent and Emergency Care: Right care, Right place, First time (2018)** (Healthwatches Barking & Dagenham, Havering and Redbridge)

wanted good support for their end of life journey. The metrics for each of those issues showed over 140 respondents feeling that it was important or very important to have those forms of support.

Interestingly, support for digital or online services was low, possibly in contrast to other Healthwatch areas. This may reflect the age profile of the respondents to our services; as shown later, most respondents to our survey were aged 65 or over. But it demonstrates that any determined drive to digitise services may well result in people being less able to access essential services; it is particularly important to bear this in mind when planning services - a “one size fits all” approach is unlikely to work for everyone.

***“It is very important to see a GP not just read a screen so that concerns can be discussed and issues sorted out. The waiting times at A & E are at an unacceptable level. There is a need for more staff so that sick people can be seen and treated in a few hours and not spend the whole night waiting to see the next person”***

## Next steps

This report, and others like it from Healthwatches across North East London, and indeed the whole country, will be used to inform the development of the Long Term Plan nationally and within Sustainability and Transformation Plan areas; the STP area for Havering is North East London.

Locally, we will be presenting these findings (together with evidence gathered from other surveys and activities we have undertaken) to the local health bodies and to the local authority (including the Health & Wellbeing Board and Health Overview & Scrutiny Committee) so that account can be taken of this evidence in the planning of health and social care services for Havering.

## Recommendations

Our survey was part of both a regional and a national exercise, and there will doubtless be broader recommendations of general applicability across North East London and England generally once the survey results have been collated. But there are some local points that have emerged that we invite the Havering CCG and other players in the Havering health and social care economy to consider.

As mentioned elsewhere in the report, the demography of Havering is different to much of the rest of London; the proportion of people from BME backgrounds is lower than elsewhere in London, whilst there are more people in the 55+ age ranges. Solutions that might be applicable to other parts of North East London or across Greater London may not work in Havering.

### **Prevention: staying healthy for life**

- 1 That “social prescribing” be used more extensively than at present to encourage service users to make more use of non-medical facilities to support their health and wellbeing**
- 2 That more information be made available as to where patients should go to arrange for stitches to be removed**
- 3 That the arrangements for blood-testing (phlebotomy) in Havering (and Barking & Dagenham and Redbridge) be reviewed to address service users’ complaints about inadequate service (such as**

restricted numbers of tests or opening times (or both) and long waiting times before being seen) <sup>6</sup>

### Maintaining health and personal independence

- 4 That signposting and advisory services be reviewed to enable service users more easily to access information, not just about the health services they need to use but about broader health and wellbeing issues
- 5 That, in developing future health and wellbeing policies and individual service developments, the underlying theme be the need to maintain individual health and personal independence for so long as possible and practicable

### Cancer care: changes to chemo-therapy services

- 6 That the arrangements for patients undergoing cancer treatment who attend the Emergency (A&E) Department at Queen's Hospital for unrelated reasons be reviewed to ensure that they are accorded the priority of treatment that their condition requires
- 7 That the accommodation used for cancer treatment at Queen's Hospital be reviewed to ensure that the patient experience is not adversely affected by over-crowding, lack of privacy or inability to enjoy natural day light

### Developing Primary Care

- 8 That, in developing online consultations and other, non-traditional forms of contact between patients and healthcare professionals, the needs of those who prefer to deal with HCPs face-to-face be acknowledged and honoured

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<sup>6</sup> As noted in this report, we will be carrying out our own survey of phlebotomy services during 2019

## Methodology

We spoke to people at seven events, organised with -

Havering Over Fifties Forum

Romford Evangelical Church

Romford Salvation Army Drop-in Group

Havering Partially Sighted Society

Tea Pot Friendship Group

Havering Sign Language Club

Havering Sight Strategy Group

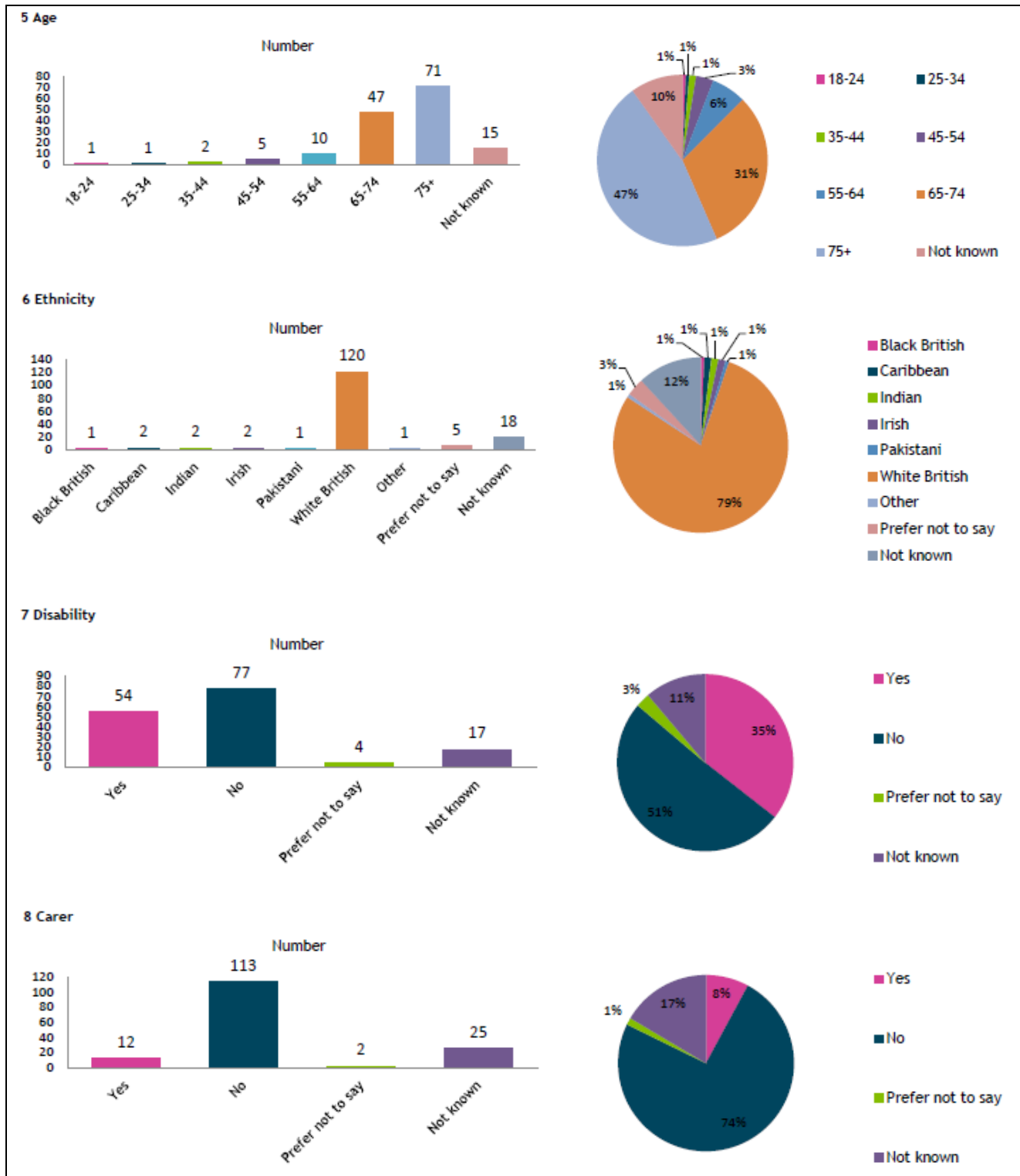
Not all those who attended these events were willing to participate in the survey.

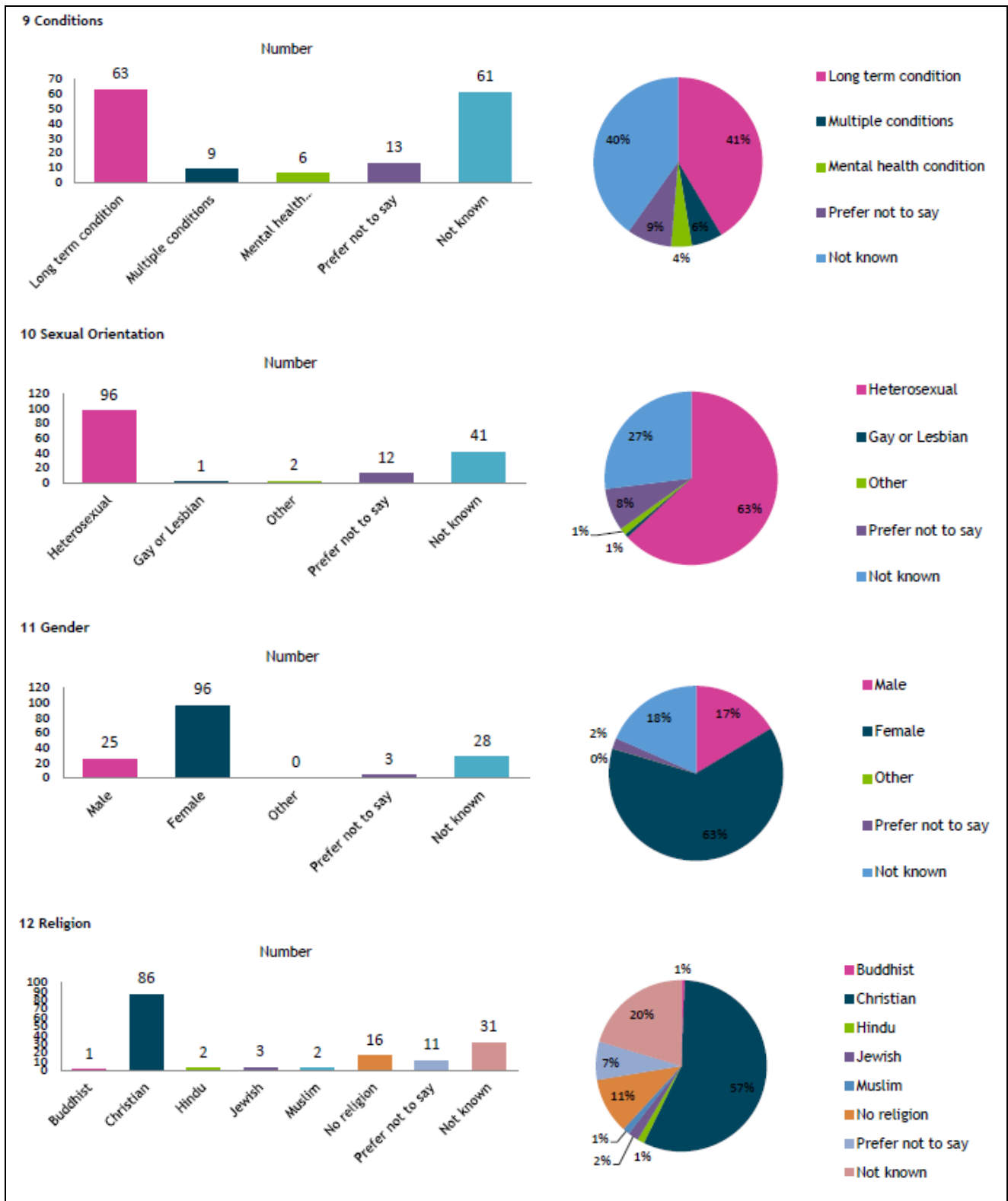
In addition, we have included in the report a summary of an event we organised jointly with our Healthwatch colleagues in Barking & Dagenham and Redbridge for patients undergoing treatment for cancer at Queen's Hospital, Romford.

Several survey forms were also completed by members of Healthwatch Havering.

## Demographic data of respondents to the survey

In all, we received back 152 survey forms. Respondents who completed these forms declared the following demographics:





The level of response to the survey was disappointing - we had hoped to persuade more participants to respond. As noted earlier, some were put off by the complexity of the questionnaire and what they saw as intrusive and unnecessary requests for personal information. In the time available for this survey, we were not able to arrange a broader range of events: with more time, we would have been able to conduct a more broadly-based survey.



## Acknowledgements

We would like to thank all respondents to the survey, and the organisers of the various bodies that hosted our consultation events:

Havering Over Fifties Forum

Romford Evangelical Church

Romford Salvation Army Drop in Group

Havering Partially Sighted Society

Tea Pot Friendship Group

Havering Sign Language Club

Havering Sight Strategy Group

Cancer patients from Queen's Hospital

We would also like to thank respondents from Havering who took part in events arranged by our colleagues in Healthwatch Redbridge, whose survey forms were passed to us for processing.

Thanks also go to Darren Morgan, Data Analysis and Community insight Manager, Healthwatch Waltham Forest, for his help in analysing the data obtained from this survey, and to colleagues from the ELHCP and North East London Healthwatches for their support for the surveys carried out across the area.



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Havering Healthwatch C.I.C.  
A community interest company limited by guarantee  
Registered in England and Wales  
No. 08416383*

*Registered Office:  
Queen's Court, 9-17 Eastern Road, Romford RM1 3NH  
Telephone: 01708 303300*



Call us on **01708 303 300**



email **[enquiries@healthwatchhavering.co.uk](mailto:enquiries@healthwatchhavering.co.uk)**



Find us on Twitter at **@HWHavering**

