

NHS 10 Year Plan

Public engagement- February 2025

Introduction

In response to the governments launch' of the biggest ever conversation about the future of the NHS, North West London (NWL) Integrated Care System (ICS) asked the NWL Healthwatch teams to carry out local engagement.

Unfortunately, this was agreed very close to the NHS engagement deadline (of the 14th February) and only allowed a few weeks to arrange and hold the event. Nevertheless, Healthwatch Brent held an event on Monday 3rd February 2025 from 5.30 – 7.30pm at the Chalkhill Community Centre. Despite there only being a group of **15 residents** from our community, the conversation was rich, and the feedback was well considered and constructive.

The feedback is detailed below and anonymised to ensure participants felt able to be honest and comfortable to give their views. Where possible, we have quoted the feedback verbatim.

Methodology

The delivery of this engagement exercise was in line with the "Workshop in a Box" which was designed by the NHS, to help organisations engage with their communities. The workshop in a box allowed for flexibility to alter the delivery to suit the needs of the engagement exercise.

As Healthwatch is committed to bottom up change we took the approach that the conversation would be richer where ideas and suggestions are based on lived experience. Where barriers to health and examples of best practice were based on the community's recent experience. This meant that we allocated a significant proportion of the session to group conversations facilitated by our wonderful volunteers.

Key to our approach was the quote from Wes Streeting (MP) Secretary of State for Health and Social Care: -

Our NHS is broken, but not beaten, and we have made it our mission to fix the NHS. But we cannot do it without the help of the people who use it, and so today I am launching Change NHS: A health service fit for the future: a national conversation to develop the 10-Year Health Plan. This is the next chapter of the NHS' story and how we will make it fit for the future.

I want the public and staff to be at the centre of reimagining the NHS, as well as experts from across the health and care landscape. The best ideas are not going to come from above. They have to come from all of us.

The plan focuses on three key changes as follows: -

Change 1 - Better use of technology

Change 2 - Moving more care from hospitals to communities (specifically)

- Virtual wards
- Community diagnostic centres
- Ambulance triage

Change 3 – Preventing sickness, not just treating it

The above priorities were identified as the three shifts that the government, health service, and experts agree need to happen (Change.nhs.uk)

We were also given the opportunity to ask our communities if there was anything else that they would like to raise. We took full advantage of this option as it closely aligns with the core principle of Healthwatch which is supporting the key decision makers to make the right decisions by elevating what really matters to the people on the ground.

Feedback

Q. What do you think about how we could use technology in the NHS what are your hopes and fears?

HOPES	FEARS
The appropriate and efficient use of technology to speed up assessments and diagnostics	More apps being used that don't speak to each other
For mapping diagnosis, visualisation improving eventual prognosis	Data security
Speed up appointment process	Data scanning / cyber security
Wrist band at A&E that helps keep track of patient's location rather than shouting out names - Monitor where people are	More apps meaning higher specification phones needed and more expense for patients
Any increase in technology should lead to an increase in human contact. It should free up time to see people. it's	Abuse of technology by staff and patients

human beings we have feelings we aren't robots; we have thoughts	
Good for spotting and preventing certain illnesses- but not one size fits all	Security of information
I hope that technology becomes easier to use	Glitches power cuts failure of technology (need good back up system)
Waiting times are reduced	Abuse of technology
Reduce failed appointments where people didn't turn up	Security of information
I hope there's a good backup system in case the technology fails	Data tracking could be compromised
Introduce a colour coded system where it's easy to see people's allergies/ health issues so it takes the doctor less time to read notes in an appointment	Children using technology in the wrong way has shown to be detrimental - why are we using more and more? Yes, we need technology, but it should benefit humans - there are too many apps.
Single point of access one portal - only one NHS app for the hospitals and the GPs and everyone else - tired of multiple apps	Hacking
Go back to the old system where you could actually see your doctor	Loss of people-to-people contact
Shorter waiting times for patients	Systems might fail
Digitalized profile of patient that is available to all healthcare professionals	Digital exclusion - older patients, patients with certain conditions and residents who do not have English as a first language may not have access to a mobile phone/ may share a phone / or have limited data which may be a barrier to Internet booking appointments and can be challenging - not everybody has IT
Results all kept in one place - the build-up of a clear and helpful medical profile	Make information technology easier

<p>Accurate diagnosis quickly this will detect the early signs and symptoms of problems</p>	<p>Technologies implemented need to be fit for purpose and well embedded with good training as part of the roll out. The NHS has not got a history of well implemented IT systems and have wasted a lot of money and resources. This needs to be avoided at all costs.</p>
<p>Simpler apps – If Amazon can do it why can't the NHS?</p>	<p>Ensure safeguarding is considered carefully</p>
<p>Replace letters for patients where this is their preference</p>	<p>Update technology on a regular basis ensuring the system don't breakdown and information is well backed up – our banks seem to be able to do this with ease!</p>
<p>Online referral of patients across the whole of the NHS system – one system</p>	<p>Digital exclusion have you sought support from Age UK to help work around the issues of older residents who do not have IT or lack the skills or confidence to use it?</p>
<p>Use the technology to make cancelled appointments available to patients who are on the waiting list and may have the flexibility to be able to attend at short notice avoiding missed clinical time</p>	<p>Booking appointments is already very hard how will this initiative ensure this is easier and I do not have to spend time on the phone to chase up availability of appointments.</p>
<p>Use our NHS number as a unique identifier. Move away from asking date of birth and surname which could lead to potential mistakes</p>	
<p>Ensure there is a patient inclusion manager on any work carried out on information technology. It would be very easy to increase the health inequality barriers already faced by the seldom heard communities</p>	

Q. What technologies do you think the NHS should prioritise and why

I know staff that work in the NHS, and they say that the equipment they currently work on in terms of technology is outdated and often has to be shared between clinical staff this needs to be addressed immediately.

Go back to the old system where you can see a doctor because human contact to point you in the right direction and speak to you is important

A&E need a better system that flows for example seeing the charge nurse rather than waiting and waiting and waiting and waiting. If triage was carried out in a more effective way some patients could be directed out of A&E quicker which would result in less anxiety for patients, less volume for staff and more reassurance for relatives.

Technology should be used and be available to identify who you are and your condition the system should have it all logged in one system the reason for this is it speeds things up you're not constantly repeating yourself (giving your date of birth) it's more efficient and it safer for patients that are not accompanied by friends or relatives who can speak for them. If you have things like allergies or particular health conditions that need to be flagged early these could be included on the system.

Have one online system across the whole of the NHS and GPs to ensure that everyone sees the same information, and nothing goes missing and there's no reliance on the patients to remember all of their issues (especially the confused and those with dementia) they have suffered from.

Cancelled appointments show the need to use technology to remind patients at least those who are digitally included of their appointments. We live in a really busy society. The risk of this is that patients who are not digitally included will not benefit from this service and may well need a phone call. A call is cheaper than a missed appointment, so consideration needs to be given on return on investment (ROI).

- Change 2 - (A) Moving more care from hospitals to communities (specifically)
 (B) Virtual wards
 (C) Community diagnostic centres
 (D) Ambulance triage

A. Moving more care from hospitals to communities – What difference (good or bad) would this make for you?

GOOD	BAD
It would be good to have more services in the community it would improve the time between treatment to referral.	Unsure what percentage of patients and what health problems can be treated safely in the community.
It can be hard to get to a hospital and for some people with particular conditions it can be a difficult environment to be in.	I worry that community services will not be properly funded / equipped

Hospitals can be difficult to reach in terms of public transport.	Lack of training and qualifications for community staff, less modern equipment or medication
It is good that they would be less of a burden on hospitals	Services need to be easily accessible in the community
Involvement will bring more awareness and willingness to help and volunteer in the NHS	A family may find caring in the community a big burden especially in younger families.
Would reduce appointment and waiting times	The government have not promoted policies which help family carers to work and care for the unwell person they are looking after. Government policy towards carers need to change
More community members will be treated closer to home – line in the pandemic	
All trained staff can widen their expertise. Pharmacists, Opticians General Practitioners (GPS). There should be a focus on this when patients are referred back into the community so that we can learn why this is happening and address it.	
Opticians could do glaucoma treatment post-surgery for cataract yes there could be more diabetic examinations support in the community and this would relieve the pressure in the hospitals	
Moving services into the community would mean less congestion in outpatient clinics A&E and on the wards.	
They never should have taken it out of the community. Hospitals can't cope and now they're trying to bring it back	
Patients feel at home in more familiar surroundings. For some conditions	

such as dementia this is key to keeping the patient safe and healthy

B. Virtual wards – Thinking of virtual wards, what sounds good and what concerns do you have?

SOUNDS GOOD	CONCERNS
it's good because we don't need to wait a long time	Is it for every age of people or only those considered old
This sounds like it's good for chronic conditions that are stable	Insufficient monitoring of a condition may lead to it getting worse. It could lead to a delayed response they would need to be really good training and evaluation at patients' individual needs conditions and concerns
Frees up capacity in hospital	There has to be family support suitable social factors, and it must involve social services
Must depend on a conscious patient choice	Family may find caring for sick relatives a big burden especially in younger families. They may make the patient feel like a burden to their family and friends a may take the option of assisted dying
Patient feels at home in familiar surroundings- research suggests that good patient experience could aid recovery	It may be possible that when family members are not available the patient may be left alone / unsupervised at home
Patient may recover better in familiar surroundings	Shifting responsibility to the family is a burden for carers already under a lot of strain
Less stress for the family and patient not having to go to / or stay in hospital	The patient may need other social care support that their family isn't able to give. Are there going to be additional resources in social care to pick this up?
Less going back and forth to the hospital	I am not sure I know what virtual ward is, does and how it works. I cannot answer this question

Frees up beds and resource for the hospital	Who do we contact if something goes wrong
Some families may well prefer this way of looking after their relative	How will new health challenges get escalated what if something gets missed
Good to have family and friends around	How will cover be provided for family holidays
Patient will feel more comfortable and free	It could be a big impact on the family or the person around the patient
Less hospital visits	In emergency emotions can be very challenging for relatives how would they be supported
This needs to be a choice and the family needs to be confident that they're happy for this to happen and able to deal with any circumstances that might arise	The cost of care is high, and relatives and friends may be put in a position where they have to pay for support that they may not qualify for but would be offered in a hospital setting
	The sleep patterns and health and well-being of carers could be impacted negatively could end up feeling depressed or anxious
	Exhaustion for the family support group may become an issue
	Could safeguarding become an issue
	How would this work where the cost of Wi-Fi is an issue for families or there is the possibility of a power cut / unpaid bills
	Respiratory conditions need to be treated in a hospital – I do not CPR on my family member
	There needs to be exceptional care support and training of any carer

C. Community diagnostic centres – Thinking of Community diagnostic centres, what sounds good and what concerns do you have?

SOUNDS GOOD	CONCERNS
These could be great for younger people or less serious illnesses	For diagnostics that are targeting over 75's it can be a real challenge to attend some of the sites
This could be an increasingly safe option as it's fast	Oversight is a key issue
Sometimes the diagnostics are set up in a place where it can feel quite isolated and there's no advocacy specially for older patients or patients with particular needs	Hospitals are not great environments for diagnostics they are busy overcrowded and it's possible that someone could catch a cold or something else while they're waiting for their diagnostic appointment
Most patients would be better not going into hospital as long as safeguarding was well regulated	If diagnostics are brought into the community to a large extent there needs to be more advanced equipment and training as well as community awareness raising
Community diagnostic centres are good resources but need to put them in the right place	
I'm not sure whether it's good or bad but so far it has been fast and easier to get an appointment where diagnostics are done in the community	
It separates it from hospital work so it should be a good thing freeing up hospital time	
I have used the breast screening service in Tesco's car park (Wembley). It's easy to access if you have a car – staff are lovely and turn around is very quick so it doesn't impose or take up too much of your time. I can have my breast screening and then do the weekly shop!	

D. Ambulance triage – Thinking of Ambulance triage, what sounds good and what concerns do you have?

SOUNDS GOOD	CONCERNS
Great if they get there quickly	Misdiagnosis
Longer in the home with the patient would this lead to time wasted	Getting there too late
Saves hospital resources	Superficially maybe OK could be time consuming
Currently most ambulance calls follow severe inpatient cardiovascular issues	How well qualified will the staff be to make a judgement on health issues
Falls, trauma, bleeding, assaults - irrefutable necessities all need to go to A&E	The quality of the service will depend on the knowledge and skills of the paramedics
Best to triage cases using the 999 call centre	What happens if they can't access social services teams or clinical specialists when they need them
We would have better qualified paramedics	There are already not enough ambulances and paramedics how would this be addressed
Could be better for prioritising real urgency	How will this be linked to 111 as they may request an ambulance be called for a patient which will increase the anxiety of the family a make them feel that the best treatment (for their loved one) would be found in the A&E or hospital environment when this may not be true
Would they provide treatment on the spot	
Hospitalisation can cause more problems and also make the patient experience less good being dealt with at home might be a good option	
Reduces hospital waiting times	

Eliminates the awful press around ambulances taking hours to offload patients

Paramedics will be given more responsibilities and therefore hospitals will receive less patients and the very sick can be dealt with in the right place

Q. The three forms of prevention you think should be prioritised.

- Education - access to healthy foods this would lead to healthier communities and a reduction in obesity which would take some pressure off the NHS
- Healthy food because it makes healthier people and there needs to be an increase in focus
- Services such as Podiatry; Ear Syringe would be helpful to have free of charge in the community (as it is on other communities such as K&C and Westminster). This would encourage a healthy lifestyle with a good self-help focus
- Reduce sugar/ saccharin or sweetener products.
- Diet exercise / gym and swimming health related holidays reduce costs for more people needing to improve their health make the gym easier and more affordable
- Support better weight control and management around smoking and alcohol to ensure a healthier lifestyle less illness need education from an early stage so catching residents in primary schools as part of their curriculum less illness more awareness means residents will make better choices
- Take a holistic approach to healthier communities in partnership with the ICS, council and community sector - looking at Brent shops - there are a lot of fast food and chicken shops as well as betting and gambling shops none of which promote healthier diets or mental health
- Increase screening programmes
- Undertake more education for patients in terms of diets (example - treat addiction better on a psychological basis via GP referral) and obesity and smoking these are preventable and manifest in different ways such as tiredness depression and not working so not being financially stable

- Improve education but with a cultural aspect so that people can really understand what it means to them and their diet on way of living – make public health more culturally specific
- Restrict food outlets such as chicken shops or other junk food and have a borough wide approach to reducing obesity
- Increase sports activities in the community (specially funded opportunities) for children and young adults and the elderly. If these already exist ensure they are well publicised and appropriately funded
- Do more prevention around diabetes, heart disease and stroke – support the public health agenda to do more outreach projects so that the treatment is taken into the community
- We need annual blood tests to check for health issues and the promotion of taking care of yourself.
- Do more around smoking cessation
- Many of these things would reduce the burden on the NHS and primary care services and would also avoid unnecessary hospitalisation and long-term conditions in the community
- Tackle vaping to ensure it doesn't become a big issue within the younger generations of Brent
- Many community services are plugging gaps in health and social care services – if they had additional funding, they could nip many of the challenges in the bud for example working with young carers supporting particular communities to eat healthier, fight myths and stigma and working with schools in the borough to promote healthy lifestyles at the earliest possible stage.
- Monies used to employ expensive consultancy support at a strategic level would be better invested at a local level to make a real difference to local communities.
- Investing in more sports activities for younger residents and more social activities so isolated residents would have a big impact on people staying well for a small cost.

Feedback – Anything else you would like to add?

- Cut advertising for unhealthy products – utilise local icons like Raheem Stirling
- Support children to be nutritionally aware – use social media and residents (in Brent this might include Chunks from the Bata squad)
- Keep the focus on health
- Create more opportunities for reasonably priced gyms

- Make a very concerted effort to support community parenting programmes which include nutrition awareness and health promotion
- Help children to be more active, and spend less time on TV or gaming
- More investment in early education and prevention of illness
- Develop awareness at a younger age make resources more available for teenagers to eat well
- The Urgent Care Centre (UCC) at central Middlesex hospital is excellent in my experience – Good UCC's take the strain off of A&E
- Build awareness for children in terms of health fitness and diets
- Help people find a suitable care home all residents should be thought of as a family member and treated as such
- A pharmacist can prescribe diagnose medication for certain conditions we love our pharmacists more people need to be aware of what they do
- Be careful as we move to a more digital society to ensure that we do not increase health inequalities amongst certain residents
- Advertise the damage of fast food it's equivalent to smoking
- I'm a human being not robot please treat me as a person not as a piece of data or a number
- Reduce the cost of healthy food – Food poverty is a real thing in our community. Just because you have been lucky enough not to experience it – does not mean it does not exist. How many food banks are in Brent?
- Government to legislate the reduction of cheap chicken shops especially in low-income areas such as Brent
- What can we do collectively to improve health and social care services in Brent?
- Work in partnership with local community groups to offer more support to residents and therefore enabling them to make better choices about health and social care.
- Joined up and collective focus for our limited resources is the only way forward to make a change.
- Artificial intelligence is all well and good, but we need to get the basics right first
- it's OK to put the tech in but not reduce human contact please and say just copy this

- My grandma lives with her with my auntie for her and she doesn't know how to use the phone properly and there are too many apps I'm not confident about then being supported as technology Becomes above
- I spent the morning trying to see my GP but just kept getting re directed
- the NHS is poorly led and poorly paid. Receptionists are the first point of contact and need to be paid well and trained better
- last time I was in agony I didn't eat for 12 hours' looking after patients' basic needs is so important
- when I see health when I see a doctor I feel like my anxiety level decreases
- continuity is really important to me my GP has known me since I was born, I didn't have to tell him about my fear of needles etc when I went to see him
- Rather than having to give your history over and over again it would be useful to have a better system for storing this
- Podiatry is no longer covered by the GP where do I go to get this or where do I go to get someone to recommend community services that are reasonably priced
- I've not worked for three years and it's because of the NHS they've chopped it all up to make it easier to privatise
- if we're paying our National Insurance then we should expect a good service
- The NHS is a branch of the government and the government are responsible for implementing what matters to the community

Recommendations

Aim to give as much time for community engagement as possible so that more residents can attend.

Provide greater opportunity for residents to direct the conversation in terms of what really matters to them (bottom up, rather than top down).

Take a holistic approach to joining up services from the NHS, primary care, voluntary sector and the council to have a bigger impact. Agree joint targets.

Conclusion

The information gathered on the 3rd February is from a very small number of residents, but clearly they have a lot of great ideas to help shape future services that meet the needs of our community.

Our hope is that real engagement leads to embedded change that makes a real difference.

PARTICIPANT DEMOGRAPHICS

