

Engagement Chapter – BLMK response to NHS Long Term Plan

What we have done to listen to our communities

Background (*What is the context for delivery*)

Following the publication of the NHS Long Term Plan (LTP) in January 2019, BLMK ICS partners started to consider what this meant for people living in Bedfordshire, Luton and Milton Keynes and how we might deliver on the priorities set out in the NHS LTP while meeting the needs of local residents. In order to do this, we needed to understand what is important to local people in relation to health and care services.

We recognised that we already knew a lot about this from previous engagement activity undertaken as individual organisations within our places (Bedford, Central Bedfordshire, Luton and Milton Keynes) and across the BLMK ICS (see Appendix 3– Overview of engagement across BLMK). Healthwatch were commissioned nationally to support this and carried out engagement across BLMK during March and April 2019. These findings were captured in a report and shared with ICS leaders and the general public – NHS Long Term Plan Bedfordshire, Luton and Milton Keynes - What would you do? It's your NHS. Have your say ([Scale Report](#)) and NHS Long Term Plan [Area Reports](#) Bedfordshire, Luton and Milton Keynes – What would you do? It's your NHS. Have your say. This was the basis of our engagement approach, which aimed to build on this work and other work already in progress, while considering new ways to ensure that resident's voices and views are at the core of our future plans. We will continue this approach throughout delivery of the NHS Long Term Plan.

What we did – Summer 2019

We undertook a programme of general public and targeted engagement across BLMK during July, August and September 2019 – see Appendix 1 for full details of the activities undertaken during this specific engagement period.

Community outreach

We worked with our partners and networks to identify opportunities to go along to forums/ meetings to talk to a variety of individuals and groups. In 16 weeks, we attended over 40 events to engage with local people. At the events we talked to residents to find out what mattered to

them in relation to health and care services. We asked them to write their comments on a poster board for us to share with the answer to these questions:

My future NHS looks like....

What will help me to be as healthy and well as possible is ...

We also asked them to complete a survey with additional questions. We did this at a range of locations and venues including:

- Four BLMK shopping centres
- Library
- GP practice
- Hospital
- Sports centre

Photos from these sessions were regularly posted on Twitter through the BLMK partnership twitter site with the hashtag #BLMKFutureNHS (click [this link](#) to see some of the Twitter posts) further promoting the engagement. To enable the greatest reach partner organisation were also asked to ensure Tweets sent out by the partnership were retweeted to their audiences. This enabled us to reach an audience of over 130,000 people.

To help promote the activities, colleagues across the 15 partners were provided with toolkits which included posters, leaflets, website banners and newsletter copy to help them to promote the campaign within their organisation and through their own channels to their local populations.

We were particularly keen to ensure we heard from young people and some of the more seldom heard groups and attended twelve meetings where we were able to have these conversations.

- Various groups representing younger people e.g. Young Healthwatch Central Bedfordshire; Bedford Borough Council and Central Bedfordshire Council's Youth Parliament; MK Young Carers
- Seldom heard groups such as gypsy and travellers; LGBTQ; faith communities; young people, deprived community



Questionnaire

We used a survey that was shared across our BLMK partner networks to allow those we hadn't had direct contact with to also share their views. This was available online and in print format between 24 July and 24 September, consisting of nine questions that allowed people to share insights about their own health, views on improving existing services and what is important about their health and wellbeing and how services are provided. You can find the detailed responses to the questionnaire in Appendix X (report to be completed and inserted)

Priority areas

Importantly, the NHS Long Term plan creates an opportunity to look at the priorities for each of our 'places' – Bedford Borough, Central Bedfordshire, Luton and Milton Keynes - and for us to continue to have conversations with our communities around how we can change things for the better, together. The following priority areas were identified as the key topics across BLMK as whole:

- Cancer
- Mental Health
- Primary Care
- Non-elective (prevention and proactive care to keep people well and reduce the need for hospital treatment)

What we heard (*what do we know people are concerned about?*)

We received 784 responses containing a wide range of views, with some key themes emerging across the conversations – see below. This has been captured in a report – Appendix 2. The majority of responses were from Luton (36%), then Bedford (33%), other (15% - some of these identified that they lived in villages which would be part of Bedford Borough or Central Bedfordshire), Central Bedfordshire (11%) and Milton Keynes (10%). Working aged adults 18 -64 years old made up nearly 68% of the responses, with the largest (19.84%) being aged between 55-64 years old.



Throughout our conversations there were a number of themes that emerged. Primary Care – in particular access to GPs - and Mental Health are the topics consistently at the top of people’s concerns.

Other comments included concern about NHS resources and funding; more joined up services; more information about taking care of yourself; better and more services available at health centres/GP practices i.e. blood tests to save waiting at hospitals; consistency of services; better communication between services and data exchange; properly trained mental health professionals in A&E.

When asked what mattered to people in relation to their health and wellbeing, the responses were diverse. A number of respondents commented that getting access to services like GPs and hospital treatment when they wanted was important to them. In addition, a number of respondents highlighted the need for mental health services and support as mental health can determine other health needs.

Several respondents recognised the need to take responsibility for their own health and wellbeing but a number suggested that cheaper fitness facilities would be a significant help. It was also noted that a number had suggested more information and signposting for leading a healthier lifestyle would be helpful.

While some people recognised their own responsibility for health and wellbeing a significant number of respondents still highlighted the need for greater access to GP services and NHS treatment as important to them to remain well.

Other comments included annual health checks and screening; support for natural remedies; good quality services; having control over my care; consistency of care; right care, right place; more preventative health interventions; joined up health and care and better follow-up treatment.

Over 47% of respondents to the survey said that the best thing about services in BLMK was that they were local and easy to access. The other major comment was that staff were helpful, caring and professional. Other comments included availability of out of hours services and emergency services; understanding of local culture; free at the point of need and quality of services.

Key themes

1. GP services and waiting times to see a doctor

The overriding issue raised by those who completed the survey was about ease and availability of appointments with GPs. A significant number of respondents said that they struggled to get an appointment with their GP and were left either waiting a long time to be seen or struggled to get through to their practice to even speak to someone.

Nearly 78% of respondents would be happy to see another professional if it would mean they were seen quicker. Reasons for not wanting to see someone else included confidence in them knowing enough about their issues, GPs provide a holistic approach; prefer to see GP, not having all the information about a person's health and dependent on problem.

69% of people surveyed would be happy with an alternative appointment either online or on the phone. However, 33% weren't happy with some of the following reasons - dependent on problem, confidence in diagnosis, want to see a person, do not have access to a computer, hard of hearing and privacy.

“Onsite services for elderly patients at their GP surgery”

“To get an appointment with my doctor within a week without restricted calling at 8.30”

“Access to GP appointments at weekends and evenings”

“Being able to see a healthcare professional within a reasonable time”

“Greater access to GP services”

2. Accessibility to a range of services

Nearly 80% of respondents cited improved access to GP services as the thing that would help them stay well. A significant number of people said that they waited a long time for hospital appointments or treatments which left them concerned.

“Local blood tests avoiding hospital”

“Health centres where patients can access a variety of other services including voluntary organisations”

3. Reliable information and support for healthier lifestyles to combat obesity and other conditions

Over 58% of respondents said that better information to help with self-care and health and wellbeing would be good. Suggestions for things that would help include:

“ effective media and social media campaign on healthy lifestyle”

“more self-help clinics - weight control, healthy eating advisory clinics”

-“improved town and city design to help with communities staying healthy”

“Accessible information for all communities - there is limited information which is specific to cultural groups.”

“Have more facilities and education for people of Asian origin to do with their diets and heritage leading to diabetes and heart conditions.”

4. Access to and affordable gyms

A significant number of respondents felt that private and council health and fitness facilities were simply out of reach because they were so expensive. Many would like to see access provided at schools as it was easier and free.

“More facilities available for younger people to exercise cheaply.

“Gym membership are out of reach for most teenagers”.

“Could school facilities be made available outside of term time or community exercise like Park Run.”

5. More support and services for children and young people’s mental health

The provision of mental health services and support in schools was considered important as this is where people struggle most with exams and other life problems.

“Mental health support in schools - mental health is discussed in life skills lessons but there isn't any practical support available in school. This is especially acute during exam periods. “

“More accessible mental health for young people”

“School sessions to learn how to handle life struggles”

“An appointment based mental health service in local schools”

6. Making greater use of technology for consultation, information and sign posting

Over 60% highlighted that shared access to records would be helpful and 49% said that greater use of technology to monitor health remotely would be useful.

“A consultant on the phone via an app. Live and virtual face to face advice.”
 “A health service that uses the best available evidence to inform patient care.”

7. Joined up services and care support by shared records

“To have an IT system that links up to all NHS services “
 “Good IT system to enable all NHS organisations to access patient records.”

8. Protecting NHS services and investment

“More clinicians and support for those already working in the NHS”
 “A place where great patient care is not at the expense of staff wellbeing.”
 “More nurses less hours for health professionals to work so they can rest and be proficient.”

General comments by place



Central Bedfordshire

The feedback received from the BLMK posters in Central Bedfordshire presents a wide variety of public opinion towards local health and care services. However, focus and concern around the following factors, remained consistent:

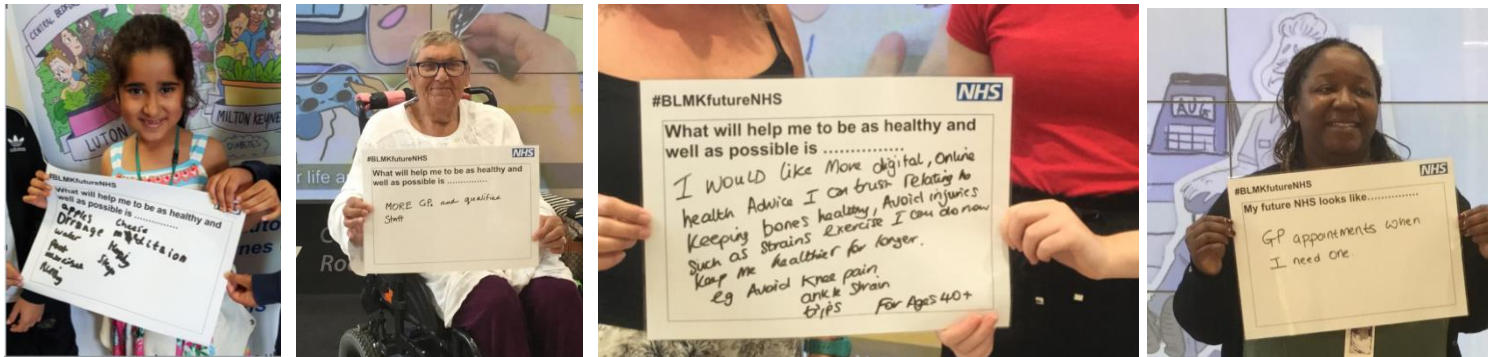
1. Access and provision of mental health information and services for younger people
2. Waiting times and access to GP services
3. Greater use of technology, apps and more joined up information.
4. Shorter waits for planned care
5. Access to more affordable gyms and facilities for wellbeing

Issues that matter to young people in Central Bedfordshire

We attended two Healthwatch events specifically targeted at younger people and spoke to around 30 people about health and care services in BLMK. For young people in Central Bedfordshire the overwhelming area of concern was the provision of mental health services and the ways they could access them. And this wasn't necessarily through the NHS. Many respondents remarked that there should be more support, signposting and information provided in schools. Many respondents said that worries and issues surrounding exams had a significant impact on their mental health.

Another key area of concern was accessibility to facilities for fitness and health. Over 16s expressed a concern that after GCSEs there wasn't any timetabled fitness/exercise or access to facilities within schools. Many of the respondents would like to see access provided at schools as it was easier and free. A significant number of respondents felt that private and council health and fitness facilities were simply out of reach because they were so expensive.

Not surprisingly younger respondents are keen on information and access to be enhanced by the introduction of online and smartphone channels of communication. In Central Bedfordshire there is significant interest in the use of apps for information and signposting.



Luton

The feedback received from the BLMK posters in Luton presents a wide variety in public opinion toward local health and care services. However, focus and concern around the following factors, remained consistent:

1. Accessibility to a range of services.
2. Waiting times.
3. Remaining informed/communication with local services.
4. Protecting NHS services/investment.
5. Healthy lifestyle/combatting obesity. Education and support for different cultures
6. GP services
7. More support and services for children and young people's mental health

In Luton we were able to reach out to communities in a number of local facilities such as the library, leisure facilities and community events and during July and August we spoke to over 100 people from a cross section of the community in Luton, including those from ethnic communities and some from more deprived areas.

Like other areas in BLMK, GP services and access to them was a significant concern for respondents with access to appointments being the leading concern. Younger respondents also cited waiting times as important but also felt that GP services should be open longer to help tackle waiting times and help those that can't attend during the day time due to school/college commitments.

At a Young Ambassadors event, which was attended by around 20 younger people, the provision of mental health services and support in Luton was highlighted as an area of concern. Like young people in Central Bedfordshire, respondents in Luton felt that there should be more support provided in schools as they felt this was where people struggled most with exams and other life problems.

Similar to other areas, younger respondents also felt it would be helpful to know what alternatives there were to GP services. Many weren't aware that pharmacists could help with common ailments or advice on different medicines.

Feedback from BME respondents remained similar to that of people in Bedford with respondents highlighting that there was a need for more information and support available to help with leading a healthier lifestyle and tackling obesity and diabetes. "



Bedford

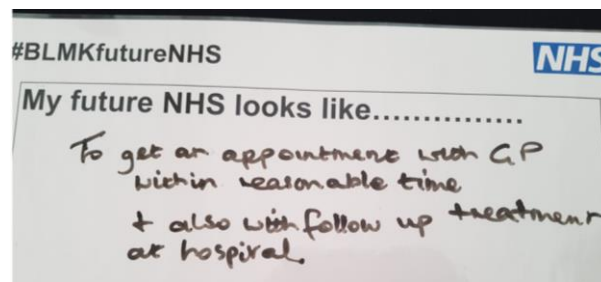
The feedback received from the BLMK posters presents a wide variety in public opinion toward local health and care services. However, focus and concern around the following factors, remained consistent:

1. Reduced waiting times for planned care, diagnosis and treatment
2. More support for mental health services
3. Healthy lifestyle/combating obesity. Education and support for different cultures
4. Access to GP services

The events we attended in Bedford gave us with the opportunity to engage with around 90 people from within the Asian community. This included attending faith groups within the Sikh, Hindu and Muslim community. For a significant proportion of these groups there is a desire to have information and support to lead a healthier lifestyle to tackle obesity and diabetes in their communities but one of the key barriers is language. One particular person explained that cooking skills and recipes still remained to be cooked using traditional ingredients which were detrimental to health, however, due to lack of language appropriate advice many people continued to cook in this way as they simply didn't know any different. There was also a desire to have information and support through targeted events as opposed to leaflets.

Another area of concern was waiting times for planned care. A significant number of respondents felt that waiting times between diagnosis and treatment was too long and that there should be more staff to provide the treatment that they need sooner than is currently the case.

In line with other community groups across BLMK, GP services were raised as a significant area of concern. Easier access to services and waiting times of appointments were the two areas of most concern with respondents saying that they had experienced problems getting appointments at their local practice."



Milton Keynes

The feedback received from the BLMK posters presents a wide variety in public opinion toward local health and care services. However, focus and concern around the following factors, remained consistent:

1. GP services and access to appropriate services
2. Using technology to offer more services through apps, online channels and Skype as well as using population health information to help shape services and provide personalised health and care
3. Provision of mental health services for both adults and young people
4. A local need to tackle inequalities in the provision of care for treatment of things like cancer
5. Shorter waits for planned care
6. More services to tackle loneliness and isolation

Like other areas in BLMK there is a resounding need for more unbiased and accurate information about how to lead a healthier life through diet and exercise with 77% of individuals citing this as important to them.

While GP services are largely well thought in Milton Keynes (48% of people were happy or extremely happy with services), this particular area of care still remains the number one factor that people feel that it's important to invest in these services to ensure local people stay well for longer.

In line with other areas there is recognition that technology could be better used to provide more opportunities to access care and making it easier for those struggling to get to health centres or hospital for consultations. Interestingly, a number of people also recognised that data held in patient records could be used, anonymously, to help predict future care needs and shape services that are needed for the local population.

What do we already know from previous engagement? (*What progress has been made before?*)

This is a continuing story – a lot of work has already been done across BLMK by CCGs and other organisations. Over the past two years engagement work done by some of BLMKs stakeholders such as Bedfordshire Clinical Commissioning Group (CCG) and Healthwatch has provided some valuable insight through patient and public views of a number of services and care provided in BLMK.

Earlier this year Healthwatch in BLMK was commissioned by NHS England to undertake a programme of patient and public engagement. As well as seeking general views on health care services, Healthwatch conducted some focussed engagement on cancer and mental health and this feedback will be used as a base to build upon around these two key areas of service provision (see Appendix X).

It is also worth mentioning that some recent engagement activity, like BCCG extensive engagement on maternity services, has provided a great example of best practice in BLMK which can be used as a template for engagement for the LTP and beyond.

Below is a summary of some of the key work undertaken in each of the four places that make up BLMK. In the appendix of this report is a table which plots out what engagement has been undertaken against the headings within the *NHS Long Term Plan*. We are currently looking at other opportunities to continue and create new conversations to ensure that our communities have a chance to co-design services for the future.

Central Bedfordshire

In comparison to the other 'places', Central Bedfordshire has undertaken targeted engagement around smoking as part of a review of stop smoking services. This has shown that the reasons why people smoke are complex and that the majority of people who hadn't thought about quitting didn't want to at all.

Earlier this year Healthwatch Central Bedfordshire undertook an extensive review of the services provided by East London Foundation Trust. This engagement work uncovered a number of real positives but highlighted issues with access, waiting times and continuity. Some of these themes were also picked up in other engagement work done, particularly within the Bedfordshire and Milton Keynes Healthcare Review in 2016.

Luton

Luton is the only place within BLMK that has undertaken extensive engagement around learning disabilities and autism. This work has identified that there is still a considerable amount of work to be done to improve services.

For several years, Healthwatch Luton has run special events to engage young people in Luton. This work has shown that young people struggle to understand what services are available to them, especially mental health services. Another key area of feedback was the lack of integration between health and social care.

Bedford Borough

Last year Bedford Borough council undertook a consultation as part of the development of its Health and Wellbeing Strategy. This engagement highlighted people's desire to see more support and services available around prevention and helping people stay healthier for longer. In addition, there was a call for services to use and promote social and voluntary organisations to support isolated and vulnerable people.

Milton Keynes

Milton Keynes introduced a pilot in 2018 to provide mental health services in four GP practices. This was largely well received but also highlighted that long waits and access for support and care still remained despite the piloted service and confirmed the ongoing need to improve mental health services.

In Bedford and Milton Keynes there is a long history of residents and patients keen to retain key services such as A&E, maternity and paediatrics, at their local hospital to ensure that people are not subjected to longer journeys for care. These views were shared by staff working in both locations.

Workforce engagement

Through several reviews conducted in BLMK over the last three years the views of staff have been gathered. From this, we believe staff are enthusiastic about the move towards pro-active care based around GP practices (the Primary Care Home/Primary Care Network developments). A summary of these is included in Appendix 3.

Since the inception of the STP/ICS a series of Clinical Conversations have been held to engage system leaders, commissioners, representatives from the voluntary sectors, police and fire brigade, providers, clinicians and other front line staff in discussions and brainstorming to develop a way forward on issues like mental health, complex care and prevention. A summary of these events and outcomes is included in Appendix 3.

Since 2016, 14 clinical conversations have been held which have been attended by nearly 1,500 representatives from across BLMK.

In addition to these events, programme leads have also run a number of events to bring system staff together to discuss and shape transformation. These have included events covering digital transformation, developing PCNs and mental health.

Next Steps (*what do we plan to do next?*)

It's important to note that the engagement undertaken to support the development of the NHS Long Term Plan is not the beginning or the end of the conversation but reflects a point in time. Following the summer engagement, we have further meetings planned already with a range of groups and will be working with ICS colleagues to support delivery of the priorities that have been agreed locally and at scale.

We intend to continue local conversations based on the following:

- We want our future plans to be informed by a range of views but especially to understand what matters to local people and to take a co-design/ production approach to future service delivery
- We want the conversation to be about 'what matters to me' rather than 'what is the matter with me'
- We want to build on this opportunity to have broader conversations – informed, regular to change things together
- We are working with national and regional colleagues to see if we can learn from other good practice
- We want to do more with the voluntary sector and are looking at opportunities to do this.

How will we know we're making a difference?

We monitor performance as well as patient and public experience/ feedback in different ways. As we demonstrate improvements in experience as a result of local involvement e.g. local maternity services; patient forums/ groups, we expect to see more people wanting to get involved. If we are getting it right, we would also expect to see a reduction in concerns being raised to Healthwatch and through our own channels.

APPENDIX 1: ENGAGEMENT ACTIVITY SUMMARY – SUMMER 2019

As per our engagement approach, the BLMK plan will be informed by previous engagement undertaken in priority areas as well as recent Healthwatch engagement undertaken across BLMK. In addition to this, we have sought opportunities to engage with target audiences and particularly young people and seldom heard groups and will continue these conversations as we look to implement our plans.

Date		Stakeholders (Who)	Audience (WHO)	Materials/Channels (How)	Activity
13/05/19	System Engagement Discovery event	Partners		Engagement event	System-wide engagement to shape the programme of public engagement for the LTP
	Engagement approach launched	BLMK Comms Collaborative	Comms colleagues for BLMK partnership	Meeting and presentation	Presentation and discussion of approach to engagement
	Engagement approach launched	CEO group	CEOs for BLMK partnership	Presentation	Presentation given to CEO group to explain approach to engagement
	Engagement approach launched	JHOSC members	Councillors/public	Presentation to members of the JHOSC	Presentation given to members to explain approach to engagement summer 2019
JUNE					
01/06/19	Soft launch of BLMK animation created to provide an overview of what we are aiming to achieve	All	Public	Website and Twitter	BLMK animation
	Local press – emailed to comms collab and release on website and Twitter	Local media/ICS partners	Public	Press release, website and Twitter	Press release to announce the launch of LTP campaign

JULY					
02/07/2019	BCCG PPEC	Patient	Patient reps	Meeting	Meeting patients to gain views of patients as part of campaign
tbc	Bedford Borough Healthwatch AGM	Public	Members and public	Stand	Meeting members to gain views of patients as part of campaign
10/07/19	Luton Hospital Health and Wellbeing event	Staff	Staff at L&D hospital	Stand and use of images on Twitter	Evening event gaining views of patients as part of campaign
12/07/19	CB Healthwatch 'Just Ask'	Public	Public in Houghton Regis	Stand	Meeting public/patients to gain views of patients as part of campaign
12/07/19	Social media	Public and stakeholders	Public	Social media	Tweeting from CB Healthwatch event
19/07/19	Healthwatch AGM	Members	Members of HW Bedford	Meeting	Meeting members to gain views of patients as part of campaign
27/07/19	Social media	Public and stakeholders	Public	Social media	Tweeting from Dunstable event
27/07/19	DFP community engagement event	Public	Public in Dunstable	Stand	Meeting public to ask them to complete survey
29/07/19	Local press – emailed to comms collab and release on website and Twitter		Public	Press release, website and Twitter	Press release to announce the launch of a general survey
30/07/19	Email to all	Staff	LCCG Staff	Email	Article to publicise campaign and engagement activities & to complete online survey
30/07/19	Luton HSCEG	Patients/Public Members of group	HSCEG members	Face to Face	Engagement activities & information
30/07/19	Email to all	Staff	LCCG Staff	Email	Article to publicise campaign and engagement activities & to complete online survey

30/07/19	Luton HSCEG	Patients/Public Members of group	HSCEG members	Face to Face	Engagement activities & information
30/07/2019	LCCG Patient Reference Group	Patients	Patient members of CCG group	Meeting	Meeting members to gain views of patients as part of campaign
30/07/19	MKCCG PIAREG	Patients	Patient reps	Meeting	Meeting patient reps to gain views of patients as part of campaign
AUGUST					
01/08/19 – 03/08/19	Roadshow DPTV in the Mall	Public	Luton residents	Face to Face	Meeting public and completing questionnaire
01/08/19	Social media	Public and stakeholders	Public	Social media	Tweeting from DFP event Luton
05/08/19	Email to public members (Bedfordshire)	Patients	Public members	Email	Article to publicise campaign and engagement activities
w/c 05/08/19	GP waiting room screens	Patients	Patients in Bedfordshire and Luton	GP waiting room screens	On screen poster to publicise campaign
05/08./19	CCS update to website and social media	Patients and public	CCS patients and public	Update	CCS update to website and social media to publicise the campaign
05/08/19	Email to Bedfordshire PPGs	Patients	PPG members	Email	Article to publicise campaign and engagement activities
05/08/19	Email to voluntary organisations and other stakeholders	Public	Bedfordshire residents	Email	Article to publicise campaign and engagement activities
06/08/19	Staff newsletter	Staff	BCCG staff	Staff newsletter	Article to publicise campaign and engagement activities
06/08/19 – 07/08/19	Stand in Luton Library	Public	Luton Public	Face to Face	Meeting public and completing questionnaire
07/08/19	Blood Clinic – Arndale House	Patients and Public	Patients and Public	Leaflets	Leaflets left and general information about the survey

07/08/19	Sexual Health Clinic – Arndale House	Patients and Public	Patients and Public	Leaflets	Leaflets left and general information about the survey
07/08/19	Staff Kitchen	Staff	LCCG Staff	Leaflets/Information	Leaflets left and general information about the survey
7/08/19	CAHMS youth group	Youth patients	Regular group of CAHMS patients in Bedford	Meeting	Meeting patients to gain views of patients as part of campaign
7/08/19	Social media	Public and stakeholders	Public	Social media	BLMK ICS Facebook page updated
7/08/19	Blue Light Event	Public	Patients and Public	Stand	Leaflets left and general information about the survey
09/08/19	Bedford Harpur Centre	Patients and Public	Members of the public in Bedford Town Centre	Joining DFPTV at the Harpur Centre	Meeting public to ask them to complete survey
11/08/19	Bhagwan Valmiki Sabha (BVS) Bedford	Patients and Public (BAME)	Public attending Valmiki service	Meeting	Meeting public/patients at tea and coffee following religious service, to gain views of patients as part of campaign
11/08/19	Social media	Public and stakeholders	Public	Social media	Tweeting from BVS event
13/08/19	CB Young Healthwatch Group	Youth	Youth reps	Meeting	Meeting members to gain views of patients as part of campaign and discuss future opportunities to engage youth
13/08/19	Social media	Public and stakeholders	Public	Social media	Tweeting from CB Young Healthwatch event
14/08/19	Young LGBTQ	Youth	Patients and Public (young LGBTQ community)	Meeting	Talking to young LGBTQ public/patients at a social engagement to gain their views as part of campaign
14/08/19	Social media	Public and stakeholders	Public	Social media	Tweeting from Young LGBTQ event

15/08/19	GP practice engagement	Patients	Practice patients in MK	Posters and leaflets	Posters and leaflets distributed by MKUH to all GP practices in MK to display in practice
20/08/19	Youth Ambassadors	Youth and public	Youth in Luton	Stand	Meeting public to ask them to complete survey and share their views as part of the campaign
20/08/19	McDonalds sharing campaign messaging	Youth and public	McDonalds stakeholders	Social media	Sharing campaign messaging and promoting survey and animation
21/08/19	McDonalds Youth Group	Youth	Public	Stand	Meeting public to ask them to complete survey and share their views as part of the campaign
21/08/19	Social media	Public and stakeholders	Public	Social media	Tweeting from McDonalds Youth Group event
22/08/19	Flying Start Summer Fun	Public	Public attending event	Stand	Meeting public to ask them to complete survey and share their views as part of the campaign
27/08/19	CB Healthwatch 'Just Ask'	Public	Public in Leighton Buzzard	Stand	Meeting public/patients to gain views of patients as part of campaign
27/08/19	Social media	Public and stakeholders	Public	Social media	Tweeting from CB Healthwatch event
29/08/19	Ramgharia Sikh Society	Patients and Public (BAME)	Regular group of sikh members attending social meeting at Ramgharia temple	Meeting	Talking to sikh public/patients at one of their social meetings to gain views of patients as part of campaign
29/08/2019	Luton Directory Live	Public	Public, patients	Stand	Coffee morning to gain views

	Coffee morning				of public as part of campaign
30/08/19	Ping Pong Parlour	Youth	Public	Meeting	Meeting public to ask them to complete survey and share their views as part of the campaign
30/08/19	Community engagement event	Public and patients	Public and patients using MKUH	Stand	Meeting public to ask them to complete survey and share their views as part of the campaign
tbc	Hospital engagement event	Public, patients, staff	Public, patients, staff	Stand at the entrance of MK Hospital	Meeting public to ask them to complete survey and share their views as part of the campaign
SEPTEMBER					
02/09/19	Community engagement event	Public and patients	Public and patients using MKUH	Stand at the front of outpatients reception	Meeting public to ask them to complete survey and share their views as part of the campaign
03/09/19	Gypsy and Travellers	Patients and Public	Residents living on the Chiltern Bray Traveller and Gypsy site in Eaton Bray	Pre-arranged meetings in individual homes	Visiting residents homes with Site Manager to gain their views
04/09/18	Queens Park GP Practice	Patients	Patients at GP Surgery	Visit to surgery	Talking to patients to gather their views as part of the campaign
5/09/19	On the buses in Bedfordshire	Public	Public using bus routes around Bedfordshire	Event	Joining the public on bus routes to talk about the campaign. Ask them to complete boards and survey
6/09/19	Staff briefing	Staff	Staff at Bedford Hospital	Meeting	Briefing meeting to engage senior staff at the hospital in

					the campaign
7/09/19	Central Beds Youth Parliament	Youth	Public, patients	Meeting	Meeting members to gain views as part of campaign and discuss future opportunities to engage youth
7/09/19	Social media	Public and stakeholders	Public	Social media	Tweeting from Central Beds youth event
7/09/19	Spectacular Arts Street Festival	Public	Public in Bedford	Stand	Meeting public/patients to gain views of patients as part of campaign
10/09/19	MKCCG AGM	Members	CCG members	Members event	Meeting members to gain views of patients as part of campaign
13/09/19	Staff survey launched and publicised through 15 partners	Staff	Staff working for the 15 partners of the ICS	Survey	Survey launched for staff to gain their views of their workplace and what changes they would like to see. Partner organisations use provided online collateral to publicise within their workplace
12-14 Sep	DFP community engagement event	Public	Public in Milton Keynes	Stand	Meeting public to ask them to complete survey
12/09/19	Social media	Public and stakeholders	Public	Social media	Tweeting from Bedford borough event
12/09/19	Bedford Borough Youth Council meeting	Youth	Public, patients	Meeting	Meeting members to gain views as part of campaign and discuss future opportunities to engage youth
12/09/19	Food Bank - Christ the Cornerstone (Friday)	Public	Public attending food bank	Stand	Talking to users of the food bank get them to share their views as part of the campaign

17/09	CNWL AGM	Public and stakeholders	CNWL	Meeting	Meeting members to gain views as part of campaign
18/09/19	MKUH AMM	Public and stakeholders	MKUH	Meeting	Meeting members to gain views as part of campaign
25/09/19	Bedford Healthwatch Health and Wellbeing Fair	Public	Public	Stand	Meeting public/patients to gain views of patients as part of campaign
25/09/19	Social media	Public and stakeholders	Public	Social media	Tweeting from Bedford Healthwatch event
OCTOBER					
24/10/19	MK African and Caribbean lunch club	Members	Lunch club	Meeting	Meet members to talk about health care in MK

APPENDIX 2 : LTP survey analysis – 794 responses

High Level Findings

Question 1. 46% of respondents across all three BLMK areas indicated that they have had 1-5 appointments in the last two years. The second largest group (21%) have had 5-10 appointments.

Question 2. 53% of respondents did not have a long term condition.

Question 3. Over 80% of all respondents were satisfied with the service they received from their GP. Nearly 93% of people were satisfied or extremely satisfied by the care and treatment provided at their local hospital they had attended. 97% of people surveyed were satisfied or extremely satisfied with the care and treatment they receive from their district nurse. 92% were satisfied by the service provided during blood tests. 53% of people were satisfied with the care and treatment provided at a specialist hospital they had attended.

Question 4. Access to services (44.13%) and shorter waiting times (30.50%) for GP and hospital appointments were identified as the top issues that would improve people's experience of health and care services in BLMK.

However, other issues highlighted were staff numbers and their knowledge (12.17%) were also raised along with a need for more joined up care and communication (7.77%) between services and the patient.

Question 5. Nearly half (46.73%) of respondents said that having local and accessible services as the best thing about local healthcare.

Great services (24.20%) and good staff (15.37%) were also recognised.

Question 6. Nearly 41% of respondents identified locally accessible and provision of services as that mattered most to them to their health and wellbeing.

Over 30% of respondents recognised the need for a good diet, exercise and other self-care, like having a balanced lifestyle was what mattered to them most about their health and wellbeing.

In addition, 11.43% of respondents felt that having services that provided compassionate care, feeling listened to and having a say in their health and wellbeing also mattered.

Question 7. Nearly 78% of respondents would be happy to see another professional if it would mean they were seen quicker. Reasons for not wanting to see someone else included, confidence in them knowing enough, GPs provide a holistic approach, prefer to see GP, not having all the information about a person's health and dependent on problem.

Question 8. 69% of people surveyed would be happy with an alternative appointment either online or on the phone. However, nearly 33% weren't happy with some of the following reasons - dependent on problem, confidence in diagnosis, want to see a person, do not have access to a computer, hard of hearing and privacy.

Question 9. Nearly 80% of respondents cited improved access to GP services as the thing that would help them stay well.

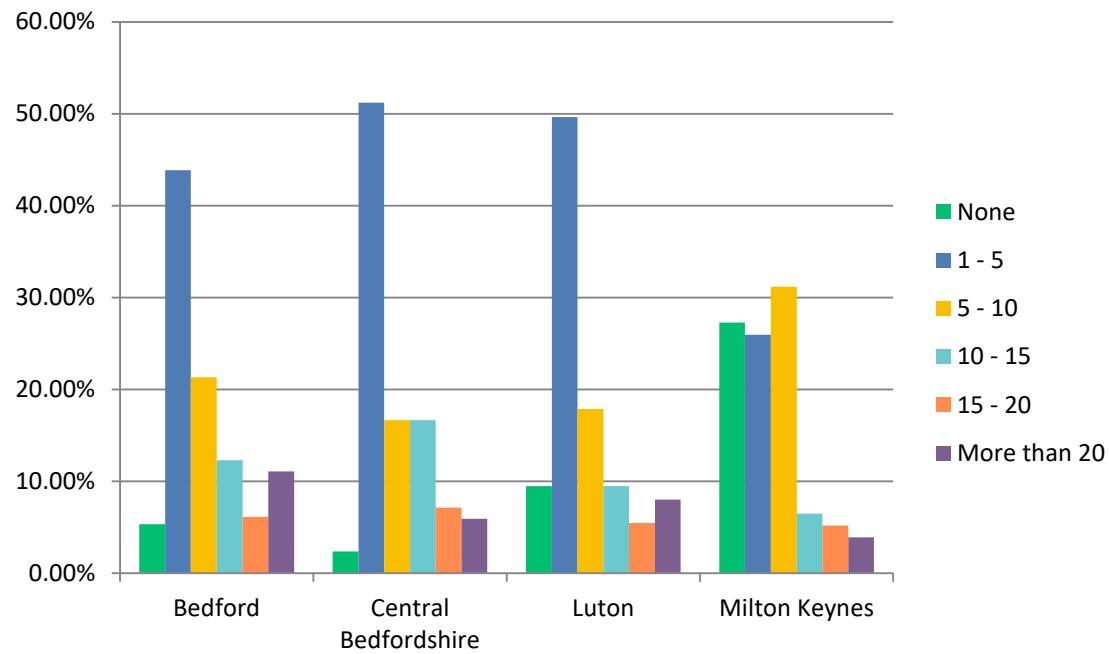
Interestingly, over 60% also highlighted that shared access to records would also be helpful and 49% said that greater use of technology to monitor health remotely would be useful. And over 58% of respondents said that better information to help with self-care and health and wellbeing would be good.

Question 10. The majority of respondents said they were happy with the amount of social contact they have with nearly 15% saying they have some but not enough.

Comparison tables – system-wide

Question 1

How many medical appointments have you had in the last 2 years?

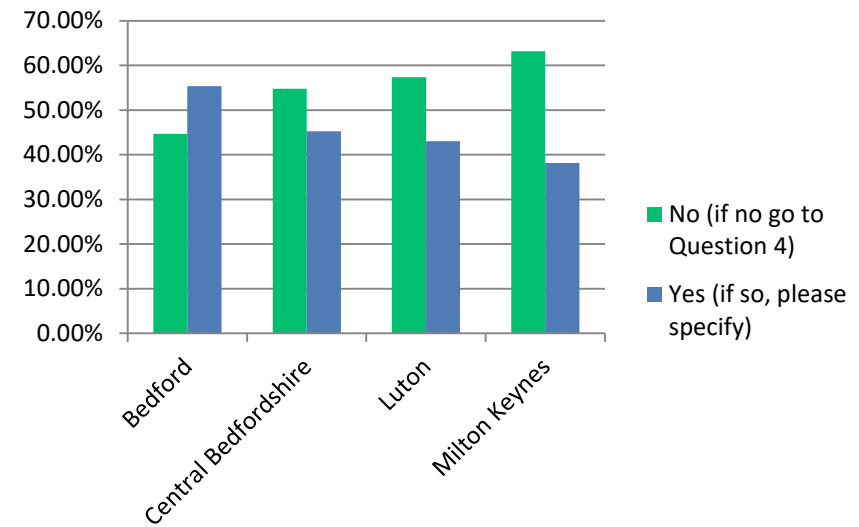


Skipped 6

Question 2

Do you have a long term condition? For example, learning disabilities, a long term mental health condition, physical impairment, blind/sight impairment, deaf or hearing impairment.

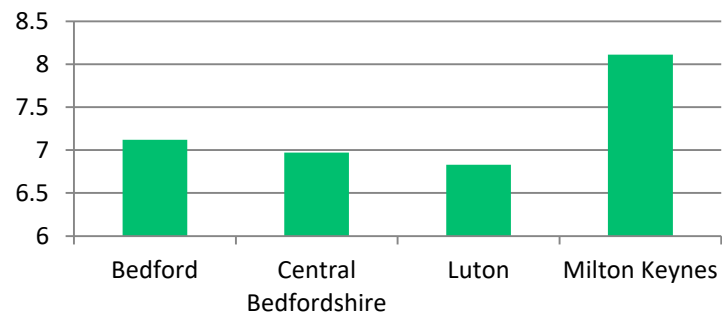
	No		Yes		Total	
	%	Count	%	Count	%	Count
Bedford	44.63%	108	55.37%	134	35.91%	242
Central Bedfordshire	54.76%	46	45.24%	38	12.46%	84
Luton	57.35%	156	43.01%	117	40.36%	272
Milton Keynes	63.16%	48	38.16%	29	11.28%	76
Total	53.12%	358	47.18%	318	100.00%	674
					Answered	674
					Skipped	11



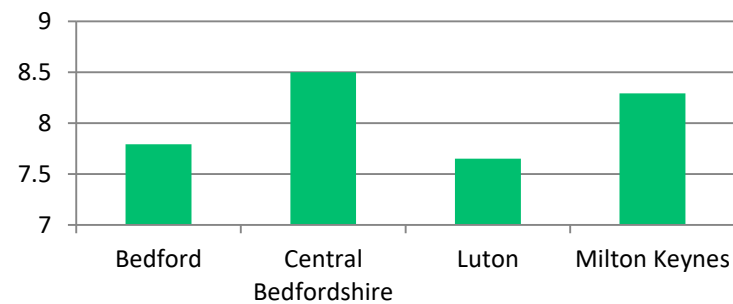
Question 3

How satisfied are you with the care and treatment you receive on a scale of 1-10 (with 1 very poor and 10 excellent)

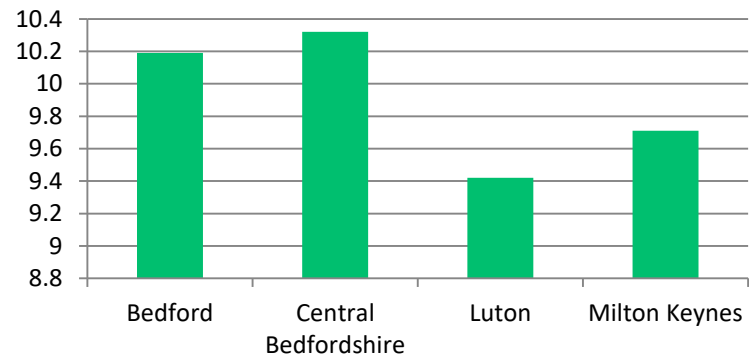
From GP



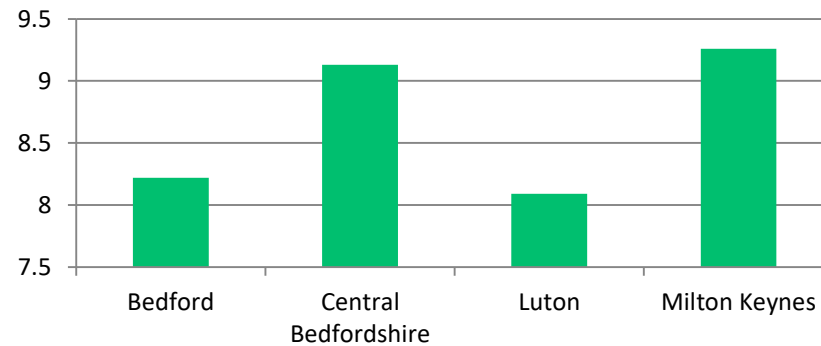
From your local hospital



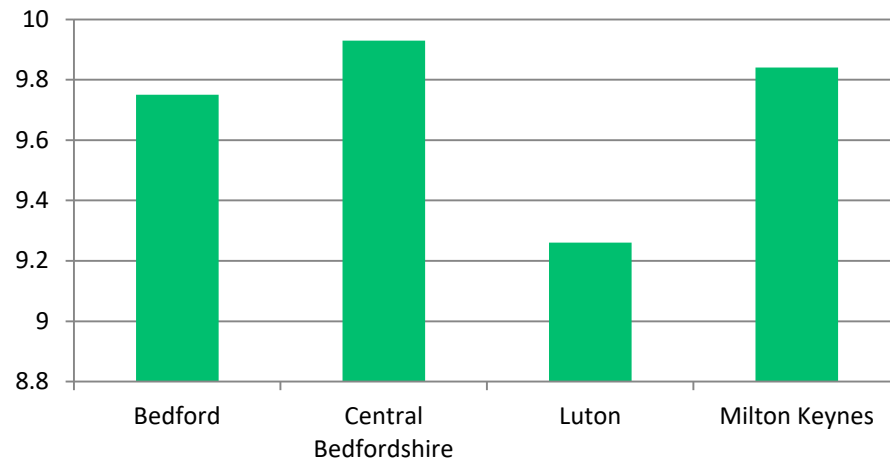
From your district nurse



When going for a blood test



From a specialist hospital



Question 4

What would improve the experience?

601 people responded to this question and 84 skipped this question.

The responses have been broadly classified into 13 themes, with some responses classified as covering more than one of these themes. The themes are:

- i. Access to services
- ii. Better use of technology
- iii. Consistency of care
- iv. Feeling listened to
- v. Good experience
- vi. Improved care environment

- vii. Improved mental health care
- viii. Information access
- ix. Joined up care/communications
- x. More time with doctors
- xi. NHS funding
- xii. Shorter waiting times
- xiii. Staff/training

A synopsis of responses by theme for each area is shown in the section 'breakdown by area' with all responses is included in Our What We've Heard report.

Question 5

What do you think is the best thing about local healthcare?

578 people responded to this question and 107 skipped this question.

The responses have been broadly classified into nine themes, with some responses classified as covering more than one of these themes. The themes are:

- i. Access to other services
- ii. Continuity of care
- iii. Free services
- iv. Good advice
- v. Good staff
- vi. Great services
- vii. Joined-up care
- viii. Local, accessible service
- ix. Patient experience

A synopsis of responses by theme for each area is shown in the section ‘breakdown by area’ with all responses is included in Our What We’ve Heard report.

Question 6

What else matters to you in relation to your health and wellbeing?

516 people responded to this question and 169 skipped this question.

The responses have been broadly classified into 17 themes, with some responses classified as covering more than one of these themes. The themes are:

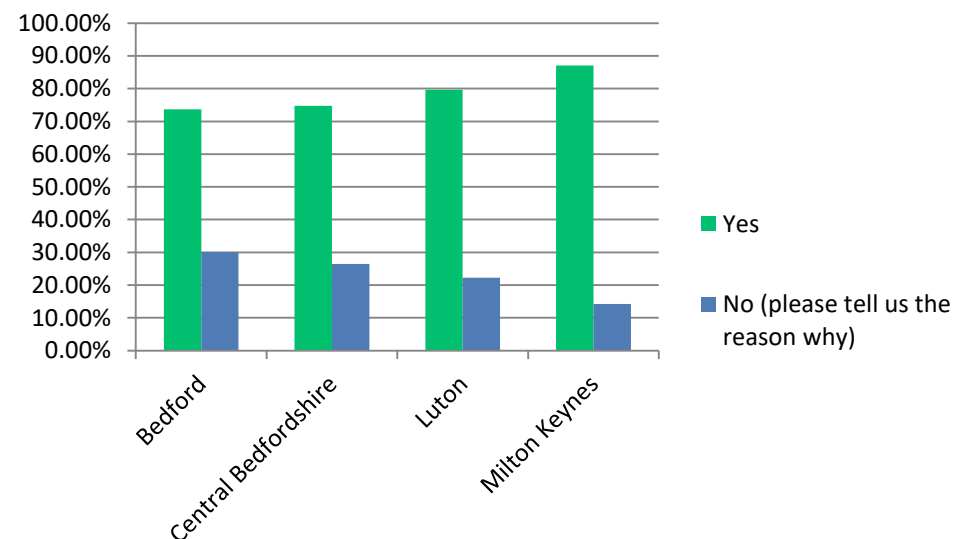
- i. Access and services
- ii. Access to medication
- iii. Care closer to home
- iv. Care estate
- v. Communication
- vi. Compassionate care
- vii. Continuity of care
- viii. Environment (i.e. pollution)
- ix. Exercise and diet
- x. Funding for NHS
- xi. Happy with services
- xii. Improved health
- xiii. Improved MH services
- xiv. Knowledgeable staff
- xv. Reliable information
- xvi. Self-care
- xvii. Shared care records
- xviii. Shorter waiting times

A synopsis of responses by theme for each area is shown in the section ‘breakdown by area’ with all responses is included in Our What We’ve Heard report.

Question 7

Would you be happy to see another healthcare professional (like a pharmacist or a paramedic) rather than a GP, if you could be seen quicker?

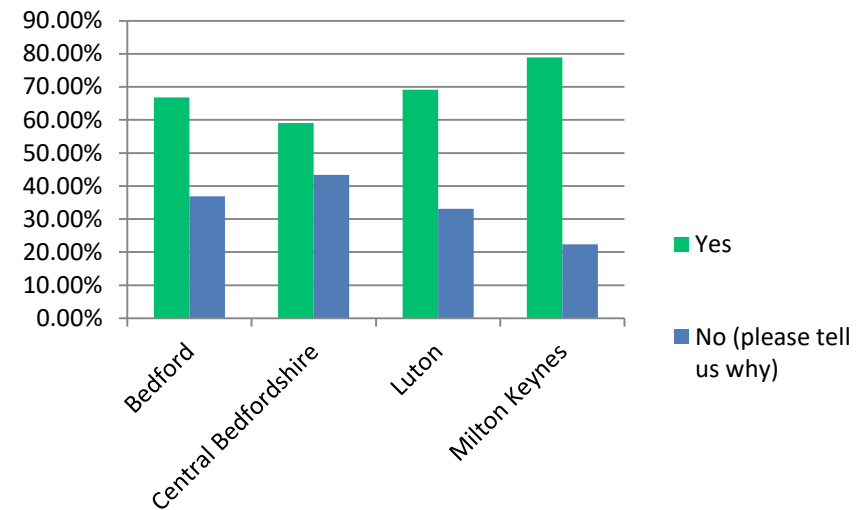
	Yes		No		Total	
Bedford	73.66 %	179	30.04 %	73	36.11%	243
Central Bedfordshire	74.70 %	62	26.51 %	22	12.33%	83
Luton	79.63 %	215	22.22 %	60	40.12%	270
Milton Keynes	87.01 %	67	14.29 %	11	11.44%	77
Total	77.71 %	523	24.67 %	166	100.00%	673
					Answered	673
					Skipped	12



Question 8

Would you be happy to have an alternative appointment e.g. talking to a practitioner online or on the phone rather than in person, if you could get an appointment sooner?

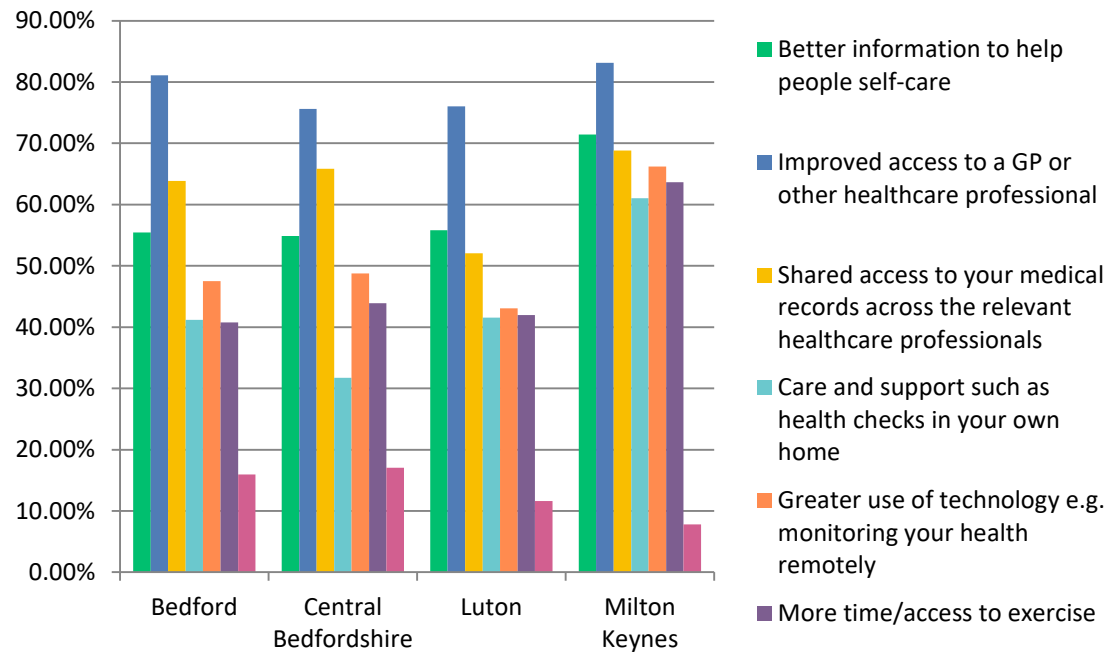
	Yes		No		Total	
	%		%		%	
Bedford	66.80%	161	36.93%	89	36.02%	241
Central Bedfordshire	59.04%	49	43.37%	36	12.41%	83
Luton	69.14%	186	33.09%	89	40.21%	269
Milton Keynes	78.95%	60	22.37%	17	11.36%	76
Total	68.16%	456	34.53%	231	100.00%	669
					Answered	669
					Skipped	16



Question 9

We want to do all we can to support you to stay well, and in doing so, reduce the number of people who need specialist hospital care. What do you think would help with this? (select all relevant)

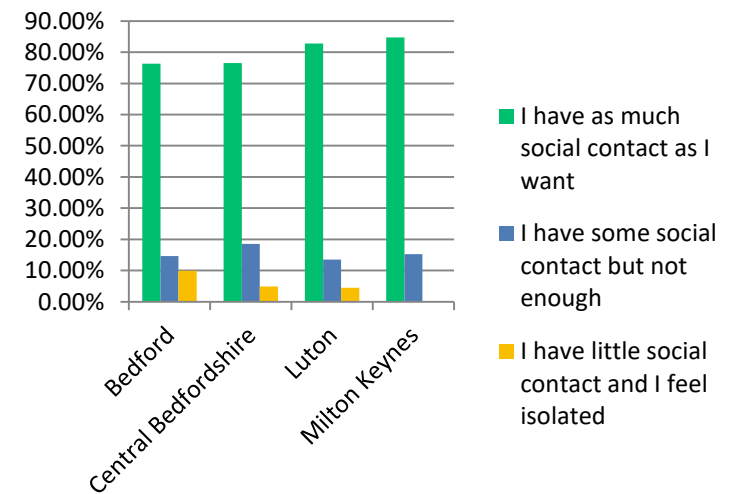
	Better information to help people self-care		Improved access to a GP or other healthcare professional		Shared access to your medical records across the relevant healthcare professionals		Care and support such as health checks in your own home		Greater use of technology e.g. monitoring your health remotely		More time/access to exercise		Other (please specify)		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Bedford	55.46%	132	81.09%	193	63.87%	152	41.18%	98	47.48%	113	40.76%	97	15.97%	38	35.84%	238
Central Bedfordshire	54.88%	45	75.61%	62	65.85%	54	31.71%	26	48.78%	40	43.90%	36	17.07%	14	12.35%	82
Luton	55.81%	149	76.03%	203	52.06%	139	41.57%	111	43.07%	115	41.95%	112	11.61%	31	40.21%	267
Milton Keynes	71.43%	55	83.12%	64	68.83%	53	61.04%	47	66.23%	51	63.64%	49	7.79%	6	11.60%	77
Total	57.38%	381	78.61%	522	59.94%	398	42.47%	282	48.04%	319	44.28%	294	13.40%	89	100.00%	664
															Answered	664
															Skipped	21



Question 10

Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?

	I have as much social contact as I want		I have some social contact but not enough		I have little social contact and I feel isolated		Total	
Bedford	76.29%	177	14.66%	34	9.91%	23	36.88%	232
Central Bedfordshire	76.54%	62	18.52%	15	4.94%	4	12.88%	81
Luton	82.79%	202	13.52%	33	4.51%	11	38.79%	244
Milton Keynes	84.72%	61	15.28%	11	0.00%	0	11.45%	72
Total	79.81%	502	14.79%	93	6.04%	38	100.00%	629
							Answered	629
							Skipped	56



Comparison tables

Questions 11 to 18

Question 11

I live in?

	Number	% of response
Bedford	248	32.6
Central Bedfordshire	84	11.05
Luton	276	36.32
Milton Keynes	77	10.13
Other	126	16.58
Total	760	

Skipped 24

Question 12

What is your age?

	Bedford	Central Bedfordshire	Luton	Milton Keynes
Under 18	9	13	6	0
18-24	9	5	12	4
25-34	18	8	30	12
35-44	33	11	43	16
45-54	37	12	50	18
55-64	51	13	53	13
65-74	51	15	46	4
75-84	19	6	19	3
85 or older	8	1	4	1

Prefer not to say	5	0	0	0
Total	240	84	263	74

Skipped 43

Question 13

Do you consider yourself to have a disability?

	Yes	No	Rather not say	Total
Bedford	62	168	6	236
Central Bedfordshire	13	69	2	84
Luton	45	210	5	260
Milton Keynes	16	54	0	70
Total	136	501	13	650

Skipped 52

Question 14

What is your gender?

	Female	Male	Rather not say	Total
Bedford	159	79	1	239
Central Bedfordshire	57	27	0	84
Luton	159	102	2	263
Milton Keynes	37	34	0	71
Total	412	242	3	657

Skipped 44

Question 15

What is your sexual orientation?

	Bedford	Central Bedfordshire	Luton	Milton Keynes	Total
Bisexual	7	5	2	1	15
Gay Woman	2	1	0	0	3
Gay Man	4	0	1	0	5
Heterosexual/straight	196	72	234	58	560
Prefer not to say	22	4	20	11	57
Total	231	82	257	70	640

Skipped 64

Question 16

What is your ethnic group?

	Bedford	Central Bedfordshire	Luton	Milton Keynes
English/Welsh/Scottish/Northern Irish/British	189	77	149	51
Irish	4	0	7	2
Gypsy or Irish traveller	1	3	0	0
Any other White background	11	3	19	3
White & Black Caribbean	5	0	3	3
White & Black African	1	0	4	2
White & Asian	2	0	1	0
Any other mixed/multiple ethnic background	0	0	3	1
Indian	7	1	16	0
Pakistani	5	0	19	0

Bangladeshi	0	0	7	0
Chinese	1	0	2	0
Any other Asian background	0	0	4	0
African	1	0	16	3
Caribbean	7	0	12	3
Any other Black/African/Caribbean background	3	0	4	2
Arab	0	0	0	0
Any other ethnic group	1	0	1	0
Other	3	0	0	0
Total	238	83	261	69

Skipped 52

Question 17

What is your religion?

	Bedford	Central Bedfordshire	Luton	Milton Keynes	Total
No religion	79	37	59	22	197
Christian	137	44	146	42	368
Buddhist	3	0	2	0	5
Hindu	2	0	9	0	11
Jewish	0	0	2	1	3
Muslim	5	1	35	3	44
Sikh	0	0	0	0	0
Any other	10	1	5	2	18
Total	236	83	258	69	646

BLMK Engagement Analysis

PRIORITIES	CENTRAL BEDFORDSHIRE	LUTON	BEDFORD	MILTON KEYNES
Smoking	<p>In 2018, CBC undertook a series of focus groups with currently pregnant and new mothers in Bedford and L&D hospitals. These were topped up with 21 in depth interviews with women who were unable to attend groups. In addition, six paired in-depth interview with couples were undertaken to understand awareness of the council run Stop Smoking Service and why women continued to smoke during pregnancy. The results of this research showed that:</p> <ul style="list-style-type: none"> - Most women were aware of stopping smoking services - While some had taken the offer up they did not feel that services offered real help - Midwives largely don't offer help - For some the risks of smoking were not discussed - Unclear explanation of pathway to receiving help - Women offered parts of service but typically not given collective overview of options - All aware of NRT 		<p>During 2018 Bedford Borough Council ran a three month consultation on its Health and Wellbeing Strategy. Over 60 borough residents responded and the following points were highlighted about prevention:</p> <ul style="list-style-type: none"> - Prevention is underplayed in any strategies and should be at the forefront of helping people to live well and remain independent - Adults should take more responsibility for health 	
	<p>In 2018, CBC undertook polling to gain insight into why smokers do not currently access the local stop smoking services. There were 341 quantitative interviews and 15 qualitative in-depth interviews. The findings are summarised below:</p> <ul style="list-style-type: none"> - 28% wanted to stop smoking - Most who've never tried to quit still don't want to. Half who have tried to quit before still want to - Barriers to stopping were: dealing with stress, struggling to relax, breaking addiction and how to socialise with smoking friends - Majority find stopping services via a referral - Most feel services are good - Most felt that the single issue was their own will power regardless of what services are available - Self-help has widest appeal with online support through an app being most favourable 			

BLMK Engagement Analysis

	- Face to face support also ranked highly			
Stronger NHS action on health inequalities				<p>Working with a variety of local organisations and stakeholders in MK, an informal network was established and had a shared interest in improving health outcomes for local people. As part of ongoing discussions, residents of the Lakes estate were asked to share issues they faced and what was the resultant impact on their health. A summary of the issues and impacts are below:</p> <ul style="list-style-type: none"> - Lack of information and support for issues that affect health – anxiety, lack of opportunity for physical activity and financial worries - Area is deprived with poor quality housing (which is currently being re-developed by MKC)
A strong start in life for children and young people			<p>During 2018 Bedford Borough Council ran a three month consultation on its Health and Wellbeing Strategy. Over 60 borough residents responded and the following points were highlighted about children and young people receiving the best start in life:</p> <ul style="list-style-type: none"> - Majority of respondents to consultation felt this was a priority for the H&W Board - Respondents also felt that there needed to be more join up of services - Children should be encouraged to lead healthier lives earlier on by promoting initiatives like walking buses; cycling to school and educating on healthy eating - Providing accessible and affordable healthy activities was also highlighted 	
Adults remaining well and living independently	<p>During the 2018 Healthwatch Central Bedfordshire’s annual ‘Just Ask’ event visited nine towns and villages across central Bedfordshire and spoke to 1600 people who were able to share their experiences of services delivered locally.</p> <p>Below is a summary of the comments received on health and care services:</p> <ul style="list-style-type: none"> - If given the right advice and information people can adequately move forward with issues, with support on some occasions, especially true for mental 		<p>During 2018 Bedford Borough Council ran a three month consultation on its Health and Wellbeing Strategy. Over 60 borough residents responded and the following points were highlighted about adults remaining well and living independently:</p> <ul style="list-style-type: none"> - Vital to provide support to enable older people to remain living independently for as long as possible - Stop short term projects and fund professionals out in the community who can actually help - Use established groups – faith groups - to help support isolated/vulnerable people 	<p>During the latter part of 2016/17, an eight week public consultation was launched on changes to podiatry services, adult hearing services, supply of medicines, procedures of limited clinical value and community inpatient services. Some of the key points raised were:</p> <ul style="list-style-type: none"> - Primary care access for homeless people with no fixed address or identification - Keeping older people out of hospital is a priority - There was public support to cease prescribing gluten free foods and allow GPs to apply to the CCG for exceptional circumstances

BLMK Engagement Analysis

	<p>health services</p> <ul style="list-style-type: none"> - People felt prevention with mental health was key to helping people maintain wellbeing - Concerns about mental health support in the community - A number of people thought that health and social care needed to be at crisis before help was provided - Keep older people out of hospital 		<ul style="list-style-type: none"> - Promotion of healthy living and exercise will help in old age - Creating healthy environments e.g. Housing for people to live will go a long way to keeping people healthier for longer - Using Voluntary Organisations and other grassroots groups to reach seldom heard groups - Homelessness continues to be a problem and a proper long term solution needs to be found. - Keep older people out of hospital 	<ul style="list-style-type: none"> - Adult hearing services – the original proposal to exclude patients with mild hearing loss or limit the supply of a second hearing aid was not taken forward. There was a consensus view that commissioning could be improved to deliver savings
	<p>In 2016 BCCG undertook a service evaluation of value based elective commissioning and undertook a formal 12 week consultation with the public, clinical members, local pharmacists, dieticians and members of staff to understand their views on proposed changes to the provision of gluten free foods, stopping the provision of over the counter medicines on prescription and stopping routine commissioning any specialist fertility services other than for two specified exceptions. BCCG received 1,054 responses.</p> <p>A summary of the feedback on fertility is included below in maternity services. Below is a summary of the feedback received on provision of gluten free food and stopping over the counter medicines on prescription:</p> <ul style="list-style-type: none"> - More than half of the respondents agreed with the proposal that BCCG should stop funding gluten free foods on the NHS - 63% of respondents agreed with the proposal that BCCG should stop funding over the counter. 74% of respondents also felt that a self-care campaign to help raise awareness of how to look after their own health and the best places to go for health advice, would be useful 			
<p>Adults remaining well and living independently</p>	<p>Following publication of the BLMK STP Discussion Paper ‘Seeking your views on transforming health and care in BLMK’ on 1 March 2017. This engagement built on the engagement and discussions that took place following the publication of the October 2016 BLMK STP submission to NHS England. From 6 to 9 March 2017, eight public engagement events were held across the BLMK area, both in the daytime and evening to ensure as many people as possible were able to attend and provide their views. At these events, attended by 281 people, local clinicians talked through the latest thinking presented in the Discussion Paper, and round table discussion sessions were held to gather people’s views.</p> <p>During March 2017, 233 NHS staff from our three local hospitals (117 in Bedford, 60 in Luton and 56 in Milton Keynes) attended 12 events to provide their feedback on the six key areas identified in the Discussion Paper for transforming secondary (hospital-based) health and care services in BLMK, and on the STP as a whole. The online feedback survey also attracted 32 responses from NHS staff. Below is a summary of the public feedback received about continuity of care:</p> <ul style="list-style-type: none"> - Centralisation of services could only succeed if there was better communication between different parts of the healthcare system and better sharing of patient information, backed by technology. - For vulnerable or anxious patients, continuity of care would be vital and there were suggestions that a patient’s care needed to be co-ordinated by one person, perhaps someone from the voluntary sector. - Processes need to be looked at, for example the current referral pathways for all three Trusts are very different. - There were also questions about how new models of care would affect existing care pathways between different healthcare providers, including those outside the BLMK area. - There was general support for more care to be delivered closer to home, but questions as to whether this was realistic given the shortage of GPs and difficulty recruiting. - It was felt that much of the pressure on A&E stemmed from not being able to get a GP appointment and that primary care services needed to be significantly improved with longer GP opening hours, GP call backs, better-promoted out of hospital urgent care services (e.g. walk-in centres / local minor injuries services), more advice from pharmacists and out-of-hours dental provision. - People firmly felt that community-based care needed to be strengthened before tackling secondary care and that processes needed to be in place to ensure people didn’t fall down the cracks / get lost in the system. - For elderly people, it was felt that as much care as possible should be provided at home or in community settings, with a secondary care ‘outreach’ service supporting the care sector / nursing homes etc. so they could play a greater role in identifying problems and keeping elderly people out of hospital - It was felt that faster / better discharge would help relieve pressure on hospital beds (King’s Mill Hospital near Mansfield was mentioned as having a good process in place whereby a patient’s destination for post-treatment was established as soon as they arrived). Respondents supported the use of cottage hospitals / step-down facilities for convalescing, especially for elderly patients, and there was a suggestion that the 29-bed Biggleswade Hospital could be used more extensively for this. <p>Below is the summary of clinical feedback:</p>			

BLMK Engagement Analysis

	<ul style="list-style-type: none"> - Most professionals felt that emergency care needed to be prioritised above planned care. There was some support for separating the two in order to reduce waiting time and cancellations, and also to prevent situations where postponed planned care became an emergency or led to worsened conditions / longer recovery times. “They really have to be separated to stop the whole NHS being eaten up by emergency services.” - The vast majority of respondents supported more care being delivered closer to home in convenient, familiar environments. Staff considered this to be a sensible, practical and workable solution, especially for elderly people, children and dementia patients, so long as quality of care could be maintained. Professionals also wanted to see these alternative arrangements in place before any changes were made to secondary care. A request was made to formally involve the voluntary sector in the development of these proposals. - Some professionals questioned how this would be funded and staffed, especially given the cuts to social care funding and the shortage of GPs, and some did not support the move if this meant the ‘closure’ of any currently hospital based services. There was some concern that moving services into the community could increase costs, especially for specialties like ENT where it would be expensive to provide the specialist equipment and support needed on multiple sites. Some staff felt it could mean consultants spending more time travelling and said that care needs to be taken not to dilute expertise. “Necessary expertise is needed in the field so that serious conditions are identified and referred.” - Specific services that respondents felt could be delivered closer to home were blood tests, diagnostics, X-rays, outpatient and follow-up clinics, warfarin clinics, weekend dressings clinics, routine surgery and blood transfusions, podiatry, ENT, hearing aids, a mobile ophthalmology van, physiotherapy, speech and occupational therapy, dietetics, pain management, diabetes, management of care for the elderly and chronic long-term conditions. Dermatology was also mentioned, although some people had had a poor experience of the recently outsourced dermatology service. People also mentioned the provision of specialist nurses for neurological conditions, continence issues etc, working more out in the community and liaising between hospital and GPs. - In terms of location, respondents mentioned co-location of service at GP surgeries (could different surgeries specialise in different areas, could GP surgeries use old equipment?), village halls (used in some areas for warfarin clinics), mobile clinics, chemists, sports centres, large care homes, cheap sites with lots of parking, cottage hospitals and better use of Bedford Hospital North Wing, Steppingley and Biggleswade hospitals. It was mentioned this may not work so well in rural areas due to travel distances, and mobile units were suggested. - It was mentioned that there needed to be much better links between health and social care, especially across the boundaries, and there was a suggestion that the STP should consider establishing a single community service provider for the whole area – one which had full knowledge of the needs of the people. - More home visits from district nurses and health visitors were supported, so long as infection control was observed and there was emergency back-up. Multi-skilling for professionals making home visits was also mentioned, to prevent multiple visits. - Respondents mentioned that there needed to be continuity of care, preferably co-ordinated by one person, with communications and transfer of patient data between sites or services of a very high standard, with the technology to back it up. “The main problem would be the patients’ medical notes – if not on the central computer, details could be lost.” <p>In 2019, the Healthwatch network was funded by NHSE and NHS Improvement to carry out engagement with communities across BLMK to establish how the Long Term Plan should be implemented locally. Engagement work comprised of two key elements – firstly, two national surveys to gather people’s general experiences of NHS services across BLMK and a condition specific survey. Secondly three focus groups in each of the four areas in BLMK. One focus group was held with the general public to collect people’s view on ways to improve services and the further two on cancer and mental health. Below is a summary of the general feedback received about NHS services:</p> <ul style="list-style-type: none"> - Better access to services, both health and community, with support available 24/7 and not just during working hours for all services, with shorter waiting times, culturally appropriate services and more local provision - A more holistic and joined-up approach among health professionals – links between services are seen to be problematic - Improved communication across a range of areas: basic health literacy is lacking, which is impacting on people’s ability to make informed and supported decisions about their health and care; awareness of services is lacking – people want better signposting to groups, networks and sources of information. 	
	<p>In 2014 BCCG undertook a comprehensive consultation on the provision of fertility services in Bedfordshire and Luton. BCCG reached out to its public membership, the GP PPGs and locality patient network groups to join a stakeholder group. Over the course of three meetings the group was able to steer the formal consultation process and improve participation numbers. As a result of the consultation the following option was singled out as the preferred route:</p> <ul style="list-style-type: none"> - Option 1 – EoE collaborative recommended option – two full cycles for women aged 23-40; one full cycle for women aged 40-42. - It is worth noting however, that the Adult Services and Health Overview Committee did not agree with this, nor did Bourn Hall who provide services and the Fertility Fairness highlighted it was a departure from NICE guidance 	<ul style="list-style-type: none"> - In July 2018 Healthwatch MK undertook a survey to understand why there was a decline in pregnant women taking up flu jabs. The survey received 39 responses and showed that flu jab take up in pregnant women was often hindered by lack of knowledge, concerns about impact on baby, lack of availability and who was available to give jab. - Perhaps they could be offered during antenatal sessions.

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<p>Maternity and neonatal services</p>	<p>In 2018 BLMK-wide survey was undertaken by BCCG to learn about the experiences of women who were using maternity services or had used them in the last five years. The survey was conducted as part of a wider programme to co-design maternity services. Eight hundred and twenty-five responses were received and analysed. The key areas of feedback are below:</p> <ul style="list-style-type: none"> - Experiences of staff varied between good and very poor - Delivery suite midwives were considered to deliver excellent care. Maternity ward staff were less favourable with some mothers highlighting uncaring attitudes, some inexperienced staff and limited resources. There was also less support at night - Mothers felt there was a lack of support, contradicting advice and a feeling of pressure to breast feed - Care delivered by consultants was questioned as being abrupt and sometimes dismissive of parents concerns - Consultants relationship with midwife teams was highlighted as not being constructive - Continuity of care was a key theme and professional were not communicating with each other - Birth plans and wishes were not always followed - Privacy on wards was limited - Mental health issues could be managed more effectively
	<p>Following publication of the BLMK STP Discussion Paper ‘Seeking your views on transforming health and care in BLMK’ on 1 March 2017. This engagement was part of our pre-consultation activity and builds on the engagement and discussions that took place following the publication of the October 2016 BLMK STP submission to NHS England. From 6 to 9 March 2017, eight public engagement events were held across the BLMK area, both in the daytime and evening to ensure as many people as possible were able to attend and provide their views. At these events, attended by 281 people, local clinicians talked through the latest thinking presented in the Discussion Paper, and round table discussion sessions were held to gather people’s views.</p> <p>During March 2017, 233 NHS staff from our three local hospitals (117 in Bedford, 60 in Luton and 56 in Milton Keynes) attended 12 events to provide their feedback on the six key areas identified in the Discussion Paper for transforming secondary (hospital-based) health and care services in BLMK, and on the STP as a whole. The online feedback survey mentioned in section 2.1 above also attracted 32 responses from NHS staff. Below is a summary of the public feedback received about maternity services:</p> <ul style="list-style-type: none"> - There was some support for concentrating high risk pregnancies and complex paediatric care in centres of excellence, major concerns remained about the increased need for travel, especially for expectant mothers. - Many felt that maternity services should be expanding to accommodate the increasing number of births and there was concern about what would happen if a low risk pregnancy turned into a difficult birth, with unexpected complications. - For paediatrics, the main concerns related to families being able to stay with and visit children if they were at a hospital further away. The point was made that, if issues in maternity and paediatrics were being caused by a lack of consultants, then the focus needed to be on recruitment rather than reconfiguring services. It was mentioned that the constant threat of these departments being downgraded may in itself be causing issues with recruitment. The links between maternity and paediatrics and the services that support them also needed to be considered. <p>Below is the summary of clinical feedback:</p> <ul style="list-style-type: none"> - Respondents agreed that maternity services should be a priority area for secondary care transformation due to the strain that current services are under. For maternity services, staff felt that patient safety and choice were paramount. - While the majority of respondents wanted to see full obstetrics services retained at all three hospital sites, especially given the expected increase in the number of births, there was some support for managing low risk pregnancies locally, with complex, high risk pregnancies being focused on centres of excellence. “The chances are, high risk pregnancies will be known about in plenty of time before the birth...Although I would prefer maternity services to be kept at all three current sites, I think there is a case for having known high risk births at specialist centres. This a better solution than reducing availability generally which would mean far more mothers to be travelled no greater distances.” However, people would like clarity as to what constitutes a ‘high risk birth’ (e.g. severely premature or everybody who might need a caesarean) and what numbers are involved. Would pregnant mothers with mental health issues be considered high risk / looked after at an obstetrics unit? - Concern remained that provision of full obstetrics units on fewer sites could increase 999 calls and that increased travelling for high risk mothers could increase risk and cause psychological and physical harm to mother and baby, including postnatal depression if it meant mothers and families were located further apart. A high number of respondents also mentioned that a low risk pregnancy could quickly turn into a complicated delivery, so local maternity units would still need quick access to consultant support and be able to respond quickly to emergencies (e.g. to provide an emergency caesarean). “Perhaps a team of on-call obstetricians and /or consultants could be made available with a high speed car to get to the patient or hospital.” - Many felt that patient choice was paramount, and that mothers needed to be offered the choice of a midwife-led unit or obstetrics unit, as well as promoting other birthing alternatives such as home births and birthing centres. In doing so, any specific needs arising from different cultures and our ethnic communities would need to be taken into consideration. Some respondents supported the move towards less clinical environments for low risk maternity care, supported by community-based Page 17 midwives and GPs, with accessible day units for mothers having difficulties during pregnancy. There was also some support for moving antenatal and postnatal care from hospital sites into community health centres, to free up car parking space at hospitals and bring it closer to home for young families.

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	<ul style="list-style-type: none"> - Views on sharing staff between sites were mixed, with some saying this would help to manage peaks and troughs and one person saying that, for her personally, it would be impractical due to family commitments. If this were to work, there would need to be shared protocols across the STP area. Some respondents mentioned that centralising high risk maternity could reduce the ability of the majority of staff to learn from the unusual, leading to skills deterioration. Several people mentioned that cuts in bursaries for nurse / midwife training had had an impact on recruitment and there were suggestions that self-employed maternity nurses / midwives and retired nurses may be able to offer support and ante-natal care for mothers. 			
<p>Children and young people's mental health services</p>	<p>In 2017, Healthwatch Central Bedfordshire's Youth parliament undertook a survey of 1,254 young people aged 11-18 years to understand their experience of mental and services to support them. A summary of findings is below:</p> <ul style="list-style-type: none"> • The data reports that 27% (206) of young people have experienced mental health problems which equates to over 1 in 4 young people – a huge increase on the national average. • Of the 206 young people reporting to have experienced some difficulty with mental health, 113 have not received any formal help. • 45% of young people have reported they have seen other people struggling with mental health; this could be peers, family or others. Young people who recognise the struggles of others are also predisposed to help with 60% offering some help and support to that person through approaching them. • Whilst most people (88%) have reported that if they are having a bad day there is some form of support available to them, 12% (141) of young people don't believe they have any support if they are having a bad day. • When asked who young people would speak to if they were struggling, 33.8% would speak to a friend and 31.9% would speak to their mum or dad. Furthermore when asked what support they believed should be available, 19.4% would like support from someone their own age. <p>In addition:</p> <ul style="list-style-type: none"> • Waiting times are too long • Respondents felt uncomfortable speaking to a counsellor • Young people need someone they can trust that will continue • Lack of continued support and plan 	<p>Following feedback from young people in 2016, Healthwatch Luton set up a youth forum. In 2017 and 2018 HW ran one –day meetings to engage young people and talk about the issues that were important to them. At each event over 200 young people attended and a summary of the feedback received about mental health services is outlined below:</p> <ul style="list-style-type: none"> - Current services elicited a negative response from those who attended event. Areas such as dignity and respect, facilities and staff were negative - Better promotion of services would be helpful - Long waiting times - Develop youth forums to help steer services 	<p>During 2018 Bedford Borough Council ran a three month consultation on its Health and Wellbeing Strategy. Over 60 borough residents responded and the following points were highlighted about children and young people's mental:</p> <ul style="list-style-type: none"> - Improved access to services 	

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Learning disability and autism		<p>Following feedback from young people in 2016, Healthwatch Luton set up a youth forum. In 2017 and 2018 HW ran one –day meetings to engage young people and talk about the issues that were important to them. At each event over 200 young people attended and a summary of the feedback received about LDs and autism:</p> <ul style="list-style-type: none"> - Young people with LDs stated they struggled to understand what support was available. More support activities would be really helpful 	<p>During 2018 Bedford Borough Council ran a three month consultation on its Health and Wellbeing Strategy. Over 60 borough residents responded and the following points were highlighted about LDs and autism:</p> <ul style="list-style-type: none"> - More support for children with LDs - More inclusion for people with learning difficulties - Support into work and opportunities for those with LDs 	
		<p>During 2017 and 2018 Luton Borough Council undertook a series of workshops with service users and staff working in this field to understand what was important to those with learning difficulties and autism. A summary is below:</p> <ul style="list-style-type: none"> • Communication was clearly a significant issue. It should be appropriate and include verbal and non-verbal • Services need to be person centred and delivered where and when needed • Training of staff need to be kept and ensure all mandatory training was managed appropriately • Increase housing options to allow people to live independently and take notice of them. Also look for opportunities for smart homes and autism friendly housing • Always be open to everyone – listen to what they have to say and include it in action plans • Communication is paramount for everyone: Professionals/individuals/families • More sustainable funding • Integration of services would make things much easier for staff and people • More sustainable funding. Collective understanding. Commissioning the correct staff. Being practical • Sustained services, leadership and management, expectations. Empowering service users • choice and control • Non-judgemental – everyone has equal voice – co-production – people feel listened too 		
<p>In 2016, a comprehensive healthcare review was undertaken across BLMK by BCCG and MKCCG. The review primarily focused on potential changes to hospital-based care provided at Bedford and Milton Keynes hospitals for the people of Bedford Borough, Central Bedfordshire and Milton Keynes. It also took in and continued the review of paediatric services at Bedford Hospital that started in 2013. Later in 2016 the work undertaken by the health review was taken forward as part of the newly created STP.</p>				

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Redesigning other health services for children and young people	The most significant points of feedback on children’s and young people’s services were : <ul style="list-style-type: none"> - Co-location of elective paediatric surgery - If people have to travel, suitable accommodation needs to be available 		
		<p>In 2017 and 2018 Luton Healthwatch ran special events to engage young people and talk about the issues that were important to them. At each event over 200 young people attended and a summary of the feedback received about young people’s services is outlined below:</p> <ul style="list-style-type: none"> - Lack of integration of services, between schools and educational services and health and social care - Long waiting times for services - More awareness of services for young people – perhaps create special online facilities - More support for young people accessing services - Greater support for young people especially carers - Use of third sector organisations should be explored - More engagement was suggested as a way forward – perhaps a youth conference - The majority wouldn’t know where to get social care help - Develop relationships with youth organisations – co-production 	
<p>Following publication of the BLMK STP Discussion Paper ‘Seeking your views on transforming health and care in BLMK’ on 1 March 2017. This engagement was part of our pre-consultation activity and builds on the engagement and discussions that took place following the publication of the October 2016 BLMK STP submission to NHS England. From 6 to 9 March 2017, eight public engagement events were held across the BLMK area, both in the daytime and evening to ensure as many people as possible were able to attend and provide their views. At these events, attended by 281 people, local clinicians talked through the latest thinking presented in the Discussion Paper, and round table discussion sessions were held to gather people’s views.</p> <p>During March 2017, 233 NHS staff from our three local hospitals (117 in Bedford, 60 in Luton and 56 in Milton Keynes) attended 12 events to provide their feedback on the six key areas identified in the Discussion Paper for transforming secondary (hospital-based) health and care services in BLMK, and on the STP as a whole. The online feedback survey mentioned in section 2.1 above also attracted 32 responses from NHS staff. Below is a summary of the public feedback received about paediatric services:</p> <ul style="list-style-type: none"> - People agreed that paediatric care should be a priority for transformation of secondary care as we have a growing population of young people. It was considered particularly important for Luton, where there were lots of children with complex diseases. - There was some support for separating paediatric services, with provision of specialist care for the most unwell children at centres of excellence, so long as emergency care was available at all three sites to provide early diagnosis and treatment or stabilise the child for transfer to a specialist site. It was mentioned that this already happened to some extent, with un-well children being treated at Great Ormond Street or Addenbrooke’s. However, some concern was raised that transfers could put lives at risk in an emergency situation, as children can deteriorate very quickly. - To a lesser extent than for some other types of care, some concern was expressed about travel distances, especially for disadvantaged families, parents with other children to care for and children with acute conditions needing regular care, necessitating multiple long distance trips. Some people questioned whether the model(s) of care being considered would mean it took longer for their child to receive treatment. 			

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	<ul style="list-style-type: none"> - The main issue raised in relation to any centralisation of paediatric services was the ability for parents and families to stay with and visit the child if longer distances were involved, as parental / family support was important to recovery by contributing to emotional wellbeing, could improve outcomes and shorten hospital stays. Suggestions included overnight accommodation for parents, a pull out bed or chair next to the child’s bed and voluntary sector support for families while a child was in hospital. Parents also asked if the child could come back to a local hospital to convalesce once the acute stage was over. - A number of respondents said they would prefer treatment to be provided on community sites or at their local GP surgery where possible, as this was more convenient and less traumatic than going to hospital. “Could certain GPs specialise in general paediatrics and help to deliver services locally instead of relying on the hospital?” - 		
Cancer	<p>The Healthwatch network was funded by NHSE and NHS Improvement to carry out engagement with communities across BLMK to establish how the Long Term Plan should be implemented locally. Engagement work comprised of two key elements – firstly, two national surveys to gather people’s general experiences of NHS services across BLMK and a condition specific survey. Secondly three focus groups in each of the four areas in BLMK. One focus group was held with the general public to collect people’s view on ways to improve services and the further two on cancer and mental health. Below is a summary of the feedback received about cancer services:</p> <ul style="list-style-type: none"> - More health education with campaigns not just focussing on screening, but providing other information such as increases in survival and new treatments - People felt that screening shouldn’t be restricted by age - Better communication: improved and more timely throughout the cancer journey to help people make informed choices, raised awareness of the services that are available, both community and NHS 		
Stroke care		<p>A short s and limited survey (12 service users took part) conducted by Luton Healthwatch and Headway Luton Service Users (a specialist organisations focused on supporting patients with brain injury), found that users thought it important that:</p> <ul style="list-style-type: none"> - Awareness training needed to be done with GPs and hospital staff - A directory of non-stat community based services were made available to health and social care staff - More needed to be done to ensure referrals are made from A&E and inpatient wards 	
Adult mental health services	<p>In 2014/15 BCCG in partnership with Bedford Borough Council and Central Bedfordshire Council commissioned ELFT to deliver mental health services in Bedfordshire. In 2019 the commissioners and ELFT engaged service users, carers and professionals to listen to views on how to improve mental health crisis care across Bedfordshire. Through meetings and surveys the following summarises the feedback received:</p> <ul style="list-style-type: none"> - Respondents said that immediate telephone support, single and consistent point of access, good communication between organisations providing support and MDT working would be good during crisis - Providing safe places – <i>not</i> A&E or hospital – to be able to go to. Also safe place where street triage takes place - BME population were keen for GP access with suitable length appointment - Support outside the home - For those who English is not first language it was important that one to one support in own language and with someone that understood cultural background would be good - Working age adults with mental health needs was the one group that stood out as an area of interest - Designated places such as crisis sanctuaries and crisis cafés would be good - There was an overwhelming ask for mental health support in PC 		<p>In response to the need for additional early intervention mental health provision, MKCCG and CNWL in 2017 introduced a pilot programme in four GP surgeries. The aim is to increase access and reduce stigma. Below is a summary of feedback received on the service during a review conducted in 2018 :</p> <ul style="list-style-type: none"> - Primary Care Plus pilot was well received in MK GP practises that participated and HW recommended that this service should continue. - Despite above many still struggle to get access to appropriate and timely services - There is a need to have more holistic support - Too many changes to staff reduces continuity - Long waiting times - Too much demand placed on charity

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				service - Youth Information Service – unable to cope - Lack of join up in services
			During 2018 Bedford Borough Council ran a three month consultation on its Health and Wellbeing Strategy. Over 60 borough residents responded and the following points were highlighted about adult mental health services: <ul style="list-style-type: none"> - Primary care should be better resourced to support people with mental health issues - Opportunities for learn more about mental health and how to spot the signs 	
	In May 2019, Healthwatch Central Bedfordshire undertook an engagement project with service users across Central Bedfordshire to gather feedback on their experiences of mental health services and support. Eighty people took part in focus groups. A summary of the key feedback received is below and the full report can be read here : <ul style="list-style-type: none"> - Lack of understanding of what was available - Disparity between area provision. Some people were very concerned that what is offered in Bedford Borough, was not always available in Central Bedfordshire - There is widespread concern regarding waiting times for services in ELFT. This increased anxiety; particularly with the risk of rumours circulating about longer waiting times and unrealistic expectations. - There was mixed feedback from those still engaged with EFLT services, some had care plans, many did not, or were not aware that they did. - Service users gave consistent messages that engaging with individual members of ELFT staff was challenging. - A number of people said that time with staff was often limited: - Last minute cancellation of appointments - A significant number of people had interactions with staff, particularly over the phone that they felt were 			

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	<p>“condescending” or “lack compassion”, sometimes “quite honestly downright rude.”</p> <ul style="list-style-type: none"> - There was clearly a theme of high staff turnover from all of the focus group feedback on ELFT services <p>Out of hours services</p> <ul style="list-style-type: none"> - Approximately a third of participants had used ELFT services out of regular office hours. There was some concern that the services did not meet people’s needs. There was a perception that not getting a call back/support was something that happened to many others in similar situations. - There was a lack of confidence in the Crisis Team support. - roles, another had been <p>General</p> <ul style="list-style-type: none"> - People clearly valued the support groups and being involved in social activity, as well as structured courses such as those offered by The Recovery College. It was clear that evenings and weekends – where there is traditionally less on offer from services, were the most difficult times for the majority of people. - A high percentage of people taking part in the focus groups wanted to be pro-active and seek out support that would help them in their recovery. People need to understand what support networks are available to them, at the earliest stage possible. - Although many participants said they had heard about increased funding into mental health services, there was little confidence that current investment was making any difference - People asked for more courses across the Central Bedfordshire area from the Recovery College and other sources. - All of the participants wanted more focussed support on prevention, early support and holistic care. Talking therapies and support to maintain wellbeing were highly sought, and reducing waiting times for these 			
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	<p>interventions was a high priority.</p> <p>At a staff focussed event in 2017 that was undertaken to discuss outline plans for the STP, 30 attendees considered mental health care across BLMK. Feedback told us that attendees wanted to see mental health feature more heavily in the plans for BLMK. Use of digital solutions to assist people in crisis and self-care e.g. twitter, telehealth. There is an opportunity for dual diagnosis commissioning. Wrapping services around GP surgeries to enable the public to access mental health services in the community. Strengthening the link with the Police both in respect of people with mental health issues accessing appropriate services and support for victims of crime. The development of social prescribing and support for carers.</p> <p>As a result of feedback:</p> <ul style="list-style-type: none"> • External funding has been secured to programme manage the mental health work programme and implement projects to deliver the Five Year forward view for Mental Health. • Innovative projects which have been piloted by Vanguard are being evaluated and considered for BLMK e.g. Crisis Café. • Mental Health services are being considered as part of the services which will be wrapped around GP clusters. • Social prescribing is a workstream in the prevention priority and has received transformation funding in 2017/18 to deliver locally driven service for the community. • The digitisation priority has undertaken an options appraisal for shared care records which will be accessible by health and care professionals. Part of the solution being considered is telehealth and signposting to appropriate services. <p>The Healthwatch network was funded by NHSE and NHS Improvement to carry out engagement with communities across BLMK to establish how the Long Term Plan should be implemented locally. Engagement work comprised of two key elements – firstly, two national surveys to gather people’s general experiences of NHS services across BLMK and a condition specific survey. Secondly three focus groups in each of the four areas in BLMK. One focus group was held with the general public to collect people’s view on ways to improve services and the further two on cancer and mental health. Below is a summary of the feedback received about mental health services:</p> <ul style="list-style-type: none"> - Better access to services and a more holistic approach – therapies that work in conjunction with each other and are delivered together would provide more comprehensive treatment, particularly for complex needs – with shorter waiting times, more long-term help and more recovery support in the community - More support in prevention and early intervention before people get to crisis, which could greatly improve quality of life outcomes – current mental health support seems to be aimed at more severe conditions - Better awareness – both in terms of signposting of services that do exist (networks, groups, counselling options, online services) and in general population to continue to fight social inclusion and the stigma attached to mental health.
<p>Short waits for planned care</p>	<p>In April 2016 BCCG started the process to recommission community health services. There was a desire to involve patients and public in the process and two stakeholder group meetings were held to gain an insight into patients and public’s experience of services provided in Bedfordshire and Luton. The following feedback was provided during the two events:</p> <p>Community services for adults have many good points but areas that need re-considering:</p> <ul style="list-style-type: none"> - discharge services are poorly run and communicated - poor access and long waits for services - gaps in service - One size fits all rather than personalised service - Lack of communication between services - Navigating system <p>Suggested improvements include:</p> <ul style="list-style-type: none"> - Joint care plans - Community hubs - Easier pathways to navigate - More support for self-care - Better contingency planning - Extended services over weekends and evenings - Improve transitions between services - Support and training for carers - More community matrons - Have more preventative services - Improve HA accommodation

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	<p>In 2016, a comprehensive healthcare review was undertaken across BLMK by BCCG and MKCCG. The review primarily focused on potential changes to hospital-based care provided at Bedford and Milton Keynes hospitals for the people of Bedford Borough, Central Bedfordshire and Milton Keynes. It also took in and continued the review of paediatric services at Bedford Hospital that started in 2013. Later in 2016 the work undertaken by the health review was taken forward as part of the newly created STP.</p> <p>The most significant points of feedback on short waits for planned care were :</p> <ul style="list-style-type: none"> - There were concerns about population growth i.e. suitable hospital capacity - Concerns were raised about increased travel as a result of service reengineering - Discharge and administration processes need to be improved - Concerns about being able to attract and retain staff - People favour smaller walk-in services - Better public information and easier access to GP services - Could more be done at home or in community - People do not mind travelling for best care but want recuperation nearer home - Who would look after people post operations/specialist care
<p>Workforce</p>	<p>In January 2017, BLMK focussed a workshop on workforce. During the event Dr Patricia Oakley, a national workforce development expert, provided an overview on the national picture for staff in health and social care, alongside local speakers who looked at the Primary Care Home model and how the wider workforce can be used effectively when re-designing services in primary care.</p> <p>Attendees had the opportunity to hear updates from each of BLMK five priorities and feedback on what they thought of the ICS’ plan for the region and whether we were moving in the right direction. The large majority told us that they liked the plans and wanted more opportunities to be involved in its development.</p>
	<p>At an event focussed on best practice in primary, community, mental health and social care in May 2017 clinical staff had the opportunity to hear from the senior clinical advisor for Primary Care Home at the National Association of Primary Care and local leaders about the opportunities to share best practice in out-of-hospital care.</p> <p>Following presentations, attendees had the chance to sit on three different tables of a choice of 16 different working groups. Each group discussed a different element of care and was chaired by an expert in that field.</p> <p>Attendees fed back on the discussions from each table and had the opportunity to request support in certain areas so they could affect positive change and implement best practice in their own areas.</p> <p>Following the event a number of localities have applied for the NAPC Primary Care Home community of practice. In addition:</p> <ul style="list-style-type: none"> • An “offer” to practices and localities/clusters setting out the support available in implementing Primary Care Home / Enhanced Primary Care. This included support for organisational development, leadership and learning; recruitment initiatives; targeted investment opportunities. • Mental Health in primary care and multi-disciplinary team working were others areas attendees highlighted featured in the ‘offer’. • Coordinate recruitment efforts across the system • The General Practice Five Year Forward view workforce submission was made to NHSE at the end of October 2017 following information gathered on the requirements for Primary Care home across BLMK. • The transformational nature of creating Primary Care Home’s is to network GP practices, including the sharing of workforce and infrastructure, supported by the wider multi-disciplinary team, to support populations of approximately 30-50k. £1 per head of population has been allocated to provide incentives for GPs to create the clusters, to enable a new model of working and enhance primary care services. <p>A further £200K has been allocated for primary care initiatives proposed in Milton Keynes which include respiratory outreach, community heart failure nurse and the management of medicines in care homes.</p>

Appendix 4

Priorities	Central Bedfordshire	Bedford	Luton	Milton Keynes
<p>A new service model for the 21st century</p> <p><i>Out of hospital services</i></p>	<p>Working together to support vulnerable people. All organisations working together for the benefit of the community rather than spending money on meetings</p> <p>L&D working with disability resource centre to promote their services</p> <p>Proper supervision to enable a download of issues and support with them</p>	<p>Do not remove the hospital</p> <p>All service providers are aware of my 'patient profile' i.e. I'm deaf and need an interpreter</p> <p>Accessible communication serv</p> <p>A service that wraps around patient/service user - totally integrated, free at the point of delivery</p>	<p>Access to healthcare, free of charge, for everyone at point of need</p> <p>Walk in centre without appointments</p> <p>Access available to vulnerable groups</p> <p>More integrated between H&S/social worker teams/hospital and charities</p> <p>Better communication between all services</p> <p>To get an appointment with GP within a reasonable time and also with follow-up treatment at hospital</p> <p>To be kept informed i.e. changes to policy, services available and providers</p> <p>Lead clinicians for patients with multiple conditions could be GP or specialist role. Listen to patient discuss with appropriate clinician/refer patient. Treated as whole person not 'body parts'</p> <p>Excellent Hospital – More services like the amazing fracture clinic – Quick advice + guidance healthcare from health professionals not admin staff – clearer distinction not a fan of social prescription – Asset Based Community Development – include ABCD in the health and wellbeing strategy – Thriving community will look after each other without the need for services.</p> <p>Exercise, relaxation, self-care. Being a part of the community I live in.</p> <p>Regular health checks. Good education to enable me to understand how to look after myself.</p> <p>Access to health services when needed.</p>	<p>Systems need to work together</p> <p>A seamless service whereby you are seen and treated on the same day</p> <p>Good information based on fact (and not rumour or social influence)</p> <p>Proper supervision to enable a download of issues and support with them</p> <p>A service that listens</p> <p>A service that can offer me safe, local and caring care</p>
<p><i>GP and community services</i></p>	<p>Long waiting lists</p> <p>Better signposting to cater for conditions</p> <p>GP appointments when I need one</p> <p>Onsite services for elderly patients at their GP surgery</p> <p>More care in the community provided by people who care</p> <p>To get an appointment with my doctor within a week without restricted calling at 8.30</p> <p>Continuity of care - would like to see same GP each time</p> <p>Access to GP appointments at weekends and evenings</p> <p>Being able to see a healthcare professional within a reasonable time</p> <p>Health centres where patients can access a variety of other services including vol orgs</p> <p>Greater access to GP services</p> <p>More knowledge about the medicines prescribed</p> <p>Young LGBTQ people are keen to be able to see the GP of their choice and during appointments being listened to as much as their parents voice is listened to. Less judgement from GPs - more training needed</p> <p>More doctors and nurses</p> <p>Back to what the NHS used to be</p> <p>More GPs and better access to primary care</p> <p>Long waits for GPs – no appointments</p>	<p>Quicker appointments with GPs</p> <p>Need more doctors</p> <p>Need a pharmacist in GP surgery</p> <p>Easier access to GP services – takes too long to get an appointment (more staff)</p>	<p>For the items that charges on prescriptions apply to be looked at e.g. inhalers</p> <p>GPs able to offer other services. Counselling support, etc</p> <p>NHS offering breadth and quality of services as previously. Not just GPs to deal with everything but having supportive services fro GPs to refer to.</p> <p>Younger people want less waiting time. Doctors open longer</p> <p>Prioritise younger childrens appointments</p> <p>Educating young people using mechanisms that they engage with. Modernise/advertise a more accessible system. Campaign similar to 999 to 111</p> <p>More one stop clinics</p> <p>Better use of social prescriptions</p> <p>When GPs make referrals they are able to keep their patient updated when there are delays or problems</p> <p>Better access to GPs and MH services.</p> <p>Family to be able to refer family members to MH services.</p> <p>To be kept informed – i.e. changes in any policies – changes within the services available – who are the providers of services. When there are problems such as waiting times for appointments. To be told & kept updated.</p> <p>When GP's makes referrals & they are able to keep their patient updated when there are delays or problems.</p> <p>Information – communication – being involved would be a big benefit for the patient.</p> <p>More funding, more doctors</p> <p>Having access to health specialists when necessary.</p> <p>To be aware of what classes and facilities are available to me.</p> <p>Regular checks on my medication.</p> <p>Quicker GP appointments</p> <p>Better use of social prescriptions</p> <p>Better use of GP times</p> <p>Shorter time to wait between GP opps</p> <p>Do some patients need to see the GP</p> <p>More one stop clinics at hospital</p> <p>More investment in the NHS</p> <p>Health awareness, education, access to health care system when needed.</p> <p>Better communications – posters, digital, video, telephone, face to face, leaflet.</p> <p>Integrated – social care, mental health (LD, Autism).</p> <p>One system – health, secondary care, comms, tertiary care</p> <p>GP appointment within 3 days</p> <p>Practice to answer phone within 5mins.</p> <p>Better education on the facilities available to me.</p> <p>Less waiting time for appointments and referrals</p> <p>More funding to increase uptake of NHS staff</p> <p>More knowledge of the medicine you are being prescribed</p> <p>To not have to play roulette with GP services. Some people are referred for extra help, others have to fight depending on who their GP is</p> <p>Easier access to GP appointments. Advice on diet etc to be easily available. A help with cost of slimming world</p> <p>Educate people on different healthcare roles and what they're qualified to do to give them more of an insight on what other people than doctors can do and help you with e.g. what nurses and pharmacists can help you with</p> <p>Integrate into mainstream education</p> <p>Educate parents to teach their children</p>	<p>Communication between depts can waste time eg. Doctor may not know blood pressure and so appointment is wasted</p> <p>Waiting times are ridiculous - more needs to be done to reduce the time we have to wait for appointment and treatment</p> <p>Continuity of care - seeing the same doctor</p> <p>Access to healthcare professionals at times convenient to me</p> <p>Better managed hospital referrals and appointments</p> <p>A joint collaboration with volunteers complementing services to improve patient and staff experiences</p> <p>24 hrs service which is accessible, free, friendly and makes use of technology</p>
<p><i>Reduce pressure on emergency hospital services</i></p>	<p>People knowing the cost of their treatment so they appreciate the service they receive</p> <p>Local blood tests avoiding hospital</p> <p>Greater emphasis on community access to health - less pressure on A&E</p>	<p>Not restricting intervention due to age</p> <p>A health service that uses the best durable evidence to inform patient care</p>	<p>Educate parents to teach their children</p>	

<p><i>Enabling people to age well</i></p>	<p>A service that is available and FOC for people who live in the UK only, not ex pats</p>	<p>Breaking language barriers. Regular community events</p> <p>A seamless service for all people, empowering the patient Free care for elderly who live at home - social and medical care</p> <p>Quicker diagnosis for complaints Better health and support for everyone – postcode lottery Treated as a human not a number</p> <p>Meeting with different groups for discussing health</p> <p>Translation services improved</p>	<p>Dentistry – can't get NHS places often – often adult has to be private and child gets free</p> <p>Being involved in decision making</p> <p>Integrated services</p> <p>Regular healthchecks</p> <p>More care homes for the elderly</p> <p>To be in control of how many multiple long term conditions are treated</p> <p>Shorter waiting times Upgrade to more expensive joint replacements by paying the difference between NHS option and private option.</p> <p>I would like it to look like a service that puts patient first! Listens to them when they have a problem or not understanding the decisions made on their behalf.</p>	<p>Integrated care for elderly - from hospital, home care etc</p> <p>Talks at local GPs about all aspects of health and wellbeing - older people more likely to attend</p> <p>More services provided in the home, like checks, which would reduce the need for people to go into GPs</p> <p>Access to complimentary treatment such as massage and acupuncture. Would be good if this was in local GP</p> <p>Screening for illness should be much wider</p> <p>Free care for the elderly</p>
<p>More NHS action on prevention and health inequalities</p>				
<p><i>Smoking</i></p>	<p>More information about the impacts of vaping on younger people. The health impacts of vaping are not understood but general information about the dangers of smoking and vaping.</p> <p>Why are smoking facilities made available in schools - surely this promoting that smoking/vaping is acceptable</p>	<p>Help to give up smoking</p>	<p>Make smoking illegal</p> <p>Avoiding unhealthy habits like smoking</p> <p>Stop drinking and smoking and also to stop eating junk food. Drinking a lot of water helps your body to be healthy. Being unemployed makes you lose yourself and your time. Because there is enough time to make you do things that normally you don't do, such as drugs, sleeping long hours, alcohol, sex and mood swings, and also risk of becoming homeless. That can lead to mental health issues.</p> <p>Why's is it that given what we know about smoking it is still so present, but mainly to those who can't afford it. The wealthy are not smoking. It is no longer acceptable to say lack of education. Everyone knows!</p>	
<p><i>Obesity</i></p>	<p>More shops and restaurants to sell healthier food at a reasonable price. It's really hard to find places to eat cheaply that don't include junk food.</p> <p>Ensure companies and organisations advertise activities for young people through posters, online on social media. Will enable people to take part</p> <p>Affordable gym membership</p> <p>Food diaries - monitoring the food we eat on a day to day basis to help people envision the food that goes into their body, promoting people to be cautious about the food they eat</p> <p>More facilities available for younger people to exercise cheaply. Gym membership are out of reach for most teenagers. Could school facilities been made available outside of term time or community exercise like Park Run.</p>	<p>Accessible information for all communities - there is limited information which is specific to cultural groups</p> <p>Salad and fruit bars at break and lunchtime in schools for all to access for free</p> <p>Vegan options at secondary schools and maybe free salad bars to give vegetarians a wider variety of healthier options. There are not many posters about free health care around my school, so awareness about this situation will be appreciated. Healthy eating and lifestyle choices are covered in my school, so that is fine. I haven't seen any assemblies mainly based on healthy lifestyle choices, which will get the message across to students. At lower school, free fruit was provided at break and lunch which encouraged more children to eat healthy because it was free. Would be good if they could something similar at secondary school.</p> <p>Healthier food available in shops rather than sweets. Sugarey foods should be banned. Meat products should also be reduced in schools and more vegetarian/vegan meals available</p> <p>More plant based food options available that are without dairy</p> <p>Cheaper, healthier food available in the town</p> <p>More water fountains available in school Changing school lunch options to make them healthier</p> <p>More plant based school meals -cheaper and healthier meals</p> <p>Have more communal sports areas that are local</p> <p>Exercise, eating healthy and sensibly, eating fruit</p> <p>Information about keeping healthy at events and not in leaflets</p> <p>Education about healthy living in punjabi and english</p> <p>Have more facilities and education for people of Asian origin to do with their diets and heritage leading to diabetes and heart conditions</p>	<p>Fruit, jumping, tennis, running, skipping, salad and gymnastics</p> <p>Healthy eating classes for different cultures</p> <p>Health and fitness sessions available for mothers, fathers, carers etc at affordable prices</p> <p>Good education to enable me to stay healthy</p> <p>Drinking water every day, walking outside for fresh air, eating fruit, exercise and riding bikes</p> <p>Parks are dangerous and not welcoming Not enough green space No youth provisions Too expensive</p> <p>A good diet, exercise, activity, read a book. Cycling, swimming, dance (any style), anything/any sport you like! Fruits; oranges, apples, kiwis etc Vegetables; carrots, peas etc Protein; meat (should be well balanced), eggs</p> <p>Sports available locally for people aged 15-18</p> <p>Ensure companies and organisations advertise activities for young people, for example with posters, online on social media etcThis will enable us to participate as often activities are happening and we are unaware.</p> <p>Food diaries – monitoring the food we eat on a day to day basis, to help people envision the food that goes into their body, promoting people to be cautious about the food they eat</p> <p>Affordable gym memberships as the minimum wage for a student aged 16 is £4.35</p> <p>Chicken, swimming, football, sometimes chips, banana, apples, peaches and running</p> <p>Affordable exercise classes and or meditation classes.</p> <p>Help if you have health issues that can be helped with exercise, help towards the cost.</p> <p>Partnerships with councils to make sport affordable (swimming, trampolining, diving, children who are talented are pushed away from sports for cost of skating)</p> <p>Obesity treated the same as other addictions/mental health.</p> <p>Although I realise it is up to me to get in the gym or go for walks, I would like to see the obesity problem being tackled earlier as it is such a drain on resources. Money better spent on prevention.</p> <p>Affordable sport at the highest level for all. Currently, children with talent are held back as sport funding often not available until you've already proved yourself at an elite level.</p> <p>In my experience often very sporty children turn into lazier adults and vice versa. Why is this?</p> <p>Obesity --> our diets are becoming more like US – as seen in new, growing cancer awareness. – needs to be treated like any other addiction</p> <p>For physical health gym memberships should be cheaper for individual between the age of 15-19</p> <p>More support for young carers</p>	<p>More education on a healthier diet and tackling obesity</p> <p>More advice and information about exercise for older people and support to be able to do</p> <p>More information and support to improve diet and cooking skills</p>
<p><i>Alcohol</i></p>			<p>Stop drinking and smoking and also to stop eating junk food. Drinking a lot of water helps your body to be healthy. Being unemployed makes you lose yourself and your time. Because there is enough time to make you do things that normally you don't do, such as drugs, sleeping long hours, alcohol, sex and mood swings, and also risk of becoming homeless. That can lead to mental health issues.</p>	
<p><i>Air pollution</i></p>				
<p><i>Antimicrobial resistance</i></p>				
<p><i>Stronger NHS action on health inequalities</i></p>	<p>A service which offers everyone the same service - no postcode lottery</p>		<p>Real life film with different people of different backgrounds to show it can happen to anyone</p> <p>Remains free at the point of contact</p> <p>Rationalising demands from the NHS could save other sectors</p>	<p>Simple access - consistent care and treatment regardless of where you live</p>
<p>Further progress on care quality and outcomes <i>A strong start in life for children and young people</i></p>				
<p><i>Maternity and neonatal services</i></p>			<p>Improve the L&D hospital maternity, delivery suites and after birth wards</p>	

<p><i>Children's and young people's mental health services</i></p>	<p>Mental health support in schools - mental health is discussed in life skills lessons but there isn't any practical support available in school. This is especially acute during exam periods.</p> <p>More accessible mental health for young people</p> <p>School sessions to learn how to handle life struggles</p> <p>An appointment based mental health service in local schools</p>	<p>Out of hours services - more information on where to go when struggling</p> <p>Have mental health posters and details everywhere</p> <p>Mental health services being accessible to ALL</p> <p>Having easily accessible appointments for mental health services</p> <p>Guidance councillors/support workers in school to talk about mental health</p> <p>More support in schools and other family places</p>	<p>Mental health professionals in every school</p> <p>Mental health awareness - talks given to young mums, schools, children centres to bring about awareness and signs</p> <p>For schools to embrace individuals as well as pupils, and not be expected to follow predetermined path.</p> <p>An appointment based mental health service in local schools</p> <p>Someone to talk to about stress within the school environment during exam season</p> <p>We need to let kids be kids sometimes. Feeling sad is a natural thing that you need time to get over. I feel that problems are now being blown out of proportion by people trying to help. Having a bad day does not equal depression. We put ideas in their heads sometimes.</p> <p>Schools should give sessions about how to handle life struggles such as: stress/life pressures, relationships etc</p> <p>More accessible mental health for young people</p>	
<p><i>Learning disabilities and autism</i> <i>Redesigning other health services for children and young people</i></p>	<p>More information about services available and how to access them</p> <p>Better education on the facilities available to younger people</p> <p>Training of staff so that users feel like they are heard and understood</p> <p>App for signposting younger people to services. Information about what pharmacies can offer</p>	<p>More awareness around sexual health - what is available to you and anonymity when receiving it</p> <p>More awareness of services in schools</p> <p>Faster awareness in some schools</p> <p>Hospitals within the NHS should be a place where patients and visitors feel comfortable. I feel currently there is a massive lack of community from personal experience patients are isolated. The NHS needs to be a more welcoming place</p> <p>Reduce waiting at the GP</p> <p>Ambulances arriving quicker</p> <p>More doctors and nurses and shorter waiting times</p> <p>Easier access</p> <p>Assemblies and talks delivered about healthy living and the effects of not having a healthy lifestyle can have</p> <p>Learning about the NHS and how they work and how much they mean to us in PSHE</p> <p>More work in schools</p> <p>Shorter waiting times in A&E</p> <p>More prompt emergency appointments and calls in doctors surgeries</p> <p>Help for specific groups of people in all schools e.g. young carers</p>	<p>When children are admitted into the wards there should be more nurses to get children seen by consultants or doctors quickly</p> <p>Understanding the health needs of different cultures</p>	
<p>Better care for major health conditions</p>				
<p><i>Cancer</i></p>			<p>Regular screening for all types of cancer</p>	<p>More screening for older people</p>
<p><i>Cardiovascular disease</i></p>				
<p><i>Stroke care</i></p>				
<p><i>Diabetes</i></p>		<p>Have more facilities and education for people of Asian origin to do with their diets and heritage leading to diabetes and heart conditions</p>	<p>Access to new monitoring equipment for my diabetes.</p>	
<p><i>Respiratory disease</i></p>			<p>Promoting</p>	
<p><i>Adult mental health services</i></p>	<p>More services and support for mental health</p>	<p>Totally patient focussed</p> <p>Meditation and yoga</p>	<p>Continuing to offer mental health support to those who struggle to access services and fail to meet appointments</p> <p>Strong mental health support for those in mental health crisis (able to call NHS or triage team and get support for someone)</p> <p>Better access to mental health services</p> <p>More money for services – CBT, therapies, counselling</p>	<p>More patient involvement in care especially mental health</p> <p>Being lonely and isolated has a huge impact on mental health so I would like to see more done to improve this</p> <p>A better place for people with mental health issues</p>
<p><i>Short waits for planned care</i></p>	<p>More staff to reduce waiting lists</p> <p>A place where services are designed around my personal needs</p> <p>No more mis-diagnosis and long waiting lists</p> <p>Cut down waiting times to see specialists</p> <p>Direct referrals for procedures especially with hereditary disorders</p> <p>Less waiting time for appointments and referrals</p>	<p>Quicker diagnosis and treatment</p> <p>Bigger hospitals providing more care for people</p> <p>Easy access to diagnostics/medical review</p> <p>Less delay between diagnosis and treatment</p> <p>Less waiting times for appointments and treatment</p> <p>More staff to reduce waiting times</p> <p>Equipment specialist – to treat all with latest technology</p> <p>Waiting to be seen – life is too short</p>	<p>Well funded services that are equipped with the latest technology/equipment. Services provided by friendly staff</p> <p>Better seating arrangements in outpatients clinics and adapting to seasonal changes</p>	
<p><i>Research and innovation to drive future outcomes improvement</i></p>				
<p>Using taxpayers money to the greatest effect</p>				
<p><i>Digitally-enabled care</i></p>	<p>NHS number should be linked to National Insurance Number from birth to death</p> <p>Being able to book online appointments – calling for one is so frustrating</p> <p>Every service knowing about all aspects of my care</p> <p>Invest in the central NHS system - database</p> <p>Make greater use of technology</p>	<p>To have an IT system that links up to all NHS services</p> <p>Being able to make appointments online instead of having to ring and wait to book an appointment</p> <p>Have an online forum or text service for young people to use</p> <p>Greater connectivity between patients and trained healthcare professionals; a patient should be able to talk to a doctor about their issues over the phone. The more accessible health services are, the more people will use it</p> <p>Use Instagram adverts to raise awareness of the services for younger service users</p> <p>Having more texting services, like mental health, rather than calling</p> <p>Communicate more with young people via social media</p>	<p>A consultant on the phone via an app. Live and virtual face to face advice.</p> <p>A health service that uses the best available evidence to inform patient care</p> <p>Good IT system to enable all NHS organisations to access patient records</p> <p>Smart phone app for appointments. Phone consultation</p> <p>Consultant on the phone via an app live and virtual face2face advice</p> <p>To have an IT system that links up all NHS services.</p> <p>IT connected across the country.</p>	<p>Ability to access services online/via apps/Skype etc</p>

<p>NHS staff getting the backing they need</p>	<p>More funding to increase uptake of NHS staff</p> <p>Good life/work balance for staff. Gym memberships</p> <p>Wellbeing initiatives at work</p> <p>More care and support for NHS staff</p> <p>Getting more young people trained up to work in health profession</p> <p>Improve salaries of low paid carers</p>	<p>A place where great patient care is not at the expense of staff wellbeing</p> <p>More nurses less hours for health professionals to work so they can rest and be proficient</p>		
<p>OVERALL KEY THEMES - TOTAL FEEDBACK</p>	<p>The feedback received from the BLMK posters presents a wide variety in public opinion toward local health and care services. However, focus and concern around the following factors, remained consistent:</p> <ol style="list-style-type: none"> 1. Access and provision of mental health information and services for younger people 2. Waiting times and access to GP services 3. Greater use of technology, apps and more joined up information. 4. Shorter waits for planned care 5. Access to more affordable gyms and facilities for wellbeing 	<p>The feedback received from the BLMK posters presents a wide variety in public opinion toward local health and care services. However, focus and concern around the following factors, remained consistent:</p> <ol style="list-style-type: none"> 1. Reduced waiting times for planned care, diagnosis and treatment 2. More support for mental health services 3. Healthy lifestyle/combating obesity. Education and support for different cultures and younger people 4. Access to GP services 	<p>The feedback received from the BLMK posters presents a wide variety in public opinion toward local health and care services. However, focus and concern around the following factors, remained consistent:</p> <ol style="list-style-type: none"> 1. Accessibility to a range of services. 2. Waiting times. 3. Remaining informed/communication with local services. 4. Protecting NHS services/investment. 5. Healthy lifestyle/combating obesity. Education and support for different cultures 6. GP services 7. More support and services for children and young people's mental health 	<p>The feedback received from the BLMK posters presents a wide variety in public opinion toward local health and care services. However, focus and concern around the following factors, remained consistent:</p> <ol style="list-style-type: none"> 1. GP services and access to appropriate services 2. Using technology to offer more services through apps, online channels and Skype as well as using population health information to help shape services and provide personalised health and care 3. Provision of mental health services for both adults and young people 4. A local need to tackle inequalities in the provision of care for treatment of things like cancer 5. Shorter waits for planned care 6. More services to tackle loneliness and isolation
<p>SELDOM HEARD GROUPS</p>	<p>Issues that matter to young people in Central Bedfordshire</p> <p>We attended two Healthwatch events specifically targeted at younger people and spoke to around 30 people about health and care services in BLMK. For young people in central Bedfordshire the overwhelming area of concern was the provision of mental health services and the ways they could access them. And this wasn't necessarily through the NHS. Many respondents remarked that there should be more support, signposting and information provided in schools. Many respondents said that worries and issues surrounding exams had a significant impact on their mental health.</p> <p>Another key area of concern was accessibility to facilities for fitness and health. Over 16s expressed a concern that after GCSEs there wasn't any timetabled fitness/exercise or access to facilities within schools. Many of the respondents would like to see access provided at schools as it was easier and free. A significant number of respondents felt that private and council health and fitness facilities were simply out of reach because they were so expensive.</p> <p>Not surprisingly younger respondents are keen on information and access to be enhanced by the introduction online and smartphone channels of communication. In central Bedfordshire there is significant interest in the use of apps for information and signposting.</p>	<p>Issues that matter to BME communities</p> <p>We attended a number of events across Bedford which gave us with the opportunity to engage with around 90 people from within the Asiona community. This included attending faith groups within the Sikh, Hindu and Muslim community. For a significant proportion of these groups there is a desire to have information and support to lead a healthier lifestyle to tackle obesity and diabetes in their communities but one of the key barriers is language. One particular person explained that cooking skills and recipes still remained to be cooked using traditional ingredients which were detrimental to health, however, due to lack of language appropriate advice many people continued to cook in this way as they simply didn't know any different. There was also a desire to have information and support through targeted events as opposed to leaflets.</p> <p>Another area of concern was waiting times for planned care. A significant number of respondents felt that waiting times between diagnosis and treatment was too long and that there should be more staff to provide the treatment that they need sooner than is currently the case.</p> <p>In line with other community groups across BLMK, GP services were raised as a significant area of concern. Easier access to services and waiting times of appointments were the two areas of most concern with respondents saying that they had experienced problems getting appointments at their local practice.</p>	<p>Issues affecting Luton communities</p> <p>In Luton we were able to reach out to communities in a number of local facilities such as the library, leisure facilities and community events and during July and August we spoke to over 100 people from a cross section of the community in Luton including those from ethnic communities and some from more deprived areas.</p> <p>Like other areas in BLMK GP services and access to them was a significant concern for respondents with access to appointments being the leading concern. Younger respondents also cited waiting times as important but also felt that GP services should be open longer to help tackle waiting times and help those that can't attend during the day time due to school/college commitments.</p> <p>At a Young Ambassadors event, which was attended by around 20 younger people, the provision of mental health services and support in Luton was highlighted as an area of concern. Like young people in central Bedfordshire respondents in Luton felt that there should be more support provided in schools as they felt this was where people struggled most with exams and other life problems.</p> <p>Similar to other areas, younger respondents also felt it would be helpful to know what alternatives there were to GP services. Many weren't aware that pharmacists could help with common ailments or advice on different medicines.</p> <p>Feedback from BME respondents remained similar to that of people in Bedford with respondents highlighting that there was a need for more information and support available to help with leading a healthier lifestyle and tackling obesity and diabetes.</p>	<p>Like other areas in BLMK there is a resounding need for more unbiased and accurate information about how to lead a healthier life through diet and exercise with 77% of individuals citing this as important to them.</p> <p>While GP services are largely well thought in Milton Keynes (48% of people were happy or extremely happy with services), this particular area of care still remains the number one factor that people feel that it's important to invest in these services to ensure local people stay well for longer.</p> <p>In line with other areas there is recognition that technology could be better used to provide more opportunities to access care and making it easier for those struggling to get to health centres or hospital for consultations. Interestingly, a number of people also recognised that data held in patient records could be used, anonymously, to help predict future care needs and shape services that are needed for the local population.</p> <p>We had the opportunity to meet members of the African and Caribbean Lunch club, which was attended by 20 people, where people highlighted that isolation was their biggest concern. It was also highlighted that while accessing care there seemed to be a lack of joined -up care which meant many people felt they had to do the joining up themselves which for the elderly was sometimes extremely difficult.</p> <p>Other issues highlighted were access to transport, screening, diet and appropriate exercise.</p>