

**Report to NHS Hammersmith and Fulham CCG Patient Reference Group, Engagement
 Committee and Governing Body**

January – March 2018

Update paper on patient and public engagement, communications and equalities

1. Introduction

This paper provides the Patient Reference Group, Engagement Committee and Governing Body with a summary of progress in patient and public communications, engagement and equalities over the past two months.

2. Key findings

The paper specifically provides an update on:

3.	<p>“What patients and the public are telling us: you said we did”. Feedback trends and themes from:</p> <ul style="list-style-type: none"> - Patient Reference Group - CCG engagement at community events - Healthwatch engagement <p>Proposed actions or “you said we did” activity arising (both from CCG and NWL teams).</p>
4.	Progress against Engagement and Communications Strategy four point patient and public engagement and communications action plan.
5.	Update from the voluntary sector organisations the CCG is funding through the small grants programme.
6.	<p>Updates on progress of any key local or national communications campaigns e.g. “Stay well this winter”.</p> <ul style="list-style-type: none"> - Social media impact (primarily Twitter) - Outreach work
7.	Updates on progress of any key local engagement or reports e.g. 360 stakeholder engagement survey, statutory obligations report.
8.	<p>Engagement events and opportunities:</p> <ul style="list-style-type: none"> a) Looking back at recent events b) Looking forward to planned events

3. Feedback themes and trends from Patient Reference Group, CCG engagement at community events, Healthwatch engagement, and any actions or “you said we did” activity arising.

Healthwatch

The CCG has been meeting with Healthwatch to identify key areas for shared working. We identified the following areas of overlap:

1. **Improve accessibility:** widen our 'engagement porthole' into something wider and more expansive
2. **Improve channels** for people to engage, communicate and get involved. Ensure a flexible range of channels.
3. **Work with partner organisations earlier** to say 'this is what we've got coming up which we need to engage on' e.g. share business plan for 18-19 and compare with Healthwatch's strategic priorities to see where we can pool resource.
4. **Patient training:** Consider developing jointly with Healthwatch a patient training session, empowering local people to interact confidently and in an informed fashion with NHS services and organisations. Consider how ambitious we could be on this e.g. working in partnership with an academic institution to provide an accredited course. Join up with Community Champions?
5. **Improving you said we did process** so that not only take views and report back on website, but making sure those messages are then sent back to people in a way they understand and empowers them to challenge. Healthwatch could support with the dissemination of 'you said we did' information, once the CCG has compiled it.
6. **Prevention:** consider what sorts of services are available for prevention, both in the context of how we can better signpost to what is available, and where the space is for innovation and trying different ways of working and models of provision e.g. community development style approaches.
7. **Clarifying context in you said we did:** rather than just reporting on you said we did, add in a third column to show the context and the bigger picture e.g. was it H&F specific work or NWL; are there links to other programmes? Consider whether or not the public's definition of the bigger picture and context is the same as ours; create space for them to make their own links.

On April 5 we engaged with our Patient Reference Group on this list, who suggested that we prioritise numbers 3 (working earlier to forward plan our engagement with partnership organisations), 4 (patient training), and a combined 5 and 7 (you said we did activity). It was also suggested that the CCG do more work around PPG development.

NB: Patient and public comments, themes and trends from this quarter are included in full in [Appendix 1](#).

4. Progress against co-produced Engagement and Communications Strategy

Action	Outcome	Progress																								
<p>1. To develop a commissioners' engagement toolkit and ensure it is being used across the CCG by December 2017.</p>	<p>100% of HFCCG project initiation documents to include completed engagement form by January 2018.</p>	<p>Business cases including completed engagement screen tools: There have been some delays in getting the engagement toolkit fully up and running. The toolkit is one element of a wider project which focuses on bringing all Hammersmith and Fulham, Kensington and Chelsea, and Central London CCGs' feedback and engagement data into one platform to inform commissioning decisions. The development of the platform is running behind schedule. To address this issue, the CCGs are working with a new project manager who is tasked with bringing progress back up to speed.</p>																								
<p>2. To notify relevant groups of engagement opportunities at least four weeks in advance and put in place an accessible evaluation form for patient and public representatives to rate their involvement experience by September 2017. To establish effective training and support mechanisms for patient and public representatives by September 2018.</p>	<p>80% of engagement opportunities to be advertised at least 4 weeks in advance by September 2018. 80% of engagement opportunities to be advertised on GP TV screens by September 2018. 80% of patient representatives to report satisfaction with involvement support by September 2018.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e6f2ff;"> <th style="width: 30%;">Event</th> <th style="width: 30%;">Date held</th> <th style="width: 40%;">Date advertised</th> </tr> </thead> <tbody> <tr style="background-color: #d9ead3;"> <td>Patient Reference Group</td> <td>07.12.18</td> <td>Invitation sent 10.05.17.</td> </tr> <tr style="background-color: #f2dede;"> <td>Diabetes user group meeting</td> <td>12.12.18</td> <td>TBC with BME HF & PDT; speaker confirmed 15.11.17.</td> </tr> <tr style="background-color: #d9ead3;"> <td>Out of hospital service engagement</td> <td>12.12.18 (session with Open Age)</td> <td>Started advertising opportunities to engage on 10.11.17.</td> </tr> <tr style="background-color: #d9ead3;"> <td>Diabetes co-production workshop</td> <td>05.01.18</td> <td>01.12.18</td> </tr> <tr style="background-color: #d9ead3;"> <td>Patient transport survey</td> <td>Survey closed 26.03.18.</td> <td>Survey opened and was advertised from 29.01.18. 500 responses received.</td> </tr> <tr style="background-color: #d9ead3;"> <td>Patient Reference Group</td> <td>01.02.18</td> <td>Invitation sent 10.05.17.</td> </tr> <tr style="background-color: #d9ead3;"> <td>Time to Talk Day event</td> <td>01.02.18</td> <td>06.12.18</td> </tr> </tbody> </table>	Event	Date held	Date advertised	Patient Reference Group	07.12.18	Invitation sent 10.05.17.	Diabetes user group meeting	12.12.18	TBC with BME HF & PDT; speaker confirmed 15.11.17.	Out of hospital service engagement	12.12.18 (session with Open Age)	Started advertising opportunities to engage on 10.11.17.	Diabetes co-production workshop	05.01.18	01.12.18	Patient transport survey	Survey closed 26.03.18.	Survey opened and was advertised from 29.01.18. 500 responses received.	Patient Reference Group	01.02.18	Invitation sent 10.05.17.	Time to Talk Day event	01.02.18	06.12.18
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<p>3. To ensure that documents are available in variety of languages and formats where requested.</p>	<p>100% of documents translated into other formats where this is directly requested by September 2018.</p> <p>At least three key strategic documents to be translated into accessible format so that meaningful engagement can be carried out with a wider range of local groups by</p>	<ol style="list-style-type: none"> 1. Mental health signposting document translated into Easy read and shared with Safety Net People First on 21.03.18. 2. Survey on patient transport translated into Easy read. 3. Survey on integrated care translated into Easy read. 									

	<p>September 2018. PRG members to report that the CCG's website is more accessible by September 2018.</p>									
<p>4. To develop and implement a tiered and structured system for obtaining intelligence from GP practices, PPGs, Healthwatch and community groups, and reporting back on "you said, we did" activity, by November 2017. This to include the NWL S&T team as well as H&F CCG. CCG to issue clear local messaging and positive news stories.</p>	<p>Minimum of 3 new "you said, we did" examples to be circulated and posted to CCG website every 3 months by January 2018. Minimum of 3 annual positive news stories and/or patient stories actively shared by September 2018.</p>	<p>3 examples of new 'you said we did' activity since November 2017 report:</p> <table border="1" data-bbox="850 663 1489 1576"> <thead> <tr> <th data-bbox="850 663 1169 696">You said</th> <th data-bbox="1169 663 1489 696">We did</th> </tr> </thead> <tbody> <tr> <td data-bbox="850 696 1169 936"> <p>When you have learning disabilities, it's really hard to find mental health support yourself. We'd like to know more about what's available.</p> </td> <td data-bbox="1169 696 1489 936"> <p>Created an Easy read mental health signposting leaflet and edited it based on feedback from Safety Net People First.</p> </td> </tr> <tr> <td data-bbox="850 936 1169 1137"> <p>BAME women need more support around cancer screening and awareness.</p> </td> <td data-bbox="1169 936 1489 1137"> <p>Macmillan GP, Sarah Whiteside, is supporting WAND around cancer screening workshops for the community.</p> </td> </tr> <tr> <td data-bbox="850 1137 1169 1576"> <p>Several community groups fed back via CCG engagement events, PRG and Community Champion baseline surveys the need for more emotional well-being signposting and support, particularly for certain groups such as BAME community.</p> </td> <td data-bbox="1169 1137 1489 1576"> <p>The CCG has worked with all six Community Champion projects in Hammersmith and Fulham to co-design a mental health awareness and support campaign, with particular focus on the BAME community.</p> </td> </tr> </tbody> </table> <p>Comments: Improved 'you said we did' reporting: the engagement team takes sign in sheets to all engagement events. Attendees are asked to provide their contact details and tick a box letting the CCG know whether they are interested in being kept up to date on the outcomes of the workshop. The team then creates a 'you said we did' document summarising how their business case / new or redesigned service / project reflects the feedback received at the events, and the engagement team sends this information across</p>	You said	We did	<p>When you have learning disabilities, it's really hard to find mental health support yourself. We'd like to know more about what's available.</p>	<p>Created an Easy read mental health signposting leaflet and edited it based on feedback from Safety Net People First.</p>	<p>BAME women need more support around cancer screening and awareness.</p>	<p>Macmillan GP, Sarah Whiteside, is supporting WAND around cancer screening workshops for the community.</p>	<p>Several community groups fed back via CCG engagement events, PRG and Community Champion baseline surveys the need for more emotional well-being signposting and support, particularly for certain groups such as BAME community.</p>	<p>The CCG has worked with all six Community Champion projects in Hammersmith and Fulham to co-design a mental health awareness and support campaign, with particular focus on the BAME community.</p>
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		to attendees. We also publish selected activity on the website for wider viewing.
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5. Update from the voluntary sector organisations the CCG is funding through the small grants programme.

In May 2017, the CCG distributed £100,000 worth of grants between twelve community and voluntary sector organisations serving residents of Hammersmith and Fulham (subject to contract agreements) to deliver local projects that meet the need of the local population. This is the second year of running the programme.

2016-2017 small grant projects: annual report

The first draft of the small grant projects 16-17 annual report has been completed by Sobus and circulated as a paper for April's Patient Reference Group. Members of the group will have the opportunity to comment on the report and make suggestions, before it is finalised and taken to the CCG's Governing Body.

2017-2018 small grant projects

Over the past months, three of the 17-18 small grant projects have presented to the CCG's Governing Body.

Date	Project
06.02.18	Centre for Armenian Information and Advice: H & F Armenian Health & Care Support Outreach Project
20.02.18	Black and Minority Ethnic (BME) Health Forum: NHS Choices Course
27.03.18	Hammersmith Community Gardens Association: Grow Well

The Governing Body has found the sessions very interesting, and has asked consistently how GPs can access the services provided by the projects. The CCG has fed back to the projects that we are happy to help advertise any of their activity to GPs and via our public engagement and communication channels.

The CCG also put on a training and monitoring session with the small grant project leads across Hammersmith and Fulham and Kensington and Chelsea on Monday 15 January. The purpose of the session was to ensure that all the project leads felt confident in producing their quarterly monitoring reports and to co-produce a standardised reporting template for use across the projects. The session was very successful and the outputs are informing a standardised reporting process.

6. Updates on progress of any key local or national communications campaigns e.g. Stay well this winter.

The CCG is co-producing a mental health awareness raising campaign with all six of the Community Champion projects in Hammersmith and Fulham. The campaign is also taking place in Westminster and Kensington and Chelsea. The aim of the campaign is to better support and signpost local residents, particularly those groups who show poorer access and outcomes for mental health services, such as black, Asian and minority ethnic communities, around their emotional well-being. The work on this campaign will continue into the spring, with some of the activity tying in with Mental Health Awareness Week in May. The approaches used in this campaign have been informed by feedback and suggestions gathered from local community groups during the CCG's February and March engagement sessions.

7. Update on any key local engagement or reports undertaken e.g. 360 stakeholder engagement survey, and statutory obligations report.

Response rates

Survey response rates for Hammersmith and Fulham CCG

Stakeholder group	Invited to take part in survey	Completed survey	Response rate
GP member practices <i>One from every member practice*</i>	30	17	57%
Health and wellbeing boards <i>Up to two per HWB*</i>	1	1	100%
Local Healthwatch/voluntary patient groups <i>Up to three per local Healthwatch*</i>	13	9	69%
NHS providers <i>Up to two from each acute, mental health and community health providers*</i>	8	3	38%
Other CCGs <i>Up to five*</i>	4	2	50%
Upper tier or unitary local authorities <i>Up to five per LA*</i>	5	1	20%
Wider stakeholders	10	8	80%

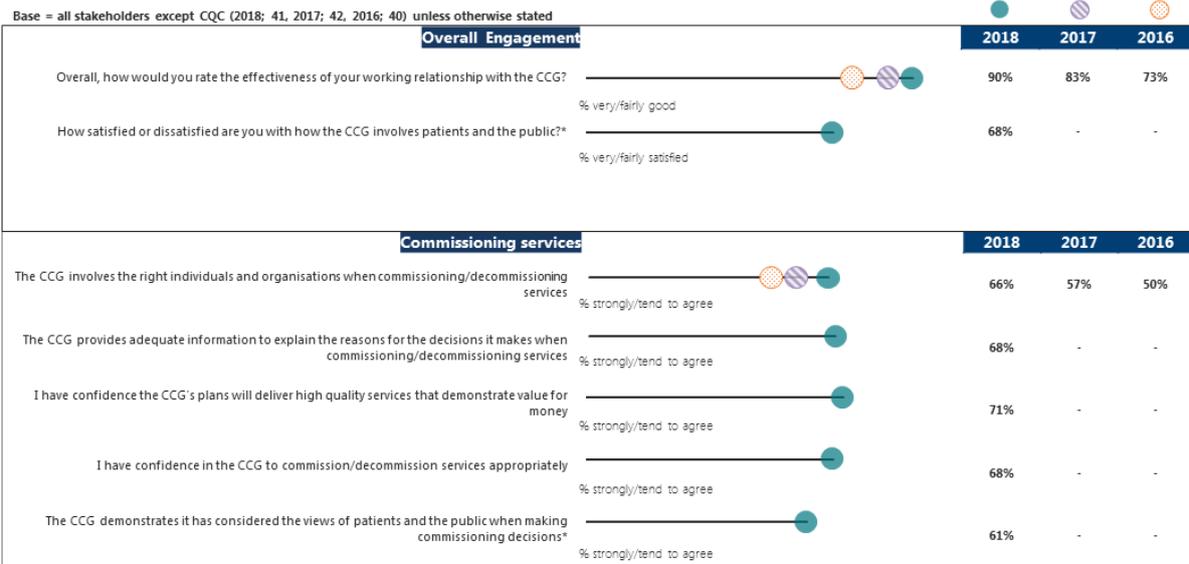
*Specification from the core stakeholder framework

Notable overall themes and trends

Summary

This report presents the results from Hammersmith and Fulham CCG's 360° Stakeholder Survey 2017-18. The annual CCG 360° Stakeholder Survey, which has been conducted online and by telephone since 2014, allows a range of key stakeholders to provide feedback on working relationships with their CCG. The results are used to support CCGs' ongoing development and feed into improvement and assessment conversations with NHS England.

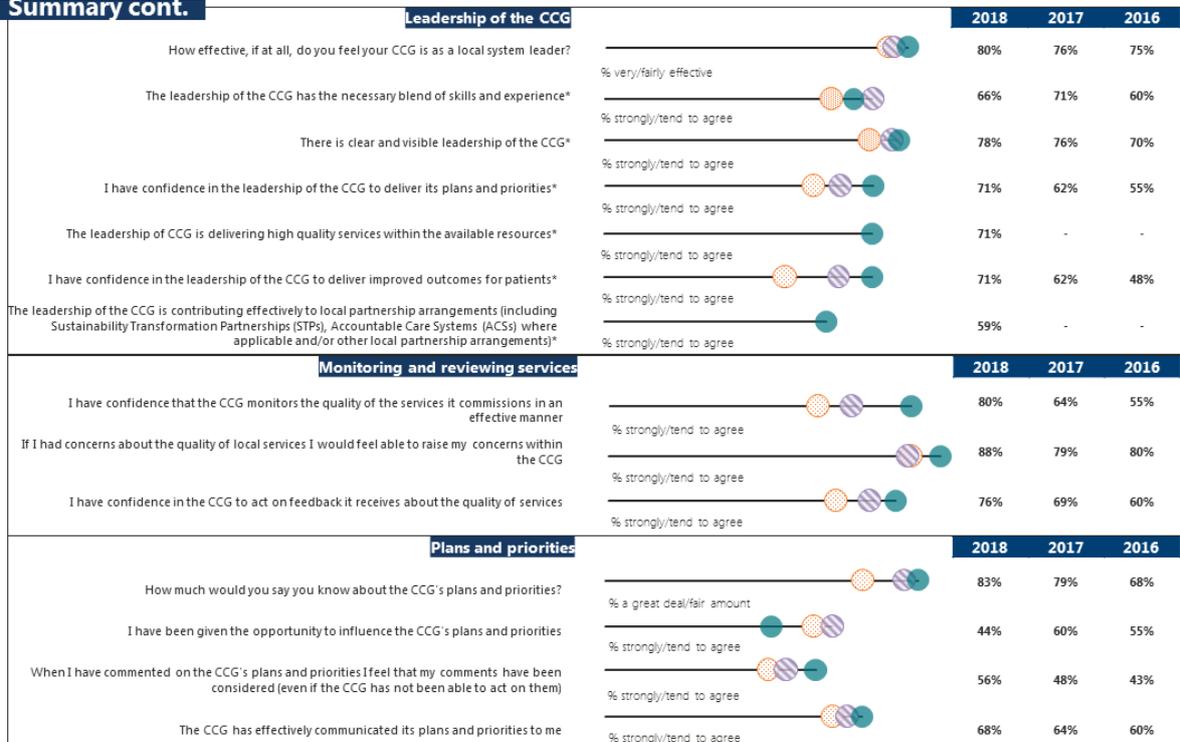
The following chart presents the summary findings across the CCG for the questions asked of all stakeholders. This provides the percentage of stakeholders responding positively to the key questions, including year-on-year comparisons where the question was also asked in 2017 and 2016.



Hammersmith and Fulham CCG

Base = all stakeholders (2018; 41, 2017; 42, 2016; 40)

Summary cont.



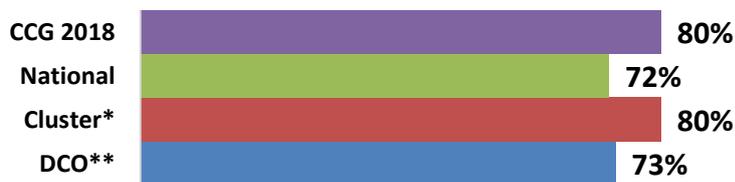
Hammersmith and Fulham CCG

Base = all stakeholders except CQC (2018; 41, 2017; 42, 2016; 40) unless otherwise stated

Positives

There are significant **positives** which can be taken from the 360 stakeholder survey report, including areas which show year-on-year improvement. Stakeholders' overall rating of the effectiveness of their working relationship with the CCG continues to rise year on year, peaking at 90% for 2018. This is a particularly impressive score when we note the extent to which it exceeds the national average of 76% and the 'cluster' average of 79%. The CCG's rating from stakeholders has both improved overall year on year, and ranked higher than the national and cluster averages, for the following topics:

- 'How effective do you feel your CCG is as a local system leader?'



- 'There is clear and visible leadership of the CCG'



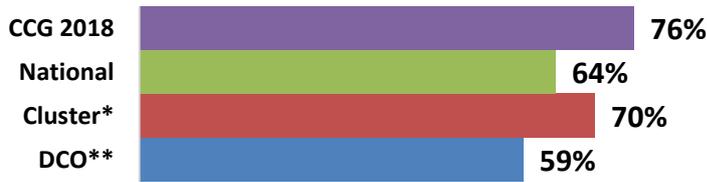
- 'I have confidence in the leadership of the CCG to deliver improved outcomes for patients'



- 'I have confidence that the CCG monitors the quality of the services it commissions in an effective manner'

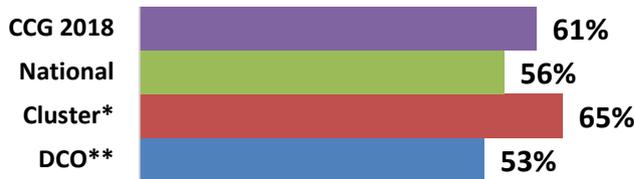


- 'I have confidence in the CCG to act on feedback it receives about the quality of services'



Areas for improvement

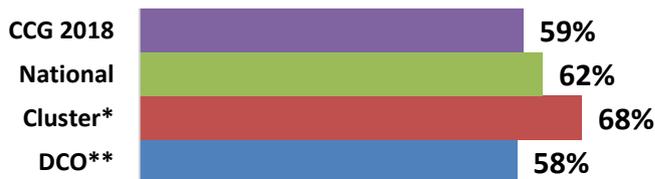
There are also **areas for improvement** flagged up by the 2018 survey results. 61% of the CCG’s stakeholders agreed that the CCG demonstrates it has considered the views of patients and the public when making commissioning decisions. This was above the national average but below the average score of the ‘cluster’ CCGs to which we are considered most similar.



Only 56% of the CCG’s stakeholders considered that ‘when I have commented on the CCG’s plans and priorities I feel that my comments have been considered (even if the CCG has not been able to act on them)’ – a significant improvement on previous years, and just above the national average, but still low enough to suggest that we have more important work to do on embedding and advertising our ‘you said, we did’ activity.

The percentage of stakeholders agreeing that they had been given the opportunity to influence the CCG’s plans and priorities dropped from 60% in 2017 to just 44% in 2018.

For the first time, stakeholders were asked whether they agreed that ‘the leadership of the CCG is contributing effectively to local partnership arrangements (including Sustainability Transformation Partnerships (STPs), Accountable Care Systems (ACSs) where applicable and/or other local partnership arrangements)’. Only 59% agreed, compared to a national average of 62% and cluster average of 68%.



Next steps

A more detailed analysis of the survey, broken down by key stakeholder groups, will be

completed by the engagement lead and used to inform the CCG's 2018-19 engagement action plan.

8. Engagement events and opportunities

The CCG continues to engage with our Patient Reference Group (PRG) at face to face meetings once every two months. Recent discussions with PRG have focussed discussions on equality objective setting and integrating care. The group has asked for focused discussion on mental health, dementia, service accessibility at future meetings. The group has also requested an update and/or further discussion around the weekend plus service, the work of the LikeMinded team, the new dermatology service, how the CCG is engaging with children and young people, and the integration of care.

The CCG also keeps a spread sheet showing upcoming opportunities to engage with the local community. In January the engagement team pulled together list of community events for February and March which resulted in the CCG engaging face to face with 13 different groups (127 people in total) including: Safety Net People First (a group run by people with learning disabilities, for people with learning disabilities); Somali women; the BME Health Forum; MOSAIC Youth (a group of young LGBT individuals); and groups of people aged 60 and over in Hammersmith and Fulham. The engagement activity provided a wealth of useful information about what local residents care about in terms of their health and well-being, and what they feel the CCG's equality objectives and priorities should be.

The Hammersmith and Fulham team works with the North West London team to ensure that patient and public feedback themes are actioned locally and/or on a North West London level where appropriate. "You said, we did" activity will then be shared on the CCG's public website, with the CCG's Patient Reference Group, with the groups with which we have engaged, and with the wider public via our website and Twitter account.

Mark Jarvis & Bethany Golding
Patient & Public Engagement
March 2018

Appendix 1: Community feedback in full

<p>“HeadsUp” mental health user involvement panel</p>	<p>Service users often tell us that once they have been discharged from secondary care to primary care, it is too difficult to re-access secondary care services if they become unwell. Often, they say, you have to be re-admitted to hospital under a section before secondary care support becomes available again.</p>	<p>Patient Reference Group – April 18</p>
<p>“HeadsUp” mental health user involvement panel</p>	<p>Service users report that their GP does not have enough knowledge/time to discuss their mental health conditions, and Psychiatrists are unable to discuss physical health conditions. This means that for those patients who have co-morbid physical and mental health conditions, there is a lack of joined up and holistic care.</p>	<p>Patient Reference Group – April 18</p>
<p>“HeadsUp” mental health user involvement panel</p>	<p>Service users report that there is an overall lack of signposting by GPs/other health professionals to voluntary and community organisations for additional support.</p>	<p>Patient Reference Group – April 18</p>
<p>“HeadsUp” mental health user involvement panel</p>	<p>It has been reported that service users find it difficult that their Psychiatrist changes every 6 months.</p>	<p>Patient Reference Group – April 18</p>
<p>“HeadsUp” mental health user involvement panel</p>	<p>Service users reported that they do not feel that they are kept 'in the loop' about their care plans and that mental health professionals do things without updating them e.g. service users have told us that they have been discharged from secondary care services without being informed and prepared for this.</p>	<p>Patient Reference Group – April 18</p>
<p>“HeadsUp” mental health user involvement panel</p>	<p>When service users are on the (often very long) waiting list for a Care Coordinator, they report feeling left without support. They often say that they are not referred to alternative support while they wait for allocation.</p>	<p>Patient Reference Group – April 18</p>
<p>“HeadsUp” mental health user involvement panel</p>	<p>Service users often report that they feel that there is a gap in care provision for certain diagnoses e.g. Personality Disorder. They have said that therapy options are limited for this client group as CBT is often the only option provided, but this is not always appropriate. They feel that having more options e.g. DBT being readily available would be very helpful. They also report that where other therapy options are available, the waiting list is too long.</p>	<p>Patient Reference Group – April 18</p>
<p>Safety Net People First (SNPF)- led by and for people with learning disabilities SNPF</p>	<p>Clinicians should explain medication clearly, including what it is used for and it's possible side effects.</p>	<p>ACP engagement- March 18</p>
	<p>It is difficult to access mental health support on your own. GPs should refer you more and help you access different types of mental health help.</p>	<p>ACP engagement- March 18</p>

SNPF	Some of the larger hospitals are really hard to navigate your way around, especially if you haven't been there before. There should be better support and signposting	ACP engagement- March 18
SNPF	Reception staff in GP surgeries & hospitals often just brush you off	ACP engagement- March 18
SNPF	It would be helpful to get reminders about appointments the day before so you remember, rather than two weeks earlier. There should also be choice around how people want to be reminded - some people don't like to receive messages or calls from numbers they don't know, it makes them anxious	ACP engagement- March 18
SNPF	We should be able to have a choice in appointment times. It's hard when they say ring at 8am exactly to get an appointment- it's not so easy for some people to get up early or to remember to call at an exact time	ACP engagement- March 18
SNPF	Appointments are too short. By the time you have had the chance to explain something, the time has gone	ACP engagement- March 18
SNPF	We don't want hospitals to close. It's much harder when you have to travel further away.	ACP engagement- March 18
Action on disability	Clinicians should listen more to patients- they are experts in their own health. They should be asked what works for them, what they want and are able to comit to. Patients shouldn't be made to feel that they are wasting clinicians' time. Use more of an asset based approach.	ACP engagement- 09/03/2018
Action on disability	It would be better if clinicians reviewed notes before the appointment. Then we wouldn't have to repeat ourselves.	ACP engagement- 09/03/2018
Action on disability	There should be referrals to exercise classes available to everyone, at the moment it's only if you are unwell. Gyms are too expensive.	ACP engagement- 09/03/2018
Action on disability	There should be improved access to provision at home. For instance, someone should be able to come out and do blood tests at home. At the moment if you can't get to the surgery you can't get a blood test.	ACP engagement- 09/03/2018
People AriseNow & BME Health Forum	People in the NHS should visit in their own homes so that they can get a clearer context of their lives.	ACP engagement- 14/02/ 2018
People AriseNow & BME Health Forum	People who have English as a second language find it a lot more difficult to access services- sufficient support is not always provided.	ACP engagement- 14/02/ 2018
People AriseNow & BME Health Forum	Waiting times for GP appointments are too long. Also, waiting on the phone line to speak to a GP receptionist is too long. They should reduce these for appointments and for treatments. Also, only taking bookings between 8 and 9 is no help if the line is always busy at that time!	ACP engagement- 14/02/ 2018
People AriseNow & BME Health Forum	Isolation in the community, especially for elderly people can lead to more extreme health issues that are both detrimental to the individual and also end up costing the health service more.	ACP engagement- 14/02/ 2018
People AriseNow & BME Health Forum	More emphasis should be on peoples experiences and not just hitting targets. Also, GP contracts are designed poorly- wrong incentives are used making GP's have the wrong priorities, eg. getting as many people to hit a target.	ACP engagement- 14/02/ 2018

People AriseNow & BME Health Forum	There are language barriers. There need to be more translators both in person and available on the phone.	ACP engagement-14/02/ 2018
People AriseNow & BME Health Forum	There should be better access to mental health services and especially preventative services. There should be better communication around what services exist. Older people in particular need activities to support their mental health- even if this is a physical health club	ACP engagement-14/02/ 2018
People AriseNow & BME Health Forum	People should have a gender-choice with their GP	ACP engagement-14/02/ 2018
People AriseNow & BME Health Forum	Staff members' behaviour and engagement with patients needs to be better- needs to make us feel welcome	ACP engagement-14/02/ 2018
Elgin Close Resource Centre	Patient transport services are really difficult to use. You have to ring them two hours before, and there are often long delays on the way back from the hospital. [From the centre's perspective, this means a member of staff is away from the centre for hours longer than they need to be].	ACP engagement-14/ 02/ 2018
Elgin Close Resource Centre	One resident of the centre felt that although the GP visited her regularly, when she did come she did not feel that the GP took enough interest in her or her wellbeing. The GP only considered her specific symptom that day, and did not take into account her history or how she was feeling more generally.	ACP engagement-14/ 02/ 2018
Elgin Close Resource Centre	People who are blind and therefore find it difficult to travel should be offered a free taxi service, as it is difficult to use public transport.	ACP engagement-14/ 02/ 2018
Elgin Close Resource Centre	Things should be done differently so that there aren't too many specialists involved in your care. In an ideal scenario, you wouldn't go to different specialists for different aspects; there would just be one who was responsible for everything. 'Specialists dealing with you should be familiar with your case, and stop putting you on to many other specialists'.	ACP engagement-14/ 02/ 2018
Elgin Close Resource Centre	People get sent through lots of additional medication which they don't end up using. It is a waste disposing of it, there should be a way of sending it back, when the packets are sealed.	ACP engagement-14/ 02/ 2018
Safety Net Youth First	The Hospitals should be painted and decorated differently. For instance, they could paint flowers along the corridor, or use lots of different colours to make it brighter.	ACP engagement-15/02/2018

Safety Net Youth First	[The project co-ordinator]: Our young people find it hard to book appointments for themselves, which means they have to rely on their parents to do it. The booking systems aren't very accessible for them. There also needs to be more easy read information available regarding their health care. This will empower the YP to take more ownership of their own appointments. There could be more information for this group on which services are available and how to access them.	ACP engagement-15/02/2018
Iranian Association	GPs don't listen to you as well as they should do. They don't understand how bad the pain is, and sometimes they just tell you to go away and take medication. Sometimes they don't even talk to you- they just talk to you on the phone. How can they know what's wrong with you on the phone?	IC engagement-21/02/2018
Iranian Association	Test results come back too slowly. If you are waiting a week, things can get a lot worse, or just the anxiety of what is wrong can be really difficult to cope with.	IC engagement-21/02/2018
Iranian Association	10 minutes is not long enough for an appointment, by the time you can explain anything properly you have to leave. The waiting lists are also too long- it can take two or three weeks	IC engagement-21/02/2018
Iranian Association	[Project staff:] The GP services won't talk to anyone but the clients, even when we offer to interpret for free. It means they can't explain anything in ten minutes, so they go to the GP again and again and again.	IC engagement-21/02/2018
Iranian Association	There are issues with the translators who are used not having medical training and therefore not being able translate things appropriately (for instance translating 'down syndrome' as 'low syndrome'). They should have that medical knowledge. 'Sometimes I ask the GP to write it down rather than have an interpreter- then I can google it and I can understand it better'. The translator needs to be completely different for instance than if you're going to a housing officer.	IC engagement-21/02/2018
Iranian Association	The general knowledge of people should be increased. If they have knowledge of their problems then maybe they don't need to see the GP, maybe they can help themselves.	IC engagement-21/02/2018
Iranian Association	Access to free exercises would help. It increases physical and mental health support. Sometimes they tell us 'do exercise'. But there needs to be more places where we can do group exercises. [Project manager: mostly our clients can't afford to pay for exercise classes.] The social situation with exercise classes is really important. Because you make friends and then we support each other. Drs ask people to do things that are just unrealistic without support.	IC engagement-21/02/2018
Iranian Association	Psychological therapies should be in the client's first language- in H&F there is only one NHS psychotherapist we know of who speaks Farsi. The long waiting list for lapt is a big barrier. Also hard to use translators, as some	IC engagement-21/02/2018

	clients don't trust the translators.	
Iranian Association	People need help finding a GP practice who speaks their language. A lot of people couldn't find a GP who speaks Persian Farsi, we just had to speak to each other and advise, but then you don't know if you're giving the right advice or hearing the right advice. People would prefer to travel a bit further if it means they can speak their language.	IC engagement- 21/02/2018
Mosaic LGBT Youth	GPs could do home visits without us having to push so hard for it	IC engagement- 28/02/2018
Mosaic LGBT Youth	There should be shorter waiting times for GP appointments	IC engagement- 28/02/2018
Mosaic LGBT Youth	Install physiotherapy into local GP services, and generally allow people to get more of their needs met by their local GP service	IC engagement- 28/02/2018
Mosaic LGBT Youth	The NHS should use technology better to get instant results from blood tests	IC engagement- 28/02/2018
Mosaic LGBT Youth	GPs having been trained in how to act and treat people in a "human" way, and showing a genuine interest in people e.g. knowing their family members' names, etc	IC engagement- 28/02/2018
Mosaic LGBT Youth	<p>The NHS could work more closely with local churches and share signposting information on NHS services with local churches</p> <p>Less cutbacks and more support for the homeless</p> <p>A helpline which covers everything you need – health, housing, etc</p> <p>Shorter waiting times for nurse and GP appointments</p> <p>Make it easier to get prescriptions quickly, directly from Boots</p> <p>Longer GP slots especially if you have multiple issues</p> <p>Toenail cutting:- GP to be more helpful in assessing need for this service</p> <p>Receptionists asking less personal questions</p> <p>Better communication between GP and hospital so that people don't have to be re-referred</p> <p>See the same doctor every time</p> <p>More nurses and retention of nurses within the system</p> <p>More appointments available</p> <p>Longer appointment slots if people have multiple issues – do it all in one go, like a 'one stop shop'</p> <p>More alternative treatments like acupuncture, osteopathy, more holistic approach than doling out drugs</p> <p>More support in the community</p> <p>Ensuring that district nurses turn up to see people after their hospital stays to do dressings, etc</p>	IC engagement- 28/02/2018

Mosaic LGBT Youth	In terms of NHS staff: Employ less agency staff. Pay your permanent staff more, and look after their well-being and workload support so they stay. Same with junior doctors – they need time to sleep and eat. Support and breaks should be built in for frontline staff and this should be enforced more. Need a nice place for people to rest and eat their lunch	IC engagement- 28/02/2018
Old Oak Over 60s Exercise class	There should be more continuity of care, at the moment you don't see the same doctor each time	IC engagement- 28/02/2018
Old Oak Over 60s Exercise class	Invest more in staff. Have good people working there.	IC engagement- 28/02/2018
Old Oak Over 60s Exercise class	There shouldn't be mixed gender wards, for privacy sake	IC engagement- 28/02/2018
Addison community champions	<p>Services fail to understand the importance of good communication –it's about simple acts of kindness. Such as offering a glass of water, or asking if people are too cold. That's important. A positive experience involves all of these things, not just medical support.</p> <p>People should be reassuring. It's not just about the treatment, it's also about their manner. If they don't explain the treatment it can be really frightening. The softer skills should be built in clinicians. "I don't think clinicians realise that actually being reassuring can save them money in a way. Because if one doctor doesn't give me the answer I want, or I don't trust them, I'm just going to go to another one until I do. Or, if I'm stressed or worried, I'm more likely to want to speak to them again."</p>	IC engagement - 07/01/2018
Addison community champions	They should cover more than one issue in a GP appointment. It's a waste of their time and ours if we have to go back again.	IC engagement - 07/01/2018
Addison community champions	Clinicians should share information better- they would have a better data sharing system. [For instance, when one lady took her daughter out of the hospital, she had to explain herself what was wrong to the GP- she would have preferred if someone could have let them know in advance].	IC engagement - 07/01/2018
Addison community champions	They give out too much medication." I often have a lot of medication left over which I don't know what to do with. It would be better if I could give the medication back to the drs / pharmacy/ hospital when I haven't used it, especially for the ones I haven't opened. It seems like such a waste."	IC engagement - 07/01/2018
Addison community champions	Language issues should be addressed. They need to make it simpler- there are too many acronyms.	IC engagement - 07/01/2018

Addison community champions	There are issues with interpreters. Sometimes they don't turn up - people end up signing things they don't understand and afterwards they are anxious	IC engagement - 07/01/2018
Addison community champions	They should take the time to explain more the treatment or medication they are giving out. And also take the time to get to know us better, before just prescribing drugs,	IC engagement - 07/01/2018
Addison community champions	There should be more buildings which offer different services inside them- like a GP and a community service etc	IC engagement - 07/01/2018
Addison community champions	In the hospital, the nurses and the porters are really good. However, the doctors aren't as helpful, and that's hard because they're actually the decision makers. They don't come around very often, and when they do they don't explain things or talk to you properly. There should be more communication between the different staff levels, so they can explain things more.	IC engagement - 07/01/2018
Addison community champions	Make more emergency GP appointments- then people wouldn't have to go to accident and emergency as much.	IC engagement - 07/01/2018
Addison community champions	I'd like them to give me a card which kind of centralises which medication I'm on. I'd find that easier- if it was just kind of standardised and I don't have to remember what I'm on or what I need at that time, because it's hard for me always to remember	IC engagement - 07/01/2018
Addison community champions	There should be a focus on paediatrics within this: people obviously worry about their kids, having a better services would ease pressure on a&e	IC engagement - 07/01/2018
Edward Woods Soup Kitchen	Information and communication. Doctors should be able to tell you about different treatment options; that would save you having to research it all yourself. They should give you more information about the condition which you're going through. Some people are constantly searching on the NHS website for information	IC engagement- 07/03/ 2018
Edward Woods Soup Kitchen	Bed manners need improving: "I'm not expecting the doctor to be my best friend, but just to talk to you as a person and not a statistic. That can make you feel really alone. Not all Dr's are like that, just some."	IC engagement- 07/03/ 2018
Edward Woods Soup Kitchen	There are too many managers and not enough frontline staff. More money should be invested in frontline staff.	IC engagement- 07/03/ 2018
Edward Woods Soup Kitchen	Services should appeal more for customer feedback. Receptionists should get feedback from patients after their Drs appointments – not just yes or no questions, but more open questions, like what would they think the surgery needs to work on. That could be done electronically, or through the post	IC engagement- 07/03/ 2018

Edward Woods Soup Kitchen	Wasted medication: "I've been on different drug regimes. Even though some of my drugs are sealed, they won't take them back when I switch to a new one. I've ended up throwing away 100s of pills. That has always upset me."	IC engagement- 07/03/ 2018
Edward Woods Soup Kitchen	The NHS buy high priced goods when they could get it cheaper. Why don't they buy aspirin, or panadol, for less?	IC engagement- 07/03/ 2018
Fulham Good Neighbours	District nurses are hard to get hold of, being able to reach them is important.	IC engagement- 07/03/ 2018
Fulham Good Neighbours	In some hospitals the wards are too big, in Charing Cross it's better because they're smaller, people can talk to each other, get to know each other a bit	IC engagement- 07/03/ 2018
Fulham Good Neighbours	The staff are much better when they come from Fulham council and not an agency. They build a relationship much better	IC engagement- 07/03/ 2018
Fulham Good Neighbours	We need more information communicated on which services are available	IC engagement- 07/03/ 2018
Fulham Good Neighbours	The food in hospitals needs to be better. "I think they should produce the food on site, rather than in other places and then freezing it. When the quality of the food is bad, you don't feel good, it's a psychological issue as well."	IC engagement- 07/03/ 2018
Fulham Good Neighbours	GPs and the hospitals need to communicate better with one another. They need to make referrals more reliable, between one and the other.	IC engagement- 07/03/ 2018
Fulham Good Neighbours	There are lots of transport issues. You have to book patient transport at least two hours in advance, but in reality you don't always know that far in advance. Even then sometimes you have to wait three hours, or they don't turn up, or they send the wrong vehicle. Also, sometimes they drop you off in the hospital but they don't tell anyone you're there, so the person is just sitting there anyway. "All these different departments don't talk to one another"- is there a liaison officer between the transport service and the hospital	IC engagement- 07/03/ 2018
Fulham Good Neighbours	They should reduce operation waiting times, for instance from 3/4 months to 1 or 2.	IC engagement- 07/03/ 2018
Fulham Good Neighbours	There are too many multiple teams	IC engagement- 07/03/ 2018
Fulham Good Neighbours	With increasing digital communication, it feels like the older generation have been forgotten, such as mainstream comms like phone calls and letters	IC engagement- 07/03/ 2018
Fulham Good Neighbours	They should impose an extra 10% charge on medicines, that way people wouldn't consume as much	IC engagement- 07/03/ 2018