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NHS Long Term Plan

PFG Focus Group 2

24 April 2019

1 Introduction

1.1 Description of the focus group/engagement activity

Group Name: PFG Doncaster

Short description: A group of adults ranging across all ages who meet together for the purposes of Peer Support around mental health. This was the second visit to the PFG and gave access to some of the previous members from the week previous but in addition gave access to a number of different members.

Session facilitated by:

Jill Telford, Engagement Team Manager Healthwatch Doncaster

Curtis Henry, Doncaster CG / DMBC Public Health

Kaitlyn Halkett Healthwatch Doncaster Student Placement

1.2 Acknowledgements

Healthwatch Doncaster would like to thank the group for inviting us to talk to them about The Long Term Plan

Thanks to Kaitlyn Halkett Student Healthwatch Doncaster for supporting the session

Thanks to Curtis Henry from Public Health and NHS Doncaster CCG for his support in delivering the Focus Group session.

2 What was the purpose of the activity/session?

2.1 Purpose

In sharing the Commitments and focus of the NHS Long Term Plan our aim was to stimulate conversations from the general public to gain their view and opinions. We

want to involve a diverse group of people some with extensive use of health services to engage in conversations about the NHS Long Term Plan and this group are always keen to share their views.

2.2 What did you do?

The team had met and considered what would be the best approach when engaging with groups about the NHS Long Term Plan. The desired outcomes would be for us to gain feedback on the content of the Plan and felt that we needed to be conscious of our style if we were to achieve contributions from any groups. The opinion was that for many groups the formal survey would not get their attention and we had to think about our delivery very carefully. Team members worked in partnership to interpret the survey and create resources to assist in our delivery. Efforts were made to aid the facilitators to deliver a succinct summary of the points made in the document to encourage discussion. We developed a Power point presentation that we felt might be appropriate for some sessions however, we felt that in the majority of the sessions we should use the laminated slides from the Power point as crib sheets to achieve the most effective approach.

2.3 Results of the activity/session(s)

The following is feedback from the group:

They group unanimously supported the commitments in section 11 regarding Mental Health Investments.

When asked about the importance of the GP/Doctor in supporting their mental health needs they provided the following feedback.

- They are told what to do, where to go and how they are going to be treated. It is not at all person centre, patients are not given a choice and sometimes given care they do not want.
- The group shared that when asked by a doctor “how can we help” when you go to an appointment is not helpful, as they do not know the answer however some of them stated that they want to know why doctors cannot ask ‘what will help your well-being’.
- One person saw a doctor after making an appointments 2 weeks before hand and got told there was nothing wrong, however came to the PFG and they had to ring an ambulance for him as he was bad.
- They want better support from the GPs.
- Many of them reported being told that there was no help for them by their GP.
- They said the doctors should refer them to the services that can help them instead of saying they cannot help or that it is out of their hands.
- Doctors spend more time on strategies than patient care and this is very frustrating it makes them seem like they do not care about the patient.

- Local health services have recently changed and group member described how they were told of this and that a coffee morning would be held to provide more information, this did not happen and the group talked about how this means people do not know where they are going for their follow up appointments

When asked if it is important that they get support from their family.

They provided the following feedback:

- Family don't understand mental health they just think there is nothing wrong with the individual
- They said family can't be forced to change
- Some said their parents were old school and do not/did not know or understand anything about mental health.
- They said their parents would just tell them to take a walk and they would never help them.
- They also just tell the individual to get on with it and smile.
- Their parents believe there is nothing wrong with them, the parents believe the individual is just weird, naughty and the parents don't support the individual at all.
- The parents also just give a clip around the ear as they believe the individual is being naughty
- Families still have a stigma about mental health as there believe people with mental health conditions are 'mental'
- There needs to be recognition that not everyone has a 'family' to rely on in times of crisis

In relation to recommendations in the Long Term Plan that school, children will receive increased emotional support they provided the following feedback.

- They agreed that things need to be put in place about mental health within schools to educate kids.
- They also believe there isn't enough help or support in schools for young people with mental health issues
- There are children coming to school daily with problems and are still leaving school with the same problems as schools are not helping at all and just brushing problems underneath the table. This means they are going to become adults with a lot of baggage.

The group were concerned about whether there is any focus on Learning disability within the plan and gave the following feedback.

- There are gaps within learning disability that need fixing
- There were saying how people with learning difficulties come to the PFG to gain support and make new friends.
- They were very passionate about learning disability in young people and wanting more services they could access within the community

- When an individual with learning disability is frustrated and annoyed and becomes agitated mental health services will say they will wait till you have calmed down however Learning disability workers will carry on working with them and use different strategies to calm them down.

Patient care

- They want to have ways for people to help themselves
- Professionals spend more time completing reports than they doing spending time to talk to the service users.
- They want to be given the right time, right location and right date of appointments as sometimes appointments are changed without knowledge as well as appointments in a location they do not know so they miss the appointment, as they were lost. Or sometimes they end up in the wrong place as they were given the wrong name or the location is too big and end up in the wrong side of the location.
- Care needs to be more personalised and person centred
- They want doctors to stop stereotyping them because they have learning disability

There were a number of comments shared by the group in relation to managing Mental Health problems these included:

- Mental health services are in crisis themselves.
- The staff that work within mental health services are stressed
- Care needs to be more personalised and person centred for people with mental health issues within the community
- They believe professionals working within mental health services need to get a heart and empathise with individuals
- An individual was left to struggle for two years and was lost within the system
- They believe that there needs to be a rethink in the way people think about mental health and learning disability as people stereotype.
- People are being past from pillow to post and don't know where they need to be to get their problem sorted as they just get pasted around after each appointment.

In relation to how they are supported in the community, they provided the following feedback:

- Most of the group felt that could get support from their community, in this case the PFG
- They want to be sign posted better to different services that will be able to help them and be told the location of these services not just contact details.
- Community groups like the PFG should receive more money as this is where most people receive their support as professionals do not know how to help them. Therefore, most people resort to attending community groups.
- The PFG helps built friendships ,having relationships either romantic or just as friends is very important so coming to the PFG is a community

- One man said that if the PFG was here 30 years ago his brother would never killed himself as he would have had the support to deal with his problems.
- The PFG get 6-7 new members each week and they receive no support with supporting the individuals they are left by themselves.
- They believe that professionals and different services are just box ticking and only want to tick a box and not actually focus on the individual themselves.
- They want individuals to be treated by their first point of contact and not just sent to different services as they get confused, annoyed and nothing gets done as they just get past around and nothing ever gets sorted.
- Participants felt, more community based resources are required to support people to 'stay well' and to help lessen the burden on health services
- Participants felt the overall quality of the social prescribing service provided locally was not good.
- A male from the group was in hospital and his partner had great difficulties in facilitating his discharge as he had his own problems and the ward staff questioned his ability although they live together, Social services were involved to.

Social services

- The group felt the much of the support that Social Workers should provide seems to fall on Health professionals. Members of the group described being sent back and forth from agencies "Getting told it is Social Care's fault but when contacting Social they are saying its nothing to do with them and getting put back to the GP"
- When social refer to the PFG they should have a follow up with the individual they referred however they bring them on the first time and then leave and the individual never hears from them again unless they contact the social themselves.
- The members of this group believe that "Social Services are rubbish and don't work"
- The members of the group also believe that nurses within the NHS are given incentives to stay with the NHS unlike careers who are on basic living wages.

Comments about the Long Term Plan

- They believe the NHS is already destroyed and the NHS Long Term plan will not improve it.
- They believe that the NHS Long Term Plan is mostly about saving money and not improving patient care.
- Jargon is a big issue as when doctors or other professional use it individuals unless from that background do not understand what is being said so are no the wiser of what needs to happen.
- People asked if the LTP had anything in place to help reduce the number of suicides happening within England.
- They asked for easy read versions of any documents that are being talked about such as the easy read version of the LTP for future visits.

- Asking if the LTP is focusing on adult or child mental health services.
- Asking if the individuals making the plan are from the services being discussed i.e Has anyone with Mental Health problems been involved in the development of the plan as they feel this is important
- How do they know what the public want if the public aren't being asked.
- While talking about the terminology of the plan they believed that it was full of jargon and it does not mean anything to them.
- People will have different interpretations of what the words mean.

Feedback from Curtis Henry

The majority of the feedback received within this session focused on mental health service provision. Within this, participants were encouraged to think about how the vision of the LTP connects and supports their aspirations for improvements to current and future mental health, service provision.

Participants were asked to discuss and share viewpoints about the wider aims and objectives of the LTP. Also, how the vision set out within LTP highlights the need for individuals to 'take more control over their own health' – How can this be realised for people who are mental health service users?

The following comments were noted from the discussions which ensued:

- Information should be provided in 'Easy Read' format to make information accessible for all- Utilise NHS England Information Standard guidelines
- Are the needs of people with Autism being considered /addressed within the LTP
- Concerns were raised about young people and their transitions from CAMHS into adult mental health services
- Better support within schools is required for young people suffering with mental health
- Doctors – Concerns were raised about the role of GP's. Participants felt they needed a better understanding of people who suffer mental health- individuals felt they were not always provided the right level of support or referred to the appropriate agencies
- Although the LTP talks about 'personalised care' – is the 'support' available to meet individual needs.
- Participants felt, more community based resources are required to support people to 'stay well' and to help lessen the burden on health services
- Participants felt the overall quality of the social prescribing service provided locally was not good.
- There was a distinct lack of Social Workers available to deal with the demands of service users and manage their caseloads effectively
- Participants felt that individuals who access the local, social prescribing service are not well supported or supported appropriately. Particularly, when comparisons are

drawn with the service offer (deliverables) of similar models being delivered within the region.

- For people who endure multifaceted problems it appears, they have great difficulty getting the help they need – the provisions/ offer of help/ support often feels disjointed

What can be done to help?

- Provide more support for young people to prevent situations becoming worst as they transition into adulthood
- Not everyone has a 'family' to rely on in times of crisis
- Family members are not always 'best placed' to assist an individual when they experience crisis
- Reduce stigma
- Improve the GP appointment system – needs to be more 'timely'
- Improve the help/ support on offer from GP's
- Communicate with patients to explore what can be done better with/ for patients
- Reduce the number of 'managers' who operate/ work within the NHS and replace them with staff who can provide practical support and assistance for people who require help

2.4 Conclusion

- They are concerned about the support for people with Mental Health problems and stated that this needs to be a focus for the N.H.S.
- They identified that their cares/family are unable to support them appropriately due to lack of support for themselves, lack of knowledge or because their own unhelpful views and opinions. They agreed that increasing their knowledge and skills and providing them with appropriate support would enhance the lives of those with Mental Health difficulties.
- The group suggested there should be more support for young people to prevent situations becoming worst as they transition into adulthood
- Efforts need to be made to reduce stigma
- There is a distinct lack of Social Workers available to deal with the demands of service users and manage their caseloads effectively

2.5 Data and information summary

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| Date of Focus Group/Engagement Session | Tuesday 24 April 2019 Tuesday 16 March |
| Group name | People Focused Group (PFG) |
| Description of the group or session | Regular Peer Support session |
| Life stage – (Starting Well, Living Well, Ageing Well) | Living Well, Ageing Well |
| No. of attendees | 20 |
| Theme area (Mental Wellbeing, Choice and Control and Independence, Care near where you live) | The group have a focus on Mental Wellbeing due to their specific remit in supporting people with Mental Health issues |
| Was it a condition specific session – if so please identify the specific condition | The session was facilitated to discuss aspects of the Long Term Plan however with the intention of allowing the group to focus on specific topics of their choice |
| What were the key outcomes | <p>They want better support from the GPs.</p> <p>More support is required for carers of people with Mental Health problems.</p> <p>The group suggested there should be more support for young people to prevent situations becoming worst as they transition into adulthood.</p> <p>Care needs to be more personalised and person centred.</p> <p>They believe that there needs to be a rethink in the way people think about mental health and learning disability as people stereotype.</p> <p>Community groups like the PFG should receive more money as this is where most people receive their support, as professionals do not know how to help them. Therefore, most people resort to attending community groups.</p> |