

Brent Teaching Primary Care Trust

# Summary of Public Involvement

Activities to Inform the North West London Strategy Proposals

June 2007



## North West London Strategy

HEALTH AND HEALTHCARE IN NORTH WEST LONDON



## **1. Introduction**

This paper gives a summary of key messages and recommendations from consultation and engagement activities with service users, carers, voluntary and community organisations and the public in Brent in the last four years. The summary is intended to inform the North West London proposals to develop a strategy for how healthcare services should develop over the next 5 – 10 years.

The paper focuses on responding to the following key themes as identified in the North West London proposals:

- (a) How the NHS could help people improve their own health**
- (b) How the NHS could better support people with ongoing health needs**
- (c) How the NHS could better support people with occasional health needs**

## **2. Background**

The borough profile as set out in Brent tPCT Public Health Annual Report 2006 is as follows:

### **Population**

- Resident population is 278,560, with a GP registered population of 347,541
- 54.7% of residents are from Black and Minority Ethnic communities
- Over 130 different languages are spoken in Brent schools
- The population is relatively young with 43% of residents under 30 years of age
- Over 30,000 people are over the age of 65
- Brent is the 81<sup>st</sup> most deprived borough in England
- 17 out of 21 wards are in the most deprived half of all wards in England

### **Health and Health Inequalities**

- Brent is a diverse borough and this diversity is reflected in marked health inequalities
- Highlighting and tackling health inequalities is an important part of public health work
- There is a gap of 11.1 years in male life expectancy between wards with the best and worst life expectancy

### **Lifestyle and Health Inequalities**

- A quarter of Brent's population are estimated to smoke
- The percentage of smokers is higher in more deprived wards
- Two thirds of Brent residents do not eat the recommended five portions of fruit or vegetables per day
- Approximately 20% of Brent residents are obese

### **Burden of Ill Health**

- 70% of Brent residents report their health as good in the past year
- Life expectancy is 76.6 years for males and 82.3 years for females
- Circulatory disease and cancer are the biggest killers
- Mortality rates for CHD and cancer vary across Brent
- There is a high prevalence of diabetes and TB
- There are high and increasing rates of HIV, teenage pregnancy and sexually transmitted infections
- Mortality from diabetes, infectious disease and liver disease in men is higher in Brent than the rest of the country
- The uptake of some preventative services such as breast and cervical cancer screening and smoking cessation is low

### **3. Key Consultation & Engagement Activities**

- (a) Change for the Better (*November 2006*)
- (b) Drug and Alcohol Team - User Involvement Consultation (*November 2005*)
- (c) Joint Conference: Children & Young People Participation Conference (*November 2005*)
- (d) From Grants to Contract - Building a Stronger Partnership with the Voluntary Sector (*November 2005*)
- (e) Consultation with local people on *Your Health, Your Care, Your Say* (*October 2005*)
- (f) Choosing Health Consultation (*October 2005*)
- (g) Brent Refugee Health & Social Needs Partnership Conference (*July 2005*)
- (h) Annual Haemoglobinopathy Study Days (*2005/2006*)
- (i) Health Action Zone - Conferences (to March 2006)
- (j) National Patient Surveys in General Practice (*2003/2006*)
- (k) Joint Conference: PPI & Voluntary Sector (*January 2005*)
- (l) Consultation with Brent Deaf People's Group (*February 2004*)
- (m) Consultation with Faith Communities (*February 2003*)

### **Forums for ongoing dialogue/engagement with service users, carers and the public –**

- (n) Minutes of Community Involvement Workstream
- (o) Minutes of Race, Health & Social Care Forum
- (p) Minutes of Muslim Health & Social Care Forum
- (q) Minutes of NHS User & Community Working Group
- (r) Brent PCT Patient and Public Involvement Forum
- (s) Drug Action Team User Group
- (t) Diabetes Patient Education Group
- (u) Expert Patients Programme
- (v) Living Well Programme - HIV/AIDS service users
- (w) CHD User Group – Brent Heart of Gold
- (x) Brent Multi-Faith Forum

#### 4. What have service users, carers, voluntary and community organisations and the public told us so far?

- (a) **Access to Services** – It is difficult to get access to GP services, particularly out of hours. Concern has been expressed that GPs are currently overstretched and this should be addressed before more services are moved into the community. If more care is to be provided in the community, there is a need to ensure people do not fall through the net, because neither health nor social services believe that the person is their responsibility. There should be a patient and public involvement contact at Practices so patients can discuss concerns, complaints and suggestions. In regard to transport, NHS should consider the impact on patients having to travel when planning to move services. There is a need to raise awareness in Practices of the needs of carers and the services they provide.
- (b) **Communication** – There is concern that relationship between the hospital and GPs is not good. Better communication is needed between GPs and patients, especially about their rights and what is available to them. Also, new ways of communicating with deaf people should be considered, for instance, email/mobile messaging/fax, type talk, videophone.
- (c) **Service Provision** – People believe that integrated teams which offer a range of services under one roof will help alleviate the shortcomings of present services that do not have a holistic approach – multidisciplinary teams and multiple approaches to therapy. Creation of a tier of health and social care professionals between doctors and nurses who will be entrusted with preventative work, knowledgeable and able to work with low level case priorities. Setting up of Expert Patient Programmes in Practices.
- (d) **Quality of Service in General Practice** – findings from national patient surveys. Need to improve quality of consultation between clinicians and patients. Patients want more time to be listened to/heard. Courtesy of reception staff was found to be poor. More health promotion should be done in practices. Areas such as privacy, respect and dignity, cleanliness, inconvenient opening times, were all of concern.
- (e) **Prevention/Health & Well-being** – Greater emphasis must be on prevention, and awareness raising, especially at an early age. Training for all professionals to provide such support. DAAT service users requested recreational and sporting facilities as part of their treatment programme, and generally more structured day/treatment programmes that offer a choice of activities. Also, they wanted more help to find training, voluntary work and employment. Young people want clearer information on sex education, and a one stop service. They also want to be better informed of activities in the local community. Health professionals must work closely with local voluntary and community organisations to promote physical and mental well-being. Raise awareness of TB within the local community and provide educational resources and effective dissemination of these.
- (f) **Culturally Sensitive Services** – Need to provide advocacy services for black and minority ethnic communities, people with disabilities and other hard to reach groups. Need for multi-faith prayer room in NHS buildings. Empower local community groups to carry out health checks, especially with older black and minority ethnic communities. Sickle cell and thalassaemia should be classified as

long-term health conditions and treated as a disability by health and social services. There should be regular blood transfusion for haemoglobinopathy patients, as sickle cell is a common cause of stroke in children. More clinical psychological services are necessary in schools for this group of service users.

- (g) Equality & Diversity** – Equality impact assessments should be carried out on policy and service changes, to include impact on faith communities. Deaf community need speedy access to interpreters in GP practices, as its not acceptable for hearing children of deaf parents to interpret sensitive and confidential issues. The wheelchair and incontinence services seem to have deteriorated. The NHS Overseas Visitors Policy may be discriminatory and in need of review. Ongoing concern about poor provision of service to homeless and Irish Travellers. Language problems and a lack of understanding of refugee issues and cultures may result in GPs being unable to assess their needs.
- (h) Service User Engagement** – More active and meaningful involvement by service users in planning and decision-making, especially at the clinical level. Ongoing- patient participation groups should be set up in GP practices and Practice-based Commissioning clusters. Young people want to have the opportunity to participate in making decisions in their local community and are prepared to spend time on participation activities (after school, at lunch time or during the holidays). Other ways they wanted to be involved were through access to websites to register information/talk to each other about different issues; be given the opportunity to attend regular meetings and set the agendas for those meetings. The tPCT should adopt and implement Brent HAZ Community Development Strategy. There is a belief that many health inequalities initiatives fail because of lack of community development. To provide expenses and some remuneration to service users. This is in recognition of their involvement in health planning and decision-making.
- (i) Voluntary and Community Sector** – There is a need for greater awareness within the tPCT of the role and value of the voluntary and community sector in health. More long term funding for effective voluntary and community organisations so as to allow them to develop and become sustainable. Greater acknowledgement of the expertise, professionalism and value added by the voluntary and community sector. NHS organisations to implement *Brent Compact*, which sets out good practice for partnership working between the statutory and voluntary and community sector.

## **5. How the NHS could better support people with ongoing health needs?**

- (a)** Continued support for the Expert Patient Programme – This is a popular and well-attended programme, in which over 200 people in Brent with long term health conditions have participated.
- (b)** Patient Participation Groups in GP practice – to enable ongoing dialogue between patients and clinicians on health and well-being, as well to facilitate service user and carer involvement in planning and decision-making. .

- (c) Develop and Improve partnership working between statutory service providers and voluntary and community sector to promote and improve health and well-being.
- (d) Community Representatives as Trainers – Need to recognise and use the expertise of services users and local people to train health professionals.
- (e) Improve access to information as a way of reducing health inequalities. Educate the public. Wider publicity of services available to service users and carers. Implement single assessments and better information systems to hold patient records. Better information for new communities, eg refugees. Ensure information is available in various community languages and formats.

## **6. How the NHS could better support people with occasional health needs**

- (a) A Practice Newsletter to all registered patients.
- (b) Use of information technology such as websites, e-mails, texts to communicate with young people, those disabled and the housebound.
- (c) Promote the role of pharmacies as health advisers.

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