NOTES FROM HEALTHWATCH WALSALL APM

Notes from the Annual Public Meeting of questions put to the community to gather their views and opinions on the following:

- The proposed government plans
- Hospital to Community
- Analogue to Digital
- Abolishment of Healthwatch

What do you think about community health?

1. The public needs to be consulted and engaged with. If they are empowered to make decisions they will be invested in them and feel they have ownership of them to make them a success.
2. People need to know where to go. People go to A&E because they know about this.
3. There would need to be adequate information provided that differentiates what defines the need for a hospital visit. This may take time to break generational cultures, as there has not been a considerable move in behaviour when trying to alter the public patterns of accident and emergency attendance or indeed calling for ambulances and paramedic services for non-emergency conditions. Long-term behaviour is going to take time to change.
4. We will lose confidentiality and that feeling of hospitals if you move services to community hubs.
5. If people can't go to GP's, how will they go to community hubs (access and reach was the main issue, many people don't drive and it's difficult for older people to use public transport). Having one hub is like having one hospital where there are already problems getting to the Hospital. What about parking?
6. What is going to be in the hub?
7. A lot of the work moving to a hub is already being done, e.g. debt advice. People need to know where to go. They are aware of the Hospital. Are we reinventing the wheel? There was a perception that things move full circle, and these initiatives had been tried before.
8. Suggested that the current infrastructure should be built upon without re starting everything. Hatherton Medical Centre for example has comprehensive services and a diagnostic centre, taking pressure off hospital services.
9. Walsall as an early adopter but this doesn't come with additional resources. Communities should engage with resilient communities. Some GPs are already providing services. It's about reshaping the narrative and using existing resources better. Build on what we know already works.

What do you think about Analogue to Digital?

1. Views were expressed about this being too risky. Concern raised about when digital networks go down, the hospital stops working and services are closed. What are the back up plans?
2. This digitalization of the NHS is leaving old people out of healthcare because they don't use smartphones or technology. Until the next 20 years, when the now older generation are out of system, it won't work.
3. For people with learning disabilities there are big gaps in the digital landscape. They can't read and write it will be a big challenge for them.
4. For deaf people there are barriers, BSL is a language structure. Need something in place such as sign videos. Not one policy fits all.
5. Many people from ethnic Minorites cannot read or write and are unable to use NHS App and digital platforms. GPs promote E-Consult which is not always suitable, and the older generation depend on their family and friends for support, which is not always appropriate. People are getting left behind.
6. Concerns were also raised in regard to digital appointment booking, and concern expressed as to how secure sites and apps are.

What do you think about abolishment of Healthwatch?

1. How many times have you seen NHS services closed due to not achieving targets. It's not fair if the NHS will mark its own exam, we need independent bodies to look into affairs related to patients' feedback.
2. I am totally appalled by the government's proposal to abolish HW. It's what the government does to useful organizations.
3. Big conflict of interest. Government would not accept studies with this level of conflict. NIHR are also hot on independent feedback.
4. Really sad.