Summary of the Healthwatch Norfolk events about the Norfolk and Waveney Sustainability and Transformation Partnership (December 2017)

Healthwatch Norfolk organised a series of public events to discuss the Norfolk and Waveney Sustainability and Transformation Partnership, with particular focus on primary care, cardiology, urology and radiology services. The meetings were held on:

- 22 November 2017 in Taverham
- 27 November 2017 in King’s Lynn
- 1 December 2017 in Great Yarmouth

This document provides a summary of what the people who came to the meetings told us.

General points made about the STP and local services

- People value the NHS and NHS staff, but they are concerned that there are not enough staff, that some are overstretched and that there are difficulties recruiting staff.
- People said they were worried about transport and they are concerned about services being moved around and patients having to travel further for treatment.
- People were concerned about and critical of mental health services.
- A few people were sceptical about the STP, were concerned that it is about cutting or privatising services, and they disagreed with setting-up accountable care organisations in England.
- More engagement with staff and unions is needed and would be worthwhile – staff have some great ideas and can be ambassadors for change.
- People who came generally appreciated the chance to find out more about the STP and have their say. They would like more follow up events and would like to see more people at these events. They want to be kept informed about our work and progress.

Primary care

- People reported mixed experiences of access to primary care – on the whole people said they could get an appointment in an emergency, but they found getting more routine appointments to be a problem.
• A few people made comments about not being able to see a named GP anymore. A few people said that it is particularly important for those with long-term conditions to be able to see the same GP or nurse.

• People liked the idea of outpatient appointments being held at larger GP hubs, so that they don’t have to travel to hospital.

• People understand the concept and rationale for ‘GP hub’ models and whilst extended access / opening hours is appealing, the appetite for full 7-day i.e. Sunday opening, wasn’t there. However more research is needed with different groups, for example people of working age, in particular those who are highly mobile or shift workers, and parents to understand their views.

• People reported mixed views about the new roles in primary care – but the majority supported having a different mix of professionals. There were some people who said that they know nurses who are real specialists in particular conditions and that they know more than some GPs. Other people said they were worried about asking nurses to do more than they are capable of or comfortable with.

• Some people said that GPs need more training about mental health conditions and the services available locally.

• People would like to see a focus on reducing the number of people who do not attend their appointments.

**Acute service**

• People generally like the current model of local services for simple procedures and treatments and attending specialist centres for complex procedures. For example people currently receive more routine cardiology services at the Queen Elizabeth, but travel to Papworth Hospital for more specialist treatment.

• People said they were worried about transport and they are concerned about services being moved around, for example if services were moved to different hospitals.

• People had different views about whether patients are willing to travel further in order to receive treatment more quickly, there were examples given where patients readily take-up the offer to be seen more quickly and other examples where people would rather wait and be seen locally.