

Thematic Priorities 2021/22

A recommendation to the Priority Action Group

Background

In Spring 2020 a Priority Action Group was convened to start development of Thematic Priorities for 2020 onwards. The Thematic Priorities exist to guide selection of Research Projects, with a commitment to report on four projects per year.

In April 2020 the group agreed

- To continue with two existing priorities
 - o Care at Home
 - o Mental Health
- To leave one priority open, allowing us to respond to an emerging or short-term issue
- To develop one new priority area

In May 2020 the PAG was put on hold “while the Covid-19 situation unfolds”.

Activity over the past year

During the pandemic we took an agile approach, focussing on system needs in a fast-changing environment. Our output included:

- Monthly Insight Bulletins - currently on hold pending the May elections but will resume immediately afterwards
- Reports on three Covid-related surveys - experiences of health and social care, what people want to happen next, information requirements for second vaccines

In the summer while continuing with these activities we restarted work on longer-term projects, engaging with Surrey County Council and the Dementia Strategy Action Board (Heartlands/SABP/SCC). The winter wave of Covid disrupted project development but we have delivered a report on the benefits of Day Centres (to be publicised after the elections).

Current activity

Our current projects/plans are

- Continue with the Insight Bulletin on a monthly basis
- Care at Home: Joint project with Action for Carers investigating carers' experiences of Discharge to Assess
- Mental Health: deliver our project looking at the experiences of dementia diagnosis and the early years living with dementia (strong volunteer involvement)
- Emerging issue: system-wide experiences of remote consultation. Described as "10 years' change in a week", the shift to remote (telephone/video/email) consultation will have a lasting impact on people's experiences of healthcare. To enable cross-system learning we are working on an analysis of what we've heard about remote consultations over the past year. We hear experiences relating to all healthcare sectors - primary care, secondary mental health provision, acute healthcare - and will be looking for insight that will allow providers to learn from the experiences of other parts of the system.

Recommendation for a new priority area

We recommend adopting "Access to Healthcare" as our third fixed 3-year priority.

Access has transformed during the pandemic, initially driven by

- Reduced provision as healthcare capacity was pivoted to respond to the impact and risks of Covid
- The rise of remote consultation to replace risky face to face contact

Over the past year changes in access have been one of the topics we have heard about from people most often. Experience has been varied - positive, negative, and neutral.

It is an issue of both hope and concern across the system, and providers are hungry to unlock the full potential of the opportunity for transformation. However, we know that some opportunities are more to the benefit of providers than service users. It is important that the service user voice is not lost in the development process.

Access to Healthcare meets the criteria we have used in the past for assessing new thematic priorities:

Does the issue impact particularly on groups already disadvantaged or suffering health inequalities?	The rise of digital consultation impacts particularly on the digitally disabled, who are often in groups that already suffer health inequalities. Difficulties in accessing healthcare will have most impact on heavier service users – those with chronic conditions and potentially those
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	whose conditions are of lower clinical priority but have significant impacts on quality of life (eg need for hip replacement)
Does the issue feature highly in what we hear from the public? (balance between talked about and negative sentiment)	Yes, it is one of the issues we have heard most about over the past year. We do not expect access to revert back to pre-pandemic supply or systems.
Does HWSy have the ability to influence and is there potential for change?	Yes, many processes have been developed as a swift response to the pandemic and will be reviewed and improved over the coming years
Nobody else is actively working on this from user perspective?	Healthwatch Surrey is unique in hearing about a variety of providers and being able to share insights across the system for mutual understanding
Does it relate to Health and Wellbeing Board priorities?	Access to healthcare underpins all HWB priorities