**VCS Alliance Network session to explore awareness of the**

**NHS long-term plan**

**Date:** 26th March 2019

**Method:** Small table discussions each exploring the same set of questions.

**Attendees:** 13 representatives from voluntary, community and social enterprise organisations

**Findings:**

**General observations/comments on the NHS long-term plan**

Attendees reflected that it is really hard to know if the plan is achievable, most areas highlighted seem to make sense but will it be the same for all (geographic) areas, there seem to be inconsistencies with access to GP’s or hospital appointments in Coventry/nationally is that going to change?

Some felt there is no reason why the plan shouldn’t be achievable – but, all previous targets have not been met and for some reason they (the NHS) just don’t achieve.

Some delegates felt the plan was not realistic due to current/future problems of staffing and funding. They felt that the NHS is inefficiently run, the layers of management have increased along with bureaucracy and efficiency has decreased.

Others felt that funding for health and social care is so political and that this has a far-reaching negative impact with the constant to-ing and fro-ing, taking and giving back of funding.

The NHS does feel overwhelmed, breakdowns in the systems and processes, missed opportunities to diagnose in time and provide access to treatment.

Is £2.3bn more a year for mental health care the right amount?

So much is focused on short-term intervention – this will not address complex, entrenched issues and result in revolving door clients.

Learn from Beverage report 1942 – there needs to be a modern version.

Exercise and education should be for everybody not just heart issues.

Nothing on obesity – this links to other areas/issues

Need to review lung cancer

There was also a concern about the language used in parts and in particular in the summary where it states ‘getting the most out of tax payers’ investment in the NHS.

Also attendees did not know what role Age UK were playing in leading work with other charities to provide extra opportunities to hear from people with specific needs or concerns.

**The role of the VCSE in supporting the prevention agenda and in tackling health inequalities**

Overall attendees thought the VSCE Sector would be happy to help with prevention/tackling inequalities if it benefits clients/communities.

They felt that as the voluntary sector is already on the ground and able to deliver, the NHS don’t need to set up new things from scratch, they should link with VCSE and share best practice.

Some attendees reflected that the VCSE can be involved in preventing people from going in to hospital due to their inability to cope at home (rather than due to medical issues) and could help reduce inappropriate hospital intakes.

It was noted that the VCSE sector has less time to support schemes they are not paid to be involved in.

**Increasing volunteers within the NHS through programmes such as #iwill or helpforce**

Comments from the tables included:

* Involving volunteers could be a great thing if managed well, but not if viewed just as a way to save money.
* NHS would not function without volunteers but they should be complimentary not necessity.
* Safeguarding procedures very important to protect patients and volunteers. Who pays for DBS checks?
* Transport costs and childcare cost could be a barrier if not provided.

The group was interested in the use of the Daily Mail to recruit volunteers and the motivations behind the choice of media.