YOUR HEALTH, YOUR CARE, YOUR SAY
FEEDBACK FORM FOR LOCAL LISTENING EXERCISES
Thank you for your help with your health, your care, your say.

This feedback form is intended for both local and national organisations or groups to report on the findings their own devolved listening exercise as part your health, your care, your say.

Can I check, are you responding to this questionnaire as:

- **A local organisation or group**
  - Y
  - 
- **A national organisation or group**
  - 
  - 
- **Other (record details below)**
  - 

All the information you submit will be analysed alongside the public’s response and the views obtained from other local and national organisations and groups and will feed in to the development of plans for improving community health and care services.

Please note the feedback form is in three parts:

- **Section A**: Thinking about the community health and social care services people use, what currently works less well?

- **Section B**: what do you think of the suggestions for improving health and social care services?

- **Section C**: details about your organisation and your listening exercise

If you haven’t covered Section A or all of the options under Section B, please just leave those questions blank.

Please make sure that you give us this feedback by 4th November, or earlier if possible. You can find out where to return this feedback by referring to the resource pack website, [www.yoursayresources.nhs.uk](http://www.yoursayresources.nhs.uk)

As you will see, most questions ask you to tick a box like this:

*Tick one box only*
Other questions give you space to record how you reached your decisions:

Please feel free to write as much, or as little, as you like.
Section A: Thinking about the community health and social care services people use, what currently works well, and what currently works less well?

We want to make community-based health and social care services better for everyone. To help us reach the right decisions, we want to know what the people at the listening exercises you ran thought about community-based health and social care services at the moment.

Q1. What were the three key elements of community health and social care services that people thought worked well?

(RECORD BELOW IN PRIORITY ORDER)

1 Greater emphasis on care in the community
2 The development of care pathways
3 Good rehabilitation programmes

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

1 Although considered as largely driven by Government, this was generally thought to be a positive direction. There was an agreement that patients can recover faster and more fully in or near their homes as long as the right care is available. This view extended to a potential reduction in bed numbers, if compensating services are introduced in a planned and effective way. It was considered vital to assess regularly and carefully patients needs. Also, it was thought important to recognise that for some, ‘home’ may not actually mean home, but some sort of supported accommodation.

2 Very broad support for the idea of care pathways. Seen to successfully focus on clearly defined conditions and treatment would necessarily cross organisational boundaries. Clinical safety, good communication, coordination and administrative processes are essential.

3 Huge commitment to power of good rehab programmes, but recognition that benefits difficult to measure, especially in a target driven culture. Effective rehab and a goal of achieving maximum independence for patients was well supported, potentially involving specialist centres to achieve this.
What were the three key elements of community health and social care services that people thought worked less well?

(RECORD BELOW IN PRIORITY ORDER)

1. Many of necessary services are embryonic or not there at all
2. Real cost not known
3. Equipment supply must be improved

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

1. At the current stage of development, it seemed to many unlikely that community-based services could cope if presented with a new and perhaps different caseload. Many spoke of the need for ‘pump priming’ or a period of **two systems running in parallel** before scaling down hospital-based services. Getting the right people, skills and training in place was thought to take time. There may also be ‘black holes’ in community provision that delay discharge.

2. Can the community professionals really make enough home visits? **Is there adequate resource** for the management of 24-hour care?

3. Carers should not accept patients home until the required equipment is actually delivered to their home. **The current system is good at recycling, but there are still shortages at times (e.g. wheelchairs).**

What other issues did people mention? Please record any personal stories here if possible

- **Preventive Care and Individual Responsibility**
  Stakeholders were keen to see management of a crisis before it happens. **This would largely be through a shift of responsibility for good health from healthcare providers to individuals.** Younger people were seen to have the most potential for re-education, but older people were also mentioned as a target group. Acceptance that self-diagnosis is a reality, based largely on the internet, but many felt that the drawbacks could outweigh the benefits. The example of some European countries where patients keep their own records was suggested as a possible model.

- **Blurring of roles in healthcare provision**
  There was an acceptance that **current professional roles will need to change** in order to deliver healthcare and that the status of these roles may change also. Shortage of personnel in some roles may drive this change but training will be the key.
Community hospitals were considered to be well placed to draw together the skills and services needed by patients recovering from severe health problems. In addition, a setting away from dangerously ill patients and with access to outdoors was conducive to effective rehab. The issue of staff having a greater time for patients in such a setting was raised: this was supported by views that better communication with patients was possible in a community rather than an acute, hospital. The point was made that it is very difficult for community hospitals to demonstrate what they do well, such as local care, satellite surgery, or continuous care. Stakeholders would welcome the opportunity to clarify the role of community hospitals.
Section B: what did people think of the suggestions for improving health and social care services?

We are committed to helping people take better care of themselves, but big questions remain about how it can best do this.

...Thinking about how the NHS, Social Care and other services might help people to look after themselves more...

Q2. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg advisors to help with housing, employment and training and benefits), children’s centres and other locations.

Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

None of the above
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:
Q3. Did people think it would be enough for Government to only do these things to help people take better care of themselves? Why?

Q4. What else would people like the Government to do to help people take better care of themselves?
We want people to be able to use and find their way through health and social care services more easily. We also want these services to be ‘joined up’, even if several people or organisations are providing them.

...Thinking about how the NHS, Social Care and other services might help people find the services they need and improve the way these services are joined up ...

Q5. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

- Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

- Providing more help to people caring for others, for example with more respite care

- Providing people with better information about what NHS, local authority and social care services are on offer

- Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions

- None of the above

- Don't know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:
Q6. Did people think it would be enough for Government to only do these things to help people manage their care and make decisions?

Q7. What else would people like the Government to do to help people manage their care and make decisions?
WHEN YOU AND YOUR FAMILY NEED HELP AND SUPPORT, HOW, WHEN, WHERE AND FROM WHOM DO YOU WANT IT?

We want to make sure people have access to the services they want, when they want them, where they want them and from whom they want them. But to do this there are some tough choices to be made.

...Thinking about how the NHS and Social Care and other services might improve how, when, where and from whom community-based services are delivered...

Q8. Which of the following did the people at the listening exercises you ran think should be top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits

Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Developing new services for people who don't always currently access care, such as young men, teenagers, people from
different ethnic groups, people with disabilities.

Allowing people to choose how to receive services at the end of life and to die where they want with dignity. (This option is about the care people receive at the end of their lives, it is not about euthanasia)

None of the above
Don't know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:
Q9. Did people think it would be enough for Government to only do these things to help provide service how, where, when and from whom people want them? Why?

Q10. What else would people like the Government to do to help provide services how, where, when and from whom people want them?
Q11. Looking across all the options we have asked about, which of these did your group think was the most important thing to be done immediately?

Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

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Providing people with better information about what NHS, local authority and social care services are on offer
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Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups, people with disabilities.

Allowing people to choose how to receive services at the end of life and to die where they want with dignity. (This options is about the care people receive at the end of their lives, it is not about euthanasia)
Q12. Please summarise the main reasons why this option was chosen as the key priority?

Q13. Please summarise the main points from the discussion about whether these changes address the things that work less well at the moment, and maintain and support the things that work well at the moment.
Q14. Please summarise the main points from the discussion about what else the Department of Health should be doing to make sure that community-based health and social care services meet people’s needs in the 21st century?

The feedback we have provided here has been extracted from the full report of a series of eight listening exercises organised by South Worcestershire PCT and administered by Marketing Squared Limited on our behalf. The exercises ran in the first week of September 2005 and the first third of the time allocated to each exercise was spent in discussing precisely those issues identified in the first question of the YHYCYS package. The remainder of the time allocated was devoted to local healthcare services and the need for change in the light of the drive for modernisation while achieving financial balance in the local health economy.
Section C: details about your organisation and your listening exercises

To help us analyse the information you have given us, we need to find out a little bit more about your organisation and your listening exercise.

A. How many people took part in your devolved listening exercises?

Write in below

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>103</td>
</tr>
</tbody>
</table>

B. What sort of listening exercise was it?

(Please tick one box only)

- A day long session (from 5 to 8 hours long)
- A half day session (from 3 to 5 hours long)
- Up to 3 hours long Y
- Other (record below)

C. How many of each of the following types of people took part in your listening exercise?

(Please put a number in each box even if it is zero)

<table>
<thead>
<tr>
<th>Type of Person</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members of the general public (i.e. with no specialist interest in health and social care)</td>
<td>27</td>
</tr>
<tr>
<td>Members of the public who are involved with health and social care services e.g. PPI forum members</td>
<td>20</td>
</tr>
<tr>
<td>Paid staff from your organisation</td>
<td>40</td>
</tr>
<tr>
<td>Voluntary staff from your organisation</td>
<td>0</td>
</tr>
<tr>
<td>Local councillors</td>
<td>9</td>
</tr>
<tr>
<td>Local Council Officers</td>
<td>4</td>
</tr>
<tr>
<td>GPs</td>
<td>3</td>
</tr>
</tbody>
</table>
D. Please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td>0</td>
</tr>
<tr>
<td>Older people</td>
<td>Est 10</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td>0</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>NK</td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td>0</td>
</tr>
<tr>
<td>Smokers</td>
<td>NK</td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td>NK</td>
</tr>
<tr>
<td>Obese people</td>
<td>NK</td>
</tr>
<tr>
<td>Substance misusers</td>
<td>NK</td>
</tr>
<tr>
<td>Disabled people</td>
<td>2</td>
</tr>
<tr>
<td>People in prison</td>
<td>0</td>
</tr>
<tr>
<td>Black and minority ethnic groups</td>
<td>0</td>
</tr>
<tr>
<td>Travellers</td>
<td>0</td>
</tr>
<tr>
<td>Homeless people</td>
<td>0</td>
</tr>
<tr>
<td>People with mental health problems</td>
<td>NK</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>NK</td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td>0</td>
</tr>
<tr>
<td>Asylum seekers</td>
<td>0</td>
</tr>
<tr>
<td>People with long term conditions</td>
<td>4</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>2</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>26</td>
</tr>
</tbody>
</table>
E. Of the people that took part in your listening exercise, can you please tell us how many were from each of the ethnic groups listed below

Cannot complete this accurately

- White British
- White Irish
- Any other white background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
- Indian
- Pakistani
- Bangladeshi
- Any other Asian Background
- Caribbean
- African
- Any other Black background
- Chinese
- Rather not say

F. Which of the following best describes the sector to which your organisation or group belongs / where you work:

(Please tick one box only)

- PPI forum or other patient group
- Community-based NHS services
- Local authority social care services
- Private sector health or social care services

Y
G. If your listening exercises mostly involved staff rather than patients or service users please can you identify from the list below which groups they most often have contact with or provide services for:

(Please tick all relevant boxes)

- Children and young people
- Older people
- Pregnant women (and their partners)
- Socially disadvantaged people
- Disadvantaged children
- Smokers
- Excessive drinkers
- Obese people
- Substance misusers
- Disabled people
- People in prison
- Black and minority ethnic groups
- Travellers
- Homeless people
- People with mental health problems
- People with learning disabilities
- People in hospices/residential care
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- People with long term conditions
- People with caring responsibilities
<table>
<thead>
<tr>
<th>Do not deal with specific sectors of the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other (record below)</td>
</tr>
</tbody>
</table>


H. If you work with specific ethnic groups, which of these groupings do you represent or work with?

- White British
- White Irish
- Any other white background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
- Indian
- Pakistani
- Bangladeshi
- Any other Asian Background
- Caribbean
- African
- Any other Black background
- Chinese
- Do not deal with specific ethnic groups
- Other (record below)

I. If you are a regional organisation, please tick the box below for the region you mainly work in:

- North East
- North West
- Yorkshire & the Humber
J. What is the name of your organisation?

South Worcestershire PCT

K. What type of organisation are you responding as?

<table>
<thead>
<tr>
<th>A local organisation</th>
<th>Y</th>
</tr>
</thead>
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<tr>
<td>A national organisation</td>
<td></td>
</tr>
<tr>
<td>Other (please record below)</td>
<td></td>
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</tbody>
</table>

L. Would like to be listed as a contributor to the consultation?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

K. If you would like to receive a summary of our findings, please enter your contact details or email address in the box below:
Alec Kendall
Development Manager
South Worcestershire PCT
Isaac Maddox House
Shrub Hill Road
WORCESTER
WR4 9RW

Alec.kendall@sworcs-pct.nhs.uk
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- Section A: Thinking about the community health and social care services people use, what currently works less well?
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Section A: Thinking about the community health and social care services people use, what currently works well, and what currently works less well?

We want to make community-based health and social care services better for everyone. To help us reach the right decisions, we want to know what the people at the listening exercises you ran thought about community-based health and social care services at the moment.

Q1. What were the three key elements of community health and social care services that people thought worked well?

(RECORD BELOW IN PRIORITY ORDER)

1. ‘Time4U’ local young peoples’ health advice service in Worcestershire
2. Current anti-smoking media campaign featuring mobile blood clot
3. 

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

1. ‘Time4U’ service provided jointly by County Youth Service and PCT Sexual Health Service at multiple sites across Worcestershire. Highly regarded because it is community-based, accessible, totally confidential and holistic. Professionals seen as young-person friendly, with wide skill set and able to directly refer into the system as necessary. Also not solely focussed on sexual health issues.

2. High regard for power and directness of current television media campaign on effects of smoking on arterial circulation. Thought to be one of most effective such approaches yet.

What were the three key elements of community health and social care services that people thought worked less well?

(RECORD BELOW IN PRIORITY ORDER)

1. Specific health services for men
2. Services for older people
3. Time allocated for consultations with young people in general practice
RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

1. Men less well-served by NHS than women, with inconvenient appointment systems and ‘unattractive’ services. Men particularly unlikely to access NHS dental care, but the reality of the situation regarding the latter drew adverse comment. Far better advertising and media work is needed to promote men’s health.

2. Far more innovative approaches are needed in the field of older people’s health. Opportunities for self-care or preventive activities like exercise or sport are too restrictive or too expensive for older people. There should also be a greater use of appropriate role models. We need to do more to promote independence for older people socially - there are a shortage of groups for single older people, for example. We do not emphasise to young people the investment they need to make in their health now for their older years.

3. Pressure of time upon GPs recognised but participants were surprised at the brevity of the consultation when they did visit their GPs. Other opportunities for access to care and advice through pharmacists welcomed but strong feeling that this should include counsellors and dieticians, and in venues like superstores, Boots, and health food shops like Holland and Barrett.

What other issues did people mention? Please record any personal stories here if possible

- Need to restore trust in the NHS. Personal stories of poor communication in hospitals, long waits, etc. Feeling that the rhetoric doesn’t match the reality.
- NHS dentistry another subject of criticism- low availability and sometimes insensitive treatment of young people.
Section B: what did people think of the suggestions for improving health and social care services?

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...Thinking about how the NHS, Social Care and other services might help people to look after themselves more...

Q2. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

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- Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

  

- Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg advisors to help with housing, employment and training and benefits), children’s centres and other locations.

  

- Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

  

  None of the above
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

See notes above
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None of the above

Don't know

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Q11. Looking across all the options we have asked about, which of these did your group think was the most important thing to be done immediately?

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Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg advisors to help with housing, employment and training and benefits), children’s centres and other locations.

Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

Providing more help to people caring for others, for example with more respite care

Providing people with better information about what NHS, local authority and social care services are on offer
Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions

Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits

Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups, people with disabilities.

Allowing people to choose how to receive services at the end of life and to die where they want with dignity. (This options is about the care people receive at the end of their lives, it is not about euthanasia)
Q12. Please summarise the main reasons why this option was chosen as the key priority?

Q13. Please summarise the main points from the discussion about whether these changes address the things that work less well at the moment, and maintain and support the things that work well at the moment.
Q14. Please summarise the main points from the discussion about what else the Department of Health should be doing to make sure that community-based health and social care services meet people’s needs in the 21st century?
Section C: details about your organisation and your listening exercises

To help us analyse the information you have given us, we need to find out a little bit more about your organisation and your listening exercise.

A. How many people took part in your devolved listening exercises?

Write in below

[ ] [ ] [ ]

B. What sort of listening exercise was it?

(Please tick one box only)

[ ] A day long session (from 5 to 8 hours long)
[ ] A half day session (from 3 to 5 hours long)
[ ] Up to 3 hours long
[ ] Other (record below) 90 mins

C. How many of each of the following types of people took part in your listening exercise?

(Please put a number in each box even if it is zero)

Members of the general public (i.e. with no specialist interest in health and social care) 7

Members of the public who are involved with health and social care services e.g. PPI forum members

Paid staff from your organisation

Voluntary staff from your organisation

Other (record below)
D. Please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td>7</td>
</tr>
<tr>
<td>Older people</td>
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</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td></td>
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<tr>
<td>Socially disadvantaged people</td>
<td></td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td></td>
</tr>
<tr>
<td>Smokers</td>
<td></td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td></td>
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<tr>
<td>Obese people</td>
<td></td>
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<tr>
<td>Substance misusers</td>
<td></td>
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<tr>
<td>Disabled people</td>
<td></td>
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<tr>
<td>People in prison</td>
<td></td>
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<tr>
<td>Black and minority ethnic groups</td>
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<tr>
<td>Travellers</td>
<td></td>
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<tr>
<td>Homeless people</td>
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<td>People with mental health problems</td>
<td></td>
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<tr>
<td>People with learning disabilities</td>
<td></td>
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<tr>
<td>People in hospices/residential care</td>
<td></td>
</tr>
<tr>
<td>Asylum seekers</td>
<td></td>
</tr>
<tr>
<td>People with long term conditions</td>
<td></td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td></td>
</tr>
</tbody>
</table>
E. Of the people that took part in your listening exercise, can you please tell us how many were from each of the ethnic groups listed below

- White British
- White Irish
- Any other white background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
- Indian
- Pakistani
- Bangladeshi
- Any other Asian Background
- Caribbean
- African
- Any other Black background
- Chinese
- Rather not say

F. Which of the following best describes the sector to which your organisation or group belongs / where you work:
(Please tick one box only)

PPI forum or other patient group
Community-based NHS services X
Local authority social care services
Private sector health or social care services
Voluntary sector health or social care services
Other (record below)

G. If your listening exercises mostly involved staff rather than patients or service users please can you identify from the list below which groups they most often have contact with or provide services for:

(Please tick all relevant boxes)

- Children and young people
- Older people
- Pregnant women (and their partners)
- Socially disadvantaged people
- Disadvantaged children
- Smokers
- Excessive drinkers
- Obese people
- Substance misusers
- Disabled people
- People in prison
- Black and minority ethnic groups
- Travellers
- Homeless people
- People with mental health problems
- People with learning disabilities
<table>
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<th>People in hospices/residential care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asylum seekers</td>
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<tr>
<td>People with long term conditions</td>
<td></td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td></td>
</tr>
<tr>
<td>Do not deal with specific sectors of the community</td>
<td></td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
</tr>
</tbody>
</table>
H  If you work with specific ethnic groups, which of these groupings do you represent or work with?

<table>
<thead>
<tr>
<th>Grouping</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
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<tr>
<td>Any other white background</td>
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<tr>
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<tr>
<td>White and Black African</td>
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<tr>
<td>White and Asian</td>
<td></td>
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<tr>
<td>Any other mixed background</td>
<td></td>
</tr>
<tr>
<td>Indian</td>
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<tr>
<td>Pakistani</td>
<td></td>
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<tr>
<td>Bangladeshi</td>
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<tr>
<td>Any other Asian Background</td>
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<tr>
<td>Caribbean</td>
<td></td>
</tr>
<tr>
<td>African</td>
<td></td>
</tr>
<tr>
<td>Any other Black background</td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td></td>
</tr>
<tr>
<td>Do not deal with specific ethnic groups</td>
<td></td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
</tr>
</tbody>
</table>

I. If you are a regional organisation, please tick the box below for the region you mainly work in

<table>
<thead>
<tr>
<th>Region</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>North East</td>
<td></td>
</tr>
<tr>
<td>North West</td>
<td></td>
</tr>
<tr>
<td>Yorkshire &amp; the Humber</td>
<td></td>
</tr>
</tbody>
</table>
J. What is the name of your organisation?

South Worcestershire PCT

K. What type of organisation are you responding as?

A local organisation  x
A national organisation
Other (please record below)

L. Would like to be listed as a contributor to the consultation?

Yes  x
No

K. If you would like to receive a summary of our findings, please enter your contact details or email address in the box below:
Alec Kendall
Development Manager
South Worcestershire PCT
Isaac Maddox House
Shrub Hill Road
WORCESTER
WR4 9RW
YOUR HEALTH, YOUR CARE, YOUR SAY
FEEDBACK FORM FOR LOCAL LISTENING EXERCISES
Thank you for your help with your health, your care, your say.

This feedback form is intended for both local and national organisations or groups to report on the findings their own devolved listening exercise as part your health, your care, your say.

Can I check, are you responding to this questionnaire as:

- A local organisation or group [X]
- A national organisation or group
- Other (record details below)

All the information you submit will be analysed alongside the public’s response and the views obtained from other local and national organisations and groups and will feed in to the development of plans for improving community health and care services.

Please note the feedback form is in three parts:

- Section A: Thinking about the community health and social care services people use, what currently works less well?
- Section B: what do you think of the suggestions for improving health and social care services?
- Section C: details about your organisation and your listening exercise

If you haven’t covered Section A or all of the options under Section B, please just leave those questions blank.

Please make sure that you give us this feedback by 4th November, or earlier if possible. You can find out where to return this feedback by referring to the resource pack website, www.yoursayresources.nhs.uk

As you will see, most questions ask you to tick a box like this:

Tick one box only
Other questions give you space to record how you reached your decisions:

Please feel free to write as much, or as little, as you like.
Section A: Thinking about the community health and social care services people use, what currently works well, and what currently works less well?

We want to make community-based health and social care services better for everyone. To help us reach the right decisions, we want to know what the people at the listening exercises you ran thought about community-based health and social care services at the moment.

Q1. What were the three key elements of community health and social care services that people though worked well?

(Record below in priority order)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Small, non statutory community based services which are responsive to local needs</td>
</tr>
<tr>
<td>2</td>
<td>Single telephone access point for the Council signposting people to a range of services</td>
</tr>
<tr>
<td>3</td>
<td>GPs who take the time to listen to their patients</td>
</tr>
</tbody>
</table>

Record below why people thought these worked well:

Overall, the group felt that those services that treat users with respect, empowered people and listened to their views and needs were those that worked well.

Specifically:

(1) These services were considered to be both flexible and accessible, and often helped people to remain independent.

(2) The Council’s ‘Contact Islington’ service is considered easy to use and helpful in signposting people to a wide range of services

(3) This reflected comments about some of the GP practices in the borough.
What were the three key elements of community health and social care services that people though worked less well?

(RECORD BELOW IN PRIORITY ORDER)

1. Some of the services delivered to people in their homes to support independent living
2. NHS services with long waiting lists
3. Discharge from hospital

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

(1) A range of issues and services were covered here, in particular home care services where there were particular problems with staff turnover, variable quality of support and carers (lack of training specifically identified), but also community nursing, which was considered understaffed for the work required.

(2) The examples given here were podiatry and wheelchair services

(3) It was felt that there was little after care planning and poor communication between hospitals and services in the community (including GPs and social services).

What other issues did people mention? Please record any personal stories here if possible

GP Receptionists were considered to be a barrier to accessing GPs and primary care services.

It was suggested that they should receive more training on customer care.

Section B: what did people think of the suggestions for improving health and social care services?

HOW CAN PEOPLE LOOK AFTER THEMSELVES? HOW CAN WE HELP YOU TAKE CARE OF YOURSELF AND SUPPORT YOU AND YOUR FAMILY IN YOUR DAILY LIVES?

We are committed to helping people take better care of themselves, but big questions remain about how it can best do this.
...Thinking about how the NHS, Social Care and other services might help people to look after themselves more...

Q2. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg advisors to help with housing, employment and training and benefits), children’s centres and other locations.

Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

Please summarise why people selected these priorities:

We did not cover this theme/group of questions at our listening event.
Q3. Did people think it would be enough for Government to only do these things to help people take better care of themselves? Why?

Q4. What else would people like the Government to do to help people take better care of themselves?

We want people to be able to use and find their way through health and social care services more easily. We also want these services to be ‘joined up’, even if several people or organisations are providing them.

...Thinking about how the NHS, Social Care and other services might help people find the services they need and improve the way these services are joined up ...

Q5. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

Providing more help to people caring for others, for example with more respite care

Providing people with better information about what NHS, local authority and social care services are on offer

Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Our group’s main priority under this theme – ADVOCACY - was not listed – see question 7 for details. This was selected because of its importance in addressing issues of equity, empowerment, enabling and also its role in signposting and facilitating access to services.

When prioritising, the next two issues scored exactly the same points:

(2) Joined up care (as exemplified by single assessment) was felt to be important because it affects everyone at some point in their lives, but also because it treats people as a ‘whole person’ with health and social care needs; at the moment it is de-personalised, there is too much repetition and duplication and systems are incompatible, waste public money.

(2) Information was critical to people’s empowerment and maintaining independent lives. It was recognised that everyone has different information needs but providing a range of information in the right form in the right places at the right time would enable people to access the services which were right for them.

Q6. Did people think it would be enough for Government to only do these things to help people manage their care and make decisions?

No. The group also felt that carers issues and long term conditions were important, and should be addressed, even though they did not score so highly.

However, see q.7 below, the group had its own priority area.

Q7. What else would people like the Government to do to help people manage their care and make decisions?

ADVOCACY came up as a recurring theme throughout the meeting. When people were asked to prioritise it along with the other issues, it scored double the points of the second place issues.

The group considered effective advocacy to be:

“One to one support by a named person who has all the information about local voluntary and statutory services; this needs to be independent of the statutory services (NHS/Council).”

It recognises the user/carers as the expert on their own needs.

For this reason, dedicated resources should be set aside to fund advocacy services at a national and local level.
WHEN YOU AND YOUR FAMILY NEED HELP AND SUPPORT, HOW, WHEN, WHERE AND FROM WHOM DO YOU WANT IT?

We want to make sure people have access to the services they want, when they want them, where they want them and from whom they want them. But to do this there are some tough choices to be made.

...Thinking about how the NHS and Social Care and other services might improve how, when, where and from whom community-based services are delivered...

Q8. Which of the following did the people at the listening exercises you ran think should be top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits

Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups, people with disabilities.

Allowing people to choose how to receive services at the end of life and to die where they want with dignity.(This options is about the care people receive at the end of their lives, it is not about euthanasia)

None of the above
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

We did not cover this theme/group of questions at our listening event.

Q9. Did people think it would be enough for Government to only do these things to help provide service how, where, when and from whom people want them? Why?

Q10. What else would people like the Government to do to help provide services how, where, when and from whom people want them?

Q11. Looking across all the options we have asked about, which of these did your group think was the most important thing to be done immediately?

Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.
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Allowing people to choose how to receive services at the end of life and to die where they want with dignity. (This option is about the care people receive at the end of their lives, it is not about euthanasia)

Q12. Please summarise the main reasons why this option was chosen as the key priority?

We did not cover this theme/group of questions at our listening event.

Q13. Please summarise the main points from the discussion about whether these changes address the things that work less well at the moment, and maintain and support the things that work well at the moment.

Q14. Please summarise the main points from the discussion about what else the Department of Health should be doing to make sure that community-based health and social care services meet people’s needs in the 21st century?

Please see question 7.

Section C: details about your organisation and your listening exercises

To help us analyse the information you have given us, we need to find out a little bit more about your organisation and your listening exercise.

A. How many people took part in your devolved listening exercises?

Write in below

13
B. What sort of listening exercise was it?

(Please tick one box only)

- A day long session (from 5 to 8 hours long)
- A half day session (from 3 to 5 hours long)
- Up to 3 hours long
- Other (record below)  

C. How many of each of the following types of people took part in your listening exercise?

(Please put a number in each box even if it is zero)

- Members of the general public (i.e. with no specialist interest in health and social care) 4
- Members of the public who are involved with health and social care services e.g. PPI forum members 6
- Paid staff from your organisation 3
- Voluntary staff from your organisation 0
- Other (record below) 0

D. Please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

- Children and young people: 2
- Older people: 5
- Pregnant women (and their partners): 0
- Socially disadvantaged people: 5
- Disadvantaged children: 2
- Smokers: 1
- Excessive drinkers: 3
- Obese people: 0
<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance misusers</td>
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<tr>
<td>Disabled people</td>
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<td>People in prison</td>
<td>0</td>
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<tr>
<td>Black and minority ethnic groups</td>
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</tr>
<tr>
<td>Travellers</td>
<td>0</td>
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<tr>
<td>Homeless people</td>
<td>1</td>
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<tr>
<td>People with mental health problems</td>
<td>3</td>
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<tr>
<td>People with learning disabilities</td>
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<td>People in hospices/residential care</td>
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<tr>
<td>People with caring responsibilities</td>
<td>5</td>
</tr>
<tr>
<td>Other (record below)</td>
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</tbody>
</table>

E. Of the people that took part in your listening exercise, can you please tell us how many were from each of the ethnic groups listed below
<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
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</tr>
<tr>
<td>White Irish</td>
<td>0</td>
</tr>
<tr>
<td>Any other white background</td>
<td>1</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td>0</td>
</tr>
<tr>
<td>White and Black African</td>
<td>0</td>
</tr>
<tr>
<td>White and Asian</td>
<td>0</td>
</tr>
<tr>
<td>Any other mixed background</td>
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<tr>
<td>Indian</td>
<td>0</td>
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<tr>
<td>Pakistani</td>
<td>0</td>
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<td>Bangladeshi</td>
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<tr>
<td>Caribbean</td>
<td>1</td>
</tr>
<tr>
<td>African</td>
<td>0</td>
</tr>
<tr>
<td>Any other Black background</td>
<td>0</td>
</tr>
<tr>
<td>Chinese</td>
<td>0</td>
</tr>
<tr>
<td>Rather not say</td>
<td>0</td>
</tr>
</tbody>
</table>

F. Which of the following best describes the sector to which your organisation or group belongs / where you work:

(Please tick one box only)

- PPI forum or other patient group
- Community-based NHS services
- Local authority social care services
- Private sector health or social care services
- Voluntary sector health or social care services
- Other (record below)

Primary Care Trust AND Adult Social Services joint event
G. If your listening exercises mostly involved staff rather than patients or service users please can you identify from the list below which groups they most often have contact with or provide services for:

(Please tick all relevant boxes)

- Children and young people
- Older people
- Pregnant women (and their partners)
- Socially disadvantaged people
- Disadvantaged children
- Smokers
- Excessive drinkers
- Obese people
- Substance misusers
- Disabled people
- People in prison
- Black and minority ethnic groups
- Travellers
- Homeless people
- People with mental health problems
- People with learning disabilities
- People in hospices/residential care
- Asylum seekers
- People with long term conditions
- People with caring responsibilities
- Do not deal with specific sectors of the community

Other (record below)
H If you work with specific ethnic groups, which of these groupings do you represent or work with?

- White British
- White Irish
- Any other white background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
- Indian
- Pakistani
- Bangladeshi
- Any other Asian Background
- Caribbean
- African
- Any other Black background
- Chinese
- Do not deal with specific ethnic groups
- Other (record below)

I. If you are a regional organisation, please tick the box below for the region you mainly work in
J. What is the name of your organisation?

Islington Primary Care Trust/Islington Council (Adult Social Services)

K. What type of organisation are you responding as?

<table>
<thead>
<tr>
<th>Organisation Type</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>A local organisation</td>
<td>x</td>
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<tr>
<td>A national organisation</td>
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<tr>
<td>Other (please record below)</td>
<td></td>
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</tbody>
</table>
L. Would like to be listed as a contributor to the consultation?

<table>
<thead>
<tr>
<th>Yes</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

K. If you would like to receive a summary of our findings, please enter your contact details or email address in the box below:

Rosemary Lamport  
Planning & Partnerships manager  
Islington Social Services and Primary Care Trust  
Rosemary.Lamport@islington.gov.uk
Thank you for your help with your health, your care, your say.

This feedback form is intended for both local and national organisations or groups to report on the findings their own devolved listening exercise as part your health, your care, your say.

Can I check, are you responding to this questionnaire as:

<table>
<thead>
<tr>
<th>A local organisation or group</th>
<th>✓</th>
</tr>
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<td>A national organisation or group</td>
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All the information you submit will be analysed alongside the public’s response and the views obtained from other local and national organisations and groups and will feed in to the development of plans for improving community health and care services.

Please note the feedback form is in three parts:

- Section A: Thinking about the community health and social care services people use, what currently works less well?
- Section B: what do you think of the suggestions for improving health and social care services?
- Section C: details about your organisation and your listening exercise

If you haven’t covered Section A or all of the options under Section B, please just leave those questions blank.

Please make sure that you give us this feedback by 4th November, or earlier if possible. You can find out where to return this feedback by referring to the resource pack website, www.yoursayresources.nhs.uk

As you will see, most questions ask you to tick a box like this:

Tick one box only

Other questions give you space to record how you reached your decisions:

Please feel free to write as much, or as little, as you like.
Section A: Thinking about the community health and social care services people use, what currently works well, and what currently works less well?

We want to make community-based health and social care services better for everyone. To help us reach the right decisions, we want to know what the people at the listening exercises you ran thought about community-based health and social care services at the moment.

Q1. What were the three key elements of community health and social care services that people thought worked well?

(RECORD BELOW IN PRIORITY ORDER)

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</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:
What were the three key elements of community health and social care services that people thought worked less well? 

(RECORD BELOW IN PRIORITY ORDER)

1
2
3

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

What other issues did people mention? Please record any personal stories here if possible.
Section B: what did people think of the suggestions for improving health and social care services?

We are committed to helping people take better care of themselves, but big questions remain about how it can best do this.

...Thinking about how the NHS, Social Care and other services might help people to look after themselves more...

Q2. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg advisors to help with housing, employment and training and benefits), children’s centres and other locations.

Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

None of the above

Don’t know
Not graded but go to question 4.

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:
Q3. Did people think it would be enough for Government to only do these things to help people take better care of themselves? Why?

Q4. What else would people like the Government to do to help people take better care of themselves?

Timely access to GPs remains an issue. In order to help take care of oneself and support families, it is crucial to have confidence that professional help/advice is available when needed. Frustration with appointments systems and hours of availability of primary care services continue to be cited as concerns of many patients.

More information/publicity is needed as people still do not know where to start if they have concerns about health or their “well-being” in general. This raised a key issue about looking holistically at people’s problems and providing the right support/solutions – realising that although the first approach may be to, say, health, the solution may be something outside of the health remit – and how to ensure that gets addressed!

Innovative ways of getting information (and therefore appropriate and timely access to services) to the heart of communities – particularly rural communities need to be further explored.

The benefits system needs to be designed to meet those most in need.
We want people to be able to use and find their way through health and social care services more easily. We also want these services to be ‘joined up’, even if several people or organisations are providing them.

...Thinking about how the NHS, Social Care and other services might help people find the services they need and improve the way these services are joined up ...

Q5. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

- Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

- Providing more help to people caring for others, for example with more respite care

- Providing people with better information about what NHS, local authority and social care services are on offer

- Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions

- None of the above

- Don't know ✓

Not prioritised – go to question 7

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:
Q6. Did people think it would be enough for Government to only do these things to help people manage their care and make decisions?

Q7. What else would people like the Government to do to help people manage their care and make decisions?

The importance of adequate residential provision was identified. Not only does this support proper use of specialist health resources but offers continuing care to those who need it and support to (informal) carers.

Greater recognition of carers and their needs is required. Local initiatives are developing but are underfunded and there is still a lack of awareness and/or attention to the carer’s role.

Partnership/joint working/shared thinking between health and social services is essential.
When you and your family need help and support, how, when, where and from whom do you want it?

We want to make sure people have access to the services they want, when they want them, where they want them and from whom they want them. But to do this there are some tough choices to be made.

...thinking about how the NHS and Social Care and other services might improve how, when, where and from whom community-based services are delivered...

Q8. Which of the following did the people at the listening exercises you ran think should be top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

<table>
<thead>
<tr>
<th>Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live</td>
<td></td>
</tr>
<tr>
<td>Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.</td>
<td></td>
</tr>
<tr>
<td>Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups, people with disabilities.</td>
<td></td>
</tr>
<tr>
<td>Allowing people to choose how to receive services at the end of life and to die where they want with dignity. (This option is about the care people receive at the end of their lives, it is not about euthanasia)</td>
<td></td>
</tr>
</tbody>
</table>

None of the above

Don’t know

Not addressed go question 10
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:
Q9. Did people think it would be enough for Government to only do these things to help provide service how, where, when and from whom people want them? Why?

Q10. What else would people like the Government to do to help provide services how, where, when and from whom people want them?

The “joined-up” approach to services is still missing. Health and social services are seen as the separate bodies they are with people still confused about whom to approach, or being pushed from pillar to post as one identifies the issue as the concern of the other – it still happens! Stories are still rife about ringing one number and being told to ring another, and another, etc. before getting to the right person.

Comment made about lack of co-ordination in childcare services as many and various organisations now involved.

Particular comment about non-urgent health services. Waiting times are seen as too long with the result that many people feel compelled to fund private diagnostics or treatment (where they can afford it) in order to act “responsibly” in caring for their own health.
Q11. Looking across all the options we have asked about, which of these did your group think was the most important thing to be done immediately?

Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg advisors to help with housing, employment and training and benefits), children’s centres and other locations.

Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer.

Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

Providing more help to people caring for others, for example with more respite care.

Providing people with better information about what NHS, local authority and social care services are on offer.
Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions

Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits

Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups, people with disabilities.

Allowing people to choose how to receive services at the end of life and to die where they want with dignity. (This options is about the care people receive at the end of their lives, it is not about euthanasia)
Q12. Please summarise the main reasons why this option was chosen as the key priority?

Q13. Please summarise the main points from the discussion about whether these changes address the things that work less well at the moment, and maintain and support the things that work well at the moment.
Q14. Please summarise the main points from the discussion about what else the Department of Health should be doing to make sure that community-based health and social care services meet people’s needs in the 21st century?
Section C: details about your organisation and your listening exercises

To help us analyse the information you have given us, we need to find out a little bit more about your organisation and your listening exercise.

A. How many people took part in your devolved listening exercises?

Write in below

B. What sort of listening exercise was it?

(Please tick one box only)

A day long session (from 5 to 8 hours long)  
A half day session (from 3 to 5 hours long)  
Up to 3 hours long  
Other (record below)

C. How many of each of the following types of people took part in your listening exercise?

(Please put a number in each box even if it is zero)

Members of the general public (i.e. with no specialist interest in health and social care)  
Members of the public who are involved with health and social care services e.g. PPI forum members  
Paid staff from your organisation  
Voluntary staff from your organisation  
Other (record below)
D. Please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Count</th>
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<tbody>
<tr>
<td>Children and young people</td>
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<tr>
<td>Older people</td>
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<tr>
<td>Pregnant women (and their partners)</td>
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<tr>
<td>Socially disadvantaged people</td>
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<tr>
<td>Disadvantaged children</td>
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<tr>
<td>Smokers</td>
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<tr>
<td>Excessive drinkers</td>
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<tr>
<td>Substance misusers</td>
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<tr>
<td>People with caring responsibilities</td>
<td></td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
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</tbody>
</table>
E. Of the people that took part in your listening exercise, can you please tell us how many were from each of the ethnic groups listed below

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td></td>
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<tr>
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<tr>
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<td>African</td>
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<tr>
<td>Any other Black background</td>
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</tr>
<tr>
<td>Chinese</td>
<td></td>
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<tr>
<td>Rather not say</td>
<td></td>
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</tbody>
</table>

F. Which of the following best describes the sector to which your organisation or group belongs / where you work:

(Please tick one box only)

- PPI forum or other patient group
- Community-based NHS services
- Local authority social care services
- Private sector health or social care services
- Voluntary sector health or social care services
- Other (record below) ✓

Local Strategic Partnership
G. If your listening exercises mostly involved staff rather than patients or service users please can you identify from the list below which groups they most often have contact with or provide services for:

*(Please tick all relevant boxes)*

<table>
<thead>
<tr>
<th>Group</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
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<tr>
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<td></td>
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Other (record below)
H If you work with specific ethnic groups, which of these groupings do you represent or work with?

- White British
- White Irish
- Any other white background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
- Indian
- Pakistani
- Bangladeshi
- Any other Asian Background
- Caribbean
- African
- Any other Black background
- Chinese
- Do not deal with specific ethnic groups
- Other (record below)
I. If you are a regional organisation, please tick the box below for the region you mainly work in

<table>
<thead>
<tr>
<th>Region</th>
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</thead>
<tbody>
<tr>
<td>North East</td>
<td></td>
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<tr>
<td>North West</td>
<td></td>
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<tr>
<td>Yorkshire &amp; the Humber</td>
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<tr>
<td>East Midlands</td>
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<tr>
<td>East of England</td>
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<tr>
<td>South East</td>
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<tr>
<td>London</td>
<td></td>
</tr>
<tr>
<td>South West</td>
<td></td>
</tr>
<tr>
<td>National Organisation</td>
<td></td>
</tr>
<tr>
<td>Not applicable</td>
<td></td>
</tr>
</tbody>
</table>

J. What is the name of your organisation?

Chichester in Partnership LSP

K. What type of organisation are you responding as?

A local organisation ✓

A national organisation

Other (please record below)
L. Would like to be listed as a contributor to the consultation?

<table>
<thead>
<tr>
<th>Yes</th>
<th>☑</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
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</tbody>
</table>

K. If you would like to receive a summary of our findings, please enter your contact details or email address in the box below:

Plane@chichester.gov.uk
YOUR HEALTH, YOUR CARE, YOUR SAY
FEEDBACK FORM FOR LOCAL LISTENING EXERCISES
Thank you for your help with your health, your care, your say.

This feedback form is intended for both local and national organisations or groups to report on the findings their own devolved listening exercise as part your health, your care, your say.

Can I check, are you responding to this questionnaire as:

- A local organisation or group [✓]
- A national organisation or group
- Other (record details below)

All the information you submit will be analysed alongside the public’s response and the views obtained from other local and national organisations and groups and will feed in to the development of plans for improving community health and care services.

Please note the feedback form is in three parts:

- Section A: Why do community health and social care services matter to the nation as a whole?
- Section B: what do you think of the suggestions for improving health and social care services?
- Section C: details about your organisation and your listening exercise

If you haven’t covered Section A or all of the options under Section B, please just leave those questions blank.

Please make sure that you give us this feedback by 4th November, or earlier if possible. You can find out where to return this feedback by referring to the resource pack website, www.yoursayresources.nhs.uk.

As you will see, most questions ask you to tick a box like this:

Tick one box only

Other questions give you space to record how you reached your decisions:

Please feel free to write as much, or as little, as you like.
Section A: Why do community health and social care services matter to the nation as a whole?

We want to make community-based health and social care services better for everyone. To help us reach the right decisions, we want to know what the people at the listening exercises you ran thought about community-based health and social care services at the moment.

Q1. What did people think were the five main reasons why community health and social care matter to the nation as a whole?  

(RECORD BELOW IN PRIORITY ORDER)

1.
2.
3.
4.
5.

This section was not part of our discussions
Section B: what did people think of the suggestions for improving health and social care services?

We are committed to helping people take better care of themselves, but big questions remain about how it can best do this.

...Thinking about how the NHS, Social Care and other services might help people to look after themselves more...

Q2. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

Promoting and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.  

Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families.

Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg providing jobs and skills advice), children’s centres and other locations.

Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

None of the above

Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

In general, people were keen to take responsibility for themselves. They would like more information and support to achieve this. It was
acknowledged that some people’s health was suffering because of low incomes and poor housing.
Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?

| The government should give more funding and support to the voluntary sector providers of quality community based services. These increasingly fill the gaps in services created by changes in accessibility criteria for services such as home care. |
| Improved housing where currently poor housing is having a detrimental affect on people’s health and wellbeing. |
| Greater sharing of information between health, social care and the voluntary sectors would benefit service users and carers. |
| The government should give more support to family members and carers who save the NHS a lot of money. |
| Responding to proactive or preventive requests for assistance would prevent further deterioration and suffering. |
When you and your family need help and support, how, when, where and from whom do you want it?

We want to make sure people have access to the services they want, when they want them, where they want them and from whom they want them. But to do this there are some tough choices to be made.

...Thinking about how the NHS and Social Care and other services might improve how, when, where and from whom community-based services are delivered...

Q4. Which of the following did the people at the listening exercises you ran think should be top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services

Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use

Developing new services for people who don’t always currently access care, such as people from black and minority ethnic groups and teenagers

Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

None of the above

Don’t know

Please summarise why people selected these priorities:

People were most concerned about having readily available and appropriate information through directories, G.P.s, NHS Direct, parish magazines and the internet.
Q5. What else would people like the NHS, Social Care and other services to do in terms of how, when, where and from whom community-based services are delivered?

A high priority was for improved access to G.P.s and NHS dentists.

People would like to be given all the information they need to make their own choices.

People would like to know their rights and responsibilities with regard to health and social care.
We want people to be able to use and find their way through health and social care services more easily. We also want these services to be ‘joined up’, even if several people or organisations are providing them.

...Thinking about how the NHS, Social Care and other services might help people find the services they need and improve the way these services are joined up ...

Q6. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments.  

Providing people with better information about what NHS, local authority and social care services are on offer

Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes.

None of the above
Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

A priority would be clear signposting from one-stop shops.
People would like to see good mapping of the health and social care in the statutory and voluntary sectors.
They would like “real people” to talk to when they need information.
There should be one person to co-ordinate a range of services. That person should listen to the service users and carers they meet and see them as the experts in their condition.

Please note: our exercise ended at this point.
Q7. What else would people like the NHS, Social Care and other services to do to help people find the services they need and improve the way these services are joined up?
Q8. Looking across all the options we have asked about what are the top five priorities for the people at the listening exercises you ran? (Please write 1, 2, 3, 4, 5 in the boxes)

Promoting and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families.

Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg providing jobs and skills advice), children’s centres and other locations.

Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer.

Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services.

Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live.

Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use.

Developing new services for people who don’t always currently access care, such as people from black and minority ethnic groups and teenagers.
Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments.

Providing people with better information about what NHS, local authority and social care services are on offer

Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes.
Q9. Why were these their five top priorities?
E. WHAT ELSE SHOULD THE NHS, SOCIAL CARE AND OTHER SERVICES BE DOING?

Q10. Below we provide a space for you to tell us about anything else which came up in the listening exercises you ran which will help us understand what people think should be done to make health and social care services better for everyone?

PLEASE WRITE IN:
Section C: details about your organisation and your listening exercises

To help us analyse the information you have given us, we need to find out a little bit more about your organisation and your listening exercise.

A. How many people took part in your devolved listening exercises?  
   *Write in below*
   
   53

B. What sort of listening exercise was it?
   
   *Please tick one box only*
   
   - A day long session (from 5 to 8 hours long)
   - A half day session (from 3 to 5 hours long)
   - Up to 3 hours long
   - Other (record below)

   40 minutes in 3 groups at an AGM

C. How many of each of the following types of people took part in your listening exercise?
   
   *Please put a number in each box even if it is zero*

   - Members of the general public (i.e. with no specialist interest in health and social care)
   - Members of the public who are involved with health and social care services e.g. PPI forum members
   - Paid staff from your organisation
   - Voluntary staff from your organisation

   Other (record below)

   Members of the general public (i.e. with no specialist interest in health and social care) 40
   Members of the public who are involved with health and social care services e.g. PPI forum members 10
   Paid staff from your organisation 3
   Voluntary staff from your organisation

D. And now please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.
   
   *Please put a number in each box even if it is zero*

   Children and young people 0
<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older people</td>
<td>10</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td>0</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>10</td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td>0</td>
</tr>
<tr>
<td>Smokers</td>
<td>0</td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td>0</td>
</tr>
<tr>
<td>Obese people</td>
<td>5</td>
</tr>
<tr>
<td>Substance misusers</td>
<td>0</td>
</tr>
<tr>
<td>Disabled people</td>
<td>10</td>
</tr>
<tr>
<td>Prisoners</td>
<td>0</td>
</tr>
<tr>
<td>Black and minority ethnic groups (GO TO QE)</td>
<td>0</td>
</tr>
<tr>
<td>Travellers</td>
<td>0</td>
</tr>
<tr>
<td>Homeless people</td>
<td>0</td>
</tr>
<tr>
<td>People with mental health problems</td>
<td>0</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>0</td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td>0</td>
</tr>
<tr>
<td>Asylum seekers</td>
<td>0</td>
</tr>
<tr>
<td>People with long term conditions</td>
<td>10</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>40</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>0</td>
</tr>
</tbody>
</table>

The figures entered are approximate

E. You said that some of the people who took part in your listening event were from a specific ethnic group. Please tell us how many were from each of the groups listed below:

(Please put a number in each box even if it is zero)

White British 53
E. Which of the following best describes the sector to which your organisation or group belongs / where you work:

(Please tick one box only)

- PPI forum or other patient group
- Community-based NHS services
- Local authority social care services
- Private sector health or social care services
- Voluntary sector health or social care services
- Other (record below)

F. If your listening exercises mostly involved staff rather than patients or service users please can you identify from the list below which groups they most often have contact with or provide services for:
(Please tick all relevant boxes)

- Children and young people
- Older people
- Pregnant women (and their partners)
- Socially disadvantaged people
- Disadvantaged children
- Smokers
- Excessive drinkers
- Obese people
- Substance misusers
- Disabled people
- Prisoners
- Black and minority ethnic groups (GO TO QE)
- Travellers
- Homeless people
- People with mental health problems
- People with learning disabilities
- People in hospices/residential care
- Asylum seekers
- People with long term conditions
- People with caring responsibilities
- Other (record below)
If you would like your organisation to be listed as a contributor to the consultation, please record its name below:

NAME OF ORGANISATION

Involving People Team, Herefordshire PCT, talking to **Herefordshire Carers’ Action**

If you would like to receive a copy of the summary of our findings, please tell us what format you would like it and give us your contact details:

EMAIL  helen.lee@herefordpct.nhs.uk
ADDRESS: Victoria House, Eign Street, Hereford HR4 0AN
YOUR HEALTH, YOUR CARE, YOUR SAY
FEEDBACK FORM FOR LOCAL LISTENING EXERCISES
Thank you for your help with *your health, your care, your say*.

This feedback form is intended for both local and national organisations or groups to report on the findings their own devolved listening exercise as part *your health, your care, your say*.

Can I check, are you responding to this questionnaire as:

- A local organisation or group (event for people with a long term health condition and their carers, jointly organised by Bedford PCT, Bedfordshire Heartlands PCT, Beds & Herts SHA and Bedfordshire County Council) **X**
- A national organisation or group
- Other (record details below)

All the information you submit will be analysed alongside the public’s response and the views obtained from other local and national organisations and groups and will feed in to the development of plans for improving community health and care services.

Please note the feedback form is in three parts:

- Section A: Thinking about the community health and social care services people use, what currently works less well?
- Section B: What do you think of the suggestions for improving health and social care services?
- Section C: Details about your organisation and your listening exercise

If you haven’t covered Section A or all of the options under Section B, please just leave those questions blank.

Please make sure that you give us this feedback by 4th November, or earlier if possible. You can find out where to return this feedback by referring to the resource pack website, [www.yoursayresources.nhs.uk](http://www.yoursayresources.nhs.uk)

As you will see, most questions ask you to tick a box like this:

*Tick one box only*  

Other questions give you space to record how you reached your decisions:
Please feel free to write as much, or as little, as you like.
Section A: Thinking about the community health and social care services people use, what currently works well, and what currently works less well?

We want to make community-based health and social care services better for everyone. To help us reach the right decisions, we want to know what the people at the listening exercises you ran thought about community-based health and social care services at the moment.

Q1. What were the three key elements of community health and social care services that people though worked well?

(RECORD BELOW IN PRIORITY ORDER)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:
What were the three key elements of community health and social care services that people thought worked less well?

(RECORD BELOW IN PRIORITY ORDER)

1
2
3

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

What other issues did people mention? Please record any personal stories here if possible


Section B: what did people think of the suggestions for improving health and social care services?

<table>
<thead>
<tr>
<th><strong>HOW CAN PEOPLE LOOK AFTER THEMSELVES? HOW CAN WE HELP YOU TAKE CARE OF YOURSELF AND SUPPORT YOU AND YOUR FAMILY IN YOUR DAILY LIVES?</strong></th>
</tr>
</thead>
</table>

We are committed to helping people take better care of themselves, but big questions remain about how it can best do this.

*...Thinking about how the NHS, Social Care and other services might help people to look after themselves more...*

Q2. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

1. **Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.**

2. **Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.**

3. **Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg advisors to help with housing, employment and training and benefits), children’s centres and other locations.**

None of the above

Don’t know
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

**Option 4**

People wanted to remain independent, but found help to do so was often fragmented, difficult to access or simply that they did not know what existed. A key component of people maintaining a degree of independence was the practical support (or lack of it) provided to carers. Strong feelings that carers are not given the support they need as long as it appears that they are keeping their heads above the water. Better respite support, carer groups that could meet socially and a carers’ ‘pamper day’ would help carers to manage. Better information about services, adaptations, etc is needed. A single point of contact for information would make a huge difference.

**Option 1**

Routine check-up should be happening, but are not. Not everyone can self-assess and there was concern about those who ‘fall through the net’. People with regular contact with health and social care services are ‘in the system’, but there are others who are not and need the help. Health checks (including medicines reviews) should be proactive rather than requiring people to seek them out. Better use needs to be made of the whole primary care team and other professionals to do this. However, some expressed concern about lack of continuity in provision of treatment, particularly for people with long term health conditions.

**Option 3**

Some thought that it was ‘not the job of the health service to tackle bad housing or poverty’. The NHS needs to be able to concentrate on health care rather than tackling the wider determinants of health. There should be a broader role for community pharmacists.

Strong agreement that there was a major role for education to address many of these issues. Life skills were no longer passed down within families and communities. Topics such as cooking, managing a budget and sex education should be taught in schools now, but there was also a need for adult education in these areas for people in their 20s and 30s.

**Option 2**

Although not seen as a top priority, people would welcome more support and information from health professionals, such as district nurses, on looking after themselves and their families. Fragmentation or lack of openness of services was seen as an issue. Information and help was available if ‘you have a good carer to fight your corner’. A ‘citizen’s advice bureau’ for health would be very useful.
Q3. Did people think it would be enough for Government to only do these things to help people take better care of themselves? Why?

No.

Other policy suggestions included:

Setting up a CAB for health – one place where people could talk face-to-face with local experts about local services, advice, information and support.

A policy that addressed the needs of carers, including respite support, information support, social support to reduce feelings of isolation.

Greater consideration of people’s transport needs, particularly in rural areas with poor transport links.

Increased and better coordinated working between agencies.

All-in-one social/community/health centre to meet local health and social needs. Would provide diagnosis, treatment, advice (health and non-health) with statutory, voluntary and community involvement. Somewhere to meet and be treated. Could attract more people who don’t traditionally access health or social care services and relieve pressure on services elsewhere.
Q4. What else would people like the Government to do to help people take better care of themselves?

See Q3 above
We want people to be able to use and find their way through health and social care services more easily. We also want these services to be ‘joined up’, even if several people or organisations are providing them. …Thinking about how the NHS, Social Care and other services might help people find the services they need and improve the way these services are joined up …

Q5. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

1. Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

2. Providing more help to people caring for others, for example with more respite care

2. Providing people with better information about what NHS, local authority and social care services are on offer

2. Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions

None of the above

Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

**Option 1**

Single assessment would be more cost effective for patients, carers and organisations; reduce duplication and misinformation; reduce stress for patients and carers. It needs to include all services and service providers. Multidisciplinary meetings need to ensure all key people attend. Would there be a need for regular reviews? Would a case manager have the capacity to coordinate this for all? NHS should embrace Direct Payments as Social Services have.
Option 2
More support for carers was seen as critical. Easier access to information, practical support, respite care, support in the community with other carers to share knowledge and experiences and reduce isolation. More consideration of the mental and physical stress on carers: ‘not once did any health professional ask me how I was’. If the carer falls ill, everything breaks down. The needs of those they care for change from day to day and the impact on the whole family is not understood. Support needs to be more flexible. Practical support welcomed included a carers’ clinic (questions and advice); physio for carers; help in organising holidays with the patient; a weekly carer’s pamper day.

Option 4
Need one-stop appointments. Patients want the continuity of their own GP rather than choice. It should be flagged in the notes where patients want to see a particular GP.

Ongoing physiotherapy would improve the quality of many with a severe physical disability. There should be other options for physio, such as group sessions, group exercise or training of carers. This would improve sustainability.

People need stimulating environments as well as care. Change the image and name of day centre. If users could participate in their running, such as helping to prepare meals, they would have more ownership.

Some conditions are not currently recognised and no information is available – eg allergies. One person is relying on a local voluntary support group. A needs assessment should be carried out initially.

Option 3
Need the correct information at the right time. Information in one place: patients should not have to search out information while trying to deal with the diagnosis. Often they cannot take in all the information in one go. Information needs to be in Plain English. It needs to be consistent. Carers need good information. Letters about patients should be copied to the patient and their carer. A summary of the patient’s condition and key stages of care pathway should be kept at the front of the medical notes.
Q6. Did people think it would be enough for Government to only do these things to help people manage their care and make decisions?

No.
A ‘buddy’ system. Health and social care services could put individuals in touch with others with similar diagnoses / facing similar issues and who could, within a prescribed remit, provide information on condition and how to cope with it that could work in tandem with the professionals.

Q7. What else would people like the Government to do to help people manage their care and make decisions?

See Q6 above.
We want to make sure people have access to the services they want, when they want them, where they want them and from whom they want them. But to do this there are some tough choices to be made.

...Thinking about how the NHS and Social Care and other services might improve how, when, where and from whom community-based services are delivered...

Q8. Which of the following did the people at the listening exercises you ran think should be top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.</td>
</tr>
<tr>
<td>2</td>
<td>Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits</td>
</tr>
<tr>
<td>3</td>
<td>Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live</td>
</tr>
<tr>
<td></td>
<td>Developing new services for people who don't always currently access care, such as young men, teenagers, people from different ethnic groups, people with disabilities.</td>
</tr>
<tr>
<td></td>
<td>Allowing people to choose how to receive services at the end of life and to die where they want with dignity. (This options is about the care people receive at the end of their lives, it is not about euthanasia)</td>
</tr>
<tr>
<td></td>
<td>None of the above</td>
</tr>
</tbody>
</table>
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

<table>
<thead>
<tr>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>People want more services provided locally rather than in an acute hospital. This would reduce time and effort for people with long term health conditions who regularly attend clinics. It could also lead to quicker access to test results and aid the free flow of information.</td>
</tr>
<tr>
<td>It would help less able people, those frightened by hospital and could encourage more people to keep appointments.</td>
</tr>
<tr>
<td>GPs could provide more services than they do at present.</td>
</tr>
<tr>
<td>Specialist services, such as chemo and radiotherapy, are not local enough.</td>
</tr>
<tr>
<td>Consistency of services needs to be addressed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Option 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong views expressed on the need for extended and easier access to services.</td>
</tr>
<tr>
<td>Communication issues and access to GPs were common problems. Particularly out of hours, when patients feel isolated and vulnerable and would value personal contact and reassurance. The out of hours service could link in closely with the walk in centre if available, with a few people on call from there ready to go out to people’s homes.</td>
</tr>
<tr>
<td>Other health professionals apart from doctors could be on call, for example physicians assistants or high grade nurses who are sent out to homes during the night, with a few doctors back at the call centre who would advise them if necessary. Resources should be used the best effect, with other highly trained health professional taking on some of the work of doctors.</td>
</tr>
<tr>
<td>GP practice opening hours should be extended so people could see a doctor at a more convenient time, especially for those who worked.</td>
</tr>
<tr>
<td>Contracts with doctors need to be strengthened, so time is used effectively and not on private work. Need longer appointment times. Need better attitude from GP practices (like in private sector).</td>
</tr>
<tr>
<td>In rural communities, better transport is more important than walk-in centres.</td>
</tr>
<tr>
<td>Standards across the area were not consistent. Poor communication between systems meant that services did not have the same information. There seem to be a lot of hurdles to jump to see a doctor, especially in your own home.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you identify what is ‘convenient’ for everyone? Need good quality local services with adequate staffing and expertise. Convenient also means providing other services at the same location eg chiropody and pharmacy.</td>
</tr>
</tbody>
</table>
Need better communication between doctors, pharmacists and other services and trust in each other’s abilities. Pharmacists could offer services such as cholesterol tests and diabetes checks to relieve pressure on GP practices, but this requires continuity of care through the effective flow of information.

Walk-in centres are a good idea, taking pressure off GP practices and providing good signposting.

Offer end of school day drop-in sessions for parents and children.

More regional paramedics needed. Need more community specialists for home visits (chiropodists, dietitians, diabetes nurse, etc).

Option 4

People need to feel comfortable to access new services and be able to complain about services without getting labelled as a ‘trouble maker’.

Need services centred around school aged children/colleges, eg offer children’s drop in sessions in a comfortable surrounding.

EPP programme format needs to be modified to attract younger people.

For young men, awareness of health issues needs to be raised in schools, so it is inbuilt that health is important. They would be more likely to use walk in centres.

Health professionals need to dress more casually.

People might be more likely to use services if emphasis was placed on advice and information rather than health.

People need to be made fully aware of a service to access it. Issues of communication to ethnic minorities, travellers and other potentially hard to reach groups and individuals.

Need to reach people in way that is most appropriate/effective eg texting to young people; information in colleges, temples, etc. Internet points (like at Addenbrooke’s) should be more widely available in GP practices, pharmacies, supermarkets, etc.

Need to develop carers’ networks.

Option 5

People need to be empowered to make choices and decisions.

Early in diagnosis, young people should have opportunity to sit with their family and make important decisions while they are capable. These should be recorded on medical notes.

Should be provision to enable people to have equal access to support in their home.

Hospices should be government funded.

More specialist nurses needed in all services, not just cancer.

Counselling should be offered and available to whole family.
Q9. Did people think it would be enough for Government to only do these things to help provide service how, where, when and from whom people want them? Why?

Q10. What else would people like the Government to do to help provide services how, where, when and from whom people want them?

Specific issues raised:
Schools and catering staff need training on allergies.
Reception staff need training around confidentiality and customer care.
Repeat prescriptions should be available via telephone.
Q11. Looking across all the options we have asked about, which of these did your group think was the most important thing to be done immediately?

Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg advisors to help with housing, employment and training and benefits), children’s centres and other locations.

Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer.

Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

Providing more help to people caring for others, for example with more respite care.

Providing people with better information about what NHS, local authority and social care services are on offer.
Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions

Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits

Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups, people with disabilities.

Allowing people to choose how to receive services at the end of life and to die where they want with dignity. (This options is about the care people receive at the end of their lives, it is not about euthanasia)
Q12. Please summarise the main reasons why this option was chosen as the key priority?

Discussion was arranged as six facilitated group discussions, with two tables each addressing one of the three questions. Scores were weighted to reflect the numbers participating on each of the questions in order to reach a ranking between all 13 policy options. However, as none considered all three questions, it is perhaps misleading to compare and rank all options together.

That said, there was a strong thread running through much of the discussions that more effectively joined-up health and social care services was a necessary prerequisite for many of the other policy options to succeed. Many, it was thought, would naturally flow from more joined-up services.

People recognised the benefits of flexibility in who can offer treatment and support as a way of making better use of resources, but continuity of care was crucial. They wanted to see the different professionals and parts of the service sharing information more effectively.

There was also strong consensus that older people and those with disabilities get the practical help they need to remain independent and active for longer. This would be a cost effective use of resources as well as offering a more patient centred approach to care.

Strong agreement also on developing more local services. The majority of the participants live in a generally rural county, where transport/access to services is perhaps more of an issue than in urban areas. The message here is to think more about the different needs of very different communities.
Q13. Please summarise the main points from the discussion about whether these changes address the things that work less well at the moment, and maintain and support the things that work well at the moment.

There was general support for the policy options, which most thought would improve access to and people’s experience of health and social care services. However, people were not clear what would change in order to release sufficient funding for such changes to take place.

Access to information for all and better communication (often expressed in terms of IT) between services were seen as crucial and underpinning any service developments and change.
Q14. Please summarise the main points from the discussion about what else the Department of Health should be doing to make sure that community-based health and social care services meet people’s needs in the 21st century?

Strong support for better integration of services and organisations. People are less concerned about choice and far more interested in the right services in the right place at the right time. This often points to more ‘one stop shop’ type provision, whether this is in the physical location of services and facilities, in access to information or through issues such as single assessment and far better sharing of information.

Modern care and support often involves a range of agencies and services. People most need continuity of care.

People want more local services provided out of hospital in ways and at times that fit with their daily lives.

Education, at school and beyond, is seen as a key enabler for people to be more able to look after themselves and those they care for.
Section C: details about your organisation and your listening exercises

To help us analyse the information you have given us, we need to find out a little bit more about your organisation and your listening exercise.

A. How many people took part in your devolved listening exercises?

   Write in below

   48

B. What sort of listening exercise was it?

   (Please tick one box only)
   - A day long session (from 5 to 8 hours long)
   - A half day session (from 3 to 5 hours long)
   - Up to 3 hours long
   - Other (record below)

   X

C. How many of each of the following types of people took part in your listening exercise?

   (Please put a number in each box even if it is zero)
   - Members of the general public (i.e. with no specialist interest in health and social care) 31
   - Members of the public who are involved with health and social care services e.g. PPI forum members 10
   - Paid staff from your organisation 5
   - Voluntary staff from your organisation 2
   - Other (record below)
D. Please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

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<thead>
<tr>
<th>Sector</th>
<th>Count</th>
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<tr>
<td>Children and young people</td>
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<tr>
<td>Older people</td>
<td>20</td>
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<tr>
<td>Pregnant women (and their partners)</td>
<td>1</td>
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<tr>
<td>Socially disadvantaged people</td>
<td>2</td>
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<tr>
<td>Disadvantaged children</td>
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<td>Smokers</td>
<td>2</td>
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<tr>
<td>Excessive drinkers</td>
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<td>Obese people</td>
<td>3</td>
</tr>
<tr>
<td>Substance misusers</td>
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<tr>
<td>Disabled people</td>
<td>15</td>
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<tr>
<td>People in prison</td>
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<tr>
<td>Black and minority ethnic groups</td>
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<tr>
<td>Travellers</td>
<td></td>
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<tr>
<td>Homeless people</td>
<td></td>
</tr>
<tr>
<td>People with mental health problems</td>
<td>2</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>2</td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td></td>
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<tr>
<td>Asylum seekers</td>
<td></td>
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<tr>
<td>People with long term conditions</td>
<td>25</td>
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<tr>
<td>People with caring responsibilities</td>
<td>15</td>
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<tr>
<td>Other (record below)</td>
<td></td>
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<tr>
<td>Young adult</td>
<td>1</td>
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</table>
E. Of the people that took part in your listening exercise, can you please tell us how many were from each of the ethnic groups listed below

- White British
- White Irish
- Any other white background
- White and Black Caribbean
- 1
- White and Black African
- White and Asian
- Any other mixed background
- Indian
- Pakistani
- Bangladeshi
- Any other Asian Background
- Caribbean
- African
- Any other Black background
- Chinese
- Rather not say

F. Which of the following best describes the sector to which your organisation or group belongs / where you work:

(Please tick one box only)

- PPI forum or other patient group
- Community-based NHS services  X
- Local authority social care services  X
- Private sector health or social care services
- Voluntary sector health or social care services
- Other (record below)
G. If your listening exercises mostly involved staff rather than patients or service users please can you identify from the list below which groups they most often have contact with or provide services for:

*(Please tick all relevant boxes)*

<table>
<thead>
<tr>
<th>Group</th>
<th>Ticked</th>
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<tr>
<td>Children and young people</td>
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<td>Older people</td>
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<td>Pregnant women (and their partners)</td>
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<td>Socially disadvantaged people</td>
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<td>Smokers</td>
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<td>People in prison</td>
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<td>Travellers</td>
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<td>Homeless people</td>
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<td>Asylum seekers</td>
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<td>People with long term conditions</td>
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<td>People with caring responsibilities</td>
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<tr>
<td>Do not deal with specific sectors of the community</td>
<td></td>
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<tr>
<td>Other (record below)</td>
<td></td>
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</tbody>
</table>
If you work with specific ethnic groups, which of these groupings do you represent or work with?

- White British
- White Irish
- Any other white background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
- Indian
- Pakistani
- Bangladeshi
- Any other Asian Background
- Caribbean
- African
- Any other Black background
- Chinese
- Do not deal with specific ethnic groups
- Other (record below)
I. If you are a regional organisation, please tick the box below for the region you mainly work in

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<thead>
<tr>
<th>Region</th>
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<td>North East</td>
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<td>North West</td>
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<td>Yorkshire &amp; the Humber</td>
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<td>East Midlands</td>
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<td>East of England</td>
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<tr>
<td>South East</td>
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<tr>
<td>London</td>
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<tr>
<td>South West</td>
<td></td>
</tr>
<tr>
<td>National Organisation</td>
<td></td>
</tr>
<tr>
<td>Not applicable</td>
<td></td>
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</tbody>
</table>

J. What is the name of your organisation?

Joint event:
Bedfordshire Heartlands PCT
Bedford PCT
Bedfordshire & Hertfordshire SHA
Bedfordshire County Council

K. What type of organisation are you responding as?

<table>
<thead>
<tr>
<th>Type of Organisation</th>
<th></th>
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<tbody>
<tr>
<td>A local organisation</td>
<td>X</td>
</tr>
<tr>
<td>A national organisation</td>
<td></td>
</tr>
<tr>
<td>Other (please record below)</td>
<td></td>
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</tbody>
</table>
L. Would like to be listed as a contributor to the consultation?

<table>
<thead>
<tr>
<th>Yes</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
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</tbody>
</table>

K. If you would like to receive a summary of our findings, please enter your contact details or email address in the box below:

[Input field]

[Email address] david.levitt@bedsheartlandspct.nhs.uk
Dear Madam/Sir

Your health, your care, your say – healthcare out of hospital

I am writing on behalf of the Medical Foundation for AIDS & Sexual Health (MedFASH), in response to the above consultation, with a view to informing the development of the forthcoming White Paper on healthcare out of hospital.

1. Why is MedFASH responding to this consultation?

1.1 The Health Select Committee in its report on sexual health (2003) highlighted “the absence of a patient voice” as one of the six factors leading to the “crisis in the sexual health of the nation”. We recognise that the focus of the current consultation exercise is on gathering the views of patients and the public, but we fear there may be very little response in relation to sexual health, because of this absence of a patient voice. Therefore, we believe it is important for organisations like ours, with an understanding of patients’ needs and views in relation to sexual health, to make a contribution.

1.2 MedFASH is a charity, supported by the British Medical Association, which aims to promote excellence in the prevention and management of HIV and other sexually transmitted infections. We work by informing and advising health professionals on excellence in practice, and by briefing policy-makers.

1.3 Our response uses the three questions posed in the Your health, your care, your say consultation to set out some concerns and priorities specific to sexual health. We believe that the very reasons for the absence of a patient voice – particularly stigma and fear of disclosure - are among the biggest reasons why sexual health needs separate attention when planning the development of healthcare out of hospital.

1.4 Implementation of the public health White Paper, Choosing Health, with the leverage of a PSA target on sexual health and the allocation of new financial resources, has the potential to make a real impact on the crisis in sexual health described by the Health Select Committee. It is vital that this potential is not undermined, albeit inadvertently, by the imminent changes in NHS commissioning, the reconfiguration of NHS organisations and further developments arising from the forthcoming White Paper on healthcare out of hospitals. We will therefore use this response to set out
some of the key considerations and principles regarding sexual health which we believe need to be kept in mind when developing the White Paper.

2. **What can MedFASH offer this consultation?**

2.1 In 2005, MedFASH published *Recommended standards for sexual health services*, commissioned and endorsed by the Department of Health (DH). This built on and complemented our earlier publication, *Recommended standards for NHS HIV services* (2003), also endorsed by the DH. Both documents were developed with the involvement and support of a wide range of stakeholders, including service users, and both focus on patient pathways and meeting the needs of service users (or potential users). As such, the recommended standards identify universal elements of quality care and are not prescriptive about the settings in which these should be delivered. Indeed, they are intended to apply to all NHS-funded services identifying or responding to sexual health needs. Both are very relevant for general practice and other healthcare services out of hospital.

2.2 We would urge that the *Recommended standards* be used to inform the development of the government’s plans for healthcare out of hospital in relation to sexual health and HIV.

2.3 Both sets of standards recommend the development of service networks to coordinate the planning and provision of care, promote equity of access to sexual health and HIV services, support implementation of shared quality standards and empower people using services both to manage their own health and to participate in the planning and monitoring of services. We believe networks offer a valuable way to organise local services in a way which meets people’s needs, offers choice, and has the potential to counter the fragmentation which could arise from the growing plurality of NHS-funded service providers.

2.4 We recommend that plans for developing healthcare out of hospital include measures to encourage, support and strengthen the development of service networks.

3. **Question 1: How can people look after themselves? How can we help individuals take care of themselves and support them and their families in their daily lives?**

3.1 In order to maintain and protect their own sexual health, people need information and support to develop skills which enable them to reduce the risks associated with sexual activity, and to seek and obtain health advice and care when needed. The foundation for this is the provision of good quality, comprehensive sex and relationships education for all children and young people, in schools and out of school settings.

3.2 In the community, a comprehensive, multi-component programme of sexual health promotion is needed, which can address local needs, reduce inequalities in sexual health and reach marginalised groups. It should be fully integrated within local services and settings, clinical and non-clinical, using both targeted and opportunistic intervention strategies. It needs to be ongoing and sustained, not just ‘one-off’ interventions or campaigns.
3.3 Such a programme of sexual health promotion can help individuals to maintain their sexual health by adopting safer behaviours, for example safer sex, to protect against sexually transmitted infections (STIs). However, the level of risk which people face is also determined by the amount of infection in the population, and thus the likelihood of their being exposed to it through their sexual partner(s). Thus, to complement the role of health promotion, healthcare services have a key role to play in preventing the spread of STIs: offering prompt and accurate diagnosis; appropriate treatment, care and follow-up; advice and support for future protection; and partner notification to ensure sexual partner(s) also receive advice, treatment and testing.

3.4 Without this key public health function being effectively delivered by healthcare services, people will be limited in the degree to which they can look after themselves. As such, healthcare services play a vital role in helping people take care of themselves in their daily lives. Access to such services in out of hospital settings is to be welcomed, as it will be more convenient for many users and potential users of the services. But it is important that, whether in or out of hospital, all the elements of care described in 3.3 above are provided through the operation of a consistent set of service standards, whatever the setting.

3.5 People can also take care of their sexual health by requesting STI screening (or ‘sexual health MOTs’) on a regular basis, or when embarking on a new sexual relationship. To result in health improvement, such responsible behaviour by individuals requires a prompt and effective response from services. For this, there needs to be adequate service capacity, over and above that required for urgently diagnosing and treating those presenting with symptoms of infection or with an identified risk exposure. The current under-capacity around the country, even for the latter (as evidenced by long waiting-times for GUM appointments), suggests the need for significant expansion of capacity for sexual health screening in out of hospital settings, accompanied by maintenance or expansion of that in existing GUM services (which may or may not be in hospital).

3.6 Another area in which healthcare services are needed to enable people to look after themselves, is the provision of contraception. Effective contraceptive use (when needed) is an important way individuals can maintain their physical health and emotional wellbeing. At a population level, it is also an important and highly cost effective public health measure. To ensure effective contraceptive use and equity of provision, choice is again a key principle. People need the means to avoid unintended pregnancy in a way that is suitable for them, and to achieve this, everyone should have prompt access to the full range of contraceptive methods, including condoms, without charge.

3.7 A further way in which people can be helped to take care of themselves is for their, possibly unrecognised, sexual health needs to be identified, offering the opportunity for intervention and for reducing the risk of long term negative consequences. Providers of contraception should be alert to STI-related needs and STI service providers should ensure their patients do not have unaddressed contraceptive needs. GPs and other primary care providers are exceptionally well-placed to identify a range of sexual health needs, which may not be their patients’ presenting problem. Opportunistic screening for Chlamydia, as currently being rolled out in the National Chlamydia Screening Programme, is an important example of this. This programme
should be able to reach its target audience in a wide range of settings where they may be seeking healthcare, and will need to be sustained over time.

3.8 While undiagnosed and untreated Chlamydia may lead to complications resulting in infertility, undiagnosed and untreated HIV infection can lead to life-threatening illness. A quarter of those infected with HIV in the UK are not fully able to take care of themselves or those close to them, because they are unaware of their infection. The majority of serious disease and mortality related to HIV in the UK occurs in those whose infection has not been diagnosed until very late in the course of disease, and among those diagnosed late, a significant number have previously sought medical care with HIV-related symptoms without being diagnosed. While there are some examples of excellent practice, effecting a significant improvement in this situation will require many more of those providing healthcare out of hospitals to become better aware of the signs, symptoms and risk factors for HIV infection and more willing to offer an HIV test or refer appropriately for testing elsewhere. Good communication, support and referral links with specialist HIV services are needed to facilitate this.

4. Question 2: When individuals and their families need help and support, how, when, where and from whom do they want to get it?

4.1 The fear and stigma associated with HIV, STIs and some other sexual health concerns can act as a disincentive to seeking healthcare. Anxieties about confidentiality tend to be particularly high and, to help people access the help and support they need, they must be assured – and believe – that if they approach a service with a sexual health need, their confidentiality will be maintained. They also need to experience welcoming and non-judgemental staff attitudes.

4.2 Patient choice about services is critical in this context. The principle of open access to services for the diagnosis and treatment of STIs and HIV must be maintained. It enables people to choose where to seek care, without referral by any kind of ‘gatekeeper’. It also means they can decide whether they prefer to use the service closest to where they live or one in a location where they are less likely to be recognised, or which is more convenient for access from work. Open access, as a means of encouraging service use, is not only important in providing what people want but also as a public health measure to control the spread of STIs.

4.3 Some of those worst affected by HIV or other sexual ill-health are among the most disadvantaged, marginalised and vulnerable in society. Accessing help and support needs to be made easier for them, through the provision of clear information about local services, booking systems which are not restrictive (eg not requiring repeated attempts to phone during working or school hours), appointments without delay, opening hours which fit with their lifestyles, the option of a walk-in service, and locations near to home or public transport. For some groups, such as young people, services tailored to their particular needs are needed. Wherever people first access local services, their care pathway should be smooth and seamless, with integrated provision on one site or fast, simple and facilitated referral between providers.

5. Question 3: How can we help individuals get the right services, when they need them, and ensure their care and support is properly coordinated?
5.1 A strategic approach is needed to the commissioning of services to identify and meet sexual healthcare needs and ensure service access and uptake in line with the PSA target for sexual health. While practice-based commissioners may generally understand the needs of their own patients, this may be more variable in the sensitive and stigmatised area of sexual health. There are a number of reasons why sexual health services will benefit from a coordinated needs-based approach to commissioning across a wider geographical area, largely driven by the public health imperatives. These include the need to target sexual health promotion at people where they congregate, not where they live, and the provision of open access sexual health services which often serve populations from across a PCT and beyond. The development of sexual health and HIV service networks provides a means to implement such an approach.

5.2 Managed networks can support the strategic planning and integrated provision of sexual health services. They can ensure coordination of multidisciplinary care between providers in different settings, with clear channels for communication and agreed pathways for advice, support and referral in accordance with shared service standards. By facilitating access to the same quality of care, regardless of their initial point of presentation, networks are a means of furthering equity for all service users. They can also help the integration of sexual health promotion within healthcare settings as well as coordination with health promotion in community settings.

5.3 Importantly, networks can provide a mechanism for the sharing of learning, experience and professional support. Education and training for GPs and other primary care professionals in HIV and sexual health is essential, and specialist sexual health and HIV services must play an important role in this, which can be done through networks. Networks can also support clinical governance.

5.4 In relation to HIV, increasingly managed as a long-term chronic condition, the development of service networks is key to ensuring that care and support is properly coordinated and that individuals get the right services, when they need them, not only from their specialist HIV clinic, but also from other medical specialties, GPs, mental health services, pharmacists, voluntary organisations and others. Networks, involving local authorities and non-statutory partners as well as the NHS, can also promote the integration of health and social care for people with HIV.

5.5 Crucially, by bringing providers, commissioners and service users together to focus on the needs of people living with HIV and the patient pathway (rather than being driven by the needs of services or professionals), networks can promote the empowerment of individuals with HIV to manage their own health.

6. MedFASH publications

6.1 Recommended standards for sexual health services (2005) and Recommended standards for NHS HIV services (2003) can be found at www.dh.gov.uk and www.medfash.org.uk. Hard copies are also enclosed with the paper copy of this letter.
6.2 We would be happy to provide further information on any of the above and look forward to future opportunities to contribute to the development of the White Paper.

Yours sincerely

Ruth Lowbury
Executive Director
YOUR HEALTH, YOUR CARE, YOUR SAY
FEEDBACK FORM FOR LOCAL LISTENING EXERCISES
Thank you for your help with your health, your care, your say.

This feedback form is intended for both local and national organisations or groups to report on the findings their own devolved listening exercise as part your health, your care, your say.

Can I check, are you responding to this questionnaire as:

- A local organisation or group [Yes] [ ]
- A national organisation or group [ ] [ ]
- Other (record details below) [ ]

All the information you submit will be analysed alongside the public’s response and the views obtained from other local and national organisations and groups and will feed in to the development of plans for improving community health and care services.

Please note the feedback form is in three parts:

- Section A: Why do community health and social care services matter to the nation as a whole?
- Section B: what do you think of the suggestions for improving health and social care services?
- Section C: details about your organisation and your listening exercise

If you haven’t covered Section A or all of the options under Section B, please just leave those questions blank.

Please make sure that you give us this feedback by 4th November, or earlier if possible. You can find out where to return this feedback by referring to the resource pack website, [www.yoursayresources.nhs.uk](http://www.yoursayresources.nhs.uk).

As you will see, most questions ask you to tick a box like this:

*Tick one box only* [ ]

Other questions give you space to record how you reached your decisions:

Please feel free to write as much, or as little, as you like.
Section A: Why do community health and social care services matter to the nation as a whole?

We want to make community-based health and social care services better for everyone. To help us reach the right decisions, we want to know what the people at the listening exercises you ran thought about community-based health and social care services at the moment.

Q1. What did people think were the five main reasons why community health and social care matter to the nation as a whole? (RECORD BELOW IN PRIORITY ORDER)

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RECORD BELOW WHY PEOPLE THOUGHT THESE WERE IMPORTANT:
Section B: what did people think of the suggestions for improving health and social care services?

How can people look after themselves? How can we help you take care of yourself and support you and your family in your daily lives?

We are committed to helping people take better care of themselves, but big questions remain about how it can best do this.

...Thinking about how the NHS, Social Care and other services might help people to look after themselves more...

Q2. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

Promoting and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families.

Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg providing jobs and skills advice), children’s centres and other locations.

Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:
Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?
WHEN YOU AND YOUR FAMILY NEED HELP AND SUPPORT, HOW, WHEN, WHERE AND FROM WHOM DO YOU WANT IT?

We want to make sure people have access to the services they want, when they want them, where they want them and from whom they want them. But to do this there are some tough choices to be made.

…Thinking about how the NHS and Social Care and other services might improve how, when, where and from whom community-based services are delivered…

Q4. Which of the following did the people at the listening exercises you ran think should be top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

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<thead>
<tr>
<th>Priority</th>
<th>Rank</th>
<th>Score</th>
</tr>
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<tbody>
<tr>
<td>Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services</td>
<td>3rd</td>
<td>53</td>
</tr>
<tr>
<td>Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live</td>
<td>4th</td>
<td>36</td>
</tr>
<tr>
<td>Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use</td>
<td>2nd</td>
<td>60</td>
</tr>
<tr>
<td>Developing new services for people who don’t always currently access care, such as people from black and minority ethnic groups and teenagers</td>
<td>5th</td>
<td>11</td>
</tr>
<tr>
<td>Allowing people to choose how to receive services at the end of life and to die where they want with dignity.</td>
<td>1st</td>
<td>70</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

24 respondents

Addressed this section only

In two small groups – participants included professional staff, volunteers and people with life threatening illness/diseases in a hospice setting.
Main issues were focused on services that maintained a quality of life deemed by the clients’ preferences.

This is often negatively impacted by limited services. Services generally appear limited through lack of funding and from social services ‘carer’s not having a professional approach to individual care or not understanding the importance of individual needs towards the end of life.

This aspect of care provision at the end of life was perceived to be most important and valuable, services should be available to meet needs of clients and their families.

Suggestion of returning ‘social service’ led home care to NHS services.

Client advocates would provide specialist advice and referral to local services if available – providing a one-stop assessment service within PHC. This would maintain INDIVIDUAL case management and encourage advocacy.

Preferences were expressed for LOCAL services, managed locally that provided booking service – local base could be in Health Centre – then client could see GP then personal advocate would then liaise with all other local services to arrange clients care.

This was necessary as clients felt that there are a diverse range of care standards and local post-coded options. Carers from social services were often unprepared and poorly informed and unwilling to extend services beyond what they had been told to do ‘in the care plan’ even when need was clearly evident. – One client commented that as he worked he could be helped to bath every day – if he didn’t work then he would only be assisted to bathe x2 weekly – his preference as with most people is to bath daily and feel clean! This issue of care is further complex when lack of professionalism is evident and that some agencies were much worse that others. – perhaps indicating a need for quality control issues over carers. Funding was also identified as a restrictive issue.

Service development ought to focus on One-stop coordinated NHS/ Social Service Care.

Question 3

3a –

Need a carer for people by themselves
Funding available
Flexibility of care – Choice of care
    Choice of carer

Assessments (need change)

Professionalism
Standards of care
Convoluted care – care - changing needs re-assessed- is care okayed

Normalcy of personal care + routines

Care in the community is not really there when it is needed – it is a paper policy

Local rural services – geographic

Organisation of services

24hr one stop shop for:

Advice
Assessment
Availability
Co-ordination
Case management

(Acute services achieve via specialist nurse)

Point of contact
**Group 2**

**Convenience of Service**

**GP**

Saturday emergency only  
Appointments – (getting past receptionist)  
Can’t get through to surgery  
Can’t see GP  
Triage service

Positive online booking

Difficult to get to surgery – expectation that you would get there – difficult for end of life care

Home visits only available in an emergency – difficult for end of life care

**GP’s under pressure – too many patients**  
Phone calls taken during consultations  
Appointments generally too short

**Carers**

Rehabilitation / response care  
Limit to what they can do  
Supervisory

Carers – not wanting to visit rural areas due to travelling time (not paid for)

Discrepancy in pay between home care (? Private sector) and social services

Carers not available when wanted by clients and families (eg 11.30 to get up – carers only available when they can attend – neglects INDIVIDUAL PREFERENCES)

**3b)**

NHS walk in centre is excellent – useful for dressings

Temporary resident system works  
Hotel / guest houses linked to a GP

NHS direct – depends who you get – can be very good – reassurance that a hospital visit is necessary

**3c)**

Newly qualified could run clinics in community areas – too many unemployed
Hospital specialists to run clinics in community areas

Not unreasonable to travel for scans etc for specialist equipment - good transport and funding for transport

Don’t close community/cottage hospitals

Funding needed for services should be government provided ie speech & language equip. – More money for Britain

3d)

Assess why services aren’t being used

Could more information be available – a port of call

Again – newly qualified staff to provide screening (cost issues)

Still huge differences between areas – “post code lottery”

3e)

Good Macmillan service

Hospice care

Should have choice to be near to home

Ie palliative provision in community hospitals so family can visit
Q5. What else would people like the NHS, Social Care and other services to do in terms of how, when, where and from whom community-based services are delivered?
We want people to be able to use and find their way through health and social care services more easily. We also want these services to be ‘joined up’, even if several people or organisations are providing them.

…Thinking about how the NHS, Social Care and other services might help people find the services they need and improve the way these services are joined up …

Q6. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be one appointment to discuss a whole range of services instead of lots of individual appointments.

Providing people with better information about what NHS, local authority and social care services are on offer

Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes.

None of the above

Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:
Q7. What else would people like the NHS, Social Care and other services to do to help people find the services they need and improve the way these services are joined up?
Q8. Looking across all the options we have asked about what are the top five priorities for the people at the listening exercises you ran? (Please write 1, 2, 3, 4, 5 in the boxes)

Promoting and supporting better health, for example through routine check-ups, advice on healthy lifestyles and promoting self-care and self-assessment.

Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families.

Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg providing jobs and skills advice), children’s centres and other locations.

Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer.

Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services.

Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live.

Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use.

Developing new services for people who don’t always currently access care, such as people from black and minority ethnic groups and teenagers.
Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

Providing effectively joined-up social care and health services to those that need them, for example through a single 'needs assessment'. A 'needs assessment' would be one appointment to discuss a whole range of services instead of lots of individual appointments.

Providing people with better information about what NHS, local authority and social care services are on offer

Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes.
Q9. Why were these their five top priorities?
E. WHAT ELSE SHOULD THE NHS, SOCIAL CARE AND OTHER SERVICES BE DOING?

Q10. Below we provide a space for you to tell us about anything else which came up in the listening exercises you ran which will help us understand what people think should be done to make health and social care services better for everyone?

PLEASE WRITE IN:
Section C: details about your organisation and your listening exercises

To help us analyse the information you have given us, we need to find out a little bit more about your organisation and your listening exercise.

A. How many people took part in your devolved listening exercises?

Write in below

<p>| | |</p>
<table>
<thead>
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<tbody>
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<td>24</td>
</tr>
</tbody>
</table>

B. What sort of listening exercise was it?

(Please tick one box only)

- A day long session (from 5 to 8 hours long)
- A half day session (from 3 to 5 hours long)
- Up to 3 hours long
- Other (record below)

C. How many of each of the following types of people took part in your listening exercise?

(Please put a number in each box even if it is zero)

- Members of the general public (i.e. with no specialist interest in health and social care) 18
- Members of the public who are involved with health and social care services e.g. PPI forum members
- Paid staff from your organisation 2
- Voluntary staff from your organisation 4
- Other (record below)

D. And now please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

(Please put a number in each box even if it is zero)

- Children and young people -
<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older people</td>
<td>20</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td>-</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>-</td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td>-</td>
</tr>
<tr>
<td>Smokers</td>
<td>-</td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td>-</td>
</tr>
<tr>
<td>Obese people</td>
<td>-</td>
</tr>
<tr>
<td>Substance misusers</td>
<td>-</td>
</tr>
<tr>
<td>Disabled people</td>
<td>4</td>
</tr>
<tr>
<td>Prisoners</td>
<td>-</td>
</tr>
<tr>
<td>Black and minority ethnic groups (GO TO QE)</td>
<td>0</td>
</tr>
<tr>
<td>Travellers</td>
<td>0</td>
</tr>
<tr>
<td>Homeless people</td>
<td>0</td>
</tr>
<tr>
<td>People with mental health problems</td>
<td>0</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>0</td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td>18</td>
</tr>
<tr>
<td>Asylum seekers</td>
<td>0</td>
</tr>
<tr>
<td>People with long term conditions</td>
<td>0</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>0</td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
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</tbody>
</table>

E. You said that some of the people who took part in your listening event were from a specific ethnic group. Please tell us how many were from each of the groups listed below:

(Please put a number in each box even if it is zero)

White British

24
E. Which of the following best describes the sector to which your organisation or group belongs / where you work:

(Please tick one box only)

- PPI forum or other patient group
- Community-based NHS services
- Local authority social care services
- Private sector health or social care services
- Voluntary sector health or social care services

Other (record below)

F. If your listening exercises mostly involved staff rather than patients or service users please can you identify from the list below which groups they most often have contact with or provide services for:
(Please tick all relevant boxes)

<table>
<thead>
<tr>
<th>Category</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td></td>
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</tr>
<tr>
<td>Other (record below)</td>
<td></td>
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</tbody>
</table>
If you would like your organisation to be listed as a contributor to the consultation, please record its name below:

**NAME OF ORGANISATION**

Sue Ryder Care Leckhampton Court Hospice

If you would like to receive a copy of the summary of our findings, please tell us what format you would like it and give us your contact details:

<table>
<thead>
<tr>
<th>EMAIL</th>
<th><a href="mailto:Jo.Blackburn@suerydercare.org.uk">Jo.Blackburn@suerydercare.org.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>Format</td>
<td>– word document</td>
</tr>
</tbody>
</table>

Care Director  
Leckhampton Court Hospice  
Church Road  
Leckhampton  
Cheltenham  
Glos  
GL53 0QJ
Thank you for your help with your health, your care, your say.

This feedback form is intended for both local and national organisations or groups to report on the findings their own devolved listening exercise as part your health, your care, your say.

Can I check, are you responding to this questionnaire as:

- A local organisation or group
- A national organisation or group
- Other (record details below)

All the information you submit will be analysed alongside the public’s response and the views obtained from other local and national organisations and groups and will feed in to the development of plans for improving community health and care services.

Please note the feedback form is in three parts:

- Section A: Thinking about the community health and social care services people use, what currently works less well?
- Section B: what do you think of the suggestions for improving health and social care services?
- Section C: details about your organisation and your listening exercise

If you haven’t covered Section A or all of the options under Section B, please just leave those questions blank.

Please make sure that you give us this feedback by 4th November, or earlier if possible. You can find out where to return this feedback by referring to the resource pack website, www.yoursayresources.nhs.uk

As you will see, most questions ask you to tick a box like this:

**Tick one box only**

Other questions give you space to record how you reached your decisions:

Please feel free to write as much, or as little, as you like.
Section A: Thinking about the community health and social care services people use, what currently works well, and what currently works less well?

We want to make community-based health and social care services better for everyone. To help us reach the right decisions, we want to know what the people at the listening exercises you ran thought about community-based health and social care services at the moment.

Q1. What were the three key elements of community health and social care services that people though worked well?

\[(\text{RECORD BELOW IN PRIORITY ORDER})\]

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:
What were the three key elements of community health and social care services that people though worked less well? (RECORD BELOW IN PRIORITY ORDER)

1
2
3

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

What other issues did people mention? Please record any personal stories here if possible
Section B: what did people think of the suggestions for improving health and social care services?

We are committed to helping people take better care of themselves, but big questions remain about how it can best do this.

...Thinking about how the NHS, Social Care and other services might help people to look after themselves more...

Q2. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

1. Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

2. Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg advisors to help with housing, employment and training and benefits), children’s centres and other locations.

3. Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

4. Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

None of the above

Don’t know
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Number 1
By tackling the causes of ill health and disadvantage people's health will improve. Alcohol and drug abuse is linked to poor housing and unemployment. The homelessness people's service has an important role. The question is how do we target information to deprived communities? It could be provided at places people visit at least weekly such as supermarkets/shops. People don't visit their GP's surgery unless they are ill. Other info. could be provided from the surgery but there would have to be a change in how it is presented and who does it, and there is a capacity issue.

Number 2
People should be able to get the practical support they need to remain independent but it is limited and depends on funding. Most people want practical help with homecare but these services are stretched. Who will provide the service and who will be responsible for determining need? Originally homecare assessment was done by Social Services, who would provide the service too. More people would become involved such as voluntary services e.g. Meals on Wheels. This does not happen anymore. Services are now less flexible. In the past people could mix and match homecare services. People need to have daily contact and to have their needs constantly re-evaluated.

It was commented that you don't get help & support until you are badly disabled. Co-ordination between health and social services is poor re aids/adaptations. There is insufficient support once people leave hospital and there is a long wait for assessments (6 weeks after a fall one lady had not been assessed).

More lower level support is needed in daily lives to prevent people needing help at critical times. It is easy to get info. about services but not to get the practical help itself. More people are living longer so this service should be increased.

Number 3
Preventative information is important and people should be spoken to about their needs. This approach should involve more well men and more well women clinics. Professionals' knowledge needs to be local (it varies from area to area) and go beyond their professional boundaries i.e. social workers and health workers. If advice & support is provided it shouldn't be withdrawn - a GP's surgery had provided useful advice on exercise & diet for 3 months but then stopped.

It was commented that a local Vet had provided advice to a pet owner whose parrot had died as a result of inhaling his cigarette smoke!

Number 4
Commented that advice and information services should be available in places such as local libraries & community centres. Information & support is there if you know where to get it.

Significant events e.g. an illness experienced by family or friends tends to be the thing that changes people's behaviour, rather than just availability of information.
Q3. Did people think it would be enough for Government to only do these things to help people take better care of themselves? Why?

People couldn't think of anything else.

Q4. What else would people like the Government to do to help people take better care of themselves?

It was commented that the Voluntary Sector could provide more services and that this is where the current system should be expanded. It is about partnerships and using resources in the best way possible. With the right support & resources this sector could be used. Well known voluntary organisations should be given more recognitions and their volunteers paid.
We want people to be able to use and find their way through health and social care services more easily. We also want these services to be ‘joined up’, even if several people or organisations are providing them.

...Thinking about how the NHS, Social Care and other services might help people find the services they need and improve the way these services are joined up ...

Q5. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

<table>
<thead>
<tr>
<th>Priority</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.</td>
<td>2</td>
</tr>
<tr>
<td>Providing more help to people caring for others, for example with more respite care</td>
<td>4</td>
</tr>
<tr>
<td>Providing people with better information about what NHS, local authority and social care services are on offer</td>
<td>1</td>
</tr>
<tr>
<td>Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions</td>
<td>3</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

**Number 1**

It is important that people have the right information when they need it. Many people are not confident about asking for assistance & referring themselves on. Development of advocacy services could assist.

Interpretation of what doctors say is difficult, people don't often get enough information about their condition or think they know all about it. There is a need to educate people about what it is reasonable to expect. People are frightened of questioning the professionals but that is changing. Commented that, unlike shopping, there is only one shop for health services so there is nothing to compare them with. People should be empowered to make their own decisions.

**Number 2**

This is important, and monitoring & review needs to be part of it. If it is not in their remit professionals don't know how to help & their needs to be better communication with voluntary organisations. While information needs to be shared by organisations confidentiality must be kept.

**Number 3**

People should have information to help them understand their condition and to manage it if they are capable of doing so. Professionals should respect how people choose to manage their condition in way that fits their lifestyle. A lot of people do not know what options could be available to them. People should take more control. It is about the quality of professional advice.

Currently services & information at individual GP practices depends on whether it is a single practice or consortium, more so as practice based commissioning comes in.

Direct payments is good for people who are in a position to make their own choices but it is a struggle to get it as the application system is very complicated particularly for people who are not well or illiterate.

**Number 4**

Information, support and respite is needed by carers. Voluntary organisations can provide advice if funded. Many do not know if information is available and if they do how do they find time when they have caring responsibilities?
Q6. Did people think it would be enough for Government to only do these things to help people manage their care and make decisions?

Could not think of anything else.

Q7. What else would people like the Government to do to help people manage their care and make decisions?

Could not think of anything else.
WHEN YOU AND YOUR FAMILY NEED HELP AND SUPPORT, HOW, WHEN, WHERE AND FROM WHOM DO YOU WANT IT?

We want to make sure people have access to the services they want, when they want them, where they want them and from whom they want them. But to do this there are some tough choices to be made.

...Thinking about how the NHS and Social Care and other services might improve how, when, where and from whom community-based services are delivered...

Q8. Which of the following did the people at the listening exercises you ran think should be top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits

Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups, people with disabilities.

Allowing people to choose how to receive services at the end of life and to die where they want with dignity. (This option is about the care people receive at the end of their lives, it is not about euthanasia)

None of the above
Don’t know
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

**Number 1**
There should be more accessible services in the local community. There is scope for other support to be available connected to the GP's practice, not necessarily provided by the GP for example, the District Nursing role which has diminished due to cutbacks. There should also be a trigger point where a GP can refer people for advice and support though that relies on the GP to spot it.

People should be able to access complementary therapies via primary healthcare. Non traditional treatments should be available on the NHS and healthcare professionals should be more aware of them. The public should be educated about what it is reasonable to expect from health services e.g. not to expect pills on every visit to the GP as well as making alternatives available. It is difficult to get alternative treatments from mainstream health services.

As specialist hospital services become more removed from local areas it is important that more supportive health services are developed in communities.

**Number 2**
People have to take time out of work to visit their GP, if they live in a different town. It would be more convenient for those people to register near work. One person commented she would prefer to be registered with one GP & for her medical notes to be in one place but, where necessary would find it convenient to visit another GP e.g. on holiday.

It was noted pharmacies are more flexible about picking up prescriptions and giving advice to people. Other organisations offer services but do people know about them?

Residential homes could be an ideal place from which to provide services from for people in a locality (not just for residents).

**Number 3**
It is important to get services when you actually need them for example a GP's appointment on the day you are ill. Commented that walk-in centre and seeing a nurse for assessment is a good idea. Services need to be developed to prevent people using Casualty for minor matters but the NHS Direct Helpline does not work.

**Number 4**
This is about how services are promoted to these people. Schools and colleges are good places for children and young people to access services from. A lot depends on where you live as to whether you get info. & support, and knowing where to access it.

**Number 5**
There is a gap in services. People do want to die at home but should have appropriate support from the professionals to do so. District Nurses are important as well as being able to get the right drugs to be comfortable. Personal commitment on behalf of the professionals is important. They need to think about people and their lives. Could hospices do more of their work out in the community?
9. Did people think it would be enough for Government to only do these things to help provide service how, where, when and from whom people want them? Why?

Could not think of anything else.

Q10. What else would people like the Government to do to help provide services how, where, when and from whom people want them?

Could not think of anything else
Q11. Looking across all the options we have asked about, which of these did your group think was the most important thing to be done immediately?

- **Encouraging and supporting better health**, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

- **Ensuring a range of health professionals**, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

- **Tackling the things that cause ill health and disadvantage**, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (e.g., advisors to help with housing, employment and training and benefits), children’s centres and other locations.

- **Ensuring older people and those with disabilities can get the practical help and support** they need to remain independent and active for longer.

- **Providing effectively joined-up social care and health services** to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

- **Providing more help to people caring for others**, for example with more respite care.

- **Providing people with better information about what NHS, local authority and social care services are on offer**.
Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions

Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits

Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups, people with disabilities.

Allowing people to choose how to receive services at the end of life and to die where they want with dignity. (This options is about the care people receive at the end of their lives, it is not about euthanasia)
Q12. Please summarise the main reasons why this option was chosen as the key priority?

Because prevention is important. If the underlying social / economic causes are tackled people's health will improve. Flexibility and accessibility are key factors in providing services for deprived groups.

Q13. Please summarise the main points from the discussion about whether these changes address the things that work less well at the moment, and maintain and support the things that work well at the moment.

Nothing to add.
Q14. Please summarise the main points from the discussion about what else the Department of Health should be doing to make sure that community-based health and social care services meet people’s needs in the 21st century?

There was nothing to add.
Section C: details about your organisation and your listening exercises

To help us analyse the information you have given us, we need to find out a little bit more about your organisation and your listening exercise.

A. How many people took part in your devolved listening exercises?

Write in below

10

B. What sort of listening exercise was it?

(Please tick one box only)

- A day long session (from 5 to 8 hours long)
- A half day session (from 3 to 5 hours long)
- Up to 3 hours long
- Other (record below) ✔

2 sessions - one hour each (4 people and 6 people)

C. How many of each of the following types of people took part in your listening exercise?

(Please put a number in each box even if it is zero)

- Members of the general public (i.e. with no specialist interest in health and social care)
- Members of the public who are involved with health and social care services e.g. PPI forum members
- Paid staff from your organisation
- Voluntary staff from your organisation
- Other (record below) ✔

Reps. from organisations with an interest in health & social care
D. Please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td></td>
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<tr>
<td>Older people</td>
<td>✔️</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td></td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
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<tr>
<td>Disadvantaged children</td>
<td></td>
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<tr>
<td>Smokers</td>
<td></td>
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<tr>
<td>Excessive drinkers</td>
<td></td>
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<tr>
<td>Obese people</td>
<td></td>
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<tr>
<td>Substance misusers</td>
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<tr>
<td>Disabled people</td>
<td></td>
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<tr>
<td>People in prison</td>
<td></td>
</tr>
<tr>
<td>Black and minority ethnic groups</td>
<td>✔️</td>
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<tr>
<td>Travellers</td>
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<tr>
<td>Homeless people</td>
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<td>People with mental health problems</td>
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<td>People with learning disabilities</td>
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<tr>
<td>People in hospices/residential care</td>
<td></td>
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<tr>
<td>Asylum seekers</td>
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<tr>
<td>People with long term conditions</td>
<td>✔️</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>✔️</td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
</tr>
</tbody>
</table>
E. Of the people that took part in your listening exercise, can you please tell us how many were from each of the ethnic groups listed below

- White British ✓
- White Irish
- Any other white background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
- Indian
- Pakistani
- Bangladeshi ✓
- Any other Asian Background
- Caribbean
- African
- Any other Black background
- Chinese
- Rather not say

F. Which of the following best describes the sector to which your organisation or group belongs / where you work:

(Please tick one box only)
- PPI forum or other patient group
- Community-based NHS services
- Local authority social care services
- Private sector health or social care services
- Voluntary sector health or social care services ✓
- Other (record below)
G. If your listening exercises mostly involved staff rather than patients or service users please can you identify from the list below which groups they most often have contact with or provide services for:

*(Please tick all relevant boxes)*

<table>
<thead>
<tr>
<th>Group</th>
<th>Ticked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td></td>
</tr>
<tr>
<td>Older people</td>
<td>✓</td>
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<td>People with learning disabilities</td>
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<td></td>
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<tr>
<td>People with long term conditions</td>
<td></td>
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<tr>
<td>People with caring responsibilities</td>
<td>✓</td>
</tr>
<tr>
<td>Do not deal with specific sectors of the community</td>
<td></td>
</tr>
<tr>
<td>Other (record below)</td>
<td>✓</td>
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<tr>
<td>Housing Associations</td>
<td></td>
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</tbody>
</table>
If you work with specific ethnic groups, which of these groupings do you represent or work with?

<table>
<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>White British</td>
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<td>White Irish</td>
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<tr>
<td>Any other white background</td>
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<tr>
<td>Any other mixed background</td>
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<tr>
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<td>Any other Asian Background</td>
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<tr>
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<tr>
<td>African</td>
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<tr>
<td>Any other Black background</td>
<td></td>
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<tr>
<td>Chinese</td>
<td></td>
</tr>
<tr>
<td>Do not deal with specific ethnic groups</td>
<td>✓</td>
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<tr>
<td>Other (record below)</td>
<td>✓</td>
</tr>
<tr>
<td>Work with ethnic groups collectively rather than individually</td>
<td></td>
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</tbody>
</table>
I. If you are a regional organisation, please tick the box below for the region you mainly work in

<table>
<thead>
<tr>
<th>Region</th>
<th></th>
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<tbody>
<tr>
<td>North East</td>
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<tr>
<td>North West</td>
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<tr>
<td>Yorkshire &amp; the Humber</td>
<td></td>
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<tr>
<td>East Midlands</td>
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<tr>
<td>East of England</td>
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<tr>
<td>South East</td>
<td></td>
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<tr>
<td>London</td>
<td></td>
</tr>
<tr>
<td>South West</td>
<td></td>
</tr>
<tr>
<td>National Organisation</td>
<td></td>
</tr>
<tr>
<td>Not applicable</td>
<td></td>
</tr>
</tbody>
</table>

J. What is the name of your organisation?

Voluntary Action Kirklees

K. What type of organisation are you responding as?

<table>
<thead>
<tr>
<th>Organisation Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A local organisation</td>
<td>✓</td>
</tr>
<tr>
<td>A national organisation</td>
<td></td>
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<tr>
<td>Other (please record below)</td>
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</table>
L. Would like to be listed as a contributor to the consultation?

<table>
<thead>
<tr>
<th>Yes</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

K. If you would like to receive a summary of our findings, please enter your contact details or email address in the box below:

Jon Burke  
Health & Social Care Partnerships Officer  
Voluntary Action Kirklees  
15 Lord Street  
Huddersfield  
HD1 1QB  
e-mail jon.burke@voluntaryactionkirklees.co.uk
Current Living in Kirklees Survey (CLIK)

A postal survey of residents in Kirklees was undertaken in March to May 2005 by Kirklees Council and its partners (Kirklees Neighbourhood Renewal and three Primary Care Trusts) to provide information about the social, economic and health status of people across Kirklees in West Yorkshire.

One objective of the study was to investigate the differences in health and satisfaction between residents inside the Neighbourhood Renewal Fund (NRF) areas and those not in these areas. Other objectives were to monitor the association between different aspects of health and social needs for different groups, help make service planning more sensitive to local need and identify and address potential barriers to the uptake of services.

A total of 10,208 completed questionnaires were received, a response rate of 29%. Weighting has been undertaken to counter the effects of differential sampling and response rates within and outside Neighbourhood Renewal areas.

Facilities within the area
At least 85% of respondents feel they have easy access to healthcare facilities in the area (pharmacy, GP/ family doctor, hospital outpatient department). Groups finding it harder to access all these facilities were those over 75, those who are disabled, those with lowest household income (under £10,000), and those without access to a car. Those under 25 find it harder than average to get to a GP/ family doctor and hospital outpatient departments. Asian respondents find it harder to get to a GP/ family doctor and those living in NRF areas find it harder to access all three healthcare facilities.

When asked about the provision of Health facilities and services in their local area the following proportions feel this is adequate:-

- reasonably priced fresh food 89%
- advice on preparing healthy food 40%
- advice on ill health 83%
- support to stop smoking 75%
- advice on contraception/ safe sex 75%
- support to stop drinking alcohol 66%
- support for drug misuse 57%
- support to be active physically 50%
- help in coping with stress 45%
- respite care 42%
- benefits advice 70%

Those who are less likely to feel there is adequate local access to reasonably priced fresh fruit are those under 25 years, those on the lowest household income (under £10,000), those living in Huddersfield South NRF,
those who eat least fresh fruit and vegetables per day and those who feel there is not adequate advice on preparing healthy food.

Those under the age of 45 are the least likely to feel there is adequate local advice on preparing healthy food. Those living in Dewsbury or Huddersfield South NRF area or Agbrigg non NRF are least likely to agree. Agreement rises with the amount of fruit / vegetables eaten daily.

Those who are least likely to agree there is adequate advice on ill health are the youngest respondents, those who are disabled, those with an income of less than £10,000 per annum or those from an Asian background. Those living in the NRF areas of Spen, Dewsbury and The Valleys are less likely to agree. Agreement there is adequate advice on ill health rises with the portions of fruit and vegetables eaten each day.

In terms of support to stop smoking those who are less likely to feel there is adequate provision locally are the oldest (75+ years), those on lowest household income (under £10,000 per annum), those from a black or Asian background, those who are smokers compared to ex smokers, those who eat least fruit/ vegetables, those who are least physically active and those living in NRF areas.

When considering whether there is easily accessible advice about contraception/ safe sex locally those who are less likely to agree are the youngest (under 24s) and oldest (over 75s), men, those with a disability, from an Asian background and those living in Huddersfield South or The Valleys NRF areas. Agreement rises with household income (lowest for £10,000 per annum and highest for over £40,000 per annum).

Respondents who are less likely to agree there is adequate support to stop drinking alcohol are the oldest (over 75s), those with a disability, those on the lowest household incomes, living in The Valleys, Huddersfield South or The Valleys NRF areas and from an Asian or black ethnic background.

Agreement there is local support for drug misuse is lowest among those over 75, men, those with a disability, those with lowest household income, those from an Asian background and those in The Valleys and Huddersfield South NRF areas.

Attitudes to the local provision of support to take part in physical activities change with age, agreement rising as age increases and with the levels of physical activity undertaken. Those with a disability are less likely to agree. Those who eat most fruit and vegetables are more likely to agree. Those less likely to agree are from an Asian background, living in an NRF area or have the lowest household income.

Those who are less likely to feel there is help in coping with stress are disabled, from an Asian background, those who feel there is not enough support to stop smoking and who live in NRF areas.
Those who are less likely to agree there is adequate provision of **respite care from caring responsibilities** have a disability, are from an Asian background, are on the lowest household income and live in NRF areas.

Generally the oldest respondents (over 75) and those with highest household incomes are more positive about provision of **benefits advice** services. Those with a disability or lowest household income are less positive.

**Dependency**
In total 18% of respondents say they need help or support with at least one type of daily activity. Those most likely to require assistance are older, have a disability, are on the lowest household income and live in NRF areas. Among those saying that they need help/support to cope with daily tasks the most common assistance is with shopping, cleaning/housework and getting around outside the home. 71% of those who require support have indoor mobility needs, 80% have outdoor mobility needs and 45% are classed as dependent. Most assistance comes from family, less than 1 in 4 have the assistance of a paid carer.

**Personal Information**
74% of respondents consider their health to be excellent, very good or good. 26% consider their health to be fair or poor. 68% feel it is comparable to a year ago, 13% feel it is better now and 19% that it is worse. The results show a strong correlation between household income, healthy eating, regular exercise and smoking behaviour and perceived health.

29% of respondents say they have a long term illness, health problem or disability which limits their daily activity. Those most likely to be affected are older, male, on a low income and living in a NRF area.

The average household size among respondents is 2.38 people. 8% of households are single parent families. 23% include members of 65 years of age - 17% comprise only adults over 65 and 34% include children.

58% of respondents are working, 17% are wholly retired, 9% are looking after the home, 3% are unemployed and 9% are permanently sick/disabled.

24% of respondents live in a household with a total income of less than £10,000 per annum, 26% have a household income of £10,001-£20,000, 18% of £20,001-£30,000, 13% of £30,001-£40,000 and 18% of more than £40,000.

50% of households receive benefits/pensions. 58% or respondents are working, 17% are retired, 9% look after the home, 3% are unemployed and 9% permanently sick/disabled.

11% of respondents provide care for other people with long term illnesses, health problems or disabilities. Incidence of care responsibility rises with age and is more likely among Asians and those in NRF areas.
YOUR HEALTH, YOUR CARE, YOUR SAY
FEEDBACK FORM FOR LOCAL LISTENING EXERCISES
Thank you for your help with your health, your care, your say.

This feedback form is intended for both local and national organisations or groups to report on the findings their own devolved listening exercise as part your health, your care, your say.

Can I check, are you responding to this questionnaire as:

- A local organisation or group [YES]
- A national organisation or group
- Other (record details below)

All the information you submit will be analysed alongside the public's response and the views obtained from other local and national organisations and groups and will feed in to the development of plans for improving community health and care services.

Please note the feedback form is in three parts:

- Section A: Thinking about the community health and social care services people use, what currently works less well?
- Section B: what do you think of the suggestions for improving health and social care services?
- Section C: details about your organisation and your listening exercise

If you haven't covered Section A or all of the options under Section B, please just leave those questions blank.

Please make sure that you give us this feedback by 4th November, or earlier if possible. You can find out where to return this feedback by referring to the resource pack website, www.yoursayresources.nhs.uk

As you will see, most questions ask you to tick a box like this:

Tick one box only

Other questions give you space to record how you reached your decisions:

Please feel free to write as much, or as little, as you like.
Section A: Thinking about the community health and social care services people use, what currently works well, and what currently works less well?

We want to make community-based health and social care services better for everyone. To help us reach the right decisions, we want to know what the people at the listening exercises you ran thought about community-based health and social care services at the moment.

Q1. What were the three key elements of community health and social care services that people thought worked well?

(RECORD BELOW IN PRIORITY ORDER)

1
2
3

(RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL):


What were the three key elements of community health and social care services that people thought worked less well?

(RECORD BELOW IN PRIORITY ORDER)

1
2
3

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

What other issues did people mention? Please record any personal stories here if possible.
Section B: what did people think of the suggestions for improving health and social care services?

HOW CAN PEOPLE LOOK AFTER THEMSELVES? HOW CAN WE HELP YOU TAKE CARE OF YOURSELF AND SUPPORT YOU AND YOUR FAMILY IN YOUR DAILY LIVES?

We are committed to helping people take better care of themselves, but big questions remain about how it can best do this.

...Thinking about how the NHS, Social Care and other services might help people to look after themselves more...

Q2. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

1. Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

2. Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

3. Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg advisors to help with housing, employment and training and benefits), children’s centres and other locations.

4. Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

None of the above
Don’t know
“Living on your own with a low income and no family or support makes it harder to access to services” – “no help, no one on your side to help”. This is one of the root causes of depression”.

When there is a local service, there is actually less “financial strain and stress” on people and on the NHS.

“Routine check-ups should be more regular.”
Q3. Did people think it would be enough for Government to only do these things to help people take better care of themselves? Why?

No.
It was felt that “all-round health education” should be stronger in school.

Q4. What else would people like the Government to do to help people take better care of themselves?

Health education classes for adults
We want people to be able to use and find their way through health and social care services more easily. We also want these services to be ‘joined up’, even if several people or organisations are providing them.

…Thinking about how the NHS, Social Care and other services might help people find the services they need and improve the way these services are joined up …

Q5. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

Providing more help to people caring for others, for example with more respite care

Providing people with better information about what NHS, local authority and social care services are on offer

Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions

None of the above

Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

“It seems to be common sense to link up the services better”
Q6. Did people think it would be enough for Government to only do these things to help people manage their care and make decisions?

No. There is a “danger” that linking up would simply result in more bureaucracy rather than more better care.

“It needs to be carefully planned to reduce red tape not add red tape”

Q7. What else would people like the Government to do to help people manage their care and make decisions?
**WHEN YOU AND YOUR FAMILY NEED HELP AND SUPPORT, HOW, WHEN, WHERE AND FROM WHOM DO YOU WANT IT?**

We want to make sure people have access to the services they want, when they want them, where they want them and from whom they want them. But to do this there are some tough choices to be made.

*...Thinking about how the NHS and Social Care and other services might improve how, when, where and from whom community-based services are delivered...*

**Q8. Which of the following did the people at the listening exercises you ran think should be top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)**

<table>
<thead>
<tr>
<th>Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits</th>
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</tr>
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<td>Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live</td>
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</tr>
<tr>
<td>Don’t know</td>
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</table>
Clinics and tests near where people live save everyone stress and money
Q9. Did people think it would be enough for Government to only do these things to help provide service how, where, when and from whom people want them? Why?

No.
Although continuity of GP is important, there should be “someone at the GP surgery like a health adviser to give back-up support and information” … to take the pressure off the GP’s and give patients more time to understand the information … not instead of the GP’s but as well as the GP’s.

For mental health, the big need is EARLIER diagnosing. Also remembering that “mental health impinges on many other conditions”.

Q10. What else would people like the Government to do to help provide services how, where, when and from whom people want them?

“At least continue free NHS services”
Q11. Looking across all the options we have asked about, which of these did your group think was the most important thing to be done immediately?

- Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

- Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

- Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg advisors to help with housing, employment and training and benefits), children’s centres and other locations.

- Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer.

- Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

- Providing more help to people caring for others, for example with more respite care.

- Providing people with better information about what NHS, local authority and social care services are on offer.
Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions

Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits

Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups, people with disabilities.

Allowing people to choose how to receive services at the end of life and to die where they want with dignity. (This options is about the care people receive at the end of their lives, it is not about euthanasia)
Q12. Please summarise the main reasons why this option was chosen as the key priority?

Addressing low income would mean tackling the root causes of poor diet and depression.

Health and other Advisers within GP surgeries would save GPs time and help patients.

Q13. Please summarise the main points from the discussion about whether these changes address the things that work less well at the moment, and maintain and support the things that work well at the moment.

Changes will hopefully improve access, education and information for isolated and poor people – more likely to attend local services.
Q14. Please summarise the main points from the discussion about what else the Department of Health should be doing to make sure that community-based health and social care services meet people’s needs in the 21st century?

Health Advisers in GP surgeries to support GPs and patients.
Section C: details about your organisation and your listening exercises

To help us analyse the information you have given us, we need to find out a little bit more about your organisation and your listening exercise.

A. How many people took part in your devolved listening exercises?
   
   Write in below
   
   
   
   8

B. What sort of listening exercise was it?
   
   (Please tick one box only)
   
   A day long session (from 5 to 8 hours long)
   A half day session (from 3 to 5 hours long)
   Up to 3 hours long
   Other (record below)
   
   YES

C. How many of each of the following types of people took part in your listening exercise?

   (Please put a number in each box even if it is zero)

   Members of the general public (i.e. with no specialist interest in health and social care)
   Members of the public who are involved with health and social care services e.g. PPI forum members
   Paid staff from your organisation
   Voluntary staff from your organisation
   Other (record below)

   6
   1
   1
D. Please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Count</th>
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<tbody>
<tr>
<td>Children and young people</td>
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<tr>
<td>Older people</td>
<td>4</td>
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<tr>
<td>Pregnant women (and their partners)</td>
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<tr>
<td>Socially disadvantaged people</td>
<td>2</td>
</tr>
<tr>
<td>Disadvantaged children</td>
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<tr>
<td>Smokers</td>
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<tr>
<td>Excessive drinkers</td>
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<tr>
<td>Obese people</td>
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<tr>
<td>Substance misusers</td>
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<tr>
<td>Disabled people</td>
<td>1</td>
</tr>
<tr>
<td>People in prison</td>
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<td>Black and minority ethnic groups</td>
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<td>Travellers</td>
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<td>Homeless people</td>
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<td>People with mental health problems</td>
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<td>People with learning disabilities</td>
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<td>People in hospices/residential care</td>
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<td>Asylum seekers</td>
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<tr>
<td>People with long term conditions</td>
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</tr>
<tr>
<td>People with caring responsibilities</td>
<td></td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
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</tbody>
</table>
E. Of the people that took part in your listening exercise, can you please tell us how many were from each of the ethnic groups listed below

- White British: 7
- White Irish: 1
- Any other white background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
- Indian
- Pakistani
- Bangladeshi
- Any other Asian Background
- Caribbean
- African
- Any other Black background
- Chinese
- Rather not say

F. Which of the following best describes the sector to which your organisation or group belongs / where you work:

(Please tick **one** box only)

- PPI forum or other patient group
- Community-based NHS services
- Local authority social care services
- Private sector health or social care services
- Voluntary sector health or social care services
- Other (record below)
G. If your listening exercises mostly involved staff rather than patients or service users please can you identify from the list below which groups they most often have contact with or provide services for:

*(Please tick all relevant boxes)*

<table>
<thead>
<tr>
<th>Box</th>
<th>Category</th>
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<tbody>
<tr>
<td></td>
<td>Children and young people</td>
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<td></td>
<td>Older people</td>
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<td>People with long term conditions</td>
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<td>People with caring responsibilities</td>
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<td></td>
<td>Do not deal with specific sectors of the community</td>
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</table>

| Other (record below) |
If you work with specific ethnic groups, which of these groupings do you represent or work with?

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Box</th>
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<tbody>
<tr>
<td>White British</td>
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<td>White Irish</td>
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<td>Any other white background</td>
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<tr>
<td>White and Black Caribbean</td>
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<td>White and Black African</td>
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<td>White and Asian</td>
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<tr>
<td>Any other mixed background</td>
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<tr>
<td>Indian</td>
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<tr>
<td>Pakistani</td>
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<tr>
<td>Bangladeshi</td>
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<tr>
<td>Any other Asian Background</td>
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<tr>
<td>Caribbean</td>
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<tr>
<td>African</td>
<td></td>
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<tr>
<td>Any other Black background</td>
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<tr>
<td>Chinese</td>
<td></td>
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<tr>
<td>Do not deal with specific ethnic groups</td>
<td></td>
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<tr>
<td>Other (record below)</td>
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</table>
I. If you are a regional organisation, please tick the box below for the region you mainly work in

<table>
<thead>
<tr>
<th>Region</th>
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<tbody>
<tr>
<td>North East</td>
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<tr>
<td>North West</td>
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<tr>
<td>Yorkshire &amp; the Humber</td>
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<tr>
<td>East Midlands</td>
<td></td>
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<tr>
<td>East of England</td>
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<tr>
<td>South East</td>
<td></td>
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<tr>
<td>London</td>
<td></td>
</tr>
<tr>
<td>South West</td>
<td></td>
</tr>
<tr>
<td>National Organisation</td>
<td></td>
</tr>
<tr>
<td>Not applicable</td>
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</tbody>
</table>

J. What is the name of your organisation?

Mitcham local community

K. What type of organisation are you responding as?

<table>
<thead>
<tr>
<th>Type of Organisation</th>
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</tr>
</thead>
<tbody>
<tr>
<td>A local organisation</td>
<td>YES</td>
</tr>
<tr>
<td>A national organisation</td>
<td></td>
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<tr>
<td>Other (please record below)</td>
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</table>
L. Would like to be listed as a contributor to the consultation?

<table>
<thead>
<tr>
<th>Yes</th>
<th>YES</th>
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</thead>
<tbody>
<tr>
<td>No</td>
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</table>

K. If you would like to receive a summary of our findings, please enter your contact details or email address in the box below:

Please send to all four names and addresses below.
All four of these would like a letter …

Mrs Valerie Hedges, 11, Mainwaring Court, Armfield Crescent, Mitcham, Surrey CR4 2JW
Miss Phyllis Hipperson, 23, Rose Avenue, Mitcham, Surrey CR4 3JS
Sue Batley, c/o Volunteer Centre Merton, Vestry Hall, London Road Mitcham CR4 3UD
Mrs J.W.Kemp, 11, Moore Close, Mitcham, Surrey CR4 1BW
‘Your Health Your Care Your Say’
White Paper consultation breakfast

Tuesday 27 September, 7.30am - 9am
Regency Room, Old Ship, Brighton

Introduction

Patricia Hewitt began by explaining the background of the Your Health Your Care Your Say consultation. It was designed to ask people what they’d really like from services and to move the focus away from being solely on the acute sector. She said that the key messages from the first event with the public in Gateshead were:

- The ease of getting appointments
- Integration of health and social care, in particular moving away from the need for people to ‘tell their story’ over again to different people
- Being able to register with more than one GP or walk in centre

She concluded by underlining the importance of stakeholders in translating the public’s vision into policy that can be implemented.

Breakout group discussion

Participants then discussed on their tables one of the three consultation questions:

1) How can people look after themselves? How can we help you take care of yourself and support you and your family in your daily lives?
2) When you and your family need help and support, how, when, where and from whom do you want to get it?
3) How can we help you get the right services, when you need them, and ensure your care and support is properly coordinated?

Rt Hon Patricia Hewitt MP, Rosie Winterton MP, Liam Byrne MP and Liz Kendall circulated around the tables during the discussions to listen to participants views.

On each table a person was nominated to feedback the group’s discussion.
Feedback from breakout groups

Each table was asked to feedback three key points from their discussions:

1) **How can people look after themselves? How can we help you take care of yourself and support you and your family in your daily lives?**

**Key points from table 1**
1) There should be a personalised approach for the patient. This could include an information prescription or a navigator for health and social care services - support should be available both early on and at relevant intervals e.g. at diagnosis and at key treatment milestones or other regular intervals.
2) Services should be as easy to access as possible e.g. walk-in centres, using the internet where possible, creating health portals and starting ‘Healthwatchers’ groups.
3) Build on what we know works e.g. the expert patient’s programme.

**Key points from table 2**
1) Services should be joined up rather than thinking about health alone. This requires better integration and better information. It is crucial to involve all different types of staff group and professionals e.g. dentists, physios.
2) New initiatives are hard to roll out. A key challenge is to get clinicians and providers on board to help deliver.
3) The priority is to ensure high quality services that are safe, effective, responsive and equitable. The NSF programme could be broadened beyond clinical services to encompass this.

**Additional points**
- There is a need to start early e.g. educate children in schools, incentivise employers to encourage health and not ill-health.
- Use a mix of public education and a legal framework to change the country’s culture. Achieving wider public health goals should be everyone’s job.
- Information and support must be designed to comfortably fit into people’s lives.
- Information available must be appropriate. Different populations face different barriers to information.
- Most of the people who need services are often the least able to access them.
- “Personal” services are important. This includes individual access, support for self management and personal health plans.
- Would the annual health check MOTs be accessible to those who need them?
- Test different models but effectiveness is not dependent on current PCT models.
2) When you and your family need help and support, how, when, where and from whom do you want to get it?

Key points from table 3
1) The transition from hospital to community should be seamless. The lack of information is a problem and acts as a barrier to choice. Information is part of the service. Information mapping should cover local services.
2) If the service is to be patient led then boundaries between PCTs are a concern. How does a patient know that they are crossing an invisible boundary?
3) Information is crucial. All staff should be able to access information for patients e.g. pharmacists, GPs, practice nurses. Health professionals could provide an information prescription.

Key points from table 4
1) Encouraging self reliance is crucial. The most important thing is that people receive information from someone they trust e.g. schools, pharmacy, GP, NHS, business. Need to examine the difference between ‘wants and needs’ e.g. 24 hour access to services.
2) Signposting is vital. This can be electronically based but what is most important is that health professionals have to time to listen to patients and explain in person if necessary.
3) Any changes introduced need to be multidisciplinary. This should not just be about GPs but should include school nurses, workplaces.

Additional points
- Choice relies on awareness and patients being able to have a dialogue with health professionals.
- It’s important to reach people who don’t access health buildings by using supermarkets, pubs, pharmacists.
- Focus on preventative measures e.g. treating obesity as a disease to prevent further cardiovascular issues, promoting contraception.
- Specialist care for conditions such as stroke and MS requires appropriate training and regulation. Speech therapy should be available for as long as it is needed.
- Changes should be evidence based and cost effective.

3) How can we help you get the right services, when you need them, and ensure your care and support is properly coordinated?

Key points from table 5
1) The main challenge is for patients to find their way through the system. This could be helped by developing a navigator role, using technology and human intermediaries e.g. NHS 24 in Scotland.
2) There were mixed views on whether the integration of health and social care has produced better outcomes.
3) There is a need to incentivise people to take on patients with multiple conditions. This would potentially avoid some of the problems with ‘cream skimming’ of more straightforward patients.

Key points from table 6

1) There is a need to address risk management. Practice based services are more flexible than managed services such as district nursing. Patients are often less risk averse than providers. There should be shared decision making.

2) Advocacy is about more than just advice or dealing with complaints. We should build on existing local resources to provide navigators e.g. using practice receptionists or practice staff rather than a call centre approach. Could work towards a service like PALS in hospitals. Advocacy can be a positive tool for change and coordination of patient care.

3) How can we incentivise healthy competition in practices without private organisations ‘cherry picking’ individual conditions? Looking at funding per patient could help.

Additional points

- Whilst welcoming the focus on listening to the patient voice some people were concerned about the use of market research techniques to do this. Questions developed in collaboration with patient groups would have had more currency. Many user groups/advocacy organisations have the experience and tools to do this. Shared learning with the NHS in this regard could be productive.

- Whilst health and social care integration alone or vertical integration of primary and secondary health care can deliver some benefits, it isn’t the answer in itself. It is just as important to ensure that the financial and other incentives across the whole system support the policy intention.

- The aim should be self care wherever possible, primary health & social care where appropriate and hospital admission only where necessary.

- Standardised paperwork and co-ordination between care professionals - why doesn’t it happen when there are good examples? A lot of information could be given by patients or carers themselves. Electronic records will help to reduce duplication but there are problems with content and data protection. Investing in patient held records could tackle many of the problems identified.

- The different funding streams of health and social care are a problem.

- A single portal for complaints would be helpful, perhaps routed through the practices. Complaints often arise at handover points in the system.

- Integrated care is better than splitting up disease areas as a holistic approach can be used. Diabetic care can be done better in the community but the right resources are needed to make it happen. Need access to allied services such as chiropody and dieticians.
Developing the use of Networks, as in e.g. Cancer are a demonstrably good way to improve patient experience and care.

- The Quality and Outcomes Framework helps to incentivise good care. It might be useful if patients could see this.
Next steps

Patricia Hewitt thanked the attendees for their feedback. It was suggested that once the findings from the public consultation had been received the group should reconvene to discuss the results.

Attendees

Table 1
Anna Walker CB, Chief Executive, Healthcare Commission
Ayesha Owusu-Barnaby, Head of Campaigns & Public Affairs, Macmillan Cancer Relief
Paul Farmer, Director of Public Affairs, Rethink
Douglas Smallwood, Chief Executive, Diabetes UK
Tom Hughes-Hallett, Chief Executive, Marie Curie Cancer Care
Dr Gerard Panting, Director of Policy, MPS
Gill Morgan, Chief Executive, NHS Confederation
Robert Meadowcroft, Director of Policy Campaigns and Information, Parkinson’s Disease Society
Angela Greatley, Chief Executive, Sainsbury Centre
Joanne Rule, Chief Executive, CancerBACUP

Table 2
Deborah Rozansky, Director of Communications and Public Affairs, The Health Foundation
Ms Sara Osborne, Director of Policy, BDA
Claire Francis, Public Affairs Officer, Diabetes UK
David Pink, Chief Executive, LMCA
Shelley McNicol, Head of Communications, MPS
Sylvia Denton, President, RCN
Ines Garcia, Policy Manager, Sainsbury Centre
Maxine Taylor, Executive Director of Policy and Communications, Cancer Research UK

Table 3
Dr John Renshaw, Chair, Executive Board, BDA
Donna Covey, Chief Executive, Asthma UK
Hannah Saul, Policy and Public Affairs Manager, CancerBACUP
Stacey Adams, Head of Communications, Healthcare Commission
Dominic Wake, Lilly - on behalf of the ABPI
Anne Weyman, Chief Executive, FPA
Kathryn Phillpott, Service Development Officer, MS Society
Felicity Porritt, Chief Executive, NOF
Sarah Thewlis, Chief Executive, Nursing & Midwifery Council
Joe Korner, Director of Communications, Stroke Association

Table 4
Ms Sue Marks, Head, Parliamentary Unit, BMA
Professor Alex Markham, Chief Executive, Cancer Research UK
Grahame Pope, Chair of Council, Chartered Society of Physiotherapy
Andrew Ketteringham, Director of Policy and Corporate Affairs, General Medical Council
Jeremy Hughes, Chief Executive, Breakthrough Breast Cancer
Gillian Unsworth, Regional Manager, London, Rethink
Dr Ian Campbell, President, NOF
Beverly Malone, General Secretary, RCN
Peter Hollins, Director General, British Heart Foundation

Table 5
Phil Gray, Chief Executive, Chartered Society of Physiotherapy
Steve Holmberg, Consultant Cardiologist - Royal Sussex County Hospital, ABHI
Jennifer Dixon, Director of Policy, Kings Fund
Amelia Curwen, Asthma UK
Peter Cardy, Chief Executive, Macmillan Cancer Relief
John Wilkinson, Director General, ABHI
Anjuli Veall, Social Policy and Campaigns Manager, Parkinson’s Disease Society
Mark Thomas, Policy Officer, UNISON
Kevin Barton, Chair of PCT Chief Executive Forum, NHS Confederation

Table 6
Andy McKeon, Managing Director - Health, Audit Commission
Dr Richard Vautrey, General Practitioners Committee Negotiator, BMA
Stephen Thornton, Chief Executive, The Health Foundation
Caroline Davey, Policy Manager, FPA
Cathy Irving, Public Affairs Manager, General Medical Council
Mike O’Donovan, Chief Executive, MS Society
Susan Williams, Joint Chief Executive, NPSA
John Skewes, Director of Employment Relations and Development, RCM
Carolyn Morris, Breakthrough Network member, Breakthrough Breast Cancer

For further information about this event please contact Catherine Meaden, Government and Parliamentary Manager, The NHS Confederation, 020 7074 3301 or catherine.meaden@nhsconfed.org.
North Sheffield Primary Care Trust

Improving Community Health and Care Services

North Sheffield Primary Care Trust’s Response

November 2005
1. **Introduction**

North Sheffield PCT’s response to the Your Health, Your Care, Your Say public consultation includes feedback from a variety of sources on a variety of themes. A wealth of information was produced as a result of the consultation. This will be helpful to the Department of Health in developing the White Paper on health and community based services. It will also give useful information during the upcoming Commissioning Patient-led NHS consultation, which will form the framework for planning and developing future services.

In order to provide the public of north Sheffield with an opportunity to give their ideas to the Department of Health about the health and social care services the following methods were used:

- Existing Groups were consulted
- We helped people to complete the questionnaire
- We encouraged and publicised the public to reply online
- We drew from existing pieces of work.

During this process we involved people with different backgrounds including:

- Children and young people
- Older people
- Socially disadvantaged people and children
- Smokers
- Excessive drinkers
- Obese people
- Substance misusers
- Disabled people
- Black and minority ethnic groups
- Asylum seekers
- People with long term conditions
- People with caring responsibilities

2. **The Questions**

The Department of Health had divided questions into 3 main areas and the PCT has responded in the same way. Themes within each of the questions have been identified.

A. **How can people look after themselves? How can we help you take care of yourself and support you and your family in your daily lives?**

a) **Information/ Publicity**

Provide more consistent information
Health information that is appropriate to different groups e.g. children, adults, young people, about services appropriate to them.
Leaflets available at post offices
Information and publicity on what help is available.
Easy to read information on health issues such as Diet, exercise, flu, conditions such as diabetes.
Staff should to ask if patients or carers have understood the information given.
b) Support
Pro-active receptionists
Checkups on retirement
Support nurses for people with serious conditions e.g. cancer
Support and self help groups
Someone to explain what is happening e.g. tests
Staff to be accommodating and approachable (all the time not just in terminal cases)
Education is needed to help people to deal with minor ailments.
GPs need to learn how to support carers, not with advice like “make time for yourself”. Carers need stress management help.

“When there is just you and the person you look after, what happens if you feel poorly?” (Carer)
“Emotional support for patients and family at all stages of the journey” (Cancer Patient)

c) Accessibility
Clear signposting to services
Respite care at appropriate time
Opportunistic testing
Need to look at waiting times in pharmacy - this is often unplanned
Provide MOTs on demand.
Health checks and tests in a non-health setting
Need for a more sympathetic/realistic out of hours service
Specialist clinics at weekend in the community
Tests without going to GP
Services available at the right time
Treat minor ailments/illnesses at pharmacy
Clinics in shopping malls
GPs open longer, more often
Many comments in PCT Survey about not being able to get appointments when needed “without pleading”.

“Need quicker access to GP when need to see doctor”
“I rang to say I needed an emergency appointment on a Wednesday and they said they couldn’t see me until Friday” (Carer)
“You can’t get emergency appointments or home visits… the doctor says phone 999”.
“Doctors need to give more time in consultation” (PCT Survey)

d) Benefits/budgets
Someone to say what benefits are available for terminal and long-term illnesses, too many people are struggling when help might be available.
Need information on access to benefits
Need to know about offers and incentives available at sports facilities
Information on shopping and eating on a budget would be helpful.
e) Prevention
Many people in all the feedback expressed a wish for more prevention work. Ideas included:
Tests as mentioned above, MOTs, checkup for over 65s, accessed locally but not necessarily at surgery
Chemist do drug reviews
Young children reported that adverts seen on TV made them want to eat chocolate, ice cream and fast food more than fruit or fish.
Young people felt the Government should ban adverts for junk food because “children can be fitter”.
Reduce the fat in some fast foods
Young people felt that if they were given advice and encouragement to take-up further education it might prevent taking drugs.
Young children thought schools should teach more about preventing them becoming overweight, smoking and taking drugs.
More money to schools for sports equipment and swimming lessons
Sports facilities close to home, more sports centres, reasonable prices.
Healthy eating classes or information.

“I would like to see more screening programmes and preventative measures” (PCT survey)
“Make cartoon characters eat healthy food” (Child)
“Introduction of more health workers and follow-up/aftercare workers. Preventative initiatives” (Substance misuse volunteer)

B. When you and your family need help and support, how, when, where and from whom do you want to get it?

a) Where
Local clinics and services
Local Walk-in Clinics
Home visits. People should not have to feel guilty for asking, this is especially relevant for carers. Professionals and staff need to be sympathetic to patient and carer needs.
Doctors and nurses in schools and advice centres
37% of Young People in Research in North Sheffield said they would go to Doctor for professional help. 22% said they would go to a Young People’s drop-in.
Rooms/space for confidential discussions.
Want to get help and support from surgery but not particularly the GP. Other specialist people based in the surgery would help.
Drop-in-centres
Start in schools – information and education programmes about services and prevention.

“Tests and treatment as locally as possible, even chemotherapy” (Cancer patient).
“We need as many services as possible to be locally available such as physiotherapy, clinics, podiatry.” (Carer)

b) When
“Tests and treatment as locally as possible, even chemotherapy” (Cancer patient).
“We need as many services as possible to be locally available such as physiotherapy, clinics, podiatry.” (Carer)

“There should be more convenient and local services within the communities, such as community drop-in-centres” (Drug misuse volunteer).
People basically wanted services and support to be available when necessary. As shown below:
When moving from one service to another e.g. on discharge
Weekends
Domiciliary services eg chiropody
Clinic open longer hours and Saturdays
Prioritise different times to different patients e.g. after school, work, retired people in day.

c) **Who**
Patients wanted to see a variety of people for different issues. Those mentioned are listed.
Doctor
Nurse
Specialist GPs e.g. heart or diabetes
Receptionists – extend role e.g. give results in privacy
Train parents to give health messages to children and other parents
Community Trainers – they have a common ground
Elders – signpost people to help and support “Use community leaders, champions, health advocates and volunteers”
Young people would like to see people they can relate to e.g. same age/ethnicity etc. for advice.
Key worker.

*d) How*
Respondents had a variety of ideas about how services and support might be provided:
Health Bus – publicise when it is in the community
Need information and support when changing treatment regime (can feel adrift)
Helplines e.g. NHS Direct (concerns about waiting. Could there be separate number for advice, more urgent calls?)
Helpline, possibly available at surgery
Confidentially - staff to ask only what they really need to know.
Young people said they were more likely to use service if confidential and anonymous.
Range of services as appropriate to condition/time etc

*Family doctor who “knows you inside out”, “Need to go back to the old ways, where doctors had time to listen to you”*

“It is so frustrating having to start from the very beginning with a different doctor every time.”

“Would like to see one person for everything, nurse or doctor, instead of going to different clinics e.g. hypertension, podiatry, diabetes.”

“People need to understand what different people do in the NHS and Social Services so they know who to go to.”

“Services would be more efficient if the receptionists were better trained and more communication between doctors, receptionist and patients.”

Social services

“Involvement of everyday people, they are experts too”

*More drop-in sessions would be good, rather than having to try to get an appointment every time*”(PCT Survey)
3. How can we help you get the right services, when you need them, and ensure your care and support is properly coordinated?

a) Care plans
Need tools for all agencies to use to ensure care is integrated

“We need care plans, with named people and information”. Carer
Single assessment by keyworker which is patient centred at an individual level” Cancer patient

b) Information/contact details
GPs to have named receptionist e.g. responsible for helping their patients find appropriate information, help
Communication and feedback between professionals and professionals and patients and carers
Leaflets don’t work for some communities.
GPs need to know if patients are carers

“We need to know how to access (mental health) services, particularly Out of Hours”
“information directories including contact details and access details”

c) Communication
Health and Social Care professionals need to communicate
Knowing who to contact – central local point, one phone number.
Link primary/secondary and tertiary health services with social care and use resources effectively.

“People need to follow up on what they say they will do. Social Services for example only give out sympathy but that’s where it stops. When you put the phone down you feel like you are on your own again.”
“Better joining up between local authority and NHS services”.
“Information recorded at every step of patient pathway” (Cancer patient)
“Attitude of doctors and receptionist, can be abrupt and short at times”: (PCT Survey)

d) Local Contact
Many people expressed a need for a service to link people with services and staff and give consistent information.
It was noted that the PALS already provide help, information and liaison where needed. More patient and carers and professionals need to be aware of the service. Advocacy/Advice worker in surgeries to signpost and support e.g. benefits, bereavement issues.

e) Access
Speaking to a doctor or nurse is helpful
Need to be able to get through on phone easier
Doctors could make repeat appointment to see them whilst in surgery.
Local services meeting needs of patients – consistent quality and standards rather than more targets.
One stop drop-in centres to deal with all problems – based within local communities.

f) Planning
Encourage involvement of more volunteers and patient representatives to scrutinise, give patient voice and experience to influence service planning and delivery.
To make this happen health and social care staff need to respect volunteers e.g.
appropriate time, venue etc for involvement.
Support training and administration to help people to get involved.

“Design the Health Services around the patient not the doctors”.
“Stop changing everything every few years”.

3. **Summary**

Through the consultation process it became clear that the main issues for patients
the public and carers were information and access to local services for longer
periods of time.

Groups are now used to being consulted about future services and happy to give
and share their experiences. This is on condition that services do change and they
receive feedback if this is not possible. Many people complimented their local
services and staff as the above comments show. However, many people also had
constructive comments about improving services to help support them.

As one patient mentioned, services are for them, not for NHS staff.

Jeanette Miller
PPI Manager
November 2005
Groups were consulted during the process:

- Community Health Advisory Group (9) – Group response to 3 main questions plus 3 individual responses – 31 October 2005
- North Sheffield Carers Group (8) – 19 October 2005
- Carers Reference Group – (10) 26 October 2005
- Substance Misuse User Involvement Volunteer Project (10) – 20 October 2005
- City Strategy Launch PPI Exhibition 33 written responses, 10 website responses – 31 October 2005
- Women’s Health Discussion Group (Parson Cross) (15) – 17 October 2005
- Introduction to Community Development Course
- National Cancer Network Users Forum

The questionnaires were completed by the following:

- Four Surgeries via Advocacy Workers 6 Foxhill, 6 Palgrave, 5 Page Hall and 5 Upwell St– 26 October 2005
- CHAG members (3)- 31 October 2005
- Exhibitors and members of the public at Sheffield City Strategy Launch – 31 October 2005. (33)
- Firth Park Clinic -(PCT Headquarters) 3 November 2005 – (6)
- 50 questionnaires were completed by the following organisations:
  - Yemeni education relief organisation
  - Somali education breakthrough
  - Somali study support
  - Community engagement shop
  - Burngreave Community Action Trust/Older Peoples working Group
  - Verdon Street Recreation Centre

Information from existing pieces of work is included in the response. This includes:

- National Patient Survey 2005
- Festival Feedback 2005
- Parson Cross wish list 2004
- Undercover in Sheffield – A young peoples sexual health service evaluation scheme – July 2003
- Research into the views & issues for Young People in North Yorkshire, Youth Empowerment Project and North Sheffield Youth Forum – November 2003.
- Come & Play "N" Have Your Say, Consultation Event 2004, Sheffield City Council and Sheffield Children’s Fund.
- Director of Public Health Annual Report, North Sheffield PCT 2004

Online responses encouraged as follows and have gone directly to the Department of Health. (Findings from these are therefore not included in North Sheffield PCT’s response):

- The questionnaire was placed on the PCT website.
- South Yorkshire Strategic Health Authority flyers and DH posters were sent out to independent contractors
- Online facility available at the City Strategy Launch
- Website address cascaded to all North Sheffield PCT staff.
YOUR HEALTH, YOUR CARE, YOUR SAY
FEEDBACK FORM FOR LOCAL LISTENING EXERCISES
Thank you for your help with your health, your care, your say.

This feedback form is intended for both local and national organisations or groups to report on the findings their own devolved listening exercise as part your health, your care, your say.

Can I check, are you responding to this questionnaire as:

- A local organisation or group [X]
- A national organisation or group
- Other (record details below)

All the information you submit will be analysed alongside the public’s response and the views obtained from other local and national organisations and groups and will feed into the development of plans for improving community health and care services.

Please note the feedback form is in three parts:

- Section A: Thinking about the community health and social care services people use, what currently works less well?
- Section B: what do you think of the suggestions for improving health and social care services?
- Section C: details about your organisation and your listening exercise

If you haven't covered Section A or all of the options under Section B, please just leave those questions blank.

Please make sure that you give us this feedback by 4th November, or earlier if possible. You can find out where to return this feedback by referring to the resource pack website, www.yoursayresources.nhs.uk

As you will see, most questions ask you to tick a box like this:

Tick one box only

Other questions give you space to record how you reached your decisions:

Please feel free to write as much, or as little, as you like.
Section A: Thinking about the community health and social care services people use, what currently works well, and what currently works less well?

We want to make community-based health and social care services better for everyone. To help us reach the right decisions, we want to know what the people at the listening exercises you ran thought about community-based health and social care services at the moment.

Q1. What were the three key elements of community health and social care services that people thought worked well?

(RECORD BELOW IN PRIORITY ORDER)

1. Pharmacists
2. Nurses
3. A & E

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

Pharmacists- Good Customer Care, Availability, Professionalism
Nurses – Taking good care of patients, more nurses could improve greater patient care.
A & E – Good facility but could improve in waiting time.

What were the three key elements of community health and social care services that people thought worked less well?

(RECORD BELOW IN PRIORITY ORDER)

1. Dentists
2. Walk in centres
3. Health Centres

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

Dentists – Difficult to register as NHS patient,
Walk in centres – Poor customer care and quality of service, poorly known service
Health Centres- Poor environment although range of services are very good

What other issues did people mention? Please record any personal stories here if possible

Patient had strong tooth pain but was unable to get treatment for several days.
Services users concerned about time taken to get an appointment with GP.
Section B: what did people think of the suggestions for improving health and social care services?

We are committed to helping people take better care of themselves, but big questions remain about how it can best do this.

...Thinking about how the NHS, Social Care and other services might help people to look after themselves more...

Q2. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg advisors to help with housing, employment and training and benefits), children’s centres and other locations.

Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

None of the above

Don’t know
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

<table>
<thead>
<tr>
<th>Pro- active nature of health care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self care</td>
</tr>
<tr>
<td>Self assessment</td>
</tr>
<tr>
<td>Availability of Information, support and advice</td>
</tr>
<tr>
<td>Independent living</td>
</tr>
</tbody>
</table>

Q3. Did people think it would be enough for Government to only do these things to help people take better care of themselves? Why?

Not enough as range of service need to have a balance.

Q4. What else would people like the Government to do to help people take better care of themselves?

Information, Advice & Support that is appropriate to individual needs – Showing due regard to ethnicity, gender, disability, faith, language needs etc.
We want people to be able to use and find their way through health and social care services more easily. We also want these services to be ‘joined up’, even if several people or organisations are providing them.

...Thinking about how the NHS, Social Care and other services might help people find the services they need and improve the way these services are joined up ...

Q5. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

Providing more help to people caring for others, for example with more respite care

Providing people with better information about what NHS, local authority and social care services are on offer

Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions

None of the above

Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Availability,
Quality
Prevalent nature of illnesses such as diabetes.
Respite services
One user centred needs assessment
One stop shop for all needs rather than being “passed from pillar to post”
Q6. Did people think it would be enough for Government to only do these things to help people manage their care and make decisions?

Not enough- but resources should be targeted at priorities.

Q7. What else would people like the Government to do to help people manage their care and make decisions?

Less bureaucracy
More involvement of Voluntary sector, more self help groups.

When you and your family need help and support, how, when, where and from whom do you want it?

We want to make sure people have access to the services they want, when they want them, where they want them and from whom they want them. But to do this there are some tough choices to be made.

...Thinking about how the NHS and Social Care and other services might improve how, when, and from whom community-based services are delivered...

Q8. Which of the following did the people at the listening exercises you ran think should be top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits

Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Developing new services for people who don’t always currently access care, such as young men, teenagers, people from
different ethnic groups, people with disabilities.

Allowing people to choose how to receive services at the end of life and to die where they want with dignity. (This options is about the care people receive at the end of their lives, it is not about euthanasia)

None of the above

Don't know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Convenient Venues
Registering with more than 1 GP
Extending availability and nature of services
Targeting services based on needs e.g. ethnic minority needs may not fit into general health provision.

Q9. Did people think it would be enough for Government to only do these things to help provide service how, where, when and from whom people want them? Why?

Yes

Q10. What else would people like the Government to do to help provide services how, where, when and from whom people want them?
Q11. Looking across all the options we have asked about, which of these did your group think was the most important thing to be done immediately?

Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg advisors to help with housing, employment and training and benefits), children’s centres and other locations.

Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

Providing more help to people caring for others, for example with more respite care

Providing people with better information about what NHS, local authority and social care services are on offer
Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions.

Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits.

Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live.

Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups, people with disabilities.

Allowing people to choose how to receive services at the end of life and to die where they want with dignity. (This options is about the care people receive at the end of their lives, it is not about euthanasia.)
Q12. Please summarise the main reasons why this option was chosen as the key priority?

Current provision of services does not adequately cater for ethnic minority community's needs and results in their poor health due to access issues.

Q13. Please summarise the main points from the discussion about whether these changes address the things that work less well at the moment, and maintain and support the things that work well at the moment.

Nursing staff provide good care
Pharmacist provide good services

Walk in centres need promoting / improving
GP services need extending
Dentist service provision is poor for NHS users.
Q14. Please summarise the main points from the discussion about what else the Department of Health should be doing to make sure that community-based health and social care services meet people’s needs in the 21st century?

Better Information, Support & Guidance that is based on individual needs
Services that accessible, appropriate & relevant to BME communities.
Increasing range of providers
Greater use of Voluntary Sector organisations
Section C: details about your organisation and your listening exercises

To help us analyse the information you have given us, we need to find out a little bit more about your organisation and your listening exercise.

A. How many people took part in your devolved listening exercises?  

Write in below

43

B. What sort of listening exercise was it?

(Please tick one box only)

A day long session (from 5 to 8 hours long)  
A half day session (from 3 to 5 hours long) X

Up to 3 hours long

Other (record below)

C. How many of each of the following types of people took part in your listening exercise?

(Please put a number in each box even if it is zero)

| Members of the general public (i.e. with no specialist interest in health and social care) | 35 |
| Members of the public who are involved with health and social care services e.g. PPI forum members | 2 |
| Paid staff from your organisation | 4 |
| Voluntary staff from your organisation | 6 |

Other (record below)
D. Please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td>5</td>
</tr>
<tr>
<td>Older people</td>
<td>17</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td>1</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>39</td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td></td>
</tr>
<tr>
<td>Smokers</td>
<td>15</td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td>1</td>
</tr>
<tr>
<td>Obese people</td>
<td>3</td>
</tr>
<tr>
<td>Substance misusers</td>
<td></td>
</tr>
<tr>
<td>Disabled people</td>
<td>17</td>
</tr>
<tr>
<td>People in prison</td>
<td></td>
</tr>
<tr>
<td>Black and minority ethnic groups</td>
<td>46</td>
</tr>
<tr>
<td>Travellers</td>
<td></td>
</tr>
<tr>
<td>Homeless people</td>
<td></td>
</tr>
<tr>
<td>People with mental health problems</td>
<td>14</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>1</td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td></td>
</tr>
<tr>
<td>Asylum seekers</td>
<td>3</td>
</tr>
<tr>
<td>People with long term conditions</td>
<td>14</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>22</td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
</tr>
</tbody>
</table>
E. Of the people that took part in your listening exercise, can you please tell us how many were from each of the ethnic groups listed below

- White British: 1
- White Irish: 
- Any other white background: 
- White and Black Caribbean: 
- White and Black African: 
- White and Asian: 
- Any other mixed background: 
- Indian: 11
- Pakistani: 33
- Bangladeshi: 
- Any other Asian Background: 
- Caribbean: 
- African: 
- Any other Black background: 
- Chinese: 
- Rather not say: 2

F. Which of the following best describes the sector to which your organisation or group belongs / where you work:

(Please tick one box only)

- PPI forum or other patient group: 
- Community-based NHS services: 
- Local authority social care services: 
- Private sector health or social care services: 
- Voluntary sector health or social care services: X
- Other (record below): 

Other (record below): 

15
G. If your listening exercises mostly involved staff rather than patients or service users please can you identify from the list below which groups they most often have contact with or provide services for:

(Please tick all relevant boxes)

- Children and young people
- Older people
- Pregnant women (and their partners)
- Socially disadvantaged people
- Disadvantaged children
- Smokers
- Excessive drinkers
- Obese people
- Substance misusers
- Disabled people
- People in prison
- Black and minority ethnic groups
- Travellers
- Homeless people
- People with mental health problems
- People with learning disabilities
- People in hospices/residential care
- Asylum seekers
- People with long term conditions
- People with caring responsibilities

Do not deal with specific sectors of the community

Other (record below)
If you work with specific ethnic groups, which of these groupings do you represent or work with?

- White British
- White Irish
- Any other white background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
- Indian
- Pakistani
- Bangladeshi
- Any other Asian Background
- Caribbean
- African
- Any other Black background
- Chinese
- Do not deal with specific ethnic groups
- Other (record below)
I. If you are a regional organisation, please tick the box below for the region you mainly work in

<table>
<thead>
<tr>
<th>Region</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>North East</td>
<td></td>
</tr>
<tr>
<td>North West</td>
<td></td>
</tr>
<tr>
<td>Yorkshire &amp; the Humber</td>
<td>X</td>
</tr>
<tr>
<td>East Midlands</td>
<td></td>
</tr>
<tr>
<td>East of England</td>
<td></td>
</tr>
<tr>
<td>South East</td>
<td></td>
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<tr>
<td>London</td>
<td></td>
</tr>
<tr>
<td>South West</td>
<td></td>
</tr>
<tr>
<td>National Organisation</td>
<td></td>
</tr>
<tr>
<td>Not applicable</td>
<td></td>
</tr>
</tbody>
</table>

J. What is the name of your organisation?

PKWA

K. What type of organisation are you responding as?

<table>
<thead>
<tr>
<th>Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A local organisation</td>
<td>X</td>
</tr>
<tr>
<td>A national organisation</td>
<td></td>
</tr>
<tr>
<td>Other (please record below)</td>
<td></td>
</tr>
</tbody>
</table>
L. Would like to be listed as a contributor to the consultation?

<table>
<thead>
<tr>
<th>Yes</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

K. If you would like to receive a summary of our findings, please enter your contact details or email address in the box below:

PKWA
Off Manor Way
Batley
WF17 7BX
whartonski@gmail.com
YOUR HEALTH, YOUR CARE, YOUR SAY
FEEDBACK FORM FOR LOCAL LISTENING EXERCISES
Thank you for your help with *your health, your care, your say*.

This feedback form is intended for both local and national organisations or groups to report on the findings their own devolved listening exercise as part *your health, your care, your say*.

Can I check, are you responding to this questionnaire as:

- A local organisation or group
- A national organisation or group
- Other (record details below)

All the information you submit will be analysed alongside the public’s response and the views obtained from other local and national organisations and groups and will feed in to the development of plans for improving community health and care services.

Please note the feedback form is in three parts:

- Section A: Why do community health and social care services matter to the nation as a whole?
- Section B: what do you think of the suggestions for improving health and social care services?
- Section C: details about your organisation and your listening exercise

If you haven’t covered Section A or all of the options under Section B, please just leave those questions blank.

Please make sure that you give us this feedback by 4th November, or earlier if possible. You can find out where to return this feedback by referring to the resource pack website, [www.yoursayresources.nhs.uk](http://www.yoursayresources.nhs.uk).

As you will see, most questions ask you to tick a box like this:

*Tick one box only*

Other questions give you space to record how you reached your decisions:

Please feel free to write as much, or as little, as you like.
Section A: Why do community health and social care services matter to the nation as a whole?

We want to make community-based health and social care services better for everyone. To help us reach the right decisions, we want to know what the people at the listening exercises you ran thought about community-based health and social care services at the moment.

Q1. What did people think were the five main reasons why community health and social care matter to the nation as a whole?

(RECORD BELOW IN PRIORITY ORDER)

<table>
<thead>
<tr>
<th>Reason 1</th>
<th>Reason 2</th>
<th>Reason 3</th>
<th>Reason 4</th>
<th>Reason 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WERE IMPORTANT:
Section B: what did people think of the suggestions for improving health and social care services?

HOW CAN PEOPLE LOOK AFTER THEMSELVES? HOW CAN WE HELP YOU TAKE CARE OF YOURSELF AND SUPPORT YOU AND YOUR FAMILY IN YOUR DAILY LIVES?

We are committed to helping people take better care of themselves, but big questions remain about how it can best do this.

...Thinking about how the NHS, Social Care and other services might help people to look after themselves more...

Q2. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

<table>
<thead>
<tr>
<th>Priority</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.</td>
<td>1</td>
</tr>
<tr>
<td>Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.</td>
<td>2/3</td>
</tr>
<tr>
<td>Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg advisors to help with housing, employment and training and benefits), children’s centres and other locations.</td>
<td>4</td>
</tr>
<tr>
<td>Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer</td>
<td>2/3</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

**Encouraging & Supporting Healthy Lifestyles** Individuals should take responsibility for their own health. However Government should advise via media - (TV, internet, newspapers, posters) on healthy life-styles; healthy eating and exercise; the risks of not taking responsibility for own health.

**Better Information & Advice** NHS should provide better information and more widely available on self-care on specific disease groups – information for patients and carers including advice on medication. All information should be accessible in different languages and formats for those with communication difficulties.

**Wider Choice of source of Advice** It would be a good idea to get advice from other professionals other than doctors – i.e. pharmacists and district nurses. This would take the pressure off GPs and A&E Departments. Communities would appreciate wider choice of source of advice. However this will need public education as many will only take advice from a doctor and prefer medication to self-help such as taking more exercise.

**Better Co-ordination of Health & Social Care Provision** The elderly population is increasing and it will be essential that individuals remain at home for as long as possible to be independent. However, mix of health and social care provision needs to be co-ordinated to avoid bureaucracy and confusion. The longer the elderly and those with disabilities can remain active will improve the health of the community and affect demand on public resources.

**Better integrated services between health and social care.** Access to different benefits or applying different criteria for assessment to access social care services is confusing and often bureaucratic. There would need to be overall Government commitment and significant allocation of additional resources to improve housing and other social factors. It was thought that it would not be practical to site social care advisers at GP surgeries.
Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?

- Funded access to exercise i.e. swimming pools, gyms especially for pensioners

- NHS to move from being a treating organisation to an educational organisation on self-help, lifestyle, health promotion, diet and exercise

- There should be common assessment criteria across the country for social service and medical assessments – especially for services for the elderly.

- If there was better public information and education about health (including within schools), individuals might take more responsibility for their own health. This would decrease the dependence on the NHS and save resources.

- Health clinics should offer regular screening and health checks to inform individuals so that conditions could be treated at an early stage.

- Health-care providers need to be sensitive to different cultures and different approaches to life-style

- Specialist providers or voluntary organisations are often best placed to offer advice or guidance to patients and carers – all information should be available in different languages and formats for those with communication difficulties.
HOW CAN WE HELP GET THE RIGHT SERVICES, WHEN YOU NEED THEM, AND ENSURE YOUR CARE AND SUPPORT IS PROPERLY COORDINATED?

We want people to be able to use and find their way through health and social care services more easily. We also want these services to be ‘joined up’, even if several people or organisations are providing them.

...Thinking about how the NHS, Social Care and other services might help people find the services they need and improve the way these services are joined up ...

Q4. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

<table>
<thead>
<tr>
<th>Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing more help to people caring for others, for example with more respite care</td>
</tr>
<tr>
<td>Providing people with better information about what NHS, local authority and social care services are on offer</td>
</tr>
<tr>
<td>Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions</td>
</tr>
<tr>
<td>None of the above</td>
</tr>
<tr>
<td>Don’t know</td>
</tr>
</tbody>
</table>

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

The group agreed that all of the priorities are of equal validity and are inter-dependent. They believed that none of the priorities should have less weight than another. That it is only common sense that all the above need to be achieved.

However, the group discussed each point in turn and made the following comments:

PLEASE SEE OVERPAGE:
**PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:**

<table>
<thead>
<tr>
<th>Providing effective joined up social care and health services.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Finances</strong></td>
</tr>
<tr>
<td>- Financial planning needs to bring services together on a long term basis so as to be economical and provide continuity of provision</td>
</tr>
<tr>
<td>- Outside hospital services are often cut back on, to balance the books</td>
</tr>
<tr>
<td><strong>Staffing</strong></td>
</tr>
<tr>
<td>- There is a lack of trained staff including Social Workers which impacts on service provision</td>
</tr>
<tr>
<td>- There is a need for 24hr cover by Social Workers to provide the link between social care &amp; health service provision</td>
</tr>
<tr>
<td><strong>Care package</strong></td>
</tr>
<tr>
<td>- It is essential that a care pathway and a named Case worker/Care Manager is in place for all patients</td>
</tr>
<tr>
<td>- The Care Manager needs to plan with the client/patient, not do it for them. Client must retain their say in what plans are made for them.</td>
</tr>
<tr>
<td>- There needs to be less duplication of assessments, which only frustrate people. The information could be shared so that it does not have to be collected more than once.</td>
</tr>
<tr>
<td>- Need for an improved computer system so that records for all patients can be accessed by the appropriate NHS professional – this should lead to better continuity of care</td>
</tr>
<tr>
<td><strong>Need for a different strategy for helpers coming into peoples homes.</strong></td>
</tr>
<tr>
<td>- With more people living longer, often with a disability and/or having no family living locally. Health and social care provision needs to be planned for this reality. For example, An important need not addressed currently for long term ill or older people is that they need help with cleaning/housework/laundry on a regular basis.</td>
</tr>
<tr>
<td><strong>Providing more help to people caring for others</strong></td>
</tr>
<tr>
<td>- Carers need more respite care, they are under valued and receive little support</td>
</tr>
<tr>
<td>- Carers save the NHS a huge amount of money but are often made poor by having to give up careers/work etc so suggest :-</td>
</tr>
<tr>
<td>a) that all carers should have a job share with a paid carer supplied by the NHS/Social Care. This should allow main carer to have long term consistent help.</td>
</tr>
<tr>
<td>b) that all carers (family member/friend/helper) should receive the minimum wage for the care work they do.</td>
</tr>
<tr>
<td>- For peace of mind of main carer - Any paid carer must go through good vetting system before taking on carer duties</td>
</tr>
<tr>
<td>- Continuity of paid carer necessary – turnover of staff very unsettling for patient/client and carer</td>
</tr>
<tr>
<td><strong>Role for Care Manager</strong></td>
</tr>
<tr>
<td>- It is a burden to have to take on the finding of care etc when ill or elderly – this is where a Care Manager role could be important in a linking up function</td>
</tr>
</tbody>
</table>
Providing people with better information about what health and social care services are on offer
- An emphasis on prevention of illness in information and check-ups will reduce demands on the NHS and Social Care Services
- The volume of information can be too large, only information relevant to the patient should be given to them, to cut down information burden
- Professionals must respect that some people want their Dr’s to make some decisions for them (that is their choice).
- Need for a counsellor to be available at the point of diagnosis for patients with serious illness to give support and information
- Expert patient programmes are useful in passing information on to patients, should be part of the information loop as it works very well
- GPs should be identified as the professional who will provide the information on social care services unless another named professional has been given this role. This should be noted in the patients notes and be part of the GP surgery’s record system.
- Any information needs to be interpreted into diverse languages

Improving the availability, quality and choice of services for long-term care users etc

Quality
- Less turnover of staff would give more continuity of care and more confidence to patients and their carers - Continuity of care is essential

Choice
- Improved availability of long term ‘caring home’ spaces necessary for ageing population (if applicable to the individual’s needs)
Q5. What else would people like the NHS, Social Care and other services to do to help people find the services they need and improve the way these services are joined up?

**Joined up services**

Important to have nominated key person – Care Manager (whether GP or other named professional) who is the link person through which the NHS and Social Care contacts and sharing of information takes place. If everyone knows who this is then the information flow and decisions can be made more swiftly with the patient.

This will only work if access to GPs is improved.
WHEN YOU AND YOUR FAMILY NEED HELP AND SUPPORT, HOW, WHEN, WHERE AND FROM WHOM DO YOU WANT IT?

We want to make sure people have access to the services they want, when they want them, where they want them and from whom they want them. But to do this there are some tough choices to be made.

...Thinking about how the NHS and Social Care and other services might improve how, when, where and from whom community-based services are delivered...

Q6. Which of the following did the people at the listening exercises you ran think should be top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

1. Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits

2. Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

3. Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

3. Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups, people with disabilities.

3. Allowing people to choose how to receive services at the end of life and to die where they want with dignity. (This options is about the care people receive at the end of their lives, it is not about euthanasia)

None of the above
Don’t know
**PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:**

<table>
<thead>
<tr>
<th><strong>Priority 1</strong></th>
<th><strong>Developing and providing more services in the local community etc - Should the Government do this and why</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Because the Government has not to date done this. Now there are more premises available to enable more services to be provided in the local community.</td>
</tr>
<tr>
<td></td>
<td>Because there has been a lack of resources both financially and in strategic planning to make this happen.</td>
</tr>
<tr>
<td></td>
<td>The Government should develop and provide more services in the local community, because of public demand and need. This will be cost-effective in the long term (not just financially).</td>
</tr>
<tr>
<td></td>
<td>Concerns expressed about the desire of GPs to take on these extra responsibilities – there seems to be competition currently between some GP practices covering the same catchment areas.</td>
</tr>
</tbody>
</table>

**What will this achieve and why?**  
Should result in better health of the community, both emotionally and physically.

**How much of a difference would this make and why**  
Community-based services would make a significant difference. It would make the Government more popular!  
Pro-active and cost-effective services. Increased convenience of locally based services. This would result in less stress, and a happier and healthier community.

**Reasons behind the priority this option was given**  
Importance of patient choice  
Convenience  
Reduction in waiting times.  
Multi-purpose health centres can co-ordinate a number of activities in the community.  
Consultants in the community would hopefully mean that crowded out-patient facilities in hospitals would be alleviated.  
Reduction in stress and anxiety levels:--  
Parking issues - costs and availability; Transport issues (length of journeys, public transport), Environmental issues (i.e. pollution) of longer journeys to further away hospitals).  
That the Community’s views were being taken into account
Priority 2

Providing convenient services which fit around people's lives etc

Importance of convenience. Need for out of hours services in all locations. Availability of appointments at GP surgeries is an issue, as GPs are first port of call. Extension of hours early in the morning would be helpful.

Priority 3

Incorporating 2 priorities: Providing care in convenient locations + Developing new services for people who don't always currently access care

Important to increase access to services for refugees, asylum seekers, etc to places other than their local GP surgeries. Walk-in Centres are useful for these groups as well as for teenagers who might have issues around confidentiality.

Transport and parking costs, time and convenience for patients, family and carer.

Flexibility - Patients removed from GP lists will have other options if they are allowed to attend walk-in Centres or to register elsewhere

Additional Issues:

Finance
Q7. What else would people like the NHS, Social Care and other services to do in terms of how, when, where and from whom community-based services are delivered?
Q8. Looking across all the options we have asked about what are the top five priorities for the people at the listening exercises you ran? (Please write 1, 2, 3, 4, 5 in the boxes)

<table>
<thead>
<tr>
<th>3</th>
<th>Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.</td>
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<td>Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.</td>
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<td>Providing people with better information about what NHS, local authority and social care services are on offer</td>
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</table>
Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions

Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits

Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups, people with disabilities.

Allowing people to choose how to receive services at the end of life and to die where they want with dignity. (This option is about the care people receive at the end of their lives, it is not about euthanasia)
Q9. Why were these their five top priorities?

<table>
<thead>
<tr>
<th>Common Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>All communities want routine services to be easily accessible as local as possible</td>
</tr>
<tr>
<td>There needs to be less bureaucracy in accessing health and social care; assessments should be based on common criteria across the country; direct payments to patients are often confusing</td>
</tr>
<tr>
<td>With increasing elderly population, services need to be sensitive to keep individuals at home and independent for as long as possible; there needs to be co-ordination between provision of services by different providers</td>
</tr>
<tr>
<td>Services should be seamless between different agencies whether NHS, social services or voluntary organisations - funding of voluntary sector to assist with social care very important to this</td>
</tr>
<tr>
<td>All agreed that preventative measures such as regular health check ups and self-help guidance and support should be made available to all</td>
</tr>
<tr>
<td>Effective information needs to be available to all patients across the country (common resource information available to all, with specific local information where appropriate).</td>
</tr>
</tbody>
</table>
E. WHAT ELSE SHOULD THE NHS, SOCIAL CARE AND OTHER SERVICES BE DOING?

Q10. Below we provide a space for you to tell us about anything else which came up in the listening exercises you ran which will help us understand what people think should be done to make health and social care services better for everyone?

PLEASE WRITE IN:
Section C: details about your organisation and your listening exercises

To help us analyse the information you have given us, we need to find out a little bit more about your organisation and your listening exercise.

A. How many people took part in your devolved listening exercises?  
   Write in below  
   15

B. What sort of listening exercise was it?  
   (Please tick one box only)  
   A day long session (from 5 to 8 hours long)  
   A half day session (from 3 to 5 hours long)  
   Up to 3 hours long  
   Other (record below)  
   X

C. How many of each of the following types of people took part in your listening exercise?  
   (Please put a number in each box even if it is zero)  
   Members of the general public (i.e. with no specialist interest in health and social care)  
   Members of the public who are involved with health and social care services e.g. PPI forum members  
   Paid staff from your organisation  
   Voluntary staff from your organisation  
   Other (record below)  
   13  
   2

D. And now please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.  
   (Please put a number in each box even if it is zero)  
   Children and young people
E. You said that some of the people who took part in your listening event were from a specific ethnic group. Please tell us how many were from each of the groups listed below:

(Please put a number in each box even if it is zero)

<table>
<thead>
<tr>
<th>Group</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older people</td>
<td>10</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td></td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td></td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td></td>
</tr>
<tr>
<td>Smokers</td>
<td></td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td></td>
</tr>
<tr>
<td>Obese people</td>
<td></td>
</tr>
<tr>
<td>Substance misusers</td>
<td></td>
</tr>
<tr>
<td>Disabled people</td>
<td></td>
</tr>
<tr>
<td>Prisoners</td>
<td></td>
</tr>
<tr>
<td>Black and minority ethnic groups (GO TO QE)</td>
<td></td>
</tr>
<tr>
<td>Travellers</td>
<td></td>
</tr>
<tr>
<td>Homeless people</td>
<td></td>
</tr>
<tr>
<td>People with mental health problems</td>
<td></td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td></td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td></td>
</tr>
<tr>
<td>Asylum seekers</td>
<td></td>
</tr>
<tr>
<td>People with long term conditions</td>
<td>5</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>2</td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
</tr>
<tr>
<td>White British</td>
<td>3</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Count</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>White Irish</td>
<td>0</td>
</tr>
<tr>
<td>Any other white background</td>
<td>1</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td>1</td>
</tr>
<tr>
<td>White and Black African</td>
<td>0</td>
</tr>
<tr>
<td>White and Asian</td>
<td>0</td>
</tr>
<tr>
<td>Any other mixed background</td>
<td>0</td>
</tr>
<tr>
<td>Indian</td>
<td>5</td>
</tr>
<tr>
<td>Pakistani</td>
<td>0</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>0</td>
</tr>
<tr>
<td>Any other Asian Background</td>
<td>0</td>
</tr>
<tr>
<td>Caribbean</td>
<td>1</td>
</tr>
<tr>
<td>African</td>
<td>0</td>
</tr>
<tr>
<td>Any other Black background</td>
<td>1</td>
</tr>
<tr>
<td>Chinese</td>
<td>1</td>
</tr>
</tbody>
</table>

E. Which of the following best describes the sector to which your organisation or group belongs / where you work:

(Please tick one box only)

- PPI forum or other patient group **X**
- Community-based NHS services
- Local authority social care services
- Private sector health or social care services
- Voluntary sector health or social care services
- Other (record below)

F. If your listening exercises mostly involved staff rather than patients or service users please can you identify from the list below which groups they most often have contact with or provide services for:
(Please tick all relevant boxes)

<table>
<thead>
<tr>
<th>Category</th>
<th>Space</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td></td>
</tr>
<tr>
<td>Older people</td>
<td></td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
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<td>Socially disadvantaged people</td>
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<td>Disabled people</td>
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<td>Prisoners</td>
<td></td>
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<td>Black and minority ethnic groups (GO TO QE)</td>
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<td>Travellers</td>
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<td></td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
</tr>
</tbody>
</table>
If you would like your organisation to be listed as a contributor to the consultation, please record its name below:

NAME OF ORGANISATION

North West London Strategic Health Authority Patients’ Parliament

If you would like to receive a copy of the summary of our findings, please tell us what format you would like it and give us your contact details:

FORMAT: email version of document please to both email addresses below. Thank you
EMAIL: Jane.Buckingham@nwlha.nhs.uk; d.neal@health-link.org.uk
ADDRESS:
What services do we need?

- **First things first**: we need **simple information** about services – what and where they are and what they can do for us. Recognise that there’s lots going on out there through SAVS, libraries, etc. but too few people know how to access or use the information.
- Recognise the difficulties of just distributing leaflets – need to **develop other ways of keeping people informed** and up to date.
- People *don’t understand how services work and why they’re not integrated* irrespective of who ‘provides’ each element of service, e.g. participant has diabetes and needs to attend GP, hospital, gym, footcare, ophthalmologist, etc.
- Need to **raise profile of PALS** and enable PALS staff to get out into the community more.
- Some people also need **advocates** to help them make the most appropriate use of services.
- Services provided on Mon-Friday 9-5pm basis – **patients need to manage their lives** in order to manage a complex diary of appointments across different provider sites.
- Patients don’t know *‘who’s the ‘gatekeeper’* – who opens up the routes to all the different services. Needs a **single number** providing a ‘one stop’ point of access to NHS and non NHS providers and self help organisations.
- We need **someone to talk to**: health advocates, PALS, counsellors, buddies.

How should services be provided?

- **‘Specialist’ sessions**, e.g. Diabetes, providing one-appointment access to all appropriate services. Need to be held regularly throughout the week at times that suit patients, e.g. choice of morning, afternoon, evening, weekend (to **accommodate workers, commuters, students, parents, etc.**)  
- **Personalised and co-ordinated packages of care** for people with long term conditions.
- **Outreach services** - appreciate that new centres will be used flexibly, acting as hub from which services are provided, but not all services located there. Services could come to us, e.g. Age Concern currently provides mobile foot-care service; Breast Cancer Screening provided from mobile unit. NHS specialists could go to places where people go –
surgeries, clinics, drop in services, clubs, churches, libraries, community
centres, etc. Use the facilities that already exist within the community.

- **Multidisciplinary drop in services** for young people, located where
  young people are most likely to use them (health mobiles, university area,
town centre, seafront?). Promote healthy lifestyles and provide a range of
services - contraception, chill-out, counselling, drug and alcohol, health
checks, etc.

- **Close to home** and to where we conduct our daily lives - accessible on
  foot or public transport, close to shops, libraries, where we work or go to
  school. Somewhere inviting and user friendly, with highly informed and
  skilled staff. Need to understand the role played by pharmacies.

**When do we want to use services?**

- **At times that are convenient to us** and that fit in with our work and
  family responsibilities

- **24/7 - 365 days a week**! It feels as though they’re only 9-5pm so we
  need to understand how and when to access NHS Direct and other
  helplines, web-based services, OOH services, the role of pharmacies and
  local organisations that provide health advice and support.

- Where’s the money coming from to develop the new centres and extend
  the range of care? Accept that the trade-off for greater investment in
  health services for those who need them and improved access to a
  greater range of ‘support’ services is that we accept responsibility to
  improve and protect our own health and use services responsibly.

**Where do we want services to be?**

- **Single site local provision** - more convenient for all, and will help to
  reduce or eliminate the need for ambulance transport for people with
  mobility problems who currently attend hospital outpatient clinics

- **Co-ordinated consultation/transport appointments** for people who
  must use ambulances - at present patients are seen in appointment order
  but queuing system for transport. Clinic over-runs can cause severe delays
  (nine and a half hours on one occasion).

- **Local NHS Walk in Clinics** would be wonderful.

- Extend the role of paramedics who **attend patients at home**. This
  would reduce pressure on doctors.

**Who do we want to provide services for us?**

- By **GPs with special interest** and knowledge of specific conditions - not
  necessarily by the GP with whom I am registered..........
• This view was not universally shared: one participant felt continuity was vital since the family GP knew and understood his/her patients....... 
• Therefore we need to share patient information so that everyone from pharmacist to specialist knows as much about me as my GP does. 
• When I look after my own health I need to know as much about my own condition as everyone else does. 
• Services can also be provided by pharmacists, complementary practitioners, other health professionals, voluntary and community organisations who have a contract with the NHS, self-help and peer group support, etc. Other public bodies such as social services, housing, education, etc. also have a role to play.
Section A: Why do community health and social care services matter to the nation as a whole?

We want to make community-based health and social care services better for everyone. To help us reach the right decisions we want to know when the people at the listening exercises you ran thought about community based health and social care services at the moment.

Q1. What did people think were the five main reasons why community health and social care matter to the nation as a whole?

(RECORD BELOW IN PRIORITY ORDER)

<table>
<thead>
<tr>
<th></th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Local, so they’re relatively easy to access on foot or by public transport, and they can be provided in places and at times that meet the needs of local people</td>
</tr>
<tr>
<td>2</td>
<td>Information technology should help to improve the way my GP and I can access the services I need</td>
</tr>
<tr>
<td>3</td>
<td>Lend themselves to co-ordinated care, e.g. one stop diabetic services where I can see all the specialists and therapists I need in a single appointment.</td>
</tr>
<tr>
<td>4</td>
<td>Enable us to maintain independence - care can be provided in our own home or in existing community facilities such as clubs, churches, etc.</td>
</tr>
<tr>
<td>5</td>
<td>Can be provided in a number of different ways, e.g. GPs and primary care teams, pharmacists, self help groups, voluntary organisations, etc</td>
</tr>
</tbody>
</table>

Q.2 RECORD BELOW WHY PEOPLE THOUGHT THESE WERE SO IMPORTANT:

See attached notes.

Q.3 What else would people like the NHS, Social Care and other services to do to help people to take care of themselves.

See attached notes.
Section B: WHEN YOU AND YOUR FAMILY NEED HELP AND SUPPORT, HOW, WHEN, WHERE AND FROM WHOM DO YOU WANT IT?

Q4. Top three priorities from Table 2:

1. **Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services**

2. **Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use**

3. **Developing new services for people who don’t always currently access care, such as people from black and minority ethnic groups and teenagers**

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:
See attached notes.

Q. 5 What else would people like the NHS, Social Care and other services to do in terms of how, when, where and from whom community based services are delivered?

Q.6 Priorities from Table 2:

1. **Providing people with better information about NHS, local authority and social care services are on offer**

2. **Providing effectively joined up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be a kind of one stop shop appointment instead of lots of appointments.**

3. **Improving the availability, quality and choice of services for long-trm care users and people with long term illnesses like diabetes**

Q.7 What else would people like the NHS, Social Care and other services to do to help people find the services they need and improve the way these services are joined up?

- Provide simple information about services and a single access number
- Keep people informed and up to date as things change
- Educate patients and the public so they understand how when and why to use services
- Provide advocates for people who find it difficult to navigate public services (as well as PALS and ICAS)
- Personalised and co-ordinated packages of care
- Outreach services
- Multidisciplinary drop in services, especially for young people and people who may be socially excluded
• 24/7 and 365 days a year
• Co-ordinated appointments – a one stop approach
• Walk in Clinics
• Close to home/public transport/proper walking routes/safety for prams and bikes, etc. as well as parking space.
• ‘Specialists’ whether they’re our own or another GP, diabetic nurses, therapists, counsellors, etc.
• Good IT systems and safe sharing of information so I only have to give details once!
• Health libraries so I can find out about my own health and know how to treat my own conditions
• Health includes housing, jobs, disability access, environment, leisure, spirituality, education, money, community spirit and harmony, safety, judicial systems, leisure, physical activity, shopping facilities, food (especially safe, cheap, nutritious food for people on low incomes). These things need to be in place so that people can be responsible for their own health. Public bodies must work together to achieve them.

Q.8 Top five priorities for Table 2:

<table>
<thead>
<tr>
<th></th>
<th>Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>Providing people with better information about what NHS, local authority and social care services are on offer</td>
</tr>
<tr>
<td>3</td>
<td>Developing and providing more services in the local community rather than only in hospitals, so they are more convenient for families and children to use</td>
</tr>
<tr>
<td>4</td>
<td>Improving the availability, quality and choice of services for long term care users and people with long term illnesses like diabetes</td>
</tr>
<tr>
<td>5</td>
<td>Developing new services for people who don’t always currently access care, such as people from black and minority ethnic groups and teenagers</td>
</tr>
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</table>

Q9: Why were these their top priorities?
See attached notes. (Many participants had diabetes or cared for someone with diabetes, but people were also concerned about child health and older care, and concerned for teenagers who seldom use regular health services). Information, convenience and integration were stressed time and time again.

Q.10 Anything else that came up in the listening exercise (see list above and attached notes).
YOUR HEALTH, YOUR CARE, YOUR SAY
FEEDBACK FORM FOR LOCAL LISTENING EXERCISES
Thank you for your help with *your health, your care, your say*.

This feedback form is intended for both local and national organisations or groups to report on the findings their own devolved listening exercise as part of *your health, your care, your say*.

Can I check, are you responding to this questionnaire as:

A local organisation or group  
Yes

A national organisation or group

Other (record details below)

All the information you submit will be analysed alongside the public's response and the views obtained from other local and national organisations and groups and will feed in to the development of the Government’s plans for improving community health and care services.

Please note the feedback form is in three parts:

- Section A: Thinking about the community health and social care services people use, what currently works well, and what currently works less well?
- Section B: What did people think of the suggestions for improving health and social care services?
- Section C: Details about your organisation and your listening exercise

If you haven’t covered Section A or all of the questions under Section B, please just leave those questions blank.

Please make sure that you give us this feedback by 4th November, or earlier if possible. You can find out where to return this feedback by referring to the resource pack website, [www.yoursayresources.nhs.uk](http://www.yoursayresources.nhs.uk).

As you will see, most questions ask you to tick a box like this:

**Tick one box only**

Other questions give you space to record how you reached your decisions:

Please feel free to write as much, or as little, as you like.
Section A: Thinking about the community health and social care services people use, what currently works well, and what currently works less well?

We want to make community-based health and social care services better for everyone. To help us reach the right decisions, we want to know what the people at the listening exercises you ran thought about community-based health and social care services at the moment.

Q1. What were the three key elements of community health and social care services that people thought worked well?

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<tr>
<td>3</td>
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</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:
Q2. What were the three key elements of community health and social care services that people thought worked less well?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1</td>
<td>‘Joining up’ of services</td>
</tr>
<tr>
<td>2</td>
<td>Courtesy of frontline staff eg receptionists</td>
</tr>
<tr>
<td>3</td>
<td>People who are not used to ‘talking up’ or are ill feel disempowered about having their say</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

1. Domiciliary care – care isn’t coordinated.
   Comments included: ‘when you come out of hospital, you are asked if you need help with your shopping or around the house. Sometimes you don’t want to be any bother, so you say you will be able to cope. Then you find when you do get home, you need the help and there is no support there. I think they should follow you through.”
   “We have very good services, but they don’t necessarily link up. I think someone should visit you after a few days at home to ask if you need help – a community team that monitor and assess.”
   “District nurses came, but that was just for a fortnight.”

2. People in the frontline, eg, receptionists, should be ‘clued up’ so patients feel that they matter. Comments included: “No customer care training. Are GPs put on a training course?”

3. Comments included: “When you’re ill, you don’t feel like being forthright”
Q3. What other issues did people mention? Please record any personal or local stories here if possible.

Health promotion – bringing health promo out of the NHS and into the workplace – eg checking blood pressure in the workplace.
Section B: What did people think of the suggestions for improving health and social care services?

We are committed to helping people take better care of themselves, but big questions remain about how it can best do this.

Thinking about how the NHS, Social Care and other services might help people to look after themselves more…

Q4. How did people at the listening exercises you ran think prioritise these issues? (Please indicate the priority given to each option by writing 1, 2, 3 or 4 in the boxes)

**Issue 1a**
Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

**Issue 1b**
Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

**Issue 1c**
Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (e.g. advisors to help with housing, employment and training and benefits) children’s centres and other locations.

**Issue 1d**
Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

None of the above

Don’t know
Q5. For each option, please summarise the key points made during the discussion.

<table>
<thead>
<tr>
<th>Issue 1a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.</td>
</tr>
</tbody>
</table>

**Did people think the Government should do this and why**

Yes, see above comments about getting health promotion in the workplace – employers should set up initiatives to encourage healthier workplaces – blood pressure checks, for example

**What did they think it would achieve and why**

**How much of a difference did they think it would make and why**

**Reasons behind the priority this option was given**
Issue 1b
Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

Did people think the Government should do this and why

What did they think it would achieve and why

How much of a difference did they think it would make and why

Reasons behind the priority this option was given
Issue 1c
Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (e.g. advisors to help with housing, employment and training and benefits) children’s centres and other locations.

Did people think the Government should do this and why

Primary care centres (of which will be built in Southend-on-Sea) need to bring in ‘fresh’ ideas – yoga, relaxation.

What did they think it would achieve and why

How much of a difference did they think it would make and why

Reasons behind the priority this option was given
Issue 1d
Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

Did people think the Government should do this and why

What did they think it would achieve and why

How much of a difference did they think it would make and why

Reasons behind the priority this option was given
Q6. Did people think it would be enough for Government to only do these things to help people take care of themselves? Why?

Q7. What else would people like the Government to do to help people take care of themselves?
We want people to be able to use and find their way through health and social care services more easily. We also want these services to be ‘joined up’, even if several people or organisations are providing them.

Thinking about how the NHS, Social Care and other services might help people find the services they need and improve the way these services are joined up …

Q8. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

Issue 2a
Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’ and use of case managers. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

Issue 2b
Providing more help to people caring for others, for example with more respite care

Issue 2c
Providing people with better information about what health and social care services are on offer

Issue 2d
Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions.

None of the above
Don't know
Q9. For each option, please summarise the key points made during the discussion.

**Issue 2a**

Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’ and use of case managers. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

**Did people think the Government should do this and why**

**What did they think it would achieve and why**

**How much of a difference did they think it would make and why**

**Reasons behind the priority this option was given**
Issue 2b
Providing more help to people caring for others, for example with more respite care

Did people think the Government should do this and why

What did they think it would achieve and why

How much of a difference did they think it would make and why

Reasons behind the priority this option was given
Issue 2c
Providing people with better information about what health and social care services are on offer

Did people think the Government should do this and why

What did they think it would achieve and why

How much of a difference did they think it would make and why

Reasons behind the priority this option was given
**Issue 2d**
Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions.

Did people think the Government should do this and why

What did they think it would achieve and why

How much of a difference did they think it would make and why

Reasons behind the priority this option was given
Q10. Did people think it would be enough for Government to only do these things to help people manage their care and make decisions? Why?

Q11. What else would people like the Government to do to help people manage their care and make decisions?
WHEN YOU AND YOUR FAMILY NEED HELP AND SUPPORT, HOW, WHEN, WHERE AND FROM WHOM DO YOU WANT IT?

We want to make sure people have access to the services they want, when they want them, where they want them and from whom they want them. But to do this there are some tough choices to be made.

Thinking about how the NHS and Social Care and other services might improve how, when, where and from whom community-based services are delivered…

Q12. Which of the following did the people at the listening exercises you ran think should be top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

| Issue 3a | Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits |
| Issue 3b | Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live |
| Issue 3c | Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for people to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community. |
| Issue 3d | Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups and people with disabilities. |
| Issue 3e | Allowing people to choose how to receive services at the end of life and to die where they want with dignity. |

None of the above
Don’t know
Q13. For each option, please summarise the key points made during the discussion.

<table>
<thead>
<tr>
<th>Issue 3a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits</td>
</tr>
</tbody>
</table>

**Did people think the Government should do this and why**

**What did they think it would achieve and why**

**How much of a difference did they think it would make and why**

**Reasons behind the priority this option was given**
Issue 3b
Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Did people think the Government should do this and why

What did they think it would achieve and why

How much of a difference did they think it would make and why

Reasons behind the priority this option was given
Issue 3c
Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for people to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Did people think the Government should do this and why

What did they think it would achieve and why

How much of a difference did they think it would make and why

Reasons behind the priority this option was given
Issue 3d
Developing new services for people who don't always currently access care, such as young men, teenagers, people from different ethnic groups and people with disabilities.

Did people think the Government should do this and why

What did they think it would achieve and why

How much of a difference did they think it would make and why

Reasons behind the priority this option was given
Issue 3e
Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

Did people think the Government should do this and why

What did they think it would achieve and why

How much of a difference did they think it would make and why

Reasons behind the priority this option was given
Q14. Did people think it would be enough for Government to only do these things to help provide services how, where, when and from whom people want them? Why?

Q15. What else would people like the Government to do to help provide services how, where, when and from whom people want them?
Q16. Which of these did your group think was the most important thing for the Department of Health to do immediately?

**Issue 1a**
Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

**Issue 1b**
Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

**Issue 1c**
Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (e.g. advisors to help with housing, employment and training and benefits) children’s centres and other locations.

**Issue 1d**
Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

**Issue 2a**
Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’ and use of case managers. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

**Issue 2b**
Providing more help to people caring for others, for example with more respite care

**Issue 2c**
Providing people with better information about what health and social care services are on offer

**Issue 2d**
Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions.

**Issue 3a**
Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits
Issue 3b
Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Issue 3c
Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for people to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Issue 3d
Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups and people with disabilities.

Issue 3e
Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

Q17. Please summarise the main reasons why this option was chosen as the key priority.
Q18. Please summarise the main points from the discussion about whether these changes address the things that work less well at the moment, and maintain and support the things that work well at the moment.

Q19. Please summarise the main points from the discussion about what else the Department of Health should be doing to make sure that community-based health and social care services meet people’s needs in the 21st century.
Section C: Details about your organisation and your listening exercises

To help us analyse the information you have given us, we need to find out a little bit more about your organisation and your listening exercise.

A. How many people took part in your devolved listening exercises?  
   
   Write in below
   
   10-12

B. What sort of listening exercise was it?

   (Please tick one box only)
   
   A day long session (from 5 to 8 hours long)
   A half day session (from 3 to 5 hours long)
   Up to 3 hours long
   Other (record below) 1 hour

C. How many of each of the following types of people took part in your listening exercise?

   (Please put a number in each box even if it is zero)
   
   Members of the general public (i.e. with no specialist interest in health and social care) 8
   Members of the public who are involved with health and social care services e.g. PPI forum members
   Paid staff from your organisation 2
   Voluntary staff from your organisation
   Other (record below) 1 GP
D. And now please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>Children and young people</td>
<td></td>
</tr>
<tr>
<td>Older people</td>
<td>10</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td></td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td></td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td></td>
</tr>
<tr>
<td>Smokers</td>
<td></td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td></td>
</tr>
<tr>
<td>Obese people</td>
<td></td>
</tr>
<tr>
<td>Substance misusers</td>
<td></td>
</tr>
<tr>
<td>Disabled people</td>
<td></td>
</tr>
<tr>
<td>Prisoners</td>
<td></td>
</tr>
<tr>
<td>Black and minority ethnic groups (GO TO QE)</td>
<td></td>
</tr>
<tr>
<td>Travellers</td>
<td></td>
</tr>
<tr>
<td>Homeless people</td>
<td></td>
</tr>
<tr>
<td>People with mental health problems</td>
<td></td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td></td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td></td>
</tr>
<tr>
<td>Asylum seekers</td>
<td></td>
</tr>
<tr>
<td>People with long term conditions</td>
<td>2</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>2</td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
</tr>
</tbody>
</table>
E. You said that some of the people who took part in your listening event were from a specific ethnic group. Please tell us how many were from each of the groups listed below:

(Please put a number in each box even if it is zero)

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>10</td>
</tr>
<tr>
<td>White Irish</td>
<td>0</td>
</tr>
<tr>
<td>Any other white background</td>
<td>0</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td>0</td>
</tr>
<tr>
<td>White and Black African</td>
<td>0</td>
</tr>
<tr>
<td>White and Asian</td>
<td>0</td>
</tr>
<tr>
<td>Any other mixed background</td>
<td>0</td>
</tr>
<tr>
<td>Indian</td>
<td>1</td>
</tr>
<tr>
<td>Pakistani</td>
<td>0</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>0</td>
</tr>
<tr>
<td>Any other Asian Background</td>
<td>0</td>
</tr>
<tr>
<td>Caribbean</td>
<td>0</td>
</tr>
<tr>
<td>African</td>
<td>0</td>
</tr>
<tr>
<td>Any other Black background</td>
<td>0</td>
</tr>
<tr>
<td>Chinese</td>
<td>0</td>
</tr>
</tbody>
</table>
F. Which of the following best describes the sector to which your organisation or group belongs / where you work:

(Please tick one box only)

<table>
<thead>
<tr>
<th>Option</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PPI forum or other patient group</td>
<td></td>
</tr>
<tr>
<td>Community-based NHS services</td>
<td>yes</td>
</tr>
<tr>
<td>Local authority social care services</td>
<td></td>
</tr>
<tr>
<td>Private sector health or social care services</td>
<td></td>
</tr>
<tr>
<td>Voluntary sector health or social care services</td>
<td></td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
</tr>
</tbody>
</table>
G. If your listening exercises mostly involved staff rather than patients or service users please can you identify from the list below which groups they most often have contact with or provide services for:

*(Please tick all relevant boxes)*

- Children and young people
- Older people
- Pregnant women (and their partners)
- Socially disadvantaged people
- Disadvantaged children
- Smokers
- Excessive drinkers
- Obese people
- Substance misusers
- Disabled people
- Prisoners
- Black and minority ethnic groups (GO TO QE)
- Travellers
- Homeless people
- People with mental health problems
- People with learning disabilities
- People in hospices/residential care
- Asylum seekers
- People with long term conditions
- People with caring responsibilities
- Other (record below)
H. If you are a regional organisation, please tick the box below for the region you mainly work in.

<table>
<thead>
<tr>
<th>Region</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>North West</td>
<td></td>
</tr>
<tr>
<td>North East</td>
<td></td>
</tr>
<tr>
<td>Yorkshire and the Humber</td>
<td></td>
</tr>
<tr>
<td>West Midlands</td>
<td></td>
</tr>
<tr>
<td>South West</td>
<td></td>
</tr>
<tr>
<td>London</td>
<td></td>
</tr>
<tr>
<td>South East</td>
<td>yes</td>
</tr>
<tr>
<td>East Midlands</td>
<td></td>
</tr>
<tr>
<td>East of England</td>
<td></td>
</tr>
</tbody>
</table>
If you would like your organisation to be listed as a contributor to the consultation, please record its name below:

**NAME OF ORGANISATION**

| Southend-on-Sea Primary Care Trust |

If you would like to receive a copy of the summary of our findings, please tell us what format you would like it and give us your contact details:

| EMAIL   | Claire.ogley@southend-pct.nhs.uk |
| ADDRESS | Harcourt House, 5-15 Harcourt Avenue, Southend, Essex SS2 6HE |
Here are the key points raised during the AGM discussion about how health and social care organisations can help people to look after themselves:

- Frail patients - particularly the elderly - who have recently been discharged from hospital need a 'best friend' who will visit to see how they are and who knows which agencies to contact if the patient needs more support or their condition is deteriorating
- Patients on medication need to have these reviewed regularly to ensure that they are all still needed and are working properly
- Clients in residential homes need access to professional dieticians who can advise on the use of food supplements, etc. to keep them healthy
- People should have access to complementary therapy where these are shown to be helpful, e.g. acupuncture for smoking cessation
- Structured exercise activities should be available for everyone, e.g. guided walks
- Standard patient information leaflets on how to cope with certain diseases and conditions are needed which can be given to the patient at the same time as their first diagnosis. The leaflets should contain information on aspects such as what forms of diet and exercise may be beneficial as well as the usual medical information.
- Health promotion information needs to be more widely available, e.g. regular features in local and national newspapers
- General health checks and condition-related screening (e.g. prostate cancer) should be routinely available
- The promoting of healthy lifestyles needs to be focused on primary age children before their attitudes have been affected by things like peer pressure and the power of advertising
- Courses on how to cope with stress should be available to all
- Smoke-free workplaces and public places would make quitters less likely to start smoking again
20 members attended

Members were given a copy of the latest Prime magazine and the Guide to Trust Services.

**Your Health, Your Care, Your Say**

Norma explained that the initiative had been launched by Patricia Hewitt and advised them of the electronic questionnaire available via the Care Trust website. Members were each given a short questionnaire.

Members felt the main need was one number to get services, not have to keep ringing yet another number or talk to a machine. They also felt that it would be useful to have an information line as people did not know what was available. They did not feel the assessment process really worked as you only got what could be afforded not what was needed.

**New management of NHS**

Norma explained that the Government was changing the way in which the NHS was managed and a consultation exercise would be happening in December, January and February. The Care Trust would be holding a public meeting to explain the suggested changes and collate the public’s views.

Members were concerned that they had got used to the small local PCT, they knew who everyone was and thought it would be a retrograde step if there were only 2 PCTs in Essex.

**Service for Parkinson Disease patients**

Roxy Boyce, Director of Modernisation, joined the meeting and outlined the present position. She explained that the previous Parkinson Nurse had left for a new post in Suffolk. Due to the changes outlined above she had to look at a re-design of the service, which could include a Community Matron and a Specialist Nurse. She explained that the post had only been funded for 4 days; she confirmed that the money was still available.
Roxy said she recognised the valued service that the nurse had given to both patients and their carers.

The following comments were raised:

Do not feel the community matron could cope with the complexities of the disease

No substitute for Parkinson Nurse

Does the trust know how many patients there is in the area – it was noted that GP do not record Parkinson patients, however, the consultant would be able to give an idea.

It was noted there was a Specialist Nurse at Broomfield, who also covered Chelmsford and she could help support patients and carers. Members felt she would be overwhelmed if they contacted her.

Why did the trust not recruit another nurse – Roxy explained that trained diabetic nurses were in short supply and that recruitment would not happen until the service had been redesigned. Existing nurses could undertake training but this meant they would need to go to Leicester. A nurse had taken on this extra training however, she had now moved to another trust.

There was concern that consultant was retiring and his expertise would be lost.

Main concern was that carers and patients should have someone they could talk to when they felt their drugs were wrong, acting against each other or that the patient had taken them incorrectly. Members were informed of the expertise of Pharmacists who would help in such situations. A member said she received her medication in a bubbly pack, which was very useful.

It was agreed that the Care Trust would produce an information card for Parkinson patients and carers giving useful information numbers.

Roxy agreed to keep the group informed of developments.

The group agreed to ask Paula Wilkinson to a meeting to discuss how pharmacists can help support patients.

Open Space

What has happened to the minor injury unit at WJC – it was explained that it had to cease, as it could not guarantee having paediatric nurses should a child attend. A member asked whether it could be an adult minor injury unit only. It was agreed to ask the Trust Board whether this was possible.

MRSA - Broomfield need a larger notice to get people to use the alcohol wash
Respite care – members said there was difficulty getting a nursing home to give family short-term respite. It was advised that these places are in short supply but to get the family to contact SALs, it was also suggested that the family contact the Alzheimer’s Disease Society who would have more information.

St. Michaels Hospital – what is happening to the 2 GP surgeries that were being built there and when will the hospital be built. Members were advised that the design and planning on one GP surgery had begun and it was hoped would be complete in 2007. Although a date had not been set for the beginning of work the new hospital was still going ahead.

Views Count Meetings 2006
A schedule will be forwarded as soon as possible.

Care Trust Board meetings

Next Board Meeting 9 November, Queens Hall, Halstead 12.30 pm

Board meetings 2006
Members would be informed of these as soon as they were agreed by the Board.
HALSTEAD PATIENT FORUM MEETING
11 October 2005

COMMISSIONING A PATIENT LED NHS

Norma O’Hara updated members on the outcome of the special SHA meeting that morning. She explained that the SHA had voted for 2 PCTs across Essex, replacing the present 13. She also reported that they had also voted for 1 SHA and 1 Ambulance Trust for the Eastern Region (Cambridge, Suffolk, Norfolk and Essex).

Papers from the meeting were tabled.

Members were concerned that the local voice would be lost in such a large organisation and said they would campaign for local forums such as the Halstead Patient Forum. Members commented that they felt they did make a difference and that the Care Trust did listen. They congratulated the Care Trust on the services it had developed, its partnership working and more importantly that it listened to its public.

Members were concerned that health services would be affected during the changes and were also concerned that developments such as the new hospital in Braintree and the Rehab Unit in Halstead would be stopped.

It was agreed to cancel the scheduled meetings for 9 and 29 November and support the Care Trust public meeting, which would be held to discuss the Secretary of State’s consultation paper on commissioning a Patient Led NHS. Members asked that the meeting be held in the evening (7.15 on 29 November).

YOUR HEALTH, YOUR CARE, YOUR SAY

Norma O’Hara outlined the initiative, which asked for public opinion on community health services. Members had been circulated with a paper. Members were sceptical about how much notice would be taken of their views in the light of the proposed structure for the NHS.
They agreed they wanted:

- Good local services
- To see a GP of their choice within a reasonable time (a member said the Halstead surgery was an example of good practice)
- Easy access to all health care (the breast screening service which was in Halstead that week was a good example of the service coming to where patients were)

They did not want an organisation that was so far removed from the patient is did not listen to local voices.

**OPEN SPACE**

A member asked that clinicians kept the family informed about a patient’s progress and highlighted a visit to Colchester General. Norma explained that clinicians were bound by patient confidentially and suggested the family contact her direct if they had any issues.

Another member reported on the poor state of cleanliness at Colchester General and was concerned about MRSA

Another member said that District Councils should consider more sheltered housing to meet the needs of the growing elderly population – this would help support the NHS, especially when designing discharge packages.

A member had received a copy of CONTACT, the quarterly Braintree District Council magazine and congratulated the Care Trust on its partnership working (the centre included articles from the Trust) He went on to say he was concerned the working together would be thrown away with the new structures.

**Date of next meeting**
To be advised due to delays in the Department of Health consultation exercise.

**Date of Care Trust Board meeting**
9 November 12.30 Queens Hall, Halstead
This was the second meeting where the Health watch forum met.

The Agenda focused on
- Your Health, Your Care Your Say
- Changes in the NHS
- Open Space

Yours Health, Your Care, Your Say

The plans for a major listening exercise was discussed, where it was explained that there is an on line survey on the DOH website, and that it is expected that a local event will be organised to support the national events. We focused on three of the questions at the meeting as follows:

1. How can people look after them selves? How can we help you take care of yourself and support you and your family in your daily lives?
2. When you and your family need help and support, how, when where and from whom do you want to get it?
3. How can we help you get the right services, when you need them and ensure your care is properly coordinated?

A lively discussion took place and communication came up time and time again, one of the solutions put forward was a series run in the local papers, which could focus on different parts of healthcare each week. Another was to consult with public and comply with Compact as “it is frustrating to not know how you can influendce”. (The Compact is the agreement between Chelmsford Primary Care Trust and the voluntary and community sector in England to improve their relationship for mutual advantage).

On discharge from hospital staff shoud engage with the family more as relatives need to have a say if they are involved in home care of a patient, as no one asks if there is food at home. To have social services involved from the start so a care package is put in from the start and not after the patient has been discharged.

The website was given for people to take part in the survey, which is www.nhs.uk/yoursay this is open until the 4th November, and is a time limited questionnaire. This is your chance to make your voice heard it only takes a few minutes.

Peter Kohn discussed the ‘Changes in the NHS’

Commissioning a Patient Led NHS PCT Reconfiguration

Peter explained that this wasn’t a public consultation but a response from Witham Braintree & Halstead care trust and Chelmsford Primary Care Trust
to the Strategic Health Authority after it had been anticipated that there were too many PCT’s to commission effectively. There is the suggestion that providing services and commissioning services should be split. At present PCT’s commission and provide. The first question is how many Primary Care Organisations (PCO’s) should there be in Essex. At present there are 13 PCO’s. Please let me know if you would like further information sent to you.

Open Space

There was some discussion

1. Can a patient receive a copy of any letter sent to their GP from their Consultant, and there was the worry that some results from MEHT do not go to the GP.

2. Seamless care so that a patient does not get lost in the system.

3. Consultants and GPs to share a common view of drugs and medication.

4. Supporting the voluntary sector more

5. Transport – there was discussion of transport and that it is available for patients to use but they do have to request it.

6. There was a lot of discussion about vulnerable patients missing meals in hospital as they were unable to feed themselves.

7. Can a prescription review be completed when the patient is 75 years old.

8. Better use of District Nurses and health Visitors can they be used as advocates?

These will be put before the Trust and discussed at the next meeting.

Next meeting: 7th December 2005

Time: 9.30am

Venue: Chancellor Room, Chapter House (behind the Cathedral)

Any queries please contact:

Cheryle Mack – Patient Advice Liaison Coordinator – 01245 398717
REPORT ON ROADSHOW BUS

Your health, your care, your say asks the public, patients, service users, and staff for their views on how to improve the services provided in the community by the NHS and social care.

The listening exercise involves people in designing community health and social care services in the future. An online questionnaire has now been launched so that people who cannot attend any of the Your health, your care, your say consultative events can have their say about the future of health and social care.

Why have Your health, your care, your say? Most people’s contact with the NHS and social care takes place outside of hospitals. Patricia Hewitt, Secretary of State for Health, says this consultation will help to create better and more appropriate services for everyone.

Witham, Braintree & Halstead Care Trust and Chelmsford Primary Care Trust, supported the Essex wide initiative during the week beginning 24th October.

The bus visited Braintree on 24th October and Chelmsford on 26th October.

110 people attended and were invited to “post” up their comments on a flip chart, complete the form with the 3 main questions or take a Your Health, Your Care, Your say questionnaire. Children were encouraged to say what they thought of the NHS.

Ages were:

<table>
<thead>
<tr>
<th>1-10</th>
<th>11-18</th>
<th>19-35</th>
<th>51</th>
<th>60+</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>33</td>
<td>5</td>
<td>16</td>
<td>26</td>
</tr>
</tbody>
</table>

A video was made at the Chelmsford site and photographs taken at both sites.

Leaflets were made available on the Flu Jab, Keeping Warm, Benefits, Guide to Trust Services, SALs and PALs and Stop Smoking. A road safety colouring book and balloons were given to children.

The following pages give a breakdown of the comments received.
LEARNING FROM THE EXERCISE

The exercise was organised in an incredible short period of time and I must give thanks to all the staff who responded so positively and for their help.

Points to remember for any future event:

- Need more time to organise the place for the bus to maximise coverage. Essex County Council has a 28-day rule regarding parking on the road and in town centres thus we were unable to use Chelmsford town centre.

- Being half term we were able to attract a wider age range

- The post it responses are not clear and it would have been useful to have had time to speak to each person and help them expand their views. Using the 3-question leaflet was more effective.

- Despite the BBC Essex interviews on Wednesday morning no one came to the Chelmsford bus that day in response to it!

- The bus did not have wheelchair access

Norma O’Hara
Head of Communications/PPI
Witham, Braintree & Halstead Care Trust and Chelmsford PCT
Warwick House, Market Place
Braintree, Essex CM7 3HQ
01376 333285
Thanks go to the following who helped “man” the bus

Diana Still, Service Advice & Liaison Co-ordinator WBH Care Trust
Cheryle Mack, Patient Advice and Liaison Co-ordinator Chelmsford PCT
Ian Lucking, Assistant Communications Officer WBH and Chelmsford
Marion Williams, Patient Advice and Liaison Co-ordinator, North Essex Mental
Health Partnership Trust
Cathy Mintern, Patient Advice and Liaison Manager, Mid Essex Hospitals
Michael Scaines, Cancer Network

Cheryle Mack, Michael Scaines, Norma O’Hara, Ian Lucking, Cathy Mintern

Marilyn Williams and Diana Still at Braintree
A snapshot of Braintree
A snapshot of Chelmsford

A video was made for the SHA
## Comments “posted” on the flipchart

<table>
<thead>
<tr>
<th>GPS</th>
<th>The Doctor is good</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Doctor is very helpful</td>
</tr>
<tr>
<td></td>
<td>Bad as they booked me for an injection and the nurse had cold and told me there was no reason for me to have it. So she didn’t give it to me. She was nasty as well</td>
</tr>
<tr>
<td></td>
<td>Doctors good</td>
</tr>
<tr>
<td></td>
<td>Bad because there was a woman that had a cold and she was giving people injections she could have given people some infections.</td>
</tr>
<tr>
<td></td>
<td>Why pushed from pillar to post for injections. Doctor wrote prescription chemist cant fill chemist blames Dr and vice versa me in middle.</td>
</tr>
<tr>
<td></td>
<td>Dr’s Good in Braintree</td>
</tr>
<tr>
<td></td>
<td>Mt Chambers V.good moved from Enfield much better thorough checks.</td>
</tr>
<tr>
<td></td>
<td>Need Saturday surgeries</td>
</tr>
<tr>
<td>DENTISTS</td>
<td>The Dentist is well good and I’m not scared any more – it could be improved though</td>
</tr>
<tr>
<td></td>
<td>The Dentist is very nice and kind.</td>
</tr>
<tr>
<td></td>
<td>The orthodontist are quite good but could be more polite</td>
</tr>
<tr>
<td></td>
<td>Quite good nothing bad. The health service could be improved</td>
</tr>
<tr>
<td></td>
<td>Good service</td>
</tr>
<tr>
<td></td>
<td>My Dentist is good</td>
</tr>
<tr>
<td></td>
<td>I went to orthodontist it was pretty scary and I had a cast.</td>
</tr>
<tr>
<td></td>
<td>Did not like Dentist.</td>
</tr>
<tr>
<td>NURSES</td>
<td>We most urgently need a Parkinsons Nurse. For those with PD &amp; for carers we cannot stress this enough.</td>
</tr>
<tr>
<td></td>
<td>D.N Very Good</td>
</tr>
<tr>
<td>HOSPITAL</td>
<td>Hospitals too big can we have our smaller hospitals back, also Broomfield a nightmare to park when you have appointments to attend and can find places to park.</td>
</tr>
<tr>
<td></td>
<td>My Dad’s operation was cancelled several times and this was very stressful for the whole family but apart from this all other care and treatment has been first class with no complaints.</td>
</tr>
<tr>
<td></td>
<td>Broomfield do not listen to what you say.</td>
</tr>
<tr>
<td>COMMENT</td>
<td>I think the health service is good but could be improved</td>
</tr>
<tr>
<td></td>
<td>The NHS Rehabilitation unit is the best and meets all standards.</td>
</tr>
<tr>
<td></td>
<td>Do not believe in private.</td>
</tr>
<tr>
<td></td>
<td>Good service – major heart operation help more for the NHS more praise not victimisation</td>
</tr>
<tr>
<td></td>
<td>NHS is brilliant but could be improved.</td>
</tr>
<tr>
<td></td>
<td>I think the health service is very good for our age group</td>
</tr>
<tr>
<td></td>
<td>London Hospitals not good for the elderly</td>
</tr>
<tr>
<td></td>
<td>As a constant visitor to Hospital I am grateful for NHS and Colchester Hospital</td>
</tr>
<tr>
<td></td>
<td>The NHS is OK but can be slow. I always get the right treatment though.</td>
</tr>
<tr>
<td></td>
<td>Have always found them faultless, but would like to see them better remembered by the Government</td>
</tr>
<tr>
<td></td>
<td>I believe the NHS does very good work and more money should be put into it, waiting lists should be shorter and wages better for nurses.</td>
</tr>
<tr>
<td></td>
<td>The health service is good but could be improved</td>
</tr>
<tr>
<td></td>
<td>Are they replacing Social Care? It never gives what it promises (Southend)</td>
</tr>
<tr>
<td></td>
<td>Better hygiene could improve MRSA</td>
</tr>
</tbody>
</table>
QUESTION 1. How can people look after themselves? How can we help you take care of yourself and support you and your family in your daily lives?

Be aware of signs and symptoms of illness.

Eat sensibly. Do not be afraid to ask advice or for help.
People who live alone need support at home, but are scared to ask, as they feel a nuisance or burden.

Looking after yourself means good diet, exercise and keeping ones mind active.
Low income families could help with exercise – reduced gym membership and adequate benefits enable them to buy healthy food.

Improving waiting time at surgeries

People who are on benefits but can work should be organised as volunteers to help aged etc.

Making care more accessible by providing transport.

Let people determine their health resources i.e. if they wish to go private give them an incentive.

We need a Parkinson’s nurse!!
Older people need more help in their homes.

Eat healthy, do some exercise, have relevant screening and health checks.

Maybe a ‘MOT’ for people on a regular basis. Could include, taking blood pressure, weight, diabetes check. Things that could be checked by a practice nurse as an ongoing view of a person’s health, which could identify potential problems.

We can help ourselves by eating properly and not abusing our bodies.
The N.H.S. can only help those people who want and ask for help.

Greater concessions with heating costs.

More communication between Health Service & Social Services regarding young children in under privileged families.

Promote Healthy Living

Improved partnership working between Social services and Health with regard to Older peoples services

More understanding of each role.

Eat healthy & exercise

Start teaching children at school when very young about good food and exercise.
Make schools do more exercise with the kids

Get back to us sooner and not keep us waiting (NHS)
To stop stalling and give me my braces!! (Dentist)

Are health centres in the best place?
Linked to schools or places of work.
Communication could be better
People could take more notice of health advice.

Have good diet and keep fit.

**QUESTION 2: When you and your family need help and support, how, when, where and from whom do you want to get it?**

I have a good, supportive GP practice.
Often, it is easy to speak to the nurse, she will then decide if you need to see the GP. They are very reassuring.

Luckily so far I am of an age that I have not had to deal with any health disasters when I would need Health & Social Care. I aim to keep it that way, but if I do I’m sure I will find out where to go!

Church/Social Services/Doctors.

Research family clubs. Stay at home and care better.

Friendly. Constant, personal, reliable.

First stop doctor, and ease of appts, at present not satisfactory, taken away recently the phone call to your doctor re prescriptions.

From specialists in home for the various illnesses.

GP

I would normally go through my GP.

Our GP, Local hospital and social services.

Very satisfied with present arrangements.

I had breast cancer 3 years ago in Harlow Hospital when Rowen Ward was a breast unit. It was taken away, it was so needed chemo ward at Epping was also taken away. Chiefs need to talk more to surgeons and patients such a shame.

Better health care and support services

Diet & Exercise
Free Health tests

They take ages to look in your mouth and poke around, it hurts your mouth – Dentist

Giving advice to people.

Have local surgeries with my Local MP Andrew Rosendale

Takes ages to tell you about the date of appointment

To be more friendly you and the smell ! !

Hospitals to be quicker

Dentists to be more friendly.

Knowing what is available

Citizens Advice
There should be a lot more doctors and dentists so you can get a quicker appointment in case it is serious.

Emergency services to be quicker

Better literature. A directory given out to all parents of school age children.

I have been to the Hospital before it is all right

Out patient agencies working together

Not having complicated telephone systems being put on hold. Knowing what the patients want.

By giving advice

By knowing about diet etc

Having links with the locality.

QUESTION 3: How can we help you get the right services, when you need them, and ensure your care and support is properly coordinated?

We need local clinics, hospitals and medical services. We need more dentists. More care in the community.

Improve waiting times and communications.

Helplines – information, help with understanding what is available.

Not enough experience to this question but I think there are too many people not trained in business practice trying to sort co-ordinator out.

GP. Need more knowledge at hand for PD and other sufferers of various illnesses.

GP should be willing to advise on any specialists or on a range of available treatments. Also should refer patients to any necessary social care services.

Promote Primary Care.
To be honest, until I worked for them I was not aware of the services and support on offer, which I now know are really good.

By helping our overworked GP’s and specialist Doctors, get things done.

Cut hospital waiting times.

Local Doctors need more cash to do this.

A quicker appointment system

Easier access to GP – when needed – not a week later

Early morning – late evening should be available.

Happy with service

Happy with NHS

They don’t tell you

Doctors
Help lines
Walk in centres
Can’t get help from anybody
Local doctors not there enough
Not as personal as it used to be.

We need more doctors so hard to get appointment have to tell receptionists what’s wrong and then someone rings back what a waste of time.
More casualty units

A variety of places – going through school nurse and DCp’s have helped us.
Where do community nurses etc fit into this?
Doctors surgeries - more for Kids and fun televisions and entertainment

Epilepsy – difficult with getting medication
Ask for it as soon as possible.
Nearest possible place, hospitals.

Library

Get Primary Care to advertise what they are doing and not able to do in each town and city.

Additional Comments

We need more care at local level. Big hospitals do not always give the care that is needed. The infection rate is higher. Waiting times are longer. We need more convalescence – this seems to have faded away. People are sent home before they are ready.

Paying at present Private Ins don’t see me stopping as get better and more organised service.

NHS hospitals really need to get their act together far too long waiting lists for clinics and diagnosis.
Far too long waiting for G J Bampton

I am a patient of the Notley practice and am very satisfied with the service I have received there.
I am a patient of North Springfield Dental Practice and I’m also satisfied with them.

No problems with NHS.
I’m satisfied with NHS.

I think the NHS bus is an excellent idea!
I also believe the NHS cannot be faulted in an emergency but appears to struggle with the time people have to wait for appointments.

I must admit I have not had any problems with the NHS. But I know other people who have had very long waiting for answers to their problems.
YOUR HEALTH, YOUR CARE, YOUR SAY
Members were informed about the Department of Health consultation exercise and asked to consider three questions:

- how can we help you take care of yourself
- how, when and where do you want to get help when you need it
- what do you need to help you manage your care and make decisions

After discussion members felt the following were crucial:

**Information at the correct time to enable choice (this to include where to attend for treatment, support available – including social care etc.)** It was suggested an identified person within each GP practice who would advise patients of all the support that could be made available, including links to voluntary agencies, websites etc. When diagnosed with a problem written information is given at that time. This would help not only the patient but the family, friends and neighbours as well.

**Access to a GP practice** – this included being able to make an appointment (members talked about having to keep ringing each day until an appointment became available and that this could take a week making nonsense of the 48 hr availability). That growth in housing equated to more GPs (there was real concern about the high level of building without more GPs)

**Services locally** – this included a discussion about travel arrangements when needing to access specialist units which it was recognised would not be local.

**Good clinical care in a clean environment**

**Quick response to emergencies**

Members were also advised of the questionnaire on the department of health website [www.dh.gov.uk](http://www.dh.gov.uk). The exercise is also available on the Care Trust website [www.braintreecaretrust.nhs.uk](http://www.braintreecaretrust.nhs.uk)

**THE FLU CAMPAIGN**

Members were given the flu information leaflet and their attention drawn to those patients who were eligible for free vaccinations.
**SPINKS LANE CLINIC**
Members were advised that some clinics had started. These included:

Physiotherapy clinic 9–12 Wednesday and Friday
Memory Assessment & Treatment Thursday all day

The Headache clinic will start once a week as soon as staff are in post.

Members asked when the blood clinics would start
*This is still under discussion, however, it was unlikely to be available due to lack of finance.*

One member said she had received her physiotherapy appointment for Braintree and wondered why she had not been referred to Spinks Lane.
*It was suggested that the appointment was made before the clinic was open, however, should the service be suitable the patient could move to Witham from Braintree.*

Members were disappointed that there would not be a minor injuries clinic in Witham, it was noted that Practice Nurses carried several procedures within the GP practices.

**OPEN SPACE**

One member congratulated the Trust on the x-ray service at St. Michaels Hospital which she said was excellent

Another member congratulated the Trust on the excellent blood service at St. Michaels.

One member congratulated the Trust on the service her husband had received after referral to the Rapid Assessment Team

Another member said she had been to Broomfield for an appointment, was seen early had treatment as was out very quickly.

One member had been to the Plastic Surgery unit and had also experienced a very quick service. She did mention this was spoilt by the long wait when she got to the pharmacy to pick up her prescription.

A member asked whether there would be a GP surgery on the Maltings Lane site where there was large estate being built.

**DATE OF NEXT MEETING**
Members are invited to join the official opening of the Spinks Lane Clinic on
**15 November at 7.00 pm.**
YOUR HEALTH, YOUR CARE, YOUR SAY
FEEDBACK FORM FOR LOCAL LISTENING EXERCISES
Thank you for your help with your health, your care, your say.

This feedback form is intended for both local and national organisations or groups to report on the findings their own devolved listening exercise as part your health, your care, your say.

Can I check, are you responding to this questionnaire as:

- A local organisation or group [x]
- A national organisation or group
- Other (record details below)

All the information you submit will be analysed alongside the public’s response and the views obtained from other local and national organisations and groups and will feed in to the development of plans for improving community health and care services.

Please note the feedback form is in three parts:

- Section A: Thinking about the community health and social care services people use, what currently works less well?
- Section B: what do you think of the suggestions for improving health and social care services?
- Section C: details about your organisation and your listening exercise

If you haven’t covered Section A or all of the options under Section B, please just leave those questions blank.

Please make sure that you give us this feedback by 4th November, or earlier if possible. You can find out where to return this feedback by referring to the resource pack website, www.yoursayresources.nhs.uk

As you will see, most questions ask you to tick a box like this:

**Tick one box only**

Other questions give you space to record how you reached your decisions:

Please feel free to write as much, or as little, as you like.
Section A: Thinking about the community health and social care services people use, what currently works well, and what currently works less well?

We want to make community-based health and social care services better for everyone. To help us reach the right decisions, we want to know what the people at the listening exercises you ran thought about community-based health and social care services at the moment.

Q1. What were the three key elements of community health and social care services that people though worked well? (RECORD BELOW IN PRIORITY ORDER)

<table>
<thead>
<tr>
<th></th>
<th>ACCESSIBILITY TO TREATMENT SERVICES</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>HEALTH VISITORS TO VISIT CHILDREN</td>
</tr>
<tr>
<td>3</td>
<td>GP SERVICES</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

Most of the participants were refugees and asylum seekers (Africans), mentioned that they are allowed to access National Health Services such as free medicines and regular check ups.

Many participants appreciated the work being done by Health visitors in the families. They monitor the health of their children in families and advise them on the way of feeding their children on a balanced diet. However they requested that health visitors should be for both children and also adults.

Concerning GPs, most of the participants reported that the easiest way to receive treatment is from GP’s. They said that some GPs are good and they tend to the patients in a proper way, but some GP’s are less trained, do not satisfy clients with their needs such as proper check ups, they are ever in hurry to go to the next patient and some of them do not have good relation ship with patients.
What were the three key elements of community health and social care services that people thought worked less well?

(RECORD BELOW IN PRIORITY ORDER)

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Appointments with GP’s are not met at exact time.</td>
</tr>
<tr>
<td>2</td>
<td>Inadequate information on services available and its accessibility.</td>
</tr>
<tr>
<td>3</td>
<td>Delays to meet specialist and language barrier.</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

All the participants from the two tables of 10 people in each group pointed out that it is very difficult to make appointments with GP’s. They said that the GP’s have a system of:

a) each patient to make a phone call to the surgery and fix an appointment on that day one wants to meet the Doctor. They said that this is a problem because sometimes the phone is engaged throughout and it is difficult to go through. They said that no one is allowed to ring before 8:30 and so if a person is seriously sick has to wait and when you go to Accident and Emergency they would refer you back to your GP.

b) Appointments are also time wasting because when a patient is given an appointment to be seen at 11:00, due to delays the patient is seen by the Doctor after 30 minutes or an hour. This distorts the plan of the day.

Inadequate information on services available and its accessibility.

Many participants said that they lack information on the existing service and how to access them. This is because they do not know where to access the information and also they may have this information but because of language barrier they do not understand English.

The GP’s refer patients to the Specialists, but to meet the specialist takes you almost sixth Month when you are even feeling better. At times when it is mixed with language barrier, a patient is told that they are looking for a person to translate and this takes so long.
What other issues did people mention? Please record any personal stories here if possible

Lack of commitment within the hospital. One of the participants MSX, told her personal experience;

My child fell sick and was passing diarrhoea, vomiting and could not eat well. I took the baby to Y hospital. I requested to see the Doctor at once, but we were kept waiting for over thirty minutes despite the fact that the nurses show my child very sick and weak. The Doctor checked my baby and I expected him to admit my baby in the hospital but he gave some medicine and told me that the baby would be alright. I was so soaked and I was not happy because my baby had even some bleeding from the ears. I expected the baby to be put on the drip to gain the water he had lost but this did not happen. At night the temperature of my baby were high, diarrhoea and vomiting increased and I rushed the baby to the hospital that night, my baby was put on drip. We hardly spent 1hr and I was informed that my baby had passed away. I cried and I condemned the Doctor and the hospital who did not show caring attitude. I even thought that some Doctors are unqualified. I was so upset and I sued that Doctor because he killed my baby. Had he paid much attention, my baby would not have died. I sued him so that this may not happen to other mothers like me. There is need to educate the doctors to “handle with care” their patients with commitment.

Other issues were:

- lack of good relationship between patients, nurses and Doctors.
- lack of counsellors at the surgeries.
- lack of freedom for people to choose their GP’s.
- Emergency line is difficult to understand because of language barrier, everything is in English.
Section B: what did people think of the suggestions for improving health and social care services?

HOW CAN PEOPLE LOOK AFTER THEMSELVES? HOW CAN WE HELP YOU TAKE CARE OF YOURSELF AND SUPPORT YOU AND YOUR FAMILY IN YOUR DAILY LIVES?

We are committed to helping people take better care of themselves, but big questions remain about how it can best do this.

...Thinking about how the NHS, Social Care and other services might help people to look after themselves more...

Q2. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

1. Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

2. Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

3. Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg advisors to help with housing, employment and training and benefits), children’s centres and other locations.

4. Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer.

None of the above
Don’t know
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Participants selected no one priority, because the first question was on how the maintain their health. They said that by regular check ups, eating balanced diet and doing exercises. They requested the Government to increase on NHS funding in order to provide free access to gym facilities. There should be working with other agencies who will raise awareness on the existing information and facilities within the communities.

Availability of community nurses who will encourage families to go for checkups whether sick or feeling well and to eat well in order to avoid sickness. They encouraged the Department of Health to provide facilities and equipments to the drop/walk in centres for easy access. Counsellors to be trained and at least each surgery to have a counsellor because some people do not need medicine but consolation because of stress.

There was discussion on provision of food inspectors by either Department of Health or Government, because some traders or sellers tend to sell expired and rotten food and fruits which at times cause illness. Some people said that sometimes food is a bleeding element of diseases.
Q3. Did people think it would be enough for Government to only do these things to help people take better care of themselves? Why?

Many people said that these would help both the people and the Government itself. For example they said that if people are cared for and are healthy; the Government will not spend so much money on NHS. Secondly, people will be healthier and will be more productive for the nation and boost the economy. They will also socialise with other people knowing that they are healthy.

When they were discussing, there was an element of stress whereby people said that failing to get any consolation, people tend to take drugs and over drink so if facilities are in place and counsellors, perhaps people will benefit and the Government will not spend much.

Q4. What else would people like the Government to do to help people take better care of themselves?

-Translation of some information in local languages.
-Emergency line to be simplified. Employ people to talk to people but not machines.
-Reduce delays in meeting the specialists.
-Employ more nurses from abroad to ease service delivery.
-Allow people to access both private and government health facilities.
-Dentists are very expensive should reduce the cost.
-Doctor’s qualification should be re-investigated.
- Introduce ID for easy access of healthy services.
- Reduce waiting time in A&E.
We want people to be able to use and find their way through health and social care services more easily. We also want these services to be ‘joined up’, even if several people or organisations are providing them.

...Thinking about how the NHS, Social Care and other services might help people find the services they need and improve the way these services are joined up ...

Q5. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

Providing more help to people caring for others, for example with more respite care

Providing people with better information about what NHS, local authority and social care services are on offer

Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions

None of the above

Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:
Q6. Did people think it would be enough for Government to only do these things to help people manage their care and make decisions?

Q7. What else would people like the Government to do to help people manage their care and make decisions?
When you and your family need help and support, how, when, where and from whom do you want it?

We want to make sure people have access to the services they want, when they want them, where they want them and from whom they want them. But to do this there are some tough choices to be made.

...Thinking about how the NHS and Social Care and other services might improve how, when, where and from whom community-based services are delivered...

Q8. Which of the following did the people at the listening exercises you ran think should be top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits

Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups, people with disabilities.

Allowing people to choose how to receive services at the end of life and to die where they want with dignity. (This options is about the care people receive at the end of their lives, it is not about euthanasia)

None of the above

Don’t know
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

The participants’ most option was to allow people access treatment or health services in whatever borough they go not to stick to one GP. Many people said that in case they follow sick while on holidays or visit they can not access services. They said that Identity cards and database should be put in practice in order to allow the identity and this will enable people access services wherever they are. In addition, they said that people should be allowed to go abroad and access operations services because of delays in this country. All in all they said that people should have their choice on the services they want and where they want to access the services.

The participants appreciated the walk in centres whereby you can visit the centre whenever you are sick. They requested for more community health centres in the local areas in order for them to access the services easily and anytime. They said that this would improve on their access to the information on services available. They opted for the community centres to be well equipped with equipments such as x-rays, scanning facilities, nurses and Doctors. They requested that let there be a counsellors in the community centres and surgeries.

Some of the participants suggested that they should have their choice and freedom to access to visit the surgeries at any time they want. They said that surgeries should open 12 hours. If they cannot then they should contract agencies to work in the odd hours. In case of emergency, they should go to the nearest community centres but not to A&E because of easy access.

They also advised to improve on the way appointments are made and delayed. More doctors should be at the surgery to reduce the delays in appointments.
Q9. Did people think it would be enough for Government to only do these things to help provide service how, where, when and from whom people want them? Why?

Most of the participants said that they prefer GPs and community health services such as walk-in centres. According to them, service delivery is poor therefore it should be improved and once improved then a better NHS and service delivery. They prefer the GPS so these are things they want GPs to improve on:

- Appointments to be as fixed and no delays.
- Good relationship with patients.
- Proper checkups and not in a hurry.
- Proper listening and communication.
- Qualified but not experienced Doctors.
Q10. What else would people like the Government to do to help provide services how, where, when and from whom people want them?

- raise awareness in the community on the availability of health services and how to access them.
- Food inspectors to be in place.
- provision of counsellors at the surgeries
- reduce costs on dentistry services.
- Replacement of emergency line with people to talk and discuss with patients.
- reduce delays to meet specialists.
- train more nurses or bring more nurses from abroad
- provision of information in local languages
Q11. Looking across all the options we have asked about, which of these did your group think was the most important thing to be done immediately?

- Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.
- Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.
- Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (e.g., advisors to help with housing, employment and training and benefits), children’s centres and other locations.
- Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer.
- Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.
- Providing more help to people caring for others, for example with more respite care.
- Providing people with better information about what NHS, local authority and social care services are on offer.
Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions

Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits

Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups, people with disabilities.

Allowing people to choose how to receive services at the end of life and to die where they want with dignity. (This options is about the care people receive at the end of their lives, it is not about euthanasia)
Q12. Please summarise the main reasons why this option was chosen as the key priority?

Participants thought the first priority was to:

Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live. The reasons being;

a) Transfer from one borough or area to another one,
b) while on holidays,
c) visits to families and friends where a person may fall sick and needs treatment. People should be given freedom to access any GP wherever they are and also freedom to choose the Doctors of their interest, not to allocate for them by NHS. Most of the participants chose this option as their priority.

The second option was:

Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

The participants suggested that this option will be for better accessibility of services, and they will not have to waste a lot of time booking an appointment because most of them will be walk in services. This will improve on service delivery and easy accessibility to information on existing services and new policies on NHS. They also said that it would reduce the delays and long waiting to see the specialists.

The third option was: Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment. This was the first question which was asked how people help themselves and their family. They said that by checkups, exercise and good balanced diet, however they said that there is need for them to get more knowledge and information on how to do it better that will improve their health.

The fourth option was: Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg advisors to help with housing, employment and training and benefits), children’s centres and other locations.

Participants expressed their fear because they buy expired foods, rotten and spoiled food without their notice, which they believe can be a source of bleeding diseases. Therefore they requested Government to introduce inspection of foods.
Q13. Please summarise the main points from the discussion about whether these changes address the things that work less well at the moment, and maintain and support the things that work well at the moment.

Things people thought worked well:
- ACCESSIBILITY TO TREATMENT SERVICES,
- HEALTH VISITORS TO VISIT CHILDREN,
- SOME OF GP SERVICES.

Things people thought were not working well:
- APPOINTMENTS WITH GP’S ARE NOT MET AT EXACT TIME.
- INADEQUATE INFORMATION ON SERVICES AVAILABLE AND ITS ACCESSIBILITY,
- DELAYS TO MEET SPECIALIST AND LANGUAGE BARRIER.

GPs and Community Health Centres were preferred by most of the people and suggested that to be efficient and effective NHS should change the following:
- good relationship with patients.
- reduce delays by fulfilling the appointments.
- Doctors to handle patients with care.
- lack of good relationship between patients, nurses and Doctors (create good relationship).
- lack of counsellors at the surgeries (need to train counsellors and provide each surgery with a counsellor).
- lack of freedom for people to choose their GP’s (this should be open for people to have choice of their own).
- Emergency line is difficult to understand because of language barrier, everything is in English so get alternative (employ people).
- Provision of materials with information in local languages to reduce language barrier.

--When Community services are introduced it will reduce delays and pressure on the GPs.
Q14. Please summarise the main points from the discussion about what else the Department of Health should be doing to make sure that community-based health and social care services meet people’s needs in the 21st century?

- raise awareness in the community on the availability of health services and how to access them.
- Food inspectors to be in place.
- provision of counsellors at the surgeries
- reduce costs on dentistry services.
- Replacement of emergency line with people to talk and discuss with patients.
- reduce delays to meet specialists.
- train more nurses or bring more nurses from abroad
- provision of information in local languages
- Contract health agencies to do some work.
- Doctors need refreshment courses to improve on their services to the patients.
Section C: details about your organisation and your listening exercises

To help us analyse the information you have given us, we need to find out a little bit more about your organisation and your listening exercise.

A. How many people took part in your devolved listening exercises?

Write in below

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<td>20</td>
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B. What sort of listening exercise was it?

(Please tick one box only)

<table>
<thead>
<tr>
<th>Session Duration</th>
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<tbody>
<tr>
<td>A day long session (from 5 to 8 hours long)</td>
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<tr>
<td>A half day session (from 3 to 5 hours long)</td>
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<tr>
<td>Up to 3 hours long</td>
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</tr>
<tr>
<td>Other (record below)</td>
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</table>

C. How many of each of the following types of people took part in your listening exercise?

(Please put a number in each box even if it is zero)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Members of the general public (i.e. with no specialist interest in health and social care)</td>
<td>16</td>
</tr>
<tr>
<td>Members of the public who are involved with health and social care services e.g. PPI forum members</td>
<td>1</td>
</tr>
<tr>
<td>Paid staff from your organisation</td>
<td>1</td>
</tr>
<tr>
<td>Voluntary staff from your organisation</td>
<td>2</td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
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</tbody>
</table>
D. Please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Count</th>
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<tbody>
<tr>
<td>Children and young people</td>
<td>2</td>
</tr>
<tr>
<td>Older people</td>
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<tr>
<td>Pregnant women (and their partners)</td>
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</tr>
<tr>
<td>Socially disadvantaged people</td>
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<td>Disadvantaged children</td>
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<td>Smokers</td>
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<tr>
<td>Excessive drinkers</td>
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<td>Obese people</td>
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<td>Substance misusers</td>
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<td>Disabled people</td>
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<td>People in prison</td>
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<td>Black and minority ethnic groups</td>
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<tr>
<td>Travellers</td>
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<tr>
<td>Homeless people</td>
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<tr>
<td>People with mental health problems</td>
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<tr>
<td>People with long term conditions</td>
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<tr>
<td>People with caring responsibilities</td>
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<tr>
<td>Other (record below)</td>
<td>23</td>
</tr>
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E. Of the people that took part in your listening exercise, can you please tell us how many were from each of the ethnic groups listed below

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Number</th>
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<tbody>
<tr>
<td>White British</td>
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<tr>
<td>White Irish</td>
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<tr>
<td>Any other white background</td>
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<tr>
<td>White and Black Caribbean</td>
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<tr>
<td>White and Black African</td>
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<tr>
<td>White and Asian</td>
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<tr>
<td>Any other mixed background</td>
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<tr>
<td>Indian</td>
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<td>Pakistani</td>
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<tr>
<td>Bangladeshi</td>
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<tr>
<td>Any other Asian Background</td>
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<tr>
<td>Caribbean</td>
<td>0</td>
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<tr>
<td>African</td>
<td>15</td>
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<tr>
<td>Any other Black background</td>
<td>0</td>
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<tr>
<td>Chinese</td>
<td>0</td>
</tr>
<tr>
<td>Rather not say</td>
<td>0</td>
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</tbody>
</table>

F. Which of the following best describes the sector to which your organisation or group belongs / where you work:

(Please tick one box only)

- PPI forum or other patient group
- Community-based NHS services
- Local authority social care services
- Private sector health or social care services
- Voluntary sector health or social care services
- Other (record below)
G. If your listening exercises mostly involved staff rather than patients or service users please can you identify from the list below which groups they most often have contact with or provide services for:

*(Please tick all relevant boxes)*

<table>
<thead>
<tr>
<th>Group</th>
<th>Ticked</th>
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<tbody>
<tr>
<td>Children and young people</td>
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<tr>
<td>Older people</td>
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<td>Pregnant women (and their partners)</td>
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<td>Socially disadvantaged people</td>
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<td>Disadvantaged children</td>
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<td>Smokers</td>
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<td>Excessive drinkers</td>
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<td>Substance misusers</td>
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<td>Disabled people</td>
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<td>People in prison</td>
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<td>Black and minority ethnic groups</td>
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<td>Travellers</td>
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<td>Homeless people</td>
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<td>People with mental health problems</td>
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<td>People with learning disabilities</td>
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<td>People in hospices/residential care</td>
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<td>Asylum seekers</td>
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<td>People with long term conditions</td>
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<tr>
<td>People with caring responsibilities</td>
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<tr>
<td>Do not deal with specific sectors of the community</td>
<td></td>
</tr>
<tr>
<td>Other (record below)</td>
<td>n/a</td>
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</tbody>
</table>
If you work with specific ethnic groups, which of these groupings do you represent or work with?

<table>
<thead>
<tr>
<th>Grouping</th>
<th>Box</th>
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<tbody>
<tr>
<td>White British</td>
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<td>White Irish</td>
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<td>Any other white background</td>
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<td>White and Black Caribbean</td>
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<tr>
<td>White and Black African</td>
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<tr>
<td>White and Asian</td>
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<td>Any other mixed background</td>
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<td>Indian</td>
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<td>Bangladeshi</td>
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<td>African</td>
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<td>Any other Black background</td>
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<td>Chinese</td>
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<tr>
<td>Do not deal with specific ethnic groups</td>
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<td>Other (record below)</td>
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</table>
I. If you are a regional organisation, please tick the box below for the region you mainly work in

<table>
<thead>
<tr>
<th>Region</th>
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<tbody>
<tr>
<td>North East</td>
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<tr>
<td>North West</td>
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<tr>
<td>Yorkshire &amp; the Humber</td>
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<tr>
<td>East Midlands</td>
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<tr>
<td>East of England</td>
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<tr>
<td>South East</td>
<td></td>
</tr>
<tr>
<td>London</td>
<td>x</td>
</tr>
<tr>
<td>South West</td>
<td></td>
</tr>
<tr>
<td>National Organisation</td>
<td></td>
</tr>
<tr>
<td>Not applicable</td>
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</tbody>
</table>

J. What is the name of your organisation?

French African Welfare Association (FAWA)

K. What type of organisation are you responding as?

<table>
<thead>
<tr>
<th>Type of Organisation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A local organisation</td>
<td>X</td>
</tr>
<tr>
<td>A national organisation</td>
<td></td>
</tr>
<tr>
<td>Other (please record below)</td>
<td></td>
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</tbody>
</table>
L. Would like to be listed as a contributor to the consultation?

<table>
<thead>
<tr>
<th>Yes</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

K. If you would like to receive a summary of our findings, please enter your contact details or email address in the box below:

French African Welfare Association (FAWA)
537 Norwood Road, West Norwood, SE 27 9DL
mtameze@netscape.net
Gateshead Access Panel

Your Health, Your Care, Your Say

November 18 2005

Present; Ray Williams, Sandra Beeston, Anna Mace, John Harrison, Michael Brummit, David Sloane, Barry Coombes, Frank Lewis.

In attendance; Ian Atkinson, Christine Pickersgill

We held a Focus Group looking at both Health Care and Social Care. The meeting was held as an open discussion group, based on three questions, always focusing on the five principles of; choice, making life easier, giving people a say, promoting independence and dignity, and supporting people who provide care.

How can people be helped to take care of themselves?

Physical Access

As many of the group members are wheelchair users, physical access was a big talking point. Concerns were around external access routes to enable people to get to their GP, Pharmacist, Dentist and so on. It was also reported that some buildings were still not independently accessible. The results of these access problems mean that disabled people feel they do not have the same choices when it comes to taking care of themselves. It was also mentioned of a lack of privacy as people are forced to depend on family and friends to get them to their GP.

Staff Training

One person told of how she was told by doctors that she no longer needed a smear test, as she had recently had one hip removed and the other replaced, and it was too difficult and painful for her. She was advised to sign a consent form to say that she did not want the tests anymore. She then received the form in the post with a note asking her to reconsider as her decision would endanger her health. She never signed the forms, but has now lost confidence in the doctor. She feels that it was suggesting she would not have a sexual relationship again, because of her disability. Clearly Disability Equality Training is needed here. Traditionally disabled people have not been involved in their own health care, with Medical Professionals deciding what is best for individuals. If the question is about people taking care of themselves then they need to be involved at all levels of discussions. Where Gateshead Access Panel have provided Training to Health and Social Care professionals, our members have noticed improved attitudes towards disability.

Reference: Your Health, Your Care, Your Say Focus Group

File No:  
Date: 25/11/05  
Page 1
Dentists

One person has been warned that as from April 2006 his dentist is likely to become private. This would mean a monthly charge of £10 to £14 in order to remain with that practice. The same person had asked a year ago about access improvements as he currently has to climb two flights of stairs with assistance. The long term access plan was due for completion in 2008, begging the question about monthly charges when he cannot even access the building. Other members of this Focus Group feared the impact of charges for those people claiming disability benefits. Again, issues of choice and independence were of concern to people.

Accessible Formats

Accessible formats were discussed for such things as prescriptions and tablet box labels. This issue has been raised many times before. It is a particular problem for tablet labels as these are too small to be easily read even with the use of magnifiers. It was said that on products such as bleach Braille is put on as standard practice, and that this may be one solution for small labels which contain vital information.

Social Care

In regard to Social Care there was a lot of discussion suggesting that Social Services ought to be thinking long term rather than going for what appears to be a cheaper option, but ends up costing more in the long run. The best example is the argument of whether a person should have Equipment or Personal Assistance. This is a long running debate in Gateshead. One of our visually impaired service users has requested a CCTV to enable him to read his own post in privacy. This would be a one off payment and provide him with independence. The alternative would be to provide Personal Assistance, leaving him dependent on other people. This would be an ongoing cost. It was also said that Social Services criteria needed to be more flexible in order to give people choices and promote independence.

From there we moved on to the next question.

Why, When and Where do people get help when they need it?

Somebody suggested that where premises were inaccessible providers could offer a home visit. This discussion centred around dentists again, but would apply to other Health and Social Care providers. We did know of one of our members
who does receive a home visit from her dentist, but the issue here seemed to be a lack of promotion or information about this type of service. In terms of dentists this would only apply to check ups, meaning that any treatment may have to be done at the dental hospital. One woman needs to get her treatment at the hospital because of specialist care she needs due to her regular medication.

**Bensham PCT Walk-in Centre**

Gateshead Access Panel heard of concerns about the location of the new Walk-in Centre before it was open. The concerns are about how disabled people can get to the Walk-in Centre from other parts of the Borough. One person present at this Focus Group said that she would need to get a taxi to the door, and she only lives about one mile away. To other people this would be too costly. Once inside the building, it is difficult to get around for wheelchair users or ambulant disabled people because of its sheer size. All of these reasons may put disabled people off using the centre. Another person felt that it wasted her time as she was referred from there to the Queen Elizabeth Hospital. Therefore information needs to be more widespread to inform patients of the type of treatment offered here, to prevent people from wasting time and money.

**Self Referrals**

There was confusion within the group about getting referred to a physiotherapist. Some people are told to self refer, whilst others are advised to get a referral through their GP. Either way, there are large waiting lists. Also people complained that you can only access physiotherapy for a maximum of six weeks. This is not adequate for long term, degenerative conditions such as arthritis. Also it was said that Gateshead does not have a hydrotherapy pool, which could act as a preventative measure for many conditions. For one woman she would need to be admitted to the Freeman Hospital in Newcastle in order to use their pool. Again, she could only use the pool during her stay, meaning she cannot go swimming regularly as public swimming pools are too cold for her. A hydrotherapy pool should be available for people to use as and when they choose. Even if people find a warm pool, they get cold going to and from the changing rooms. The warmest pool within the borough of Gateshead is Dunston, but the building is inaccessible to many disabled people. However, the temperature of public swimming pools do not compare to the warmth of a hydrotherapy pool. The hydrotherapy pool at the National Starr Centre in Cheltenham was mentioned as a good model as it is a 25 metre pool. Therefore people have space to either swim or do their physiotherapy. Gateshead Access Panel have been involved in consultation about redevelopments in Blaydon. Part of the plans are to build a leisure complex. It was suggested during this Focus
Group that hydrotherapy could be included, and therefore people would not need to be referred.

**Waiting Lists**

Gateshead Access Panel is aware of people who are left on waiting lists for Occupational Therapists and for Social Workers with Gateshead Council. This is because of a lack of workers. We are told that in Gateshead the reason for this is because of the differences in pay scales between Local Authority and Health workers. The outcome to all of this means that rather than finding preventative measures peoples conditions are exacerbated. Again, referring to the five principles we are guided by such waiting lists neither provide choice, promote independence nor make life easier for disabled people.

**What do people need to help them manage their care and make decisions?**

From the discussions people felt they need information in formats that they understand. In many cases, particularly around health care, people felt that they needed to be more involved in decisions about their lives. We have had service users attending the Patient, Carer and Public Involvement meetings, but there is little chance for people to have an input because the meetings are filled with presentations. Two people reported back from one meeting that it had been taken up with a demonstration to practitioners about how to wash their hands, rather than getting views from patients and carers.

Disability Equality Training was mentioned repeatedly, and everybody liked the five principles that the consultation was based around. It was felt that these principles should be promoted more.

There was a lot of discussion about the need for more flexible criteria to meet an individuals needs. Direct Payments need to be used more imaginatively to provide people with more choice. Examples of this were given around respite care, and around the discussion on hydrotherapy. People want ways to prevent medical treatment, by keeping themselves active.
Learning Disability Partnership Board, 24 October 2005

Notes of group discussions:
The three ‘Your health, your care, your say’ policy questions

QUESTION 1: How can people look after themselves? How can we help you take care of yourself and support you and your family in your daily lives?

• Appropriate access to health care professionals
• Health care professionals recognising individual needs
• Health care professionals to have more time allocated to the process recognise the needs of people with a learning disability
• Health care professionals to have a basic understanding /level of training into the needs of people with a learning disability
• Health and social care professionals to acknowledge the expert contribution of family carers about their own sons and daughters

QUESTION 2: When you and your family need help and support, how, when, where and from who do you want to get it?

• Improve access to GPs
• Improve communication between GPs and their patients - written and verbal
• Address issues of interpretation for people whose first language isn’t English
• Primary health centres could be one-stop centres for people to access health and social care services - people want good local access
• Services could reach out proactively - eg to schools

QUESTION 3: How can we help you get the right services and make sure your care and support is properly joined-up?

• Need more, better and more accessible information from GPs, hospitals etc
• People would like to have procedures explained better to them when they go into hospital
• It would help to have the same support worker each time you go to the doctor or dentist
YOUR HEALTH, YOUR CARE, YOUR SAY
FEEDBACK FORM FOR LOCAL LISTENING EXERCISES
Thank you for your help with *your health, your care, your say*.

This feedback form is intended for both local and national organisations or groups to report on the findings of their own devolved listening exercise as part of *your health, your care, your say*.

Can I check, are you responding to this questionnaire as:

- A local organisation or group
- A national organisation or group
- Other (record details below)

All the information you submit will be analysed alongside the public’s response and the views obtained from other local and national organisations and groups and will feed in to the development of the Government’s plans for improving community health and care services.

Please note the feedback form is in three parts:

- Section A: Thinking about the community health and social care services people use, what currently works well, and what currently works less well?
- Section B: What did people think of the suggestions for improving health and social care services?
- Section C: Details about your organisation and your listening exercise

If you haven’t covered Section A or all of the questions under Section B, please just leave those questions blank.

Please make sure that you give us this feedback by 4th November, or earlier if possible. You can find out where to return this feedback by referring to the resource pack website, [www.yoursayresources.nhs.uk](http://www.yoursayresources.nhs.uk).

As you will see, most questions ask you to tick a box like this:

*Tick one box only*

Other questions give you space to record how you reached your decisions:

Please feel free to write as much, or as little, as you like.
Section A: Thinking about the community health and social care services people use, what currently works well, and what currently works less well?

We want to make community-based health and social care services better for everyone. To help us reach the right decisions, we want to know what the people at the listening exercises you ran thought about community-based health and social care services at the moment.

Q1. What were the three key elements of community health and social care services that people thought worked well?

1. 
2. 
3. 

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

PLEASE NOTE: THERE WAS LITTLE CONSENSUS IN THE GROUP ON THESE ISSUES SO ALL DISCUSSION IS NOTED BELOW.

Q2. What were the three key elements of community health and social care services that people thought worked less well?

1. 
2. 
3. 

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

PLEASE NOTE: THERE WAS LITTLE CONSENSUS IN THE GROUP ON THESE ISSUES SO ALL DISCUSSION IS NOTED BELOW.

Q3. What other issues did people mention? Please record any personal or local stories here if possible.

Overall
There was disagreement among the group on the overall quality of services
- Some feel that services are generally good
- Others feel there are areas of good practice, driven by individual practitioners or the policies of local
service providers such as PCTs
- Others feel there is a serious problem with quality overall and that services only work well around 60% of the time

Elements that work well
- When it happens, the joint assessment carried out by social services and PCTs works well because:
  - It ensures that people are aware of the services available to them, which otherwise they may not have been aware of
  - It provides a link into local advocacy organisations
  - However, this does not happen consistently
- Care assessments can also be a positive experience for those who receive them
  - But it can take between 9 and 12 months to receive an assessment
  - And there is little consistency in terms of the volume of assessments conducted
- GP practise works well when the issue can be dealt with by the GP themselves
  - But referrals to external parties such as specialists often highlights poor communication and co-ordination between services
- Direct payments work well
- NHS direct works well
- Community services, e.g. mental health services
- Pharmacists provide good access to medicine

Elements that work less well
- As discussed above:
  - Lack of consistency in provision of joint assessments and care assessments
  - Delay in receiving care assessments
  - Poor co-ordination and communication between services
- Plus:
  - Inequalities in provision of services, leading to geographic inequalities in access to services
  - Incorrect declarations of mental incompetence
  - Very poor service around rare conditions and unrecognised conditions - nothing good about current service
Section B: What did people think of the suggestions for improving health and social care services?

HOW CAN PEOPLE LOOK AFTER THEMSELVES? HOW CAN WE HELP YOU TAKE CARE OF YOURSELF AND SUPPORT YOU AND YOUR FAMILY IN YOUR DAILY LIVES?

We are committed to helping people take better care of themselves, but big questions remain about how it can best do this.

Thinking about how the NHS, Social Care and other services might help people to look after themselves more…

Q4. How did people at the listening exercises you ran think prioritise these issues? (Please indicate the priority given to each option by writing 1, 2, 3 or 4 in the boxes)

Issue 1a
Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

Issue 1b
Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

Issue 1c
Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (e.g. advisors to help with housing, employment and training and benefits) children’s centres and other locations.

Issue 1d
Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

None of the above
Don’t know
Q5. For each option, please summarise the key points made during the discussion.

### Issue 1a
Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

- This is seen as a current gap in provision
  - Lack of information is a particularly big issue and a key role of the NHS
  - Currently, the voluntary sector is filing the information gap

- It is also a specific problem for long term condition management
  - Doctors deal with short term illness but not with long term management of disease.
  - But this is not necessarily an area where government is best placed to produce information as although they can provide technical information, they are not necessarily well placed to understand and convey what it is like to live with a long term condition

- In addition, there are also specific gaps around rare diseases and incurable diseases

- There is some feeling that information alone is not sufficient
  - Not everyone is able to support themselves unaided so there is a need to provide advocacy as well as information
  - It is critical to enable people ask the right questions in order to receive a better service

- A further issue is assessment
  - This relies on adequate assessment but currently a wide range of issues are missed e.g. people who are neurodiverse, people with behavioural problems
  - This is a training issue for health and social care professionals

- This option could also be ‘middle class specific’ i.e. opportunities/information is most likely to be taken up by those who need them least
  - This leads to a danger that those who need support don’t get it, and that resources are dedicated to people who don’t need them as much

- Transport is also critical as lack of access to transport is a key factor in terms of access to health services but also wider issues such as choice around food
Issue 1b

Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

- There are some potential benefits to this idea:
  - It would provide more sources of information
  - It could help to tackle the issue of wasting doctors’ time

- However, there are also some concerns:
  - It is difficult for health professionals to be well versed in a wide range of conditions
  - There may be problems with involving the private sector
  - Some would prefer doctors rather than other health professionals
  - The voluntary sector may be better placed in some instances e.g. with rare conditions

- There are also a number of specific issues which would need to be addressed to deliver this suggestion
  - Specific consultation areas in pharmacists for advice
  - A telephone helpline to provide access to, for example, a specialist nurse or doctor to provide any clarification required
  - Provision of information in various languages and formats to ensure it is accessible to as many as possible
  - The inclusion of alternative treatments such as homeopathy as well traditional medicine.
  - A clear process, particularly around the management of long term disorders
Issue 1c

Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (e.g. advisors to help with housing, employment and training and benefits) children’s centres and other locations.

- Some feel that this would be a good thing to do
- Specifically, there is need for better signposting, a role which doctors could perform
- This would help to legitimise information provision as an important role for doctors alongside diagnosis and cure

- However, there are other, more basic issues that may need to be tackled first, such as getting GPs to specialise in more areas, addressing the issue of primary care for homeless people

- It may require too much work and would therefore be too costly
- There are also some capacity issues
- And there are some local pilots which have trialled one-stop services and found that they didn't work

- More broadly, there is a role for schools to educate people about these issues
**Issue 1d**

Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

- This issue was covered National Service Framework but is not being implemented

- Independence and activity are not the only issues
  - There also needs to be consideration for the family and larger network of the individual
  - Autonomy would be better than independence – it’s about the right to choose
  - Most people do want to stay independent, but what do we mean by independence? Not black and white – varying degrees of independence.
  - Empowering people is important e.g. around carers
  - Perhaps the focus should be in inclusive rather than independent living – there are opportunities to make inclusive links e.g. wheelchair users could be matched with someone with learning disabilities as they have different skills and abilities

- In addition, there is a shortage of occupational therapists to help deliver these services
Q6. Did people think it would be enough for Government to only do these things to help people take care of themselves? Why?

- All the suggestions are good ideas which are moving in the right direction but they are not new
- There are some other issues which need to be addressed (see below)

Q7. What else would people like the Government to do to help people take care of themselves?

- Want to see more joined-up policy making from government. e.g. the government encourage people to exercise but increased health and safety rules means that public swimming pools are closing down
- Issues around regional and geographic consistency need to be addressed
- There needs to be more focus on empowering patients
- The training of doctors and nurses needs refocusing towards “how can we deliver services that might not cure you but might help benefit your life” rather than delivering solutions
- None of the suggestions address current issues with rare diseases i.e. that GPs and other health professionals might not know about specific disorders
HOW CAN WE HELP GET THE RIGHT SERVICES, WHEN YOU NEED THEM, AND ENSURE YOUR CARE AND SUPPORT IS PROPERLY COORDINATED?

We want people to be able to use and find their way through health and social care services more easily. We also want these services to be ‘joined up’, even if several people or organisations are providing them.

Thinking about how the NHS, Social Care and other services might help people find the services they need and improve the way these services are joined up …

Q8. Which of the following did people at the listening exercises you ran think should be the top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

**Issue 2a**
Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’ and use of case managers. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

**Issue 2b**
Providing more help to people caring for others, for example with more respite care

**Issue 2c**
Providing people with better information about what health and social care services are on offer

**Issue 2d**
Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions.

None of the above

Don't know
Q9. For each option, please summarise the key points made during the discussion.

**Issue 2a**
Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’ and use of case managers. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

- There are a wide range of issues and questions about this suggestion
- It does not tackle the issue of the minimum eligibility threshold for services
  - This needs to be standardised nationally and funded centrally rather than through local government
- There are problems if people are rejected when they are assessed and it is difficult for people to challenge assessments.
- There are different models for this idea for health and social care, which raises questions about which model will be used and requires major attitudes shifts and will need multiple access points until any new system is working well
- People need to have advocacy and support
  - This could be delivered through specialist organisations or support organisations
  - Alternatively, the care assessor could acts as advocate and coordinates other professionals and liaise with families
- There are issues around the skill base, which could mean that any service would be watered down or use ‘tick box’ assessment styles
- The case manager would be key
  - It is critical to establish a relationship, so there should be continuous contact with one person to build trust, rather than a one off assessment
  - It is also important to ensure that people have a single point of contact
  - That person could then act as a ‘case navigator’ to help navigate people through the system
- There are concerns that this suggestion is too rigid.
  - Any system needs to be proportional and relevant to the person as an individual, so it needs to be flexible and dynamic to enable it to change over time
Problem 2b
Providing more help to people caring for others, for example with more respite care

- Overall, there is a strong sense that any system designed to support carers must be flexible in order to be truly carer-focussed
  - It will need to meet the respite care needs of the individual carer rather than a ‘one size fits all’ approach
  - For example, it may be more appropriate to provide childcare, or a gardener, than direct cover for the carer themselves
  - There needs to be more support for carers generally, and it is vital for professionals to listen to their needs
  - Currently carers have no rights to information or to decide or input into the care of the person in need despite the fact that they are the most involved
  - Given the need for flexibility, the direct payment system may be the most appropriate route
  - It might also be appropriate to give carers support in other ways e.g. giving them quick access to primary care or benefit services

- There are cost and capacity issues, given that respite care is expensive – this also means that people with more money will have more choices

- Young carers need to be addressed separately
  - They are often seriously at risk but are not on the ‘radar’
  - Their caring responsibilities affects them in many ways e.g. health, performance at school
  - There may be a need for a child advocate scheme
**Issue 2c**

Providing people with better information about what health and social care services are on offer

- Information is an important issue but is also covered by some of the other suggestions

- There are a number of specific points on this option:
  - Information needs to be provided in accessible formats e.g. a central phone number to give people information about services, more effective marketing and promotion
  - The provision of info should be measured and reported on to ensure good performance
  - A dedicated professional could be used to assess how effectively information is being provided e.g. by assessing people’s knowledge of their condition
  - Specifically, the role of the carer needs to be recognised and it is important to give them information on which to make decisions
**Issue 2d**

Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions.

- Quality is a significant issue: the current high failure rate is costly and leads to wasted resources
- There are also concerns about availability
  - e.g. certain long term illnesses need psychological care or counselling and this is often absent
  - e.g. there are paediatric services that don't translate into services for adults e.g. neuro-diversity.
- There are a raft of concerns around risk management
  - There is concern that risk could be used to delay the extension of choice and responsibility in this area
  - Currently, risk assessments are conducted for professional carers but not for home carers and there is a real issue around whether home carers should be entitled to risk assessment as some issues are difficult to resolve in practice
- There are several points about the importance of support via support groups and the voluntary sector
  - Support groups are seen to be beneficial in terms of bringing together people from similar backgrounds with a facilitator, although this does raise issues around training and confidentiality
  - There is a view that the health service needs to work in partnership with the voluntary sector on this issue, and provide support for the support groups / voluntary sector who can provide these services
  - The NHS also needs to look at alternative ways of supporting people, and there are cultural barriers within the in NHS which prevents this currently
- In addition, expert patient programmes can empower people and also help to save the NHS money
- Waiting times need to be considered from the point when people should be diagnosed rather than when they were actually diagnosed
- Local funding may not be appropriate so should instead be funded centrally e.g. with rare illnesses there may only be one or two people in an area with a condition
Q10. Did people think it would be enough for Government to only do these things to help people manage their care and make decisions? Why?

Q11. What else would people like the Government to do to help people manage their care and make decisions?
We want to make sure people have access to the services they want, when they want them, where they want them and from whom they want them. But to do this there are some tough choices to be made.

Thinking about how the NHS and Social Care and other services might improve how, when, where and from whom community-based services are delivered...

Q12. Which of the following did the people at the listening exercises you ran think should be top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

**Issue 3a**
Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits

**Issue 3b**
Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

**Issue 3c**
Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for people to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

**Issue 3d**
Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups and people with disabilities.

**Issue 3e**
Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

None of the above

Don’t know
Q13. For each option, please summarise the key points made during the discussion.

**Issue 3a**
Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits

- There is a feeling that it is important for services to understand people’s lifestyles and respond appropriately so flexibility is critical
- This is currently not the case and services do not take into account people’s needs and wants

- There are also a range of specific points on this issue:
  - Carers may need to be replaced with a care worker
  - The flexibility of times that care at home is provided is crucial
  - Appointments need to be kept once they are made
  - Alternative means of access, such as email, could be explored
  - Multiple appointments on the same day would be convenient
**Issue 3b**

Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

- There are several examples where this would be helpful e.g. for people who need regular blood pressure tests who currently need to take half a day off work for each appointment
- Although not everyone would want it, people should have the option

- There are also broader issues around service provision and self-referral
  - Individuals may have views on the service provider they want to use, so self-referral would be helpful
  - The same services are not available everywhere
Issue 3c
Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for people to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

- There are several arguments in favour of this option
  - Most people prefer to access services locally as it takes less time and is more comfortable and familiar
  - People may be a long distance away from their nearest hospital so access to minor surgery at the local GP would make a big difference to a lot of people
  - Some services could be taken into the surgery relatively easily e.g. maternity scans, physiotherapy, blood tests (although there are some notable exceptions)
  - It could also positively improve service quality (there is one personal experience where services were moved back into the hospital and it was appalling)
  - One in every three or four surgeries could be nominated to provide these services

- There are also some reservations
  - There is an example of a pilot offering minor surgery at a GP which was not used enough to make it worthwhile
  - There may be some concerns about having minor surgery carried out by a GP who does not specialise in surgery

- In addition, transport to services is a critical issue
**Issue 3d**

Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups and people with disabilities.

- There are several arguments in favour of this suggestion
- NHS is simply not set up for some groups, so it should reach out to them through tailored services based on information about the needs of potential service users
- Everyone can and should accept that others are in more need of particular services and it should not be seen as preferential treatment e.g. the Disability Rights Commission found people with learning disabilities are 58% more likely to die earlier than others, so it simply is the case that people have different needs
- Issues such as language barriers important to take into consideration as they are really important in terms of increasing access

- There are some very specific issues around the incidence of some conditions amongst prisoners and the need for better screening and assessment
- A study found that more than half of young offenders were dyspraxic, dyslexic or with neuro-diversity and approximately 80% will return to adult prisons
- 90% of people in one particular jail had drug/alcohol dependency and 80% had mental health issues
**Issue 3e**
Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

- There is a feeling that dying is the only certainty we all share and that most people would rather not die in a hospital
  - e.g. experience of working with cancer sufferers who wanted to die at home rather than in hospice but it was difficult to organise
  - e.g. is a big issue for disabled people
- This means that the system should be reversed: the presumption should be that people remain at home unless there is evidence that they need to be taken to hospital
- This may require more proactive planning in advance
- It also raises questions about how much is spent on end of life resources for people

- There is also a feeling that the system to do this is already there, which raises questions about why this is not happening now
- Some feel that it depends whether a person’s GP is willing to help and support them but others disagree
- This then raises questions about what would persuade GPs to take this issue on and whether it is a financial issue
Q14. Did people think it would be enough for Government to only do these things to help provide services how, where, when and from whom people want them? Why?

Q15. What else would people like the Government to do to help provide services how, where, when and from whom people want them?

- Concerns over lack of help for carers when they have to lift: need for a dedicated service
- There is a concern about the ambulance service and the fact that some people end up going to hospital when they don’t really need to
- There should be a protocol to establish what a patient wants and needs instead of taking them straight to hospital
- There is a need to promote the importance of the responsibility of the patient
Q16. Which of these did your group think was the most important thing for the Department of Health to do immediately?

**Issue 1a**
Encouraging and supporting better health, for example through routine check-ups, advice on healthy lifestyles and promoting self-care and self-assessment.

**Issue 1b**
Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

**Issue 1c**
Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (e.g. advisors to help with housing, employment and training and benefits) children’s centres and other locations.

**Issue 1d**
Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer.

**Issue 2a**
Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’ and use of case managers. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

**Issue 2b**
Providing more help to people caring for others, for example with more respite care.

**Issue 2c**
Providing people with better information about what health and social care services are on offer.

**Issue 2d**
Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions.

**Issue 3a**
Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits.
Issue 3b
Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Issue 3c
Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for people to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Issue 3d
Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups and people with disabilities.

Issue 3e
Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

Q17. Please summarise the main reasons why this option was chosen as the key priority.

Q18. Please summarise the main points from the discussion about whether these changes address the things that work less well at the moment, and maintain and support the things that work well at the moment.

Q19. Please summarise the main points from the discussion about what else the Department of Health should be doing to make sure that community-based health and social care services meet people’s needs in the 21st century.
Section C: Details about your organisation and your listening exercises

To help us analyse the information you have given us, we need to find out a little bit more about your organisation and your listening exercise.

A. How many people took part in your devolved listening exercises? Write in below

<p>| | | |</p>
<table>
<thead>
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<td>1</td>
<td>0</td>
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</tbody>
</table>

B. What sort of listening exercise was it?

(Please tick one box only)

- A day long session (from 5 to 8 hours long) **YES**
- A half day session (from 3 to 5 hours long)
- Up to 3 hours long
- Other (record below)

C. How many of each of the following types of people took part in your listening exercise?

(Please put a number in each box even if it is zero)

<table>
<thead>
<tr>
<th>Type of People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members of the general public (i.e. with no specialist interest in health and social care)</td>
</tr>
<tr>
<td>Members of the public who are involved with health and social care services e.g. PPI forum members</td>
</tr>
<tr>
<td>Paid staff from your organisation</td>
</tr>
<tr>
<td>Voluntary staff from your organisation</td>
</tr>
<tr>
<td>Other (record below)</td>
</tr>
<tr>
<td>Staff from other long-term conditions organisations</td>
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</tbody>
</table>
D. And now please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

(Please put a number in each box even if it is zero)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
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<tr>
<td>Older people</td>
<td></td>
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<tr>
<td>Pregnant women (and their partners)</td>
<td></td>
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<tr>
<td>Socially disadvantaged people</td>
<td></td>
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<tr>
<td>Disadvantaged children</td>
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<tr>
<td>Smokers</td>
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<tr>
<td>Excessive drinkers</td>
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<td>Obese people</td>
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<td>Substance misusers</td>
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<tr>
<td>Disabled people</td>
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<tr>
<td>Prisoners</td>
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<tr>
<td>Black and minority ethnic groups (GO TO QE)</td>
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<tr>
<td>Travellers</td>
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<tr>
<td>Homeless people</td>
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<tr>
<td>People with mental health problems</td>
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<tr>
<td>People with learning disabilities</td>
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<td>People with long term conditions</td>
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<tr>
<td>People in hospices/residential care</td>
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<tr>
<td>Asylum seekers</td>
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</tr>
<tr>
<td>People with caring responsibilities</td>
<td></td>
</tr>
</tbody>
</table>

2 People in hospices/residential care

2 People with learning disabilities

5 People with long term conditions

6 People with caring responsibilities

Other (record below)
E. You said that some of the people who took part in your listening event were from a specific ethnic group. Please tell us how many were from each of the groups listed below:

(Please put a number in each box even if it is zero)

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
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<tr>
<td>White Irish</td>
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<tr>
<td>Any other white background</td>
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<tr>
<td>White and Black Caribbean</td>
<td></td>
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<tr>
<td>White and Black African</td>
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<tr>
<td>White and Asian</td>
<td></td>
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<tr>
<td>Any other mixed background</td>
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<tr>
<td>Indian</td>
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<tr>
<td>Pakistani</td>
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<tr>
<td>Bangladeshi</td>
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<tr>
<td>Any other Asian Background</td>
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<tr>
<td>Caribbean</td>
<td></td>
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<tr>
<td>African</td>
<td></td>
</tr>
<tr>
<td>Any other Black background</td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td>28</td>
</tr>
</tbody>
</table>
Which of the following best describes the sector to which your organisation or group belongs / where you work:

(Please tick one box only)

- PPI forum or other patient group
- Community-based NHS services
- Local authority social care services
- Private sector health or social care services
- Voluntary sector health or social care services
- Other (record below)

YES
G. If your listening exercises mostly involved staff rather than patients or service users please can you identify from the list below which groups they most often have contact with or provide services for:

*(Please tick all relevant boxes)*

- Children and young people
- Older people
- Pregnant women (and their partners)
- Socially disadvantaged people
- Disadvantaged children
- Smokers
- Excessive drinkers
- Obese people
- Substance misusers
- Disabled people
- Prisoners
- Black and minority ethnic groups (GO TO QE)
- Travellers
- Homeless people
- People with mental health problems
- People with learning disabilities
- People in hospices/residential care
- Asylum seekers
- People with long term conditions
- People with caring responsibilities
- Other (record below)
H. If you are a regional organisation, please tick the box below for the region you mainly work in.

- North West
- North East
- Yorkshire and the Humber
- West Midlands
- South West
- London
- South East
- East Midlands
- East of England
If you would like your organisation to be listed as a contributor to the consultation, please record its name below:

**NAME OF ORGANISATION**

| LMCA |

If you would like to receive a copy of the summary of our findings, please tell us what format you would like it and give us your contact details:

**EMAIL**

**ADDRESS:** info@lmca.org.uk
Your Health, Your Care, Your Say

RNIB Bristol Consultation

Background

RNIB Bristol is a very busy 'local' centre which supports people with sight loss through many activities, a rehabilitation service, support in employment and for people who are in education. As a result of this there are many opportunities to consult with people who are partially sighted or who have severe sight loss.

Groups

The groups that I approached were three:

- Those from the Arts and Craft who are generally over the age of 75 - 20 in total
- Those who are in employment - 3
- Those from the deafblind Coffee morning - 6

- Of these three people were from the BME community - one Indian, two African Caribbean,
- 18 were women

Method

I explained the background to what was needed and then using the questionnaire I asked the individuals about the three questions that they were asked to respond to. I have tried in the responses set below to address the differing needs of the groups above as the situation and age will obviously affect the service that they need.

1. How can we help you to take care of yourself.

General comment

All the groups were quite knowledgeable about the services that are available for testing of cholesterol level, diabetes testing, blood pressure testing given through some of the pharmacies and the machines that go with this. Others then mentioned that they had
regular tests from their doctors as they had other conditions rather than sight loss which they had to deal with.

The following were the most relevant to them all

- Routine examinations for anyone who wants one - this would be a great improvement and very likely to be used
- Information and advice on monitoring one's own cholesterol - this was also seen as very likely to be used.
- Information and advice and support on improving your mental health and wellbeing - this would also be very likely to be used particularly when people's sight has begun to deteriorate and many of them do not know where to turn
- An NHS booklet on taking care of your own health - this was very popular as long as it was supplied in the appropriate format which wasn't always the case.
- Advice and support about technology - this again was extremely important particularly around house security. Several clients had experienced burglaries which was horrendous since they were blind. They felt that the police did not take this into account when they reported it.
- Information and advice on receiving benefits - people saw this as a service very likely they would take up. Service users felt that this was essential since many were on benefits and it was confusing. They also felt that this needed to be on tape since it was so difficult to understand and also some advice from people.

2. When you need help….how, when, where and from whom would you get it?

Again there were a variety of answers to these questions as the need for each group indicated.

The main responses were:

- GP opening later in the evening - most of those working felt that this should be an option since it was difficult to make appointments during the day and the effort to try and get to an appointment with their disability was so great that they ended up missing them. This would be a great improvement. The
majority of the other service users felt that they could arrange their appointments during the day.

- Once again those who are at work would see it as a great improvement if the surgeries were open on the Saturday morning as an option for them particularly in the winter when an evening surgery meant making their way in the dark which can have repercussion with people with sight loss.

- ALL service users felt that they should be able to see their doctor within 24 hours. Many of the service users gave their experiences of not being able to get through on the telephone and when they did the appointment sheets was full. In most instances they cannot make an appointment three days in advance. They felt that because of their situation and the support that they may need, and which may not be available, they could only visit the doctor when this is in place.

- Those working preferred to have the GP nearer to home rather than work. As they said if they are ill they do not want to travel far to their GP.

- Almost everyone saw no reason to be registered twice - at home or at work.

- Overwhelmingly ALL wanted to be registered with a GP and not just to walk into NHS health Centres. Most service users felt that they needed the personal contact with a GP who knew their medical history.

- Overwhelmingly again service users felt that to be able to get a whole series of advice from one place would make a very great improvement. People gave examples of the amount of chasing they had to do to contact all the services. This became more difficult when they had to use the phone such a lot and they were not familiar with the numbers.

The biggest improvement for service users for the above question was:

- Be able to get advice and information from a GP, Community Nurse, Social Worker, Housing or benefits advice from one place

- The second thing was to be able to see a doctor within 24 hours
3. Making Decisions

Overwhelming from all service users was that they usually made decisions with advice from the professionals who help look after them. Several people then mentioned that it would depend on the gravity of the situation.

When asked how they would prefer to make decisions about their health care they responded with the same answer: advice from professionals who help to look after them.

How much an improvement would each of these options be for making decisions about their own health and independence?

The following emerged as being a very 'big' improvement:

- Being given more information about their health condition
- Being given more information about what NHS and social care services are available

AGAIN they emphasised that this information should be in the appropriate format which wasn't always the case.

How would people prefer to get their information?

Overwhelmingly it was face to face. People by and large were not happy to get this information over the telephone on the Internet or in a written leaflet. Accessibility was the difficulty once again. The three people who worked felt that they could access some of this from the Internet but sometimes it was difficult to trawl through various sites which were not user-friendly. Their preference would be face to face.

Information about Services

There was a change in this and most people felt that they wouldn't mind getting this over the telephone or on a tape (NOT written leaflet).

Improvement of Services

By and large people felt that things had improved about accessing GP services but several people then complained about the
treatment in hospitals and particularly around hospital discharge when they were sent home without adequate support. People also felt that staff they were speaking to did not understand issues around sight loss that the difficulties that people with eye conditions had. They felt that there should be more basic visual awareness for all frontline staff whether they are GP's, nurses or administration staff.

4. Employment Status

3 people were working fulltime and were involved in services at RNIB and the Council. One was a bookings officer for RNIB, another an Advocacy worker and another an outreach worker for the Council.

Most clients were retired and among their jobs were:

- Sub-post mistress
- Canteen worker
- Production worker
- Engineer
- Social worker
- Nurse

5. People's Health and Social Independence

Needless to say that because of the number of people there were various responses to the question of whether their health and improved or not. Most said that it had not changed whilst other felt that with the new technology in computerware, mobile phones etc their lives had improved. If their health had deteriorated then it was because of other problems rather than their eyesight.

Support for other family members

Many of the people were living alone as their partner had died. Some were living in sheltered accommodation. Those whose partners were still alive they said that they helped each other since both had different ailments to manage. Those who are working did have partners who were as active as they were and held down jobs.
Final Comment

People generally said that communication from the NHS has to be improved so that could feel that they could make correct decisions about their health. Alternative formats were not always at hand except when it benefited the NHS and not the service user! The large pieces of equipment for people with sight loss is very expensive particularly such things as talking microwaves, mobile phones, CCTV all of which would make people's lives more independent.

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October 2005

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