Van Der Geest, Joost  General Population
Van Der Geest, Joost  Looked after Children
Van Der Geest, Joost  Older People
Vinokourova, Elena
Weldon, Heldon  3 Sommerset
Weldon, Helen  SomCare Feedback
Weldon, Helen  PwLD
Whittaker, Kieth  South Somerset PCT
Wickham, James  Executive Summary
Wickham, James  Feedback form Group 1
Wickham, James  Feedback form Group 2
Wickham, James  Feedback form Group 3
Wickham, James  Feedback form Group 4
Wickham, James  Feedback form Group 6
Wickham, James  Feedback form Group 7
Wickham, James  Letter to DH
Wilkins, David  Mens Health Forum response 1 - male service users
Wilkins, David  Mens Health Forum response 2 - health professionals
Wilshee, Rebecca  HAL
Wilshee, Rebecca  P2H
WongKeet, Angela
Woodcock, Mark  Asian Day Centre
Woodcock, Mark  Black Orchid
Woodcock, Mark  BME Meeting
Woods, Sarah
Wright, Adele  OLDT
Wright, Adele  OxCity
Wright, Adele  Reading
Wyatt, Helen
Yates, Rebecca  EPP
Yates, Rebecca  Over 50's Roadshow
Yates, Rebecca  Stroke day
Yates, Rebecca  Student nurses
Feedback from General Population (18-60 years)

Around 183 people participated at the events from a variety of ethnic backgrounds and ages. The age of participants ranged from 18 – 60 years.

Approach followed at the Local People in Health event:
Workshop: focus-group discussion (brain-storm session) between representatives from the Barnet PCT patient and public involvement group, to discuss the question ‘When you and your family need help and support, how, when, where and from whom do you want to get it?’

Supporting Stalls at local Shopping Centre: A “Your Health, Your Care, Your Say” stall was created with copies of both questionnaires and Barnet PCT’s Guide to Local Health Services available for passers-bys to pick up. Staff was on hand for part of the day to encourage people to complete the questionnaire and to answer any questions. Approximately 120 people visited the stall with 46 individuals completing a questionnaire onsite.

Approach followed at the Civic Network event:
A total of 113 people participated in focus-group discussions (brain-storm sessions) between representatives from the Barnet PCT, Barnet Council and a wide range of local organisations, to discuss how issues such as screening, smoking cessation, exercise, immunisation uptake could be improved through Partnership Working.

General Comments
- The NHS provides an excellent service
- Improve the appointment system used at GP practices
- Too many patients per GP and too many queues
- Extended opening hours needed, particularly in the evenings and Saturdays.

1. What can I do for myself? How can we help you take care of yourself and support you and your family in your daily lives?

What should be improved?
- Screening:
  - A more pro-active out-reach approach is needed, going to where people are in the community, to provide information and screening facilities: more mobile units, blood pressure checks at supermarkets, festivals, mosques etc.
• Well woman / man clinics (for cancer screening)
• School nurse – was good as a way of picking up early illness signs etc.
• ‘1 stop MOT’ (BUPA example) instead of having to go to see 6/7 different NHS departments.

• **General information on health promotion/healthy living:**
  • A more pro-active out-reach approach is needed, going to where people are in the community, to provide information (at road-shows, festivals, places of worship etc)
  • Use more celebrities to advertise healthy choices (stop smoking etc) as some people (especially young people) are more likely to listen to ‘personalities’ than medical /health professionals.
  • Catch them when they are young (more in-school programmes)

• **Exercise etc:**
  • (Local) sport facilities should be more accessible (lower fees to join, public fitness centres, corporate discounts etc).
  • Fitness clubs in schools
  • More sports competitions in/between schools
  • More promotion of simple ideas to change lifestyle: walking/cycling to school initiatives; grow a cycle-culture (like in the Netherlands; stimulate (fun) walking groups etc.
  • Make parks more attractive as places to recreate (café’s, promote what is available, address safety/vandalism etc.)

2. **When you and your family need help and support, how, when, where and from whom do you want to get it?**

**What works well?**
• Most felt that they were able to get a GP appointment when they needed it.

**What should be improved?**
• NHS Direct – excellent concept, however service appears afraid in providing advice, without referring enquirer to see a health professional.
• Not getting message out to patients regarding Walk-in Centre services and GP Out of Hours services – much better communication is needed
• Extending GP Practice and Health Centre opening hours to early evenings and Saturdays
• More promotion and information on what services are available, where they are and how to access them
• Create smaller ‘Walk-in Centre’ type services in the community, closer to people’s homes
• Increase access to interpreting services in Walk-in Centres
• More information on, and access to double length appointments with GPs and ability to book a GP appointment more than 48 hours in advance
• More advice available in high street pharmacies
• Improve joined up / partnership working
• Provide greater and better access to people from Black and Minority ethnic communities. Be more culturally sensitive in treatment of BME communities
• Advertise services in the community, i.e. leaflets available at Post Offices.

Unclear on the clinical responsibility if patients able to register with more than one GP, however when patient records are able to be shared electronically, patients should be able to attend anywhere.

General feeling for the need to appreciate the longer hours people are working and make services more flexible regarding opening hours and accessibility.
Feedback from Looked after children

Discussions were held with 8 children (aged 13 -17 years) currently residing within children’s homes and 6 care leavers (aged 19 - 23 years) who were previously ‘looked after’.

1. What can I do for myself? How can we help you take care of yourself and support you and your family in your daily lives?

Young people in the residential settings indicated that they are very keen to be supported in helping themselves. There were a large number of ticks in response to question 1 (“Which of these services would you use) with several young people ticking almost all the boxes. They were particularly interested in:

- Help with Exercise
- Information and advice about safe sex, and
- Information and Advice about benefits.

2. When you and your family need help and support, how, when, where and from whom do you want to get it?

Care leavers want support outside formal health settings. They have requested health input to the drop in and want this sort of flexibility i.e. no appointments, 'immediate' access to information, professionals who are 'user friendly' not 'ivory tower'. Young people were also on the interview panel for GPs to undertake health assessments of LAC - the message from them was the same in terms of who they wanted to be doing their health assessments - someone who was friendly, able to relate on their terms, not 'too professional', understood them and their issues. Overwhelmingly the young people in the children's homes wanted to see 'a GP anywhere you choose', they were keen on flexibility around appointment times (early in the morning, late in the evening and Saturday mornings) however were not especially interested in 'getting all care and information in 1 place'.

3. How can we help you get the right services, when you need them, and ensure your care and support is properly co-ordinated?

4 of the young people in the children's homes felt that they made their own choices with the remainder saying they made choices with advice as well as care staff making choices for them. They all felt that they wanted to make choices with advice. They wanted more information about both "conditions or illnesses" as well as about “services you can use”. The way they wanted to get information was over the phone and on the internet. Leaflets and talking with someone received little support.
Feedback from Older people (aged 55+)

A joint event was held for over 250 older people (aged 55+) to consult with them on a wide range of topics. Around 35 people from a variety of ethnic backgrounds participated in discussions around topics that were relevant to the consultations around “Your Health, Your Care, Your Say”.

Approach followed at the event:
Talking Tables: the talking tables were designed to enable engagement with older people around a range of issues that they may want to comment on or discuss with service providers. Small groups of older people were around these tables at any one time, and would come and go as they wish.

1. What can I do for myself? How can we help you take care of yourself and support you and your family in your daily lives?
   At the event, participants were particularly passionate about discussing options and providing suggestions that would help them remain independent and active for longer.

What works well?
- General information on health promotion/healthy living (sources people use and like):
  - Leaflets/letters (preferred), household mailing lists; local newspapers; libraries.
  - Would very much like to receive more information through speakers that come to day centres, social clubs etc.
  - [www.barndoc.co.uk](http://www.barndoc.co.uk) website.
  - A significant minority uses the net.
  - There is recognition of NHS Direct.

What should be improved?
- General information on health promotion/healthy living:
  - Better information from GPs
  - Barnet Council website
  - Would like to receive more information through speakers that come to day centres, social clubs etc.
  - NHS Direct website: inadequate level of information.

- Exercise etc:
  - More should be done to improve availability and accessibility of free exercise classes (Tai Chi, Yoga, swimming) for people aged 55. This
will help in preventing illness, reducing falls, and improving social networks.

- **Creating/improving social networks:**
  - Provide more support for older people living alone to have a social life, in addition to ‘just’ looking after their physical needs.
    - Set up ‘singles clubs’ for older people. This would help those who are living alone to remain healthy and happy and therefore less likely to be hospitalised.
    - Day care facilities, as they promote social contact and stimulation. Housebound people can get depressed being deprived of stimulation.
    - Older people want to continue to learn and there is a cutback in education for older people.
  - Availability of transport is important, as it helps promote participation and minimises isolation. Fear of isolation is a real concern, and participants felt that more should be done to provide support for older people living alone to have a social life. This would help those who are living alone to remain healthy and happy and therefore less likely to need to be hospitalised.

- **Home care/support; tenants:**
  A need was identified to ensure:
  - More easily available and accessible information about what type of support (grants, modifications etc), is available from the Council for older people living at home, including for those: who are owner occupiers, who have (some) private means of support etc.
  - More easily available/accessible gardening services (particularly for tenants).
  - More healthier food, variety, and choice for Meals on Wheels.
  - Older people receive the minor modifications needed in their homes to enable them to stay (longer) within their own homes (raising the height of the toilet, installing a bath with a door entry/exit, stair lifts etc).

2. When you and your family need help and support, how, when, where and from whom do you want to get it?

**What works well?**
- Most felt that they were able to get an appointment when they needed it.

**What should be improved?**
Accessibility of services was frequently mentioned as an important prerequisite to enable older people to stay at home. Health care therefore needs to be local (preferred) and / or better accessible by improved transport links to clinics or hospitals and ensuring transport itself is more accessible (free transport at all times to attend hospital appointments).
• Sheltered housing:
  • Views expressed that access to sheltered housing should not be determined by age but by physical needs.

• Other issues raised:
  • Proper training of social workers/kitchen staff/day centre staff/home care workers/ hospital staff etc. in the needs of BME elders is important (dietary needs etc)
  • Colour coded patient records at GP-surgeries to indicate that an Interpreter is required
  • People are reluctant to complain about services. The right to complain and what should be expected from services (GP etc) should be promoted.

3. How can we help you get the right services, when you need them, and ensure your care and support is properly co-ordinated?

What works well (information sources/channels people use and like)?
Although it is hard to generalise from a relatively small and non-random sample it seemed that:
  • Most participants were happy with the level of information they received about health and social care services;
  • There was a preference for printed material (leaflets, letters, local newspapers)
  • A significant minority said that they use websites to find out health information (charity websites on specific illnesses; NHS Direct).

What should be improved (information sources/channels people would like)?
Participants felt that, having the right information at the right time about: what support/services are available and where/how they can be accessed was mentioned as an important precondition to ensure that older people would be able to remain independent and active for longer. There is a need to ensure better information through:
  • GP’s
  • Council website
  • Out reach to local community centres
  • NHS Direct website: inadequate level of information.
  • A single information centre in the borough, able to provide comprehensive advice and information on all health and social care services available.
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)

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<thead>
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<tbody>
<tr>
<td>1</td>
<td>Physical activities</td>
</tr>
<tr>
<td>2</td>
<td>Importance of good patient/doctor relationship</td>
</tr>
<tr>
<td>3</td>
<td>Importance of family</td>
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</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

The first part involved a discussion on how local people regard physical activities in relation to health. People can exercise in the gym and for some walk to the shop is more beneficial than taking the bus; gardening is also seen as a health activity; PE lessons at school by playing netball, football and exercising. Even home is identified as a place where residents like exercising at the domestic level by walking up and down the stairs. Pets contribute to good health as they help us relax in their presence. Cycling could be beneficial to better health but there is a danger of being on a busy road.

Good relationship between doctor and patient is very important for the residents as well as GP doctor’s experience, good listening skill, holistic approach and gender does not play a vital role. However, some of the young residents highlighted that they would prefer woman doctor and would like to be seen by GP on the join appointment with their mothers.
What were the three key elements of community health and social care services that people though worked less well?

(RECORD BELOW IN PRIORITY ORDER)

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<tr>
<td>1</td>
<td>Self – Care</td>
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<td>2</td>
<td>Community Centres</td>
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<td>3</td>
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RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

Residents felt that opening up families and communities to the NHS, and the NHS to families and communities, was the right way to develop future capacity for self-care and self-management.

Residents identified health problems with eczema, sties on the eye, flu and check up. If residents have health problem they are seeing a GP. There was one example of self care then the mother of 13th year’s old girl ripped her tooth out without visiting a dentist.

Young participants (age 13 – 15) smoke between 5 and 10 cigarettes a day mainly on the street.

Young people in these wards are often on the street rather than socialising with peers in safe and secure environment i.e. youth club, which is currently closed.

What other issues did people mention? Please record any personal stories here if possible
In the next few years this part of the borough will come under regeneration plans and all participants agreed that the area needs more accessible transport to health facilities.

Sport and future of Olympic Games in 2012 are not of interest to young residents, and the only sportsman they know is Michael Owen. However other participants feel proud that London has been chosen for the future Olympic Games in 2012.

Residents felt that parks in the area are abandoning and recently they are being vandalised by youths. Sometimes at St. Luke’s park Fun Fair takes place but it attracts the younger generation mainly.

One of the residents who attended the group had personally campaigned and raised the money to create the King George VI Park in Canning Town.

Everyone in the group agreed that it was this kind of community involvement that was capable of transforming people’s chances of remaining healthy.
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. 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:

1. In the area there are five GP surgeries but only two (2) have woman doctors. There were different perceptions on how long a GP appointment should last. GP’s making a home visit or making a phone call once in two months to check upon patients well being were perceived as acting as family doctor. Participants said that they would prefer their doctor make regular check up in the house because it’s seen as a safe and comfortable place.

2. Teenagers are very concerned that there is no where to go to in the area apart from street where young people hang out or gather together near a derelict block of flats and the state of estates should be improved. Housing has detrimental effect on health, there are big demands for better houses in this area, it’s overpopulated and flats and houses are often overcrowded. Participants concern is that there is no nurse at secondary school who could run advice sessions for students concerning health issues.

3. Youth Club in the area needs to be reopened with access to facilities and the interests of young people. Local health and social authority, and police should recognise the gap in providing safe health and social environment and keep young people off the street. Youth Club is important asset for the borough where young population is very large; however life expectancy in the area is considerably low. Education and promotion of health living, social and friendly environment from early years of life would mirror the future older generation.

4. Residents felt that Social Club, Health and Community Centres are essential for any age group but it is important for the older population not to be excluded from society because isolation and withdrawal from social life are detrimental to health. The book shop would be beneficial to older people where they can socialise.
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:

Health information can be passed via posters, leaflets, sending phone messaging or e-mails.

Residents felt that a good choice of services should be easily accessible for people with long-term health illnesses.
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?
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
Residents said that they would prefer their doctor made regular check ups on them in the house because it’s seen as safe and comfortable place.

One of the residents said that she lived near to Medical Centre but there are no GP appointments available. Area is densely populated, and the population in Newham is very young and it is fast growing so there are needs to open more GP surgeries and dentist clinics to provide faster access to first point of contact with the NHS.

Young residents felt that at secondary schools and colleges’ students could get quick health advice from nurses while they are at school/college rather than visit GP practice and miss a day of school.
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.

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?

Residents felt that check ups, health advice etc. provided at the domestic level would offer patient with positive experience.

Residents also felt that health professionals should be more engage with the community of different ages (provide health sessions & advice at schools/colleges).

Canning Town area is relatively poor so housing should be improved as the residents have seen this as a health detrimental.

Older people should have access to Day, Community etc. centres and not be excluded from the community. Also residents expressed their views about the importance of pivotal community people.

Local NHS services should provide more information on how to access and liaise with the health professions at the different levels, the more information residents would have there could be more choices open to them from which they can chose.

Pharmacies provide local residents with various information and advice on different health issues and problems and as a good practice this should be adapted by local community, health centres etc. as residents felt that more services should be available in community rather than in hospitals.
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?

Accessibility
Reliability
More Services in the community
To adapt more community initiatives
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

<table>
<thead>
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<th>10</th>
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B. What sort of listening exercise was it?  

(Please tick one box only)

<table>
<thead>
<tr>
<th>A day long session (from 5 to 8 hours long)</th>
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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>
</tr>
<tr>
<td>Other (record below) Up to 2 hours</td>
</tr>
</tbody>
</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)

| Members of the general public (i.e. with no specialist interest in health and social care) | 5 |
| Members of the public who are involved with health and social care services e.g. PPI forum members | 2 |
| Paid staff from your organisation | 1 |
| Voluntary staff from your organisation | 0 |
| Other (record below) | 2 |
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>Count</th>
</tr>
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<tbody>
<tr>
<td>Children and young people</td>
<td>4</td>
</tr>
<tr>
<td>Older people</td>
<td>2</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td>0</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>0</td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td>3</td>
</tr>
<tr>
<td>Smokers</td>
<td>1</td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td>0</td>
</tr>
<tr>
<td>Obese people</td>
<td>0</td>
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<tr>
<td>Substance misusers</td>
<td>0</td>
</tr>
<tr>
<td>Disabled people</td>
<td>0</td>
</tr>
<tr>
<td>People in prison</td>
<td>0</td>
</tr>
<tr>
<td>Black and minority ethnic groups</td>
<td>4</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>0</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>0</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>0</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

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>5</td>
</tr>
<tr>
<td>White Irish</td>
<td></td>
</tr>
<tr>
<td>Any other white background</td>
<td>3</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td></td>
</tr>
<tr>
<td>White and Black African</td>
<td>1</td>
</tr>
<tr>
<td>White and Asian</td>
<td></td>
</tr>
<tr>
<td>Any other mixed background</td>
<td>1</td>
</tr>
<tr>
<td>Indian</td>
<td></td>
</tr>
<tr>
<td>Pakistani</td>
<td></td>
</tr>
<tr>
<td>Bangladeshi</td>
<td></td>
</tr>
<tr>
<td>Any other Asian Background</td>
<td></td>
</tr>
<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>Rather not say</td>
<td></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)

PCT
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>
</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>People in prison</td>
<td></td>
</tr>
<tr>
<td>Black and minority ethnic groups</td>
<td></td>
</tr>
<tr>
<td>Travellers</td>
<td></td>
</tr>
<tr>
<td>Homeless people</td>
<td></td>
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<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>
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<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>
<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>
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></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>
</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>
<td></td>
</tr>
</tbody>
</table>

J. What is the name of your organisation?

Patient and Public Involvement Team  
Newham PCT, Plaistow Hospital  
Samson Street  
E13 9EH

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 organization</td>
<td>x</td>
</tr>
<tr>
<td>A national organization</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:

Elena.Vinokourova@newhampct.nhs.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 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) [Y]

Somerset Coast Primary Care Trust

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.

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?

<table>
<thead>
<tr>
<th></th>
<th>General comments requested only – see below</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

“The services are very specific – it would be a shame if services were amalgamated – they would become more diluted.”

“Sure-Start is a very good scheme that works well but needs to be rolled out to more of the community.”

“Very good because health professionals, e.g. midwives, are available in a relaxed atmosphere; additional services, e.g. speech therapy (drop in session) available only in Sure-Start area.”

“My doctor here and the surgery staff, are the best I have ever encountered. In my 69 years I have had at least 9 doctors and I have now found the best.”

“Good – NHS Direct. Services are trying to do everything they can.”

“All works very well from my perspective, considering the funding available.”

“When getting the service, it is very good.”
Q2. What were the three key elements of community health and social care services that people thought worked less well?

<table>
<thead>
<tr>
<th></th>
<th>General comments requested only – see below</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

“More care staff in the community is needed – plus raise their profile with better pay and expenses.”

“Hospital transport: from my experience if the illness does not fit the list of ‘transportable’ patients, it is difficult to persuade those who organise transport that it is required. Also, one category which seemed to disallow the service was not having used it before!!”

“Does anything work well?”

“Little information reaches members of the public who do not routinely use GP surgeries, community hospitals etc.”

“What doesn’t work is the present system for people who have mental health problems. It should be changed to a community-based mental health service where people can walk in and ask for the help they need, so that they don’t end up in hospital / police cell / dead having hit rock bottom, because there is no recovery from this.”

“Not enough NHS Dentists.”

Ensure adequate language requirements for those being recruited from overseas.

“Home help provided by volunteers, on the same lines as Home Start, which would relieve some of the pressure on health and social services, and give more time to care for those in need.”

“Good screening for long-term health care but ongoing care needs more training within GP Practice / nurse to standardize treatment across all regions. For example, diabetes care is still not standardized.”

“Concern on filtering calls and inappropriate calls being made to emergency services.”

“Letting people know what services are available – signposting / leaflet directing people to care and support.”

“Not always possible to access GP – there is a new triage service before appointment is given.”

“Access to the dental services can be difficult.”
“Need to make people more aware of developments locally.”

“Co-ordination in assessment of needs can be sporadic. Too many agencies e.g. social care, DSS (for allowance to buy in one’s care), GPs etc, without joint recognition of needs.”

“Access to GPs can be very difficult with closed practice lists, rural location and lack of transport. Restricted GP opening hours: services only available at certain times.”

“Podiatry becoming centralised, which makes it difficult for people without transport to access. Local NHS providers (private / NHS practice) have reduced NHS resources to treat people and have to refer to local podiatry centre. Many patients have to pay as unable to access local centre.”

“Flexibility of service to provide local care is required.”

“Community health services work well but are not always joined up with social care services. The different funding arrangements for health and social care cause major difficulties.”

“More sex care clinics and drug clinics required.”

“Training for pharmacists and greater publicity to ensure the public know what is on offer.”

“Better home visits from GPs particularly for the elderly and those living in rural areas.”

System for getting emergency appointments at GPs could be improved. Patient was unable to get an emergency appointment but saw the Practice Nurse instead who immediately referred them to a GP.

Concern over discussing prescriptions: GP called patient to discuss and patient recognised the voice – but patient, at consultation event, showed concern about whether this is a ‘safe’ way to discuss medication.

“There has been a deterioration in the ambulance service.”
Q3. What other issues did people mention? Please record any personal or local stories here if possible.

See above for general comments made.
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)

<table>
<thead>
<tr>
<th>Issue 1a</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>Issue 1b</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>
</tr>
<tr>
<td>Issue 1c</td>
<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 (e.g. advisors to help with housing, employment and training and benefits) children’s centres and other locations.</td>
</tr>
<tr>
<td>Issue 1d</td>
<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>
</tr>
</tbody>
</table>

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

General Comments asked about issue only - see Q 6 and Q7 below

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

General Comments asked about issue only - see Q 6 and Q7 below

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

General Comments asked about issue only - see Q 6 and Q7 below

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

General Comments asked about issue only - see Q 6 and Q7 below

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?

Contributor spoke about the education films seen at school as a child and how there was an element of shock tactic used, so much so that the messages relayed are remembered today. Similar ways of relaying information should be used in education now.

“I think the Government should leave NHS doctors to make the decisions. Bureaucrats should not be allowed to make decisions as they do not have enough knowledge of medical / surgical matters. People coming to this country (unless illegal immigrants) should be required to carry insurance to cover any medical care they require — money gained from this should go to the hospital / surgery giving the service.”

“Reducing the capacity for making appointments in advance and making it compulsory to ring in the morning is inconvenient and engages the phone for long periods.”

“There should be greater availability of complementary and alternative therapies.”

“Publish a standard care staff payment scale.”

“Better access to alternative health through NHS.”

Q7. What else would people like the Government to do to help people take care of themselves?

Encourage greater safety around the home — perhaps make 1st aid courses available, particularly for parents.

Encourage more healthy living options.

Better signposting is needed — need to know what is out there.

Better guidance on what to do in an emergency situation to prevent inappropriate use of 999.

Education for children on consequences of inappropriate use of ‘999’.

“Improve GP appointment service so you can have an appointment with a GP you know on the day you need it, especially if you are long-term ill. Building up a relationship with one GP is important for continuity of care.”

“Reduce waiting lists / crowding of doctors surgeries and dentists, so professionals can spend quality rather than rushed time with their patients and appointments are easier / quicker to make.”

“Increase media coverage of sources of help and keep information straight forward and clear to understand.”
“Ensure that local services match local needs, e.g. provision of assistance for shopping (nor frozen meals delivery) and keeping house clean when person is ill or discharged from hospital and frail. Stringent requirements are not a good guide to individual needs.”

“I would like more access to exercise classes / gym at subsidised cost. Also leisure classes in hobbies. The social improvement of having shared activity is very much underestimated for older people and people with mental health problems, and everybody else, too.”

“Greater choice needed regarding fair access to services both in and outside the county.”

“Resign.”
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**

**General Comments asked about issue only - see Q 10 and Q11 below**

**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

General Comments asked about issue only - see Q 10 and Q11 below

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

General Comments asked about issue only - see Q 10 and Q11 below

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

General Comments asked about issue only - see Q 10 and Q11 below

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?

“Simplify benefits particularly incapacity and disability living allowance.”

Q11. What else would people like the Government to do to help people manage their care and make decisions?

“When looking at carers’ support don’t automatically look at respite. Think about carers who work and support people who have a long-term condition but who aren’t a necessarily housebound. They also need an element of support, but perhaps different to respite option.”

There is concern about resources. One doesn’t know when one is going to need the services but the issues create an expectation that they will be available when needed.

“Elect a Tory Government.”
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)

<table>
<thead>
<tr>
<th>Issue 3a</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, by enabling people who receive care at home to choose for example when the carer visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue 3b</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>Issue 3c</td>
<td>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</td>
</tr>
<tr>
<td>Issue 3d</td>
<td>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</td>
</tr>
<tr>
<td>Issue 3e</td>
<td>Allowing people to choose how to receive services at the end of life and to die where they want with dignity</td>
</tr>
</tbody>
</table>

| 1 | None of the above |
| 2 | Don’t know |

21/37
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

**Did people think the Government should do this and why**

**General Comments asked about issue only - see Q 14 and Q15 below**

**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

General Comments asked about issue only - see Q 14 and Q15 below

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**

**General Comments asked about issue only - see Q 14 and Q15 below**

**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**
<table>
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</tbody>
</table>

**Did people think the Government should do this and why**

*General Comments asked about issue only - see Q 14 and Q15 below*

**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

General Comments asked about issue only - see Q 14 and Q15 below

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?

“A person requiring services is not always in a condition to arrange / ‘chase up’ all the requirements.”

“Services seem to be provided in places such as the Hamp estate but what about isolated pockets of deprivation in rural areas?”

“The ideas seem very similar – not sufficiently different to be able to rank them with certainty: also, how can you rank ‘dying with dignity’ against, ‘drop in centres’?”

“Out of hours GP service: GP is on the road but might need to travel some distance to next patient due to current location.”

Q15. What else would people like the Government to do to help provide services how, where, when and from whom people want them?

“More services to enable the services to be improved.”

“More reassurance on health issues needed.”

“Ensure that those making overall decisions are absolutely aware of needs.”

“Keep patient care as local as possible to allow more equity of access.”

“More money needed into podiatry to allow better access to service.”

“Keep provision within PCTs.”

“Reinstate Saturday morning surgeries.”

“Make sure the money given for those is correctly apportioned to the designated areas.”

“Important to get service, when you need it.”

“Must have good relationship with the same GP. With regards help from pharmacists, how professional are they; are they aware of all your needs including possible side effects of current medication?”

“Sack the present Health Secretary.”
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.

Final priority was not discussed during session.
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.

Not discussed at session.

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.

Not discussed at session.
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>
<th></th>
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<tbody>
<tr>
<td>4</td>
<td>0</td>
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</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) Y

   3 hours open drop in session for general discussion

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) 22
   Members of the public who are involved with health and social care services e.g. PPI forum members 8
   Paid staff from your organisation 7
   Voluntary staff from your organisation 0
   Other (record below) 4

   Representatives from the local press
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>
<td>0</td>
</tr>
<tr>
<td>Older people</td>
<td>0</td>
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<tr>
<td>Pregnant women (and their partners)</td>
<td>0</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>0</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>0</td>
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<tr>
<td>Substance misusers</td>
<td>0</td>
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<tr>
<td>Disabled people</td>
<td>0</td>
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<tr>
<td>Prisoners</td>
<td>0</td>
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<tr>
<td>Black and minority ethnic groups (GO TO QE)</td>
<td>0</td>
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<tr>
<td>Travellers</td>
<td>0</td>
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<tr>
<td>Homeless people</td>
<td>0</td>
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<tr>
<td>People with mental health problems</td>
<td>0</td>
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<tr>
<td>People with learning disabilities</td>
<td>0</td>
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<tr>
<td>People in hospices/residential care</td>
<td>0</td>
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<tr>
<td>Asylum seekers</td>
<td>0</td>
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<tr>
<td>People with long term conditions</td>
<td>0</td>
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<tr>
<td>People with caring responsibilities</td>
<td>0</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>40</td>
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</tbody>
</table>

General public drop-in style event held
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
- 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
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)

Other (record below) Y

Primary Care Trust
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>
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<tbody>
<tr>
<td>Children and young people</td>
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<td>People with caring responsibilities</td>
<td></td>
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<tr>
<td>Other (record below)</td>
<td></td>
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</tbody>
</table>

35/37
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 West</td>
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<tr>
<td>North East</td>
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<tr>
<td>Yorkshire and the Humber</td>
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<tr>
<td>West Midlands</td>
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<tr>
<td>South West</td>
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<tr>
<td>London</td>
<td></td>
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<tr>
<td>South East</td>
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<tr>
<td>East Midlands</td>
<td></td>
</tr>
<tr>
<td>East of England</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

Somerset Coast 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  Helen.weldon@somcoastpct.nhs.uk
ADDRESS:  2nd Floor, Mallard Court, Express Park, Bristol Road, Bridgwater, Somerset TA6 4RN
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 [✓]
- A national organisation or group
- Other (record details below) [✓]

Somerset Coast Primary Care Trust in partnership with Somerset Care Ltd

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.

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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<td>2</td>
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<tr>
<td>3</td>
<td></td>
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</tbody>
</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>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Two tier system on priority of need – between those living at home and those within residential homes.</td>
</tr>
<tr>
<td>2</td>
<td>Multiple Assessments – lack of communication, repetition of effort</td>
</tr>
<tr>
<td>3</td>
<td>Better communication particularly in relation to access to equipment – linked with (1) above.</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

- Two tier system. Eg If someone lived at home obtaining a specific mattress for them would be a priority. However, it was felt that such needs are not catered for with such urgency if the individual is living in a residential home. It was viewed that such individuals should be treated with equal priority.

- Communication should be improved. There is a resident currently waiting for a wheelchair. An OT assessed him but the mobility centre in Exeter need to do their own assessment. An appointment has finally been made for this for next week even though the individual has been waiting 4 months so far. He is becoming increasingly dependent on his carers (when the chair is meant to increase his independence) and becoming frustrated.

- Difficulty in obtaining equipment, eg mattresses. These cannot be obtained by the community nurses for residential home residents and the Joint Equipment Service does not respond quickly. Quite often the home has to discuss funding such equipment with the families and it has been known for them to bid on ebay to obtain the necessary items.

- Multiple assessments – a single assessment is done for health / social care but the Commission for Social Inspection (CSI) requires a separate assessment. Therefore, there is unnecessary duplication of effort.
Q3. What other issues did people mention? Please record any personal or local stories here if possible.

Rapid access to a GP is delivered (mainly). There must be privacy and dignity in the help provided along with someone who actually listens to what the individual wants and needs. The services must be flexible, demonstrating joined up working.

There must be a trusted, quality information system to signpost people to help they need at that time. The system must be flexible enough to provide the care needed at that moment.

NHS is free at the point of delivery – for many social care is not.

People are living independently for longer and when moving into residential care, are staying there for longer, perhaps without the need for nursing home care. It was felt that many who now live in residential care would, in the past, have gone into nursing care, with those living independently in warden controlled units, would have required residential placements. Therefore, the look of residential clients and the work of the care assistants is changing. It is imperative that health and social care provide the necessary back up, working as a team with the professionals within the residential care unit, on how best to care for individuals.
Section B: What did people think of the suggestions for improving health and social care services?

<table>
<thead>
<tr>
<th>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?</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…

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

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

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
<table>
<thead>
<tr>
<th>Issue 1d</th>
</tr>
</thead>
<tbody>
<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>
</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
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?
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)

<table>
<thead>
<tr>
<th>Issue 2a</th>
<th>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.</th>
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<tbody>
<tr>
<td>Issue 2b</td>
<td>Providing more help to people caring for others, for example with more respite care</td>
</tr>
<tr>
<td>Issue 2c</td>
<td>Providing people with better information about what health and social care services are on offer</td>
</tr>
<tr>
<td>Issue 2d</td>
<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>
</tbody>
</table>

None of the above

Many responded in this category priority 1 - 4

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
“More openness among groups…a need for more information on assessments.”
<table>
<thead>
<tr>
<th>Issue 2b</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing more help to people caring for others, for example with more respite care</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 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?

“Personally I feel it is nonsense to pose these alternatives or ask for ranking …individuals have different needs / different priorities at different stages of their life…as they grapple with frailty / dependency.”

“The examples are too narrow – true consultation would offer open questions and encourage greater variety of ideas.”

“Issue 2c should already happen!”

“While the ‘theme’ may have some validity the provision of examples indicates some level of policy application – which I would not agree with. I have prioritised the themes, but do not agree with the examples and feel more consultation on the ground needs to take place about moving forward on these issues.”

Q11. What else would people like the Government to do to help people manage their care and make decisions?

“The issues are not mutually exclusive…We need to accept that high quality social care needs to be accessible at different level of need, with maximum flexibility, for people in different circumstances. People may also need to move through the care spectrum depending on their personal requirements / preferences, adapted as circumstances and levels of frailty / dependency change.

Priority should be: 1) High quality domiciliary care
2) Extra care housing
3) Residential care homes
4) Nursing homes”

- Single assessment important – agreed by all regardless of what profession / agency they work within. This will avoid duplication of effort and unnecessary delay. Assessments, however, must be honest and reflect the person’s needs. The different professionals must complement each other and accept each other’s findings, rather than feeling the need to look into the matter themselves before agreeing – again duplication of effort and delay. Team members might say different things at different times – information and guidance can vary depending on the nurse, for example.

- There must also be mutual respect for the care assistants. They know the people who live in the home and have an in-depth understanding of their needs.

- It is right to have standards but duplication of registration / assessment can stifle services.

- Work is undertaken within a framework of contractual and target pressure and this can effect services. There is the pressure for the NHS to discharge patients, whilst the Community Directorate / Care provider have contractual pressures. In addition regard has to be made to the Commission for Social Care Inspection (CSI). It was felt that there was a danger of ‘losing the person’ in all of this.
• There must be a wide range of options for carers not just respite. Carers commitments range from giving support to someone with a long-term illness through to providing full-time one – to – one care.

• It is important to listen to the person and identify what’s needed and then for that ‘case manager’ to have the power and authority to access services / equipments as required.

• There was concern about the issue on long-term conditions. Having specific disease / condition groups / services can fulfil one small part of some people’s needs but it was felt that caution should be used to ensure that such initiatives did not replace alternatives that were also needed.

• When suffering from a long-term illness it is important to have a support plan in place when the individual is feeling well and in control, so that this can be actioned when the individual is not 100%.

• People have greater expectations on the services: what is happening and what are the alternatives?

• The subject of choice was raised for example, Choose and Book. Choice is well intentioned but is it providing choice in practice.
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)

<table>
<thead>
<tr>
<th>Issue 3a</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, by enabling people who receive care at home to choose for example when the carer visits</th>
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<tr>
<td>Issue 3b</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>
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</tr>
<tr>
<td>Issue 3c</td>
<td>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.</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Issue 3d</td>
<td>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.</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>Issue 3e</td>
<td>Allowing people to choose how to receive services at the end of life and to die where they want with dignity.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 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**

“But remember, most people want care at similar times in the day – the social care workforce can never be large enough to meet highly specific ‘timetables.’”

“Not practical – home care is not always able to give times.”

**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
“Yes of course we should be doing this but only when it is safe and cost effective to do so.”
“Need more local support.”

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

“People must accept personal responsibility to access services when fit and able to do so.”

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
“Urgent need for more responsive out of hours service in evenings and weekends when un-planned needs arise.”

How much of a difference did they think it would make and why

Reasons behind the priority this option was given
“I guess we all want this …to die as pain free as possible with dignity preserved, hopefully with the special person(s) in your life alongside. Sadly despite good intentions it will often not be possible.”
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?

“The principle of ranking is absurd. It depends on your age and needs. It is like motherhood and apple pie – they are all good things / desirable.”

Q15. What else would people like the Government to do to help provide services how, where, when and from whom people want them?

People are happy to wait for a community nurse etc to visit them but not a home carer. There was a discussion whether this related to a respect for health care professionals in the older population, coupled with the fact that many need to pay for social care.

There needs to be better access to GPs particularly at weekends and night time. Out of hours means having to speak first to a triage nurse then to a doctor before a visit is confirmed. It was felt that those working in residential home settings should be able to get round this to get a quicker response. This leads back to comments made about having respect for other professionals work – if a care assistant feels a resident needs a GP they do not call them out lightly – therefore, a quicker triage should be provided in such cases. In practice what happens now is that homes call ‘999’ because a) the delay in getting a visit b) they need to be aware of other residents needs and cannot spend time being on the phone for any great length of time.

Importance of community hospitals and locally based care was noted.

Transport – this is patchy across the county and could be improved. The resident must be ready approx 2 hours beforehand. In some instances the home has had to call two numbers to arrange transport between NHS sites, when these were located just across the road from each other. There are issues with transport particularly for those with mental frailty. Transport providers demand that an escort be available and this is difficult if a resident has fallen down and needs a hospital visit in the early hours of the morning. It was also noted that such residents are rarely kept in hospital because they cannot cope with the demands. Understanding of the needs of those with mental frailty could be improved.
Access to GP for carers – many would like to plan an appointment in advance rather than have to wait until the day to call for an appointment.

With regard to issue relating to end of life it was felt that support and equipment to enable them to stay within their own environment is vital. It is during the last 72 hours of life that carers cannot cope with the situation and an ambulance is invariably called (hence many people still die in hospitals rather than in their home). Twilight / Macmillan nurses etc are positive drives and should be expanded.

It was noted that the hospice movement operates differently in various counties. The group wondered whether this reflected the need for the hospice to fill gaps in services in their counties.

It was noted that many people will become a resident at the home in the last few months / weeks of their last, "There is better care than at a hospital," and it is a nicer environment for families. However, it was noted that the care assistants get community nurse rather than hospice nurse support.

Care should be taken when using residential homes for respite. One such home in Devon has done this in a bid to meet local need but has found that the change in residents has destabilised the long-term residents in the home. Short-term respite on the other hand can be useful to start to introduce people to residential care so it is not disorientating when full-time residency is needed.

There was concern about many of the issues and it was noted that different people have different viewpoints depending on their life circumstances. A mother or person with a long-term condition might prefer to see the same GP, whilst a commuter would be happy to register with a centre close to work, and be happy to see whoever was available. A middle-ground is needed, with a range of choices.
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

   
   6

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 – Somerset Care Ltd 4
   - Voluntary staff from your organisation – Somerset Care Ltd 1
   - Other (record below) 1

   Adult Primary Services, Community Directorate
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>
<td></td>
</tr>
<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>
<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></td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>5</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>1</td>
</tr>
</tbody>
</table>

Adult Primary Care Services, Community Directorate
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>6</td>
</tr>
<tr>
<td>White Irish</td>
<td></td>
</tr>
<tr>
<td>Any other white background</td>
<td></td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td></td>
</tr>
<tr>
<td>White and Black African</td>
<td></td>
</tr>
<tr>
<td>White and Asian</td>
<td></td>
</tr>
<tr>
<td>Any other mixed background</td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td></td>
</tr>
<tr>
<td>Pakistani</td>
<td></td>
</tr>
<tr>
<td>Bangladeshi</td>
<td></td>
</tr>
<tr>
<td>Any other Asian Background</td>
<td></td>
</tr>
<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>32/36</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></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>

Other (record below)
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>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td></td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td></td>
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<tr>
<td>Disadvantaged children</td>
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<td>Substance misusers</td>
<td></td>
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<tr>
<td>Disabled people</td>
<td>✔</td>
</tr>
<tr>
<td>Prisoners</td>
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<td>Black and minority ethnic groups (GO TO QE)</td>
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<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>✔</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>✔</td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
</tr>
</tbody>
</table>

34/36
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></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

Somerset Care Ltd in partnership with Somerset Coast 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    Helen.weldon@somcoastpct.nhs.uk
ADDRESS:  Somerset Coast PCT, 2nd Floor, Mallard Court, Express Park, Bristol Road
           Bridgwater, Somerset, TA6 4RN
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: 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)

1
2
3
4
5

RECORD BELOW WHY PEOPLE THOUGHT THESE WERE IMPORTANT:

Not dealt with in session
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:

- Communication needs to be appropriate for people with learning disability.
- Interestingly, no one in the two groups of people with learning disabilities felt they were poor or disadvantaged in any way.
Q3. What else would people like the NHS, Social Care and other services to do to help
people take better care of themselves?

Not dealt with in this session.
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)

<table>
<thead>
<tr>
<th>Priority</th>
<th>Rank</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</td>
<td>2</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>1</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>3</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></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></td>
</tr>
</tbody>
</table>

None of the above

Don’t know
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?

Not dealt with in session.
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:

Single assessment very important for this group.
Information needs to be in an accessible format.
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?

Not dealt with in session.
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?

Not dealt with in session
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:

Not dealt with in session
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

| 1 | 5 |

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) Y
- One Hour discussion

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)

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<td>11</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)

Children and young people
<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Older people</td>
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<tr>
<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>Obese people</td>
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<td>Substance misusers</td>
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<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>
<td>12</td>
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<tr>
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<tr>
<td>Asylum seekers</td>
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<tr>
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<td>2</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>1</td>
</tr>
<tr>
<td>Non-Executive Director – Somerset Coast PCT</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)

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

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**

Undertaken on behalf of Somerset Coast 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**  Helen.weldon@somcoastpct.nhs.uk

**ADDRESS:**  2nd Floor, Mallard Court, Express Park, Bristol Road, Bridgwater, TA6 4RN
YOUR HEALTH, YOUR CARE, YOUR SAY
FEEDBACK FORM FOR LOCAL LISTENING EXERCISES

Submission for
South Somerset Primary Care Trust
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 [ ] No
- Other (record details below) [ ] No

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)

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<table>
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<tbody>
<tr>
<td>1</td>
<td>Community services, which work with other healthcare professionals such as GPs. An example is the Short Term Assessment and Reablement Service (STARS)</td>
</tr>
<tr>
<td>2</td>
<td>24 Hour Cancer Referral system</td>
</tr>
<tr>
<td>3</td>
<td>The fact that NHS and Social Services are not complacent and encourage improvement through the knowledge and expertise of staff = a good patient experience</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

- Community Teams are diverse
- Local teams allow for independence
- Individually services work well when patients are in contact with them

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

(RECORD BELOW IN PRIORITY ORDER)

<p>| | |</p>
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Accessing GP’s and Social Services at evenings and weekends</td>
</tr>
<tr>
<td>2</td>
<td>Listening to the NEEDS of patients, public and staff, such as Non Availability of NHS Dentists – More Dentists NEEDED</td>
</tr>
<tr>
<td>3</td>
<td>Breakdown of involvement, support and communication with carers when discharging patients</td>
</tr>
</tbody>
</table>
RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

Breakdown of support for carers when a patient chooses to go home, carers views are not considered so they feel abandoned.

Patients are sometimes discharged without informing carers – lack of communication and joined up thinking. Time of discharge is an issue such as evenings

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

Some Community staff do not consider other community packages of care.

Choice is not exercised in preventing hospital admissions such as other community packages

Access to Opticians, Chiropody/Podiatry and Audiology were also mentioned
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. Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

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.

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.

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:

1a
- Needs to start at school so it becomes the norm and a way of life
- There is currently a focus on providing an ‘ill health service’
- Sometimes we set too high a target and should be happy with just maintaining health
- These examples should be free
- Some recent campaigns have been more hard hitting as people are talking about their own experiences such as AIDS and Smoking where people talk about their own experiences

1b
- People need to access information and advice services quickly
- People need to know how and where to find information
- Will save money as people will be more informed and less likely to use up clinical time
- Health professionals take note: The patient knows their body better ‘better’ and the healthcare professional needs to listen
- People are holders of more knowledge through the internet and GPs should not be dismissive
- Professionals give advice about their immediate area of expertise but not outside of it

1c
- This provides people with the ability to make better decisions
- Helps people to take ownership of their health
- Reduces expenditures and improves health
- Condition Management programme is good but initiatives must reach everyone

1d
- It is motivating and supportive
- Professionals need to listen to patients’ needs and not be patronising
- Elderly people want to be independent so do not always ask for support and help
Q3. Did people think it would be enough for Government to only do these things to help people take better care of themselves? Why?

Yes
The right form of education to capture the right audience
Services that will empower patients more

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

1a
- Need to aid communication to the public at home – target information through TV and radio (soaps, advertisements) and magazines
- Some people cannot read so need other channels of communication
- Messages need to be regularly communicated (monthly, six monthly, annually)

1b
- Nurses should go into schools (as well as school nurses) to talk about promoting health, relationships etc
- How would it be provided?
- Promote networking between healthcare professionals and voluntary organisations
- Use Expert Patients Programme and Self management courses more as they promote partnership working

1c
- Provide opportunities for health promotion to be provided outside of traditional healthcare settings such as Health Living Centres (useful for pregnant teenagers who are worried about going to their GP)
- Support the Mother who is often the person who is the key to improving health (healthy eating) in the home
- Do this through employers
- Provide one stop shops. All professionals in one centre so people can access health professionals, Social Services (like Sure Start) so people can access all round care and support (mind and body)
- There are life education caravans that go to schools (particularly good for rural areas). There could be one with a health focus
- Give people the tools for healthier living such as gardens, vegetables, which lead to healthier living
1d

- Information and support when it is needed
- Needs to be balanced so people know what works and doesn’t
- Education to these groups on how to do this
- Look ‘outside of the box’ if people do not fit the criteria exactly – Independent living
- More proactive work to be done before the incident, not after such as fall prevention groups
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. | 3 |
| Providing more help to people caring for others, for example with more respite care | 1 |
| Providing people with better information about what NHS, local authority and social care services are on offer | 3 |
| 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 | 1 |
| None of the above | |
| Don’t know | |
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

2a
- People are more likely to use a one stop shop
- People currently liaise with nurses, Community psychiatric Nurses, Occupational therapists and Social Services. The lead person would usually be a social worker
- Often GPs aren’t involved

2b
- This section has to fit ‘individual’ needs
- Too much respite care can be detrimental to health of patient
- School children are often carers
- Needs to be carer led
- Needs to be supported and ‘smart’
- Respite care is not only linked to medical need but social and financial need

2c
- This is crucial as it facilitates ownership of healthcare
- Needs to be ‘cool’ so that people want to read it
- Nothing should be taboo
- Should also be provided outside of a healthcare setting such as Healthy Living Centres
- Could the patient Advice and liaison Service (PALS) provide this
- This needs a community approach

2d
- This is partially being done by the Expert Patients Programme

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

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

| 2a | They would need to triage calls  
|    | GPs would need to be involved  
|    | Needs to be flexible  
|    | What about the use of personal information between organisations (electronic Patient Record) – good idea but may be difficult to achieve  
|    | This could be used to identify a need which is not yet recognised by the individual  
| 2b | A Needs to be carer led  
|    | Needs to be supported and ‘smart’  
|    | Communication, integration and funding of services for both NHS and Social Services  
| 2c | This should be about providing better Social Services. Information is secondary  
| 2d | Create better relations with voluntary organisations who have an important role to play  
|    | Depends on the condition and voluntary organisation involved  
|    | Consider other long term conditions other than the norm such as Lyme Disease  
|    | Instead of patients being referred to a consultant who could be miles away could the patient communicate electronically or by phone |
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:

3a
- Accessing healthcare hasn’t changed but the pattern of social life has changed
- Not everybody fits the text book
- Yes they should be available evenings and weekends

3b
- Walk in services take the load off GP services

3c
- Community Hospitals, GPs with Special Interests are already in existence who complete minor surgery. We could be spreading our services too thinly.

3e
- This is already happening. Staff in Macmillan Cancer Trust, the Short Term Assessment and Reablement Team (STARS) are doing this, though the fear of relatives or the clinical/safety needs of patients can prevent this from happening.
- Living Wills are part of the Expert patients Programme
- Social Services can support respite care

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
- Yes they should be available evenings and weekends
Q10. What else would people like the Government to do to help provide services how, where, when and from whom people want them?

3b
- Joined up services need joined up computer systems
- Integrate health clinics into a healthcare environment instead of on their own so people are not stigmatised (neutral building)
- Have urban walk in centres and mobile services in rural area
- One stop telephone referral via care Direct or NHS Direct to GP

3d
- Special skills are needed for these clients, look at where people gather and use outreach workers

3e
- It is not possible to provide 24 hour care at present
- A lot of integration is required and needs continuity
- Need to ask people how/where they want to die (early on)
- Sensitivity issues arise and people need help facing the issue
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?

These priorities were voted on and the decisions were made as a result of previous discussions

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.

Yes they do address the main things that work less well at the moment, with the exception of addressing the non availability of dentists

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?

See previous comments in each section
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.

How many people took part in your devolved listening exercises?

Write in below

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What sort of listening exercise was it?

(Please tick one box only)

<table>
<thead>
<tr>
<th>Type of Session</th>
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<tbody>
<tr>
<td>A day long session (from 5 to 8 hours long)</td>
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<td>Up to 3 hours long</td>
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<tr>
<td>Other (record below)</td>
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</table>

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>
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<tbody>
<tr>
<td>Members of the general public (i.e. with no specialist interest in health and social care)</td>
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<tr>
<td>Members of the public who are involved with health and social care services e.g. PPI forum members</td>
<td>6</td>
</tr>
<tr>
<td>Paid staff from your organisation</td>
<td>5</td>
</tr>
<tr>
<td>Voluntary staff from your organisation</td>
<td>0</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>1</td>
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</tbody>
</table>

Non Executive Director
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>
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<tbody>
<tr>
<td>Children and young people</td>
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<tr>
<td>People with long term conditions</td>
<td>4</td>
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<td>People with caring responsibilities</td>
<td>3</td>
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<tr>
<td>Other (record below)</td>
<td>2</td>
</tr>
<tr>
<td>A young 66 year old Local Cardiac group</td>
<td></td>
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<tr>
<td>Neighbourhood watch</td>
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</tbody>
</table>
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>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>12</td>
</tr>
<tr>
<td>White Irish</td>
<td></td>
</tr>
<tr>
<td>Any other white background</td>
<td>1</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td></td>
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<tr>
<td>White and Black African</td>
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<td>White and Asian</td>
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20/22
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 Yes
- Local authority social care services
- Private sector health or social care services
- Voluntary sector health or social care services
- Other (record below)

What is the name of your organisation?

South Somerset Primary Care Trust

What type of organisation are you responding as?

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<th>A local organisation</th>
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Would like to be listed as a contributor to the consultation?

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

Keith Whittaker,
Head of Public Affairs
South Somerset Primary Care Trust
Chataway House
Chard Business Park
Leach Road
Chard
TA20 1FR
Q1. What were the key elements of community health and social care services that people thought worked well?

GP services
Meals on Wheels
CareLine
Provision of budgets for service users to purchase their own care
NHS Direct
District Nurses
Care Management
Standard of care
Level of specialist care
Having a free NHS
Advice from pharmacists
The service you receive once in the system
Individual teams

Direct payments were also thought to make a big difference and really increase flexibility, however the amount of paperwork and administration involved is an issue.
Q2. What were the key elements of community health and social care services that people thought worked less well?

Service providers do not always offer the flexibility you need, if you need a service that is out of the ordinary.
It is hard to get into the system and get the services you need. You do not always know what services are available.
There is a need for greater provision for the care of terminally ill people at home. Their care is becoming too hospital-based.
There need to be sufficient numbers of qualified people to undertake care in the community.
Disabled and older people should have their needs met in the social model way rather than the medical model way.
Health care premises should be more accessible for all people with disabilities, and the needs of disabled people should be considered carefully in designing new premises.
Service provision should follow the current thinking in education around Extended Schools.
GP appointment systems – it is hard to get an appointment when required.
There are vast differences between GP services and practices.
Follow-up referrals to specialists – patients wait months for appointments and GPs do not follow these up.
Long waits for GP appointments and specialist services.
Poor cleanliness in hospitals
Health workers recruited overseas – are they of the same calibre?
GPs need to give more information about medication and/or diagnoses, and provide more information about support services.

More information on services may put pressure on services as more people will access them.
Q3. 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?

The DoH suggest the following options:

- **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.

Several groups felt that prevention was better than cure. People would benefit from learning about healthy living, and having health improvement measures as part of their healthcare package. Certain populations should be specially targeted. Self-assessment can be dangerous, as many people will underestimate. It is important to educate people to understand their own responsibilities in relation to their health. Nurses at GP surgeries could play a role in this. It may however be difficult to change how people live their lives.

All groups thought pharmacists could increase the range of services they offer, for example they could take blood pressure, as pharmacists are so widely available. However, there are drawbacks such as lack of privacy and physical access. It was also highlighted that not all people do have contact with health professionals so this would not be advantageous for all. Having more providers may make services more confusing.

All groups but one saw the idea of tackling the things that cause ill health and disadvantage as the top priority, and particularly liked the idea of having a one-stop shop in doctors surgeries. People said this would reduce overlapping of services, and make it easier for people to access a range of services. GP practices have a key role in helping people and signposting them to services. It was suggested that they should include other service providers such as the Citizen’s Advice Bureau, and information should be available on hygiene and exercise/diet regimes. One group thought there should be 2 one-stop shops – one for social care and one for health care. Identifying problems at an early stage makes them easier to resolve, and is less expensive. However, there was uncertainty about how the DoH could address issues of poverty and poor housing.

The fee charges for older people’s support services are unfair and mean some do not claim treatment as they wish to preserve their savings and financial privacy.
Additional suggestions included:

- There should be better communication about healthcare.
- There should be systems in place to help people who are less able to take responsibility for their own health.
- There should be clear succinct messages published in a variety of formats to reach more people.
- There should be frequent GP check ups to identify more illnesses earlier on.
- NHS funded alternative health provision should be explored.
- Labelling and design of medication should take the needs of disabled and older people into account e.g. blister pack pills are difficult for people with arthritis to use.
- Having to fill out complicated forms to access services can exclude people.
- It is better to see the same GP each time, rather than having a pooled GP system.
- People would rather stay in their own homes. To do this, they need timely and appropriate assistance and practical help.
- There should be school nurses in schools, who should do regular health checks for children.
- There should be more affordable exercise facilities.
Q4. How can we help you get the right services, when you need them, and ensure your care and support is properly co-ordinated?

The DoH suggest the following options:

- 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 co-ordinates 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

All groups thought providing a joined up service was the top priority. This is because of the need to tackle social as well as medical causes of issues. A needs assessment was particularly seen as a priority for hard to reach groups. It is useful to have one person co-ordinating care services, who can give all the necessary information required.

Carers were seen as having an important role. The groups thought there should be more training available and more respite, however the respite care provider must be appropriate otherwise this can lead to more problems. The role of direct payments in improving carers’ lives was seen as important.

The groups thought that there should be better information about services available, perhaps in the form of a published guide. Information needs to be easy to understand, available in a variety of languages, and the person providing information needs to be properly trained and fully aware of what is available. However, information would be less important if assessment procedures were robust.

In terms of long-term care users, it was felt that the availability, quality and choice of services needs to be improved, and there needs to be more alternative therapies available. It was also suggested that these people should not have to go on waiting lists, they should be provided with the care they need when they need it. For example, a 90 year-old should not have to go on a waiting list to attend a day centre.

In addition, people felt that care management was a lottery depending on which professional you go to and where you live, and this should not be the case. Also, the role of voluntary support groups and funding for these was important. GPs’ remits should be increased so they are educated in social care issues as well as medical ones. Also, it would be useful to give carers basic medical care training, and training on how to be a carer. Users should be kept informed of changes to their care packages, including changes of care provider. There should be more promotion of services by alternative means, such as radio.
Q5. When you and your family need help and support, how, when, where and from whom do you want it?

The DoH suggests the following options:

- 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)

One chose 5. One chose 3.

People felt you should be able to pick and choose your service providers and also have choice in when you see them – a person centred care system. There is a need for health services nowadays to adapt more to people’s busy lives. However, there must be some personal responsibility for people to fit in with services.

Again, people felt that providing services through some form of one stop shop would be a good idea. People liked the idea of community based services. One group felt that the role of community hospitals could be extended. Another group felt that the choice of how care should be provided depends on the problem. One group felt that walk in centres were a good idea, however positioning them near a station was not.

They also felt that black and minority ethnic people do often get a rough deal. More culturally sensitive services such as same sex doctors and interpreting services should be provided.

It is very important for people to have choice and control over services at the end of their life.

All these suggestions are good in theory, but the ability to provide and fund it, and provide suitably qualified staff, was questioned.
Q6. 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?
Q7. What else should the Department of Health be doing to make sure that community-based health and social care services meet people’s needs in the 21st century?

The important thing is that people want choice, control and independence. People’s needs are controlled more and more by health care professionals rather than vice versa.

Services for older and disabled people should be based more on the social model than the medical model.

Finally, one group felt that this consultation had been organised at too short notice to be effective, and documents for it should have been available in different formats.
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)

A local authority

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)

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RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

1) Once practitioners know what is wrong with you, and you have been referred to the right person/team, then the service is much better.

2) It seems that there is expertise in individual teams, and they offer appropriate services/support.
What were the three key elements of community health and social care services that people thought worked less well?

(RECORD BELOW IN PRIORITY ORDER)

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RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

1) Gaining access to services at a time when they are needed is important. This means not having to wait days for GP appointments, or weeks/months/years for specialist services appointments. The wait adds to anxiety levels, which could exacerbate the symptoms. If the waiting time is very long, this could also mean the illness itself is in a more advanced stage when treated.

2) People need more time with their GP, and not just to be given a prescription. It is very important for people from a different cultural background to be able to understand the system in this country, and to be offered interpretation services to ensure there is two way communication.

3) GPs and other health professionals should be more proactive in providing greater detail about medication and/or diagnosis, e.g. likely side effects of medication and more information about the illness itself. The need was also raised for health professionals and ostensibly GPs to be more proactive in considering and providing information about services that could offer both emotional and practical support.

4) New GP systems for appointments, e.g. phoning on the day, do not work. Phone lines are busy, when you can get through all that day’s appointments have gone, and you can’t make an appointment in advance. Front line health staff, such as GP’s receptionists, are often not helpful and present a “no can do” attitude.

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

A young woman went to the nurse at her GP practice requesting a cervical smear test, but was refused as the nurse did not believe in giving them to young women who were still virgins. She suggested the young woman approach the other nurse at the surgery, as the other nurse did not have the same belief.

A man went to the GP because he had an infected toe. The GP referred him to the hospital, but he waited one and half months for an appointment for a procedure that took two minutes. He was unable to work whilst waiting for the appointment.

A young mother took her child for an appointment with her GP, and whilst there asked if he could answer a simple question about her. The GP said he was sorry, but as the appointment was for the child he could not answer her question. She would need to make her own appointment.
One person did not feel that nurses in his GP practice were professional, as they were not very good at taking blood samples. He preferred to go the hospital, where he felt they were professional.

An older woman went to the GP several times complaining of loss of breath, to be told that it was her age and she should do more exercise. She was not examined until her daughter attended an appointment with her and insisted. The result was that she was referred to hospital for tests, and was found to have an enlarged heart.

A mother was concerned about her young child who had an extremely high temperature, but the GP would not make a house call. This was difficult for the mother, as in her home country people are told they must not take a child with a high temperature to the surgery.

An older person was depressed, and her daughter took her to the GP on Friday. The GP told her to wait and see how she was over the weekend. The mother had a history of problems, and the daughter recognised the symptoms, and explained to the GP that it would be too late if they had to wait over the weekend. He told her to take her mother to A & E if things got worse over the weekend. The daughter contacted the Community Mental Health Team, and was told that they had nobody available to do an assessment. The mother was taken to A & E where they kept her in.

There were also instances described where support services failed to provide a pre-arranged service, i.e. failure by Dial a Ride to pick up an elderly woman to attend a day care facility for lunch.

One person requested a cholesterol check from a GP, and was told that it was too expensive.

People from the Korean community go to their GP to obtain a diagnosis, following which they obtain herbal medicines “under the counter”, as they do not have much faith in the NHS due to bad media coverage.
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

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

A – The group felt that prevention was better than cure, so by having regular check ups illnesses could be caught at an earlier stage and dealt with more effectively

B – It is best not having to go the GP for everything, and being able to use other professionals for advice and minor problems, particularly as it is difficult to get appointments with GPs. Pharmacists are located on many street corners, and are therefore more accessible to the public.

Many of the participants were already using alternative therapies and would have liked more information on what is available.

C - Illnesses can be caused and/or exacerbated by many social factors, and therefore the whole problem needs to be addressed rather than just the illness. Health professionals need to be able to take more of a holistic approach.
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. There were other things that it was felt would be of benefit.

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

Establish a system of regular health checks at the GP surgery, possible every 2 years, for people in general and more importantly for certain disadvantaged groups or people whose family have a history of certain illnesses, e.g. diabetes, heart disease or cancer.

Provide more affordable exercise facilities, or in certain circumstances free facilities.

Provide regular health checks in schools for children up to the age of 11 years, covering eyes, ears and body mass index.

Education for children and young people covering health issues, and imposing standards on school meals.

Drop in centres for families to get information on personal hygiene, hygiene within the home, and exercise and diet regimes.
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?
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.

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

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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?
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)


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.

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<th>Sector</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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<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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<td>Excessive drinkers</td>
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<td>Obese people</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>Homeless people</td>
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<td>People with mental health problems</td>
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<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)

- 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
<table>
<thead>
<tr>
<th>Category</th>
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</tr>
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<tbody>
<tr>
<td>People with mental health problems</td>
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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
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- Any other mixed background
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- Bangladeshi
- Any other Asian Background
- Caribbean
- African
- Any other Black background
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- 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>
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<tbody>
<tr>
<td>North East</td>
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</tr>
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<td>London</td>
<td>✔</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>
</tr>
</tbody>
</table>

J. What is the name of your organisation?

Royal Borough of Kingston upon Thames

K. What type of organisation are you responding as?

<table>
<thead>
<tr>
<th>Organisation Type</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>A local organisation</td>
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<tr>
<td>A national organisation</td>
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</tr>
<tr>
<td>Other (please record below)</td>
<td>✔</td>
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<tr>
<td>A local authority</td>
<td></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>
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K. If you would like to receive a summary of our findings, please enter your contact details or email address in the box below:
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) [√]

A local authority

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)

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<td>1</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:

The group made a number of comments about the standard of service provided in the Royal Borough of Kingston upon Thames. They also remarked that the standard was lower in some neighbouring authorities.

The services that they thought were good are as follows:

- District nurses
- Care Management
- Standard of care
- Level of specialist care

No priorities were agreed
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

One person, who is a carer, found it difficult to get an appointment with their GP. They also found it difficult to park outside the surgery, which caused some issues as the person they care for cannot walk far, and the carer is not happy to leave them on a bench whilst the carer walks to the surgery for their appointment.

Another person said that the direct payment scheme has made a big difference to them, particularly with its flexibility. However, the level of paperwork and administration involved is difficult.
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:

People felt all four of these were important but the first and third priorities were slightly more important than the others.

A - People agreed that there needs to be one central source through which care services are delivered. The group would prefer this to be provided by a person (i.e. specialist care manager), rather than in a central location (i.e. a one stop shop).
This person should be able to explain what they need to know, and provide them with all the necessary information.

The group felt this priority was linked to priority 3, as the quality of information would affect the standard of service provided by the joined up service, and therefore they gave them the same priority.

B - The group agreed that more help was needed for those caring for others, particularly more respite care.

The direct payment scheme was discussed, and some members of the group said that it had made a big improvement to their lives, however the amount of administration and paperwork was difficult.

C - The group felt that this was very important, as information needs to be easy to understand. They would prefer to get this through one person who can inform them what is available and explain how it works. It is important for the person providing the information to have proper training and be aware of all the available services in the area. The group noted that some staff were not always well informed, particularly new or temporary staff.

D - The group agreed that this was a priority; as the availability, quality and choice of services for long-term care users needs to be improved. They also thought that doctors need to offer non-clinical choices, such as alternative and complimentary therapies. Possible training for carers was discussed, as this would make them feel more in control.
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

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

<table>
<thead>
<tr>
<th>The group suggested the following improvements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Make the Direct Payment scheme less bureaucratic and easier to use, especially for those whose first language is not English.</td>
</tr>
<tr>
<td>• Provide training to help carers with simple medical care, such as blood pressure, and lessons on how to be a carer. This would help carers feel more in control, and may reduce visits to A &amp; E.</td>
</tr>
<tr>
<td>• Access to medical information in other languages.</td>
</tr>
<tr>
<td>• More promotion of services through alternative means, such as Radio Jackie.</td>
</tr>
<tr>
<td>• More choice should be given by doctors, such as complimentary and alternative therapies.</td>
</tr>
<tr>
<td>• Continuity of care is very important.</td>
</tr>
<tr>
<td>• Keeping users informed of any changes to their care package, including a change of care provider.</td>
</tr>
<tr>
<td>• Care workers should be well informed of all services available, and adequately trained on these services.</td>
</tr>
<tr>
<td>• More carers should be available.</td>
</tr>
<tr>
<td>• Routine calls to carers on a regular basis for feedback.</td>
</tr>
<tr>
<td>• Reducing gaps in levels of care provided, i.e. for those with the onset of dementia, and those who need extensive care.</td>
</tr>
</tbody>
</table>
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:

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.

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.

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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 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

5

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) 2

Members of the public who are involved with health and social care services e.g. PPI forum members 2

Paid staff from your organisation 0

Voluntary staff from your organisation 1

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.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td>0</td>
</tr>
<tr>
<td>Older people</td>
<td>3</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td>0</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>0</td>
</tr>
<tr>
<td>Disadvantaged children</td>
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<td>Disabled people</td>
<td>0</td>
</tr>
<tr>
<td>People in prison</td>
<td>0</td>
</tr>
<tr>
<td>Black and minority ethnic groups</td>
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</tr>
<tr>
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<td>0</td>
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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

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<th>Ethnic Group</th>
<th>Number</th>
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<tr>
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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)

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

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<td></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?

Royal Borough of Kingston upon Thames

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></td>
</tr>
<tr>
<td>A national organisation</td>
<td></td>
</tr>
<tr>
<td>Other (please record below)</td>
<td>✓</td>
</tr>
<tr>
<td>A Local authority</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></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:
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) ✓

A local authority

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)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GP services</td>
</tr>
<tr>
<td>2</td>
<td>Meals on Wheels</td>
</tr>
<tr>
<td>3</td>
<td>CareLine</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

GP services are good because the GP is caring, thoughtful, and goes that extra mile to ensure that patients get the right treatment. They are available on the phone when needed.

The Meals on Wheels service is good and also means that there is someone coming to check on elderly people daily.

CareLine is a great service for providing support for carers.

Another element that is good is the hospital based PALS service. This is a good service which helps people to advocate their problems, and should be extended to cover other health care services. NOTE: There is a community PALS service, however people were not aware of it.
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. Service providers do not offer flexibility for you to have what you need
2. It is hard to get into the system, and you do not always know what services are available
3. [Blank]

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

Service providers do not always offer the flexibility you need. If you need a prescription or service which is out of the ordinary or more costly, it is difficult to get. Plus if your condition does not fit into a box – for example if you have incontinence and need pads for it but you are not incontinent all the time – it is difficult to get treatment.

It is hard to get into the system. If you are on your own and do not know where to go for help, you often give up. Once you are in the system, it is still hard to get services. Each person had had service access problems which they had had to go out and resolve themselves, by buying supplies at their own expense for example. You need to be pushy and fight to get the services that you need. Not everyone can do this.

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

One person had occasional incontinence and had raised this with their District Nurse. However, they were unable to get treatment and supplies for the condition because it was not a regular problem. They felt the district nurse was not listening to what they said they needed. They wrote in about it but still had no joy. In the end, they had to order their own supplies from the Internet.

One person’s father has dementia and is also incontinent. Because of his mental health issues, he will not wear the NHS standard incontinence pads, he will only wear pull-up incontinence knickers. Initially the GP would not provide knickers, as they were more expensive. However, after the family had written in about the issue, describing the special circumstances, they did get the knickers provided.

One person’s sister has a son with ASD and has to fight to get services for him. She has to go out and buy some of the equipment she needs herself, for example a special chair.

Finally, people felt you have to help yourself by keeping yourself well. However, when you have a condition and you are depressed, you often do not eat properly or look after yourself well.
Section B: what did people think of the suggestions for improving health and social care services?

<table>
<thead>
<tr>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are committed to helping people take better care of themselves, but big questions remain about how it can best do this.</td>
</tr>
<tr>
<td>...Thinking about how the NHS, Social Care and other services might help people to look after themselves more...</td>
</tr>
<tr>
<td>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)</td>
</tr>
<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>
<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>
</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>
</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>
</tr>
<tr>
<td>None of the above</td>
</tr>
</tbody>
</table>
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

People felt all the options were important.

A – This is not as important. The media promote the value of looking after yourself. What is important is that people with learning disabilities and other conditions have someone to care for them.

B – This is a good idea, however professionals should be better. They should make you feel important, and support you in the way you need. Pharmacists should also know more and be able to help you a lot more. A good pharmacist can advise you about a condition and give you the right information and support, but not all can. However, not everyone has contact with health professionals. This is about intercepting people before they get to the doctor, and devolving services down to pharmacists and others.

C – Having a one-stop shop is a good idea. Existing health centres where there are several kinds of professionals – chiropodists etc – are better than standard GP surgeries. If the profile of such centres were raised, people would find it easier to access services as they would know where to go. Such centres could also reduce overlapping of services.

The idea of one-stop shops is especially good for older people as it means they don’t have to walk to as many places. It is important to think of everybody when providing a service. They should be called Community Care Centres, and should include other service providers such as the Citizen’s Advice Bureau, to make it easier for people to access information. They would be good for the whole community. However, having a one stop shop means there is another layer of management/bureaucracy, which may cause issues.

The definition needs widening. Good health is being in control of many aspects of your life yourself – not just health but housing and other aspects of life. You cannot necessarily treat the fruit of the problem, you have to tackle the root. A lot of ill health these days is caused by how people feel about themselves, for example obesity can be caused by people feeling bad about themselves. It is not just about the issues mentioned. Also, as a disabled person, you can exercise, eat well and follow good practice, but you will still be disabled.

D – What does this mean? What does independent mean? Independence is doing things yourself, including doing things with the help of others or equipment,
and having control of your life rather than the traditional meaning of doing things on your own. It is important but the example is only looking at two groups of people. Everyone needs practical help and support. For example, mums need to know about jabs.
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.

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

Better communication with people. It is often hard to make yourself heard if you are disabled.

Look at healthcare models - not everyone wants check-ups and other such interventions.

Minimise bureaucracy.
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

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

4. 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

5. None of the above

6. Don't know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

A – There is not a lot of respect for Care Managers. People do not like Care Managers telling them what to do and what they need. Instead, Care Managers should be guided by what you want, and tell you what your options are so you can make a choice, rather than telling you what to do. However, if you get a good Care Manager, their support can be very useful.
B – There should be more training for carers and more awareness of them. They do need support, but it needs to be appropriate. For example, one person’s father went into respite care because her mother (his carer) was ill, and was told his wife was dead (he refers to her as mother). He had forgotten this the next day, however it was very distressing for the family. This is an example of his respite carer being the wrong person in the wrong job, as you should not tell someone with dementia something like this. There should also be more respite care for parents of disabled children.

C – This is very good. However, there is the question of how it should be organised. One person said that as a deaf person, she likes to tell other deaf people about the services that are available.

D – It is important that these people should not have to go on waiting lists. There should be enough facilities in place to provide them with the care they need. 90 year olds should not be on waiting lists to attend day centres.
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. People thought a lot of care management depends on the individual health professional and how good they are. However, it should not be a lottery like this. Everyone is entitled to the right kind of attitude and approach. It is about having the right people with the right caring attitudes in the service. A lot of them do not have the right attitude, especially newer recruits. The answer is to ensure that people who are in the caring profession are indeed compassionate. Sometimes problems are not about your health, they are about an underlying issue such as housing, and the health professional needs to pick up on this. It is a vocation and not just a job.

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)

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.

None of the above
Don’t know

13/27
**PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:**

<table>
<thead>
<tr>
<th>A</th>
<th>You should be able to pick and choose your service providers. Things have changed and there are shops such as Boots who offer services, and NHS walk in centres. This is good, as it means you do not have to take up the GP’s time and they have more time to deal with emergencies. However, choices should be equal. You can buy in agency people to do caring work but they are not compassionate. One person used an independent living scheme and saw the choice this offered them as being really advantageous, because they could choose the people that came into their home, and when they came. This was good for them, because they only wanted people that they could get on with coming into their home. Social care professionals used to come at the wrong times, and could not do everything they needed to do because they were not allowed. You need things when you want them, not when it suits the service provider.</th>
</tr>
</thead>
<tbody>
<tr>
<td>People thought B and C seem to say the same thing.</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Having a one-stop shop is a good idea. Existing health centres where there are several kinds of professionals – chiropodists etc – are better than standard GP surgeries. If the profile of such centres were raised, people would find it easier to access services as they would know where to go. Such centres could also reduce overlapping of services. The idea of one-stop shops is especially good for older people as it means they don’t have to walk to as many places. It is important to think of everybody when providing a service. They should be called Community Care Centres, and should include other service providers such as the Citizen’s Advice Bureau, to make it easier for people to access information. They would be good for the whole community. Any centre should be accessible for wheelchairs.</td>
</tr>
<tr>
<td>D</td>
<td>This is important. Ethnic minorities get a bad deal sometimes.</td>
</tr>
<tr>
<td>E</td>
<td>People do need to have choice and control over this. One person said that they wanted to choose how and when they die – no life support machines. This person felt out of control of their life, and wants to control their death, however feels this choice will be taken away from them.</td>
</tr>
</tbody>
</table>
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.

- 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.

People want choice, control and independence. They do not want to be patronised and told what to do.
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

3

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) 3
Members of the public who are involved with health and social care services e.g. PPI forum members 0
Paid staff from your organisation 0
Voluntary staff from your organisation 0
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>0</td>
</tr>
<tr>
<td>Older people</td>
<td>0</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td>0</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>0</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>0</td>
</tr>
<tr>
<td>Substance misusers</td>
<td>0</td>
</tr>
<tr>
<td>Disabled people</td>
<td>3</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>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>2</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>1</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>0</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

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>3</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>0</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>
<tr>
<td>Rather not say</td>
<td>0</td>
</tr>
</tbody>
</table>

22/27
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)

- 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
<table>
<thead>
<tr>
<th>People with mental health problems</th>
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<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?

- 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></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>
</tr>
<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?

Royal Borough of Kingston upon Thames

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

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

A local authority

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 though worked well?

(RECORD BELOW IN PRIORITY ORDER)

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RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

Devolved client-held budgets to enable them to purchase their own community care was helpful for those who wished and were able to undertake this role.

This option is not appropriate for all.

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

(RECORD BELOW IN PRIORITY ORDER)

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RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

Need for greater local provision for the care of terminally ill people at home.

Ensuring that there are sufficient numbers of qualified people able to undertake care in the community.
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.
  
  1

- 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.
  
  1

- 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.
  
  1

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

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

The group felt that these were all of equal priority and was unable to choose between them.
Q3. Did people think it would be enough for Government to only do these things to help people take better care of themselves? Why?

It was felt that people could take responsibility for their own health in many cases. However, there are sectors of the community which are less able to do this for a range of reasons e.g. motivation, behaviour, financial, deprivation, being new to the country, different customs and practices.

Whilst the Government should encourage self-responsibility, systems need to be in place to encourage the less able or willing.

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

The group felt that improvements should be made in relation to reaching out to people who for whatever reason are not often in touch with health services, even though they have health needs. The following suggestions were made:

Ensuring there are clear, succinct health messages in accessible formats (print size, language) to reach those who don’t usually pick these up for a variety of reasons – denial, too busy etc. Possible suggestions include greater use of the media.

Encouraging people to find out more about looking after their health.

Annual check-ups for all with the GP or practice nurse would be helpful (these should perhaps be more frequent for people with long term conditions). This would enable new conditions and problems to be identified early on in the course of the disease to give rise to better outcomes and reduced morbidity.

Specialist service providers who people are already in contact with should be encouraged to refer on other conditions which come to light, either back to the GP or to another specialist if appropriate.

More joined up working - GPs to be placed in settings alongside other professionals able to provide a range of information and advice on social services, housing, benefits etc, as other issues in people’s lives such as low incomes, poor housing have a detrimental affect on their health and outlook.

Face to face contacts – guidance of clients and diagnosis of their wider needs to ensure appropriate contacts made to obtain services.
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

3. 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:

The group felt that needs assessment was a priority for hard to reach groups of people with a range of health and social needs.

Carers have a very important role and require respite and support to enable their role to be as effective as possible.

Information would be less important if assessment processes were robust.
Choice requires increased capacity and perhaps is less important than providing sufficient services to meet needs, rather than choices.
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 – not everyone is able to manage their own care and make decisions.

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

Generally supportive of proposals. Supporting carers is very important. Self-help groups are important and enable support in a range of ways.

Smooth referrals by professionals to voluntary support groups and greater government support for these groups too.
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:

All the suggestions are good in theory, but we question the ability of the health service to provide and fund all this, and also question the availability of suitably qualified staff.

Improving people’s health can best be done by ensuring health services are accessible in terms of their day to day lives. However, there has to be a degree of personal responsibility for patients to fit in with services – increased opening hours cost money and may not be cost effective in terms of attendance.

Annual health checks would help ensure people who don’t usually attend are in touch with health services.

Choices are only possible if there is capacity and resources.

There is a need for greater provision of same sex doctors/culturally sensitive services – this is more important than location. There is a need for interpreting services within health services.

Community hospitals need to be safeguarded and their role developed further to provide a greater range of services.

Specialist services are better provided at specialist centres but transport links need to be considered and ensured.
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.

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

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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 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

   2

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) | 0 |
   | Members of the public who are involved with health and social care services e.g. PPI forum members | 2 |
   | Paid staff from your organisation | 0 |
   | 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.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Children and young people</td>
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</tr>
<tr>
<td>Older people</td>
<td>1</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td>0</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>0</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>
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<tr>
<td>Obese people</td>
<td>0</td>
</tr>
<tr>
<td>Substance misusers</td>
<td>0</td>
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<tr>
<td>Disabled people</td>
<td>0</td>
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<tr>
<td>People in prison</td>
<td>0</td>
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<tr>
<td>Black and minority ethnic groups</td>
<td>0</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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<td>People with caring responsibilities</td>
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<tr>
<td>Other (record below)</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

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Count</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>
<td>0</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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<tr>
<td>Indian</td>
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<td>Pakistani</td>
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<td>Bangladeshi</td>
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<td>Any other Asian Background</td>
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<td>Caribbean</td>
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<td>African</td>
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<td>Any other Black background</td>
<td>0</td>
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<tr>
<td>Chinese</td>
<td>0</td>
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<tr>
<td>Rather not say</td>
<td>0</td>
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</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)

- 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
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<td>People with caring responsibilities</td>
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**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?

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Do not deal with specific ethnic groups

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

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<th>Region</th>
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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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<td>South East</td>
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<td>London</td>
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<td>South West</td>
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<td>National Organisation</td>
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<td>Not applicable</td>
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J. What is the name of your organisation?

Royal Borough of Kingston upon Thames

K. What type of organisation are you responding as?

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<th>Organisation Type</th>
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<tr>
<td>A local organisation</td>
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L. Would like to be listed as a contributor to the consultation?

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<tr>
<td>Yes</td>
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Can I check, are you responding to this questionnaire as:

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

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Please note the feedback form is in three parts:

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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)

1
2
3

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

NHS Direct are very good for signposting people to services.
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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<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

The social care model of disability looks at barriers for disabled people rather than how to cure people, and treats disabilities as social rather than medical. Environment and attitudes take away the ability of disabled people to be fully participating citizens. Disabled and older people struggle to get their social needs met in the social model way.

There is concern that the social care support older people receive is becoming more hospitalised.

There are accessibility issues. Health care professionals do not really take into account the needs of disabled people in designing their premises – they pay lip service to widening corridors rather than thinking about the range of things disabled people really need, for example adaptations for the visually impaired.

Long term conditions. The government have just published a new policy on long-term conditions. However, the local Kingston policy seems to have no understanding of illness and impairment. Often when a person with a long-term condition is ill, they do not understand whether this illness is part of the condition or something separate.

There is a tendency for health care professionals to label people with their condition and then treat them for that.

People that need health and social care support often have low self-esteem. This means they feel they cannot ask for things because they do not feel worthy to have their needs prioritised over those of others.

In the NHS, there should be more thinking out of things before doing them.

Service provision should follow the current thinking in education around extended schools. People need a second base – a GP or an extended school - to solve issues in parents and children’s lives.

People need more health services. When you are not healthy, you cannot do anything.

Pharmacists are able to prescribe drugs. Why shouldn’t they be able to perform basic procedures such as taking blood pressure and running clinics?

More information on services may put pressure on health and social services as people will want and demand more. The system relies on people not accessing services, and will have to change as people's expectations become higher.
What other issues did people mention? Please record any personal stories here if possible.

A new medical centre has just been built in Kingston, which proclaims it has done everything possible to enable disabled access. It is wheelchair accessible, but the designers have not thought about other kinds of disabilities, for example there is a flash screen to tell people when their doctor is ready for them which is inaccessible for people with a visual impairment.
Section B: what did people think of the suggestions for improving health and social care services?

<table>
<thead>
<tr>
<th>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?</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)

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:

No key priority was chosen, but the group commented on each issue.

Issue A – This is a good idea, and is not offered in any other format. The group felt that people would benefit from having opportunities to learn more about their diet, go swimming and do other forms of exercise. People should have a health care package which enables them to do good things which help them have a good healthy life, such as swimming, and to do these things in a nice environment. It would be good to target certain populations in this initiative. For example, Most young people don’t know what a healthy lifestyle means e.g. go to McDonalds. They need more information on what healthy lifestyle means. Transport and other measures to improve accessibility must also be provided.

GP practices may offer a range of services, such as male health services, but people do not always know about them. It all goes back to educating practitioners, and providing money to support this education. There should be more information about what services are provided, and services should be standardised between practices, rather than being a lottery.

Promoting self-care is a way of rationalising services. A lot of people do underassess themselves, particularly if they have low self-esteem. People need peer support to self-assess.

There is a danger through this approach that if a person does not do all the healthy things they should be doing because they can’t, they may be seen as contributing to their illness and become a second-class patient.

Routine check ups can also be very misleading – unless there is family history of a given condition a person will only be tested for it after going to their GP.

Issue B – Why should pharmacists provide this sort of service? They struggle to cope with their current workload. Plus they are not necessarily the right people to be providing these services, although some good pharmacists do provide some of them already. A pharmacist does not know what your problems are, they only know what the treatment is. Plus in a pharmacy there is no element of privacy, and many are not fully accessible for disabled people.

Having more providers can also make services more confusing, because the boundaries of where you go for what become confused.

Issue C – GPs should break down the number of things which people discuss in a consultation and address them all. Many patients discuss benefits and other social issues which almost get ignored because GPs do not know how to help. GPs
should follow the social model rather than the medical model. This would make a huge difference. Poor housing and choice of lifestyle cause ill health. For example, if someone has their water disconnected, this will affect their health. If the GP was part of a one-stop shop, they could refer patients to other professionals in the one stop shop for their social issues, and then just deal with the medical issues. It would also teach GPs that people are more than just symptoms (the medical model).

Issue D – This is stating the obvious. It would however be better for disabled and older people not to have to pay for services twice (through Council Tax and fees). Some older people choose not to access services as they do not want to erode their savings. Some people also choose to employ service providers via the black economy, paying them cash in hand, to save money. For older people, their finances are often their last vestige of privacy. The charging policy does not work and is unfair. There should also not be a postcode lottery.
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. The group had other suggestions.

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

Other health care practices such as osteopathy are not being introduced into the NHS quickly enough. Alternative health provision should be explored. This is crucial when talking about healthy living. It would be very useful if people with long-term conditions had more flexible funding for their treatment, so they could choose to receive more alternative therapy rather than hospital services. It is also good to be treated in a non-hospital setting. People with long-term conditions know their bodies and what helps them very well so should be allowed more freedom of choice.

One barrier to people being able to look after themselves well is around pharmacists and medication. Medications can be called by various names, and they have tiny labels. If someone has a visual impairment or short sight, medications can be very confusing unless there is a good pharmacist to explain. Also, many pills come in blister packs, which are very difficult for older people and people with arthritis to use. In labelling medicines, there is a lack of consideration of disabling conditions, and language or literacy issues. Boots now do some labels in Braille and other formats which is really useful.

Another barrier is lack of information about services. Younger people in the group commented that they only know what information is available when they actually have a problem and need to deal with it. If the government wants people to use services, they need to produce some sort of simple guide to what is available. When people do not know what services are available, they cannot access them, much like not claiming benefits you are entitled to. Also, if accessing a service becomes laborious, people are less likely to use it.

Another barrier is having to fill out complicated forms to access services, which can be very daunting. It is easy to make mistakes on forms if you do not understand what is being asked and give the wrong answer. There is also a fear about losing benefits if you apply for something more than you are currently receiving. Some organisations such as Age Concern provide form fillers to help people who have difficulties, but the form fillers need to undergo refresher training every few months.

A final barrier is the move towards walk in centres and health centres rather than being assigned an individual GP. If you are treated by different GPs, you become anonymous and no one knows you or your needs.
The most important thing is that people would rather stay in their own homes. To do this, they need timely and appropriate assistance and practical help, not more policies and consultations.

Tired government advertising for services.

There needs to be a culture change.
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

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

4. 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

5. None of the above

6. Don't know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

The group felt that the cause of issues can often be social rather than medical, and the social causes therefore need to be tackled. Also, having a number of services under one roof means that different professionals would understand each others remits better.

However, a one stop shop should not necessarily be based in a doctor's surgery, and it may be better to have two separate one stop shops: a social care one and a medical one.
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.

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

GPs’ remit should be increased so they are educated in social care issues as well as medical ones.

The hierarchy of social services should not be placed under the health model.

For children with a life-limiting condition, pushing them towards hospice care is wrong. They should be pushed towards living not dying.

Teenage pregnancies. There is a need to support young people, so they do not choose to become pregnant because they feel this is the only way to access accommodation.
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 choice of how care should be provided depends on the problem. A one fits all approach does not credit the fact that people have analytical minds. Again, there should be two one stop shops, a social care one and a medical one.

There has been a loss of community as many people now live away from their families. A lot of this information would previously have been available within the community.
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.*

*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

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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

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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?

<table>
<thead>
<tr>
<th>For this consultation, documents should have been made available in different formats. The consultation was also organised with insufficient notice, which was a flaw by central government. We are living in a climate of many changes. The process of information is power, and power is information. The bad organisation of this consultation adds another layer of confusion.</th>
</tr>
</thead>
<tbody>
<tr>
<td>One overarching comment about service changes is that services for older and disabled people seem to be becoming more and more medical based. Many older people have struggled to get their needs met in line with the social model, and it will not be good for them to have these met in line with the medical model. Many professionals think that once they have assigned you to treatment then their job is done, and are not aware of the social model.</td>
</tr>
<tr>
<td>The Green Paper on adult services talks about individualised budgets, but do policy makers really understand what the kind of services people need to control their needs are? We seem to be moving towards a situation where our needs are controlled more and more by health care professionals, when we want an ethos that allows us to take more control of our lives. For a new health and social care model, the government will either need to go back to the medical model, or educate a large number of health professionals in the social model in a very short space of time.</td>
</tr>
<tr>
<td>Older people and disabled people need increased access to information. They often find it hard to get this information quickly.</td>
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</table>
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

9

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) 5
Members of the public who are involved with health and social care services e.g. PPI forum members 2
Paid staff from your organisation 1
Voluntary staff from your organisation 0
Other (record below) 1

An access officer in paid employment of the organisation, who is involved with disabled people and also has a corporate disability equality remit.
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>3</td>
</tr>
<tr>
<td>Older people</td>
<td>2</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td>0</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>1</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>0</td>
</tr>
<tr>
<td>Substance misusers</td>
<td>0</td>
</tr>
<tr>
<td>Disabled people</td>
<td>3</td>
</tr>
<tr>
<td>People in prison</td>
<td>0</td>
</tr>
<tr>
<td>Black and minority ethnic groups</td>
<td>4</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>4</td>
</tr>
<tr>
<td>People with long term conditions</td>
<td>3</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>0</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>0</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>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>4</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>0</td>
</tr>
<tr>
<td>Pakistani</td>
<td>0</td>
</tr>
<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>
</tr>
<tr>
<td>African</td>
<td>4</td>
</tr>
<tr>
<td>Any other Black background</td>
<td>0</td>
</tr>
<tr>
<td>Chinese</td>
<td>0</td>
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<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)

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
<table>
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<th>People with mental health problems</th>
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<td>People with learning disabilities</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>
<tr>
<td>Do not deal with specific sectors of the community</td>
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<tr>
<td>Other (record below)</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>Choice</th>
<th>Square to Check</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>
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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>
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<td>Caribbean</td>
<td></td>
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<tr>
<td>African</td>
<td></td>
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<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>
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</table>

26/28
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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</thead>
<tbody>
<tr>
<td>North East</td>
<td></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>
<td></td>
</tr>
<tr>
<td>East of England</td>
<td></td>
</tr>
<tr>
<td>South East</td>
<td></td>
</tr>
<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?

Royal Borough of Kingston upon Thames

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>
</tr>
<tr>
<td>Other (please record below)</td>
<td>✓</td>
</tr>
<tr>
<td>A local authority</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></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:
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)

A market research company commissioned by a local authority

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 4\(^{\text{th}}\) 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)

1
2
3

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

Many of the health issues raised spontaneously are ones often heard elsewhere; concerns over cleanliness in hospitals and difficulties in getting appointments at local GP surgeries. Some also question the quality of health workers being encouraged to come here and work from overseas.
What other issues did people mention? Please record any personal stories here if possible

“I’ve seen a patient die and a new patient comes in straight away to that bed which has clean linen but hasn’t been disinfected”

“I couldn’t believe it when I went to see my mother – there were dirty syringes under the bed and the sink and loo were filthy. I don’t think the floor had been cleaned in that room for weeks.”

“I find it really difficult making a doctors appointment. If I want to see my doctor in 3 days time, I can’t book then but have to phone the day before and there’s not always appointments left then.”
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. 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
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

A/B - All agreed as to the approach – prevention is better than cure and it makes sense to try and educate people to help themselves and prevent illness where possible. Feeling is that not enough of this is being done at present and those within the group who had been to see nurses at GP surgeries thought they should be used far more in promoting good health/educational matters.

However, not much of Issue A/B really excited participants – much of this they thought was common sense and should be done as a matter of course although there was some scepticism as to how easy it might be to change how some people lived their lives (with some even questioning how far the State should involve themselves in this area).

C - The area most focussed on was C and this was felt to be the most important – tackling inequalities such as poverty and housing. Although some were unsure as to how the Department of Health could become involved in this, it was felt to be one of the key reasons for much of the nations poor health. Additionally, this was felt to progress naturally from the previous two points. However, some had difficulty in seeing how the housing issue could be addressed with the price of housing locally.

“If you look at people in Scandinavia, things aren’t that different between rich and poor, and look at how healthy they all are. Where people are better educated, they look after themselves better, and this point moves on from the previous two where people are encouraged to learn more about what constitutes better health.”

“Seeing this then, I’ve got very little chance, as I’m stuck in a two bedroom flat with four kids – I haven’t even got a bedroom of my own as I gave it up for my kids, and it does cause me stress.”

Q3. Did people think it would be enough for Government to only do these things to help people take better care of themselves? Why?

Generally though, the whole approach suggested by this question was felt to be common-sense and a good one to focus on – all could see the benefits of doing so and the what it would bring to the nations health (as well as reducing the pressure on the NHS etc). Few could think of anything else that could be added here in the time given.
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?
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)

2

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

3

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

1

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.

4

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:

A - Longer opening hours and weekend surgeries etc were very welcome, as there was felt to be a need for health services nowadays to adapt more to people’s busy lives.

B - Again thought to be a valid area to raise and focus on – many issues presently with health services (e.g. GP’s appointments) are a result of inconvenient times etc. However, whilst many could understand the thinking behind opening drop-in services on the route to work/in more convenient places, they were uncertain as to whether they would actually be drop-in (and would mean long waiting).

“I would suggest the train station is not a good idea. When people [have] got to catch trains they are usually in a rush and I don’t think they would use them very much.”

“The whole point of a walk-in centre is exactly that, and I think if they were on or near stations, they wouldn’t be that – you would have to wait to see someone.”

C - Generally though, the greatest desire was for more community based services that people could access locally and by providing blood tests/minor surgery etc in local locations would not only remove some of the pressure from existing services but also bring greater convenience. Existing walk-in services locally received praise.

“The walk-in centre at Teddington is magnificent – it’s open early and closes late and is first class. I think you can walk in there and get flu-jabs too”
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.

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?

The participants had not previously heard of the nature or scope of the consultation exercise, but considered it to be a worthwhile exercise as perhaps it is necessary now to look at health issues in a different way rather than simply increasing funding to what is already there. Some were sceptical, however, as to how much notice would be taken of the findings.
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
   
   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)

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) 12
   Members of the public who are involved with health and social care services e.g. PPI forum members 0
   Paid staff from your organisation 0
   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.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td>1</td>
</tr>
<tr>
<td>Older people</td>
<td>3</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td>0</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>2</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>0</td>
</tr>
<tr>
<td>Substance misusers</td>
<td>0</td>
</tr>
<tr>
<td>Disabled people</td>
<td>1</td>
</tr>
<tr>
<td>People in prison</td>
<td>0</td>
</tr>
<tr>
<td>Black and minority ethnic groups</td>
<td>1</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>1</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>0</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>0</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

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>11</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>1</td>
</tr>
<tr>
<td>Any other mixed background</td>
<td>0</td>
</tr>
<tr>
<td>Indian</td>
<td>0</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>
<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) ✓

A market research company commissioned by a local authority

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
<table>
<thead>
<tr>
<th>People with mental health problems</th>
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</tr>
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<tr>
<td>Asylum seekers</td>
<td></td>
</tr>
<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>
</tr>
</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

<table>
<thead>
<tr>
<th>Region</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>North East</td>
<td></td>
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<tr>
<td>North West</td>
<td></td>
</tr>
<tr>
<td>Yorkshire &amp; the Humber</td>
<td></td>
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<tr>
<td>East Midlands</td>
<td></td>
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<tr>
<td>East of England</td>
<td></td>
</tr>
<tr>
<td>South East</td>
<td></td>
</tr>
<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?

MORI

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></td>
</tr>
<tr>
<td>A national organisation</td>
<td></td>
</tr>
<tr>
<td>Other (please record below)</td>
<td></td>
</tr>
<tr>
<td>A market research company commissioned by a local authority</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></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:
Dear Sir or Madam,

Re: Feedback for Your Health, Your Care, Your Say – 24th October 2005

Please find attached the consultation responses from events run by The Royal Borough of Kingston upon Thames. These are as follows:-

- Executive summary of all the groups
- Feedback from Group 1
- Feedback from Group 2
- Feedback from Group 3
- Feedback from Group 4
- Feedback from Group 5
- Feedback from Group 6
- Feedback from Group 7

We promoted the consultation through the local press and on RBK’s website and intranet, the Primary Care Trust and Kingston Voluntary Action websites, as well as leaving hard copies of surveys in our Homeless Persons’ Unit and Social Services Reception.

I thought it would be useful to give you some feedback about the practicalities of the consultation, so that lessons can be learned in the event of anything on this scale being run again.

We ran our main consultation event at the Guildhall in Kingston upon Thames on Monday 24th October. I outline below areas which would need further attention in future:
• The timeframe given to us to organise this event was too short. With more forward planning and advance information and advice from yourselves we would have been able to deliver a much better consultation event, and presumably, a greater response from the public.

• Initial difficulties accessing the website – we experienced considerable difficulties in the registration process and contacted the Department for support. With such tight timescales, ease of accessibility to information is absolutely vital.

• On 14th October 2005 we ordered 5 large print citizen guides, 5 easy read citizen guides, 1 citizen guide on audio tape and 1 introductory DVD for the 24th October 2005 event. We received all of these AFTER our Consultation Day (the large print citizen guide had errors in the page numbering as well). The reason the invoice gave for this was ‘out of stock’. We find it hard to understand why these were out of stock when you were undertaking a national consultation. Having assured those invited and facilitators that information would be available in large print and on audio tape, it was embarrassing to explain to service users with visual impairments that we were unable to provide an audio version of the citizen’s guide. This, and the short timescale, resulted in a letter of complaint to our Chief Executive.

• Facilitators Guide and Feedback Form – On the Facilitators Guide (v3) there was a problem with Guidance Note 3 in that the information contradicted itself. An e-mail and subsequent telephone conversation did little to clarify the position. The style in which the documents were written was generally unclear and at times confusing for the reader, much of it was written in health and social care jargon and therefore was not very accessible for the general public.

We hope you find these comments useful and will be able to take them into consideration while planning for your next event.

Yours faithfully,

Susanna Daly
Quality and Performance Manager
RBK Community Services
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 [X]
- 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

RECORD BELOW WHY PEOPLE THOUGHT THESE WERE IMPORTANT:

Men’s Health Forum

Our consultation process took the form of an online survey of “ordinary men” using www.malehealth.co.uk our “health consumer” advice website. malehealth is the most widely used male-specific health site currently online anywhere in the world, receiving over 60,000 unique visitors each month. Our consultation concentrated largely on primary care services because research indicates that primary care as it is currently delivered, is not as effective as it might be in reaching men (the General Household Survey for example consistently shows that men visit their GP far less frequently than women). We asked three simple open-ended questions:

1. If you could change one thing about your local GP surgery to make it more likely that men would go there, what would you do?

2. If you could change one thing about your local GP surgery to make it more likely that YOU would go there, what would you do (if same answer as to previous question please write “same”)?

3. Use your imagination: if you could introduce a new service that would improve the health of men into your local community, what would it be?

The results used in preparing this document are drawn from responses to the consultation between August 22nd and October 17th 2005. During that time we received 404 responses. Not all respondents volunteered their sex but from those who did, it seems likely that around 85% of respondents were male. For the purposes of this document we have analysed only those responses known to have come from men – a total of 272. All references from now on therefore are to the views of male respondents only. Our consultation will remain online until the end of 2005 as we will continue to use the data for our own internal purposes. A demographic breakdown of the respondents (age, occupation) is available on request.

We have also conducted a similar consultation with health professionals who have direct experience of trying to improve service delivery to men. A separate response to “Your Health, Your Care, Your Say” has been made using the results of that consultation. Ideally, our two responses should be read together as they cross-refer.

Our findings seem most relevant to Question B7, so our entire response can be found in that section. We have also added some general comments in answer to Question B10.
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

- None of the above

- Don’t know
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?
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)

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:
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?
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)

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:
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?

The Men’s Health Forum consultation asked only open-ended questions. The results would have been remarkable in their constant repetition of the same themes even if we had given respondents a fixed range of choices; the fact the same three themes recur again and again when men were free to say anything they liked, gives great weight to these being the key issues:

1. **When am I supposed to go?**

More than half of those responding to the questions about what would make the difference both for them personally and for men in general, drew attention to the conflict between surgery times and working hours. “Some of us have work to go to!”, “It seems geared to people who aren’t working” and “. . . for decades the system has operated as if men do not work” were typical of scores of comments we received, and sum up the issue for many men. This is not exclusively a “male problem” of course, but despite very significant changes in working patterns in recent years, men remain much more likely than women to be in full-time work. The problem was largely perceived to be one which could be solved by more flexible opening hours (specifically, evenings and weekends) - and the need to introduce such a system urgently was made time and again.

This effect of this simple – but, for many of our respondents, often insurmountable - inbuilt inconvenience was exacerbated by other problems, but it remains the central challenge to provide services at a time that suits those who work full time. Related problems included:

- The distance from work - where most of the day is spent - and the GP surgery;
- The fact that GPs often run late, so that more time is needed for an appointment than is planned for;
- The time-consuming nature of the appointments process (e.g. having to ring more than once before getting through)

It is also worth noting that some of these points made by respondents overlap other factors associated with inequalities in public health - not only inequalities between men and women but also inequalities of economic status. For example, men in the UK work the longest hours in Europe, with some of the lowest paid having to work the longest hours of all. Likewise, it is likely to be the least well-off men who are employed in the kinds of jobs where time off to attend a GP appointment means wages lost, and where job insecurity is the greatest.
2. Why is it so difficult?

More than a third of respondents drew attention to a small number of structural and attitudinal problems associated with using primary care that they find off-putting. These problems recurred consistently in the experiences of different respondents and might be conveniently grouped together as representing a failure of primary care to see itself as a service provider geared to the needs of its users. These problems were:

i) The difficulty in making an appointment, queues and delays at the surgery, and bureaucracy in general.

There is not much research evidence on this matter but one US study has shown that men tend to be less tolerant than women of queues to be seen by a doctor. It may therefore perhaps be a rather more “male issue” to perceive all delays and bureaucracy as barriers to using health services. This is potentially very important because it might mean that inefficient systems have a greater negative impact on the health of men than on the health of women. Illustrative comments included:

[I’m told to ring] at a time when I’m commuting;
I think that a lot of men will not want to fart around with trying to get through on a busy phone line/being told to ring back later;
They give you an appointment at 2 p.m. and you’re still waiting come 3 p.m.;
Let me phone in to get my referral [to the hospital] . . . and send me the results rather than me having to go to three appointments for something that is routine.

ii) The fact that patients are sometimes required to discuss their needs with a receptionist first either on the phone or on arrival at the surgery.

The reception process is perceived as lacking confidentiality and/or being unwelcoming and obstructive. This latter point is very important because it may reinforce what is widely believed to be a particularly male anxiety about “wasting the doctor’s time” (this anxiety was indeed expressed by some men in our consultation). Illustrative comments included:

[They] should introduce more discreet reception areas. I get conscious of discussing issues with the main desk;
[Receptionists should] make you feel welcome and entitled to be there and not that you are just wasting their and the doctor’s time as usual.

iii) That some GPs may be dismissive, condescending or unsympathetic, and that the whole process of engagement with primary care may seem impersonal.

It is not clear whether these experiences and perceptions are more common in men than women but, because men are known to use primary care less effectively than women, any potential indicator of the reasons why this might be so, are worth serious consideration. Illustrative comments included:

I always feel I’m being pushed out the the door the minute I walk into the doctor’s room;
[GP s need] . . . customer service training to make them realise we are not just an incubator of organs but we are people with feelings;
. . . you do not bother to go back because you do not want to appear mardy and labelled as a ‘typical man’. An image in society that exists and gets reflected in GP consultations.
3. What about us blokes?

Around a half of respondents either suggested that primary care was unwelcoming of men in some way or, more constructively perhaps, made comments relating to the need to deliver primary care in a way that took more account of male sensibilities. Again, there was a strikingly high level of consistency between respondents expressing these kinds of views. These views could be grouped into three broad categories:

i) Expressions of the perception that primary care is a service primarily designed for women and children.

ii) Suggestions for changes in the primary care “experience” (e.g. staffing, decor, “customer services” etc.) to make it more “male-friendly”

iii) Comments relating to the need for specific “men only” healthcare services, especially – but not exclusively – for a regular “check up” service.

Because these categories overlap significantly, it seems most straightforward to illustrate these points by means of a series of verbatim quotes from the consultation:

Make it seem that NHS and doctors’ surgeries aren’t just for the benefit of women, who seem to swamp the system

. . . . women have much more contact and consequently are more relaxed in that environment

. . . . when you get there it all feels geared up for women, staffed by women, women’s magazines, generally patients waiting are women, kids or retired . . . The system and the environment feel like they have been set up for women so it feels like you are sitting in a ladies’ hairdressers . . . .

Have male staff working at reception as the women at my surgery always make you feel as though you are bothering them . . .

Better magazines and less resentment from the (usually) woman receptionist and other women in the waiting room – it’s my health service as well!

Have male health clinics, the vast majority of women in the waiting room make you feel outnumbered

Have men only days or evenings. That way, a bloke wouldn’t be sitting in between a dozen 80 year-old women . . . . feeling like a sad act

. . . . most health campaigns seem to be aimed at women, children and the elderly – nothing for we lowly men!!

I would like to see more posters about men’s issues, male reception staff and less attitude. I would also like GPs to undergo training about men on manual jobs . . . Because GPs have never (or rarely) ever done a heavy manual job they have no idea what it involves . . .

I think an annual check-up invitation (like an MOT) should be sent out to everyone, then everyone would have a reason to visit and have the opportunity to discuss any issues etc.

. . . and the mechanics at the garage talk me through any problems (as an equal) and sound me out about options for dealing with them. They also tell me if the way I run and garage the car affects its performance. Why shouldn’t my doctor take the same approach?

[Need] more well man screening carried out for men, by men.
Finally . . .

Finally, it is well worth adding that those respondents who answered the question about the new service they would like to see in their own community, overwhelmingly called for regular, informal health checks delivered in male-friendly environments (away from primary care was often specified). Putting together the 100 or so answers received to this question gives us a picture of a service that looks like this:

Free
Informal
“Walk-in” (appointments and pre-booking not necessary)
Available outside working hours
Designed primarily to offer screening, check-ups and advice
Not judgemental and does not “lecture” patients
Personal i.e. offers private consultations tailored to the needs of the individual

Additionally, it probably:
Takes place away from the primary care setting (it is perhaps, “mobile”)  
Is for men only 
Is largely staffed by men
Offers information using new technology, which might also be available remotely

It might also:
Concentrate on “fitness”
Happen in the workplace
Call men in for health checks on a regular basis (e.g. an annual invitation to attend)

Please note that some further comments are added in answer to Question 10
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)

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)
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:**

The findings from our online consultation are clear evidence that many men are dissatisfied with primary care when asked to consider the service from a specifically male perspective. This is not mere whinging. All the most commonly accepted indicators suggest that the present state of male health is a significant public health problem in its own right. Such evidence base as there is suggests (as does our online consultation and its partner consultation of health professionals) that primary care does not engage with men anywhere near as effectively as it might. It is therefore probable that the present system is actively contributing to the poor state of male health in England. Quite apart from the generally accepted responsibility for the state to protect and improve public health, this situation may cause serious difficulty for health service providers seeking to meet their future responsibilities under the new gender equality legislation presently progressing through parliament. The Equal Opportunities Commission has already highlighted men’s use of primary care as a particular area of concern.

It is absolutely essential that the White Paper recognises the severity of the present position by taking men’s attitudes, needs and sensibilities explicitly into account in developing future provision. This emphatically does not mean to give priority to men over women, but simply to acknowledge that men and women have different attitudes to primary care services and use them differently. Unless the White Paper acknowledges that this is the case, it is likely that the most promising opportunity in recent years to improve the health of men will have been missed.

David Wilkins
Policy Officer
Men’s Health Forum
October 31\textsuperscript{st} 2005
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

   404

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  
   Online consultation

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. 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 13 (under 25)
<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Older people (over 65)</td>
<td>5</td>
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<tr>
<td>Pregnant women (and their partners)</td>
<td>d/k</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>d/k</td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td>d/k</td>
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<tr>
<td>Smokers</td>
<td>d/k</td>
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<tr>
<td>Excessive drinkers</td>
<td>d/k</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>
<td>d/k</td>
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<tr>
<td>Prisoners</td>
<td>d/k</td>
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<tr>
<td>Black and minority ethnic groups (GO TO QE)</td>
<td>d/k</td>
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<tr>
<td>Travellers</td>
<td>d/k</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>
<td>d/k</td>
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<tr>
<td>People in hospices/residential care</td>
<td>d/k</td>
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<td>Asylum seekers</td>
<td>d/k</td>
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<td>People with long term conditions</td>
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<td>People with caring responsibilities</td>
<td>d/k</td>
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<tr>
<td>Other (record below)</td>
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</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

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

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) X

Non-governmental organisation campaigning for better health for men

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

NAME OF ORGANISATION

Men’s Health Forum

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:

Hard copy please

EMAIL: david.wilkins@menshealthforum.org.uk

ADDRESS: David Wilkins
          Policy Officer
          Men's Health Forum
          Tavistock House
          Tavistock Square
          London
          WC1H 9HR
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 [X]
- 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:

**Men’s Health Forum**

The Men’s Health Forum is a membership organisation. We also have regular contact with health professionals of all kinds in all parts of the country who are not MHF members but who are actively trying to deliver better services for men (we call this group of people our "stakeholders"). Our consultation process took the form of a small survey of members and stakeholders, using a short questionnaire that could be completed electronically or filled in in hard copy. The questionnaire comprised two simple open-ended questions:

1. It is widely accepted that men tend to under-use all forms of local health services, and that that is detrimental to their health. *In your experience*, what are the main reasons why this is the case?

2. Please think creatively. If you could make any changes you liked to the way services are currently organised and/or delivered, what would you do to improve the health of men and boys? In particular, are there any new services or approaches that you would like to see introduced?

26 completed consultation forms were returned (including one based on a structured “brainstorming” session held for 30 members held by the Royal College of Nursing for a combined group of health professionals, lay workers and service users). Some respondents remained anonymous but it is known that consultation forms were returned by a diverse group of professionals including: GPs and hospital doctors; Directors of Public Health; nurses; academics; health promotion staff; PCT managers and staff from specialist voluntary sector organisations.

We have also conducted a similar consultation with “ordinary men” using our online “health consumer” website [www.malehealth.co.uk](http://www.malehealth.co.uk). A separate response to Your Health, “Your Care, Your Say” has been made using the results of that consultation. Ideally, our two responses should be read together as they cross-refer.

Our findings seem most relevant to Question B7, so our entire response can be found in that section. We have also added some general comments in answer to Question B10.
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

None of the above

Don’t know
Q3. What else would people like the NHS, Social Care and other services 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 ...

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>Priority</th>
<th>Rank</th>
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<tbody>
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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>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>
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<td>None of the above</td>
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</tr>
<tr>
<td>Don’t know</td>
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</table>

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:
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?
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)

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:
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?

The Men’s Health Forum consultation asked two open-ended questions of health professionals with a known understanding of how to work effectively with men. The first question invited respondents to use their own experience to identify the reasons why men may under-use existing health services. The answers to this question revealed a high degree of correlation between respondents, and indeed, between the respondents to this consultation and our separate consultation with “ordinary men” (with one very notable exception – see “Socialisation” below). The first two issues identified by the health professional were also identified by a majority of the male service-users:

**Services are not available at convenient times**

Over half of respondents drew attention to the fact that many health services (not just primary care) are currently provided at times that are impractical for people in full time work, especially those who cannot arrange time off easily or who work some distance from the place where the services are provided. According to the most recent Labour Force Survey, men are almost twice as likely as women to work full time. The point was made that it is often not possible even to start the process of engagement with men, if men cannot gain access to services in the first place for this one simple reason.

**Men feel unwelcome**

Again, over half of respondents made the point that health services may make men feel unwelcome one way or another; health settings may be perceived as an “foreign environment” by men as one respondent put it. A variety of reasons was given including that health services are often provided in “feminised” premises (e.g. in terms of decor, display material and so on); that health service staff are predominantly female; that there is a “gender bias” in the provision of some services (e.g. healthy lifestyle messages assume a knowledge of healthy eating that women are more likely to have than men); and that health services assume a willingness to admit to problems that men may not feel. By and large, the solution to this problem was seen to lie in consciously taking account of men’s perceptions and seeking actively to deliver services in a way that is more in tune with men’s “world view” (see “Services that are needed” below).

Fewer health professionals than service-users identified problems with bureaucracy although men’s “impatience” was mentioned in some responses. The health professionals however, identified a further problem seldom mentioned (explicitly) by the men who responded to the online consultation:

**Male “socialisation”**

A majority of the health professionals suggested that during the course of their lifetimes, many men “learn” attitudes that pre-dispose them not only to poorer health behaviours
(e.g. greater “risk-taking” than women) but also to poorer use of services. It was suggested that men are variously:

More likely to try to “tough out” illness
More likely to give priority to work commitments over treatment and rest
More likely to have a self image that encourages them to deny illness (illness = “weakness ”)
Less likely than women to be prepared to discuss their health
More likely to fear the consequences of illness and disease

Since our respondents were people who between them have hundreds of years of personal experience of working directly with men, it seems likely that their analysis of male attitudes can be relied upon. It is also of course, possible to observe that these attitudes underpin some of the views expressed by men in our consultation with male service users - even though these respondents might not, themselves, explicitly identify “socialisation” as an issue.

It seems probable that services as they are presently constructed and delivered do not take account of these attitudes as well as they might. It is therefore of vital importance, that the forthcoming White Paper should acknowledge the need to deliver services in such a way that providers should have first, the flexibility to shape and market services in a way that takes account of men’s attitudes, beliefs and behaviours; and second, that they are given direct encouragement to do so.

The services that are needed

In addition to the obvious but crucial point about more flexible opening hours for many services, the responses to our second question about how services might be improved, fell very consistently into clearly discernible themes:

1. **“Outreach”**

If men cannot – or will not – come to health services, then it is right that health services should make more effort to go to them. Greater flexibility in planning was urged (especially for community nurses) in order to allow service delivery to be taken out into “male-friendly” community settings. In a number of cases, respondents highlighted the importance of the workplace to deliver services – especially screening and information services. It was felt especially important to develop partnerships with employers and occupational health services.

2. **Check ups**

Regular “MOTs” were thought to be particularly important for, and appealing to, men. It was suggested that these could be offered by (say) annual invitation, or made available in easy, “hassle free” settings, for example “walk in” clinics or mobile units.
3. A change in ethos

Although rather more abstract, this point was made numerous times in different forms by respondents – that the NHS and its staff, need to recognise that men and women have different attitudes and belief systems, and different responses to the services that they are offered. Services tend to be provided on the basis that the service user will be able to identify his or her own need initially before willingly going along to the service provider and expressing that need fully and frankly. He or she will then proceed to accept the advice and treatment that is offered, using the delivery mechanisms that the service provider has in place.

It is at least possible that this model works better for women than men. Evidence and anecdote suggests that men are less likely to come forward and more likely to be constrained from making the best of the service by their view of themselves as men – and indeed, by the cultural view of masculinity that is imposed on them (not least, often, by health service providers). Our respondents variously suggested staff training, changes in the structure and “marketing” of services, and more research into male attitudes as a means of responding to this difficulty.

4. “Education”

In a more practical extension of point 3 above, a number of respondents made the point that we need to help men make the best of services, rather than assume that they will simply take advantage of the services because they are there. Suggestions here varied from the need to deliver health promotion messages in a “gender specific” way to suggestions that we need to concentrate efforts on boys in school, so that they grow up adopting a more positive attitude to both their own health and develop the skills to use services effectively.
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)

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

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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)
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:

All the most commonly accepted indicators suggest that the present poor state of male health in England is a significant public health problem *in its own right*. The findings from this consultation of health professionals with a particular interest in the field of men’s health confirm the findings of our online consultation of “ordinary men” (also submitted in response to this consultation) that community health services as they are presently delivered are not engaging effectively with men. It is therefore probable that the present system is actively contributing to the problem. Quite apart from the generally accepted responsibility for the state to protect and improve public health, this situation may cause serious difficulty for health service providers seeking to meet their future responsibilities under the new gender equality legislation presently progressing through parliament. The Equal Opportunities Commission has already highlighted men’s use of primary care as a particular area of concern.

It is absolutely essential that the White Paper recognises the severity of the present position by taking men’s attitudes, needs and sensibilities explicitly into account in developing future provision. This emphatically does not mean to give priority to men over women, but simply to acknowledge that men and women have different attitudes to primary care services and use them differently. Unless the White Paper acknowledges that this is the case, it is likely that the most promising opportunity in recent years to improve the health of men will have been missed.

David Wilkins
Policy Officer
Men’s Health Forum
November 2nd 2005
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

56

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)

Questionnaire (plus one “brainstorming” session)

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
- Health professionals interested in improving the health of men

- Poss. 2 or 3

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>Group</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td>0</td>
</tr>
<tr>
<td>Older people</td>
<td>d/k</td>
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<tr>
<td>Pregnant women (and their partners)</td>
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<tr>
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<tr>
<td>Prisoners</td>
<td>0</td>
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<tr>
<td>Black and minority ethnic groups (GO TO QE)</td>
<td>d/k</td>
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<tr>
<td>Travellers</td>
<td>0</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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<tr>
<td>People with learning disabilities</td>
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<td>People in hospices/residential care</td>
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<tr>
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<tr>
<td>People with caring responsibilities</td>
<td>d/k</td>
</tr>
<tr>
<td>Other (record below)</td>
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</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
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

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) X

Non-governmental organisation campaigning for better health for men
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)*

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<tr>
<td>Other (record below)</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

Men’s Health Forum

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: david.wilkins@menshealthforum.org.uk
ADDRESS: David Wilkins
          Policy Officer
          Men’s Health Forum
          Tavistock House
          Tavistock Square
          London
          WC1H 9HR
YOUR HEALTH, YOUR CARE, YOUR SAY
FEEDBACK FORM FOR LOCAL LISTENING EXERCISES

HEALTH ACTION LINK FEEDBACK
Langbaurgh Primary Care Trust
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)

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<tbody>
<tr>
<td>1</td>
<td>Being able to see professionals locally</td>
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<tr>
<td>2</td>
<td>Continuity of care / Integrated Teams.</td>
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<td>3</td>
<td>Not covered</td>
</tr>
<tr>
<td>4</td>
<td>Not covered</td>
</tr>
<tr>
<td>5</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WERE IMPORTANT:

1. Langbaurgh is a predominantly rural area, served by three community hospitals and with a large District General Hospital in nearby Middlesbrough. Some of the services the PCT commissions from South Tees Hospitals NHS Trust provide “outreach clinics” in the local Primary Care Hospitals. Participants felt this was positive as only one Consultant need travel out to the Primary Care Hospitals instead of lots of patients travelling in to the District General Hospital.

2. The introduction of Integrated Teams, which is just being implemented in Langbaurgh, seems like it will be positive because it will save people the time and frustration of repeating the same information over and over again when they see professionals from these teams. (District Nurses, Occupational Therapists (Health), Physiotherapists and Social Workers (Adults Team)).
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

None of the above

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

**Priority One: Ensuring older people and those with disabilities can get the practical help and support they need...**

Many of the participants felt this was something that was already happening locally within Langbaurgh, and that the introduction of Integrated teams of District Nurses, Occupational Therapists (Health), Physiotherapists and Social Workers (Adults Team) would help this further.

The groups felt that this would improve continuity of care and that money should be devoted to helping those who need it most. Help and support for the individual should save money in the long term and the NHS would be able to save on nursing and care accommodation.

**Priority Two: Promoting and Supporting Better Health**

The groups felt that the loss of “Well-woman” and “Well-man” clinics or “MOTs” was to be regretted as some surgeries do and some do not provide them. Bringing these “MOTs” back would be useful, would make a difference and save money. (Some felt this saved finance would not become available elsewhere, though). The groups also agreed that some sort of reminders would be helpful to ensure people attend, and that a system whereby people are automatically offered an assessment when they reach a certain age or if you have a particular condition. E.g. one practice locally used to keep an elderly persons register and those patients would be visited by the Practice Nurse.

The issue of WHO would do routine check-ups and support appointments was raised as doctor’s surgeries are often full already. Being able to see someone locally was felt to be important.

It was felt that people do need to be made aware of health activities but should be allowed to choose whether or not to take that advice. The issue of whether people would get to hear about these services and if they did whether they would want them was discussed at length. For example, people don’t know now how to access social services. E.g. which department to contact? How do you get an assessment?

Some felt that the introduction of Integrated Teams locally should contribute towards this point.

**Priority Three: Ensuring a range of health professionals can provide people with information and support...**

Many felt that this is already happening in most places so it might not have a huge impact on health. Others felt that some health professionals such as nurses are not easily accessible and so people might not approach them for information and support. Needs to be greater awareness amongst the public about where information can be accessed

Most felt providing information is one thing but encouraging people to take it in was another, and that we need to find ways to give information and substantiate messages.

The groups felt that in most cases health professionals have information but need to find new ways to transmit it. Some suggested that small group education and getting messages out early (while at school) would be more effective.
There have also already been changes in Pharmacy such as introducing Consulting Rooms and many felt there should be a private consulting room at every pharmacy.

**Priority Four: Tackling the things that cause ill health and disadvantage.**

The groups felt that this would make a big difference to people’s health, particularly in areas where there are young families. East Cleveland in particular is a socially deprived area and the participants felt that drop-ins for young mums and outreach surgeries, for example in community centres, would be very helpful. There was strong support for LOCAL services. For example, people who are working age, chronically ill and on benefit now have to go annually to Middlesbrough to be assessed. It would be better if Outreach services were provided at suitable premises. E.g. with no flights of stairs.

There were mixed feelings about providing jobs and skills advice alongside health and social care. Some felt that doctor’s surgeries were already overcrowded, too many services in one setting might be confusing for service users, or that people might think that the jobs and skills service was to help those whose ability to work was limited by their health. Others questioned whether jobs and skills advice would truly impact on health, reduce poverty and encourage people to eat more healthily.

There was a strong feeling that poverty alone does not cause people to, for example, eat the wrong things. If people have more money, we need to ensure that that money is spent in the right way, which comes back to education. Public (adult) education on how best to use/spend and manage money would be helpful alongside domestic and life-skills in the classroom.

Communication was also felt to be a key issue and that we need to find better ways of letting people know what services are available locally. For example – the role of the Nurse Practitioner.
Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?

<table>
<thead>
<tr>
<th>Public (adult) education on how best to use/spend and manage money would be helpful alongside domestic and life-skills and more health education in the classroom.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve transmission of information, raising awareness of services not just amongst patients but amongst staff.</td>
</tr>
<tr>
<td>Provide more acute outreach services in convenient and accessible locations so that those with difficulties and illnesses do not have to travel and struggle to attend appointments.</td>
</tr>
<tr>
<td>Better partnerships with local support organisations so that people are able to access those.</td>
</tr>
<tr>
<td>Longer appointment times because short appointments are difficult when you need support.</td>
</tr>
<tr>
<td>Introduce a system whereby people are automatically offered a health/social care assessment when they reach a certain age or if they are diagnosed with a particular condition. Plus routine health checks at various ages.</td>
</tr>
<tr>
<td>Substantiate health messages. For example, there is a diabetes specialist practice nurse in Scotland who translates messages such as “85% fat free” for patients by comparing the amount of sugar found in foods to a proportion of a mars bar. Messages such as “There is the same amount of sugar in this low-fat yoghurt as there is in half a mars bar” has more meaning for the patient.</td>
</tr>
<tr>
<td>Provide the leaflets that come with medication in larger print. The current ones are often too small.</td>
</tr>
</tbody>
</table>
WHEN YOU AND YOUR FAMILY NEED HELP AND SUPPORT, HOW, WHEN, WHERE AND FROM WHOM DO YOU WANT IT?

NOT COVERED

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:

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?

NOT COVERED
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:

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) – NOT COVERED

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?

NOT COVERED
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:**

Provide more tests for illnesses/conditions for which there are no symptoms until it is too late for treatment. (No examples given)

Make sure there is equity in the service, for example between social workers in the acute hospitals and in the community. Continuing support in the community should reduce the number of “revolving door” patients. Consider reintroducing the “Almoner” – on discharge this person ensured that the patient’s needs were catered for in the community.

An organisation exists within Redcar called “Helping Hands” – they provide handymen for people who are having difficulties/ are unable to do work for themselves. However, training in this type of work can be expensive and perhaps should be funded by the government.

Make sure patients voices are heard!

Introduce pharmacist prescribing.

**NB The Following comments were also received about the consultation itself:**

This process is very complicated, particularly the score out of 10.

We seem to be giving out opinions a lot but the Department of Health never seems to do anything about it.
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?
   \[\text{Write in below}\]
   \[
   \begin{array}{|c|}
   \hline
   \text{30} \\
   \hline
   \end{array}
   \]

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 \(\checkmark\)
   - 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): 28
   - Members of the public who are involved with health and social care services e.g. PPI forum members: 1
   - Paid staff from your organisation: 1
   - Voluntary staff from your organisation: 0
   - Other (record below): 0
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>Category</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td>0</td>
</tr>
<tr>
<td>Older people</td>
<td>30</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
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<tr>
<td>Socially disadvantaged people</td>
<td>0</td>
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<tr>
<td>Disadvantaged children</td>
<td>0</td>
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<tr>
<td>Smokers</td>
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<tr>
<td>Excessive drinkers</td>
<td>0</td>
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<td>Obese people</td>
<td>1</td>
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<tr>
<td>Substance misusers</td>
<td>0</td>
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<td>Disabled people</td>
<td>2</td>
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<tr>
<td>Prisoners</td>
<td>0</td>
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<tr>
<td>Black and minority ethnic groups (GO TO QE)</td>
<td>0</td>
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<td>Travellers</td>
<td>0</td>
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<td>Homeless people</td>
<td>0</td>
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<td>People with mental health problems</td>
<td>0</td>
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<td>People with learning disabilities</td>
<td>0</td>
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<tr>
<td>People in hospices/residential care</td>
<td>0</td>
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<tr>
<td>Asylum seekers</td>
<td>0</td>
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<tr>
<td>People with long term conditions</td>
<td>6</td>
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<tr>
<td>People with caring responsibilities</td>
<td>1</td>
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<tr>
<td>Other (record below)</td>
<td>0</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)

<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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<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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<td>Any other mixed background</td>
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<tr>
<td>Indian</td>
<td>0</td>
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<td>Pakistani</td>
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<td>Bangladeshi</td>
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<td>Any other Asian Background</td>
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<td>Caribbean</td>
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<td>African</td>
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<tr>
<td>Any other Black background</td>
<td>0</td>
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<td>Chinese</td>
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</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
- 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)
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:

**NOT APPLICABLE**

*(Please tick all relevant boxes)*

<table>
<thead>
<tr>
<th>Group</th>
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<tbody>
<tr>
<td>Children and young people</td>
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<td>Other (record below)</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

| Langbaurgh 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 Rebecca.willshee@langbaurghpct.nhs.uk
ADDRESS:  Rebecca Willshee, Patient and Public Involvement Manager,
            Langbaurgh PCT, Langbaurgh House, Bow Street Guisborough. TS14 7AA

Please send summary by email. Thank you.
YOUR HEALTH, YOUR CARE, YOUR SAY
FEEDBACK FORM FOR LOCAL LISTENING EXERCISES

PATHWAYS TO HEALTH FEEDBACK
Langbaurgh Primary Care Trust
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)

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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?**

**NOT COVERED**

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:

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?

NOT COVERED

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:

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 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:

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

The groups felt this was a priority so that people can access the same information in different ways. As a general rule, “the man on the street doesn’t know”. Most of society is apathetic about health information so we need to make information interesting to the patient and give them ownership of it. We should also consider different ways of targeting information.

Extra resources will need to be provided to deal with the extra workload if this is successful, as demand will increase. It might be helpful to scrutinise current services locally with involvement of the staff and patients before developing more services. Especially as there are more people to care for in the community now.
Priority Two: Providing effectively joined-up social care and health services...

The groups felt this was important because individuals would not have to have hour-long discussions about the same subject with a number of different people. This would mean less stress and better value for money in reducing duplication.

Under a “Single Needs Assessment” – who decides what a “need” is? The Healthcare professional or the service user? And who will decide when the service ends? These matters need to be decided before the service is introduced.

Providing the service will only be the first step. The same people still wont seek help.

The groups were concerned that there might be issues of confidentiality, particularly for young adults and within mental health services, and that improved technology might be required to make the services work smoothly.

Some felt the term “One Stop Shop” was misleading and shouldn’t be used in promoting these services.

Priority Three: Improving availability, quality and choice for long-term care users and people with long-term conditions.

If access for these people is properly managed, it will reduce cost. People need more information and education, not just for the patient but also for carers, parents and family.

There is a need to build positive links with workplaces to support people with long-term conditions who are also in full-time work. E.g. in-house monitoring sessions. Make the options obvious.

Again, locally the first steps towards this appear to have been taken with the introduction of Modern Matrons and the introduction of a COPD (Chronic Obstructive Pulmonary Disease) service, CHD (Coronary Heart Disease) service and Stoma care.
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?

Make sure information is timely; that the right amount of information is available at the right time. This information can be very brief – if it is to the point would be more likely to be read.

Consider the audience for patient information:

Patients don’t like jargon. Use plain English so people can make sense of what a leaflet says. Some patients may be illiterate and provision should be made for them.

Think of alternative ways for people to access information, not just leaflets and Internet.

English may not be the patient’s first language. Don’t just translate, make the information accessible. Consider different telephone lines nationally (being aware of cost!)

Don’t add more numbers – we already have NHS Direct, Primecare and PALS. We should improve what we have. It might be positive to have a single number like a switchboard but it would need to be very polished, not an electronic system, with real people who aren’t in Pakistan, localised information.

When Healthspace comes online, could we target information in a direct marketing way? Could an Opt-in system be introduced and leaflets phased out?

Will the patient get a choice of link person within an integrated team if they have an existing relationship with a particular professional? Surely this should be a patient-led initiative. How much control will the patient have to go back and add details to their record?

Integrated teams should be wider than disease management and include MOTs and Health Promotion advice. It should be flexible, not service-led and must not pigeonhole patients.

Customer service should be provided within surgeries – the GP cannot know details of every service.
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)

**NOT COVERED – This group only covered Question 3**

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 (e.g., 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:**

Let people know what to expect E.g. when visiting hospital. Let people know exactly what is going to happen before they get there. No surprises.

It would be positive for integrated services to have flexible access hours, and a single access point should be publicised.

Offer support to people with long-term conditions well before “breaking point”. Change culture within the NHS to approve peer support from other patients, other parents, Link to Expert Patients Programme.

Provide more funding to charities to provide support services as sometimes NOT being an NHS provider is more attractive to the patient. Establish better links with existing support groups and networks and raise the profile of the voluntary sector. Possibly provide links to local groups from PCT websites?

Build better links with the private sector and provide in-house health checks to staff.

Improve the profile and image of Social Services. To most people they seem very distant, whereas the GP seems close. Lots of people associate Social Services with being “down and out” or particularly needy. Develop a better relationship with the public.
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)

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) 6
   Members of the public who are involved with health and social care services e.g. PPI forum members 1
   Paid staff from your organisation 3
   Voluntary staff from your organisation 3
   Other (record below) 2

Representative of Tees Valley Rural Community Council
Representative from DAG (Voluntary Group)
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)

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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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<td>Obese people</td>
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<td>Substance misusers</td>
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<tr>
<td>Disabled people</td>
<td>1</td>
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<tr>
<td>Prisoners</td>
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</tr>
<tr>
<td>Black and minority ethnic groups (GO TO QE)</td>
<td>0</td>
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<tr>
<td>Travellers</td>
<td>0</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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<td>People in hospices/residential care</td>
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<tr>
<td>Asylum seekers</td>
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<tr>
<td>People with long term conditions</td>
<td>3</td>
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<tr>
<td>People with caring responsibilities</td>
<td>2</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>3*</td>
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</tbody>
</table>

*Did not record any information
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>
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</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>
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<td>White and Black African</td>
<td>0</td>
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<tr>
<td>White and Asian</td>
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<tr>
<td>Any other mixed background</td>
<td>0</td>
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<tr>
<td>Indian</td>
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<td>Pakistani</td>
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<td>Bangladeshi</td>
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<tr>
<td>Any other Asian Background</td>
<td>0</td>
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<td>Caribbean</td>
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<tr>
<td>African</td>
<td>0</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>
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</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)

<table>
<thead>
<tr>
<th>Sector</th>
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<tbody>
<tr>
<td>PPI forum or other patient group</td>
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<tr>
<td>Community-based NHS services</td>
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<tr>
<td>Local authority social care services</td>
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<tr>
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<td>Voluntary sector health or social care services</td>
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<tr>
<td>Other (record below)</td>
<td></td>
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</table>
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:

**NOT APPLICABLE**

*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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<td>Other (record below)</td>
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</table>
If you would like your organisation to be listed as a contributor to the consultation, please record its name below:

NAME OF ORGANISATION

Langbaurgh 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: Rebecca.willshee@langbaurghpct.nhs.uk
ADDRESS: Rebecca Willshee, Patient and Public Involvement Manager
Langbaurgh PCT, Langbaurgh House, Bow Street, Guisborough. TS14 7AA

Please send summary by email. Thank you.
Castle Point and Rochford PCT

Feedback from ‘listening event’ Your Health Your Care Your Say on health bus at Sainsbury’s, Rayleigh Weir on Monday 24 October 2005

How can we help you to get the right services when you need them and ensure your care and support is properly co-ordinated?

- Clean, safe environment
- Need more clinics to raise awareness for men’s health issues
- Have visits when required by your GP / GP from your practice
- Timely appointments after referral – in timescale that they are estimated/promised by GP
- Sometimes difficult to get appointment with GP but generally ok
- Refer on to hospital if GP can’t deal with immediately
- Dental prices
- GP appointment system, would like to book an appointment not keep ringing up on the day
- More GPs and NHS dentists
- Shorter hospital waiting lists
- Free chiropody for over 60s
- Easier to access
- More flexible
- More NHS dentists
- Be able to make appointments with GP in advance not just on the day
- Improve communications in mental services
- More flexible appointment times at GPs
- Don’t want an automated phone services at my GP
- Less waiting
- Early access to diagnosis test
- Clarity, messages delivered in a way that can be understood
- Need more GPs

When you and your family need help and support, how, when and where and from whom do you want to get it?

- From my GP in a local area with good links to access for more specialist care
- Social care support to be provided to patients leaving hospital with no next of kin
- Essential early diagnosis when patient attends GP
- GP to offer more services instead of referral to hospital
- More staff trained to specialise in people needs
- More screening for men over 50 for prostrate cancer
- Takes next of kins concerns into consideration when visiting GP surgery
- Be able to choose consultant without going through a GP like in Italy
Information on healthy living to be sent to homes not just in GP surgery
Exercise and sports to be encouraged
Services closer to home – outpatients clinics
GP/Health visitor who is human
More home visits from GPs
From a female GP – need more female GPs
Drop in centres
Local minor injuries drop in centres
From my GP
Home visit from GP
Check up for pensioners by GP
Pharmacists to write prescriptions
Pharmacy – 24 hour chemist
NHS direct – but need more staff to reduce waiting times for return calls from nurses
Would like to see GP from own surgery during out of hours rather than a GP who does not know me
A nurse (nurses should have more responsibility)

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?

Help us to get disability advice so that we can look after ourselves
Get information about healthy living
More advice and information on medication
Better counselling for young mothers or elderly
More social care support is required when dealing with vulnerable adults
Provide a ‘seamless service’ with other professionals e.g. Social Services to prevent a person from endlessly repeating the details all over again
Use variety of local outlets to promote service information – not just through GPs and health centres
Ensure that people know what is available for them and how to access services if needed
Work with young people in schools on drink, drugs and sex education
Proactive in prevention
Use the media to publicise information on healthy living
Continue to raise awareness of to the general public of important health care issues
Providing information as soon as possible and in the appropriate format
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: 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)

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</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)*

<p>| | |</p>
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<td>3</td>
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</table>

**RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:**

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

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</table>
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:

How do you want to get care? Who from? Where? What times?

- Generally good responses on the appointments systems at GP surgeries.
- Some concern that it can be difficult getting through.
- Transport issues to enable people to get to surgeries
- Good pharmacy services collect & deliver prescriptions.
- Would be open to seeing health care professionals in places other than GP surgeries. For example, Superstores could host basic health checks alongside their pharmacies.
- Should not have to pay for chiropody.

Out of Hours services should take more into account when called by older isolated people and consider home visits
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:

How can services be better organised so you get the right care quickly?

- Addressing many of the points above would resolve many factors that lead to poorer health in the community.
- Better integration with Social Care to enable people to continue to live independent lives.
- Consider using organisations like this, where they meet regularly and in the same community facility, to bring basic health care to them. For example, screening checks with minimum equipment.
- Access to interpreters.
• More locally based community services (echoed the Bristol Health Services Plan).
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:

How can services best help you and your family take care of yourselves in your daily life?

- Quality of health information on disease management or healthy lifestyles.
- Poor housing contributes to poor health
- Limited income limits the ability to live a healthy lifestyle compared to people with more money. This is particularly relevant for older people on fixed pension income.
- Some people are not getting as much as they are entitled to, the pension is automatic, but the Minimum Income Guarantee has to be claimed for and people refuse to do so.
- Isolation can contribute to poor health
- Transport generally could improve lives by being more reliable, frequent and cheaper.
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.

- 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?

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

20

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 Yes
- 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) 20
- Members of the public who are involved with health and social care services e.g. PPI forum members 0
- Paid staff from your organisation 0
- 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.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
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<td>Black and minority ethnic groups</td>
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</table>

The same 20, do not count twice!
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)

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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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J. What is the name of your organisation?

Bristol North PCT

K. What type of organisation are you responding as?

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

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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 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)

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:

Question 1
How can people look after themselves?
- How can the NHS help you do this?

The most important thing affecting our / and our families health is:

Un -Safe Streets
  - Needle hazards
  - Children exposed to immorality, e.g. prostitution

Ideas to address this are:
  - Exclusion zones around schools – 1 mile radius – vice free.
  - Create legal vice zone which can be monitored

We want action - not words. There are too many words and not enough action.

Good Ideas:
  - To make leisure services and facilities available to low income or high need groups at no cost.
  - Access to internet (free) for mental health uses (social support)
  - Grants to support healthy lifestyles

- This would impact on mental & physical health – leading to fewer visits to GPs.
  - and a redistribution of current health resources

We need to enable people with mental health problems to engage with employment and leisure

To do this we need to change the attitudes towards mental health held by employers and service providers by:
  o Raising awareness
  o Educating

Ideas:
  - NHS to dovetail with benefits agency to enable people to get back to work / leisure
Work directly with employers
The application of risk assessments can be counter productive,

‘Depression’ seems to be more prevalent and also more ‘accepted’
The system often ‘medicalises’ life experience – which is in fact ‘depressing’.
This should be challenged

Problems:
- Encountered with waiting lists
- People need to talk
- Gets passed on from generation to generation
- People don’t always feel safe to talk
- Not enough support until there is a crisis

Ideas:
- More talking therapies needed
- Counselling needs to be culturally acceptable
- People need a safe place to talk

The general experience of the group was that Black people receive an over -
medicalised response from their GPs compared to the rest of the community

It was felt that this stems from practices assumptions about life and life
experiences of the person with the presenting issue. This is racism in practice

Idea:
- Practitioners need to be held accountable for their actions
- Ethnicity Data Collection and Monitoring Key

**Consider the messages in the environment which instil fear**

- Adverts
- Insurance
- Safety
- Media scares

Idea

Could steps be taken to deal with mental health effects of advertising.
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?
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 ...

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:

Question 3
How can the NHS help you get the right services
  - When we need them
  - And in a coordinated way

Life experience and the context that people live in their lives create poor mental and physical health.
The group were cynical about the consultation. Based on experience of numbers of consultations over twenty years, which have not affected change.

The group expressed support for change but they did not believe that the change will happen, particularly for people from Black and minority ethnic communities and people with mental health problems.

The group want accessible, culturally sensitive health care services, free from discrimination.

Waiting for treatment, especially for mental health problems exacerbates the problem.

Relationships with health care staff are very important.

Less emphasise on drug treatments and more emphasise on creating safe, healthy environments, social support and talking treatments.

Being listened to and treated with respect.
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?
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:

Question 2
When you or your family need support with health and social care issues
   - How do you get this?
   - When and where do you get this?

• We want our issues addressed appropriately when we need them
• Shops and shopping malls for general health issues
• Relationships with Practioners are not acknowledged as important
• Current practice means that continuity of care doesn’t happen
• We would like to be able to stay with a GP we have a relationship with – not change when we move
• NHS direct very good – expand
• Also need to create place to go

Over emphasise on ‘local residents’ at HLC’s discrimination
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.

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

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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?
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 Yes
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) 15
Members of the public who are involved with health and social care services e.g. PPI forum members 0
Paid staff from your organisation 0
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.

<table>
<thead>
<tr>
<th>Sector</th>
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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

- 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 4
- Caribbean 11
- 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 Yes
- 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)*

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J. What is the name of your organisation?

Bristol North PCT

K. What type of organisation are you responding as?

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

Mark.woodcock@bristolnorth-pct.nhs.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)  

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Open meeting for BME groups

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?
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- 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 4\textsuperscript{th} 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:

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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 though worked well?

(RECORD BELOW IN PRIORITY ORDER)

1. Specialist nurse and support service for Sickle Cell (Good practice model in Bristol)

3/23

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

Holistic approach. Patient at centre of care. Specialist practioner who could make links between home, hospital, GP and other service providers (eg) Physio.

Practioner does not differentiate between health and social support.
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>
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<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Older people on low pensions not wanting to claim benefit – and living in poverty as a result</td>
</tr>
<tr>
<td>2</td>
<td>Hospital Health Care Assistants not well inducted supported or trained</td>
</tr>
<tr>
<td>3</td>
<td>Access to benefits for people with long term conditions</td>
</tr>
</tbody>
</table>

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)

- 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:

It was felt that preventing ill health was the most important thing. Health information, poverty and care were considered to be the most important. It was felt that many things which seem obvious are over-looked: early education, making it difficult for people on low incomes (people with long term conditions having to continue to see a doctor in order to receive benefits).

Flexibility in access to care – fine – but not at the expense of continuity – and not at the expense of the patient.
Q3. Did people think it would be enough for Government to only do these things to help people take better care of themselves? Why?

Health Promotion and Education of children and families was considered important.

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

Health Promotion and Education of children and families was considered important.

Easier access to social care when required – for carers and people recovering from illness.

Easier access to benefits.

Removal of stigma associated with claiming benefits
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:

The joined up patient centred care was felt to be the answer to many current difficulties and dissatisfactions

More support for carers was felt to reduce stress and promote health and well being
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:**

<table>
<thead>
<tr>
<th>Importance of accessibility and flexibility at patients convenience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need to address needs of overlooked groups</td>
</tr>
</tbody>
</table>
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?

<table>
<thead>
<tr>
<th>Option</th>
<th>Box</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></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>
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<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></td>
</tr>
<tr>
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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

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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

3

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 Yes
- 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 Yes
- 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>Yes/No</th>
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<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>
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<tr>
<td>Socially disadvantaged people</td>
<td></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>
<td></td>
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<tr>
<td>Disabled people</td>
<td></td>
</tr>
<tr>
<td>People in prison</td>
<td></td>
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<tr>
<td>Black and minority ethnic groups</td>
<td>Yes</td>
</tr>
<tr>
<td>Travellers</td>
<td></td>
</tr>
<tr>
<td>Homeless people</td>
<td></td>
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<tr>
<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>
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<tr>
<td>Asylum seekers</td>
<td></td>
</tr>
<tr>
<td>People with long term conditions</td>
<td>Yes</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>
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<tr>
<td>Older people</td>
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<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>
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>
</tr>
</thead>
<tbody>
<tr>
<td>North East</td>
</tr>
<tr>
<td>North West</td>
</tr>
<tr>
<td>Yorkshire &amp; the Humber</td>
</tr>
<tr>
<td>East Midlands</td>
</tr>
<tr>
<td>East of England</td>
</tr>
<tr>
<td>South East</td>
</tr>
<tr>
<td>London</td>
</tr>
<tr>
<td>South West</td>
</tr>
<tr>
<td>National Organisation</td>
</tr>
<tr>
<td>Not applicable</td>
</tr>
</tbody>
</table>

J. What is the name of your organisation?

Bristol North PCT

K. What type of organisation are you responding as?

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

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

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

Mark.woodcock@bristolnorth-pct.nhs.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: 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?

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

‘I think that advice on healthy lifestyles should be through advertising’

‘Work needs to begin in schools so that children are taught when they are young. There needs to be more sport and PE in schools and less fatty foods on school menus’

‘I feel that the problem is that less parents are buying fresh fruit and vegetables for their children and are opting for ready made meals as they take less time to prepare’

‘The government should have tighter monitoring on the marketing of particular foods and products’

‘People could misconstrue this as the Government dictating to people what they should do and what they shouldn’t. This should be encouraged through education from an early age e.g. schools and further education instead of telling people what to do once they have left school.’

The group unanimously agreed on the above comment.

‘The reminders are a good thing as I like to be reminded for check-ups and appointments that may only happen once every three years so a reminder is a useful service.’

‘If the Government or and other public body interferes too much then people will resist.

What would it achieve and why? (i.e. what current issues would it address, what benefits would it deliver and for whom, any downsides?)

‘If advertised correctly and promoted correctly then this could benefit all age groups.’

‘It is vital that this is brought into education in schools and would benefit more people if this was so as if children are educated on this at school they should be able to pass it on to their children and so on.’

How much difference would it make and why?

‘As mentioned earlier it could deter people from accessing services as constant prompting from the government could put people off.’

The group agreed on the above point.

The overall feeling was that if advertising promoted a healthy lifestyle then parents and adults could be educated as well as children. The idea of community centres with family learning was suggested as a possibility.

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.

Should the Government do this to help people to take care of themselves and why?

‘It’s a good idea, providing the staff employed are fully qualified.’

‘I think pharmacies could take a more active role as if you can trust them then it may not be necessary to visit the doctor’

‘I’m unsure if everyone would be happy with their pharmacist and GP knowing their medical history.’

‘If pharmacists were to have a more active role in the health of local communities there needs to be complete openness. Some people may not wish to tell the pharmacist about all the medication they have taken and this can lead to problems.’

Jill explained one of the main problems with medication is people will only tell the GP or pharmacist what drugs etc they have been prescribed and not the ‘over the counter’ supplements many people take today.

‘The level of training needs to be of a high standard and the pharmacist needs to know when to refer the patient to the GP if it is beyond their understanding.’

What would it achieve and why? (i.e. what current issues would it address, what benefits would it deliver and for whom, any downsides?)

‘The nurse at my surgery is very helpful but she has to get her prescriptions authorised by a doctor, if this scheme were to come in I think extra training would be needed to gain my confidence.’

‘I think it would be a good idea as there is often a feeling, usually with older people, the they feel as though they are sometimes wasting GP’s time.’

Jill asked if people would be confident talking to their pharmacist rather than their GP?

‘It depends on the circumstances, if it was something I was a bit coy about then I don’t think I would feel as confident talking to my pharmacist than my GP.’

‘Some pharmacies are commercial so whether you would receive the same level of unbiased care than from an NHS GP could be a concern.’

‘NHS Direct has often helped me and my family by giving advice and if schemes and services like this reduce pressure on GP’s then I’m all for it.’

How much difference would it make and why?

‘Clinics run by other health professionals would certainly reduce the pressure put on GPs’

The group agreed on this.

The groups felt that if the Government implemented such measures that it would be very useful and that the public would be able to receive more ongoing healthcare and would benefit from the extra clinics and advice. The majority of people felt that they would be open to receiving healthcare from trained professionals other than GPs if the services were properly monitored.
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.

Should the Government do this to help people take care of themselves and why?

‘If such services were available they would have to be publicised properly - I only found out about the walk-in service in Dunston a week ago and it opened in July’

‘Is there the resource for this, a lot of GP’s surgeries wouldn’t have room.’

‘This is a good idea but accessibility is the key, it need to be available to everyone. Maybe if this was a weekly service held at a central location.’

One resident asked if this was something held on a permanent basis or would it be something only taking place a few times a year?

Jill explained it was going to be on a permanent basis though depending on the outcome from this consultation and consultation which is going on across the country on this some of the finer could be altered.

‘If services were all in the same building it would be a lot easier, especially for people with young children’

What would it achieve and why? (i.e. what current issues would it address, what benefits would it deliver and for whom, any downsides?)

‘I feel that this may increase the pressure on surgeries and make them a lot more busy’

‘If large centres are opened they will more than likely be in the centre of town meaning people who live in the outlying areas of Gateshead will miss out.’

‘I have had experience with this sort of system, the Pension service done something like this sometimes ago. It was a laid back, non-threatening system and it worked well to start but then numbers started to dwindle down over time.’

‘Quality of advice is an issue. If these centres are open across the borough then the number of specialists working there will be high. If this is neglected people will not use this service.’

The groups overall seem to think this could be a good idea but it would need to be carried out correctly with the right services in the right place with highly trained staff.

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

Should the Government do this to help people take care of themselves and why?

‘At present there are a lot of older people and disabled people who do not feel as though they are disabled enough or old enough to warrant the use of existing services.’

‘In my experience Gateshead is excellent at providing support’

‘What it needs is professional workers to ensure the support and help they get is of the highest level. Volunteers cant do this as they don’t have the time or the
training etc to ensure older people or people with disabilities get the support they need.’

‘Yes the Government should try but they need to go about it the right way, as if more older people are kept out of hospital then this will ease some of the pressure on hospitals in the area.’

The groups agreed this should go ahead but couldn’t be done by volunteers or by anyone not sufficiently trained for this task.

What would it achieve and why? (i.e. what current issues would it address, what benefits would it deliver and for whom, any downsides?)

‘As mentioned earlier it would certainly relieve some of the pressure from the local hospitals and other health services in the area.’

‘Downsides to services like this are the forms which have to be filled out in order to receive the service. I know that all forms like this are to pass the Plain English campaign but they still have jargon in that older people will not understand.’

‘The costs of this must be astronomical to hire the right professionals with the rights skills and training, though I would assume this could be levelled out with the savings made in hospitals and other health services.’

Jill explained that the costs are high, but they have to be to ensure that service users get the highest level of care available.

‘I feel that better systems should be in place to make sure that everyone gets the help that they are entitled to’

How much difference would it make and why?

‘Even a home help who comes once a week is very valuable if you are responsible for looking after someone full time so an extension to this service would be invaluable for some’

The group agreed on this comment

The general feeling from the groups was that when services are delivered that they are excellent but it is the getting the services in the first place that is the problem. They felt that better systems needed to be implemented to deal with requests for support e.g. more advertisement, help with filling out the relevant forms with regard to the service applied for etc.

Q3. Did people think it would be enough for Government to only do these things to help people take better care of themselves? Why?

‘It would be enough if people were educated on this. Advertising also and making these new services accessible to everyone, not just a few people, it needs to be everyone who is entitled and this is the only way that these services can be a success.’

The group unanimously agreed.

‘A lot of the issues don’t always fall under the NHS. Things like social services and education will fall under Local Government so maybe joint working would be needed on this.’

‘I think it would be excellent if it was done professionally as the costs it would keep down in hospitals would be very high.’
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 options is about the care people receive at the end of their lives, it is not about euthanasia)

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</tbody>
</table>
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.*

*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

20

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 x 1 hr focus group on section 1

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) 19
- Members of the public who are involved with health and social care services e.g. PPI forum members 1
- Paid staff from your organisation 0
- 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.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td>0</td>
</tr>
<tr>
<td>Older people</td>
<td>5</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td>1</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>1</td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td>1</td>
</tr>
<tr>
<td>Smokers</td>
<td>1</td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td>0</td>
</tr>
<tr>
<td>Obese people</td>
<td>3</td>
</tr>
<tr>
<td>Substance misusers</td>
<td>1</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>2</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>0</td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td>2</td>
</tr>
<tr>
<td>Asylum seekers</td>
<td>0</td>
</tr>
<tr>
<td>People with long term conditions</td>
<td>6</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>2</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>0</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

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>9</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>0</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>
<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) ✓

Local Authority Chief Executives Citizens Panel
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>Pregnant women (and their partners)</td>
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<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>
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<tr>
<td>Black and minority ethnic groups</td>
<td></td>
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<tr>
<td>Travellers</td>
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<td>Homeless people</td>
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<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>
<tr>
<td>Do not deal with specific sectors of the community</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>White British</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>White Irish</td>
<td></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>
<td></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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<tr>
<td>Pakistani</td>
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<tr>
<td>Bangladeshi</td>
<td></td>
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<tr>
<td>Any other Asian Background</td>
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<td>Caribbean</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></td>
</tr>
<tr>
<td>Do not deal with specific ethnic groups</td>
<td></td>
</tr>
<tr>
<td>Other (record below)</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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</thead>
<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>
<tr>
<td>East Midlands</td>
<td></td>
</tr>
<tr>
<td>East of England</td>
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</tr>
<tr>
<td>South East</td>
<td></td>
</tr>
<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?

Gateshead Metropolitan Borough Council

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>✓</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>✓</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:

Sarah Woods, Gateshead Council
Chief Executives Department, Civic center, Regent Street, Gateshead, NE8 1HH.
sarahwoods@gateshead.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: 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)

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<th></th>
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<tbody>
<tr>
<td>1</td>
<td>That people with learning disabilities can access all the community care service professionals that they need to see in order to keep themselves healthy</td>
</tr>
<tr>
<td>2</td>
<td>Preventative medicine such as the flu jab</td>
</tr>
<tr>
<td>3</td>
<td>The chance to have regular health checks</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

Simply that having these facilities enabled those in the group to keep 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)

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<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Time spent waiting for dental treatment</td>
</tr>
<tr>
<td>2</td>
<td>Patience accorded to the group by professional staff</td>
</tr>
<tr>
<td>3</td>
<td>Clearness of information</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

That people with any learning disability have complex needs and they way information on medical or self-care is given needs to be clear and unambiguous and the professional giving the information needs to check that the person receiving it understands what is required. This checking back doesn’t always occur. Also, being treated with patience/kindness/understanding/respect goes a long way to feeling valued and making the experience positive.

People also felt that the time between being told a person needed some form of specialist dental care and receiving it, was subjectively too long.

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>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?</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)

- 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

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

This consultation was conducted with a group of adults who have a learning disability. The regular format of discussing the policy options outlined for each question was changed to a discussion involving just the headline question.

The whole group sat in tables of between six and eight people with a facilitator and each table discussed two questions. The groups then came up with a list of issues or concerns per question.

From this list, further discussion ensued which finally resulted in two options being offered per question as the consensus of each table group.

**Question 1**

<table>
<thead>
<tr>
<th>Issues</th>
<th>Access to services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/care professionals being more patient and respectful</td>
<td>Establishing a ‘one-stop shop’ for community services</td>
</tr>
<tr>
<td>Community based staff need more training and awareness around Learning Disability (LD) and LD issues.</td>
<td></td>
</tr>
</tbody>
</table>

The two issues that were seen as the priority were:

- Medical/care professionals being more patient and respectful
- Establishing a ‘one-stop shop’ for community services
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:

This consultation was conducted with a group of adults who have a learning disability. The regular format of discussing the policy options outlined for each question was changed to a discussion involving just the headline question. The whole group sat in tables of between six and eight people with a facilitator and each table discussed two questions. The groups then came up with a list of issues or concerns per question.
From this list, further discussion ensued which finally resulted in two options being offered per question as the consensus of each table group.

**Question 2**

<table>
<thead>
<tr>
<th>Issues of seven</th>
<th>GPs to go back to offering a personal service for at least 5 days out of seven</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Easier access to GPs though doesn’t have to be your registered GP</td>
</tr>
<tr>
<td></td>
<td>Creation of a way for all medical/community staff to be able to access patient medical records – web based patient records/electronic records/personal records, which the patient keeps</td>
</tr>
<tr>
<td></td>
<td>One –stop shop (again)</td>
</tr>
<tr>
<td></td>
<td>Training for professionals on LD (again)</td>
</tr>
<tr>
<td></td>
<td>Development of a portable personal plan for people with LD</td>
</tr>
<tr>
<td></td>
<td>An increase in the number of NHS dentists or an increase in the number of NHS patients taken on y dentists</td>
</tr>
<tr>
<td></td>
<td>The training of all community medical staff should include specialist information on the health needs/requirements of those with LD</td>
</tr>
</tbody>
</table>

The issues that were seen as priority were:

<table>
<thead>
<tr>
<th>Issues of seven</th>
<th>GPs to go back to offering a personal service for at least 5 days out of seven</th>
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<td></td>
<td>An increase in NHS dentists or the number of NHS patients taken on by dentists</td>
</tr>
</tbody>
</table>
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?
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 yes
Don’t know
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

This consultation was conducted with a group of adults who have a learning disability. The regular format of discussing the policy options outlined for each question was changed to a discussion involving just the headline question.

The whole group sat in tables of between six and eight people with a facilitator and each table discussed two questions. The groups then came up with a list of issues or concerns per question.

From this list, further discussion ensued which finally resulted in two options being offered per question as the consensus of each table group.

### Question 3

| Written information in an easily understood format i.e. with simple words and more illustrations |
| Community staff should listen more |
| GP surgeries to be equipped with more specialist equipment and offer more specialist services such as X-rays, ECG etc. |
| Children’s and Adult services are split as children have need of more specialist services than adults and it might free up more resources. |
| Parking, transport and access issues in general need to be addressed (cost and availability) |
| All community medical services should be delivered as locally as possible |

The issues that were seen as priority were:

| All community medical services should be delivered as locally as possible |
| Written information in an easily understood format i.e. with simple words and more illustrations |
| GP surgeries to be equipped with more specialist equipment and offer more specialist services such as X-rays, ECG etc. |
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.

- 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?

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

37

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 yes
- 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) 33
- Members of the public who are involved with health and social care services e.g. PPI forum members 0
- Paid staff from your organisation 4
- 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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</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>
<td></td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>34</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>34/1</td>
</tr>
<tr>
<td>People in prison</td>
<td></td>
</tr>
<tr>
<td>Black and minority ethnic groups</td>
<td>1</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>34</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>34</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 35
- 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 2
- 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 yes
- 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
- 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?

<table>
<thead>
<tr>
<th>Ethnic Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
</tr>
<tr>
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</tr>
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</tr>
<tr>
<td>Chinese</td>
</tr>
<tr>
<td>Do not deal with specific ethnic groups</td>
</tr>
<tr>
<td>Other (record below)</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>
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<tr>
<td>East Midlands</td>
<td></td>
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<tr>
<td>East of England</td>
<td></td>
</tr>
<tr>
<td>South East</td>
<td></td>
</tr>
<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?

Oxford Learning Disability Trust

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>yes</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>yes</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:

Adele.wright@phru.nhs.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) yes

People responding to an advert from Oxford City PCT to discuss the options in Your Health, Your Care, Your Say

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. GP Care – all aspects
2. GP referrals to other aspects of community care such as District Nursing
3. Close working of community care

(RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:)

That it was available, free at the point of access and that if care was needed, it was available.
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. Lack of joined up services
2. Lack of communication
3. Post code lottery

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

The group thought that it was self evident if a patient was in hospital following a stroke (for example) then in addition to health care, that same patient might also need physio, speech therapy, home help etc. They thought that these services should be arranged BEFORE a patient left hospital in order to expedite recovery and maintain independence at home. The group thought that due to each service having to be referred to separately, that this was a waste of time and resources and could harm the recovery of the patient. It was felt that the present system demonstrated that there was no joined up service.

It was felt that the lack of joined up services was in some part due to a lack of communication but the group felt that there was a culture of silos in the NHS and lack of communication was endemic.

The group thought it was undesirable that some services appeared to be dependant upon posy code e.g. single handed GPs not having the range of services in the surgery that some larger, newer group practices had and that such discrimination should stop.

What other issues did people mention? Please record any personal stories here if possible
One group member wanted help and advice with a social care issue and didn’t know where to go – she saw a drop-in advice leaflet advertised in a local GP practice but as she was registered there, thought that she couldn’t access it. She wondered why some areas were able to arrange this but not others?
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  yes
Don’t know
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

The group decided that it didn’t want to work towards prioritising issues but wanted to debate all the policy options.

Each debate is detailed below.

More advertising of preventative measures and promoting the culture of illness prevention in Primary Care. For example, increasing the number of smoking cessation courses available, making them more accessible and holding them at a variety of venues and times.

Taking health messages out to people as many people do not use surgeries (men, travellers etc.) and putting the messages in libraries, community centres, post-offices, pharmacies etc. The NHS could be much more creative in its use of prevention for example, it could take clinics and road-shows out to work places rather than expecting the patients always to come into surgeries and clinics.

The government should encourage a greater use of NHS Direct – many people in the group had not heard of it, did not have the number and did not know how it could be used.

Free personal alarms and warden service could be issued to all vulnerable people who lived alone in case of falls, sudden onset of symptoms etc – might save a fair amount of resources and could prevent inappropriate use of emergency service call out or use of A+E.

Better use should be made of community pharmacies as givers of health/medical advice. Better designed leaflets on advice and possible side effects should accompany prescription drugs so as to include Braille or different languages or large print. One group member pointed out that she had seen many clinics advertised within her pharmacy for foot care but was unsure whether these clinics were sanctioned by the NHS and/or whether they were free – this prompted the point that many in the groups would welcome the notion of clinics on aspects of health care to be held at local pharmacies but these clinics would have to get the GP approval, would have to ensure that the care was the same as that delivered via the GP and that was free like other NHS services.

The group thought that offering additional services at the GP surgery that included housing and/ or benefit advice would be highly desirable but that such advice may
be more useful if it could be expanded outside the present surgery hours such as early mornings, evening and weekends.

There was a very vocal discussion about the closing down of local services such as community hospitals and a belief that Primary Care money was being siphoned off to help dam the deficit experienced by secondary care - the group wanted an undertaking that monies ear marked for primary care improvements be ring-fenced.
Q3. Did people think it would be enough for Government to only do these things to help people take better care of themselves? Why?

There was very vocal support for all aspects of community care services as it was seen to be effective and cost-effective. The group were of the belief that information on services and the establishment of individual community care champions would greater enhance the ability of people to take better care of themselves.

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  yes
Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

The group decided that it didn’t want to work towards prioritising issues but wanted to debate all the policy options.

Each debate is detailed below.
The group thought that dedicated service co-ordinators or champions either for certain vulnerable groups such as the elderly or for conditions such as ME, MS etc. would greatly assist someone’s passage through a needs assessment process. One group member thought that a new post might duplicate the roles already preformed by Health Visitors and Social Workers/Care managers and therefore perhaps the way forward was better communication between these two roles?

There is a lack of old style convalescence establishments and it was thought that bringing these back as halfway stages between hospital and home would (1) free up hospital beds and (2) prevent a return to hospital if someone wasn’t up to coping at home. This was linked to a belief in the need for community hospitals to continue their service.

Joining up care was thought to be easier if patient records were kept centrally and not duplicated but there were concerns about confidentiality and only having records accessed by those people ‘who needed to know’. Linked to this was a discussion around patients keeping their own records and how this could be organised and how feasible it would be for those people without individual access to the Internet.

Respite care was thought to be poorly provided for in Oxford and that available was end of life care offered by the various hospices. More information was needed on what options were available and from where – private providers, voluntary providers and the state. It was thought to be vital for many carers and it was thought that such care should be part of any care package, it should be planned and not as an adjunct or as crisis management.

Many people in the group were wary of receiving any form of information not on a face to face basis. Many people mentioned a dislike of receiving on information over the phone, as it felt impersonal. Many complained that there was an over reliance on the use of the Internet and felt as many of them were retired/elderly, there was an assumption that everyone had access to the Internet.

Many people in the group supported the idea of getting or offering support from someone who had experience of a similar condition. Many praised the fact that they felt supported by groups such as Diabetes UK – however, many wanted to point out that there could be a problem for younger people i.e. if they were ill but were volunteering, they were stopped from spending too many hours doing that as they then made themselves unavailable for gainful employment.

It was felt that the government takes the contribution of carers and ‘expert’ patients for granted

The group commented on the fact that many of them used a variety of services and that sometimes, the resources for one services may run out – it was thought
that budgets for services were in silos and a better idea might be if the patient had a real and overall budget – it was thought that if a bigger picture were created then the patient (or patient’s care manager) could spend the care budget on what was needed for better health rather than having to spend from various pots and then having to stop if one ran out but before better health was achieved.
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

yes
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

The group decided that it didn’t want to work towards prioritising issues but wanted to debate all the policy options.

Each debate is detailed below.

Fitting services into people’s lives was thought to be very important – although it was noted that due to the new contract, many people didn’t see their own GP, it was still possible to see a GP 24 hours a day if that was necessary.

It was thought that the relationship a patient builds up with their GP is very important and that this importance grows if the patient is elderly, has a chronic condition or if there are health problems within the family (if a child is disabled for example). The group thought it that having access to a personal GP service (with the attendant waiting time problems) was preferable to a locum service.

Special clinics for children (those over 5 and in school) could be brought in to run outside of school time in order to help and assist families and minimise the time a child needed to be out of school.

The group was worried that the personal relationship element of GP care might be lost if the NHS became a ‘walk-in’ ‘drop-in’ service rather than a community general practice service. They were worried about the level of care and advice and it becoming a kind of A+E. There were worries over fragmentation of care and patients ‘shopping’ around until they got what they wanted as opposed to getting what they needed i.e. a drug or treatment that was probably inappropriate. It was thought that ideal care was a dialogue between a health care professional and a patient and that this would be lost if patients weren’t members of a practice.

Local service development was thought to be generally a good idea but possibly more appropriate for people that lived in rural or semi-urban areas – as everyone in the group lived in Oxford, they thought that the experience of having the expertise of so many teaching hospitals was good and were worried that this service would be diluted if many of the services also had to be provided locally. The issues of transport, parking, waiting times, service availability, appointments, communications would all still exist if services were spread out into the community and these issues need to be addressed first.
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?

It was thought that the government also needs to address the recruitment crisis in GPs, nurses and other allied professionals – what is the government doing to address the long term problem of training places for GPs and making general practice a place that doctors want to work in.

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?

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

   [ ] [ ] 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  yes
   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 9
   Paid staff from your organisation 1
   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></td>
</tr>
<tr>
<td>Older people</td>
<td>8</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>1</td>
</tr>
<tr>
<td>People in prison</td>
<td></td>
</tr>
<tr>
<td>Black and minority ethnic groups</td>
<td></td>
</tr>
<tr>
<td>Travellers</td>
<td></td>
</tr>
<tr>
<td>Homeless people</td>
<td></td>
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<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>9</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>5</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: 8
- White Irish
- Any other white background: 1
- 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: yes
- 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)

- 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?

<table>
<thead>
<tr>
<th>Ethnic Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
</tr>
<tr>
<td>White Irish</td>
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<tr>
<td>Any other white background</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
</tr>
<tr>
<td>White and Black African</td>
</tr>
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</tr>
<tr>
<td>African</td>
</tr>
<tr>
<td>Any other Black background</td>
</tr>
<tr>
<td>Chinese</td>
</tr>
<tr>
<td>Do not deal with specific ethnic groups</td>
</tr>
<tr>
<td>Other (record below)</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>
</tr>
</thead>
<tbody>
<tr>
<td>North East</td>
</tr>
<tr>
<td>North West</td>
</tr>
<tr>
<td>Yorkshire &amp; the Humber</td>
</tr>
<tr>
<td>East Midlands</td>
</tr>
<tr>
<td>East of England</td>
</tr>
<tr>
<td>South East</td>
</tr>
<tr>
<td>London</td>
</tr>
<tr>
<td>South West</td>
</tr>
<tr>
<td>National Organisation</td>
</tr>
<tr>
<td>Not applicable</td>
</tr>
</tbody>
</table>

J. What is the name of your organisation?

Expert Patient Group from Oxford City PCT

K. What type of organisation are you responding as?

<table>
<thead>
<tr>
<th>Organisation Type</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>A local organisation</td>
<td>yes</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>yes</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:

Adele.wright@phru.nhs.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) yes

A group made up of representatives from hard to reach groups in the Reading area

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
2
3

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

This part of the discussion wasn’t done
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:

This part of the discussion wasn’t done

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

This part of the discussion wasn’t done
Section B: what did people think of the suggestions for improving health and social care services?

<table>
<thead>
<tr>
<th>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?</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)

- 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  yes

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

This question wasn’t debated during the consultation
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)

<table>
<thead>
<tr>
<th>Provided 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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing more help to people caring for others, for example with more respite care</td>
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<tr>
<td>Providing people with better information about what NHS, local authority and social care services are on offer</td>
<td></td>
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<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></td>
</tr>
<tr>
<td>None of the above</td>
<td>yes</td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

The group did not feel that any of the policy issues should be prioritised as it was felt by the vast majority, that everything was equally important. What they wanted to feed back are the issues behind each of the policies and how important they thought they were.
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.

15 points were raised under this policy issue and they are:

1- All information used in a single-assessment process should be chosen by the client/patient (3 people voted for this as the most important point)

2- Clients should choose ‘who’ gets any information about them (3 people voted for this as the most important point).

3- Anyone appointed as a case manager should have expertise in the area of disability/language or group that they representing (5 people voted for this as the most important point).

4- All single assessments should have a dedicated access point which collates the information and then fields it to the most appropriate professional or organisation (1 person voted for this as the most important point).

5- Single assessment as a process will only work if there is there is adequate information and access by those using it (4 people voted for this as the most important point).

6- The single assessment process will only work if the case managers in the system are empowered to champion the cause of those they are representing and if they have enough power to make things happen (4 people voted for this as the most important point).

7- The single assessment process, if adopted, should be extended to all groups (6 people voted for this as the most important point).

8- All services currently available in GP surgeries should be available in all i.e. that services should be standardised (7 people voted for this as the most important point).

9- Communications across the NHS and between social care and health care needs to be improved before any changes take place (9 people voted for this as the most important point).

10- It would aid communication and working relationships if community health care and social care were housed in joint buildings (5 people voted for this as the most important point).

11- The person conducting the single assessment needs to be trained in both health and social care and needs to be seen as an integral part of the team so care can continue seamlessly (9 people voted for this as the most important point).

12- It should be the primary responsibility for one named person to ensure that the care ordered through the single assessment process, actually happens (3 people voted for this as the most important point)

13- Health and social care should share a single budget (5 people voted for this as the most important point)
14- Support services such as transport should form part of the assessment process (8 people voted for this as the most important point)

15- Adequate time should be given for any assessment process to take place (1 people voted for this as the most important point)

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

17 issue points were raised under this policy item

1- A named carer or the next of kin should be kept informed about any changes to a care plan or medication (3 PEOPLE VOTED FOR THIS OPTION AS BEING THE MOST IMPORTANT)

2- Carers should be assessed as part of any assessment process so that their health needs can be planned for (6 PEOPLE VOTED FOR THIS OPTION AS BEING THE MOST IMPORTANT)

3- The government should recognise that caring activities are some people’s main job and payments should be made in this recognition (Carers should be assessed as part of any assessment process so that their health needs can be planned for (4 PEOPLE VOTED FOR THIS OPTION AS BEING THE MOST IMPORTANT)

4- Respite care should be assessed on a need basis, not on the amount of hours of care received. (1 PEOPLE VOTED FOR THIS OPTION AS BEING THE MOST IMPORTANT)

5- Sick notes and self certificates should be able to be issued on caring activities as well as ill-health (1 PEOPLE VOTED FOR THIS OPTION AS BEING THE MOST IMPORTANT)

6- Budgets for carers should be ring-fenced (2 PEOPLE VOTED FOR THIS OPTION AS BEING THE MOST IMPORTANT)

7- Respite care should be free (5 PEOPLE VOTED FOR THIS OPTION AS BEING THE MOST IMPORTANT)

8- Respite care should be a planned option and not a response to a crisis (5 PEOPLE VOTED FOR THIS OPTION AS BEING THE MOST IMPORTANT)

9- Respite care should be part of the assessment of care process with client and carer involvement (2 PEOPLE VOTED FOR THIS OPTION AS BEING THE MOST IMPORTANT)

10- Training should be improved for all of those involved with carers on basic issues (4 PEOPLE VOTED FOR THIS OPTION AS BEING THE MOST IMPORTANT)

11- Care as a result on any process of assessment should happen before any crisis (6 PEOPLE VOTED FOR THIS OPTION AS BEING THE MOST IMPORTANT)

12- One process of allowances and benefits should be connected to the assessment and the care process (5 PEOPLE VOTED FOR THIS OPTION AS BEING THE MOST IMPORTANT).
13- The size of the problem should be part of the assessment (6 PEOPLE VOTED FOR THIS OPTION AS BEING THE MOST IMPORTANT)

14- All parts of the assessment process should be made transparent and available for scrutiny (1 PEOPLE VOTED FOR THIS OPTION AS BEING THE MOST IMPORTANT)

15- Respite care should be flexible i.e. it could be taken as a couple, in the home or on a hourly basis rather than residential and should be part of a direct payments scheme (6 PEOPLE VOTED FOR THIS OPTION AS BEING THE MOST IMPORTANT)

16- Respite care should be consistent, allowing the client and their carer to build up relationships and bonds (5 PEOPLE VOTED FOR THIS OPTION AS BEING THE MOST IMPORTANT)

17- Community care should be beefed up to a level that aids and helps an individual or carer stay independent for as long as possible and should be flexible to individual need - when the government say things like individualised care, they should actually mean it (2 PEOPLE VOTED FOR THIS OPTION AS BEING THE MOST IMPORTANT)

18- The assessment process needs to be speedy and responsive (5 PEOPLE VOTED FOR THIS OPTION AS BEING THE MOST IMPORTANT)

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

10 points were made under this policy issue

1- There should be a telephone number, a little like NHS Direct, that is national but then gives out local information. If it is adopted, it would need a lot of publicity to engage it into the public’s mind

2- The above number would only work if it were answered by people, not a computerised option and those people were trained in health and social care issues. It needs to be provided for in other languages. It needs to be centrally funded and have other options such as information terminals in schools, GP surgeries, libraries, day centres and CAB centres etc.

3- More publicity needs to be levelled at public awareness of NHS Direct as a resource.

4- A 1 stop shop to provide information in many different formats such as using the medium of the media

5- To include patient empowerment information, public health information, preventative health information so clients/patients can help themselves

6- All information should be available in accessible formats such as Braille and in other languages.

7- Groups that need this information should be targeted so that their information levels go up

8- This telephone number should be easy to remember, ideally a three digit number
9- Information should also include nutritional information

10- More use of existing sources of health and social care such as GP surgeries, benefits offices, hospitals, pharmacies etc. should be utilised as places for more information.
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

yes
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

This question wasn’t discussed due to time constraints
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?
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.

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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?

<table>
<thead>
<tr>
<th>Write in below</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
</tr>
</tbody>
</table>

B. What sort of listening exercise was it?

(Please tick one box only)

<table>
<thead>
<tr>
<th>A day long session (from 5 to 8 hours long)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A half day session (from 3 to 5 hours long)</td>
</tr>
<tr>
<td>Up to 3 hours long</td>
</tr>
<tr>
<td>Other (record below)</td>
</tr>
</tbody>
</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>Members of the general public (i.e. with no specialist interest in health and social care)</th>
</tr>
</thead>
<tbody>
<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>
</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>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td></td>
</tr>
<tr>
<td>Older people</td>
<td>yes</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td></td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>yes</td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td></td>
</tr>
<tr>
<td>Smokers</td>
<td>yes</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>yes</td>
</tr>
<tr>
<td>People in prison</td>
<td></td>
</tr>
<tr>
<td>Black and minority ethnic groups</td>
<td>yes</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>yes</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>yes</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>yes</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>yes</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)*

- 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></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>
</tr>
<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?

Jointly organized between Reading PCT and Reading Borough Council

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>yes</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>yes</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:

Adele.wright@phru.nhs.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:

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

**Event held for purpose of this consultation**

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:

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

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

3. 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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>intermediate care (the quality not the availability)</td>
</tr>
<tr>
<td>2</td>
<td>respite care (the quality not the availability)</td>
</tr>
<tr>
<td>3</td>
<td>pharmacy services</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

1 & 2 People shared experiences of these services, reflecting that both had met needs, though there were examples of both services not having capacity to meet demand (as they are sought after and valued services). People felt pharmacist provided excellent services, and were underused— that more awareness raising should be done, encouraging people to use them more.

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

(RECORD BELOW IN PRIORITY ORDER)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GP appointments</td>
</tr>
<tr>
<td>2</td>
<td>podiatry</td>
</tr>
<tr>
<td>3</td>
<td>discharge back into the community</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

1- need to be standardised so that all have equitable service - where it works it works well, but this is patchy. Appointment times, how people can make an advance appointment, flexibility for those in work or for carers or those with transport needs etc
2- Podiatry is being reconfigured - there is not enough podiatry now, people
concerned that will get worse - issue for disabled people who need this to prevent other problems getting worse - key part of self-management
3- concerns over planning for this, especially in terms of communication between secondary and primary care - ie discharge can take place without primary care being given the time to put in place what is needed to ensure safe discharge home.

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

nothing else mentioned (this done quickly as time limited)

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:

Option 4 prioritised as most of this group was older, it also included 5 wheelchair users and several people with limited mobility, who saw remaining independant as paramount. People felt that OT services were important - there are not enough OT, there are waiting lists for service, however OTs could do a lot of support and work around triage and access. Also people felt centres where anyone could go to get information or try out equipment are needed.

other comments -

Accessible transport was an issue, concerns over poor quality of community transport - you have to be able to get to where services are.

There were concerns that all would be able to “self-care”, ie frail older people would have problems that younger people may not.

There are long waits for physiotherapy - people can get worse while waiting - this is linked into the ability to self-care

Access to information vital, people felt there was not enought info about services available
Q3. Did people think it would be enough for Government to only do these things to help people take better care of themselves? Why?

| 0 comments |

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

| Promote healthy eating - especially to older people |
| Better podiatry services |
| Stop putting in new targets all the time, this unbalances services |
| "Don't reinvent the wheel, put a better tyre on it!" |

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.

| 3 |

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

| 3 |
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:

Information was felt to be the core issue, and the one that people thought most important - nothing can be accessed unless you know where to go, what questions to ask, etc. Many levels of information are needed at different times, in different ways. Accessible information issues (format, understandability, etc) People felt that many different professionals should be giving information more proactively, you shouldn't have to search for it. However, a drawback of making this everyone's job is that no-one does it, or no-one does it well.

Expert patient was praised, but it was felt that there should be better links between health and the vol/com sector; also we have to know where people are (people who may need a service).

Also noted that the idea of single assessments is good, but that assessments should cover all areas of need.

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 comment

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

No comment
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>Provided 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>1</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>2</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>1</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>
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<tr>
<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>
<td>3</td>
</tr>
</tbody>
</table>
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

This group felt it was impossible to select one priority and chose not to use the voting system the other groups used.

**A & C were chose as the items that would have nmost effect on improving services/ making peoples health care more aceible.**

option c - Minor surgery should be available at GPs; people shoudl be able to access a different GP to their own so that between areas/groups more services are available closer to people's homes. People should have equity of access to services. NHS should invest in professional staff, not admin or managers. Should access organisations like Crossroads for palliative care (unsure if this is their remit?). Walkin centres in towns are a good way forward.

Option a  - GP access should fit into people's lives, not other way round, ie open later, saturdays etc. Primary care access centre 24/7 would be good, accessible to all, with services under 1 roof. Carers need support to access health care (sitting services, additional to any respite they get). Pharmacies could be used more effectivley.

Other commentets

There should be ways of accessing information about people anywhere in the country (ie if people get ill on holiday, there notes need to be seen)

Choice is important -People with complex conditions may prefer to use a hospital or a certain GP, because of the level of info needed - how does this fit in to the new ideas?

Walk in centers should be in addition to, not instead of existing services (increase capacity, not move it around)

How can the housebound access some of these things on an equal basis?

New services - should target certain groups, ie raise awareness by advertising on beermats, in pub toilets.
With the BME community, you have to go to where people are - this area has issues within some communities around gender access etc.

Dignity - palliative care should be available to all, with the same quality as in a hospital. Terminal patients should not be on an open ward, but in a side room. People should be able to access advocates so choices around terminal care can be made at an early stage, ie people can be supported around declining tests or treatments if they so choose. Drug postcode lottery should be eliminated.

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 comment

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

no comment

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.

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

The event split into three groups who all discussed one question, then came together for the above. They refused to prioritise any further, and wanted to feed back a clear message that all the above warrant the same level of support; it was impossible to prioritise between them.

The form has been completed this was as the online version would not allow us to show the above comment easily.

People also wanted to feed back the following comments:-

- Who decided that South Yorkshire would not host a regional event - don't we count? A lot of money has gone into a few events in a few places - couldn't this have been shared out more?

- Why the short timescale - this has not been useful or easy for members of the community - so do you really want to consult with people meaningfully?

- How can the government make it clear to the public that there are not the resources for every problem?

- How can the basic needs of all be met - what are the basic needs?

- there were concerns that there was no opportunity to discuss specific issues, ie children's services, mental health services, however this was due to the fact that the facilitators only had capacity to run one generic event and not several targeted ones, which would have allowed more specific discussions to take place

- people found it hard to differentiate between the questions in a meaningful way, ie they found it hard to select a group to join.

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.

no comment
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?

no comment
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

40

B. What sort of listening exercise was it?

(Please tick one box only)

<table>
<thead>
<tr>
<th>Option</th>
<th>Ticked</th>
</tr>
</thead>
<tbody>
<tr>
<td>A day long session (from 5 to 8 hours long)</td>
<td></td>
</tr>
<tr>
<td>A half day session (from 3 to 5 hours long)</td>
<td></td>
</tr>
<tr>
<td>Up to 3 hours long</td>
<td>yes</td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
</tr>
</tbody>
</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>
</tr>
</thead>
<tbody>
<tr>
<td>Members of the general public (i.e. with no specialist interest in health and social care)</td>
<td>14</td>
</tr>
<tr>
<td>Members of the public who are involved with health and social care services e.g. PPI forum members</td>
<td>26</td>
</tr>
<tr>
<td>Paid staff from your organisation</td>
<td>0</td>
</tr>
<tr>
<td>Voluntary staff from your organisation</td>
<td>0</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>5</td>
</tr>
<tr>
<td>paid staff as organisers and facilitators(PCT/SHA/CPPIH/PPIF)</td>
<td></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>Sector</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td>4</td>
</tr>
<tr>
<td>Older people</td>
<td>14</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td>2</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>6</td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td>2</td>
</tr>
<tr>
<td>Smokers</td>
<td>2</td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td>1</td>
</tr>
<tr>
<td>Obese people</td>
<td>1</td>
</tr>
<tr>
<td>Substance misusers</td>
<td>1</td>
</tr>
<tr>
<td>Disabled people</td>
<td>14</td>
</tr>
<tr>
<td>People in prison</td>
<td>4</td>
</tr>
<tr>
<td>Black and minority ethnic groups</td>
<td>6</td>
</tr>
<tr>
<td>Travellers</td>
<td>2</td>
</tr>
<tr>
<td>Homeless people</td>
<td>6</td>
</tr>
<tr>
<td>People with mental health problems</td>
<td>6</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>5</td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td>5</td>
</tr>
<tr>
<td>Asylum seekers</td>
<td>1</td>
</tr>
<tr>
<td>People with long term conditions</td>
<td>13</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>15</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>17/23</td>
</tr>
</tbody>
</table>
There was a problem with the above in that it was apparent that people interpreted this differently; some reading it as "I am an older person", others as "I represent travellers". In spite of this, there were many disabled people, wheelchair users, and carers at the event.

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>
<td>36</td>
</tr>
<tr>
<td>White Irish</td>
<td></td>
</tr>
<tr>
<td>Any other white background</td>
<td></td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td></td>
</tr>
<tr>
<td>White and Black African</td>
<td></td>
</tr>
<tr>
<td>White and Asian</td>
<td></td>
</tr>
<tr>
<td>Any other mixed background</td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td>1</td>
</tr>
<tr>
<td>Pakistani</td>
<td>1</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td></td>
</tr>
<tr>
<td>Any other Asian Background</td>
<td>1</td>
</tr>
<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>Rather not say</td>
<td></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>Sector</th>
<th>Ticked</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPI forum or other patient group</td>
<td></td>
</tr>
<tr>
<td>Community-based NHS services</td>
<td></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><strong>yes</strong></td>
</tr>
<tr>
<td>mixed group drawn together for the event, through mailing, publicity and word of mouth, to a geographical community and communities of interest</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
<table>
<thead>
<tr>
<th>People in prison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black and minority ethnic groups</td>
</tr>
<tr>
<td>Travellers</td>
</tr>
<tr>
<td>Homeless people</td>
</tr>
<tr>
<td>People with mental health problems</td>
</tr>
<tr>
<td>People with learning disabilities</td>
</tr>
<tr>
<td>People in hospices/residential care</td>
</tr>
<tr>
<td>Asylum seekers</td>
</tr>
<tr>
<td>People with long term conditions</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
</tr>
<tr>
<td><strong>Do not deal with specific sectors of the community</strong></td>
</tr>
<tr>
<td><strong>Other (record below)</strong></td>
</tr>
<tr>
<td><strong>staff involved as facilitators only</strong></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)
- asa bove

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>Organisation Type</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>South Yorks - Rotherham</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>
</tr>
<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?

One-off event
"Rotherham and area listening event"

K. What type of organisation are you responding as?

<table>
<thead>
<tr>
<th>Type of Organisation</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>A local organisation</td>
<td></td>
</tr>
<tr>
<td>A national organisation</td>
<td></td>
</tr>
<tr>
<td>Other (please record below)</td>
<td>yes</td>
</tr>
<tr>
<td>Rotherham and area listening event for the public</td>
<td></td>
</tr>
</tbody>
</table>
L. Would like to be listed as a contributor to the consultation?

Yes  yes

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:

Helen Wyatt
Rotherham PCT
Oak House
Moorhead Way
Bramley
Rotherham
S66 1YY
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) √

Central Manchester PCT

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)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<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>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</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?

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)

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

- 4 people were asked this question:
  - 2 rated it as their no.1 priority
  - 1 rated it at no. 2
  - 1 rated it as no. 4

**Issue B** 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.

- 4 people were asked this question:
  - 1 rated it as their no.1 priority
  - 1 rated it as no.2
  - 1 rated it as no.3
  - 1 rated it as no. 4

**Issue C** 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.

- 4 people were asked this question:
  - 1 rated it as their no. 1 priority
  - 1 rated it as no. 2
  - 1 rated it as no. 3
  - 1 rated it as no. 4
**Issue D** Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

<table>
<thead>
<tr>
<th>4 people were asked this question:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 rated it as their no. 2 priority</td>
<td></td>
</tr>
<tr>
<td>2 rated it as no. 3</td>
<td></td>
</tr>
<tr>
<td>1 rated it as no. 4</td>
<td></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:

The following comments were given as to why people felt the above should be priorities:

- All the above should be part of a total care package to enable people with diabetes to cope

One participant rated issues A, B, & D as their joint top priorities for the following reasons; ensuring that the elderly and disabilities get more support ensures they will have raised self esteem. They will cope better and not get depressed and have better health. Therefore, they will not receive hospitalisation or a nursing home

When asked if the above was enough for the Government to do, the following comment was made:

- Not just Government

For the participant who rated 3 of the issues as their joint top priorities they gave the following response to this question; the Government should be more supportive to the elderly, i.e. pensions and visiting personnel. GP’s do not have the time to spend visiting homes

When asked what else could the Government do, the following comments were made:

- Ensure **all** treatment alternatives are available to every patient

- Increase specialised professionals within the community, e.g. specialised diabetes nurses

For the participant who rated 3 of the issues as their joint top priorities they gave the following response to this question; the elderly are afraid of going into hospitals where they are treated as if they are invisible unless they are near death. Closing down a local hospital has caused great hardship for the elderly. Bus routes are inadequate to the new site, parking facilities poor. Disabled are expected to struggle
to visit out patients. Walking wounded do not carry wheel chairs or oxygen which is sometimes very necessary.

When asked if any of the other participants had any other comments, the following responses were given:

- Prevention is better than cure
- If problems such as obesity, high cholesterol, diabetes, HT etc are controlled early on/or prevented, then there will be a consequent decreased demand on GPs/NHS.

For the participant who rated 3 of the issues as their joint top priorities, they made the following comments; I realise that issues A & B are already on offer but they are not published enough. I was told by word of mouth from a friend.
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)

**Issue A** 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

<table>
<thead>
<tr>
<th>4 people were asked this question:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 rated it as their no. 1 priority</td>
</tr>
<tr>
<td>1 rated it as their no. 2</td>
</tr>
</tbody>
</table>

**Issue B** 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

<table>
<thead>
<tr>
<th>4 people were asked this question:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 rated it as their no. 2 priority</td>
</tr>
<tr>
<td>1 rated it as their no. 3</td>
</tr>
<tr>
<td>1 rated it as their no. 5</td>
</tr>
</tbody>
</table>

**Issue C** 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

<table>
<thead>
<tr>
<th>4 people were asked this question:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 rated it as their no. 3 priority</td>
</tr>
<tr>
<td>2 rated it as their no. 4</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>4 people were asked this question:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 rated it as their no. 2 priority</td>
</tr>
<tr>
<td>1 rated it as their no.3</td>
</tr>
<tr>
<td>2 rated it as their no.4</td>
</tr>
</tbody>
</table>

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

| 4 people were asked this |
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITY

For the participant who rated the last issue as their top priority, they gave the following comment; All through life we have options with medical decisions, why not at the end?

When asked if any of the other participants had any other comments, the following response was given:

- Opening times of health care services are not adequate – people working 9 – 5 can’t get a Drs appointment. Also, the new systems in place for making appointments (due to new government targets) make it impossible to make a routine appointment. Are people meant to guess when they are ill?!

There was one participant who rated issue E as their top priority and issues A, B & C as their joint 2nd priorities and gave the following reason why; I feel that people should be allowed to die with dignity not in a noisy bustling environment with unfamiliar people. When asked what else they thought the Government could do they gave the following response; communicate more clearly to the general public. A lot of people work within their own little boxes and do not integrate enough. Finally they made the following comments; over stretched hospitals can be relieved if time consuming tasks like x-rays and blood tests can be done in the community.
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?
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 …

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)

**Issue A** 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.

![Table](image)

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

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

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:
Participants were also asked how they rated the following as a priority;
Provide more help to people caring for others.
1 rated it as their no. 2 priority,
2 rated it as their no. 3
1 rated it as their no. 4

When asked if any of the other participants had any other comments, the following response was given:

- By making the above priorities, people are more likely to self manage better.

One participant rated Issue A & C as their joint top priority and gave the following reasons why; as a retired nurse you would expect that I would be able to get support but this acted against me. I was left to get on with it. I did not know then of Manchester Carers Forum, if I had, my life would have been much improved again word of mouth from a colleague helped me. When asked if they thought this was enough for the Government to do they replied; Yes, the people we look up to. Are not as well informed as they should be. When asked what else they thought the Government should do they replied; Educate GP’s, nurse, hospital staff re. Mental illness. My husband was treated really badly as an inpatient. A letter of complaint was written but action was taken after his death. Finally, they made the following comments; having been a carer for 5 years and struggled to get help, I think issue C is a must.
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)

<table>
<thead>
<tr>
<th>Priority</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.</td>
<td></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.</td>
<td></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 providing jobs and skills advice), children’s centres and other locations.</td>
<td></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></td>
</tr>
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<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></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>
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</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>
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<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>
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</tbody>
</table>
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

Five

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) √

Participants were asked to complete shortened questionnaires that had been put together around the Your Health Your Care Your Say questionnaire.

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. 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>
<td></td>
</tr>
<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>
<td></td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td></td>
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<tr>
<td>Smokers</td>
<td></td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td></td>
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</tr>
<tr>
<td>Substance misusers</td>
<td></td>
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<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>
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<tr>
<td>People with mental health problems</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>5</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td></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>
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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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<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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<td>Any other mixed background</td>
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<td>Indian</td>
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<td>Pakistani</td>
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<td>Bangladeshi</td>
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<td>Any other Asian Background</td>
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<td>Caribbean</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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Please note: Participant’s ethnic origin was not recorded but there was a mix of people from the following backgrounds; White British, Asian and any other background.

E. 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>Sector</th>
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<tr>
<td>PPI forum or other patient group</td>
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<tr>
<td>Community-based NHS services</td>
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<td>Local authority social care services</td>
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<tr>
<td>Private sector health or social care services</td>
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</tbody>
</table>
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
<table>
<thead>
<tr>
<th>People with caring responsibilities</th>
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<tr>
<td>Other (record below)</td>
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If you would like your organisation to be listed as a contributor to the consultation, please record its name below:

**NAME OF ORGANISATION**

| Central Manchester PCT |

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:** rebecca.yates@manchester.nhs.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) [✓]

Central Manchester PCT

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)

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</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?

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

4 people were asked whether they thought this should be a priority & all 4 agreed.

None of the above

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

<table>
<thead>
<tr>
<th>The following reasons were given as to why people felt Issue 1d should be made a priority:</th>
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<tbody>
<tr>
<td>- If people can remain independent then they are less of a drain on local services</td>
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<tr>
<td>- If you are a little bit more independent, then health wise people seem to look after themselves better.</td>
</tr>
<tr>
<td>- To be able to remain independent for as long as possible is much better for people’s own mental health. The longer a person can stay active, then the better this is for their physical and mental health. It is much better for a person to remain in their own home where they are amongst friends and know the area.</td>
</tr>
<tr>
<td>- One participant thought the support for the elderly was quite good in Manchester. However, she explained that when an elderly person falls over it takes quite a long time for their bones to repair and felt that in these cases it would be good to have someone look after them during the time that it takes them to recover. It was felt that in cases like these, it is better for a person to stay in their own home as you can see them fading away when they go into a nursing home.</td>
</tr>
<tr>
<td>- One participant was a widow who currently is healthy enough to remain in her own home. However, she has seen a lot of people who have had to go into nursing homes. She spoke about one of her friends who is quite ill and who is also having to care for her husband whose ill. Apparently, the carers come in every now and again but if she needs help in between this she has to either struggle and do it herself or ask a neighbour. Her husband apparently went into respite care once but really didn’t like it. The lady felt that it would be better for her friend if she had more care offered to her within the home. Currently her friend is not able to go out because she is worried about her husband falling so it would really help her if someone could come in and sit with her husband while she went out. The lady thought it would be easier to provide them with this kind of practical support rather than him having to go into a home.</td>
</tr>
<tr>
<td>- To be able to remain independent for as long as possible is much better for people’s own mental health. The longer a person can stay active, then the better this is for their physical and mental health. It is much better for a person to remain in their own home where they are amongst friends and know the area.</td>
</tr>
<tr>
<td><strong>By making Issue 1d a priority, people felt it would make a difference to them in the following ways:</strong></td>
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</table>
| - One participant had to look after her husband when he was very ill & she felt that it would have been good to know that there were things out there to support them had they needed it. The nurses visited daily because they had to be but she felt that it
was good to know that you have some support as it gives you a breather away from caring.

- One participant expressed that she would prefer to stay at home which she thought would be the case for most people and by getting the practical support needed to remain independent she could do this. She further felt that it would be a good idea to have someone who could call in to see you if you were in trouble or had had a fall. She felt that it is good to stay at home in an environment where you know everyone and can carry on doing things that you enjoy like gardening which she found very therapeutic.

- One participant explained that her daughter currently lives in Yorkshire and she wasn’t sure how long she was going to remain healthy for before she had to go into home. As her daughter lives a long distance away she felt it would be good to know that there is practical support available for her when she needs it so she can remain in her own home.

- One participant expressed that just by knowing practical support is going to be in place for them when they need it then this would give them peace of mind. They also felt that their family would be re-assured if it would mean that they didn’t have to go into a nursing home as there is so much going on about abuse in older people’s homes. Practical support needed would be things like, disabled bathrooms, stair lifts and support with activities.
Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?

- One participant had an elderly friend who was quite forgetful and is currently living in warden controlled flats. She felt that this accommodation was ideal for her friend as there is always someone on hand in case of an emergency and her friend has the option to either stay on her own in her flat or whether to mix with others in the communal lounge. Therefore, she felt that this type of accommodation was ideal for her friend as she can remain independent but can also get support when needed.

- It seems that it is being made more and more difficult for people to remain independent, things like petrol rises and car tax are making it more difficult to keep your car on the road and your car is often your life line to remaining independent. Being elderly means it is exhausting just walking to the shops so having a car is really important to remaining independent.
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.

4 people were asked whether they thought this should be a priority & 3 agreed, 1 person was unsure for the reasons outlined below.

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:
The following reasons were given as to why people felt Issue 2c should be made a priority:

- Could do with extra services at GP as MRI is getting bigger and bigger. The hospital is also difficult to get to and once you’re there you have to walk miles to get to the department you need. Therefore, having services more local means they are easier to access.

- There was one participant who was uncertain whether this issue should be a priority and the reason for this was that they were concerned that it would mean taking Dr’s and nurses away from the hospital. However, if extra staff were to be recruited to work in the community then they thought that it would be a really good idea. It would also be good as parking at the hospital is quite difficult. A drop in centre would be a good idea as it would be nice to have someone to just talk to who was local rather than having to travel a long distance to get to your GP.

- Having services more locally means that they would be easier to get to. There is currently a good service to take you to the hospital but then it is difficult to park. GP is within walking distance but it would be a good idea to have other services all under one roof.

- It would make accessibility of services better. When you go to hospital, you have miles of corridors to walk down and then once there you have to sit about and wait. Therefore, it would be much easier to have these services locally.

By making Issue 2c a priority, people felt it would make a difference to them in the following ways:

- It is often difficult to get a Dr’s appointment and sometimes you might need an immediate appointment for something urgent. Can’t see this situation getting any better so would be good to have a local walk in surgery where you can go to if you can’t get an appointment with your GP. This would make a huge difference to both myself and the area.

- Having services more locally means that they would be easier to get to. There is currently a good service to take you to the hospital but then it is difficult to park. GP is within walking distance but it would be a good idea to have other services all under one roof.

- If you need these services, it is good to know that they are local. So while you’re doing your shopping you can just pop in if you need to.

- Easier access. It’s much better to be able to see your own GP who knows you and that you have a good relationship with particularly if it is something
embarrassing. Also, by seeing your own GP it means that things are less likely to get lost and you don't have to wait for results.
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?

- Today’s event is marvellous. Could do with having events like this on the South side of Manchester. Having people come out with information on health services is a really good idea.

- Should stop putting out all these health scares as if you listened to them all then you wouldn’t eat anything. Also should have better cleaners at the hospital so there are no diseases.
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:**

For this listening exercise we linked into an Over 50’s event being run by one of our Partnership Workers within the local community. There were a number of different organisations present at the event including PCT, Age Concern, Care & Repair, PPI forum where information was being distributed and queries were answered.

The PCT carried out semi-structured interviews with 4 members of the public throughout the event around Issues 1d & 2c.
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

Four

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)

√ Rapid Appraisal. Further details outlined above

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

Paid staff from your organisation

Voluntary staff from your organisation

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)
<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
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<tbody>
<tr>
<td>Children and young people</td>
<td></td>
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<tr>
<td>Older people</td>
<td>✓</td>
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<tr>
<td>Pregnant women (and their partners)</td>
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<td>Socially disadvantaged people</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>Other (record below)</td>
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Apologies but this information was not recorded

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: 4
White Irish: 0
Any other white background: 0
White and Black Caribbean: 0
White and Black African: 0
White and Asian: 0
Any other mixed background: 0
Indian: 0
Pakistani: 0
Bangladeshi: 0
Any other Asian Background: 0
Caribbean: 0
African: 0
Any other Black background: 0
Chinese: 0

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)

Central Manchester PCT

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

| Central Manchester PCT |

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: rebecca.yates@manchester.nhs.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) | √ |

**Central Manchester PCT**

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?

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

7 people were asked this question:
3 rated it as no. 2 priority
2 rated it as no. 3
2 rated it as no. 4

None of the above
Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Issue 1c was rated by one elderly person as their top priority as they felt they were not getting the right support from their hospital. They felt like you were just sent to the hospital by your GP & were left with very little support. They explained they were given a telephone number to ring the hospital to make an appointment but they would have preferred the GP to have done this on their behalf.
Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?
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.
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

1 other person rated Issues c) & d) as their joint no. 1 priority. They then rated the following issues accordingly: a) 2, b) 4, d) 3.
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?

1 person expressed that there needed to be more resources for the ethnic community in both audio and video materials in their languages. Having these type of materials available was expressed to be more important than having the information translated into different languages and available in a readable format.

1 person in this listening exercise expressed that they were very happy with their GP & hospital.
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)

<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 one appointment to discuss a whole range of services instead of lots of individual appointments.</th>
<th></th>
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<td>Providing people with better information about what NHS, local authority and social care services are on offer</td>
<td></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.</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

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:

For this listening exercise we linked into one of the events which the PCT ran during Stroke Awareness week. The event took place on a market stall in Manchester, where different health organisations were giving out information to members of the public on a wide range of health related issues including healthy eating, awareness raising of how to prevent a stroke, the PCT’s PALS service. By means of rapid appraisal, members of the public were also asked to think about 2 of the Your Health Your Care Your Say questions and prioritise the issues (results outlined above).

2 members of the public who participated commented that they found these kind of information stalls on the market very useful. They suggested that we should have regular stalls perhaps every 2 months and they should be based on different themes e.g. good health, healthy living, pregnancy advice, mother & baby. They also expressed that they thought it was good to have the health service bring information out to the public and thought the opportunity to get your blood pressure checked was a very good idea.

Other comments made were as follows;
One person found that it was sometimes difficult to know who to contact for information.

One person often found that it was difficult to get an appointment with their GP, they often had to wait a long time for an appointment and then also have to wait again once they arrived in the surgery.

One person found that it was sometimes difficult to actually access their GP as the receptionist will often ask what the problem is & then send them onto somewhere else but this person would actually prefer to see their GP. This person recently took their child to see the GP because of a cough & was told by the receptionist to go to the pharmacy instead of seeing the GP to get some medicine. However, in this case, the person would have preferred to have seen the GP and have been re-directed by them to the pharmacy rather than the receptionist just in case it was something more serious.

One person expressed that the waiting times to see their in GP once in the practice is not very good, e.g. you go in for your appointment at 11am and you’re often still waiting at 12.

One person expressed that they were currently having a lot of problems with their GP & that they were wanting to make a complaint. This person was put in touch with the PCT’s PALS officer.
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?  
   \[ Write \text{ in below} \]
   \[
   \begin{array}{c}
   \text{Seventeen} \\
   \hline
   \end{array}
   \]

B. What sort of listening exercise was it?  
   \[ (\text{Please tick one box only}) \]
   \[
   \begin{array}{c}
   \text{A day long session (from 5 to 8 hours long)} \\
   \hline
   \text{A half day session (from 3 to 5 hours long)} \\
   \hline
   \text{Up to 3 hours long} \\
   \hline
   \text{Other (record below)} \quad \checkmark
   \end{array}
   \]
   \[
   \begin{array}{c}
   \text{Rapid Appraisal. Further details outlined above} \\
   \end{array}
   \]

C. How many of each of the following types of people took part in your listening exercise?  
   \[ (\text{Please put a number in each box even if it is zero}) \]
   \[
   \begin{array}{c}
   \text{Members of the general public (i.e. with no specialist interest in health and social care)} \quad 17 \\
   \hline
   \text{Members of the public who are involved with health and social care services e.g. PPI forum members} \\
   \hline
   \text{Paid staff from your organisation} \\
   \hline
   \text{Voluntary staff from your organisation} \\
   \hline
   \text{Other (record below)} \\
   \end{array}
   \]

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.

   \[ (\text{Please put a number in each box even if it is zero}) \]
<table>
<thead>
<tr>
<th>Category</th>
<th>Number</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>
<td></td>
</tr>
<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>
<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>
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<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></td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td></td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
</tr>
</tbody>
</table>

Apologies but this information was not recorded

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)
Please note: For 2 people, which ethnic group they belonged to was not recorded. 2 people chose to just give their comments about health and social care services rather than prioritise the issues.

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)

Central Manchester PCT
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

| Central Manchester PCT |

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: rebecca.yates@manchester.nhs.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) [√]

Central Manchester PCT

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)

<p>| | |</p>
<table>
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<tr>
<td>4</td>
<td></td>
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<tr>
<td>5</td>
<td></td>
</tr>
</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?

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)

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

<table>
<thead>
<tr>
<th>16 people were asked this question</th>
<th>6 rated it as their no.1 priority</th>
<th>1 rated it as no. 2</th>
<th>2 rated it as no. 3</th>
<th>7 rated it as no. 4</th>
</tr>
</thead>
</table>

**Issue B** 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.

<table>
<thead>
<tr>
<th>16 people were asked this question</th>
<th>2 rated it as their no. 1 priority</th>
<th>6 rated it as no. 2</th>
<th>6 rated it as no. 3</th>
<th>2 rated it as no. 4</th>
</tr>
</thead>
</table>

**Issue C** 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.

<table>
<thead>
<tr>
<th>16 people were asked this question</th>
<th>8 rated it as their no. 1 priority</th>
<th>4 rated it as no. 2</th>
<th>2 rated it as no. 3</th>
</tr>
</thead>
</table>
**Issue D** Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

<table>
<thead>
<tr>
<th>None of the above</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 rated it as no.4</td>
<td></td>
</tr>
<tr>
<td>16 people were asked this question</td>
<td></td>
</tr>
<tr>
<td>5 rated it as their no. 2 priority</td>
<td></td>
</tr>
<tr>
<td>6 rated it as no. 3</td>
<td></td>
</tr>
<tr>
<td>5 rated it as no.4</td>
<td></td>
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</tbody>
</table>

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

4 other participants in addition to the above 16 also gave the following responses:

1 participant rated issue C + D as their joint no. 1 priority and issue A + B as their joint no. 2 priority
1 participant rated all the above issues as their no. 1 priority
1 participant rated issue A as their no. 1 priority, issue B as their no 2 priority and issue C & D as their joint no. 3 priority
1 participant rated issue A, C & D as their joint no.1 priority and issue B as their no. 2 priority

For 4 of the participants who indicated that their no. 1 priority was issue A the following reasons were given:

1st participant - Help prevent ill health in the first place rather than the ‘symptoms’ caused by them
2nd participant - Encouragement of check ups and change in lifestyle may reduce numbers of chronic diseases
3rd participant - Often are told to loose weight, change lifestyle etc. however are given no assistance on how to achieve this
4th participant - Prevention is better than cure

When asked if this was enough for the Government to do, the following comments were given:

1st participant - Need more on education for example if children get taught at school about nutrition, this should hopefully influence them in later life
2nd participant - Yes
3rd participant – No comment
4th participant – No comment
When asked what else could the Government do, the following comments were given:

1st participant - Encourage adults to go to classes

2nd participant - Provide more facilities and schemes etc.

3rd participant – Often information on health is distributed in schools, therefore once older receive little education. Perhaps have education through employers? Or some means of tackling people before reaching ill health

4th participant – Keep up the services like Sure Start and teach nutrition to new mothers

When asked if they had any further comments, the following were made:

1st participant - I feel that they are all important and one shouldn’t really be given priority over another

2nd participant – No comment

3rd participant – No comment

4th participant – No

For the participant who indicated their no. 1 priority was B the following reason was given:

- So people take better care of themselves so they won’t need to use the services as much

When asked if this was enough for the Government to do, the following comment was given:

- No the Government needs new initiatives to tackle these problems

The participant did not respond to the 2 other questions asked.

For 7 of the participants who indicated their no. 1 priority was issue C the following reasons were given:

1st participant - To ensure that people health is maximised through help from the community

2nd participant - I think it’s important to take preventative measures to stop people getting ill. If housing and poverty were addressed it would help many generations

3rd participant - Because all these could maximise health

4th participant - Anyone with a disability or illness needs to get more support earlier on as they will then hopefully remain independent for longer meaning less strain is put on the NHS

5th participant - Poverty & poor housing are priority because if you live in poor conditions your health deteriorates
6th participant – Priority given to looking at poverty, education and poor housing in relation to maximising the health of future generations to break the cycle of poverty equals inequalities in health

7th participant – To ensure there’s support and information for people who need it

When asked if this was enough for the Government to do, the following comments were given:
1st participant – No comment
2nd participant – No
3rd participant – No comment
4th participant – No comment
5th participant – Yes I think so
6th participant – The Government could look at benefits, schemes to encourage people back into employment, create employment in areas and hopefully create a health economy
7th participant – No comment

When asked what else could the Government do, the following comments were given:
1st participant – Can ask people in local areas what services they feel will benefit the area as every area differs in health needs
2nd participant – The Government needs to do all of the above
3rd participant – No comment
4th participant – No comment
5th participant – Improve access and availability
6th participant – No comment
7th participant – Make sure all the relevant information is advertised

When asked if they had any further comments, the following were made:
1st participant – No comment
2nd participant – No comment
3rd participant – I think all of these should be a top priority
4th participant – No comment
5th participant – No comment
6th participant – No comment
7th participant – No comment
Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?
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)

**Issue A** 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

17 people were asked this question:
4 people rated it as their no. 1 priority
5 rated it as no. 2
3 rated it as no. 3
2 rated it as no. 4
3 rated it as no. 5

**Issue B** 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

17 people were asked this question:
4 people rated it as their no. 1 priority
3 rated it as no. 2
3 rated it as no. 3
4 rated it as no. 4
3 rated it as no. 5

**Issue C** 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

17 people were asked this question:
4 people rated it as their no. 1 priority
3 rated it as no. 2
5 rated it as no. 3
3 people rated it as no. 4
2 rated it as no. 5

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

17 people were asked this question:
5 people rated it as
**Issue E** Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

17 people were asked this question:
- 3 people rated it as their no. 3 priority
- 6 rated it as no. 4
- 8 rated it as no. 5

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

3 other participants in addition to the above 17 also gave the following responses:

1 participant rated issue D as their no. 1 top priority, issue C & D as their joint no. 2 priority and issues A & B as their joint no. 3 priority

1 participant rated issue E as their no. 1 top priority, issues C & D as their joint no. 2 priority, issue A as their no. 3 priority and issue B as their no. 4 priority.

1 participant rated issues A, C, D & E as their joint no. 1 priorities and issue B as their no. 2 priority.

**For the participant who indicated that Issue A was their top priority, when asked what else they thought the Government should do they replied:** shorter waiting times in the walk in centres

**For the participant who indicated that Issue B was their top priority, they gave the following reason:** because of people’s work commitments it is hard to access services.

**For the 2 participant’s who indicated that Issue C was their top priority, one of them gave the following reason:** Help reduce stress on acute services by offering services in community, also gives better patient choice. **The other participant gave the following comment:** waiting times for blood results and x-rays are terrible.
For the 2 participant’s who indicated that Issue D was their top priority, the following reasons were given; Access for people, men, teenagers important because they don’t like using existing services. You need to reach everyone.

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)

**Issue A** 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.

17 people were asked this question:
- 2 people rated this as their no. 1 priority
- 5 rated it as no. 2
- 4 rated it as no. 3
- 6 rated it as no. 4

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

17 people were asked this question:
- 3 people rated it as their no. 1 priority
- 3 rated it as no. 2
- 6 rated it as no. 3
- 5 rated it as no. 4

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

17 people were asked this question:
- 8 rated it as their no. 1 priority
- 5 rated it as no. 2
- 3 rated it as no. 3
- 1 rated it as no. 4

Another issue raised which people were asked to prioritise included the following:
**Issue D** Provide more help to people caring for others, e.g. more respite care

<table>
<thead>
<tr>
<th>question:</th>
<th>4 rated it as their no. 1 priority</th>
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</thead>
<tbody>
<tr>
<td>Don’t know</td>
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</table>

**PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:**

In addition to the above 17 responses, the following 3 responses were also given below:

1 participant rated issues A, B, D all as their no. 1 top priority and C as their no. 2 priority

1 participant rated issues B & C as their joint no. 1 top priority and issues A & D as joint no. 2

1 participant rated issues B & D as their joint no. 1 top priority, issue A as no. 2 and issue C as 3.

For the participant who indicated issue A should be top priority, the following reason was given:

- Joining up services so can be referred easily

When asked if this was enough for the Government to do, the following response was given:

- Don’t know what Government are doing

When asked what else the Government should be doing, the following response was given:

- Give info on what doing

For 2 of the participant’s who indicated issue B should be top priority, the reason given by 1 participant was as follows; In my opinion, services are little known of where they are or what they do. When asked what else they though the Government should do they replied; Improve advertising & access. The other participant, made the following comments; Make information more understandable, people may find it hard to read or learning disabilities.

For 4 of the participant’s who indicated issue C should be top priority, the following reasons were given:

- It is important that the long term sufferers are being provided with enough care
- I believe it is important for people to be aware of where services are and that people with long term problems are very important.
It’s important to help people with long term illness’s. Feel more comfortable. If the NHS loses its carers it will take a lot of strain. When asked if they thought this was enough for the Government to do, they expressed more help & support for carers. They also made the following comment; the more people know about services and what they can do the more they can access them.

- Will help more in the long term. When also asked what else they thought the Government could do they replied; can still provide more services & help

For the participant who indicated issue D was their top priority, the following reasons were given; Respite care is one of the main areas of care and with improved help, this may be beneficial to the client as they would be receiving greater care. When asked what else they thought the Government could do they replied; Offer training and more financial aid to home cares as they do not get the help and recognition they deserve.

For the participant who rated issue B & D as their joint no. 1 priority, the following reason was given; The more people know of services, the more likely they are to use and benefit from what they offer. They also made the following comment; more advertisement for services available and what they specifically offer
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

<table>
<thead>
<tr>
<th>Twenty</th>
</tr>
</thead>
</table>

B. What sort of listening exercise was it?

(Please tick one box only)

<table>
<thead>
<tr>
<th>A day long session (from 5 to 8 hours long)</th>
</tr>
</thead>
<tbody>
<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>
</tr>
<tr>
<td>Other (record below) ✓</td>
</tr>
</tbody>
</table>

Shortened questionnaires were developed around the Your Health Your Care Your Say questions/issues and were completed.

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) ✓ |
| Student Nurses |

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>Group</th>
<th>Number</th>
</tr>
</thead>
<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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<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>
<td></td>
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<tr>
<td>Black and minority ethnic groups (GO TO QE)</td>
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<tr>
<td>Travellers</td>
<td></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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<tr>
<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>
<td></td>
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<tr>
<td>Other (record below)</td>
<td></td>
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</tbody>
</table>

Apologies but this information was not recorded

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:
E. 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>Sector</th>
<th>Count</th>
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<tbody>
<tr>
<td>PPI forum or other patient group</td>
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<tr>
<td>Community-based NHS services</td>
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<tr>
<td>Local authority social care services</td>
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<tr>
<td>Private sector health or social care services</td>
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<tr>
<td>Voluntary sector health or social care services</td>
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Central Manchester PCT
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)*

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</table>

As it was student nurses who took part in this listening exercise they are not yet working so this information was not recorded.
If you would like your organisation to be listed as a contributor to the consultation, please record its name below:

NAME OF ORGANISATION

Central Manchester PCT

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: rebecca.yates@manchester.nhs.uk