Dexter, Amanda
Easterbrook, Anne
Easterbrook, Liz  Event handouts Aug 2004
Easterbrook, Liz  Euxton
Easterbrook, Liz  Leyland
Ellison, Sarah  Breaking the Cycle
Ellison, Sarah  Breathe Free Group
Ellison, Sarah  Heart Group Taunton
Ellison, Sarah  PPI
Ellison, Sarah  Taunton Library
Ellison, Sarah  VIBE
Ewins, Mike  South Birmingham PCT
Based in Nottingham, Ajamu has over fifteen years experience of community development, research, training and management.

Ajamu is also a network of multi-skilled individuals bought together to facilitate change.

**Your Health, Your Care, Your Say**

**Aim**

The aim of this piece of research was to elicit responses from the Black community about their feelings towards the health service. The focus group concentrated on the following questions:

1. How can people look after themselves? How can we help you take care of yourself and support you and your family in your daily lives?
2. How can we help you get the right services, when you need them, and ensure your care and support is properly co-ordinated?
3. When you and your family need help and support, how, when where and from whom do you want to get it?

**Methodology**

The research method chosen was a focus group which in both instances consisted of more than eight individuals. The individuals who attended the focus groups were contacted via email, word of mouth, letters and posters.

**Recording the information**

In order to accurately record the views and opinions expressed in the focus groups, we employed a note taker who concentrated on
gathering all the relevant information. Were possible the note taken made note of direct statements expressed by the group.

Potted Responses from Health consultation 22.10 05
Dennis & Katrina Davis

Venue: Hyson Green Youth Club
Timing: 10.00am -12.30pm
Interval: 11.00am - 11.30am (Refreshments Available)
Number in attendance: 10

Responses:

Question 1

More information about health – diabetes, high blood pressure, sickle cell, etc

More access to health facilities, which are accessible within the community “I either have to drive to a health facility or have to consider the cost, sometimes I just can’t afford it”.

More access to preventative facilities – ie gyms, swimming pools etc.

Better information in schools, ie better school meals – better information to young black people

Reduce waiting times

Nurses who can discuss children’s health on a drop in basis

More information circulated in our local community

c/o 121 Percival Road, Sherwood, Nottingham NG5 2EZ
Tel:07966904555 Email: ajamudavis@hotmail.com
If I move from my area I should not have to move my lifelong family doctor, who over the years has come to know me and my family.

Drop in sessions that deal with women’s health. “Sometimes I feel like I could do with someone professional to talk to about issues that I feel doctors would not have the time to address”. 
Question 2

Localised 24 hour phone help lines.

More black health workers who will understand my point of view

More support groups for black people with mental health and other social health problems

More local advice services within the black community

Decentralise main stream services, making them available in the community

More black nurses and other health worker in the community

Wider range of accessible services within the community and to be made aware of these by doctors

More monitoring of black children’s to pick up on needs earlier

Simplify information for people with learning difficulties

Advertise services in community centres and at schools

More home help, from other black workers.

Question 3

We want support and help from firstly the black community; I want help in a manner that I can culturally understand. Community Centres, youth groups, schools, Saturday schools, etc

I would drop in centres in the community that I can access throughout the day

A 24 hour helps line

Walk in advice centres which are manned by black staff

More leaflets, posters, booklets on health etc in my local community - ensure that they will accessible to black people.

Ajamu Summary

This session was attended by people between 19 years and 30 year of age, predominantly females with children.
The overall consensus was that they felt estranged from the health service and that it had little or no understanding of how black people felt or what their needs were.

Most felt that the complaint procedures had no teeth, so to complain would only get you moved to a doctor outside of your area.

All attendee stated that they needed more information about diet and traditional foods.

There was also a general consensus that their needed to be more education for black children around health issues that extended beyond STI information into those illnesses that disproportionately affect black people.

A constant theme was the need for more black practitioners and more local services with black practitioners on the frontline.
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: 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)

<p>| | |</p>
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<td></td>
</tr>
</tbody>
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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

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

Priority 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 providing jobs and skills advice), children’s centres and other locations

The group felt that the focus for health and social care promotion needs to be targeted towards areas of deprivation. The aim should be to empower individuals and raise awareness of how to access services, including sexual health services, healthy lifestyles and smoking cessation. There was also a consensus that services need to be responsive and attractive to men in particular younger men to encourage their engagement. Services need to have flexibility in order to be responsive to different individual circumstances. The benefits of this would mean a healthier population. There was general consensus that “community spirit” needed to be encouraged, through initiatives such as holding coffee mornings, and that parenting skills need to be developed.

Priority 2 Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

The group recognised that they were representative of an ageing population, and of the importance of the need to remain independent and active for longer. They felt it very important that health and social care emphasise the importance of well-being.

Priority 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

The group felt that one of the biggest aids to provide people with information and support would be a local directory that incorporated information about health, social and voluntary sector services, and details of contact points such as the Patient Advice and Liaison Service. An area discussed was around the important role played by parents in providing information to their children. However it was recognised that children need to be more informed about causes of ill health through continued and increased activity within the school environment ie Healthy Schools initiative.
Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?

The group generated an additional option:

**Use of media to promote healthy lifestyle.** Once this option was introduced into the voting system it was voted by the group as their highest priority.

The group felt that the media is a powerful tool especially for children and young adults and that the NHS should look to include references to healthy eating, healthy lifestyles within various television programmes including soaps, dramas and entertainment programmes. The media has a significant influence on choices made around image, food, clothing, lifestyles and health.
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:

<table>
<thead>
<tr>
<th>Priority 1</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The group felt that the provision of easily accessible Walk-In Centres within main centres of population would give people increased choice about how they access healthcare. It would enable choice, give access when at work, provide access early morning, lunchtime and week-ends. They felt that there needed to be an appropriate skill-mix within the Walk-In Centre and that other advice should also be available including advice on drugs and sexual health. They also felt that this would address the monopoly of the GP registration system.</td>
</tr>
</tbody>
</table>

| Priority 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 |

<table>
<thead>
<tr>
<th>Priority 3</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The group considered flexibility and choice pivotal to future delivery of services and reiterated their views about provision of Walk-In Centres. Flexibility of access to services was felt to be very important, especially for people who do not have transport, who work away from home, or have irregular shift patterns.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority 3</th>
<th>Two discussion options received the same number of votes.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use (included in the discussion points above)</td>
</tr>
<tr>
<td></td>
<td>Allowing people to choose how to receive services at the end of life and to die where they want with dignity</td>
</tr>
<tr>
<td></td>
<td>In relation to the issue of allowing people to choose how to receive services at the end of life, there were very strong feelings that people should be allowed to die at home if they wished and choose how much support they require at home, ie hospice at home scheme. Support for the carer of the person is important if the person does return home, and there needs to be discussion about the equipment and other support aids that may be required to support the person at home, and whether the carer should be the person expected to take responsibility for this.</td>
</tr>
</tbody>
</table>
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?

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

The group generated a discussion about this policy option in particular regarding improving access to universal services for black and minority ethnic communities. The group agreed that black and minority ethnic communities should be supported to access services, which should recognise cultural and religious differences. Provision of information and education sessions on health and social care services would be one way of facilitating the process.

The Group felt that the Patient Advice and Liaison Service and County Contact were ideal services to help people find services, but that they needed to be available within local communities, and that a directory be developed within each locality identifying services provided by health, social care and the community and voluntary sectors. This should be available in a variety of formats and languages appropriate to the local population.
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:

This question was not discussed at the event held.
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 applicable
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 (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?

Not discussed during event held
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

Eleven

B. What sort of listening exercise was it?

(Please tick one box only)

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

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

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

<table>
<thead>
<tr>
<th>Type of Participants</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>1</td>
</tr>
<tr>
<td>Members of the public who are involved with health and social care services e.g. PPI forum members</td>
<td>8</td>
</tr>
<tr>
<td>Paid staff from your organisation</td>
<td></td>
</tr>
<tr>
<td>Voluntary staff from your organisation</td>
<td></td>
</tr>
<tr>
<td>Other (record below)</td>
<td>2</td>
</tr>
</tbody>
</table>

A number of participants were members of various groups including National Institute for Mental Health, NICE., Emphasis, Ashfield and Mansfield District PCTs Public Focus Committee, Ashfield Links Forum, Ashfield Strategic Partnership, Registered Associate of the Healthcare Commission, Member of Health Partnership Group, Community Development Group, Young Children Partnership Group, Sure Start Member
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>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td>0</td>
</tr>
<tr>
<td>Older people</td>
<td>10</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td>0</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>2</td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td>0</td>
</tr>
<tr>
<td>Smokers</td>
<td>1</td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td>1</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>Prisoners</td>
<td>0</td>
</tr>
<tr>
<td>Black and minority ethnic groups (GO TO QE)</td>
<td>0</td>
</tr>
<tr>
<td>Travellers</td>
<td>0</td>
</tr>
<tr>
<td>Homeless people</td>
<td>0</td>
</tr>
<tr>
<td>People with mental health problems</td>
<td>3</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>1</td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td>0</td>
</tr>
<tr>
<td>Asylum seekers</td>
<td>0</td>
</tr>
<tr>
<td>People with long term conditions</td>
<td>4</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>2</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>2</td>
</tr>
</tbody>
</table>
Churches together, interfaith to promote unity
Women Age 40

Please Note: The group acknowledged that they were representative of the ageing population but within the data capture form indicated they were representative of other sectors of the community as indicated above.

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>Ethnicity</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>White British</td>
<td>7</td>
</tr>
<tr>
<td>White Irish</td>
<td>1</td>
</tr>
<tr>
<td>Any other white background</td>
<td>1</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td>0</td>
</tr>
<tr>
<td>White and Black African</td>
<td>0</td>
</tr>
<tr>
<td>White and Asian</td>
<td>0</td>
</tr>
<tr>
<td>Any other mixed background</td>
<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>
</tbody>
</table>

2 group members did not respond to the question about ethnicity.
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)

[ ] Patient/Public Group facilitated by local PCT staff

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

NAME OF ORGANISATION

Ashfield and Mansfield District Primary Care Trusts

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 and electronic copy
EMAIL julie.andrews@mansfield-pct.nhs.uk
ADDRESS: Ashfield and Mansfield District PCTs
Ransom Hall, Southwell Road West
Rainworth, Mansfield
Notts
NG21 OER
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)

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Please note the feedback form is in three parts:

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- 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.

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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: 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>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>We all will need it at some point.</td>
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<td>2</td>
<td></td>
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<tr>
<td>3</td>
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<td>4</td>
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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

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 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)

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

2. 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

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

5. 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:

Walk in centres were felt to be a positive development.

Pharmacists should be located in GP practices and have longer opening times. It should be made easier to get repeat prescriptions.

Transport (free or subsidised) to and from GP practices should be readily available to people who have mobility problems.
Services from GPs should all meet the standards of the best, currently services are patchy (postcode lottery).

If services are moved into GP practices will this increase the delay in getting to see a specialist as people will need to go through more stages before a referral is made? Will GPs prefer to provide in-house services even if they don’t have the expertise?

People have more confidence in specialist services than practice based services.

End of life care should promote choice and control. Schemes where people choose not to receive treatment or resuscitation should be more widely discussed.

Social care and family support can be as important as health care, care at home should be better supported.

More hospice care should be available to people with dementia and other difficult to manage disorders.
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)

1. Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes.
2. Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments.
3. Providing people with better information about what NHS, local authority and social care services are on offer

None of the above
Don't know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Services not evenly distributed across the country. Rural areas have less services available that cities so coordination and joint working very important.

Assessment processes still not joined up properly. Still confusing for many people.

District council support for the adaptation of properties (e.g. ramps) is not always available within acceptable timescales. Better coordination between social care and housing needed and wider availability of grants and equipment.
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?

Single point of access, one stop shop for community care services to include housing.
Q8. Looking across all the options we have asked about what are the top five priorities for the people at the listening exercises you ran? (Please write 1, 2, 3, 4, 5 in the boxes)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Write in below

<p>| | |</p>
<table>
<thead>
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<td>8</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)


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 8
- 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 0
<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>Older people</td>
<td>7</td>
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<tr>
<td>Pregnant women (and their partners)</td>
<td>0</td>
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<tr>
<td>Socially disadvantaged people</td>
<td>0</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>
<td>0</td>
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<tr>
<td>Substance misusers</td>
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<tr>
<td>Disabled people</td>
<td>3</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>
</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>4</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>0</td>
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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

8
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)

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

**NAME OF ORGANISATION**

| Durham County Council, Social Care & Health |

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

<table>
<thead>
<tr>
<th>EMAIL</th>
<th><a href="mailto:jez.ashdown@durham.gov.uk">jez.ashdown@durham.gov.uk</a></th>
</tr>
</thead>
</table>
| ADDRESS: | }
4 November 2005

Dear Colleague

Your Health, Your Care, Your Say – Outcome of Local Listening Exercise

Attached to this letter is a Feedback Form for our Local Listening Exercise organised jointly by Brent Teaching Primary Care Trust and Brent Council Adult and Social Care Department. This took place on Wednesday, 19 October 2005.

In addition to this listening event, 15 copies of the questionnaires were sent to the following groups for completion and direct posting to yourselves:

- Cricklewood Homeless Concern
- Diabetes Patient Education Group
- Young People
- Sure Start Parents
- Brent Refugee Forum
- Brent Pensioners Forum
- Brent Association of Disabled People
- CHD User Group
- Offenders
- Substance Misusers
- Expert Patients
- Brent Irish Advisory Group
- Brent User Group (Mental Health)
- Brent Carers Centre

Yours sincerely

Judith Lockhart
Head of User & Community Involvement
Brent Teaching Primary Care Trust.
A listening event organised jointly by the Brent Teaching Primary Care Trust and Brent Council Adults and Social Care Department to coincide with the national listening events took place on Wednesday 19 October 2005 at Bridge Park Centre, Harrow Road Wembley. This template is completed following discussions at the event and represents the views of participant at the event. A list of participants is attached at the end of the document.
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)

Brent Teaching Primary Care Trust and Brent Council Adults and Social Care Department

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)

1
2
3

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

Three facilitators looked at the questions asked in three workshops. These were discussed in a feedback session. The participants at the listening event did not comment on what 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 Prevention – starting on earlier
2 Information - awareness of health issues
3 Services – quality of services provided

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

People at the listening event were concerned that prevention is not at the heart of health and social care services. They indicated that the services provided were high level and responded to acute care. In the same vein, they said information on health and social care was not widely available. They felt that better information will raise awareness of health issues and signpost people to appropriate treatment. On the whole, people thought that the quality of health and social care services was low. They were critical of some health professionals and the little time spent with patients (maximum – ten minutes) and the referral routes which tended to be unnecessarily delayed by bureaucracy.
What other issues did people mention? Please record any personal stories here if possible

People talked about the multicultural nature of our community and expressed worries that cultural issues were not being taken into consideration within health and social care services.
The range of services provided at the lower level including advocacy were lacking in most communities and they expressed the need to provide advocacy services for BME, people with disabilities and other hard-to-engage groups.
The failure to provide integrated services was raised for example sexually transmitted diseases including HIV/AIDS which could be better treated in integrated settings rather than special units coping with the associated stigmas.
People said they wanted training and development to raise cultural sensitivity among professionals and organisations.

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

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

People thought that options 1 and 3 were similar and address their basis concerns on both health and social care issues. They gave priority to and tended to concentrate more on health than social care.

People felt that priority should be given to prevention, awareness raising especially at an early age and training for all professionals to provide such support. Education will be at the core of health and social care for this to be realised.

People also thought that information should be provided to new comers – for example refugees and immigrants on health and social care issues.

They felt that part of option 2 was happening already but that this needed to be expanded. There was the need for continued support and training to realise this option.

There are a range of settings which should be targeted (such as schools, children’s centres, commercial places, libraries, healthy living centres, primary care clinics – walks-in) to provide information on health and social care issues.

People were of the view that integrated services providing a range of services under one roof will help alleviate the shortcomings depicted in present services that do not provide holistic services. People advocated for community care centres which provide such holistic approaches to service delivery, multi-disciplinary teams and multiple approaches to therapy.

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

In addition to the above, people thought that the government needed to provide a range of community based services which will cater for the communities’ needs and treat low level cases to free-up spaces in hospitals for more critical cases.

People thought that such community services including existing ones should initiate on-going programmes which promote good health and healthy eating.
They highlighted the need for creating a tier of health and social care professionals between doctors and nurses “Para-medics” who will be entrusted with preventative work, knowledgeable and trusted to work with low-level cases.

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

| People would like the government to include community involvement/parenting programmes to tackle the wider issues of health and social care. |
| Use the media to enhance health and social care issues such as direct payments |
| Localise check-ups, routine outreach, and proactive programmes. |
| Encourage Community based organisations to take-up health and social care advocacy concerns to their communities. |
| Utilize a holistic approach to health and social care. |
| Educate the public on the long term consequences of health care. |
| Better utilise resources to achieve the health and social care agenda. |
| Provide seamless services and affordable healthy options at affordable prices for example access to gyms and sports facilities, fruits and vegetable. |
| Implement single assessments and better information systems to hold patient records. |

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:

People thought that effective communication between services and greater consistency throughout the process of treatment will enable integrated social care and health services.

It was also evident from the discussions that people did not understand the processes and stages within health and social care services. They thought that greater information will enable them to make decisions on their health. They also felt that better management of the areas of interface will enhance quality and choice of services.

People thought that for long, the role of carers and the support that is available to them has been undervalued. They wished for a central carers’ organisation which manages and coordinates support for carers.

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

In addition to the above, people thought that the government needed to involve the voluntary sector in order to provide joined-up holistic service and that a fundamental flaw in the issues above was the non-recognition of the role of the voluntary sector in service provision.

As well as involving voluntary organisations, community and faith based groups would make a powerful vehicle for disseminating information, tackling the root causes of ill-health and acting as providers in many instances to their communities. The role of voluntary, community and faith organisations should be incorporated in health and social care – for example, they could become training organisations on cultural issues.
Q7. What else would people like the Government to do to help people manage their care and make decisions?

People said that the government needed to involve people more in the policy and planning of health and social care.
People thought that the tone of the consultation was too statutory and required the views of voluntary and private organisations.
People said that information was crucial to the decisions they make regarding their health and social care.
Quality of services was also mentioned as a priority for people.

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. 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.

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. 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

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.

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:

| Participants at the listening event were clear that GPs were the first health professional they would contact if they had any issues regarding their health. However, they thought that surgeries could provide more services which will cater for the basic health care issues of the community. They said that GPs did not have enough time to deal with patients and wished that a community based organisation that could provide diagnosis will ensure that GPs only see people with critical conditions requiring expert attention. One participant stated that we need to “break the pill culture” People thought that the opening hours of GP surgeries and other health institutions was important and called for an even spread of the opening times and availability of professionals to administer services. This was critical for people who work full time during the day and found it difficult to access some of the community services in their locality. They said that services did not always cater for the community’s needs. |

| 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? |

| People thought that the government needed to elaborate plans on emergency situations which occurred outside operating hours. People thought that there was a lack of advocacy/outreach services led by and for the community. This will ensure that: - A breed of health and social care professional (“Para-medics”) in-between doctors and nurses should be developed to provide services ranging from prevention to emergencies. - Health centres should be open 24 hours to reduce hospital attendance. - Restrictions for registration with GPs should be looked at to facilitate access. |
- The government should create links with work places and encourage the concept of resident GPs for workers.
- More walk-in clinics should be developed to redress the issue of making appointments and bookings to see professionals.

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

People at the listening event said they will like to see:
- Better communication between GPs and the population.
Better use of existing resources including incorporating public education on the health and social care agenda.
The use of interpretation facilities to reach minorities and promote culturally sensitive services.
Avoid duplication of services.
The needs of people with special needs/illness including young people need to be considered.
Promote Integration of services rather than fragmented and specialist services.
For people who are temporarily out of their community, to be able to access services and in other cases, access out-of-borough services if they wish to exercise this choice.
Create an umbrella organisation which will pull together community and voluntary groups working in the health and social care sector to support the work of statutory organisations.
Provide better information
Undertake a strategic needs and market research of the community to determine the gaps in services.
Ensure greater access to provision by targeting schools and community institutions to promote better health and social care.

MAKING HEALTH AND SOCIAL CARE BETTER FOR EVERYONE

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?

People at the listening event wished for community centres and GP surgeries to be operational 24 hours. They acknowledged that people in the community work different hours and needed to visit facilities at different times. An even spread of opening times will mean that availability and access will be improved.

People felt that health and social care institution were not working together enough to deliver efficient health and social care to the community. They felt that increased liaison between professionals and optimum use of other professionals will remedy the situation.

The issue of choice was also mentioned in relation to this option. People felt that in order to exercise choice, all professionals should be armed to provide health and social care services to the community. They felt that some training will be required and that services should be operated in an integrated way.

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.

The three key issues that work less well identified during the listening event were prevention, information and quality of services provided.

People felt that enough was not being done around prevention due to inflexibility in opening hours, training and development, providing adequate information and
promoting awareness. This resulted in an influx in hospitals for issues that could be identified and treated earlier.

People had limited information to inform health and social care issues due to reliance on GPs only, when other professional could be delivering this option in an integrated way. Overall, people thought that the quality of services provided would be improved by ensuring that all health professional contribute and work jointly to delivery better services.

The above option also addresses issues of choice, availability of services, help and support to older and disabled people which were the three key elements that people thought worked well.

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?

People at the listening event thought that the department of health should:
- clarify the roles of professional
- provide integrated, jointed up services
- improve the use and location of services to communities
- create an umbrella organisation for the voluntary sector working within the health and social care field to delivery for example information and prevention.
- Open prevention centres within community locations to improve access to low level services.
- Integrated services
- Use faith and community based organisations to educate the community.
- improve training to achieve a highly knowledgeable workforce in both statutory and voluntary organisations and the community. This would be a two tier programme which aims to meet the needs of all.
- create a tier of professional “Para-medics” to administer the prevention agenda and deal with non-serious cases.

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

24
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)

See attached list of participants

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

- Children and young people
- Older people
- Pregnant women (and their partners)
- Socially disadvantaged people
- Disadvantaged children
- Smokers
- Excessive drinkers
- Obese people
- Substance misusers
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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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<td>Other (record below)</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.
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)

H If you work with specific ethnic groups, which of these groupings do you represent or work with?
I. If you are a regional or organisation, please tick the box below for the region you mainly work in

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<td>South East</td>
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J. What is the name of your organisation?

**Brent Primary Care Trust and Brent Council Adults and Social Care Department**

K. What type of organisation are you responding as?

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

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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:

Judith.lockhart@brentpct.nhs.uk
Edwin.ambe@brent.gov.uk
## ‘Your Say’ Consultation Event – 2005

### List of Participants

<table>
<thead>
<tr>
<th>1st Name</th>
<th>2nd Name</th>
<th>Organisation</th>
<th>Address 1</th>
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<tr>
<td>Findos</td>
<td>Khan</td>
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<td>Andy</td>
<td>Brown</td>
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Comments and key themes taken from ‘Never Too Old’ a consultation document used to develop a multi-agency older peoples strategy 2005-2010.

Q1. How can people look after themselves? How can we help you to take care of yourself and support you and your family in your daily lives?

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

“Anyone who faces care needs should be given a clear idea as to what is available”

“If I do need help I have no idea how or where to get help or what is available”

“Available information should be centralised into one outlet”

“Correct timing of information is essential”

“Transport has to be an issue if you want people to stay in their homes in rural area”

“Many older people are in awe of ‘professionals’ and uncertain of their rights in medical matters, it would be helpful if there was a service to which people could turn to for advice”

“Good food costs money and leisure activities attract fees which very often the Pensioner has not got available”

“Elderly persons know all about healthy eating but often feel they cannot afford such food”

“ For many older folk, less mobile, transport to various activities is a major problem”

On staying healthy “I think it is most essential that the elderly know help and advice is there for the asking”

“Advice if not acted upon is useless”

“Leisure activities need to be suitable for frailer people, not just the competent”
“Most elderly people are aware about exercise and healthy eating but unless there is a bus to take them shopping and do social activities they just don't do anything about these issues”

“Activities available to older people can be too costly for some people to take advantage of, especially if they have the added expense of travelling there and back”

“Leisure activities need to be suitable for frailer people, not just the competent”

1(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.

“Outreach support from health professionals with a view to building up informal (but regular) relationships with community based groups”

“For people over the age of 80 there should be a monthly home visit from either a doctor or nurse”

“It is personal contact that is effective with the elderly and disabled”

1(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 (e.g. providing jobs and skills advice), children’s centres and other locations.

“Try to look deeper into what and who we were, not just the person we are today”

“More time is needed to listen, to understand, to care”

“We have a larger population of elderly people who want to stay in the community”

“Particularly in rural areas some reliable financial support and encouragement should be given to community based groups”

“more on-stop shops around the district for people to pop in”
1 (d) Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer.

“Now that ‘the elderly range from 50 years to 100 plus, there are several stages of ‘independence’ “

“Adaptations for the home to enable carers to care much better and avoid stress to their own health”

“ There is a lack of recognition of carers looking after older people in their own homes”

“An understanding of the contrasting needs of carers by service providers”

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

2 (a) Providing convenient services which fit around peoples lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services

“Continued support with social services and health services working together”

“The services should fit the need not the other way round as at present”

2 (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 where you live.

“Services should meet the needs the client wants met!!”

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

2 (d) Allowing people to choose how to receive services at the end of life and to die where they want with dignity

“We have a larger population of elderly people who want to stay in the community, not go into Residential homes”

“The recent development of remote control facilities could help maintain the independence of many housebound and physically disabled”
2(e) Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

“Ensure people are considered as people and that their intelligence is not belittled”

“Of course older people should be ‘involved’ in decisions. As often and as long as possible- the right of decision is theirs!”

Question 3: How can we help you get the right services and make sure your care and support is properly joined-up

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.

“ Not enough help is given when someone is discharged from hospital, the help should be there on the day”

“very few choices available for elderly people with dementia and living at home”

“An advocacy service would be helpful those less capable of helping themselves”

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

“An advocacy service would be helpful for those less capable of helping themselves.”

“older people often have difficulty in explaining what they need”

“Not only information about services or activities and how to access them but also how to become involved, as individuals have amassed different skills”

“it is personal contact that is effective with the elderly and disabled2

“Do I want more information? No I want more HELP!”

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

Submitted by Lisa Barker PALS Coordinator Selby and York Primary Care Trust. 37 Monkgate, York YO31 7PB Tel 01904 724123
At Saffron Walden Community Hospital we had 10 visitors to the bus and they gave valuable feedback and filled out questionnaires. We also entered the Outpatients department and discussed the listening exercise to some patients (some of whom also filled in questionnaires). Representatives from Essex Ambulance Trust and Essex County Council helped out.

Due to the relatively low numbers of visitors arriving at different times we were unable to hold a focus group and so encouraged our visitors to fill in the questionnaires and talked the questions through with our partially sighted and elderly visitors who found the questionnaires difficult to fill in themselves.

The main themes that emerged from the 15 questionnaires we received were that:

- The majority of people would like a routine physical examination and advice on keeping healthy
- The majority of people wanted more flexible GP opening hours particularly Saturday morning and late evenings and to be able to see their GP within 24 hours.
- More information to enable patients to have greater input into their treatment is important
- Most people would like information about keeping fit and healthy on a face to face basis or via leaflet, least preferred option was telephone.

The most important issues that people wished to raise (almost unanimously) were:

- No longer able to access GP surgery on a Saturday morning
- Social services and the NHS need to work more closely together particularly regarding elderly care (care packages etc)
- Importance of keeping “our” local hospital and not losing our local touch during the current Commissioning a Patient Led NHS consultation
- Improved public transport to health services (Uttlesford is a rural location with poor public transport links)
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)

Poole Primary Care Trust – Carers of people with learning disabilities.

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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<tbody>
<tr>
<td>1</td>
<td>Treated with dignity, respect &amp; understanding by health and social care professionals – a named person for continuity which enables greater confidence in the system</td>
</tr>
<tr>
<td>2</td>
<td>NHS Direct</td>
</tr>
<tr>
<td>3</td>
<td>Walk-in Centres for less acute medical needs than A&amp;E</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

1. “Once you are known by the system, it seems that everything is triggered regarding your needs/situation and those of your son/daughter”
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>
<tbody>
<tr>
<td>1</td>
<td>Access to community services for health and social care should not be governed by so many boundaries or provision</td>
</tr>
<tr>
<td>2</td>
<td>Access to information and screening</td>
</tr>
<tr>
<td>3</td>
<td>Long term consequences of drugs – need to be updated on changes or treatment.</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

1. This makes it difficult for families and carers of children and adults with learning disabilities, e.g. if special equipment is needed for an individual through their education or as they develop – this should flow them as they leave children’s services to adult provision without the need for new funding to be sought. There are often disputes between Health and Local Authority re funding responsibilities at this time that not only impinges on the individual but inevitably on the family. There should be more local agreements regarding joint funding between Local Authorities and Health as often the boundaries of responsibility can become blurred.

2. People with learning disabilities often miss out on routine screening/health promotion as they are not aware of the lifestyle risks to their own health, and therefore will not seek out advice/help.

3. A health review would be useful in revising long-term drug management/ensure screening accesses appropriately. This preventative approach should then reduce the occurrence of emergency intervention and alert individuals and their carers to lifestyle/health risks. Probably a little more specific than a mainstream well women/man clinic.

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

Health information to be displayed within major supermarkets.

Concerns from carers regarding people with learning disabilities moving into supported living accommodation. They feel there should be planned approach to change or lifestyle re healthy eating/balanced diet/exercise/poor lifestyle: increased health risks.

Need for period of planned support/convalescence following admission for surgery (person with learning disability) to assist with recovery. There is often an assumption that they can return home and return to normal routine as quickly as others. Carers experience has identified the recognition there is often slower recovery. Concern also expressed that this is a time that seriously affects carers and their needs should be considered too.

The system relies on families/friends to provide the care. There should always be recognition that regular, planned short term breaks from caring are vital.
The complaints system has become so fragmented. There should be one point of contact to forward concerns to. In one carer’s experience she was sent replies that increased the number of directions she had to go in and ended up feeling it had become very complicated. She felt that such results can lead people to feeling apprehensive about using services.

The use of Direct Payments – the ‘market place’ for people to access alternative care/support services is still limited and can be difficult to access. People need confidence in using independent/voluntary provision as there are always the concerns about monitoring/quality/continuity etc. Direct Payments need to be established with consideration given to the possibilities of emergencies arising where outside support will be required.
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 is TOP PRIORITY]

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
People with learning disabilities often miss out on routine screening/health promotion as they are not aware of the lifestyle risks to their own health, and therefore will not seek out advice/help.

A health review would be useful in revising long-term drug management/ensure screening accesses appropriately. This preventative approach should then reduce the occurrence of emergency intervention and alert individuals and their carers to lifestyle/health risks. Probably a little more specific than a mainstream well women/man clinic.
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)

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:

With services not 'joined up', this makes it difficult for families and carers of children and adults with learning disabilities, e.g. if special equipment is needed for an individual through their education or as they develop – this should flow them as they leave children's services to adult provision without the need for new funding to be sought. There are often disputes between Health and Local Authority re funding responsibilities at this time that not only impinges on the individual but inevitably on the family. There should be more local agreements regarding joint funding between Local Authorities and Health as often the boundaries of responsibility can become blurred.
There is a need for period of planned support/convalescence following admission for surgery (person with learning disability) to assist with recovery. There is often an assumption that they can return home and return to normal routine as quickly as others. Carers experience has identified the recognition there is often slower recovery. Concern also expressed that this is a time that seriously affects carers and their needs should be considered too.

The system relies on families/friends to provide the care. There should always be recognition that regular, planned short term breaks from caring are vital.
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. | 1 |
| 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 |  |
The number of people with learning disabilities coming into adult services who have physiotherapy needs is increasing to 60% of those eligible for adult services. At present 60% of the caseload for Poole consists of clients with ongoing multiple pathologies which need a lot of time from the service to maintain them. The consequence of this not being achieved is that their bodies become more deformed with consequent increase in problems with seating, pain, infection and the like which in turn present more challenges to their daily care needs and overall costs to the services.

As the population ages there will be more need for physiotherapy interventions to enable clients to maintain their placements in supported living units. The number of community client referrals has increased as they have begun to live more independent lives and have therefore encountered different problems which were not before apparent due to the less challenging lifestyles they led. This has resulted in a marked increase in the number of referrals for physiotherapy assessment and treatment. At present less than 30% of the clients needing physio can be treated within the limits of the staffing.
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

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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)

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

- 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>
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</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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<td>Disadvantaged children</td>
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<td>Smokers</td>
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<td>Substance misusers</td>
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<td>Disabled people</td>
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<td>People in prison</td>
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<td>Travellers</td>
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<td>People with long term conditions</td>
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<td>People with caring responsibilities</td>
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<td>Do not deal with specific sectors of the community</td>
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<tr>
<td>Other (record below)</td>
<td></td>
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</tbody>
</table>
If you work with specific ethnic groups, which of these groupings do you represent or work with?

<table>
<thead>
<tr>
<th>Ethic Group</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
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<tr>
<td>White Irish</td>
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<td>Any other white background</td>
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<td>White and Black Caribbean</td>
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<td>White and Black African</td>
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<td>White and Asian</td>
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<tr>
<td>Any other mixed background</td>
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<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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<td>Do not deal with specific ethnic groups</td>
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<td>Other (record below)</td>
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I. If you are a regional organisation, please tick the box below for the region you mainly work in

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

Poole Primary Care Trust

K. What type of organisation are you responding as?

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

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

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

Janice.Beaven@poolepct.nhs.uk
Public Health Programmes Manager, Poole Primary Care Trust
YOUR HEALTH, YOUR CARE, YOUR SAY
FEEDBACK FORM FOR LOCAL LISTENING EXERCISES
Thank you for your help with your health, your care, your say.

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

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

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

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

Please note the feedback form is in three parts:

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

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

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

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

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

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

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

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

(Record below in priority order)

<p>| | |</p>
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<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

Record below why people thought these worked well:

[Blank space for recording reasons]
What were the three key elements of community health and social care services that people thought worked less well? (RECORD BELOW IN PRIORITY ORDER)

1
2
3

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

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

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

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

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

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

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

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

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

None of the above

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

Respondents wanted to be able to make their own choices and wanted more information to do this.

Advice on healthy lifestyles was getting through as large percentage of respondents had got the message about health eating, dangers of smoking, alcohol and drugs.

Some young people favoured a more directive approach by shaming individuals who ignore health related advice.

A small number of young people in the older group resented government interference in use of cannabis.
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 – but need the government to ensure there is an integrated system between, health, education, youth services the media etc to enable young people to access young people friendly information.

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

Reduce the cost of transport and leisure

Ensure young people can have access to a Gp or health professional they can feel comfortable with.

Use more role models/TV Personalities/Celebrities to get the message across.
We want people to be able to use and find their way through health and social care services more easily. We also want these services to be ‘joined up’, even if several people or organisations are providing them.

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

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

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

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

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

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

Please summarise why people selected these priorities:

Want a “Self Assessment” tool to help with knowing if you have mental health problems you should get help with.
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?

More use of internet and e mail
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:

Young people wanted access to a confidential advisor who was sympathetic and had good skills to work with young people.

Young people happy to take steps themselves to access services if these were in places like:

Schools
Libraries
Doctors
Youth Clubs
Drop In Centres
Kids agencies
Internet
Post Office
Helpline
Connexions
Sympathetic Listener
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- young people happy to play their part in accessing services if they are young person friendly

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

Ensure young people personally written to and not to their parents

Let theatre companies into schools more to get across health messages.

Under 18s slots in Gyms and making it more fun
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?

Young peoples group who were very focussed on access to information and young people friendly services

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.

Generally appear to address the things that work less well such as young people feeling uncomfortable to speak to GP and wanting to access services in a variety of locations
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?

Young people want lots of detail so that they can make informed choices.

Young people want more support with emotional and mental health problems.
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

Six Hundred and eighty 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)

Consultation questions included in a Questionnaire called” How could you make life better for teenagers”

YES

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

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

- Members of the general public (i.e. with no specialist interest in health and social care) 684
- Members of the public who are involved with health and social care services e.g. PPI forum members
- Paid staff from your organisation
- Voluntary staff from your organisation
- Other (record below)
D. Please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td>684</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>
</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>
E. Of the people that took part in your listening exercise, can you please tell us how many were from each of the ethnic groups listed below

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td></td>
</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>
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<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>
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</tbody>
</table>

Not Known

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>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPI forum or other patient group</td>
<td></td>
</tr>
<tr>
<td>Community-based NHS services</td>
<td>Yes</td>
</tr>
<tr>
<td>Local authority social care services</td>
<td>Yes</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>
</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
- 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>
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<tbody>
<tr>
<td>North East</td>
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<tr>
<td>North West</td>
<td></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>
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<tr>
<td>East of England</td>
<td></td>
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<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?

Poole Primary Care Trust

K. What type of organisation are you responding as?

<table>
<thead>
<tr>
<th>Organisation Type</th>
<th>Yes</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>
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</tbody>
</table>
L. Would like to be listed as a contributor to the consultation?

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<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<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:

Janice Beaven  
Public Health Programmes Manager  
Poole PCT  
Westover House  
West Quay Road  
Poole BH15 1JF  
Dorset  

Janice.beaven@poolepct.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 [x]
- A national organisation or group
- Other (record details below)

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

Please note the feedback form is in three parts:

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

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

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

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

*Tick one box only*  

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

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

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

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

(RECORD BELOW IN PRIORITY ORDER)

<table>
<thead>
<tr>
<th></th>
<th>Information from Pharmacists on medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>NHS Direct, but needs more publicity</td>
</tr>
<tr>
<td>3</td>
<td>Out of Hours service</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

Pharmacists can answer a log of questions, without going to a GP

NHS Direct good, but needs more publicity on what it can provide for people locally.

Out of Hours service good, but many people were unaware of it. Suspicion that it takes too long and 999 is preferred.
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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<table>
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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>No regular check ups</td>
</tr>
<tr>
<td>2</td>
<td>Easy access to information on all services</td>
</tr>
<tr>
<td>3</td>
<td>Care at home</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

More regular checks needed on medication. Also annual health check needed, but needs to be thorough.

No discipline over GP drug prescribing – over prescribing. “Could save one third of drug budget if monitored”.

Too many places for people to go for information – people passed from person to person, telephone to telephone. One stop shop needed for up-to-date service information with contact names, with person following through from initial enquiry to end.

Care at home unreliable, with no continuity of carers.

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

More time needed with GPs
Chiropody services not consistent Dorset wide
Lack of NHS dental care
Transport needed to join leisure activities
Drugs approved by NICE not funded – postcode prescribing
Free re-direction helpline needed from a national call centre linked to social support after 5.30 p.m.
Uncoordinated services between social services and Age Concern

“If you have savings, you get no help”

“Ex-carers, after bereavement, get no help and are left in limbo.”

“More community/cottage hospitals/convalescence homes please”.

“What happened to sheltered housing/Independent Living? These are becoming more like residential homes”.

“Realistic funding for elderly long term care as recommended by Royal Commission 2004 and abided by in Wales and Scotland. Discrimination by English Government”.

“Lifeline takes too long to answer so call 999”.

"Ex-carers, after bereavement, get no help and are left in limbo."
More specialist hospital wards needed to deal with people with Dementia.

Earlier diagnosis for people with Dementia – regular checks would evidence.

“Bring back convalescent homes to avoid bed blocking”.

“ No more means testing”.

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 is TOP PRIORITY]

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

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

There was overwhelming support for well persons’ clinics offering regular, THOROUGH, checkups for ALL ages. Participants also expressed the need for mobile ‘clinics’ so that older people in the more isolated and rural areas could be reached.

There was also a majority view that there needs to be easier access to information – one phone number for all health issues “answered by a human being!”. Access to information needs a prompt response and one person to see the enquiry through to the end. The suggestion for a simple directory held at reception desks at GP surgeries and also given out with the Council Tax bills so that it reaches every household. Supermarkets, PALS, Help and Care, should also be considered as a one-stop information point.

The third majority view was on advice to be given on good diet, affordable food, exercise, cleanliness, self-worth, and activities for both mental and physical problems. Health Clubs should offer subsidy for older people. Churches could offer more community involvement. More nutritional advice for and from ‘Meals on Wheels’.
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.

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

2

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

None of the above

Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

The main message is that care at home should be based on need, not ‘wants’. There should be a choice in what care is provided and more continuity of care from domiciliary staff, ie. same person, not different people. More respite is needed.

Workshop groups came out with similar messages:
GP Surgeries and/or Pharmacies to know more about other services on offer, e.g. ‘Help and Care’, voluntary support. Many patients do not know about support and need more information. A guide on options for support should be provided and given to every patient.

Participants felt that there needs to be better coordination between services on discharge from hospital. Ancillary services need to be at GP surgery – for disabled people these services need to be provided in the home.

There should be a Case Worker “for all our needs, either as a couple or on our own”.

There needs to be a fairer distribution of Winter fuel payments. Options included direct payment by the Government to Gas/Electricity – older people can get discounts on bills, rather than lump sum which is often spent on Christmas presents! Payment should be in the Spring, so that older people can plan for the Winter months.
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)

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.

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.

5. 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)

6. None of the above

7. Don't know
The main messages were around care in the home:
Time of carers’ visits needs to be more reliable with an exact time given. More flexible home help is needed – both cleaning, handyman tasks, gardening. Carers need to have time to talk and to listen. Faster adaptations needed in the home; lifeline response system needs to be more rapid.

There needs to be awareness of ‘ex-carer’s needs’, i.e. for a long-term carer who has been bereaved “everything stops – nobody visits any more. The carer’s needs are forgotten in an instant”
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?

There were three clear messages from this consultation:
* The need for regular check ups, and advice on how to keep healthy
* Appropriate and timely care in the home based on need
* One stop information points/help desk for all services – manned by person, not answerphone, with service information/contacts kept up-to-date. Simple directory of services needed, explaining what each service does.

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.

The above points would address the things that work less well, and maintain and support the things that work reasonably 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?

There were three clear messages from this consultation:

* The need for regular check ups, and advice on how to keep healthy
* Appropriate and timely care in the home based on need
* One stop information points/help desk for all services – manned by person, not answerphone, with service information/contacts kept up-to-date. Simple directory of services needed, explaining what each service does.
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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>327</td>
</tr>
</tbody>
</table>

B. What sort of listening exercise was it?

(Please tick one box only)

<table>
<thead>
<tr>
<th>Session Type</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>A day long session (from 5 to 8 hours long)</td>
<td>X</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></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>Type of People</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>315</td>
</tr>
<tr>
<td>Members of the public who are involved with health and social care services e.g. PPI forum members</td>
<td>12</td>
</tr>
<tr>
<td>Paid staff from your organisation</td>
<td></td>
</tr>
<tr>
<td>Voluntary staff from your organisation</td>
<td></td>
</tr>
<tr>
<td>Other (record below)</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>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td></td>
</tr>
<tr>
<td>Older people</td>
<td>327</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>
</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>
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 [X]
- White Irish
- Any other white background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
- Indian
- Pakistani
- Bangladeshi
- Any other Asian Background
- Caribbean
- African
- Any other Black background
- Chinese
- Rather not say

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

(Please tick one box only)

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

*Please tick all relevant boxes*

- Children and young people
- Older people
- Pregnant women (and their partners)
- Socially disadvantaged people
- Disadvantaged children
- Smokers
- Excessive drinkers
- Obese people
- Substance misusers
- Disabled people
- People in prison
- Black and minority ethnic groups
- Travellers
- Homeless people
- People with mental health problems
- People with learning disabilities
- People in hospices/residential care
- Asylum seekers
- People with long term conditions
- People with caring responsibilities

Do not deal with specific sectors of the community

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

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

<table>
<thead>
<tr>
<th>Region</th>
<th></th>
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</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>X</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?

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

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

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

Janice.Beaven@poolepct.nhs.uk
Public Health Programmes Manager, Poole Primary Care Trust
SUMMARY REPORT
‘SPEAK OUT’ – A VOICE FOR OLDER OLDER PEOPLE IN POOLE, DORSET
27 OCTOBER 2005
Hosted by Help and Care,
in conjunction with Poole Older People’s Strategy Group,
Borough of Poole, Poole Primary Care Trust
A. BACKGROUND
On 27 October 2005, 327 older people from Poole and surrounding areas gathered at The Lighthouse, Poole, to discuss the future of the health and social care services people need in the community and in their own homes. The event was the third major event in Poole to get people’s views on this important topic. The event aimed to build on the success of the “Speak Up for Older People” event, hosted by Poole Primary Care Trust, in 2004.

B. HOW THE PARTICIPANTS WERE SELECTED
We wanted older people from all backgrounds to come together and share their views and opinions on three key “themes” - health, security and lifestyle.
So we:

- Sent out invitations to 700 older people living in the Borough of Poole, inviting them to apply to take part in the event, and circulated information on the event to libraries, surgeries, community and faith groups.
- Asked people who wanted to take part to give us some information about themselves, so that we could assist with transport, mobility, respite care etc so as to make the event accessible to everyone.
- Invited 350 people to come along on the day who were selected to fit the demographic profile of the area in terms of age, gender and to cover all sections of our society. We also wanted to make sure that we heard from people who don’t always get involved in this kind of consultation.

C. WHO WAS THERE?
The 327 people who attended came from a variety of backgrounds broadly consistent with those found generally in the Borough of Poole.

With the exception of some carers, the participants were all over 55 years old. 28% were male and 72% female.
D. THE AGENDA FOR THE DAY

The event opened with an introduction from Mark Sharman, OBE, Director of Help and Care, Bournemouth. Dr Adrian Dawson, Acting Chief Executive for Poole Primary Care Trust and Director of Public Health and Health Improvement for Poole Primary Care Trust and Borough of Poole, welcomed participants and thanked them for contributing to this very important process happening around the country - to make community health and social care services better for them their family and fellow citizens.

During the consultation process, participants split up into smaller groups of 8-10. Each group involved people from a range of backgrounds and discussed these questions:

- 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?
- When you and your family need help and support, how, when, where and from whom do you want to get it?
- How can we help you get the right services, when you need them, and ensure your care and support is properly coordinated?

During the course of the discussion, participants discussed the reasons why they had prioritised particular options. At the end of each session, participants reflected on the priorities selected to see if they would make significant improvements to the service people experience, and whether they strike an appropriate balance between the needs of different groups and the nation as a whole.

E. THE OUTCOMES OF THE DISCUSSION

1. WHAT’S IMPORTANT TO YOU?

The things people thought were most important about community health and social care services were as follows:

1.1 TOP THREE ISSUES

REGULAR CHECK-UPS

- Making sure that there are at least annual complete ‘well-being” health checks for all ages.
- Making sure there are regular checks of progress of new drugs, and regular monitoring of drugs in general
- Setting up ‘Well person clinics’, ensuring outreach mobile units for the more isolated
- “Give me a check up every year once I am 75. It doesn’t have to be at the doctors!”. “Check the tablets I am taking every few months”. “Give me advice on healthy lifestyles and promoting self-care”.

3
INFORMATION AND ADVICE ABOUT SERVICES

- One information point/telephone number to get help – “one-stop shop”
- Directory of services to every home with clear information on who to contact for specific help – sent out with Council Tax bill
- Clear advice on keeping healthy, diet, exercise
- Free re-direction help line after hours for social and community support

CARE AT HOME

- There needs to be a case worker for all our needs
- Carers need to be more reliable, flexible with ability to multi-task
- More continuity of care – seeing the same person which builds trust
- More support for long term carers who have been recently bereaved

1.2 OTHER ISSUES RAISED:

CONTINUITY AND CO-ORDINATION BOTH WITHIN AND BETWEEN SERVICES

- Making sure GPs are aware of other agencies who can support the patient and will give information about them to the patient.
- Making sure different agencies are ‘joined up’, especially aftercare in the community following a hospital stay
- More coordinated services between social services and Age Concern

ANCILLARY SERVICES

*Ancillary services need to be at GP surgery – for disabled people these services need to be provided in the home.
*Chiropody services not consistent Dorset wide

SOME PERSONAL COMMENTS

“If you have savings, you get no help”

“More community/cottage hospitals/convalescence homes please”.

“What happened to sheltered housing/Independent Living? These are becoming more like residential homes”.

“Realistic funding for elderly long term care as recommended by Royal Commission 2004 and abided by in Wales and Scotland. Discrimination by English Government”.

“Lifeline takes too long to answer so call 999”.

More specialist hospital wards needed to deal with people with Dementia.
"Drugs approved by NICE are not funded – get rid of postcode prescribing"

"Earlier diagnosis please for people with Dementia – regular checks would evidence"

"Bring back convalescent homes to avoid bed blocking".

THE MOST IMPORTANT THING TO DO RIGHT NOW

All the priorities for action were themed in order to answer the question “If they were in charge of the Department of Health and could make a decision to prioritise just the options discussed today, which would it be and why?:

1. Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.
   - Promoting and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment, e.g. a health MOT for everyone and a long-term plan how to implement that. “Give me a check up every year once I am 75. It doesn't have to be at the doctors!”. “Check the tablets I am taking every few months”. “Give me advice on healthy lifestyles and promoting self-care”.

2. Providing people with better information about what NHS, local authority and social care services are on offer
   - One stop information points/help desk for all services – manned by person, not answer phone, with service information/contacts kept up-to-date. Simple directory of services needed, explaining what each service does.

3. Providing more help to people caring for others, for example with more respite care
   - Time of carers’ visits need to be more reliable
   - More continuity of care to be provided by one carer
   - Carers need to be able to multi-task
   - Lifeline response system needs to be more rapid

F. NEXT STEPS

The views that were given today will be reported back to the Department of Health. They will be used to help the Government consider what it could do to make health and social care services better for everyone.

At the end of the process, the Government will produce a White Paper in December giving proposals for the future of health and social care services. Everyone who attended today will receive a summary of this document so they can see how their input has been used.
YOUR HEALTH, YOUR CARE, YOUR SAY
FEEDBACK FORM FOR LOCAL LISTENING EXERCISES
Thank you for your help with your health, your care, your say.

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

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

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

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

Please note the feedback form is in three parts:

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

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

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

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

*Tick one box only*

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

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

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

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

1. Health of the community – physical & mental
2. Quality of life & in support of health of the community
3. Dignity
4. Self Respect
5. Protect the population & the economy now & in future

RECORD BELOW WHY PEOPLE THOUGHT THESE WERE IMPORTANT:

In a generalized opinion: If your population is sick then your society and economy is sick. This generates a lowering of self esteem and the potential downward spiral of society, increased poverty, crime rates and anti social behaviour.
### 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. Promoting 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.

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 providing jobs and skills advice), 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

#### PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

See comment re health of society
Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?

| Increase patient bed rates, numbers of doctors/nursing assessing on admissions in those communities where vulnerable patients (especially elderly) are left in corridors or waiting for hours to be seen and desperate for assistance for the toilet/fluids. |
| Maintain support for Preventative initiatives that reduce social isolation and support independence & social involvement. These may not be financially self funding due to numbers but they are of value to the current and future community by encouraging people to remain in small rural areas & potentially could help to regenerate the local economy. Services identifying gaps to local/national business’s which may bring employment. |
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**

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**

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**

3

**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:

Improving local services in the community in relation to access and location should take into consideration issues of diversity and equality, which enables that priority option to be included and the third priority to be selected, i.e. dignity in death as in life should be our aim.
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?

Certain Community based services/resources should be a joint venture and whilst I am in favour of certain facilities being in a one stop venue, I am opposed to all. I would not see the GP surgery as appropriate for the “Job/Career centre”/benefits advice. A good referral /signposting system would be appropriate.

Not all communities/environments can accommodate one stop services and it is good to have some independence in service to prevent one becoming the handmaiden to another. A lot of work has been undertaken to work in partnership to reach for improved services but it is their independence and the establishment of shared national standards for services that provides the impetus for moving forward.

The majority of those working within the care sector look to make improvements in the standards of health and care, there needs to be more value and reward for this sector with it being promoted as viable career.
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)

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.

2. 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.

Please summarise why people selected these priorities:

Joint assessment is good but the service provider should retain their independence since the models to which they work are different and at times they need to have a healthy but differing approach to secure the best outcome for the individual. The social care model has a lot to offer in terms of satisfactory outcome for extending independence.
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?

Signposting is well supported through phone in i.e. NHS/Care Direct but more public consultation on gaps would be good….could these sort of lines provide an avenue for identifying gaps?

Joining up ….as a joint venture would be good in relation to day services, e.g. a social care provision with health input to provide a period of consultation on health related concerns or for the promotion of healthy/safe living, i.e. how to manage diabetes, diet, arthritic conditions, monitor the more vulnerable etc.
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.

5

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.

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

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

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

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

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

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

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

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

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

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

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

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

   Write in below

   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)

   yes

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

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

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

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

   Paid staff from your organisation

   Voluntary staff from your organisation

   Other (record below)

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

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

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

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

White British
### 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>Box</th>
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<tbody>
<tr>
<td>PPI forum or other patient group</td>
<td></td>
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<tr>
<td>Community-based NHS services</td>
<td></td>
</tr>
<tr>
<td>Local authority social care services</td>
<td>X</td>
</tr>
<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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### 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)

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

NAME OF ORGANISATION

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:
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

ADULTS SOCIAL WORK TEAM

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)

<table>
<thead>
<tr>
<th></th>
<th>QUALITY OF LIFE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>PROMOTING INDEPENDENCE</td>
</tr>
<tr>
<td>3</td>
<td>ENCOURAGING RESPONSIBILITY FOR SELF AND OWN HEALTH</td>
</tr>
<tr>
<td>4</td>
<td>BEST USE OF TAXES</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?

| 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:
Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?

ENABLE LEISURE, SHOPPING AND DOMESTIC HELP TO PROMOTE CHOICE, ACTIVITY, HEALTHY EATING AND SOCIAL INCLUSION.
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)

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

2. 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

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?

PEOPLE PREFER LOCALLY BASED SERVICES FROM REGULAR STAFF AT A TIME AND PLACE TO SUIT THEM. THEY DO NOT ALWAYS WANT THE MOST QUALIFIED PERSON, CONTINUITY AND TIME FOR THEM CAN BE MORE IMPORTANT.

ONCE ASSESSED AS NEEDS, HEALTH AND SOCIAL CARE SHOULD BE FREE AT THE POINT OF DELIVERY, COST OFTEN DETERS PEOPLE FROM USING A SERVICE THEY NEED AND THE PREVENTIVE OPPORTUNITY IS THEN MISSED.
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:

SOMERSET ALREADY HAS A VERY GOOD SINGLE CONTACT POINT FOR INFO IN CARE DIRECT. THIS IS VALUED BY PROFESSIONALS.
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?

WORKERS IN THE HEALTH AND SOCIAL CARE SERVICES NEED MORE AWARENESS AND UNDERSTANDING OF WHAT OTHER AGENCIES CAN AND CANT OFFER. THIS ENSURES APPROPRIATE REFERRAL AND AVOIDS SETTING UP FALSE EXPECTATION.
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

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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?

WE ARE ALREADY DOING SOME OF THESE THINGS LIKE ASSESSING TOGETHER WITH DISTRICT NURSES, USING A SINGLE REFERRAL POINT ETC.
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:

HEALTH AND SOCIAL CARE STAFF ARE KEEN TO WORK CLOSELY TOGETHER AND ARE DOING SO TO THE EXTENT THAT TIME AND I.T. ALLOW.

WE WOULD VALUE MORE CONTACT WITH G.P. s AND MORE RECOGNITION OF THE VALUE OF THE SOCIAL WORK ROLE. THE INDEPENDENCE OF THE SOCIAL SERVICES IS IMPORTANT AND DOES NOT PRECLUDE WORKING CLOSELY WITH HEALTH.
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)

   1 HOUR

   TEAM MEETING WITH SOCIAL WORK; O.T. AND CARER SUPPORT STAFF

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)

   15

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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<th>Group</th>
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<td>1</td>
</tr>
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<td>0</td>
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<td>Disadvantaged children</td>
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</tr>
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<td>8</td>
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<td>Other (record below)</td>
<td>0</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)

YES

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)

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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

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:
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Thank you for your help with your health, your care, your say.

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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: 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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Record below why people thought these were important:
Section B: what did people think of the suggestions for improving health and social care services?

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

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

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

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

1. Promoting 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.

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 providing jobs and skills advice), 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
<table>
<thead>
<tr>
<th><strong>PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Information around healthy lifestyles and the importance of education for children and their parents to encourage healthy lifestyles was seen as key.</td>
</tr>
<tr>
<td>Overwhelming view that the health care system at the moment is confusing and people needed personal advice and support as to how to access services and support.</td>
</tr>
<tr>
<td>The average age of the consultation group was 60+ and the needs of older people were discussed extensively. Improvements included more day care centres, extra care housing, transport options such as dial a ride and improved medication dispensing.</td>
</tr>
</tbody>
</table>
Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?

- Improved information and signposting to services
- Improved information on key conditions
- Personal advisors in the community
- Introduce greater flexibility
- Close gaps through integration of health and social care
- Increase number of day care centres for support for older people
- More partnership working with voluntary sector
- Improve support for carers
- Increase opportunities for learning and sharing around self care
- Improve medicines management processes
- Reinstate free prescriptions and dentistry
- Positive PR in national media and TV around self care and available options
- More publicity around diet and fitness to fight obesity levels
- Legislation around food additives and advertising of junk food
- More education through schools linked to nutrition
- More referrals to fitness centres promoting increased exercise
WHEN YOU AND YOUR FAMILY NEED HELP AND SUPPORT, HOW, WHEN, WHERE AND FROM WHOM DO YOU WANT IT?

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

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

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

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

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

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

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

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

None of the above

Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Flexible ways of obtaining healthcare advice were seen as a way to improve the current system – using the skills of community pharmacists more effectively, and providing advice in non healthcare settings working with the voluntary sector. Advice and support needs be in tune with current lifestyles and working hours. 9 till 5 services no longer appropriate.
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?

- Increase access to GP services
- More flexible GP services to match public needs
- One stop shop clinics for chronic conditions
- Provide support centres in community
- Better direction to services and available allowances
- Improve NHS Direct services
- Increase involvement of voluntary sector and charities
- Improved funding for voluntary sector
- Enhance and strengthen local services
- Reduce gaps in services
- Increase support for the vulnerable and those with long term conditions
- A single patient record available to healthcare staff
- Single point of contact for care
- More provision of extra care housing
- Re-introduce routine school medicals to pick up problems at an early age
- Increase role of community pharmacists
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:

Targeted and improved information especially around specific conditions and reduce gaps in services through use of single patient record and assessment processes.
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?

- Targeted and improved information
- Accessibility to patient information, especially for OOH services
- Improve IT systems
- Increase provision of Walk In centres
- Increase facilities at local community hospitals
- More procedures taking place at GP practices
- Access to healthcare professionals at community and day centres
- Improve transport to services (e.g. funding of dial a ride, taxi vouchers)
- More monitoring of GP services
- Out of hours specialists for key conditions
- Increase awareness of specialist practitioners
- More patient held records
- More extended prescribing by nurses/pharmacists
- Encourage better review of medications
- Easy to remember emergency social care phone number, like 999
- Increase use of tele-care
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 (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 are their five top priorities?

Comments to questions follow:

Q 1. How can people look after themselves? How can we help you take care of yourself and support you and your family in your daily lives?

More information that is clear and easy to understand. Need a spectrum of information which can be provided on a need to know basis when relevant to a patient / individual’s situation.

Because been in the system a long time no ‘new’ or ‘updated’ support forthcoming. Don’t know where to go and have had to do own research.

A central phone number that signposts to available services and operates like a one stop shop which takes control of situation for the individual. Don’t want to be passed from pillar to post.

Positive PR around independent living – especially for older people. At higher level need to influence and ensure messages included in TV soaps, lifestyle magazines.

Ensure individuals are aware of entitlements / benefits which requires better communication and information.

Need better information when a diagnosis is made eg. Failing eye sight.

Personal ‘guides’ through health and social care system. Provide Patient advisors (mini PALS) at GPS and health centres.

Health and Social care system needs to be joined up and flexible. Currently too rigid with built in inefficiencies. Could move to annual check ups with other checks as needed or requested by patient.

Income affects health such as ability to pay for vitamin supplements, therapies (i.e. physiotherapy, osteopathy) which can help prevent and improve health problems. Could introduce a voucher system for purchasing such preventative options.

Carers need much more support

Encouraging more initiatives where can learn form others who have care issues e.g. Expert Patient Programme.

Respect for an individual’s choice. Avoid a ‘nanny’ mentality.

Single assessment process across health and social care for all ages.

Improved dispensing and medicines management especially for older people such as prescription blister packs for patients

Review of medication process needs to be improved after spell in hospital. Need better liaison between hospital and GP.

To introduce safe and easily accessible ways of disposing of old medicines
Social activities in sheltered accommodation should be inclusive, and open to members of the local community

Voluntary sector play important role – working together with statutory bodies/organisations

Day centres very important – company, good food, exercise, information. Transport must be a consideration. Provides motivation, reason to get up. Inequality across health economy. Need better publicity.

Support for people – volunteer/befriender

Raise awareness of obesity (all ages) and make population aware of exercise opportunity and importance of good diet as early as possible.

Free fruit at infant schools – a way forward

Talks for parents at school

More government control over advertising, “if it's wrong to advertise cigarettes why allow unrestricted advertising of junk food”.

Low income families need vouchers for over the counter vitamins etc and therapies (beware of stigma) to enable people to take care of themselves

Restrictions of food additives

Low incomes influence choice of food. Poverty needs to be addressed.

Better school meals – cooked on the premises, encourage children to try new foods.

GP referring into sports centres/gyms free of charge

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

How do we know where to go for support? Many use GPs as first port of call

One strength of the NHS is the GP service

Many leaflets but are they easy to use and understand - do people read them?

People need to be directed to what benefits are available. Need advice in GP Practices, help with filling in forms for allowances etc.

Internets/web technology to provide information that is easily accessible. Shouldn't however be sole point of information

Community pharmacists – an undervalued service for advice and support

Gaps – can easily miss out on services available. Difficult for public to know who is responsible for what.

Independence important. Need more extra care housing.
Role of voluntary groups can be increased – they have in-depth knowledge.

Long-term promises re: funding for voluntary sector. This should be addressed by local compacts

Single point of contact for patients

Clinics to address all care needs at one point in time – this happens for diabetes patients

Should have routine school medicals to pick up problems at an early stage

Access to GP services which are close to work

Access to own GP practice 24/7, if not from own GP

Practitioner from own GP surgery for out-of-hours visits

Extended weekend hours for GP.

GP surgeries to provide support to public in their lifestyles and work – need them to be open mornings, afternoons, evenings and weekends.

Identify carers with a GP

May be a place for private charities to be contracted to provide services

Local drop in centres to allay fears – non-life threatening

Listening ear, moral support for families

Advice but as quickly as possible from wherever

Support for troubled families from people who have been through similar experiences such as drugs, alcohol or truancy

Prescribing powers for community pharmacists

Need to feel confident who you contact knows about you and your enquiry and can access your relevant records

Establish one stop health bureaux – similar to Citizens Advice Bureaux. Manned by those who know their way around the NHS

24-hour cover by specialist nurses – possibly provided by the voluntary sector

Local services – doctor, social services and local community hospital for first reference point. Specialists can be within a 25 – 30 mile radius

Family support for those with chronic conditions is currently inadequate. Voluntary organisations to support when unable to care for children temporarily

More support from neighbours in the community. Too much reliance placed on over worked Social care staff are few in number and cover a large geographical area
Review existing support for long term conditions in patients who have been diagnosed for some time

Help from someone who knows me. This is not always possible so should be a way for records to be seen by other staff who can help.

NHS Direct to give quicker and more accurate responses

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

Easy access to information about services and criteria for accessing them

Promote specialist nurses more – diabetes nurse and orthopaedic nurse – information sheets in surgeries

Drop in service within surgeries – where can get advice on different conditions

Supportive of Walk in Centres – need to be at all hospitals

Specialist out-of-hours assistants such as a diabetic specialist and expert on a certain condition. Could be a county initiative

Leaflet supplies need to be up to date as contact details and services change

Single point of access for health and social care enquiries

Out of hours practitioners need access to patient's notes

Access to healthcare professionals at Day centres. Go to where people are, don’t always expect them to go to the services.

Increase facilities at local community hospitals
Advertise alternative out-of-hours care services

Transport issue to local Walk-in Centre and car parking charges

Surgeries could take it in turn locally to be “on call”

Access to GP (from Practice, if not own, 24/7)

Coordination of care – electronic patient records. Should be available to out-of-hours care

Better communication between hospitals and community services

Minor operations, procedures e.g. suturing undertaken at Practices

Diagnostics e.g. (x-rays) more local – either in health centres or community hospitals
### 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?

<table>
<thead>
<tr>
<th>PLEASE WRITE IN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourage better review of medications</td>
</tr>
<tr>
<td>Extended prescribing e.g. nurses/pharmacists within careful protocols</td>
</tr>
<tr>
<td>Increase use of tele care – coded outside key box</td>
</tr>
<tr>
<td>More patient held records</td>
</tr>
<tr>
<td>Identity disc / card for each person stating medical problems, what drugs taking and GP contact details</td>
</tr>
<tr>
<td>Shared IT systems with statutory organisations</td>
</tr>
<tr>
<td>Enforce the GP contract by paying instalments and then monitor that they have carried out all their duties if not withhold part of their money</td>
</tr>
<tr>
<td>On the spot drop in GP appointments in the morning and pre-booked appointments in the afternoon.</td>
</tr>
<tr>
<td>Planning of prescriptions according to patient need, timeframe, state of health, independence. Move away from a ‘one size fits all’ approach.</td>
</tr>
<tr>
<td>Move back to free prescriptions/dentistry for all</td>
</tr>
<tr>
<td>Build partnerships with local organisations and private sector</td>
</tr>
<tr>
<td>Undesirable that service provider is a for profit contractor.</td>
</tr>
<tr>
<td>NHS needs to be a national agency funded by taxation but not a department of government</td>
</tr>
<tr>
<td>Danger that with national targets predominating there is a discrepancy between national and local demands resulting in misalignment of resources to meet local needs</td>
</tr>
<tr>
<td>Patients need to be continuously consulted around improvement of specific services</td>
</tr>
<tr>
<td>Improve efficiency and reduce delays</td>
</tr>
<tr>
<td>More opportunities to be involved and contribute rather than just be on the receiving end.</td>
</tr>
</tbody>
</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?  
   \[\text{Write in below}\]
   \[33\]

B. What sort of listening exercise was it?  
   \(\text{(Please tick one box only)}\)
   \[
   \begin{array}{c}
   \text{A day long session (from 5 to 8 hours long)} \\
   \text{A half day session (from 3 to 5 hours long)} \\
   \text{Up to 3 hours long} \quad 2 \text{ sessions} \\
   \text{Other (record below)} \\
   \end{array}
   \]

C. How many of each of the following types of people took part in your listening exercise?  
   \(\text{(Please put a number in each box even if it is zero)}\)
   \[
   \begin{array}{c}
   \text{Members of the general public (i.e. with no specialist interest in health and social care)} \quad 18 \\
   \text{Members of the public who are involved with health and social care services e.g. PPI forum members and Non Exec Directors} \quad 7 \\
   \text{Paid staff from your organisation} \quad 4 \\
   \text{Voluntary staff from your organisation} \quad 1 \\
   \text{Other (record below)} \quad 3 \\
   \end{array}
   \]
   \[
   \begin{array}{c}
   \text{2 staff from social care and 1 from the Strategic Health Authority} \\
   \end{array}
   \]

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.

   \(\text{(Please put a number in each box even if it is zero)}\)

\[\text{[Box]}\]
<table>
<thead>
<tr>
<th>Group</th>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>Children and young people</td>
<td>0</td>
</tr>
<tr>
<td>Older people</td>
<td>18</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td>0</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>n/a</td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td>0</td>
</tr>
<tr>
<td>Smokers</td>
<td>n/a</td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td>n/a</td>
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<tr>
<td>Obese people</td>
<td>n/a</td>
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<tr>
<td>Substance misusers</td>
<td>n/a</td>
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<tr>
<td>Disabled people</td>
<td>0</td>
</tr>
<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>
</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>1</td>
</tr>
<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>
</tr>
<tr>
<td>People with long term conditions</td>
<td>7</td>
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<tr>
<td>People with caring responsibilities</td>
<td>4</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 X
- 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)

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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

East Surrey 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: briony.bowen@eastsurrey-pct.nhs.uk
ADDRESS: East Surrey PCT, St John’s Court, 51 St John’s Road, Redhill, RH1 6DS
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 (Yes)
- 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:

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

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

N/A

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

Please see below quotes supporting the proposals made by the group
“There needs to be something there when you need it”

“In South East London people can spend a whole day getting their radiotherapy treatment. If this could be devolved that would help greatly – it’s a big bone of contention.

“There needs to be someone who tracks /coordinates the whole journey”

“It’s really important that you feel / know someone is caring for you”

“Some minor tests could be done at chemists to free up GP time.”

“Care needs to be patient centred at an individual level. If you’ve had a mastectomy operation you can’t even change your duvet – I love my clean sheets.”

“There doesn’t have to be change or extra service for all things. For some things it could be a re arranging of existing resources and training.”

“What’s really important is when people need help, they know where to go.”

“We need to make use of the local community groups, religious, cultural, adolescent. They can help provide support and act as door way to give out information.”

“No good going into your local minor welfare club & sending your typical middle class lady with a flower hat and hope that will get the message across …. Need to identify someone from within the group who can deliver the message”
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 DK
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

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

N/A

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

N/A
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

DK

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

N/A
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?

Providing effective joined up social care and health services to those that need them.

- **Flexibility to re-visit assessment** on on-going basis with ‘tracker system’ to ensure these re-assessments are happening as patient’s and carers choices may change through their journey.

- Information recorded at every step of patient pathway particularly **end of life options**

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

- Better joining up between local authority and NHS services – need for an **honest broker (navigator)**

- **Improved access to NHS Direct** at present people find it difficult to get through to speak to someone
• **Use existing information services** to provide cancer information e.g. public library e.g. Merseyside and Cheshire Project. Promote services of CAB/cancer information centres and employers (CBI)

• **Signposting to services** and health information through community places i.e. Job Centres/pharmacies/post offices, supermarkets

• **Process for maintaining up to date, quality information** i.e kite or crystal mark

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

• **Signpost to appropriate services** – methods which take account of possible lack of mobility and of IT skills to access web

• **Ensure service providers work together.** Link primary/secondary and tertiary health services with social care and use resources effectively – service redesign

• **Benchmarking and audit of services** in order to ensure everyone gets the same quality of services for care of patient and family

• **Single assessment by keyworker** which is patient centred at an individual level

• **Recognise that needs and priorities change** at different stages – reassessment.
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  DK
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

N/A
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?

N/A

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

Providing convenient services which fit around people’s lives.

- **Taking chemotherapy out to the patient.** Other cancer treatments and test to be delivered as near to patient as possible e.g. radiotherapy

- **A role in primary care which has a special interest in cancer to advise and support other primary care and community staff**

- **Easy re-access to system if reoccurrence suspected**

- **Community resources to support people who wish to die at home. National role out of hospice at home funded by NHS**
Providing care in convenient locations.

- **Doctors located where people are** e.g. at work or in community based clinics on housing estates, schools advice centres

- Electronic records and **patient held records** to make accessing help wherever you are easier.

- **Community engagement** and awareness of services e.g. via local media/public information

Developing and providing more services in the local community rather than only in hospitals

- **Treatments/tests as locally as possible** e.g. chemotherapy, blood tests – service redesign

- **Emotional support** for patients and family at all stages of the journey – service/role redesign using existing staff to achieve this
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?

N/A

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.

N/A
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?

Key proposals

- Keyworker who undertakes holistic single assessment. Assessments throughout journey which are recorded and tracked. Special note of end of life choices

- Chemotherapy and other services and treatments delivered as close to where patient is as possible

- Use existing places to give out information about cancer care e.g. libraries, advice centres, cancer support and info centres

- Services must include emotional support and this should be integral to delivery – role redesign/training

- Cancer expertise easily accessible to practitioners in the community

- Joining up primary/secondary/tertiary health and social care services
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

50

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
- Voluntary staff from your organisation
- Other (record below)

Yes
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.

This was not a question which could be asked of the groups however I would suggest that it included male and female, middle to older age group, some ethnic minority members.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Count</th>
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<tbody>
<tr>
<td>Children and young people</td>
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<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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<tr>
<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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<tr>
<td>Disabled people</td>
<td></td>
</tr>
<tr>
<td>People in prison</td>
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<tr>
<td>Black and minority ethnic groups</td>
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<tr>
<td>Travellers</td>
<td></td>
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<tr>
<td>Homeless people</td>
<td></td>
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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>
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<tr>
<td>Asylum seekers</td>
<td></td>
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<tr>
<td>People with long term conditions</td>
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<tr>
<td>People with caring responsibilities</td>
<td></td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
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</tbody>
</table>
E. Of the people that took part in your listening exercise, can you please tell us how many were from each of the ethnic groups listed below

Question was not asked

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>White British</td>
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<tr>
<td>White Irish</td>
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<tr>
<td>Any other white background</td>
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<tr>
<td>White and Black Caribbean</td>
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<tr>
<td>White and Black African</td>
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<tr>
<td>White and Asian</td>
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<tr>
<td>Any other mixed background</td>
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<tr>
<td>Indian</td>
<td></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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<tr>
<td>Caribbean</td>
<td></td>
</tr>
<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>
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<tr>
<td>Rather not say</td>
<td></td>
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</tbody>
</table>

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

(Please tick one box only)

- PPI forum or other patient group
- Community-based NHS services
- Local authority social care services
- Private sector health or social care services
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>
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<tbody>
<tr>
<td>Children and young people</td>
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<tr>
<td>Older people</td>
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<tr>
<td>Pregnant women (and their partners)</td>
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<tr>
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<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>Do not deal with specific sectors of the community</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Other (record below)</td>
</tr>
</tbody>
</table>
H If you work with specific ethnic groups, which of these groupings do you represent or work with?

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

<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>
<td></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>
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<tr>
<td>East of England</td>
<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>
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</tbody>
</table>

J. What is the name of your organisation?

**Macmillan Cancervoices**

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

|       | 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:

Mrs Jane Bradburn, Macmillan CancerVOICES, 89 Albert Embankment, London SE1 7UQ
FEEDBACK/KEY POINTS FROM THE ‘YOUR HEALTH, YOUR CARE, YOUR SAY’ EVENT HELD 31ST OCTOBER 2005

The following summarises an event held on the 31st October 2005 with PCT PEC Board Members (Eastern Wakefield PCT and Wakefield West PCT) and Elected Members from Wakefield Metropolitan District Council. The 3.5 hour Department Of Health facilitators guide was used covering two of the three main questions. There may be some duplication of comments as there were two groups answering the same questions and the following incorporates all comments made.

General Comments on the Exercise

- Although it was a helpful opportunity to discuss key issues and the changes that need to happen to make improvements, the group felt that the questions given to debate were not the most helpful ones and were very 'loaded'
- The questions were felt to imply certain basic assumptions had been made e.g. that people had access to money, had good literacy skills and could understand information given and the importance of looking after themselves – the point that different localities have different ‘baselines’ and starting points was reiterated through the discussions
- The comprehensive feedback given on the Adult Social Care Green Paper needs to be incorporated into the ‘Your Health, Your Care, Your Say’ consultation process as many of the issues were relevant to these questions
- The process involved prioritising the sub themes and this was difficult as many of them were not mutually exclusive and some were interdependent
- All of the issues are the Government’s responsibility – though who delivers it should be flexible

1. How can we help you take care of yourself and support you and your family in your daily lives?

General Comments on this Question

- Need to differentiate between people who are well, worried well, unwell and very ill in order to address this
- Localities are key, people in parts of the District do not relate to Wakefield but to neighbouring authorities
- There is a need to reach and engage with people who have something to say, not just the ones who like having a say – needs to be broader than the usual people who respond to surveys etc
- There would need to be more legislation to deliver these options
- Services need to be available when people need them, not just office hours
Issue 1a) Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

- Assumes people can make informed choices, some have literacy problems and some people have significant issues regarding poverty and have other priorities such as being able to afford basics such as food and accommodation
- Concerns regarding what is meant by self assessment and what would it cover? Concerns regarding people monitoring their own conditions without properly understanding the implications or having medical back-up
- Need to start at local level and empower people
- Who would offer the advice and support?
- Need to communicate with some communities directly and not rely on leaflets and other sources of information
- Some of the local initiatives such as Healthy Living centres, Sure Start programmes are very positive but not for everyone – some see new services and responses as being not for them – trying to fit people into one model of care just emphasises health inequalities
- This would not reach all of the population – access to vulnerable groups and affluent groups would require different approaches – there needs to be more focus on seldom heard groups
- Services need to be taken out into the local communities

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.

- Need to have the services and support in place otherwise the information is no use and raises expectations
- Older and isolated people are not necessarily aware of what is available
- Access to a dentist is a key issue that is not included here
- There needs to be more health services within the same building/workplace
- Access to clinics are needed in a range of locations
- People want immediate access to health care and advice e.g. walk in centres
- There is a need for better awareness of what is available
- New contracts for pharmacists provide opportunities – need services available outside usual hours
- Health appointments during work and school times should be more permissible
**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 (eg advisors to help with housing, employment and training and benefits) children’s centres and other locations.**

- This is fundamental as the determinants of ill health and inequalities needs addressing first
- Different policies from different government departments create different priorities and can be contradictory
- Need sustainable funding streams as short term funding means that development work is short lived and good work disappears – this is important for Wakefield where there is limited community and voluntary sector infrastructure
- Education and social care working together better and should be seen as a good example
- Particular problems re isolation e.g. older people, people with mental health problems – even if services are there loneliness for example can affect people significantly
- Community transport/accessible transport is a key issue to address – its not just an issue in rural areas
- Services such as Credit Unions offer financial advice – this could be extended to offer other advice e.g. benefits
- One Stop centres can be useful for some people
- There is a need for more joined up activities e.g. housing, transport, benefits
- There is a need for more accessible services and buildings

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

- This should be true for all ages, not just focusing on older people – it should be about providing the right level of support for those that need it – one size does not fit all
- Issues raised included impacts of smoking, alcohol, need for increased access to leisure
- Need to work across health needs as services still very much in ‘silos’ and people have a range of needs
- Accessible transport is key here and it needs to be safe and secure
- Better ‘signs’ and acknowledgement of communication issues would help

**PRIORITIES**

- Group one prioritised C closely followed by D
- Group two prioritised C
2. How can we help you get the right services and make sure your care and support is properly joined-up?

*General Comments on this Question*

- Requires clear accountability otherwise it will not work
- Need to simplify funding streams and processes so that time isn’t tied up making decisions about who should fund and how things should be funded
- More of the public do not mind who provides the service as long as its available and reliable
- Issues regarding quality assuring the more informal services
- Hard to prioritise these as 2a is very specific and 2c very broad – carers fit across the issues too

**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.**

- Needs to be a consistent definition and understanding across all locations and organisations about what case management is and the links with care management
- There are still barriers to effective single assessment processes linked to IT and information sharing issues – need to use the same terminology too
- The assumption shouldn’t be made that GPs know best
- Patients should be able to be advised of what services they need whether they are provided by statutory services or not
- The role of personal advisors would be helpful in enabling people to make informed choices
- Single assessment needs trust between care professionals
- The role of the voluntary and community sector needs to be made more explicit

**Issue 2b) Providing more help to people caring for others, for example with more respite care.**

- Carers need to be paid and should have access to training for their life during and after caring – young carers need to be acknowledged
- More training needed for primary care in supporting carers
- Employers should be helped to have greater responsibility in supporting working carers
- Help for carers is not just about respite
- Carers need advice and help in buying in their own support
- Some people feel uncomfortable about receiving respite care
- Need to have clear funding streams to support this so that money is used appropriately
Respite care should consider individual cases not just provision of statutory services – need to understand what respite care means for people – should be about a wide variety of options including staying at home or having a break from the home – perceptions of respite are not always accurate

**Issue 2c) Providing people with better information about what health and social care services are on offer.**

- Role of PALS is key here
- One stop shops for information would help – there is a need for a range of communication types – not just written
- Need more use of media such as the television
- Pubs and clubs could provide information
- Need to engage range of community officer to collect local information including community police officers
- Face to face communication more effective especially for high risk groups

**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.**

- The Expert Patient programme is an example of how this can work well
- The role of the voluntary and community sector is key here
- Personal advisers could help people with information about available services and how to access them
- There is a need for closer links between services – people do not mind who provides it

**PRIORITIES**

- Group one prioritised C and D
- Group two prioritised A
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 group of family carers from BME communities

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: 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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<td>5</td>
<td>-</td>
</tr>
</tbody>
</table>

Record below why people thought these were important:

The group had limited time so it concentrated on matters relating more directly to their experience.

Financial security, access to appropriate efficient advice and help, a good family and social life are important to people’s mental and physical well being.
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

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Not none of the above just not prioritised. A Walk in Health Centre or Clinic would be a very good idea and save a lot of time waiting for the GP's and in hospitals so would put
1 against the point about tackling poverty etc at GP surgeries. If there was a Walk in Health clinic carers felt this would make a difference. What perhaps the key point is that setting up appointments, waiting a long time in clinics for appointments are very difficult for carers. There are two points here:

i. they may be accompanying their frail/disabled family member  

ii. they, in their own right as carers, cannot afford lots of time to wait around in clinics etc as they find it very difficult to leave the person they care for on their own for any length of time often.

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)

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

2. 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

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

5. 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:

Walk in Centres/clinics would be a very good idea. This would help carers given the many restrictions on their lives – very difficult to get time off from caring often so this would make it easier for family carers
Services in the community could help carers. Services which helped carers get advice and support and give them time off from caring were very important.

The person’s wishes to die where they wanted, at home or in a nursing home should be respected. One should not presume that dying at home was necessarily what someone wanted – it depended on the person’s particular circumstances.
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?

Extend GP opening hours
The point was made that GPs never have enough time – they are always busy. Carers often lead very stressful lives and their own health can suffer. They need GPs’s time to discuss their ill/disabled family member’s care perhaps and they need time to discuss their own care.

Annual check ups would be helpful.

Extend Pharmacy hours would be very helpful.

Extend Home Care and other care services

All of the above were seen as very important and helpful to carers.
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)

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

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

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

None of the above

Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Carers wanted more choice, more home care and other social care services to cover the needs of the person they care for and to meet their own needs – not just their needs to look after the person but their own needs in terms of help to have time to themselves, time off from caring.
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)

1. Promoting 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.

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 providing jobs and skills advice), 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.

5. 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.

6. 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.

7. 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.

8. 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?

Nb Joint 3

Carers were keen on easy access such as Walk in Health Centres.

A one stop shop for assessment would be a good idea

Better information – from whom? Carers thought that Community workers and community health professionals were the best people to provide this.

The group wondered about having one telephone number to contact but on reflection thought this would become confusing as it would involve recorded messages which can in themselves become very confusing and off putting.
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  

7

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 hr meeting

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)  

√  

- A group of family carers from BME communities

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

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

- Children and young people  

0
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 4
Any other Asian Background 3
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) √

Informal (family) carers

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

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

NAME OF ORGANISATION

Razia Choudhury

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: Asian Carers Worker, PRT Camden Carers Centre, 5 Crowndale Road, NW1 1TU
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)

NB This is feedback from the DISC Deaf User Group

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:

The Deaf User Group had so many issues to address from their own experience that they did not spend time on this question.

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

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

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

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

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

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

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

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

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

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Priorities have not been graded in the way the form asks because the members of the Deaf User Group had issues across all of the above. As far as members of the Deaf User Group are concerned access issues and reducing discrimination towards them are the key consideration. If communication barriers were readily/efficiently dealt with then it would be easier to prioritise the above. The practical help and support mainly concerns provision of sign language interpretation to these group members so that service is vital as without it they cannot access information/advice in the way that hearing people can.

If hearing health and social care as well as staff in other organisations such as sports centres, libraries, employment agencies and similar had Deaf Awareness training Deaf people expected that their attitude to Deaf people should improve.

Communication support and attitudes of staff are therefore two key issues.

Please read the full text below which sets out the key issues and comments from this group in greater detail.
Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?

**Communication access issues:** members of the Deaf Focus Group emphasised the fact that good physical health and good mental health are equally important. Deaf People would be much better able to take care of themselves when they are ill and in need of NHS community based services if those services provided Sign Language interpreter or other communication support according to what an individual needs. The group members said that the ignorance displayed by many medical and other health staff, can have a very bad effect on Deaf patients/users’ lives. Staff ignorance can come across as prejudice resulting in discrimination towards Deaf People e.g. reception staff asking a deaf person to write down their request for help not understanding that the patient’s first language is Sign Language and communicating in written English is not possible; poor access to provision of Sign Language interpreter for urgent medical needs, e.g. acute depressive episode requiring urgent intervention/support; reception staff/clinicians/nurses calling out someone’s name in a waiting room when the person is deaf, often resulting in the person missing their appointment – an expensive waste of time and money leaving the Deaf person feeling discriminated against and causing aggravation to health centre staff.

Staff need to know how to book interpreters and also need to let the Deaf person know when the Interpreter has arrived. People said there were occasions when they would be sitting waiting for the interpreter, not told they were there and then missed their appointment.

The group talked about taking exercise. They spent time considering going to the Gym, swimming pools and taking part in yoga classes and similar. The huge barrier for them is the lack of understanding and communication support to enable them to undertake these pursuits. Going to the Gym as a Deaf Person they agreed can be very very daunting. How do you take part? Who can show you how to use the machines? Can you communicate with the receptionist? The same applies to other sporting activities. Yes – some Deaf People who can read and write English may take part and their isolation will not be quite so great but for members of the group it threw up a lot of challenges and anxieties. If there was a welcoming atmosphere supported by communication systems in place then this group felt that they would go more readily/often.

“People cannot cope with people signing. Hearing People think that Deaf people are being aggressive”.

The group suggested that some adjustments could make it a bit easier for some Deaf People – such as:

Better use of signed videos in Gyms and other sport reception areas

Reception staff should be properly trained to understand Deaf People’s communication support needs so that as receptionists behaved appropriately. Companies should provide Deaf awareness training as part of staff training – induction training and similar.

Signage should be clear

A signed video could be available to advise Deaf customers how the sports centre runs, opening hours, how to ask for help etc

The above would not solve all the issues but would go some way towards making communications more accessible,
Annual Health Check Ups: the group members thought this would be a good idea. They thought that an annual check up set up with the right communication support would be very helpful to them and give them an opportunity to ask questions/clarify health issues.

Socialising: taking part in activities is good for people’s mental health. Given the lack of understanding by hearing people of Deaf people’s needs hearing people underestimate the impact that social isolation has on Deaf people. Deaf people can be made very depressed and angry about things going wrong which should go right. Funding services that help people socialise are very important.

Behaviour: sometimes hearing people mistake Deaf people’s behaviour - they mistake their gesticulations and use of arms and hands to sign as aggressive. This is one reason why front line staff need Deaf awareness training – to counteract these types of misconception.

THEN 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.
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

4 are listed above – we did not have time to consider terminal care.

Though an attempt has been made to prioritise these above it is difficult to do so given the prompts provided. Here is therefore an attempt to summarise points that Deaf Focus group members made:

**Convenient Care:** convenient for this group of Deaf People means not so much accessing the service at a train station or near where you work as being able to access appropriate communication support when it is needed at GP surgeries, at Health Centres, and social care services. People wanted to have an ongoing professional relationship with their GP and other NHS Health Centre staff rather than an "as and when one". This was seen as vital. An ongoing relationship means that those professional know their patient’s experience and needs and can therefore respond better when particular illness/condition arises which needs care/treatment. There also needs to be greater use of interpreter agencies by the PCT so that they can better meet local need.

Group members said that health professionals across the board need to understand Deafness. They need to understand that Deaf patients/users may use different types of communication support (British Sign Language, Sign Supported English, Lip Speaking, Finger spelling, text to speech). They need to understand the barriers to their communication and have access to efficient solutions. The suggestion was made for PCTs to employ their own Sign Language Interpreters who could support patients/users who live in the borough.

The members of the group thought that if staff really understood the barriers then they would be more willing to help.

NHS and social care professionals need to understand the Disability Discrimination Act and how it applies to the needs of patients/users.

User of Textphone/Minicom: Health Centres do not seem to have this facility – they should have it.

**Chemists/pharmacists:** similar issues occur with regard to communication, explaining the medication, how to take it, possible side effects etc. Also the writing on tablets is too small – some Deaf people who can read and write in English would find it easier if the print size and typeface was bigger and clearer. It would help if Pharmacists could print off instructions on an A4 size sheet of paper. Some Deaf people might be helped if they could use Dosit boxes with big print about the drugs on a separate sheet of paper – this could help those Deaf people who cannot read the small print on the bottles and who therefore would not be frightened of taking medication incorrectly because it would all be set out for them. Would be helpful if Chemists had a clear reference guide available to patients explaining the side effects of each type of medication.

**NHS Direct**

Could this service be set up to be used by people who use Sign Language.
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?

Members of the group have such difficulties accessing the help they need with appointments and advice that the person they often go to is the Deaf People’s Access Support Worker at a local Disability led organisation. Currently this part time Post is commissioned by Social Care Services it is not funded by the PCT to enable access health services. More funding is needed in order to meet health care access needs of Deaf people.

### 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)

<table>
<thead>
<tr>
<th>TOP THREE PRIORITIES</th>
<th>RANK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be one appointment to discuss a whole range of services instead of lots of individual appointments.</td>
<td>None of the above</td>
</tr>
<tr>
<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>Don’t know</td>
</tr>
</tbody>
</table>

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**None of the above**

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

It would help not to have to try and access help from different professionals and different places.

**Access Support Worker at DISC**

The commissioned Voluntary Sector Access Support Worker Post should be jointly commissioned to meet the need for supporting access to NHS as well as social care services. The Post needs to be full time not part time according to members of the group and the current worker. There is a huge need and currently not enough capacity to meet that need.

**Information**

Members of the Focus Group made the point that some Deaf people who cannot read or write English are very isolated from information, they cannot access text only leaflets, letters, online information, telephone communication or signage so interpreter or other communication support is absolutely vital.

They also felt that health organisations were not good at taking advantage of systems which could help some people such as installation and use of Textphones; clear signage; video phones.

All of the above three are vital – it was impossible to prioritise them at the meeting.

**Links between professionals**

The professionals involved need to be more efficient in how they link up together with each other especially when a Deaf Person needs their 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?

Invest in and provide Sign Language interpreters

Invest in and provide BSL signed information

Invest in and provide better signage in Health Centres – better use of pictures/notices etc

Invest in and provide Deaf Awareness Training for NHS staff - receptionists, doctors, nurses etc.

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)

1. Promoting 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.

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 providing jobs and skills advice), 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.

5. 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 are their five top priorities?

This prioritisation has been deduced from the views expressed but it is very difficult to choose an order given the particular needs of the group members. For example providing people with better information (4) may also require developing a new service (5). For Deaf People communication is key so a new service such as a videotelephony service at a Health Centre goes hand in hand perhaps with “better information” (4).
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:

Consultation promotion video was not inclusive
Members of the group thought that the consultation promotion video featuring Patricia Hewitt and members of the public should have featured someone who was Deaf and someone who was disabled. It was not therefore inclusive. It made sure that all other Equalities dimensions were featured i.e. young, older, people from BME communities, women, men. It also made sure it featured someone with long term medical condition and someone with a terminal illness but no one who was disabled, no one with mental ill health, no one who was deaf or visually impaired.

Members of the group felt this illustrated how “left out” they are – feeling their wants/needs are not really rated in the same way as hearing people’s wants and needs.

The group would like a BSL signed video of feedback from the nation wide consultation including comments that are relevant to services for Deaf people.

Implementing the Law and Good Practice
The group thought that the Disability Discrimination Act and local Disability Equality Policies should be implemented properly. They also thought that services should be monitored to see if services are complying.

Language can be offensive
Offensive attitudes include use of language such as “Deaf and Dumb” – there are still people who use this language which is offensive to Deaf people. Equality training would go some way to getting rid of such expressions.

 Appropriateness of interpreters
Gender of an interpreter is very important especially for health/illness discussions. Good practice encourages discussion with patient/user about interpreter provision and who that person would be.
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) √

2 hour meeting

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 0
<table>
<thead>
<tr>
<th>Group</th>
<th>Count</th>
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</thead>
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<tr>
<td>Older people</td>
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</tr>
<tr>
<td>Socially disadvantaged people</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>
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<tr>
<td>Obese people</td>
<td>0</td>
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<tr>
<td>Substance misusers</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>
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<tr>
<td>People in hospices/residential care</td>
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<tr>
<td>Asylum seekers</td>
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<tr>
<td>People with long term conditions</td>
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<tr>
<td>People with caring responsibilities</td>
<td>0</td>
</tr>
<tr>
<td>Other (record below)</td>
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</table>

**Deaf User Group Members**

5

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

[Blank]
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)

Deaf User Group made up of people who use health and social care services.
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:
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** becky@discnwl.org.uk  
**ADDRESS:** DISC Deaf Service Group, 58 Phoenix Road, London, NW1 1EU  
**Format request**  
BSL Signed Video (6 copies please)
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) ✓

The feedback provides views from disabled children and young people and their families.

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 4\textsuperscript{th} November, or earlier if possible. You can find out where to return this feedback by referring to the resource pack website, \url{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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<td>4</td>
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<td>5</td>
<td></td>
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</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WERE IMPORTANT:

These views were gathered as part of another consultation held with disabled children and young people in the summer of 2005. The consultation involved disabled children and looked after children in commenting on health and social care provision. We have therefore considered that feedback and inserted into this form.

Given the short timescale for the consultation Your Health, your care, your say and therefore the great difficulty in setting it up with disabled children and young people we are submitting these views.

In total 21 children took part (13 boys and 8 girls). 16 in 3 group sessions held at schools. A further 5 children took part in individual sessions at their home or residential placement. 52 parent/carers also took part.

We trust that you will take their views into account as they raise important points with regard to access to community NHS and social care services for children and their families.
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:

The priorities were not selected in the way set out above – here are the key points:

That NHS professionals and social care professionals should work closely together. The children and their families wanted more joined up support and not to have to go to lots of different professionals in different places for help.

They want choices available to children, young people and their families about where health professionals are seen e.g. at schools

Consider ways for children and young people to receive the medical support they need without having to miss out on their education

Children, young people and their families did not see why they should miss out on school for health appointments including hospital appointments.

Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?

Disabled children and young people wanted the NHS and Social Care professionals to improve their “listening” skills including their communication skills. Children who are Looked After by the Borough and who do not use speech as their primary method of communication wanted more and better use made of other communication tools e.g. use of pictures and symbols; use of photographs to identify key professionals.

One young person was asked “how do you know if they have listened to you at meetings?” She replied “because they are quiet”.

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.
Convenience is a key issue

The main point for disabled children and young people and parent/carers was improving access to avoid having to have lots of appointments with different professionals and providing this access at schools so as they did not have to miss chunks of school time for health matters.

5. What else would people like the NHS, Social Care and other services to do in terms of how, when, where and from whom community-based services are delivered?

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)

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:

Disabled children and young people and their families recommended that accessibility was a central consideration across service provision. For example it is difficult to ignore the role of accessible housing for disabled children and young people – the needs families and the child has for coping in their every day lives and the effect this has on their health and physical as well as emotional well being.

Other access issues concerned access to a network provided by friends and family as well as the wider community. Community ties and networks appeared strong for those who took part in health and social care discussion – many children had close/extended families who also provide support. Ethnic and cultural considerations are significant.

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?

Be mindful and prioritise young people at highest risk of social isolation and exclusion. Make information about activities such as Youth Clubs available to disabled children and young people. Access to such schemes are seen as key in supporting their physical and emotional well being.
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 (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 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 are their five top priorities?

It is difficult to place these in order from what people said – what we do know is that. A joint “1” has been submitted deduced from feedback.

a key concern is better and easier access to more help support in the community – more “joined up” sources of help provided during school time at schools such as access to physiotherapy services and speech and language therapy services.

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 key health and social care issues were easier access to and provision of help in places which suited children and did not interrupt their schooling.

Another key issue is the importance of appropriate housing that is accessible to disabled children and young people and enables families to care and support their child/children.

The other key issue was the “listening” skills and capacity of the professionals involved in the care and support of the children/young people.

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 children</td>
</tr>
<tr>
<td>52 parent/carers</td>
</tr>
</tbody>
</table>

B. What sort of listening exercise was it?

   (Please tick one box only)

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

The views were gathered as part of another “listening exercise” but are relevant to this one – the exercise sought to establish their views and expectations of services.

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) | √ |

| Disabled children and young people and their parent/carers |

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 | 26 |
| Older people | 0 |
| Pregnant women (and their partners) | 0 |
| Socioeconomically disadvantaged people | 0 |
| Disadvantaged children | 0 |
| Smokers | 0 |
| Excessive drinkers | 0 |
| Obese people | 0 |
| Substance misusers | 0 |
| Disabled people | 0 |
| Prisoners | 0 |
| Black and minority ethnic groups (GO TO QE) | 0 |
| Travellers | 0 |
| Homeless people | 0 |
| People with mental health problems | 0 |
| People with learning disabilities | 0 |
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>Ethnicty</th>
<th>Count</th>
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<tbody>
<tr>
<td>White British</td>
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</tr>
<tr>
<td>White Irish</td>
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</tr>
<tr>
<td>Any other white background</td>
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</tr>
<tr>
<td>White and Black Caribbean</td>
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<tr>
<td>White and Black African</td>
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</tr>
<tr>
<td>White and Asian</td>
<td>0</td>
</tr>
<tr>
<td>Any other mixed background</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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<tr>
<td>Caribbean</td>
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<td>African</td>
<td>4</td>
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<tr>
<td>Any other Black background</td>
<td>1</td>
</tr>
<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)

- 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
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- Obese people
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<tr>
<td>Other (record below)</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**

| LB Camden Children, Schools and Families Directorate |

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

<table>
<thead>
<tr>
<th>EMAIL</th>
<th><a href="mailto:janet.anderson@camden.gov.uk">janet.anderson@camden.gov.uk</a></th>
</tr>
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<tbody>
<tr>
<td>ADDRESS</td>
<td>79 Camden Road, NW1 9ES</td>
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</table>
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 group of older people

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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RECORD BELOW WHY PEOPLE THOUGHT THESE WERE IMPORTANT:

The group who took part in the exercise did so before this feedback form was issued. The group focused on their situation in the here and now – it did not spend time considering the main reasons why health and social care matter to the nation as a whole. It would have needed a much longer meeting to have had the time to really focus on this as well as the other issues relating to older people’s health and social care needs.
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:

18 older people took part in this meeting. All of them used GP services and were familiar with Podiatry services, District Nursing services, Pharmacy services. 6 had had adaptations undertaken to their home, 4 used Home Care, 1 got Meals in the Home. All attended the Day Resource Centre where the meeting was held (see comment below).

The group meeting was held before this particular feedback form was circulated so deductions as to priorities have been made according to views expressed. People appreciated that poverty and poor housing can cause poor health in people, furthermore that these factors can have an adverse impact on life opportunities, educational achievement and so on. Hence a joint “1” has been given. Being older and in frailer health with little money reduces choices, it also reduces a person in lots of other aspects of daily life, ie inadequate or poor diet, cut back on heating, isolation because you as well as possibly not being able to get out and about easily because of frailty/disability an older person may not have enough money to enjoy going treats/getting out and about.

Routine check ups would be very welcome. The people in the group thought there had been or still was the practice of offering annual check ups to over 75 year olds but were not sure if this still happened. Felt the invitation needed to be promoted and well publicised.

Please see comment about Resource Centre below as a valued service in the community for this group of older people.

Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?

This particular group felt the Day Resource Centre they attended played a big part in their lives. This Resource Centre is “open access” to older people as well as being part of Day Care provision for older people who required Day Care as part of their community care package. The service is highly valued by the older people who attend it. People felt it helped them in all manner of ways, it contributed to their mental and physical well being and helped them keep as independent as possible. It offers a place for socialising, for illness/frailty needs picked up on by staff at the Centre, access to a Podiatry Service once a week; individual welfare rights advice on request. The way the service is set up therefore is very important in as much as it has a “preventative” role to play for some older people in keeping them independent, providing stimulation for mental health by providing interesting discussions/classes/reducing isolation and preventative work in terms of promoting physical well being (exercise classes etc). However it is also inclusive in as much as those older people who are frail/disabled may also access it as part of their care package and to give their family carers a break from caring for them if that is needed.

The service also has capacity to meet needs of certain BME communities e.g. older Greek Cypriot people one day a week and support for older Somali people.

The Borough has other open access resources as well
THEN YOU AND YOUR FAMILY NEED HELP AND SUPPORT, HOW, WHEN, WHERE AND FROM WHOM DO YOU WANT IT?

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

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

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

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

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

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

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

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

- None of the above

- Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

The answer “Don’t know” reflects the fact that we did not have this form in order to prioritise as such however these are the key views expressed which relate to the points above:
Access to GPs/Health Centres – convenience:

having easy access to GPs and Health Centres, extending opening hours would be good into the evening and at opening surgeries during the weekend. Access to GPs at weekends during daylight hours was seen as better than evenings.

- extending Pharmacy opening hours would be very helpful. Some of the people had their medication delivered to their home in Dosit boxes and found this very helpful. Dosit boxes in general were thought to be helpful.

English was the first language for all of the group members so access to interpreters/advocacy support was not an issue for these people. However they could imagine that it would be for other people.

Care at the end of life

In general there was a sense that choice was very important, that is choice as to whether someone wanted to be cared for at the end of their life in hospital or a nursing home or at home. Of the people present who had looked after their frail/ill spouses there was the feeling that they could not have coped looking after their spouse at home. They felt the person dying was better cared for in hospital and they, as the carer, felt “safer” about this. The hospital in question specialises in care of older people.

Another person had been in hospital themselves and was very unhappy with the experience. They felt it had had an adverse affect on their life for a number of years after.

The main view was that wherever someone was when they died the care needed to ensure that they were treated with dignity and respect. The essential personal qualities of staff needed to be kindness and respect for people coupled with caring for older people skills.

Telecare in the community

People in the group were familiar with and some used body worn care alarms which connect to a local careline response service. At the end of the day they thought that nothing really replaces face to face help/care. They valued the role played by wardens for example.

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

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

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

- Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’ would be one appointment to discuss a whole range of services instead of lots of individual appointments.
  - 3

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

- Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes.
  - 1

- None of the above
- Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

This order was deduced from views expressed rather than agreed as a group.

Being able to access services and have choice of services coupled with having good information were very important. For some people information in large print to take account of sight impairment was important. All the group members enjoy the help they get from the staff at the Day Resource Centre – this help plays a vital part in their lives so in effect they are already accessing information, care and support in a way that other older people, who do not get it, would enjoy.

They are in effect an example of how resourcing support in an “open access” way enables people to access the help more easily than just if they are referred by someone else. The people present felt they enjoyed a better life. e.g. if they need help to read a prescription they have someone they can ask; if they need to access a podiatry service they can get
help with that; they are assured of a hot meal; they are assured of someone picking up on their worries/concerns with them; they receive welfare rights advice by arrangement.

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?

Having one telephone number to phone could be helpful. Not having to phone around to different numbers but being able to rely on system that could deal with initial enquiries and refer you to the correct person. HOWEVER people agreed they cannot bear the mechanised recorded responses they get when they phone places. Someone commented that they found the “press number this and that unbearable”.

MAKING HEALTH AND SOCIAL CARE BETTER FOR EVERYONE

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 are their five top priorities?

Again these were deduced from the discussions rather than overtly selected and agreed.

For this group of people they were concerned to have easy access to GPs and other community health and social care help. Without the Day Resource Centre support they would find life more difficult to cope with. As already stated they value the help the Centre gives them and rely on that help –without it they would be much more vulnerable.

The Day Resource Centre seems to fit under priority 2 – hence why we have given it as a joint 2 with “ensuring people get the practical support they need etc”

The group agreed that the Centre helped them:

“feel safer, supported and happier”
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 group gave some thought to the suggestion made under Social Care that people could get Direct Payments to manage and pay for their own care. People thought this was a bit daunting though mention was made about the voluntary sector organisation which ran a service to help people manage the DP system themselves.
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

   18

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) √

   1hr 30 minutes

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 0

   Paid staff from your organisation 0

   Voluntary staff from your organisation 0

   Other (record below) √

   Older people who are patients/social care service users

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

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

   Children and young people 0
<table>
<thead>
<tr>
<th>Group</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older people</td>
<td>18</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>0</td>
</tr>
<tr>
<td>Prisoners</td>
<td>0</td>
</tr>
<tr>
<td>Black and minority ethnic groups (GO TO QE)</td>
<td>0</td>
</tr>
<tr>
<td>Travellers</td>
<td>0</td>
</tr>
<tr>
<td>Homeless people</td>
<td>0</td>
</tr>
<tr>
<td>People with mental health problems</td>
<td>0</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>0</td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td>0</td>
</tr>
<tr>
<td>Asylum seekers</td>
<td>0</td>
</tr>
<tr>
<td>People with long term conditions</td>
<td>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. 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 16
<table>
<thead>
<tr>
<th>Background Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Irish</td>
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</tr>
<tr>
<td>Any other white background</td>
<td>1</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td>0</td>
</tr>
<tr>
<td>White and Black African</td>
<td>0</td>
</tr>
<tr>
<td>White and Asian</td>
<td>0</td>
</tr>
<tr>
<td>Any other mixed background</td>
<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>
</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)

Other (record below)  
Older people

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

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

NAME OF ORGANISATION

Charlie Ratchford Resource Centre

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 steven.reading@camden.gov.uk
ADDRESS: Belmont Street, London NW1 1EU
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)

Response by VIC (Visually Impaired in Camden Group)

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:

There was not time to discuss this as the group focused on their personal experiences and experiences as a group of visually impaired people.
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:

VIC members are an active group of people with visual impairments who hold monthly meetings. The majority of members are older people. The group were very keen to contribute their views to the consultation and these views are noted below. The priority
selected for the above points have been drawn by the facilitator from the discussion and the emphasis given to certain issues/concerns expressed during the Listening Event.

**Information and support**

The key thing for members of this group is the accessibility of the information and support provided. Fundamental to this they said, is the underlying attitude of health and social care professionals towards people with visual impairments. Unless the information is provided in a way that is fully accessible then they miss out on vital help/care/support.

The group thought that health and social care professionals needed Sensory Needs Awareness Training including **Visual Impairment Awareness Training** to know how to meet/greet/provide guiding assistance. This would involve training/knowledge about accessible formats (large print, type face, how to get audio tapes produced, how to get Braille versions produced) how to get these produced easily etc.

**Communication is key** – Health Practice systems should be able to produce letters and communications in the format that individuals require it. Discussions about this and how best to meet someone’s need should take place and a note made on the person’s file to ensure communications thereafter are conducted as that person requires.

**Routine check ups would be very helpful.** However the point was made that in this inner London borough the Over 75’s annual medical checks had ceased so some group members who were in the older age group were sceptical about this suggestion coming to pass.

Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?

**Self assessment**

The group considered the suggestion about self assessment. They emphasised that the NHS and Social Care professionals need to understand that in making such proposals they need to be mindful of the whole communication issues experienced by people with sensory impairments. They thought that self assessment for people who are visually impaired would be extremely difficult if not impossible.. They emphasised that any presumption that they could assess their health efficiently was dangerous e.g. even simple assessments say for bruising, bleeding, cuts, grazes, skin conditions would be impossible. They need the help of a sighted person for this. Help with assessing ongoing health therefore requires help from someone else often. For someone who lives alone this is vital. Some people present were coping with ill health as well as a visual impairment so medical/nursing and care assistance were considered a very very high priority.

**Improving communication support** (see above as well)

A key point was the request that medical and other health personnel should have some sort of coding system to identify that an individual is visually impaired. That those same personnel should be trained and take the trouble to understand the implications of this when it comes to communicating with visually impaired patients/users .e.g size of print on letters/use of audio tapes/general attitude towards patients/users.

**Waiting rooms**

Relying on visual prompts to direct patients to appointment rooms is not helpful for people with visual impairments. As well as visual prompt need someone to announce the person’s name.
**Financial incentives**

They thought that GPs could be provided with financial incentives in order to improve their services to people with visual impairments and other disabilities. This could be one way of eventually reducing discrimination towards patients who are seen as too expensive to have on GP lists. There was a real sense of discrimination experienced by some members of the group – a feeling that if you have an ongoing medical condition which involves permanent impairment/disability you were too expensive.

---

**WHEN YOU AND YOUR FAMILY NEED HELP AND SUPPORT, HOW, WHEN, WHERE AND FROM WHOM DO YOU WANT IT?**

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

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

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

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

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

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

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

None of the above
Don’t know √

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Don’t know response has been given because the group did not prioritise these as such – here are the key points made:

**Convenience**
People wanted access to the same doctor/nurse/social care worker. They wanted an ongoing trusting relationship with key health and social care workers who got to know them, got to know their communication and other support needs. Obviously their medical needs may vary according just as it does for anyone else. However to have to regularly explain from scratch issues associated with their eye condition unless directly related to the consultation of the moment, is wearing.

**Our of hours services**
Members of the group would welcome an out of hours service to extend to evenings and weekends. However access to that sort of service in anything other than familiar locations would be daunting. They made the point that accessing your local hospital, your local health centre is fine – but accessing doctors at a range of different locations would be much more difficult if not impossible for people with visual impairments.

Home Visits would obviously be a great help to people with visual impairments.

GPs should not shut for lunch. There should be a way of organising the practice to provide lunch time cover.

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?

They want health and social care professionals to receive Sensory Needs Training as part of a proper Disability Equality Training.

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)

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:

Don’t know just means could not prioritise as such. Better information for this group of people includes accessible information – availability, quality and choice of services could mean personal care assistance provided to assist people access services such as clinics, it could mean effective prompt transport provision (not one of the services listed as either health or social care but vital to enable visually impaired people get around safely).

Health and social care professionals need to have proper systems in place for providing this information – audio tapes should be able to be “turned around” in say three/four days – it is not acceptable for a visually impaired person to have to wait 3 months for an accessible version of their care plan or similar.

Letters to patients/circulars inviting people to health check ups/smear tests/breast clinics etc should be sent out in format/print size that individuals require. Given all the IT systems that now exist this should not be impossible to do. Back to that coding comment made at the top.

The point was made that health professionals and social care professionals need to liaise between themselves better. Why should the patient/user be the one to make the connections – to have to repeat things, “it should not be left to us to tell the same story”. More joined up working is seen as really important – there is a need for professionals to be proactive in their liaison about their patients/users.
Chemists

People had varying experiences of managing their drug treatments. Some people had their medicines delivered to them at home; some people used “Dosit boxes”; other people had to collect their. A couple of people thought financial incentives would also be useful as a way of encouraging the Pharmacy service in its provision to people with visual impairments.

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?

MAKING HEALTH AND SOCIAL CARE BETTER FOR EVERYONE

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 (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 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?

Very difficult to choose – deduced from discussion rather than agreed.

If GP surgeries were to offer welfare rights advice, social care assessments, advice about visual impairment support services etc then that could be very helpful as the surgery is often the place people access most readily and having a range of advice in one place is obviously helpful to people with visual impairments – much easier to learn how to get to one place for help/advice than have to go to lots of different places.

Home visits by GPs for visually impaired people would be very helpful.
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:**

Mandatory Sensory Needs Training for health and social care staff especially front line staff including receptionists.

Section C: details about your organisation and your listening exercises

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

A. How many people took part in your devolved listening exercises?  
   **Write in below**
   
   10

B. What sort of listening exercise was it?

   (Please tick one box only)

   - A day long session (from 5 to 8 hours long)
   - A half day session (from 3 to 5 hours long)
   - Up to 3 hours long
   - Other (record below) √
   - 2 hour 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
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>Population Group</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>
</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>
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<tr>
<td>Excessive drinkers</td>
<td>0</td>
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<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>Prisoners</td>
<td>0</td>
</tr>
<tr>
<td>Black and minority ethnic groups (GO TO QE)</td>
<td>0</td>
</tr>
<tr>
<td>Travellers</td>
<td>0</td>
</tr>
<tr>
<td>Homeless people</td>
<td>0</td>
</tr>
<tr>
<td>People with mental health problems</td>
<td>0</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>0</td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td>0</td>
</tr>
<tr>
<td>Asylum seekers</td>
<td>0</td>
</tr>
<tr>
<td>People with long term conditions</td>
<td>0</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: 8
- White Irish: 1
- 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: 1
- 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)

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
Visually Impaired in Camden (VIC)

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 Co-ordinator
ADDRESS: Visually Impaired in Camden, 58 Phoenix Road, London NW1 1EU
Formats:
Audio tapes (10 copies)
and
Large print 22 point arial typeface
1. What did people think were the five main reasons why community health and social care matter to the nation as a whole?

(IN PRIORITY ORDER)

1. To keep us all healthy
2. To help us live full and active lives
3. So that extra help can be given to people who need it most
4. 
5. 

Many of our service users experience higher levels of ill health than the general population. They are very aware of the need for timely and well informed support and advice from health and social care professionals so that they can maintain their health and independence.

Opportunities to learn about healthy life styles and making well informed decisions about health are seen by many of our service users as key aspects of what well integrated health and social care services should offer.

2. 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 (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.

Our service users want to look after their health as far as possible. Many are dependent on others to support and advocate for them to ensure that this happens effectively. This requires a more proactive stance from health and social care services, which need to promote the availability of their services and enhance the level of co-ordination that exists between them. This is the thrust of both the White Paper Valuing People 2001, and the many recent initiatives in health services which have been developed nationally and locally – e.g. a Local Enhanced Service for people with learning disabilities in Camden as part of the nGMS contract for GPs.

3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?

Offer accessible information about:
• what services are available
• how to manage different health problems
• the effects (and unwanted side effects) of all medicines
• the benefits and problems associated with different treatments – e.g. for depression, etc.

Make it easier to get GP appointments – telephone booking is proving problematic

Make sure that all health staff (reception and clinical) have disability equality training

Make sure that all health and social care staff have training to improve their awareness and skills in relation to communication

Make sure that doctor’s surgeries and hospitals have clear signage and systems (incl. staff available to help) for directing patients around the building.

Make sure that health and social services co-ordinate their work properly. This also means that the eligibility criteria that services use don’t get in the way of support and/or advice being given promptly.

Make it easier to have contact with health and social care professionals who know us and whom we have a trusting relationship with. It is frustrating and often upsetting to have to repeat ourselves, or have to build up new relationships with professionals.

4. 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:

Many of our service users still experience difficulty in making use of (mainstream) health services. The impression given is that Disability Discrimination Act requirements are still to be worked through systematically in practice. The impression is that real change may wait upon a combination of legal challenges to services as much as changes in staff awareness and attitude.

5. 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:

See previous responses.

6. 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?

As previously mentioned, accessible information and disability awareness among staff are crucial elements in the effective delivery of joined up services.
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.

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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.

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

8. Why were these their five top priorities?

The key and consistent message from service users is that they want equitable access to services and to professionals that will treat them in a respectful manner.

There is a clear request for contact arrangements with services to be made easier, and for services to be better at providing an appropriate level of customer care that many other members of the public take for granted.
The implications of much of the feedback received from service users is that services need to be more “intelligent” about how they organise and deliver themselves. 

E.g.

Provision of a comprehensive range of accessible information about services, resources and treatments,

Having a proactive approach to service provision that makes use of evidence-based practice and pre-empts the emergence of problems etc.

9. 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:

Information provided above comes from information gathered over the last 3 years at various consultation events, and through group work and individual support offered to service users. In addition, the above was checked with a meeting of members of Camden People First on 12th Oct 05,
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>
<thead>
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<tbody>
<tr>
<td>1</td>
<td>GP</td>
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<tr>
<td>2</td>
<td>NHS</td>
</tr>
<tr>
<td>3</td>
<td>SOCIAL CARE</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

GP is the first contact for families when they are unwell. Doctors in Surgeries build a rapport between themselves and services users as they get to meet more often, therefore trust is built between the two parties.

NHS gives them the information and care they need in one place.

Social Care informs and advises them of the benefits entitlements. This also informs and advise them on importance of looking after their health.
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. Check ups
2. Information and advice about drugs
3. Information and advice about benefits

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

Participants felt that there wasn’t enough information given on check ups apart from breast cancer which is widely focusing on women checking their breasts.

Participants felt that they are not given enough information about the drugs they are taking or using. They felt that leaflets are sometimes handed over to them without proper explanation. They felt this is an emotional time for the patients and more support should be given.

Participants felt that on many occasions they learn about benefits through friends who have gone through similar problems like them.

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

“my child suffers from eczema, she wakes up 2-3 times a night and has seen a doctor on several occasion but I wasn't aware that their benefits could apply for until I met a friend going through same problem as mine”.
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

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

Participants felt they receive much support and advice from the local professionals who are available any time like the pharmacists and health advisers etc.

They felt that by trainers educating them about major issues which affect their health i.e. the importance of eating healthy food which gives them knowledge and skills.

Participants felt that it could be more effective to see an adviser at the surgery on housing and other benefits issues because some of the causes of ill health are triggered by poor housing, employment and stress e.t.c

They also felt that receiving services at a single point saves time and resources.
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, participants felt that because service users felt ill over the weekend it could benefit the community to visit GPs over the weekend and reduce waiting lists on Monday morning and accident and emergency.

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

Create more services in one place in the community so that service users can access these services easily and effectively.

More health education and information programmes locally.
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

None of the above

Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Participants felt that all these are important however, effectively joined-up social care and health services, the availability, quality and choice will reduce time and resources.

They felt that people will be well informed to deal with their illnesses and therefore cope with their everyday lives.
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

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

Participants felt that the government should empower the voluntary sector to be able to work with the hard to reach communities and enable them improve their lives through involvement in planning and participation so that they make informed choices.
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:

Participants felt that health care is paramount for all and should be available conveniently and adequately places easily accessible to all.

Increase of services to reach local community and providence of existing services such as; blood tests, x-rays and some scans e.t.c.
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?

Improving and providing more services to match people’s needs will increase access.

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

Improve accessibility to accommodate all and provide priorities for review.
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?

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.

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

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

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

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

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

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

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

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

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

Participants felt that by choosing this priority, service users will be empowered and informed to make the right choices so that they can improve their health.

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.

1. People are not supported and empowered enough to make the right choices.

2. Health information is not explained properly in a language the lay person can understand. At times professionals use jargons which is difficult to understand.
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?

1. Participants felt that collaboration between agencies will be very effective.
2. Support the voluntary sector organisations because they know and work with local communities on an everyday basis.
3. Introduce more advisors in surgeries who are knowledgeable about housing, employment, benefit and health so that resources are not overused and the money is well spent.
4. It will also be accessible to the general public. This will also help in preventing illnesses which are caused by the above problems.
Section C: details about your organisation and your listening exercises

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

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

Write in below

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B. What sort of listening exercise was it?

(Please tick one box only)

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<thead>
<tr>
<th>Term</th>
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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>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members of the general public (i.e. with no specialist interest in health and social care)</td>
<td>28</td>
</tr>
<tr>
<td>Members of the public who are involved with health and social care services e.g. PPI forum members</td>
<td>10</td>
</tr>
<tr>
<td>Paid staff from your organisation</td>
<td>0</td>
</tr>
<tr>
<td>Voluntary staff from your organisation</td>
<td>6</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>0</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>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>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>
</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>
E. Of the people that took part in your listening exercise, can you please tell us how many were from each of the ethnic groups listed below

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td></td>
</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>
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<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>35</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)
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>Children and young people</th>
<th></th>
</tr>
</thead>
<tbody>
<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>
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<tr>
<td>Smokers</td>
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<tr>
<td>Excessive drinkers</td>
<td></td>
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<tr>
<td>Obese people</td>
<td></td>
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<tr>
<td>Substance misusers</td>
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<tr>
<td>Disabled people</td>
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<tr>
<td>People in prison</td>
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<tr>
<td>Black and minority ethnic groups</td>
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<tr>
<td>Travellers</td>
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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>
<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></td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td></td>
</tr>
</tbody>
</table>

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?

BUSOGA ASSOCIATION UK

K. What type of organisation are you responding as?

<table>
<thead>
<tr>
<th>Type of Organisation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A local organisation</td>
<td>☑</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?

| 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:

Busoga Association UK  
Unit W004  
Metropolitan Business Centre  
Enfield Road  
London  
N1 5AZ

Busoga1@btconnect.com
YOUR HEALTH, YOUR CARE, YOUR SAY
FEEDBACK FORM FOR LOCAL LISTENING EXERCISES
Thank you for your help with your health, your care, your say.

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

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

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

NHS 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 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)

1. Improving levels/quality of information and advice
2. Local Support Arrangements
3. Work to address local inequalities

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

People feel generally that improved efforts are being made generally in order to ensure that health messages are getting across to those who need it. However there was a unanimous view that more needs to be done, particularly around how advice and information is packaged.

There was a strong feeling that Health Services and Central Government should take much more pro-active and relevant approaches to communicate key health messages at a local level. In addition, it was felt that relevant and targeted information should be used to market health promotion, and that role models should become more involved. Those who participated also felt that partners working with local NHS organisations should have a more proactive role.

People feel generally that all providers of health services within local economies are starting to work better together, although there was still a view that this needs to improve considerably.

People were also impressed with the level of effort that takes place to reduce health inequalities across the area, but again, felt that more should be done, particularly by central government to back up local initiatives (e.g. through using mass media).
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>General access to primary care services (mainly GP’s)</td>
</tr>
<tr>
<td>2</td>
<td>Access to out of hours provision</td>
</tr>
<tr>
<td>3</td>
<td>Coordination between the full range of health service providers</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

There was a strong feeling at this venue that the GP appointments system needs to be radically addressed as the current system can affect continuity of care. This view also applied to the Out of Hours system. Some participants felt this was complicated and in some cases inaccessible. There was a strong view that there should be a single, consistent model across the whole PCT area, with a voice – and not an answerphone. People also felt that the current system for contacting their GP out of hours is too lengthy and convoluted, as well as impersonal and frustrating to use in an emergency.

There was also a view that out of hours arrangements, including NHS Direct should be publicised more appropriately, particularly through local and mass media mechanisms and that all information promoting these series should be carefully kept up to date

There was discussion about the introduction of a key worker or “broker of care” to initiate and monitor care for patients. Communication was then discussed and several themes emerged including GP receptionists as a resource, letting people have their own care and health records and the use of new IT in the NHS that will hopefully improve communication between GP’s and consultants. The issue of improving communications in general was also consistently raised, for example, people are aware that social services, the private sector and the NHS are worker closer, but also agreed that much more needs to happen to improve this.
What other issues did people mention? Please record any personal stories here if possible.

The impact of the Choice agenda was also discussed as there were concerns that engaging with the Private sector could drive up costs, this was mainly around nursing costs. Urgent care was discussed at length, what is the consistency of care and what standards apply to urgent care? The Rapid response team and different ways of providing urgent care were raised but also other transport arrangements. Ambulance provision and population size were raised as issues for the Formby residents. Communication between agencies providing and managing urgent/unplanned care was also an issue that needed to be addressed. Participants felt that pharmacies should offer more services so that less pressure would be placed on GP’s.

The discussions also highlighted a need for better communication between health and social services in order to provide a more seamless and joined up service. Participants also discussed the provision of equipment in order to promote independence, it was felt that more needs to be done to both promote and improve access to this service. A discussion then took place around access to services for Children. There was a unanimous view that transport is an issue locally in terms of accessing some children’s services. However, those who took part felt that local GP’s could offer additional services in order to manage accidents and minor injuries to children. It was felt that this role could also be extended to incorporate district nurses.

There was also a lengthy discussion and strong feelings around the balance between the choices that people take and their social responsibilities. There were strong feelings that laws on alcohol and smoking are far too liberal, particularly in respect of licensing variations to permit 24-hour drinking.
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
1. The immediate and unanimous response to this issue was that people want support quickly, from the relevant person, and when it is needed. In addition, participants felt strong about the fact that it needs to be offered at the best possible place, and not necessarily locally. Participants also felt that support should come from the most relevant person, for example, GP’s or district nurses, and that generally improved access to GP’s should be offered. Those present at the meetings also felt that there should be a re-branding of pharmacy services in order to promote the full range of services that they can provide. In particular, the fact the pharmacies can offer quiet rooms so that patients can access support or advice from their pharmacist. It was felt that this could relieve some pressure from GP’s.

Participants also questioned how aware local people actually are when it comes to the full range of services that are available locally, feeling that more should be done to promote this. In addition to this, it was felt that a lack of networks can lead to isolation, which can have an impact upon health as people are not sure where to access support from when they need it. Participants felt that a larger ‘guide to services’ should be produced to cover a larger Sefton geographical area.

2. There was a clear opinion expressed that people in general should take more responsibility for their own health. The majority of participants felt that a fundamental change in lifestyle was required in order to achieve this. There was also a general feeling that there is a degree of irresponsibility in terms of the choices that individuals take. Participants also felt that the mass media, for example television, magazines and ad campaigns, should play a specific role in terms of putting across targeted health related messages, which are audience appropriate with a particular focus on younger adults. There was also a lengthy discussion and strong feelings around the balance between the choices that people take and their social responsibilities. There were strong feelings that laws on alcohol and smoking are far too liberal, particularly in respect of licensing variations to permit 24-hour drinking. A significant discussion followed around information, advice and education. Those who attended felt that effective and targeted information on health choices should be offered to children and young people at a much earlier age. There was also a discussion highlighting a ‘lack of trust’ around some sources of health information, particularly from different government departments. There was a strong feeling that Health Services and Central Government should take much more pro-active and relevant approaches to communicate key health messages at a local level. In addition, it was felt that relevant and targeted information should be used to market health promotion, and that role models should become more involved. Those who participated also felt that partners working with local NHS organisations should have a more proactive role.
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, people felt that the full range of local organisations should work closer (with an government steer) so that people can be encouraged/supported to take better care of themselves.

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

Provide better information
Make it easier fore people to access advice, support and help at the time when it is needed
Make health services more accessible
Provide more support services in local communities
Encourage the wide range of agencies to cooperate more effectively
Encourage the private sector to become more involved in delivering health services
Making more of an effort to listening to patients
Work better with children and families
Promote the importance of healthy choices/lifestyle through mass media
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)

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:

There was discussion about the introduction of a key worker or “broker of care” to initiate and monitor care for patients. Communication was then discussed and several themes emerged including GP receptionists as a resource, letting people have their own care and health records and the use of new IT in the NHS that will hopefully improve communication between GP’s and consultants. The discussion also highlighted a need for better communication between health and social services in order to provide a more seamless and joined up service. Participants also discussed the provision of equipment in order to promote independence, it was felt that more needs to be done to both promote and improve access to this service.
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, again it was felt that all partners should work together and communicate better. A ‘seamless service’ was very important to all those who took part, who felt that the current arrangements and systems can affect continuity of care.

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

Provide better information
Make it easier for people to access advice, support and help at the time when it is needed
Make health services more accessible
Provide more support services in local communities
Encourage the wide range of agencies to cooperate more effectively
Encourage the private sector to become more involved in delivering health services
Making more of an effort to listening to patients
Work better with children and families
Promote the importance of healthy choices/lifestyle through mass media
Continue to support PPI Fora
Introduce health checks, particularly for men
Provide incentives to encourage people to live healthier lifestyles (e.g. partnerships with leisure providers to provide for concessions etc)

There was a strong view around the ‘agencies’ that operate within local communities, for example, estate agents, pharmacists, public sector organisations etc. There was a view that communications between these agencies should be improved generally. There was also a view that access to health related services is becoming too ‘spread-out’, where as previously it was more locally based.

Participants also discussed access to health promotion, and felt that it wasn’t always appropriate or convenient. There was a general feeling that better use needs to be made of NHS and public buildings in order to promote this service.
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.

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.

5. 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)

6. None of the above

7. Don’t know
People in all meetings felt very strongly that the current ways of accessing healthcare are just not always accessible. People want access in a timely manner appointments when they are needed and access to care when necessary. There needs to be more choice around appointment times and more flexibility eg 24hr access instead of 9-5. Access to a specific GP is also what patients require but more information about GP’s especially for patients wanting to register with a new GP would be useful. It is easier to see a GP rather than a practice nurse at the moment, is there a need for more practice nurses?
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, again it was felt that all partners should work together and communicate better. A ‘seamless service’ was very important to all those who took part, who felt that the current arrangements and systems can affect continuity of care.

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

Provide better information
Make it easier for people to access advice, support and help at the time when it is needed
Make health services more accessible
Provide more support services in local communities
Encourage the wide range of agencies to cooperate more effectively
Encourage the private sector to become more involved in delivering health services
Making more of an effort to listening to patients, especially men
Promote the importance of healthy choices/lifestyle through mass media
Continue to support PPI Fora
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?

People want support quickly, from the relevant person, and when it is needed. In addition, participants felt strong about the fact that it needs to be offered at the best possible place, and not necessarily locally. Participants also felt that support should come from the most relevant person, for example, GP’s or district nurses, and that generally improved access to GP’s should be offered. Those present at the meetings also felt that there should be a re-branding of pharmacy services in order to promote the full range of services that they can provide. In particular, the fact the pharmacies can offer quiet rooms so that patients can access support or advice from their pharmacist. It was felt that this could relieve some pressure from GP’s.

Participants also questioned how aware local people actually are when it comes to the full range of services that are available locally, feeling that more should be done to promote this. In addition to this, it was felt that a lack of networks can lead to isolation, which can have an impact upon health as people are not sure where to access support from when they need it. Participants felt that a larger ‘guide to services’ should be produced to cover a larger Sefton geographical area.

There was a clear opinion expressed that people in general should take more responsibility for their own health. The majority of participants felt that a fundamental change in lifestyle was required in order to achieve this. There was also a general feeling that there is a degree of irresponsibility in terms of the choices that individuals take. Participants also felt that the mass media, for example television, magazines and ad campaigns, should play a specific role in terms of putting across targeted health related messages, which are audience appropriate with a particular focus on younger adults. There was also a lengthy discussion and strong feelings around the balance between the choices that people take and their social responsibilities. There were strong feelings that laws on alcohol and smoking are far too liberal, particularly in respect of licensing variations to permit 24-hour drinking. A significant discussion followed around information, advice and education.

Those who attended felt that effective and targeted information on health choices should be offered to children and young people at a much earlier age. There was also a discussion highlighting a ‘lack of trust’ around some sources of health information, particularly from different government departments. There was a strong feeling that Health Services and Central Government should take much more pro-active and relevant approaches to communicate key health messages at a local level. In addition, it was felt that relevant and targeted information should be used to market health promotion, and that role models should become more involved. Those who participated also felt that partners working with local NHS organisations should have a more proactive role.
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 better access, people want clearer information about the range of services currently available, people should take more responsibility (with much advice and support) and people should have access to improved, targeted information, so that they can make better choices.

There are concerns about accessibility to GP’s especially since the introduction of the nGMS contract. People want choice about their appointments the have the option to prebook an appointment or to be able to access a health professional within 24hrs if necessary. It was also highlighted that GP surgeries close for long periods at lunchtimes and people would like to speak to a receptionist if they have a concern and not listen to a pre-recorded message. There is an issue for people for people who work outside the local area that GP practices are not accessible before people start work and when people have finished work, this possibly has an impact on access to health care for men.

Pharmacy services are considered to be working well and people feel that pharmacies have potential to deliver health information and provide services in a different way. The opening hours of pharmacies were better than those of GP’s so the new pharmacy contract could help both in the dissemination of health information and the provision of health care.

There was some discussion about the role of the home help, which has long since disappeared, these people acted as a link between health and social care. The disappearance of the home help has highlighted a gap that has not been filled by the statutory sector. The home help was the lynch pin of the system that probably provided an early warning system to prevent hospital admission and ensured that older people were looked after in their own homes.
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 government needs to keep listening to local people, and ensure that developing NHS ideas are consistent with actual local need. The problem will be how local need is identified and how this fed into the commissioning process. Concerns were raised at one of the events about the fact that GP’s have little idea about their practice populations and there are issues about health inequalities and people who are not registered with a GP. The local population includes a number of migrant workers and a high proportion of older people, travellers and people with a disability, how will the DOH ensure that health inequalities are addressed in these local populations and that full and meaningful consultation has been undertaken about local service provision.

There was criticism about conflicting government policy especially around alcohol and 24 hour drinking. People were confused about conflicting messages coming from government, so the department needs to ensure that messages are appropriate and consistent.
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>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>

B. What sort of listening exercise was it?

(Please tick one box only)

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

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

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

<table>
<thead>
<tr>
<th>Type of People</th>
<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>80</td>
</tr>
<tr>
<td>Members of the public who are involved with health and social care services e.g. PPI forum members</td>
<td>5</td>
</tr>
<tr>
<td>Paid staff from your organisation</td>
<td>5</td>
</tr>
<tr>
<td>Voluntary staff from your organisation</td>
<td>5</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>5</td>
</tr>
<tr>
<td>OSC Members, local councillors, NED’s etc,</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>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td></td>
</tr>
<tr>
<td>Older people</td>
<td>X</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td>X</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>X</td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td></td>
</tr>
<tr>
<td>Smokers</td>
<td>X</td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td>X</td>
</tr>
<tr>
<td>Obese people</td>
<td>X</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>X</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>X</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>X</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></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td></td>
</tr>
<tr>
<td>Older people</td>
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<tr>
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<tr>
<td>People in prison</td>
<td></td>
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<tr>
<td>Black and minority ethnic groups</td>
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<tr>
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<td></td>
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<tr>
<td>People with long term conditions</td>
<td></td>
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<tr>
<td>People with caring responsibilities</td>
<td></td>
</tr>
<tr>
<td>Do not deal with specific sectors of the community</td>
<td></td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
</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>
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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><strong>Not applicable</strong></td>
<td>X</td>
</tr>
</tbody>
</table>

J. What is the name of your organisation?

Southport and Formby Primary Care Trust

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

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

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

patrick.cahoon@southportandformbypct.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 PCT organised meeting of patient/carer reps.

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)

<p>| | |</p>
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>• Multi-disciplinary community care teams [but see below for caveats]</td>
</tr>
<tr>
<td>2</td>
<td>• Mass of information is available – but people do not where/how to acess when they need it.</td>
</tr>
<tr>
<td>3</td>
<td></td>
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</tbody>
</table>

(RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:)


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

(RECORD BELOW IN PRIORITY ORDER)

1. Not enough staff employed in community teams – therefore eligibility criteria tight and inflexible – not able to tailor treatment to individuals needs.

2. Lack of therapies esp. speech and language therapists + need for domiciliary physiotherapy

3. Information - NHS Direct concept good – but has credibility problem. Pharmacists good resource – but quality/service patchy

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

Need to take into account ageing population

Demographics – lifestyle changes - many people now living alone.

Still an assumption that relatives will look after their family members – even when they live some distance away

Need for proper opportunity for convalescence.

Services often inaccessible to working single parents – cannot access during working day or difficulty with childcare in an evening [example re smoking cessation groups given]

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

an assumption was made that Horsham resident would go and look after aunt in Somerset although works and is carer for husband.
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 (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
Don’t know
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Tests – such as blood pressure are widely available in a range of venues e.g supermarkets/libraries – think creatively where – need good information to support testing i.e what to do/where to go with results

Reduction in general child health checks retrograde – provided a good opportunity to view family in a holistic way and provide information of diet/nutrition, exercise etc.

Urgent need for more respite services for carers

To keep people in their own homes need practical support - home help needs to be re-introduced.

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.

2

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

1

joint

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

joint

None of the above

Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Support in principle for single needs assessment – group aware of single assessment process – but unclear about it works, what in reality will be benefits/outcome – how people get into the system

Better information supported – need outreach – and nationally recognised brand for information e.g CABx
Same quality and standards need to be applied to all long-term conditions e.g. given good service for diabetes but very poor for Parkinson’s Disease.

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 | Not prioritised |
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

<table>
<thead>
<tr>
<th>General comments</th>
</tr>
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</table>

Need more flexible approach from practices – but in general felt legislation should be passed to allow people as a right time to go to the doctor, without penalty. Suggestion of registering with GP at home and near work not supported at all.

Walk-in centres supported in principle – but would need clarity about what could and could not be dealt with.

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

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 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) 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 1
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>6</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td></td>
</tr>
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<td>People in prison</td>
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<td>Black and minority ethnic groups</td>
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<td>Travellers</td>
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<td>Homeless people</td>
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<td>People with mental health problems</td>
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<td>People with learning disabilities</td>
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<td>People in hospices/residential care</td>
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<td>Asylum seekers</td>
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<td>People with long term conditions</td>
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<td>People with caring responsibilities</td>
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<tr>
<td>Other (record below)</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

- 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 [yes]

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)*

<table>
<thead>
<tr>
<th>Group</th>
<th>Ticked</th>
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<tr>
<td>Children and young people</td>
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<td>Older people</td>
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<tr>
<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>Substance misusers</td>
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<td>Disabled people</td>
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<td>People in prison</td>
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<td>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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<td>Do not deal with specific sectors of the community</td>
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<td>Other (record below)</td>
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</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>
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<tr>
<td>North East</td>
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<td>North West</td>
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<td>Yorkshire &amp; the Humber</td>
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<td>East Midlands</td>
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<td>East of England</td>
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<td>South East</td>
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<td>London</td>
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<td>South West</td>
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<tr>
<td>National Organisation</td>
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<tr>
<td>Not applicable</td>
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J. What is the name of your organisation?

Horsham and Chanctonbury Primary Care Trust

K. What type of organisation are you responding as?

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

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<th>Yes</th>
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<td>No</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:

Liz.catcpole@hcpct.nhs.uk
17 million reasons – submission to Your health, your care, your say

The current White Paper consultation looks at ways to transform care closer to home, including that provided in the community and by social services, and create a more patient-centred NHS. As a partnership of organisations, we believe that the White Paper could be an ideal opportunity to transform the system to meet the needs of people living with long-term conditions.

17 million reasons is a partnership of 21 organisations, including patient groups, health professionals and managers, who first came together in September 2003 to make the case for better and more meaningful care and services for people living with long-term conditions.

Over 17 million people in the UK are currently living with a long-term condition. It is estimated that 60 per cent of GP consultations relate to people living with long-term conditions. People living with a long-term condition or its complications use 60 per cent of hospital beds. And support for people with long-term conditions is a major and growing part of the work of social services departments. Through a series of consultation events with healthcare professionals, patients groups, civil servants, social care and others we have developed three key proposals. Taken together these could radically improve the lives of people living with long-term conditions in the UK to meet their needs.

We believe we need to:

1. **start right** – by ensuring people have rapid access to expert diagnosis and needs assessment
2. **put patients in the driving seat** – with proper access to information and advice to help people make the right choices to maximise their quality of life
3. **personalise services around each individual** – with a Care Plan to ensure people have the care they need, when they need it.

1. People with long-term conditions need **rapid access to expert diagnosis and needs assessment** so they can begin treatment and start to learn how to manage their condition, how it may affect their lives and how they can best be supported. But people need more than a medical diagnosis or label. They need a full holistic assessment by a multi-disciplinary team to ensure that all their needs have been recognised and that services are in place to meet these needs. Such assessment should go well beyond medical care and should incorporate social and housing needs, benefits and employment advice. There should be provision for regular re-assessment as needs change.

Access to diagnosis and treatment should be improved by:

- **developing the capacity of multi-disciplinary teams** - resources should be directed to help develop multidisciplinary assessment and diagnostic teams working in community settings and all members of multi-disciplinary teams should be offered specialist training in long-term conditions.
- **encouraging more flexible access to diagnosis and assessment** - options for self-referral and direct access to specialists should be explored and greater use of telephone, e-mail and web-based consultation should be promoted for people with long-term conditions.
taking a more proactive approach to patients without a diagnosis - outreach teams should be in place to engage people who have symptoms but who have not received a diagnosis. Support should be available for people whose symptoms are difficult to diagnose with appropriate care provided both before and after a diagnosis is made.

There are a number of examples of good practice in improving rapid access to diagnosis and treatment. The South West Yorkshire Mental Health NHS Trust has set up an assertive outreach team, with satellite teams dealing with the over 65s who have complex care needs and who have disengaged from services. This team also does in-reach on wards and deals with discharge. They have been effective in reducing repeat hospital admissions by 5 per cent and support more people in day services.

The Cardiac Network is working on a number of self-assessment schemes on heart failure and coronary heart disease by, for example, raising awareness of the symptoms.

University Hospital of North Staffordshire NHS Trust runs a musculoskeletal clinic at the primary/secondary care interface involving a wide range of healthcare professionals. The service has been effective in breaking down barriers and ensuring coherent care between professionals, organisations and different care models for people with musculoskeletal problems in the local community. The interface clinic has demonstrated reduced waiting times for secondary care (from two years to 13 weeks) and a high patient satisfaction rating.

The good working relationship between Gravesend MS Society and the neurology clinic at Derwent Valley Hospital has meant that the Chair of the branch can alert the MS nurse or MS specialist practitioner if someone is having a relapse and the nurse specialist practitioner can then make contact and help – preventing a crisis, hospital admission and permanent damage.

2. People with long-term conditions and their families and carers need access to accurate, high-quality, consistent information, in a range of formats appropriate to their needs. Despite the plethora of health-related information in the media, people with long-term conditions still report difficulty in finding the information they need, at the time they need it, and in an accessible format.

Access to health information should be improved by:

- ensuring that everyone who is diagnosed with a long-term condition and their carers should has access to appropriate information on - diagnosis and treatment; national guidance and standards of care, including what constitutes the best treatment; financial issues, including charges for care and entitlement to benefits; sources of further information and support; what they can do to improve their own health and manage their life with their condition.
- making information available in the widest possible range of formats – including a range of languages and using a range of technologies as well as face-to-face contact.
- reinforcing information with one-to-one support tailored to the needs of the individual - information by itself is not always enough. People should be offered
support in understanding and interpreting information and how they can use it to understand their condition and improve their quality of life.

There are many examples of good practice in the provision of information to patients, both locally and nationally. For example an information service was set up in Hadleigh Practice, funded by Macmillan Cancer Relief, to provide information and support in all areas of health. On diagnosis patients can be given an information prescription from their GP which informs them about the service and how it can be accessed.

Only The Best is a paper and web-based resource produced by Rethink that provides information on the most commonly used medicines for the treatment of severe mental illness. In addition to information on the use and side-effects of the medicines, the resource offers a “six-step tool” to obtaining the medicine that is best suited to the medical and life-style needs of the user. Only the Best is supported by a National Advice Service that can be contacted by telephone and email and a web-based discussion forum with contributions from people using the medicines.

It is time now to bring these together to ensure a comprehensive system, equally available to all.

3. Everyone diagnosed with a long-term condition should be offered a **personalised care plan**. Care plans should be tailored to the individual’s needs and circumstances and reflect their personal choices and preferences. Care plans need to be developed through partnership between patients and health professionals and should help patients understand what they can expect from services and when. People’s confidence in their own skills can be further boosted through lay-led self-management programmes.

An individual care plan should:

- provide a written summary of the shared aspirations and goals that people have agreed with their professional and informal carers. They should be person-centred and focus on social issues and quality of life, as much as on service interventions
- match the individual’s particular condition, personal preferences and choices with the best services and support available to maximise their quality of life
- set out what individuals could do to maximise their own quality of life
- be reviewed regularly to check needs have been met and to identify changing needs. Changes should be made by joint agreement. Unmet needs resulting from failure of service provision should inform future planning and commissioning
- belong to and be held by the person with the long-term condition, forming part of their electronic patient record
- be communicated to all those who will deliver care. In this way it should contribute to greater seamlessness between services
- name a professional who is accountable for the delivery of the care and services agreed in the plan.

Many organisations are already developing care plans in partnership with the NHS. For example the Central Southern Cardiac Network and Mid Hampshire PCT have developed a patient-held personal health record on heart failure. Eastern Wakefield PCT has introduced individual care plans for their patients and patients are also
taught self-management. Experience from people living with asthma shows that care plans are often developed over time and they might start out as very medical but start to look at psychological and social needs as the plans is developed.

The White Paper on care closer to home, provides the government with a unique opportunity to transform people’s lives for the better. A challenge will be to ensure that the wider system reforms work together to ensure that they support the objectives of the White Paper. As a partnership of organisations, we believe that the proposals that we have developed have the power to transform out of hospital care for the 17 million people living in the UK with long-term conditions.


www.17millionreasons.org
Your Health, Your Care, Your Say

Composite of responses from various Voluntary Sector Health Forum consultations

Q1 Below is a list of services which could be made available through local NHS health and social care for people who want them. For each, please tell us whether this service would be relevant for you.

From the responses of groups to the “Choosing Health” consultation it would seem that voluntary and community sector groups felt much of the information listed would be better provided in a community setting rather than in a GP surgery.

“Voluntary and community sector organisations provide many services that improve health and these are advertised in a number of different formats depending upon the people these services are aimed at, for example large type or translated material. There are people in the organisations to discuss any promotional material produced with the individual users. They can plan and arrange health events, working with their users, rather than having to do things too quickly without consultation to fulfil a Government deadline or national target. The most important thing we felt the sector offered is that it is able to produce information that is very targeted for the specific users of each group and hence will be more effective in influencing healthy choices.”

In the recent survey of voluntary and community sector health priorities of the services listed, the following were mentioned by at least one group:
Stopping smoking
Exercise and physical activity
Diet and nutrition
Safer drinking
Tackling drug use
Safer sex
Blood pressure
Diabetes
Mental health and well being
Information and advice on receiving benefits

Cholesterol was not specifically mentioned, but several groups mentioned coronary heart disease as a priority. Furthermore technology that helps you stay independent was seen as a disadvantage by some groups, as it could increase social isolation.

Now tell us how likely you would be to use this service if it was available?

From several previous consultations it would seem that groups’ users had considerable difficulty in accessing GP services. This would obviously impact on how likely they were to use the service.
“Much of the work of the voluntary and community sector is around improving access to services, both those provided by the organisations themselves or by mainstream services. Groups assist and facilitate the involvement of an enormous range of excluded groups by providing targeted advice, information, support and services. Information needs to be taken to where people meet and socialise. Health promotion material should be made available at local festivals or events, but this is often not the case when these take place in the evening or at weekends.”

“Premises and accessibility is also key to ensuring access to services is improved. This is not simply a question of money. In voluntary and community sector organisations, the engagement with users is often already there. The medical model of health ensures that the patient is always being told what to do by “the expert”, which can often lead to a breakdown of trust and does not encourage take-up of services. It will be important to change this relationship if access to services is to be improved.”

“It was noted that many GP surgeries did not seem to know of their duty to involve and consult their patients about their services.”

“Issues raised around access to primary care included the following:
- Problems registering with GPs and getting appointments under the new appointments system
- People with learning disabilities need more accessible appointment times and more time to speak to GPs; health professionals need more training to work with people with learning disabilities – particularly around communication.
- There are assumptions from practice managers about asylum seekers. This means that asylum seekers often go straight to the Accident & Emergency Department at their nearest hospital rather than register with a GP.
- The need for a link worker between GP practices and refugee and asylum seeker communities to help explain how primary health care works in the UK
- The need for GPs to raise health issues with carers, who often neglect their own health. GPs and other medical staff need to be more aware that respite breaks are crucial for carers health
- GPs need to be more helpful
- There is a lack of involvement of GPs with the local community and community groups
- GPs often refuse to visit housebound elderly people in their homes, instead making diagnoses over the phone. In some cases people reluctantly accept their GP’s decision and do not follow up what could be a genuine health concern.
- GPs and nurses need to ensure that potentially homophobic, transphobic and heterosexist behaviours, views and assumptions are reduced.

“Particular concerns were raised about a lack of interpreters, interpreters not always attending appointments when they were booked and incorrect interpreting. Groups working with the Chinese community stated all these
problems saying that, particularly for the elderly, there were serious problems in getting interpreters when they went to see GPs or for hospital appointments. Some interpreters used dictionaries to translate medical terms or interpreted inaccurately and some simply did not turn up. There seemed to be no one who could help to arrange for interpreters to be present."

“Three groups specifically mentioned the need for doctors who spoke other languages – one suggesting that a Somali-speaking doctor is needed as the majority of Somalis have difficulty in communicating with their GPs, another that a Bengali-speaking doctor is needed, while the third organisation wrote that many more refugee doctors should be trained to practice in the UK, as they were often bilingual.”

“Groups working with people with learning disabilities felt that health professionals needed to speak in a way that was easier to understand - often they spoke to support workers rather than to the patient. There was also a need for more accessible information about treatments.”

Q3 How much of an improvement would each of these options be for when you want to see a professional?

Of the options offered, only:
“for a doctor or nurse to spend more time with you when you have an appointment”
“Be able to register with a GP of your choice”
“Be able to get advice and information in one place”
were close to issues mentioned around access to services by voluntary and community sector groups.

Q4 And which of these would be the biggest improvement for you?

“For a doctor or nurse to spend more time with you when you have an appointment” was mentioned by the most number of groups, particularly in relation to interpreting issues, explaining issues to people with learning disabilities and assessing the health needs of carers.

Q5 Which of the following best describes how you currently make decisions about the community health and social care services you receive?

To use the same quote as earlier:
“The medical model of health ensures that the patient is always being told what to do by “the expert”, which can often lead to a breakdown of trust and does not encourage take-up of services. It will be important to change this relationship if access to services is to be improved.”

Q6 Which of the following best describes how you would prefer to make decisions about the community health and social care services you receive?
Obviously this is a question for the individual, but the number of groups (quoted above) saying that they need more health information in a more appropriate format, or more clearly explained to them would suggest that the majority would want to make decisions with advice from the professionals who help look after them.

Q7 How much of an improvement would each of these options be for when you are making decisions about your own health and independence?

As above, it seems that a number of voluntary and community sector groups think that being given more information about their health condition and being given more information about what NHS and social care services are available would be a big improvement for their users. This would obviously be with the proviso that this information is appropriate and in the most suitable format.

Q8 Thinking about getting yourself fit and healthy, how would you prefer to get your information?
Q9 Thinking about when you need help, how would you prefer to get the information you need about what services are available?

Of the options offered none have been identified by voluntary and community sector groups specifically in previous consultations. Concerns as detailed above were much more about providing interpreters, and explaining things in a way that could be understood. However, the stated desire that information should be available in community settings and at community festivals and events, suggest that face-to-face would be most accessible to all. Many of the groups working with BME communities when working with Camden Women’s Health Forum have stated that face-to-face information-giving is much more effective.

Q10 What else should NHS and social care services in your community be doing to improve the services they provide?

Previous issues identified include:
- Concentrating on the social rather than the medical model of health
- Health should look at not just individual behaviour but address environmental and other factors
- Improving well-being by improving the social aspect of people’s lives and reducing isolation
- Ownership of [health] initiatives helping to build communities and bring people together
- Working to achieve integrated holistic healthcare for women in the community – there is too much medical emphasis on women as mothers rather than as women in their own right

“It was stated that Camden Primary Care Trust did a lot of collaborative commissioning, particularly with Social Services and that this was further advanced than in other London boroughs. However, this also led to concerns
that this closer working had led to a dominance of the medical model of health at the expense of the more holistic view required to ensure that patients’ individual needs are properly managed and met. There were still some concerns that Camden Primary Care Trust and Social Services were not working together in single teams and that there was still a conflict between the different cultures of the two organisations.”

“Members were also concerned that there was not enough information for users/patients about the joint accountability of the Primary Care Trust and Social Services. An example was given of a recent consultation around the tender of contracts for equipment for deaf and partially hearing people, which had demonstrated that users were very confused over the role of the Primary Care Trust and that of Social Services.”
YOUR HEALTH YOUR CARE YOUR SAY

COMMENTS OF PEOPLE LIVING WITH HIV ON COMMUNITY HEALTH AND SOCIAL CARE

COLLATED BY THE NATIONAL AIDS TRUST

In 2004 the National AIDS Trust (NAT) organised seminars for people living with HIV in London, Newcastle, Bristol and Leicester to gather their views and experiences around involvement in health and social care. Some of the key points below emerged from this consultative process and as such reflect the voices of affected individuals. The full report of the seminars is available at the NAT website at: http://www.nat.org.uk/documents/Involving_people_living_with_HIV_2005.pdf. Additional points below are taken from the Changing Tomorrow conference of positive people (the largest of its kind ever in the United Kingdom) held in September 2004.

NAT welcomes the Government’s concern to improve community health and care services and trusts that some initial brief comments will be a useful contribution to the drafting of the White Paper.

NAT is the UK’s leading independent policy and campaigning organisation for HIV, working to prevent the spread of HIV, secure equity of access to treatment and eradicate HIV-related stigma and discrimination.

Improvement of health and social care for those living with HIV will be inseparable from questions of patient and public involvement. Effective involvement of those living with HIV at the local and service level will drive the design of services in the community which genuinely reflect people's needs. NAT is currently working on a project to identify some of the key challenges and opportunities around involvement for those living with HIV and will share the conclusions and recommendations with the DH.

At the outset, NAT would emphasise the value of managed sexual health networks and joint commissioning of HIV services by PCTs and local authorities as two processes which will have a vital contribution to improvement of community health and care services. It is also necessary to ensure consistent quality in community health and care services, as now set out in, for example, MedFASH standards, and appropriate resourcing.

**Question 1: How can people look after themselves? How can we help you take care of yourself and support you and your family in your daily lives?**

Effective community healthcare for HIV must start with health promotion. NAT welcomes the Government’s ambition to roll out the provision of sexual health
services into community settings. It is, however, currently hampered by high levels of ignorance around HIV, pervasive HIV-related stigma and discrimination, and a continuing belief that HIV as a ‘special case’ must be dealt with elsewhere.

Necessary interventions include:

The redesign of GMS contracts to provide an incentive for GPs to identify possible sexual health issues and risks, and then either provide basic testing and discussion themselves or refer the service user to an appropriate provider.

The systematic retraining of primary care staff through accredited courses both to identify possible HIV-related symptoms and to discuss issues relating to HIV in a supportive, respectful and non-discriminatory manner. At present up to 50 per cent of those eventually diagnosed with HIV have previously seen a GP with an HIV-related symptom which has gone unrecognised.

There is considerable evidence of HIV-related stigma experienced from primary care staff other than GPs, with dentists in particular often being complained of by those living with HIV. Appropriate training must be rolled out throughout primary care.

All primary care services should have a clear and advertised policy of confidentiality and non-discrimination around HIV in accordance with the MedFASH standards.

Actions such as the introduction of Health Trainers and the Healthy Schools initiative should be integrated into national and local sexual health strategies.

Sex and relationships education should become a mandatory part of the curriculum in all schools, and provide information on same sex relationships.

More needs to be done to meet the sexual health needs of those living with HIV. This includes support to prevent onward transmission and easy access to diagnosis and treatment of other STIs. The planned reduction in GUM waiting times and the rolling out of sexual health services to more accessible locations will assist in this. But there should also be explicit consideration by those designing sexual health services in the community of the particular needs of those living with HIV.

Many of those living with HIV are socially disadvantaged, often because of residency status. Lack of resources can impose severe constraints on diet and on housing conditions, and this can have implications for health, confidentiality, adherence to medication, mental health and security. NAT would urge the Government to take such health inequalities into account when assessing appropriate social care. The current meagre provision for those seeking asylum
and the absence of provision for those who fail in their application or are otherwise undocumented has a direct impact on the health of many living with HIV, is a serious impediment to their well-being, and an indirect contributor to onward transmission.

An example of how processes in the community can fundamentally affect health and well-being has been around the dispersal of asylum seekers living with HIV where there is not as yet effective coordination between secondary care, primary care, housing providers and social care provision. The broader assessment of need identified as important by the consultation documents should take place before dispersal occurs. The responsibility to ensure such an assessment takes place and a care pathway established must rest with NASS.

**Question 2: How can we help you get the right services and make sure your care and support is properly joined-up?**

The seminar participants found that health and social care services were not coordinated and standards of treatment and care varied considerably. The commissioning and delivery of services requires greater integration. The MedFASH standards for NHS HIV Services include important recommendations on the integration of health and social care for those living with HIV such as combined needs assessment for those being discharged from inpatient care, involvement of Social Services in managed sexual health networks and accessible literature for those living with HIV which has information on both health and social care provision.

Self-management programmes such as the Expert Patients Programme and Living Well need to be fully resourced and made widely available for all those living with HIV.

There needs to be greater coordination between both primary and secondary care services and networks of peer support for those living with HIV. For example, for women diagnosed with HIV during the ante-natal screen the impact can be devastating and isolating. It is important for clinicians to be able to link such people up with support networks, whether formal, informal or via the voluntary sector.

**Question 3: When you and your family need help and support, how, when and where and from whom do you want to get it?**

At each of the seminars participants raised the question of opening times of HIV clinics and advocated later and more flexible opening hours. It was felt that service design was still based on the outdated premise that those with HIV did not work.
People should be able to access health services near where they work, including register with GPs. There should also be greater accessibility of sexual and HIV-related health services in locations used by vulnerable and affected groups, through accessible literature and through user-focussed web resources.

As other sexual health services are rolled out, for example chlamydia testing in pharmacies, there should be explicit and strategic consideration of how other STI, contraceptive and abortion services can appropriately contribute to the greater accessibility of HIV testing. Again, training will be necessary for staff in identification and discussion of possible HIV-related risk. Consideration will also be necessary of referral pathways and of the possibility of HIV testing also being available on site.

National AIDS Trust
November 2005
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 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:

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 | Community matrons |
| 2 | Local Support groups |
| 3 | Improvement in health checks, improved access to pharmacies |

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

1) Most people had not had personal experience of them but felt their role had great potential especially in ensuring continuity of care.

2) There was a feeling that the voluntary sector support groups make a valuable contribution, both in providing information and offering support on specific issues and health conditions.

3) There is a noticeable improvement in health checks e.g. Diabetic. Expansion of pharmacy services has improved access to information and routine checks.
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>Continuity of care</td>
</tr>
<tr>
<td>2</td>
<td>Improved access to information</td>
</tr>
<tr>
<td>3</td>
<td>Improved access to GPs</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

1) Continuity of care
   This was raised, as the highest priority not only for this section but remained a recurrent theme throughout the exercise. Participants felt that having a named person that knew them well and could coordinate their care would;

   - **Reduce duplication**, one person went to hospital for what he thought was an outpatient appointment for a test, he reported that his visit resulted in him seeing a consultant who gave him the same information his GP had given him and another appointment for his tests

   - **Help patients understand and come to terms with their diagnoses better**, One person was given a diagnosis, told there was little that could be done and sent home, with no support and very little information about her condition, she felt isolated and ill informed, became depressed and was off sick from work for a period of time, she eventually paid for private counselling. She felt this could have been avoided and she could have taken better control of her life had she had help and information immediately and ongoing support.

   - **Improve coordination between health, social care and other statutory and voluntary sector organisations** A participant had to wait a long time for an assessment for a care assistant when she received the service she felt it was inflexible, did not really meet her needs and did not allow her to maximise her independence.

   It was felt that the care coordinator could be either a health professional or a trained lay person

2) Information
   There was a general feeling that information needed to be more accessible, provided in a variety of formats in order to meet the needs of a very diverse population, at a variety of venues with support and back up from a wide range of professionals and lay people.

3) Improved access to GPs
   Two key points emerged
   Patients with long-term conditions want a to see the same GP they felt that in most instances continuity was more important than immediate access (except in an emergency)
There was a large dissatisfaction over the appointment system, participants reported not being able to make appointments in advance, being asked to call in the morning and unable to get through.

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

-Lack of support for carers

-The need for additional appropriate support at home in order to retain independence

-Dislike answer phones

-The need to reduce professional boundaries in order to improve communication and standard of care

-It was suggested that having someone calling in on a regular basis to ensure vulnerable patients were taking their medication appropriately would be beneficial. It was felt that there was a general lack of facilities to support the elderly at home

-Participants highlighted difficulty in accessing the professionals allied to health

-More local Walk In Centres-

-Hospital outpatient clinics held in GP surgeries, better access to minor injury clinics

Improved availability of aid equipment and improved access to services for people who are deaf e.g. minicoms more widely available

Nurses are more approachable and should play a greater role in delivering clinical care.

There should be wider publicity about what is available in practices

Up take of checks would increase if there was a greater emphasis on on proactive monitoring

Instructions issued with medications should be made simpler to read.
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:

Broadly reflected in section A
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?

See section A
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:

See section A
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?

See section A
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:

See Section A
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?

See Section A

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

See section A
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?

See Section A

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

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

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

Write in below

B. What sort of listening exercise was it?

(Please tick one box only)

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

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

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

- Members of the general public (i.e. with no specialist interest in health and social care) 7
- Members of the public who are involved with health and social care services e.g. PPI forum members 5
- Paid staff from your organisation
- Voluntary staff from your organisation
- Other (record below)
D. Please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td>1</td>
</tr>
<tr>
<td>Older people</td>
<td>3</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>1</td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td></td>
</tr>
<tr>
<td>Obese people</td>
<td>2</td>
</tr>
<tr>
<td>Substance misusers</td>
<td></td>
</tr>
<tr>
<td>Disabled people</td>
<td>7</td>
</tr>
<tr>
<td>People in prison</td>
<td></td>
</tr>
<tr>
<td>Black and minority ethnic groups</td>
<td>2</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>2</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>2</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

<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></td>
</tr>
<tr>
<td>Any other white background</td>
<td></td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td>2</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></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)
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>
</tr>
<tr>
<td>Any other white background</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
</tr>
<tr>
<td>White and Black African</td>
</tr>
<tr>
<td>White and Asian</td>
</tr>
<tr>
<td>Any other mixed background</td>
</tr>
<tr>
<td>Indian</td>
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<tr>
<td>Pakistani</td>
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<tr>
<td>Bangladeshi</td>
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<tr>
<td>Any other Asian Background</td>
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<tr>
<td>Caribbean</td>
</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>
<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?

Nottingham City Primary Care Trust

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>
</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:

joy.cummings-jones@nottinghamcity-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](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:
What were the three key elements of community health and social care services that people thought worked less well? (Record below in priority order)

1
2
3

Record below why people thought these worked less well:

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

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

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

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

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

- 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 at our event were not asked to rank these subjects in any order of priority. Instead, in a free flowing discussion the importance of joined up social and health care arose as an important priority for the future. Our participants considered that where formal structures for assessing health needs were in place, pharmacists could be well placed to provide input. The pharmacy network could be utilised more effectively to act as additional “eyes and ears” for the NHS. We were aware of examples of pharmacists acting as informal adjuncts to the community mental health team where the pharmacy is part of, for example, a patient’s daily routine so that changes can be identified early, or being able to identify hidden carers, such
as children supporting parents. However, there is a need to find mechanisms to capture this "soft" information; where necessary, formal referral mechanisms from pharmacists might be an appropriate way forward.

There were some concerns about how the term pharmaceutical needs assessment had been pulled out as a separate item, rather than being integrated as a part of the process.

Looking at information provision, there was keen interest in seeing “seamless” signposting across health and social care. Signposting is a service in the new community pharmacy contract, but this needs to be realised. As a place the public attend when they are well as well as ill, pharmacies are potentially a useful place to target groups of consumers who would come into irregular contact with the health services otherwise with key public health messages. There is firm support for progress to be made on the Government’s pharmaceutical public health strategy, “Choosing health through pharmacy”. However, there was also a recognition that public health is not just the responsibility of the Department of Health, but that government departments should have linked and consistent messages, where appropriate.

There was much discussion about the nature of the interaction between health professional and patient/carer/member of the public in a pharmacy. Their accessibility and community location – often where other services have long since departed – and the diversity of provision are all plusses when it comes to information provision. We believed that in the pharmacist/patient or public interaction, there is more of an equal standing, while premises are less threatening but can still be confidential.

Looking at the choice and quality of service, there was a recognition that pharmacists had a good track record in expanding services at a local level to meet particular needs, for example to deliver medicines to patients where were unable to access a pharmacy. These kind of outreach services could themselves provide the basis for the provision of information, or for the identification of needs and onward referral. Where pharmacists are conducting medicines reviews in a domiciliary setting, it is a missed opportunity not to find mechanisms by which other issues, for example relating to social care, cannot be assessed and referred.
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?

Clear information is important, and careful transmission vital. Our group felt that greater consistency, for example through the use of national models for managing long-term conditions would be helpful, as would greater championing of good news stories about innovative practice, particularly where health professionals or agencies are working together to improve services and outcomes for patients.

The group felt that it would be helpful to develop ideas around descriptions of model patient journeys, that would show how care pathways could be used to optimise outcomes for patients. For professions like pharmacy, where input may need to be quite specific and timely, such models would be helpful in raising the expectations of patients of their pharmacist (such examples would be helpful to pharmacists too in showing clearly how their skills and expertise should be fed at the case level). Perhaps most crucially, such models would help professionals across the team understand the appropriate contribution of everyone else. There was considerable concern about the lack of knowledge among professional groups of developments in other local contracting mechanisms that directly impacted on them, or required a response from them.
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:

Again we did not prioritise these issues in groups, but those that played strongly in the groups are identified as a “yes” above.

With regard to service access, the group noted that the plurality and diversity of pharmacy services in the community had produced a lengthening of hours of availability of pharmacists in a wide range of locations over the recent past. In particular, many hundreds of supermarkets now include a pharmacy as an integral part of their offer, often with extended hours to match those of the store. As has already been noted, many pharmacies offer medicines delivery to those unable to access a pharmacy in person.

The group agreed that mechanisms to improve access, for example by allowing people more choice in where they register with a GP, or allowing them to register close to home and close to work. Pharmacies were highlighted as being potentially of use in targeting men’s health issues, given the anonymity of the setting.
Q9. Did people think it would be enough for Government to only do these things to help provide service how, where, when and from whom people want them? Why?

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

The NHS IT system was highlighted as a real opportunity to greatly improve service provision, if it can be delivered as promised. Pharmacists do have concerns about their access rights. The nature of the interaction in pharmacies means that patients do confide things to their pharmacist – notably and demonstrably whether they take or do not take their medicines – that they would not tell their doctor. The group were keen to ensure that pharmacists have proper access to the care record, notably to include diagnoses, in order that they can do their jobs properly based on all the relevant information. Being able to write to the record is clearly important too for information to be communicated effectively.

There was some support for pharmacists to be able to use a form of “choose and book” to facilitate direct referral, particularly to GPs. There was recognition that in many local situations, a referral from the local pharmacist is often an important passport through GP surgery systems, but this is often based on local relationships developed over many years rather than be the norm. The group noted that in the Italian system pharmacies often made GP appointments for patients through their internal computer systems and we think this model should be explored further.
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?

Not surprisingly, the group felt that much more use could be made of the pharmacist’s skills and expertise to improve outcomes for patients. The group felt that take up of the new roles identified for pharmacists in NHS’s Vision for Pharmacy would be improved if they were promoted directly to patients so that not only were the pharmacist’s skills highlighted, but patients’ expectations raised.

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?

More sophisticated software in pharmacies was seen as a mechanism by which a patient or a member of the public’s health journey could be improved as information could be better tailored, either through the production of information in more than one language, or in large print, for example.

Participants were keen to find ways in which the pharmacists were able to act more effectively on their duty to advice, particularly in relation to public health messages around obesity, smoking and healthy eating. Why could pharmacies not be used to give out sampler vouchers for gym visits, or even apples! The non-threatening nature of pharmacies and the engagement of people who do not consider themselves ill were highlighted again here.
Section C: details about your organisation and your listening exercises

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

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

   Write in below

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td></td>
<td>29</td>
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</tbody>
</table>

B. What sort of listening exercise was it?

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

   Yes

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

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

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

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   - Health professionals (pharmacists and pharmacy technicians)

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

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

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
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<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>
<td></td>
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<tr>
<td>Any other mixed background</td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td></td>
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<tr>
<td>Pakistani</td>
<td></td>
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<tr>
<td>Bangladeshi</td>
<td></td>
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<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
G. If your listening exercises mostly involved staff rather than patients or service users please can you identify from the list below which groups they most often have contact with or provide services for:

*(Please tick all relevant boxes)*

<table>
<thead>
<tr>
<th>Group</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td>Yes</td>
</tr>
<tr>
<td>Older people</td>
<td>Yes</td>
</tr>
<tr>
<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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<tr>
<td>Obese people</td>
<td></td>
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<tr>
<td>Substance misusers</td>
<td>Yes</td>
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<tr>
<td>Disabled people</td>
<td></td>
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<tr>
<td>People in prison</td>
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<tr>
<td>Black and minority ethnic groups</td>
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<td>Travellers</td>
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<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></td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td>Yes</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>Yes</td>
</tr>
<tr>
<td>Do not deal with specific sectors of the community</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>
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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>
<td>East Midlands</td>
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<tr>
<td>East of England</td>
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<td>South East</td>
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<tr>
<td>London</td>
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<tr>
<td>South West</td>
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<tr>
<td>National Organisation</td>
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</tr>
<tr>
<td>Not applicable</td>
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</table>

J. What is the name of your organisation?

Royal Pharmaceutical Society of Great Britain

K. What type of organisation are you responding as?

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

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

K. If you would like to receive a summary of our findings, please enter your contact details or email address in the box below:
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
<table>
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</thead>
<tbody>
<tr>
<td>A national organisation or group</td>
<td>✓</td>
</tr>
<tr>
<td>Other (record details below)</td>
<td></td>
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</table>

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:

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)
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>
<thead>
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<tbody>
<tr>
<td>1</td>
<td>Continuity of care</td>
</tr>
<tr>
<td>2</td>
<td>Disease Management Clinics</td>
</tr>
<tr>
<td>3</td>
<td>Larger GP Practices</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

Discussions on what people thought worked well reflected similar themes.

Almost everyone emphasised the importance of having access to health professionals that had some awareness of their medical and personal histories. This was particularly true for people with long-term medical conditions.

There was some discussion about alternative ways of providing local health services, such as walk-in centres. Younger people found these sorts of facilities helpful and there was agreement that there needed to be some diversity of provision.

There was broad agreement that an important feature of community-level health organisations was their ability to assist people to manage long-term medical conditions, such as asthma diabetes or CHD. The Group were keen for disease management services to be extended to inflammatory skin diseases such as eczema, psoriasis and acne.

It was felt that the trend towards larger GP Practices meant more diversity in services and clinics being offered. Everyone agreed that this was a good way to meet a wider variety of health needs at community level.
Q2. 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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<tbody>
<tr>
<td>1</td>
<td>Common conditions not being dealt with well</td>
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<tr>
<td>2</td>
<td>Problems in access and follow-up</td>
</tr>
<tr>
<td>3</td>
<td>Problems with treatments and the way they are prescribed</td>
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</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

Discussions on what worked less well in community-level health services were linked to the factors that people had thought worked well in the best examples.

Whilst local health services dealt with some disease areas very well the Group felt that some of the most common disease areas were neglected. Services were thought to be sub-optimal for problems concerning eyes, ENT and the skin in particular.

For people with long-term conditions the Group reported that it was often difficult to see the right health professional at the right time. Participants experienced difficulties in obtaining appointments at short-notice and in making sure they saw someone with appropriate training.

It was also widely felt that GP services were not designed around the lives of working people, and members of the Group reported having found it difficult to obtain an appointment or even to register with a GP.

On the issue of treatments, people reported that prescriptions were not always suitable to patients needs. Often the quantities were wrong or health professionals failed to explain how to use the treatment to best effect. This particularly affected people with skin conditions requiring the topical application of ointments and creams.

Participants were often not convinced that they were being prescribed the right treatment and experienced difficulties in changing products etc.
What other issues did people mention? Please record any personal stories here if possible

A number of participants with experience of skin disease felt that GPs had not taken their conditions seriously and had treated them as time wasters. It was generally agreed that this was a variable problem and that levels of knowledge and experience about dermatological conditions varied greatly at community level.

Some specific concerns were raised regarding the Government’s plans for changing local commissioning arrangements. It was felt that this might jeopardise continuity of care for people with long-term conditions.

Several comments were made about the extent to which the GP booking system discriminated against working people. As an example, one of the consultees told of having had to take a day off work in order to arrange and attend a GP appointment, which is necessary now that one may only make appointments on the day but have no idea at what time it will be; and of having phoned his GP surgery frequently and repeatedly from 8.00 a.m. until 9.20 a.m. only to be told there were no longer any appointments available that day - and that he should have rung earlier.

Several comments were also made about out of hour’s care, which some participants had experienced difficulties in obtaining. There were concerns that this might not be provided at all in the future.
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)

<table>
<thead>
<tr>
<th>Suggestion</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.</td>
<td>1</td>
</tr>
<tr>
<td>Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.</td>
<td>3</td>
</tr>
<tr>
<td>Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg advisors to help with housing, employment and training and benefits), children’s centres and other locations.</td>
<td></td>
</tr>
<tr>
<td>Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer</td>
<td>2</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 priorities that participants chose reflected comments made earlier on the positive and negative aspects of community-level health services.

People wanted better access to the health professionals in order to keep themselves healthier. This was especially true for those managing long-term conditions.

Participants also stressed the need for access to be improved for certain groups, especially those with disabilities or the elderly. There was broad agreement that these groups needed extra help to obtain the right treatment and care.

Participants were also aware that they didn’t always need to see a GP and were happy to see an appropriately trained nurse or pharmacist, particularly for follow-up and management advice. They felt that it was important that a range of health professionals were involved in community-level 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?

No, the Group strongly believed that the Government should do more to ensure that the needs of people with skin diseases and other long-term conditions were met by community health services.

Participants found knowledge of dermatology to be extremely patchy at community level, and many people experienced difficulties in obtaining appropriate treatments and management advice as a result.

It was felt that skin disease was often trivialised by GPs and that there was little awareness of the significant impact that some conditions had on people’s lives.

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

The Group wanted the Government to ensure that GPs were adequately trained in all common disease areas. Participants referred to a number of areas which they felt were neglected, including dermatology, ophthalmology and ENT.

It was felt that incentives needed to be provided to encourage GPs to undertake further training in less prioritised areas, particularly in dermatology. The Group also wanted GPs to be given incentives to reconsider local service provision and
to promote planning based on local needs.

Participants also wanted better patient education to ensure that people properly understood their diagnosis and the treatments that they were prescribed. This was especially important for people with skin diseases who often had to apply topical treatments several times a day.

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. 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

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

None of the above

Don’t know
The Group felt that the needs of people with some long-term conditions were neglected and were keen for the Government to address this. This was especially important because of the UK's ageing population and the increasing prevalence of long-term disease.

Participants also believed that it was important to ensure easier access and to provide help and advice closer to home. They were keen to support 'one-stop' services where possible and felt that these were more convenient for both patients and health professionals.

Providing patients with adequate information was also a key priority and was especially important for people with long-term conditions, who were responsible for management their health on a day-to-day basis.

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

No, the Group felt that arrangements for helping patients to manage long-term conditions remained sub-optimal in a number of common disease areas, particularly dermatology.

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

Participants wanted dedicated long-term management clinics, such as those for diabetes and asthma, to be extended to those with other common diseases, particularly in dermatology.

The Group felt that people with inflammatory skin diseases such as psoriasis, eczema and acne, would particularly benefit from this sort of services as these diseases could be well managed at community level.

Some concerns were expressed about the quality of information provided by GPs in areas such as dermatology, where training was poor.

Participants working with patient groups reported that they spent a lot of time giving people with skin conditions relatively simple and straight forward advice on management and treatment of their disease which had not been provided by community services.

The Group thought that more needed to be done to ensure that GPs were adequately equipped to advise patients and to inform them of relevant patient support groups etc.
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.

   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)
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

The Group believed that it was important to improve access to community-level health services and to extend the range of services available.

People valued being able to access a wider range of healthcare services closer to home and thought that this was particularly important for disadvantaged groups and those with long-term medical conditions.

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, the Group felt that arrangements for helping patients to manage long-term conditions remained sub-optimal in a number of common disease areas, particularly dermatology.

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

Participants wanted dedicated long-term management clinics, such as those for diabetes and asthma, to be extended, particularly to people with common inflammatory skin diseases such as psoriasis, eczema and acne.

They also wanted GPs to have a better understanding of dermatology generally to ensure that people with skin diseases were taken seriously, diagnosed correctly and offered appropriate treatment and management advice in the community.

The Group believed that many people with mild-moderate skin diseases had given up on their local health services completely because they had failed to find sympathetic advice.

Participants were hopeful that moves towards practice-based commissioning would lead to the development of community-level dermatology services, but stressed the need for services to remain well integrated with secondary care. This was vital for supporting more complex cases and for training purposes.
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>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Encouraging and supporting better health, for example through</strong></td>
<td><strong>Routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.</strong></td>
</tr>
<tr>
<td><strong>Ensuring a range of health professionals, such as nurses and</strong></td>
<td><strong>Pharmacists, can provide people with information and support about how to take better care of</strong></td>
</tr>
<tr>
<td><strong>Tackling the things that cause ill health and disadvantage, such as</strong></td>
<td><strong>Poverty and poor housing, by developing new services in the community and by expanding the</strong></td>
</tr>
<tr>
<td><strong>Ensuring older people and those with disabilities can get the practical</strong></td>
<td><strong>Help and support they need to remain independent and active for longer</strong></td>
</tr>
<tr>
<td><strong>Providing effectively joined-up social care and health services to</strong></td>
<td><strong>Those that need them, for example through a single ‘needs assessment’. A ‘needs assessment’</strong></td>
</tr>
<tr>
<td><strong>Providing more help to people caring for others, for example with</strong></td>
<td><strong>More respite care</strong></td>
</tr>
<tr>
<td><strong>Providing people with better information about what NHS, local</strong></td>
<td><strong>Authority and social care services are on offer</strong></td>
</tr>
</tbody>
</table>
Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions

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

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

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

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

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

The Group felt that the needs of some people with long-term conditions were neglected and were keen for the Government to address this as an important priority.

Improving services for people with dermatological disorders was thought to be particularly important as skin diseases were increasingly common and had significant impact on people’s lives.

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.

The Group felt that all of the priorities listed were important and would make a significant contribution to the future of the NHS. Participants also agreed that the Department’s priorities addressed a number of the problems that they had identified earlier.

The Group supported moves to increase access, to extend the range of services available at community-level and to ensure that services better fitted people’s needs and lifestyles.

The Group were also keen for the Government to recognise the need to improve community services in certain disease areas however, particularly dermatology.
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?

Whilst the Group found no fault with the priorities set out above, they felt very strongly that the needs of large sections of the population with long-term conditions were being neglected and that the Government should address this as a priority.

The Group were particularly concerned that community-level services for people with skin diseases be improved. They wanted incentives to be provided to encourage GPs to develop services, particularly for some of the most common inflammatory skin diseases such as psoriasis, eczema and acne.

The Group wanted indicators on inflammatory skin diseases to be incorporated into the GMS contract and saw this as the most important driver to improve community-level provision.

Inflammatory diseases made up the bulk of those seen at community level and could be well-managed level by appropriate trained health professionals.

It was suggested that the new system of practice-based commissioning might encourage GPs to reconsider dermatology service provision at community level and this was welcomed.

The Group was keen that the development of community level services did not have a negative impact on links with secondary-care however. Good communication was especially important to dermatology as secondary-care dermatologists played a vital role in training and supporting community level services.

There remained some serious concern about the level of training that GPs received in dermatology and it was felt that this remained the most serious obstacle to the provision of adequate services for people with skin diseases in the community.
Section C: details about your organisation and your listening exercises

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

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

Write in below

B. What sort of listening exercise was it?

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

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

<table>
<thead>
<tr>
<th>(Please put a number in each box even if it is zero)</th>
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</thead>
<tbody>
<tr>
<td>Members of the general public (i.e. with no specialist interest in health and social care)</td>
</tr>
<tr>
<td>Members of the public who are involved with health and social care services e.g. PPI forum members</td>
</tr>
<tr>
<td>Paid staff from your organisation</td>
</tr>
<tr>
<td>Voluntary staff from your organisation</td>
</tr>
<tr>
<td>Other (record below)</td>
</tr>
</tbody>
</table>
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>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
</tr>
<tr>
<td>Older people</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
</tr>
<tr>
<td>Disadvantaged children</td>
</tr>
<tr>
<td>Smokers</td>
</tr>
<tr>
<td>Excessive drinkers</td>
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<tr>
<td>Obese people</td>
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<tr>
<td>Substance misusers</td>
</tr>
<tr>
<td>Disabled people</td>
</tr>
<tr>
<td>People in prison</td>
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<tr>
<td>Black and minority ethnic groups</td>
</tr>
<tr>
<td>Travellers</td>
</tr>
<tr>
<td>Homeless people</td>
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<tr>
<td>People with mental health problems</td>
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<tr>
<td>People with learning disabilities</td>
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<td>----------------------------------</td>
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<tr>
<td>People in hospices/residential care</td>
</tr>
<tr>
<td>Asylum seekers</td>
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<tr>
<td>People with long term conditions</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
</tr>
<tr>
<td>Other (record below)</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>10</td>
</tr>
<tr>
<td>White Irish</td>
<td></td>
</tr>
<tr>
<td>Any other white background</td>
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<tr>
<td>White and Black Caribbean</td>
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<tr>
<td>White and Black African</td>
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<tr>
<td>White and Asian</td>
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<tr>
<td>Any other mixed background</td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td></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>
<td></td>
</tr>
<tr>
<td>Caribbean</td>
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</tbody>
</table>
F. Which of the following best describes the sector to which your organisation or group belongs / where you work:

(Please tick one box only)

<table>
<thead>
<tr>
<th>Sector</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>PPI forum or other patient group</td>
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<tr>
<td>Community-based NHS services</td>
<td></td>
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<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>
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</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)

<table>
<thead>
<tr>
<th>Group</th>
<th></th>
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<tbody>
<tr>
<td>Children and young people</td>
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<td>Substance misusers</td>
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<td></td>
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<tr>
<td>People with long term conditions</td>
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<tr>
<td>People with caring responsibilities</td>
<td></td>
</tr>
<tr>
<td><strong>Do not deal with specific sectors of the community</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Other (record below)</strong></td>
<td></td>
</tr>
</tbody>
</table>
H. If you work with specific ethnic groups, which of these groupings do you represent or work with?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>Caribbean</td>
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<tr>
<td>African</td>
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<tr>
<td>Any other Black background</td>
<td></td>
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<tr>
<td>Chinese</td>
<td></td>
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<tr>
<td>Do not deal with specific ethnic groups</td>
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</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>
<td></td>
</tr>
<tr>
<td>Yorkshire &amp; the Humber</td>
<td></td>
</tr>
<tr>
<td>East Midlands</td>
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<tr>
<td>East of England</td>
<td></td>
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<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?

All Party Parliamentary Group on Skin

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>
</tbody>
</table>
L. Would like to be listed as a contributor to the consultation?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>✓</td>
</tr>
<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:

All Party Parliamentary Group on Skin  
26 Cadogan Square  
London  
SW1X 0JP
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)

This consultation was conducted by Durham and Chester-le-Street Primary Care NHS Trust in partnership with Durham and Chester-le-Street Carers Support.

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

Please note the feedback form is in three parts:

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

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

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

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

*Tick one box only*

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

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>RECORD BELOW IN PRIORITY ORDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Relationships and confidence in General Practitioners</td>
</tr>
<tr>
<td>2</td>
<td>Voluntary Sector Specialist Support</td>
</tr>
<tr>
<td>3</td>
<td>Access to information</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

**General Practitioners**
Local coronary after care is very very good. Community NHS health services were regarded as very good. People generally felt appreciative of their GP practice and the services that they provide.

**Voluntary Sector Support**
The voluntary sector is viewed as being important especially as they are able to provide specialists service. Many participants felt that these services were important to them personally.

**Access to Information**
Some participants felt that NHS direct was a very informative and helpful.
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. Services working together / lack of coordination
2. Respite care
3. Transport

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

Services Working Together – Coordinated Care.
People felt that there was a major issue with communication between NHS and Social Services. This mainly focused upon people being tired of having to repeat the same information to a number of professionals and a perception that there was a reluctance for agencies to share, information, knowledge, experience and resources, even when it was of clear benefit to the patient or service user. Duplication was viewed as being a waste of time and money.

Respite Care
Participants felt strongly that there was insufficient respite care available. How people get access to facilities through assessment was unclear from both a patient and carer perspective. People felt that help was not available for some people who would benefit from this service and that assessments may not always be fair.

Transport
Transport was seen as a key issue in light of the way in which services are changing and becoming centralised. How transport is funded was highlighted as a core issue and how improvements would happen without investment. The role of the voluntary sector transport schemes in sustaining access to some services was felt worthy of support.
What other issues did people mention? Please record any personal stories here if possible

Both groups felt that GP receptionists needed some training, as they were neither helpful nor approachable. Patients said they were not happy with having to share personal information with them in order to get an appointment and questioned whether they really need to know all the information they ask for. In addition they were not happy with being told negative test results over the phone or verbally by anyone who was not qualified – it was felt that even with negative results patients would be reassured if they could speak to their GP and have an opportunity to ask questions.

Some people had difficulty getting through to their GP practice by telephone to make an appointment and some expressed problems of pre booking advance appointments. Some practices require you to ring at 8.30 in the morning. This coincides with people getting children to school and going to work, so not the most convenient time to be hanging on the phone trying to get through to the surgery.

Patients felt that they would prefer to see the same GP, especially if they suffer from a long-term condition as continuity of care was seen as important to their treatment.

One person stated that they were concerned about who would care for the elderly with them being a growing population, considering there is a falling birth rate.

Another participant felt that health and social services are bureaucratic and hindered by red tape. Services were felt to be difficult to navigate if people do not use them regularly or have not used them before.

Two participants felt that their general experience of the local hearing service had been poor. Reasons given for this was that they didn’t like having to go to the local hospital to pick up batteries, as it is inconvenient and expensive to park and that waiting lists were too long.

People resent having to take time off work to visit their GP.

There was a general feeling that the NHS should put in measures to lower the numbers of bank and agency nurses working in the service as this is costly and unfair to those who work in the NHS who are paid less.
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. Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

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

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

Participants felt there should be more support for carers as they help maintain people's independence in their own homes and social / family circle. Much of this support is practical all is unpaid.

Transport was also cited as a key issue as it promoted independent living and prevented isolation. The role of voluntary sector transport schemes was highlighted as important.

Services for those who are housebound or in recovery from illness need extra support to make sure they get the health services they need to remain independent.

Many people felt that there should be more emphasis on prevention. Specifically that more advice and support is needed around alcohol and smoking prevention, particularly more work with schools and pregnant mothers. Participants were concerned in the upward trend of alcohol consumption in women and the effect this may have on those who thinking about becoming or are pregnant.

Participants felt that pharmacists are a under used resource and patients do not use some of the prescription services which are available. Some people would welcome more pharmacies especially in rural areas were residents find it hard to access towns.
Q3. Did people think it would be enough for Government to only do these things to help people take better care of themselves? Why?

People felt that access to services was only half the issue. Quality of service was seen as just as important. Some questioned quality of service especially from paid support workers from agencies carried out to do the work. Government needs to make sure standards are maintained if independent providers are paid to deliver work on behalf of the public sector.

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

One person commented that they would pay an annual fee if it meant that it would improve the quality of their treatment, diagnosis and after care as they do in France.
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?

This question and options were not discussed directly. Participants did feel strongly that care should be more coordinated. Single assessment was also viewed as being a priority as the current system of asking and recording information is wasteful in terms of time and money, and impacts on patient care as it can be stressful if a patient is ill, tired and confused. Access to respite care was a major issue for participants who are carers.

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

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>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.</th>
</tr>
</thead>
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<table>
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<tr>
<th>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.</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>None of the above</th>
</tr>
</thead>
</table>

| Don’t know |
Participants felt that the vast majority of people would benefit from more flexible access to community health services. Many found work, childcare responsibilities and caring commitments did not fit with the current 9 to 5 Monday to Friday arrangement.

There was also a comment that it was silly that children should be taken out of school for a routine appointment with either a doctor or a dentist as this disrupted their education. It was said that some older people would not be happy with accessing services in the evening during the winter months.

It was also felt that the general public are not aware that nurse practitioners now perform some of the functions previously performed by a GP.

People had mixed views about the one stop shop approach to accessing health services, some people felt it was a good idea but some felt that surgeries would become congested with people who did not want to see a GP. Most felt that services should be accessible locally and that it did not always make sense for clinics to be located at a hospital site.

When requested to discuss how services should be received at the end of life, most people agreed the choice to be supported at home or in a hospice / hospital should be down to the individual. Participants did not offer any specific comments about end of life pathway services but scored this as their 3rd priority.
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?

People felt that the vast majority of the community whatever their personal circumstance would benefit from this option.

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.

Flexible access would enhance positive feelings general practice and potentially alleviate some of the issues around getting advance appointments in general practice.

Paid support workers who help people remain independent should also work flexibly. This could also support carers in their role.
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?

Support for carers (please make the distinction between carers and support /care workers employed by social services or private providers or direct payments - carers are unpaid)

People are very concerned about the lack of NHS dentists and the waiting lists. This is a key issue that needs to be addressed.

Although not about services directly, people felt strongly that smoking should be banned in all public places especially outside hospital entrances.

There was also a point made about smoking being allowed, and alcohol being available, in local government buildings. It was felt that alcohol and smoking should be banned in local government buildings and that they should lead by example.

Funding for the voluntary sector organisations that provide important specialised services should have more secure funding. Participants wanted to know from the Government how voluntary and community organisations are going to be funded to support the delivery of community health services.

More links with wider leisure activities were seen as good for mental and physical health for people of all ages.
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?

\[
\begin{array}{c|c}
\text{Write in below} & \\
22 & 18 \\
\end{array}
\]

B. What sort of listening exercise was it?

(Please tick one box only)

\[
\begin{array}{c|c}
\text{A day long session (from 5 to 8 hours long)} & \\
\text{A half day session (from 3 to 5 hours long)} & \\
\text{Up to 3 hours long} & \checkmark \\
\text{Other (record below)} & \\
\end{array}
\]

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)

\[
\begin{array}{c|c}
\text{Members of the general public (i.e. with no specialist interest in health and social care)} & 34 \\
\text{Members of the public who are involved with health and social care services e.g. PPI forum members} & 3 \\
\text{Paid staff from your organisation} & 0 \\
\text{Voluntary staff from your organisation} & 0 \\
\text{Other (record below)} & 3 \\
\text{Voluntary sector staff from other organisations} & \\
\end{array}
\]
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>21</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>1</td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td></td>
</tr>
<tr>
<td>Obese people</td>
<td></td>
</tr>
<tr>
<td>Substance misusers</td>
<td></td>
</tr>
<tr>
<td>Disabled people</td>
<td>4</td>
</tr>
<tr>
<td>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>
</tr>
<tr>
<td>People with mental health problems</td>
<td>4</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>1</td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td></td>
</tr>
<tr>
<td>Asylum seekers</td>
<td></td>
</tr>
<tr>
<td>People with long term conditions</td>
<td>5</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>7</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

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>39</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>
</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></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)

This consultation was conducted by Durham and Chester-le-Street Primary Care NHS Trust in partnership with Durham and Chester-le-Street
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?

This consultation was conducted by Durham and Chester-le-Street Primary Care NHS Trust in partnership with Durham and Chester-le-Street Carers Support.

K. What type of organisation are you responding as?

<table>
<thead>
<tr>
<th>Type of Organisation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A local organisation</td>
<td>✓2</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>x2</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:

Amanda Dexter - Durham and Chester-le -Street Primary Care Trust, John Snow House, Durham University Science Park, Durham DH1 3YG. amanda.dexter@durhamclspct.nhs.uk

Paul English - Durham and Chester-le -Street Carers Support, Bullion Hall, Chester- le –Street, County Durham DH2 2ES.
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](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 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 (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 |  |
| Don’t know | |
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:

Cultural change was seen as vital to being able to achieve 1 & 2 but the only way to improve the services people receive.

Supporting carers was seen as essential to underpinning the increased provision of community-based health and social care, and being able to achieve 3. Carers are frequently caring for people with long-term illnesses.

Providing information (2) etc was seen as useful but the “before-that-stage” information was even more crucial. People need easy access to knowledge about the basic support mechanisms – general, but wide-ranging, early information - from a “neutral” (eg. voluntary sector with appropriate funding) source if possible.
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.

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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)

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

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

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

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

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

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

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

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

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

Write in below


B. What sort of listening exercise was it?

(Please tick one box only)

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


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

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

- Members of the general public (i.e. with no specialist interest in health and social care)
- Members of the public who are involved with health and social care services e.g. PPI forum members
- Paid staff from your organisation: 1
- Voluntary staff from your organisation
- Other (record below): 6

1 paid staff from other PCT plus 5 LSP members
D. Please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td></td>
</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>
</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>7</td>
</tr>
</tbody>
</table>

See ‘C’ (previous question)
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>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>7</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></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>Quantity</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>

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

*(Please tick all relevant boxes)*

<table>
<thead>
<tr>
<th>Group</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td></td>
</tr>
<tr>
<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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<tr>
<td>Disadvantaged children</td>
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<td>Smokers</td>
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<td>Obese people</td>
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<tr>
<td>Substance misusers</td>
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<tr>
<td>Black and minority ethnic groups</td>
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<tr>
<td>Travellers</td>
<td></td>
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<tr>
<td>Homeless people</td>
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<tr>
<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>
<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>

Could be any or all of these depending on job
If you work with specific ethnic groups, which of these groupings do you represent or work with?

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td></td>
</tr>
<tr>
<td>White Irish</td>
<td></td>
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<tr>
<td>Any other white background</td>
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<tr>
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<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>Do not deal with specific ethnic groups</td>
<td></td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
</tr>
</tbody>
</table>
I. If you are a regional organisation, please tick the box below for the region you mainly work in

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

Arun Local Strategic Partnership
Consultation facilitated by Adur, Arun & Worthing PCT and Western Sussex PCT
Feedback form completed by Western PCT

K. What type of organisation are you responding as?

<table>
<thead>
<tr>
<th>Type of Organisation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A local organisation</td>
<td>✓</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:

Nikkie.Enticknap@westsussex.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 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>Joint working with the voluntary sector (e.g. in support of mainstream services and for low level caring needs)</td>
</tr>
<tr>
<td>2</td>
<td>Crisis Services</td>
</tr>
<tr>
<td>3</td>
<td>Services and support available from pharmacies (though we must protect the small, local pharmacy)</td>
</tr>
</tbody>
</table>

- Also support for community based clinics / services (e.g. phlebotomy)

- It was also thought that the Out-of-Hours service was generally good but GPs do not have access to patient records (therefore, have no background knowledge of the patient they are seeing – history/medication etc)

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>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Still long waiting times for many community health services (e.g. occupational therapy, physiotherapy, podiatry, speech &amp; language)</td>
</tr>
<tr>
<td>2</td>
<td>Access to GPs is a problem with some closed lists, limited appointment systems and inability to book appointments in advance.</td>
</tr>
<tr>
<td>3</td>
<td>A lack of communication between different sections of the NHS and between the NHS and social care services (especially follow-up from hospital discharge)</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

Long wait for assessment for community equipment – why can't other health and social care professionals do this?

Worry about the development of patient records on-line and the number of people that may be able to access those records inappropriately.
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:

1) Routine check ups are needed to highlight possible health problems and detect problems early. Annual check ups for all may encourage more individual responsibility.

At an annual check up, a list of services and support could be made available for patient’s information. However, we must beware – often in GP practices there is too much information available “can’t see the wood for the trees”

Use of mobile (screening) units

2) Equality of access. Must have positive education/health promotion messages in ALL schools to ALL children and young people - local action supported by national policy.

3) Co-ordination of health, social care and support for vulnerable people is essential.

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

- Media campaigns are needed to change the culture.
- Employers must be responsible to their employees - health checks etc.
- Multi-task the use of GP practices. i.e. have other services available (e.g. counselling, CAB, JobCentres, housing advice, benefits)

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

- Choice on how, when and where to access 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)

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

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

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

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

1) Joined up health and social care services need to be across all ages with one key point of contact for all enquiries (including low level needs) and an identified Case/Welfare Manager who is able to make an assessment for equipment and services.

Communication between and within agencies is still a problem in terms of sharing information.

Much needed services have major staff shortages – this needs to be resolved as a matter of urgency (e.g. physio/podiatry/speech & language/dentists). The ripple effect of these shortages stretches existing staff even further and impacts on patient care and support.

There should be liaison and agreement between the health and social care professional and the patient as to where they wish and need to receive services so that there is a balance between home-care and attending clinics.

2) A need for more respite care beds available and their needs to be the ability to book respite care in advance

24 hour home care needed (low level care).

Eligibility criteria for respite care needs to be very clear and established. Communication with regular carers needs to be formalised.

Information about activities for carers needs to be more readily available. There should be the opportunity for the carer and cared for to take breaks together.

Those organisations that offer breaks for carers should also co-ordinate the respite care.

There is currently an inequality of care between children and older people. There should be no assumption that one person’s needs are the same as another even if the condition is the same.

3) There is a lack of information on what low level services and support is available to support patients and carers (e.g. cleaning/gardening) and how to access them.

There is a better range of information available to patients and carers on discharge from hospital.

Public consultations (national and local) are more widely advertised than in the past.
Put the voluntary sector to best use as they have expertise and skills that can compliment and support mainstream services (e.g. Galloway’s Society for the Blind)

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

The Government needs to join up in terms of their policy decisions – when the decision was made to close special schools, was it thought though in terms of the knock-on effect for services and the different sectors?

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

There should be the option to buy private sector services from Primary Care as well as Secondary Care.
We want to make sure people have access to the services they want, when they want them, where they want them and from whom they want them. But to do this there are some tough choices to be made.

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

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

<table>
<thead>
<tr>
<th>Rank</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits.</td>
</tr>
<tr>
<td>2</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>3</td>
<td>Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use. 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>
<td>Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups, people with disabilities.</td>
</tr>
<tr>
<td></td>
<td>Allowing people to choose how to receive services at the end of life and to die where they want with dignity. (This options is about the care people receive at the end of their lives, it is not about euthanasia)</td>
</tr>
</tbody>
</table>

None of the above

Don't know
1) Need more awareness raising of health issues and concerns, targeted at those who do not traditionally access services. Make it relevant to them e.g. 40-55 year old males – prostate cancer.

Need to amend our attitudes against men who may wish to say that they are ill or have a problem. They often prefer to keep quiet than be criticised.

2) It was thought that there was no need to provide additional opening hours for access to Primary Care if adequate alternative services were in place. For example; out-of-hours services, the ability to register as an emergency patient and NHS Walk-In-Centres. The only problem is perhaps the lack of an electronic patient record for access wherever you are around the country.

For this to work there would also need to be vast improvement in the current appointment booking systems.

3) Unacceptable waiting times for community equipment services (especially the initial assessment) and long waiting times for many community health services (e.g. occupational therapy, physiotherapy, podiatry, speech & language). Sometimes provision of services (e.g. appointment, location) are not convenient but prefer to take appointment than have too wait any longer or even take the risk of getting put to the back of the queue.

Concerns were raised on provision of private provider health and social care services and who would measure quality.

It was thought that the Walk-In-Centre approach would not necessarily work in Chorley/Leyland (small market towns) but the model was good and seemed to work well in large cities or places where people often visit/pass through (e.g. Blackpool, airports, rail stations).

4) More money needs to be given to support local hospices.

It is essential that patients (and their families) get a choice of where they want to die. However, if they wish to die in their own home, they will need care and support to allow this to happen.
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?

There is a need to alleviate patient travel difficulties with access to hospitals – especially when travelling from more rural communities on public transport.

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

Need to protect small community chemists as if pharmacy services are made available in large supermarkets (e.g. Tesco) will the competition make the go out of business.

The new pharmacy contract is good in that it provides better and more accessible basic health advice and testing – BUT there needs to be private areas for consultations with patients.
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?

No change for change’s sake. If it’s working, leave it alone.
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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12</td>
</tr>
</tbody>
</table>

B. What sort of listening exercise was it?

   (Please tick one box only)

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

   

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

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

   - Members of the general public (i.e. with no specialist interest in health and social care) 4
   - Members of the public who are involved with health and social care services e.g. PPI forum members 3
   - Paid staff from your organisation
   - Voluntary staff from your organisation
   - Other (record below) 2

   Voluntary Sector

NB. Others did not complete and return form.
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></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>
</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>1</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>1</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

<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></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></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)
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>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
</tr>
<tr>
<td>Older people</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
</tr>
<tr>
<td>Disadvantaged children</td>
</tr>
<tr>
<td>Smokers</td>
</tr>
<tr>
<td>Excessive drinkers</td>
</tr>
<tr>
<td>Obese people</td>
</tr>
<tr>
<td>Substance misusers</td>
</tr>
<tr>
<td>Disabled people</td>
</tr>
<tr>
<td>People in prison</td>
</tr>
<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>Do not deal with specific sectors of the community</td>
</tr>
<tr>
<td>Other (record below)</td>
</tr>
</tbody>
</table>
H If you work with specific ethnic groups, which of these groupings do you represent or work with?

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

<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?

Chorley & South Ribble Primary Care 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>✔</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:

liz.easterbrook@chorley-pct.nhs.uk
Chorley & South Ribble Primary Care Trust

CHOOSING HEALTH?
Analysis of returned questionnaires
June 2004

The Primary Care Trust developed a simple questionnaire based on the 10 public health issues described within the Department of Health consultation pack. Each issue had a small number of statements which participants were asked to agree or disagree with by scoring them from 1 (strongly agree) to 4 (strongly disagree). The questionnaires were completed by attendees at staff and public events, were sent out with pre-paid envelopes to partnership groups and were also available via the PCT website. During the public meetings participants were given the opportunity to put forwards proposals for action and their suggestions have been summarised in the main document.

Results
545 completed questionnaires were returned and are analysed below. The tables give the number of responses to each question by category as well as a mean score for the combined responses.

### ACCIDENTS

<table>
<thead>
<tr>
<th>ACCIDENTS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Mean score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older people are aware that they are at greater risk of a fall as their mobility is reduced</td>
<td>111</td>
<td>313</td>
<td>89</td>
<td>6</td>
<td>18</td>
<td>8</td>
</tr>
<tr>
<td>More should be done to ensure that young people are aware that road traffic accidents are a major cause of serious injury for their age group</td>
<td>251</td>
<td>258</td>
<td>16</td>
<td>4</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>Enough is done to make parents of young children aware of dangers in the home</td>
<td>27</td>
<td>120</td>
<td>292</td>
<td>58</td>
<td>44</td>
<td>4</td>
</tr>
<tr>
<td>Teenagers understand what accidents they are at risk from</td>
<td>20</td>
<td>75</td>
<td>306</td>
<td>117</td>
<td>23</td>
<td>4</td>
</tr>
<tr>
<td>People know that they are at greater risk of having an accident if under the influence of drugs or alcohol.</td>
<td>79</td>
<td>262</td>
<td>155</td>
<td>35</td>
<td>9</td>
<td>5</td>
</tr>
</tbody>
</table>

### ALCOHOL MISUSE

<table>
<thead>
<tr>
<th>ALCOHOL MISUSE</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Mean score</th>
</tr>
</thead>
<tbody>
<tr>
<td>People do not fully understand the current advice about safe levels of alcohol consumption and the dangers of binge drinking</td>
<td>160</td>
<td>276</td>
<td>90</td>
<td>12</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>All alcohol products should include clear labelling about safe drinking levels and the number of units they contain</td>
<td>285</td>
<td>226</td>
<td>22</td>
<td>6</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Alcopops should be banned</td>
<td>176</td>
<td>124</td>
<td>163</td>
<td>47</td>
<td>28</td>
<td>7</td>
</tr>
<tr>
<td>Alcohol is a greater challenge to health and the local community than illegal substance use</td>
<td>149</td>
<td>208</td>
<td>108</td>
<td>22</td>
<td>44</td>
<td>14</td>
</tr>
<tr>
<td>There is no safe level of drinking (alcohol) before driving</td>
<td>281</td>
<td>174</td>
<td>69</td>
<td>8</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
### DIET & NUTRITION

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>No Opinion</th>
<th>Don't know</th>
<th>No response</th>
<th>Total</th>
<th>Mean score</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Five-A-Day campaign has been successful in raising awareness of Healthy Eating</td>
<td>34</td>
<td>223</td>
<td>165</td>
<td>36</td>
<td>80</td>
<td>7</td>
<td></td>
<td></td>
<td>2.4</td>
</tr>
<tr>
<td>All food products should carry labelling information about content &amp; nutritional value that is simple &amp; easy to understand</td>
<td>302</td>
<td>438</td>
<td>33</td>
<td>16</td>
<td>30</td>
<td>3</td>
<td></td>
<td></td>
<td>1.5</td>
</tr>
<tr>
<td>All fast food should carry labelling information about content and nutritional value that is simple and easy to understand</td>
<td>295</td>
<td>213</td>
<td>21</td>
<td>4</td>
<td>9</td>
<td>3</td>
<td></td>
<td></td>
<td>1.5</td>
</tr>
<tr>
<td>Most people know the difference between saturated and unsaturated fats in lowering the risk of heart disease and cancers</td>
<td>18</td>
<td>82</td>
<td>303</td>
<td>124</td>
<td>14</td>
<td>4</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>More should be done by the NHS to promote breast feeding during the first months of life</td>
<td>147</td>
<td>257</td>
<td>62</td>
<td>10</td>
<td>66</td>
<td>3</td>
<td></td>
<td></td>
<td>1.9</td>
</tr>
</tbody>
</table>

### DRUG MISUSE

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>No Opinion</th>
<th>Don't know</th>
<th>No response</th>
<th>Total</th>
<th>Mean score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illegal substance use is a major problem where I live</td>
<td>48</td>
<td>152</td>
<td>196</td>
<td>40</td>
<td>101</td>
<td>8</td>
<td></td>
<td></td>
<td>2.5</td>
</tr>
<tr>
<td>Putting people with drug dependence in prison is the best way of dealing with the problem</td>
<td>27</td>
<td>44</td>
<td>262</td>
<td>147</td>
<td>45</td>
<td>20</td>
<td></td>
<td></td>
<td>3.1</td>
</tr>
<tr>
<td>People who commit crime to pay for their drug dependence should be given priority access to local treatment services</td>
<td>49</td>
<td>171</td>
<td>191</td>
<td>82</td>
<td>40</td>
<td>12</td>
<td></td>
<td></td>
<td>2.8</td>
</tr>
<tr>
<td>People who commit crime to pay for their dependence should be given priority for other support services like housing and careers support</td>
<td>22</td>
<td>90</td>
<td>246</td>
<td>133</td>
<td>47</td>
<td>7</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Parents need support and education about how to discuss drugs with their children</td>
<td>216</td>
<td>283</td>
<td>24</td>
<td>7</td>
<td>9</td>
<td>6</td>
<td></td>
<td></td>
<td>1.7</td>
</tr>
</tbody>
</table>

### HEALTH INEQUALITIES

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>No Opinion</th>
<th>Don't know</th>
<th>No response</th>
<th>Total</th>
<th>Mean score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extra resources should be available to people living in more deprived neighbourhoods to help them make healthy choices in their lives</td>
<td>140</td>
<td>294</td>
<td>55</td>
<td>14</td>
<td>32</td>
<td>10</td>
<td></td>
<td></td>
<td>1.9</td>
</tr>
<tr>
<td>Members of minority groups tend to be excluded from the community</td>
<td>50</td>
<td>180</td>
<td>193</td>
<td>48</td>
<td>65</td>
<td>9</td>
<td></td>
<td></td>
<td>2.5</td>
</tr>
<tr>
<td>Local public transport provides easy access to services</td>
<td>30</td>
<td>136</td>
<td>201</td>
<td>97</td>
<td>71</td>
<td>10</td>
<td></td>
<td></td>
<td>2.8</td>
</tr>
<tr>
<td>The gap in life expectancy between men and women in Chorley &amp; South Ribble is completely unavoidable</td>
<td>15</td>
<td>80</td>
<td>222</td>
<td>57</td>
<td>159</td>
<td>12</td>
<td></td>
<td></td>
<td>2.9</td>
</tr>
<tr>
<td>Men should be encouraged to take more responsibility for their own health</td>
<td>182</td>
<td>314</td>
<td>16</td>
<td>3</td>
<td>22</td>
<td>8</td>
<td></td>
<td></td>
<td>1.7</td>
</tr>
</tbody>
</table>

### MENTAL HEALTH

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>No Opinion</th>
<th>Don't know</th>
<th>No response</th>
<th>Total</th>
<th>Mean score</th>
</tr>
</thead>
<tbody>
<tr>
<td>How you spend your time at home, school, work and leisure makes a difference to your mental health</td>
<td>255</td>
<td>249</td>
<td>17</td>
<td>2</td>
<td>20</td>
<td>2</td>
<td></td>
<td></td>
<td>1.5</td>
</tr>
<tr>
<td>Increasing the awareness of mental health problems would decrease the stigma associated with mental illness</td>
<td>205</td>
<td>274</td>
<td>27</td>
<td>9</td>
<td>28</td>
<td>2</td>
<td></td>
<td></td>
<td>1.7</td>
</tr>
<tr>
<td>All people with mental health problems should be kept in hospital until they are better</td>
<td>28</td>
<td>64</td>
<td>271</td>
<td>138</td>
<td>36</td>
<td>8</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Enough is being done already to tackle bullying in schools</td>
<td>15</td>
<td>43</td>
<td>286</td>
<td>144</td>
<td>50</td>
<td>7</td>
<td></td>
<td></td>
<td>3.1</td>
</tr>
<tr>
<td>Most people do not recognise stress as a mental health problem</td>
<td>109</td>
<td>342</td>
<td>49</td>
<td>6</td>
<td>25</td>
<td>14</td>
<td></td>
<td></td>
<td>1.9</td>
</tr>
</tbody>
</table>
### OBESITY

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don't Know</th>
<th>No Opinion</th>
<th>No response</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>People know that being obese increases their risk of diabetes, heart disease and some cancers</td>
<td>67</td>
<td>279</td>
<td>167</td>
<td>11</td>
<td>17</td>
<td>4</td>
<td></td>
<td>2.2</td>
</tr>
<tr>
<td>People do not know what their body mass index is and what it means</td>
<td>192</td>
<td>283</td>
<td>35</td>
<td>10</td>
<td>17</td>
<td>8</td>
<td></td>
<td>1.7</td>
</tr>
</tbody>
</table>

### PHYSICAL ACTIVITY

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don't Know</th>
<th>No Opinion</th>
<th>No response</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise makes you feel better</td>
<td>268</td>
<td>244</td>
<td>16</td>
<td>2</td>
<td>9</td>
<td>6</td>
<td></td>
<td>1.5</td>
</tr>
<tr>
<td>Most people are aware of the amount of physical activity required to maintain a healthy lifestyle</td>
<td>23</td>
<td>136</td>
<td>316</td>
<td>40</td>
<td>19</td>
<td>11</td>
<td></td>
<td>2.8</td>
</tr>
<tr>
<td>Local authorities should provide structured opportunities like guided walks, cycling tours etc to help people to be more active</td>
<td>103</td>
<td>294</td>
<td>80</td>
<td>22</td>
<td>38</td>
<td>8</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Physical activity is the responsibility of the individual</td>
<td>142</td>
<td>330</td>
<td>42</td>
<td>8</td>
<td>10</td>
<td>13</td>
<td></td>
<td>1.8</td>
</tr>
</tbody>
</table>

### SEXUAL HEALTH

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don't Know</th>
<th>No Opinion</th>
<th>No response</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>People today are less likely to practice safe sex and more likely to take risks with their sexual health</td>
<td>61</td>
<td>232</td>
<td>140</td>
<td>13</td>
<td>83</td>
<td>16</td>
<td></td>
<td>2.2</td>
</tr>
<tr>
<td>Teenage birth rates in England are the highest in Western Europe</td>
<td>134</td>
<td>266</td>
<td>18</td>
<td>1</td>
<td>111</td>
<td>15</td>
<td></td>
<td>1.7</td>
</tr>
<tr>
<td>Concerns about Confidentiality stop people from accessing sexual health services</td>
<td>49</td>
<td>246</td>
<td>123</td>
<td>19</td>
<td>95</td>
<td>13</td>
<td></td>
<td>2.3</td>
</tr>
<tr>
<td>It is the parents responsibility to educate their children about sex and relationships</td>
<td>103</td>
<td>321</td>
<td>67</td>
<td>15</td>
<td>23</td>
<td>16</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>It is the schools responsibility to educate children about sex and relationships</td>
<td>38</td>
<td>254</td>
<td>173</td>
<td>31</td>
<td>34</td>
<td>15</td>
<td></td>
<td>2.4</td>
</tr>
</tbody>
</table>

### TOBACCO

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don't Know</th>
<th>No Opinion</th>
<th>No response</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stopping smoking is the best thing any smoker can do to improve their health</td>
<td>352</td>
<td>154</td>
<td>21</td>
<td>3</td>
<td>8</td>
<td>7</td>
<td></td>
<td>1.4</td>
</tr>
<tr>
<td>People are unaware of the dangers of passive smoking</td>
<td>99</td>
<td>237</td>
<td>158</td>
<td>28</td>
<td>15</td>
<td>8</td>
<td></td>
<td>2.2</td>
</tr>
<tr>
<td>Smoke free workplaces, including restaurants, pubs and bars are the best way of protecting people from the dangers of second-hand smoke</td>
<td>275</td>
<td>192</td>
<td>46</td>
<td>16</td>
<td>9</td>
<td>7</td>
<td></td>
<td>1.6</td>
</tr>
<tr>
<td>The government should pass a law to make all enclosed workplaces/public places smoke-free</td>
<td>278</td>
<td>133</td>
<td>66</td>
<td>38</td>
<td>22</td>
<td>8</td>
<td></td>
<td>1.7</td>
</tr>
<tr>
<td>Local authorities are better placed than central government to introduce laws governing smoking in public places</td>
<td>131</td>
<td>159</td>
<td>126</td>
<td>42</td>
<td>79</td>
<td>8</td>
<td></td>
<td>2.2</td>
</tr>
</tbody>
</table>

### Gender

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>No reply</th>
</tr>
</thead>
<tbody>
<tr>
<td>153</td>
<td>362</td>
<td>30</td>
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</tbody>
</table>

### Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>&lt; 12</th>
<th>12-18</th>
<th>19-30</th>
<th>31-40</th>
<th>41-50</th>
<th>51-60</th>
<th>61-70</th>
<th>71-80</th>
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<tbody>
<tr>
<td></td>
<td>2</td>
<td>33</td>
<td>31</td>
<td>87</td>
<td>128</td>
<td>130</td>
<td>77</td>
<td>40</td>
<td>17</td>
</tr>
</tbody>
</table>
This paper includes a summary of the responses to the questionnaire as well as a summary of the most popular recommendations for action to improve health.

**Tobacco**

95% of respondents felt that stopping smoking was the best thing smokers could do to improve their health. 88% of respondents supported the idea that smoke free work places were the best way of protecting people from the dangers of second hand smoke and 80% supported national legislation to bring this about. Two thirds thought that local authorities also had a role and responsibility in the introduction of new laws.

The following proposals for action were received:
- National government should legislate to ban smoking in workplaces and enclosed public places
- Local Authorities should be encouraged to develop a comprehensive local strategy to reduce local smoking prevalence rates, working with local NHS Trusts and other employers as well as other stakeholders.
- More effort should be put into targeting young people at a time when they are considering taking their first cigarette.
- The NHS should continue the provision of effective treatment services for smokers who want to stop and services should be targeted at areas with high prevalence rates.

**Physical Activity**

Although 90% of respondents felt that physical activity was the responsibility of the individual, more than two thirds felt that most people were not aware of the amount of physical activity required to maintain a healthy life style.

There was strong support (80%) for local authorities to provide structured opportunities for physical activity e.g. guided walks, cycling tours etc.

The following proposals for action were received:
- National government should launch a campaign to promote physical activity (rather than exercise) as something appropriate for everyone and attainable by all. There should be concerted action to improve physical activity opportunities through the workplace.
- Local leisure facilities should be more accessible in terms of cost, opening hours and provision for people with disabilities.
- There should be greater investment in the maintenance of green space to make it safe and accessible to the public for physical activity.
- A comprehensive review of the role of schools in promoting physical activity should be undertaken in the near future. This should address the decreasing opportunities for games and sport within the packed school curriculum, the loss of playing fields, transport to and from school, the reduction of competitive games in primary schools, and the litigation concerns of head teachers that appear to be effectively limiting traditional school based physical activities.
Diet and Nutrition

94% of respondents felt that all food products and all fast food should carry simple and easy to understand labelling information about its content and nutritional value. Despite national and local campaigns to increase awareness, 81% of respondents felt that most people did not know the difference between saturated and unsaturated fats in lowering the risk of heart disease and cancers.

The following proposals for action were received:
- National government and the food industry should take action on food labelling
- There should be central regulation on the sugar, fat and salt content of foods that are targeted particularly at young children, and also central regulation of the advertising of “unhealthy” foods during children’s TV times.
- Local partnerships should be involved in the promotion of healthy eating within schools. Suggestions for action in this area included free fruit for school lunches and break times, the provision of healthy school meals only (no pizza and chips in school cafeterias), and rewards schemes for pupils making healthy choices.
- There should be a renewed emphasis on practical skills and knowledge around nutrition and food preparation and most thought this was the responsibility of Local Education Authorities and schools.
- The NHS should do more to promote breast feeding during the first months of life.
- Other positive community initiatives put forward for further development were luncheon clubs for older people, mobile “fruit and veg” vans to neighbourhoods with limited access to fresh food shops, and healthy options cafes at leisure centres.

Obesity

One third (34%) of respondents felt that many people are still unaware that being obese increases the risk of diabetes, heart disease and some cancers. 91% thought that people did not know what their body mass index was or what it meant.

The following proposals for action were received:
Suggestions on tackling obesity overlapped to a great extent with those for diet and nutrition. More specific recommendations were:
- The NHS should ensure easier access to advice and information on diet
- Local authorities should ensure easier access to diet and exercise classes in the community, accessible to everyone
- Local authorities should ensure an increased emphasis on education around diet and health in schools
- National government, the food industry and the media should work together to control misleading marketing of so called “healthy” foods and “sports” or “energy” drinks and less targeted advertising of unhealthy foods in between children’s TV programmes

Mental Health

Most members of the public (96%) felt that how you spend your time at home, school, work and leisure makes a difference to your mental health. 93% thought that most people did not recognise stress as a mental health problem. 94% strongly supported the notion that increasing the awareness of mental health problems would decrease the stigma associated with mental illness.
The following proposals for action were received:

- National and local campaigns are needed to raise awareness of mental health issues among the general population.
- Employers should provide stress support services within the workplace.
- The NHS should increase the availability of counselling services in schools and via primary care.

**Substance Misuse**

Only 48% of respondents thought that illegal substance use was a major problem in this area. Most thought that putting people with drug dependency in prison was not the best way of dealing with their problems, however neither was there support for priority access to housing and career support for people who commit crime to pay for their dependence. There was some support for the notion of priority access to local treatment services for people who commit crime to pay for their drug dependence.

The following proposals for action were received:

- Partnerships should provide more training and information for parents about substance use, specifically to help them discuss this difficult issue with their children.
- Drug education should be a compulsory element of the national curriculum for all children from primary age upwards.
- Problematic drug users should be kept out of prison and there should be more targeted prevention activities for vulnerable young people and improved service provision.
- There should be improved access to local treatment services for all those who need them.

**Alcohol Misuse**

81% of respondents felt that the public did not understand the current advice about safe levels of alcohol consumption and the dangers of binge drinking. 73% considered that alcohol is a greater risk to health and the local community than illegal substance use.

There was also very strong support (95%) for all alcohol products to include clear labelling about safe drinking levels and the number of units they contain.

The following proposals for action were received:

- National government should require the drinks industry to label all alcoholic products. There should be stricter penalties for breweries who specifically target young people. The industry should be required to fund prevention and treatment services for alcohol related illness.
- The current licensing laws should be more strictly enforced and the police should prosecute shop keepers who knowingly sell alcohol to young people.
- Local authorities should provide more activities/options for young people between 3.00 and 11.00 pm as an alternative to getting drunk.
- The NHS should promote other forms of stress reduction e.g. relaxation classes, exercise, massage etc. GP surgeries should display information on safe drinking levels and patients should be routinely asked about their alcohol intake.
- There should be a multi agency approach involving the media and young people to change the culture around binge drinking. The media should take responsibility for the way in which it allows alcohol to be portrayed and promoted on television.
Sexual Health

82% of respondents felt that it was the parents’ responsibility to educate children about sex and relationships, although over half (59%) also thought that the school had some responsibility in this area. 66% felt that people today were less likely to practice safe sex and more likely to take risks with their sexual health.

The following proposals for action were received:
- More information and training should be available for parents about sexual health, specifically to help them discuss this difficult issue with their children.
- Drop in Sexual Health counselling services for young people should be more widely available e.g. linked to school sites, and there should be an increased availability of sexual health services for this age group.
- A national campaign is needed to raise awareness of the current high levels of sexually transmitted infections and how to prevent them. This should be linked to local action targeting schools, workplaces, pubs and clubs.
- A positive role for the media in promoting sexual health should be encouraged as this would help to counter balance the apparent promotion of sexual promiscuity, particularly in very young teenagers, apparent in many of the “soaps” on TV today.

Accidents

Most respondents thought that the elderly and young people were not always aware of their susceptibility to accidents either in the home or on the roads.

The following proposals for action were received:
- There is a need for ongoing national and local accident-awareness raising campaigns, using age-appropriate material at appropriate times during the day. Relevant celebrities should be used to promote the campaigns.
- Older children should be used to promote accident awareness to younger age groups
- Local authorities should provide safe areas for children and young people to play/meet.
- National government has a role in traffic calming and in the provision of health and safety legislation in the work place.

Health Inequalities

86% of respondents felt that extra resources should be available to people living in more deprived neighbourhoods to help them make healthy choices in their lives. Three quarters of respondents felt that the gap in life expectancy between men and women in the area was avoidable and, to address this, 96% felt that men should be encouraged to take more responsibility for their own health.

The following proposals for action were received:
- Local authorities should improve public transport to allow people from more deprived areas to access health and other services.
- Local authorities should ensure that local housing meets minimum standards.
- The NHS should do more to promote and improve men’s health.
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)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Vast improvement in Primary Care services – environment, physical access, reception staff, less medical jargon and more involvement of wider practice staff.</td>
</tr>
<tr>
<td>2</td>
<td>GP referrals to hospitals are quick and efficient.</td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

(RECORD BELOW IN PRIORITY ORDER)

<table>
<thead>
<tr>
<th>#</th>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Reaching the GP practice by telephone is a problem. Once get through limited appointments available and inability to book appointments in advance.</td>
</tr>
<tr>
<td>2</td>
<td>A lack of communication between different sectors of the NHS and between the NHS and social care services.</td>
</tr>
<tr>
<td>3</td>
<td>Health and social services continuity of care is essential.</td>
</tr>
</tbody>
</table>

- More investment needed in podiatry services.
- Need to take into account people with disabilities and their access and communication with a GP practice (e.g. a deaf patient would need to give at least 24-hours notice for an appointment in order to have an interpreter present)

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

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

Unsure of who to go to with queries about services or care received. PALS are for health services only and not everyone knows about them.
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?
**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)

<table>
<thead>
<tr>
<th>Priority</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<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>
</tr>
<tr>
<td>2</td>
<td>Providing more help to people caring for others, for example with more respite care</td>
</tr>
<tr>
<td>1</td>
<td>Providing people with better information about what NHS, local authority and social care services are on offer</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:

1) Provide information in different formats - not just leaflets. Think about the best use of television and radio.

Need to 'educate' people so that they can make informed choices (empower them).

What about a combined booklet about health and social care?

More information is needed on PALS and recognition that PPI Forums are also a source of information.

Need a co-ordinator for all of this information so that people have the information that they need at key points (e.g. on discharge from hospital) and know what help and support is available (e.g. aftercare).

More effort is needed to ensure that people know how to access services

2) Carers must be listened to (as well as the patient) and information should be proactively given – the ability (lack of skills) and time for health and social care staff to stop and listen to patients/carers is missing.

Evaluation needs to be undertaken of the Respite Care Voucher Scheme as it was thought that they go largely unused and are ineffective. This existing system does not allow the carer enough time for leisure, only the necessary appointments etc.

Attention should be turned to prevention and support and not just crisis services

GP’s need to recognise the needs of carers and know what support is available for them – they should not always prescribe pills and know more about options for support - what about more person-centred counselling services?

3) Concerns were raised that the proposed Case Managers would be yet another tier in the system that patient and carers have to work through - not practical. Also, would the case manager be recognised by all agencies and would they lead to improved co-ordination of services?

If case managers are introduced they need to plan care with the patient and co-ordinate follow-ups for hospital / community treatment. Single needs assessments could be of great benefit to patients. But there must also be independent advocacy service to support the patient. This could also make use of professional's time more effectively.

Training and education of all agencies staff (health and social care) is needed in order that they integrate and work together. Case managers must then bridge the gap between health and social care services.
What is the definition of a case manager? Would they be better called Personal Advisors/Co-ordinator/Social and Health Carer?

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

Properly promote and support the Expert Patient Programme
There is a need to tackle discrimination (especially ageism and learning disabilities) for long term care services.

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

Choice should be removed as availability and quality of services is the MOST important issue.

Choice may be bad for quality and is largely subjective - choices are not always possible to take in reality.
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>Ranking</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits</td>
</tr>
<tr>
<td>2</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>3</td>
<td>Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use. 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>
<td>Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups, people with disabilities.</td>
</tr>
<tr>
<td></td>
<td>Allowing people to choose how to receive services at the end of life and to die where they want with dignity. (This options is about the care people receive at the end of their lives, it is not about euthanasia)</td>
</tr>
<tr>
<td></td>
<td>None of the above</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
</tr>
</tbody>
</table>
PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

1) GPs are very pressured and do not have enough time to listen to patients. Patients are also often unsure how to communicate with their GP (what language to use). A suggestion was made to have a standardised form for patients to fill in to explain an aid the communication exchange.

National guidance and principals on extended hours might help to create equity throughout services rather than the existence of a postcode lottery that exists now for access to treatment. This would then serve the community better rather than serve the provider better.

NHS Direct referrals are generally very good

Good transition to hospital and back to GP for aftercare

999 Ambulance Calls - operators, taking too much time, ask too many questions. THIS IS AN EMERGENCY and people should not have explain themselves at great length. It sometimes feels like you have to apply for an ambulance to attend.

2) Should we consider private sponsorship (e.g. Tesco) for Walk In Centres in accessible areas?

3) Voluntary sector services need to be fully resourced to deliver community services, health promotion, support 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?  

<table>
<thead>
<tr>
<th>Write in below</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
</tr>
</tbody>
</table>

B. What sort of listening exercise was it?  

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

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

   (Please put a number in each box even if it is zero)  
   - Members of the general public (i.e. with no specialist interest in health and social care)  
   - 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)  

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

Voluntary Sector

NB. One respondent did not complete this section of the form.
D. Please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td></td>
</tr>
<tr>
<td>Older people</td>
<td>3</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>1</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>2</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>1</td>
</tr>
<tr>
<td>People with mental health problems</td>
<td>1</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td></td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td>2</td>
</tr>
<tr>
<td>Asylum seekers</td>
<td></td>
</tr>
<tr>
<td>People with long term conditions</td>
<td>4</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>3</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: 11
- 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?

| Option                                           | 
|--------------------------------------------------|---|
| 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?

Chorley & South Ribble Primary Care 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>✓</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:

liz.easterbrook@chorley-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: 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)

<table>
<thead>
<tr>
<th></th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Having them helps us feel safe and supported</td>
</tr>
<tr>
<td>2</td>
<td>They prevent us getting unwell – help educate us to understand what we need to stay well</td>
</tr>
<tr>
<td>3</td>
<td>They help all of us not just people desperate for help or unwell</td>
</tr>
<tr>
<td>4</td>
<td>We care about our family and friends and want to know they’ll receive the help they need in our community</td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

(RECORD BELOW WHY PEOPLE THOUGHT THESE WERE IMPORTANT:

(Really badly worded question for young people, confusing and complicated making them feel silly not understanding it)
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:

Young People need more information in a variety of places.
Better signposting for where we need to go
Not enough sexual health information especially at school.
Dentist and Opticians good
More Social Workers needed
More Anger Management courses
NHS Direct good – but needs to be some promotion that is young people friendly
Need chemists that will give information about where to get clean needles – really hard to get clean needles – we need better information on where – ‘On the Levels’ difficult to get into and ‘Turning point not always open
More education in schools to help you feel confident at knowing what services are and how you can help yourself
If not familiar or comfortable going to see won’t use service and will just pretend everything is okay
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)

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:

The first 4 were all discussed and felt to be good ideas.

People wanted choices and felt are all different and may want different services.

A separate service for young people was discussed but most of the group were happy to use services available for everyone if in a variety of locations and less clinical or institutional when possible.

The last option wasn’t something the group had ever had to consider.
How do you want to get support from health and social care?
Drop In’s – really good if you’re worried – good just to go
More informal
Places that don’t smell like clinics-hospital puts you off going
If the atmosphere is not good you don’t want to go

Where do you want to go for help and support?
Have choice or places
Better not GP for sexual health or dug related issues
People who knew about NHS Direct thought it was really good but the majority didn’t know what it was
Somewhere easy to get to by transport

When do you want to go?
Evening clinics are good. ✓ ✓ ✓
If you go in the evening or weekend no-one needs to know, you don’t need to tell school or miss college. When you have to tell them everyone asks and gets to know your business.

From whom do you want to receive help and support?
Someone who speaks your language, understands you
Someone who doesn’t patronise us
Talks to us in a decent way
Doctors and medical staff can be judgemental; this doesn’t help when you’re seeking support.
“Staff at reception sometimes judge you by what you wear and only change attitude if we have support from someone else – it’s not right”
A Youth Worker is talking to young men with mental health needs and giving support, and doing lots of good work with this hard to reach group
A variety of people not just medical staff
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)

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.

2. 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.

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

- Very hard for young people to consider and make choice with their limited experience and interest at this point in their lives.
- One person had experienced being assessed and because the information wasn’t positive it had become a barrier rather than helping – didn’t feel like help was for everyone if we have problems or not.
- Discussion about budget problems and people not wanting to acknowledge problems sometimes as it may mean they have to let go of some of their budget in order for an individual to get the help they need.
- People liked the idea of going to one place if needing help rather than lots of different places.
- “A good central centre in a community, where people have expertise is valued and has a sense of ownership by its community, they work well”
- NHS Direct should have some young people’s media coverage/advertising
Information in a variety of places and more places young people use and in language that works for them.
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 (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:
Section C: details about your organisation and your listening exercises

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

A. How many people took part in your devolved listening exercises?
   Write in below
   10

B. What sort of listening exercise was it?
   (Please tick **one** box only)
   - A day long session (from 5 to 8 hours long)
   - A half day session (from 3 to 5 hours long)
   - Up to 3 hours long
   - Other (record below)
   - Just over hour 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) 7
   - 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) 3
   - Members of staff for Rainer Trust 2
   - Connexions Member of Staff 1

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>
<td>7</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 / young people</td>
<td>7</td>
</tr>
<tr>
<td>Smokers</td>
<td>3</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>?</td>
</tr>
<tr>
<td>Disabled people</td>
<td>0</td>
</tr>
<tr>
<td>Prisoners</td>
<td>0</td>
</tr>
<tr>
<td>Black and minority ethnic groups (GO TO QE)</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>2</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. 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>Race</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>1</td>
</tr>
<tr>
<td>White and Black African</td>
<td>0</td>
</tr>
<tr>
<td>White and Asian</td>
<td>0</td>
</tr>
<tr>
<td>Any other mixed background</td>
<td>0</td>
</tr>
<tr>
<td>Indian</td>
<td>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>
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<tr>
<td>Any other Black background</td>
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<td>Chinese</td>
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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)

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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

Taunton Deane 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 sarah.ellison@somerset.nhs.uk
ADDRESS: Wellsprings Road
Taunton
Somerset
TA2 7PQ
Requested PDF via email - Thank you
YOUR HEALTH, YOUR CARE, YOUR SAY
FEEDBACK FORM FOR LOCAL LISTENING EXERCISES
Thank you for your help with your health, your care, your say.

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

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

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

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

Please note the feedback form is in three parts:

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

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

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

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

Tick one box only

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

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

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

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

1
2
3
4
5

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

None of the above

Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

All seen as important
Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?

Don’t take away services that work
Don’t introduce unrealistic charges for services – because some people will be unable to afford them
Run more self management courses
More pulmonary rehab classes, coronary heart disease classes – not enough of these and no follow up opportunities
Local class improved my health I felt really good after
Whatever is available should be available everywhere – fair across area – some had access to pulmonary classes, some didn’t
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)

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

2. 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

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

5. 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:

GP and community services good
NHS direct used
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?

THREADS very good
Don't feel like enough services in community to support. Out of hours – doctors service not good - better for our chronic conditions that we know about to call ambulance. If it had been my GP they would have managed on spot. They would make own assessment of health.

Don't like help being miles away – call centre Exeter. Want to be given choices. Want someone who know us.

Ambulance service good/excellent help on spot.

No walk in centres in area. No good suggesting we use and will they help rural areas.

I visited a Walk in centre on holiday when unwell and not able to help. More frustrating – I waited then had to go somewhere else.

Minor injury centres good.
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)

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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.</td>
<td></td>
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<td>None of the above</td>
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<tr>
<td>Don’t know</td>
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</tr>
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</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?

Don’t leave all the communication to patient.
THREADS is a good service, but not everyone gets it and this doesn’t feel fair
Give us enough information on what support is available
If you don’t ask, you don’t get – but if we don’t know we’re stuck - would like to be informed more
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.

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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.

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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 are 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?  
   \[\text{Write in below}\]  
   \[13\]  

B. What sort of listening exercise was it?  
   \[(\text{Please tick one box only})\]  
   - 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)  
   \[\checkmark\]  
   Attended group meeting

C. How many of each of the following types of people took part in your listening exercise?  
   \[(\text{Please put a number in each box even if it is zero})\]  
   - Members of the general public (i.e. with no specialist interest in health and social care)  
   \[13\]  
   - 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. 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.  
   \[(\text{Please put a number in each box even if it is zero})\]  
   - Children and young people  
   \[0\]

...
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>
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<th>Group</th>
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13 people were from a specific ethnic group, with 13 being White British.
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
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**NAME OF ORGANISATION**

| Taunton Deane 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:

<table>
<thead>
<tr>
<th>EMAIL</th>
<th><a href="mailto:sarah.ellison@somerset.nhs.uk">sarah.ellison@somerset.nhs.uk</a></th>
</tr>
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<tbody>
<tr>
<td>ADDRESS:</td>
<td>Wellsprings Road, Taunton, TA2 7PQ</td>
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<td>PDF document via email</td>
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YOUR HEALTH, YOUR CARE, YOUR SAY
FEEDBACK FORM FOR LOCAL LISTENING EXERCISES
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Facilitated by Taunton Deane Primary Care Trust

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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:

**Things that work well**

Drug information is good now – lots available and checked with you

Drug reviews are good

Health checks give you confidence and a boost and opportunities for advice

Smears and breast examinations are easy to get

Age Concern very good and helpful

**Things that work less well**

NHS Direct has got diagnosis wrong (ear infection) and does not reassured people with heart conditions

Not knowing where to go for information and how to access services to begin with

Long waiting times for podiatry – in priority group but still don’t have an appointment

When you phone administrators for services they don’t want to take responsibility and answer your questions, leave you feeling angry.

People are losing social care services (home care, meals) from the end of October and it's not right.
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. Promoting 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.

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 (e.g. providing jobs and skills advice), children’s centres and other locations.

2. 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:

Want to stay as well as independent for as long as possible. Check ups help us to feel confident doing this.
Value services and know we need range of professionals to deliver

Older and disabled people rely on help and information to remain independent
Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?

Don’t cut back and withdraw services that are working well
Make it easier to register with NHS Dentist
Work at services being fair across county, region, nationally
Give us better qualified or trained support at home, not young people who have no training or experience
If staff don’t know what they’re doing they take longer and then can’t do all the tasks required in time allowed
When Carers don’t cope they leave and then there’s no continuity of care
Signpost where to go for services or information better
Have information in a variety of places
Radio good source of information
Media should run positive information campaigns and stop creating fear in people
We want to make sure people have access to the services they want, when they want them, where they want them and from whom they want them. But to do this there are some tough choices to be made.

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

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

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2. 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:

A lot of discussion around flexible hours of GP and Practice staff – nurses and others

Some people could see their GP the day they phoned, even in a rural area and really appreciated this and felt it worked well for the community.

The area has no walk-in NHS centres but people liked the thought of somewhere they could visit with a minor worry if it couldn’t wait for appointment.
Having access to staff who would get to know us was important. However, there was a group understanding/agreement that if a surgery or practice stayed open longer then some Doctors would be off duty and others would need to be there.

Some people felt the opportunity to see a different Doctor was a good thing as they may have other ideas, approaches or perspectives which could help enhance care.
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:

All above felt to be important.

Care is joined up locally but need to continue to work at it.

Information needs to be in a wide variety of formats and access through different locations and by different media sources.

Sending key information to everyone through the post good

Lots of people need reassurance about their health and social care needs and don’t get it.

If your on your own you have no-one to check worries with and basically help with small crisis’s or concern that happen – don’t want to be made to feel bad if needing to ask someone.
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?

Keep talking to us and involving us
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.

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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

   

   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)
   
   One Hour 20 minutes

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

   0
<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
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<tbody>
<tr>
<td>Older people</td>
<td>7</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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<td>Smokers</td>
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<td>Prisoners</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>People with mental health problems</td>
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<td>People with learning disabilities</td>
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<td>People in hospices/residential care</td>
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<td>Asylum seekers</td>
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<tr>
<td>People with long term conditions</td>
<td>7</td>
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<tr>
<td>People with caring responsibilities</td>
<td>0</td>
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<tr>
<td>Other (record below)</td>
<td>2</td>
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</tbody>
</table>

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

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

White British 12
**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:
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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**

Taunton Deane 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 sarah.ellison@somerset.nhs.uk**  
**ADDRESS: Wellsprings Road Taunton TA2 7PQ**
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)

Group of PPI members, staff and members of the public expressing their interest from Taunton Deane PCT 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: 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 4\(^{th}\) 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: 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:

**Things which work well**

- Services are free at point of delivery
- Excellent care provided by GP and at Musgrove Park Hospital
- Once you’re in the system it’s marvellous
- Very good that people are able to stay in their own homes and receive care there
- Medication reviews – very helpful when on long term medication
- Age Concern – very good for older people
- Expert Patient Programme – works for the majority. Gives an insight into the condition, what people can do for themselves, what GP can offer, how to work with them.

**Things which work less well**

- Getting into the system – knowing your way in, getting hold of the services you need. Until things are pointed out to you, you don’t know what’s available.
- Publicity needed – to raise profile of what is available, and what could be done for them – perhaps more on TV, radio
- Sometimes incomplete transfer of information when people moving into the area
- Pharmacy very good, but concern re strong drugs – potential for dependence. More monitoring.
- Not enough awareness re potential side effects of complementary therapies alongside conventional therapies – possible adverse reactions.
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:
Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?

Need provision of clear up to date simple information – someone’s responsibility in a service or practice and information is in a place you’d expect it. Good when sexual health information for young people is available in non-threatening obvious way.

Surgeries having welcoming ambience – whole team involved in signposting, reinforcing information.

GP / Pharmacists to make aware of side effects/ potential interactions of other drugs on each other

When your at the GP and get your prescription you’re often overwhelmed by what your being told you need simple written information to help you remember

Monitoring of conditions is important and better now, medication reviews very good, but surgery overstretch……….little time for checking understanding

Reminders helpful

If more time could save people have medicine they then don’t take and medication is wasted

Understanding about services concerns at the number of people who do not keep appointments and need to reduce this

Early intervention for mental health issues needs to improve – when under stress and pressure. People need to be able to talk to someone without pressure.

Potential of mental health need affecting individual and others in contact with them without recognition or support.

Time needed for patients, and not afraid to open up ‘can of worms’

Need someone in practice who isn’t too busy – to whom people can talk freely and at length, and be referred on as appropriate.

Most people don’t want to be nuisance of take up time so when everyone appears very busy you may not say everything and leave something bottled up or undiagnosed

How can professionals learn to recognise the ‘warning signs’?

More regular support
Training some people in our own care like blood pressure monitoring
When you and your family need help and support, how, when, where and from whom do you want it?

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

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

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

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

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

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

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

None of the above

Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Triage system in general practices – able to see GP or nurse according to nature of problem. Felt to be helpful – and allows time to be spent with appropriate professional. But there are some anxieties – perhaps because people have not had the triage system explained properly, or it has been introduced too quickly.

People should be made more aware of the new roles and enhanced skills of nurses. Don’t always have to see a doctor.

Chiropody – Reported to be excellent for those with high need (diabetic patient). However, can be problematic for people not quite meeting criteria (of highest need) – with long waiting lists, etc. The need for older people to have their toenails cut was highlighted – as an important factor in preventive treatment, in order that people can continue to be physically active where possible. It was suggested that home carers (with proper training and support) should be able to provide this service.

Flexible hours – eg surgeries at weekends and later in the evenings – could be helpful to some people. The idea of flexible lists (ie being able to register with a practice close to a workplace) was also welcomed by some.

Concerns raised re how to meet the needs of patients (especially elderly) who cannot travel to a surgery? It was suggested that there is need to pursue alternative means of transport (eg: linking up with County Council – school transport services; District Council – other staff having to use different locations). Also the needs of people living in rural areas were highlighted – how can elderly people, people without transport access centralised services. It was suggested that there is need for satellite services – eg: nurse practitioners visiting village halls on regular basis. Dial a Ride services reported to be effective in Devon. Suggested that good practice should be shared.
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?

Want own caring GP – How do you develop relationships with several GP’s

Appointments in writing

Some services we like to be further away or not in our direct community like services for anger management, drug use, alcohol sexual health matters at times.

Podiatry – very specialist now and better service provision for those with greatest need and this fine not being at GP surgery;

**but** this is not suiting people with mobility and transport difficulties prefer local service
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:

Comments

Communication between different staff going into homes. What is health/ what is social care? What sort of care is contracted for – who can do what?

Triage system amongst community staff – eg: District Nurses

Young people as carers – they have special needs

NHS Direct – Some concerns expressed re delay in staff phoning client back, and delay in diagnosis.

Checklist at base
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?

Link up notes, etc from other practices, experience of information not coming from practice to practice

Via GP the Hospital appointment system works well

Older people dealt with more sympathetically

Some perceptions of younger people should be able to look after themselves

Links between carers at home and health and social care improved

Sharing skills and teaching carers to be competent to do tasks that you have to wait too long for like toenail cutting

Services can be to limited in what they can and can’t do now – not flexible, if not in agreement can’t be done

Lots of forms needing to be completed
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 (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.

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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.

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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.

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.

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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.
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

10

B. What sort of listening exercise was it?

(Please tick one box only)

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

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 4
- Paid staff from your organisation 4
- 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.
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:

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

(Please tick one box only)

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- Local authority social care services
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<td>People with caring responsibilities</td>
<td></td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
</tr>
</tbody>
</table>
If you would like your organisation to be listed as a contributor to the consultation, please record its name below:

NAME OF ORGANISATION

Taunton Deane Primary 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 sarah.ellison@somerset.nhs.uk

ADDRESS: Wellsprings Road

   Taunton

   TA2 7PQ

   01823 344349

Please send in a word or PDF format. Thank you
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)

People brought together for consultation in Taunton Deane Primary Trust Area of Somerset

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:
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

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

One group felt 2c should come first as foundation for everything else, followed by 2a and 2b
In the other group2a was first followed by 2b and 2d, they didn’t feel 2c as important to them.

Preventative aspects very important
Want to be empowered to provide some of own care – know own condition very well, need some support available when want it.
Pharmacists very good – help keep record of medication – what drugs you’re on, what you can take with other drugs etc
Opticians, Dentists, Nurses – all have role to play

**Comments**

Helping people to know where to get information from, who to go to.

It was mistake to replace meals on wheels service. Seeing a friendly face and having regular contact – very important. People didn’t just deliver meals, contact was as important as meal itself. Also, do elderly know what to do with meals in freezers?

| Want to be respected and understood by services |
| Services to work with us and our carer so there’s continuity |
| I want to cope for as long as I can myself |
| Give opportunities to find out information from a variety of other people |
| How do people with intermittent health needs cope? Services want to have constant need or they close |
| How can we keep services running for emergencies? |
| Can a stand by service really work? |

**Advice lines**

Lifestyle advice should take account of people’s disability and there should be more opportunities

We don’t know want we need till it happens

We want staff that will get to know us

Support groups are helpful for some people give you information and help, let you let off steam about how everything is. Access could be via GP but not always suggested

GP’s now keeping record of everyone who is a carer that’s good

Information on how to get help, support, advice should be very where, more it’s about more likely people will find it when needed

Need to educate society more about disability

Mobility centres could be first place people go

Pharmacies are good place for leaflets
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)

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
   - 1

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
   - 1

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
   - 1

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

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

6. None of the above

7. Don’t know

Please summarise why people selected these priorities:

Group 1 felt 4a, b and c all related and similar weight

Group 2 felt all important and we should have a range of services
Know Doctor Surgeries are busy – but flexible hours helpful if people working
OK as long as you get up early to phone
Social Services – Day Centre services always helpful
Chiropody needs to be in place that is reasonably accessible
Useful to have provision of services elsewhere, as long as good staff and good equipment
Concerns some groups not getting services they need – mentally disabled, homeless, ‘should have roof over their heads’.
Elderly population need basic services- families, communities, extended family no longer on hand
Need people you know and trust in place where you can get.
Depends on how well you’ve been up until end of life, and how ill you are at end on what sort of support you’ll need – may need more than could be provided at home
Hospice movement well praised and needed
Concerns about complex conditions like Parkinson’s disease and Dementia, and the needs arising from such illnesses the people with these conditions also want services with choice and dignity
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)

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<tr>
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<th>Priority</th>
</tr>
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<tbody>
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<tr>
<td></td>
<td>Providing people with better information about what NHS, local authority and social care services are on offer</td>
</tr>
<tr>
<td></td>
<td>Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes.</td>
</tr>
<tr>
<td></td>
<td>None of the above</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

All the statements are important. Everyone’s needs are individual and will mean needing different types of services

Knowing where to start – need to know where to get information, who to go to.

Comments

Single needs assessment – med-equipment arising from needs assessment okay but other works shambolic. Money with wrong people (i.e. District Council) – not joined up, depends on when apply, whether may receive help –piecemeal and insufficient

My disability cost me £10k a year

Provide the right information at the right time and in the right place – people throw away papers, and only read when need it
High profile advertising needed for specific projects/services
Need signposting – people can’t be expected to retain all information – need to speak to someone else who can
Self assessments- ID cards – information centralised
Practice Based staff – e.g. asthma nurse
Technical equipment (walking aids, buggies etc) – to provide mobility
Piper alarm system – Mobile phones – so carer can be contacted
Key safe system
Unfairness of not being able to access carers allowance after 60
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?

Comments
Meant to be joined up now and isn’t
Could a system be in place that once you are diagnosed with a long term health condition services that can help support or inform you are told.
I don’t know if I’m on the disability register, should they inform me? Someone is going to help me find out after today but how do others find out?
Having somewhere with aids and equipment that has independent advice and no obligation to buy
We are working together, nurse and social services talk and use the same assessment process but we still need to make improvements.
Technology needs to improve to get the systems right.
Access to specialist teams is good.
Communication between hospital and GP very good.
NHS Direct may need to have different questions for people with long term conditions who know their health needs well (are ‘experts’) and already know the issues are more serious and want immediate help. Could they have a different code to bypass the some of the questioning?
In a crisis it nice to feel people helping are close by.
I don’t like feeling I’m being dealt with by someone in Scotland. If this first point can’t be nearby could the follow up be local contact?
Understand we all have different accents but when worried or concerned we want to be able to understand people and them understand us easily.
If we have to call out services we don’t want to feel the service/medic will resent it.
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 (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 (e.g., NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live.

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

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

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

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

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

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

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

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

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

Write in below

10

B. What sort of listening exercise was it?

(Please tick one box only)

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

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>7</td>
</tr>
<tr>
<td>Members of the public who are involved with health and social care services e.g. PPI forum members</td>
<td>1</td>
</tr>
<tr>
<td>Paid staff from your organisation</td>
<td>3</td>
</tr>
<tr>
<td>Voluntary staff from your organisation</td>
<td>0</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>2</td>
</tr>
<tr>
<td>Staff member of Disability and Inclusion Network</td>
<td>1</td>
</tr>
<tr>
<td>Staff member from County Council Social Services</td>
<td>1</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>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>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>
<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>2</td>
</tr>
<tr>
<td>Substance misusers</td>
<td>0</td>
</tr>
<tr>
<td>Disabled people</td>
<td>4</td>
</tr>
<tr>
<td>Prisoners</td>
<td>0</td>
</tr>
<tr>
<td>Black and minority ethnic groups (GO TO QE)</td>
<td>0</td>
</tr>
<tr>
<td>Travellers</td>
<td>0</td>
</tr>
<tr>
<td>Homeless people</td>
<td>0</td>
</tr>
<tr>
<td>People with mental health problems</td>
<td>0</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>0</td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td>0</td>
</tr>
<tr>
<td>Asylum seekers</td>
<td>0</td>
</tr>
<tr>
<td>People with long term conditions</td>
<td>6</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>2</td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
</tr>
</tbody>
</table>

E. You said that some of the people who took part in your listening event were from a specific ethnic group. Please tell us how many were from each of the groups listed below:
<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>11</td>
</tr>
<tr>
<td>White Irish</td>
<td>1</td>
</tr>
<tr>
<td>Any other white background</td>
<td>1</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td>0</td>
</tr>
<tr>
<td>White and Black African</td>
<td>0</td>
</tr>
<tr>
<td>White and Asian</td>
<td>0</td>
</tr>
<tr>
<td>Any other mixed background</td>
<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>
</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:

*(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**

| Taunton Deane Primary 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 sarah.ellison@somerset.nhs.uk |
| ADDRESS: Wellsprings Road |
| Taunton |
| TA2 7PQ |
| 01823 344349 |

Please send in a word or PDF format. Thank you
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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)

Young people attending sexual health drop in/VIBE at Wellsprings Leisure Centre

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.

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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.

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(RECORD BELOW IN PRIORITY ORDER)

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<table>
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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)

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

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

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:
Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?

Young people reluctant users of services – but should go more often. Have a fear of doctor’s surgery, unless leg dropping off – how do we get them there?

Information advice & support re diet, safer drinking, tackling drug use and safer sex – get at school, but should be at young people type clinic setting. Where young people know it’s anonymous, and confidential. Not enough similar settings – need drop in at school – should be part of everyday conversation.

Housing benefit, employment benefit and advice – should be available at Connexions, but the more places the better.

Counselling services much needed – where anonymous and confidential and easily accessible.

Cholesterol, blood pressure, diabetes, stairlifts, help at home care services – of no interest to young people at all. Even including these in the same question for young people to answer was inappropriate and made them laugh.

Most important is where the information is available, accessible, and in the right place – so young people know it’s confidential and that they can see someone quickly and easily.
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.

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

5. 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:

GP opening at different times (before school, after school, on Saturday mornings) would be helpful to young people – if they can get there independently.

Young men would prefer to see a male doctor or nurse, young women would prefer to see a female nurse or doctor.
Would be very important for them to be able to see a nurse or doctor in 24 hours – eg re emergency contraception.

Young people would be registered by parents

Would prefer drop in – anonymous, confidential and easy to get to. Walk in health centres would be ideal – but are there any in Somerset? And they wouldn’t be near enough to young people living in rural areas.

Would like to be able to get all sorts of information at the same place – if it’s easy to get to and confidential.
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?

Would prefer information face to face – as long as credible people, able to relate to young people. Eg youth workers, teachers, nurses.

Would also use telephone (particularly mobile phone access), and over the internet – very good as long as have access to them. Written information often ends up in bin.
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)

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<th>Options</th>
<th>Rank</th>
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<td></td>
</tr>
<tr>
<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></td>
</tr>
<tr>
<td>Don’t know</td>
<td></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 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:**

More young people’s clinics/drop ins – more hours, more accessible, assurance of confidentiality, and with someone (could be a nurse or doctor) able to prescribe.

General comments -

The young people attending the drop in were in and out of the room at various stages of the evening. The time available for discussion was fairly short, and using the recommended feedback form was difficult. Participants were asked more specific questions – based upon the web based form.
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

11

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 □ x

Other (record below) □

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

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

<table>
<thead>
<tr>
<th>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>9</td>
</tr>
<tr>
<td>Members of the public who are involved with health and social care services e.g. PPI forum members</td>
<td>0</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>0</td>
</tr>
<tr>
<td>Paid staff from another organisation</td>
<td>2</td>
</tr>
</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 9
<table>
<thead>
<tr>
<th>Group</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<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>4</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>0</td>
</tr>
<tr>
<td>Prisoners</td>
<td>0</td>
</tr>
<tr>
<td>Black and minority ethnic groups (GO TO QE)</td>
<td>0</td>
</tr>
<tr>
<td>Travellers</td>
<td>0</td>
</tr>
<tr>
<td>Homeless people</td>
<td>0</td>
</tr>
<tr>
<td>People with mental health problems</td>
<td>0</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>0</td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td>0</td>
</tr>
<tr>
<td>Asylum seekers</td>
<td>0</td>
</tr>
<tr>
<td>People with long term conditions</td>
<td>0</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>0</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Staff</strong></td>
<td><strong>2</strong></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**

11
<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<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>
</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)

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Ticked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td>x</td>
</tr>
<tr>
<td>Older people</td>
<td></td>
</tr>
<tr>
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<td>Prisoners</td>
<td></td>
</tr>
<tr>
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<td>Asylum seekers</td>
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</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>
If you would like your organisation to be listed as a contributor to the consultation, please record its name below:

NAME OF ORGANISATION

Taunton Deane 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 sarah.ellison@somerset.nhs.uk
ADDRESS: Taunton Deane PCT, Wellsprings Road, Taunton, TA2 7PQ  01823 344349
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)

1
2
3

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

Participants were not asked to rank services, so it is not possible to give the above priority

A number of participants were very satisfied with the services provided from their GP practice (others weren’t – see below). Those who were satisfied quoted ease of access to the GP (either appointments were easy to obtain, or you could turn up without an appointment and be seen) and the range of services provided at the surgery.

Participants who had ready access to specialist nurses dealing with their long-term condition found this very helpful and much better than having to make appointments through the GP every time they wanted advice or to discuss a change in their health.

Some participants said they valued the opportunity to attend Day Centres for the activities, social contact and general positive on their motivation to maintain their independence.

Some participants said that it was the attitude of staff towards them that made the difference between a service that was helpful and supportive and one that was not, rather than anything about the way the service was organised.
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:

Participants were not asked to rank services, so it is not possible to give the above priority.

A number of participants were not satisfied with the services provided from their GP practice. Those who were not satisfied quoted difficulties getting appointments, particularly recently. They spoke of ringing at the start of morning surgery to find the phone constantly engaged and when they finally got through, no appointments were let for that day and appointments could not be booked for the following or subsequent days.

Some participants didn’t like the extent they were quizzed by reception staff about their reasons for wanting to see a doctor, and having to explain their symptoms to try to prove the matter was urgent.

Some participants said that their GPs didn’t know about other services available to support people (particularly some of the newer and more innovative services) and either couldn’t give any information or gave wrong information.

A number of participants felt that services didn’t work well enough together to provide a joined-up service, including information on the range of help available. Some reported being passed round a number of services trying to find what they needed.
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:

Participants were not asked to rank these specific issues as we tried to give people more of a free choice to select the issues they felt important.

Most of the participants had either a long-term health problems or a disability (or both) and had experience of needing the support of health services or social care services.

All four of the matters listed on the previous page were mentioned by participants.

Routine check-ups and health advice were felt to be important. GP surgeries were seen as the primary location for these, but people also mentioned pharmacies and supermarkets – the latter particularly for information and advice on healthy eating.

Access to information was a priority for most participants – current arrangements were not felt to work well. People wanted to make one phone call or visit to get information on services and support available. They were fed up with having to ring a succession of agencies to find out what they needed to know.

When they actually wanted help, people also wanted to be able to speak to one person and then for that person to sort out all the arrangements with the various agencies providing services and support. They wanted a service they could access 24/7 – as and when they experienced a problem.

People were very keen that they should be able to get practical help with maintaining their homes and gardens (via handy-person schemes) as this helped motivation to remain independent.

People wanted better information and advice on medication – either from GP surgeries or pharmacies.
Q3. Did people think it would be enough for Government to only do these things to help people take better care of themselves? Why?

No, other matters were mentioned – see Q4

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

Provide easier access to exercise – particularly for older people and disabled people (requires improvements in publicity about what is already provided, more accessible transport for people to get to exercise activities)

Regular checks on vulnerable people living alone (older people and disabled people) to pick up problems because they become serious enough to need doctors or social workers to get involved.
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:

- Participants were not asked to rank these specific issues as we tried to give people more of a free choice to select the issues they felt important.

  All four of the above issues were felt to be important by participants

  Provision of better information through ‘gateways’ such as a single information phone number, or an information desk at GP surgeries, open 7 days per week, was seen as a priority by most participants.

  Similarly, many participants wanted to deal with one person to co-ordinate any support and help that was to be provided (the case manager/key worker system)
A number of participants wanted better support for family carers, including information, training, equipment & respite.

A number of participants valued support from people with similar conditions, through support groups.
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, they identified additional issues – see Q7

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

Better financial support for family carers, particularly pensioners who effectively lose the benefit of Carers Allowance if they have a full state pension.

Ensure that transport to hospital or clinic is willing to take family carers as well as the patient (this is often refused, even though the patient needs the support of a family carer during what can be a lengthy hospital visit, and in their absence health staff have to spend time meeting the patient’s personal needs)

Ensure that Sheltered Housing Schemes provide accommodation that is adapted to the needs of disabled people rather than expecting the disabled person to negotiate their way through the Adaptations Service (which often means a two-year plus wait for essential adaptations)

Have social workers based at GP surgeries so all the care and support can be arranged in one place

Ensure GP surgeries know more about what other support services can provide so that patient is given correct advice

Have more specialist nurses dealing with particular long-term conditions, so that patients can discuss their worries and concerns and get advice without having to argue their way past a receptionist or wait on the end of a phone to try to get an appointment (which means people often put things off till they get serious)
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
Participants were not asked to rank these specific issues as we tried to give people more of a free choice to select the issues they felt important.

Participants mentioned the first three issues on the previous page, but not the last two.

Some people mentioned GP surgery hours being extended to evenings and weekends, but more were concerned with improving the appointment arrangements for the current opening hours. There was a range of experience of different appointment systems, but on balance that a mix of appointments and open surgery time (when you could turn up and wait to be seen without an appointment) would be best.

A number of participants valued continuity with their GP – seeing the same person and having that person available to visit them at home if they were too ill to go to the surgery. People also valued being able to contact their own GP out of hours, though one participant valued the input of a locum – feeling that it was effectively getting a second opinion.

There were some negative comments about NHS Direct and about NHS Walk-in Centres. Two people felt NHS Direct was not helpful over the phone – it wasn’t ‘people-focussed’ – you tended to get passed from one person to another. One person criticised NHS Walk-in Centres because there wasn’t much privacy, you didn’t get to see a doctor and they didn’t have your medical records.
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, they felt there were other issues – see Q10

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

Several participants felt that a lot of rules and regulations the Government had introduced, while they may have had good intentions, resulted in services being less flexible and helpful. These include health and safety rules that stopped care staff from doing things like moving and handling in a flexible way, and staff often being off to do NVQs and other training, which disrupted the service (along with holidays and sickness) and didn’t produce any noticeable improvement in the quality of the service afterwards.
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?

Better information was the most frequently mentioned issue during the event. Participants wanted to be able to find out what they needed to know about looking after themselves and their families, and about services and support available if they needed it.

There was a lot of frustration about how difficult it was currently to find out about the many good initiatives that Health and Social Care professionals had developed – despite the amount of time and money spent on leaflets and publicity, it was still a lottery if you found about a service that could help you.

Many participants were attracted to the idea of a single phone number to access information on the whole range of services and support available to help people with longer-term conditions and disabilities. Some suggested the staff at the end of the phone should have access to web-based information, organised along similar lines.

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.

Better information about services and support gives people more choice and makes them better equipped to discuss options with professionals.
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?

A number of participants felt that particular attention needed to be paid to vulnerable people (disabled people and older people) living in the community without a partner or carer. Services should be geared up to ensuring any problems were picked up at an early stage by regular contact with them by phone or visit (it didn’t matter who did the visits as long as they were able to activate the necessary support services, without the vulnerable person having to take any further action)

Some participants felt that Social care services needed to respond more quickly to requests for help (within 48 hours)
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

91

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)

71

20
D. Please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td></td>
</tr>
<tr>
<td>Older people</td>
<td>51</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>24</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>
</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>24</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:

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>46</td>
</tr>
<tr>
<td>White Irish</td>
<td>2</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>2</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>2</td>
</tr>
<tr>
<td>African</td>
<td>1</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>16</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)

Joint event – Community based NHS & LA SSD
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>
<th>Blank Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td></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></td>
</tr>
<tr>
<td>Do not deal with specific ethnic groups</td>
<td></td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
</tr>
</tbody>
</table>
I. If you are a regional organisation, please tick the box below for the region you mainly work in

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

Birmingham Social Care & Health Directorate & South Birmingham Primary Care Trust

K. What type of organisation are you responding as?

<table>
<thead>
<tr>
<th>Type of Organisation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A local organisation</td>
<td>✓</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:

Mike.Ewins@birmingham.gov.uk