Raven, Christine  LD Valuing People
RNIB Bristol
Robertson, Joe  2 YoungMinds Focus Group 1
Robertson, Joe  2 YoungMinds Focus Group 2
Robertson, Joe  2 YoungMinds Focus Group 3
Robertson, Joe  4 Caribbean Females 65
Saffin, Kate  Prisoner focus group
Saffin, Kate  Wokingham DC
Sheehan, Kathleen
Shepherd, Alison
Sloss, Pat  Drug Users Responses
Sloss, Pat  People First Responses
Spice, Penny  Rushcliffe PCT
Stevens, Sue
Stokes, Eileen
Szymanek, Shirley
Tate, Donna  1
Tate, Donna  2
Thickett, Aileen
Your Health Your Care Your Say

BBC Essex phone in - Dave Monk programme 26 October 2005

Questions:

Toni

As health is looking at patient choice why is it cutting funding to voluntary services in my area. PCT looking at cutting funding next year. Charity that supports families. Families are referred from Health. PCT may cut funding. Want to secure funding to voluntary sector over long-term to ensure continuity and maximise expertise in voluntary sector. Worried what happens right here right now.

Josie

Blood tests – if you need to fast over night and have not got a car to get to hospital which is out of town (2 -3 buses) can’t do this without eating. What about blood testing in the community? More tests in the community

Fred

National Health Service it is not - it is a regional health service what you get in one area you can’t get in another. Need to ensure treatments are standardised (end to post-code lottery)

Peter + others

Less people pushing paper and more people pushing patients it seems when the taxpayer foots the bill the tiers of management grow and they spend their time at meetings talking and not working

Phyllis

Shouldn’t privatise any more Care Homes without county ones they would have no competition and would have carte blanche to do what they like

New drugs coming up for Alzheimers and Cancer proven to work given money in Wales and Scotland we have got to wait until 2007.

Respite wards – closing down so many – what will happen to old people if they close down.

Care in the community – when people are discharged from Hospital 6 week back up after 6 weeks assessed in her experience just asked “can you make yourself a cup of tea” then told right then you don’t need any more care. Assessments are not great

Elsie

When patients need to see a doctor - ring up and can’t get in when you do get in you sit in waiting room and it annoys me the number of patients listed who do not turn up for their appointments. I think something should be done about this
Messages received at radio station after phone-in

CALLS:
Pat says she wants to know how much money is spent on administration in the NHS - and why do we need so many pen pushers?

EMAILS:
I feel that this exercise of listening to the people is just a PR stunt. In my area patients took to the streets to protest against the plans to merge four doctors’ surgeries into a central health clinic.

The PCT want to build a modern centre to replace the local surgeries on an industrial estate. This is about one and a half miles from two of the existing buildings and on the furthest edge of the catchment area.

In spite of all the local protests, petitions and opposition to the selection of an unsuitable site the PCT are ploughing ahead with their own wishes. There is a site immediately opposite the existing surgery in owned by the council which could be used but this is ignored.

You can see that whatever the public wants the PCT will simply continue with their own plans. I too am cynical about these initiatives. Brian

Message:
For some years my Doctors have offered a Chiropody service, and, as a result I have not needed appointments or expensive prescriptions for foot problems since. On my last visit in September I was told the Primary Care Trust had stopped this service. I am now informed from the Chairman of the Patients association that this service is likely to be re-introduced in April when the new funding is available. Like you Dave I am getting dizzy going round in circles.

Message:
What a load of Toffee!!! They have gone full circle and now defending their position. If I was to run my business like they run the NHS I would be out of business.

If things have to change lets get rid off those who were involved at the beginning and made the mistakes and get new blood in rather than the same old crew.

Message:
I can appreciate that the N.H.S. like any other organisation needs to monitor that there is value for money and make efforts to minimise wastage. However we must not lose sight that the primary objective of the Health Service deliver to us, its customers the best we can afford in terms of health care. I would be interested in learning what percentage of the total budget is currently being used on "Management and Monitoring" that services are giving value for money. What do listeners think reasonable, as a percentage of what they contribute should go to these services 10%- 20% or what? In commercial businesses what amount is spent in non productive services.
Your Health Your Care Your Say Consultation

Feedback from Essex Strategic Health Authority

Prepared by Wendy Smith, Director of Communications
4 November 2006

Content

- Feedback from SHA Board
- Feedback from local people
- Local consultation process

Feedback from SHA Board

- The SHA is a keen supporter of current policy direction to improve out of hospital care e.g. more diagnostic services in the community, care that is better designed to meet individual needs and more innovation in primary care.

- The policy direction as in the NHS Plan and Creating a Patient-led NHS provides an excellent framework to meet the needs and wishes of people in Essex and the aspirations of staff to provide the best quality of care.

- Consultations with local people over the last two years show a general consensus about the vision of a world-class NHS and the strategic plan for Essex that generally matches the national vision of a patient-led NHS.

We would like to highlight some specific issues as follows:

Primary care

- The move to "open up" primary care in terms of access is very welcome given that 90% of patient contact is within primary care. We have the technology now to reduce the need for registration for those patients who could benefit from this and this would be an excellent platform from which to launch Patient Choice in Primary Care.

- We support the concept of contestable primary care. Good primary care across the board would make a major contribution to reducing health inequalities.

- Currently there is a variation in quality that is unacceptable in our vision of a world-class service. There is also some correlation between poor primary care and areas of deprivation which must be improved.

- Primary care providers should be required to meet quality standards or have their NHS contract removed.

Health and social care

- There is a strong view from both service users and professionals locally that there should be better integration of health and social care. From consulting local service users the frequent questions and comments are:
- why do different people from the NHS and Social Services come to my home to provide similar care?
- why do I have to keep answering the same questions?
- why can’t I have just one assessment to provide all the information?
- please can you shorten the waiting time for equipment and tests?
- keeping the same care team is important – a change in routine is harmful - going into hospital set me back

- We need to overcome organisational and structural barriers to provide:
  - A single assessment of needs
  - Service users having their own budgets to buy health and social care
  - Service users having a choice about who will provide their care
  - A generic carer or integrated team available from several sources
  - Continuity of care maintained across health and social care for people with long-term conditions
  - Integrated services out-of-hours

- There are major opportunities to be realised, particularly the concept of "one stop shops" and joint assessments.

- But there are significant challenges. Local authorities may not have had the level of increase in funding that the NHS has received over recent years. Our partners are sometimes disadvantaged by this in terms of expectations on them to fund services jointly.

- In the Green Paper on adult social care, it was suggested that there would be no additional funding available to LAs to focus increased efforts on preventative health as this was seen as self funding i.e. over time the number of users with heavy needs would reduce as they had been helped earlier via prevention services. However, there is a time lag involved before these savings are realised and this needs recognition.

- Integration may lead to a blurring of what is charged for and what is free as the NHS component of care. We need to make sure that patients and service users have good, timely access to information and that there are clear national criteria to make charging decisions clear, unlike the current position for continuing care where every case must be argued. We need to avoid public confusion that can generate an expensive “industry” involving lawyers and clinicians’ time.

**Feedback from Local People**

Organisations have returned feedback individually to the Department of Health. The following is a collation of the main points from the Essex-wide consultation campaign.

Help to get the right services?

- Patients need information for informed choices - parents need specific support
- Children’s information
- Older people need a lot of support, may not easily get involved and make choices
• Web-based and telephone advice is good – helplines
• People will need help to talk to professionals – e.g. special advisers in GP surgeries
• Need a clean, safe environment
• Better access to dental care (prices are too high)
• Need one-stop for diagnostic tests not separate appointments
• Need shorter waiting for tests, counselling, scans, hearing aids and other services that are “hidden” from main waiting list reports
• Overworked GPs need more support
• More promotion of what’s available

When, where and from whom?

• GP practices – need more time with GP
• Doctors and social services
• More local services
• GPs are excellent, but need better access and more flexibility
• Need to book GP appointments in advance
• Doctors should make a home visit in an emergency
• Greater range of tests in the community – x-rays, scans
• More treatments at GP surgery
• Want 24/7 opening hours
• More health input to schools e.g. drug and alcohol services
• Pharmacists could do more
• Drop-in and walk-in centres are best for younger people
• Use voluntary sector and other networks such as Citizen’s Advice, churches
• Use retired workforce

Support and self-help

• Health “passports” with record of activities (health diary from birth)
• Annual health “MOT” and routine blood tests
• More through NHS Direct
• GPs need to know more to know where to direct people
• Improve transport
• Extended schools, talks in schools
• Health centres linked to schools and places of work
• Better access to exercise
• Care for carers
• Health visitors for older people
• Better services for vulnerable families e.g. budgeting, coping with stress and relationships, benefits advice, healthy living advice

Local Consultation Process

The SHA and local health communities, including social services, worked together on a county-wide campaign. Elements included:

• Local events and focus groups e.g. discussions with PPI forums, workshops at annual general meetings and local strategic partnership events, internal discussions
• Discussion at an Essex event for Health Overview and Scrutiny and PPI Forum members
• Campaign roadshow bus in 13 locations across the county, involved just over 500 people in total with a significant proportion of children and young people
• BBC Essex local radio phone-in
• Local promotion of the online survey through internal mechanisms to staff, GPs, stakeholders

Ends

For further information contact Wendy Smith, Director of Communications or Jennie Fisher, PPI Manager on 01245 397636
Health Scrutiny Partnership Event  
Wednesday 12 October 2005, Furze Hill Margarettine  
Workshop D. Your Health Your Care Your Say

Attendees:

Bernie Beckett             CIPPH
Lillian Chandler          Princess Alexandra Hospital PPIF
Martin Cresswell          Basildon PCT
Jennie Fisher             Essex SHA
Sue Hood                  Forum Support Organisation
HCC                       HCC
Zelda Jeffers             Basildon PPIF
Klaus Kopp                Basildon PPIF
Murray MacGregor          Essex Ambulance Service
Thelma Nickerson          Essex Ambulance Service PPIF
Geoff Smalley             Southend HOSC
Diane Still               Witham Braintree & Halstead Care Trust
Anne Tilbrook             PPIF
Sally Wallis              Maldon & South Chelmsford PCT

Notes taken of discussions during 45 minute workshop

MRSA – people who carry it need to know. Recording of infection needs to be standardised over Europe.

↓

Need to get people out of hospital into home to control the spread of infection

↓

Issues of infection control in hospital - protocols need to be adhered to.

↓

Patients cared for out of hospital may get better more quickly with one to one care (family etc)

↓

Some hospitals more disciplined re: hygiene would be happy to share knowledge.

↓

Poor communication hospital → GP

↓

Discharge planning essential

↓

Privatisation of 1% care bad

People need to be shown how to take responsibility for their own health.
But how to engage people?

Personal responsibility / choice is important

People may not behave sensibly

Option of GP opening Saturday am lost in existing GP contract.

Should consultation include ‘wish list items’?

What proportion of population will complete questionnaire?

There are other forms of dangerous behaviour (than smoking) which cost the NHS (climbing, bungee jumping)

Quantity of GP vacancies across the area a matter for concern
Dear Dave Monk  

RE NHS.

What do I want from the NHS ??? Honesty would be a good start. In your programme today you (or your guests) mentioned many times -Care In The Community. It might seem good to keep tripping it off the tongue but it does not in practice exist.

Just under a year ago my wife(at 59) was diagnosed with CJD. This was later changed to Dementia with Lewy Bodies (DLB). Out come is the same just takes a little longer.

To begin with I managed on my own but eventually had to swallow my pride and accept help. A professional carer came in a couple of times a day to help out. Then once again I had to admit defeat and ask for more help. It was only a few extra hours per week. After several weeks the finances were agreed but only after reducing the number of extra hours I requested. Then after approx another two weeks I was told sorry cant help- cant get the people to cover these extra hours.

SO MUCH FOR CARE IN THE COMMUNITY.

(At that time by the way we were living in Suffolk )

By now the strain on me was getting too much so my daughters located an excellent brand new care home in Sudbury. I was advised by Social Services that if I moved my wife into this home it would be fully funded by them (£595 pw).

So very reluctantly ,although I wanted to look after my wife at home but couldn’t because social services couldn’t get me the help I needed, I agreed to admit my wife to the care home. She was admitted on 13/8/05. For the first two months I had to fund this my self whilst Suffolk CC sorted out the funding. Social Services finally came back and said they would only partially fund the care and only from 1/10/05. After a serious objection they did agree to partially fund from 13/8/05.

They are now paying £385pw and we are paying £210pw.

Had we stayed in Essex ,where we had lived for 50+ years ,paid taxes to for 30+years we would be fully funded. Another resident lived in Essex and is fully funded.

Why the double standards (or level playing field if you prefer)

Why wasn’t the original promise honoured---- A change in the political arena was the answer given .

Oh yes and to get the partial funding we had to give up about £160 of my wife’s benefits. (Her disability allowance and pension).

What else would I like from the NHS.

A bit more effort from the beurocrats. Moving my wife to Sudbury obviously meant changing GP’s.

Our first choice was refused by the PCTA (so much for patient choice).

My wife is now registered with a new GP but it has taken over 3 weeks to get her medical records transferred via the Health authorities involved.
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 is an interim response from an exercise held in the local Walk-in 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.

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)

| Promoting and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment. | Joint 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. | 2 |
| Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg providing jobs and skills advice), children’s centres and other locations. | 1 |
| Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer | Joint 3 |

None of the above
Don’t know
Responses included concern for people on their own without a family network to help them when they were ill – of particular concern for single parent when care for a child could be needed and there was no-one to support them.

Wanted to have a one-stop shop with advice and guidance available as well as being able to see GP.
Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?

Analysis of the first 50 responses returned through the Walk-in Centre have shown an overwhelming request for the GP or nurse to be able to spend more time with the patient or carer.

People felt that this could be achieved by having more GPs with shorter lists so that more time was available per patient, surgeries opening earlier in the morning and/or later in the evening and Saturday morning opening.

People also wanted to have everything in one place – eg benefits advice, patients advice, General comments under Q10 were:

Make the community more aware of services available to patients and carers. Advertise via the local television, radio and free newspapers.

General check-ups / annual health checks especially to include blood pressure, cholesterol.

Make carer support easier to access and take more care of the carer.

Look after people who are on their own and have no family to help them.

Provide support for single parents who are ill to ensure that their children are looked after.

More mental health support, particularly for children and young people. Also have psychology services available at the GP surgery.

Closer working and co-ordination between Health and Social Care Services

Provide all patients with a long term chronic illness a booklet about who does what, what services are available, who can help with equipment and aids, advice on health related benefits, waiting lists for equipment and an electronic update of where an individual is on that waiting list.

All medical centres should have a dispensary attached to them.

More information especially about the health condition but also about availability of services.

‘Right Time, Right Place’ for care – availability of diagnostics.
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)

<table>
<thead>
<tr>
<th>1</th>
<th>Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services</th>
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<tbody>
<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</td>
</tr>
<tr>
<td>4</td>
<td>Developing new services for people who don’t always currently access care, such as people from black and minority ethnic groups and teenagers</td>
</tr>
<tr>
<td>5</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>6</td>
<td>None of the above</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

| People generally wanted more time with the clinical staff – eg GP |
| People really like having a city centre Walk-in Centre – enables them to combine visit with other things as well eg sorting out benefits |
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?

Analysis of the first 50 responses returned through the Walk-in Centre have shown an overwhelming request for the GP or nurse to be able to spend more time with the patient or carer.

People felt that this could be achieved by having more GPs with shorter lists so that more time was available per patient, surgeries opening earlier in the morning and/or later in the evening and Saturday morning opening.

All medical centres should have a dispensary attached to them.

More information especially about the health condition but also about availability of services.

‘Right Time, Right Place’ for care – availability of diagnostics
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:

Main demand is for more information especially about a newly diagnosed condition.
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?

People also wanted to have everything in one place – eg benefits advice, patients advice,

Provide all patients with a long term chronic illness a booklet about who does what, what services are available, who can help with equipment and aids, advice on health related benefits, waiting lists for equipment and an electronic update of where an individual is on that waiting list.

More mental health support, particularly for children and young people. Also have psychology services available at the GP surgery.

Stop duplicating services. Also please explain this notice: “In order to improve service provision this practice no longer opens on a Saturday morning”.

Ensure that staff know the basics of the tests they are doing – eg “phlebotomists understanding of the tests that they are bleeding me for.”
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?

Information gives the knowledge you need to make appropriate decisions. Having services that fit around people’s lives means that services become more accessible – you don’t have to lose out by taking time off for appointments; more convenient particularly if you have children.

‘Let us know what’s available and what can help us’
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:**

People want their GP to be able to spend more time with them, to be able to listen to all that needs to be said. They do not want to be rushed and hurried and want to stop feeling like they are just a number – adamant that this is not the GP’s fault but the system and having to meet targets.

Targets can get in the way of getting the best care; targets may be necessary but they are also a barrier.

Provide people with long term conditions with all the information they need in a handy booklet so that they know what is available and how to obtain what they need.

Treat people with disabilities as people not as a disabled person – ie don’t focus on the disability but on the person as an individual.

Relevant and timely equipment – sort out the wheelchair shortage/long waiting list.

Ensure people do listen to us.

Having a city centre Walk-in Centre is so handy; please have more services under one roof including health related benefits, patient advice, GP, psychology 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.

These are the first 50 responses collected locally through a central service and an Expert Patient group.

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

Write in below

B. What sort of listening exercise was it?

(Please tick one box only)

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

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

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

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

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
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<tr>
<td>Children and young people</td>
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<tr>
<td>Older people</td>
<td>10</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>10</td>
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<td>Disadvantaged children</td>
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<td>Substance misusers</td>
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<td>Disabled people</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>
<td>0</td>
</tr>
<tr>
<td>Homeless people</td>
<td>0</td>
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<tr>
<td>People with mental health problems</td>
<td>2</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>8</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>7</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>18/22</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>Group</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>White British</td>
<td></td>
</tr>
<tr>
<td>White Irish</td>
<td>1</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>
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<tr>
<td>White and Asian</td>
<td></td>
</tr>
<tr>
<td>Any other mixed background</td>
<td>1</td>
</tr>
<tr>
<td>Indian</td>
<td></td>
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<tr>
<td>Pakistani</td>
<td></td>
</tr>
<tr>
<td>Bangladeshi</td>
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<tr>
<td>Any other Asian Background</td>
<td></td>
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<tr>
<td>Caribbean</td>
<td></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>
</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
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>Tick</th>
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<tbody>
<tr>
<td>Children and young people</td>
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<tr>
<td>Older people</td>
<td></td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td></td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td></td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td></td>
</tr>
<tr>
<td>Smokers</td>
<td></td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td></td>
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<tr>
<td>Obese people</td>
<td></td>
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<tr>
<td>Substance misusers</td>
<td></td>
</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>
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<tr>
<td>Travellers</td>
<td></td>
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<tr>
<td>Homeless people</td>
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<td>People with mental health problems</td>
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<td>People with learning disabilities</td>
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<td>People in hospices/residential care</td>
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<td>Asylum seekers</td>
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<td>People with long term conditions</td>
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<tr>
<td>People with caring responsibilities</td>
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</tbody>
</table>

Other (record below)
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

Exeter 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: pals@exeter-pct.nhs.uk
ADDRESS: Jenny Bowers, PALS & PPI Manager,
Exeter Primary Care Trust, The NHS Walk –in Centre, 31 Sidwell Street, Exeter EX4 6NN
Tel 01392 284940

Please provide a copy of the summary findings in word document attachment to e-mails or hard copy.

Many thanks.
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)

University Hospital of North Staffordshire NHS 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)

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<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Walk in Centres</td>
</tr>
<tr>
<td>2</td>
<td>Clinical Nurse Practitioners &amp; Triage Nurses</td>
</tr>
<tr>
<td>3</td>
<td>Pharmacy Services</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

Walk in Centres:
More accessible health care.
Locality ideal for some people.
Alleviate pressures on A&E and GP’s.

Triage Nurses/Clinical Nurse Practitioners:
Excellent for educating people to monitor their own condition e.g. diabetes, asthma etc.
Contact person to discuss health issues.
Contribute to independent life styles and peace of mind for patients.

Pharmacy Services:
The provision of pick up and delivery services for those who need it.
Provision of glucose and blood pressure monitoring.
General advice on health and contribution to health education.
Choice of many locations.
Alleviate pressures on A&E and GP’s.
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. Walk in Centres
2. GP services including out of hours services
3. Access to services

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

Walk in Centres:
Not enough of them in many areas therefore limiting accessibility. Limited opening hours. Limited availability of medical cover during opening hours. Limited services available at Walk in Centres and more should be offered e.g. checkups etc.

GP Services and out of hours services:
Everyone felt that GP practice standards of excellence should be consistent throughout the NHS as currently standards and availability of services vary. Due to location of out of hours services they were difficult for everyone to access. GP’s also took longer to reach outlying areas, all felt they would like to see their own doctor out of hours.

Access to services:
Lack of information to inform the public of what and where services were available, therefore there was lack of uptake of services from people who may need/value them.

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

More control over food advertising so that people are encouraged to lead a healthy lifestyle.
Lack of community care particularly for the elderly and people living on their own. The group were concerned that we are living longer and that the NHS should be working towards a more caring society and that although some voluntary groups are doing excellent work the government should not shirk their responsibilities especially now there is less “neighbouring” help and support given when needed. They felt that there should be more co ordination of services and more information about where to go for help when needed at any age i.e. these should be a contact person that they can approach or can visit their homes for advice. They discussed the need for mandatory health check that should be available locally – ultimately this would save money if problems were diagnosed at an early stage.
Care should be all encompassing health; education lifestyle etc and that standards of care should be the same throughout the country.
Support /help available when need regardless of age.
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
For each option, please summarise the key points made during the discussion.

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

**Did people think the Government should do this and why**
Yes the government should do this. It would empower people to be able to look after themselves particularly as problems may be identified at an early stage.
In the long term this may help to reduce costs on the NHS.

**What did they think it would achieve and why**
It would encourage healthier lifestyles through increased knowledge about individual healthcare. Create more independence for people with long term illness. Provision of healthcare education would improve the control people had over their own health.

**How much of a difference did they think it would make and why**
Improved lifestyles and longevity – less stress knowing that ‘advice’ is available. More patient control over their long term illnesses/conditions through education. Less pressure on hospital and GP services.

**Reasons behind the priority this option was given**
Members of the discussion group accepted that people were now expected to live longer and were anxious to ensure that they would be able to maintain their independence by the Government introduction of encouragement and support for better health.
Issue 1b
Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

Did people think the Government should do this and why
Yes; the Government should of this.
There would need to be sufficient finance to provide skilled staff and facilities to achieve this.

What did they think it would achieve and why
Provide a range of contracts for people who do not wish or unable to contact/visit their GP. This would reduce the pressure on GP surgeries. Provide a more user friendly environment, would help to facilitate independence.

How much of a difference did they think it would make and why
A more user friendly environment may help to capture the “hard to reach” groups. Would make services more accessible in most localities. Improved monitoring and treatment conditions would reduce the inappropriate use of hospital/GP facilities.

Reasons behind the priority this option was given
Increased availability of information and support will contribute to healthier lifestyles and may pave the way for future generations. Health education to provide prevention rather than cure.
**Issue 1c**

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

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

Yes the Government should do this as poverty and poor housing increase the risk of ill health. Services need to be in place and made available as a priority which encourage the socially deprived to use them.

**What did they think it would achieve and why**

Information would be more available. The uptake of services would be increased of they were available in one location. Would provide and encourage the utilisation of more than one service and providing opportunistic situation for people to address all of their issues at one visit/time.

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

It would make a huge difference to everyone, especially if these services were available throughout the NHS. It would encourage the socially deprived to access the services, increase their knowledge of availability of services and health issues leading to a healthier lifestyle. This would reduce pressures on the system.

**Reasons behind the priority this option was given**

The group felt that it was important to ensure that the disadvantaged were provided with accessible information and support to help improve their health and well being. These services would provide increased information and support for everyone.
Issue 1d
Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

Did people think the Government should do this and why
Yes, the Government should do this. They felt that as it is a given fact that people are living longer the Government should be forward planning services.

What did they think it would achieve and why
Help to create a more caring society which would enable people to remain active and independent for longer.
Would advance care in the community. Provide confidence in care in the community.

How much of a difference did they think it would make and why
Increase confidence in the services. Make people more aware of care in the community. Reduce demands on the acute services.

Reasons behind the priority this option was given
They felt it was important to know what support and services would be available. They felt it was important that there recognition of the need for increased services to be made available.
Q3. Did people think it would be enough for Government to only do these things to help people take better care of themselves? Why?

No they felt that more could have been done particularly around education. The Government should provide health education throughout education. Through promoting healthy lifestyles at work and play from the very young to the old. Also should promote/advertise e.g. Prevention health education e.g. in pubs, club, bingo halls etc.

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

Provision of a seamless service ensuring same facilities available to everyone including all GPs working at same level. Uniformity of GP appointment system.

More continuity of services e.g. checkups. Health information should be available in more locations and in formats that everyone can understand and less jargonised.

More liaison between the services particular social services and voluntary groups. More ‘back up’ staff should be available. Provision of assessments on need for care. More facilities available for those who need them i.e. elderly, infirm, people on their own for example luncheon clubs, cookery classes etc.

Single needs assessment for all conditions. Development of I.T. systems to prevent constant answering of same questions.

Routine health checks to be mandatory, available and accessible in own homes if necessary. Support and help available when needed.
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

Q9. For each option, please summarise the key points made during the discussion.
**Issue 2a**

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

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

Yes the majority felt the Government should provide this, it would reduce the number of visits to hospital/clinics etc. Reduction in cost for patients and provision of services. Case manager to ensure that appropriate care available when needed.

**What did they think it would achieve and why**

Peace of mind, less stress for patients. Patients would be more aware of what services were available to them.

Assurance that their holistic care was being coordinated by someone they could contact and rely on.

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

Provision of user friendly service. Cheaper and more caring option for patients – i.e. reduction in travel, limiting time off work, less waiting times, less cost.

More efficient use of services.

**Reasons behind the priority this option was given**

Would make access to appropriate services easier. Patients would know what services were available. Reassurance that they had a ‘named’ contact providing a support service.
Issue 2b
Providing more help to people caring for others, for example with more respite care

Did people think the Government should do this and why
Yes the Government should do this.
This is especially important as carers are a very important group and need support to enable them to continue caring.

What did they think it would achieve and why
It would help to make the carers role less demanding and stressful. It would help to enable those that need care to remain in their own homes. This would reduce the pressure on hospital beds long term.

How much of a difference did they think it would make and why
It would provide recognition of the carers role and help them to fell valued. It would enable carers to know that help was available should they need it.

Reasons behind the priority this option was given
The group recognised how important their role is. They saw caring for carers as an important part of Government planning.
Issue 2c
Providing people with better information about what health and social care services are on offer

Did people think the Government should do this and why
Yes the government should do this to ensure that all information on offer is standardised, monitored and validated.

What did they think it would achieve and why
It would help to ensure the availability of accurate information for everyone i.e. information provided in formats particular for all e.g. Braille, tape/disc, other languages, large print etc

How much of a difference did they think it would make and why
It would increase the uptake of available services leading to healthier life styles. This would help to reduce the cost of care as there would be less waste of resources. It would help to make services available to everyone.

Reasons behind the priority this option was given
Increased awareness of services available. Increased ease of access to services. Increased empowerment for people to make their own choices.
Issue 2d
Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions.

Did people think the Government should do this and why
The discussion groups felt that this question had been covered by their answers to other questions.

What did they think it would achieve and why

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

Reasons behind the priority this option was given
Q6. Did people think it would be enough for Government to only do these things to help people manage their care and make decisions?

The group felt that it was a start and the way forward. All expressed concern about the financial implications to put systems in place. They felt that the implementation of proposals/suggestions would need to be prioritised to ensure their effectiveness.

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

The strong themes emerging were the importance of education on health and healthy living to be a strong theme in school curriculum and award. Information: availability, accessibility of information in a variety of formats to enable people to make the right choices.
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
Q13. For each option, please summarise the key points made during the discussion.

**Issue 3a**
Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits.

**Did people think the Government should do this and why**
Yes they felt the Government should do this. They felt that offering flexibility of services would extend the provision of support to people as and when required. Less restrictions imposed at surgeries etc.

**What did they think it would achieve and why**
It would provide reassurance for people to know that services were more accessible (e.g. out of work hours, in emergencies) and enable them to plan their visits more economically.

**How much of a difference did they think it would make and why**
Contribute to healthier lifestyles through services being made more available. Reduction in pressure on services at peak times. Increased availability of services would be more user friendly.

**Reasons behind the priority this option was given**
Reduction in pressure on services at peak times. Increased freedom of choice. Improves uptake of services, less waste. Contributes to healthier life style.
Issue 3b
Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Did people think the Government should do this and why
Yes the Government should do this. The group felt that care should be provided/available in convenient locations and that this discussion is covered by their responses throughout the document.

What did they think it would achieve and why

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

Reasons behind the priority this option was given
**Issue 3c**

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

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

The group felt that the government should do this. I would enable people to access services more locally and more easily.

**What did they think it would achieve and why**

It would provide more convenient access and support for people who need it most and who do not need acute care. Family friendly care. Less costly provision of care.

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

People would be more likely to use the services if they were provide locally. Accessibility and flexibility of services for all which would also provide continuity of care where needed.

**Reasons behind the priority this option was given**

The group was composed of mainly over 50 and their reasons were perhaps influenced by this. They are all agreed; however that it would be a priority for everyone. Care available locally when needed.
**Issue 3d**
Developing new services for people who don't always currently access care, such as young men, teenagers, people from different ethnic groups and people with disabilities.

**Did people think the Government should do this and why**
Yes the Government should do this. To ensure that everyone is able to access the services necessary to help them achieve a healthy life style.

**What did they think it would achieve and why**
Equality of services for all. Would encourage everyone to use the services provided. Use as an inducement to improved health particularly those who do not currently access care available. Everyone would have access to health services suitable for them.

**How much of a difference did they think it would make and why**
It would help them to feel less isolated and more part of the community and more integration. Making sure that they are aware of new services developed helping them to feel valued.

**Reasons behind the priority this option was given**
It would help the need to form closer relationships with all groups within communities. Creating the services they need would improve their quality of life. A health service built around the needs of the people.
**Issue 3e**
Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

**Did people think the Government should do this and why**
Yes they all agreed the Government should do this because it should form part of the health service package i.e. health care cradle to grave.

**What did they think it would achieve and why**
It would provide them with the knowledge of what resources are available to enable them to make the best choice for them and their carers, family etc.
Provision of choice of care e.g. family care (support) hospice care etc.

**How much of a difference did they think it would make and why**
It would give people peace of mind and help to alleviate the worries about their care in late life, particularly for the terminally ill, elderly and people on their own. They would need to know that hospital beds could be made available as and when necessary.

**Reasons behind the priority this option was given**
Important for peace of mind to know that they are able to choose. An opportunity for them to tell us what they would choose to happen and also to ensure that they would not become a burden to the family.
Q9. Did people think it would be enough for Government to only do these things to help provide service how, where, when and from whom people want them? Why?

No, they felt additionally that:
- Support monitoring systems to be in place to ensure that services were effective.
- The number of staff to facilitate/provide these services would have to be increased.
- Long term care users and people with long term illness would need to be encouraged to use new systems rather than visit their own GP.

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

End of life.
- Increase in hospice type facilities i.e. Macmillan type services. Nursing care would also need to be available to support the family. It would be an important to know that it was their choice!

Information:
- Information on available services to be available in all Health Centres also information on most appropriate centre to visit e.g. A&E, GP or Walk in Centre, could be part of Health Education in Schools.
- Access to services an important issued needs to be made as easy as possible for everyone.
- Increase liaison with ‘hand to reach’ groups to ensure that they receive equality of healthcare.
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?

The group felt that it facilitate the maximum uptake of services and benefits available. Easier to navigate their way through the system. Less costly and troublesome for everyone. It would help irradiate the problem of poor communication between services.

It would ultimately contribute to healthier lifestyle for everyone.

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.

Ensure monitoring of all services both old and new and learning from this i.e. taking the good and bad on board. Ensuring standardisation of care throughout the NHS i.e. GP practices particularly uniformity of GP appointment.

Education particularly prevention health education. Appropriate funding of services. The group saw consultation exercises as a positive.
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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>21</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)
D. Please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td></td>
</tr>
<tr>
<td>Older people</td>
<td>✓</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td></td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td></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>
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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>
</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>21</td>
</tr>
<tr>
<td>White Irish</td>
<td>0</td>
</tr>
<tr>
<td>Any other white background</td>
<td>0</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td>0</td>
</tr>
<tr>
<td>White and Black African</td>
<td>0</td>
</tr>
<tr>
<td>White and Asian</td>
<td>0</td>
</tr>
<tr>
<td>Any other mixed background</td>
<td>0</td>
</tr>
<tr>
<td>Indian</td>
<td>0</td>
</tr>
<tr>
<td>Pakistani</td>
<td>0</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>0</td>
</tr>
<tr>
<td>Any other Asian Background</td>
<td>0</td>
</tr>
<tr>
<td>Caribbean</td>
<td>0</td>
</tr>
<tr>
<td>African</td>
<td>0</td>
</tr>
<tr>
<td>Any other Black background</td>
<td>0</td>
</tr>
<tr>
<td>Chinese</td>
<td>0</td>
</tr>
<tr>
<td>Rather not say</td>
<td></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) □

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

*(Please tick all relevant boxes)*

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

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>21</td>
</tr>
<tr>
<td>White Irish</td>
<td>0</td>
</tr>
<tr>
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<td>0</td>
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<td>White and Black African</td>
<td>0</td>
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<td>Any other mixed background</td>
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<td>African</td>
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<tr>
<td>Any other Black background</td>
<td>0</td>
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<tr>
<td>Chinese</td>
<td>0</td>
</tr>
<tr>
<td>Do not deal with specific ethnic groups</td>
<td>0</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>
</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?

University Hospital of North Staffordshire NHS 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>
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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>√</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:

Joanne M Boon  
University Hospital of North Staffordshire (NHS Trust)  
Ward 27, Nursing & Operations  
Princes Road  
Hartshill  
Stoke-on-Trent  
ST4 7LN
Introduction

Brook, a registered charity, is the country's leading sexual health organisation for young people, offering young women and men up to the age of 25 free and confidential sexual health advice and services. Brook has over 40 years' experience of providing services through specially trained doctors, nurses, counsellors, and outreach and education workers to over 100,000 young people each year.

Brook's national Young People's Information Service provides a sexual health information and signposting service for over 17,000 young people a year through a telephone helpline, a confidential on-line enquiry service via the Brook website and a text messaging service.

This response focuses on how services outside hospitals can be strengthened to promote the sexual health of young people and is structured around the 3 key questions asked at the Your health, your care, your say listening events.

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?

Issues: Support from range of health professionals, tackling things that cause ill health, support for people with disabilities

In relation to sexual health, one of the key areas for Government action to help people take care of themselves is to make sex and relationships education compulsory in schools. Recent research carried out by the University of Southampton on behalf of Brook showed that school was the most important source of information on sexual health for young people but that there were still significant gaps in their sexual health knowledge. The findings of the research suggested that young people particularly needed support around the concept of risk and how to translate general concern about the risk of sexually transmitted diseases into behaviour that would protect them from personal risk.

Young people outside of schools also need access to better information and support. The national sexual health media campaign which aims to increase understanding of the risks of unprotected sex and the benefits of condom use must be reinforced by local health promotion activities for the general population and targeted work aimed at high risk groups including young people.
There is scope for a much greater role for nurses in leading and delivering sexual health services. The creation of more nurse consultant posts to provide clinical leadership for community based sexual health services and an increased use of nurses working to patient group directions would enable more services to be provided in a range of community locations. More support to increase training capacity for nurses in sexual health would also help to deliver the expansion in services required to meet the level of need and allow rapid access to services. Delays in access to abortion could be reduced if suitably trained nurse practitioners were allowed to provide early medical and surgical abortions in both the NHS and non NHS sector. Better training and support for pharmacists in promoting sexual health and working with young people would also increase the choice and accessibility of sexual health promotion and treatment for this group.

Models such as healthy living centres have combined treatment and care with wider social opportunities, welfare advice and training with the aim of tackling poverty and social exclusion. Within the sexual health field Brook Centres offer a model that sees clinical services combined with counselling, health promotion and community development work such as activities for young parents and other excluded groups. This integrated provision not only seeks to ensure that young people have the information and accessible treatment they need to protect their sexual health but also that they have sufficient self esteem and sense of opportunity to want to avoid risky behaviour and early pregnancy.

Sexual health provision for people with disabilities is a particularly neglected area and it is important that sexual health services offer appropriate information and outreach work as well as accessible services to meet their needs.

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

*Issues: extended opening, convenient locations, community rather than hospital based services, services for hard to reach groups, role of the voluntary sector*

When Brook has consulted young people about their ideal sexual health services they have told us that they want confidential and free services; open at times convenient to them; in locations they can easily reach; provided by friendly, non-judgemental staff in a way that minimises embarrassment. Furthermore they want integrated services that provide contraceptive advice and supplies (including free condoms), pregnancy testing and counselling, STI testing, treatment and counselling, information and leaflets, and counselling for emotional, relationship and other issues such as family problems, bullying, depression, stress, eating problems and sexuality. They also want access to expert advisers in sex and sexuality, drugs, alcohol, and nutrition to provide one to one advice and educational seminars.

Confidentiality is vitally important to young people using sexual health services. In a recent survey of Brook clients 53% of all respondents and 62% of respondents under 16 said it was the single most important factor for them when seeking sexual health advice.

Like other age groups young people deserve choice about where they can go to get advice and
treatment on sexual and other health matters.

Currently 80% of GUM services are provided in the hospital sector and there needs to be a fundamental shift to a variety of accessible community based provision that young people can use easily and without stigma.

The current system of GP registration limits choice and flexibility and all too often Brook receives complaints from young people that the treatment they have received in general practice has been judgemental, obstructive or failed to respect their right to autonomy and confidentiality. Respondents to a recent Brook survey overwhelmingly supported the idea of specialist GPs for teenagers and felt that they would be more confident in using these services. Given the current limitations of general practice as a setting for young people-friendly provision, sexual health promotion, contraception and treatment also need to be provided with a range of young people’s services, for example through the operation of satellite provision in youth centres, clubs and colleges where young people can access them easily and discreetly.

The poor experiences young people often have of health services highlight the need for health and other professionals to be recruited and trained specifically to work with young people, especially those under 16.

Voluntary sector organisations have an important role to play in increasing the volume and accessibility of provision. Organisations such as Brook have a track record in listening to their client groups and responding flexibly to their needs. Through outreach work with marginalised communities and satellite provision in acceptable and easily accessible locations they have been able to engage with groups who find mainstream provision difficult to use and have developed a reputation for being trustworthy. Such organisations will therefore be well placed to take up some of the provider functions of Primary Care Trusts in a reconfigured NHS.

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

**Issues: Single needs assessment, better information and signposting**

There is still considerable lack of awareness amongst young people, and young men in particular, about the services available to them. The planned sexual health media campaign will clearly play a role in ensuring young people have better information about sexual health services. This campaign must utilise as many media as possible. Confidential information services such as the on-line, telephone helpline, and texting service provided by Brook have an extremely important role to play in signposting young people to services. It must also be backed up by better local publicity for services, in particular in the places young people regularly meet.

It is crucial that services are open at times convenient to young people, particularly after school and at weekends. The majority of hospital based GUM services are currently only open during office hours on weekdays making it not only inconvenient but often extremely difficult for young people to access them. Young people’s needs could be better met by an increase in
community based services with more flexible opening hours.

Whilst integrated services for young people offer a positive way forward in meeting their needs, a major caveat is that young people’s right to privacy must be respected within this type of one stop provision. Given that confidentiality is young people’s top concern when using sexual health services there can be no question of shared record keeping between co-located services which might lead to details of young people’s use of sexual health services being routinely shared with other professionals.
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 thought worked well?

(RECORD BELOW IN PRIORITY ORDER)

<table>
<thead>
<tr>
<th></th>
<th>No comments</th>
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<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
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</tbody>
</table>

(RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:)

No comments in this section

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

(RECORD BELOW IN PRIORITY ORDER)

<table>
<thead>
<tr>
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<th>No comments in this section</th>
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<td>2</td>
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<tr>
<td>3</td>
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</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

See below
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:

An exercise was run using the facilitators pack. As the questions were asked on tables, each table scored priorities on flipcharts and these were aggregated by the facilitator.

<table>
<thead>
<tr>
<th>1. What can I do for myself…</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>a) Promoting and supporting better health through routine checkups…</td>
<td>3.5</td>
</tr>
<tr>
<td>b) Ensuring support from range of professionals..</td>
<td>1.7</td>
</tr>
<tr>
<td>c) Tackling the things that cause ill-health..</td>
<td>2.6</td>
</tr>
<tr>
<td>d) Ensuring older &amp; disabled people get the help..</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. When you and your family need help &amp; support…</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Providing convenient services..</td>
<td>3.3</td>
</tr>
<tr>
<td>b) Care in convenient locations..</td>
<td>1</td>
</tr>
<tr>
<td>c) Providing more services in the local community..</td>
<td>2</td>
</tr>
<tr>
<td>d) Developing new services for those who don’t..</td>
<td>1.7</td>
</tr>
<tr>
<td>e) Allowing people to choose … at the end of life</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Ensure your care &amp; support is co-ordinated</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Effectively joined up health &amp; social care</td>
<td>3</td>
</tr>
<tr>
<td>b) more help for carers</td>
<td>3.8</td>
</tr>
<tr>
<td>c) Better information</td>
<td>1.8</td>
</tr>
<tr>
<td>d) Quality &amp; choice for long-term users</td>
<td>1.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

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

No comments
Q4. What else would people like the Government to do to help people take better care of themselves?

**Question 1. What can I do for myself?..**

Concentrate on teaching parents about how to bring their children up healthily, make good choices

- Fast food is cheap – need to address poverty
- Implement a cycle strategy and incentivise non-car travelling
- More care and physical exercise access for carers – breakdown is catastrophic (and expensive)
- Active living programmes are a good idea. Promote through community nursing.
- Get simple services like podiatry right – causes immobility
- Nutritional advice without going to your GP – Where?
- Physical & mental ‘MOT’s’ for the over 60’s are a good idea
- The curriculum for younger people is too narrow – they’re not given enough time on nutrition or enough play time or enough time to pursue drama, music and other things encouraging self-esteem and avoiding smoking, drinking etc.
- People want to see their own GP if possible but would rather not wait 48 hours and see another health professional to avoid a wait.
- More availability of benefits advice, help with employment, tackling social exclusion and poverty will help health improvement.
- ‘Change your lifestyle’ courses should be mandatory for all those claiming incapacity benefit after 6 months.
- Extend the ‘Expert Patient’ programme.
- Bring back the ‘nit nurse’ (this was a common plea!)
- Health and social care workers to go into schools on a regular basis re drugs and sexual health issues.
- Health checks / health co-ordination to be community and individually based – ‘come into my home and make it easier’ (older person who can’t get around easily).
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 more help to people caring for others, for example with more respite care
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
3. Providing people with better information about what NHS, local authority and social care services are on offer

- 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.

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

A very strong feeling about the need to support carers
A feeling that it was not necessarily best to have a single assessment

Question 3. Ensure your care & support is co-ordinated
Single assessment is OK in theory but can one professional assess you for everything? Depends on quality of the assessor. Co-ordinate the care but not the assessment?

Bring back social workers to communities and link them with GP practices.

Inducement pay for health and social care professionals to work in deprived areas.

An impression that there are too many ‘grey suits’ – management tiers.

‘Small is beautiful’ – no more big GP centres.

Carers need choices – not ‘one size fits all’.

More respite care – which is a social services responsibility and needs to be adequately funded.

Advertise Direct Payments better.

A national helpline linked to local services is a good idea but will need to be well publicised locally.

More local one-stop-shops (in townships).

Long-term care is too GP orientated. It needs to be looked at again – other options which are less hit and miss and more proactive.

More nurse-practitioners.
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 comments

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

No comments

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

1

3

2
and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

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

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

None of the above
Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

**Question 2. When you and your family need help & support…**

‘I want a BUPA-type service from my GP practice’

There’s a shortage of professionals like physio’s

Stop running GP surgeries when we can’t get there. Close on Mondays and open on Saturdays like hairdressers.

Run some GP surgeries like mobile libraries.

There’s an over-reliance on foreign doctors.

Need to stop stigma of accessing social services.

Can we access things through shops & supermarkets – e.g. eye tests, blood pressure tests?

Crisis help – does it matter where the help comes from? No.

Informal carers should be the norm not the exception to help carers.

‘If someone other than a doctor – maybe a counsellor – would sit down and listen….my friend asked the doctor about her cancer. She was told to just be patient….The doctor – who is excellent – just didn’t have the time.

24/7 surgeries rather than an out of hours service.
More options for unscheduled care—more walk in centres, more places in the community to deal with minor accidents and illness.

I don’t want respite in a nursing home—I want it somewhere else.

GPs and dentists lists are full or they won’t take you on (a common plea) at ending of life—not ‘living wills’ but ‘living care plans’—advance directives.

Why not put X-ray facilities in LIFT buildings—this takes ages in outpatients.

More Extra-Care Housing as part of all new housing developments.
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 comments

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

No comments
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?

⇒ Strong feeling that people want to help themselves – the carers.
⇒ Information is already good – people want practical assistance
⇒ People want joined up services but not necessarily joint assessment
⇒ There is more that can be offered at a local level including X-ray but not a lot of love for the big LIFT buildings
⇒ A community focus around the causes of health inequalities

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.

As above
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 further comments
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) \(\times\)
- 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) 19
- 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) 1
D. Please tell us how many of the people who took part – whether members of
the public or staff - were from any of the specific sectors of the population
listed below.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td>0</td>
</tr>
<tr>
<td>Older people</td>
<td>9</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>0</td>
</tr>
<tr>
<td>Obese people</td>
<td>3</td>
</tr>
<tr>
<td>Substance misusers</td>
<td>0</td>
</tr>
<tr>
<td>Disabled people</td>
<td>3</td>
</tr>
<tr>
<td>People in prison</td>
<td>0</td>
</tr>
<tr>
<td>Black and minority ethnic groups</td>
<td>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>1</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>0</td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td>1</td>
</tr>
<tr>
<td>Asylum seekers</td>
<td>0</td>
</tr>
<tr>
<td>People with long term conditions</td>
<td>5</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>5</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>0</td>
</tr>
</tbody>
</table>
E. Of the people that took part in your listening exercise, can you please tell us how many were from each of the ethnic groups listed below

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>18</td>
</tr>
<tr>
<td>White Irish</td>
<td>1</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>1</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>0</td>
</tr>
<tr>
<td>Any other Asian Background</td>
<td>0</td>
</tr>
<tr>
<td>Caribbean</td>
<td>0</td>
</tr>
<tr>
<td>African</td>
<td>0</td>
</tr>
<tr>
<td>Any other Black background</td>
<td>0</td>
</tr>
<tr>
<td>Chinese</td>
<td>0</td>
</tr>
<tr>
<td>Rather not say</td>
<td>0</td>
</tr>
</tbody>
</table>

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

(Please tick one box only)

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

Wigan Council

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></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:

Steve Peddie  
Assistant Director  
Adult Services  
Wigan Council  
Civic Centre  
Millgate  
Wigan  
WN11AZ

s.peddie@wiganmbc.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 of 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 the Government’s plans for improving community health and care services.

Please note the feedback form is in three parts:

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

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

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

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

**Tick one box only**

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

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

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

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

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

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:
Q2. What were the three key elements of community health and social care services that people thought worked less well?

1

2

3

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:
Q3. What other issues did people mention? Please record any personal or local stories here if possible.
Section B: What did people think of the suggestions for improving health and social care services?

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

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

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

Q4. How did people at the listening exercises you ran think prioritise these issues? (Please indicate the priority given to each option by writing 1, 2, 3 or 4 in the boxes)

**Issue 1a**

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

**Issue 1b**

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

**Issue 1c**

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

**Issue 1d**

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

<table>
<thead>
<tr>
<th>None of the above</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Don’t know</th>
</tr>
</thead>
</table>
Q5. For each option, please summarise the key points made during the discussion.

<table>
<thead>
<tr>
<th>Issue 1a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.</td>
</tr>
</tbody>
</table>

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

---

**What did they think it would achieve and why**

---

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

---

**Reasons behind the priority this option was given**
Issue 1b
Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

Did people think the Government should do this and why

What did they think it would achieve and why

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

Reasons behind the priority this option was given
Issue 1c
Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (e.g. advisors to help with housing, employment and training and benefits) children’s centres and other locations.

Did people think the Government should do this and why

What did they think it would achieve and why

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

Reasons behind the priority this option was given
Issue 1d
Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

Did people think the Government should do this and why

What did they think it would achieve and why

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

Reasons behind the priority this option was given
Q6. Did people think it would be enough for Government to only do these things to help people take care of themselves? Why?

Q7. What else would people like the Government to do to help people take care of themselves?
HOW CAN WE HELP GET THE RIGHT SERVICES, WHEN YOU NEED THEM, AND ENSURE YOUR CARE AND SUPPORT IS PROPERLY COORDINATED?

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

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

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

**Issue 2a**
Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’ and use of case managers. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

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

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

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

None of the above
Don’t know

1

2

3

4
Q9. For each option, please summarise the key points made during the discussion.

**Issue 2a**

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

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

Yes people did think that it was a good idea as they felt that it would be easier to deal with one person. They felt that it would mean that they would have quicker access to services. It was also felt that this would allow services to become more streamlined, more effective, and less frustrating for people trying to access them. They felt that there would be less duplication of services, and it would cost less money.

The group felt that it was important for the case manager to have the relevant skills and knowledge if this was to work effectively.

**What did they think it would achieve and why**

The group felt that if this policy was adopted, professionals would be able to deliver a higher standard of care which would lead to a better quality of life.

The downside of this policy, in the opinion of the group, is that it has the potential to be time consuming. Furthermore, some participants felt that they may be charged extra for this service and that this may be a ‘slippery move’ by the government.

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

The group felt that it would make a lot of difference as the care co-ordinator would know how best to deal with whatever situation you found yourself in. They would be familiar with you and your background and this would improve the level of care that you would receive. The group felt that this policy could make a lot of difference as long as there was no hidden agenda.

It was discussed that in order for this service to make a difference, there would have to be the same level of funding across all Boroughs. Furthermore, there must be good working links between agencies to enable this policy to be successful.

**Reasons behind the priority this option was given**

This policy was given the highest priority in the group discussion. This was because the service users felt that this policy would have the most impact on the way that they receive their care, and felt that this policy would help to improve the way they receive their care.
Issue 2b
Providing more help to people caring for others, for example with more respite care

Did people think the Government should do this and why
The group felt that this was a good idea as there is not enough provisions to cover this area at the moment. It was also felt that that the level of care that is needed should be taken into account, and each individual case should be monitored. The group thought that professionals should be more active in asking carers what help they would like.

What did they think it would achieve and why
Some members of the group thought that this policy would be useful to help people to know where to look to access respite care as this is something that is not very clear at the moment.

How much of a difference did they think it would make and why
The group felt that this policy would make a difference to both the carer and the person being cared for. The carer is less likely to become ill, and the person being cared for will get a better standard of care.

Reasons behind the priority this option was given
Issue 2c
Providing people with better information about what health and social care services are on offer

Did people think the Government should do this and why

Many of the clients in this group expressed that the government should do this as they live in the streets and need to have easy access to their rights.

The group thought it was very important that there was more communication, more advertising and more feedback from the NHS. Furthermore they identified the importance of using understandable language and laymen’s terms to convey the information.

What did they think it would achieve and why

The group expressed that good information would provide a better sense of security as they would know who to access if they had a crisis at 2:00am in the morning. They felt that if they access to help lines with qualified drugs workers who could give advice and information, this would be extremely helpful to them in times of crisis.

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

The group thought that producing more information about health and social care services would help people to know where to go to access different services such as health services. They also thought that good information about health would give people more awareness of benefits they may be entitled to like disability living allowance.

It was also thought that producing good accessible information clients will be able to keep up with current changes in policy, or the services that are available, that may effect them.

Reasons behind the priority this option was given
**Issue 2d**

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

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

In particular the group like the idea if having more support groups from people with similar conditions. They thought that it was good to identity with people who have the same illness. They thought that the government should put more of these groups in place.

Some members of the group thought that this policy should be implemented as if the quality and availability of services are increased, then patient will feel that the health care professionals are there because they care, and not just for the money.

**What did they think it would achieve and why**

The group felt if the government implemented this policy, people with long term illnesses were likely to feel happier, to feel that their treatment is more successful and to have more confidence in services.

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

The group thought that if this policy was put into place, then less people would feel like killing themselves because of their long term illness and poor quality of life. There would be help available from the start, and this would make a big difference. The group thought it would help people to be more open and accepting of their illnesses which would impact in a good way on their mental health.

**Reasons behind the priority this option was given**
Q10. Did people think it would be enough for Government to only do these things to help people manage their care and make decisions? Why?

The group felt that this wouldn’t be enough as there will be some areas that are not provided for.

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

The group felt that there was a need for more drop in centres, advice centres, and they do not understand why the funding for these schemes keeps getting cut and valuable services get closed down.

The group also felt that people with mental illness have been neglected in these set of policy proposals and feel that there needs to be more support for people with mental health problem.

It was also felt that there needs to be more services that deal specifically with people who have been through rehabilitation programmes as provisions to enable this client group to look after themselves are slim.
WHEN YOU AND YOUR FAMILY NEED HELP AND SUPPORT, HOW, WHEN, WHERE AND FROM WHOM DO YOU WANT IT?

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

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

Q12. Which of the following did the people at the listening exercises you ran think should be top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

**Issue 3a**
Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits

**Issue 3b**
Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

**Issue 3c**
Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for people to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

**Issue 3d**
Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups and people with disabilities.

**Issue 3e**
Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

None of the above

Don’t know
Q13. For each option, please summarise the key points made during the discussion.

**Issue 3a**
Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits

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

**What did they think it would achieve and why**

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

**Reasons behind the priority this option was given**
**Issue 3b**
Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

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

**What did they think it would achieve and why**

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

**Reasons behind the priority this option was given**
**Issue 3c**

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

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

**What did they think it would achieve and why**

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

**Reasons behind the priority this option was given**
Issue 3d
Developing new services for people who don't always currently access care, such as young men, teenagers, people from different ethnic groups and people with disabilities.

Did people think the Government should do this and why

What did they think it would achieve and why

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

Reasons behind the priority this option was given
**Issue 3e**
Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

Did people think the Government should do this and why

What did they think it would achieve and why

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

Reasons behind the priority this option was given
Q14. Did people think it would be enough for Government to only do these things to help provide services how, where, when and from whom people want them? Why?

Q15. What else would people like the Government to do to help provide services how, where, when and from whom people want them?
Q16. Which of these did your group think was the most important thing for the Department of Health to do immediately?

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

**Issue 1b**
Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

**Issue 1c**
Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (e.g. advisors to help with housing, employment and training and benefits) children’s centres and other locations.

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

**Issue 2a**
Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’ and use of case managers. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

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

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

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

**Issue 3a**
Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits
Issue 3b
Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Issue 3c
Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for people to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Issue 3d
Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups and people with disabilities.

Issue 3e
Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

Q17. Please summarise the main reasons why this option was chosen as the key priority.
Q18. Please summarise the main points from the discussion about whether these changes address the things that work less well at the moment, and maintain and support the things that work well at the moment.

Q19. Please summarise the main points from the discussion about what else the Department of Health should be doing to make sure that community-based health and social care services meet people’s needs in the 21st century.
Section C: Details about your organisation and your listening exercises

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

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

Write in below

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14</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)

X

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

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

<table>
<thead>
<tr>
<th>Type of People</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Members of the general public (i.e. with no specialist interest in health and social care)</td>
<td>14</td>
</tr>
<tr>
<td>Members of the public who are involved with health and social care services e.g. PPI forum members</td>
<td></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. 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>2</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td>0</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>4</td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td>0</td>
</tr>
<tr>
<td>Smokers</td>
<td>8</td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td>6</td>
</tr>
<tr>
<td>Obese people</td>
<td>0</td>
</tr>
<tr>
<td>Substance misusers</td>
<td>7</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>7</td>
</tr>
<tr>
<td>Travellers</td>
<td>1</td>
</tr>
<tr>
<td>Homeless people</td>
<td>5</td>
</tr>
<tr>
<td>People with mental health problems</td>
<td>4</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>2</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>9</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>1</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>29/34</td>
</tr>
</tbody>
</table>
E. You said that some of the people who took part in your listening event were from a specific ethnic group. Please tell us how many were from each of the groups listed below:

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

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>4</td>
</tr>
<tr>
<td>White Irish</td>
<td>0</td>
</tr>
<tr>
<td>Any other white background</td>
<td>1</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td>1</td>
</tr>
<tr>
<td>White and Black African</td>
<td>1</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>1</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>2</td>
</tr>
<tr>
<td>African</td>
<td>0</td>
</tr>
<tr>
<td>Any other Black background</td>
<td>3</td>
</tr>
<tr>
<td>Chinese</td>
<td>0</td>
</tr>
</tbody>
</table>
F. Which of the following best describes the sector to which your organisation or group belongs / where you work:

(Please tick one box only)

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

Service for rough sleepers in London X
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>
<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>
</tr>
<tr>
<td>Disadvantaged children</td>
<td></td>
</tr>
<tr>
<td>Smokers</td>
<td></td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td></td>
</tr>
<tr>
<td>Obese people</td>
<td></td>
</tr>
<tr>
<td>Substance misusers</td>
<td></td>
</tr>
<tr>
<td>Disabled people</td>
<td></td>
</tr>
<tr>
<td>Prisoners</td>
<td></td>
</tr>
<tr>
<td>Black and minority ethnic groups (GO TO QE)</td>
<td></td>
</tr>
<tr>
<td>Travellers</td>
<td></td>
</tr>
<tr>
<td>Homeless people</td>
<td></td>
</tr>
<tr>
<td>People with mental health problems</td>
<td></td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td></td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td></td>
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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>

Listening exercise only used service users **X**
H. If you are a regional organisation, please tick the box below for the region you mainly work in.

<table>
<thead>
<tr>
<th>Region</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>North West</td>
<td></td>
</tr>
<tr>
<td>North East</td>
<td></td>
</tr>
<tr>
<td>Yorkshire and the Humber</td>
<td></td>
</tr>
<tr>
<td>West Midlands</td>
<td></td>
</tr>
<tr>
<td>South West</td>
<td></td>
</tr>
<tr>
<td>London</td>
<td>X</td>
</tr>
<tr>
<td>South East</td>
<td></td>
</tr>
<tr>
<td>East Midlands</td>
<td></td>
</tr>
<tr>
<td>East of England</td>
<td></td>
</tr>
</tbody>
</table>
If you would like your organisation to be listed as a contributor to the consultation, please record its name below:

NAME OF ORGANISATION

Thames Reach Bondway

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

kevinrothero@trb.info
Sarahpendlebury@trb.info

ADDRESS: Thames Reach Bondway, Gem House, 122 – 126 Backchurch Lane, London, E1 1ND.
YOUR HEALTH, YOUR CARE, YOUR SAY
FEEDBACK FORM FOR LOCAL LISTENING EXERCISES
Thank you for your help with your health, your care, your say.

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

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

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

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

Please note the feedback form is in three parts:

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

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

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

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

*Tick one box only*

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

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

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

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

1
2
3

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:
Q2. What were the three key elements of community health and social care services that people thought worked less well?

1

2

3

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:
Q3. What other issues did people mention? Please record any personal or local 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…

Q4. How did people at the listening exercises you ran think prioritise these issues? (Please indicate the priority given to each option by writing 1, 2, 3 or 4 in the boxes)

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

**Issue 1b**
Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

**Issue 1c**
Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (e.g. advisors to help with housing, employment and training and benefits) children’s centres and other locations.

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

None of the above

Don’t know
Q5. For each option, please summarise the key points made during the discussion.

**Issue 1a**

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

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

The group felt that the government should do this. People thought that they should have more access to longer appointments at the GP. The group discussed that the current system at the moment for requesting regular check ups was not good enough and that GP’s appointments were often taken up with time wasters. The group felt that if there was more information on health care matters GP’s appointments would be less likely to be taken up by trivial matters. The group also felt that a way to tackle time wasters would be to introduce penalty fines for not attending their appointment, although some members of the group opposed this.

One particular line of discussion focused around people being prescribed medication for mental health problems. It was felt that this group is not given enough information on alternative therapies available, and some felt this to be an extremely important option open to them.

**What did they think it would achieve and why**

The group felt that measures like this would prevent addictions to described medication as people would have more information on alternative therapies.

The group also felt that enhancing self awareness of illnesses that are around such as prostate cancer are important so that people can be aware of what things to check for and detect early onset of diseases.

The group also felt that GP’s don’t have the same understanding compared to when they were children. They said that when they were children the GP would know you and your family and you trusted them. They felt that if they were allowed better access to routine check ups, then this would help to foster better patient – doctor relationships which they felt to be extremely important.

The group also said that if there was more promotion of self care then this would save money by not tying up appointments.

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

The group felt that this would save the NHS money as there would be less long term problems to sort out because they would have been nipped in the bud as they would have access to regular routine check ups.

The group also felt that if these measures were put in place it would improve mental
health by having more piece of mind about worrying ailments, as well as having more information on the treatment options available to them. They felt that this would improve physical health by having more access to GP appointments and having a clearer idea of things to look out for which may indicate illness. They also felt that these steps could ultimately save lives.

The group also felt that this would create more trusting relationships with GP’s.

Reasons behind the priority this option was given

The group felt that this policy was the most important as they felt that if they had better access to GP appointments and more information on self-care, then illnesses would be detected earlier and therefore nipped in the bud. This would save money and prevent people from becoming very sick, and thus reduce the need for later intervention.
Issue 1b
Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

Did people think the Government should do this and why

Some members of the group felt that the government should do this. They liked the idea of being able to see a pharmacist as it would save having to make an appointment at the GP and get an immediate opinion.

However, some members of the group did not feel that this was necessarily a good idea because they wouldn't trust a pharmacist to take their blood pressure. They said that they would be happy to let a nurse do this.

Having discussed this, the group felt that in principal this was a good idea, however maybe not using pharmacist. They questioned where taking blood pressure would take place? Would it be on the shop floor? They didn't like the idea of this as pharmacy's get busy and it would not be a private space to have such things done. They did however like the idea of nurse’s clinics which you could access.

What did they think it would achieve and why

The group felt that this would save making appointments at the GP, and therefore save everyone’s time and money. They felt that this system would provide more options and some of the group said that they would rather see a nurse because they get a more understanding level of care, and some doctors are very arrogant.

The group felt that this would create a better two ay exchange of information between client and health professionals. It was also discussed that this would cut waiting times down as you would have more access to different health professionals.

The group also felt that this would achieve: quicker intervention and better referral to other treatment agencies, faster resolve to illness, more options and choices.

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

The group thought that the amount of difference that this would make would depend on how easily avlibale these services are. They felt that if there were more drop in clinics ran by nurses then this would be a good idea and would make a difference as you could quickly get an opinion.

If services were easily accessible, the group felt that this would make a massive
difference. They felt that it would save money, improve physical health as there are more provisions, as well as improve mental health by reducing anxiety and stress.

They felt that this system could create a more trusting and friendly approach to healthcare which is what they feel the NHS lacks at the moment.

**Reasons behind the priority this option was given**
Issue 1c

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

Did people think the Government should do this and why

The group felt that this would be a good idea as help would be all in the same place.

One of the members of the group had experiences of accessing a clinic in Clapham that has access to different services in the same place and he found this very useful and helpful.

The group also felt that it was a good idea as people may not be fit to move about much and they may not have the money needed to access different services in different locations.

One member of the group felt that there was pros and cons to this idea. It was felt that this would be a good way of encouraging people to see the GP, however he also felt that having more services available in doctors surgeries would increase the already overcrowding problem in GP’s surgeries. It was also expressed that advisory services such housing already exist and therefore wasn’t sure if placing them in GP’s surgeries was necessary.

The group felt that it was a good idea to have services all under the same roof, but didn’t think the Dr’s surgery would be the place for this. They felt that it would be better to have drop in centres which catered for this. They also expressed that it would be very important for the advisors working in the centres to have appropriate training to give advice and be aware of other services available to be linked into.

What did they think it would achieve and why

They felt that advice on housing would be beneficial to promote good health as if you live in poor housing then your health is bound to be effected. They felt that having GP and housing advice under the same roof would create better liaison between GP and housing agencies, meaning that people would be able to access accommodation which reflects their health needs. They felt that this may increase housing workers to have more access to appropriate housing such as supported housing.

The group felt that having services all under the same roof would be particularly helpful for families who are having housing difficulties.

It was also felt that this system would bring people together and reduce social isolation.
How much of a difference did they think it would make and why

The group felt that the development of new services to tackle different issues would make a real difference. They felt that it would save a lot of money and time. They felt that it would bring people together and promote a better sense of community.

In particular the group thought it would improve information sharing between different agencies which would create better client satisfaction and reduce frustration that occurs from having to repeat information, or being told conflicting information by different agencies.

Reasons behind the priority this option was given
**Issue 1d**
Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

**Did people think the Government should do this and why**
The group thought it was very important that the government do this. One member of the group reported that they suffer from arthritis and they would appreciate having more help available so that they can remain active for as long as possible. One group member said that ‘I would die if I couldn’t look after myself’.

Another client said that if they hadn’t received help with their mental illness they would have killed themselves, and this help needs to be extended to different client groups.

It was generally felt by the group that old people get a raw deal and there should be as much help and support available as possible.

**What did they think it would achieve and why**
The group felt that this policy would encourage old people to be treated as individuals rather than as a group.

They felt that more practical help would allow older people and people with disabilities to maintain their independence. They felt that it would enhance feelings of self worth and respect in these groups. Additionally it was felt that this approach would tackle peoples fear of carers taking over as people would be able to have more input into their own care, and therefore would be more likely to take advantage of the care that is available.

**How much of a difference did they think it would make and why**
The group thought that this would make a massive difference. The said that if people had more help so look after themselves in their own homes then they are more likely to live for longer. The group felt that elderly people who go into care homes and sheltered housing tend to die more quickly as they have had their independence taken away and do not have anything to live for. They felt that this would improve peoples quality of life by having more options open to them.

The group also commented that a sense of belonging and community are very important to elderly people because old people are proud people.

**Reasons behind the priority this option was given**
The group felt that better accesses to services are very important.
Q6. Did people think it would be enough for Government to only do these things to help people take care of themselves? Why?

The group felt that this wasn’t enough and more could be done.

The group felt that the NHS should be doing more consultation at grass-roots level like this exercise, They very much appreciated being asked their opinions and would like to see more of this.

It was felt that there should be more provisions generally for all groups including old, young, people suffering with mental illness, and people who have disabilities. The group also felt that there needs to be more provision available that deals with victimisation and prejudice.

The group also discussed that there needs to be more monitoring to ensure that services are running the way that they should. The group said that didn’t want GP’s to have as much power as they do now. GP’s can use their own discretion as to whether they refer someone to another service, or they put you on medication that you do not want to take. The group would like to see this tackled.

In general the group thought that the issues outlined by the NHS were a good start, but they have come very late.

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

The group felt that more money needs to be spent in this area to see any real improvements.

The government should do more consultation exercises and be more active in seeking the views of its service users. It was also thought that these consultations could be made more fun!

It was also thought that the government should do more to help people take care of themselves who are suffering from victimisation and prejudice for example easier access to suggestions and complaint procedures. The group also felt that there should be more information on homophobia.

The government should monitor the services that they run more effectively to ensure that the services are running the way they were intended.
HOW CAN WE HELP GET THE RIGHT SERVICES, WHEN YOU NEED THEM, AND ENSURE YOUR CARE AND SUPPORT IS PROPERLY COORDINATED?

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

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

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

Issue 2a
Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’ and use of case managers. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

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

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

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

None of the above

Don't know
Q9. For each option, please summarise the key points made during the discussion.

<table>
<thead>
<tr>
<th>Issue 2a</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’ 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.</td>
</tr>
</tbody>
</table>

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

Members of the group thought the success of this idea would depend on how experienced case managers are and how much knowledge they have on different services.

Some members of the group thought that the government should do this as if you have a case manager then they will know more about you and therefore you will get a better level of care.

The group thought that a single needs assessment would be a good idea as it would save them going through multiple assessments. However the effectiveness of these assessments would depend on how often they were reviewed. Some members of the group also questioned whether this assessment would be detailed enough. They were concerned that it may be too general and would therefore overlook particular needs.

The group were also concerned that this was just a money saving exercise. They felt that this process could reduce access to services and care if their case manager was not available, or was not skilled at their job. The group were also concerned that this could lead to an abuse of power by the care manager, where if they didn't like you this could affect the care that is received.

**What did they think it would achieve and why**

The group felt that this issue has the potential to create a more fast-track access to services. However they also acknowledged that this could work both ways and could delay access to services if your case manager was ill. The group also felt that case managers may not identify all the needs a person has which will hinder their access to different services. The group members also thought that these case managers could indoctrinate if they have fixed and unfair ideas.

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

The group felt that this idea wouldn’t make much difference. However they said that it has the potential to work well if the case manager is experienced and works well with the other workers providing care.

The group felt that more people at ground roots level need to be involved to make more
of a difference in improving service. In particular one person said ‘there is knowledge, and there is knowing from experience’.

It was also acknowledged by the group that if this system worked well then it would make a difference in terms of reducing the stress that comes of having multiple assessments. They also felt that having to do less assessments would also free up time for workers to do their jobs.

**Reasons behind the priority this option was given**
Issue 2b

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

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

The groups response to this idea was definatly yes! They feel that this service is lacking at the moment. They felt it was important that the government do this as family members, partners and friends that have to care for others become burnt out and ill themselves without appropriate support, thus creating more patients for the NHS.

The group felt that family members who provide care are providing services that should be provided by health care services.

**What did they think it would achieve and why**

The group felt that this would ease the pressure of cares, it would stop them getting ill themselves, and therefore able to provide better care for the ill person.

It was felt that this issue would address the small provision for respite care that is currently available. It would also stop carers from becoming burnt out.

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

The group felt that this would make a big difference to improving the mental and physical health of both the ill person and the carer.

**Reasons behind the priority this option was given**
Issue 2c
Providing people with better information about what health and social care services are on offer

Did people think the Government should do this and why
The group thought that this was very important, as it is important to know your choices and your rights. The group thought that information about all services should be easily accessible via leaflets and information cards with contact telephone numbers on.

The group thought that there should be more free phone information numbers and that this would help people to access information easily. They also thought that internet access to NHS services could be made easier by having direct icons linking to information about different services.

The group thought that it is important to provide more diversity of information for small minority groups.

It was also felt that information needs to be provided in a variety of mediums: visual / auditory, and using easily accessible language. No jargon that baffles people. It was also noted that it is essential that all information is available in all languages.

They also thought that it was also important for the NHS to provide more information on complaints procedures for NHS services. One client reported how they had to wait a substantial amount of time while staff tried to locate a complaint form, only to be told that they didn't have one!

What did they think it would achieve and why
The group thought that more information would promote more self-awareness and this would therefore lead to people living healthier lives. It was also thought that more information would create more trust in the professionals delivering care, as they would have a better understanding of their illness and how it is treated.

The group thought that it was important to be well informed so that you are able to challenge the services and treatments that you are being offered, and therefore have more control of what is happening to you.

How much of a difference did they think it would make and why
The group thought that more information would make a massive difference. They stated that people need to be given more information and treated with respect. It was felt that more information would lead to more choices and more equality. They also thought it was important that there is a two-way flow of information where health professionals acknowledged the clients views and will also be informed by them. The group felt that this would foster a greater level of understanding for the clients and the health professionals.

The group also acknowledged that more information would mean more involvement in
your own care which can be empowering.

Reasons behind the priority this option was given
**Issue 2d**

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

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

The group felt that the government should do this as it is important to provide continued level of care until death.

In particular it was thought that people suffering with long term illnesses should be treated with dignity and respect. They should have choices about the care they receive throughout their illness, and the care should be flexible and dependent on the needs of the client at that time.

The group also felt that it is important to have clear definitions of what long term illnesses are as this will effect the way that they are treated. They felt that people who are labelled with long term illness may have a sense of hopelessness.

Some members of the group have had experience of accessing support groups, and they have found these groups helpful and empowering. They feel that these groups would be very helpful for people suffering with long term illness.

**What did they think it would achieve and why**

The group thought that if there were more peer support groups, this would take the pressure off the carers.

In general they thought this issue would give people with long term illness more independence, input into their care and to make choices in the time they have left. The group felt that if there were more services for this group of people then they could spend more time doing the things that were important to them in their lives as their physical and mental health would be improved.

Ultimately, the group thought that this sort of help would help the sick person live for longer and get the best out of their life.

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

The group thought that these sorts of services would have a massive difference for people with long term illness as it would improve quality of life and promote good health.

The group felt that support groups would be very empowering for people with long term sickness as the person has more choice about the services which they want to access.
**Reasons behind the priority this option was given**

The group felt that this policy was most important out of the ones that were discussed as they felt that there wasn't enough provisions and support available for people with long term illness. The group thought it was essential that this group should be given the best chance to have the best quality of life possible, and to learn to live with their illness with help and support.
Q10. Did people think it would be enough for Government to only do these things to help people manage their care and make decisions? Why?

No. The group felt that more needs to be done. They felt that there should be more support groups that are available in the day, at night and on the weekends. The group also felt that there needs to be more information about, and promotion of, alternative therapies, and that access to these therapies should be free.

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

There should be more practical things like more free phone numbers, as people are disadvantaged if they cannot afford to make the telephone call to get some advice / information.

The group also felt that there should be more information presented in a variety of formats – not just leaflets. They thought there should be more informational videos. The group also thought that it would be good if this information was not always produced by the government. They feel that you should employ some users NHS services to create some literature.

They also think that the government needs to take more notice of the feedback that they get back.
When you and your family need help and support, how, when, where and from whom do you want it?

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

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

Q12. Which of the following did the people at the listening exercises you ran think should be top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

Issue 3a
Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits

Issue 3b
Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Issue 3c
Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for people to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Issue 3d
Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups and people with disabilities.

Issue 3e
Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

None of the above
Don’t know
Q13. For each option, please summarise the key points made during the discussion.

**Issue 3a**
Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits.

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

**What did they think it would achieve and why**

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

**Reasons behind the priority this option was given**
Issue 3b
Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Did people think the Government should do this and why

What did they think it would achieve and why

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

Reasons behind the priority this option was given
Issue 3c
Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for people to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Did people think the Government should do this and why

What did they think it would achieve and why

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

Reasons behind the priority this option was given
Issue 3d
Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups and people with disabilities.

Did people think the Government should do this and why

What did they think it would achieve and why

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

Reasons behind the priority this option was given
Issue 3e
Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

Did people think the Government should do this and why

What did they think it would achieve and why

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

Reasons behind the priority this option was given
Q14. Did people think it would be enough for Government to only do these things to help provide services how, where, when and from whom people want them? Why?

Q15. What else would people like the Government to do to help provide services how, where, when and from whom people want them?
Q16. Which of these did your group think was the most important thing for the Department of Health to do immediately?

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

**Issue 1b**
Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

**Issue 1c**
Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (e.g. advisors to help with housing, employment and training and benefits) children’s centres and other locations.

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

**Issue 2a**
Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’ and use of case managers. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

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

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

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

**Issue 3a**
Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits
Issue 3b
Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Issue 3c
Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for people to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Issue 3d
Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups and people with disabilities.

Issue 3e
Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

Q17. Please summarise the main reasons why this option was chosen as the key priority.
Q18. Please summarise the main points from the discussion about whether these changes address the things that work less well at the moment, and maintain and support the things that work well at the moment.

Q19. Please summarise the main points from the discussion about what else the Department of Health should be doing to make sure that community-based health and social care services meet people’s needs in the 21st century.
Section C: Details about your organisation and your listening exercises

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

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

Write in below

4

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)

- 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 0
- Paid staff from your organisation 0
- Voluntary staff from your organisation 0
- Other (record below)
D. And now please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

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

<table>
<thead>
<tr>
<th>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>2</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td>0</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>4</td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td>0</td>
</tr>
<tr>
<td>Smokers</td>
<td>4</td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td>3</td>
</tr>
<tr>
<td>Obese people</td>
<td>1</td>
</tr>
<tr>
<td>Substance misusers</td>
<td>3</td>
</tr>
<tr>
<td>Disabled people</td>
<td>2</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>2</td>
</tr>
<tr>
<td>Homeless people</td>
<td>3</td>
</tr>
<tr>
<td>People with mental health problems</td>
<td>2</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>2</td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td>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>2</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>37/42</td>
</tr>
</tbody>
</table>
E. You said that some of the people who took part in your listening event were from a specific ethnic group. Please tell us how many were from each of the groups listed below:

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

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>4</td>
</tr>
<tr>
<td>White Irish</td>
<td>0</td>
</tr>
<tr>
<td>Any other white background</td>
<td>0</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td>0</td>
</tr>
<tr>
<td>White and Black African</td>
<td>0</td>
</tr>
<tr>
<td>White and Asian</td>
<td>0</td>
</tr>
<tr>
<td>Any other mixed background</td>
<td>0</td>
</tr>
<tr>
<td>Indian</td>
<td>0</td>
</tr>
<tr>
<td>Pakistani</td>
<td>0</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>0</td>
</tr>
<tr>
<td>Any other Asian Background</td>
<td>0</td>
</tr>
<tr>
<td>Caribbean</td>
<td>0</td>
</tr>
<tr>
<td>African</td>
<td>0</td>
</tr>
<tr>
<td>Any other Black background</td>
<td>0</td>
</tr>
<tr>
<td>Chinese</td>
<td>0</td>
</tr>
</tbody>
</table>
F. Which of the following best describes the sector to which your organisation or group belongs / where you work:

(Please tick **one** box only)

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

Service for rough sleepers in London  X
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)

Listening exercise only used service users X
H. If you are a regional organisation, please tick the box below for the region you mainly work in.

<table>
<thead>
<tr>
<th>Region</th>
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</thead>
<tbody>
<tr>
<td>North West</td>
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<tr>
<td>North East</td>
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<tr>
<td>Yorkshire and the Humber</td>
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<tr>
<td>West Midlands</td>
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<td>South West</td>
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<tr>
<td>London</td>
<td>X</td>
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<tr>
<td>South East</td>
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<tr>
<td>East Midlands</td>
<td></td>
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<tr>
<td>East of England</td>
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</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

Thames Reach Bondway

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  kevinrothero@trb.info
        Sarahpendlebury@trb.info

ADDRESS: Thames Reach Bondway, Gem House, 122 – 126 Backchurch Lane, London, E1 1ND.
YOUR HEALTH, YOUR CARE, YOUR SAY
FEEDBACK FORM FOR LOCAL LISTENING EXERCISES
Thank you for your help with your health, your care, your say.

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

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

- A local organisation or group [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 the Government’s plans for improving community health and care services.

Please note the feedback form is in three parts:

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

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

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

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

Tick one box only

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

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

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

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

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

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:
Q2. What were the three key elements of community health and social care services that people thought worked less well?

1

2

3

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:
Q3. What other issues did people mention? Please record any personal or local 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…

Q4. How did people at the listening exercises you ran think prioritise these issues? (Please indicate the priority given to each option by writing 1, 2, 3 or 4 in the boxes)

| Issue 1a | Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment. |
| Issue 1b | Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure. |
| Issue 1c | Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (e.g. advisors to help with housing, employment and training and benefits) children’s centres and other locations. |
| Issue 1d | Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer |

None of the above

Don’t know
Q5. For each option, please summarise the key points made during the discussion.

<table>
<thead>
<tr>
<th>Issue 1a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.</td>
</tr>
</tbody>
</table>

What did they think it would achieve and why

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

Reasons behind the priority this option was given
Issue 1b
Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

Did people think the Government should do this and why

What did they think it would achieve and why

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

Reasons behind the priority this option was given
Issue 1c
Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (e.g. advisors to help with housing, employment and training and benefits) children’s centres and other locations.

Did people think the Government should do this and why

What did they think it would achieve and why

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

Reasons behind the priority this option was given
Issue 1d
Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

Did people think the Government should do this and why

What did they think it would achieve and why

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

Reasons behind the priority this option was given
Q6. Did people think it would be enough for Government to only do these things to help people take care of themselves? Why?

Q7. What else would people like the Government to do to help people take care of themselves?
HOW CAN WE HELP GET THE RIGHT SERVICES, WHEN YOU NEED THEM, AND ENSURE YOUR CARE AND SUPPORT IS PROPERLY COORDINATED?

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

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

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

**Issue 2a**
Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’ and use of case managers. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

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

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

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

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>None of the above</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Don't know</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q9. For each option, please summarise the key points made during the discussion.

<table>
<thead>
<tr>
<th>Issue 2a</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’ 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.</td>
</tr>
</tbody>
</table>

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

The group thought that government should do this. They felt that this system would be more effective at getting to the route of the problem, as they would receive a better rounded package of care.

The group also felt that the government should do this as it would help to reduce waiting lists at GP’s surgeries. However the group also discussed the possibility that this could make waiting time longer as they would be depending on one person, and if that person was sick then they may have to wait longer to access services.

It was felt that this policy would help to identify real emergency’s and those who are in crisis from those who have less urgent support needs, as workers from different areas will be liaising to give a more detailed picture of the clients present needs.

**What did they think it would achieve and why**

The group thought that this policy would create a better level of patient satisfaction. They felt that it would save time and resources as one person would be responsible for co-ordinating care.

The group also thought that this system would help to identify time wasters and those that do not need the services they are accessing which would free them up for those that do.

It was also felt that this policy would help to create piece of mind knowing they are getting the right service for them, and the group felt that they would have a better chance of getting the services that they need if one person was in charge. Additionally they thought that this system would allow people to have a better understanding of their needs and the care they are receiving.

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

The group felt that this would make a difference as the government would not be spending money on time wasters. They felt it was a quicker and more effective way to
get to the route of the problem, and the case manager would know your case history.

It was discussed that this system would have the benefit of treating people in a holistic approach, considering all their care needs and not just one need in isolation which is less helpful. The group also thought that this policy would also help to identify when after care is needed.

**Reasons behind the priority this option was given**

The group felt that this policy was the most important out of the options discussed. This was because they felt that this would provide more effective access to relevant services as one person would be responsible for co-ordinating this.
Issue 2b
Providing more help to people caring for others, for example with more respite care

Did people think the Government should do this and why

The group thought that this was a very good policy and agreed that the government should do it. They felt that more respite would stop the carer from becoming over stressed as it would allow them to have a break. Further to this, the group felt that more respite care was important as it would stop the ill person becoming dependent on the same carer. This was thought to be of particular importance if the carer was a family member, where there could be added emotional issues.

What did they think it would achieve and why
The group felt this policy would stop the carer from getting burnt out, which would mean they could provide a higher standard of care.

It was also felt that carers have the potential to become patients if they do not receive appropriate support, and therefore more respite and support for the carer would help to prevent this.

How much of a difference did they think it would make and why
The group thought that this policy would make a difference to both the carer and the person being cared for. They felt with more respite and support, both would receive a higher standard of care.

However, the member of the group did not think that this policy addresses the peer support that carers may need, they felt that there should be ‘carers for carers’. Additionally, the group would like to see more work around protecting carers from contracting diseases such as hepatitis C, and therefore there needs to be more education for carers available.

Reasons behind the priority this option was given
Issue 2c
Providing people with better information about what health and social care services are on offer

Did people think the Government should do this and why
The group thought that government should do this as it is very important that people are aware of information relating to health. One member stated that the government ‘should not allow people to wallow in their own ignorance’.

What did they think it would achieve and why
They felt by being able to phone up and request information would help people who suffered from disability and mobility problems, thus meaning that they have better access to the right service.

It was also felt that this was a good idea as it would save medical staff time, as people would have better information and would therefore have a clearer idea of when they needed to seek medical advice.

The group felt that by providing more information about what health services are available, the NHS would be able to run a more effective service. Additionally members of the group felt that more information would create more patient satisfaction.

How much of a difference did they think it would make and why
The group thought that this policy would make a difference. They felt that more information on health would reduce the spread of infections. They also felt that this policy would save the NHS some money as people would go to the right service for the right reason because they have had the necessary information. This in turn would mean that they were more likely to get the right treatment. Furthermore, the group thought that by having more information about health risks would prevent people getting really sick as they would be more likely to seek advice from health care professionals.

Reasons behind the priority this option was given
Issue 2d
Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions.

Did people think the Government should do this and why
The group felt that the government should do this as there would be less pressure on medical staff as people would be able to get support from others with similar needs.

What did they think it would achieve and why
The group also thought this policy was a good idea as people would have a better awareness of the alternative therapies that were available. People who are elderly and have cancer may not wish to have chemotherapy but may use alternative therapies which could ease their pain. Therefore it would allow the person to have more control over their care.

How much of a difference did they think it would make and why
The group thought that this would make a big difference as it would allow the client to have more involvement in their package of care and to be actively involved in this. The group felt that this would help to give the client back their dignity which can often be taken away if you are suffering from long term illness.

Reasons behind the priority this option was given
Q10. Did people think it would be enough for Government to only do these things to help people manage their care and make decisions? Why?

The group felt that this depends on how quickly the services they have proposed would reach the people that needed them. If the government adopted all of these policies it would help to prioritise emergency cases.

The group did like the idea of a single needs assessment.

The group felt that the government could do more. They felt that there should be more attention paid to time wasters taking up valuable spaces which would free up provision.

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

The group felt that more money could be spent on services to provide high quality services and care.

The group felt that there needs to be a higher level of permanent staff across the board so that they are not constantly having to change workers, and can have a more continuous level of care. The group thought to achieve this they should pay health care professionals more money.

The group felt that it was important to improve satisfaction with NHS services, for example they would like to see their GP when they have made an appointment not 1 hour later.

Additionally the group though that there should be more provision of support groups.
When you and your family need help and support, how, when, where and from whom do you want it?

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

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

Q12. Which of the following did the people at the listening exercises you ran think should be top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

<table>
<thead>
<tr>
<th>Issue 3a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits</td>
</tr>
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<table>
<thead>
<tr>
<th>Issue 3b</th>
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<tbody>
<tr>
<td>Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Issue 3c</th>
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<tbody>
<tr>
<td>Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for people to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.</td>
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</table>

<table>
<thead>
<tr>
<th>Issue 3d</th>
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<tbody>
<tr>
<td>Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups and people with disabilities.</td>
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<tr>
<th>Issue 3e</th>
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<tbody>
<tr>
<td>Allowing people to choose how to receive services at the end of life and to die where they want with dignity.</td>
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</tbody>
</table>

| None of the above |  |
| Don’t know |  |
Q13. For each option, please summarise the key points made during the discussion.

<table>
<thead>
<tr>
<th>Issue 3a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits</td>
</tr>
</tbody>
</table>

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

**What did they think it would achieve and why**

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

**Reasons behind the priority this option was given**
Issue 3b
Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live.

Did people think the Government should do this and why

What did they think it would achieve and why

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

Reasons behind the priority this option was given
Issue 3c
Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for people to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Did people think the Government should do this and why

What did they think it would achieve and why

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

Reasons behind the priority this option was given
Issue 3d
Developing new services for people who don't always currently access care, such as young men, teenagers, people from different ethnic groups and people with disabilities.

Did people think the Government should do this and why

What did they think it would achieve and why

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

Reasons behind the priority this option was given
Issue 3e
Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

Did people think the Government should do this and why

What did they think it would achieve and why

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

Reasons behind the priority this option was given
Q14. Did people think it would be enough for Government to only do these things to help provide services how, where, when and from whom people want them? Why?

Q15. What else would people like the Government to do to help provide services how, where, when and from whom people want them?
Q16. Which of these did your group think was the most important thing for the Department of Health to do immediately?

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

**Issue 1b**
Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance, pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

**Issue 1c**
Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (e.g., advisors to help with housing, employment and training and benefits) children’s centres and other locations.

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

**Issue 2a**
Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’ and use of case managers. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

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

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

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

**Issue 3a**
Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits.
**Issue 3b**
Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live.

**Issue 3c**
Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for people to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

**Issue 3d**
Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups and people with disabilities.

**Issue 3e**
Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

Q17. Please summarise the main reasons why this option was chosen as the key priority.
Q18. Please summarise the main points from the discussion about whether these changes address the things that work less well at the moment, and maintain and support the things that work well at the moment.

Q19. Please summarise the main points from the discussion about what else the Department of Health should be doing to make sure that community-based health and social care services meet people’s needs in the 21st century.
Section C: Details about your organisation and your listening exercises

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

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

Write in below

B. What sort of listening exercise was it?

(Please tick one box only)

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

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

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

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

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

<table>
<thead>
<tr>
<th>Sector</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td>0</td>
</tr>
<tr>
<td>Older people</td>
<td>1</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td>0</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>0</td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td>0</td>
</tr>
<tr>
<td>Smokers</td>
<td>1</td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td>0</td>
</tr>
<tr>
<td>Obese people</td>
<td>0</td>
</tr>
<tr>
<td>Substance misusers</td>
<td>0</td>
</tr>
<tr>
<td>Disabled people</td>
<td>3</td>
</tr>
<tr>
<td>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>1</td>
</tr>
<tr>
<td>Homeless people</td>
<td>4</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></td>
</tr>
<tr>
<td>Other (record below)</td>
<td>30/35</td>
</tr>
</tbody>
</table>
E. You said that some of the people who took part in your listening event were from a specific ethnic group. Please tell us how many were from each of the groups listed below:

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

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>5</td>
</tr>
<tr>
<td>White Irish</td>
<td>0</td>
</tr>
<tr>
<td>Any other white background</td>
<td>0</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td>0</td>
</tr>
<tr>
<td>White and Black African</td>
<td>0</td>
</tr>
<tr>
<td>White and Asian</td>
<td>0</td>
</tr>
<tr>
<td>Any other mixed background</td>
<td>0</td>
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<tr>
<td>Indian</td>
<td>0</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>
<td>0</td>
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<tr>
<td>Caribbean</td>
<td>0</td>
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<tr>
<td>African</td>
<td>0</td>
</tr>
<tr>
<td>Any other Black background</td>
<td>0</td>
</tr>
<tr>
<td>Chinese</td>
<td>0</td>
</tr>
</tbody>
</table>
F. Which of the following best describes the sector to which your organisation or group belongs / where you work:

(Please tick one box only)

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

Service for rough sleepers in London X
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>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
</tr>
<tr>
<td>Older people</td>
</tr>
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<td>Disadvantaged children</td>
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<tr>
<td>Obese people</td>
</tr>
<tr>
<td>Substance misusers</td>
</tr>
<tr>
<td>Disabled people</td>
</tr>
<tr>
<td>Prisoners</td>
</tr>
<tr>
<td>Black and minority ethnic groups (GO TO QE)</td>
</tr>
<tr>
<td>Travellers</td>
</tr>
<tr>
<td>Homeless people</td>
</tr>
<tr>
<td>People with mental health problems</td>
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</tr>
<tr>
<td>People with caring responsibilities</td>
</tr>
<tr>
<td>Other (record below)</td>
</tr>
</tbody>
</table>
| Exercise only consulted service users.                                | X
H. If you are a regional organisation, please tick the box below for the region you mainly work in.

North West
North East
Yorkshire and the Humber
West Midlands
South West
London ✗
South East
East Midlands
East of England
If you would like your organisation to be listed as a contributor to the consultation, please record its name below:

NAME OF ORGANISATION

Thames Reach Bondway

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 Kevinrothero@trb.info
Sarahpendlebury@trb.info

ADDRESS: Thames Reach Bondway, Gem House, 122 – 126 Backchurch Lane, London, E1 1ND.
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 though worked well?

(RECORD BELOW IN PRIORITY ORDER)

1. Community hospitals
2. Day time GP surgeries
3. District Nurses

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

People were very complimentary about their local community hospitals and felt they offered more comfort and were calmer than a main district hospital. Some people also felt that they demonstrated a commitment to spread the NHS budget around the whole community. These are highly valued and considered to be run very well.

Whilst telephones appointments represent a consistently sited obstacle, people said that when actually there, their GP surgeries appear efficient and well run, and that their GPs were excellent.

District nurses were also highly valued, as they are very approachable, highly skilled, and very caring. They appear to be in not so much of a hurry as others to rush off to the next patient.

Some people would not commit to saying that anything worked well, stating that there was room for improvement everywhere.
What were the three key elements of community health and social care services that people though worked less well?

(RECORD BELOW IN PRIORITY ORDER)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GP appointments</td>
</tr>
<tr>
<td>2</td>
<td>Nominated doctor</td>
</tr>
<tr>
<td>3</td>
<td>Communications between health and social services and main hospital and the patient</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

Getting through for a GP appointment was a consistent response to this question, along with any flexibility to get appointments in the future. People are frustrated and angered by this more than anything else.

The consistency of seeing your nominated doctor was felt to reduce the personal touch and reduce the sense of personalised healthcare. This was felt to be a retrograde step.

People feel that there was a lack of good communications and joined up working between health, social services the main hospital and the patient. Whether it be people being discharged into the community without adequate follow up, letters between GP and consultant, or people just being left to wait for some communications to arrive eventually.
What other issues did people mention? Please record any personal stories here if possible

**Patient Transport System** – patients not sure of entitlement, and access to.

**Carers** – Not enough consideration and support shown to Carers in their dual role as carer and patient.
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. Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

4. 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.

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

Coping with existing health issues and staying independent figured strongly in people’s desires for their own or a relative’s health. However, this was closely followed by the idea of health check-ups. People felt this had more impact, and was more practical in the near term than trying to tackle issues like poverty and poor housing.

People wanted quality services, not a watering down of existing ones with any new emerging initiatives.
Q3. Did people think it would be enough for Government to only do these things to help people take better care of themselves? Why?

*Not discussed*

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

*Not discussed*
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:

People I listened to really wanted a joined up approach, and jumped at the idea of a case manager who was accountable. Carer’s issues figured highly because of the individuals concerned.
Q6. Did people think it would be enough for Government to only do these things to help people manage their care and make decisions?

Not discussed

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

Not discussed

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 | 1 |
| Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live |  |
| Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community. |  |
| Developing new services for people who don’t always currently access care, such as young men, teenagers, people from |  |
different ethnic groups, people with disabilities.

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

None of the above
Don't know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Convenient services, with GPs being available figured highly, but there was no consistency suggesting that any of the other options was of greater value.
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?

Not discussed

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

Not discussed
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.*
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?

When questioned, people felt that a little inconvenience was acceptable so long as the service was high quality. Joined-up working was seen to offer the biggest improvement in existing services for all concerned and therefore viewed as having the biggest impact.

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.

Not discussed with individuals. However I can see that if ‘joined up working’ is done properly would have a significant impact on communications between health, social services, hospitals, and patients. Therefore it changes something that does not work well at the moment and supports things that work 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?

Not discussed
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 people

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) 4

   Face to face meetings at a Diversity festival, each of 5-15 minutes duration. This was to support both the Consultation and existing work programme. I worked with a stripped down questionnaire script.

C. How many of each of the following types of people took part in your listening exercise?
   
   (Please put a number in each box even if it is zero)
   
   Members of the general public (i.e. with no specialist interest in health and social care) 8
   Members of the public who are involved with health and social care services e.g. PPI forum members
   Paid staff from your organisation
   Voluntary staff from your organisation
   Other (record below)
D. Please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td></td>
</tr>
<tr>
<td>Older people</td>
<td>4</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>2</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>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></td>
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<tr>
<td>People with learning disabilities</td>
<td></td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td></td>
</tr>
<tr>
<td>Asylum seekers</td>
<td></td>
</tr>
<tr>
<td>People with long term conditions</td>
<td>2</td>
</tr>
</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>
<tr>
<td>White Irish</td>
<td></td>
</tr>
<tr>
<td>Any other white background</td>
<td>1</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td></td>
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<tr>
<td>White and Black African</td>
<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>1</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>1</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
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- Disabled people
- Disabled people
- People in prison
- Black and minority ethnic groups
- Travellers
- Homeless people
- People with mental health problems
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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>
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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>Ethnic Group</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>4</td>
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<tr>
<td>Chinese</td>
<td>4</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

- North East
- North West
- Yorkshire & the Humber
- East Midlands
- East of England
- South East
- London
- South West
- National Organisation
- Not applicable

J. What is the name of your organisation?

North Devon Primary Care Trust

K. What type of organisation are you responding as?

- A local organisation
- A national organisation
- Other (please record below)
L. Would like to be listed as a contributor to the consultation?

<table>
<thead>
<tr>
<th>Yes</th>
<th>4</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:

Adrian Pethick adrian.pethick@ndevon.swest.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)  X

**LOCAL STAKEHOLDERS MEETING 12 OCTOBER 2005**

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

Please note the feedback form is in three parts:

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

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

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

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

*Tick one box only*

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

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

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

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

(record below in priority order)

1
2
3
4
5

(record below why people thought these were important: )
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. Including schools.

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:
Comments/Additions

Integrate A&B into C in order to deliver on this.
Helping people to avoid smoking.
Creating partnerships with places that people go to eg supermarkets, health clubs. If looking at European models eg spas.
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:
Comments/Additions

4a. Extended hours – the right people to right care, but also more support over the bank holidays, especially GPs. Ensure properly funded.

4e. Comprehensive pathways of care, include care of dying, but a more holistic longer-term pathway to include LTC, where slow deterioration leads to death, but outside the care of dying pathway initially (ie linking them together.) Important that this is properly funded.

Support 4b but targeted at groups in 4d.

Developing voluntary services in an organised way and structured manner - dependent on level of care, eg mental health users recovering.

Locally provided specialist cancer 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 one appointment to discuss a whole range of services instead of lots of individual appointments.

  6a
  1

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

  6b
  3
  (tied)

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

  6c
  3
  (tied)

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

  6d
  2

- None of the above

- Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Comments/Additions

6a. Include the voluntary, private and independent sectors as providers who will need to join up and must include children’s needs.

Variation on 6a → carers integral part of assessment process and care pathway – ongoing basis

6b. Other egs to be included are: regular ongoing support to patients, not just respite care, so that carers can have more of own life. Also support which meets the emotional and personal needs of carers.
6c. Collated information available at single point of access, needs to be of highest quality. Concept of condition specific awareness bulleting for patients/carers. Include guidance on what stage to access what services/support. Use media and marketing more effectively.

6c. An integrated ‘one-stop’ plus service for health and services and social care and informal and on point of access.

6d. Improving availability for all patients.

6d. Extend Single Assessment Process to all long term conditions support service users group more effectively (lend skills and expertise). Expand expert patient programme to include children, eg asthma. Provide more staff locally who have expertise, especially multi-professional.

6e. Transport systems – poor transport inhibits effective access as currently inadequate.

6e. Improve access by better transport systems and infrastructures.

6e. Providing flexible effective joined up social care and health services.

6f. Working with those who care and those they care for develop new models of support. Communication and pathways not mentioned.

Access to out of hours GP for people working between 6-9 pm.

Access to social services.

Use of other health professionals - pharmacists/nurses.

Would like to see advisors in large group practices or health centres providing advice on Easier access to different services.

NHS to take responsibility.

Improved dental services including specialist care.

Link for new service users.

Undiagnosed conditions – information to be given to patients on a regular basis even if it is repeating condition is still undiagnosed and how symptoms could be managed.
Q7. What else would people like the NHS, Social Care and other services to do to help people find the services they need and improve the way these services are joined up?
Q8. Looking across all the options we have asked about what are the top five priorities for the people at the listening exercises you ran? (Please write 1, 2, 3, 4, 5 in the boxes)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Write in below

121

B. What sort of listening exercise was it?

(Please tick one box only)

A day long session (from 5 to 8 hours long)

A half day session (from 3 to 5 hours long) X

Up to 3 hours long

Other (record below)

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

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

Members of the general public (i.e. with no specialist interest in health and social care) 2

Members of the public who are involved with health and social care services e.g. PPI forum members 9

Paid staff from your organisation 46.5

Voluntary staff from your organisation 3.5

Other (record below) 17
And now please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

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

<table>
<thead>
<tr>
<th>Sector</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td>5</td>
</tr>
<tr>
<td>Older people</td>
<td>10</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td>2</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td>2</td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td>1</td>
</tr>
<tr>
<td>Smokers</td>
<td>4</td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td>2</td>
</tr>
<tr>
<td>Obese people</td>
<td>8</td>
</tr>
<tr>
<td>Substance misusers</td>
<td>1</td>
</tr>
<tr>
<td>Disabled people</td>
<td>3</td>
</tr>
</tbody>
</table>
E. You said that some of the people who took part in your listening event were from a specific ethnic group. Please tell us how many were from each of the groups listed below:

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

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>48</td>
</tr>
<tr>
<td>White Irish</td>
<td>3</td>
</tr>
<tr>
<td>Any other white background</td>
<td>7</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>1</td>
</tr>
<tr>
<td>Any other mixed background</td>
<td></td>
</tr>
<tr>
<td>Indian / Mauritian</td>
<td>1</td>
</tr>
<tr>
<td>Pakistani</td>
<td></td>
</tr>
<tr>
<td>Bangladeshi</td>
<td></td>
</tr>
</tbody>
</table>
Any other Asian Background
Caribbean
African
Any other Black background
Chinese
Greek Cypriot

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

20/22
<table>
<thead>
<tr>
<th>Category</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese people</td>
<td></td>
</tr>
<tr>
<td>Substance misusers</td>
<td></td>
</tr>
<tr>
<td>Disabled people</td>
<td></td>
</tr>
<tr>
<td>Prisoners</td>
<td></td>
</tr>
<tr>
<td>Black and minority ethnic groups (GO TO QE)</td>
<td></td>
</tr>
<tr>
<td>Travellers</td>
<td></td>
</tr>
<tr>
<td>Homeless people</td>
<td></td>
</tr>
<tr>
<td>People with mental health problems</td>
<td></td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td></td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td></td>
</tr>
<tr>
<td>Asylum seekers</td>
<td></td>
</tr>
<tr>
<td>People with long term conditions</td>
<td></td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td></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

Enfield 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: Anita.Grabarz@enfield.nhs.uk
ADDRESS: Holbrook House, Cockfosters Road, Barnet, Herts, EN4 0DR

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

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

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

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

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

Please note the feedback form is in three parts:

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

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

Please make sure that you give us this feedback by 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: 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?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Partnership working with Voluntary and community organisations</td>
</tr>
<tr>
<td>2</td>
<td>Walk-in Centre</td>
</tr>
<tr>
<td>3</td>
<td>Preventative services</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

1. There were many different examples where voluntary organisations provide quick flexible referral and treatment. Voluntary Organisations have flexible, personal services, close to home.
   - MS physio
   - Direct contact with eg Stroke Association following discharge from Hospital provides support.
   - Handy person scheme, care and repair for people with disabilities or older people to stay in their own homes.
   - Princess Royal Trust Carers centre provides support groups for carers
2. People like the flexibility and convenience of the Walk in centre for non urgent appointments e.g. blood tests
3. People have positive experiences of preventative services eg Falls Prevention Programme, Expert Patient Programme, Crisis Team, Review appointments for long term illness, Rehabilitation service for COPD

Other services seen as working well were:
- Some GPs and CPN’s provide a good personal service that work together on care plans.
- Book of leaflets/information at Gp surgery to allow people to flick through
- Stroke team provide information pack which they leave at people’s homes, to take out what they need and return
- Incontinence services, direct access to specialist nurses,
Q2. What were the three key elements of community health and social care services that people thought worked less well?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GP's and other professionals lack of flexibility in providing services or working with other services</td>
</tr>
<tr>
<td>2</td>
<td>Respite and support for carers not enough or enough variety or quality available at a reasonable price</td>
</tr>
<tr>
<td>3</td>
<td>Information provision at the right time, at the right place and at the right level</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

1. Examples include:
   - Cross border issues GP in Wiltshire but accessing services in Swindon Records don’t follow the person
   - MH Support workers and staff not having time to talk and get to know people, not being offered enough practical help with forms benefits etc.
   - Being left without a response to request for help so feel even worse especially when approaching a crisis
   - Not being offered a review of medication or review from a consultant
   - Advocacy support for MH users feeling isolated and trapped in system
   - Attitude of Doctors and staff, more time for listening, awareness of conditions e.g. hospital staff not able to deal with people with Alzheimer's disease

2. Examples include:
   - Respite Services need to a pleasant experience as a holiday for the user.
   - Need a range of services for people with different needs.
   - Quality of respite care and support of carers at home
   - Co-ordination of services to avoid a range of people coming in to talk to you and asking the same questions.

3. Leaflets and other information need a variety of formats: combination of written, diagrams and verbal information, People need time to come to terms with their condition and receiving conflicting or insufficient information does not help with this
Q3. What other issues did people mention? Please record any personal or local stories here if possible.

Stonham Housing MH support worker and PALS officer MH will deal with other issues than MH e.g. debt issues and Housing issues, which is helpful. This is because, mental health conditions worsen when dealing with stressful situations and eg debts can arise because of the medical condition.

A lady with multiple physical conditions, a wheel chair user and with breathing problems paid for respite at a cost of £2000 pw. For this she had to share room with someone who could not talk, share common rooms e.g. dining room with people with different conditions including dementia which she did not find pleasant, or relaxing. Respite needs to be a holiday for the user as well as the carer and be value for money.

Accessible transport; e.g. signage of buses for wheelchair use, expense of taxi’s, education and awareness of transport companies, limited space on buses for wheel chairs (taken up by pushchairs)
Section B: What did people think of the suggestions for improving health and social care services?

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

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

Q4. How did people at the listening exercises you ran think prioritise these issues? (Please indicate the priority given to each option by writing 1, 2, 3 or 4 in the boxes)

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

Issue 1b  
Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

Issue 1c  
Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (e.g. advisors to help with housing, employment and training and benefits) children’s centres and other locations.

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

None of the above

Don’t know
Q5. For each option, please summarise the key points made during the discussion.

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

**Did people think the Government should do this and why**
Better co – ordination with Public health would begin to address prevention – e.g. smoking cessation
Prevention provides the reassurance of a safety net
Self management course for people with long term conditions viewed positively

**What did they think it would achieve and why**
This would help them to lead as satisfying life as possible – for mental health users the example given was the safety net of access to CPN or support worker. The caveat was that a quick response is needed when asking for help

**How much of a difference did they think it would make and why**
Keeping as healthy as possible, social factors are most important as these enable people to live a normal as possible by keeping active and busy and having contact with others especially family and friends. Worker support was also important and equally valid from qualified / unqualified staff

**Reasons behind the priority this option was given**
The groups who discussed this issue were all people with long term conditions or carers and “within the system” so felt they have moved beyond this aspect of health care
Issue 1b
Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

Did people think the Government should do this and why
Information is seen as the key to help people make decisions and choices about their lives and needs to be consistent. The same information should be available in a variety of formats and it should not matter where it comes from within the system.
The groups liked the idea that Pharmacists are able to prescribe, but wondered if the setting (eg in a public shop) is appropriate. There was concern that the pharmacist would be able to find out enough information from the patient eg to ensure that medication doesn’t clash with another drug also being taken.

What did they think it would achieve and why
Save having to get appointment with GP
People would feel more in control of their own decisions

How much of a difference did they think it would make and why
People stay independent for longer and feel more in control of their own lives

Reasons behind the priority this option was given
Information is the starting point for people to make choices about their lives and many users felt they had not had enough of the right information, at different points in their care.
**Issue 1c**

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

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

There were a number of examples of non medical issues that impeded patients chances of becoming well or prevented them doing ‘normal’ activities. These included:

- low floor buses rather than rely on expensive taxis. Users wanted to do more social activities.
- By allowing carers or users to work by enabling them to work flexibly without reducing benefits.
- Respite that is appropriate properly funded and readily available would help with this

**What did they think it would achieve and why**

Allow people to stay in control of their own lives and not feel at the whim of the state

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

Allow people to live a “normal” life and reduce stress.

**Reasons behind the priority this option was given**

Independence and equality for all is important

---

**Issue 1d**

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

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

Examples included

- practical support e.g. care and repair service is important, preventative technologies e.g. homeline are found to be useful.
- Preventative services such as active exercise programmes for the elderly.
- Rehab services for COPD courses
- Direct payments
- Holistic approach eg One Stop Shop
What did they think it would achieve and why
Better quality of life for individuals

How much of a difference did they think it would make and why
Enable people to stay at home for longer

Reasons behind the priority this option was given
People want to remain independent. People are able to self manage given the right information but require a range of service to choose from particularly as their conditions progress
Q6. Did people think it would be enough for Government to only do these things to help people take care of themselves? Why?

People need a range and variety of levels of services that they can “pick and mix” when they need to, Needs to be part of the service but individually tailored

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

A proper carers allowance especially after 65
Independent Living Fund available after 65, no age discrimination in benefits
Extension of expert patient programme
More home testing for e.g. bloods
High quality respite care easily available at a reasonable price
Broader range of services, particularly preventative services e.g. warmth through health or care and repair, not just medically related
Direct access for follow up care rather than via GP
Transport to hospital and back for all those who need it
GP and other health professionals to refer to Voluntary organisations
HOW CAN WE HELP GET THE RIGHT SERVICES, WHEN YOU NEED THEM, AND ENSURE YOUR CARE AND SUPPORT IS PROPERLY COORDINATED?

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

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

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

**Issue 2a**
Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’ and use of case managers. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

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

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

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

None of the above

Don't know
Q9. For each option, please summarise the key points made during the discussion.

<table>
<thead>
<tr>
<th>Issue 2a</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’ 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.</td>
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<thead>
<tr>
<th>Did people think the Government should do this and why</th>
</tr>
</thead>
<tbody>
<tr>
<td>A single point is better than having to go through several processes. One stop shops are a good idea. People liked the idea of only providing information about themselves once. They also liked the idea of a single assessment. However people are not standard and the assessment process has to accommodate this. There were also concerns about the practicalities of self assessment e.g. access to computers etc.</td>
</tr>
<tr>
<td>Those Mental Health users in crisis need practical support someone to listen to them and somewhere to go / phone 24 hours a day but this isn’t consistently available.</td>
</tr>
<tr>
<td>Learning Disability users liked the idea of a care navigator, but that person would need special knowledge and skills</td>
</tr>
<tr>
<td>It was felt that a Link worker does not have to be a social worker it could be lots of other people. The case manager model and single assessment seen as positive for the individual at the centre of it</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What did they think it would achieve and why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single point of contact less stressful for the individual, Reduces repetition</td>
</tr>
<tr>
<td>Lots of appointment are very tiring and time consuming can be expensive with travel costs etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How much of a difference did they think it would make and why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-ordinated care takes away some of the pressure on the individual, and they can build a relationship with link - worker</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reasons behind the priority this option was given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lots of individual experiences about repetition of information and missed / clashing appointments, complex arrangements for carers, clinicians not having the right information</td>
</tr>
</tbody>
</table>
**Issue 2b**

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

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

Preventative services are a good idea so long as users and carers can access them. For mental health users, there is pressure on their carers and children as Care at Home is often only a phone call and they want and need face to face support. Also their carers need this and they can only get this when the user is admitted to hospital at the moment. Additional help from other services e.g. Stonham housing support workers was seen as positive and should be extended.

Elderly carers also sometimes need a carer. Don't just transfer responsibility to carers who may also be service users

Self assessment is unpractical for carers they felt that they don’t have the time

Support should continue or be reviewed for people in recovery to prevent further crisis

**What did they think it would achieve and why**

Availability of face to face support would avoid hospital admissions and also relieve pressure on carers

Help people to stay independent and to maintain relationships

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

Allow people to live at home for longer, with the possibility of a relationship which is not purely based on the caring responsibility

**Reasons behind the priority this option was given**

Without carers it would cost the state far more to care, recognises the strain that unsupported care for people with long term conditions can have on their family and carers

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**Issue 2c**

Providing people with better information about what health and social care services are on offer.

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

Workers don’t know about other services in the community and don’t pass on information.

Information should be at GP surgeries as the first place people go

Users are often not aware of support from e.g. voluntary organisations like Mind

All NHS staff should be aware of skills and services from other organisations

Consistency of approach from all services so it doesn’t matter where you access the service

Use different formats to advertise services as many service users have literacy problems
eg TV and Community Radio to pass on information

Users would like to see provision for sharing information between agencies e.g. single assessment

Users don’t know how to tell if unhappy with services

**What did they think it would achieve and why**

Information is the starting point for someone to manage their own care needs

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

Lack of information leads to lack of choice

Reduce stress on the user and carers, and help them to come to terms with their conditions

**Reasons behind the priority this option was given**

The most common complaint was that professionals are not getting it right
**Issue 2d**

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

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

Examples people gave of services they thought were good or they wanted to see expand were:

- Sheltered Housing for long term mental health users,
- Voluntary organisation phone line – listening service, that MH crisis team can patch caller to.
- Making sure that staff use personal care plans to make improvements to services
- More low floor buses so don’t have to rely on taxis
- Complexity around Mental health problems where individuals may have an inconsistency over time to manage their own care and therefore access services such as direct payments

**What did they think it would achieve and why**

More choice means more options to stay at home

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

A wide range of services enables people to tailor them to their own needs and priorities

**Reasons behind the priority this option was given**

Support from people with similar conditions allow sharing of concerns that users may not want to worry a clinician with or concerns that are not strictly medical e.g. housing
Q10. Did people think it would be enough for Government to only do these things to help people manage their care and make decisions? Why?

The government has a role to play in providing adequate availability of benefits and ensuring that statutory partners and the voluntary sector work together in a cohesive joined up way.

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

1. Communication
Communication problems of different types with professionals were often mentioned. For example other health services see the mental health issue first not the physical problem. NHS staff don’t know how to deal with someone with mental health problem and the patient isn’t believed when describing physical problems.

2. Information
Other services e.g. transport and Housing should be as equally involved in social care issues for people with long term conditions as these are often the most pressing issue once their medical condition has stabilised.
WHEN YOU AND YOUR FAMILY NEED HELP AND SUPPORT, HOW, WHEN, WHERE AND FROM WHOM DO YOU WANT IT?

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

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

Q12. Which of the following did the people at the listening exercises you ran think should be top three priorities? (Please rank by writing 1, 2 or 3 in the boxes)

**Issue 3a**
Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits

**Issue 3b**
Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

**Issue 3c**
Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for people to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

**Issue 3d**
Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups and people with disabilities.

**Issue 3e**
Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

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

18/33
Q13. For each option, please summarise the key points made during the discussion.

<table>
<thead>
<tr>
<th>Issue 3a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits.</td>
</tr>
</tbody>
</table>

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

People are used to other services being available more than just office hours.

**What did they think it would achieve and why**

More convenient for service users and their carers.

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

Concern was expressed that expectations will be raised by this consultation especially as patients can’t get GP appointments when they want them currently. However if GP surgeries were truly flexible and working in a joined up way with other services this would make a huge difference to people’s lives.

**Reasons behind the priority this option was given**

Lots of stories about inaccessibility and inflexible services, especially about appointments.

<table>
<thead>
<tr>
<th>Issue 3b</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live.</td>
</tr>
</tbody>
</table>

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

People liked the Walk In Centre in Swindon. Their experiences were very positive. However concern was expressed about the walk in centre taking over services that some people prefer to have done at their GPs e.g. routine blood tests. This is issue particularly for older people who then have to travel across town to the walk in centre.

**What did they think it would achieve and why**

We have a Walk in Centre in Swindon, which people find very useful but it was thought that it is beginning to be a victim of its own success!

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

Considering how inflexible some GP’s are this has had a huge effect on the availability of advice for people.
Reasons behind the priority this option was given
Good experience of Walk In Centre locally

Issue 3c
Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for people to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Did people think the Government should do this and why
People prefer to have services in their own home or close to home in their community

What did they think it would achieve and why
It is less stressful than having to make a special journey to an acute setting, and quicker. If the service is required on a regular basis this gives the user the opportunity to build up a relationship with the provider

How much of a difference did they think it would make and why
This would make life easier for someone with a long term condition

Reasons behind the priority this option was given
Existing Community and home based services are valued locally
Issue 3d
Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups and people with disabilities.

Did people think the Government should do this and why

What did they think it would achieve and why

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

Reasons behind the priority this option was given
Issue 3e
Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

Did people think the Government should do this and why
What did they think it would achieve and why
How much of a difference did they think it would make and why
Reasons behind the priority this option was given
Q14. Did people think it would be enough for Government to only do these things to help provide services how, where, when and from whom people want them? Why?

Q15. What else would people like the Government to do to help provide services how, where, when and from whom people want them?
Q16. Which of these did your group think was the most important thing for the Department of Health to do immediately?

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

**Issue 1b**
Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

**Issue 1c**
Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (e.g. advisors to help with housing, employment and training and benefits) children’s centres and other locations.

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

**Issue 2a**
Providing effectively joined-up social care and health services to those that need them, for example through a single ‘needs assessment’ and use of case managers. A ‘needs assessment’ would be a kind of one-stop-shop appointment instead of lots of appointments. A case manager would be someone who plans your care with you and then coordinates it.

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

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

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

**Issue 3a**
Providing convenient services which fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services, by enabling people who receive care at home to choose for example when the carer visits
Issue 3b
Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live

Issue 3c
Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for people to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community.

Issue 3d
Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups and people with disabilities.

Issue 3e
Allowing people to choose how to receive services at the end of life and to die where they want with dignity.

Q17. Please summarise the main reasons why this option was chosen as the key priority.

This allows people to take control of their own lives and make their own decisions.
Q18. Please summarise the main points from the discussion about whether these changes address the things that work less well at the moment, and maintain and support the things that work well at the moment.

More access to services out of hours in a range of settings including services provided by Voluntary organisations.

Information should be available in range of formats, including non verbal and should be provided at different points during an individuals illness.

Q19. Please summarise the main points from the discussion about what else the Department of Health should be doing to make sure that community-based health and social care services meet people’s needs in the 21st century.

Improved information and communication will improve services. Other services eg Housing and Transport need to be considered
Section C: Details about your organisation and your listening exercises

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

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

Write in below

<table>
<thead>
<tr>
<th>10 MH users</th>
<th>41 MH users</th>
<th>21 OP PD users</th>
<th>6 Day service LD users</th>
<th>11 Users and carers</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 elected members</td>
<td>8 older people</td>
<td>12 people with long term conditions</td>
<td></td>
<td></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)

X

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

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

| Members of the general public (i.e. with no specialist interest in health and social care) | 0 |
| Members of the public who are involved with health and social care services e.g. PPI forum members | 111 |
| Paid staff from your organisation | 6 |
| Voluntary staff from your organisation | 0 |
| Other (record below) | 15 |

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

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

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td>0</td>
</tr>
<tr>
<td>Older people</td>
<td>8</td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td>0</td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td></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>11</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>51</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>6</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>12</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>4</td>
</tr>
<tr>
<td>Other (record below)</td>
<td>15</td>
</tr>
</tbody>
</table>

Elected members: 28/33
E. You said that some of the people who took part in your listening event were from a specific ethnic group. Please tell us how many were from each of the groups listed below:

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

<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>110</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>1</td>
</tr>
<tr>
<td>Caribbean</td>
<td></td>
</tr>
<tr>
<td>African</td>
<td></td>
</tr>
<tr>
<td>Any other Black background</td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td></td>
</tr>
</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)

30/33
G. If your listening exercises mostly involved staff rather than patients or service users please can you identify from the list below which groups they most often have contact with or provide services for:

(Please tick all relevant boxes)

- Children and young people
- Older people
- Pregnant women (and their partners)
- Socially disadvantaged people
- Disadvantaged children
- Smokers
- Excessive drinkers
- Obese people
- Substance misusers
- Disabled people
- Prisoners
- Black and minority ethnic groups (GO TO QE)
- Travellers
- Homeless people
- People with mental health problems
- People with learning disabilities
- People in hospices/residential care
- Asylum seekers
- People with long term conditions
- People with caring responsibilities
- Other (record below)
If you are a regional organisation, please tick the box below for the region you mainly work in.

<table>
<thead>
<tr>
<th>Region</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>North West</td>
<td></td>
</tr>
<tr>
<td>North East</td>
<td></td>
</tr>
<tr>
<td>Yorkshire and the Humber</td>
<td></td>
</tr>
<tr>
<td>West Midlands</td>
<td></td>
</tr>
<tr>
<td>South West</td>
<td>X</td>
</tr>
<tr>
<td>London</td>
<td></td>
</tr>
<tr>
<td>South East</td>
<td></td>
</tr>
<tr>
<td>East Midlands</td>
<td></td>
</tr>
<tr>
<td>East of England</td>
<td></td>
</tr>
</tbody>
</table>
If you would like your organisation to be listed as a contributor to the consultation, please record its name below:

**NAME OF ORGANISATION**

| Swindon PCT & Swindon Borough Council |

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: Julie.pett@swindon-pct.nhs.uk or Aking@swindon.gov.uk |
| ADDRESS: Swindon PCT, North Swindon District Centre, Thamesdown Drive, Swindon, SN25 4AN |
ATTENDEES: A number of representatives from voluntary and community groups in Gateshead.

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

ISSUE A: Encouraging and supporting better health.

• Promoting self-care for people who are socially isolated and may find themselves at the back of the queue.
• Smoking - the Government is too slow initiating changes - this is a major national priority.
• Allow GP’s to commission local services that they know people need in their locality. Also consortiums could group commission.
• Concern that social care may be swallowed up by health.
• Fund services properly.
• Look at all the underlying issues around health.
• Is the Government capable of linking budgets?

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

• People had no problem with the idea of using the chemist for basic information and advice. This could be broadened out to other professionals.
• Will need to get used to changes. One person took son to practice nurse in the morning but still called the doctor out at night, as they were unconfident about the nurse’s diagnosis.
• Even libraries could signpost people to the right places.
• Research suggests that people don’t read information in surgeries.
ISSUE C: Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctor’s surgeries, children’s centres and other locations.

- The one-stop shop is a good idea.
- Make services available through a series of different outlets. Do we always have to go to the GP?
- Gateshead has a new walk-in centre which seems to work.
- NHS Direct has been helpful but sometimes the reply has taken a long time to come - four hours for one person. Need for some PI’s or standards.
- Children's centres are seen as a good idea as long as they are not just a way of rationalising finance.
- Need to now develop independent living centres.
- Again funding is the problem - can’t solve poverty using health money.
- Equalities are an issue. Gay people may get a bad response from some health professionals and would cease to attend. Similarly the black communities seem to access less services.

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

- Accessing services isn’t always easy for anyone with a disability of any kind. Sometimes it is impossible to attend appointments.
- May have to travel to the GP in a taxi and then a long drive to get a prescription.
- Some equipment is difficult for people in wheelchairs to access, e.g., machinery for mammograms.
- Some people wait until they have a number of issues before making the effort to see the GP.
- GP’s and staff still need disability awareness training and more knowledge of legislation in the field such as the DDA. There is a degree of inflexibility in the system and the individuals. Recently a health conference asked on long-term conditions had to leave the disabled person who was speaking on the floor while all the other speakers were on a stage. Lack of understanding or planning.
• Sometimes accessible taxis are only available at certain times and this doesn’t coincide with an available taxi. Appointment missed and disabled or elderly person is still ill.
• Some surgeries in Gateshead are very good and make every effort to be inclusive. Doctor in Chopwell mentioned.
• One individual informed the meeting that people with difficulties could have prescriptions delivered. No one else was aware of this service.
• People with learning disabilities and sight-impaired people can’t have repeat prescriptions - they can’t read them. Shouldn’t health start using appropriate formats for the customer?
• Some older people stock pile medicines.
• Some consistency in the colour of tablets would help.
• Dentists need to be accessible also. DDA too slow in implementation. Extend the home visit scheme. Someone informed the meeting that the local hospital had a dentist for people with disabilities. No one knew this.
• Older people require more low level community support to help them manage their health. More independence means more funding for social care. Who pays?
• Any disability should be clearly marked on health records and taken into account for appointments etc.
Your Health Your Care Your Say  
Listening Exercise 1.11.05  
morning session

A focus group was run with 9 learning disabled people to obtain their views on the Your Health Your Care Your Say questions/issues. In addition to these 9 people, there were also 8 support workers in attendance giving their opinions and 3 facilitators. Nineteen of these people were White British and 1 person was Black British.

Firstly, the following question was asked; What is people’s understanding of the health service?

The responses given were as follows:

- It’s free
- It’s there when you’re not well
- Prevention
- Be referred on for specialist treatment after seeing your GP
- After care
- Nurses, GP’s

The 3 questions relating to Your Health, Your Care Your Say were then asked. People’s comments and responses for each of these questions are outlined below:

Q1.  How can people look after themselves?  
How can we help you take care of yourself & support you in your daily life?

How can people look after themselves?

- Good food
- Exercise – walks, dancing (dance mats in Arcades), cycling, swimming, keep moving all the time, gardening, clubs where they have exercises and games, can’t go to the gym because of a bad neck so instead walk to the local supermarket as main form of exercise.
- Majority of participant’s had regular check ups as part of their care plan, the staff had check us when needed.

Do people think there is enough information available on how to stay healthy at their GP surgery?

- Some information could be in a CD rom format or type form
- 100’s of leaflets are available on healthy lifestyles
- 5 a day information is easy to understand
- Sometimes there is too much information and it can be a little overwhelming
- Diabetes – this is the kind of information we have in GP’s which we need to be aware of
- Others have information on prostrate cancer
- Information available for people with weight problems and glaucoma
Sometimes the information given tells you to watch out for these problems but doesn't give you the symptoms

Would like this information to be simplified

The support workers explained that they need to understand the information so they can then support the people they work with. They explained that they do talk to the people they support about eating healthily but sometimes it is difficult for them to understand. It was expressed by one of the support workers that it is good for the service users to have the same regular staff who know them really well as they are often a role model for them.

Nurses can give you information

NHS Direct

Hospital programmes in the morning are a little worrying as you start diagnosing yourself

Sometimes talking to your local chemist is really useful as there is a small hut which you can go into to discuss what's wrong so it's very discreet

The support workers explained that any medication they give to service users has got to be prescribed by a GP, even paracetamol.

Better information is needed on what is in different tablets and an understanding of which medication reacts with another. One participant didn't know that lemsip contained paracetamol.

The following comments were also made about Walk in Centres:

Personally I have not found them to be very good, when I went there, there was just nurses available and no Dr so the nurses weren't able to prescribe me the medication that I needed so I was just advised to go to the GP that day.

One Walk In Centre wouldn't see me because I was not living in their catchment area.

Walk In Centres are good for blood tests, flu jabs

I wouldn't take my child to a Walk In Centre as I would prefer to see a GP

Q2. When you need help & support, how, when, where & from whom do you want to get it from?

Longer hours needed at surgeries as people working can't always get to a GP

I ring up my GP practice in the morning and can get an appointment that day so that's good. Also so is open surgery as you get to see someone

One practice has got a system where you book yourself into which is really good

If ill, would be prepared to see anyone

Receptionists are often a barrier to seeing the GP as they are not very approachable. They always ask what is wrong with you and then you have to explain the problem in front of everyone whose in the waiting room

One participant explained that they suffered from depression and that the GP was very good, they just sat and listened.

It was generally felt that appointment times were not long enough and that they are often rushed. Some GP's appreciate the communication difficulties which some learning disabled people have so give them extra time.

One support worker described how one person she use to support refused to take her cardigan off to have her blood pressure done so the GP put the BP cover over it and then said that it was fine but she felt that it wasn't accurate reading
Sometimes you are sat in the waiting room for ages and then you’re just in and out with the GP

People often come into the surgery after you and get seen before you

It’s silly that you can’t see your GP for more than one problem so really need longer appointment times

GP’s need better communication skills

One service user explained that her dentist is very good and understanding and she was afraid of needles so when she goes to see the dentist, he won’t let her see the needle

Services need to be more flexible, better opening times to suit people’s lifestyles, should be able to see GP when you want to and also be able to choose your own GP

One participant explained that they weren’t able to ring up their GP for an appointment instead they just had to turn up to the practice to make one

Out of hours is good, when you have a GP phone you back to give advice over the phone

Greater flexibility is required, if GP practices were open on Sun then this would take the demand away from A&E

Support workers explained that when you work in houses supporting learning disabled people, sometimes you just don’t have enough staff to take them to the GP and if you’re away from the house for a long time you start to worry about whether everything is alright back

Ambulance services are excellent, when I had to call them out they have been really good

My experience in hospital was very bad, nurses were not very nice. I complained about treatment and was scared about doing this but then nothing came of the complaint

Q3. How can we help you get the right services, when you need them, & ensure your care & support is properly coordinated?

No-one had had any experience of single needs assessment yet

This is a big problem in the service as there are lots of issues about confidentiality, so when an incident happens you don’t always have the information you need to hand

Find it quite distressing having to tell your story again and again

Any other comments?

This session has been a really good idea

Good to be able to share things with other people

Often when learning disabled people have to go into hospital they end up going in on their own as the support workers are often working in the house on your own
A focus group was run with 17 learning disabled people to obtain their views on Your Health Your Care Your Say questions/issues. In addition to these 17 people, there were also 3 support workers in attendance giving their opinions and 2 facilitators. Nineteen of these people were White British and 3 people were Afro Caribbean.

There were a number of questions asked throughout the session. These are outlined below along with the comments and responses that were given.

**What is people’s understanding of the health service?**
- Healthy
- Fit
- Keeping well

**Who works there?**
- Dr’s
- Nurses
- Chiropodists

**What do you do to stay healthy?**
- Flu jabs – support worker told me
- Blood tests – for medication levels
- Check ups
- Cholesterol tests
- Sugar
- Blood pressure
- Pneumonia injection for protecting me

**How do you know what is available in the NHS?**
- Carers tell us everything
- Drs
- Community nurses
- Practice nurses

**Who helps you to keep healthy?**
- Drs
- Carers help us to keep trim
- See it on TV
- City hospital
How do you keep yourself healthy?

- Walking
- Disco’s
- Swimming
- Bike riding
- Good eating and drinking
- Weetabix
- Lettuce
- Not too much salt – sweet & sour
- Wine
- Diet coke

Bad food:

- Fry ups
- Take aways (a bit now and again ok)
- Sweets
- Sea side rock
- Smoking

Who helps you when you’re poorly?

- Dr gets you in
- Receptionist before you see the GP. Receptionist where I go is very kind
- Dr and Nurse kind to me
- Bad if they keep you waiting, I want to get treatment quickly
- Choose your own Dr
- Optician for eyes
- Pharmacists can help

What would be better?

- More understanding from the GP’s
- There used to be a Saturday morning surgery but this is fading away now
- I have to travel
- NHS Direct is good, including ringing you back and arranging for a Dr to ring back
- More flexible opening times
- Less time waiting for prescription
- Having seen a practice nurse (which is good) have to wait 25 minutes until the Dr is free to sign the prescription
- Having my own staff (Don’t want agency staff ever again – a home issue)
- Support by people who know us well
- Regular check ups difficult. Hearing check ups useless unless there’s a problem, forget it. Very hard to get a regular check up
- One participant had had a health check up in work which took 10 minutes, had height and weight measurement, blood test, flu jab, BP etc
- Talking to the patient not the carer, some groups are nervous of patients with learning disabilities
- I have a Dr who knows my syndrome – it’s good that he knows the background
- Drs should research condition and disabilities, they will know symptoms and be more understanding
- Had a stroke so went into hospital – staying in hospital was a good experience
Who’s been in hospital?

- Most people
- Had a couple of strokes
- Wrong name on the card
- Super bugs

How can Information be improved?

- Lots of leaflets
- Someone can read it to me
- Tapes could be given
- Photographs to explain
- Larger print

Where you live now, what can you do to keep yourself healthy?

- Keeping clean – shower
- Keeping house clean
- Keeping teeth clean morning and night
- Washing hands to get rid of germs after toilet
- Walks to the shops
- Before winter comes, go for a walk
- Regular hearing tests are good
- Going on holiday is good for your health
- If you’re not well, but it is a minor problem, staff cannot give you anything except paracetamol. However, if it is written up – prn, you are able to just ring someone up to get authorisation. This seems to be a good system
- Paramedics want you to accompany them but you can’t go. So give them information, treatment, own staff would then go and have a shift back
A focus group was run with 14 learning disabled people to obtain their views on Your Health Your Care Your Say questions/issues. In addition to these 14 people, there were also 3 staff and 1 advocate in attendance giving their opinions and 2 facilitators. Ethnic origin was not recorded but the majority of the group were White British.

There were a number of questions asked throughout the session. These are outlined below along with the comments and responses that were given.

What are some good ideas about the NHS?

- For helping when ill and sick, broken legs
- Drs & Nurses
- Chemists
- Hospitals
- Surgeries
- Opticians
- Flu jabs

What can be done to make it better?

- Regular check ups at Dentists & Doctor’s
- Regular checks for diabetes
- No long waits
- What about my wheel chair, kept waiting
- Drop in’s would be good
- Sister rang ambulance when I couldn’t wake up (diabetic coma)
- Lady had a fit in a day centre, ambulance took 45 minutes and she kept fitting (14 times) while waiting. Spent a few days in hospital
- One lady goes to have a wheelchair check, she goes to the clinic in an ambulance. She can be away half a day for a simple check. Ambulance is not good when it’s not urgent
- Food in hospital is getting a bit better
- Staff treated me well
- I had an abrupt nurse on 2 occasions

Who knows the name of Dr?

- All except 2 could name the Dr
- A good idea if you can choose your Dr

How do you know you’ve got a good Dr?

- Nurse helped me with depression in 2 weeks
- Known me a long time
- He is friendly, males are better
Emergency Dr isn’t friendly
Dr knows my condition, you don’t have to explain every time
Stops me getting ill
Good idea to ring someone up (NHS Direct)

How do we stay healthy?

- Eating the right food
- On TV
- Community nurses tell you
- Smoking is bad – everyone knows, good publicity
- Diets
- Drs & nurses tell you (about keeping fit) nurses calls and talks about it
- Swimming

Who exercises?

- Go walking with MENCAP
- Walking groups
- Disco dancing
- Walking on a Wednesday
- Swimming and drama
- Gym, exercise machines, fitness instructors, keep fit classes on Tuesday

Who helps you to be fit and healthy?

- Physiotherapist
- Dietician
- Advice on healthy eating
- Weigh you
- Staff who work with you and support you
- Music is good
- Important to me to get help to move house
- Horse riding – some people have been and enjoyed it. Not just riding it’s all good exercise
- People need more staff time to get to places to exercise etc. we are confined by budgets

Staff standards point to a duty of care about GP’s, Dentists, Chiropody every 6-8 weeks if needed yearly tests for certain condition

As support workers, we recognise needs and make referrals to staff who can help like physiotherapist

We help people get on the 5 a Day, fighting fit programme

Managers check on healthy eating issues, health and ill related issues

Do staff smoke in the house of people? Staff are not to smoke on duty, it’s a condition of employment
Your Health Your Care Your Say
Listening exercise
3.11.05 afternoon session

A focus group was run with 11 learning disabled people to obtain their views on Your Health Your Care Your Say questions/issues. In addition to these 11 people, there were also 2 support workers in attendance, 4 Occupational Therapists and 4 facilitators. All these people were White British.

There were a number of questions asked throughout this session. These are outlined below along with the comments and responses that were given:

**What do people think the health service is?**

- Dr’s
- Nurses
- Clinics
- Occupational Therapists
- Anaesthetist
- Dentist
- Opticians
- Community Nurses
- Physiotherapists

**Who is it for?**

- For everybody
- It’s free
- It’s about helping you when you’re unwell if you’re diabetic

**Where do you get this help?**

- Hospitals – St Mary’s
- NHS Direct
- Walk in Centres
- Dr’s surgery
- Phone for an appointment
- Went into hospital for an operation and when I came out the District Nurse came to see me to take my stitches out

**Who helps you to go the Dr?**

- Mum
- Family
- Care Managers
- Go independently
- Key worker/support worker

**When you go to see your GP, the Dentist or services like these, how should the professionals treat you?**
With respect
 Majority are happy with GP and know who they are
 It would help to have more easy to read information, use pictures
 Lots of leaflets available
 Dr spends the right amount of time with you
 Have to wait a long time for an appointment
 Had to wait about an hour for an emergency appointment

If unwell, do you know who to go to?
 Yes
 MANDOC – out of hours emergency

Generally, what would make things better?
 Not having to wait 48 hours for a prescription
 Waiting is a big problem
 Receptionists to be more understanding. Sometimes they have been nice and other times have been awkward
 Better if some staff weren’t so abrupt
 Better food in hospitals would make staying there better
 Dr’s surgeries to have longer opening hours
 Get lost in hospitals as departments are a long way from each other
 I once got the wrong name but on my tag when I went into hospital and kept being called the wrong name
 Dr doesn’t just talk to carer/relative

Do professionals explain things clearly enough
 Yes

Where do you get information on how to stay healthy?
 Television

What is there in the community to help you keep fit?
 Gym
 Not smoking
 Cycling
 Horse riding
 Swimming
 Walking groups run by MENCAP

People need help with these activities though as they often can’t do them themselves as this can be a problem if there isn’t enough staff available to be able to support. Also depending upon how much these things cost, they might put you off going.

Other comments made were as follows:
Meetings like this are helpful for learning about things like health. They’re a good idea. Can share what's out there and learn from each other.

Need more ethnic representation on groups as in hospital’s, their needs are often overlooked.

Need staff who know the people they support well and can help them use their communication aids.

Would really like feedback on what is being done with this information.

Would like someone from the Government to come about and speak to us.
Report on community engagement in primary care service review and redesign for Moss Side and Rusholme wards

Introduction

The PCT agreed with Manchester City Council in April that it would bring forward its review of services in Rusholme and Moss Side to fit in with the city council’s regeneration timetable and give a decision by September 2005 on whether new health buildings were required on the Maine Road site or other sites. In order to meet this deadline, consultation with local residents was undertaken over a short period in the summer of 2005.

Context for community engagement

Nationally, there is a commitment to community engagement in health services and Section 11 of the Health & Social Care Act 2001 places a statutory duty on the PCT to make sure that patients and the public are involved and consulted from the very beginning of any process to develop health services or change how they operate. The Secretary of State for Health published “Standards for Better Health – Health Care Standards for Services under the NHS” in 2004 and this identified patient focus as one of seven important domains. The report states that the PCT must ensure that health care is provided in partnership with patients, their carers and relatives and is designed around decisions which respect their diverse needs, preferences and choices.

The PCT sets out its vision for health services in Central Manchester in the Strategic Service Implementation Plan (2004/5-2006/7). The plan describes a number of core principles, which include “developing an organisation where local citizens and staff are at the heart of the decision-making processes”.

The service review and redesign in Moss Side and Rusholme aimed to facilitate the involvement of local people so that they can contribute to designing primary care services and ensure that they will meet local needs.

Existing community consultation reports

The first Health Needs Assessment for Moss Side was published in April 2004. A sample of 279 people was questioned about what health services they used and what additional services should be offered through their local GP or Health Centre. The survey used semi-structured interviews and group work. The top services in demand were:

- Counselling
- Dentists
- Chiropody
- Diabetic clinic
- Optician
- Skin specialist
- Worries drop-in
- Physiotherapy
- Information on mental health

The Health Needs Assessment for Rusholme was published in September 2003, but due to resource limitations, only contacted a small number of people. The findings were very similar to those in Moss Side.
Planning community engagement in Moss Side and Rusholme

The consultation was planned by members of the Moss Side and Rusholme Steering Group and drew on the expertise of the Clinical Governance Team. Unfortunately there was no Partnership Worker in post for either of the wards, but staff from Clinical Governance, Local Area Team, Public Health and the City Council Regeneration worked on the consultation.

A review was undertaken of existing consultations and although the previous health needs assessments, referred to above, provided some information, it was felt that there was a need to gain further insights into perceptions of health needs and of primary healthcare in the area. At this stage there were no specific proposals on which to consult. The aim of the consultation was to establish how easy residents and people using local primary care services find it to access those services and to identify any difficulties. The consultation also aimed to find out the views of local people about how services could be improved.

While the Steering Group is committed to patient and public involvement, the plan for community engagement had to take into account the short timescale. Fortunately there was a consultation planned for the Strategic Regeneration Framework for Inner South Manchester and the PCT consultation was able to join in with events organised by the Regeneration Team in July 2005.

Methods of consultation

Participatory Appraisal is an interactive methodology that “enables local people to appraise and share their knowledge of life and local conditions so they can analyse, act and plan on these ideas……during PA, information comes from local people, is shared between them and is owned by them.” (East End Health Action, Greater Glasgow NHS Board, Oxfam GB, 2003). There are usually three stages to PA:

- Stage 1: Working with as wide a variety of members of the community as possible to identify issues and information.
- Stage 2: Cross-checking – taking the information gathered back to as many people as possible, to find out if the issues identified are as important to other people.
- Stage 3: Analysing the issues identified and working with the community to draw up an Action Plan

The methods used so far have related to Stage 1 of the PA process and included:

- Group discussions
- Mapping 'natural' local communities and where they access services
- Attendance at meetings of local groups
- Use of a questionnaire, with an open ended section for comments
- A Participatory Appraisal kit was used at 3 venues to validate findings from previous Health Needs Assessments. Unfortunately the physical layout of consultation venues did not suit the use of this tool and the limited data collected has not been included in this report.

Future consultation

Although only a limited range of methods were used, the consultation was conducted within a PA framework and will form a basis for further PA work. We have made some progress in completing Stage 1 of a Participatory Appraisal and a number of issues have been identified. Further consultation will be needed and it is hoped that new Partnership Workers for Moss Side and Hulme and Rusholme and Fallowfield will be able to assist with this process.
Consultation Findings

Reports on discussions with local groups

Visit to Cornerstone Day Centre, Denmark Road 27/07/05
The aims of the centre are “to meet the needs of homeless, disadvantaged and isolated adults by providing basic services which will enhance their quality of life”.

Services used included, A&E, GP and mental health services.

Issues raised in discussion with staff included:
- Many homeless people are not registered with a GP
- Users have experienced difficulty registering with GP’s
- Need for chiropody
- Due to chaotic lifestyle, difficulty in keeping appointments for healthcare
- Need for mental healthcare
- High levels of alcohol and drug misuse
- High levels of untreated wounds
- Limited input from statutory support staff

Visit to Somali Bravanese Sisters, Moss Side 04/08/05

Services used by the group of 10 women included GP, dentist, Pharmacy, Diabetic clinic, Chiropodist, Cardiac specialist, Blood pressure clinic and optician.

The following issues were raised in discussion:
- Long waiting time for hospital treatment
- Difficulty in getting an interpreter for emergency treatment
- Distance to travel to GP
- Delivery Unit at the hospital is not welcoming to Somali women visitors
- Difficulty in arranging women only swimming sessions at local leisure centre
- Traditional unhealthy diet/need for more support/information on diet

Within the timescale it was not possible to visit other community groups. There are many active community groups in the area which make a contribution to improving the health and well being of residents. Further discussions with them would be helpful in identifying the most effective ways to promote healthy living and access to health services in marginalised communities.

Attendance at meetings of local groups

Fallowfield and Rusholme Local Area Group took part in a mapping exercise. Maps of the Rusholme ward were used to identify where people living in different areas of the ward would be likely to access services. The exercise identified that while people living in the districts bordering Wilmslow Road tend to use shopping, health and other services in the Wilmslow Road area, people living in the polling districts 3RUE and 3RUF to the east of Birchfields Road may tend to use facilities in Longsight or Levenshulme. A similar exercise has not been completed for Moss Side, but Princess Parkway forms a physical barrier between the two sides of the ward, which means that residents can be reluctant to access services on the ‘other side’.

At Maine Road Steering Group meetings local people expressed the view that existing health services were poorly resourced to meet the needs of local people. They were consequently concerned about the impact on healthcare services of additional residents, once new
housing is built on the Maine Road site. They consider that there is a clear need for a new healthcare facility in the area and hope that the PCT will take up the opportunity to provide a building on the regeneration site.

Report on the Moss Side and Rusholme questionnaire survey
(The full analysis of findings is available in the appendix.)

Sample

195 people were questioned on their views about primary care services during July 2005. Questionnaires were used in a range of venues and events including health centres, primary schools, a community health event and community group meetings.

Respondents with a wide range of ages took part in the survey and 11% of the sample were aged 65 plus. 4 out of 10 respondents were white and a third of respondents reported that their first language was a language other than English. The most frequently identified first languages were Somali, Urdu and Bengali. Three quarters of respondents were female and this over representation of women may be a reflection of the kinds of venues used.

Methodology

A structured questionnaire was used, so that responses could be quickly analysed and main issues identified within the timescale of the project. The questionnaires were completed by staff from the PCT and South Regeneration Team with residents of Moss Side and Rusholme and people who use primary care services in the two wards.

Residents were asked where they accessed their GP/dentist/pharmacy and other health services and how easy it is to access each service. The questions were designed to be open to any issues of access raised by the respondents and not to ‘lead’ their answers. Where respondents said that access was quite or very difficult they were asked to say what these difficulties were. The final question was open ended and asked for any other comments and “how can we improve your local health services?”.

Findings

The majority of people in the survey said it is quite easy or very easy to access their GP, dentist or pharmacist. Seven out of eight people surveyed find it quite or very easy to access their GP and there is a similar response for access to dentists and pharmacists. Some respondents clarified their answer, for example by explaining that access was easy, but only because they had a car or used a taxi.

More than a third of respondents said they did not have a dentist, and of those that used a dentist, more than half of them use a dentist outside of the two wards. Almost all of them said, however, that they found it quite easy or very easy to access their dentist. Similarly almost one third of those using a pharmacist use one outside of the two wards, but almost all of them said that they found it quite or very easy to access their pharmacist.

There were some significant differences between the responses of those living in Moss Side and Rusholme. Moss Side residents were more likely to use a GP, dentist or pharmacist outside the area. Only a very small number of Moss Side residents access a dentist in Moss Side, whereas half of Rusholme residents registered with a dentist access their dentist in Rusholme. The picture for pharmacies is similar, with almost two thirds of Rusholme residents accessing their pharmacist in Rusholme while the equivalent figure for Moss Side is only 12%. These findings indicate that Moss Side residents travel further than Rusholme
residents to access their primary care facilities. There is little difference however in the answers to the questions about ease of access and in fact the Moss Side respondents tended to say that their access to both GP’s and dentists was easier than their Rusholme counterparts.

Many positive comments were given about primary care services, expressing gratitude for services and the way they are delivered.

Frequently mentioned negative comments relate to:

- difficulty in getting an appointment with a GP, unsuitable appointment times or being kept waiting when attending for an appointment
- poor facilities in surgery waiting rooms
- difficulty in getting through to surgeries on the phone,
- difficulty in registering with a dentist and in getting appointments
- need for more community health facilities for groups such as young people, ethnic minority communities, those with mental health problems
- problems with transport access to health facilities

These problems reflect the findings of national surveys. The Healthcare Commission’s Report, The State of Healthcare 2005, focussed on user’s experience of the health service and found that one quarter of people surveyed said that they had difficulty getting an appointment with their GP and one fifth said that the opening hours at practices were inconvenient enough to deter them from going to the practice. Recent local surveys about GP access show that Central Manchester GP’s have higher scores for satisfaction with surgery opening times and telephone access compared with the national average, but worse than the national average for speed of appointments.

Recognising that these problems are widespread, however, does not mean that we should minimise our concern about them and it appears that some residents conclude from their experiences that health services in their local area are struggling to cope with the demand. In addition to this, concerns were expressed by some residents about how health services will cope when new housing is built on the Maine Road site

Conclusions from the questionnaire survey

The picture of resident views on health services from this survey is mixed, with some people expressing contentment with ease of access to services and others expressing specific concerns. Some respondents find it difficult to access health care, but once they see their clinician feel happy with the care and treatment offered. While many people are appreciative of the services offered, the most frequently mentioned concerns were difficulties with appointments for GP surgeries, difficulty in registering with a dentist and transport to facilities.
Introduction

This research was carried out as part of a wider consultation of people living and using services in and around the Moss Side and Rusholme area. It was conducted to ascertain:

- Where people living in the Moss Side and Rusholme area access services
- The demographics of people accessing services in Moss Side and Rusholme
- How easy local health services are to access
- Views on how services could be improved
- If people experienced difficulties with accessing services, why this was the case

Methodology

A structured survey-style questionnaire was devised to find out people’s views. One hundred and ninety-five surveys were conducted across various venues in Manchester and questioned people about which health services they use and where and how easy they find it to access them. Participants were also given the opportunity to comment generally about the health services that they use, with open questions providing the opportunity for qualitative data.

Sample

The sampled population included local residents and local health service users. This also accounted for people who live locally and access health services outside of Moss Side and Rusholme and people living outside of the area who use the health services in Moss Side and Rusholme.

As several health services, such as Moss Side Health Centre and Surrey Lodge are outside Moss Side and Rusholme wards, but only just over the border, these were included in the analysis to enable assessment of all health services in and around the local area. Appendix 1 shows which GPs, dentists and pharmacies were identified as being in the Moss Side and Rusholme area.

Who undertook the consultation?

The following people attended consultation events and meetings of local groups and completed questionnaires with residents:

- Health and Partnerships Manager
- Local Area Team Manager
- Partnership Workers
- PALS Officer
- PPI Coordinator
- Regeneration Manager, Manchester City Council
The venues at which the surveys were carried out included:

<table>
<thead>
<tr>
<th>Venue</th>
<th>Event</th>
<th>Date</th>
<th>Number and % of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellence in Cities, Moss Side</td>
<td>Consultation on Maine Rd redevelopment</td>
<td>01/07/05</td>
<td>34 17.4%</td>
</tr>
<tr>
<td>Heald Place Primary School</td>
<td>School gate consultation for Strategic Regeneration Framework (SRF)</td>
<td>05/07/05</td>
<td>8 4.1%</td>
</tr>
<tr>
<td>Union Chapel</td>
<td>Joint meeting of Rusholme and Fallowfield Local Area Group and Health Forum</td>
<td>06/07/05</td>
<td>7 3.6%</td>
</tr>
<tr>
<td>Manchester Academy</td>
<td>Consultation event for SRF</td>
<td>07/07/05</td>
<td>6 3.1%</td>
</tr>
<tr>
<td>Rusholme Health Centre</td>
<td>Consultation event for SRF</td>
<td>08/07/05</td>
<td>30 15.4%</td>
</tr>
<tr>
<td>St James Primary School</td>
<td>School gate consultation for SRF</td>
<td>12/07/05</td>
<td>18 9.2%</td>
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<tr>
<td>Alex Park Health Centre,</td>
<td>Consultation event for SRF</td>
<td>15/07/05</td>
<td>18 9.2%</td>
</tr>
<tr>
<td>SureStart</td>
<td>Various meetings/drop-ins</td>
<td></td>
<td>36 18.5%</td>
</tr>
<tr>
<td>United Somali Bravanese Association</td>
<td></td>
<td></td>
<td>6 3.1%</td>
</tr>
<tr>
<td>Kath Locke Centre</td>
<td>Sugar Group meeting</td>
<td>13</td>
<td>6.7%</td>
</tr>
<tr>
<td>Trinity House</td>
<td>Rusholme and Fallowfield Health Day</td>
<td>23/07/05</td>
<td>5 7.7%</td>
</tr>
<tr>
<td>Cornerstones Day Centre</td>
<td>Drop-in</td>
<td>27/07/05</td>
<td>4 2.1%</td>
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Overall Analysis  
(n= 195)

Demographics

<table>
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<th>Gender of Respondents (n= 194; n/r= 1)</th>
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<td>Gender</td>
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<tr>
<td>------------</td>
</tr>
<tr>
<td>Female</td>
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<tr>
<td>Male</td>
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<tr>
<td><strong>Grand Total</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Age of Respondents (n= 188; n/r= 7)</th>
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<tbody>
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</tr>
<tr>
<td>16-20</td>
</tr>
<tr>
<td>21-25</td>
</tr>
<tr>
<td>26-30</td>
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<td>31-35</td>
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<td>Ethnicity</td>
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<tr>
<td>Asian or Asian British</td>
</tr>
<tr>
<td>Black or Black British</td>
</tr>
<tr>
<td>Mixed</td>
</tr>
<tr>
<td>Other ethnic group</td>
</tr>
<tr>
<td>Welsh</td>
</tr>
<tr>
<td>White</td>
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</table>

**First Language of Respondents**

<table>
<thead>
<tr>
<th>First Language</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>128</td>
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<tr>
<td>Other</td>
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<td>33%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>191</td>
<td>100%</td>
</tr>
</tbody>
</table>

**First Languages if not English**

French 2%, Greek 2%, Latvian 2%, Mandarin 2%, Marathi 2%, Oriya 2%, Pharsee 2%, Polish 2%, Prujambi 2%, Punjabi 2%, Punjabi & Hindi 2%, Setswanna & Xhosa 2%, Shona 2%, Turkish-German 2%, Yoriba 2%
Number of Respondents Requiring an Interpreter (n= 60; n/r= 15)

<table>
<thead>
<tr>
<th>Interpreter Required</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>51</td>
<td>85%</td>
</tr>
<tr>
<td>Yes</td>
<td>9</td>
<td>15%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>60</td>
<td>100%</td>
</tr>
</tbody>
</table>

Postcodes of Respondents (n= 191; n/r= 4)

<table>
<thead>
<tr>
<th>Postcodes</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Homeless</td>
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<tr>
<td>M12</td>
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</tr>
<tr>
<td>M13</td>
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<td>M14</td>
<td>147</td>
</tr>
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<td>M15</td>
<td>9</td>
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<td>M16</td>
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<td>M18</td>
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<td>M19</td>
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<td>M20</td>
<td>2</td>
</tr>
<tr>
<td>M21</td>
<td>3</td>
</tr>
<tr>
<td>N/R</td>
<td>4</td>
</tr>
<tr>
<td>SK4</td>
<td>1</td>
</tr>
<tr>
<td>Grand Total</td>
<td>191</td>
</tr>
</tbody>
</table>

Areas Where Respondents Live (n= 190; n/r= 5)

NB/ for the purpose of analysis ‘Out of area’ includes services that are not within the boundaries of Central or South PCT areas.
### Access to Services

#### GP’s

#### Number of Respondents using a GP and Location

<table>
<thead>
<tr>
<th>GP (n= 192; n/r= 3)</th>
<th>Location (n= 180; n/r= 7)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>N/A</td>
<td>5</td>
</tr>
<tr>
<td>No Total</td>
<td>(2.6%)</td>
<td>5</td>
</tr>
</tbody>
</table>

- **Alex Park HC**: 23
- **City Road Surgery**: 1
- **Moss Side HC**: 9
- **N/R**: 7
- **Other Central or South PCT area (Wilmslow Rd)**: 2
- **Other Central PCT Area**: 36
- **Out of Area**: 7
- **Platt Lane**: 8
- **Rusholme Health Centre**: 76
- **South PCT service**: 14
- **St Bees Close**: 1
- **Surrey Lodge**: 2
- **West Point Medical Centre**: 1

- **Yes Total**: (97.4%) 187
- **Grand Total (100%)**: 192

#### Ease of Access to GP Used

![Ease of Access to GP Used Chart](chart.png)

- **Yes Total**: (97.4%) 187
- **Grand Total (100%)**: 192
### Dentist

<table>
<thead>
<tr>
<th>Dentist (n=191; n/r=4)</th>
<th>Location (n=109; n/r=11)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>N/A</td>
<td>71</td>
</tr>
<tr>
<td>No Total</td>
<td>(37.2%)</td>
<td>71</td>
</tr>
<tr>
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<td></td>
<td></td>
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<tr>
<td></td>
<td>Moss side</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>N/R</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Other Central or South PCT area (Wilmslow Rd)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Other Central or South PCT area ('Withington')</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Other Central PCT area</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>Out of area</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Rusholme</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>South PCT Service</td>
<td>5</td>
</tr>
<tr>
<td>Yes Total</td>
<td>(62.8%)</td>
<td>120</td>
</tr>
<tr>
<td>Grand Total (100%)</td>
<td></td>
<td>191</td>
</tr>
</tbody>
</table>

### Ease of Access to Dentist Used (n=120)

- **Very difficult**: 0
- **Quite difficult**: 10
- **Quite easy**: 60
- **Very easy**: 70

---

**Pharmacy**

Lead: Val Armstrong
Public Health

Facilitated by: Michelle Standing
Quality Development
## Number of Respondents using a Pharmacist and Location

<table>
<thead>
<tr>
<th>Pharmacy (n= 188; n/r= 7)</th>
<th>Location (n= 148; n/r= 27)</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>No</td>
<td>N/A</td>
<td>13</td>
</tr>
<tr>
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<td>(6.9%)</td>
<td>13</td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alex Park HC</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Moss Side</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Nearest Accessible</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>N/R</td>
<td></td>
<td>27</td>
</tr>
<tr>
<td>Other Central or South PCT area (Wilmslow Rd/Withington)</td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>Other Central PCT area</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>Out of area</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Rusholme</td>
<td></td>
<td>64</td>
</tr>
<tr>
<td>South PCT service</td>
<td></td>
<td>1</td>
</tr>
<tr>
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<td>175</td>
</tr>
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<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/R</td>
<td></td>
<td>27</td>
</tr>
<tr>
<td>Other Central or South PCT area (Wilmslow Rd/Withington)</td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>Other Central PCT area</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>Out of area</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Rusholme</td>
<td></td>
<td>64</td>
</tr>
<tr>
<td>South PCT service</td>
<td></td>
<td>1</td>
</tr>
<tr>
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<td></td>
<td>175</td>
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<tr>
<td>Grand Total (100%)</td>
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<td>188</td>
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</table>

### Ease of Access to pharmacy Used (n= 175)

- Very easy: 140
- Quite easy: 40
- Quite difficult: 0
### Other Services Used and Location (n= 62; n/r= 133)

<table>
<thead>
<tr>
<th>Location</th>
<th>How easy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alex Park HC</td>
<td>Easy</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Quite easy</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Very easy</td>
<td>1</td>
</tr>
<tr>
<td>Chorlton</td>
<td>Easy</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>N/R</td>
<td>1</td>
</tr>
<tr>
<td>Christies</td>
<td>Easy</td>
<td>2</td>
</tr>
<tr>
<td>Gorton</td>
<td>N/R</td>
<td>1</td>
</tr>
<tr>
<td>Hulme</td>
<td>Very easy</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>N/R</td>
<td>1</td>
</tr>
<tr>
<td>Kath Locke</td>
<td>Quite easy</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Very easy</td>
<td>1</td>
</tr>
<tr>
<td>Levenshulme</td>
<td>N/R</td>
<td>1</td>
</tr>
<tr>
<td>Moss Side</td>
<td>Hard</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>N/R</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Not very easy</td>
<td>1</td>
</tr>
<tr>
<td>MRI</td>
<td>Easy</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>MRI</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>N/R</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Not hard</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Not very</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Ok/ reasonable</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Very easy</td>
<td>1</td>
</tr>
<tr>
<td>MRI/ Eye hospital</td>
<td>Easy</td>
<td>1</td>
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<td>Other Central or South PCT area (Wilmslow Rd/ Withington)</td>
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</tr>
<tr>
<td></td>
<td>N/R</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Ok</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Quite easy</td>
<td>1</td>
</tr>
<tr>
<td>Princess Rd</td>
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<tr>
<td></td>
<td>Quite Difficult</td>
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<tr>
<td></td>
<td>N/R</td>
<td>7</td>
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<tr>
<td>Rusholme</td>
<td>Quite easy</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Very easy</td>
<td>2</td>
</tr>
<tr>
<td>St Mary's</td>
<td>N/R</td>
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<tr>
<td>University Service</td>
<td>Easy</td>
<td>1</td>
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<tr>
<td></td>
<td>N/R</td>
<td>1</td>
</tr>
<tr>
<td><strong>Grand Total (100%)</strong></td>
<td></td>
<td><strong>62</strong></td>
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</tbody>
</table>
Data for People Living in Moss Side and Rusholme
Moss Side (n= 60)
Rusholme (n= 70)

Volume of People Living in Moss Side Accessing a GP
(n= 58; n= 2)

<table>
<thead>
<tr>
<th>GP</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Yes</td>
<td>56</td>
<td>97%</td>
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<td>58</td>
<td>100%</td>
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Where People Living in Moss Side Access their GP (n= 55; n/r= 1)
Ease of Access to GP Used

Volume of People Living in Rusholme Accessing a GP
(n= 69; n/r= 1)

<table>
<thead>
<tr>
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<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
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<td>3%</td>
</tr>
<tr>
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<td>67</td>
<td>97%</td>
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<tr>
<td>Grand Total</td>
<td>69</td>
<td>100%</td>
</tr>
</tbody>
</table>

Where People Living in Rusholme Access their GP (n= 65; n/r= 2)

Ease of Access to GP Used
(n= 65; n/r= 2)
Comments about Access to a GP from people living in Rusholme and Moss Side

Comments received were mostly linked to transport, issues with appointment availability and times, GP availability, and distance that they needed to travel.

Transport to GP Surgery

The majority of comments indicated that the GP surgeries were easy to access by car but could be difficult otherwise, with comments such as ‘Only easy because I have a car’, ‘As drive- but would be v. difficult if didn't drive as no direct bus’. Problems included issues with distance, with comments such as ‘too far away’ and ‘long walk’.

Appointment Availability at GP Surgery

The main areas commented on were the availability of appointments and waiting for appointments, such as ‘it takes one whole week to be seen,’ ‘Can't get an appointment straight away.,’ ‘Have to wait for a week,’ ‘long wait for appointments,’ ‘no appointments- have to wait too long (2 weeks),’ ‘Hard to get appointments - they usually say you'll have to come a week later ( happened last week),’ ‘difficult to get appointment. Have to phone up day before. So have to leave until next day,’ ‘standard of service is not as good as one take 1/52 to get appointment’ and ‘Difficulty getting an appointment and ended up going to A and E’.

Appointment Times at GP Surgery

Problems were reported around the time of appointments, with comments such as: ‘Have to ring in the morning of same day for appointment and then can't always make time available’ and ‘....difficult because I work fulltime and therefore have to take time off work to go to the doctors.’

GP Availability

Respondents commented on the availability of a particular doctor, with comments such as: ‘....I see a different doctor on each occasion,’ ‘the practice is often running late and I see a different doctor on each appointment,’ and ‘Because most of the time when we need doctors, the doctor is on leave or no appointment.’

Other Areas Commented on:

Other areas that were commented on by two or less respondent in each case were telephone access, information and mobility/ disabled access. The comments received were: ‘Ringing for emergency appointments, can't get through on phone,’ ‘Needed more advice on treatment, used NHS Direct.,’ and ‘I am a wheelchair user and find it difficult because the pavements are uneven, and also the consulting room is not accessible- not enough room’ and ‘not mobile’.
Dentist

<table>
<thead>
<tr>
<th>Dentist</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>19</td>
<td>33%</td>
</tr>
<tr>
<td>Yes</td>
<td>39</td>
<td>67%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>58</td>
<td>100%</td>
</tr>
</tbody>
</table>

Where People Living in Moss Side Access their Dentist (n= 37; n/r= 2)

Ease of Access to Dentist Used (n= 38; n/r= 1)
**Volume of People Living in Rusholme Accessing a Dentist (n= 69; n/r= 1)**

<table>
<thead>
<tr>
<th></th>
<th>Dentist</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>25</td>
<td></td>
<td>36%</td>
</tr>
<tr>
<td>Yes</td>
<td>44</td>
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<td>64%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>69</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

**Where People Living in Rusholme Access their Dentist (n= 38; n/r= 6)**

- Moss side: 21%
- Other Central or South PCT area (‘Withington’): 13%
- Other Central PCT area: 3%
- Out of area: 3%
- Rusholme: 3%
- South PCT Service: 52%

**Ease of Access to Dentist Used (n= 44)**

- Very difficult: 6%
- Quite difficult: 3%
- Quite easy: 25%
- Very easy: 28%
Comments about Access to a Dentist from people living in Rusholme and Moss Side

Comments received about difficulties in accessing dentists in general were mostly regarding privatisation of dentists/ lack of NHS dentists or general comments linked to people not being registered. Comments were also received from people who are registered with a dentist but have difficulty in making appointments and access to the dentists that they use.

Lack of NHS Dentists

Comments received to suggest that people were experiencing problems accessing NHS dentists include ‘Morton St. several years ago. Then city centre - but went private,’ ‘Can't register with local dentist- as NHS patient list full,’ ‘Refused for 2 NHS dentists. Currently not on a list,’ ‘Not NHS patients but practice went private therefore very expensive to find tooth care,’ ‘Because there isn’t one,’ ‘Can't get a dentist,’ ‘Tried but not on list as full,’ ‘Not registered with dentist as no longer treats NHS patients’ and ‘Need one, there isn’t one.’

Need to Re-register/ Deregistered

Several respondents suggested that they have either deregistered from their NHS dentist or have not yet registered, with comments such as ‘Need to look for one,’ ‘Not registered yet,’ ‘Originally in Cheadle but too far,’ ‘not registered,’ and ‘Deregistered.’

Access to Dentists that Respondents are Registered with

Access issues were mostly linked to transport and location, with comments such as ‘With car it's ok but previously had to use bus and therefore more difficult- no direct route,’ ‘Need to go to Ardwick Green,’ ‘A long way to Stockport’ and ‘Because of distance.’ One respondent commented that their dentist was easy to access as it is ‘Not far to walk.’ Other access issues included wheelchair access ‘No wheelchair access’ and parking ‘Problem with parking.’

Appointments

Some respondents reported difficulties with getting appointments, with comments such as ‘Very difficult to get an appointment’ and ‘Long wait for appointments.’

Other Comments

‘Chose a private dentist because I was not happy the NHS dentist I approached first. Standard of service is very different. Equipment more update with private service.’
‘Arranging a suitable time is difficult because of children and having to take them and pick them up from school.’
Volume of People Living in Moss Side Accessing a Pharmacist (n= 58; n/r= 2)

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>6</td>
<td>10%</td>
</tr>
<tr>
<td>Yes</td>
<td>52</td>
<td>90%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>58</td>
<td>100%</td>
</tr>
</tbody>
</table>

Where People Living in Moss Side Access their Pharmacist (n= 42; n/r= 10)

Ease of Access to Pharmacist Used (n= 52)
Volume of People Living in Rusholme Accessing a Pharmacist (n= 68; n/r= 2)

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>4</td>
<td>6%</td>
</tr>
<tr>
<td>Yes</td>
<td>64</td>
<td>94%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>68</td>
<td>100%</td>
</tr>
</tbody>
</table>

Where People Living in Rusholme Access their Pharmacist (n= 58; n/r= 6)

Ease of Access to Pharmacist Used

(n= 64)
Comments about Access to a Pharmacist from people living in Rusholme and Moss Side

Transport and Location Issues

There was a general comment about issues with the location of a pharmacy, with one respondent stating ‘Not accessible to Maine Rd.’ Other comments suggested that people using their cars generally found pharmacies easier to access, such as ‘But use my car’ and ‘Car.’ However, parking was raised as an issue, with the comment ‘For other people, parking is a problem - short term parking.’

Information

One respondent made the comment ‘Don't know where nearest one is.’

Willingness to travel

One respondent who indicated that they travelled outside of the area reported that they did so ‘as parents live there and know Pharmacist.’
Additional Comments from People Living in Moss Side and Rusholme

Many comments were made about existing health facilities, including both positive and negative aspects. In addition, respondents reported that additional health facilities are needed.

Requests for More GP Facilities/ Concerns Regarding Location

‘More health facilities in easy reach, particularly for elderly. E.g. long walk to Moss Side HC, RDP if not well.’
‘Mixed reports about quality and services they provide- stayed with Didsbury GP. Would like to see more development like at Kathe Locke- alternative services can help act as a focal point, particularly for a new community.’
‘…Worried if can't find local GP as need regular prescriptions.’
‘Concerned that it may be difficult to register with a G.P.’
‘Live locally but sometimes struggle to get to health centre when feet are bad.’
‘Need more pharmacists. Need more GPs.’

Requests for More Dentists/ Concerns Regarding Location

‘More NHS Dentist needed.’
‘We need more local dentist.’
‘Difficult to find female dentist- not that many anyway.’
‘Used to use city centre one - then they went private - prices extortionate.’
‘No local dentist.’
‘Need more dentists (Dr Elliot) always full list- but locum doctor. Students take up lots of places on patient list- need more local GPs. Expense of dentist treatment puts one off going-should leave on list longer before taking off.’
‘Need more dentists. Taken off list in Chorlton (Chorlton Medical Centre)…’

Concerns about New Housing Demands- e.g. Maine Road Development

‘Need to ensure services available for new residents at Maine Rd.’
‘Need emergency facility- walk in? Need a GP for the site otherwise too far to travel for new residents.’
‘Would like some health facilities in Main Road redevelopment site.’
‘Concerned that RDP seems very busy and where will the 1000+ new residents access health care, especially older people and families.’
‘Thinking about Maine road redevelopment, concerned about how health services will cope - need to extend service. Is very good - caters for diverse needs and any new services will need to do. Community health facilities needed. For me, I have good experience of health services, but need to make sure minority groups are catered for.’
‘Need another GP in this area. Concerned about the effect of increase in population with Maine Rd development.’
‘New housing developments will increase the population and need for health services.’

Comments about Other Health Facilities

‘Not able to go directly to hospital consultant and would like to be able to do so.’
‘Also takes time to get appointment with specialist.’
‘Problems re: dentist. Should be one nearer.’
'Podiatry - difficult to make an appointment e.g. 1 week notice.'
'The influx of immigrants has put a strain on all local health services. I think that the government should place more funding in affected communities.'
'Concerned that grandchild not called to get 1st triple jab until 16 month old.'
'More health facilities for younger people. Clinic nearby for e.g. physio instead of going to the hospital.'
'Need more mental health services and mental health promotion.'
'Information needed about how to find good quality service.'
'GPs should link more with user groups, put people in touch with this help e.g. MIND'

**Concerns about Existing Health Facilities**

'Dentist service should be easier to use, Walmer St- Not nice atmosphere- methadone addicts, cars get damaged.'
'Robert Derbishire practice- surgery is very poor- access intimidating- scared using pharmacy because of drug addicts- demanding and intimidating. GPs and staff are fine and v. good. Need more GPs- Dr Elliot gone- can't change surgeries (would like to) as no other surgeries in the area will take on. A lot of good services at Robert Derbishire (rest illegible)... is fantastic opportunity to provide a new surgery.'
'Service not accessible for all local people.'
'NHS dental service not as good as private service I use.'

**Health Promotion/ Other Healthy Facilities Required**

'Would be good to have more complimentary therapies offered in GP practices.'
'No places for people to get healthy e.g. parks.'
'Places where older people can walk'
'Parks we have - there are problems, people are frightened.'
'I only have need to access services for illness or baby checkups. However, if alternative services were available I would utilise the service more. I.e. women’s health, advice on relaxation techniques, health checkups, open day on blood pressure, diet etc, general raising of awareness around health.'
'Health privation clinics provision - parenting - links with healthy schools.'
'Need more community meeting places.'
'As Somali mother I need a health course and exercise / healthy eating.'

**GP Appointments- Negative Comments**

'Difficult getting appointments with GP.'
'Difficult to get to appointments because I work full time. GP's should be open in the evenings, Pharmacists should be too. We are moving to a 24hr centre.'
'Would like to be able to see the same doctor every time I attend.'
'Need more appointments available for GPs.'
'Sometimes it’s a bit difficult getting an appointment with same doctor who knows about my problems.'
'Occasional problems accessing an appointment with GP due to their appointment system taking only appointments on the day.'
'Not got a regular doctor- see someone different every time. Have to discuss business with different people; difficult when it is personal.'
‘Difficult to get appointments when you ring up, either engaged or waiting.’

‘Got to ring back the next day because they don’t know which Drs are on.’
‘Need to sort out appointment system.’
‘Difficult in getting appointment at the GP if not able to phone at 8.30.’
‘Difficult getting appointments: telephone engaged constantly. Appointments made can be a week ahead.’
‘GPS - as above.’
‘I think the number of patients seeing a particular doctor is so much causing delay and so many hours at the health centre.’
‘Baby Clinic at Monton St have to wait and then told GP you are expecting to see isn’t there. Then had to go to a different clinic for imms, on a different day. Should have a replacement GP/Locum.’
‘Can’t always get an appointment at the day of your choice or same day appointment at doctor’s surgery.’
‘It’s very hard to get an appointment with a GP. They are always so busy, because of the many health needs of local residents.’
‘It is important to have a doctor even if your personal GP is not available, the patient should be looked by any doc. A patient should not ask to go and wait for this GP. It may not be emergency but a patient cannot wait till the last moment for the treatment.’
‘Could do with another practice. RDP is very overworked. Not easy to get appts. Difficult to get through by phone so visit at 8am to get appts.’
‘RDP is too busy and difficult to get appointment times, e.g. rang at 9.30 and no appointments that day. RDP generally quite good. OK for me, but other people may have more problems.’
‘Difficult to get appointment especially because I work full time and difficult to take time off and travel from work to doctors.’
‘Appointments - need to ring before 8.30 for an appointment that day.’
‘...When I do get through, I am offered an appointment a week later. Last week I made an appointment and couldn't get it any sooner than 10 days later. The appointment is then sometimes too late and I am feeling better by then having taken my own medicine.’
‘GP’s appointment system should be changed, better organised.’
‘Difficult having children. Not enough Dr's to deal with all the patients.’
‘Don't agree with appointment system with GP. Have to ring before 10am for appointment but no guarantee you can get appointment.’

**GP Appointments- Positive Comments**

‘But positive aspect - if cant get an appointment then GP will phone.’
‘Quite easy to get an appointment.’
‘Very easy to get appointment with GP.’
‘Quite easy to get appointments. Call AM to get appointment that day.’
‘Appointments east to get at GP.’

**Health Services Telephone Access Issues**

‘Very difficult to get through on the telephone first thing in the morning if you need to make an appointment...’
‘When call in morning, telephones are sometimes engaged...’
‘Happy with health service but sometimes don’t get appointment on phone. Couldn’t get through so difficult for disabled people.’
Dental Appointments- Negative Comments

‘Dental appointments usually take a long time. E.g. 3 to 6 months.’
‘Need a dentist - either full or appts 1 month or 2 months down the road.’
‘… even when you try to make an appointment it takes a month or so…’

Waiting Times at GP Surgery

‘When you get here, have to wait a long time - claustrophobic if it gets busy.’
‘More receptionists - often a long queue and only one window open at G.P.’
‘Sometimes have to wait hours to been seen. If a patient goes in before you can be a long time.’
‘GP waiting time long wait: 1/2 - 1 hour waiting system not appointments’
‘Sometimes kept waiting for quite along time after the appointment time before I see a doctor.’

Appointment Reminder Requests

‘Don't always give you an appointment card which helps you remember to attend GP.’
‘Dentists should send reminders for appointment.’

Change of GP

‘Platt Lane -change of GP but ok.’
‘Would like to be able to go back to R.D.P because they have good facilities.’
‘Used to be with R.D.P but because it was so difficult to get an appointment, (surgery changed to same day only appointments - unless emergency) I changed to Dr at ‘Chorlton, 2-3 years ago. This was only possible because I have a car.’

Comments/ Suggestions about Waiting Area

‘Waiting facilities - need toys for children.’
‘Facilities for children in the waiting area or a separate room at RDP.’
‘Waiting area too warm at RDP.’
‘Need better facilities in waiting room e.g. magazines, water, breast feeding room.’
‘Very noisy in the RFP waiting room, which is not good if you are feeling unwell.’
‘GP’s waiting room needs play area or a place for young ones.’
‘Cleanliness of GP waiting room is very poor.’

Negative Comments about Health Professional’s Attitude/ Treatment/ Dissatisfaction with Information Given

‘Drs not paying enough attention.’
‘GP’s could actually listen to people instead of fobbing them off.’
‘My mum comes here and isn’t treated properly.’
1) GP does not understand disability. 2) Also other health services e.g. breast screening not sensitive to needs as a disabled women. 3) need more information on what is involved with procedures e.g. screening, before I can decide whether I want it done or not. I have specific considerations as a disabled person

‘Medicine - always being given paracetamols.’
‘Don’t feel I am being treated for illness.’
‘GP’s don’t want to prescribe medication.’
‘More medical advice when needed’
‘Better drug treatment. GP’s shouldn’t give methadone.’
‘I’m really concerned about my dentist…I don’t think they give very good service.’
‘The government need to put more money. Family GP service the way its run is not good. Rang the receptionist- challenge why you need an appointment, do this to everybody, not qualified to do this.’
‘Discharged too early from hospital…

Comments Suggesting People are Generally Satisfied with Health Services

‘Good service - has had requests for screening.’
‘Health service OK’
‘Good service at the Optician. GP very good.’
‘Quite happy with service.’
‘O.k.’
‘My GP is OK have been with her 5 years.’
‘GP quite good.’
‘My personal experience has been good.’
‘Rapid response for children's increases.’
‘Doctors and nurses are very kind and helpful.’
‘Happy with services.’
‘It's good’
‘The service is good at Rusholme H.C.’
‘Good dentist.’
‘Very happy with the GP service - they have diagnosed health problems and got help for me.’
‘Happy with the GP service.’
‘They are very kind to my little girl.’
‘Very happy with service at RDP.’
‘Very happy with services. GP good. St Mary’s very good.’
‘I have limited experience of health services but have found them to be good so far.’
‘Service is superb. They do a very good service.’
‘I have no comment about my GP because I think they are really good and they do give ‘really good advice.’
‘Doctors give good treatment.’
‘Quite happy with service…’
‘No problems with G.P. Never had to wait very long. Much better service than when I lived in Cheshire.’
‘No problems with health service.’
‘I feel quite well supported as a mother, with information and services.’

General Comments

‘Increase in traffic and impact on road system. No community Centre.’
'Have thought about local GP but not sure how to do it/ when. Student demand on local GPs may stretch current service.'
Data for People Accessing Services in Rusholme and Moss Side (n= 140)

This data is based on respondents who access a GP, DENTIST or PHARMACIST in Moss Side and Rusholme and encompasses all respondents accessing these services regardless of where they live. The total number of people accessing these health services in areas highlighted as Moss Side and Rusholme was 140.

Demographics for Respondents Accessing Health Services in Rusholme and Moss Side

| Gender of Respondents Accessing Health Services in Moss Side and Rusholme (n= 139; n/r= 1) |
|-----------------------------------------------|-----------------------------------------------|
| Gender            | Total | Percentage |                      |
| Female            | 105   | 76%        |                      |
| Male              | 34    | 24%        |                      |
| Grand Total       | 139   | 100%       |                      |

Mean Age of Respondents Accessing Services in Moss Side and Rusholme (n= 134; n/r= 6)
## Residential Areas and Postcodes for Respondents Accessing Health Services in Moss Side and Rusholme

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<thead>
<tr>
<th>Area (n= 136; n/r= 4)</th>
<th>Postcode (n= 138; n/r= 2)</th>
<th>Total</th>
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<tbody>
<tr>
<td>Moss Side (25%)</td>
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<tr>
<td></td>
<td>M15 1</td>
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</tr>
<tr>
<td></td>
<td>M16 6</td>
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<td>Moss Side Total</td>
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<tr>
<td>N/R (3%)</td>
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<td>N/R Total</td>
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<td>Other Central PCT area (25%)</td>
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<td></td>
<td>M13 1</td>
<td></td>
</tr>
<tr>
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<td>M14 26</td>
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<td></td>
<td>M16 1</td>
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<td>Other Central PCT area Total</td>
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<td>Out of area (2%)</td>
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<tr>
<td></td>
<td>M16 2</td>
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<td>Out of area Total</td>
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<td>Rusholme (44%)</td>
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<td>Rusholme Total</td>
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<td>South PCT area (1%)</td>
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<tr>
<td>South PCT area Total</td>
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<tr>
<td>Grand Total (100%)</td>
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A postcode map is included in the Appendix.
### Ethnicity of Respondents Accessing Health Services in Moss Side and Rusholme

(n = 138; n/r = 2)

![Pie chart showing ethnicity distribution](image)

<table>
<thead>
<tr>
<th>First Language</th>
<th>Interpreter Required?</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>Arabic</td>
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<tr>
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<tr>
<td>Greek</td>
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<tr>
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<td>Mandarin</td>
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<td>Marathi</td>
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<tr>
<td>Prujaibi</td>
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<tr>
<td>Punjabi</td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Punjabi, Hindi</td>
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<td>1</td>
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<tr>
<td>Setswanna, Xhosa</td>
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<td>Shona</td>
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<td>Somali</td>
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<tr>
<td>Yoriba</td>
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</table>

**Grand Total**  (Yes = 6%)  **138**
GP

Breakdown of Where Respondents Access a GP in Moss Side and Rusholme (n= 121)

NB/ These figures represent only people accessing a GP in the area, NOT all respondents accessing any service in the area
Comments from People Accessing Services in Moss Side and Rusholme Regarding Access to GP (NB/ The comments are exclusive of those already included in the previous section of the report ‘Comments about Access to a GP from people living in Rusholme and Moss Side’)

The majority of comments received related to difficulty in accessing their GP due to transport or location/distance issues and problems getting appointments.

Access Issues Due to Location/ Distance or Transport

Comments suggesting that people experience issues accessing their GP due to transport/distance/location include ‘Would have liked to register with a closer G.P,’ ‘I have to drive or cycle there’ and ‘I go from work easily, buy I live at some distance and it is hard to get to from home.’

Appointments

Several respondents commented about difficulty in accessing appointments, with comments such as ‘Easy to travel to but not easy to get an appointment; have to wait a few days,’ ‘Always full, have to wait along time for an appointment. They say come in at 8.30 for an emergency appointment but if they're all gone you've no chance. This happened approx one month ago,’
‘Getting appointments quite difficult - Then when you get there, waiting a long time’ and ‘Difficult to get appointments. Have to phone the day before, so don’t get them very quickly.’
Dentist

Breakdown of Location of Dentists Accessed in Moss Side and Rusholme (n= 46)

<table>
<thead>
<tr>
<th>Location</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moss side</td>
<td>4</td>
<td>9%</td>
</tr>
<tr>
<td>Rusholme</td>
<td>42</td>
<td>91%</td>
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<tr>
<td>Grand Total</td>
<td>46</td>
<td>100%</td>
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</table>

NB/ These figures represent only people accessing a Dentist in the area, NOT all respondents accessing any service in the area.

Ease of Access to Dentist Used (n= 46)

<table>
<thead>
<tr>
<th>Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very difficult</td>
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</tr>
<tr>
<td>Quite difficult</td>
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<tr>
<td>Quite easy</td>
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</tr>
<tr>
<td>Very easy</td>
<td>30%</td>
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Comments from Respondents Accessing Services in Moss Side and Rusholme Regarding Ease of Access to Dentist (NB/ The comments are exclusive of those already included in the previous section of the report ‘Comments about Access to a Dentist from people living in Rusholme and Moss Side’)

Comments from people accessing a dentist in Moss Side/ Rusholme were linked to problems with transport or location and getting appointments.

Transport/ Location Issues

Comments received to suggest issues with the location of Dentists and transport included ‘I have to drive there’ and ‘2 Hour journey.’

Appointments

One comment was received relating to appointments: ‘Difficult to get appointments. Sometimes can't get an appointment for a couple of weeks even if you're in pain.’
Pharmacist

<table>
<thead>
<tr>
<th>Location</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alex Park HC</td>
<td>9</td>
<td>11</td>
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<tr>
<td>Moss Side</td>
<td>6</td>
<td>8</td>
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<tr>
<td>Rusholme</td>
<td>64</td>
<td>81</td>
</tr>
<tr>
<td>Grand Total</td>
<td>79</td>
<td>100%</td>
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</table>

NB/ These figures represent only people accessing a Pharmacist in the area, NOT all respondents accessing any service in the area.

Ease of Access to Pharmacist Used

<table>
<thead>
<tr>
<th>Ease of Access</th>
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<tr>
<td>Quite difficult</td>
<td>1</td>
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<tr>
<td>Quite easy</td>
<td>50</td>
</tr>
<tr>
<td>Very easy</td>
<td>29</td>
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</tbody>
</table>

Comments from Respondents Accessing Services in Moss Side and Rusholme Regarding Access to a Pharmacist (NB/ The comments are exclusive of those already included in the previous section of the report ‘Comments about Access to a Pharmacist from people living in Rusholme and Moss Side’)

Two comments were received from people accessing a pharmacy in Moss Side/ Rusholme, which were ‘Would prefer the nearest pharmacy to be open for longer hours’ and ‘delivery service’
Additional Comments from People Accessing Health Services in Moss Side and Rusholme (NB/ The comments are exclusive of those already included in the previous section of the report ‘Additional Comments from people living in Rusholme and Moss Side’)

The majority of additional comments relate to issues with GP Practices, particularly appointments, which attracted with both positive and negative comments and waiting times, which involved largely negative comments. In addition, comments were received around diagnosis issues, waiting areas, changes to GP, access to a particular GP etc.

**GP Practice Appointments- Positive Comments**

‘Can get GP appointments quite easily and can turn up on the day and get an appointment.’  
‘Been using them 15 years and it’s alright - ok getting appointment.’  
‘Really good - ring in morning and you get appointment that day. Happy with RHC. At RHC they always try to put you with your doctor. I like this.’  
‘Used to use Monton St perfect - seen quickly not a long of people (Rusholme HC).’

**GP Practice Appointments- Negative Comments**

‘GP practices - nearest GP practice was full and so I had to register with Alex Park.’  
‘Senior nurses should be given powers to diagnose and treat. Some of them are V. experienced. Would reduce waiting list and service could be provided in the community.’  
‘Queues to see the GP make it very difficult when the baby is waiting too. (This lady had an appointment at 4pm and was still waiting with 8 week old baby at 4.35).’  
‘GP appointments - sometimes I ring and you can only get an appointment on the day. If it’s an emergency you can get an appointment but it is a routine appointment that’s very difficult.’  
‘Have to call at 8.30 in the morning to get a G.P appointment - difficult because I take my little boy to school and then its too late - only emergency appointments available and then you have to wait a long time - two weeks ago I couldn't get an appointment. Only problem is accessing appointments at G.P. Health visitor is great.’  
‘Have had to wait 4 days to be seen for mouth ulcer by time get appointment, it’s not as bad, and so may get lesser treatment. Want a referral to hospital but can't see doctor when ulcer is present (as cannot get appointment).’  
‘To get to see the GP have to have appointment, I would rather have walk- in system. Sometimes when the baby is ill get a phone consultation - not enough, need to see someone.’

**Waiting Times at GP Practice**

‘If you are given an appointment - if you are more than 15 mins they don't see you, but if on time, you wait ages anyways ( at Rusholme HC). I don’t understand this.’  
‘Both times I have been recently to the GP I have had to wait a long time after the appointment time (45mins approx).’  
‘Here have to wait up to 2 1/2 hours - children should have more priority - not fair to make people wait when their children are ill. Difficult to keep them entertained and they get frightened.’  
‘At Monton ST, only 2 doctors but you were seen in 10 mins.’  
‘All ok except hate big health centres - always have to wait forever…’
'Waiting times - esp. drop in without appointments. If kids are ill-sometimes quick sometimes 45 mins - 1 hour. Don't use GP that much.'

**Access to a Particular GP**

‘…never see same doctor twice.’

**Comments/ Suggestions about the Waiting Area**

‘Need air-conditioning in the waiting room, provide drinking water.’
‘Health centre should have water cooler and also vending machine for children. Esp. if you have children with you.’
‘The waiting areas at both the GP and the dentist can become very congested, a more appropriate layout of chairs or queuing system may help to improve this.’

**Change of GP**

‘I moved to my GP at Surrey Lodge for their focus on maternity (Home birth).’
‘I used to be at Longsight HC but did not find it a good experience.’
‘Had to change GP from Dr Sinha to Dr Khan (*remainder of comment listed under problems with diagnosis).’

**Problems with Diagnosis**

‘Have been attending for 5 months - chronically sick. Because not acute haven't treated properly. 5 months to get a specialist referral to MRI. Haven't listened well.... 1st 2 months v. flippant. It's just the flu. Have to dismiss other possibilities but in that time someone could become very sick.’
‘Not diagnosed the problem-even now too slow. Need to do more tests. Respond more quickly and take onboard what was said. If GP hadn't been changed we would have gone through complaints procedure. If you don't diagnose in 1st consultation you should look at all other possible diagnoses.’

**Pharmacy**

‘Longer opening times for local pharmacy.’

**Positive Comments about Staff**

‘Very patient people in the Health Service. Reliable people.’
‘I think my GP’s do quite well in a badly decorated environment.’

**Comments Suggesting People Are Generally Happy with Health Services in Moss Side and Rusholme**

‘Feel the service was good when I got to see the GP.’
‘It is ok, no complaints. They're alright.’
‘Happy with health services.’
‘…Health services are good…’
Very good.’
‘Local health services are by and large excellent.’
‘Pretty happy with them. Only thing is waiting time for an operation in MRI - 12 Months, then 8 months, then 2 years.’

Other General Comments

‘Would like to see more complimentary therapies.’
Limitations of the survey and issues for consideration in future consultation

The following points could be taken into account in designing any further consultation work:

- The general view of staff taking part was that the questionnaire was fairly easy to use, the number of questions about right and the information obtained served our purpose, which was to get as much information as possible, very quickly and without raising expectations.
- The sample is disproportionately female, but this reflects the fact that women use health services more than men.
- Only two of the three health centres in the area were used as venues and so comments on services disproportionately relate to services at these centres.
- One quarter of respondents were accessing services at the venue of the consultation and therefore might have been more likely to say that they found it easy to access services than a random sample of the population.
- The questionnaire asked respondents who said access was difficult to identify what the difficulties were. The text responses were therefore predominantly from people who had identified difficulties. In future consultations, it may also be useful to ask what people like about services, so that we can build on the positive aspects as well as look at addressing the criticisms.
- Respondents were asked about which other services they used in addition to a GP, dentist and pharmacist, but the data in answer to this question was difficult to analyse as descriptions of services and their location were often not full enough.
- Staff who administered and analysed the questionnaire have given comments about how to improve the content and order of questions and suitability of using the questionnaires alongside the City Council consultation.
- Because of the timescale it was not possible to train and use local people for the survey, but this could be considered in future.

Conclusions

The sample of 195 Moss Side and Rusholme residents and people who use services in the two wards contained people of a wide range of ages, ethnicity and first languages spoken. The majority of people in the survey said it is quite easy or very easy to access their GP, dentist or pharmacist. Seven out of eight people surveyed find it quite or very easy to access their GP and there is a similar response for access to dentists and pharmacists. Some respondents clarified their answer, for example by explaining that access was easy, but only because they had a car or used a taxi.

More than a third of respondents said they did not have a dentist, and of those that used a dentist, more than half of them use a dentist outside of the two wards. Almost all of them said, however, that they found it quite easy or very easy to access their dentist. Similarly almost one third of those using a pharmacist use one outside of the two wards, but almost all of them said that they found it quite or very easy to access their pharmacist.

There were some significant differences between the responses of those living in Moss Side and Rusholme. Moss Side residents were more likely to use a GP, dentist or pharmacist outside the area. Only a very small number of Moss Side residents access a dentist in Moss Side, whereas half of Rusholme residents registered with a dentist access their dentist in Rusholme. The picture for pharmacies is similar, with almost two thirds of Rusholme residents accessing their pharmacist in Rusholme while the equivalent figure for Moss Side is only 12%. These findings indicate that Moss Side residents travel further than Rusholme residents to access their primary care facilities. There is little difference however in the answers to the questions about ease of access and in fact the Moss Side respondents tended to say that their access to both GP’s and dentists was easier than their Rusholme counterparts.

Many positive comments were given about primary care services, expressing gratitude for services and the way they are delivered.
Frequently mentioned negative comments relate to:

- difficulty in getting an appointment with a GP, unsuitable appointment times or being kept waiting when attending for an appointment
- poor facilities in surgery waiting rooms
- difficulty in getting through to surgeries on the phone,
- difficulty in registering with a dentist and in getting appointments
- need for more community health facilities for groups such as young people, ethnic minority communities, those with mental health problems
- problems with transport to health facilities

These problems reflect the findings of national surveys. The Healthcare Commission's Report, The State of Healthcare 2005, focussed on user's experience of the health service and found that one quarter of people surveyed said that they had difficulty getting an appointment with their GP and one fifth said that the opening hours at practices were inconvenient enough to deter them from going to the practice. Recent local surveys about GP access show that Central Manchester GP’s have higher scores for satisfaction with surgery opening times and telephone access compared with the national average, but worse than the national average for speed of appointments.

Recognising that these problems are widespread, however, does not mean that we should minimise our concern about them and it appears that some residents conclude from their experiences that health services in their local area are struggling to cope with the demand. In addition to this, concerns were expressed by some residents about how health services will cope when new housing is built on the Maine Road site

The picture of resident views on health services from this survey is mixed, with some people expressing contentment with ease of access to services and others expressing specific concerns. Some respondents find it difficult to access health care, but once they see their clinician feel happy with the care and treatment offered. While many people are appreciative of the services offered, the most frequently mentioned concerns were difficulties with appointments for GP surgeries, difficulty in registering with a dentist and transport to facilities.
Appendix 1
GP’s, Dentists and Pharmacists identified as in the “Moss Side and Rusholme area”

<table>
<thead>
<tr>
<th>GPs</th>
<th>Dentists</th>
<th>Pharmacies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Chaudury’s, Alex Park HC</td>
<td>M. Umar, Dickenson Rd</td>
<td>Lloyds, Alex Park HC</td>
</tr>
<tr>
<td>Dr Sinha, Alex Park HC</td>
<td>S. Hasnain, Great Western St</td>
<td>Hadfield and Slee/Cohens Princess Rd</td>
</tr>
<tr>
<td>Dr Dass, Alex Park HC</td>
<td>S. Ahmed, Princess Rd</td>
<td></td>
</tr>
<tr>
<td>Surrey Lodge Group Practice 11 Anson Road</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Platt Lane Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robert Derbishire Practice, Rusholme HC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Hussain, Moss Side HC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Drah, St Bees Close Denmark Road</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ailsa Craig Medical Group, 270 Dickenson Road</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Point Surgery 167-169 Slade Lane</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City Road Surgery (included in error, but only one respondent)</td>
<td></td>
<td>Where the address given was just Wlimslow Road it was not possible to identify which area this was in and so these were identified as ‘Central or South PCT area’</td>
</tr>
</tbody>
</table>
Co-terminosity between PCT (1993-based) and postcode district boundaries in Manchester

Postcode Boundary Data © The Post Office 2000
PCT boundaries based upon the Ordnance Survey mapping with the permission of The Controller of Her Majesty’s Stationery Office. © Crown Copyright
**Supporting evidence for Option appraisal**

**What did we do?/ Context**

The Gorton Improvement Team (GIT) came together with the following aims

1. To improve the health and well being of residents in Gorton
2. To achieve the PCT vision.
3. To contribute to delivering the PCT Board objectives
4. To create sustainable change
5. To identify current services, and where appropriate improve them
6. To develop a Health Needs Assessment (HNA) of the Gorton area
7. To identify and work with local residents and key partners to maximise opportunities
8. To work as a team and develop a shared vision of the project
9. To share learning, and develop an approach which may be applied in other areas.

The team have worked towards these aims over the last months in order to identify strategies to improve the health and well being of Gorton residents. A strategy document was produced (see appendix 1) to outline the work plan, together with strategies for the development of particular areas of the project.

The team consists of Managers from Directorates across the PCT, Local Area Group members and members of the local community (see appendix 2). The team were able to take some time and space to create a shared vision of the work, (see appendix 2 mind map) develop the project, evaluate progress, and make changes as necessary. (A paper demonstrating our approach, framework, project evaluation and methods of evaluation used, is available for Directors if required)

The context of Gorton is diverse and multi-faceted; it is an area of many different communities, and of a high level of identified ill health and poverty, (see below- Development of Health Needs Assessment and appendix 3 for supporting information). The PCT had indicated that Gorton was a priority in terms of health improvement and had decided that a LIFT centre would be developed in the area. There was a need to investigate where this should be sited for best access for residents and the types of services that could be delivered as well as how this would impact on other health estate in the area and the health of residents.

A large number of other opportunities have come to light during this project that are identified within this document, particularly in the areas of partnership working and regeneration

The following work streams were identified

- Health needs assessment
- Community engagement
- Engagement of other stakeholders and staff
- Mapping existing provision and estates
- Identification of opportunities and strategies
- Development of HNA and collection of data identifying major disease and disorder groups in the area
Health Needs Assessment Gorton

Context

This section of the document will summarise the key data findings associated with Gorton North and South.

The key areas the Gorton Improvement Team have prioritised for focussing the service redesign around are identified below.

These have been prioritised through reviewing the clinical evidence, reviewing the empirical data collated by the Joint Health Unit and drawing local health professionals experience and community consultation.

Key priority areas identified by the Gorton Improvement Team.

1. Chronic diseases – specifically, respiratory conditions and CHD.
2. Cancer
3. Smoking
4. Mental Health
5. Sexual Health/Pregnancy
6. Accidents
7. Children and Families – The Number of lone parents.
   - Diet and behaviour
   - Special needs/child protection
   - Teenage pregnancy rates
8. Access to Health services; specifically for people who have difficulties accessing mainstream services, such as Refugees and Asylum Seekers, Irish men, Irish travellers, young people and older people.

The above priorities have been identified with a health slant on the prioritisation process, it is, however, important that we fully engage with the partner organisations so that the redesign is fully able to deliver on the wider determinants of ill health particularly:

1. Unemployment and low income
2. Education
3. Housing

This is referenced though the Article in Primary care today, highlighting the work being undertaken in North Manchester. (See Appendix XX)

Below is a summary of the Gorton findings. All full data sets are contained in the Appendices.

Additional areas have been identified through a Health Needs Assessment undertaken in 2004. The full health needs assessment is contained in the Appendices.
**Summary Tables.**

**Population**

**MID-2003 ESTIMATE APPORTIONED TO WARDS USING 2001 CENSUS DATA**

<table>
<thead>
<tr>
<th>Ward Name</th>
<th>Population</th>
<th>Area in hectares</th>
<th>Density</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Persons</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Gorton North</td>
<td>13,950</td>
<td>6,810</td>
<td>7,136</td>
</tr>
<tr>
<td>Gorton South</td>
<td>12,651</td>
<td>6,166</td>
<td>6,481</td>
</tr>
</tbody>
</table>

**Unemployment**

<table>
<thead>
<tr>
<th>Ward of Residence</th>
<th>Monthly Unemployment Rate (seasonally unadjusted)</th>
<th>Long Term Unemployed %</th>
<th>Youth Unemployment %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
<td>Persons</td>
</tr>
<tr>
<td>Gorton North</td>
<td>6.5</td>
<td>2.0</td>
<td>4.5</td>
</tr>
<tr>
<td>Gorton South</td>
<td>9.3</td>
<td>4.5</td>
<td>7.3</td>
</tr>
<tr>
<td>Central PCT Average</td>
<td>11.7</td>
<td>4.6</td>
<td>8.6</td>
</tr>
<tr>
<td>Manchester Total</td>
<td>8.6</td>
<td>3.4</td>
<td>6.3</td>
</tr>
<tr>
<td>GREATER M'CHR</td>
<td>3.3</td>
<td>1.2</td>
<td>2.3</td>
</tr>
<tr>
<td>NORTH WEST</td>
<td>3.5</td>
<td>1.2</td>
<td>2.4</td>
</tr>
<tr>
<td>UNITED KINGDOM</td>
<td>3.3</td>
<td>1.3</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Gorton North and South have a significantly higher rate of long term unemployed than the average rate in the other wards of CMPCT.

**Education**

<table>
<thead>
<tr>
<th>Ward of Residence</th>
<th>Primary School Attainment Key Stage 2</th>
<th>Secondary School GCSE (Key Stage 4)</th>
<th>School Leavers in Full Time Education or Work Based training (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Level 4+ English (%)</td>
<td>Level 4+ Maths (%)</td>
<td>Level 4+ Science (%)</td>
</tr>
<tr>
<td>Gorton North</td>
<td>66.7</td>
<td>59.9</td>
<td>71.4</td>
</tr>
<tr>
<td>Gorton South</td>
<td>66.5</td>
<td>54.7</td>
<td>74.3</td>
</tr>
<tr>
<td>CENTRAL PCT</td>
<td>72.2</td>
<td>66.3</td>
<td>79.7</td>
</tr>
<tr>
<td>MANCHESTER LEA</td>
<td>65.7</td>
<td>67.4</td>
<td>80.4</td>
</tr>
<tr>
<td>ENGLAND</td>
<td>75.0</td>
<td>73.0</td>
<td>86.0</td>
</tr>
</tbody>
</table>
Gorton fares well in terms of the numbers of the number of school leavers in full time education or work based training compared to CMPCT wards as a whole, educational attainment earlier on at key stage 2 and key stage 4, however, falls below the CMPCT ward average.

Conceptions

UNDER 18 CONCEPTION RATE, 2000-2002 (3-YEAR AVERAGE) GIRLS RESIDENT IN CENTRAL MANCHESTER PCT

<table>
<thead>
<tr>
<th>Ward of Residence</th>
<th>Number of under 18 conceptions</th>
<th>Conception rate per 1,000</th>
<th>95% Confidence intervals</th>
<th>Lower limit</th>
<th>Upper limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gorton North</td>
<td>59</td>
<td>88.6</td>
<td>66.0</td>
<td>111.2</td>
<td></td>
</tr>
<tr>
<td>Gorton South</td>
<td>60</td>
<td>86.2</td>
<td>64.4</td>
<td>108.0</td>
<td></td>
</tr>
<tr>
<td>CENTRAL PCT</td>
<td>503</td>
<td>70.7</td>
<td>64.6</td>
<td>76.9</td>
<td></td>
</tr>
<tr>
<td>MANCHESTER</td>
<td>1,574</td>
<td>65.9</td>
<td>62.6</td>
<td>69.1</td>
<td></td>
</tr>
<tr>
<td>ENGLAND</td>
<td>116,488</td>
<td>42.9</td>
<td>42.6</td>
<td>43.1</td>
<td></td>
</tr>
</tbody>
</table>

The under 18 conception rate in Gorton North and South is significantly more than the CMPCT, Manchester and England average.

Fertility

LOW WEIGHT BIRTHS AND BIRTHS TO LONE MOTHERS, 2001-2003 MOTHERS RESIDENT IN CENTRAL MANCHESTER PCT (2004 WARDS)

<table>
<thead>
<tr>
<th>Ward of Residence</th>
<th>Total number of births</th>
<th>Low-Weight Births</th>
<th>% of All Births</th>
<th>Lone Mothers</th>
<th>% of All Mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number of Births</td>
<td>&lt;2500g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gorton North</td>
<td>602</td>
<td>63</td>
<td>10.5</td>
<td>203</td>
<td>33.7</td>
</tr>
<tr>
<td>Gorton South</td>
<td>758</td>
<td>69</td>
<td>9.1</td>
<td>242</td>
<td>31.9</td>
</tr>
<tr>
<td>CENTRAL PCT</td>
<td>6,685</td>
<td>642</td>
<td>9.6</td>
<td>1,649</td>
<td>24.7</td>
</tr>
<tr>
<td>MANCHESTER</td>
<td>17,227</td>
<td>1,613</td>
<td>9.4</td>
<td>4,820</td>
<td>28.0</td>
</tr>
<tr>
<td>NORTH WEST</td>
<td>78,315</td>
<td>6,735</td>
<td>8.6</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>ENGLAND &amp; WALES</td>
<td>625,054</td>
<td>50,004</td>
<td>8.0</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Gorton has significantly higher percentages of births to lone mothers and also a high rate of low birth weight babies particularly in Gorton North.
# Immunisation

**IMMUNISATION COVERAGE FOR CHILDREN IN CENTRAL MANCHESTER PCT**
**DATA AS AT AUGUST 2003**

<table>
<thead>
<tr>
<th>Ward of Residence</th>
<th>Number of children aged 18 months to 2 years</th>
<th>Diphtheria</th>
<th>MMR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number completing 3 primary doses</td>
<td>% completing 3 primary doses</td>
</tr>
<tr>
<td>Gorton North</td>
<td>253</td>
<td>224</td>
<td>88.5</td>
</tr>
<tr>
<td>Gorton South</td>
<td>333</td>
<td>307</td>
<td>92.2</td>
</tr>
<tr>
<td>CENTRAL PCT</td>
<td>3,154</td>
<td>2,800</td>
<td>88.8</td>
</tr>
<tr>
<td>MANCHESTER</td>
<td>8,279</td>
<td>7,455</td>
<td>90.0</td>
</tr>
</tbody>
</table>

Gorton North and South fare well in terms of the immunisation rates for the area.

## Long Term Limiting Illnesses

**LIMITING LONG TERM ILLNESS AND "NOT GOOD" HEALTH (2001 CENSUS DATA)**
**PERSONS RESIDENT IN CENTRAL MANCHESTER PCT**

<table>
<thead>
<tr>
<th>Ward of Residence</th>
<th>Total number of residents</th>
<th>Limiting long-term illness</th>
<th>&quot;Not Good&quot; Health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>% of people with limiting long-term illness</td>
<td>% of people of working age with a limiting long-term illness</td>
</tr>
<tr>
<td>Gorton North</td>
<td>12,670</td>
<td>23.9</td>
<td>20.4</td>
</tr>
<tr>
<td>Gorton South</td>
<td>11,503</td>
<td>23.3</td>
<td>21.7</td>
</tr>
<tr>
<td>CENTRAL PCT</td>
<td>139,125</td>
<td>19.1</td>
<td>15.9</td>
</tr>
<tr>
<td>MANCHESTER</td>
<td>392,819</td>
<td>21.5</td>
<td>18.0</td>
</tr>
<tr>
<td>ENGLAND</td>
<td>49,138,831</td>
<td>17.9</td>
<td>13.3</td>
</tr>
</tbody>
</table>

Both Gorton wards have a higher percentage of people with long term limiting illnesses than the CMPCT average and a higher percentage of people who described their health as not good.
## Accidents

### ROAD ACCIDENT CASUALTIES BY SEVERITY AND TYPE, 1999 TO 2002

**ACCIDENTS OCCURRING IN CENTRAL MANCHESTER PCT**

<table>
<thead>
<tr>
<th>Ward of Accident</th>
<th>Total Number of Casualties</th>
<th>% Killed or Seriously Injured</th>
<th>Total Number of Casualties</th>
<th>% of All Casualties</th>
<th>% of All Casualties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gorton North</td>
<td>310</td>
<td>7.4</td>
<td>61</td>
<td>19.7</td>
<td>21.9</td>
</tr>
<tr>
<td>Gorton South</td>
<td>325</td>
<td>9.5</td>
<td>81</td>
<td>24.9</td>
<td>24.0</td>
</tr>
<tr>
<td>CENTRAL PCT</td>
<td>5,325</td>
<td>6.5</td>
<td>716</td>
<td>13.4</td>
<td>16.8</td>
</tr>
<tr>
<td>MANCHESTER</td>
<td>15,118</td>
<td>7.2</td>
<td>1,995</td>
<td>13.2</td>
<td>17.9</td>
</tr>
</tbody>
</table>

Both Gorton wards have a high rate of people killed or seriously injured and a particularly high rate of pedestrians injured.

## Mortality

### MORTALITY FROM SELECTED CAUSES OF DEATH (0-74 YEARS), 1998-2002

**PERSONS RESIDENT IN CENTRAL MANCHESTER PCT**

<table>
<thead>
<tr>
<th>Ward of Residence</th>
<th>Standardised Mortality Ratio (SMR)</th>
<th>All Causes of Death (ICD A00-Y89)</th>
<th>All Cancers (ICD C00-D48)</th>
<th>Heart Disease (ICD I20-I25)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Deaths</td>
<td>SMR</td>
<td>Number of Deaths</td>
<td>SMR</td>
</tr>
<tr>
<td>Gorton North</td>
<td>393</td>
<td>175.7</td>
<td>131</td>
<td>161.7</td>
</tr>
<tr>
<td>Gorton South</td>
<td>318</td>
<td>169.5</td>
<td>89</td>
<td>130.9</td>
</tr>
<tr>
<td>CENTRAL PCT</td>
<td>3,323</td>
<td>172.4</td>
<td>963</td>
<td>144.4</td>
</tr>
<tr>
<td>MANCHESTER</td>
<td>10,290</td>
<td>168.0</td>
<td>2,021</td>
<td>141.1</td>
</tr>
</tbody>
</table>

The numbers of deaths from cancer are particularly high in the Gorton North ward.
Gorton Improvement Team

Community Consultation Report 25/04/05

1. Background

PCT developments – Sure Start Hyde Road
Hub and Spoke
LAT managers
Primary Care 2010

Work of Community Health Development Worker (now Partnership Worker) and Healthy Gorton (local health forum).

First Gorton Health Needs Assessment (Central PCT 2001):- Consultation on general issues that affect health and wellbeing identified major issues to be poor general environment, including housing and local amenities; crime and fear of crime; isolation, and it’s effects on mental health; lack of income; lack of places to go for advice, and the idea that those in authority should take more responsibility i.e. services should show more interest in the area.

Second Health Needs Assessment (Central Manchester PCT 2004):- Identified top health priorities and health service delivery priorities. Also gave base line in terms of numbers, spread and wards involved in the consultation.

Led to ACTIONS

Healthy Gorton
- Healthy Living Opportunities
- Partnership work at local venues
- Bringing Services to Community e.g. Over 50s Roadshow

PCT
- Recommendations drawn up from HNA
- Overtaken by LIFT plans for Gorton
- Development of Gorton Whole System Re-design, including recommendations
- Partnership with Regeneration Plans for Gorton
- Development of Gorton Improvement Team led by LAT manager

Member of Healthy Gorton to Gorton Improvement Team (GiTs).

NB. A feeling locally that nothing is happening after HNA 2004, as GIT took time to develop. Rather than an idea of changing or re-focusing priorities there is a feeling that promises are being broken by the PCT e.g. Gorton Monastery and the development of a Healthy Living Centre.
2. Community Engagement

Context:-
- “Citizens not consumers.” (See Ann Hall’s paper)
- Community Engagement Strategy Paper – presented to Board
- Community Engagement Session with Gorton/Levenshulme LAG
- Experience – knowing what works in Gorton

Principle of Practice:-

“PROCESS IS KEY” including involving LAG and local people in decision-making, therefore enabling them to have ownership.

Community consultation/engagement ACTION PLAN developed in line with above, using participatory appraisal techniques.

ACTION PLAN

Overall Aim

To improve the health and well-being of residents in Gorton.

Aims

To engage local people in the re-design of health services in Gorton.
To gain local peoples views on local health services.
To build two-way communication structures that enable clear, concise feedback from PCT to local networks and vice versa.
To value the experience and knowledge of local people.

Outcomes

Local people will know what the Whole System Redesign means to them and their area.
Local people will know how and where to take part in activities where their views can be made known.
Local people will have been involved in the re-design of local health services.
Links will have been developed between relevant parts of the PCT i.e. Partnership work, LAG, PPI, PALS and the GIT work to place issues on relevant agenda in the PCT.

Objectives (How).

2 strands:
1. Involving local people to get their views/take part in discussions.
2. Involving local people in structures that enable the health service to give feedback.

Methodology:

Interactive participatory appraisal (PA).
Questionnaires.
PA – Over 50s Roadshow
  Frequent market stall on Gorton market
Group work with existing groups
Semi-structured interviews
Informal interviewers
Open Space events

Questionnaires:
In Abbey Hey and Gorton Health Centres.

Use local newspapers, community portals, newsletters, leaflets in GPs/post offices, market stalls, group work and open meetings to build some good clear communication channels to feedback and demonstrate actions so far, and to continue to involve people in on-going decisions.

Involvement of PPI Task Group and other relevant groups in the PCT.

Who Did it?
Partnership Worker
LAG and Healthy Gorton
Local people
PALS and PPI
Ward Co-ordination
Relevant groups.

Co-ordinated by the Partnership Worker.

3. Participatory Appraisal

Participatory Appraisal (PA) is an interactive methodology that “enables local people to appraise and share their knowledge of life and local conditions so they can analyse, act and plan on these ideas……during PA, information comes from local people, is shared between them and is owned by them.” (East End Health Action, Greater Glasgow NHS Board, Oxfam GB, 2003)

There are usually three stages to PA:

1. Working with as wide a variety of members of the community as possible to identify issues and information.
2. Cross-checking – taking the information gathered back to as many people as possible, to find out if the issues identified are as important to other people.
3. Analysing the issues identified and working with community to draw up an Action Plan.

We have completed stage 1. We now need to move to stage 2 as we develop our firm options, in order to validate our proposals with different sections of the community. This will involve using group work for more depth, validation of results, filling gaps in information and developing action.
4. What We Did

Using PA, we went out to people in Gorton to find out:-

- Would you like to see a new health centre in Gorton? If so, where?
- Or would you like to see investment in the health service buildings we all ready have?
- Where would you like to see services delivered from? Would you go to non-traditional buildings? Which services? Which buildings?
- Which services do you use?
- Which services would you like to see e.g. if we have a new health centre?
- About services now – what works well and why?
- What doesn’t work well and why?
- How do you get to your health services? Do you get to your health services?
- What do you think would help you to be healthier? How can we improve our service to you?

PLUS

- Patient Pathways across primary/secondary/tertiary care.
- Bearing in mind the main health issues in Gorton:
  - Circulatory Diseases
  - Cancer
  - Respiratory Diseases
  - Mental Health
  - Sexual Health
- Also groups that tend to be excluded including Refugees and Asylum Seekers, Irish Men, Irish Travellers, young people, older people.

Back to what we did......

<table>
<thead>
<tr>
<th>Where we spoke to people</th>
<th>Method of consultation</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 50’s Roadshow</td>
<td>Rapid Appraisal; Semi-structured interviews</td>
<td>62</td>
</tr>
<tr>
<td>2 Market Stalls</td>
<td>Rapid Appraisal; Semi-structured interviews</td>
<td>70</td>
</tr>
<tr>
<td>Re-checking brief – need information about where people live and ideas on new Health Centre</td>
<td></td>
<td></td>
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<tr>
<td>2 Market Stalls</td>
<td>Mapping; Dot voting; Semi-structured interviews</td>
<td>80</td>
</tr>
<tr>
<td>Health Party</td>
<td>Mapping; Dot voting; Semi-structured interviews</td>
<td>21</td>
</tr>
<tr>
<td>South Gorton (Post)</td>
<td>Mapping; Dot voting; Semi-structured interviews</td>
<td>10</td>
</tr>
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</table>
5. Would you like to see a new health centre in the centre of Gorton or Investment in Existing Buildings?

North Gorton Residents
West Gorton Residents

- New Health Centre in the centre of Gorton
- Invest in Existing Buildings
- Health Centre on the Monestary site
- Health centre on the Monestary site with satellites
- Not bothered
- New Health Centre in Abbey Hey

Abbey Hey Residents

- New Health Centre in the centre of Gorton
- Invest in Existing Buildings
- Health Centre on the Monestary site
- Health centre on the Monestary site with satellites
- Not bothered
- New Health Centre in Abbey Hey
South Gorton Residents

Others Residents

<table>
<thead>
<tr>
<th>Clinic Questionnaire (Abbey Hey and Gorton Clinics)</th>
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<td>New Health Centre in Centre of Gorton</td>
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<tr>
<td>Improve existing Centres</td>
<td>47</td>
</tr>
<tr>
<td>No Answer</td>
<td>3</td>
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</table>
Points to consider in mapping exercise

- Out of 274 people who were asked, 149 said they would like to see a new Health Centre in the centre of Gorton. 85 said they would prefer investment in the buildings we all ready have, 10 said they would like a mix of both, and 30 said they would like to see something else. (Note that whilst the majority here preferred a new Health Centre, the majority of respondents to the Clinic Questionnaire preferred improvement in existing centres).
- People were asked to tell us which part of Gorton they live in. For the purposes of the mapping exercise, we have chosen to divide Gorton in terms of 4 relatively well defined areas:- West Gorton, North Gorton (Central), Abbey Hey and South Gorton.
- There were some problems with the Clinic Questionnaire as there was no way of telling which part of Gorton people were travelling from, plus the questions around future investments were too closed. This question was expanded in the Snowball Questionnaire to include a choice of investment in both a new centre and existing buildings. This produced a different response. It suggests that there should have been more options on the original questionnaire. This was picked up in conversations with people, and reinforces that PA is a more appropriate tool to find out what people want.
- In the “forgotten” parts of Gorton i.e. West Gorton and Abbey Hey, people want their services very local.
- The monastery features significantly, especially in West Gorton. This highlights the impact of people perceive as broken promises. People felt they were told that they would be getting a new health centre in the monastery.
• If a new Health Centre is built in the centre of Gorton, the PCT must be aware of the needs in and consequences for other areas and the actions that might need to be taken.

6. Where would you go for your health services, other than health centres?

We would go to the following for our health services

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools</td>
<td>14%</td>
</tr>
<tr>
<td>Community Centres</td>
<td>27%</td>
</tr>
<tr>
<td>Shops</td>
<td>5%</td>
</tr>
<tr>
<td>Library</td>
<td>19%</td>
</tr>
<tr>
<td>Community Shop</td>
<td>10%</td>
</tr>
<tr>
<td>Sheltered Housing</td>
<td>13%</td>
</tr>
<tr>
<td>Youth Centre</td>
<td>12%</td>
</tr>
</tbody>
</table>

Where you wouldn't access services

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools</td>
<td>16%</td>
</tr>
<tr>
<td>Community Centres</td>
<td>3%</td>
</tr>
<tr>
<td>Shops</td>
<td>24%</td>
</tr>
<tr>
<td>Library</td>
<td>11%</td>
</tr>
<tr>
<td>Community Shop</td>
<td>15%</td>
</tr>
<tr>
<td>Sheltered Housing</td>
<td>17%</td>
</tr>
<tr>
<td>Youth Centre</td>
<td>14%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where?</th>
<th>Which Service?</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>Family Planning</td>
</tr>
<tr>
<td></td>
<td>Chiropody</td>
</tr>
<tr>
<td></td>
<td>Mental Health</td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
</tr>
<tr>
<td></td>
<td>Health checks</td>
</tr>
<tr>
<td></td>
<td>Asthma</td>
</tr>
<tr>
<td></td>
<td>Exercise</td>
</tr>
<tr>
<td></td>
<td>Weight Mngt</td>
</tr>
<tr>
<td></td>
<td>School Nurse</td>
</tr>
<tr>
<td></td>
<td>Optician</td>
</tr>
<tr>
<td></td>
<td>S &amp; L Therapy</td>
</tr>
<tr>
<td></td>
<td><strong>BUT</strong> there were also concerns, and issues raised about anonymity</td>
</tr>
<tr>
<td>Community Centre</td>
<td>Sexual Health</td>
</tr>
<tr>
<td>------------------</td>
<td>---------------</td>
</tr>
<tr>
<td></td>
<td>Skin Specialist</td>
</tr>
<tr>
<td></td>
<td>Drop-in for Worries</td>
</tr>
<tr>
<td></td>
<td>Complimentary Therapies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shops</th>
<th>GP</th>
<th>Health Visitor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BUT</td>
<td>these were seen as too public</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Shop</th>
<th>Drop-in for worries</th>
<th>Counselling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheltered Housing</td>
<td>Podiatry</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth Centre</th>
<th>Family Planning</th>
<th>Sexual Health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Drop-in</td>
<td>Smoking</td>
</tr>
<tr>
<td></td>
<td>Drugs counselling</td>
<td>Dieticians</td>
</tr>
</tbody>
</table>

7. Services People Use at Present

<table>
<thead>
<tr>
<th>Pharmacist</th>
<th>Optician</th>
<th>Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wythenshawe</td>
<td>GPS</td>
<td>Dentist</td>
</tr>
<tr>
<td>MRI</td>
<td>Blackwin ST</td>
<td>Abbey Hey HC</td>
</tr>
<tr>
<td>Podiatry</td>
<td>District Nurses</td>
<td>Diabetes Centre</td>
</tr>
<tr>
<td>Counselling</td>
<td>Physio</td>
<td>Baby Clinic</td>
</tr>
<tr>
<td>Health Visitors</td>
<td>Family Planning</td>
<td>Dietician</td>
</tr>
<tr>
<td>Midwife (ST Marys)</td>
<td>Foot Hosp</td>
<td>Interpreters</td>
</tr>
<tr>
<td>Beswick H.C.</td>
<td>Eye Hosp</td>
<td>Child Psychologist</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Christies</td>
<td>Stroke Rehab Centre</td>
</tr>
</tbody>
</table>

8. Which Health Services would you like to see, for example in a new health centre?

The Community top 10 priorities for health in Gorton

- Diabetic Nurse / Clinic: 7%
- Podiatry: 14%
- Hearing Tests: 10%
- Exercise Classes: 8%
- Weight Management: 8%
- Opticians: 9%
- Cancer Services: 9%
- GPs: 11%
- Dentists: 11%
- Drop-in for Wks: 13%
- Cancer Services: 9%
9. What Works Well and Why?
   What Doesn’t Work Well and Why?

We did ask these questions but people did not always relate to them.

Many people were not specific about what works well and why, saying they were quite happy with the service they receive. Where specific, comments were about feeling valued, listened to, treated kindly, cared for (i.e. staff attitudes). Also where they received an appointment quickly, where they could get to a local service easily, or where the service came out, as in GPs making home visits (i.e. access to services).

The themes that came up were very similar to those of the HNA 2004:-

- GPs (eg time for GP appointments)
- Access to GPs
- Access to services in terms of transport
- Attitudes of staff

NB. Transport is a key issue. Since the 2004 HNA, a new public transport system has been introduced in Gorton, Local Link, to provide better access to services and the MRI. During this present consultation there has been a very positive response to Local Link.

During this part of the consultation people raised the themes that were important to them, even when we were asking about wider issues. What they prioritised came out as the same themes that always come out in Gorton. Examples of the main themes that people saw as problematic include:-

- Lack of pharmacies – Abbey Hey has no pharmacy. The pharmacy that burnt down has not been replaced.
- Problems accessing GPs – waiting too long for appointments
  - not enough GPs
  - opening times unsuitable for people who work
  - GPs not having enough time
  - Lists being closed
  - “Too many asylum seekers.”
- Gorton Medical Centre - poor disabled access
  - Building too small
  - Waiting too long for appointments
  - Appointment system confusing
  - Not enough GPs
  - GPs not enough time
- MRI – problem with cleanliness
  - Poor parking
  - Waiting times
- Dentists – not enough NHS dentists
  - Not sure how to access emergency dentists.
Transport – poor for older people
  Having to go to Longsight for GP (Grizebeck closed)
  Everything is too far away (S. Gorton)

Podiatry – Brought up in all the settings we worked in.
  Waiting times for appointments
  Long waiting lists
  Diabetics receiving conflicting information
  Getting to the clinics, especially from S. Gorton
  Not enough podiatrists
  Not enough local appointments (S. Gorton)
  Mobile van has closed (S. Gorton).

Health Visitors – problems to get to see Health Visitors
  Worry about seeing a GP rather than Health Visitor for child health
  Would prefer to drop-in and see Health Visitor rather than see GP.

Information – Need to know more about what is available
  Need improved information on CHD and diabetes
  Need to explain different nurses roles
  Need for information about what is being planned for Gorton.

**Patient Pathways**

It was not easy to receive views about Patient Pathways. Even when we gave people the choice to talk about particular services, people still wanted to raise what they saw as their particular issue. E.g. during the Over 50s Roadshow, when asked about stroke services, people wanted to talk about podiatry!

Snowball questionnaires were used to try to gather some of this information.

However, an audit approach in the actual service relevant to the identified health needs in Gorton might be a more useful approach. PPI will be able to identify where patient surveys have all ready been carried out in the areas of mental health, sexual health, CHD, respiratory illness, and cancer.
10. What would help you be healthy? How can we improve our services to you?

**See Health Needs Assessment from 2000 and 2004**
- MRI
  - Clean it up
  - Walk in Centre at A&E
  - Shorter waiting times
  - Better parking

**Health Services Generally**
- More Health Services in Local Area
- More Services in one place eg. GP
- LOCAL – MORE OF THEM
  - Drop-in General health advice
  - Health checks
  - Treatment rooms
  - New Central Health Centre
    - See nurse rather than GP
    - Extensive facilities – physiotherapy, dentist, diabetic clinic, podiatry, GPs
- More staff
- Better facilities for disabled
- Services for older people
- Comfy warm building

**What would help you to be healthy? Improvements**
- GPs generally – e.g.
  - waiting times
  - Opening times
  - More GPs
  - Half day open surgery
  - Bigger building – GMC
  - Female GPs
  - Good disabled access

**Podiatry**
- Bring podiatry back – GPs
- Have mobile or room in community centre
- More chiropodists
- Shorter waiting times
- Some one to come out and clip nails
- 2 chairs in new clinic, so can provide more services better access for S.Gorton
- Put in new Health Centre
- More local appointments (S.Gorton)

**Other issues mentioned:**
- Transport
- Baby clinics/ Health Visitors
- Counselling
- Health Promotion
- Information
- Buildings
- Opticians
- Dentists
- Sexual Health
- Diabetes
- Waiting times
- Mens Health
- Exercise
- Mental Health
- Cancer
- Coronary Heart Disease
- Stroke
- (see comments in full report)
11. Making the Invisible Visible

Irish Men (Irish Community Care)

Who?  Irish men, especially older, single men whose health is failing.  
Where? Throughout Gorton, especially on estate opposite Garratt Way, and 
around Sacred Heart.  
NB. Irish ethnic status does not show up in statistics.  

Health Needs – young men – drink & drugs  
Mental health/discrimination/culture crisis  
Older men - Drink  
Strokes  
Accidents  

Add to this no identity because of no birth certificate, no Irish passport, leads 
to additional mental health problems. No benefits lead to increase in stress.  
Without “official” recognition of illness, men cannot accept they are ill. No 
confidence, no skills, no hobbies. If married puts huge strain on families.  

High use of Acute services (North Manchester General, Wythenshawe, MRI).  
When men come out of hospital, service seems very haphazard.  

In hospital, men face real problems – suddenly in hospital  
Never been to a doctor in their lives  
Can’t understand, keep quiet  
No health history, or it’s in Ireland  
Can lead to misdiagnosis  
On discharge, can be put in nursing  
homes  
No-one to advocate  

Irish Travellers

Who? – significant numbers of Irish Travellers live in Gorton, but invisible as 
will not identify themselves as travellers.  
Where? Estates around Mount Road – homeless, temporary housing (behind 
Mount Road pub)  
West Gorton – Old Bank Road  
Housing estate opposite Garratt Way  

Health Needs – huge problems in accessing any services because of 
literacy. Everything is dependent on filling in forms or giving an address.  
Parents are wary of services, feel children will be taken away and that their 
culture is not recognised. They do not go to health centres. They will only 
access A & E.  

Particular health needs include – mental health due to  
• isolation/discrimination  
• Being housed away from special traveller networks  
• Traveller social networks not recognised.  
• Women’s health – culture will not allow women to 
undress for male GP.  
• Child health – families will not use clinics.
To improve Irish Travellers access to health services, it is important to work with groups such as Irish Community Care. There is a feeling among the Traveller Community that no-one has ever bothered. Leaflets would not be seen as an effective way of reaching this group.

Irish Community Care (ICC) provides an extensive network of extra support for both the groups mentioned above. This voluntary sector organisation works with these groups in a much more supportive and experienced way, often with too little acknowledgement or financial support. ICC would like statutory bodies to work with them in a more supportive, consistent and efficient way, and to learn to trust them.

**Refugees and Asylum Seekers**

It is still very difficult to get figures for the numbers of refugees and asylum seekers in Gorton. However Gorton has recently been the top dispersal area in the city.

**OASIS (Refugees drop-in at Gorton Evangelical Church)**

Up to 60 people per week attend the drop-in. Approximately half of these are asylum seekers/refugees.

**Services used**
- St Mary’s Maternity
  - MRI – X-ray clinic, TB vaccine and check
  - A & E
  - GPs, Practice Nurse, Health Visitors, baby clinic, family planning

**Comments**
- happy with hospital
- Happy with maternity
- A & E – no waiting
- No confusion about what you go to hospital for.
- People with babies very happy with service
- Local access is not a problem, clinics are easy to get to.

**Problems**
- Understanding GP

There therefore seems to be a high use of Acute services, less of Primary care.

**PJ s (drop-in for Asylum Seekers in Abbey Hey)**

Up to 20 people per session.

**Services used**
- GPs, Health Visitors, Health Centres

**Comments**
- System not clear
  - People don’t understand different roles e.g. health visitors, also
    Immunisations.
  - Language problems – interpreters hit and miss
  - Problem registering with GPs
  - Some GPs don’t know enough on BME issues e.g. sickle cell,
malaria.
The drop-in worker asked what has happened to PMS

**Improvements** – Posters at reception so people can point to their language
Information in languages
Awareness training for GP staff
A request that nurses attend the drop-in
Better communication between drop-ins and PCT e.g. PMS
Having some services in community rather than health centre

**OASIS – Other Users**

Who? People with mental illness
  People who misuse drugs/alcohol
  Survivors of abuse
  Homeless
  Teenage mums
  People who feel very isolated.

Where? From all over Gorton.

Health Needs – mental health/emotional needs

Services used – users have contact with other services e.g. mental health services, Social Care Services, but they come to OASIS for social and emotional support, support with using other services, friendship, a non-judgemental attitude, and a hot meal. Often the key is that workers at OASIS can spend time, and users feel valued. People see going to OASIS as an everyday, enjoyable activity, where their needs are met.

**Improvements:** Service providers should recognise the experience, knowledge and contribution of projects like OASIS. Services should refer people to these projects as they can give time which often statutory organisations cannot give.

**Young People**

Who? 6 13 – 16 year olds at On The Streets.
Where? From all over Gorton.

Health Issues – The young people did not have a strong understanding of their own health issues or needs; it was not something they had given any thought to previously. After a long discussion the conclusion was that they saw their health in terms of looking good and keeping fit.

Services used – again after long discussion, they didn’t know about health centres or the services in them. Only service used was GP.

Improvements – The young people thought anything in the middle of Gorton (near the old Gorton Tub) would be good. The main services they would like to see are beauty therapy, complimentary therapies, and exercise classes, especially dance.
### 12 Demographics

#### Age

<table>
<thead>
<tr>
<th>Age</th>
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<tbody>
<tr>
<td>0 - 12</td>
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<tr>
<td>13 - 16</td>
<td>6</td>
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<td>17 - 25</td>
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<td>26 - 40</td>
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<td>65 - 74</td>
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<td>75+</td>
<td>48</td>
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#### Gender

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<tr>
<td>Male</td>
<td>84</td>
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<td>106</td>
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#### Ethnicity

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<th>Count</th>
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<tbody>
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<td>White</td>
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<tr>
<td>BME/Other</td>
<td>29</td>
</tr>
<tr>
<td>Not asked/no answer</td>
<td>172</td>
</tr>
</tbody>
</table>

Engagement of other stakeholders and CMPCT staff

Staff

The aim has been to encourage staff to engage in the process and to learn from their knowledge and experience and to provide time and space for them to develop ideas with us.

We initially held a “Visioning Day” where we outlined our approach and gave information about redesign, community involvement as well as running workshops to get staff ideas and views (see appendix 5).

Subsequent work has involved the use of questionnaires and the involvement of staff in our community engagement work.

Staff engagement has been challenging due to their high level of clinical commitments, however there has been a good level of interest in the work, concerns raised have been around the areas of

- Adequate staffing levels,
- Acceptable buildings to work from,
- The need to work in a more joined up way across the health economy and other partners
- The need to work more closely with residents

General Practitioners

There are 4 GP practises in the area; all have been contacted with information about the project. 3 have responded and we have been able to meet the GPs and discuss relevant issues with them.

Issues raised by them have included

- Poor accommodation, 2 practices are in very poor states of repair and need to relocate to premises in better condition which will allow them to provide a range of services acceptable to them and the PCT. 1 practice has premises that are in a reasonable state but which are not large enough to develop their services in. 1 practice (Dr Tiwari Reddish Lane) has not been in contact with the GIT and so information has not been available through this project about the building.

  - West Gorton Medical centre requires support to relocate to a better building and this could be achieved by working in partnership with New East Manchester
  - Gorton Medical centre requires larger premises, their patients are located to the centre and north Gorton, and the present accommodation is adjacent to what will be the new district centre. The GPs are very interested in working with the PCT and New East Manchester to identify the opportunities
  - Mount Road surgery is in a reasonable state of repair but too small to offer all the services that they would like, however the age profile of their population and the resident consultation does suggest that patients would be willing to travel to a location more central to Gorton to access some services, although this may not be the best way to deliver services
- The need to design care pathways across the local health economy, to streamline care and ensure a better standard of provision of services for key health areas identified above

**Other partners**

The following partners were engaged and consulted with

**New East Manchester Regeneration (NEM)**

It has become clear to the GIT that the partnership forged with NEM is key to the development of improved health and well being in Gorton, through improved housing, work opportunities, and the opportunity for the PCT to maximise our service delivery effectiveness by co-location of a LIFT centre in a new District centre with improved public transport and footfall.

Libby Graham (Director NEM) has provided the following information to summarise the strategic intent of the New East Manchester Regeneration partnership in the Gorton Area

"Health indicators across the area are significantly poorer that those across Manchester as a whole and the North West. The Standard mortality rate is almost twice the national average in some causes and there are high rates of pre 18 conceptions, low birth weights, high numbers of accidents, drug misuse and high numbers of people with mental health problems.

"Improving health and well-being is a long-term process. The underlying causes lie in high levels of poverty and deprivation, and are affected by a wide range of factors including housing and environment, crime rates, educational attainment and employment.

Action to tackle this is dependant upon strategies to improve education, improve housing and the environment, to reduce crime and secure employment rather than in any set of discrete interventions targeted directly at specific problems. Health is at the centre of Strategic regeneration frameworks and local neighbourhood plan for improvement and investment and runs through all regeneration initiative work in that the cumulative impact of improving the area and life chances and opportunities for residents will lead to better health and well being of the wider community.

Individuals are more likely to be well if they are working, live in good housing and in areas in which they feel safe. Tackling these issues will have the most impact on improving health and to this end it is ultimately the whole of the regeneration of the area that will have the most impact.

Improving health will also rely on life style changes such as giving up smoking, increasing exercise and having a better diet. This will take time and persistence and the health programme can only touch the surface in bringing some of these changes about

Re Gorton District Centre - The Council has now completed the acquisition of the Co-operative's interests in the site. Negotiations are well advanced with the Council's selected partner ASK for the development of the site which will include a complete redevelopment, including a large food store, a new market, a number of small retail units and car parking. Other strategic properties. 929 -
931 Hyde Road have been acquired or are in the process of being acquired. Detailed negotiations are at an advanced stage with a major supermarket provider to provide the food store and once these have been completed an outline Planning Permission application will be submitted. Also ongoing is a discussion with other service providers about rationalisation of buildings and services.

**Building schools for the future, Cedar Mount Full Service Extended school** (see appendix 5).

This would allow the PCT to provide health services for the local community in South Gorton from a high school at a cost of room rental, and possibly a capital cost. However, the wider philosophy of Building Schools for the Future around providing a multitude of services around a school campus, is not totally enacted within Cedar Mount, where the emphasis is more around services for children attending the 3 schools on the campus development.

Consultation with residents in the area (see Community Engagement) identified a very mixed response to the idea of accessing services in a school (see Community Engagement above). We presently have been able to attract 2 pilot schemes to test this out. One is around CHD and the other to develop a sexual health clinic for people under the age of 25. These will help us to draw conclusions as to the possibilities of delivering services from a school.

The site of the school in South Gorton/ Levenshulme border is of concern in terms of access for residents, traditionally Levenshulme residents do not venture to South Gorton, and neither do residents of North, or West Gorton and Abbey Hey. The residents of South Gorton wish to travel and access services in a new district centre, so there is not a feeling that delivering services from Cedar Mount School will be particularly useful or accessible for residents of Gorton as a whole or even of Levenshulme.

**Suttons Social Housing company (South Gorton estate)**

We have been supported in our consultation by Suttons and their Community development worker. This has led to the development of some partnership working and local service delivery to residents of the area on an ad hoc basis, which has been a success for both residents and staff. We have been able to deliver some health visiting services and have developed a counselling service funded by Surestart in the area.

**Hyde Road Surestart**

The Hyde Road Surestart programme covers part of Gorton (West, Central, parts of North and South, not Abbey Hey). They have been supportive in a range of ways, sharing their consultations with us and working with our model.
of community engagement to train residents to deliver the PA approach and feedback. They also fund nursing services and speech and language therapy in Gorton. This partnership will be key for the delivery of Childrens services in this area

**Healthy Gorton Health forum and Local community activists**

See community engagement report

**Manchester City Council**

We have been able to work alongside our colleagues in Ward Coordination and establish a strong and ongoing relationship with them. The Gorton Improvement work is now part of the joint Ward coordination plans for both South Gorton and North Gorton, and we are members of the Ward Coordination group that meets regularly to feedback to each other and residents on our planning. This has allowed the PCT to share in a huge amount of reality data about these areas and to have a clear idea of both ongoing issues and strategies for Gorton from the city council. The community engagement strand of work has been supported by the ward coordination team who have assisted us with information and actually in consulting with residents. They are also members of the GIT. This whole system approach has assisted us in developing our options appraisal by enabling the GIT to have a better understanding of the wider social and environmental system.
Mapping existing provision and Estates

The development of buildings to house teams of staff and deliver high quality health care from is essential to the improvement of health and well being in Gorton.

Existing provision consists of;

- 4 GP Practices, buildings in various states of repair (see above section on engagement with GP Practices).

- 3 dentists

- 4 pharmacies

- 2 optometrists

- Gorton Clinic- in a very poor state of repair

- Abbey Hey clinic- needs some refurbishment

Property appraisal surveys for both PCT clinic sites are taking place, as part of the developing Estates Strategy. These surveys are based upon a '6 facet appraisal' as directed by NHS Estates. The facets of each survey are as follows: -

i) Physical Condition

ii) Statutory Legislation

iii) Environmental Management

iv) Space Utilisation

v) Functional Suitability

vi) Estate Quality

Work with both residents and staff tells us that both are unhappy about the Clinic premises both in terms of being able to deliver adequate team based services from them and issues about security, there are numerous break-ins and incidents around these premises, these are evidenced by IR1s and by Police reports.

Staff morale is significantly affected by the poor state of these buildings and in particular Gorton Clinic

Residents have commented that they feel sorry for the staff in Gorton Clinic having to work from it. Satisfaction with what staff do is high but the clinic has been termed as “not a professional place from which to deliver services” by residents. The LAG have also supported the proposed option to close Gorton Clinic.
Work has taken place to define existing clinical provision in Gorton, and to identify minimum clinical requirements for a new LIFT centre, which would preferably have a GP practice, based within it (See appendix 7). Discussions are ongoing with West Gorton Medical Centre and Gorton Medical Centre about their premises.

**Opportunities and Strategies**

There are a number of strategies that the PCT and other organisations are developing that will impact on the health of Gorton Residents. These strategies could be modelled in a local way that is sensitive to the needs of residents in the area in order for maximum impact. As well as the strategies already referred around community regeneration, more specific NHS and PCT strategies to which the Gorton Improvement programme can link include

- Choosing Health – the drive for the NHS to be focussed on health promotion and prevention, to improve the health of the population and tackle health inequalities
- The PCT’s proposals for health service reform and re-design, with improved management of demand, and the development of services in community and primary care settings, concentrating on local patient pathways and services
- The PCT Strategy for Primary Care 2010, and Practice based Commissioning
- The PCT commitment to locality developments, and strong local area teams
- Development of Patient Choice
- Standards for Better Health
- Greater support for front line staff and clinical leadership
Our Conclusions

Based on the work that we have undertaken to assess Health needs, engage with residents and partners, consider opportunities and risks, and develop a whole systems approach, the GIT concludes that the re-design of the health system for Gorton should focus on the Development of 3 key strategies:-

1. Service redesign
2. Buildings as tools to improve health care provision
3. Partnership working and the empowerment of local networks to maximise health

Options for each strategy are contained in the attached Options Appraisal, with the principles against which we are evaluating each option being as follows:-

1. Impact on priority health needs
2. Acceptable to communities/partners
3. Improve existing provision
4. Links with others and encourage whole systems working.
5. Record unexpected health outcomes and opportunities
6. Risk – elements to be wary of.
7. Accessibility

Gorton Improvement Team
The Gorton Improvement Team through extensive investigations (see attached documents) identified 3 Strategies to improve the health and well being of residents of Gorton. These are

- Local Service redesign focussed on local health inequalities
- Improved partnership working
- Improved and modernised premises to deliver health care and work with partners

These strategies would develop and improve the health and well being and reduce health inequalities of residents of Gorton, at the lower level of the pyramid below, and also locally support the redesign initiatives taking place at the higher levels.
The appraisal below relates to the possible options to deliver these 3 strategies. The principles that each option has been appraised on are as follows:

1. Will this impact on local health needs? YES/ NO/ MAYBE
2. Is this acceptable to local communities? YES/ NO/ MAYBE
3. Is this acceptable to partners? YES/ NO/ MAYBE
4. Does this improve existing provision? YES/ NO/ MAYBE
5. Does this link with others and encourage whole systems working? YES/ NO/ MAYBE

**Strategy 1: Local Service Redesign focused on local health inequalities**

<table>
<thead>
<tr>
<th>Description of option</th>
<th>Compliance with principles</th>
<th>Advantages</th>
<th>Risks</th>
<th>Level of risk</th>
</tr>
</thead>
</table>
| Option 1; Make no change to present services | 1. M  
2. N  
3. N  
4. N  
5. M | • Easy  
• No extra resources needed | • Escalating acute care costs  
• No reduction in health inequalities  
• No improvement in partnership working  
• Loss of credibility with residents  
• Loss of credibility with staff  
• Does not engage primary care | H  
H  
H  
H  
H |
| Option 2; implement PCT strategies as they are developed | 1. M  
2. M  
3. M  
4. M  
5. M | • Support from PCT | • Uncoordinated approach  
• Does not meet local health priorities  
• May not improve public health  
• PCT strategies may not be focused on early identification of need and interventions | H  
M  
M  
H |
### Option 3 (Preferred option)
The development of pathways through the health economy (Primary care/ secondary/ tier 2/ community) to address the main identified local health inequalities, and the development of preventative and health promotional services to underpin the pathway. Development of delivery to a variety of community settings as suggested by residents.

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<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Services focussed on local need, and on priority areas identified by local residents.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Moving towards cost effective delivery.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enables community involvement and allows residents to continue to be involved in development and monitoring service shape and effectiveness (See Section 11 Health and Social Care Act).</td>
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<tr>
<td></td>
<td>Will support and encourage robust GP commissioning which reflects local needs.</td>
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<tr>
<td></td>
<td>Potential to develop new Tier 2 services to tackle local need.</td>
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<td></td>
<td>Reduces DNA rates.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduces reference costs.</td>
<td></td>
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<tr>
<td></td>
<td>Demonstrates the PCT’s commitment to engaging residents and allowing them to drive change with us.</td>
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<tr>
<td></td>
<td>Uses a whole systems approach.</td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Time and resources to develop the work.
- Difficulties in shifting funding from acute sector to community and primary care.
- Possible difficulties in developing the workforce quickly enough to meet redesigned services needs.
- Cultural issues around staff wishing to work in acute sector rather than primary care/ community.
- May not engage primary care.

### Challenges
- Time and resources to develop the work.
- Difficulties in shifting funding from acute sector to community and primary care.
- Possible difficulties in developing the workforce quickly enough to meet redesigned services needs.
- Cultural issues around staff wishing to work in acute sector rather than primary care/ community.
- May not engage primary care.
## Strategy 2: Improved Partnership working

<table>
<thead>
<tr>
<th>Description of option</th>
<th>Compliance with principles</th>
<th>Advantages</th>
<th>Risks</th>
<th>Level of risk</th>
</tr>
</thead>
</table>
| **Option 1; make no change to present** | 1. M  
2. N  
3. N  
4. N  
5. N | • Easy  
• Requires no extra resources | • Uncoordinated approach leading to inability to work in a strategic way  
• Missed opportunities  
• May not tackle local health priorities and inequalities | M  
H |
| **Option 2 (preferred option)**  
Take a strategic approach to developing local statutory and voluntary sector partnerships, based on improvement of local health and reduction of local health inequalities | 1. Y  
2. Y  
3. Y  
4. Y  
5. Y | • Targeted at local health priorities and linked with health services e.g. mental health, BME health  
• A whole systems approach  
• Supports service design across the whole system (strategy 1)  
• Engages all relevant statutory and voluntary service providers  
• Puts GPs in the forefront by supporting practise based commissioning  
• Links to regeneration which will address health inequalities, employment, economic regeneration, housing community safety, transport and education  
• Allows a shared vision across partners | • Cultural barriers to partnership working  
• Lack of shared vision  
• Staff may not understand the value of partnership working  
• Commissioning services differently may require increased capacity | M  
L  
M  
H |
Strategy 3: Improved and modernised premises to deliver health care and work with partners

<table>
<thead>
<tr>
<th>Description of option</th>
<th>Compliance with principles</th>
<th>Advantages</th>
<th>Risks</th>
<th>Level of risk</th>
</tr>
</thead>
</table>
| Do nothing                                        | 1. M                       | None identified                      | • Staff morale decreases  
• Buildings fall into further disrepair  
• May reach stage where we are not able to continue to deliver services  
• Costs and maintenance of buildings will increase  
• Security of buildings and for staff increasingly compromised  
• Services limited and unable to provide effective healthcare (already happening in some services) so services are dictated by poor facilitates rather than evidence based practise  
• Loss of credibility of residents                | H                          |
|                                                   | 2. N                       |                                      |                                                                                                                                                             | H                          |
|                                                   | 3. N                       |                                      |                                                                                                                                                             | H                          |
|                                                   | 4. N                       |                                      |                                                                                                                                                             | H                          |
|                                                   | 5. N                       |                                      |                                                                                                                                                             | H                          |
| Deal with buildings and facilities issues as they arise | 1. M                       | Residents used to accessing healthcare from present centre | • Lack of a holistic strategic approach and strategic planning may be more costly as dealing reactively with issues  
• Will not allow us to use buildings as tools for delivering effective services,  
• Service redesign (see strategy 1) would be limited | H                          |
|                                                   | 2. M                       |                                      |                                                                                                                                                             | H                          |
|                                                   | 3. N                       |                                      |                                                                                                                                                             | H                          |
|                                                   | 4. M                       |                                      |                                                                                                                                                             | H                          |
|                                                   | 5. N                       |                                      |                                                                                                                                                             | H                          |
Option 3 (preferred option) take a strategic approach to tackling health inequalities and service redesign by developing buildings to support these initiatives. This would include:

- Development of new health premises within the new Gorton District Centre and engaging and supporting Gorton Medical Centre to move to this with us
- Support for West Gorton Medical Practice to move into new premises
- Refurbishment of Abbey Hey clinic and the possibility of introducing GP sessions there
- Closure of Gorton Clinic

1. Y  
2. Y  
3. Y  
4. Y  
5. Y

- A new flagship centre for health care at the District centre will provide premises fit for a modern health service
- Improved staff morale, and demonstrate that the PCT values them
- Increased credibility with residents by demonstrating that the PCT has listened to their preferred options and their identified services are delivered e.g. podiatry/ GP services/ mental health
- Planned strategic approach
- Improved facilities for West Gorton Medical Centre and Gorton medical centre, GPs actively supported by the PCT
- Flexible building design to support strategy 1 and 2-

- Community could object to the closure of Gorton Clinic
- Cost
- Resources to project manage and deliver a coordinated approach
- GPs may not agree to move to new centres
- Transport provision may be inadequate for people to attend appointments
- Disengagement of Mount Road practice
- Disengagement of South Gorton residents
| working with partners and redesign  
| • Enables and supports GPs in their role as commissioners by providing buildings to deliver locally needed services in good quality premises  
| • Takes the opportunity of building on the plans of New East Manchester regeneration |
## Discussion & Engagement
### Making It Better for Children, Young People, Parents & Families
#### Action Plan & Feedback Report Template

*(events highlighted in blue are yet to take place)*

<table>
<thead>
<tr>
<th>Lead Responsibility/Facilitation</th>
<th>Activity/Method</th>
<th>Group/contacts/location</th>
<th>Outcomes/Issues</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sue Curzon</td>
<td>Stall</td>
<td>World mental health day event – Harpurhey General public. Staff &amp; other agencies</td>
<td>Comments passed about 'not another consultation'</td>
<td>Completed</td>
</tr>
<tr>
<td>Sue Curzon</td>
<td>Moston Ward Co-ordination meeting</td>
<td>Local council officers</td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>Sue Curzon</td>
<td>Stall on Harpurhey Market</td>
<td>General Public</td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>Sue Curzon</td>
<td>Discussion/Stall</td>
<td>Health Event – Miles Platting Library General public, children &amp; library staff</td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>Name</td>
<td>Event Type</td>
<td>Details</td>
<td>Status</td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
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<td>-------------------------------------------------------------------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>Sue Curzon</td>
<td>Discussion/Stall</td>
<td>Get active health day General public</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Sue Curzon</td>
<td>Discussion/Stall</td>
<td>Food &amp; Relaxation day General public</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Sue Curzon</td>
<td>Stall</td>
<td>Mount Carmel Primary School coffee morning Teachers, parents &amp; children</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Sue Curzon</td>
<td>Stall</td>
<td>Harpur Mount school coffee morning Teachers, parents &amp; children</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Sue Curzon</td>
<td>Stall</td>
<td>Health &amp; Activity fun day, St John Boscoe Church General public &amp; children</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Sue Curzon</td>
<td>Stall</td>
<td>Head heart &amp; Body event – Zest General public</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Sue Curzon</td>
<td>Stall</td>
<td>Health Activity fun day, Higher Blackley Community Ctr. General public</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Phil Parkinson</td>
<td>Discussion</td>
<td>Staff Induction – Patient Experience Staff</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Phil Parkinson</td>
<td>Discussion</td>
<td>Charlestown &amp; Blackley Health Forum Staff, Public, Local Gov</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Sue Curzon</td>
<td>Discussion</td>
<td>Expert Patient Network Group – patients</td>
<td>Not more forms to fill in Completed</td>
<td></td>
</tr>
<tr>
<td>Sue Curzon</td>
<td>Discussion</td>
<td>Beacons Well Being Network Meeting – staff, voluntary agencies</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Sue Curzon</td>
<td>Stall (x 2 occasions)</td>
<td>Asda Harpurhey Foyer – general public</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Type</td>
<td>Description</td>
<td>Status</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Sue Curzon</td>
<td>Stall</td>
<td>Beacon Event @ Manchester Town Hall – local government staff, NHS staff &amp; voluntary agencies</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Phil Parkinson</td>
<td>Discussion</td>
<td>Crumpsall Ward co-ordination services meeting – local auth</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Phil Parkinson</td>
<td>Discussion</td>
<td>Manchester Race &amp; Health Forum – community BME groups</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Phil Parkinson</td>
<td>Discussion</td>
<td>North Manchester Public Agencies Forum – Council Depts. Police &amp; other public agencies</td>
<td>Completed</td>
<td></td>
</tr>
</tbody>
</table>
Your health, your care, your say

The “Your health, your care, your say” consultation was widely publicised throughout Oldham, with press releases, information to staff, individuals and the voluntary sector.

Staff were encouraged via an article in their newsletter to log onto the website and give their views on 3 separate occasions. Press releases encouraging local people to use the website were placed in local newspapers, including free newspapers. The information was given to voluntary groups via the voluntary sector’s umbrella groups, who were encouraged to use the electronic survey, to pass the website details on through their networks and to print off forms for members without computer access. The consultation was also publicised through Oldham’s Health and Social Care Partnership, and via the Oldham Partnership.

In addition to this, some work was undertaken to capture the views of people without access to computers or voluntary sector, and who were outside voluntary sector networks. This took place in two health centres in different areas of the borough, St Chad’s Medical Practice in Limeside (20/10/05) and Barley Clough Medical Centre in Glodwick (19/10/05). Both centres are located in areas of deprivation, but their local populations and needs are different.

The aim was to capture a small snapshot of views from people who had no computer access. Of the people consulted, only 17.5% had a computer or ease of access to IT facilities. Although a small percentage of the people consulted were aware of the consultation, most of the others had not seen the press releases, and those with computer access were unaware of the interactive questionnaire. These people were therefore given an opportunity that they would not otherwise have been given to voice their opinions and ideas.

The visits consisted of intensive one-to-one interviews with patients attending the health centres on these particular dates. The background to the consultation was explained, and the three general questions were asked.

A breakdown of ages, gender and ethnic origin is given by percentage below, and the responses are attached at Appendix 1. The responses are given verbatim (with occasional clarification of context in brackets).

**Breakdown by age**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>20-30</td>
<td>43%</td>
</tr>
<tr>
<td>31-40</td>
<td>none</td>
</tr>
<tr>
<td>41-50</td>
<td>8%</td>
</tr>
<tr>
<td>51-60</td>
<td>8%</td>
</tr>
<tr>
<td>61-70</td>
<td>8%</td>
</tr>
<tr>
<td>71-80</td>
<td>25%</td>
</tr>
<tr>
<td>81-90</td>
<td>8%</td>
</tr>
</tbody>
</table>
Breakdown by gender
M 17%  F 83%

Breakdown by ethnic origin
White British  75%
Pakistan 17%
African-Caribbean 8%

Rosie Kingham
PPI lead Oldham PCT
4th November 2005
Appendix 1

Your health, your care, your say questions

Responses from Oldham September – November 2005

How can we help you take care of yourself?

- Give us more knowledge.
- Doctors are too busy to talk to us – there should be people available for advice when we need it.
- If we had better advice we needn’t trouble the doctor.
- I know enough to take care of myself.
- I've got to take care of myself because no-one else will
- Give us more information
- Adverts on TV are good.
- I know enough to keep my healthy for my age
- It’s down to common sense – there is enough information out there, and the ones who shout loudest take least notice
- Subsidise fruit and veg – this would make it easier for people on a low income to eat healthily
- Advertisements (in various media)
- I have enough information to keep me as healthy as I can be
- I've always had to take care of myself and my children
- By being available when (help is) needed – you shouldn’t have to wait 2 months to see your (own) GP
- (Give us) more information about how to protect ourself against disease and infection
- (More) adverts (in various media)
- People, especially older people, still rely too much on their GP for health care

How, when and where do you want to get help when you need it?

- At some kind of advice centre, with a person there who has time to answer your questions
- More care should be available locally
- Local points of contact for all types of care, preferably with a single point of access.
- One-stop shop – single point for advice.
- People with time to explain things to you.
- Advice and information should be available at local surgeries and community centres
From the GP
Advice and information about alternative sources of help (not GP)

I want it straight away
I want it available locally as far as possible
I would like a home visit if I really need one – doctors don’t do them any more
More support at home (discussing social care mostly)
A phone or a helpline near the bed in case of a crisis in the middle of the night
Help at work – for instance with (coping with) stress

What do you need to help you manage your care and make decisions?
More information, and people (not leaflets) to tell us what’s available, as doctors don’t always have time.
More pension money so we can eat more healthily.
More information about what is available.
More information
A government that will listen
Income of £2,000 per week! Money makes a big difference to the choices you can make.
More information about the services available
Information should be available in different languages in the right places (includes people's homes, community centres and others)
Information and the confidence to use it
More knowledge about what is available
Leaflets – I can study them in my own time
A single person to contact if things go wrong (if more care is needed suddenly)
Respect (people should take other people seriously and listen to what they say)
More information on the services available
We need more information on the services available – people are not always aware of things that can help them, like the walk-in centre and NHS direct
Better explanations of conditions (especially on first diagnosis) eg asthma.
Rosie Kingham
PPI lead Oldham PCT
4th November 2005
Your Health Your Care Your Say
Listening Exercise

Thinking about how the NHS might help people to look after themselves… which of the below would be a priority

All 4 issues were rated as their joint number 1 priority

Reasons given for why these should be a priority were as follows: because they are necessary for the welfare of those who are no longer able to do many things for themselves.

When asked if this was enough for the Government to do they replied: The Government should try to do more and go among the people to try and find out the wants and needs of those less fortunate. When asked what else the Government could do they replied: more funding is needed to maintain health and life.

Finally, in response to this question, the following comments were made: there are those who need such help and the government should provide these.

Thinking about how the NHS might help people find the services they need & improve the way these services are joined up… which of the below would be a priority?

All 3 issues were rated as their joint number 1 priority. They also rated the following issue as a priority; provide more help to people caring for others.

Reasons given for why these should be a priority were as follows: Unless such help is provided people will die lonely and sad without the care that is needed.

When asked if this was enough for the Government to do they replied: They should provide more for families so that they can stay together caring for each other. When asked what else the Government could do they replied: provide more help for carers who work very hard to maintain a standard of life for their loved ones and those they care for.

Finally, in response to this question, the following comments were made: I would like very much for all these things to happen, so many are in need.

Thinking about how the NHS might improve how, when, where & from whom community-based services are delivered… which of the below would be a priority?

All 5 issues were rated as their joint number 1 priority.

Reasons given for why these should be a priority were as follows: the working class is the backbone of this country, they put them in power.

When asked if this was enough for the Government to do they replied: there is much more to do if they but stop look take heed and do the right thing. When asked what
else the Government could do they replied: think more seriously about those people who fought in both wars and give them the help they need.

Finally in response to this question, the following comments were made: so many things is sadly lacking, common sense, understanding and most important love.
Dear Jessica

Re: Your Health, Your Care, Your Say

In response to your request for feedback from voluntary groups in Manchester regarding the above consultation. Please find attached key points raised by members of the public, voluntary sector representatives and communities. The groups mentioned fall into three categories being:

• Older people
• BME Communities
• Homeless people

1. **What are the positives about current health and social care services?**
   - Walk in centres are viewed as very positive, personal and responsive service. The waiting times are minimal, staff very helpful.
   - Manchester’s Joint Health Unit considered as a positive approach to joining up thinking and provider services across health and social care.
   - Specific initiatives such as “5 a day campaign” aimed at healthy eating considered very positive. Manchester has embraced this approach by taking into account the different communities residing in the City. The campaign has been shared with community using a variety of methods – working with community groups in their settings providing demonstrations, food testing, and advise on healthy eating.

2. **What are the negatives about current health and social care services?**
   - Access to specific services such as Podiatry/Chiropody services for older people and homeless people.
   - Policy makers not listening to what communities are saying about poor access and poor services in terms of effectiveness.
   - What have policy makers done, since we provided information in the past. “We are fed up with people asking us questions, no-one listens to what we say”.
   - Lack of coordinated services and support for Asylum Seekers, Refugees and newly arrived communities.
• Initial contact with a service usually through a contact centre, face to face approaches, would be more beneficial.
• Clinical and Social care practitioners do not have the time to build up trusting relationships with users/patients.
• Assessments processes very impersonal, social workers, clinicians concerned with completing documentation not with the needs of patients.
• Assessment processes do not take into consideration cultural or religious needs.
• Patients are not empowered, health and social care systems, processes are imposed on patients/users, who is some instances are not fully aware of what is available – which intern will provide greater choice.
• No sustained understanding of equality and the needs of people from different backgrounds, across health and social care.

Older Peoples views and quotes
• Government needs to understand that older people have needs and they need to stop putting the needs of older people to the bottom of the pile.
• “I don’t want to be passes around from one service to another, I want to be able to get help when I need help”.
• Practical support around the home is so important for Older people, particularly when they are not as able when it comes to doing things such as Changing curtains, changing a light bulb.
• “My mother died became social services and the hospital did not share information properly”.

BME Communities views and quotes
• People from different communities do not want “special services” they want to access services that the wider population accesses.
• “We need to stop talking about getting health care and social workers, we need to have basic assistance so that we can stop getting ill”.
• Government needs to look at what services are doing now, we spend millions in the NHS, are the monies being spent in the areas where there is greater need?

Contributions from:
• Manchester Race and Health Forum
• Older Peoples Network
• Somali Community Consultation Forum
• Homeless People Organisation

Yours sincerely

Claudette Webster

Claudette Webster
Associate Director Access and Inclusion
Patient and Public Involvement Event
2nd November 2005
Monton Unitarian Church, Salford

Report Compiled by Amanda Rafferty, PPI Manager
and Philip Hammond, Patient Information Officer
In attendance:

Tom McDonald (Director of Joint Commissioning, Salford PCT and Salford Social Services)
TJ Alexander (Head of Operations (South Locality), Salford PCT)
Toni Doyle (Professional Development Coordinator, Salford PCT)
Philip Hammond (Information and PPI Officer, Salford PCT)
Sylvain Laxade (Service Re-design Manager (Long-term Conditions), Salford PCT)
Amanda Rafferty (PPI Manager, Salford PCT)
Joan Veitch (Head of Older Peoples Joint Commissioning, Salford PCT)
Joan Yearsley (Administrator, Salford PCT)

Derek Barnes (Salford Disabled Motorists)
Glenda Burrows (Crossroads)
Marie Campbell (Resident)
Jim Collins (Salford Heart Care Support Group)
Bill Durran (PPI Forum)
Marion El-Qasim (Salford Heart Care Support Group)
Suzy Farrow (PPI Forum)
Rita Fisher (Resident)
Susan Fisher (Resident)
Roz Fox (University of Salford)
Mavis Glover (Resident)
Ken Glover (Resident)
Keith Ivison (Resident)
Joan Orwin (Resident)
Sidney Orwin (Resident)
Jane Pollitt (Resident)
Evelyn Preston (Resident)
Betty Rottier (Resident)
Ken Westcott (Salford Heart Care Support Group)
Emily Wheelton (Resident)
Jim Wheelton (Salford Disabled Motorists)
Introduction

An event was held to involve patients, carers and members of the public in decision-making around Your Health, Your Care, Your Say and the Long-term Conditions Strategy for Salford.

Patients and carers with long-term conditions were invited to have their say on the proposed National White Paper and future plans for health and social care in Salford. Over 20 members of the public were in attendance.
Welcome

The day began with a welcome speech by Tom McDonald, Director of Joint Commissioning for Health and Social Care who spoke about independence, well-being and choice and the need for change. He outlined future plans in relation to the White Paper and for long-term conditions in Salford. This was followed by a brief question and answer session.

Ice-Breaker

Participants then took part in an ice-breaker exercise of “human bingo”. Bingo cards were used to encourage people to move around the room and meet other participants and to find out more about them. The winner received a basket of fruit.

Your Health, Your Care, Your Say Video

Participants viewed the video presented by Patricia Hewitt and a small discussion take place around the content.

Workshop 1. How can we help you take care of yourself

Groups were asked to review the government options in relation to self-care. Each member was given 10 sticky dots to allocate against the option in order to vote on priorities and preferences in relation to long-term conditions. Results from all groups were consolidated and analysed as table 1 below:-

Table 1 Results in priority order

<table>
<thead>
<tr>
<th>Question 1: What can I do for myself? How can we help you take care of yourself and support you and your family in your daily lives?</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>d) 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>73 33%</td>
</tr>
<tr>
<td>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</td>
<td>47 21%</td>
</tr>
<tr>
<td>a) Promoting and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment</td>
<td>66 30%</td>
</tr>
<tr>
<td>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</td>
<td>34 15%</td>
</tr>
</tbody>
</table>
## Group suggested options/comments

<table>
<thead>
<tr>
<th>Option</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(D)</strong> needs to include “…and their carers…”</td>
<td></td>
</tr>
<tr>
<td><strong>(D)</strong> needs to include people with learning difficulties</td>
<td></td>
</tr>
<tr>
<td><strong>(D)</strong> needs to include people with mental health needs</td>
<td></td>
</tr>
<tr>
<td><strong>(D)</strong> needs to include people with alcohol/drug abuse problems</td>
<td></td>
</tr>
<tr>
<td>All questions have a very narrow focus and are too prescriptive (e.g., Prevention VS dealing with effects and causes or underlying causes of ill-health like poverty and education, people making healthy choices.</td>
<td></td>
</tr>
<tr>
<td>Issues of GP’s not serving their patients correctly – not linking in with support groups and having enough knowledge about conditions e.g., multiple sclerosis and mental health</td>
<td></td>
</tr>
<tr>
<td><strong>(B)</strong> places responsibility for this onto other health and social care professionals = this is risky</td>
<td></td>
</tr>
<tr>
<td><strong>(B)</strong> basic information should be started with young people (school) on diet, cookery class, nutrition, exercise/sport</td>
<td></td>
</tr>
<tr>
<td>Contradiction with other government policies (e.g., extending licensing laws, allow the sale of cigarettes, revenue VS illness, smoking ban etc)</td>
<td></td>
</tr>
<tr>
<td>All important v difficult to prioritise</td>
<td></td>
</tr>
<tr>
<td>Depends who you ask and how they rate what they need and what they value</td>
<td></td>
</tr>
<tr>
<td>Preventative treatment is very very important</td>
<td></td>
</tr>
<tr>
<td>We want to be diagnosed before becoming ill or disabled</td>
<td></td>
</tr>
<tr>
<td>Choice of treatment (in which way we pay) and for alternative treatments</td>
<td></td>
</tr>
<tr>
<td><strong>(C)</strong> should include a ban on smoking and secondary smoking</td>
<td></td>
</tr>
<tr>
<td><strong>(A)</strong> Promoting healthy lifestyles should include affordable access to sports centres, swimming pools etc</td>
<td></td>
</tr>
<tr>
<td>Government need to be aware of role of unpaid carers and the huge contribution they make and the money they save the NHS/Care services paying out</td>
<td></td>
</tr>
<tr>
<td>GP’s to visit elderly/housebound patients at least once a year</td>
<td></td>
</tr>
<tr>
<td>More support to carers (including financially)</td>
<td></td>
</tr>
</tbody>
</table>

## Salford Long-Term Conditions Strategy

Sylvain Laxade, Service Redesign Manager, Long-Term Conditions, Salford PCT talked about the development of a strategy for long-term conditions in Salford. He shared the proposed model and options of care and spoke about the importance of ensuring that patients were empowered to self-care. He also outlined the plans for development of future services to meet the needs of people with long-term conditions. A question and answer session followed.

### Workshop 2. How, when, where and from whom do you want to get support?

Each group reviewed the white paper options and prioritised them in order of relevance and importance to people with long-term conditions using the same
method as workshop 1. Results have been consolidated and analysed as table 2 below:-

Table 2. Results in priority order

<table>
<thead>
<tr>
<th>Question 2: When you and your family need help and support, how, when, where and from whom do you want to get it?</th>
<th>Score</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Providing convenient services which will fit around people’s lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services</td>
<td>53</td>
<td>34%</td>
</tr>
<tr>
<td>b) Providing care in convenient locations (for example NHS Walk-In Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family doctor, not just one where you live</td>
<td>48</td>
<td>31%</td>
</tr>
<tr>
<td>c) Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use</td>
<td>11</td>
<td>7%</td>
</tr>
<tr>
<td>d) Developing new services for people who don’t always currently access care, such as people from black and minority ethnic groups and teenagers</td>
<td>7</td>
<td>4%</td>
</tr>
<tr>
<td>e) Allowing people to choose how to receive services at the end of life and to die where they want with dignity</td>
<td>37</td>
<td>24%</td>
</tr>
</tbody>
</table>

Group suggested options/comments

- Some deprived areas do not have good transport links and so there is NO central/convenient location to place a Walk-In Centre
- Some concerns over point (E) raising the question of euthanasia
- Creating new services segregates communities, and we need to make existing services accessible so as not to isolate people
- Government should have more control over the drug companies so they are not allowed to profit in a big way
- Issues of quality of service – being tailormade to patients and feedback on service would be useful
- Does point (A) mean dentists, physios etc? What are community services?
- (D) Specialist groups for ethnic minorities VS integration??

What needs to change in Salford for all of this to happen and be successful?

- Definitely GP’s opening outside of business hours
- Prevention rather than cure – much bigger focus on prevention
- Means testing for exercise classes at the Angel puts people off going, can there be another way, so they don’t have to keep duplicating information and carrying things like bank account details with them at all times
- Services combining together to provide a more comprehensive service
- Common sense needs to become more common and health professionals need to think things through properly and take ownership in order to meet the needs of patients
- Better quality of services rather than quantity
- Patients need to be treated with respect and dignity – and even though some work has already been done, [people still feel there is a long way to go
- Patient information and advice given by health professionals is poor and needs to be more comprehensive.
- More promotion of exercise and healthy living from early ages
- More public at healthy Salford Fair
• Food labelling
• 100% commitment from the government
• More transparency over foundation hospitals
• Accountable hospitals and managers
• Accessible transport (North-South) between hospitals (choose and book)
• Menu based information (Jane Bell knows about this) can be expanded
• Information bus (like the flu bus)
• Information in Salford Advertiser and church halls
• Tackle obesity (including children)
• What about mental health - needs to be built into the long-term conditions strategy
• What about voluntary and community sector involvement? Build into strategy

Next Steps

This report will be submitted to the government to inform the development of the White Paper. Amanda informed participants that they would receive feedback on consultation and actions direct from the government. Amanda also explained that the results would be used to plan and develop future services for long-term conditions in Salford.
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.

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. Community-based services provide the gateway access to the rest of the NHS & so are important in tackling inequalities. They also need to be well integrated with hospital (secondary) services.

2. Community-based services play a fundamental role in key activities, such as:
   - immediate care (eg family health, sexual health, mental health)
   - health improvement & promotion (eg smoking cessation)
   - primary prevention (eg vaccination & screening)
   - secondary prevention (eg chronic care)

3. By definition community-based services allow closest engagement & understanding of the needs to local communities & care of the whole person/family unit. This is important in maximising equitable access to services according to need, & seeing the immediate incentives of promoting health in their patients.

4. The specialist skills & capacity of hospitals are most effectively & efficiently used if community–based services are used to their optimal effect. Primary care professionals can act as advocates for patients in secondary care to maximise their clinical outcomes.

5. Community-based & oriented programmes of health improvement are key in delivering the recognised benefits of the Wanless ‘fully engaged’ scenario

Record below why people thought these were important:

All the above are key ingredients in delivering progress on the objectives of the Public Health White Paper Choosing Health to maximise the impact of health improvement strategies across the population, though especially including progress in groups suffering poorer health status, to tackle health inequalities.

They are also key to continuing to modernise the NHS primary care (in the widest sense), improving links between health and social care services, & broadening roles into
population/community health improvement action (as opposed to patient treatment), such as in schools and other key community settings, and to maximising system-wide cost effectiveness of NHS services.

Specifically, community health and social care services provide opportunity for the public sector, including the NHS and local government, businesses and voluntary and community organisations to work in partnership to:

- Understand the health needs of communities, drawing on Annual Reports from Directors of Public Health;
- Reflect these needs in community strategies and service plans;
- Agree joint health targets, as many areas are currently doing through the new Local Area Agreements;
- Use combined resources to increase access to information and support to improve health (i.e. access to knowledge through libraries and websites, joint work building on targeted community regeneration initiatives, new IT developments);
- Use combined resources to tackle factors affecting health, such as employment, education, housing and transport;
- Enable education and training of NHS and other professionals to understanding people’s lives and how we can deliver services in all parts of the public sector to meet needs and be effective;
- Enable development of research which responds to people’s needs and supports effective delivery of services.
**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**

5. None of the above

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

| Priority 1 | A substantial body of research demonstrates that the most effective interventions to improve health concern the wider determinants of health, rather than treatment services. Recent trends suggest that health inequalities in the UK are widening, and that progress in some public health priority & target areas is slower than planned (e.g. sexual health, diet & obesity, mental health). Often the burden of these problems & so the key to overall success is in disadvantaged groups & communities. The adoption of expanded models of community-based health & social care services could be a key component of improving progress on these government health priorities, implementing proven models of health improvement (eg based on advice on public health excellence from NICE). |
|---------------------------------------------------------------|
| Priority 2 | Maintenance of health through health promotion and primary prevention, and secondary prevention in key population groups is important in maximising health related quality of life and independence. Life expectancy alone is often a blunt indicator of population health. Older people & those with disabilities are increasingly vulnerable in modern society, and require good local access to support meeting their often blurred health-social needs. Community-based initiatives to maintain health & provide care are particularly important to vulnerable groups such as these. |
| Priority 3 | Initiatives to maintain health are key in delivering health gain. However, care must be taken to adopt intelligent & evidence-based interventions (n.b. is this the case for ‘routine check-ups’) that allow equitable ability to benefit those in greatest health need. The adoption of general models of support is likely to accelerate rather than slow the widening of health inequalities. Work must continue to be developed and implemented in local communities to engage the less advantaged in health promoting activities, lifestyles and behaviours, especially in key national programmes, such as smoking cessation, screening, immunisation and chronic disease management. |
| Priority 4 | Improving access to appropriately tailored and authoritative information on healthy living, with support to bring about change, again if intelligently targeted in local communities has an important role to play in maximising the impact of the NHS and its partners on population health. |

**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.

Priority 1 – As outlined above, improving access to health care & health promoting initiatives for population groups and communities in greatest health need must be a priority if targets on health inequalities and national health priorities are to be met. Whether new services are required, as opposed to ensuring the appropriate nature and levels of access to existing services, depends on locally identified needs, the nature of which may determine what flexibility is required to best tackle health problems.
Priorities 2i-2iv – The 4 aspects of convenience identified above are difficult to weight in relative importance, other than to again to stress that while flexibility of mode of delivery of community-based services is desirable to allow locally tailored solutions to maximising health improvement, this needs to be balanced against the possibility of improving convenience alone in healthier groups, rather than exerting more effort and resources in services that bring new additional health improvement in less healthy groups.
Q5. What else would people like the NHS, Social Care and other services to do in terms of how, when, where and from whom community-based services are delivered?
We want people to be able to use and find their way through health and social care services more easily. We also want these services to be ‘joined up’, even if several people or organisations are providing them.

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

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

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

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

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

None of the above

Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Priority 1i – Progress on integration between health & social care services appears to be slow. This remains a key area to improve the net contribution that community-based services can potentially make to improving health, especially of vulnerable and disadvantaged groups who are most reliant on service provision and have less say in their focus.

Priority 1ii – Interventions and support for people with chronic diseases are more likely to be effectively and cost effectively met in the community. Investment in expanding the capacity and skills to provide high quality services to meet the needs of these groups are likely to be of great benefit. As part of this improving people’s ability to manage their own conditions through good insight into their community context, is also likely to promote the principles of the Wanless ‘fully engaged’ scenario.

Priority 2 – Further improvements in the forms of and modes of access to information on living healthily and using health services to best effect is of course desirable, though efforts have already being made, with some success in this area. Most additional benefit would probably come from considering how such materials can be best marketed to best effect.
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?

See earlier comments on these options.

It is important that the positive elements beyond these 5 are also taken on-board, and that a delicate balance is struck between supporting individuals who are motivated to improve their health and developing ways to broaden this motive to all groups.
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:**

There is a need for changing the culture of the NHS to ensure health promotion and disease prevention are part of the service provided outside hospital (and inside for that matter).

We need to embed such training in the curriculum of all NHS professionals, including managers. However, we will also need to develop tools for the current workforce that assist them in their daily work i.e. in clinical decision making that is evidence based, both to promote health and treat disease and in commissioning evidence based primary, community and secondary care as well as in commissioning health improvement.

These tools need to provide knowledge information and intelligence to decision makers that is timely and accurate and in the correct format.

There are examples of such tools for example ethical decision making frameworks developed by Ethox.

---

Section C: details about your organisation and your listening exercises

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

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

*Write in below*

15

B. What sort of listening exercise was it?

*(Please tick one box only)*

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

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

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

<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</td>
<td>0</td>
</tr>
<tr>
<td>in health and social care)</td>
<td></td>
</tr>
<tr>
<td>Members of the public who are involved with health and social care</td>
<td>0</td>
</tr>
<tr>
<td>services e.g. PPI forum members</td>
<td></td>
</tr>
<tr>
<td>Paid staff from your organisation</td>
<td>15</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. 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>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>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>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>Category</td>
<td>Number</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>--------</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>3</td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>14</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>1</td>
</tr>
<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>
</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) [x]

NHS Strategic Health Authority

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 [x]
- Older people [x]
- Pregnant women (and their partners) [x]
- Socially disadvantaged people [x]
- Disadvantaged children
- Smokers [x]
- Excessive drinkers [x]
- Obese people [x]
- Substance misusers [x]
- Disabled people
- Prisoners
- Black and minority ethnic groups (GO TO QE) [x]
As a public health team we are concerned with the full range of health needs across the population, though with a focus on the above national priorities.
If you would like your organisation to be listed as a contributor to the consultation, please record its name below:

NAME OF ORGANISATION

Directorate of Public Health, North Central London Strategic HA

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: david.murray@nclha.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)

NB : Listening event carried out at the local Mosque.

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. Allows independence
2. Offers access to variety of professionals and services
3. Targets health promotion/education opportunities
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?

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.

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.

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.

4

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

3

None of the above

Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

People generally felt that often there were difficulties in relation to language, cultural understanding etc. that should be addressed in the first instance – people wanted the
information to help them have the skills and knowledge to look after themselves and to make decisions about their needs.
Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?

Thinking about this particular community, they told us that they need:-

More information in a variety of formats particularly about the management of chronic or long term illnesses.

More understanding and education for NHS staff to have a better cultural understanding.

More access to interpreters.

Help to fill in forms – bureaucracy adds further worries when people sometimes cannot read or write.
WHEN YOU AND YOUR FAMILY NEED HELP AND SUPPORT, HOW, WHEN, WHERE AND FROM WHOM DO YOU WANT IT?

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

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

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

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

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

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

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

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

None of the above

Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

People felt that services should be provided in existing venues rather than develop new ones. Use GP practices and community hospital buildings more effectively. Our group tended to feel that rather than develop new services specifically for this community, further thought should be given so that existing services could be extended, and made
accessible to this community. Again improved communication and appreciation of cultural issues came high in level of importance.
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?

Awareness for this community about what services are available – interpreting and translation.
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>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>1</td>
</tr>
<tr>
<td>Providing people with better information about what NHS, local authority and social care services are on offer</td>
<td>2</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>3</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

People clearly wanted to have more involvement in their care, but felt that language and communication difficulties currently make this difficult.
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 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.

NB difficult to pin down to 5 priorities. X marks other highly prioritised.
Q9. Why were these their five top priorities?

Mainly based on the need for more information in a appropriate format, an understanding of services and systems resulting in individuals having appropriate support and advice to make informed decisions about their needs.
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:

As previously mentioned, a resounding theme came through about information, advice and choice. Integrated services rather than separately developed provided at existing venues such as GP surgeries and community hospitals.

Although this exercise focused on care outside of hospital, the participants did express a strong opinion that all services – primary healthcare, social care and secondary healthcare in hospital should be more “joined up”.
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
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)

Men and women members of the local Mosque 50

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>X</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></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></td>
</tr>
<tr>
<td>Excessive drinkers</td>
<td></td>
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<tr>
<td>Obese people</td>
<td></td>
</tr>
<tr>
<td>Substance misusers</td>
<td></td>
</tr>
<tr>
<td>Disabled people</td>
<td>X</td>
</tr>
<tr>
<td>Prisoners</td>
<td></td>
</tr>
<tr>
<td>Black and minority ethnic groups (GO TO QE)</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>
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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>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>

It was not possible to “categorise” individual participants in this way – X marks those which could be identified through their comments and through the facilitator’s observations. I feel this question is unnecessary and would not ask it of the individuals who freely gave of their time to help in this exercise.
E. You said that some of the people who took part in your listening event were from a specific ethnic group. Please tell us how many were from each of the groups listed below:

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

<table>
<thead>
<tr>
<th>Group</th>
<th>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>
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<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>
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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>
</tbody>
</table>

NB: We can only advise that all participants – 50 – were Muslim, the event was held at a Mosque. Ethnicity was varied as would expect. We did not ask people to advise on their ethnic grouping.

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>
</tr>
</thead>
<tbody>
<tr>
<td>PPI forum or other patient group</td>
<td></td>
</tr>
<tr>
<td>Community-based NHS services</td>
<td>X</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>
</tbody>
</table>
If your listening exercises mostly involved staff rather than patients or service users please can you identify from the list below which groups they most often have contact with or provide services for:

(Please tick all relevant boxes)

<table>
<thead>
<tr>
<th>Group</th>
<th>Ticked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td></td>
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<td>Older people</td>
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<td>Pregnant women (and their partners)</td>
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<td>Socially disadvantaged people</td>
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<tr>
<td>Disadvantaged children</td>
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<tr>
<td>Smokers</td>
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<td>Obese people</td>
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<td>Travellers</td>
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<td>People with learning disabilities</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>
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<tr>
<td>--------------------------------------</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

Surrey Heath and Woking 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: christine.raven@shawpct.nhs.uk

ADDRESS:
PCT HQ
West Byfleet Heath Centre
Madeira Road
West Byfleet
Surrey
KT14 6DH
General Feedback from a discussion by members of the North West Surrey Valuing People Group facilitated by Surrey County Council Social Care Colleagues.

The following key points were flagged up by members of the above group and are the views of people with a learning disability, their carers and advocates representing other groups of people, all of whom had the opportunity to gather views from their “constituents” prior to the meeting.

People were encouraged to complete and return the easy-read version of the consultation, or to go on-line to complete the questionnaire. Support was offered to do this.

The key points were as follows:-

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1. | People with a learning disability do not always know how to access healthcare services in the first place.  
For example, if you have moved house, how can the process of becoming registered with a GP/dentist etc be explained to people with a learning disability.  

**Suggestion**: Some sort of accessible directory for people with a learning disability would be a useful start. |
| 2. | The most useful thing that would make the biggest difference would be ‘one-stop shops’ for health and social care services. People with learning disabilities said that face-to-face contact was much more useful to them than telephone contact or written information. |
| 3. | In terms of getting advice, some people thought NHS Direct was a great idea, some people said they thought it was a poor service and didn't meet their needs if they could not accurately describe their symptoms. |
4. People felt they would benefit from regular health checks combined with health action plans.

5. People felt that some changes would make the appointment process better for people who have a learning disability:

**Suggestion:** Scheduling the first appointments of each session for people with behaviours that may challenge/ have autism spectrum disorders or aspergers syndrome who may get anxious if they have to wait.

**Suggestion:** Allowing double appointments so that medical issues can be explained properly to people who have a learning disability and allow them a little extra time to process the information and make informed decisions.

6. Flexibility in seeing GPs and other health professionals would be helpful.

**Suggestion:** A greater capacity for visits at home would be useful. The above could only be done if the G.P.s are aware of which of their patients have a learning disability, and are clear about each individual's needs.

7. It would be useful if there was a trained and willing person in each service who could be designated a 'learning disability champion' who could be a consistent person that learning disabled people could contact and they could then resolve issues.

8. People wondered what disability awareness training was received not just by G.Ps but other staff such as practice nurses and receptionists?

**Suggestion:** Need to ensure this training is a core requirement.

9. Some of the stakeholders were cynical about the consultation process for people with learning disabilities.

**Christine Raven**  
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Your Health, Your Care, Your Say

RNIB Bristol Consultation

Background

RNIB Bristol is a very busy 'local' centre which supports people with sight loss through many activities, a rehabilitation service, support in employment and for people who are in education. As a result of this there are many opportunities to consult with people who are partially sighted or who have severe sight loss.

Groups

The groups that I approached were three:

- Those from the Arts and Craft who are generally over the age of 75 - 20 in total
- Those who are in employment - 3
- Those from the deafblind Coffee morning - 6

- Of these three people were from the BME community - one Indian, two African Caribbean,
- 18 were women

Method

I explained the background to what was needed and then using the questionnaire I asked the individuals about the three questions that they were asked to respond to. I have tried in the responses set below to address the differing needs of the groups above as the situation and age will obviously affect the service that they need.

1. How can we help you to take care of yourself.

General comment

All the groups were quite knowledgeable about the services that are available for testing of cholesterol level, diabetes testing, blood pressure testing given through some of the pharmacies and the machines that go with this. Others then mentioned that they had
regular tests from their doctors as they had other conditions rather than sight loss which they had to deal with.

The following were the most relevant to them all

- Routine examinations for anyone who wants one - this would be a great improvement and very likely to be used
- Information and advice on monitoring one's own cholesterol - this was also seen as very likely to be used.
- Information and advice and support on improving your mental health and wellbeing - this would also be very likely to be used particularly when people's sight has begun to deteriorate and many of them do not know where to turn
- An NHS booklet on taking care of your own health - this was very popular as long as it was supplied in the appropriate format which wasn't always the case.
- Advice and support about technology - this again was extremely important particularly around house security. Several clients had experienced burglaries which was horrendous since they were blind. They felt that the police did not take this into account when they reported it.
- Information and advice on receiving benefits - people saw this as a service very likely they would take up. Service users felt that this was essential since many were on benefits and it was confusing. They also felt that this needed to be on tape since it was so difficult to understand and also some advice from people.

2. When you need help….how, when, where and from whom would you get it?

Again there were a variety of answers to these questions as the need for each group indicated.

The main responses were:

- GP opening later in the evening - most of those working felt that this should be an option since it was difficult to make appointments during the day and the effort to try and get to an appointment with their disability was so great that they ended up missing them. This would be a great improvement. The
majority of the other service users felt that they could arrange their appointments during the day.

- Once again those who are at work would see it as a great improvement if the surgeries were open on the Saturday morning as an option for them particularly in the winter when an evening surgery meant making their way in the dark which can have repercussion with people with sight loss.
- ALL service users felt that they should be able to see their doctor within 24 hours. Many of the service users gave their experiences of not being able to get through on the telephone and when they did the appointment sheets was full. In most instances they cannot make an appointment three days in advance. They felt that because of their situation and the support that they may need, and which may not be available, they could only visit the doctor when this is in place.
- Those working preferred to have the GP nearer to home rather than work. As they said if they are ill they do not want to travel far to their GP.
- Almost everyone saw no reason to be registered twice - at home or at work.
- Overwhelmingly ALL wanted to be registered with a GP and not just to walk into NHS health Centres. Most service users felt that they needed the personal contact with a GP who knew their medical history.
- Overwhelmingly again service users felt that to be able to get a whole series of advice from one place would make a very great improvement. People gave examples of the amount of chasing they had to do to contact all the services. This became more difficult when they had to use the phone such a lot and they were not familiar with the numbers.

The biggest improvement for service users for the above question was:

- Be able to get advice and information from a GP, Community Nurse, Social Worker, Housing or benefits advice from one place
- The second thing was to be able to see a doctor within 24 hours
3. Making Decisions

Overwhelming from all service users was that they usually made decisions with advice from the professionals who help look after them. Several people then mentioned that it would depend on the gravity of the situation.

When asked how they would prefer to make decisions about their health care they responded with the same answer: advice from professionals who help to look after them.

How much an improvement would each of these options be for making decisions about their own health and independence?

The following emerged as being a very 'big' improvement:

- Being given more information about their health condition
- Being given more information about what NHS and social care services are available

AGAIN they emphasised that this information should be in the appropriate format which wasn't always the case.

How would people prefer to get their information?

Overwhelmingly it was face to face. People by and large were not happy to get this information over the telephone on the Internet or in a written leaflet. Accessibility was the difficulty once again. The three people who worked felt that they could access some of this from the Internet but sometimes it was difficult to trawl through various sites which were not user-friendly. Their preference would be face to face.

Information about Services

There was a change in this and most people felt that they wouldn't mind getting this over the telephone or on a tape (NOT written leaflet).

Improvement of Services

By and large people felt that things had improved about accessing GP services but several people then complained about the
treatment in hospitals and particularly around hospital discharge when they were sent home without adequate support. People also felt that staff they were speaking to did not understand issues around sight loss that the difficulties that people with eye conditions had. They felt that there should be more basic visual awareness for all frontline staff whether they are GP's, nurses or administration staff.

4. Employment Status

3 people were working fulltime and were involved in services at RNIB and the Council. One was a bookings officer for RNIB, another an Advocacy worker and another an outreach worker for the Council.

Most clients were retired and among their jobs were:

- Sub-post mistress
- Canteen worker
- Production worker
- Engineer
- Social worker
- Nurse

5. People's Health and Social Independence

Needless to say that because of the number of people there were various responses to the question of whether their health and improved or not. Most said that it had not changed whilst other felt that with the new technology in computerware, mobile phones etc their lives had improved. If their health had deteriorated then it was because of other problems rather than their eyesight.

Support for other family members

Many of the people were living alone as their partner had died. Some were living in sheltered accommodation. Those whose partners were still alive they said that they helped each other since both had different ailments to manage. Those who are working did have partners who were as active as they were and held down jobs.
Final Comment

People generally said that communication from the NHS has to be improved so that they could feel that they could make correct decisions about their health. Alternative formats were not always at hand except when it benefited the NHS and not the service user! The large pieces of equipment for people with sight loss is very expensive particularly such things as talking microwaves, mobile phones, CCTV all of which would make people's lives more independent.

Raymond Raine
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October 2005

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

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

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

- A local organisation or group [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 the Government’s plans for improving community health and care services.

Please note the feedback form is in three parts:

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

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

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

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

Tick one box only

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

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Connexions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Information &amp; Listening Services</td>
</tr>
<tr>
<td>3</td>
<td>Child &amp; Adolescent Mental Health Services</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

Connexions were significantly mentioned because they “give you choices and options for jobs and getting training”. They were felt to be really important for helping to access education.

Information services like NHS Direct were said to be useful with a very broad range of information available to access. Other information services (e.g. school visits by mental health awareness programmes) were said to be important for helping to learn about mental health issues and bullying. The Samaritans were said to be very important too, as they’re role as a listening service was felt to be really helpful, especially as they are open 24hrs.

CAMH Services were thought to work well as some participants felt that their psychiatrist or nurse or councillor (including those in college settings) were very helpful in getting them better and focused on life again.
Q2. What were the three key elements of community health and social care services that people thought worked less well?

1. Schools and teachers
2. Social Services
3. Child & Adolescent Mental Health Services

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

Schools and teachers were seen as unable to cope with or provide support to young people with mental health problems. “They aren’t trained to deal with us” and “they sent me home as they didn’t know what to do with me” were two statements made. There was a view that school nurses were not enough and not able to help much. Bullying was again mentioned as something that schools didn’t seem to be able to deal with.

Social Services and their support for children who are looked after and who have left care was criticised. There was a view that “the whole system doesn’t ask you what you want. Workers take things out of your mouth before you speak and you can very rarely get through to speak to your social worker when you need them”. Supportive lodgings and leaving care workers were not felt to work with a view being that some supportive lodgings are “in it just for the money”. People’s experience of being bullied in foster placements was also mentioned.

There was a very strong view that CAMH Services were “just not helpful”. A common view was that they are unable to treat people as individuals, applying too common a framework to each person, trying to get young people to fit into their views of health and illness. Therapists were felt to not understand what young people are talking about. They were seen to sometimes be nasty and often young people felt there was a fakeness to them and their questions.
Q3. What other issues did people mention? Please record any personal or local stories here if possible.

Two out of six people in the group had had a lot of social workers. One had had five social workers in two years and one had had four in the last year. One other had had a social worker but had stopped working with her as she didn’t think she was any good. This was a very different view to that of Connexions workers who were felt to be very helpful and accessible people.

Other services like the fire service and waste disposal services were mentioned as important – people said that they wanted to live in clean, safe areas.
Section B: What did people think of the suggestions for improving health and social care services?

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

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

Q4. How did people at the listening exercises you ran think prioritise these issues? (Please indicate the priority given to each option by writing 1, 2, 3 or 4 in the boxes)

<table>
<thead>
<tr>
<th><strong>Issue 1a</strong></th>
<th>Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Issue 1b</strong></td>
<td>Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.</td>
</tr>
<tr>
<td><strong>Issue 1c</strong></td>
<td>Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (e.g. advisors to help with housing, employment and training and benefits) children’s centres and other locations.</td>
</tr>
<tr>
<td><strong>Issue 1d</strong></td>
<td>Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>None of the above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t know</td>
</tr>
</tbody>
</table>
Q5. For each option, please summarise the key points made during the discussion.

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

**Did people think the Government should do this and why**
Yes – but make doctors appointments less intimidating for those with mental health problems
- Have an advice giver on everything you might want to know as a young person with mental health problems
– Some people might not need this kind of service regularly though
- Healthy diet advice is important for young people

**What did they think it would achieve and why**
- Young people with mental health problems would be more willing to go to their GP
- You would have someone to talk to
- You would be more aware of the issues you are dealing with

**How much of a difference did they think it would make and why**
- Lots as young people will be healthier because they can get information more easily and also they would feel like there is someone they can talk to if they need to.
- It would also be effective as there would be more check up and more information available.

**Reasons behind the priority this option was given**
**Issue 1b**

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

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

Yes - It would save trips to the doctors and waiting times (strong point)
- It would help avoid families ending up in stressful situations
- It would save money

**What did they think it would achieve and why**

- It would help people just to feel much better in themselves
- Better overall health
- It would make services more effective and efficient on treating illnesses

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

- A big impact because there would be less messing about trying to get the right service or information or appointment
- It would have a good effect because it would create more time for specific issues (e.g. mental health issues) to be dealt with

**Reasons behind the priority this option was given**
Issue 1c
Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (e.g. advisors to help with housing, employment and training and benefits) children’s centres and other locations.

Did people think the Government should do this and why
Yes – if it means some sort of mental health service in schools (strong support)
- There should be doctors, social workers and youth workers in schools and colleges all the time

What did they think it would achieve and why
- It will help to nip any emotional or mental health problems in the bud if people notice them sooner
- Would provide support for people who wouldn’t know it was available otherwise. It would also encourage them to seek help and make other people more aware of the issues facing their friends and peers
- Would help schools understand young people’s issues and to educate teachers so that they would know how to help in difficult situations
- Overall it would make more stable and confident students/young people

How much of a difference did they think it would make and why
- A lot as there would be more awareness of mental health problems and the other issues facing young people.

Reasons behind the priority this option was given
Issue 1d
Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

Did people think the Government should do this and why
N/A

What did they think it would achieve and why

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

Reasons behind the priority this option was given
Q6. Did people think it would be enough for Government to only do these things to help people take care of themselves? Why?

For this group they felt that there needed to be more specific centres for young people with mental health issues. They saw them as having drop-in services that catered for young people who were mentally ill and young people who were just feeling a bit stressed or down – i.e. covering the whole range of mental and emotional problems that young people can experience – from psychosis to bullying.

They also felt that:

- Young people’s views should be sought more often with regard to the services that they will be using as adults one day. More influence should be given to their views.
- More regional meetings should happen to enable young people to voice their views (very few people had heard about regional youth parliaments or other representational groups)
- Awareness needs to be raised (e.g. through advertising) of all services that support people’s mental health needs e.g. Samaritans. Physical health is given too much of a priority.

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

Not discussed
### 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>6</td>
</tr>
</tbody>
</table>

B. What sort of listening exercise was it?

(Please tick one box only)

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

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

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

| 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) | 6 |

YOUNG PEOPLE (12-18) WHO HAVE USED MENTAL HEALTH SERVICES

| 13/19 |
D. And now please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.

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

<table>
<thead>
<tr>
<th>Sector</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td>6</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>6</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>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>6</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>1</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>Ethnic Background</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>6</td>
</tr>
<tr>
<td>White Irish</td>
<td>0</td>
</tr>
<tr>
<td>Any other white background</td>
<td>0</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td>0</td>
</tr>
<tr>
<td>White and Black African</td>
<td>0</td>
</tr>
<tr>
<td>White and Asian</td>
<td>0</td>
</tr>
<tr>
<td>Any other mixed background</td>
<td>0</td>
</tr>
<tr>
<td>Indian</td>
<td>0</td>
</tr>
<tr>
<td>Pakistani</td>
<td>0</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>0</td>
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<tr>
<td>Any other Asian Background</td>
<td>0</td>
</tr>
<tr>
<td>Caribbean</td>
<td>0</td>
</tr>
<tr>
<td>African</td>
<td>0</td>
</tr>
<tr>
<td>Any other Black background</td>
<td>0</td>
</tr>
<tr>
<td>Chinese</td>
<td>0</td>
</tr>
</tbody>
</table>
F. Which of the following best describes the sector to which your organisation or group belongs / where you work:

(Please tick one box only)

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

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

*(Please tick all relevant boxes)*

<table>
<thead>
<tr>
<th>Group</th>
<th>Ticked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
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<td></td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td></td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
</tr>
</tbody>
</table>
H. If you are a regional organisation, please tick the box below for the region you mainly work in.

<table>
<thead>
<tr>
<th>Region</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>North West</td>
<td></td>
</tr>
<tr>
<td>North East</td>
<td></td>
</tr>
<tr>
<td>Yorkshire and the Humber</td>
<td></td>
</tr>
<tr>
<td>West Midlands</td>
<td></td>
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<tr>
<td>South West</td>
<td></td>
</tr>
<tr>
<td>London</td>
<td></td>
</tr>
<tr>
<td>South East</td>
<td></td>
</tr>
<tr>
<td>East Midlands</td>
<td></td>
</tr>
<tr>
<td>East of England</td>
<td></td>
</tr>
</tbody>
</table>

X
If you would like your organisation to be listed as a contributor to the consultation, please record its name below:

NAME OF ORGANISATION

YoungMinds

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: yoursay@gawab.com – PDF 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 [X]
- A national organisation or group
- Other (record details below)

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

Please note the feedback form is in three parts:

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

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

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

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

*Tick one box only* [ ]

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


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

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

Q1. What did people think were the five main reasons why community health and social care matter to the nation as a whole? (Record below in priority order)

<table>
<thead>
<tr>
<th></th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Because they effect and help everyone</td>
</tr>
<tr>
<td>2</td>
<td>To keep people safe</td>
</tr>
<tr>
<td>3</td>
<td>Some people have no other support nearby e.g. family</td>
</tr>
<tr>
<td>4</td>
<td>People need support to recover after being in hospital</td>
</tr>
<tr>
<td>5</td>
<td>To prevent people needing to go to hospital</td>
</tr>
</tbody>
</table>

Record below why people thought these were important:

This was not discussed.
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. Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer
2. Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg advisors to help with housing, employment and training and benefits), children’s centres and other locations.
3. Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.

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.

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:

**Issue C was selected as priority 1 because people felt that:**

It would do most to prevent people becoming ill and needing services in the first place. Some people felt that this would address the root cause of a lot of problems and prevent them arising for people. There was a strong view that this would do a lot to keep people healthy and help them to have a chance at a thriving life.

They also felt that everyone should have a right to a healthy life and a full range of services, even if they lived in a poorer area. This issue would enable everyone to get what they are entitled to.

Other views were that it would make people happier and that this could be something that was overlooked – that happier people don’t need services so much.

There was also a young person’s view that had support services been available in their school then they would have found it much easier to cope with their illness. There was little support for actually basing health and social care services in the same physical space as schools but that having people employed by these organisations based in schools (e.g. a CAMHS worker – but not a therapist type of person) could help young people to get the support that they need while in school and also help teachers to understand them better. They could also help raise awareness of issues. The idea of accessing intensive services (e.g. therapy) was not supported due to the potential for stigmatisation.

**Issue B was selected as priority 2 because people felt that:**

A variety of support and information could help people to look after themselves better and keep healthy and fit. This was because:

- finding out essential information would free up more time for nurses and other workers to be there for people who had greater needs
- a wider variety of help could mean people don’t have to wait so long to see someone and possibly get worse in the meantime
- having choice helps people to learn how to look after themselves better and to feel like there is specific care for them that is worth seeking out
- knowing what illnesses involve and what medication does is very helpful
- targeting specific categories of illness can help people to feel less isolated with their condition and prevent admission to hospital.
- it promotes independence, which is good

There was also a feeling that for some people they never got the right advice that they needed until they went into hospital and that this could help them to have the right information and advice earlier on

**Issue A was also felt to be important, though of a lesser priority. People felt that:**

It would help them to think about the support that they needed before they became ill and make them less afraid to access support during difficult times of being ill
It could help them to cope with the daily stresses of life caused by illnesses and give them peace of mind.

It would be helpful for people who only need help now and again because it offers them a chance to keep it that way.

It would raise people’s awareness and help them take responsibility for their own lives. Awareness would mean being aware of their own health issues, both actual ones and those in potential form. This was seen to be particularly important as recognising and knowing about a problem sooner would in general make it easier to tackle.

Issue D was not dealt with by this group.
Q3. What else would people like the NHS, Social Care and other services to do to help people take better care of themselves?

**For themselves as young people with mental health difficulties:**
- More peer support groups for young people with mental health problems – **very strong support**
- More helpline services – **very strong support**
- Being listened to better by people who just listen without assessing you so much
- Workers could explain more about the illness and what symptoms to recognise and how to deal with them – there was felt to be a definite lack of this within current services
- Someone to support your family and to give better explanations to them of what your illness involves
- Unbiased health promotion and drugs awareness – the way that these are often delivered is in a biased way – **very strong support**
- Having a government health pack through the door
- Open drop in centres for young people with mental health problems
- More support to access education
- More benefits and incentives – young people not living at home find it hard to exist on current benefits – **strong support**

**For other people in their lives these were all felt to be very important:**
- More walk in centres and sheltered places for runaway people
- More counselling services and places that the public can access more easily than at the moment
- Make more multipurpose health centres available and better advertised
- More information on how to keep healthy and safe
- More information on how to keep your friends safe
- More support for families in dealing with illness to one of their members
- More opportunities and support (e.g. support workers) for friends and families to come together to support one another – this could mean families in the same situation being able to meet together (e.g. where there is a child with a mental health problem within the family)
- More websites and message boards that are advertised to provide information
- More mentoring services that young people can access more easily
- More youth clubs
- Teachers being more aware of problems and teaching children about certain issues (Personal & Social Health Education lessons were felt to be not given the same importance or status within schools’ curriculum)
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 group’s views came up as a variety of general and specific issues that are listed thus:

- More equal opportunities to access healthcare throughout the country
- Accessing services to be made more friendly and even fun where possible
- More accessible services and more advertising of them
- Support groups for people in the same area after they have had treatment/got better – very strong support
- Better communication between services – very strong support
- More regular check ups available for people
- More money available for health and social care services
- A fairer benefits system for young people who are not living at home
- More public transport and make it less expensive to use
- Ask more public opinion on matters such as money and patients – unsure what was meant by this.
- For people who don’t have an illness to be more aware of others with it and to understand something about it. This could be achieved by more anti-stigma programmes around mental 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

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)

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) 11

YOUNG PEOPLE (12-18) WHO HAVE USED MENTAL HEALTH SERVICES

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)
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)
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 [X]
- 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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<thead>
<tr>
<th>Category</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
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<td>Pregnant women (and their partners)</td>
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<tr>
<td>Socially disadvantaged people</td>
<td></td>
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<tr>
<td>Disadvantaged children</td>
<td></td>
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<tr>
<td>Smokers</td>
<td></td>
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<tr>
<td>Excessive drinkers</td>
<td></td>
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<tr>
<td>Obese people</td>
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<tr>
<td>Substance misusers</td>
<td></td>
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<tr>
<td>Disabled people</td>
<td></td>
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<tr>
<td>Prisoners</td>
<td></td>
</tr>
<tr>
<td>Black and minority ethnic groups (GO TO QE)</td>
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<tr>
<td>Travellers</td>
<td></td>
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<tr>
<td>Homeless people</td>
<td></td>
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<tr>
<td>People with mental health problems</td>
<td></td>
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<tr>
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<tr>
<td>Asylum seekers</td>
<td></td>
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<tr>
<td>People with long term conditions</td>
<td></td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td></td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
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NAME OF ORGANISATION

YOUNG MINDS

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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
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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)

<table>
<thead>
<tr>
<th></th>
<th>Prevent people needing more serious healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>If people are happy and well then society becomes more thriving and productive</td>
</tr>
<tr>
<td>3</td>
<td>So that people can get support in their normal home environment or wherever they are living at the time</td>
</tr>
<tr>
<td>4</td>
<td>So that more specific support can be provided for people's needs – fairer on everyone</td>
</tr>
<tr>
<td>5</td>
<td>So that the environments in which people live can become more healthy places to live</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WERE IMPORTANT:

This was not discussed.
Section B: what did people think of the suggestions for improving health and social care services?

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

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

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

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

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

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

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

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

None of the above

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

This was not discussed due to lack of time.
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 had lots of views and they are listed here:

<table>
<thead>
<tr>
<th><strong>Accessibility</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- better and more efficient disabled access including lifts and stair lifts</td>
</tr>
<tr>
<td>- more possibility of having home visits</td>
</tr>
<tr>
<td>- geographical positioning of services could be better for young people i.e. for public transport networks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Food</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>– more choice of healthy and affordable places to eat – there should be advertising regulations on fast food (e.g. McDonalds, Burger King etc) like on tobacco. Young people need to have a choice of places to eat affordably before health can improve</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Better run hostels and support for young people with housing issues</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>– this includes more support with self-tenancy and taking responsibility for your own home but with respect for people’s privacy too. More training for workers, particularly those working with homeless people to provide this.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>More support for young people with budgeting</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>“Sustainable participation structures”</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- More meaningful involvement of young people within advisory, policy and management structures within statutory organisations. Examples of this: involvement of young people in decision making, young people meeting as a group within the service, having a variety of accessible feedback methods for young people on the services they use.</td>
</tr>
<tr>
<td>Involving young people in this way will help ensure services become accessible and young people friendly in different ways (e.g. quality and readability of information, comfortable waiting rooms).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>More therapy and counselling services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>– including drop in centres for emotional support and helplines. (Ease of access was very important here), places to get information on mental health issues in a friendly and unbiased way without having to see a doctor or therapist. More information on what therapy and counselling for young people is about – what happens?</td>
</tr>
<tr>
<td>“More people who help just by listening.”</td>
</tr>
<tr>
<td>More therapists and counsellors who can communicate in language that makes sense to children, teenagers and young people over 18 – their diagnoses and assessments can be hard to understand. “Some just don’t know what they are talking about!” They could do with having more training just in working with children.</td>
</tr>
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<table>
<thead>
<tr>
<th><strong>Respect and honesty from doctors and therapists</strong></th>
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<tr>
<td>– would like to be more treated as an adult. One young person had had an experience of being given medication 6-7 years ago that would “help him to concentrate” and then 2 years ago was told that he had actually been diagnosed with ADHD.</td>
</tr>
</tbody>
</table>
Schools – weekly meetings in schools with therapy/counselling services that are open to all.
Young people helping younger students with their problems (have to have enough mentors to provide this and the right training and support for them)
Teachers having the skills to be able to know how to help
Better and more realistic alcohol and drugs info for children in primary schools

More access to information over the internet
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?

- Some of the group had quite a few other issues that they raised. These included the following:
  - More respect for younger people and their views on the future.
  - More benefits for young people, including financial ones
  - More grants and allowances, especially for education and those leaving care
  - More workers with varied qualifications working together to provide services for young people.
  - Better trained and more friendly staff – from receptionists through to doctors
  - Better services for disabled people – including support with buying stair lifts and other support equipment
  - More support for young homeless people – housing support workers, support for people in supported lodgings that works!
  - Improved living areas in general, including supportive facilities like crèches etc
  - More home visits for people (e.g. people with mental health problems, old people) to help them get out of their homes
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 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)

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) 7

YOUNG PEOPLE (12-18) WHO HAVE USED MENTAL HEALTH SERVICES

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)
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 7
White Irish 0
Any other white background 0
White and Black Caribbean 0
White and Black African 0
White and Asian 0
Any other mixed background 0
Indian 0
Pakistani 0
Bangladeshi 0
Any other Asian Background 0
Caribbean 0
African 0
Any other Black background 0
Chinese 0

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

(Please tick one box only)

- PPI forum or other patient group
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- Section C: details about your organisation and your listening exercise

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

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

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

Tick one box only □

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

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

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

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

(RECORD BELOW IN PRIORITY ORDER)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>They help keep people safe from harm</td>
</tr>
<tr>
<td>2*</td>
<td>They help everyone to have a fairer and more equal chance of having good health</td>
</tr>
<tr>
<td>2*</td>
<td>They enable people with similar difficulties to come together e.g. through support groups</td>
</tr>
<tr>
<td>4</td>
<td>They help people to have healthier lives in general</td>
</tr>
<tr>
<td>5</td>
<td>They help people to be able to get more fun out of life</td>
</tr>
</tbody>
</table>

RECORD BELOW WHY PEOPLE THOUGHT THESE WERE IMPORTANT:

This was not discussed
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.**
  - 3

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

- **Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (eg advisors to help with housing, employment and training and benefits), children’s centres and other locations.**
  - 1

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

  None of the above

  Don’t know
Issue C was prioritised by most of the group as they felt that feeling safe and secure was really important to staying well and healthy, both individually and as a family. Having a warm and dry home was given high priority, as was having a peaceful area to live in.

They also felt it was important because for people who had difficulty getting out due to disability or health it would be easier to get to whatever services there were if they were local to them.

The group liked the idea of tackling issues like drug abuse and trouble from gangs in poor areas because of the positive impact this would have on the health of people’s everyday environment.

Issue B was given high priority by a smaller number of the group – they thought that if there was enough health and social care services then poor and disadvantaged areas would improve. They felt there was more of a causal link this way than vice versa.

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

For young people with mental health problems:

**Recognise their achievements and recognise that all young people have potential to be good at something** – have awards evenings and gifts for young people in need who have still achieved stuff

**Develop more opportunities for young people’s voices to be heard** – is there a youth parliament and a youth prime minister? Not many young people know about this or how they can get in touch with them. “Children should have a say in what goes on around them or the changes that will go on”. This say should be meaningful though and not insincere.

**Do things with them that are fun to help them take their mind of stuff that is worrying them** – e.g. running special youth groups that help them to develop and shine in what they are good at. These youth groups should have tournaments and meetings with other groups for children in need

“We should have more information on what services there are” – it would be good to have a centre to visit to get all this information – and not just for young people but for adults too. Everyone should get an information pack through their door that lists all the health and social care services in their area and what they can do to help people. It should be on the internet too. The centres should be in the town centre in shopping areas. More unbiased information should be also available on what children can do when they get older with training and jobs

**Schools:** “There should be more trained counsellors in schools so that kids with problems can go to them”. Schools should give more services but people might feel embarrassed to go and visit them. But it would make the people who work in these services easier to get to and might help break down stigma too.

More independent groups should come into schools, clubs and other places that young people meet and warn them about things that are dangerous or not good for their lives.
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:**

- People with all health problems should have a say, even though they are different
- Have a young people’s radio station that is just for teenagers, like you have children’s TV stations
- There should be more financial and people help for people with disabilities
Section C: details about your organisation and your listening exercises

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

A. How many people took part in your devolved listening exercises?  
   Write in below  
   
   3

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

C. How many of each of the following types of people took part in your listening exercise?  
   (Please put a number in each box even if it is zero)  
   Members of the general public (i.e. with no specialist interest in health and social care)  
   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)  
   
   YOUNG PEOPLE (12-18) WHO HAVE USED MENTAL HEALTH SERVICES  
   
   3

D. And now please tell us how many of the people who took part – whether members of the public or staff - were from any of the specific sectors of the population listed below.  
   (Please put a number in each box even if it is zero)
<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td>3</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>3</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>3</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>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>Minority in England</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>0</td>
</tr>
<tr>
<td>White Irish</td>
<td>1</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>1</td>
</tr>
<tr>
<td>Caribbean</td>
<td>1</td>
</tr>
<tr>
<td>African</td>
<td>0</td>
</tr>
<tr>
<td>Any other Black background</td>
<td>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 X
- Other (record below)

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td></td>
</tr>
<tr>
<td>Older people</td>
<td></td>
</tr>
<tr>
<td>Pregnant women (and their partners)</td>
<td></td>
</tr>
<tr>
<td>Socially disadvantaged people</td>
<td></td>
</tr>
<tr>
<td>Disadvantaged children</td>
<td></td>
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<tr>
<td>Smokers</td>
<td></td>
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<td>Substance misusers</td>
<td></td>
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<tr>
<td>Disabled people</td>
<td></td>
</tr>
<tr>
<td>Prisoners</td>
<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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<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>
<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

YOUNG MINDS

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: YOURSAY@GAWAB.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]

Focus group with men in prison held as part of work on mental health promotion.

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>1</th>
<th>Seeing the doctor on the day they wanted</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>N/a</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>N/a</td>
<td></td>
</tr>
</tbody>
</table>

Record below why people thought these worked well:
The prison health care service provides primary care and in patient beds. Generally the men can see a doctor the day they want, by requesting to go and then waiting for an appt.

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

(Record below in priority order)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>Not enough dental health care</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Not enough support for detoxification</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Lack of support for vulnerable prisoners</td>
<td></td>
</tr>
</tbody>
</table>

Record below why people thought these worked less well:

They can see a dentist for emergency care but they felt that there wasn’t enough routine preventive care.

They feel that detox services need to be increased. This is supported by a health needs assessment carried out in the prison this year.

There are systems to manage vulnerable prisoners but the group would like to see more support groups for them.

What other issues did people mention? Please record any personal stories here if possible
Many of their concerns focussed on the constraints of prison life although they also talked about the impact on wives and partners and the difficulties they face both in staying in touch and visiting and maintaining work and health care for their children.

Prison is a stressful place to be, prisoners feel they have little control over their surroundings and although in theory the services they receive should be the same as in the surrounding community, in practice this is a category B prison with medium level security. There is little flexibility in times to use services or to move around the prison outside specific times.
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:

Their focus was on the prison services for when they felt unwell – although several have attended stop smoking groups. In addition prison means detoxification from drugs – whether they want it or not and they are concerned about the effects of that and receiving support.

Wide services seem a long way away for most of them. Average age of the group was 24.
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:

They want more direct care and services – dental health, detox,
Q6. Did people think it would be enough for Government to only do these things to help people manage their care and make decisions?

Not discussed

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

Not discussed
WHEN YOU AND YOUR FAMILY NEED HELP AND SUPPORT, HOW, WHEN, WHERE AND FROM WHOM DO YOU WANT IT?

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

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

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

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

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

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

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

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

None of the above

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

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

- Encouraging and supporting better health, for example through routine check-ups, advice on healthy lifestyles and promoting self-care and self-assessment.
- Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.
- Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors’ surgeries (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?

The discussion focussed on local issues rather than future services. The groups were mostly concerned about shortages and issues in the present rather than the future.

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

<table>
<thead>
<tr>
<th>Am 10</th>
<th>Pm 12</th>
</tr>
</thead>
</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)

Focus groups held with prisoners in a men’s category B & C prison. Report used as a secondary source and validated by the original facilitator

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) 16
- 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>Population Sector</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>People in prison</td>
<td>16</td>
</tr>
<tr>
<td>Black and minority ethnic groups</td>
<td></td>
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<tr>
<td>Travellers</td>
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<td>People with caring responsibilities</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>Number</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>
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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>1</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>
<td></td>
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<tr>
<td>African</td>
<td>2</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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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
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>
<th>Group</th>
<th>Ticked</th>
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</table>
Other (record below)
If you work with specific ethnic groups, which of these groupings do you represent or work with?

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

J. What is the name of your organisation?

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>
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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></th>
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</thead>
<tbody>
<tr>
<td>No</td>
<td>X</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 [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)

1. Local GP surgeries
2. Secondary services in Reading
3. No third one

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED WELL:

Because GPs are local and the quality of services in Reading is good (but some issues about transport and access)

They also feel that it is a relatively safe environment with less drug and alcohol misuse

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. Lack of info about specific health issues for BME groups
2. Lack of Asian and black carers
3. For some, transport to Reading for services

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

Also lack of day care centres, residential homes and sheltered housing.
Concerns were raised by both the African Caribbean and Asian adult group about specific health issues that affect BME communities such as diabetes and high blood pressure. Respondents wanted to access information and services about these health concerns and requested local monitoring services for high risk ethnic minority groups. Concerns were expressed over the availability of ethnic minority health services and staff to meet needs:
If you want an Asian carer there are none in Wokingham and they will have to be sourced from outside the Borough. There are no carer support groups. Carers who speak an Asian language have had to be brought in from Reading. To find carers for the Asian community in Wokingham is difficult. (Asian woman)

For one caring for a disabled child, transport was a problem: Needs are not met in Wokingham but are met in Reading. With a disabled son all his needs are met in Reading. His health needs are met in Wokingham but his social services needs have to be met in Reading. A Black social worker had to be bought in from Reading to meet needs of our disabled son. (African Caribbean)

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

There is very little care overall for older people in the District. There are more and more elderly people now and there needs to be a place for them where there are more Asian people and it caters for their needs and to have the services available for them. The BME population of Wokingham has doubled since the 1991 census to 6.1% (2001 census) but the services have not doubled. (Asian woman)

Some also commented on the confusing layout of the local community hospital – the services were of good quality but difficult to find.
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
They discussed a range of issues wider than health services in the course of this consultation. In particular they were concerned about the provision of, and access to, services for BME groups and communities. They want culturally appropriate 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 – they also discussed the importance of the attitudes of the wider community. Wokingham is a predominantly white area and they often feel excluded.

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

Not discussed
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

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

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

None of the above

Don't know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

They want more information about specific conditions such as high blood pressure and diabetes that are affecting BME communities. They asked for a local monitoring group for these conditions.
Q6. Did people think it would be enough for Government to only do these things to help people manage their care and make decisions?

Not discussed

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

Not discussed
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
The specific request the participants made was for a local monitoring group for specific health issues – diabetes and high blood pressure that are affecting the BME communities.
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?

More for older people

*There is very little care overall for older people in the District. There are more and more elderly people now and there needs to be a place for them where there are more Asian people and it caters for their needs and to have the services available for them. The BME population of Wokingham has doubled since the 1991 census to 6.1% (2001 census) but the services have not doubled. (Asian woman)*
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.

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

Because they identified a specific additional service – a local monitoring group for diabetes and high blood pressure as they affect BME communities.

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

Providing a specific monitoring and information service for long term health problems such as high blood pressure and diabetes would help the communities make better use of services.

Improving local services would address some of the issues in getting to Reading for services (although they recognised that some things cannot be provided locally and the quality of Reading services was mentioned).
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 awareness of BME issues and needs with information and services targeted to meet them. |
| Contributing to raising awareness and dealing with racism in the wider community as well as within all health and social 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
   
<p>| | | |</p>
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<tbody>
<tr>
<td>13</td>
<td>8</td>
<td>16</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) X

Focus groups held with BME groups re community development. Your health Timescale did not permit such a detailed approach. Report used as a secondary source and validated by the original facilitator.

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) 37
- 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>Category</th>
<th>Count</th>
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<tbody>
<tr>
<td>Children and young people</td>
<td>16</td>
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<tr>
<td>Older people</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
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- Any other Asian Background
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- 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 X
- Private sector health or social care services
Voluntary sector health or social care services

Other (record below)

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

*(Please tick all relevant boxes)*

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

- White British
- White Irish
- Any other white background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
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- 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>
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<tr>
<td>Yorkshire &amp; the Humber</td>
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<tr>
<td>East Midlands</td>
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<td>East of England</td>
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<tr>
<td>South East</td>
<td>X</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>
<td></td>
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<tr>
<td>Not applicable</td>
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</tbody>
</table>

J. What is the name of your organisation?

Wokingham District Council

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>
<td>X</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?

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<tr>
<td>Yes</td>
<td>X</td>
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<tr>
<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:
Focus Group Work With 122 Working Age Adults at the 3M Factory
Aycliffe, County Durham. 18th and 19th October 2005.

Breakdown
• There were 72 women in the groups and 50 men.
• The postcodes of participants were:
  - TS 21
  - TS 24
  - DL5
  - DL4
  - DL3
  - DL17
  - DL16
  - DL14
• 99% of participants describe themselves as being ‘white british’

1. Helping people to take care of themselves – what is needed?

Note: People in these groups considered themselves ‘quite’ healthy and tended to access health services or seek health information infrequently.

These groups said they needed:
• Regular health checks for working age adults who want one
• Access to an NHS GP (not a private or company GP) through the workplace
• More flexibility of NHS services and longer opening hours for people who work shifts
• Affordable gyms – some council run services are privately operated and are expensive
• Information about staying healthy needs to be presented more clearly, in plain English and with no jargon
• Instead of leaflets or flyers, there should be an electronic ‘credit card’ with key information on
• Better marketing campaigns would highlight the services that are on offer. People who work often don’t know about the things that are available
• More support through the Sure Start schemes. Some people have tried to take advantage of the schemes but claim they are not flexible enough for people who work
• Well man and well woman clinics in the workplace (lessens disruption to the employer and the patient)
2. Getting the health advice, help and support needed

Note: People in these groups did not consider themselves to be in constant need of advice and support but said it was important that they had access to the information when they needed it. This clearly did not happen all of the time.

- We work shifts. We do need to be able to get access to see a nurse or GP when we need to but it seems the NHS is so inflexible when it comes to meeting our needs. Points raised:
  - No GP appointments available before 8.30 am or after 5.30 pm
  - My surgery does not do ‘phone consultations (why?)
- We have to be released from production lines to make phone calls to GP’s between certain hours because appointments can only be booked at certain times. Its not easy getting though to the surgery in this tiny window of opportunity and this is very frustrating for people. Many report ‘giving up’ on calling the surgery and deciding to go to the Out of Hours GP service after work instead (who are already overstretched in this area)
- All of the people in the groups said they would like to be able to register with a GP near to their work as well as near to home
- GP practice staff are not always welcoming and helpful. This clearly affects the patients experience of the service and affects their own behaviour, choices and actions once in the surgery (some can't wait to 'get out' and leave with questions unanswered)
- People like the idea of walk-in centres (not fully available in this area yet)
- Many people talked about being unsure of the range of services provided by GP’s or the NHS. Many would like more info about what is available for them.
- A lot of people reported using NHS Direct service but were frustrated at how long it took to relate the symptoms to the call handler and then the nurse after that.
- People want locally based primary care services (like minor operations, tests and investigations) in their own communities
- People want to see NHS buildings put to use (for community groups and so on) in evenings as well
- People want to have consultants appointments in NHS buildings close to their home, not distant hospitals.
- Local people want to see the NHS build stronger links with schools and industry.
3. Making decisions

Responses (key points):

- The decisions I take for the health of self and family are based on what I can find out from other people or by asking the occupational health nurse (at the 3M factory).
- People rarely keep NHS leaflets or the ‘Patient Prospectus’ booklets.
- The majority of people would seek out written information only at the time of a particular need. Many would not pick up leaflets about (for example) prostate cancer or constipation unless they actually needed them.

4. Key points that the discussion groups wanted DoH to know

- GP services need to be responsive to the needs of people who work long hours and shifts.
- GP Appointments before 8.30 and after 6pm would be seen as an ‘excellent’ step forward.
- Telephone consultations should be encouraged.
- There should be an agreed standard for what constitutes a ‘concerning’ cholesterol result.
- People unable to pre-book GP appointments now that the 48 hour access targets are in fashion THIS DOES NOT HELP PEOPLE WHO WORK.
- Local people feel that that the NHS’s insistence on adhering to NHS targets actually turn patients off. They think targets are a barrier to good quality patient contact and care.
- There are far too many administrative support jobs to support these NHS targets. The money could be better spent on direct patient care.
- People want continuity with their GP. The 48 hour access targets have spoiled that.


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) /  

Milton Keynes Council and Milton Keynes 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 into the development of plans for improving community health and care services.

Please note the feedback form is in three parts:

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

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

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

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

Tick one box only

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

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

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

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

(Record below in priority order)

1. Council and NHS working well together
2. Good GPs
3. Nurse-led services

Record below why people thought these worked well:

Personal experiences of complex care packages where care workers and different health professionals worked well together.

Personal experiences of good service from their GPs (when they manage to get an appointment!)

People valued nurse-led clinics etc, and there was a strong feeling that as long as they got the service they needed and they got good advice, the service didn’t need to be delivered by a GP.

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. Access to information
2. Patient information not being shared
3. Access to GP services
RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

People wanted information about local NHS and Community Care Services and they wanted information about voluntary/self help organisations, and information about treatment in the independent sector and about complimentary therapies. In addition, people found the care pathway confusing.

People found it wasn’t helpful that information about their care wasn’t shared and found it tiresome having to keep repeating things, or information getting lost between organisations. They understood the need for confidentiality, but didn’t see why it had to be so difficult.

The booking systems at some GP practices were very difficult and inconvenient to people, and it meant they could not book an appointment to see the GP of their choice when they wanted to see them.

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

People wanted services that were easy to get to. A lot of people wanted investment in good public transport systems so they could get to health centres, etc.
Section B: what did people think of the suggestions for improving health and social care services?

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

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

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

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

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

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

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

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

People wanted joint services and/or co-located services.
They wanted extended roles for nurses.
They wanted support and advice from people with the appropriate skills.
Disciplines were less important to members of the public. They don’t mind who provides the services, they just want the job done (and well).
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 wanted the Government to take a “softer touch” in managing health and social care services. They wanted local services to make their decisions and to deliver local services to meet local people’s needs.

People wanted the Government to take a “harder touch” to public transport, and a more active role in managing the local public transport market. It was felt that it was not sufficient to leave public transport provision to the private market.

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

Promoting healthy lifestyles
Promoting healthy eating
Helping people reduce stress
Better work – life balances
Making it possible for services to share information
Better co-ordination of services
Helping to make access to cheaper/free IT
Manage public transport so people had easy access to services
Ensure services are locally commissioned and delivered (ie retain the PCT in MK)
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:

There was a very strong theme about the need for information and the need for a clear care pathway. The information needs to be easy to access.

The distinction between all of these priority-wise is very small for people. They are all seen as very important.

The needs of unpaid carers were highlighted at the consultation.
Q6. Did people think it would be enough for Government to only do these things to help people manage their care and make decisions?

People made a number of suggestions of the things that needed to be done (see answer to next question)

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

Access to cheap or free IT (especially to people that are disadvantaged)
Expanded role for voluntary sector to provide preventative services and health promotion interventions.
People wanted a way that patient information could be shared
Clarifying the confusion for people about charging/not charging for social care and NHS services. People wanted a better, fairer system.
People wanted everything to be easy to access as part of a whole system, not just health and social care. They wanted an easy to understand way of accessing self help services, complimentary services and independent sector services.
People wanted the same access to services wherever they were (e.g. cancer services). People were concerned about the “postcode lottery”, as well as wanting local services that were easy to access.
People wanted a greater emphasis at school about citizenship, volunteering 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)

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:

Local services that were convenient for local people.
People at the consultation were concerned about health inequalities and they wanted services to be suitable for and to encourage people to use services who currently don’t do so.
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 wanted the Government to retain Milton Keynes Primary Care Trust
People wanted the Government to take a strong, clear direction on health inequalities.

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

Public transport was important. People didn't seem to mind that the service wouldn't be on their doorstep; they just wanted the services to be easy to get to by public transport.
People wanted easy access to consistent services.
Q11. Looking across all the options we have asked about, which of these did your group think was the most important thing to be done immediately?

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<tr>
<td><strong>Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.</strong></td>
<td>3</td>
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<tr>
<td><strong>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.</strong></td>
<td>2</td>
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<tr>
<td><strong>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.</strong></td>
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<tr>
<td><strong>Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer</strong></td>
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<tr>
<td><strong>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.</strong></td>
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<td><strong>Providing more help to people caring for others, for example with more respite care</strong></td>
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<tr>
<td><strong>Providing people with better information about what NHS, local authority and social care services are on offer</strong></td>
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</table>
Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes e.g. support from people with similar conditions

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

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

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

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

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

Information was very important to everyone of all age groups. Cohesive, joint, co-located services were important to everyone of all age groups. There was a strong theme from the people at the consultation event about health inequality and disadvantage.

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
Joined up local services
Services that help people to help themselves to stay healthy
Professionals’ skills were important, not their job titles
Services that are easy to get to
Opening times that fit round people’s busy lives
Integrating voluntary services, independent services and complimentary therapies with the NHS and social care, to make a whole system
Support unpaid carers better
More nurse-led clinics
An end to the postcode lottery
Easier booking of appointments with GPs
Q14. Please summarise the main points from the discussion about what else the Department of Health should be doing to make sure that community-based health and social care services meet people’s needs in the 21st century?

| Manage public transport markets more |
| Encourage local decision making and service delivery |
| Encourage local access to cheap or free IT, especially targeting those people that are disadvantaged economically. |
| Promote joint commissioning and joint working |
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>A day long session (from 5 to 8 hours long)</th>
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<tr>
<td>A half day session (from 3 to 5 hours long)</td>
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<td>Up to 3 hours long</td>
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<td>Other (record below)</td>
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Evening “Supper Event” (3 hours long)

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

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

| Members of the general public (i.e. with no specialist interest in health and social care) | 33 |
| Members of the public who are involved with health and social care services e.g. PPI forum members | 7 |
| Paid staff from your organisation                                                      | 4 |
| 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>Children and young people</th>
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<tbody>
<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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<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>
<td></td>
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<tr>
<td>Disabled people</td>
<td>/</td>
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<tr>
<td>People in prison</td>
<td></td>
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<tr>
<td>Black and minority ethnic groups</td>
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<tr>
<td>Travellers</td>
<td></td>
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<tr>
<td>Homeless people</td>
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<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>
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<tr>
<td>Asylum seekers</td>
<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>
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<td>Other (record below)</td>
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We didn’t count how many of each, or ask them their ethnic origin.
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>
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<tbody>
<tr>
<td>White British</td>
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<td>White Irish</td>
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<tr>
<td>Any other white background</td>
<td></td>
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<tr>
<td>White and Black Caribbean</td>
<td></td>
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<tr>
<td>White and Black African</td>
<td></td>
</tr>
<tr>
<td>White and Asian</td>
<td></td>
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<tr>
<td>Any other mixed background</td>
<td></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>
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<td>Any other Asian Background</td>
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<tr>
<td>Caribbean</td>
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<td>African</td>
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<tr>
<td>Any other Black background</td>
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<tr>
<td>Chinese</td>
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<tr>
<td>Rather not say</td>
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</table>

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

(Please tick one box only)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Blank</th>
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<tbody>
<tr>
<td>PPI forum or other patient group</td>
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<tr>
<td>Community-based NHS services</td>
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<tr>
<td>Local authority social care services</td>
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<tr>
<td>Private sector health or social care services</td>
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<tr>
<td>Voluntary sector health or social care services</td>
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<tr>
<td>Other (record below)</td>
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</table>
Milton Keynes Council and Milton Keynes Primary Care Trust. We did a joint event.

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

*(Please tick all relevant boxes)*

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

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

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J. What is the name of your organisation?

Milton Keynes Council and Milton Keynes Primary Care Trust

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:

Alison.shepherd@milton-keynes.gov.uk
Selby and York Primary Care Trust

Your Health, Your Care, Your Say Consultation

CRI (Drug treatment and testing orders group)

Notes from a discussion group held with 12 patients accessing drug treatment in the community

The following is a resume of the discussion held on Tuesday 18 October with 12 service users in a community setting on the Your Health, Your Care, Your Say consultation.

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.

Getting Information
Patients felt that they were unclear about what was and what was not healthy. Conflicting information was often given in the media, which made things confusing. The majority of the group were in receipt of benefits and found health options more expensive than the high sugar/salt processed food that could be prepared quickly, others did not know how to prepare and cook healthy food.

Taking Care of Yourself
Drug misusers felt that healthy living was never talked about in their contacts with health professionals and focus was always on their addictions. Patients also felt that leaflets and literature had little effect and that information was retained better if it was delivered face to face so that clarification could be sought. They felt that a healthy lifestyle should start at school age and parents and carers should be encouraged to find out how to cook and provide their children with the right kinds of food and exercise to make sure that they had the best start. They recognised that this would be passed from generation to generation.

Check ups
None of the patients in the group had ever had a check up but thought a general check up would be a good thing. They stated that they would be more likely to attend if an invitation for a check up was sent to them and would not necessarily access a check up if the process had to be instigated by them. Patients felt that general health was not seen as a priority and felt discriminated against because of their drug use.
They felt that access to drug treatment was difficult and that they were not dealt with in a compassionate way by many of the health professionals they had encountered. They also felt that there was little parity of service across North Yorkshire and that drug treatment services were delivered in an inconsistent way, which was confusing.

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.

Drug misusers felt that the focus of all their health care was about their addictions were often sent to drug related services unnecessarily when a GP specialising in family health may be more appropriate. Health professionals have stereotypical attitudes to drug misusers. One patient had attended a walk in service and was directly asked about her drug misuse when this was not related to the problem that she was attending with.

They were reluctant to attend hospitals as provision of medication for dependency was not addressed quickly enough. Service users had not been made aware of recent changes in the service, which meant there was a liaison nurse available to them. The group would happily attend other health professionals if signposted to hospital but not happy to initiate contact themselves due to staff attitude. Need to be referred or invited.

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 (eg providing jobs and skills advice), children’s centres and other locations.

It was acknowledged in the group that most people’s health had deteriorated as a direct result of poverty. Many had experienced eviction from council properties and this compounded problems. Eviction was an end result in many cases of individuals not providing evidence of benefits and the majority had been in receipt of benefits at the time. It was felt that if a worker could engage with this group and assist with the form filling and proof of benefits that more people would be able to stay in accommodation. The nature of the current system means that many are left in arrears with no hope of being rehoused by the local authority.

The group acknowledged that sometimes it was difficult to admit the problems they were encountering but said if a skilled worker was to work with them face to face then they would be likely to comply.
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.

The group had little experience about older people and disabilities but all stated they did not know where to go if they needed assistance. They agreed that a one-stop shop was a good idea and they would want to know that they could address all their needs. They believed that the elderly should be able to choose where they wanted their care and ultimately where they wanted to die. They also thought that voluntary euthanasia should be available to those who wanted it.

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

The group agreed that when in employment it would be more useful to have extended opening hours for GP’s and pharmacists.

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.

The group agreed that it would be a good idea to have several satellite walk in centres around the city not just one central one. They also would like to have the choice of GP dealing with them to ensure consistency of care. Community based projects were more appealing to this group as they wanted to avoid inpatient care in hospitals.

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

It was agreed that services should be accessible to everyone but they have experienced some negative reactions within health services. Drug misusers have said that they have often been made to feel like a second class group.

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

The group agreed that the patient and their family should be given the support and help needed to enable the patient to choose where they would like to die. They also felt that it was important for the family to feel able to change their mind if the caring role became too difficult or frightening to manage. The group also felt that voluntary euthanasia should be available if required.
Selby and York Primary Care Trust

Your Health, Your Care, Your Say Consultation

York People First (Adults with a learning disability)

Notes from a discussion group held with 10 service users working as peer advocates

The following is a resume of the discussion held on Wednesday 19 October with 10 service users in a community setting on the Your Health, Your Care, Your Say consultation using the ‘easy read’ version of the consultation paper.

The easy read version of the consultation was taken directly from the website and proved too small to read for the service users participating in the discussion. The website did not allow for it to be increased from A5 size and so was deemed inaccessible by these service users. We increased the size by photocopying the pages to A4 size which the service users found easier to read.

Q1. How can services best help you and your family take care of yourselves in your daily life?

Check ups
The majority of the service users had been called for a health check and found this reassuring. Some had health action plans and some did not know whether they had them. One service user would have liked to know more about a long term health condition but felt that the health professionals discussed this in more detail with her carer rather than herself. She felt unable to challenge the health professional and unsure about challenging her carer as she did not want to upset anyone. All the service users felt that information sent to them and to carers should be accessible and targeted appropriately to their level of need.

Getting Information
Service users felt that getting information about health services in an accessible form was difficult. They also felt that little consultation was done with service users to find out what would be appropriate in terms of accessible information and that despite voicing these concerns little had been actioned.

Taking Care of Yourself
Service users had an understanding of the benefits of healthy eating and exercise, but many had had restrictions placed upon them whilst in special schools and so were unsure as to the level of activity allowed for them. They felt that leisure facilities were often inaccessible to them without a carer present and this was often difficult to arrange. (It was generally acknowledged that this would be easier for people managing their own care under the ‘direct payments scheme’)

1/3
Being Poor
Service users in this group acknowledged that they were in receipt of higher payments in benefits than other groups. They did not seem to have a perception that they were poor and all felt that they had a good standard of living.

Being Old or Disabled
Service users felt the biggest problem to them was lack of information; they wanted accessible information available in a format and at a level that an adult with a learning disability could understand. They felt that if someone could go through things with them and then leave written information they could remember what had been said and use the information as a reminder.

Service users said they would like to see the same health professional when possible; they liked to have a named GP who they knew and who knew them. They would like to be able to have care whenever they needed it, for those who worked they found work flexible enough to allow them to attend appointments.

Where is it easy for you to go for care?
Most service users attended a GP for care or were visited by a GP. Some had used the walk in centre.

Making care fair for everyone, especially black people and young people.
All felt that care should be fair for everyone and accessible to all, some felt that adults with a learning disability and a mental health problem were treated differently than those without a disability. They also felt that units designed to care for those with LD and a mental health problem were unnecessarily restrictive observing closely their every move. They also felt that the mental health of those with a learning difficulty was ignored and treated as a ‘behavioural problem’ on occasions.

Care as you get older
All agreed that more care might be needed as they got older. Concern was expressed about health professionals having the final decision about finishing work at retirement age. Work was seen as social/leisure as well as occupation. Some said they had seen peers retire and were concerned about the isolation these former colleagues had experienced.

Question 3
How can services be better organised so you get the right care quickly?
Service users felt that services needed to be joined up properly. They felt that all health professionals needed a good understanding of learning disabilities and that this should start in the training of these professionals.
Having one assessment for all your care needs
Service users thought that one assessment was a good idea but were uneasy about someone with budgetary responsibilities undertaking this assessment. They wanted the assessment to be about need not about what a service could afford.

Better information you can understand
All agreed that information needs to be accessible for all and checked as accessible with service users. They also thought that a drop-in informal venue such as a coffee bar with staff available to talk through information would be a good idea.

People who have a health problem that lasts for a long time
Many of the service users present had lived with health conditions for a long time. They felt the information they had was limited and would welcome more. We also discussed the Expert Patients Programme becoming accessible so that more people with a learning disability could attend and that it be inclusive to those with a learning disability to access alongside those without.
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]

Rushcliffe 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
2
3

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

(RECORD BELOW IN PRIORITY ORDER)

1
2
3

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

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

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

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

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

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:

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

Much more cost effective
Think about expanding self-care to include emotional support

- Yes, because saves money
- Prevention better than cure
- Ongoing need – this is surely a given?
- We expect it
- If we don’t we must deal with consequences?
- Informed choices – moral responsibility
- Access
- Pick things up at early stage
- Sustain physical/mental well-being
- Empowerment
- Society impact
- Routinely available
- Save money
- Makes conditions easier to manage and fewer complexities in chronic conditions
- Not wasting opportunities
- Very powerful thing
- Can be very dramatic
- Only make a difference when people can access, understand and act on the information

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

- Sensible idea
- Needs to be locally based for accessibility
- Yes, Government should do this, but how?
- Think about where services are delivered (stigma)
- To increase access
- Can’t tackle ill health unless you tackle other social issues
- Why isn’t it already happening?
- A bit more joined up at the top
- Better access to services
- Decrease health inequalities
- Better social conditions – better health
- Quality of life improves
- BIG impact
- Greater impact for everyone
Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

- Carers
- Consistency
- Place obligations on organisations to ‘deliver’
- A holistic approach
- Include carers
- Yes, Government should do this
- Need local sensitivities
- More money to local areas
- Use independent and informal networks
- Need to check not duplication
- Ensure voluntary sector supported to deliver services
- Affordable housing everywhere
- Dignity and fulfilment
- Planning housing
- Reduce burden on community
- Cheaper
- Reduce social isolation
- Improved mental/physical health for carers, relatives and workers
- Money could be spent on wider range of services
- Reduce hospital infections
- Role of individuals in society
- Volunteering in employment
- Balance of housing
- Gigantic
- If everything is in place would be a huge difference

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

See Q 2

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

- How does this link to care in hospitals?
- Much less stressful – having ‘care’ in the community
- Focus on practical support - Where is the focus on emotional support – include carers/relatives etc?

•
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

- What about other agencies: voluntary sector, schools, churches?
- Better co-ordination – promotion of what is available
- Mapping of services
- Local knowledge?
- Promote where to get information
- Of course Government should do this
- Need experts to provide information
- Information needs to be credible
- Aids to comprehension
- Supporting people to make choices
- Has to be sustainable
- Don’t give up
- Visit people and offer motivation (someone who is trained in motivational training – could link to Health Trainers)
- Make it very localised
- Wide range of people
- Empowering not feeling
- Need to be accessible for all
- Welfare rights
- Getting more health for less money
- See 1a
- Some women better than men because of networks
- BIG impact
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:

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.

- Depends on when the assessment takes place. This would be crucial and dependent on need and would vary on the situation
- A named person to contact, although they may not be able to answer everything
- A single point would be fantastic
• A one – stop shop - a bit like Citizens Advice Bureaux?
• A person’s needs may change over time
• There doesn’t appear to be any communication between services
• Encourage people to seek help for themselves. People don’t always know where
to go for help. Confidence building needs to happen
• Education of agencies of what people need and want
• Needs assessment needs to be after a diagnosis
• Information: can there be too much information? It can be overwhelming
• There should be a single needs assessment as long as services speak to each
other
• Challenges when people live in boundaries of areas
• Achieve – more effective care and wider availability of choice; life would be more
comfortable and feel supported. Saves answering the same questions time after
time
• Helps with relationships with professionals
• Has a cash implication – could save resources, which could be invested back into
services
• Computers would have to work, services would talk to each other, staff motivation
and morale would increase, services would be speedier and more efficient trust
and confidence

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

• Absolutely – social care including voluntary sector organisations
• Important that professionals get the correct information to give to people. How
the information is given is important. People don’t always read notices etc.
Campaigns can help to raise awareness although people can be overloaded
• People only pay attention to what is affecting them and when it is affecting them
• Access information at work
• Pharmacist can get information
• Broaden where information can be accessed e.g. health clubs
• People might start making changes a lot earlier before condition becomes chronic
• People would be better informed.
• People might think about health as an everyday thing

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

• Access to services for people with long term conditions needs to be a balance to
ensure equality for all conditions and service users, not just those who shout
loudest
• Think about choice of treatments alternative therapies
• Exploring and defining choice, availability
• People need to see that something is happening
• More choice can leave people feeling totally unsupported
• Better access to services, better quality of life
• Don’t see the word ‘delivery’, the emphasis is on availability and choice and not on
how it will be delivered
• Better information
- Support groups – support for the support groups is needed such as Councils for Voluntary Services
- There would be a quality of life for patients and for carers
- Cost implications – is it cost effective
- Who defines quality? Should be a partnership – must involve patients
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 - 1

Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live - 3

Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community. - 3

Developing new services for people who don’t always currently access care, such as young men, teenagers, people from different ethnic groups, people with disabilities. - 2

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
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.

- Why should it be the government? Is the Government the right ‘animal’ to do this?
- There is a current tendency, if something doesn’t work – to launch a new initiative!
- Better to have less choice and let us concentrate on what there is. Let us enhance what already exists, e.g. moving dentists, opticians into local GP surgeries
- More economical use of existing buildings
- Keen on extending opening hours for GPs
- There is a drive to get Social Workers to work 24 hours, 7 days a week especially in hospital. Might have to introduce this notion quite gradually into the NHS, to get staff to work longer/anti social hours
- My GP has now closed on Thursday lunchtime
- Looking at retail business, they have moved from ‘old’ shop hours to much longer hours
- Supermarkets have introduced new workforce who have different contracts
- Try to move away from 5 year cycle (political cycle) and plan for longer future
- People are affected greatly by changes in public transport
- Need for joined-up thinking e.g. Department of Health and Department of Transport

What would it achieve?

- Would help working people if there were extended hours
- We could have public access to NHS Direct on line at local health centres
- This could also happen at libraries, supermarkets etc
- Will this be ‘value for money”? What about flexible working hours to allow people to access health services
- Extending the hours - a lot of NHS staff already work longer. Need to introduce a shift working pattern, which would allow more part time workers (which would help workers who are also unpaid carers)
- Shift working patterns for GPs could extend opening hours with less people using services at any one time. Spreading the load need not necessarily cost more money
- This would only work if you had same number of people attending the surgery
- More attendance at A&E because it’s the only 24 hours 7 days a week service – cutting down this with longer GP opening hours would actually save money
- Access to GP: waste if people don’t attend appointments. Only place one can go ‘on spec’ is the Walk-In Centre. However there is a group of people de barred from using services. Appointments can be ‘good’ and can be ‘bad’

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)

- Very important
- Euthanasia? Patients wanting to take control because of fear. If you have decent hospice movement and adequate provision for palliative care for people at home, this then dilutes the case for euthanasia
• It’s when you make decision. Wish we could make decisions earlier
• Need to look at family support. Implications of giving people right to choice of place to die for family. Expensive option to provide proper care for people dying at home
• Support may include patient going into respite care. Someone going into hospital may be perceived by Government/patient that this is irreversible. Needs to be made clear that it is a temporary measure
• Need to consider parents of people with learning disabilities; what happens when parents die?
• Often issues require multi-disciplinary approach

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.

• Registering with another GP – is this feasible? You should be registered with GP nearest to you when you need most help
• Important psychologically to know and trust your ‘family doctor’
• Encouraging people to get to know their pharmacist
• Feel more secure to get to know your GP – makes you feel ‘cared for’
• Is healthcare something you ‘buy off the peg’ or is it important to trust an individual GP? The Government thinks there is nothing special about one to one relationship between patient and GP BUT not true. Clinicians are protective about the one to one relationships but GPs have led us down this path to a certain extent, because they want to reduce their hours and have NEMS. Very important to have a GP who knows you and your family
• All ‘healthcare’ is not the same for some ailments/patients (e.g. someone with mental health, learning disabilities) needs the personal touch. Some healthcare e.g. boils, routine check-ups, may not necessarily need special one to one relationship, (although for vulnerable people, this may still be important)
• Perhaps we need special relationships with staff other than GP, e.g. Practice Nurse

• Need to build on what already exists
• Recently, move to transfer some services back to GP – this is a positive move. Bring as much as possible back to GP! Need to delegate some things from GP to nurse
• Problem of access to hospital: parking, local public transport
• Less people in hospital = less infection
• Role of pharmacy could take over from GP. Excellent way forward for pharmacists to have cubicles for consultations
• Tablets have lots of patient information – good to have pharmacists to explain
• Danger if links are lost between GPs and hospital consultants. No consultants working out in community
• Need to make working in the community more attractive to consultants
• Cottage hospitals – bring them back!
• What about hospital services brought out into the community?
• Need to instil confidence in local services
• Public will say what they want!
• Lloyds Pharmacy advertising about taking prescriptions to patients is a win/win situation; need to learn lessons from business
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?

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

- Need to find out why people don’t turn up for appointments
- Better to build on existing services and make them better known and more accessible
- May be cultural/religious reasons why people aren’t accessing services
- Is it racist to demand to see a GP of their same cultural/ethnic origin?
- What about preventative health?
- Men's health – what about NHS drop-in service at the local gym?
- People would go before it’s too late
- It would save money
- It might help ‘excluded’ people to feel included in British society
- Decline in major manual industry has been negative because occupational health/factory nurse don’t exist anymore. Need to have similar roles for service industry. Employers need to take more responsibility for employees
- Teenagers at school could have routine health checks at school. Sensible idea to have health MOTs. Build on vaccination cycles
- Good idea to have 5 yearly check ups
- ‘New services’ should include encouraging people to take up physical activity and banning fizzy drinks and crisps
- ‘Nanny state’? It’s mainly due to the nanny state that an impact on smoking prevalence is finally being made
Q11. Looking across all the options we have asked about, which of these did your group think was the most important thing to be done immediately?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Write in below

<table>
<thead>
<tr>
<th></th>
<th>12</th>
</tr>
</thead>
</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)

There were 3 sessions held

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</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>3</td>
</tr>
<tr>
<td>Paid staff from your organisation</td>
<td>4</td>
</tr>
<tr>
<td>Voluntary staff from your organisation</td>
<td>2</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>Count</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>1</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>1</td>
</tr>
<tr>
<td>Substance misusers</td>
<td></td>
</tr>
<tr>
<td>Disabled people</td>
<td>1</td>
</tr>
<tr>
<td>People in prison</td>
<td></td>
</tr>
<tr>
<td>Black and minority ethnic groups</td>
<td></td>
</tr>
<tr>
<td>Travellers</td>
<td></td>
</tr>
<tr>
<td>Homeless people</td>
<td></td>
</tr>
<tr>
<td>People with mental health problems</td>
<td></td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>1</td>
</tr>
<tr>
<td>People in hospices/residential care</td>
<td>1</td>
</tr>
<tr>
<td>Asylum seekers</td>
<td></td>
</tr>
<tr>
<td>People with long term conditions</td>
<td>3</td>
</tr>
<tr>
<td>People with caring responsibilities</td>
<td>2</td>
</tr>
<tr>
<td>Other (record below)</td>
<td></td>
</tr>
</tbody>
</table>

22/27
E. Of the people that took part in your listening exercise, can you please tell us how many were from each of the ethnic groups listed below

- **White British**: 8
- **White Irish**: 
- **Any other white background**: 
- **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)
- Primary Care Trust
G. If your listening exercises mostly involved staff rather than patients or service users please can you identify from the list below which groups they most often have contact with or provide services for:

(Please tick all relevant boxes)

- 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>X</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?

Rushcliffe 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>X</td>
</tr>
<tr>
<td>Primary Care Trust who ran 3 local events with members of the public</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:

penny.spice@rushcliffe-pct.nhs.uk
FEEDBACK FROM ‘YOUR HEALTH YOUR CARE YOUR SAY’ WORKSHOP
FROM THE ANNUAL GENERAL MEETING HELD ON
29TH SEPTEMBER 2005 AT THE MARILLAC NURSING HOME, BRENTWOOD

The questions and answers were carried out using flip chart paper and Post It notes for feedback. Attendance on the day was 89 members of the public, which included several Sixth Form Students, and PCT staff

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

• Better information needed for parents
• Patients need to know what is available to make an informed decision
• Greater range of tests and diagnostics in Primary Care
• Give advice/information about how to develop and maintain network and contacts in the community.
• Difficult for someone to recognise they have a Long Term Condition.
• Patients need help to talk to Doctors, Health Professionals, etc. – hospitals disempower you. Challenge for practices?
• GPs would like easy access to specialist advice – if admitted, get into the system.
• Central advisory point – e.g. web based – or the telephone
• Advise providers in GP surgeries – statutory and non-statutory
• GPs are key – but advice could come from receptionists, Practice Nurses or specific advisors
• Feeling of security for the elderly needed – e.g. stairlift
• Approaching people to assist in accessing required agencies
• Support needed to access services
• Right service needed, at the right time and in the right place.
• Need some/more clarity on expectations – e.g. outcome of operations, will they work?
• Service fragmentation – same condition but for different parts of the body through different professionals – e.g. advise from a GP and/or specialist/consultant – are they telling the patient the same thing?
• Why can’t Health clinics be open, like Supermarkets, e.g. 24/7 – increased opening hours – time and place would be more convenient
• Health surgeries in the community – or drop-in centres
• Use of Pharmacies – increased opening hours – whole systems
• Parish Councils/local councils : using existing mechanisms to distribute information – health information, Health information, Newsletters etc. – links to health.
• Waiting times need to improve to see Physiotherapists – could be better
B. When you and your family need help and support, how, when and where and from whom do you want to get it?

- 9-5 Out of Hours services
- Citizens Advice Bureau – more money needed to help them give advice to everyone
- More health input to Schools, e.g. alcohol/substance misuse to encourage student take up
- Use local pharmacists to help extend their role and function of keeping people healthy
- Drop-in Centres – if DNA, e.g. GP Surgeries/Day Hospitals to discuss Long Term Conditions
- Out of Hours service should be via one’s own GP/Practice
- Population movement – relatives not in the same neighbourhood causes problems
- Why can’t Health clinics be open, like Supermarkets, e.g. 24/7 – increased opening hours – more convenient time and places
- More information needed on what is available
- Use the wider Community volunteers/befrienders – using their wisdom and experience
- Access to benefit advice and pensions, etc.
- Further use of NHS Direct
- How to use expertise of the workforce, as they retire
- Health passports to record **activities**
- Use of pharmacies – increased opening hours – whole system
- Support carers/families
- Personal responsibility – eg taking regular exercise/eating a healthy diet
- Information gleaned from GPs
- Need to be better informed (by GPs) to pass on to patients

C. 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?

- Improve transport – parks, leisure and sports facilities – public toilets – health promotion to a wider audience.
- Annual ‘MOT’ for health checks – via organisational setting, workplaces (like schools) and the community. Possibly incentive for this (cash?). Life insurance discounts when a health ‘MOT’ is taken
- Targeted campaigns at large, multi-national and corporate Fast Food chains to start serving healthy food
- Supply equipment/adaptations to help people to remain longer in their homes
- More healthy workplace (plants etc)
- Sub-group at St Martins School, Hutton – membership?
- Public transport too expensive for sixth formers – accessibility?
- Extended schools – suggest more information needed on leisure, health and safety
- Brentwood Centre for healthy exercise difficult to get to for students, for dance classes and group activity – also Youth Preparedness (YP)
• Suggest a ‘Youth MP’ for Brentwood (publicity)
• Keeping fit, eating healthily, being part of a community, how the school treats you
• Maintaining moral beliefs – creating awareness – tackling transport difficulties – tackling lack of entertainment facilities
•Behavioural issues in youths – e.g. criminal damage, etc.
• Information pack needed before going into hospital – because when you’re in, you’re in. You don’t always take in information when you’re ill.
• Why isn’t information given out in hospital about Expert Patient Programme and Support Groups?
• Suggest there should be appropriate information given to children of the patient – especially when the patient has a long term condition.
• Sometimes bombarded with information – Nurses need to deal with resentment of the patient’s condition
• Make use of existing facilities, e.g. Gyms, change of diet
• Lifestyle choices – stress, holistic view of health
• Young people must take responsibility – ethos will continue for remainder of their lives
• Help sought from GP, local councillor, Citizens Advice Bureau, friends and family
• Eat sensibly
• Keep contact with the outside world – avoid ‘self isolation’
• Exercise – but access to it?
• Caring for the carers
• Know where to go for advice
• Continuity – keep a Health Diary from birth
• Endeavour to retain a level of independence, even with your partner
• Population movement – relatives not always in the same neighbourhood which can cause problems
• Take personal responsibility for one’s health, e.g. diet, exercise, stop smoking and drinking
• Remove red tape from the NHS
• More Expert Patient Programme to continue
• Health visitors for the elderly – provide outreach services
• Exercise referral - Brentwood has uptake, but what about Billericay and Wickford?
• Regular/basic Health screening (BP, BMI/cholesterol) for those at high risk – could be done by public provider and not necessarily with surgery
• More joined up working between social services and GPs. In the past, relationship between nurses and social services has been difficult. Relationship between GP and Hospital need improvement/a link
• Having knowledge of the NHS helped patients to receive the care they needed
• Best would be to stay at home, with full support of District nurse/GP Night Nurse
• GP practice good, but car at Harold Wood Hospital needs to be better for a first time mother – midwives should listen more – ante-natal classes through National Childbirth Trust – why not through the NHS?
• Keep active and involved after retirement – ‘use it or lose it’ – e.g. getting involved with voluntary organisations
• Perceptions of older people – natural process
• Community involvement – giving something back
• Presentations at Council meetings
• NHS Direct and the Internet
• Pharmacists – example of where a pharmacist called a patient regarding a medication conflict.
• Start early – for parenting/Sure Start

OTHER USEFUL COMMENTS RECEIVED
• Support needed for carers
• Expand more voluntary service
• CAB Counselling
• Advocacy services
• Ask McDonalds to give a small percentage of profits back into the local PCT to encourage healthy eating and lifestyles
• Culture change, especially around losing the stigma regarding certain conditions of deafness
• Remove professional precociousness

ADDITIONAL FEEDBACK RECEIVED FROM THE PUBLIC ATTENDING THE ‘YOUR HEALTH YOUR CARE YOUR SAY’ BUS AT BILLERICAY HIGH STREET ON FRIDAY 28TH OCTOBER 2005 ATTENDED BY 20+ MEMBERS OF THE PUBLIC, INCLUDING SEVERAL CHILDREN

• Make information easier for children to get hold of
• Sometimes difficult to get an appointment with a GP when you need one. Saturday opening, or later hours would help with those who work Shifts
• Allowing people the opportunity to book non-emergency appointments in advance.
• Social Services to provide easier to read information for the elderly. (The information provided for a relative was very confusing for her)
• Living in sheltered accommodation, this person had a friend who, once a week helped her which opened up her life
• The sheltered accommodation received helps and supports her, provides care, Meals on Wheels etc.
• 'In pain constantly from varicose veins, net no surgical treatment available as NHS considers this to be cosmetic. This affects my quality of life'.
• Improve Blood Clinic times that are currently being provided by Billericay Health Centre
• Improving accessibly to a GP (rather than wait a week or an appointment).
• At the moment it’s impossible to get an appointment more than a week in advance at my local Health Centre

Bus feedback from Chris Chamberlain, Corporate Affairs and Communications Officer, BBW PCT - have to say, not as dynamic as I thought it would be - was really hard work to get people onto the bus (we ended up going to them instead!), and the ones that were willing were the elderly who didn't mind going through the questionnaire (which was really long and cumbersome. I don't think they would have filled them in themselves).

Attached are some pictures to feedback to the SHA – if we get any press coverage, I will send those in as well.
FEEDBACK FORM

For recording the outcomes from *your health, your care, your say* listening exercises with children and young people
FEEDBACK FORM

Below is a feedback form for you to complete and return to Opinion Leader Research (OLR). This will include details of the outcomes from your listening exercises with children and young people as part of the your health, your care, your say Programme.

Please ensure that you submit your feedback form by 4 November, or earlier if possible to:

‘Your Say’ Feedback
Opinion Leader Research
5th Floor
Holborn Gate
330 High Holborn
London
W1V 7QG
Email: yoursay@opinionleader.co.uk

Section A

1. Are you a:

☐ Local organisation or group
☐ A national organisation or group
✓ Other (record details below)

| Primary Care Trust meeting with local school |

2. If you would like your organisation to be listed as a contributor to the consultation, please record its name below:

| Blackburn with Darwen Primary Care Trust |
| Blakewater College, Blackburn |
3. If you would like to receive a copy of the summary of our findings, please tell us what format you would like it and provide your contact details below:

☐ Hard copy
√ Email

Name:
Address:

Email: Eileen.stokes@bwdpct.nhs.uk

Section B

1. Please state below how many children and/or young people took part in your listening exercises

12

2. Please state their ages

12 and 13 year olds

3. Please tell us how many of the children and/or young people that took part were from any of the following groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled children and young people</td>
<td>0</td>
</tr>
<tr>
<td>Children and young people with long-term illnesses</td>
<td>0</td>
</tr>
<tr>
<td>Children and young people from black and minority ethnic communities</td>
<td>0</td>
</tr>
<tr>
<td>Children and young people with emotional and mental health problems</td>
<td>0</td>
</tr>
<tr>
<td>Children who are bereaved</td>
<td>0</td>
</tr>
<tr>
<td>Looked after children and young people</td>
<td>0</td>
</tr>
<tr>
<td>Children and young people in contact with the youth justice system or in custody</td>
<td>0</td>
</tr>
<tr>
<td>Children and young people from Traveller communities</td>
<td>0</td>
</tr>
<tr>
<td>Children and young people who are homeless or are living in supported housing accommodation</td>
<td>0</td>
</tr>
<tr>
<td>Children and young people of problem alcohol or drug users</td>
<td>0</td>
</tr>
<tr>
<td>Children and young people with alcohol or other drug problems</td>
<td>0</td>
</tr>
<tr>
<td>Children and young people who living with or affected by HIV and AIDs</td>
<td>0</td>
</tr>
</tbody>
</table>

4. **What type of listening exercise was it?**

- □ A day group event/forum
- □ A half-day talkshop
- □ A two-hour group session
- ✓ Other – please state

  1 hour session – in class
### Section C

Feedback on the core questions

1. **How can we help you to stay healthy?**

Please summarise the top five suggestions that children and young people made for helping them to stay happy and healthy.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1 | Information, advice and support when feeling upset or unhappy.  
   (Note: We asked the children to go through the questionnaire questions and asked which services they would find most useful if they were readily available. We also asked them to think about what they may need when they are older. The items listed here were the most popular 5) |
| 2 | Information, advice and support about money. |
| 3 | Information, advice and support to stop smoking |
| 4 | Information, advice and support on safer drinking |
| 5 | Information, advice and support on tackling drug use. |
2. **If you needed help, how would you like to get it?**

Please summarise the top five suggestions from children and young people with regard to getting help.

<table>
<thead>
<tr>
<th></th>
<th>WHO:</th>
<th>WHERE:</th>
<th>HOW:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Again, we followed the questionnaire and asked:</td>
<td>Parents</td>
<td>Leaflet</td>
</tr>
<tr>
<td></td>
<td>WHO, WHERE and HOW.</td>
<td>At Home</td>
<td></td>
</tr>
<tr>
<td></td>
<td>These questions were asked separately and have been collated in the order of popularity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>WHO: Doctor</td>
<td>Doctors Surgery</td>
<td>Website</td>
</tr>
<tr>
<td>3</td>
<td>WHO: Friend</td>
<td>Hospital</td>
<td>Face to Face</td>
</tr>
<tr>
<td>4</td>
<td>WHO: Family Member</td>
<td>School</td>
<td>Telephone Helpline</td>
</tr>
<tr>
<td>5</td>
<td>WHO: Practice Nurse</td>
<td>Drop-In Centre</td>
<td>Mobile Phone</td>
</tr>
</tbody>
</table>

(Note: Most popular answer for making decisions was 'I usually make decisions with my parents/carers and/or doctors and other healthcare professionals)
### 3. How can we make services better?

Please summarise the top five suggestions from children and young people on how services can be improved.

<table>
<thead>
<tr>
<th></th>
<th>Suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>More Healthcare services in schools.</td>
</tr>
<tr>
<td>2</td>
<td>Cookery/Healthy Eating lessons for all ages.</td>
</tr>
<tr>
<td>3</td>
<td>Health Care Professionals should listen more.</td>
</tr>
<tr>
<td></td>
<td>‘The Health Care Professionals should listen to you more and not just you tell them a bit then think they know what to do’</td>
</tr>
<tr>
<td></td>
<td>‘…they could maybe listen to you a bit more than they do’</td>
</tr>
<tr>
<td>4</td>
<td>Health Care mobile buses giving information/advice.</td>
</tr>
<tr>
<td>5</td>
<td>Health gyms for children</td>
</tr>
</tbody>
</table>
4. Please use the space below to highlight any other key issues that the children and young people made with regard to health and social care services.

They felt that there could be more information about staying healthy on TV. Also more healthy eating TV programs. (Note: The point was made that there are many food programs but they tend to be on satellite/cable)

One of the teachers in attendance feels that the School Nurse could take on other duties, thereby negating the need for the children to attend eg Brook centres.

Thank you for your help
## Your Health, Your Care, Your Say Questionnaire Results

### Number of results received:

94

<table>
<thead>
<tr>
<th>Services</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine health checks for anyone who wants one</td>
<td>79</td>
</tr>
<tr>
<td>Your GP opening earlier in the morning</td>
<td>19</td>
</tr>
<tr>
<td>Your GP opening later in the evening</td>
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<tr>
<td>Your GP opening on Saturday mornings</td>
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<tr>
<td>Your doctor or practice nurse spending more time with you</td>
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<tr>
<td>Being able to see a doctor within 24 hours</td>
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<td>Being able to see a doctor within 48 hours</td>
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<tr>
<td>Being able to register with a GP near to work instead</td>
<td>7</td>
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<tr>
<td>Being able to register with a GP near to work as well as</td>
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<tr>
<td>Being able to register with a GP wherever you wanted</td>
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<tr>
<td>No GP but being able to walk into NHS health centres on high street</td>
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<tr>
<td>Being able to get advice and info from GP, nurse, social worker, etc in one place</td>
<td>30</td>
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<table>
<thead>
<tr>
<th>Information, advice and support</th>
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<tbody>
<tr>
<td>Stopping smoking</td>
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<tr>
<td>Diet and nutrition</td>
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<td>Safer drinking</td>
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<td>Safer sex</td>
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<td>Exercise and physical activity</td>
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<td>Tackling drug use</td>
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<td>Diabetes self-testing</td>
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<td>Monitoring cholesterol</td>
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<tr>
<td>Mental health and wellbeing</td>
<td>37</td>
</tr>
<tr>
<td>Equipment that helps you stay independent</td>
<td>17</td>
</tr>
<tr>
<td>Practical help to cope independently</td>
<td>13</td>
</tr>
<tr>
<td>Cost of care services</td>
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<td>Receiving benefits</td>
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<td>Care of your general health</td>
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</table>

### Your health

**How would you like to obtain health information?**

- **Face to face** 72
- **Over the telephone** 36
- **On the internet** 28
- **In a written leaflet** 33

**How would you like to obtain services information in your area?**

- **Face to face** 57
- **Over the telephone** 42
- **On the internet** 30
- **In a written leaflet** 43

### In the last 12 months, how has your health been?

- **Good** 40
- **Fairly Good** 46
- **Poor** 5

**Do you have a LTC, health problem or disability which limits your activities?**
Yes                       27
No                        64

**Do you look after or give help and support to family members because of:**
- Long term physical or mental ill health or disability 13
- Problems related to old age 21
- Not relevant 53

**Have you heard of the following?**
- Patients forum 21
- Expert Patient Programme 6
- Patient participation group 25

**Do you belong to any other support group?**
Yes 11
No 80

**About you**
**Are you:**
- Female 57
- Male 31

**What was your age last birthday?**
- Under 18 4
- 18-24 10
- 25-34 6
- 35-54 40
- 55-69 17
- 70-84 14
- 85+ 0

**Ethnic background:**
- White british 81
- White irish 0
- White any other white background 3
- Mixed white and black caribbean 0
- Mixed white and black african 0
- Mixed white and asian 0
- Mixed any other mixed background 1
- Asian or asian british indian 1
- Asian or asian british pakistan 1
- Asian or asian british bangladeshi 0
- Asian or asian british, any other asian background 1
- Black or black british caribbean 1
- Black or black british african 2
- Black or black british any other black background 0
- Other ethnic groups chinese 0
- Other ethnic groups, any other ethnic group 0
- Rather not say 1
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<td>Retired</td>
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<td>Unemployed</td>
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<tr>
<td>Full time student/school</td>
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<tr>
<td>Looking after home/family</td>
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<tr>
<td>Permanently sick or disabled</td>
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<td>No</td>
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<td>RM2 - RM12</td>
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YOUR HEALTH, YOUR CARE, YOUR SAY
Improving Community Health and Care Services

Response from Northamptonshire led by Northamptonshire County Council

Maureen Jerram,
Senior Quality and Performance Monitoring Officer,
Northamptonshire County Council,
Community Services,
PO Box 177, County Hall,
Northampton, NN1 1AY
Tel: 01604 237680
Email: mjerram@northamptonshire.gov.uk

Responses to the core questions for general public

Method: We sent out the questionnaire to as wide a range of people as possible given the tight time limit. The questionnaire was sent out with a prepaid envelope. Replies were received from the following:
- Northamptonshire Carers Centre database
- Ability Northants database
- People Panels database
- A random sample of Northamptonshire County Council staff
- Through a variety of miscellaneous channels which included:
  - Northampton Primary Care Trust
  - East Northants Housing
  - A range of voluntary sector groups
  - Duston Pensioners Voice
  - Miscellaneous other members of the public.

Results of surveys:

How can we help take care of yourself?

Q1. Below is a list of services which could be made available through local NHS health and social care services for people who want them. For each, please tell us whether this service would be relevant to you.

a) Routine physical examinations for anyone who wants one:

<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number Returned</th>
<th>Relevant</th>
<th>Not relevant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northamptonshire Carers Centre</td>
<td>223</td>
<td>201 (90%)</td>
<td>22 (10%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>226</td>
<td>189 (84%)</td>
<td>37 (16%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>132</td>
<td>117 (89%)</td>
<td>15 (11%)</td>
</tr>
<tr>
<td>Northants County Council Staff</td>
<td>308</td>
<td>274 (89%)</td>
<td>34 (11%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>82</td>
<td>73 (89%)</td>
<td>9 (11%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>971</strong></td>
<td><strong>88%</strong></td>
<td><strong>12%</strong></td>
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</table>
b) Information, advice and support to stop smoking:

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<tbody>
<tr>
<td>Northamptonshire Carers Centre</td>
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<td>169 (79%)</td>
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<td>Ability Northants</td>
<td>215</td>
<td>25 (12%)</td>
<td>190 (88%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>122</td>
<td>25 (21%)</td>
<td>97 (79%)</td>
</tr>
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<td>Northants County Council Staff</td>
<td>305</td>
<td>80 (26%)</td>
<td>225 (74%)</td>
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<tr>
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<td>21 (27%)</td>
<td>58 (73%)</td>
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<tr>
<td>Total/Average:</td>
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<td>79%</td>
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c) Information, advice and support on exercise and physical activity:

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<tr>
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<td>127 (60%)</td>
<td>86 (40%)</td>
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<tr>
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<td>222</td>
<td>125 (56%)</td>
<td>97 (44%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>131</td>
<td>84 (64%)</td>
<td>47 (36%)</td>
</tr>
<tr>
<td>Northants County Council Staff</td>
<td>309</td>
<td>192 (62%)</td>
<td>117 (38%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>80</td>
<td>50 (63%)</td>
<td>30 (37%)</td>
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<tr>
<td>Total/Average:</td>
<td>955</td>
<td>61%</td>
<td>39%</td>
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d) Information, advice and support on diet and nutrition:

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<tr>
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<td>216</td>
<td>126 (58%)</td>
<td>90 (42%)</td>
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<tr>
<td>Ability Northants</td>
<td>225</td>
<td>128 (57%)</td>
<td>97 (43%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>131</td>
<td>82 (63%)</td>
<td>49 (37%)</td>
</tr>
<tr>
<td>Northants County Council Staff</td>
<td>309</td>
<td>200 (65%)</td>
<td>109 (35%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>79</td>
<td>45 (57%)</td>
<td>34 (43%)</td>
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<tr>
<td>Total/Average:</td>
<td>960</td>
<td>60%</td>
<td>40%</td>
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e) Information, advice and support on safer drinking:

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<tbody>
<tr>
<td>Northamptonshire Carers Centre</td>
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<td>40 (19%)</td>
<td>169 (81%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>217</td>
<td>24 (11%)</td>
<td>193 (89%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>122</td>
<td>22 (18%)</td>
<td>100 (82%)</td>
</tr>
<tr>
<td>Northants County Council Staff</td>
<td>302</td>
<td>72 (24%)</td>
<td>230 (76%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>78</td>
<td>11 (14%)</td>
<td>67 (86%)</td>
</tr>
<tr>
<td>Total/Average:</td>
<td>928</td>
<td>17%</td>
<td>83%</td>
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f) Information, advice and support on tackling drug use:

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<th>Not relevant</th>
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<tbody>
<tr>
<td>Northamptonshire Carers Centre</td>
<td>209</td>
<td>32 (15%)</td>
<td>177 (85%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>217</td>
<td>21 (10%)</td>
<td>196 (90%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>121</td>
<td>20 (17%)</td>
<td>101 (83%)</td>
</tr>
<tr>
<td>Northants County Council Staff</td>
<td>305</td>
<td>61 (20%)</td>
<td>243 (80%)</td>
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<td>Miscellaneous</td>
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<tr>
<td><strong>Total/Average:</strong></td>
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g) Information, advice and support on safer sex:

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<td>180 (87%)</td>
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<td>214</td>
<td>19 (9%)</td>
<td>195 (91%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>121</td>
<td>18 (15%)</td>
<td>103 (85%)</td>
</tr>
<tr>
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<td>65 (21%)</td>
<td>241 (79%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>78</td>
<td>11 (14%)</td>
<td>67 (86%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>925</strong></td>
<td><strong>14%</strong></td>
<td><strong>86%</strong></td>
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h) Information, advice and support on monitoring your own cholesterol:

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<td>43 (19%)</td>
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<tr>
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<td>225</td>
<td>166 (74%)</td>
<td>59 (26%)</td>
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<tr>
<td>People Panels</td>
<td>131</td>
<td>105 (80%)</td>
<td>26 (20%)</td>
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<td>Northants County Council Staff</td>
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<td>244 (79%)</td>
<td>67 (21%)</td>
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<tr>
<td>Miscellaneous</td>
<td>83</td>
<td>68 (82%)</td>
<td>15 (18%)</td>
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<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>970</strong></td>
<td><strong>79%</strong></td>
<td><strong>21%</strong></td>
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i) Information, advice and support on monitoring your own blood pressure:

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<td>50 (23%)</td>
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<tr>
<td>Ability Northants</td>
<td>228</td>
<td>162 (71%)</td>
<td>66 (29%)</td>
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<td>103 (79%)</td>
<td>27 (21%)</td>
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<td>234 (76%)</td>
<td>75 (24%)</td>
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<td>75 (77%)</td>
<td>19 (23%)</td>
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<td><strong>76%</strong></td>
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j) Information, advice and support on testing yourself for diabetes:

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<td>47 (37%)</td>
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<td>210 (68%)</td>
<td>98 (32%)</td>
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<td>28 (35%)</td>
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<td><strong>954</strong></td>
<td><strong>62%</strong></td>
<td><strong>38%</strong></td>
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k) Information, advice and support on improving your mental health and wellbeing:

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<th>Relevant</th>
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<td>Northamptonshire Carers Centre</td>
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<td>155 (71%)</td>
<td>65 (29%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>215</td>
<td>101 (47%)</td>
<td>114 (53%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>129</td>
<td>75 (58%)</td>
<td>54 (42%)</td>
</tr>
<tr>
<td>Northants County Council Staff</td>
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<td>176 (57%)</td>
<td>133 (43%)</td>
</tr>
<tr>
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<td>46 (58%)</td>
<td>33 (42%)</td>
</tr>
<tr>
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<td><strong>952</strong></td>
<td><strong>58%</strong></td>
<td><strong>42%</strong></td>
</tr>
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l) An NHS book on taking care of your own health:

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<th>Not relevant</th>
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</thead>
<tbody>
<tr>
<td>Northamptonshire Carers Centre</td>
<td>220</td>
<td>173 (79%)</td>
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<tr>
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<td>161 (73%)</td>
<td>61 (27%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>133</td>
<td>113 (85%)</td>
<td>20 (15%)</td>
</tr>
<tr>
<td>Northants County Council Staff</td>
<td>307</td>
<td>225 (73%)</td>
<td>82 (27%)</td>
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<tr>
<td>Miscellaneous</td>
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<td>29 (36%)</td>
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<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>962</strong></td>
<td><strong>75%</strong></td>
<td><strong>25%</strong></td>
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</table>

m) Advice and support about technology that helps you stay independent (for example stair lifts and alarms):

<table>
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<th>Source of Survey</th>
<th>Number Returned</th>
<th>Relevant</th>
<th>Not relevant</th>
</tr>
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<td>Northamptonshire Carers Centre</td>
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<td>98 (46%)</td>
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<tr>
<td>Ability Northants</td>
<td>227</td>
<td>166 (73%)</td>
<td>61 (27%)</td>
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<tr>
<td>People Panels</td>
<td>130</td>
<td>80 (62%)</td>
<td>50 (38%)</td>
</tr>
<tr>
<td>Northants County Council Staff</td>
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<td>92 (30%)</td>
<td>213 (70%)</td>
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<tr>
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<td>23 (30%)</td>
<td>54 (70%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>954</strong></td>
<td><strong>50%</strong></td>
<td><strong>50%</strong></td>
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</table>
n) Information and advice on where to find practical help to cope more independently at home:

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<th>Relevant</th>
<th>Not relevant</th>
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<td>Northamptonshire Carers Centre</td>
<td>215</td>
<td>139 (65%)</td>
<td>76 (35%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>225</td>
<td>173 (77%)</td>
<td>52 (23%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>135</td>
<td>93 (69%)</td>
<td>42 (31%)</td>
</tr>
<tr>
<td>Northants County Council Staff</td>
<td>306</td>
<td>94 (31%)</td>
<td>212 (69%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>80</td>
<td>29 (36%)</td>
<td>51 (64%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>961</strong></td>
<td><strong>56%</strong></td>
<td><strong>44%</strong></td>
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</table>

o) Information and advice on how much care services cost:

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<th>Not relevant</th>
</tr>
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<tbody>
<tr>
<td>Northamptonshire Carers Centre</td>
<td>215</td>
<td>143 (67%)</td>
<td>72 (33%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>221</td>
<td>164 (74%)</td>
<td>57 (26%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>131</td>
<td>96 (73%)</td>
<td>35 (27%)</td>
</tr>
<tr>
<td>Northants County Council Staff</td>
<td>307</td>
<td>130 (42%)</td>
<td>177 (58%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>81</td>
<td>31 (38%)</td>
<td>50 (62%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>955</strong></td>
<td><strong>59%</strong></td>
<td><strong>41%</strong></td>
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p) Information and advice on receiving benefits:

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<td>165 (76%)</td>
<td>52 (24%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>229</td>
<td>184 (80%)</td>
<td>45 (20%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>134</td>
<td>109 (81%)</td>
<td>25 (19%)</td>
</tr>
<tr>
<td>Northants County Council Staff</td>
<td>306</td>
<td>123 (40%)</td>
<td>183 (60%)</td>
</tr>
<tr>
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<td>78</td>
<td>31 (40%)</td>
<td>47 (60%)</td>
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<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>964</strong></td>
<td><strong>63%</strong></td>
<td><strong>37%</strong></td>
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</table>
Q2. (For each of the services which is relevant) Now please tell us how likely you would be to use this service if it was available:

Routine physical examinations for anyone who wants one:

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<th>Fairly likely</th>
<th>Not very likely</th>
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<th>Don't know</th>
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</thead>
<tbody>
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<td>224</td>
<td>126 (56%)</td>
<td>72 (32%)</td>
<td>11 (5%)</td>
<td>8 (4%)</td>
<td>7 (3%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>216</td>
<td>116 (54%)</td>
<td>71 (33%)</td>
<td>17 (8%)</td>
<td>8 (3%)</td>
<td>4 (2%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>130</td>
<td>73 (56%)</td>
<td>42 (32%)</td>
<td>9 (7%)</td>
<td>4 (3%)</td>
<td>2 (2%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>300</td>
<td>124 (41%)</td>
<td>122 (41%)</td>
<td>40 (14%)</td>
<td>13 (4%)</td>
<td>1</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>69</td>
<td>31 (45%)</td>
<td>28 (41%)</td>
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<td>1 (1%)</td>
</tr>
<tr>
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<td><strong>36%</strong></td>
<td><strong>8%</strong></td>
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Information, advice and support to stop smoking:

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<tbody>
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<td>13 (8%)</td>
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<td>16 ((9%)</td>
<td>120 (71%)</td>
<td>3 (2%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>164</td>
<td>9 (6%)</td>
<td>5 (3%)</td>
<td>7 (4%)</td>
<td>139 (85%)</td>
<td>4 (2%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>99</td>
<td>7 (7%)</td>
<td>8 (8%)</td>
<td>8 (8%)</td>
<td>76 (77%)</td>
<td></td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>230</td>
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<td>158 (69%)</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>53</td>
<td>4 (7%)</td>
<td>6 (11%)</td>
<td>3 (6%)</td>
<td>38 (72%)</td>
<td>2 (4%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>714</strong></td>
<td><strong>8%</strong></td>
<td><strong>9%</strong></td>
<td><strong>7%</strong></td>
<td><strong>75%</strong></td>
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Information, advice and support on exercise and physical activity:

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<th>Not very likely</th>
<th>Not at all likely</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
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<td>54 (28%)</td>
<td>69 (35%)</td>
<td>35 (18%)</td>
<td>35 (18%)</td>
<td>3 (1%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>194</td>
<td>58 (29%)</td>
<td>69 (36%)</td>
<td>17 (9%)</td>
<td>51 (26%)</td>
<td>1</td>
</tr>
<tr>
<td>People Panels</td>
<td>118</td>
<td>33 (28%)</td>
<td>47 (40%)</td>
<td>15 (13%)</td>
<td>23 (19%)</td>
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</tr>
<tr>
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<td>267</td>
<td>49 (19%)</td>
<td>111 (42%)</td>
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<td>49 (18%)</td>
<td>1</td>
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<td>14 (22%)</td>
<td>22 (34%)</td>
<td>10 (16%)</td>
<td>18 (28%)</td>
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<td>Fairly likely</td>
<td>Not very likely</td>
<td>Not at all likely</td>
<td>Don't know</td>
</tr>
<tr>
<td>--------------------------------</td>
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<td>58 (29%)</td>
<td>65 (33%)</td>
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<td>39 (20%)</td>
<td>3 (2%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>199</td>
<td>65 (33%)</td>
<td>63 (32%)</td>
<td>23 (11%)</td>
<td>46 (23%)</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>120</td>
<td>38 (32%)</td>
<td>41 (34%)</td>
<td>20 (17%)</td>
<td>19 (16%)</td>
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</tr>
<tr>
<td>Northants CC staff</td>
<td>270</td>
<td>58 (21%)</td>
<td>116 (43%)</td>
<td>54 (20%)</td>
<td>40 (15%)</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>62</td>
<td>12 (19%)</td>
<td>24 (39%)</td>
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<td>15 (24%)</td>
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</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>846</strong></td>
<td><strong>27%</strong></td>
<td><strong>36%</strong></td>
<td><strong>16%</strong></td>
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Information, advice and support on safer drinking:

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<th>Fairly likely</th>
<th>Not very likely</th>
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<th>Don't know</th>
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<tbody>
<tr>
<td>Northants Carers Centre</td>
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<td>6 (4%)</td>
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<td>21 (13%)</td>
<td>121 (72%)</td>
<td>6 (3%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>165</td>
<td>6 (4%)</td>
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<td>136 (82%)</td>
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</tr>
<tr>
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<td>11 (11%)</td>
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<td>36 (71%)</td>
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<td></td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>705</strong></td>
<td><strong>4%</strong></td>
<td><strong>6%</strong></td>
<td><strong>15%</strong></td>
<td><strong>72%</strong></td>
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Information, advice and support on tackling drug use:

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<tbody>
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<td>4 (2%)</td>
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<td>19 (12%)</td>
<td>133 (81%)</td>
<td>4 (2%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>163</td>
<td>7 (4%)</td>
<td>5 (3%)</td>
<td>7 (4%)</td>
<td>139 (86%)</td>
<td>5 (3%)</td>
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<tr>
<td>People Panels</td>
<td>96</td>
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<td>3 (3%)</td>
<td>9 (10%)</td>
<td>77 (80%)</td>
<td>3 (3%)</td>
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<td>17 (8%)</td>
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<td>160 (74%)</td>
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<td>Not very likely</td>
<td>Not at all likely</td>
<td>Don’t know</td>
</tr>
<tr>
<td>----------------------------------</td>
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<tr>
<td>Northants Carers Centre</td>
<td>158</td>
<td>3 (2%)</td>
<td>2 (1%)</td>
<td>21 (13%)</td>
<td>128 (81%)</td>
<td>4 (3%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>163</td>
<td>6 (4%)</td>
<td>6 (4%)</td>
<td>8 (5%)</td>
<td>139 (85%)</td>
<td>4 (2%)</td>
</tr>
<tr>
<td>People Panels</td>
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<td>8 (8%)</td>
<td>None</td>
<td>10 (10%)</td>
<td>79 (79%)</td>
<td>3 (3%)</td>
</tr>
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<td>218</td>
<td>9 (4%)</td>
<td>19 (9%)</td>
<td>33 (15%)</td>
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<tr>
<td>Miscellaneous</td>
<td>51</td>
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<td>6 (12%)</td>
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<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>690</strong></td>
<td><strong>4%</strong></td>
<td><strong>5%</strong></td>
<td><strong>11%</strong></td>
<td><strong>78%</strong></td>
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Information, advice and support on monitoring your own blood pressure:

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<tbody>
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<td>Northants Carers Centre</td>
<td>208</td>
<td>102 (49%)</td>
<td>65 (31%)</td>
<td>12 (6%)</td>
<td>25 (12%)</td>
<td>4 (2%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>199</td>
<td>91 (46%)</td>
<td>68 (34%)</td>
<td>15 (7%)</td>
<td>23 (12%)</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>121</td>
<td>69 (57%)</td>
<td>31 (26%)</td>
<td>11 (9%)</td>
<td>9 (7%)</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>285</td>
<td>112 (39%)</td>
<td>103 (36%)</td>
<td>36 (13%)</td>
<td>32 (11%)</td>
<td>2 (1%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
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<td><strong>45%</strong></td>
<td><strong>36%</strong></td>
<td><strong>8%</strong></td>
<td><strong>9%</strong></td>
<td><strong>2%</strong></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>65</td>
<td>30 (46%)</td>
<td>21 (32%)</td>
<td>5  (8%)</td>
<td>8  (12%)</td>
<td>1  (2%)</td>
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<tr>
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<td>----------</td>
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<td>--------</td>
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<td><strong>47%</strong></td>
<td><strong>32%</strong></td>
<td><strong>9%</strong></td>
<td><strong>11%</strong></td>
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Information, advice and support on testing yourself for diabetes:

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<th>Not at all likely</th>
<th>Don't know</th>
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<tbody>
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<td>Northants Carers Centre</td>
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<td>74 (38%)</td>
<td>59 (30%)</td>
<td>28 (14%)</td>
<td>29 (15%)</td>
<td>6 (3%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>196</td>
<td>70 (36%)</td>
<td>53 (27%)</td>
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<tr>
<td>People Panels</td>
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<td>51 (44%)</td>
<td>28 (24%)</td>
<td>15 (13%)</td>
<td>20 (17%)</td>
<td>2 (2%)</td>
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<tr>
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<td>273</td>
<td>93 (34%)</td>
<td>99 (37%)</td>
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<td>39 (14%)</td>
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<td>Miscellaneous</td>
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<td>16 (25%)</td>
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<td>15 (23%)</td>
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</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>845</strong></td>
<td><strong>38%</strong></td>
<td><strong>28%</strong></td>
<td><strong>14%</strong></td>
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Information, advice and support on improving your mental health and wellbeing:

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<th>Fairly likely</th>
<th>Not very likely</th>
<th>Not at all likely</th>
<th>Don't know</th>
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</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>198</td>
<td>69 (35%)</td>
<td>67 (34%)</td>
<td>28 (14%)</td>
<td>31 (16%)</td>
<td>3 (1%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>188</td>
<td>51 (27%)</td>
<td>48 (26%)</td>
<td>29 (15%)</td>
<td>58 (31%)</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>118</td>
<td>39 (33%)</td>
<td>25 (21%)</td>
<td>23 (19%)</td>
<td>29 (25%)</td>
<td>2 (2%)</td>
</tr>
<tr>
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<td>250</td>
<td>49 (20%)</td>
<td>79 (32%)</td>
<td>64 (25%)</td>
<td>56 (22%)</td>
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<td>14 (24%)</td>
<td>12 (21%)</td>
<td>17 (29%)</td>
<td>1 (2%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>812</strong></td>
<td><strong>28%</strong></td>
<td><strong>28%</strong></td>
<td><strong>19%</strong></td>
<td><strong>24%</strong></td>
<td><strong>1%</strong></td>
</tr>
</tbody>
</table>

An NHS book on taking care of your own health:

<table>
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<th>Source of Survey</th>
<th>Number returned</th>
<th>Very likely</th>
<th>Fairly likely</th>
<th>Not very likely</th>
<th>Not at all likely</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>201</td>
<td>112 (56%)</td>
<td>57 (28%)</td>
<td>11 (6%)</td>
<td>19 (10%)</td>
<td>1 (0%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>208</td>
<td>104 (50%)</td>
<td>58 (28%)</td>
<td>16 (8%)</td>
<td>27 (13%)</td>
<td>3 (1%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>124</td>
<td>74 (60%)</td>
<td>33 (26%)</td>
<td>7 (6%)</td>
<td>7 (6%)</td>
<td>3 (2%)</td>
</tr>
<tr>
<td>Northants CC</td>
<td>276</td>
<td>114 (41%)</td>
<td>100 (36%)</td>
<td>26 (10%)</td>
<td>30 (11%)</td>
<td>6 (2%)</td>
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</table>

9/40
<table>
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<th>Not very likely</th>
<th>Not at all likely</th>
<th>Don't know</th>
</tr>
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<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>190</td>
<td>64 (34%)</td>
<td>48 (25%)</td>
<td>34 (18%)</td>
<td>36 (19%)</td>
<td>8 (4%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>199</td>
<td>103 (52%)</td>
<td>57 (29%)</td>
<td>13 (6%)</td>
<td>26 (13%)</td>
<td>4 (2%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>117</td>
<td>51 (44%)</td>
<td>25 (21%)</td>
<td>16 (14%)</td>
<td>22 (19%)</td>
<td>3 (2%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>233</td>
<td>28 (12%)</td>
<td>37 (16%)</td>
<td>52 (22%)</td>
<td>112 (48%)</td>
<td>4 (2%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>55</td>
<td>14 (26%)</td>
<td>8 (14%)</td>
<td>6 (11%)</td>
<td>26 (47%)</td>
<td>1 (2%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>794</strong></td>
<td><strong>34%</strong></td>
<td><strong>21%</strong></td>
<td><strong>14%</strong></td>
<td><strong>29%</strong></td>
<td><strong>2%</strong></td>
</tr>
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</table>

Information and advice on where to find practical help to cope more independently at home:

<table>
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<th>Source of Survey</th>
<th>Number returned</th>
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<th>Fairly likely</th>
<th>Not very likely</th>
<th>Not at all likely</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>190</td>
<td>73 (38%)</td>
<td>61 (32%)</td>
<td>20 (11%)</td>
<td>29 (15%)</td>
<td>7 (4%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>206</td>
<td>112 (54%)</td>
<td>59 (29%)</td>
<td>16 (8%)</td>
<td>19 (9%)</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>123</td>
<td>57 (46%)</td>
<td>34 (28%)</td>
<td>18 (15%)</td>
<td>12 (10%)</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>232</td>
<td>28 (12%)</td>
<td>36 (16%)</td>
<td>56 (24%)</td>
<td>107 (46%)</td>
<td>5 (2%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>56</td>
<td>16 (29%)</td>
<td>11 (20%)</td>
<td>4 (7%)</td>
<td>23 (41%)</td>
<td>2 (3%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>807</strong></td>
<td><strong>36%</strong></td>
<td><strong>25%</strong></td>
<td><strong>13%</strong></td>
<td><strong>24%</strong></td>
<td><strong>2%</strong></td>
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</table>

Information and advice on the cost of care services such as equipment (e.g. grab rails) and other adaptations to allow people to remain independent in their own home:

<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Very likely</th>
<th>Fairly likely</th>
<th>Not very likely</th>
<th>Not at all likely</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>193</td>
<td>89 (46%)</td>
<td>54 (28%)</td>
<td>18 (9%)</td>
<td>23 (12%)</td>
<td>9 (5%)</td>
</tr>
<tr>
<td>Source of Survey</td>
<td>Number returned</td>
<td>Very likely</td>
<td>Fairly likely</td>
<td>Not very likely</td>
<td>Not at all likely</td>
<td>Don't know</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------</td>
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<td>---------------</td>
<td>----------------</td>
<td>------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Northants Carers Centre</td>
<td>200</td>
<td>106 (53%)</td>
<td>60 (30%)</td>
<td>13 (7%)</td>
<td>16 (8%)</td>
<td>5 (2%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>210</td>
<td>127 (60%)</td>
<td>42 (20%)</td>
<td>18 (9%)</td>
<td>22 (10%)</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>127</td>
<td>69 (54%)</td>
<td>35 (28%)</td>
<td>12 (10%)</td>
<td>8 (6%)</td>
<td>3 (2%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>236</td>
<td>38 (16%)</td>
<td>51 (22%)</td>
<td>50 (21%)</td>
<td>90 (38%)</td>
<td>7 (3%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>57</td>
<td>17 (30%)</td>
<td>12 (21%)</td>
<td>7 (12%)</td>
<td>18 (32%)</td>
<td>3 (5%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>830</strong></td>
<td><strong>43%</strong></td>
<td><strong>24%</strong></td>
<td><strong>12%</strong></td>
<td><strong>19%</strong></td>
<td><strong>2%</strong></td>
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</tbody>
</table>

Information and advice on receiving benefits:

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

Q3. How much of an improvement would each of these options be for when you want to see a professional?

Your GP opening earlier in the morning:

<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Big improvement</th>
<th>Small improvement</th>
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<th>Don't know</th>
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</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>215</td>
<td>45 (21%)</td>
<td>55 (26%)</td>
<td>100 (46%)</td>
<td>15 (7%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>218</td>
<td>34 (16%)</td>
<td>49 (22%)</td>
<td>122 (56%)</td>
<td>13 (6%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>124</td>
<td>29 (23%)</td>
<td>24 (20%)</td>
<td>61 (49%)</td>
<td>10 (8%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>299</td>
<td>137 (46%)</td>
<td>94 (32%)</td>
<td>61 (20%)</td>
<td>7 (2%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>82</td>
<td>30 (37%)</td>
<td>24 (29%)</td>
<td>23 (28%)</td>
<td>5 (6%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>938</strong></td>
<td><strong>28%</strong></td>
<td><strong>26%</strong></td>
<td><strong>40%</strong></td>
<td><strong>6%</strong></td>
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Your GP opening later in the evening:

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<th>Small improvement</th>
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</thead>
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<td>Northants Carers Centre</td>
<td>215</td>
<td>76 (35%)</td>
<td>59 (27%)</td>
<td>68 (32%)</td>
<td>12 (6%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>219</td>
<td>55 (25%)</td>
<td>64 (29%)</td>
<td>87 (40%)</td>
<td>13 (6%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>132</td>
<td>48 (36%)</td>
<td>38 (29%)</td>
<td>41 (31%)</td>
<td>5 (4%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>308</td>
<td>206 (67%)</td>
<td>66 (21%)</td>
<td>33 (11%)</td>
<td>3 (1%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>79</td>
<td>44 (56%)</td>
<td>21 (27%)</td>
<td>13 (16%)</td>
<td>1 (1%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>953</strong></td>
<td><strong>44%</strong></td>
<td><strong>27%</strong></td>
<td><strong>26%</strong></td>
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Your GP opening on Saturday mornings

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</thead>
<tbody>
<tr>
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<td>222</td>
<td>138 (62%)</td>
<td>48 (22%)</td>
<td>30 (13%)</td>
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<tr>
<td>Ability Northants</td>
<td>224</td>
<td>102 (45%)</td>
<td>62 (28%)</td>
<td>52 (23%)</td>
<td>8 (4%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>137</td>
<td>76 (55%)</td>
<td>38 (28%)</td>
<td>18 (13%)</td>
<td>5 (4%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>308</td>
<td>216 (70%)</td>
<td>65 (21%)</td>
<td>24 (8%)</td>
<td>3 (1%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>84</td>
<td>63 (75%)</td>
<td>14 (17%)</td>
<td>4 (5%)</td>
<td>3 (3%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>975</strong></td>
<td><strong>62%</strong></td>
<td><strong>23%</strong></td>
<td><strong>12%</strong></td>
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For your doctor or practice nurse to spend more time with you when you have an appointment:

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<th>Source of Survey</th>
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<th>Big improvement</th>
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</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
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<td>57 (27%)</td>
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<td>6 (3%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>221</td>
<td>103 (47%)</td>
<td>62 (28%)</td>
<td>49 (22%)</td>
<td>7 (3%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>134</td>
<td>79 (59%)</td>
<td>28 (21%)</td>
<td>23 (17%)</td>
<td>4 (3%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>300</td>
<td>137 (46%)</td>
<td>94 (31%)</td>
<td>61 (20%)</td>
<td>8 (3%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>81</td>
<td>33 (41%)</td>
<td>33 (41%)</td>
<td>12 (15%)</td>
<td>3 (3%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
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<td><strong>29%</strong></td>
<td><strong>18%</strong></td>
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Being able to see a doctor within 24 hours:

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</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>226</td>
<td>172 (76%)</td>
<td>15 (7%)</td>
<td>36 (16%)</td>
<td>3 (1%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>227</td>
<td>155 (68%)</td>
<td>25 (11%)</td>
<td>44 (20%)</td>
<td>3 (1%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>133</td>
<td>99 (74%)</td>
<td>14 (11%)</td>
<td>18 (13%)</td>
<td>2 (2%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>312</td>
<td>212 (68%)</td>
<td>54 (17%)</td>
<td>44 (14%)</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>81</td>
<td>60 (74%)</td>
<td>9 (11%)</td>
<td>10 (12%)</td>
<td>2 (3%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>979</strong></td>
<td><strong>72%</strong></td>
<td><strong>11%</strong></td>
<td><strong>15%</strong></td>
<td><strong>2%</strong></td>
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Being able to see a nurse in less than 48 hours:

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<th>Small improvement</th>
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<th>Don't know</th>
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</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>219</td>
<td>144 (66%)</td>
<td>38 (17%)</td>
<td>33 (15%)</td>
<td>4 (2%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>226</td>
<td>133 (59%)</td>
<td>47 (21%)</td>
<td>42 (18%)</td>
<td>4 (2%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>132</td>
<td>89 (67%)</td>
<td>27 (21%)</td>
<td>13 (10%)</td>
<td>3 (2%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>309</td>
<td>171 (55%)</td>
<td>65 (21%)</td>
<td>63 (21%)</td>
<td>10 (3%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>78</td>
<td>49 (63%)</td>
<td>17 (22%)</td>
<td>10 (13%)</td>
<td>2 (2%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>964</strong></td>
<td><strong>62%</strong></td>
<td><strong>21%</strong></td>
<td><strong>15%</strong></td>
<td><strong>2%</strong></td>
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</tbody>
</table>

To be able to register with a GP near to work instead of near to home:

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<th>Number returned</th>
<th>Big improvement</th>
<th>Small improvement</th>
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</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>199</td>
<td>15 (7%)</td>
<td>13 (7%)</td>
<td>131 (66%)</td>
<td>40 (20%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>199</td>
<td>12 (6%)</td>
<td>8 (4%)</td>
<td>144 (72%)</td>
<td>35 (18%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>112</td>
<td>8 (7%)</td>
<td>9 (8%)</td>
<td>71 (64%)</td>
<td>24 (21%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>300</td>
<td>36 (12%)</td>
<td>48 (16%)</td>
<td>196 (65%)</td>
<td>20 (7%)</td>
</tr>
<tr>
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<td>75</td>
<td>14 (19%)</td>
<td>8 (11%)</td>
<td>41 (54%)</td>
<td>12 (16%)</td>
</tr>
<tr>
<td>Source of Survey</td>
<td>Number returned</td>
<td>Big improvement</td>
<td>Small improvement</td>
<td>No improvement</td>
<td>Don't know</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------------</td>
<td>-----------------</td>
<td>-------------------</td>
<td>---------------</td>
<td>------------</td>
</tr>
<tr>
<td>Northants Carers Centre</td>
<td>198</td>
<td>37 (19%)</td>
<td>19 (10%)</td>
<td>104 (52%)</td>
<td>38 (19%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>202</td>
<td>23 (11%)</td>
<td>7 (4%)</td>
<td>134 (66%)</td>
<td>38 (19%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>116</td>
<td>19 (16%)</td>
<td>11 (10%)</td>
<td>62 (53%)</td>
<td>24 (21%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>303</td>
<td>105 (35%)</td>
<td>50 (16%)</td>
<td>131 (43%)</td>
<td>17 (6%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>76</td>
<td>24 (31%)</td>
<td>9 (12%)</td>
<td>34 (45%)</td>
<td>9 (12%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>895</strong></td>
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<td><strong>10%</strong></td>
<td><strong>52%</strong></td>
<td><strong>16%</strong></td>
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To be able to register with any GP where ever you wanted:

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<th>Small improvement</th>
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</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>209</td>
<td>73 (35%)</td>
<td>31 (15%)</td>
<td>81 (39%)</td>
<td>24 (11%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>209</td>
<td>61 (29%)</td>
<td>31 (15%)</td>
<td>90 (43%)</td>
<td>27 (13%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>124</td>
<td>49 (39%)</td>
<td>17 (14%)</td>
<td>43 (35%)</td>
<td>15 (12%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>306</td>
<td>116 (38%)</td>
<td>63 (21%)</td>
<td>107 (35%)</td>
<td>20 (6%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>79</td>
<td>27 (34%)</td>
<td>10 (13%)</td>
<td>33 (42%)</td>
<td>9 (11%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>927</strong></td>
<td><strong>35%</strong></td>
<td><strong>16%</strong></td>
<td><strong>39%</strong></td>
<td><strong>10%</strong></td>
</tr>
</tbody>
</table>

To not have to register with a GP, but to be able to walk into NHS health centres on the high street whenever you want:

<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Big improvement</th>
<th>Small improvement</th>
<th>No improvement</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>217</td>
<td>71 (33%)</td>
<td>47 (21%)</td>
<td>69 (32%)</td>
<td>30 (14%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>213</td>
<td>63 (30%)</td>
<td>43 (20%)</td>
<td>85 (40%)</td>
<td>22 (10%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>125</td>
<td>46 (37%)</td>
<td>19 (15%)</td>
<td>45 (36%)</td>
<td>15 (12%)</td>
</tr>
<tr>
<td>Northants CC</td>
<td>308</td>
<td>118 (38%)</td>
<td>66 (22%)</td>
<td>98 (32%)</td>
<td>26 (8%)</td>
</tr>
</tbody>
</table>
Be able to get advice and information from a GP, Community Nurse, Social Worker, Housing of Benefits advice person in one place:

<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Big improvement</th>
<th>Small improvement</th>
<th>No improvement</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>226</td>
<td>140 (62%)</td>
<td>44 (20%)</td>
<td>28 (12%)</td>
<td>14 (6%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>225</td>
<td>137 (61%)</td>
<td>45 (20%)</td>
<td>32 (14%)</td>
<td>11 (5%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>135</td>
<td>84 (62%)</td>
<td>25 (19%)</td>
<td>17 (13%)</td>
<td>9 (6%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>306</td>
<td>154 (50%)</td>
<td>52 (17%)</td>
<td>73 (24%)</td>
<td>27 (9%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>82</td>
<td>44 (54%)</td>
<td>20 (24%)</td>
<td>14 (17%)</td>
<td>4 (5%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>974</strong></td>
<td><strong>58%</strong></td>
<td><strong>20%</strong></td>
<td><strong>16%</strong></td>
<td><strong>6%</strong></td>
</tr>
</tbody>
</table>

**Q4. And which of these would make the biggest improvement for you (please choose one)?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Carers Centre</th>
<th>Ability Northants</th>
<th>People Panels</th>
<th>NCC Staff</th>
<th>Misc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number returned</td>
<td>193</td>
<td>179</td>
<td>115</td>
<td>289</td>
<td>70</td>
</tr>
<tr>
<td>Your GP opening earlier in the morning</td>
<td>8 (4%)</td>
<td>6 (3%)</td>
<td>4 (3%)</td>
<td>34 (12%)</td>
<td>5 (7%)</td>
</tr>
<tr>
<td>Your GP opening later in the evening</td>
<td>17 (9%)</td>
<td>7 (4%)</td>
<td>7 (6%)</td>
<td>56 (19%)</td>
<td>11 (16%)</td>
</tr>
<tr>
<td>Your GP opening on Saturday mornings</td>
<td>36 (19%)</td>
<td>33 (18%)</td>
<td>17 (15%)</td>
<td>47 (16%)</td>
<td>11 (16%)</td>
</tr>
<tr>
<td>Your GP or practice nurse to spend more time at your appointment</td>
<td>34 (18%)</td>
<td>26 (15%)</td>
<td>21 (18%)</td>
<td>17 (6%)</td>
<td>5 (7%)</td>
</tr>
<tr>
<td>Being able to see a GP within 24 hours</td>
<td>51 (26%)</td>
<td>50 (28%)</td>
<td>34 (30%)</td>
<td>66 (23%)</td>
<td>18 (25%)</td>
</tr>
<tr>
<td>Being able to see a nurse in less than 48 hours</td>
<td>3 (2%)</td>
<td>4 (2%)</td>
<td>1 (1%)</td>
<td>2 (1%)</td>
<td>-------</td>
</tr>
<tr>
<td>To be able to register with a GP near to work instead of near to home</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>To be able to register with a GP near to work as well as near to home</td>
<td>-------</td>
<td>1 (1%)</td>
<td>1 (1%)</td>
<td>13 (4%)</td>
<td>7 (10%)</td>
</tr>
</tbody>
</table>
To be able to register with any GP where ever you wanted 6 (3%) 5 (3%)---------- 12 (5%) 4 (6%)
To not have to register with a GP but to walk into NHS health centres 14 (7%) 7 (4%) 5 (4%) 30 (10%) 5 (7%)
Be able to get advice and info from a GP, Comm. nurse, SW, Housing or Benefits person in one place 24 (12%) 40 (22%) 25 (22%) 12 (4%) 4 (6%)

Q5. Which of the following best describes how you currently make decisions about the community health and social care services you receive?

<table>
<thead>
<tr>
<th>Option</th>
<th>Carers Centre</th>
<th>Ability Northants</th>
<th>People Panels</th>
<th>NCC Staff</th>
<th>Misc</th>
<th>Total/Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number returned</td>
<td>221</td>
<td>218</td>
<td>131</td>
<td>309</td>
<td>77</td>
<td>956</td>
</tr>
<tr>
<td>I usually make my own decisions</td>
<td>136 (62%)</td>
<td>134 (62%)</td>
<td>82 (63%)</td>
<td>246 (80%)</td>
<td>60 (76%)</td>
<td>69%</td>
</tr>
<tr>
<td>I usually make decisions with advice from the professionals who look after me</td>
<td>71 (32%)</td>
<td>73 (33%)</td>
<td>39 (30%)</td>
<td>56 (18%)</td>
<td>18 (23%)</td>
<td>27%</td>
</tr>
<tr>
<td>The professionals who help look after me usually make decisions for me</td>
<td>14 (6%)</td>
<td>11 (5%)</td>
<td>10 (7%)</td>
<td>7 (2%)</td>
<td>1 (1%)</td>
<td>4%</td>
</tr>
</tbody>
</table>

Q6. Which of the following best describes how you would prefer to make decisions about the community health and social care services you receive?

<table>
<thead>
<tr>
<th>Option</th>
<th>Carers Centre</th>
<th>Ability Northants</th>
<th>People Panels</th>
<th>NCC Staff</th>
<th>Misc</th>
<th>Total/Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number returned</td>
<td>222</td>
<td>217</td>
<td>133</td>
<td>306</td>
<td>77</td>
<td>955</td>
</tr>
<tr>
<td>I want to make my own decisions</td>
<td>98 (44%)</td>
<td>100 (46%)</td>
<td>57 (43%)</td>
<td>196 (64%)</td>
<td>44 (57%)</td>
<td>51%</td>
</tr>
<tr>
<td>I want to make decisions with advice from the professionals who look after me</td>
<td>115 (52%)</td>
<td>112 (52%)</td>
<td>70 (53%)</td>
<td>107 (35%)</td>
<td>32 (42%)</td>
<td>47%</td>
</tr>
</tbody>
</table>
I want professionals who help look after me to make decisions for me: 9 (4%) 5 (2%) 6 (4%) 3 (1%) 1 (1%) 2%

Q7. How much of an improvement would each of these options be for when you are making decisions about your own health and independence?

<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Big improvement</th>
<th>Small improvement</th>
<th>No improvement</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>219</td>
<td>148 (68%)</td>
<td>47 (21%)</td>
<td>17 (8%)</td>
<td>7 (3%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>209</td>
<td>127 (61%)</td>
<td>47 (22%)</td>
<td>33 (16%)</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>126</td>
<td>96 (76%)</td>
<td>16 (13%)</td>
<td>8 (6%)</td>
<td>6 (5%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>300</td>
<td>195 (65%)</td>
<td>66 (22%)</td>
<td>29 (10%)</td>
<td>10 (3%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>83</td>
<td>51 (61%)</td>
<td>22 (27%)</td>
<td>6 (7%)</td>
<td>4 (5%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>937</strong></td>
<td><strong>66%</strong></td>
<td><strong>21%</strong></td>
<td><strong>9%</strong></td>
<td><strong>4%</strong></td>
</tr>
</tbody>
</table>

Being given more information about what NHS and social care services are available:

<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Big improvement</th>
<th>Small improvement</th>
<th>No improvement</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>215</td>
<td>157 (73%)</td>
<td>40 (18%)</td>
<td>10 (5%)</td>
<td>8 (4%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>214</td>
<td>153 (71%)</td>
<td>42 (20%)</td>
<td>17 (8%)</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>129</td>
<td>98 (76%)</td>
<td>21 (16%)</td>
<td>3 (2%)</td>
<td>7 (6%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>297</td>
<td>174 (59%)</td>
<td>85 (29%)</td>
<td>25 (8%)</td>
<td>13 (4%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>72</td>
<td>42 (58%)</td>
<td>21 (29%)</td>
<td>7 (10%)</td>
<td>2 (3%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>927</strong></td>
<td><strong>67%</strong></td>
<td><strong>22%</strong></td>
<td><strong>7%</strong></td>
<td><strong>4%</strong></td>
</tr>
</tbody>
</table>

Q8. Thinking about getting/keeping yourself fit and healthy, how would you prefer to get your information?

Face to face:

<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Happy to get information this way</th>
<th>Not happy to get information this way</th>
<th>Don't know</th>
</tr>
</thead>
</table>

17/40
<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Happy to get information this way</th>
<th>Not happy to get information this way</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>205</td>
<td>190 (93%)</td>
<td>8 (4%)</td>
<td>7 (3%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>192</td>
<td>175 (91%)</td>
<td>5 (3%)</td>
<td>12 (6%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>118</td>
<td>112 (95%)</td>
<td>3 (3%)</td>
<td>3 (2%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>280</td>
<td>235 (84%)</td>
<td>31 (11%)</td>
<td>14 (5%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>73</td>
<td>69 (95%)</td>
<td>4 (5%)</td>
<td></td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>868</strong></td>
<td><strong>92%</strong></td>
<td><strong>4%</strong></td>
<td><strong>4%</strong></td>
</tr>
</tbody>
</table>

Over the telephone:

<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Happy to get information this way</th>
<th>Not happy to get information this way</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>146</td>
<td>59 (40%)</td>
<td>77 (53%)</td>
<td>10 (7%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>143</td>
<td>63 (44%)</td>
<td>72 (50%)</td>
<td>8 (6%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>86</td>
<td>49 (57%)</td>
<td>32 (37%)</td>
<td>5 (6%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>260</td>
<td>142 (55%)</td>
<td>100 (38%)</td>
<td>18 (7%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>61</td>
<td>30 (49%)</td>
<td>27 (44%)</td>
<td>4 (7%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>696</strong></td>
<td><strong>49%</strong></td>
<td><strong>44%</strong></td>
<td><strong>7%</strong></td>
</tr>
</tbody>
</table>

On the internet:

<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Happy to get information this way</th>
<th>Not happy to get information this way</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>138</td>
<td>40 (29%)</td>
<td>84 (61%)</td>
<td>14 (10%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>134</td>
<td>46 (34%)</td>
<td>75 (56%)</td>
<td>13 (10%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>73</td>
<td>15 (21%)</td>
<td>48 (66%)</td>
<td>10 (13%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>266</td>
<td>173 (65%)</td>
<td>78 (29%)</td>
<td>15 (6%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>61</td>
<td>41 (67%)</td>
<td>15 (25%)</td>
<td>5 (8%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>672</strong></td>
<td><strong>43%</strong></td>
<td><strong>47%</strong></td>
<td><strong>10%</strong></td>
</tr>
</tbody>
</table>

In a written leaflet:

<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Happy to get information this way</th>
<th>Not happy to get information this way</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>176</td>
<td>132 (75%)</td>
<td>30 (17%)</td>
<td>14 (8%)</td>
</tr>
<tr>
<td>Source of Survey</td>
<td>Number returned</td>
<td>Happy to get information this way</td>
<td>Not happy to get information this way</td>
<td>Don’t know</td>
</tr>
<tr>
<td>------------------------</td>
<td>-----------------</td>
<td>----------------------------------</td>
<td>--------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Northants Carers Centre</td>
<td>199</td>
<td>192 (97%)</td>
<td>3 (1%)</td>
<td>4 (2%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>190</td>
<td>179 (94%)</td>
<td>4 (2%)</td>
<td>7 (4%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>118</td>
<td>114 (96%)</td>
<td>2 (2%)</td>
<td>2 (2%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>280</td>
<td>255 (91%)</td>
<td>16 (6%)</td>
<td>9 (3%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>75</td>
<td>69 (92%)</td>
<td>2 (3%)</td>
<td>4 (5%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>862</strong></td>
<td><strong>94%</strong></td>
<td><strong>3%</strong></td>
<td><strong>3%</strong></td>
</tr>
</tbody>
</table>

Q9. Thinking about when you need help, how would you prefer to get the information you need about what services are available in your area.

Face to face:

<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Happy to get information this way</th>
<th>Not happy to get information this way</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>141</td>
<td>90 (64%)</td>
<td>46 (33%)</td>
<td>5 (3%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>140</td>
<td>82 (59%)</td>
<td>49 (35%)</td>
<td>9 (6%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>85</td>
<td>61 (72%)</td>
<td>21 (25%)</td>
<td>3 (3%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>256</td>
<td>180 (70%)</td>
<td>63 (25%)</td>
<td>13 (5%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>59</td>
<td>38 (64%)</td>
<td>18 (31%)</td>
<td>3 (5%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>681</strong></td>
<td><strong>66%</strong></td>
<td><strong>30%</strong></td>
<td><strong>4%</strong></td>
</tr>
</tbody>
</table>

Over the telephone:

<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Happy to get information this way</th>
<th>Not happy to get information this way</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>127</td>
<td>46 (36%)</td>
<td>73 (58%)</td>
<td>8 (6%)</td>
</tr>
</tbody>
</table>

On the internet:
<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Happy to get information this way</th>
<th>Not happy to get information this way</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>161</td>
<td>118 (73%)</td>
<td>33 (21%)</td>
<td>10 (6%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>158</td>
<td>123 (78%)</td>
<td>29 (19%)</td>
<td>5 (3%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>98</td>
<td>80 (82%)</td>
<td>15 (15%)</td>
<td>3 (3%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>279</td>
<td>245 (88%)</td>
<td>27 (10%)</td>
<td>7 (2%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>60</td>
<td>46 (77%)</td>
<td>10 (17%)</td>
<td>4 (6%)</td>
</tr>
<tr>
<td>Total/Average:</td>
<td>756</td>
<td>80%</td>
<td>16%</td>
<td>4%</td>
</tr>
</tbody>
</table>

**PRIORITIES FOR THE FUTURE**

Q10. What else should NHS and social care services in your community be doing to improve the services they provide?

Comments:

**GP Surgeries:**
- Doctors surgeries policies for making appointments, ringing up on the day I have been turned down as all appointments were taken. A way to improve this system to avoid disappointment.
- Doctors surgery to have a different system of appointments – not having to sit for 30 minutes before waiting for the surgery to answer the phone then told there are no appointments left.
- At present, we can only male appointments for the same day at our surgery, even routine appointments.
- It is currently very difficult to make an appointment with my GP, as you have to ring on the day and often the line is engaged, when you do get through, you find there are no available appointments and you have to go through the whole process the following day. This is not acceptable for people with on-going conditions that require monitoring on a regular basis. The alternative is to queue up from 8am before the surgery opens to book an appointment. As previously stated, on going conditions need a better system, employers are not always able to accommodate this.
The above are a sample of comments on this subject. Similar comments were raised in the surveys by: (61 people)

- Later/more flexible opening times would be beneficial (7)
- In the case of GPs, I believe they should be given training on how to interact with patients. Not all health concerns are to do with smoking/weight/sexuality. At times doctors act as though patients are deliberately ill.
- Regular health visits in community for people with learning difficulties/physical in their own homes less stressful for them.
- Regular ‘drop in’ sessions to test blood pressure and urine samples etc (2)
- A visit from GP following hospital in care, being consulted properly re aftercare required
- Provide drop in service at each GP’s so that one doctor is available to see patients without an appointment if they are prepared to wait
- If disabled and alone being able to order repeat prescriptions by phone, at present have to visit surgery (2)
- Sort out the people at the doctors who only want sick notes because they are too lazy to work
- G.P. home visits to families in exceptionally difficult circumstances to ensure they are coping, more GP home visits (5)
- Arrange more nurse home visits (3)
- Area with no buses, so unless one has a car there is no hope of getting anywhere. A taxi type service freely available to take one to surgeries etc. would be an actual lifeline
- By being transparent about their treatment of individual GPs in a group practise, rather than us having to hear via the newspaper etc.
- Sometimes I could see a nurse for small things rather than take a doctor’s time, surely that would be an improvement?
- A better out of hours service (40 minute journey for me to get to alternative) (3)
- Although we have had good service from the emergency services at weekend it would be much better if provided by own medical practice. Let us return to a higher professionalism!!
- A community nurse to give regular three monthly checks for housebound invalids (2)
- Make all medicines available (whatever the supposed cost) to people who need them. Everyone should have equal rights – abolish the post code lottery
- My doctor or his surgery should be able to advise on all services + benefits which may be available to me
- Dislike a voice giving options then having to press Button, if wrongly selected going thro’ the procedure all over again. It was easier with a person re directing to the right nurse, doctor etc. especially for the elderly who prefer a contact not a voice you cant explain to. It's very frustrating.
- More Follow-up after discharged from hospital.
- My surgery to offer alternate therapies re: relaxation, Tai Chi Meditation.
- Blood tests should be done at the GP surgery
- Offering more services at my medical centre not reducing them ie venopuncture
- More minor operations in GP surgeries/health centres
- Since the two lady GPs left the local health centre I haven’t got a regular GP
- The keydoc service if needed at night still has a payable car park
• A drop-in centre at our local surgery could be useful, to discuss small health matters which don’t seem sufficient to worry a doctor about! A caring nurse could help and advise.
• Prescription should be easier to obtain (ie by phone, internet etc) (7)
• Continuity of care e.g. with a G.P. is far more important than ‘choice’ and provides for more satisfactory outcomes and the same for hospitals
• More complementary medicine available at hospitals and doctors’ surgeries, i.e. acupuncture, chiropractic etc. at an average of £30 per visit, these services are far too expensive for older people.
• More face to face services from GP if possible when required
• When needing hospital assessment, to be able to book the appointment at the GP clinic on the day the results of blood tests are given with another follow up booked with the GP (if necessary) at the same time. Thus, enabling a proper ‘How’ of treatment without delays waiting for written appointments. In fact, to go straight from the GP to the hospital and where possible and necessary straight back to GP, would be wonderful, if a little unrealistic.
• I would like to see my own GP each time, not be fobbed off with another Doctor in the practise.
• More choice in blood testing equipment and unlimited supplies of test strips for blood sugar.
• Everybody should as a matter of course have 2 routine visits to their doctors surgery either seeing a doctor or nurse. This may help to find symptoms of illness at a very early stage. People who routinely visit their GP surgery when well would feel more comfortable visiting when they have a medical problem.
• Local health centres able to do stitches rather than going to A and E at hospital
• GP’s spending more time with me
• There is no real ‘emergency’ treatment available at weekends. One has to wait hours for a doctor to ring back to make arrangements and then the sick have to be taken to the surgery
• A complete examination of one’s health every year (2)
• Giving over 80’s a yearly check up at home – not one that requires transport
• To be able to see the doctor you prefer
• I would like to test myself as I have diabetes but am unable to do so because they don’t supply the strips

**Hospitals:**

• Clear information about health services available. More integrated care on hospital wards. Make links between patient health and deprivation – prescribe the exercise and leisure opportunities that can affect physical and emotional well being.
• Better food in hospitals and staff to help patients eat this
• Better and free parking facilities at hospitals (4)
• Reduction of waiting list times. Appointments when required – not having to wait for months for hospital appointments and treatment (25)
• More health screening.
• Clean up the hospitals (5)
• More doctors that speak English and can be understood
• Employ a permanent learning disabilities psychiatry (consultant).
• Be seen on time
• Allow choice of hospital for treatment.
• More communication between the whole, lot Hospitals included, would have resulted in me having one less stay in Hospital not being turned down if bed unavailable
• Shortening the waiting time for tests. Waiting time test results and more specific answers.
• Be quicker in advising patients about the results of tests and reports from consultants
• I waited nine months for an M.R.I. Brain scan then told I had nine T.S. I could be dead and buried in that length of time
• Patient’s should be able to phone a hospital and make an appointment to suit them. Hospital transport should be more widely available
• As a dialysis patient, would like improved thephrology services in Northampton. Too many long journeys to OXFORD or Leicester for treatments which should be available locally.
• Improving staffing levels to take work from overstretched doctors and especially nurses
• Following outpatient visits – a call back facility to answer questions and worries not thought of at the time
• Improving cancer treatment. It took 4 months from referral for my husband to be diagnosed and start treatment for lung cancer. Unfortunately he then had a stroke which has halted his cancer treatment. We believe the drug TARCEVA would help improve his quality of life but we are told it is not yet available on the NHS. We are not private patients. How can we find out where we can get the drug? It is disgraceful that treatment which has been proven to be effective cannot be given to NHS patients!
• Better after care being monitored until fully recovered
• Carers need more support – in a recent experience my mother was deemed too confused to be allowed home from hospital. She refused social services assessment so I was not offered assistance. She was not fit to make that decision and I was left to deal with the consequences – i.e. accepting her back home with no support. I know of other people who have had similar experiences
• Improved follow up after operations with particular emphasis on physiotherapy treatment to ensure operation is successful
• KGH use Nurse Practitioners to meet targets which really fudges the NHS figures
• In hospital one spends too long in A and E before obtaining a ward bed

Health related:
• Chiropody less waiting between appointments
• More money away from chemical drugs. Increase ‘alternative’ health care. Increase homeopathy, naturopathic nutrition.
• Make practitioners more accessible to the public (not including GP services). For example, health visitors.
• More advice on who to go to for what regular screening and health checks to catch health issues early – preventative measures (4)
• A lot shorter time scale when referring people to District Nurse, Occupational Therapist, physio.
• More help with weight loss.
• I feel that help with Diet & Exercise would benefit more people and so cut a lot of people being admitted to Hospital and give people more of an outlook
• More psychotherapists available on N.H.S. for longer periods of time. ie not limited to 6 weeks only.
• To give special care, medical attention, such as medication that’s costly, even if I’m in the wrong post code area - it should be for everybody (2)
• Improved child education in respect of health matters (2)
• Better wheelchair access in some places a downstairs consulting room
• Better co-ordination between doctors regarding patients condition/needs
• Providing services for people with ME/CFS including physics who understand the illness, O/Ts, nutritionist and medical doctors, as well as CBT. + including outreach services + telephone support for housebound patients. There are currently no services as far as I know – even the CBT programme (in Oxford) is no longer accessible to us (and when it was there was a 1 ½ year waiting list)
• Better podiatry or rather money to be spent on availability/more podiatrists
• Full disclosure to me of the nature and seriousness of any illnesses
• Help and response for people who are on long term medicinal drug use assistance for the above with mental health problems. Discussion over long term use of above with professional assistance
• Visit villages and cut off areas with a mobile surgery
• Transport for less able people to the surgery/hospital (2)
• More Health care for stroke patients and more information, improved services and end long waiting lists
• Take note of T.B.I. sufferers & assist with info & help. (“the forgotten injury)?
• Physiotherapy should be available in the community (2)
• Our biggest struggle is outpatient trips to NGH. - so far to walk. We do have to use a wheelchair sometimes
• Employ more community nurses
• More school Nurses
• Help patients to access evidence about specific conditions/treatments from the internet
• Making services available at my GP’s surgery or health centre e.g. physiotherapy.
• Wean out timewasters e.g. patients who miss appointments
• To ensure to arrange local appointments can be rearranged at a time clients can get to as they may rely on public transport without it causing a longer wait.
• Charge people for missed appointments
• Could make improvements be helping people get fit, by lowering prices for gym i.e. medical referral, which is available but I don’t think its long enough (12 weeks) it should be until condition is improved.
• Raise awareness to adolescents of STDs e.g. Chlamydia – risk of infertility.
• The NHS should aim for prevention instead of treating emergencies. At the moment things are left until it is an emergency..
• Offer a ‘Well Person’ approach; a yearly check up complete with blood tests for all the most common potential problems i.e. diabetes, under active thyroid, bowel cancer etc
• By ensuring adequate funding for mental health support services in the community. Avoiding wasteful administrative costs such as having more than one PCT
• Act quicker to give people the help they need whether it be mental, physical or emotional. To speed up diagnostic tests of NHS (MRI, CT, Xray, blood tests etc. Help often comes not early enough to do any real good – especially for the elderly
• The ‘care’ feeling needs improving, e.g. when I had physio on my back I was given ten sessions and then told to go away as I had had my allocation. My back is still very painful
• Continuity of care – always seeing the same doctor, nurse, support person
• Provide osteopath services on the NHS
• Advertise NHS Direct on T/V, at busy GP centres and hospitals. A phone call to NHS Direct solves many problems in minutes

Joint working:
• Helping the health and welfare of elderly patients by not cancelling appointments at the last minute
• More understanding in NHS about what social services can and do actually do. There are still major gaps particularly at consultant level.
• Implement more effective partnerships to operate a holistic service
• To be available, as and when required to accommodate needs for all, to have someone there to call on for advice and reassurance.
• Joint working with more effective communications discussed as multi disciplinary. Being clear about rules and responsibilities to avoid duplication as well as deficits/gaps joint pooled budgets. Non-jargon plain English for the public to understand better.
• For all of the above services to come under the umbrella of one recognisable body
• Link in with community groups who could offer a more sensitive service that meets the needs of all communities not just the status quo.
• Marketing their services as any other business would i.e. advertising what is available, not making it so difficult to find out.
• A more umbrella-like service, seamless no boundaries. No passing responsibility from one department to another
• Centralise services that are available. At the moment I find I find out about services by accident (3)
• The co-ordination and information flaw between the NHS hospitals and the Community NHS Services needs to be improved radically, so that, when patients are discharged into the community that will continue to need ongoing care, the community services have the relevant information and can support the individual properly (2)
• Provide ‘Pathways’ on health & SCS so that all options & circumstances relating to need can be read through; choices made. Include telephone numbers + addresses.
• Keep to the appointment times they set
• Streamline the services – cut down on departments – make acquisition of care a straight forward process, not the nightmarish maze it is
• Work more closely together, better funding.
• There is a need for full clarity in how the finance is spent. Priorities and reasons should clearly be stated and open to inspection. There needs to be more symbiosis between NHS and social services.
• Addressing the barriers between health and social care, a start would be to provide social services care packages free of charge to all in need of them; particularly as mental health clients are exempt from charging.
• To become an integrated system. At present each has its own projects and funding. For the recipient it is like walking through a minefield blindfolded. Each department deals specifically within its own limits. No one deals with the whole person, from medical problem, home care and carers. We have a National Health Service but not an integrated service.
• It is very difficult to find out who deals with what – being passed from one person to another is a very big headache. For older people this can be very taxing. Doctors should be able to provide the contact numbers for the right people.
• Health, housing and social care services should all be on the same site.

Information:
• Being able to obtain all the information and advice needed from one central area.
• Making services, literature and signage accessible to visually impaired people.
• Information to made available as soon as it is required – and for ALL information about services available to be given to everyone who might need it – not everyone is aware about care services available – and the services should be readily available.

People need to know what is available, in a sense prior to the time when they may need to access services formally.

The above is a selection of similar comments made by 20 people.

• A one stop shop where all the information needed is in one place – provided by friendly and knowledgeable people.
• Receive medical information about ourselves that is written in a way that we can understand.
• More information on self help groups and social work and home based learning which covers all disabilities.
• Information in the telephone directory needs expanding to describe the services provided by the County Council as well as services such as aids, equipment and adaptation.
• Understanding deaf people more – no one is any good at communicating with us.
• A written list of help that I can request in case of an emergency.

Dentists:
• I am concerned about the decline in NHS Dental Service.
• More NHS Dentists.
• Urgently sort out the lack of dental provision.
• It is very difficult to register with an NHS Dentist now – this should be addresses.

The above is a sample of similar comments made by 20 people in this survey.
• Improve Dentists and reduce charges.
• More specialist dentists for disabled people within my area.
General:

- Anything to support carers and help aged live in their own homes as long as possible is good and advice on housing/benefits, nurses, GP’s, services etc (5)
- Making sure money is spent where it's needed not on management and politically correct projects. Use funding on meeting people's existing needs not trying to find new non-existing ones
- Offer more alternative therapies on NHS
- Provide a more age-appropriate service for 65s and over and not assume that they want to be classed as elderly.
- Having to wait 12 months for appointment for hearing aid. Having to wait 4 to 6 months to receive it. My wife is profoundly deaf she is also disabled as with me
- Give us patients a much bigger say in decisions. We want representation at all levels
- Better IT Systems. Less paperwork.
- Making sure that mental health service such as counselling are available outside of 'office hours', so that people who need the services do not have to add to their own stress by having to take time off to work to attend the sessions (2)
- Be more humane sympathetic to relatives without falseness.
- Having discussion groups re independent living and as to what is available in the area
- A central advice line which could put you in touch quickly with help e.g. gardener, services, anything really (4)
- By ensuring services are portrayed from a consumers perspective so we can see if the problem is a lack of resources or poor management
- Advice on equipment/benefits/concessions which are available; the cost of these & local suppliers. I would love advice on which wheelchair would be best for me, + would appreciate being seen as separate from those who have difficulties due to their age – at only 34 years I don't always want to be with elderly people or see images of them on help leaflets!
- More accessible, fee or reasonably priced transport to attend appointments (4)
- It would help if they visited older people and listened to them. They are not all senile because they are old or disabled
- Continuity in seeing named professional
- Concentrate more on rural area’s, promote awareness of services available
- Tell us what we can claim in benefits (3)
- Increase number of suitable housing accommodation where a person can live independently but have someone nearby to keep a check daily
- I would like to see services in the daytime for safe exercise for people with disabilities
- Operate out of hours rota locally
- More communication – especially related to the dangers of smoking, drug taking and excessive alcohol abuse
- Would be very helpful if Pharmacy could deliver your prescription on repeats to your home when you are disabled and living on your own
- Walk in centres.
- Increase overnight services
- More information should be available about what benefits can be claimed. Information should be more comprehensive, and show alternatives which may be due if one benefit is not appropriate
• Make more public awareness advertising campaign in libraries. Joining with a super market chain to promote health foods and diet i.e. Flora Pr Active reduces colestral. Advertise in all public places suitable. Guest speakers on radio etc.
• Endeavour to keep closer to appointment times.
• Making the provision of wheelchair transport readily available for those who need it i.e. the disabled. For me at the moment obtaining such transport is the bain of my life.
• More action to counter under-aged sex and teenage pregnancies
• Have a register of all pensioners and a means of checking to see if they are getting proper care
• Help moving into property – we have been on the council list so long. All we want our own flat or bungalow
• More facilities for wheelchair bound people to include transport and daycentres, particularly in rural areas where very little is available
• More community service such as physiotherapy, speech therapy, rehab etc
• Make forms shorter and easier to complete
• Being able to talk to someone instead of filling in forms

Government issues:
• The problem is they are too stretched at the moment. Not enough people! More needed, also more cash for the services.
• Recruit and train more GPs (7)
• More nurses (4)
• Pressure on government to genuinely improve quality of food available for people to buy and which those without transport have difficulty in accessing
• Employ more doctors and dentists and more care homes with a higher ratio of staff to residents
• Offer 'consultation' over the telephone or internet. Avoid visits to GP or social care. Extended NHS Direct concept to a more personalised and mainstream facility.
• More availability of information for the general public to raise awareness of where to go to seek help. Build services in line with population trends i.e. more for growing population of older people ready for huge increase of pensions within the next 15-20 years. Be prepared!
• Improve joint working! Pooling of budgets. Focus on person centred care. Eliminate performance targets that cause both agencies to conflict with each other and in time work against each other. Clarity of criteria. Stricter penalties.
• Generally, more money needs to be put into the service and obviously the progress in advancement/evolution of health technology should’ve been quicker in the past 30 years. The cost of care should also be reduced
• Give us a liveable pension, £49 is Peanuts
• I would like care services for people with dementia to be free not means tested as it is as present. This is a life sentence for the carer and the family and free help should be given. Respite care should also be free not means tested
• Deliver services promised by legislation
• Stop being driven by £s d, start being driven by people’s needs.
• They should take account of the service users before implementing policies
• Improving local facilities so that people can remain/be treated locally is preferable to any choice and centralising services is not the answer – been tried before and found not to work!
Community Services (Adult Social Care):

- Improved access and quality of long-term care for the elderly.
- Advertise services available: in local press, surgeries, health centres, communities centres: particularly social care services.
- To provide better interpreting services. Currently this is not available in an emergency or at least not for deaf people.
- Taking more time with individual and improving the way that benefits are allocated to
- Give more help to elderly people in their own homes.
- Being informed about payment, I am expected to give before sending in carers
- I would like more specific information regarding help for carers and more information with regard to possible “breaks” for carers and how this can be achieved
- Greater flexibility with help in the home i.e. hours when available. I am disabled but also caring for my terminally ill child – home help can only come at certain times which does not always suit me so have to go without this help despite the difficulties in my daily life
- Open more respite homes for young adults
- When asked for help or advice to respond quicker
- Also when told we need equipment to be given in weeks not months ie: waiting for wheelchair since May 2005. Hoist for bath took 6 months. Not good enough
- Put more money into helping old/disabled stay in own homes – adaptations etc should be free
- Be available to discuss with people what they need and what is available e.g. I requested a stool for the bath/shower I was told no but they would take my very nice bathroom suite out and install a shower. What a waste
- To give the services people need sooner and appropriate to people’s needs rather than based on finance
- I would like not to have to pay for cleaning & getting someone to lift + move things for me about the house (I do have savings – but they are my pension!)
- More community care should be available, especially for sudden need i.e. emergencies.

Nov/Dec 2004 Experience: My husband (late) and I, both with severe disabilities, attempted to get a care plan drawn up – or a visitor to assess our situation – as he became increasingly ill and incapable. As we didn’t need help at that very minute, no visit or assessment made. When things became critical there was no help available. Would this have been different if we’d been allowed a preparation assessment?

- O/T’s being available to give advice on home improvements (2)
- More HELP + information on how + where to get help to keep clean and manage to keep a home reasonably comfortable at a reasonable price. At present I am allowed 1 hour every 2 weeks from Age Concern which is not reasonable to me
- Provide Continuity of care between services & pass on relevant info so service user doesn’t have to keep repeating everything over & over again. Listen more to what service users are asking for
- Increase respite care beds
- Better maintenance on wheelchair.
- Advice on mobility equipment available ie stair lifts, scooters etc.
• Make sure they send the same carer regularly – not keep changing them for strangers.

• Provide efficient, regular, monitored help in the home when necessary, at a reasonable cost.

• Greater community nurse carer – not just 9-5, need weekend carer + twilight.

• Provide more care at home even after assessment and agreement that more help is required there are not enough care workers to implement care packages.

• Make sure carer’s come when they are supposed to, and within a reasonable time to the one allocated. Home helps not being hamstrung by health and safety rules, so that the service they give is actual help, and not an apology for a service.

• It is impossible to get fill in staff. I have not applied for help as it will take weeks to get any from social services. I feel there should be a list of spare staff.

• Ensure that places are available in Day Centres for vulnerable people like my wife who has recently lost one short session per week owing to the condition from which she suffers and the Day Centre in question no longer accepting Dementia cases in general. A result of this is that I, as her full time carer, miss out on a short break once a week.

• Make social care services more affordable.

• Need to be realistic and open about what they can and cannot provide and when – dissatisfaction comes from uncertainty and lack of clarity.

• Monitor staffing (nursing) levels in care homes in particular at night. Make available inspection reports on standards on all aspects of care (not easily accessible).

• When they say we need equipment to give it in a matter of weeks not months i.e. we waited 7 months for bath hoist, still waiting for a wheelchair 9 months later. Waiting lists to be less than 3 months for O/T assessments.

• Offer to take wheelchair users out for NHS appointments. Offer a wheelchair user a shopping trip. Offer a wheelchair user choice of an outing e.g. to a cemetery to place flowers on a grave etc. I have a mobility scooter but I can’t use it in small shops, only supermarkets! I would love to place flowers on my parents graves, or go around the local shops. My relatives are not available and my carer doesn’t have time.

• Following up what they say they will do. In my experience they say they will do something/send info etc but it never happens without me pursuing the issue.

• Arranging assessments more quickly than at present so that day centres/places can be allocated soonest to those who would benefit and are in need of such services.

• Making sure that the information is available to all who need it, and that there is sufficient services to cater for all needs and disabilities i.e. day care, respite care, community care. To help my son make the most of his day, and respite for him to be happy and healthy.

• Reduce admin costs: put money into care services

• The cost of the service and the ability of the patient to pay should not affect the services as it does at present. Services should be free where there is a need.

• Provide more carers from a range of different ethnic groups and different cultures.

• Easy access to aids required in the home and not top have to wait months to be assessed for what you need – then more months before the item is available.

• Day care provision should mean a day – not less than 4 hours!

• Make payment due absolutely clear before commencement of service.
• Checking the services care homes give the elderly. They are a very vulnerable section of our community and need someone to see they are getting the right care
• Long wait for home improvements (for disabled access etc)
• Day centre transport is appalling – too many people being picked up – I was on the transport for two hours going to day centre and two hours coming back and was so ill by the time I got home that I can never go again. I was told there is no other alternative so I can’t go again
• Not to keep people waiting for different appliances when needed
• More help in selecting a care home for self funding patients
• Speed up requests for aids, equipment and adaptations

Transport:
• Each town should have their own ambulances to take patients directly to hospital instead of waiting for one to come.
• Let people know the addresses of pool car drivers for people to be picked up and bought back home at a set time

A. Your sex, age and ethnicity

1. What is your sex (please tick one box only)?

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<td><strong>26%</strong></td>
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2. What was your age last birthday (please tick one box only)?

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<td>10</td>
</tr>
<tr>
<td>65-69</td>
<td>23</td>
<td>34</td>
<td>15</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>70-74</td>
<td>25</td>
<td>29</td>
<td>11</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>75-79</td>
<td>19</td>
<td>34</td>
<td>22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. Which of the following best describes your ethnic background (please tick one box only)?

<table>
<thead>
<tr>
<th>Option</th>
<th>Carers Centre</th>
<th>Ability Northants</th>
<th>People Panels</th>
<th>NCC Staff</th>
<th>Misc</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>225 (97%)</td>
<td>221 (95%)</td>
<td>125 (95%)</td>
<td>281 (91%)</td>
<td>77 (95%)</td>
</tr>
<tr>
<td>White Irish</td>
<td>2 (1%)</td>
<td>1</td>
<td>1 (1%)</td>
<td>4 (1%)</td>
<td></td>
</tr>
<tr>
<td>Any other white background</td>
<td>1</td>
<td>6 (3%)</td>
<td>1 (1%)</td>
<td>2 (1%)</td>
<td></td>
</tr>
<tr>
<td>Mixed- White and Black Caribbean</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixed-White and Black African</td>
<td></td>
<td></td>
<td></td>
<td>2 (1%)</td>
<td></td>
</tr>
<tr>
<td>Mixed-White and Asian</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Any other mixed background</td>
<td></td>
<td></td>
<td></td>
<td>3 (1%)</td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td>2 (1%)</td>
<td>4 (2%)</td>
<td>2 (2%)</td>
<td>1 (1%)</td>
<td></td>
</tr>
<tr>
<td>Pakistani</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Bangladeshi</td>
<td></td>
<td></td>
<td></td>
<td>2 (1%)</td>
<td></td>
</tr>
<tr>
<td>Any other Asian Background</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1(1%)</td>
</tr>
<tr>
<td>Caribbean</td>
<td>1</td>
<td></td>
<td>1 (1%)</td>
<td>4 (1%)</td>
<td>3 (4%)</td>
</tr>
<tr>
<td>African</td>
<td></td>
<td></td>
<td>1 (1%)</td>
<td>3 (1%)</td>
<td></td>
</tr>
<tr>
<td>Any other black background</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td></td>
<td></td>
<td></td>
<td>1 (1%)</td>
<td></td>
</tr>
<tr>
<td>Any Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Your employment

4. What is your working status (please tick one box only)?

<table>
<thead>
<tr>
<th>Option</th>
<th>Carers Centre</th>
<th>Ability Northants</th>
<th>People Panels</th>
<th>NCC Staff</th>
<th>Misc</th>
<th>Total/ Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number returned</td>
<td>223</td>
<td>234</td>
<td>140</td>
<td>307</td>
<td>82</td>
<td>986</td>
</tr>
<tr>
<td>Working full-time</td>
<td>20 (9%)</td>
<td>6 (2%)</td>
<td>13 (9%)</td>
<td>201 (66%)</td>
<td>39</td>
<td>27%</td>
</tr>
<tr>
<td>Working part-time</td>
<td>31 (14%)</td>
<td>10 (4%)</td>
<td>14 (10%)</td>
<td>102 (33%)</td>
<td>10</td>
<td>11%</td>
</tr>
<tr>
<td>Retired</td>
<td>122 (55%)</td>
<td>122 (52%)</td>
<td>89 (64%)</td>
<td>1</td>
<td>21</td>
<td>40%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>1</td>
<td>2 (1%)</td>
<td>2 (1%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time student/school</td>
<td>1</td>
<td></td>
<td>2 (1%)</td>
<td>3 (4%)</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Looking after home/family</td>
<td>27 (12%)</td>
<td>2 (1%)</td>
<td>8 (6%)</td>
<td>1</td>
<td>2 (2%)</td>
<td>5%</td>
</tr>
<tr>
<td>Permanently sick</td>
<td>13 (6%)</td>
<td>88 (38%)</td>
<td>10 (7%)</td>
<td>5 (6%)</td>
<td>14%</td>
<td></td>
</tr>
</tbody>
</table>
5. If you work, describe your job, giving details of your level of responsibility.

<table>
<thead>
<tr>
<th>Job Description</th>
<th>Job Description</th>
<th>Job Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator (30)</td>
<td>Archives (2)</td>
<td>Boatman</td>
</tr>
<tr>
<td>Care co-ordinator (2)</td>
<td>Care Manager (24)</td>
<td>Carer (paid) (3)</td>
</tr>
<tr>
<td>Caretaker</td>
<td>Community support worker</td>
<td>Contract monitoring officer</td>
</tr>
<tr>
<td>Complementary therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control room pshyc hosp</td>
<td>Counsellor (2)</td>
<td>Countryside ranger</td>
</tr>
<tr>
<td>Curriculum manager</td>
<td>Day care worker (21)</td>
<td>Dinner lady (4)</td>
</tr>
<tr>
<td>Director (3)</td>
<td>Domestic (4)</td>
<td>Employment development officer</td>
</tr>
<tr>
<td>Escort driver (2)</td>
<td>Estate worker (2)</td>
<td>Executive</td>
</tr>
<tr>
<td>Farmer</td>
<td>Financial consultant</td>
<td>Health visitor (2)</td>
</tr>
<tr>
<td>ICT advisor (2)</td>
<td>Inspector</td>
<td>Learning support assistant (9)</td>
</tr>
<tr>
<td>Library worker (32)</td>
<td>Local government employee (5)</td>
<td>Management consultant</td>
</tr>
<tr>
<td>Manager (37)</td>
<td>Meals on Wheels delivery driver</td>
<td>Medical receptionist (2)</td>
</tr>
<tr>
<td>Monitor (2)</td>
<td>Nurse (12)</td>
<td>Nursery nurse (2)</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>Parish organiser</td>
<td>Pharmacist</td>
</tr>
<tr>
<td>Police (2)</td>
<td>Physiotherapist</td>
<td>Porter (2)</td>
</tr>
<tr>
<td>Production worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional (2)</td>
<td>Quality inspector</td>
<td>Record assistant</td>
</tr>
<tr>
<td>Recruitment</td>
<td>Registered care home manager</td>
<td>Research (2)</td>
</tr>
<tr>
<td>Residential worker (3)</td>
<td>Self employed (3)</td>
<td>Shop worker (6)</td>
</tr>
<tr>
<td>Social worker (5)</td>
<td>Software developer</td>
<td>Supervisor (6)</td>
</tr>
<tr>
<td>Support worker (4)</td>
<td>Teacher (8)</td>
<td>Team leader (8)</td>
</tr>
<tr>
<td>Training advisor</td>
<td>Voluntary worker</td>
<td>Wood turner</td>
</tr>
</tbody>
</table>

6. If retired, please describe your previous job.

<table>
<thead>
<tr>
<th>Job Description</th>
<th>Job Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts (7)</td>
<td>Advice on equipment</td>
</tr>
<tr>
<td>Architectural Technician.</td>
<td>Area home help organiser</td>
</tr>
<tr>
<td>Armed services (8)</td>
<td>Artist/art gallery (2)</td>
</tr>
<tr>
<td>Banker (9)</td>
<td>Boot and shoe factory (8)</td>
</tr>
<tr>
<td>Builder (2)</td>
<td>Bus driver</td>
</tr>
<tr>
<td>Care manager</td>
<td>Caretaker</td>
</tr>
<tr>
<td>Care Assistant (8)</td>
<td>Carpenter + Joiner (3)</td>
</tr>
<tr>
<td>Cashier.</td>
<td>Catering (12)</td>
</tr>
<tr>
<td>Occupation</td>
<td>Category</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Chemist</td>
<td></td>
</tr>
<tr>
<td>Chief Supervisor BT International</td>
<td>Civil servant (5)</td>
</tr>
<tr>
<td>Cleaner (2)</td>
<td>Clerical (32)</td>
</tr>
<tr>
<td>Communications (2)</td>
<td>Clinical psychologist</td>
</tr>
<tr>
<td>Compositor in newspaper industry</td>
<td>Company Secretary</td>
</tr>
<tr>
<td>Courier</td>
<td></td>
</tr>
<tr>
<td>Court usher magistrates court</td>
<td>Debt collector – credit control</td>
</tr>
<tr>
<td>Director (4)</td>
<td>Domestic (4)</td>
</tr>
<tr>
<td>Dress maker</td>
<td>Driving instructor</td>
</tr>
<tr>
<td>Employment development Officer</td>
<td>Education welfare officer</td>
</tr>
<tr>
<td>Electrician (4)</td>
<td>Energy analyst consultant</td>
</tr>
<tr>
<td>Engineer (10)</td>
<td>Estate worker</td>
</tr>
<tr>
<td>Executive</td>
<td>Farmer (2)</td>
</tr>
<tr>
<td>Factory (3)</td>
<td>Finance</td>
</tr>
<tr>
<td>Fire service officer (2)</td>
<td>Florist</td>
</tr>
<tr>
<td>Gardener</td>
<td>General on Orthopaedic</td>
</tr>
<tr>
<td>Hairdresser</td>
<td>H.G.V. driver (4)</td>
</tr>
<tr>
<td>Health and Safety Officer (2)</td>
<td>Hospital administrator (2)</td>
</tr>
<tr>
<td>Housekeeper</td>
<td>Housing needs assessor</td>
</tr>
<tr>
<td>Housing welfare officer</td>
<td>Professional nanny</td>
</tr>
<tr>
<td>Inspection</td>
<td>Insurance</td>
</tr>
<tr>
<td>Inspector</td>
<td>Laundry worker</td>
</tr>
<tr>
<td>Internal post man for a big firm</td>
<td>Keyboard operator – printing.</td>
</tr>
<tr>
<td>Library assistant</td>
<td>Lollipop lady</td>
</tr>
<tr>
<td>Lighting designer</td>
<td>Local authority (2)</td>
</tr>
<tr>
<td>Machinist (5)</td>
<td>Maintenance engineer (3)</td>
</tr>
<tr>
<td>Manager (15)</td>
<td>Manufacturing industry</td>
</tr>
<tr>
<td>Nurse (26)</td>
<td></td>
</tr>
<tr>
<td>Office (10)</td>
<td>Offshore maintenance supervisor.</td>
</tr>
<tr>
<td>Painter decorator</td>
<td>Pharmacist owning my own pharmacy practice</td>
</tr>
<tr>
<td>Photographer (3)</td>
<td>Physiotherapist</td>
</tr>
<tr>
<td>Plumber + Heating Engineer (2)</td>
<td>Police (6)</td>
</tr>
<tr>
<td>Porter</td>
<td>Poultry farmer</td>
</tr>
<tr>
<td>Print worker (2)</td>
<td>Probation officer</td>
</tr>
<tr>
<td>Process worker</td>
<td>Property investment</td>
</tr>
<tr>
<td>Pub Landlady</td>
<td></td>
</tr>
<tr>
<td>Residential social worker (3)</td>
<td>Reflexologist</td>
</tr>
<tr>
<td>Roofing contractor</td>
<td>Sales management (4)</td>
</tr>
<tr>
<td>Sales/assistant (4)</td>
<td>Salvation Army Officer</td>
</tr>
<tr>
<td>School caretaker</td>
<td>Secretary (18)</td>
</tr>
<tr>
<td>Residential social worker (3)</td>
<td>Reflexologist</td>
</tr>
<tr>
<td>Self Employed (2)</td>
<td>Senior almoner N.G.H.</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Service controller</td>
<td>Shop keeper/worker (8)</td>
</tr>
<tr>
<td>System Maker</td>
<td>Systems Analyst</td>
</tr>
<tr>
<td>Telecommunications (3)</td>
<td>Transformer engineer</td>
</tr>
<tr>
<td>Catering (4)</td>
<td>Clerk (6)</td>
</tr>
<tr>
<td>Civil servant (4)</td>
<td>Cleaner</td>
</tr>
<tr>
<td>Co-ordinator/manager</td>
<td>Community officer</td>
</tr>
<tr>
<td>Customer service (4)</td>
<td>Design engineer</td>
</tr>
<tr>
<td>Electrician (2)</td>
<td>Gardener</td>
</tr>
<tr>
<td>Environmental health officer</td>
<td>Financial advisor (2)</td>
</tr>
<tr>
<td>Financial advisor (2)</td>
<td>Gardener</td>
</tr>
<tr>
<td>Machinist</td>
<td>Manager (21)</td>
</tr>
<tr>
<td>Manager (21)</td>
<td>Nurse (7)</td>
</tr>
<tr>
<td>Microbiologist</td>
<td>Part-time meals on wheels driver</td>
</tr>
</tbody>
</table>

7. If you live with a partner and he/she is currently working, please describe his/her job.
C. Your education

8. Do you have any academic or professional qualifications (please tick one box only)?

<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>222</td>
<td>87 (39%)</td>
<td>135 (61%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>215</td>
<td>104 (48%)</td>
<td>111 (52%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>133</td>
<td>72 (54%)</td>
<td>61 (46%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>306</td>
<td>262 (86%)</td>
<td>44 (14%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>78</td>
<td>52 (67%)</td>
<td>26 (33%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>954</strong></td>
<td><strong>59%</strong></td>
<td><strong>41%</strong></td>
</tr>
</tbody>
</table>

- AIB (Banking)               - B.A. (Hons) (58)               - B.Ed. Hons.(5)
- B.Eng (Hons)                -                         -
- BSc (Hons) (24)             - BTEC (6)              - CMS
- Chartered Masters degree   - Chartered civil engineer (fice) - City + Guilds (12)
- CQSW (3)                    - CSE GRADE 3              - Degree in Drama
- DIPSW (17)                  - DMS (2)                  -
- Fine arts degree           - GIPM (Inst-d)            - HNC (6)
D. Your household

9. Would you classify yourself as a single parent (please tick one box only)?

<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>216</td>
<td>193 (89%)</td>
<td>23 (11%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>222</td>
<td>199 (90%)</td>
<td>23 (10%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>131</td>
<td>103 (79%)</td>
<td>28 (21%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>311</td>
<td>275 (88%)</td>
<td>36 (12%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>80</td>
<td>66 (83%)</td>
<td>14 (17%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>960</strong></td>
<td><strong>86%</strong></td>
<td><strong>14%</strong></td>
</tr>
</tbody>
</table>

E. Your health

10. Over the last 12 months would you say your health on the whole has been:
<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Good</th>
<th>Fairly good</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>233</td>
<td>74 (32%)</td>
<td>112 (48%)</td>
<td>47 (20%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>233</td>
<td>27 (12%)</td>
<td>95 (41%)</td>
<td>111 (48%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>137</td>
<td>29 (21%)</td>
<td>73 (53%)</td>
<td>35 (26%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>313</td>
<td>195 (62%)</td>
<td>99 (32%)</td>
<td>19 (6%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>82</td>
<td>34 (42%)</td>
<td>37 (45%)</td>
<td>11 (13%)</td>
</tr>
<tr>
<td><strong>Total/Average</strong></td>
<td><strong>998</strong></td>
<td><strong>34%</strong></td>
<td><strong>44%</strong></td>
<td><strong>22%</strong></td>
</tr>
</tbody>
</table>

11. Over the last 12 months would you say your level of independence has on the whole (please tick one box only):

<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Improved</th>
<th>Not changed</th>
<th>Deteriorated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>230</td>
<td>23 (10%)</td>
<td>157 (68%)</td>
<td>50 (22%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>233</td>
<td>14 (6%)</td>
<td>127 (54%)</td>
<td>92 (40%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>138</td>
<td>18 (13%)</td>
<td>95 (69%)</td>
<td>25 (18%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>310</td>
<td>29 (9%)</td>
<td>275 (89%)</td>
<td>6 (2%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>81</td>
<td>9 (11%)</td>
<td>63 (78%)</td>
<td>9 (11%)</td>
</tr>
<tr>
<td><strong>Total/Average</strong></td>
<td><strong>992</strong></td>
<td><strong>10%</strong></td>
<td><strong>72%</strong></td>
<td><strong>18%</strong></td>
</tr>
</tbody>
</table>

We want to include citizens who often use care and health services:

12. Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do, including problems due to old age (please tick one box only):

<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>230</td>
<td>118 (51%)</td>
<td>112 (49%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>233</td>
<td>222 (95%)</td>
<td>11 (5%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>133</td>
<td>85 (64%)</td>
<td>48 (36%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>312</td>
<td>43 (14%)</td>
<td>269 (86%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>81</td>
<td>27 (33%)</td>
<td>54 (67%)</td>
</tr>
<tr>
<td><strong>Total/Average</strong></td>
<td><strong>989</strong></td>
<td><strong>51%</strong></td>
<td><strong>49%</strong></td>
</tr>
</tbody>
</table>

13. Do you look after, or give any help or support to family members, friends, neighbours or others because of:

<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Long-term physical or mental ill-health or</th>
<th>Problems related to old age?</th>
</tr>
</thead>
</table>

38/40
<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Yes 1-19 hrs a week</th>
<th>Yes 20-49 hrs a week</th>
<th>Yes 50+ hrs a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>206</td>
<td>38 (18%)</td>
<td>32 (16%)</td>
<td>106 (51%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>194</td>
<td>154 (79%)</td>
<td>21 (11%)</td>
<td>17 (9%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>118</td>
<td>52 (44%)</td>
<td>30 (25%)</td>
<td>21 (18%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>287</td>
<td>183 (64%)</td>
<td>85 (29%)</td>
<td>8 (3%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>70</td>
<td>41 (59%)</td>
<td>17 (24%)</td>
<td>9 (13%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>875</strong></td>
<td><strong>53%</strong></td>
<td><strong>21%</strong></td>
<td><strong>19%</strong></td>
</tr>
</tbody>
</table>

14. Do you currently work in a social care or health related occupation?

<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>222</td>
<td>17 (8%)</td>
<td>205 (92%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>232</td>
<td>5 (2%)</td>
<td>227 (98%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>126</td>
<td>15 (12%)</td>
<td>111 (88%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>310</td>
<td>167 (54%)</td>
<td>143 (46%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>78</td>
<td>38 (49%)</td>
<td>40 (51%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>968</strong></td>
<td><strong>25%</strong></td>
<td><strong>75%</strong></td>
</tr>
</tbody>
</table>

15. (If yes at Q14 above) If you work in a social care or health related occupation, which of the following sectors do you currently work in for most of the time?

<table>
<thead>
<tr>
<th>Option</th>
<th>Carers Centre</th>
<th>Ability Northants</th>
<th>People Panels</th>
<th>NCC Staff</th>
<th>Misc</th>
<th><strong>Total/Average</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse, midwife or health visitor</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>14</td>
<td></td>
<td><strong>25</strong></td>
</tr>
<tr>
<td>Other qualified health profession</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td><strong>8</strong></td>
</tr>
<tr>
<td>Qualified social worker</td>
<td>3</td>
<td>25</td>
<td>3</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
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<td>---</td>
<td>----</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other social care profession</td>
<td>3</td>
<td>2</td>
<td>49</td>
<td>2</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>SC or health management and administration</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>63</td>
<td>10</td>
<td>59</td>
</tr>
<tr>
<td>Other SC or H role inc provider in statutory or independent sector</td>
<td>6</td>
<td>1</td>
<td>4</td>
<td>29</td>
<td>7</td>
<td>47</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. Are you currently (or have you ever been) involved in any social care or health volunteering (e.g. a PPI forum, a patient group, or expert patient programme)?

<table>
<thead>
<tr>
<th>Source of Survey</th>
<th>Number returned</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northants Carers Centre</td>
<td>209</td>
<td>31 (15%)</td>
<td>178 (85%)</td>
</tr>
<tr>
<td>Ability Northants</td>
<td>224</td>
<td>47 (21%)</td>
<td>177 (79%)</td>
</tr>
<tr>
<td>People Panels</td>
<td>123</td>
<td>17 (14%)</td>
<td>106 (86%)</td>
</tr>
<tr>
<td>Northants CC staff</td>
<td>304</td>
<td>18 (6%)</td>
<td>286 (94%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>77</td>
<td>11 (14%)</td>
<td>66 (86%)</td>
</tr>
<tr>
<td><strong>Total/Average:</strong></td>
<td><strong>937</strong></td>
<td><strong>14%</strong></td>
<td><strong>86%</strong></td>
</tr>
</tbody>
</table>
Your Health, Your Say, Your Care – Consultation
Improving Community Health and Care Services

Response from Northamptonshire County Council,

Maureen Jerram,
Senior Quality and Performance Monitoring Officer,
PO Box 177, County Hall,
Northampton, NN1 1AY
Tel: 01604 237680
e-mail: mjerram@northamptonshire.gov.uk

The following comments were from two forums we held (2 hours each). Fifty people attended mainly members of the public and voluntary sector.

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

Please discuss the following options:

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

- People don’t know where to start – where can they access information/services: One Stop Shop would be good
- The cost of advertising for a carer (Direct Payments) should be supplemented as it is expensive. Standards and monitoring need to be in place as anyone can be employed under Direct Payment.
- Relatives should be paid for the care they provide their relatives. They know the needs/wants of the person they are caring for best.
- Time out/off for full time carers is essential: some sort of care must be provided for the service user.
- Experience of a therapy that was successful but has now stopped: better advertisement of services would produce a better turn out and so the service would not be threatened due to low participation.
- Continuity of services: if a service is to be replaced, make sure there is a replacement service in place or the replacement is ready to start so there is not a gap in provision.
- Thorough, routine check ups by one’s local GP Surgery. A service user has experience of getting a letter from their surgery to say they are due a check up. This should become compulsory: can improve everyone’s health as health issues could be detected early.
• After years of seeing a GP to attend to health needs, would people be accepting of nurses and health visitors carrying out check ups and giving health advice?
• Advice ‘hotlines’ are advertised on television when a particularly compelling story is being portrayed.

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.**

• Ensure after leaving care/hospital, information is followed thorough: make sure people leave hospital with the right information and check ups are made to ensure the right care is being provided.
• If pharmacists were able to give health checks and advice, they would need more money, training and staff.
• Confidentiality – many supermarkets have pharmacies in them now: people would not feel this was confidential.
• Standards need to be set for health care professionals so a more consistent, professional, better health care system was provided for all. This would make the service more efficient and cost effective.
• Access to repeat prescriptions: a disabled service user had to pick her repeat prescription up in person which was difficult for her to do. All pharmacists should run a collection service
• Information needs to be made available to carers as to their eligibility of financial aid.
• The information is available, people just need to know where to access it. Although, people feel it would be difficult to ask for information when they don’t know what they are asking for.
• Surgery culture: surgeries should be made to feel like health centres that one can go and find/gather information at.
• Someone needs to be accountable to make sure the information is available and up to date.

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

• Would stop people with minor worries/illnesses seeking advice taking up the time of doctors so they could spend more time/see more patients.
• Continuity – many people feel it important to have continuity which these services may not be able to offer.
• Great for general health care information and advice.
• ‘Drop-In’ points/centres would need standards (e.g. a trained medical professional)
• Locally linked information resource so people know where to go for advice/information before it is needed so they could self help
• Most effort should be put into preventative medicine.
• Pockets of need can be missed: we need to make sure they aren’t.

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

• Information needs to be accessible to all whether it’s via the internet for house-bound people, by telephone, of maybe a health visitor.
• Simple language needs to be used so that everyone can understand the information and they way it’s presented.
• All the health professionals/carers/agencies involved in a person’s help should consult with each other as to what they are providing and when.
• A database of resources (e.g. crutches, monitors, wheelchairs) should be kept so waiting lists are cut. This would make the service much more effective.
• Better support of voluntary agencies: e.g. Age Concern, Meals on Wheels can inform on who needs extra support to access information.

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

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.**

• Help needs to be available all day, everyday! A doctor does not have to be available, but a health professional should be.
• Many people work full time so this would be their only option in seeing a doctor.
• Illness does not wait for the surgery to be open: we get ill all the time, so the practice should be open all the time.

2. **Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get 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.**

• Continuity: most people prefer to see the same doctor.
• More people may be able to ‘fiddle’ the system by seeing alternating doctors.
• In a town like Northampton, this type of Walk in Centre wouldn’t work as there are not the high numbers of people travelling through the station as there are in cities.
• In London, there is a high number of people commuting to work so may not get the time to see their doctor so this is a good idea for them as many people can drop in and be seen on their way to and from work.
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.**

- Not everyone is able to travel easily so having a health service in your locality would be a great help. The services would become more of a community service which could help bring the community together.

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

- Assigning each school a school nurse would increase the number of young people receiving health advice. Again, continuity is key here as people feel more secure and safer when they recognise someone.

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

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

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.**

- This would cut patient waiting lists and benefit all involved as everything would be working at full potential.
- Some people get confused by having different appointments at different places for different things so if this service were to be in operation, it would help these people.
- People running the service maybe able to make connections between one problem and another due to the services all working together.

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

- This would enable people to self help as they would know where to find/seek information.
- Encourage people to become paid carers by advertising the positives because at the moment, the job doesn’t look very appealing - this may highlight the benefits of such a job.

3. **Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes.**
• May improve the health of service users as this may increase the availability/publicity of alternative therapies which may enable people to cope better.
• Continuity – complex needs need one named person of contact.
• Everyone has the right to choose.
• Would make long-term illnesses and disease easier/better to live with and improve the conditions of some people’s lives.
• Everyone should be able to choose from the same availability and quality of service.
• People need information to be able to make the right decision.
• Independent/advocates could advise on best choice for an individual.
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)

South Yorkshire SHA Patient Consultant 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: 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:

Overall NHS and Primary Care staff were praised.

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 Information for Patients
2 Confused messages in the media
3 Accessibility of domiciliary care

RECORD BELOW WHY PEOPLE THOUGHT THESE WORKED LESS WELL:

- Advice on all the options that are available for an individual across NHS and Social Care services, needs to be available at the time when they are wanting to understand or make decisions about their own care.

- There are mixed messages from Government, NHS, Social Services, the media, etc about issues such as cholesterol, what is good, bad or how to control etc. What is needed is clear and simple information.

- More access/information on how to access, domiciliary care eg dentist, chiropody – including one central contact point for signposting.

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

- Need for clearer and accessible promotion of good health, the NHS, Social Services eg explaining about fats and sugars in foods, etc
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:

- Tackling the causes of ill health was felt to be key but this would require adequate and recurrent resources – ie not just for a short time and then expect to be self-supporting.

- The other three issues were considered equally important. Enabling people to manage their own health/conditions and remain in their own homes was considered essential to the wellbeing of the population as a whole.

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

- Services should be delivered in a way that enabled people to live in the community instead of in institutions, eg adapt service users home, full support for carers.
- Provide more services at home – including support to go home for recuperation rather than stay in hospital.
- Support families to enable them to look after themselves.
- Provide adequate and sensitive respite for carers.
- Develop a benefit system that supports people in making decisions about how and where they receive care.

Q4. What else would people like the Government to do to help people take better care of themselves?
HOW CAN WE HELP GET THE RIGHT SERVICES, WHEN YOU NEED THEM, AND ENSURE YOUR CARE AND SUPPORT IS PROPERLY COORDINATED?

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

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

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

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

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

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

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

None of the above

Don’t know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

- All of these are important.
- If people are treated as individuals and encouraged to take responsibility for their own health they are likely to recover more quickly.
- They may need to be supported to do this.
Q6. Did people think it would be enough for Government to only do these things to help people manage their care and make decisions?

- Integrate / co-ordinate Government Departments so that people do not have support given by one sector only to have the benefit of the support diminished by another.

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

- Services should be delivered in a way that enables people to live in the community instead of in institutions eg adapt service users home, support for carers.
- Provide more services at home – including support to go home for recuperation rather than stay in hospital.
- Support families to enable them to look after themselves.
- Provide adequate and sensitive respite for carers.
- Develop a benefit system that supports people in making decisions about how and where they receive care.
- Resource adequately an integrated programme of self care eg of long term conditions
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:

- Services need to be as accessible as possible to as many people as possible. Giving easy access to people who may not normally access services could reduce the occurrence of more serious conditions later.
- Locality services were particularly favoured to support the above.
- Choosing treatment and location of care at the end of life was supported – helping people and their families manage this time in the way that they need.

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?

- Give a long lead time for any future Consultation with the public – this is particularly important if groups who do not usually have a voice are to be heard in a meaningful way.
- Ask people directly, not via a questionnaire with “leading” questions, listen to and act on what is said.
- Simplify and bring together NHS and Social Care services to provide a seamless care environment for the whole person.
- Ensure information is clear, accessible, jargon free, and doesn’t give conflicting messages.
- Seek “real” input right at the start of decision making - from patients, service users, public.
- Equality of access - physical, community
  - language – plain, simple and suitable for different cultures and needs, eg British Sign Language
- Choice – good intentions need to be followed through with joined up policy
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>
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<tr>
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<td></td>
<td></td>
<td>7</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) | 0 |
| Members of the public who are involved with health and social care services e.g. PPI forum members | 6 |
| 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>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

- 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)
Patient Consultants as advisors to the SHA

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>Grouping</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>
</tr>
<tr>
<td>Pakistani</td>
</tr>
<tr>
<td>Bangladeshi</td>
</tr>
<tr>
<td>Any other Asian Background</td>
</tr>
<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?

South Yorkshire Strategic Health Authority – Patient Consultants

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>
<tr>
<td>NHS Strategic Health Authority</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>
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</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:

Aileen Thickett  
PPI Manager  
South Yorkshire Strategic Health Authority  
[mailto:aileen.thickett@sysha.nhs.uk](mailto:aileen.thickett@sysha.nhs.uk)  
on behalf of the Patient Consultant Group