



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	<input type="checkbox"/>
A national organisation or group	<input type="checkbox"/>
Other (record details below)	<input type="checkbox"/>
<input type="text"/>	

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)

RECORD BELOW WHY PEOPLE THOUGHT THESE WERE IMPORTANT:

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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.

1

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

2/3

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

2/3

None of the above

Don't know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Encouraging & Supporting Healthy Lifestyles Individuals should take responsibility for their own health. However Government should advise via media - (TV, internet, newspapers, posters) on healthy life-styles; healthy eating and exercise; the risks of not taking responsibility for own health.

Better Information & Advice NHS should provide better information and more widely available on self-care on specific disease groups – information for patients and carers including advice on medication. All information should be accessible in different languages and formats for those with communication difficulties

Wider Choice of source of Advice It would be a good idea to get advice from other professionals other than doctors – i.e. pharmacists and district nurses. This would take the pressure off GPs and A&E Departments. Communities would appreciate wider choice of source of advice. However this will need public education as many will only take advice from a doctor and prefer medication to self-help such as taking more exercise.

Better Co-ordination of Health & Social Care Provision The elderly population is increasing and it will be essential that individuals remain at home for as long as possible to be independent. However, mix of health and social care provision needs to be co-ordinated to avoid bureaucracy and confusion. The longer the elderly and those with disabilities can remain active will improve the health of the community and affect demand on public resources.

Better integrated services between health and social care. Access to different benefits or applying different criteria for assessment to access social care services is confusing and often bureaucratic. There would need to be overall Government commitment and significant allocation of additional resources to improve housing and other social factors. It was thought that it would not be practical to site social care advisers at GP surgeries.

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

- Funded access to exercise i.e. swimming pools, gyms especially for pensioners
- NHS to move from being a treating organisation to an educational organisation on self-help, lifestyle, health promotion, diet and exercise
- There should be common assessment criteria across the country for social service and medical assessments – especially for services for the elderly.
- If there was better public information and education about health (including within schools), individuals might take more responsibility for their own health. This would decrease the dependence on the NHS and save resources.
- Health clinics should offer regular screening and health checks to inform individuals so that conditions could be treated at an early stage.
- Health-care providers need to be sensitive to different cultures and different approaches to life-style
- Specialist providers or voluntary organisations are often best placed to offer advice or guidance to patients and carers – all information should be available in different languages and formats for those with communication difficulties.

HOW CAN WE HELP GET THE RIGHT SERVICES, WHEN YOU NEED THEM, AND ENSURE YOUR CARE AND SUPPORT IS PROPERLY COORDINATED?

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

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

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

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 X

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

The group agreed that **all of the priorities are of equal validity and are inter-dependent**. They believed that none of the priorities should have less weight than another. That it is only common sense that all the above need to be achieved.

However, the group discussed each point in turn and made the following comments:

PLEASE SEE OVERPAGE:

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Providing effective joined up social care and health services.

Finances

- Financial planning needs to bring services together on a long term basis so as to be economical and provide continuity of provision
- Outside hospital services are often cut back on, to balance the books

Staffing

- There is a lack of trained staff including Social Workers which impacts on service provision
- There is a need for 24hr cover by Social Workers to provide the link between social care & health service provision

Care package

- It is essential that a care pathway and a named Case worker/Care Manager is in place for all patients
- The Care Manager needs to plan with the client/patient, not do it for them. Client must retain their say in what plans are made for them.
- There needs to be less duplication of assessments, which only frustrate people. The information could be shared so that it does not have to be collected more than once.
- Need for an improved computer system so that records for all patients can be accessed by the appropriate NHS professional – this should lead to better continuity of care

Need for a different strategy for helpers coming into peoples homes.

- With more people living longer, often with a disability and/or having no family living locally. Health and social care provision needs to be planned for this reality. For example,
An important need not addressed currently for long term ill or older people is that they need help with cleaning/housework/laundry on a regular basis.

Providing more help to people caring for others

- Carers need more respite care, they are under valued and receive little support
- Carers save the NHS a huge amount of money but are often made poor by having to give up careers/work etc so suggest :-
 - a) that all carers should have a job share with a paid carer supplied by the NHS/Social Care. This should allow main carer to have long term consistent help.
 - b) that all carers (family member/friend/helper) should receive the minimum wage for the care work they do.
- For peace of mind of main carer - Any paid carer must go through good vetting system before taking on carer duties
- Continuity of paid carer necessary – turnover of staff very unsettling for patient/client and carer

Role for Care Manager- It is a burden to have to take on the finding of care etc when ill or elderly – this is where a Care Manager role could be important in a linking up function

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

- An emphasis on prevention of illness in information and check-ups will reduce demands on the NHS and Social Care Services
- The volume of information can be too large, only information relevant to the patient should be given to them, to cut down information burden
- Professionals must respect that some people want their Dr's to make some decisions for them (that is their choice).
- Need for a counsellor to be available at the point of diagnosis for patients with serious illness to give support and information
- Expert patient programmes are useful in passing information on to patients, should be part of the information loop as it works very well
- GPs should be identified as the professional who will provide the information on social care services unless another named professional has been given this role. This should be noted in the patients notes and be part of the GP surgery's record system.
- Any information needs to be interpreted into diverse languages

Improving the availability, quality and choice of services for long-term care users etc

Quality

- Less turnover of staff would give more continuity of care and more confidence to patients and their carers - Continuity of care is essential

Choice

- Improved availability of long term 'caring home' spaces necessary for ageing population (if applicable to the individual's needs)

Q5. What else would people like the NHS, Social Care and other services to do to help people find the services they need and improve the way these services are joined up?

Joined up services

Important to have nominated key person – Care Manager (whether GP or other named professional) who is the link person through which the NHS and Social Care contacts and sharing of information takes place. If everyone knows who this is then the information flow and decisions can be made more swiftly with the patient.

This will only work if access to GPs is improved.

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

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

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

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

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

2

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

3

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

1

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

3

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

None of the above

Don't know

PLEASE SUMMARISE WHY PEOPLE SELECTED THESE PRIORITIES:

Priority 1

Developing and providing more services in the local community etc - Should the Government do this and why

Because the Government has not to date done this. Now there are more premises available to enable more services to be provided in the local community.

Because there has been a lack of resources both financially and in strategic planning to make this happen.

The Government should develop and provide more services in the local community, because of public demand and need. This will be cost-effective in the long term (not just financially).

Concerns expressed about the desire of GPs to take on these extra responsibilities – there seems to be competition currently between some GP practices covering the same catchment areas.

What will this achieve and why?

Should result in better health of the community, both emotionally and physically.

How much of a difference would this make and why

Community-based services would make a significant difference. It would make the Government more popular!

Pro-active and cost-effective services . Increased convenience of locally based services.

This would result in less stress, and a happier and healthier community.

Reasons behind the priority this option was given

Importance of patient choice

Convenience

Reduction in waiting times.

Multi-purpose health centres can co-ordinate a number of activities in the community.

Consultants in the community would hopefully mean that crowded out-patient facilities in hospitals would be alleviated.

Reduction in stress and anxiety levels:-

Parking issues - costs and availability; Transport issues (length of journeys, public transport), Environmental issues (i.e. pollution) of longer journeys to further away hospitals).

That the Community's views were being taken into account

Priority 2

Providing convenient services which fit around people's lives etc

Importance of convenience. Need for out of hours services in all locations. Availability of appointments at GP surgeries is an issue, as GPs are first port of call. Extension of hours early in the morning would be helpful.

Priority 3

Incorporating 2 priorities: Providing care in convenient locations + Developing new services for people who don't always currently access care

Important to increase access to services for refugees, asylum seekers, etc to places other than their local GP surgeries. Walk-in Centres are useful for these groups as well as for teenagers who might have issues around confidentiality.

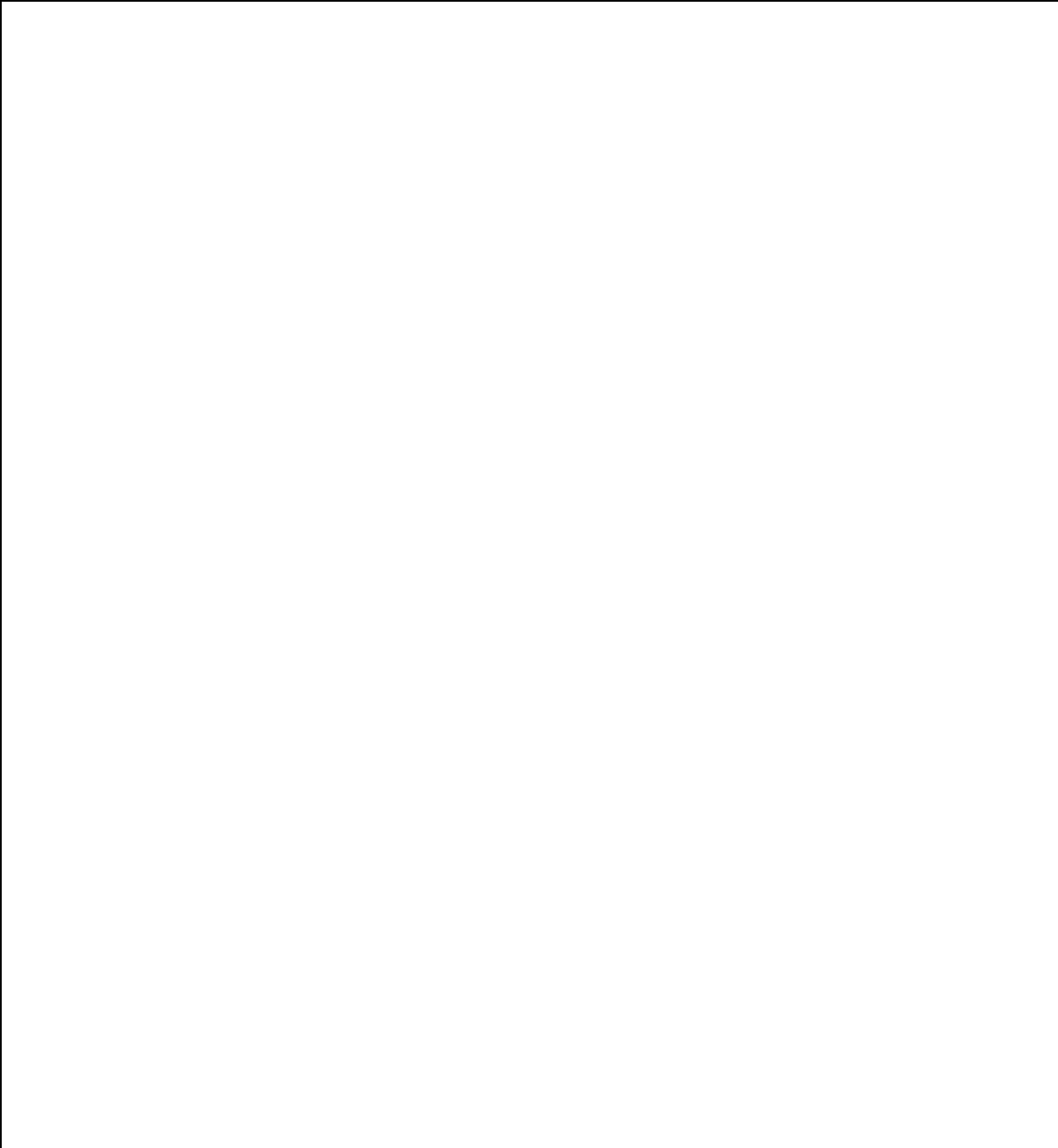
Transport and parking costs, time and convenience for patients, family and carer.

Flexibility - Patients removed from GP lists will have other options if they are allowed to attend walk-in Centres or to register elsewhere

Additional Issues:

Finance

Q7. What else would people like the NHS, Social Care and other services to do in terms of how, when, where and from whom community-based services are delivered?

A large, empty rectangular box with a thin black border, intended for the user to provide their answer to the question above. The box is currently blank.

MAKING HEALTH AND SOCIAL CARE BETTER FOR EVERYONE

Q8. Looking across all the options we have asked about what are the top five priorities for the people at the listening exercises you ran? (Please write 1, 2, 3, 4, 5 in the boxes)

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.

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.

5

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

4

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

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)

2
1

Q9. Why were these their five top priorities?

Common Priorities

All communities want routine services to be easily accessible as local as possible

There needs to be less bureaucracy in accessing health and social care; assessments should be based on common criteria across the country; direct payments to patients are often confusing

With increasing elderly population, services need to be sensitive to keep individuals at home and independent for as long as possible; there needs to be co-ordination between provision of services by different providers

Services should be seamless between different agencies whether NHS, social services or voluntary organisations - funding of voluntary sector to assist with social care very important to this

All agreed that preventative measures such as regular health check ups and self-help guidance and support should be made available to all

Effective information needs to be available to all patients across the country (common resource information available to all, with specific local information where appropriate).

E. WHAT ELSE SHOULD THE NHS, SOCIAL CARE AND OTHER SERVICES BE DOING?

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

PLEASE WRITE IN:

Section C: details about your organisation and your listening exercises

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

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

Write in below

		15
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B. What sort of listening exercise was it?

(Please tick one box only)

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

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

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

Members of the general public (i.e. with no specialist interest in health and social care)	
Members of the public who are involved with health and social care services e.g. PPI forum members	13
Paid staff from your organisation	2
Voluntary staff from your organisation	
Other (record below)	

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

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

Children and young people

Older people	10
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	5
People with caring responsibilities	2
Other (record below)	
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E. You said that some of the people who took part in your listening event were from a specific ethnic group. Please tell us how many were from each of the groups listed below:

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

White British

3

White Irish	0
Any other white background	1
White and Black Caribbean	1
White and Black African	0
White and Asian	0
Any other mixed background	0
Indian	5
Pakistani	0
Bangladeshi	0
Any other Asian Background	0
Caribbean	1
African	0
Any other Black background	1
Chinese	1

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

(Please tick one box only)

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

(Please tick all relevant boxes)

Children and young people	<input type="checkbox"/>
Older people	<input type="checkbox"/>
Pregnant women (and their partners)	<input type="checkbox"/>
Socially disadvantaged people	<input type="checkbox"/>
Disadvantaged children	<input type="checkbox"/>
Smokers	<input type="checkbox"/>
Excessive drinkers	<input type="checkbox"/>
Obese people	<input type="checkbox"/>
Substance misusers	<input type="checkbox"/>
Disabled people	<input type="checkbox"/>
Prisoners	<input type="checkbox"/>
Black and minority ethnic groups (GO TO QE)	<input type="checkbox"/>
Travellers	<input type="checkbox"/>
Homeless people	<input type="checkbox"/>
People with mental health problems	<input type="checkbox"/>
People with learning disabilities	<input type="checkbox"/>
People in hospices/residential care	<input type="checkbox"/>
Asylum seekers	<input type="checkbox"/>
People with long term conditions	<input type="checkbox"/>
People with caring responsibilities	<input type="checkbox"/>
Other (record below)	<input type="checkbox"/>
<input type="text"/>	

If you would like your organisation to be listed as a contributor to the consultation, please record its name below:

NAME OF ORGANISATION

North West London Strategic Health Authority Patients' Parliament

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

FORMAT: email version of document please to both email addresses below. Thank you

EMAIL: Jane.Buckingham@nwlha.nhs.uk; d.neal@health-link.org.uk

ADDRESS: