

## #YourConversation - Phase 1 Engagement Report October 2016

### Introduction and Stakeholder Profile

Healthwatch Herefordshire (HWH) has been working with Carers groups to understand the needs and requirements of Carers and those they support in a sustainable health and care system for the future.

Carers can provide a wealth of experience and information to providers about how a service operates to best meet the needs of themselves and those they care for. Carers have additional responsibility for the health and wellbeing of the person they care for, and with that the challenges to the maintenance of their own physical and mental health, which often comes second.

In a two part engagement exercise, to facilitate meaningful conversations with carers, HWH visited carers support groups in Leominster and Bodenham, and Alzheimer's support groups in Ross-on-Wye and Hereford. HWH discussed a number of talking points which provided a real insight into how services could improve to better meet carers needs and those of the people they care for.

The second part of the engagement activity is an electronic survey emailed out via Herefordshire Carers Support, which was all about gathering Carers views on 'doing things differently' in health and care. HWH received over 150 completions of the survey and the data is being compiled in a parallel report.

### Do you think we have a responsibility to look after our own health?

98% of people said yes. However it needs to be acknowledged that this is only up to a point, and this dividing line of responsibility and expectation of the public needs to be made clear.

From these conversations the idea of looking after ones health means different things to different people. Looking after our own health needs to take into account the following:

- Time and capacity to do so alongside a caring role.
- Some people do all they can reasonably do to look after their own health but still get ill and need help.

## What do you need to look after your own health?

### Top 5 comments

1. People want to remain independent at home for as long as possible, recognising the importance of the preventative role of community services: District Nursing (DN) visiting the home and quicker access to Occupational Therapy (OT) assessments and services.

2. Reliable information and advice centre on self-management and administering healthcare and care:

- Training for blood pressure monitoring, recognising infections for carers, administering injections.
- The pre diabetic service offering a course and personalised plan to prevent the onset of diabetes is an excellent example of this.
- Reliable and consistent information at the time of diagnosis about conditions, such as dementia providing facts about the illness, services & pathway.

3. Quicker access to appropriate primary care appointments, advice & support.

4. Carers breaks and appropriate respite for the cared for person to allow carers time to look after their own health.

5. There is an expectation from services that patients should self-manage their health but often in practice the health system doesn't adequately allow for self-diagnosis. E.g. recognising that carers and parents have a detailed knowledge and experience of their cared for and health conditions.

- Keeping healthy and well, accessing diet and exercise opportunities and information affordable to all. Carers will need respite time to do this and stay well.
- Greater ongoing mental health support for long term mental health issues beyond an acute crisis and ideally preventing acute crisis.
- Falls prevention service to avoid risks at home.
- Looking after one's own mental health and wellbeing through: social circle, friends and family networks, keeping up with current news and community events.
- More support to run community and condition specific peer support groups.
- Hearing aid and wax removal services.
- Patients expressed a preference for triage in primary care by medically trained practitioners.

What would help you to access the healthcare you need?

#### Top 5 comments

1. Increase in available appointments. Offering flexible appointment times evenings and weekends for routine and emergency care, telephone appointments & home visits when needed.

2. That services are more responsive offering timely referrals, assessments, and treatment. E.g. OT assessments & treatment, District Nursing at home, Joint replacement surgery and falls prevention.

3. Community practitioners need to be better equipped to efficiently deliver treatment in the home. E.g. catheter bags and specific dressing packs delayed on prescription.

4. Having more information & advice to allow patients and carers to make informed decisions about choosing appropriate health services. E.g. NHS 111, pharmacy, out of hours GP appointments, extended hours GP appointments for routine and emergency care. Patients have commented that NHS 111 script of questions can be inflexible and prohibitive for making an informed choice and accessing a service.

5. Referrals between services. Clarity needed within both, and between, primary and secondary care about referrals for diagnosis, operations and results, so that the patient understands who is responsible for tracking referrals and how to do so. Carers, in particular working carers, are juggling a lot of things, so finding time for this is a real issue.

- Specific surgery walk in clinics where appointments aren't necessary. E.g. dementia and mental health.
- Better public transport in rural areas and more specialist adapted transport options.
- Adult social care needs to be more reactive and robust to respond more quickly to the demand. E.g. respite care, transfers of care and discharge home.
- Electronic record sharing between agencies to help overcome the need for patients preferring to see the same clinician. E.g. accessing own named GP rather than the extended hours, out of hours Primecare or walk in centre.
- Continue the delivery of home prescriptions.
- Clear guidelines of eligibility and entitlement for services. E.g. patient transport, prescriptions delivery, disability and OT equipment.
- Early intervention. Although people look after their own health, early intervention services need to exist, and be easy to access, in order to prevent deterioration of health and independence.
- Routine weekend dental appointments.

## What should the NHS spend less money on?

### Top 5 comments

1. NHS Hierarchy, administration, back office and governance
2. Agency workers and locums
3. Wasting of physical resources. E.g. over prescribing of medication/unwanted medications, inappropriately oversized dressing packs and missed appointments.
4. Unused medical equipment not being returned. E.g. disability aids.
5. Medical costs associated with Self infliction. E.g. Smoking, drugs and alcohol.

- IVF
- Cosmetic surgery

## What should the NHS spend more money on?

### Top 5 comments

1. Carers breaks and respite care for the cared for people.
2. Training for carers to look after people's often complex health needs and their own health.
3. More substantive Doctors, Nurses and Health Care assistants in community and acute services.
4. Community services and prevention services. E.g. District Nursing, OT, Physiotherapy and falls prevention. Keeping people out of acute services and independent at home for longer.
5. Information & advice service. Reliable central hub of information and advisors on self-management, self-care and healthy lifestyles information.

- Missed appointment solutions. Telecommunication texting systems for reminders and prompts for periodic reviews.
- Services coordinating prescribing better to avoid over prescribing and unused medications. In particular systems between hospital stay and the GP.
- Robust and responsive social care system and home care market.
- Technology. Electronic patient notes and shared records between services, particularly Hospitals and Primary Care. E.g. use of tablets to write notes on ward rounds and order prescriptions in real time to speed up discharge process.
- Carers financial support.
- Public Health messaging.
- More hoists in hospital.
- Treatment for cancer.
- Elderly care. E.g. more joint replacement surgery.
- Early years care.

### Other observations

There is a belief that there is a stigma towards older people who are living longer and over using services, when older people believe they have paid in to an NHS all their lives and this is the time that they need it so should have the services they need.

People have a perception that there are too many unnecessary six figure salaries for management of NHS organisations at the expense of front line staff.

Many people feel that the current system for caring and nursing is inappropriately professionalising the role which means the health system may be missing out on people who could contribute to those roles. Degrees and higher qualifications should be a choice and funding for training should be available.

District Nursing. People value the ongoing relationship that is developed from home visits which provides an additional side benefit to patient and carer wellbeing for prevention and combating isolation.

Many people feel although there are things that could be done differently, the government should fund the NHS more.

The services people value are district nursing, the falls prevention service and OT, stating when you can get OT, it can really make a difference.

### Next steps

Healthwatch will be feeding this information back to service providers and commissioners of services so these views are included in the shaping of services now and for the future.

Healthwatch will be gathering more views in the coming months and it is important you have your say. To find out how and upcoming opportunities, visit the HWH website:

[www.healthwatchherefordshire.co.uk/your-conversation](http://www.healthwatchherefordshire.co.uk/your-conversation)