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# 1. Summary and main findings

Big Care Debate has been an intensive education, communications and engagement exercise to involve people across North East Essex in a discussion that will help shape the vision for the CCG and inform strategies for healthcare for the next five years.

The message from the public is that primary care services, GPs in particular, are key to healthcare over the next five years. From a range of engagement methods, feedback kept referring back to the same major themes. Themes which are interlinked and point strongly to person centred care.

Much of the commentary is consistent with the findings of the 'Who will Care' Essex wide health and social care commission led by Sir Thomas Hughes Hallett (1).

## Key Points to note

- a) 766 people have responded to or been involved with the debate to date
- b) Two launch events have been held at Clacton and Colchester with an attendance of 197
- c) Online survey 219 responses
- d) Engagement events held across the area with a wide socio demographic mix(detail in appendix 1) reaching 350 people
- e) The detailed feedback from the Big Care Debate will be fed into strategies and project plans and into patient experience reports which are reviewed by the CCG's Quality Committee and the Board
- f) Feedback will also be used to inform our patient experience reporting

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The main themes are summarised below:

### Self care

People overwhelmingly understood that personal responsibility for their health is important. Diet, exercise and mental well-being were recurrent themes. The role of family, friends and the voluntary sector in providing support mechanisms, care and social contact were also vital in helping people to avoid isolation and to remain independent, fit and healthy.

Use of technology and personal health budgets were supported as was better training of staff to help individuals become more independent in managing long term conditions

## Access to information and services

Access to information and signposting to services was viewed as important. Use of plain English and guides to services were felt to be important. People felt this was crucial to self-care and to ensuring services were not used inappropriately when people needed support and/or advice for minor ailments and to reduce demand on other services.

Appointments with GPs, dentists and professions allied to medicine such as physiotherapy or audiology as well as access through the walk in centre were recurrent themes with some mixed commentary about the 111 service which has only recently gone live.

Overwhelmingly, however, access to GPs for appointments was the single biggest point of satisfaction or concern dependent on how easy participants found it. There was an overwhelming view that GPs are the gateway to prevent other services being overloaded.

## Prevention

The theme of access to information also extended to health promotion and education for individuals about to stay well and healthy and how to manage a long term condition so the individual remains in control.

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## Integration of services

There was a level of frustration with lack of integration of services, particularly around discharge from hospital but also with support services such as appliances or equipment when bereaved families found it difficult to return of items that were no longer needed.

Suggestions included creating one budget for services and gateways/single point of contact for services that provided more clarity and removed barriers.

Care closer to home and home visits for the vulnerable were key comments throughout the engagement whilst others felt centres where a range of services that could be accessed together were a good idea.

## Culture and Patient Centred Services

People felt there was still some way to go to develop the right culture in the NHS and Social Care, improving the way professionals speak to patients and carers creating a partnership rather than a

dependency. Some BME community representatives felt that there were communication issues even when the use of English was not a barrier but that cultural values were not always understood.

### Duplication/Waste

There was strong support for improving medicines management and a number of participants felt that GPs should not prescribe medicines that are available over the counter to people who do not pay for prescriptions. Some participants felt the challenge facing NHS and social care was too big and that more money should be made available, some were strongly opposed to the most recent reforms whilst others felt there was still duplication and waste (see integration of services above).

Methods of communication from the hospital was a cause of frustration with respondents who felt multiple letters to confirm, cancel and then rearrange added additional cost and could be confusing for patients.

A sub theme was the cost of locum staff in hospital and primary care/out of hours – reflecting recent media coverage of the topic. Respondents expressed concern about the ability to plan training ahead of demand with the resultant additional cost to services as well as lack of continuity of care/knowledge of the patients that could be a potential result.

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## **2. Background**

The Big Care Debate is the Clinical Commissioning Group's response to NHS England's Call to Action (2) which asked patients, public and staff how best to deliver services now and in the years ahead at time of rising costs and constrained finances.

Each year the CCG makes efficiency savings and in 2014/15 is on target to make £20m in savings. However, with a rising population, an increase in the number of people with long term conditions and lifestyle risk factors in young people together with increasing cost of treatment the NHS locally is having to treat more and more people each year.

For North East Essex CCG this means there will be a gap of between £60m and £70m between demand for care the money available to spend by 2016. For Essex County Council the gap in our area will be £45m.

The Big Care Debate was created to:

- help service users understand the pressures facing both the local NHS and social care,
- ask for their views on how services can be improved or savings made
- provide patient service user input to inform the five year vision, the integration agenda and the key commissioning strategies for the Clinical Commissioning Group and Essex County Council.

The Big Care Debate has engaged with 766 people between November and February with nearly 200 people attending two large launch events in Clacton and Colchester, 219 completing an online survey and engagement with 350 members of the community at outreach events including children's centres, PPG groups, Local Engagement Forum meetings, Colchester Garrison, youth centres and health and well-being fairs.

The qualitative nature of the survey and the engagement events has provided a rich source of public and patient voice which is now being mapped against the key strategies for the CCG over the next 5 years.

Next steps will be to take back the survey findings and show how they have enriched the strategies and the final debate events to take place in Colchester and Clacton in February.

### 3. Who we spoke to

A range of stakeholders have been involved with the debate. Leaders from health and social care, union representatives and staff from health and social care and the voluntary sector took part by attending the two large launch events or by completing surveys at outreach events.

A broad mix of the public were also involved through the mix of engagement methods. An online survey generated responses from adults of all ages – although 68% of the responses were from people aged 25-60 and 61% of respondents were in employment.

This was supplemented by outreach events with the aim of reaching harder to hear groups. We spoke to mothers with young families, a youth club, older people's luncheon clubs, a carers forum, the garrison, the Health Forum, GP practice Patient Participation Groups and specially facilitated events with BME communities including Bangladeshi, Middle Eastern, Turkish and Chinese.

People were asked about their view of health and wellbeing from a holistic perspective – what keeps them well and independent as well as what works well in statutory services and what needs fixing

## 4. Objectives

The Big Care Debate has been a platform to:

- To ensure the CCG's vision and supporting transformation strategies are well informed by patient, public and professional views
- To establish a process and evidence base that will support some of the challenging changes the CCG and social care will need to take in the future

## 5. Methods

The programme ran from 12 November 2013 through to February 2014. Engagement methods included:

- Launch workshop events/public meetings at Colchester Football Stadium and the Princes Theatre Tendring
- Feedback/survey form – online and hard copy distributed at face-to-face meetings and events
- Discussion at the NECCG Health Forum and GP PPG meetings
- Meetings with special interest/hard to hear groups
- Use of social media to promote and discuss the key issues

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## 6. Campaign materials

- Campaign posters and flyers distributed through Essex County Council's network including libraries, GP surgeries and those of core providers including Colchester University Hospital Foundation Trust, Anglia Community Enterprise and North Essex Foundation Partnership Trust and partners including Tendring and Colchester CVS, Tendring District Council and Colchester Borough Council
- Health Forum newsletters and minutes
- News release issued at start of campaign
- Full page feature with Dr Shane Gordon in the Daily Gazette in November, follow up interview full page article in February
- Dr Shane Gordon's monthly column in the East Anglian Daily Times
- CCG website and partner websites
- Social media
  - Facebook – the Big Care Debate page has 223 members and the profile of the Facebook page has moved from 38 to 218 friends, with an average of 230 page likes each week.
  - Twitter - followers have moved from under 300 to 785

## 7. Next steps

By sharing our challenges for the future with people and by listening to people about what is important to them we have a more comprehensive picture of what people think. The analysis of this information has enriched and influenced our core strategies for the future and we will be feeding back to the community and to clinicians about those strategies to triangulate and check that our conclusions really do reflect people's views.

As a new organisation we have also established new ways of engaging with our community creating new connections and conversations which will continue beyond the initial information gathering.

Reaching young people was problematic although a variety of routes were attempted. The CCG will need to develop relationships with younger people in developing its strategies. Options could include routes through Essex County Council into education providers. Further work is also needed with people with disabilities.

## 8. Analysis of feedback

Traditional media portrayal of health services focusses on hospital services but the evidence from our engagement is that people's concerns are around care in the home and the community.

### Outreach events

The CCG engaged with 547 people face to face in two large events and at a series of out reach events using four open questions aimed at eliciting qualitative responses. We went to a variety of groups including older people's fora, children's centres and youth groups as well as GP PPG groups.

The majority of people attending the face to face meetings were not in full time employment and a large part of the cohort was retired although women with young families were also part of the target audience.

### Question 1 – What matters most about keeping well and living independently?

Many people understand the need for mental and physical well-being to ensure they can live a longer and fuller life and one of the greatest concerns for many was social isolation and the impact this could have on their health but also concerns about how they can cope if they do become ill.

People were aware of the need for good diet and exercise but smoking, drugs and alcohol were rarely mentioned as a lifestyle factor. Health screening and immunisation were also recognised as important prevention services.

Access to services was a key concern for respondents – this ranged from signposting and information about how to stay healthy or which service was the most appropriate to attend, to transport and how close those services were to their homes.

This was closely linked to integration of services – the hospital hopper bus service at the coast running at a time that coincides with hospital outpatient clinics and patient information being readily available to clinicians so they did not have to repeat their story.

One universal thread was GP services. Some in the rural areas of Tendring were extremely happy with their GP services but were concerned about a potential move a of a surgery building as

*Getting an appointment with my GP is really difficult because I work. I had a scan some time ago and still don't know the results*

practices outgrow their existing premises. Others felt they had to use other services because they couldn't get an appointment with their GP. In the Harwich and Clacton areas there were real concerns about being able to see a GP, the lack of continuity where locums

were being used to supplement services and a trial of a telephone triage service which was liked by some younger services users but was less popular with older people. Many people understood that GPs are an important gateway to health services and where access was limited this created pressure on other services.

**Question 2 Tell us about a service that is keeping you well and making a difference in your life.**

Again GP services were the dominant response closely followed by social care and voluntary sector support services although mental health,

*If I could set up a matchmaking service for many of my patients my surgery would be much less busy*  
**Tendring GP**

screening, therapies and hospital/urgent care services were also strongly featured.

Voluntary sector services play a vital role in supporting community cohesion and many of the people responding to this question cited a particular group or service that was important in their lives. Those who volunteered for these services were even stronger advocates of how their role gave them a sense of self-worth and well-being which far outweighed the contribution they were making. Others spoke of family, friends and partners who were also carers and the reliance they had on this support network.

*There was praise for services including therapies, ophthalmology, nursing services in the community, the stroke unit at Colchester hospital and mental health services. Not surprisingly there was a focus on cancer services as the work coincided with high profile publicity about these services at Colchester. However, the commentary was not about concern over these services but praise for the support and treatment people had received.*

### **Question 3 Can you think of any examples where the NHS and Social Care waste money**

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Medicines management was the overriding theme for this question although the use of locums and agency staff in all aspects of NHS care was a popular theme with respondents feeling the continuity of care was compromised in addition to the additional cost of temporary staff.

Lack of integration was also a key theme with many people citing:

- delayed discharge for vulnerable patients needing social care
- the revolving door syndrome for people discharged without adequate community support who will then need readmission to hospital because their condition has deteriorated
- lack of community support for patients who at end of life or those who need additional nursing care rather than a full hospital team

Equipment services featured heavily at the two large events with many respondents who felt the burden of grief was added to by when requests to remove items that were no longer needed were responded to.

*Age Concern Active 8 is a lifesaver for me. I get more out of it than I put in. It gives me a purpose.*  
**Volunteer**

to  
not

Duplication of paper work between services and the use of multiple letters from the hospital direct to patients was heavily featured. Issues relating to the hospital also included queuing for the car park which could result in missed appointment times and unnecessary follow up appointments.

Look after carers as well as patients

Inconsistent advice was a further sub theme for some respondents – this included conflicting advice between different urgent care services in one case with potentially serious consequences when a baby with meningitis was initially diagnosed as having a cold.

Mothers at a baby clinic also expressed concern over differing advice between health and social care professionals. One mother said she gave up trying to breast feed after feeling confused about conflicting advice from professionals when her baby appeared to be constantly demanding to be fed.

Respondents were open to charging patients who use services inappropriately, those who do not attend for appointments and prescribing to be more stringent with medication reviews and not prescribing over the counter medicines.

I tried to cancel a hospital clinic appointment. When I phoned the answer phone was full

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#### **Question 4 – If there was one thing you could change about health and social care services what would you do?**

Overwhelmingly respondents wanted to see improvements to GP and community based services.

Support for carers and helping people to remain independent in their home were key themes together with tackling isolation to ensure people could stay well and independent. Seamless support when discharged from hospital and improved co-ordination/integration of services at home.

Allied to this was support for mental health service users. Funding for non NHS support services including the voluntary sector and low cost exercise was also a feature together with support for carers to reduce the burden on social and healthcare professionals.

More funding for doctors and nurses and reduction in bureaucracy were features of the responses reflecting popular media coverage in national newspapers.

Those who get free prescriptions shouldn't get over the counter medication free, only the items that need a prescription

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## Online survey

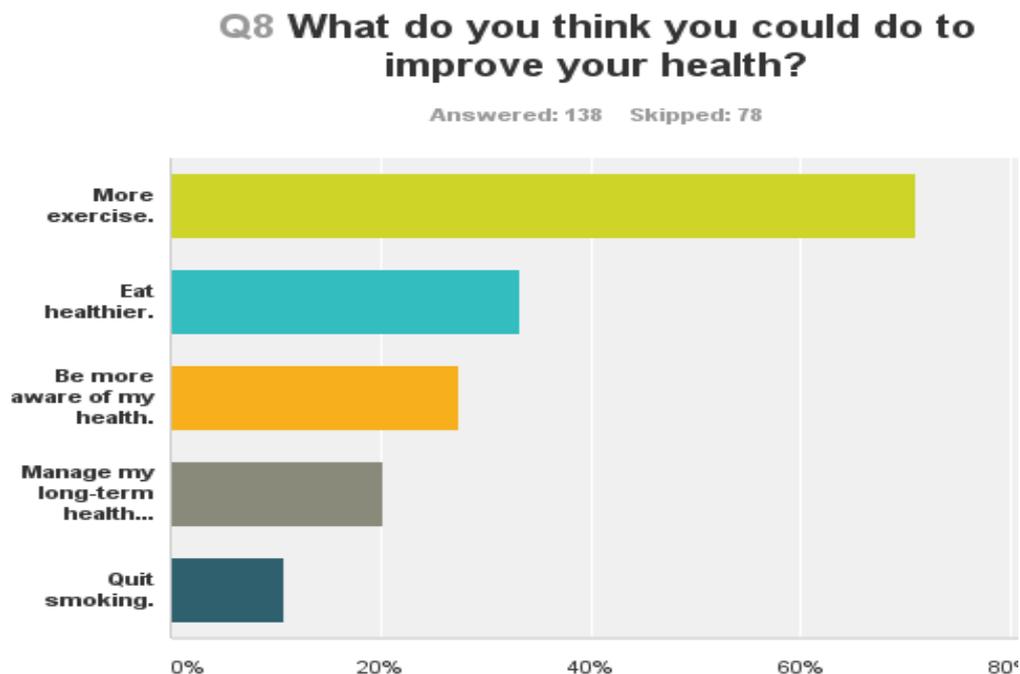
The online survey reached 216 people ranging from 18 to 70+

- 23% of respondents were aged 25-40
- 25% of respondents were aged 41- 50
- 14% of respondents were aged 51-60

67% of respondents were in employment and 69% of respondents were women.

In addition to the core questions used at the outreach events this survey also prompted people to consider some further questions.

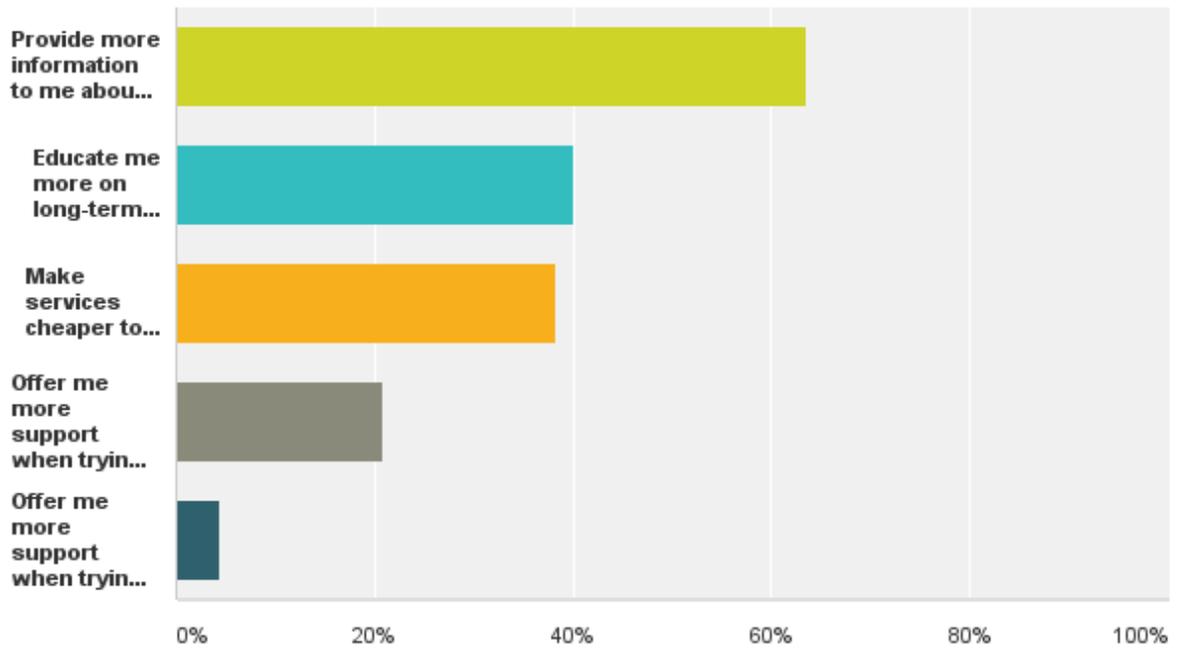
When asked how they could improve their own health the majority of respondents opted for exercise and healthier diet



When asked how the CCG could assist them in becoming healthier with over 60% suggesting more information and signposting, 40% suggesting self care through education around long term conditions and 38% asking for help with costs for exercise:

## Q7 How could we help you to become healthier?

Answered: 115 Skipped: 75

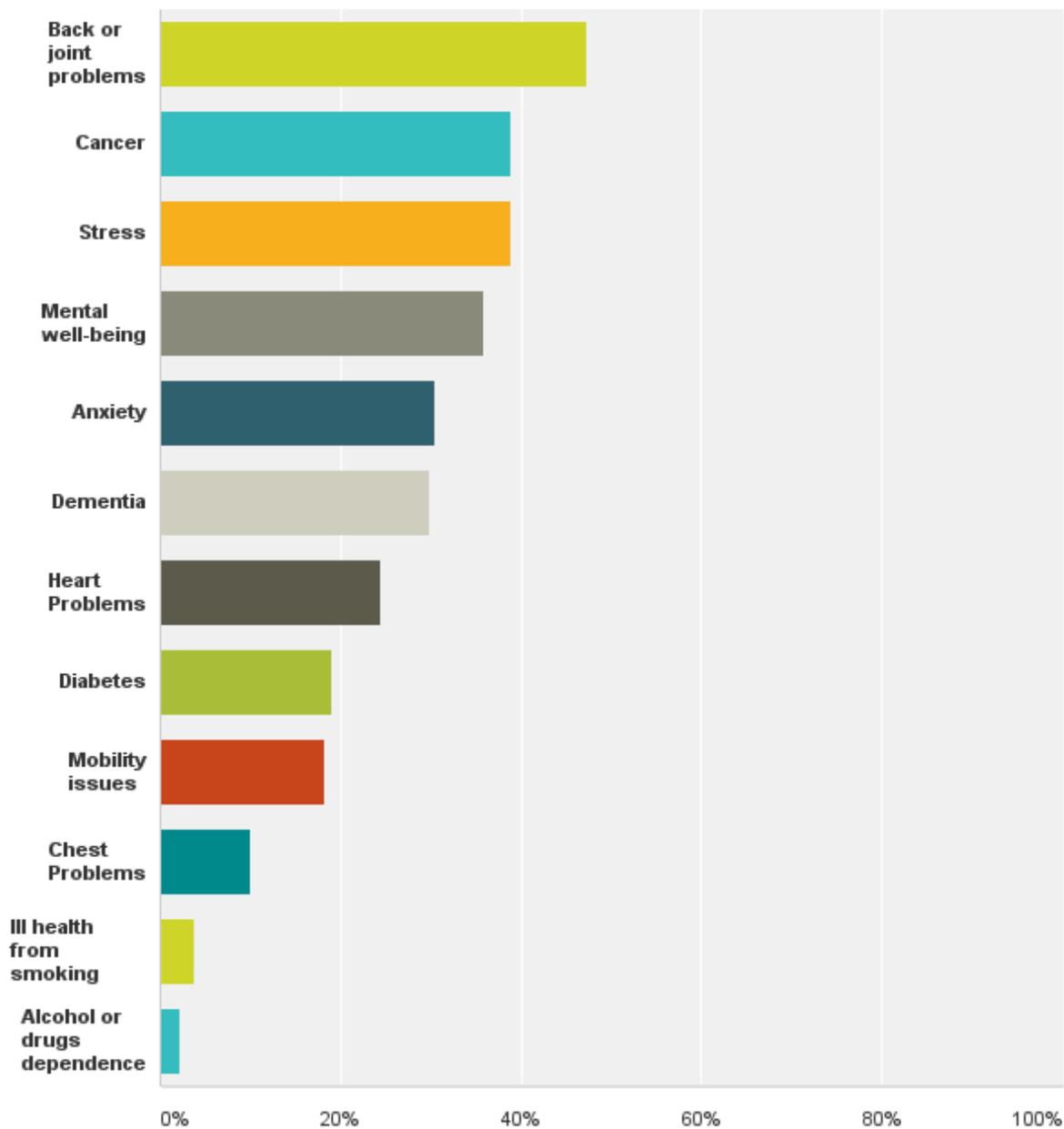


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A further additional question prompted people to think about which areas of their future health concerned them:

## Q9 Which areas of your future health concern you?

Answered: 131 Skipped: 58



It is useful to compare these perceptions with public health studies about risks to health in North East Essex

Participants were not asked whether they smoked or drank alcohol and there is a potential that participants who responded to an on-line survey may already have a strong interest in health. However, as with the outreach events, there is a strong disparity between personal insights about future health needs and the findings of the Joint Strategic Needs Assessment in which identified a need improved performance around smoking and alcohol.

The results are potentially the starting point for social marketing research to understand motivators to improve lifestyles to remain healthy and independent for longer.

## Key themes in detail

### Self care

- Feedback overall indicates a strong awareness of personal responsibility for health including diet, exercise and mental wellbeing through social contact with friends, family or through activities linked to the voluntary sector and through volunteering.
- There was little comment on the link between smoking and ill health and the link between alcohol and ill health was linked to the behaviour of others (eg violence amongst young people in Colchester town centre) rather than an awareness of how alcohol can adversely affect the health of people of all ages. This does not correlate with the findings of the Joint Strategic Needs Assessment where smoking cessation and alcohol reduction are seen as key areas to address. This may link to the interest in healthy lifestyles by individuals who chose to take part in the engagement. However, there is value in Public Health exploring whether new or different methods of reaching audiences could have added impact – social marketing, for example.
- Feedback indicated a desire for self-care – 21% of online respondents expressed a desire to manage a long term condition better. Only a small number of respondents indicated an interest in or awareness of personal health budgets. Those that were aware of this concept expressed a strong preference for the empowerment that personal budgets might bring. More work is required to raise awareness of the concept.

- Many respondents expressed a need for a partnership with health and social care professionals – providing them with advice, information and support to manage long term conditions better. In the online survey 40% of respondents to the question ‘How could we help you become healthier’ asked for more education about long term conditions and a further 63% wanted more information about services.

This was supported by responses at the outreach events where individuals recognised the support they received from primary and community care.

- Technology was seen as a useful tool in supporting people. 62 respondents to **Question 4 – If you could improve things about Health and Social Care** in the face to face engagement saw technology as a useful support mechanism. In the online survey use of technology at 37% was the biggest response to **How can we support you in managing your healthcare in the future.**

Good access to GP services, 7 days a week

## Prevention

- Respondents were keen to use services that would help them avoid developing long term conditions through healthier lifestyles, through advice and support services and through prevention services such as screening and annual health ‘MOT’.

This was a key request from carers who felt they often overlooked their own health needs.

Many respondents identified services they were already using such as weight management classes

*I moved to the coast from London for cleaner air. My asthma nurse helps me to keep on the right track*

- The vast majority of respondents saw the full range of primary care services as vital to prevention of ill health with GP access is the most crucial issue. For those who felt they had good access to a GP it was seen as the most useful support service in answer to Questions 1 (100 responses) and 2 (221 responses). For those who felt they did not have good access there was a frustration because many felt GPs were an important gateway. In the online survey over 83% of respondents identified their GP as the most important service to them.

## Access to services

- Being able to access the right service at the right time was a key recurrent theme throughout all services. In primary care the ability to get an appointment was a key issue for many as was the availability services of hours and at weekends. This also applied to therapies and phlebotomy.
- Access included ability to travel to receive care – particularly for those in more rural parts of Tending
- Waiting times for planned care and for urgent care were also recurrent issues together with frustration over hospital appointments being cancelled and rearranged.

## Culture and Patient Centred Services

- People for whom English was not a first language identified issues with attitude of staff and with access to translation/different cultural values.

Conversely some people felt that communication with healthcare staff who had strong regional British accents or whose first language was not English did at times create a barrier to communication.

- Mental health service users strongly indicated a need for genuine empowerment as did some younger respondents
- Although many respondents had warm commentary about GPs and hospital services and staff, there were some patient stories which indicated

Stop overriding young people's views  
for older/adult views

*Wherzurhedat group*

## Integration of services

- Care closer to home and integration of services was a recurrent theme across all four questions from public, service users and health professionals. This included integrating voluntary sector services with traditional health and social care and the need for adequate public transport

- Wellness was also linked to adequate housing and concerns about the ability to pay for heating, food and the cost of exercise classes (prices have recently increased at local authority facilities)
- There was a view that services are more fragmented than in the past with more duplication of paperwork, of repeated scans and tests and the need for patients to continually repeat their stories – whether this was linked to transferring between services or as a result of seeing locum staff at their GP surgery.
- There was a strong view from many that a single point of access to community services would be a positive development.
- Discharge from hospital – whether acute or mental health – was also viewed as a poor experience for many patients and carers. Accessing assessments for social care support and equipment could be a barrier to a successful discharge and one practice manager also observed that discharge letters from the hospital could take as two months
 

[

Waiting to be seen by crisis team in A&E for 6 hours made my issue worse

]

long
- Some mental health service users also indicated a need for improved education of GPs and for better support when in crisis
- Although only referenced on a handful of occasions some young people and/or their carers felt the transition from children’s mental health services to adult services was disjointed.

### Duplication/Waste

- Medicines management was the number one topic for respondents in this area with medication reviews and reduced access to free over the counter medicines for those who do not have to pay.
- Repeat diagnostic tests, lack of integration of patient records, fragmented systems where patients are subjected to repeatedly telling their story was also viewed as wasteful as well as a poor experience

- Processes at the hospital for outpatient clinics and planned surgery were an additional source of frustration

I tried to cancel an appointment and was not able to. Despite repeated attempts I did not manage to speak to a person and the clinic answer phone was full so I couldn't leave a message

- Returning equipment was also an issue which many felt added to the distress of a bereavement, although there was also positive feedback about this services from the Tendring Carers event.

My mum got a new hoist, she passed away 2 months later, the hoist is still in the garage 5 years later. Could this not be re-used by someone else?

- The NHS reforms were a subject for debate in this area with a level of suspicion around non traditional service providers. Although some respondents felt private hospitals for surgical treatment help keep waiting lists down and provide choice others felt it was a cost that was unjustifiable

Appendix 1 – events attended and numbers

<b>Event</b>	<b>Total participants</b>
SAT 26 OCT CVS Tendring Health and Well Being Fair	40
12 Oct Colchester Community Stadium	116
14 Oct Clacton Princes Theatre	81
27 Nov Colchester Bluebell Surgery	10
29 Nov Colchester Riverside Surgery	9
2 Dec Harwich Sing and Talk Together	7
3 Dec Harwich Homestart Group	14
3 Dec Garrison Colchester	10
4 Dec Harwich Baby Beginnings Group	10
4 Dec Harwich Health Forum Public Meeting	5
5 Dec Colchester Townhouse Wherez Ur Hed @	10
9 Dec Colchester BME Service Users	10
9 Dec Colchester Health Forum Public Meetings	0
11 Dec Colchester BME Service Users	11
17 Dec Colchester BME Service Users	6
20 Dec Colchester Age UK Coffee Morning	20
8 Jan Jaywick Elderly Luncheon Club	20
16 Jan Colchester Great Bentley PPG	19
21 Jan Colchester West Mersea PPG	7
21 Jan Colchester West Bergholt PPG	10
23 Jan Clacton Thorpe-le-Soken PPG	24
25 Jan Colchester BME Service Users	7
27 Jan Colchester East Hill PPG	24
29 Jan Colchester Baby Clinic Drop-in	10
31 Jan Weeley Older Peoples Forum	18
4 Feb Clacton Essex Carers Support	18
5 Feb Harwich Health Forum	6
7 Feb Clacton Health Forum	10
10 Feb Colchester Health Forum	15
<b>TOTAL</b>	<b>547</b>

**Question 1 main points from feedback  
What's important to you in staying well and independent?**

<b>Theme</b>	<b>Sub theme</b>	<b>Number of References</b>
<b>Self care Carers</b>	Healthy lifestyles including eating, exercise, social activity (includes volunteering)	167
	Support needed for healthier lifestyles/avoid isolation through clubs/voluntary sector	10
	Support to self care a long term condition at home through education/information/health trainers	6
	More funding required for healthier lifestyles eg lower cost gym membership; heating allowances	5
	Technology	62
	Signposting/information to help me choose services/ make healthy lifestyle choices	93
	Support for carers to ensure they stay well	32
<b>Mental health/wellbeing</b>	Social isolation, peer support, healthcare professionals in A&E, GP practices need a better understanding of mental health	64
<b>Prevention</b>	More information about how to care for myself/ regular checks/screening	118
<b>Primary care</b>	7 day working/longer hours/more access to appointments/location/ named GP/ GP is vital service	86
	Staff attitude	5
	Pharmacy/medication/cost of prescriptions	8
	Optician	1
	Dentists	5
<b>Care closer to home</b>	Services in the community not at a hospital/closer to my home Improve discharge planning	56
	End of Life	3
<b>Personalised care</b>	Having plans for my care explained to me; partnership with health professionals	20
<b>Seamless/integrated care</b>	Improved information sharing/communication between providers in both NHS and Social Care (includes hospital discharge letters to GPs and to care homes and data sharing) Shared budget/joint commissioning Holistic joined up services	120



**Question 2 main points from feedback**  
**Tell us about a service that is keeping you well and independent**

Self care	Self supporting with a long term condition Exercise at a gym (private, local authority and subsidised through LEAP), running, swimming, support from employer	70
	Support for carers	25
	Signposting to services including CAB, Internet services	29
	Transport including concessions; shopmobility	10
Prevention	Weight loss services – private sector eg Weightwatchers and NHS through ACE Screening, immunisation	26
Care Closer to Home	Voluntary sector support eg MIND, Hospice	70
	Maternity/children	62
	Community services eg district nursing	51
	Personalised care/Personal budgets	10
	Mental health/wellbeing voluntary and NHS	106
	Social care eg Careline, equipment services, respite	36
	Therapies, audiology, podiatry – private and NHS	20
Primary care	GP 7 day working/extended hours	16
	GP including practice nurse	214
	Dentist	55
	Pharmacy/Medication/Repeat prescribing	16
Urgent care	Walk in Centre, ambulance service, A&E,111	118
Planned care	Surgery eg hip replacement, quarterly checks following treatment for cancer	40



**Question 3 main points from feedback**  
**Examples of waste and duplication in NHS and Social Care**

Appointments	Unnecessary follow up appointments at the hospital Patients not attending for appointments (charge for missed appointments) Hospital cancelling appointments and sending multiple duplicated paperwork when re-arranging/Make follow up appointment at time of attending first outpatient clinic GP appointments	37
Duplication	Multiple methods of reminding about hospital appointments Duplication of paperwork Multiple tests and scans Repeating my story to different service providers Transfer between children's and adult services It systems Ambulances queuing at A&E	38
Equipment	Equipment not arriving on time Inability to return	20
Integration	Delayed discharge due to lack of assessment Admitting patients at end of life rather than dying at home Poor communication across services Poor experience arriving home after discharge Allowing patients to reach crisis before treatment Inconsistent advice between services	160
Choice	Use of private hospitals for treatment Multiple referral options	3
Medication	Over prescribing – medicine reviews Over the counter drugs offered on prescription	49
Bureaucracy	Targets, reporting systems Too many managers	148
Charge for services	IVF	50



**Question 4 main points from feedback  
If you could improve NHS and Social Care what would you do**

Self care	Improved information/signposting about how to access services and how to stay healthy	35
	Mental health services – more support in the community; better understanding by GPs	44
	Technology	50
Increased access to primary care	7 day/Extended hours	47
	Continuity of primary care – appointments Seeing a named GP	47
Communication/Culture	Effective communication – clear, jargon free, listening to the patient	79
Prevention	Annual assessments, screening, health promotion	56
Care closer to home	Improved services in the home/better integration/less organisations/use of voluntary sector/improved discharge from hospital	104
	Clinics with multiple services at GP surgery/children's centre One stop shop	10
	Support for carers	26
	More money for social care, better integrated social and NHS care	24
	Maternity and children's services	11
Personalised care/personal health budgets	Choice Patient centred	74
Planned care	Improve waiting times, stop cancellations of appointments	37
Urgent care	Walk in Centre, ambulance service, A&E, 111	37
Finance	NHS Reforms	25
Miscellaneous		72

