

## Responses from Workshop Day – May 2006

### Organised by Carers Together in Hampshire

#### Session 3 - Our Health, Our Care, Our Say

##### Consultation held by Carers Together Hampshire – 22 May 2006

- The consultation session involved 60 carers, who sat at tables of between 7 and 9 people.
- The questions asked and responded to are shown on separate sheet
- Each table worked through all of them.
- The results are a mixture of comments and concerns.
- No attempt has been made to amend or change the comments - they have been recorded as written by the groups

##### Table 1

- 1 Agree – if treatments, consultation, out patient visits closer to home!
- 2 Is health care going to be free in home as well as “social/personal care” which is free in Scotland – boundaries and inequities.
- 3 Yes agree – but need joint budgets – and joint training – sooner the better.
- 4 Yes – but need to consult with public, patients, staff and community to make sure it makes best use of resources. Including local needs.
- 5 Yes – who is going to do it? Cost who is going to monitor it and make sure it is done? How are they going to make sure people take the advice given?
- 6 Yes – but what about NHS dentists? Before local councils in 2 jugs sulp New House needs to have sufficient Health services (GP, Dentists)
- 7 5 – 7. Is limited – 5 – more work health checks, more GP’s, more flexible opening time – more work by intruding lifechecks.
- 8 Before we answer this we need to know what this needs.
- 9 Has it been “piloted” to be proved cost effective – i.e. do people take responsibility for their care. Should prove it should be self-financing.
- 10 Yes – but with continuing follow/monitoring on needs left last if for carer – otherwise 2 patients professional education and skills development for carers as required.
- 11 Yes – but when and how.
- 12 Yes – agree if we had regular respite we might not need emergency arrangements. How? What resources are available, National Helpline? Is it physical help, emotional support – how can national know what is happening locally?
- 13 Should not be means tested – What do they mean by individual budgets – who is going to do assessment of need, is it going to be “self-assessment”, e.g. D.C.A – A.A?

None of this encourages us to continue to “care at home”. Need to value “unpaid” carers and give them a choice.

##### Table 2

- 1 Mental Health. Preventative services Education – not just formal – parenting etc.
- 2 Nice idea – not sure whether it will/does happen. Needs better communication between services.
- 3 Excellent idea. Would help carers alleviate transport problems. Must include psychiatric services. Include expert psychological viewpoint – don’t treat everything immediately with drugs.
- 4 Good. Funding needs to be re-channelled. Some areas part-way there.
- 5 Presume they will be optional! Could be a chance to detect future problems e.g. some mental health illnesses wide ranging. Could be done initially by practice nurse.

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- 6 Yes – reservation of limited choice in rural areas. Choice of where you register.
- 7 Should stick to old system where in a practice all GP's took turns to cover out of hours. Evening surgeries. Sat AM surgeries.
- 8 Making better use of all existing services funding?
- 9 Expert patients programme/expert carers programme can be inaccessible to carers because of caring responsibilities. Change of respite – caring at home/community – more pressure/stress on carers – also more financial pressures on carers that had been responsible of the hospital/residential etc. Lord Beveridge – his vision led to NHS. Care at the point of need regardless of status
- 10 Equity of services, information, training – shouldn't depend on where you live, who you speak to. Where does the money saved by cost – cutting go? Environmental costs too.
- 11 Sounds like a good idea – but more paperwork? More committees, more cost? Take some responsibility for self.
- 12 Planned respite – either at home or in a respite centre. Flexible respite. Patient & carers orientated. FUNDING?
- 13 Use common sense.

#### Table 3

- 1 Shifting expenditure. Closer to home but not at home. Not conducive to getting well – if alone with, perhaps, people coming in periodically, frightening, slower pace of rehab/recovery. Very expensive if specialists coming into home – takes more time. Where are extra staff going to come from?
- 2 Local councils and the NHS working together. Not able to manage existing roles, never mind additional ones.
- 3 Bringing specialities out of hospital. – If it's out to local health centres NOT to all health centres – unless enough demand as this would be ££+++.
- 4 Introducing new generation of community hospitals. Where will the money come from? Are these new builds or revamping existing community hospitals.
- 5 Pilot a new NHS “Life check” – needs to be at realistic intervals e.g. every 10 years.
- 6 Agree
- 7 Opening times – good idea to introduce flexible working, just as other businesses and services have done. Health needs do not fit neatly into a Monday – Friday pattern. [Likewise in hospital everything stops over weekends so patients just having B+B till Monday = waste of money]
- 8 Deprived areas – sounds sensible as long as doesn't lead to one street having better service than another because of boundaries. Where will personnel come from?
- 9 Expert patient programme – sounds good but what if you are housebound? Are “trainers” going to be experts; medically trained or only speaking from their experience. Self-care is a fine balance – you still need, as a carer, help and support, are ‘they’ doing this to save money? Has to be a Partnership – Dr's + Patients recognising each others knowledge and experience.
- 10 What is an “information prescription”? Is this not part of the E.P. Programme? A lot of information needed and often it is hard to find it or acquire necessary skills. Some areas e.g. fund “lifting and handling” courses for carers.
- 11 Providing a personal health and social care plan. The “person centred plan” approach of having a health plan/instruction manual – detailing info about “me” – would be a good idea. Likewise Lions “message in a bottle scheme”.

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- 12 More support for carers – essential. Should know about it ahead of need. Should be varied – may be more appropriate in the home. You can't predict when you will become unwell or need support. National helpline – may not know what is available locally – need local lines
- 13 Direct Payments – good idea but need choice as not suited to everyone, e.g. some carers health etc. only a little better than their caree and don't necessarily want the worry of sorting out care etc. via the DP schemes. They want the Care Manager to do this. What does “unbundled the tariff” mean??

#### Table 4

1. What is the proportion of spending being shifted? Are the hospitals going to be worse off? Preventative services, good in general but what will suffer to provide the budget for this?
2. We agree with joined up care plans. – All service providers follow a uniform assessment procedure. – We need joint funding – health/social services.
3. Good idea if they stick to it and stop closing down local hospitals and surgeries.
4. Use local hospitals & surgeries to house special services, i.e. ENT gynaecology, minor surgery.  
Why do we need new generation community hospital? – Dose this mean NO beds, NO staff!?  
Stop using fancy buzz phrases to describe facilities we have.
5. NHS Life check. Preventative measures are good for those who want it or need it.  
BUT  
If it is not followed, will it lead to patients being refused healthcare? Will this lead to insurance (life) companies asking if certain or relying on certain checks being had.
6. We agree that you should get a local doctor but very surprised that this is an issue in other areas. They should also guarantee a local pharmacy – not one at a supermarket!
7. How about re-introducing the 24hr practise. Local (well known) doctors on call for their own patients. (Within reason!)
8. Fantastic – where's the money? Will special skills be needed to staff these areas!
9. It's good as long as there is enough support enabling patients to help themselves. I.e. -  
They will need transport/cost.  
- sitting for the cared for
10. What is information prescription?
11. We don't like the words “Social Care”, it makes us feel out of control.
12. Yes Helpline would be very beneficial, evenings/weekends – especially if the help was “helpful”. The right expertise at the end of the line.
13. Yes

#### Table 5

1. Yes
2. Yes for joined up care plans.
3. Hospitals for more seriously ill others community treatment. Community rehabilitation/recuperation beds after acute illness.
4. For new generation hospitals need back up for emergencies.
5. ? Is life check already in existence. Where will it be located?
6. Yes
7. Should do it anyway
8. Agree

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9. ? If expert patient program is good for all expert carers program would be good.
10. Agree
11. Home from hospital schemes need to be funded + available especially for people living alone.
12. Emergency respite care needed. (Within 24 hours)
13. Direct Payments yes we do but only if it includes Hampshire.

(I agree to “son” of CHC’s to oversee the NHS, providing it is joined up CHC’s across the country. F. Gibbs)

#### Table 6

1. Using what guidelines? It is necessary to consider priorities.
2. Agree but on whom will responsibility rest for achievement?
3. Agree in principle where appropriate, but be aware of “postcode” differences.
4. Support – but will there be in-patient beds?
5. Support
6. Support (but why is it not working?)
7. Suggest flexi-time (where is all this money coming from?)
8. Support
9. Pie-in-the-sky. Where is this money coming from?
10. Concerned that carers may feel pressured into taking on responsibilities beyond their capabilities. But approve in principle.
11. Approve
12. Support – more publicity for “national helpline” required.
13. Support with safeguards.

UNDER “What are community services”  
Empathetically disagree with contracting out GP Services.

UNDER “What is happening”  
Very concerned about clinics, etc. being taken over by high street stores + leisure centres.

#### Table 7

- 1 There should be sufficient spending on both. Preventative issues are only as good as the uptake.
- 2 Yes make sense, already some progress. There are barriers to communication.
- 3 Dentistry nont mentioned, in general good. ?Experience and training.
- 4 What about the beds. People need more back-up and it not to fall on our Carers. We think it’s a good idea.
- 5 No. 1 needs to come in 1<sup>st</sup>. The option is good. ?Privacy rights.
- 6 Yes but need investment.
- 7 I can’t see why the Dr’s need incentive, they chose the job, they get good pay, and it is their job.
- 8 Health care & social care should not be postcode lottery. Equal access to all.
- 9 Half the group agree some are unsure as to the benefit of such an expense.
- 10 Repeating no.9

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- 11 Good idea if it works! Sounds good on paper.
- 12 good idea – proper planning + design required.
- 13 ?Already moving goal posts. Leave alone. Services should be maintained for those without payments.

#### Consultation Questions

- **Do you agree?**
  - **If so what would you like to see?**
  - **If not why?**
  - **What are your concerns?**
- 1 Shifting expenditure from spending on hospitals to spending on care closer to home and on preventative services.
  - 2 New responsibilities placed on local councils and the NHS to work together to provide joined up care plans for those who need them.
  - 3 Bringing some specialties out of the hospital nearer to people including dermatology, ENT, orthopaedics and gynaecology.
  - 4 Introducing a new generation of community hospitals that will provide diagnostics, minor surgery, outpatient facilities and access to social services in one location.
  - 5 Pilot a new NHS "Life Check" to assess people's lifestyle risks, the right steps to take and provide referrals to specialists if needed.
  - 6 Give patients a guarantee of registration onto a GP practice list in their locality and simplifying the system for doing this.
  - 7 Introducing incentives to GP practices to offer opening times that respond to the needs of patients in their area.
  - 8 Increasing the quantity and quality of primary care in under served, deprived areas through nationally supported procurement of new capacity with contracts awarded by PCTs.
  - 9 Supporting people to self care by trebling the investment in the Expert Patient Programme.
  - 10 Developing an "information prescription" for people with long term health and social care needs and for their carers, investing in professional education and skills development.
  - 11 Providing a Personal Health and Social Care Plan as part of an integrated health and social care record.
  - 12 More support for carers including improved emergency respite arrangements and the establishment of a national helpline for carers.
  - 13 Extension of direct payments and piloting of Individual Budgets for social care.