

what would you do?

It's your NHS. Have your say.



NHS Long Term Plan

Rotherham Military Veterans Group

Friday 12th April 2019

1 Introduction

1.1 Description of the focus group/engagement activity

Rotherham Military Community Veterans Centre (MCVC)

Rotherham Military Community Veterans Centre (MCVC) Group are all Serving or Ex Service people or supporters, working together to provide a one stop point of contact in the Borough for our fellow military personnel both Regulars and Reserves past and present, and their dependants, to offer friendly help and advice on a wide range of issues such as healthcare, housing, employment, benefits and just comradeship for those feeling isolated.

1.2 Acknowledgements

Ronald Moffett (MCVC), Lt Col “Mac” McPherson MBE

2 What was the purpose of the activity/session?

2.1 Purpose

The purpose of the focus group was to ensure that Rotherham residents

- are aware of the NHS Long Term Plan
- to understand what is important to Rotherham residents
- to find out how we can best improve local services
- to ensure that the voice of Rotherham residents are heard

2.2 What did you do?

We pre arranged to attend the weekly drop-in session, where we are aware that they have a regular attendance of around 50 people. We took along, banners, leaflets, information on the Long Term Plan and hard copies of the SY&B Survey.

We also took along an activity where we gave participants 20 billion pounds and asked them if they were in charge of the NHS where would they spend the money.

- **Clinical Priorities** – cancer, cardiovascular disease, maternity and neonatal health, stroke, diabetes, respiratory care.
- **Resources** – finance, productivity, staffing
- **Acute Services** – urgent treatment services, GP led facilities, multi-disciplinary clinical assessment.
- **Primary & Community Care** – Primary Care Networks, digital services, developing fully integrated community based healthcare.
- **Mental Health & Learning Disabilities** – Children & Young People, transitions of care, community mental health treatment, 24/7 support.

We had some discussion around the choices which were made and how they had come to this decision. We discussed the need for interdependencies and how if money was put in at the “front end” it would ease pressure further down the line.

2.3 Results of the activity/session(s)

For many it was personal experience which lead to the decision of where to spend the money, for example someone who had experience of mental health in the family pooled all their money into this service, another resident who had received great results after being put in touch with the social prescribing service wanted the money to go to Primary and Community Care.

When it came to Finance and Staffing, most of the residents thought that there was enough money in staffing and strangely only thought about the higher management saying there were far too many managers. When the conversation came around to staff on the ground including Drs and nurses many agreed that the NHS was understaffed.

There was a lengthy discussion on the use of GP led facilities and how this can help to free up hospitals to deal with the more urgent/serious cases. More and more residents were becoming aware of and making use of the “out of hours” service where GP appointments, blood tests and smear tests were able to be done in the evening or weekend.

Another discussion took place around the waiting lists for minor operations, there was a strong feeling in the room that these types of operations or day surgeries were taking approx. 6 months from the initial appointment with the consultant, there seemed to be a distinct lack of consultants in certain areas (Dermatology got a special mention)



Feedback from people who took part

“This really made me think about all the different services with the NHS and how the money has to be spread around – there just isn’t enough!!”

“My GP Surgery is absolutely fantastic, when I moved I wanted to stay in the same area so I didn’t have to change practice”

“It is really interesting to hear what the plans are going forward, the NHS is very different now to when it was first set up, but then again I suppose we live in a very different world to what we did back then”

Feedback from staff/volunteers who took part

I thought the session went really well, it was good that we met in a familiar environment and Healthwatch went to them rather than setting up a session in a completely different venue where people may not have felt as comfortable.

Good to network and make new contacts for future projects, will be good for Healthwatch to “drop in” on sessions on a regular basis to touch base and keep the group informed of changes within the health and social care environment and to pick up any comments and feedback from the residents.

2.4 Conclusion

From the activity we were able to ascertain that residents in Rotherham were torn on where the money should be spent and many had a tendency to share out the cash equally between four of the services. The pot receiving the lion’s share of the cash (27.5%) was **Acute Services**, this was closely followed by **Primary and Community Care** (22.5%) which was joint second with **Mental Health and Learning Disabilities**. Coming a close third was **Clinical Priorities** (20%) with the remaining 15% of cash being allocated to **Resources**.

2.5 Data and information summary

Please complete the table below with all the info gathered from your focus group/engagement session

Date of Focus Group/Engagement Session	Friday 12 th April 2019
Group name	Rotherham Military Community Veterans Centre
Description of the group or session	To inform residents of the Long Term Plan, and to ensure that their voice is heard at a national level when the changes are being implemented.
Life stage – (Starting Well, Living Well, Ageing Well)	Living Well, Ageing Well
No. of attendees	30+
Theme area (Mental Wellbeing, Choice and Control and Independence, Care near where you live)	General
Was it a condition specific session – if so please identify the specific condition	N/A
What were the key outcomes	<ul style="list-style-type: none"> • Military Veteran Community in Rotherham feel that they have been able to have their say on the NHS Long Term Plan and that their voices have been heard. • The Military Veterans in Rotherham are now well aware of Healthwatch and its activities. • Contacts established for future engagement and networking. • Information on findings from the event and comments to be passed back to local CCG, Healthwatch England, Health & Wellbeing Board and RMBC