

QUESTION 18

How could health and care services in your community/local area work better together?
More 'joined up' working. Care agencies should be recognised for the valuable work that they do, however there is much work to be done to stop the agency owner profiteering and providing very little in remuneration and training and support for staff who are required to support overstretched community health services
By recognizing and respecting different skills and approaches. Being person centred rather than treatment driven
Strong vision and leadership with improved funding
Na
There should be better communication. The current change in repeat prescription procedures has caused a lot of unnecessary confusion, and cost a lot of unnecessary postage/administration. The message was supposed to be a simple one, but it was made confusing and then multiple letters were sent to my house about it. A waste of CCG money!!!!

QUESTION 18

we need more services
its ok for me at the moment
make effective cross referrals. recognise who really needs medical /clinical help and those who need personal support. great opportunities for peer support and community involvement as rehab for some people , get to know your commnuity and interact with them to give them more information.
i think gps ,dentist, pharmacies could be more involved in the community, set up support groups themselves.
first of all they need to share info, so they can work together ,then they need more staff to other proper help.
It's often hard to get pain meds for toothache because everyone says it's someone else's job to do the prescribing. A more joined up service between gp and pharmacy would also make things easier e.g. repeat prescription

QUESTION 18

Publicise info in one place
More observations at home
use of it (same process and communication) Gp and services available to all(one practice has a diabetic nurse , but next door don't then they should start joint work and allow patient to come across for support)
Work together
By not repeating assessments. Having hand over period. Names co - ordinators. Intermediate care bedded units managing virtual wards. Link workers joining MDT teams in intermediate care.
Statutory and 3rd sector services need to be recognised as a continuum when commissioning intentions are decided
It would be good to not be repeatedly told that my only access to a GP appointment or telephone appointment is to phone at 8am. There are those of us who can't telephone at 8am. I am still asleep in bed until midday at earliest. Other people shift work, commute in progress etc. I cannot access primary care without nominating a family member to call from another county for me when I am 40 years of age! I feel infantilised by a daft system. Formal complaint yielded no change to system.
don't know

QUESTION 18

Bring back the community teams that have been privatised
Talk to each other share information. This has become more difficult since GDPR has been introduced and people are missing out on vital services because of red tape. Finances have also taken over real care and support. Referrals for example GPS get paid a fee for seeing patients depending which illness is flavour of month
Single access point to all services bith nhs and council
On line Gp response to health issues and questions to avoid appointments.
Co-location of the services. Ensure that training covers both services
Training to recognise what happening and how to deal with it. Not just to employ anyone. That's just like a sticking plaster
Communication and collaboration
Have a named support worker that could help signpost services.
GP waiting times
communication and information sharing
First of all, carry out a comprehensive identification and assessment in both fields which none of the planning docs I've seen mentions. Consider how these measure up in quality and quantity, consider waiting lists? Assess existing solution distribution to identify lightly served areas. Consult with Town Planning officers?

QUESTION 18

Stop duplication, lots of services but pointless if they do not work with you, as opposed to just simply ticking their own service's requirements.
More resources and funding are allocated to the local community group, to enable them to work well together with the NHS professional to deliver the health and care services to the hard to reach people, to the vulnerable people and the non-English speakers.
No comment
No comment
More resources and funding are allocated to the local community group, to enable them to work well together with the NHS professional to deliver the health and care services to the hard to reach people, to the vulnerable people and the non-English speakers.
Multicultural Awareness not only are needed to be raised to health professionals, the supporting team, e.g. GP surgery receptionists also need to considerate
NHS should build a good communication and connection with the local community group; more resources are allocated to the community to provide support to local people to access the health and care services.
Local NHS service providers should build a good communication and connection with the local voluntary sector organisation
Mental health and well-being services should be prioritised. Mental health patient should be prioritised as well.
Local NHS service providers should build a good communication and connection with the local voluntary sector organisation
Work closely with the local voluntary community group to engage the local people to understand the provided well-developed health services and support. If the local people don't know the existing of these services, the facilities are stand still.

QUESTION 18

Support is needed to be given to people with different needs and they should be well informed to understand how to get the most effective services from the NHS long term plan. The NHS should work together with the voluntary sectors to support people get the most effective, efficient, easiest accessible services from the long term plan. Unfortunately there are lots of voluntary sector organisation folded up because of no resources be allocated.
To get better and more effective communication with the patients.
Medical professionals and GP surgeries should be initiative to work with the local groups, such as community centre to promote health prevention; raise the health awareness to the people.
It is noted that 'care' (if this means social care) is not highlighted in these priorities (perhaps because its a local authority function). The most important way they could work better together would be to work to the same boundaries and at a much higher degree of granularity than is currently in place.
Volunteers for rapid response to falls etc
improve service quality of GP, avoiding Misdiagnosis and wrong diagnosis
hope waiting time for booking appointment with GP would be shorten. interpreting services are essential
my experience has been exceptional throughout. i dont therefor have any suggestion
More GP's
action not hot air and empty promises

QUESTION 18

dont know
Easy accessible: extended service hours; choices of language support
No comment
Quicker waiting time for a GP appointment, it is better to get a GP appointment within 48 hours
No comment
Personal experience in these last 7 months has lead me to feel that some personel need to Stop using thier positions to fulfil their own egos and social status and Recognise the difference
community should offer more health workshops and first aid knowledge
more services for home care
More bilingual people should be employed as UK is a multi-cultural country, plenty of non-English speakers are unable to access the health and care services because of the language barrier.
Local peer group to share the tips and ways and information of health management, which can meet the cultural needs

QUESTION 18

none
free regular health examination
We have a hospital in Mexborough but it is gradually being run down theres nothing wrong with the place that proper funding wouldnt put right, it was left a 6 million legacy which has been swallowed by Doncaster Hospital.
free regular health check in earlier age to prevent serious illnesses
Quicker GP appointment
need to recognise the value of community works.
none
No comment
increase the speed of response. it is better if the health and care service could be more convenient and quicker.
Ethnic minority voluntary sector plays a key role to help the non- English speakers to access appropriate health services and supports without being isolated and excluded
They should be also working with community groups for a overall service for minority groups.
The Sheffield Chinese Community Centre already supports me in all the above. NHS should recognised the importance of their work.
Develop and improve communication between services especially upon discharge from the hospital.
To extend service hours and more out of service hours appointments available
communication

QUESTION 18

No comment
by putting more money in
No comment
beats me
more staff and more money
by better funding
have all the right services at the doctors not at out of hours service as some people cant get to it
The efficiency of services and the waiting time can be improved.
communication is key

QUESTION 18

Make sure that the primary carers/supporters in the family networks know what is happening with their relatives - especially if the patient is elderly
More resources and funding
More resources and funding are allocated to the local community
Better quality health care services can be applied to the local community
More resources to develop diverse services
To raise the quality and quantity of the health and care services in the community/local area
No comment
More local health emergency centres
No comment
No comment
More resources and bilingual staff can offer support to the non-English speakers
More resources allocated to the voluntary sector e.g. local peer support group, local community centres More health professionals work and connect with the voluntary sector.
Bilingual community support to help non-English speaker to access the above services.
More resources

QUESTION 18

Have a single system readily available to be accessed by multi-professionals. This would speed up treatment which would save time, money and lives
No comment
Easy access and response
No comment
more funding for the local communities to offer better services for certain group of people. e.g. elderly & non English speakers
No comment
A system of better understanding , better connection and better primary care access could definitely link the local community together

QUESTION 18

Be more co-ordinate, well communicate, well- budgeting and more resources allocated

waiting time is too long. hope it will be improved

Deaf people need an interpreter all the time

We need more BSL Interpreters to make sure and clarify, it is so important

We need to have interpreters to make sure we are getting the right treatment.

???

By offering 2 BSL interpreters a full-time job to explain letters, calls, organises interpreters for appointments etc. This is a job that was done for 3 hours every friday and needed longer. Not available anymore.

QUESTION 18

Better communication with each other
More resources and more staffs
Improving the recognition of carers and all the support that they provide, because they help the local health service provider to reduce the hospital admission cost.
More resources are provided for the community centre.
No comment
More resources are allocated to my community.
Services and supports are now unable to meet the demands because of lacking of manpower. More resources allocated in the community can enable to meet the demands
More resources and funding
More funding and resources are allocated.
Local community centres can gain the recognition from the local councils / authority and NHS medical professional to work together.
Health and care services in your community/local area needs to be recognised by local councils and medical professionals.

QUESTION 18

relevant information needs to be shared between wealth & care services
More community working and mental health teams in GP practice not stuck out at Tickhill Road where it's hard to access on public transport. Mental health nurses working in practices and a team of professionals working together
Easier access, perhaps more telephone calls for those happy to have them between practitioners and patients to save trips to clinics.
Pay the Pharmacy for the services. Don't cut payments and then they can play their part.
Personally it's working well , but more needs to be done to let people KNOW what is available.
Getting the community together, to explain the help offered out there, making the community aware in there first instance.
the more poeple are awhere of the service the more people that will get help
Communicate better with each other look at the whole picture.
Information about all services readily available. Gp services having a greater knowledge of what is available and for whom.
I think the 111 service is excellent already. We must remember he thing that already exist are good
Record systems that "talk" to each other. GPs need to share info with community teams. All should use one system - SystmOne
scrap adult social care and have the whole system run by the nhs. this way they do not need to work together.

QUESTION 18

It will be good if those health and care services are sustainable.
Sustainability of the above NHS services and supports are essential to every patients
No comment
Sustainability of services are required
NHS continuously to fulfil the commitments.
No comment
To continue offer better quality health care services of the above
Easier access to primary care - Community Pharmacies, Dentists, Opticians and GP surgeries. We need more flexible choices of appointment time; out of service hours support.
Health and care services can be offered out of service hours e.g. weekend
Patch-based services - easy one-stop access. Professionals and volunteers working together in neighbourhoods they know well.
To increase the amount of medical professionals e.g. GP who can have more time to support patients to gain better health management.
Pharmacy hours to be longer ... not to have long detailed assessments when something quicker may do the trick, plus save NHS money ... for care services to be given higher profiles so that their on the spot observations can be reported SIMPLY to health professionals without lots of 'red tape'
Can employ more health professionals who can speak the community languages.
Increase manpower, especially interpreters.
same it systems and closer working togethther
Area centres

QUESTION 18

More resources can be invested to the local community centre for health related activities development and more manpower to deliver the health services and support to the service users, especially to those people have barrier to access the NHS services. More interpreters are needed for non English speakers, which can promote safe practice on medical care.
No comment.
More funding.
Needs a lot improvement in all services and more resources.
No comment.
Mentioned in question 15. already..... 1. Better communication skill, especially towards non- native English speaker. 2. Proactive attitude to understand better patient needs.
Good communications and more resources for educating the people.
Improved Communication system
Being able to get a doctors appointment within 2 days and being able to have an injury assessed by a nurse or doctor and not being directed to A&E without any assessment
No comment
being able to book appointments more than 2 wks in advance and have better times for appointments for those who work as alot of employers will not pay staff when off work to attend appointments during 9 to 5. having evening appointments one day a week might help to ease strain during day and allow easier booking rather than being told we don't have anything for 2 weeks ring each morning at 8 to see if there has been any cancellations
more gp appointments more support in the community at health centres, libraries, one to one appointments especially for the young adults with suicidal thoughts, and depression. services to visit lonely people. to improve the current care services i.e visiting times are so rigid and wages are so low. i used to work as a district nurse, i now work in a rehabilitation ward many of these patients are identified with social problems as apposed to medical problems.

QUESTION 18

Bring back local community nurses, health care, district nurses so they work their own patch and become familiar with their patients and visa versa

stop closing local community chemists

be good to people

we need this

?

working together in a more collabrative way.

Visiting those who live alone making sure that they are eating and drinking the correct amounts

Be more joined up

More funding less management

Not sure

QUESTION 18

All offer the same services and equitable access outside the working day times

They need to talk to each other there is still some feeling that community groups are unprofessional but they help as much or more than the doctors

By actually having some available

Communication

they already do

More liaison between Health service + council services

by listening to patients

QUESTION 18

by talking to each other and the community we all have a common goal

by doing what you have just said

We could have days at our local surgery for different things like dementia, diabetes etc.....

by working together instead of against each other.

Talk to each other, work more on common values and not differences

Again, more staff more money. Where are these community health teams going to come from?

by talking to each other

QUESTION 18

Communicate. And staff should treat ALL patients with the dignity and respect they deserve instead of treating us like a nuisance every time we see or speak to a doctor.
Don't know these services well enough to comment on
Time management in term of appointments Review the cases together to find the best course of the patient
Open longer hours to make it easier for those who work monday to friday 9-5 to be able to access appointments without taking time out of work to do so
not sure

QUESTION 18

Less medicalised, more patient voice
More localised health and social care network. They need to talk to each other more. More community based services. Humanist and community development approaches. My mom in SEA refers to her doctor, care givers, and nurses by name. There is consistency in who she sees and they have built a relationship and familiarity so they notice any irregularities in her person (not merely health). In UK I struggle to see the same GP that saw me last time. Or GP that is in touch with what is available in the community.
needs to be joined up. instead of everyone fighting for numbers for monitoring. it more about support each person based on their capabilities and knowledge. under one roof, having teams that can support, rather than people attending different services at different places.
easier access to healthcare and more information on how to access it
I don't know!
faceless people in government depts are pinching a living,they have who have no concept of real health problems, how real people cope on a tight budget in the real world.

QUESTION 18

communication
It would be nice if all my medical conditions were actually listed on my medical records so I'm not treated as a liar when I list my medical history! This new trend of refusing a specific diagnosis could literally cost me my life and yet no official diagnosis has been written down on many of my conditions, just a list of symptoms which could relate to many conditions that I don't have! How can I expect consistent care across all services if the full facts aren't available for providers and they won't accept my word?
Better communication with each other and within the individual services. At the moment a lot of time is spent filling out paperwork but the information obviously isn't being shared. In my case this has led not just to frustration, but to completely wasted appointments for consultations and procedures, simply because information hasn't been shared. Not good enough.
Culture change
I've commented on this in some detail in previous local consultations. Overall, health and social care are big complex services and I think there's long-term management weakness at top levels from the DoH down. There's a need to get good business leaders in from the private sector with ability, experience and success of managing businesses to drive change, overcome resistance, and make the NHS and local councils modern, innovative, efficient, forward looking and flexible.

QUESTION 18

i am unconvinced that 'community care' would be either cost-effective or in the patients' interest.
Not sure
More advertising about health groups in supermarkets and areas which are used by a vast amount of people, radio, leisure centres, railway stations.
Take more time - not making obvious rushing from one appointment to next
By employing managers that come from healthcare backgrounds rather than bean counters
Doctors appointments being more readily available
Communicate better
Giving us information on what is available
Give respect to the clients. Lose the condescending manner and get to work. Bring back time and motion studies for all
The voluntary sector should be an equal partner. they are as professional in their own fields as public sector professionals. They should be sitting round the table for each individuals care plan.
GPs being more aware of unusual conditions and being willing to refer people on more often
More community care. Better GPs and access to them More therapists Awareness that you can self refer

QUESTION 18

Less fragmentation of services and poor links between services has a negative impact on the users of those services
Need better communication within services with NHS AND social services working together
Pharmacies are quicker in handing out medication
Better access to GP Surgeries
. apply consistent approach across the organisation and area signpost each others service more effectivley so people know where to find and look for support .
i dont think anyone could answer this question . it seems like this questionnaire is designed in such a way to support the proposed 5 year plan . whist reducing NHS running costs are important . it seems to me that paitents will not recieve the level of care they get at the moment
by shaking Teresa May upside down and getting more money for the nhs and other healthcare facilities !!!!
GPs more flexible opening hours to accommodate flexible working hours.
A holistic approach to the health of each human being. We do not need fragmented "service providers". In my opinion, we have all agencies developing their "systems" but the systems don't fit together.

QUESTION 18

if we had more places that offer theses services
-
i have no real experience of them
talk to each other
spend time with key community groups who can support this.
By speaking to each other and not being precious.
Be located together and managed together - sort of via a local health authority. Remove fragmentation of care caused by privatisation
More in-house services with people communicating better
Better communication - letters between my doctor, dentist and hospital staff take a long time to arrive.
I am fortunate to be living in a part of Sheffield where the health and care services work very well together. The only problem that can occur is long waiting times for a dr's appointment
GP practice could open longer each day

QUESTION 18

Joined up thinking. GDPR barriers needs removing. Incentives to services to partner as opposed to duplicate existing services. Often voluntary services bid for projects for monies when other services are already in existence but not invested in. Duplication happens all the time. Breyer communication and real engagement
They could work better together by providing a service that enables them to work together and getting the right help they need.
Listening to what each other is saying
Communications between agencies is a must. There has to be some kind of computer package where a person goes for help and other agencies can be identified to help them
Direct referrals from GP's to health improvement schemes to direct people to take more responsibility personally
Improved communication between the services. Improved availability of information and communications to patients and their carers.
Linking in to community led support drop ins helping community teams increase activity at these drop ins
Communicate more work in a more joined up way
By recognising that they're community service providers and that they are supposed to be there for people's benefit, not just at their own convenience

QUESTION 18

Talk to each other
by using only one computer system and all services inputting onto it
If I could see my doctors when I need to see them
don't know
Have all information recorded although the system is there it is not always utilised. Have more visits from GP's for elderly patients,
shared records- too many record systems in place which don't talk to each other. When I see patients whose GP uses the same system as myself I'm able to see much more detail and communicate with the GP directly. DBH is still paper based, and that needs to change.
I live in a small village that has no health or social care services nearby and therefore are a drive/bus ride away. Advertising in rural areas of other means of support that is community based would be beneficial but also for individuals in remote areas to have access to transport to allow them to get to services/groups when needed would help.
They could actually start working together, rather than improving working together.
Be more fluid
Making people aware of facilities that are available
Be more joined by removing contractual barriers
Better access and communication. Advertising and public awareness

QUESTION 18

Talk !
Listen to the community and there needs - have a central base within the community and stay there stop moving around
Joint teams
Coeliac prescribing is a classic example of poor partnerships. The children's hospital said they'd write my six year old son a prescription for gluten free food. They never did, so I rang them and was told to look at the Coeliac UK list of what was available and then see the GP. I found the list, then waited 2 weeks to see the GP, who told us the Sheffield Care Commissioning Group wouldn't allow anything except bread, but the system didn't say how much he could prescribe. It said 14 units but a unit was a certain number of grams of bread and the loaves allowed in Sheffield were more grams. So we waited another week for the GP's pharmacist to work out what was available, what each loaf weighed and how many units each loaf was worth, then another 2 weeks for the pharmacy to get it in. It turned out to be the wrong item so then we started all over again. After about a two month delay, we finally got 20 gluten free loaves delivered to the pharmacy, all on the same day, all with a best before date three days later.
Bed blocking insufficient community care its been going on forever!
Liaise with one another so services do not overlap, allow more nurses and pharmacists to prescribe medicines for less serious concerns such as skin infections. Longer hours needed - people work and get sick at weekends.
Having doctors that are aware of mental health problems.
Many in my area have to wait up to 14 days for a GP appointment. If urgent must phone at 8am to try to get limited appointments. Very frustrating.
Information on how and where to contact relevent support when necessary.

QUESTION 18

More joined up services
Better advertising. Better communication
By communicating with each other.
Don't know
I don't know
Greater communication and integration of services. Links between computer systems so that information can be shared easily. Social care should not be separate from healthcare!
Actually getting a gp appointment/dental appointment
more interchange of data
No t sure.
Social services under so much pressure difficult to help older people
By acknowledging that in some cases people cannot be satisfactorily cared for at home and nursing homes are more appropriate. Therefore closing these is problematic
lease more with each other. dont rely on electronic messages all the time. ive had experience where the prescription has been sent to the wrong chemist and sometimes missing items.

QUESTION 18

By doing more joined up working, we have different GP Surgeries in the same building with their own nursing staff, receptions etc it is all so confusing!!
listening and communication properly
More availability of GP appointments and in-surgery blood tests etc. Better quality physios.
better communication /working together
Cut the amount of time for referrals to be made and acted upon.
More appointments that aren't urgent that be accessed within a week or 2 so that work can be balanced. Better processes for repeat prescriptions
Better out of hours services. More "drop in" services, not less.
Possibly mobile lay people attending the homes of vulnerable and sick patients to triage and direct them to the correct area
By being better integrated and defined roles for each service instead of passing the buck and saying it's not our problem try X or Y and then often ending up at the original point of call for help.
Use the same admin system so information can be shared and accessed between services.
Advertise it. Make it a promotional tool to get people on board.

QUESTION 18

More funding to provide more of the social side
If GPs we're open longer hours
Communication and again staffing. At my doctors surgery we have 4 doctors caring for a large area. It can take 8 weeks to get an appointment, which isn't acceptable. Carers in the community aren't paid or looked after enough.
I don't know
Investment in training and resources
Be more compassionate and understanding. More funding to do more education
People need access to community services and to understand when they should be used. This would free up acute services
There could be more availability.
Mental health services require lots of improvement
For instance, I am unable to register to a dentist for at least the next four months. There are just no appointments available!

QUESTION 18

Health visitor services / baby clinics at more GP surgeries
Access to social and health care together in one place
By sharing patient information to each other
COMMUNICATION!!!' Regular contact with different professionals I.e. social services need to speak to HCP's treating people as people not case loads
Increased social prescribing from MDT not just GPs. Who's have a huge role to play in joining the dots
All the services could link together, ie. GP can recommend Health Visitor, Health Visitor could recommend Physio, Physio could recommend chiropodist etc, make sure patients have a Team of Professionals not just one!
Faster access time
minimise waiting times, cooperate between services
No idea

QUESTION 18

More social support would reduce the number of people requiring more urgent attention. Community Care must reduce the burden on G.P.s.
They could be more holistic and intagrated.
More two way respect and information flow between NHS and none NHS staff because everyone gets very precious about what they do.
Stop all the form filling Surely everything is on a central computer but still endless form filling for every appointment
Speak to each other
By communicating with each other

QUESTION 18

Better communication between services
Easier access to the services that you need at the time can lesson anxiety and in turn help the recovery rate.
Listen to the carers, they know what is needed and when
Think they're ok. Being able to get into GP quicker. Not having ring back service - doctor makes decision about whether you need to be seen and tells you. (Belgrave Medical Centre)
Make the leaders/managers of services accountable - we have no accountability in our society anymore - we need people to lead effectively More checks and balances on management Shadowing and secondments - let people see or actually do what others do - this could be done across non-specialist services
Stop passing the buck! Taking responsibility and ensuring we have a joined up seamless service instead of having to go back and forth to arrange and chase up care
Better communication
This is a huge failing of services its not rocket science: the greater we have expanded our technological capabilities the less we communicate in a direct and informative and questioning way.
Care homes need to provide care for more complex needs. Commissioning process needs streamlining as it is inefficient and unfair
Hard to say
x

QUESTION 18

When you are caring for someone the easier the better
Collaboration between the health and care services with community voluntary organisations
Not sure
Join them up better
More joined up, should not need to go over health issues with each party, what about a "health passport" filled in electronically and accessible to all primary care, saves repeating but will have data protection issues.
Talk to each other
Better communication between all services
"Developing more rapid community response teams..." You need to know about these people first. Most are vulnerable and hard to reach. Need more dentists and better public transport. One phone number (not a website) for NHS, council run and voluntary organisations. Probably impossible! It would help if the CCG and bodies such as "Healthwatch" would get off their comfy chairs and come and see what's happening (or not happening) in the community. Particularly south Sheffield. Have regular forums like 'Links' used to have, invite relevant speakers for us to question, don't just have a pop up stall saying how good you are!
I think they do a reasonable job considering their restrictions in finance and staffing.
Health professionals should be able to look at health records (all of them) of each patient they are involved with including other specialities the patient may be seeing to get a fuller picture of all the patients needs in order the patient gets the best treatment.
GPs to be responsible with adequate staffing to make health and care available for all registered patients

QUESTION 18

focus on prevention and, with others, on community assets and their capacity.
Access could be improved
Dedicated health / social care worker for people with long term needs so they have a named person they can contact.
Offer drop in services to see what people want help with
by talking to each other, my GP and chemist dont talk they are always getting things mixed up or lost
more integrated working creates community cafes for people with mh issues
I have not really had to use the services in this way so unable to comment
I'm not sure
Better communication; more consistent approach
More staff
Integration of mental and physical health care.
By all working together from bottom to the top

QUESTION 18

Talk to each other: listen to each other. Put the patients first.

Should have so many under one umbrella instead of having to go from one place to another

improved funding for social care services

Essential we are treated as human - not just a quick dash in and out

Sorry no idea!

I think all GP practices should be jointly run by both Primary Care Services along with Sheffield Health & Social Care !

Better communication between various agencies and professionals

Not sure

Already work well

I want my GP to be more accessible. I found it very difficult to get appointment.

QUESTION 18

meaningful integration getting to know each others worlds-workforce develop could help underpin this
That's a huge question and Im not dure the current model of 'Trusts' makes joining up services easy. Perhaps we need to return to a true NHS all funded locally.
Use church and other faith groups who can offer a variety of support - Faith and spirituality is important to a vast number of people, despite the negative stories of falling attendance at corporate worship. Many people who say they are not religious still welcome support from faith groups. There is alot more that churches and faith groups can do to support communities; they are not all "trying to evangelise" and serve out of a healthy desire to see a healthier community.
communication from all parties keeping people in the loop. hire support workers in case there is no doctor\mental health worker\health visitor available, to speak to patients and pass on to the appropriate worker. this is so people are not left on waiting lists for an appointment which causes more unhealthy people in the population.
More efficient communication between surgery and pharmacy. More minor procedures available locally.
Communication!!!! So gps actually know what services are availble. Many Gps have NEVER hesrd of STEP (SHORT TERM EDUCATIONAL PROGRAMME). EDUCATE GPS AND OTHER PROS!!!
Be funded from the same budget so less passing of responsibilities.
Services funded according to need would reduce the inefficiency of swamping some services with the people whose needs are being ignored elsewhere. For example, no-one should be taking up a hospital bed because of unavailability of social care.
Longer opening hours , more NHS dentists

QUESTION 18

Holistic physical/ mental care in one place.
Integrated pathway
Need to spend time in listening to the needs of both services. Plan how they can work together to achieve an outcome.
I would like to know more about local neighbourhood care before makin a comment I would need to know what training they had. Cares need more time with people they are timed and get into trouble if they don@t manage that time. Some people need more support than others this is never taken into consideration. They are fabulous people who dont get any recognition and are run ragged.
If it takes into account priorities
Not really sure. All are there, but co-ordination probably not brilliant. My own GP centre is very good on the whole, but a simple thing like getting a basic repeat prescription is very time consuming - you can only ring between a few hrs - the surgery closes on 1/2 day and every lunch time!!
We are at least 10 mls from any hospitals, so a good response is called for
They already do
I don't have any issues with this
Better access to GPs when I have a chest infection I need to see a doctor that day not in 3 weeks time or told by receptionist to go to the walk in centre

QUESTION 18

Better integrated - information shared between services better. Every part of the public sector working together.
In communication with each other and kept informed
. Talk. Communicate. Have stricter/ focused policy in place to ensure fluidity in transition of care and treatment.
I feel that under the present circumstance hard working staff in all areas are doing their utmost.- Id like to think so.
No comment
Stop fobbing people of GPS
I feel the services I have used in my community work very well
No idea.
Larger rapid response team

QUESTION 18

All community nhs staff and Gp's on same computer system. So faster communication and a more joined up service.
Integrated working better awareness of each other's roles and responsibilities and how to improve care moving forward
Reduce waiting times for doctors appointments etc.
By working together, local carer groups I have been to continually struggle to keep open, the council need to fund these groups for the good of the community
More doctors, carers and other medical professionals will enable staff in these areas to communicate better with themselves and their patients
Let you stay at same GP practice as you can with dental practice
Better communication between nhs services
This would be better asked in discussion groups
They need to actually communicate - a lot of the time neither seem to have much of a clue re what's going on with patients
Not sure

QUESTION 18

I feel under the present budget and hard working staff in all areas at present care services are doing their utmost - I'd like to think.
Dental treatment for adults more readily available
Talk to each other
I feel it's non existent in my area I have never felt so alone and isolated no one helps no one cares
Better communication with one another
have not had to us ethem, so can't say
Community services need to be monitored better to ensure that the staff are giving the level of support that they should be and preventing them from missing appointments to visit the clients. There should be contacts for each service to refer to another if they believe more help is needed in different departments and to ensure there isn't a long waiting list particularly for the elderly to get the community support they need.
More money for social care would help relieve the pressure on hospital services and keep people at home for longer.
I don't know.
Communicate!

QUESTION 18

Learn from what works well in acute services (easy and fast access to different specialities that include chaplains).
Communication and easy access to speak or meet with people
More community support so that people can get out of hospital faster
Better communication between GPs and local services
Easier access to GP appointments for people who work full time.
not sure
Recognising the needs and wants of the individual
Local hubs where services are brought together. Training so that masses of professionals don't need to sit in meetings discussing one person.
By having a cross-disciplinary strategic approach over the region, without having to compete for finite resources - i.e. recognition that all aspects of healthcare and social care are vital, while some are more costly financially. This requires a shared ethos and vision so that everyone works towards shared goals putting patients first, with efficiency and accountability being important but not as the primary focus.
Employ GP s directly by NHS. Stop contracting out services so health and care services are managed as one and not a collection of various businessess

QUESTION 18

Start listening to the people they serve, this questionnaire is completely frontloaded with what you want justification for, a limited set of options. If you had to redesign things, I don't think this is where you'd start
Restore links with local GPs , restore continuity of care so don't meet different carers / nurses each time , improve morale of staff
Communicate more,, have more community meetings, increase patient voice. More use of technology
Better partnerships between police and mental health services. Police report that mental health and social care are not very open to partnership work
Doesn't seem a link between social care and health - both battling for same budget?
Health screening/preventative care should be done outside of GP appointments, by trained professionals. Let GP's concentrate on those who are ill NOW
Provide more care staff - wherever they are located - hospital or 'community'. Personally, i am quite content to attend hospital outpatients and I consider that this makes the best use of excellent, specialised, scarce resources.
better working with local authority, local CCG & Community services.
Working together joined up services Joined up medical notes
Better buses to my excellent GP practice in Thurcroft! (from Laughton) Still awaiting info abt the health hubs so don't know how this will work
GPs and medical centre staff to have thorough access to signposting information
More transparent, may be newsletters to spread the word
Not sure

QUESTION 18

I think there is better joined up thinking between GPs and the pharmacies. But as someone who has a condition which requires specialist help across 4 areas of the hospital it would be good to get joined up thinking across the departments to be able to better serve my clinical needs
Greater recognition for the role of carers both paid and family carers. Informal carers often neglect their own health needs. A traffic light system could alert receptionists when carers try to get an appointment that they should get at least telephone access to a health professional
One obvious way is more access to doctors and home visits. Doctors today do not know their patients. Like everywhere else the patient is just a number and this one problem when you have an appointment that's crazy
Advertisements so people know of these services
Improve communication between each other
Improved communication between services Extended GP hours
I don't know the individual conditions well enough to comment
If the NHS stopped wasting money it would have more to spend on the above. Too many managers and admin wages. Transgender operations, fertilisation clinics etc should not be paid for out of NHS funds.

QUESTION 18

Having the access to the most appropriate service immediately. Rather than having to be referred through a GP, causing pressure on the GP and delaying treatment/support

Health and social care need to join up their devices and workers

promote activity services better in area so can access

No idea

just more funding for more resources

Share data by default Electronic transfer of info (I recently had a letter from hospital to hand to my GP!) Exchange of staff between primary and secondary care

by co-operating

Look at the needs of the local area.

Communicate with each other

Better funding, no privatisations, better lines of communication, shared aims and objectives

Greater understanding and collaboration, less ignorance by professionals

QUESTION 18

Mental health services could be less separate to other services. Better communication between GP surgeries and pharmacies. Better integration of services into the community, which would help with social prescribing, staff knowing what other local services/groups are available etc.
With a more joined up approach. For example if ready to discharge an elderly person bring in social services asap to find a place if they cannot return home
Local Integration Boards need to be much more effective. We need to find some way of improving this vehicle or finding a better model
Inform each other what processes have occurred and combat the same issues together during follow ups
They could all communicate and inform the others of issues eg. Pharmacists talking to the gps
Would be useful to have one online system for all patient records
Better communication and not so precious about guarding their territory Services do not liaise people do not 'own' their job roles
Sharing of information between GPs and hospitals and other health providers could be better. Information is not always available when needed.
Stop each service being precious with what they do & do what's best for the patient

QUESTION 18

By being organised by a unitary commissioner/provider. Reduce the influence of GP's in the commissioning process
Joint funding
More resources and ensure there are good chanel of communication to ensure non duplication etc.
?
There should be health and social care hubs - health and social care seem inextricably.
Better communication and coordination.
Communication- having to explain your entire situation whenever you see a doctor is ridiculous
More intergration.
More funding and resources to provide the expertise and levels of care needed. Fund training for workers in the community. Create funds for community groups with the aim of working together more with the care sector. Start investing in people rather than allowing private enterprise to profit from the suffering of others.
communicate better
being better equipped to support people in the community with better training and information.

QUESTION 18

Being able to get A GP appointment quicker and having a quick response on getting through on the phone. Also shorter queues in the surgery. I have seen people kept waiting that can hardly stand up. Receptionist staff need better training if they are to be 'health navigators', Basically stop passing the buck and provide a quality service at GP level.
Not sure
Focus more on keeping people away from hospitals and keeping them for real emergencies
Not move the local gp practice to a different estate
Education on what services to use when
seamless transition from one health professional to another, more joined up working when a person has more than one health problem
Advertising
Continuity of carers times & wherever possible the same carer each visit.
Communication- open and honest, without hidden agenda and without being 'precious' about the information they hold
Dont know
Better capacity. Quicker response. Answer the phone and respond when messages are left!!!
Share information and promote each other

QUESTION 18

Tell people they exist and what you are doing> Make sure all records are shared and known. Have a single point of contact when things go wrong
I think that more support should be available for people who live at home,bring back the home helps who did anything that what asked such as shopping and every day tasks. Carers will only do what is written in their plan and rarely do the time that has been allocated, they rush in and rush out
Single point of access. Talk to each other. Connect me don't signpost me.
More multidisciplinary team working to create plans for each patient so during a crisis all the relevant information is to hand to enable informed decisions to be made.
I have little experience of this so unable to comment fully, but awareness of these issues mean that all of the above will assist people to live as comfortably and independently as possible, with greater support for those who care for family members
They could be spread across two or three GP surgeries rather than having one in every surgery, that way you can better tailor the service to the needs of the community as each community has different health issues
It's getting better
make sure they share information and talk to each other
They could all be based together in one location to give a more integrated service

QUESTION 18

Through greater integration and understanding
Communication!
Need generally more support, everything is stretched
health and social care more joined up - listen to carers and patients - they are experts in their own experience
Unsure
They desperately need more money, carers are paid a pittance and have to work long hours because they're only paid for the time they're actually with a client not travel time, many patients I've spoken to would prefer residential or nursing home care but funding is so low that they are returned home, I often worry about patients I have discharged but hospital nurses are not listened to when social care make decisions about care packages
Through more regular contact/meetings
They could talk to each other and have the same IT systems
Work together to achieve the best for the service user not for the size of the desk or office
Better communication. Focus on the area and the specific needs of the local population

QUESTION 18

Provide go appointments outside of core hours as these are mainly taken up by pensioners and walk in and wait is not good for workers

Clearer communications

More staff is the only answer to this.

Electronic records. My GP should be able to see what treatment I received in hospital and vice versus. Currently we have to wait for postal letters

By simply having time to link together. Having time to review and recognise where links are needed/appropriate.

More flexibility not 9 to 5

Communication is the key. One port calls, ie the SAP, works very well.

A workable database they could all access and feed into for continuity & consistency would help.

More opening hrs. All profs in one building

QUESTION 18

Multi agency working using a team approach in community resources ..The sum of the parts making the whole
I think they are quite good already
N/A
More rapid access to support for carers. When I tried to access support when caring for me husband I was told 6 to 8 weeks and by the he was dead!
better access to the GP and community nurses and support
open forum no target that put services against each other to achieve, or if a service is and will need to be measured for performance this to be kept between the main operator
Break down boundaries between professionals
Better links between all the services which would be supported by better use of digital support and easier access to records
Collating patients data, as my wife has had trouble in the past where the doctors and hospital have not had the same information.

QUESTION 18

Providing advice and education.
No idea
Not sure
secondary and primary care working together
Unsure.
Better communication and public knowledge
Referrals to services such as SCccc for help
There needs to be a recognition and promotion of what is available and where so that services and those in need are aware of one another
not sure
Im not sure
Communication
Increased communication between services
Not sure
Don't know

QUESTION 18

Simple and short guidelines, tips and resources that people can share. Interactive resources.
GP surgeries should be used as community hub
More use of shared premises/facilities/staff resources.
Communicate, join up the services, split the areas between them, too many agencies do the same things, one needs to focus on one area and refer to the others.
Set up more services that patients can be referred to so they can access treatments quicker.
I think they work quite well considering we are a big city
Talk to each other Involve the community Do proper user research before commissioning services Improve communications
Na
By breaking boundaries and doing what the person needs not their job description
Ensure you can see a qualified medical person

QUESTION 18

Join up, communicate.
By actually talking to each other I.e business to business as it seems there is disconnect
Have hubs and not necessarily every service in the hub offer everything, but the hub as a whole will offer everything together e.g Saturday clinics one gp a week in the hub would do it, not every go in the hub
Get things in one place in the communities.
More availability for dentist and care needs for the elderly and vulnerable.
More availability in appointments, often long waiting periods
To be more commutative with each other, I have noted that there is a lot of 'one service doesn't know what the other service is doing'
Large enough teams to work at a Neighbourhood level
Funding is essential
network and be aware of what each organisation is doing.

QUESTION 18

Talk more to each other
Co location
By working together. More cohesion is required
No services seem to communicate with each other. It is also extremely important to take patient views into account rather than having MDT meetings where the outcome has already been decided and riding roughshod over patient wishes
Everyone has access to the same source of information, consistency in care, true multi-disciplinary approaches where all professionals come together at the same time to inform decision making
Both physical and mental health services
By talking more to each other

QUESTION 18

more communication between teams/services
Joined up IT systems to share data and information