

your  
**health**  
your **care**  
your **say**



**SUMMARY REPORT OF LEICESTER FORUM  
22 SEPTEMBER 2005**

OPINION  
LEADER  
RESEARCH

## **A. BACKGROUND**

On 22 September 2005, a group of 60 people from around the East Midlands gathered to discuss the future of the health and social care services people need in the community and in their own homes. The event was the second in a number of events being held across the country to get people's views on this important topic.

## **B. HOW THE PARTICIPANTS WERE SELECTED**

We wanted people from all backgrounds to come together and share their views and opinions on this issue. So we:

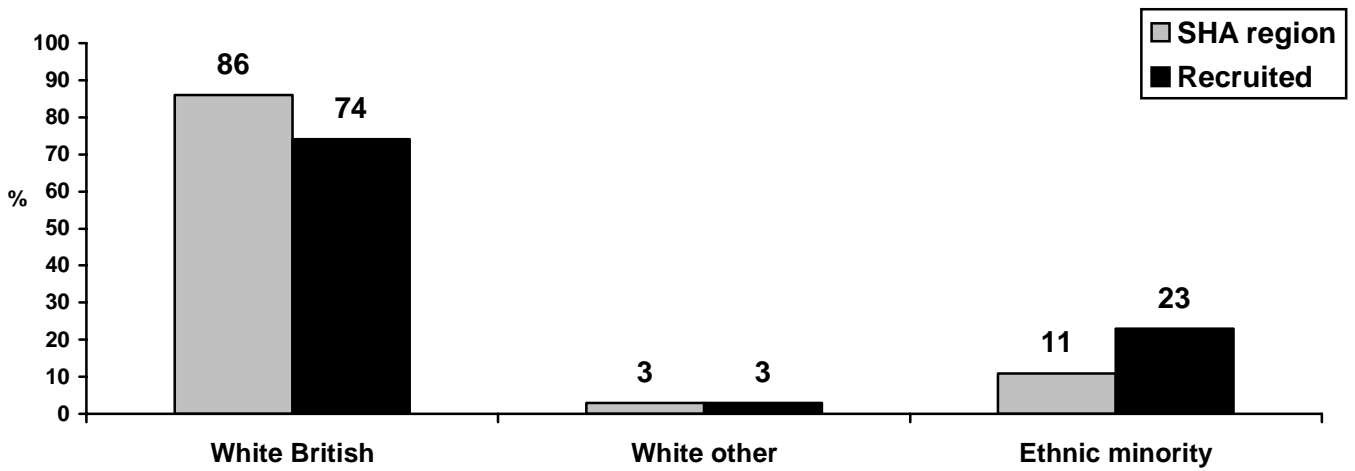
- Sent out packs to 5,000 people living within 30 miles of Leicester inviting them to apply to take part in the event
- Asked people who wanted to take part to give us some information about themselves
- Invited 65 people to come along on the day who were selected to fit the demographic profile of the area in terms of age, gender and to cover all sections of society. We also wanted to make sure that we heard from people who don't always get involved in this kind of consultation, so we asked more people from some specific backgrounds to come along.

## **C. WHO WAS THERE?**

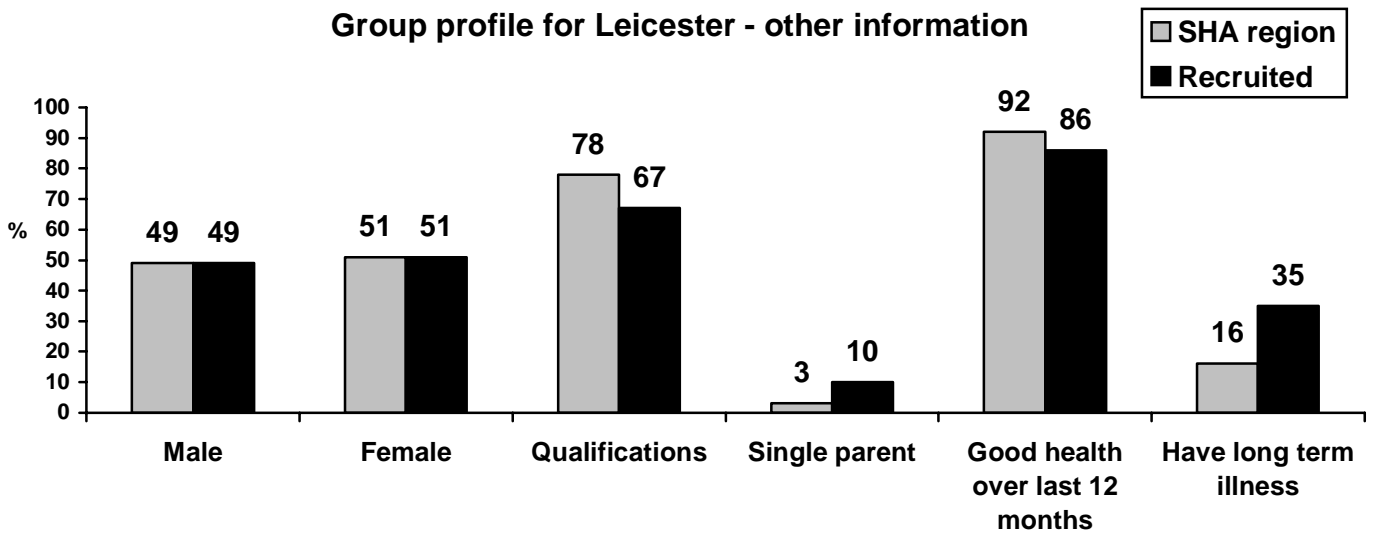
The 60 people who attended came from a variety of backgrounds consistent with those found in the area of the Leicester Strategic Health Authority:



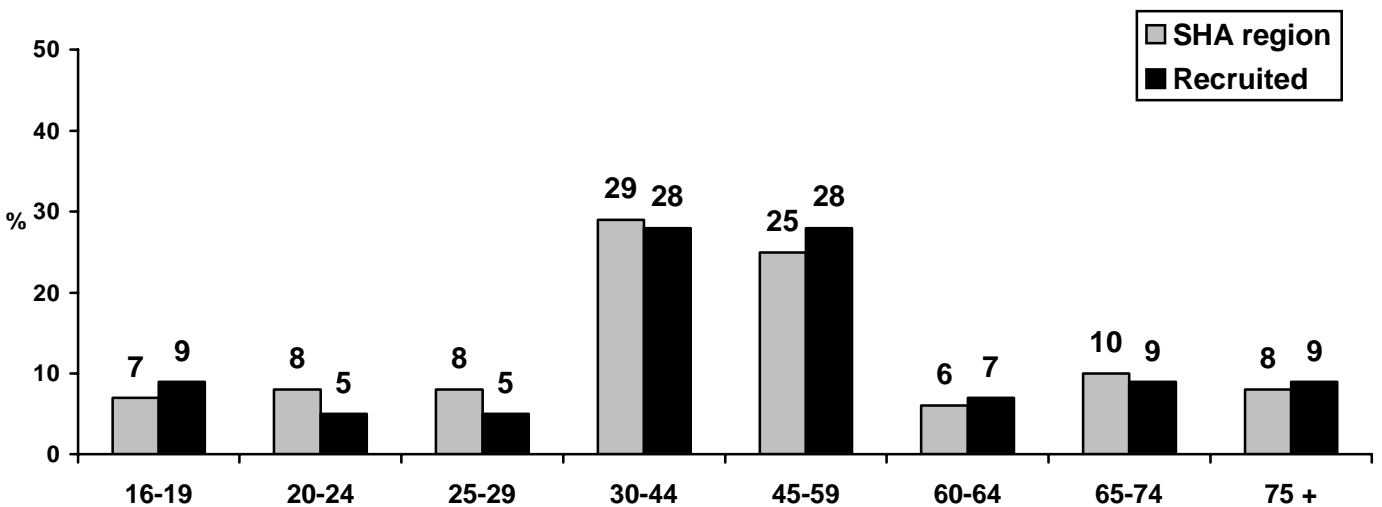
**Group profile for Leicester - by Ethnicity**



**Group profile for Leicester - other information**



**Sample frame for Leicester - by age**



## **D. THE AGENDA FOR THE DAY**

During the day, participants spent their time in groups of 10, discussing the issues. Each group involved people from a range of backgrounds and discussed these questions:

- Thinking about the community health and social care services you use, what currently works well, and what currently works less well?
- How can people look after themselves? How can we help you take care of yourself and support you and your family in your daily lives?
- How can we help you get the right services and make sure your care and support is properly joined-up?
- When you and your family need help and support, how, when, where and from whom do you want to get it?

During the course of the discussion, participants voted on a range of options and discussed the reasons why they had prioritised particular options. At the end of the day, participants then reflected on the options the group had selected to see if they would make significant improvements to the service people experience, and whether they strike an appropriate balance between the needs of different groups and the nation as a whole.

## **E. THE OUTCOMES OF THE DISCUSSION**

### **WHAT COMMUNITY HEALTH AND SOCIAL CARE SERVICES CURRENTLY WORK WELL AND LESS WELL?**

The things people thought worked well and less well with community health and social care services were as follows:

#### **TOP THINGS THAT PEOPLE THOUGHT CURRENTLY WORK WELL:**

- NHS Direct
- Introduction of Walk-in Centres (eg Loughborough)
- 24 hour medical centres (overnight facilities)
- GP Services (although some inconsistencies)
- Quality of relationships with health and social care professionals

#### **OTHER THINGS THAT PEOPLE THOUGHT WORK WELL:**

- Specialist care in GP practises (eg diabetes)
- Introduction of flexibility with GP and pharmacy services (eg opening hours/ pharmacy deliveries)
- GP emergency referral system
- Range of social care available
- Quality of health education

**TOP THINGS THAT PEOPLE THOUGHT CURRENTLY WORK LESS WELL:**

- Access to GPs (appointments, availability, ease of access)
- Information on range of services available
- Co-ordination of services and referral
- Inconsistent quality of service
- Inconsistent availability of service (Postcode lottery)

**OTHER THINGS THAT PEOPLE THOUGHT WORK LESS WELL:**

- Dentistry (cost and availability)
- Closure of care homes
- Insufficient school nurses
- No central database (having to answer same questions over and over again)
- Too much red tape and form filling in social care

**QUESTION ONE: HOW CAN PEOPLE LOOK AFTER THEMSELVES? HOW CAN WE HELP YOU TAKE CARE OF YOURSELF AND SUPPORT YOU AND YOUR FAMILY IN YOUR DAILY LIVES?**

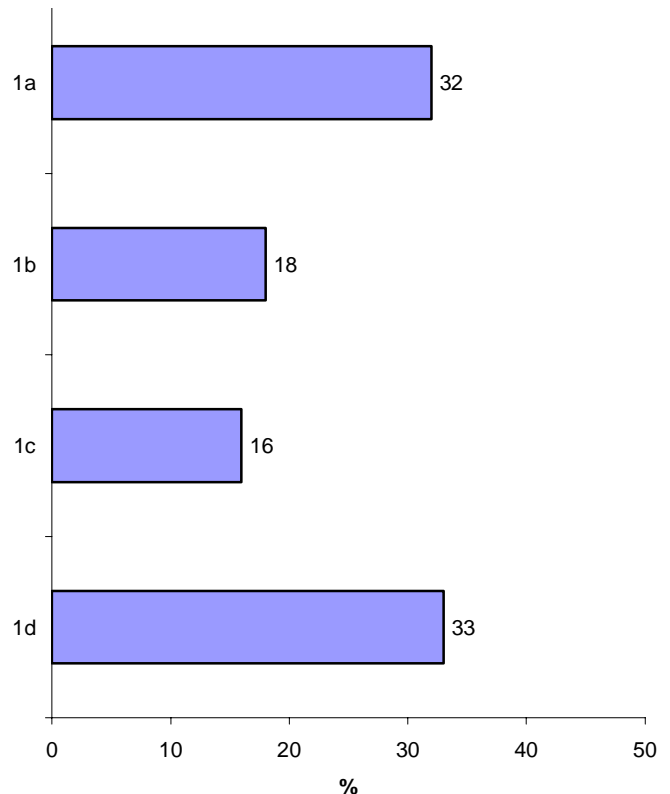
1a: Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self- assessment.

1b: Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families. For instance pharmacists could give advice on getting the best out of the medicines you take or they could run clinics for people with high blood pressure.

1c: Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors' surgeries (e.g. advisors to help with housing, employment and training benefits), children's centres and other locations.

1d: Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer

Base: all 60 participants



**QUESTION TWO: HOW CAN WE HELP YOU GET THE RIGHT SERVICES AND MAKE SURE YOUR CARE AND SUPPORT IS PROPERLY JOINED UP?**

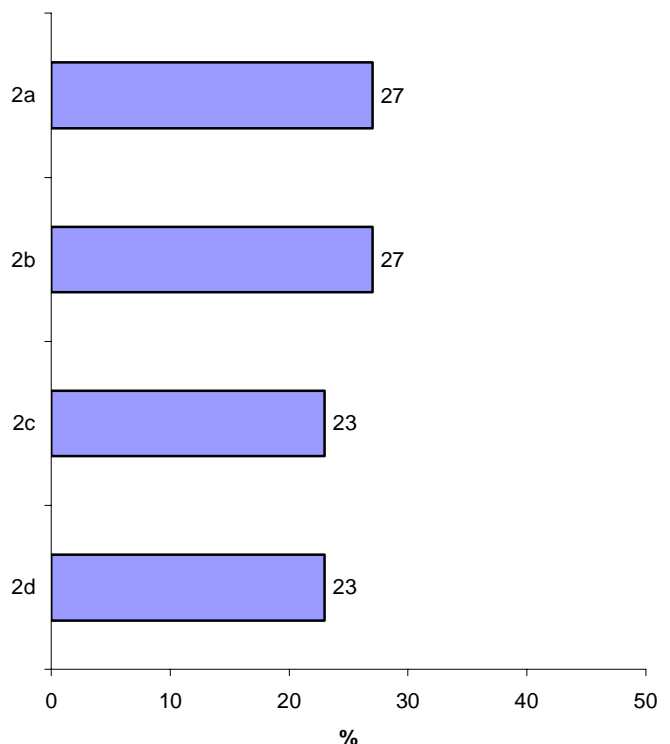
2a: Providing effectively joined-up social care and health services to those that need them, for example through a single 'needs assessment' and use of case managers. A 'needs assessment' would be a kind of one-stop-shop appointment instead of lots of appointments, a case manager would be someone who plans your care with you and then coordinates it.

2b: Providing more help to people caring for others, for example with more respite care.

2c: Providing people with better information about what NHS, local authority and social care services are on offer.

2d: Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes eg support from people with similar conditions.

Base: all 60 participants



### QUESTION THREE: WHEN YOU AND YOUR FAMILY NEED HELP AND SUPPORT, HOW, WHEN, WHERE AND FROM WHOM DO YOU WANT TO GET IT?

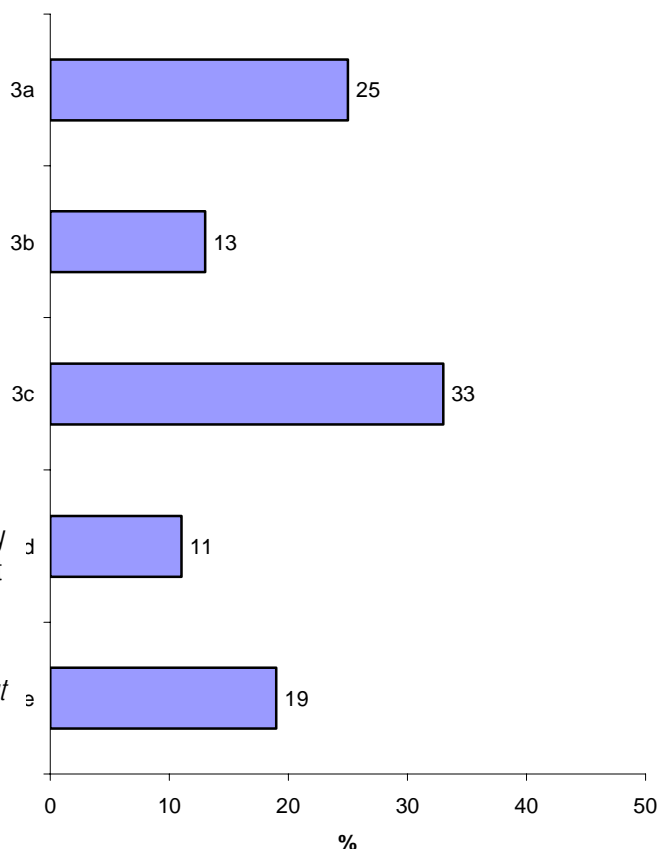
3a: Providing convenient services which fit around people's lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services.

3b: Providing care in convenient locations (for example NHS Walk Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor,

3c: Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for people to use. For example, blood tests, x-rays and some scans, minor surgery and physiotherapy could be provided locally. Also, hospital specialists could run clinics in the community

3d: Developing new services for people who don't always currently access care, such as young men, teenagers, people from different ethnic groups, people with disabilities.

3e: Allowing people to choose how to receive services at the end of life and to die where they want with dignity. *(This option is about the care people receive at the end of their lives, it is not about euthanasia)*



### THE MOST IMPORTANT THING TO DO RIGHT NOW

Finally, participants were asked if they were in charge of the Department of Health and could make a decision to prioritise just one of the options discussed today, which would it be and why?:

#### People thought the first priority was to:

- Option 3 C: Develop and provide more services in the local community, rather than only in hospitals, so they are more convenient for people to use. For example, to provide blood tests, x-rays and some scans, minor surgery and physiotherapy locally and have hospital specialists running clinics in the community. *(4 groups out of 6 chose this option)*

#### People also thought it was important to:

- Option 2A: Provide joined-up social care and health services to those that need them, for example through a single 'needs assessment' and use of case managers. A 'needs assessment' would be a kind of one-stop-shop appointment instead of lots of appointments, a case manager would be someone who plans your care with you and then coordinates it. *(1 group out of 6 chose this option)*

- Option 1A: Encouraging and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self- assessment. (*1 group out of 6 chose this option*)

## **F. NEXT STEPS**

The views that were given today will be reported back to the Department of Health. They will be used to help the Government consider what it could do to make health and social care services better for everyone.

Any new ideas will then be discussed in more events like this with members of the public, happening in London, Plymouth and Birmingham over the next two months.

At the end of the process, the Government will produce a White Paper in December giving proposals for the future of health and social care services. Everyone who attended today will receive a summary of this document so they can see how their input has been used.