

Oldham



Local Involvement Network

Oldham LINK Consultation findings of the NHS Future Forum Phase 2 Listening Exercise

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Contents

1. Introduction	5
2. Part 1: Educating and training of health and care professionals	6
2.1 What aspects of educating and training the health workforce need improving? In particular, what are the skills and behaviour that need more development?.....	6
2.2 How should these improvements be made?	6
2.3 What would be the best way to feed the views and experiences of patients, service users and carers into the educations and training process?7	
2.4 What works well already? What doesn't work?	8
3. Part 2: Information	9
3.1 What information about health and care do you need and in what form? What kind of information would help you to take more control and have a bigger say?	9
3.2 What help do you need to make best use of the information out there?	9
3.3 How should services communicate with you? How do you want to communicate with them?.....	10
3.4 What works well already? What doesn't work?.....	10
4. Part 3: Joined up services	11
4.1 Do health and care services join up well enough?.....	11
4.2 What could be done to give people a seamless service.....	11
4.3 What are the obstacles to joined up services and how would you like them to overcome?.....	12
4.4 What works well already? What doesn't work?.....	13
5. Part 4: The Role of the NHS in improving health and wellbeing	14

5.1	Should NHS do more to improve the health and wellbeing and prevent illness as well as treat illness?.....	14
5.2	If so, where should its efforts best be focussed? Who should do what and how?.....	14
5.3	What works well already? What doesn't work, and how could we make it better?.....	15
5.4	Should NHS do more to improve the health and wellbeing of its staff? How?.....	16

1. Introduction

An online survey was developed by Oldham LINK for its members, in order to enable people to comment within the limited timescales available to contribute to the consultation. The information was circulated to all those LINK members and contact on email (approx 60%) and remained open for seven days.

The responses here therefore cannot constitute a full LINK response, as only a small number of people have participated. As such, this submission simply reflects the views of a select few participants. Much more time than was available would be required for the LINK to develop a more inclusive methodology, whereby a broader cross section of people could be involved.

Further, there has been no demographic information collected from the participants, so the 'profile' of the contributors is unknown.

2. Part 1: Educating and training of health and care professionals

2.1 What aspects of educating and training the health workforce need improving? In particular, what are the skills and behaviour that need more development?

- Nurse Trainees need to spend time as a health Care Assistant before starting their Degree Course and have to do time on the wards for about a year pre becoming a staff nurse.
- Focus on patients needs i.e. what is suitable for a particular person - not patients in general with similar problems
- More caring, dedication and understanding of patients of all ages. More medical education.
- The health staff (qualified nurses) are adequately trained but are constantly made to do more work in less time putting extra strain on already stretched resources. They DO NOT need more training. The mandatory training they have is enough if they were able to attend to it efficiently and timely without having the stress of worrying about the work they have to delay to be able to attend this training.

2.2 How should these improvements be made?

- The nurses must remain student nurses during the above times 1st and 3rd year.

- By education in the treatment of individual cases
- By going back to basics. Nurses should start at the bottom as they did in the past and get used to caring for patients, it never failed in the past. It would also save a fortune in money. Dr's need more hands on experience by training as students in hospital and in GP practices, so they get hands on training. GP's are having to read up on things more than ever and as consultation time is rationed to 7 minutes it does not work. Each practice should have an 90 minute clinic each morning without appointments run by locums and junior doctors and they would gain experience in all conditions and it would save a fortune in money and training.
- The health staff (qualified nurses) are adequately trained but are constantly made to do more work in less time putting extra strain on already stretched resources. They DO NOT need more training. The mandatory training they have is enough if they were able to attend to it efficiently and timely without having the stress of worrying about the work they have to delay to be able to attend this training. Employ more staff to free up the already competent staff to enable them to attend mandatory training.

2.3 What would be the best way to feed the views and experiences of patients, service users and carers into the educations and training process?

- Listen to people who have either been student nurses and or have been patients.

- Evaluation forms completed after treatment
- They have already spent a fortune on this. I think meetings are useful but patients should be given the opportunity to write more down and it should be read by medical staff.
- Get feedback from the PALS service inputted into individual PDR's if pertinent to the individual. Ensure managers and commissioners are aware of the feedback from clients and encourage commissioners to be empathetic to clients concerns which usually relate back to resources and finances. Encourage commissioners to lobby government for more funding to enable a more productive NHS

2.4 What works well already? What doesn't work?

- All the paperwork that nurses have now to fill in takes them away from the primary reason for being a nurse That spends all her duty time in the office instead of working with her patients i.e. Feeding giving drinks etc. a nurse
- Consultations with various organisation and individuals. What does not work - high handed decisions made without any consultations
- The telephone appointments is an excellent service for advice and reassurance. Having to wait two weeks for an appointment for a GP who is the only regular one at the practice does not work well.
- Too many high paid managers and not enough on the ground leaders who understand job roles and impact on client satisfaction

3. Part 2: Information

3.1 What information about health and care do you need and in what form? What kind of information would help you to take more control and have a bigger say?

- Health information given via the Information held by your GP and Hospital and by the patient.
- All available options offered at point of need either by clinician or written word plus the availability to discuss options.
- To be able to talk face to face with a qualified professional (in their field) rather than a worker who has been employed to 'plug the gap' and for that information to be listened too and acted upon in a timely fashion

3.2 What help do you need to make best use of the information out there?

- Being able to see what is written about yourself and the ability to add comments to your notes.
- Discussions with healthcare professionals
- To be able to talk face to face with a qualified professional (in their field) rather than a worker who has been employed to 'plug the gap' and for that information to be listened too and acted upon in a timely fashion

3.3 How should services communicate with you? How do you want to communicate with them?

- By Post and copy by email with a report back to sender that email was received and read.
- I am happy to receive letters or emails but I would like the opportunity to discuss matters with a health care professional
- If I don't need the service I don't need them to communicate with me, however if there comes a time when I need the service I should be able to access it on the phone or face to face as I choose.

3.4 What works well already? What doesn't work?

- Getting three letters in 2 weeks relating to a hospital appointment which should have been done with one letter to save much needed money
- Written communications with instructions on how to contact a healthcare professional. What does not work is not being given information or the opportunity to discuss matters
- Having services close to my home was great, now if I want or need to access services I have to travel - I was told services were to be closer to home/ pram pushing distance - now I need to push my pram on two buses and a train to access the services I need. There were charities able to assist before such as Manchester sick children's but now these are that stretched that I cannot rely on them

4. Part 3: Joined up services

4.1 Do health and care services join up well enough?

- No as Council want to keep there own fiefdom and have not worked with LINK unless their arm was twisted.
- Not always
- Yes
- No - from the point of view of a carer in Oldham the knowledge as to where independent services are for supporting my son in day care are not known by the health service.
- In my opinion they worked very well prior to the current organisational change where the current service is disjointed focused on efficiency rather than the personalisation agenda. The proposed changes in the White Paper could destroy existing relationships with stakeholders.

4.2 What could be done to give people a seamless service?

- For a start working together in all matters relating to health
- The various agencies communicating with each other on a regular basis

- More qualified professional staff available
- Knowledge of all services supporting disabled should be available to all health care facilities in the area.
- Provide a case management structure to ensure seamless transfer's of care and sign posting to services to make most appropriate use of resources. Communication is the key but it requires investment in front line services.

4.3 What are the obstacles to joined up services and how would you like them to be overcome?

- A determined aim to jointly work together.
- One agency not communicating with another and too much red tape
- Not enough staff that are qualified to do the job. Too many people only able to do a small part of the job
- Knowledge of Independent services is essential to the continuing good health of many of the aging and disadvantaged members of society. The capability and service offered must be part of the knowledge network in all health facilities.

- Bureaucracy and government interference.

4.4 What works well already? What doesn't work?

- A determined aim to jointly work together.
- Am currently not in a position to answer as I have never been put to the test personally
- Most of the services are working, just slowly, give more finance to employ more staff to be able to do job more effectively ne efficiently
- Some of the Independent service providers have a very solid base in care. They are not always supported by local government and health care providers.
- Works Well: ability to make own reasoned judgements about how to integrate health and social services. Social and health services have a shared responsibility to provide care and should be able to work in partnership but remain under the organisation of their chosen career.

5. Part 4: The Role of the NHS in improving health and wellbeing

5.1 Should the NHS do more to improve health and wellbeing and prevent illness as well as treating illness?

- Education, educating the population about health matters that can make a difference.
- Yes if possible - by education from an early age
- They do very well with the little resources they have. More money needs to go to preventing illbhealth rather than the current climate of fire fighting and crisis intervention
- Yes. Advice on a healthy diet should be given by all medical staff. Also advice on giving up smoking, taking enough exercise and safe drinking.
- Yes - prevention is considered to be better than a cure!

5.2 If so, where should its efforts best be focussed? Who should do what, and how?

- The LINK should be financed to be able to teach the public of Oldham how to keep away from illness

- Educational displays and presentations in schools, workplaces and town centre shops Advertisements on public transport and in bus and railway stations and other public buildings. Also television and radio campaigns
- Early years and elderly. Qualified nurses rather than workers who have little or no training
- Midwives and health visitors have a vital role in giving advice and practical help. If it is not possible to reach everyone, then women and babies must be a priority. Establishing good habits from the start is much easier than trying to modify behaviour later on.
- Educational resources to the general public, by Professionals, in Workshops held locally, and local press Advertising.

5.3 What works well already? What doesn't work, and how could we make it better?

- We need to go further with the LINK idea and train members of the public how to stay healthy and free of Disease.
- Advertising campaigns e.g. drinking during pregnancy or how to spot a stroke victim
- Do not give GPs more managerial roles. They are not managers they are care givers. Commissioners should be aware of the difference. Giving GPs more power and funding will be detrimental to the life of the NHS.

Multiagency managerial teams with managers who have had training in management rather than staff who have fallen into roles is the answer.

- GP Services are better focussed due to being accommodated within new Health & Wellbeing Centres. The Royal Oldham Hospital has a POOR reputation locally for Health Care and Treatment. It could be made better by Health Care Professionals and the main Trust Body listening to all patient comments and following through on promises previously made.

5.4 Should the NHS do more to improve the health and wellbeing of its staff? How?

- Give all hospital staff flue injections, annual Medicals and Gym facilities
- Yes they should. Affordable healthy meals available in canteens etc. Annual medical checks with emphasis on not smoking etc.
- Absolutely!!! Need more qualified workers with the training and skills and more managers who understand the roles of their staff and are empathetic to the needs of their clients.
- Yes. By implementation of regular screening both physically and mentally.

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