Wigan Borough CCG
Services for the Older You Consultation
Report
14th December 2015

Participate Ltd. Charles House, Princes Court, Beam Heath Way, Nantwich, Cheshire CW5 6PQ
Tel: 0845 094 8191 Email: info@participate.uk.com Web: www.participate.uk.com
ParticipateUK
@ParticipateUK

Co. Reg. 06313232 VAT Registration No. 933 8827 88

Document Control Sheet

Client	Wigan Borough CCG
Document Title	Services for the Older You Consultation Report
Version	02
Status	Final
Client Ref:	
Author	Louise Bradley
Date	14.12.2015
Further copies from	louisebradley@participate.uk.com

Document History			
Version	**Date**	**Author**	**Comments**
01	14.12.15	Participate	Doesn't include social media
02	16.12.15	Participate	Social media now added

Contents

Introduction

The following report contains the insight gathered from the 'Older You' consultation delivered by NHS Wigan Borough CCG (Clinical Commissioning Group), commencing the 8th October and concluding the 4th December 2015. Participate Ltd was commissioned to objectively analyse the feedback from the survey and the meetings conducted.

Background

From our early 50s we tend to begin to need more help from health and social care services. Sometimes we don't need much, for example, a little advice or a short course of medication. But sometimes we need much more long term help, maybe we need a heart bypass, have a condition that will need managing for the rest of our lives, or need support to reduce falls in the home and keep us independent. The older we get, the more likely we are to move towards needing more regular support.

At NHS Wigan Borough Clinical Commissioning Group (Wigan Borough CCG), we constantly review the services we commission. We have been listening to the views of our older patients, their carers and families, along with the views of the consultants, doctors, nurses and other professionals that deliver the services. Lots of the feedback is positive and this is a testament to the knowledge, skill and hard work of our teams of doctors and nurses. However, we are also being told that there are a number of places where services could be improved if we did things differently.

This is to be expected. The NHS was designed in the 1940s in a different world to the one we live in now and for a different generation of patients, with different expectations. The world has moved on. Whilst the NHS has continued to develop new medicines, new techniques and new ways to keep people alive, the essential structure of the NHS hasn't changed enough to reflect modern generations and modern technologies.

As well as needing to change to meet the needs of our current patients, the NHS is under huge financial pressure and has to ensure that the services it delivers are sustainable for the years to come.

The population of our Borough is changing. The number of older people in our Borough is increasing because we are living longer lives. This means that our services are needed more than ever.

We want to make sure that as you age, you age well and safely remain independent in your own homes for as long as possible. This will mean we can make the services for older people better now and sustainable for the future.

Executive Summary

Survey Responses

Summary of Findings

- The following findings are based upon 47 completed questionnaires
- Not all participants answered all questions

INTRODUCTORY

- 68% have given thought to their care needs when they are older, 13% stated that they haven't and 19% were not prepared to say.
- Increased medical needs received the highest consideration at 23%, closely followed by lifestyle and mobility needs (21%).
- 30% felt they would need support from a good NHS and care system. 23% mentioned the importance of testing and screening for early detection of illnesses. 21% mentioned keeping fit and active. Other considerations included the need for a good doctor, good diet, care in their own home, good carers, community and friendship and specialist equipment.
- 55% think that the proposals look fine, with 30% not giving a view and 6% unsure if they do. Nearly a quarter are unconvinced that they can be delivered due to financial and resource limitations.
- A wide range of health problems were mentioned. Chiropody / Podiatry were the highest single complaint mentioned with 17%, followed by opticians and eye care at 13%. General check ups and blood tests / screening are seen as important preventative services.
- Transport issues were seen as a key area to address. 57% felt the centres needed good public transport links, with 21% requiring suitable car parking and 19% good road access. The need for disabled access (ramps, toilets etc) was identified by 11% of respondents.

YOUR CARE PLAN

- 34% were not able to state what they wanted included. 17% were looking for a regular health and wellbeing check up. 11% mentioned being notified in advance of appointment dates and times, 11% wanted understanding and empathetic carers
- 57% prefer a hard copy of their care plan, 19% want a copy which can be updated. 17% want their plan online, with accessibility and security concerns mentioned. 32% did not comment

WORKFORCE

- 36% did not comment and 23% had no concerns about a specialist nurse led model with GP support. 13% were concerned about sufficient staff and time to see patients. Good well qualified staff were seen as key. 6% didn't like the term geriatric as they felt it was degrading.

SPECIALIST HOSPITAL UNIT

- 49% would expect to go to a specialist unit, with 17% expecting to go to A&E and 4% stating something else. Nearly a third did not say.
- 17% stated that their chosen option was the fastest access for emergency care, 13% thought that it provided a better option than A&E for recurring care needs, 13% felt that A&E were not trained in elderly care and 13% thought that it would provide a good assessment of their condition.
- 43% think that having the correct assessment by a professional is the most important thing when taken to hospital unexpectedly and are very poorly. 38% mentioned speedy treatment and 32% having staff with the time to listen and be caring.
- 21% feel that the specialist hospital unit needs to employ the right staff. Soft skills are seen as important as 17% think it needs to show care and compassion, 11% courtesy. 9% want fast track diagnosis.
- Over 70% either had no experience or did not comment. 9% thought qualified staff would improve care home experience. 6% thought that personal hobbies and interests

should be encouraged with 6% feeling that more transparency and inspection by bodies such as the CCG and healthwatch would improve things.

GENERAL

- 49% could give no reason why the changes would affect them more than any other person. Just 15% thought the changes would affect them more and gave a range of personal reasons
- When asked how to overcome these issues, only 30% felt able to answer. 6% suggested a culturally diverse workforce, 4% said don't ask with a further 4% suggesting equality and diversity training.
- 19% did not have a different proposal for service delivery and 57% did not give an answer. The number of centres and their location was raised by 4% and sufficient training was mentioned by 4%. A wide range of other suggestions were made.
- 15% said they did not having anything else to say and 49% did not give an answer. 4% felt that the 10 key themes covered everything with 4% feeling offended by the "Older You" title which they thought was ageist. A range of other concerns were raised relating to the areas covered and things which adversely affect older people.

Meetings

Summary of Findings

- Lack of service provision for the elderly and poor awareness of existing services
- Older people are frightened to ask for help with home adaptions and long waiting list
- People need to ask for help and service needs to go to their home
- Need access to social care, mental health services, dementia services and care, a Community Geriatrician or Specialist Community Geriatrician nurses.
  health professionals e.g. physiotherapy, OT and increased District Nursing support, ear syringing and hearing assessments dependent on need identified by the GP
- Health checks and prevention key to better outcomes and longer term cost savings
- Provide a better joined up service combining different NHS services
- Electronic frailty index would be a useful tool to identify those eligible for early intervention and prevention services - Index may duplicate processes, identify high demand, used to avoid admission and issues about training for use

- A lot of information is available online but not accessible to some due to poor computer access or lack of IT ability – some will need hard copies
- Requirement for local facilities with adequate skilled staff available
- Needs to be accessible by public transport and have good road links
- Issues with public transport / ring and ride / community transport need addressing
- Concern around capacity in the system to cope with demand – 24/7 operation?
- How do you measure and ensure quality of carers
- Who to contact in an emergency – signposting to appropriate resource
- Hospital discharge process poor – sometimes due to medication delays
- Need for more shared decision making – people owning their own care and feeling confident to challenge something – patients input into their care plan
- Shared access to patient records and medication – record travels with the patient
- Problem of dividing medical and social care – where does dementia fit?
- Need to include mental health as well
- Need to personalise end of life needs to ensure patients wishes are considered
- Favourable feedback on the consultation document with concerns about quality and ownership
- Concern about definition of “elderly” and dislike of the term “geriatric”
- Maintaining well being - not just medically focussed, quality of life important too
- Encourage hobbies and socialisation to reduce isolation and loneliness
- Open ended budget allows for aspirational service and quality staff
- A nurse led service needs clinical and medical oversight from GP’s
- System needs accountability and to be able to rapidly access diagnostic and A&E resources
- Geriatric nurses don’t currently exist – how do we develop them?
- Geriatric special units need to be located in A&E – not so at present
- Treatment available to reflect patients needs
- Some preferred specialist unit but others preferred A&E resource
- Elderly patients need a calm environment and to be seen quickly by caring and qualified staff

Analysis of Survey Responses

This section of the report provides a detailed analysis of the responses to the Services for the older you Survey.

INTRODUCTORY

Q1. Have you given any thought to what your care needs might be when you are older?

Coded Response	Number	Percent
Yes	28	60%
Increased medical needs	11	23%
Lifestyle / mobility changes	10	21%
Not Stated	9	19%
No	6	13%
Need help around house or transport	6	13%
Hope help is available in future when I need it	5	11%
A little	4	9%
Annual tests to detect future problems	3	6%
May need home GP or nurse visits	1	2%
Total	**47**	**1**

Over two thirds of respondents (68%) have given thought to their care needs when they are older, with just 13% stating that they haven't and 19% not prepared to say. Increased medical needs received the highest consideration at 23%, closely followed by lifestyle and mobility needs (21%).

Q2. What do you think you will need to help you stay well and independent?

Coded Response	Number	Percent
Good NHS / Care system	14	30%
Good testing / screening service	11	23%
Not stated	11	23%
Exercise / active living classes	10	21%
Good doctor	8	17%
Diet	7	15%
Home care	5	11%
Good carer	3	6%
Community and friendship	3	6%
Specialist equipment e.g. stair-lift	3	6%
Enquiring mind	2	4%
Dedicated centralised support	2	4%
Vetting and reasonable cost of equipment / services	2	4%
Appropriate accommodation / bungalow	2	4%
Luck	2	4%
Transport	2	4%
Continuing hospital aftercare	1	2%
Local shops	1	2%
Don't class me as geriatric	1	2%
Healthcare advice and guidance	1	2%
Warmth	1	2%
Define independent	1	2%
Total	**47**	**100%**

Nearly a third felt they would need support from a good NHS and care system. Nearly a quarter noted the importance of testing and screening for early detection of illnesses. Over a fifth recognised the need to stay fit and active and sought support to enable them to do this. 17% said good doctor. 15% highlighted good diet, 11% care in their own home, 6% good carers, 6% the benefit of community and friendship and 6% specialist equipment.

Q3. How do you think the proposals laid out in this consultation document would meet or fail to meet your needs?

Coded Response	Number	Percent
Proposals look fine	26	55%
Not stated	14	30%
But can they be delivered? Financial limitations / government support?	11	23%
How long to implementation	3	6%
Not sure	3	6%
Centres need to be local	3	6%
Will they be continuous and for the benefit of all	1	2%
Better explanation of tests and results	1	2%
Don't like the sound of specialist units for the elderly	1	2%
Missing major issue of dementia and dying pathways	1	2%
More social care and specialist rehab units	1	2%
Better facilities for elderly people with sight problems	1	2%
Happy carers	1	2%
Nothing about prevention and transition from working age into elderly	1	2%
Total	**47**	**100%**

Over half (55%) think that the proposals look fine, with 30% not giving a view, 6% are unsure if they do. Nearly a quarter are unconvinced that they can be delivered due to financial and resource limitations. 6% are concerned about how long they will take to implement with 6% stating that the centres will need to be local.

Q4. What services do you think need to be included in a Specialist Community Centre to make it useful for you?

Coded Response	Number	Percent
Chiropody / Podiatry	8	17%
Optician / eye care	6	13%
Blood Tests	5	11%
Everything	5	11%
Annual / regular checks and screening	4	9%
X Rays	4	9%
Elderly care	4	9%
Extended opening hours	3	6%
Explanation of test results / advice	3	6%
Diagnostic equipment	3	6%
Physio	3	6%
Dietician	3	6%
GP service	3	6%
Hearing tests and equipment	3	6%
Weight loss clinics	2	4%
Dentistry	2	4%
District nurse	2	4%
Mental health	2	4%
Groups for people with the same condition to meet	2	4%
Keep it open, don't close it	2	4%
Heart / Pacemaker check up	2	4%
Too far for some with long life expectancy to travel	2	4%
Minor surgery	1	2%
Flu jabs	1	2%
Too many required to be feasible	1	2%
Ear syringe	1	2%
Pharmacy	1	2%
Help with form filling DVLA etc	1	2%
Keep fit	1	2%
Pain management	1	2%
Help for carers	1	2%
Stroke	1	2%
Respiratory complaints	1	2%
Social care support for help at home	1	2%

Coded Response	Number	Percent
Decent refreshments	1	2%
Enough time to treat each patient	1	2%
Not stated	16	34%
Total	**47**	**100%**

The wide range of health problems which need to be covered is demonstrated here. Chiropody / Podiatry is the highest single complaint mentioned with 17%, which demonstrates the importance of older people remaining mobile. Opticians and eye care is the next most mentioned at 13%, showing the importance of good eyesight to quality of life. General check ups and blood tests / screening are seen as important preventative services. There is also evidence of general help, care and support. Over a third of respondents were unable to comment.

Q5. If we located one centre each in Ashton, Leigh and Wigan, what are the most important things we should consider to make the location accessible for you?

Coded Response	Number	Percent
Bus service / public transport	27	57%
Not stated	13	28%
Car parking	10	21%
Road access	9	19%
Disabled Access	5	11%
Arranged patient transport / Ring and Ride	5	11%
Locate centres in areas with large elderly populations	3	6%
Taxi Availability	2	4%
Can't answer / don't know where it will be	1	2%
Choice of which centre	1	2%
Well lit	1	2%
Make it like Golborne clinic	1	2%
Consider effects of speedier elderly referral service on other service users	1	2%
Accessible opening hours	1	2%
Keep it small	1	2%
Well signposted	1	2%
Total	**47**	**100%**

Nearly all the responses here relate to transport issues. Over half of respondents felt the centres needed good public transport links, with elderly people more likely to rely on public

transport. Over a fifth required suitable car parking and 19% good road access, which highlights the need to consider private car users needs. With a higher proportion of disabled people in the higher age groups, the need for disabled access (ramps, toilets etc) was identified by 11% of respondents. Other main considerations were patient transport and locating the centres in areas of high elderly populations.

YOUR CARE PLAN

Q6. What would you want to have included in your care plan?

Coded Response	Number	Percent
Not stated	16	34%
General health and wellbeing reviewed regularly	8	17%
Good notification of time and date	5	11%
Understanding carers who can empathise	5	11%
Straightforward Interview / simple explanation	4	9%
Patience when dealing with elderly	4	9%
All medical history	4	9%
Contact details for professional staff	4	9%
Being involved in formulating the plan	4	9%
Don't know	4	9%
Everything	3	6%
Agreed action plan based on potential outcomes	2	4%
Family history	2	4%
Well trained medical staff	2	4%
Start, middle and end	1	2%
Workable timescale	1	2%
Ability to be accompanied	1	2%
Will the care plan be mandatory / legal?	1	2%
Full contact details	1	2%
Include mental health issues	1	2%
Include religious beliefs	1	2%
Access to 24/7 emergency number	1	2%
Wheelchair availability	1	2%
Total	**47**	**100%**

Over a third were not able to state what they wanted included. 17% were looking for a regular health and wellbeing check up. Being notified in advance of appointment dates and times was important to 11% of respondents. Having understanding and empathetic carers

was important for 11% of respondents. Most of the other comments related to the detail recorded and encompassed in the plan and the support networks.

Q7. How would you want to have your care plan given to you and how would you want to be able to update it? (for example, a hard copy you can write on, or an online copy you can edit, etc).

Coded Response	Number	Percent
Hard copy	27	57%
Not stated	15	32%
One I can access and update	9	19%
Online	8	17%
But my needs may change over time.	6	13%
Whose job is it to update it?	1	2%
Total	**47**	**100%**

The majority prefer a hard copy (57%) but nearly a fifth want a copy which can be updated. Only 17% want their plan online, with accessibility and security concerns mentioned. Naerly a third (32%) declined to make a comment.

WORKFORCE

This is a specialist nurse-led model, with GP's supporting in early intervention and ongoing management and specialist geriatric consultants supporting the most "in need" patients.

Q8. Do you have any concerns about this? How do you think we could overcome these concerns?

Coded Response	Number	Percent
Not stated	17	36%
I have no concerns	11	23%
More staff / more time for patients	6	13%
Need good staff who see it as a vocation	4	9%
Well qualified workforce leader	4	9%
Don't like term Geriatric	3	6%
Good doctors service	2	4%
English speaking necessary	2	4%
Improvement on what we have	1	2%
Want more regular appointments	1	2%
Want better feedback from professionals	1	2%
Don't know	1	2%
Electronic updates for doctors	1	2%
Concerned that it won't actually happen.	1	2%
Doesn't cope with hard to reach. Need a phone line for contact.	1	2%
Does mental health carry the same importance	1	2%
What if the unit is over capacity	1	2%
What if geriatric patient has pre existing other conditions	1	2%
Need support from GP's	1	2%
Total	**47**	**100%**

Over a third (36%) did not comment and nearly a quarter (23%) had no concerns. The highest concern was that there would be sufficient staff to provide the necessary time to see patients. Good well qualified staff were also seen as important to some. 6% didn't like the term geriatric as they felt it was degrading.

SPECIALIST HOSPITAL UNIT

Q9. If you go to hospital unexpectedly and are very poorly, would you expect to go to:

Response	Number	Percent
A specialist unit	23	49%
A&E	8	17%
Other	2	4%
Not stated	14	30%
Total	**47**	**100%**

Nearly half (49%) would expect to go to a specialist unit, with 17% expecting to go to A&E and 4% stating something else. Nearly a third did not say.

Other comments were:

"This should ease pressure on A&E"

"With short waits for sober elderly or kids"

Q10. Why did you choose this option?

Coded Response	Number	Percent
Not stated	13	28%
Fastest access for emergency care	8	17%
Better option than A&E for recurring care	6	13%
A&E not trained for elderly care	6	13%
Good assessment of your condition	6	13%
A&E should be for emergencies	5	11%
Less distress	3	6%
Improve A&E waiting times	3	6%
Because A&E do an excellent job	3	6%
Better equipped for age group	2	4%
Hope they all have good facilities	2	4%
Most sensible choice	2	4%
How do you choose when units close at set times	1	2%
Poor personal experience of A&E	1	2%
Treated with more respect	1	2%
Dignity and help contacting family	1	2%
Only if it's not a "geriatric care unit" where you are sent to die	1	2%
All relevant information should be available	1	2%
Better the devil you know	1	2%
Total	**47**	**100%**

17% stated that it was the fastest access for emergency care, 13% thought that it provided a better option than A&E for recurring care needs, 13% felt that A&E were not trained in elderly care and 13% thought that it would provide a good assessment of their condition. A further 11% felt that A&E should be just for emergencies. A range of other reasons were given.

Q11. What is important to you when you are taken to hospital unexpectedly and are very poorly (for example, when you are taken to A&E)?

Coded Response	Number	Percent
Correct assessment by a professional	20	43%
Speedy treatment	18	38%
Have staff with time to listen / caring	15	32%
Not stated	14	30%
Respect, Dignity and privacy	10	21%
Keep me informed of options available	5	11%
Bed availability	3	6%
Case history available	2	4%
That I am kept as comfortable as possible	1	2%
Palliative care available where appropriate	1	2%
Address A&E timewasters	1	2%
Total	**47**	**100%**

43% think that having the correct assessment by a professional is the most important thing when taken to hospital unexpectedly and are very poorly. Speedy treatment was next most mentioned at 38% with having staff with the time to listen and be caring important for 32%. Other key options were to treat patients with respect, dignity and privacy (21%), being kept informed of available options (11%) and bed availability. Respondents also mentioned available case histories, being kept comfortable, having palliative care available where appropriate and addressing time wasters in A&E.

Q12. What might the specialist hospital unit need to do to meet your needs?

Coded Response	Number	Percent
Not stated	18	38%
Employ the right staff	10	21%
Care and Compassion	8	17%
Courtesy	5	11%
Fast track test diagnosis	4	9%
Depends on my needs	3	6%
Have the right equipment	3	6%
Provide reassurance	3	6%
Based locally	2	4%
Access to my medical records	2	4%
Speed of treatment	2	4%
Open 24/7	1	2%
Don't know	1	2%
Provide dignity in death	1	2%
Separate mentally and physically frail	1	2%
Public transport access	1	2%
Disabled facilities	1	2%
Parking	1	2%
Keep in touch with my own doctor	1	2%
Good communication & updates	1	2%
Have always been treated well	1	2%
Would need to meet my diabetes needs	1	2%
Need specialists rather than generalists	1	2%
Stroke / cardiac problems	1	2%
Don't leave me on my own for a long time	1	2%
Why special unit, boost the existing units	1	2%
Total	**47**	**100%**

Over a fifth of respondents (21%) feel that the specialist hospital unit needs to employ the right staff. Soft skills are seen as important as 17% think it needs to show care and compassion, 11% courtesy. 9% want fast track diagnosis. A range of specific personal requirements are in evidence which demonstrates the importance of individualized care.

Q13. If you have experience, either as a patient or carer, of being in a residential or care home, please tell us how could this experience have been improved:

Coded Response	Number	Percent
Not stated	22	47%
No experience	11	23%
Qualified quality staff	4	9%
Encourage personal hobbies and interests	3	6%
Transparency / inspection / CCG / Healthwatch involvement	3	6%
By not having to go in one	2	4%
Don't make them a place to park people while they die	2	4%
Care for residents	2	4%
Organise games and days out	2	4%
De institutionalise	2	4%
Individual menu choice	2	4%
Better cleanliness & hygiene	2	4%
Not profit led	1	2%
Don't let staff play with phones all day	1	2%
Dreadful personal experience in intermediate care	1	2%
Treat with dignity	1	2%
Language to prevent mistakes	1	2%
Issues mixing non dementia patients with dementia	1	2%
Total	**47**	**100%**

Over 70% either had no experience or did not comment. 9% thought qualified staff would improve care home experience. 6% thought that personal hobbies and interests should be encouraged with 6% feeling that more transparency and inspection by bodies such as the CCG and healthwatch would improve things. Other comments related to better treatment of service users and environmental improvements such as hygiene and better food choices.

GENERAL

Q14. Do you know of any reason why these proposed changes would affect you more than any other person? (for example, due to sexuality, gender, race, religion, etc)

Coded Response	Number	Percent
No reason	23	49%
Not Stated	17	36%
Benefit those with autism	1	2%
As a gay man I prefer male practitioners	1	2%
Because British	1	2%
Because I'm human	1	2%
Don't want to know you when you are old	1	2%
Lone males seem to do badly	1	2%
Confidentiality should be highest importance	1	2%
Need to take religion into consideration	1	2%
Total	**47**	**100%**

Nearly half (49%) could give no reason why the changes would affect them more than any other person. Of the 15% who thought the changes would affect them more than any other person, the reasons included being of benefit for those with autism, gay men preferring male practitioners, being British, being human, people don't want to know when you are old, lone males seem to do badly, confidentiality should be the highest importance and a need to consider religious beliefs.

Q15. How can we overcome this?

Coded Response	Number	Percent
Not stated	33	70%
Don't know	4	9%
Culturally diverse workforce	3	6%
Don't ask	2	4%
Equality and diversity training	2	4%
Being considerate	1	2%
Listening to concerns and problems	1	2%
Lay on ground	1	2%
Trainees talking to older people	1	2%
Openness, reassurance & confidentiality	1	2%

Total	47	100%

Only 30% felt able to answer this question. 6% suggested a culturally diverse workforce, 4% said don't ask with a further 4% suggesting equality and diversity training. Other comments related to being considerate, listening to concerns and problems, lay on the ground, trainees talking to older people and openness, reassurance and confidentiality.

Q16. Do you have a different way or alternative proposal for how this service could be delivered that you would like us to consider?

Coded Response	Number	Percent
Not stated	27	57%
No	9	19%
As many centres as possible to make them local	2	4%
Sufficient training	2	4%
Use existing GP surgeries and move specialists around them	1	2%
Give patients their own room and clothes	1	2%
Ask the nurses for their ideas	1	2%
Ensure that there are enough expert staff	1	2%
Make it meaningful, cut time to receive treatment	1	2%
Consider prevention activity	1	2%
Give staff time to treat patients	1	2%
Consider travelling times for patients	1	2%
Could use church halls	1	2%
Telephone reassurance service	1	2%
What about dementia care and dying	1	2%
Paid for services versus free to access?	1	2%
Whats the point	1	2%
Total	**47**	**100%**

Over half did not give an answer and a further 19% did not have a different proposal for service delivery. The number of centres and their location was raised by 4% and sufficient training was mentioned by 4%. 2% thought existing doctors surgeries should be used with specialists rotating around them, patients should be given their own rooms and clothes, nurses should be asked for ideas, enough expert staff should be employed, it should be meaningful and cut time for treatment, prevention activity should be considered, staff should have sufficient time to treat patients, travelling times for patients should be taken into account, church halls could be used, there should be a telephone reassurance service, those with dementia care needs and those dying need to be included, definition of paid for services versus free to access and one respondent questioned what the point of it was.

Q17. Is there anything else you would like to tell us that you haven't yet had the opportunity to do so?

Coded Response	Number	Percent
Not stated	23	49%
No	7	15%
10 key themes cover everything	2	4%
Offended by "Older You" title / ageist	2	4%
Discharge from hospital	1	2%
Doubt you read this	1	2%
Elderly autism often undiagnosed and poorly treated	1	2%
Elderly people at risk of isolation	1	2%
Need good primary care to reduce need for secondary care	1	2%
Good street lighting / pavements etc avoids falls	1	2%
Concerned about care in care homes	1	2%
Should do something about health tourism	1	2%
Need access to an understanding doctor	1	2%
Dementia testing and care	1	2%
Mobility, sight and mental well being essential	1	2%
Different economic social groups	1	2%
What about chronic and acute conditions	1	2%
Poor parking	1	2%
Risk of duplication	1	2%
Service good at present	1	2%
Poor service at present	1	2%
Total	**47**	**100%**

Nearly half (49%) did not answer and a further 15% said they did not having anything else to say. 4% felt that the 10 key themes covered everything with 4% feeling offended by the "Older You" title which they thought was ageist. A range of other concerns were raised relating to the areas covered and things which adversely affect older people.

Equality Monitoring

Please provide at least the first three digits of your postcode

Postcode	Count	Percent
Not stated	23	49%
7EP	1	2%
IJE	1	2%
WA3	7	15%
WN2	1	2%
WN3	3	6%
WN4	1	2%
WN5	3	6%
WN6	5	11%
WN7	1	2%
WN8	1	2%
Total	47	100%

Ethnicity

Ethnicity	Count	Percent
Not stated	9	19%
White British	38	81%
Total	47	100%

Age

Age	Count	Percent
Not stated	18	38%
45 - 74 *	1	2%
45 - 54	3	6%
55 - 64	5	11%
65 - 74	14	30%
75+	6	13%
Total	47	100%

*one respondent answered 3 different age groups

Gender

Gender	Count	Percent
Not stated	13	28%
Both *	1	2%
Female	20	43%
Male	13	28%
Total	47	100%

*One respondent answered male and female

Gender Identity

Is your gender identity the same as the gender you were assigned at birth?

Gender identity same as birth	Count	Percent
Not stated	9	19%
Yes	38	81%
Total	47	100%

Relationship Status

Relationship status	Count	Percent
Not stated	9	19%
Co-habiting	3	6%
Married	24	51%
Prefer not to say	1	2%
Single	6	13%
Surviving civil partner	1	2%
Widow	3	6%
Total	47	100%

Faith

Faith	Count	Percent
Not stated	7	15%
Atheist / None	5	11%
Christianity	34	72%
Prefer not to say	1	2%

Total	47	100%

Sexual orientation

Sexual Orientation	Count	Percent
Not stated	10	21%
Gay	1	2%
Heterosexual / Straight	35	74%
Prefer not to say	1	2%
Total	47	100%

Disability

Do you consider yourself to be a disabled person?

Disability	Count	Percent
Not stated	9	19%
No	24	51%
Yes	13	28%
Prefer not to say	1	2%
Total	47	100%

If you have answered 'yes' please tick the box(es) below that best describe your impairment.

Disability Type	Count	Percent
Hearing	6	46%
Visual	2	15%
Long term	8	62%
Learning	0	0%
Impaired memory	1	8%
Mental Illness	2	15%
Communication (speech)	0	0%
Mobility or physical	10	77%
Other mobility	0	0%
Total	13	100%

Residency

Are you British / United Kingdom citizen?

Are you a British / United Kingdom citizen	Count	Percent
Not stated	8	17%
No	1	2%
Yes	38	81%
Prefer not to say	0	0%
Total	47	100%

Employment status

Relationship status	Count	Percent
Not stated	9	19%
Employed / Self employed	8	17%
Retired	28	60%
Retired and Employed / self employed	1	2%
Prefer not to say	1	2%
Total	47	100%

Service personnel and their families

Are you currently serving or have previously served (are a veteran) in the UK armed forces?

Serving or veteran military	Count	Percent
Not stated	20	43%
No	27	57%
Total	47	100%

Are you a member of a serviceman or women's immediate family?

Member of service family	Count	Percent
Not stated	16	34%
Yes	3	6%
No	28	60%
Total	47	100%

Are you a reservist or in any part time service such as the Territorial Army?

Reservist / Territorial Army	Count	Percent
Not stated	18	38%
No	29	62%
Total	47	100%

Caring Responsibilities

Are you a carer?

Caring responsibilities	Count	Percent
Not stated	13	28%
Both	1	2%
No	29	62%
Yes	3	6%
Prefer not to say	1	2%
Total	47	100%

Meetings and Other Responses

Summary of Findings

Lack of provision for elderly

- Lack of service provision for our elderly population
- Make people more aware of the services that are out there
- Help from these services and workers/staff taking more care – as some are impatient with older people

Care at home

- Frightened to ask for help as in their generation they were not brought up to ask for anything – very independent
- Even if people do ask for adaptions, there is a very long waiting list
- Do Wigan Council check all of their care agencies?
- People generally only ask for help when it is a last resort/necessary
- Also only ask for help if they have already fallen, have recently become ill or are slowly deteriorating
- Even if people do ask for help, they don't ask for what they actually need e.g. specific equipment
- The group were asked whether people would rather come to us or we come to them? The answer was that people would prefer us to ask if they need help, to go to them and make ourselves visible if any help is needed
- We need to make the initial step because as stated above, older people do not like asking for help
- Keep patients at home as much as possible and bring specialist skills to patient

Specialist care areas highlighted

- Need access to social care, mental health services, dementia services and care, a Community Geriatrician or Specialist Community Geriatrician nurses.
- Also need access to allied health professionals e.g. physiotherapy, OT and increased District Nursing support weighted towards the demographics of individual practices.

We also need access to ear syringing and hearing assessments dependent on need identified by the GP.

Prevention services needed

- Disappointed that the Over 75 health checks were stopped
- Cost to patient for early intervention / prevention?
- Are people aware of the prevention aspect?
- We react to crisis which costs us more money in the long run – so if we prepare earlier it will provide a better service and also save us money
- How can we have a wider visit/conversation and tackle all areas rather than each service attending?
- Assessments need to be done a lot earlier in life, because by the time people reach retirement age it is too late
- One lady within the group suggested a possible 'MOT' at 75
- We are working on telling people about the asset based approach and the different type of conversations that we will be having
- We asked the group do they feel that we are heading in the right direction by using this approach – to which they replied yes
- I have to have a blood test every three months – sometimes at the practice sometimes at the hospital –no reminder from anyone and sometimes they forget and I have to remind them.
- Electronic frailty index would be a useful tool to identify those eligible for early intervention and prevention services - Removes subjectivity, Carers and all professionals involved, Self referral , patients having awareness of how to self refer, Method of identifying warning indicators at all touch points, Managing those excluded by the index of >75 years of age, Identify palliative care pathways, Tool for not just medical practitioners, need to include families and carers and need to use non-medical practitioners
- Index may duplicate processes, identify high demand, used to avoid admission and issues about training for use
- Clarification required on the specifics of the index
- Important to get early invention and prevention embedded in all clinical pathways e.g. clinical housing, voluntary sector – awareness and education
- Need to promote and embed in link workers etc

Hard copy or online

- The group feel that a lot of information goes onto the Internet and this is missed by some individuals as they don't have a computer or do have a computer but don't know how to use it - therefore isolating people
- Keep in touch of what is going on in the world
- What happens to the people who can't use technology? – More and more information is going online

Local services required

- Need adequate staffing of District Nursing Treatment Room sessions within the patient's locality to prevent them having to travel all over the borough.
- We would like to be able to provide accessible local services for our ageing population but even if these were available we do not have any extra room capacity in our current practice premises.
- Walking is encouraged on TV – such as active living and to go out in groups
- Organised walks are good as they encourage social interaction and are different routes and lengths of time, fresh air and exercise
- Telling the public about services and events that are running through publishing leaflets – there appears to be a gap as the group didn't feel that the local Council give them enough information
- District nurses seem to be disappearing – are we going to lose more?

Concerns about staffing requirements

- Concern raised about whether there are enough staff for the community hubs proposed.
- Concerns re need to avoid putting pressure on staff who are already under pressure and asking them to do more
- Would the specialised frailty unit be staffed 24/7

Concerns about carers

- Concern specifically about carers – how we measure quality of care they deliver, competencies, time they have etc
- I'm a carer – what system is in place if anything happens to me to help the person I care for? Who would know that something needed to be done in the instance that I was unable to tell anyone?

Hospital discharge process

- Hospital discharge process poor – sometimes due to medication delays

Shared decision making

- Need for more shared decision making – people owning their own care and feeling confident to challenge something – moving away from seeing Doctors as God
- Patient needs to be input into their care plan and be listened to. They also need to be empowered to speak if they don't feel something is right or if something is no longer applicable. The care plan also must be understandable to all and be owned by the patient

Who to contact in emergency / out of hours

- Concerns re who will look after the patient in the community and who they could call at 2am if they had an issue

Patient notes / medication

- At SRFT the patient will go in with a book/list of their medication – this will prevent issues in A&E. (discussed re share to care)
- Share to care sharing of records no good in Leigh and beyond – Bolton Hospital cannot access my records

Care homes & hospices

- Problem of dividing medical and social care – Dementia is missing from this discussion (out of scope of the consultation) but a huge issue.

End of life care

- End of life care needs attention and need to think outside the box re this
- Any advance directions / decisions around death

Specific feedback on consultation document

- Themes in consultation document are promising
- Need to make sure the service will be of quality
- Do we have a national NHS?? – there seems to be lots of different groups all working independently

- Who decides who gets to see a community link worker? How do you get referred to one?
- Need to distinguish between what the NHS want and what the government want – is this just a move towards more privatisation??
- How did you get the data re 40% shouldn't have visited their GP? Can you show the evidence of the 40%?
- No good grouping everyone together who is over the age of 50 and calling them a geriatric. We are not all the same.

Care Plan content

- Contact details: Carers information, Next of kin, Contact numbers for family / carer, Who do you care for and how will it impact on them if you are unwell, Who does my shopping if I am unwell, who will look after my pets
- History/Medication/Tests: Relevant medical history and medications, diet, exercise
- Professionals involved in care, Based on Integrated Neighbourhood Team current care
- Maintaining well being not just medically focussed
- Diagnosis LTC, end of life care responsibilities co-morbidities, Diagnostic/results are for patient to update between exacerbations to inform any changes to plan be agreement, Symptoms of relapse and what professionals would need to do, What is 'normal' and what is not, Mobility
- What services you use outside medical services, What my health priorities are? E.g. I might not want to live longer, but want to live a better life and spend quality time with the people who are important to me, Risks – What I shouldn't have e.g. medication allergies, intolerances, Psycho social questions to triggers information about depression and social isolation.
- Last 2 year contacts with professionals
- Communication: Preferred method of communication, Escalation steps including who to contact, Who is responsible, Up and coming important dates e.g. review dates for medication, Who to contact when things go wrong, For people without capacity, a list of those who have power of attorney and who can make decisions on the patient's behalf, Who I am happy to share my information with
- Care plan: Co-authored personalised care plan with patient/family and carers, Self help/self management, Goal/aim/objectives, Agreement approach, Who is doing what including patient, Plan of what will happen when I am admitted to hospital, Living will, Transport – How am I getting around?

- Approach to include: Shared decision making, Patient led, Who is the target audience – Professionals, patients, carers, all?
- Preferences for updating care plan: Patient choice, All formats need to be available, Hand held record including personal details, Use of assistive technology, Paper and electronic, dongle, app on phone, Going forward move to IT but need to cover hard to reach groups, IT solution and options to print for patients, Patients need access to their care plan
- Updating care plan options: Shared approach with controlled access and ability to edit and available to all health professionals

Costs / budgets

- Happy to hear there is no cost target associated and allows us to be aspirational for services we want for older people. Resources needed to deliver such as service are not cheap – recompense at the right level – retain good quality staff

Transport

- What are the issues / borough wide?
- Access to buses – step height, poor assistance from drivers, full
- Irregular service and crowded
- Majority dependent on buses
- Effects of roadworks / traffic lights
- Can ring and ride be used for transport to surgery? / bad experience with R&R
- Ring and ride often don't have capacity
- Community travel poor / don't cover all of borough
- Few people car share
- Taxi often not suitable e.g. wheelchairs / sliding doors

Reduce isolation and loneliness

- Tai-chi teaches you how to relax and also how to calm down when you are stressed
- Keeps the mind and body active, stops isolation
- When focused on a task, you do not think about other problems or issues
- Social aspects are good as they encourage friendships of people who are interested in similar things
- How you are going to address my social isolation/loneliness

Concerns about specialist nurse led service

- Joint working and governance
- 24/7 service
- Needs to be supported by defined cohorts and conditions. Could the unit deal with UTI's, falls, depression, diabetes?
- Clear pathways, roles and responsibilities, accountability, escalation process, an integrated team approach across the whole system
- Workforce : Medical overview by GP or Consultant. Overall responsibility for a patient should sit with the GP, patients want qualified leader, need to include Pharmacy, nursing, AHP, doctors, social worker, mental health, A&E "brand" was very strong and trusted
- Rapid access to diagnostic and A&E
- What about medical insurance?
- How do you develop geriatric nurses?
- Who is included / excluded?
- Who has clinical responsibility?
- Need clear guidelines to protect patients / staff
- Nursing staff need strong links to medical oversight

If you or your family go to hospital unexpectedly and are very poorly, would you and your family prefer to go A and E, a Specialist unit, other?

- Need to consider patient experience, carer, family experience and place that best decisions can be made
- "Geriatric Specialist Unit" is co-located with A&E - 60% not co-located with A&E at present
- Assessment centre approach adjoining A&E to provide specialist care to this cohort of patients, and will have a number of specialist short-stay beds.
- Current bed capacity is an issue
- Consideration needs to be given to the terminology frail elderly ward
- It depends on what is wrong with a person, how acute the illness is and what skill set is required to deal with and treat the patient. There was mixed responses from the table about whether A&E or a Specialist unit would be preferred.
- Whichever option is chosen it needs to be able to respond to physical and mental health.

- Needs to be a calm environment where patient is seen quickly with enough time to make a decision that meets the patients needs and choice
- Need caring and appropriately qualified staff
- Appropriate prioritisation and swift access to tests.

Social Media

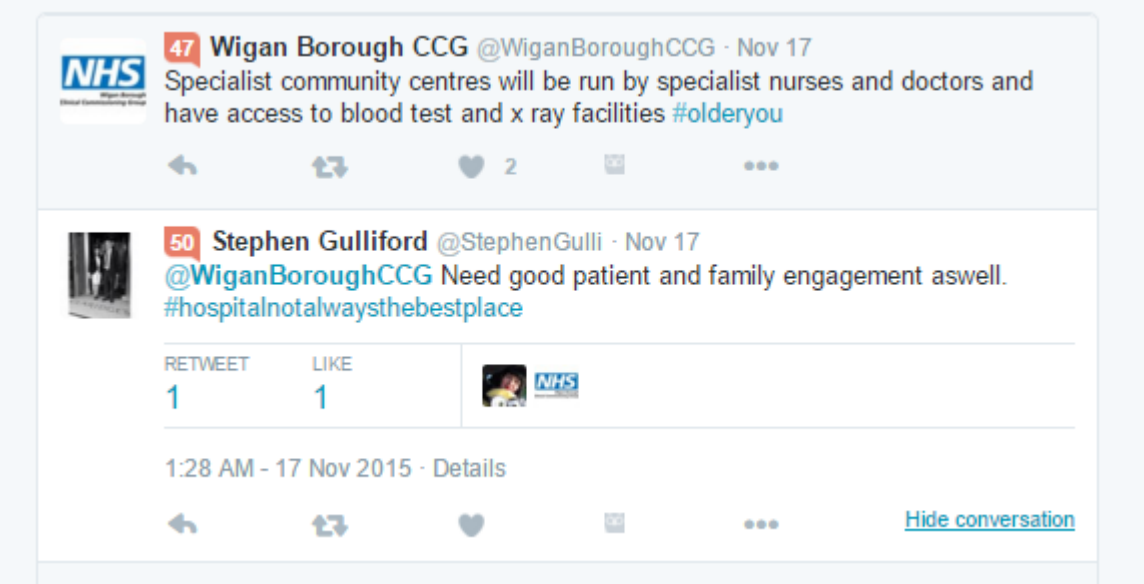
During the consultation the CCGs undertook a programme of social media engagement. The CCG posted 116 comments about the consultation on Twitter, most (102) promoting #olderyou, with a total reach of 28,550 (impressions). In total the posts received 381 engagements. Amongst these engagements there were 64 retweets, 16 replies and 36 likes.

Top posts

Twitter search show highlights the two posts below as being top posts.

Conversations about #olderyou

The social media engagement did not generate many conversations, although there were 16 replies. However, one contribution was made concerning specialist community centres, see below. Another conversation took place concerning access to medical records and the need to protect people who have been victims of rape.



Conclusions

Survey

- The majority of those consulted have thought about their care needs which include increased medical and mobility / lifestyle support
- There is a recognition that this support will need to come from the NHS and testing / screening is a key part of it along with lifestyle impacts
- Most think the proposals look fine, but are concerned they can be delivered
- There are a multitude of different health conditions to include
- Access to services via good transport links is key along with disability needs
- Service users uncertain of what should be included in their care plan
- Majority want a hard copy of the plan but with the ability to interact and update
- Little evidence of concern with a nurse led model. As long as there are sufficient, well qualified staff
- The majority were happy to go to a specialist unit as long as it provided the fastest access to care
- Correct assessment by a professional seen as most important , with speedy treatment and fast track diagnosis
- Soft skills and treating with respect are important. Some did not like the terms “geriatric” and “older you”
- Very few had experience of care homes. Improvements. Qualified staff, personalised care and better inspection were identified as areas for improvement
- Few thought the changes would adversely affect them
- Few alternative options proposed

Meetings and groups

- Lack of provision for elderly / services need to take more care
- Care at home – independent generation don't ask for help – long waiting list – don't get what they need / in time
- Specialist care areas highlighted - social care, mental health services, dementia services and care, a Community Geriatrician or Specialist Community Geriatrician nurses, physiotherapy, OT and increased District Nursing support weighted towards the demographics of individual practices. We also need access to ear syringing and hearing assessments dependent on need identified by the GP.
- Prevention services needed - Disappointed that the Over 75 health checks were stopped - react to crisis which costs us more money in the long run – so if we prepare earlier it will provide a better service and also save us money
- Hard copy or online care plan - what happens to the people who can't use technology? – More and more information is going online
- Local services required - District Nursing - prevent them having to travel all over the borough - provide accessible local services for our ageing population but even if these were available we do not have any extra room capacity in our current practice premises
- Concerns about staffing requirements are there enough staff for the community hubs proposed - need to avoid putting pressure on staff who are already under pressure and asking them to do more - would the specialised frailty unit be staffed 24/7
- Concerns about carers - how we measure quality of care they deliver, competencies, time they have etc. - what system is in place if anything happens to me to help the person I care for? Who would know that something needed to be done in the instance that I was unable to tell anyone?
- Hospital discharge process poor – sometimes due to medication delays
- Need for more shared decision making – people owning their own care and feeling confident to challenge something – moving away from seeing Doctors as God
- Concerns re who will look after the patient in the community and who they could call at 2am if they had an issue
- At SRFT the patient will go in with a book/list of their medication – this will prevent issues in A&E. (discussed re share to care)

- Care homes & hospices - Problem of dividing medical and social care – Dementia is missing from this discussion (out of scope of consultation) but a huge issue.
- End of life care needs attention and need to think outside the box re this
- Specific feedback on consultation document – positive views on themes – need to ensure service is of quality – different groups in NHS will need to work together – what do the NHS / Government want? Where did 40% (shouldn't have visited doctor) come from? Don't group all together and call geriatric
- Care Plan content - contact details, medical and medication history, professionals involved, maintain wellbeing too, diagnosis – what is normal? Health priorities and outside of NHS services, contact with professionals, preferred communication method and co authored care plan ; how is it updated and by whom
- Costs / budgets – no set budget – pay what is needed for quality staff
- Transport – access to buses, roads, taxi's, ring and ride, car sharing and disability access
- Reduce isolation and loneliness – hobbies Keep the mind and body active, stops isolation and avoids worrying about problems, Social aspects are good as they encourage friendships of people who are interested in similar things
- Concerns about specialist nurse led service - Joint working and governance - 24/7 service - Needs to be supported by defined cohorts and conditions. Could the unit deal with UTI's, falls, depression, diabetes?Clear pathways, roles and responsibilities, accountability, escalation process, an integrated team approach across the whole system - Medical overview by GP or Consultant - Rapid access to diagnostic and A&E
- If you or your family go to hospital unexpectedly and are very poorly, would you and your family prefer to go A and E, a Specialist unit, other? - Need to consider patient experience, carer, family experience and place that best decisions can be made - "Geriatric Specialist Unit" is co-located with A&E - 60% not co-located with A&E at present - Assessment centre approach adjoining A&E to provide specialist care to this cohort of patients, and will have a number of specialist short-stay beds.
- Current bed capacity is an issue
- Consideration needs to be given to the terminology frail elderly ward
- Need caring and appropriately qualified staff
- Appropriate prioritisation and swift access to tests

About Participate

Participate provides communications and engagement support to the health and social care sector. We are experts in integrated campaigns, stakeholder engagement and consultation.

Why do we do it?

We believe in our own values – that taking part and making a difference matters.

It matters…because people will not get involved in and enable transformational change without value-led communications, robust engagement and feedback.

It matters…because our campaigning approach creates social mobilisation by sharing values, turning a vision into action.

It matters…because honesty and transparency are paramount when it comes to consultation and stakeholder engagement. This requires well designed and fair dialogues – and that's what we like building.

It ALL matters…because everything we do is harnessed through good insight, honest communications and shared experiences.

Our services include:

- Face-to-face engagement
- Campaigning and social mobilisation
- Getting consultation right
- Participate *Online*
- Social Media – SOCHUB
- Strategic Support
- Consultation and engagement content

We've built Participate...around a core group of staff and a network of like minded people and organisations. These Associates are all skilled at different aspects of good communications, engagement and campaigning. But what we all share is a passion for good public dialogues, co-design, collaboration and transformational change for public good. And we all like to do a good job for our clients and build lasting relationships.

All of our projects are overseen by one of our Directors, but we can build project teams to meet the needs of our clients by scaling up or down using our Associate Network: The Participate Collective.

More information about…Participate is available by:

Visiting us at: **www.participate.uk.com**

Liking us: **www.facebook.com/ParticipateUK**

Following us: **www.twitter.com/ParticipateUK**

Appendices

The Empowered Person Questionnaire, database of survey response and the depth interview record sheets have been passed to the CCG.