

## Feedback from County-wide Patient Forum

### Introduction

The fourth CCG Patient Forum event took place on Saturday, 27 February 2016. The event was very well attended with approximately 25 patients, 13 CCG staff and six service provider colleagues. The patient forum steering group were involved in the planning process and a decision was made to hold the event in the Central Locality as the previous event had been held in the North. Choppington Social Welfare Centre was chosen as there are good transport links to the venue and the building has excellent facilities.

Service providers represented at the event included Northumbria Healthcare NHS Foundation Trust (NHCFT), Northumberland Carers and Healthwatch Northumberland (Northumberland, Tyne and Wear NHS Foundation Trust, were invited but were unable to attend). The NHCFT stand provided updates on the development of a Primary and Acute Care Service (PACS) and encouraged uptake of the online survey as part of the engagement process; and Healthwatch Northumberland and Carers Northumberland both had an information stand.

The format of the event included a range of brief presentations regarding relevant CCG updates, in particular the PACS and vanguard programme. Cynthia Atkin also presented an update from Healthwatch Northumberland focusing on the importance of working in partnership.

Following the presentations three workshops were held in rotation. The topics covered were all themed around the vanguard programme: developing a Primary and Acute Care System (PACS) and the feedback will be used to inform the development and design of services. The workshops discussed the following key areas:

- Caring for the elderly and those with complex needs
- Supporting you to stay well at home
- Helping you access the right services, at the right time

Each discussion was steered by three to five key questions or themes (see appendix 1). Notes were taken by facilitators at each of the table discussions and additionally attendees were asked to complete evaluation forms about the event.

### Summary of Workshops

Engaging with patients is an important way of obtaining information relating to the quality of services commissioned by the CCG. The feedback received at the event is very helpful in providing an insight into the quality of services from the patient user perspective. Below is a summary of the key themes that were raised in the three workshops, a full transcript of the feedback can be found in Appendix 1.

## **Caring for the elderly and those with complex needs**

Access to equipment and services is considered to be a problem and there is a desire for improved education, proactive advice and signposting for support. Patients feel that services are often reluctant to signpost on for further support unless it is a crisis situation and on the whole describe being 'left to just get on with it'. It also seems that professionals 'dip in and out' which leaves patients frustrated about having to explain and repeat their history to each professional. The needs of the patient and carer or family must be considered holistically and incorporated into the care pathway. It was agreed that patients should feel more empowered to look after themselves but an identified key worker or contact would be useful in order to help with self-care management and providing access to support.

## **Supporting you to stay well at home**

A key theme which arose during this discussion was the need for more education and information, this included; increased signposting to sources of advice, general health and well-being information, public health messages, access to personal medical records, information for carers, and how to access information, especially for those who don't have the internet. The role of the community in keeping people healthy was also considered to be important and suggestions on how this could be achieved included; linking to voluntary and community groups, a local directory of services, community based health champions and engaging with younger people and children.

## **Helping you to access the right NHS services, at the right time**

The theme of patient education and information was also a key factor in this discussion, however with a focus more on technology issues. It was agreed that educating patients and ensuring they are better informed about where they need to go and the options available to them is crucial; but it was felt that a better use of technology would enable this. Suggestions included; a single telephone system, virtual appointment access, tele-health, and mobile phone access. It was also stressed, that IT systems would need to be accessible for all, in particular having a range of options for people with different abilities. Finally, it would appear that accessing GPs continues to be a problem and comments were raised about resolving this issue first.

## **Summary of Evaluation Forms**

Of the 25 attendees only 23 people completed an evaluation form but some very positive feedback was obtained nevertheless, a full analysis of the evaluation forms can be found in Appendix 2.

By combining the responses to 'strongly agree' and 'agree': 83% of attendees agreed that the organisation, planning and communication of the event were well executed; 91% of attendees agreed that the event was held at a convenient venue and 83% agreed it was at a convenient time; the presentations were clear and 87% of attendees were able to follow them; similarly 87% of attendees found the materials

helpful but only 65% found the information stands informative; finally, an impressive 96% agreed that they were able to actively contribute in the workshops and felt they were listened to.

The evaluation form also gave attendees the option to leave their own comments. Six attendees indicated their overall view of the event was either 'good' or 'very good' and four others felt the forum was informative. Seven responses indicated that the most enjoyable part of the event was the workshop discussions.

One attendee was particularly happy with the forum and commented that the most enjoyable part of the event was:

“...seeing the effort put into the event by the organising team. As an individual, I've become quite disillusioned by quite bad experiences which have made me feel worthless as a patient, and here you were today putting in so much effort to include me and ask my opinion! Wow!”

The feedback did also highlight some areas for improvement in particular ensuring facilitators are able to control the discussions and prevent people from talking over each other. Furthermore, a couple of other responses felt more time should have been allocated to the summary of the workshops. But on the whole, the positive results and favourable comments indicate this was a successful event.

## **Youth Engagement**

During the planning process of the Patient Forum, the Northumberland Youth Service (NYS) was approached with a view to securing attendance from young people. Unfortunately, no young people were available to attend the event on the day, however NYS was able to engage with a youth group in Ashington on the CCGs behalf, a few days after the Patient Forum took place.

The group consisted of approximately 10 young people aged between 14 and 18 and a mix of male, female and transgender. The same topics covered in the Patient Forum workshops were discussed plus an additional subject, specifically on Improving Health Services for Young People.

As expected, the group had most input on the section about health services for young people but throughout their discussion some key themes were raised: the lack of clarity about where to go for what, the associated cost of attending services, e.g. transport costs; and young people having to fit into an adult based system. A summary of their responses can found in Appendix 3.

## **Responding to Feedback**

The patient forum is an opportunity for the CCG to hear from the public on how future services can be shaped to best suit the local community. As part of our ongoing engagement with patients and the public we are committed to ensuring we

respond to the feedback we receive and take action to improve our systems and processes. Below is a summary of the feedback received at the July 2015 Patient Forum and the actions the CCG has since taken in response to this feedback.

## **GP services**

### *You said*

Access to GP appointments can still be a problem but there is variability across the county. There was a desire to improve access for working age adults but this didn't need to be every day, for example, some surgeries offer an 8-8 service one day a week. People were keen to explore more flexible booking arrangements such as online booking as long as alternatives were available for people without internet access. People do want 24/7 access to primary care services via walk in centres and hubs where GP practices work together across a geographical area but transport needs to support this and access to patient information is key. There was also a desire to increase the range of treatments available in primary care rather than always having to go to a hospital.

### *We did*

- We are working with the 44 practices across Northumberland to improve access and reduce variation across the county – by improving access models, introducing new staff to support primary care and share records across services where patients agree to this
- 24/7 primary care seven days a week is already available here in Northumberland but we want to develop this further
- Across all localities we are working to develop services that provide a wide range of appointments across the working week including evenings and at weekends where there is the need. We are aware that transport is a key issue here and are working with the Local Authority to improve this.
- Offering flexibility to patients booking appointments is a high priority. By 2017 at least 10% of registered patients in each GP practice should be able to use a digital service such as online appointment booking, repeat prescriptions and access to records. Many practices are already starting to offer bookings, access to health records and repeat prescriptions online but traditional methods of booking including the telephone will remain. We are also exploring ways for patients to communicate easily with their doctors and health professionals using mobiles, texting, email and telephone.
- Our whole focus is to **increase care closer to home** so patients will start to see even more services delivered close to home.

## **Community services**

### *You said*

People were keen to develop a single point of access for community services with an effective initial assessment process. Again, access to information and communicating this was key. People felt more community input could prevent

hospital admissions but continuity of care and care co-ordination was critical to the success of this. However people still wanted to be able to access hospital services when needed and don't always want to be treated at home. There was also discussion about the valued role of the District Nurses and the potential for them to support more urgent cases if they had more time and had the correct technology to support this (telemedicine).

#### *We did*

- There is already a single point of access in place and we are working to improve this even more for community services
- We are developing enhanced care teams to work in our communities to better support our GPs and district nurses – the patient's GP will remain the key point of contact and working with the enhanced care teams will provide the continuity of care and co-ordination needed.
- We think patients, their families, carers and local community are the key to keeping well and healthy and using hospitals only when necessary. We will be working with them to empower them and give them the skills and information to stay healthy and independent and at home for as long as possible
- We are exploring the role of district nursing and how they can provide acute services such as urgent home visiting. The nurses already work with mobile technology (tablets) and we will be extending this across more staff groups.

### **Hospital services**

#### *You said*

People were generally content with the level of healthcare services provided however rurality and transport issues were a common theme. NSECH opening was well received although some initial pathway and pathology issues were experienced. Perhaps the key theme was the difficulties experienced by patients whose treatment crossed healthcare boundaries (primary/secondary in the main) and the delays caused by communication particularly between consultants and the GP. Encouragingly there appeared to be a good understanding of healthcare triage in Northumberland i.e. people generally knew where to go and for what.

#### *We did*

- We are happy that overall people were generally content with hospital services and we will work to keep the quality of hospital care high
- We plan to create one system with everybody working in one team focused on the patient and not on organisational boundaries – this will result in reduced barriers across primary and secondary care and a more seamless journey for patients. This will be supported by a shared care record that can be accessed (with patient consent) wherever the patient is receiving their care.
- We are glad that there is a good understanding of where to go for what – but we can do better. We are keen to simplify the system, make navigation easier and also reduce the numbers of people who end up in A&E and in hospital when they could have been treated in a more appropriate service closer to

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home. We will be working with the people of Northumberland to help us achieve that.

## **Conclusion**

The patient forum was a successful event, attended by well informed and willingly engaging participants. A wider communication plan, including MyNHS and alternative communication routes, appears to have attracted some additional interest and it is hoped that the positive feedback is passed onto other potential future attendees. This forum builds on the July 2015 meeting's feedback and remains timely in usefully informing forthcoming work. It should be possible to feedback tangible progress on a number of issues at the next patient forum later in 2016.

Themed feedback from the event will be published on the CCG website and will be sent directly to attendees at the event along with people that are registered via MyNHS

Information from the event will also be shared with GP Practices via the CCG Locality Managers to enable Practices to benefit from the information obtained and to consider the feedback at future PPG meetings.

## Appendix 1: Workshop Discussions

The following feedback was received from the three table discussions.

### 1) Caring for the elderly and those with complex needs (physical, mental and social)

- i. How do we truly think family/carers – what do we need to change – what are we not doing.
  - ii. How can this group feel more in control of their own health and care?
  - iii. How do we embed “what matters to you” in everything we do?
- Families have to coordinate care and need to navigate the system
  - The pressure needs to be taken off the family
  - There is **no identified person to contact**, people are left to ‘just get on with it’
  - Shortfall of understanding and empathy for the patient as a human being
  - Patients with an ongoing condition **need proactive key worker**, not just crisis management
  - Professionals need to listen to knowledge from family and carers regarding the patient’s condition and situation as they have more contact with them
  - Who takes responsibility for the whole picture? **Professionals ‘just dip in and dip out’**
  - The timescales and bureaucracy involved takes far too long and impacts on the patient, particularly those on the palliative care pathway.
  - **Poor access** to equipment for daily living activities impact on other co-morbidities i.e. if unable to cook then this impacts in diabetes and other physical health problems
  - **Patients are frustrated** and tired of **having to explain and repeat their own story/situation** to every professional
  - There is **inequitable access/experience** of services
  - Significant reliance on charities
  - One patient had a good experience after being discharged from the RVI as equipment was in place at home ready for discharge
  - The public need to be educated to enable them to **find the support** they need
  - The system needs a safety net so that a patient is informed of services and can access a service if an initial opportunity has been missed
  - Health and social care need to work closer together to reduce bureaucracy
  - There is a lack of specialist roles, many teams are being disbanded to become more generalist
  - Patients need to feel **empowered** to speak up
  - Increasingly less able to rely on family for support due to distances
  - Families/carers need to know their way around the system and be prepared to be the advocate.
  - On the whole, carers are often involved in the care of the patient although other people disagreed and felt that family are often disregarded.
  - Patients often feel that services are reluctant to signpost on for **further support** unless in crisis or as a last resort
  - It is particularly crucial to include family and carers in discharge planning so that they are ready to cope

- Families/carers often don't know where to start when trying to find information- a key contact would be helpful
- **Education** and **signposting** needs to be **proactive**
- Patients need to be **empowered** to look after themselves
- The system needs to do more than tick boxes, patients need to be looked at holistically
- It is felt that **support** for carers has improved
- Need to **empower** feedback to professionals to enable change
- Patients and carers don't always know what options are available for the support they need
- The role of professional carer workers needs to be improved
- Care packages need to be updated on a more timely basis
- Mental health and dementia patients **need more support**
- Community **support** needs to be increased
- Patients need to receive more information
- Families need to know **what services and support is available**
- Loan equipment seems to have a well-established process in Northumberland
- All services/organisations need to be involved in care planning and need to be able to talk to each other
- Patients suggested extending the annual NHS health check to include other key aspects that impact on health
- **Support** and input from professionals needs to be proactive
- Information needs to join up
- **Better education and information**
- Need to understand about budgets
- Criteria for CHC seems to be inconsistent, it's stressful for the family, main worry is about being asked to contribute, meeting the criteria seems to be the 'luck of the draw'
- Need to consider 'specialist carers' – needs to be resourced correctly so that they have the skills needed to deliver the service for people
- Potentially consider a contract with someone like 'Hospice at Home' who seem to have the right skills
- Need to consider carers as a resource and be aware that they have 'expert experience' in relation to the help that is needed, consider different carer roles e.g. Family carers, 'paid' carers; 'bottom of the pecking order' – need to consider proper skills and training which is realistically paid for
- Those who have no **support**
- Lines are blurred between health and social care and the support required
- Better self-care management help
- Actually ask what is required – don't assume!
- Definitions of 'needs' over 'wants'
- Communication and mutual understanding
- Regular reviews to make sure care is still appropriate (person centred planning)
- Clear information about personal health budgets / personal budgets / co-produced person centred plans



- **Education/advice** available to population to enable individual to remain at home
- Youth engagement and **information/advice** for younger **community**
- Education of the **community**
- Local links/directory of services available locally
- General well-being service
- Central **advice/signpost** to services
- Shared links on local authority and CCG website
- **General well-being information**
- **Information** at respite centres / clubs utilising already present community groups
- Introduction of **volunteer services**
- Geographical and social **community understanding**
- Start early with children – need things like the scouts and brownies
- Different society now, previously had the ‘wise woman’ that everyone went to for help, there was **community knowledge**, we don’t function as a society the way we used to
- Social issue ‘what is **community**’
- Need **education** to change cultural mind set from GP in control to patient in control
- Consider the use of health champions
- Need to be aware of expectations of the people services are provided for
- **Information** that NHS is not just about hospital – need to understand all the elements out there and how they work together
- Single point of contact
- Same **information** on all public sector sites about each other’s services, ‘where to and how to’ guides
- Carers specific **information** section ‘expert by experience’
- Need to include public health messages, dietary control, smoking cessation etc.
- What is health and wellbeing
- Links to **community** groups like ‘Active Northumberland’
- Discussion about ‘moderated’ virtual forums to share **information** and ideas, who would moderate, professional restrictions – no adverts for services not commissioned, what platform – countywide, locality, ward or practice level

How do we support those without internet access?

- LA magazines/Town Council information
- Community Hubs/Community Library
- Identify a community contact / volunteer / champion
- Hard copy directory like Yellow Pages, although may be difficult to keep updated
- Community support volunteers
- Surgeries / telephones
- LA annual publications
- Identify areas and groups of people who would benefit from locality hubs, rural areas, elderly, town councils,
- Libraries with ‘points of contact – actual people to signpost’
- Local volunteer groups / health ambassadors



Figure 2: Word Cloud of workshop discussion two – Supporting you to stay well at home.

### 3) Helping you access the right NHS services, at the right time

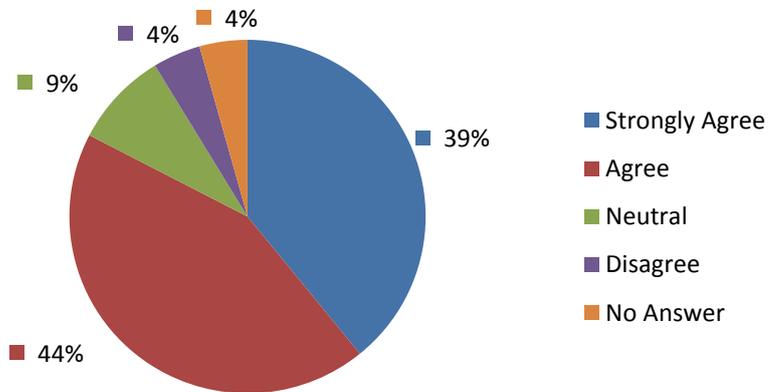
- i. How do we make accessing the right service simpler?
  - ii. Do we change patient behaviour or wrap services around current patient behaviour?
  - iii. What is wrong with our system now - why are people confused - what is your solution?
  - iv. What outside of healthcare can help support better access i.e. digital tech/transport?
- **GP access** key, resolve the basics first
  - Workforce shortage, GPs under pressure, population becoming more demanding
  - Acknowledgment that people are different
  - Expectation needs to be managed
  - What about data of people visiting pharmacy
  - GP consistency maybe an issue, with more complex problems, greater need for continuity
  - **Patient education** – signposting like choose well – sometimes patient reluctant
  - **Information** should be available to all clinicians involved with the care of the patient
  - What about patients attending A&E?
  - Patients becoming better **informed**
  - GP acknowledging other healthcare providers and range of options

- Education a challenge and balance adapting services and ensure message delivered.
- Getting **GP access** right first
- **Technology** and ensuring it is accessible for all
- Using community groups, poor response rate in most patient groups
- Need to wrap services around behaviour and try to change patient behaviour
- NSECH – blue light only discussed at original roadshows, number of walk-ins
- **Virtual hub** for access, **single telephone system**, could book an appointment, could this manage demand on primary care
- Difference in population/rurality, North is a long way from NSECH/Wansbeck
- **Telehealth** is the future, use **technology** where appropriate which is accessible for all patients
- Making best use of community resources and volunteers
- Named healthcare professional who takes responsibility for the care of the patient, those with complex conditions
- Care staff to ensure that they are aware and **linking up services**
- Currently struggling with resources
- Funding important but not the whole issue
- Need to get the message across to patients, could social services support this
- First line facility within Berwick with doctor on-call waiting for ambulance
- Patients need to know where to go, patients also need to be given the options
- **Educating patients**, where do patients get education from, educate that patients do not necessarily need to speak to a GP
- **Technology** – telephone consultations, improving the care of patients
- **IT accessible for all** – seeing a Dr face-to-face, but not appropriate for all. Need options
- Getting the right **information**, got to be correct information
- **Range of options for access**, mobile phone, text access for hard of hearing
- **Signposting** – having a portal
- Walk-in patients at NSECH, are patients told to access other services
- Signs at NSECH could be clearer
- Ambulance – is it more appropriate to go the nearest A&E
- What about use of a nurse practitioner and qualified to deal may conditions
- Supply of **information** to health services and patients
- Legally obliged to see a patient who presents to A&E
- Could there be co-located walk-in centre – Holland Model
- Balance of specialist services and the location
- Could we charge time wasters?
- Better transport needed
- Better trained ambulance crews
- More ambulance serving rural areas
- Staffing resources need to be right – can't get in to see GP
- Feel that 'GP First' is not working, don't like the impersonal approach – why tell the receptionist what I need to see GP for, it's not always convenient to be called back
- Understand that there is a national recruitment for GPs
- More demanding society with different groups of people who have different expectations of what should be available, when, for whom
- Feel that Northumberland as a region for potential clinicians is invisible

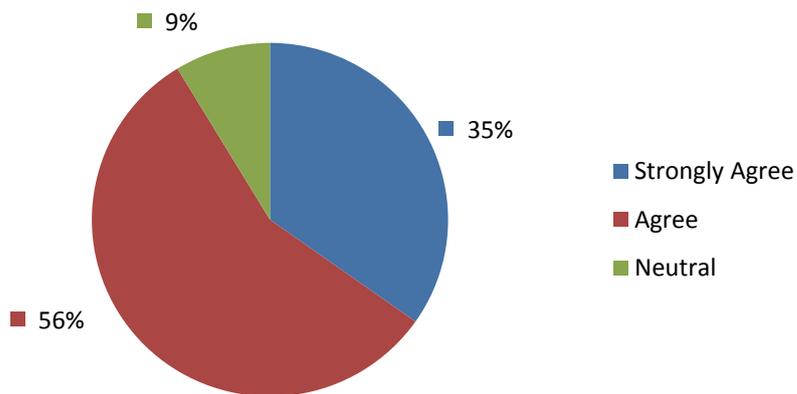


## Appendix 2: Evaluation Forms

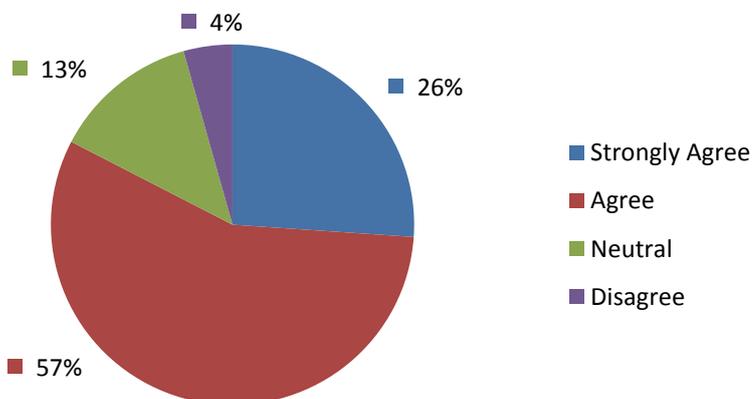
### Question 1: The organisations, planning and communication of the event were well executed



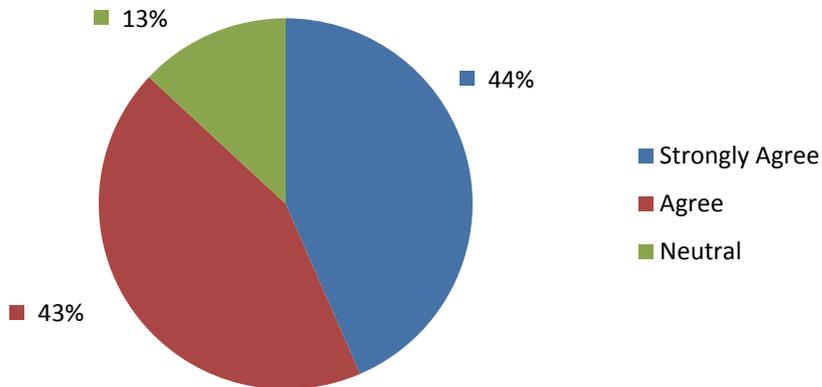
### Question 2: The event was held at a convenient venue



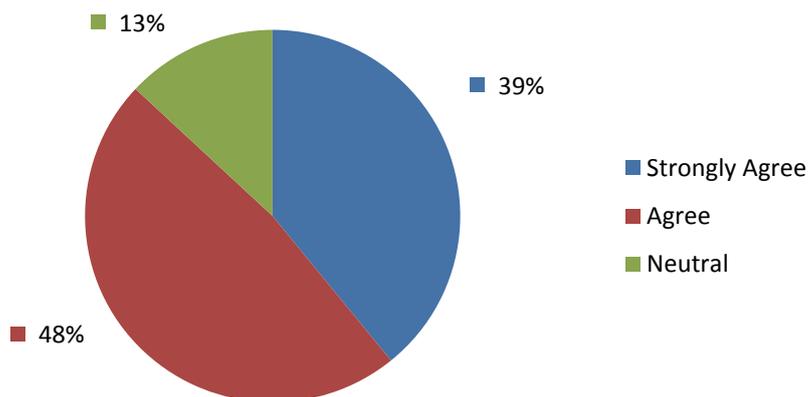
### Question 3: The event was held at a convenient time



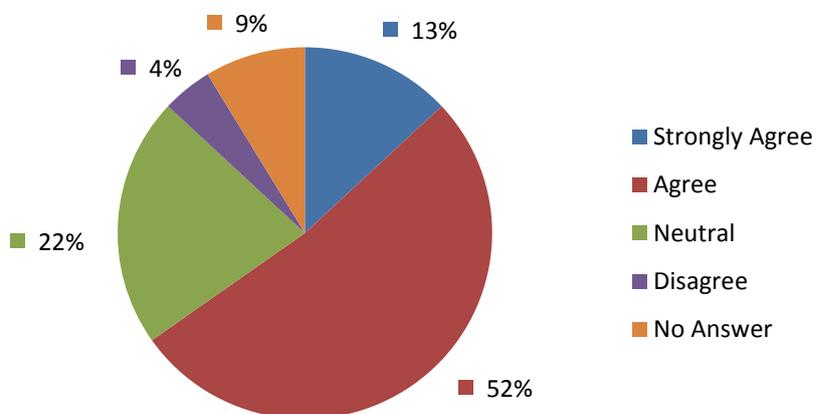
**Question 4: The presentations were clear and I was able to follow them**



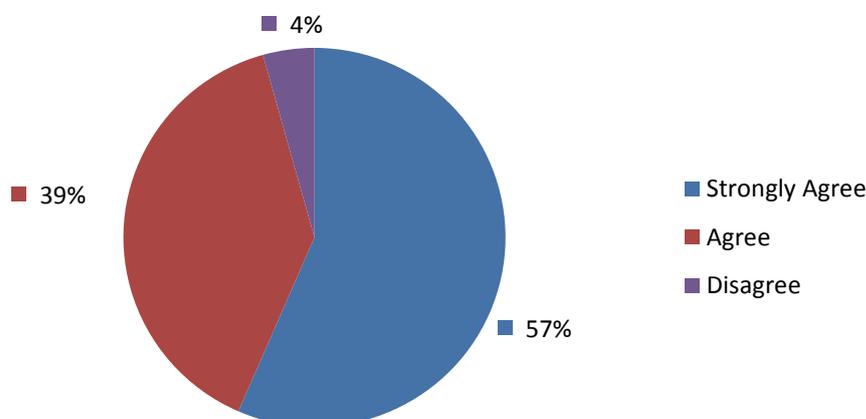
**Question 5: I found the materials/information provided helpful**



**Question 6: The information available on the 'stands' was informative**



**Questions 7: I was able to actively contribute in the workshops and feel my views were listened to**



**Free Text**

**Overall – what did you think of today’s event?**

- Another attempt to improve services but it inevitably will be ignored and they will do what they want.
- Better than previous.
- Interesting.
- Quite interesting and informative.
- Useful to hear a range of views.
- Very useful.
- Well executed – made people aware of differences in the localities.
- Very good but need smaller groups.
- Good.
- Very good.
- Good.
- Ok – too many ex-NHS staff.
- Worth attending.
- A good start to public involvement.
- Very informative. Feel that observations/suggestions will make a difference.
- Constructive.
- Good.
- Very useful and informative.
- Enjoyable and informative, a good cross section of participants.
- Greatly informative, leading to better understanding of what NHS Northumberland is trying to do.
- Very good.
- I was very happy with the event – the presentations, speakers, venue, topics etc. Very informative with an opportunity to express oneself. And my grateful thanks for Annie for her help looking after me.

**The most enjoyable part of the event for me was:**

- These events are never enjoyable as many attendees have their own agenda instead of looking at the whole picture.
- Workshop discussions.
- Presentation by Dr A. Blair.
- Hearing people's views.
- Interaction/others views (when not personal).
- Workshops.
- Nice to see people from all localities.
- Discussion groups.
- Finding out more information on what is happening.
- All.
- The hearing loop worked fine.
- Workshops.
- Being able to get feedback from others.
- Being listened to.
- Group work.
- All essential.
- Workshop discussions.
- Workshops.
- Workshops – Participants' involvement = greater success in achieving health improvement.
- Steve's Reservoir.
- Seeing the effort put into the event by the organising team. As an individual, I've become quite disillusioned by quite bad experiences which have made me feel worthless as a patient, and here you were today putting in so much effort to include me and ask my opinion! Wow!

**I would have liked to have heard more about:**

- The truth about the way the NHS is going.
- The new hospital; the groups' feedback, perhaps more time was needed.
- Vanguard.
- All information was useful.
- Workshop 3 - Helping you access the right NHS services, at the right time.
- How things can be rolled out to suit each locality.
- Elderly mental care.
- Some proposals for new ways of working that are already in place.
- Covered enough.
- Nothing.
- Public health integration with health services – prevention better than treatment.
- The Vanguard programme.

**It would be helpful for the next Patient Forum Event to take place at (locality area):**

- Central
- Same
- A locality that is easily accessed by public transport
- Closer to a bus station as many people rely on public transport
- I cannot drive and rely on a lift so on a bus route
- Hexham

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- South-east Northumberland
- North locality
- Alnwick
- Berwick, Wooler or Belford
- Morpeth, Ashington or Ellington
- Same venue for me

**Do you have any comments about how we might improve events in the future:**

- Listen to what people are saying.
- Better locations for discussion groups i.e. overspill noise.
- A later start time and honesty about the start time.
- Try to ensure the workshop facilitators are able to control the dominant individuals.
- Do not have more than 9-10 at tables when seeking views and facilitators should keep control of people talking over each other.
- As always lack of time and better PowerPoint presentation i.e. remote slide key.
- Somewhere with free parking; a quiet room; facilitators of discussion groups must take better control so everyone is heard and points taken forward; comments must not be dismissive.
- Smaller groups and large print.
- Better communication in advance.
- More information on locality provision.
- More time for facilitators to summarise before they present.
- Need more younger people.
- Will discuss at Steering Group.
- More time for workshop discussions. Will discuss at Steering Group.
- Keep the friendliness and professionalism.

## Appendix 3: Youth Group Feedback

### Improving Health Services for Young People

- What would you say are the top three issues/concerns affecting young people?
  - Teenage Pregnancy
  - Mental Health
  - GCSE – Stress
  - Keep it free
  - C-card app
  - Drugs/Alcohol awareness
  - Pregnancy/sex awareness
  
- How do we make a visit to an NHS service a more comfortable experience?
  - Free WiFi
  - TV for Free
  - Free Transport
  - Shorter waiting times
  - More staff
  - Clearer language
  - Less blunt receptionists
  - To not be passed around until you get to the correct service
  - Having 1GP/Doctor to deal with things. They get to know you making it easier to talk
  - More entertainment
  
- How do we make you feel confident that your consultations are dealt with sensitively?
  - Not being seen by a male doctor without a chaperone
  - Being seen by the same sex doctor
  - Ask appropriate questions, when it is relevant
  - No need to dig deeper into things that aren't needed
  - Explain why questions are asked
  - Explain confidentiality
  
- How do we help you understand how the health system operates – i.e. where to go and when?
  - Make sure 111 operators know what they are talking about
  - Clearer literature
  - Have an NHS app regarding the service
  - I have no clue which hospital to go to for what issue
  - Not accessible to young people
  - Hospital in Cramlington open for more than 6 months and I know nothing about it
  
- If you were designing the health service - what new things would you do?
  - Don't ask personal questions that aren't necessary
  - More places to go to (not just one big one)

- Places more available, e.g. Cramlington too far away
- A bus pass system (making travel cheaper for appointments)
- What are the top things that you think would keep you healthy.
  - Free fruit
  - Free dinners in school
  - Free gym for young people
  - Free milk in schools
  - School breakfast clubs
  - Proper education about facilities and where to go for what

### **Caring for the elderly and those with complex needs**

- How do we truly think family/carers – what do we need to change – what are we not doing.
  - Better recognition of the role carers play
- How can this group feel more in control of their own health and care.
- How do we embed “what matters to you” in everything we do?

### **Supporting you to stay well at home**

- If we have a website with a patient portal what information would be useful?
  - Who works where
  - Young people’s section/portal
  - Carers section/portal
  - Hospital times
  - Which service you use first
- How do we support those without internet access?
  - Better use of normal phone calls
- How do we better support carers in the home – do we have a carers portal?
  - Carers section/portal
  - More £££
- How can communities themselves have a pivotal role in keeping people healthy and independent at home?
  - Wider community support for local services

### **Helping you access the right NHS services, at the right time**

- How do we make accessing the right service simpler?
  - Easier travel
  - Make it clear what age boundaries are for accessing adult/child services
  - More £££
- Do we change patient behaviour or wrap services around current patient behaviour?
  - A bit of both

Feedback from County-wide Patient Forum  
27 February 2016  
Choppington Social Welfare Centre

- Change patient behaviour to fit service is wrong
- What is wrong with our system now – why are people confused – what is your solution?
  - They treat the young transgender community incorrectly, this could be fixed by training more doctors in the situation and procedures needed. Also create more Gender Identity Clinics which are easier to access (waiting lists are too long)
- What outside of healthcare can help support better access – digital tech/transport
  - Better community pharmacy
  - Cheaper transport