

# Parliamentary Review into Health and Social Care

## Summary of Feedback from Public Audiences

Marketing  
Event Management  
Graphic Design  
Web Design  
Digital Marketing  
Research & Evaluation  
Project Management

**Cazbah**  
MARKETING • EVENTS  
MARCHNATA • DIGWYDDIADAU

Marchnata  
Rheoli Digwyddiadau  
Dylunio Graffeg  
Dylunio Gwefannau  
Marchnata Digidol  
Ymchwil a Gwerthuso  
Rheoli Prosiectau

## 1. Introduction/Rationale

The Parliamentary Review into Health and Social Care published its interim report on the 11th of July and ahead of publishing its final report by December 2017 the Review wants to ensure that the public is aware of Review and is given the opportunity to feed into the process, and share their views on health and care services.

In order to support the Review in securing feedback from the public, facilitated feedback opportunities for a series of public audiences have been undertaken.

The public engagement opportunities sought to provide feedback via two alternative methodologies with audiences from across Wales. Each interaction aimed to;

- raise awareness that the Review is taking place
- explore the case for change, and the consequences of change
- gather the public views as an insight into *'What would a good health and care service look like?'*

In order to provide maximum reach, geographically, linguistically, culturally and socially across each region two feedback methodologies were utilised;

- Five fully facilitated focus group sessions for 10-12 participants.
- A series of four semi facilitated public 'drop by' opportunities linked to existing events each with the potential for significant footfall.

Additionally the interactions were geographically spaced across each region enabling greater coverage and opportunity for engagement.

## 2. Engagement Methodology

Following discussion with the Review team the details below were agreed:

- an engagement sample set
- the feedback brief
- focus group topic guide
- electronic questionnaire
- the range of facilitation methods
- the linguistic and geographical spread

The aim was to ensure the consistency of approach enabling feedback from the facilitators to be constant across each of the engagement opportunities.

The facilitation team at engagement opportunities was fully bilingual as were the resources used enabling members so the public to engage in their chosen language.

Composite feedback summaries have been provided for the two engagement formats agreed;

1. The questionnaire (see appendix 1) feedback from each of the four public events. This was either recorded electronically at the event or on a paper copy which was then entered manually by the facilitators.
2. Scribed focus group participant feedback detailing the discussions linked to each of the four trigger statements and the accompanying prompts all set within the Focus Group Topic Guide (See appendix 2).

### 3. Engagement Profile

The range and scope of the engagement opportunities were planned to target a geographical, linguistic, cultural and social range. The timing of the engagement opportunities was also considered in order to gain maximum inclusivity.

The schedule below gives an indication of the engagement as planned and delivered.

#### Engagement Schedule

Event	Location	Day/Date/Time	Respondents
<b>Regional Public Engagement Events</b>	South East - Cardiff Cardiff Bay and Wales Millennium Centre	Saturday 16 <sup>th</sup> September Between 9.00 – 14.00	80
	South West - Narberth Narberth Food Festival	Saturday 23 <sup>rd</sup> September Between 10.00 – 16.00	125
	North - Mold Mold Food Festival	Saturday 16 <sup>th</sup> September Between 10.00 – 16.00	60
	Mid - Lampeter Lampeter Farmer's Market	Friday 29 <sup>th</sup> September Between 10.00 – 14.00	50
<b>Regional Focus Groups</b>	South East - Aberdare Aberdare Community First Group	Wednesday 20 <sup>th</sup> September Between 15.00 – 16.30	11
	South West- Llanelli Choir members	Sunday 1 <sup>st</sup> October Between 19.00 20.30	12
	Mid Wales - Builth Wells Riverside Community Centre – Over 50s Fitness Group	Wednesday 4 <sup>th</sup> October 13.00 – 14.30	11
	North 1 – Llanwrst Grwp Cynefin – Social Housing Association	Friday 29 <sup>th</sup> September 12.00 -13.00	5
	North 2 - Bala Awel y Coleg - Assisted Living	Tuesday 3 <sup>rd</sup> October	14
<b>TOTAL</b>			<b>368</b>

#### 4. Summarised Feedback

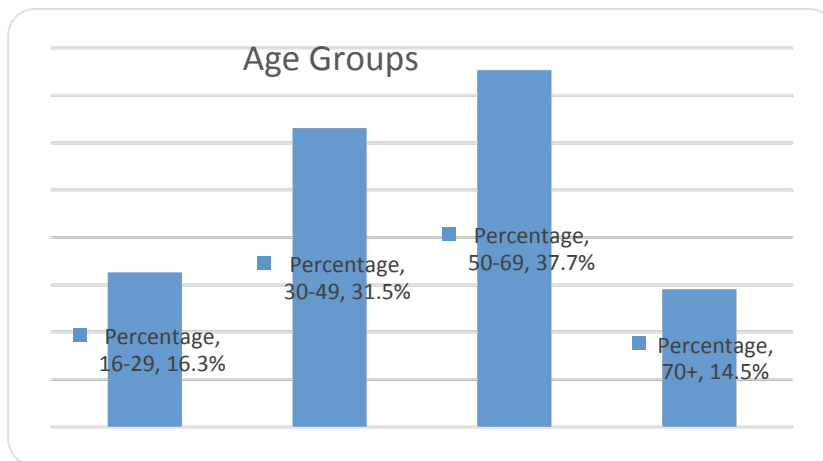
Following discussion with the Review team it was agreed that the Feedback Report would include;

1. The composite respondent perspective provided via completion of the e questionnaire.
2. The composite respondent perspective as sourced via the focus group sessions.

##### 4.1 Composite Feedback - Questionnaire

###### Question 1.

The age range of the individuals completing the questionnaire can be seen below.

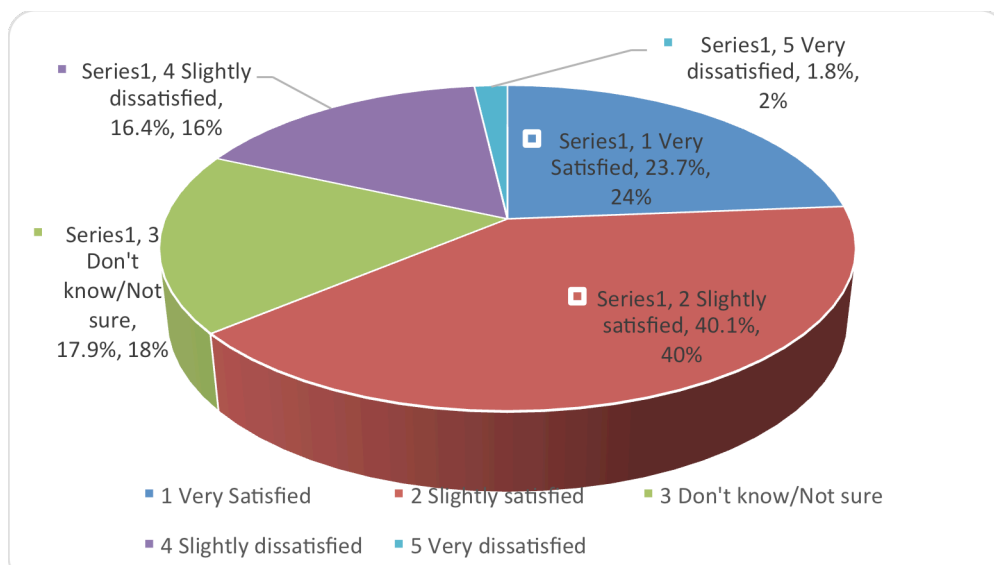


###### Question 2.

In response to the question as to whether they had heard about the Review or not, of the 272 respondents to this question 28% replied that they had with 72% indicating that they had not heard about the Review

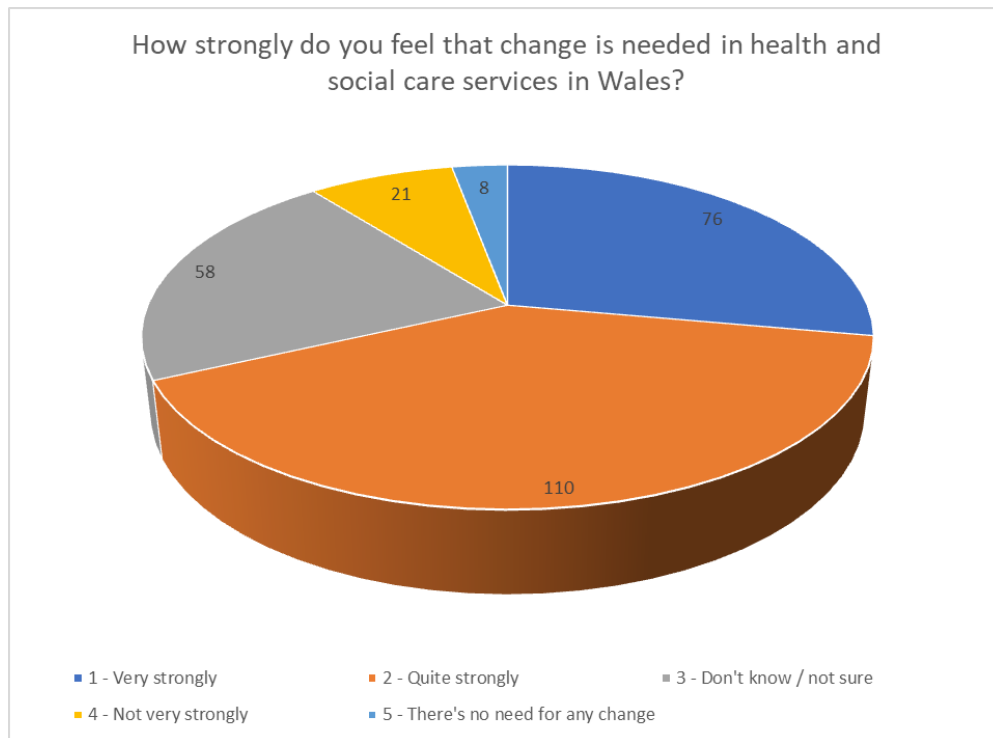
###### Question 3.

Responding to their level of satisfaction about their own personal experience of the health and social care services the response breakdown is shown below.



#### Question 4.

The respondents' strength of feeling regarding the need for change in the health and social care system in Wales is indicated below.



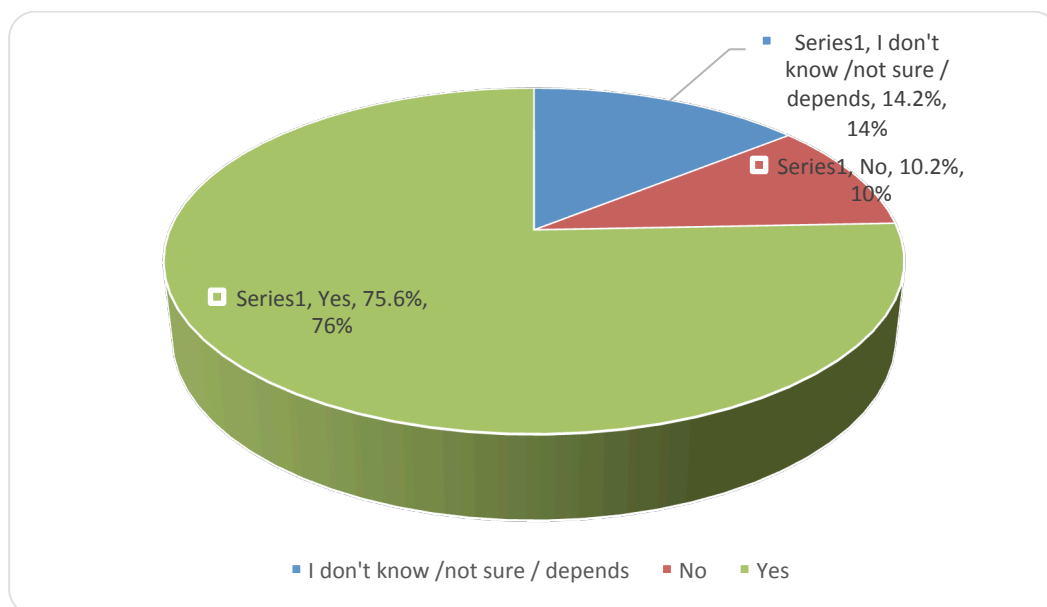
**Statement 1 - “People should have an increased say in their own treatment and accept responsibility for their own health and wellbeing as far as possible”.**

#### Question 5

When asked if people should have an increased say in their own treatment or care, the responses indicated that 77.7 % that they should, 8.4% felt not and 13.9 % didn't know, weren't sure or it depends.

## Question 6

When asked if as far as possible people should accept responsibility for their own health and wellbeing respondents replied as below.



## Question 7

Following on from Question 6 respondents were asked to indicate from a pick list which would help them get more involved in decisions about their care.

See below for the responses listed by ranking in response to the question *'Which of the following would help you to get more involved in decisions about your care?'*

• More time with my healthcare professional	186
• Better information about my condition/situation from health and care professional	163
• National website where I can learn about my condition/situation (e.g. barcode info)	106
• Telephone helpline	101
• Standardised electronic information available for me to access at home	95
• Printed literature and leaflets from health and care settings	58
• Other (please specify):	20

**The free text noted in response to 'Other' included;**

*'I think the service is really good but have ticked as per instructions'*

- A local service with someone that knows me
- More flexibility- 7 day a week service
- Quicker appointment systems
- Rang NHS direct and they were wonderful
- I feel that pushing responsibility for pursuing services and self-diagnosis by most vulnerable in our society is the detrimental to their health, welfare and our society.
- Getting seen when the problem occurs not waiting 3mnths for appt then condition is worse

- Once a month drop in session for elderly to keep in contact - get to know your patients
- Being treated as an intelligent human being responsible for my own health and well being
- People taking into account the wider picture of my life not just 1 aspect of my health

### Question 8

This area was further explored via free text by asking what respondents thought stopped people from looking after their own health and wellbeing with prompts provided including eating healthily, taking regular exercise and stopping smoking.

The replies were varied but fell into a number of key themes such as;

- Some people do look after themselves.
- Poverty
- Time constraints
- Finances linked to cost of healthier food and fitness activities
- Poor education
- Mental health issues
- Attitudinal influences – can't be bothered, don't care, lack of motivation
- Ingrained bad habits
- 24 Hour culture of job type, lifestyle, perceived lack of time and instant gratification
- Lack of services, funding and personal contact/loneliness

### With some pertinent observations e.g.

- *Generations have been educated to believe everything in life is someone else's problem and the government should fix it by throwing up more money at it.*
- *The belief that they are not responsible for their own health & when they become ill the NHS will sort it out for them.*
- *There needs to be a universal understanding that the NHS is there for support & for emergencies but it cannot solve problems if people are not prepared to help themselves.*
- *It's too easy to go to GP and get treatment- need to focus on prevention!!!*
- *Lack of motivation with a busy lifestyle and healthy options are also more expensive.*
- *Not enough time with health care professionals.*
- *More strict guidelines and marketing on major food brands I.e. Sugar, fats, honest advertising*
- *No incentive. People know they can abuse their bodies then get free treatment!!! Need guidelines - smokers last on list etc.*

**Statement 2: "Health and Social care teams should work together to deliver seamless services that are joined-up and centered on the person's needs"**

### Question 9

Focussing on *what a 'joined up' and 'seamless' service would mean in practice* respondents chose from a pick list with their selections ranked below.

- |                                 |     |
|---------------------------------|-----|
| • Coordination between services | 160 |
| • All services under one roof   | 103 |

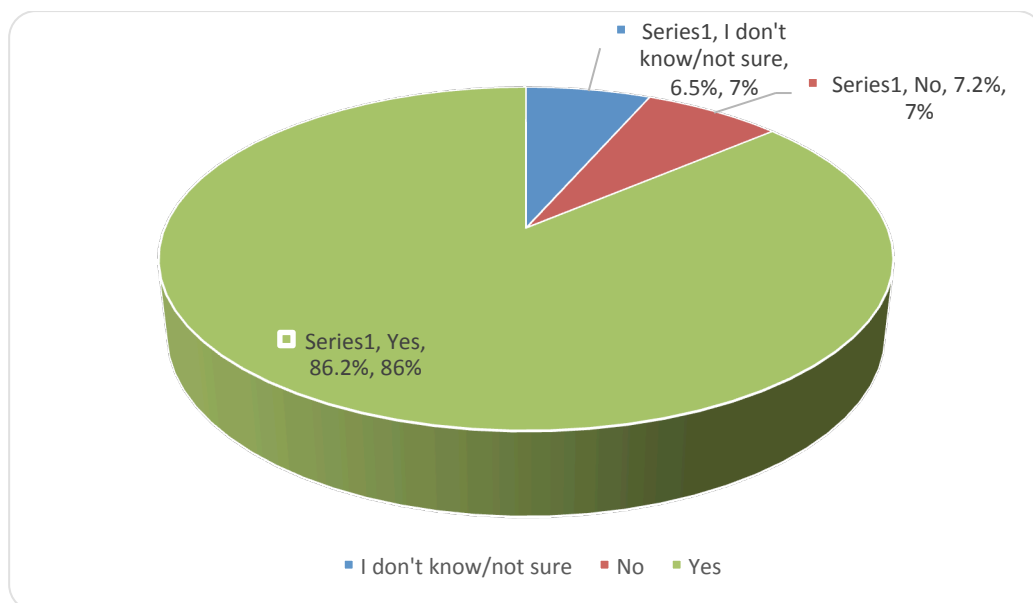
- The sharing of information between professional services 93
- One phone call or appointment 63
- Other (please specify): 18

#### A composite sample of the responses to 'Other' included

- Surgery - GPs should be in hospitals
- To be able to speak to the same person each time
- Coming out to see the elderly
- Services on your doorstep as old don't drive
- After hospital health care better so beds not blocked
- A phone line to tell me where to go with my injury or complaint
- Clear backlog of waiting lists
- Faster liaison between practitioners
- Accurate information to public
- Not enough professionals and personnel for too many clients
- At best better resources and funding- if it's a way of reducing services it's going to be a poor experience for service users.

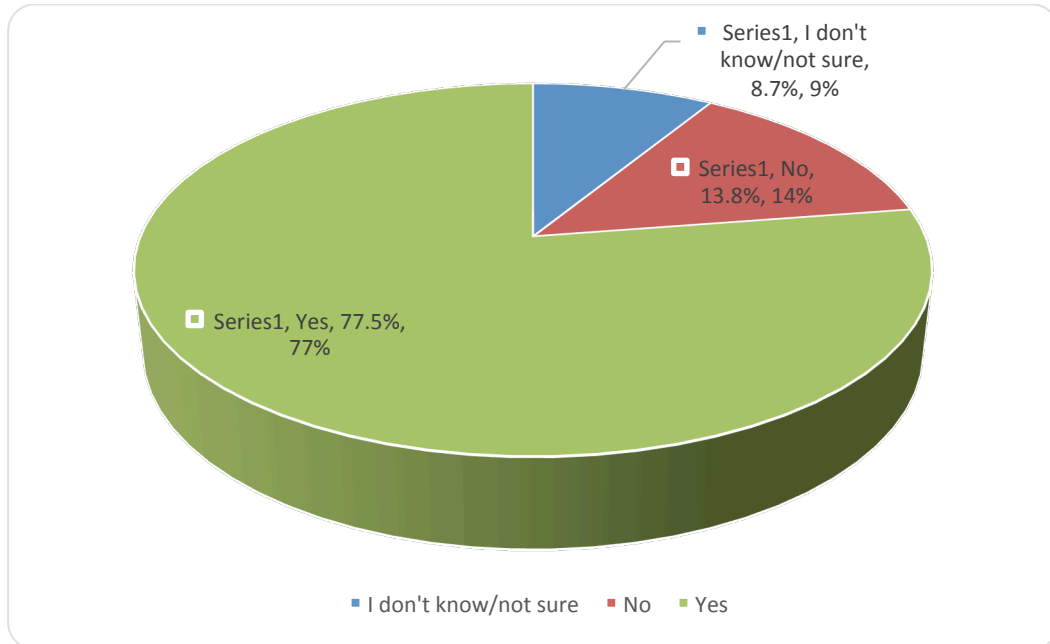
#### Question 10

Respondents were asked if they thought that sharing of information between health and social care services would improve the speed and coordination of an individual's care. Their responses are shown below:



### Question 11

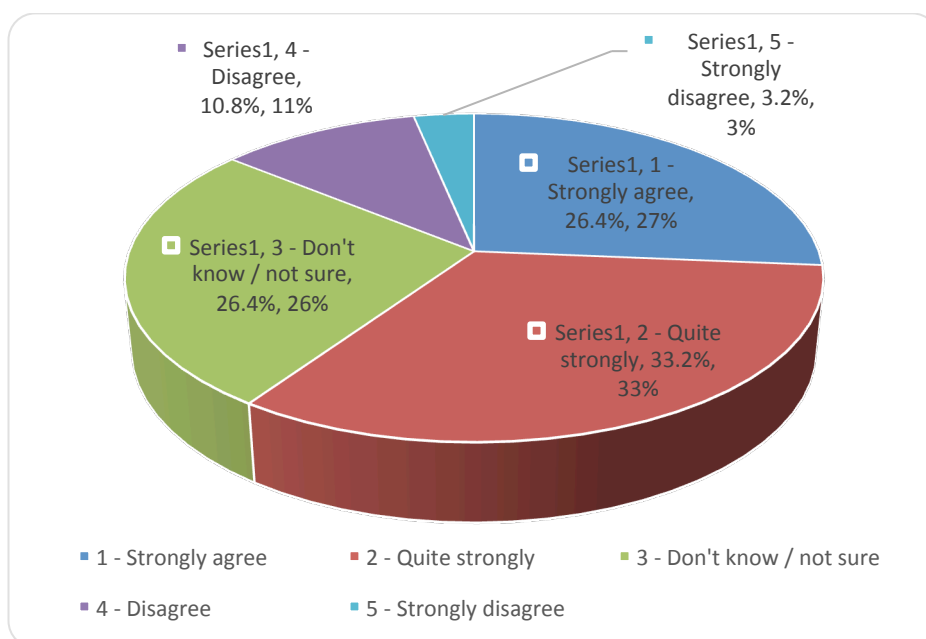
When asked if they would be happy for health and social care services to securely share data to improve the speed and coordination of care the replies received are shown below:

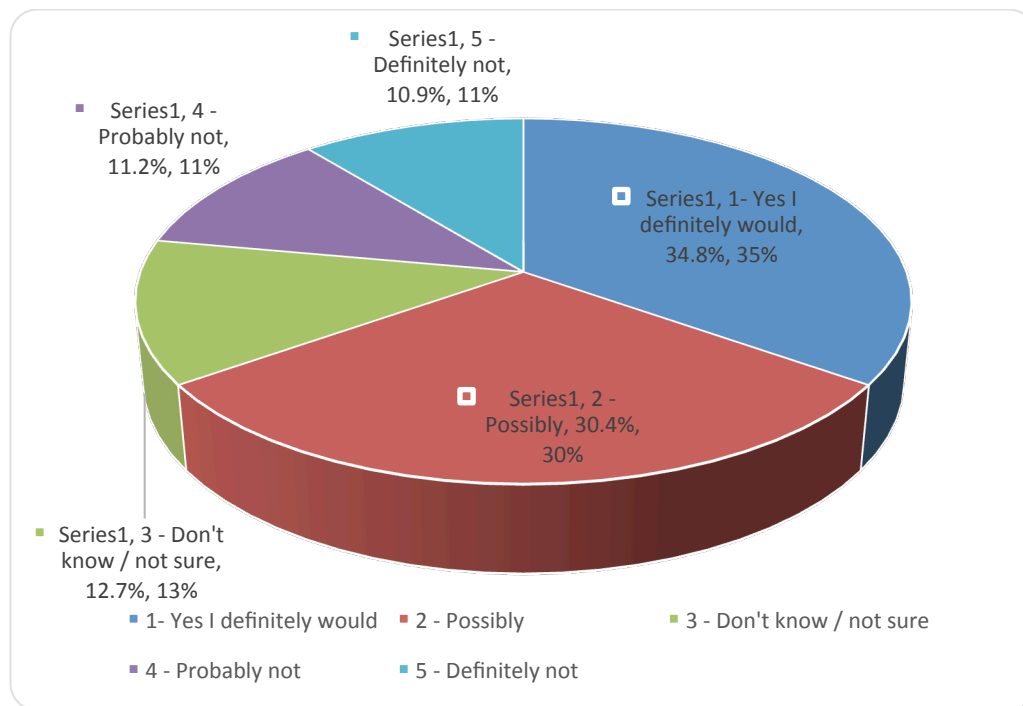


**Statement 3 – “Health and care services should make more use of digital advances and technology to improve user experience”**

### Questions 12 and 13

Focuses on whether Health and Care services should make more use of digital advances and technology to improve their service.





#### Question 14

In response to the answers to questions 12 and 13 above question 14 asked in free response- If not, why not? A summarised version of the responses includes;

- No confidence in the security of NHS Digital Technologies
- It is too impersonal.
- Preferences for a personalised approach – with human contact.
- Lack of access to technology
- Lack of experience with technology
- The irregularity of Wi-Fi and internet access in rural areas
- Lack of penetration of internet access
- Too many 'not spots'

#### Sample free text comments included;

- Face to face is best as most people access health and care services because they are unwell, having to use technology which might not work correctly or break down would add to any stress relating to health and care services
- I don't think it is a good enough substitute to seeing the person.
- Not receiving the proper care/treatment. Would feel like it's a tick box and social health care isn't something to take lightly
- Skyping or emailing is not the same as a face to face consultation for accurate diagnosis. Diagnoses are often made by a doctor seeing a patient for a different condition

#### Question 15

This question explored the part respondents thought technology could play in supporting independent living. The range of free text responses included;

- Yes, assistive technology can make a real difference.

- Some of the elderly do not have access to technology.
- Wouldn't work with older generation.
- They probably wouldn't know what to do.
- Supported to Skype with proper help not as an excuse for neglecting face to face.
- Technology doesn't help someone who requires one to one help with independent living - "NO".
- Technology to monitor symptoms and provide alerts to services.
- Telephone and Tele monitoring.
- To feel more confident and able to access someone freely.
- Trusted telephone communication with a person or body where a relationship could be built up over time.
- Use of movement sensors in homes. Call buttons around neck to get help if necessary.
- Provide aids to help stay in home e.g. webcams.
- Access by telephone or video link if required.

### Question 16

Respondents were asked if they would be happy to seeing a suitably trained health care professional other than their GP if it helped to relieve pressure in the system. The responses to the examples given can be seen in the table below;

Examples	% Yes	% No	% Don't Know
Blood Pressure checks	97.4	1.8	0.7
Medicines checks/reviews	82.4	15.0	2.6
Simple coughs/colds or chest infections	88.1	10.7	1.1
Aches and pains( back/muscle strains)	82.2	16.0	1.9
Eyes	58.7	37.9	3.3
Mild anxiety/mental health/stress	63.9	32.0	4.1
Personal problems/someone to talk to	74.3	21.1	4.5

### Other examples as provided by respondents included;

Counselling

Minor injuries

Dylan nurses have greater respect for the public as health professionals

Would still want to see the GP

Paediatric care

To relieve pressure on NHS provide more money to train staff to see people

Already use pharmacists

MS specialist check ups

As long as they're local

Hywel Dda has just removed services for midwifery, paediatrics, chiropodist and school dental from our local GP!!

We all now have to travel to Carmarthen for even simple blood tests.

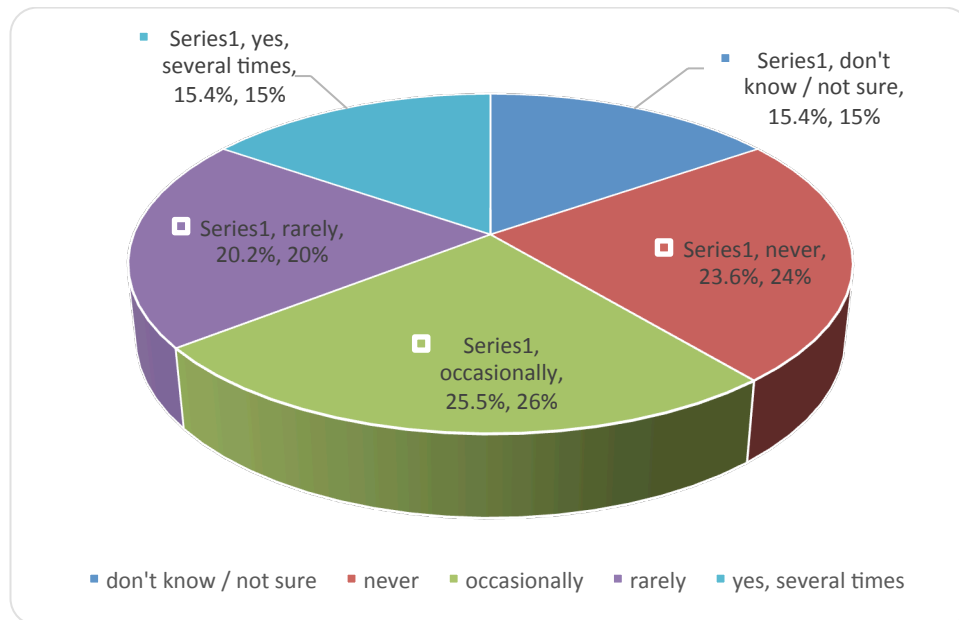
May save YOUR time but total inefficiency for us.

Anything to take the strain off as long as you could be referred for more important issues

**Statement 4 Health and Care services should make best use of resources (time, people, and money) and reduce waste to provide a sustainable, quality service**

**Question 17**

When asked if in the past 12 months the respondent or any member of their family had experienced inefficiency or wasteful practices (time, people, and money) the response rates indicated;



**Extensive free text was noted in support of question 17 and so it has been provided in full in Appendix 3**

## 4.2 Regional Feedback from the Focus Groups

### 4.2.1 South East Wales

This was a single focus group undertaken in Aberdare in Rhondda Cynon Taf with a mixed Communities First group plus their staff living in and around that surrounding area.

**Total in group = 11**

1. People should have a say in their own treatment and accept responsibility for their own health and wellbeing, as far as possible.		
Finger voting on the Trigger Statement – before discussion		Finger voting on the Trigger Statement – after discussion
<ul style="list-style-type: none"> <li>• Agree <b>9</b></li> <li>• Not sure</li> <li>• Need more information <b>2</b></li> <li>• Disagree</li> </ul>		<ul style="list-style-type: none"> <li>• Agree <b>11</b></li> <li>• Not sure</li> <li>• Need more information</li> <li>• Disagree</li> </ul>
	Thoughts	Suggested Solutions
1.1 What support do you think is needed, or what needs to happen to enable you to get involved in decision making about your care?	<p>Change the routines that are in place at the moment.</p> <p>Doctors need to be more understating of personal issues.</p> <p>Rectify disjointed referrals from GPs for further investigations.</p> <p>Length of waiting time to see a doctor before booking and once in the waiting room.</p> <p>There is a massive gap in mental health support.</p>	<p>More courses to help people understand and deal with their depression.</p> <p>Need more health professionals on the ground.</p> <p>Early (but not too early) intervention.</p> <p>Improve doctors listening skills – they need to listen to their patients and the parents of young children.</p>
1.2 What would help you to look after	Elderly patient without closed family suffer in silence.	Better supported access for elderly patients – possibly an advocate.

your health and wellbeing e.g. accessing information about exercise and diet?	<p>Work on continued prevention.</p> <p>Leisure centres are closing because of falling numbers making exercise more difficult to access.</p> <p>Lessons on diet control and eating/cooking healthily. If they are there – tell us about them!</p>	<p>More widely available and better health and fitness schemes which are either free or very affordable.</p> <p>The health and fitness schemes need to be age appropriate e.g.' for young people and elderly.</p> <p>Teach people to grow their own fruit and veg.</p>
1.3 What would help you to feel confident in being supported or receiving care at home or in a community setting?	<p>Need to be able to see your 'own' doctor</p> <p>GPs don't have long enough with you and you are told you can only talk about 1 health issue.</p>	<p>More time for GPs</p> <p>Receptionists not to give orders</p>
<b>2. Health and Social Care teams should work together to deliver seamless services that are joined-up, and centered on the person's needs.</b>		
<b>Finger voting on the Trigger Statement – before discussion</b> <ul style="list-style-type: none"> <li>• Agree <b>11</b></li> <li>• Not sure</li> <li>• Need more information</li> <li>• Disagree</li> </ul>		<b>Finger voting on the Trigger Statement – after discussion</b> <ul style="list-style-type: none"> <li>• Agree <b>6</b></li> <li>• Not sure <b>5</b></li> <li>• Need more information</li> <li>• Disagree</li> </ul>
	<b>Thoughts</b>	<b>Suggested Solutions</b>
2.1 What does a 'joined up' and 'seamless' service mean to you in practice? Prompt- all services under one roof, coordination between services, one	<p>Health people mislaying your notes is really frustrating as you have to start from scratch again and it takes so long from no fault of your own.</p> <p>People should not be prepared to wait so long for further follow up - months or even over a year.</p> <p>Communication write down your support package</p>	<p>One stop shop - all under one roof including dentists</p> <p>Quicker referrals with your notes emailed through</p>

phone call or appointment etc.?	<p>yourself.</p> <p>Nurses and nurse practitioners are a real help.</p> <p>More surgeries need to have more professionals so that you can see everyone in one place.</p> <p>May need different systems for older people.</p>	
<p>2.2 Would you object to health and social care services sharing data with each other about you to improve the coordination of your care?</p> <p>Yes/No.</p> <p>How do you feel about this?</p>	<p>All agreed but with the proviso of data security and all professionals to have clear protocols with assigned levels of clearance for data access.</p> <p>Support for elderly people</p>	<p>More use made of your NHS number as your personal patient number</p>
<b>3. Health and care services should make more use of digital advances and technology to improve service user experience</b>		
<b>Finger voting on the Trigger Statement – before discussion</b> <ul style="list-style-type: none"> <li>• Agree <b>6</b></li> <li>• Not sure <b>3</b></li> <li>• Need more information <b>2</b></li> <li>• Disagree</li> </ul>		<b>Finger voting on the Trigger Statement – after discussion</b> <ul style="list-style-type: none"> <li>• Agree <b>8</b></li> <li>• Not sure <b>3</b></li> <li>• Need more information</li> <li>• Disagree</li> </ul>
	<b>Thoughts</b>	<b>Suggested Solutions</b>

<p>3.1 Would you be willing to access health and care services using digital technology, if it meant you were treated quicker?</p> <p>How would you feel about using something like Skype or a smart phone app, via e-mail etc.?</p>	<p>Elderly maybe disadvantaged as they could be unable to access.</p> <p>As long as it doesn't replace face to face</p> <p>Availability and cost of devices, digital security.</p> <p>It should be an in/opt out choice.</p>	<p>Using digital photos sent into hospital by GP could speed up diagnosis and referral.</p>
<p>3.2 How do you think technology could support independent living? Prompt – for older people for instance, what part could technology play in keeping them out of hospital for as long as possible?</p>	<p>It will get better and better and the young generation will replace the old ones at the moment and it will become the norm. It could be excluding at the moment</p> <p>Need to be confident in security.</p> <p>Must remember that GP appointments maybe the only human contact some isolated older people get.</p>	<p>Lots of options discussed;</p> <p>Video/skype calling</p> <p>Internet /Wi-Fi cost and availability</p> <p>Texting appointment reminders</p>
<p><b>4. Health and care services should make best use of resources (time, people, and money) and reduce waste to provide a sustainable, quality service. (two people needed to leave at this point to pick children up from school)</b></p>		
<p><b>Finger voting on the Trigger Statement – before discussion</b></p> <ul style="list-style-type: none"> <li>• Agree - <b>8</b></li> <li>• Not sure <b>3</b></li> <li>• Need more information</li> </ul>		<p><b>Finger voting on the Trigger Statement – after discussion</b></p> <ul style="list-style-type: none"> <li>• Agree <b>9</b></li> <li>• Not sure <b>2</b></li> <li>• Need more information</li> </ul>

• Disagree		• Disagree
	Thoughts	Suggested Solutions
4.1. How would you feel about seeing a health care professional other than your GP? Prompt – others may be more suited to what you need e.g. nurses taking blood pressure, pharmacists checking your medication.	<p>We don't make enough use of all of the health and social care professionals too much emphasis/pressure on GPs.</p> <p>The others have more time and are good listeners.</p> <p>Lots of nurses are highly skilled.</p>	<p>Health professionals are all highly educated so they could all give advice on their area e.g. pharmacists, nurses.</p> <p>Give nurse practitioners more responsibility.</p> <p>Use Specialist Nurses as matter of course e.g. Diabetic, Asthma and Hay Fever nurses are all more cost effective and release GPs.</p> <p>More Health visitors and midwives - especially in the community.</p> <p>Go back to School Nurses – they can deal with lots of issues including LGBT.</p> <p>All of this will create more time for the more expensive GPs.</p>
4.2. Describe examples of waste or inefficiency that you have seen when using health or social care services	<p>Free prescriptions – good for some but too much stockpiling.</p> <p>Loosing medical notes causes extra confusion and time- maybe also repeated appointments and wastes patients' time. Also affects the economy as people have to take more time off work.</p> <p>Slow diagnosis after you have had the tests because not enough people to look at the results</p> <p>Wasted medication if packs are returned unopened Pharmacists still need to dispose of them – can't this be solved.</p>	<p>Target the people who abuse the system.</p> <p>Decide on strategies to avoid this miscue of free prescriptions e.g. sunscreens, paracetamol.</p> <p>Resolve waste on return to Pharmacy and target people stockpiling repeat medicines – could it be a return and refill system?</p>

#### 4.2.2 South West Wales

This was a single focus group undertaken in Llanelli Carmarthenshire with a group living in and around that surrounding area.

Total in group =12

1. People should have a say in their own treatment and accept responsibility for their own health and wellbeing, as far as possible.		
Finger voting on the Trigger Statement – before discussion		Finger voting on the Trigger Statement – after discussion
<ul style="list-style-type: none"> <li>• Agree <b>12</b></li> <li>• Not sure</li> <li>• Need more information</li> <li>• Disagree</li> </ul>		<ul style="list-style-type: none"> <li>• Agree <b>12</b></li> <li>• Not sure</li> <li>• Need more information</li> <li>• Disagree</li> </ul>
	Thoughts	Suggested Solutions
1.3 What support do you think is needed, or what needs to happen to enable you to get involved in decision making about your care?	<p>Professionals get defensive about giving information – ensure transparency within the system.</p> <p>GPs don't listen to self-diagnosis although it may be acute.</p> <p>One GP went on web MD to look something up in front of the patient – didn't instil confidence in their knowledge</p> <p>At the moment too many health professionals are worried about the 'blame culture' to give information away to patients.</p>	<p>More consultations with experts who can tell you clearly what you need to know to make those decisions.</p> <p>Make information available to individuals to formulate opinions – share knowledge.</p> <p>Give individuals clear steps on how they can have their say and accept responsibility.</p> <p>Give more time to people to talk about their situation</p> <p>Allow time for follow up appointments.</p> <p>Give individuals an opportunity for reflection so that they can think things through when they've been given information.</p>

1.4 What would help you to look after your health and wellbeing e.g. accessing information about exercise and diet?	<p>Some felt that exercise advice they got after treatment was really good and was given in a meaningful and clear way – it is then your duty to follow it up.</p> <p>Support is out there and these tests can be done but make people realise that they can ask for it.</p> <p>Some felt that some surgeries can get impatient with patients.</p>	<p>It would be good to get information online however not everyone is technically minded. But the downside of online information is that you can read too much into it.</p> <p>More positive screening should be available e.g. cholesterol, BP tests to avoid serious ailments happening.</p>
1.3 What would help you to feel confident in being supported or receiving care at home or in a community setting?	<p>The knowledge that the quality of care in these settings would be good</p> <p>Carers rushing as they haven't got the due time to give. Several mentioned that the companies who organise carers do not enable their carers to give the due appointed times – they short change the patient and therefore the quality of care becomes an issue.</p> <p>There is inconsistency currently in the quality of the service received at home/community settings.</p>	None provided
<b>2. Health and Social Care teams should work together to deliver seamless services that are joined-up, and centered on the person's needs.</b>		
<b>Finger voting on the Trigger Statement – before discussion</b> <ul style="list-style-type: none"> <li>• Agree <b>12</b></li> <li>• Not sure</li> <li>• Need more information</li> <li>• Disagree</li> </ul>		<b>Finger voting on the Trigger Statement – after discussion</b> <ul style="list-style-type: none"> <li>• Agree <b>12</b></li> <li>• Not sure</li> <li>• Need more information</li> <li>• Disagree</li> </ul>
	<b>Thoughts</b>	<b>Suggested Solutions</b>

2.1 What does a 'joined up' and 'seamless' service mean to you in practice? Prompt- all services under one roof, coordination between services, one phone call or appointment etc.?	<p>In an ideal world yes all under one roof but probably impractical, therefore a joined up coordinated service with good communication would be a possible desired outcome.</p> <p>At present it is so multi-faceted that people don't talk to each other.</p>	<p>Records should be made available to all – to create a hub that would enable you to get the full picture of the patient's needs</p> <p>Transfer logs would help – currently there doesn't seem to be this sharing of information.</p>
2.2 Would you object to health and social care services sharing data with each other about you to improve the coordination of your care?	This was agreed by all as long as confidentiality and security of information can be guaranteed. It needs to be dealt with in the 'right way' to avoid any embarrassing situations.	None provided
Yes/No.		
How do you feel about this?		
<b>3. Health and care services should make more use of digital advances and technology to improve service user experience</b>		
<b>Finger voting on the Trigger Statement – before discussion</b> <ul style="list-style-type: none"> <li>• Agree 11</li> <li>• Not sure 1</li> <li>• Need more information</li> <li>• Disagree</li> </ul>		<b>Finger voting on the Trigger Statement – after discussion</b> <ul style="list-style-type: none"> <li>• Agree 11</li> <li>• Not sure 1</li> <li>• Need more information</li> <li>• Disagree</li> </ul>

	Thoughts	Suggested Solutions
<p>3.1 Would you be willing to access health and care services using digital technology, if it meant you were treated quicker?</p> <p>How would you feel about using something like Skype or a smart phone app, via e-mail etc.?</p>	<p>Mixed response with one of the group indicating that as she doesn't use much it and would not be proficient in its use and feels a personal letter would be far better for her. The remainder commented that this was probably a generational issue as this kind of approach would really encourage the younger generation to take an active part in their own care however the elderly wouldn't be able to deal with this and would probably panic them more.</p> <p>The majority saw the benefit in this as a means to transfer information between services</p> <p>Some of the group mentioned that they were currently not allowed to see their information or had to pay for it if they wanted to!</p> <p>Concerns regarding loss of data and what would then happen were raised in discussion.</p>	<p>None provided</p>
<p>3.2 How do you think technology could support independent living? Prompt – for older people for instance, what part could technology play in keeping them out of hospital for as long</p>	<p>The fear as to whether older people would be able to access and use this technology? Would it frighten them and cause more anxiety?</p> <p>As the discussion progressed they became much more positive in their response to this question.</p>	<p>Develop the approaches used in Assisted Living accommodation many have this now and more of it could be advocated e.g. surveillance cameras in house and use of mobile phones etc.</p> <p>Look at the German system where they have bands to use as 'panic buttons' when help is needed and that this works well. Maybe utilise 'fitbit' type watches for the elderly as possible alarm mechanisms.</p>

as possible?		
<b>4. Health and care services should make best use of resources (time, people, and money) and reduce waste to provide a sustainable, quality service.</b>		
<b>Finger voting on the Trigger Statement – before discussion</b> <ul style="list-style-type: none"> <li>• Agree -</li> <li>• Not sure</li> <li>• Need more information <b>12</b></li> <li>• Disagree</li> </ul>		<b>Finger voting on the Trigger Statement – after discussion</b> <ul style="list-style-type: none"> <li>• Agree - <b>12</b></li> <li>• Not sure</li> <li>• Need more information</li> <li>• Disagree</li> </ul>
	<b>Thoughts</b>	<b>Suggested Solutions</b>
4.1. How would you feel about seeing a health care professional other than your GP? Prompt – others may be more suited to what you need e.g. nurses taking blood pressure, pharmacists checking your medication.	All happy to see other professional practitioners as long as they were fully trained and many feel that they already use those services now e.g. pharmacist gives advice to many to ease burden on surgery (e.g. consultation room at Tesco's pharmacy), others go to minor injuries unit. However some still had to go to the hospital for blood tests rather than with the nurse in surgery.	Any opportunity to ease burden on GP and A&E would be a good step forward in this area.  Possibility of self-referral for a blood/cholesterol tests This would be a good idea and encourage you to take care of your own health.
4.2. Describe examples of waste or inefficiency that you have seen when using health or social care services.	<p>Curtains at £500 a set being changed in a hospital ward 2 x within a short time frame – these thrown away into incinerator</p> <p>Staff having not communicated information between each other.</p> <p>Feedback of a relative of one of the group who was 6</p>	

	<p>months on his own in hospital as a stroke victim. As soon as a relative kicks up a fuss the patient immediately gets transferred – had they forgotten about him’!</p> <p>GPs – inconsistency and lack of shared knowledge of patient’s medication; contradicting advice and hence excessive spending on medication which wasn’t required. Co-ordination and management sadly lacking.</p> <p>Medication being prescribed (at a cost to NHS) rather than dealing with illness properly</p> <p>Paracetamol been given on prescription which is more costly (to NHS) than buying over the counter</p> <p>Different opinions on diagnosis – back and forth to hospital several times – quality of communication between professionals not good enough.</p>	
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### 4.2.3 Mid Wales

This was a single focus group undertaken in Builth Wells in Powys with a group living in and around that surrounding area.

Total in group =11

1. People should have a say in their own treatment and accept responsibility for their own health and wellbeing, as far as possible.		
Finger voting on the Trigger Statement – before discussion		Finger voting on the Trigger Statement – after discussion
<ul style="list-style-type: none"> <li>• Agree <b>11</b></li> <li>• Not sure</li> <li>• Need more information</li> <li>• Disagree</li> </ul>		<ul style="list-style-type: none"> <li>• Agree <b>11</b></li> <li>• Not sure</li> <li>• Need more information</li> <li>• Disagree</li> </ul>
	Thoughts	Suggested Solutions
1.5 What support do you think is needed, or what needs to happen to enable you to get involved in decision making about your care?	<p>More time needed with healthcare professionals, we get a maximum of 10minutes. If you are seeing a new doctor it takes that long to go through your history!</p> <p>Need more information about any condition and self-help / prevention rather than waiting till the complaint is so bad you need lots of treatment.</p>	<p>Continuity the opportunity to see the same health care professional.</p> <p>Enable cross agency sharing of the information with for example the physio beforehand so they can hit the ground running at your appointment.</p> <p>Provide paper copies for the older generation, we don't go on-line</p> <p>Provide a 'keep healthy' clinic for the older ones, could be combined with a social/community group</p>
1.6 What would help you to look after your health and wellbeing e.g. accessing information about exercise and diet?	<p>As a group who do look after our health and fitness. Information about classes/groups, is not well advertised, we saw a note in chemist window by chance.</p>	<p>Encourage sports centres to put on age appropriate classes for the over 50's or over 60's.</p> <p>Provide free / cheaper membership for older people e.g. £2.50 a drop-in a leisure centre and consider transport to get there in a public transport challenged rural area.</p>

	<p>We need sports centres to cater for our age.</p> <p>group or the exercise WE need (to stretch and keep supple to keep arthritis at bay not run or build muscle).</p> <p>It needs to be less expensive for pensioners</p> <ul style="list-style-type: none"> <li>- classes that we did have are shutting down</li> <li>- more advertising what's on.</li> </ul>	<p>Provide better information about classes/groups.</p> <p>Develop a community health pack to older people.</p> <p>Doctors need to be firmer with patients and tell them what to do, lose weight, eat better etc. GPs seen as the (free) solution to everything.</p>
1.3 What would help you to feel confident in being supported or receiving care at home or in a community setting?	<p>Continuity of care, seeing the same person(s) that know you and you feel safe and comfortable with.</p> <p>Old people don't want to be a nuisance and will say they are fine to someone they don't know, they won't say truthfully how they are, what they are feeling.</p>	<p>See the same carer, the elderly person will open up and preventative measures can be out in place, which would save money and keep them out of hospital possibly.</p> <p>Need regular visits at home not only when there's an issue.</p> <p>Allow more time with people, world is too rushed.</p> <p>Pay carers a better rate and they will be able to 'care' more (some carers don't get paid between visits so they rush).</p>
<b>2. Health and Social Care teams should work together to deliver seamless services that are joined-up, and centered on the person's needs.</b>		
<b>Finger voting on the Trigger Statement – before discussion</b> <ul style="list-style-type: none"> <li>• Agree <b>11</b></li> <li>• Not sure</li> <li>• Need more information</li> <li>• Disagree</li> </ul>		<b>Finger voting on the Trigger Statement – after discussion</b> <ul style="list-style-type: none"> <li>• Agree <b>11</b></li> <li>• Not sure</li> <li>• Need more information</li> <li>• Disagree</li> </ul>

	Thoughts	Suggested Solutions
<p>2.1 What does a 'joined up' and 'seamless' service mean to you in practice? Prompt- all services under one roof, coordination between services, one phone call or appointment etc.?</p>	<p>Frustration at 'joined up' – this should be would be that when you finally get to see your Consultant your blood tests (that you had weeks before) are actually there! Surely this is possible with the instant technology we have!</p> <p>Local treatment not having to be sent to be sent to Leominster from Hereford for treatment.</p> <p>Lack of a hospital in Builth Wells, the Cottage Hospital was closed, and is now a health care unit and makes people travel, that's not 'seamless'. We fought this as a Community but the decision was taken.</p> <p>Daily treatment isn't joined-up, have to go all over the place for bits of your treatment e.g. travel to Llandrindod for an X-ray! If you need an X-ray you probably can't travel!</p>	<p>Powys needs help</p>
<p>2.2 Would you object to health and social care services sharing data with each other about you to improve the coordination of your care?</p> <p>Yes/No.</p>	<p>If it were secure and shared only between health professionals-yes</p> <p>We don't feel Doctors care like they used to, you used to see a Doctor who knew you, your children and your family situation and so didn't need to share information</p> <p>Ambulances are being over-used in this area for things</p>	<p>Provide a decent Triage system / assessment. Good example - Llandrindod surgery does Triage so you reduce the number of people being sent into A&amp;E</p> <p>Could have late-night drop in sessions (for things like podiatry, physio) like the chemist does, come and chat and get an assessment / self-help</p> <p>This area needs something like a fortnightly 'specialist' clinic at the</p>

How do you feel about this?	<p>like people falling out of bed and can't get up? Surely there's a better use of ambulances? Then the person goes to A&amp;E and sent home the next day, why and how is this coordinated care?</p> <p>Out-of-hours doctor 'Shrop-Doc' will come out but won't physically examine you, they will call an ambulance to take you to hospital! Dread to think how much this costs.</p>	<p>hospital as Hereford doesn't like taking people from Wales, cross-border issues</p> <p>Provide an emergency dental unit needed so you don't go to A&amp;E</p> <p>Have Practice Doctors on-call so we don't bed-block</p> <p>Provide closer emergency facilities e.g. minor injuries unit Medical staff afraid of litigation will send you to hospital! Reduce this fear.</p>
<b>3. Health and care services should make more use of digital advances and technology to improve service user experience</b>		
<b>Finger voting on the Trigger Statement – before discussion</b> <ul style="list-style-type: none"> <li>• Agree 3</li> <li>• Not sure 3</li> <li>• Need more information</li> <li>• Disagree 5</li> </ul>		<b>Finger voting on the Trigger Statement – after discussion</b> <ul style="list-style-type: none"> <li>• Agree 2</li> <li>• Not sure</li> <li>• Need more information</li> <li>• Disagree 9</li> </ul> <p><i>*if this means patients too, then no</i></p>
	<b>Thoughts</b>	<b>Suggested Solutions</b>
<p>3.1 Would you be willing to access health and care services using digital technology, if it meant you were treated quicker?</p> <p>How would you feel</p>	<p>If this means using technology within and between services, yes, but if it means the 'user' having to use technology, then no.</p> <p>All fine if you are computer literate but the older generation is not comfortable with / do not have the technology at home like youngsters do.</p>	<p>Yes and use it for quicker X-ray / blood results to doctors</p> <p>Help us learn how to use technology and some of us will have a go!</p>

about using something like Skype or a smart phone app, via e-mail etc.?	<p>Too many leaks of information and insecure data.</p> <p>Cross-border communication needs improvement.</p>	
3.2 How do you think technology could support independent living? Prompt – for older people for instance, what part could technology play in keeping them out of hospital for as long as possible?	<p>Great idea but the generation you want to target are not able to use it.</p> <p>Carers could access the information to know their patients better.</p> <p>Older people get disoriented away from their homes anything we can do to keep them at home will be good news for everyone.</p>	<p>Skype could help check-in on people to get a daily update but elderly / ill people need personal human contact</p> <p>Use communication methods/social media to get together voluntary groups to visit people at home, lots of people can spare the time but there's no mobilisation / organization.</p> <p>Get our children to train us how to use computers / phones.</p>
<b>4. Health and care services should make best use of resources (time, people, money) and reduce waste to provide a sustainable, quality service.</b>		
<b>Finger voting on the Trigger Statement – before discussion</b> <ul style="list-style-type: none"> <li>• Agree <b>11</b></li> <li>• Not sure</li> <li>• Need more information</li> <li>• Disagree</li> </ul>		<b>Finger voting on the Trigger Statement – after discussion</b> <ul style="list-style-type: none"> <li>• Agree <b>11</b></li> <li>• Not sure</li> <li>• Need more information</li> <li>• Disagree</li> </ul>
	<b>Thoughts</b>	<b>Suggested Solutions</b>

<p>4.1. How would you feel about seeing a health care professional other than your GP? Prompt – others may be more suited to what you need e.g. nurses taking blood pressure, pharmacists checking your medication</p>	<p>Good idea, we already use Boots here and would be happy to see anyone. We have to travel to Brecon for something as simple as ear syringe treatment.</p> <p>Our Practice nurses do a lot here and are well trained.</p> <p>Care needs to be Community-focused; the 'Community Car' costs £30 a trip, unaffordable for the elderly or infirm.</p>	<p>Provide a diabetic Nurse.</p> <p>Provide Physiotherapy treatment.</p> <p>Train and provide a Practice Nurse to see the same day as your Doctor's appointment and not have to make a 2nd appt.</p> <p>Self-referral works well then you can bypass your GP (things like podiatry, ears etc).</p>
<p>4.2. Describe examples of waste or inefficiency that you have seen when using health or social care services</p>	<p>Chemists could do tablet-reviews here; you don't need to see GP every time, wasting appointments. It is inefficient for US to travel miles several times</p> <p>Older people cannot be discharged from hospital until they have had a home-care pack/assessment...but there is a backlog so that elderly person bed blocks in hospital when they need and want to go home! It then takes so long that they have become disoriented in an alien environment and causes further problems when they do finally get home!</p> <p>Lack of funding for respite which would help in the longer-term.</p> <p>Not many patients in a new facility here, meaning empty beds as no staff to work there.</p>	<p>Prescriptions, people should pay a little possibly towards their prescription to think whether they really need it &amp; to stop 'stock-piling' of tablets, tablets given, but never taken, must be millions of pounds wasted</p> <p>Put the excess money the Shrop-Doc earns back into the system!</p> <p>Triage at Llandrindod to avoid calling an ambulance, these vehicles are used for anything and everything not just emergencies, definitely over-used but this is because there aren't systems here in place to assess first.</p> <p>Think about the Transition from hospital to home. Stop taking away local services especially to rural areas with an ageing population and little public transport.</p> <p>Charge people whose visit is down to their misuse of alcohol, like we have car insurance! No alcohol-related injuries, your premium goes down!</p>

	A&E waiting time is excessively long, needs to be just called E Emergency, and have somewhere else for A Accident. Change the name and nature of it.	
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#### 4.2.4 North Wales

This is a composite of two focus groups undertaken in North Wales, one in Bala (Gwynedd) and the other in Llawryst (Conwy) in order to provide a geographical and socio-demographic coverage;

**Total of two groups = 19**

Statement 1. People should have a say in their own treatment and accept responsibility for their own health and wellbeing, as far as possible.		
Finger voting on the Trigger Statement – before discussion		Finger voting on the Trigger Statement – after discussion
<ul style="list-style-type: none"> <li>• Agree <b>19</b></li> <li>• Not sure</li> <li>• Need more information</li> <li>• Disagree</li> </ul>		<ul style="list-style-type: none"> <li>• Agree <b>19</b></li> <li>• Not sure</li> <li>• Need more information</li> <li>• Disagree</li> </ul>
	Thoughts	Suggested Solutions
1.1 What support do you think is needed, or what needs to happen to enable you to get involved in decision making about your care?	<p>Communication is a real issue with too many decisions being made behind closed doors and bureaucracy gets in the way.</p> <p>Decision making on care and health options should be down to the User UNLESS it can be shown they are incapable of doing so.</p>	<p>Better communication of the options available to support the service user in full consultation with the service provider.</p> <p>Involve the individual patient/client needs to be involved in any decision right from the start.</p> <p>Families should automatically be included in decision making wherever possible to help the service user to understand and weigh up options.</p>

	<p>The support is on offer and how it will be implemented by the service provider should be explained better.</p> <p>It should be the up to the user what kind of care they get and the Carer should be a supporter NOT in charge.</p>	<p>Individuals should be able access your own records without cost and be able to take a copy away with you.</p> <p>Have a 1 stop shop for all HSC.</p>
<p>1.2 What would help you to look after your health and wellbeing e.g. accessing information about exercise and diet?</p>	<p>Good quality supported housing with health and wellbeing appropriately supported is much needed.</p> <p>Wellbeing needs to be part of a community to support each other.</p> <p>But confidentiality needs to be maintained in ad hoc groups</p> <p>Access to some activities such as “Chairobics” and choirs are often poorly coordinated and left up to individuals to arrange/fund.</p> <p>Too many people use Google to self-diagnose and this is often wrong</p>	<p>Improve communication of relevant information between services that support an individual’s needs e.g. doctor to physio to fitness service</p> <p>Improve information on courses and classes to support people and highlight where they are free. Providing a more coordinated approach to advertising and supporting specific health and wellbeing activities within supported care settings.</p> <p>Build in more community support so people can take responsibility for arranging activities themselves</p> <p>Provide more transport to targeted activities, including socialising activities that support the mental health of elderly lonely people.</p> <p>Ensure that groups are regulated to maintain confidentiality and assure quality</p>

1.3 What would help you to feel confident in being supported or receiving care at home or in a community setting?	<p>The group felt that the care they received at Awel y Coleg is excellent and were unable to identify any additional factors. Possible case study.</p> <p>However there was a clear opinion in the other NW group that there is an over reliance on sub-contracting of care, often to unskilled workers.</p>	<p>The factors the group mentioned that make care excellent included:</p> <ul style="list-style-type: none"> <li>• A feeling of security</li> <li>• Access to support staff 24 hours a day</li> <li>• Regular home visits from HSC professions</li> <li>• A feeling of community and inclusion in society</li> <li>• The feeling that they are listened to</li> <li>• Increasing the continuity of staff to allow building of rapport and trust between client and carer</li> <li>• Provision of carers with more time and training to ensure the care is more personalized and sufficient</li> <li>• The need more Welsh language support.</li> </ul>
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2. Health and Social Care teams should work together to deliver seamless services that are joined-up, and centered on the person's needs.		
Finger voting on the Trigger Statement – before discussion		Finger voting on the Trigger Statement – after discussion
<ul style="list-style-type: none"> <li>• Agree <b>19</b></li> <li>• Not sure</li> <li>• Need more information</li> <li>• Disagree</li> </ul>		<ul style="list-style-type: none"> <li>• Agree <b>19</b></li> <li>• Not sure</li> <li>• Need more information</li> <li>• Disagree</li> </ul>
	Thoughts	Suggested Solutions
2.1 What does a 'joined up' and 'seamless' service mean to you in practice? Prompt- all services under one roof, coordination between services, one phone call or	<p>All contributors were clear that they felt there is effective and efficient linking up of HSC services in the area although transport to wider service is an issue.</p> <p>Everyone should be able to see and approve anything written about them.</p> <p>Some frustration about the lack of sharing information across services e.g. social care notes do tend to stay in</p>	<p>There should be set of notes common to all services</p> <p>Communication between services should be improved so that no-one falls through the gap</p> <p>Give staff/carers more time to prepare – too often you have to tell them every detail from scratch as they haven't had chance to read about your needs first</p>

appointment etc.?	the home and are used by all social carer workers but not always shared with health.	<p>Putting some local services all under one roof, in rural areas is a good idea. The most important factor is good and effective communication between all services with the service user kept fully informed.</p> <p>Have a single call point for all out of hours HSC services but have a person answer rather than an automated answer service that many complain is too confusing.</p>
<p>2.2 Would you object to health and social care services sharing data with each other about you to improve the coordination of your care?</p> <p>Yes/No.</p> <p>How do you feel about this?</p>	<p>All contributors agreed that sharing of data was acceptable, provided the service user agreed.</p> <p>But there was some slight concern over security of data.</p>	<p>Make sharing of data to co-ordinate care, standard practice, <b>provided permission is given</b>. If the service user is unable or unwilling to give permission then family should be consulted if it is in the person's best interest.</p> <p>People need to know and understand who can access their data and why they need to do so.</p>
<b>3. Health and care services should make more use of digital advances and technology to improve service user experience</b>		
<b>Finger voting on the Trigger Statement – before discussion</b> <ul style="list-style-type: none"> <li>• Agree <b>16</b></li> <li>• Not sure</li> <li>• Need more information <b>3</b></li> <li>• Disagree</li> </ul>		<b>Finger voting on the Trigger Statement – after discussion</b> <ul style="list-style-type: none"> <li>• Agree <b>18</b></li> <li>• Not sure <b>1</b></li> <li>• Need more information</li> <li>• Disagree</li> </ul>
	<b>Thoughts</b>	<b>Suggested Solutions</b>

<p>3.1 Would you be willing to access health and care services using digital technology, if it meant you were treated quicker?</p> <p>How would you feel about using something like Skype or a smart phone app, via e-mail etc.?</p>	<p>Many felt that this already happens in many places and would inevitably happen anyway.</p> <p>It is okay as long as the person is given full support to use the technology. One person was uncomfortable with the idea of being pressured into using technology they were not confident with</p> <p>Some were aware of use by doctors of Skype for appointments in rural areas and the patient feedback ipad system used in a local hospital.</p> <p>Most thought it had its advantages but a few were concerned over access to the technology e.g. would you be at a disadvantage if you couldn't use Skype?</p> <p>There should be a choice to not use technology if you don't want to.</p> <p>Concerns over lost or mis-handled data.</p>	<p>This is a good idea provided it is used to support continuity of care and you can opt out without penalty if you don't want to use it</p> <p>Skype and similar digital portals are useful, especially if access to a professional is limited by distance. However, it must never be allowed to replace a personal touch of a doctor or a carer.</p> <p>Use Skype or an app to access appointments or update routine checks e.g. pharmacy review.</p> <p>Roll out more use of patients inputting their own information on tablets while waiting for appointments. This information should then be available to all professionals who subsequently see them and saves having to repeat the same answers several times during each hospital/specialist appointment ( currently happens at Robert Jones and Agnes Hunt Orthopedic Hospital, Shropshire)</p>
<p>3.2 How do you think technology could support independent living? Prompt – for older people for instance, what part could technology play in keeping them out of hospital for as long as possible?</p>	<p>There was a significant worry that technology could be used to replace human contact</p> <p>Some reported that they already use Skype to contact their personal carers to good effect</p> <p>Good use of personal alarm bracelets reported which link to on site carers' iPhones</p>	<p>Use technology such as unobtrusive monitoring of movements, water use etc. to help support vulnerable people</p> <p>Promote and fund better use of technology such as Skype/FaceTime to support families to help maintain vulnerable peoples' independence</p> <p>Use technology to help isolated people keep in touch with care services and monitor their health remotely and support their well-being.</p> <p>People should be able to have their family who live away, join them on Skype at appointment the service user attends with HSC professions in person.</p>

4. Health and care services should make best use of resources (time, people, and money) and reduce waste to provide a sustainable, quality service.		
Finger voting on the Trigger Statement – before discussion		Finger voting on the Trigger Statement – after discussion
<ul style="list-style-type: none"> <li>• Agree 18</li> <li>• Not sure</li> <li>• Need more information 1</li> <li>• Disagree</li> </ul>		<ul style="list-style-type: none"> <li>• Agree 18</li> <li>• Not sure 1</li> <li>• Need more information</li> <li>• Disagree</li> </ul>
	Thoughts	Suggested Solutions
4.1. How would you feel about seeing a health care professional other than your GP? Prompt – others may be more suited to what you need e.g. nurses taking blood pressure, pharmacists checking your medication.	<p>Some felt that it depended on what you need to see the professional about.</p> <p>What about complimentary medicine such as chiropractors and hypnotherapists?</p> <p>This is already common practice for the contributors at Awel y Coleg and they expressed satisfaction with the service.</p>	<p>Make the public aware of what the other professionals can do for them that makes it better to see them rather than the doctor.</p> <p>Ensure that the other health professionals are appropriately trained and you have a choice to still see the doctor if you feel you need to.</p> <p>Don't give the impression that you are being pointed to the practice nurse because the doctor is too busy to see you and the nurse is a second reserve or back up.</p>
4.2. Describe examples of waste or inefficiency that you have seen when using health or social care services	<p>"Too many "men in suits".</p> <p>Cancelling of hospital appointments at very short notice was a big concern.</p> <p>Inconsistencies in timetabling of carer visits causes much time wasting. Staff are often late or rushing to catch up and move to the next visit some distance away only to have to return to see another client down the corridor later – should be better co-ordination to save wasting time and travel money. This also happens with</p>	<p>Have a more effective method of returning un-used or no longer needed medical equipment and drugs and too much medication is wasted due to over prescribing.</p> <p>Too much time is wasted repeating information to hospital staff, social workers or carers – put it all on one data base.</p> <p>When HSC professions are arranging home visits they should take more care over coordinating appointments to save wasting travel time.</p>

	visiting chiropodists, opticians and mental health support workers.	Hospital transport should be better coordinated to improve efficiency – non-emergency ambulances could carry more people at a time.
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## Parliamentary Review into Health and Social Care in Wales

1. Age group ☐ 16-29 ☐ 30-49 ☐ 50-69 ☐ 70+

2. Have you heard about this Review? ☐ Yes ☐ No

3. From your own personal experience of the health and social care services, how satisfied have you been?

☐ 1 Very Satisfied ☐ 2 Slightly satisfied ☐ 3 Don't know / Not sure ☐ 4 Slightly dissatisfied ☐ 5 Very dissatisfied

4. How strongly do you feel that change is needed in health and social care services in Wales?

☐ 1 Very strongly ☐ 2 Quite strongly ☐ 3 Don't know / Not sure ☐ 4 Not very strongly ☐ 5 No need for any change

**Statement 1: "People should have an increased say in their own treatment and accept responsibility for their own health and wellbeing as far as possible"**

5. Do you think people should have an increased say in their own treatment or care?

☐ Yes ☐ No ☐ I don't know / not sure / it depends

6. Do you think as far as possible people should accept responsibility for their own health and wellbeing?

☐ Yes ☐ No ☐ I don't know / not sure / it depends

7. Which of the following would help you to get more involved in decisions about your care?  
(tick the 3 options you think are most important)

- ☐ better information about my condition/situation from health and care professional
- ☐ standardized electronic information available for me to access at home
- ☐ national website where I can learn about my condition/situation (eg barcode info)
- ☐ more time with my healthcare professional
- ☐ telephone helpline
- ☐ printed literature and leaflets from health and care settings
- ☐ Other (please specify):

8. What do you think stops people from looking after their own health and wellbeing (by eating healthily, taking regular exercise, stopping smoking etc.?)

*(for example - lack of information, lack of motivation, financial reasons, mental health issues, time constraints, inadequate support, ingrained habits...?)*

**Statement 2: "Health and Social Care teams should work together to deliver seamless services that are joined-up, and centred on the person's needs"**

9. What would a 'joined up' and 'seamless' service mean to you in practice?

- ☐ all services under one roof
- ☐ coordination between services
- ☐ one phone call or appointment
- ☐ the sharing of information between professional services
- ☐ Other (please specify):

10. Do you think better sharing of information between health and social care services would improve the speed and coordination of an individual's care?

- ☐ Yes                      ☐ No                      ☐ I don't know/not sure

11. Would you be happy for health and social care services to securely share data about you to improve the speed and coordination of your care?

- ☐ Yes                      ☐ No                      ☐ I don't know/not sure

**Statement 3: "Health and Care services should make more use of digital advances and technology to improve service user experience"**

12. To what extent do you agree with this statement?

"Health and Care services should make more use of digital advances and technology to provide a better service" *(for example, Skype appointments, online booking systems)*

☐ 1  
Strongly  
agree

☐ 2  
Quite  
strongly

☐ 3  
Don't know /  
not sure

☐ 4  
Disagree

☐ 5  
Strongly  
disagree

13. If it meant being seen more quickly, would you be willing to use digital technology *(such as a Skype appointment, or a diagnosis via e-mail)* to access your health and care services?

☐ 1  
Yes  
definitely

☐ 2  
Possibly

☐ 3  
Don't know /  
not sure

☐ 4  
Probably  
not

☐ 5  
Definitely  
not

14. If not why not?

15. What part do you think technology could play in supporting independent living? *(the elderly for instance, what part could technology play in helping them remain in their own home rather than hospital or elsewhere?)*

16. To relieve pressure on GPs, would you feel happy seeing a suitably trained health care professional other than your GP (*such as a nurse, physiotherapist, pharmacist*) for the following reasons?

a) Blood pressure checks?

Yes      No      Don't  
know

b) Medicine checks / reviews?

c) Simple coughs, colds, chest infections?

d) Aches and pains (back, muscle strains)?

e) Eyes?

f) Mild anxiety, mental health, stress?

g) Personal problems, someone to talk to?

Other? (*please note*)

**Statement 4: "Health and care services should make best use of resources (time, people, money) and reduce waste to provide a sustainable, quality service"**

17. In the last 12 months have you or any member of your family experienced any inefficiency or wasteful practices (people, time, money)?

- ☐ yes, several times
- ☐ occasionally
- ☐ don't know / not sure
- ☐ rarely
- ☐ never

If you're happy to, please provide brief details of the circumstances:

## Parliamentary Review into Health and Social Care

Cazbah has been commissioned by the Parliamentary Review into the future of Health & Social Care in Wales to gather the views of public audiences from across Wales into 'What would a good health and care service looks like?'

### Background

The Parliamentary Review into Health and Social Care published its interim report on the 11th of July and ahead of publishing its final report by December 2017 the Review wants to ensure that the public is aware of Review and is given the opportunity to feed into the process, and share their views on health and care services. <https://beta.gov.wales/review-health-and-social-care-wales-interim-report>

In order to support the Review in securing feedback from the public we aim to provide facilitated feedback opportunities for a series of public audiences.

The public engagement process will seek to provide two alternative feedback methodologies across Wales with each interaction aiming to;

- raise awareness that the Review is taking place
- explore the case for change, and the consequences of change
- gather the public views as an insight into 'What would a good health and care service looks like?'

### Focus Group Introduction

- I am part of the team that has been commissioned by Parliamentary Review into Health and Social Care to explore and gather feedback on the future of health and social care in Wales from a range of public audiences via a series of focus groups and public engagement opportunities.
- We will aim to provide an opportunity and enable people such as yourselves to feedback their opinions and views using a series of trigger statements each with accompanying supplementary questions.
- Our options provide for facilitated more in depth discussion via the focus group sessions and conversational questionnaire feedback via our presence at a series of targeted public events .
- Any information you provide may be included in the final report to the Parliamentary Review but comments will **not** be attributed to any individuals or organisations.
- The focus group is likely to take about 60 minutes.
- Are there any questions that you would like to ask me before we start?

**Brief description of the Focus Group:**

<b>Name of key contact</b>	
<b>Contact Details</b>	
<b>Venue Details</b>	
<b>Date of Focus Group</b>	

**Attendees**

<b>Names</b>	
<b>1</b>	<b>8</b>
<b>2</b>	<b>9</b>
<b>3</b>	<b>10</b>
<b>4</b>	<b>11</b>
<b>5</b>	<b>12</b>
<b>6</b>	<b>13</b>
<b>7</b>	<b>14</b>

<b>1. People should have a say in their own treatment and accept responsibility for their own health and wellbeing, as far as possible.</b>		
<b>Finger voting on the Trigger Statement – before discussion</b>  <b>Agree</b> <b>Not sure</b> <b>Need more information</b> <b>Disagree</b>		<b>Finger voting on the Trigger Statement – after discussion</b>  <b>Agree</b> <b>Not sure</b> <b>Need more information</b> <b>Disagree</b>
	<b>Thoughts</b>	<b>Suggested Solutions</b>
1.1 What support do you think is needed, or what needs to happen to enable you to get involved in decision making about your care?		
1.2 What would help you to look after your health and wellbeing e.g. accessing information about exercise and diet?		
1.3 What would help you to feel confident in being supported or receiving care at home or in a community setting?		

**2. Health and Social Care teams should work together to deliver seamless services that are joined-up, and centred on the person's needs.**

**Finger voting on the Trigger Statement – before discussion**

Agree  
Not sure  
Need more information  
Disagree

**Finger voting on the Trigger Statement – after discussion**

Agree  
Not sure  
Need more information  
Disagree

	<b>Thoughts</b>	<b>Suggested Solutions</b>
2.1 What does a 'joined up' and 'seamless' service mean to you in practice? Prompt- all services under one roof, coordination between services, one phone call or appointment etc.?		
2.2 Would you object to health and social care services sharing data with each other about you to improve the coordination of your care? Yes/No. How do you feel about this?		

3.Health and care services should make more use of digital advances and technology to improve service user experience		
Finger voting on the Trigger Statement – before discussion		Finger voting on the Trigger Statement – after discussion
Agree Not sure Need more information Disagree		Agree Not sure Need more information Disagree
	Thoughts	Suggested Solutions
3.1 Would you be willing to access health and care services using digital technology, if it meant you were treated quicker? How would you feel about using something like Skype or a smart phone app, via e-mail etc.?		
3.2 How do you think technology could support independent living? Prompt – for older people for instance, what part could technology play in keeping them out of hospital for as long as possible?		

<b>4. Health and care services should make best use of resources (time, people, money) and reduce waste to provide a sustainable, quality service.</b>		
<b>Finger voting on the Trigger Statement – before discussion</b>  <b>Agree</b> <b>Not sure</b> <b>Need more information</b> <b>Disagree</b>		<b>Finger voting on the Trigger Statement – after discussion</b>  <b>Agree</b> <b>Not sure</b> <b>Need more information</b> <b>Disagree</b>
	<b>Thoughts</b>	<b>Suggested Solutions</b>
4.1. How would you feel about seeing a health care professional other than your GP? Prompt – others may be more suited to what you need e.g. nurses taking blood pressure, pharmacists checking your medication		
4.2. Describe examples of waste or inefficiency that you have seen when using health or social care services		

## Parliamentary Review into Health and Social Care

## Appendix 3

**Question 17 - free Text**

When asked if in the past 12 months the respondent or any member of their family had experienced inefficiency or wasteful practices (time, people, money) all of the free responses are listed below.

**Two positive responses even though the question asked for the negative – the respondents wanted these recorded;**

*Not that I'm aware, health care has always been really good for me and my family*

*The NHS is providing a valuable service despite reduction in funding over several years.*

**The remaining responses in full;**

Auntie's friend gets "free" paracetamol regularly prescribed and passes it on.

I refuse to accept it telling her she should cancel this repeat prescription

she's loaded and should buy her own!!

Fed up of seeing people missing appointments - numbers displayed in surgery.

If you book 2 weeks ahead which is the only other option to appointments on the day - many are better by then and do forget.

Why not text or phone for reminders like optician, dentist etc

999 1st responder ambulance came and broke down so a 2nd ambulance called- non urgent case anyway

Appointment times overrunning yet the patient dare not be late.

Waiting times are becoming a thing to expect

Broke my shoulder and had to wait 8mnths for a pain injection.

Also told to go to a hospital many miles away but had no transport.

Child due an operation - team ready but was cancelled due to no bed being available

Couldn't diagnose properly And forgot to do stitches properly

Difficulty in getting doctor's appointments meaning visits to A& E.

No access to Dr meaning incorrect prescriptions being wasted

Forgotten appointments

Front of office staff - interpersonal skills need help

GP appears to take too long to get.

Stop treating people with no entitlement to NHS services.

Had heart scan and not heard yet results!!

Had to wait 5hrs to be seen at Prince Charles hospital.

They sent me to a hospital far away not my local one.

Poor attitude sometimes like old people are a pain!

I provided details of health issues and next time I went there was no record of it. Had to do it all again

I work in mental health and people never see the same professional so there is a lot of repeating of history and wasted time

Incorrect medical review. Wrong tablets given making patient a lot worse. Actually gave her suicidal thoughts.

Insufficient time with healthcare professionals leading to errors

Lack of communication re. Medical services

Long wait for his app so have to go a& e

It is very difficult to talk to the surgery To arrange an appointment, an online system would be much better for people who work full time

Making hundreds of people travel miles

Medical receptionist not following guidelines for admitting patients to correct areas

Mental health dismissed & generalised

Missed diagnosis

Monthly prescriptions for regular requirements. Why do this 12 times a year - used to work quarterly but changed to monthly

Mother suffered neglect- waiting list for many months - no change or review of mess left on wrong beds.

A lot of money wasted on transgender ops

Not enough medical or financial support

Our nearest hospital is the Countess of Chester which is 15 minutes away.

The Welsh Health Board have several times tried to insist that we use Wrexham Maelor Hospital which is 30 miles away, with often heavy traffic. If this was when my husband was having one of his 23 heart attacks, he would be dead by now !!! (They tried to insist his cardiac care was transferred to Wrexham)

Paediatric issues: waste of money - my child's medication has to be taxied up from Carmarthen because it's not been ordered in advance.

Admin is very poor - we have to keep on top of appointments as no-one rings us or lets us know.

Already 3mnths behind. If my child were a neglected child he'd be under the radar in this authority ... very worrying

People smoking in hospitals

Pointless counselling

Eye problems and my father's cataract in private a long wait for NHS treatment

Records being lost

Long waiting times

Doctors overworked

Repeat conversations!

STD clinic appointment booking and waiting time

Test results missing

The NHS is providing a valuable service despite reduction in funding over several years