Call to Action: Engagement Report
for Calderdale CCG

Author: Dawn Pearson
Date: January 2014
1. Background

Nationally, the NHS launched its ‘Call to Action’ - a national debate to:

- Build a common understanding about the need to renew our vision of the health care service, particularly to meet the challenges of the future;
- Give people an opportunity to tell us how the values that underpin the health service can be maintained in the face of future pressures;
- Gather ideas and potential solutions that inform and enable CCGs to develop 3-5 year commissioning plan; and
- Gather ideas and potential solutions to inform and develop national plans, including levers and incentives for the next 5 – 10 years.

Every CCG was expected to play an active role in encouraging local people to participate in the ‘Call to Action’ key actions required to deliver this engagement included:

- Signposting and awareness – through local media, social networking, websites, internal and external bulletins and other local communication mechanisms on ‘National Call to Action’.
- Active engagement of local communities – through face-to-face events, online discussions, public meetings and through conversations with key stakeholders.

There has been no additional resource to deliver the Call to Action communications, engagement and equality work and all activities have been resourced by the CCG. In addition, GP practices have been contacted directly to support the national campaign, specifically relating to a Call for Action on general practice. Each practice received promotional literature.

2. Purpose of report

The purpose of this report is to report on the engagement activity that has taken place to support the ‘National Call to Action’ from the period October to November 2013, to describe the methods of delivery and present the findings and:

- To inform the CCG that the findings of this report will also be combined with the findings of ‘Call to Action’ engagement activity from Greater Huddersfield CCG to support the public voice in the delivery of ‘Calderdale and Huddersfield Strategic Review’.
- To inform the CCG that the local findings will also be shared with NHS England as part of a ‘National Call to Action’.
3. Method of Engagement

The National Call to Action asked the public to give their views on four broad but fundamental questions, these questions were:

- How can we improve the quality of NHS care?
- How can we meet everyone’s healthcare needs?
- How can we maintain financial sustainability?
- What must we do to build an excellent NHS now and for future generations?

An action plan (see appendix 1) and a survey (see appendix 2) were developed to collect public views on ‘Call to Action’. The survey was developed using the ‘Call to Action’ broad questions and a number of more detailed questions contained in the accompanying document.

We used the detailed questions to engage with local people so they could respond to questions that were more relevant to individual experiences to ensure people could engage fully. This survey was made available in an online, electronic and paper version. The survey included a background to Call to Action along with a link to further national information provided by NHS England. The survey was then used to engage public, patients and carers through a number of activities. The approach for each is set out below:

3.1 Information about Call to Action was sent to all voluntary and community groups held on our Relationship Matrix with a link to the online survey and a printable copy of the survey. An invitation was also made for members of the CCG to attend a group’s meeting to discuss Call to Action further.

3.2 The Calderdale Health Forum have been made aware of the Call to Action work at their October meeting and members were asked to complete the survey to share their ideas and thoughts.

3.3 Information about Call to Action was included on the NHS Calderdale Clinical Commissioning Group website, including a background to the project with a link to national information from NHS England, links to the online survey and the printable copy along with alternative contact details for further information.

3.4 Community Asset Project – we used Call to Action as an opportunity to further develop our engagement assets in Calderdale. We set up a series of two training sessions for interested voluntary and community groups on becoming trained community assets for the delivery of engagement. The training included two sessions on public engagement legislation and delivery. Participating groups were asked to deliver ‘Call to Action’ conversations as part of the training.

3.5 ‘It’s My Health Day’ is a West Yorkshire wide event held for people with a Learning Disability. Staff from the Engagement team at NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit attended the event with an adapted, easy read version of the ‘Call to Action’ survey. Seventeen responses were received from the event. Postcode and equality monitoring information was not captured using this survey.

3.6 Local response to ‘Call to Action’ – we offered an opportunity to local areas to respond to ‘Call to action’ using film. Ovenden ward took up this offer and an opportunity for local people to talk to us on film was hosted in the community venue of ‘Threeways’ based in Ovenden, Halifax.
4. Findings

We received responses from a number of responses from people in Calderdale using both social media and engagement activities. In total we received contributions from 280 people. The findings presented have identified the key local themes and comments from the public. In addition we have embedded in the document a community film and presented our findings from people with a learning disability, people with a physical disability, women and people with dementia separately.

4.1 Key messages from general survey.

There were 13 grass root themes raised by local people in Calderdale. These themes have been rated by the number of times they were referred to during the engagement process. The table below identifies how many times the theme was raised and rates them in order of number of comments received.

<table>
<thead>
<tr>
<th>Key message</th>
<th>Number of comments Calderdale</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education and information</td>
<td>240</td>
<td>280</td>
</tr>
<tr>
<td>Invest in the community</td>
<td>164</td>
<td>211</td>
</tr>
<tr>
<td>National solutions and campaigns</td>
<td>151</td>
<td>186</td>
</tr>
<tr>
<td>Self Care</td>
<td>152</td>
<td>185</td>
</tr>
<tr>
<td>Improve access to health services</td>
<td>119</td>
<td>137</td>
</tr>
<tr>
<td>Staff and training</td>
<td>86</td>
<td>110</td>
</tr>
<tr>
<td>Working together</td>
<td>79</td>
<td>98</td>
</tr>
<tr>
<td>Regular check ups</td>
<td>69</td>
<td>93</td>
</tr>
<tr>
<td>Discharge planning and better hospitals</td>
<td>78</td>
<td>88</td>
</tr>
<tr>
<td>Manage risk and safeguarding</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td>More services in the community</td>
<td>51</td>
<td>51</td>
</tr>
<tr>
<td>Invest in technology</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>Accountability</td>
<td>17</td>
<td>17</td>
</tr>
</tbody>
</table>

4.2 ‘Grass Root’ themes in more detail

4.2.1 Education and information. All information from the NHS should be available in easy to understand formats and use a variety of different methods to reach the appropriate audience.

- There needs to be more information about how to maintain health and wellbeing and how to avoid preventable conditions
- More information on the services available and how to access them
- Education courses should be available for specific conditions and general health and wellbeing, preferably delivered by people with the condition themselves to provide peer support
- Education on diet, nutrition and lifestyle especially health heating and cooking skills.
- More education and information for young people – start at school, use Sure Start centres
- Educate people in public places – free classes in the community
4.2.2 Invest in the community. Invest in community and primary care, as well as local community and voluntary groups that provide support for local people with health conditions.

- Utilise youth clubs and community centres and put services in existing community buildings
- Engage with work places in the local area
- Provide services on varying days and times
- Give communities choice and control – talk to us
- Look at transport, getting about in the area and parking
- Identify community representatives
- Reduce isolation and inequalities in health
- We want exercise classes, nutrition and cooking advice that are free or subsidised

4.2.3 National solutions and campaigns are needed; there were calls for changes to be made on a national scale. This included:

- Changes made by government, such as charging for unhealthy lifestyles such as high taxes on sugar, junk food, alcohol and smoking to help subsidise healthier lifestyles
- Campaigns to raise awareness of exercise and healthy food options
- Acknowledgement that society needs to change, rather than or along with the NHS

4.2.4 Self Care the term used by respondents was not ‘Self Care’ but self-help, self-management (manage) or ‘helping people cope’. Self-management (care) was a strong theme, this is how it was described:

- Care that is personalised with the support of specialist staff
- Access to support groups with clinicians attending
- Places where you can drop in to get advice, support, assistance and equipment in the local community
- Courses on self-management, nutrition, prescribed exercise
- Involvement of wider networks such as carers and families
- Community assistants, champions and buddy schemes
- Advice and helplines available 24/7
- ‘Self Care’ to support those who are well to ensure prevention – well-being courses for the community, particularly for young people
- Look after the health of carers, support them and give them breaks
- Consider complimentary therapies
- Encourage people to form relationships with local pharmacists to manage medication

4.2.5 Improve access to health services. This included opening times and appointment availability, particularly aimed at GP practices and primary care.

- Awareness of building access issues to all staff, especially around disabilities
- One point of access for people with a long term condition
- Longer appointment times for some people, spend more time with the patient and listen
- Improve home visits and bring GP services to community settings
- Reduce waiting times for appointments and change the booking system
• Have appointments at evenings and weekends, ring fence appointments for people who work
• Employ the right staff who can communicate in the right language or format
• Have specialist staff in GP practices

4.2.6 **Staff Training** including changing the culture of the NHS, communication and transparency.

• Train all staff, including medical and administrative to change the culture of the NHS
• Improve communication with patients and ensure they understand their condition and treatment options and are able to make informed choices about their own care
• Make the NHS transparent at all levels
• Recruit the right staff who represent the language and culture of the local population
• Train specialist staff (or have a matron lead) who understand different disabilities and mental health

4.2.7 **Working together,** all agencies, not just health, should work together to improve health and wellbeing.

• Joint teams that are managed centrally, not just teams that work together
• Sharing of information and the ability to access a shared, patient owned record for those that need to
• All public services should have a remit to improve health and well being
• Third sector should be an equal partner
• Utilise community assets and work with local communities on tackling inequalities and wider determinants of health such as housing

4.2.8 **Regular check-ups** including annual check-ups or possibly more frequent depending on the age and condition for everybody.

• To be offered a wide variety of health and wellbeing checks, many people described this as an MOT or health review
• Also a call for more targeted check-ups for those groups at particular risk
• More routine scans and screening
• Early diagnosis can ensure early intervention including self help

4.2.9 **Discharge planning and better hospitals.** The public told us some of the things we should consider improving our hospitals there was a lot of focus on discharge.

• Ensure that when people are discharged they have a robust plan that is backed up with a health and social care services 24/7.
• Ensure patients are fully recovered before they are discharged
• Assign a professional to keep regular daily contact in the first week, fund and use local VCS organisations to support the individual
• Train and support carers in their duties so they can manage
• More staff in hospitals, under resourced
• Hospitals need to be clean and serving nutritional food to support recovery
• Bring hospital services into community settings
4.2.10 Manage risk and safeguarding, to the public meant keeping people safe when they were unwell.

- Increase community staff and to regular house calls
- More nurses on medical elderly wards
- Make sure interpreters are available so people can understand information
- Provide more emotional and social support at home
- Prevent isolation, regular contact with local community
- Consistent staff and named key workers with skills
- More health visits for vulnerable families
- Good sheltered housing with wardens

4.2.11 More services in the community, the public would like to see more staff working with and supporting local people in their own home and community.

- More health assistants, social workers and nurses
- Better home care
- Affordable nursing and residential care
- Named community staff for individual people
- Better access to equipment to use in your own home
- More day care and respite care for carers

4.2.12 Invest in technology. Use technology better and invest in future technology, especially for monitoring and sharing information between services and patients.

- Education by social media
- Leave things as they are if they work
- Train people to use computers and offer access to technology for those who do not have a computer
- Consider using Apps to support people and train them in their use

4.2.13 Accountability

- Clear ways of measuring quality of care in all settings
- Learn from mistakes and listen to peoples complaints and problems
- Treat everyone equally and fairly, consider equality
- Education on everyone s rights and responsibilities – display them in public settings
- Make it more accessible to report incidents – public and staff
- Be open, honest and transparent
- Contracting at scale, using money wisely and basing decisions on research and guidance i.e. NICE
4.3 Key messages from specific target audiences

4.3.1 People with a learning disability
Key messages

- Appropriate information and practical sessions to raise awareness, educate and promote healthier lifestyle choices i.e. healthy eating, exercise, smoking, alcohol.
- Ensure all information is accessible and easy to understand for all the population.
- Ensure ALL staff have ‘Learning Disability’ awareness training.
- Encourage support mechanisms for elderly and vulnerable people.
- Ensure information and resources are shared between services to help them work together better for the patient.
- Make accessing healthcare easy – this will help everybody.
- Communicate better with patients and be more open about decisions.

4.3.2 People with a disability
Key messages

- Have a link between disability and different cultural groups
- Could a forum be established to raise concerns with health professionals?
- Sometimes hospitals find it hard to care for disabled people
- Focus on disadvantaged groups and encourage better access to healthcare
- Provide information in accessible formats for people with disabilities
- Focus on the problems that disabled people face when staying or visiting hospitals

4.3.4 Older people with dementia
Key messages

- GP’s should be more involved in prescribing creative art sessions
- Diagnosis always comes too late
- Staff need training
- Look after carers and the whole family – they all need support and a break
- Provide alternatives to drugs, more social interaction and stimulation, tackle isolation
- Get to know these people more and help them be more independent
- Case study

4.3.5 Women
Key messages

- Provide specialised GP’s in each surgery, women GP’s, more surgeries. Right to ask for a home visit from your GP Longer opening hours/evening service
- Improving the information and communication with vulnerable groups and more communication between reception staff, doctors and nurses
- Find new ways of reaching people who find it problematic to go to the GP’s
- Surgery’s at a weekend and make making appointments easier
- More services by phone or online
More information in the doctors surgeries i.e. community groups Longer opening hours/evening service
More outreach, GP’s stationed in Children’s Centres, Women Centres etc.
Have walk in centres
Appointment times should be longer than 5 minutes
More specialised services to be available in the community
Listen more to patients
Have breast and cervical screening at Women Centres

4.4 Community Film

A community film was produced using the Call to Action questions. 15 residents from the Ovenden ward gave their thoughts on health and social care services, shared experiences and provided an insight into their local area.

The film can be accessed following this link to YouTube:

[YouTube link]

4.4 Equality Monitoring

We received responses to our equality monitoring and we have set out below the responses from those completing a form.

<table>
<thead>
<tr>
<th>What sex are you?</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>81</td>
</tr>
<tr>
<td>Female</td>
<td>129</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is your age?</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 16</td>
<td>2</td>
</tr>
<tr>
<td>16 - 25</td>
<td>13</td>
</tr>
<tr>
<td>26 - 35</td>
<td>25</td>
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<tr>
<td>36 - 45</td>
<td>30</td>
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<td>46 - 55</td>
<td>22</td>
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<td>56 - 65</td>
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<td>66 - 75</td>
<td>24</td>
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<td>76 - 85</td>
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<tr>
<td>86+</td>
<td>2</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is your sexual orientation?</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bisexual (both sexes)</td>
<td>1</td>
</tr>
<tr>
<td>Gay man (same sex)</td>
<td>0</td>
</tr>
<tr>
<td>Lesbian (same sex)</td>
<td>0</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>Heterosexual/Straight (opposite sex)</td>
<td>28</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is your ethnic background?</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian or Asian British</td>
<td>60</td>
</tr>
<tr>
<td>Black African/Caribbean or Black British</td>
<td>4</td>
</tr>
<tr>
<td>Mixed/multiple ethnic groups</td>
<td>2</td>
</tr>
<tr>
<td>White British/European/Others</td>
<td>95</td>
</tr>
<tr>
<td>Chinese</td>
<td>1</td>
</tr>
<tr>
<td>Yorkshire</td>
<td>0</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you consider yourself to be disabled?</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>63</td>
</tr>
<tr>
<td>No</td>
<td>120</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What type of disability do you have?</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Disability</td>
<td>20</td>
</tr>
<tr>
<td>Long standing health condition</td>
<td>41</td>
</tr>
<tr>
<td>Mental health condition</td>
<td>28</td>
</tr>
<tr>
<td>Physical</td>
<td>11</td>
</tr>
<tr>
<td>Hearing</td>
<td>2</td>
</tr>
<tr>
<td>Visual</td>
<td>3</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>3</td>
</tr>
</tbody>
</table>

The feedback from ‘Call to Action’ was that the questions and content were lengthy and we anticipate this may have prevented people completing forms fully.
5 Next steps

The next steps will be to present the findings of the report to Calderdale CCG and ensure that the findings inform future business plans. This information will also be used to further inform the Calderdale and Huddersfield Strategic Review who will use the information to inform the transformation plans which will have an impact on the population of Calderdale.

The report in addition to Calderdale CCG will be shared with:

- NHS England as the local response to the National Call to action.
- Calderdale and Huddersfield Strategic Review Executive steering group in the format of a presentation combined with the findings from Calderdale.
- Calderdale and Huddersfield Strategic Review Programme Board, again combined with the findings from Greater Huddersfield.

In addition we will feedback the findings from our engagement activity by posting the full document on Calderdale CCG website.
### Appendix 1

#### Calderdale CCG ‘Call to Action’ – Action Plan

<table>
<thead>
<tr>
<th>Approach</th>
<th>Activities</th>
<th>Resources required</th>
<th>Timescale/Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic Review</strong></td>
<td>Website information and survey monkey of the National questions.</td>
<td>Right Care, Right Time, Right Place website Survey questionnaire to be developed.</td>
<td>October 2013 – Martin Cresswell</td>
</tr>
<tr>
<td></td>
<td>Strategic Review soft launch event</td>
<td>Venue hire hospitality and invitations.</td>
<td>Heath Centre, half day event October 2013 - Tracy Higgins</td>
</tr>
<tr>
<td></td>
<td>Work stream engagement activities</td>
<td>Delivery of action plans for each work streams – not yet agreed.</td>
<td>October – December 2013 – Engagement Team</td>
</tr>
<tr>
<td><strong>CCG business</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Relationship Matrix</strong></td>
<td>Promote the web based survey via email and attach a reply-form which includes the freepost address.</td>
<td>No additional resources needed</td>
<td>October 2013 – Dawn Pearson</td>
</tr>
<tr>
<td><strong>Calderdale Health Forum</strong></td>
<td>Put Call to Action on the forum agenda and ask representatives to gather local patient views.</td>
<td>No additional resources needed</td>
<td>September 2013 – Dawn Pearson</td>
</tr>
<tr>
<td><strong>Calderdale CCG Website</strong></td>
<td>Information on the website and a web based survey attached.</td>
<td>No additional resources required</td>
<td>October- December 2013 – Sue Norton</td>
</tr>
<tr>
<td><strong>Third Sector</strong></td>
<td></td>
<td></td>
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<tr>
<td>-----------------</td>
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<td>----------------</td>
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</tr>
<tr>
<td><strong>Health Connections</strong> – we will use the ‘call to action’ engagement as an opportunity to ‘home grow’ some local engagement champions.</td>
<td>Deliver activities in local voluntary and community groups.</td>
<td>Identify groups and train to be engagement champions.</td>
<td></td>
</tr>
<tr>
<td><strong>Community Events</strong> – to encourage larger organisations serving communities to host a local event. The events will be hosted by local communities healthcare managers to attend and listen to how they can work in partnership together.</td>
<td>Community events in each geographical location.</td>
<td>Trained groups to deliver engagement activities in the local community.</td>
<td></td>
</tr>
<tr>
<td><strong>Wider third sector</strong> – Utilise the resources provide by ‘North Bank Forum’ to provide information on ‘Call to Action’ and encourage feedback.</td>
<td>Web based survey, general information and communication.</td>
<td>Invitations to healthcare managers and leaders to participate in local debates.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resources to be provided by the host organisation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Presentation pack to be sent to North Bank Forum for the web based survey to be included on website.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Information in the newsletter including questions – including a freepost response.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Training delivered throughout October 2013 – Dawn Pearson</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>November 2013 - VAC</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>September 2013 – Dawn Pearson</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>November timetable of events 2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>September – December 2013 – Dawn Pearson</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>October – December 2013 – Dawn Pearson</td>
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</tbody>
</table>
The NHS is 65 this year. Every day the NHS helps people stay healthy, recover from illness and live independent and fulfilling lives.

If the NHS is to survive another 65 years, it must change. We know there is too much unwarranted variation in the quality of care across the country. We know that at times the NHS fails to live up to the high expectations we have of it. We must urgently address these failures, raise performance across the board, and ensure we always deliver a safe, high quality, value-for-money service.

We must place far greater emphasis on keeping people healthy and well in order to lead longer, more illness-free lives: preventing rather than treating illness. We also need to do far more to help those with mental illness and particular communities who experience health inequalities.

This is a national debate, but we are asking local people and organisations how they think we can address these issues in our area. We would very much appreciate if you could spare the time to share your thoughts about how we may be able to address these issues by completing this survey.

If you would like to read more information about NHS Call to Action, please go to:

www.england.nhs.uk/2013/07/11/call-to-action
“DOING NOTHING IS NOT AN OPTION – THE NHS CANNOT MEET FUTURE CHALLENGES WITHOUT CHANGE.”
### PREVENTING PEOPLE FROM DYING EARLY

Preventing disease in the first place would significantly reduce premature death rates. Early diagnosis and appropriate treatment of disease can also reduce premature deaths.

1. **What should the NHS do to prevent diseases like diabetes, heart disease and hypertension?**

### BETTER QUALITY OF LIFE FOR PATIENTS WITH LONG TERM CONDITIONS

Better self management by patients with long term conditions will mean fewer hospital visits and lower costs.

2. **How should the NHS support people with long term conditions to better manage their own conditions?**

### HELPING PEOPLE RECOVER FOLLOWING EPISODES OF ILL HEALTH OR FOLLOWING ILLNESS
Demand on NHS hospital resources has increased dramatically over the last ten years. Emergency admissions to hospitals have risen and so have urgent readmissions within 30 days of discharge.

3. What should the NHS do to help people recover better following illness?
The NHS must maintain and improve a high level of patient satisfaction and extend it to everyone who uses the NHS.

4. What should the NHS do to improve access and quality of care for everyone and ensure that this includes disadvantaged groups?

The NHS must work to ensure that all patients experience the safe treatment they deserve and make it easier for staff and patients to report incidents and the NHS to learn from them.

5. What should the NHS do to ensure that all patients experience the safe treatment they deserve?
The more socially deprived people are, the higher their chance of premature mortality. The NHS cannot address all the inequalities in health alone. Factors such as housing, income, educational attainment and access to green space are also important.

6. What should the NHS do to work more closely with government departments, public health England, local authorities and other partners to reduce health inequalities?
Older people account for the majority of health expenditure. The proportion and numbers of older people will grow in the coming decades. The greatest growth will be in numbers of people aged 85 or over – the most intensive users of health and social care.

7. What should the NHS do to support older people to live with better quality of life and lower levels of hospitalisation?

The numbers of people with more than one long term condition are projected to grow. The 30% who have one or more of these conditions already account for 70% of expenditure on health and care in England.

8. How should the NHS support patients with one or more long term conditions to provide more of their own care outside of hospital?
There are 800,000 people living with dementia in the UK. By 2021 the number is projected to exceed one million. Diagnosis sometimes comes too late and patients and their families don’t always get the care and support they need.

9. What should the NHS do to increase diagnosis rates and post-diagnosis support for dementia?
LIFESTYLE RISK FACTORS IN THE YOUNG

We know that the risk of developing debilitating diseases is greatly increased by personal circumstances and unhealthy behaviours such as drinking, smoking poor diet and lack of exercise, all of which contribute to premature mortality.

10. What should the NHS do, working together with individuals, families, employers and communities, to facilitate sustainable weight loss and other healthy behaviours?

RISEING EXPECTATIONS

Many people will wonder why the NHS cannot offer more services online or more information on mobile phones. Patients want seven day access to primary care in convenient places and coordinated health and social care services, tailored to their needs.

11. What should the NHS do to provide more convenience and access in where and how services are provided?

INCREASING COSTS
The cost of providing care is getting more expensive. Many healthcare innovations are more expensive than the old technologies they replace.

12. How should the NHS ensure it invests in the technology, drugs and models of health and care services that show the best value?

LIMITED FINANCIAL RESOURCES

The NHS can expect a dramatic slowdown in spending growth. Reduced social care funding, by financially challenged councils, can drive up demand for health services with cost implications for the NHS.

13. What should the NHS do, along with local authority partners, to ensure cost effective integrated health and care services?

EFFICIENCY CHALLENGE
A fundamentally more productive health service is now needed, one capable of meeting modern health needs with broadly the same resources.

14. What should the NHS do to be able to meet future health needs with the same resources?
In order to ensure that we provide the best services for all of our communities, and to ensure that we do not knowingly discriminate against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and all information will be protected and stored securely in line with data protection rules. This information will be kept confidential and you do not have to answer all of these questions, but we would be very grateful if you would.

15. Please tell us the first part of your postcode (e.g. WF12, HD2, HX3 etc.)

16. What sex are you?

☐ Male
☐ Female
☐ Prefer not to say

17. What is your age?

☐ Under 16
☐ 16 - 25
☐ 26 - 35
☐ 36 - 45
☐ 46 – 55
☐ 56 - 65
☐ 66 - 75
☐ 76 - 85
☐ 86 +
☐ Prefer not to say

18. What is your ethnic background?

☐ Asian or Asian British
☐ Black African/Caribbean or Black British
☐ Mixed/multiple ethnic groups
☐ White British/European
☐ Prefer not to say
☐ Other (please specify)
19. Do you consider yourself to be disabled?

The Equality Act 2010 states that a person has a disability if: ‘a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on that their ability to carry out normal day today activities’

☐ Yes
☐ No
☐ Prefer not to say

20. If you have answered yes above, please tell us what type of disability you have? (Tick all that apply)

☐ Learning disability/difficulty
☐ Long-standing illness or health condition
☐ Mental Health condition
☐ Physical or mobility
☐ Hearing
☐ Visual
☐ Prefer not to say
☐ Other (please specify) 

Thank you for taking the time to complete these questions. Your answers will be very helpful to us.

The deadline for responses is 30th November 2013