

**Healthwatch Coventry Annual meeting 3 July 2018  
Write up of discussions about value of NHS and principles  
for joined up care**

**Introduction**

The meeting was attended by 56 people, 26 of these are Healthwatch Members. 38 said that they were female, 19 said that they were male. 17 said they were White British, and 4 said they were from other ethnic groups and 36 did not answer.

**Where do you get information about Health and wellbeing?**

Internet search	13
GP/GP practice	9
Local library	6
Family and/or Friends/word of mouth	4
NHS Direct/NHS choices	4
NHS 111	2
Newspapers/magazine articles	3
Charities and specific organisation eg Coventry AIMHS	2
Chat forums	1
Facebook	1
Occupational Health	1
Pharmacy	1
Professional bodies	1
Radio 4	1
Walk in Centre	1
Leaflets	1
Meetings	1
Council	1
Local Sports centre	1
Health care professionals	1

**What are the things you appreciate about the NHS?**

<b>Theme</b>	<b>No. of mentions</b>
Free at point of use	16
Particular services and access to services	8
Equality of access	7
Dedicated staff	5
Quality and extent of treatment/care	5
A safety net	5
NHS Saved my life	4
24/7 access	4
Local provision	1

**What could be better in the NHS in Coventry?**

Theme	Count
Hospital waiting lists/waiting times for ambulances	6
Access and transport to UHCW Walsgrave site (including car parking)	5
Better communication with patients	5
Comments about mental health services ( clearer information about self-care; prevention; early intervention; bed numbers)	4
Joined up services	4
Improved information about services	1
Improve planning of services when creating new development	1
Involving family members	1
Better access for those who work full time	1
More funding	1
More help for those without a voice	1

**Other suggestions**

**Pharmacies:**

- More use of pharmacist - minor ailments
- Pharmacists to prescribe

**Prescription Ordering Direct:**

- POD services - they argue/they are not pharmacists
- POD services very poor: communication and poor knowledge of people

**Hospital discharge**

- Post discharge support
- Rehabilitation wards/out of hospital purpose built units NOT just put in a care home or sent home without proper regular/frequent care/help.  
Question on financial implications to patient

**Older people**

- Screening routinely for over 75s (present one to 74)
- The differential of treatment with the old. Asking relatives! Do you want to have the person resuscitated?
- Hospital transport for less mobile people - Shuttle bus from pool meadow to take more than one wheelchair/walking aid at a time (ring and ride unable to take people in daytime to hospital for appointments and circular bus has stopped where able to get one bus only to hospital)

**Service suggestions**

- Local provision for minor injuries and operations rather than go to hospital
- More physio for people with long term conditions
- More self-care - personal responsibility
- Outpatients (some) to be improved appointment times/waiting times.  
Storage of records

## **What principles from a patient and family carer point of view should be at the heart of Integrated Care?**

### **Communication between professionals, with service users and family carers which is effective:**

- Principle of tell me once - don't have to repeat the same story to a number of professionals
- Get the details correct - including getting the name correct
- Effective communication/transition between organisations and people within the system
- Sharing information between statutory and voluntary sector organisations
- Information to be accessible to all - in one place
- Have a care co-ordinator - one named person over seeing
- One point of contact for service user including in an Emergency - what to do
- Communication through language barriers

### **Provide continuity and consistency of services:**

- Continuity of GP care needed - see 1 GP only
- Consistency of service level

### **Deliver with a positive culture:**

- Not centred around organisational cultures and boundaries - i.e. across organisations
- Shared ownership. Sharing knowledge and information
- Establishing trust
- Compassion
- Continuous improvement
- Care for patients with empathy - the best staff do this and the worst treat you like 'a piece of meat'
- Ensure a culture that the care of elders is a privilege not a problem - other countries have this attitude eg Nigeria
- Clarity of roles within the system

### **Involve family carers:**

- Acknowledging the value and rights of family carers
- Patients and family carers retaining control and choice - respecting peoples choices
- Supporting families /their support network of people with long term health conditions - quick to exit, who is left?
- Involve family - listen to their point of view

**Proactive rather than reactive:**

- The key principle is prevention - getting information joined up between professionals before the situation escalates to crisis.
- i.e. not too little too late
- Can't wait until crisis happens - information and knowledge of who to contact before this stage

**Look at the bigger picture - holistic approach**

- Holistic - whole person picture not parts of jigsaw
- 'Holistic model' shows service users that they are cared about/listened to
- Holistic - person and family; housing care, health, community

**Person centred approach**

- Treat patients according to their individual needs, rather than feeling that all patients have to be treated the same
- Involvement of patient/family/carers "putting the patient at the heart"
- Keeping/making services personal - avoiding bureaucracy and jargon
- People centred - packages of care based on need

**Resources**

- Sharing resources and budgets
- Make sure money is allocated and spent appropriately
- Don't work staff so hard that they can no longer do their job safely and properly