



integrated working

Newmarket

Link Workers

- Can access to link workers come not just via GPs?
- What are the governance issues?
- Can link workers be part of the wellbeing offer?
- Need to promote the work they are doing and enhance this
- How do we capture and best utilise services from voluntary sector?
- How can we ensure that the superb link workers are used more effectively and that GPs understand that they are linked to the networks in the wider community?

Cross boundary working – How can we better coordinate services across boundaries?

e.g. – Suffolk and Cambridgeshire

- Out of hours services
- Older people
- Children ADHD
- Avoid postcode lottery/lack of choice in service provider
- Cambs/Suffolk/Norfolk boarders
 - (Define local community needs to inform planning – link to doing things differently to save costs)

Resources

- Need information on where money is spent on NHS
- Target resources on public health needs – e.g. diabetes
- Need more upstream prevention
- People should know cost – but the most vulnerable might not attend
- Volunteering to help support
 - Prevention agenda – e.g. Preventing isolation
- Annual check up
- People need to know the consequences of disease, e.g. diabetes
- CCG could work more with volunteers
- Voluntary sector – untapped and under resourced
- Need better public information about VCS resources
 - Carers empowered to identify crisis before it happens
- VCS inform clients on cost of service and ask to contribute donation
- How can we communicate the cost?
- Polypharmacy is key

Mental Capacity Act

What can we do to improve medical professionals understanding of the MCA and consent/capacity/IMCAS?

- Lack of understanding within NHS
- IHT have liaison nurse
- Assumption about people's capacity without asking the right Qs
- GPs had training recently but very poorly attended – should this be mandated?
Statutory



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- Best interest decisions
- Escalated to local MH trust by 1st (?)
- GPs are able/should have tools to make appropriate assessments
- Time needed to make decisions
- Role of GP and hospitals
- Clarity of instructions given by HCPs
- Mencap – Links with IDTS
- MH link workers
- Contractual agreements
- Workforce awareness/training needs
 - Step change
- Advocacy services
- Care homes
- Insufficient resource
- Mencap – potential to offer training to primary care
- Infrequent exposure to issues – not always top priority for HCPs (including consultants)

Pressure on schools to reduce PE time – effect on health?

- Teaching young people about active/healthy lifestyle
- Some facilities underutilised – could be used by schools
- Cost of sports clubs outside of school – subsidised for less well off?
- Social/mental health benefit of team sports/clubs for young people
- Health working with national sporting bodies to increase inclusivity of sport locally for young people
- My 9 and 13 year olds have no access to tennis courts at school yet we have a 7 court private tennis club which often sits idle. For financially challenged parents the cost of a child signing up to a local football team is £150 a season. Surely it promotes good mental and physical health for children to have access to such team activities but may not be able to afford it?
- I don't believe there is enough interaction between the health service and schools. Children who develop problems as they progress through school are passed over somewhat and the 'problem' festers and becomes or can become a serious issue, e.g. self-harming

Is there support to recognise early signs of mental deteriorations in self and others?

Access to information and advice

- Talking to GP could be a useful first step, requires GP to be well informed and with enough time to enable discussion.
- I don't believe there is enough interaction between the health service and schools. Children who develop problems as they progress through school are passed over somewhat and the 'problem' festers and becomes or can become a serious issue, e.g. self-harming

GP appointments – getting to see own GP

- Waiting times
- Telephone appointments – 10 day wait!
- Walk in surgeries?



Early rural appointments at hospitals need to be addressed because transport issues

- How to create a system in hospitals for appointments that can match the distance of the patient? i.e. if they live 20 miles from the hospital what transport do they have? Public transport – important to know what time there is transport available to make sure that patients arrive on time to their appointments.

VASP coordinator, bring schools/GPs together for more promotion and support services.

- Link up to maximise potential
- So many different organisations with mental health/wellbeing – how many schools know?
- Engage GPs to connect with what VCS is already out there
- Is VASP linked on map of medicines?
- Julia to update infolink

Are we making best use of technology? Skype/facetime clinics, for example, it should be a better use of resource and more convenient for patients and certainly the care for carers – Lee Bennett

- Better use of technology at home for carers to identify deterioration in person they are caring for.
- Use apps – hard to manage but potential benefit
- Skype/facetime could reduce GP/nurse appointments
- Use of social media to encourage peer support in health
- Educating older people to use social media – can create online community – it's very supportive and creates good feelings

How do we make sure people with learning disabilities and complex needs get the holistic care they need? Val Muckley

- There have been constant changes in psychiatric care for people with LD. Why are there changes in psychiatrists? Why can't they maintain them?
- What happens to people's medication if there is no consistent care? GPs change medication without consulting, why?
- Assessment and treatment beds are being closed – is there sufficient capacity/psychiatrists?
- Voluntary sector know people with LD – health professionals need to value/learn from their opinions and knowledge of the person with LD, not just the support worker.
- Effective communication is needed with the person.
- Voluntary sector needs support to look after their clients from acute/primary care and community support
- What is the use (appropriate) use of anti-psychotics?

Self help and support groups/support in communities for people effected by long term conditions – Louise – MacMillian Cancer Care supporter

- Variation in areas
- Roll out of Connect Sudbury
- Variation in areas
- Physical activity/walk for health
- Pain support group at WS Hospital
- Training
- 'The year of care' goals for first year – documented in writing (patient and clinician) – what are the challenges?
 - Takes time to do



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- Health professionals, time to support groups and volunteers
- Transport

Dementia, care, support, elderly carers – Lynn Curtis

- Easier with support when people are together
- Hard to be open with others
- Not good to cover it up
- Also not good to keep reminding people
- People go through different stages
- Good support and diagnosis but must be more sophisticated and matched to where the individual is at
- What information is on the CCG website?
- Need one-stop-shop for help
- What is right question to ask? A lot of is irrelevant information
- How do you recognise if you or another has dementia?

The health services are under great financial pressures. Are there any services which could be cut? Ann N

Broader Topic

- Where do you start?
- Whose responsibility is it?
- Education is most important
 - Start early
 - Just as important thread in adult education
- Lay foundations for school practices – for healthy life
 - Identify particular steps in life when we become vulnerable to particular diseases/ailments
- GPs can play an important role
 - Monitor
 - Advice
 - CARE
- Champions in the communities as needs may vary
- Voluntary sector role?

The absence of out of hours GP service in Newmarket – raised by Michael Jefferys

- Currently there is no out of hours GP service in Newmarket and I believe there is none in Haverhill (*Please note – there is an OOH base in Haverhill*)
- Patients have been told to go to Bury St Edmunds and on occasions to Ipswich!
- Many people do not have their own transport and so travelling to BSE or beyond is impossible.
- This service is particularly important for families with children and older people.
- In the next tendering process the criteria must include an out-of-hours service in all towns.
- I have collected 600 signatures on petition demanding an out-of-hours service in Newmarket.

Recovery College in Mental Health

- Education approach
- Collaborative
- Co-production – created by staff and service users
- Criteria for courses
 - Desired outcomes?
 - Connections made



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- Working with wellbeing service
- Recovery focus
- Risk of losing co-production, essence/principles
- How is recovery offered and accessed?
 - How can this be broadened out?
 - Currently voluntary – Staff are passionate
- Clinical benefits of RC – intervention alongside meds/therapies
- Hard to measure – integral part of team's work
- Anybody/everybody can play a part
- 99% approval rating
- Reduced time spent in service
- Gain confidence
- Increased ability
- World opens up!
- Course on 'How to tell your story'
- Taboo
- IMROC
- Getting the message across internally within NSFT – struggle
- Transparency – where does the money go?

Preventative health care – what is its role? Is it receiving enough attention/resource?

Ashok

- Most of the obvious reductions have been done
- Re-commissioning service – Redesign in more integrated way
- Looking at IVF
- Plastic surgery – psychiatric option – assess costs to patients and community
- Contribute to 'wellbeing' issues
- Who gets referred into services?
- Prescribing

Community Nurses

- Work load – under pressure, case loads are too big
- Late to place – patient visits overrun and travel time to each location
- Time management – too many cases not enough time to spend quality time with patients
- Travel time – not factored into the working day
- Two community services (pass on patients – not consistent care from one area)



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Clare

Assessment and treatment of older patients with complex needs – physical, mental and social and designing services from a patients needs not a clinicians specialisms

How do we focus on patients rather than individual specialities?

- Residential care home considerations;
 - Complex needs
 - Family consideration
 - Unnecessary trips to hospital
- How could telemedicine increase the support?
 - Huge potential to enhance
- Talking to GP on telephone could be better utilise Skype for commissioners
 - Avoid cost for taxis and trips to hospital
- Bring fixed time specialist advice from the hospital to the community
- Making the best use of clinical interface
 - Need to ensure that patients' needs are met on the least number of visits needed
- Phone calls
 - Quick win
 - Problem with GPs promising to ring back but patients having to wait excessive time
- How wonderful the alarms are (necklaces)
 - General positive comment
- Need to widen the options wider than A&E/999 being first point of contact
- Nottingham – H&SC – generic worker
 - Need to increase this small set
- Need to consider the support package that would accompany Skype consultations
 - Could we also use telemedicine/Skype for acute/urgent care
- Two approaches – chronic vs acute
- GP OOH
- OPD Clinics could become 50% clinical 50% virtual
- Enhancing accessed to service
- Access to GP – own GP virtually impossible
 - Patients having to respect the story
- Future example
 - Single visit to patients with multiple complexities covered

Other

- How can GPs offer a choice of NHS and private treatment, without risk of favouritism?
- Can private treatment, organisations be accredited/approved in some way to allow them to offer as an option?

Interchange – networking between health and social care and non-statutory organisations

- Information not shared on discharge from hospital, e.g. discharge summary
- Not timely at all
- Forms sent into hospital not always returned
- Referrals from GPs via social care but not direct, i.e. adaptations
- Also some hospitals discharge relies on social care to arrange adaptations
- Patient requirements bouncing between OT and wheelchair depts.

Sharing Information – improving quality of information



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- It is enabled others must be bothered to look
- New computer system at Addenbrooke's a failure
- Lack of sharing records
- Addenbrooke's 'EPIC' system has been a fiasco
- Records should be shared well electronically
- Different system not talking to each other
- Had two appoints came through – one at WSH, one at Colchester
- Medical professionals like lawyers – very knowledgeable
- Don't tell all information to patient
- Hospitals and GP don't talk to each other
- People are fed up of repeating their story
- It should not be about who owns the data
- What's the point of patient access? Can only make/change appointments
- Professionals have invented their own knowledge so don't inform you
- Professionals are better at informing and explaining to patients
- Need to simplify language and remove jargon

Problem of insufficient staff to ensure adequate food/drink in hospital

When shifts/rota's were arranged in 3 shifts "on" at once to hand over etc, therefore plenty of help.

Staff (nurses) found they liked to work "long" or "double" shifts so they could back more days off. This stopped double staff at handover so not extra for food services.

- Shift work improvement to help feed/water people
- Staff want to feed, but aren't allowed
- 12hr shifts mean staff don't work at their best
- Young nurses do long days because they prefer lots of days off
- Patients say "I know you're terribly busy, but.."
- Staff should put themselves in others' shoes
- Ethos should be "How would I feel?"
- Voluntary sector/number of hours that go in
- Not loads of money
- Cultural change
 - Let's run service for patients – focused
 - Become the normal to allow staff to put their own interest first
 - Nursing homes
- Nutrition of patients
- Measuring/aware of output
- Contracting out services
- Administration – waste
- Waste of materials

Dementia

- How can we spot early onset of dementia? And prevent further onset?
- Memory clinic questionnaire was inappropriate
- Contracting out services reduces quality of services – e.g. cleaners/domestic staff not trained to care



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- Take back services currently contracted – domestic staff
 - Improve length of stay

How can young people improve their emotional resilience?

Generational MH – predictable

- Catch them before they fall
- Education to support yourself
- MH first aid
- Recognising the early signs
 - Stopping the escalation for people with complex emotional problems
- Self-knowledge/awareness
- Use of psychometric tests – helps people develop a sense of self (funded by schools) (Thomas International)
 - Create an evidence base
- Peer support, i.e. self-harm – does talking within peer group always help? May encourage behaviours/actions
- University – commonality/patterns?
- Family unit/structure – importance
- Recognition of becoming an adult
- Accessible language – opens doors
- Improved exam results with right support
- Tie in opportunities – wellbeing procurement
- Put the question to elected school councillors
 - Responsible/accountability?
 - Conduct survey in schools
- Recognising/understanding behaviours
- Social media
 - Cyber bullying
 - How can it be used effectively that will support children

Out of hours care

- Haverhill – criticised for using CUH
- 19 miles to WSH
- No GP 8am – 6.30pm in Haverhill ([There is out of hours medical support for Haverhill](#))
- 111 – nearest OOH GP – Bury St Edmunds
- OOH GPs – don't know where nearest pharmacy to buy medication
- Number of elderly in Haverhill – don't drive – only have an hourly bus service available, Bury buses stop at 6pm, CUH 11pm, Bury walk ¾ mile to WSH from bus station
- Minimal sexual health services to accommodate young people in education – after colleges/school > 6pm weekly. Time out of hours.

Should people know the cost of their care?



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- Group on transparency
- Communication on CCG finance
- People should know – it's modern way, but elderly might shy away
- Loss of DNA and all prescribed drugs
- Need to tackle over-prescribing in care homes
- Missed patient visits – hugely time consuming + costly
- Start by focusing on unused drugs, missed visits, DNA
- People need to take responsibility
- Preventable admissions – community matrons have high impact
- Need health learning – help people help themselves

Concern how diabetes managed in residential care

- Patients requiring insulin cannot be injected by staff
- Patients in residential are needing to move to care homes or have a nurse to administrate
- Training taken away from WSFT
- Costing patients

Personalisation in mental health

- Normalising your life
- Discharge from Wedgwood – Ed
 - 7 day visits not happening
 - Dietician support
 - More input could avoid hospital appointment
- Specific cases - CCG needs to be made aware – can investigate
- Access into workwise – CPNs only at present can authorise requests
- Contract - admin processes mean delays. Workwise have placement capacity but process does not allow easy/timely access.
- Too many agency staff, not enough care coordinators. There is no consistency for service users. (mental health)
- Mindfulness – brilliant model for therapy but one-to-one sessions are needed. Not for service users to be handed a sheet of papers and be told to go home and read it!
- Personalisation in mental health – where is it?
- E.A.T – funding for workwise etc
- Difficulty in getting medical services for mental health patients

Issues:

- Sudbury has 75% of cohort not serviced by new GP practice
- Connect Sudbury – X-ray/ no ultrasound
- Haverhill has no X-ray/ultrasound
- Resources/training devolution to regional areas – Haverhill offset waiting times/cost in
- Integrated neighbourhood teams – cross border patients who pays
- Transport links for patients who live out of county and use specific GP practices
- Sudbury – 17 WSH 19 Ipswich



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- GPs
 - In Haverhill
 - One GP coming out of retirement
 - GP 1:2,500 patients who travel to undertake diagnostic reviews – cost due to travel/diagnosis/other resources

More local helps and support for home IV treatment

- Checks and changes could be done locally, without consultant input
- Expertise in Papworth, not available in local hospital (West Suffolk regular return visit to Papworth – long travel and waiting times)
- There were plans for Papworth to train the local GPs, but this never materialised
- There are some Papworth outreach follow ups, e.g. pacemakers – also some telephone follow-ups



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Bury St Edmunds

Early Intervention and different tiers of support for adults with mental health

- Supported lives/connecting communities
- Tier 1, 2, 3 model introduced for mental health
- Tier 1 – Tier 3 short term
- Primary care – service given is not consistent, out of depth, meds too soon
- Secondary care – too much
- Gap is too big

How can we get GPs to promote patient led support groups? We have a lot to offer most long term conditions will end up with an element of mental health because people have led no support

- How can GP practices promote patient support groups for patients with long term conditions?
- Specific to the condition
- Patients diagnosed with a long term condition often suffer with mental health problems due to feeling isolated
- Groups exist but are not routinely sign posts by GPs
- GPs do not always listen and make assumptions
- GPs should communicate with respect

Improved liaison between hospitals especially with the development of regional centres of excellence

- Topical
 - Back problem
 - Referred to IH – same time at WSH for warfarin – come off – WSH cannot check INR as IH cannot give the info to WSH
- We have a specialist centre but how do we get problem?
- Immediate – hospital should have the ability to share information
- Future - patient handheld record
- Two patients, brothers – one goes Norfolk and Norwich and other goes Colchester, no information tied together
- Spend all the money £4b on system
- IH refused to give the information to her at 4pm. If it happened to us who else does it happen to?
- Norfolk and Norwich excellent for rheumatology
- WSH best for eye problems
- If you have centres of excellence then information should and needs to be shared.
- Have not been making inroads
- Recently comments – lady lives near Newmarket – Cambridge is in GP but OOH doctor said Mildenhall or Bury and patient wanted Ely as nearer. Said can't has services in Suffolk. Why can't the two services talk to each other?
- Lots of people live on borders; can't we have a reciprocal agreement?
- Same thing as two hospitals communications.
- In Stowmarket have choice IH or WSH most choose WSH – family swear by WSH but on door step of IH
- Awaits to hear from IH pre-med re problem
- Been to hospital today – didn't have no information about my past history at hospital
- Patient records electronically in the future
- Patients are very worried about confidentially
- Should have total access or my record



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How can we make a discharge work better hospital to care homes?

- Better communication – single point of contact
- Medication issues – prescriptions issued to late?
- Do doctors communicate or is it just nursing staff?
- Earlier discharges work better
- EPRO – can care homes access?
- Discharge liaison nurses work well – cost implication, better for patients/relatives
- GP OOH not fully aware – issue
- Who contacts care home if doctor stops/changes medication? Reason for stopping
- Not communicating
- If discharged home – concerns re changes to meds – who explains? Very stressful – what support is there?
- Who is responsible for discharges?
- Diabetes – altered medication in hospital, not eating – not communicated – very worrying
- Talk to us
- Need information on discharge
- Hospitals do not seem to read summary from care home on admission

How do we take ownership of our condition and medication?

- Medical profession don't have all the solutions
- People should be encouraged to do things that would benefit their health
- Medication is not always the answer
- Exercise can help
- Other activities can help too, e.g. listening to music
- Self-management is important because only short time with health professional per year
- App on tablet/phone may help especially if app promoted by healthcare professional
- Education important at right time
- Talking more to children, e.g. about prevention of diabetes – children 'absorb' info more than adults
- Use information/visual techniques, e.g. 1/6 of fat to talk about weight problems
- 1:1 education is helpful, especially with children
- Practice what you preach – healthcare professionals don't smoke and drink

Better working between the health sector and social services

- Progress in social care links
- It's happening in Manchester
- High risk to put money into social care
- Politics/Governance
- Culture change still needed
- Will to work together
- Public want streamlining (and they want it yesterday)
- e.g. Snap cuts – 85% mental health problems, 30% of their money was cut therefore fewer staff – more mental health issues
- Breakdown boundaries
- Honest conversations between organisations
- Politicians – huge potential to lift care about adult care
- Huge to be enthused, backed up by money

Specialist care not a priority

- Need to hear what ideas people have, not make assumptions



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- Need to make community links and talk to people
- Health needs assessment comes from local involvement
- Need geographical spread to be representative
- Must give people a chance to raise concerns
- Need to improve staff engagement and then feedback
- Can't reach people as can't access their information – everything is a block in the way
- Most patients have an email but PPGs can't get them
- Data sharing issues
- People aren't aware of outreach clinics
- Outreach and awareness of it improves community service delivery

How can we make best use of resources?

- Knowing cost of care
 - For routine
 - For major
- Will it lead to charging?
- Will it make people feel guilty?
- Lack of communication between hospital, GP and patient leads to cost
- Fracture prevention pathway could be more efficient and cost effective
- Polypharmacy
 - Approach across CCG and hospital?
 - Telephone review
 - Are there any very expensive drugs that don't get used?
- Help patients to take control
 - They then don't waste medicines
- Facilitation of support groups

Planning system for specialised that are not necessarily government priorities, e.g. neurology. How do we ensure we are fair?

Transition between hospital care and going back into the community. Need for holistic care coordinator that ensures care needs are met. Joined up thinking so basic needs are met.

- GP awareness of discharge/admission
- Key worker – so when in doubt they can be contacted
- Clinical picture changes
- Patient compliance acceptance – can be obstructive
- Reassessment after discharge
- Mental health ward – care support needed getting **No** want **Yes** to need identified. Can be any member of the community team?
- About taking ownership
- Patients/Carers network needs to have clear knowledge and guidance of key worker and who to contact.
- Mental health is better model as patient kept in hospital until plan in place and have a key worker

How can we support people with losing weight and stop smoking so they have a better outcome

- Funding for gastric bypass
- Do GPs do the smoking? How effective is topping before elective surgery?
- I wish I had listened as the cough after surgery hurt so much
- Depends on the operation



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- We like prescribed patches – smoking prescription
- GPs prescribe monthly patches. GP did supported
- People that really don't want to give up smoking won't. Seems to have low levels but can't get the strength to give up
- Have a goal – in any addition it is important to have a personal goal
- Parents need to get the kids involved
- Diet - GPs need to encourage patients to lose weight
- Go to the gym, Slimming World classes
- Is the bypass to lose weight?
- Do feel not been able to have oxygen – I would stop smoking if supported

Better on-going support for people after a diagnosis of dementia

- People don't always want to acknowledge condition
- Personal touch is important
- Give people confidence to ask support
- System outside of family for help
- Earlier support offered – register of people with a diagnosis linking agencies together
- Support available possibly from buddy system
- Volunteers that can accompany person through journey to signpost as needed

Waiting times in clinics – patients should be able to access the clinics doing unsocial hours and Saturdays. People/staff would be required

- Oversubscribed clinics
- Long waiting times
- Virtual fracture clinics
- Ortho clinics seeing fracture patients
- GP OOH – move out of fracture clinics
- Evening clinics
- Increase budget for staffing
- Better management of annual leave
- Seems lack of space
- Sometimes busy other times empty – not managed very well
- Poor receptionists
- Is there a timed booking system?
- Urgent vs. planned appointments – several in one slot – time delays

Could link workers have a higher profile within GP practices? Could people self-refer?

- Link worker – mental health
- Sometimes takes a few sessions before issues are medicated
- Where are GP referrals to link workers?
- Raising profile of link worker
- Why can't people refer themselves to link worker?
- Link workers could have meetings
- VASP is asking to promote link workers
- Stop prescription writing
- Link workers could do more
- Link workers also link more and have better networks than GPs
- GPs can benefit from better skill mix
- Future is little health areas in the community

Why is it so difficult to get alternative therapies though GP surgeries for patients with long term conditions?



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- Acupuncture – chronic pain
- Mindfulness
- Evidence base
- How to refer to access treatment
- Role of support groups
- Empower the individual

Podiatry

- Need to find more podiatrists
- Long waits at Woolpit

Use of computers – communication outcome of patient X-rays/tests no quicker between GPs/consultants, etc. Why not? Possessiveness? Sharing records?

- Data needs to be shared – more help for people to understand the benefits. 'Distrust' 'possessive' need to 'listen' to the information – not make perceptions. Treat people as individuals.

The proven health (physical and mental) and social benefits of appropriate, well supported companions animals are being tragically overlooked. Animals help people to cope and enhance subjective wellbeing. Let's have a pet positive community with policies and practices.

- Diagnostic tool for preventative health initiatives.
- Companion animals – physical wellbeing, care for another, structured day, meaningful relationship encourages human interaction, solitude rather than isolation.
- Care homes – residential animals:
 - Cats
 - Aviary
 - Aquarium – dementia – increased appetite, increased weight gain, reduced agitation
 - Visiting dogs – reminiscence, physical touch - oxytocin, BP and cardiovascular
- The only significant thing for survival one year of cardiac crisis – having a companion animal (masses of research)
- Social lubricants, support grief, reason to live, initiate dialogue – other unmet needs identified, e.g. dementia
- 100,000 animals euthanized each year when owners go into sheltered accommodation
- Need pet policies
- Need companion animals support services? UK in dark ages

Practically only family for a lot of vulnerable people. Practical and emotional support empowers. Low cost intervention, high social impact.

“Leaves” - Feedback

- Change in culture
- There's hope!
- First time I've been – good experience. Thank you
- Good to hear other peoples' points of view. Invaluable networking opportunity
- Very good – liked it!
- Need to hear read experiences – really interesting session
- Talking to people wouldn't normally talk to
- Pleased to see members of the public here.
- Important to tell the positive things that we do.
- Really interesting to explore concept of isolation
- Innovative ways – how we can improve access to services. Will take back to CCG



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- GP appointments:
 - Waiting times – phone triage and phone consultation
 - Walk in surgeries
- Local concerns – local offer - integrated neighbourhoods
- Continuing conversations is important
- I hope that some decisions will be found within budget
- Surprised with the overlap between health and social care issues
- The technology is available to improve information sharing – need to invest in it
- Integrated care – increase use of technology
- Hospitals talk to each other to share patient information
- Local input is important. Good to know about other people problems
- Discussed issues that we feel we can help to unblock
- “Excellent service from WSH – can’t fault it”, “They’ve helped my young daughter to cope with coeliac – she runs around like you wouldn’t believe!”
- Feel very lucky to have the Rookery Medical Centre. Great staff and good system for appointments. Reception staff does a great job too. Also the phlebotomy service at the hospital (Newmarket) has improved – waiting times much better.
- Chatting about a particular topic led to much wider discussion of many topics (problems)