

Questions for the Senate

1. What would you expect patients' main areas of concern to be if changes to community services were proposed in their local areas?

- The reduction in 'visible premises' (Community Hospitals, MIUs etc), many of which have local importance beyond their NHS role
- Will beds be closed without a better system being in place?
- Will delayed discharge be an even greater challenge if community hospitals close?
- Will services, or access to services, be even further reduced in future?
- Changes to the location of care (acute to community settings) and whether this means a lesser service
 - Will the staff providing treatment be appropriately qualified and trained?
 - Will there be enough staff to support change when we are currently struggling with recruitment?
 - Public transport - especially in rural areas. Will family and Carers have to travel further?
 - Will there be a greater reliance on unpaid Carers?
 - Will there be good community provision (e.g. 24 hour care) for those living alone with no family support
 - The availability and quality of ongoing domiciliary care- our experience is often of poor provision
 - Our voluntary sector organisations are doing a good job but need to be adequately funded
 - Where will all the volunteers come from as we all get older?
 - What will be the effect on staff morale?
 - Will the same healthcare professionals be available to continue long-established relationships?
 - What happens if this doesn't work? Is there a Plan B?

2. What are the key things that need to be detailed in community service change proposals to fully inform patients of the changes and how they will impact services?

- We need to be sure this isn't just about cost-cutting or 'privatisation'
- We need good quality information about the challenges facing the system i.e. the case for change. This should be designed for all of our communities
- We need good quality information about what community services are e.g. what is a Health & Wellbeing Centre or a Hub? Many people don't know
- What will happen to existing staff?
- What will happen to existing buildings and the money raised if they are sold off?
- What will our League of Friends do?
- We should define what a voluntary organisation is – it doesn't just use volunteers
- We need assurance that new housing developments, increased population, and an aging population have been taken into account
- We need good quality information to manage patient expectations e.g. waiting times
- We need a commitment to integration, and assurances that services will work together for patients, Carers and communities - case studies would help
- We are interested in the role of 'new' technologies in helping people stay healthy, for self-care, and to enable Carers to support those they care for ... especially in rural areas
- We need to assure the public that other healthcare professionals - such as pharmacists - can also offer appropriate care

3. What are the most important issues within health and social care for which patients and the public will want to see details of in the proposals?

- Difficulties in making GP appointments – leading to inappropriate use of A&E
- Funding reductions in social care
- Whether sufficient additional staff can be recruited?
- The need for better integration of health/social care, with services joined up that work for patients
- We need to know how services work/will work (i.e. case studies of pathways)
- More information on how patients will access services, and who might be denied
- Support for Family Carers e.g. respite
- Good mental health provision, particularly for young people
- How will good quality be maintained and monitored?
- Will patients receiving services from new joined-up health and social care services be expected to pay for the social care element?
- How can communities be involved in the changes in a meaningful way – from one-off engagement, consultation to ongoing co-production and co-delivery