




2021

HEALTHWATCH STAFFORDSHIRE:

Primary Care Callout
Addendum - what people
told us - in their own words



Residents were asked, in addition to the services already listed and rated, if there were any other services they would like to see offered as part of the primary care offering in Staffordshire

A fit for purpose mental health and disability service. Improved services for the elderly and their carers

More care for people living on their own & who can't get out to meet with other people. As socialisation/contact with other people is very important aspect of daily life

More help for unpaid Carers

More help for carers like my wife

More diagnostic services delivered at in the area I live to save travelling across the county - saves time and reduces carbon footprint

Services aimed to support the unique physical and practical health issues experienced by unpaid carers

Early arrangements for diagnosing mental health issues in young children

Walking aids. Support for depressed mums

Issues with Diabetes and Obesity

Drop-in health clinics with access to GP if needed Chiropody Podiatrist

Long term condition clinics Teenage/young people services

Counselling services and talking therapies/befriending especially for older people and housebound patients. Covid has left many older people fearful to go out or physically unable to as their bodies have deteriorated and muscle strength reducing

Better and more doctors' appointments. Mental health support

Wellbeing clinics for groups of people with a specific need i.e., aging or parents with teenage or parents with children with problems. A group situation might mean people could see common ground and support

More help for the elderly sorting out aches and pains before they become a major problem

Face-to-face appointments

Spinal health and life-long conditions

Podiatry, mindfulness, acupuncture, reflexology, osteopathy, chiropractic, falls prevention, social care, loneliness prevention, suicide prevention, diabetes community services, stroke prevention service

Bereavement counselling

After menopause treatments

Wound care

Go back to face to face appointments! Make more appointments available (You can start ringing the practice at 8.00am and you can ring persistently for 10 to 15 minutes solid, but you don't always get an appointment. It's just so stressful and sometimes I am late for work

Acute Phlebotomy at the surgery instead of having to go to the hospital

Alcoholism Drug addiction Chiropody. Always face to face appointments. privacy when talking to receptionists in surgeries. Community nurses to combat loneliness

Links to non-clinical services and support - social rather than medical prescriptions

More services that we need for wellbeing like safer neighbourhoods, community safety, mental health, housing, leisure etc. to compliment health services

Palliative care

Hypnotherapy

Dementia

X rays done locally

What residents said when asked, in addition to the services already listed and rated, if there were any other services they would like to see offered as part of the primary care offering in Staffordshire

Ambulatory clinic, back care. GP out of hours which would help A&E pressures

Genuine Mental Health services, Good Diabetic screening (Specsavers did it perfectly, the NHS were dire), Support for people to help them attend appointments

All GP appointments to resume face-to-face

Rheumatology clinic

More NHS physiotherapist services. Back clinics. Swim clinics for back pain sufferers or other joint related conditions

Access for all to see NHS dentist. Outreach workers in schools to talk to kids about diet, alcohol, drugs, mental health at an appropriate stage in school life. Easy to use email system for 'offline' consultation with GP clinicians, e.g., send in photo and ask question about it

Care for the elderly in their own homes. Transport to hospital if required

More availability to access all these services

X ray facilities

Proper advice on diet, nutrition and well being

ACE training for all new parents

I think preventive services such as screening are vital and would save a lot of money rather than waiting for illness to develop then attempt to put it right

There needs to be a focus on mental health needs

More support for carers

Face-to-face appointments with doctors

Increased hospice care provision

Integration with social services regarding care facilities

Chiropody Service

Educating people about their health and to be more aware about self-care, prevention is better than cure!

More services at the walk-in centres e.g., Leek, which are based in the community and open for extended hours on a daily basis

Some use of alternative therapies for pain management and mental health etc. e.g. meditation, acupuncture

Significantly more support for persons with Autistic Spectrum Disorder, in schools, hospitals, community and parent/carers

Regular well man and well woman clinics, especially for those of more advanced years

X ray service

Breast feeding support for new mothers

End of Life Care

Communication liaison for families who have chronically ill people being discharged from hospital. Massive gap between hospital and community GP services. No one takes the lead. Major errors occur easily with meds, needs changing quickly etc. Need better discussion of end-of-life care.

Social prescribing / Ongoing therapeutic support for those with complex and enduring mental health needs, which may be withdrawn

Pain management, service within doctors surgeries and out of hours

My partner has MS - Be amazing if there was a local MS clinic say monthly

What residents said when asked, in addition to the services already listed and rated, if there were any other services they would like to see offered as part of the primary care offering in Staffordshire

Podiatry Community nurses Expansion of social prescribing

Enablement for balance/mobility issues - offered in Telford & Wrekin, so why not in Staffordshire?

Contraception support, Disability care services, Heart disease prevention

Adequately resourced, self-governing community nursing with discretion to adjust their response according to patient needs

Open surgery for non-emergency mental health so people can get help before they get to crisis point and can feel comfortable accessing this type of service to get early intervention, this could be run by support staff that could escalate or signpost the person if necessary

Home visits for the old and Infirm living at home Regularly available diabetic clinics Diabetes advice and information. Chronic Pain management. Post operative support i.e. wound care. Better, cheaper, more available dental services

Healthcare facilities in Lichfield have totally failed to keep pace with expanded population in recent years; and another 4,000 houses are planned! Almost impossible to get a doctor's appointment

There should be more cancer screening. Bowel cancer tests for those without symptoms have been abandoned by my surgery

Not sure what a more general health education service would feature. I think it's critical to get people to accept responsibility for making healthy life choices. Improved mental health and regular scheduled home visits for the elderly

Diabetes support

Ongoing care for the elderly

Chiropody

Relatively easy access - not a service but important to be able to use the service!!

Someone to help my wife who is my carer as I have dementia and struggle to do things for myself

Yes, hearing aids and podiatry

Face-to-face appointments

Diabetes Care

Review of repeat meds without always having to make an appointment with a GP for a call just to tick a box. Greater use made of pharmacists

Bookable appointments online for other members of the health team other than the doctors. Community geriatrics to support GPs in keeping older people in the community

More diagnostic services away from hospital. Eye, hearing and dementia and skin tests as part of health checks annually

Drug rehab, alcohol rehab, mental health for children and adults

I do not think I/we need more services in primary care. I think it would be better if we could have greater confidence that the existing services, in primary, secondary and social care, were being funded properly and can thus provide their services efficiently

Better transport especially in the rural areas to enable easier access to services. Even 2 miles is too much if you can't walk and 15 to the nearest hospital; equates to no heating for a month

Respondents were asked what they thought could improve current primary and community care services in Staffordshire

Procurement either done centrally or County wide

Better integration with secondary care

Addressing staff vacancies Improve primary care funding

Recruitment of staff

More face-to-face consultations, easier to get through to GP service

Some joined up services. It really is a disaster here. I am a carer for elderly parent and disabled son and the services for me and them are very, very poor

It's going to take a awful lot to improve these services. Where are the qualified staff coming from? It's not going to happen in a long time. Getting the GPs to work full time would be an excellent start

Access to help before problems actually occur rather than issues escalating & people ending up in A & E

Change of mindset from both patients and practitioners about what is possible and what isn't and what is needed and what isn't

Awareness, how do we communicate what is available to patients. Also, confidence in a service that cares

More face-to-face sessions, immunisations at the doctors

Wider spread of understanding of how and where the various services are offered. To publicise the structures and aid understanding of what is actually available

Better pay and conditions for medical staff

Working closely with social care

Better conditions for medical staff

Less non-medical people and better after care

Access to services would be a good start

More staff

People working together more and being available for the patient

Seeing professionals face-to-face. Help and support for people going into hospital and for when they return home, especially for over 65

Continue to involve and integrate voluntary sector as they offer and provide much to support all aspects of health and social care

The word 'contract' needs taking out of the NHS. Often all you hear when the question is asked why can't I get this service at my GP/health centre is 'it's not in our contract'

Phlebotomy is really hard to access. I am not aware of any adult autism or ADHD services and this is a major problem

Currently it is almost impossible to arrange an appointment or see a GP. I spent 52 minutes yesterday at 10.00am to arrange a GP appointment for my husband who needs to return to work after an illness

Easier system to book GP appointments. Access to face-to-face GP appointments (with option of telephone appointment if preferred by patient). Improved information sharing between services

Face-to-face consultations with doctors

Additional doctors and funding

What respondents said when asked what they thought could improve current primary and community care services in Staffordshire

Walk-in centres

Better communication from the local provider

Being able to actually get through on the telephone and speak to someone

Evidence that the NHS is producing what it promises in its new ventures

Timely interventions, when there is a suspected problem not having to wait for weeks for tests and test results. Not everyone has access to iPhones or computers, yet we are sent texts or asked to have video consultations

The ability to get an appointment within a reasonably short space of time be the bare minimum, and pretty unachievable currently.
Improved access to digital records and results

Face-to-face contact with clinicians, improvements in administration, shorter waiting times to see clinicians and a much better telephone answering service, without the delay currently being experienced

Easier access to GPs for face-to-face appointments. I personally prefer the telephone appointment system, but face-to-face appointments must be available if required

Integration within primary care settings where you can see one or two clinicians during same appointment i.e., if doctor advises therapy to review then having a therapist on site to discuss issues

People who know what they are doing

Face-to-face appointments to avoid misdiagnosis

Improving communication

More dedicated specialist staff who are clinically enabled to make unilateral decisions, reporting back to an MDT in order for care to be quickly provided. Shorter waiting lists for counselling and MH provision

My experience has been excellent but may not reflect that available generally

There seems to be a duplication of some roles, funded by different agencies i.e., link workers, community connectors, social prescribers - all appear to be doing the same role, covering the same areas

Availability

Better communication from the local provider

Less outsourcing; more money flowing to GP surgeries

Clearer information for public and patients. More face-to-face GP appointments

Face-to-face appointments and actual doctors help

Make GP surgeries start seeing patients again properly and having enough appointments

Get enough doctors to service the patients they serve and stop the 8am appointments lottery, then when you cannot get one its 2 weeks. that's a poor service, Essington is rubbish, please sort this

Better access to doctors and health practitioner

More staff available

What respondents said when asked what they thought could improve current primary and community care services in Staffordshire

Access to doctors and more appointments

More face-to-face GP appointments

Validated research-based evidence for staff training geared to their role

Being able to use the app again to book appointments

Increased access to GP on day requested. Increased availability of GP appointments bookable for non-urgent consultations. More efficient booking service to see GP ... ringing at 8 not always possible

Access to face-to-face appointments with GP. Shorter wait times or bookable appointments with a specialist

Place preventive services more centre stage. Invite (properly vetted) private practitioners to offer services through NHS primary care and community care settings and referral services

Face-to-face appointments. More easily accessible appointments. Making appointments online

Face-to-face appointments

To be able to see your GP face-to-face

Everyone needs the opportunity to see a GP face to face rather than having to go through the telephone consultation every time

Face-to-face appointments, also make more appointments available

I would just like my GP to be more accessible, not struggle to get through to them, then get through the receptionist, then struggle to get face-to-face

Increase the number of clinicians. Joined up working. Talked about for years but still not completely happening

Too early to say as still getting over the pandemic - not getting as good a service

Pledge of a lot more £ from Government. Higher wages and better training for care staff

Easier to get a doctors appointment

More doctors to tend to the growing population

More Doctors appointment available - easier booking times and more availability

Make patients more aware of the existence and role of nurses/advance practitioners - so they feel confident about being treated by them (as opposed to GP). Reintroduce forward booking of appointments

Being stripped down and redesigned to make the needs of the user a priority. Stop trying to design a one size fits all. As humans we are all individuals and should be treated as such

If instead of all the rhetoric, to act is better and saving money

Being able to see the same Doctor more than once. More time allocated with a doctor.

Getting past receptionists who imagine they have, and assume they have, medical training

More face-to-face GP appointments and receptionists who actually will answer calls and advise as necessary

What respondents said when asked what they thought could improve current primary and community care services in Staffordshire

Being able to book GP appointments online again

Ear syringe service

Easier access to GPs. Joined up service between health and social care
Introduce more flexible working to encourage a diverse pool of candidates. Review contracts of employment to encourage more nurses. Better training for receptionists, particularly in compassion

GPs revert to pre-covid service of face-to-face appointment, and work in the practice the hours that they did pre-covid

GPs seeing patients face-to-face; being able to book appointments in advance; doing away with the telephone triage system that forced all patients to be trying to get through as soon as the lines open

I think more localised walk-in centres should be available. I also think outreach diagnostic services should be more available i.e. MRI scanning

Better partnership working between health and care services, together with other statutory and community/voluntary sector organisations. Developing positive relationships between these organisations is vital

It needs to be much more welcoming and a lot less frightening and combative

Continuity of care is extremely important, it is efficient. It improves patient outcomes

More GPs are necessary who know their patients well, providing this continuity and effectiveness in care

Reinstate fully face-to-face appointments

Ear syringe services

Increased number of GP's

Easier access to GP's

Face-to-face GP. Reduction in NHS waiting / treatment times. More funding required and staff recruitment

More home help given to the over 70s who choose to stay in their own homes.
Increased Government funding to fix the shortfall in GPs and nurses. Sort out the shambles that is NHS dentistry

Improve GP staff responding to phone calls, answering the phone

Adult Autism and alcohol support

More staff to enable more help in all areas

Fair pay for community care workers

Increased budgets and more operational staff

Resume face-to-face GP appointments asap

Better communication

More full time medical and allied health professionals who have a long-term commitment to local family health care - far too fragmented

More communication about what is on offer and how to access it

Fewer poorly trained counsellors replaced by properly qualified professionals

Availability of experts in certain areas

Increased speed of appointments

More staff. It feels as though the government think all they have to do is throw money at the problems. We need trained people, lots of them

What respondents said when asked what they thought could improve current primary and community care services in Staffordshire

Better integration

Being able to see your doctor face-to-face and longer appointments

Hours of operation accessible to more people. More online info about forthcoming vaccination clinics and the process to be in place for booking appointments

A return to more face-to-face appointments, hands on physiotherapy on the NHS rather than having to pay privately, more preventative medicine or clinics

More advanced nurse practitioners who run their own primary care centres. More primary care appointments. Joined up NHS and social care for dementia

Be very strict with malingerers and those with self-afflicted conditions at A&E centres

Encourage visits to pharmacies for minor ailments

More doctors' appointments being available

More local care services

More face-to-face contact; easy access to the service - GP, Physio, mental health help

Shorter waiting time for arranging a face-to-face appointment with your chosen GP

Shorter waiting times generally, particularly in the mental health services

Greater access to basic services i.e., GP consultations whether by phone or face-to-face

More personal contact, face-to-face

For a start get GPS back in the surgeries

A greater participation of the services in a joined-up service with better communications throughout these services

Face-to-face is the only way to do the job properly and safely

Location. Location. Location. Located where it is accessible to all, especially rural communities, where public transport is minimal or non-existent and where sick patients often lose the ability to drive

Having a doctor's surgery in Bradwell would make a good start

Able to contact GP easily. Unable to make contact by phone, long wait times to speak to receptionist. Website for surgery sometimes closed

There appears to be lack of funding to enable essential services. There is a lot said that there is help out there but not in my experience when I needed it

More GP's and back to face-to-face appointments. Also, more practice nurses and a wider service offered by district nurses, so they are commissioned to be able to provide a better service

Getting back to face to face consultations, easy contact with individual doctors' surgeries

Having services that don't make you fight for help. Local GP practice manager leaves reception staff unable to help. Phone at 8am or noon to get through. Redial for sometimes longer than 30 mins

What respondents said when asked what they thought could improve current primary and community care services in Staffordshire

Getting the right people in right jobs!!

Stop cutting services and pay more to NHS not private

Doctors offering face to face consultations - dentists don't operate via telephone!

Greater cooperation between PCN's and MPFT who are designing the Community hub offering in the North of County

What we have through our GP network is meeting much of our needs. Central services are too far away for the elderly with no transport

Have a reliable and quick service

Not enough - need more hospitals and staff

A health budget linking the health spending to a fixed proportion of GDP that matched health spending in the other G7 countries. Integration of health and social care

By far the biggest problem is getting ACCESS to any of these services - apart from the pharmacists who are real heroes! A reliable accessible local triage process would be a good start

Treatment for Dermatology used to be given at a doctors surgery, now it is with Health Harmony at various locations. Why not Doctors or County Hospital?

More diagnostics and rapid intervention to prevent hospital admission and A&E visits.

Better communication and GPs pulling together diagnostics and managing care

Opportunities to see the right person

Shorter waiting times and easier access to GP and teach the GP reception/phone staff to be more helpful rather than abrupt which we all think they are

Improved finance from central government

Stopping privatisation

Availability of appointments

More finance and more resources

More staff and better organisation, integrated data and information between hospital and surgery

Less commissioned services. Better communications between services and streamlining of systems. More doers less managers

Greater financial input into all aspects of individual GP practices including premises and facilities

Stop NHS privatisation, fund the service properly, remove barriers to staff recruitment like low pay, excess hours, parking charges and restore training bursaries. End PFI debt

Focus on the individual person not the service

Respite care

Surgery re-opening to offer face-to-face appointments. More access to mental health services

If you are talking about services, then the doctors need to reopen properly again and all services resume as they were pre covid. I understand they have to be safe, but we all have to go back to work

What respondents said when asked what they thought could improve current primary and community care services in Staffordshire

Local face-to-face access

So many things

Help when we have a crisis

Better communication about where to go for different support when needed.
I don't want to go to hospital unless absolutely necessary

More advice and support to carers. I totally rely on my wife

Stop outsourcing NHS services - they are poorer quality and not always cost effective

More information so that people know what is available to help them through their particular needs

Easier access. It's almost impossible to get through to anyone by phone these days

More money! More staff

Ability to see named doctor face-to-face if possible

Less time with the receptionist being in charge

More trained staff

Availability of face-to-face GP appointments

More rapid and consistent availability

Much better management of the given budget, resources and staff

A loosening of the rules on access to GP surgeries. I have been visiting my practice nurse at the surgery to have my dressings changed twice a week for 12 weeks but I cannot have a face-to-face appointment with the GP

Getting properly qualified professionals to operate in the system

More sense of urgency around diagnostic hub creation. National campaign to inform the public about availability of services, what to do when you need help and cannot get a GP appointment

Being able to access doctors more easily and appointments being face-to-face rather than over the phone

Proper management, a great deal of money is wasted by poor management. Better (and secure) computer systems. Perhaps financial penalties for missed appointments or wasting NHS time

The retention of our local hospital and beds

I believe it's very important to listen to members of the public and what problems they are encountering in different areas of health care. Many people have lost trust in health care professionals

More appointments being made available face-to-face

The community are not contacting the controlling members of scrutiny. We need more openness and transparency with open dialogue (we should be empowered not to be afraid of the truth)

Currently primary and community care is struggling to provide the services it offers and the main reason is lack of staff. It takes years to train clinical staff

By it being delivered with communities in mind not the needs of the health services coming first - everything is weighted towards what GPs and so-called experts tell us we need but in truth they don't know

What respondents said when asked what they thought could improve current primary and community care services in Staffordshire

More GP practices, but of course, this can only happen when we have more GPs, and this isn't likely to happen in the foreseeable future

Awareness, how do we communicate what is available to patients.
Also, confidence in a service that cares

Being able to get an appointment with a doctor More face-to-face GP appointments

21st century information technology systems to replace the inefficient and ineffective systems currently used. Increase the use of booking appointments online instead of relying on inefficient telephone systems

More staff, better communication systems, not dependant on IT systems!

Better access to face-to-face appointments with clinicians for those who struggle with IT. More services delivered locally via the Leek Moorlands Hospital

This information needs to be more spread as many people may not have heard of the care and community care service. I feel that this should be available in all formats, braille, sign language and in a paper copy

Being able to have a phone call answered within 10 minutes.
Integrated care with social services

Having more face-to-face appointments with doctors

Face-to-face GP and consultant appointments

Face-to-face meetings with GPs and home visits for the house bound from a GP who knows them, not an unknown doctor from a bought in service with no knowledge of the patient

The government to understand more and get in the real world

More face-to-face appointments and home visits - at least 20% of my community do not have access to on-line or do not like talking on the telephone as issues can lead to confusing conversations

Face to face appointments, quick referrals to specialists if needed,
prompt access to quality mental health provision

Face-to-face appts with my GP. I haven't seen one for years, only an AP

More locally based services. Better education/promotion about what is available and how to access services



Residents were asked if there were any additional comments they would like to make

When people are discharged from hospital especially those living on their own ensuring that cover is in place to contact them/visit them to check they are ok & managing otherwise more often than not they end up requiring going to hospital again

We live in a rural area will poor or non-existent public transport it is essential that we can access easily all services

I have lived in Staffordshire for 60 years and it seems to me things only get worse

More resources for Primary care

The state of healthcare in Tamworth is appalling

I am not at all sure if or how any services will be delivered. Going forward the ability to see a doctor face-to-face would be a bonus. A lot of people feel very disheartened at present and have grave reservations about what the future holds

Less layers of governance that suck money out of the system funding overpaid managers and so-called directors of this and that when the money should be spent on front line delivery

Having these services is important but having to wait months to initiate them cancels out the benefits. When people need help, they generally need it immediately!

We are very lucky in these uncertain times, but it would be nice to be in the position we were before Coronavirus

Duplication of services leads to waste of money, confusion for patients and an extended patient journey. I know that my commissioned service is paid for by the local PCN. I work full-time but my manager has managed to get additional funding from another part of the NHS for me

Becoming a GP is not now an end goal for many new entrants to the profession, rather it is a first step in a career path that leads to other positions such as specialisms

I am currently in good health so I have limited knowledge regarding access to primary healthcare, however, communication is key and if a patient can't even get through to someone at their surgery that makes any healthcare impossible

Pouring money into the NHS isn't the answer because in my experience the service is in need of good leadership and management. Too many empty promises being made by well-paid managers who can't walk the walk

It feels like our local services are pretty broken with major gaps. This includes within GP surgeries, hospital discharge services, pharmacy services (often very helpful but could be better supported as they seem to bear the brunt of many other failing parts of the health care system)

Think on the whole our surgeries do get you well but some areas need rethinking It would be good if GPs reduced telephone consultations to see patients face-to-face, whilst I understand social distancing etc., this is pushing a lot of NHS services to breaking point - they should not be sending to A&E and Walk in Centres when they are able to help the patient

A quota ratio patient to doctor to relieve some pressure by providing new surgeries There still seems to be a lot of talking and little action. What's happening with the STPs?

More appointments available at the surgery

What people said when asked if there were any additional comments they would like to make

I don't understand the lack of provision (GPs) when hospitals, opticians and dental services are still face-to-face

Tamworth is treated like a frontier town by Staffordshire services, but it has an ever-expanding population and needs a service on its doorstep. Burton is a very efficient hospital but accessibility is dire. Derby is too far away

More face-to-face GP appointments

Greater emphasis on helping people to become 'health literate' and thus work in partnership with HCPs (health care professionals) to manage their conditions - and effectively take part in joint decision making

Very difficult to get GP surgeries to answer the phone let alone get an appointment I object to having to discuss my reasons for wanting a GP appointment with the receptionist (care navigator). This information should be private and I should not have to justify wanting an appointment to someone who is not clinically trained

It's difficult to get a diagnosis for an injury, or physical condition which needs an examination. For example, sprains, hand therapy, lumps/bumps etc - things that need to be seen and felt. Most appointments are over the phone

Feel if the GP was more accessible a lot of issues could be sorted therefore not needing to use other services or get to the correct services quicker and more efficiently, and way less stressful

I'm really happy with the service the GPs give, but getting an appointment is far too stressful!!

Reinforce validated research-based care, discourage any care that is not based on validated research-based evidence

It is very difficult to get an appointment - you have to ring at 8.00 clock and everyone else has to do the same. Not everyone likes a telephone appointment especially if you are elderly as sometimes your hearing is not clear and we are sometimes asked to send a photo

Primary care should focus on the basics before developing enhanced services. People need the resilience of GP and nursing skills to treat or refer patients within a reasonable time period

Increase staff numbers. Opening hours increased Saturdays and Sundays

The wastage and misuse in the NHS if solved could provide some of the funds for many of these services, listen to your population. I personally have recently had to travel every week, for six weeks, to Burton from Tamworth to have injections in my knees – would be better for elderly patients if this was available locally

At present the Primary care service is a complete failure for me and my constituents and the wider community

I have a family member who has been diagnosed with CRPS - what do we have in the community to assist. I had never heard of this condition until a week ago

I am concerned for the state of healthcare in general. Digital approaches to care should be a choice to patient, not a blanket offering, some people prefer face-to-face

What people said when asked if there were any additional comments they would like to make

Given the difficulty in getting to see doctors, more services should be opened for self-referral

I feel a bigger push should be made to stress the alternatives to going to A & E - more publicity to encourage people to think twice and look for alternative options - notably 111 and pharmacists

Concerns re care home services for the elderly - major concerns re the future of the NHS. It is not sustainable at present

Trained staff are essential to good patient outcomes. It is worrying that more untrained staff are taking on more roles which registered nurses have been trained to do. The NHS is a public funded service and is more economically viable when kept in the public sector

More help, financially, and on the front line for the homeless

The pandemic has revealed where the weaknesses lie in our NHS, but at the same time it has forced creative re-thinking to streamline and improve the efficiency in many areas. Once the pandemic calms down we should not lose the impetus to continue this

Employ more GP's who are directly employed by NHS England instead of GP's who are self-employed and contracted out to NHS England

I think it is unfair that elderly people who do not have mobile phones are losing out and missing messages younger people are getting. I am 70 and regularly have to help older friends to access blood tests etc. as they are told to make online appointment

Like to see more preventative care

I am very satisfied with the primary care I get from my GP and pharmacist

Excellent clinical services are often let down by poor admin support

Consider practice approach regarding changing doctors after a house move. On moving we found ourselves just outside our doctors catchment and were told we had to leave our practice, which we had been part of all our lives (over 50 years)

I hope what is offered is efficient and useful to people

Learning how to take care of our own health is an important aspect for primary care physicians to be teaching us and dealing with as many issues as possible within local communities is a good goal and would release pressure on hospitals

Personally, my needs have always been met

I think mental health services, particularly for young people, should be given greater priority. I also think it's very important that preventative medicine be made more of a priority

I understand the Health Service is under great strain but wonder if some of the problems are due to inefficient management

We are proud of having an NHS service in the UK, thank you

Ignore the latest fads and concentrate on the traditional, the tried and tested

Stop saying the current situation is a result of Covid. The systems and support were lacking long before this, this has just highlighted the inadequacies

What people said when asked if there were any additional comments they would like to make

Appointment services / telephone booking service needs major improvements

No provision for the needs of carers within the system at all. It's assumed you will just be ok. I've spent days and weeks fighting for medical care for my family member who was critically ill and discharged without proper assessments

I'm conscious that the vital services offered at Kniveden are currently under threat

Local accessible health services are essential to us. I am one of the many unpaid carers in the community A local support service would improve the quality of my life

Fair assessment for NHS Continuing Healthcare

Stop outsourcing

The whole NHS needs to break its established silos - integrated pathways are essential. There needs to be a greater understanding by the general population of the emerging structure of care in the UK. NHS must start to get involved in education at schools and colleges

Living in a Rural Community means that it is essential for all services to be available locally and easily accessible to all

I am concerned with the distancing which appears to be taking place in the NHS. I am concerned that the concentration on Covid patients could very well prove fatal for other patients with equally serious illnesses, such as cancer

Crucial that the patient voice is involved in the design and implementation of services to meet local needs not just those perceived by NHS managers

For my area, on the fringe of a county-based health area, we are often forced to use hospital facilities which are distant from our homes and there are comparable services provider by closer hospitals in the neighbouring health area

General practice is unacceptable at the moment, contributing to chaos in hospital

Increase the number of manned phone lines

The current system allows people to fall into gaping holes where no-one wants to pick up the person or those that do want to move a patient elsewhere as soon as possible. The patient becomes confused and tired of their prolonged journey. Better joined up pathways and communication

The creation of an additional layer of highly paid administrators must be avoided I fear the promises made for Leek will be forgotten and we will continue to see services be removed

A GP practice should phone patients regularly to check they are ok as conditions are missed and diagnosis is delayed

We need much more support for families - baby clinics should be open otherwise why did we have them in the first place and are those needs not important anymore??

Currently the system of telephone consultations does not work as it just delays seeing a GP for important issues. GPs should go back to face-to-face consultations immediately and home visits. Waiting lists for treatment for mental health is unacceptable

The only way it can improve is for the government to value the importance of these healthcare workers and what they bring to the community by paying them a fair wage

What people said when asked if there were any additional comments they would like to make

Since Covid raised its head the primary care health service has gone down a very slippery slope & still has not reached the bottom. Very disappointed in care given to so many people. However, the vaccination service has been remarkable

My GP is really good when I can get to see him

Our local chemist is really helpful and sorts out any medicine worries for us

I worry about lack of crisis support, getting hold of a doctor or an ambulance

The sickness level is very high. How do we combat this? Have more help and positive rules

I am currently working through a number of health problems and am getting a good service so far as the current conditions allow

Services are now at breaking point. There is an urgent need to upgrade primary care services to reduce pressure on A & E

Our local health givers have let my family down very badly. And as it goes now, I am not confident in them at all

Current situation re GP surgeries not acceptable. Need more GPs

The practice could open itself up to more direct contact with patients by holding a patient meeting that any patients could go to have a dialogue with the surgery staff - a clear the air type of meeting. Yoxall Surgery held such an event a couple of months ago and it was very good

Help to manage pain and increasingly worse side effects while waiting for an operation that has been delayed due to Covid

Every Practice should have a PPG. Patients believe the service is broken, especially due to media comments, but it does result in patients dna (do not attend) and turning up at A and E

**Children's services especially SEND and CAMHs need much additional support
I welcome the opportunity to comment on the provision of public health services. However, this is not a substitute for settled, democratic control**

**The current constant obsession with reorganisation of health services is not helpful
I believe the main area where changes need to be made is GP services as this is the first port of call for all patients who are seeking help in all aspects of their health. Many people are suffering because this area of healthcare has become very incompetent**

The community care service needs to publish what is available and meet the expectations of the public

I am not sure if GPs realise just how let down their patients feel about their behaviour during the Pandemic, they have put their staff on the front line, but they themselves were not, except when they were carrying out the public vaccinations - was there a fee paid for this?



THANK YOU

Healthwatch Staffordshire would like to say a huge 'thank you' to everyone who took the time to share their thoughts and comments on primary care provision in Staffordshire

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