

North West PPF response to the Joint Commissioning Strategy Consultation Questions

North West PPF focused on 3 of the questions posed - Q3, Q5 and Q6. The comments and points noted by the members of NW PPF were:

3. The draft plan recommends we use hospital services less and do more to support people who live at home. Do you agree or disagree with this? If you agree, what do we need to do differently to make this happen?

- The houses people are living in need to change to meet changing needs.
- Homecare needs to be more flexible.
- People need to be 'living a life' – living at home in social isolation is not a goal. People need support, companionship, opportunities for learning, stimulation
- Need for more intermediate housing – i.e. between living in own homes and living in a care/nursing home (e.g. sheltered housing with extra support).
- Housing Association are doing more for their tenants- maybe use our multi storey flats for older people.

5. What should we do to improve people's understanding and knowledge about current services and how can we improve access?

- Discussed that there used to be a directory of all services in Glasgow which was a useful resource.
- Use of forward thinking technology e.g. online (social media, websites, google) and things like TV community channels. To be coupled with showing people the practical application of technology for example you can Skype your relatives, do your grocery shopping and then find out where your local support group is for example.
- Increased promotion with information stalls, community events, local libraries, day care centres etc.
- Link in with housing associations more.
- GP surgeries could be more of an information point. However GPs/staff would require more training, funding and incentives to be aware and share this with patients.
- Importance of peer knowledge and sharing as not only could this overcome barriers of language, age etc but also would inspire

trust/confidence in the information being shared.

- All workers for example District nurses, Cordia staff being made aware of services and how to ask/enquire about individuals situations, signposting effectively and supporting to access.
- Doing, sharing and pointing with the individual - don't tell them what you think they need. More holistic view point.
- To increase access generally agreed that individuals confidence needs to be built, any irrational fears need to be addressed and suggestion of a 'drip-drip' approach (don't bombard individual with too much information).

6. What new services should we be developing to meet the future needs of older people in Glasgow?

- The Private sector is under cutting voluntary sector but often they have poor conditions and services for their employees – high turn over of staff.
- Some service users can't afford services as the budget they have been assessed for doesn't cover the services they have been assessed for and need. A member had to cancel her services because she couldn't afford them and she was getting herself into debt.
- Cuts in budgets are affecting all service provision – poorer quality of service. Even the 'not for profit' community charities cannot operate safely for the budgets they have been allocated.
- Pilot a 'key worker' and one year post diagnosis system (similar to Dementia) for other conditions such as arthritis, diabetics, other long term conditions.
- Practical help- housework, clean windows, change beds, - people get depressed living in an unkempt house.
- Housing providers could develop practical services such as gardening or handy man schemes.
- GP or other health professional could do more – regular visit, assessment, help access services – keep well for 75+- one named person.
- Could services such as podiatry, warfern nurse, diabetic annual review be carried out as a 'job lot' in day centres or lunch clubs etc.
- What more could be done in the chemist?