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21 AUG

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Have your say

Question 1

The Scottish Government would like to make health and social care services better. We would do this first for older people and then improve services for all adults. Do you think this is a good thing and can you tell us why?

YES FOR ELDERLY YET & DISABLED. IF PEOPLE ARE REQUIRED TO WORK TILL THEY ARE 67. THEN THE AGED MUST BEGIN LATER. THIS SHOULD BE HANDLED BY NHS.

Question 2

Have we thought about all the things we need to put the money together for adult health and social care services? Do you have anything you would like to add or change?

COUNCILS ARE RECEIVING LESS ^{FUNDS} NHS IS BEING PROTECTED. ALL FRAIL YET & DISABLED SHOULD BE IN CARE OF NHS. MORE REHAB CENTRES, CUT DOWN ON METHADONE. CUT DOWN ON OTHER SELF INFLICTED. AILMENTS.

Question 3

Councils and Health Boards will need to work together to make things better. We call this outcomes. This is different to how they work. Do you think what we want to do is a good way to make the change?

THIS WAS SUPPOSED TO HAPPEN YEARS AGO. BUT IT WAS NOT COMBATABLE. HAS THIS BEEN SORTED? ALL MEDICAL MATTERS TO NHS. SOCIAL W. FOR HOUSING ~~AND~~ HELP IN THE HOME. TRANSPORT SHOULD GIVE PRIORITY TO NEEDS OF VULNERABLE.

Question 4

Should Health Boards and Councils both agree on how they will make things better for adult health and social care?

YES.

Question 5

If health and social care services have to report to Ministers and Council leaders, is there the right balance of local and national responsibility?

MORE REPRESENTATIVES FROM USERS + VOLUNTARY GROUPS.
TOO MUCH WORK FOR DOCTORS? MORE EMPHASIS ON PHYSIO +
PODIATRY + OTHER SERVICES. INCREASE IN DISTRICT NURSES
SPECIALIZING IN ELDERLY?

Question 6

Should it be possible to create a new Partnership that covers more than one Council area? For example, a Lothian Regional Partnership?

THIS MIGHT BE POSSIBLE IF ALL SYSTEMS ARE THE SAME
BETTER TO START WITH EXISTING AREAS.

Question 7

Do you agree that it should be senior officials from Health Boards, Councils, elected Council members, professionals (such as doctors) and people from the voluntary sector that form the committee for the local Partnerships?

THE PEOPLE WHO ARE ASKED TO MAKE THIS WORK. IN HEALTH +
SOCIAL WORK. DOCTORS. NURSES. VOLUNTARY SECTOR +
FINANCE.

Question 8

Do you think the new plan will mean changes can take place quickly if local services are not working properly? What could we do to help?

ASK LOCAL USERS + VOLUNTARY SECTION TO POINT
OUT GAPS IN SERVICES. PRESSURE ON SUPPLIERS TO
REMEDY.

Question 9

Do you think the new Partnerships should be able to include other areas of health and social care, if they want to?

YES. WHERE IT IMPROVES OVERALL CONDITIONS.

Question 10

If the money is put together, do you think our proposals will allow money to be spent better for the patient or service user?

MAY DO, IF CORRECT PRIORITIES ARE SET.

Question 11

Do you have experience of how easy or difficult it is to access services across both health and social care systems? If you have, would you like to tell us?

YES.

Question 12

Should Ministers say in law the parts of the separate health and social care budgets that should be in the joined up budget? Would this allow the outcomes to be met locally?

THIS WOULD REDUCE FLEXIBILITY. BUT CLOSE SCUTINY WOULD NEED TO BE APPLIED.

Question 13

Do you think we have given the senior officer the right amount of say in how the money is spent? Do you think it will be difficult for one person to be in control of all this money?

YES, TOO MUCH FOR ONE PERSON. SUGGEST 3. NHS, COUNCIL AND PUBLIC. PERHAPS RETIRED DOCTOR OR SOCIAL CARE WORKER.

Question 14

Have the proposals given the senior officer enough authority and responsibility to take control of this money?

YES. WILL HELP AS ABOVE.

Question 15

Should the Scottish Government tell Partnerships how to plan for local services, or should this be left to local areas to decide?

BETTER LEFT TO LOCAL PARTNERSHIPS. MORE FLEXIBILITY
BETTER EVIDENCE OF BEST PRACTICES.

Question 16

We think that local professionals, including General Practitioners, should be asked to help plan local services. Is this a strong suggestion, or should it be stronger?

ARE LOCAL DOCTORS PREPARED TO TAKE ON MORE WORK -
HAVE THEY THE TIME?

Question 17

What practical help should we offer to help health and social care staff get involved with planning services?

INCREASE THE NO. OF SOCIAL CARE STAFF. REDUCE CASE LOADS. SEPARATE ELDERLY + NURSING CARE FROM OTHER SERVICES.

Question 18

Should we use groups of doctor's surgeries to organise the local planning of services? If not, how could this be done better?

THIS WOULD REQUIRE A WHOLE NEW SETUP. ARE DOCTORS WILLING TO DO THIS. WHAT WOULD BE THE COST? WOULD PEOPLE BE SECONDED FROM NHS + SOCIAL SERVICES?

Question 19

Should the partnerships talk to people in their communities? How might this be done?

IT IS ESSENTIAL THAT USERS + VOLUNTEERS BE INCLUDED IN PLANNING. THIS SHOULD BE A BOTTOM UP NOT A TOP DOWN SERVICE. USERS REP ON COMMITTEES.

Question 20

Do you think we should say how many people need to be involved in the planning of local service? For example, a percentage of the local population?

AS ABOVE. PERHAPS EACH WARD OR GROUP OF WARDS, OR COMMUNITY COUNCILS. VOLUNTARY GROUPS.
E.G. ALL AREAS OF PAISLEY + RURAL DISTRICTS SHOULD HAVE A REP.