

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 - BUT THE PEOPLE RESPONSIBLE MUST ENSURE THAT THE CARERS ARE GIVEN THE PROPER TRAINING AND TIME TO DO THEIR JOB PROPERLY - AND THAT THERE IS A BETTER DIFFERENTIAL BETWEEN PAY AND CONDITIONS - FROM TOP TO BOTTOM?

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?

I WOULD LIKE TO SEE MORE SHELTERED HOUSES AS THIS WOULD GIVE THE OLDER PEOPLE MORE FREEDOM IN MOVEMENT AND COMMUNICATE WITH THEIR OWN AGE GROUP. A LOT OF OLD PEOPLE LIVE IN UPSTAIR PROPERTY WHICH IS NOT ALWAYS EASY TO FIT CHAIR LIFTS

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?

I DON'T KNOW WHAT YOU WANT TO DO - I THINK THE WORD OUTCOMES SHOULD BE MORE ACCOUNTABLE

Question 4

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

YES - BUT WITH INPUT BY LOCAL COMMUNITIES.

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?

NO. - THESE COUNCIL LEADERS AND MINISTERS MUST BE HELD RESPONSIBLE - AS THEY ARE ELECTED - BUT THERE MUST BE A CODE OF CONDUCT PUT IN PLACE, TO ENSURE THAT THE PUBLIC CAN HAVE A PROPER COMPLAINTS SYSTEM, WHICH WILL NOT ALLOW ANY DECLINE IN TOP STANDARDS

Question 6

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

NO. - AT THE MOMENT WE HAVE TOO MANY PARTNERSHIPS FAR TOO MUCH MONEY BEING SPENT ON ADMINISTRATION AND ON THESE PARTNERS DECIDING WHAT TO PAY THEMSELVES ALSO ON UNDESERVED BONUSES - THERE MUST BE A PAY STANDARD AND A JOB DESCRIPTION

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?

YES - BUT IT SHOULD BE PEOPLE WHO ARE MORE INTERESTED IN SERVING THE COMMUNITY - (THAN THEMSELVES) AND THE TERM IN OFFICE SHOULD BE NO MORE THAN TWO YEARS

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?

WELL IF THE SERVICES ARE NOT WORKING PROPERLY, IT MEANS THE WRONG PEOPLE ARE IN THE WRONG JOB - THEREFORE A CHANGE IN THEIR CONTRACT, SHOULD BE THERE IS NO NO COMPENSATION FOR FAILURE - NO GOLD PLATED PAY OUTS

Question 9

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

NO - IF IT GOING TO BE TO CARE WE MAY AS WELL GO BACK TO THE PAST N.H.S. - AND DO AWAY WITH ALL PRIVATE FIRMS - WHICH IS A GOOD IDEA.

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?

AGAIN I THINK THAT FAR TOO MUCH MONEY IS SPENT ON ADMINISTRATION - TOO MANY CHECKS AND NOT ENOUGH INDIANS? THESE ADMINISTRATORS - MUST WORK FOR THE PEOPLE - NOT THE PEOPLE WORK FOR THEM
HOW MANY MORE PEOPLE DO WE NEED TO ADMINISTER THESE SERVICES.

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?

I DO NOT HAVE ANY EXPERIENCE.

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?

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?

WHO IS THE SENIOR OFFICER, AND I AM UNDER THE IMPRESSION THAT COMMITTEES WERE TO DECIDE.
YES ONE PERSON SHOULD NOT BE IN CONTROL OF THE MONEY
COMMITTEES MUST ACCEPT RESPONSIBILITY.

Question 14

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

THIS SENIOR OFFICER - MUST BE ANSWERABLE TO THE COMMUNITY, HE WANTS TO SERVE - AND THERE MUST BE NO GRAY TRAIN PAYOUT IF HE FAILS. ???

Question 15

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

LOCAL AREAS SHOULD DECIDE - BUT TO BE APPROVED BY GOVERNMENT, THIS IS A MUST.

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?

THIS CAN BE STRONG ENOUGH - WITH MEMBERS OF THE COMMUNITY

Question 17

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

A MONTHLY MEETING WITH THOSE DIRECTLY INVOLVED WITH HANDS ON CAREERS.

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?

NO. THESE SURGERIES ARE FOR THE PATIENTS USE OTHER VENUES.

Question 19

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

YES - THEY MUST LISTEN TO INDIVIDUAL COMPLAINTS, THIS IS THE MOST IMPORTANT CRITERIA, AS THE SYSTEM IS INDIVIDUAL.

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?

NO - A COMMITTEE SHOULD BE ENOUGH BUT HOLDING THE E.R.O. RESPONSIBLE - WITH NO GOLDEN PAY OFF IF THEY FAIL. ???

THIS IS A MUST OF THE SYSTEM BECOME CORRUPT.