
healthwatch
Liverpool
Who Cares? We Do!
Membership Event
The Black-E
21st November 2019

Contents

Janice Connolly as Phyllis in the Women and Theatre production

Introduction

Healthwatch Liverpool held our 'Who Cares? We Do!' event at the Black-E on Thursday 21st November, to welcome new members and old friends and to hear what they had to say about health and social care in Liverpool – including what they'd like us to prioritise in our 2020 work plan, and beyond.

We advertised the event via voluntary sector networks, including via Liverpool Charity and Voluntary Services (LCVS), and through invitations to local authority and NHS commissioners and local NHS hospital trusts. We also made direct contact with a range of voluntary and community organisations, with the aim of reaching a range of interest groups and diverse demographics. The event was also publicised on a number of occasions via our social media and associated retweets.

89 people booked a place at the event but only 50 people attended on the day.

This report includes the input and feedback that we received on the day, all of which will help us to prioritise our work during 2020/21. The report will be circulated to event participants (where we have their contact details) and will be made publically available via our website.

Morning Session

When attendees arrived they were given the opportunity to identify the top issues currently facing Liverpool's health and social care services and service users – in their opinion – and to write their priorities on post-it notes. These were then grouped thematically to give us themes for discussion later in the morning.

After tea, coffee and pastries and an introduction from Healthwatch Liverpool's Chair (Lynn Collins) and Chief Executive (Sarah Thwaites), attendees had an opportunity to speak to Healthwatch Liverpool staff and volunteers about our current and ongoing work as well as the areas they thought we should focus on in 2020 and beyond.

There was also the opportunity to find out how to get involved in our projects and sign up for our new membership scheme!

First Group Discussion – The Role of Healthwatch

The first discussion session focused on attendees' perceptions of what Healthwatch Liverpool does, how we do it, and how we could do it more effectively and inclusively.

What do you think Healthwatch does?

The first discussion session focused on attendees' perceptions of what Healthwatch Liverpool does, how we do it, and how we could do it more effectively and inclusively.

Group A

+ Provide advice, signposting, commissioned by the council, Health and Social Care Act – every LA must have a HW.
+ Could be more out there so people know about HW; 1/5 had heard of HW.
+ HW do enter and view - have statutory right to do this but different to CQC as HW recommendations do not need to be acted on. Share findings with CQC.
+ HW achievements – influence change. Feedback to service providers.
+ Info about health and social care.
+ Complaints and compliments. Is it for patients? Yes, the most important.
+ Anyone in Liverpool using services. Also HW in Southport etc...
+ EG: Need a dentist- can find that for people if can't afford to pay, or social care will look up info if they can't stay where they are living or in hospital and can-not go home.
+ Can phone HW or go in Dale Street.
+ If NHS ask what people think of services perhaps people will not feel comfortable to say what they feel. HW can help people do this.
+ Listening events - once a year go to every hospital in Liverpool and get anonymous feedback from patients – Feed this back to hospital / NHS trust straight away.
+ We can-not make any changes directly – no funding for this – but we feed back to influence
+ We have projects, SEND, Homelessness, etc.

Group B

+ Support network for patients to ensure their needs are met.
+ Signposting, Live Well directory and website.
+ Care Home Visits.
+ Listening events at NHS / Social Care facilities.
+ Identifying gaps e.g. Liaison – Community / Prevention of re-admissions / support to prevent loneliness.

Group C

+ Inform people of services / prevention services
+ Social prescribing / scrutiny of services / GP & hospitals.
+ Complaints and feedback to services.
+ Care home feedback.
+ What people are telling and project work.
+ Livewell directory of wellbeing services.
+ New website launching soon 2500 entries – constantly reviewed.
+ Engagement team.
+ Listen to personal struggles – support through the whole process.
+ Really positive feedback

Group D

+ Surveys, focus groups, meetings, events, review services (audit) – have statutory power to do this.
+ Representation on relevant boards.
+ Share good practices.

Group E

+ Information and signposting. Raising concerns and feeding back from patients to people who buy and run services.

Group F

+ Support role for complaints.
+ Listening events.
+ Social media.
+ Enter and view.
+ Advice and Info.
+ Pathways.
+ Community Events

How do you think we do it?

Group A

+ Website – have a directory- Livewell Liverpool directory.
+ The directory is good eg: Careline use this but needs to be promoted so more people know about it.
+ There is only a very small budget though to promote it; so how locally can we support HW to become more well-known?
+ LA should definitely know about HW.
+ There should be more signposting HW.
+ System to be more joined up.
+ Challenge advocate for individuals also general groups in services.
+ Transport – we'll met again provide this but without this provision they would not be here today.
+ Some people do not have access to internet.
+ There are posters in doctors surgeries.
+ Council Careline do refer to HW.
+ HW ask how you want to be contacted eg: mail, phone.
+ Get thousands of phone calls during a year.
+ HW go to community centres.
+ Links with CAB – Advice on prescriptions in doctors surgeries.
+ Let's people know about free/cheap activities to benefit health and wellbeing. Someone feedback positive about this.

Group B

+ Attend quality assurance meetings eg; Dom Care.
+ Joint visits to facilities – feedback from patients and service users.
+ Listening events, talking to patients.
+ Place assessments.
+ Website / Phones.
+ Independent NHS complaints advocacy.
+ Patient experience meetings.
+ Student Fresher Events.
+ Project work.

Group C

+ Going out to people and surveys best methods to capture as many views.
+ Independence increases honest feedback.
+ Careline have favourable feedback, where to go next.
+ Right people in right roles.
+ Little things, communication means a lot being a human.
+ Discharged Monday, re-admitted Friday, no communication.
+ Cost of everything and not the value of nothing.
+ Policymakers out of touch with what is going on the ground.

Group D

+ Surveys, focus groups, meetings, events, review services (audit) – have statutory power to do this.
+ Representation on relevant boards.
+ Share good practices.

Group E

+ Information and signposting. Raising concerns and feeding back from patients to people who buy and run services.

Group F

+ Support role for complaints.
+ Listening events.
+ Social media.
+ Enter and view.
+ Advice and Info.
+ Pathways.
+ Community Events

Are we working in the best / most accessible way? What could we do to reach more people and be as accessible as possible?

Group A

+ Age Concern are on HW advisory group, feed in views people give to them eg: about services / health and social care.
+ HW talk regularly to Careline Social workers across Liverpool use Livewell directory.
+ Reiterate the importance of going out proactively. But how to do this as GDPR issues but maybe Careline could help.
+ Can Age Concern have research proactively sent to them and also to Careline. As a member then would be on the mailing list and this would happen.
+ Could let people know by text.
+ What is membership?
+ HW send you regular info to keep you upto date. 2 way relationship , you tell us about good / bad experiences of services.
+ Would enjoy more events.

Group B

+ More partnership working.
+ Better networking for professionals.
+ Attending community events and carers groups.
+ Social landlords.
+ Research - Clinical Research Network - Mental Health / Ageing / Dementia / Neurodegenerative

Group C

+ Social prescribing work.
+ Coordination.
+ Medicalising a social problem / construct.
+ Monday meeting 25/11/19.
+ Membership scheme.
+ Research, recording clients stories to change service delivery.

Group D

+ Already a member of the engagement board but anything specific to BAMER Communities and MH research / events.
+ Need to learn a bit more about HW as I am newly appointed in my post

Group E

+ Social isolation.
+ Impact of cuts on services.
+ Social Care
+ Mental Health
+ Transport
+ Check on people who live alone regularly to make sure they are okay as social interaction is important to health and well-being.

Group F

+ Live well directory.
+ Forums.
+ Networking Events.
+ Volunteer.
+ Inspections.
+ Online Suggestion Box.
+ Updated with info

Second Group Discussion – Local Priorities

The topics for the second discussion session were based on priorities suggested by the attendees themselves on arrival, as described above. There were five broad themes:

1. GPs

The main points raised in this discussion were:

+ Making changing GP's easier.
+ Know Staff and GP
+ Sorry that GP is retiring. Doc will visit patients in hospital.
+ At one time, had a doc allocated and knew her well.
+ At new practice saw any GP. Had to explain background.
+ Short appointments = One issue.
+ Last appointment felt shuffled out and not listened to.
+ GP's not looking at notes, have to tell them.
+ Can't get an appointment
+ Aged 90, cannot get there easily and had to get an appointment.
+ GP surgery people are queueing at 8am for emergency appointments, drop-in 3 days a week – people queue outside, good to have that.
+ Have to wait a week or so to get appointment.
+ Can get through after trying a lot, then three week wait for an appointment otherwise go online but has no online access.
+ Boots - £5 charge to have prescriptions delivered
+ Important because where you go to get help.
+ Lloyds pharmacy is very good.
+ Ask pharmacy for advice and say make a GP appointment.
+ Make it easier to call GP.
+ Make GPs a Freephone or quicker – answer machines / on hold, costs mount up.
+ One person uses two phones simultaneously to call GP – double chance of getting through.
+ You now only see locums, different all the time.

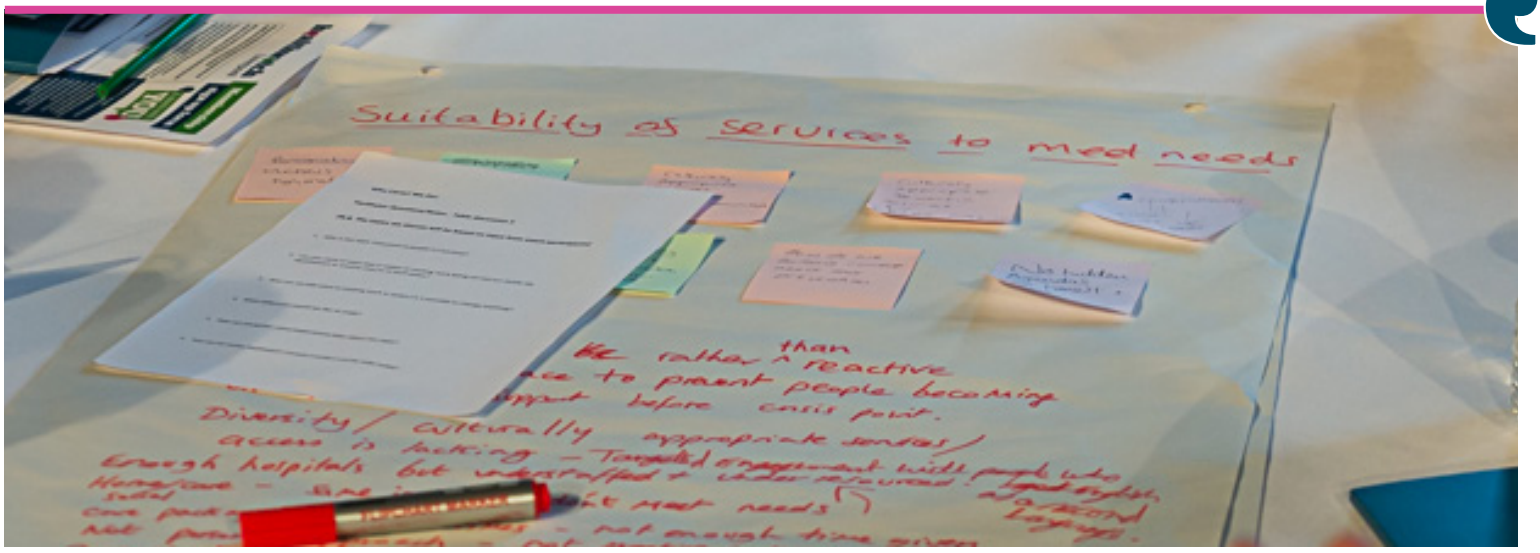
- Triage – do not like being put to triage nurse as wants to see a doctor.
- Other person – e.g. of seeing nurse and getting wrong advice.
- Go to GP practice on mobility scooter – quite close but broken at the moment so cannot get there.
- Telephone consultation – One person done and very good.
- Difficult to get GP to do a Home Visit and taxi costs £5 each way.
- Most people have never asked for a home visit but think it would be hard – heard of a neighbour who struggled.
- Too old to use the internet and can trigger some epilepsy.
- At the GP it is frustrating sitting and waiting – others go in first, have to take any GP, don't like this.
- Go one week and one set of docs, another week a different set of docs, haven't got a clue who you are and ask what's wrong when they can see it on their screen.
- Would love to tell them where to go but I can't because at least it's a GP.
- Walk-in Centre is hard to get to – e.g. being taken from we will meet again to Whiston took all day.
- Walk-in Centre Old Swan no x-ray machine but Garston seen quickly broken finger.
- Walk-in Centre Hanover Street really nice, thought broken arm, they booked taxi (free) to A&E at the Royal – 9:30 WIC, A&E 10:30 – 10:35 had x-ray, thin fracture, offered physio. By 5pm shaking with hunger, couldn't give food due to colitis.
- Transport big issue, family not close by. Can't get in and out of car without help. Use Patient Transport Service (PTS) for hospital appointments – marvellous offer wheelchair and can get you right to clinic. Longer wait to get home.
- Another person fine with PTS has been using for years. Marvellous. Rely on daughter for GP – can't get there, daughter too busy to help.
- Very difficult in an emergency, wonder if PTS would come out then?

- Need B12 injection – nurse all booked up. Yesterday asked for appointment in December but told no appointments in December. Called back and said fitted in in December – why can't have it done elsewhere.
- 6 week wait for flu jab appointment.
- Harder now to get an appointment than it used to be.
- Harder since other practice closed.
- More doctors and nurses – some felt timewasters others felt not in their experience.
- Drop in is a disadvantage for those who cannot just show up and wait.
- Preferred GP will let you ramble on but you need a letter from God to see him.
- 10:15 appointment – went home 1pm not seen, told them leaving, not see, few years ago no, never been back since.
- Colitis – still go for tablets but for flare-ups, can go straight the hospital.
- Receptionist asks what is wrong, said Colitis, didn't know I had to explain. She looked aghast in front of everyone. Flare up and was trying to get the emergency appointmentt, everyone was looking.
- Practice ask 'what is required or is it personal?' If you say personal they put that down.
- Not been GP in three years – can't get there.
- On phone ages, number 3 in queue then 2 then 1 then cut off

2. Suitability of Services to Meet Needs

The main points raised in this discussion were:

+ Personalisation means personal.
+ Prevent.
+ Physical and Psychological Environment.
+ Initiating a more preventative approach rather than a cure.
+ Culturally appropriate services for BAME communities.
+ How do we balance current need and prevention.
+ Culturally appropriate dementia services for BAME communities.
+ Appropriateness of services / service user needs.
+ No hidden agendas - open, honest and upfront.
+ Pro-active rather than reactive. Not enough in place to prevent people becoming unwell / needing support before crisis point.
+ Diversity / culturally appropriate services / access is lacking – targeted engagement with people who speak English as a second language.
+ There is enough hospitals but understaffed and under-resourced.
+ Home / Social Care same issues, don't meet needs.
+ Care packages – short times, not enough time given.
+ Not a personal approach – not meeting individual needs.
+ Coordination of services is inadequate.
+ Listening events and patient experience advocacy.
+ Services are disappearing due to funding cuts and there are less places for Healthwatch to signpost people to.
+ Lack of services not always accessible – can be a barrier for people taking that step.
+ A hub for people with mental health and drug and alcohol services so they don't have to go to A&E.
+ Issue specific areas / services rather than triage at A&E.
+ Person-centred care / treatment.
+ Bed-Blocking / inability to discharge people from hospital because no care package in place.
+ More availability of beds in care homes as top gap would cost less and free up beds – This would be a good issue for HW to explore.
+ Who is funding care, this is another difficulty for families / patients.
+ More open days / forums – visiting care homes / community groups.
+ Carers centre – tap into this service so HW can email carers.
+ Carers' strategy – LCC.
+ Using televisions in GP's surgeries etc to promote Healthwatch Liverpool.
+ Local social care partnerships annual event.



3. Social Care

The main points raised in this discussion were:

+ Keeping people in own home.
+ Continence of a night time
+ If carers could go out then could stay in own home.
+ Wheelchair adaptive could make a difference.
+ There are organisations that could help but need to get people in touch.
+ Closure of Care Homes.
+ Encouragement & Support for the elderly.
+ Free social care to match Scotland given higher proportion of deprivation for people with disabilities.
+ Safeguarding in care homes.
+ Ageing population – Increased inequality means health is deteriorating in all ages.
+ Carers need to support clients better.
+ Capacity with care providers.
+ Too low pay for waking nights.
+ Closure of care homes.
+ Big city, people in their own, aging population, increasing dementia, poor housing, social deprivation, poverty, high unemployment, mental health, homelessness.
+ Statutory function CCC, Care Act, CQC, Ofsted – Clinical research, network both nationally and locally.
+ Charitable work – food banks as a response and running what used to be statutory services.
+ Mayoral priorities – responding to these issues.
+ Funding an issue but about investing in the city, using more effectively to promote and grow.
+ Prevention – doing more preventative work, looking at the best use of resources, looking at impact.
+ Changing expectations 'oh the council do that'.
+ Communities looking at own resources, what is in the community, services going to people's homes.
+ Making every contact count
+ Looking at the person as a whole
+ Signposting
+ Staff being referred.
+ Creating an environment for our young population so they want to stay
+ Apprenticeship, business partners, contributing to communities, football clubs.
+ Huge inequalities – North vs South locally and nationally.
+ Find out peoples experiences
+ Thinking differently, the money isn't there.
+ Tapping into resources.

- Need for something, pay for parking in area eg: football, go to local initiative?
- Keeping money and resources with local area, buying services locally, all maintained in local area, nurture local talent, not at NHS workforce but not local staff.
- Universities, keeping local talent.
- Hospitals still work very differently
- Good role models can go on one of the biggest training centres, train then move on.
- Awareness, not always known how?
- More partnership working.
- Targeting resources where needed.
- Local intelligence.
- Important people can live their life as they want to, people have a say, may need social care but may not want it.
- Peoples aspirations.
- Loneliness.
- Where does the local community come into this, ultimately it is a much wider issue.
- Breakdown of networks.
- Older people, families living apart.
- People should have choice, families not always the most appropriate person to care for them.
- Things you can do, things like supporting basic needs e.g. food, shelter.
- Education, citizenship – this is what community is. A whole generation thinking of the self. Huge reliance on services.Huge reliance on services.
- Individual responsibilities, intergenerational groups to bring people together, young people going into Care homes, intergenerational housing.
- Students need digs, something universities can take ownership of, families opening up.
- Need to work much more as a whole community.
- Better inter organisational working.
- Survey, questionnaire, forums, focus groups, public events, social media, networks community places.

- Trying to get more people not just the ones who are engaged.
- Closing that loop, someone asked me but heard nothing.
- Multi-disciplinary teams (MDTs) in neighbourhoods, identifying patients who are vulnerable, frequent users of services, sharing information, gaining consent, GP identifies, then if they agree then go to that MDT.
- Partnership working, people using other services.
- Voluntary work within HW.
- Schools, colleges, advertising what HW doing.
- Getting people involved in decision making.
- Getting new perspectives.
- Managing expectations, public knowledge – empowering people, managing expectations of what we can do.

4. Resources for Funding / Staffing

The main points raised in this discussion were:

+ Resources, funding & staffing
+ Lack of support for third sector.
+ Carers not paid for travel time.
+ Ensuring resources and funding go to local services and targeted where needed.
+ Promotion of the wide variety of opportunities.
+ Funding & Unemployment figures.
+ Funding and closure of Alzheimer's services.
+ Resources to signpost to re-funding.
+ Funding for 'Wheel Meet Again' group.
+ Funding for services.
+ Increase in demand
+ More information.
+ Staffing. Access to services.
+ Peer Support.
+ Budget Constraints.
+ Funding important as nothing can be done without this.
+ To Increase staffing levels to support demand.
+ Funding covering short periods which causes restrictions on what can be planned ahead of time – long term plans.
+ Competition around tendering for projects / services makes things difficult for smaller companies.
+ Last focussed work on this came from the Mental Health Consortium 2017/18.
+ If work is being done, where and what? What have been the results from this and what can we learn?
+ When individuals participate in research, nothing comes of this and people become cynical and disillusioned with being involved in the research process as nothing happens.
+ More reliance on Trust / Grant funding yet, competition for this increasing. (Though research can be done, why bother if nothing is changed following the insights gathered).
+ No one feels we can add value to anything as work has been done and ignored in the past.
+ People still attend and participate on consultations to ensure awareness can be maintained around specific issues.
+ More Money = More and better service.
+ Need longer term funding to increase security and decrease uncertainty.
+ Recognise the value and work organisations are doing with limited funding.
+ Do not need to re-invent the wheel just re-invest in what already works.
+ Gather info and views from word of mouth, focus groups etc.
+ So much data and consultations exist – no need for more.
+ Monitor services and provisions to see potential gaps.
+ Focus Groups, Consultations, Interviews.
+ Not much campaigning or promotion of Healthcare as an occupation which is causing the understaffing.
+ Awareness that lack of uptake for Health and Social Care courses is creating staffing issues for the future.
+ Lack of training for care staff and support means unrewarding and undervalued profession, no future prospects.
+ As most is national policy not much can be done at the local level.
+ Complete lack of 'care' within care professions – due to budget restraints and staff being overworked and overstretched but this is all down to funding.
+ Local money comes in but where does it go? Liverpool has economic gains but are they put back into Liverpool services?
+ Openness and honesty is needed rather than lies or sugar coating the truth.
+ What are the minimums and guidelines for what services should be achieving and the outcomes.
+ Non-filtering down from Mersey Care to voluntary sector.
+ Overlap with the collaboration theme – an overview would be beneficial to determine what goes where and how much.

5. Mental Health

The main points raised in this discussion were:

+ Lack of funding and resources for Mental Health cannot give the care needed.
+ Children's Mental Health.
+ Funding for Mental Health services in the voluntary sector.
+ More Funding for Mental Health.
+ Mental Health funding, third sector.
+ Mental Health is everyone's business.
+ Funding
+ Voluntary sector services less.
+ Stat eligibility criteria harder to access for patients.
+ Training shouldn't be one size fits all.
+ No continuity of care – community psychiatric nurse.
+ Used to be 325 third sector organisations delivering Mental Health service in Liverpool now less than 200.
+ Finances, poverty, insecurity, deprivation, austerity etc – big cause of 'low level' Mental Health issues.
+ 'Revolving door' people discharged from services, only to end up quickly re-admitted.
+ Lack of effective service user involvement locally.
+ Under-resourced and unsupported peer support.
+ Very medicalised Mental Health first aid training and other training focusses on "wrong" issue e.g. resilience. Paternalistic approach.
+ MSH, PSS, WHISC, Barnado's, floating support – good third sector support BUT don't get much recognition or funding.
+ CAMHS + Early help centres – school placements – very medicalised, leads to diagnosis not recognition of normal reaction to poor circumstances.
+ Statutory – more medical. YPAS / MYA = Better work.
+ Campaigning – missing GP service user point of view leads to...
+ National policy – fragmentation around (VCS) services, competition for funding etc.
+ Leads to crisis for service users.
+ Cuts leading to staffing pressures and pressure of supporting people with e.g. DWP appeals.
+ Informing local strategic groups about impact of cuts and pressures of services - limited capacity to influence CCG and funding.
+ Looking at impact measures and social value esp. for third sector orgs without clinical outputs.
+ Inequality of where money goes in Liverpool.
+ Provider alliance, loss of accountability in commissioning.
+ Need to measure quality of service not quantity of activity.
+ Healthwatch Liverpool can help change as an outside voice to services, adding voices and keeping issues on the agenda.
+ BUT change is very difficult in this current climate.
+ Need to keep talking about issue even if we are not sure change can happen – keep things on the agenda.
+ Adjusting and pushing for change in training locally (e.g. Mental Health First Aid) to improve it.

- Less medicalised approach – looking at other external factors, seeing Mental Health as social problem, not just medical.
- More support for carers – organisations put pressure on friend / family / carers.
- Pressure of carer's assessment and not having practical support available and support groups not always suitable.
- Asking people what they are doing currently to help – person centred and strengths – based care and support. Doing this in a sensitive way – need to not make it seem like they are being fobbed off.
- Less paternalistic approach – less blaming people for problems.
- Working conditions – organisational culture 'small things' – small talk, eye contact, etc. See the person not the patient.
- Face-to-face = Quality and detail
- Survey = wider information.
- Looking at the purpose of asking and data gathering, thinking about what the questions are – shapes responses and going back and communicating results.
- Ask more people what is most important to them.
- More of our literature in Mental Health facilities e.g. Clock View etc.

Lunch

Following the group discussions we had a break for lunch. Our community caterers, Happy Go Cooking, served up some delicious scouse – with meat and vegan options! – and a variety of cakes and fruit.

Afternoon

'Phyllis' performance

After lunch we enjoyed a performance of the play 'Phyllis' by Janice Connolly (performed by Women and Theatre), in which Phyllis (80) and her family navigate the complex system of health and social care services for older people.

Following the play, there was a very interesting discussion between the audience and the cast.

Every audience member was encouraged to share their reaction to the play and any comments they might have. Audience feedback is summarised below.

+ All very helpful
+ Beautiful
+ I want to get out more. I haven't got the confidence to go out by myself since my fall. I was able to come today because I was picked up by Wheel Meet Again
+ Concern about funding problems leading to Wheel Meet Again closing
+ I'm 91. Loneliness is a lot of my problem
+ I connect with M [another WMA service user] by phone but otherwise that's it now
+ So much is done on the internet now. At 91 I'm too old to take it all in
+ I'm in my 80s and I play games on my tablet
+ Frighteningly accurate
+ A single point of contact would make a massive difference
+ Funding issues – health being paid for and social care not causes problems for families. People are making decisions at a time of family crisis. Having conversations before someone falls or has an emergency would help
+ Families are spread across the country and it often falls to one person. Communication is crucial. There is a frustration of not knowing who to talk to
+ Social workers and OTs should be liaising with families and exploring the next steps
+ Keeping the brain active
+ People being able to get out or having people visiting.
+ One point of contact
+ Disjunction between health and care services
+ Impact of cuts to community organisations
+ Short term
+ Investment in prevention saves money
+ It's very hard for decision makers, they are providing a service which is proven to be needed, taking money from that to fund prevention is very hard to do. Prevention needs to be higher on the national agenda
+ One point of contact – coordinated care
+ Hard for local government in the financial climate to meet current need while trying to prevent future need
+ We need a whole system approach. Locally people get the prevention side, we have a prevention and early intervention team within Careline
+ The patient's deterioration in the play showed how much harder it is to re-able someone the longer people have staying in hospital
+ Social care and health are working together. The frustration is 'double running' – still running current services and trying to fund prevention

- I wrote down my family's experience with my dad at lunch time. It was like the play was telling our story. It was day 38 before we got anything in writing. Something on Day 1 would have really helped. If someone had said "You've not been in this situation before, this information light help. You could share it with family members elsewhere in the country."
- In my own experience, time telescoped; we had no idea how long this would take
- We need to simplify messages. As a new professional and a service user it takes time to understand the system
- My key learning point was the family unit, the single point of contact. In the play you saw the benefits to the family of their having communication with a named person, their tension level went right down
- None of the services are talking to each other. It's not joined up. Everyone is working very hard thinking that they are doing what is best but they aren't talking to each other
- The play highlighted issues for the whole family – possible self-harm for the granddaughter, stress on the mum
- We went thought this last year with my dad. He was diagnosed with cancer, terminally. He was discharged back home to my care. There was no support. Older people are devalued. The GP just shrugged their shoulders
- My dad was in hospital for 9 weeks. He came in from sheltered housing. The process took so long and there were so many cliff edges. The information we needed just wasn't there – if it is was it wasn't in a way that the public can understand
- Issues were recognisable from dealing with a friend's mother. That was frustrating even as someone who knows some of it from work. Seeing someone hallucinating from medication and trying to get people to understand that is not how the person is normally
- Information before a crisis arises. More public information and awareness
- There's a need for more information
- It's not just about services and information, although that's really crucial, but also about our society. Who we value and who we don't value. We need a culture change.
- Information and communication, finding understandable information. I've tried to simplify it for the public but you can't because the system and legislation is so complicated e.g. assessment should be done in a reasonable time frame but there is no definition of reasonable
- I lost my parents last year. My mum had dementia for 14 years but it was a shock to pick up my dad's death certificate and find out that he had Parkinson's. Communication is not good

Event feedback

50 people attended the event

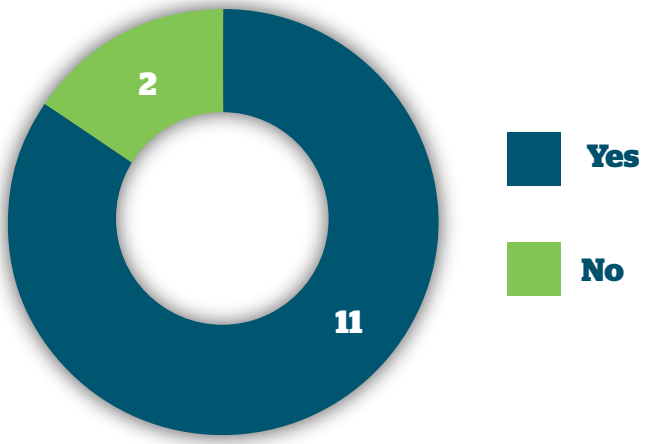
33 people attended the play and **28** of them chucked a button in the 'Happy' Bucket. 1 person chucked a button in the 'Sad' Bucket. 4 people didn't vote.

13 people completed or partially completed an evaluation sheet. The feedback is included below:

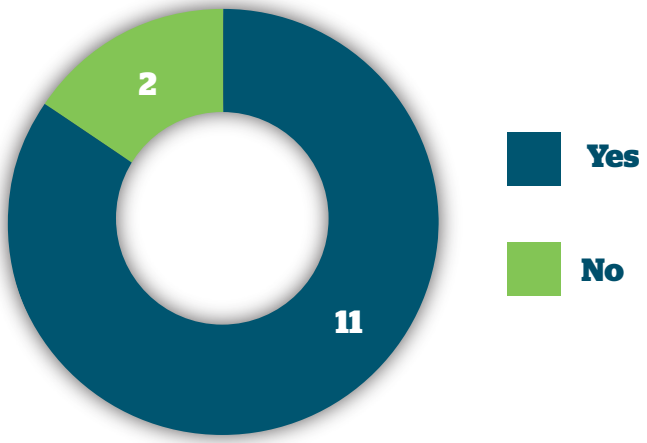
1. Please rate the various aspects of today's event

	GOOD	OK	BAD
Discussion Tables 1 – Our Current Priorities	11	1	
Discussion Tables 2 – Our Future Priorities	12	1	
'Phyllis' play	12		
Post-play discussion	12		
Venue / facilities	3	8	2
Catering	9	3	
Overall	11		

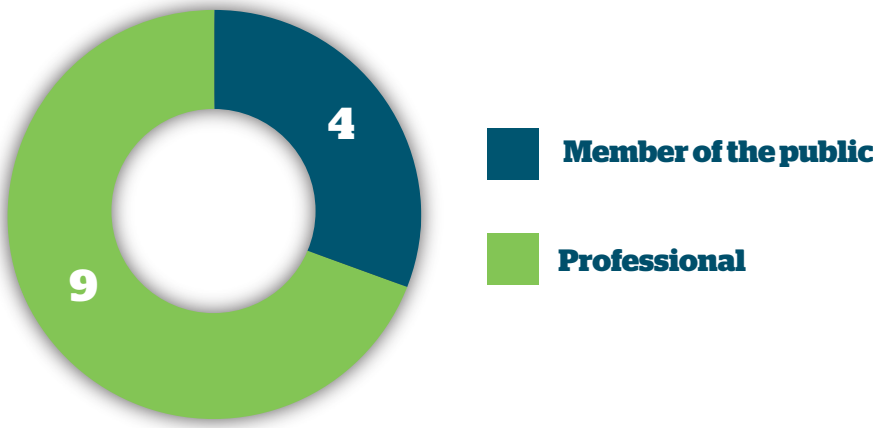
2. Do you feel you know more about Healthwatch Liverpool's work following this event?



3. Do you feel you know more about how to get involved with Healthwatch as a member or volunteer?



4. Are you a member of the public or a health or social care professional?



5. Any additional comments

+ A very interesting event. Enjoyable day. Good discussions but may have been really useful and beneficial to have the decision makers and funders in the room.
+ Good day. Informative. HWL staff helpful. Surprised HWL have not had members before! Venue too cold! Where were the decision makers?
+ Very informative throughout the day. Enjoyed the play. Real life experiences. Only negative is the venue was cold.
+ Suggestion: where Healthwatch collects feedback to influence services, could organisations be encouraged to give a right to reply as to how they will make changes/adapt to feedback, which could be published alongside the initial feedback – where things are published that is. Be good for service gaps to be published as community may be able to contribute to meeting gaps. Can Healthwatch England approach central government about the challenges? Single point of contact. Care Coordinators that were previously in place in mental health services and cancer services. Could this be championed by HWL? Radical suggestions: Could we expand school of thought of therapists to the social barriers – a social model of disability and therefore remove the need for a social worker! I say this as a social worker who managed OTs. Therapists are already assessing for re-ablement services, reviewed by social workers. Or train social workers as therapists. Bit radical perhaps.
+ The play was fantastic. Thanks!
+ The play was exceptional – a very powerful medium to promote discussion. The venue was too cold for this type of event.
+ We think communication is a very big issue in all aspects. Also be more proactive and look for reasons why things happen. Continuity is important - who knows what is happening, and one person should be main contact and who knows what is happening. Need more clubs and social experiences for elderly to keep minds active.
+ How was the event advertised? No information outside Black-E about the event. Is it (possible?) for HWL staff to go to community groups to gather their views and concerns? The building was difficult to navigate although the volunteers did help us to find our way. Discussion table allowed interaction. Play was excellent but would benefit professionals (health and social care).

+ Thank you for organising this powerful event and bringing the system together. Please do more of it!
+ The whole day was amazing. Very informative. And the play was so true to life. Really enjoyable but sad at the same time.
+ Very interesting and worthwhile day. I had not heard of Healthwatch before but have made useful connections and hope to be able to work collaboratively in the future with your organisation. Thank you.
+ Enjoyed the day. Backed with information from variety of experiences. Phyllis play brilliant! Be good to see Healthwatch holding / organising similar events. Well done!
+ Cold
+ Bit cold
+ The play was excellent

Additional feedback received by email after the event included:

+ CONGRATULATIONS! Yesterday's workshop was one of the best I have ever attended. The organisation and content of the programme were well timed and entirely relevant to the people's experiences of health and care sectors in Liverpool. The production of "Phyllis" in the Chamber Theatre was truly fabulous. It was a realistic portrayal of the heartache families experience when trying to find decent care for their vulnerable elderly relatives. There were parts of the performance I could not bear to watch so close to our current situation with my father-in-law. The feedback session with the cast was also great and included everyone. Thank you to all the team that made yesterday possible.
+ Well done again for such a wonderful event last week, I've been talking about it to everyone I've met since, particularly the play in the afternoon!

Thanks to

+ All the Healthwatch Liverpool members and volunteers who helped with event planning and/or attended on the day
+ All our professional colleagues and stakeholders who attended on the day
+ Tobi Plegge and all the team at the Black-E
+ All the team, cast and crew at Women and Theatre
+ Sky Glover and all the team at Happy Go Cooking
+ Brian Roberts Photography for documenting the event