



‘Change One Thing’

**A Pilot Survey Report
on the provision of
Health and Social Care
in Maldon, Essex**

Essex & Southend
LINK
For better social & health care

Table of Contents

1	EXECUTIVE SUMMARY
3	INTRODUCTION
3	OBJECTIVES
4	METHODOLOGY
5	FINDINGS
6	ANALYSIS OF 'CHANGE ONE THING' FINDINGS
11	RECOMMENDATIONS
13	ANALYSIS OF METHODOLOGY
14	PATIENT ADVICE AND LIAISON SERVICE (PALS)
17	RECOMMENDATIONS
18	ANALYSIS OF METHODOLOGY
20	CONCLUSIONS
21	APPENDICES

Acknowledgments

On behalf of every one at the Essex and Southend Local Involvement Network we would like to thank all the volunteers who gave their time tirelessly to making **'Change One Thing'** happen. This report is a reflection of the passion carried by members to bring consistency and excellence to how health and social care services are delivered and make the voice of the local community truly heard.

Executive Summary

The Local Government Act of 2007 established Local Involvement Networks (LINKs) in local authorities providing social care services. A LINK seeks to provide an opportunity to strengthen local voices by providing opportunities for the public to express their opinions through their own research, identifying gaps in services and drive change in health and social care.

The Essex and Southend LINK (E&S LINK) hosted by CEMVO, operates at countywide and locality level following the PCT boundaries which cover North East Essex, South East Essex, South West Essex, West Essex and Mid Essex.

Volunteers from the Essex and Southend LINK's Mid Essex locality group planned, and piloted the '**Change One Thing**' campaign in Maldon in response to growing reports of dissatisfaction from the public about health and social care services. The report also investigated awareness that the general public had about the Patient Advice Liaison Service (PALS) provided by Mid Essex Primary Care Trust and Broomfield hospital.

A survey was developed to capture the public perception of health and social issues, what they would like to see changed and whether they had heard of PALS and if so, whether they had found the service useful. A total of 338 surveys were completed for analysis. In terms of health and social care provision, the report found that there was great need for;

- More training and development for social care staff
- Improved communication between GPs and hospital staff to enable them to work more holistically to provide comprehensive care to service users

Maldon residents also commented on the following;

- Lack of public transport to Broomfield hospital.
- Limited car parking at the site.
- Expensive car parking charges.
- Long waiting times to speak to a surgery or hospital receptionist to book or re-schedule an appointment with their GP.

In response to these findings the LINK recommends that;

- A training programme including the introduction of the NHS 'Buddy Scheme' should be developed to enable doctors, nurses in training and students to develop a greater understanding of mental illness and related issues from a service user perspective.
- A free bus service from Maldon to Broomfield hospital.
- Free or reduced car parking charges at Broomfield Hospital.
- Further research to be conducted to find out of hours GP opening times that are convenient to service users.
- Automated or call back booking service to be put in place at Broomfield hospital and GP surgeries.

Executive Summary

Regarding public awareness of the PALS and whether they found it useful, the report found that;

- 75% (218) respondents had not heard of PALS.
- 37% (25) respondents found PALS helpful and 6% (4) did not.

The LINK recommended the following to raise awareness and increase the use of the Patient Advice and Liaison Service through;

- Local radio stations

Delivering drop in sessions in Mid Essex at;

- Citizen's Advice Bureau (or 'piggy backing' on CAB outreach work)
- Hospitals
- GP surgeries
- Community centres
- Colleges

The greatest need expressed by respondents was for increased access to local health services in Maldon particularly for a new hospital with an Accident and Emergency department. This was in line with the Mid Essex PCT report which disclosed that St. Peter's requires "significant investment to reach modern standards" (page 30-31).

The lessons learned from this study will be incorporated into the design of a revised survey questionnaire when it is rolled out to the rest of Mid Essex including Witham, Braintree and Chelmsford.

Introduction

In 2009, the Mid Essex locality group developed a work plan to meet the needs that have been identified at meetings by members of the public. Growing concerns have mounted over how some of the services provided by the Primary Care Trust (PCT) and Essex County Council were being delivered. The Mid Essex locality decided to investigate this further and conduct research that would reveal the feelings of the general public with a view to making recommendations to improve future provision.

The group borrowed the concept of a campaign called '**Change One Thing**' from Thurrock LINK (also hosted by CEMVO) to find out the opinions, experiences of the public of local health and social care services and what they would like to changed about future provision.

The campaign involved developing a pilot study to survey members of the public in Maldon in Mid Essex. At the same time another piece of research was being planned that would look into the awareness of the Patient Advice Liaison Service (PALS). It was agreed to consolidate both research questions on one survey as this would prove to be both cost and time effective.

Objectives

The objectives of the research are:

- Identify where gaps may lie in health and social care provision and make recommendations to providers
- Give a voice in health and social care to the people of Essex and increase local involvement
- Measure public awareness and usage of PALS
- Recruit volunteers who will take part in collating information
- Conduct a pilot study in Maldon, Essex.

Methodology

A survey was designed by two LINK volunteers consisting of three questions and a space to enter personal details. Please see appendix 1 for '**Change One Thing**' Questionnaire.

The first question based on '**Change One Thing**' was developed as an open ended question to allow respondents to fully express their views.

Questions 2 and 3 were based on awareness of the PALS; question 2 was an awareness question and 3 was a follow up question about the usefulness of the service.

LINK volunteers surveyed members of the public in Maldon High Street and posted surveys to Maldon residents to be completed and returned. To assess the effectiveness of the survey in terms of its design and how it is administered, a pilot study was carried out in the town of Maldon and followed by a debrief meeting to evaluate the methodology. The results of the pilot will inform how the project is rolled out across Mid Essex.

Overall 338 surveys were collected and analysed. In total 595 questionnaires were given out in advance and 303 on the day of campaigning were completed. The questionnaires were given out in advance to locations around Maldon covering schools, supermarkets, local businesses, church groups, council offices and hospitals. On the day face to face interviews were carried out on the high street. 35 of the 595 surveys were completed and returned via post.

1.0 Findings

Question One

“If you could change one thing about Health and Social Care what would it be?”

Rationale behind the Question

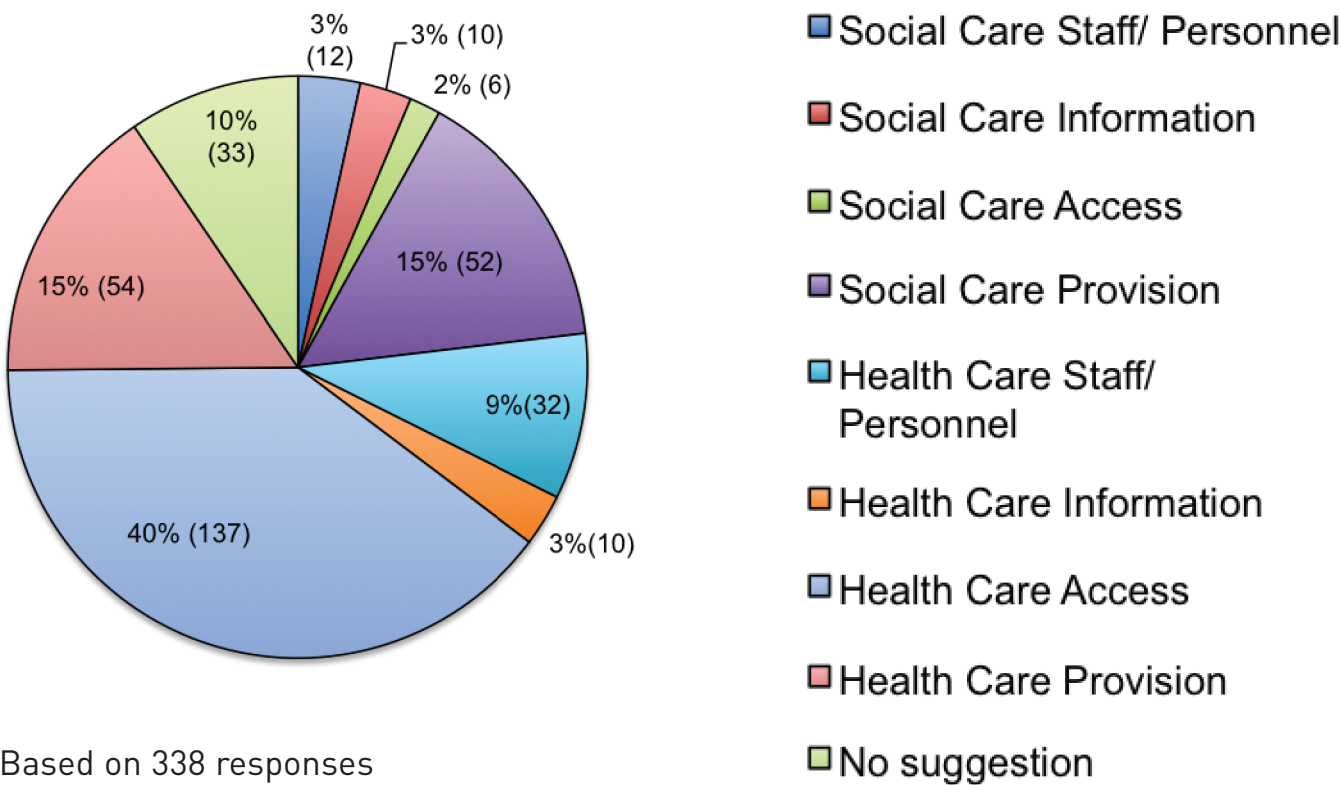
It was important to ask a broad and open question so as respondents did not feel they were constrained. The phrasing ‘**Change One Thing**’ was intended to focus respondents on what they believed to be the most important area of change. Not referencing a particular service was designed to prevent the limitation of answers.

Highlights

- 75% (254) of suggestions were centred on health care rather than social care. Respondents expressed need for better access to health care.
- 10% (34) of surveys collected did not contain a suggestion about what to change. Some respondents felt satisfied by the current service.
- 30% (101) of respondents felt they would like to change the amount of care provided.

Figure 1

If you could change one thing about Health and Social Care what would it be?



1.2 Analysis of 'Change One Thing' findings

Social Care

1.2a Staff and Personnel

15% (2) of those who commented on social care were concerned with staff particular reference was made to social workers.

Respondents felt that there needed to be increased employment and training in the social care sector to enhance the quality and delivery of existing services.

It was felt that care was not delivered to the standard it should be due to communication problems between different groups involved. The general feeling was that staffs who deliver care should be qualified, adequately trained and have an evident commitment to care.

“Create more jobs in Social Care for qualified workers, to reduce caseloads and prevent any risks to clients caused by social workers not having the capacity to work with clients on a regular basis.”

1.2b Information

12% of respondents voiced dissatisfaction regarding the amount of information about social care that reached them. This led to feelings of isolation due to lack of involvement.

This was an issue for those who commented on services for the elderly. Concerns were focused on information to guide them through the process of moving into care homes as well as other unspecified services.

The LINK recommends that since the elderly are likely to have less access to the internet, leaflets about social care could be made available at their post office where they would go to collect their pension.

1.2c Access¹

Suggestions for social care access were two-fold. More generally there were responses about accessibility, availability and efficient care for all.

More specifically there were comments about disabled access. One respondent suggested dropped curbs to allow better access for people in wheel chairs or electric scooters.

¹ Access here refers to the ability respondents have to receive treatment and care

1.2d Provision

Care for Elderly

63% (33) of respondents who commented on social provision wanted better care for the elderly

References were made to provision after leaving hospitals and the need for greater investment into services for the elderly, social care checks - prevention and support.

Transition to Care Homes

Whilst most comments about provision for the elderly were not specific, the issue of transition into care homes appeared 8 times, in particular receiving care at home and remaining in the home for as long as possible.

The community were apprehensive about the selling of homes to move into care homes and indicated that more advice and guidance on this matter was urgently required.

Other Comments

Other social care related comments included:

- People with learning difficulties need greater provision and support from social services.
- The need to provide a safe environment through rights for vulnerable groups such as children so they were not abused.
- More residential homes needed.
- Fewer restrictions on who can foster.
- Post natal social care provision (e.g. childcare classes).

1.3 Analysis of 'Change One Thing' findings

Health Care

1.3a Staff and Personnel

9% (32) of all responses were concerned with management and staff in health care. Respondents were dissatisfied with the management of hospitals and particular reference was made to Broomfield hospital.

Respondents expressed that there should be more doctors, less management and clerical staff. A decrease in the volume of agency nurses employed and the screening of doctors brought in by private companies was requested. There was also a concern raised about the changeover of staff in hospital wards (previously a matron's responsibility).

1.3b Information

Transfer of Information

Respondents were dissatisfied with the general lack and clarity of communication and correspondence by doctors and hospitals. Suggestions urged doctors to provide clearer information to patients including education on how to stay healthy. Answers also noted a need for more communication between hospital and GPs to improve the transfer of information about patients. Correspondence between the hospital and patients between appointments was another issue highlighted.

"Communication. Each part of the service acts independently or seems to. Need a more joined-up service, where all parties concerned know what's going on with a patient/ service user."

1.3c Access

The greatest concern that emerged from residents in Maldon was access to health care. 40% (137) of answers were relating to access to health care.

Local Health Care Services

13% (18) of all respondents were concerned about the lack of local services offered to residents in Maldon both with regards to GPs and hospital services. Respondents pointed out that there was no A&E department in Maldon and the distance to access an A&E worried the community.

One respondent suggested a free bus service from Maldon to Broomfield Hospital as a response to the distance and lack of parking spaces at Chelmsford. This would increase access to the hospital and provide transport for those on a low income.

"Provide free bus service from Maldon to Broomfield – car parking is lunatic and a great dis-incentive to going there"

Extra Car Parking Spaces and Free Parking

Overall 4% of respondents said if they could change one thing it would be car parking at hospitals; the expense of parking and the lack of spaces available. Particular reference was made to Broomfield hospital.

Car Park Charges for Broomfield

15 mins – 3 Hours	£3.00
3 – 5 Hours	£4.00
5 – 24 Hours	£6.00

Distance

Although it was not mentioned as much as the access problems to Broomfield hospital, respondents expressed a wish for more local cancer clinic services as, according to a respondent, the nearest cancer clinic is based in Colchester which is an expensive taxi ride from Maldon.

Appointment Service Improvements

9 % (12) of people commented on a negative experience of booking appointments with the GP. Problems began with calling the surgery and having to wait a long time to speak to a receptionist. Blackwater Medical Centre was used as an example, it was noted that the telephone number was not a free-phone and therefore expensive to call if the queue was long time.

Other respondents were unhappy about the allocation of appointments, the time it took to see a doctor and requested a greater choice of appointments and the ability to change.

Services extended beyond Weekday Office Hours

3% (12) of total responses were concerned with the lack of extended services beyond weekday working hours. Respondents suggested to extend opening hours to weekends or make Saturday morning appointments available, deal with out of hours calls and make home visits available, especially in emergencies. Please see appendix 2 for 'Opening times for GP Surgeries in Maldon'.

“Medical staff and GPs to be available at weekends as during the week - so that everyone has the opportunity to [have] expert treatment”

Reduced time on Waiting Lists and in Hospital

9% (12) of respondents expressed frustration at the long waiting lists (especially for Physiotherapy) and called for quicker referrals. Broomfield hospital was mentioned as having particularly long waiting lists for operations; one respondent waited two years for a stomach operation.

1.3d Provision

15% (21) of all respondents wanted to change provision in social care.

Improved patient care

Respondents called for more time and care from nurses whilst in hospital. Reference was made to monitoring especially at meal times. Another issue was the lack of funding for specialised care and free medicine. An example of how specialised care could be developed was given by a respondent who suggested better lung health care could be achieved through pulmonary rehabilitation including free exercise classes. Other health issues which respondents felt called for greater specialised provision were dementia and Alzheimer's disease.

Other suggested provisions included:

- To be able to change doctor on request.
- Additional seating was necessary for long waits in hospitals.
- More antenatal care services.
- Better emergency services.
- GP Counselling service.
- More funding for end of life care.

Provision for the Elderly

Respondents' expressed the need for the elderly to be treated with more care and dignity. More nurses to spend more time with elderly patients to listen to them and tend to their needs. Female doctors were suggested for elderly female patients and one respondent suggested that doctors and nurses have more training on how to treat patients who have had strokes.

Respondents also suggested that the elderly should receive more support through home visits. A recommendation was regular health checks for the elderly, for early prevention and greater support.

“Advocacy services for elderly patients who are in hospital. Not all relatives live locally and the issues can be so complicated and daunting”

Mental Health

Respondents requested better awareness raising, care and provision for those with mental health problems so that patients are treated in the most appropriate way.

Improved Dental Care

A few respondents advocated changing the NHS dental service though there was only one suggestion on how to do this. The respondent suggested that dental patients should be kept on the patient list even if they do not visit for over 6 months.

1.4 Recommendations

The LINK Suggests

Development of Training Programmes including the Introduction of the NHS 'Buddy Scheme'

In response to the findings and concerns regarding communication between health care professionals and their patients, the LINK suggests developing training programmes that would equip doctors and nurses, *especially* those brought in from agencies, to effectively communicate with patients who may lack cultural awareness and whose first language is not English.

Respondents felt there is a relative lack of communication between doctors and hospital staff. Enhancing communication through joined up working initiatives would help professionals to see the patient holistically. Joint case management of patients especially those who enter acute care or are cared by multi disciplinary teams is a step the LINK advocates.

A particular concern expressed related to the quality of care for patients recovering from a stroke. The patient may feel isolated if family members or friends cannot easily access them whilst in hospital or at home following secondary care. In this case the LINK suggests adopting the NHS 'Buddy Scheme'. This would include pooling staff and the sharing of resources as necessary, maintaining services to patients and communicating effectively to inform and reassure patients at all stages.

The treatment of patients with mental health conditions was also identified as an area of concern. The adoption of the buddy scheme in this context would enable doctors, nurses in training and students to develop a greater understanding of mental illness and related issues from a service user perspective.

Free Bus from Maldon to Broomfield Hospital and Free Car Parking

Issues that emerged include:

1. Difficulty of bus travel to Broomfield Hospital from Maldon town centre.
This journey currently takes 2-3 buses and double the amount of time it would take travelling by car.
2. Some respondents admitted that the cost of car parking was a disincentive to going, and that the cost would mount up if one had to go or visit another regularly.
3. Improved car parking. Many respondents noted that even if they made the trip to Broomfield there was no guarantee that a car parking space was going to be available.

The LINK recommends providing a free bus service from Maldon to Broomfield as a solution that would significantly reduce travel time from Maldon. A free bus service would relieve the already stretched capacity of the car park.

Automated or Call Back Booking Service

To reduce the waiting time of each phone call and the cost, the LINK recommends installing an automated booking service detailing the next available appointment or a service similar to the NHS direct service, where a nurse calls the client back when the volume of calls has reduced.

Research into Appropriate GP Opening Times

Research should be done into what times would be most accessible for patients in the area.

1.5 Analysis of Methodology

The goal of questionnaire design is to obtain reliable information relevant to the purposes of the survey. This section looks at the way in which questions have been framed and how future research can be improved.

Question 1 as Two Questions

75% (254) of suggestions provided by respondents were concerning health care
25% (84) of suggestions focused on social care.

It can be assumed that people are likely to preference answers about health care as a larger proportion of the population use and understand the health service more than social care. The question reads “Health and Social Care” creating a possible limitation as it does not allow health care and social care to be seen as two distinct services.

A possible solution would be to divide question 1 into 2 parts. Respondents would have to answer what they would change about social care in one answer and in another health care. This may increase the volume of answers about change in social care.

It was also recognised that the question needed to be revised to read ‘health and social care services’ so respondents were aware they were making suggested changes for the actual services provided.

Defining Social Care and Preventing Misinterpretation

To increase response rates to both questions a definition of social care should be provided to put emphasis on one question over another.

Facilitating Greater Response via Post

To generate a greater response through the post a cut-off date included on the questionnaire will encourage respondents to return the form. A gum strip and free post address on the questionnaire will help respondents wanting to post back their response.

More Information about Respondent to Enhance Understanding

To enhance the understanding of community opinions the Mid Essex committee suggests asking the age, gender, occupation and ethnicity of respondents. This will allow trends to be mapped among different groups. Young people are likely to have very different concerns to the elderly. For example if the occupation of those that suggested extended GP opening hours was known it would help to deduce what opening hours were most suitable.

Asking for the age, gender, occupation and ethnicity of respondent could help to establish whether the respondents were representative of the area’s population.

2.0 Patient Advice and Liaison Service (PALS)

PALS Project

To investigate the work of departments and reviewing the PALS (Patient Advisory and Liaison Service)/Complaints reports.

What is PALS?

The Patient Advice and Liaison Service (PALS) exists to improve communication between patients and the National Health Service (NHS). The PALS seek to resolve issues and concerns from patients, their families and carers by means of provision of information and through making changes to local services.

Background

This is one of a number of projects undertaken by the Mid Essex locality. The project is based on the concern that the existence of PALS units is not widely known and there is a lack of accessible information about them. The intention therefore is to carry out a two fold investigation:

- 1 The work of these departments and their reports, analysing the information and making recommendations.
- 2 To carry out research to find out the level of awareness among the public and to what extent they found PALS helpful

Whilst planning the **'Change One Thing'** pilot, LINK locality members decided that it would be resource efficient and cost effective to consolidate the latter part of the PALS project with **'Change One Thing'**. This led to 2 extra questions being added to the **'Change One Thing'** survey which are:

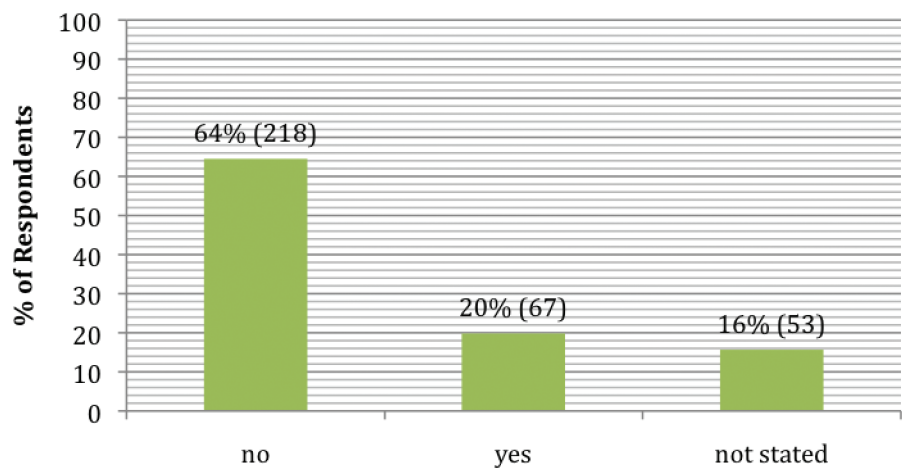
2. ***"Whilst we are doing this survey we'd also like to ask have you heard of PALS (Patient Advice Liaison Service)?"***
3. ***"If you have heard of PALS did you find them helpful?"***

2.1 Findings

Question Two

Whilst we are doing this survey we'd also like to ask have you heard of PALS (Patient Advice Liaison Service)?

Figure 1



Based on 338 responses

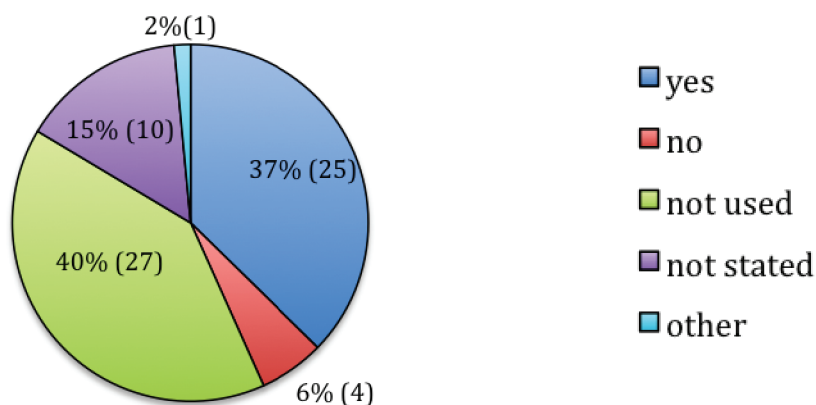
Figure 1 demonstrates that it is three times more likely that respondents have not heard of PALS than have, though this could be higher since it may be presumed that the 16% (53) who did not answer the question 2 had not heard of PALS because people are more likely to complete a question if they have a positive answer.

Out of 285 respondents who answered the question, 76% (218) answered no and 24% (67) answered yes.

Question Three

If you have heard of PALS did you find them helpful?

Figure 2



Based on 67 responses

As 64% (218), of total respondents had not heard of PALS and 16% (53) did not state whether they had heard of PALS there was only 20% (67) of people who could provide their opinion on the service.

Figure 2 shows that 40% (27) of respondents had not used the service, 37% (25) found PALS helpful and 6% (4) did not.

PALS Awareness Week

The PALS was promoted in Chelmsford, Clacton and Colchester from 14th to 18th June as part of a PALS awareness week. If PALS had a more visible presence in Maldon as part of the initiative then it is likely that more respondents would have been aware of the PALS. The PALS awareness week could be helpful as a means of publicity to increase awareness in Maldon. In future the LINK recommends that PALS conduct research into how they could raise awareness of their services and how future provision could be improved.

2.2 Recommendations

Organise Publicity to raise awareness of the PALS and how it works

The responses suggest that when most people access PALS they are satisfied with the help that is provided. The problem PALS face is highlighted in fig.2 which shows 76% of those surveyed were unaware of the service demonstrating that part of the problem lies with how PALS is advertised.

“Not used but they need more publicity to make [the] general public aware.”

The LINK suggests:

Carry out research

To create greater awareness about the PALS, further research is required to investigate the most effective way of delivering information to the public.

Regular advertising on BBC Essex

A number of respondents commented that they heard about PALS through the radio (BBC Essex). Regular advertising on BBC Essex is a dynamic way of reaching more people of varied age and experience, especially those who have difficulty reading or have sight impairments.

PALS have a local presence

Promoting PALS through awareness weeks is a great and well supported idea. The LINK suggests that outside of awareness weeks PALS could have a continued presence within local communities offering PALS consultations. There are various ways this can happen;

- delivering drop in sessions at Citizen's Advice Bureau or as part of their outreach work
- running drop in surgery sessions at local hospitals and GP surgeries
- running drop in sessions in local community centres and colleges

Comprehensive promotion of PALS

Another theme that emerged from the results is that 40% (27) of those who had heard of PALS (67) had not used it. This might be due to the following reasons 1) they did not have a need to contact the PALS 2) they wanted to use PALS but had not done so for their own reasons (e.g. use of the PALS perceived to be too time consuming).

Combined with the promotion of PALS existence there has to be detailed information about what the service is for, how it can be best used and through what medium it can be reached. Whilst this exists to some degree at the moment i.e. through leaflets etc, concern has been raised about the visibility of posters in hospitals and surgeries. Posters should be as visible as possible in hospitals and surgeries.

PALS information cards could be placed in appointment packs and advertised on the back on prescriptions. Advertising PALS on public transport is another way of creating greater awareness.

2.3 Analysis of Methodology

The rationale behind the pilot study included testing the questions in the survey to see if they would draw out data. Below is an analysis of the questions asked and the lessons learnt from the pilot:

2. ***“Whilst we are doing this survey we’d also like to ask have you heard of PALS (Patient Advice Liaison Service)?”***
3. ***“If you have heard of PALS did you find them helpful?”***

Rephrasing Questions 2 and 3

Wording of the Questions

Questions 2 and 3 were phrased as open-ended questions. This made the data more difficult to handle since it allowed answers to be more varied.

Question 3 could be rephrased and split into two questions since the question assumes that if you have heard of PALS, or have had some contact with the service to judge whether it is helpful or not. In order to bring clarity to the question it would be beneficial to ask the respondent *if they have used* PALS, enabling the respondent to judge whether PALS is a helpful service or not.

Format of the Text Box

A whole line was provided for an answer which is likely to have deterred respondents from completing the questions because the questions appear more complex. It is felt the reliability of data drawn from questions 2 and 3 could be increased through a yes/no tick box as it is likely there would have been a higher response rate as the answers become more representative. Tick boxes would also limit subjective interpretation of data since answers would be clearer.

Follow up Questions

Asking about How a Respondent heard about PALS

As discussed two respondents who had heard of PALS noted that they were informed through the radio. (It would have been helpful to know how all of those who were aware of PALS were informed about the service to highlight a successful medium of advertising for PALS). For this reason there should be an additional question for those who have heard of PALS to investigate how people have been informed.

Importance of finding our Occupation

20% of all respondents had heard of PALS, however it was noted that 4 of the respondents who had heard of PALS were working in the health and/or social care sector or had family members who work in health and social care.

One respondent was working with people with learning difficulties and mental health conditions, another knew about PALS as she was a social worker, another said it was because his wife was a nurse and the last noted that they working for the NHS. The respondent working for the NHS was aware of the role of the PALS as well, in their answer to question 3 they wrote:

“useful-mediators if people have a complaint.”

If the survey asked people to state their occupation, it is probable that people employed by the NHS or Essex County Council would have heard of PALS. This suggests that it would be beneficial for further research to include a question about occupation; to find out how many people outside the NHS and ECC were aware of PALS.

Age, Gender and Ethnicity

Obtaining information about age and gender would enhance findings and bring clarity on what groups of people advertising should be directed at. Alongside questions about how respondents know about PALS it could reveal what the most affective medium of communication is for different age groups. Looking at the awareness of PALS in light of ethnicity could reveal a need for the promotion of PALS among ethnic groups.

Future Research

In order to acquire a more comprehensive understanding of how the public have experienced the PALS, service future research should be carried out to find out;

- 1 How people have heard of PALS, do they know what PALS is for and whether they have used PALS.
- 2 If people had not used PALS then it would be helpful to know why this was (e.g. they did not have a complaint, they found PALS to be inaccessible, perceived to be too time consuming and so on).

PALS been Helpful or Unhelpful?

Since the survey did not specifically ask why respondents used the PALS, it would have been useful to understand how those who regarded PALS as unhelpful came to that conclusion. This would uncover negative experiences of PALS and provide further direction on how to improve the service.

Conclusions

The response to the '**Change One Thing**' campaign was positive; 338 surveys were collected in a short space of time and whilst some answers were vague it was still possible to identify the concerns of the Maldon community.

The greatest need is access to local health services in Maldon particularly to a new hospital with an Accident and Emergency department. This was in line with the Mid Essex PCT report which disclosed that St. Peter's requires "significant investment to reach modern standards" (page 30 -31).

In addition to this, some recommendations have been made by LINK members with the main themes occurring in the categories of provision, information, access and staff and personnel.

Following this pilot survey, our next steps are to incorporate the lessons learnt and roll out the project to Witham, Braintree and Chelmsford. With the results produced in this report we will invite stakeholders to a round table event, present our findings and work collaboratively to improve the delivery of health and social care.

Appendices

Appendix 1: Survey Questionnaire

‘Change One Thing’ Public Engagement Campaign

GET YOUR VOICE HEARD. MAKE A DIFFERENCE. MAKE IT HAPPEN.

If you could ‘Change One Thing’ about Health & Social Care what would it be?

.....

Whilst we’re doing this survey we’d also like to ask have you heard of PALS (Patient Advice Liaison Service)?

.....

If you have heard of the PALS did you find them helpful?

.....

Name:

Address:

.....

Telephone No:

Email:

PLEASE RETURN THIS FORM TO CHARLENE GORDON
FREEPOST PLUS RSAB-CLKK-TECR
ESSEX AND SOUTHEND LINK
1 BOND STREET
CHELMSFORD
CM1 1GD



hosted by



CEMVO is a registered Charity No. 1077004 and a Company Limited by Guarantee No. 3733756.

Appendices

Appendix 2:

Opening Times for GP Surgeries in Maldon

Blackwater Medical Centre

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
07:30- 17:30	08.30- 17:30	08.30- 17:30	08.30- 17:30	08.30- 17:30	Closed	Closed

Longfield Medical Centre – *Out of hours service is limited to emergencies*

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
08:00- 18:30	08.00- 18:30	08.30- 18:30	08.30- 18:30	08.30- 18:30	Closed	Closed

Tollesbury Surgery

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
09:00- 10:30	09:00- 10:30	09:00- 10:30	09:00- 10:30	09:00- 10:30	Closed	Closed
	17.00- 19.30	17.00- 18.30	16.30- 18.30	16.30- 18.30		

Tuesday appointments are reserved for those who have difficulty attending in normal hours. The system at the Tollesbury Surgery could be a solution, to ensuring all have accessibility to appointments at the GP as both morning and evening appointments are available. For example if there are majority commuters and children in full time education then morning and evening appointments would be most fitting. On the other hand if the population is predominately elderly then mid morning and mid afternoon appointments may be satisfactory. Another suggestion was 24hour operation times in hospitals, making use of a change over of doctors.



CONTACTS:

Essex & Southend LINK
1 Bond Street
Chelmsford
CM1 1GD

Telephone: 01245 490733

For information about this report contact
charlene.gordon@essexandsouthendlink.co.uk

Email: *info@essexandsouthendlink.org.uk*

Essex & Southend LINK
6 Nelson Street
Southend
Essex SS1 1EF

Telephone: 01702 350479

Email: *info@essexandsouthendlink.org.uk*



hosted by

