

Community conversations engagement findings report

April 2024

Contents

1. Executive Summary	3
2. Introduction	3
Overview of community conversation engagement and communication activity	4
A dedicated and hyper local communications plan	5
Efforts to reach those who may be digitally excluded	5
Who did we speak to?	6
Types of feedback	6
Data analysis process.....	7
4. Summary of findings.....	8
What did we ask?	8
Overall findings from our community conversations	9
Integrated Care Area (ICA) online survey findings	10
Findings from the key survey questions.....	11
GP services and access to GP appointments:	11
Overview of Integrated Care System strategy priorities feedback	12
Start well – what people told us was important for this part of the strategy:	12
Live well – what people told us was important for this part of the strategy:	12
Age well – what people told us was important for this part of the strategy:	13
5. Your story, shapes our future feedback.....	14
6. Recommendations: We want to	14
6. Key themes from the findings.....	15
General practice feedback:.....	15
Overall satisfaction(happiness) findings.....	16
Satisfaction with other professionals at GP practice findings	17
What the thematic analysis tells us	17
Other health services feedback	22
Findings for wider NHS topics	34

Waiting times:.....	34
Orthopaedic (bone-related) treatment:	35
Test results:	36
For screening services:	36
Funding and staffing:.....	37
Health inequalities (CORE20Plus5).....	37
Hearing from those facing health inequalities:	39
Health literacy and literacy levels:	40
Being homeless.....	41
Ukrainian and migrant community:.....	42
Roma, Gypsy, and Traveller community feedback:.....	42
LGBTQ+ community:.....	43
Veterans and their families.....	45
Working in specific professions such as fishing and farming	47
Remote locations and rural living	48
Living on the Isles of Scilly	48
Location of services and coverage of services.....	50
People with a disability.....	50
People with hearing loss or who are d/Deaf.....	51
People living with cancer.....	52
People with diabetes	53
Making Cornwall a great place to be born, live and grow old.....	54
Integrated Care Strategy themes.....	55
Start well:	55
Live well:	62
Age well:	64

1. Executive Summary

Every Integrated Care Board (ICB) is required to involve local people and communities in the formation of their 10-year Integrated Care Strategy and draft 5-year Forward Plan.

We delivered an inclusive period of engagement titled ‘community conversations’ and engaged with over 10,000 people over 2023/24, using a variety of engagement methods from face to face interviews, online surveys to creative methods to suit the people we were speaking with.

This report provides:

- An overview of the engagement activity that took place between May 2023 to January 2024, to gather feedback on draft priorities planned for inclusion in our Integrated Care Strategy, on people’s recent experiences of health and care services and their views on what would make Cornwall and Isles of Scilly a healthier place to be born, live and grow old;
- The key findings from our Phase 2 engagement activity, which includes overall themes from our engagement, also includes findings by service area, life stages (start well, live well, age well) and specific findings about health inequalities;
- An overview of the ‘you said-we want to do’ actions that are recommended we include in our long-term service planning, which will show we are listening to our people and making changes in response to what they have told us.

Following our evaluation of our engagement activity in 2023/24, we plan to continue this engagement approach in 2024/25 such as has been the depth, breadth, and usefulness of the feedback we have obtained.

2. Introduction

As an NHS England requirement, every Integrated Care Board is required to involve local people in the formation of their draft Integrated Care Strategy and Forward Plan.

An engagement plan was devised and delivered to help shape the first draft of the Integrated Care Strategy, which ran from Nov 2022 until March 2023. Phase 1 activity included the engagement team attending more than 30 events speaking to 1,500 people during summer 2022 and having 552 people complete an online survey, the [findings](#) from this engagement are published on our website.

To ensure we reached even greater numbers and reached more diverse audiences across Cornwall and the Isles of Scilly, we planned an inclusive engagement programme titled ‘community conversations’ that took place between May 2023 until January 2024 for phase 2 of our engagement plan.

Initially our community conversation engagement programme was planned to reach 5,000 residents, which represents approximately 1% of the region’s 550,000

population, with a particular focus on reaching people most impacted by health inequalities.

Overview of community conversation engagement and communication activity

The team engaged with people across our communities using a variety of methods which included:

- Face to face conversations with at least **2,700 people** as part of main community conversation programme across 3 ICAs with attendance at **26 events** across the region to carry out face to face engagement with people which ranged from completing an online survey to commenting on our ICS strategy priority posters
- Running an online survey which was completed by **2,621 people** between 1 May and 30 September 2023 hosted on Cornwall Council's [Let's Talk Cornwall](#) website, which was promoted by 15 GP surgeries to their patients.
- Including a strategy-related question in RCHT's Friends and Family Test survey which received **2,252 responses**.
- Visiting **21 community groups**, including peer support groups, and activities in the region and asking what matters most to them in a semi structured format, with a particular focus on reaching our Core20+5 audiences **approx. 2,000 people engaged with**
- Having a stall in **3 community hospitals and 10 GP practices** and talking to patients and their families in reception areas, sometimes completing an online survey with people who gave their permission for us to do so. Carrying out unstructured but purposeful one to one face to face interviews with the public at all these locations, events, and activities across the region regarding the 3 key themes in the draft Integrated Care Strategy which are 'Start Well', 'Live Well' and 'Age Well' an estimated **200 people** engaged with. Film clips were also made from the engagement.
- A visit to the Isles of Scilly to speak with local residents in May 2023, **around 100 people** were engaged with, supported by Healthwatch Isles of Scilly. Feedback was recorded on our posters, completing our online survey and recording film clips.
- **Bespoke engagement activity planned with system partners** including Cornwall Neighbourhoods for Change (CN4C), Hearing Loss Cornwall and Young People Cornwall asking what matters most to groups of people who experience health inequalities, this included:
 - Two events to engage with d/Deaf people and people with hearing loss arranged with Hearing Loss Cornwall to understand experiences of our health and care services (approximately **80 people** with around 40 people at each event, this did include the same people attending events in July 2023 and January 2024)
 - CN4C researchers spoke to approximately **105 people** using innovative engagement tools and approaches.
 - Young People Cornwall surveyed **173 young people**.

A dedicated and hyper local communications plan

Our engagement programme was supported by a comprehensive communications plan that promotes local engagement events and ways to give feedback, this included:

- Media plan that promoted start of the survey and milestone events/opportunities to get involved throughout the engagement period.
- Dedicated web page and online survey promoted through our Integrated Care Board communications channels, including social media (paid and organic), primary care and partner and public e-bulletins.
- Using Integrated Care System partner communications to publicise the online surveys and ask the public and community groups and to get in touch with us, if they would like to talk to come and talk to them.
- Stakeholder communications to inform local partners, councillors and MPs.

Films from our engagement

Alongside our engagement, when people were happy to, we also filmed their experiences as part of our 'Your story, shapes our future' and shared the films with our Integrated Care Board. This included:

- A film with selection of people's views from our engagement at GP surgeries: [Community Conversation at GP practices - YouTube](#)
- A film from our visit to the Isles of Scilly where a lady explained the long journey taken to receive cancer care: [Susan's story \(youtube.com\)](#).

The full set of films can be watched here: [Your story, shapes our future - NHS Cornwall and Isles of Scilly \(icb.nhs.uk\)](#)

Efforts to reach those who may be digitally excluded

To reach those likely to be facing health inequalities we also:

- distributed **670 postcards** with the online survey QR code and health service signposting message through the mobile library service (reaching **500 people**) and holiday activity programme (reaching **340 people**) run by Cornwall Council.
- distributed **1,000 postcards** through local food bank providers arranged by Cornwall Voluntary Sector Forum.
- distributed **2,000 postcards** through local GP surgeries and at engagement events.
- Provided printed 'Start Well', 'Live Well', 'Age Well' posters for use and display at public events.
- Provided printable versions of our survey for use by our GP surgeries

We had an overwhelming response from the local community with requests to get involved and attend local groups and events. Although we were unable to visit everyone who got in touch, we did promote the online survey and add them to our list for future engagement opportunities.

Who did we speak to?

Through our community conversation we engaged with audiences, through targeted engagement. This included attending existing events for specific audiences such as Seafit's events for local fishing community including:

- People who are from the most deprived households and locations.
- Ethnic minority communities including vulnerable migrants.
- People with a learning disability and autistic people.
- People from coastal communities with pockets of deprivation hidden amongst relative affluence.
- People with two or more long term conditions, including diabetes, respiratory illnesses, cancer and those who live with mental illness.
- People from inclusion health groups include people experiencing homelessness, drug and alcohol dependence, people who have experienced trauma or been abused.
- People whose livelihood means their access to healthcare is affected by that livelihood i.e. farming community and fishing/ boating community.
- People who live on the Isles of Scilly which brings with it a number of challenges when accessing health and care services.
- Young people and young carers.

Where there were gaps in audience feedback, for example, from the Roma, Gypsy, and Traveller community we worked with our partners to include latest and relevant feedback in this report.

From our online survey we can break down the demographics of those who took part:

- **Most respondents were female** (1,732), 763 were male and 27 preferred to self-describe.
The greatest number of respondents were those aged 41-65 (1205 people), followed by 978 people aged 66-80 and 268 people aged 18-40.
- **Over half of respondents cared for others** which equated to 1,010 people.
- **Over 600 people said they had a disability, physical impairment or lived with a long-term condition.**

Types of feedback

We gathered **thousands of pieces of individual feedback** in the following formats:

- Online survey responses, many of which were free text responses.
- Written comments from the public on a series of three posters regarding the three key themes of 'Start well', 'Live well' and 'Age well'.
- Written notes made when the team visited community groups.
- Written notes, audio and video recordings of conversations with individual members of the public at groups and activities.

- A [report](#) produced by [Cornwall Neighbourhoods for Change](#) who were commissioned to talk to some of the most marginalised groups and communities.
- Raw data from a [Young People Cornwall](#) in-person survey and interviews of 173 young people.

What did we achieve?

By the end of the community conversations, working alongside ICS partners and volunteers, we exceeded our initial target by engaging with over 10,000 people over the time the community conversation programme ran. While not everyone gave us feedback, we heard from 7,751 people, which is broken down as:

Engagement type	Numbers
Face to face conversations at planned community conversation engagement events and local support groups	2,700
Let's Talk online survey	2,621
RCHT Friends and family survey	2,252
Engagement at events, support groups and health settings – which included comments made in interactive engagement methods (posters, films, audio)	2,200
Bespoke engagement from Cn4C	105
Young people survey carried out post Community conversations main programme	173
Bespoke engagement with Hearing Loss Cornwall	80
Total feedback	10,131

The main community conversation programme ran between end of May 2023 until September 2023. Additional engagement that ran between October 2023 and January 2024 was primarily to reach any gaps in audience representation. It included the Young People Cornwall engagement activity involving young people and talking to coastal communities through our attendance at Seafit programme events.

It was important that we heard from **a significant number of people from a range of different backgrounds** given the depth and breadth of the Integrated Care Strategy and Forward Plan, and the potential number of people they will affect, which is the whole population of Cornwall and Isles of Scilly.

Data analysis process

Analysis of the Phase 2 online survey data has benefitted from some close collaboration with [Health Innovation South West](#) who have carried out some innovative and informative Word Cloud analysis of the qualitative data gathered through our online surveys. This has helped us particularly to reflect the main messages within some of our findings.

However, it is important to acknowledge that analysing such a large and varied amount of data is not an exact science. Consequently, separate findings reports from

specific engagement activity have also been drafted as a series of individual reports, that commissioners and members of the public alike will be able to read, digest and interpret, such is our team's commitment to transparency.

We share our engagement plans and findings with our 'Involving people and communities' network which meets monthly and consists of engagement, patient experience, and engagement champions from across our Integrated Care System.

The network includes within its membership Healthwatch Cornwall and Healthwatch Isles of Scilly, Cornwall Council, Cornwall Voluntary Sector, Royal Cornwall Hospitals NHS Trust, Cornwall Partnerships NHS Foundation Trust, University Hospitals Plymouth NHS Trust and South Western Ambulance Service NHS Foundation Trust.

Following our evaluation of our engagement activity we plan to continue this engagement approach in 2024/25 such has been the depth, breadth, and usefulness of the feedback we have had in 2023/24.

3. Summary of findings

The findings are extensive and while some won't come as a surprise, as they match national issues (access to GP/dentists and need to reduce waiting lists for planned care) they include local feedback that enables us to have greater understanding of issues around access and the need for personalised care for people facing health inequalities and broken down by location, gender and age.

Alongside our online engagement, our face to face conversations and group discussion interviews allowed us to dig deeper into the context of access challenges and understand the potential solutions to be considered, especially for those facing health inequalities.

There are many things we can learn from the different conversations and feedback received, in terms of both how good our health and care services can be but also how some of the current challenges (impact of cost of living situation, digital access, work patterns and to care commitments) are preventing local people knowing about and accessing services, which is leading them to 'miss out' or feeling 'left out' that in turn is seeing people 'switch off' from using our services (often a choice made when access is made impossible for some (members of the fishing community unable to arrange a GP appointment at a suitable time, a parent not able to find a NHS dentist for their child, to a person with hearing loss unable to have a BSL interpreter booked for an outpatient appointment) or seeking alternatives (self medicating to privately paying for dentistry or knee replacement) to getting help from family, carers or friends (for care).

What did we ask?

Questions were themed around 6 areas in our community conversations:

1. **Recent experience of your GP surgery**
2. **Recent experience of health care services** (from pharmacy, 111, dentist, MIU, mental health, ED, calling 999 to community) Measuring happiness with service, what was good, what could be better.
3. **Feedback around our strategy priorities of ‘start well’, ‘live well’ and ‘age well’** – asking people if we should do anything else and if they want to, what their experiences were
4. **What would make Cornwall and Isles of Scilly a healthier place to be born, live and grow old?** – asking for ideas and feedback on what our people are doing to keep healthy and what is stopping them from doing more
5. **Exploring how people access information about health and care services and asking if they would like to get involved in the future engagement activity.**
6. **Optional equality monitoring (demographic questions)** – from postcode, age, gender, carer, disabilities.

Overall findings from our community conversations

We asked everyone what would help make Cornwall and Isles of Scilly a healthier place to be born, live and grow old and this was a topic people provides an array of answers to – ranging from:

- Importance of access to suitable housing
- Affordable public transport
- Greener transport and making services environmentally sustainable
- Affordable healthy food and access to do more physical activity
- Improving attitudes and the way we treat each other in society
- Tackling crime and feeling safe
- Education and job opportunities
- More affordable and improved access to internet
- Understanding what the community needs

A summary of what the thematic analysis tells us

Improving NHS and care services was frequently mentioned and looking at this question and emerging themes, if we could explain the main themes from our conversations with 10,000 people we would say – our people would like to see health and care services in the future that are:

1. Consistent in the types and ways you can access - *regardless of where you live and who you are*
2. More easily accessible f (including being locally available, on evenings/weekends, in person where needed and quickly when its urgent)
3. Flexibility access to services for those who may need extra help/support– don’t switch everyone online and switch off for those not online (or those who can’t afford, know how to or need help to be online)
4. Equal in the care for physical and mental health should be offered to everyone
5. Fairer for those who need extra support to receive health and care services
6. Kinder – staff to be more compassionate, understanding and to listen to the needs of people and their families
7. Personalised based on what people need and not assumptions, offer choices rather than medication

8. Supportive of professionals 'digging deeper' into a person's health problems to find out the root cause and offer holistic advice on diagnosis and ongoing throughout their treatment
9. Easier to understand and with communications they understand – both verbally and written which are relevant to improve a person's health or health condition
10. Empowering so a person is supported and knows how to look after their health and well being, has choices and is communicated with about what is help is available to them – tailored to their need/medical condition

Integrated Care Area (ICA) online survey findings

In addition to delivering communications conversation engagement across our three ICAS's we wanted to include findings from the online survey broken down by each ICA.

From the 2,629 people who took part in the online survey between June 2023 and September 2023:

- 514 people (20% of total survey respondents) from North and East Integrated Care Area (ICA)
- 353 people (13% of total survey respondents) from Central ICA
- 1196 people (45% of total survey respondents) from West ICA
- 567 people (22% of total respondents) who didn't provide their postcode or responded 'other' to this question.

The data shows us that, when looking at responses across each ICA area, generally most people feel the same way about their health and care experiences, despite living in different areas of Cornwall.

Most people share the same opinion about what works well, and where people told us they would like to see improvements as well, some highlights include:

- When asked about their experience at their GP surgery, most people across all 3 ICA areas said they were happy with their overall experience.
- When adding together total responses for either happy or very happy with their experience of their GP surgery, Central ICA scored a total of 15% higher than both North and East ICA and West ICA.
- The total number of respondents who said they were either unhappy or very unhappy with their experience at their GP surgery was similar across all 3 ICA areas, with the West ICA receiving slightly higher scores in this category.
- People told us what they liked best about their GP practice including:
 - access to face-to-face appointments.
 - accessibility including parking.
 - continuity of care.
 - modern and fit-for-purpose facilities.
 - kind, approachable, and caring staff.

Interestingly these were also the same themes when people told us what they would like to see improved in the future, with some additional improvements wanted including:

- Better communication and engagement
- Better and more convenient dispensing services
- Improved telephone waiting times
- More GPs

The online survey results broken down by each ICA will be available in a separate report.

Findings from the key survey questions

The findings below are taken using feedback gathered from all engagement activity and cut across the online survey results and the face-to-face community conversation engagement activities.

GP services and access to GP appointments:

Our conversations and online survey, predominantly featured feedback about GP services and ability to get appointments. Our findings throughout tell us that local people continue to face challenges accessing GP (and dentistry services), which aligns to feedback the NHS has had nationally.

From our feedback, we have pulled together the main asks from local people on what they felt would improve access to GP services in the future:

- Support carers, older people, those who may need support (people with a disability/hearing or sight impairment) to be able to book appointments in ways that are suitable for them at their GP surgery and provide ongoing communications in a way they understand.
- Support families/carers to get GP appointments for young children aged between 0-5 age for urgent and routine care.
- Promote self-care and child/family health to families so they can be empowered to look after their child.
- Promote and empower (show how) to order medication prescriptions online (through NHS online/app and home delivery)
- Implement longer repeat prescription timeframes for those with long term conditions or work patterns (fishermen) to make it easier for people and professionals to provide medication.
- Provide more empathy, understanding and practical solutions in response to a wide range of women's health issues (from young to older woman).
- Provide personalised care that supports people to feel listened to and cared for.
- Support GP surgery led signposting of locally available support through targeted communications by medical condition or need (age specific – physical or mental health).
- Provide more opportunities and time to have health checks/MOT's and support before health issues worsen.

Overview of Integrated Care System strategy priorities feedback

Through our engagement, we shared the headline strategy priorities for our Integrated Care System Strategy for each life stage: start well, live well and age well.

We asked people if we should do anything else and to share their experiences of accessing services for these key life stages. We provide a summary below on what people felt was most important for each life stage section of our strategy.

Recommendations: We want to:

Start well – what people told us was important for this part of the strategy:

- **More help to support some families (parents, carers) who may need a little extra help when after children reach 2 and a half years** – it felt like the support stops when some families can feel more under pressure, particularly financially and getting their child to reach key milestones before school.
- **Support families/carers to get GP appointments for young children aged between 0-5 age** – for urgent and routine needs.
- **Quicker access to educational psychological assessments for children and young people.** We were told waiting was the cause of much anxiety in parents and affecting young children's education/progress.
- **More mental health facilities and services for young people, especially child adolescent mental health services (CAMHS).** People expressed concerns over children not being able to access mental health services designed around their specific needs.
- **More awareness raising on risks associated with smoking and vaping** - mixed messages were given from NHS promoting vaping for adults but not for young people.
- **Being able to raise a concern about the health of my child and being listened too** - parents wanted to be listened to about what may be wrong and what their child needs.
- **Greater access to NHS dentist** - Many adults were deeply concerned about how the lack of NHS dentists were affecting children's teeth, possibly for their whole lives.
- **Provide information about services that meet the different needs of children and young people reflecting neurodiverse, ethnicities, gender throughout the 'start well' services** - including signposting, advice, and ongoing information throughout the child-teen years (as it will change depending on age)

Live well – what people told us was important for this part of the strategy:

- **Support for people transitioning between young people's services and adult services is needed** – parents of people with learning disabilities told us they were no longer involved when their children became adults

- **Easier access to GP services** - we need flexibility in booking and attending appointment (evenings, weekends) and the for longer durations for serious concerns e.g. cancer symptoms
- **More efficient prescribing practices** – longer prescribing periods for long term medical conditions to save people and professionals time
- **More support for people with long term conditions and complex medical needs** - people want to understand the options and solutions to help them live healthier lives.
- **Availability of health checks throughout life – screening to age related checks.** Men especially, felt left out from the national screening programmes and many told us they wanted to ‘prevent’ health risks in the
- **Reducing waiting lists for treatment** – Both physical and mental health
- **Responsive mental health services that prevent people getting to a crisis.** Tailored for men and woman – especially to support stressful life events and traumatic experiences.
- **Affordable opportunities to improve own health and wellbeing** - issue of cost of travel, physical activities, gym memberships and childcare were mentioned.
- **Better access to gender affirming care/ services and kind care for transgender people**
- **Health and care that are person-centred not assumed** e.g. woman, young people, deaf people, veteran
- **Greater access to NHS dentists** – more dentists offering care when you need it (rather than having your own dentist practice was a model of care suggested)

Age well – what people told us was important for this part of the strategy:

- **More joined support provided from initial diagnosis of dementia and throughout living with this condition.** People and their families felt the support after getting diagnosed and follow up after a diagnosis could be better covering the needs of carers, practical advice for daily live, as well as financial advice and respite care.
- **Support for people caring for others with health problems.** Carers told us looking after their own health was a secondary priority, felt unable to navigate the ‘system’ and unable to plan for the long term.
- **People want to at home and feared going into hospital (to die)** – they wanted advice and support on how to live longer healthier lives.
- **More support to enable a person to be discharged from hospital** - many gave experiences of people being unable to find care/support at home and being stuck in hospital.
- **More paid carers with the right skills to deal with the people they care for** - people gave experiences of carers not experienced with dementia or certain medical conditions which led to the level of care needed not being delivered.
- **Opportunities for socialising to combat isolation and ‘buddy’ to help them try new things.** Isolation and loneliness were fears people had as they got older and frailer. Positive comments about community hub and other

activities in the community were made – but levels of awareness of what was on offer was low and many weren't sure if the 'hubs would be for them'.

- **Some older people found using online booking to access health services problematic which affected their ability to manage their own appointments and health.** While some older people had been able to adapt and enjoyed online access – many were being supported by a family member to access health and care services online.

4. Your story, shapes our future feedback

To support the community conversations activity, we have also been collating filmed experiences from local people, which we use as part of our [‘your story, shapes our future’ programme](#). So far over 60 films have been created and every month we share five stories of local people and staff to provide the ‘lived experiences’ of our system to our Integrated Care Board Members ahead of our monthly Board meetings. The intention is to use these individual stories in many cases to increase our understanding of people’s experiences of health and care services and to use them to identify changes we need to make to make things better for the future.

We have developed a Sharing – Task – Action – Result (STAR) framework to determine who else needs to see our films and if needed, should be involved in making changes. Depending on the experience featured in the film, 1 or all 4 parts of the STAR framework are being used, including:

1. SHARING the stories - across internal and external audiences
2. Identifying any TANGIBLE CHANGE - that may need to follow the story being shared
3. Taking ACTION - either in response to the story heard or within the service or across the Integrated Care System
4. Delivering RESULTS - from the story and making the tangible change(s)

We provided an annual report to our Board to update them on impact and changes made in response to our films in November 2023. A separate report with more detail is available.

6. You said and we want to – Recommendations: We want to for change

To truly put the voice of our people at the heart of everything we do, we must show as an integrated care system, that we have listened and will make changes locally in our planning and delivery as a result.

Throughout our engagement timeframe we shared our findings with our strategic planning team to shape the development of our operating plan and [Joint Forward plan](#), which includes a dedicated engagement section on page 74-75. We have also included community conversations findings and details of our engagement activity in our Operating Plan 2024/5 and [Annual report 2023/24](#).

From the findings we have identified the key areas of feedback under 'you said' and identified within our planning process how we have used that in our plans under 'we want to' for strategic planning process for 2023/24 and 2024/25 these include feedback areas for overall services and by life stages (start, live and age well). We are also using specific Recommendations to feature as key areas of our prevention campaign 'Healthier together' and our 'where is best/stay well' communications campaigns. You can see 'you said' findings and 'We want to' recommendations throughout the main findings in this report.

Many of our recommendations include current work and changes underway, this includes work being delivered as part of national, regional and ICB priorities and for some, because our feedback has been shared throughout the engagement period and is leading to changes, for example the [Hearing Loss section](#) has seen changes made by our NHS providers in response.

Subject to final discussions and agreement, we will present the community conversations in a 'you said and we did' report which will help to show how feedback and people's experiences have been heard and reflected in our long term planning of how health and care services which will be set out in our joint forward plan and Integrated Care System strategy. We will publish this on our website: [Community conversations to help shape the future of health and care services - NHS Cornwall and Isles of Scilly \(icb.nhs.uk\)](https://www.icb.nhs.uk/community-conversations)

6. Key themes from the findings

General practice feedback: You said

We have included a summary of the headlines from the feedback the team received regarding GP surgery service experiences.

To summarise feedback about GP services in just a few words, it would be that our public want their GP surgery and staff to:

- Be easily accessible (locally available, in person where needed, evenings/weekends and quickly when its urgent)
- Available for our older people – this came from older people directly but also was a common theme throughout the feedback
- Be compassionate, understanding and to listen to their personal needs
- Spend more time helping them to look after their own health

This report includes headlines from the key data and thematic analysis, full details can be seen in a separate GP findings report (provided as an annex to this report).

Understanding the data

We are able to breakdown our online survey data by GP practices and as the survey was completed by patients from 54 GP practices our findings span from across the Cornwall and Isles of Scilly practices. It is worth noting the numbers of people from across the surgeries varies, 15 GP surgeries promoted the survey directly to their patients through their own communication channels and we saw higher

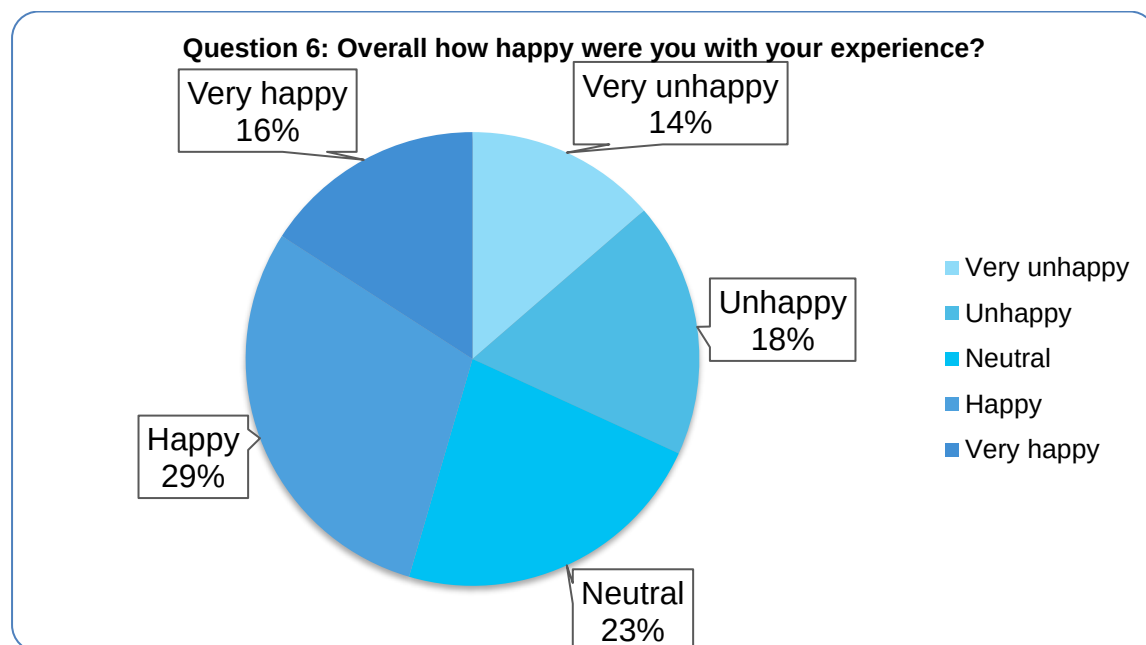
representation from Carn to Coast Health Centre (37%), Bodriggy Health Centre (14%) and Wadebridge and Camel Estuary (8%).

Every practice has been provided with own survey results so they can see and understand the feedback they received from their patients.

When looking at our findings we can also see individual surgery variations. Different GP surgeries had different levels of happiness. The results ranged from very happy/happy at the lowest at 32% for one GP surgery to the highest at 73% for another surgery.

Overall satisfaction(happiness) findings

We asked about overall happiness with experience, 46% were 'happy' or 'very happy' with their experience, 23% felt 'neutral' about their last experience and 32% were either 'very unhappy' or 'unhappy' with their experience.

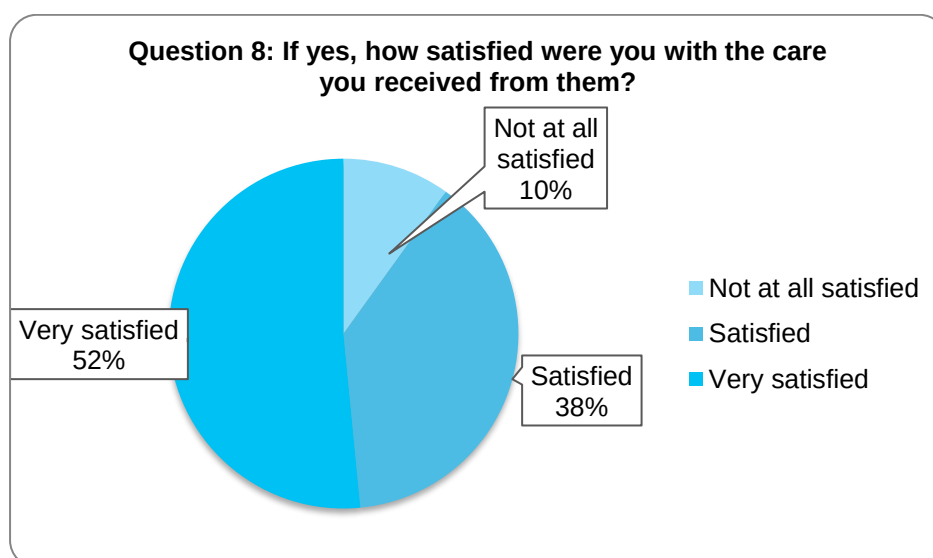


Different GP surgeries also had different levels of happiness. For example, we looked at the difference in the surgeries that had the most patients complete the survey. The results ranged from very happy/happy at the lowest at 32% for one GP surgery to the highest at 73% for another surgery.

We looked into the data further to determine if there were differences in happiness based on different demographics or characteristics. Happiness levels with GP services are lowest in men aged 18 to 40, highest in females aged 66 to 80 and did not differ wildly between people who said they are disabled and those said who they are not.

Satisfaction with other professionals at GP practice findings

The ICB has been actively promoting the alternative roles within a GP surgery that patients can get health advice from. We included this question to measure satisfaction of care from these members of the team with the intention of using this data in the next phase of our communications. Overall there was a very high level satisfaction when people saw other professionals who were not a GP with 90% being 'satisfied' or 'very satisfied' with their experience. Very broadly, there isn't much of a satisfaction difference across all the roles (Clinical pharmacist, Social prescriber, Physiotherapist, Care co-ordinator, Paramedic practitioner, Mental health practitioner, Nurse practitioner) with high satisfaction shown across the roles.



What the thematic analysis tells us

We have pulled together the main themes from our feedback on what would improve GP services in the future, this included:

- Support carers, older people, those who may need support (people with a disability/hearing or sight impairment) to book appointments suitable for them at their GP surgery and provide ongoing communications in a way they understand
- Support families/carers to get GP appointments for young children aged between 0-5 age
- Promote self care and child/family health to families so they can be empowered to look after their child
- Promote and empower (show how) to order medication prescriptions online (through NHS online/app and home delivery)
- Implement longer repeat prescription timeframes for those with long term conditions to make it easier for people and professionals
- Provide more empathy, understanding and practical solutions in response to a wide range of women's health issues (from young to older woman).
- Provide personalised care that supports people to feel listened to and cared for

- Support GP surgery led signposting of locally available support through targeted communications by medical condition or need (age specific – physical or mental health)
- More time and opportunities to have health checks/MOT's and support before health issues worsen

A quantitative analysis of the online survey free text responses for the question: “What is the one thing you would you like to improve about for your GP surgery?” shows that out of all the 2000+ comments a lot of people want to see improvements in booking appointments, reducing waiting times and time (evening and weekend) appointments are offered. The ‘word cloud’ that summarises the analysis is below:



Our CN4C commissioned piece of engagement work and our own Hearing Loss engagement events made it very clear that telephone and non-face to face appointments do not work for some groups of people, such as those who can't hear, have severe anxiety, have a mental health issue, have a learning disability or disability or have gone through trauma of some kind. In these cases, people can often feel that they cannot speak freely and say all the things they want to say.

The [CN4C report](#) is referenced several times in this report, due to its focus on hearing from people facing health inequalities, you can [read more in that section of this report](#).

We have used the thematic analysis to shape Recommendations: We want to based on people's feedback and experience gathered over the community conversations, which are included throughout this report.

Recommendation:

- **Support carers, older people, those who may need support (people with a disability/hearing or sight impairment) to book appointments suitable for them at their GP surgery and provide ongoing communications in a way they understand.**

Other people more broadly, also said that in some cases, especially where they were really concerned about their health (cancer symptoms or serious health concerns for children under 5 years) a quick or immediate face to face GP appointment should be available to them, as an option.

Some parents were concerned that the competing pressures on GP time, means that sometimes those most vulnerable are becoming lost in the system when they should be a priority. Others, including new parents and young parents, wanted to understand more about how they can look after their family's health.

Recommendation: We want to

- **Support families/carers to get urgent GP appointments for young children aged between 0-5 age.**
- **Promote self-care and child/family health to families so they can be empowered to look after their child.**

A lot of people highlighted problems in sending a prescription to the pharmacy of their choice. Some prescriptions wouldn't arrive when they expected and sometimes there were issues with those prescriptions (running out or long delays) that caused people a lot of stress and anxiety. Others felt prescription timescales were too short and required frequent visits/repeat prescriptions for long term medications that would be safe to prescribe for longer periods (similar to 6 month contraception timescales)

Recommendation: We want to

- **Implement longer repeat prescription timeframes for those with long term conditions or 'lifestyle or work' requirements to reduce 'avoidable contact' and pressures on the system.**

Some women felt their GPs didn't have the awareness they should around women's health issues, particularly hormonal (periods to menopause) and mental health. Many felt dismissed by male professionals who did not look into the wider details that could be linked to the health issue being experienced. Many felt there was a postcode lottery to receive access and information about health services for woman.

Recommendation: We want to

- **Provide more empathy, understanding and practical solutions in response to a wide range of women's health issues (from young to older woman).**

Some people told the team they had had to 'see' their GP multiple times about the same problem that hadn't resolved itself and they hadn't felt properly diagnosed until much later in time. There were examples given of people seeing their GP and then their condition getting worse and they needed to be taken to hospital by ambulance.

Recommendation: We want to

- **Provide personalised care that supports people to feel listened to and cared for by GP staff.**

Many people told us they wanted to receive a NHS health check (offered to over 40's through their GP) but they were unable to through their doctors, while others had seen them advertised but didn't know how to get a health check. People also referred to wanting 'health checks' to find out how they could improve their health now and in the long term (rather than referencing the NHS health check), this was often reference at different stages of their lives – so younger people spoke about wanting to know how healthy they were now and what they could do to improve their long term health – while other people spoke about wanting a 'MOT' type check to help them understand areas of their health they could improve. There was a clear sense from talking to men in the engagement that they felt left out in the cancer screening when compared to the checks offered to woman (breast/cervical).

Some groups who could expect regular checks such as people with diabetes, were concerned that their checks were not happening with the regularity they should or due to the number of checks needed, were easy to miss – many wanted to see combined tests in an annual review.

Recommendation: We want to

- **Create more opportunities to have health checks/ MOTs and support before health issues worsen.**

Lots of people wanted to talk to professionals about their mental health concerns but that the NHS health check (and other checks) focused on physical health – leaving awareness and understanding on how to improve mental health unknown for many. Those who had experience mental health told of positive experiences of accessing support when they had reach crisis but spoke of their disappointment to find out that there were things (and services) they could have done (if they had known earlier) to avoid getting to crisis.

The concerns are described within the **For mental health** services section below.

With services provided at GP services often the first 'door' to access health and care services – many wanted to find out more about services and support available from their GP surgery. Many people trusted their GP service to provide them with the correct information and wanted to see more of this happen in the future.

A recurrent theme when talking to people at community groups and events was how supported they could feel when help was provided in their community, was flexible and immediate. Some people referred to the support groups we visited as being their 'lifeline' – this ranged from support groups for mental health, menopause, diabetes to community groups like Cappa Companions.

Outside of the community conversations programme, we have seen within the [feedback](#) from community hub users, just how valuable help closer to home and not only from medical professionals can be.

Recommendation: We want to

- **Deliver GP surgery led signposting of locally available support through targeted communications by medical condition or need (age specific – physical or mental health).**

As part of our findings analysis, we created ‘word cloud’ which pulled out the words most people used in their answer to the question: “What do you like best about your GP surgery?” in the Let’s Talk Cornwall online survey. The key words showed that people valued being able to see friendly, helpful, caring staff, having services locally close to home and comfortable waiting environments.



Many people, especially those we talked to in person at GP surgeries seemed happy with the support they received from their GP practice, it should be noted that those people had just seen their GP in person. The inconsistencies of access were clear in our face to face conversations – with many praising the access they received at their local GP surgery while others complained of the inability to get through to book an appointment. This was seen especially by patients of some of the larger practices which covered significant numbers of patients and geographical locations, who would say that their practice had got ‘to big’ to manage demand or frustrations of GP surgeries still offering services as if the ‘Covid pandemic was still happening’ and face to face appointments were impossible to arrange.

Overall people experience high satisfaction levels and mentioned the helpfulness of visiting other professionals working at the GP practice (beyond the doctors) when it came to treating problems or providing advice. The role of social prescriber was particularly mentioned positively by those needing mental health and well being support.

Putting aside the challenges in booking appointments, the majority of people were happy with the GP services they received and felt if the 'booking' part could be 'fixed' then satisfaction would dramatically improve straight away.

Recommendation: We want to

- **Protecting and delivering what people say is best about their GP service.**

Feeding back to general practice:

The engagement team have fed their findings back to GP practice managers in January 2024, through the 'supporting general practice meeting' and **in the form of the detailed report** we refer to above. We also fed back in greater detail to the 15 practices that actively promoted the survey among their patients, who have all received a report detailing the feedback from their own patients who completed our online survey.

Other health services feedback – you said

In our online service, 47% of people then went on to tell us about other health and care services. After GP services using a dentist was the most popular service to provide feedback on, followed by pharmacy and minor injury units (MIU).

The top 5 other services people wanted to share their experiences about were pharmacy, dentistry, minor injury units (MIU), NHS 111 and the emergency department.

The data shows that people were most happy with their experiences of MIUs and with the NHS 111 service.

People were most unhappy with their experience of dentistry services, followed by their experience of pharmacy services.

Across all 3 ICAs, People in North and East Integrated Care Area were most happy with their experience of MIU services at 71%.

Whereas people in Central ICA were the most unhappy with their experience of dentistry services at 65%. Further ICA findings is provided in the separate report.

The findings below are broken down by service area.

For Pharmacy (and GP): You said

It felt like wherever the team was this year and when pharmacy came into the conversation, it was often the case that people would be grateful for the vaccination services our pharmacies and GP surgeries offer. The praise centred around two things – short waiting times and flexibility.

One comment from Let's Talk illustrates the comments coming from other people on this subject:

"Because I could not make an appointment with my GP, I went to a local pharmacy for my flu jab last year."

But people did report negative experiences though at some pharmacies around their flu jabs and capacity within the pharmacy. For example, this comment from Let's Talk:

"I used the pharmacy to have my flu injection, as there was one person off that day another lady had to do the injections plus her own job, which made her run 45 minutes late, it was raining and the shop was so full we were all breathing in each other's air, it boiling hot and all the local drug addicts were coming in for their medication and complaining about the long wait. A horrible situation, not one I want to repeat."

Recommendation: We want to

- **Continue to provide flexible approaches to vaccination and target offer to eligible people (and if eligibility changes – inform those people impacted and tell them options).**

As has been noted in the GP findings report referred to above, people also told the team that they appreciate having a fast reliable prescription service, as this reduces a lot of the anxiety people experience around medication and having to get repeat prescriptions.

One comment from the online survey (Let's Talk version) illustrates the experience of someone who receives such a reliable service.

"I collect my prescription monthly from the local pharmacy. They alert me by text when to come in and are very professional."

But some people feel let down by their local pharmacies, as with this Let's Talk Cornwall comment and comment captured at Bodmin Pride:

Let's Talk Cornwall comment:

"Pharmacy in Fowey was very disappointing, poor customer service, no respect for confidentiality and no care that only half the medication was available a few days after ordering, requiring another return ferry trip to collect."

Comment from Bodmin Pride:

'Access to prescriptions from my rural coastal village, people here have to pay £5.60 to catch a ferry to collect prescriptions. NHS states that you have to be less than a certain distance from the pharmacy to be able to collect from your surgery.'

Both comments suggest that coastal communities experience additional challenges with collecting prescriptions from pharmacies they are cut off from by the sea, that may not be being recognised by the pharmacies that they are so reliant on.

The lack of availability of medicines is also a repeated theme, in the feedback we received, as was the talk of long queues and waits at some pharmacies, with some people saying queues can be out of the doors (sometimes in bad weather). Many raised concerns about pharmacies closing (Boots and Asda/supermarket) and opening hours (especially late night and on bank holidays).

Recommendation: We want to

- **Promote and empower easier access to medications and implement longer prescription timeframes to reduce 'avoidable contact' and pressures on the system.**
- **Supporting carers, older people, people who need more support due to either disability/hearing or sight impairment and people to get online/prescriptions.**

Why don't we extend prescription times from one month to three months?

Considering the feedback regarding issues and anxieties regarding the collection of prescriptions, **one 'quick win' being thought about is the extension of the prescription timeframe** from one month to three months. This would reduce the number of times people, especially those with multiple health conditions and working patterns have to collect a prescription.

When tested with the public, this idea received a lot of support especially for carers who have the challenge of looking after a loved one with the continuous time to getting medication reordered and picking up prescriptions.

Pharmacies are a popular way for people concerned about their health to seek a medical opinion, usually for something they consider to be minor but not always as this comment in the online survey shows:

"I used this (pharmacy) service as I had inadvertently taken too many ibuprofen. It was 6pm and I knew I wouldn't be able to speak to a GP."

Generally, the team heard that people are grateful for accurate advice as seen in these 2 comments from Let's Talk:

"The pharmacists at Bude Pharmacy. Knowledgeable when you need to ask a minor medical query."

"I use pharmacies for advice such as what product to use for a skin problem."

Recommendation: We want to

- **Continue to provide and promote the important role pharmacies play in healthcare and how they can help in practical way.**

Given the generally positive feedback about the usefulness and accessibility of advice from a pharmacist/ pharmacy, we're actively promoting the [Pharmacy First services](#) to increase awareness, understanding and use of community pharmacies.

Local people feedback about more action being needed to protect and provide local pharmacies. There is speculation in more than just one community that the local pharmacy will soon close, and people are worried about how they will access the medication that keeps them well if this happens.

Recommendation:

- **ICB to look at local solutions to reduce pharmacies closing for pharmacies at risk of closure to see how they can be supported before closure happens.**

Recent ICB intervention in the potential closure of the pharmacy in St Mawes, was positively received as this decision enabled the service to continue to be provided in a rural coastal community.

For NHS 111: You said

We heard examples of people not being able to get through to NHS 111, especially on weekends and holidays and if they had called, not receiving a timely call back for Below are 2 such comments from our online survey:

Comment 1 from Let's Talk:

"Used the service as GP not open and had worsening chest pain (not a heart attack) caller insisted on ambulance which I declined, as was not a heart attack. Was told I would have an urgent call back within 30 mins. This was at 6am. I called back a few times as no call back and went to minor injuries who sent me to A&E. I received a call back from NHS 111 14 hours later when in hospital."

Comment 2 from Let's Talk Cornwall:

"We have a grandchild who was ill with a throat infection and high temperature (screaming in pain). Phoned 111 three times, every 2 hours, starting at 4pm. No doctor responded. At 2.45am (nighttime) a doctor phoned."

In our Let's Talk Cornwall survey data, the long waits and the stress that came with them took place largely at night, from early evening onwards and over weekends.

During what we suspect are high demand times, people also told us of NHS caller handlers not knowing about local options available for them to try – with examples of people being advised to go very long distances to access Minor Injury Units (In Devon not Cornwall) or go to the emergency department for circumstances they didn't consider to be an emergency.

Appropriate referrals to services that can't help people are an obvious source of stress on people. These 2 examples come from Let's Talk Cornwall again, as we do not have a lot of face-to-face feedback on NHS 111.

Example 1 from Let's Talk:

"111 did not prioritize my daughter's health condition, it took hours before a doctor rang, then he sent us to minor injuries when we should have gone to Treliske. We ended up being blue lighted to Derriford."

Example 2 from Let's Talk:

"My mother was in acute pain and was unable to move anymore and called 111. She was fobbed off by the 111 service. Then a member of the family took over the call and was on the phone on and off all day, being told to continue to wait for a doctor to call. Around 11pm, some TWELVE hours later, a doctor rang and said my mother needs to go to hospital and the best thing to be done was to phone 999 for an ambulance."

One comment from Let's Talk illustrates the effect on a person of talking to someone who comes across as knowledgeable, caring, and sensitive:

Let's Talk comment:

"Was in extreme pain, vomiting and diarrhoea some hours after having a vaginal oestrogen ring fitted. Desperate for help in middle of night. 111 were efficient and focussed. A very kind, gentle, paramedic called me back quite quickly with calming effect."

Alongside the worrying numbers of negative comments, there were some examples given by people, in a face-to-face environment, where people were completely happy with their experience of calling NHS 111. 2 such examples are below.

Positive example from Launceston's Homestart's Stay and Play: a child who swallowed a battery.

- One man's young daughter swallowed a battery. He told us that the call led to a video call with an NHS 111 doctor. They told the family to take the daughter to the nearest Emergency Department, which they did, and their daughter had her tummy scanned and they were given a plan of further action in the Emergency Department, all within about 4 hours.

Positive example from quayside at Padstow: wife with a concerning heart rhythm.

- A retired married couple were concerned about the wife's heart rate because they had some home monitoring equipment. They rang NHS 111, who told them to go straight to the Emergency Department. NHS 111 rang ahead so there was no waiting to be triaged at the Emergency Department. The couple upon checking in were taken straight into the ambulance entrance part of the hospital and the wife was immediately put on a machine and given treatment.

Recommendations: We want to

- **Reduce length of time between initial call and call back, especially in cases where there are significant concerns.**
- **Keep people updated if long waits or delays may occur – which in turn will reduce people calling back.**
- **Make the access into your patient record or incident easier – using a unique reference number (NHS No or date of birth?) rather than having to start from scratch every time you call back.**
- **Reduce inappropriate referrals and make use of more local services available – especially when demand/long waits are high. Could a person go somewhere else first.**

The commissioner for NHS 111 services has already **received a report regarding the issues people who are d/Deaf or have hearing loss experience with regards to NHS 111** and we have also recognised, as part of our communications campaign planning that people on the Isles of Scilly cannot access NHS 111 and **we now provide alternative signposting.**

For emergency department (ED)s (separate from ambulance service feedback): You said:

With high demand and a pressures system at times, the engagement team spoke with people about their experiences of long waits for ambulances and to be seen at the emergency department, with some either in a lot of pain and/or incredibly worried if they would 'make it' and be seen.

These experiences, while in the minority, when compared to wider conversations about broader health and care experiences, were happening across the ages/locations as the team heard from parents of young children, mid aged and older people.

Below are some of the 'waiting comments' from Let's Talk, in order to give a flavour of what the team heard face to face as well as through the Let's Talk survey:

"A 12 hour wait at A & E with an 89-year-old parent."

"My daughter fell down some concrete steps badly gashed her forehead. No ambulances. Police took us to A&E. When arrived in A&E waited 1hr for triage 5 hrs to see doctor. 2hrs for ct scan, 1hr max fax team to stitch the wound and she had 14

stitches. Altogether, 12hrs in A&E. Everyone was kind and apologised for the long wait.”

“Taken by ambulance to Royal Cornwall at Treliske due to complications from a life limiting illness. When arriving at Treliske I was kept in the ambulance in excruciating pain as there was no room in A&E. 15 other ambulances were also waiting. I was finally taken in to be triaged, where I had blood taken and an x-ray and then sent back to the ambulance. I was finally taken to majors, after my blood results. The service is over run and unable cope. The staff cannot move patients through the system any quicker as it is completely jammed. I have little to no confidence in emergency health care in Cornwall.”

Let's Talk Cornwall comment: lack of a trolley

“111 told my husband to drive me to hospital, long wait for ambulance. He was told to make sure I was put on a trolley - wheelchair may cause further damage - however, no trolley available, wheelchair was only choice. Sent home after 4 hours (X-ray and examination) with no pain relief or care instructions - in agony.”

Recommendations: We want to

- **Look after the wellbeing of people waiting in ambulances and ED – less use of trolleys/chairs for waiting, better access to food/drink for long waiters, better pain relief.**
- **Ensure safe places for people to receive care sufficient beds and equipment available for patients who need them.**
- **Find alternatives ways to treat people at home rather than having to have long waits in ambulances, in ED and for onward admission.**

The two comments below are typical comments about how patients often felt left in the dark between tests or seeing someone in an Emergency Department.

Comment 1 from Let's Talk Cornwall:

“I was in new, severe pain, and I struggled to breathe.... From registering at reception, seeing a triage, having a ctg and bloods, and then CT scan, to finally seeing a doctor, was 4 hours!! And that lasted about 5 mins. Never given any indicator about what's next or how long until I see someone. I was given medicine for symptoms but there was no investigation as to cause and to prevent it again. I had to ring my GP afterwards for a referral to get checked.”

Comment 2 from Let's Talk Cornwall:

“Had urine retention and had to visit Treliske A&E twice once at 1am - very busy each time and not always kept informed of what and why is being done and the next steps.”

However, all the above negativity has to be seen in the context of there were other positive comments about people's experiences of the Emergency Department. And even within the negative comments, there are some positive comments.

Let's Talk Cornwall comments:

"Taken to RCHT, went into AF, had Cardioversion, then home again within 6 hours."

"After a fall, I visited the accident & emergency (urgent treatment centre) at Royal Cornwall Hospital Penzance, where I was seen almost immediately and was found to have dislocated my ankle and broken a bone in my leg. I was treated with professionalism, speed, and utmost courtesy. I was x-rayed and finally had my ankle re-located and my leg set and plastered. The nurses and doctor were superb. I was given ample pain relief and sent home with crutches and instructions for my onward care, Later the same evening a nurse, who had attended to me, telephoned to tell me the x-rays had been seen by the consultant at Treliske and that I would shortly be sent an appointment to attend the fracture clinic."

"Excellent treatment. Kind and considerate staff."

"It was very good, tests were done and a doctor or nurse kept me informed, and gave me the appropriate help."

Recommendations: We want to

- **Better communication while waiting for treatments for patients and their families.**
- **More holistic care of people who come into emergency department e.g., frail elderly, children, people with other problems.**

Our team also has spoken to many people throughout the community conversations who raise issues around seeking help in a mental health crisis, and the emergency department not being the best place to receive support (too busy, noisy and very public area and people focusing on physical health) and could make the mental health issue even worse.

Recommendation: We want to

- **Kinder care and support for those in mental health crisis in the emergency department**

The very **recent Emergency Department Feedback Report by Healthwatch Cornwall**, based on conversations with 92 people in the Emergency Department at Royal Cornwall Hospital echoes what people told us of their experience of this service in our community conversations.

For mental health services: You said

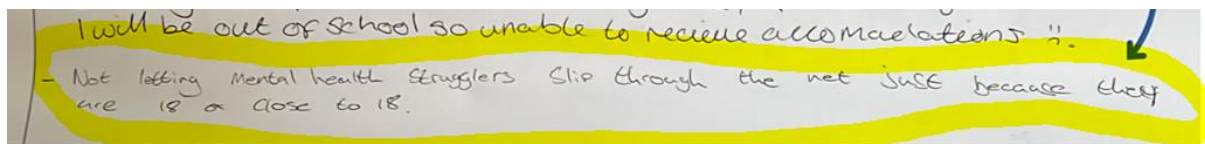
The CN4C piece of work found that:

"Mental health support was also found to be a tale of two halves. In some cases, people with what can be said as 'lesser support needs' are able to receive

appropriate and timely support through services such as Outlook Southwest. However, those with complex, lifelong or enduring conditions who can be more difficult to treat, or engage with, are often harder to source support for which is appropriate and timely. These people can also slip through the net and as a consequence can become harder to reach or treat and this can end up with more intensive treatment needed."

When the team spoke to a group of young people at the Royal Cornwall Show, they said that there were often barriers to them seeking support for mental health problems at school, one such barrier being how few named female members of staff there were for girls to talk to in confidence. Stigma and embarrassment around mental health, while improving, still had a long way to go and continued to be a barrier for accessing advice and support.

At the same event on a different day, an adult wrote this comment which illustrates the point that a lot of adults had worries about young people's mental health:



The impression from talking to parents across the events and activities is that school and education providers can and should be a route to accessing mental health support for children and young people's mental health, as this parents experience was:

"We were able to access the mental health practitioner service through my child's primary school."

One adult also commented on another Start well poster that they felt colleges and universities "should do more".

Recommendations: We want to

- **Provide more early prevention advice and support for those with low level or start of mental ill health.**
- **Promote mental health services information in central place for people to access/use – both professionals and public.**
- **Make mental health services not just phone based for those who can't use phones – see hearing loss section.**
- **Reduce sigma for mental health by using personal stories from peers across age/background/gender to encourage take up.**

Waiting times for and responsiveness of local mental health services, were quite clear issues that came up in the Let's Talk survey. Some comments from that survey are below.

Let's Talk comments:

"I was advised by my GP that they can no longer prescribe a course of counselling, and told to contact Outlook SW. I did so and eventually received a phone call from a therapist who discussed my issues with me and was very empathetic. She said that they would be in touch and I would receive one to one counselling in 3 months' time. That was last November. All I have received is texts advising me to do something online or in case of emergency they provide a telephone number. This is very disappointing and not at all helpful. Surely a county the size of Cornwall should be able to provide short course of one to one counselling when required."

"My mother has severe anxiety and depression. My brother has had to give up his life to look after her as she can't be alone due to suicidal ideation. She hasn't been offered any support or care other than drugs. She was told about a mental health place to visit but she can't leave the house due to severe anxiety, so it's useless to her."

"2 years ago, I was suicidal. I requested support from the mental health team and I had one telephone assessment about a year ago and occasional text messages apologising for the long delay before telephone treatment can resume. About 4 months ago I requested a formal mental health diagnosis and the GP I saw (not my own GP, who was booked solid for weeks) refused my request, asked me why I wanted a diagnosis, then ignored my response."

"Lots of 'self referral' but why can't you help me when I ask for your help. It's hard to ask for help and then be told to help yourself"

Recommendation: We want to

- **Provide advice and support for those 'waiting' to access mental health – this could range from automated comms to regular checks in from local GP.**

Woman's mental health – you said:

We attended a series of Your Voice Cornwall events, which provide a support network for women affected by mental health, across Cornwall. They offer peer support groups, activities and other resources to help women come together and support one another in their mental health journeys

People told us:

- Treatment of people with mental health needs to be equal to physical health
- Lack of access to support was damaging their mental health and leading to crisis, which many felt could have been averted if early intervention was offered
- Experiences of going to ED when in crisis had been traumatic
- These support group were vital lifelines – many also spoke of other valuable community-based care they received
- BUT many hadn't found out about this until after going into crisis – they wanted more focus on prevention and less 'medical' interventions

- Understanding hormonal impact and stages of a woman's life – from being a teenage, suffering heartbreak to pregnancy, children, menopausal and growing old all have an impact is vital
- Many said some 'men' in the health profession dismissed or misunderstood their health concerns

Regarding services for women, the 2 groups at [Your Voice Cornwall CIC](#) we visited fed back the following sentiment:

“Women's mental health has fallen to the bottom of the pile in favour of men's. Of course, we appreciate the importance of both but are frustrated to see that there is no equal footing; despite the fact that (contrary to public opinion) women are suffering and dying.”

The team also saw people record their support for the services provided by West Cornwall Hospital both on posters and in survey comments, associated with the accessibility of the services it provides.

From the 3 sets of posters people completed and face to face meetings with community groups, these seven areas leap out from the feedback as mental health priorities.

Recommendation: We want to

- **Create mental health services that meet the needs (immediate or otherwise) of people from childhood all the way up to old age, especially when that crosses over with life events with focus on:**
 - **Children and young people.**
 - **Antenatal, perinatal and menopause support for women.**
 - **Tailored support for Trans community and LGBTQ+ community.**
 - **Support for people who have experienced abuse or trauma.**
 - **People who have been bereaved.**
 - **Support for carers.**
 - **Support for the fishing and farming communities.**

Although a lot of people placed a great emphasis on the importance of having preventative and responsive NHS mental health services, (as well as crisis phone lines) and many people within a community group setting said that their membership of that group benefitted their mental health – woman at a Your Voice woman's health event told us that the support and people from their group had 'saved their lives'. This was not only found by our community conversations programme but also the community hub evaluation team.

At the Cancer Café in Wadebridge, one carer with a partner with cancer aged in their 40s explained her gratitude that the support group and its volunteers were there to give her time and a place where she could express what she was feeling at different times, that was away from her young family, work and other support. She was grateful to be able to share her feelings with people who could relate to her and offer her some practical advice as well. The same person had also found a lot of help

online from a group associated with the type of cancer her partner had been diagnosed with. We spoke with many carers of their loved ones, who praised the online support they received from a selection of different groups (carers and specific medical condition groups) which also meant they could get support in a way that suited them due to their caring commitments.

Recommendation: We want to

- **Tailor the way mental health services and local support in the community are promoted to people – making sure frontline staff from GP, nurses, health workers know and can encourage use of these services.**

As an integrated Engagement and Communications team, we actively promote **mental health emergency numbers and support numbers into our campaigns and social media messaging** and will share this report with commissioners and providers of mental health and children and young adults commissioners. We also know of the variety of preventative mental health support and services available, which will form an important part of a new 'prevention' communications campaign being planned for 2024/25.

For NHS dental services: You said:

Alongside the top issues raised in our engagement (GP access to appointments, long waiting lists for care) access to an NHS dentist was easily sharing top spot.

A selection of the Let's Talk Cornwall survey comments are below but it's clear the population is feeling very frustrated regarding the issue of access to NHS funded dental services. This is backed up when we look at our complaints data and comments made on our social media platforms about people being unable to access a dentist, especially for children.

Let's Talk Cornwall survey feedback regarding access to an NHS dentist:

"There is a big problem with being able to see an NHS dentist - I now have to pay to see a dentist privately, as dentists keep leaving and there is no replacement NHS dentist."

"Only private dentist services available at XXXX. I lost a crown and have been quoted £3,600 for an implant to replace the previously crowned tooth. I cannot afford the treatment so will have a gap instead."

"My daughter was taken off her dentist's list and it's impossible to get another NHS dentist. Most don't even have a waiting list."

"Can't get one tried for over a year."

“I’m delighted with the practice in Bodmin but it is private and I would much rather be with an NHS dentist.”

“Thankful to get my children into a dentist (Newquay) but now expect that I will always pay for private.”

“I received emergency dental care, I was sent from Redruth to Newquay, very thankful and have been a lifetime NHS dentist patient – the only person I know who still is!”

Below is what the Cornwall Neighbourhoods for Change (CN4C) team found about access to an NHS dentist during their engagement with people facing health inequalities, a point that has also come up time and time again in discussions our own engagement team had with members of the public at events and activities they attended.

CN4C findings related to access to a dentist:

“The lack of NHS dentists was also felt keenly – even young children had had to be seen privately (not through choice) and travel to a given NHS dentist, should one be available, was often prohibitive due to distance and cost. People are instead turning to the 111 service or going to minor injuries or A&E for help. There is also a growing trend in people doing their own dentistry.”

Recommendations: We want to

- **Increase the number of NHS dental appointments that are available to population of Cornwall and Isles of Scilly.**
- **Make sure our children’s teeth are cared for.**
- **Think about those who can pay, continuing to pay and NHS dental being for those who can’t afford to.**

Our Engagement and Communications team is **already working closely with organisations that offer emergency dental treatment and mobile dental treatments** when we go out to talk to people.

Findings for wider NHS topics

Throughout the engagement, people provided feedback on a number of topics, which are collated here:

Waiting times:

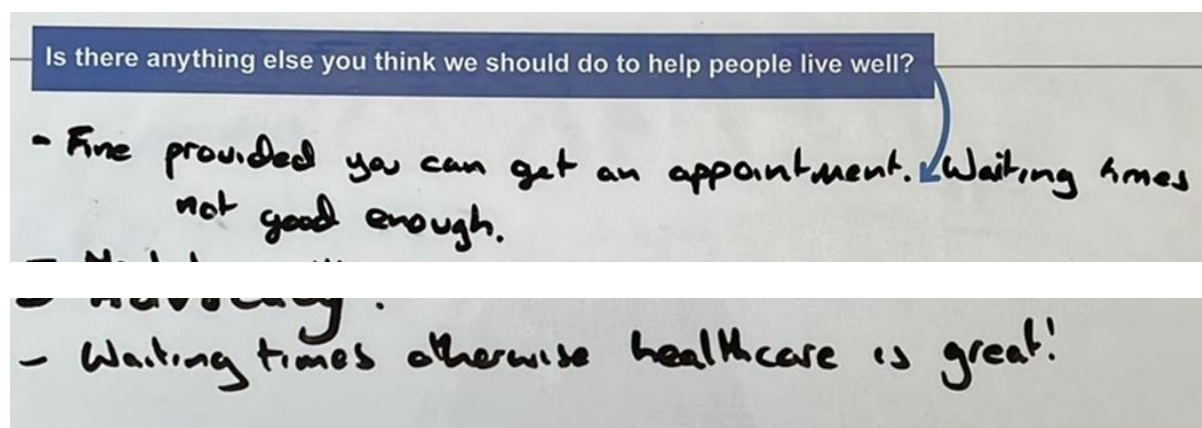
For feedback regarding planned care services, we found that not surprisingly waiting lists for services were a priority concern for many. The feedback cut across many different types of NHS planned care services. It stretched from children’s referrals for SEND assessment, autism or ADHD diagnosis and speech therapy, through to

accessing mental health services especially counselling, to surgical procedures/operations (knee replacements). And this feedback came from many different demographics.

Some people talked to us about blood and to diagnostic tests, although Bodmin's new diagnostic hub was much appreciated by the general public. It was interesting to see feedback about difficulties in getting tests arranged by local GP surgeries and low awareness about diagnostics being available locally, where we were having face to face conversations.

Here are just a few of the comments on our themed posters:

Helston community hospital poster comments:



Orthopaedic (bone-related) treatment:

Regarding the specialty of orthopaedics, there was a lot of understanding from patients such as a man we spoke to at Wadebridge Cuppa Companions, who had waited many months to have a back issue addressed through an operation but there was frustration at the lack of information on their place in the waiting list. Waiting lists in the specialty are also for non-surgical treatment also exist, as these comments from Let's Talk Cornwall demonstrates:

Let's Talk Cornwall comments:

"The doctor was excellent and said he would arrange for an appointment for a splint. 2 months later I'm still waiting."

"Arthritis in hands, very long wait for steroid injection, still waiting."

Royal Cornwall Hospital NHS Trust recently invited people on a waiting list for knee replacement to an 'super clinic' event in which there were lots of different professions available to support people to 'wait well' which included the option to be referred to alternative provider and places of care to receive

treatment. Those attending were very satisfied and agreeable to this approach as a solution to addressing the long waiting for this procedure.

This approach is intended for wider use across our ICS to reduce wait times and improve patient well being.

Test results:

Many people were frustrated with how long they had to wait to hear the outcomes of hospital diagnostic tests. One such example is below:

Let's Talk Cornwall comment:

"Referred by GP for fibroscan...Had to request results from surgery and GP has still not communicated with me 5 1/2 weeks after the test."

Recommendations: We want to:

- **Communicate with those on waiting lists and provide alternatives or options for them to maintain/improve their wellbeing while waiting.**
- **Check those on the waiting list still need to be – as some may have gone private and could take up space for those who are waiting longer.**
- **Provide advice about making decisions to undergo private treatment in overseas countries.**
- **Offer incentives for people to go private or out of county for treatment.**
- **Continuously strive to reduce waiting for any NHS appointment, as we know this is a cause of distress and concern in our population who just want to get on with their lives.**
- **Publish details of how waiting lists are prioritised so people understand how decisions are made.**

For screening services:

Perhaps not surprisingly, given the support for regular health checks and 'MOTs', in the population attending screening appointments, there was an appetite for regular screening and preventative medicine.

Four comments from the Friends and Family Test:

"More regular screening similar to this."

"Keep doing checks."

"More local hospitals or clinics offering this type of service or even minor surgeries."

"Increase regular screening of life-threatening diseases, to catch them before they become a problem."

Additional feedback about health checks and medical reviews has also received and included in the GP findings section of this report – please cross reference as needed.

Recommendation:

- **Create more opportunities to have health checks, medical reviews and screening and support before health issues worsen.**

Our Engagement and Communications team is already **working closely with the vaccinations team and public health team to promote the range of health checks available to our people this will form part of our new prevention communications campaign that aims to increase awareness and take up of vaccinations, screening and health checks.**

This work is planned to carry on in 2024/25, with a particular emphasis on [Know your numbers](#) aimed at increasing blood pressure checks and reducing the incidence of heart attacks and strokes.

Funding and staffing:

Another almost blanket area of feedback was NHS funding and staffing. Here are just a few comments from RCHT Friends and Family Test survey:

Friends and Family Test comments:

“The health service to be funded properly doctors and nurses paid properly.”

“A greater capacity of hospital doctors, consultants, nurses and bed capacity leading to a reduction of stress levels, also better provision of discharge and social care packages so freeing up beds.”

“Investment in Nurses, Doctors and healthcare.”

Recommendation:

- **Ensure we maintain a focus on the provision of frontline NHS services and work continuously to address workforce shortages.**

Health inequalities (CORE20Plus5)

To help us reach wide ranging and representative audiences, especially those audiences identified through the NHS's Core 20+5 approach, we worked with our partners to utilise their established and trusted relationships to connect and hear from people that are typically under-represented in engagement.

From our conversations with the public, it was obvious to our team that health inequalities are still very much present in our region. That is to say that people who face similar challenges in their lives (economic and environmental factors) or share certain common characteristics (age, disability, gender reassignment, race, religion or belief, sex and sexual orientation etc.) often also share similar experiences when it comes to accessing the care and treatment they need from the NHS.

Hearing from those facing health inequalities:

We asked Cornwall Neighbourhoods for Change (CN4C) to co-design some bespoke engagement events to help us understand broader experiences. Their team of community designers each chose a cause close to them, choosing appropriate research methods to suit the audience and completed engagement to showcase the disparities and highlight positive areas of change.

The CN4C team carried out the research worked with different groups of people who included:

- Ukrainian families
- Socially anxious
- Women who have experienced domestic abuse
- Home educating families
- Parents with very young children

The CN4C engagement feedback is summarised here and the [full report can be read online](#)

Access to services

People told us that it often meant they didn't contact their GP or services until it became a crisis. With barriers for access (cost of phone/being online or travel sited) or accessing by telephone or having virtual appointments also harder for some groups of people, such as those who experience anxiety, have a mental health issue, learning disability, disability or have gone through trauma of some kind.

Although hard to **initially access services** and once 'in' a service, e.g. Cancer support or mental health, most said there was generally a good service and people appreciated this.

Trust and judgement

Some people's distrust and fear of health and care professionals is a big barrier for care being sought as many feared judgements and for some – the appropriateness of who they saw was important. Within the homeless community there was an increased lack of trust toward professionals. The appropriateness of who woman saw was also raised e.g a woman being unable to see a female doctor for specific health reasons or due to personal trauma that was their preference. Some felt unable to get help because they felt they may be judged e.g. drug/alcohol dependency, smokers, being overweight.

Waiting times

People almost universally perceived waiting times to be too long for most, if not all, medical appointments. People are waiting not weeks, but months, to have a consultation which may or may not be face to face or appropriate for them and their current and ongoing needs. It is worth noting that over a course of months conditions

change and vary greatly from the initial conversation or report. This can lead to wasted time and resources as people may go to appointments they no longer need or be found to be in a worse place than initially thought.

Mental health support

Mental health was viewed as a 'tale of two halves'. In some cases, people with what can be said as 'lesser support needs' are able to receive appropriate and timely support through services such as Outlook Southwest. However, those with complex, lifelong or enduring conditions who can be more difficult to treat, or engage with, are often harder to source support for which is appropriate and timely. These people can also slip through the net and as a consequence can become harder to reach or treat and this can end up with more intensive treatment needed.

Face to face support

Many people found gaining Face to face support was often hard to arrange, with people who want to be seen face to face receiving telephone calls or text messages instead. While many understand that this is time saving and more productive it is not always the best thing for the patient. Some people who do not use or less confident in using mobile phones or the internet felt excluded from services.

Health literacy and literacy levels:

The team heard through conversations with people across a range of activities, including the Hearing Loss Cornwall event and CN4C research groups that literacy issues affect people's access to services. A lot of services, especially those open to 'self-referral' require people to complete either online forms or physical paper forms.

With the growing number of services being 'self-referral' or require online booking – we need to be aware of how we consider this effectively and not exclude people already facing the most health inequalities.

At Cuppa Companions Bodmin, we spoke to a woman who had not referred herself to at least 2 services because they required a form to be completed. As she hadn't yet identified anyone to help her with this, she hadn't progressed her self-referrals.

Many people spoke of their online GP appointment form being rejected as they had completed it wrongly – not knowing how to fix it – therefore not being able to see their GP. Many people expressed frustration of not understanding what professionals told them (in person) and in follow up letters. Many people also felt unable or lacked confidence to ask questions back to their health professional about their health.

Digital exclusion

Issues were raised about access to reliable and continual WIFI made being online difficult for some, some had no internet at home and relied upon their phones and free WIFI. Combine this with a lack of digital skills (being unable to search/find services due to literacy levels, and not feeling confident to download apps or

complete online forms) meant people felt left behind in the digital transformation of services.

Cost of accessing services

Costs for calling/texting the GP by phone, using WIFI for online appointments and travelling to health appointments were also mentioned as barriers for those on low incomes.

Recommendations: We want to:

- **Ensure that we always write in ways that are understandable to as many people and possible, by adhering to the [Accessible Information Standard](#).**
- **Ensure that we provide ‘easy read’ information and resources when requested.**
- **Ensure that people can access support to complete online self-referral forms.**

Being homeless

Our homeless population faced challenges getting access and ongoing treatment, many felt that they were brushed over due to having no fixed address or way of seeing health professionals apart from going to the emergency department.

The people asked were unanimously unhappy with access to health services. Those who were homeless also told us they could only go to ED as they weren’t registered with a GP (even though they are entitled to be)

Regarding people’s experience of accessing services, here is what the CN4C team found:

“It can be hard to initially access services and even once in the service the correct approach is not always there. Once ‘in’ a service, e.g., cancer support or mental health, there was generally a good service and people appreciated this. Midwifery was shouted about as a generally good service also. For the homeless population however, it was not so positive an outcome. Many felt that they were brushed over due to having no fixed address or way of seeing health professionals apart from going to A and E. The people asked were unanimously unhappy with access to health services. Within the homeless community there is also a massive lack of trust toward professionals.”

Recommendations: We want to:

- **Enable people with no fixed address to access services as freely as people in the general population.**
- **Provide tailored healthcare services like [Smile Together](#) for this population.**
- **Work with our ICS partners to reduce homelessness.**

Ukrainian and migrant community:

During the CN4C engagement, the Ukrainian community reported marginalisation stemming from language barriers and social differences during the CN4C engagement.

The CN4C team gathered evidence using gingerbread people and sunflowers, which created a fun way of easily expressing what mattered to them. The sunflowers each represented family, health, work and education, and wellbeing. From the conversation the important areas included:

- mental health support especially for young people,
- access to dentists
- employment opportunities with sponsorship roles.
- access and support with costs for public transport
- activities/ social activities for young people
- having access to financial support to improve physical and mental health

In terms of the needs of families, largely women and children who had recently come from Ukraine, the CN4C team found that:

“Trends for the Ukrainians around health and wellbeing as well as work / education and families included more support for teenagers around trauma and being uprooted from their homes as well more social activities for that age group. It was also felt that males needed more support – all age groups as they can miss out. Translators for therapy was an idea which could be helpful as many Ukrainians would be unable to express themselves and their thoughts and feelings properly in a situation where an English provider of therapy was used due to the language barrier.”

Recommendations: We want to:

- **Engage with this community to make sure we have in place in Cornwall and Isles of Scilly that meet its needs.**
- **Work with officials/gov departments when migrants are moved to the area to plan support**
- **Plan access and delivery with the audience in mind – including language barriers/interpreters needed**
- **Understand cultural differences and needs when planning response**

Roma, Gypsy, and Traveller community feedback:

A survey around health service access, education and barriers to healthcare was conducted at one of the Cornwall Council owned Roma, Gypsy, and Traveller sites. Some of the results of the survey are captured below:

Accessing primary care services:

- General practice and the Minor Injuries Units were the most likely to be used to access healthcare

- Face-to-face consultations were the preferred choice over telephone or e-consultations
- Literacy was a common barrier to accessing health services
- Over half of respondents had access to private transport to attend health appointments with the remainder relying on public transport or support workers to accompany them to appointments
- Most respondents reported difficulty registering with a dentist and there was frequent use of the emergency dentist reported to access any dental care

The perceived prejudice of health staff was also reported as a barrier to access. Some respondents reported this as a reason they would not attend health appointment with concern about being judged by staff.

Reported health status and beliefs:

- Most described their overall health as good to fair but there were fewer respondents reporting their mental health as good with more reporting their mental health as either fair or poor
- Only half of respondents reported to be vaccinated though respondents were more likely to get their children vaccinated.

LGBTQ+ community:

We attended a series of Pride events in partnership with colleagues from across the Integrated Care System, gathering feedback and promoting recruitment opportunities.

What was clear from our conversations was:

- LGBTQ+ people have disproportionately worse health outcomes and experiences of healthcare due to the way they are treated (or fear being)
- We met many people who are afraid to access our health services due to negative experiences because of their sexual orientation or fears about how their gender identity would be perceived. Many people simply avoided accessing services altogether.

Trans respondents wanted better access to gender affirming care/ services and more kindness, some told us they were self-medicating their transition

The engagement team learned that attitudes in our society towards this community have led to some members of this community having experienced treatment that has been nothing less than a trauma for them.

Over the years, society's attitudes on the whole have changed for the better but the team learnt people can still be affected by their experiences growing up and their own individual experiences of discrimination and homophobia and transphobia and struggling for acceptance.

LGBTQ+ feedback on our ICS strategy themes

As part of our LGBTQ+ engagement we shared our ICS strategy priorities for start, live and age well for feedback 4 Cornwall Pride events, we are sharing these separately to show the nuances of feedback under these different life stages. This section should also be read with the feedback in our [LGBTQ+ section](#) of the report.

Start Well feedback:

- Mental health - closer links between CAMHS and schools, better mental health support for under 18s, support for children who have been through the pandemic, suicide prevention.
- Gender affirming care.
- Kindness, understanding and support offered to children and young people including regarding transgender issues.
- Pre-plans for same sex children.
- Positive interactions with children and young person - support for cyber bullying, support for neurodiverse young adults and understanding the crossover of queer people in the community e.g., with autism.
- NHS services present at Pride events to help build trust and understanding.

Live Well feedback:

- Inclusive equitable healthcare services LGBTQI+ population that deliver personalised care.
- Trauma informed care. More support for LGBTQI+ who have been through trauma associated with them simply being or becoming who they are.
- Mental health services – need to work better in the community (for example for people with personality disorder), be personalised and not prescriptive (eg. only allowed so many sessions, then have to start again) be there before someone reaches crisis point and be easy to access in a mental health crisis.
- Neurodiversity – greater recognition of needs and support for families with neurodiverse children. Not letting people fall through the cracks.
- Accessible gender affirming care that means people don't have to look to medications etc available on the internet. Better access to gender identity services.

Age Well feedback:

This feedback was very similar to what the team heard at other events around the theme of 'Age Well'.

- Helping people to be as independent as possible
- More personalised care, and technology-supported care
- Focusing on dementia
- Supporting carers and communities to support others.
- Improving care at home, and in care homes and other community-based locations.
- Concerns about older people's ability to adapt to use of technology(internet) in healthcare.

- Clearer communication with older patients and their families. Importance of informed decision-making.
- Concerns about number of staff in health and care.

LGBTQ+ Mental health feedback:

These experiences the team found translated into mental health being one of the most common topics of conversation when we were talking with this group, although mental health was also a common topic when talking to people outside of this community.

The team learnt about an initiative called [Penguin Soup](#), which had at previous Pride events which safe and inclusive spaces for members of the queer community and allies across the whole of Cornwall to come together. Their aim is to reduce isolation (more marked in Cornwall because of how rural Cornwall is) and disenfranchisement, increasing access to mental health support and decreasing risks of poor mental health within the community. Penguin soup offers a dedicated safe space for members of the following communities:

- Men (gay, bi, trans, pansexual, queer +)
- Women (lesbian, bi, pansexual, trans, queer +), Trans (intersex, non-binary, pansexual, queer+),
- BAME (women, men, lesbian, gay, bi, trans, non-binary, intersex, queer+)
- Disabled communities (men, women, lesbian, gay, bi, trans
- non-binary, intersex, queer+)
- ACE communities (women, men, trans, intersex, non-binary)

According to Pride organisers no other organisation in Cornwall provides this kind of dedicated support (p.5 Penguin Soup Final Report). This is against a backdrop of the following statistics:

- One in eight LGBTIQ+ people aged 18-24 had attempted to end their life.
- Almost half of trans people had thought about taking their life.

Recommendations: We want to:

- **Make sure we support or LGBTQ+ community here in Cornwall and Isles of Scilly with the kinds of services it has told us it needs.**
- **Support NHS staff to be aware and understand (and normalise) start well services for people who are trans or non-binary.**

Veterans and their families

We attended a series of events included Armed Forces weekend in June 2023 and local veteran support groups for ex-service men and woman.

We heard of experiences with addiction, social isolation, mental health conditions ranging from depression to post traumatic disorder and the importance and appreciated of the dedicated support being available to support veterans.

“It's great that they are events and places like this for me to go to, but we need people to know more about them – especially when they leave (the forces) or move to a new area.”

“It's been tough, getting used to civilian life and this (Newquay surf club) has been a lifesaver. I've met new people who know what I'm going through, we meet at other events and I'm feeling much better about my future.”

“My husband has found it hard recently, and being able to meet other woman who know what its like has helped.”

The ICB and other ICS partners, including Cornwall Council are signed up to a Armed Forces covenant which aims to ensure that those who serve or who have served in the armed forces, and their families, are treated fairly. It also means that special consideration is appropriate in some cases, including access and support from health and care providers. This is especially true for those who have given the most such as the injured or the bereaved.

The national Armed Forces Covenant sets the following goals for healthcare for Service families and veterans:

- Family members should maintain their position on any NHS waiting list. Even if they are moved around the UK due to the Service person being posted.
- Veterans should receive priority treatment when NHS treatment relates to a condition connected to their Armed Forces service . This is subject to the clinical needs of others.
- Veterans should be able to access mental health professionals who have an understanding of Armed Forces culture.
- Members of the Armed Forces Community should enjoy the same standard and access to healthcare as that received by other UK citizens in the area.
- Personnel injured on operations should receive treatment in conditions that recognise their specific needs.
- Those injured in service should be cared for in a way which reflects the Nation's moral obligation. Veterans should be able to access mental health professionals and services who have understanding of Armed Forces Culture
- [Op COURAGE: The Veterans Mental Health and Wellbeing Service](#) provides help and support through regional teams.
- An increasing number of GP practices are accredited as Veteran Friendly by the Royal College of GPs. Such practices will have an increased knowledge and understanding of service life so that they can more fully support you. Many have staff who are military veterans themselves. [Map of Veteran Friendly GP practices in Cornwall](#)[Step-by-step guide for service leavers](#)

Our Recommendations: We want to aim to support existing and emerging work to:

- **Support people leaving armed/services to have induction with a specialist veteran GP to see what support may be needed.**

- **Work with veteran charities/organisations to promote veteran support available to people in the area.**
- **Regularly promote veteran support available and have central place for access for professionals and public.**

Working in specific professions such as fishing and farming

Our team attended a series of [Seafit](#) events held quayside in the heart of fishing communities in Padstow, Hayle and Newquay, a summary of the main issues raised include:

- Many barely used the health service, except if they had had an accident or needed emergency treatment.
- Pattern of work – such as ‘week on’, ‘week off’ basis – impacted how they can access services
- High level of mental health support required – anxious and carrying lots of worry
- Find it hard to make urgent and face to face appointments due to work patterns

What is helping and need to do more of?

- Importance of bringing services to this community (like Seafit)
- Providing a flexible way for people to make appointments and change them
- Provide out of hours access.
- Consider longer prescription periods.

“One very interesting case with a chap who often runs out of – therefore doesn’t take – his repeat meds for long spells at a time, due to turnaround for prescriptions from ordering to collection (he’s back at sea by the time it’s ready to collect). GP practice will (can?) only issue 30 days supply at a time. One of those cases where we wished we could change things to help him!”

Anne Randolph, Communications and engagement officer

Our team found that the fishing community’s work pattern of ‘one week on’ and ‘one week off’ and the fact they work mostly at night, could have a huge impact on how people mainly men in that industry access care and treatment.

Many of the fishermen, the team spoke to barely used the health service at all or only in the case of real physical emergencies. We already knew from working with initiatives such as Seafit and the [Farming Health Hub](#), that access to some services was difficult but talking to fishermen at 3 events really brought this home to the team.

Key areas for healthcare for this group in our community, were found to be:

- Mental health – depression, stress, anxiety, bereavement services, suicide prevention.
- Physical health – waiting times to see a GP, diagnostic tests, treatment, limit of one month for prescriptions.

Recommendations: We want to:

- Explore more involvement and support of locally delivered access to mental and physical services for specific professions or cohorts of people. The [Seafit](#) approach used for fishing community - be used in other industries?
- Extend prescriptions for people with specific conditions or working commitments to 3 months – see pharmacy for this.
- Reduce stigma for men's mental health by promoting support available and using personal stories from peers to encourage take up (see mental health above).

Remote locations and rural living

We promoted our survey and engagement activity through Cornwall Council's rural mobile libraries, visited rural events and attended Cuppa Companions Groups, who hold regular coffee morning across Cornwall for local people meet new people, make friends, reduce isolation and find out what's on in their area. These groups are supported by Volunteer Cornwall and social prescribers.

A summary of conversations highlighted:

- Arranging carers and access to respite in rural locations were difficult
- High cost of using public transport and travelling to attend health appointments was often a barrier for being able to access services.
- Examples of lack of face-to-face GP access leading to mistakes and wrong diagnosis (given for Wadebridge & Camelford practice)
- Mental health services to support victim of crime is lacking e.g. harrowing story of lady who was raped and not being able to access services after a specific timeframe
- Ambulance services – lots of positive experiences and compassionate staff
- Lack of digital knowledge and confidence – always do forms wrong and left without help – GP appointments, prescriptions all done online

What people in rural locations value:

- Being kept informed while on the waiting list for treatment with practical advice offered while they wait on what they can do to help themselves.
- Keeping single people and house bound register – people told us they liked the regular phone calls/support services offered during Covid-19 pandemic.
- Community buddying schemes to help people when discharged from hospital or to try attending new groups.
- Volunteer transport to help those without cars to access appointments.

Living on the Isles of Scilly

In May 2023, a visit to the Islands were arranged as part of the community conversations and the team were able to speak to 100 people at the local farmers market, GP practice, public places and attended a Healthwatch meeting:

We visited the Isles of Scilly and carried out face to face engagement and held a focus group in May 2023.

People told us:

- The need for joined up and responsive health and care services that work for whole community tailored to out remote location and needs
- Properly funded health promotion services on the islands such as smoking cessation
- Pharmacies properly funded to deliver vital services that cannot be lost.
- Full variety of dental services available for Islanders e.g. dental hygiene appointments, Xray
- More information on clinical 'centres of excellence'
- Continuity and faster access to see GP
- Reduce errors in prescriptions
- Making travel easier. Some people refuse treatment, especially off-islanders because of travel.
- Chemotherapy drugs available to be supplied locally
- Design local services with local people
- Joined up health and care services that work for whole community, including people living 'off island'.
- Providing responsive health and care services when and where people need them. Currently, there are issues with people having to move to the mainland to receive continuous treatment and care from the NHS. Maternity care is an issue, as well as cancer treatment. Some people wanted these services to be available instead within the Isles of Scilly.
- Better access to health promotion services on the Isles of Scilly, such as smoking cessation.
- Better signposting by the NHS to services that people living in the Scilly Isles can access. For example, islanders cannot access NHS 111.
- Reduce errors in prescriptions.
- Ensuring people have access to the full variety of dental services i.e. dental hygiene appointments.
- More information on clinical 'centres of excellence' so people can make informed decisions.
- Ensure continuity within GP services.
- Faster access to see GP.
- Making travel or access to transport easier. Some people refuse treatment, especially off-islanders because of the difficulties of travelling for treatment and the costs and practical challenges it poses.

Recommendations: We want to:

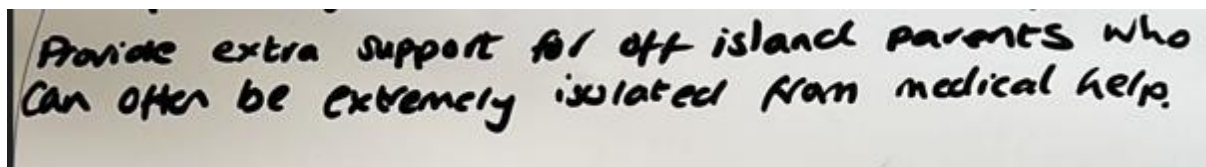
- **Design and implement joined up health and care services that work for whole community, including people living 'off island'.**
- **Providing responsive health and care services when and where people need them.**
- **Better access to health promotion services on the isles, such as smoking cessation.**

- Better signposting by the NHS to services that people living in the Isles of Scilly can access.
- Reduce errors in prescriptions.
- Ensuring people have access to the full variety of dental services i.e., dental hygiene appointments.
- More information on clinical 'centres of excellence' so people can make informed decisions.
- Offer more access to diagnostics, Xray, cancer screening on the island to reduce need to wait or travel.
- Making travel or access to transport easier for those travelling for care on the mainland

Location of services and coverage of services

Another issue was the location or accessibility of NHS services due to the remote location and over-sea/weather access issues.

Isles of Scilly poster comment:



And on the Isles of Scilly mothers-to-be and families also experience financial challenges with regards to accessing maternity care on the mainland:



For more details on the challenges of accessing healthcare on the Isles of Scilly please see Remote locations and rural living

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A summary of conversations highlighted:

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What people in rural locations value:

- Being kept informed while on the waiting list for treatment with practical advice offered while they wait on what they can do to help themselves.
- Keeping single people and house bound register – people told us they liked the regular phone calls/support services offered during Covid-19 pandemic.
- Community buddying schemes to help people when discharged from hospital or to try attending new groups.
- Volunteer transport to help those without cars to access appointments.

Living on the Isles of Scilly section.

Recommendations: We want to:

- **Ensure we complete health inequalities impact assessments and act on what we learn from them to ensure there is equality of access to NHS services.**
- **Respond where we can to suggestions from the public about how to make services more inclusive and a better experience for people.**

People with a disability

The main finding of the community conversations programme engagement around disability is that if someone has a disability this does affect, at differing levels, their ability to access and their experience of NHS care and treatment, including:

- Impact on ability to attend appointments physically in person e.g., wheelchair user or someone who cannot drive.
- Impact on ability to participate in non-face to face appointments e.g., d/Deaf person, person with a learning disability.
- Impact on someone's ability to self-refer to service if online forms or forms are required.

We are keen to support and promote the use of the NHS 'reasonable adjustments' to make our health services easily available for disabled people. These reasonable adjustments can be used to flag things digital on patient records like:

- wheelchair access is needed to attend appointments/hospitals
- providing easy read appointment letters
- giving someone a priority appointment if they find it difficult waiting in their GP surgery or hospital
- longer appointments if someone needs more time with a doctor or nurse to make sure they understand the information they are given.

Recommendations: We want to:

- **Make our health services easily available for disabled people to reflect their individual needs (wheel chair access, hearing loop), including communication needs (using easy read or BSL for those that need support)**
- **Use reasonable adjustments and flags on patient records when planning and delivering care**

People with hearing loss or who are d/Deaf

In response to a patient experience the team heard from the charity, Hearing Loss Cornwall, we planned two separate engagement events (July 2023 and January 2024) as part of our community conversations. Over 40 people attended and with the support of two BSL interpreters enabled two-way communications and feedback to be collated, which covered a number of themes:

- **People with hearing loss find it much harder to access services by phone** – including arranging an GP appointment to trying to use a mental health service, which is only offered by phone
- **Visiting and attending health appointments** – from signage and knowing where to go in a building to communicating with staff who don't understand the needs of deaf people
- **Knowing who to contact and getting third party / advocacy support when they need to access services** – this ranged from not receiving information in a suitable way about their health/appointments to frustrations with getting a third party to access help on their behalf

People who are d/Deaf or have hearing loss told us they:

- Feel left out and down by some health and care services
- Experiences many misunderstanding about what's happening – from receiving important medical diagnosis or advice to missing out on food/drink when staying in a hospital
- Feeling confused and anxious about trying to access services

Recommendations: We want to in response, which we plan to deliver in partnership with ICS health and care services include:

- **Increase hearing awareness so more frontline staff understand the needs of deaf people**
- **Improving access for deaf people in the ways they need**
- **Improving how services are delivered to meet the needs of people with hearing loss**

The ICB has recently **reviewed its health impact equality assessment process** to support its legal duty to reduce health inequalities.

People living with cancer

We attended Cancer support groups and also spoke to people who told us they had recovered from cancer across our engagement.

Summary of findings across all activities

Here is a summary of what people told us:

- Access to screening being local and easy to attend (and change appointments) were praised and appreciated.
- Many felt the cancer screening programme were effective, however men were keen to have similar offer for them/male cancers.
- Some examples of GP's not taking requests seriously when women raise concerns about cancer symptoms including being told to come back in 6 months' time or being treated for different things – which is at odds with cancer advice being promoted to woman and advising them to get 'checked'.
- Support for more prevention and well-being advice to raise awareness of healthy living and how it can prevent cancer in the long term.
- Worries about why NHS supported vaping to reduce people smoking and the impact of vaping for younger people who may not have smoked but are now vaping.
- Cancer treatment was praised, with caring staff and excellent level of treatment was spoken about by everyone we met.
- Fears about 1 in 2 people having cancer.
- Concerns were raised around the importance of cancer aftercare, and some felt uninformed about long term impact of some types of cancer treatment on woman's health including their mobility.

We attended Wadebridge's 'Cancer Café' run by Age UK staff and volunteers in August 2023. We spoke to both cancer patients and family members, staff and volunteers who gave us this feedback:

- Appointments where there could be a diagnosis of cancer to be better supported by nurse teams and have more information immediately available.
- Immediate signposting to services on site or that exist to help families cope with either a cancer or potential cancer diagnosis.
- Make diagnostic tests available closer to home.
- Help with organising transport for cancer treatment cycles to take anxiety away from patients who are already anxious.
- Offer cancer patients kindness and compassion across all professions, whatever the appointment or time of day or however long the shift.

People with diabetes

We have spoken to people with diabetes at several diabetes themed events and activities in the period 2023/24. These were:

- Diabetes UK Community Day, St Austell
- Helston diabetes support group, Helston
- Diabetes super-clinic at Stillmoor Practice, Bodmin

Our conversations with people with diabetes told us the following:

- Being diagnosed with diabetes is worrying for the person and their family.
- Not everyone receives the same amount or breadth of information about diabetes from their GP or acute hospital service.
- There is a lot to keep on top of in terms of healthcare appointments and monitoring blood sugar levels if you have diabetes. The super clinics enabled them to roll a lot of appointments into one.
- Some people have found technology helpful in managing their diabetes.
- Some people find that talking to other people with diabetes tips and hearing from speakers at support groups was useful in managing their diabetes.
- The support group members valued their regular 'weigh-in'. Although nervous at first, people who do take part in the weigh-in, find it a helpful way of managing their diabetes.
- The courses that are available locally for people with diabetes are very useful in helping people understand, manage, and live with diabetes.
- Some older people want to know more about the risks of not making the changes they are told to, as part of their self-management plan.

Recommendations: We want to:

- **Signpost and provide ongoing comms to people diagnosed.**
- **Expand the super clinics model to provide 9 diabetes tests in one appointment.**
- **Continue to offer courses on diabetes and promote peer support groups who play an important role in helping people to 'live well' whilst living with diabetes.**

Making Cornwall a great place to be born, live and grow old

We asked people: "Is there anything you would like to start doing to improve your health and wellbeing?"

The top three answers included getting better sleep, reducing weight and reducing stress.

When asked what is stopping you doing this? The top 3 things were cost, time and work/caring commitments.

We also asked: "How can we make Cornwall and Isles of Scilly a healthier place to be born, live and grow old?"

From NHS services, people wanted:

- timely reliable treatment and care
- to be treated with dignity and respect
- to be involved and communicated with, especially regarding NHS waiting lists

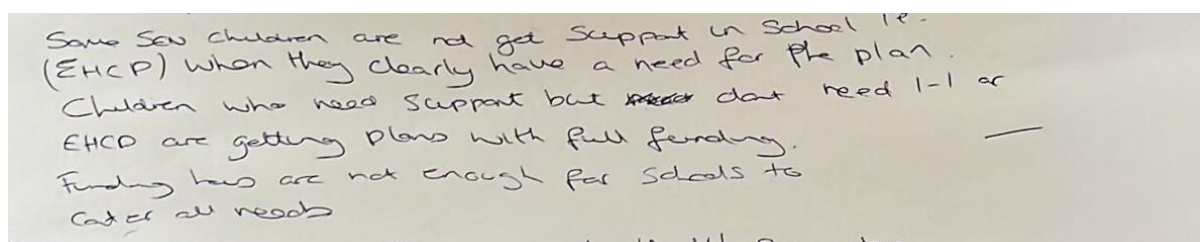
key messages. They need to be considered alongside the other findings in this report as part of the Integrated Care Strategy refresh.

Start well:

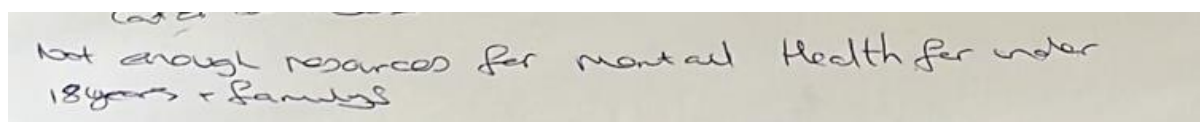
Access to services for young people:

The issues of access to services and support for young people was raised including support in schools. This feedback is detailed more in the Health inequalities (CORE20Plus5) but given that we heard a lot from families about children's needs, we will highlight some of this feedback below:

Comment from Bodmin Pride poster:



Some few children are not get support in school i.e. (EHCP) when they clearly have a need for the plan. Children who need support but need 1-1 or EHCP are getting plans with full funding. Funding has not been enough for schools to cater all needs



not enough resources for mental health for under 18 years + families

And a comment from one parent one Homestart's Stay and Play session:

"I am struggling to manage my 5-year-old who has a working diagnosis of autism. He is violent and regularly lashes out at me and his young sibling. I want to find out what the triggers are and learn strategies. I am being helped but I need other help such as respite from my son and parental responsibilities. The family hub workers are helping me and helping me liaise with a school who I haven't found helpful. It's very upsetting. I should be able to access more help than I currently have."

Improving access to dentistry for families and young people:

The issue of access to dentists for families was a common issue raised in our engagement and we include here to make sure it's included in the 'start well section' and full details are referenced in the [dental section of this report](#).

Recommendation:

- **Greater access to NHS dentist for children – especially those who have not seen a dentist at all.**

Maternity, children and young people service feedback not covered elsewhere in this report:

Fetal medicine

We share the below comments which relate to maternity scans and positive and constructive feedback outlines some changes that if implemented, would make access more family friendly and easily accessible especially for those without childcare.

One pregnant woman appreciated being made to feel comfortable, understood, and well cared for.

“XXXX was incredible with my ultrasound today and made me feel comfortable, understood and very well cared for. I cannot praise her enough.”

Within the Let’s Talk feedback, another woman said:

“The scan was done very quickly by pleasant nurses.”

Although she goes on to say that the location (Tressamore Park) was difficult to get to on a Saturday morning in August because of heavy traffic.

One partner of a pregnant woman said hospitals should have flexible policies regarding the presence of children in the ultrasound room help families enjoy special moments together:

“The fact that I was not permitted to be present for my child’s 20-week scan purely because we had my partners child with us (no other option for childcare) is disgusting. I have been robbed of a pivotal part of my partners pregnancy and not allowed to see my unborn child because of a policy that stops families acting like families while going to see their new addition to said family...”

Recommendation:

- **Work with NHS provider trusts to ensure that fetal medicine services are more family friendly and easily accessible.**

Midwifery services:

Friends and Family Test feedback:

One woman said she wanted all midwives to be trained in respect and consent:

“Training about respect and consent with midwives.”

Another woman said that where possible, women giving birth with a mental health condition should be given physical quiet spaces in some instances to help them process changes to their birth plan:

“I was in the antenatal ward prior to the delivery suite as I was being induced. This was the only aspect of my labour that worried me as I had to be in a ‘hospital environment’ overnight and this did create some anxiety for me. If there is an option for a private room or use of the birth centre when they’re not in use, to help patients

who have mental health difficulties have some space and time to process decisions that may not have been in their birth plan.”

At one of the Pride events, a member of our team spoke to a pregnant trans person who fed back that it was important that staff involved in maternity services were aware and understood (and normalised) the experience for a person who was trans or non-binary. They spoke positively of the care, but it was more the behaviour or the perceived understanding of same sex couples or trans/nonbinary family groups and even the practical use of pronouns and the terms ‘mum and dad’.

Recommendation:

- **Work with NHS provider trusts to understand how they listen to the voices of mothers to be and their family members and deliver person-centred care and promote this work, when it happens to show how we listen, make change and improve services.**

Post natal inpatient services:

Friends and Family Test feedback:

One new mother would have appreciated more hospital rooms at RCHT, so there are less people in one room:

“More hospital rooms. Less people in one room.”

Recommendation:

- **Ensure our NHS provider trusts involve organisations like Kernow Maternity Voices in the design of new hospital buildings and services, like the New Women’s and Children’s Hospital at Treliske.**

Advice, information, and support once at home and until school age

We visited support groups for parents which includes Warm Tums group to Wild Young parents' project events, we spoke to mums who told us:

- Many were surprised at how hard being a parent was – especially those who gave birth during the pandemic when the support networks of parent groups were not available
- How important education about practical parenting was and should be part of the curriculum
- The stark reality of choosing ‘heating and not eating’ was faced by the majority of people we spoke to
- How stigmatising it is to be the family entitled to have ‘free school’ meals or to go to a food bank
- Anxiety and mental ill health is impacting parents and their children within a family making managing mental ill health harder

- These support groups are vital – but overcoming initial ‘fears’ of accepting help or attending these groups meant many waited until crisis point
- More support after 2.5 years is needed – especially to keep them and their families on a healthy path to attending primary school
- Some were worried about how they can be good parents to teenagers given all the pressures they face and are under – especially in rural or more deprived locations with fewer activities for young people provided
- All had high hopes for their families and valued the importance of health, well being, education and employment for their children

At the CN4C Warm Tums group, one of our team spoke to the mother of a biracial child and she explained that there wasn’t much ethnicity shown in images on promotional information or advice about care for babies who have different needs – she spoke about looking after the hair of her daughter and there not being advice on this.

The mother also said that she was asked about if she was suffering any domestic abuse in front of her partner – which while she wasn’t, she felt it wasn’t a very safe way to ask that question. The person went on – as did all the mothers in this group - to say that support post 2.5 years really drops off for families and this was when childcare can become more challenging, as you get your child ready for school. They start needing shoes which are more expensive, for example.

Recommendations: We want to:

- **More help to support those families (parents, carers) that may need it with children aged between 2.5-5yrs as the support.**
- **Use plain English in conversations, if needed provide information in preferred way e.g ‘easy read’.**

Educational psychological assessments:

This was a source of frustration amongst many of the parents we spoke to but one secondary school age child actually told us this themselves at Royal Cornwall Show:

Royal Cornwall show adult comment:

• Get quicker help for Additional needs such as ADHD

Royal Cornwall Show secondary school aged young person’s comment:

- Getting tests for SEND takes a long time, by the time I get seen I will be out of school so unable to receive accommodations ".

Recommendation:

Quicker access to educational psychological assessments for children and young people.

Support for parents with autistic and query autistic children:

This was a common theme coming from the parents of autistic or query autistic children. In one group environment, a parent told our Engagement Manager:

"I am struggling to manage my 5-year-old who has a working diagnosis of autism. He is violent and regularly lashes out at me and his young sibling. I want to find out what the triggers are and learn strategies. I am being helped but I need other help such as respite from my son and parental responsibilities. The family hub workers are helping me and helping me liaise with a school who I haven't found helpful. It's very upsetting. I should be able to access more help than I currently have."

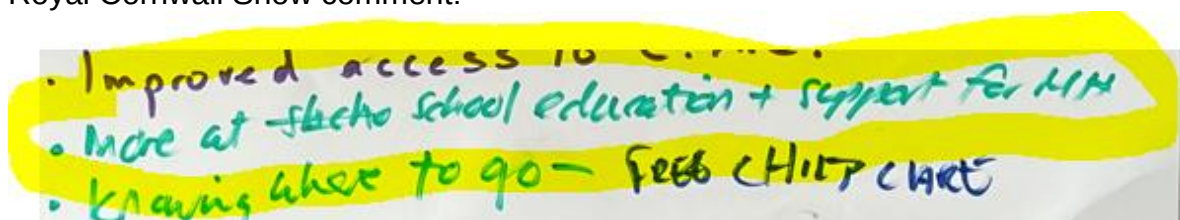
Recommendation:

- **More support for parents with children with either a diagnosis or working diagnosis of an autistic spectrum disorder.**

Child and adolescent mental health services:

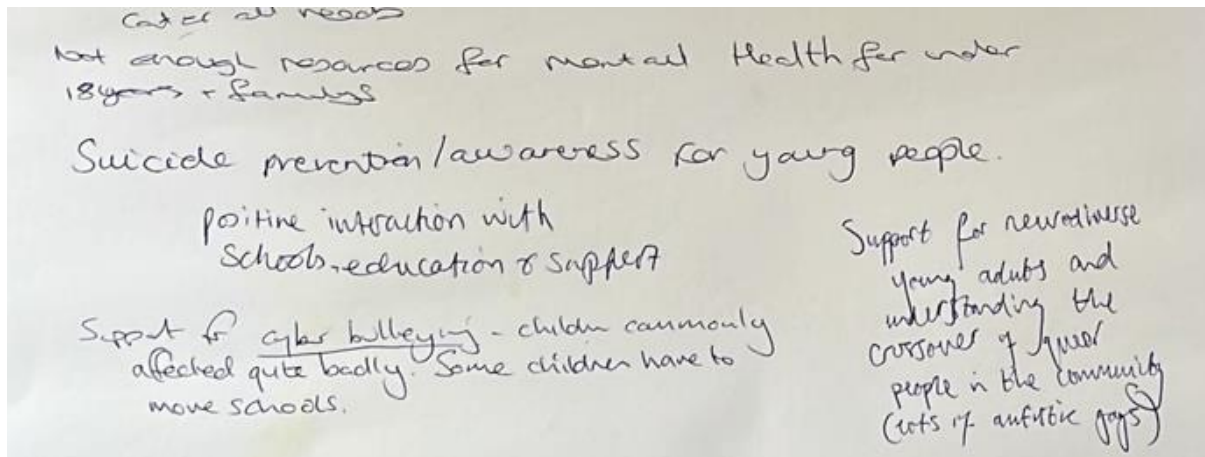
Many people pointed to the opportunity to offer mental health support to children and young people through schools.

Royal Cornwall Show comment:



At the Bodmin Pride event, a lot was written about children and young people's mental health:

Pride event on **one** 'Start Well' poster:



Recommendation:

- **More (and promotion of) facilities, services, support groups that make a difference to the lives of young people, especially child adolescent mental health services (CAMHS).**

Supporting children and young people to live healthier lives:

From November 2023 to December 2023, Young People Cornwall discussed the following 4 questions with 173 young people through their college support hubs:

1. What do you do to look after your own health and wellbeing?
2. What do you think will help make Cornwall and Isles of Scilly a healthier place to be born, live and grow old in the next ten years?
3. How can we make a Cornwall and Isles of Scilly a healthier place for young people?
4. How do you think we should involve and inform young people about health and care services?

The ICB engagement team also spoke to young people during large community events such as Connecting at the Court, Royal Cornwall Show, Armed Forces Weekend, Cornwall Pride and Lostwithiel Carnival Charity Day.

The emerging themes within this feedback from the 173 young people are below but there is one comment that puts it very succinctly:

Comment within Young People Cornwall hub survey:

“Making Cornwall and Isles of Scilly healthier involves better healthcare access, promoting healthy lifestyles, investing in communities, prioritizing mental health.”

The themes within the feedback from the young people were:

- More recreational activities and safe opportunities to socialise. Some organised activities stop at age 12.
- Affordable fitness activities such as gym sessions.

- Affordable and accessible public transport with rural isolation and lack of local provision of recreation activities linked to this.
- Feeling safe in their community linked to perceptions of criminal activity and the impact of anti-social behaviour, sometimes homophobic behaviour.
- More mental health support through schools and colleges.
- Better access to all NHS services for young people including mental health and addiction services.
- Cracking down on vaping and smoking in young people.
- Looking after the environment.
- Providing opportunities for young people to enjoy the environment.

There is a separate report detailing the findings from the Young People Survey in full.

Recommendations: We want to:

- **Promote and if needed, provide affordable and accessible access to physical activities (gym, fitness sessions, swim, surf)**
- **Promote and provide affordable public transport for those living in rural locations so they can easily access services/physical activities .**
- **Provide better access to all NHS services for young people including mental health and addiction service – working with the places that young people are in (schools, college, uni, places they live)**
- **Promote and provide opportunities for young people to enjoy the environment, healthy eating/foods - – working with the places that young people are in (schools, college, uni, places they live)**
- **More awareness raising on risks associated with smoking and vaping for young people and parents/carers.**

Being in care or a care leaver:

On 24 October, a member of the engagement team and ICB Designated nurse for looked after children attended an event for care leavers at the Old Bakery in Truro and spoke to approximately 20 young people.

We asked the young people the same 4 questions that Young People Cornwall did, and we received the following feedback:

- Involve people through social media, schools, universities and colleges, bus stops and video platforms.
- Make Cornwall and Isles of Scilly a healthier place by ensuring mental health appointments are adhered to, more midwifery support, drug and alcohol addiction clinics, sexual health clinics, easier access to online services and improve accessibility of public transport.
- Encourage self-care in young people through access to art, music, gym, exercise and regular GP checks.

Live well:

Feeling listened to

A key theme across many conversations in our engagement was the importance of health professionals listening to family members about a person's care, this ranged from visits to GP surgeries about initial health concerns and every step of people's experiences of our services – from receiving hospital care (surgical procedures, cancer care, concerns when receiving emergency care) to trying to navigate access to services (from mental health services for young people, eating disorder support to child/adult social care) and ongoing support with long term medical conditions.

The comments below were taken from conversations at events relating to children and young adults care – as well older people.

"I raised a concern about my daughter, it was dismissed, after much effort and seeing lots of different people, she was eventually found to have a brain tumour. The information and support we received afterwards was superb – but why did I, her mother, have to fight so hard to be heard?"

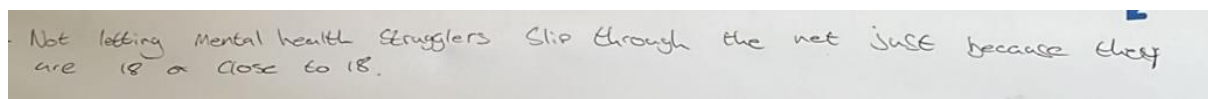
Recommendation:

- **Hear family members and listen and act on their concerns when raised in the care provided to their loved ones - treat family members as experts in their loved one's care.**

Making a good transition from children and young people's services

"After my son, who has autism, turned 18, I have been left out from his care. Appointments arranged without my knowing, important conversations and decisions made without my involvement – when he was a child I was a central part – I've had to fight to be heard and involved – I know my son's needs more than strangers."

There was also an issue raised in terms of mental health service provision for people aged around 18 at Royal Cornwall Show and across some other events:



Recommendation:

- **Support for people transitioning between young people's services and adult services.**

Specialist services for the management of long-term conditions:

There were a lot of comments about helping people manage their long-term condition, and not only through medical interventions which are greatly valued by the public, as evidenced below.

Let's Talk comment regarding asthma nurse:

“Appointment with asthma nurse who helped a great deal and not just with breathing problems.”

Specialist diabetes nurse diabetes services came in for a lot of praise as well, as evidenced in these 2 comments:

Let's Talk comments regarding specialist diabetes nurses:

“Very pleased with the integration of the ongoing support received from the surgery and the Diabetes care specialist nurse, at Bodmin hospital.”

“Regular appointments for 3-6 monthly check-ups and ability to contact her using texts. She gives me plenty of time for discussion about tests and issues relating to diabetes. Through this nurse specialist I've had access to trials of new technology that is available for diabetics, although not yet for those like me who have insulin dependent Type 2.”

And where regular diabetes assessments were supposed to happen and had not happened, people were disappointed and concerned, as evidenced below:

Let's Talk Cornwall comment:

“Should be seen annually, but as I have been Type 1 since 1957 and control my condition reasonably well, they don't seem to be interested in me. I had not been seen for two years, but as I contacted them about a change of insulin, they looked at my record.”

Please read the People with diabetes [section](#) for more on the support people with diabetes told us they value.

Support to navigate health and care services available, from diagnosis to long term support

“My teenage daughter has an eating disorder, trying to access support and advice has been really difficult, she is now being force fed at hospital – if we had received help sooner, it could have been a different outcome, I'm sure.”

Recommendations: We want to:

- **More practical support and ongoing communications for people with long term conditions and complex medical needs.**
- **Make it 'automatic' from diagnosis to find out what support is available by condition or ailment.**

Aspects covered elsewhere in this report:

The following points came up in the ‘Live well’ questions, which are highlighted in earlier parts of this report, but included below so they can be seen in context:

- Easier access to GP and health services e.g. cancer screenings to suit work commitments (out of hours, evenings – weekends).
- Receive a health check with follow up advice/action to take afterwards (if needed).
- Improved waiting list process – to keep people informed, know their alternatives (private or wait) and what lifestyle changes they can make.
- Treat mental health equally as physical health – signpost and advice to reduce people reaching a crisis.
- Create a culture of less judgement for those who may lead different or alternative lives.
- Better access to advice and services to support transgender people.
- Health and care that is always person-centred e.g. care provided for d/Deaf community or veteran community suits their needs.
- Greater access to NHS dentist especially to those not seen by a dentist recently (avoid private patients moving to NHS spaces)
- Make self-referral possible for more people, but in an inclusive way – not online only.

Age well:

Feedback from specific groups of older people

We attended several events all run in Newquay by Age UK where the main expected attendance was older people (age 60 and over). These were:

- Happy Voices Singing Group (for people with dementia)
- Carers café
- Creative crafts

We also spoke to a wide range of older people at the many events and activities we attended.

Our conversations were with older people of different ages, backgrounds and personalities, providing a variety of feedback which reflects the difference in ages and needs facing our older population.

“I’m enjoying my older years, I know myself, my body and feel confident to speak up for myself when it comes to looking after my health. But I am caught in the middle of still caring for others like my own parents and my grand children. (Lady 65yrs)

“It’s been difficult, my body is failing me, and I spend much more time than I would like to have to go to the doctor or the hospital. I have recovered from cancer, but I’m having lots of checks stills, scans and blood tests and I’m just tired and want to be back to my old self.

It cost me £8 to ring up the doctor to get an appointment, I have a pay as you go contract, I can't afford to do this. I'm not got a computer so I also can't book anything on the internet. I ask my daughter for help, but she's busy so I don't want to bother her.

Recommendation:

- **Recognition of digital exclusion of some older people (See 'Error! Reference source not found.' section).**

Dementia diagnosis and care and support:

"My mum was diagnosed with dementia, it was during lock down so everything was done over the phone, I felt really left out. More recently, my mum has moved in with me and now the challenge is knowing what support and help is available for her and me. I feel lost, stressed and guilty that I'm not helping my mum enough"

The themes within feedback from the 3 Age UK groups can broadly be summarised as below.

- Ensure we offer the best information and advice possible to people and their families who are given a diagnosis of dementia. This needs to cover timescales, impact on day to day living and the support that is available, which includes information on activities to promote wellbeing for the person concerned and their carers (including support groups, respite care and information on financial support).
- Make sure we don't only offer medical interventions to older people. One size doesn't fit all but generally older people will benefit from social interaction opportunities and non-medical support with their wellbeing, including their mental health. This support can technological/ digital solutions, if this is something they feel comfortable and capable of accessing with some support initially.

Recommendations: We want to:

- **Introduce early and efficient pathways for diagnosing dementia – dementia tests offered as standard by GP surgeries at a certain age**
- **Centrally promoted support for people with and caring for those people with dementia and other health problems.**
- **Introduce early and efficient pathways for diagnosing dementia – dementia tests offered as standard by GP surgeries at a certain age**
- **Centrally promoted support for people with and caring for those people with dementia and other health problems.**
- **Affordable person-centred care for respite,**
- **Support and advice provided to families when a person is declining/at risk as they get older, when they are admitted into hospital and through to discharge from hospital so they can be supported in at home or in community setting.**
- **More carers with the right skills to deal with the people they care for.**

Combatting social isolation:

We met many 'single' older people who spoke to us about often not seeing other people for long lengths of time, having family members who lived far away from them and of losing their husbands/wives leaving them feeling lonely and isolated.

We visited community hubs and spoke to people who were able to seek help and support, which really benefited them as one woman told us:

"My husband died, and really needed to make some new friends. I read about a local walking group and went along; they were really welcoming. I stayed for coffee afterwards and now I'm part of a few groups meeting new people like me – its part of my community hub"

"My wife passed away, the community hub has been my lifeline, I go for coffee, lunch and a chat with other people like me."

At events we spoke with people who were worried about their older parents, and how along they were after losing their husbands/wives but how they were not confident to make new friends or try new things.

"After my father died, my mum's life is really small now, she sees us and does to the corner shop, but that's it. I've tried to get her to go new places but I'm not sure if she really wants or if she is scared to?"

Recommendations: We want to:

- **Promote opportunities for socialising to combat isolation to people and their families – provide buddy to encourage first 'try' to overcome fears.**
- **Promote bereavement support following death of a partner which encourages community involvement/wellbeing and reduces loneliness**
- **Recognition of digital exclusion of some older people and practical ways to overcome this provided in the way services are designed or accessed**
- **Volunteer buddy for those people admitted to hospital to help them get home – especially if no family support.**