

My Care, My Way Consultation

Reach Focus Group Report December 2016



About Reach



Reach is a group advocacy project based in Stoke-on-Trent, supporting people with learning disabilities.



We arrange meetings and events for people to speak up together, talk about issues, share opinions and ideas.



We are part of Asist, Advocacy Services in Staffordshire.



You can telephone us on 01782 747872 or email us on reach@asist.co.uk



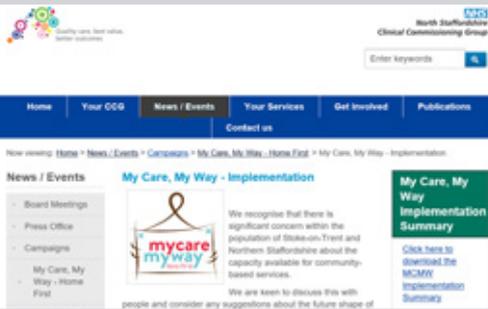
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What We Did

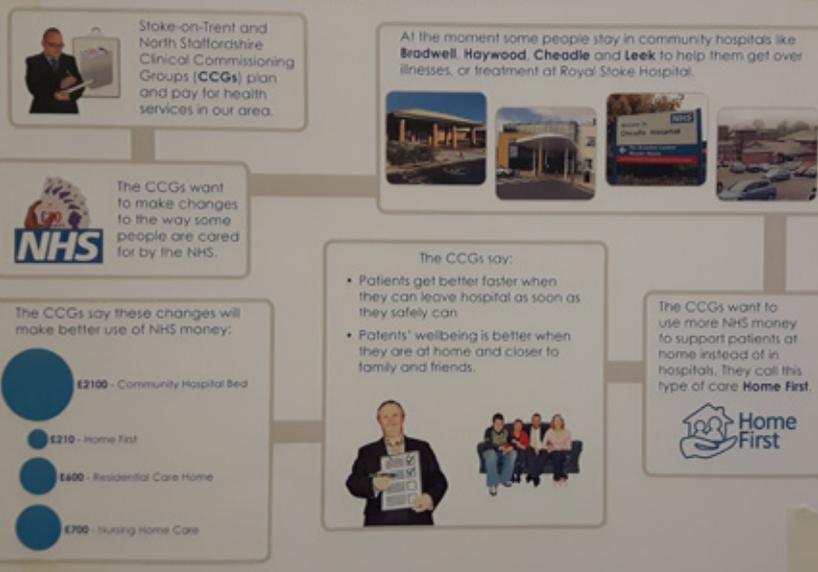


We invited Reach members (adults with learning disabilities) to focus groups to talk about the **My Care, My Way** consultation.



We used information from the North Staffordshire Clinical Commissioning Group (CCG) website to create a poster that helped explain the consultation.

My Care, My Way - Home First



After the first focus group, it was announced that the final decision about Bradwell Hospital would now be in March 2017.

What We Did



We decided to send this report now and collect more thoughts and ideas from other Reach members during 2017 and as things change with healthcare services.



3 Reach members came to the focus group, in November 2016.



Everyone who came to the focus group has experience of using community hospitals and health and social care services in the community.



Everyone looked at the consultation questions but chose to talk more about their own experiences, and their worries about how services will work in the future.



All the thoughts, ideas, experiences and quotes in this report have come from the Reach members.

Thoughts and Ideas - Bradwell Hospital



“What happens when you’ve closed these places like Bradwell down? Will there really still be money to support people at home? Yes, people need community care but what about when that budget goes? People will just have to go up to Royal Stoke. And they can’t cope now as it is. Look at all the problems they have at A & E.”



“Let’s say somebody now is at Royal Stoke and they do their rest and rehabilitation at Bradwell. Can they really get the same kind of rehabilitation doing it at home?”



“Bradwell were really good to my mum. She knocked her drip out and they put it in her leg so it wouldn’t happen again. If she’d been at home, they’d have had to send somebody out specially to do that. What if there weren’t staff to do it? Or they got stuck in traffic, or had other appointments?”



“But they **are** needed. Places like Bradwell, it’s not just the person being treated. It’s like respite for carers, a break from caring if you know they’re in a bed at Bradwell.”

Thoughts and Ideas - Services in the Community



“It might work as long as you've got support and it's continuous support that doesn't get pulled because of money. It's all just finances again, isn't it?”



“People need get used to having nurses come into their homes. You need time to build trust between you and for them to know how to communicate with you. “



“They do need be funding healthcare in the community more. You just can't ask people to have their treatment in the the community if there isn't the money.”



“It can work but it has to be done right. After my dad had his stroke he was at home. They brought in a handrail and a hoist. He had carers who come in to help him with things like shaving and there were district nurses that came in every morning and every night and you could ring 'em if you wanted them come in more as well.”

My Care, My Way - Questions and Comments



“What about people with Alzheimer’s and dementia? They need lots of support already. They’ll need even more when they’re ill.”



“Even if support in the community works I think waiting times at Royal Stoke will go right up without all these community hospitals.”



“They’re saying it’s either care at home or in hospital, one or the other. I don’t think they’ve thought about doing the right thing for what people need for them, individuals.”



“Homeless people can go into hospital but if you’re supposed to get care at home, how can healthcare workers come and see them if they have nowhere to live?”



“I’m worried about people who forget about appointments, or need help and support to remember them. Will they just miss out on care? Who will help them?”

My Care, My Way - Questions and Comments



“All support for people should be person-centred. Treat people like individual cases. One way won't work for everyone. It should be what's best for the person. Not what it costs.”



“Caring for my mum can be a big stress on me as well. It affects my health. Carers need support and respite as well.”



“Lots of people will be worse off. Unfair to them. People with autism don't like change. What about BME communities who speak different languages? Will the staff be able to communicate with Deaf people? And the travelling community - hard to keep track of them and will they let people into their homes?”



“What about bad weather? If you're relying on people coming to your house, what if they can't get to you? Look at Staffordshire Moorlands. If you have lots of snow, how will the healthcare staff get to people? Will they get their appointments and their support?”