Community Voices
100 Conversations

Let's have a conversation

June 2023

Executive Summary

The 100 conversations project carried out between August 2022 and June 2023, identified a number of strong themes that matter to Dorset residents, regardless of who they are and where they live.

Services need to be easy to access with a range of options to speak to professionals that benefit those who are engaging with services, whether they be face to face, over the telephone or utilise digital platforms.

Services need to work better together, communicate with each other as well as service users and their families/carers. A person-centred, personalised approach is central to enabling Dorset residents to live healthy lives. It is important that services provide access to early help and that prevention is central to their offer.

Dorset residents place great importance and value on the local natural environment, with easy access to the countryside, open spaces and coastal areas. Access to this provides many health and wellbeing opportunities and benefits.

In addition, it is important that people live in thriving and supportive communities, whether that be through informal networks such as friends and families or other community groups, or through the workplace and educational settings.

The following section provides a summary to the Community Voices project and the findings from conversations with Dorset residents.

Introduction

There's a lot that's good about Dorset's public services, but at the same time we know we can do better. That's why we decided to start to 'listen better' to people in Dorset, starting with our 100 Conversations project.

The aim of the conversations was to delve into the depth and richness of experiences and perspectives, whilst allowing for exploration of complex personal stories and to gain a holistic understanding of experiences with services within Dorset.

Colleagues from Dorset worked closely with experts from The Point of Care Foundation to co-design this conversational methodology and design and deliver the training required to support it.

Staff from across Dorset's health and care partnership (including people from the voluntary and community sector) were trained to have open conversations with participants, allowing local people to take the lead and tell us what was important to them about their daily lives.

Darmax Research were commissioned to undertake the analysis and reporting of the conversations.

Main findings

There were a total of 102 in-depth conversations with people from all walks of life around Dorset. Conversations took place from August 2022 to June 2023.

Responses were thematically analysed to make them easier to interpret. The study identified eight main themes, which are summarised below.

Conversations that took place with residents identified a wide range of best practices in services within Dorset as well as offering suggestions for improvements to service delivery and coordination.

Access

Participants described mixed experiences of being able to get fast and easy access to services and appointments. Easy access to health services with shorter wait times helps with prevention of further health concerns. Long wait times to access services has also subsequently deterred people from contacting healthcare providers when medical support was required. A number of participants described paying for private treatment due to long waiting lists within services.

In addition, patients require prompt referrals to other support services and for diagnostic checks and blood tests,, as well as requiring regular health checks in order to identify health concerns.

The need for local access to services was a key theme throughout conversations, with those with limited access to transport and travel links adversely impacted when having to travel further distances. Dorset residents who live in rural parts of the county appear particularly affected by the lack of services near to where they live. This was also highlighted in conversations with an apparent inequity of provision of transport links between the urban and rural parts of the county.

A number of participants proposed that services and treatments could be located in satellite hubs, community hospitals and through outreach clinics.

Appointment times should be person-centred and fit around the lives of patients. Similarly, issues can occur when multiple services do not coordinate appointments for individual patients.

Services also need to provide sufficient volume of treatment sessions to support both physical and mental health concerns

Working Better Together

While a number of participants described their appreciation for the NHS, there was also concern that healthcare services are stretched and do not have the time or capacity to listen to patients' concerns.

There is a need for health and social care staff to receive additional training, particularly around mental health and neurodiversity.

Services need to work together in an integrated approach, communicate and discuss patient needs between each other and adopt a multi-disciplinary approach. It is also important to include VCSE organisations in this joined-up approach, many of whom provide excellent support to patients across a wide spectrum of services.

There is a need for services to better share patient data and medical records, allowing for medical practitioners to view patient information and would mean that patients and carers would not have to repeat the same story to multiple agencies.

Thriving Communities

Participants placed strong importance on informal support networks, including family, friends, neighbours and their local community and how they help them physically, emotionally and practically with everyday tasks. However, investment is needed in providing appropriate support mechanisms within local communities to support those who do not have these types of informal networks.

Peer support opportunities are also important to help people meet others with similar interests and lived experiences. Peer support groups should be made available both face to face and online so that people have the choice in how they engage and interact with others.

Educational settings should also ensure that they provide support mental health support to students and there is a need for equity of support and access for special educational needs (SEN) within schools throughout the county.

Great importance was also placed on the local environment and the variety of countryside, coastal areas and outdoor spaces that Dorset offers, which helps residents improve and maintain their health and wellbeing. Opportunities to exercise as well as take part in other leisure interests and hobbies should also be created to help with health and wellbeing.

Prevention and Early Help

Services should focus on providing easier and earlier access to support, which in turn would lead to better health outcomes, help with crisis prevention and subsequently lower costs for healthcare providers.

Services also need to provide appropriate information, tools and techniques in order to empower individuals to self-manage their own health conditions and reduce the reliance on services.

A holistic approach to treatment and a range of options should be provided to patients, including therapy, exercise and a mix of traditional and alternative treatments.

There is also a need for physical and mental health to be given parity in considerations of treatment. Physical health conditions and injuries can cause stress and anxiety and participants would benefit from being referred to mental health support alongside treatment for their physical health.

Engagement

There is a need for greater signposting to services and advertising with regards to what services are available locally. There is also a need for greater education so that local residents are aware of when to access different services and for what type of treatment and/or condition. Information could be provided through a single directory that details what services and support is available that can be filtered to micro/local level.

Person-centred care should be central to health and social care provision locally. It is important that patients feel listened to, trusted and included in discussions and decisions surrounding their care. Services also need to adopt a holistic approach to the care of individuals and consider the impact that it can have on relatives and those involved in the care of patients. Services should involve relatives as well as those who provide care of individuals in discussions about treatment and acknowledge when someone has power of attorney or are registered as a carer.

Being able to be treated by the same person is important because it helps build a rapport and relationship with specific individuals, who are then able to notice subtle differences and signpost or refer to other support more easily.

Services need to be proactive in keeping in touch with service users during wait times to access services and provide them with information about the overall process. A lack of communication from services while waiting for access to treatment adds to the stress and anxiety associated with requiring support. In addition, it is important that services proactively follow-up with patients post treatment to make sure that they are coping,

both physically and emotionally. A lack of follow-up can lead to patients feeling isolated and cause stress.

Services need to appreciate that not everyone is digitally enabled and therefore need to continue to provide a range of options to engage with them, including via digital, telephone and video support. It would be helpful if service users were asked for their method of contact preference.

Physical and Mental Health Conditions

Participants discussed and explained their experiences of health and care support for a range of health conditions. Services need to listen to these views and adapt their provision to cater for those with additional needs.

A number of participants commented that mental health services are stretched and there are long waiting lists and a lack of access to low to moderate mental health services before reaching crisis. Medication can be prescribed too quickly and some participants do not want to take them. Alternative therapies should be explored, including talking therapies and exercise. In addition, some participants commented that there need to be more drop-in mental health services based in communities such as the Retreats and informal settings for talking such as coffee mornings, benches, walk and talk groups, as well as more mental health services and support targeted at men's health. Access to support needs to be able to accommodate service users and allow them to access ongoing care as and when they require it, as opposed to starting the journey to support again.

Participant characteristics and demographics

Participants discussed their personal characteristics and demographics alongside their experiences of accessing services and support. Participants discussed their role as a carer, experiences of accessing young person services and the transition to adult services, as well as how services interact with neurodiverse service users and those from ethnically diverse communities. Discussions also explored the experiences od those who have suffered grief, bereavement and trauma, as well as those who have experienced substance abuse, homelessness, prison services and have previously served in the Armed Forces.

A number of participants expressed various frustrations associated with being a carer. Being a carer totally absorbs their lives and involves a constant battle with services, which is physically and emotionally exhausting. There is also a lack of adequate respite provision for carers within the county. Services are often based in urban locations, which is inconvenient for those carers who live rurally and it is difficult to get out of the house at all when caring for someone. Services need to ensure that carers are listened to, involved in discussions and provided with all

information surrounding the health needs of the cared for person so that they can continue to provide appropriate care at home. Carers experience additional costs and financial strain in their informal role, while those who have received carer assessments feel that they are too impersonal and lack openness and honesty when undertaken at home because the cared for person is often present.

While participants of different cultural backgrounds described being welcomed into their local community, patients who do not speak English struggle to understand what is being told to them by services and need greater support with accessing information. Services need to visit ethnically diverse communities and talk to them and share information through presentations in community settings such as churches and mosques. Services should utilise community leaders to support this engagement.

Services

There is inequity of service provision and access from GP practices throughout the county. GP practices need to ensure they are joined up with and aware of other services that they can signpost and refer their patients to. GP practices need to provide easy access to a range of appointment options and the appointment booking process should also be easy for all to access.

Participants described mixed experiences of using NHS 111. While some participants described a fast service that gave good, calm and efficient advice, others described being passed between services through NHS 111. In addition, some participants commented that NHS 111 operates differently in different areas and does not communicate to each other cross-border.

Participants appreciate the medical advice they receive from pharmacists but are concerned about the proposed extra workload being placed on them. Participants were frustrated at the need for GP involvement when amending prescriptions that are processed and dealt with by pharmacists, while experiences of pharmacies not ordering repeat prescription medication were also described.

While some participants described feeling lucky that they have access to NHS dentists,, other participants have remained registered with NHS dentists when they have moved house due to being unable to access one locally. In addition, other participants described having to pay for private dentists due to the lack of availability of NHS dentists.

Participants described mixed experiences when accessing Steps2Weelbeing. While some described experiencing short waiting times to access support with plenty of support sessions and felt listened to by experienced counsellors, others described being put off from contacting

the service due to long waiting times and that they were not provided with enough sessions. Some participants also found it stressful speaking over the phone with counsellors and were unable to build a relationship with them, while they also felt that the sessions were rushed.

Participants described a variety of experiences when accessing council services., with a number of participants discussing social/council housing availability. While some participants praised the access to housing support when homeless, others felt it was difficult to access when in need of emergency, temporary housing. Social housing stock was also described as being in poor condition and some participants lacked support when attempting to access this service. Participants also described frustrating experiences of accessing social care support.

Participant Profile

Participants live across the whole of Dorset, including those who live in urban and rural settings. The most conversations have been with people who live in the postal towns of Weymouth, Poole, Bournemouth and Dorchester. Participants also included those who live on county borders, have recently moved to Dorset, those who moved to Dorset following retirement as well as long-term Dorset residents and those who have always lived in Dorset.

Participants were of a mix of age groups, while there were more female participants that males.

While the majority of participants identified as heterosexual, two participants identified as gay/lesbian, two identified as queer, one as bisexual and a further participant as pansexual.

There is an even split of participants who identify as either Christian or as being Atheist or having no religion. 11 participants identified as being another religion.

The majority of participants are White British, while 16 participants identified as being White or White Polish. Six participants identified as either British or European. Two participants identified as Mixed White and Asian, one identified as Black/British Caribbean, one identified as Black/British African and one identified as British/British Indian.

39 participants indicated that they have a disability.

Additional characteristics and demographics identified through the conversations included a variety of marital statuses and those with or without children.

There were a variety of employment statuses, including full-time, part-time, self-employed/run own business, retired, unemployed and volunteers.

There were a number of participants who are unpaid carers or volunteers, while participants also included those who have previously been homeless, prison leavers, care leavers as well as veterans. In addition, participants had mixed experiences of accessing healthcare, including regular healthcare users, intermittent healthcare users and those who rarely or have not recently accessed healthcare.

Table of Contents (Ctrl + click on the headings to hyperlink to each section)

1.0　Introduction – by NHS Dorset

The following introduction has been written by NHS Dorset to provide context and background to the 100 Conversations project. It does not represent the opinions or findings of Darmax Research, the independent research agency commissioned to undertake the analysis of conversations and who are responsible for the remainder of the report.

There's a lot that's good about Dorset's public services, but at the same time we know we can do better. We want to listen and involve local people more in our planning and in the way we deliver services.

It's not just about public services. In fact, there are loads of factors that can influence our day to day lives – family, friends, work, community activities, finances, our homes, the local environment... it's a big list.

Our role is not only to provide services, but to practically support those other things that keep people happy and well on a day-to-day basis. People and communities are more than able to help themselves, and we want to support those efforts, not get in the way of them.

That's why we decided to start to 'listen better' to people in Dorset, starting with our 100 Conversations project. We spoke with people from all walks of life, with a focus on wide representation across geography, age, sex, protected characteristics, deprived communities, minority communities and disability groups.

We would like to thank The Point of Care Foundation who co-designed this conversational methodology with us and designed and delivered the training required to support it.

Staff from across Dorset's health and care partnership (including people from the voluntary and community sector) were trained to have open conversations, allowing local people to take the lead and tell us what was important to them about their daily lives.

We reached out to the public through community groups, voluntary organisations, Healthwatch, and groups like the Our Dorset public engagement group (PEG). We also encouraged our interviewers to reach out into their own communities, asking them to share the project with family, friends, and neighbours. If someone wanted to take part, they could get in touch. Once their conversation was completed, we asked them to share again within their own communities.

By promoting 100 Conversations in this organic way, rather than through the usual call to action on social media, we hoped to reach a wider spread of people – people we wouldn't usually hear from; that might not usually fill in a view seeking survey or come to an event.

The aim of the conversations was to delve into the depth and richness of experiences and perspectives, whilst allowing for exploration of complex personal stories and to gain a holistic understanding of experiences that went beyond the question of 'how many participants' typically associated with tick-box questionnaires. By focusing on quality rather than quantity, these conversations offer a nuanced and contextually rich understanding of experiences, uncovering valuable insights that quantitative questions may overlook. Conversations allowed participants to share their unique perspectives and contribute to a more comprehensive understanding of their lives and interaction with services. These conversations encouraged trust, authenticity, and openness, creating an environment where individuals felt comfortable expressing their thoughts and emotions fully.

We've taken what people have told us to heart. These conversations have already been used to help shape Dorset's integrated care partnership (ICP) strategy – a document that explains where we are now, what we hope to achieve, and how we're planning to do that (www.ourdorset.org.uk/strategy).

The information in this report dives deeper into the themes that run through the strategy, and across the 100 conversations. We will continue to listen to people and have more and more conversations. This approach will help us to further determine what matters to local people, better support everyone to get the help they need when they need it, and to make sure everyone in Dorset is living their best life.

2.0   Findings

There were a total of 102 conversations with people from all walks of life around Dorset. Conversations took place from August 2022 to June 2023. Conversations took place either face to face or virtually through online video and telephone calls. Conversations were recorded and videoed.

Responses were thematically analysed to make them easier to interpret. Where participants have provided comments that relate to more than one topic, their feedback has been categorised into multiple themes.

The most common themes are reported on within this report. The study identified eight main themes, which are summarised in the table below. These main themes were then further analysed to identify and report on associated subthemes.

Anonymised quotes from participants have been used to illustrate the themes identified.

Theme	Definition
Access	Experiences of initial entry to the service and local provision
Working better together	The way that NHS Dorset is structured, the way staff work, interact and communicate with each other and share information
Thriving communities	How informal and formal support networks, as well as the natural environment and taking part in exercise and other interests provide health and wellbeing benefits
Prevention and early help	The benefit of providing early help before crisis, self-management tools as well as offering different treatment options. It also refers to the need for parity of care between physical and mental health, as well as consideration for future health
Engagement	The way services engage with service users and the relationship with the staff that care for them. It also refers to service user and families/carers inclusion in discussions and decisions about care, as well as the mechanisms used to access services
Physical and mental health conditions	Experiences of accessing services and other support of those with a physical and/or mental health condition
Participant characteristics and demographics	Experiences of accessing services and other support of those with different characteristics and/or demographics
Services	Feedback about specific services and practitioners across Dorset

2.1   Access

This section explores the varying experiences of the ability to access services within Dorset. It also discusses service proximity and transport/travel concerns, as well as the experiences of accessing services of those who live in rural parts of the county. It also explores the time of appointments, the number of treatment and support sessions provided as well as staff attendance and cancellations.

2.1.1   Timely and easy access

A number of participants spoke of being able to get fast access to services, particularly in reference to the ability to get prompt GP appointments through a variety of methods, including telephone and face to face appointments for both minor and serious concerns. Easier access to services results in fewer cancellations in the long run because people do not forget about appointments which then reduces wait times further and allows people to be treated quicker. Furthermore, easy access to health services with shorter wait times helps with prevention of further health concerns.

> *"I went in and saw somebody, I think within that week. So I was very impressed with their care."*

> *"I was so delighted with the speed and the response and the thoughtfulness and how it was very, very holistic and specific to me."*

In contrast, a number of participants commented that they had experienced difficulty in accessing services in general due to long wait times, along with a lack of access to services during Covid. Due to lengthy waits to access services some respondents remarked that they felt they have to plan ahead when they might be sick. Some respondents commented that long wait times to see their GP had deterred them off from contacting their GP when they needed medical attention. Furthermore, some participants commented that they had not contacted their GP to book an appointment at times that they have needed to be seen because they had received text messages stating long wait times to have a GP appointment. Long wait times to have an appointment or receive treatment can cause stress and anxiety for patients.

> *"I had to wait 10 months for that operation."*

> *"I have to plan ahead of that if I'm going to be sick or not. Am I still going to be okay or not next week?"*

2.1.2 Referrals, diagnostics and health checks

The speed of which GPs referred patients to other support services and for tests relating to their medical need was praised by a number of participants, highlighting the importance of GPs listening to patients and having an awareness of support services of where to refer to. Some participants commented that they had received multiple tests and appreciated how thorough services were when diagnosing potential health concerns.

> "That day I went home, filled out an online consultation form and I think that raised some red flags with the, whatever it is, the medical bunch. I got a lot of phone calls from GPs, psychotherapists. They were quite concerned about my wellbeing. It was probably justified in retrospect and then the following week, I think there was lots of discussions and meetings and consultations with various people."

The need for regular health checks in order to identify any health concerns was also highlighted, and receiving a text message reminder when health checks were due was also praised. However, other participants commented that they were concerned at not having medical reviews, for example when prescribed antidepressants and for epilepsy.

> "A couple years ago, because I'm entering my late forties. I think I had a text message to come for a wellbeing check, and I went along to that and they did the usual MOT checks and everything for me and everything from there was absolutely fine."

There appears to be an inequity of service within Dorset in terms of the ability to have blood tests taken at GP practices, with those who are unable to access this service at their GP practice commenting that the additional distance to have blood taken at a hospital caused them travel and transport issues.

> "They seem to keep up to date with blood tests. So that's good. I am due another blood test shortly."

> "I'm not able to do all of the blood tests I am supposed to do at my local GP as well. That's another thing. So they don't offer that. And hospitals are quite far away from me where they can do it. So that's the situation I had. I went to do a blood test and they couldn't do half of them at my GP. So I

*needed to book an appointment at the hospital and go to
Southampton another day."*

2.1.3   Impact of Covid on access to services

Some participants commented that Covid meant that they had limited
access to healthcare services, including for assessments, check-ups and
that surgery had been delayed as a result. It was also felt that face to face
appointments were more difficult to access both during and since the
pandemic, while barriers in hospital during the pandemic meant that
visiting loved ones was more difficult and impersonal due to the need to
wear masks. Community groups that some participants previously
attended had changed their timings during the pandemic which now
makes it harder to attend and results in a lack of social interaction.

> *"I'd been waiting for a knee operation and, Covid kept coming
> back. So I'd waited for 49 weeks, almost a year, and my leg
> was getting worse by the weeks."*

> *"I found again with Covid very tough visiting in hospital. You
> had to have masks and overalls and gloves and you checked
> in and you checked out. It's so impersonal, it is horrid."*

While some participants commented that the initial response and access to
vaccines was well organised and personal, access to vaccine boosters is
varied with some having local access to them while others have to travel
long distances, which can be an issue for those with limited access to
transport or support network. In addition, some participants commented
that vaccine centres did not make reasonable adjustments for those with
additional needs and the neurodiverse, including no fast track queuing
provision.

> *"Covid was, apart from being mental, the vaccination side of
> it, I thought was fantastic. I had all my vaccinations done at
> Weymouth hospital. It was really well organised, busy, but
> everybody, all the volunteers, and those working were
> fantastic, really positive. And bless them. They had to repeat
> the same thing all day to every single person coming
> through those doors. But they made you feel like it was the
> first time they'd ever said those words."*

> *"I found that the injections for Covid and the flu one,
> providing you acted on it quickly. You got your dates locally.
> Otherwise it's very difficult. I've heard from people that can't
> get a time here in Weymouth or Dorchester, but they've got*

*to go to Salisbury or somewhere and they can't drive. So that
makes it difficult."*

*"The first one was down the Pavilion, but she had two support
workers with her and they just ignored the queue and just
went through to the front and people were going, oh. But
there was no provision with that to book a slot for special
needs. There was no, we need something special. We need a
little side room or whatever. For those people who had those
sort of issues with absolutely no preparation for that
whatsoever."*

2.1.4   Services proximity

Local access to services was a key theme throughout the conversations.
When services are located far from home there is an impact on those with
limited access to transport as well as there being financial costs associated
with travel, either by car or public transport. While some participants
accepted that there is a need for services to be located at acute hospitals,
others commented that services need to be made available to everyone
and that services and treatments could be located in satellite hubs,
community hospitals and through outreach clinics. This approach would be
beneficial for those living in rural parts of the county who suffer from a lack
of access and would also encourage those who live in areas of deprivation
to reach out for support when they may otherwise be deterred from
attending services in larger settings further from home.

*"I think distance for people to travel to hospital appointments
and things it has actually become quite difficult now,
particularly if they haven't got transport."*

*"To me and you, going into Weymouth don't make an ounce
of difference, but to an 86 year old who's got to drive there
and park, it's just a bit, what? You've got a GP practice just
literally five minutes away from your house, but you are
having to go for miles driving, bad parking. The system
doesn't seem to be aware that actually a lot of people find
that really difficult."*

*"There must be two thirds of Swanage on hearing aids, you
know? So if you had a hearing clinic here even, it was only
once every 3 weeks, for a day I think it would be used.
Everybody I know has to go into Poole."*

A few participants commented that they were opposed to services being moved and located in just one acute hospital, such as maternity and emergency departments, due to additional travel times between Bournemouth and Poole and the impact that this would have on outcomes.

> "They're taking A&E from Poole, aren't they? Which seems to be silly, because we're over this side of town, to go."

2.1.5   Rurality

A number of participants commented on rural isolation and that there is little to do in rural parts of the county, with a lack of shops and entertainment venues and other amenities.

> "It's a mainly rural community and rural communities and seaside communities suffer the most because they tend to get less of the focus of the concentration of big hospitals."

> "Being rural now, we have to get in the car everywhere. We don't really have friends around an awful lot. She doesn't go to friends an awful lot because it's not just like popping around the corner."

Some participants also commented that rural health service provision suffered because it was difficult to attract staff to live and work in rural areas with little else to do in the area.

> "Some things I can't do anything about, neither can they, and that is the extreme lack of clinicians and particularly GPs. And the impossibility of getting anybody to work [rurally]."

2.1.6   Transport

There also appears to be an inequity of provision of transport links between rural and urban parts of the county, with a number of participants who live in the urban parts of the county commenting that transport links are good. In contrast, a number of participants commented that public transport links need to be improved within rural areas, as the lack of these impact on the elderly and disabled who may no longer be able to drive. Previous bus routes have not been direct and journey times have been long, discouraging people from using them, which in turn gives the false appearance that public transport is neither needed nor wanted with rural areas.

> *"I think it's got worse and worse. The trouble is they take, we used to have a bus to Yeovil, took three hours. So not surprisingly, not many people used it. And so it stopped."*

Some participants also commented that bus services stop in early evening which can subsequently limit the ability for people to travel to social events and activities, leading to further rural isolation.

> *"My last bus here runs at 5:30. So wherever I go to on the day, which is usually to the stores to go shopping or something, I have to make sure I get the last bus back by 5:30. So that cuts out any social or socialising in the evenings."*

A few participants commented on a lack of awareness of hospital transport volunteers.

> *"I recently found out in Gillingham we have volunteers who if you are not available to go by yourself they can offer you a lift, they can drop you off. So this is very helpful, which I didn't know about it."*

Hospital parking was also commented on, with some patients feeling that car parking is difficult at hospitals, whereas others praised free disabled parking availability at Salisbury hospital.

> *"Parking at Salisbury is the best of any hospital. For disabled anyways. It is free parking for disabled."*

2.1.7   Appointment times

Appointment times need to be person-centred and fit around the lives of each individual patient. Services should ask participants what times would suit them rather than just allocating a time. The current approach can cause financial and logistical hardship when patients who travel by public transport are given an early appointment but their bus pass is not valid at the time they need to travel.

> *"When I worked in the dentist, they always said, one of the criteria was if you've got an elderly person, try not get them an appointment before 10 o'clock. It makes life easier for them."*

> *"I think, there's too much, it's still too much, the patient seems to be thought of having all the time in the world."*

In addition, logistical issues can occur for patients who have multiple health conditions when services do not communicate with each other and they

subsequently book appointments that are in different locations on the same day. A similar issue can occur when multiple services do not coordinate appointments for patients who are supported by a carer but are unable to do so due to other commitments.

> *"On one point I had nine medical appointments in three different hospitals in six days. This is not patient-centred work. Instead of going, here's our radiology department, who are we going to see? We really need to be going, here's this patient. Where do they need to be? Because I'm getting somebody saying, oh, you've got to come to Bournemouth to have this appointment. And I'm like going, well, I can't because I've got to be in Dorchester that day. And they go, well, if you don't come to the appointment, you won't be able to get another one for another two years. I can't make that decision and I've got bloody chemo brain and what am I supposed to be doing?"*

Some participants also commented on a lack of communication in terms of estimated arrival times for phone calls and home visits, meaning that patients and carers need to stay at home until the professional arrives.

> *"I can't spare the time today to sit at home and wait for a phone call because I've had another commitment and in the knowledge that the phone call back that I get will probably say there's nothing to worry about."*

2.1.8 Volume of treatment

A number of participants commented that they have not received enough treatment sessions from services in order to get to the root of their concern or to build a relationship with a practitioner. In addition, a lack of ongoing support was discussed as well as the ability to be able to re-enter treatment as and when needed for constant management, particularly surrounding mental health.

> *"It felt like I was essentially saying the same thing, which wasn't as effective because like I was bringing everything up again because almost if like I've gone through this bit. Now let's go right back to the beginning of this process again, which didn't feel helpful, really."*

> *"You can only get six sessions and then that is it, off you go. Are you cured? No, I don't think so."*

Some participants also commented that they are not given enough medication or treatment packages to suit their individual needs. This can become an issue when travelling abroad for extended periods or if patients are elderly and have difficulty organising a return visit on another date.

> "I went to do the swab tests and I had MSSA and so I had to go back to Dorchester to get the MSSA wash pack before I could go into for surgery. And the nurse said, at the MSSA place said to me, oh, you know, with joint replacements, we just give them the pack before we do the test so they don't have to keep coming in all the time. And I said, well, why don't they do that with breast surgery? She said, I don't know. They just don't."

2.1.9   Length of appointment

Participants often felt that the length of their appointments were too short, they felt rushed and not listened to or cared for.

> "I sometimes think you go and see your GP. It's not through their fault because they have a limited number of time, limited time with each number of patients. And so sometimes I think you are treated as a condition and not as a person."

2.1.10   Staff attendance

A number of participants commented that staff had not turned up to pre-booked appointments. This causes unnecessary inconvenience for patients who then need to take additional time off work and can impact on wider family and their caring responsibilities. In addition, staff not turning up to appointments results in prolonged illnesses and can lead to patients disengaging with services.

> "I then planned all my time off work, got on the train, got to Bournemouth, and when I got off at Bournemouth, I got a phone call saying, oh, he has had to go to Blandford to do an emergency and we can't do it today. And then I had to get back on the train at Bournemouth and go all the way back home again having planned my time off work and then had to go back to work and say, I don't quite know when it's going to happen."

> *"We can't even get social services to turn up at her yearly reviews, annual reviews."*

2.1.11 Private services

Due to the access concerns previously discussed, a number of participants commented that they had paid for private treatment, including physiotherapy, surgery and dentistry. There was also acknowledgement that while participants were grateful that they could afford to pay privately, this creates an economic divide and that there is potential increased risk of life for those who cannot afford private treatment. Some of the respondents who had paid for private treatment commented that they did not feel rushed and practitioners made the effort to build a relationship and understand them as a person.

> *"I'm pretty sure if I had been a person who was poor, not got the money, or decided not to spend it, I wouldn't have lasted."*

> *"If the waiting list kind of post Covid is six to eight months, we consider going private. Which to be honest, would've meant that we wouldn't have had a summer holiday with the family this year because we couldn't do both because it's about £2,200 for one eye."*

2.2   Working Better Together

This section discusses the need for services to work together in a joined-up, integrated approach and the need to share patient records. It also discusses an overall appreciation of the NHS, staff training and the need to involve VCSE organisations in support provision.

2.2.1   Appreciation for the NHS

A number of participants discussed their appreciation and respect for the NHS and the support that they provide to residents of Dorset, particularly frontline staff. Participants also appreciate the fact that point of access to health services is free. A number of participants commented that they are lucky to have the services that are available within Dorset and that healthcare provision in the county is better than in many other places around the UK.

> *"We're very supportive of statutory services. They've got your back so if all else goes wrong, A&E doesn't close its doors, that sort of mindset and if we need anything, it's there."*

> *"I've had a grown respect for the NHS. It is a service you wouldn't get anywhere else in the world unless you were rich."*

> *"We talked to somebody at the hospice who'd said they'd actually moved from the North to Dorset because the healthcare is better. So you know, alongside all our little comments about things that are not quite right. The fact is we've been well looked after."*

However, a number of participants also commented that healthcare services are stretched and overwhelmed with demand and therefore do not have time to listen to patients' concerns. Due to services being stretched, patients should not expect quick access and need to realise that there is a limit as to what services can do.

> *"My dad's had a lot of care over the years and it always has been fantastic even when you can see that the organisation is stretched."*

> *"The way the system is and people not listening, and it's not because they don't want to listen. I just think their lists are so long. And they have so many people to see. They haven't got the time to listen with their hearts. They don't."*

A number of participants commented that healthcare staff pay is low and there is no incentive to work in health and social care, resulting in a struggle to fill vacancies within services. Services are unable to provide the required care due to running costs and having sufficient buildings and infrastructure in place is a challenge.

> *"We need to be training people up, training new people to get into these services, to provide our care to provide our social care, everything. It's not inspiring at the moment, is it? Because if I look at an advert in the NHS to go and work on a ward, I literally would go, well that sounds like hell on Earth. And that's certainly not enough money to make me want to go do it."*

Some participants were concerned as to whether there will be an NHS in the future and are worried about potential privatisation of healthcare. Furthermore, some respondents felt that there is a culture of denial within healthcare services rather than acceptance of errors that have occurred.

> *"I'm worried about the NHS because being in it now as well and I'm feeling like the government want it privatised and I really don't want that to happen and I think there needs to be a big message to save our NHS."*

2.2.2 Training

A need for additional staff training was discussed by some respondents, particularly around mental health and neurodiversity. It was suggested that patient experts and those with lived experiences should be utilised to provide presentations and training so that staff gain wider understanding and awareness of how health conditions can impact on service experience.

> *"They've got an education network that we are doing. So there are all these different medics around the country come together and you've got two patient expert witnesses. I'm one of them."*

2.2.3 Integrated approach

Services need to work together, communicate and discuss patient needs between each other and adopt a multi-disciplinary approach. This is particularly important for patients who have multiple health conditions, as these are often treated separately and by different teams. Not adopting a multi-disciplinary approach can have knock-on impacts to patients and

their carers, such as having multiple appointments on the same day in different locations as well as causing delays to treatment.

> *"Joined up thinking is the thing I find that sometimes it does seem that people just don't talk to each other. It's not all connected and so people end up duplicating work or even worse things fall through the hole, which is not good."*

> *"I feel very well supported because I know that my eye consultant speaks to my laser consultant who speaks to my diabetes consultant."*

> *"I think it's just now that we are in this integrated care system, where it's got all the different organisations and parties working together to help people. Again, I just want to ensure that there is good effective communication between them to ensure that nothing falls through the cracks again."*

In addition, patients need to be involved in discussion with regards to both service design and delivery.

> *"I think that message of what people are asking for needs to be fed. It needs to be bottom up, doesn't it? . So what people are saying they want and need in order to be independent and healthy et cetera, needs to feed up into commissioners so that they're listening. Then, you know, they're not just pie in the sky with what they think people need."*

A number of participants felt that there is a lack of knowledge amongst services about what support is available to signpost patients towards. This would be solved by a joined up approach to discussions and information sharing. It was also suggested that working together would identify best practices where services are currently working well in partnership, while NHS Dorset ICB should also communicate and share ideas with other ICBs around the country.

> *"It's about awareness of what's out there and connecting people up and making sure there's not lots of duplication of effort, which is what I'm trying to do. Oh, that person over there is doing that. You know, you need to talk to them if you want to join forces."*

> *"I'm a great believer in following best practice. If you can find best practice, don't wait for best practice to come to you. Constantly look for it. It might be out of our area; we might have to go up to Northumberland to find best practice in something. We might have to go to Canada to find the best*

support for women's aid. We might for women, but there's always something somewhere."

Some participants also commented on a lack of a joined-up approach to care across county borders. Some participants discussed challenging experiences with accessing appropriate support from NHS 111 due to travelling across borders at the time of their contact and different areas operating on systems which do not communicate with each other, while other participants described challenges due to receiving treatment within Dorset, but due to their home address were passed to Hampshire rehabilitation services which provide different follow-up support to what they had been told they would expect to receive from Dorset services.

> *"Unfortunately, because of this conflict between the health areas, on discharge, I then fell to Hampshire for the responsibility of the rehab. I couldn't be dealt with in the Dorset system for rehab. So the two systems for rehab are totally different. And I'd already been given a booklet on the Dorset system."*

> *"Mental health doesn't cross borders. Which is a problem. But even the physical health is not brilliant communication."*

> *"I'm not going to call 111 because they are going to tell me to go to A&E and because I live in Dorset and we don't have any hospital in Dorset. They won't be able to book me an appointment at A&E so I will be able to be seen quicker because it's either Somerset or Wiltshire and they not, so that's another like issue. So even if I call them, they won't be able to let the hospital, the A&E know that I'm coming because I'm in Dorset and that's in a different county."*

2.2.4   Data sharing

Many participants discussed the need for a single health record system. Participants discussed how they have experienced issues where services use different data record systems which do not communicate with each other or share patient information. This often results in patients having to repeat the same story which causes frustration and is exhausting. A holistic approach to patient care would be created if services either used one patient record system or if the different systems communicated with one another.

> *"What I noticed is that the bits don't talk to each other, the computers don't. And then we were promised in 2014 that*

the computers across Dorset would talk to each other so that in hospitals, the computers would talk to each other for the three hospitals. And they in turn would talk to Dorset Healthcare and they in turn would talk to the GP service. Hasn't happened."

Some participants questioned why letters are not sent digitally between services, increasing the risk of letters being lost in the post and slowing down access to care. In addition, test results can fall through gaps between different systems meaning that patients are not getting fast access to the care that they need.

"I can't understand why there's not just a big central database. And I know that there's people who are worried about too much data being kept on them, but it would make sense to me that people know, and I think I've seen it with my parents as well, where overlapping services are still sending information by letter."

Digital records don't go back far enough and information and understanding of patients can be missed. This can be an issue when there is a change in staff who don't know the patient or their medical history. It is also important that staff have the time to read patient notes before appointments to provide the most appropriate care.

It was also mentioned by a number of participants that digital healthcare systems do not acknowledge or highlight when someone is carer or has power of attorney which therefore prevents services from discussing patient care with those who are involved with supporting patients and/or making decisions on their behalf.

"I can't remember why I was going to change it. There's a reason why we needed to change it. But anyway, got to the system. Sorry. I can't talk to you. You're not power of attorney. My doctor says I am though, you know, the GP."

2.2.5 VCSE involvement

Many participants commented that it is vital that Dorset ICS looks beyond statutory service provision and work in partnership with VCSE organisations, many of whom provide excellent support to patients across a wide spectrum of services. The availability of support from charities during the pandemic was praised by a number of participants, including befriending services, helplines and emergency shoppers.

> *"We set up a telephone befriender for every single one of our clients. Never mind if they'd ask for it or not. They were getting one."*

However, some participants commented that funding for VCSE organisations is short-sighted and makes it difficult to provide long-term support. Funding processes are time consuming and prevent organisations from providing the care they set out to provide, often resulting in charities not applying for funding, while VCSE organisations also compete against each other for the same funding and cause. It was also felt that there is often a duplication of services and support due to the volume of VCSE organisations within Dorset.

> *"They're probably looking at more funding cuts, aren't they? And they've just got their hands tied up really around what they can do. They have to spend so much time internally looking for savings. It stops them doing the day job, I think."*

> *"Having been involved in applying for grants and things like that, everything's so short term. And you've got to constantly reinvent things and there's no sustainability about anything in, well, I'm sure there is, but in some schemes and people who are much more clever, but just on a lower sort of grassroots level it's very difficult."*

2.3   Thriving Communities

This section explores the importance of both informal support networks provided by family, friends, peer support and within local communities, as well as the importance of support within more formal settings such as the workplace and educational settings. It also discusses the importance of the natural environment in Dorset on people's health and wellbeing, as well as the wider benefits of taking part in exercise and other hobbies.

2.3.1   Informal support networks

There was a strong importance placed on having strong informal support networks within local communities and how they help them physically, emotionally and practically with everyday tasks.

Many of the participants spoke about having a supportive family and that their children, spouses and parents are extremely important to them. Participants felt supported at times of physical illness and injury as well as being supported emotionally. Having open conversations and working in partnership with family members helps with understanding when in need of support or respite.

> *"I'm very much about using your networks. So I wouldn't be able to cope with life without my networks. The support that I've got around me, especially when my daughter was younger, my mum and my sister."*

In addition, many participants discussed how friendship groups support them in their daily lives and with their mental wellbeing by being available to talk to and socialise with. Furthermore, a number of participants commented on the strong relationships that they have with neighbours and local communities who look out for each other. This was particularly important in rural locations. Some participants also commented how informal communities such as those that they create through dog walking help people to meet other people locally and talk about their daily struggles when they may not otherwise.

> *"I would've said some of the most powerful interventions for us have been the social things, aren't they?"*

> *"We've got very, very good neighbours. We all look after each other."*

However, a number of participants also commented that there needs to be investment in appropriate support mechanisms within local communities to support those who do not have these types of informal networks. These support mechanisms help people to avoid isolation, loneliness and reduce

poor mental health. This is particularly important for the elderly, those who live in rural locations and those who are new to neighbourhoods.

> *"I feel really heartbreakingly sad for people that are isolated and lonely and don't have a community of some kind, so anything we can do or you can do to help people who are socially isolated in terms of helping them find some kind of community, some kind of support and I know there are amazing charities that do an enormous amount to help, but, you know, investing more I guess in helping people who don't have a friend, don't have something, somebody I think would be amazing because I think it does then have a huge knock on effect in terms of your mental health, your physical wellbeing, everything."*

> *"The more people are connected to others, the more likely they are to look after themselves."*

> *"We as a family, we don't have a lot of support. We've got a combination of small family size, illness, estrangement, and all the responsibility falls to my wife and I... we don't get that day off, which I'm sure others can recognise, but we don't get that sort of, oh, we'll call in the parents or we'll call in others to take care and I think the compounding effects in terms of fatigue and that sort of thing, that can be a struggle because it sort of taps away at an energy."*

Numerous participants commented that Covid had meant that they were isolated from family and local community support, while those who had moved to Dorset during Covid did not have the opportunity to build community networks and are still impacted by this form of isolation. However, some participants commented that they felt part of something during the pandemic, were thankful for help they received from the local community and that people had been friendlier during Covid than before.

> *"I came back to Bournemouth at a very bad time with Covid, so don't socialise, don't get to meet anybody. So, it was a very long, lonely period of time."*

> *I had a bit of like a struggle with mental health-wise and around exams, which then didn't particularly happen because of Covid, which didn't help either because it's a lot of like being stuck indoors."*

2.3.2   Local environment and the outdoors

An overwhelming number of participants also placed great importance on the local environment and being outdoors. Making use of both the countryside and coastal areas locally helped improve and maintain their health and wellbeing. Many participants enjoy going for walks and swimming in the sea. Local community groups that utilise these also help participants to explore the local area and build support networks. Covid restrictions had made local residents appreciate their local area more than they had previously and the daily restrictions on time outside had helped get them out of the house. A number of the respondents who have recently moved to the area commented that one of the main reasons for doing so was due to the natural environment offer within the county.

> *"I love living in Dorset. There's so much to do, I love the open air and getting outside and doing stuff."*

> *"When you have got time off work, there's no better place to be. There's just so much to do on your doorstep. It's amazing."*

> *"In our first year, I think we went somewhere different every weekend. I don't think that's exaggeration. There was just always something to do, so many opportunities within the Dorset boundary."*

> *"One of the only benefits that came out of lockdown was the fact that I like getting outside now."*

> *"Going for a walk together and just being out in nature and trying to be mindful about it a little bit, like not just rushing along, you know, if it's a nice day to stop and pause and listen to the birds."*

However, some participants also commented that their mood and mental health is impacted when the weather is poor and it gets dark earlier in the winter.

> *"I live in North Dorset and we've got beautiful countryside around us. So within five minutes I'm in the field and woods and valleys and, you know, so when I can, I walk and I think as the weather's getting better, I will walk more."*

2.3.3   Exercise, interests and hobbies

Opportunities need to be created for people to do what they enjoy to help them relax and support their wellbeing. A number of participants

commented how exercise and sports helped them improve their health and wellbeing, while also helped create social connections. In addition, a number of participants commented on how interests such as gardening, cooking, and a love for the arts such as reading, writing and drama were good for their wellbeing, particularly those who are unable to take part in exercise but are able to be physically active. Puzzles and board games were also cited as being beneficial at keeping an active mind.

> *"It's a well-known fact that exercise releases endorphins and so that makes you feel better. So from that point of view, it's great, but also the psychological point of view, meeting with friends, chatting, you know, laughing, taking along my dog."*

> *"My life is quite busy for my family. So you don't often find you have time for yourself. So I find exercise is that time that it's kind of like I'm doing it for myself and I have that head space and you know, it's just for me, something I'm doing for myself. So I find that's really good."*

> *"I do quite like a bit good bit of telly as well. I find that really rewarding and just like getting into a good like crime series or something helps me to switch off and just take time out for me."*

> *"I'm still convinced that, it's better for my health and wellbeing if I have got things to occupy my mind because I could get bored quite easily if I didn't. Although I've been saying I enjoy sport on television, quiz programmes, art society things. I still think I need to be doing something rather than just watching something."*

2.3.4   Peer support

A number of participants felt that peer support groups and meeting people with similar and lived experiences to them were particularly helpful. Peer support should be easy to access and available face to face as well as through online and social media platforms, particularly for rare conditions and those with multiple conditions or identities. The opportunity to access peer support through walk-in locations such as talking cafes and the Dorset Recovery Education Centre was also important to participants. While some participants preferred face to face peer support to be available, others liked the ability to dip in and out of online groups.

"It's just nice to have someone to relate to and sort of share your stories with, share what you're going through and be able to talk about that."

"It was just so nice to speak to another person who was like me."

"I'm on quite a few diabetes Facebook groups as well, which I discovered probably a lot later than I should have done, to be honest. And I sort of, you know, I'm scrolling through Facebook thinking I thought I was the only person that that happened to, or I thought I was the only person to think that. And it turns out there's a whole community out there that are going through the same thing."

However, many participants also described difficulties finding these themselves and support is needed to signpost to these. The GP is often seen as the first point of contact when people are in need. It is therefore important to engage with GP practices to ensure that they are aware of the support networks available at a localised level. In addition, some participants were concerned at being given advice through peer support from non-medically trained individuals.

"There's an Anaphylaxis UK Facebook page, people say, I just had an anaphylactic shock. I've been in hospital, I don't know what to do. How should I feel? So they turn to social media, which is great. However, the person at the end replying may not have any medical knowledge whatsoever and offer advice that may not be particularly helpful, or perhaps missed the signs of somebody having more traumatic problems behind the scene. And then it just gets a bit messy."

2.3.5   Social prescribing / PALS

Linked to the ability to access and being signposted to peer support, some participants commented that they benefited from being able to access social prescribers from their GP practice. Social prescribers are beneficial at pointing people in the right direction to care and support. However, more are needed and they should be offered to patients automatically without having to ask to be referred to this service.

"So I was referred to a social prescriber and they can listen to the whole story and they can suggest things, which I found really helpful. So for my friend who's elderly, I suggested she

went along to her surgery and asked to see the social prescriber and the social prescriber can help her see her way through the treacle that is her situation."

In addition, a few participants commented that they had received helpful support from the Patient Advice and Liaison Service (PALS) when needing help with their medical concerns.

2.3.6 Volunteering

A number of participants commented that they were proud of volunteering and making a difference and helping others. Participants commented that volunteering helps maintain and improve their health and wellbeing, gets them meeting people and improves social isolation. Participants volunteered because they were unable to work due to health reasons, while it also gives them a sense of purpose following retirement. A number of participants also commented how their volunteering role had led to employment opportunities. It is therefore important to promote volunteering opportunities and the various benefits that it can offer to a variety of people and circumstances.

"It gives me a sense of kind of purpose and value, and I think it's the same for everyone really."

"That is quite rewarding and it's nice to give something back to the community."

It was also suggested that personal care within hospitals is often lacking and that volunteers could be utilised to help provide this.

"Volunteering at the hospital is very special. I'm represented and that this is just so awesome, just wonderful. The fact that I can offer something back to the organisation has helped me so much in so many different ways. It is probably the one thing that's keeping me going."

2.3.7 Work

A number of participants commented that they were proud of and enjoyed their work and that it gives them a sense of purpose. Some participants were also proud of realising that previous roles were detrimental to their mental health and subsequently changing careers and job roles. However, a number of participants commented that they were still employed in roles that caused them stress and depression.

"I suppose I'm proud of the fact two years ago, I was hating my life and my job. I was in a bit of a sticky situation with the team I was in and I wasn't enjoying the work and I wasn't enjoying the people and I took a bit of a punt and I left a full-time position and took the risk and went for a bit of a career change into a temporary one year position and I got it and it was the best thing I did career wise to jump ship and be ballsy enough to go for it."

The importance of a work-life balance was discussed by many of the participants who find it a challenge to juggle work and family commitments. Participants commented that work can be so busy that it is hard to put the time and effort into looking after their own health and wellbeing. Managing a work-life balance can also be impacted by healthcare services cancelling appointments or booking appointments at times that are not person-centred and fail to take into account personal circumstances. Taking breaks at work is helpful to mental health and wellbeing.

"Sometimes that work life balance isn't always what you think it's going to be."

"For my own wellbeing, I try to let it go, especially in the evening when I get home. I think I try and stop and I stop thinking about it."

"I find if I have a walk in the middle of the day, I'll come back to work and feel a lot more refreshed and sort of ready for the afternoon."

Covid forcing a number of people to work from home has also had various impacts on those in employment. While some participants commented that the change to working from home has suited them due to now being able to manage their work-life balance better, others commented that they have missed the social aspect of working in an office and suffer from social isolation. Some participants also commented on the increased energy costs at home and lack of suitable working space when other family members are in the home. Working from home has also resulted in more digital meetings, which while they can save time throughout the working day through less traveling, they can also be non-stop and result in more screen time and lack of moving around. Hybrid working and allowing employees the choice of their place of work helps manage work expectations and responsibilities within individual lives.

"I feel like my world got very small when we started working from home and it's quite easy to stay in all day and not do

anything or drive anywhere if you don't have to, if you're working 9-5 and you've not got plans that evening, it's easy to stay in the house for 24 hours, which I recognise is absolutely not very good for my mental health or physical health."

"You don't get that sort of decompression time that a commute might offer or take Dorset traffic, it's road work season once again. At least you get to a kind of process that'll sort of compartmentalise and then you can switch, whereas at the moment it's lock the screen, head downstairs and suddenly you're into, what are we doing now, dinner, clubs et cetera. So it can be difficult."

A number of participants praised having supportive employers who adopt a flexible approach to help employees manage their health condition and caring responsibilities. Employers who proactively provide advice and opportunities for employees to manage their health and wellbeing through providing therapy, counselling and wellness groups were also praised.

"I'm aware of burnout, but I pace myself really well, and I'm quite good at saying no when I need to. So if work were like, can you be here and it's too much. I'll say, look, I'm doing too much at the moment. I need to say no to a couple of things and they're good with that."

"The other thing that I liked was the fact that one of the rooms off the ward was headed up as being consulting room for staff. I think it was something like that. And this was clearly a room where staff who felt under pressure could go into and talk privately to anybody they wanted or somebody, any senior person who might be there about their feelings about what might be causing them anxiety, what might be causing them stress."

Those who were unemployed commented that they lack a sense of purpose and their health condition and poor mental health can consume them as a result. Employment helps to build social connections and reduces isolation. Appropriate support for finding employment was suggested as being required. In addition, appropriate roles and opportunities are needed for those with learning disabilities or are neurodivergent.

"When I was in the job centre one day, my work coach said to me they were advertising for people to work in here and

you'd be good at it. So I went for it and I got the job and I thought, why not give it a go?"

Some participants who run their own business had struggled financially during Covid and had made them change their shift patterns as a result.

> *"We went to four and a half days and we were paid for four and a half days. And we did that all throughout Covid and afterwards."*

2.3.8   Education

A number of the younger participants commented that they were most proud of their educational achievements, both in school and universities.

It is important for there to be easily accessible mental health support within schools, both for low/moderate mental health provision in order to prevent crisis but also for there to be support for serious mental health concerns if they occur. Instant, flexible access to school counsellors is appreciated. Support should be available for school age children to help manage any concerns they may have outside of school, for example worries surrounding the health of family members. There is also a need for mental health support within universities.

> *"I think the school, it was quite good because if there was points where I was feeling down, I'd head up there and knock on the door and say, can I speak to you at some point today? And they say, okay. I'm like, free at lesson three. And then I just said to the teacher, oh, I've got this thing, can I go out? And people didn't know."*

There is also a need for education surrounding mental health management as well as the benefits of living a healthy lifestyle including diet and exercise to be included within school settings.

> *"It would be great if when kids went to high school, they had a pack they could take home with them, which literally went, here's your services, so when you become an adult or when even now you need help, this is how you're going to do it."*

> *"I think you should be taught in school, like how to look after yourself, like this is how you will live a long, long life. And I think, yeah, a long and happy life. So I think that's important. I think, yeah, it does make me quite sad when I think back to school and I think like I just did PE for the sake of doing PE. I didn't do it because they taught me if you run around this*

field 20 times, not only will your brain feel a little bit better, but you'll probably feel a lot better in yourself."

There is a need for equity of support and access for special educational needs (SEN) within schools throughout the county, with mixed experiences of receiving support discussed. Some participants also commented on the Education, Health and Care Plan (EHCP) process. While some participants praised the multidisciplinary team approach, others would like additional support for completing it and feel that the process is merely passing the responsibility on. In addition, due to a lack of specialist provision within the county parents have had to home school which has led to both them and their children feeling trapped within their own homes.

> "Having a specialist school that understands her, that supports her, doesn't put all this pressure on her. She's exhausted after school and she needs to just relax and she doesn't have to do homework. I'm like, oh my God, this is a joy."

Some of the younger participants commented on the impact of Covid on their education, including missing out on things when finishing school they would normally have experienced, while other young people commented that they struggled with mental health as a result of isolation from their school friends and the additional demands of home learning.

> *"The after effect of that, which I'm sure you know yourself, is that their mental health and their wellbeing, a lot of kids have really suffered massively, have suffered with anxiety, stress. We're talking about like 8, 10, 12 year old kids have got anxiety or stress."*

2.3.9   Help in the home

Access to help in the home post-treatment and for supporting carers and the elderly is important in order to improve and maintain health outcomes. This support needs to be easier to access and proactively provided to those in need and to reduce the physical and emotional impact on family members and informal carers.

> *"When I worked on the district, we could order the home help to come in and that to help these people with their problems, but that doesn't seem to be that care now, it seems. Well if you can pay, you can have the services."*

> *"I did get involved in some organisations, like Home Start is really good. They got involved with us because I had them*

one to five. So there are, there's lots of services out there. It's just you have got to find them."

2.3.10 Financial support

A number of participants commented about cost of living concerns, including increased costs of energy, food and rising mortgage interest rates. Some participants were also concerned about the affordability of moving to a more suitable home to cater for their family needs in the future. The worry over the cost of living can cause stress and result in poor mental health and impacts on their relationships with family members as well as being able to afford to socialise with friends, again impacting on their health and wellbeing.

> *"One of the main things we're all worried about is energy prices."*

> *"With my electric and gas bill, I feel very frustrated about that and it's very scary because it costs me 7-9% extra because I still won't allow them to do it with direct debit, and I won't allow them to do direct debit because I don't know, is it going to wipe my account out and I've got nothing for food and nothing for anything else."*

Some participants commented on high costs of childcare. A number of working parents rely on family members to provide informal childcare due to the costs of nursery settings. Family members who provide the informal childcare are typically grandparents who have their own health conditions and restrictions. In addition, this is not possible for those who lack a local family support network. Due to having no family support network to help look after their children means that there is no time off to look after their own health and wellbeing which can then lead to fatigue, poor mental health and neglect of their own physical health.

> *"Grandparents are able to take on the childcare role three whole days a week, including the logistics and the practicalities. Um, but we just couldn't do that without my parents' support wholeheartedly."*

Some participants also commented on the impacts of the increases in the cost of living had on their work and employment. Participants commented that they had been forced to return to office working due to not being able to afford the increased energy costs associated with working from home. In addition, some participants felt that due to increased living costs they were going to have to work past retirement age. Some participants commented

that due to providing financial support to family members, including their children and overseas family members of ethnically diverse communities they are concerned about increases in the cost of living.

> *"People like ourselves who've got roots abroad, we've got this culture whereby you're supposed to support somebody back home, my mum, so we send money over every month."*

> *"I probably will be in the office more and more as the cost of electricity and everything goes up."*

Some participants have resorted to accessing food banks which have been of benefit. However, one participant felt that the nutritional value of food within these can be of lower quality and can impact on their mood and wellbeing. One participant also commented that they were unable to access support to a food bank due to not having an email address, a requirement in order to be able to register and gain access.

> *"I couldn't even go to the food bank unless I have an email address, and that's dealing with people who are poor that don't know about that."*

> *"I went to the food bank. But the food you get at the food bank. What do you think that is? You think that's going to make you feel healthier, happy, and move forward in life? Of course not. It's junk food. There might be some fruits and eggs, but I can't, you know, it's not the kind of food you give to someone to get well."*

2.4   Prevention and Early Help

This sections discusses the benefits of providing early intervention before crisis, as well as providing support and treatment that empowers people to self-manage their mental and physical health. It also discusses that services need to adopt a holistic approach to healthcare by providing a suite of treatment options, as well as the need to give equal consideration to both physical and mental health concerns and how people think about their future health.

2.4.1   Early intervention

A number of participants commented that they had been unable to access or were not offered support prior to reaching crisis and their concerns had been dismissed by services. Some participants also commented that they had been turned away by services due to not being suicidal and that they had to self-harm in order to be accepted for support.

> *"It feels like sometimes you're wading through treacle to try and get some services and you've got to make sure you're meeting that criteria. And if you don't, then, as a lot of people say you're a bit stuffed."*

Services should focus on providing easier and earlier access to support, which in turn would lead to better health outcomes, help with crisis prevention and subsequently lower costs for healthcare providers. A number of participants commented that the build-up of small issues can cause larger worries and concerns, while they would benefit from drop-in and community based support. Assessments should be provided in the home for both patients and carers to provide useful solutions and preventative care, which would help reduce the number of falls and other injuries.

> *"If any improvements could be made with the NHS, seeing people and nipping things in the bud, would probably be the better way, because I think, from a financial point of view, it's tying up a lot of resources for people, on telephones or whatever it may be, or seeing people and not sorting the problem out quicker."*

> *"I honestly think he'd probably be costing the NHS a huge amount more money because he would be going blind."*

> *"This is this all that whole prevention agenda, that's what that really, you know, if that lady had a grab rail, so she was getting in and out of the bath or the shower safely, you*

*know, the whole less risk for her falling. Less strain on the
NHS and services and just a little thing like that could have
made a big difference to a lot of people."*

2.4.2 Self-management

Services need to **provide appropriate information, tools and techniques** in order to empower individuals to **self-manage** their own health conditions and reduce the reliance on services.

> *"I was about 14 when I saw a dermatologist, and that sort of
> changed my life to be honest, because she gave me all of
> the tools I needed to take control myself and not sort of be
> dependent on anyone else."*

> *"I think empowering people to help themselves if they've got
> a long-term condition is something that I think is really
> important."*

However, some participants also commented that **residents need to be more proactive** in looking after themselves as well as asking for help. Self-help books were often mentioned by participants as being helpful in the self-management of their health.

> *"I do think that we have to take some responsibility for our
> health as well. We can't just sit there and let everybody else
> do it and then just blame them when it's wrong."*

2.4.3 Holistic approach to treatment options

A number of participants discussed the need for a **holistic approach to treatment** and a **range of options** should be provided to patients, including therapy, exercise and a mix of traditional and alternative treatments. The use of medication is not always appropriate and can be prescribed too quickly, particularly for mental health support. Medication was felt to mask conditions and did not solve the problem, while medication was being prescribed due to staff being overworked and not able to spend the time with patients addressing wider concerns. Participants praised their GP when they were supportive of and listened to their preferences for treatment.

> *"It's kind of like thinking holistically around people and I think
> also it is around thinking services are part of the solution for
> some people."*

> *"It's about listening to the person who's experiencing what they're experiencing and then helping them with what is best for them in the same way that I would be like, not everybody is appropriate for every medication or any medication, but other things work for other people. So as long as it becomes part of a suite of tools that we can use to help people, then I think that's phenomenal."*

Patients should also be encouraged to persevere with finding the appropriate treatment type and/or provider.

> *"I think it's really worthwhile keeping going until you get with one that really works for you. Because they're all so different and everyone gets something from different people or different vibes or personality or whatever. And I'm never that confident in going, 'oh actually no, can I see somebody else?'"*

2.4.4   Parity between physical and mental health

A number of participants commented on the need for physical and mental health to be given parity in considerations of treatment. Participants commented that their physical condition and need for treatment/surgery had caused them stress and anxiety and that they would have benefited from being referred to mental health support as well. Furthermore, some participants commented on the impact that sports injuries had on their mental health and quick access to treatment is required to reduce the impact of this.

> *"I'm worried that they will affect my health because I am, I firmly believe that mental issues have a physical effect."*

> *"There's that massive correlation between your physical wellbeing and your mental wellbeing as well."*

> *"We look at the physical symptoms, the physiological symptoms of a medical condition. And you learn all about what it does to the body, but you never really spend much time with the patient because you see them in a trauma, you deal with them. They then either go home or go to a ward. Nobody ever sits down and talks about the everyday living of a problem and the feelings attached, or the other psychological issues that might come."*

Participants did mention best practice of where their physical conditions had been supported through referral to mental health services, including

being offered counselling when receiving chemotherapy, through the pain service and maternity departments referring new parents to mental health support.

> *"I did have it in hospital, counselling was offered from when I was in the radiotherapy department. And there was a lady there who offered it."*

2.4.5 Misdiagnosis

Some participants expressed frustration at being misdiagnosed and their concerns were not taken seriously enough, which on occasion had resulted in further health complications. There was also concern at the ability of services to properly diagnose without seeing patients face to face.

> *"It was finally taken seriously that I could start to have investigations. It's been going on for about four years by this point."*

> *"The paediatrician has seen him for all of, I think he was in there one minute and 38 seconds when he gave me a diagnosis for him. That was it. One minute, 38 seconds. I timed it from the time he walked in. He didn't know him, he just said he's got attachment disorder. That was it. He didn't know that he's ODD. He didn't know he was OCD, none of these things. It was just put straight down to attachment,"*

2.4.6 Future health

Participants gave mixed views in terms of their consideration for their future health. Some respondents commented that they and young people take their health for granted and do not worry about or consider their future health as they do not think about the fact that they will get old. Other participants also commented that they have avoided having an annual health check due to not being concerned about their future health. Education is required to make the general public aware of future health implications and the benefits of having regular health checks.

> *"As you get to your sixties, maybe you become, or I have, become much more conscious of how much time I might have left."*

> *"The NHS needs to do is to try and educate people, as they're approaching old age in some of the things that could go wrong and how to deal with that, how to be in effect*

prepared for it. Be prepared for a lot of things in life, but no one prepares you for old age."

Other participants considered themselves lucky to still have their health and hope to remain healthy, while some participants questioned how old they were supposed to feel and people need to embrace life. However, other participants commented that they were concerned about their future health and the impact it may have on their life, including the ability to have a driving licence and keep mobile. Some participants discussed the need to stay physically fit as well as the importance of keeping mentally active as they get older, including doing puzzles and brain training exercises to support this.

> *"I'm 56, and for me, I think I need to be the fitter now than I've ever been, because as you get older, you need to stay as fit as you can for as long as you can."*

> *"How am I supposed to feel? How old am I supposed to feel? I'm 81, but how old am I supposed to feel? We just don't know do we? Whatever age you are, you don't feel that age, do you? But you don't know what you feel like. You could say 18, you could say 26."*

Other participants commented that they were only concerned about their future health once they had been diagnosed with a long-term health condition, they had experienced a bereavement amongst their friendship group or they were approaching a similar age as to when relatives had experienced health complications.

> *"What brings it home last year is that one of my oldest friends who went to school with my brother passed away last year. He had a heart attack and just died and he's buried just up the road. So that really brings it home to you."*

2.5 Engagement

This section discusses the need for services to adopt a person-centred approach to care and support, that services need to listen to and include patients and their family/carers in decisions surrounding treatment options and that services need to communicate with service users both while they are waiting to access services and provide sufficient follow-up support. Service users need to be appropriately signposted to additional support available to them and need to be able to access services through a variety of options, including face-to-face, over the phone as well as digital engagement.

2.5.1 Signposting

There is a need for greater signposting to services and advertising with regards to what services are available locally. There is also a need for greater education so that local residents are aware of when to access different services and for what type of treatment and/or condition.

> *"Until we educate people, in terms of doing that, and in my opinion, via that should be part of every single GP practice should be or maybe it has to be locality, but I think locality is too big even. But every GP practice needs to have people who are about teaching people to self-manage. And to use the services they need when they're needed and to teach self-management skills."*

A number of participants felt that there needs to be a single directory of services and support available that can be filtered to micro/local level. It was also suggested that electronic road signs, similar to the ones that provide information on traffic delays and roadworks could be utilised to provide information on support services and how to access them.

> *"There's nothing that really gives a comprehensive list of what services are available and what they offer. So, I mean, if we could have something, you know, just for, if you like, preferably Weymouth, Portland and Dorchester."*

> *"There's a, a road leading from Poole to Upton and there's a big sign that says where all the car parking spaces are on the way from Upton to Poole. And I just mentioned that why can't they put a sign in there at the same time saying, if you've got a memory problem, please ring XXXXX XXXXXX and get help."*

There also needs to be greater promotion of healthy living to aid the prevention agenda, as well as education on how to provide first aid care.

> *"They might be middle-aged, never come across anything to do with health for social care before. They really don't know anything about, there is whole rafts of the population that do not know where to turn to get support about anything, which always staggers me. When you work in it, you kind of think, why do you not know that? But they don't, they don't even know that they can get a grab rail put in. They don't know anything. And I just think there needs to be, that's one thing I really wanted to get across. Just needs to be better awareness. It's almost like a public health message, isn't it? About where to get, where's your first point, what support's available and where you can go to get it. There's so many places you could go. It's where to start. So that's confusing for people."*

2.5.2   Single point of access

Some participants commented that being assigned a single point of access or navigator when accessing support services would help people access the appropriate service quicker, resulting in better health outcomes and can coordinate care easier when dealing with multiple services for different health conditions.

> *"Because she's still there on the end of the telephone, if ever I need anything, she's wonderful. Same person. Single point of contact. And that's six years. Which is amazing."*

> *"You need sort of like one person coordinating it all, do you know what I mean? I phone you and I tell you my problem, and you say, okay, leave it with me. I'll get whatever, or I'll find out or I'll get somebody to phone you back and then they call me, rather than me having to phone you and you say, oh, phone this person. And then they say, oh, can you phone that person?"*

2.5.3   Person-centred approach

Person-centred care is viewed as being a priority for health and care services locally. One example of providing person-centred care included the nursing team putting glasses on a patient while they were under local anaesthetic so that they were able to see and weren't confused post-

surgery, while other participants commented that a lack of small personal care details (e.g. helping to feed, brush hair) could result in further illnesses within hospitals.

> *"They're looking after so many hundreds of people. It feels like we're the only ones. Feel very special."*

> *"I had a lovely conversation with the anaesthetist in the day surgery before I had my prostate done and she said, is there anything you'd like to tell me? Are you okay with an anaesthesia? Had I had an anaesthetic before? And I mentioned yes, I had, I said the only problem I had was that when I came out of the anaesthetic on one occasion before, I was shivering. So what do you think she did? As I went into the operating theatre at Dorchester Hospital for this little procedure I had, she said to one of the staff there, can you just go and get me the blanket? And this blanket had been nicely warmed on a radiator in the operating theatre. This blanket before I was put under, was actually placed over me so that when I woke up, I didn't feel cold and I thought, what a lovely gesture that was. I mean, it was just a gesture, which I felt was going beyond the call of duty, but nevertheless, you feel good."*

2.5.4 Listen to patients / include in discussions

It is important for patients to feel listened to, trusted and included in discussions and decisions surrounding their care. Service providers need to properly engage with and not appear distracted or rush patients.

> *"She listened to exactly what I said and she believed me. And just followed her instincts and went with it. And I'm incredibly grateful."*

> *"Where I'd moved and I got a new doctor surgery, I went to a new doctor and she prescribed me the cream that I knew I needed because I've suffered from it my whole life. And when I ran out, I called up and just said, is there any way I could have some more? And when I described it to her, she sort of made me feel a bit stupid and I was like, I know what it's like because I've suffered with it all my life. And she said like, oh, we don't like to give you so much of the dosage. And I was like, I understand all of this because I don't remember life without it. So I was like, I know what it's like... It was almost like she didn't believe me."*

2.5.5   Family/carer involvement

Services need to adopt a holistic approach to the care of individuals and consider the impact that it can have on relatives and those involved in the care of patients. Services should involve relatives as well as those who provide care of individuals in discussions about treatment and acknowledge when someone has power of attorney or are registered as a carer.

> *"Whether you meet your GP or you do go into hospital with your child and maybe there could be at some point, you know, and how are you, mum, or dad, whoever's going in with the child, you know? Are you okay, is there anything that we can do?"*

> *"Weldmar is a holistic approach, so, you know, it's about the whole family can get support. So even our two sons could get support if they needed it, couldn't they? And you know, my wife has accessed counselling and complimentary therapies, which have been really helpful."*

2.5.6   Continuity of staff

Being able to be treated by the same person was important to a number of participants because it helps them to build a rapport and relationship with specific individuals, who are then able to notice subtle differences and signpost or refer to other support more easily. However, some participants commented that access to support is more important than continuity of staff, particularly for minor health concerns.

> *"It is difficult seeing different GPs. That's annoying."*

> *"And I think it's important sometimes if you are very lucky and you have a GP who knows you because you've built up a rapport over the years which is often why I still think it's good to have a general practice where the doctors stay. I know that's not always possible because they move off for other reasons, but on the whole, if you can build up a rapport with your community then you will often know. So when I went to see my GP, I could have easily gone in, got my medication, got my sick certificate for work or whatever, and left. And you get your prescription from the pharmacy and nobody actually says, and how are you? But this one GP did and touched on the fact she thought I might have PTSD."*

Some participants were also appreciative of being able to stay with the same GP practice when they moved in order to continue the understanding of their health needs.

> *"When I moved to Broadstone, I came out of the catchment area and I didn't want to move doctors because I loved them, you know, they were so good. They really were. I could honestly say there wasn't one that I wasn't happy to see, and so they advised me to write a letter and I did, and they let me stay."*

2.5.7 Follow-up

It is important to a number of participants that services proactively follow-up with patients post treatment to make sure that they are coping, both physically and emotionally. A lack of follow-up can lead to patients feeling isolated and cause stress. Furthermore, patients would appreciate being notified when test results are good as well as when there is an issue that needed further exploration.

> *"You read on the news that half the people in hospital are actually there because there's no aftercare for them at home, and so they're being, they're blocking beds basically. That's a big concern. And nobody seems to be really doing anything at it irrespective of who's in power or whatever."*

> *"Slight worry about these things sometimes is they say, well, we'll get in touch with you if there's anything wrong. It's, I can understand why they do that. They don't want to be ringing people up saying everything was perfect. Just nice to know occasionally. Reassuring just to hear that."*

Services need to proactively engage with communities and demographic groups who do typically seek support themselves, for example deprived communities and men.

> *"If I think about this community, parents aren't proactive here. It's a social housing community that is not proactive in lots of their healthcare. So they might not be registered with dentists a lot of these young people around here in the families because the parents probably can't afford to pay, but a lot of them will probably get it for free anyway. But they probably haven't ever sorted it out."*

2.5.8 Communication during wait to access

While there was an appreciation for services playing catch up following Covid, services need to be proactive in keeping in touch with service users during wait times to access services and provide them with information about the overall process. A lack of communication from services while waiting for access to treatment adds to the stress and anxiety associated with requiring support.

> *"Everything being joined up and the waits because it's, you know, oh, we haven't heard anything."*

> *"I'm waiting for cataracts to be done. It's now the end of October and I've been waiting since the beginning of the year, and I'm also waiting for B12 injections from my doctor. But the letter from the hospital seems to have disappeared down a black hole, and my doctor hasn't received it. I've been phoning the hospital, phoning my doctors, and getting nowhere."*

2.5.9 Digital engagement

Services need to appreciate that not everyone is digitally enabled and therefore need to continue to provide a range of options to engage with them, including via digital, telephone and video support. It would be helpful if service users were asked for their method of contact preference. Those who are not digitally enabled, particularly the elderly, often feel excluded from access to services due to a lack of desire to use and/or training on how to communicate with services digitally. Participants did comment however on there being support provided by charities and within libraries available, albeit with limited advertisement.

> *"I'm not trying to stem the flow of technology because I'm a great supporter of it. But it's got to be used in the right circumstance with appropriate backup and support."*

> *"If the end user isn't in the main swing of technology, even although they might be able to use a mobile phone or a home computer, doesn't necessarily make them competent or confident to use new systems that are introduced and without any sort of guidance or a human voice backup."*

> *"Older people don't like IT, but they're going to have to get used to it because that is the way forward."*

> *"I'm no IT expert though, you know, it's beginning to run away with me now."*

> *"A charity put me in touch with the IT people and I've gone there and they've helped me and I thorough enjoy it."*

It is also difficult to keep up with technological advances, especially if only accessing services sporadically. The use of no reply email addresses and a lack of telephone numbers to contact services for support was a frustration for a number of participants and services should not introduce technology without providing easily accessible human support in the background.

> *"My concern is for us as a couple, is that so much is automated in our lives now, that sometimes we feel vulnerable in as much as we're either not up with the technology or we just think, well, why the heck can't we just talk to somebody because we can talk to somebody and resolve it within a matter of a couple of minutes, instead we are trying to pick our way through a computer system that we may never use again."*

> *"Technology keeps moving forward. And as technology moves forward, everyone's doing little catch ups. That's the thing. We all need to stop and just use what we've got for a bit. I think I've got to grips with, you know, Microsoft Office and then they change it all and I'm like, oh."*

Telephone services were described as being inappropriate method of engagement as opposed to face to face contact due to privacy issues when at work, not knowing who you are speaking to, being impersonal for accessing mental health support, as well as not being accessible for those with a hearing impairment. However, the availability of telephone helplines to services and support was appreciated.

> *"I find it really hard with things online and stuff because I know they're all there, but I don't always want to be sat in front of a screen. I'd rather be in front of people or have somebody give you a phone call and just say how are you? you know, you've just finished your treatment, is there anything else we can do to help?"*

The use of digital services was praised by participants for a number of reasons. Instant feedback that health monitoring apps provide was praised, such as those that monitor insulin levels for those with diabetes. Participants expressed mixed experiences of online booking systems, with some praising the ease of access to perform this out of hours, while others commented that the system was inflexible and did not allow them to select

a personalised appointment time which booking face to face or over the telephone would allow. Text message reminders for upcoming appointments as well as notification of the need to have a health check was appreciated.

> *"One of the benefits of having the technology is my blood glucose data gets uploaded into the cloud. So my consultant can see on a screen exactly what I can see."*

> *"So if you do the online click thing. They give you some random appointment. Well that's not good because I work. What we do now is you go in, you go into the doctors. You stand right in front of them and you force them to talk to you. And then you say, right, I need an appointment. Yeah, no problem. So then you can sort out an appointment that suits you. Oh, can you come at this time? Fine, no problem and off you go."*

Participants commented that Covid had resulted in greater use of technology for accessing support and services. While it was beneficial for a number of people to access health and exercise classes online during the pandemic, others commented on connectivity issues such as buffering of video calls.

> *"You struggled with Zoom sometimes because if it buffered or if the connection wasn't good. Because he is visually and hearing impaired, it's very difficult for him to see someone on a screen and have a conversation and take it all in."*

2.5.10 Letters and correspondence

A number of participants commented that the use of letters to send information between services and to patients slows down access to appropriate support, while others praised how electronic communication between services and patients saves time and money. In addition, letters can get lost in the post.

> *"A&E had to physically write to his doctor and I was like, oh, this is mad. They're going to send a snail mail letter that's going to take five days to get to the surgery when it could just be there instantly, it made no sense me that."*

Some participants complained that they had received diagnosis for medical conditions via letter as opposed to through a face to face appointment, while letters had included personal matters discussed within appointments, which had resulted in parents and other family members

seeing sensitive information. Furthermore, it was noted that they had not received correspondence concerning their child's health matters because letters had only been sent to one household of separated parents.

> "I hadn't actually told my parents, but they sent a letter home and the letter home, I didn't realise at the time when I was opening it with my mum that it mentioned that was in it and basically everything I said was in it."

2.5.11 Accurate information

There is frustration at incorrect information within medical records, including medication details and wrong addresses on correspondence. In addition, some participants commented on receiving confusing and contradictory information on how to access services, such as to whether they needed to book an appointment for walk-in centres or not.

> "The last check-up I did was entirely over the phone because I ended up in the wrong place because the letter from hospital had the wrong address on it."

> "We decided to go to walk-in centre because that's the closest one in Shaftesbury. I knew in the past you needed to call 111 first to book an appointment, but I went online and I wanted to check and there was nothing saying about it. So I thought it's not a case anymore. It's a walk-in centre. You're supposed to be able to just go there. So we actually went there and they told us about 111, and I was like, okay. I did check the website. There was nothing about it."

2.6   Physical and mental health conditions

This section discusses the impact that health conditions have on the day to day lives of participants as well as experiences of accessing and interactions with services and support for those with a specific physical and/or mental health condition.

2.6.1   Impact of health condition

Participants discussed the impact that their health condition(s) have on their lives in general. A number of participants discussed how their health conditions limit their mobility and stops them going for walks and taking part in exercise and leisure activities. However, a solution to this that was mentioned was the use of mobility scooters to allow them to enjoy fresh air which helps their wellbeing. Health conditions can also impact on qualifying for a driving licence, with older participants describing how no longer being able to drive restricts their daily activities and can result in social isolation.

> *"It's a big reminder that actually this is a potentially life limiting condition, or if not life limiting, I guess quality of life limiting. So it's part of who I am, but I don't let it define me, but it's always, I always have to carry it with me."*

> *"Up until the recent past we'd have gone for a walk, a decent walk. I can't really walk anymore, so I've got a mobility scooter now, but that's taken the place of walking, which is a sort of double edged sword because it means I don't get the exercise I was getting before, but I'm still getting out in the fresh air."*

> *"Once you get past 70, your driving licenses are renewed every three years. So when it came up I was 76, my license expired They eventually sent me the form to renew the license, and you have to put in various boxes. I didn't lie. I said that I can't see out my left eye, so they required me to have an eye test and the opticians carried out the statutory eye test, and they didn't feel it was good enough. So I sold the car and that's it."*

Health conditions mean that days have to be planned in advance and paced in order to cope. A number of participants did comment however that they were proud with their response to and ability to cope with adversity and the challenges that their health condition creates.

"It's about planning. So if he has to work away, tomorrow he's going away for work, but I know when he's going to leave and I know when he's going to be back and I can plan work accordingly. You know I ordered a food shop, so it's all about that, it's all about planning around the disease."

Some participants also expressed feeling lost due to their health conditions, as well as when their grown up children moved out of their home, creating a void and loss of sense of purpose and identity. Other participants commented that their lives were impacted and restricted due to the poor health of their spouse and other family members.

"I'm at that, that part of my life where I'm going through menopause, children have left and are adults now and they need you in a different way. And it's almost like, so, okay, so who am I now?"

Some participants also discussed how they found injuries difficult to cope with when exercise was a key part of their identity and that services need to provide quick access to rehabilitation in order to reduce the impact on their mental health.

"I've gone running on the coast path and I've twisted my ankle, but now I can't run for a year. Like I could go and commit suicide because I can't run. I think people need to think about the impact it has on people and it doesn't matter how it was sustained."

Some participants discussed the frustration of being classed as vulnerable throughout the pandemic and the need to shield, resulting in social isolation. In addition, there are long-term health impacts as a result of Covid, including delayed treatment, as well as having to now use an inhaler to help with their breathing following Covid. Participants also commented that due to the restrictions in place during Covid, elderly residents were not as active as they were previously which has now resulted in more falls and greater demand on health and social care support.

"I was considered clinically extremely vulnerable and therefore told to shield and we kept my children off school. Then I got diagnosed with breast cancer. So then we had the chemotherapy, all of that meant we were shielding together as a family for a long time - that has been a challenge."

"The real problem isn't about when you got Covid or anybody got Covid. I say it's the effects of people being locked down for such a long time and being immobile for such a long time, it's that implication. You know, mum wore slippers for

*months. Little crappy, bloody ones from Sainsbury's, you
know, and that is what's damaged her legs. You know, it's
ridiculous because she never went out."*

2.6.2 Stigma

A number of health conditions still have stigma attached to them due to a
lack of awareness and understanding. Society needs to be more inclusive
and understanding of challenges that various conditions and communities
face. However, it was also felt that there needs to be less segmentation of
people into separate communities and that there can be crossover
between societal groups. Groups and communities should be utilised to
help in the education of the wider public concerning a variety of conditions
and demographics.

> *"I think this stigma is ridiculous. I've never had stigma in my
> family. My father struggled with mental health and didn't
> admit to it for years, which didn't do him many favours at all.
> And I would talk about it with anyone and everybody and
> say, oh, for goodness sake, we've all got mental health.
> Sometimes it's good and sometimes it's not so good."*

> *"I just don't kind of feel like as a wider society there's really
> that kind of understanding, you know, particularly with
> nonvisible disabilities, of kind of the barriers that people do
> face and, you know, what are potentially quite simple things
> that society could do to be a lot more inclusive and
> welcoming and help people overcome barriers."*

> *"You can be a veteran, you could also be part of the
> agricultural community. You could be a carer, you could
> have your long-term conditions, whatever it is, and just sort
> of stop over segmenting. Not saying that's what people are
> doing, but I think there's a danger to health inequalities."*

2.6.3 Mental health

Participants described suffering from poor mental health for a variety of
reasons, including work and unemployment, trauma and due to the
pandemic. Those suffering from poor mental health would distance
themselves from family and friends and pretend to be happy.

> *"It's sort of making me close off a bit to people. I think. Yeah. I
> sort of feel like I'm just in the way almost because I'm not*

really doing anything and then I'm not really helping out much."

A number of participants commented that mental health services are stretched and there are long waiting lists and a lack of access to low to moderate mental health services before reaching crisis.

> *"I had a CAMHS interview but then didn't get accepted, which I didn't feel like I wasn't entirely getting the help because I think they said that I wasn't bad enough for it, which sort of made me question things of like thinking, well, if I'm feeling like this and it's not bad enough, then it almost like I felt like I was catastrophising things in my head, which didn't help in a way."*

> *"I was supposed to be going on a Steps2Wellbeing programme, but then I couldn't. I didn't really, because of the waiting list, the waiting time before you saw somebody."*

Some participants described feeling that there was a lack of cohesion and joined-up thinking amongst mental health services both within Dorset and cross-border.

Medication is prescribed too quickly and some participants do not want to take them. Alternative therapies should be explored, including talking and music therapy and exercise prescribed to improve mental health and wellbeing. However, a number of participants do not feel as though they receive enough sessions to build relationships with therapists or to get to the root of the issue and that mental health requires constant management and access to support services. Sessions can often feel rushed and mental health support over the phone or online was inappropriate. Despite this, participants also commented that mental health freephone helplines were beneficial to supporting them and getting timely support and advice.

> *"I didn't really want to go on to medication and whilst they're brilliant and they work, well, you've got to then wean yourself off that, you can't just suddenly stop. So I wanted to try and find a better way of dealing with that."*

> *"How is eight weeks or six weeks ever going to get to the depths of what he's been through? And all the ramifications of his treatment and all those feelings he's got about how he was treated at school and how his struggles and how desperately lonely he is, how is that going to be treated in six weeks or eight weeks, it's not."*

"I think it was quite like a conversational thing, like the counsellor was quite friendly and we didn't exclusively talk about those things that we talked because I was quite a fan of like TV and film. We had these sort of like side conversations, which then made me feel more like acceptable of opening up and made me feel more comfortable in the area rather than just, oh, this is a new person to talk to. What if they tell someone?"

In addition, some participants commented that there need to be more drop-in mental health services based in communities such as the Retreats and informal settings for talking such as coffee mornings, benches, walk and talk groups, as well as more mental health services and support targeted at men's health. Access to support needs to be able to accommodate service users and allow them to access ongoing care as and when they require it, as opposed to starting the journey to support again.

"I think sometimes I think there's like a missing bit for men who need to go through some post-traumatic stress or abuse that they need to resolve from the past because I think sometimes when you look at men who are angry or depressed or struggling with their own mental health, underneath it all you can sometimes find that it's because they've experienced something and not talked it through with someone and it's really difficult because you can't force them to go and get that help."

2.6.4   Hearing impairment

Participants commented that appointments need to consider the needs of those with a hearing impairment. Telephone appointments are not suitable for those with hearing loss and that family members and other support networks need to speak on the phone on their behalf to access services.

"When I lose my hearing, it's really hard because I can't hear anyone and then it can be really difficult. For example, when I go to the doctors, they say I have to have a phone call and then I can't hear on the phone. So then I have to find a friend to come and help me or my partner to help kind of do it. So that can be really frustrating."

In addition, those who are born deaf can be unable to read or understand English language and so do not understand information that is sent to them in letters, which can result in missed appointments, loss of benefits and disruption to care packages. This is also an issue when letters directing

patients to hospital departments do not match the signs within hospitals and other service providers. Those who are deaf cannot communicate with anyone within these settings due to lack of language and so often end up leaving and not attending their appointment. In addition, letters only contain telephone numbers for follow up support, which is inappropriate for those with a hearing impairment because they are unable to communicate via this means.

> *"The general rule is that they wouldn't be able to read. They'd get letters. They lose benefits because they can't respond. They get forms from adult services. They can't read them, certainly can't fill them in. They lose direct payments or, you know, there's a disruption in their care package."*

> *"See, I can't contact any, if there's any English, any English at all. I have no clue what's going on, none whatsoever. So they all say phone back, and I can't do that. It's sign language for me, so because I can understand it when it's signed, but I can't understand it any other format at all."*

Those who are deaf require interpreters to be booked on their behalf in order to assist with appointments. However, due to a lack of communication between services or understanding of how to book these, interpreters are often not provided which results in cancelled or postponed appointments and causes a delay in access to healthcare provision. There are also financial and time implications for the deaf community as a result of this.

> *"I think there's a couple of issues around that, might say that this patient is deaf, but it might not say you need to book an interpreter. And it could be even the person reading the letter doesn't know what an interpreter for the deaf is anyway. Or how you would book them. So we've got barrier, barrier, barrier, barrier. So what will happen and how we get affected as a team is the deaf person will say, go hospital and they've got a date, but not sure interpreter, I can't go, I can't be without, I'll turn up and I've got, I won't know what's going on, I'll have to come away again."*

Due to the barriers to access to services mentioned above, deaf people often avoid accessing services which can result in further poor health outcomes. Participants suggested that services need to engage with the deaf community to identify how to meet their needs and that services should look at the Southampton Cochlear Implant Centre as an example of best practice.

"We have to think and talk to the deaf community, find out what system's going to work best for all of them."

2.6.5   Visual impairment

There is a lack of understanding for adapting public spaces for those with visual impairments, with difficulties accessing public spaces without additional support. In addition, information provision that is inaccessible, including via digital technology and uses unclear language is a barrier for those with visual impairments and can impact on mental health.

"I just find going to a gym or doing classes is just really difficult with visual impairment. I'm just like, I can do it. But it takes a lot of organising and you have to do a lot of almost awareness raising and training with the trade people. And it's like just that extra effort of oh, and then I just, I can just do it at home. I can just go upstairs. Do I want to navigate a gym? Oh, it's just like there's a lot of barriers."

"So technology can be, is a huge help in my life. You know, like everything's, phones are accessible for me. I do loads of stuff on my phone, but when the technology or when the systems don't work, or someone does an inaccessible app, or they send me an email with an attachment that I can't read on my screen reader. So it's like, then there's huge barriers then put up, so I could access it if it was accessible. So I think that's a really good message for health and social care about accessible, accessible information. It's clear, it's not too jargony, not too wordy, but also to make sure it's not all snazzy, just make it easy. It's just, oh, just live life. Like, oh, we'll do this brilliant new system. And then I'm like, oh, I can't use that. And then it's really frustrating. So that's something that does affect my mental health."

A number of participants discussed the impact cataracts had on their daily lives. Cataracts make it difficult to go about daily lives, with participants describing mixed waiting times to get surgery. It was also suggested that while providing surgery for the elderly to improve their overall health, younger cataract sufferers could be prioritised in order to get them back to work quicker and reduce the economic impact on employment.

"Of course all these other people, I appreciate that quite a lot of them are in their eighties, some of them. I sat next to a lady who was older than that and I appreciate it's interfering with their lives. But I'm trying to work and it was really

interfering with my life when I was at work looking at computer screens like this, you know, and it was really quite annoying and I did say this is a bit, I'm getting a bit fed up with it."

"The other thing is my usual gripe. Privatisation creep. A lot of my friends are having to have cataract surgery particularly. You know, in the private hospital, but done by NHS staff and, and for the life of us, it can't be a good thing cost-wise though."

2.6.6 Cancer

A number of participants described receiving a quick referral to cancer diagnosis and treatment from their GP and that the availability of community mammogram had saved their life. However, some participants described receiving missed diagnoses and their concerns being dismissed. Participants also praised the caring and supportive nature of staff throughout their journey.

"I couldn't feel a lump. And when I went to Poole, the nurse who does the examination couldn't feel the lump either because it was so far back in my chest wall that nobody could feel it with your hand. Which made me feel slightly better because at least I hadn't missed it. Um, but equally it could have been there for a long time if I hadn't gone for the community mammogram, community mammogram saved my life. There is absolutely no doubt about that."

The offer of mental health support that had an open door policy with access to a telephone helpline alongside cancer treatment was praised. Consideration for lost identity due to hair loss and mastectomy is also appreciated in the support offered, including being provided with peer support and space to make decisions regarding mastectomies and prosthesis.

"They very clearly said, you don't have to make that decision yet. Which is quite good because if I'd had to make that decision immediately, I'm not sure I'd be making it with a clear head."

Services should also work with the various charities and hospices that also provide emotional and practical support, including home adaptations.

2.6.7 HIV

Participants discussed the stigma attached to HIV with a lack of education about causes and transmission, albeit with attitudes slowly changing. Participants commented that the HIV community is supportive of each other but lacks a voice in wider society and support services struggle with funding. HIV specialist nurses were described as being caring and empathetic.

> *"It's just trying to move HIV away from we're not all drug addicts. That's, you know, transmission for HIV is really low in drug use."*

> *"A lot of people are very, very precious about their HIV status. And that's probably because they have experienced, you know, stigma. So it's made them very closed. So they don't trust people and they will, will only mix with their own, if that makes sense."*

> *"It feels like quite often anybody living with HIV, they're not heard. It's like their stories aren't shared or it's always associated to some sort of risky lifestyle or something. So it feels that we are left behind in conversations."*

2.6.8 Female health

While some participants described receiving good support from services which considered their personal needs, gynaecology concerns raised by women need to be taken more seriously by GPs and other health services. There is a need for support groups to be created for a range of female health concerns, with participants experiencing suicidal thoughts as a result of struggling alone with menopause.

> *"I just wasn't being listened to, wasn't being acknowledged, was being dismissed. Um, patronised all of this from the GP surgery."*

The provision of HRT for support with menopause is welcomed but participants were concerned with the potential risk of medical complications in the future as a result of using it.

> *"I'd gone in hoping somebody would say something like, have you ever thought about HRT? Because I know I'm not sort of going through the menopause as such. But that I have heard that actually HRT is something that you can take pre-menopause and actually that could be really helpful for a lot*

of women as well. But because it wasn't mentioned, it sounds silly."

2.6.9 Fibromyalgia

Participants discussed the stigma attached to fibromyalgia and that they did not feel believed and were considered lazy by society due to it being a hidden disability. Days have to be structured in order to reduce fatigue.

> *"I think chronic fatigue is a funny one because it has just got to be managed. It isn't something that you can explain very easily to someone."*

2.6.10 Diabetes

Participants described the emotional impact of diabetes and the realisation of the seriousness of the illness only became apparent once they were older. The use of technology to monitor insulin levels has resulted in being able to manage their condition easier and allows consultants to view live data without the need for face to face appointments. While some participants praised the referral process from their GP and support that they received from the Bournemouth Diabetes and Endocrine Centre (BDEC), other participants described having to be proactive themselves in order to access support.

> *"One of the benefits of having the technology is my blood glucose data gets uploaded into the cloud. So my consultant can see on a screen exactly what I can see. So, you know, we were able to have that conversation over the phone."*

> *"The big realisation for me has been the emotional impact more than anything else. And it was quite interesting actually, I had some counselling a few years ago, through the Steps2Wellbeing service and I didn't go to the counselling with the intention of speaking about my diabetes at all and the whole of the first session, I just spoke about my diabetes and my counsellor said to me, she said, it almost feels like we need a third chair for the diabetes."*

2.6.11 Cardiology

Participants praised the immediate response and treatment that they received from the different cardiology departments across the county,

including being fitted with a stent within 75 minutes of suffering a heart attack more than 10 miles away from hospital.

> *"In November last I suffered a heart attack while I was playing golf and I was taken into Bournemouth Hospital, where they dealt with it wonderfully well. I had a stent fitted within about an hour and a quarter of me having the attack."*

However, rehabilitation services could be improved due to it being offered as a rolling course with patients starting their journey at different points to others within their group. In addition, younger patients described being in rehabilitation classes with older patients and so did not feel as though they fitted in. Patients also expressed frustration with being given conflicting information when living cross-border, with Hampshire and Dorset services using different systems and approaches to their rehab provision, resulting in delays to access.

> *"There was a gentleman there, and I think he was 86. And so some of the exercises, we were doing the same exercises. Were they, was I struggling more because I'd just had the heart attack? Was he struggling more because actually he was just 86 and so his mobility and things were changed."*

> *"Unfortunately, because of this conflict between the health areas, on discharge, I then fell to Hampshire for the responsibility of the rehab. So I couldn't be dealt with in the Dorset system for rehab. So the two systems for rehab are totally different. And I'd already been given a booklet on the Dorset system."*

There needs to be greater awareness of heart attack symptoms, with some participants describing being diagnosed with having suffered a heart attack months after the episode and not realising that they had experienced having one.

> *"I also last year had two heart attacks, two silent heart attacks, which I did not know about because I didn't have the pains, I just was breathlessness. I just couldn't sleep at night. I had to sit up. I was wheezing."*

2.7 Participant characteristics and demographics

This section explores the experiences of accessing support and interactions with services of those with different characteristics and demographics, including those who care for someone with a health condition, as well as those who are part of a seldom heard group, including ethnically diverse communities, young people, veterans and those who have experienced homelessness.

2.7.1 Carers

A number of participants expressed various frustrations associated with being a carer. Being a carer totally absorbs their lives, they need to do everything and are always on standby which is physically and emotionally exhausting. Being a carer is a constant battle with services to get appropriate support and to get services to work together. There are too many forms to complete to access support for both themselves and the cared for person. Some carers also discussed having suicidal thoughts because they could not cope with the constant battles and lack of support for carers.

> "My life is completely different to what it should have been like."

> "I mean, there's lots and lots of people out there with children with disabilities, and if they've had to fight the same as we've had to fight over the years, you know, it's not fair is it?"

> "I was filling in these forms, phoning, chasing whatever, and trying to look after my husband. I was under a lot of stress, not sleeping at night, all that sort of thing. It was just horrendous and I should imagine that's going on lots of places locally and around the country."

Services are often based in urban locations which is not convenient for those carers who live rurally and it is difficult to get out of the house at all when caring for someone. In addition, cancelled or postponed appointments negatively impact on carers who have already booked time out of their day, while they cannot attend multiple appointments of the cared for person in different locations and on different days.

> "We're so distant from Dorchester and most things are like Bournemouth, Poole, Christchurch and Dorchester, and it's so far away. It's just ridiculous. You can't even get to Dorchester on the bus in a day and go to something."

"No social worker does that now, if you need to see them, you have to go to them. They don't come to you anymore."

A number of carers also expressed frustration at being ignored, not listened to nor involved in discussions despite being officially listed as a carer or having power of attorney. Services need to ensure that carers are provided with all information surrounding the health needs of the cared for person so that they can continue to provide appropriate care at home.

"In hospital, despite the fact that we are her sole support and we are her carers as well as her parents, we're not acknowledged as so in hospital situations, if she's been an inpatient or an outpatient, yes, she is an adult, but she's not able to advocate for herself. And that is always ignored, isn't it? Due to her condition, her memory is poor anyway, so she takes nothing in, which means if we're excluded from that situation, she's not able to explain any medical side to us. And we are just shut out from it. And if I ask anybody, you know her care. It's just no, she's an adult. And I'm like, yeah, but we're her carers. We advocate for her."

Participants also discussed the financial strain and additional costs associated with being a carer. There is also a lack of signposting and awareness of grants and benefits that are available, while those who have received carer assessments feel that they are too impersonal and lack openness and honesty when undertaken at home because the cared for person is often present.

"If they haven't got the money, then that is forced onto the carer."

"The carers assessment needs to be rejigged because I find it's very impersonal, especially when that person come in and talk about, you know, the bits that are in that form. But there's never that conversation of, how do you feel being a carer? How are things? How are you as a carer? It's not because the carer wants to know what they can get out of that service. It's also what that person listened to that carer saying, well, yeah, I know how you feel. Have you thought about that? You know that coffee morning or this I found out about this the other day that you might be able to go to, have you got someone that can go with you?"

A number of carers also commented that they were in need of respite. Carers who had been granted respite care through their carer assessment can still find it a battle to access this, including not knowing where the

cared for person will be placed until the last minute and the placement not being suitable for their needs. Experiences of a lack of care or following of the care plan for the cared for person were also described. All of these scenarios result in additional stress and worries and feeling that accessing respite care is not worth the hassle and repercussions upon their return.

> *"Even though we've been assessed as needing five, we don't know until the day before where our daughter is even going, or even indeed whether they can find a bed for her. That is the stress and the strain on our lives. It's just absolutely horrendous."*

> *"Why can't I just have, because we talk about respite, why can't I have respite? Why can't I have two, two hours or four hours a week? And a lot of it comes to do that financial assessment."*

A number of participants discussed the overall mental health impact of being a carer and not expecting to be a carer, which can result in feelings of grief. There is a lack of counselling offered to carers to help manage these emotions. While some participants described that they get support from friendship groups and have found carer support groups useful at finding out information from others with similar experiences, these groups can often be at unsuitable times and locations.

> *"I got depressed, I got anxious, I was on antidepressants. I was, you know, I mean, that's been a big thing of my own health. It's the toll it took physically and mentally on both of us, both my husband and myself at various times we've been on antidepressants or in some way I've got off work with stress of it all. And, you know, I've had a couple of breakdowns with want of a better word, really. Um, so it's making the fights, it's exhausting, it's exhausting and it's, you just, and when it's in a good period, you're just waiting for the next thing to hit you."*

Some carers also commented that they feel neglected by services and were in need of day to day practical help and need occupational therapist assessments.

> *"Day-to-day help was what I needed. I needed somebody to help me fill out the form. I needed somebody to tell me, right now you've done this form for the council, and then that, then you need to also do this. There's a lot of floundering. And then somebody would say, oh, haven't you done so and so? No, didn't know it existed."*

Carers often neglect their own health, are often elderly and their caring role has a physical impact on them. Carers also have a fear of what will happen to the cared for person when they are no longer around.

> "But in doing that, what I found was also, prior to that I was neglecting my health."

> "Any mums and parents in general listening to this, probably would agree that you are the third, you know, they take priority."

> "She's our responsibility. But when we're no longer here, what is going to happen, when is social work is going to get their act together? When is healthcare going to get their act together and support vulnerable people that are needing that support and our daughters will always be there for her in her life."

2.7.2 Young persons

Young people appreciate when services talk to them directly, trust what they are saying and involve them in discussions about their care.

> "I had a wonderful, wonderful dermatologist, who, the first time I saw her, as soon as I stepped through the door, spoke to me like a person, which was very important for me, not like a patient. She spoke to me like a person. And even though I was only 14 and I'd sort of been going through that journey with my parents she spoke directly to me throughout the entire thing, which I found very refreshing."

There is a need for more access to activities and services for young people, particularly in rural parts of the county. Employment events for young people are also a good idea. Parents were concerned about the impact on their child's mental health if there are not opportunities to socialise as well as the impact that social media can have on children.

> "Any things are linked to older people as well here, I guess because obviously population in North Dorset, there are more older people than younger people, but still, there are still young people here."

> "I do tend to try and now organise as many socialisation movements for all the children as possible because of just worrying about the impact on their emotional wellbeing. You know, that they're not too lonely or their best friends

aren't on the phone, sort of. PS2's and things like that, you know, which is a battle."

There needs to be easier access and greater provision of young person mental health services throughout the county. It was suggested that children find it hard to admit to mental health concerns and that a suite of support services should be available, including peer support, as well as individual and family group therapy.

> *"Regarding mental health support for example, for young people like my age, I mean, in the local area, I don't know if there's anything, I'm not aware of anything here in Gillingham, for example."*

> *"I don't think it works for that young person to go to a psychiatrist or counselling on their own. I think it has to be a family thing and you have to deal with it as a family because you're just going to isolate more."*

2.7.3   Transitions

The transition from children's to adult services is difficult with less access to care once transitioned. In addition, once the cared for person has transitioned they are expected and able to make decisions about their care themselves with parents and carers marginalised from discussions and decisions.

> *"We find post 25, there's just, it's really difficult to be able to transition them on to things that are meaningful to them that they want to do. I just feel like sometimes there's a bit of dip in services available to young people when they hit that age."*

> *"Under 18, you get physio, you get surgeons, you get doctors. You're 18 and there's suddenly, there's nobody there for you. There is no physio, there is no regular surgical care, doctor care, no regular hospital apart neurology. You are literally floundering on your own. The medical world at 18 cuts you off."*

2.7.4   Elderly care and dementia

Day centres are beneficial for elderly to attend and socialise, while transport that picked them up and dropped home was also appreciated. Care homes should consider the isolation impact on residents and provide phones in

individual rooms for those who do not have access to mobile phones in order for them to stay connected to outside support networks.

> *"They did go out,, I don't know who arranged that, but they went, they were picked up every Tuesday and taken there for lunch. Which was really good."*

> *"Simple things, she had no mobile because at home she didn't need the cost of the mobile. A landline was sufficient. The home, the room doesn't have a landline connection and apart from the fact she couldn't have afforded it anyway. It's a little thing, but it's made her feel so isolated because although it's a little thing, it doesn't help her."*

Dementia assessments need to be easily accessible and participants found having them at home or at their GP which is close to home as better than having to travel longer distances to hospitals.

> *"And what really swung it for a diagnosis of early vascular dementia was the fact that he could go down to the GP surgery and see a consultant there rather go to some hospital or something. He didn't want to do that, and then someone came and did a full assessment and that was to our house, you know, so that was really good."*

2.7.5   Neurodiversity

Participants described varied experiences with receiving an ADHD or autism diagnosis. While some participants had quick access to an assessment, others experienced a long wait and did not hear anything from services while waiting. Other participants described being able to mask during the assessment and were taken at face value which resulted in a delay in diagnosis, while others felt that they were not seen by a specialist and had to try and convince the assessor. There has also been a general delay in assessments as a result of the pandemic.

> *"I'm neurodivergent, ADHD. I was diagnosed 18 months ago. I'm at the very beginning of an autism assessment, which will probably be another two years."*

> *"I slip between the gap because I seem articulate, intelligent and a crude way I was told is that I present very well."*

> *"If you are physically autistic, you stim, you have traits that people can see that you are different. The empathy comes*

out generally speaking, but if you're autistic and you appear normal, get on and shut up."

There is an overall lack of autism education and training within services resulting in them not adjusting their provision for the individual needs of those with autism. There is also a requirement for prisons to make adjustments for autistic prisoners by providing them with a routine and not constantly changing their cells and cellmates. If services are unhelpful then autistic people put up barriers and are less likely to engage with them. Neurodiverse diagnoses should also automatically be on patient records to allow services to make suitable provision for access and to avoid patients having to repeat the same story.

"There wasn't anything around understanding what my needs in terms of dentistry were, you know, any fears I might have or kind of, you know, what would help me in that respect sort of thing. So I suppose I found that surprising."

"In the world of autism, imagine it's a bridge, the humpback bridge, lovely bridge. But on the other side is our kids in their own world. And if we want them to even meet us on the bridge, we've got to have an attracter factor, they don't want to come into it because where they are, they're perfectly happy."

Services also need to show appreciation and understanding that despite being articulate that neurodiverse people may not understand the information provided to them. The need to plan ahead and information provided in plain English is vital for those with autism and their carers in order to allow sufficient time to process information. Cancelled appointments and changes in routine can therefore trigger dysregulation.

"Wherever it might be and then from now on, it should just be on the record that they know how to communicate with your son as in through you or whatever's requested."

While some neurodivergent participants commented that they struggle to get appropriate employment that accommodate their needs, others commented that their autism helps them to focus and can be of benefit to different roles and professions.

"I struggle to find jobs that I can do few enough hours and pay enough because of this expertise thing because I'm a young fem and especially now I'm neurodivergent and that comes with a lot of things. And I know some of the things that I need and that doesn't tend to align with jobs that pay really well and jobs that are really fulfilling."

There is also a need for specialist school provision for neurodiverse children and there needs to be greater awareness and understanding for all types of neurodiversity. A lack of specialist school provision results in homeschooling and contributes to feelings of isolation and loneliness.

> *"They can't even leave their houses because their children get so dysregulated by change. So they're children with trauma, because they're adopted children who have got FASD who are mostly being home schooled because they can't cope with mainstream schools and they can't get any specialist provision. This is across the Southwest. But there are people that are trapped in their houses where their children that are violent and aggressive."*

2.7.6 LGBTQ+

LGBTQ+ support groups were praised within Dorset as well as support within schools. However, services need to consider how to appropriately treat transgender patients and consider what baseline levels to use when making health comparisons with the wider population, while HRT treatment was mentioned as increasing the risk of medical complications in the future.

> *"Because of transgender status, I'm on HRT for the rest of my life. I'm on quite high levels of HRT which of course increases the likelihood of breast cancer and stroke arrhythmia, which increases the likelihood of stroke."*

> *"I asked what they were going to input into the machine, male or female? How do you want to treat me, as my first gender or my chosen gender? Oh, that's a good question. I'll go and look it up on the internet. So he came back and he said, there's nothing there to guide me at all. I think we really ought to treat you as your birth gender, if that's okay? That's fine. I said, that's why I asked because I think it's important. Because I don't want you coming up with false information that's going to lead you to an incorrect conclusion."*

> *"I think that community and family is really, really important to helping people to be well and to be supported."*

2.7.7   Ethnically diverse communities

While participants of different cultural backgrounds described being welcomed into their local community, patients who do not speak English struggle to understand what is being told to them by services and need greater support with accessing information.

> *"I was like thinking about people who cannot communicate. Who struggle to communicate. If they from different country or they like older as well."*

In addition, there is a need for levelling up of information and awareness of services into ethnically diverse communities. Other cultures do not necessarily have the same expressions as used in English and so services need to engage and work with these communities to understand how best to communicate. Services need to visit ethnically diverse communities and talk to them and share information through presentations in community settings such as churches and mosques. Services need to utilise community leaders to support this engagement. Due to historical distrust of services and conspiracy theories about treatment within these communities, services need to get their messaging right and not necessarily focus on the science behind services and treatment.

> *"They'll do briefings in mosques and in churches and it could be just a one topic thing and give people information or hand out leaflets after people are finished praying or whatever. So taking information to people is still, is really one of the easier ways."*

> *"You can take a Tweet in English, but if they've got like community liaison people or ambassadors or all the links in different nationalities, they can give something and say look, in your own language, can you just forward this on for us? You know, for example, so it could be in Spanish or it could be in Arabic, or it could be something else, but it's about making those links, you know, really with a viewpoint, so the two way thing is about, okay, we want to be giving you information about our services."*

> *"People from ethic diverse committees started to maybe link in some of the bad experiments that have happened in the past from the US or from in Africa. And then start linking that in, plus the conspiracy theories."*

2.7.8 Grief/bereavement

A number of participants discussed their emotional struggles following bereavement of family and friends and that those who are suffering from bereavement often neglect their own health, feel like their life is over and become lonely and isolated. GPs need to listen to the concerns of those suffering from bereavement and provide a range of support, including medication and therapy. While some participants appreciated the support provided to them by charities and hospices, other participants were unable to access support through these due to hospices not being involved in the palliative care.

> "The first couple of years, a bit of a blur. But then I decided, when it got to three years that I started to sort of think, right, this is no good. I was becoming a hermit. Didn't go out, didn't do anything. I was working on automatic pilot."

> "I could have had some counselling through Weldmar. They've got a bereavement group I could have done, if it had been nearer, I probably would've done, but I thought, do I want to drive all the way over to Dorchester?"

Some participants described coping with bereavement and funerals during Covid as difficult to cope with due to the restrictions in place.

> "I still struggle a bit because I didn't, when dad died, I found it very difficult to cope. I was very close to my dad, but I had to look after mum and I didn't actually grieve. And of course it was right in Covid. We couldn't have a funeral. Nothing. I mean, we were lucky he wasn't ill in hospital. But it was really tough for everybody. So I didn't really feel we ever said goodbye to him, which was tough on everybody."

In addition, some participants described the mental health impact of divorces, including the stress of selling their family home and reduced access to their children.

> "I've got to sell the house so that he can have his money. He's not pushing me to sell it. And it's too big for me. But I love my home. That's another thing I love. I've got viewing on Friday. So I made it all spotlessly clean and tidy and the garden is as good as it can be at this time of year. And then I'm thinking, oh my goodness, what if they want my house? And that has thrown me, but I'll get over it."

2.7.9 Trauma

Participants commented that there is a general lack of support for those who have experienced trauma throughout their lives, including those who have experienced childhood trauma, abusive relationships, as well as complicated births and car accidents. A lack of appropriate support for those who have experienced trauma could result in substance misuse as well as suicidal thoughts and/or attempts. Those who have been able to access support for their trauma commented that support from CMHTs, CBT therapy and guided imagery has helped manage it and had taught them to use their trauma as a positive force.

> *"The best thing I can do is get therapy in order to process what has happened and make sure I don't repeat cycles with my own son, you know, make sure I break some of the traits that my family have made me think are normal."*

2.7.10 Substance misuse

While some participants felt that there is a lack of resources and support for those with substance misuse, others found that they benefited from the support offered to them by EDAS and We Are With You.

> *"She needs to go into rehab, but there are no resources. Nothing out there. I've probably made 200 phone calls this week and there's just nothing."*

> *"A long time ago when I was deep in my dark place, I was looking for the support of EDAS who did help me."*

2.7.11 Homelessness

While some participants felt that they were supported in finding accommodation when homeless, others described a lack of awareness of where to go for emergency support when suffering from temporary homelessness. Participants also described that they gave up trying to access support because it was difficult to get it and that those who displayed the worst behaviour got provided with support earlier than those who try to fit in.

> *"The housing services at the council, they got me some temporary accommodation and then obviously I accessed healthcare with my daughter. And it all just kind of came together really. By the time she was born, I had my own place and ready to become mum really."*

"I found it very frustrating because I think if you behave badly, you get a lot more support, a lot more help. If you treat people with kindness and respect there and everything, they walk on by and they think, oh, you are okay."

2.7.12 Prison

Participants described that prison services do not make adjustments for individual needs and there are a lack of support mechanisms in place to support vulnerable groups and individuals within prison. Issues with employment were also described as imprisonment had tarnished their reputation and deters potential employers. Services should aim to support prisoners upon release and work with existing charities that provide this.

"When I got to prison, I got no help for my autism or for the mental health issues."

"I have a discrimination case against prison for not making reasonable adjustments within the prison service. In the four years I did over 60 different cells, four different prisons, and I had over 60 cellmates. And I prefer, what you would say routine. It's not routine as you would, getting out of bed at the same time and doing everything the same way. It's just feeling comfortable with what you're doing all the time, being imprisoned and having different cellmates who, some are schizophrenic, ADHD, and you've got a 14 by 8 cell to share with them 23 hours a day didn't do my health any good."

2.7.13 Veterans

While feedback from veterans was limited, these participants discussed being proud of having served their country and that their active service had helped them build adaptability. However, it is important that services provide a duty of care to veterans and consider them as a community and provide appropriate health services to support their needs.

"We can reasonably guesstimate that 12% of the population is part of the Armed Forces community, which is significant. The ICB has commissioning responsibility for probably 9 to 10% because those serving are under defence medical services. So if there was one thing, it would be to embrace not just Armed Forces community as an identifiable cohort if you like but just embrace this understanding that all we're

talking about is as we mature our understanding of health inequalities, it's not to recognise the differences between all these communities and then try and make everything equal, it's to recognise where we've got inequities."

2.7.14 Financial support / benefits

Participants commented that greater awareness of what benefits and financial support is available is needed. However, it was also commented that there are too many forms to complete when applying for support and that you have to emphasise the negative aspects in order to be successful in applications, both of which result in feeling stressed and depressed. It is also felt that it is unnecessary to continually reapply for funding and financial support. Some participants commented that they were made to feel like a criminal when completing applications and that acceptance thresholds were too high. It was suggested that charities could be utilised to support with completing forms and increasing awareness of what is available.

"Nobody talked me through all these allowances we had to apply for, apart from, you know, a couple of people mentioning things in passing, from social services. The lady at the council, when I was first doing her ESA, I remember her saying something about it'll be, they'll tell you this, but what you want is this. But nobody came out and helped me go through the form or anything like that."

"You have to put your child down, that's how it feels constantly when you're filling in the form because you have to put almost like their worst day ever."

"Filling in those was depressing , you know, DWP forms, they're very depressing because you have to put all the bad stuff. Don't put anything good, don't make anything positive."

"I did have help from specialists at Social Care on some of her benefits. One of them was on the phone. They were brilliant. And then you had somebody at Social Services who helped me when she went onto PiP, from DLA. He helped me with the mobility one."

There was also concern that universal credit limits the amount that they can work and were concerned about future implications to this type of funding.

2.8   Services

This section describes participant experiences with specific services, including GP practices, NHS 111, pharmacists, dentists, Steps2Wellbeing, maternity, fertility and adoption services, as well as social care and other council services.

2.8.1   GP practice

There were mixed experiences with GP practices. While some respondents commented that they were able to get same day appointments with their GP and had access to a variety of appointment types, others commented that they faced a lack of access to any type of GP appointment, which had also resulted in them not bothering to contact their GP for a medical concern. Some participants reported not contacting their GP when they should have due to receiving text messages telling them how stretched the service was, which has then resulted in further health complications. However, participants were appreciative of receiving text message reminders of appointments. Some participants also felt that their GP practice was using Covid protocols as an excuse to not see patients face to face. Their GP practice was also inflexible in terms of the appointment type offered to them and did not consider their personal circumstances.

> *"You can't get appointments. Nobody will come and visit, all that sort of thing. So it's people's perception of what's available now I think. They don't like it, they want their old doctor. Your local doctor back again, somebody you knew, who knew you."*

> *"They operate very much on a patient first system. Um, so they believe that the easier they make it for patients to see them, the less often patients will want to see them. The less often patients will cancel appointments. If you know that you're going to be able to phone up and say, I need to see the doctor, you'll see the doctor that day or the very latest is the next day. Whereas if you know it's going to be two weeks, you phone up today for one in two weeks and then you forget about it, you know you're better by then, you've forgotten about it."*

> *"Our concerns really are that we feel quite vulnerable, especially since Covid and the change in the medical services provided by GPs particularly, meaning that we have to ring up at a prescribed time every day and try and get into a queue to record what our needs are and then sit by*

the phone and wait for a doctor to ring back, who may simply say, I'll send you a prescription, or, I don't think there's anything to worry about. If it doesn't improve within a month, come back to me. Um, that sort of approach. And you don't feel confident that you've either described the symptoms adequately for them to make a proper judgment, and you don't actually feel that you're getting much of a professional service."

Participants appreciated when their GP practice being joined up with and aware of other services and received quick referrals to both mental and physical health services and support groups. However, other participants reported that their GP practice was not joined up with other services.

"He referred me to the counselling service, which operated at the GP practice."

Respondents appreciated being able to see the same GP and had built a relationship with them, their GP adopted a holistic, person-centred approach to their care where they felt listened to, supported and included in decisions surrounding healthcare options. Being able to see the same GP had also meant that their GP was able to recognise changes in the individual and resulted in quicker, accurate diagnoses. However, other respondents reported that they were unable to see the same GP and had no relationship with them, felt rushed, were not listened to and their health concerns had been dismissed.

"And that GP, she made the right call. She saw, she considered my daughter, how she was, her behaviour, her colour, everything. Well, everything I'd said and everything I reported to her, you could see her considering every option. And she really did, she made the right call and I wrote her a letter actually to, just because I was so grateful that that she listened."

"Because I was always seeing him. I didn't have to explain myself. He sort of went on the journey with me and it, there were a lot of things going on."

Participants appreciated being able to have blood tests done at their GP practice as well as being offered regular health checks, being allowed to stay with their GP practice despite moving out of area, receiving proactive treatment and follow-up and being able to register temporarily in an emergency.

"I have my blood tests there, so yeah, not necessarily my GP, but it's all done through the GP practice."

> *"We've always been with them since we came to Bournemouth which is what, nearly 30 years ago, so we asked them if we could stay with them and they said yes."*

Criticisms of GP practices included difficulties in booking an appointment over the telephone, with long queues and unnecessary introductory messages, a lack of face to face appointments, not being offered regular health checks or the inability to have blood tests at their GP practice and an overreliance on prescribing medication for treatment. Furthermore, some participants who lived rurally commented that it was difficult for GP practices to attract staff to live and work in remote rural locations which impacts on local access, while others felt that due to living in small rural communities meant that the practice staff knew them and too many people had access to personal records. Participants were also unaware of the different roles at GP practices and who the most appropriate person is to have an appointment with.

> *"That was through the online thing. Because they ask you to do that if you can. So, okay. I will, but I would much rather phone up. But trying to get an answer on the phone is not easy. So I'm just thinking about someone like me who's quite self-motivated, but someone who's not, who's frightened of what to do, don't have a computer. How can I get help? I know it's hard to provide an answer for everyone because we're all different. But it needs to be a bit more of a broader, get the lens open a bit and taken over everybody."*

> *"I don't know these people's areas of responsibilities and I don't know how you publicise that, but, I might not need to see a doctor, but some people insist, you know."*

> *"There's a long recorded message on the GP answer phone about how they've been instructed not to do repeat prescriptions and how, if it's like, you know, my heart sinks every time I pick up the phone and I hear that message thing start. I think your call is important to us. Well put me in the queue then. Please don't tell me it's important to you."*

Some participants commented that they felt receptionists at their GP practice act like gatekeepers to healthcare provision, make the patient feel like a burden and questioned their health expertise to be able to triage and determine the importance of health concerns. One participant also commented that due to the closeknit community within rural areas the surgery staff can know you personally and so they do not feel comfortable discussing their medical concerns with receptionists. As a result the

participant avoids contacting their GP practice and on occasion has paid for private healthcare.

However, other participants commented that the receptionists at the GP practice were pleasant, helpful and gave good advice and appreciated that the triaging process was part of the job of receptionists.

> *"I think receptionists get a hard time sometimes, and, you know, we're all just trying to do our job. But I think, yeah, I've never had an experience where it's been negative where they've sort of asked an intrusive question or anything like that. I've always been happy to share because I know triaging and working out who needs to go where and things like that."*

2.8.2 Information systems

Some participants commented that they had received a prompt response when using eConsult, particularly for minor ailments. However, other participants felt that the form is impersonal, does not allow them to select an appropriate option relating to their health concern and just advises people to visit their GP or A&E instead of addressing the concern directly. eConsult would better serve people if it allowed them to elaborate on their concern as well as send emails and questions directly to their GP practice.

> *"I used eConsult to contact the GP surgery because it really flared up and sort of swelled out and it had a big rash over it. Um, so they were really good. They came straight back to me."*

> *"I had to do an eConsult. Oh that was a nightmare. Because there was nothing on there for neck. I mean, I had to go into the hospital and have it removed or cut out, but just to try and get to see the GP doing an eConsult and there was nothing on there for neck. That was a nightmare."*

> *"The other thing I've noticed on the form is it's quite hard to, if it's quite a generic issue, it's quite hard to sort of, you have to like tick box what your symptoms are and you might not have those symptoms and that kind of thing."*

Some participants commented that SystmOne does not work or is no longer available at their GP practice.

2.8.3   NHS 111

Participants described mixed experiences of using NHS 111. While some participants described a fast service that gave good, calm and efficient advice, others described being passed between services through NHS 111. In addition, some participants commented that NHS 111 operates differently in different areas and does not communicate to each other cross-border, resulting in issues accessing medical support and advice if travelling or away from home.

> *"I had to seek it through the 111 service, it was the Monday night and I was just in excruciating pain. They were fantastic. They came out to see me, I had a doctor at home. It was about midnight, I think, and then I got a doctor's appointment the next day."*

> *"111 were really helpful. They were really good at giving the right kind of advice of how worried to be and when, and they're very calm and very, very efficient."*

> *"When I ring 111, I can only get through to Dorset. That's it. So you had to ring from Beckenham to actually be able to get through to that pharmacy. I think, I don't know how it works, but it, yeah, it was hard."*

2.8.4   Pharmacists

Participants appreciate the medical advice they receive from pharmacists but are concerned about the proposed extra workload being placed on them, with pharmacists being financially worse off due to the extra workload and costs of medication. Participants were frustrated at the need for GP involvement when amending prescriptions that are processed and dealt with by pharmacists, while experiences of pharmacies not ordering repeat prescription medication were also described.

> *"But I was talking to the pharmacist, going back some weeks ago. Are they just going to load it on them or are they going to, you know, because they've got such a lot of work. I mean, and are they going to be paying them for doing it? Don't just shift it over to them. It's not fair."*

2.8.5   Dentists

Some participants described feeling lucky that they have access to NHS dentists. However, other participants have remained registered with NHS

dentists when they have moved house due to being unable to access one locally. In addition, other participants described having to pay for expensive private dentists due to the lack of availability of NHS dentists.

> *"My dentist I've had to stay with is right over at Bear Cross. And that was a dentist I had when I lived somewhere else. And I haven't been able to change to a dentist more local because they haven't got a place. I can't go private because I'm not a bloody millionaire."*

> *"There was no dentist available on the NHS, so I had to pay. The service was totally adequate, I was happy with it but I had to pay for it."*

In addition, some participants expressed frustration that dentists do not send them appointment reminders which result in missed check-ups. Some participants also described receiving unnecessary treatment from their dentist and experiences where their dentist does not do the treatment that they need.

> *"Dentists. They don't send reminders anymore. Which is really frustrating because I know that I should have gone in December and I was thinking this the other day and I've forgotten and no doubt if I leave it too long, they'll take me off the books. So that would be nice if that could because that's a relatively, just a simple reminder. Because that's relatively long times in between, isn't it?"*

2.8.6 Steps2Wellbeing

Some participants described experiencing good waiting times to access support through Steps2Wellbeing with plenty of support sessions, felt listened to by experienced counsellors who helped them to come to terms with their concerns and realise what their underlying issues were. In addition, participants described being referred to further support.

> *"I guess I didn't realise that there were issues and then I accessed the counselling service and as part of that, it sort of helped me to realise that, oh, actually, that isn't that behaviour that I'm displaying that I thought was just part of me. Actually, there's a reason for that and there's a historical reason for that, which means I can do something about it and I can make a change for the good."*

> *"And Steps2Wellbeing were really, they were good. They were quick. I didn't feel like I had to wait too long either, which was really good."*

However, other participants described being put off from contacting the service due to long waiting times and that they were not provided with enough sessions, resulting in having to repeatedly go back to the start of the process. Some participants also found it stressful speaking over the phone with counsellors and were unable to build a relationship with them, while they also felt that the sessions were rushed, didn't feel listened to and counsellors gave poor advice lacking in compassion with no direction to further or additional support suggested.

> *"I was supposed to be going on a Steps2Wellbeing programme, but then I couldn't. I didn't really, because of the waiting list, the waiting time before you saw somebody."*

> *"So had my telephone call, which I remember just finding even that really stressful and being at work and having to run and hide in an office somewhere, and then worry someone's going to knock on the door and you're having this really personal conversation and you might cry and then I've got to go back into the office."*

> *"The lady couldn't believe that this person at Steps2Wellbeing had said this to me and offered no further support or direction or guidance to what I could do next or not, they just thought it was unbelievable. So my experience with Steps2Wellbeing wasn't the most positive."*

2.8.7 Maternity

Participants discussed the excellent care they received from maternity services throughout the county. However, some participants were opposed to maternity services within Bournemouth and Poole merging to one site due to the additional distance and travel time for residents.

> *"My granddaughter was telling me, because she went to Poole hospital for the baby. They were absolutely brilliant. If she'd have paid, she couldn't have got better treatment."*

> *"My son's born in Dorchester Hospital and it is totally different. Very nice service, honestly, in this hospital."*

> *"I think distance for people to travel to hospital appointments and things it has actually become quite difficult now,*

particularly if they haven't got transport, you know, having the maternity now is all Poole, isn't it from here?"

One participant described the care and support they received from the home birth team following a miscarriage. The participant praised being treated as a person and being reassured, as well as appreciated not being placed in a waiting room with expectant mothers following the miscarriage. In addition the participant praised the fact that the home birth team checked on their partner as well as themselves.

> *"They put us in like a private room. They didn't just put us back into the waiting room where everybody was. It's always one of those things, isn't it? When you go into the maternity unit, you were always going to see someone that you kind of know and we just wanted to be kept away and they were really good and they did regular check-in just with phone calls to see how I was going."*

> *"They checked in on my partner as well, because even though the woman's going through it, it's nice that, you know, we were doing it together as a couple."*

In addition, participants praised the mental health support they received following a referral from maternity services as well as the availability of new parent support groups.

2.8.8 Fertility/adoption

It is felt that there is a disconnect and lack of signposting between GP practices and fertility services. In addition, it is felt that there is a lack of advice about fertility services provided by GP practices and that there is a lack of support for those going through fertility treatment. It is also difficult to dispose of sharps and needles from fertility services.

> *"I didn't feel like the medical, you know, my doctors or that those services were connected to that at all. But I felt like they kind of should be because it's a lot of medical stuff which is happening and, you know, a lot of medication which you're taking, for example."*

> *"I was at home with this sharps box that was filled thinking, where do I go? And then I kind of went to the pharmacy, I went to the doctors, and they were like, we don't know. You can't just bring it here. We don't know what to do with it."*

Participants also described that having to wait 6 months following fertility treatment before being allowed to start adoption processes was too long. However, being assigned the same person from the adoption agency to stay with them throughout the adoption process and the opportunity to be able to pause their application and restart at their convenience is appreciated.

> *"They ask you to wait six months after fertility treatment before you start the process of adoption, so that kind of added another six months."*

> *"We can ask for, we had like a month off, between stage one and stage two and we delayed things basically because we were thinking of moving house."*

> *"Our social worker is just amazing. We love her and she's been like the best person to have on this journey and she gets to know you a lot. She asks you a lot of questions."*

Participants also discussed how there appeared to be a lack of foster support groups, both for those fostering as well as for the children who are in foster care.

> *"There's nowhere to go, there's no groups as a foster carer, as a grandparent that's got an SGO, there's nowhere for us to go to meet other people in the same situation."*

2.8.9   Council

Participants described a variety of experiences when accessing council services. A number of participants discussed social/council housing availability. While some participants praised the access to housing support when homeless, others felt it was difficult to access when in need of emergency, temporary housing when homelessness.

> *"If a family end up homeless now they would be sent to a B&B. You know, there is no council housing or housing support for anyone. And that concerns me as a service, we should really have, even if it's temporary and permanent housing solutions for people. I think that's one definite thing that concerns me. Because even living here, I mean, we both work, you know, we pay for our rent, but you know, we have that vulnerability that you're only one pay check away from being homeless. So we're always aware that any point we could be in back in a B&B, which is a bit scary."*

Social housing stock was described as being in poor condition and they lacked support when attempting to access this service. Those who had recently moved to the area were also unable to be accepted for social housing which caused additional complications. It was suggested that social housing needs to allow residents to have pets, as pets bring companionship and help reduce the feelings of loneliness and isolation often experienced by those requiring this type of accommodation. In addition, more housing stock is needed in general but needs to ensure that appropriate infrastructure and support services are also implemented within any housing schemes to cater for the greater demand.

> *"At the other end of the terrace that I live in, little old lady had a little noisy dog, but she had to go into the care home, which is different, I understand. But she couldn't take her dog, it's what's keeping her alive. And if you could take your pet with you into houses make people's lives a lot less lonely. Because I mean there's been lots that just refuse. I've been on the list since last June. I'm quite low down, but I'd say the majority are not pet friendly, which is a shame."*

> *"They're thinking about putting a nursing home there and it just doesn't seem like there's the infrastructure for that because it is only a narrow road."*

> *"I arrived to find that the house was not fit to move into. They promised me it'd be all painted, cleaned. I explained I'm coming with a really sick, severely autistic young man. We need to just unpack boxes at our time. He needs to have the things that he's familiar with. It makes him feel safe and at home. And so I need to unpack his space and then I can do the rest in my time. So we then had weeks then of getting painters and electricians and plumbers. There wasn't even toilet seats. I mean, I couldn't use the cooker. It was disgusting."*

Local areas, including recreational grounds need to be protected from development in order to provide leisure opportunities for future generations, while town centres are in need of regeneration.

> *"It's a lovely area and they keep it lovely, they do keep it really nice. When years ago we used to drive past, I used to think that's a lovely piece of green. I wonder if they'll ever build on it. But apparently it's been put in Trust. There's a big thing there to say that it was put in Trust. Which is nice. I think there'd be a bit of a hoo hah if they decided to, you know. And people walk their dogs and you see people walking*

around with the children in prams, it is a lovely place. And I think it's appreciated by everybody."

The ease of access to recycling centres was discussed. However, some participants described issues with not receiving waste bins that they ordered and that collections were missed or their bins are returned incorrectly and away from people's homes, which is unhelpful for the elderly and those with limited mobility. While these issues have been sorted through phone conversations with council staff, automated IT systems have overridden these human solutions to cause further problems.

> *"The guys collecting the bins would then take the bins to the wagon, empty them, and quite often not return them anywhere near where they collected them from. So I rang up again and said, look, I'm not asking you to collect it from where the bins are normally kept. I take it to the pavement at the end of my drive. Why should it be returned at the end of my neighbour's drive? You know, which is a long way away. So the guy that I spoke to, you've got like a help line that you ring. The person that I spoke to there said, well, I'll record you as needing assistance. So if you tell me where you'd like to leave the bins, and the more explicit you can be, the better, then I can organise that. But now I've received something in the post saying that there was an audit of people requiring assistance with their bins. And this doesn't seem to apply to us in our circumstances because it starts off by saying that the services is offered only to households where none of the residents living there are capable of moving the containers themselves due to physical incapacity. So that's actually asking me to lie on the form to maintain getting the bins returned to where they are at the moment."*

It was felt that car parking charges are expensive and parking meters should continue to accept coins for payment. The volume of different apps that are used for car parking payment is an issue, as is the need for digital payment for those without access to a mobile phone, those who do not know how to use them or those with a flat phone battery and are therefore unable to access payment methods. It was proposed that towns adopt an annual car parking permit that residents can easily purchase, similar to the scheme in operation in Ringwood. This would make parking easier for local residents, generate a steady stream of income and encourage residents to visit towns and use local amenities.

> *"They couldn't get the card swipe facility on the parking machine to work and they didn't have the app to pay by*

phone. And it's something even I dread, I mean, because local authorities are using umpteen different apps. I've got either three or four apps on my phone. I don't enjoy using them because I don't use them regularly and I'm quite happy using my debit card and just swiping it, but invariably that facility is not working. Um, and that's just one example of technology actually getting in the way of living."

While some participants commented that they were deterred from cycling within the county due to the roads being unsafe, other respondents commented that the highways teams had resolved issues such as potholes quickly once reported. Other participants commented that their bus pass provided them with freedom, albeit with restrictions on times that they could be used.

"I had some dealings with the highways guys the other day because of the gully outside the house flooding the house. Brilliant. Absolutely fantastic. Made contact, the customer support crew put me in touch with a particular person who works in the area, they got in touch, I explained the problems. And said we'll have a look at seeing what we can do to rectify the problems, we'll mitigate the issues, enacted a potential solution."

Participants praised the multiple services available within local libraries, including toddler groups, coffee mornings, warm spaces as well as the availability of internet and printers. Late openings were also beneficial for people to use libraries at times that were convenient to them. However, it was also felt that the variety of services on offer needs wider promotion to increase awareness and uptake.

"The library also does a little singing session for the little ones, which I take the grandson to and the girls there are really helpful. You can have the internet access and other things apart from looking at library books. But I think again, it's undersold."

"They do like coffee mornings and things. Not that I necessarily use them, but I think that it's really good for the community, especially for sort of older people or people that, you know, because the heating bills are so high and everything at the moment that they can, it's somewhere to go and sit. So it's kind of a bit of a community hub too, which is really nice."

2.8.10 Social care

Participants described frustrating experiences of accessing social care support. Social workers haven't listened to individual needs, are judgemental and are looking to blame parents and those providing informal care. Participants were also frustrated when social workers don't turn up for annual reviews, which causes a delay to support and frustration when they don't do home visits, causing difficulties for those with other responsibilities and caring roles. In addition, participants felt that social care staff would benefit from training in supporting specialist needs, such as autism and ADHD. However, it was also felt that the service is not properly funded which contributes to a number of the complaints. Social care works best when it adopts a joined-up approach to care with other services, including healthcare providers and mental health teams. Having continuity of social worker reduces having to repeat the same story and provides a single point of access to support and advice.

> *"We've gone through the various years of having support workers in and out of our home. There's been a lot of parent blaming on behalf of social care. And also it got to the stage where now the boys have a voice and say, I don't want a social worker."*

> *"In a matter of eight months, she had like seven or eight different social workers. So every time it was the story was starting again. So it would all play out again and no one knew the history because they'd never had time to read up on it. And then they would be gone six weeks later."*

> *"We can't even get social services to turn up at her yearly reviews, annual reviews."*

> *"You wanted one person you could go to who could help you through all the different aspects of it all, from housing to benefits to medication and I don't know if that is possible."*

2.9   Participant Profile

In order to understand who took part in the conversation and to ensure that conversations took place with a range of people from various backgrounds and experiences, participants were asked to complete a consent form that captured a range of demographics.

Participants were asked to provide the first part of their postcode (e.g. BH17). These postcodes have been coded and attached to their postal town. Please note that due to postcodes crossing county borders some of these may be associated with towns and cities in other counties (e.g. SP5 is attached to Salisbury but covers Dorset, Wiltshire and New Forest local authority areas).

Participant demographics (number of participants in brackets)			
Postal town			
Weymouth (30)	Christchurch (4)	Gillingham (1)	Fordingbridge (0)
Poole (15)	Portland (3)	Ringwood (1)	Lyme Regis (0)
Bournemouth (12)	Wimborne (2)	Sherborne (1)	Salisbury (0)
Dorchester (10)	Blandford Forum (1)	Swanage (1)	Sturminster Newton (0)
Bridport (7)	Broadstone (1)	Wareham (1)	Verwood (0)
Shaftesbury (5)	Ferndown (1)	Beaminster (0)	
Age group			
Under 25 (4)	36-45 (19)	56-65 (19)	76 and older (11)
25-35 (8)	46-55 (14)	66-75 (16)	
Gender			
Female (54)	Male (33)	Other (3)	
Sexual orientation			
Bisexual (1)	Gay / Lesbian (2)	Heterosexual (75)	Other (4)
Faith/religion			
No religion / atheist (34)	Christian (36)	Other (11)	
Ethnicity			
White British (59)	White Other (16)	British/European (6)	Any other ethnic group (6)
Disability or difficulty			
Yes (38)	No (51)		

Participants live across the whole of Dorset, including those who live in urban and rural settings. The most conversations have been with people who live in the postal towns of Weymouth, Poole, Bournemouth and Dorchester. Areas with few or no conversations include Blandford Forum, Broadstone, Ferndown, Gillingham, Ringwood, Sherborne, Swanage, Wareham, Beaminster, Fordingbridge, Lyme Regis, Salisbury, Sturminster Newton and Verwood.

Participants were of a mix of age groups, while there were more female participants that males. In addition, one participant identified as transgender and one participant identified as non-binary.

While the majority of participants identified as heterosexual, two participants identified as gay/lesbian, two identified as queer, one as bisexual and a further participant as pansexual.

There is an even split of participants who identify as either Christian or as being Atheist or having no religion. 11 participants identified as being another religion, including either Hindu, Muslim, Agnostic, Jewish, Humanist and Spiritualist.

The majority of participants are White British, while 16 participants identified as being White or White Polish. Six participants identified as either British or European. Two participants identified as Mixed White and Asian, one identified as Black/British Caribbean, one identified as Black/British African and one identified as British/British Indian.

39 participants indicated that they have a disability. Disabilities include:

- Acquired brain injury
- Arthritis
- Cancer
- Cerebellar ataxia
- COPD
- Chronic illness
- Dementia
- Diabetes
- Dyslexia
- Epilepsy
- Fibromyalgia
- Hearing impairment
- HIV positive
- Immune system
- Mental health condition
- Mobility and long-term physical condition
- Neurodivergent (e.g. ADHD, autism)
- Visual impairment

Additional characteristics and demographics identified through the conversations included a variety of marital statuses, including those who are married/living as a couple, divorced, single and widowed. In addition, those who took part in the conversations included those with adult children, teenage children, children aged 4-12 years, pre-school age

children, those who do not have children as well as grandparents who provide childcare.

There were a variety of employment statuses, including full-time, part-time, self-employed/run own business, retired, unemployed and volunteers.

There were a number of participants who are unpaid carers, including for their parents, spouse/partner, adult and younger children.

Participants also included those who live on county borders, have moved to Dorset in the last 5 years, 10 years, those who moved to Dorset following retirement as well as long-term Dorset residents and those who have always lived in Dorset.

Participants also included those who have previously been homeless, prison leavers, care leavers as well as veterans. In addition, participants had mixed experiences of accessing healthcare, including regular healthcare users, intermittent healthcare users and those who rarely or have not recently accessed healthcare.

3.0   Conclusions and recommendations

Conversations that took place with residents identified a wide range of best practices in services within Dorset as well as offering suggestions for improvements to service delivery and coordination.

Participants appreciate the care that they are able to receive from the NHS. However, there is a concern for services being stretched due to a lack of resources and funding. Services need to be more joined-up, communicate with each other and systems need to share patient records between services, both within Dorset and cross-border. VCSE organisations need to be included in the joined-up approach to healthcare provision.

The need for fast access to services, appointments, referrals, diagnostic and health checks was discussed by a number of participants. When participants experience long waits they can be deterred from engaging with services, resulting in additional health complications. Long waits can also contribute to additional stress and anxiety when in need of medical care. Communication with patients while they are waiting to access treatment is also important at reducing stress and worries over health. Participants have resorted to paying for private healthcare in order to gain access to treatment, which can cause an economic divide and impact on health outcomes of those who cannot afford to do so.

Greater awareness of and signposting to services and other support would also help residents to access the care that they require in a timely manner.

Access to services that are locally based was viewed as being extremely important, particularly those in the rural parts of the county, where transport links can be limited. Appointments need to be person-centred and fit around the lives of patients and their carers.

The importance of informal support networks, including family, friends and local neighbourhoods and communities was highlighted through the conversations. However, there needs to be investment in appropriate support mechanisms within local communities to support those who do not have informal networks. Creating informal support networks reduces social isolation and improves mental health and wellbeing.

The importance of and benefits of the Dorset countryside and local environment were also discussed by the majority of those who took part in the conversations. Spending time outdoors and taking part in exercise and other hobbies and activities improve the health and wellbeing of local residents.

In addition, the provision of peer support groups and meeting people with similar lived experiences is also important to help people not feel alone and opportunities to connect with people should be made available through

both face to face and digital networks. Social prescribers can also help signpost to appropriate support and care.

Volunteering opportunities need to be highlighted as well as the social and health benefits that it offers to those being support as well as those providing it.

NHS Dorset should engage with employers and encourage them to provide appropriate support to staff, especially those who now work from home and may feel isolated from colleagues. Schools and other educational establishments need to provide mental health support to students as well as education and awareness of healthy living.

A number of participants expressed cost of living concerns. Systems need to provide support and advice with regards to completing forms and applying for grants and benefits.

Services need to provide early intervention and provide support for low to moderate conditions and illness for both physical and mental health concerns, which would lead to better health outcomes and lower costs for service delivery overall. Consideration should also be given for providing parity of care for both physical and mental health concerns at the impact that each of these has on the other.

A holistic approach to treatment is also required, with a range of treatment options offered to patients in order to provide a person-centred approach to care. Services need to involve patients and their carers in the discussions and decisions surrounding care. Information, support and encouragement for self-management would also benefit residents and reduce strain on services. However, easy access to services should remain for those who try and self-manage.

In addition, the role that carers provide and the stresses that this can cause needs better recognition. There is a need for barriers to be removed in terms of accessing care and support, inclusion in discussions of care and appropriate respite and support provided.

Services need to consider existing health conditions of individuals and staff training is required to better support those with difficulties and disabilities, such as neurodivergence.

Services need to appreciate that not everyone is digitally enabled and continue to offer a range of options to allow all Dorset residents to engage with and access services. However, the benefits of digital services were also discussed, including the instant monitoring of health levels. Where services are digitally based, there needs to be appropriate back up and support in place.

Dorset ICS should continue to listen to Dorset residents and also identify and consider existing insight, feedback and recent engagement when reflecting on the needs of local residents.