INTRODUCTION

In response to the need to co-design integrated community services with local people a series of 9 public engagement locality based events (supported by a virtual/online engagement opportunity) were held in March and early April 2016.

This is an important stage in on-going engagement or participation work in Dorset – with a vital local community focus.

OVERVIEW OF THE EVENTS

The initial focus of each event was to listen and learn from local people, with lived-experience and knowledge of each area, exploring what they felt we need to consider when developing health and care services in their particular area of Dorset.

A presentation was then given explaining:

- Why health and care services need to change
- What has been done so far and
- Introducing some emerging ideas for improving health and care in the community.

Attendees were then invited to review information on the vision for community services and emerging ideas in greater detail. This was done through an interactive ‘walk-through’ of information posters displayed on a series of boards.

Staff were on hand to answer questions and local people were invited to capture their views on colour coded post-it notes on the posters - reflecting on a) what they felt is good/positive about the ideas/proposals and c) what they feel should be given consideration/any concerns or questions they might have.

This methodology was developed in response to feedback from local people about having shorter presentations, more time to review and consider information presented and the opportunity for all attendees to provide feedback.

The day after each event all of the posters were displayed online with an electronic survey to enable other people to provide their views.

FEEDBACK FROM EVENT NINE

On Friday 08 April 2016 the ninth ICS public engagement event was hosted at Christchurch Baptist Church in Christchurch.

21 members of the public attended this event.

This paper pulls together all of the feedback provided at this event. 207 pieces of feedback were provided at this event.
A synopsis of the feedback is provided within the main body of this report and all feedback (as captured by attendees) is listed in the appendices.

Feedback is provided in two sections:

- Section One: What we need to consider when developing community health and care services in Christchurch.
- Section Two: Feedback on ICS information displayed in the information ‘walk-through’.

SECTION ONE: WHAT WE NEED TO CONSIDER WHEN DEVELOPING COMMUNITY HEALTH AND CARE SERVICES IN CHRISTCHURCH.

Attendees were asked to give consideration to the following question:

“Based on your local knowledge and experience please tell us what you feel we need to consider when developing community health and care services in Christchurch?”

This was done individually in the first instance, with attendees capturing their thoughts on pre-prepared feedback cards. Attendees then discussed their thoughts with others and feedback was shared with everyone at the meeting, to provide a collective sharing of emerging priorities within the local community.

All of the feedback collected has been collated and themed to ease interpretation. A number of the themes are not mutually exclusive and there is a degree of overlap which should be considered when interpreting and responding to the feedback. To provide consistency across the 9 event reports themes are listed in a set order, rather than in order of strength.

As mentioned above, a synopsis of the feedback is provided below with all feedback (as captured by attendees) listed in the appendices.

Synopsis of feedback

Integration of Health and Care services

There was strong support for services including GP and Primary Care, community services, acute services and social services to work more closely together. Improvement of co-operation, communication and patient record sharing between organisations to improve patient pathways particularly in respect of providing discharge planning attracted specific comment.

17 comments received.

GPs/ Primary Care services

Comments focused on the wish to receive prompt GP appointments. There were suggestions that a greater number of appointments should be made available to meet the demand from the growing older population and for GP practices to offer a wider range of in-house services such as blood tests.

9 comments received.
Community Services

There was support for more services to be available in the community, especially to provide easier access to phlebotomy services. Comments focused on providing a hub, or centre, focused around the GP surgery. It was felt that providing better care in the community would ease ‘bed blocking’, reduce hospital stays and assist recovery.

16 comments received.

Service availability/7 Day services

Attendees would like to see more services available 7 days a week, with appointments available across a range of services at evenings and weekends.

8 comments received.

Mental Health – Adult

Comments focused mainly on Dementia services. There were calls for improved dementia training across all health and care settings and more dementia friendly hospitals. The importance of listening to and involving the carer of the person with dementia were highlighted.

11 comments received.

Transport & Parking

There were comments on the difficulty experienced, particularly by older people, in traveling to appointments. It can be difficult to access transport information and clearer information and consistency about schemes available was needed.

12 comments received.

I.T/Technology

Computer systems that talk to each other would be beneficial. One person would like to see technology used better to increase access to services by having virtual appointments with medical professionals.

3 comments received.

Communication and information

Easier access to information such as a directory of services is needed. There is a dependency on e-communications, need to be mindful of older people who are less likely to access a computer.

4 comments received.

Geography, Demography & Diversity (Service planning/Demographics and Age related concerns)

Contributors were keen that any planning should take account of the growing age profile in the area and the different health needs of the population.
5 comments received.

**Acute Hospitals**

The needs of ‘special needs’ people in hospital were raised. Comments highlighted the importance of catering for ‘special needs’ patients with a suggestion that parents/carers should be allowed to stay with the patient.

5 comments received.

**Service/Condition Specific Concerns**

Comments predominantly focused on Musculoskeletal (MSK) services, with prevention and a need to review pathways highlighted.

Some relevant comments of note were also received in the following areas:-

- **Prevention/Education** – there was support for more prevention and early support to maintain good health.
- **Community hospitals** - St Leonards is not a community facility for Christchurch people it is 12 miles away with no bus routes and placing people there isolates them.
- **Access to services/ referrals** – prompt referrals when needed.
- **Voluntary services** – the voluntary sector should connect with mainstream health and care better.
- **Staff and staff training** – comments focused on the need to increase the number of staff to meet the increased demand.
- **Funding Concerns** – a request for honest communication with the public about available funding and what is actually possible.
- **General and Quality of Service comments** – Manage patient expectation – management and responsibility.
SECTION TWO: FEEDBACK ON ICS INFORMATION DISPLAYED IN THE INTERACTIVE INFORMATION ‘WALK-THROUGH’

After receiving a presentation on integrated community services attendees were invited to review an interactive ‘walk-through’ of information posters displayed on a series of boards.

Staff were on hand to answer questions and local people were invited to capture their views on post-it notes reflecting on a) what they felt is good/positive about the ideas/proposals and c) what they feel should be given consideration/any concerns or questions they might have.

The series of posters displayed information in the following areas:

- **Our Vision**: Our vision for community health and care services – as informed by local people – including what this would mean for local people, workforce and systems and the importance of prevention, joint working, better access and IT.

- **Local Views**: Local people’s views on community health and care services captured in 2013-14 and in 2015.

- **Emerging models**: The fact that different people have different needs requiring different models of care and some emerging models that might meet these needs.

- **New ways of working**: Examples of new ways of working that are already happening, integrating community health and care services

- **Community vanguard proposals**: Proposals and emerging ideas from community vanguards – groups of GPs and other service providers looking at how the emerging vision might be met locally.

- **Service specific information**: Service specific information in a number of areas including mental health, maternity, paediatrics and blood services.

- **Local voices matter**: Comments from local PPEG members about why local voices are so important.

The feedback captured on the posters largely reflected the themes identified in section one.

Positive comments were generally in support of the vision for integrated community services, the emerging models of care and other information displayed (as described above).

Concerns tended to reflect those captured in section one.

The amount of feedback on each poster doesn’t lend itself to ‘theming’ – for comments on the individual posters collected at this event please see Appendix 2.

Feedback on the posters has also been considered across all 9 locality based events and a more detailed analysis is provided in the overall report – available to read on www.dorsetccg.nhs.uk/events.
**NEXT STEPS**

The ICS Steering Group, together with NHS Dorset CCG’s Engagement and Communication Team, will work with colleagues and partners to coordinate the following:

- Individual reports for each event and a ‘master’ report to be shared with health, care and voluntary sector partners, Clinical Working Groups, Clinical Delivery Groups and Community and Acute Vanguard Programmes.
- Local views provided within the reports to be used to inform emerging models of care.
- Frequently asked questions will appear on NHS Dorset CCGs website.
- Suggestions made within the reports to be shared with appropriate groups or organisations.
- Feedback, on how people’s views are used and responded to, to be shared with attendees and other local people through the CCG’s “Feedback” bulletin and website.
- Local people to be informed of further opportunities for engagement prior to public consultation.

For further information or if you have any questions please contact communications@dorsetccg.nhs.uk
APPENDIX ONE

SECTION ONE: WHAT WE NEED TO CONSIDER WHEN DEVELOPING COMMUNITY HEALTH AND CARE SERVICES IN CHRISTCHURCH.

Prevention/Education

- Prevention programme for fractures. Early training of methods of strengthening.
- More prevention.
- Exercise and keep fit diet and blood test to reduce weight and risk or diabetes.

Integration of Health and Care services

- Communication between agencies.
- Discharge from hospital and after care. These should be co-ordinated properly with appropriate organisations.
- Discharge from hospital – care packages not available and bed blocking.
- Hospital discharge and after care – cheaper discussion, more money for care.
- Integrated e - individual health and social care records.
- Discharge – care package, complexity, assessments (1 sided).
- Shared care record.
- Medical records made available to the patient and the carer/doctor/nurse in specific areas.
- Consolidation.
- All health care workers working as a team. i.e. district nurses, community, social workers.
- People discharged from hospital and social care plan not sorted – when older people need it when discharged.
- Disconnection between medical and care services resulting in bed blocking, poor care on leaving hospital etc.
- Disconnection between health and social care services – people bed blocking.
- Not joined up – multiple teams duplicating. N
- Not enough working together.
- More social care to enable earlier discharge from hospital.
- Working together without silo mentality – Manchester throw ID tags aside.

GPs/ Primary Care services

- Named GPs – follow up ongoing conditions.
- Time between requesting an appointment at registered surgery – can be 3 weeks! What is urgent?
- Prevention – blood pressure and weight at all surgeries.
- Home visit by GPs to elderly when requested.
- Prompt appointments at GP surgeries and access to GP.
- Yearly assessments and blood tests and follow up by GPs.
- Speed of response to appointment request at local surgeries – often 2-3 week wait.
- Longer GP opening hours.
- GP practices to do blood tests especially for the elderly.
Community Hospitals

- St Leonards is not a community facility for Christchurch people it is 12 miles away with no bus routes and placing people there isolates them.

Community Services

- When creating community hubs professional experts need to invite/consult “experts” by experience on to their boards.
- There should be a local hub for blood testing.
- Improvement required for blood testing, suggestion for a hub environment important – access, prioritisation.
- Blood test – but not a surgery, the reason is multiple test not available in surgery.
- Blood testing at local hub.
- Blood testing access and location (community) a priority.
- Carers calling for just an hour too little time with them.
- Pathology access for vulnerable people.
- Out of hours – local for bloods.
- Integrated community services based around GP practices/localities hub.
- Local GP federation as lead provider in care pathways for community services and moving secondary care services to the community.
- Care in the community by the community – to help relieve bed blocking.
- Increase number of community carers to ease ‘bed blocking’.
- Insufficient time for carers visiting.
- Hospice care both residential and for people’s houses.
- Integration – what’s happening about shared budgets / aligned objectives – converting concepts into reality.

Care closer to home

- Home blood test kits.

Service availability/7 Day services

- Things always seem to go wrong at the weekends.
- 7 day walk in centre – within easy reach of Christchurch – we have 50,000 people.
- 7 day GP service and out of hours.
- Appointments at evening and weekends.
- Extend GP surgery hours to help free-up A&E.
- GP surgery opening times – lack of evening appointments for working people.
- Longer GP opening hours.
- Minor injuries unit.

Access to services/ referrals

- Prompt referral to consultants when needed.
Mental Health – Adult

- Mental health services need expanding and more funding available. Access takes too long – letting people down.
- Consider how you communicate with dementia patients and who you contact - ‘Dementia friendly’.
- There should be more assistance for people with dementia. They should be treated as a separate group. Their needs are very specific.
- Management of dementia.
- Improvement of dementia services training of staff in dementia. Listen to carers.
- Improve mental health facilities.
- Dementia patients training in community, A&E etc.
- Dementia services – training dementia friendly / use the carers.
- Dementia – dementia friendly in hospital, listening – GP – consultancy and practice staff.
- Memory support.
- More high quality services for people with dementia – with residential and in their care homes.

Voluntary Services

- Connecting the voluntary sector in with mainstream health and care.
- Better resources for the voluntary sector.

Transport & Parking

- Transport considerations when allocating treatment venues, especially for elderly and disabled.
- When centralising services thought should be given to people’s ability to get to them.
- Transport to appointments e.g. elderly on their own in wheel chairs.
- Community beds, where we can get to them. St Leonards difficult, no public transport – bar essential – old people don’t always drive.
- Transport.
- Transport information is sparse.
- Transport – extend voluntary services.
- Transport - appropriate filtering.
- Access to services and transport – how to improve.
- Transport – eligibility, neighbouring scheme.
- 50p mile.
- Porter and volunteers in hospital.

I.T/Technology

- Technology to help virtual meetings with medics/GPs etc. Not just face to face.
- Dorset care record.
- Computer systems that talk to each other.

Communication and information
• Advice.
• Message in a bottle – put in fridge.
• Directory of services – Christchurch angels.
• Care re dependency on e-communication. As you get older you need more advice / support, probably less likely to use computer.

Staff and staff training

• Lack of GPs.
• Increase number of GPs to cater for increasing demands.
• Increased workforce to meet increase demand.

Geography, Demography & Diversity *(Service planning/Demographics and Age related concerns)*

• Nurses taking time with elderly people in hospital i.e. making sure they eat and drink.
• Services need linking with demographics.
• Population growth.
• Services for older people in Christchurch. Specific clinic sessions to deal with vulnerable older people.
• Services specifically for older people – age demographic. Fab clinic.

Funding Concerns

• Honest communication with the public about available funding / what’s possible / the priorities.

Acute Hospitals

• Beds for special needs persons.
• Allowing parents to stay with special needs persons. Maybe a special room for their needs!
• Discharge too quick without support or too slow.
• Disabled access at Bournemouth.
• Christchurch hospitals.

Ambulance response times

• Delays in ambulance reaching their calls.

Service/Condition Specific Concerns

• Better blood testing especially for disabled and wheelchair persons.
• Need to reduce the number of hip replacements using preventative strategy.
• Prevention – e.g. neck of femur, early osteoporosis, dxa scan, trauma, otho, rheumatology.
  Need to review provision and pathway.
• MSK – do we do too much? Part of healthy living – dxa scans.
• Fracture services and prevention is fragmented across hospitals.
• Orthopaedic services – trauma dept at Bournemouth or Christchurch. Making elderly people travel to Poole Hospital for a 10 min appointment – not on.

**General Comments and Quality of Service**

• Named social workers.
• Constantly re-assessing people who have permanent conditions/disabilities causes extreme anxiety for the individual and their families.
• Lack of money.
• Manage patient expectation – management and responsibility.
• What’s the consultation on what Dorset / Christchurch priorities should be?
APPENDIX TWO

SECTION TWO: FEEDBACK ON ICS INFORMATION DISPLAYED IN THE INTERACTIVE INFORMATION ‘WALK-THROUGH’

The feedback provided for each poster that was commented on is listed below. To view all of the posters displayed at this event visit www.dorsetccg.nhs.uk/events

Our vision for community health and care – as informed by local people

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Our vision for health and wellbeing in Dorset is to provide the best care for you and your family no matter who you contact.

What this will mean for local people?

- We will support you and your family to stay well by providing information on healthy lifestyles and how to manage your own health
- If you get ill or need care we will provide the help you need as local to you as possible
- If you need more specialist care we will balance quality of care, assess and cost to get the best possible care for local people
- You will be involved in decisions about your care and support and when needed we will share information so you get the best and most joined up care possible.

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Positive Comments:

- I like this.
- I like this.
- I like this.
Your voice matters

Positive Comments:

- I like this.
Our vision for community health and care - workforce

- I like this.
- I like this.
- I like this.
- I like this.
- I like this.
- I like this.
- I like this.
Our vision – better access

Our vision....
Better access to Services

Location
- More care closer to home
- Increased access to services that do not need to be provided in a hospital setting
- Reducing the need for people to travel unnecessarily to hospitals

Time
- Providing appropriate health and care on a seven day a week basis.

Positive comments:
- I like this.
- I like this.
- I like this.
- I like this.
- I like this.
Our vision - prevention

Our vision ......

Prevention

- Encourage local people to be responsible for their own well-being
- Provide more information, advice, support to help this
- Develop services to support lifestyles changes e.g. smoking, diet, exercise, etc.

Positive comments:

- I like this.

Our vision – Information Technology

Our vision ......

Information Technology (IT)

- Having a joined up IT system to reduce duplication
- To enable people to tell their story once
- To reduce the risk of error
- To help identify people who need help so that they can be supported appropriately and quickly.

Positive comments:

- I like this.
• I like this.
• I like this.

Our vision – Blood services

**Blood Services – Our vision**

To provide **blood tests** in your GP surgery or in a local community building, rather than in hospital.

**Warfarin Doing**

To make available finger prick INR tests in your GP surgery or in a local community building, rather than patients being referred to hospital.

The International Normalized Ratio (INR) is the test used to monitor the effects of warfarin. It checks how long it takes for blood to clot.

**Deep Vein Thrombosis (DVT)**

For your local GP or community clinic to be able to assess and treat patients with suspected DVT with direct access to ultrasound if needed.

Positive comments:

• I like this.
• I like this.
• I like this.
• Subject requires urgent attention in Dorset.

Concerns, questions and suggestions:

• Encourage self testing at home for those who are able.
Our vision for health and care – views collected

Our vision for health and care services in Dorset has been informed by local people

Views collected through meetings and surveys during 2013-14

29,000 comments from a number of surveys were analysed for information on access to services.

The strongest themes were about the importance of:

- Community service provision and care closer to home
- Opening times
- Transport

- “At a time when we are feeling at our most vulnerable, local feels much better and safer than further away.”
- “Good to have centres of excellence as long as routine care is defined, protected and still available locally.”
- “I do feel if GPs have longer opening times - especially at the weekend - A&E wouldn’t be so busy.”
- “Evening and weekend surgeries as I work away Monday to Friday and find it difficult to get an appointment.”
- “Difficulty of access (need to drive or poor public transport) would be accentuated by time as I get older (76 years).”

Positive comments:

- I like this.
- I like this.
Specialist Care Support for people with high intensity needs

Positive comments:

- Agree with the sentiments but individual care needs need to be prioritised i.e. Dementia.
- I like this.
- Total support required. As much locally as possible.

Concerns, questions and suggestions:

- A lot of meetings.
- Train and educate patients to look after themselves. Knowledge is power.
Your voice matters

Positive comments:

- I like this.
- I like this.

Concerns, questions and suggestions:

- Not just discussions invite us on your boards.
Different patients have different levels of needs

Positive comments:

- Agree with this model.
Different community care models are needed

Positive comments:

- I like this.
- I like this.
- I like this.
- Agree with this.
- Good model.
- Agree with this model.

Concerns, questions and suggestions:

- Triage patients for need.
Rapid access to health and care teams

Positive comments:

- I like this model.
- Good model of care.

Concerns, questions and suggestions:

- Definitely needs improvement.
- Where will these resources come from.
Proactive ongoing care for people with medium intensity needs

Positive comments:

- I like this.
- I like this.
- I like this.
- I like this.
Routine Care

Positive comments:

- Very good.
- I like this.
- I like this.
- I like this.
Creating ‘community hubs’

Positive comments:

- Community hub – opportunity to educate as well as support.
- I like this.
- I like this.
- I like this.
- I like this.
- Community hubs are a great idea. Don’t forget to consult with “experts with experience” and not just professional experts – we have a lot to offer.

Concerns, questions and suggestions:

- Co-ordinator role key. Must be a good networker and influencer. Also good communicator – signposting, handholding.
- Bottom-up integration? Sufficiently empowered?
- Need to include voluntary sector.
Weymouth and Portland Integrated Care Hub

Weymouth and Portland Integrated Care Hub was launched in November and aims to promote closer working between health and social care providers so that people are given the right support at the right time, as close to home as possible.

- Based at Westhaven Hospital
- 8am-6pm response 7 days/week (local GPs provide weekend Dr cover)
- Three health and social care coordinators
- Staff includes: external GP, OET nurse, Social Worker, Paramedic, and duty workers from District nursing, OPMH, OET rapid response, Community Matron
- Single telephone number and referral point for Admission avoidance and supported hospital discharge, [inc direct access for care homes]
- Close link with DCH and SWASPT
- Access to all IT systems including, but referral management and Virtual Ward managed through ‘hub’ Modula, system one
- Daily ‘board round’, and twice weekly MDT with Community Consultant
- ‘No hand offs’ approach

Positive comments:

- I like this idea.
- I like this idea.
Positive comments:

- I like this idea.
- I like this idea.
Voluntary Sector Support in Purbeck - example

“Dorset Community Action (DCA) was asked to visit a patient who was identified as potentially needing further social support as she lived alone. During our initial assessment of her social needs, she mentioned that she had concerns about falling, which is outside of our area of expertise. She also told us she struggled to talk to men about her health concerns. We were able to feed this information back to the next practice Multi-Disciplinary-Team (MDT) meeting. The Occupational Therapist (OT) present picked up the case and planned for a female worker to visit and assess her walking/support aids, whilst we put her in touch with other charities that met her emotional and support needs. By working proactively together and sharing the ‘incidental’ information across agencies we may have prevented a falls-related admission.”

A Community Navigator

Positive comments:

- I like this.
- I like this.

Concerns, questions and suggestions:

- More care less talk – talk costs money.
Co-producing Mental Health

Co-producing Mental Health Services

Mental health acute care services are currently being re-designed with service users, carers, NHS and local authority partners, emergency services and voluntary sector organisations.

The objectives of the review follow feedback gained from over 3,300 comments from the public and staff the year seeking stage.

We are now in stage 3 of the review, model option development where we are all working to develop ideas for how mental health services can be provided in the future to meet the mental health needs of the Dorset population.

A series of workshops are taking place between January and June 2016. The workshops will bring ideas and expertise from everyone involved and identify better and different ways to meet the needs identified in the previous stages of the review.

Once all the workshop events are finished NHS Dorset CCG will develop a business case and that will take us into stage four of the project which will be a public consultation.

www.dorsetccg.nhs.uk/mentalhealth

Positive comments:

- I like this idea
- I like this idea
- I like this idea
- I like this idea
- I like this idea
Maternity Services Vision

The future of community health and care services in Dorset

Maternity Services Vision

“Our vision is that maternity services in Dorset work proactively with partners to support women and families to give their children the best possible start in life. We want high quality, safe and personalised services that can meet the needs of all women and families and are delivered in an evidence-based, responsive and compassionate way.”

Future services will see the introduction of:

- Clear pathways to support women and their families with pre-conception, pregnancy, birth and postnatal care in Dorset. Where possible community based hubs will provide the opportunity to improve services around women and families.
- Services will work together to personalise care for each woman
- Focus on strengthening midwife-led care
- A single point of access to information, advice and guidance through better use of technology and digital tools. This will enable women to feel better informed and supported about the choice they make about their care and where they decide to give birth.

Working together to improve health and care services

Positive comments:

- I like this.
- I like this.
Virtual Wards

Positive comments:

- Yes.
- I like this.
- I like this.
- I like this.

Concerns, questions and suggestions:

- Use Sykpe go to meeting etc.
- Surely patients do not have virtual illnesses – impersonal!!
- Joint working?? Will they be properly working together? Same manager? Joint budgets? If not still silo working.
- Great idea but must include all those involved with a patient e.g. Care agency staff as well as GP Surgery professionals.
Virtual Wards - example

"An 86 year old lady was calling her GP surgery 10 times a day complaining of feeling unwell, dizzy and requiring medical attention. These phone calls often required GP attention, often out of hours. She was regularly admitted to RBH for investigation.

I joined the Multi-Disciplinary Team (MDT) as the GP had run out of ideas.

There had been attempts to engage Community Mental Health Team (CMHT) but the patient had been reluctant.

The GP instigated several changes to medication, but it was unclear how compliant the patient was with these changes. Following discussion at the MDT, she was fast tracked into the Day Hospital service where she was seen by our multi-disciplinary team, including a consultant in older persons medicine.

We reviewed and made changes to her medication, and were able to monitor her progress at each attendance. We carried out some baseline cognitive screening and were able to engage with the CMHT and get them to come and see the patient whilst she was attending the Day Hospital.

Within the first four weeks there was a reduction in the number of calls and the patient was feeling generally physically better. With the patient’s permission we also asked voluntary services to visit the patient.

We arranged this during one of her treatment sessions so that she had familiar staff around to support her. The voluntary team managed to find her several befriending services and lunch clubs and supported her with attendance. They also set her up on “silverline”. She was discharged from our service after a total of ten weeks. Since then she has only called her surgery once and that was for a medical problem that needed GP input. *A member of staff and member of an MDT*.

Positive comments:

- I like this.
Coastal Health – our vision

Our vision
An Urgent Primary Care Centre Barn – 8pm 7 days a week

This will deliver
- Joined up care across community care teams including District nursing, Rehabilitation, Community Mental Health
- One shared IT system across GP practices making it easier to access patient records
- One point of access in the local community for urgent primary care needs 7 days a week
- Local GPs working closely with social care services and Royal Bournemouth and Christchurch Hospital to bring care closer to home.

Positive comments:
- I like this.
- I like this.
Including young people

In October and November 2015 two engagement events were co-designed and hosted with Dorset Youth Council to seek the views of young people on their local health and social care services.

What issues do you face?
There were a wide variety of health and care issues facing young people including:

- Stress, anxiety and depression
- Cyber bullying and peer pressure
- Smoking, drug and alcohol issues
- Body image, obesity and eating disorders
- Sexual health and contraception

Where would you access services?
The top 5 preferred locations for accessing services were:

- School
- Youth centre
- Somewhere no one knows me
- Community centre
- GP practice

Positive comments:

- I like this.
- I like this.
- I like this.
Your voice matters

Positive comments:

- I like this.
- I like this.

Concerns, questions and suggestions:

- Provide/access to transport possibilities. Make a charge for this.