

## Age - Engagement

Event/Source	Feedback
<p><i>Stockport NHS Foundation Trust consultation for SES</i></p>	<p><b>Age – Older people Better information</b></p> <ul style="list-style-type: none"> <li>• Jargon-free explanations of diagnoses, medication, available support – ideally with ‘take-away’ written/ audio information;</li> <li>• Involving relatives and carers appropriately in these explanations;</li> </ul> <p><b>Training for staff (including medical staff)</b></p> <ul style="list-style-type: none"> <li>• Challenging age discrimination – both for patients and staff;</li> <li>• Treating older people with respect (e.g. not using first name without permission);</li> <li>• Managers’ training on managing age diverse teams;</li> </ul> <p><b>Improving access to services</b></p> <ul style="list-style-type: none"> <li>• Negative impact of appointments late in the day on many older people – transport and community safety issues;</li> <li>• Offering support to older people using Choose and Book systems;</li> <li>• Review use of older people’s wards.</li> </ul> <p><b>Age – Younger people</b></p> <ul style="list-style-type: none"> <li>• Positive action;</li> <li>• Encourage more younger applicants to work at the Trust through open days/ talks;</li> <li>• Positive images of younger staff;</li> <li>• Develop apprenticeship schemes;</li> <li>• Check person specifications for any age-related barriers.</li> </ul> <p><b>Managers’ Training</b></p> <ul style="list-style-type: none"> <li>• Managing age diverse teams;</li> </ul> <p><b>Transition from children’s to adults’ services</b></p> <ul style="list-style-type: none"> <li>• Risk that patients fall through a gap between the two.</li> </ul>
<p><i>Stockport PCT consultation for SES</i></p>	<p><b>Older People Focus Group</b></p> <p><b>Medication:</b> Participants said they felt they were often taking a lot of medication and quite often they didn’t know why and that if they could, they would like to reduce their medication where possible. Participants also felt that a lot of medication and could be very confusing, particularly because they can often look the same.</p> <p>What people said they wanted:-</p> <ul style="list-style-type: none"> <li>• Regular review of medication</li> <li>• Clearer explanation from GPs what each medication is for and why they need it/continue to need it.</li> <li>• GPs to provide pill boxes which allow you to organise your</li> </ul>

medication for the week.

- More support in managing medication. i.e. if you want the chemist to arrange the pills the boxes, this costs £2.50 per day/£17.50 for each week, which is too expensive.

#### **Information:**

Participants said that sometimes they do not get all the information they need from a GP after a visit. Examples included staff using medical jargon and not a plain English explanation of the diagnosis and what the medication is for and will do.

What people said they wanted:-

- Clearer and more detailed explanations of diagnosis without the medical jargon
- Use of 'health information prescriptions' on long term diagnosis, which will provide patients with a take-home fact sheet relating to that health issue.

#### **Appointments**

A few participants told us of their experience of being given late appointments, particularly at clinics and the hospital - One person told of having an appointment at 7pm and described the clinic area as "dark and very empty with nobody around". The group felt that whilst late appointments were a good idea, for some people, they were not seen as appropriate appointment times for older people.

What people said they wanted:-

- Late appointments not to be given to older people or for people to be asked if they mind having a late appointment and therefore having the choice
- Shorter waiting periods to be picked up or taken home by the ambulance service as many had had to wait long periods to be taken home.

#### **The Impact of Age**

When asked if they felt their services were effected by their age (positively or negatively), the group said yes and they felt that they often faced ageism.

Examples included:-

- professionals dismissing health issues and needs and saying "what do you expect at your age"
- often being discharged too early and then often readmitted
- that they are often put on the wrong ward i.e. geriatric wards, due to their age rather than their needs. This can affect their quality and appropriate care and can be frustrating and degrading.
- Being referred to by their first name and not family name which was preferable.

What people said they wanted:-

- More consideration for how people/older people might want to be referred to

- Staff ask if it is okay to call you by your first name
- Staff listen to patients basic requests and respond to them
- Greater awareness amongst staff.

### **Young People**

When young people were asked how we could improve health services in Stockport the following suggestions were made:

- More advertisements on health problems to promote help lines
- Receptionists who had empathy and were friendly to patients
- Seeing the same nurse each time you go to the doctors
- More information about health issues at schools and colleges
- Talk about health more in schools
- Send more health information leaflets to young people
- More antenatal classes when pregnant
- Less waiting times at A & E when children are ill
- Faster availability, more appointments with GPs
- More positive images of health