

Community and Mental Health Services

Transformation Programme Testing the Case for Change and Transformation Priorities

Survey Report – Summer 2025

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1. Background

Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB) and its partners are working together to review and reimagine how community health and mental health services are delivered across the area. This work formally began at the start of 2025 with the launch of the transformation programme.

Between August and September 2025, Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB) carried out a survey as part of a wider engagement programme with residents, service users and the workforce.

The survey provided an opportunity to capture people's experiences, explore what matters most to them, and build a deeper understanding of how services should develop in the future. It builds on feedback we have already received about current Community and Mental Health Services, through the gathering of previous insights and through the [System Insight Network meeting in May 2025](#).

2. Survey Activity

The survey was published on our website and social media channels on the 8 August 2025 and ran until 14 September 2025. In total 1,193 responses were received, however of these 707 responses were not completed past respondents marking which local authority area they lived in and what service area they were interested in. No feedback was entered into the survey as part of these responses so for analysis purposes these entries have been removed from the report.

This report analyses the 486 responses that were made and separates out the responses made for Community Health Services and Mental Health Services.

Partners and stakeholders across BLMK were asked to support the survey by sharing the information with their networks. We would like to thank all partners who supported us with this work.

3. Methodology

The survey was hosted online, with alternative formats available on request to ensure accessibility.

To maintain consistency, the survey questions were developed around the themes discussed at the System Insight Network meeting held on 6 May 2025. These were adapted as needed to reflect the different format of the survey.

Deaf Access Bedfordshire who support residents who are deaf and hard of hearing and Autism Bedford supported their service users to complete the online survey.

Promotion of engagement opportunities was carried out via the ICB website and social media channels, the messaging varied and included:

- Direct links to the website and survey.
- Explanations of community and mental health services to support understanding.

Information was also disseminated via email to system-wide stakeholders, requesting them to cascade details through their networks. These communications included:

- A summary of the programme and participation opportunities.

- Links to the website, survey and poster.
- Requests to share social media posts, with links provided.

Stakeholders included (but were not limited to): elected councillors, town and parish councillors, MPs, VCSE organisations, emergency services (fire, police, prison), faith leaders, GP practices, Chambers of Commerce, children's centres, Maternity Voices Partnerships, parent carer forums, those involved in the 'Denny – reducing health inequalities' and System Insights Network work, the ICB Learning Action Networks (LANs), BLMK Communications and Engagement Collaboratives, and local boards and committees such as Mental Health Alliances, Health and Care Partnerships, Health and Wellbeing Boards, and Place-Based Boards.

Additional requests were sent to umbrella VCSE organisations to share information via newsletters and networks, to local authorities to cascade details to their workforce, housing associations, care homes, and to organisations supporting seldom-heard communities.

4. Summary of Findings

We asked respondents to give us their views on:

Making access to services easier

Getting help in a crisis

Helping people to stay well

Neighbourhood health and joined-up care

The survey feedback provided a wealth of detail. The high-level findings are summarised below by service area.

Community Health Services

When considering the challenges and suggestions for improving community health services. Key themes include:

Accessibility and Local Services: There is a strong emphasis on making services more accessible and local to accommodate vulnerable individuals and those with logistical challenges. This includes providing adequate parking, promoting services through non-digital means, and ensuring face-to-face consultations.

Health Inequalities: Addressing the needs of marginalised groups, such as the D/deaf community and non-English speakers, is crucial. Timely and appropriate care for autistic individuals is also highlighted.

Communication and Coordination: Effective communication and coordination between community and secondary care are essential for continuity of care. Providing a single point of contact for community health services can help streamline access and reduce confusion for patients.

Service Delivery and Funding: Ensuring that staff understand patient needs and possess the necessary management skills is important. There is also a call for better funding for hospice services to ensure equal access for people in Milton Keynes, Bedfordshire, and Luton.

Crisis Support and Community-Based Services: Providing clear crisis plans, timely follow-up care, and immediate help tailored to specific needs are vital. Strengthening urgent community response services and creating local hubs for urgent same-day clinics can help reduce the number of people attending A&E.

Holistic and Preventative Care: A holistic approach to health, considering physical, mental, and social health, is emphasised. Early education about health and more preventative services are also suggested.

Support for Carers and Patients: Providing clear and concise information to patients and their families and focusing on individual strengths are important aspects of care.

Overall, the feedback highlights the need for a more integrated and coordinated approach to community health services, with a focus on accessibility, communication, and holistic care.

Mental Health Services

When considering the challenges and suggestions for improving mental health services. Key themes include:

Integration of Services: The report highlights the importance of integrating mental and physical health services, as well as social care and NHS services, to avoid complications from having multiple professionals working with one individual.

Service Availability and Safety: There is a call for safe places for service users to attend, especially in the evenings, and a need for more crisis support for both young people and adults.

Collaboration and Shared Systems: Better collaboration between primary and secondary care is needed, along with shared systems to reduce repetition for patients and track long-term progress.

Holistic and Joined-Up Care: The feedback advocates for a holistic approach to care, suggesting that education, health, and social care should be more joined up, especially for children with special educational needs and disabilities (SEND).

Community Involvement and Support: Establishing peer support groups in community centres and involving the community in these initiatives is suggested to make services more accessible.

Challenges in Mental Health Services: The feedback points out difficulties in accessing mental health services, the reliance on CBT, and the need for better training for professionals in mental health and neurodivergence.

Overall, the feedback highlights the need for better integration and collaboration across various health and social care services to improve patient outcomes and streamline care processes.

Transformation Priorities

We then went on to ask respondents if they agreed or disagreed with our emerging transformation priorities and if we had missed something important to them. The six priorities shared through the survey were;

1. Develop teams in neighbourhoods to help improve health outcomes and the experience of care
2. Understand the needs of local communities to help prevent poor health
3. Co-design and co-deliver services focused on preventing poor health and helping people start, live and age well
4. Ensure services are personalised, with a single point of access for people using our services
5. Increase access to a wider range of services closer to home
6. Provide co-ordinated urgent care within the community

Extensive feedback from local residents, carers, and professionals shows broad support for the ambition of the proposed priorities, but also highlights significant gaps and concerns about deliverability.

Respondents emphasised that priorities must be specific, measurable and properly resourced to make a real impact. There were mixed views on prevention/personal responsibility, which it was felt should complement, not replace system support.

Key themes include:

Palliative and End-of-Life Care: There were repeated calls to include sustainable funding for Willen Hospice and local palliative services. Concerns over inequitable NHS funding compared with areas like Bedfordshire and Luton were raised, this was seen as essential for reducing hospital pressures and providing dignified care.

Workforce Recruitment and Training: Described as the most urgent gap. Calls were made for more frontline staff (GPs, nurses, therapists, mental health professionals) and ongoing training. With concerns raised about staff burnout, high turnover, and inconsistent quality of care.

Access to Services and Waiting Times: Many reported difficulty getting GP appointments and long waits for assessments and treatment. Requests suggested local hubs, mobile services, and outreach to underserved groups.

Support for Older and Isolated People: The feedback suggests a need for proactive check-ins and safeguarding for older people living alone. Concerns were highlighted about under-investigation and being “written off” as just ageing.

Mental Health Services (esp. for children, young people and neurodiverse people): Services are seen as fragmented, underfunded and hard to access. Gaps include: long waits, poor follow-up, and lack of understanding of Autism, Obsessive–Compulsive Disorder and trauma. Feedback suggested there is a need for more mental health nurses in schools, smoother transitions at 18, and continuous crisis-to-recovery pathways.

Communication and Coordination: Services are seen as disjointed with poor information sharing. Calls for joined-up records, clear plain-language communication, and co-production with patients and families came through in the feedback.

5. Key findings from the survey – Community Health Services

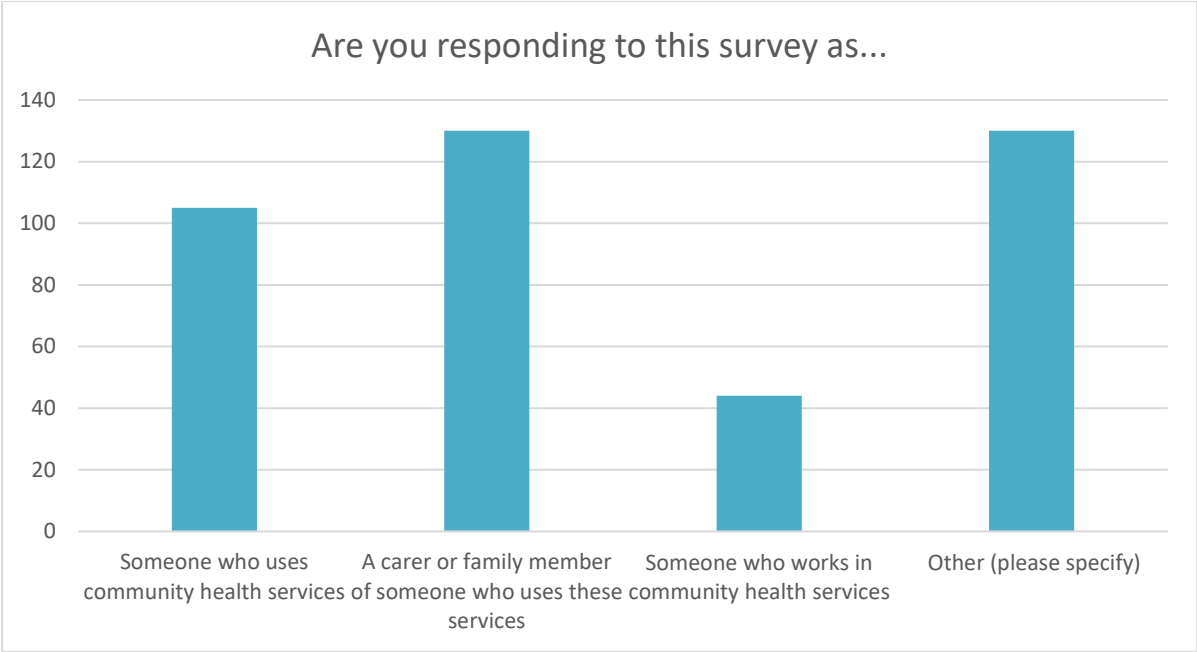
Of the 486 responses to the survey 365 respondents provided comments on Community Health Services, of those a significant proportion (257 responses) were from Milton Keynes residents. There were also a significant number of responses relating to care and support for people nearing the end of their life (228 responses). Feedback on end-of-life services was focussed on Willen Hospice in Milton Keynes and accounts for the high number of respondents from this local authority area.

Question 1
5.1 Which local authority area do you live in?

Which local authority area do you live in?	Responses
Bedford Borough	52
Central Bedfordshire	41
Luton	15
Milton Keynes	257
Total	365

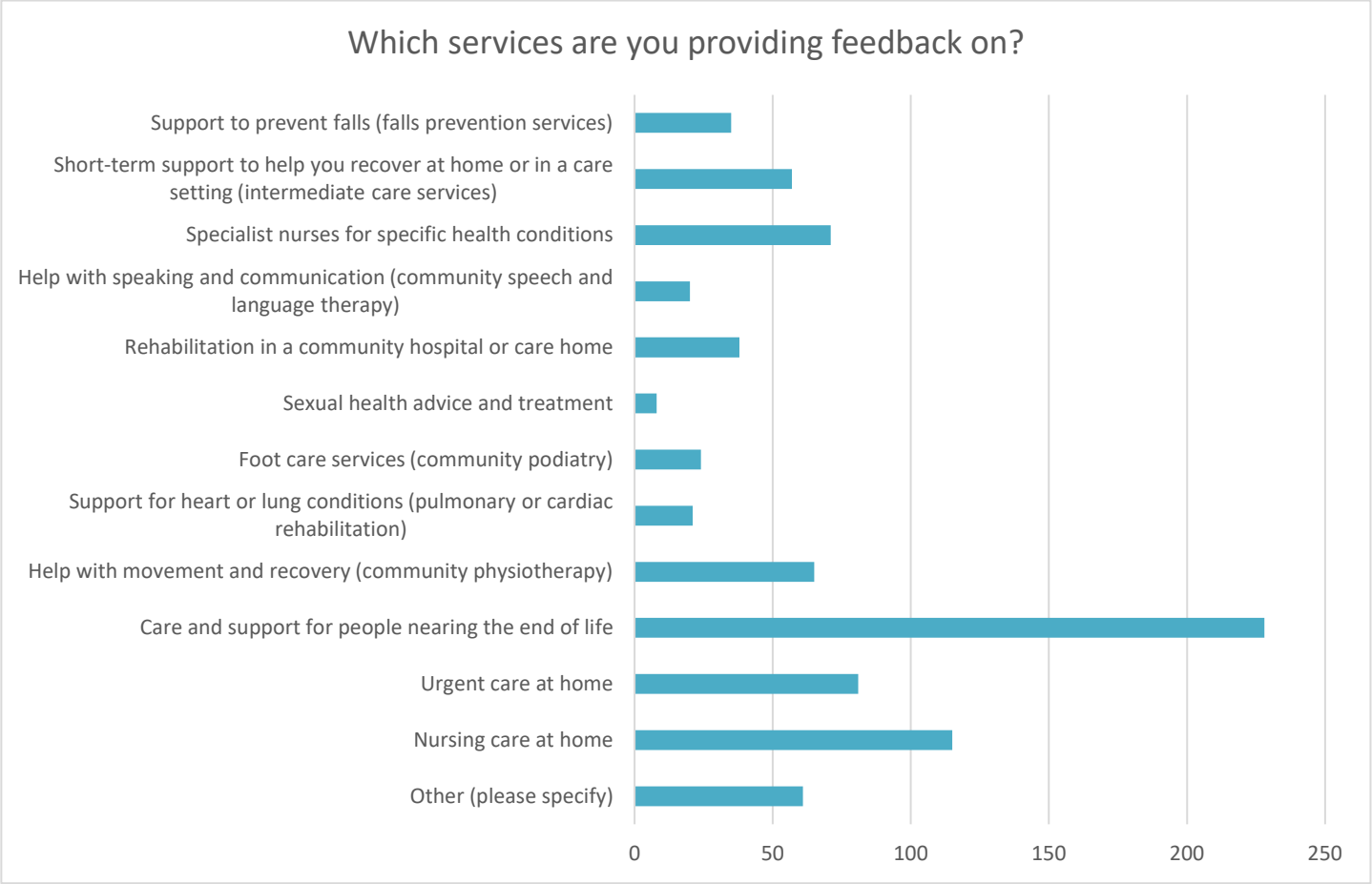
Question 2
5.2 Are you responding to this survey as...?

Respondents were able to tick more than one response to this question 105 respondents are users of services, 130 respondents are a carer or a family member of a service user, 44 respondents work in Community Health Services. 130 respondents chose 'other', these responses can be seen in Appendix 1.



Question 3

5.3 Which service(s) are you providing feedback on?



Question 4

Making access to adult community health services easier

5.4 What do you think would make it easier for people to access the care and support they need?

Below is a summary of the comments made in answer to this question grouped into themes. Comments from those that use services, care for someone who does and other, have been grouped together and shown separately from those that work in the services. (See appendix 2 for verbatim comments by type of respondent and local authority area)

Summary of responses by type of respondent

Those who use community health services or care for those using services and other

Improving Accessibility and Local Services:

Services should be carried out locally to accommodate vulnerable individuals who may face logistical challenges. Adequate and affordable parking should be provided near therapy locations, and the importance of face-to-face consultations should be emphasised to support personal interaction. Additionally, services should be promoted through non-digital means to reach elderly and vulnerable populations who may not have access to digital communication.

“Ensuring services are carried out locally as the logistic challenge for vulnerable people means they cannot get to their appointments”

“Ensure that we are not promoting services by digital means only. Our most vulnerable and/or elderly do not access them. Work micro-local with parish and town councils to promote services through magazines/newsletters.”

Addressing Health Inequalities:

It is important to engage with marginalised groups such as the D/deaf community and non-English speakers to ensure their needs are understood and addressed. In addition, autistic individuals should receive timely and appropriate care to support their well-being and promote positive outcomes.

“Ongoing engagement with marginalised groups such as the deaf community, non-English speakers, or minority groups who have historically had bad experiences. The work being done with Faith groups to look at high blood pressure is a great example of how working with pharmacies, local people, and GP’s you can build trusted relationships with marginalised communities and take targeted actions for specific outcomes with GPs.”

Improving Communication and Coordination:

Patients should be provided with a contact number upon leaving the hospital to ensure they can access support if needed. Clear communication and coordination between community and secondary care should be maintained to promote continuity of care. Additionally, offering a single point of contact for community health services can help streamline access and reduce confusion for patients.

“My parents did not receive support on discharge from hospital. Post operative care was shambolic, unreliable and disorganised between secondary and community - as usual both blamed each other.”

“Good access depends on services working together. GP practices, community pharmacy and dentists should link with schools and early years settings, the parish and council leisure teams, local churches and theatres, retailers and voluntary groups. A shared local calendar for appointments and activities, in-venue signposting and consented information sharing would remove duplication and help people move between services without repeating their story.”

Enhancing Service Delivery:

Staff should understand the needs of patients and possess the necessary management skills to support them well. It is also important to ensure that GPs are well-informed and able to provide accurate information to patients. Additionally, quicker access to physiotherapy and other necessary services should be provided to improve patient outcomes and reduce delays in care.

“Be kept up to date on where you are on a waiting list by maybe using an online system where you can check. Get more information on how to take care of yourself while you’re waiting so things don’t get worse. Easier access to GP when you need more help or advice while you are waiting”

Improving Digital and Non-Digital Access:

Improving both digital and non-digital access is essential to ensure services are inclusive and easy to navigate. Health centre websites should be updated and made more accessible to meet the needs of all users. At the same time, non-digital routes for accessing services should be maintained to support individuals who may not use or have access to digital platforms.

“Access would be easier with a single front door for community health, backed by clear triage and plain-English guidance. People should be able to contact services by phone, text, email or webchat and get a written acknowledgement with an expected response time.”

“While waiting, proactive updates would stop people feeling lost. Clear information on routes in, eligibility, waiting times and what to do if needs change would make the system feel transparent and fair. It helps to have one named coordinator who stays with the person. A consistent contact reduces repetition and anxiety, and makes it clear who is responsible for moving things forward.”

Someone who works in community health services

NHS Funding and Support:

The need for NHS funding for Willen Hospice at Home to continue supporting patients and families and to help prevent unnecessary trips to A&E was emphasised through the comments. The importance of fair funding for hospice services to ensure equal access for people in Milton Keynes, Bedfordshire, and Luton was also highlighted.

“Fairer funding for our hospice to be able to continue to provide the Willen at Home service specifically which aids to keep patients in their homes without having unnecessary hospital admissions, therefore saving the NHS money.”

Single Point of Contact:

The importance of having a single point of contact for patients is emphasised throughout the feedback. This included providing one contact number for patients with neurological conditions and ensuring that patients know which team to contact for specific issues.

“I think it is important to have one contact number for all patients with a neurological condition, but this needs to be within a local service with those being contacted able to triage complex cases and signpost within the Neurology services.”

“Single point of access information about clinical teams and areas they support, so people know which team deal with what issue, people are unaware how SLT [Speech and language therapists] can help especially linked to swallowing. Better understanding of appropriate referrals would streamline admin process and get people the right care when they need it.”

Community and Integrated Care:

The feedback advocates for more integrated care teams within the community, which can help identify and address various patient needs, including housing and mobility support. It also calls for better understanding and collaboration among healthcare providers to ensure that care is informed, coordinated, and effective.

“An understanding across all other providers across BLMK of what community services can provide. There are still myths and misunderstanding about what we can do in community services. How can we help our local communities understand what community services deliver if other health providers don't know.”

“Fewer different team names - it is unnecessarily confusing for patients. Better liaison between staff groups – MDT [multi-disciplinary teams] working should be the norm for all patients, not just those who meet the criteria for specific teams. More integration with GPs - many people still see the GP as the 'coordinator' of their health needs. If GPs no longer have this role, people do not know how to access the services they need (single point of access may include this but needs to coordinate well with GPs). Of course, adequately funded services would make it much easier for people to access them.”

Access to Specialist Services:

There is a need for more local access to specialist clinics, such as spasticity or sleep and ventilation clinics, to avoid the need for patients to travel long distances. Feedback also mentions

the limited access to specialist respiratory care and spasticity management for patients with neurological conditions in Milton Keynes.

“More local access to specialist clinics e.g. spasticity or sleep and ventilation clinics currently need to travel to Oxford - not always able or appropriate for certain patients.”

Miscellaneous:

Other points include the need for up-to-date training for GPs and doctors on when to transition from curative to palliative care. The importance of maintaining a directory of community service numbers is also highlighted, along with the suggestion to allow clients to contact services directly rather than going through a single point of access.

“GPs and doctors in hospital settings being informed on when to stop curative treatment and move to palliative - with all doctors having the correct training.”

“Directory of numbers available for people to contact of community services.”

Question 5

Getting help in a crisis

5.5 What kind of support or services would help people feel safe and cared for during a health crisis?

Below is a summary of the comments made in answer to this question grouped into themes. Comments from those that use services, care for someone who does and other, have been grouped together and shown separately from those that work in the services.

(See appendix 3 for verbatim comments by type of respondent and local authority area)

Summary of responses by type of respondent

Those who uses community health services or care for those using services and other

Face-to-Face Support:

Face-to-face support is essential for older patients, individuals with mental health issues, those recovering from operations, people with mobility problems, and patients facing end-of-life issues. Virtual appointments are often inappropriate for these groups, as they may not provide the level of care and support needed.

“For many older patients, or those with mental health problems, recovering from operations, having problems with movement or dealing with end-of-life issues, any suggestion of a virtual appointment is totally inappropriate.”

Crisis Support:

Good crisis support involves clear information sharing, timely and competent follow-up care, and immediate help tailored to specific needs. This support may include psychotherapy, access to safe places to stay, and virtual wards. Referring services should also provide patients with appropriate crisis contact numbers to ensure help is accessible when needed. Providing care at home can prevent unnecessary A&E visits. This includes virtual wards, immediate follow-up care, and community-based services.

“You should get a crisis number from whoever refers you or what service you use so they can send you to the right place”

“Good communication and organisational responsibility for care being paramount rather than disconnected services that do not integrate to provide even adequate care or take organisational responsibility.”

“Good crisis support means I can reach one place, get a rapid response, choose a communication channel that works for me, and be seen locally in a familiar setting without repeating my story. It also means warm handovers between teams, clear timeframes for call-backs, and next steps booked before discharge. If hospital is needed, the pathway should be clearly explained in writing, with follow-up within 24 to 48 hours after the crisis contact”.

“When a health problem flares up, people need fast, calm and coordinated help as close to home as possible. A strengthened urgent community response in Milton Keynes that can assess within two hours, with options like virtual wards, short stays in community beds, and same-day home visits, would keep many of us out of A&E safely.”

Communication and Coordination:

Effective crisis care requires good communication, clear organisational responsibility, and integration of services. Community services should be accountable to GPs and secondary care teams to ensure coordinated and reliable support for patients. Easy access to accurate information and support is crucial. This includes clear crisis plans, single urgent coordination numbers, and online and text options for booking community slots.

“Follow up and secondary care intervention needs to come out into the community eg. virtual wards, immediate follow up to make sure recommended discharge care is being carried out rather than a follow up appointment several months on to see how ‘things’ are going! Make community services accountable to GPs and secondary care teams with targets to carry out appropriate follow up care competently. Good crisis care is reliant on timely and good diagnostic skills - concentrate staff and resources on this rather than preventable uses of acute services.”

“Access to the right information easily without going through no of teams; easy interpretation of the info; ability to change based on better understanding of the situation or changes in circumstances.”

Hospice and Palliative Care:

Feedback highlighted that care that Willen Hospice provides, including urgent same-day home visits and 24/7 phone advice. These services help prevent unnecessary hospital admissions and comments suggest that it should be funded fairly.

“Palliative Care Community Hub gives families 24/7 access to advice and support, ensuring people get the right help quickly, without having to turn to hospital services.”

Community-Based Services:

Strengthening of urgent community response services was highlighted, local hubs for urgent same-day clinics, and satellite clinics with skilled staff can help reduce the number of people attending A&E.

“Satellite clinics who have the skills to direct people towards the help they may need.”

Support for Vulnerable Groups:

The importance of supporting the most vulnerable in our communities was highlighted making sure that all services are accessible to everyone who needs them.

“Being able to see and/or talk to a GP. Our most vulnerable want to see someone face-to-face and deal with those who know their medical history.”

“Clear public advertising, where to go for local help without having to use the internet. A big part of the population is still not able to access online services or do not know how.”

Someone who works in community health services

Virtual Wards:

Virtual wards allow patients to receive hospital-level care at home, and there should be a clear process for signposting both patients and the multidisciplinary team to ensure proper use of these services.

“Virtual wards - hospital care but at home”

Single Point of Access and Care Coordination:

There should be a single point of access for care coordination, making it easier for individuals to get the right help quickly. An example was given of an Enhanced Access Service/Acute Hub. This service uses a triage system to provide access to phone call requests or face-to-face appointments, depending on the triage outcome. The Acute Hub has a GP, Nurse Specialist, and Paramedic available for face-to-face appointments.

“Easy, rapid access to effective help is essential - currently, there are limited options for people who are not already 'in the system'. NHS111, Urgent care, and A&E are the places I would seek help, but none of these are effective and it's confusing. I don't want to waste anyone's time by going to the wrong place, but how do I know where I should go? A (highly responsive) single point of access for urgent care to signpost me would be a good start.”

Funding for Palliative Care:

Calls were made for better funding for the Milton Keynes palliative care service to provide enhanced care for the community of Milton Keynes, Bedfordshire, and Luton. Willen hospice at home service helps families in crisis at home, preventing trips to the hospital and saving beds. Without funding, this support could be lost.

“There needs to be better funding for the Milton Keynes palliative care service to provide enhanced care for not only the community of Milton Keynes but the community of Bedfordshire and Luton - which is who we also provide care for when the teams in Luton and Bedfordshire are unable to cope with the demand for their services. And they receive better funding.”

Question 6

Helping people to stay well

5.6 What do you think would make it easier for people to access the care and support they need?

Below is a summary of the comments made in answer to this question grouped into themes. Comments from those that use services, care for someone who does and other, have been grouped together and shown separately from those that work in the services.

(See appendix 4 for verbatim comments by type of respondent and local authority area)

Summary of responses

Those who uses community health services or care for those using services and other

Holistic Approach to Health:

It was suggested there should be a more holistic approach to health. Long-term health conditions can affect mental health and calls for more peer support workers for both carers and patients were made. There was also an emphasis on the importance of treating patients as whole individuals, considering their physical, mental, and social health.

“I think the split between mental and physical health should not be so big. When you have a long-term health condition it messes up your mental health too but not enough to get access to mental health support you need. I think there's a need for more peer support workers for both carers and patients.”

“There is not enough easy access information for those who cannot navigate the Internet, or their GP website. Easy read information which will definitely help people who have a Learning Disability but will also help Neurodiverse, minorities English is not their first language. Holistic approach is not only important to the service user physical health, but mental health, family network their experience, not solely focusing on one issue. I.e. GP appointment only one issue at a time, but without acknowledging the other biopsychosocial health issues, family issues you are not getting the total information to make the correct diagnosis.”

Accessibility, Timely Access to Services and Continuity of Care:

Feedback stresses the need for timely and meaningful access to services, better information sharing, and the inclusion of preventative services at community events to build relationships and raise awareness. It also mentions the challenges faced by individuals with autism and mental health issues and the importance of making GP appointments more accessible. There is an emphasis on the need for better coordination and continuity of care.

“Wellbeing is just nonsense for people struggling with autism and mental health issues Timely and meaningful access is needed. An end to gaslighting and patronising attitudes”

Education and Early Intervention:

Early education about health, both physical and mental, is highlighted as a crucial step. Feedback suggests starting health education in schools from around age 12 and offering classes on how to stay healthy and help others. Suggestions also included self-help and self-assessment advice in secondary schools and offering regular health check-ups (referred to as 'medical MOTs') via GP surgeries every five years from age 30. Calls were also made for early intervention for conditions like diabetes and cancer.

“Early education about health both physical and mental at school might be a good place to start with classes on how to stay healthy from say 12 onwards, and how to help others, family and friends so that problems are seen earlier and perhaps the best place to obtain help if it is needed. Classes should not just be exercise classes as although that maybe a good place to start for some ailments others cannot be dealt with or helped by 'going for a run' or joining a gym.”

Community and Preventative Services:

More preventative services were called for along with meeting people where they are, such as at community events and festivals. Suggestions were made that this approach can help build relationships and raise awareness about available services. It was also emphasised that there is a need for more community nurses and better information for those who cannot navigate the internet.

“More preventative services should be available. Meet people where they are at - community events, festivals etc. to build relationships and raise awareness. Signpost people to other services they can use while waiting for long waiting lists - consider what they can do at home? Better information sharing on holistic approaches.”

Support for Carers and Patients:

The importance of providing clear and concise information to patients and their families was highlighted. It was also suggested that professionals should focus on the strengths and what matters to the individuals they care for, not just their health problems.

“Clear and concise Information should be provided to the person and their family”

“Helps when professionals focus on your strengths and what matters to you, not just your health problems?”

Someone who works in community health services

Holistic Hospice Care and Early Involvement:

The feedback highlights the importance of holistic hospice care, which includes physical, emotional, and spiritual support. It was suggested that this approach helps patients live well, not just die well, and prevents crises, reduces strain on GPs and hospitals, and supports families. Early involvement of hospice services is highlighted as being invaluable for patients, families, and GPs, helping to prevent crises and providing significant support to families.

“Holistic support from the hospice helps patients live better at home and gives immense support to the family as well. Early hospice involvement is invaluable to GPs and families as well as patient.”

“Early hospice involvement prevents crises, reduces strain on GPs and hospitals, and supports families too.”

Challenges in Accessing Services:

Feedback included various challenges faced by patients in accessing services, the need for better care coordination, and the importance of signposting to correct services was suggested.

“Sign posting to correct services, informing patients of the criteria for the service to set expectations”

“Services are currently set up in a way that discourages people from seeking support unless it is urgent. This means that there are more crises than there should be, which results in a delay and inefficiencies in these services. Staying well services are often targeted at people in certain groups who might be at risk, and there are crisis/urgent care services for those at high risk, but there seems to be a gap for those people with minor issues. Many of these people are heeding the advice to only seek help when the need is urgent, rather than being encouraged to engage earlier to manage the start of their conditions.”

Health Education and Self-Care:

There is a focus on the need for more health education and encouraging people to take care of themselves. This includes access to health services before reaching a crisis point, promoting healthy lifestyles, and providing education on what teams support specific conditions.

“More focus on people looking after themselves would be good. We have noticed people's lifestyles are a lot less healthy and then they expect the NHS to fix their health issues that have then developed.”

“Good preventative community support that isn't a postcode lottery e.g. access to affordable transport, local gyms/ activity clubs, health coaching. More tailored mental health and health coaching services to support people into making positive lifestyle changes”

Local Access to Services:

The importance of having local access to services is highlighted, including not having to travel far for appointments, having local access to rehab consultants, and better links with

exercise providers and local gyms and recognising the importance of supporting charities and community groups to deliver their services.

“Not having to travel as far to appointments - access to services in the local neighbourhood. Being able to get phone support quickly. Local access to a rehab consultant for help and support to oversee complex conditions. Local access to spasticity care. Better links with exercise providers and local gyms within Milton Keynes - exercise incentive schemes and a GP exercise referral scheme with multiple locations, favourable rates. NHS hiring space in community gyms for clinics to take place to 'de-medicalise' conditions and make it 'normal' for people to go into a gym/exercise facility... breaking down these barriers.”

“I believe people to want to take care of themselves and do try but are met with brick walls and hurdles. Not being able to access GPs, being dismissed and conflicting advice. More powers to pharmacies has helped, but I've seen countless times they are overwhelmed. Make use of charities and community groups, but please support them to deliver their services, or these vital services will stop.”

Question 7

Neighbourhood health and joined-up care

5.7 What does this idea mean to you, and how could it help you or others in your community?

Below is a summary of the comments made in answer to this question grouped into themes. Comments from those that use services, care for someone who does and other, have been grouped together and shown separately from those that work in the services.

(See appendix 5 for verbatim comments by type of respondent and local authority area)

Summary of responses

Those who uses community health services or care for those using services and other

Local Care and Accessibility:

There is a need for more local care for long-term illnesses, as travelling long distances for treatment can be inconvenient and not possible for some residents.

There is also a call for facilities closer to home and stopping remote GP surgeries from withdrawing services like blood tests. The importance of making treatment available at local hospitals rather than grouping services across hospitals is also mentioned.

“Stop remote GP surgeries from unilaterally withdrawing services like blood tests, just because the owner of the surgery says it's not profitable.”

“This [Neighbourhood Health] cannot be a bad thing but should be taken further in making treatment available at local hospitals rather than grouping area hospitals together and having specialists at just one of them which may well be at a great distance from their users”

“Access to transport for older people do they can attend clinics etc”

Community Support and Integration:

Comments suggest the creation of well-being hubs and peer support groups to build community support outside of health services. Alongside the need for services to work together if someone uses multiple services, with one service taking the lead and being the communication point. There is a call for more community-based services, such as youth clubs, coffee mornings for the elderly, and affordable help in village halls.

“Please bring back Youth Clubs for the younger members of society and encourage community halls to self-help via regular coffee mornings etc for the elderly.”

“Peer support groups to run in those centres to make access easy but to also build community support outside of the service through getting support together with local people. Services should work together if someone uses multiple services and one service should take the lead and be the communication point. Signposting to other support if needed. Advice on staying healthy by doing webinars, talks on certain topics and exercise classes for those who cannot join a gym due to health/mental health conditions.”

Communication and Coordination:

The need for better communication and coordination between services to provide joined-up care was highlighted and suggestions made to have one point of contact for all services and ensuring that services share information and make records available to reduce waiting times. The importance of clear communication with families and involving them in the care process is also mentioned.

“There is no joined up care, too many people in the system are building their own little enclave and not sharing vital information as they should”

“How services could work together to provide joined-up care: One designated key worker/manager to co-ordinate communication between key contacts of all services involved in the patient's care and welfare. This person would co-ordinate monthly or quarterly meetings to discuss and review multi-agency meetings - with the patient or carers present and involved.”

Mental Health and Specialised Care:

Responses asked for more training for GPs in mental health and the presence of specialist staff in surgeries. Calls were also made for more mental health services and better support for conditions like fibromyalgia.

“The family should be involved, also GPs should have more training in mental health and/or there should be specialist staff in surgeries also much more should be done to prevent suicide as is done in Detroit, USA. I think their methods have been tried in Liverpool”

“I have discovered that fibromyalgia no longer comes under rheumatology, so there is no where to go for medical support. A consultant running a clinic that specialises in fibromyalgia would help me feel there is someone to go to for help and understanding.”

Someone who works in community health services

Communication and Integration:

There is a strong emphasis on the need for better communication and integration between services. This includes having a centralised hub, regular check-ins while awaiting appointments, and a single number to call for information. The importance of multi-agency working for vulnerable people and families is highlighted, with a suggestion for a named person or team as the first point of contact. The need for more integrated Multi-Disciplinary Team working and communication between health and social care services is also mentioned.

“Multi-agency working for vulnerable people/families is essential, and there needs to be a named person/team that is a first point of contact. It is very difficult for people in crises to try and navigate the system (let alone both health and social care) and have to act as the bridge between different services themselves. A key worker/case worker would be able to help do this in those situations where it is needed. As well as health and social care, for children and young people it is vital that the education authority is also involved.”

Accessibility and Local Services:

Ensuring care stays local and adopting a community approach were suggested as key. Poor transport links and the struggle to get to appointments outside of Milton Keynes are noted as issues. The idea of having one big building for all services to facilitate more joined-up working is suggested.

“Ensuring care stays local and there is a community approach. Transport links are poor and people struggle to get to appointments outside of Milton Keynes, and often disengage as a result of this, meaning poorer health outcomes“

Patient Support and Crisis Management:

More mindfulness and yoga classes to help patients, and more places for patients to contact someone in a crisis instead of going to the GP were suggested. The need for easy access support earlier rather than only at a crisis point, and local placements for admissions to maintain family connections are emphasised. The Hospice-run Palliative Care Community Hub is praised for providing 24/7 access to advice and support, preventing crises, and reducing strain on GPs and hospitals.

“Services need to talk to each other, meetings to discuss ongoing needs. More places for patients to be able to contact someone in a crisis instead of going to GP.”

Service Improvements and Suggestions:

Better access and communication between services, a centralised hub, and regular check-ins while awaiting appointments are suggested. The need for all services to use the same system, such as System One or Rio, to ensure joined-up care is mentioned. The importance of working closely with the NHS and sufficient investment/funding for end-of-life care services is also highlighted.

“Better access and communication between services, a centralised hub, regular check in's while awaiting an appointment to reassure patients, one number to call and then be directed accordingly.”

“All use the same system. System One or Rio. To make sure the system is joined up! And on the same page!”

6. Key findings from survey - Mental Health Services

Of the 486 responses to the survey 241 respondents provided comments on Mental Health Services, of those a high proportion (105 responses) were from Milton Keynes residents.

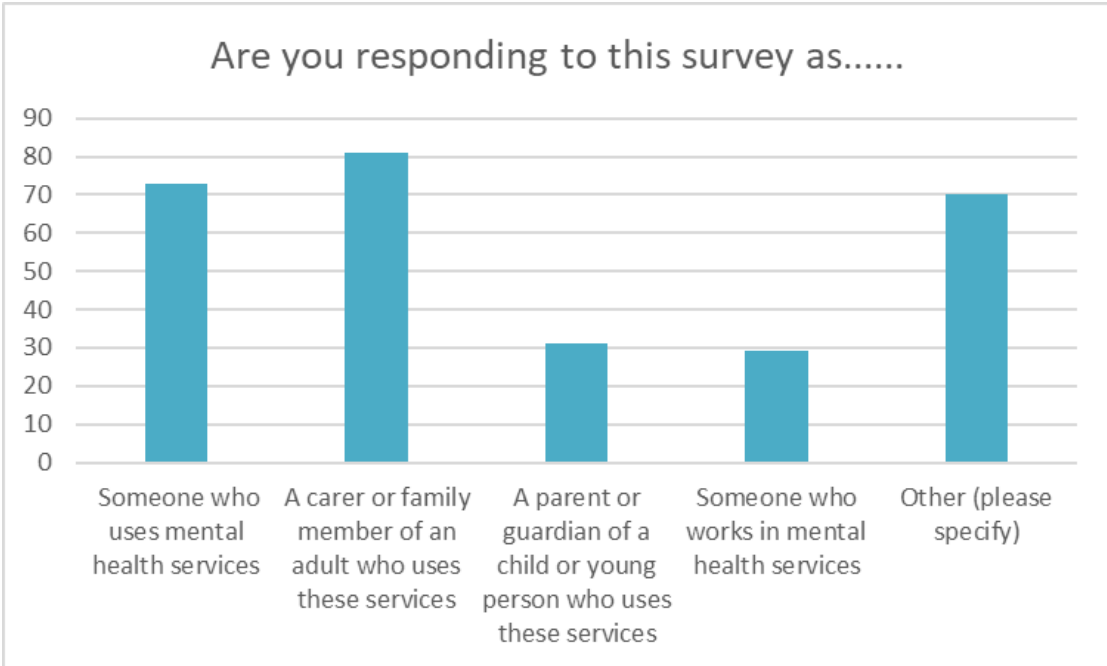
Question 1

6.1 Which local authority area do you live in?

Which local authority area do you live in?	Responses
Bedford Borough	64
Central Bedfordshire	49
Luton	23
Milton Keynes	105
Total	241

Question 2

6.2 Are you responding to this survey as...?



Respondents were able to tick more than one response to this question 73 respondents are users of services, 81 respondents are a carer or a family member of an adult service user, 31 respondents are a carer or a family member of a child or young person who uses services, 29 respondents work in Mental Health Services, 70 respondents chose 'other', these responses can be seen in appendix 6.

Question 3

6.3 Do you have a learning disability?

YES	14
NO	59

Question 4

6.4 Are you neurodivergent?

YES	41
NO	32

Question 5

6.5 Does the person you care for have a learning disability?

YES	16
NO	70

Question 6

6.6 Is the person you care for neurodivergent?

YES	54
NO	32

Question 7

6.7 Which service(s) are you providing feedback on?

Which service(s) are you providing feedback on?	Response
Talking therapies – like counselling or CBT for anxiety, depression, or other mental health issues	119
Mental health hospital care – staying in a hospital for mental health treatment (inpatient beds)	39
Crisis services – urgent help during a mental health emergency	87
Mental health support in general hospitals – help from mental health staff while you're in hospital for something else	36
Community mental health teams – support from nurses, doctors, and therapists while living at home	105
Psychological therapies – specialist talking treatments for more complex mental health needs	49
Support for older people and those with dementia	42
Support for neurodivergent people – help for people with autism, ADHD, or similar conditions	78
Support during and after pregnancy – for mental health needs before or after having a baby	17
Early help for psychosis – support when someone first shows signs of psychosis	28
Support for eating disorders – like anorexia or bulimia	16
Help finding and keeping a job – support for people with mental health needs to get into work (Individual Placement and Support)	27
Health checks – regular checks to help people with mental health needs stay physically well	57
Help with gambling problems	6

Support for serious mental illness – ongoing care for conditions like schizophrenia or bipolar disorder	45
Support for people with learning disabilities	17
Children and young people’s mental health services (CAMHS)	53
Other (please specify)	20

Question 8

Making access to mental health services easier

6.8 What do you think would make it easier for people to get the mental health care and support they need?

(See appendix 7 for verbatim comments by type of respondent and local authority area)

Summary of responses by type of respondent

Those who use mental health services or care for those using services and other

Contact and Communication:

The importance of effective communication and contact with patients and their families was emphasised. It was suggested that contacting family members when a problem is assessed can help secure assistance and support at an earlier stage. Comments also highlight the need for clear instructions on who to contact and what the next steps are, as well as the importance of asking people how they would like to be contacted and staying with that method.

“Contacting family members (who may occasionally not know of any issue) when a problem is assessed/notified to a health professional may assist the patient in securing assistance /support at an earlier stage. Also making a direct referral to relevant services when a problem is assessed/admitted, rather than waiting for a patient to take active steps to contact someone, which may not happen at all, or may be too late to help the patient in practical terms.”

Joined-Up Care and Seamless Services:

There is a strong focus on the need for joined-up care to ensure individuals do not fall between the gaps in services. This includes having mental health coordinators to support timely referrals and improve the pathway through treatment and recovery services. The feedback also mentions the importance of co-locating services to support seamless provision.

“Mental Health Coordinator posts to support timely referral to the correct service and to ensure a seamless pathway through treatment and recovery services. Mental Health hubs to co-locate services to support seamless provision.”

“Joined up working between the GP, mental health services and the family with a single point of contact, good and appropriate information, and on-going support”

Diagnosis and Treatment:

The challenges faced by individuals in getting a diagnosis and the right treatment for their mental health problems were highlighted. Difficulties in accessing psychiatrists and the limitations of certain therapies for some individuals were mentioned. The need for special

mental health care for neurodivergent individuals and the importance of understanding autism and communication are also highlighted.

“People just need to get better at interacting with patients! Staff are often rude, blunt and dismissive of people asking for help. I never see the same psychiatrist anymore, whereas I used to have the same one. I have never been offered psychology support, I’ve been with the CMHT for almost 6yrs. Just been given medication. Asked for eating disorder support as I struggled with anorexia as a teen. This has never been followed up as they think I’m a healthy weight so I’m fine. Been struggling for years. No autism awareness in my care.”

Support and Accessibility:

Suggestions were made that there is a need for more support and easier access to services. This includes having one main contact person, offering face-to-face appointments for those who do not manage well on the phone or through virtual sessions, and ensuring that people do not have to choose one assessment if they are unsure which one they need.

“Offering face to face appointments for those who do not manage well on the phone/ or through virtual sessions - at least having the option. Some people, especially with additional needs, cannot manage phone appointments.”

Crisis Management:

There was an emphasis on the importance of having support in place before a crisis occurs and the need for timely and appropriate responses during a crisis. The negative impact of cancelled appointments and the need for crisis teams to understand autism better was highlighted.

“Not to cancel an appointment with your client 1 hour before the planned time. It can take a patient a lot of courage to prepare for this appointment. If you cancel an appointment book the next one there and then and not making them wait weeks for contact. My family member had to call back weeks after his cancelled appointment to be told he would have to wait another month for his next appointment. This family member was in crisis!”

Miscellaneous:

There are various other points mentioned, such as the need for straightforward online triage systems, the importance of listening to carers, and the need for more home visits.

“A straightforward online triage system, where you can input the kind of help you need. Whether that is just some resources or coproduced videos to help support you or it could be you need urgent help and that puts you through to someone immediately. There could also be links to groups happening and support places. The option to just text or talk on the phone, when depressed phone calls can be scary.”

“Important for family member to have liaison. My sister is currently in the Campbell Ward and my family have struggled to get information about her condition even when she gave consent.”

Someone who works in mental health services

Resource Constraints:

There is a significant concern about the lack of resources, particularly staff, which leads to turning people away from services.

“More resources. As a staff member I hate turning people away because they are not yet ‘ill’ enough but we have to because there are not enough staff on the ground”

Access to Services and shorter waiting times:

Feedback highlighted the need for mental health services to be embedded within daily living environments such as workplaces and schools. There is a call for much shorter waiting times for assessments, guidance, and treatment, especially for young people.

“Much shorter waiting times for assessment, guidance and treatment at CAMHS. Better provisions and support while waiting. More support for schools in managing young people’s mental health and school avoidance.”

“Access to services embedded within daily living, such as further embedded within workplaces and schools.”

Improved Pathways, Referral Process and Support:

The need for clear and direct pathways to help and support is highlighted, including regular check-ins from care coordinators, quicker access to ADHD and Autism diagnoses, and more beds and therapeutic treatments for mental health in-patients. Improvements to the referral process and follow-up were also suggested.

“A direct, clear pathway to help and support including weekly check-ins from care-coordinators which actually take place and are not just fictional. Service users receiving education and a better understanding of their mental health diagnosis. Much quicker access to ADHD and Autism diagnosis for teenagers and adults even if they already have a mental health diagnosis. The Mental Health label should not replace an Autism diagnosis.”

“A joined-up approach and better communication within the NHS and then extending to joint working and sharing of information for a joined-up approach. Patient led health care without excuses or cost limitations but using the limited resources available with the correct rationale and insight to get maximum impact which relies on understanding the implications of the pandemic, technology, social isolation and AI on our societies mental health and well-being.”

“If patients are referred to one mental health provider but it isn’t the right one - instead of the referral being rejected it is passed on to the relevant provider. If the referral is rejected and patient is signposted to self-help that in 3 months the patient is given a point of contact to advise if the self-help isn’t helping.”

Clear Communication:

The need for clear communication and language in mental health services is emphasised, as well as the importance of embedding these services in community settings to provide equal access to all ages.

“Pathways into services are unclear and the language used can be confusing for people to follow. Mental health services need to be embedded in community services and provide equal access to all ages.”

Community Support:

There is a focus on the importance of community support and active groups in various community spaces to help people recognise and accept their mental health needs.

“Many people don’t recognise their own mental illness and push care away, or believe they don’t want it. Community support, active groups in churches halls care homes, supported living providers, all should be requested to lend their space to the community.”

Question 9

Getting help in a crisis

6.9 What kind of support or services would help people feel safe and cared for during a mental health crisis?

(See appendix 8 for verbatim comments by type of respondent and local authority area)

Summary of responses by type of respondent

Those who use mental health services or care for those using services and other

Access to Mental Health Support:

Many comments highlight the need for better access to mental health support outside of hospital settings and the importance of early intervention. This includes having trained mental health workers available in the community, crisis support that is not based in A&E, and more accessible community services.

“Access to trained mental health workers/advisers as a first port of call - preferably away from a hospital or clinic setting. Offering regular support or information sessions locally might assist.”

“The mental health crisis team was fantastic when my daughter was first ill 10 years ago. This time they focused too much on CBT solutions when she was too ill to engage with them, she didn’t see the same person twice, they didn’t read her notes and all had different strategy suggestions which was counter-productive and increased my daughter’s distress. She should have had what she experienced the first time. A coordinated team approach with a recovery plan with specific milestones involving the same psychiatrist, mental health nurse and psychologist tracking her progress and intervening quickly if something wasn’t working.”

Quality of Crisis Support:

There is a strong emphasis on the quality of crisis support. Comments mention the need for empathetic, trained professionals who can provide consistent and coordinated care. The importance of having a dedicated team that can follow up and provide continuous support is also highlighted.

“Sorry but see someone in A and E is hit and miss, the nurse can at times be extremely patronising towards you. The key is finding the right person to talk with. For me I use the veterans support agencies, they have far more empathy towards you”

“Trained crisis support outside of hospital with a small medical unit in case its needed. Autism friendly space at A and E.”

“I find that going to the talking therapies place makes it easier to talk to the right people for what I need to talk about, since it’s a different environment and it helps reduce stress in other environments. Good crisis support should provide the necessary information to help people over a period of time that suites them and provides information that the person in need of help can understand.”

Timeliness and Efficiency:

Many comments stress the importance of timely and efficient crisis support. This includes quick access to care, reducing waiting times in A&E, and having immediate support available when needed.

“A&E doesn't seem to be the best place, often patients are left waiting for hours to see a suitable person and then just sent home as 'there's nothing they can do'. More support at prevention level is required! If a male in the high risk of suicide category is asking for help, can be more proactive, especially when they are suicidal!!! The police were called to a crisis with my family member and they were amazingly reactive and supportive, brought the family member home and referred to family to IAPT. But I'm unsure if the police then had a referral pathway into IAPT which perhaps would have made the pathway smoother?”

Environment and Setting:

The environment in which crisis support is provided is also a key theme. Comments suggest that A&E is not the appropriate setting for mental health crises and that there should be dedicated spaces that are calm and supportive. The need for autism-friendly spaces and environments that reduce stress and anxiety is also mentioned.

“Having attended A&E on a couple of occasions during a severe manic episode and experiencing psychosis, I can confidently say the main A&E waiting room is NOT the place for this. I understand the tight budget restraints but the whole countries mental health system is so outdated. We need a separate room or space dedicated to mental health emergencies. I have also had other less serious episodes where I didn't feel supported. Having someone come to my home or meet me at a group setting or appointment would help hugely and then having weekly check ins with practical tools to support - that would be so helpful. I have also called for help when severely depressed, just hoping to see someone in person to talk and been told 'if it gets really bad, just call this number' and given a link to Samaritans or a similar number. We need to be working with a goal to prevent not to only treat when it gets to breaking point. People often don't access support because they're not suicidal but that doesn't mean someone doesn't desperately need support to continue living a normal life.”

“Trained crisis support to allow those who may be experiencing very difficult symptoms, such as auditory/visual hallucinations, or autistic patients who are suicidal, to avoid A&E would be helpful as A&E might in itself be traumatising.”

Communication and Coordination:

Effective communication and coordination between different services and professionals are seen as crucial. Comments highlight the need for better information sharing, clear communication with patients, and coordinated care plans that involve all relevant parties.

“More community support for patients and HCP’s [health care professionals]. As a HCP to feel listened to when calling MH for support and advice to formulate safe plan for patient in crisis. Good crisis support should entail a patient being reviewed by a MH professional when HCP’s attempt to refer. Primary care is very limited in terms of what can be achieved in a small amount of time in a clinic. If referrals are accepted then it generally takes a long time for the patient to be seen by MH.”

Someone who works in mental health services

Crisis Support Availability:

The need for more crisis support outside of hospital settings was highlighted, including extended hours for crisis teams and 24/7 access to crisis support at A&E. Comments also highlight the importance of having trained supporters both in and out of hospital settings and greater clarity getting on how to get help in a crisis.

“Trained supporters in and out of hospital settings. Guidance about strategies to help when a young person is in crisis, rather than advice currently given which is to keep them safe and take to hospital if becoming unsafe.”

Quality of Crisis Support:

The feedback stresses the importance of having genuine conversations rather than tick-box exercises. It also mentions the need for non-judgmental supporters who are good listeners and do not just want to prescribe medication.

“Good crisis support would be people non-judgmental people who are good at listening and do not just want to give you pills.”

Immediate Crisis Intervention:

The need for immediate triage systems at A&E was mentioned with service users being moved to quieter waiting areas and provided with medical or calming techniques. The importance of de-escalation and coping strategies in immediate treatment was noted.

“Good crisis support needs to be available at the time of crisis. This should not be provided by the ambulance service or the police. Service users in crisis should be able to access direct support from the Crisis Teams 24/7 and also at A and E. A and E access should have an immediate triage system with service users removed to a quieter waiting area and both medical via sedatives or supervised breathing and calming techniques used.”

“De-escalation and coping strategies need to have a much bigger emphasis in immediate treatment with service users feeling helped and supported rather than dismissed and unimportant. Proper crisis intervention and aftercare is the key to breaking current trends in repetitive occurrences and presentations of crisis.”

Prevention and Follow-Up:

Comments suggest focusing on prevention as the first line of support before a crisis situation is reached. It also highlights the need for follow-up with individuals joining them with the community and volunteering sector to give them purpose and motivation.

“More follow-up of reuniting the isolated and lonely with the community and volunteering sector to give purpose and meaning back to individuals which will give them self respect and motivation.”

“Having another half-way place to go, not hospital or police, but we used to have churches, community groups coffee mornings, gardeners event, loads of different social events that are not accessible to many due to cost.”

Question 10

Helping people to stay well

6.10 How can we help residents to look after themselves and their family better?

(See appendix 9 for verbatim comments by type of respondent and local authority area)

Summary of responses by type of respondent

Those who use mental health services or care for those using services and other

Family Involvement and Support:

Comments emphasise the importance of involving family members in the referral process and in discussing concerns with a patient's GP. This can help alleviate family issues and lead to earlier interventions. It also highlights the need for family members or carers to assist with day-to-day lifestyle management.

“Allowing a family member to make a referral to relevant services, or to discuss concerns with a patient's GP (even where the patient has not had any assessment) may help alleviate family issues or concerns and/or lead to an earlier relevant referral or intervention where merited. Often a person with mental health issues (including work or finance-related stresses) may be unwilling to admit to any issue, or to discuss it with close family members, despite their concerns and may not be aware that such unwillingness can of itself lead to family stresses.”

Accessibility and Communication:

There are several points about the challenges in accessing mental health services and the need for better communication. The bureaucratic nature of the NHS, long wait times to see doctors, and the lack of clear communication about appointments are raised. The importance of making services more accessible and raising awareness through various channels is also highlighted.

“The NHS is a bureaucratic minefield and the clarity of services and their communication is intolerably hard to work with. Take seeing a doctor for example, it takes weeks to see your assigned doctor (for continuity purposes or seeing through a health programme). The doctors are overworked and forget somethings to progress regarding your health programme. Communication (letters, texts etc.) from the NHS has fallen down a data privacy hole as no information about what an appointment is for means you have to phone the contact number to find out. Wasting everyone's time.”

Interim and Community Support:

The need for interim support while individuals are waiting for care is highlighted, with suggestions for better funding for groups like MIND. The role of community centres, leisure centres, and peer support for both those waiting for care and their carers is mentioned.

“Better funding for groups like MIND to provide interim support whilst individuals are waiting for care.”

“Peer support for those waiting for care AND for those caring for them”

Holistic and Preventative Approaches:

Comments suggest a holistic approach to mental health, including lifestyle changes like cold water swimming, and the need for more psychodynamic therapy. Suggestions are also made that mental health education should start from primary school and continue through secondary school and workplaces.

“Look at lifestyle changes to improve people's mental health like cold water swimming, or groups and clubs for selected groups like men, women in peri and post menopause, older age groups, activity which is free and doesn't include traditional gym type exercises. We need more of a holistic approach to supporting people's wellbeing to prevent mental health challenges increasing. Services need to feel accessible for people to access them. Most people don't know what services are available to them and it takes them to become very unwell before they access and inaccessible GP appointment to gain yet another inaccessible mental health appointment.”

“Better education should be in place from primary school, teaching children what mental health is and how to recognise their emotions and seek support. In secondary school it would be really helpful to continue this education whilst also informing young people about mental illnesses, we would then raise a generation of young people who better understand and emphasise.”

Challenges in Mental Health Services:

There are several mentions of the difficulties in accessing mental health services, including the reliance on CBT, which does not work for all mental health issues. Comments also point to the need for a clear and well-defined referral process and better collaboration between mental health teams and primary and secondary care. The need for better training for professionals in mental health and neurodivergence was highlighted and the lack of accessible information for people with learning disabilities.

“Biggest issue is access to mental health services, especially talking therapies and not always relying on CBT, as CBT does not work for all mental health issues.”

“There's not really enough information to help people take care of themselves when it comes to mental health as a lot of stuff that is available does not work for everyone and there is not a lot of awareness to what people can do to help their own mental health unless its approaching hospitals and mental health clinics. As a person with autism I have found that both online and other forms of media don't approach making mental health information easily to read and understand for those with learning disabilities and it would be nice if there was more information on mental health that those with learning disabilities can find for themselves without having to go to hospitals and mental health clinics just to understand and get the information they would need.”

Someone who works in mental health services

Holistic Approach to Recovery:

The importance of a holistic approach to recovery, which includes access to health and wellbeing opportunities such as gym memberships and physical activities was commented on.

The need for early intervention and support when mental health and mood are declining was highlighted. Recovery Colleges and Recovery Lounges are mentioned as sources of support, along with social prescribing to help service users engage in fitness, art, craft, social nature/walking projects, and volunteering.

“A holistic approach to recovery to enable patients to access health and wellbeing opportunities easily such as gym memberships and physical activity opportunities.”

“Early intervention and seeking help when mental health and mood is on the wane is crucial. Keeping the mood in equilibrium requires service users to seek help early and be clear as to where this help is available.”

Proactive and Preventative Measures:

There is a call for more proactive and preventative advice about good mental health and recognising signs of deterioration, with suggestions that more social and leisure groups should be available and prescribed when appropriate.

The importance of prioritising sleep, nutrition, exercise, and stress management from school age into adulthood is also stressed.

“We need more proactive and preventative advice as a community about good mental health and recognising signs of deterioration. More social groups should be available and prescribed when appropriate and other leisure groups”

Community Involvement and Support:

Suggestions are made for getting people more involved with the community through activities like walks, litter picking, park caretaking, sports, and social events. Mentions are also made on the need for drop-in services for young people and teenagers, as well as advice for parents on where they can get support.

“Get people more involved with the community, walks, litter picking, park carers, sports, domino evenings.”

Accessibility and Availability of Services:

Comments point out that services are currently set up to provide reactive care and lack the resources for proactive support and suggest that information to support health should be more prominent and easily accessible. The need for regular one-on-one check-ins with trusted healthcare professionals and the importance of support for mundane tasks like cleaning and form-filling are raised.

“Services are set up to provide reactive care and do not have the resources to provide proactive support. People need to be provided with information to support their health and this information needs to be more prominent and easily accessible.”

“More services to help people stay well. The recovery college has been closed but this was a brilliant resource that kept people out of hospital and made them feel valued. A lot of 3rd sectors organisations are now gone do very little help out there!”

Question 11

Neighbourhood health and joined-up care

6.11 What does this idea mean to you, and how could it help you or others in your community?

(See appendix 10 for verbatim comments by type of respondent and local authority area)

Summary of responses by type of respondent

Those who use mental health services or care for those using services and other

Community Hubs and Services:

The importance of community hubs and local services is commented on. With a suggestion that these hubs could be similar to former 'cottage hospitals' where patients can seek relevant services or support. These hubs could also be appropriate places for patients to stay when suitable for discharge from in-patient hospital or emergency treatment before returning home.

“There should be community hubs, and possibly buildings similar to former 'cottage hospitals' where patients can seek relevant services or support”

Communication and Collaboration:

There is a strong focus on the need for improved communication and collaboration among services. Comments highlight the importance of sharing all details, no matter how trivial, as clues can be found through collaboration, with suggestions that all services must work together to ensure consistent information is provided.

“All services must work together so people give out the same information. Where would these services work from?”

“Communicate and share all details, no matter how trivial, as clues can be found by collaboration, it's that simple”

Support Groups and Community Involvement:

The establishment of peer support groups in community centers is suggested, to make access easier and to build community support outside of the service. Mentions are also made of the importance of involving the community in these initiatives and ensuring that services are easily accessible to all, including the elderly and those experiencing domestic abuse.

“The community need to know this exists, is it easily accessible by all including the elderly, males, people experiencing domestic abuse etc? We could learn a trick or two from the Man Cave. Are we going to link in community groups and schemes to support people in the places that they are already accessing?”

Mental Health Services:

There is a significant emphasis on the need for better mental health services. The importance of having local groups that meet regularly, involving some group therapy and providing practical tools to help navigate mental illnesses are suggested. It also highlights the need for better communication between GPs and mental health services.

“It would be great to have local groups that meet weekly, regular attendance is optional, involving some group therapy and also giving practical tools to help navigate mental illnesses. I got diagnosed 10 years ago and I have never been to something like this, it would of been so helpful.”

“Services need to be aligned to PCNs - if we had a competent mental health team supporting us aligned to PCNs I think it could be the beginning of a better way to have more impact on the ground”

Holistic and Joined-Up Care:

Comments advocate for a holistic approach to care, where services work together and not in isolation. With suggestions that education, health, and social care could be more joined up, especially for children with special educational needs and disabilities (SEND). The importance of having a single point of communication for individuals using multiple services is also emphasised.

“Education, health and social care could be more joined up especially for 0-25 for children with SEND. Young people and children on plans (CIN/CP) require a holistic approach to family services. Communication through multiple methods is helpful - text/phone/virtual/in-person, depending on need. School nursing/ MHST in schools has a positive impact.”

Miscellaneous:

There are various other comments and suggestions, such as the need for better training for GPs in mental health, the importance of having local services that are easily accessible, and the need for more support for families of individuals with mental health issues.

“If someone is diagnosed with mental health issues, the families and affected person needs support has their condition deteriorates. Too often families are left to cope on their own.”

Someone who works in mental health services

Collaboration and shared systems between services:

There is a need for better collaboration between primary and secondary care to improve patient outcomes and implementation of shared systems to enable professionals to see patient history and information clearly, reducing repetition for patients and tracking long-term progress. Private practices can help meet the growing demand for neighbourhood health, with signposting and referrals from NHS services to build a support network.

“Shared systems to enable professionals to see patient history and information clearly so that there is not repetition for the patient which causes high barriers. This will also enable to track longer term progress of the client, ongoing referrals into multiple organisations including the VCSE sector.”

“Private practices can really help the growing demand to support 'neighbourhood health'. Signposting and referrals from NHS services would help build that support network and be seen as joined-up care services. Noting many issues which may be 'non-clinical' or 'non-medical' can be covered outside of the NHS pathway.”

Service Availability and Safety:

Service users desire safe places to attend throughout the day, especially in the evenings, where they can find mental health professionals for support. The loss of Crisis Cafes and support lines has been felt, and there is a need for more crisis support for young people and adults. Services need to be adapted to the specific needs of each community, as all communities are different.

“The service users want places they can attend throughout the day but particularly in the evenings where they feel safe and protected from judgement or discrimination and ridicule. They want to be able to drop-in and find mental health professional who can listen and coach them or allow distraction through playing games in a group.”

“Crisis support for young people from 7 to 17 is desperately needed in the area and a lack of provision here will store up untold suffering and unemployment in the future. But even for adults they have very limited access to evening services and this is made worse by groups offering groups on the same day but nothing on consecutive days.”

Integration of Social Care and NHS:

Social care and NHS services should be more integrated to avoid having multiple people working with one individual, which can complicate care.

“Social care and NHS should be joined up not different sections having so many different people working with someone makes things harder not easier for that one person.”

Combining Mental and Physical Health Services:

Mental and physical health services should be integrated, with simplified and more prominent access to services.

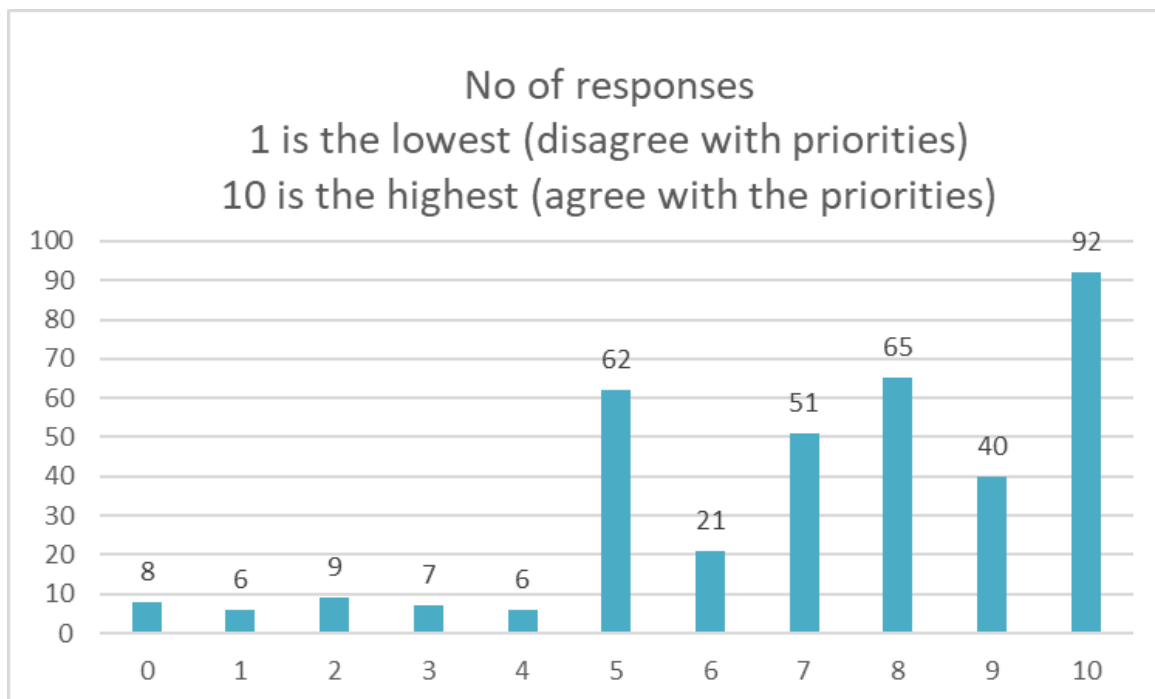
“Mental and physical health should be bought together as these interact and people should receive the right support at the right time. access to services needs to be simplified and more prominent”

7. Key findings from survey – Transformation Priorities

7.1 How much do you agree or disagree that these are the right things to focus on?

We asked respondents to indicate on scale of 1 to 10 where 1 is the lowest (you disagree with the priorities) and 10 is the highest (you agree with the priorities) How much they agree or disagree that the transformation priorities shown are the right things to focus on?

367 people responded to this question of those 269 respondents indicated that they agreed with the transformation priorities by answering 6 to 10 on the scale.



7.2 If you think we have missed something important or don't agree with one or more of the priorities.

We asked respondents for their views on the current transformation priorities. A summary of themes is given below, verbatim comments are shown in appendix 11.

Access to Mental Health Services:

There is a need for increased availability of trained personnel and suitable premises for mental health services, not necessarily in GP surgeries. The importance of having staff with the right knowledge and no time limits on mental health services was emphasised.

There should be better access to treatment and support for individuals and their family members, with clearer pathways of care.

"The suggestions assume that patients will actively seek help or support. Increased availability and more relevant trained personnel, with suitable premises (not necessarily in a GP surgery) would be preferable."

"I think that these are a great starting point, we need better access to treatment and support for individuals and their family members. We also need clearer pathways of care so individuals know what options of support are available on a wider scale. I only learnt about psychodynamic therapy because my CBT intensive therapist made me aware of it, I have since completed this therapy and it has been life changing for me."

"Not enough detailed principles, or noticeable qualities of any type listed to know whether this initiative will achieve actual results."

Non-Clinical Support and Early Intervention:

Non-clinical support and early intervention are important areas of focus. Emphasis was placed on providing non-clinical support, such as exercise-specific interventions, to promote overall well-being. It was also suggested that there should be a stronger focus on early mental health support within schools, workplaces, and community hubs. Additionally, partnerships with education and social care sectors were recommended to address systemic issues through early intervention.

“Preventing poor health is in there, but a sharper focus on early mental health support (e.g., support in schools, workplaces, and community hubs) might make it stronger.”

“I think partnership with Education and Social Care needs to be mentioned, as early intervention for systemic issues could be possible with more effective partnership working.”

Vulnerable and Isolated Individuals:

It is important to identify and reach out to vulnerable or isolated individuals who may not attend their appointments, ensuring that GPs follow up with them. Attention should also be given to people who are already using services but are not receiving adequate care.

“I think there still needs to be a focus on those already accessing services and not getting quality care. Prevention is so important but of course takes time.”

“Vulnerable, isolated people need to be captured who may not attend appointment etc. hence GP to check on those.”

Quality of Care and Professional Responsibilities:

Everyone should be provided with the same standard of care, regardless of any history of substance use. There is also a need to improve access to counsellors who specialise in grief and trauma therapy. Additionally, it was emphasised that professionals must carry out their roles with integrity, empathy, and a strong sense of accountability.

“I strongly agree with the points around better collaboration (5) and enhanced training for PCNs (6). However, I believe one of the core issues we face is that not everyone in the system is fulfilling their professional responsibilities to the standard patients deserve. There’s a culture of corner-cutting, where support is rushed, incomplete, or handed off with the assumption that “someone else will pick it up.” This approach leaves vulnerable individuals in limbo, often without any real help when they need it most. We need to ensure that those in mental health roles—especially those with professional training—adhere to their responsibilities and practice with integrity, empathy, and accountability. A title alone doesn’t guarantee effective care; it’s the consistent, compassionate delivery of support that matters.”

Community-Based Support:

The need for more accessible, community-based hubs for emotional crises was emphasised. A genuine and credible approach to neighbourhood working aligned with PCNs was suggested.

“There must also be better access to training for all mental health professionals, including those within PCNs and external services. Handling complex or high-risk cases requires not just clinical knowledge, but real-world understanding of how to engage people who feel unheard, disillusioned, or at crisis point. Additionally, we urgently need more accessible, community-based hubs where individuals can walk in during times of emotional crisis. Emergency support shouldn’t be limited to A&E or long phone queues. Having local, face-to-face hubs could bridge the gap between primary care, specialist services, and the real-time needs of our community.”

“I think there needs to be a genuine and credible approach to neighbourhood working aligned with PCNs - there is always way to improve we can learn from mistakes and make things better for the community - when you help patients and see change that is very rewarding of its own - by working closely with PCNs you would see that.”

Miscellaneous:

Concerns were raised about the practicality and feasibility of the proposed initiatives. It was also noted that mental health clinics should avoid using stigmatising signage. Additionally, the importance of establishing clear principles and visible qualities to ensure meaningful and effective outcomes was emphasised.

“It all sounds good in theory, but is it realistic and deliverable, bearing in mind the state of the populations mental health needs within all ages and groups”

8. Next Steps

This report together with previous insights and feedback from focus groups will be collated into a system insight and engagement report and used to inform the development of the Case for Change.

This report will be made available online and shared with all of those that indicated they would like to receive a copy.

Appendix 1

Responses to Q2 – Are you responding to this survey as?

Answers given to 'other' as the response option.

Other
Existing hospital outpatient-still fully independent
Concerned older person who may need such services
member of PPG
My mother
Hospice volunteer
Volunteer
Former Carer for my mother for 10 years at her home
Retired palliative care HCA
Person in the community
Friend of those using the service
Someone who used community health services at a critical point in her life
Someone who did use a community health service
A potential future user
A resident of Milton Keynes
A family member of someone who has used the services in the past
concerned citizen
Healthwatch Milton Keynes
Likely future patient
Volunteer for willen hospice
Work in Willen hospice
Mental health
A potential service user
Was a carer
A carer who has used the services last year
I have elderly parents who are likely to need these services in the near future
Friends have used the hospice services
Willen hospice
Concerned member of public
Supporter of hospice care
I work as a volunteer with people from various charitable community health services and know how important they are
Member of the public
Volunteer for willen Hospice shop
Someone who cares about fair funding
Have used this service for a family member in the past
Volunteer
Healthcare user
Financial supporter
Someone whose partner was in palliative care at home
Someone who knows people who have had help from Willen Hospice and MK Hospital
Local resident

friend of a user of Willen Hospice Recently
Concerned member of the public
My brother and father used the service before they passed
I support my local Willen Hospice and the work that it does throughout Milton Keynes
Funding for Local Key Care Service
Carer for a deceased user
Someone who has supported friends and family using services
Retired person
Concerned resident
Aware of challenges to services
I used the services for a family member
Potential user and neighbour
Volunteer
Family waiting for care package assessment place for 2 parents.
A resident
Supporter of Willen Hospice
Volunteer
Husband an son had end of life care from Willen Hospice. Also I work with patients who use mental health services
A longtime resident and friend of people who used local services
The wife of a health care worker who has had previous experience of the services
A resident of MK who has had friends looked after there
Family have used home care in the past
Someone who supports local hospice care
Concerned resident re end of life care
A family member who has used the service in the past
Widow of someone who benefited from hospice care, at home.
A local resident who supports neighbours and family and expect to need services in the future
I volunteer on community health services
A previous user of service
Concerned about services, not being equal across the area
Disabled person who will need community care in the future
a resident of Milton Keynes
Volunteer
I have had home care for both my parents
My wife had end of life care
Someone whose close relative used these services at their end of life
For an adult who needs mental health help, but finds it hard to negotiate.
MKCC Councillor
A person getting older who doesn't want Willen Hospice to have to close.
Resident who might need the services in the future
A family member of someone who uses these services elsewhere and is aware of need.
I have lost friends and family to cancer and also have it myself
As someone who may need the service in the future
A family member of someone who has used Willen Hospices Home Care services
Used services previously
Late husbands hospice at home care

I'm responding to a request from Willen hospice
Someone who had experience of using the services to care for someone else
Retired NHS staff
Someone who witnesses the impact of insufficient care being available on those at end of life
live in the area and want to ensure this area gets access to services
I have known many people over the years that have used these services
potential palliative care for myself
Citizen
care about funding for Willen Hospice
Partner of terminal patient who used Willen at home service
Cared for my husband who used Willen at Home
Former trustee of Willen
Resident and employee
Charity-Willen Hospice
Works for autism Bedfordshire
Professional who refers to community services/whose patients use community services
member of public
Have been a long-term previous client.
x
Carer unpaid
A Parish Council
I used community health services in the past
N/A
Member of BCHS People Participation
Someone who suffers with fibromyalgia and constant pain.
over 80
As resident
previous user
An autistic adult with sensory and hearing needs, a non-driver with transport barriers, and a local resident who may use these services.
Member of the public
Future user of services
Public member
Carer for my wife
Someone who has tried to access services
Psychotherapist in private practice
I have recently been in hospital
Partner and Resident and Carer
Physiotherapists
Me
Volunteers in community health service
A struggling human
Mental Health Service only
A parent of someone failed by the mental health team
Public

Appendix 2 - Question 5.4 Community Health Services - Verbatim comments by local authority area and type of respondent

Local authority area	Service area	Responding type (select all that apply.)				What do you think would make it easier for people to access the care and support they need? You might want to think about:
Bedford Borough	CHS			Carer		A prime carer should be able to request help and assistance for the patient/relative in their care, for vulnerable times, when needed. Patients needs vary day to day. They may feel up one day, then at deaths door the next. They should have a reliable service to call on when needed. Willen Hospice provides these services, with much needed financial support, mainly from public funding. They need more from the government to provide continuing services.
Bedford Borough	CHS			Service User		I am profoundly deaf. you have not considered the deaf community when creating this survey, so I am having to rely on an interpreter to help me respond. That is the same for every part of every service the NHS offers. You do not think about deaf people, do not read our notes, do not respect our rights or understand our needs. Train yourselves. Train you staff. Do better.
Bedford Borough	CHS			Service User		I am profoundly deaf. this survey is incomprehensible to me, so I am being helped by an interpreter to answer it. I need all communication with me to be in BSIL. Not written down in English. Check my records, it says i am deaf and need an interpreter, it says don't phone me. Train your staff please.
Bedford Borough	CHS	MHS		Carer		Better care and respite for carers and their loved ones. Better facilities to allow access to the outside world for those with dementia and mobility issues. A dedicated person to call in an emergency. Better understanding of dementia across the social care spectrum which is sadly lacking even in our hospital.
Bedford Borough	CHS	MHS		Carer		When someone is diagnosed with dementia,it should be the go who contacts the relevant medical or social services. In our case, in Hertfordshire, nothing happened of a helpful nature following my wife's diagnosis. With dementia being so prevalent, more must be done in this area. It is not right that overburdened stressed out carers should have to do it all.
Bedford Borough	CHS			Service User		Have some communication (phone call/ letter/email) from diabetic nurse rather than just a text message that I'm for bloods and send a form. Also closer communication between secondary care and specialist nurse at the surgery
Bedford Borough	CHS				Workforce	An understanding across all other providers across BLMK of what community services can provide . There are still myths and misunderstanding about what we can do in community services . How can we help our local communities understand what community services deliver if other health providers don't know . We try to build relationships with primary and secondary care but this can be difficult when we are under pressure to deliver care . Good care would be informed health care professionals, collaborative care between health providers with the person at the centre . One health care record across community health , mental health and secondary care . Education events on local services for the population and health care providers.
Bedford Borough	CHS			Carer		Accessing district nursing for a palliative patient (eg when a sore occurs) can be hard. District nurses have too large a case load, cannot always meet commitments to visit and we rarely see the same person twice so there's no continuity of care. Frail and vulnerable patients are discharged too quickly with no ongoing check in visits but this would provide more comfort and support to carers and prevent carer breakdown.
Bedford Borough	CHS			Carer		Due to the person's severe disabilities following a stroke (dependent for all personal care and daily activities 24/7; non-verbal and limited communication; dependent on wheelchair/ for all movement and transfers/ no independent mobility), they should have been supported with Continuing Health Care funding, but was not even assessed.
Bedford Borough	CHS			Carer	Workforce	For handovers from other services into community services to include more information and a single point of contact for the service they are going into and for the information people are given at time of handover of the community service is accurate. Expectations of patients need to be managed.
Bedford Borough	CHS	MHS		Service User		Have a named person to call and a specific phone number for that person rather than using the SPOA number and having to make and receive numerous phone calls. Or even an email address would be simpler
Bedford Borough	CHS	MHS		Service User		More mental health hubs around bedford and people being there
Bedford Borough	CHS			Service User		I think the local authorities are the major people we should run to ... Who will clearly understand the minds of the people and their need and support... They are the machineries to in making things more easier
Bedford Borough	CHS	MHS		Carer		Clear pathways for accessing care in individual discipline. Having to go through the GP is difficult especially with a limited appointments. It is difficult as a patient to understand who has responsibility for what area. I think having a central hub that can triage needs to refer patients on may be helpful, that way we are not trying to figure out who is responsible for what area of care

Appendix 2 - Question 5.4 Community Health Services - Verbatim comments by local authority area and type of respondent

Local authority area	Service area		Responding type (select all that apply.)				What do you think would make it easier for people to access the care and support they need? You might want to think about:
Bedford Borough	CHS			Carer			My perspective as a carer for an elderly parent with Dementia and other co-morbidities: A comprehensive written guide explaining the process and pathway between discharge from hospital and after care in the home and community. It is vital to have one main person to contact, to connect the network of professionals involved in the discharge and ongoing care and to advocate for the family throughout the care. Who should work together? The ward staff and consultant, the discharge planning team/manager, the designated carer agency, care package contracting and delivery team, the council (where relevant to the care plan), Palliative care team, the district nursing team and any other community care services / professionals involved in the care of the patient. Just as equal and vital will be the patient, the carers / families. A strong support network of professionals working together, providing clear, regular updates and information that is consistent and not in conflict with each other.
Bedford Borough	CHS	MHS		Carer			The catheter service was great once we got used to it but quite awkward to get the system up and running. Combination of private supply/ hospital/ community led to various different messages and lack of certainty. One point of contact to ring the person when initiating this service would make you feel more confident.
Bedford Borough	CHS	MHS				I used community health services in the past	Good and proactive information given across sectors. Good contact information and reactive service on making contact.
Bedford Borough	CHS	MHS	Service User	Carer			Definitely because people who like me have a disability don't get any help especially when you have annual disability health checks
Bedford Borough	CHS		Service User				Not knowing how the referral process works makes it difficult for people. Especially, if they do not possess a computer or tablet or an Android/ I Phone.
Bedford Borough	CHS	MHS				As resident	Have it provided by default at the point of interaction with health services; single point of contact with access to data
Bedford Borough	CHS		Service User				Quicker access to physiotherapy etc. when needed
Bedford Borough	CHS		Service User				GPs that communicated and had read notes before a call. GPs that didn't say all was great after a test because the test was ok but the initial condition hadn't been solved. Proper security so that patient details were not visible to the public.
Bedford Borough	CHS	MHS				previous user	the unique contact number works well if there are the resources to provide fast callback and action, with less fragmentation of services and more continuity
Bedford Borough	CHS		Service User	Carer			It should be possible to access help from your GP after leaving hospital. This is what I was told to do when discharged from Bedford Hospital but my GP surgery was unable to offer any appointments at all and I was forced to see a private nurse. Blood tests should be available at the GP - it is difficult, expensive and not environmentally sound to have to travel 9 miles to Bedford to do something which takes a couple of minutes.
Bedford Borough	CHS	MHS	Service User				Ready help at hospital backed up by sufficient staffing
Bedford Borough	CHS	MHS	Service User				Not to wait over a week to see Gp for follow-up after surgery
Bedford Borough	CHS		Service User				Bedford services were excellent when I have used them
Bedford Borough	CHS		Service User	Carer			As a service user of 20 plus years I can honestly say now compared to previous there is no support. Yes I have All the numbers to ring...a receptionist answers most of these and says they will send an email. That is the end of any dialogue or meaningful support. I used to have support from assertive outreach until they cut the funding. Now I have a carer with zero mental health training. SMI like schizophrenia is given no support. We need real people to answer calls and real people to engage with us and support us.
Bedford Borough	CHS	MHS		Carer	Workforce		Contact with the same person/team (not one point of call but someone you do not need to repeat your history prior to asking for the help you actually need at that particular time. Re Mental health, not to discharge a Service user if they do not attend their appointment or call back, that surely should mean they need your support more. Not to discharge a service user who has been on a waiting list just because they haven't been able to call back or call and talk to the correct person.
Bedford Borough	CHS					Future user of services	Employing and operating with people who understands the needs of the clients and managed by people who have the management skills to operate in the community and not by people who got the job because they know someone
Bedford Borough	CHS		Service User				More leaflets distributed in the community
Bedford Borough	CHS			Carer		Carer for my wife	One person or social worker to deal with all issues
Bedford Borough	CHS	MHS			Workforce		More information on services available and point of contact before the crisis arises, or admitted to hospital. Relevant benefit assessments at or before retirement or when diagnosed with eligible health conditions

Appendix 2 - Question 5.4 Community Health Services - Verbatim comments by local authority area and type of respondent

Local authority area	Service area		Responding type (select all that apply.)				What do you think would make it easier for people to access the care and support they need? You might want to think about:
Bedford Borough	CHS	MHS				Someone who has tried to access services	My parents did not receive support on discharge from hospital. Post operative care was shambolic, unreliable and disorganised between secondary and community - as usual both blamed each other. Community nurses were incompetent at managing drains and this led to two cases of acute readmission to hospital. They failed to turn up or left too long a time between visits and could not be relied upon. Some organisation needs to comprehensively integrate community and secondary care with a mind to co-ordination, demand, sufficient staff who are both trained and competent before being allowed to work independently. There are too many organisations/chains in pathways for care. From a patient perspective community staff are unreliable and secondary are too quick to offload care into the community with vague outlines of how recovery will be managed. Good access is where patients need a clear written pathway of what support and care they need, when, who by and who to contact with concerns.
Bedford Borough	CHS	MHS				Psychotherapist in private practice	Access to modalities that work, not just a support group or 12 weeks of CBT (after a long wait) would be helpful. People should be able to go to the GP and be referred to a psychotherapist within the NHS, within 2 months of visiting the GP if they are not in crisis, or immediately if they are.
Bedford Borough	CHS	MHS	Service User				Advertising widely what is available. GPS to be more accessible
Bedford Borough	CHS	MHS				I have recently been in hospital	Patients should be given a contact number upon leaving hospital
Bedford Borough	CHS	MHS	Service User	Carer		Partner and Resident and Carer	addressing health inequalities. Ongoing engagement with marginalised groups such as the deaf community, non- English speakers, or minority groups who have historically had bad experiences. The work being done with Faith groups to look at high blood pressure is a great example of how working with pharmacies, local people, and GP's you can build trusted relationships with marginalised communities and take targetted actions for specific outcomes with GPs.
Bedford Borough	CHS	MHS	Service User	Carer			Man the telephone lines that are advertised instead of leaving messages that rarely get dealt with!
Bedford Borough	CHS		Service User	Carer	Workforce		I feel there is a lot of duplication of services. We just need one 111 service rather than a combination of walk in services at Putono Medical Centre, and provider. The money wasted in these can be pooled to have a better 111 service all under one roof rather than the usual bits and pieces methods used and not having a good service anywhere.
Bedford Borough	CHS					Physiotherapists	Having a dedicated GP
Bedford Borough	CHS		Service User				Not having to pay car park charges when going to the Enhanced Care service at northing, its exstortionate
Bedford Borough	CHS		Service User				
Bedford Borough	CHS				Workforce		Full directory of available services. Aware NHS developing MiDoS app. Crisis cafe to continue to run through a volunteer lense. One contact one is not always necessary as do not want to create dependency. Everyone should work together to make things easier for patients (collaborative working through transformation). Urgent help as a result of unable to manage risk; very important liaising with correct teams (E.G AMPH, CRHT, Safeguarding etc). Good access would help with online directory. Hub of Hope currently do this, but not well.
Central Bedfordshire	CHS	MHS	Service User	Carer			Community provision of specialised services such as SALT, physiotherapy, occupational therapy is limited. Often cancer patients have needs that are not covered by standard community provision which leaves them stuck between primary care and secondary care with no where to go for support managing both impacts during treatment and late effects that have come on many years post treatment.
Central Bedfordshire	CHS			Carer			The first point of call is usually the GP, it would be helpful if people were given the appropriate information then. Some times it can bewildering trying to access care that is based at home. The phone line in Central Beds was great once we knew about it. Leaving messages for district nurses and Macmillan nurses but sometimes it took a while when mum needed urgent pain relief at home.
Central Bedfordshire	CHS					Volunteer for willen Hospice shop	To know help exists and where to get it. Probably GP should advise this.
Central Bedfordshire	CHS					Someone who cares about fair funding	Offering fair care across the entire beds, mk community by making fair equal payments to all hospices offering this care. all
Central Bedfordshire	CHS	MHS		Carer		friend of a user of Willen Hospice Recently	I think for people with mental health problems expecting them to reliably contact you is unrealistic, you seem to forget about people if they miss appointments rather than chase them up and find out what is happening

Appendix 2 - Question 5.4 Community Health Services - Verbatim comments by local authority area and type of respondent

Local authority area	Service area		Responding type (select all that apply.)				What do you think would make it easier for people to access the care and support they need? You might want to think about:
Central Bedfordshire	CHS					Carer	Have clear contact numbers. Call services what they are instead of using jargon - . You have a SPA and then people don't get to actually talk to a relevant or well informed person. My relative was referred to falls and I could not find the information to access the right people. Further my relative was housebound (only attended health appts, needed a wheelchair to attend etc) and he was refused community physio and told to go to a clinic - totally inappropriate and a lack of basic services. Services need to be high quality and meeting people's actual needs - not the pretend version on paper that is actually a poor service.
Central Bedfordshire	CHS	MHS	Service User				The only thing I can think of is to ask a panel of autistic adults and/or Autism Bedfordshire for their views and recommendations.
Central Bedfordshire	CHS					Carer	trying to gain urgent help is a nightmare, everytime i have needed urgent help i have been told to go through the appropriate channels which takes weeks...! its ridiculous, you have a family member , his drugs do not work, they become violent and unmanageable and im told i have to go through the appropriate channels... on another occassion i had a heart attack, social services took 9 months to spring into action, at the same time im having to look after an adult with severe brain injury... again its ridiculous, the amount of time it takes to get the help you need.
Central Bedfordshire	CHS	MHS				Carer	By sticking to the statutory legal requirements. Having spent 7+ years fighting the LA just to get the support they are legally required to provide including a referral to LGSCO and two tribunal appeals. Delaying tactics and illegal actions have resulted in the council managing to get out of providing support for 2 years. CBC is not doing this and reading things like the "Annual Recovery Review Plan" stick in ones throat as this is a clear admission of failure to date.
Central Bedfordshire	CHS	MHS				Carer	Sign posting one stop shop type service
Central Bedfordshire	CHS		Service User				I would say from my experience that better communication between departments would be better. As someone who has been in a mental health crisis numerous times and needed to be seen urgently for brain issues, the healthcare providers always want me to contact who is necessary for the next steps instead of them doing it for me. For example I had to be seen in A&E after an ophthalmology appointment because I needed an mri scan on my brain but they couldn't just contact the hospital to book me in so I didn't need to sit in A&E for 4-5 hours. As someone with autism and adhd and severe anxiety this was a very stressful experience for me and left me not being able to speak and so tired it took me weeks to recover. I end up having to take control of my care instead of the healthcare providers doing what is necessary to get me diagnosed and treated
Central Bedfordshire	CHS	MHS					A Parish Council Ensure that hours at doctors surgeries are reserved for such discussions, where trained receptionists can provide over the phone or in person, advise on health care. Most elderly persons only know how to contact their surgery by phone or in person. Providing a dedicated time for this to take place would help.
Central Bedfordshire	CHS	MHS	Service User				Dedicated staff. Easier appointment systems.
Central Bedfordshire	CHS					Carer	Direct access
Central Bedfordshire	CHS					Workforce	Directory of numbers available for people to contact of community services.
Central Bedfordshire	CHS					Workforce	Allowing clients to ring us directly rather than via SPOA
Central Bedfordshire	CHS	MHS	Service User				Member of BCHS People Participation People are often unaware of what community health services are available to them, perhaps advertising services in-house, GP waiting rooms, Social Services etc. might be a starting point. Promoting/advertising services that will take self-referrals. I think all health care professional should work together and be able to signpost to other services. Having a single point of access would be helpful. Urgent care facilities for those with mental health and/or physical health should be a priority. Out of hours/ weekend care should be provided for those in mental or physical crisis. Good communication and manned appointment contact numbers for those people that don't have smart phones or the internet access. keeping service users and carers informed about the referral process and length of waiting time.
Central Bedfordshire	CHS					Workforce	Staff pressures to triage referrals as shortages do not always allow for someone to be assigned to triage due to workload
Central Bedfordshire	CHS		Service User				More GP appointments
Central Bedfordshire	CHS	MHS				Carer	The social worker should provide help and advocacy where needed. Importantly, the social worker should understand the CBC Carers Strategy and definition of a carer. It is not acceptable for a social worker to stand by and allow a service user to not have their allocated care hours; carers must be involved. Social workers must hold service providers to account!
Central Bedfordshire	CHS	MHS					Member of the public Not knowing who to contact on urgency's
Central Bedfordshire	CHS	MHS					Public member One main contact board
Central Bedfordshire	CHS		Service User				Provision of adequate and affordable parking near the location where therapy is being given. Face to Face consultations are essential and although some can be online the most helpful ones are provided at the clinic.
Central Bedfordshire	CHS		Service User				Visual information

Appendix 2 - Question 5.4 Community Health Services - Verbatim comments by local authority area and type of respondent

Local authority area	Service area		Responding type (select all that apply.)				What do you think would make it easier for people to access the care and support they need? You might want to think about:
Central Bedfordshire	CHS					Volunteers in community health service	Ensuring services are carried out locally as the logistic challenge for vulnerable people means they cannot get to there appointments
Central Bedfordshire	CHS					Workforce	It is important to have 1 person to contact.
Central Bedfordshire	CHS	MHS	Service User	Carer			Have something like a card that makes them easier to join
Luton	CHS		Service User	Carer			Online awareness programs
Luton	CHS		Service User				I am proufoundly deaf BSL uers. I am being supported by an interpreter to complete this survey. I would like a personalised service where my notes are read and an interprer automatically booked for all of my appointments. In would like medical professionals to have deaf awareness training and understand that BSL is my first language, not English and that writing things down and asking me to lipread is a risk because I don't understand what they are telling me. I deserve a better service, equal to hearing people. If i need help urgently, I know i am at a higher risk of death or complications because there is never an interpreter. Please work with Deaf Access Bedfordshire to understand deaf community better.
Luton	CHS	MHS		Carer			all of the above
Luton	CHS					Family have used home care in the past	Have a central contact number with advisers answering giving out information relevant to your own specific needs. The number being marketed on local social media, doctors surgeries and Hospice marketing, vehicles, local news publications. Overseen by local GPS and hospices with them randomly supporting on the phone.
Luton	CHS					Works for autism Bedfordshire	Email ,posters ,surgery's board ,letters
Luton	CHS			Carer			Charter house there need to ring people who ring them leave there mobile number three times no answer
Luton	CHS	MHS	Service User				All areas of health care should be communicating with each other, sometimes people fall through the cracks. Easy access to phone numbers and addresses and not just 9 to 5, it needs to be 7 days a week, 24hrs a day
Luton	CHS	MHS	Service User			Someone who suffers with fibromyalgia and constant pain.	One main person to contact would be good eg fibromyalgia The gp should be able to give information to help you contact the right person/ consultant to help with both the physical and mental problems that are experienced with both fibro and chronic pain
Luton	CHS	MHS	Service User				Making access easier needs clear contact points, quicker responses, joined-up services, and simple guidance so people feel supported always.
Luton	CHS	MHS	Service User				Be kept up to date on where you are on a waiting list by maybe using an online system where you can check. Get more information on how to take care of yourself while you're waiting so things don't get worse. Easier access to gp when you need more help or advice while you are waiting
Luton	CHS					Workforce	A lot of people in the community who suffer badly with their mental health and have been referred to MH services feel that the wait is too long, and they can start self medicating. Once they are seen by a professional they are then dismissed because they are self medicating and have to wait even longer. I feel check in calls with the patients while they are waiting could be helpful to put their minds at ease and to know that they haven't been forgotten about.
Milton Keynes	CHS	MHS				Existing hospital outpatient-still fully independent	GPs/hospital providing contact information for these services during any treatment; arranging for a District Nurse to visit the patient, to discuss these services in more detail and/or to make a referral to community services if appropriate.
Milton Keynes	CHS			Carer			The local doctor should help people easily access the support and services needed.
Milton Keynes	CHS					Concerned older person who may need such services	A central point to obtain information on all services. Full support for hospices to enable them to provide more services
Milton Keynes	CHS		Service User	Carer	Workforce		Essential services such as willen hospice should be fairly funded
Milton Keynes	CHS	MHS					
Milton Keynes	CHS					member of PPG	Access to services should be the same for all , in Milton Keynes' case not a "post code exclusion", unlike the services available to other people within the Luton, Bedfordshire and Milton Keynes ICB.

Appendix 2 - Question 5.4 Community Health Services - Verbatim comments by local authority area and type of respondent

Local authority area	Service area		Responding type (select all that apply.)			What do you think would make it easier for people to access the care and support they need? You might want to think about:
						Details of who to contact and what services are available when discharged from hospital following a fall instead of a hasty discharge to release bed space and incorrect care arranged. As my mothers carer I felt not listened to as the person at the hospital who I only spoke to on the phone was apparently very busy with other phone calls, people waiting nearby to speak to her and was her last day before her holiday, all information you do not need to hear when discussing a home care plan that had been arranged before my mother fell on the ward and fractured her elbow it wasn't until I pointed out her assessment had been carried out before the fall my mother lives in a house and wouldn't be able to manage stairs that begrudgingly the stair assessment was redone and it was discovered she wouldn't be able to manage the stairs! That should not have been down to me to point out I am not the "professional". This meant additional equipment needed to be organised for a bank holiday discharge and broken equipment was delivered and could not be rectified. Due to staffing issues, hospital targets, things are overlooked and rushed without due care to the patient. This is down to how this particular ward in mkgh seems to have a mixture of patients with differing ailments including dementia who either should not have been on that ward or should have had 24/7 support, the staff who were already stretched spent more time dealing with this particular dementia patient than other patients for example one who was taken to the toilet and then had to wait 40 minutes after pressing the call bell to be assisted back to bed. Staffing is the issue and the correct patients being in the correct wards.
Milton Keynes	CHS	MHS		Carer		
Milton Keynes	CHS				My mother	Better funding
Milton Keynes	CHS	MHS			Volunteer	Easier access to advice and support when most needed.
Milton Keynes	CHS			Carer		A main point of contact would help. 111 is a great service and all know that they can get help/advice there for acute medical/mental health issues - a similar service for more chronic issues would be useful.
Milton Keynes	CHS		Service User			Willen at Home gives people in MK a single, specialist point of contact at the end of life. Without NHS funding to continue this service, patients will face confusion, delays and unnecessary hospital admissions. - People in MK deserve the same access to hospice care as people in Bedfordshire and Luton
Milton Keynes	CHS				Retired palliative care HCA	The services provided by Willen Hospice is vital to this community. If there is one thing that will happen to all of us it is death. Apart from a sudden death most people will have a final few months of debilitating ill health and need that specialist care for symptom control and emotional support. I've witnessed the difference this can make to patients and their families. Expert care at home can reduce hospital admissions.
Milton Keynes	CHS			Carer		Better funding.
Milton Keynes	CHS				Person in the community	Sufficient trained staff to be able to service the needs of the community
Milton Keynes	CHS				Friend of those using the service	More consistent funding from government so they are not reliant on fundraising as much
Milton Keynes	CHS		Service User		Someone who used community health services at a critical point in her life	Single point of contact for liaison and help to advise and access particular services All services working together - cross disciplinary meetings to co-ordinate action support for hospices e.g. Willen and the range of services they provide.
Milton Keynes	CHS		Service User	Carer		Responses to enquiries and availability of care at home, if required
Milton Keynes	CHS				A potential future user	Willen at Home gives people in MK a single, specialist point of contact at the end of life. Without NHS funding to continue this service, patients will face confusion, delays and unnecessary hospital admissions. - People in MK deserve the same access to hospice care as people in Bedfordshire and Luton.
Milton Keynes	CHS				A resident of Milton Keynes	It is important to have one main person to contact, Willen Hospice have a specialist point of contact. People in Milton Keynes deserve the same access to hospice care as those in Bedfordshire or Luton; Willen Hospice receives no recurrent NHS Funding.
Milton Keynes	CHS				A family member of someone who has used the services in the past	I was disgusted to learn that Willen at Home in MK is not NHS funded. People in MK deserve the same access to hospice care at home as people in Bedfordshire and Luton.
Milton Keynes	CHS	MHS		Carer		Recurrent funding for Willen Hospice
Milton Keynes	CHS				concerned citizen	Better funding for hospices to allow for more at home palliative care, to prevent spaces in Hospices being filled up.
Milton Keynes	CHS	MHS			Healthwatch Milton Keynes	Artificial and arbitrary boundaries create havoc for people. For example, the District Nursing team at NPMC causes all sorts of problems when people are trying to contact the DNs - they have no idea where to start. Getting rid of the need for GP referrals would be useful - for the community services such as cardiology or (and especially) gynae - these need to be truly community services with easy access by the community
Milton Keynes	CHS	MHS			Likely future patient	Knowing what's available and how to get it, Feels very far away for me
Milton Keynes	CHS		Service User			If possible to have continuity of the same carer to a person needing the care.
Milton Keynes	CHS			Carer		Once someone is identified as nearing end of life, there should be clearer advice on how to access further help.

Appendix 2 - Question 5.4 Community Health Services - Verbatim comments by local authority area and type of respondent

Local authority area	Service area		Responding type (select all that apply.)				What do you think would make it easier for people to access the care and support they need? You might want to think about:
Milton Keynes	CHS	MHS				Volunteer for Willen hospice	Funding in Milton Keynes
Milton Keynes	CHS		Service User				given correct and accessible information, improved communication
Milton Keynes	CHS					Work in Willen hospice	It is a disgrace to the government the lack of support financially to the hospice, better support would ultimately improve the service that we strive to give every day
Milton Keynes	CHS			Carer			a simple form that asks a few questions, like a grid system, to get a correct assessment and answer to help a person.
Milton Keynes	CHS	MHS		Carer			Clearer pathways and better follow up / referrals onwards - We are often navigating services on our own and quite a lot of the time, don't even know about services that could help / could have helped. Hospice care is at crisis point - especially the uncertainty for Willen Hospice that serves the top end of the region - what they do is brilliant and I am terrified to think what will happen if it closes down or reduces its services.
Milton Keynes	CHS		Service User	Carer			Open up GP referrals for physiotherapy and pain management support to providers other than Provider in Bletchley who have a waiting list greater than 1 year and do not liaise with patients on how long they will be waiting to be seen.
Milton Keynes	CHS					A potential service user	Better communication, keeping you informed. G.P kept informed and involved.
Milton Keynes	CHS	MHS				Was a carer	Better staff with more training in care system
Milton Keynes	CHS					A carer who has used the services last year	One main person to contact
Milton Keynes	CHS			Carer			Clear up to date information on contact details Eg correct phone numbers. Info via app. For carers.
Milton Keynes	CHS	MHS	Service User	Carer			There is not enough information provided or lack of services outside of a hospital setting for adult end of life care at home. I had no information as to contact numbers, leaflets, who to call in an emergency until 2 weeks before my mum passed away to which a nurse at the A&E gave me a list of numbers and advised I should have been provided all these resources from the start, my mum had been on end of life treatment for 2 years
Milton Keynes	CHS					I have elderly parents who are likely to need these services in the near future	Leaflets through the door One phone number in case you don't know what exactly you need
Milton Keynes	CHS		Service User	Carer			A single specialist point of contact, properly funded and well publicised to both those needing care and those in the medical profession making referrals
Milton Keynes	CHS		Service User				As a patient of the Lymphoedema Clinic at Willen Hospice, I have seen first-hand how difficult it can be to know who to turn to when care is needed. For people at the end of life, this is even more crucial. What makes the biggest difference is having one clear, specialist point of contact. Willen at Home currently provides this in Milton Keynes: patients and families know exactly who to call, and they can get timely advice and urgent support. Without this, people are left facing confusion, long waits, and avoidable trips to A&E. It would be simpler and clearer if: <input checked="" type="checkbox"/> Everyone in Milton Keynes had the same access to NHS-funded hospice-at-home services as people in Bedfordshire and Luton. <input checked="" type="checkbox"/> Families were always given a direct line to a 24/7 hub like the Palliative Care Community Hub, instead of having to navigate multiple services. <input checked="" type="checkbox"/> GPs, hospital teams, and hospices were properly joined up, so patients don't fall through the gaps. Urgent situations feel very different: when someone's condition changes suddenly, delays are frightening and stressful. The ability for hospice teams to make same-day home visits is essential - it keeps people out of hospital and ensures dignity and comfort. For the future, "good access" would mean that everyone nearing the end of life in Milton Keynes has the same reliable, funded hospice support as neighbouring areas - no postcode lottery, no uncertainty, just clear, compassionate care at home when it's needed most.
Milton Keynes	CHS	MHS	Service User	Carer	Workforce		Because making care available especially those nearing end of life, care at home or in a hospice and also dementia care
Milton Keynes	CHS			Carer			Proper funding for Willen Hospice including Willen at home care.
Milton Keynes	CHS					Friends have used the hospice services	Easy access to relevant information
Milton Keynes	CHS				Workforce		NHS funding is needed for Willen hospice at home to continue the support they give to patients and families, without this unnecessary trips would be made to A&E.
Milton Keynes	CHS					Willen hospice	Fair funding for hospice care in MK
Milton Keynes	CHS		Service User				information available at a variety of places eg hospital, GP and sources eg NHS app, messages from GP which help signpost to required services - like physio

Appendix 2 - Question 5.4 Community Health Services - Verbatim comments by local authority area and type of respondent

Local authority area	Service area		Responding type (select all that apply.)				What do you think would make it easier for people to access the care and support they need? You might want to think about:
Milton Keynes	CHS	MHS		Carer			So many different teams . Would be easier for different areas of expertise to have the same number instead of different numbers
Milton Keynes	CHS		Service User	Carer			My wife has a life-limiting, deteriorating, condition, with complex needs. A Single, specialist point of contact as provided by Willen at Home, is extremely beneficial to us.
Milton Keynes	CHS					Supporter of hospice care	NHS & Hospice care need to be integrated and support care at home. But hospice needs funding for care at home as it relieves pressure on hospital
Milton Keynes	CHS		Service User				Willen Hospice in Milton Keynes needs to receive more funding from the NHS for end of life care both at hospice & in the community.
Milton Keynes	CHS					I work as a volunteer with people from various charitable community health services and know how important they are	More information and contact via the local GP practice. It is so difficult to see a doctor that it is hard to get time to discuss services with a doctor
Milton Keynes	CHS					Member of the public	A dedicated phone number and a quick response from a human being who can quickly establish the help that is needed - a one stop shop.
Milton Keynes	CHS	MHS	Service User				Ensure sufficient funding is provided to services, based on the actual need rather than what's left, to prevent people having to make long journeys to hospitals - which should be kept available for acute or urgent illness care.
Milton Keynes	CHS			Carer			People in Milton Keynes deserve to have access to hospice care whether in a hospice or at home. This care needs to be funded by the NHS.
Milton Keynes	CHS		Service User				Access to Willen at Home is not difficult, it's the lack of funding that is the problem.
Milton Keynes	CHS	MHS		Carer			Main telephone line the covers NHS and care
Milton Keynes	CHS	MHS	Service User	Carer			Access to a doctor is of prime importance. This does not exist at the moment
Milton Keynes	CHS					Healthcare user	Review information sharing routes to identify gaps.
Milton Keynes	CHS					Financial supporter	Better, timely signposting through GP surgeries. More support services via hospice(s) to assist and relieve NHS
Milton Keynes	CHS	MHS		Carer			Making Willen more accessible to more people its a vital part of end of life care for Milton Keynes
Milton Keynes	CHS		Service User				Greater awareness of what is available
Milton Keynes	CHS					Someone whose partner was in palliative care at home	An easy to read chart with all relevant information about who to contact in which circumstances, and when. Available from GP surgeries etc.
Milton Keynes	CHS			Carer			If the patients care teams, GPs, consultants, specialist nurses are aware how to refer patients to the correct services to support the patients needs.
Milton Keynes	CHS			Carer			The ICB made moving my mother into a care home difficult to the point she had one week left alive after moving. The process took too long even though she was on end of life. End of life should be treated with priority
Milton Keynes	CHS					Local resident	It's important to have one person to contact
Milton Keynes	CHS					Concerned member of the public	Having one point of contact and knowing where to go for the correct support
Milton Keynes	CHS			Carer			Willen at Home gives people in MK a single, specialist point of contact at the end of life. Without NHS funding to continue this service, patients will face confusion, delays and unnecessary hospital admissions. People in MK deserve the same access to hospice care as people in Bedfordshire and Luton.
Milton Keynes	CHS	MHS				My brother and father used the service before they passed	Access should be one port of call and not numerous departments to be bounced around between. A portal with all details available would be good as initial start point.
Milton Keynes	CHS		Service User				Clear pathways between GP and next step provider, specifically Hospice care
Milton Keynes	CHS					Workforce	Willen at Home gives provides people in Milton Keynes a single, specialist point of contact at the end of life. Without NHS funding to continue this service, patients will face confusion, delays and unnecessary hospital admissions. People in Milton Keynes deserve the same access to hospice care as people in Bedfordshire and Luton.
Milton Keynes	CHS		Service User	Carer			Fair funding for Willen Hospice
Milton Keynes	CHS			Carer			Willen Hospice desperately needs NHS funding to help with at-home end of life care, they currently receive no funding for this vital service, whereas Bedford and Luton do. Please please help support the hospice. Terminally ill people and their families need this service.
Milton Keynes	CHS		Service User				More funding for hospices. Their help, expertise and care is invaluable for people like me with stage 4 cancer.
Milton Keynes	CHS			Carer			Accessible and outreaching Community Matron Single person to contact

Appendix 2 - Question 5.4 Community Health Services - Verbatim comments by local authority area and type of respondent

Local authority area	Service area		Responding type (select all that apply.)				What do you think would make it easier for people to access the care and support they need? You might want to think about:
Milton Keynes	CHS	MHS	Service User	Carer			Funding for the Milton Keynes Hospice
Milton Keynes	CHS	MHS			Workforce		Conflicting advice from GP's and not offered or advised of services and charities that exist to support. Up to date training and collaborative working to help listen and deliver patients wishes.
Milton Keynes	CHS		Service User				Clear first contact point eg Practise websites, straightforward universal format.
Milton Keynes	CHS					I support my local Willen Hospice and the work that it does throughout Milton Keynes	Willen at Home gives people in MK a single, specialist point of contact at the end of life. Without NHS funding to continue this service, patients will face confusion, delays and unnecessary hospital admissions. People in MK deserve the same access to hospice care as people in Bedfordshire and Luton. Whereas in Bedfordshire and Luton these services are fully NHS funded, no such recurrent NHS funding exists in MK.
Milton Keynes	CHS					Funding for Local Key Care Service	Equality of Central funding, to help organisations that provide high value support and care, so that reliance for survival does not depend solely on local funds raising
Milton Keynes	CHS					Carer for a deceased user	Clear and simple information on what is available. All providers of health services must have the same basic information to give patients
Milton Keynes	CHS	MHS			Workforce		Access to services: Willen at Home via Willen Hospice gives people in MK a single, specialist point of contact at the end of life. Without NHS funding to continue this service, patients will face confusion, delays and unnecessary hospital admissions. People in MK deserve the same access to hospice care as people in Bedfordshire and Luton. Crisis support:
Milton Keynes	CHS			Carer			Knowing what services exist and how to contact them. I often only learn about what services are available as a result of a consultation / visit to the GP practice and am slightly irritated to then learn that access is via self-referral rather than via the npracticeavailable
Milton Keynes	CHS		Service User	Carer			It can be seen that the Willen at Home service is not funded by the NHS, depriving people in MK of a service that is funded elsewhere in the BLMK ICB. Without that funding the service is at risk of providing less care to those at the end of their lives. MK people should have access to an equitable service.
Milton Keynes	CHS	MHS				Someone who has supported friends and family using services	Willen Hospice supports so many people in Milton Keynes and yet receives no government funding - getting this funding is crucial to allow them to continue their great work.
Milton Keynes	CHS	MHS				Retired person	More staff a availability
Milton Keynes	CHS			Carer			My wife had terminal cancer as was originally under the care of hospital and later district nurse and Macmillan nursing. As the disease progressed she came under the care of Willen Hospice which gave us a single point for information and help which include support when she was at home. This made getting access to information and help much easier as the disease came to its end
Milton Keynes	CHS			Carer			We care for a MND patient, getting the care and access we need is very difficult. And needs addressing at the very basic level of GP access. We have had a battle with the local health Center. Getting past the receptionists who don't seem to know what MND is and doctors who are equally inept and untimely with their responses. We dread having to contact the GP. They can't even get prescriptions correct! Stop trying to fix the bigger picture until the 1st layer of care is properly in place.
Milton Keynes	CHS	MHS	Service User				I think releasing slots at 8am every morning is restrictive as everyone calls at the same time and its chaos. if people miss this then they have to wait a whole other day - is there not a way we could release booking slots a few days at a time to ease this? Or something else. It feels crazy
Milton Keynes	CHS	MHS	Service User				I've spent the last year having multiple tests and still no diagnosis, I've been prescribed tablets I've said I don't take and have complications with, I had my medical records prtinted out and so much Info wrong or not even there so it seems that what's slowing down appointments and care is admin not being checked or read through properly meaning improper care, example my broken finger from 2015 is still an active case, If your having ongoing treatment or test it's the inbetween that's stressful a clinic to go and have your check ups and results same day is the dream
Milton Keynes	CHS		Service User				A central point where services are sign posted that is properly funded and well advertised so that it is accessible to everyone as soon as it is required
Milton Keynes	CHS			Carer			Funding for Willen Hospice at Home. They give support when you need it 24/7.
Milton Keynes	CHS					Concerned resident	Good access has to be funded.
Milton Keynes	CHS				Workforce		Willen Hospice needs funding to continue to give the excellent palliative care that it gives
Milton Keynes	CHS					Aware of challenges to services	Support charity hospice care like Willen
Milton Keynes	CHS			Carer			Give a higher profile to those who provide these services while caring for the patient and on going bereavement support after.
Milton Keynes	CHS		Service User				Adequate funding for charity hospices like Willen

Appendix 2 - Question 5.4 Community Health Services - Verbatim comments by local authority area and type of respondent

Local authority area	Service area	Responding type (select all that apply.)				What do you think would make it easier for people to access the care and support they need? You might want to think about:
Milton Keynes	CHS				I used the services for a family member	Health services working closely with charities offering care services
Milton Keynes	CHS				Potential user and neighbour	You need a single point of contact and to look at from the individuals perspective.
Milton Keynes	CHS	MHS	Service User		Volunteer	Having funding that can support the whole community
Milton Keynes	CHS	MHS			Family waiting for care package assessment place for 2 parents.	We need help and support for 2 parents who have been in hospital 3 weeks as they can't care for themselves. We don't know the system, how it works, how it's funded. Our parents need dementia testing but this won't be done in hospital and seems as though this testing is made very difficult to get done. They need assisted living while they get stronger physically but they also have some kind of dementia which has got a lot worse in hospital. Their situation is worse as they live in Woburn Sands on the Bedfordshire side but in a Milton Keynes hospital and it has been a struggle to get them a place in a nursing home.
Milton Keynes	CHS				A resident	It is shocking that our local hospice is not given the same funding that others in the area are. Willen at Home gives people in MK a single, specialist point of contact at the end of life. Without NHS funding to continue this service, patients will face confusion, delays and unnecessary hospital admissions. People in MK deserve the same access to hospice care as people in Bedfordshire and Luton and I cannot believe this isn't already occurring!!
Milton Keynes	CHS				Supporter of Willen Hospice	Cleaner communication including communicating with families. Greater publicising of what's available in the community to support informed consultations with GP's and other health providers
Milton Keynes	CHS			Carer		· Willen at Home gives people in MK a single, specialist point of contact at the end of life. Without NHS funding to continue this service, patients will face confusion, delays and unnecessary hospital admissions. · People in MK deserve the same access to hospice care as people in Bedfordshire and Luton.
Milton Keynes	CHS				Volunteer	Funding would help make things easier. End of life care is such a hard time for all and being able to deal with this without financial worry is something we should all be offered. More advertising in social media and tv
Milton Keynes	CHS		Service User			Allow advice from GP or pharmacy.
Milton Keynes	CHS	MHS			Husband and son had end of life care from Willen Hospice. Also I work with patients who use mental health services	Clearer access to services with one co ordinator. Patient led access is confusing for many patients. When urgent help is needed it currently seems difficult to find out what's available. Referrals are long winded.
Milton Keynes	CHS			Carer		Improving the support given when a patient is discharged after a long stay in hospital. Ensure support is in place for patient before discharge. Try to make discharge as stress free as possible for both the patient and the carer.
Milton Keynes	CHS				A longtime resident and friend of people who used local services	Better funding for local hospices in our area
Milton Keynes	CHS	MHS			A resident of MK who has had friends looked after there	Advertise the services available and who to call for help and advise. Perhaps at the hospital and gp surgeries
Milton Keynes	CHS			Carer		Without support from the Willen at Home Team my mums final days would have looked very very different these people in the community are absolutely essential
Milton Keynes	CHS		Service User			Advice from hospital consultants and GPs. Introductory systems at facilities. For example Cardiac nurses at Whaddon Health Centre and MKCCG at Hinton Hall from my experience. Macmillan nurses at Cancer Centre.
Milton Keynes	CHS			Carer		Open communication between patients, carers, hospice team and NHS staff. Accessible information about services available. Funding for Willen hospice to offer their services to more patients and provide more suitable environments for end of life care. A busy hospital ward with cramped spaces should not be the only choice terminal patients because of restricted space at the only hospice in Milton Keynes.
Milton Keynes	CHS	MHS		Carer		Better facilities, for adult day care for those with dementia / Alzheimer's more stimulating environments and support for carers.
Milton Keynes	CHS	MHS		Carer		I feel a dedicated liaison person would help to co-ordinate, especially if a person is accessing multiple professionals. Also a choice of how to be communicated to.

Appendix 2 - Question 5.4 Community Health Services - Verbatim comments by local authority area and type of respondent

Local authority area	Service area	Responding type (select all that apply.)				What do you think would make it easier for people to access the care and support they need? You might want to think about:
Milton Keynes	CHS				Someone who supports local hospice care	Full funding for all hospices & consistency across all the whole area. Why is Milton Keynes treated differently to your other regions. No fairness there at all
Milton Keynes	CHS				Concerned resident re end of life care	Proper funding for Hospice care - a single point to get info and care at end of life.
Milton Keynes	CHS		Service User	Carer	Workforce	People getting access to care at home. Willen hospice provides care for people in their own home, but relies on the goodwill and generosity of local people whilst in Bedfordshire NHS funding provides the money for these services. It feels unfair to us in Milton Keynes . Willen can provide a single clear point for local people requiring these services at home, reducing confusion and providing support to patients and their families.
Milton Keynes	CHS				A family member who has used the service in the past	Fair funding for Willen Hospice to continue to provide care to their patients
Milton Keynes	CHS			Carer		More resources and funding for hospices to continue supporting people at home. This could take pressure off hospital and care agencies if funded fairly.
Milton Keynes	CHS		Service User	Carer		One central person to contact
Milton Keynes	CHS				Widow of someone who benefited from hospice care, at home.	One point of contact who can call in others as appropriate. Fast response to calls and updates on what's happening. Advice how to cope at home with a seriously ill partner. Respite care if needed. Access to medication as required.
Milton Keynes	CHS		Service User	Carer		Palliative care team at Willen hospice and Willen at home were fantastic support for our family. Availabke to answer questions, provide care and practical support - they simply require consistent funding to ensure this support can continue. By contrast, the cancer centre at MK Hospital provided medical support only - no time to ask questions, provide info or support families. Enabling Willen to focus on delivering their superb service alleviates the crisis ridden NHS and requires guaranteed funding please.
Milton Keynes	CHS			Carer		Stop using jargon that is familiar to yourselves, but meaning less to the public For instance I had to contact my mothers district nurses and the jargon was incomprehensible, they all knew who did what n what was what, I didn't have a clue
Milton Keynes	CHS				A local resident who supports neighbours and family and expect to need services in the future	Better and fully funding for essential services such as Willen Hospice. I've seen 2 friends snd their family supported by the hospice and it's a service that SAVES people having to access urgent care, hospitals and tie up other services. It's also a genuine link between healthcare providers that currently places more burden on the NHS.
Milton Keynes	CHS			Carer		Willen hospice to be able to provide more support to more people including respite
Milton Keynes	CHS			Carer		Clearer options
Milton Keynes	CHS		Service User		Workforce	Simple phone service that can point them in the right direction for support
Milton Keynes	CHS	MHS			I volunteer on community health services	Caio and suffient funding
Milton Keynes	CHS				A previous user of service	One main local contact point
Milton Keynes	CHS		Service User	Carer		Willen Hospice has been in MK for over 40 years and it receives a paltry amount of funding compared to its neighbouring hospices. It's a service that is provided to those in need free of charge, yet this will cease to exist without increased financial support from the NHS. We are a new city with a growing population and growing health needs. Put Willen Hospice at the heart of your plans for palliative end of life care and recognise that they need help, it can't all be done through fundraising.
Milton Keynes	CHS			Carer		For there to one direct number for all services.
Milton Keynes	CHS			Carer		Willen at Home gives people in MK a single, specialist point of contact at the end of life. Without NHS funding to continue this service, patients will face confusion, delays and unnecessary hospital admissions. · People in MK deserve the same access to hospice care as people in Bedfordshire and Luton.
Milton Keynes	CHS				Concerned about services, not being equal across the area	One point of contact who could signpost to relevant services, not just available 9-5 Monday to Friday people need to arrange help for loved ones outside of their working hours

Appendix 2 - Question 5.4 Community Health Services - Verbatim comments by local authority area and type of respondent

Local authority area	Service area		Responding type (select all that apply.)				What do you think would make it easier for people to access the care and support they need? You might want to think about:
Milton Keynes	CHS					Disabled person who will need community care in the future	Community services should work together for the benefit of the patients not in their separate groups run by private companies who are more interested in their share holders than the patients. There should be one point of contact, possibly through the GP that provides an umbrella service of the specialisms required by the patient, particularly for those with chronic conditions. This would be more efficient and be more cost effective than several separate referrals, long waits, where conditions deteriorate leading to more expensive treatment/hospitalisation being required. Specialisms should work together with good communication between them, providing an appropriate action plan for the patients needs. End of life care should be available to all and Hospices should be supported through the NHS budget to provide this nationwide. End the postcode lottery of having a 'good' death.
Milton Keynes	CHS	MHS				a resident of Milton Keynes	Hospice and community care for those nearing end of life or with a life limiting prognosis must be accessed by necessity by contacting Willen Hospice directly and receive government funding. Other authority fund end of life care but Milton Keynes Hospital and Community Trusts do not. NHS District and Community staff should be trained to deliver care using the same skills as Marie Curie and Hospice staff
Milton Keynes	CHS					Volunteer	One continuous point of contact when discussing hospice provision.
Milton Keynes	CHS		Service User	Carer			It is important to have one main person to contact
Milton Keynes	CHS					I have had home care for both my parents	I think more information should be shared at GP surgeries & making the telephone/web address more prominent
Milton Keynes	CHS					My wife had end of life care	Having sufficient, government funded, support so people can have their suffering reduced at their end of life. This includes both in home and in hospice care (my wife died with dignity courtesy of fabulous care by a hospice team
Milton Keynes	CHS		Service User				Firstly you need to have this in place. Therefore funding is required for specialist nurses.
Milton Keynes	CHS			Carer			fair hospice funding For Willen hospice they need this as there care Willen at Home gives people in MK a single, specialist point of contact at the end of life. Without NHS funding to continue this service, patients will face confusion, delays and unnecessary hospital admissions.
Milton Keynes	CHS					Someone whose close relative used these services at their end of life	Who should work together to make things easier
Milton Keynes	CHS	MHS				For an adult who needs mental health help, but finds it hard to negotiate.	More funding for all NHS NEEDS.
Milton Keynes	CHS	MHS		Carer			Adult services are disjointed and services do not communicate. I have found this when my daughter left the paediatric world and moved to adult services. We were left not knowing where to go when we needed help and I was left at breaking point. There needs to be more communication when you have a disabled daughter or son. There needs to be a hub where you can get all the information you require and help
Milton Keynes	CHS					MKCC Councillor	Clear direction from GP and/or acute units
Milton Keynes	CHS			Carer			Single point. For us it gradually spread out from first contact with hospital oncology
Milton Keynes	CHS					A person getting older who doesn't want Willen Hospice to have to close.	1 person would be ideal. They could co-ordinate the services needed
Milton Keynes	CHS	MHS				Resident who might need the services in the future	Single point of contact
Milton Keynes	CHS			Carer			Appropriate funding for independent care such as provided by Willen Hospice
Milton Keynes	CHS	MHS		Carer			Proper referrals from the hospital to community. Better communication about services from GPs and Hospital
Milton Keynes	CHS		Service User				Ability to book doctors appointments online?
Milton Keynes	CHS		Service User				A single point of contact is crucial to assist and progress service requests.

Appendix 2 - Question 5.4 Community Health Services - Verbatim comments by local authority area and type of respondent

Local authority area	Service area		Responding type (select all that apply.)			What do you think would make it easier for people to access the care and support they need? You might want to think about:
Milton Keynes	CHS	MHS				A family member of someone who uses these services elsewhere and is aware of need. Have had great difficulty in other authorities even finding who to contact, and then finding it is nearly impossible to access services. (Hertfordshire) With other relatives in Surrey area, there seemed to be a clearer pattern of support.
Milton Keynes	CHS					I have lost friends and family to cancer and also have it myself Make it simpler to get help
Milton Keynes	CHS					As someone who may need the service in the future Being kept well informed at the time you need help and be told what is available to you especially as a carer. Generally you have to find out what is available by doing your own research or hearing from others.
Milton Keynes	CHS		Service User			Having rolled out the nhs app why are community health contact details not available here. Delays for podiatry services are very long, 2 years to get to orthotic solution is not great. Good access would be weeks not years and preferably by self referral. The physiotherapy team was much easier to access as was the emergency eye team.
Milton Keynes	CHS					A family member of someone who has used Willen Hospices Home Care services One single phone number where care and support queries and requests can be actioned
Milton Keynes	CHS					Used services previously Central information source Consistent advice Clear, easy to understand advice, from the users point of view
Milton Keynes	CHS	MHS				Late husbands hospice at home care One point of access to care
Milton Keynes	CHS					I'm responding to a request from Willen hospice If service provider contact us. Maybe through the GP
Milton Keynes	CHS					Someone who had experience of using the services to care for someone else I would like to see all health position have the speed and ease of access my local GP surgery offers
Milton Keynes	CHS					Retired NHS staff Single point access for information. Simple easy referral pathway.
Milton Keynes	CHS			Carer		easier communication channels x being able to contact a person / doctors surgery for help
Milton Keynes	CHS					Someone who witnesses the impact of insufficient care being available on those at end of life We have Willen Hospice in Milton Keynes but, unlike equivalent services in Bedford and Luton, they do not receive recurrent funding from the NHS.
Milton Keynes	CHS					live in the area and want to ensure this area gets access to services By being aware of what is available and making sure the care is accessible locally
Milton Keynes	CHS	MHS				I have known many people over the years that have used these services Willen Hospice is well known in Milton Keynes and people can easily make contact
Milton Keynes	CHS			Carer		Help needs to be clearer to understand, easily accessed and readily available not in four weeks time but straight away when it is needed. There should be one point of contact to ensure trust, a good level of the individual's situation and to stop miscommunication.

Appendix 2 - Question 5.4 Community Health Services - Verbatim comments by local authority area and type of respondent

Local authority area	Service area	Responding type (select all that apply.)				What do you think would make it easier for people to access the care and support they need? You might want to think about:
Milton Keynes	CHS			Carer		Provide funding for Willen Hospice to deliver services at short notice, when patients need immediate support. This will avoid the need for these patients to attend A&E and take up hospital beds.
Milton Keynes	CHS			Carer		To tell people about the surveys on offer. To shout about the workers who tirelessly work to give other people a fighting chance.
Milton Keynes	CHS		Service User			Willen at Home gives people in MK a single, specialist point of contact at the end of life. Without NHS funding to continue this service, patients will face confusion, delays and unnecessary hospital admissions. · People in MK deserve the same access to hospice care as people in Bedfordshire and Luton.
Milton Keynes	CHS		Service User			Funding for our local Willen Hospice.
Milton Keynes	CHS			Carer		Probably more hospices
Milton Keynes	CHS	MHS			Citizen	One point of contact who you can speak with, and who can convey your information to the relevant people, so that those people can reach out to you. And making sure that everything works quickly.
Milton Keynes	CHS			Carer		Does it feel different when you need help urgently
Milton Keynes	CHS			Carer		Funding
Milton Keynes	CHS				care about funding for Willen Hospice	funding
Milton Keynes	CHS				Partner of terminal patient who used Willen at home service	Cannot improve on the home care that my wife received in her last days. Set up by Macmillan nurse at MKUH. Without Willen at home I can't imagine how difficult it would have been for us.
Milton Keynes	CHS			Carer		Funding for hospice care at home for Milton Keynes is so needed
Milton Keynes	CHS			Carer		Providing Willen Hospice with recurrent nhs funding (as is done in neighbouring areas)
Milton Keynes	CHS			Carer		All relevant services accessing the up to date situation and responding accordingly not waiting for an unpaid carer struggle for access to any service required to look after their person
Milton Keynes	CHS			Carer		Once someone is receiving palliative care they should be looked after by the same team all the time, at the moment as soon as they go to hospital it all stops.
Milton Keynes	CHS	MHS		Carer		· People in MK deserve the same access to hospice care as people in Bedfordshire and Luton.
Milton Keynes	CHS	MHS		Carer		Power of attorney for 91 year old who needs daily care at home
Milton Keynes	CHS		Service User			Urgency makes everything harder, really good signposting helps. Willen hospice at home is brilliant at offering this, but is not funded by NHS as other local areas are.
Milton Keynes	CHS				Cared for my husband who used Willen at Home	One main contact number
Milton Keynes	CHS				Former trustee of Willen	Recurrent funding for Hospice care at home provided to Milton Keynes equivalent to that provided to Luton and Bedfordshire.
Milton Keynes	CHS			Carer	Workforce	Willen at Home in Milton Keynes, gives people in MK a single, specialist point of contact at the end of life. Without NHS funding to continue this service, patients will face confusion, delays and unnecessary hospital admissions. Willen needs help to keep this services, my own father is receiving for support and for this service and without it I don't know how my family would handle this sad and stressful time. If Willen at home had funding they could do so much more and help more people, without funding they risk closing this part of the hospice and it would cause more stress on the local hospital. Willen at home can get meds to patients when they need it easing pain and suffering at end of life, helping people die with less pain and more dignity
Milton Keynes	CHS				Workforce	Fairer funding for our hospice to be able to continue to providing the Willen at Home service specifically which aids to keep patients in their homes without having unnecessary hospital admissions, therefore saving the NHS money. People of MK should be allowed the same access to hospice care as those in Bedfordshire and Luton but the funding is not fairly distributed within the local areas.
Milton Keynes	CHS				Workforce	GPs and doctors in hospital settings being informed on when to stop curative treatment and move to palliative- with all doctors having the correct training.
Milton Keynes	CHS	MHS			Workforce Resident and employee	I would like the funding of Willen hospice to reflect the contribution made by the hospice, and the pressure it removes from the NHS service provision.
Milton Keynes	CHS				Workforce	It is easy to access Willen Hospice - Willen at Home. There needs to be better access for the Bedfordshire teams to support their own community.
Milton Keynes	CHS				Workforce Charity-Willen Hospice	Willen at Home gives people in MK a single, specialist point of contact at the end of life. Without NHS funding to continue this service, patients will face confusion, delays and unnecessary hospital admissions. People in MK deserve the same access to hospice care as people in Bedfordshire and Luton.
Milton Keynes	CHS		Service User			More funding into MK Hospice Care and Hospice Care at Home

Appendix 2 - Question 5.4 Community Health Services - Verbatim comments by local authority area and type of respondent

Local authority area	Service area	Responding type (select all that apply.)				What do you think would make it easier for people to access the care and support they need? You might want to think about:
Milton Keynes	CHS		Service User	Carer		Specialist points of contact for a health problem or illness. Particularly end of life care
Milton Keynes	CHS		Service User			Better integration where care is happening partly under specialist in different trust (tertiary centre) and partially locally
Milton Keynes	CHS				Workforce	· Willen at Home gives people in MK a single, specialist point of contact at the end of life. Without NHS funding to continue this service, patients will face confusion, delays and unnecessary hospital admissions. · People in MK deserve the same access to hospice care as people in Bedfordshire and Luton.
Milton Keynes	CHS	MHS			Workforce	Fewer different team names - it is unnecessarily confusing for patients Better liaison between staff groups - MDT working (wherever more than one discipline is involved) should be the norm for all patients, not just those who meet the criteria for specific teams more integration with GPs - many people still see the GP as the 'coordinator' of their health needs. If GPs no longer have this role, people do not know how to access the services they need (single point of access may include this, but needs to coordinate well with GPs) Of course, adequately funded services would make it much easier for people to access them.
Milton Keynes	CHS	MHS			Workforce	Services are currently fragmented and their remit is not always clearly communicated. It can be difficult to know which service provides the right support and how to contact the appropriate team. Patients and communities should be involved in coproducing information and ensuring communications are person-centred. It would be helpful to have clear communications between services to ensure that referrers know the service remits and how to refer.
Milton Keynes	CHS	MHS				Professional who refers to community services/whose patients use community services A single contact or single number 24hrs a day Clarity on who to contact Not relying on being called back, as patients worry noone will call and then they start to approach other services - which can become confusing
Milton Keynes	CHS				Workforce	More local access to specialist clinics e.g. spasticity or sleep and ventilation clinics currently need to travel to Oxford- not always able or appropriate for certain patients.
Milton Keynes	CHS	MHS	Service User			Have access to this information on line and at the GP practice - on line needs to be clear and easy to follow and not clunky like the NHS app. There needs to be face-to-face assistance at the GP practice by trained support staff who can effectively signpost people to the most appropriate service (not the reception staff).
Milton Keynes	CHS	MHS		Carer		A single point of contact for all support. Someone that you build trust and relationship with that can bring in others as and when needed.
Milton Keynes	CHS	MHS		Carer		One physiotherapist working two days per week is allocated by Connect Health to cover all of the domiciliary patients of thirty GP practices. The physiotherapist never provides physiotherapy and simply hands leaflets to patients. The service has 54% one star reviews on Trustpilot - many of these reviewers stating they would have given zero stars if the option was available.
Milton Keynes	CHS	MHS			Workforce	single point of access information about clinical teams and areas they support so people know which team deal with what issue people are unaware how SLT can help especially linked to swallowing. GPs and care homes refer inappropriately resulting in ++ times dealing with admin and triage rather than face to face assessment, meaning patients wait longer. Better understanding of appropriate referrals would streamline admin process and get people the right care when they need it
Milton Keynes	CHS		Service User			One point of contact. Effective communication between teams. Consistency. Person centred, holistic care
Milton Keynes	CHS	MHS				Have been a long-term previous client. Stop simply 'discharging' people when they become too complex and too expensive. Yes, a person of contact (main) is important. Psychiatrists, nurses and social workers should all work as an integrated team. Yes, unfortunately, mental health difficulties are an 'up and down' issue, and in no way do all issues feel as important as the same. A simple referral from a GP, social worker or nurse. I have been referred to a psychiatrist in Reading by my GP, without much difficulty.
Milton Keynes	CHS				Workforce	I think it is important to have one contact number for all patients with a neurological condition, but this needs to be within a local service with those being contacted able to triage complex cases and signpost within the Neurology services. Patients with a neurological condition have limited access to specialist respiratory care and spasticity management withing Milton Keynes, and have to travel to Oxford for this. If they are unable to travel to Oxford the care in these areas is then very limited. If needing help urgently there are often multiple duplicate referrals to several services, and the urgent services in Milton Keynes do not have specialist enough skills to manage patients NIV and Cough assist machines in the community and they are often then directed into the acute care settings. Patients are not able to directly refer themselves to UCR, they often go via the GP so referrals are very variable depending on which GP. Out of hours they have to go through a lengthy process of contacting 111 and often end up in A&E regardless. Good access for patients with a Neurological condition would look like the ability to phone the service and speak to an experienced professional 'in hours' and be signposted quickly and efficiently to the help required. Out of hours would mean access to local community based urgent care with the specialism needed to keep complex patients at home when acute care is not required.
Milton Keynes	CHS	MHS				Carer unpaid Listen & prioritise autism

Appendix 2 - Question 5.4 Community Health Services - Verbatim comments by local authority area and type of respondent

Local authority area	Service area		Responding type (select all that apply.)			What do you think would make it easier for people to access the care and support they need? You might want to think about:
						there are far too many emerging teams that I have struggled, as a professional, so I feel for patients this must be very challenging to find the right service at the right time. Reduced capacity within community social services therapy input and increased restrictions re: provision - high pt expectations. Pls consider patients being more aware of the cost of services and equipment which may reduce expectation and misuse of public funds. Very important to have one person to contact however if patients are living with comorbidities they appear to have several contacts depending on the medical need. VERY IMPORTANT - if the community, acute trust and council/social services had the same recording and reporting systems or at least, access to one another's systems this would improve communication and co-working Increased co working between community services eg Gp, falls, frailty, intermediate care, rehab, care services Good access would look like, one SPA and qualified and knowledgeable navigators to triage and refer to appropriate service. Clear and concise criteria and boundaries - working for neuro rehab we have VERY woolly, historically developed and good will criteria. We would benefit from clearer commissioning. Other challenges: Increased expectations and roles. Increased population with no increase in staffing. It appears that within BLMK there is a significant post code lottery and lack of consistency between different teams and different locations. Greater Manchester neuro service seems one to be inspired and learn from. We currently have separate early stroke rehab and longer term neuro conditions rehab - would it be worth considering bringing these together as one team, as in London.
Milton Keynes	CHS	MHS	Service User	Carer	Workforce	
Milton Keynes	CHS			Carer		It is important to have one main person to contact
Milton Keynes	CHS				Workforce	More MDT patient care via integrated care teams within the community. Although not an urgent service most pts have had contact within a 2 week period. Referrals to the ICST is often in the community and in the patients home so other things the patient may be experiencing may be identified ie the housing environment, identifying the need for hand rails, refer to OT for help with mobility, support with caring for others in the household ie a social care assessment. These are all things we offer within our ICST for out patients helping them to stay well and out of hospital.
Milton Keynes	CHS			Carer		We used to have one assigned social worker - this was far simpler as a signpost to all services. Also they knew the family so we did not have to keep repeating the first 30 minutes of each review with the same information esp the family history - information which I never see used esp as it is a different person each time
Milton Keynes	CHS			Carer		Simply knowing what's available and how to communicate with it. People on the end of phone lines tended to be lacking in information and often spoke poor English making communication difficult.
Milton Keynes	CHS				over 80	Bring back the district nursesR
Milton Keynes	CHS		Service User			Have specialist nurses funded by ICB

Appendix 2 - Question 5.4 Community Health Services - Verbatim comments by local authority area and type of respondent

Local authority area	Service area		Responding type (select all that apply.)				What do you think would make it easier for people to access the care and support they need? You might want to think about:
							<p>Access would be easier with a single front door for community health, backed by clear triage and plain-English guidance. People should be able to contact services by phone, text, email or webchat and get a written acknowledgement with an expected response time. While waiting, proactive updates would stop people feeling lost. Clear information on routes in, eligibility, waiting times and what to do if needs change would make the system feel transparent and fair. It helps to have one named coordinator who stays with the person. A consistent contact reduces repetition and anxiety, and makes it clear who is responsible for moving things forward. Warm handovers between teams should be standard, with the next step booked before discharge and a short written summary shared with the person and, where appropriate, their carer. In Stantonbury, access should be genuinely local and use the assets we already have. Purbeck Health Centre, the local dentist and pharmacy are anchors, but Christ Church, Stantonbury Theatre, Bar and Gallery, the Leisure Centre and the vacant café unit all contribute to health in the wider sense. We also have four schools and two nurseries or pre-schools, plus Aldi. These settings can host family-friendly and sensory-aware activities close to home, such as health information sessions, social prescribing drop-ins, gentle activity groups, hearing and communication-friendly clubs, and signposting stands. With the right permissions, schools and early years settings can offer after-hours space for community rehab classes or caregiver workshops, and retailers like Aldi can support with in-store noticeboards and short outreach stalls that point people to local services. Regular quiet-hour sessions, better acoustics, hearing loops or captions where possible, softer lighting and clear signage would help autistic and hearing-impaired residents to attend. Digital access also needs attention. Purbeck Health Centre's website is several years out of date and not very accessible. On mobiles it displays like a desktop page, with small text and difficult navigation, which makes it hard to find essentials such as opening hours, booking options and repeat prescriptions. A refresh that is responsive on mobile and meets basic accessibility standards would help, including readable fonts, good contrast, clear menus, plain-English pages, screen-reader compatibility and simple online forms. It is also important to keep non-digital routes available, so people can still use phone, text or email if websites are not suitable for them. Good access depends on services working together. GP practices, community pharmacy and dentists should link with schools and early years settings, the parish and council leisure teams, local churches and theatres, retailers and voluntary groups. A shared local calendar for appointments and activities, in-venue signposting and consented information sharing would remove duplication and help people move between services without repeating their story. Social prescribing should include Stantonbury-based options so people can take part close to home. Urgent needs feel different and need faster, simpler routes. A clear single number and online option that can trigger rapid community response, same-day assessment at home or a short stay in a local setting would prevent avoidable A&E use. Stantonbury should have same-day urgent slots where possible, with practical transport help for non-drivers and quieter waiting choices for those with sensory needs. In future, good access in Stantonbury would mean I can reach one place, get a timely reply, choose a communication channel that works for me, be seen close to home in a familiar venue such as a school, church, theatre, leisure centre or even a retailer space, and experience smooth handovers. Stantonbury is well placed to pilot this model by joining up the health centre, pharmacy and dentist with our schools, nurseries, church, theatre, leisure facilities and Aldi so the whole estate benefits.</p>
Milton Keynes	CHS	MHS	Service User	Carer			
Milton Keynes	CHS	MHS		Carer			Ensure that we are not promoting services by digital means only. Our most vulnerable and/or elderly do not access them. Work micro-local with parish and town councils to promote services through magazines/newsletters.
Milton Keynes	CHS				Workforce		NHS valuing community and in particular end of life services. Not funding Willen Hospice to deliver end of life service is not ok
Milton Keynes	CHS	MHS	Service User	Carer		A struggling human	What access? Autistic people get treated worse than something you have stepped in. Zero priority Zero timely access Zero understanding of autism Zero understanding of bundled conditions
Milton Keynes	CHS		Service User				If you make contact with you GP about mental health, then a information pack should be given to them, this can contain all the relevant people to contact for support.
Milton Keynes	CHS	MHS	Service User			A parent of someone failed by the mental health team	Adult Hearing services has improved, however adult mental health care seems to be in a decline.
Milton Keynes	CHS					Public	Keeping services local accessibility easy

Local authority	Service area	Respondent type - select all that apply.			What kind of support or services would help people feel safe and cared for during a health crisis?
Bedford Borough	CHS		Carer		Care in the community can be provided with suitable government support.
Bedford Borough	CHS		Service User		no crisis service is accessible to me. If i was in crisis, I would likely die before NHS organised an interpreter. Nothing you do at home would help as you don't have an interpreter and staff don't know BSL and are not deaf aware. I cannot use virtual services because it needs too much English reading to access. I have no idea where i would look for information and wouldn't bother because it would not be in BSL. If I need help I wait until i can get an appointment at Deaf space with deaf access bedfordshire. I just want to see equal services. I want to not feel like NHS is a risk for me.
Bedford Borough	CHS		Service User		none of your services are accessible to me in a crisis. Come and meet Deaf community, listen to our stories. you should be ashamed.
Bedford Borough	CHS	MHS	Carer		Someone to call in an emergency when the carer falls ill and has to go into hospital. Better co-ordination between the services so you are not left with a lot of signposts leading to nowhere and then you have to work out for yourself the best plan for your loved one.
Bedford Borough	CHS	MHS	Carer		Good crisis support means assessments being done as soon as possible in real-time with urgent follow up as necessary. Carers at crisis point need help URGENTLY!
Bedford Borough	CHS		Service User		Very little information available to public about what support is at hand in a crisis situation. For example my blood sugar was so high and I booked an urgent GP appointment through 111 but the GP didn't care. Just said I'll need to wait for my hospital appointment! I mean couldn't she have contacted hospital and come up with a plan
Bedford Borough	CHS		Carer		A loved one has had five failed discharges from Bedford Hospital in the last few months, returning to A&E the day after being discharged from hospital. This has been stressful for all involved and is a terrible waste of resources as it takes at least two ambulance crews and sometimes a fire crew to get him out of his home and into an ambulance. He mainly needs oxygen and IV antibiotics. If these could be administered in an alternative location, it would definitely be better.
Bedford Borough	CHS		Carer		No easy point of access to support information or advice.
Bedford Borough	CHS		Carer	Workforce	People will go to A&E if they can't get the care they need when they need it or if they are scared. So managing that in a preventative way would reduce A&E demand. It's not always easy to find the right information when needed or know where to look. Much more national advertising needs to be done around what constitutes an A&E visit as that will support local situations. Good crisis support to me looks like...being able to get someone on the other end of the phone when I feel scared about my condition. We've had experience in heart failure. It's a scary condition to have and the HF nurses at Bedford hospital will only speak to you if you are still under their service. Unfortunately, HF doesn't very often disappear and so if there is an issue, we would have to contact the GP who are wonderful but aren't HF specialists and do not give us the confidence that we need at that time. That then results in an A&E visit which is often a waste of time as we are then told to go back to the GP and it's a vicious cycle. Instead, having someone specific to go to and operating in a more preventative way supports patients better and means we stop kicking the ball further down the line which currently happens in Bedford for a number of things health related. Look at services where this is done well. There are few examples of them but these can be used to get the right things commissioned. ! Also, not putting people into text book boxes when they have complex needs. People need to be treated as individuals and whilst this is written on every health document published, we are not there. I am constantly seeing my loved ones put in boxes by clinicians, boxes that do not support them and they end up in a crisis.
Bedford Borough	CHS	MHS	Service User		Access to a GP face-to-face appointment.
Bedford Borough	CHS	MHS	Service User		A@E
Bedford Borough	CHS		Service User		Medicare and other selfless service needed
Bedford Borough	CHS	MHS	Carer		It is difficult to say as I have not been in a crisis but being able to talk to someone right away would be helpful and also trying to not have too many different people involved would for me help calm me. Avoiding hospital if appropriate as that may raise anxiety.
Bedford Borough	CHS		Carer		Not sure - need to think more about this question
Bedford Borough	CHS	MHS		I used community health services in the past	Clear information on who you call and when, proactively given, plus reactive services with advice and care.

Local authority	Service area	Respondent type - select all that apply.	What kind of support or services would help people feel safe and cared for during a health crisis?			
Bedford Borough	CHS	MHS	Service User	Carer		To have a ward for people
Bedford Borough	CHS		Service User			Clear public advertising, where to go for local help without having to use the internet. A big part of the population is still not able to access online services or do not know how.
Bedford Borough	CHS	MHS			As resident	access to right information easily without going through no of teams; easy interpretation of the info; ability to change based on better understanding of the situation or changes in circumstances;
Bedford Borough	CHS		Service User			Information concerning everything you are entitled to
Bedford Borough	CHS		Service User			Access to GPs not having to call at 08:00, appointments in less than 4 weeks. GPs who would visit or at least send nurses
Bedford Borough	CHS	MHS			previous user	I found the 112 mental health line extremely helpful and accessible in crisis but they need to be given the staff and training to function
Bedford Borough	CHS		Service User	Carer		GPs with bookable appointments would be a start. When no appointments are available there is no option but to go to A&E / Cauldwell Centre. When I have tried Pharmacy First they have said they cannot help.
Bedford Borough	CHS	MHS	Service User			A&E often makes things worse because of lack of resources. More assistance in the home would be beneficial.
Bedford Borough	CHS	MHS	Service User			Consistent expert advice on options available
Bedford Borough	CHS		Service User			Provide clear instructions as to how to get help by telephone or e mail or text
Bedford Borough	CHS		Service User	Carer		Crisis team spend their whole time producing criteria to exclude support. No one answers or they refuse to come out. Crisis support is being listened to not judged and action taken. It would help if the language and culture is the same. So much gets lost because of poor English from staff members.when psychotic sitting in a and e for hours is impossible. Police should not be picking up the pieced. Yes in the past care at home rather than hospital section has worked really we. There should be a distinction however between smi and personality disorder services currently they are all lumped together and personality disorders take up most of the resources.
Bedford Borough	CHS	MHS		Carer	Workforce	Pallitive care, patients do not wish to waste whatever time they have left in A & E or in hospital , to be treated as a human being, respect and dignity. This hopefully would be more likely be achieved sadly within the home environment than acute. Dehydration, Constipation, could and should be available to be treated at home. Increased treatment at home such as iv/sub cut fluids at home, hospital admission decrease, service users, happier in their own environment, reduced Constipation/impaction due to fluids and correct care at home. Re mental health having one port of call, not 911, advocate doc, then psychiatrist, those in crises can not deal with all those calls they need to make to get help. Its a very anxious process for family members nevermind if the service user doesn't have that support. Virtual wards across all ages and health needs.
Bedford Borough	CHS				Future user of services	Satellite clinics who have the skills to direct people towards the help they may need.
Bedford Borough	CHS		Service User			Information provided by a GP or such
Bedford Borough	CHS			Carer	Carer for my wife	At home with proper facilities. Good crisis support would be immediate help and not placed on waiting list.
Bedford Borough	CHS	MHS			Workforce	Visit to assess circumstances and signpost to relevant services

Local authority	Service area	Respondent type - select all that apply.	What kind of support or services would help people feel safe and cared for during a health crisis?			
Bedford Borough	CHS	MHS			Someone who has tried to access services	Good communication and organisational responsibility for care being paramount rather than disconnected services that do not integrate to provide even adequate care or take organisational responsibility. Community failed to attend in a timely and competent manner. My parents spent hours trying to contact their GP or community nurse without a result. They didn't want to bother the consultant.... So ended up in A&E seeing the post operative care team, who listened, took immediate action and were competent. This inspired confidence in my parents who then developed a preference for A&E! However both these acute crisis visits could have been avoided. Follow up and secondary care intervention needs to come out in to the community eg virtual wards, immediate follow up to make sure recommended discharge care is being carried out rather than a follow up appointment several months on to see how 'things' are going!. Make community services accountable to GPs and secondary care teams with targets to carry out appropriate follow up care competently. Good crisis care is reliant on timely and good diagnostic skills - concentrate staff and resources on this rather than preventable uses of acute services.
Bedford Borough	CHS	MHS			Psychotherapist in private practice	Good crisis support looks like a safe place where a person is given the help they need, tailored to their specific presentation. Follow up support in the form of psychotherapy either individual or group or a safe place to stay within a therapeutic community until ready to resume life.
Bedford Borough	CHS	MHS	Service User			Good crisis care is help when you need it. I had a terrible attack of arthritis in my leg, I went to the Walk in centre but a problem was they couldn't access all my medical records, this needs to change.
Bedford Borough	CHS	MHS			I have recently been in hospital	Care provided at home would help to prevent A&E services being inundated with non emergency situations.
Bedford Borough	CHS	MHS	Service User	Carer	Partner and Resident and Carer	Better hygiene in hospitals. People leave hospital often feeling unable to complain, but disgusted by some of the conditions. Older people feel 'left to die' and do not feel able to ask for help where they have been left uncomfortable. Good crisis support looks like being referred to the right person or service in the first instance - clear information sharing on the patients behalf.
Bedford Borough	CHS	MHS	Service User	Carer		Return to the clear, clean and simple concept of.....Emergencies ONLY - A&E. Specialist treatment and operations - HOSPITALS. Day to day needs - YOUR LOCAL GP
Bedford Borough	CHS		Service User	Carer	Workforce	Consolidating 111 services and closing down bits and pieces services such as Bedoc and the walk in centre in Putnoe will save money to make 111 services better in our area.
Bedford Borough	CHS				Physiotherapists	Being able to speak to a Gp who knows your history
Bedford Borough	CHS		Service User			Knowing what service are available and where to access them
Bedford Borough	CHS				Workforce	Re-opening of crisis cafes (cannot plan a crisis). I think support for all at home in a care environment is not realistic. I think it is relatively easy to acquire emergency pathways (crisis) info if not away. Further emphasis on non clinical interventions alongside clinical interventions like social prescribing. Good crisis support is listening and ensuring the patient is heard, whilst also mitigating the risks, putting together a robust safety plan and determining the suitable next steps based on presentation
Central Bedfordshire	CHS				Hospice volunteer	Financial support for Willen Hospice.
Central Bedfordshire	CHS	MHS	Service User	Carer		Virtual wards would be a great way for people to access support urgently. A team that would be able to triage and coordinate a plan seeing the patient in their home or in community to offer a solution. Late effects of cancer often require therapy support that could be provided quickly,
Central Bedfordshire	CHS			Carer		I think that medical care at home would be useful in some instances, e.g. end of life and dressing my dad's ulcerated legs by district nurses. Podiatry at home but the service is very underfunded.

Local authority	Service area	Respondent type - select all that apply.			What kind of support or services would help people feel safe and cared for during a health crisis?
Central Bedfordshire	CHS			Volunteer for Willen Hospice shop	Important to know that care can be provided at home because hospitals scare some people from seeking support.
Central Bedfordshire	CHS			Someone who cares about fair funding	Enabling organisations to offer the care they currently do with fair support/ funding- particularly in a vastly growing city such as MK
Central Bedfordshire	CHS	MHS		Carer friend of a user of Willen Hospice Recently	Easier GP appointments, waiting for 3 weeks for a basic appointment often leads to a crisis
Central Bedfordshire	CHS	MHS		The wife of a health care worker who has had previous experience of the services	A &E are too busy to cope
Central Bedfordshire	CHS			Carer	Seeing people who are qualified to do their job. My relative needed OT support in relation to ADLS and falls. However all we were offered was a support worker to look at equipment needs - which isn't where the issue of falls arose.
Central Bedfordshire	CHS	MHS		Service User	A local crisis cafe in Flitwick, where you don't have to travel to Bedford or Luton to get to one.
Central Bedfordshire	CHS			Carer	good crisis support, ive never heard of them, who are they and do they spring into action far quicker than social services..!
Central Bedfordshire	CHS	MHS		Service User	Being able to ask for advice from a specialist/community health team via an online request
Central Bedfordshire	CHS	MHS		Carer	CAMHS has improved in Bedfordshire over the years we have used them including support during sectioning. The important thing is to make people aware of the services that are out there for them. You don't know what you don't know usually until it is too late.
Central Bedfordshire	CHS	MHS		Carer	Early access to services to avoid a crisis
Central Bedfordshire	CHS			Service User	As said above I was sent to A&E to be seen for an urgent mri scan when they could've booked me in to have one done in the next couple of days as it wasn't an emergency so I sat in A&E as an autistic and adhd person very stressed and anxious along with loads of other people that just had a minor condition that had been sent over by the GP
Central Bedfordshire	CHS	MHS		A Parish Council	It would help a great deal to have care provided at home or in a care home, rather than person's having to go to A&E. In Leighton Buzzard, where I live, there is no hospital. Local medical services are sorely needed.
Central Bedfordshire	CHS	MHS		Service User	Mental Health Crisis teams in local area
Central Bedfordshire	CHS			Workforce	Virtual wards -hospital care but at home
Central Bedfordshire	CHS			Workforce	Knowing care is available quickly rather than having to see numerous different people, making phone calls and waiting for call back.

Local authority	Service area	Respondent type - select all that apply.	What kind of support or services would help people feel safe and cared for during a health crisis?
Central Bedfordshire	CHS	MHS Service User	Member of BCHS People Participation I like the idea of a virtual ward as care and professional expertise can be provided. Crisis situations can be monitored at home and /or care home, so that urgent medical intervention can be sanctioned. It's not always easy to find the right information, especially in a crisis. Or, for those that don't have access to a smart phone or the internet. I would like a return to out of hours General Practitioners to visit / speak to those in crisis, as waiting for 111 to answer in a crisis doesn't help as the wait time is far too long, in most instances. Good crisis support is having someone to speak to and getting the help or advice needed as quickly as possible. Face-to-face contact for those in crisis gives reassurance and allays patient / carer anxiety. An out-of-hours / weekend phone line manned by a qualified professional, that is able to help or signpost correctly.
Central Bedfordshire	CHS		Workforce Rapid response Virtual ward Sign posting - process for patients/MDT to follow
Central Bedfordshire	CHS	Service User	Better mental health services
Central Bedfordshire	CHS	MHS Carer Workforce	Being listened to by GP services Having quicker and easier pathways into hospital rather than A&E Care staff that understand other community services rather than defaulting to A&E
Central Bedfordshire	CHS	MHS Carer	The duty desk is vitally important in responding immediately to a service user in crisis. It is not acceptable for the Duty Desk team to promise to call back and not actually calling back (this happened twice when my adult son was in crisis). This was the provider Duty Desk at Dunstable CMHS. Social workers must understand the commitment of the CBC Carers Strategy - our last social worker was not even aware of the definition of a carer nor were they inclusive or respectful of myself as parent carer to my son..
Central Bedfordshire	CHS	MHS	Member of the public Virtual ward avoiding transferable disease by multiple nursing
Central Bedfordshire	CHS	MHS	Public member At home, virtual ward system
Central Bedfordshire	CHS	Service User	Local GP services are great when you are ill at times when they are available but it seems to me that when I am in need of their help it is a Friday afternoon or at the weekend or overnight and although there may be walk in clinics available they are often remote to me and the easiest place to go is A&E other than the difficulty often found in parking.
Central Bedfordshire	CHS	MHS Service User	Easy access to human being to get the right information
Central Bedfordshire	CHS	Service User	Reading Health passports
Central Bedfordshire	CHS		Workforce With our team, we have access to a rapid response team who are here to assist when needed to avoid a trip to A&E
Luton	CHS	Service User Carer	Financial support services
Luton	CHS	Service User	none of the services currently provided are accessible to me in a crisis. I feel unsafe, vulnerable and at risk. information is not BSL accessible. Websites are in English and give phone numbers. No way for me to contact anyone. Train staff in BSL and deaf awareness, have access to interpreters all the time. same access as hearing people.
Luton	CHS	MHS Carer	all of the above
Luton	CHS		Family have used home care in the past Knowing that you are speaking to the right people, professionally qualified, have a caring considerate nature. Care at home is a very valuable asset beneficial to the patient and families knowing that you are getting excellent care and being treated individually without rush.
Luton	CHS		Works for autism Bedfordshire Support worker ,carer ,phone lines Email addresses
Luton	CHS	Carer	Good mental health staff who listen
Luton	CHS	MHS Service User	Specialized people on call at all times, A&E have enough to deal with but it needs to be accessible with clear contact phone numbers and a place you can go to get help

Local authority	Service area	Respondent type - select all that apply.	What kind of support or services would help people feel safe and cared for during a health crisis?
Luton	CHS MHS	Service User	Someone who suffers with fibromyalgia and constant pain. Someone who would be able to give reassurance and help when I'm having a fibro flare-up and debilitating chronic pain, a contact number for urgent advice
Luton	CHS MHS	Service User	Good crisis support means quick access to care, clear information, home visits if needed, emotional support, and trusted professional guidance.
Luton	CHS MHS	Service User	You should get a crisis number from whoever refers you or what service you use so they can send you to the right place
Luton	CHS	Workforce	In hospital, doctor or other professional health settings I feel other services should be displayed in an area that's hard to miss so that someone experiencing an issue gets the right help from the correct service so that the pressure is not constantly on A&E. For someone unable to leave the house for whatever reason, there should be a number they can call for signposting to the service that's right for them and their needs.
Milton Keynes	CHS MHS	Existing hospital outpatient-still fully independent	Face to face support is essential. For many older patients, or those with mental health problems, recovering from operations, having problems with movement or dealing with end of life issues, any suggestion of a virtual appointment is totally inappropriate.
Milton Keynes	CHS	Carer	It is vital people can access support when in a crisis with their health. Someone at the end of a phone 24/7 to enable the right service/support!
Milton Keynes	CHS	Concerned older person who may need such services	Visits from community nurses, particularly given limited gp access, and continuing hospice support, which needs to be properly funded in Milton Keynes
Milton Keynes	CHS	member of PPG	In Milton Keynes, urgent same day visits are provided by Willen Hospice, not A&E, thereby relieving that burden on the health service. Willen Hospice also runs palliative care from a hub where support is provided 24/7. This is another service provided by Willen Hospice which is not funded by the ICB, unlike the services in Luton and Bedfordshire.
Milton Keynes	CHS MHS	Carer	Care at home is good but not consistent for the needs of the individual one fit doesn't fit all and especially in the case of the elderly. Care at home for some is better for recuperating, better to be in your own environment with your own belongings and familiar environment but sending in people who don't understand how to use a standard microwave so a substantial meal could not be prepared or how to close a front door properly leaving an elderly vulnerable person at risk does not leave you with confidence. Trying to contact the care company by telephone is thankless phones never answered and even the employees cannot get anyone to answer when they call, I resorted to email when eventually I'd get a response. Again this is probably due to being under resourced so to improve the "system" again the correct staff and more of them need to be found.
Milton Keynes	CHS	My mother	Being able to see a GP and talk to someone about ailments rather than fill in an online form
Milton Keynes	CHS MHS	Volunteer	Home care and advice.
Milton Keynes	CHS	Carer	Good crisis support is that which is easily accessed and immediately identifiable. It is not easy for many, when dealing with a crisis, to find the right information regarding accessing the help required. The idea of hospital-style care within the domestic setting, in theory, is excellent. However, when an in-patient, medical assistance is ALWAYS on hand; in order to provide a level of this kind of assurance to home patients, staffing levels of such a service would have to be very high.
Milton Keynes	CHS	Service User	When someone's condition suddenly worsens, Willen can provide urgent, same-day home visits. Without this, most patients would end up in A&E – at far greater cost to the NHS. The Hospice-run Palliative Care Community Hub gives families 24/7 access to advice and support, ensuring people get the right help quickly, without having to turn to hospital services.

Local authority	Service area	Respondent type - select all that apply.			What kind of support or services would help people feel safe and cared for during a health crisis?
Milton Keynes	CHS			Retired palliative care HCA	A&E is not the best place for a patient who is palliative. Willen Hospice with the right funding could treat most symptoms experienced by palliative patients. Being treated promptly can prevent an escalation in pain levels. When palliative patient is extremely ill they do not want to be taken from the security of their home and family to a noisy confusing place. Sometimes people are days from death. Milton Keynes residents deserve funding for their palliative services.
Milton Keynes	CHS		Carer		More qualified practitioners.
Milton Keynes	CHS			Person in the community	Make it clear and easy to find where to go for help, and to get answers and help at the first port of call. Not passed around or sent away
Milton Keynes	CHS			Friend of those using the service	Care at home and hospice care
Milton Keynes	CHS		Service User	Someone who used community health services at a critical point in her life	virtual ward advice to help to find the right information a known and trusted contact who can metaphorically 'hold your hand' and help you to get the right information at the right time
Milton Keynes	CHS		Service User	Carer	With an elderly parent in the house, in the home care towards end of life would be the priority; for reasons of familiarity and reducing confusion
Milton Keynes	CHS			A potential future user	When someone's condition suddenly worsens, Willen can provide urgent, same-day home visits. Without this, most patients would end up in A&E – at far greater cost to the NHS. - The Hospice-run Palliative Care Community Hub gives families 24/7 access to advice and support, ensuring people get the right help quickly, without having to turn to hospital services.
Milton Keynes	CHS			A resident of Milton Keynes	Willen Hospice provides urgent, same day home visits, reducing the demand on A&E but receive no NHS funding for providing this service.
Milton Keynes	CHS			A family member of someone who has used the services in the past	Willen Hospice can provide urgent, same-day home visits. Without this, most patients would end up in A&E – at far greater cost to the NHS.
Milton Keynes	CHS			concerned citizen	Knowing someone is available to speak to. Understanding when to contact the care services without clogging up the system.
Milton Keynes	CHS	MHS		Healthwatch Milton Keynes	Having 111 call takers better trained or with better access to clinicians would be useful - I don't know the actual numbers, but noone we have spoken to has said that 111 has sent them to a pharmacy - its always Urgent Care or A&E - otherwise people are told that someone will call them and noone does. Good support would be consistent advice and information, easily accessible advice and service, timely responses, and professionals doing what they say they will
Milton Keynes	CHS	MHS		Likely future patient	Just need a phone number or website to go to. Haven't a clue at present
Milton Keynes	CHS		Service User		Is it important to have one main person to contact?
Milton Keynes	CHS		Carer		Care in the home. Access to doctors or nurses for advice and support.

Local authority	Service area	Respondent type - select all that apply.			What kind of support or services would help people feel safe and cared for during a health crisis?
Milton Keynes	CHS			Carer	Provide care at home especially for end of life. Calm, caring and uses less resource than in a hospital environment. Willen Hospice at home was heaven sent. Their care and imparting of knowledge was priceless
Milton Keynes	CHS	MHS			Volunteer for willen hospice Money paid into the sysytem to help support people
Milton Keynes	CHS		Service User		easier information about support
Milton Keynes	CHS				Work in Willen hospice we offer 24 hour helpline, willen at home can visit quickly during the day, this can prevent hospital admissions that people sometimes do not want
Milton Keynes	CHS			Carer	very simply a caring voice/person, thats near by and can assure the person
Milton Keynes	CHS	MHS		Carer	Yes absolutely, an alternative offer to A&E would be so significant - the wait and whole experience in A&E is totally exhausting (although the planned admission to the smaller emergency dept. at MKUH is much better. Going to A&E makes my Dad's conditions so much worse - the wait is uncomfortable and quite scary. Having an alternative offering for people with known health conditions that have developed into crisis / acute symptoms would be so much better than the 'Patient Unknown' type of triage that the staff at A&R have to do.
Milton Keynes	CHS				A potential service user Responsive and timely. Effective and consistent. Shorter waiting for outcomes
Milton Keynes	CHS	MHS			Was a carer Talking to people who understand problems you are having and being able to help
Milton Keynes	CHS				A carer who has used the services last year Definitely not going to A&E. Cancer patients are already very vulnerable and ill, and having to wait in an extremely busy A&E is very distressing for both patient and carer
Milton Keynes	CHS			Carer	Good care is respectful delivered with dignity with clear information and details on where to go if things change. Hospice at home is excellent. Respite care at Willen is also excellent.
Milton Keynes	CHS	MHS	Service User	Carer	A&E do not have the resources to treat end of life patients or the training and this is from experience, my mum was left in a chair in a corridor for 15 hrs terminal with lung and brain cancer told were not a priority as shes dying. We Should have had a bed on the cancer unit but all the beds were full
Milton Keynes	CHS				I have elderly parents who are likely to need these services in the near future Assessment and care at home - my parents have been put off going to A&E after bad experiences so do not seek help when they need it. Someone to talk to without needing to go through a long list of irrelevant questions - again, something that puts them off from calling 111.
Milton Keynes	CHS		Service User	Carer	For end of life support, particularly at home with family, well funded hospice services are essential. This is not a role for busy A & E departments who would also benefit from the support. Hospices can provide a range of services outside of that provided by the general NHS that bring comfort and welfare to both patients and families but they must be finded centrally and not rely toally on public support which does not guarantee a steady sustainable income or service. end of life is probably the time when we all need help the most.

Local authority	Service area	Respondent type - select all that apply.				What kind of support or services would help people feel safe and cared for during a health crisis?
Milton Keynes	CHS		Service User			When a health crisis happens, the last place most people nearing the end of life want to be is A&E. The waiting times are horrendous and the staff are already overwhelmed. It is stressful, unfamiliar, and often does not provide the type of support they really need. What makes people feel safe is knowing that specialist hospice or palliative care can come to them at home quickly. Willen Hospice already shows how effective this can be: their team provides same-day home visits, urgent symptom management, and 24/7 phone advice through the Palliative Care Community Hub. This prevents unnecessary hospital admissions and allows people to stay in a familiar, comfortable environment with their family. "Good crisis support" would mean: <input checked="" type="checkbox"/> Fast, same-day response at home so patients don't need to go to hospital unless absolutely necessary. <input checked="" type="checkbox"/> Clear and simple access to one number or hub for advice and urgent support, not multiple services. <input checked="" type="checkbox"/> Properly funded hospice-at-home teams, available to everyone in Milton Keynes, just as they are in Bedfordshire and Luton. <input checked="" type="checkbox"/> Joined-up working between GPs, district nurses, hospital consultants, and hospice teams so families aren't left coordinating care themselves in a crisis. Virtual wards could help, but they only work if specialist hospice staff are at the centre of that support, ensuring care is not just clinical but also compassionate and holistic. In short, good crisis support means that people in Milton Keynes can be cared for quickly and safely at home by the right team, without having to rely on A&E.
Milton Keynes	CHS	MHS	Service User	Carer	Workforce	As above
Milton Keynes	CHS			Carer		Willen at Home
Milton Keynes	CHS				Friends have used the hospice services	Clear information, care at home where possible
Milton Keynes	CHS				Workforce	Willen hospice at home are able to help families in crisis at home and prevents trips to hospital saving beds. Without funding we could lose this support.
Milton Keynes	CHS				Willen hospice	Willen hospice care
Milton Keynes	CHS		Service User			It would be helpful if it was easier to make on the day or next day GP appointments - with nurse or GP. Urgent Care is a good resource but shouldn't replace GP services.
Milton Keynes	CHS	MHS		Carer		I think it would help having specialist areas, especially for someone who doesn't have long to live suffering with cancer. The wards are too hectic and full of sick people and not fair on the dying
Milton Keynes	CHS	MHS			Concerned member of public	If you are not in the system how would you know about this. If there is evidence to support people staying at home how is this funded? How do patients access this funding?
Milton Keynes	CHS		Service User	Carer		We already know that my wife will eventually suffer critical care needs and the 24/7 Palliative Care Community Hub run by Willen Hospice will be the only contact point that we are aware of.
Milton Keynes	CHS				Supporter of hospice care	For end of life care is already provided at home by Willen Hospice in Milton Keynes. Patients need to be made aware by doctors with funding following the patient
Milton Keynes	CHS		Service User			At home care by district nurses or other specialist health care staff.
Milton Keynes	CHS			Carer		Knowing what options were and accessing at home help with urgent or pain needs which don't need a and e
Milton Keynes	CHS				Member of the public	Being able to talk to someone who will get to know you and build a relationship so the whole person is treated, not just one symptom
Milton Keynes	CHS	MHS	Service User			Access to at home services supported by your GP practice, people to talk to rather than all online
Milton Keynes	CHS			Carer		Willen hospice can provide urgent home visits which can avoid the sick person having to go to A&E. The NHS needs to fund these home care visits, which are far more efficient than taking someone on end of life care to the hospital.
Milton Keynes	CHS		Service User			Willen at Home provides 24 hour a day, 365 days a year palliative care in the home, and is not funded by the ICB
Milton Keynes	CHS	MHS		Carer		District nurse emergency line

Local authority	Service area	Respondent type - select all that apply.			What kind of support or services would help people feel safe and cared for during a health crisis?
Milton Keynes	CHS				Have used this service for a family member in the past Willen at home provide an excellent service and this should continue by being fully funded by the NHS
Milton Keynes	CHS	MHS	Service User	Carer	Hospitals are under stress and do there best but other assistance is needed as given by a hospice which is imperative
Milton Keynes	CHS				Healthcare user Improved clarity about who carries out roles in the many services that already exist.
Milton Keynes	CHS				Financial supporter Better/more support at home -in person and via visual services.
Milton Keynes	CHS		Service User		Early hospice involvement prevents crisis, reduces strain on hospital A&E services
Milton Keynes	CHS	MHS		Carer	Support from people who actually care and want to help not minimum wage people who dont care
Milton Keynes	CHS		Service User		Easier access to help in a timely manner
Milton Keynes	CHS				Someone whose partner was in palliative care at home Hard to say. Is it a continuing health issue, or one which needs a diagnosis after initial treatment of immediate symptoms?
Milton Keynes	CHS			Carer	It would be good to have direct access to the cancer centre instead of going to a&e, then to be admitted onto an assessment ward to the best moved yo the cancer unit. My son has had some really bad experiences with MKUH once he gets to the correct ward the care is fantastic.
Milton Keynes	CHS			Carer	Not easy to get help
Milton Keynes	CHS				Local resident To provide care at home or in a care home
Milton Keynes	CHS				Concerned member of the public Easy access to information. Having the correct support at home/in the community to help alleviate the pressure on a&e
Milton Keynes	CHS			Carer	When someone's condition suddenly worsens, Willen can provide urgent, same-day home visits. Without this, most patients would end up in A&E – at far greater cost to the NHS. The Hospice-run Palliative Care Community Hub gives families 24/7 access to advice and support, ensuring people get the right help quickly, without having to turn to hospital services.
Milton Keynes	CHS	MHS			My brother and father used the service before they passed Designated emergency facilities which are appropriate for the issue. Current A&E is one size fits all.
Milton Keynes	CHS		Service User		Most people would prefer to be at home for palliative care - but hospice admission needs to be available quickly when necessary.

Local authority	Service area	Respondent type - select all that apply.			What kind of support or services would help people feel safe and cared for during a health crisis?
Milton Keynes	CHS			Workforce	When someone's condition suddenly worsens, Willen at Home can provide same-day home visits. Without this, a lot of patients would end up in A&E - at far greater cost to the NHS. The hospice run palliative care community hub gives families access to advice and support, without having to turn to hospital services.
Milton Keynes	CHS			Workforce	People just need to be able to reach an expert in a short amount of time, whether that's on the phone or in person. Funding. Clearer explanation of other services available, more national campaigns.
Milton Keynes	CHS		Service User	Carer	Fair funding for Willen Hospice
Milton Keynes	CHS			Carer	Willen Hospice desperately needs NHS funding to help with at-home end of life care, they currently receive no funding for this vital service, whereas Bedford and Luton do. Please please help support the hospice. Terminally ill people and their families need this service.
Milton Keynes	CHS		Service User		I attend Willen Hospice. They take excellent care
Milton Keynes	CHS			Carer	Advice from single contact person
Milton Keynes	CHS	MHS	Service User	Carer	Milton Keynes Willen Hospice does an excellent job and needs funding.
Milton Keynes	CHS	MHS		Workforce	Willen Hospice is a perfect example of how urgent care within end of life can be delivered quickly and effectively, freeing beds in A&E. However, Willen Hospice should not be reliant on the generosity of the community to be able to provide this vital service.
Milton Keynes	CHS		Service User		Enorlarge A&E including GPs. Pay for local Taxi service to take people to A&E more quickly.
Milton Keynes	CHS				I support my local Willen Hospice and the work that it does throughout Milton Keynes When someone's condition suddenly worsens, Willen can provide urgent, same-day home visits. Without this, most patients would end up in A&E – at far greater cost to the NHS. The Hospice-run Palliative Care Community Hub gives families 24/7 access to advice and support, ensuring people get the right help quickly, without having to turn to hospital services.
Milton Keynes	CHS			Funding for Local Key Care Service	Care at home is very important, both for patients and relatives, and with onward care towards end of life support, also crucial, also for families as well,as patients
Milton Keynes	CHS			Carer for a deceased user	Some sort of home service/info provider via local surgery could reduce reliance on A&E which is currently the only source of advice
Milton Keynes	CHS	MHS		Workforce	When someone's condition suddenly worsens, Willen Hospice can provide urgent, same-day home visits. Without this, most patients would end up in A&E – at far greater cost to the NHS. •The Hospice-run Palliative Care Community Hub gives families 24/7 access to advice and support, ensuring people get the right help quickly, without having to turn to hospital services.
Milton Keynes	CHS			Carer	My wife received an urgent care visit from an emergency response nurse, part of the community service that is based at Bletchley. It was arranged via the GP practice who I had contacted requesting a home visit; the response was extremely rapid and the outcome effective,
Milton Keynes	CHS		Service User	Carer	The Willen hub provides 24 hour access to help and resources for MK but this is again at risk through being poorly funded by the ICB. This should be funded so that when at the end of life those being cared for in the community can access help and advice when needed, avoiding delays and reliance on service that have restricted access such as GPs .

Local authority	Service area	Respondent type - select all that apply.			What kind of support or services would help people feel safe and cared for during a health crisis?
Milton Keynes	CHS	MHS			Someone who has supported friends and family using services Willen Hospice can provide urgent care meaning they don't need to go to urgent care - saving the NHS money.
Milton Keynes	CHS			Carer	My wife was diagnosed in April and between Christmas and New Year she was being cared for at home but had a crisis as the cancer progressed. At that time she was being provided with support at home by Willen Hospice. After contacting the hospice they had my wife admitted and arranged for an MRI scan at the hospital and coordinated with the cancer hospital in Oxford where she was given an emergency operation. Whilst this involved incredible support from many teams the hospice took the lead and pressure of me at a terrible time. This was brilliant crisis support. I would also like to mention NHS 111 who I called during a crisis earlier in the disease before the hospice was involved. Although my wife was fluent in English they thought it may be helpful for her to speak to someone in Cantonese to possibly get a more relaxed response. Again brilliant crisis support. On a negative side we attended A&E during a bad time. After waiting a few hours nothing was found to be wrong and my wife was discharged. She then collapsed in the car park of the hospital on the way home and was made to re-join the queue system for hours before being seen again and admitted to the hospital. Being treated as a statistic at a time of crisis was not pleasant
Milton Keynes	CHS			Carer	Care at home should be available for people who need it. Recently the same MND patient had a bad fall at home and the Ambulance and paramedics did a fabulous job of stitching a bad wound at home, as going to hospital was going to be very difficult for the patient. The Paramedics said a district nurse should be arranged to check up on the wound. The following aftercare was not at its best. As the patient is totally disabled, a district nurse home visit to check the wound would have been perfect, but NO! We had to phone the GP and battle for care. A very difficult process to get to the practice to see a nurse ensued. And to make matters worse the same journey is having to be done to have the stitches removed. This is all very distressing. Care is not joined up.
Milton Keynes	CHS	MHS	Service User		Visits to home for care definitely. More external resources. Its hard to know what best to do even with 111 and A&E - I think we need another option. People tend to overwhelm a&e as they also cant get a normal doctors appointment
Milton Keynes	CHS	MHS	Service User		Yes a hospital like place with the same help as a&e for long term problems and illnesses would be a huge game changer it would lessen the foot traffic in a&e, diabetics, cancer patients, chronic illness flare ups patients that deal with sickness regularly have extra stress in hospital spaces that's doesn't help!
Milton Keynes	CHS		Service User		Crisis support could be given by a central service signposting people to an emergency care facility outside of A&E that is both community based and fully funded
Milton Keynes	CHS			Carer	Help to have care at home.
Milton Keynes	CHS			Carer	Care in the Home is preferable to spending time in hospital, but it needs to be timely. This isn't feasible by going via GP at present as advice is usually go to A&E. Use latest remote monitoring but also 1 to 1 in person on a regular basis.
Milton Keynes	CHS				Concerned resident Milton Keynes has one Hospice that cares for the whole population and needs funding to put it on equal standing with Beds and Luton.
Milton Keynes	CHS				Aware of challenges to services Willen can provide exceptional care if funded correctly
Milton Keynes	CHS			Carer	Enable patients to stay at home as still use the services, I had never heard of the virtual ward but it was amazing.
Milton Keynes	CHS		Service User		Hospital level care from charities
Milton Keynes	CHS				I used the services for a family member Monitoring and help with care in the home when hospitalisation is not available

Local authority	Service area	Respondent type - select all that apply.			What kind of support or services would help people feel safe and cared for during a health crisis?
Milton Keynes	CHS			Potential user and neighbour	There is an assumption that someone will always have family to look after them and be able to navigate the system.
Milton Keynes	CHS	MHS	Service User	Volunteer	Finding the right information for what is available
Milton Keynes	CHS	MHS		Family waiting for care package assessment place for 2 parents.	More NHS care homes are needed. When I was young they had convalescence homes where you went to to recover. You didn't need nursing care but physical care while you got better. There was one up Aspley Heath in the woods, beautiful grounds to heal and get better.
Milton Keynes	CHS			A resident	Willen can provide urgent, same-day home visits. Without this, most patients would end up in A&E – at far greater cost to the NHS. The Hospice-run Palliative Care Community Hub gives families 24/7 access to advice and support, ensuring people get the right help quickly, without having to turn to hospital services.
Milton Keynes	CHS			Supporter of Willen Hospice	Clear explanation of what is available and how to access would be required to make this work as potentially could increase risks to health if the public do not know where to go. Clear pathways must be readily available
Milton Keynes	CHS		Carer		· When someone's condition suddenly worsens, Willen can provide urgent, same-day home visits. Without this, most patients would end up in A&E – at far greater cost to the NHS. · The Hospice-run Palliative Care Community Hub gives families 24/7 access to advice and support, ensuring people get the right help quickly, without having to turn to hospital services.
Milton Keynes	CHS			Volunteer	Care at home should be offered to release stress from hospitals Also gives comfort to patients who are near end of life to be comfortable in own surroundings.
Milton Keynes	CHS		Service User		Make it possible to get a GP appointment and get care as a first option. It is impossible to see a doctor A proper pharmacy care service that can provide advice and more services over the counter.
Milton Keynes	CHS	MHS		Husband an son had end of life care from Willen Hospice. Also I work with patients who use mental health services	Virtual ward care can be good to avoid admission that may not be in patients best interests despite need for level of monitoring. Its not always easy to find right information and patients feel pushed from pillar to post when needing help/support/advice Crisis support would look like same day support and signposting on where applicable.
Milton Keynes	CHS		Carer		Care provided at home to avoid having to go to hospital.
Milton Keynes	CHS	MHS	Service User	Carer	A GP service that that can respond effectively to its patients' needs. Ability to access a GP within a reasonable timeframe.

Local authority	Service area	Respondent type - select all that apply.			What kind of support or services would help people feel safe and cared for during a health crisis?
Milton Keynes	CHS				A longtime resident and friend of people who used local services Willen Hospice and MacMillan have been helpful to those I know in palliative care and helping avoid A&E and be cared for at home or in a sympathetic environment
Milton Keynes	CHS	MHS			A resident of MK who has had friends looked after there Easy and accessible information that normal people can understand. When you are worried and stressed you need calm
Milton Keynes	CHS		Carer		Care at home especially end of life care is very important
Milton Keynes	CHS		Carer		Being able to speak to someone qualified, face to face. Even if online, is important. If pharmacists could advise on more health issues for adults. For those end of life. Being given time, attention. privacy and to be treated with dignity and respect. I experienced poor communication between hospitals and it was hard to deal with on top of caring for my person at the end of their life. Kindness is key.
Milton Keynes	CHS	MHS	Carer		I think there should be a community hospital that deals with elderly who need assessing but not go to A and E where it's a long wait and not adequate staff to evaluate the need correctly
Milton Keynes	CHS	MHS	Carer		A&E is not the best option for terminally ill, or significantly ill people. The advice is given by the care teams to go and the waits can cause more exhaustion and discomfort. An appointment system for out of hours could help with this, as could dedicated spaces for the more seriously ill patients to wait in a safe, comfortable environment away from inebriated, rowdy or unsafe people.
Milton Keynes	CHS				Someone who supports local hospice care Good crisis support is full funding for ALL hospices.
Milton Keynes	CHS				Concerned resident re end of life care Care at home of in a hospice - funded by NHS, not dependent on charity
Milton Keynes	CHS	Service User	Carer	Workforce	Willen hospice provides care at home and can respond quickly in a crisis avoiding the need for people to access A&E, reducing costs to NHS and providing support and information to families.
Milton Keynes	CHS				A family member who has used the service in the past Care at home is vital and saves a huge amount of hospital visits
Milton Keynes	CHS		Carer		Palliative care and end of life patients having 24/7 support available.
Milton Keynes	CHS	Service User	Carer		Getting the right support in terms of being told what is happening to you and the care to be given and available as sometimes you don't get clear answers

Local authority	Service area	Respondent type - select all that apply.				What kind of support or services would help people feel safe and cared for during a health crisis?
Milton Keynes	CHS				Widow of someone who benefited from hospice care, at home.	One Contact to organise a that's needed and make it easier to access the right care at the right time.
Milton Keynes	CHS		Service User	Carer		Care at home - Willen is great for those needing end of life support at home and helping people know when A and E is needed. Similar support does not seem to exist for those with debilitating long term needs such as Parkinson's - or if it does exist it's not well advertised or funded
Milton Keynes	CHS			Carer		The Willen at home hospice service should be wider promulgated as it was perfect for my mothers care It should be paid for by the NHS in Milton Keynes as it is in Luton and Bedfordshire
Milton Keynes	CHS				A local resident who supports neighbours and family and expect to need services in the future	As above. Full funding for the hospice and it's urgent care provision.
Milton Keynes	CHS			Carer		Longer gp hours, 7 days a week
Milton Keynes	CHS			Carer		Home care
Milton Keynes	CHS		Service User		Workforce	Milton Keynes deserves fair funding for hospice care and local support.
Milton Keynes	CHS	MHS			I volunteer on community health services	Care at home should be a fundamental right
Milton Keynes	CHS				A previous user of service	A caring quiet environment with high level support available within building
Milton Keynes	CHS			Carer		Urgent community response service
Milton Keynes	CHS			Carer		· When someone's condition suddenly worsens, Willen can provide urgent, same-day home visits. Without this, most patients would end up in A&E – at far greater cost to the NHS. · The Hospice-run Palliative Care Community Hub gives families 24/7 access to advice and support, ensuring people get the right help quickly, without having to turn to hospital services.
Milton Keynes	CHS				Concerned about services, not being equal across the area	Health care professionals giving clear guidance as to what us available and how it can be accessed. Home based care helps to save disruption and discomfort to patients and is probably cheaper than constant hospital admissions, call outs to ambulance service and paramedics.

Local authority	Service area	Respondent type - select all that apply.			What kind of support or services would help people feel safe and cared for during a health crisis?
Milton Keynes	CHS				Disabled person who will need community care in the future The health system has become unwieldy and anonymous with the merger of many GP practices, large companies taking over services that are managed from outside the local area, who have no local knowledge, with a 'one size fits all' mentality. This results in the current fractured services with little or no meaningful communication or support for patients, many of whom then end up in crisis. There should be hubs with the same regular medical and support staff who get to know their patients, offering a range of medically qualified visiting therapy specialities. There needs to be consistency, good communication and a reduction in the many layers of outside 'assessment' now required for a GP referral to a specialism, testing or hospital referral. The money saved by cutting out these many expensive layers of assessment would be better spent on qualified therapists working in GP hubs so patients did not reach crisis point. There should be palliative community care hubs giving patients and families 24/7 access to support without having to go to hospital, which is inappropriate and expensive.
Milton Keynes	CHS	MHS			a resident of Milton Keynes Care could be provided using a universal model at home, in a care home or hospice. All points of contact for users or carers should have information regarding how to access care.
Milton Keynes	CHS				Volunteer A&E not appropriate for end of live care. Need specialist palliative care.
Milton Keynes	CHS		Service User	Carer	It would help to have care provided at home or in a care home, where hospital-level care is given outside of hospital
Milton Keynes	CHS				I have had home care for both my parents Help at home team, District nurses
Milton Keynes	CHS				My wife had end of life care Prompt treatment where the patient wants it with a seamless transition between care that can be delivered at home and care that needs a specific setting. Definitely not in a hospital. MK hospital is terrific but cannot offer the compassionate shown in a hospice
Milton Keynes	CHS			Carer	When someone's condition suddenly worsens, Willen can provide urgent, same-day home visits. Without this, most patients would end up in A&E – at far greater cost to the NHS. · The Hospice-run Palliative Care Community Hub gives families 24/7 access to advice and support, ensuring people get the right help quickly, without having to turn to hospital services.
Milton Keynes	CHS				whose close relative used these services at their end of Easy to find information and people available to help families decide the best situation and support for their loved ones in their end of life position.
Milton Keynes	CHS	MHS			who needs mental health help, but finds it hard to Good funding and good contacts .
Milton Keynes	CHS	MHS		Carer	We are now extremely lucky to be under the amazing umbrella of Willen Hospice. They have saved me from utter despair and we need more amazing places like Willen.
Milton Keynes	CHS				MKCC Councillor End of life support by hospice
Milton Keynes	CHS			Carer	Hospice provided at-home care. Fall or other emergency call-out

Local authority	Service area	Respondent type - select all that apply.			What kind of support or services would help people feel safe and cared for during a health crisis?
Milton Keynes	CHS				A person getting older who doesn't want Willen Hospice to have to close. I would not know how to access help
Milton Keynes	CHS	MHS			Resident who might need the services in the future Ability to be cared for at home
Milton Keynes	CHS			Carer	As prev
Milton Keynes	CHS	MHS		Carer	Home care checks. A call advice service that actually helps, 111 takes too long and more than not they just refer you to a&e anyway
Milton Keynes	CHS			Service User	Video appointments for urgent care could reduce the pressure on A&E
Milton Keynes	CHS			Service User	Good crisis support is essential and to be effective it is imperative that we can go via our GP so as to ensure that they can progress knowing our health situations.
Milton Keynes	CHS	MHS			A family member of someone who uses these services elsewhere and is aware of need. A&E for elderly patients needs greater thought, the wait can cause further trauma. Follow up care at home would be valuable.
Milton Keynes	CHS				I have lost friends and family to cancer and also have it myself 24/7 help
Milton Keynes	CHS				As someone who may need the service in the future A service and a system that responds immediately in a crisis, giving you the right pathway of those to contact when in poor health. Healthcare in the home monitored by a good health team would, I consider, aid the patient to getting well again sooner than be in a hospital environment.
Milton Keynes	CHS			Service User	The challenge with urgent care is often diagnosis. GP appointments are difficult access, so you only option is a&e . If you use GPS are the entry gate then it needs to be easier to access, 111 is good but limited in experience. So why not offer centralised GP phone appointments? I have used this vi's medical insurance and it works well with online appointment booking
Milton Keynes	CHS			Carer	Care and support at home

Local authority	Service area	Respondent type - select all that apply.				What kind of support or services would help people feel safe and cared for during a health crisis?
Milton Keynes	CHS					A family member of someone who has used Willen Hospices Home Care services More home care availability
Milton Keynes	CHS					Used services previously Care at home where possible
Milton Keynes	CHS	MHS				Late husbands hospice at home care Given choices one doesn't suit all
Milton Keynes	CHS					I'm responding to a request from Willen hospice I'm not qualified to decide where best to go if I'm ill. Surely this should be determined by a GP.
Milton Keynes	CHS					Someone who had experience of using the services to care for someone else More support staff, including nursing and doctor staff required in A&E department. The staff are ridiculously overworked.
Milton Keynes	CHS					Retired NHS staff 24 hours hotline available for advice
Milton Keynes	CHS			Carer		care at home especially for the elderly ,
Milton Keynes	CHS					Someone who witnesses the impact of insufficient care being available on those at end of life Willen Hospice could provide even greater hospice care if they would receive fair funding from the NHS.

Local authority	Service area	Respondent type - select all that apply.			What kind of support or services would help people feel safe and cared for during a health crisis?
Milton Keynes	CHS				live in the area and want to ensure this area gets access to services Access to urgent home visits. Access to advice and support locally. Willen hospice is brilliant at providing this.
Milton Keynes	CHS	MHS			I have known many people over the years that have used these services The services provided to people and their families provide the support that it would be hard for A&E to manage
Milton Keynes	CHS			Carer	People in MK deserve the same access to hospice care as people in Bedfordshire and Luton.
Milton Keynes	CHS			Carer	For most people support at home is always welcome as a first port of call. People feel safe at home. Good crisis support should be done by well trained, compassionate people that get on with the job at hand readily.
Milton Keynes	CHS			Carer	Provide funding for Willen Hospice to provide at home services when those nearing the end of their lives experience a crisis.
Milton Keynes	CHS		Service User		When someone's condition suddenly worsens, Willen can provide urgent, same-day home visits. Without this, most patients would end up in A&E – at far greater cost to the NHS. - The Hospice-run Palliative Care Community Hub gives families 24/7 access to advice and support, ensuring people get the right help quickly, without having to turn to hospital services.
Milton Keynes	CHS				potential palliative care for myself Having a personal alarm. Having Willen Hospice at home support
Milton Keynes	CHS		Service User		Willen Hospice.
Milton Keynes	CHS			Carer	Good support is Willen Hospice Nurses & Doctors
Milton Keynes	CHS			Carer	What other types of support would you like to see?
Milton Keynes	CHS			Carer	Care in the home by dedicated team
Milton Keynes	CHS				care about funding for Willen Hospice care provided in home through regular visits
Milton Keynes	CHS				Partner of terminal patient who used Willen at home service Unfortunately A&E was very busy when my wife attended with pneumonitis. She was sent home undiagnosed. Night availability of cancer nurses/ doctors in the hospital would have saved a lot of pain and worry.
Milton Keynes	CHS			Carer	Continuity of care
Milton Keynes	CHS			Carer	The support that Willen Hospice offers
Milton Keynes	CHS			Carer	Care at home is preferable as long as it's safe for that person to remain at home. More people are required to facilitate this

Local authority	Service area	Respondent type - select all that apply.			What kind of support or services would help people feel safe and cared for during a health crisis?
Milton Keynes	CHS		Carer		There should be one point of contact at all times, relatives shouldn't have to chase around (especially at weekends) to find someone to help. Willen hospice are brilliant, they need the same funding as other areas it's simply not fair on people in MK that they lose out.
Milton Keynes	CHS	MHS	Carer		· People in MK deserve the same access to hospice care as people in Bedfordshire and Luton.
Milton Keynes	CHS	MHS	Carer		Difficult to get support needed via gp thus end up as in-patient with 2 admissions this year
Milton Keynes	CHS		Service User		Willen hospice at home saves hours of A and E staff time. Without their service A and E would be only port of call when a patient worsens suddenly?
Milton Keynes	CHS			Former trustee of Willen	Care of dying at home - Willen at Home -adequate recurrent funding would prevent unnecessary hospital admissions. Willen Hub triages to ensure appropriate care and again prevent inappropriate hospital admissions
Milton Keynes	CHS		Carer	Workforce	Good support is getting the help as soon as possible, with GPs appointments impossible to get we need more care at home services and for places like Willen at home to that is already an up and running service to get more support and funding to ease the end of life element of this care crisis. Teams like will sign post you to other care across the community When someone's condition suddenly worsens, Willen can provide urgent, same-day home visits. Without this, most patients would end up in A&E – at far greater cost to the NHS. They have a 24h help line to get support wen you need it taking away urgent need to be taken to A&E saving the NHS money
Milton Keynes	CHS			Workforce	Willen at Home gives people in MK a single, specialist point of contact at the end of life. Without NHS funding to continue this service, patients will face confusion, delays and unnecessary hospital admissions.
Milton Keynes	CHS			Workforce	Willen are able to provide urgent home visits to patients where their symptoms suddenly change. This means far less unnecessary A&E visits for those patients which saves the NHS money. The Hub at Willen also provides families 24/7 advice and support.
Milton Keynes	CHS			Workforce	a local 24/7 helpline like the one provided by Willen Hospice. This stops people needing to call 111 or 999 avoiding hospital admissions.
Milton Keynes	CHS			Workforce	There needs to be better funding for the Milton Keynes palliative care service to provide enhanced care for not only the community of Milton Keynes but the community of Bedfordshire and Luton - which is who we also provide care for when the teams in Luton and Bedfordshire are unable to cope with the demand for their services. And they receive better funding.
Milton Keynes	CHS			Workforce	Charity-Willen Hospice When someone's condition suddenly worsens, Willen can provide urgent, same-day home visits. Without this, most patients would end up in A&E – at far greater cost to the NHS. The Hospice-run Palliative Care Community Hub gives families 24/7 access to advice and support, ensuring people get the right help quickly, without having to turn to hospital services
Milton Keynes	CHS		Service User		Hospice at Home in MK
Milton Keynes	CHS		Service User	Carer	Same day home visits, telephone or online assistance from a real human who knows what they are talking about
Milton Keynes	CHS			Workforce	· When someone's condition suddenly worsens, Willen can provide urgent, same-day home visits. Without this, most patients would end up in A&E – at far greater cost to the NHS. · The Hospice-run Palliative Care Community Hub gives families 24/7 access to advice and support, ensuring people get the right help quickly, without having to turn to hospital services.
Milton Keynes	CHS	MHS		Workforce	easy, rapid access to effective help is essential - currently, there are limited options for people who are not already 'in the system'. NHS111, Urgent care, and A&E are the places I would seek help, but none of these are effective and it's confusing. I don't want to waste anyone's time by going to the wrong place, but how do I know where I should go? A (highly responsive) single point of access for urgent care to signpost me would be a good start.
Milton Keynes	CHS	MHS		Workforce	Current crisis support is inadequate with unclear information on who to contact for what. It can be difficult to know who to contact in a crisis as this is not always easily found, older adults are not always able to navigate websites yet are expected to complete online forms to access services such as sameday GP appointments, and lengthy hold times for health services can be frustrating when people are feeling unwell. Support needs to be timely and equitable for all.

Local authority	Service area	Respondent type - select all that apply.				What kind of support or services would help people feel safe and cared for during a health crisis?
Milton Keynes	CHS	MHS			Professional who refers to community services/who se patients use community services	Emergency care available at home, to prevent unnecessary admissions someone to coordinate all the needs apparent in the crisis ie patient care, carer support, specialist support form the relevant community team, access to medications 24hrs a day from community pharmacies
Milton Keynes	CHS				member of public	Willen Hospice provide a 24 hour phone line for people with a palliative condition but it's not part of the NHS and is paid for by people in Milton Keynes who fundraise to keep the hospice going because it's so poorly funded by the ICB. I don't think this is the same in neighbouring counties. How is this fair? it's a brilliant service that I know many people have benefited from and I hate to think what that will mean for people in a crisis if Willen have to stop providing it because they can't afford to. It should be funded fairly.
Milton Keynes	CHS	MHS	Service User			A fully functioning walking in clinic (not the Urgent Care system that is in operation at MKUH - not fit for purpose as its a GP practice overflow) for minor injuries (cuts, sprains etc) to free up A&E. Phlebotomy and minor injuries can also be accommodated in this clinic.
Milton Keynes	CHS	MHS		Carer		Single point of contact. Quick response largely someone to talk too will solve most of the urgency. Then the correct signposting to help
Milton Keynes	CHS	MHS		Carer		Anything. There is nothing at present without excessive waiting times.
Milton Keynes	CHS	MHS			Workforce	virtual ward urgent access to support not at a&e SLT have a triage system so can see urgent referrals within 2-10 working days.
Milton Keynes	CHS		Service User			Crisis support in own home 24/7. Easy to access support, easy to understand. GP involvement
Milton Keynes	CHS	MHS			Have been a long-term previous client.	Yes, I feel a care-home environment gives a level of containment and comfort that an appointment with a health or social care provider can't complete with.
Milton Keynes	CHS				Workforce	Patients are not clear how to access community based urgent care. Good crisis support means having a responsive service (which maintains its expected times) of an MDT to address medical and therapy needs quickly and keep the person at home.
Milton Keynes	CHS	MHS			Carer unpaid	Any
Milton Keynes	CHS	MHS	Service User	Carer	Workforce	Im not sure that I have experienced the virtual wards giving the same level of care as inpt. Acute services and in-pt care is getting worse and I fear for those who are admitted to MKUH. Bridging care and frailty team helpful however from personal experience, this was not well advertised and came upon the service by luck. Too many community teams to decipher between. Mental health services appear to be so oversaturated and unable to provide support unless real crisis. Virtual webinars appear to be useless. Good crisis support would be well coordinated and timely. Medical, care and social needs to be considered.
Milton Keynes	CHS			Carer		Finding the right information when you need help is critical
Milton Keynes	CHS				Workforce	An Enhanced Access service/ Acute Hub using a triage service where you will have access to a phone call request or a F2F appointment depending on the triage outcome. Our Acute hub has GP, Nurse specialist and Paramedic available for F2F.
Milton Keynes	CHS			Carer		We have used the virtual ward which was amazing - allowed care at home with support. We are currently on palliative are and Willen are brilliant - however there are almost too many services with single points of contacts which makes it confusing who to contact when. Would be excellent to go back to one person.
Milton Keynes	CHS			Carer		The idea of virtual care is worrying unless your situation fits what the computer has been programmed for. Need to speak to a human being.
Milton Keynes	CHS				over 80	Ideally one should request one's doctor to call and they would make specific arrangements Is there no longer a district nurse service?
Milton Keynes	CHS		Service User			Information advising who to contact.

Local authority	Service area	Respondent type - select all that apply.			What kind of support or services would help people feel safe and cared for during a health crisis?
Milton Keynes	CHS	MHS	Service User	Carer	An autistic adult with sensory and hearing needs, a non-driver with transport barriers, and a local resident who may use these services. When a health problem flares up, people need fast, calm and coordinated help as close to home as possible. A strengthened urgent community response in Milton Keynes that can assess within two hours, with options like virtual wards, short stays in community beds, and same-day home visits, would keep many of us out of A&E safely. In Stantonbury this could be supported by local hubs using existing venues for urgent same-day clinics where appropriate, with quiet waiting options, better acoustics, and hearing support available. Clear written crisis plans and fridge summaries should be given to patients and carers so everyone knows who to call, what to watch for, and when to escalate. Access routes must be simple and visible. A single urgent coordination number and an online and text option should be able to book same-day community slots, liaise with Purbeck Health Centre, the local pharmacy and dentist where relevant, and arrange practical help like equipment delivery, dressings, oxygen monitoring or IV therapy at home when clinically safe. Because I have hearing and sensory needs and do not drive, it helps to have text or email as standard, written follow-ups after calls, quieter spaces for assessment, and practical transport support for non-drivers. Good crisis support means I can reach one place, get a rapid response, choose a communication channel that works for me, and be seen locally in a familiar setting without repeating my story. It also means warm handovers between teams, clear timeframes for call-backs, and next steps booked before discharge. If hospital is needed, the pathway should be clearly explained in writing, with follow-up within 24 to 48 hours after the crisis contact.
Milton Keynes	CHS	MHS		Carer	Being able to see and/or talk to a GP. Our most vulnerable want to see someone face-to-face and deal with those who know their medical history.
Milton Keynes	CHS			Workforce	single point of access / care co-ordination
Milton Keynes	CHS	MHS	Service User	Carer	A struggling human Any help
Milton Keynes	CHS		Service User		I use the veterans mental health services in times of crisis, I find them alot easier to contact and communicate with
Milton Keynes	CHS	MHS	Service User		A parent of someone failed by the mental health team Easier access to hearing aid accessory supplies (e.g. tubes and domes)
Milton Keynes	CHS				Public Visits, wellbeing staff, advocacy

Appendix 4 - Community Health Services Q5.6 What do you think would make it easier for people to access the care and support they need?

Local authority	Service Area	Respondent Group				What do you think would make it easier for people to access the care and support they need?
Bedford Borough	CHS		Carer			People should have a service to provide information on potential health queries. Often it would only take a phone call to alleviate a persons worries.
Bedford Borough	CHS	Service User				all information, leaflets, letters, website to be BSL translated. access to interpreters anytime they are needed. Staff to have deaf awareness training and to actually care about deaf community.
Bedford Borough	CHS	Service User				no information is in BSL in a place that we can find easily. Can you have a website for Bedfordshire deaf community with all info in BSL? Exatly the same as for hearing people please. Deaf community look after ourselves. Support from Deaf Access Bedfordshire to get interpreters to understand what you are tealling us and to access appointments. They help us with fitness classes and we walk. If staff can communicate with us in BSL, that helps, and if they make it personal to meet my level of understanding, not just 'doctor speak. We mainly need our right to an interpreter and equal access to information to be met, and not to have to fight and beg for services.
Bedford Borough	CHS	MHS	Carer			This is a joke in Bedford.
Bedford Borough	CHS	MHS	Carer			The NHS is a sickness service. We need far more preventative approaches to keep people healthy,out of A and E departments. This should with children at school where they may be receptive to health education as part of primary and secondary curricula.
Bedford Borough	CHS		Carer			We value the ongoing support from the palliative team - please keep this going and continue to invest in it. Communication from hospital has sometimes been poor and it would help to be much clearer about diagnosis and treatment and what medications are for. Improved access to physiotherapy at hospital and at home helps to reduce falls risks. More professional curiosity about home environments and support to improve the safety and accessibility of homes would also help. Support to maintain other medical appointments whilst someone is in hospital would be welcome too. Ultimately for people who have ongoing conditions, better care coordination as a whole would be extremely valuable, and a care coordinator could also operate on a strengths based approach, with access to social prescribing and other services to help people live well and stay well.
Bedford Borough	CHS		Carer			Irrelevant to have been offered "help" sooner. It was needed at the time.
Bedford Borough	CHS		Carer	Workforce		Preventative support! the public has lost confidence in health care so helping them to get to a place where they know how to navigate things would support this. What would encourage people to get the help they need earlier? Thats an interesting question as in my experience and those i care for including family and friends, they do not feel the help is there for them in the first place. From a patients' perspective, the ball just gets kicked further and further down the road leaving the patient in a much worst condition than they were. knowing they have limited access to hospital care which has a years wait has not helped patients' confidence in healthcare.
Bedford Borough	CHS	MHS	Service User			Education, access to tools to stay well, relevant personalised support, financial ability to stay well, confidence that the support will be there when required (as it currently is not). People will not access any support if they are constantly refused help, word gets around, and therefore people no longer bother even trying any longer. One specific example is the Community Podiatry service. I know of many diabetic people who have been SPECIFICALLY TOLD by the diabetic nurse and specialist GP to have their toenails cut ONLY BY THE PODIATRY team, and NOT TO DO IT THEMSELVES. Still, the podiatry service refuses to trim toenails and tells us to go private. When people cannot afford £45 for a private podiatry appointment, they do it themselves and therefore risk damage to their feet and potentially more expense in the long term
Bedford Borough	CHS		Service User			By getting closer to his the authorities
Bedford Borough	CHS	MHS	Carer			a good balance between digital support and human support for some people. Digital in that it may be better accessible 24/7 at the person convenience but actual human interaction and contact.
Bedford Borough	CHS		Carer			As a carer, I think it really helps when professionals get insight into my strengths and setbacks, as well as the health, strengths and what matters when it comes to those I care for. I would be encouraged to get help earlier if I knew there were more community services that could help with certain aspects of care.
Bedford Borough	CHS	MHS	Carer			When accessing diabetes services (might apply in some other medical contexts too?) it should be expected that the life partner of the patient will also attend training and appointments ... too much of what was offered to my husband in the early stages was wasted because he did not have the background knowledge or medical confidence to take in what he was told and he was always unable to recall what he had been told and habits die hard! . ;(from one ADAM course the take home papers were only about what not to do,,. Not good habits. Eg he thought what he ate was merely about what he ate at meals, and that snacks in between were irrelevant.... When someone lives with someone else, you generally eat the same meals and so the other person needs to be aware of that persons nutritional and other medical needs in order for the patient to benefit from the advice.
Bedford Borough	CHS	MHS			I used community health services in the past	Good information and advice, proactively given in an appropriate form for the patient across sectors, plus where needed folow up yo ensure understanding and compliance.

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Bedford Borough	CHS	MHS	Service User	Carer			Gp walk in nhs 111
Bedford Borough	CHS		Service User				Access for a doctor's appointments is still difficult to achieve. Again, only achievable on the surgery's website. And even then you might get a telephone appointment at some point in the week, not the same day or the next day a face to face appointment.
Bedford Borough	CHS	MHS				As resident	Motivation, encouragement, reward and follow-ups will motivate people to continue with programmes
Bedford Borough	CHS		Service User				It would be great to be treated as a whole person not just your current problem.
Bedford Borough	CHS		Service User				GPs who would explain diet and exercise and not just offer pills.
Bedford Borough	CHS	MHS				previous user	Living better longer type of initiatives are good but only for people who are already taking positive steps themselves. GPs not referring early enough, they don't have time for proper diagnosis or holistic look at patients problems
Bedford Borough	CHS		Service User	Carer			People would be encouraged to get help earlier if they could book appointments at a GP surgery. Mine and my family's experience is that there is no help whatsoever while waiting for care.
Bedford Borough	CHS	MHS	Service User				I think this service is pretty good - help is there if needed, though there is often a wait. Elderly people often wait until the last minute before seeking help.
Bedford Borough	CHS	MHS	Service User				Consistent information about care options and who to approach
Bedford Borough	CHS		Service User				Open access to advice
Bedford Borough	CHS		Service User	Carer			Wait times are unacceptable. There should not be the need for other support whilst waiting for mental health services. In bedford they have closed weller wing orchard secure unit has gone in Luton can and support workers have been cut management don't care apart from the money some mental illness can't be cured at best managed to a greater or lesser degree section 117 continuing after care should mean proper mental health support from can and support workers. There are do many timewasterd now.
Bedford Borough	CHS	MHS		Carer	Workforce		There is not enough easy access information for those who cannot navigate the Internet, or their GP website. Easy read information which will definitely help people who have a Learning Disability but will also help Neurodiverse, minorities English is not their first language. Holistic approach is not only important to the service user physical health, but mental health, family net work their experience, not soley focusing on one issue. I.e. GP appointment only 1 issue at a time, but without acknowledging the other biopsychosocial health issues, family issues you are not getting the total information to make the correct diagnosis. This also occurs in the acute service. They ignore what the patient/family members/hospital passport is saying, resulting in delays, patients deteriorating, becoming bedbound, contracting hospital infections etc. delaying discharge due to changes in circumstances. Culture and processes need to change. Knowing that you will be respected, listened to, not rushed, or made to feel you are wasting their time, would give people more confidence in seeking help. The possibility of being triaged by a caring person, who respects you, gives you eye contact face to face or over the phone. Prior to signposting to GP, mental health hospital app would be beneficial nevertheless not having to repeat yourself all other again 3 to 7 times. Empowering people with knowledge, not demanding, controlling or patronising, non-judgmental, non-bias support will increase seeking out support. This sadly needs time and the correct employees. While on the waiting list, contact details to discuss any changes in health mental and physical, possible pain management, positive behaviour management guidelines/support and reassurance that they will have support whilst on the list and will not be discharged as I have personally experienced as well as my son and husband (all different clinical needs)
Bedford Borough	CHS					Future user of services	A central point with easy access to help those who need help and don't rely on Tec not everyone are computer illiterate
Bedford Borough	CHS		Service User				Extra community nurses
Bedford Borough	CHS			Carer		Carer for my wife	Not being at the back of the queue and ending bias towards old age.
Bedford Borough	CHS	MHS			Workforce		Invitations to in person and online advice sessions when diagnosed to inform of relevant services and benefots
Bedford Borough	CHS	MHS				Someone who has tried to access services	People would benefit from education about self care, hygiene and infection control. Taking responsibility for their health and an understanding of the real cost of their behaviour. Health professionals ie clinicians time should be spent on direct health care/diagnosis and treatment and not wasted on non medical health matters. This is where allied professionals should be used effectively to manage non health matters and education to prevent a health issue arising. A whole scale audit of the expectations of the public on what they expect from nhs services would be helpful and to find out why self care fails.
Bedford Borough	CHS	MHS				Psychotherapist in private practice	Waiting lists need to be shorter and more accurate therapy that works needs to be available in the NHS.

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Bedford Borough	CHS	MHS	Service User			When my gp couldn't see me I was luckily referred to another surgery who referred me to the MSK team, that was April , today I got appointments for a course starting in September, also I found by chance that my gp surgery had a physio and I was able to refer myself. My gp did not tell ne this and dismissed my very debilitating condition as " only arthritis"	
Bedford Borough	CHS	MHS			I have recently been in hospital	Being able to contact the services and receive information over the telephone would help , and then being able to contact the right services as and when required, this would free up people having to stay in hospital.	
Bedford Borough	CHS	MHS	Service User	Carer	Partner and Resident and Carer	More preventative services should be available. Meet people where they are at - community events, festivals etc. to build relationships and raise awareness. Signpost people to other services they can use while waiting for long waiting lists - consider what they can do at home? Better information sharing on holistic approaches.	
Bedford Borough	CHS	MHS	Service User	Carer		Perform regular health checks, including tests and scans on ALL patients. Prevention rather than treatment.	
Bedford Borough	CHS		Service User	Carer	Workforce	Again, close Bedoc and walk in services in Putnoe down and use the money invest in lifestyle medicine.	
Bedford Borough	CHS				Physiotherapists	Follow ups in a timely manner after treatment ie medication review, blood tests , blood pressure and urine monitoring	
Bedford Borough	CHS				Workforce	Education on primary interventions crucial as not all patients require secondary interventions. The MiDoS app will help here. I think important for patient to see their strengths, as we all have some, and this could be a crucial part to recovery. This is part of DIALOG+ assessment. Getting help via appropriate primary care interventions can keep people well, along with education on appropriate exercise & nutrition which can not only support physical health, but also mental wellbeing. Isolation is also a problem and so ensuring there are reach out groups within the CMHT (like social inclusion at Florence Ball House) to ensure there a space for people to walk in. This should help gradually improve confidence over time but crucial patients are aware of this. Waiting lists are a huge problems and therefore directing people to primary interventions that can support immediately, whilst awaiting secondary care, is crucial.	
Central Bedfordshire	CHS					Hospice volunteer	If there was funding to enable hospices to offer palliative care to more people & support their families.
Central Bedfordshire	CHS	MHS	Service User	Carer			There is not enough support for people to understand the potential side effects, and the severity, of some treatments. this includes how long past treatment symptoms can occur. Awareness and understanding would help people to notice early signs of issues and obtain prompt support.
Central Bedfordshire	CHS			Carer			Annual health checks.
Central Bedfordshire	CHS				Volunteer for willen Hospice shop		Advice from nurses or GP involved.
Central Bedfordshire	CHS				Someone who cares about fair funding		Encouraging people to understand how to attempt to self care with support in the community.
Central Bedfordshire	CHS	MHS		Carer	friend of a user of Willen Hospice Recently		More local services would help , in Leighton Buzzard everything seems to involve transport to somewhere ele
Central Bedfordshire	CHS			Carer			I think you need better access to GP appointments so that people can actually manage their health properly
Central Bedfordshire	CHS	MHS	Service User				More advice on housing association / council housing waiting lists and autistic adults who will need a new home once their aging parent(s) has died.
Central Bedfordshire	CHS			Carer			the whole system is too slow, it needs a bloody good shake up
Central Bedfordshire	CHS	MHS	Service User				Peer support. Having a multi disciplinary approach as often multiple things impact each other
Central Bedfordshire	CHS	MHS		Carer			Proactive positive programs of care. If the support is put in in the early stages then increased need can be prevented but again people need to know where to go and what is available. Sending out emails is not the only way. More local promotion is needed.
Central Bedfordshire	CHS	MHS		Carer			easy access one stop shop
Central Bedfordshire	CHS		Service User				This can be a tricky one because as someone who has used eating as a way of coping with my mental health it lead me to massive weight gain and now papilledema and iih. But a big part of that weight gain is from my antidepressants making me very hungry. But I don't know what I couldn't done to prevent myself from getting to this point because I needed to fix my mental health
Central Bedfordshire	CHS	MHS			A Parish Council		There is no information in writing about care and support. it is all on-line. Elderly persons do not use on-line information. Pamphlets should be delivered through doctor's surgeries, to home where there are elderly person's living, particularly where they live on their own.
Central Bedfordshire	CHS				Workforce		Health education access to health service available...before it hits crisis point. Health eating..gym memberships. Diebieties prevention programs. Couch to 5k program.
Central Bedfordshire	CHS				Workforce		More focus on people looking after themselves would be good. We have noticed people's lifestyles are a lot less healthy and then they expect the NHS to fix their health issues that have then developed.

Appendix 4 - Community Health Services Q5.6 What do you think would make it easier for people to access the care and support they need?

Local authority	Service Area		Respondent Group			What do you think would make it easier for people to access the care and support they need?
Central Bedfordshire	CHS	MHS	Service User		Member of BCCHS People Participation	Those people able to look after themselves should take responsibility for taking care of themselves, within reason. The NHS is pro-active in providing: weight loss and pre-diabetic management, exercise via local leisure centres, nicotine patches etc. to help smokers to quit, alcohol consumption information etc. People that can, should take an active interest in their health and wellbeing. General Practitioner and Allied Health Care professionals should advertise / promote self help through signposting and information posters. Knowing that one's General Practitioner or Allied Health Care professional has referred you on to a self improvement program is an incentive. I have attended pulmonary rehabilitation classes and they were very beneficial, as I feel more confident in managing my condition. This support and face-to-face contact has enabled me to have my queries answered about my condition and what to do in a crisis. I have also been given a contact number, should I need medical advice. My concern, is for those people that are unable to access health care for themselves, for whatever reason. I would like a community drop-in hub where they can access health care to improve their health and wellbeing with guided support. Being valued, supported and cared for helps people stay well, combined with good health care and treatment. I think that whilst people are waiting for care or appointments the General Practitioner should provide on going support.
Central Bedfordshire	CHS				Workforce	Sign posting to correct services, informing patients of the criteria for the service to set expectations
Central Bedfordshire	CHS		Service User			More availability
Central Bedfordshire	CHS	MHS		Carer	Workforce	Starting with self care education from a young age. Changing the culture of our community, greater focus on prevention
Central Bedfordshire	CHS	MHS		Carer		my son is in desperate need of psychology services and has been advised that there is a 1 year waiting list. My son has lost much of his day care activity and the social worker has not been in any way proactive in mediating with the service provider.
Central Bedfordshire	CHS	MHS			Member of the public	Not enough information or government staff to support patients and carers with care and cover for carers relief
Central Bedfordshire	CHS	MHS			Public member	General check up by Gp to note deterioration and additional support
Central Bedfordshire	CHS		Service User			Early education about health both physical and mental at school might be a good place to start with classes on how to stay healthy from say 12 onwards, and how to help others, family and friends so that problems are seen earlier and perhaps the best place to obtain help if it is needed. Classes should not just be exercise classes as although that may be a good place to start for some ailments others cannot be dealt with or helped by 'going for a run' or joining a gym.
Central Bedfordshire	CHS	MHS	Service User			Help with diets and early intervention for diabetes and cancer
Central Bedfordshire	CHS		Service User			Yes
Luton	CHS		Service User	Carer		Food services
Luton	CHS		Service User			no BSL accessible information about how to stay healthy. NHS does not understand or care about deaf people. We have to look after ourselves or depend on charity.
Luton	CHS	MHS		Carer		all of the above
Luton	CHS				Family have used home care in the past	Having access to medical services when it's required, so many times you cannot get seen by your gp you end up going to A & E wait & wait by which time you have deteriorated badly sidelines beyond the point of getting better. If support was there instantly when needed then no matter what the patients strength or weakness are they will feel better knowing they are being cared for.
Luton	CHS				Works for autism Bedfordshire	More information and guidance
Luton	CHS	MHS	Service User			Access to swimming, the gym and at cheaper prices, with a everything that is going on people don't have the finances to go to the gym or swimming or eating a better diet to help themselves
Luton	CHS	MHS	Service User		Someone who suffers with fibromyalgia and constant pain.	More information and verbal help with fibromyalgia, all I've ever been given is a leaflet from the Rheumatologist who confirmed I had fibromyalgia, otherwise just left to cope with this awful condition on my own. My husband helps me, but friends and other people have no real understanding what it is like. More information needs to be made public to inform people about this condition, and to help anyone who has symptoms but do not understand why they feel ill.
Luton	CHS	MHS	Service User			By helping people in a way by providing access to care and clear information
Luton	CHS	MHS	Service User			I think the split between mental and physical health should not be so big. When you have a longterm health condition it messes up your mental health too but not enough to get access to mental health support you need. I think there's a need for more peersupport workers for both carers and patients. People will get help earlier if access to gp would be easier. It would help if all gp surgeries have the same appointment rules in terms of prebookable and emergency appointments

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Local authority	Service Area	Respondent Group				What do you think would make it easier for people to access the care and support they need?
Luton	CHS				Workforce	I think people are reluctant to use CMH services especially if there is an issue of substance misuse, because a lot of health professionals cannot relate to this and there is a certain amount of judgement against that person without knowing them or their history. Patients complain of seeing one doctor and then at their next appointment, they see another one and have to explain themselves all over again. With the clients I have, I see this time and time again...where they are almost dismissed by a lot of MH professionals usually if they have a history of substance abuse, which is why they put it off till they become in desperate need of help. They are often told you need to stop using and come back in 3 months but it is a more complex process. If they are seen as a person and not as a 'number' or 'junkie' then they might seek help sooner.
Milton Keynes	CHS	MHS			Existing hospital outpatient-still fully independent	Including self-help and self-assessment advice in secondary schools might help. Also offering 'medical MOTs' via GP surgeries every 5 years from age 30 would act as a useful reminder of difficult lifestyle choices and offer guidance of steps to take/actions to avoid.
Milton Keynes	CHS				Carer	Medical professionals should be encouraged to offer advice on general wellbeing. A health professional from each doctors surgery promoting walking and mindfulness exercises! Mobile services should be provided for people who are waiting for care.
Milton Keynes	CHS				Concerned older person who may need such services	Better access to. GPS and / or community nurses
Milton Keynes	CHS				member of PPG	Willen Hospice provides support before a crisis occurs thereby reducing the strain on GP services and hospitals. All of Willen Hospice services are funded by its own fund raising projects, not from the ICB, this inconsistency is unfair and appears to be a back-door way of the ICB avoiding the cost of legitimate care services by using monies raised in the name of charity, which the ICB is not.
Milton Keynes	CHS	MHS			Carer	No not information is provided, existing health conditions are not taken into consideration my mother has had rheumatoid arthritis all her life, she has now had a series of falls over the last few years usually due to dizziness we have been waiting nearly a year for an appointment with ENT after having to discount other areas of health to rule out they may be the cause, yet again after being hospitalised after another fall yet again the dizziness was not explored, why is this not looked into while under the hospital instead of being ignored. We have been trying to get this sorted via our gp but are just left to get on with it as waiting on ENT appointment which then results in yet another fall, you just feel you are banging your head against a brick wall, we are trying to prevent using the health system but are let down by it by people not listening and then up having to use an over stretched under resourced commodity. The waiting for issues to be looked into lead to other issues, it is impossible to get help earlier getting a gp appointment is rare just phone calls are not enough, people need to be seen in person and by the same gp to ascertain whether they are getting the correct care for their health problems. They should be available to give more support and advice following discharge from hospital again this is left to the individual to negotiate and in my case insist that my mother needed to be seen at home by a medical individual whether a gp/district nurse, I should not have to feel that I have to insist on this. I feel I have no support.
Milton Keynes	CHS				My mother	Speaking to an actual human being and not being triaged by a robot. Not feeling rushed when you finally get to speak to a Gp
Milton Keynes	CHS	MHS			Volunteer	Opportunity to contact someone for advice .
Milton Keynes	CHS				Carer	Education will help people to take care of themselves and hopefully reduce the need to access health services. This should begin in schools. Easier access to primary health care will afford patients an opportunity to seek help earlier. The difficulty in securing an appointment with GP - which is seen as first point of contact - deters patients from seeking help until the situation can no longer be ignored. Education helps people stay well Patients waiting for care could be encouraged to communicate with others experiencing similar symptoms and awaiting treatment. A trouble shared ...
Milton Keynes	CHS				Service User	Holistic hospice care (physical, emotional, and spiritual) helps people live well, not just die well. · Early hospice involvement prevents crises, reduces strain on GPs and hospitals, and supports families too. Please take five minutes today to complete the survey and tell the ICB why Milton Keynes must not be left behind.
Milton Keynes	CHS				Retired palliative care HCA	Although faced with a palliative diagnosis patients can learn to make the best of their time. The support from specialist nurses can greatly improve the quality of the life they have with symptom control and emotional support. This in turn supports those who are also involved in the patients care.
Milton Keynes	CHS				Carer	Better information
Milton Keynes	CHS				Person in the community	Fund more community health care staff, to treat people in their homes
Milton Keynes	CHS				Friend of those using the service	Better signposting to service providers

Appendix 4 - Community Health Services Q5.6 What do you think would make it easier for people to access the care and support they need?

Local authority	Service Area	Respondent Group			What do you think would make it easier for people to access the care and support they need?
Milton Keynes	CHS		Service User		Someone who used community health services at a critical point in her life Having a real person to talk to. All round care - not just health; get help earlier through having confidence in a single point of contact who knows the individual
Milton Keynes	CHS		Service User	Carer	Regular check-ins whilst waiting for an appointment, if long waiting lists. This would give confidence that you are not forgotten.
Milton Keynes	CHS				A potential future user Holistic hospice care (physical, emotional, and spiritual) helps people live well, not just die well. Early hospice involvement prevents crises, reduces strain on GPs and hospitals, and supports families too.
Milton Keynes	CHS				A resident of Milton Keynes Willen Hospice provides a holistic approach to care, helping people live well, not just die well. Early involvement by Willen Hospice reduces GP and hospital work load, prevents crisis and helps support the whole family.
Milton Keynes	CHS				A family member of someone who has used the services in the past Willen provides holistic hospice care (physical, emotional, and spiritual). Early hospice involvement prevents crises, reduces strain on GPs and hospitals, and supports families too.
Milton Keynes	CHS				concerned citizen Knowledge on common problems which may not require care but concern ic
Milton Keynes	CHS	MHS			Healthwatch Milton Keynes People don't seek out the information until they need it so - this is a difficult question. Information is available - if you are English speaking, have no sensory or learning disability, and are literate. If people were treated as a 'whole' person, and if services implemented the MECC ethos, things would probably be received better. All professionals should remember that, while 'this' is the 45th person they have seen/ spoken to/ treated that day - it is (usually) the first for that person.
Milton Keynes	CHS	MHS			Likely future patient Just need to know where to go and get a response that isn't ring 111
Milton Keynes	CHS		Service User		Help when professionals focus on your strengths and what matters to you, not just your health problems?
Milton Keynes	CHS			Carer	More information needed to explain what is available
Milton Keynes	CHS			Carer	Information is key. Helping people help themselves
Milton Keynes	CHS		Service User		information about who to contact with any of the above situations
Milton Keynes	CHS				Work in Willen hospice The support the hospice offers not only to the patients but also there family is immense to their mental health and emotionally
Milton Keynes	CHS			Carer	its very easy for people to get these days,
Milton Keynes	CHS	MHS		Carer	I think people generally feel guilty about taking up Doctors time and navigating the Health service feels daunting. In my experience, my parents do go to appointments etc but will generally wait to see if it goes away. That generation 75+ also don't really understand the value of the Allied Health services and won't pick up on their support in the way younger generations might. Simpler 'flow charts' and a patient liaison that supported patient through their treatments amd options would make a world of difference. Especially if trying to improve the health outcomes between the poorest and wealthiest. The health system is to complicated for many people.
Milton Keynes	CHS		Service User	Carer	Sign posting to out of area services and waiting times so the patients can choose to wait or find other solutions, even private healthcare for those able to finance their own care earlier than the NHS can offer.
Milton Keynes	CHS	MHS			Was a carer Being able to speak to people and not just on line
Milton Keynes	CHS				A carer who has used the services last year As they are the professionals, I felt that if I had known what was going to happen next, I wouldn't have panicked at every new symptom
Milton Keynes	CHS			Carer	Correct and easy to access support and equipment. Eg aids to keep people at home. Sometimes we as the public don't know what is available to us and what we may need to buy ourselves. We spent a lot of money on suds to be told we could have been given via NHS
Milton Keynes	CHS	MHS	Service User	Carer	keeping them motivated, making sure they are pain free making sure they have access to information and are kept informed.

Appendix 4 - Community Health Services Q5.6 What do you think would make it easier for people to access the care and support they need?

Local authority	Service Area	Respondent Group				What do you think would make it easier for people to access the care and support they need?
Milton Keynes	CHS					I have elderly parents who are likely to need these services in the near future Regular home checks to pick up on potential risks and issues and identify support that could be given.
Milton Keynes	CHS		Service User	Carer		There is usually insufficient time to fully discuss your concerns with a GP assuming you can get an appointment. The electronic referral system tends to lead towards discussing a single issue whereas the problem might be an accumulation of several things. I think it is essential that any discussion does not seem rushed, considers all issues and fully looks at remedies.
Milton Keynes	CHS		Service User			From my own experience as a Willen Hospice outpatient, I know how important it is to focus on staying well, not just being treated when things go wrong. It makes a big difference when care is holistic – looking at physical, emotional, and spiritual wellbeing, as Willen does. This helps people live well with their illness, maintain independence for longer, and avoid unnecessary crises. What would make it easier for people to stay well: <input checked="" type="checkbox"/> Early involvement of hospice and palliative services – people often think hospice care is only for the very end of life, but being able to access support earlier helps with symptom control, emotional wellbeing, and family support. <input checked="" type="checkbox"/> Clearer information and reassurance about what support is available, so people don't wait until they are in crisis before asking for help. <input checked="" type="checkbox"/> Professionals who take time to ask "what matters most to you?", not just "what is the matter with you?" – building care plans around personal goals and strengths. <input checked="" type="checkbox"/> While waiting for care, access to supportive services like advice lines, counselling, and therapy clinics can help people stay as well as possible and avoid deterioration. This kind of support gives people and families confidence. It reduces strain on GPs and hospitals, and it allows people to focus on living fully, not just managing illness. For Milton Keynes, fair NHS funding for Willen's services would mean everyone has access to this kind of preventative, holistic support, not just those fortunate enough to know about or be referred to the hospice
Milton Keynes	CHS	MHS	Service User	Carer	Workforce	A point of contact who specialises in this area , support is paramount
Milton Keynes	CHS			Carer		Proper funding for Willen hospice as per Bedford and Luton
Milton Keynes	CHS					Friends have used the hospice services It does help if professionals focus on positive things such as exercise and diet, to enable them to stay well. Access to health professionals when required. Not having to wait for care on NHS
Milton Keynes	CHS				Workforce	Holistic support from the hospice helps patients live better at home and gives immense support to the family as well. Early hospice involvement is invaluable to GPs and families as well as patient.
Milton Keynes	CHS					Willen hospice For those with cancer & their families
Milton Keynes	CHS		Service User			My GP is good at sending links to book appointment for regular (maybe annual) health checks. I also get regular texts relating to physical and mental health support seminars/groups
Milton Keynes	CHS	MHS		Carer		Some areas are very efficient and we received support before we knew we needed it, where other support especially after death. The support was slow to clear the furniture that was lent during my mum's sickness path
Milton Keynes	CHS	MHS				Concerned member of public One place for health service e. G use Gp clinics but provide staff to be able to co- ordinate with all services
Milton Keynes	CHS		Service User	Carer		As a 24/7 carer, with my own chronic disease conditions, Willen Hospice provide me with access to Wellbeing services, and group gatherings where I can talk with other carers. The Hospice at Willen is of major importance to our family, and to many other friends and acquaintances who rely on their services. My wife is a very private person, and quite insular, but the personnel at the Hospice have reduced her fear of eventually needing to be admitted into their care.
Milton Keynes	CHS					Supporter of hospice care Greater access to information via GP surgeries especially during long waits for appointments
Milton Keynes	CHS		Service User			Easy access to information and where people can get help & support.

Appendix 4 - Community Health Services Q5.6 What do you think would make it easier for people to access the care and support they need?

Local authority	Service Area	Respondent Group				What do you think would make it easier for people to access the care and support they need?
Milton Keynes	CHS					I work as a volunteer with people from various charitable community health services and know how important they are easier access and more face to face contact. info and access via digital means is both offputting and difficult for many people
Milton Keynes	CHS					Member of the public A stay well clinic that everyone is invited to, with regular follow ups to give that person an opportunity to attend again if his or her circumstances change.
Milton Keynes	CHS	MHS	Service User			Classes to join - during hours working people can attend - where people can learn together, much more physio appointments available to teach correct movement prior to enrolling in classes
Milton Keynes	CHS			Carer		The whole-person holistic care provided by Willen hospice helps people live well and die well. Hospice care can reduced strain on GPs and hospitals and supports families.
Milton Keynes	CHS		Service User			Funding Willen at Home would release hospital beds, free up GP resources and facilitate carers' wellbeing.
Milton Keynes	CHS	MHS		Carer		Care and support line to contact which has access to records
Milton Keynes	CHS	MHS	Service User	Carer		Any support and information would be a bonus. Help in managing your health is vital. Everyone needs one point of contact and face to face appointments It's impossible to read signs of physical and mental health over the phone
Milton Keynes	CHS				Healthcare user	Improved access to GP services
Milton Keynes	CHS				Financial supporter	See previous answer
Milton Keynes	CHS	MHS		Carer		more access to online links and texts
Milton Keynes	CHS		Service User			Greater information
Milton Keynes	CHS				Someone whose partner was in palliative care at home	Managing end of life care at home provides a dignified environment for those who wish to die in familiar surroundings, and also releases beds from pressed hospital wards Yet the teams that can support this, such as Willen at Home, receive no NHS funding. Milton Keynes residents deserve fairer treatment in allocation of resources.
Milton Keynes	CHS			Carer		Easier access to your GP practice.
Milton Keynes	CHS			Carer		Willen at Home gives people in MK a single, specialist point of contact at the end of life. Without NHS funding to continue this service, patients will face confusion, delays and unnecessary hospital admissions. - People in MK deserve the same access to hospice care as people in Bedfordshire and Luton.
Milton Keynes	CHS				Local resident	An all round easy to understand information encouraging people to stay well and seek help when needed.
Milton Keynes	CHS				Concerned member of the public	A more holistic approach needs to be taken, seeing a whole person and their circumstances not just the one health issue being assessed at the time
Milton Keynes	CHS			Carer		Holistic hospice care (physical, emotional, and spiritual) helps people live well, not just die well. Early hospice involvement prevents crises, reduces strain on GPs and hospitals, and supports families too.
Milton Keynes	CHS	MHS			My brother and father used the service before they passed	A designated mentor to ensure communication is maintained.
Milton Keynes	CHS		Service User			There is already plenty of information available - people have to know where to look and who to ask - and crucially, to understand. And be prepared to help themselves.
Milton Keynes	CHS				Workforce	Holistic hospice care helps people live well, not only die well. Early hospice involvement prevents crises, reduces strain on GPs and hospitals and supports families too.

Appendix 4 - Community Health Services Q5.6 What do you think would make it easier for people to access the care and support they need?

Local authority	Service Area	Respondent Group				What do you think would make it easier for people to access the care and support they need?
Milton Keynes	CHS		Service User	Carer		Fair Funding for Willen Hospice
Milton Keynes	CHS			Carer		Willen Hospice desperately needs NHS funding to help with at-home end of life care, they currently receive no funding for this vital service, whereas Bedford and Luton do. Please please help support the hospice. Terminally ill people and their families need this service.
Milton Keynes	CHS		Service User			Everybody nearing end of life needs help and support. Funding is imperative to help more help and care both in the community and in hospice.
Milton Keynes	CHS			Carer		Somebody to talk to
Milton Keynes	CHS	MHS	Service User	Carer		Knowing that Willen Hospice in Milton Keynes is available for help when my 88 year old friend with Parkinson's needs it.
Milton Keynes	CHS	MHS			Workforce	I believe people to want to take care of themselves and do try, but are met with brick walls and hurdles. Not being able to access GPs, being dismissed and conflicting advice. More powers to pharmacies has helped, but I've seen countless times they are overwhelmed. Make use of charities and community groups, but please support them to deliver their services, or these vital services will stop.
Milton Keynes	CHS		Service User			Much more open and friendly GP practises. At least one salaried direct NHS practitioner who directs work to self employed GPs.
Milton Keynes	CHS					I support my local Willen Hospice and the work that it does throughout Milton Keynes Holistic hospice care (physical, emotional, and spiritual) helps people live well, not just die well. Early hospice involvement prevents crises, reduces strain on GPs and hospitals, and supports families too.
Milton Keynes	CHS					Funding for Local Key Care Service Locally provided professional advice, support and care, throughout the process of patients condition, which is always accessible promptly is of immense value to society, not only those directly involved
Milton Keynes	CHS					Carer for a deceased user See above
Milton Keynes	CHS	MHS			Workforce	Staying well: •Holistic hospice care (physical, emotional, and spiritual) helps people live well, not just die well. •Early hospice involvement prevents crises, reduces strain on GPs and hospitals, and supports families too. Willen Hospice needs fair funding for the services they provide.
Milton Keynes	CHS			Carer		Our practice runs a weekly chair based exercise class for patients. It's existence is not widely known but it provides not only physical help but also the social aspect is extremely important for attendees
Milton Keynes	CHS		Service User	Carer		Having an opportunity for earlier intervention helps people keep out of hospital and stay at home safely. The therapy service offered by Willen Hospice that helps people keep as well as possible should be supported by the NHS.
Milton Keynes	CHS	MHS				Someone who has supported friends and family using services Hospice care helps people live out their final days with dignity but also early involvement can help patients and families stay well for longer.
Milton Keynes	CHS			Carer		During the time of my wife's illness she was supported by district nurses and later by the Hospice at Home team. The Hospice team were very helpful at giving my wife and I information and confidence to continue the care at home and rapid responses to queries and problems meant we could continue support at home and avoid some use of ambulance, hospital and A&E services
Milton Keynes	CHS			Carer		When a patient is dealt a terminal illness, a single point of medical contact with a GP who has experience of the condition should be appointed. And in this case where the patient is non verbal there should be video controls in place so the patient can give signals and texts that non POA carers or friends can help with medical needs as emergencies happen when the official people are not always available.
Milton Keynes	CHS	MHS	Service User			Would get help earlier if easier to get appointments.
Milton Keynes	CHS	MHS	Service User			No there's not enough information! Food/diet needs to be taken more seriously! I'm lucky to have a pt in the family but people that don't have access to food and gym knowledge limit themselves and end up worse off sooner from the wrong foods and not attempting the correct movements, yes medicine can help but sometimes a change in food bad getting up and moving is a better option I feel has been forgotten
Milton Keynes	CHS		Service User			Not everyone makes use if leaflets left in surgeries. Again GP's could provide these leaflets of information to each person when they visit. They could also be available to people accessing other community services, ie clubs and socials.
Milton Keynes	CHS			Carer		We need easier access to health professionals. I can't remember when I last saw a doctor it is usually a nurse practitioner or paramedic. Sometimes it's more effective to see a GP who can order tests or medication. People need to feel someone is listening to you. Sessions where you can go with your worries and catch things early.
Milton Keynes	CHS					Aware of challenges to services Willen can provide excellent at home care if funded correctly

Appendix 4 - Community Health Services Q5.6 What do you think would make it easier for people to access the care and support they need?

Local authority	Service Area	Respondent Group			What do you think would make it easier for people to access the care and support they need?
Milton Keynes	CHS		Carer		More information for the patient and their families
Milton Keynes	CHS			I used the services for a family member	Strong links with other care services who would put you in touch with support charities
Milton Keynes	CHS			Potential user and neighbour	If there was better preventative care and GP appointments available
Milton Keynes	CHS	MHS	Service User	Volunteer	Providing the right information and then having the ability to support with the right care network in place and available
Milton Keynes	CHS	MHS		Family waiting for care package assessment place for 2 parents.	It's so hard to get a doctors appointment so people don't try for preventative measures any more, it's all reactive appointments when people are ill. I have honestly through menopause by myself with no support from GP. There should be clinics for preventative weight gain, diabetes, food intolerance, heart concerns, information to keep healthy. Prevention might save on hospital visits. Funding is also needed for end of life care. Willen Hospice is amazing but they should get government minding as well as they are freeing up hospital places.
Milton Keynes	CHS			A resident	Holistic hospice care (physical, emotional, and spiritual) helps people live well, not just die well. Early hospice involvement prevents crises, reduces strain on GPs and hospitals, and supports families too. It is one less worry/concern that families need to have.
Milton Keynes	CHS			Supporter of Willen Hospice	If health professionals focus mainly on strengths it may make people feel their symptoms are not being taken seriously. Easier access to GP's may help people seek help sooner, the 8am telephone lottery doesn't work for many incl those trying to stay in work, families with young children etc.,
Milton Keynes	CHS		Carer		On staying well Holistic hospice care (physical, emotional, and spiritual) helps people live well, not just die well. Early hospice involvement prevents crises, reduces strain on GPs and hospitals, and supports families too.
Milton Keynes	CHS			Volunteer	I feel like if the waiting list wasn't so long for doctor's appointments more people would seek medical advise. Lots suffer and deal with pain or discomfort more because of wait times.
Milton Keynes	CHS	MHS		Husband an son had end of life care from Willen Hospice. Also I work with patients who use mental health services	Information generally is good and available to people. Staying well depends on having socialbe opportunities. Often support can mean simple timely advice may prevent later need for urgent help. Correct assessments would help poeple have grreater confidence... all too often they err on box ticking.
Milton Keynes	CHS		Carer		Knowing that help is only a phone call away
Milton Keynes	CHS	MHS	Service User	Carer	A good network if additional, well qualified nurses, available to take calls and support, in addition to doctors.
Milton Keynes	CHS			A longtime resident and friend of people who used local services	Better support for recognised charities to work with the NHS and receive financial support
Milton Keynes	CHS	MHS		A resident of MK who has had friends looked after there	Easy access to wellbeing support for all ages
Milton Keynes	CHS		Carer		With the right support people can be cared for from home rather than than hospital
Milton Keynes	CHS		Service User		Rehab groups such as MKCCG for ongoinng support and social contacvts.
Milton Keynes	CHS		Carer		Community services offering health and wellbeing sessions with information.
Milton Keynes	CHS	MHS	Carer		More holistic care, should have one access portal where professionals work together rather than talking to lots of different people repeating the same thing. No one seems to act together, constantly chasing professionals to action. Unless your proactive nothing is done
Milton Keynes	CHS	MHS	Carer		Good information, clinics, classes etc available outside of working hours instead of just during the day.
Milton Keynes	CHS			Someone who supports local hospice care	Cancer is not something you can often prevent even if you live & eat healthily. That's why hospices provide such a vital service

Appendix 4 - Community Health Services Q5.6 What do you think would make it easier for people to access the care and support they need?

Local authority	Service Area	Respondent Group				What do you think would make it easier for people to access the care and support they need?
Milton Keynes	CHS				Concerned resident re end of life care	Willen can provide a single immediate care and advice - avoiding unnecessary visits to hospital. MK should have same access to funds as Bedford and Luton
Milton Keynes	CHS		Service User	Carer	Workforce	Early involvement from hospice at home reduces worry for patients and families, provides a point of contact and reduces strain on GPs and local NHS services.
Milton Keynes	CHS			Carer		Knowing support available to them.
Milton Keynes	CHS		Service User	Carer		Provide the information ahead of time so you can understand how best to put care in place
Milton Keynes	CHS				Widow of someone who benefited from hospice care, at home.	Someone to talk things over with, offer advice. Be there when needed as a listening person.
Milton Keynes	CHS		Service User	Carer		What helps people stay well is the ability to seek medical guidance. As a type 1 diabetic I have not seen a Dr regarding this in at least 5 years. I have not seen an idea if there are newer methods and recommendations for control. Dr or nurse appts are impossible to get at my practice. Their use of a digital system to request support is appalling - it opens for requests at 8 and by 8.15 is often closed as max requests have been received - it's very discriminatory for the elderly who cannot manage technology. Reverting to phoning puts you in a queue of 30. Pre bookable appointment if they exist often have a 6 week wait and as for medication reviews, you can't order until they have reviewed but there are no appts available and they don't open the next lot for 6 weeks. Appalling service that cannot handle the volume or even allow you to submit a request for support to be triaged.
Milton Keynes	CHS			Carer		Extend cancer screening beyond 80 yrs (bowel cancer) my father contracted cancer at 82 and goodness knows how much was spent in his cancer and subsequent conditions that may never been reduced or prevented with a screening test
Milton Keynes	CHS			Carer		More diet and self help from doctors surgery
Milton Keynes	CHS		Service User		Workforce	Local support and advice that is clearly advertised to all
Milton Keynes	CHS	MHS			I volunteer on community health services	More funding
Milton Keynes	CHS				A previous user of service	Clear access to at home services with limited bureaucracy to go with
Milton Keynes	CHS			Carer		· Holistic hospice care (physical, emotional, and spiritual) helps people live well, not just die well. · Early hospice involvement prevents crises, reduces strain on GPs and hospitals, and supports families too.
Milton Keynes	CHS				Concerned about services, not being equal across the area	Early referrals to falls clinics, diabetic services to reduce the likelihood of emergencies. It being presented to patients as options that are available and how it would improve their lives. Gives, peace of mind to carers that a holistic approach is being taken rather than just lurching from. One crisis to another.
Milton Keynes	CHS				Disabled person who will need community care in the future	Getting an appointment with a GP who knows something about your background and health condition would help everyone get the most appropriate treatment and support. Employing fully medically qualified therapists and support staff would enable patients to be treated appropriately and effectively, giving them confidence to feel well and not need further services. In recent years inadequately qualified staff such as sports therapists instead of physiotherapists has led to poor and inappropriate care, leading to a sicker population who need more expensive social, emotional and medical support. Providing early Hospice involvement for patients with terminal illness or at those elderly patients nearing the end of their lives, enables them to live well, reducing the need for GP and hospital support. It would also reduce the expensive merry-go-round of elderly patients going in and out of hospital because there is the lack of care they need in the community.
Milton Keynes	CHS	MHS			a resident of Milton Keynes	If people feel heard and supported they could take care of themselves for longer and before they need inpatient care.
Milton Keynes	CHS		Service User	Carer		GP's should encourage people to get help earlier, and support should be available while people are waiting for care by regular phone calls.

Appendix 4 - Community Health Services Q5.6 What do you think would make it easier for people to access the care and support they need?

Local authority	Service Area	Respondent Group				What do you think would make it easier for people to access the care and support they need?
Milton Keynes	CHS					I have had home care for both my parents By giving them the info they need ie what is available. Where do they go or who do they contact.
Milton Keynes	CHS					My wife had end of life care Speaking from experience, when a loved one's health is collapsing it is difficult to manage. Having confident, competent and compassionate people supporting you and on the end of the line when not in your house made my wife's ending far more manageable.
Milton Keynes	CHS			Carer		Lack of permanent lymphoedma care
Milton Keynes	CHS		Service User			Specialist nurses for specific health issues such as Lymphoedema
Milton Keynes	CHS			Carer		Early hospice involvement prevents crises, reduces strain on GPs and hospitals, and supports families too
Milton Keynes	CHS					Someone whose close relative used these services at their end of life More information and suggestions of things that are available to help families with difficult circumstances.
Milton Keynes	CHS	MHS				For an adult who needs mental health help, but finds it hard to negotiate. Communication and contact.
Milton Keynes	CHS	MHS		Carer		Adult services for complex needs are utterly diabolical. We as carers do not know where to get the help we need to care for our loved ones as we are often just left. Places like Willen mean so much as I know I can now pick up the phone and call and they will move mountains to help.
Milton Keynes	CHS				MKCC Councillor	Again guidance and direction from GP
Milton Keynes	CHS					A person getting older who doesn't want Willen Hospice to have to close. I attended the MK Falls clinic and found that very helpful. Hopefully other services are ae good.
Milton Keynes	CHS	MHS				Resident who might need the services in the future Ability to be cared for at home
Milton Keynes	CHS			Carer		As prev
Milton Keynes	CHS	MHS		Carer		Knowledge and information is needed not just online though as some still do not have access to this.
Milton Keynes	CHS		Service User			More delivery and communications possibly through social media, Whatsapp or email of leading healthy lifestyles and also who to contact when when ensure the population is better informed and could be guided to make better lifestyle choices
Milton Keynes	CHS		Service User			More information to be available.
Milton Keynes	CHS	MHS				A family member of someone who uses these services elsewhere and is aware of need. Access to things like physio and speech and language more easily would help older patients remain in their own homes and cause less further issues.
Milton Keynes	CHS					I have lost friends and family to cancer and also have it myself easy access to health service

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Local authority	Service Area	Respondent Group			What do you think would make it easier for people to access the care and support they need?
Milton Keynes	CHS				As someone who may need the service in the future More information given to services available.
Milton Keynes	CHS	Service User			Again GP access is key. They are trusted and well trained. If you want people to self care you can't just put out leaflets, the reality of the situation is that a lot of people have neither the time, ability or even intellect to help people, many people don't have Internet access, or the ability to use it.
Milton Keynes	CHS				A family member of someone who has used Willen Hospices Home Care services More active intervention from GPs, referring people to the support that is available
Milton Keynes	CHS				Used services previously Better access to local medical support, available outside 9 to 5 office hours
Milton Keynes	CHS				I'm responding to a request from Willen hospice People are slipping through the network because they can't access help from their GP. More resources are needed in this area.
Milton Keynes	CHS		Carer		People benefit from human interaction x to talk to someone x there needs to be available walk in centres hubs to give advise , information , guidance and encouragement
Milton Keynes	CHS				Someone who witnesses the impact of insufficient care being available on those at end of life Willen Hospice could provide even greater hospice care if they would receive fair funding from the NHS.
Milton Keynes	CHS				live in the area and want to ensure this area gets access to services Early hospice involvement is essential and is an important help for families.
Milton Keynes	CHS		Carer		There needs to some kind of community outreach so relationships are built early before they are needed. This would make individuals feel more in control as if they were picking up the phone to a friend.
Milton Keynes	CHS		Carer		Support Willen Hospice in helping those nearing the end of life to live as long and as well as they can, reducing the demand on local hospitals and Emergency services.
Milton Keynes	CHS	Service User			Holistic hospice care (physical, emotional, and spiritual) helps people live well, not just die well. · Early hospice involvement prevents crises, reduces strain on GPs and hospitals, and supports families too.
Milton Keynes	CHS				potential palliative care for myself MKCCG helps me stay as well as possible. Help for people who can't afford the fees would be good.
Milton Keynes	CHS	Service User			Give more information before people get ill.
Milton Keynes	CHS		Carer		Certainly more information for everybody
Milton Keynes	CHS		Carer		Is there enough information to help people take care of themselves before they need services?
Milton Keynes	CHS		Carer		One stop shop for end of life care giving dignity for patients to be cared for at home by a specialist team
Milton Keynes	CHS		Carer		Giving proper nhs funding to the holistic care provided by Willen Hospice
Milton Keynes	CHS		Carer		Regular visits and communication for the person
Milton Keynes	CHS		Carer		It's too difficult to, see a GP, far too many of them only work part time and they don't provide appointments to suit working people.
Milton Keynes	CHS	MHS	Carer		· People in MK deserve the same access to hospice care as people in Bedfordshire and Luton.

Appendix 4 - Community Health Services Q5.6 What do you think would make it easier for people to access the care and support they need?

Local authority	Service Area		Respondent Group			What do you think would make it easier for people to access the care and support they need?
Milton Keynes	CHS	MHS		Carer		So difficult to contact gp to get appropriate support
Milton Keynes	CHS		Service User			GPS better at listening these days, but hard to access?
Milton Keynes	CHS			Carer	Workforce	Holistic hospice care (physical, emotional, and spiritual) helps people live well, not just die well. Early hospice involvement prevents crises, reduces strain on GPs and hospitals, and supports families too
Milton Keynes	CHS				Workforce	Early hospice involvement prevents crises, reduces strain on GPs and hospitals, and supports families too.
Milton Keynes	CHS				Workforce	Those with a life limiting diagnoses benefit greatly from early hospice involvement. We are able to support those patients (and their families) in a holistic way and often prevents crises.
Milton Keynes	CHS				Workforce	treating people holistically and supporting them beyond the illness. le stress from having to give up work, family support etc cannot be good for someone resting and in ill health.
Milton Keynes	CHS	MHS			Workforce	Resident and employee The Willen at Home service provided by Willen Hospice supports people to manage their last weeks and months in their own home, surrounded by their family. This service is funded poorly and requires urgent government support to continue and grow with the city of Milton Keynes.
Milton Keynes	CHS				Workforce	To access our service is easy. To fund our service is becoming more difficult. Especially when we consistently receive referrals from out of area people.
Milton Keynes	CHS				Workforce	Charity-Willen Hospice Holistic hospice care (physical, emotional, and spiritual) helps people live well, not just die well. Early hospice involvement prevents crises, reduces strain on GPs and hospitals, and supports families too.
Milton Keynes	CHS		Service User			In patient and hospice care in MK
Milton Keynes	CHS		Service User	Carer		Healthcare like physio and support groups before the problem gets worse
Milton Keynes	CHS		Service User			Waiting list management - have experienced months long waits without any idea whether referral was actionned correctly and no idea how long waiting list would be
Milton Keynes	CHS				Workforce	· Holistic hospice care (physical, emotional, and spiritual) helps people live well, not just die well. · Early hospice involvement prevents crises, reduces strain on GPs and hospitals, and supports families too.
Milton Keynes	CHS	MHS			Workforce	Services are currently set up in a way that discourages people from seeking support unless it is urgent. The means that there are more crises than there should be, which results in a delay and inefficiencies in these services. Staying well services are often targetted at people in certain groups who might be at risk, and there are crisis/urgent care services for those at high risk, but there seems to be a gap for those people with minor issues. Many of these people are heeding the advice to only seek help when the need is urgent, rather than being encouraged to engage earlier to manage the start of their conditions.
Milton Keynes	CHS	MHS			Workforce	Health care needs to move from a reactive model to being more proactive. when individuals are diagnosed with a medical condition information is not always provided in a timely manner and can be dependent on where an individual lives and their local service availability. People should have access further information on how to manage their conditions while waiting for specialist care.
Milton Keynes	CHS	MHS				Professional who refers to community services/whose patients use community services Knowing what help is available (and who provides it/who to apporach) would help people find the help they need ie knowing who provides help with anything form gardening to housework to professional carers
Milton Keynes	CHS					member of public Willen Hospice are amazing. They provide so much information and support to families but they could reach even more people I'm sure if they could invest to grow their service. Their phone line is brilliant for sign posting people to services that can support people to live well for longer and their community nursing team are all angels. why don't you fund them?
Milton Keynes	CHS				Workforce	Good preventative community support that isn't a postcode lottery e.g. access to affordable transport, local gyms/ activity clubs, health coaching. More tailored mental health and health coaching services to support people into making positive lifestyle changes
Milton Keynes	CHS	MHS	Service User			See above - easy access and advice to the appropriate services by trained staff. Services with adequate capacity to meet the local population's needs, for example obesity/better living clinics are not accessible because there are not enough staff to provide an adequate service. Physio at MKUH are not able to provide appointments for up to 10 months - this is not acceptable and impacts of people's recovery.
Milton Keynes	CHS	MHS		Carer		Single point of contact for support. Someone you trust that you can reach for support and guidance
Milton Keynes	CHS	MHS		Carer		The basics need to work properly. Nothing works.
Milton Keynes	CHS	MHS			Workforce	More education around what teams support what SLT advice sheets could be provided by other professionals Other professionals could ask more appropriate questions when concerns are raised so more detailed information is provided at referral and help triage to appropraite SLT team faster

Appendix 4 - Community Health Services Q5.6 What do you think would make it easier for people to access the care and support they need?

Local authority	Service Area	Respondent Group				What do you think would make it easier for people to access the care and support they need?
Milton Keynes	CHS		Service User			Good, effective services with good response rates. Less waiting. Individual not generic care plans. Investigations sooner
Milton Keynes	CHS	MHS			Have been a long-term previous client.	Enabling people to feel confident enough that their referral would be considered seriously and not just a 'tick-box' exercise would help.
Milton Keynes	CHS				Workforce	Not having to travel as far to appointments- access to services in the local neighbourhood. Being able to get phone support quickly. Local access to a rehab consultant for help and support to oversee complex conditions. Local access to spasticity care. Better links with exercise providers and local gyms within Milton Keynes- exercise incentive schemes and a GP exercise referral scheme with multiple locations, favourable rates. NHS hiring space in community gyms for clinics to take place to 'de-medicalise' conditions and make it 'normal' for people to go into a gym/exercise facility.. breaking down these barriers.
Milton Keynes	CHS	MHS				Carer unpaid
Milton Keynes	CHS	MHS	Service User	Carer	Workforce	There is zero People have too much information re: google and validity of sources. I feel the service I work for gives people enough information however there does continue to be a 'do to me', 'fix me' culture. Many ax seem to be blinkered and not looking at the whole person. Always better when professions focusses on positives and what could be done however need to remain realistic re: a persons potential and resources available. Staying well = Well provided Gp service (this is awful since covid) with good signposting and time to explore challenges. Medication systems which allow for compliance - often medication delivery and prescription difficulties encountered. if become an in-pt - OPPORTUNITIES to remain active and involved in daily activities - people often leave hospital worse than when they went in re: non mobility, deconditioning, poor care. Good access to services may help with earlier interventions. Support to maintain good health and nutrition. Allowing people the opportunity to participate within their lives and community. Non loneliness, social support and networks.
Milton Keynes	CHS			Carer		Clear and concise Information should be provided to the person and their family
Milton Keynes	CHS				Workforce	More targeted patient engagement signposting pts to services to empower them to take care of themselves. Drop In sessions in community locations with SPLW's and/ICST. Use of social media for upcoming events with different topics health related. Working with VCSE's in the community and the local hospital.
Milton Keynes	CHS			Carer		It is a minefield with so many different parts all playing a small bit - it is hard to navigate and understand who to go to. Also each team gets in touch for updates - this is lovely but there are so many it is hard as a working carer to manage. My mother was with BLMK and I wanted to save money - it took three different people to manage a change in the number of carers (one person for the request, one who coordinated and one to visit), three social works (2 from MK, 1 from BLMK). I was also getting calls and support from District nurses and Willen.
Milton Keynes	CHS			Carer		Information on keeping well is vital -and human contact rather than a website
Milton Keynes	CHS				over 80	It is difficult to answer these questions as I rather assumed that adequate support was already in place.
Milton Keynes	CHS		Service User			Knowing who to contact
Milton Keynes	CHS	MHS	Service User	Carer		An autistic adult with sensory and hearing needs, a non-driver with transport barriers, and a local resident who may use these services. People will find it easier to look after their health if information is simple, local and offered in formats that work for different needs. In Stantonbury that means plain-English and Easy Read leaflets, captioned videos and, where possible, BSL content, available not only online but in places people already use - Purbeck Health Centre, the community pharmacy and dentist, Christ Church, Stantonbury Theatre/Bar/Gallery, the Leisure Centre, our four schools and two nurseries/pre-schools, and Aldi. A strengths-based approach helps: start with what matters to the person, set small goals, and provide clear written summaries and reminders so people with autism, hearing or memory difficulties can plan with confidence. To encourage earlier help, offer simple self-referral and regular drop-in advice sessions in local venues, with quiet hours and predictable routines for those with sensory needs. Community pharmacy should keep promoting checks like blood pressure and vaccinations, with mini "health MOT" pop-ups in places like the Leisure Centre or Aldi. Schools and early years settings can host after-hours sessions for carers, healthy cooking or digital skills. Church and theatre spaces can be used for low-stimulus groups, signposting stands and social prescribing drop-ins, so people do not have to travel far. What keeps people well is routine, connection and access close to home. In Stantonbury that looks like gentle activity and balance classes at the Leisure Centre, green walking groups, peer support, and local volunteering pathways that build purpose without pressure. All of this should be sensory-aware - quieter groups, better acoustics, hearing loops or captions where possible, softer lighting and clear signage - and supported by small, consistent teams who get to know residents. While people are waiting for care, confidence is built by a named contact, written timelines, proactive check-ins and clear guidance on what to do if things worsen. Offer pre-habilitation packs (for pain, mobility, fatigue or anxiety), captioned self-management resources, loaned equipment where safe, and access to local groups or safe-havens. Provide real channel choice - text, email, phone and face-to-face - and practical transport support for non-drivers. Taken together, this would make me more confident managing my health and would embed prevention into everyday Stantonbury life.

Appendix 4 - Community Health Services Q5.6 What do you think would make it easier for people to access the care and support they need?

Local authority	Service Area		Respondent Group			What do you think would make it easier for people to access the care and support they need?
Milton Keynes	CHS	MHS		Carer		Start early - education at pre-natal stage about basic hygiene and healthcare. Having school nurses and dentist visits.
Milton Keynes	CHS				Workforce	care co-ordination
Milton Keynes	CHS	MHS	Service User	Carer	A struggling human	Wellbeing is just nonsense fir people struggling with autism and mental health issues Timely and meaningful access is needed. An end to gaslighting and patronising attitudes
Milton Keynes	CHS		Service User			Again this could be included in the pack given to them by the GP. There are plenty of agencies out there that will help, but it's near on impossible to find the right one to contact for support.
Milton Keynes	CHS				Public	Doctors flagging up help needed/ assessment needs

Appendix 5 - Community health Services Q5.7 What does this idea mean to you, and how could it help you or others in your community?

Local authority	Service Area		Respondent Group			What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Bedford Borough	CHS		Service User			only if you really work together, not just ticking boxes to look good. don't stick a BSL translation on your videos if you don't make booking systems accessible, and don't provide interpreters at appointments. listen to deaf community. these are the same problems we have been telling you for decades, but nothing changes. it is exhausting. talk to deaf access, meet deaf people. stop sending out surveys only in English. We want more accessible groups in the community to help us understand our health and how to be fit and stay well. IN BSL!!
Bedford Borough	CHS		Service User			services should work together more, but they need to read our notes and be deaf aware. train staff to understand needs of deaf community, work with local charity, access bedford, to get training and meet community. Make sure all information is translated to BSL. Stop asking deaf people to use the phone, make sure deafhelp email address is on letters, and that someone checks the emails. I would like more BSL access groups for women's health, fitness like yoga or pilates.
Bedford Borough	CHS	MHS		Carer		This is a waste of time: more taxes spent on very little success. Wrong people in the wrong job.
Bedford Borough	CHS	MHS		Carer		If it happens, hurrah. I would like people not to imagine that texts and emails are Thebes way 50 reach older people like me. I am an active healthy 86 year old and I don't know why it is assumed that I favour automated technical communication.....
Bedford Borough	CHS			Carer		Care coordination and connected services. A key worker for all frail people with comorbidities, who is aware of appointments, treatments and any A&E presentation and unplanned hospital admissions. Access to all health records similar to what the palliative team can do now. Sensible geographies which bring together NHS, social care, community and relevant services in colocated or virtual teams.
Bedford Borough	CHS			Carer		A key worker as a point of contact/ advice would have been helpful.
Bedford Borough	CHS			Carer	Workforce	We've been talking about this for years, its not new. Learn from the past. Why has it not worked previously? The public has no confidence that this will work so more work will need to be done to improve this. The biggest problem is we still have the same number of workers on the ground so spreading the same number more thinly in a 'neighbourhood' approach is going to over load the resources we currently have. If we are going to be using charities, they will want funding and that wont come at a reduced cost in which case, bolstering up the current workforce is more cost effective. Government needs to make it more attractive to train as a healthworker.
Bedford Borough	CHS		Service User			It help me understand that we can protect live by employing new ideas in our community
Bedford Borough	CHS	MHS		Carer		I think having multiple disciplines in the same building and them being able to share information. maybe a cohesive multi pronged approach so that the services overlap at the same time because people may need the help of more than one service.
Bedford Borough	CHS			Carer		How services could work together to provide joined-up care: One designated key worker/manager to co-ordinate communication between key contacts of all services involved in the patient's care and welfare. This person would co-ordinate monthly or quarterly meetings to discuss and review multi-agency meetings - with the patient or carers present and involved. The key work/manager would also be advocate for the patient in all correspondence. All professionals involved to have had some sort of training in listening / advocacy / part counselling skills to enable some room for empathy with others. Believe it or not I have witnessed this is lacking with some staff I have encountered in my Dad's care. I would like services to work with my family by provding clinical and care information that is consistent, and to communicate in a way that acknowledges that both carer and patient will have had a lot of information to handle, as well as managing the care for the patient themselves. All of this I hope will make the patient feel at ease and make them feel more empowered to ask for help and get the care needed. I would like to see more attention and focus on the podiatry services, where footcare only seems to extend to nailcutting. We've had to pay privately to get my Dad the care his foot condition requires and alleviate his discomfort.
Bedford Borough	CHS	MHS		Carer		Regular checking in proactively by medical people,not waiting for us to make the decision to try to contact someone
Bedford Borough	CHS	MHS			I used community health services in the past	Joined up working between related sectors and primary and secondary care is vital. Closer working with voluntary and community workers also good. Basing work around large multifunctional health centres in urban areas would be good.
Bedford Borough	CHS	MHS	Service User	Carer		No
Bedford Borough	CHS		Service User			Doctor's surgeries should have a trained nurse in mental health and this should be clearly advertised in the surgery including her contact details.
Bedford Borough	CHS	MHS			As resident	Must be easier to access than making GP appointments
Bedford Borough	CHS		Service User			More physiotherapists

Appendix 5 - Community health Services Q5.7 What does this idea mean to you, and how could it help you or others in your community?

Local authority	Service Area		Respondent Group				What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Bedford Borough	CHS		Service User				I thought this was the whole point of ICBs. Integrated budgets rather than separate budgets so social care, primary care and secondary care are working to do beat rather than what's beat for their own budget
Bedford Borough	CHS	MHS				previous user	I was able to find the bipolar support group but this relies too much on volunteers and it fell apart with Covid. Not sure if self help groups are the best because they might be patchy and not supported by professionals?
Bedford Borough	CHS		Service User	Carer			The health care already in our neighbourhood is the GP service but it is difficult or impossible to get an important and also difficult to go there as it is located in another village with very little parking nearby.
Bedford Borough	CHS	MHS	Service User				Please bring back Youth Clubs for the younger members of society and encourage community hall to self help via regular coffee mornings etc for the elderly.
Bedford Borough	CHS	MHS	Service User				It means an holistic approach with services working together, not in isolation
Bedford Borough	CHS		Service User				Access to transport for older people do they can attend clinics etc
Bedford Borough	CHS		Service User	Carer			More can and support workers doctors based in bedford more psch beds
Bedford Borough	CHS	MHS		Carer	Workforce		Increased communication, shared data bases, constant MDT ensuring actions are achieved, consistency, care planning and people taking responsibility ensuring the above are achieved. And accountability to those who do not uphold their responsibilities.
Bedford Borough	CHS					Future user of services	There is no joined up care, too many people in the system are building their own little enclave and not sharing vital information as they should (A clear indication of poorly chosen management)
Bedford Borough	CHS			Carer		Carer for my wife	One point of contact including for all services and company who carries out safety checks on equipment supplied should be able to give a 4 hour window for appointment and not as currently booked 2 appointments on consecutive dates and cancelled them by text midday on date of appointment. Despite complaining nobody came back to apologise or book another appointment
Bedford Borough	CHS	MHS			Workforce		I recently used Talking Therapies, positives were ability to access the service quickly when needed, although found the counselling style robotic, one word responses seemed to be required
Bedford Borough	CHS	MHS				Someone who has tried to access services	Sceptical unless this is very well co-ordinated with clear pathways and targets for services and care. I think there needs to be a more whole scale review of what NHS should be providing and where medical health care is prioritised rather than allocating funds to local charities and community groups for woolly notions of neighbourhoods . Perhaps bring back local health hubs with secondary presence ie dermatology or other diagnostic services that can be carried out in the community setting!?!?
Bedford Borough	CHS	MHS				Psychotherapist in private practice	They need to communicate properly to make sure that the care and support that is needed is actually given.
Bedford Borough	CHS	MHS	Service User				The family should be involved, also GPS should have more training in mental health and/ or there should be specialist staff in surgeries also much more should be done to prevent suicide as is done in Detroit, USA. I think their methods have been tried in Liverpool
Bedford Borough	CHS	MHS				I have recently been in hospital	Services need to share their information with other services and make records available for other services to access, this would drastically reduce the waiting time for some services to assist people.
Bedford Borough	CHS	MHS	Service User	Carer		Partner and Resident and Carer	DEFINE neighbourhood. How many people? Will this mirror Wards? In each WARD or Neighbourhood, would there be all services a community could need: GP, Pharmacy, Activities, MH support, Supported Living etc., Is there enough money to provide the infrastructure currently needed? Let alone the infrastructure needed when Universal is here and there is an increased population.
Bedford Borough	CHS	MHS	Service User	Carer			Stop remote GP surgeries from unilaterally withdrawing services like blood tests, just because the owner of the surgery says it's not profitable.
Bedford Borough	CHS		Service User	Carer	Workforce		It is a good idea but small and poorly performing services such as Bedoc and Putnoe surgery should be closed down and the funds reallocated for the betterment of all healthcare services in our area.
Bedford Borough	CHS					Physiotherapists	Closer facilities
Bedford Borough	CHS				Workforce		Transformation has ensured MDT discussion take part in a triage environment to ensure holistic care. Appropriate language when speaking with patients of course is essential and the ability to listen crucial to ensure patient's voices are being heard. I would like to see more bereavement (face to face) support. I would like a CMHT offer of this
Central Bedfordshire	CHS					Hospice volunteer	More hospice places & cancer nurses to allow people to die with dignity in a caring environment with their loved ones by their side.
Central Bedfordshire	CHS					Someone who cares about fair funding	This needs fair funding as it is a lottery currently.

Appendix 5 - Community health Services Q5.7 What does this idea mean to you, and how could it help you or others in your community?

Local authority	Service Area		Respondent Group			What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Central Bedfordshire	CHS	MHS		Carer	friend of a user of Willen Hospice Recently	We need more facilities in Leighton Buzzard, especially preventative care. The Hospices need to be in part funded by the local health authorities, what is the point of a terminally ill person being stuck in MK Hospital when they would prefer to be at Willen or Keech Hospice.
Central Bedfordshire	CHS			Carer		when services work together it takes even longer to get the help you need, someone should oversee these departments to ensure they resolve problems within an urgent time frame..
Central Bedfordshire	CHS	MHS			Workforce	See comments above
Central Bedfordshire	CHS	MHS		Carer		If these are additional services that can be proactive in the community then it can only improve things. Unfortunately this usually means cuts centrally to fund the local activity. Promotion and awareness outside of the main medical locations (doctors etc) will help people to make better use of these.
Central Bedfordshire	CHS	MHS		Carer		Email or text if preferred, it may be difficult to explain your MH concerns
Central Bedfordshire	CHS		Service User			As someone with autism and adhd it would be nice to have things closer to where I am that are easily accessible as I find it very difficult having to state my needs or being seen in a timely manner as most of my issues end up being quite urgent
Central Bedfordshire	CHS	MHS			A Parish Council	Local surgeries should be able to diagnose mental health issues, be able to prescribe the necessary medication to treat issues, and be able to perform minor surgeries.
Central Bedfordshire	CHS	MHS	Service User			I found that the Mental Health Team had no communication with the GP, and couldn't access notes and patient history.
Central Bedfordshire	CHS				Workforce	All use the same system. System one or rio. To make sure the system is joined up! And on the same page!
Central Bedfordshire	CHS				Workforce	At work, a phone line direct to our server would make a massive difference. At home, I would like to see blood tests more local.
Central Bedfordshire	CHS	MHS	Service User		Member of BCHS People Participation	Neighbourhood health and joined-up care will only work if it gets enough funding and trained staff to deliver the services to those that need it. It's a positive step and I hope it's successful.
Central Bedfordshire	CHS				Workforce	More services within the health hub Clinics for non housebound patients
Central Bedfordshire	CHS	MHS		Carer	Workforce	Better communication Right clinician at the right time
Central Bedfordshire	CHS	MHS		Carer		It would really need the social worker and contract monitoring team to hold the service providers to account. In many cases, contracted one to one support hours are not accurately delivered, though I am sure that the service provider still claims all contracted hour payment. There needs to be much more regular monitoring and review by social workers or contract monitoring staff; they MUST include carers (unpaid carers) in the discussion as the carers are often aware of where support is not being fully delivered.
Central Bedfordshire	CHS	MHS			Member of the public	All agencies under one roof monthly in the community let people halls to support every need T these surgeries
Central Bedfordshire	CHS	MHS			Public member	Help in the community surgeries once a month in all the village halls affordable settings
Central Bedfordshire	CHS		Service User			This cannot be a bad thing but should be taken further in making treatment available at local hospitals rather than grouping area hospitals together and having specialists at just one of them which may well be at a great distance from their users
Central Bedfordshire	CHS				Volunteers in community health service	Stop the buck passing from ICB to CBC etc etc and answer email requests offering solutions
Luton	CHS		Service User	Carer		The best options for community members
Luton	CHS		Service User			make sure information is translated into BSL. It is not the same language as English. offer accessible services and activities. I would like more BSL accessble womens groups and fitness classes.
Luton	CHS				Mental health	I really need to know more about it
Luton	CHS				Family have used home care in the past	It would be a good idea if it's funded, supported, managed & administrated properly. Should make care easier to get but managerd by an external source to the local Gp practices.
Luton	CHS				Works for autism Bedfordshire	Meet others in the same situation
Luton	CHS	MHS	Service User			A drop in centre with all professionals in one place, with work shops where you can learn new things, painting, cooking etc and a place where you can meet others
Luton	CHS	MHS	Service User		Someone who suffers with fibromyalgia and constant pain.	I have discovered that fibromyalgia no longer comes under rheumatology, so there is no where to go for nederal support. A consultant running a clinic that specialises in fivromyalgia would help me feel there is someone to go to for help and understanding.

Appendix 5 - Community health Services Q5.7 What does this idea mean to you, and how could it help you or others in your community?

Local authority	Service Area		Respondent Group			What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Luton	CHS	MHS	Service User			Neighbourhood health means easier access to care, better communication, stronger support, and healthier communities by working together locally.
Luton	CHS	MHS	Service User		Workforce	services need to be aligned to PCNs - if we had a competent mental health team supporting us aligned to PCNs i think it could be the beginning of a better way to have more impact on the ground
Luton	CHS	MHS	Service User			Peersupport groups to run in those centers to make access easy but to also build community support outside of the service through getting support together with local people. I would prefer emails and text over letters and phone calls. Services should work together if someone uses multiple services and 1 service should take the lead and be the communication point. Signposting to other support if needed Advice on staying healthy by doing webinars, talks on certain topics and exercise classes for those who cannot join a gym due to health/mental health conditions.
Luton	CHS				Workforce	Better access and communication between services, a centralised hub, regular check in's while awaiting an appointment to reassure patients, one number to call and then be directed accordingly.
Milton Keynes	CHS	MHS				Existing hospital outpatient-still fully independent There should be community hubs, and possibly buildings similar to former 'cottage hospitals' where patients can seek relevant services or support. They may also be appropriate places for patients to stay when suitable for discharge from in-patient hospital or emergency treatment before returning home, making in-patient beds available.
Milton Keynes	CHS			Carer		It has to come from local centres. Home care for those suffering end of life crisis. Through the local doctors or even parish councils, organising walking activities, local meet ups, free lunches once a week to help people get together and discuss various issues.
Milton Keynes	CHS		Service User	Carer	Workforce	Services should be fairly funded for equity in service provision
Milton Keynes	CHS	MHS		Carer		Would help if gp/hospitals worked together no one seems to communicate with each other even though we live in the era of computers, you go over the same questions multiple times with different disciplines. When a person has a carer more communication is required with that person and listened to they know the person they are caring for better than anyone. I feel sorry for elderly people who are totally alone and have no one to fight their corner and go unnoticed. Care in the community needs to be tailored around the individual with some consistency on the team attending, there is no dignity in growing old and being a female and having a lone male attending to your personal care, would you like this for your family member?
Milton Keynes	CHS					My mother Good idea
Milton Keynes	CHS			Carer		Provision of local diagnostic centres is excellent, reducing pressures on central hospitals and affording easier physical access. Community services have offered an excellent service. I can speak personally of Community Cardiology, Community Gynaecology and Community Physiotherapy and cannot speak highly enough of the care I have received.
Milton Keynes	CHS				Former Carer for my mother for 10 years at her home	Willen Hospice gives people in Milton Keynes a single Specialist Point of contact at End of Life care. Without NHS funding to be able to continue this service, patients will inevitably face delays and Hospital Admission which could be avoided with Willen Hospice. Willen Hospice can provide efficient and quick care when patients conditions get worse and can provide same day home visits. By having this availability it avoids patients nearly always ending up in A and E, at a greater expense to the NHS and increasing waiting times even further. The Hospice run Palliative Care Community hub, gives Milton Keynes families access 24/7 support so this ensures, quick, efficient and caring support without having to use the already overstretched Hospital Services. All of the people, now well over 292,000, deserve exactly the same access as those in Bedfordshire and Luton. Willen Hospice is a wonderful end of life care home with beautiful views for all patients to see out before their passing with brilliant staff and ultimate dedication. Please help them with necessary NHS funding they 100% deserve every bit of support and help they can get. John and Julie.
Milton Keynes	CHS				Person in the community	Medical services in local hubs, which can refer to each other
Milton Keynes	CHS		Service User		Someone who used community health services at a critical point in her life	neighbourhood should mean within easy travel via public transport (e.g. one bus journey) or within a mile. There should always be easy access to information and support for those who do not have easy access to technology or the internet. As people get older and less able to cope with new technologies they need the right kind of support to be able to access information Your own link GP who knows you and your history (often including the wider family) is essential. Options should be available for communication - not just AI led or internet or text. Properly constituted PPGs that reach out to the community, are representative and accessible would help.
Milton Keynes	CHS				Someone who did use a community health service	More local care for long term illness. Currently this is a 7 mile trip away

Appendix 5 - Community health Services Q5.7 What does this idea mean to you, and how could it help you or others in your community?

Local authority	Service Area		Respondent Group			What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Milton Keynes	CHS	MHS		Carer		Primary and secondary care need to work more collaboratively
Milton Keynes	CHS				concerned citizen	Bringing care to local people in community spaces if necessary. removing barriers to individuals getting care.
Milton Keynes	CHS	MHS			Healthwatch Milton Keynes	Services should be working to a shared patient focussed KPI/ Target/ clause in the contract. It is the only way that all of the various health and care providers, all working to different strategies, budgetary constraints, admission criteria. This needs to be based on patient experience rather than outcome. There needs to be much better access to interpreters and materials in accessible formats.
Milton Keynes	CHS	MHS			Likely future patient	Shouldn't need to be expert in how services work to access them
Milton Keynes	CHS		Service User			A dedicated phone number readily available to contact with any queries regarding all care facilities available.
Milton Keynes	CHS			Carer		Services should work together. Often there is no communication between hospitals & GP surgeries. Patients without family support fall through the gaping hole
Milton Keynes	CHS		Service User			better communication between all the health care services
Milton Keynes	CHS				Work in Willen hospice	The support that we receive from government is laughable, we offer end of life care and palliative care at the highest level, yet we rely on the good people of mk to jump out of planes and run marathons to fund us!! This is a joke considering the discussions going on in society about palliative care
Milton Keynes	CHS			Carer		at last the government have seen sense!
Milton Keynes	CHS	MHS		Carer		Joined up care is what is needed but we haven't experienced this other than 4 weeks of physio for my dad after a major op. There has been no joined up care for my daughters mental health journeyman her AuADHD at all - we have to keep pushing in every direction hoping something will work.
Milton Keynes	CHS		Service User	Carer		Not having to travel our of the region to get emergency ophthalmology attention.
Milton Keynes	CHS	MHS			Was a carer	Good
Milton Keynes	CHS				A carer who has used the services last year	If you had joined-up care, then when somebody is having a mental health crisis all the information would be in one place and carers wouldn't have to repeat everything to each person who asked. That can be very emotional for both.
Milton Keynes	CHS			Carer		Getting care at home or going to a local practice instead of MKUH. Scans at whitehouse surgery were excellent. Convenient, on time & no parking charges
Milton Keynes	CHS	MHS	Service User	Carer		better care for the elderly and children with disabilities to which they need either nursing support or 24hr care.
Milton Keynes	CHS				I have elderly parents who are likely to need these services in the near future	Joined-up care would make a big difference - we are constantly getting different opinions/information from different services and lack of communication results in lots of unnecessary anxiety and confusion.
Milton Keynes	CHS		Service User	Carer		If it is a sort of single point of entry local triage system with trained personnel who can face to face help / advise you what local services would help best and make referrals this would be vvery helpful rather than the current systems which rely on an ability to understand the system and use computers. Talking to someone is always best and sadly not always possible nowadays.
Milton Keynes	CHS		Service User			To me, "neighbourhood health" means people being able to get the care and support they need close to home, without confusion or gaps between services. At the moment, my wife and I have to coordinate things between my GP, four hospitals, district nurses, and hospices. Joined-up care should mean: <ul style="list-style-type: none"> One main point of contact for patients and families, who can coordinate across health, social care, and hospice services. Professionals working together as one team, sharing information so patients don't have to keep repeating their story. Clear and respectful communication with families, so they feel informed and supported at every stage. In my community, services like Willen at Home and the Palliative Care Community Hub already show how this can work: they provide a 24/7 contact point, urgent same-day visits, and holistic support that goes beyond just medical care. But in Milton Keynes, unlike Bedfordshire or Luton, this isn't backed by NHS funding – which makes the service vulnerable. If "neighbourhood health" is to mean anything, it must include fair, sustainable funding for local hospice services, so that everyone in Milton Keynes has equal access to high-quality, joined-up end-of-life care, right in their own homes. In the future, I would like to see more investment in: <ul style="list-style-type: none"> Hospice-at-home teams as a core part of neighbourhood health. 24/7 advice lines and hubs so families always know where to turn. Holistic support services (emotional, spiritual, and practical) available locally, not just medical treatment. Done well, neighbourhood health could make care easier, clearer, and more compassionate. Done badly, it risks being just another layer of bureaucracy.
Milton Keynes	CHS	MHS	Service User	Carer	Workforce	Care in all areas is important, support is key , and a specialised contact
Milton Keynes	CHS			Carer		Easier access to GP. More GPs. Proper funding for Willen Hospice and Willen at home, much better than hospital.

Appendix 5 - Community health Services Q5.7 What does this idea mean to you, and how could it help you or others in your community?

Local authority	Service Area		Respondent Group			What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Milton Keynes	CHS				Friends have used the hospice services	Communication is key Nurses, pharmacists and GP appointments being available
Milton Keynes	CHS				Workforce	Services need to talk to each other, meetings to discuss ongoing needs. I would like to see more mindfulness and yoga classes to help patients. More places for patients to be able to contact someone in a crisis instead of going to GP.
Milton Keynes	CHS				Willen hospice	Fair funding for end of life care
Milton Keynes	CHS		Service User			Roles like social prescriber within a GP or a community can help identify areas of need and improvements which can be made to individuals lives. There needs to be much better communication and work within and between health, social care and community support as it is too jointed and things are missed too frequently or duplicated.
Milton Keynes	CHS	MHS		Carer		I think thos will be harder to find the right person to speak with. It's hard enough for someone to contact a team, no matter waiting for the right team to be contacted, then waiting for the person your wanting to talk to. It's already hard enough
Milton Keynes	CHS		Service User	Carer		We find it quite difficult at present to know who is responsible for different aspects of the care / treatment both of us need. We are currently involved with the GP's services; the Neurological Conditions team from Central and North West London NHS Trust; the Health and Wellbeing Team at Willen Hospice; and the District Nurse Services. Further afield we also have consultations with the Neurological Specialist at the John Radcliffe Hospital in Oxford. It has taken almost two years to get to this stage, and perhaps a more linked-up approach to patients with complex needs would be a great help - and far less of a strain on people like me, as a carer, aged 86, with my own medical problems.
Milton Keynes	CHS				Supporter of hospice care	There just isn't enough joined up care emanating from GP as the first point of contact. They can disseminate information via their website as well as printed handouts
Milton Keynes	CHS		Service User			Will it mean face to face appointments and more access to health care staff?
Milton Keynes	CHS				I work as a volunteer with people from various charitable community health services and know how important they are	Human support and contact is crucial. Digital services are cruel for the old, the sick and the technology poor.
Milton Keynes	CHS			Carer		Willen at home worked really well with the hospital and gp/nursing to give treatment to my mum with cancer
Milton Keynes	CHS				Member of the public	The services need to find ways of working together to establish best provision of resources. Personal contact is important. Improved telephone service without a long automated introduction and pressing numbers for an array of services. People who need help need to speak to someone as soon and as simply as possible.
Milton Keynes	CHS	MHS	Service User			Ensure there are enough practitioners available to cover the need, close to the people who need it
Milton Keynes	CHS			Carer		Neighbourhood health care sounds a good idea, but it must be at places that are accessible by public trnasport.
Milton Keynes	CHS		Service User			Surely palliative care in the home is as close to neighbourhood health as you can get!
Milton Keynes	CHS	MHS		Carer		Milton Keynes has a world renowned hospice that funds itself so government has to support this type of facility too
Milton Keynes	CHS				Financial supporter	Make it easier to get local help
Milton Keynes	CHS	MHS		Carer		linked files, shared care
Milton Keynes	CHS		Service User			Joined up care
Milton Keynes	CHS				Someone whose partner was in palliative care at home	If you're ill, or caring for someone who's ill, you really don't want to think about which service is community or health or social. You want someone to help you work out what you need and how to get it. It should be seamless.
Milton Keynes	CHS			Carer		All health authorities should have access to patients records. The problems this causes for patients is on another level and can be very stressful. The NHS IT needs improving.
Milton Keynes	CHS			Carer		Care needs to be easier to obtain with less reliance on technology that not all end users are comfortable with
Milton Keynes	CHS				Local resident	People should have regular checks either their doctor to see if any help is needed and be referred to to someone how can help them
Milton Keynes	CHS				Concerned member of the public	Having more linked up services will hopefully help to streamline services, making it easier and faster to get the right support to people in need
Milton Keynes	CHS			Carer		It is essential for IT services to share information so that hospitals, GPs and community health services can all see what is going on.

Appendix 5 - Community health Services Q5.7 What does this idea mean to you, and how could it help you or others in your community?

Local authority	Service Area		Respondent Group				What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Milton Keynes	CHS		Service User				There should be a basic, logical system of processing care - nation wide. We are happy to receive emails, texts, phone calls from our GP or the NHS app.
Milton Keynes	CHS				Workforce		Increased number of healthcare professionals working in the Milton Keynes community. GPs enabled to make face to face visits in patient's homes. Increased number of GP surgeries.
Milton Keynes	CHS				Workforce		One big building for all these services, more joined-up working. Easier as you only need to get to one place.
Milton Keynes	CHS		Service User	Carer			Fair funding for Willen Hospice
Milton Keynes	CHS			Carer			Willen Hospice desperately needs NHS funding to help with at-home end of life care, they currently receive no funding for this vital service, whereas Bedford and Luton do. Please please help support the hospice. Terminally ill people and their families need this service.
Milton Keynes	CHS		Service User				Services should be joined, meaning all information is available even in different areas. For instance I'm treated at Oxford as I have sarcoma, not dealt with at my local hospital (MK). It would be great if I don't have the journey to Oxford often.
Milton Keynes	CHS	MHS	Service User	Carer			The assurance that Willen Hospice will be available and funded for care when we need it.
Milton Keynes	CHS	MHS			Workforce		A central 24 hour call center for non emergencies who can book appointments, signpost and refer would be good. One central point, no more postcode lottery appointments
Milton Keynes	CHS					I support my local Willen Hospice and the work that it does throughout Milton Keynes	Willen Hospice should be fully integrated into any neighbourhood health scheme. Only by providing NHS funding for its work can the future of Willen Hospice be assured.
Milton Keynes	CHS				Carer for a deceased user		The role of GP surgeries needs expansion. They must be central to the provision of healthcare, easily contactable with specialist help/advisors on hand (not just GPs). Such help should be provided on a walk-in basis not requiring an appointment
Milton Keynes	CHS	MHS			Workforce		There should be easy access support earlier rather than only at a crisis point. When in crisis and needing admission, there needs to be local placements so that family connections can be maintained.
Milton Keynes	CHS			Carer			Why do I only hear about the wide range of services offered by Willen Hospice, especially the Willen-at-Home service from the Willen organisation? We haven't yet needed to call on their services but they do seem to exist on their own island, separate from the rest of the community services.
Milton Keynes	CHS		Service User	Carer			This should be properly funded to ensure that no neighbourhood is left struggling.
Milton Keynes	CHS	MHS				Someone who has supported friends and family using services	Making sure no one falls through the cracks. Anything that improves social care locally has to be a good thing and a joined up approach feels logical. My only concerns are would it be fully funded and overseen centrally to ensure consistency of approach across the country so that everyone has access to good healthcare, not just those in affluent areas.
Milton Keynes	CHS			Carer			Perhaps there could be an equivalent of NHS 111 at a local level when the health problem is such that more intense support is required than normal day to day NHS 111, GP, out of hours and A&E support. This would give a single point of contact for information, day to day support and crisis support with triage to ensure that the right experts are brought in as required
Milton Keynes	CHS			Carer			Following my above comments, I totally agree that joined up care in the neighbourhood is required. With regards to how to communicate this needs to be evaluated on a case by case basis, and all technologies and processes need to be made available. People are all different, able, non technical, blind, deaf, non verbal, totally disabled. So communication methods needs to be universal and all inclusive.
Milton Keynes	CHS	MHS	Service User				I agree there's not as many kids clubs I used to pay £1.50 to sit at a youth club 6-9pm and I don't think I've seen any of these for years, we had basketball, arts and crafts, baking and games, it was a key part of having adults to have a quiet chat with or friends to blow of steam from at home, adults would also benefit from something like this, community has been lost since before covid I think bringing it back would greatly benefit mental health
Milton Keynes	CHS		Service User				Local information can be distributed through regular health update leaflets that could be distributed through postal services. E mail is still not yet accessible to everyone. Local faith groups and clubs for ethnic groups could also help with widespread distribution
Milton Keynes	CHS			Carer			Being local and in one hub, the team would get to know the members of their community. They would be able to provide a more personal care. Being in a close knit team they would be able to share their knowledge of the patient more effectively and efficiently.

Appendix 5 - Community health Services Q5.7 What does this idea mean to you, and how could it help you or others in your community?

Local authority	Service Area		Respondent Group			What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Milton Keynes	CHS			Carer		It makes sense to base facilities within the community and leave the hospital to deal with urgent care, cancer services etc. Willen Hospice at Home needs funding so they can care for people without needing to go to hospital. Most people prefer to be cared for at home, not in hospital.
Milton Keynes	CHS				Concerned resident	Joined up care is essential and end of life hospice care should be part of this.
Milton Keynes	CHS				Aware of challenges to services	Include charities in this for wider support
Milton Keynes	CHS			Carer		Publicity is the key to getting information out too to the general public
Milton Keynes	CHS				I used the services for a family member	It sounds sensible. Doctors surgeries and hospitals should promote other available services
Milton Keynes	CHS				Potential user and neighbour	Don't assume everyone knows who is currently responsible for what services and involve community councils who understand the neighbour
Milton Keynes	CHS	MHS	Service User		Volunteer	Local services should collaborate therefore providing a wider net of options available to the public and also then having the option to support in the right capacity
Milton Keynes	CHS	MHS			Family waiting for care package assessment place for 2 parents.	There needs to be access to support groups for mental health issues. Parents with children with mental health issues feel so alone and lost. CHAMS does not have capacity to cope
Milton Keynes	CHS				A resident	Sharing funding to ensure fair and appropriate care is given to all residents.
Milton Keynes	CHS	MHS	Service User			Good idea if it actually goes ahead
Milton Keynes	CHS				Supporter of Willen Hospice	I would like health services & MK Council to be sharing more information and to involve my family more
Milton Keynes	CHS			Carer		Not Sure.
Milton Keynes	CHS	MHS	Service User	Carer		As mentioned in comments boxes above. So important to establish effective community care, with regular staff getting to know the community it's serving.
Milton Keynes	CHS				A longtime resident and friend of people who used local services	Better funding for health professionals and charities to visit vulnerable people at home on a regular basis, as GPs used to do in the past.
Milton Keynes	CHS	MHS			A resident of MK who has had friends looked after there	Easier access would be helpful in smaller centres. Communication for and to gp would save having to reopen wounds going over sensitive information again and again
Milton Keynes	CHS			Carer		If the same care team looked after all your needs it would make it easier for families to take care of people at home
Milton Keynes	CHS			Carer		End of life care is sensitive and needs to be treated as such. Telephone calls, face to face, considerate care. More sessions and support available in local community services.
Milton Keynes	CHS	MHS		Carer		Think this would make things more accessible as long as consistency is paramount. People need one person to be key person.
Milton Keynes	CHS	MHS		Carer		I feel a one stop hub for all health should be available, from mental to physical, with on the spot support, social prescribing, referrals and appointments all offered alongside crisis teams.
Milton Keynes	CHS				Someone who supports local hospice care	It is harder to get cancer support if the hospices aren't fully funded
Milton Keynes	CHS		Service User	Carer	Workforce	Joining NHS services with community support services like Willen at Home provides clear pathways for patients and their families. Currently services are disjointed and patients get confused where to get help from. This leads to more strain on primary care.
Milton Keynes	CHS			Carer		Palliative carers to be available through the hospice.
Milton Keynes	CHS		Service User	Carer		One point of contact
Milton Keynes	CHS				Widow of someone who benefited from hospice care, at home.	Local access to the right care without going out of area. Someone to ring and visit to see how it's going. Seamless overlap between day and night care without a long wait for help. Especially at times of crisis.

Appendix 5 - Community health Services Q5.7 What does this idea mean to you, and how could it help you or others in your community?

Local authority	Service Area		Respondent Group			What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Milton Keynes	CHS		Service User	Carer		This can make it easier if it's managed and co-ordinated well with information and results reviewed and shared appropriately. My diabetic eye check was recently conducted in the local community centre. Convenient and efficient.
Milton Keynes	CHS			Carer		Services should be combined as my recent experience was the teams always tried to push you onto someone else often going round in circles. One incident every team declined to visit due to procedures or something as stupid that our GP walked round to treat my mother
Milton Keynes	CHS			Carer		More mental health services are needed and to be more available
Milton Keynes	CHS			Carer		Hopefully a more joined up approach, where different services and schools talk to each other to help individuals
Milton Keynes	CHS		Service User		Workforce	Milton Keynes deserves fair funding for hospice care.
Milton Keynes	CHS				A previous user of service	Easier access with face to face local contact. No call centre, email, social media access
Milton Keynes	CHS				Concerned about services, not being equal across the area	All services should be joined up to ensure that all options are available. More communication with family and carers so that they are aware of what is on offer or why decisions are being taken. More multidisciplinary meetings so that options are discussed
Milton Keynes	CHS				Disabled person who will need community care in the future	As stated previously there should be health hubs in the local community, close to where people live. The recent change to amalgamating GP practices in Milton Keynes has been a disaster creating a much poorer and fractured service, where patients often have to travel longer distances to access a worse service. Firstly get rid of all the private companies who are making a great deal of money out NHS. Set up neighbourhood health hubs with appropriately qualified health, social care and community staff directly employed by a local health/social care authority who know and understand the needs of their community. Secondly, create a network of communication and support between the neighbourhood hubs and other stakeholders such as the local hospital, mental health services, hospice, local authority, child support services and health education services. All services should be working together, supporting each other NOT being placed in competition with each other. This would provide a joined up service which would educate and support people leading to greater health and social benefits for all.
Milton Keynes	CHS	MHS			a resident of Milton Keynes	NHS and Social care need to share appointments, data, care notes. One care coordinator should manage care across specialities, professionals and be responsible for communicating to all involved.
Milton Keynes	CHS				Volunteer	GP surgeries and social care services to work together.
Milton Keynes	CHS		Service User	Carer		All services should work together to provide joined-up care which should make it easier to get the care that is needed.
Milton Keynes	CHS				I have had home care for both my parents	It sounds like a great idea. People struggling with whatever issues I am sure would feel happier knowing there is community help out there.
Milton Keynes	CHS			Carer		Lymphoedema support properly supported by NHS trust
Milton Keynes	CHS				Workforce	Additional support for hospices
Milton Keynes	CHS		Service User			Firstly identify how easily this can be done. Which existing groups could work together
Milton Keynes	CHS			Carer		I have had bad service from care in community. There is no communication between departments, and I found it impossible to get answers from the doctors when the specialist have stated you need this service I have written to doctors, doctors don't act on there advice. So it's harder to get the care I need
Milton Keynes	CHS				Someone whose close relative used these services at their end of life	More funding for Willen hospice as when a family is faced with what would be the best situation for themselves or loved ones they don't really know who to turn to if they want to be cared for at home or in the Hospice. They need more availability when in this awful situation.
Milton Keynes	CHS	MHS			For an adult who needs mental health help, but finds it hard to negotiate.	Those people who can't push for help themselves, need checking on if not been seen by a Gp for a couple of years. All this we can't interfere with the private lives is ok for some, but some are getting completely lost in their world. 🙄
Milton Keynes	CHS	MHS		Carer		Joined up care is a very good idea as services do not communicate at all. Getting the right help is extremely difficult. I would like to see more services provided for carers and the adults they care for
Milton Keynes	CHS				MKCC Councillor	No gaps in care plans
Milton Keynes	CHS			Carer		For us, each service seemed to hear about us by reference from another service rather than in a controlled way. This may have worked, we don't know as we only found out what was available bit by bit

Appendix 5 - Community health Services Q5.7 What does this idea mean to you, and how could it help you or others in your community?

Local authority	Service Area		Respondent Group			What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Milton Keynes	CHS				A person getting older who doesn't want Willen Hospice to have to close.	This would be ok as long as they could refer to more specialised services
Milton Keynes	CHS	MHS			Resident who might need the services in the future	If it's put in place it should help,
Milton Keynes	CHS			Carer		Liaise with hospice groups for end of life care
Milton Keynes	CHS	MHS		Carer		Sharing of records and information. Having IT systems that actually talk to each other so past information is able to be shared with all services.
Milton Keynes	CHS			Service User		Local hubs I believe are a great idea to deliver this kind of service although using up to date communication methods are key along with traditional methods
Milton Keynes	CHS			Service User		This is an excellent initiative provided it is executed correctly. Neighbourhood health is now critical to assist with not only identifying the issues but progressing diligently. Organisations like Willen Hospice Care are vital for ensuring care services and need funding! Willen at Home gives people in MK a single, specialist point of contact at the end of life. Without NHS funding to continue this service, patients will face confusion, delays and unnecessary hospital admissions.
Milton Keynes	CHS	MHS			A family member of someone who uses these services elsewhere and is aware of need.	It is great in principle, but when social care becomes involved, there often becomes an 'eligibility' issue, restricting access if you are not on certain benefits.
Milton Keynes	CHS				I have lost friends and family to cancer and also have it myself	Better communication in the health service
Milton Keynes	CHS				As someone who may need the service in the future	A service that communicates well with you and your family and other support groups. When someone's condition worsens quickly you need urgent same day visits in the home especially those needing palliative care.
Milton Keynes	CHS			Service User		For me the key is access to these services. If they are GP lead we all know the challenges there and they need to be well resourced so wait times are reasonable. Need to include better support for end of life care. Incontinence care, hearing support, sight loss, post surgery support, dementia
Milton Keynes	CHS			Carer		Full funding for the local hospice who are absolutely brilliant at what they do.
Milton Keynes	CHS				A family member of someone who has used Willen Hospices Home Care services	A fully funded Hospice care facility should be the norm
Milton Keynes	CHS				I'm responding to a request from Willen hospice	The first port of call should always be the GP. Who can advise, refer or otherwise help get the appropriate help
Milton Keynes	CHS				Someone who had experience of using the services to care for someone else	We definitely need more finance to provide care in the Community; In particular, we need more care provision for those nearing the end of life
Milton Keynes	CHS			Carer		local based care with enough resources to cater for the need

Appendix 5 - Community health Services Q5.7 What does this idea mean to you, and how could it help you or others in your community?

Local authority	Service Area		Respondent Group			What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Milton Keynes	CHS	MHS			I have known many people over the years that have used these services	This does sound a good idea but it is important not to damage existing local services in the process.
Milton Keynes	CHS			Carer		Services need to recognise that the very people they are trying to reach are less likely to reach out to them. Ensure community joined up care is in where the people are. Think outside the box and discover what people need right now rather than when things seem dark and hopeless.
Milton Keynes	CHS			Carer		Integrate the support provided by Willen Hospice with other community services. Provide funding to Willen Hospice too allow it to increase its contribution.
Milton Keynes	CHS				potential palliative care for myself	I hope it will mean more care at home or in the local GP surgery rather than hospital
Milton Keynes	CHS		Service User			To be able to get appointments at your doctors made easier & quicker.
Milton Keynes	CHS			Carer		Use social media to inform people
Milton Keynes	CHS	MHS			Citizen	I can get a blood test, a flu jab, physio, therapy sessions, scans done on the high street
Milton Keynes	CHS			Carer		Fully funded hospice/ care at home
Milton Keynes	CHS			Carer		Funding needed for local support and treatment Travelling long distances for help means patients who need support won't bother as the travelling just adds to the stress
Milton Keynes	CHS			Carer		Easier gp appointments. Go's that do home visits. All services checking in in one system to know the up to date situation
Milton Keynes	CHS			Carer		Joined up care would be brilliant, if only! I was referred to a community ENT service 18 months ago, I never got an appointment and I've heard on the local grapevine that they don't exist any more, the referral has disappeared from my NHS app but no one from NHS has contacted me about this.
Milton Keynes	CHS	MHS		Carer		· People in MK deserve the same access to hospice care as people in Bedfordshire and Luton.
Milton Keynes	CHS	MHS		Carer		Good to see services other than via MKUH - WILLEN HOSPICE responsive and supportive
Milton Keynes	CHS		Service User			Great in theory, very difficult to get professionals on the same page and talking to each other?
Milton Keynes	CHS				Former trustee of Willen	Existing Willen at Home provides care in the home for end of life but is funded entirely by voluntary donation. This must receive equitable NHS funding to that provided for equivalent service in Luton and in Bedfordshire. Otherwise it will become unsustainable
Milton Keynes	CHS			Carer	Workforce	Yes, teams work very close with the local GPS hospital and other charities, more collaborative working can only benefit our health service.
Milton Keynes	CHS				Workforce	Working more closely with the NHS and with sufficient investment/funding for end of life care services in our area, we could extend reach even further, particularly through our current at Home service.
Milton Keynes	CHS				Workforce	I would like to see better GP care for the elderly who struggle with technology.
Milton Keynes	CHS				Workforce	Joined up care could mean that the community is cared for holistically however communication, roles and responsibilities need to be very clear with no grey areas to ensure the safety of all patients.
Milton Keynes	CHS	MHS			Workforce Resident and employee	GP surgeries should be more accessible, more quickly and the concept of having your own GP who knows you and doesn't need to ask basic questions and waste precious time would be great.
Milton Keynes	CHS				Workforce Charity-Willen Hospice	The Hospice-run Palliative Care Community Hub gives families 24/7 access to advice and support, ensuring people get the right help quickly, without having to turn to hospital services. Early hospice involvement prevents crises, reduces strain on GPs and hospitals, and supports families too.
Milton Keynes	CHS		Service User			Better hospice links with palliative and community services - district nurses and GPs
Milton Keynes	CHS		Service User	Carer		Willen Hospice is a great example of this. they provide specialist care at home, on the phone and in the hospice. If they were better funded then they could continue to help so many people
Milton Keynes	CHS		Service User			Joining up with local transport would be key Also ensuring that information flows between specialists at tertiary centre and neighborhood health service. I find frequently even GP has no idea what outcome is from tests or scans I have had under specialist, and additional care from GP surgery is not reported to specialist. My condition is rare so I need continued involvement of specialist but Cambridge or Oxford are my closest options.

Appendix 5 - Community health Services Q5.7 What does this idea mean to you, and how could it help you or others in your community?

Local authority	Service Area		Respondent Group				What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Milton Keynes	CHS	MHS			Workforce		Multi-agency working for vulnerable people/families is essential, and there needs to be a named person/team that is a first point of contact. It is very difficult for people in crises to try and navigate the system (let alone both health and social care) and have to act as the bridge between different services themselves. A key worker/case worker would be able to help do this in those situations where it is needed. As well as health and social care, for children and young people it is vital that the education authority is also involved.
Milton Keynes	CHS	MHS			Workforce		mental and physical health should be brought together as these interact and people should receive the right support at the right time. access to services needs to be simplified and more prominent.
Milton Keynes	CHS	MHS				Professional who refers to community services/whose patients use community services	This is a great idea - but one of the current challenges is duplication of service; better coordination between services would be ideal Often professionals in different services do not know what other services offer, so there is a need to share information between professionals to enhance coordination/collaboration
Milton Keynes	CHS					member of public	you need to make sure Willen Hospice is funded fairly as they take pressure off the hospital and help people stay in their homes to die which is what most people want. Why do you treat Milton Keynes differently to other areas like Bedford and Luton? it's not fair.
Milton Keynes	CHS				Workforce		More integrated MDT working and communication between health and social care services.
Milton Keynes	CHS	MHS	Service User				I thought this was what Primary Care Networks PSNs were set up to do? Is this just another rebranding? Services should be locally managed and not provided by an NHS Trust located miles away who has no accountability to the local community (or it seems the ICB).
Milton Keynes	CHS	MHS		Carer			Local services are important. But most important is quick access to good care
Milton Keynes	CHS	MHS		Carer			Better trained and informed GP's with more available appointments
Milton Keynes	CHS	MHS				Have been a long-term previous client.	A community warden, such as a councillor or similar model, who could refer people their concerned about would help.
Milton Keynes	CHS				Workforce		Ensuring care stays local and there is a community approach. Transport links are poor and people struggle to get to appointments outside of Milton Keynes, and often disengage as a result of this, meaning poorer health outcomes. Health need to work more closely with the council and third sector for long term exercise opportunities and engagement- this is currently very disjointed, and expensive for service users. The AMKERS programme is now very limited. Working with LEAP to better this area. Equitability of provision of services, neurology services are chronically under funded and under appreciated. Neurology services were not even recognised as a specific area on this survey, where as cardiac and pulmonary rehab are. 1 in 6 people in the UK live with a Neurological condition but these services are understaffed resulting in long waiting lists.
Milton Keynes	CHS	MHS				Carer unpaid	Anything
Milton Keynes	CHS	MHS	Service User	Carer	Workforce		please consider services sharing recording systems - eg community, acute, social service. this would really help with communications and coordination re: pt care and professional/services input. A single person would be good, communication through talking!!! face to face if possible - try to reduce number of cancellations. Involving the family within everyday care and not always relying on the pt who may have mental health or cognitive difficulties. Professional curiosity. BETTER GP services - availability of appointments. Reducing isolation and loneliness. Increase multi cultural mix
Milton Keynes	CHS			Carer			Good communication is necessary to provide joined-up care
Milton Keynes	CHS	MHS				N/A	Would be a benefit to the community
Milton Keynes	CHS				Workforce		Working for a forward thinking PCN I believe we do a lot of this already as we have an active ICST in the community and have set up several groups for patients including Chair based exercise, friendship cafes and support groups and drop ins. We also work with the Parish Council to see how we can support the local community. Involvement from all emergency services is important and well as working collaboratively with the voluntary sector, schools and other community groups to reach out to those areas where there are health inequalities and under the barriers and issues which hinder progress.
Milton Keynes	CHS			Carer			It would be good for some out of hours support. If a carer is trying to continue to work it is v hard - everyone only calls and expects the carer to call back. Also any support groups etc are during working hours.
Milton Keynes	CHS			Carer			Services don't join up or share information. Communication in good English is key and often lacking
Milton Keynes	CHS					over 80	This sounds very idealistic and a an aim rather than an objective.
Milton Keynes	CHS		Service User				One point of contact initially

Appendix 5 - Community health Services Q5.7 What does this idea mean to you, and how could it help you or others in your community?

Local authority	Service Area		Respondent Group			What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Milton Keynes	CHS	MHS	Service User	Carer	An autistic adult with sensory and hearing needs, a non-driver with transport barriers, and a local resident who may use these services.	Neighbourhood health makes sense to me if it means care is truly local, coordinated, and easy to use. In Stantonbury that should look like the GP at Purbeck Health Centre, the community pharmacy and dentist working hand in hand with social care, the voluntary sector and nearby assets we already have: Christ Church, Stantonbury Theatre, Bar and Gallery, the Leisure Centre, the vacant café unit, our four schools, two nurseries or pre-schools, and Aldi. These places can host regular drop-ins, groups, and outreach so people do not have to travel far. It would help if there were one front door for advice and referrals, plus a named coordinator who stays with the person and books the next step before discharge. Joined-up care should mean I do not have to repeat my story. With my consent, services should share a simple care summary that includes my communication preferences and reasonable adjustments, and that follows me across teams. Communication needs to offer real choice: phone for those who prefer it, but also text, email and webchat for people with hearing, sensory or anxiety needs. Written appointment details, clear timelines and predictable routines make it far easier to engage. Done well, neighbourhood health would make access easier, reduce avoidable A&E use and build trust. The risks are duplication and confusion, so there needs to be a single local calendar of sessions and clear signage in every venue. Digital information must be accessible and up to date. Purbeck Health Centre's website in particular needs a mobile-friendly, readable design so people can quickly find opening hours, booking routes and support. In my area I would like to see more quiet-hour groups, sensory-aware rehab and wellbeing sessions at the Leisure Centre and church, social prescribing and peer support hosted locally, small safe-haven style drop-ins in the evenings, and outreach stalls at Aldi and the schools for simple health checks and signposting. Practical transport help for non-drivers, warm handovers between teams, and follow-up within 24 to 48 hours after any urgent contact would make the model work for me and many others.
Milton Keynes	CHS	MHS		Carer		This fails in areas that border 2 ICBS. In Hanslope, the practice is based in Milton Keynes but part of Northants ICB. This causes many problems with referrals, district nurses, end of life care, transport and more.
Milton Keynes	CHS	MHS	Service User	Carer	A struggling human	What services?
Milton Keynes	CHS		Service User			This would be much better, it's a shame we lost a lot of the cottage hospitals over the years. Wherever it's going to be it has to be in the right place, and neutral for them. Example don't put it next to a drug clinic if that is what the cause of their issues stem from.
Milton Keynes	CHS				Public	Well wing hubs

Appendix 6

Responses to 'Other' when asked which respondent group they belonged to.

Other (please specify)
An interested adult
simply a patient
public health
Family friend
Family member of someone who has used the services and is also aware of others who have used it
Work alongside MH services
Healthwatch - working closely with MH services including 400 conversations with women on Willow Acute inpatient ward
Likely future patient
Refers to MH services
Previously worked in mental health
Work in a school
Someone who has had little success trying to help a minor access mental health services.
Some who struggled to access mental health services
Local resident
A retired mental health nurse in Milton Keynes
I had support when my Mum was at end of life & a few weeks after her death
Just interested.
Past experience of a close friend who needed these services
Used MH services before patient passed away
Concerned citizen
Social services
Someone who refers to mental health services
A parent and advocate of a now 20 yo who has been failed by these services.
We run a small voluntary charity that supports families of those in addiction
Concerned person
Referrer to Mental Health Services.
work in community SLT services but liaison with MH services for SLT
A long term client of mental health (Recovery and Rehabilitation Service).
A parish council
Stroke survivor
Academic interested in the field
I have started a new Anxiety & Emotional Health coaching practice based out of Ampthill. Aimed at supporting those with anxiety related health issues
Referring service
Someone who sympathises with carers, nurses and medical staff facing the current deluge of demand.
Recently retired from working with Adults Mental Health
I have a family member that suffers from social anxiety. I have neurodivergent family members.

Friends used services
Someone who gets recommended to this service
Help to cope with the depression of coping with chronic pain
As concerned resident
Health Care professional not in mental health
Care Coordinator for LD's and care homes
used services as a carer of person with mental health prob
An autistic adult with sensory and hearing needs. I am not currently under secondary mental health services, but I use GP and community support and have ongoing mental health needs.
Formerly worked in MH services - now retired
Former carer
Friend of persons who have accessed support
Have used in the past
One who has awareness of the lack of support to friends and family
Independent Living Officer
Unable to access services
NHS worker
My son previously used the mental health services
I used to work in mental health services
A doctor who sees many patients with mental health issues but not working in mental health services
Partner, Resident, and Carer
Someone who may need it
Childcare.
Mother
Luton Council employee
I have used kids MH teams and haven't been back as an adult
someone that works in primary care
Health care professional
staff member signposting patients to the services
Some who is struggling
I tried to access services fir myself
Potential user of mental health services
MH and Substance misuse charity
Public

Appendix 7 - Mental Health Services - Q 6.8 What do you think would make it easier for people to get the mental health care and support they need?

Local authority	Service Area	Respondent Group					What do you think would make it easier for people to get the mental health care and support they need?
Bedford Borough	MHS	Service User					I am profoundly deaf BSL users. I am being supported by an interpreter to complete this survey. If i have a problem or need to discuss my treatment, I have to rely on a PA or a charity to support me to make contact, which means I cannot call immediately I have to wait until someone can interpret for me. This means I have no access to emergency or crisis care.
Bedford Borough	MHS	Service User					Such a long time ago I am not sure
Bedford Borough	MHS		Carer of Adult				All people on a waiting list should be called every 2 months to see if there condition has changed and if it has deteriorated be seen as a priority by a consultant.
Bedford Borough	CHS MHS		Carer of Adult				There would not be waiting lists of a year and more to deal with mental health crises.
Bedford Borough	MHS		Carer of Adult				my wife was diagnosed with Alzheimer's in June 2019, a series of falls led to emergency services becoming involved and was declared bedbound June 2022, now resident in a Nursing Home July 2025
Bedford Borough	CHS MHS	Service User	Carer of Adult	Carer of CYP	Workforce		You say that people SOMETIMES find it hard to access mental health services. From what I hear, people ALWAYS struggle. The waiting lists for EVERY SERVICE are awful, referrals being sent back to GPs, patients not being taken on by CMHTs or classed as "too High Risk" for Talking Therapies. Far too many people are slipping through the net or being too unwell for Talking Therapies but not unwell enough for CMHT. Overall, the whole Mental Health Service needs a substantial financial boost, better staff who care about their role and patients, and more trained specialists for Neurodivergent service users. There is far too much I want to say on this topic, I could write a thesis on improving the service, but at the end of the day, it all comes down to money, and there isn't enough to go round. So whatever improvement suggestions I make will not happen, so I shall not bother to waste my time any longer in telling you the way forward.
Bedford Borough	MHS	Service User					having information online and in other forms that are in areas which are accessible epically for those with learning disabilities like autism and adhd. those with these sort of conditions struggle to understand information given out currently due to the wording being to intense for people that are literal.
Bedford Borough	MHS		Carer of Adult	Carer of CYP			The professional listens and not put down things you haven't said. Trust is key too
Bedford Borough	MHS			Carer of CYP			A helpline for parents of children with suspected neurodivergence to work through the process to diagnosis.
Bedford Borough	CHS MHS	Service User		Carer of CYP			reducing the wait times. This is the number one obstacle. We can call or fill in form but if help is slow or too long away it is difficult. For young people having someone in school or a community hub the can access while waiting for more intensive support
Bedford Borough	CHS MHS		Carer of Adult				It would be helpful if someone checked in with the patient on a regular basis. Because we have paid for private counselling now for years (which began because the wait for talking therapy was so long) it often feels like we are very alone in dealing with ongoing and new problems. It took a long time for him to go back for medical help, but now feels like he has been given some drugs and that's the end of it. Whereas it is hard to know when to contact the doc so would help if someone else checked in with us on a regular basis. And also... that the parent/ carer of a young adult should be able to be in contact with what is being offered. If I had been allowed to be involved from his age 19 start point, I think his issues would have been resolved more quickly. It is very lonely feeling you are constantly firefighting this mental health situation. Same applies with my husbands diagnosis of dementia, an allocated person to regularly check in and make suggestions or encourage to take up of such, would be better received than from the sometimes nagging wife.
Bedford Borough	CHS MHS	Service User					Good information on who to contact and how plus early engagement after referral to gather information and advise. Involve family and carers if appropriate and enhances safety.
Bedford Borough	MHS					Recently retired from working with Adults Mental Health	I think there are some good positives with the recovery college courses and crisis cafe's. I do think there is a lack of hospital places for those in crisis, it can take much too long to gain a place particularly when adults are already in residential care. I feel the whole metal health sector does not receive the funding required to run things efficiently. There is a lack of staffing across the sector. The changes with employers contribution and minimum wage rises will only make things a lot worse for those in the private sector. Getting the quality of staff, those with experience or willing to train is becoming too difficult making situations more difficult to get good outcomes.
Bedford Borough	MHS				Workforce		Much shorter waiting times for assessment, guidance and treatment at camhs Better provisions and support while waiting. More support for schools in managing young people's mental health and achool avoidance
Bedford Borough	CHS MHS	Service User	Carer of Adult				To have people to understand

Appendix 7 - Mental Health Services - Q 6.8 What do you think would make it easier for people to get the mental health care and support they need?

Local authority	Service Area	Respondent Group					What do you think would make it easier for people to get the mental health care and support they need?
Bedford Borough		MHS	Service User			Friends used services	To be sectioned for their own safety if suicidal
Bedford Borough		MHS			Carer of CYP		Listen to the patient the first time. Not after 5 ambulance trips to hospital for a 10 year old boy who wanted to end his life. He was in crisis. Took 14 months to get the right help.
Bedford Borough		MHS				Someone who gets recommended to this service	1. The professionals actually listen to the person and take these things into consideration. E.g. I cannot use the telephone (due to other needs) yet the professionals expect to make contact with me by telephone for appointments, discussions etc! So when they try and make contact and do not hear from me, case closed! 2. stop building up hopes, arranging one or two sessions then say that because of other disabilities, issues going on, this case is closed. This is not just going back to square one, this is going further down into the depths of depression because yet again the door of supposed support has closed. 3. professionals should have at least an understanding of more than one condition. Not just close a case because while they can work with one, they are not able to work with another. Soe people cannot exactly get rid of one condition to seek help for the other. How about there being professionals that can work with all conditions that one person has or a group of professionals? Not just give up and close a case and yet again n help or support is given for anything. This can actually have more of a detrimental affect on someone's mental health. 4. Going round and round in circles. Being sent / referred from one person to the next person to the n ext person. Nobody actually listening, helping or supporting and then the case is closed. Do professionals actually have an understanding that this can cause more harm than good in respect of mental health? 5. Professionals need to understand that medication is not always the answer. Practical help and support can be especially if someone is struggling with a physical disability or sensory impairment. Likewise if someone is being tormented by neighbours or criminals because of what they have seen and reported, medication is not the answer, it is in fact these
Bedford Borough		MHS		Carer of Adult	Carer of CYP		Clearer understanding of the transfer from Paediatrician to adult mental health with an initial appointment sooner to help that understanding
Bedford Borough		MHS	Service User			Workforce	access at the time of a diagnosis
Bedford Borough		MHS	Service User				Access and speed of access
Bedford Borough		MHS	Service User	Carer of Adult			More availability, shorter waiting lists, more access to face to face appointments and groups. GP and psychologists need a closer and quicker relationship. Waiting a month or from first contact to receive and update from psychiatrist/psychologist is too long. Direct access with potentially PICU
Bedford Borough	CHS	MHS				As concerned resident	Make it easier to understand what services are available and how to easily access them.
Bedford Borough		MHS				Workforce	Mental health is fraud. There are so many people faking this in order to gain the money benefits. Stop pandering to the woke brigade. Theres only 2 genetics!
Bedford Borough	CHS	MHS				used services as a carer of person with mental health prob	Practitioners taking notice of carers who have better insight than they can have in a hour's assessment! Not sure if referral to an 'old people's team' solely on age criteria helps with people who have struggled with mental health issues without help for many years.
Bedford Borough	CHS	MHS	Service User				As with any illness, one needs help straight away. Many people have to find private care rather than waiting for a short course of public mental health assistance. Not everyone can afford it.
Bedford Borough		MHS	Service User				Having the phone answered quite often after a crisis the asked to call by police or hospital they do so but never ask to see me or offer a appointment or support or physical check often call and say we just checking u don't need our services I say but I do they then repeat u don't need our services they offered me a online therapy but u not allowed to talk about ur personal problems not helpful or suitable for everyone

Appendix 7 - Mental Health Services - Q 6.8 What do you think would make it easier for people to get the mental health care and support they need?

Local authority	Service Area		Respondent Group				What do you think would make it easier for people to get the mental health care and support they need?
Bedford Borough		MHS	Service User				It would help if the CMHT responded to emails. I emailed 3 times to both the administration and social work team and did not get a reply. What would good access look like? You or someone else could fill out a form requesting support. If you have no one to help fill out the form then you could ring up for someone to help fill the form out. Someone would contact you in a timely manner. You would be allocated to someone who would coordinate your support and treatment. They could also explain how the service works. Help you to identify your goals from the service. And help set realistic expectations of what the service can do to help. They could also signpost you to alternative support outside of the NHS. Most important is that they believe what you are saying, especially if you say you are in a crisis. I also think that when someone decides to contact mental health services they are probably already desperate. You don't really want to have to contact mental health services unless you really need to. It is very hard then to either have your issues dismissed or be told that you have to wait a very long time for support or treatment. There should be something in place that people can access straight away to help them.
Bedford Borough	CHS	MHS	Service User	Carer of Adult	Carer of CYP		One port of call, not many different calls, people etc. Having to repeat yourself on numerous occasions, as previously said difficult and anxious time for someone who is not actually experiencing the crisis themselves nevermind those who are. One named person/team who will relay your information correctly so you do not have to repeat yourself (perhaps fitting consent to record the call therefore enabling the appropriate professional to listen to recording rather than the main port of call person delivering their version of events/mental health issues etc. Multi disciplinary, person centred (biopsychosocial aspects taken into account at all appointments/meetings) Most importantly to work proactively and NOT REACTIVELY. Mental health and acute services I have found personally and professionally constantly work reactively rather than proactively. This would save so much time, resources, financially burdens and reduce length of treatment, length of admission, waiting lists etc etc. Very important to be treated with respect, listened to. However stressed the professional is, respect, and manners cost nothing but go an extremely long way, including someone's mental and physical well being. I think acute, primary and mental health can truly benefit from working/observing the Learning Disability services/ professionals
Bedford Borough		MHS				Formerly worked in MH services - now retired	One stop access with skilled early assessment
Bedford Borough		MHS				Former carer	Joined up working between the GP, mental health services and the family with a single point of contact, good and appropriate information, and on-going support
Bedford Borough	CHS	MHS	Service User	Carer of Adult		Independent Living Officer	More information sessions on recognising changes and the signs of deterioration
Bedford Borough	CHS	MHS	Service User			Unable to access services	Unable to access service in a timely manner. Long waiting list. Directed to self help online courses that had already completed in order to remove me from waiting list.
Bedford Borough	CHS	MHS				My son previously used the mental health services	More home visits and easier access, once my son became very ill at my house. I phoned the emergency number he had and was told someone would ring back. They didn't and I phoned again and discovered I was just speaking to a call centre who had no direct access to medical staff. Then we were told to go to A and E

Appendix 7 - Mental Health Services - Q 6.8 What do you think would make it easier for people to get the mental health care and support they need?

Local authority	Service Area		Respondent Group				What do you think would make it easier for people to get the mental health care and support they need?
Bedford Borough		MHS		Carer of Adult			It would definitely help if you had one main person to contact. The mental health nurses need to work closely with the Parent/carer in order to provide the best care. Crisis teams should take parents and carers views on board and take them much more seriously instead of ignoring them as is the case at present. Good access is if someone has for example schizophrenia help should be available straight away by contacting crisis. They should not be telling us to take them to A and E that would distress the patient more and upset other people in hospital. Too. Also patients with schizophrenia should always be monitored by the mental health team not put back to the care of their GP. We all know that with these patients things can escalate quite quickly. So help is needed urgently so yes it does feel different. Anyone with ASD and ADHD should NOT be under the care of the Mental Health services. You should have dedicated support teams for them as they do not process things like anyone else. It's ludicrous that they are under the care of the Mental Health Services! In Italy very organised around mental health and neurodiverse Patient's. Personally I believe that in Bedford Mental Health services a change of management is needed urgently as they are not interested in the Patient's or the views of the Parent or carer. They are too set in their ways. The staff turn around is high as staff move to different trusts and travel out of Bedford. This is due to poor management. Dreadful mental Health services in Bedford.
Bedford Borough	CHS	MHS				I used to work in mental health services	People need to be able to get advice easily, and if their GP can assist them it would be very useful. They need to be given the correct contact numbers and not passed from one department to another.
Bedford Borough		MHS				A doctor who sees many patients with mental health issues but not working in mental health services	1. Mental health services need to be easily accessible by the patients without the need of going through gp. 1. Staff from surgeries need support and advice from cmht in timely manner. 3. There is no proper my service for children, the services are passing responsibility from one to another. 4. The mental health service for adults and children overall is a disaster, there is no support for children or the families, adults or families nor the gps to help the patients.
Bedford Borough		MHS	Service User				To have one number to ring and then to be put in contact with most appropriate services
Bedford Borough	CHS	MHS	Service User	Carer of Adult		Partner, Resident, and Carer	Waiting lists are so long that MOST people struggling with their mental health that are not already diagnosed with conditions and known to services are struggling and not receiving any support. Waiting lists mean that most people do not bother even seeking support - highest rates of suicide. When in crisis, I have supported 2 family friends to take the massive leap to contact crisis team. Their response has been awful. Both individuals have had attempts since then and are still receiving no support, no therapy, and no medication or diagnosis. Service providers and supported living should have better communication - again most people not accessing the right services alongside pathway to recovery, probation services, GP etc. Where does someone in crisis go? Mind BLMK funding has been continuously cut, the crisis cafe filed a massive gap within the system, (even then the workers are not adequately trained), and without the crisis cafe, the crisis team is all that exists. Crisis team do not speak with the person in crisis unless they are an immediate plan to themselves and other people. If you are in crisis and you have children for example, you do not say that you are immediate harm to others for fear of losing your children, so again you end up with no help. Cultural competency training does not happen within these organisations. How is stigma and racism being addressed? How well are health services consulting with marginalised communities??? As a resident, I have not seen any! If you are unable to pay for therapy, your only option is to utilise social prescribers and community options, which are brilliant for recovery, but not for crisis. Someone in crisis needs handholding, they need compassion, and they need real solutions. Not to be told that if they want to get better, they should take action and reach out and explain themselves to multiple different services and charities. This does not work and this approach is killing people.

Appendix 7 - Mental Health Services - Q 6.8 What do you think would make it easier for people to get the mental health care and support they need?

Local authority	Service Area		Respondent Group				What do you think would make it easier for people to get the mental health care and support they need?
Bedford Borough		MHS	Service User				People just need to get better and interacting with patients! Staff are often rude, blunt and dismissive of people asking for help. I never see the same psychiatrist anymore, whereas I used to have the same one. I have never been offered psychology support, i've been with the CMHT for almost 6yrs. Just been given medication. Asked for eating disorder support as I struggled with anorexia as a teen. This has never been followed up as they think I'm a healthy weight so I'm fine. Been struggling for years. No autism awareness in my care.
Bedford Borough		MHS				Mother	It is be important to have someone to contact for advice.
Bedford Borough		MHS	Service User				Having one person as a main contact in the mental health services makes it less stressful, especially if they understand your needs in order to give you the right help. as an autistic person having things simpler and cleaner helps me with understanding what is being said and having one person to talk to makes it less stressful in knowing to contact when in need of help.
Central Bedfordshire		MHS				Family member of someone who has used the services and is also aware of others who have used it	I contact CAMHS as my son was 16 at the time and they responded promptly
Central Bedfordshire	CHS	MHS				Carer of Adult	I look after two people so will split this into two sections. Firstly my son who has learning disability and is entering GCSE years, he is struggling with GCSEs and the expectations of the school. He is reluctant to talk to me about it, he is resistant to talking through concerns at school and the teachers are not equipped to deal with his mental health (and nor should they be). Additional mental health support for LD children should be available for children all through their education and support them to make decisions about their future. I also look after an adult with a likely undiagnosed neurodivergence and struggles with addiction. It is highly likely that the person i care for has ADHD, but has never been seen or diagnosed. They developed a habit of managing their symptoms with illicit drugs, as is an established pattern by many addicts. The access to support / diagnosis for underlying neurodivergence as an adult is protracted and does not support people with complex mental health needs coming forwards.
Central Bedfordshire		MHS				Carer of Adult	actually having someone, anyone to talk to would be a start
Central Bedfordshire	CHS	MHS				Carer of Adult	I think people with significant mental health problems such as my daughter should automatically have a social worker, someone to coordinate their care.
Central Bedfordshire		MHS				Past experience of a close friend who needed these services	GP awareness training to a much higher standard
Central Bedfordshire	CHS	MHS	Service User				Having a local reference point for neurodiverse people that GPs can refer to in the local Central Bedfordshire area.
Central Bedfordshire		MHS	Service User				They always try to contact me with unannounced phone calls to book appointments. When I don't answer, I get texts telling me I have only 24hrs to call them to make an appointment otherwise, I'll be discharged. This is a massive barrier as an autistic person. The therapies also lean towards people's worries and concerns not really being worth worrying about if the person's mental health was simply better. This also feels like it misses the point that often, people need mental health support because the things they are stressed and worried about are totally valid! It feels invalidating to suggest its just a mindset issue.
Central Bedfordshire	CHS	MHS				Workforce	If patients are referred to one mental health provider but it isn't the right one - that instead of the referral being rejected it is passed on to the relevant provider. If the referral is rejected and patient is signposted to self help that in 3 months the patient is given a point of contact to advise if the self help isn't helping.

Appendix 7 - Mental Health Services - Q 6.8 What do you think would make it easier for people to get the mental health care and support they need?

Local authority	Service Area		Respondent Group				What do you think would make it easier for people to get the mental health care and support they need?
Central Bedfordshire	CHS	MHS				A parent and advocate of a now 20 yo who has been failed by these services.	As said previously people don't know what is available or how to access them. Local promotion not just at doctors but other forms of advertising is needed. Use of social media needs to improve.
Central Bedfordshire	CHS	MHS		Carer of Adult			One stop shop Link person self referral
Central Bedfordshire		MHS		Carer of Adult			There is no support until you reach crisis point. Had a really difficult time finding support for some I care for. They were too bad for talking therapies and not bad enough for the community mental health team. Eventually we had to go to our MP to get help and all they got offered then was 6 sessions which isn't enough for someone so poorly.
Central Bedfordshire		MHS	Service User				Clear communication from services, health providers more willing to listen and to be more educated about neurodivergence. Having health providers actually do what they have told you they are going to do. I also think that when you see a psychiatrist they should be helpful enough that you don't have to choose your own medication. It would be great if patients felt even the slightest amount of trust in those who are supposed to help them. It needs to be easier to get appointments, and being under the "care" of mental health services shouldn't make you feel so stressed.
Central Bedfordshire		MHS			Carer of CYP		Having a named person would make a difference, also being able to meet all clinicians involved in your child's care so you can discuss your child's need holistically rather than being referred to multiple people within the camhs team.
Central Bedfordshire	CHS	MHS		Carer of Adult		A parish council	It should always be necessary to see a consultant to access mental health services. This should be available from local surgeries. A given doctor in a surgery could receive additional training to deal with mental health issues, and to get the person rapidly onto the next steps, such as receiving medication, counselling, or other help. This is not happening. Everything has to go through a consultant.
Central Bedfordshire		MHS		Carer of Adult			More specialist staff are needed.
Central Bedfordshire		MHS		Carer of Adult			It would be simpler if services were willing to accept to help someone and not pas them around to other services who dont want to help
Central Bedfordshire	CHS	MHS	Service User				Staff turnaround is too frequent: lack of continuity of care. Staff should not be dismissive. Staff should not gaslight patients.
Central Bedfordshire		MHS				Workforce	I have started a new Anxiety & Emotional Health coaching practice based out of Ampthill. Aimed at supporting those with anxiety related health issues by working with/referring out to other 'partners' such as private practices to help cover the strain on NHS services. As part of my offering, is working with charities and making charity donations from paid services provided.
Central Bedfordshire		MHS	Service User				Faster access to talking therapies and a wider range of support
Central Bedfordshire		MHS		Carer of Adult			We need Community Mental Health nurses who have time to give help and support as is needed by their clients.

Appendix 7 - Mental Health Services - Q 6.8 What do you think would make it easier for people to get the mental health care and support they need?

Local authority	Service Area		Respondent Group				What do you think would make it easier for people to get the mental health care and support they need?
Central Bedfordshire	CHS	MHS				I have a family member that suffers from social anxiety. I have neurodivergent family members.	I think Talking Therapies is an excellent service as it allows for self referral. I have seen leaflets in my General Practitioner surgery, but would like a poster promoting the service. A single point of access for Mental Health Services would be helpful, as being put through to numerous people and having to navigate one's way through a complex system in order to get help, may cause stress and confusion for some people. General Practitioners, Allied Health Care professionals, Social Services, Police, Hospitals, Local Education Services, service users and carers should all work together to provide a seamless delivery of care for those that need help and those in crisis. A fully manned out of hours contact number should be available for those needing to access help. Access to a mental health team should be made available. I would like the Education Authority to be more actively involved in CAMHS, as children and young people would perhaps benefit from early intervention before they leave school or collage, thereby, giving them a better start in adult life. Neurodivergent people, or those with similar conditions, learning disabilities and all children and young adults struggle with life situations and puberty, so liaison between Mental Health Services and Schools should be taking place and working together to help these youngsters. Schools should be adding health and mental wellbeing to its curriculum. Support for mental health should be discussed during pre and post natal contact with the General Practitioner and Midwives. The advent of Admiral nurses to help those with dementia and their carers is a great benefit. However, this could be better promoted in community settings.
Central Bedfordshire		MHS		Carer of Adult			One main person to contact for support to access the right service at the right time. Crisis teams staffed appropriately so that the person can see the same mental health nurse, the same psychiatrist and the same therapist throughout their crisis period to support better continuity of care and better monitoring to judge which approaches are working. No wait between being discharged from the crisis team and being seen by the community mental health team for continuing care, absolutely essential for successful recovery in as short a time as possible. Different mental health services co-located to support continuity of care. Proper one to one support and monitoring of progress when self help therapies/CBT are the predominant approach. Each crisiand community mental health team to have a neurodiversity specialist to ensure approaches are tailored to different types of neurodiversity. One stop shop for neuro diverse individuals who are experiencing a mental health crisis.
Central Bedfordshire		MHS				Workforce	A direct, clear pathway to help and support including weekly check-ins from care-cordinators which actually take place and are not just fictional. Service users receiving education and a better understanding of their mental health diagnosis. Much quicker access to ADHD and Autism diagnosis for teenagers and adults even if they already have a mental health diagnosis. The MH label should not replace an Autism diagnosis. More beds available for MH in-patients and therapeutic treatment available during stays across the service, for in-patients and CMHT users. More interventions available for life-long service users and more education available directly referrals from GPs and CMHTs onto these courses. More consequences, accountability and compliance expected from service users to avoid repetitive cycles of behaviour. Crisis Team more willing/mandatory involvement in out of hours crisis. Clear and consistent RCRP with all providers aware of pathway and using accurately. PSYCHOLOGICAL assessments available 24 hrs a day at A and E, for those needing immediate support and intervention for suicide. Education available for suicide ideation understanding on regular repeat and robust strategies to cope with this cycle of thinking. Positive interactions with service users - too many service users being told by MH nurses that God is punishing them for their sins. Accountability for NHS staff not doing their jobs and better management of teams. More effective, quick way to investigating complaints and malpractice in MH. Better support for trauma, bereavement and complex needs in MH that takes into account major obstacles to accessing help. Better understanding and education around adult meltdowns; how to de-escalate in times of anger, frustration and desperation. Kindness and compassion shown to service users instead of complacency and disapproval. Acknowledgement and identification of pre-existing neuro-divergency and trauma in addicts which help them gain access to self-esteem coaching and finding alternatives to synthetic highs. A joined up approach and better communication within the NHS and then extending to joint working and sharing of information for a joined up approach. Patient led health care without excuses or cost limitations but using the limited resources available with the correct rationale and insight to get maximum impact which relies on understanding the implications of the pandemic, technology, social isolation and AI on our societies mental health and well-being.
Central Bedfordshire	CHS	MHS		Carer of Adult			Not having to be referred multiple times and asking the same questions Better acsess to being seen when there is an issue rather than having to pay privately The young person feeling listened too and ignoring previous services assessed

Appendix 7 - Mental Health Services - Q 6.8 What do you think would make it easier for people to get the mental health care and support they need?

Local authority	Service Area		Respondent Group				What do you think would make it easier for people to get the mental health care and support they need?
Central Bedfordshire		MHS		Carer of Adult			One main person to contact would be really helpful. Someone other than the GP as we find it hard to get a GP appointment. Definitely GPs and specialist mental health services should work together. This is critical when a patient is discharged from specialist services into the care of a GP. In our experience GPs have limited understanding of eating disorders and there needs to be much better dialogue between specialist services and GPs. Good access in the future would mean not always having to go through a GP but being able to self refer to specialist services. We have found the Bedfordshire and Luton Community Eating Disorder service to be the best we have ever encountered. They are respectful and really try to listen to the needs and views of carers and patients.
Central Bedfordshire	CHS	MHS		Carer of Adult			My son has recently moved his supported living from Northampton to Peterborough; his care is provided by Dunstable CMHS. He moved as he was in crisis and the supported living were not provided the contracted support. He never had a review of his care needs for over two years and we had to find an alternative supported living provider, which we found in Peterborough. We had very little support from Dunstable CMHS. My son has now moved and we find that his transfer from his psychiatric consultant in Northampton to Peterborough has been extremely problematic and my son still has no psychiatric consultant support in Peterborough.
Central Bedfordshire		MHS	Service User			Workforce	Respond immediately with initial contact. Explain timescales. Ensure the person is kept up to date with progress. Provide them with information about self help services to use in the meantime (e.g. Recovery College, Mind, local groups etc) - basically what the community connector does.
Central Bedfordshire	CHS	MHS				Friend of persons who have accessed support	Information from doctors directly on paper prescription bags to avoid embarrassment and anxiety reaching out. When a person fills a help request on line or paper copy and answers the question??? Have you ever considered self harm??? This should be dealt with immediately not take six weeks to reply to say not enough available support presently. Also recognition this is an emergency cry for help, preventing suicidal tendencies. Also when people/ children are being assisted for trauma the staff turnover needs addressing two therapist alternating to build continuity. When people have lost their partner, experience a heart attack and live alone a support visitor should call and support them. When a mother has an emergency section also a support worker should aid them and trauma mental health support groups should be formed. Lots of gaps to fill.
Central Bedfordshire		MHS		Carer of Adult			It is my frequent experience that messages left at the adult mental health centre my son is attached to are not responded to or calls returned at all - not just in a timely manner. I feel this is unacceptable. It is very hard to have to speak to a receptionist and explain your situation in order to get to the point where they will take a message for you. It is soul destroying then to have no response when you have shared quite personal details of the difficulties you are experiencing as a family. It feels like no one cares, no one is listening and you are not important. I frequently call on behalf of my son - who has social communication difficulties and finds phone calls too difficult when he is highly anxious, which is most of the time.
Central Bedfordshire	CHS	MHS				One who has awareness of the lack of support to friends and family	If people would recognise the urgency and support that need to be addressed
Central Bedfordshire	CHS	MHS				Someone who may need it	Easy quick access to a human being
Central Bedfordshire		MHS		Carer of Adult		Luton Council employee	Offering face to face appointments for those who do not manage well on the phone/ or through virtual sessions - at least having the option. Some people, especially with additional needs, cannot manage phone appointments.
Central Bedfordshire		MHS	Service User				Make sure there are clear instructions or information regarding who to contact and what the next step could be
Central Bedfordshire		MHS				I have used kids MH teams and haven't been back as an adult	The MH teams I have used in the past. Camhs was a big disappointment for me growing up

Appendix 7 - Mental Health Services - Q 6.8 What do you think would make it easier for people to get the mental health care and support they need?

Local authority	Service Area	Respondent Group					What do you think would make it easier for people to get the mental health care and support they need?
Central Bedfordshire	MHS	Service User					In my case, after a crisis, I had an initial telephone consult, where it was agreed to further face to face appointments and they would contact me, but I heard nothing after and had to chase them, which did not help my mental health leaving me with no trust in the nurse, so when I got a random text after my email for an appointment, I explained to my GP that I cancelled it as I had lost trust in the nurse and trust is an significant aspect of mental health care, the GP thought I was unforgiving, which told me he didnt understand either
Luton	MHS	Service User		Carer of CYP		public health	website / Facebook / instagram / tiktok other social media platform posts would be helpful to raise awareness about what services are available in a locality. For those who are not online then posters / screens in prominent community location e.g. Luton Point, GP practices, Libraries to help spread awareness. It is important to have a key worker although for me this has not been essential. They did help me to access social prescribing services which are excellent. Health (GP, ambulance, hospital, community mental health), the council, police, drugs & alcohols treatment and recovery services should all work more closely together. When I need help urgently I want ambulance / A&E / crisis team / community mental health to work together effectively. The police should only be involved if I am a threat to others. I've described a one stop shop approach in one of the answers below. I also want to be able to present with a mental health problem to any of the following and not be turned away - any council run services / GP / CMHT / A&E / police / ambulance / VCSFE - they might not be the most appropriate organisation to deal with me but they should be able to get me to the right one. So a no wrong front door approach.
Luton	MHS	Service User					Listen to the patient and cut witing times significantly. People need help and need it immediately.
Luton	MHS					Workforce	Many people dont recognise there own mental illness and push care away, or believe they dont want it, Community support, active groups in churches halls care homes, supported living providers, all should be requested to lend there space to the community.
Luton	CHS	MHS		Carer of Adult			all of the above
Luton	MHS	Service User					Make it clearer what to say to GP's in order to access services. Make waiting lists for all services shorter as access to all of them are far too long.
Luton	MHS	Service User					Doctors and GPs properly educated on mental health, more staff at surgeries trained in mental health, less taboo and the answer being medication or get over it.
Luton	MHS					Carer of CYP	Needs of High Fuctioning Autistics, with NO learning disabilities, those with Pathological Demand Avoidance, ANTI medication, are not met. Group therapy may not be appropriate. Language and Accents of staff not appropriate. Knowledge and Experience of this kind of neurodivergence is essential. You may only get 'One Chance' with these adults. These adults excel at 'Masking' . Listen to and Liase with Parent/Carer etc they can provide vital information. Yes, these are Adults but they are Vulnerable Adults and need to be supported as such. 24hr Neurodivergent Crisis Support and Experts to do the Job. Working with eg: Autism Bedfordshires Experts. Having all services under one roof including the possibility of an over night supported stay to recover from a Crisis. Supported Living care home, set up like those provided to the elderly, for high functioning, allowing support from family too. A space for neurodivergent high functioning adults to meet and interact safely and supported.
Luton	MHS					Concerned citizen	It is crucial they know the exact condition and have one main point of contact
Luton	CHS	MHS	Service User				Drop in centres, a list of good phone numbers. Better understanding with doctors, not just being robbed off with pills
Luton	MHS			Carer of Adult			Things would be easier if there was more staff. It's difficult at times to make contact by telephone this would cause much anxiety during a crisis.
Luton	MHS	Service User					Don't give a booklet to complete to help you try track your sleep when you're mind is over the place and you spend most of the night awake overthinking about shit, and make the therapists more understanding and not tell us to try go to bed earlier because it won't help

Appendix 7 - Mental Health Services - Q 6.8 What do you think would make it easier for people to get the mental health care and support they need?

Local authority	Service Area		Respondent Group				What do you think would make it easier for people to get the mental health care and support they need?
Luton		MHS	Service User				Having an initial MH expert/specialist as opposed to a GP - often meeting with a GP, either initial or ongoing, yields little result and ongoing referrals are made, either to MH Nurse or CMHT. This can cause delays in receiving support and could provide a focused conversation on more nuanced MH difficulties, that often GP's do not have the time to work through. For those who are aware of their MH issues, the option to pre-select the health condition they want to talk to a professional about would help, rather than just being given a generic GP appointment - this could be done via online forms, or on the phone options before going through to a receptionist.
Luton	CHS	MHS				Help to cope with the depression of coping with chronic pain	Someone who can help with depression with fibromyalgia and chronic pain. Someone to reassure you when you panic with a very bad episode and how to mentally cope with it.
Luton	CHS	MHS		Carer of Adult			Making access easier needs clear contact points, quicker responses, joined-up services, and simple guidance so people feel supported always.
Luton		MHS				Workforce	Access to services embedded within daily living, such as further embedded within workplaces and schools.
Luton		MHS				someone that works in primary care	main contact- high turnover of staff doesn't make this easy more facilities in the community no passing the buck and people being passed from service to service because they do not meet criteria
Luton		MHS				Workforce	I work within a Primary Care Network (PCN) in Luton in a mental health-focused role, and I've noticed a recurring issue: many of the patients I see feel let down by existing mental health services, particularly Talking Therapies and mental health leads. These patients often come to us as a last resort, having previously disengaged from services that they found unhelpful, impersonal, or difficult to access (due to referral waiting times). A common theme is the lack of trust—many are hesitant to share their concerns again because they fear they won't be listened to or understood. Patients frequently report that they weren't listened to, their concerns were dismissed, consultations were too short, or the support offered didn't match their needs. There's a noticeable absence of compassion, consistency, and person-centred care across some services. Many also highlight frustration with remote consultations and group formats, which often feel impersonal or uncomfortable—especially for those with complex or severe mental health needs. More timely contact and face-to-face, one-to-one support would go a long way in building trust and improving outcomes. To improve access and outcomes, we need better collaboration across services, with a shared commitment to truly supporting patients, not just referring them elsewhere. More training for PCN teams in managing complex mental health conditions would also be invaluable. What we're doing within our PCN is clearly working—patients consistently give positive feedback, and many say it's the first time they've felt genuinely supported.
Luton		MHS				Health care professional	For MH services to accept referrals without rejecting the referral for medical causes even when obvious mental health
Luton	CHS	MHS	Service User			staff member signposting patients to the services	There are significant inefficiencies and a lack of competence within the staff we work with. Many show no genuine commitment to helping patients, which is evident in their daily interactions, clinic practices, and consultation notes. While some Provider mental health clinicians perform well and make a positive impact, over the past five years of close collaboration, we have repeatedly seen patients return to our team due to inadequate support from senior staff (bands 7 and 8). These patients often receive more effective care from our band 5 staff, who are neither adequately trained nor compensated for this responsibility. Overall, the current service is clearly not fit for purpose.
Luton		MHS	Service User				Not having to choose one assessment if you're not sure which one you need to be assessed for - one general ND assessment initially
Luton		MHS				I tried to access services fir myself	More support available.

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Local authority	Service Area		Respondent Group				What do you think would make it easier for people to get the mental health care and support they need?
Luton	CHS	MHS		Carer of Adult			Ask how people would like to be contacted and stick with that or prepare them if things will be different. More working together with the different layers of help. Accept that parents/carers sometimes need to communicate for their children, even when they pass the 18yr old mark. 1 person to contact and clear steps on what to expect for the next step including expected waiting times. Special mental health care for those who are neurodivergent, peersupport groups. Education on autism after diagnosis to help people understand their own autism and what they can put in place to support themselves but also involve parents/carers so we can support our children. Free sign language courses for autistic people and their parents/carers. Support for those who are diagnosed later in life and their parents/carers. More understanding from gp on autism and communication so people can ask for help earlier. Crisis team needs to understand more on autism
Milton Keynes	CHS	MHS				An interested adult	Contacting family members (who may occasionally not know of any issue) when a problem is assessed/notified to a health professional may assist the patient in securing assistance /support at an earlier stage. Also making a direct referral to relevant services when a problem is assessed/admitted, rather than waiting for a patient to take active steps to contact someone, which may not happen at all, or may be too late to help the patient in practical terms.
Milton Keynes	CHS	MHS				Workforce	More resources. As a staff member I hate turning people away because they are not yet 'ill' enough but we have to because there are not enough staff on the ground
Milton Keynes		MHS				Work alongside MH services	There is a lack of holding account. Prolonged time delays in allocation to a suitable clinician/clinical team or care coordinator of
Milton Keynes	CHS	MHS				Healthwatch - working closely with MH services including 400 conversations with women on Willow Acute inpatient ward	While it is important for people to have one main person to contact, there needs to be far better plans put in place for when that contact person is unavailable - on sick leave for example. While I haven't got examples of 'good' - I do think the Lampard Inquiry needs to be used as a template of what needs to be focussed on and strengthened. The list of issues mirrors exactly what is reported on in every MH Trust. So across BLMK, we are inching ever closer to our own crisis. https://lampardinquiry.org.uk/list-of-issues/
Milton Keynes	CHS	MHS				Likely future patient	Just need to know how to get help
Milton Keynes		MHS		Carer of Adult	Carer of CYP		To actually see people. My son has an autism diagnosis, and terrible insomnia. We get very little support, CAMHS refused a referral from the GP, which school nursing initiated as they did everything they could to support him but said he needed to see someone who can give him proper support. We jump through every hoop they ask for and they still refuse care.
Milton Keynes	CHS	MHS		Carer of Adult	Carer of CYP		The waiting lists are the most obvious issue - this places a child (in our case) at risk of significant deterioration or harm. When a child is in mental health crisis they don't feel safe, they are left in limbo while they wait for appointments and schools / GPs simply don't have the resources to provide any interim support. I had to take 5 months off work to keep my daughter safe from harm and manage her daily wellbeing while we waited. Luckily I found the Right to Choose route for ADHD and Autism assessment which reduced the wait for these to around 10-14 months. This unlocked the support at school and from the CAMHS Neurodiversity section. But this isn't connected to the counselling part. My daughter almost left school (we managed to keep her going in the end) and I lost my job because I had to take the time off. As for Adult Healthcare, having a single point of contact and much reduced waiting lists would probably have resulted in better outcomes for my daughter and less overall impact on society (e.g. I didn't pay tax for 8 months). Having a portal to log in and see what pathways she is on and where in the waiting list for other services would have made a world of difference - we felt totally alone at the time.

Appendix 7 - Mental Health Services - Q 6.8 What do you think would make it easier for people to get the mental health care and support they need?

Local authority	Service Area		Respondent Group				What do you think would make it easier for people to get the mental health care and support they need?
Milton Keynes		MHS			Carer of CYP		Waiting lists are to long. No support while you wait... When you do get to the top unless yp will engage with how the service expects they close the case no flexibility . I am also a foster carer and the wait for children in care is the same lack of meaningful offer for children who have experienced extream trauma Again if they dont engage how the service expects they say they have to be in a placement where they are stable ! What does this mean . . . children who have experienced trauma lots of placement breakfown are not going to be stable ... so does that mean they cant have help till they reach adulthood?
Milton Keynes		MHS			Carer of CYP		A flexible approach . If a yp wont come to clinic they say they wont engage and close....., no flexibility. Also no support for the family as a whole unit Poor
Milton Keynes	CHS	MHS			Carer of Adult		When people are diagnosed with a condition. Not to be so hasty to discharge them, then when the have a low episode, not to have to go back to the beginning with referrals, as people need the help sooner rather then later
Milton Keynes	CHS	MHS			Carer of Adult		My child is now an adult but when she was at school education and health were not joined up and she did not get help needed, because nobody would be responsible for neurodivergent needs.
Milton Keynes	CHS	MHS				Previously worked in mental health	Central community mental health contact
Milton Keynes	CHS	MHS			Carer of CYP		more understanding of how to access help
Milton Keynes		MHS	Service User		Carer of CYP		it would be easier if i didn't have to explain everything all over again many times, sometimes to the same person, sometimes to different people, so some kind of unified system of information where GP, school nurse and mental healthcare practitioners know that my son is autistic (with demand avoidance profile, high masking)
Milton Keynes		MHS			Carer of CYP		A small thing perhaps, but when the person with mental health problems accesses the local surgery, that they are helped making appointments for other issues. Being able to make an appointment on the phone rather than jumping through loopholes only to be asked to try and book again next day. This is highly discouraging when they are trying to help themselves, which is an important step when trying to get better.
Milton Keynes	CHS	MHS			Carer of Adult		Last year a close family friend took his own life. I watched him reach out and ask for help countless times. I spent hours in A&E with him, watched him beg for help, he was dismissed sent home from triage. He waited 9 months for counselling. Two weeks before he took his life, he visited his GP but came home feeling dismissed and patronized. Please, please provide more training and invest heavily in mental health. Everyone assumes suicide in men is due to them not reaching out. I watched a close friend beg for help that just isn't there. There was no signposting to local charities. This is not a unique story, the NHS and MK hospital are letting down our community.
Milton Keynes	CHS	MHS	Service User				GPs being trained to recommend for counselling early on and for this to be readily available when needed to stop someone's mental health deteriorating. More one to one support should be made available for those struggling with their mental health with referral made simpler.
Milton Keynes	CHS	MHS	Service User				Not having it as a constant in the file after care has been given, I struggled in 2017/2019 as a teenage girl and now at 25 and 4 years of no mental health I'm still being questioned am I sick or am I just depressed! They have tried to give me antidepressants and said they're sleeping tablets and this doesn't help the trying to get better side of mental health! They were very quick to prescribe meds at the time but after a year of using I decided I didn't like it and tried therapy which I paid for privately and have since had no issues! But my file now has depression on it for life
Milton Keynes	CHS	MHS	Service User	Carer of Adult			Having the right clear and concise information of services available and making them easy and achievable to apply to

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Local authority	Service Area		Respondent Group				What do you think would make it easier for people to get the mental health care and support they need?
Milton Keynes	CHS	MHS				Work in a school	Our parents are in hospital needing a care home assessment place as part of a care package. They need a dementia assessment but this won't be done in hospital even though mum is scoring 5 out of 30 on the tests they do. Why is there not enough help for dementia?
Milton Keynes	CHS	MHS				Someone who has had little success trying to help a minor access mental health services.	Greater access to psychiatric services with your local GP surgery.
Milton Keynes		MHS				Some who struggled to access mental health services	Having more information and access to services quicker
Milton Keynes	CHS	MHS		Carer of Adult			Make mental health support quicker and easier to access
Milton Keynes	CHS	MHS		Carer of Adult			I think go now refer but there is again very little follow up. Mental health write letters but no one actions. Very little to support those neurodivergent who have mental health needs. No community arts, well being all very limited. Nothing to support the mental health of carers, should be more available and key person to be point of contact
Milton Keynes	CHS	MHS				A retired mental health nurse in Milton Keynes	All access points such as GPs, A&E, Walk in centres etc need to be aware of the entry points to appropriate care. Mental health services need to be better funded. Information to help individuals with mental health first aid and how to talk about their difficulties should be available.
Milton Keynes	CHS	MHS			Carer of CYP		Drs surgery's who have not seen patients in a long time should make contact and have face to face with those patients and hopefully give them to talk about their worries.
Milton Keynes	CHS	MHS	Service User				Services take to long and by the time you get help you are already in crisis. GP are already stretched and getting appointments are extremely difficult so there needs to be somewhere else to be able to go to. I'm lucky because my daughter is under Willen Hospice and I've received talking therapy after going into crisis. When you say your lucky because your daughter is under a Hospice there is something seriously wrong with the system
Milton Keynes	CHS	MHS			Carer of CYP		Single point of contact, currently really difficult to find any support
Milton Keynes	CHS	MHS	Service User				Hertfordshire Partnership trust has given me good support before. I got CBT from someone who listened to me and worked with me, not just gave me a worksheet or told me to work through a website/a platform. It wasn't very timely when I accessed it there – I waited 7 months for that therapy – but I admit that this was during the height of the pandemic. Milton Keynes mental healthcare provision is nowhere near the same quality. It's why I'm still registered for my GP in Hertfordshire.
Milton Keynes	CHS	MHS		Carer of Adult			The first point of call is not obvious or simple to locate
Milton Keynes		MHS				Social services	More availability/access in the community i.e pharmacies, community hubs e.g. Family Centres, schools, Churches, coffee shops etc.. A campaign to de-stigmatise mental health so people access support earlier. Encourage people to access themselves. Schools, social services, school mental health teams, school nursing, Police and CAMHs to work more collaboratively.

Appendix 7 - Mental Health Services - Q 6.8 What do you think would make it easier for people to get the mental health care and support they need?

Local authority	Service Area		Respondent Group				What do you think would make it easier for people to get the mental health care and support they need?
Milton Keynes	CHS	MHS			Carer of CYP		The system of 'service lines' and 'pathways' in MK CAMHS is unhelpful for those children and young people who fall between or across the pathways. For example, there is no CAMHS service in Milton Keynes for young people with a learning disability. This means that my daughter's mental health has been left to deteriorate throughout her childhood, with no support offered other than medication. The knowledge and dedication of the staff is fantastic, but they are having to work within artificially constructed boundaries. Closer working between schools and CAMHS needs to be enforced by both BLMK and the local authority -this should not be 'an option', but should be compulsory. More collaboration between Children's Social Care and CAMHS is needed - we were recently subjected to a Child and Family Assessment, and despite being well-known to CAMHS, they were not consulted.
Milton Keynes	CHS	MHS				Workforce	Pathways into services are unclear and the language used can be confusing for people to follow. Mental health services need to be embedded in community services and provide equal access to all ages.
Milton Keynes	CHS	MHS				Someone who refers to mental health services	A single person/point of contact/phone number that can triage calls and refer on to the appropriate service. Even as a professional it can be hard to know who/which team to contact. Relying on being phoned back is difficult (although I appreciate the pressures on mental health services and that instant reaction is difficult to guarantee)
Milton Keynes		MHS				We run a small voluntary charity that supports families of those in addiction	We hear all the time from families whose loved ones are passed from pillar to post if they have mental health issues and are in addiction
Milton Keynes		MHS			Carer of CYP		Following a conversation with my GP, my practice advised that they would make a referral to CAMHS however the referral was rejected by the provider as there was insufficient evidence to support the referral. My GP should have worked with me to ascertain that evidence but instead it was left to me to figure it out which was not helpful at all. If a GP is going to refer patients in then there should be a criteria or minimum information obtained from the patient prior to that referral going in. The fact that the referral made but was then rejected, highlights a gap somewhere and it's not fair to pin that on the patient or the parent of the patient seeking help.
Milton Keynes		MHS	Carer of Adult		Carer of CYP		Given the right information in the first place. As CBT does not work well for people on the spectrum. That all services know about each other.
Milton Keynes		MHS			Carer of Adult		Any mental health provision for alcoholics would be great. The surgery says that they can't help my son with his 21 year drinking problem. Neither can they help me to help my son. MK Carers say that they can't help me either as they are not trained in addiction problems. Milton Keynes hospital also say that they can't help my son because there is no provision for him after he left the acute heart unit when the alcohol withdrawal sent his heart over 300. Still no one wanted to help. He went straight from the hospital over the road to Arc. They saw him four times and then they said don't come back because we can't help you when you're sober. So when he was drunk next time I contacted them and they said we can't see him when he's drunk. If someone had dealt with his mental health issues which include anxiety, then he might not have started drinking again once the hospital had sobered him up. Meantime I'm also caring for my husband with blood cancer and no one wants to help my son to stay off the booze.
Milton Keynes	CHS	MHS				Concerned person	111 now offer MH assistance alongside IAPT, however the waits for diagnosis and treatment for people with a mental health issue are long and not consistent. Once diagnosed, people face long waits (years) before accessing treatment, during which time their condition may very well have deteriorated. The ICB needs to address the lack of MH staff at all levels to resolve this matter and improve outcomes.

Appendix 7 - Mental Health Services - Q 6.8 What do you think would make it easier for people to get the mental health care and support they need?

Local authority	Service Area		Respondent Group				What do you think would make it easier for people to get the mental health care and support they need?
Milton Keynes		MHS	Service User				There needs to be a simple way to get support. One main person can be helpful in the beginning but getting help from a multidisciplinary team is useful. If different people are involved they should work together and be able to signpost to the right teams/person. Yes, needing help during a crisis is very different from day to day support needs. Good access means getting the right help, at right time, by the right team, for the right reasons, with the right support and interventions. Yes, whilst in Marlborough House I had excellent care provided by psychiatrist, psychologist, nurses, occupational therapists, activity co-ordinators, health care assistants, and Autism Bedfordshire team were also involved in my care. Everybody worked together to help me recover.
Milton Keynes	CHS	MHS		Carer of Adult			The service needs to be much quicker and trust the views of relatives. They generally are working from a place of love and their views need to be listened to. In my case a serious event could have been avoided if medical staff had believed me
Milton Keynes	CHS	MHS			Carer of CYP		The basic services need to work better. GP's need to be more informed
Milton Keynes		MHS				Referrer to Mental Health Services.	Increasing awareness and knowledge of how to access services. I think one main person of contact is beneficial but then if that person becomes overwhelmed with the workload, this could negatively impact outcomes. Knowledge sharing is always important. Peer Support should be held at higher importance because it can be really challenging to hear peoples mental health worries and not have it affect you. I don't believe it feels different when individuals need support urgently. You still go through the same referral processes. I think the only aspect that really feels different is your personal worry for that person.
Milton Keynes	CHS	MHS				work in community SLT services but liaison with MH services for SLT	MH SLT is not commissioned by NHS services therefore they have a strict referral criteria under social services of who they can accept. Therefore MH referrals are seen by generic community services which have less expertise / specialism in these areas.
Milton Keynes	CHS	MHS				A long term client of mental health (Recovery and Rehabilitation Service).	A simple referral from a health or social care professional, such as a GP, nurse or social worker would make things much easier.
Milton Keynes	CHS	MHS	Service User	Carer of Adult			You listen in a timely manner
Milton Keynes	CHS	MHS	Service User	Carer of Adult			It often feels like mental health service need to place much energy into saying they are not the right service for a need. Appears that unless willing to consider a webinar (which are not helpful and very disengaging), then services are for those in crisis only. less social services involvement and capacity to support those in the community with non-crisis needs. Urgent advice usually A&E. One contact would be very helpful. Learning disability services very understaffed. CAMBs waiting lists so long that I have encountered a wait so long they then needed to be referred to adult services - no input in the end.
Milton Keynes		MHS		Carer of Adult			Greater training for other health care professionals ie paramedics, GPs.
Milton Keynes		MHS				Academic interested in the field	I have no personal knowledge but I understand that there are very long waiting lists. This would seem to be the main priority
Milton Keynes		MHS		Carer of Adult			A single point of contact - preferably a website - explaining all the different services providing mental health support, what sort of support they offer, who to, and how to get referred to the service in question. At the moment it's nigh on impossible to find out what is actually available. Websites are far more accessible than phone or GP services, particularly for young people and autistics (both groups typically hate making phone calls). Crucially, the site needs to be kept up to date.
Milton Keynes	CHS	MHS				Referring service	Having clearer communication between MH services and patients. Having better communication between MH and referring services.

Appendix 7 - Mental Health Services - Q 6.8 What do you think would make it easier for people to get the mental health care and support they need?

Local authority	Service Area		Respondent Group				What do you think would make it easier for people to get the mental health care and support they need?
Milton Keynes		MHS				Someone who sympathises with carers, nurses and medical staff facing the current deluge of demand.	They and their carers should be listened to. They should be registered with a GP or other practitioner. A medical professional should be their lasting point of contact. They should be helped to engage in meaningful paid work.
Milton Keynes		MHS			Workforce		The open dialog method in Finland seems ideal For community care/supported living Soteria houses seem to be ideal Having types of care that people want to access.
Milton Keynes	CHS	MHS	Service User	Carer of Adult	Carer of CYP	An autistic adult with sensory and hearing needs. I am not currently under secondary mental health services, but I use GP and community support and have ongoing mental health needs.	Access would be simpler with a single front door for all mental health queries, clear triage, and plain-English guidance on routes in, eligibility and waiting times. I need genuine channel choice at every step, not phone-only. Text, email and webchat help a lot with hearing, sensory and anxiety needs. A named coordinator who stays with the person reduces repetition and ensures the next step is booked before discharge. Reasonable adjustments should be recorded once and carried across teams automatically, so I don't have to re-explain. Locally, information must be easy to find and up to date. Purbeck Health Centre's website needs a mobile-friendly, accessible refresh so people can quickly find opening hours, booking options and support. In Stantonbury, please use nearby venues so people do not have to travel far: Christ Church, the Theatre/Bar/Gallery, the Leisure Centre and the vacant café unit can host quieter groups, signposting and social prescribing drop-ins with good acoustics, hearing support and predictable routines. Good access in future would mean I contact one place, get a timely reply in my preferred channel, attend locally in a sensory-aware setting, and move between services with warm handovers and written summaries.
Milton Keynes		MHS				NHS worker	Referrals to be accepted not being bounced back. Mental Health services taking ownership
Milton Keynes		MHS	Service User				Absolutely disgusting service - all round.
Milton Keynes		MHS		Carer of Adult			Important for family member to have liaison. My sister is currently in the campbell ward and my family have struggled to get information about her condition even when she gave consent.
Milton Keynes	CHS	MHS	Service User	Carer of Adult		Someone who is struggling	You do zero well
Milton Keynes		MHS	Service User				An straightforward online triage system, where you can input the kind of help you need. Whether that is just some resources or coproduced videos to help support you or it could be you need urgent help and that puts you through to someone immediately. There could also be links to groups happening and support places. The option to just text or talk on the phone, when depressed phone calls can be scary. The option to put in the name of a trusted partner or family member who can speak on your behalf or take action. Also a button for medication review or help with a page on different mental health medication. I work in co-production within Beds and Luton Children's service but have lived experience of Bipolar and an Anxiety disorder, I would be more than happy to support with coproducing any work or working on any projects - I have lots of ideas from my own lived experience, with a practical side to my knowledge having worked in Healthcare for 3 years.
Milton Keynes		MHS	Service User	Carer of Adult			Not to cancel an appointment with your client 1 hour before the planned time. It can take a patient a lot of courage to prepare for this appointment. If you cancel an appointment book the next one there and then and not making them wait weeks for contact. My family member had to call back weeks after his cancelled appointment to be told he would have to wait another month for his next appointment. This family member was in crisis!
Milton Keynes		MHS		Carer of Adult			Have support in place first. I found the service very frustrating

Appendix 7 - Mental Health Services - Q 6.8 What do you think would make it easier for people to get the mental health care and support they need?

Local authority	Service Area	Respondent Group					Potential user of mental health services	What do you think would make it easier for people to get the mental health care and support they need?
Milton Keynes	MHS						Not applicable	
Milton Keynes	MHS	Service User					I want a diagnosis of my mental health problems and have gone through several hoops and gotten nowhere over the last few years. Recently, my GP and Talking therapy have stated that seeing a psychiatrist via the NHS has stopped as an option. The NHS trust in my area no longer can refer patients to a psychiatrist. Therefore, I cannot get a diagnosis and be placed on the right programme of treatment for me. The Talking Therapy is not for me, I've tried it before and found that it's a wishy washy time waste. For me that is, probably good for other people. The therapist that called me recently from Talking Therapy was not nice and quite confrontational.	

Appendix 8 - Mental Health Services Q6.9 What kind of support or services would help people feel safe and cared for during a mental health crisis?

Local authority	Service Area		Respondent Group					What kind of support or services would help people feel safe and cared for during a mental health crisis? You might want to think about:
Bedford Borough		MHS	Service User					Access to BSL-accessible services. Fund SignHealth to deliver in our area, or work with Deesigns Foundation in Luton. There is currently nothing available for me either online or face to face. At the very least, ensure there is 24/7 access to RSLI in all of your your cirisis services.
Bedford Borough		MHS	Service User					A different base away from A and E.
Bedford Borough	CHS	MHS		Carer of Adult				I would want to talk to a specialist with good knowledge and good communication skills.
Bedford Borough		MHS		Carer of Adult				My wife was mobile but not feeling well so we attended Sharnbrook Surgery on an emergency appt. where Dr Sandarararjan directed us immediately to A & E Bedford South Wing. After a 16 hr visit when my wife passed over 11/2 litres of urine we left with a catheter fitted
Bedford Borough	CHS	MHS	Service User	Carer of Adult	Carer of CYP	Workforce		The currently in progress Crisis House once up and running, if run correctly will be a massive benefit to the county.
Bedford Borough		MHS	Service User					having face to face helps me with talking about my anxieties, especially when its someone who understand my needs. I am some who is autistic so having access to a person that understand autism that can help with mental health makes it easier to both process and receive information in a way that I can understand.
Bedford Borough		MHS		Carer of Adult	Carer of CYP			Mental health worker. Good crisis support looks like checking in regularly, not letting things slide with the patient keep persistent and consistent
Bedford Borough		MHS			Carer of CYP			Community crisis cafes open every day not just 'every Thursday'. Helplines to talk to support workers. Trained crisis support workers outside of hospital services to support 7 days a week, 24 hours a day - MH Crises very rarely happen during office hours
Bedford Borough	CHS	MHS	Service User		Carer of CYP			having support available in the community that is more accessible beyond a typical work day.
Bedford Borough	CHS	MHS		Carer of Adult				Thankfully we haven't had such crises or we ve managed to get thru them. Whenever you do contact someone they say about ringing a number for crisis but tbh I'm not sure what it is.
Bedford Borough	CHS	MHS	Service User					Give out information early from secondary and primary care about who to contact in a crisis. Reactive quickly, sympathetically and improve staff training to recognise danger signs.
Bedford Borough		MHS					Recently retired from working with Adults Mental Health	Trained crisis support should be available when someone presents at A&E, the wait for staff to attend can be extremely difficult for those who are already suffering beyond what can be managed. Good crisis support should be readily available
Bedford Borough		MHS				Workforce		Trained supporters in and out of hospital settings. Guidance about strategies to help when a young person is in crisis, rather than advice currently given which is to keep them safe and take to hospital if becoming unsafe.
Bedford Borough	CHS	MHS	Service User	Carer of Adult				Yes a nurse or disability specialist
Bedford Borough		MHS	Service User				Friends used services	To be sectioned for their own safety if suicidal
Bedford Borough		MHS			Carer of CYP			Someone to listen and not to write off how they are feeling. My grandson was having a psychotic episode looking his mother in the eye and yet he couldnt see her and was screaming, the psychiatrist said he was having a tantrum.
Bedford Borough		MHS		Carer of Adult	Carer of CYP			Someone a parent or carer can talk to for advice
Bedford Borough		MHS	Service User			Workforce		emergency mental health suite with access to at least a triage
Bedford Borough		MHS	Service User					Speed of access and actual support not just a waiting list
Bedford Borough		MHS	Service User	Carer of Adult				Crisis clinics with 24 hour assistance. A comfortable, safe and calming setting with multi discipline staff.
Bedford Borough	CHS	MHS					As concerned resident	Talk to a qualified professional
Bedford Borough		MHS				Workforce		Everyone has anger issues stop molly coddling ppl
Bedford Borough	CHS	MHS					used services as a carer of person with mental health prob	When things got to crisis point with the person I cared for (who never accepted to engage with mental health care), 112 and the Mind cafe at Florence Ball house were the two services which kept me going and stopped me from breaking down myself

Appendix 8 - Mental Health Services Q6.9 What kind of support or services would help people feel safe and cared for during a mental health crisis?

Local authority	Service Area		Respondent Group				What kind of support or services would help people feel safe and cared for during a mental health crisis? You might want to think about:
Bedford Borough	CHS	MHS	Service User				As above
Bedford Borough		MHS	Service User				Not sitting in ae for 4 hours in crisis to been given a safe space for someone in crisis I have been made iller by being left for so long I begged to be assessed and given right medicine but been left dispite lots overdose aggressive outburst and distress Good crisis surport would to be given a surport worker to visit ur home every week day to support the ill person and family and advise instead left if u have attempted divide been violent aggressive u need help more than half hour chat in a and e after 4 hour wait
Bedford Borough		MHS	Service User				What does "good crisis support" look like? First a person should able to self-identity as being in crisis. I've been homeless, suicidal and had to stop working due to poor mental health but none of these have met Providers criteria for a crisis. But to me these were very much crisis'. Even if I am in crisis it is best for me to stay at home due to severe sensory issues, so to be able to speak to someone on a daily basis would be beneficial. The person should have the ability to listen and believe, and help you find a way to get through your current crisis. They need to check that you can still take care of yourself, e.g. food and cleaning, if not arrange for short term support. Not everyone has family support available. For people who experience reoccurring crisis setting up an app called Grassroots Stay alive, could help them ride the storm.
Bedford Borough	CHS	MHS	Service User	Carer of Adult	Carer of CYP		Would like to talk to someone who you actually believe they care and listening and wanting to support /guide you. Crises support in and outside the acute setting will be beneficial. You need knowledgeable caring , non judgemental professionals as first response , its extremely scary for someone who is experiencing mental health issues nevermind those who are experiencing it for the first time. Trained crisis support available for all would be very beneficial. Good crisis support, to have a smooth caring, positive, motivational pathway for all who need it. Including the environment if admission is required, hospital ward settings is not an appropriate environment, small environment i.e. 6 bedded bungalow , a homely environment reduces fear, anxiety etc. increases inclusion, social interaction, supporting normality.
Bedford Borough		MHS				Formerly worked in MH services - now retired	Direct access community based services delivered in partnership with non-statutory providers operating a broad bio/psycho/social model of care.
Bedford Borough		MHS				Former carer	For people with dementia the DISS team is a lifeline in a crisis. But the ongoing support is not always there after the DISS team have been involved. A and E is not geared up for people with dementia and keeping people out of hospital must be a priority
Bedford Borough	CHS	MHS	Service User	Carer of Adult		Independent Living Officer	Avoiding one size fits all counselling
Bedford Borough	CHS	MHS				My son previously used the mental health services	See above. I wanted to speak to a medically trained person not a call centre. From a and e my son was admitted to hospital. There should be direct access not via A and E
Bedford Borough		MHS		Carer of Adult			If someone is having a crisis then they would need high level support from the crisis team who should come out to the home address straight away .Generally they won't which in turn the patient ends up going to hospital which is not good for them . It is not easy to find the right support when needed. Good Crisis support is they need to attend straight away and take on board parebts carers views too and help the patient. But also they need to continue seeing them for a long period of time after the crisis. The Patient should have a named nurse especially if the patient is neurodiverse if they keep changing nurses they don't cope with change.
Bedford Borough	CHS	MHS				I used to work in mental health services	They need to know exactly who to contact, preferably one support worker and not passed from one department to another all the time.

Appendix 8 - Mental Health Services Q6.9 What kind of support or services would help people feel safe and cared for during a mental health crisis?

Local authority	Service Area		Respondent Group				What kind of support or services would help people feel safe and cared for during a mental health crisis? You might want to think about:
Bedford Borough		MHS				A doctor who sees many patients with mental health issues but not working in mental health services	Crisis team is useless, never happy to see patients unless the gps are pushy, always have a reason to decline referrals. 111 option 2 is as well useless, takes one hour on the phone to speak to solid you are in crisis. Not good at all.
Bedford Borough		MHS	Service User				I would want to speak with a mental health professional and to have a small group of people giving support. Information should be given to the patient as to what care they are to be offered and how to get further support. A andE is last place to go
Bedford Borough	CHS	MHS	Service User	Carer of Adult		Partner, Resident, and Carer	Make CMHT more accessible! What is the pathway for someone struggling with their mental health. What support is available for those just below the threshold? What support is available to tyhose that are waiting for talking therapies or their med-long term support after being triaged by the crisis team??? the Crisis Team are doctors, but have they been trained in compassion, have their skills been reviewed? How do people feel when talking to them? Where do you capture this information from service users (immediatley after discharge, a month after while they are accessing the CMHT, and 6 months later when they are accessing the GP or talking therapies??) Many bad experiences with the Crisis Team. Can we make sure that people are being asked about their experience, and people are being treated fairly and compassionately - Mental health is not just a clinical issue. Finally, CMHT, Crisis Team, BRCC, Mind, Bedford Hospital, GP, key worker, social workers, housing etc should all be sharing information accordingly. Better collaboration means that the patient is supported throughout.
Bedford Borough		MHS	Service User				I don't know what happens if I'm in crisis and reach out so i just struggle alone. The crisis cafes were good but got closed down.
Bedford Borough		MHS	Service User				I find that going to the talking therapies place makes it easier to talk to the right people for what I need to talk about, since its a different environment and it helps reduce stress in other environments. good crisis support should provide the necessary information to help people over a period of time that suites them and provides information that the person in need of help can understand.
Central Bedfordshire	CHS	MHS		Carer of Adult			Local crisis support for addictions is poor, there is both a lack of out of hours options and a lack of variety. The 12 steps methodology does not suit all people, the majority of sessions point to 12 steps both for crisis and maintenance which means many people do not attend. Many of the recovery groups also need support from PCSOs and Policing as drug dealers attend and wait outside to offer drugs to attendees which is obviously not conducive to recovery.
Central Bedfordshire	CHS	MHS		Carer of Adult			I would like to see a named dedicated social worker. My daughter had 4 different care coordinators in a year whilst using Crombie House, it was totally shambolic with the same questions being asked again and again and no one ever reading the medical notes.
Central Bedfordshire		MHS				Past experience of a close friend who needed these services	The support needs to be consistent and so build up a trusting relationship and have the empowerment to escalate the support needs in a timely way otherwise people can die! As I have experienced first hand when the "system" fails a person.
Central Bedfordshire		MHS	Service User				I can't answer all of these questions but I definitely agree that good crisis support would look like support outside of hospital. I think it would help for people to know how to get help before they're in crisis because I haven't known where to turn when things were at their worst for me, plus you're not thinking straight or feeling as able to care for yourself when in mental health crisis- its not the time to start researching.
Central Bedfordshire	CHS	MHS				Workforce	support worker based at gp surgery who is working within the mental health team so they can escalate to CMHT/crisis if needed

Appendix 8 - Mental Health Services Q6.9 What kind of support or services would help people feel safe and cared for during a mental health crisis?

Local authority	Service Area		Respondent Group				What kind of support or services would help people feel safe and cared for during a mental health crisis? You might want to think about:
Central Bedfordshire	CHS	MHS				A parent and advocate of a now 20 yo who has been failed by these services.	The answer is the same - proactive promotion and engagement. It is slowly improving but 999 is the only place people know to go to where they will get a response in an emergency, even a MH one.
Central Bedfordshire	CHS	MHS		Carer of Adult			Help before a crisis Not having to attend A&E
Central Bedfordshire		MHS		Carer of Adult			There is no help until the person has attempted suicide and even then it's not guaranteed.
Central Bedfordshire		MHS	Service User				I have called the crisis team before and found them to be completely useless. I would want to talk to someone who understands neurodivergence and mental illness, and is also empathetic. It would be helpful to have a service that could signpost to whatever service you need.
Central Bedfordshire		MHS			Carer of CYP		It would be good to have someone to talk to who can access your child's history and speak to you on the day about the problems you are experiencing in a crisis or just before the crisis begins. This needs to be well advertised as I would not currently know how to access anything like this.
Central Bedfordshire	CHS	MHS		Carer of Adult		A parish council	Trained support outside of hospitals. E.g. a specific doctor at a local surgery.
Central Bedfordshire		MHS		Carer of Adult			Crisis team are reluctant to respond and offer appropriate support.
Central Bedfordshire		MHS		Carer of Adult			Access to emergency support is currently working for us
Central Bedfordshire	CHS	MHS	Service User				Not being told to go to A&E. A&E is NOT an appropriate place when having a mental health crisis
Central Bedfordshire		MHS			Workforce	I have started a new Anxiety & Emotional Health coaching practice based out of Ampthill. Aimed at supporting those with anxiety related health issues	I think you need to look at 'prevention' firstly as that is the first line of support, before a 'crisis' situation is reached.
Central Bedfordshire		MHS		Carer of Adult			We need mental health nurses able to respond to crisis and be able to do something to help, like access to a dedicated Mental Health emergency department, or a trained crisis support team who would actually help in a crisis. Good crisis support is validating the client and their carer's feelings and giving time to understand the problems being faced. And giving support and useful advice.
Central Bedfordshire	CHS	MHS				I have a family member that suffers from social anxiety. I have neurodivergent family members.	A trained crisis support worker with access to a wider mental health team, consultants, nurses etc.

Appendix 8 - Mental Health Services Q6.9 What kind of support or services would help people feel safe and cared for during a mental health crisis?

Local authority	Service Area		Respondent Group				What kind of support or services would help people feel safe and cared for during a mental health crisis? You might want to think about:
Central Bedfordshire		MHS		Carer of Adult			It is not so important where good crisis support is delivered but that it is delivered by a consistent team of specialists not someone different every day. It should be a tailored approach for each individual not lots of random self help suggestions from a different person every time. It should not finish in some arbitrary time frame and progress be properly monitored rather than someone self reporting or seeming to no longer be in crisis. Referral to the next step in support should be seamless and noone discharged from crisis support until adequate follow up support is in place. Just because someone is better than they were does not mean they are not still highly vulnerable.
Central Bedfordshire		MHS				Workforce	Good crisis support needs to be available at the time of crisis. This should not be provided by the ambulance service or the police. Service users in crisis should be able to access direct support from the Crisis Tesm 24/7 and also at A and E. A and E access should have an immediate triage system with service users removed to a quieter waiting area and both medical via sedatives or supervised breathing and calming techniques used. De-escalation and coping strategies need to have a much bigger emphasis in immediate treatment with service users feeling helped and supported rather than dismissed and unimportant. Proper crisis intervention and aftercare is the key to breaking current trends in repetitive occurrences and presentations of crisis. More follow-up of reuniting the isolated and lonely with the community and volunteering sector to give purpose and meaning back to individuals which will give them self respect and motivation.
Central Bedfordshire	CHS	MHS		Carer of Adult			Face to face support Meeting the needs of the individual and recognising telephone and zoom do not suit everybody
Central Bedfordshire		MHS		Carer of Adult			A an E is the last place we would want to go in a crisis. There has to be a better way forward where patients can get crisis help in person not just online or by telephone Ideally this would be a drop in support centre in the community with a mobile provision for out of hours
Central Bedfordshire	CHS	MHS		Carer of Adult			The Crisis team (renamed, intensive support team) provide very poor support; the NHS 111 option 2 mental health support is extremely poor, there is often a very long wait. What ever happened to the NHS Mental Health Emergency Service, which was (about a year ago) shown s having their own specially provided ambulances?
Central Bedfordshire		MHS	Service User			Workforce	Often, care in their own home is most appropriate - a familiar place where they can feel safe.
Central Bedfordshire	CHS	MHS				Friend of persons who have accessed support	Help, support. Talk groups in the community let people know this is a common problem
Central Bedfordshire		MHS		Carer of Adult			It is not easy to navigate the services available. My son is autistic and in his late twenties. When he is in a crisis there is no way I can get him to enter a hospital (he also has OCD and worries about the environment in a hospital). Because he is known to the Adult mental health team I have been turned away from a crisis service before when I have called out of hours. What is difficult to manage is that crises can occur at any time - not just between 9 and 5pm. There are very little options open to carers struggling with a distressed young person at 11pm who is becoming highly agitated and literally shouting that no one is helping. And although he is my son, he is also a grown adult that i feel left to manage when he is at his most out of control - with the only option being to call police or ambulance - neither of which I will take as I can foresee the consequences. Good crisis support would wrap around the distressed person but also help lift up the family trying to cope in what feels like a very lonely and scary place. Good crisis support would be responsive - experienced and empathetic practitioners who really listen and help put together a safety plan so that the risk of a future crisis is reduced.

Appendix 8 - Mental Health Services Q6.9 What kind of support or services would help people feel safe and cared for during a mental health crisis?

Local authority	Service Area		Respondent Group				What kind of support or services would help people feel safe and cared for during a mental health crisis? You might want to think about:
Central Bedfordshire	CHS	MHS				One who has awareness of the lack of support to friends and family	When someone acknowledges the question. Do you ever consider self harm? Answers yes. The authority gets back to them six weeks later ??? Where is the help here????
Central Bedfordshire	CHS	MHS				Someone who may need it	McMillan nursing is brilliant and need more of that type of support
Central Bedfordshire		MHS		Carer of Adult		Luton Council employee	Trained crisis support to allow those who may be experiencing very difficult symptoms, such as auditory/visual hallucinations, or autistic patients who are suicidal, to avoid A&E would be helpful as A&E might in itself be traumatising.
Central Bedfordshire		MHS	Service User				I would prefer to be not in a chaotic environment but somewhere which is calm. Sometimes I find too much going on around me in a crisis just adds to my stress and anxiety
Central Bedfordshire		MHS				I have used kids MH teams and haven't been back as an adult	The dr local gp was helpful when I was getting meds for ocd anxiety and depression
Central Bedfordshire		MHS	Service User				All of the above What "Good crisis support looks like" - Trained and qualified, empathetic and not sympathetic, active listener an 100% recall of details, able to determine key signs of conflict and able to challenge and so much more
Luton		MHS	Service User		Carer of CYP	public health	Access to a well trained, caring and empathetic crisis team who can support me at home is vital. Also if I need to go to A&E that I'm seen by an appropriate mental health clinician as quickly as possible - ideally not having to wait near others especially people with young children as when I experience psychosis I can shout a lot. Good crisis support looks like enough staff on shift who are experienced, empathetic, caring and clear about where I will go and what care and support I'll be receiving. Access to the right medication as quickly as possible and lots of support for my husband / family to help them understand what is happening. Only send the police to my home if there is a risk of harm to others. When I was an inpatient (15years ago in another area) I received very good care and support. This included occupational health sessions e.g. relaxation and mindfulness, cooking and art therapy sessions which were all really important in my recovery. Access to a TV, pool table and board games was also very helpful. Good healthy nutritious food is also important and the when I was ready the ability to go out with my family for a walk made a huge difference to me. Access to light and a nature even if it's a small courtyard is very important and patients could be involved in gardening to assist recovery. In Luton- I know the numbers to call in a crisis (nhs 111 / Luton crisis team numbers) especially if my thoughts start to rush after not sleeping for consecutive days. I know about the recovery lounges although I have not yet accessed these. I find it easy to access information on line and recently downloaded the Bipolar UK mood tracker which I see as a great preventative support to stop me going into crisis so that I can monitor my mood more closely and see where I might be heading for a high or a low.
Luton		MHS	Service User				SUPPORT PEOPLE STRAIGHT AWAY SO THEY DON'T HAVE TO RESORT TO THAT OPTION
Luton		MHS				Workforce	Having another half way place to go, not hospital or police, but we used to have churches, community groups coffee mornings, gardeners event, loads of different social events that are not accessible to many due to cost.
Luton	CHS	MHS		Carer of Adult			all of the above
Luton		MHS	Service User				I registered individual specifically trained in mental health who isn't harsh, irritable or judgmental who doesn't make you feel like you've gone mad
Luton		MHS			Carer of CYP		Seeing a random person thru A+E that believes if you keep saying you are thinking of suicide you wont do it. That belief is a Lie. 'Autistics dont commit suicide until they can be 100% sure that it will work' said by my 25yr old High Functioning, with PDA, Autistic son. As above.
Luton		MHS				Concerned citizen	It would be helpful to have a trained crisis support available outside of hospitals to boost patient confidence
Luton	CHS	MHS	Service User				Somewhere to go, experienced staff, just somewhere comfortable and warm with people who know what there doing and with some empathy

Appendix 8 - Mental Health Services Q6.9 What kind of support or services would help people feel safe and cared for during a mental health crisis?

Local authority	Service Area		Respondent Group				What kind of support or services would help people feel safe and cared for during a mental health crisis? You might want to think about:
Luton		MHS		Carer of Adult			It would help to have trained crisis support available outside of hospital. Priority should be given to someone in crisis to get medication and the necessary help they need.
Luton		MHS	Service User				Don't restrain us or put us in the psychiatric ward , don't tell us to have a bath and actually listen to us
Luton		MHS	Service User				If the person knows they are struggling or deteriorating, but are not suicidal or in psychosis then there is no interim support available - it's either high level and A&E or MH crisis line, or speak to GP. Often, a space is needed almost immediately to discuss current MH deterioration with a health professional without waiting for a GP appointment, referral or going to A&E...perhaps each GP having a MH option on the phone, or a partner charity/organisation that you can be put through to. Often, the courage it takes to make that call is short-lived and opportunities to help can be missed. Immediately available phone and/or online support must be prioritised. MH clinics in communities may also be beneficial - not GP and not referral only MH clinics but a community health service that has nurses/otherwise qualified health professionals available for same day appointments.
Luton	CHS	MHS				Help to cope with the depression of coping with chronic pain	Someone you can contact when having a panic episode and how to mentally cope with it. Someone based at a gp surgery just for constant pain.
Luton	CHS	MHS		Carer of Adult			Good crisis support means quick access to care, clear information, home visits if needed, emotional support, and trusted professional guidance.
Luton		MHS				Workforce	Someone who is able to hold a genuine conversation rather than just a tick box exercise conversation
Luton		MHS				someone that works in primary care	trained crisis working within community good crisis support- Sanctuary in Cambridge CPSL mind
Luton		MHS				Workforce	Someone who has a background or some sort of training or understanding of mental health. Mental health might be a sensitive subject to some people and saying the wrong thing may make it much worse. Trained crisis support would definitely help - this could be a safe space for people to visit when they feel very low. We try to provide the patients with Crisis information every time to make sure they are aware of who to contact but a hub in Luton would definitely be a good idea to help those that really need it.
Luton		MHS				Health care professional	1) More community support for patients and HCP's 2) As a HCP to feel listened to when calling MH for support and advice to formulate safe plan for patient in crisis. 3) Good crisis support should entail a patient being reviewed by a MH professional when HCP's attempt to refer. Primary care is very limited in terms of what can be achieved in a small amount of time in a clinic. If referrals are accepted then it generally takes a long time for the patient to be seen by MH.
Luton	CHS	MHS	Service User			staff member signposting patients to the services	a complete overhaul and pathway redesign - in its current format it is not working
Luton		MHS				I tried to access services fir myself	Help for people like new with cancer. I was told because I wasn't suicidal I did not qualify. I found a cancer charity to help instead
Luton	CHS	MHS		Carer of Adult			Trained crisis support outside of hospital with a small medical unit in case its needed. Autism friendly space at A and E.
Milton Keynes	CHS	MHS				An interested adult	Access to trained mental health workers/advisers as a first port of call - preferably away from a hospital or clinic setting. Offering regular support or information sessions locally might assist.
Milton Keynes	CHS	MHS				Workforce	More crisis support outside of hospital. Extended hours for crisis team

Appendix 8 - Mental Health Services Q6.9 What kind of support or services would help people feel safe and cared for during a mental health crisis?

Local authority	Service Area		Respondent Group				What kind of support or services would help people feel safe and cared for during a mental health crisis? You might want to think about:
Milton Keynes		MHS				Work alongside MH services	Often a person in crisis is not concerned regarding the role of the person supporting them but only that individual has the right skills
Milton Keynes	CHS	MHS				Healthwatch - working closely with MH services including 400 conversations with women on Willow Acute inpatient ward	Good crisis support is trauma informed, compassionate and person centred. There should be 'no wrong front door' in this situation because when people are in crisis, they won't be able to deal with 'not my job' or 'call this number and they will know'... Having enough staff is what will enable this more than a lot of policies or strategies across organisations
Milton Keynes	CHS	MHS				Likely future patient	Just need to know who to call
Milton Keynes		MHS		Carer of Adult	Carer of CYP		My husband has schizophrenia and psychosis and bipolar. The one time we tried to access the crisis team, they said 'what do you expect us to do, we clock off in half an hour'. He ended up having an ambulance sent out and was admitted to hospital, and that was via 111 as they could hear the level of distress he was in while I was on a call with them. The crisis team are an absolute waste of space.
Milton Keynes	CHS	MHS		Carer of Adult	Carer of CYP		Like an Employee Assistance Programme call line would have been useful for us as parents - so we could get a sense of how big a crisis our daughter was in. There was a sense that unless she had actively tried to take her own life then it wasn't enough of a crisis - and that self harm or not eating wasn't enough of a crisis. This was all new to us and we didn't know when to call it an A&E emergency - and even then, the waiting list didn't get any shorter.
Milton Keynes		MHS			Carer of CYP		A and e is not the right place for all mh crisis situations !
Milton Keynes		MHS			Carer of CYP		You have to wait in a and e why? I get if they have harmed themselves and need physical help as well but not if they haven't. It's not the right place. It's load busy and public ... makes the situation worse!
Milton Keynes	CHS	MHS		Carer of Adult			More face to face rather than phone calls
Milton Keynes	CHS	MHS		Carer of Adult			Definitely need more trained support outside of hospitals. Should not have to go to a&e to access services.
Milton Keynes	CHS	MHS				Previously worked in mental health	Crisis team across all ages
Milton Keynes	CHS	MHS			Carer of CYP		not having to go to A n E but having a dedicated known area
Milton Keynes		MHS	Service User		Carer of CYP		somebody to talk to and it cannot be A&E, I have seen this in Denmark, you go to a psychiatric ward and they talk to you there and accept you or refer you somewhere else.
Milton Keynes	CHS	MHS		Carer of Adult			Sitting in A&E for hours is soul destroying. An effective, efficient and professional crisis center / hotline with immediate access to counselling, talking services is needed. Free access to alliterative therapies, walking groups, yoga, etc. would be beneficial.
Milton Keynes	CHS	MHS	Service User				A phone number to call or a centre to visit (similar to urgent care but for mental health) would be helpful.
Milton Keynes	CHS	MHS	Service User				They can be intimidating and if you are feeling like your mentally struggling then having someone talk down to you can add to it, a softer energy can be greatly appreciated as most issues are just needing a calming presence so better training
Milton Keynes	CHS	MHS	Service User	Carer of Adult			To have the right information and services available clear and concise Professional, friendly support
Milton Keynes	CHS	MHS				Work in a school	We was in a&e with mum due to a serious UTI infection and there was a woman in there with mental health issues shouting and screaming, taking her clothes off. This was not the right setting for this patient and distressed the other patients in a&e
Milton Keynes	CHS	MHS				Someone who has had little success trying to help a minor access mental health services.	Localised community services, with drop-in sessions available on a regular basis.

Appendix 8 - Mental Health Services Q6.9 What kind of support or services would help people feel safe and cared for during a mental health crisis?

Local authority	Service Area		Respondent Group				What kind of support or services would help people feel safe and cared for during a mental health crisis? You might want to think about:
Milton Keynes		MHS				Some who struggled to access mental health services	Having more access information to find seek local support
Milton Keynes	CHS	MHS		Carer of Adult			Specialist trained support who are easy to access. Help and support for those family members who are trying to help the patient. We feel lost and frightened too trying to help some we love sometimes we don't know what to do for the best.
Milton Keynes	CHS	MHS		Carer of Adult			I think an urgent care centre for mental health should be available. Calling 111 helpful to chat but not to deal with immediately when medication and consultation required. Should be a follow up in days rather than weeks
Milton Keynes	CHS	MHS				A retired mental health nurse in Milton Keynes	It is important to distinguish between mental difficulties and mental illness so that appropriate help is requested and received.
Milton Keynes	CHS	MHS			Carer of CYP		Really it just needs more money for GPs so they have time and the staff to contact patients they have not seen in a couple of years.
Milton Keynes	CHS	MHS	Service User				Trained mental health support should be outside hospitals but due to service cuts the support isn't there. I feel hubs for mental health would be a good thing where all mental health services are under one roof
Milton Keynes	CHS	MHS			Carer of CYP		Currently there seems to be no support at all so anything would be better than what we have, which seems to be nothing
Milton Keynes	CHS	MHS		Carer of Adult			Accessible talking therapy difficult to find
Milton Keynes		MHS				Social services	Established community networks so people know who they can turn to before a crisis.
Milton Keynes	CHS	MHS				Workforce	Getting help in a crisis can be difficult to access as it can be unclear of which service to contact or where to seek appropriate support.
Milton Keynes	CHS	MHS				Someone who refers to mental health services	A community team that can be contacted and respond with advice/support/visit 24hrs a day
Milton Keynes		MHS				We run a small voluntary charity that supports families of those in addiction	There should be urgent help when people with addiction reach out as often it's that opportunity when they want to make changes in their lives. If they then have to wait weeks for a referral that opportunity can be lost
Milton Keynes		MHS			Carer of CYP		I can only assume that in this scenario, a person in crisis would need access to someone who is trained in this field but they would want support rapidly.
Milton Keynes		MHS		Carer of Adult	Carer of CYP		The right person or service from the start not pass from pillar to post
Milton Keynes		MHS		Carer of Adult			You are right that the hospital doesn't want to stop my son from drinking again. They just deal with his immediate problems and then sent him home so he drinks again. There are so many people with addiction and Mexicans that can't cope. The Surgery isn't interested. Anyone at all helping our son to stay off the day and drink would be appreciated when he's sober for him to stay sober. Even at AS he didn't manage to stay sober so he got kicked out which was a great shame because he was mostly sober when he's there but no one has approached him now that he's been kicked out to find out how to help him move on and how to help with his anxiety.
Milton Keynes	CHS	MHS				Concerned person	I thought there was access to trained crisis support outside of hospitals, and has been in place for over 10 years (IAPT?). I was assuming this was now assessible via 111?

Appendix 8 - Mental Health Services Q6.9 What kind of support or services would help people feel safe and cared for during a mental health crisis?

Local authority	Service Area		Respondent Group				What kind of support or services would help people feel safe and cared for during a mental health crisis? You might want to think about:
Milton Keynes		MHS	Service User				I have had bad experience going to A&E for my mental health. I would like to talk to someone caring who has patience, time and understanding of complex mental health disorders. The crisis teams need to be properly trained and operated by professionals who understand relapse, crises, complex needs, different disorders outside depression and anxiety, access to medication or intervention to support the person in crisis. It is very hard to find the right information when you need help. There needs to be a mix of support and interventions ranging from medication to talking therapy to being admitted to a mental health hospital either voluntary or sectioned depending on risk to self and others. Good crisis support is quick, efficient, and easy to access with a professionals with a lot of experience to manage the situation with empathy and expertise Knowledge able to diffuse it and calm the person and feel like they are in safe hands.
Milton Keynes	CHS	MHS		Carer of Adult			A single point of contact who you build a trusting relationship with. Needs to be very quick but often just a call will bring down the urgency. Knowing someone cares is important
Milton Keynes	CHS	MHS			Carer of CYP		Doctors need to be trained properly and more informed.
Milton Keynes		MHS				Referrer to Mental Health Services.	I think we are very lucky in Milton Keynes to have access to the MIND Crisis Cafe. I think the support available is great but it whether or not patients feel comfortable with contacting or attending them.
Milton Keynes	CHS	MHS				A long term client of mental health (Recovery and Rehabilitation Service).	A care home in the community would be much simpler and cheaper. A care home environment provides a level of containment and comfort that a simple appointment can't complete with.
Milton Keynes	CHS	MHS	Service User	Carer of Adult			You actually listened
Milton Keynes	CHS	MHS	Service User	Carer of Adult			Staff who have an understanding of the condition and person hx. I think anyone who is compassionate and knowledgeable would be helpful be it nurse, assistant, community. Trained crisis support OUT of hospital would be beneficial.
Milton Keynes		MHS		Carer of Adult			We had a nightmare trying to access support across different counties as none of the services joined up or communicate with each other. It would have been so much easier and less traumatic to only have to relay the information once!
Milton Keynes		MHS				Academic interested in the field	Very simply, help available when needed. Individual circumstances will determine which of the above is most appropriate
Milton Keynes		MHS		Carer of Adult			The Mind crisis café in Bletchley offers all the right kind of support. Just model whatever else you want to offer on that.
Milton Keynes	CHS	MHS				Referring service	Having clearer communication between MH services and patients. Having better communication between MH and referring services.
Milton Keynes		MHS				Someone who sympathises with carers, nurses and medical staff facing the current deluge of demand.	Safety here is key both for the patient and the carer. A specialist hospital wing or community facility should be available with expert medical support.
Milton Keynes		MHS				Workforce	Good crisis support would be people non judgmental people who are good at listening and do not just want to give you pills.

Appendix 8 - Mental Health Services Q6.9 What kind of support or services would help people feel safe and cared for during a mental health crisis?

Local authority	Service Area		Respondent Group				What kind of support or services would help people feel safe and cared for during a mental health crisis? You might want to think about:
Milton Keynes	CHS	MHS	Service User	Carer of Adult	Carer of CYP	An autistic adult with sensory and hearing needs. I am not currently under secondary mental health services, but I use GP and community support and have ongoing mental health needs.	Good crisis support is fast, calm and close to home. A 24/7 urgent mental health line with text and online options would make access possible for people with hearing or phone anxiety. Same-day safe haven capacity in Milton Keynes every evening and weekend would help avoid A&E, with quiet rooms, better acoustics and hearing loops where possible. I want to speak to trained mental health staff, but peer workers and the voluntary sector have a role too, especially for de-escalation and follow-up. Clear written safety plans and fridge-friendly summaries should be provided so I know who to contact, what to watch for, and when to escalate. After any crisis contact, follow up within 24 to 48 hours and book the next step before discharge. Practical transport help for non-drivers matters, as does the option of brief local assessments in Stantonbury venues when appropriate. The goal is simple routes, quick responses, and continuity of care without repeating my story.
Milton Keynes		MHS				NHS worker	Talking to a GP or nurse, access 24hrs
Milton Keynes		MHS		Carer of Adult			Need a quiet room in A and E and not a long wait. My sister ended up being sectioned after attending A and E two times
Milton Keynes	CHS	MHS	Service User	Carer of Adult			Someone who actually listens and helps
Milton Keynes		MHS	Service User				Having attended A&E on a couple of occasions during a severe manic episode and experiencing psychosis, I can confidently say the main A&E waiting room is NOT the place for this. I understand the tight budget restraints but the whole countries mental health system is so outdated. We need a separate room or space dedicated to mental health emergencies. I have also had other less serious episodes where I didn't feel supported. Having someone come to my home or meet me at a group setting or appointment would help hugely and then having weekly check ins with practical tools to support - that would be so helpful. I have also called for help when severely depressed, just hoping to see someone in person to talk and been told 'if it gets really bad, just call this number' and given a link to Samaritans or a similar number. We need to be working with a goal to prevent not to only treat when it gets to breaking point. People often don't access support because they're not suicidal but that doesn't mean someone doesn't desperately need support to continue living a normal life.
Milton Keynes		MHS	Service User	Carer of Adult			A&E doesn't seem to be the best place, often patients are left waiting for hours to see a suitable person and then just sent home as 'there's nothing they can do'. More support at prevention level is required! If a male in the high risk of suicide category is asking for help, can be more proactive, especially when they are suicidal!!! The police were called to a crisis with my family member and they were amazingly reactive and supportive, brought the family member home and referred to family to IPAT. But I'm unsure if the police then had a referral pathway into IPAT which perhaps would have made the pathway smoother?
Milton Keynes		MHS		Carer of Adult			It has been done in a timely manner like straight away.
Milton Keynes		MHS				Potential user of mental health services	A Counsellor trained in Mental Health & able to advise on cognitive therapies.
Milton Keynes		MHS	Service User				I would like to have access to a psychiatrist that can diagnose my mental health condition. A&E is no place for someone who has a mental health issue unless their physically hurt. As a carer of my father and previously my mother, and my personal experiences, A&E is an awful inhumanely run place that doesn't operate efficiently.

Local authority	Service Area	Respondent Group					How can we help residents to look after themselves and their family better? You might want to think about:
Bedford Borough	MHS	Service User					same answer. No one cares about deaf community. We have to fight for our rights. Websites and booking systems are inaccessible, information, leaflets and professional services are in English, not BSL and I don't understand them. Train staff to use BSL and to be deaf aware. make sure the 'deafhelp' email address is included in all letters so that if i have questions, I can contact you.
Bedford Borough	MHS	Service User					I go for my annual SMI Check every year at the doctors. As a graduate in a senior position this is fine. Every year the Pharmacist who does it says thanks for coming most people don't. But although I am organised I don't get a text or phone call reminding me which for people with more chaotic lifestyles might help
Bedford Borough	MHS		Carer of Adult				Some care coordinators are disinterested in their patients, and only see them (that's if they see them) in a crisis. There is no trust in that relationship between the patient, the families and the professionals. They do not listen to carers who understand the patient and circumstances and can be too ready to criticise rather than providing them with the tools to help. They forget that for carers there is no holiday, no off switch, it's what we do 24/7 and the worry is draining. The consultants and nurses need to learn the skills to work with patients with dual diagnosis a bit better, such as mental illness and autism. They tend to focus on the mental illness and forget the autism and autistic traits and put people in tick boxes. What works for one does not work for another. They need to see patients more often and not just at a CPA, and also get to know carers. Patients would seek help earlier if they could get through the duty desk. ELFT need to change how they work. At least 3 nurses should do duty because the nurse on duty is unable to look after their own patient in a crisis and 1 nurse can't be everywhere. Also these teams need to listen to what patients say about medication side effects, pushing medication and increasing doses is not always the answer in the long term and reduces compliance. Health also needs to work more with housing to ensure vulnerable patients are not in social housing which aggravates and exacerbates their condition. They need to be moved if the housing situation puts them at risk. Our problem has been the housing environment, lack of water, lack of hot water and heating, antisocial behaviour, noise pollution, crime and police disinterest.
Bedford Borough	CHS	MHS		Carer of Adult			See above suggestions for turning NHS into a good health rather than sickness service.
Bedford Borough	MHS		Carer of Adult				In this instance there were no Symptoms of which I was made aware of the impending situation. It was most fortuitous that we were given an emergency appt. by Sharnbrook Surgery.
Bedford Borough	MHS	Service User					majority of the information that people can find online is so intense that it scares people or does not explain how people can help their mental health correctly. a lot of services are only available when people go poking around at hospitals for the information, however, this is it possible for those like myself that have autism as they cannot find the confidence to ask about these sort of things unless they have some one else with them to speak for them. this makes some of the services not accessible for those with autism and other forms of learning difficulties, which means they are unable to get information that could help them.
Bedford Borough	MHS		Carer of Adult	Carer of a CYP			Not enough information. Everyone feels and reacts differently. Professionals need to understand your life clearly
Bedford Borough	MHS			Carer of a CYP			Holistic care and MECC - anyone who comes into contact with you should ask about your mental health, especially loneliness and isolation GPs should prescribe exercise classes and Green social Prescribing before giving tablets Community Green/Blue groups i.e. gardening, walking, swimming, paddleboarding, crafting, bushcraft Helpline/Centre when waiting for care - should be able to give advice, speed up referrals if necessary, change the style of referrals if required
Bedford Borough	CHS	MHS	Service User		Carer of a CYP		Be flexible in the approaches offers. Don't dismiss people after six session.
Bedford Borough	CHS	MHS	Service User				Involment by CPNs, social workers, voluntary sector, recovery college and organisations that help with life skills, jobs and finances to give practical help, not just handing out drugs. Counselling and CBT where appropriate to help recover and cope with illness, rather than just handing out drugs.

Appendix 9 - Mental Health Services Q10 6.10 How can we help residents to look after themselves and their family better?

Local authority	Service Area		Respondent Group				How can we help residents to look after themselves and their family better? You might want to think about:
Bedford Borough		MHS				Recently retired from working with Adults Mental Health	I do think that those who have made relationships at cafe's/groups are more able to reach out and seek help sooner. A good explanation around the need of their medication and what it does. I have found that there is a lack of understanding with some, having friend/family member of advocate to attend meetings alongside the person is helpful. It gives confidence to ask questions and get a better understanding
Bedford Borough		MHS				Workforce	We need more proactive and preventative advice as a community about good mental health and recognising signs of deterioration. More social groups should be available and prescribed when appropriate and other leisure groups
Bedford Borough	CHS	MHS	Service User	Carer of Adult			Yes
Bedford Borough		MHS	Service User			Friends used services	To be sectioned for their own safety if suicidal
Bedford Borough		MHS				Carer of a CYP	Schools need more education in hearing what a child is really saying. My daughter was abused as a child, she remains at 30 years old in torment.
Bedford Borough		MHS				Someone who gets recommended to this service	Trying to stay well but getting sent / referred from one person to the next to the next to finally getting told case closed, is not a help. Lack of practical / physical help and support is why my mental health sinks (I have disabilities) but time and time again I get told that they can't help but will refer me on, or the case is closed./ Nobody has any understanding that by not getting specific help with things, this leads me into all kinds of problems which will affect my mental health even more.
Bedford Borough		MHS		Carer of Adult	Carer of a CYP		The transfer from Paediatrician to adult services at age 18 feels like you have just been left on your own. There should be an interim face to face appointment as soon as you transfer.
Bedford Borough		MHS	Service User			Workforce	faster access to talking therapies
Bedford Borough		MHS	Service User				Support and understanding of mental health
Bedford Borough		MHS	Service User	Carer of Adult			Shorter wait times, reassurance that helps is accessible. Longer crisis cafe hours especially for those still waiting for care. Social groups. Care staff that can actually listen to the problems and create and personal plan. CBT is just a plaster, I do not see it as a cure or even a tool to use to be able to be in remission of symptoms. Acknowledgement of health problems and getting to the root cause of them. EMDR therapy has been a life saver for me. Longer treatment schedules. Less than 6 months CBT is not enough especially for those with longer term problems, historical abuse, PTSD etc
Bedford Borough	CHS	MHS				As concerned resident	Providing access and guided care
Bedford Borough		MHS				Workforce	No one needs support with faux mental health
Bedford Borough	CHS	MHS				used services as a carer of person with mental health prob	Mental health assessments seem very basic and based not on significant events or behaviours but on what the patient chooses to disclose totally unchallenged. This leaves carers/ family helpless and isolated. This applies not just to NHS specialists but to the community practitioners.
Bedford Borough	CHS	MHS	Service User				There is very little care available without a wait. When it comes it is often good and supportive.
Bedford Borough		MHS	Service User				A support worker and visit from mental support worker this don't need to be a trained nurse or psychiatrist just someone to listen and make a informed decision if further help is needed urgently

Appendix 9 - Mental Health Services Q10 6.10 How can we help residents to look after themselves and their family better?

Local authority	Service Area		Respondent Group				How can we help residents to look after themselves and their family better? You might want to think about:
Bedford Borough		MHS	Service User				There is a lot of information available about looking after your health through charities like the British Heart Foundation. But sometimes it can be too overwhelming as there is so many things you have to do. Emphasising the basics simple ways of eating healthy and ways to exercise at home without going to the gym as it is not possible for everyone to do so. It is important for a professional to recognise someone strengths and their interests as well as your health problems. Otherwise you end up just feeling defeated if you are trying to control things that feel out of your control. What would encourage people to get help earlier? For them to be believed when they first seek help. Have you considered is that people stop engaging with services because they are dismissed about their concerns. Mental Health services to take weight issues more seriously especially when it is caused by medication. I find it really difficult to initiate the things I need to do. Having one-to-one support helps me develop good habits. It depends what you mean by care. If you are waiting for therapy/treatment, you could start by introducing people to the wide range of skills available to help manage their wellbeing e.g. 5 ways to wellbeing, sensory regulation, DBT, grounding techniques. Things that they could be doing to help themselves. The Recovery College does some of this but I think it could be doing much more e.g running DBT programmes, looking at trauma informed techniques. But at the same time, make sure that the wait is not too long, otherwise people lose hope and disengage from the service. You should stop telling people the NHS is there to help. This gives the wrong impression as the NHS has a very limited range of what it can do especially in terms of mental health. There should be more focused on what you could do to help yourself. These things could be done through small charities that focus on these areas. There shouldn't be time limits set on accessing services. If you are struggling you should be able to access services for as long as you need.
Bedford Borough	CHS	MHS	Service User	Carer of Adult	Carer of a CYP		Similar responses as previously mentioned
Bedford Borough		MHS				Formerly worked in MH services - now retired	As above, a broad understanding of mental health is key with services aligned to address the biological, social and psychological factors that underpin mental health difficulties. More investment in evidence based psychological therapies including for people with serious mental illness, early intervention for children and young people.
Bedford Borough		MHS				Former carer	Health Promotion should be an integral part of every consultation and interaction with the person with dementia and their family carers. Long before a diagnosis there should be good information from the GP, local authority, voluntary groups as well, as nationally using social media.
Bedford Borough	CHS	MHS	Service User	Carer of Adult		Independent Living Officer	While I appreciate services are financially stretched, the wait to be seen at CAMHS can be devastating for a young person
Bedford Borough	CHS	MHS				My son previously used the mental health services	There was lack of collaboration with my son family, he was an adult and gave his consent. When my husband had a stroke I was "kept in the loop" all the time it was completely different with mental health
Bedford Borough		MHS		Carer of Adult			There is definitely not enough information. to help People take care of themselves at home. They need to get better support workers and they do NOT need to know all the background to the patient either. If they don't keep the patient well with their mental health there is no point in concentration in their strengths it has to be mental health first. In order to stay well better monitoring of patients! Yes it would make them more confident in looking after their health. Whilst people are waiting for care there should be people available to support them rather than no one and things could get worse quickly.
Bedford Borough	CHS	MHS				I used to work in mental health services	A dedicated support worker should be available for each individual and they must know how and when they are able to contact them.

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Local authority	Service Area		Respondent Group				How can we help residents to look after themselves and their family better? You might want to think about:
Bedford Borough		MHS				A doctor who sees many patients with mental health issues but not working in mental health services	If there is no support from mental health team/ adults and children, the families cannot be well, they are all affected.
Bedford Borough		MHS	Service User				Patients should not be discharged quickly. They should be offered support until they are really well without expectation of relapse.
Bedford Borough	CHS	MHS	Service User	Carer of Adult		Partner, Resident, and Carer	Better relationships will lead to information being digested by the community. Clear messaging, reels and better comms, funding for community support services and wellbeing activities. Address poverty and health inequality
Bedford Borough		MHS	Service User				Help to understand your conditions and how they affect your life. I was diagnosed with autism at 15, but never had any help in understanding what they means for me, how to cope and how it'll impact my future and now I'm struggling. Exercise and diet are important of course, but it's often viewed as dismissive when told.
Bedford Borough		MHS				Mother	The affected person needs to understand that they need support and except that they need help. Which is difficult when they don't except that they have a problem. Therefore they are left to fend for themselves. I think they should have a key worker who knows them and could assess and recognize their needs.
Bedford Borough		MHS	Service User				there's not really enough information to help people take care of themself when it comes to mental health as a lot of stuff that is available does not work for everyone and there is not a lot of awareness to what people can do to help their own mental health unless its approaching hospitals and mental health clinics. as a person with autism I have found that both online and other forms of media don't approach making mental health information easily to read and understand for those with learning disabilities and it would be nice if there was more information on mental health that those with learning disabilities can find for themselves without having to go to hospitals and mental health clinics just to understand and get the information they would need. whilst there are specialist that do understanding those with learning disabilities and can help them when they are struggling with mental health issues, its just sad that its the only way for those with learning disabilities to get help with mental health. At the moment i have had support from the talking therapies with my anxiety and it has boosted my confidence with managing my own health. There are always lots of post around trying to get people help for mental health but nothing else, it would be more appropriate for people to made aware of getting help from the services if the services put information out there where people can see it so that it makes it more available to those in need of help rather than stay so secretive that they only know about after going through all kinds of hospital or other forms of health routes to find out about the services available.
Central Bedfordshire		MHS				Family member of someone who has used the services and is also aware of others who have used it	My son was given counselling but he had to relive the trauma and now won't go near counselling or support, even though he still needs it. Please train staff as Emotional Freedom Technique Practitioners - clients don't need to relive the trauma to benefit. It is successfully used for PTSD and could make a huge difference to those suffering with mental health conditions
Central Bedfordshire	CHS	MHS		Carer of Adult			There is not enough signposting / support available for patients to access services. offering a wider range of services and support options.
Central Bedfordshire	CHS	MHS		Carer of Adult			There seems to be nothing on going between crisis

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Local authority	Service Area		Respondent Group				How can we help residents to look after themselves and their family better? You might want to think about:
Central Bedfordshire		MHS				Past experience of a close friend who needed these services	This is so varied and individual based that the main point I would make as that there needs to be a point person sufficiently experienced, skilled and empowered to be able to call upon the support and skills necessary for the ever situation gets presented by the person with the need.
Central Bedfordshire	CHS	MHS	Service User				Support groups of people with mental health needs. Promote and fund local MIND services as they do help.
Central Bedfordshire		MHS	Service User				It feels like things have to be pretty bad to get minimal help. This doesnt help people stay well. I was given the Shiny minds app to use while I was on the waiting list but because I was postpartum, the talking therapies thought I had too much going on so discharged me. This meant I also lost access to the help which I was using on a daily basis. This was extremely unhelpful
Central Bedfordshire	CHS	MHS				Workforce	drop in services for young people and teenagers advice to parents on where they can get support
Central Bedfordshire	CHS	MHS				A parent and advocate of a now 20 yo who has been failed by these services.	Unfortunately with MH for a lot of people the individual does not know how to help themselves and need additional support.
Central Bedfordshire	CHS	MHS		Carer of Adult			Remove the stigma of MH Self help advise Not having GP sign people off sick with MH issues as routine
Central Bedfordshire		MHS		Carer of Adult			No help at all
Central Bedfordshire		MHS	Service User				Earlier mental health intervention would be helpful, many people I know (including myself) have tried to reach out to the gp for help and they have brushed it off without listening. I have suffered needlessly because I was not diagnosed with autism until I was an adult, and when I was diagnosed I had no idea how to get any support. A lot of healthcare providers have an incredibly poor understanding of autism, and a lot of resources are aimed at parents of autistic children, so it is hard to find support as an autistic adult. I have also found that the NHS does not provide much therapy outside of cbt, which doesn't work for everyone. I understand that it is evidence based and a lot of people find it helpful, but those of us who don't are blamed for it not working, and we fall through the cracks. Education is important for helping people to stay well, and I'm not talking about "eat healthier and exercise!" which is irritatingly obvious and much easier said than done when you are struggling with your mental or physical health. It seems like a lazy attempt at support, putting the blame on patients while doing nothing to actually help them. More education around mental illnesses or disabilities could help to identify a problem earlier so people do not have to suffer confused and alone.
Central Bedfordshire		MHS				Carer of a CYP	Parents need information given within schools at an early stage regarding support available. We were only made aware of support when we were hitting crisis point. We had no idea that we could request an EHCP, have a parent needs assessment, consider reduced timetables for our child who was struggling in school. Parents also need support when awaiting a diagnosis as this process can take years and the stress on the child and the family is very damaging, leading to mental health issues for all concerned. A professional to talk to, get advice from regarding your own personal circumstances would help enormously. I don't always want to be referred to a website to read a leaflet. Parents need to know what support is available for them also when supporting a child's needs as it can really take its toll. Parents support groups, a professional to call for advice would be helpful. A named person to help coordinate a childs care and support would be amazing. Imagine having one person who could guide you through the system, chase things up for you, get your views across if needed, inform you what you are entitled too. I have spent years battling the system for my child and it is utterly exhausting.
Central Bedfordshire	CHS	MHS		Carer of Adult		A parish council	Get to diagnosis quicker. This would be the best remedy. Once this happens, the rest of the services fall into place, and people can be directed to the right ones.
Central Bedfordshire		MHS		Carer of Adult			Continuity of care, care organisers staying in post to build up a relationship with their clients would be of huge benefit to service users.
Central Bedfordshire		MHS		Carer of Adult			More information and access to long term support

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Local authority	Service Area		Respondent Group				How can we help residents to look after themselves and their family better? You might want to think about:
Central Bedfordshire		MHS				Workforce	I have started a new Anxiety & Emotional Health coaching practice based out of Ampthill. Aimed at supporting those with anxiety related health issues Adopting a prevention/support/and referral system trusting local community based private services outside of the NHS.
Central Bedfordshire		MHS		Carer of Adult			It does help when professionals focus on strengths and what matters to you. Also clearer and faster access to professionals when concerns first appear, instead of waiting for a crisis to develop. More focus needed on prevention than reaction to crisis.
Central Bedfordshire	CHS	MHS					I have a family member that suffers from social anxiety. I have neurodivergent family members. Information is helpful, but practical input, like teaching people life skills and how to manage their condition with continued support, whilst focusing on the strengths of an individual would help some people to stay well. Whilst awaiting for care the General Practitioner should be supporting the service user.
Central Bedfordshire		MHS		Carer of Adult			Mental health checks being available from appropriately qualified individuals in GP surgeries. People should be invited to these as they are to take up flu injections etc. This service should be in every GP service or available for GPs to refer to and patients encouraged to access it.
Central Bedfordshire		MHS				Workforce	Early intervention and seeking help when mental health and mood is on the wane is crucial. Keeping the mood in equilibrium requires SUs to seek help early and be clear as to where this help is available. The Recovery Colleges and Recovery Lounges are trying to be a source of support with the Beacon and Lighthouse models. There are plenty of organisation focusing on fitness, art and craft and social nature/walking projects and volunteering. Through social prescribing SUs can be accompanied and introduced to groups that will help and support Recovery. But the importance of getting support throughout for the mundane tasks such as cleaning and firm-filling must not be under-estimated or the need for regular 121 check-in meetings with a trusted health care professional. Thos needs to be readily available as vulnerable or unstable SUs will not be able to reliably plan ahead or get to anything early in the day. Service times need to take this into account and track the times around increased crisis risks and the time of day they take place.
Central Bedfordshire	CHS	MHS		Carer of Adult			Easier navigation of services Speed to being seen before being left to crisis point
Central Bedfordshire		MHS		Carer of Adult			Our greatest help has been when services have Ben holistic taking into account mental health, physical health and neurological aspects. We have seen an outstanding example of this from the dietician from the Bedfordshire and Luton Community Eating Disorders team
Central Bedfordshire	CHS	MHS		Carer of Adult			There is a severe shortage of staff, I was once told by a duty desk social worker that they did not consider my sons crisis situation bad enough and that they did not have the staff to provide the necessary support.
Central Bedfordshire		MHS	Service User			Workforce	If you are already in the system, you get to learn some of the facilities and support available. However, a newsletter with new options might be helpful.

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Local authority	Service Area		Respondent Group				How can we help residents to look after themselves and their family better? You might want to think about:
Central Bedfordshire	CHS	MHS				Friend of persons who have accessed support	Not enough information talk talk talk make it commonplace
Central Bedfordshire		MHS		Carer of Adult			It might be helpful to make mental health more of a focus in annual health checks. Maybe using screeners or questionnaires that could identify a baseline and then it would be easier to see issues emerging as scores were compared.
Central Bedfordshire	CHS	MHS				One who has awareness of the lack of support to friends and family	Professional settings should have surgeries that can address pressure before becoming problematic. Universities also should offer more support within not just take the money.
Central Bedfordshire	CHS	MHS				Someone who may need it	Not enough information to stop prevent illness. Regular check ups and more serious intervention
Central Bedfordshire		MHS		Carer of Adult		Luton Council employee	111 is a useful service, being able to get to a walk in clinic if necessary helps, being able to speak to a trained clinician helps. Having more community nursing/ MHS support in education/colleges to work on early intervention would be helpful.
Central Bedfordshire		MHS	Service User				Make sure all professionals in the industry are trained and made aware of mental health and neurodivergence and how well best to treat them. Also be aware of hospital passports
Central Bedfordshire		MHS		Carer of Adult			b
Central Bedfordshire		MHS	Service User				All of the above Biggest issue is access to mental health services, especially talking therapies and not always relying on CBT, as CBT does not work for all mental health issues
Luton		MHS	Service User		Carer of a CYP	public health	I am the lead for the new Luton Smiling Together Programme which will be starting by the end of the year. This aims to help prevent crisis for people on the SMI register . The programme has been codesigned with some experts by with lived experience (https://m.luton.gov.uk/Page/Show/Health_and_social_care/health/Health%20issues/Pages/luton-smiling-together-programme.aspx). Selected health and council data is being linked to highlight where an individual may need support (e.g. they have a housing issue) . A case co-ordinator will call them up and have a curious conversation to find out if they need support for the issue flagged (or with anything else) and they will give direct support / signpost appropriately. For example if it is a housing issue they will discuss directly with the housing team at the council to achieve a speedy resolution. This service reaches out to people rather than people calling in. The programme website also gives links to local and national support so that people can find what they need in one place. In public health we're developing a campaign to address stigma - to help people to talk about their mental health openly. There are lots of great websites to go to for information e.g. MIND (BLMK and national) but people may still be ashamed or too embarrassed to use these or go and ask for help from their GP. Schools: I understand that primary and secondary schools are now doing training and have sessions on mental health with pupils which is great but many families still do not talk openly about mental health. My daughters talk to me about self care and other aspects of mental health that they have learnt from school which I find really positive. It definitely helps when professionals talk to me about my strengths and what matters most to me which is staying on a level, being able to look after my family and to work. staying well for me is a mixture of different things - getting enough sleep, having enough time to relax and spend time with my family away from work, being able to work in a job I love, being outdoors and doing some exercise and making time for the things I enjoy doing like reading and sewing. I think it's really important to get advice while you're waiting for care - such as advice on getting better rest / sleep and how to reduce worrying & stress. I like the sleep leaflet that I was given by Luton CMHT - really helped me on more than one occasion.
Luton		MHS	Service User				ACTUALLY HELP PEOPLE
Luton		MHS				Workforce	Get people more involved with the community, walks, litter picking, park carers, sports, domino evenings
Luton	CHS	MHS		Carer of Adult			all of the above
Luton		MHS	Service User				Educate people on what mental health and physical health really is, when they should see a doctor and when they can deal with it themselves, get more realistic and correct information out that supports mental and physical health

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Local authority	Service Area		Respondent Group				How can we help residents to look after themselves and their family better? You might want to think about:
Luton		MHS			Carer of a CYP		See above Handing out photo copies of pages from books, spewing out the same info for everyone isnt helpful. Eg: Get out and take a walk... Without support? Alone? Out of routine? Hates outside?
Luton		MHS				Concerned citizen	It is crucial that there is sufficient information from healthcare providers and Government on all social media platforms to help people take care of themselves before needing services to avoid missed cases due to backlog
Luton	CHS	MHS	Service User				Being made to feel we are worth it and we still have a purpose as we get older
Luton		MHS		Carer of Adult			It would help if support was given to make sure someone is coping with debt which causes anxiety. Regular contact to check on progress.
Luton		MHS	Service User				Make the weight loss jabs more cheaper
Luton		MHS	Service User				Annual health checks are brilliant, but in my experience they feel quite tick-boxy and there are things I share or mention that are not followed up on. It feels as though those undertaking these checks do what they need to and it is very generic, very little is asked or discussed about my specific condition. It can feel as though perhaps they don't really have wider resources available to offer further support other than total wellbeing, weight management or MH services - all of which are helpful but not for those who are generally managing and getting by, but lack any space to explore their MH condition. Ongoing MH support, in my experience, has been almost non-existent - I am not severe enough to remain under MH services and quite self aware, on medication but reviewed annually. Within that year, there are times where MH check-ins would be beneficial. I have this for my asthma check ups, and this model
Luton	CHS	MHS				Help to cope with the depression of coping with chronic pain	This kind of help would help to make you feel less alone.
Luton	CHS	MHS		Carer of Adult			Accessible information, supportive professionals, early help, community programs, and emotional support make it easier for people to stay well.
Luton		MHS				Workforce	A holistic approach to recovery to enable patients to access health and wellbeing opportunities easily such as gym memberships and physical activity opportunities.
Luton		MHS				Health care professional	1) To stop pushing referrals to mental health services back to HCP's stating it to be a medical cause when this has been ruled out. When a HCP is referring a patient to MH services such as CMHT or crisis team organic factors have generally been ruled out and. 2) When trying to refer to crisis team we are then passed to CMHT who then say that we need to speak to crisis teams and vice-versa. This causing frustrations with HCP's trying to refer patients and not benefitting the patients in any way. This also giving the impression that nobody wants to help a patient in crisis. 3) There should be more collaborative working between the MH team and primary and secondary care. 4) A clear and well defined referral process for HCP's to refer into MH for assistance, support and better patient care.
Luton	CHS	MHS	Service User			staff member signposting patients to the services	staff who can communicate better - need a high level of rapport to engage people and people are not engaging its speaks to the failure of staff rapport
Luton		MHS				I tried to access services fir myself	Not applicable to me as I was refused help.
Luton	CHS	MHS		Carer of Adult			Peersupport for those waiting for care AND for those caring for them
Milton Keynes	CHS	MHS				An interested adult	Allowing a family member to make a referral to relevant services, or to discuss concerns with a patient's GP (even where the patient has not had any assessment) may help alleviate family issues or concerns and/or lead to an earlier relevant referral or intervention where merited. Often a person with mental health issues (including work or finance-related stresses) may be unwilling to admit to any issue, or to discuss it with close family members, despite their concerns and may not be aware that such unwillingness can of itself lead to family stresses.

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Local authority	Service Area		Respondent Group				How can we help residents to look after themselves and their family better? You might want to think about:
Milton Keynes	CHS	MHS				Workforce	More services to help people stay well. The recovery college has been closed but this was a brilliant resource that kept people out of hospital and made them feel valued. A lot of 3rd sectors organisations are now gone do very little help out there !
Milton Keynes		MHS				Work alongside MH services	There is a need for earlier intervention and assessment rather than matters reaching a crisis and then trying to support effectively
Milton Keynes	CHS	MHS				Healthwatch - working closely with MH services including 400 conversations with women on Willow Acute inpatient ward	Again, removing arbitrary boundaries, ensuring there are enough professionals, funding things like the Recovery College (which is a HUGE loss to MK), ensuring that school MHSTs are able to manage the workload - including them in RHSE classes for example, would be helpful. Most people have asked for help somewhere before they become unwell but they don't meet the criteria to access support which leads them to deteriorate and require crisis and/ or acute services - or worse - are taking their own lives or self harming/ self medicating to such a degree that their future is irrevocably changed and or limited before they even hit the 'system'
Milton Keynes	CHS	MHS				Likely future patient	Need face to face contact that doesn't need a phone or a computer
Milton Keynes		MHS		Carer of Adult	Carer of a CYP		Actually provide help when people need it instead of finding any and every excuse to deny treatment. They treat patients like an inconvenience and their aim seems to be passing the buck. Patients are humans. That seems to be forgotten.
Milton Keynes	CHS	MHS		Carer of Adult	Carer of a CYP		Departmental expertise in the NHS is outstanding - but the departmental manner of appointments has the effect of gatekeepers and confusion sometimes. As mentioned, I would like to have a portal where I can log in and see the pathway we are on - this os for both my parents and my children (and us as adults of we need it!) This would have details of the appointments and results, dates of consultations and with whom and simple cluckable links to the appointment notes. Most people don't absorb what is said in consultant appointments. This is not a questionnaire about ward care - but wow - that is in a total mess - my Dad nearly died because of the wrong advice given by a senior nurse and as a family we never got to see the consultant to ask - its only because we made a huge fuss that they treated him for spesish and he survived.
Milton Keynes		MHS			Carer of a CYP		Have different offers of support ..but one way of accessing
Milton Keynes		MHS			Carer of a CYP		Advice and support when we need it ... just reassurance is what is needed sometime .., nothing for parents ! It is very hard
Milton Keynes	CHS	MHS		Carer of Adult			Stop discharging people when on a high and the start the referral process again when they are having a huge low
Milton Keynes	CHS	MHS		Carer of Adult			More support for family of adults suffering mental health crisis. Next of kin should be able to know what is going on without having to rely on patient's permission.
Milton Keynes	CHS	MHS				Previously worked in mental health	Make sure the best use is made of current facilities eg Willen
Milton Keynes	CHS	MHS			Carer of a CYP		more access to public spaces and activities that support mental health
Milton Keynes		MHS	Service User		Carer of a CYP		It would help if professionals were not dismissive of people's complaints/experience. From my personal perspective, mental healthcare professionals tend to say "it is because of autism and we cannot do anything about it" so I end up being the only person who actually tries to help my child.
Milton Keynes	CHS	MHS		Carer of Adult			For most people using the NHS services are a last resort, mainly because its painful to get an appointment. I believe alternatives would be welcomed, but only it communicate well and delivered professionally.
Milton Keynes	CHS	MHS	Service User				Social prescribing is great. Also providing services such as Sure Start centres and youth clubs will help young people and those with young families socialise, feel less isolated and improve their mental health.
Milton Keynes	CHS	MHS	Service User				A weekly check in a call or face to face have a catch up at a clinic more like a hospice with a nice cafeteria or garden to feel less informal just having someone asking how your doing and coping can avoid a problem, the weekly group talk sessions aren't for everyone I personally am not a fan i do think therapy needs to be a bigger profession in the NHS I've been offered therapy 2 times I've been given 13 prescriptions of antidepressants

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Local authority	Service Area		Respondent Group				How can we help residents to look after themselves and their family better? You might want to think about:
Milton Keynes	CHS	MHS	Service User	Carer of Adult			Making it clear easy and welcoming to reach out for support and having the services available to them offer support
Milton Keynes	CHS	MHS				Work in a school	Prevention is better than cure. You need clinic for Weight loss Diabetic prevention Heart issues Eating issues, including allergy related Menopause Women's health conditions
Milton Keynes	CHS	MHS				Someone who has had little success trying to help a minor access mental health services.	Local community services, where you g people get a welcome approach from staff they can get to know and trust.
Milton Keynes		MHS				Some who struggled to access mental health services	More access to gp appointments
Milton Keynes	CHS	MHS		Carer of Adult			Nutrition and wellBeing help. Help searching for jobs. Keeping jobs As well as help for the family who feel helpless at times
Milton Keynes	CHS	MHS		Carer of Adult			Prevention is always better, put community based mental health activities locally increase and drop ins to talk to mental health trained professionals to prevent escalation. One person allocated as key person so not having to repeat to several different people. If someone has ongoing mental health issues on medication should be monitored and check ins
Milton Keynes	CHS	MHS				A retired mental health nurse in Milton Keynes	People should be encouraged to identify what they could do. Talking to others, socialising, physical exercise, eating well and working or volunteering can help with mental health problems.
Milton Keynes	CHS	MHS			Carer of a CYP		All above would contribute to help and support
Milton Keynes	CHS	MHS	Service User				No support for adults with severe and complex medical issues. You don't know where to go if you need help and there is very little understanding of complex care. There should be more Hospices for complex care adults so we feel we then have someone to talk to
Milton Keynes	CHS	MHS			Carer of a CYP		Having support for the whole family
Milton Keynes	CHS	MHS		Carer of Adult			Community support in local meeting places
Milton Keynes		MHS				Social services	Regular check-ins so people don't feel isolated. Knowing that someone cares and understands (compassionate care) always helps people to feel better about things. Community Activities e.g. gardening projects, etc.. helps - e.g. allow free community access to allotments
Milton Keynes	CHS	MHS			Carer of a CYP		Greater knowledge of mental health issues (and how these might present) in services outside of CAMHS would be a good start, that way other services could identify a need for and offer basic support/first aid. Is there such thing as mental health first aid for parents? I know how to clean and dress a wound if my daughter gets a cut, I know how to make sure she stays hydrated and wear sunscreen, but I don't know what to do if she is cutting herself or attacking me. Greater support for parents/carers - I realise that this isn't strictly a health need, but as I am the only person supporting my daughter with her mental health issues, I need to be emotionally/psychologically resilient enough to do so. If I was able to take adequate breaks, I would feel more confident in supporting her. Better triage of CAMHS referrals might mean that support is provided sooner - my concern about my daughter was to do with her anxiety, but because there were concerns about possible ADHD (from school), she ended up waiting for 3 years for assessment before her anxiety was addressed. A needs-driven service rather than condition-driven might have avoided this.
Milton Keynes	CHS	MHS				Workforce	Services are set up to provide reactive care and do not have the resources to provide proactive support. People need to be provided with information to support their health and this information needs to be more prominent and easily accessible.

Appendix 9 - Mental Health Services Q10 6.10 How can we help residents to look after themselves and their family better?

Local authority	Service Area		Respondent Group				How can we help residents to look after themselves and their family better? You might want to think about:
Milton Keynes		MHS				We run a small voluntary charity that supports families of those in addiction	Consistency. Often people tell their story many times to different agencies and then when they build up some trust with a support worker, they leave and they have to start again
Milton Keynes		MHS		Carer of Adult	Carer of a CYP		Continue support with no time limit. And do not have to start from the beginning each time you need help.
Milton Keynes		MHS		Carer of Adult			There is no help for me as a carer to try to help my son stay sober. The only support we get is through Dafs. Those meetings are only 90 minutes once a week, if I can make it. There is no support for our son to stay sober once he stops drinking and there is no support for me either as a carer for my son and my husband.
Milton Keynes	CHS	MHS				Concerned person	Again, there should be access to help within the GP practice (leaflets, access to on line information, face-to-face support from trained staff in accessing appropriate care).
Milton Keynes		MHS	Service User				Too much misinformation and social media hinders people from getting correct information and make the situation worse so the correct information might be out there but people might end up not finding it. Yes, person centred approach is better than just looking at medical symptoms. It can be helpful sometimes to get a diagnosis but it more helpful to support them to achieve their goals and tackle the things that are most distressing to them and some people will find a mixture of therapies (e.g. talking therapy plus medication) can be helpful. People are scared to get help because there is so much stigma and shame and embarrassment associated with mental health and the terms used (psychotic, bipolar, manic, depressed) all seem to have negative connotations so people feel worse having a diagnosis using such terms. The discourages people from getting support. Many people seek help late when problems have got really worse and complicated and more difficult to manage or help and they will feel helpless and let down by the system. Different things keep different people stay well so they might need help to explore all options and find the methods, techniques, things, people, places, situations, hobbies, job, etc. Things that can help their wellbeing, happiness and stay well. The above could make health better. People waiting for care should be given information in different forms that is most helpful for them (leaflets, books, videos, websites, online articles, liase with other health providers and charities for specific disorders/problems) etc.
Milton Keynes	CHS	MHS		Carer of Adult			Single point of contact
Milton Keynes	CHS	MHS			Carer of a CYP		This isn't the way it works.
Milton Keynes		MHS				Referrer to Mental Health Services.	I think there is alot of information out their for patients. Sometimes it can be overwhelming knowing where to turn to because there is so many options but it is a positive as you can better find the right fit for the patient. Looking at the holistic health and wellbeing of a person helps them stay well. Promoting the mindset of 'I matter' and 'people care about me', whatever their role in that persons life. I think updates on when care can be expected would be beneficial. Although, I understand this can be a challenge. Helping people understand they are not stagnantly sitting on a list would be beneficial.
Milton Keynes	CHS	MHS				A long term client of mental health (Recovery and Rehabilitation Service).	As I have said, letting people know their referral would be taken seriously and not just thrown-away as they only have 'anxiety or depression' would be a great start.
Milton Keynes	CHS	MHS	Service User	Carer of Adult			There used to be little to support autistic people
Milton Keynes	CHS	MHS	Service User	Carer of Adult			Support and encouragement to participate and self manage the condition. Regular support re: medication compliance. Social support re: self care and reducing isolation and loneliness.
Milton Keynes		MHS		Carer of Adult			Regular check ins. Having a number to call (for concerned family and friends) to request a check in by a professional.

Appendix 9 - Mental Health Services Q10 6.10 How can we help residents to look after themselves and their family better?

Local authority	Service Area		Respondent Group				How can we help residents to look after themselves and their family better? You might want to think about:
Milton Keynes		MHS				Academic interested in the field	This is a complex question and includes issues relating to diet, exercise, internet use etc. People stay well when they have good social relationships in addition to healthy diet, exercise etc. Encouraging people to join groups of any kind where they make social contact with others helps mental health. In some places this can be prescribed. This can be particularly helpful in relation to older people, those with dementia and their carers. There is a great deal of evidence that this really helps.
Milton Keynes		MHS		Carer of Adult			If you want people to get help earlier, you need to make help much more readily available. That means forcing GPs to offer ways of getting an appointment that don't rely on making phone calls! Also providing information on what help is available, who to and how. And provide options for carers to access support - Carers MK is all very well but only offers anything during the working day, which isn't much use for carers in employment.
Milton Keynes	CHS	MHS				Referring service	Having clearer communication between MH services and patients. Having better communication between MH and referring services.
Milton Keynes		MHS				Someone who sympathises with carers, nurses and medical staff facing the current deluge of demand.	Stigma and discrimination must be eliminated. This begins in society and the family home. Self worth and belief are very important and need nurturing and developing. Work with nature, small holdings and animal husbandry seem to be productive.
Milton Keynes		MHS				Workforce	Needs to be much more priority on sleep, nutrition, exercise and stress management this is from school level all the way into adult hood and beyond.
Milton Keynes	CHS	MHS	Service User	Carer of Adult	Carer of a CYP	An autistic adult with sensory and hearing needs. I am not currently under secondary mental health services, but I use GP and community support and have ongoing mental health needs.	People engage earlier when support is visible in everyday places and focused on strengths. In Stantonbury, share simple, accessible information not only online but in Purbeck Health Centre, the pharmacy and dentist, Christ Church, the Theatre/Bar/Gallery, the Leisure Centre, our four schools, two nurseries/pre-schools and Aldi. Use captioned videos, Easy Read leaflets and short self-help packs. Offer regular drop-ins, social prescribing and gentle groups with quiet hours and predictable routines. What keeps people well is routine, connection and local access, so build walking groups, balance or calm activity sessions, peer support and low-pressure volunteering pathways close to home. While people are waiting for care, confidence is built by a named contact, written timelines, proactive check-ins and clear guidance on what to do if things worsen. Provide small pre-habilitation packs, hearing-friendly and sensory-aware spaces, and genuine channel choice for contact. All of this would make me more confident managing my mental health and reduce avoidable escalation.
Milton Keynes		MHS				NHS worker	Patients on waiting lists left in limbo as their mental health deteriorates communicate, continuity of care throughout their journey, discharged as not appropriate without ensuring they have support in the community
Milton Keynes		MHS		Carer of Adult			Need to have support to access help earlier.
Milton Keynes	CHS	MHS	Service User	Carer of Adult		Someone who is struggling	Actually have some services

Appendix 9 - Mental Health Services Q10 6.10 How can we help residents to look after themselves and their family better?

Local authority	Service Area	Respondent Group					How can we help residents to look after themselves and their family better? You might want to think about:
Milton Keynes	MHS	Service User					I think this starts with national confusion between the terms 'mental health' and 'mental illness'. Better education should be in place from primary school, teaching children what mental health is and how to recognise their emotions and seek support. In secondary school it would be really helpful to continue this education whilst also informing young people about mental illnesses, we would then raise a generation of young people who better understand and emphasise. I do believe all workplaces and managers also need a bit more training on mental illnesses, how to spot them and how to appropriately support them. I think an app or website would be great, linking to that same information that I mentioned on the triage system. It would need to be very straightforward and engaging, with lots of information on different support groups, medication, top tips and also holistic ways to improve mental health and mental illness - e.g. the benefits of exercise, you could link different types of exercise groups or clubs. You could put about the importance of eating a healthy diet, meditation videos... there's so many more things you could add. My friend runs two local mental health support groups for men and women - these could be linked on the app or page. This could be an excellent resource for the general public seeking to improve their mental health and also for those with mental illnesses. I recently was given a Wrap Plan, a large document where I put everything about my mental illness, my medication, how I would want to be treated in a crisis etc - this is great as it makes you feel more empowered and in control of your care. You could have a section on the app where you log on and it has your personal information, even a Wrap plan like this, your medication if taking, your diagnosis - then it's all there and easy for you, your family or professionals to access. Sorry I could go on all day as I have SO many ideas for how this could be improved!!
Milton Keynes	MHS	Service User	Carer of Adult				Look at lifestyle changes to improve peoples mental health like cold water swimming, or groups and clubs for selected groups like men, women in peri and post menopause, older age groups, activity which is free and doesn't include traditional gym type exercises. We need more of a holistic approach to supporting peoples wellbeing to prevent mental health challenges increasing. More psychodynamic therapy for all. Why do we have to jump through hoops or say the right things to access such therapy? What about those who have no idea that this therapy exists? Need to raise awareness of services through workplaces, community groups, social media etc. Have you considered how we are going to manage the increasing numbers of narcissistic persons as a result of social media, easy access to validation and gratification online? This is only going to get worse. Are we looking at supporting children and young people to become more aware of emotions, coping skills, how to develop and manage their own wellbeing etc? Services need to feel accessible for people to access them. Most people don't know what services are available to them and it takes them to become very unwell before they access and inaccessible GP appointment to gain yet another unaccessible mental health appoitnennt.
Milton Keynes	MHS		Carer of Adult				You to put in easy access to all services a one stop shop, before it get to a crisis.
Milton Keynes	MHS					Potential user of mental health services	Enlist the help of a family member or engage a carer to assist with their day to day lifestyle.
Milton Keynes	MHS	Service User					The NHS is a bureaucratic minefield and the clarity of services and their communication is intolerably hard to work with. Take seeing a doctor for example, it takes weeks to see your assigned doctor (for continuity purposes or seeing through a health programme). The doctors are overworked and forget somethings to progress regarding your health programme. Communication (letters, texts etc.) from the NHS has fallen down a data privacy hole as no information about what an appointment is for means you have to phone the contact number to find out. Wasting everyone's time.

Appendix 10 - Mental Health Services - Q11 6.11 What does this idea mean to you, and how could it help you or others in your community

Local authority	Service Area	Respondent Group					What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Bedford Borough	MHS	Service User					NHS should work with Deaf Access Bedfordshire to understand deaf needs, get better training and update your systems and processes so that deaf people are not an afterthought. In would like services to communicate with me in BSL. That would make it easier to ge the care i need, to understand what is happening to me and to understand what i am being asked to do following treatment. I would like services to bring interpreters and come to our coffee morning to explain who they are and what they do.
Bedford Borough	CHS	MHS					This is a waste of time: more taxes spent on very little success. Wrong people in the wrong job.
Bedford Borough	MHS		Carer of Adult				It would be brilliant as it would mean my daughter could be moved to accommodation where she has hot water and heating, to an environment where she feels safe inside and outside of her home. It would mean that the police are aware of her condition and stop contacting her regarding crimes and assaults in her block of flats, due to her fragility and vulnerability. At times my daughter has been so distressed she has thought about taking her life, but she is still in that same situation many years later.
Bedford Borough	CHS	MHS		Carer of Adult			If it happens, hurrah. I would like people not to imagine that texts and emails are Thebes way 5o reach older people like me. I am an active healthy 86 year old and I don't know why it is assumed that I favour automated technical communication.....
Bedford Borough	MHS		Carer of Adult				After THREE years I realised that something was seriously wrong with the Health System. We were receiving Care (2 Carers 4 times day). The visits by District Nurses (D/Ns) were spasmodic in November my wife developed Bed Sores. There was no continuity in the nurses who visited and above all no communication with the Carers. In February I was very frustrated at the pathetic no improvement situation which caused me to be outspoken about the treatment that my wife was receiving. About three weeks later the then Head of District Nursing phoned to apologise and saying that a D/N who had been requested to carry out an assessment had failed to process her report !!! A few weeks later a phone call from a New Head of D/N's asked me to review the situation which I did and subsequently she arranged a Zoom meeting between all interested parties. The outcome was amazing, after all these years of NHS Nursing she was going to instigate the process of continuous communication between all involved parties. Talk about "Joined up CARE" !! The comments received back from our daily carers said that this was not an isolated incident and did not expect any continuous improvement. Putting it very bluntly " The NHS is broken and the CQC is Dysfunctional.
Bedford Borough	MHS	Service User					a lot of health care services are not available for everyone, and a lot of people sadly have a variety of mental health problems due to a whole range of things within the area I live in. the services that are currently in the area I live in are not that good as a lot of people are being given the wrong information which does not help resulting in having to try multiple times to get a good doctor or nurse that knows what they are talking about, who can issue the appropriate treatments like telling what mental health services are available for your problems. I don't think the joined up care will do anything to help fix the current issue, if anything it could make it worst to get the care and support you need.
Bedford Borough	MHS		Carer of Adult	Carer of CYP			More drop in sessions or phone advisors
Bedford Borough	MHS			Carer of CYP			Each service should have access to other services' health records to prevent you having to repat yourself over and over and also increase the likelihood of a more expansive understanding of you and your family's issues and situation. Health and social services should work together i.e. if a health worker knows a patient is living in squalid or unhealthy housing, they should report it to the social services to prevent illness. Local services should include diagnostic centers, physio, podiatry, community nurses, social services including housing, employment and welfare advisors. Communications should be whatever is suitable to the person, an app, an online portal, email, phone or letter. Appointments should be available to be booked on line as well as on the telephone/in person
Bedford Borough	CHS	MHS	Service User		Carer of CYP		I think having multiple disciplines in the same building and them being able to share information. maybe a cohesive multi pronged approach so that the services overlap at the same time because people may need the help of more than one service.
Bedford Borough	CHS	MHS		Carer of Adult			Regular checking in proactively by medical people,not waiting for us to make the decision to try to contact someone
Bedford Borough	CHS	MHS	Service User				Joined up working between related sectors and primary and secondary care is vital. Closer working with voluntary and community workers also good. Basing work around large multifunctional health centres in urban areas would be good.
Bedford Borough	MHS					Recently retired from working with Adults Mental Health	An increase in advocates who can work alongside the individual, this service has been in decline. These have been a valuable resource for those who are isolated or have little/no family around. An increase in trained mental health professionals for those in crisis. More hospital beds for those who need to be sectioned

Appendix 10 - Mental Health Services - Q11 6.11 What does this idea mean to you, and how could it help you or others in your community

Local authority	Service Area	Respondent Group					What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Bedford Borough		MHS				Workforce	More available training to carers in children's homes about mental health and wellbeing, neurodiverity and approaches to use. More support to parents about managing neurodiversity, school avoidance and mental health needs of young people.
Bedford Borough	CHS	MHS	Service User	Carer of Adult			No
Bedford Borough		MHS			Carer of CYP		Unsure this is going to work.
Bedford Borough		MHS				Someone who gets recommended to this service	My form of communication is by email or face to face yet many professionals do not seem to grasp this so still expect telephone or letter communication. They won't get anything from me this way and if appointments are sent like this, they will be missed. The fact that professionals never seem to listen why I say things must be done by email or face to face, is telling. But it is also extremely frustrating, supposedly working in a "caring environment" but not actually caring.
Bedford Borough		MHS		Carer of Adult	Carer of CYP		There should be an appointment straightaway when you transfer from Paediatrician to adult mental health
Bedford Borough		MHS	Service User			Workforce	unsure what this means as could lead to marginal provision for some in some areas
Bedford Borough		MHS	Service User				Closer Is great but still about speed of access
Bedford Borough		MHS	Service User	Carer of Adult			As long as the communication is there, quick processing and good availability it should work. Drop in centres with varying professionals and volunteers. Someone may just need someone to talk to and a cup of tea or signposting to a specific area. Community events, coffee mornings with specialist professionals on hand with advice.
Bedford Borough	CHS	MHS				As concerned resident	Must be easier to access than making GP appointments
Bedford Borough		MHS				Workforce	More money to waste
Bedford Borough	CHS	MHS				used services as a carer of person with mental health prob	I was able to find the bipolar support group but this relies too much on volunteers and it fell apart with Covid. Not sure if self help groups are the best because they might be patchy and not supported by professionals?
Bedford Borough	CHS	MHS	Service User				Please bring back Youth Clubs for the younger members of society and encourage community hall to self help via regular coffee mornings etc for the elderly.
Bedford Borough		MHS	Service User				Try giving support in first place the system is awful and I dread to think how many people lost their life due lack of care and intervention
Bedford Borough		MHS	Service User				Everyone should be using the NHS app to record visits and treatments. There should not be separate systems for different areas of the NHS. All your important details should be on the NHS app e.g. Your conditions, communication issues, sensory needs and issues faced when accessing services. Mental Health services should be using the NHS app to record notes and treatment plans. A person should be able to choose how they are contacted e.g. email, phone or text. If a person does not have a car, getting to different areas of the town will always be difficult if it involves more than one bus or there is no bus service. Can you develop more video calls? There should be a hub that specialises in supporting autistic and other neurodivergent people throughout their lifespan, covering both physical and mental health. More emphasis should be made on helping people deal with their sensory issues. This is often at the core of dysregulation in autistic people Personal assistants - there should be a joined up approach with Bedford Borough Council. There should be a database set up with people who are able to provide this service. I would like to see more charities specialising in mental health support for people who have anxiety/depression and so leaving the NHS to specialise in more complex issues. Currently there are no services in the area to support someone with a diagnosis of Dissociative Identity Disorder.
Bedford Borough	CHS	MHS					It means an holistic approach with services working together, not in isolation
Bedford Borough	CHS	MHS	Service User	Carer of Adult	Carer of CYP		Increased communication, shared data bases, constant MDT ensuring actions are achieved, consistency, care planning and people taking responsibility ensuring the above are achieved. And accountability to those who do not uphold their responsibilities.
Bedford Borough		MHS				Formerly worked in MH services - now retired	Positive idea but dependent on adequate resourcing and a move away from medical power structures in mental health.

Appendix 10 - Mental Health Services - Q11 6.11 What does this idea mean to you, and how could it help you or others in your community

Local authority	Service Area		Respondent Group				What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Bedford Borough		MHS				Former carer	I recently attended the Caldwell Centre for an X-ray. It was wonderfully efficient following a phone call to triage my injury with a GP. He sent the form to the Caldwell Centre, there was no waiting room full of people, the immediate result was given to me, and followed up on my NHS app with the full report. This is joined up working at its best. It doesn't happen in dementia care like that. There are very few outpatient appointments, follow up, support or ongoing care.
Bedford Borough		MHS				Have used in the past	It was easier to talk to someone at the wellbeing service than a Doctor.
Bedford Borough	CHS	MHS	Service User	Carer of Adult		Independent Living Officer	I recently used Talking Therapies, positives were ability to access the service quickly when needed, although found the counselling style robotic, one word responses seemed to be required
Bedford Borough	CHS	MHS	Service User			Unable to access services	Sceptical unless this is very well co-ordinated with clear pathways and targets for services and care. I think there needs to be a more whole scale review of what NHS should be providing and where medical health care is prioritised rather than allocating funds to local charities and community groups for woolly notions of neighbourhoods . Perhaps bring back local health hubs with secondary presence ie dermatology or other diagnostic services that can be carried out in the community setting!?!?
Bedford Borough	CHS	MHS					They need to communicate properly to make sure that the care and support that is needed is actually given.
Bedford Borough	CHS	MHS				My son previously used the mental health services	The family should be involved, also GPs should have more training in mental health and/ or there should be specialist staff in surgeries also much more should be done to prevent suicide as is done in Detroit, USA. I think their methods have been tried in Liverpool
Bedford Borough		MHS		Carer of Adult			The Mental Health team need to work closely with Doctors hospitals and the safeguarding team and be much more joined up so they all know what's going on. Not as in the left hand does not know what the right hand is doing !
Bedford Borough	CHS	MHS				I used to work in mental health services	Services need to share their information with other services and make records available for other services to access, this would drastically reduce the waiting time for some services to assist people.
Bedford Borough		MHS				A doctor who sees many patients with mental health issues but not working in mental health services	This is a propaganda idea, if there is no staff to fill in the jobs in the services or if the staff is not properly trained, it is useless.
Bedford Borough		MHS	Service User				This might be more difficult in rural areas where transport across areas can be difficult. GP surgeries would have to be extended in order to incorporate facilities.
Bedford Borough	CHS	MHS	Service User	Carer of Adult		Partner, Resident, and Carer	DEFINE neighbourhood. How many people? Will this mirror Wards? In each WARD or Neighbourhood, would there be all services a community could need: GP, Pharmacy, Activities, MH support, Supported Living etc., Is there enough money to provide the infrastructure currently needed? Let alone the infrastructure needed when Universal is here and there is an increased population.
Bedford Borough	CHS	MHS					Stop remote GP surgeries from unilaterally withdrawing services like blood tests, just because the owner of the surgery says it's not profitable.
Bedford Borough		MHS	Service User				Communication between specialists and GP. Gender Identity Clinics are often ignored and I have to do all the communication as the GP ignore letters and don't send results to them. More support for autistic adults.
Bedford Borough		MHS				Mother	If someone is diagnosed with mental health issues, the families and affected person needs support has their condition deteriorates. Too often families are left to cope on their own.

Appendix 10 - Mental Health Services - Q11 6.11 What does this idea mean to you, and how could it help you or others in your community

Local authority	Service Area	Respondent Group					What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Bedford Borough	MHS	Service User					there are a lot of people in my area with a varied range of issues but in particular mental health related, such as autism, ADHD, etc.. whilst there are services available not many people know about them because they are hidden away unless the people go poking around for information that can help them. Its hard to get the care you would need, especially if you're someone with learning disabilities as a lot of them don't make themselves available unless you go poking around for information at hospitals or other health care services for information. which is hard for some with autism to do as they are less confident than other people with asking about these sort of issues.
Central Bedfordshire	MHS					Family member of someone who has used the services and is also aware of others who have used it	Joined up services and care are exactly what's needed. Too often parts of us are treated in isolation - our neighbour's son had testicular cancer last year, and has been treated successfully. However now he is suffering with mental health problems - we need to stop seeing things purely as a physical problem and acknowledge and 'treat' the mental, the emotional as well as the physical.
Central Bedfordshire	CHS MHS		Carer of Adult				We need more facilities in Leighton Buzzard, especially preventative care. The Hospices need to be in part funded by the local health authorities, what is the point of a terminally ill person being stuck in MK Hospital when they would prefer to be at Willen or Keech Hospice.
Central Bedfordshire	MHS					Past experience of a close friend who needed these services	Services could and should work together for a comprehensive care package but there needs to be that one point person that has the empowerment to oversee all the elements and not get overruled by each and every one of them and get frustrated when they try to put in place support for an individual.
Central Bedfordshire	MHS	Service User					I don't know I'm afraid
Central Bedfordshire	CHS MHS				Workforce		See comments above
Central Bedfordshire	CHS MHS					A parent and advocate of a now 20 yo who has been failed by these services.	If these are additional services that can be proactive in the community then it can only improve things. Unfortunately this usually means cuts centrally to fund the local activity. Promotion and awareness outside of the main medical locations (doctors etc) will help people to make better use of these.
Central Bedfordshire	CHS MHS		Carer of Adult				Email or text if preferred, it may be difficult to explain your MH concerns
Central Bedfordshire	MHS		Carer of Adult				There actually needs to be careful to access for this to work. The most vulnerable don't always have family
Central Bedfordshire	MHS	Service User					Communication between services is incredibly important and could help people find what support they need much faster.
Central Bedfordshire	MHS			Carer of CYP			Joint meetings to discuss your issues under one roof. Looking at mental health alongside physical health. Having somewhere you can drop in for help when needed about whatever MH and Physical health and social care need you have.
Central Bedfordshire	CHS MHS		Carer of Adult			A parish council	Local surgeries should be able to diagnose mental health issues, be able to prescribe the necessary medication to treat issues, and be able to perform minor surgeries.
Central Bedfordshire	MHS		Carer of Adult				No specialist mental health units available locally, my daughter is currently in a unit in East London.
Central Bedfordshire	MHS		Carer of Adult				CMHT need to stop passing over to other services unless they are able to support
Central Bedfordshire	CHS MHS	Service User					I found that the Mental Health Team had no communication with the GP, and couldn't access notes and patient history.

Local authority	Service Area	Respondent Group					What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Central Bedfordshire	MHS				Workforce	I have started a new Anxiety & Emotional Health coaching practice based out of Ampthill. Aimed at supporting those with anxiety related health issues	Private practices can really help the growing demand to support 'neighbourhood health'. Signposting and referrals from NHS services would help build that support network and be seen as joined-up care services. Noting many issues which may be 'non-clinical' or 'non-medical' can be covered outside of the NHS pathway.
Central Bedfordshire	MHS		Carer of Adult				Simply by using technology to improve communication. The GP surgery should be the Hub of information between health care professionals and access should be quick and easy for the appropriate people. The GP surgery should also be a single point of access to service users too. Email and txt should be used more between services and service users. This is in the 10 year plan but it needs to be implemented NOW!!
Central Bedfordshire	CHS MHS					I have a family member that suffers from social anxiety. I have neurodivergent family members.	Neighbourhood health and joined-up care will only work if it gets enough funding and trained staff to deliver the services to those that need it. It's a positive step and I hope it's successful.
Central Bedfordshire	MHS		Carer of Adult				Colocate NHS services with voluntary and charity sector mental health services like Mind
Central Bedfordshire	MHS				Workforce		The service users want places they can attend throughout the day but particularly in the evenings where they feel safe and protected from judgement or discrimination and ridicule. They want to be able to drop-in and find mental health professional who can listen and coach them or allow distraction through playing games in a group. Funding cuts are already seeing a decline in services. The loss of the Crisis Cafes in Bedford and Luton were sorely missed. As was the loss of a designated support line that offered support and advice. It would seem that some VSCEs have greater patronage than others but do not offer all the necessary support that is needed. Crisis support for young people from 7 to 17 is desperately needed in the area and a lack of provision here will store up untold suffering and unemployment in the future. But even for adults they have very limited access to evening services and this is made worse by groups offering groups on the same day but nothing on consecutive days. Again Luton and Bedford could benefit from widening their provision to further nights with the councils and the NHS contributing to these projects. The council it would seem have failed to step in when the NHS have pulled out of much needed projects and have done this by manipulating the figures to fit their narrative around it.
Central Bedfordshire	CHS MHS		Carer of Adult				Better communication Right clinician at the right time
Central Bedfordshire	CHS MHS		Carer of Adult				It would really need the social worker and contract monitoring team to hold the service providers to account. In many cases, contracted one to one support hours are not accurately delivered, though I am sure that the service provider still claims all contracted hour payment. There needs to be much more regular monitoring and review by social workers or contract monitoring staff; they MUST include carers (unpaid carers) in the discussion as the carers are often aware of where support is not being fully delivered.
Central Bedfordshire	MHS	Service User			Workforce		MH services need to be as local as possible. Travelling is not always an option for many, especially if you are neurodiverse.

Appendix 10 - Mental Health Services - Q11 6.11 What does this idea mean to you, and how could it help you or others in your community

Local authority	Service Area		Respondent Group				What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Central Bedfordshire	CHS	MHS				Friend of persons who have accessed support	All agencies under one roof monthly in the community let people halls to support every need T these surgeries
Central Bedfordshire		MHS		Carer of Adult			We have always wanted joined up care for my son. He has a gastro-intestinal condition which cause painful inflammation - this impacts on his mental health and vice versa. Never have we encountered professionals who can look at his health holistically although the connection is very clear - each thing is treated separately and it is a contant source of irritation to him that he always has to talk through his medical history from scratch whenever he sees a consultant or clinician. Maybe it would be helpful to have a drop-in somewhere local where you could pop in with questions or queries and be directed by a practitioner with simple advice - this needs to be seen by the doctor etc. My son is very anxious and due to his autism will put off going to see a doctor as it takes too long to get an appointment and he needs to be in the right frame of mind, which is impossible to predict. Somewhere he could drop into when he was feeling OK, without an appointment - but who could help him get follow up if he needed it would be ideal. He will not always have his mum with him to organise appointments and check he is ordering his medication so it would be helpful if there was a service that could offer reviews or catch-ups every couple of months or so for vulnerable people.
Central Bedfordshire	CHS	MHS				One who has awareness of the lack of support to friends and family	Help in the community surgeries once a month in all the village halls affordable settings
Central Bedfordshire		MHS		Carer of Adult		Luton Council employee	Education, health and social care could be more joined up especially for 0-25 for children with SEND. Young people and children on plans (CIN/CP) require a holisitc approach to family services. Communication through multiple methods is helpful - text/phone/virtual/in-person, depedning on need. School nursing/ MHST in schools has a positive impact.
Central Bedfordshire		MHS	Service User				Having the mental health services on our doorstep would make me feel a lot safer and more comfortable knowing they are not far away if I need them
Central Bedfordshire		MHS	Service User				Communicate and share all details, no matter how trivial, as clues can be found by collaboration, it's that simple
Luton		MHS	Service User	Carer of CYP		public health	I think this is a good idea - I want to be in my own home as much as possible. I only want to go to hospital if there is no other alternative. My psychiatrist recently asked me to have a blood test to check if it would be ok for me to switch medication. He asked me to make this appointment through my GP. When I made this request electronically to my GP they said the request had to come from the psychiatrist. After a week I got my blood test through booking with the GP but this type of routine service should be more joined up. I should not have to do the toing and froing between Community mental health and the GP practice. I would like services to communicate with me and my family clearly, in a timely way and with empathy. More joined up health, social care and community support services would mean that I could get the care I need more easily. I would go further and say that all council services also need to be part of this join up. I would like to see one stop clinic approach for mental health where I can see a GP, CMHT, have any relevant tests (ECG/ bloods / blood pressure etc) and receive my depot injection. MIND and other community services such as citizens advice bureau in the same place would be great.
Luton		MHS			Workforce		This is excellent, but needs to be adapted to each are and needs, as all communities are different
Luton		MHS	Service User				Waiting lists are too long to make all services closer. There isn't enough capcity in mentla health services to make this possible. If it was possible, to me it would be about having hubs that are in as many locations as GP surgerys
Luton		MHS		Carer of CYP			Introduction of like minded, having similar traits, by support workers if helpful. 'Finding a friend might help but I dont wanna pay someone to be my friend' = Direct Payments Contact via named person/s, Ask the client.
Luton		MHS				Concerned citizen	The initiative should be widely publicised and health care providers should work together to provide joined-up care
Luton	CHS	MHS	Service User				A drop in centre with all professionals in one place, with work shops where you can learn new things, painting, cooking etc and a place where you can meet others

Appendix 10 - Mental Health Services - Q11 6.11 What does this idea mean to you, and how could it help you or others in your community

Local authority	Service Area	Respondent Group				What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Luton	MHS		Carer of Adult			I would like to see more information by way of seminars within the community churches clubs etc.
Luton	MHS	Service User				More services to help people on the autism spectrum
Luton	MHS	Service User				Community based care is absolutely the right step and satellite clinics could provide services - if we know the outcomes and impact from MH conditions on other areas of health then it would make sense for them to be located together - smoking cessation, drug and alcohol services, weight management/dietitian, talking therapies etc.
Luton	CHS MHS				Help to cope with the depression of coping with chronic pain	I have discovered that fibromyalgia no longer comes under rheumatology, so there is no where to go for medical support. A consultant running a clinic that specialises in fibromyalgia would help me feel there is someone to go to for help and understanding.
Luton	CHS MHS		Carer of Adult			Neighbourhood health means easier access to care, better communication, stronger support, and healthier communities by working together locally.
Luton	MHS			Workforce		Shared systems to enable professionals to see patient history and information clearly so that there is not repetition for the patient which causes high barriers. This will also enable to track longer term progress of the client, ongoing referrals into multiple organisations including the VCSE sector.
Luton	MHS				someone that works in primary care	neighbourhood working can be great-but communication needs to be good. Always having to chase up appointments for patients, patients not kept in loop- one didn't know they had been discharged
Luton	CHS MHS	Service User			staff member signposting patients to the services	services need to be aligned to PCNs - if we had a competent mental health team supporting us aligned to PCNs I think it could be the beginning of a better way to have more impact on the ground
Luton	CHS MHS		Carer of Adult			Peersupport groups to run in those centers to make access easy but to also build community support outside of the service through getting support together with local people. I would prefer emails and text over letters and phone calls. Services should work together if someone uses multiple services and 1 service should take the lead and be the communication point. Signposting to other support if needed. Advice on staying healthy by doing webinars, talks on certain topics and exercise classes for those who cannot join a gym due to health/mental health conditions.
Milton Keynes	CHS MHS				An interested adult	There should be community hubs, and possibly buildings similar to former 'cottage hospitals' where patients can seek relevant services or support. They may also be appropriate places for patients to stay when suitable for discharge from in-patient hospital or emergency treatment before returning home, making in-patient beds available.
Milton Keynes	CHS MHS					Would help if gp/hospitals worked together no one seems to communicate with each other even though we live in the era of computers, you go over the same questions multiple times with different disciplines. When a person has a carer more communication is required with that person and listened to they know the person they are caring for better than anyone. I feel sorry for elderly people who are totally alone and have no one to fight their corner and go unnoticed. Care in the community needs to be tailored around the individual with some consistency on the team attending, there is no dignity in growing old and being a female and having a lone male attending to your personal care, would you like this for your family member?
Milton Keynes	CHS MHS			Workforce		Primary and secondary care need to work more collaboratively
Milton Keynes	MHS				Work alongside MH services	Much of the care required could be delivered in the community but there would need to be a shift in how staff make adjustments to support particularly for neurodivergent individuals

Appendix 10 - Mental Health Services - Q11 6.11 What does this idea mean to you, and how could it help you or others in your community

Local authority	Service Area		Respondent Group				What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Milton Keynes	CHS	MHS				Healthwatch - working closely with MH services including 400 conversations with women on Willow Acute inpatient ward	Services should be working to a shared patient focussed KPI/ Target/ clause in the contract. It is the only way that all of the various health and care providers, all working to different strategies, budgetary constraints, admission criteria. This needs to be based on patient experience rather than outcome. There needs to be much better access to interpreters and materials in accessible formats.
Milton Keynes	CHS	MHS				Likely future patient	Shouldn't need to be expert in how services work to access them
Milton Keynes	CHS	MHS		Carer of Adult	Carer of CYP		Joined up care is what is needed but we haven't experienced this other than 4 weeks of physio for my dad after a major op. There has been no joined up care for my daughters mental health journeyman her AuADHD at all - we have to keep pushing in every direction hoping something will work.
Milton Keynes	CHS	MHS					Good
Milton Keynes	CHS	MHS					better care for the elderly and children with disabilities to which they need either nursing support or 24hr care.
Milton Keynes	CHS	MHS					Care in all areas is important, support is key, and a specialised contact
Milton Keynes		MHS			Carer of CYP		Hope this means there will be some flexibility .. the way service are set up have no understanding of what is needed.. my son is worse i. The morning with his mh better in afternoon . They keep giving me appointments in morning i cant get him there so they say we are not engaging.
Milton Keynes		MHS			Carer of CYP		Yes!! This would make such a difference if done right !!! Can service talk to each other ... pick up the phone and get answers there and then rather than having to do referral letters to everything and no joined up answers
Milton Keynes	CHS	MHS		Carer of Adult			I think this will be harder to find the right person to speak with. It's hard enough for someone to contact a team, no matter waiting for the right team to be contacted, then waiting for the person you want to talk to. It's already hard enough
Milton Keynes	CHS	MHS					Ensure there are enough practitioners available to cover the need, close to the people who need it
Milton Keynes	CHS	MHS				Previously worked in mental health	Milton Keynes has a world renowned hospice that funds itself so government has to support this type of facility too
Milton Keynes	CHS	MHS			Carer of CYP		linked files, shared care
Milton Keynes		MHS	Service User		Carer of CYP		we either more GP practices or more doctors in them as waiting a month to talk to somebody about my son's mental health (school nurse was totally useless). I don't think creating one more type of support unless people there are authorised to act the same way as GPs will be useful.
Milton Keynes	CHS	MHS					The assurance that Willen Hospice will be available and funded for care when we need it.
Milton Keynes	CHS	MHS		Carer of Adult			A central 24 hour call center for non emergencies who can book appointments, signpost and refer would be good. One central point, no more postcode lottery appointments
Milton Keynes	CHS	MHS					There should be easy access support earlier rather than only at a crisis point. When in crisis and needing admission, there needs to be local placements so that family connections can be maintained.
Milton Keynes	CHS	MHS	Service User				Making sure no one falls through the cracks. Anything that improves social care locally has to be a good thing and a joined up approach feels logical. My only concerns are would it be fully funded and overseen centrally to ensure consistency of approach across the country so that everyone has access to good healthcare, not just those in affluent areas.
Milton Keynes	CHS	MHS	Service User				I agree there's not as many kids clubs I used to pay £1.50 to sit at a youth club 6-9pm and I don't think I've seen any of these for years, we had basketball, arts and crafts, baking and games, it was a key part of having adults to have a quiet chat with or friends to blow off steam from at home, adults would also benefit from something like this, community has been lost since before covid I think bringing it back would greatly benefit mental health
Milton Keynes	CHS	MHS	Service User	Carer of Adult			Local services should collaborate therefore providing a wider net of options available to the public and also then having the option to support in the right capacity

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Local authority	Service Area		Respondent Group				What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Milton Keynes	CHS	MHS				Work in a school	There needs to be access to support groups for mental health issues. Parents with children with mental health issues feel so alone and lost. CHAMS does not have capacity to cope
Milton Keynes	CHS	MHS	Service User				Good idea if it actually goes ahead
Milton Keynes	CHS	MHS				Someone who has had little success trying to help a minor access mental health services.	As mentioned in comments boxes above. So important to establish effective community care, with regular staff getting to know the community it's serving.
Milton Keynes		MHS				Some who struggled to access mental health services	Advertised better and more services not just in day time
Milton Keynes	CHS	MHS		Carer of Adult			Easier access would be helpful in smaller centres. Communication for and to gp would save having to reopen wounds going over sensitive information again and again
Milton Keynes	CHS	MHS		Carer of Adult			Think this would make things more accessible as long as consistency is paramount. People need one person to be key person.
Milton Keynes	CHS	MHS					I feel a one stop hub for all health should be available, from mental to physical, with on the spot support, social prescribing, referrals and appointments all offered alongside crisis teams.
Milton Keynes	CHS	MHS				A retired mental health nurse in Milton Keynes	NHS and Social care need to share appointments, data, care notes. One care coordinator should manage care across specialities, professionals and be responsible for communicating to all involved.
Milton Keynes	CHS	MHS			Carer of CYP		Those people who can't push for help themselves, need checking on if not been seen by a Gp for a couple of years. All this we can't interfere with the private lives is ok for some, but some are getting completely lost in their world. 🙄
Milton Keynes	CHS	MHS	Service User				Joined up care is a very good idea as services do not communicate at all. Getting the right help is extremely difficult. I would like to see more services provided for carers and the adults they care for
Milton Keynes	CHS	MHS			Carer of CYP		If it's put in place it should help,
Milton Keynes	CHS	MHS					Sharing of records and information. Having IT systems that actually talk to each other so past information is able to be shared with all services.
Milton Keynes	CHS	MHS					It is great in principle, but when social care becomes involved, there often becomes an 'eligibility' issue, restricting access if you are not on certain benefits.
Milton Keynes	CHS	MHS					This does sound a good idea but it is important not to damage existing local services in the process.
Milton Keynes	CHS	MHS	Service User				I can get a blood test, a flu jab, physio, therapy sessions, scans done on the high street
Milton Keynes	CHS	MHS					· People in MK deserve the same access to hospice care as people in Bedfordshire and Luton.
Milton Keynes	CHS	MHS		Carer of Adult			Good to see services other than via MKUH - WILLEN HOSPICE responsive and supportive
Milton Keynes	CHS	MHS					GP surgeries should be more accessible, more quickly and the concept of having your own GP who knows you and doesn't need to ask basic questions and waste precious time would be great.
Milton Keynes		MHS				Social services	Have a Lead Professional to start things off e.g. organise community events to shape service, invite stakeholders e.g. Police to agree policy. Communicate via, schools, GP, Pharmacies, local councils, churches
Milton Keynes	CHS	MHS			Carer of CYP		Multi-agency working for vulnerable people/families is essential, and there needs to be a named person/team that is a first point of contact. It is very difficult for people in crises to try and navigate the system (let alone both health and social care) and have to act as the bridge between different services themselves. A key worker/case worker would be able to help do this in those situations where it is needed. As well as health and social care, for children and young people it is vital that the education authority is also involved.

Appendix 10 - Mental Health Services - Q11 6.11 What does this idea mean to you, and how could it help you or others in your community

Local authority	Service Area		Respondent Group				What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Milton Keynes	CHS	MHS				Workforce	mental and physical health should be brought together as these interact and people should receive the right support at the right time. access to services needs to be simplified and more prominent.
Milton Keynes	CHS	MHS				Someone who refers to mental health services	This is a great idea - but one of the current challenges is duplication of service; better coordination between services would be ideal Often professionals in different services do not know what other services offer, so there is a need to share information between professionals to enhance coordination/collaboration
Milton Keynes		MHS				We run a small voluntary charity that supports families of those in addiction	If services involved the voluntary sector who are often in the front line, they could work in a more joined up approach but the support needs to be timely
Milton Keynes		MHS		Carer of Adult	Carer of CYP		That would be good to have as transportation to places is not always easy.
Milton Keynes		MHS		Carer of Adult			I'm not sure how having somewhere to go in Newport Pagnell would help as there is no help in Milton Keynes at the moment for my son with his anxiety which leads to him drinking, or for me while I'm trying to help my son. So I'm not too sure if having lots of centres around the Milton Keynes area would help or not because there's nothing there for us already so spreading it thinner Might get a result but I'm not sure how when there's nothing there for us at the moment anyway
Milton Keynes	CHS	MHS				Concerned person	I thought this was what Primary Care Networks PSNs were set up to do? Is this just another rebranding? Services should be locally managed and not provided by an NHS Trust located miles away who has no accountability to the local community (or it seems the ICB).
Milton Keynes		MHS	Service User				I think the "neighborhood health" concept is a good idea. If different people are working together the Care for the person should be coherent to avoid them retelling their issues over and over again. This can make them feel misunderstood and feel professionals are not listening to them or their concerns. Joined-up care means good communication, patient centred approach, understanding what is expected by the patient and what their pathway looks like, everyone is working towards the same goals and expected outcomes, patients are able to give positive and negative feedback which will be acted upon and not done for the sake of it, and everyone involved is trained properly. Everyone has different communication styles so the team need to know the best way to Communicate with them and their family. Phone calls, text messages, e-mails, video chats (Microsoft Teams), letters, braille, large print, etc. Getting the above right can make communication with everyone much easier and properly so the information is understood by all parties correctly and in sufficient time. Neighbourhood health should be operated by a multidisciplinary team including doctors, nurses, therapists, keyworkers, occupational therapists, social workers, health care assistants, etc. And other people who keep things running smoothly like office workers, admin assistants, call operators, secretaries, cleaners, reception staff, etc.
Milton Keynes	CHS	MHS		Carer of Adult			Local services are important. But most important is quick access to good care
Milton Keynes	CHS	MHS			Carer of CYP		Better trained and informed GP's with more available appointments
Milton Keynes		MHS				Referrer to Mental Health Services.	A more collaborative approach and awareness of those working in certain sectors and who to contact when support is needed. Theoretically, it should make things easier, but these things in practice take time. More collaborative working between family centres, schools and the GP surgery. More collaborative working between GP surgeries.
Milton Keynes	CHS	MHS				A long term client of mental health (Recovery and Rehabilitation Service).	A community warden, such as a councillor or similar model, who could refer people their concerned about would help.
Milton Keynes	CHS	MHS	Service User	Carer of Adult			Anything

Appendix 10 - Mental Health Services - Q11 6.11 What does this idea mean to you, and how could it help you or others in your community

Local authority	Service Area		Respondent Group				What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
Milton Keynes	CHS	MHS	Service User	Carer of Adult			please consider services sharing recording systems - eg community, acute, social service. this would really help with communications and coordination re: pt care and professional/services input. A single person would be good, communication through talking!!! face to face if possible - try to reduce number of cancellations. Involving the family within everyday care and not always relying on the pt who may have mental health or cognitive difficulties. Professional curiosity. BETTER GP services - availability of appointments. Reducing isolation and loneliness. Increase multi cultural mix
Milton Keynes		MHS		Carer of Adult			I think in theory this would be supportive but only if professionals could share information with each other so it's not isolated. Support groups are great but now my relative is well and dipping again because they're only social interaction is with people who are also part of the group and relying on support
Milton Keynes		MHS				Academic interested in the field	This is an excellent idea. At the moment some GP services in Milton Keynes are making it harder by requiring patients to travel out of their community to get any kind of care. This is completely the opposite of what the government is trying to develop. If you need a car to travel almost seven miles to get care there is not much hope of developing any 'neighbourhood care'. A neighbourhood is what it says not something distant. In this particular case the hospital is nearer than some GP appointments.
Milton Keynes		MHS		Carer of Adult			The problem with this approach is that "neighbourhood" support is often not local enough, and unlike general hospitals, it's often in places not well served by public transport. A doctor's surgery two miles away is not accessible if you can't drive - such places pretty much never have as good a bus service as the nearest big hospital, certainly not in urban areas like Milton Keynes. I'm not sure what social care or community support do, or what they might be able to offer to our family, so joined-up care doesn't mean a lot.
Milton Keynes	CHS	MHS				Referring service	Would be a benefit to the community
Milton Keynes		MHS				Someone who sympathises with carers, nurses and medical staff facing the current deluge of demand.	Local help as opposed to long distance care and short residential stays is hugely preferable. Personal contact must be central to any planning rather than phone calls and Facetimes.
Milton Keynes		MHS				Workforce	Social care and NHS should be joined up not different sections having so many different people working with someone makes things harder not easier for that one person

Appendix 10 - Mental Health Services - Q11 6.11 What does this idea mean to you, and how could it help you or others in your community

Local authority	Service Area		Respondent Group				What does this idea mean to you, and how could it help you or others in your community? You might want to think about:
						An autistic adult with sensory and hearing needs. I am not currently under secondary mental health services, but I use GP and community support and have ongoing mental health needs.	Neighbourhood health makes sense to me if it means care is truly local, coordinated, and easy to use. In Stantonbury that should look like the GP at Purbeck Health Centre, the community pharmacy and dentist working hand in hand with social care, the voluntary sector and nearby assets we already have: Christ Church, Stantonbury Theatre, Bar and Gallery, the Leisure Centre, the vacant café unit, our four schools, two nurseries or pre-schools, and Aldi. These places can host regular drop-ins, groups, and outreach so people do not have to travel far. It would help if there were one front door for advice and referrals, plus a named coordinator who stays with the person and books the next step before discharge. Joined-up care should mean I do not have to repeat my story. With my consent, services should share a simple care summary that includes my communication preferences and reasonable adjustments, and that follows me across teams. Communication needs to offer real choice: phone for those who prefer it, but also text, email and webchat for people with hearing, sensory or anxiety needs. Written appointment details, clear timelines and predictable routines make it far easier to engage. Done well, neighbourhood health would make access easier, reduce avoidable A&E use and build trust. The risks are duplication and confusion, so there needs to be a single local calendar of sessions and clear signage in every venue. Digital information must be accessible and up to date. Purbeck Health Centre's website in particular needs a mobile-friendly, readable design so people can quickly find opening hours, booking routes and support. In my area I would like to see more quiet-hour groups, sensory-aware rehab and wellbeing sessions at the Leisure Centre and church, social prescribing and peer support hosted locally, small safe-haven style drop-ins in the evenings, and outreach stalls at Aldi and the schools for simple health checks and signposting. Practical transport help for non-drivers, warm handovers between teams, and follow-up within 24 to 48 hours after any urgent contact would make the model work for me and many others.
Milton Keynes	CHS	MHS	Service User	Carer of Adult	Carer of CYP		
Milton Keynes	CHS	MHS					This fails in areas that border 2 ICBs. In Hanslope, the practice is based in Milton Keynes but part of Northants ICB. This causes many problems with referrals, district nurses, end of life care, transport and more.
Milton Keynes		MHS				NHS worker	Joined up care mental health services working together, holistic view of other support needed.
Milton Keynes		MHS		Carer of Adult			I think in practise that would work but i think Gp need to be able to do more referals to the crisis team. The crisis also needs to be explained as there not enough staff
Milton Keynes	CHS	MHS	Service User	Carer of Adult		Some who is struggling	What services?
Milton Keynes		MHS	Service User				It would be great to have local groups that meet weekly, regular attendance is optional, involving some group therapy and also giving practical tools to help navigate mental illnesses. I got diagnosed 10 years ago and I have never been to something like this, it would of been so helpful. I like to be communicated with via email, a phone call or text message. Communication could sometimes be better between GP's and mental health services.
Milton Keynes		MHS	Service User	Carer of Adult			yes, this sounds good. The community need to know this exists, is it easily accessible by all including the elderly, males, people experiencing domestic abuse etc? We could learn a trick or two from the ManCave. Are we going to link in community groups and schemes to support people in the places that they are already accessing?
Milton Keynes		MHS		Carer of Adult			All services must work together so people give out the same information. Where would theses services work from?
Milton Keynes		MHS				Potential user of mental health services	Not applicable.
Milton Keynes		MHS	Service User				This new approach sounds good but I'm afraid I'm too cynical about what services exist and don't exist to believe that this will turn out any better. Just a middle-management prove my existence initiative.

Appendix 11 - Transformation Priorities - How much do you agree or disagree that these are the right things to focus on?

Local authority	Service Area		Respondent Grp CHS				Respondent Grp MHS				If you think we have missed something important or don't agree with one or more of the priorities, please tell us below.	
Bedford Borough	CHS		Service User									I want a copy of the report in BSL please.
Bedford Borough	CHS		Service User									I want a copy report in BSL please.
Bedford Borough	CHS		Service User	Carer				Carer of Adult				Right priorities. Now get on and deliver
Bedford Borough	CHS	MHS		Carer								These have been tried and tested without success. Teams do nothing but cause confusion and usually the team members haven't got a clue on how to handle your query. Bedford citizens are treated without dignity and respect and their family needs under the Human Rights Act is totally ignored. Waste of money.
Bedford Borough		MHS					Service User					I had a gynae cancer scare last year. I went to the hospital and explained the changes in the frequency of my periods. The Registrar took my history and then said she had checked my records (I am 50 and I haven't been an inpatient since I was 22 and it's well over a decade since I have had an outpatient appt) and she thought therefore I was probably confused and therefore wouldn't do the biopsy. She checked with the consultant who said she should go ahead. However we know in BLMK patients with SMI die 15 to 20 years earlier but she would have ignored cancer because of a 1997 hospital admission. I was also that summer seriously physically ill in hospital and the senior nurse 'frisked me' for sharps. I felt humiliated and I knew people on that ward who may have overheard. Let's celebrate those with SMI s who make a recovery but protect their physical health
Bedford Borough		MHS						Carer of Adult				You have mentioned employment, education and training or housing. It's interlinked. Also clubs
Bedford Borough	CHS	MHS		Carer				Carer of Adult				Sound great but we need to change habits, diet, ban junk food, make exercise more attractive, teach people to live healthier fulfilled lives. Working to end child poverty and age isolation would help too.
Bedford Borough		MHS						Carer of Adult				I am at a loss for words, after all these years, with the so called degree qualified managerial personnel with the real day to day experience, why are you asking Jo Public ? This seems like another Jobsworth at work. Big Words, lets throw some more money away to show we don't really know what we are doing
Bedford Borough	CHS			Carer	Workforce			Carer of Adult				These are definately the right priorities but unfortunately, they are the same priorities that keep getting thrown at us year after year and whenever there are changes made.
Bedford Borough	CHS		Service User				Service User					I think I will share more during our interview
Bedford Borough		MHS						Carer of CYP				These are the right priorities. Prevention is especially important
Bedford Borough	CHS	MHS		Carer			Service User	Carer of CYP				I think priority 4 should be priority 1. There is nothing specific about young people and key to better outcomes for as adults is better support when they are young to help lay secure foundations to build on and prevent things in the future. So how do you view young people in the drive to improve care? Maybe look at the focus and work done in schools and put more support in that area they are very good at know the community and challenges within.
Bedford Borough	CHS	MHS				I used community health services in the past	Service User					These look ok, but the devil's in the detail. Ensuring the right outcomes, quality and value for money from secondary care would be a priority. As a patient I often felt that I was of benefit to them being on there books as a patient, but they were of little help to me.
Bedford Borough		MHS								Workforce		Shorter waiting times for children and young people to be seen for mental health concerns. Removing threshold of children having to be suicidal or self harming before they are prioritised or treated as urgent.

Appendix 11 - Transformation Priorities - How much do you agree or disagree that these are the right things to focus on?

Local authority	Service Area		Respondent Grp CHS				Respondent Grp MHS				If you think we have missed something important or don't agree with one or more of the priorities, please tell us below.	
Bedford Borough		MHS					Service User				Friends used services	To be sectioned for their own safety if suicidal
Bedford Borough	CHS		Service User					Carer of Adult				Make services available so that they are accessible for everyone, including those not IT literate.
Bedford Borough		MHS						Carer of Adult	Carer of CYP			I think children, and their parents/carers, turning 18 need a separate, clearer understanding of the transfer to adult services.
Bedford Borough		MHS								Workforce		More monet wasted
Bedford Borough	CHS		Service User	Carer								A better GP service would with a greater focus on women's health would make a great deal of difference.
Bedford Borough	CHS	MHS	Service User				Service User					Number four is a starting place but the others are too generic to know what they mean. It is not what, but how, which is important.
Bedford Borough		MHS					Service User					As a person with severe mental health the service is non existent I had one appointment with psychiatrist who changed and added medication and will see me again in 3 mths that's terrible 😞 no help and support why going through change of meds and trying to get medication when u od risk every two weeks is frustrating and not always possible due to the way our gp works now
Bedford Borough		MHS					Service User					I think these priorities sound alright but there needs to be more detail on what this will look like especially for different communities of people e.g. autistic people or people with long term mental health issues related to trauma and dissociation. The NHS especially mental health services have constantly failed to provide personalised services. So how are you going to change this? What is going to be different? I know what I need to help me get healthy but the NHS does not provide for these things. So how are you going to do this, if you focus on a narrow range of things that suits the general population and not people who need different things.
Bedford Borough	CHS		Service User									Enough staff to cope with an ageing population and all that entails
Bedford Borough	CHS	MHS		Carer	Workforce		Service User	Carer of Adult	Carer of CYP			1. To provide care within their homes i.e. iv fluids, antibiotics etc. 2. Think proactive rather than reactive. Education, empowering, via adverts, posters, literature to reach those who are not able or interested in media, Internet etc. tech orientated.
Bedford Borough		MHS								Formerly worked in MH services - now retired		Changing the location of service without service redesign is inadequate. The 1999 National Service Framework transformed MH services but many of the innovations of this period have not been sustained and people with severe mental illness have not continued to experience the benefits these new models produced. The absence of a priority to ensure people with the most severe mental health difficulties receive a high standard of evidenced based provision is missing.
Bedford Borough		MHS								Former carer		Improve feedback and communication with patients and their families
Bedford Borough	CHS					Future user of services						These are not new, these were the aims and objects set by many when care in the community was first introduced back in the 1990's (We've cont come very far have we)
Bedford Borough	CHS			Carer		Carer for my wife						Reduce waiting lists for services.
Bedford Borough	CHS	MHS			Workforce		Service User	Carer of Adult			Independent Living Officer	I would like to take part in discussion/steer groups, as I feel the service requires improvement for access and assessment for ethnic minorities
Bedford Borough	CHS	MHS				Someone who has tried to access services	Service User				Unable to access services	Governance, co-ordination and responsibility of current providers and services need to be evaluated as a priority otherwise neighbourhood ideas and services will not be as effective as they could be.

Appendix 11 - Transformation Priorities - How much do you agree or disagree that these are the right things to focus on?

Local authority	Service Area		Respondent Grp CHS				Respondent Grp MHS				If you think we have missed something important or don't agree with one or more of the priorities, please tell us below.
Bedford Borough	CHS	MHS	Service User							My son previously used the mental health services	I have heard that in London health workers are making ad hoc visits, this sounds excellent, also people need to be told when they are gaming themselves especially with regard to diet, doctors just ask about smoking and alcohol. I know several people who don't smoke or drink but eat ultra processed food all the time, not surprisingly they have type 2 diabetes another preventable condition
Bedford Borough		MHS						Carer of Adult			They need to look at individual patients as not one size fits all and tailor it appropriately
Bedford Borough	CHS	MHS				I have recently been in hospital				I used to work in mental health services	There needs to be a smoother transition for people reaching the age of 18 to move into adult services, so that they don't feel abandoned after being with children's services.
Bedford Borough		MHS								A doctor who sees many patients with mental health issues but not working in mental health services	The Government need to invest more in staff and training on the ground and to stop using the taxpayer money starting all sort of services that have no meaning. Also, the medical tourism should be stopped.
Bedford Borough	CHS	MHS	Service User	Carer		Partner and Resident and Carer	Service User	Carer of Adult		Partner, Resident, and Carer	Does Co-design mean with the community or with partners?? This should be clear. Speak to residents that do not use the services, or struggle to access and ask why??!! There are gaps in the data. Make these groups your priority, if you would like to see long term change
Bedford Borough	CHS	MHS	Service User	Carer							I would ask "why are you asking about doing things that should NEVER have been done STOPPED. Yet another example of reinventing the wheel. But it's all talk and no do!
Bedford Borough	CHS		Service User	Carer	Workforce			Carer of Adult		Workforce	Close small, poorly performing areas of the health service to redistribute funds to more efficient areas. Bedoc and Putnoe surgery are the most that come to mind.
Bedford Borough		MHS					Service User				I think there still needs to be a focus on those already accessing services and not getting quality care. Prevention is so important but of course takes time.
Bedford Borough	CHS				Workforce					Workforce	Focus on non-clinical support such as exercise specific interventions
Central Bedfordshire		MHS								Family member of someone who has used the services and is also aware of others who have used it	I think these are good, but I also think we (as a country) need to change people's beliefs from 'the NHS will fix it' to 'this is my body, my mental, emotional and physical health and I am responsible for it and my actions impact it
Central Bedfordshire	CHS	MHS		Carer		friend of a user of Willen Hospice Recently		Carer of Adult			I think there is a bigger role for mobile services, such as the Breast Screening Service, that could be taken to Communities and see people in their own towns. People in low paid jobs find it hard to take time off work to attend appointments especially if these require lengthy trips and they have no car.
Central Bedfordshire		MHS								Past experience of a close friend who needed these services	The conservative career in the community program was more about cost-cutting than actually providing decent care. There needs to be a balance between caring a community set ups and specialised units offering professional care and treatment as necessary.

Appendix 11 - Transformation Priorities - How much do you agree or disagree that these are the right things to focus on?

Local authority	Service Area		Respondent Grp CHS				Respondent Grp MHS				If you think we have missed something important or don't agree with one or more of the priorities, please tell us below.
Central Bedfordshire	CHS	MHS		Carer						A parent and advocate of a now 20 yo who has been failed by these services.	these all look to be physical health based priorities and needs to include more on MH
Central Bedfordshire	CHS	MHS		Carer				Carer of Adult			As people get older they find accessing services more difficult they think the NHS and social care are joined up, the only service my Mother knows how to access is the GP and she has given up trying as getting an appointment is so difficult
Central Bedfordshire		MHS						Carer of Adult			Actually providing care to those who need should be a priority
Central Bedfordshire		MHS					Service User				It sounds good, but it also sounds like the same thing we have been hearing for years with no actual change being done.
Central Bedfordshire		MHS						Carer of CYP			Integrated services that look at the person holistically Support for carers
Central Bedfordshire	CHS	MHS				A Parish Council		Carer of Adult		A parish council	I think these are the right priorities, but you must focus on diagnosis earlier, otherwise all these services are a complete waste of time.
Central Bedfordshire	CHS	MHS	Service User				Service User				Mental Health Teams shouldn't push patients out of treatment because they aren't making "progress". This happened to me, and they informed the GP that I had "asked to be discharged": this was categorically untrue.
Central Bedfordshire		MHS						Carer of Adult			I think for mental health services the priority should be timely intervention and a seamless service from crisis to recovery. No gaps to fall through.
Central Bedfordshire		MHS								Workforce	Think it is imperative to keep asking the service users what they need help and support with. Many want someone to talk to on a regular basis about their mental health and some want to be able to hang out with peers who understand and accept them.
Central Bedfordshire	CHS	MHS		Carer				Carer of Adult			I fully support the aims of co-production. However, there is an urgent need to firstly manage to implement the CBC carers strategy and include adherence to the carers strategy in all service provider contracts and to ensure that this is monitored and reviewed regularly. I feel that service providers are claiming payment where services are not fully provided.
Central Bedfordshire	CHS	MHS				Member of the public				Friend of persons who have accessed support	Less form filling, less online, communication directly and more availability
Central Bedfordshire	CHS		Service User								This sort of thinking is not new as I remember it back in the last century (with such as cottage hospitals where these were closed to give centralised excellence rather than providing excellence at local locations - so actions needed rather than words and plans
Central Bedfordshire		MHS						Carer of Adult		Luton Council employee	I think partnership with Education and Social Care needs to be mentioned, as early intervention for systemic issues could be possible with more effective partnership working.

Appendix 11 - Transformation Priorities - How much do you agree or disagree that these are the right things to focus on?

Local authority	Service Area	Respondent Grp CHS					Respondent Grp MHS					If you think we have missed something important or don't agree with one or more of the priorities, please tell us below.
Central Bedfordshire	MHS									I have used kids MH teams and haven't been back as an adult	When I used camhs services They dismissed me as being rude and stubborn by not talking when I had selective mutism. No one worked with me to work on it! Even when joining autism beds a few years ago. I started with selective mutism and they were so much better! I was diagnosed with autism at 18 so when I was a child they diagnosed with bad ocd and then discharged me as I physically couldn't talk. They were all quite bad and didn't understand that I could be autistic until my science teacher mentioned it to me in year 11 Therapists at school were also useless as it was like they just didn't care I feel I have always had an issue with professionals of mh but now I have joined ab. It's changed my life for the better and I can't thank them enough!	
Central Bedfordshire	MHS					Service User					It all sounds good in theory, but is it realistic and deliverable, baring in mind the state of the populations mental health needs within all ages and groups	
Luton	CHS					Service User					I would like a BSL copy of the report please.	
Luton	MHS								Workforce		I think number 2 should be first, along with the timescale of this to roll out, major services can not cope. we can release pressure by bringing back activities in the community	
Luton	MHS					Service User					The priority should be reducing waiting lists before anything else listed.	
Luton	MHS					Service User					Support for people once they have started the route of medication of some form of therapy - I have never had a follow up with my GP after starting medication for anxiety	
Luton	MHS							Carer of CYP			Individual support plans with flexibility to change if needed. Ask the clients, set up a focus group of users.	
Luton	MHS								Concerned citizen		Design fit for purpose awareness programmes to make community more educated about how to take care of themselves	
Luton	CHS	MHS	Service User			Service User					I think it needs to be started sooner rather than later and it would be trial and error because it would be something that can grow and change as it progresses	
Luton	CHS	MHS	Service User				Carer of Adult				Nothing	
Luton	MHS								Workforce		I think the sharing of data and systems will enable some of these to happen	
Luton	MHS								someone that works in primary care		criteria- so many people slipping through net. too severe for total wellbeing but do not meet CMHT criteria	
Luton	MHS								Workforce		I strongly agree with the points around better collaboration (5) and enhanced training for PCNs (6). However, I believe one of the core issues we face is that not everyone in the system is fulfilling their professional responsibilities to the standard patients deserve. There's a culture of corner-cutting, where support is rushed, incomplete, or handed off with the assumption that "someone else will pick it up." This approach leaves vulnerable individuals in limbo, often without any real help when they need it most. We need to ensure that those in mental health roles—especially those with professional training—adhere to their responsibilities and practice with integrity, empathy, and accountability. A title alone doesn't guarantee effective care; it's the consistent, compassionate delivery of support that matters. There must also be better access to training for all mental health professionals, including those within PCNs and external services. Handling complex or high-risk cases requires not just clinical knowledge, but real-world understanding of how to engage people who feel unheard, disillusioned, or at crisis point. Additionally, we urgently need more accessible, community-based hubs where individuals can walk in during times of emotional crisis. Emergency support shouldn't be limited to A&E or long phone queues. Having local, face-to-face hubs could bridge the gap between primary care, specialist services, and the real-time needs of our community.	

Appendix 11 - Transformation Priorities - How much do you agree or disagree that these are the right things to focus on?

Local authority	Service Area		Respondent Grp CHS				Respondent Grp MHS				If you think we have missed something important or don't agree with one or more of the priorities, please tell us below.
Luton		MHS								Health care professional	The focus should be on patient care. Mental health patients that I speak to feel failed by the services. There needs to be focus on increasing staffing levels of qualified mental health workers to treat, manage these patient groups. Patients will then feel valued and listened to and patient care will be improved.
Luton	CHS	MHS	Service User		Workforce		Service User			staff member signposting patients to the services	I think there needs to be a genuine and credible approach to neighbourhood working aligned with PCNs - there is always way to improve we can learn from mistakes and make things better for the community - when you help patients and see change that is very rewarding of its own - by working closely with PCNs you would see that
Luton	CHS				Workforce					MH and Substance misuse charity	I believe everyone should be given the same level of care no matter if they have ever abused substances or not. There needs to be more access to counsellors tailored to grief and trauma therapy.
Milton Keynes	CHS	MHS				Existing hospital outpatient-still fully independent				An interested adult	The suggestions assume that patients will actively seek help or support. Increased availability and more relevant trained personnel, with suitable premises (not necessarily in a GP surgery) would be preferable.
Milton Keynes	CHS			Carer							Fund end of life care, either at home or in hospices. They should focus on care not fundraising! Local groups to encourage fitness, mindfulness and community meetings.
Milton Keynes	CHS					Concerned older person who may need such services					Hospice care in Milton Keynes must be properly funded. It is very unfair that this happens in other neighbouring regions
Milton Keynes	CHS		Service User	Carer	Workforce						Early intervention
Milton Keynes	CHS					member of PPG					Nowhere in the list is the need to train and recruit staff to provide the services wished for. This has got to be the most pressing and number one priority.
Milton Keynes	CHS	MHS		Carer							Whilst I agree with the 6 priorities I wonder how this can ever be achieved, GP appointments need to be addressed if things can be treated sooner this will reduce A&E admissions and the ridiculous waiting times. The system is totally broken in my experience with my elderly mother and scares me for any care I may need as I age.
Milton Keynes	CHS			Carer							Closer attention to the aging/elderly would greatly reduce the pressures on hospitals. Regular checks on them - especially those who live alone - would, perhaps, identify a potentially chronic condition / infection which could be "nipped in the bud" and avoid the need for ambulance and hospital admission. It is perceived by many that having reached a certain age, people are written off and largely disregarded.
Milton Keynes	CHS		Service User								Ensure end of life care services are adequately funded
Milton Keynes	CHS		Service User			Someone who used community health services at a critical point in her life					Agree, but would emphasise that these MUST be flexible to accommodate those who have specific needs that may change over time - e.g. as they get older. Improving things for 90% of people doesn't help those individuals whose experiences are made worse by the changes. For example, the amalgamation of 3 practices into Watling Street Practice has improved things for some people for some of the time, but also made things worse for others.

Appendix 11 - Transformation Priorities - How much do you agree or disagree that these are the right things to focus on?

Local authority	Service Area	Respondent Grp CHS					Respondent Grp MHS					If you think we have missed something important or don't agree with one or more of the priorities, please tell us below.	
Milton Keynes	CHS				A resident of Milton Keynes								Communication is key - between health services and with the patient. This may reduce unnecessary appointments.
Milton Keynes		MHS								Work alongside MH services			They are the right priorities if they can actually be delivered on
Milton Keynes	CHS	MHS			Likely future patient					Likely future patient			Consider those of us who don't have family -I have no living relatives. How do we access services when therees nobody to do anything for us
Milton Keynes	CHS			Carer									I strongly believe there should be NHS funding to enable hospice care at home. Focused care without languishing in a hospital bed waiting to die
Milton Keynes	CHS				Work in Willen hospice								By supporting the hospice and willen at home, the community would benefit from people living well at the end of life as well as the best care, why are we bottom of pile when it comes to this, dont the people of MK deserve to be treated as well as those in Luton etc
Milton Keynes	CHS	MHS		Carer				Carer of Adult	Carer of CYP				Not missed something - these are good things - bit how will they be measured. No disrespect intended, but these are totally obvious solutions and should have been in place anyway? Centralising information for a patients journey os also something that would be very useful to achieve better outcomes.
Milton Keynes	CHS			Carer									Nothing missed but personalised care closer to home is essential for the future. Moving care from scute to community
Milton Keynes	CHS			Service User	Carer								I think this is a good start but the lack of consistency in funding needs to be addressed. It is wrong for example that a hospice in one radily developing area spend most of its time seeking public funding whereas nearby hospices are fully funded by the NHS. Very much a two tier service
Milton Keynes	CHS	MHS		Service User	Carer	Workforce							Care in the community
Milton Keynes	CHS			Carer									Parity of funding for hospices across the BLMK area.Willen Hospice does not receive proportional funding.
Milton Keynes	CHS				Friends have used the hospice services								Not to be fobbed off and quite often putting some medical issues to age. We know there are health problems connected to age, but many older people concentrate on keeping healthy. But are not supported
Milton Keynes		MHS							Carer of CYP				There needs to be a different approach in camhs ... i dont understand what my childs root cause for there presentstion is and therefore how fo i know what they need and what is going to mskr it better .. dont let adult service design over shadow childrens.
Milton Keynes	CHS			Service User									An abundance of fast food outlets especially in more deprived estates should not be allowed. While these are an easy option for many, it will not be easy to improve the health of community.
Milton Keynes	CHS			Service User	Carer								Palliative Care, either in a Hospice, or delivered at home is one of the foremost concerns for the elderly, and those with debilitating conditions. Willen Hospice has, for many years now managed to carry out these services extremely well. However, without the excellent efforts of their fund raising team, and the wonderful response from the residents of Milton Keynes and district, they would not have the funds to continue. We NEED, and probably DESERVE the Hospice to carry on doing what they do, but there is a strong feeling within the community that there should be far more funding for them from Central Government. Funding for Hospice care has not been mentioned throughout the survey.
Milton Keynes	CHS			Service User									How does that differ to what is currently provided?

Appendix 11 - Transformation Priorities - How much do you agree or disagree that these are the right things to focus on?

Local authority	Service Area		Respondent Grp CHS				Respondent Grp MHS				If you think we have missed something important or don't agree with one or more of the priorities, please tell us below.	
Milton Keynes	CHS					I work as a volunteer with people from various charitable community health services and know how important they are						The focus on 'preventing poor health' sometimes leads to people struggling to live healthily being lectured to about diet and exercise clinical staff. Most people know what they need to do to be healthy - if they are not doing it it is not because they don't know , it is because there are barrier to action. We need better funding for end of life (hospice and home based) care.
Milton Keynes	CHS	MHS	Service User									Ensure there is sufficient funding
Milton Keynes	CHS		Service User									Hospice care in home
Milton Keynes	CHS					Financial supporter						Statements are too vague
Milton Keynes	CHS	MHS		Carer					Carer of CYP			more end of life support for people to pass where they want to either at home or in a dedicated hospice
Milton Keynes		MHS					Service User		Carer of CYP			I think people in mental health care should be more open minded or trained better on different types of autism (e.g. not a lot of people it seems understand masking and demand avoidance). I seem to get my words dismissed because i am a parent and not a healthcare professional eventhough I've lived with my son's condition for many years and I think I know more about how a neurodivergent brain works.
Milton Keynes	CHS					Someone whose partner was in palliative care at home						Number 4 is essential. You also need to include care from hospices - they provide a vital service and need to be integrated into any plan, and properly funded.
Milton Keynes	CHS			Carer								For me the priority is to ensure that Milton Keynes Hospice Care services get the same level of recurrent funding as in Bedfordshire and Luton
Milton Keynes	CHS		Service User									Probably right priorities - but in the wrong order. I would reverse the order given i.e. from 6 down to 1.
Milton Keynes	CHS		Service User	Carer								Fair funding for Willen Hospice
Milton Keynes	CHS			Carer								Willen Hospice desperately needs NHS funding to help with at-home end of life care, they currently receive no funding for this vital service, whereas Bedford and Luton do. Please please help support the hospice. Terminally ill people and their families need this service.
Milton Keynes	CHS		Service User									Join services with other hospitals out of area.
Milton Keynes	CHS		Service User									Survey and improve listening to front line (often the lowest paid) workers. You might be surprised by how many great time saving suggestions are raised (make sure higher ups don't put pressure on them)

Appendix 11 - Transformation Priorities - How much do you agree or disagree that these are the right things to focus on?

Local authority	Service Area		Respondent Grp CHS			Respondent Grp MHS					If you think we have missed something important or don't agree with one or more of the priorities, please tell us below.	
Milton Keynes	CHS				I support my local Willen Hospice and the work that it does throughout Milton Keynes							The views of thousands of people and families over many years confirm the effectiveness and efficiency of the care provided by Willen Hospice. Their input, particularly in their home and community based services must be part of any community health scheme. This can only occur if their input is properly funded.
Milton Keynes	CHS				Funding for Local Key Care Service							A balanced funding profile of NHS support for organisations such as hospices, across all jurisdictions necessary if such organisations are to continue to function alongside the NHS, and not be lost, when they are such high value entities
Milton Keynes	CHS				Carer for a deceased user							Simplicity is the key.
Milton Keynes	CHS	MHS								Workforce		You have not mentioned funding for palliative care in your priorities. If you do not fund Willen Hospice in an equitable manner, we will have to review service provision. We have to compete with neighbouring Hospices and the NHS for our staff and cannot match their terms and conditions, salaries etc. The position is becoming untenable. These are essential and statutory services such as the Willan at Home Team. You must review the funding model and fund Hospice properly. Palliative care funding needs to feature in your priorities.
Milton Keynes	CHS										Carer	We do think that the lack of NHS funding for Willen is both unfair and inappropriate, given the NHS funding of hospices in Beds and Luton, given the ICB is responsible for allocating funding across BLMK.
Milton Keynes	CHS	MHS			Someone who has supported friends and family using services						Service User	It's difficult to know what this means in practice but it sounds like this is the right direction.
Milton Keynes	CHS										Service User	If you could secure funding for the above and focus additionally on early education you will do well
Milton Keynes	CHS										Carer	Please provide funding for Willen Hospice so they can continue to give their service which is wholly supported by charitable donations. They would then be able to expand, providing better facilities for end of life care and reducing the need to go to A&E and take up hospital beds.
Milton Keynes	CHS				Potential user and neighbour							Lack of focus on end of life care in Mk and funding.
Milton Keynes	CHS	MHS			Volunteer						Service User	I think the main focus is on the support network available and how easy that is to access
Milton Keynes	CHS	MHS			Family waiting for care package assessment place for 2 parents.							Nursing homes are needed for recovery Nursing homes that deal with memory dementia issues. Mental health centers
											Work in a school	

Appendix 11 - Transformation Priorities - How much do you agree or disagree that these are the right things to focus on?

Local authority	Service Area	Respondent Grp CHS					Respondent Grp MHS					If you think we have missed something important or don't agree with one or more of the priorities, please tell us below.	
Milton Keynes	CHS				Supporter of Willen Hospice								Where is the priority for end of life care, not everyone's health will improve & good EOL care needs to be factored in
Milton Keynes	CHS			Carer									Willen Hospice is already serving several of these priorities for the severely ill but does not yet receive proper NHS funding,
Milton Keynes	CHS	MHS	Service User	Carer						Someone who has had little success trying to help a minor access mental health services.			I think points 2,3 and 6 are already well serviced. Priority should be given to services which are currently free in some area, but having to be paid for by the individual in other areas.
Milton Keynes	CHS	MHS		Carer					Carer of Adult				Teams are only as good as training and development given. Got to be a strong holistic team that coloborates otherwise a waste of time and resources. Sounds good but practically this needs to work. Counselling rooms, allocated keyworker but holistic to include info to all professionals and linked to others like PIP, universal credit so information is supplied together rather than separate.
Milton Keynes	CHS	MHS		Carer									Make contact for any health services easier. Reduce paperwork that is used to go out, often too late. Use fines and other consequences to consistent non attenders or over usage of services that are not relevant.
Milton Keynes	CHS		Service User	Carer	Workforce								Services need to be more transparent. Where provision of services is external to NHS, e.g.podiatry and physiotherapy communication breaks down and there is confusion.
Milton Keynes	CHS			Carer									Willen Hospice is one of the poorest funded hospices yet takes a huge amount of pressure from other services and gives patients and families support and comfort in the most vulnerable time of their lives. This has to change in order to give fair chance of the community continuing to make use of there services.
Milton Keynes	CHS		Service User	Carer									Providing services in local communities can be good. however we really need to focus on the ability to get people in to see a nurse, Dr or triage to prevent delays in treatment or to provide guidance at the outset. This needs to be as much if not more of a focus to closer to home services. co-ordinated urgent care sounds like a good thing as long as it doesn't actually mean even more delegating to poor services that essentially depending on families to provide pretty much full time care to those in need. The reliance on families to fill the gap where no care can be offered to people that have been discharged from hospital literally rips families apart and the pressure and change in role to carer destroys relationships and hinders wellbeing. This needs to be addressed.
Milton Keynes	CHS			Carer									Use common language that patients, not just the healthcare community understand
Milton Keynes	CHS		Service User		Workforce								Milton Keynes deserves fair funding for hospice care.
Milton Keynes	CHS		Service User	Carer									Palliative Care through Willen Hospice needs a serious financial funding breakthrough. Increase the amount they receive and watch the Hospice grow and meet the needs of a growing city.
Milton Keynes	CHS					Concerned about services, not being equal across the area							Sounds good on paper but how do you prevent yet more hoops to be jumped through to access services. Getting equal funding for all areas, some areas have much better provision than others. Why no mention of hospices or palliative care could save money on freeing up hospital beds and strains on emergency services

Appendix 11 - Transformation Priorities - How much do you agree or disagree that these are the right things to focus on?

Local authority	Service Area		Respondent Grp CHS				Respondent Grp MHS				If you think we have missed something important or don't agree with one or more of the priorities, please tell us below.	
Milton Keynes	CHS	MHS				a resident of Milton Keynes					A retired mental health nurse in Milton Keynes	Individual responsibility is necessary for changes which will enable recovery as well as relying on professionals.
Milton Keynes	CHS		Service User	Carer								These all sound how things should be in an ideal world but what you don't want to hear is that there is no funding
Milton Keynes	CHS					I have had home care for both my parents					I had support when my Mum was at end of life & a few weeks after her death	I think all the local hospices, mental help team, nurses are so important in any community. I wouldn't have copied if I didn't have Willen Hospice to support me.
Milton Keynes	CHS				Workforce							More funding for hospice care
Milton Keynes	CHS					Someone whose close relative used these services at their end of life						I think this covers a good range of support services
Milton Keynes	CHS					MKCC Councillor						No mention of end of life services
Milton Keynes	CHS	MHS				Resident who might need the services in the future				Carer of CYP		Provide support to the wider family
Milton Keynes	CHS	MHS		Carer								More work on palliative care. And the communication between the acute (hospital) and community services
Milton Keynes	CHS		Service User									I think all 6 of key priorities but all the work could go to waste if you do not provide modern communication channels for work in these areas to reach the local target audience
Milton Keynes	CHS		Service User									Key for me is locality, it needs to be close-not every one drives. It has to be well funded otherwise you are just moving queues around and there needs to be out reach to locations people use
Milton Keynes	CHS					Someone who had experience of using the services to care for someone else						· The Hospice-run Palliative Care Community Hub gives families 24/7 access to advice and support, ensuring people get the right help quickly, without having to turn to hospital services. This is used right care for my husband as he was dying, but there is not enough of this hospice supported Care funded

Appendix 11 - Transformation Priorities - How much do you agree or disagree that these are the right things to focus on?

Local authority	Service Area		Respondent Grp CHS				Respondent Grp MHS				If you think we have missed something important or don't agree with one or more of the priorities, please tell us below.	
Milton Keynes	CHS	MHS				I have known many people over the years that have used these services						It is important to ensure that existing local medical services are not damaged in the process.
Milton Keynes	CHS			Carer				Carer of Adult				The major key factor missing here is the timing. Help must be available when it is needed not after an 18 month wait on a list.
Milton Keynes	CHS			Carer								Willen Hospice provide exemplary support to those nearing the end of life. Provide them wit funding to allow them to increase the number of patients that they can support.
Milton Keynes	CHS			Carer								Palliative care at home to the families that need it the most
Milton Keynes	CHS			Carer								Hospice cate is not funded in Milton Keynes
Milton Keynes	CHS			Carer								Improve GP services so people can actually get an appointment and not end up in Urgent care or A&E
Milton Keynes	CHS	MHS		Carer								· People in MK deserve the same access to hospice care as people in Bedfordshire and Luton.
Milton Keynes	CHS	MHS		Carer				Carer of Adult				Wife supported at home for over a year of terminal illness by Willen Hospice
Milton Keynes	CHS		Service User									Please consider funding hospice at home. Our personal experience says it is life enriching for both families and patients at end of life.
Milton Keynes	CHS					Former trustee of Willen						I think these priorities are important but some services eg Willen at Home are already in place but not receiving funding. This funding is already provided to Luton and to Bedfordshire . Equity in these services must be provided
Milton Keynes	CHS			Carer	Workforce							We need funding for the services like Willen at home in Milton Keynes as this is already something available in MK at risk of closing if no funding is found
Milton Keynes	CHS				Workforce							Appropriate funding for Hospice services, fairly funding across the patch.
Milton Keynes	CHS				Workforce							Preventative measures are great and some priorities sound good but there is no mention of end of life. End of life is going to happen to everyone so preventing poor health is great for living longer but eventually the time will come and there is no priority mentioned above to address this and the inequity that comes with the funding of such services. Hospices are expected to have all the provisions in place that the NHS has, adhere to many laws and regulations but are reliant on donations to survive. The 12% funding that the local hospice in MK receives is one of the lowest in the country yet doesn't seem to be a priority.
Milton Keynes	CHS				Workforce							More focus in people dying well - ensuring access to sufficient palliative care and support for families.
Milton Keynes	CHS	MHS			Workforce	Resident and employee						There is nothing here which reflects the importance of being supported when facing end of life care. Sometimes, preventing poor health is impossible and then it falls to a small and under-funded service to pick up the pieces.
Milton Keynes	CHS				Workforce							You need to prioritise funding for palliative and end of life care services.

Appendix 11 - Transformation Priorities - How much do you agree or disagree that these are the right things to focus on?

Local authority	Service Area	Respondent Grp CHS					Respondent Grp MHS					If you think we have missed something important or don't agree with one or more of the priorities, please tell us below.	
Milton Keynes	CHS				Workforce	Charity-Willen Hospice							Willen at Home gives people in MK a single, specialist point of contact at the end of life. Without NHS funding to continue this service, patients will face confusion, delays and unnecessary hospital admissions. People in MK deserve the same access to hospice care as people in Bedfordshire and Luton.
Milton Keynes	CHS		Service User										You have missed out the inequity in funding of hospice services and hospice at home services for people in MK
Milton Keynes	CHS		Service User	Carer									Properly fund the health provisions and hospices that already exist
Milton Keynes	CHS		Service User										It sounds fine but not very specific - eg single point of access is that NHS app or is it a person?
Milton Keynes		MHS								Social services			Police involvement as many young people get criminalise when they are having a mental health crisis
Milton Keynes	CHS	MHS			Workforce			Carer of CYP					I think these priorities are good, but there is currently a lack of the right services for some people. These services (adequate paediatric physio and OT, adequate SLT for older people, adequate services for people with neurodiversity, mental health support for children and young people with learning disabilities, as examples) need to be in place first, otherwise people will continue to fall between the cracks.
Milton Keynes	CHS	MHS			Workforce					Workforce			embed mental health services within physical health services.
Milton Keynes	CHS					member of public							You need to fund end of life care fairly!!!
Milton Keynes		MHS					Carer of Adult	Carer of CYP					Stress and mental health issues are for life and need to be supported.
Milton Keynes	CHS	MHS	Service User								Concerned person		You must evidence your co-designing and not make it a tick box exercise that has been done after the services have been decided!!!!
Milton Keynes	CHS	MHS		Carer				Carer of CYP					You must talk with patients and family members not professionals.
Milton Keynes	CHS	MHS			Workforce						work in community SLT services but liaison with MH services for SLT		understanding of the robust and diverse community services available and what each can support with so professionals and individuals can request the correct support
Milton Keynes	CHS				Workforce								Collaborative working in the community to increase access to exercise opportunities to help people live and age well
Milton Keynes	CHS	MHS				Carer unpaid	Service User	Carer of Adult					Timely access
Milton Keynes	CHS	MHS	Service User	Carer	Workforce		Service User	Carer of Adult					advice as a local community team re: audit for local need, what teams are being developed and by whom - who will lead this - will it replace existing teams? Co design and production - I dont believe this will happen Services are being provided further from home eg Oxford or London for specialist input. No provision for spasticity management re: botox in MK, No provision of rehab consultant in MK. Rapid response services appear to be working well in MK however this is at risk of being overused by Gps who will pass their responsibility to UC
Milton Keynes		MHS						Carer of Adult					6. And beyond! Please have a centralised database or way of sharing across counties

Appendix 11 - Transformation Priorities - How much do you agree or disagree that these are the right things to focus on?

Local authority	Service Area	Respondent Grp CHS					Respondent Grp MHS					If you think we have missed something important or don't agree with one or more of the priorities, please tell us below.
Milton Keynes	MHS									Academic interested in the field	All I can say is that I agree with these priorities but what I see is my GP going in the opposite direction.	
Milton Keynes	MHS						Carer of Adult				Concentrating on reducing waiting lists would be a lot more useful than any of these. Currently help for anyone who isn't at imminent risk of suicide seems to take years. Having the service delivered when it's needed is far more important than where it's delivered.	
Milton Keynes	MHS									Someone who sympathises with carers, nurses and medical staff facing the current deluge of demand.	These are all very good aspirations, but nos 1-3 need rewording to sound less 'council speak'.	
Milton Keynes	MHS								Workforce		person centred and a wider range of car options should be top of the list	
Milton Keynes	CHS				Workforce						Management patient expectation. Why it is important, ie benefit to long term health; What the services are - ie exercise classes, friendships cafes; Who will deliver them ie, VCSE's, SPLW, Emergency service representatives. Where these services will take place. How long will it take to get support. A total wrap around care service. Engage patients at the beginning ie going into schools to talk about healthy habits, eating, exercise, smoking, drugs eg, the impact good and bad on health and outcomes in later life. Many studies show if you engage with children and they 'buy in' you have them for life.	
Milton Keynes	CHS						Carer				I believe one single point of access for people using the services will save money, time and allow the users to get the support they need quicker and easier. This would be the driver for the other points	
Milton Keynes	CHS						Carer				Need people on end of phones who are really knowledgeable and speak very good English and have the power to give help not just point to a web site	
Milton Keynes	CHS				over 80						What do you mean by "a neighbourhood"? How would one improve health outcomes? This is all so general and sounds rather vague.	
Milton Keynes	CHS			Service User							It's easy to write the above but the management of the projects is the critical factor, and professional project managers would be required	
Milton Keynes	CHS	MHS	Service User	Carer	An autistic adult with sensory and hearing needs, a non-driver with transport barriers, and a local resident who may use these services.	Service User	Carer of Adult	Carer of CYP	An autistic adult with sensory and hearing needs. I am not currently under secondary mental health services, but I use GP and community support and have ongoing mental health needs.	I support the six priorities but one is missing and should be explicit: accessibility and inclusion. Please build in a requirement for sensory-aware and hearing-friendly design across all services, with quiet sessions, predictable routines, hearing loops/captions and recorded reasonable adjustments that follow the person. Add standards for channel choice (text/email/webchat as well as phone), mobile-friendly accessible information, and non-digital routes. Include transport support and estate-based delivery so people can attend locally. In Stantonbury, that means using Purbeck Health Centre, the pharmacy and dentist alongside Christ Church, Stantonbury Theatre/Bar/Gallery, the Leisure Centre and the vacant café unit, with warm handovers and clear written updates.		

Appendix 11 - Transformation Priorities - How much do you agree or disagree that these are the right things to focus on?

Local authority	Service Area		Respondent Grp CHS				Respondent Grp MHS				If you think we have missed something important or don't agree with one or more of the priorities, please tell us below.	
Milton Keynes	CHS	MHS		Carer								Sort out cross border ICB issues. Recruit more front line staff and less management. Reduce endless report filling and let front line staff focus on their jobs and patient care. Empower decision making and use of resources at a local level - remove prescriptive organisation.
Milton Keynes		MHS								NHS worker		Mental health nurses in schools
Milton Keynes	CHS				Workforce							helping people to have a "good" death in their place of choosing, supported by appropriate care
Milton Keynes	CHS	MHS	Service User	Carer		A struggling human	Service User	Carer of Adult			Sone who is struggling	There are no servy
Milton Keynes		MHS					Service User					Preventing poor health is in there, but a sharper focus on early mental health support (e.g., support in schools, workplaces, and community hubs) might make it stronger.
Milton Keynes		MHS					Service User	Carer of Adult				I think that these are a great starting point, we need better access to treatment and support for individuals and their family members. We also need clearer pathways of care so individuals know what options are support are available on a wider scale. I only learnt about psychodynamic therapy because my CBT intensive therapist made me aware of it, I have since completed this therapy and it has been life changing for me.
Milton Keynes		MHS						Carer of Adult				You need to have the staff with the right knowledge before you can change anything and there should be no time limit on any of the services people can access mental health is for life.
Milton Keynes		MHS								Potential user of mental health services		Not applicable
Milton Keynes	CHS		Service User				Service User					Wherever you decide for these places to be, please don't have s big old sign saying mental health clinic, it's patronising to the individual.
Milton Keynes		MHS					Service User					Not enough detailed principles, or noticeable qualities of any type listed to know whether this initiative will achieve actual results. All sounds wishy washy.
Milton Keynes	CHS					Public					Public	Vulnerable, isolated people need to be captured who may not attend appointment etc. hence gp to check on those. Plus many may have educational needs/disability

Share your views on Community Health and Mental Health Services

Introduction

We are reviewing how we deliver adult community and all age mental health services in Bedfordshire, Luton and Milton Keynes, and we want to hear your views.

In the last ten years, we have made real progress in how services are delivered locally, but a surge in demand, an increase in population growth and the publication of the [10-Year Plan for Health](#), which was published in July this year, means we want to review the services we deliver to make sure they're fit for the future.

Over the last few months, we've been reviewing what people have already told us, and listening to their views on access to services, crisis care, prevention and how care should be delivered in neighbourhoods – or close to where you live.

This is providing a picture for us and deepening our understanding of how we need to develop future services. Before we pull all of this information together, and create a document which will support ongoing discussions with providers, we want to make sure we've heard from as many people as possible.

Please take a few minutes to complete this survey. This is your opportunity to make your voice heard, and your views really do matter.

This survey closes at midnight on **Sunday 14 September 2025**.

For more information about this work, including how you can join a focus group to shape our priorities, visit <https://blmkhealthandcarepartnership.org/cmhs>

If you require the survey in a different format, please contact blmkicb.communications@nhs.net or ring the Engagement Team on 01525 624261.

* 1. Which local authority area do you live in ?

- Bedford Borough
- Central Bedfordshire
- Luton
- Milton Keynes

Not sure or if you live outside of Bedfordshire, Luton or Milton Keynes – Please provide the first 5 characters of your postcode.

* 2. Which services would you like to provide feedback on? Please select all that apply

- Adult Community Health Services - [survey skips to qn 3](#)
- Mental Health Services (all ages) - [survey skips to question 9](#)

Adult Community Health Services

Adult community health services help people stay healthy, safe, and independent in their own homes or local area. These services include things like district nursing, physiotherapy, speech and language therapy, and support after leaving hospital.

* 3. Are you responding to this survey as...? [Please select all that apply.](#)

- Someone who uses community health services
- A carer or family member of someone who uses these services
- Someone who works in community health services
- Other (please specify)

4. Which service(s) are you providing feedback on? Please select all that apply.

- Nursing care at home
- Urgent care at home
- Care and support for people nearing the end of life
- Help with movement and recovery (community physiotherapy)
- Support for heart or lung conditions (pulmonary or cardiac rehabilitation)
- Foot care services (community podiatry)
- Help with speaking and communication (community speech and language therapy)
- Support to prevent falls (falls prevention services)
- Short-term support to help you recover at home or in a care setting (intermediate care services)
- Specialist nurses for specific health conditions
- Rehabilitation in a community hospital or care home
- Sexual health advice and treatment
- Other (please specify)

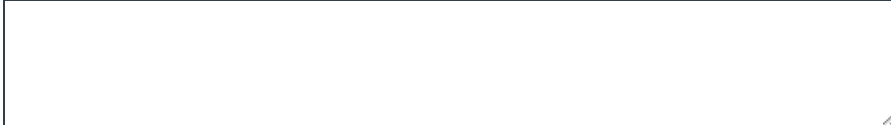
Making access to adult community health services easier

We have heard that people sometimes find it hard to access community health services. This might be because they don't know who to contact, or don't hear back while waiting for treatment.

5. What do you think would make it easier for people to access the care and support they need?

You might want to think about:

- What would help make things simpler or clearer?
- Is it important to have one main person to contact?
- Who should work together to make things easier?
- Does it feel different when you need help urgently?
- What would “good access” look like in the future?
- Have you seen this done well elsewhere?




Getting help in a crisis

Sometimes when someone’s physical health suddenly gets worse, they go to A&E for urgent help. But A&E might not always be the best place for the kind of support they need.

6. What kind of support or services would help people feel safe and cared for during a health crisis?

You might want to think about:

- Would it help to have care provided at home or in a care home, like through a virtual ward (where hospital-level care is given outside of hospital)?
- Is it easy to find the right information when you need help?
- What other types of support would you like to see?
- What does “good crisis support” look like to you?



Helping people to stay well

We want to support people to look after their own health and support their families too. This includes helping people stay well before they need services.

7. What do you think would make it easier for people to access the care and support they need?

You might want to think about:

- Is there enough information to help people take care of themselves before they need services?
- Does it help when professionals focus on your strengths and what matters to you, not just your health problems?
- What would encourage people to get help earlier?
- What helps people stay well?
- Would this kind of support make you feel more or less confident in managing your health?
- What support should be available while people are waiting for care?

* 8. Would you like to provide feedback on mental health services?

- Yes - [survey skips to question 9](#)
- No - [survey skips to question 18](#)

Mental Health Services (all ages)

Mental health services support people of all ages with their mental health and wellbeing needs. This includes care provided in the community, at home, and in hospital. These services aim to help people manage their mental health, live well, and feel supported when they need it most. We are also looking at how services can better support people who are neurodivergent or have learning disabilities.

* 9. Are you responding to this survey as...? [Please select all that apply.](#)

- Someone who uses mental health services - [survey skips to question 10](#)
- A carer or family member of an adult who uses these services - [survey skips to question 12](#)
- A parent or guardian of a child or young person who uses these services - [survey skips to question 12](#)
- Someone who works in mental health services - [survey skips to question 14](#)
- Other (please specify)

* 10. Do you have a learning disability?

Yes

No

* 11. Are you neurodivergent? (this means your brain works in a different way to most people and might affect how you think, learn, feel, or communicate. It includes things like autism, ADHD, or dyslexia.)

Yes - [survey skips to question 14](#)

No - [survey skips to question 14](#)

* 12. Does the person you care for have a learning disability?

Yes

No

* 13. Is the person you care for neurodivergent? (this means their brain works in a different way to most people and might affect how they think, learn, feel, or communicate. It includes things like autism, ADHD, or dyslexia.)

Yes - [survey skips to question 14](#)

No - [survey skips to question 14](#)

14. Which service(s) are you providing feedback on? Please select all that apply

- Talking therapies – like counselling or CBT for anxiety, depression, or other mental health issues
- Mental health hospital care – staying in a hospital for mental health treatment (inpatient beds)
- Crisis services – urgent help during a mental health emergency
- Mental health support in general hospitals – help from mental health staff while you're in hospital for something else
- Community mental health teams – support from nurses, doctors, and therapists while living at home
- Psychological therapies – specialist talking treatments for more complex mental health needs
- Support for neurodivergent people – help for people with autism, ADHD, or similar conditions
- Support for older people and those with dementia
- Support during and after pregnancy – for mental health needs before or after having a baby
- Support for eating disorders – like anorexia or bulimia
- Early help for psychosis – support when someone first shows signs of psychosis
- Help finding and keeping a job – support for people with mental health needs to get into work (Individual Placement and Support)
- Support for serious mental illness – ongoing care for conditions like schizophrenia or bipolar disorder
- Health checks – regular checks to help people with mental health needs stay physically well
- Help with gambling problems
- Support for people with learning disabilities
- Children and young people's mental health services (CAMHS)
- Other (please specify)

Making access to mental health services easier

We have heard that people sometimes find it hard to access mental health services. This might be because they don't know who to contact, or don't hear back while waiting for treatment.

15. What do you think would make it easier for people to get the mental health care and support they need?

You might want to think about:

- What would help make things simpler or clearer?
- Is it important to have one main person to contact?
- Who should work together to make things easier?
- Does it feel different when you need help urgently?
- What would "good access" look like in the future?
- Have you seen this done well elsewhere?

Getting help in a crisis

Sometimes when someone's mental health suddenly gets worse, they go to A&E for urgent help. But A&E might not always be the best place for the kind of support they need.

16. What kind of support or services would help people feel safe and cared for during a mental health crisis?

You might want to think about:

- Who would you want to talk to - a nurse, support worker, or someone from your community?
- Would it help to have trained crisis support available outside of hospitals?
- Is it easy to find the right information when you need help?
- What other types of support would you like to see?
- What does "good crisis support" look like to you?

Helping people to stay well

We want to support people to look after their own health and support their families too. This includes helping people stay well before they need services.

17. How can we help residents to look after themselves and their family better?

You might want to think about:

- Is there enough information to help people take care of themselves before they need services?
- Does it help when professionals focus on your strengths and what matters to you, not just your health problems?
- What would encourage people to get help earlier?
- What helps people stay well?
- Would this kind of support make you feel more or less confident in managing your health?
- What support should be available while people are waiting for care?



Community and mental health services

Neighbourhood health and joined-up care

The government is introducing a new approach called 'neighbourhood health'. This means bringing services closer to where people live and making sure health, social care, and community support work better together.

18. What does this idea mean to you, and how could it help you or others in your community?

You might want to think about:

- How should services work together to provide joined-up care?
- How would you like services to communicate with you or your family?
- Could this make it easier or harder to get the care you need?
- What kinds of support or services would you like to see more of in your neighbourhood/local area?

* 21. Would you be interested in being involved in future work, such as helping to shape services, giving feedback, or taking part in workshops or events?

- Yes - please provide your contact details below
- No
- Maybe - Please provide your contact details below

* 22. Would you like to receive a copy of the report detailing the feedback we receive?

- Yes - Please provide you contact details below
- No

23. If you would like to receive a copy of the report or are interested in further opportunities to get involved, please provide your name and contact details (please note that our preferred method of communication is email)

Name	<input type="text"/>
Email address	<input type="text"/>
Telephone number	<input type="text"/>

About you

Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB) and partner members of the Bedfordshire, Luton and Milton Keynes Health and Care Partnership are committed to delivering excellent services, but we can only do this if we understand our patients and their needs. We would be grateful if you could please tell us a little more about yourself to help us understand whether we have heard from a mix of people and to help us consider any consistent feelings that may be expressed by different groups. This section is not compulsory, and your views will still be taken into account should you choose not to fill it in. All information will be kept strictly confidential and in accordance with the Data Protection Act and GDPR guidance.

24. What age group do you belong to?

- | | |
|--------------------------------------|---|
| <input type="radio"/> Under 18 years | <input type="radio"/> 55 to 64 |
| <input type="radio"/> 18 to 24 | <input type="radio"/> 65 to 74 |
| <input type="radio"/> 25 to 34 | <input type="radio"/> 75 to 84 |
| <input type="radio"/> 35 to 44 | <input type="radio"/> 85 or older |
| <input type="radio"/> 45 to 54 | <input type="radio"/> Prefer not to say |

25. Do you consider yourself to have a disability?

- Yes - [survey skips to question 26](#)
- No - [survey skips to question 27](#)
- Prefer not to say - [survey skips to question 27](#)

26. Please indicate the nature of your disability

- Learning disability
- Long term mental health condition
- Physical impairment
- Blind/sight impairment
- D/deaf or hearing impairment
- Prefer not to say
- Other long term condition, please specify...

27. What is your gender?

- Male
- Female
- Transgender
- Non-binary
- Intersex
- Prefer not to say
- Prefer to self describe, please specify...

28. Are you currently pregnant, have given birth within the last two weeks, or on maternity leave?

- Yes
- No
- Prefer to not say/Not applicable

29. Have you been through the process, or are considering, gender reassignment?

- Yes
- No
- Prefer to not say / not applicable

30. Which of the following best describes your sexual orientation?

- Bisexual
- Gay or Lesbian
- Heterosexual/Straight
- Prefer to not say
- Other sexual orientation, please specify...

31. What is your legal marital or civil partnership status?

- Co-habiting
- In a civil partnership
- Married
- Single
- Widowed
- Prefer to not say

32. What is your ethnic group?

- White - [survey skips to question 33](#)
- Mixed - [survey skips to question 34](#)
- Asian or Asian British - [survey skips to question 35](#)
- Black or Black British - [survey skips to question 36](#)
- Other ethnic group - [survey skips to question 37](#)
- Prefer not to say

33. Within this group are you?

English, Welsh, Scottish, Northern Irish or British

Irish

Gypsy or Irish Traveller

Roma

Any other White background, please specify

34. Within this group are you?

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed ethnic background, please specify

35. Within this group are you?

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, please specify

36. Within this group are you?

- African
- Caribbean
- Any other Black background, please specify

37. Within this group are you?

Arab

Any other, please specify

38. What is your religion?

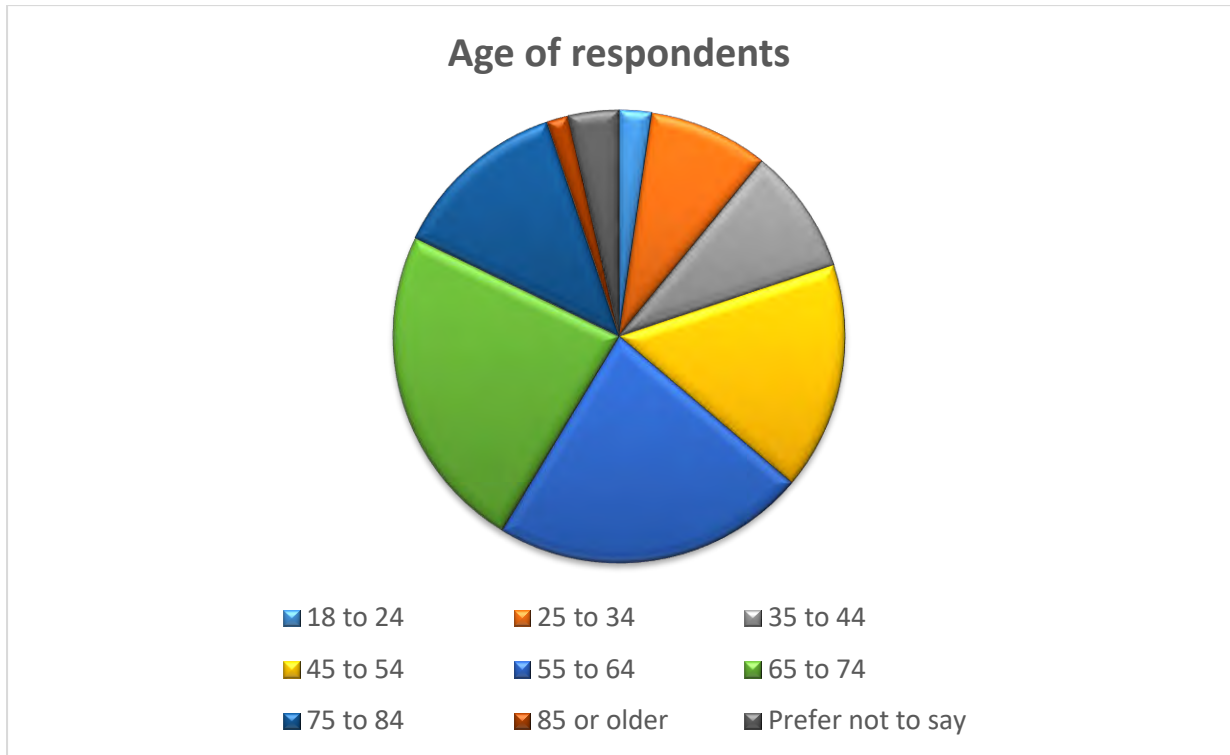
- No Religion
- Atheist
- Buddhist
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion, please specify

Appendix 13

Demographics

Of the 468 responses received to the survey 387 respondents shared their demographic information.

What age group do you belong to?

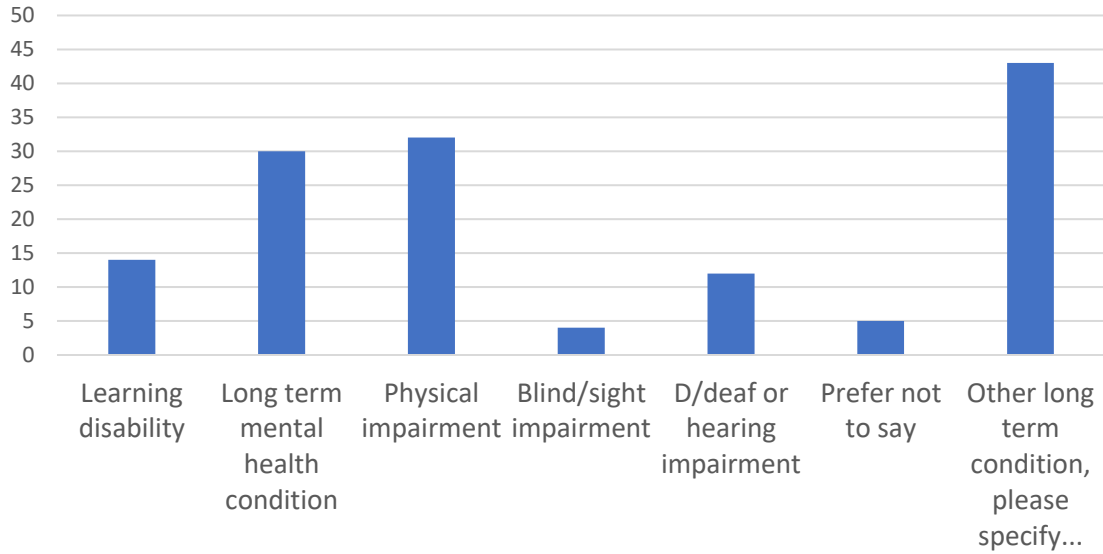


Do you consider yourself to have a disability?

	Response
No	260
Yes	97
Prefer not to say	30
Total	387

Please indicate the nature of the disability.

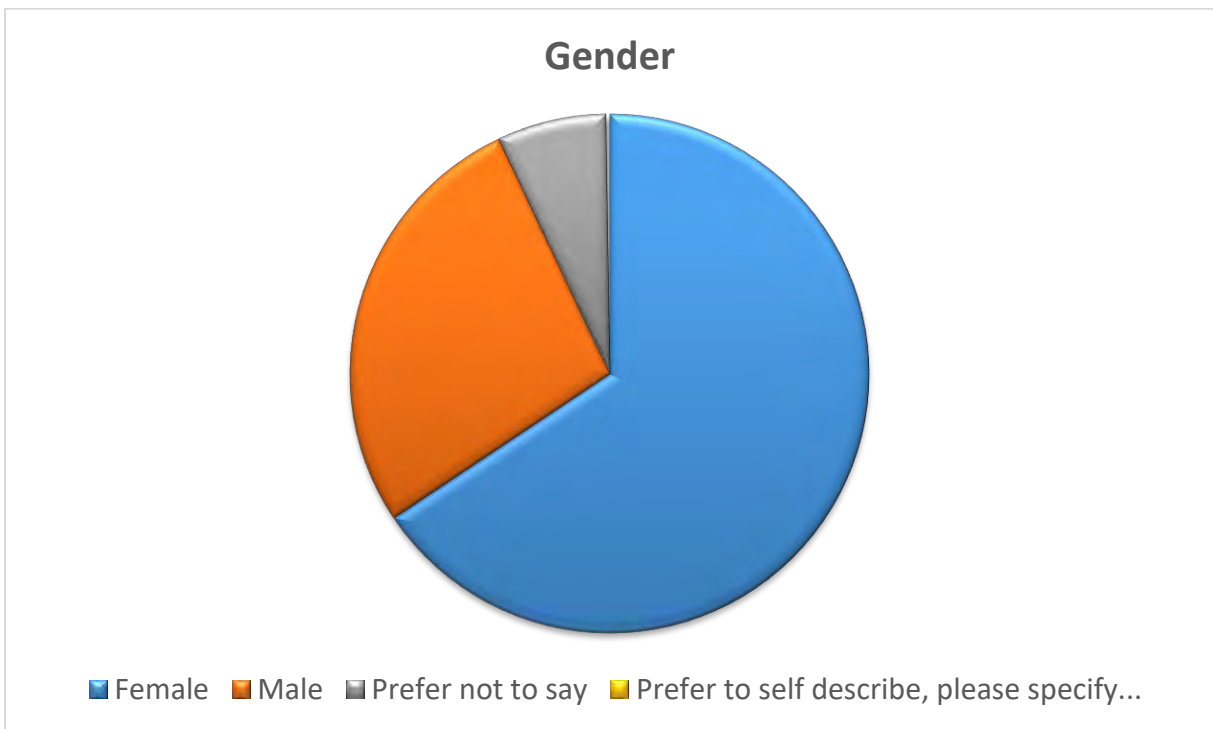
Please indicate the nature of your disability



Other Long term condition, please specify
Long term breathing problems caused by Covid
blood cancer
Internal physical ailments
Chronic Heart and Kidney failure. Osteo-arthritis of the spine.
Cancer two types
Hypertension
Life long health condition
Prostate cancer, Chronic Kidney Disease, Heart failure
dexterity, diabetes, osteoarthritis
Cancer
COPD
Multiple Sclerosis
severe COPD
Osteoarthritis
Various, chronic fatigue, mental health, fibromyalgia
Autism / Asperger Syndrome, with Anxiety and Depression
Autism & long covid syndrome
COPD & Diabetes
Autism and adhd. IIH
Autism
Arthritis and many other conditions
Life changing results of a stroke.
Cancer; Diabetes; ASD
Autism
3 years ago diagnosed with Fibromyalgia and Polymyalgia
Autism
Neurodiversity with CFS and IBS
ASD
Fibromyalgia, osteoporosis osteoarthritis
Many others

Spine
Hypothyroidism
Autism
Autism
Reduced mobility, cardiac conditions
Arthritis
Autism
Neurodivergent
Autism
Autism and ADHD
Post Covid
Long covid
Anxiety and ADHD

What is your Gender?

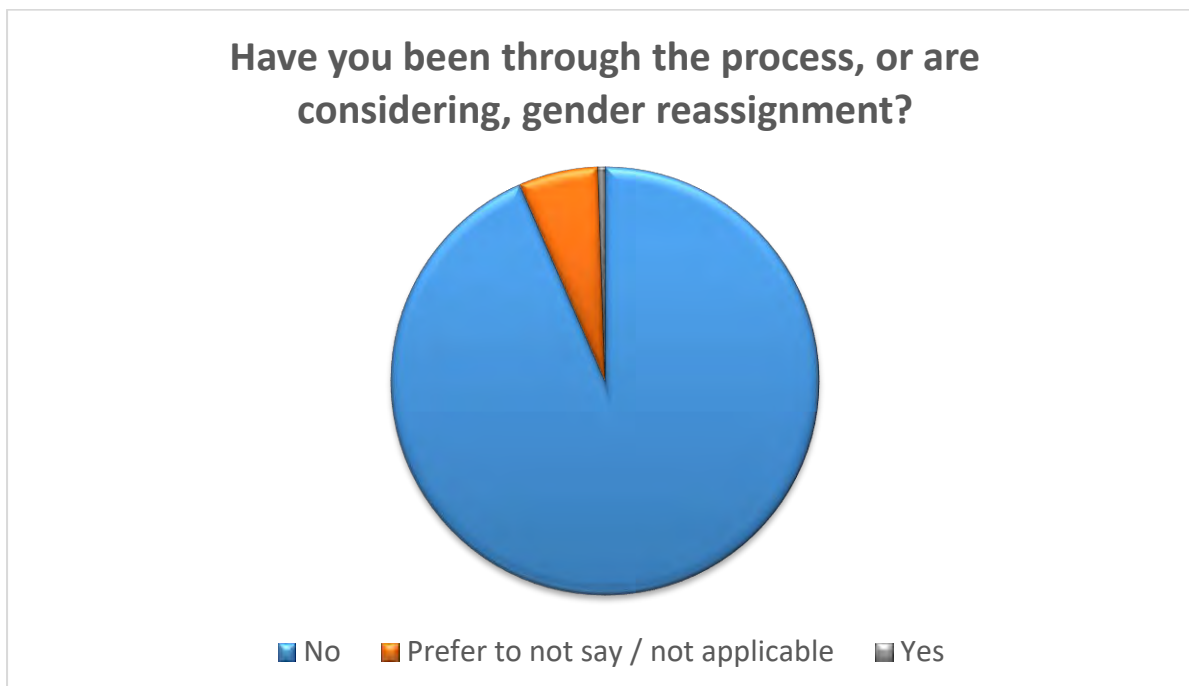


Prefer to self describe, please specify
I don't have a gender I have a sex: female

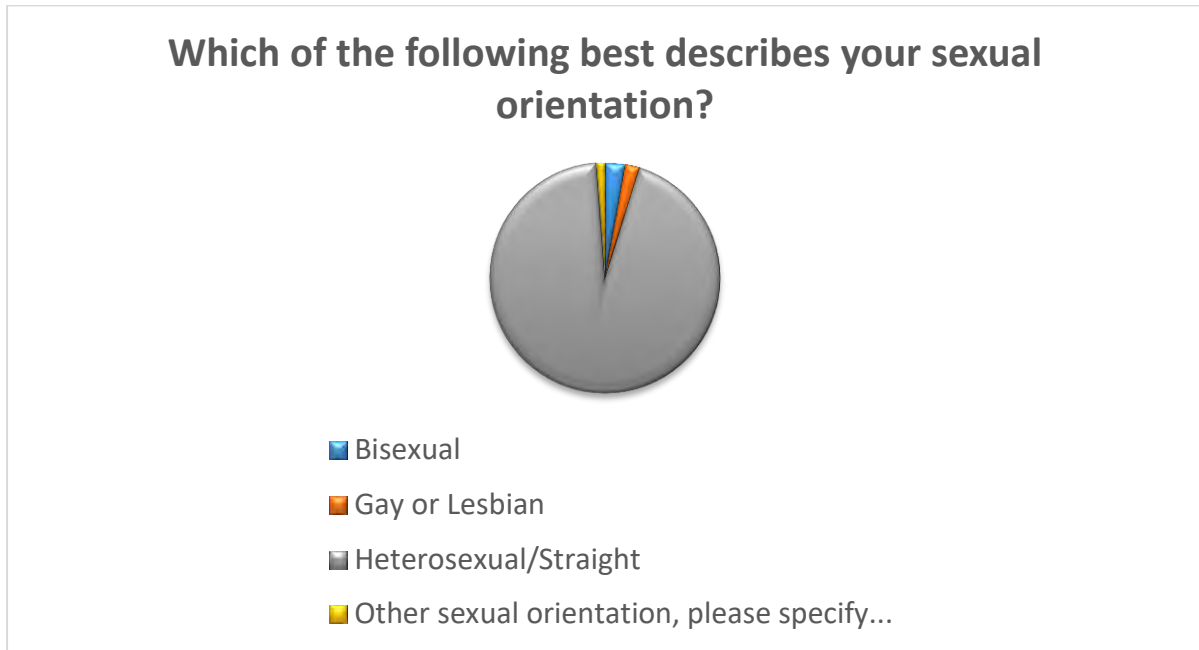
Are you currently pregnant, have given birth within the last two weeks, or on maternity leave?



Have you been through the process, or are considering, gender reassignment?

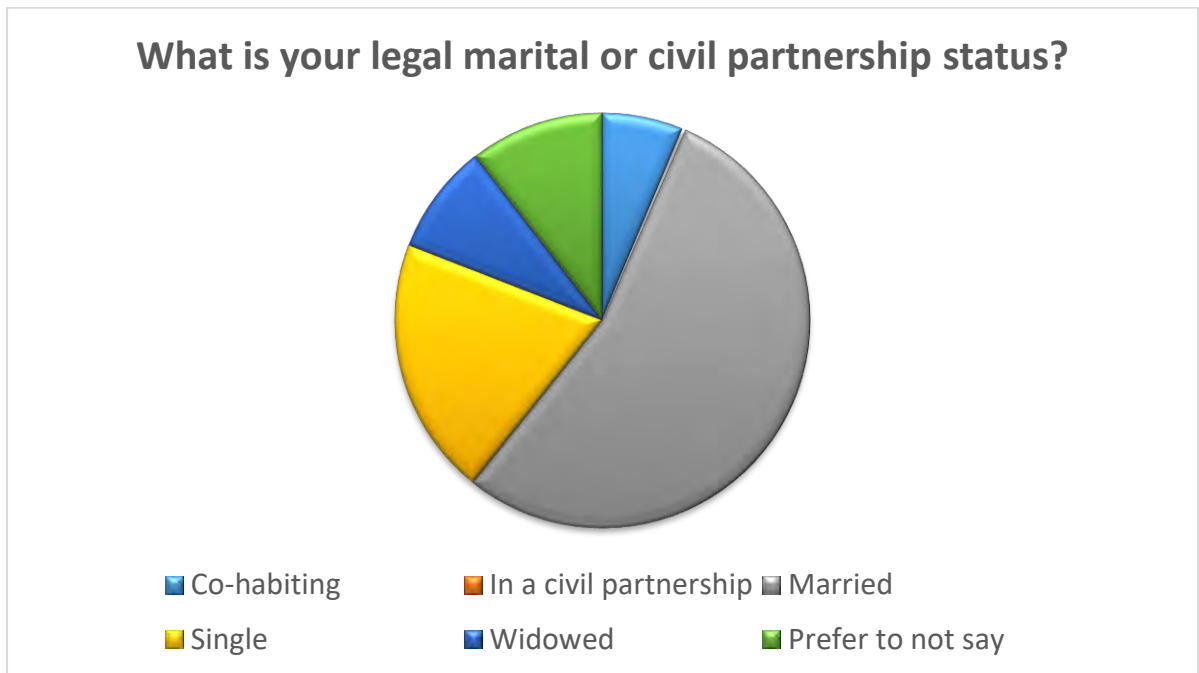


Which of the following best describes your sexual orientation?

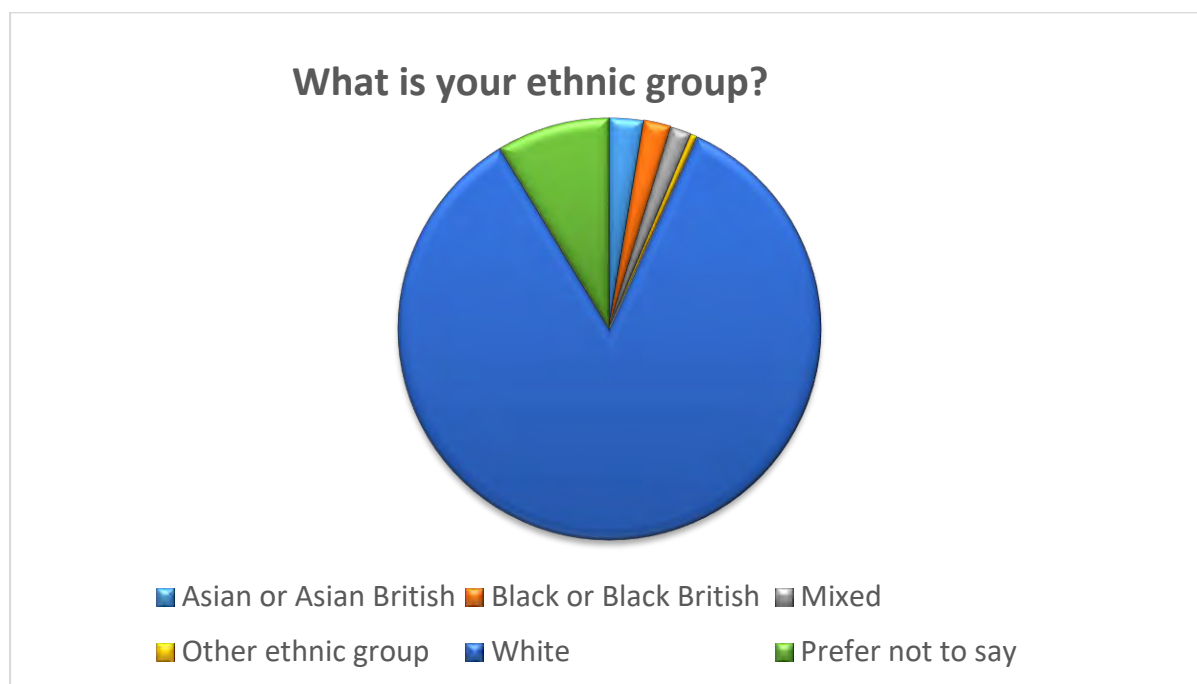


Other sexual orientation, please specify...
why does who I have sex with matter to you?
Asexual + gay
not active sexually
Why

What is your legal marital or civil partnership status?



What is your ethnic group?



Ethnic Group	Response
Asian or Asian British	10
Black or Black British	8
Mixed	6
White	321
Other ethnic group	2
Prefer not to say	33

Table 1 – Breakdown of ethnicity groups

White	
Within this group are you?	
Any other White background, please specify See table 2	11
English, Welsh, Scottish, Northern Irish or British	307
Irish	3
Total	321
Mixed	
Within this group are you?	
Any other mixed ethnic background, please specify <i>I Don't know</i>	1
White and Asian	3
White and Black African	1
White and Black Caribbean	1
Total	6
Asian or Asian British	

Within this group are you?	
Bangladeshi	2
Chinese	1
Indian	5
Pakistani	2
Total	10
Black or Black British	
Within this group are you?	
African	1
Any other Black background, please specify <i>African-Indo Caribbean</i>	1
Caribbean	6
Total	8
Other Ethnic Group	
Within this group are you?	
Any other, please specify <i>Turkish Cypriot</i>	1
Grand Total	1

Table 2 – Breakdown of ‘Any other white background’

Any other white background	
Dutch	1
English and Dutch	1
European	2
European	1
European, Italian	1
German	2
It	1
Russian	1
UK and USA citizenship	1

What is your religion?

What is your religion?	
Atheist	16
Buddhist	4
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	175
Hindu	3
Jewish	1
Muslim	5
Sikh	2
No Religion	148
Any other religion, please specify	19
Grand Total	373

Any other religion, please specify	
Humanist	2
My beliefs and specification play no part in your survey. And should have NO effect or influence on providing health care!	1
Na	2
Non-Duality	1
Nosey	1
Only Nazis ask this	1
prefer not to say	4
Quaker	2
Spiritual	1
Spiritualist	1
Unsure	1
Why does this matter?!	1
You should never ask this- remember the Holocaust	1
Grand Total	19