

What would good health and social care look like for older people?
Prevention and more screening for older people
Staged financial assessment when need social care temporary and permanent
One stop shop for all information
Better re-ablement pre and post hospital
More holistic approach – assessment and treatment
Accessibility methods which were available and familiar
A person to speak to.
Emergency ambulances as soon as we need them – no waiting.
Like quick assessment following health.
Access appointments with GP within a week for routine appointments book in advance.
Quick access to primary care when I need it.
Urgent care accessible when I need it via GP – don't want to go to hospital or call 999.
I want to be supported to manage my own condition (LTC). Education. Experts in own condition.
A well staff service. Prevention and accountability.
Immediate access and a person to talk to – good experience of 111.
I want a network around me to support me. What can I do to stay well? Feel empowered. Emotional support.
Patients voice listened to and representative.
I want to be able to access in a way I am comfortable with but access advice.
I am empowered and an expert in my own health and any conditions.

How would we know if things are improving from the viewpoints of older people using services and carers?
Jigsaw with pieces missing. Some pieces Council, government, community, people
COV talking to people to find out – people more willing to talk to ‘non-official’ people
Meeting room for older people to come together to talk – no agenda
Build community networks to monitor issues better.
Liaise with existing groups, e.g. church
Monitor numbers – get feedback
How will we know if things are improving with viewpoint of older people.
Having choices. Empowered. Having needs met without financial pressure.
Finances – can be a problem. Communication.
To know how things are improving. Local community to get involved. Ask older people if they are happy with their care, etc. Talk to your local church – what are they doing?
Lots of older people need social care rather than medical care.
Being clear what standards to expect from services, e.g. test result timescales.
Improve pharmacy services to take pressure off GPs and hospital.
Improve information about what services offer, e.g. by pharmacies.
Access to my GP when I need it.
Adequate support for carers
Less complaints
Improved 7-day GP services
Feedback from those in neighbourhoods. Not necessarily professionals, not officials. Networks. Liaise with existing groups.
Finance – small amounts. Volunteers – who? Choice – empowerment.
Adequate support for carers.
Improved 7-day and out of hours services for GPs

How do older people (from all different backgrounds) already get involved or engaged? How could they be in the future?
Healthwatch Coventry
Age UK
Coventry Older Voices
Introducing social groups to local community
Health and Wellbeing service from Coventry City Council
Morning walks
Meeting with neighbours
Online calling/chatting
Talk to local organisation
Publicity
Cov V. B.
Word of mouth
Thanks to volunteers
Sell volunteering at pre-retirement courses
Create awareness about volunteering through positive stories in the media
Visit groups in their meeting places
Appreciate volunteers
A simple leaflet in plain English about the need for everyone to get involved
A poster could be put up in meeting places
Promote this at inter-agency events
Show that involvement can effect change
Need link to volunteers
Motivate volunteers - incentives
Need network of volunteers
People have been through the system best placed to volunteer
Retired firefighters – 300 members want to volunteer but hospital not interested
Positive images festival 25 th anniversary next year – want volunteers and their stories. Where do they find them – the positive aspects.
Prevention better than cure.
Better quality services freely available to all who need it.
Staged financial assessments.
All agencies (Social Services, NHS, PCT) working together to share financial advice.

How do older people (from all different backgrounds) already get involved or engaged? How could they be in the future?
Place to go for help – one stop shop.
Prevention is better than cure – swimming – dentistry – finances for care.
Blocking – entitlement worries – communication and contact
Easily accessible social places for the retired to meet and share information and learn what to do. Happier people are not lonely and end up sick and in hospital.
Communicate better with older people – what is out there for care and wellbeing.
Share our experience with younger families.
Listening to older and vulnerable people in community effectively
Help the needy and vulnerable in community regardless of any differences
Prevention is better than cure. All screening to continue until the end.
One stop shop for advice

What could Coventry Older Voices Network contribute to make the improvements happen?
Bring membership together – info exchange, 2-way communication. Share experiences and views
Wealth of experience - campaigning
Communities training to boost campaigning and comms capacity.
Use experience of struggling to find out who to discuss service issues with, i.e. create a customer service journey, i.e. entry points into department contacts – make improvement
Funding applications for newsletter and keep going and campaigning – want to keep membership free.
Communication needs improving – for armed forces services. COV needs capability to promote events.
Paying more tax for NHS.
Earlsdon Park Village – hard to get to the right department. Concerned about care aspect. Gave examples to CQC.
Harness the collective voice of COV to campaign for businesses to provide toilet facilities and better signage.
COV management committee are making funding applications.