

			More	Less	Stop	Start	Escalate to STP	Statutory Duty	We Can
At Home	1	Contractual requirement for GPs to have a Patient Participation Group							
At Home	2	Support local care teams, do not cut them							
At Home	3	Getting housebound people support from befrienders, peer supporters etc.							
At Home	4	Home focused care at home on nutrition. Exercise by home care workers to prevent becoming ill							
At Home	5	Provide appropriate full time end of life care for people wanting to die at home when they are approaching the end							
At Home	6	Provide education for people about their healthcare and nutrition to prevent so much obesity							
At Home	7	Better coordination with social care							
At Home	8	More coordination of services going into the home so 2 or 3 don't arrive at the same time							
At Home	9	Develop system for return of equipment to prevent waste - including crutches							
At Home	10	Partnership with housing providers and care providers especially for older people							
At Home	11	Video cameras for carers purchased by themselves for the people they care for							
At Home	12	Ensure training for carers services							
At Home	13	Telephone consultations							
At Home	14	Technology							
At Home	15	Digital services, smart cards for Social Workers							
At Home	16	Making the home more equipped for people with illness or disability that will take pressure off the hospital							
At Home	17	Courtesy calls							
At Home	18	Convalescent home for a half way home when discharged from hospital - not a care home							
At Home	19	Identify individual needs to help people remain in their own home by aids, mechanical or otherwise							
At Home	20	Use of new technology in home to screen and monitor with housing providers/care homes							
At Home	21	Smart TV's for housebound and hard to reach patients and GP's can comment directly and see clearly all problems, saving time, money and hospital visits							
At Home	22	Emergency button, for falls at home							
At Home	23	Walking aids - patients are asked to return? Are there any consequences for not returning equipment							
At Home	24	Walking aids - NHS pay? Economy of scale? Ask to be returned?							
At Home	25	CCTV of elderly folk, with their permission							
At Home	26	More use of technology but has to be serviced							
At Home	27	Provider aids in home where needed							

			More	Less	Stop	Start	Escalate to STP	Statutory Duty	We Can
At Home	28	Physiotherapy - help at the home after you have discharged from hospital. Needs to be improved							
At Home	29	Remember that when someone lives alone they need advice as to who can help if they cannot do something themselves							
At Home	30	Medicines review in the home - what is prescribed? Why is it prescribed? What is taken? Why not the others?							
At Home	31	Communicating more services to the public							
At Home	32	Health Visitors should visit for longer and at a reasonable time i.e. getting someone up at 11, to bed at 4							
At Home	33	Have all patients with hip and knee pain x rayed and obtain surgeons view before spending on physio							
At Home	34	GP's to listen to people. Do a follow up appointment, review or stop medication							
At Home	35	More youth services - self-esteem, well-being for mental illness prevention							
At Home	36	Support voluntary work in the community for more social activities or transport so people can live in their homes							
At Home	37	More Link workers to be trained in health education to prevent admission into hospital							
At Home	38	More Health Visitors for all vulnerable age groups							
At Home	39	Provide advice and frequent support to people managing chronic illness and dementia and provide respite frequently in the home, not elsewhere							
At Home	40	Concentrate more on the health and wellbeing of the individuals and not on the delivery of the care in a quicker way							
At Home	41	Quicker home treatment team input for observing medication for those with mental illness							
At Home	42	GP's should do more visiting to housebound patients when needed like other countries							
At Home	43	Increase CPN visits for those in need							
At Home	44	Communicating with others							
At Home	45	More Community Matrons							
At Home	46	Increase access to patient records (still too limited). Requires GP education and training							
At Home	47	Direct contact with GP. GP's afraid to extend their EMISS system							
At Home	48	Develop Personal Assistants, Personal Budget, informed decision for choice							
At Home	49	Member of GP staff regularly visiting hard to reach patients to save them getting too ill and having to go into hospital							
At Home	50	Physiotherapy for hips and knees before having x ray and surgeons opinion							
At Home	51	Allow more time for each elderly person in the home							
At Home	52	Continuity of services in the house i.e. my 95 year old father gets a different person each visit, who don't always agree with each other							
At Home	53	Make people more aware of home hazards and living safely							
At Home	54	Not having proper support plan							

			More	Less	Stop	Start	Escalate to STP	Statutory Duty	We Can
At Home	55	Greater supervision of home care service provision by all service providers							
At Home	56	Regular monitoring of dom care							
At Home	57	More home assessments to ensure patients are improving their conditions							
At Home	58	Adequate support services, equipment, carers, specialist							
At Home	59	Better availability of GP consultations via computers							
At Home	60	Better communication between the hospital and community to ensure correct services are provided							
At Home	61	Have a good care package							
At Home	62	Culturally sensitive, more opportunities to mix and socialise							
At Home	63	Take too long to action, i.e. discharge hospital. 8 weeks before visit social services - perhaps the problem has dissipated or even disappeared							
At Home	64	Have a halfway home, under care of nurse, for emergencies or patients ability to contact hospital on a dedicated line							
At Home	65	More family support/therapy for people diagnosed with a life long illness, mental health, HIV or terminal illness . Tell families what they can do to support, offer guidance							
At Home	66	By providing more in home visits by qualified professionals would reduce visits to or by GP's							
At Home	67	When people are older help them to manage their lives and their medication and healthcare and provide on-going support to prevent the future service failures and admission to homes or hospital							
At Home	68	Meals on wheels spotting for medical problems							
At Home	69	Support for family carers and carer involvement							
At Home	70	Sending patients for Physio without x-rays and surgeons opinion							
At Home	71	More support for families with dementia to enable them to care for longer							
At Home	72	Delivery of prescription							
At Home	73	Telling good story for patient care							
At Home	74	Learn more skills							
At Home	75	Learn new IT skills							
At Home	76	Self help							
At Home	77	Educate community leaders to recognise mental illness early signs - and refer							
At Home	78	Support Patient Participation Groups to engage with fellow patients							
At Home	79	Be more active, like making your own drinks							
At Home	80	:-)							
At Home	81	Befriending service and advocacy service							

			More	Less	Stop	Start	Escalate to STP	Statutory Duty	We Can
At Home	82	Checking on elderly neighbours							
At Home	83	Reduce isolation							
At Home	84	Transport to get to surgeries/ clinics if cannot get about or afford taxis							
At Home	85	Do more to prevent loneliness							
At Home	86	Befriending services							
At Home	87	Draw up a list of volunteers that can help in the home and provide nursing training							
At Home	88	Head teachers to ask parents if child has had MMR At admission interview and refer to GP							
At Home	89	More pop-in services who carry information about useful local services for isolated people							
At Home	90	Cut down isolation. Work with local service providers e.g. Tesco advertising lots of junk food							
At Home	91	Greater contact with churches							
At Home	92	Do more advertising (about the GP Hubs)							
At Home	93	More befriending services or sitters							
At Home	94	Use PPG's to your advantage							
At Home	95	Direction/signposting to relevant voluntary sector services e.g. Dementia diagnosis to Alzheimer's Society							
At Home	96	Encourage community activities (free) for isolated people							
At Home	97	Housework for depressed people, they cannot motivate to clear up and get more and more depressed							
At Home	98	Find out what elderly people are scared of and what gets them anxious in their home so that you know whether they want to feel/be safe							
At Home	99	Support individuals to find the right services that will fit their health condition							
At Home	100	Use volunteer services							
At Home	101	Draw up a list of services that are available in homes so people know what help they can get							
At Home	102	Bereavement befrienders							
At Home	103	Do not wait - get used equipment back							
At Home	104	Walking aids - buy by economy of scale							
At Home	105	Walking aids - NHS pay? % of costs for CCG							
At Home	106	Telling patients what to do - not preach							
At Home	107	On discharge ensure home is suitable - seek specialist advice							
At Home	108	Do not discharge all patients unless fully treated as best as possible. Ensure that the home she goes to welcomes her in							

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At Home	109	Stop discharging people without adequate planning and support and equipment at home							
At Home	110	New evidence based Parish Nursing concept, involving more care by faith groups, nurses at home							
At Home	111	Pop-in services, lunch clubs, meetings, connections							
At Home	112	Red bag for emergencies - supply cheap tablets (IT) for conversation with family and Doctors							
At Home	113	Ask if vulnerable patient has a carer							
At Home	114	Provide Life-Line telephone contact to appropriate qualified staff when advice is needed							
At Home	115	Websites to look things up							
At Home	116	All schools should participate in Healthy Schools Programme							
GP	117	Problems of GP recruitment and Nurse recruitment							
GP	118	Ensure GP Practices are fully funded to be able to have GP's and not rely on Locums							
GP	119	Be a Drop-in service							
GP	120	GP Practices open all day one day on the week on a rota basis							
GP	121	Train more GP's and Doctors							
GP	122	Train GP's in mental health awareness							
GP	123	More GP's and GP Staff (Nurses) need more in training							
GP	124	Succession planning, many GP's retiring							
GP	125	Change the law and charge all patients who default re: appointments							
GP	126	More social care funding is needed from the Government							
GP	127	More public involvement at government policy making level							
GP	128	Redirect funds from elsewhere to the NHS							
GP	129	Increase local Government funding							
GP	130	Less of watching TV							
GP	131	Lobby BBC for health stories in EastEnders, the Archers, and Coronation Street							
GP	132	Youngsters selling the family home							
GP	133	Have no screen times, meals are for conversation							
GP	134	Communication using technology (especially interactive)							
GP	135	Referrals need to be looked at - when classified as nine month time lapse seeing a specialist in the meantime condition worsens but told "wait for the specialist appointment"							

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GP	136	Do less of blood pressure checks and glucose checks							
GP	137	Impediments to greater collective provision - not GP mergers but closer working of clinics etc.							
GP	138	Making more time available for patients that are in need of care . Providing more staff so they can make more time for each patient							
GP	139	Reminder for appointment texts							
GP	140	Public Consultation displays. TV's running health programmes on a loop in surgeries							
GP	141	Do less of issuing prescriptions							
GP	142	Improve problem services							
GP	143	A personalised service (patient specific programme)							
GP	144	Run clinics at surgery (not at hospital)							
GP	145	Encourage patients to exchange their knowledge of how to manage their health condition and participate in the decision making of further treatment							
GP	146	Support patient groups with specific conditions e.g. Rheumatoid arthritis							
GP	147	Group meetings for patients with same conditions , Diabetes, Hypertension , Arthritis, MSK, Psoriasis							
GP	148	Alcohol, Drugs, specialist GP (more detox, rehab counselling)							
GP	149	Message in a bottle available via GP network							
GP	150	Signposting's via PPG's in Practice							
GP	151	Train Community Nurses in GP Practices							
GP	152	GP's to know and have the information on signposting people to community support groups and organisations							
GP	153	Medication Passport available by PPG Network							
GP	154	Ask people are you a carer? Recognise carers role							
GP	155	Promote MMR in older children if missed							
GP	156	Weight Watchers flyers - obesity costs NHS £6 billion per year							
GP	157	Remember not all patients have computers or are IT competent							
GP	158	GP's to encourage use of Dosit boxes							
GP	159	Greater use of texts to communicate with patients while realising that not all patients are IT confident							
GP	160	PPG's could reach out to groups whose first language is not English							
GP	161	Text reminders of appointments/telephone advice							
GP	162	PPG's encouraged to liaise with patients about health issues							

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GP	163	CCG to support PPG's in every practice- contractual management							
GP	164	Patient Participation Groups to be held occasionally in the evenings so that the employed can attend							
GP	165	Better publicity of PPG meetings							
GP	166	Communicate location of GP Hubs							
GP	167	Show less readiness to prescribe medication for presenting mental health problems , look at other options e.g. Talking Therapies etc.							
GP	168	Better advertising for GP Hub's							
GP	169	GP Email - marketing system for patients with email							
GP	170	GP's open weekends							
GP	171	GP Practices working together							
GP	172	Flexible appointments - out of hours							
GP	173	Can GP's be more proactive than reactive . Prevention is better than cure							
GP	174	GP's must introduce IT Connection with pharmacies which undertake INR blood tests so that customers do not have to present yellow book i.e. Boots who text me cant contact my Practice to update my records							
GP	175	Share good practices							
GP	176	Proactively identify carers. Information in Surgeries , asking if a patient looks after someone, looking for accompanied patients etc.							
GP	177	More information of health activities i.e. this Forum, on display screens, and all Surgeries to have screens							
GP	178	Tell Carers about Flu Jab entitlement							
GP	179	Sign post Carers to voluntary sector support							
GP	180	Greater use of Practice Nurses							
GP	181	GP's to be more informative to Patients							
GP	182	Use electronic diagnostic aids to check symptoms. Simple Databases, not artificial intelligence (Croydon Tech City)							
GP	183	More phone lines in Practice, long waits on the telephone to make contact unacceptable							
GP	184	Carer awareness training for all patient-facing staff							
GP	185	Share information with Carers whilst respecting patient confidentiality							
GP	186	Allowing more time with patients							
GP	187	Greater use of PPG's							
GP	188	Promote Croydon as a place for Health Checks							
GP	189	Do more of emergency appointments							

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GP	190	Each Practice to be able to offer emergency treatments e.g. Nebulisers by identifying at risk patients							
GP	191	Start Patient Groups so that patients can run them by themselves							
GP	192	Organise more SKYPE interviews. Quick effect and save time and money							
GP	193	Give patients more training, support groups etc. in order to take more responsibility for their own health							
GP	194	Stop prescribing wasteful drugs							
GP	195	Patients can organise professionally led health information sessions. Clinicians welcome the chance top meet patients and vice versa							
GP	196	Make better use of PPG's to communicate with patients							
GP	197	Do less prescription on medicine one can get over the counter e.g. paracetamol							
GP	198	Arrange more talks through PPG's about health issues							
GP	199	Wider use of on-line consultations							
GP	200	Healthy lifestyle advice							
GP	201	Leaflets on counters be pinned up							
GP	202	Beware electric Doctors, prescribing scripts without up to date notes							
GP	203	Avoid unnecessary multiple therapy							
GP	204	GP to ask if patient is taking all their medication - patients often stop but don't tell the GP							
GP	205	Specialist services e.g. ENT							
GP	206	Better information on where to get help - locations, what service, up to date information							
GP	207	Public Health education talks by Doctors/ Nurses							
GP	208	Pharmacist led prescription review at Practice to be more widely practised							
GP	209	Ask Patients if they are Carers? Then signpost them to the local Carers Centre for support							
GP	210	More efficient appointment system							
GP	211	Get Managers lessons on talking to Patients							
GP	212	GP owns the Patient issue and providers overall view all treatment and conclusions							
GP	213	GP and Pharmacy and Patient on medicine/prescription							
GP	214	Reduce waiting times for GPs, increase customer service training for receptionists							
GP	215	Personalise plan for people on long term medication of with long term conditions							
GP	216	GP Surgeries could organise periodic social sessions with patients so they get closer							

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GP	217	Restrict/do away with patient choice of hospital							
GP	218	Not seeing a patient one problem at a time as some other problems may be connected to the patients health problems							
GP	219	For those surgeries that are small, like Ashburton, Practice support PPG to acquire space in the community hall where they can provide social support to patients							
GP	220	We need sessions to continuously support patients on how to take more responsibility for their health and wellbeing							
GP	221	PPGs could be supported to provide non clinical services to reduce pressure on surgery							
GP	222	Allow email or text request for appointments, patients can indicate if emergency or not and offer dates if its not urgent							
GP	223	GP explain to clients about repeat prescriptions							
GP	224	Have Saturday and Sunday surgeries for 6.00 each day							
GP	225	Automatically forward blood test results to patients by email to save patient having to come to surgery to get results where it's a long term condition and patient understands results and request them							
GP	226	Do less gatekeeping - GPs are gatekeepers and, with best intentions, create delay. For example its hard to get through on the phone to make an appointment and long wait also for date. GP can see patients and then wait until prescription reaches pharmacist							
GP	227	Encourage PPGs for patients to be involved							
GP	228	Allow patients to arrange repeat prescriptions for pharmacists, cut out the GP as middleman, unless patient needs to see GP							
GP	229	More monitoring of patients who are housebound and return to assessing patients over 75							
GP	230	Get practices to encourage their patients to start a PPG and support them							
GP	231	Advise PPG in all surgeries							
GP	232	Inform patients about alternative treatments (not necessarily available on the NHS)							
GP	233	Group consultations for appropriate illnesses i.e. diabetes							
GP	234	GP service to hold IAPT services							
GP	235	Empower patients to take care of themselves and only use GPs when necessary							
GP	236	More workshops based on need to understand and manage condition.							
GP	237	More training of GP's in fitness to work and working with other services such as job centres							
GP	238	Procurement outreach							
GP	239	Quicker diagnosis and referral to memory clinics for dementia							
GP	240	Support GPs to engage with patients and encourage share decision making							
GP	241	Nurse clinics for routine screening							
GP	242	Do not confirm appointment to 1 issue if someone goes to the GP often they have more than one issue. Told to make another appointment. This waste patients time and GP's Possibly won't go back and gets worse							

			More	Less	Stop	Start	Escalate to STP	Statutory Duty	We Can
GP	243	Allow more routes for access. Phone for appointment when open surgery finished daily. Appointment not weeks away. More trained Nurses on site. Perhaps offer services in-house							
GP	244	Promote screening/health promotion activities							
GP	245	Self-help advice							
GP	246	Empower patients to take care of themselves and only use GPs when necessary							
GP	247	On-line technology /assessment							
GP	248	Physios are not the only people who can deal with muscular skeletal problems							
GP	249	Share specialisms with neighbouring practices/CCG's.							
GP	250	Go back to using Health Visitors and District Nurses and other clinicians to support practices							
GP	251	Link pharmacies. E.g. so as Pharmacist can prescribe for GP							
GP	252	Telephone appointments							
GP	253	Use PPGs more effectively, no disruptions at meetings							
GP	254	Stop prescriptions for over the counter drugs							
GP	255	Routine appointments by GP's for non complex conditions - leave to pharmacist							
GP	256	Tell people about complementary therapies.							
GP	257	Stop keeping patients in active care when they do not need it i.e. tell them truthfully							
GP	258	Stop wasting money on prescriptions							
GP	259	So many prescriptions, get to know patient better for appropriate treatments							
GP	260	Support GPs to engage with patients and encourage share decision making							
GP	261	Do less of prescribing, focus on psycho-social healthcare							
GP	262	They can stop judging a person and situation and listen more to the patients feelings							
GP	263	Chemist cornucopia of waste charging £6.60 for a pack of Dispirin . No more of this please							
GP	264	Appointments when the patient needs it with their regular GP							
GP	265	More cooperation with PPGs who are trying to have more contact with patients							
GP	266	Get volunteers to help with languages to interpret. GP's to have a list of volunteers - CRB checked							
GP	267	Filter phone calls for emergency appointments by clinicians as appropriate, not always need to see GP							
GP	268	Do more of relating/spending more time listening							
GP	269	Walk in service in community setting							

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GP	270	GP Practices do differently to focus on practical action prevention programmes							
GP	271	Make better use of data on patients to plan care proactively							
GP	272	Better access							
GP	273	Reevaluate charging GPs for referrals							
GP	274	Greater use of other health professionals e.g. Paramedics, Pharmacists, OT's, Physio's							
GP	275	GP's at least GP Surgery open one day per week, 24/7, release A& A wait. I waited 6.30 pm until 6 am next day for my Sons rugby injury							
GP	276	Support joining up local social and health care services							
GP	277	Support a wide range of organisations to help patients when in low spirits							
GP	278	More coordinated care/care packages, GP's/Home support. Reduce isolation. Technology to assist care/home support							
GP	279	GP can do more of signposting in different community groups. For example, for young parents or teenagers							
Community	280	More information to patients to take responsibility for their own health							
Community	281	Homelessness							
Community	282	Section 131 Mental Health							
Community	283	Exercise classes							
Community	284	Special Consultants							
Community	285	PPG's							
Community	286	Discharge planning/Care planning							
Community	287	Peer support							
Community	288	Galvanising Communities							
Community	289	more volunteers with languages to help at hospital especially elders where their spirits are low - CRB checked							
Community	290	CCG/Council to stop red tape of ancient protocol's regarding use of open space							
Community	291	GP Surgeries open at weekends, including Sundays							
Community	292	Use exercise old and young weight / frailty							
Community	293	Do more to involve faith groups and voluntary sector organisations in BAME health care							
Community	294	Transition form child to adult services							
Community	295	Be more proactive in promoting local services and not just put on a wall of a surgery							
Community	296	Focus on open space use - projects for psycho-social healthcare							

			More	Less	Stop	Start	Escalate to STP	Statutory Duty	We Can
Community	297	Use expert patients to support others							
Community	298	Copy muscular skeletal referral system to other community services							
Community	299	Learn from best practice elsewhere							
Community	300	Publicity of services available							
Community	301	Reduce bureaucracy - e.g. appointments							
Community	302	People with problems they cant resolve - buddying with someone else							
Community	303	Visits to older people - voluntary sector							
Community	304	Improve Physio							
Community	305	Provide most of patients services in the community including most diagnostic services							
Community	306	Physical/medical for every patients at beginning of joining GP Practice - per annum only							
Community	307	Use the skills of community nursing services more effectively							
Community	308	Make better use of data to plan services/redesign							
Community	309	More community link workers for older people who are lonely							
Community	310	Provide a seamless service in homes for end of life care - so that carers get support when they need it.							
Community	311	Find charities who can provide community based services for NHS more effectively better access to mental health Do more for mental health services							
Community	312	Promote what is available							
Community	313	Do an assets mapping of local residents to see who are capable of providing support							
Community	314	Support carer services in Borough							
Community	315	IAPT - good but need more counselling							
Community	316	More discreet Mental Health community services for those who feel stigma							
Community	317	More community dieticians and awareness talks about healthy diets, diabetes, food and mood.							
Community	318	Support people to use voluntary services and enjoy fellowship							
Community	319	Better systems to bring street homeless into the system							
Community	320	Volunteering to promote mental health e.g. museum of Croydon							
Community	321	Specific groups in practices who support fellow practices i.e. weight loss, walking for health							
Community	322	PPG in Practices can engage with fellow patients with specific health issues							
Community	323	Promote and support voluntary work							

			More	Less	Stop	Start	Escalate to STP	Statutory Duty	We Can
Community	324	Anti-bullying, sex education in schools							
Community	325	Flexible help for home nursing e.g. 2 hours 7 days per week could be provided differently by agreement with carer e.g. 4 hours one day none on another							
Community	326	Anger management in schools							
Community	327	Voluntary list of interpreters, CRB checked GP's top have a list via local CCG's							
Community	328	Provide access to advice for parents/carers of prior top appointment referral for teenage mental health							
Community	329	CAB to be more available for advice							
Community	330	Having more open advice for young mother s. Such as drop in centre especially if they are experiencing depression , and just need someone to listen to them							
Community	331	Have an MS Nurse in Croydon - none at present							
Community	332	Support people with free site and exercise advice - coaching							
Community	333	Improvement to 111 service , quality of information, call back							
Community	334	Use IT to inform patients about Practice procedure							
Community	335	In addition to visits which may be time limited, telephone checking, preferably by professional (nursing need)							
Community	336	Support receptionists who take a lot of flak when they are doing their job							
Community	337	Review GP Locums mental health, local not fragmented							
Community	338	Enable people to help themselves and not disable people by taking over							
Community	339	Difficulty of engaging with the community who often do not want to engage unless it effects them							
Community	340	Provide a sports injury service in muscular skeletal services with very quick access							
Community	341	Patients information up to date							
Community	342	Telecare - smart cards for care workers							
Community	343	Don't merge GP Practices that are successful							
Community	344	Check efficiency of single GP Practices							
Community	345	Patients by experience in Practices							
Community	346	Concerns of mental health services being reduced in commination							
Community	347	Alcohol and drugs, Detox and Rehab centres in Croydon ODATT is a very good centre in Kennington							
Community	348	More communication of activity/services so that we as patients know what's actually happening							
Community	349	Use volunteer services							
Community	350	Provide people using services with information on voluntary sector support							

			More	Less	Stop	Start	Escalate to STP	Statutory Duty	We Can
Community	351	Recording the meds - what people have							
Community	352	Spread the gospel of your services to every home. Perhaps local Croydon Advertiser to have a dedicated column							
Community	353	More befriending services							
Community	354	Need for more publicity about what/who can assist							
Community	355	Provide services on time e.g. caseworkers							
Community	356	Specialism							
Community	357	Increase Health Visitors for the elderly service and continue Voluntary services							
Community	358	Better availability of specialist nursing services e.g. diabetes							
Community	359	Difficulty of getting volunteers - you want to use volunteers, where are they to come from?							
Community	360	Advice to stop smoking and alcohol consumption							
Community	361	Practices need to have more active Patient Participation Groups who can provide group meetings with professionals							
Community	362	Join in a social activity that makes you happy							
Community	363	Public Education re: Community Services							
Community	364	Better communication between Hospital and Community to provide affective services							
Community	365	Mobile services, Health services, service contract							
Community	366	Peer support							
Community	367	More support for Carers, particularly respite							
Community	368	Homelessness; and associated mental health and drugs							
Community	369	Single people off housing waiting lists to live in as companions for lonely elderly							
Community	370	Recruit able bodied lonely people for befriending services for the elderly							
Community	371	Specialist/Consultant in Community							
Community	372	Quicker access to Physio's							
Community	373	Physiotherapy - reduce length of time between referral and appointment 19 weeks to 6 months not unusual							
Community	374	Physiotherapy - make sure appointment for when discharged from hospital is followed							
Community	375	Physiotherapy - dedicated and more frequently - locally, regionally, nationally							
Community	376	More info about services in community - locating services in community							
Community	377	Holistic coordination of services in multi complex needs							
Community	378	Practice Managers should be more accessible to patients							

			More	Less	Stop	Start	Escalate to STP	Statutory Duty	We Can
Community	379	Greater supervision of car providers/procedures							
Community	380	Buddy/Counselling services to help people control their weight							
Community	381	Having more or a variety of services available for your people, within the community. For example, children such as adolescents							
Community	382	Information given to help people choose alterative therapy							
Community	383	Having extra support for young people in their homes especially single mothers that will not allow them to feel their rights are being taken away							
Community	384	Organise exercise groups for older people - for example use U3A							
Community	385	Having an effective complaints system							
Community	386	More communication about existing services available please							
Community	387	Consultants Skype							
Community	388	Greater promotion of good mental health for all in the community especially with harder to reach groups							
Community	389	Increase the number of District Nurses							
Community	390	Improve communication with in the local community i.e. compare Surgeries with local schools, GP's are very poor - schools good							
Community	391	More social care funding is needed from the Government							
Community	392	Support the development of mental health places. Mental Health patients count							
Community	393	Minor problems to be referred to community hubs to reduce Consultants long waiting list							
Community	394	Physio after operation is incredibly helpful, both in hospital and after discharge. Thanks to those brilliant Physio's who observe, listen, explain and advise and demonstrate exercises							
Community	395	Ensure that all proposed move of services into community are fully costed and accommodation and Consultants available							
Community	396	Make more or better use of voluntary groups who can provide knowledge of non-medical processes e.g. finance, housing etc.							
Community	397	Taking Dermatology into the community and out of Hospitals Support local people to provide after surgery care to patients who live alone and may not be able to cope alone							
Community	398	Home assessment prior to discharging a patient from hospital							
Community	399	Good communications with the carers to avoid anxieties in both patients and carers.							
Hospital	400	Budget not reflected for funding of Croydon's additional needs							
Hospital	401	Train Police in restraint and dealing with psychosis							
Hospital	402	Review and share national process for claiming back money for health care for foreign nationals							
Hospital	403	Have good systems in place to support reclaiming costs of services for visitors to the UK							
Hospital	404	Review the value of PFI contracts which seems to be a huge waste of money, compared with govt borrowing to build over 10x more expensive over time, so stop PFI							

			More	Less	Stop	Start	Escalate to STP	Statutory Duty	We Can
Hospital	405	A&E waiting times unnecessarily long, shorter waiting times please, waited over 12 hours to be seen with son							
Hospital	406	Making the wards more friendly and less clinical (plants, pictures, friendly staff, more homely etc.) to reduce fear							
Hospital	407	Less locum/agency nurses its good for Nurses/Doctor etc. to form trusting relationships with patients							
Hospital	408	Encourage, promote, facilitate voluntary work							
Hospital	409	Hospitals to liaise more thoroughly with carers and GP's & Pharmacies once someone is admitted (disabled, elderly, long lasting, illnesses)							
Hospital	410	Working in partnership with other partners, job centres, local employers, Gp's training							
Hospital	411	More diverse staffing to cater for the whole demographic of Croydon							
Hospital	412	More interpreting services in A&E							
Hospital	413	Hospitals to liaise more with step down/other accommodation to reduce loss and give people more options when they leave hospitals							
Hospital	414	Mental Health specialists at A&E							
Hospital	415	Sort out the referral system on one occasion, GP referred to A&E liaison alcohol referred to Purely who then referred back to GP							
Hospital	416	Review the value of services							
Hospital	417	Transfer of patient records do differently							
Hospital	418	Have early x-rays for hip and knee pain							
Hospital	419	Have x-rays immediately for hip and knee pain, joint decision to opt for surgery or pain relief drugs							
Hospital	420	Elective operations, notify patient more than 24 hours ahead of operation confirmed, we need to make arrangements							
Hospital	421	Stop sending scripts by fax							
Hospital	422	Better medication on discharge							
Hospital	423	Improve telephone access to service through operator for people not knowing the right extension							
Hospital	424	Partnership with voluntary sector organisations/projects which are self accessible to reduce spending							
Hospital	425	Hospitals need to think more in terms of people living alone when discharged, find ways to enable patients to do things without help or reconsider whether these things are really necessary (support stockings)							
Hospital	426	Continue with drugs for necessary operations							
Hospital	427	Better discharge facilities							
Hospital	428	Better liaison with local authority for discharge when continuing care needed in community							
Hospital	429	Education on healthy lifestyle more							
Hospital	430	New way of evidenced based method of discharge into the community to prevent readmission' like 'Parish Nursing' concept							

			More	Less	Stop	Start	Escalate to STP	Statutory Duty	We Can
Hospital	431	No smoking at entrances, no smoking even in so called dedicated spaces it should be no no							
Hospital	432	Administration, waste single sided printing, duplicate letters - had 2 letters today which were duplicate, this is not unusual							
Hospital	433	Stop giving unhealthy foods to people who are already ill, spend more on nutrition							
Hospital	434	Elderly patients should be encouraged to eat when in hospital to help them recover							
Hospital	435	Lots of letters these sometimes arrive too late for patients to attend appointments, sometimes they don't arrive at all, use email/texts to phone instead where patients express							
Hospital	436	People should always have access to water on the wards, and encouraged to drink							
Hospital	437	Prescribe medicine to monitor individual patient on the use of the above by professionals - the community							
Hospital	438	Prescribe smaller amounts of medicine at a time to reduce wastage of non use							
Hospital	439	Less referrals to Consultants for minor problems - Community Service e.g. Hubs							
Hospital	440	More of email and texts where patients request it							
Hospital	441	Reducing and understanding isolation to avoid readmittance							
Hospital	442	Increase volunteering and befriending of patient's on elderly wards to help the healing process							
Hospital	443	Do more interventions/introductions of patient's to hospital services procedures							
Hospital	444	Support stop smoking while in hospital							
Hospital	445	What services do in hospital look like, people are expected to lay in bed and be there only if near death so perhaps there should be a social room/area							
Hospital	446	Reduce unnecessary outpatients appointments							
Hospital	447	Elderly people in hospital need to be treated with respect							
Hospital	448	More designated medical teams staying with their patients							
Hospital	449	Administration, these used to be attached to each dept., now usually in 'Hub' where no one has expertise so mistakes are made, just pick up notes in piles							
Hospital	450	Procurement, get a new contract nationally which is coordinated and cheaper, they are cheating the NHS box of scalpels £50							
Hospital	451	Do more of involving families in holistic care for quicker discharge							
Hospital	452	Improve hygiene							
Hospital	453	Promotion of specialist services e.g. stroke, may not be in Croydon							
Hospital	454	Better food, varied to respect cultural and other needs, fish is not vegetarian							
Hospital	455	Lower priority for cosmetic type treatments							
Hospital	456	Out of hours services							

			More	Less	Stop	Start	Escalate to STP	Statutory Duty	We Can
Hospital	457	Better working with housing (RSL's) and care providers on avoidable admissions and delayed discharges							
Hospital	458	Specialist care services should be used more and also be a support for GP's for appropriate referrals							
Hospital	459	Referrals for surgery and specialist services should be guided by national conventions not local restrictions							
Hospital	460	Maintain the wide range of hospitals and services available for patients to choose							
Hospital	461	Better quality hospital foods							
Hospital	462	More joint up services between hospital and community on discharge							
Hospital	463	Discharge from hospital planned not sudden							
Hospital	464	People should be completely well before they are discharged							
Hospital	465	Not acceptable to close hospital wards							
Hospital	466	Physio advice and practice in hospital is brilliant much better than waiting for weeks to start at outpatients							
Hospital	467	Reduce referral times							
Hospital	468	Yo yo referral sessions, mental health, 'Talk First' leads to isolation							
Hospital	469	Skype facilities for patient's families							
Hospital	470	Is that person well on discharge able to understand their condition, able to seek advice and help as needed							
Hospital	471	OT practitioners and Social Workers, connected working							
Hospital	472	Better avoidance of premature discharge							
Hospital	473	Ensure elderly should not be discharge in the middle of the night stop it							
Hospital	474	When transferring patients between St Georges and CUH often patients arrive without any notes!!! No next of kin nothing, lead to stress and confusion for elderly							
Hospital	475	Reduce use of aging staff							
Hospital	476	Thorough assessment upon discharge home/carer involvement to avoid readmission more communication between hospital and community services							
Hospital	477	Stop letters with differing information and appointment times etc.							
Hospital	478	Reduce paperwork efficient appointment process							
Hospital	479	Stop sending lots of reminders about an appointment one on two should be sufficient							
Hospital	480	Join the local 'Care Record'							
Hospital	481	Discharged from maternity services far too long							
Hospital	482	Send letters of appointments a lot go missing except by CEO							
Hospital	483	More information about choose and book							

			More	Less	Stop	Start	Escalate to STP	Statutory Duty	We Can
Hospital	484	Medicine usage on prescription							
Hospital	485	Hospital discharge out too quickly as well as bed blocking							
Hospital	486	NHS Nurses deserve more pay							
Hospital	487	Physical exercise							
Hospital	488	Improve PAS administration							
Hospital	489	Improve communication when patients are discharged e.g. GP							
Hospital	490	More access for food and durietics consumptions							
Hospital	491	Whole cooperative working Social Workers, PSW and Hospitals to provide family therapy							
Hospital	492	More visits from family and friends							
Hospital	493	How can you improve services for patients who have mental health issues?? More support services							
Hospital	494	Providing inpatients and carers with accurate information on continuing health care							
Hospital	495	More welcoming health professionals							
Hospital	496	Ensure patients are advised of follow up appointments on discharge, also contact details of whom to contact in an emergency							
Hospital	497	Link up with Social Workers to reduce bed blocking, Bethlem Discharge Teams							
Hospital	498	Pre emptive mind based therapy for staff to reduce post traumatic sick time off, especially in light of terrorism mass tragedies							
Hospital	499	Mindfulness group sessions as part of treatment as much illness stems from stress, cortisol stimulation							
Hospital	500	Bring in guidelines on treatment caused by lifestyle e.g. obesity and smoking issues, support people to change their lifestyles to help their recovery							
Hospital	501	Ensure hospitals discharge procedure is correctly followed							
Hospital	502	Use PPG's to promote services							
Hospital	503	Better relationships with hospital discharge staff and care							
Hospital	504	Do a list of voluntary organisation that could support plus provide access to their assets							
Hospital	505	Train more Nurses to reduce the use of agency and bank staff, can Croydon CCG work with local college to recruit staff							
Hospital	506	Night staff better training supervision more numbers							
Hospital	507	Detox Centre in Croydon, so that people can have rehab in Croydon so they are used to being dry in their own community							
Pharmacy	508	Blood tests in chemists							
Pharmacy	509	Inform patients how to look after themselves better by issuing regular small fliers which can be put in medicine bags							
Pharmacy	510	Larger use by dates							

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Pharmacy	511	Encourage patients to bring back unused medication to monitor the waste							
Pharmacy	512	GP's to use the internet connection with Pharmacies for recording blood tests, instead of expecting to see the yellow book							
Pharmacy	513	Injections with GP's v Pharmacies							
Pharmacy	514	Patients health and wellbeing more important than the money							
Pharmacy	515	Ask Pharmacists to attend Patient Group meetings							
Pharmacy	516	Opening times should include Saturdays to give working people the chance to collect prescriptions							
Pharmacy	517	For generic drugs uniform labelling to prevent confusion with vastly differing packaging tablet shape/colour							
Pharmacy	518	Health Education Programmes starting from schools to change perceptions of how to use the NHS							
Pharmacy	519	Pharmacies charges are high, there should be greater governance required to bring charges back into line							
Pharmacy	520	More publicity on what the Pharmacies can do without the need to visit the GP							
Pharmacy	521	Pharmacists should be given training to support people to manage their weight							
Pharmacy	522	Pharmacies need extended hours on rotation in each network							
Pharmacy	523	Instant access to patient records with permission through NHS network							
Pharmacy	524	Charging patients an expensive amount of money for prescriptions when they can advise them on cheaper options, this will allow the patients to feel their financial situation is also being taken into account							
Pharmacy	525	French system of medication							
Pharmacy	526	Electronic prescriptions improve the system as this seems to crash							
Pharmacy	527	Arrange hospital discharge on weekdays when others are fully operational							
Pharmacy	528	Ensure Pharmacies plan services to meet local (including emerging needs)							
Pharmacy	529	Ensure Pharmacies focus on patient care - not selling shampoos							
Pharmacy	530	All Pharmacies to have consultation rooms or better ones							
Pharmacy	531	Adverts on IT National advertising giving expectations of what to expect from GP							
Pharmacy	532	Pharmacies provide one chair usually, more are needed if there's a long queue, especially over 5 minutes							
Pharmacy	533	Even if you do see Pharmacists they can't prescribe and usually send you back to the GP							
Pharmacy	534	If you want patients to use Pharmacies needs to be more than on Pharmacist on duty so one can go to consultation room if patient does not want to talk in the middle of a shop							
Pharmacy	535	If only one Pharmacist on then speaking in middle of the shop causes queues and inconvenience for other patients/visitors							
Pharmacy	536	If prescriptions are limited in volume it will cost the NHS more for people over 60 years, how do you think medicines will save the NHS costs?							
Pharmacy	537	Open for longer periods of time like for example pharmacies open after 7pm							

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Pharmacy	538	Unused medication thrown away as Pharmacists won't take back and then it is said - thrown away, Why? If unopened or untampered with, expensive waste							
Pharmacy	539	Less quality control in order for unused pill packets to be passed on							
Pharmacy	540	Pharmacies should be able take back unused medicines and re issue if untouched							
Pharmacy	541	All pill packets should have each of their contents showing a date (Mon, Tues, Wed)							
Pharmacy	542	Larger font on label							
Pharmacy	543	Increase areas where Pharmacists can prescribe for minor ailments without referring to GP's							
Pharmacy	544	More time availability at Pharmacists, normally too busy to speak to patients							
Pharmacy	545	Better use of IT between GP's & Pharmacies, increase speed and ease of communication/service							
Pharmacy	546	Some patients might struggle to afford prescription costs, this will restrict them from getting the help they need and refuse care							
Pharmacy	547	Pharmacists, monitoring visits to care homes and housing schemes for older people							
Pharmacy	548	Injections from Pharmacists rather than GP's							
Pharmacy	549	Ensure that GP's only prescribe medication that patient's will take							
Pharmacy	550	GP's always prescribe drugs even if not required							
Pharmacy	551	Discharge patients at weekend without their specialist being present or written authority							
Pharmacy	552	More checking and advice on long term medication to prevent automatic reordering unnecessarily							
Pharmacy	553	Promote MMR in Community Pharmacies							
Pharmacy	554	Provide more health services delivered through Pharmacies							
Pharmacy	555	Encourage purchase of prepaid certificates saves allot of money							
Pharmacy	556	Best practice information leaflet to emphasise proper usage (dates) proper disposal, lethal combinations							
Pharmacy	557	Public Education							
Pharmacy	558	Pharmacists should be able to provide repeat prescription medication without the patient having to go to the GP (a repeat prescription every few weeks when their is a chronic condition)							
Pharmacy	559	Stop sending scripts by fax							
Pharmacy	560	Provide information on community support in the Pharmacies prominently							
Pharmacy	561	If drugs are not required recycle							
Pharmacy	562	More publicity to return unused medicines (possible re use)							
Pharmacy	563	Inform patients and carers what to do with excess unused medication - local promotion campaign							
Pharmacy	564	Alert GP's when prescriptions are not picked up							

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Pharmacy	565	Get Pharmacists and their assistants to remind local people continuously (no matter what they arrive for) the vital role they can play							
Pharmacy	566	Concentrate more on the health and wellbeing of the individuals and not on the profit they could make if a medication is prescribed							
Pharmacy	567	Advice on medication without the need for prescription to save money and wastage - build on relationships							
Pharmacy	568	Change how CP order medication on patients behalf - more coordinated approach							
Pharmacy	569	Give patient's more choice not to force prescriptions							
Pharmacy	570	Encourage GP's to do less prescribing and use lifestyle methods to keep healthy							
Pharmacy	571	Annual checks as to how to take prescribed drugs for people who use the same pharmacies							
Pharmacy	572	Review of patients medications							
Pharmacy	573	Meds RU by Pharmacist in surgery							
Pharmacy	574	& Meds use R/V							
Pharmacy	575	Monitor all patient's particularly the older group, ensuring that they are using/taking prescribed medication as needed							
Pharmacy	576	Greater use of dossett boxes - needs to be publicised							
Pharmacy	577	Encourage people to take more exercise							
Pharmacy	578	Pharmacists in GP practices treating and monitoring meds e.g. BP Cholesterol							
Pharmacy	579	Better synchronisation of medicines							
Pharmacy	580	Provide advice to the public about single ailments and make this service known							
Pharmacy	581	Educating public that they are cheaper generic alternatives- self care							
Pharmacy	582	Waste' - when someone goes into hospital all there meds build up at home (talking about people with long lasting illnesses.), must be careful of the build up at home							
Pharmacy	583	Waste mountains of medications at people's homes - patient's should tell Doc's when not taking medication or Doc's should ask patient's							
Pharmacy	584	Pharmacists have been extremely helpful and show great professionalism, it saves GP time if Pharmacist can advise which they do well							
Pharmacy	585	Regular medication reviews							
Pharmacy	586	Pharmacists sample survey of Docs more communication between Pharmacist and patient's medications							
Pharmacy	587	Other possibilities than taking medications - groups support, community centres, websites							
Pharmacy	588	Pharmacies/specialists know patient's detailed medication use and can easily offer advice on used medication that is not discussed with GP/Practice Nurse							
Pharmacy	589	Review of prescription per patient							
Pharmacy	590	Specified Pharmacy for patients on long term medication to monitor usage and need							

			More	Less	Stop	Start	Escalate to STP	Statutory Duty	We Can
Pharmacy	591	Prescribe cheaper alternatives							
Pharmacy	592	Support lifestyle changes							
Pharmacy	593	Increase medicines review at Pharmacy, no dosage forms correct							
Pharmacy	594	Pharmacists to review regular patients medication in GP surgeries - advise on new or different medications							
Pharmacy	595	Ask patient's whether they are taking their medication regularly							
Pharmacy	596	Unless there is an issue of finance, encourage patient's to get medication under the prescription charge, encourage people to buy own basic medicines							
Pharmacy	597	High street Pharmacists to challenge GP prescribing quality							
Pharmacy	598	Better communication between primary care and secondary care when a patient is admitted in hospital							
Pharmacy	599	Routine medicine use reviews for patient by Pharmacists in community settings							
Pharmacy	600	List of local voluntary services in every Pharmacy plus social isolation activities							
Pharmacy	601	Electronic doctors							
Pharmacy	602	Communication between doctor and client and pressure for 10 minute consultations							
Pharmacy	603	GP's to encourage patients to use online prescription services							
Pharmacy	604	Encourage people to make use of Pharmacies							
Pharmacy	605	Promote Minor Ailment service							
Pharmacy	606	GP's should not provide prescriptions or over the counter drugs and should have way of reimbursing patient's for costs where appropriate							
Pharmacy	607	Supply activities instead of tablets when appropriate							
Pharmacy	608	Tackle wastage of medication not used							
Pharmacy	609	Can be embarrassed discussing problems in an open shop, more phone Pharmacists							
Pharmacy	610	GP awareness that there is a consultation room							
Pharmacy	611	Actively monitoring and assessing homebound patient's (GP's, CP)							
Pharmacy	612	I would like qualified Pharmacists to be able to prescribe provided patients gives full ID and reason for need							
Pharmacy	613	Encourage prescribing Pharmacists to work in the community							
Anything Goes	614	Make Hospitals 24/7 – rotas for operations all through the night rather than wasting facilities at the weekend							
Anything Goes	615	Review criteria for some treatments							
Anything Goes	616	The new GP Commissioning of services may be more costly							
Anything Goes	617	More MMR - now it's 70% - Head teachers should ask parents at admission meetings to refer to GPs							

			More	Less	Stop	Start	Escalate to STP	Statutory Duty	We Can
Anything Goes	618	Having specialists working at weekends to spread the weekday load							
Anything Goes	619	Practices to have funding to run training for patients							
Anything Goes	620	Review and share national process for claiming back money for health care for foreign nationals							
Anything Goes	621	Vastly expand clinical training provision (not enough doctors and nurses)							
Anything Goes	622	Less Private Providers (Creates distrust)							
Anything Goes	623	Procurement contract should be renegotiated or changed							
Anything Goes	624	Look at other developed countries - at their models of Healthcare							
Anything Goes	625	Nurses / Doctors Fluency in English is a must - additional languages is of course a bonus							
Anything Goes	626	More checking on Social Workers							
Anything Goes	627	Develop short update current state of affairs of NHS and give to all patients / local residents							
Anything Goes	628	Give more funding to Doctors Practices							
Anything Goes	629	Bring back 'Out of Hours' by GPs							
Anything Goes	630	Ask local MPs to support call for increased local funding							
Anything Goes	631	Stop saying the NHS is free							
Anything Goes	632	Keep all services in house in NHS							
Anything Goes	633	Develop a safe system to ? Donations for local residents who want help							
Anything Goes	634	Start charging patients for wasting GPs waiting lists / appointments							
Anything Goes	635	Challenge the funding allocation for Croydon							
Anything Goes	636	Work with DWP Helping people into work - whether is 1 hour a week paid employment or full time							
Anything Goes	637	Change nursing to encourage nurses to return							
Anything Goes	638	Bring back Nurses Bursaries							
Anything Goes	639	Carer awareness training across all services							
Anything Goes	640	Work with local employers to employ people with disabilities							
Anything Goes	641	Call on stories of how local people are supporting others who are sick in this way you can draw up a list of assets							
Anything Goes	642	Mystery shoppers at Hospitals and GPs							
Anything Goes	643	Inform patients about alternative treatments (not necessarily available on the NHS)							
Anything Goes	644	Telephone Consultations							
Anything Goes	645	Language difficulties could be helped by good translation services							

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Anything Goes	646	With healthy eating / lifestyle messaging be conscious / aware of people eating disorders							
Anything Goes	647	Better Asthma Inhaler use training and awareness							
Anything Goes	648	Culturally based volunteer services: Diabetes awareness; domestic violence support; elderly befriending, cooking 'ethnic meals on wheels'							
Anything Goes	649	Make more use of social media esp. for younger demographic							
Anything Goes	650	Stop patients wasting GPs time who don't need to go to the doctors							
Anything Goes	651	Improve communication explore all media avenues							
Anything Goes	652	Wider communication on all media avenues i.e. Bus Poster Local Press							
Anything Goes	653	Refugees and asylum seekers could have their own dedicated pharmacy with bilingual staff							
Anything Goes	654	GPs work with JCP Disability Employment Advisors							
Anything Goes	655	Primary Care Mental Health Services							
Anything Goes	656	Use Public and Patient Groups (PPGs) to your advantage							
Anything Goes	657	Don't confine these CCG meeting to 2 hours only							
Anything Goes	658	Increase integration of social care with GPs							
Anything Goes	659	Having a graduate scheme that will allow young people to be employed at 19							
Anything Goes	660	Less lying in bed							
Anything Goes	661	Improve mental health support - the sooner the better - the waiting list is far too long							
Anything Goes	662	More support groups for specific things like MSK							
Anything Goes	663	Parity of esteem - Mental Health							
Anything Goes	664	Filter out non medical visits to GPs by patients							
Anything Goes	665	Less discrimination and stereotyping against young people that can help to shape care and support given that can be an advantage							
Anything Goes	666	GPs need huge encouragement to more out of their silos							
Anything Goes	667	Promote voluntary work from GP Practice etc.							
Anything Goes	668	How do directorate speak to each other i.e. elderly to old to live alone how could they be placed with a family or friend or receive care from organisations							
Anything Goes	669	Hospital should do improvements more re quality to save money in long run							
Anything Goes	670	Improve hospital admin improve Cancer							
Anything Goes	671	More community venues / more discrete mental health services! Les obvious = more people will access who feel stigma							
Anything Goes	672	LAS - unnecessary transfer to hospital							

			More	Less	Stop	Start	Escalate to STP	Statutory Duty	We Can
Anything Goes	673	More alcohol detox and rehab - then counselling etc. to prevent relapse							
Anything Goes	674	Outdoor walks							
Anything Goes	675	More social interaction							
Anything Goes	676	Home delivery medications for the disabled and elderly							
Anything Goes	677	Personal Health Service v Public Health Service							
Anything Goes	678	PPGs could help support new arrivals							
Anything Goes	679	Keep the bureaucracy but do it better							
Anything Goes	680	Less bureaucracy in the NHS							
Anything Goes	681	More listening to teenagers - they do have a lot to offer if allowed							
Anything Goes	682	Consultation with Children and young people who are patients							
Anything Goes	683	Need better negotiators for contracts. NHS / Paslee Series do not cross the T's nor dot the Is so that those contracted with come back and say not covered i.e. £100,000 more and more							
Anything Goes	684	Better coordination of Health and Social Care							
Anything Goes	685	Correspondence by letter							
Anything Goes	686	Better use of data and patient feedback to plan services							
Anything Goes	687	More transparency around how £ is used and outcomes delivered							
Anything Goes	688	What other clinical jobs can be done with training for lay people							
Anything Goes	689	More multi disciplinary team / working							
Anything Goes	690	Focus more on preventative health care - most problems are lifestyle related							
Anything Goes	691	Doctors should ensure that the public are made to be responsible for health and support them when they cannot do this							
Anything Goes	692	Make Croydon no smoking zone							
Anything Goes	693	Investment in new technology to assess, screen and monitor patient health							
Anything Goes	694	Admin in app process							
Anything Goes	695	Respect the elderly - ensure they have access to food and water both at home and especially in hospital							
Anything Goes	696	Fundamental review of existing services - challenge why needed							
Anything Goes	697	Better focus on Public Health - Environmental Factors and Housing							
Anything Goes	698	Own the patient problem							
Anything Goes	699	In some areas feel the NHS is overstaffed. Need frontline staff rather than back who are paid more for less value							

			More	Less	Stop	Start	Escalate to STP	Statutory Duty	We Can
Anything Goes	700	We should make sure that we recoup the costs of treatments from overseas visitors and governments							
Anything Goes	701	More voice and autonomy for the patients in order to take more responsibility for their own health							
Anything Goes	702	Positively no smoking at entrance or dedicated spots inside -Socrates said 1 drop of poison spoils a whole pot of milk							
Anything Goes	703	Funding for housebound patients to have more technical equipment so they can skype their GPs							
Anything Goes	704	More social events = gardening, cooking, etc.							
Anything Goes	705	CCG share more info. Re. Money trail > distribution services percentages							
Anything Goes	706	Hospital discharge							
Anything Goes	707	Support PPGs to contact and help fellow patients							
Anything Goes	708	Better communication between hospital and the community services to avoid re-admission to hospital							
Anything Goes	709	Want to make own appointments and not be sent an appointment to then change it							
Anything Goes	710	Less Locum GPs - more permanent GPs and Medical staff = build trusting patient / clinician relationships							
Anything Goes	711	Revive the Croydon Champions Programme. So many of us have been trained and now left with nothing to do. Get them to be active.							
Anything Goes	712	Visiting patients with the same medical condition							
Anything Goes	713	"In depth" Analysis of how to communicate with people in small groups to promote exercise, weight loss, healthy lifestyle, - * schools programmed * PTAS * USA etc.							
Anything Goes	714	CCG need to monitor services and providers closely							
Anything Goes	715	Education of people - healthy lifestyle							
Anything Goes	716	Public Health Education							
Anything Goes	717	PPG meetings must be mandatory not optional							
Anything Goes	718	Liaise with carers re. patients care and treatment							
Anything Goes	719	do more for mental health patients who are a lot of the time not listened to and suffer in silence							
Anything Goes	720	Offering more jobs to young people that will allow young patients to feel more comfortable being open about their circumstances because they have more understanding and life experiencing							
Anything Goes	721	Repeat prescriptions not needed - * transport * medicines * time							
Anything Goes	722	Ask people if they are lonely? Signpost effectively to groups that address social isolation - lonely people are ill people							
Anything Goes	723	Allow patient groups to run organised health information session and contact professionals themselves							
Anything Goes	724	Train patients in IT so they can organise their appointments and check their records							
Anything Goes	725	Think about disincentives for patients not attending their appts							
Anything Goes	726	Encourage more patients to get involved with the running of their GP surgeries							

			More	Less	Stop	Start	Escalate to STP	Statutory Duty	We Can
Anything Goes	727	Do less of unnecessary tests / x-rays / MRI / CtsCos							
Anything Goes	728	Avoid necessity to pay unacceptably large sum for drugs to Big Pharma - if pharmaceutical companies are charging too much, make the drugs in NHS labs							
Anything Goes	729	Discharging patients on later days and they have to return to hospital due to incorrect discharge to release beds							
			580	56	34	59	47	40	642
						729			729
			80%	8%	5%	8%	6%	5%	88%
						100%			100%