Adult Social Care & Hospital Discharge

A report by Age UK Redbridge, Barking & Havering

August 2026

Redbridge, Barking & Havering
age UK

“A lack of social worker support until very recently.

Support is now being given for my adult daughter who has epilepsy and lives at home. We are elderly parents and her only carers.”

Local Resident

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1. Introduction

Age UK Redbridge, Barking & Dagenham and Havering is a local charity, which has been working with older people for over 50 years. We have dedicated, trained staff who are making a positive difference to the lives of older people through a variety of services. This includes the Voices of Experience Project, giving older people in Redbridge the opportunity to give their feedback.

2. Background

As our population grows and people live longer, it's essential that local services evolve in ways that genuinely support people to stay healthy, independent and well.

We carried out this survey to better understand the experiences and needs of residents aged 50 and over, when it comes to adult social care services, leaving hospital, and managing health conditions.

The views collected will help us build a clearer picture of what is working, where people face challenges, and what support would make the biggest difference.

This report will be used to influence the local NHS and Redbridge Council - to improve how they plan services, strengthen support for residents, and ensure that care in Redbridge reflects the real needs and priorities of our community.

3. Methodology

Participants who could access the internet were emailed a link to an online survey. Additionally we sent paper copies in the post. Some participants even gave their feedback over the phone. We also visited supported living establishments and community groups to collect their feedback.

4. Strengths & Limitations

The flexibility of our approach in gathering feedback from people, and the variety of methods used are among the project’s strengths.

5. Executive Summary of Findings

During April – July 2026, 130 local people in Redbridge completed our survey on adult social care and hospital discharge.

This section summarises key findings – see section 6 for findings in full.

Survey Response – In Summary

Adult Social Care

- A quarter of respondents (25%) have used adult social care in the last two years.
- Services most-used include home equipment or adaptations (39%), home care (36%), occupational therapy (32%), day centres (26%) and social workers (also 26%).
- Two thirds of respondents (68%) were satisfied with the support received.
- Those aged 65 plus are most satisfied (70%), while younger respondents (aged 50 to 64) are less so (60%).
- While half of respondents (50%) feel it was 'easy' to access social care, a significant number (39%) have found it to be more difficult.
- Those aged 65 plus have found it noticeably easier to access social care than younger respondents, aged 50 to 64 (around 54% compared with 36%).

Hospital Discharge

- 41% of respondents have experienced hospital discharge in the last two years.
- Of these, half (52%) feel that the discharge was well-planned, while a significant 42% feel it was not.
- Those aged 75 plus are significantly more satisfied with discharge planning, than respondents aged 50 to 74 (around 65% compared with around 42%).
- When looking at households, it is interesting that respondents living alone are more satisfied than those living with others (54% comparing with 47%).
- A fifth of respondents (19%) say that the support needed was 'fully' provided and a third (32%) say this was 'partly' the case. For a sizeable 39%, the support was 'not at all' provided.
- Support lacking, or not received includes follow-up calls (52%), GP follow-up (50%), physiotherapy (41%), mental health support (33%), occupational therapy (27%), home care (25%), transport and equipment (both at 19%).
- Half of respondents (49%) feel that aftercare information was not clear.

Carers and Families

- Around a fifth of respondents (18%) care for someone with a long-term condition.
- Conditions most mentioned include arthritis, poor mobility, diabetes, heart issues and high blood pressure (hypertension).
- 48% feel supported, while a similar number (46%) do not.
- Services most relied upon include GPs (92%), pharmacists (62%) and hospital clinics (49%). To a lesser extent, adult social care (20%), voluntary groups (19%) and community nursing (7%) are also utilised.
- Barriers most encountered include GP delays (59%), waiting lists for hospital specialists (48%), poor communication (44%) and a lack of information (41%). Also reported is a lack of support (31%) and digital exclusion (28%).

6. Our Survey – Analysis of Feedback

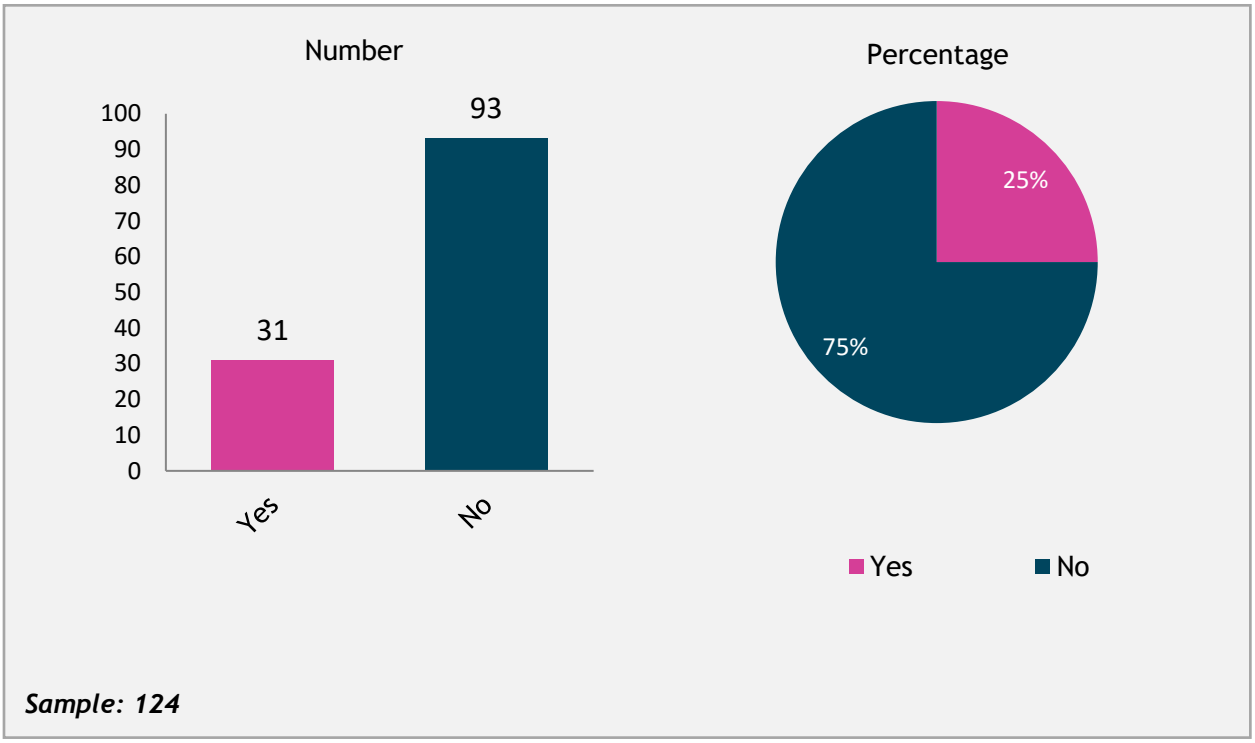
During April – July 2026, 130 local people in Redbridge completed our survey on adult social care and hospital discharge.

We asked questions about access to social care and the support received, the planning of hospital discharge, and follow-on information and support. The survey included a section for families and carers.

The majority of questions had a free-text option, enabling participants to fully detail their opinions and experiences.

Additionally, we sought suggestions and ideas for improvement, based on experiences.

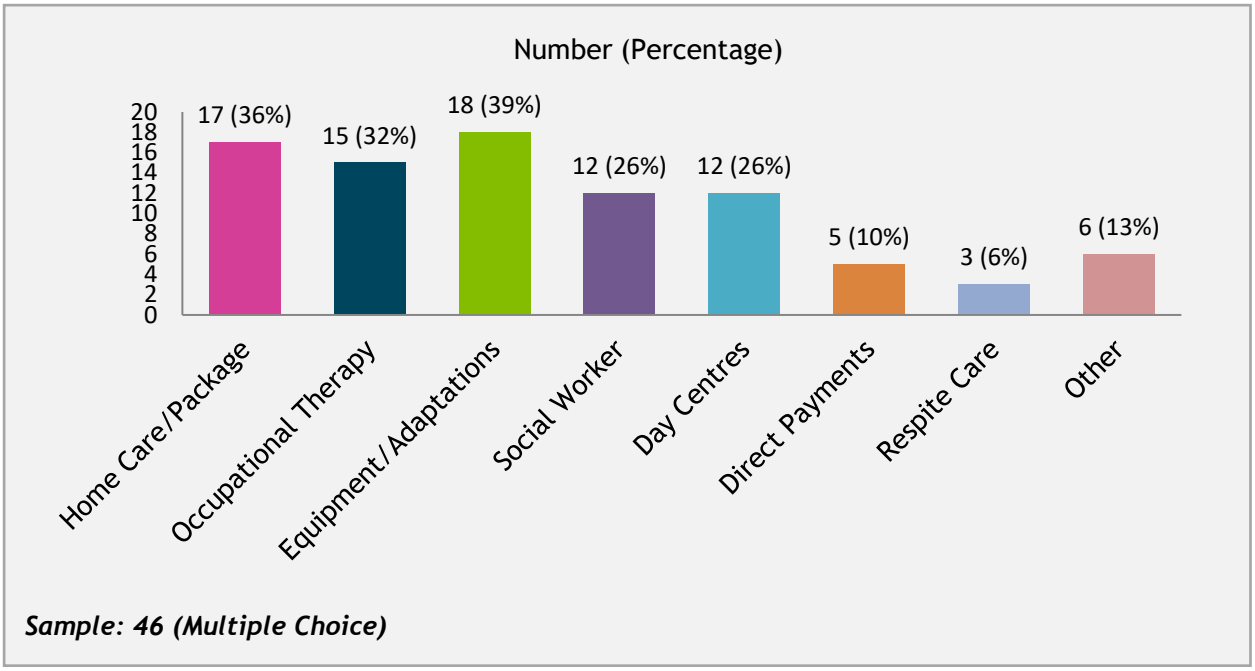
6.1 Have you used Adult Social Care in the last 2 years?



Sample: 124

A quarter of respondents (25%) have used adult social care in the last two years.

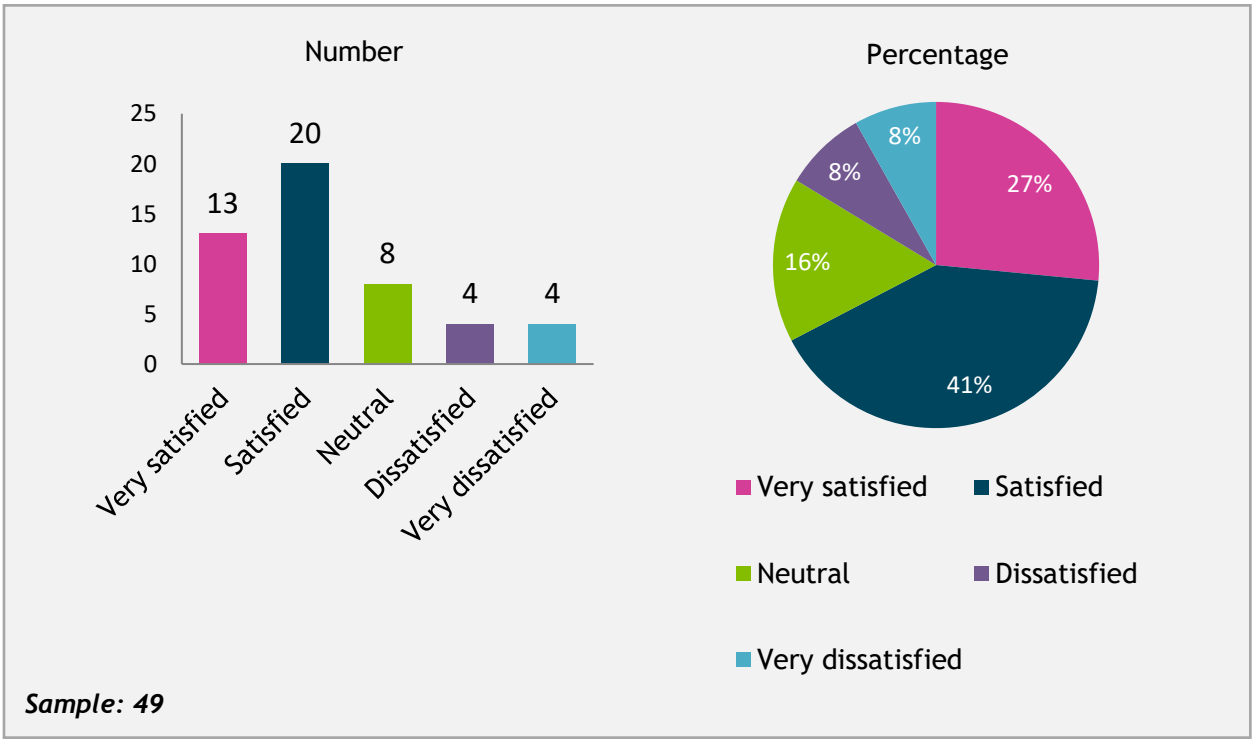
6.2 Which services have you used?



Sample: 46 (Multiple Choice)

Services most-used include home equipment or adaptations (39%), home care (36%), occupational therapy (32%), day centres (26%) and social workers (also 26%).

6.3 How satisfied were you with the support you received?



Sample: 49

Two thirds of respondents (68%) were satisfied with the support received.

6.3.1 Satisfied with the support received:

	% Yes
Aged 75 - 89	70%
Aged 65 - 74	70%
All Respondents (Baseline)	68%
Aged 50 - 64	60%

Those aged 65 plus are most satisfied with the support received (70%), while younger respondents (aged 50 to 64) are least satisfied (60%).

Comments on the whole reflect general satisfaction.

Selected Feedback

"The services provided have helped me immensely."

"The staff are very caring, friendly and supportive."

"Occupational therapy was very good."

However, social workers receive criticism - for being disengaged and disinterested. In cases, errors have resulted in delays and increased care costs.

Selected Feedback

"The carer is good, but I didn't meet a social worker. I don't know their name."

"The social worker was more interested in ticking boxes, than acting as my wife's advocate."

"The social work team only made half-hearted attempts to make contact and have not supported me through discharge."

"Neglect from the senior social worker - who failed to record the home visit (care assessment) resulting in lengthy delays for care."

"My social worker made a mistake regrading my care package and the care costs were tripled."

A lack of information, both in-person and more generally is cited.

Selected Feedback

"Telephone calls - the person answering did not give clear directions."

"I was unaware that support was available."

Delays are reported, including on occupational therapy and equipment.

Selected Feedback

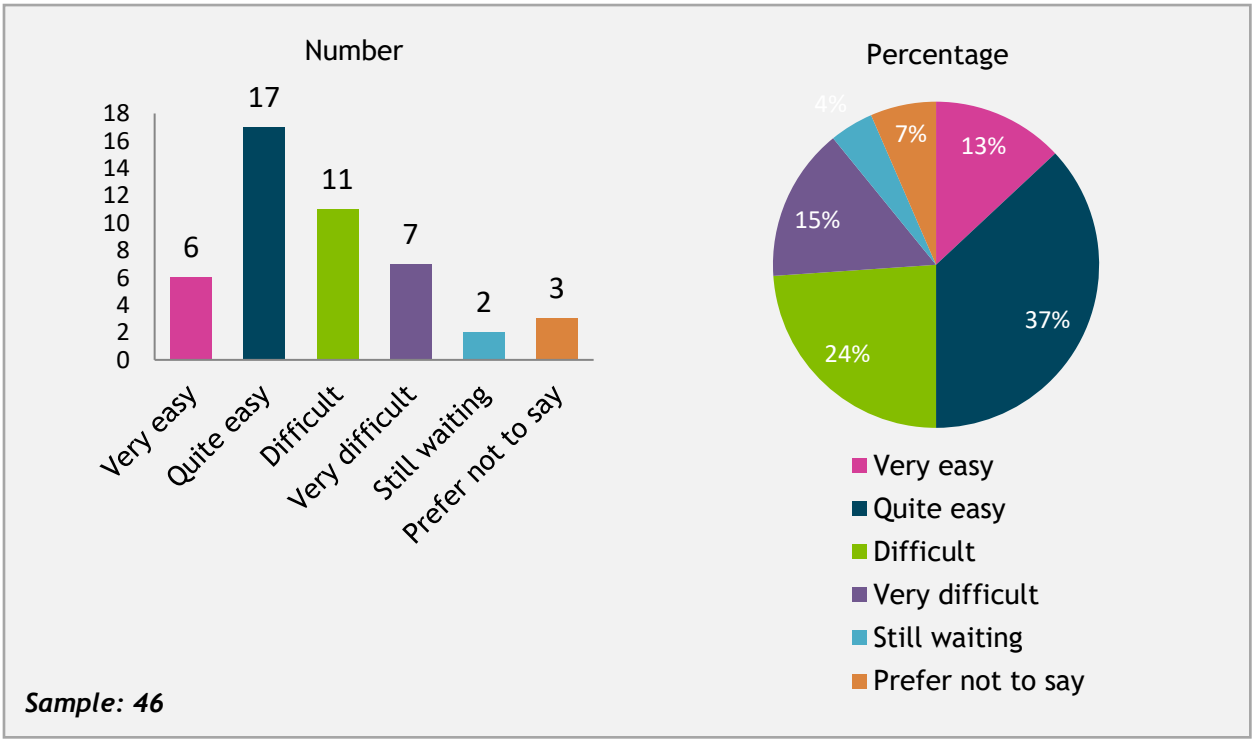
"The adaptations supplied were fitted on time and the work was done professionally."

"It took a long time to get an appointment."

"Delays with home adaptations and occupational therapy."

"My GP organised the contact, there was quite a delay. Once I was contacted by telephone the equipment arrived."

6.4 How easy was it to access adult social care?



Sample: 46

While half of respondents (50%) feel it was 'easy' to access social care, a significant number (39%) have found it to be more difficult.

6.4.1 Found it 'easy' to access social care:

	% Yes
Aged 65 - 74	56%
Aged 75 - 89	52%
All Respondents (Baseline)	50%
Aged 50 - 64	36%

Those aged 65 plus have found it noticeably easier to access social care than younger respondents, aged 50 to 64 (around 54% compared with 36%).

Services can be impersonal, feedback suggests. There is frustration at not having a 'single person of contact' and staff have not always introduced themselves – resulting in confusion.

Once a named contact is established, we hear that support is easier to access.

Selected Feedback

"No single person of contact. Emails ignored."

"I've received calls – but I don't know who was who."

"Once I had an identified person, it was easy to talk and seek help."

Telephone issues are reported.

Selected Feedback

"Very difficult to access by external phone line."

"Telephone calls often unanswered."

"I couldn't get through, so I used the hub on Ilford Lane to contact them."

"Automated calls are not preferred. I need to talk to real humans."

A lack of information is cited – including on how to make initial contact.

Selected Feedback
"Poor information on how to make contact."
"I don't know how to contact adult social care."
"Not sure what was available."

Feeback about waiting times varies, we hear about 'timely services' and also 'long delays'.

Selected Feedback
"Access was easy. The referral route to get the work done was timely."
"Rang up, explained my requirements. All installed quite quickly."
"Could not get a referral quickly."
"Four months to get a response from occupational therapy."
"The physiotherapy was good when it finally got to me, but I had to wait too long."
"Had to take actions before anyone took me seriously."

Referrals from hospital to social services have worked for some.

Selected Feedback
"Quite easy as it was arranged by the hospital."
"When I came out of hospital I was passed to social services."

In other feedback, we hear that securing a gardener can be difficult.

Selected Feedback
"I need a gardener to do our back garden, but no one would come even if I pay for it. I need to walk slowly in the garden, when the lawn is neatly mowed. Seeing the flowers and listening to the birds is therapeutic to me."

6.5 What improvements would make the biggest difference?

When asking what improvements would make the 'biggest difference', suggestions are given on social services, access and information, social workers and home adaptations.

Selected Feedback

Social Services

- More punctual and reliable homecare.
- Better quality follow-up, not just a 'quick discharge'.
- Administration - take more care with data entry.
- Home cleaners should have a list of things expected to clean, standards should be monitored.
- Not enough time to do anything useful.
- Communication with each other. Do not be judgemental of the person referred.
- Retain conscientious staff who actually care and are willing to provide the care and support needed. Reduce agency staff who have no interest other than their salary.
- Provide details of the complaints procedure.
- More occupational therapists – there's a local shortage.
- Employees better trained in customer service.

Access and Information

- Better communication.
- Clear telephone numbers for correct departments.
- Call backs after messages are left.
- To have had such support a lot earlier.
- Clear help with signposting.
- Real human interaction.
- Answer the phone and respond to messages.
- Contacting different departments at the council was difficult.

Social Workers

- Fewer changes in social workers.
- Direct lines for social workers.
- Provide contact details for social workers and their managers (when emails and telephone calls are ignored).
- Maybe more social workers.

Home Adaptations

- Lower steps into the property.
- A downstairs toilet.
- An extra rail going upstairs and a handle at the bottom of the stairs.

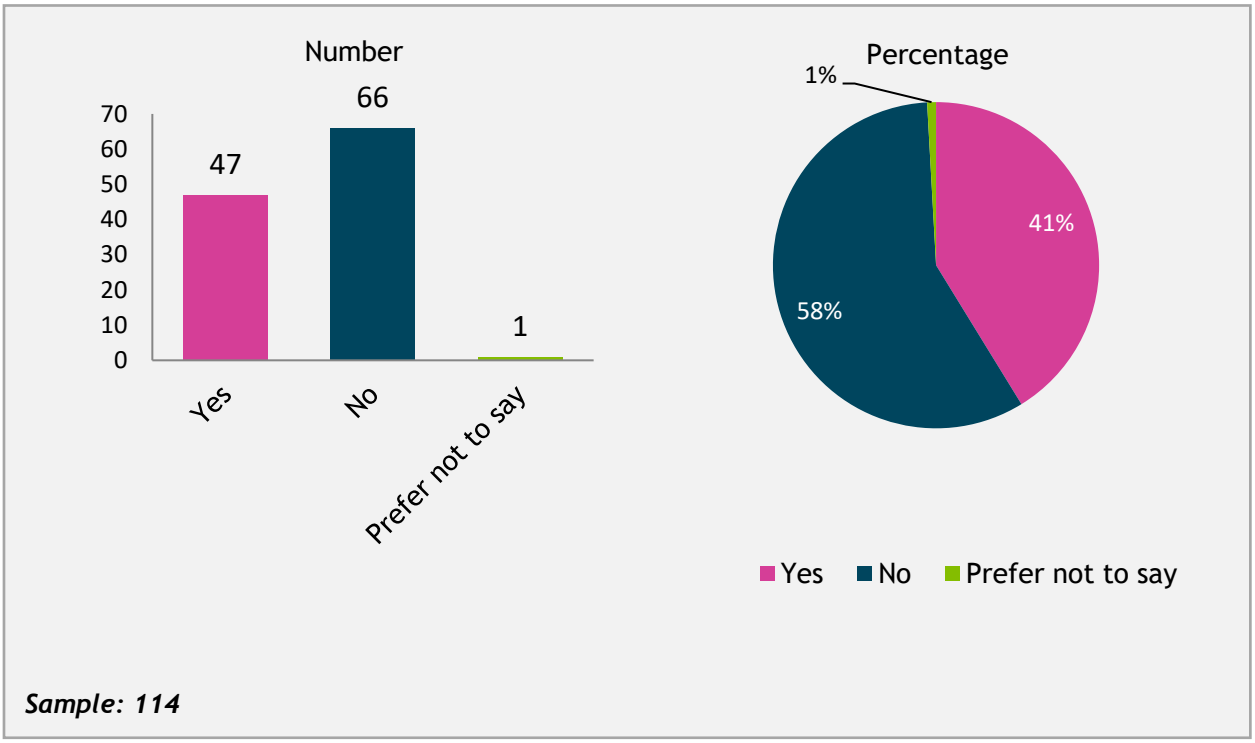
Wider Services

- More GPs and training to be aware of what is available and then offer to patients.

Carers

- A day centre for carers to leave vulnerable family members, so a carer can have a rest.

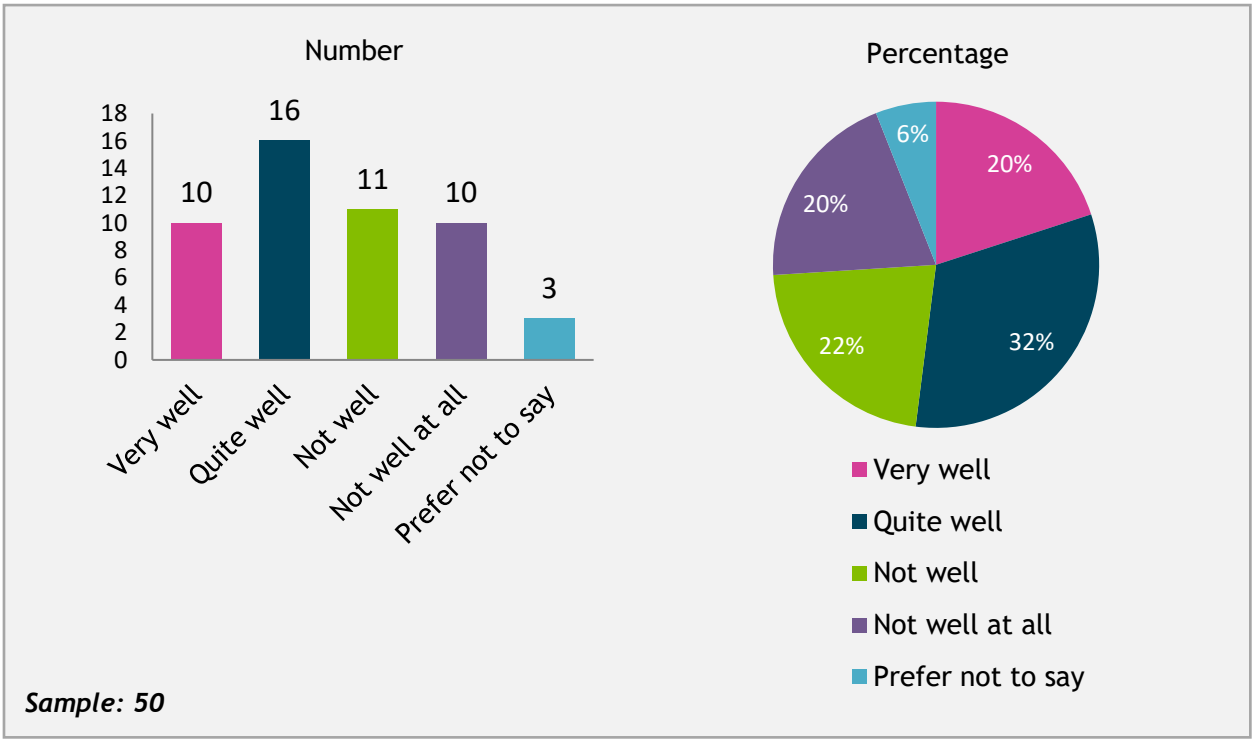
6.6 Have you or the person you care for been discharged from hospital in the last 2 years?



Sample: 114

41% of respondents have experienced hospital discharge in the last two years.

6.7 How well was the discharge planned?



Half of respondents (52%) feel that the discharge was well-planned, while a significant 42% feel it was not.

6.7.1 Discharge was well-planned:

	% Yes
Aged 90 or over	67%
Aged 75 - 89	60%
All Respondents (Baseline)	52%
Aged 50 - 64	47%
Aged 65 - 74	38%

Those aged 75 plus are significantly more satisfied with discharge planning, than respondents aged 50 to 74 (around 65% compared with around 42%).

Household - Just you	54%
All Respondents (Baseline)	52%
Household - Living with others	47%

When looking at households, it is interesting that respondents living alone are more satisfied than those living with others (54% comparing with 47%).

Family members complain of a lack of involvement, information, and options (such as in choice of care home).

Selected Feedback
"Good communication."
"Lack of consultation with the family."
"It was too quick, with insufficient involvement of the family. No choice of care home. Lack of timely information."
"The information was too little, too late. I wanted to be present, but this was not possible, I was told."

In several cases, basic information on 'next steps' was either not given, or unclear.

Other administrative issues are reported – it can be difficult to make contact, or obtain paperwork.

Selected Feedback
"It was unclear which department was dealing with my care."
"I had to follow-up myself. Difficulty in getting to the right department."
"I'm still waiting for a discharge letter (five weeks now)".

Medication or transport delays are commonplace, feedback suggests.

Selected Feedback
"It took ages to be discharged, spent hours waiting to go home."
"I had to wait 3 hours for the medication to be dispensed."
"Waited 3-4 hours in the hospital pharmacy. I got fed up so took the patient home and went back to collect medication later."
"Hospital transport can take hours."
"Transport and medication delays, it took several hours longer than expected."

One person was discharged late at night.

Selected Feedback
"I was discharged late at night."

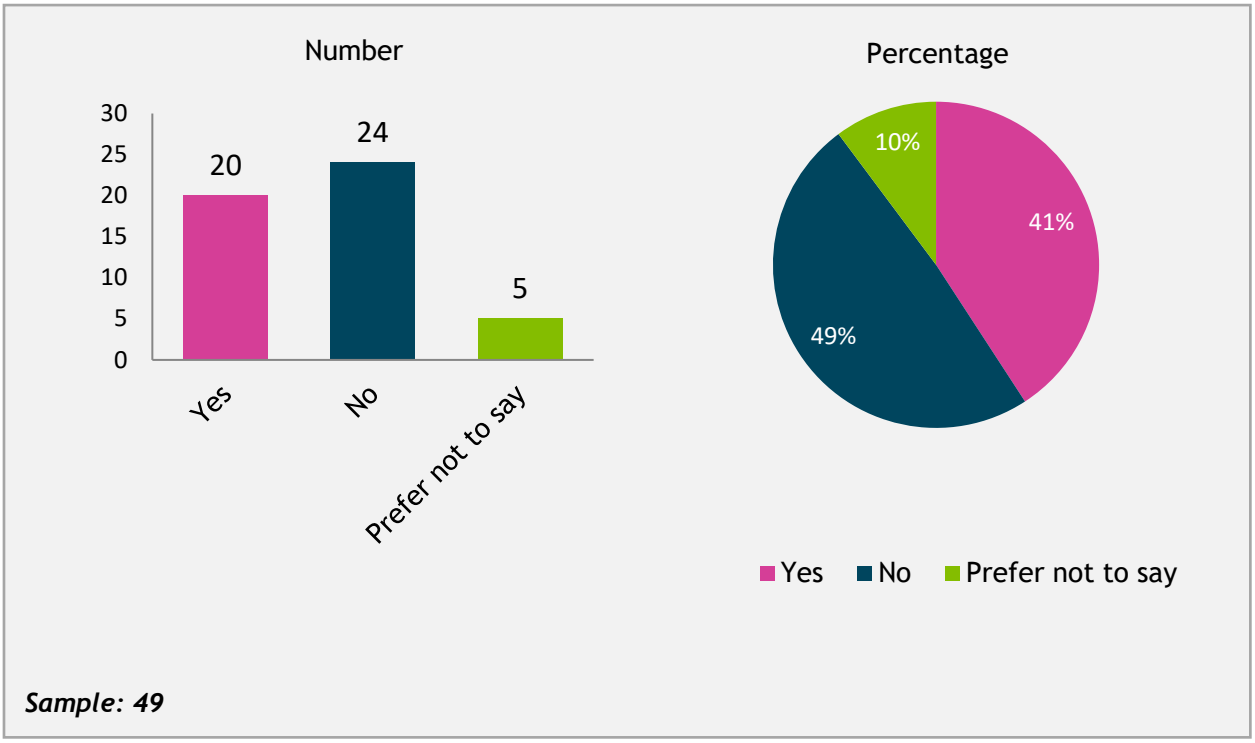
The offer of follow-up support has been inconsistent – with some patients asked about support needs, and others not.

Selected Feedback
"They planned for everything to be in place."
"I was asked if there was anyone else at home."
"They discharged me without any support and didn't ask if there was anyone at home to look after me."
"They did not offer any home assessment or help."
"There was no discussion with care staff for follow-up."
"A friend picked me up from hospital and dropped me off. I was at home alone. The friend got my shopping for a week and then I was left to get on with it. I can't see out of one eye at all and have problems with my other eye."

The support offered is not always holistic, or sufficient, we hear.

Selected Feedback
"I have a number of disabilities but only one was acknowledged and planned for."
"They gave me some phone support but I am on my own with my exercises. I have had to resort to private sessions."

6.8 Was clear information given about the aftercare?



Sample: 49

Half of respondents (49%) feel that aftercare information was not clear.

Feedback is varied - while some felt well-informed, others did not. As well as not receiving information, respondents say that instructions given can be unclear or confusing (including in letters to health professionals).

Errors in paperwork are also mentioned.

Selected Feedback

"They took time to explain and didn't rush me."

"I received clear medication instructions."

"The nurse explained about keeping the dressing dry, and when to take it off."

"Nobody spoke to me about anything. Sadly, I think this is the norm."

"I was given no information on who to contact, including for equipment."

"I did not understand some of the things."

"There was confusion about further appointments needed."

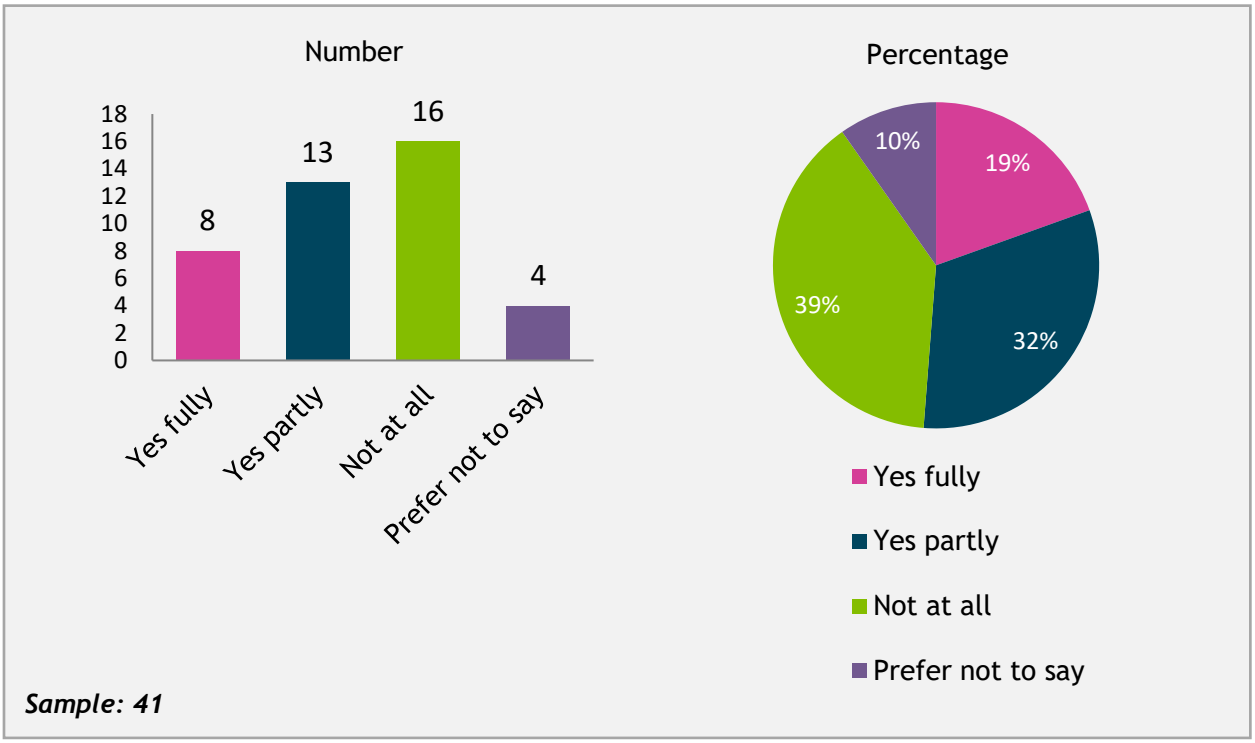
"In letters to GPs, some information needs to be 'in bold' so it doesn't get missed."

"The discharge summary was incorrect (I needed an advocate to challenge and amend for accuracy)."

Discharge felt rushed, according to one person.

Selected Feedback
"They want to discharge you quickly."

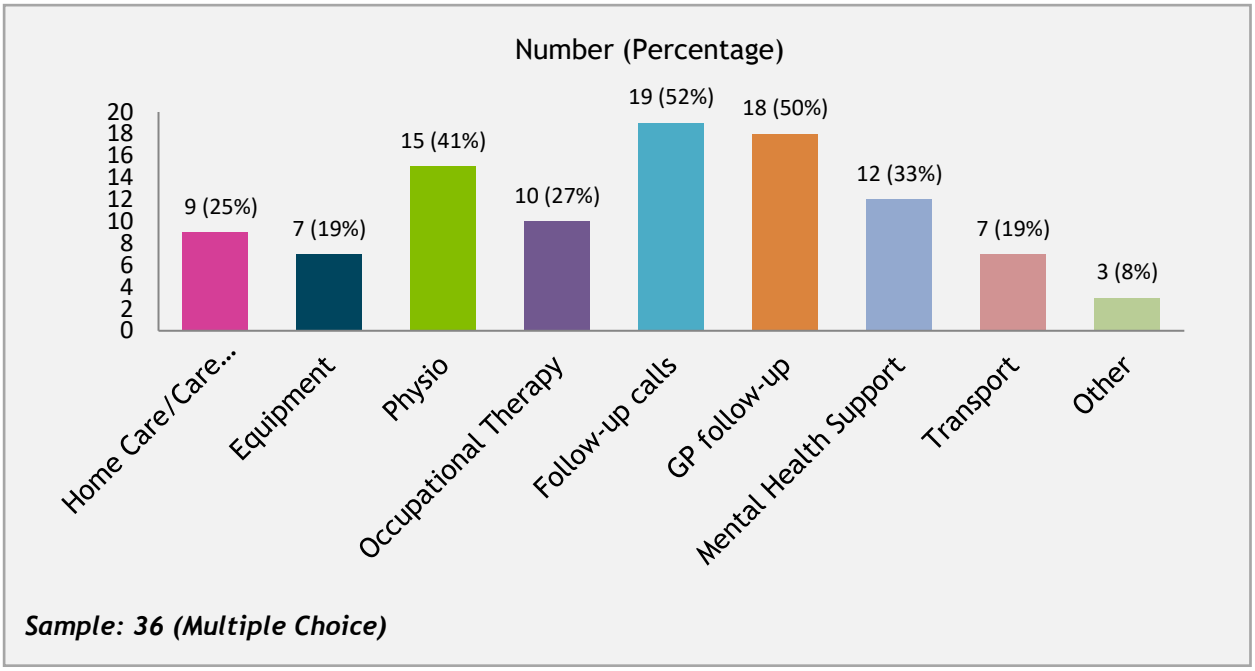
6.9 After leaving hospital, was the support needed actually provided?



Sample: 41

A fifth of respondents (19%) say that the support needed was 'fully' provided and a third (32%) say this was 'partly' the case. For a sizeable 39%, the support was 'not at all' provided.

6.10 If support was lacking, what was missing?



Sample: 36 (Multiple Choice)

Support lacking, or not received includes follow-up calls (52%), GP follow-up (50%), physiotherapy (41%), mental health support (33%), occupational therapy (27%), home care (25%), transport and equipment (both at 19%).

Follow-up support that was 'promised' or documented has not been received, we are told.

Selected Feedback
"I got a follow-up appointment quickly."
"I have not had promised physiotherapy or physical help."
"There was no follow-up appointment, even though this was stated as a requirement. I had no contact details - who do I chase?"

Cost issues are mentioned – with medication, homecare and physiotherapy.

Selected Feedback
"The doctor told me to buy the medication from a pharmacist. I was left dumbfounded as I have serious mobility problems and I live on my own."
"I needed a carer to visit, at £25 per hour."
"I had to use private physiotherapy, it's lucky I can afford it."

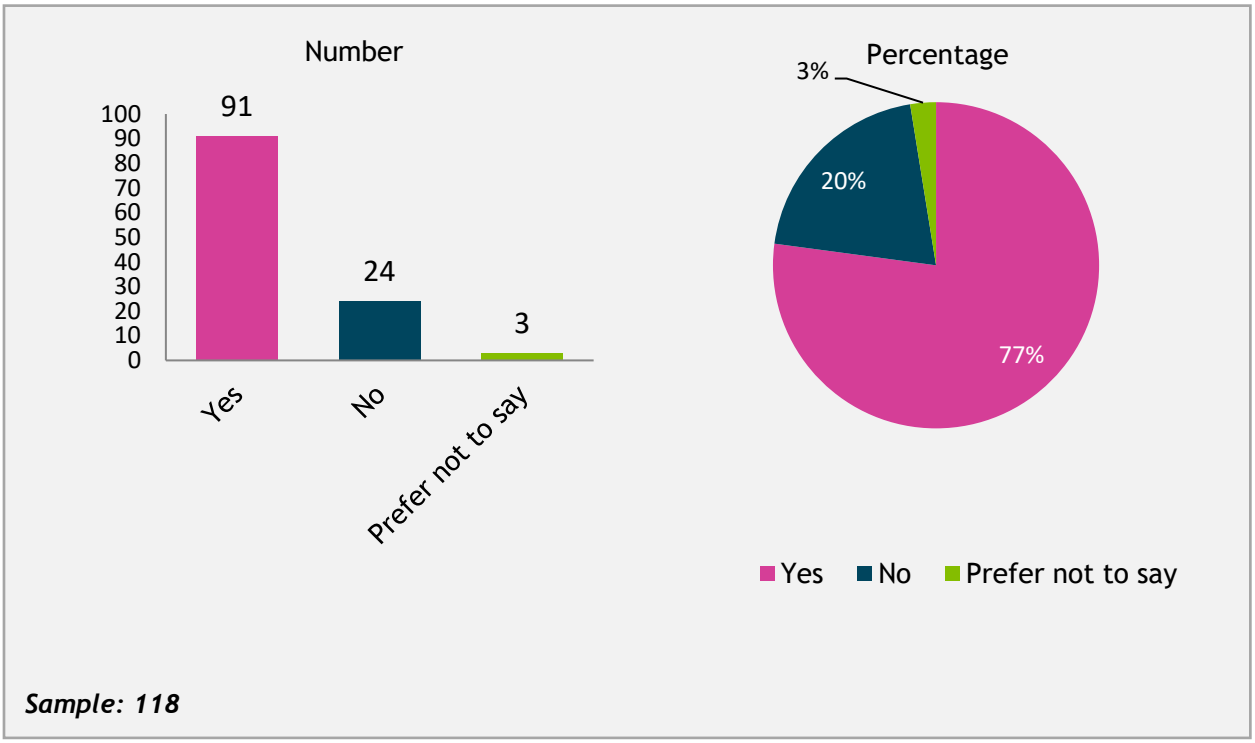
We hear that continuity can be lacking.

Selected Feedback
"There was no continuity, different medics came."

Administrative issues are cited – such as poor communication, or difficulties in returning equipment.

Selected Feedback
"Medical appointments were missed due to poor communication."
"They would not take the equipment back."

6.11 Do you have one or more long-term health condition?



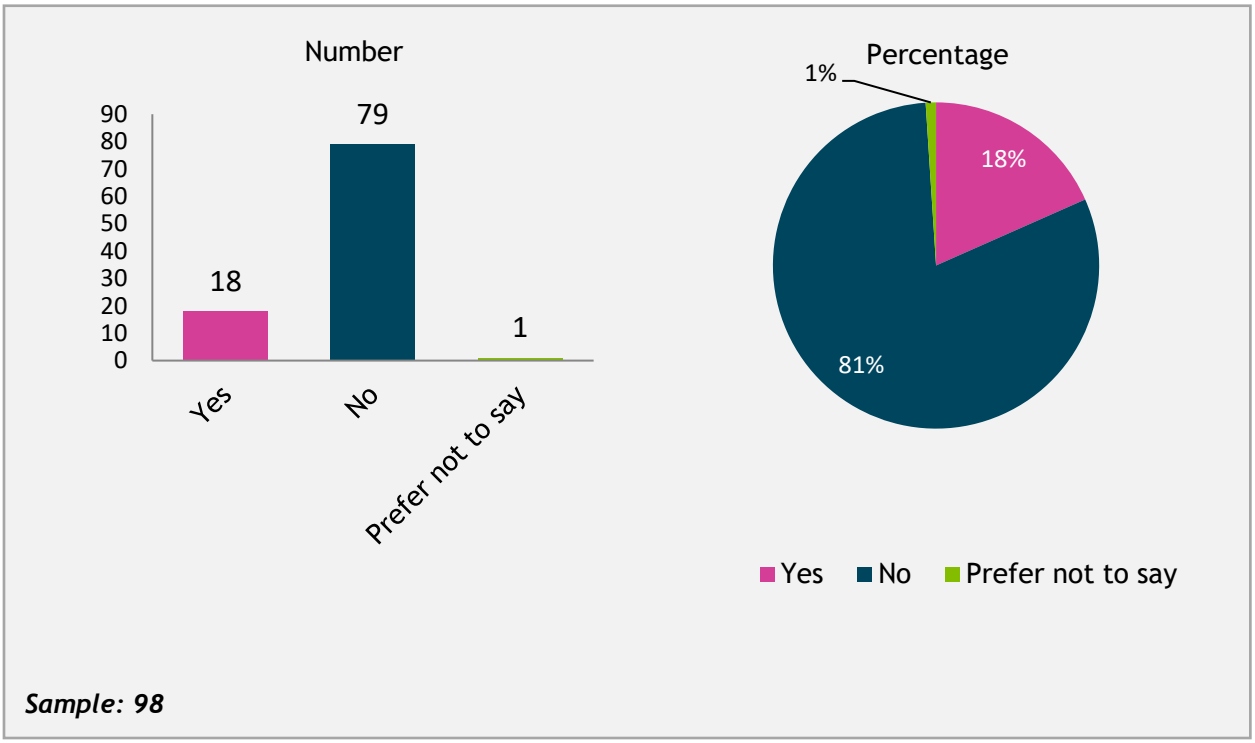
Sample: 118

Over three quarters of respondents (77%) have a long-term condition.

6.11.1 Stated long-term conditions

Conditions most mentioned include arthritis, poor mobility, diabetes, heart issues and high blood pressure (hypertension).

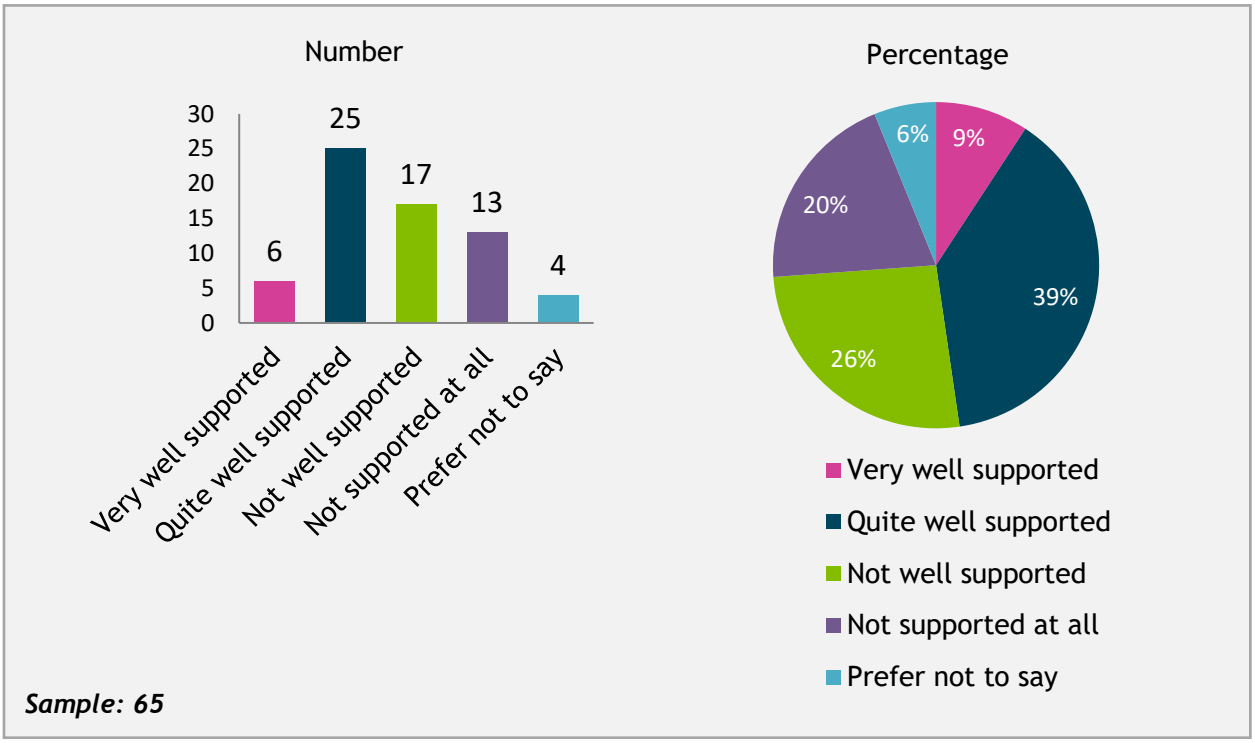
6.12 Do you care for someone with a long-term condition?



Sample: 98

Around a fifth of respondents (18%) care for someone with a long-term condition.

6.13 How well supported do you feel with your long-term condition, as a carer?



48% feel supported, while a similar number (46%) do not.

6.13.1 Have felt supported, as a carer:

	% Yes
Aged 65 - 74	55%
Aged 75 - 89	52%
All Respondents (Baseline)	48%
Aged 50 - 64	38%

Those aged 65 and over have felt more supported than younger respondents, aged 50 to 64 (around 54% compared with 38%).

Anxiety, loneliness and ‘exhaustion’ is expressed.

Selected Feedback
“I’m feeling alone and anxious.”
“I am exhausted.”

Some who require occupational or physiotherapy have been offered it - while others have not.

Selected Feedback
“Physiotherapy was offered.”
“No physio or occupational therapy, no mental health assessment.”
“I was not given any additional support when I was trying to recover. No options were provided.”

Long waiting lists are described, along with a lack of information.

Selected Feedback
“I’m still waiting for adult services.”
“A lack of social worker support until very recently. Support is now being given for my adult daughter who has epilepsy and lives at home. We are elderly parents and her only carers.”
“I’m unaware of what is available.”

Those with families are better able to support themselves.

Selected Feedback
“I support myself. Daughters are available if I need them.”

Feedback about GPs is largely critical. Getting access or information can be difficult and conditions have been downplayed, even dismissed as ‘old age’.

Booking systems (such as for blood tests) can be overly complicated, we hear.

Selected Feedback

"My GP supports me and sees me in an emergency."

"Contacting my GP surgery is difficult, also severe hearing loss comes into play."

"Limited advice given by my GP."

"My GP is dismissive and minimises the condition."

"GP's don't know enough about her condition. When she complained the pills didn't agree with her and make her tired - she was told that she is getting old and one doctor said "pull yourself together". She was not happy about this."

"I have to request blood test forms. They could be automatically sent to me every 3 months."

Various issues are reported with medication and repeat prescriptions.

Selected Feedback

"Sometimes my prescription requests are rejected for no reason or one item is missed off and I have to repeat the request."

"Sometimes I run out of medication patches, I don't get any other support."

"I've been suffering with very painful arthritis for many years. All the medical professionals prescribe is continuous pills. I am in constant pain, which has affected my ability to continue living a normal life."

We receive mixed feedback about hospital services, and aftercare.

Selected Feedback

"The rheumatology department at Whipps Cross (hospital) is excellent."

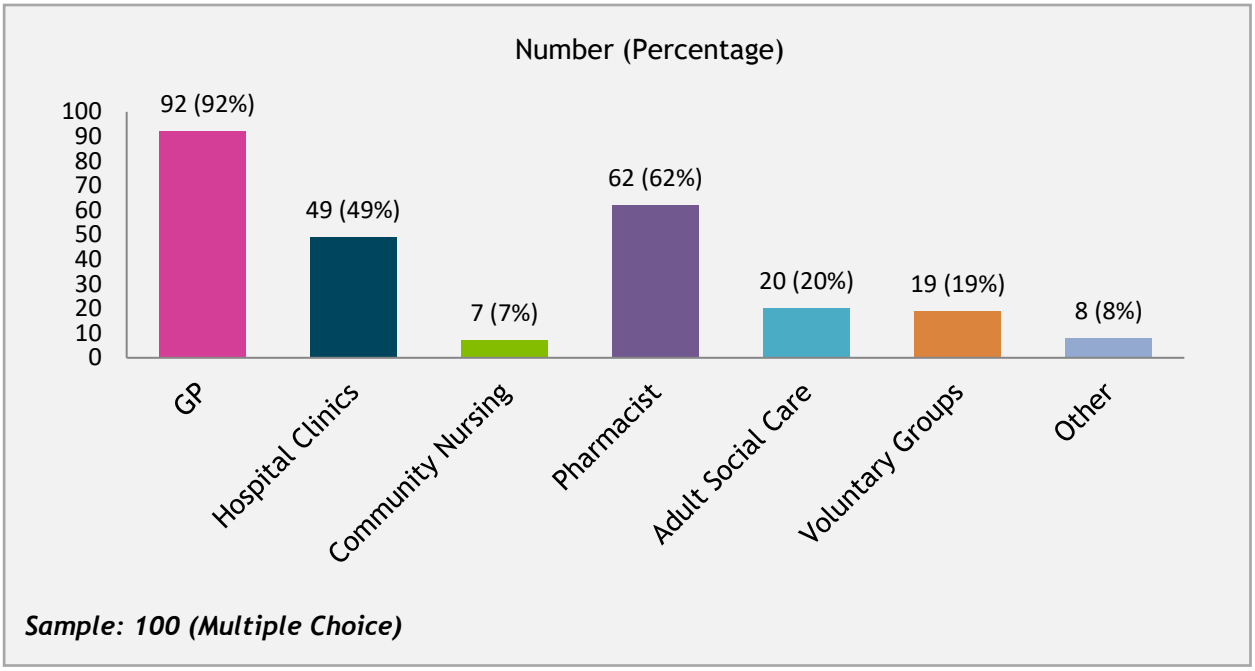
"Moorfields are good. I had to ring NHS 111 to get to hospital in the first place. I was discharged and sent home on the bus. I then went to another hospital about something else. The consultant took one look at me and got me readmitted back to hospital about my eye."

"NHS staff either don't know the answers or don't want to go beyond their role in delivering the basic aftercare."

"Improved follow-up contact should be the primary concern of the healthcare professionals."

"My past experiences in care and support are helping me to move on but slowly and there are many changes in care sector today."

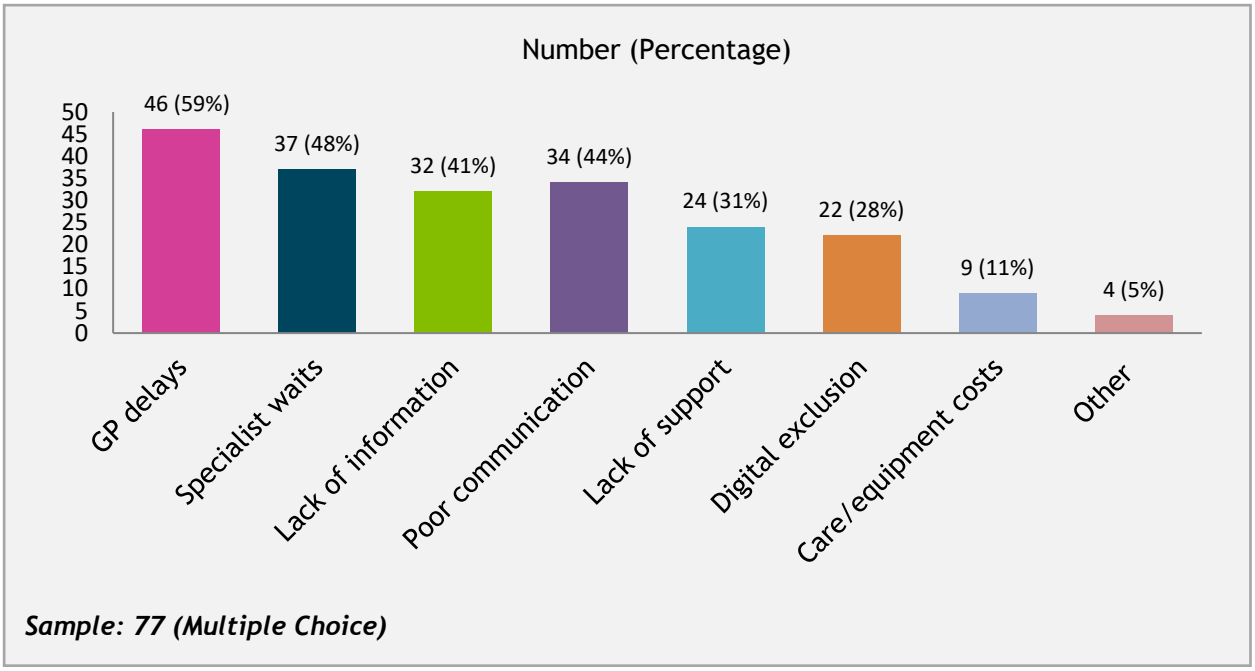
6.14 Which services do you rely on?



Sample: 100 (Multiple Choice)

Services most relied upon include GPs (92%), pharmacists (62%) and hospital clinics (49%). To a lesser extent, adult social care (20%), voluntary groups (19%) and community nursing (7%) are also utilised.

6.15 Have you experienced any barriers? If so, which?



Sample: 77 (Multiple Choice)

Barriers most encountered include GP delays (59%), waiting lists for hospital specialists (48%), poor communication (44%) and a lack of information (41%). Also reported is a lack of support (31%) and digital exclusion (28%).

A tenth of respondents (11%) cite cost issues.

6.16 What would help you, in managing your condition, or carrying out your role as a carer?

On suggestions for support, respondents make recommendations for specific services, and also for the wider health and care system.

Selected Feedback

Social Care

- Offer respite care.
- I would like a day centre for my dad, so that I can get some rest.
- Much better advice and support from social care. Only very recently have we been assigned a lovely and efficient social worker. One was sent last year but the outcome was very poor. No report. No follow-up.
- I look after my husband, who has dementia. I only want him to have daycare for at least once a week. I phoned different organisations but it costs money. I can't afford it.
- A social care system and employees who actually care.

GPs

- Being listened to, receptionists not being doctors.

- I would like information on my condition and better follow-ups from my GP on how to manage the condition and access support.
- It's hard to get a GP appointment. Or, the GP will give a phone appointment (instead of face to face).
- GPs could be more understanding.
- Being able to speak to a GP about more than one health related issue during a face to face appointment.
- Less waiting for GP appointments.
- Automatic monitoring of when blood tests are due.
- Easy access to doctors and nurses.

Hospitals

- A better response from hospitals.
- Better availability of appointments (hospitals cancelling and rescheduling - for months later).
- A yearly echocardiogram after 70 years of age.

Wider Support (Follow-Up)

- Better communication between health professionals.
- Getting post-op physiotherapy to get me walking again.
- Communication between all bodies concerned with caring duties. It seems departments do not share information at all.
- Education on how to manage pain, prevent deterioration and structured programmes to follow (exercise, diet, supplements).
- Regular check-ups.
- Meeting people with a similar condition to see how they manage it.
- There's a lack of understanding. Not everyone is the same so text-book answers do not fit.
- Explain every little thing wrong with me on the report.
- Chair-based exercises and balance sessions.
- Free exercise classes.
- More tailored support around managing my condition - beyond the information leaflets and videos as these are generic.
- To be able to get out of the house.

Wider Access and Communication

- Don't send us from pillar to post.
- The best I think is to have appointments with specialists on time because it's about health, about life.
- Speaking to a person face to face. Less digital.
- Better communication.
- Easier access.
- Stop referring online.
- People speaking in other languages (Gujarati).
- Online systems exclude people.
- More information as to what is available.
- Better communication with the patient.
- More information.
- Text messages are often confusing, with insufficient detail.

- If I was taken seriously the first time.
- User-friendly systems.

6.17 What changes would you like to see in health and social care in Redbridge?

When asking about general improvements, respondents again make recommendations for specific services, and for the wider health and care system.

Selected Feedback

Social Care

- More holistic advice and support from social services.
- More qualified social workers.
- It would be helpful if when travelling on the bus a carer could travel for free with me.
- Not getting bills for a person with the same name.
- Much greater contact and reliable supervision by social services for everyone who needs care support.
- A booklet with a list of carers.
- Easier Blue Badge applications.
- Retention of staff who care and have a conscience, rather than agency staff and those who consistently fail in their duty of care.
- When it comes to carers we have to pay more than £20 per hour.
- More social care support, to avoid waiting in hospital corridors.

GPs

- More GPs who know what they are doing.
- Better healthcare and support from GPs, information on group support.
- To see a GP quicker. Sometimes the receptionists aren't very experienced in medical matters.
- I have to call up to ask for a regular blood test.
- Easier access to GP appointments.
- A better understanding of severe hearing loss and tinnitus When a patient is in their 80s plus, health issues are more complex.
- Frequent contact with patients.
- Better access to specialists and GPs. Appointment delays seem to be the norm.
- Easier access to GPs and an improvement in the quality of medical advice and care.
- GPs to work all days and appointments to be available.
- GPs often don't read the whole discharge letter.
- Less phone contact (with a GP who I have never met). 'Phone contact' is problematic for those with hearing loss or hearing aids.
- Receptionists who are able to answer the phone and be more sympathetic to a patient's individual needs. In many cases, the receptionists are responsible for the barriers to getting health care from the GP,
- Test results should be prompt, and correct.
- Easier telephone access. It's always difficult to get answers.
- Easy access to GPs. Almost non-existent!
- Face to face appointments are very important to me.

Wider Support (Follow-Up)

- More please - especially for over the 65s. Day centres, activities, dementia care, dementia workshops and education for carers.
- Better communication between primary and secondary care, and charities.
- Have more community based centres for all.
- Better organised services. No gaps that people can fall through and be left without a service at all.
- Fewer visits to A&E.
- More care for older people with a disability – follow-ups and checking in on people.
- Tackle loneliness.
- After interviews in general, clients kept informed of progress - or lack of it - in ways suitable to them (quick visits, phone calls or emails). Hopefully weekly, even if only to be told that no progress has been made - it is important.
- Smooth links between organisations.
- More support for older disabled people.
- Better coordination.
- Exercise classes for mature adults.
- It's good to have 'NHS Hubs' in the shopping centre.
- We need more preventative care.

Wider Access and Communication

- Being listened to.
- Not to talk to 'Emma'. Face to face appointments.
- More help, quicker.
- Better communication.
- More staff.
- Less use of digital appointments.
- Staff who understand, and do not judge.
- Better communication of what services are available.
- I'd like to know who to contact for different things (not just an automated service). Talk to real people.
- Time taken to fully explain conditions, and someone you can contact to ask any relevant questions that you think of afterwards.
- Referral waiting times are too long.
- Discission forums to see how services can be improved.
- Someone assisting with reading instructions or post.
- Easier access for people requiring support. There are long delays and waiting lists.
- It's expensive to travel to designated centres.
- Elderly people should be treated with more respect.

6.18 Any other comments?

Finally, we asked for any other comments.

Selected Feedback

Comments received:

- It's difficult to take on more responsibility.
- Age UK are very helpful - in signposting to the right resources.
- Speakers should listen not lecture.
- It seems to be about emptying hospital beds - rather than meeting the needs of vulnerable patients.
- Thank you for having activities which are free or low cost. I was able to get out of my house and join them which brightens up my day during the recovery period. I am very grateful that they are there.
- Better community networks and groups for Punjabi speaking people.
- We need more GP surgeries - they have too many patients. They rush you when you do get an appointment.
- As an older person I would like my GP to understand my conditions and give explanations and suggestions, on how I can help myself.
- Delivery of adult social care has been very poor in the past, hopefully this new management will help it improve. There should always be a telephone number to contact any department, or one main number. We don't all do online!
- Thank you for posting the Spring Newsletter, Cost of Living report and this survey.
- It's not difficult to raise standards. There are a lot of good, caring professionals with a passion for care. I think management is the main issue in social care and hospitals. No accountability, just sat waiting for their pension.
- I really appreciate the NHS and realise that some of my criticisms are due to their financial problems, but I find the lack of British doctors and nurses and other staff, very trying sometimes. I think this is a problem for the elderly. Even with hearing aids, I have great difficulty understanding often.
- Age UK has offered me some events (Digital Champions, Chair Yoga, Phone befriending) which has really benefitted me. Meeting new people & having contact with people outside my home.
- Funding for any/all services related to Alzheimer's and Dementia - needs to be at least maintained but preferably increased.

7. Glossary of Terms

There are no acronyms in this report.

8. Distribution and Comment

This report is available to the general public, and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

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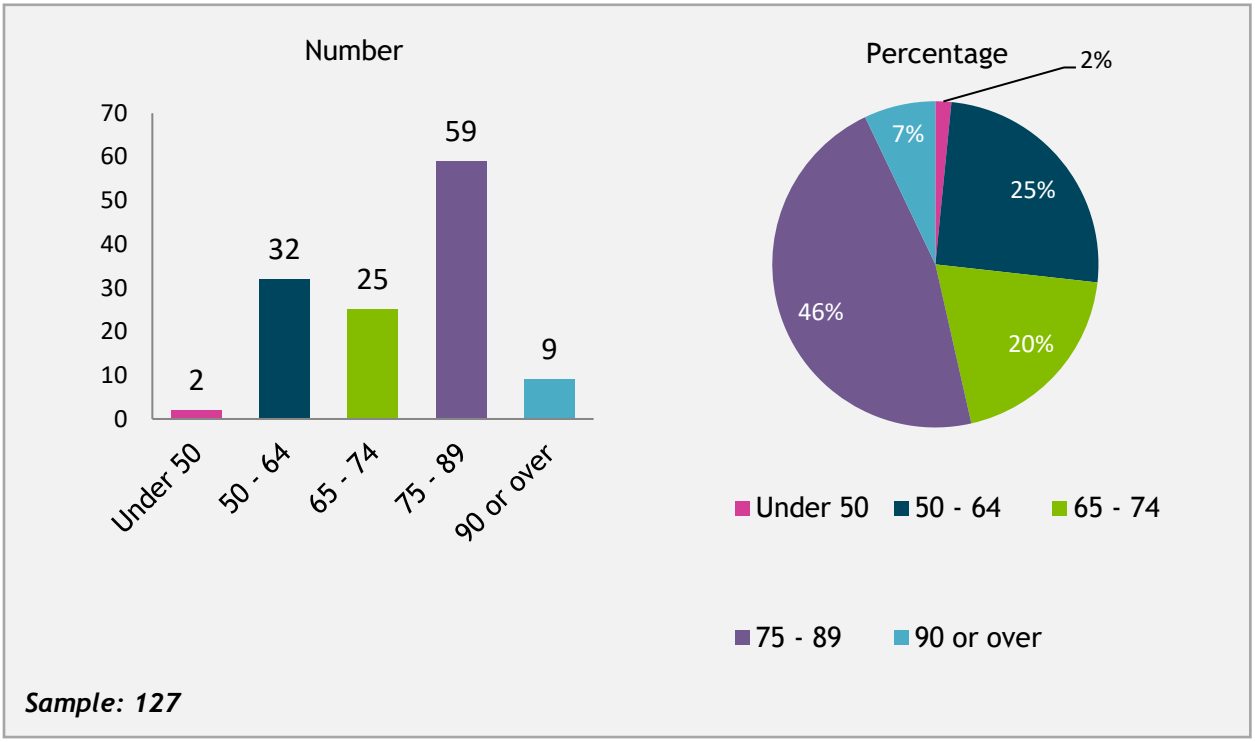
Registered Charity Number: 1088435

Appendix - Demographics

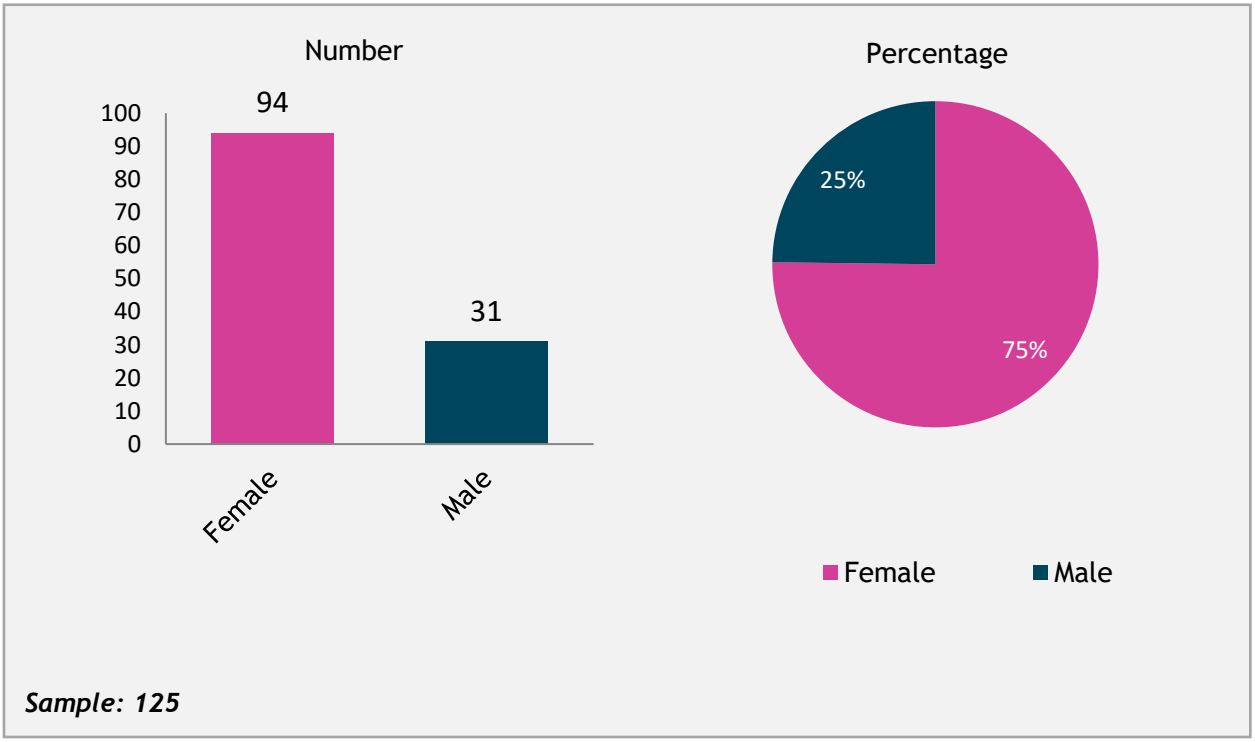
The demographics of participants are stated as follows:

Age



Sample: 127

Gender



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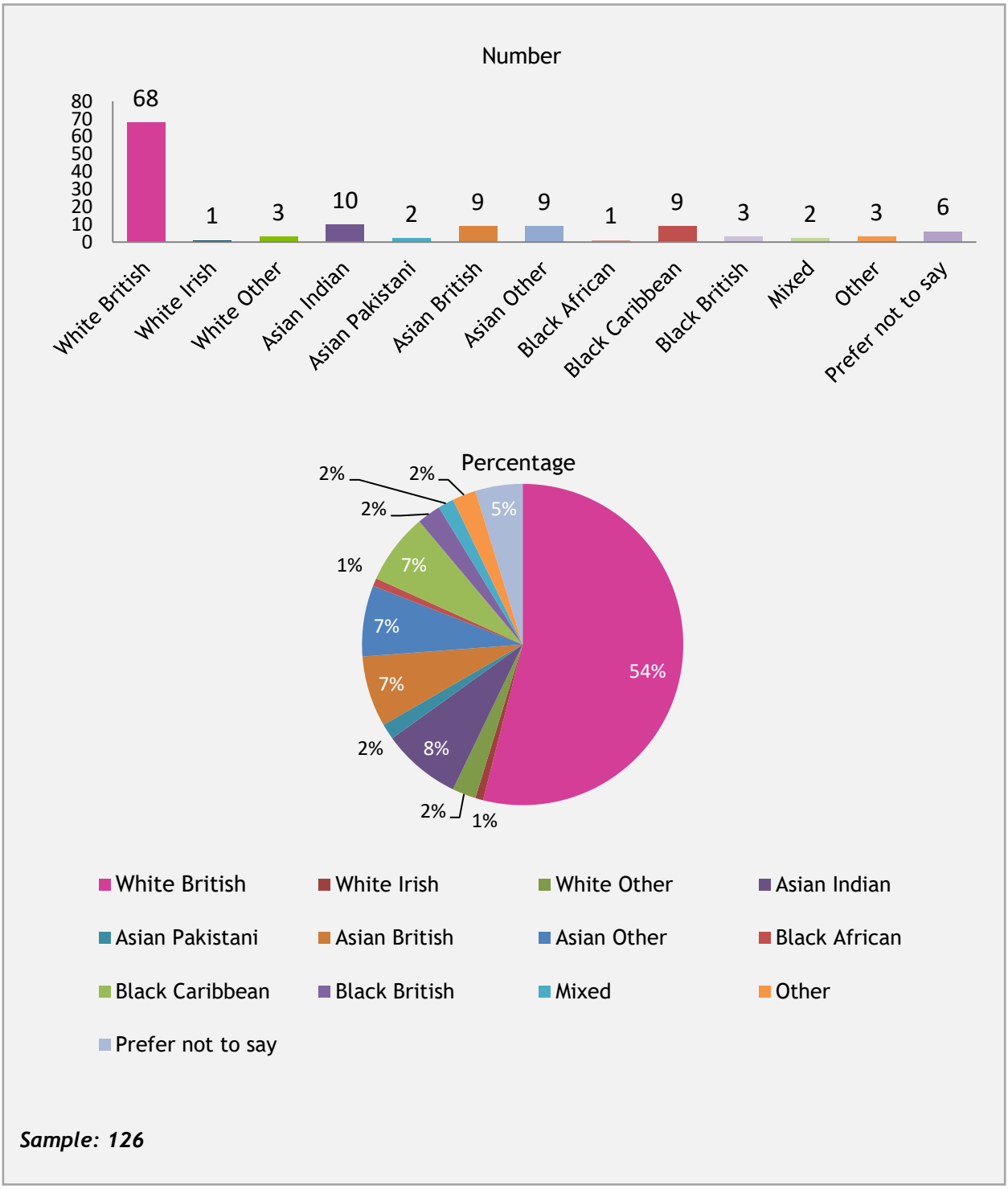
Ethnicity



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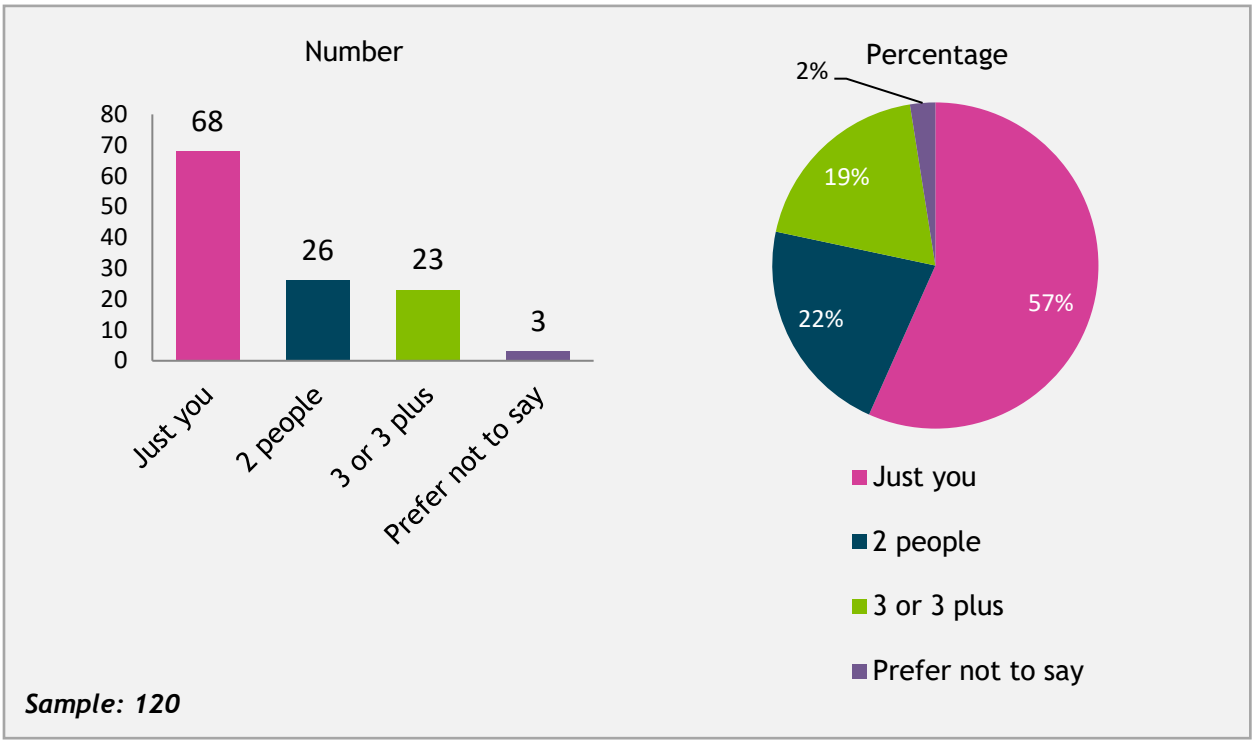
Household



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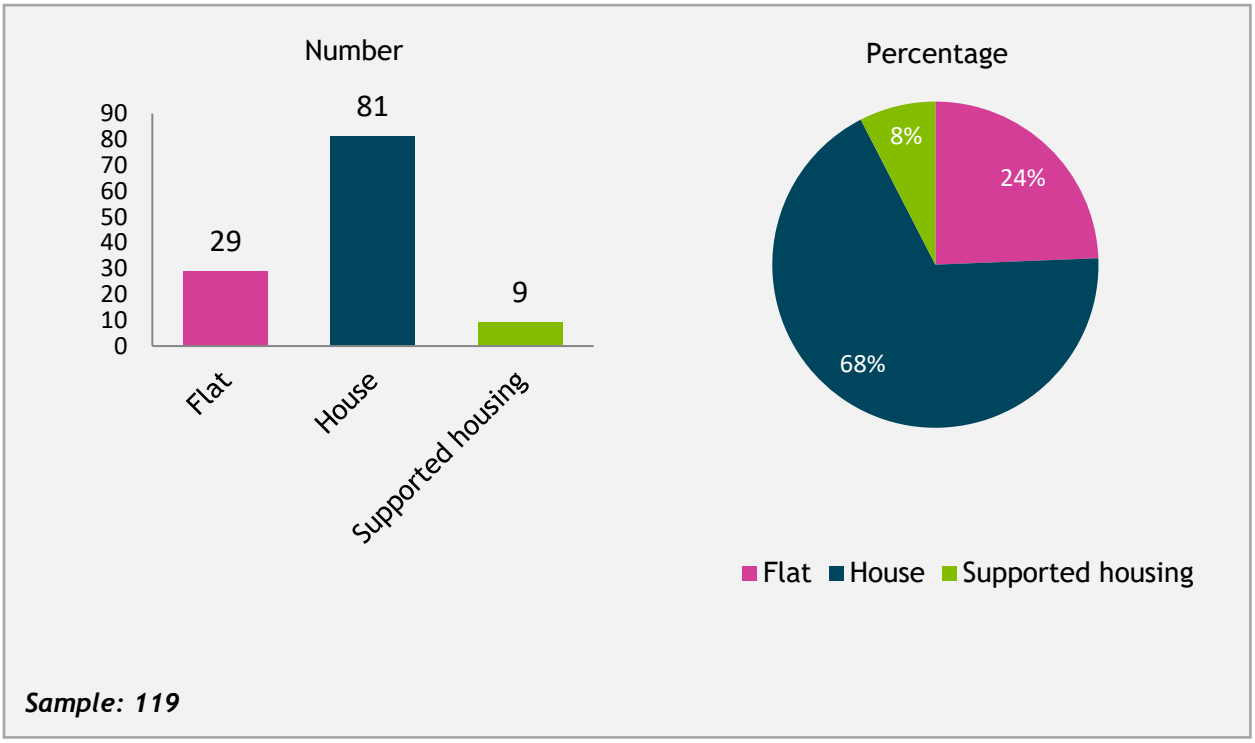
Accommodation



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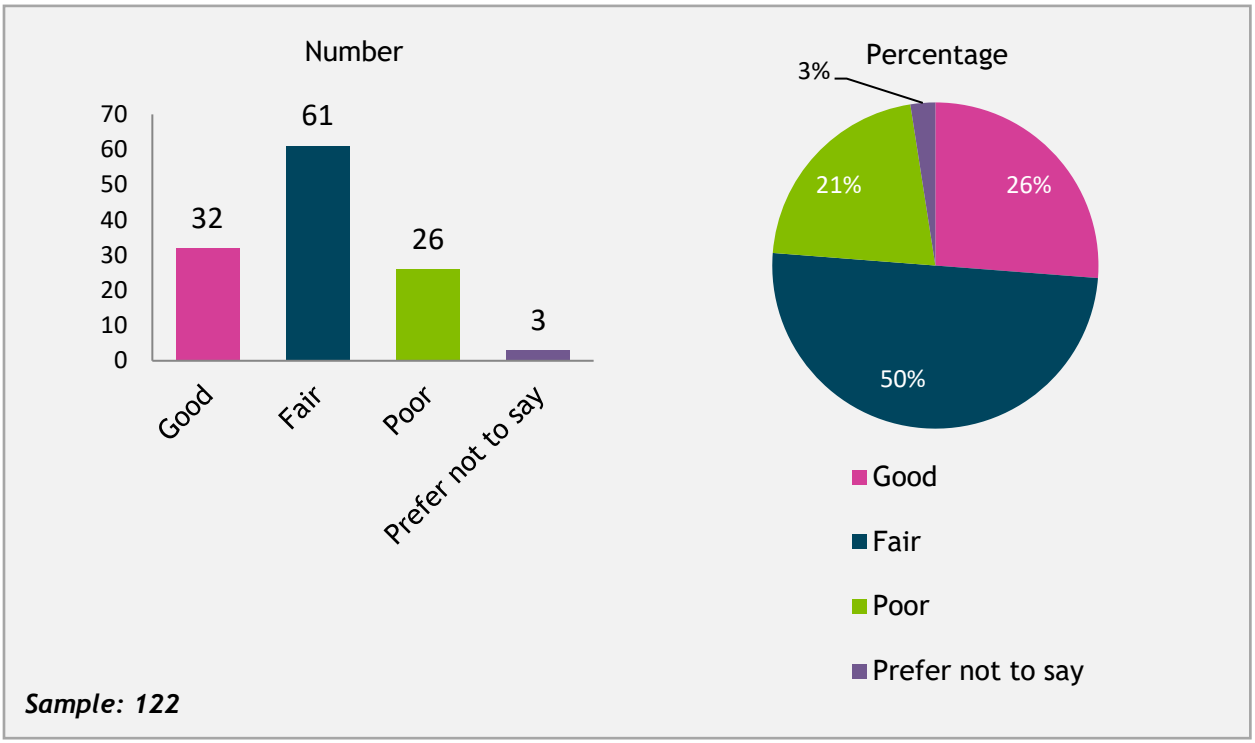
Physical Health



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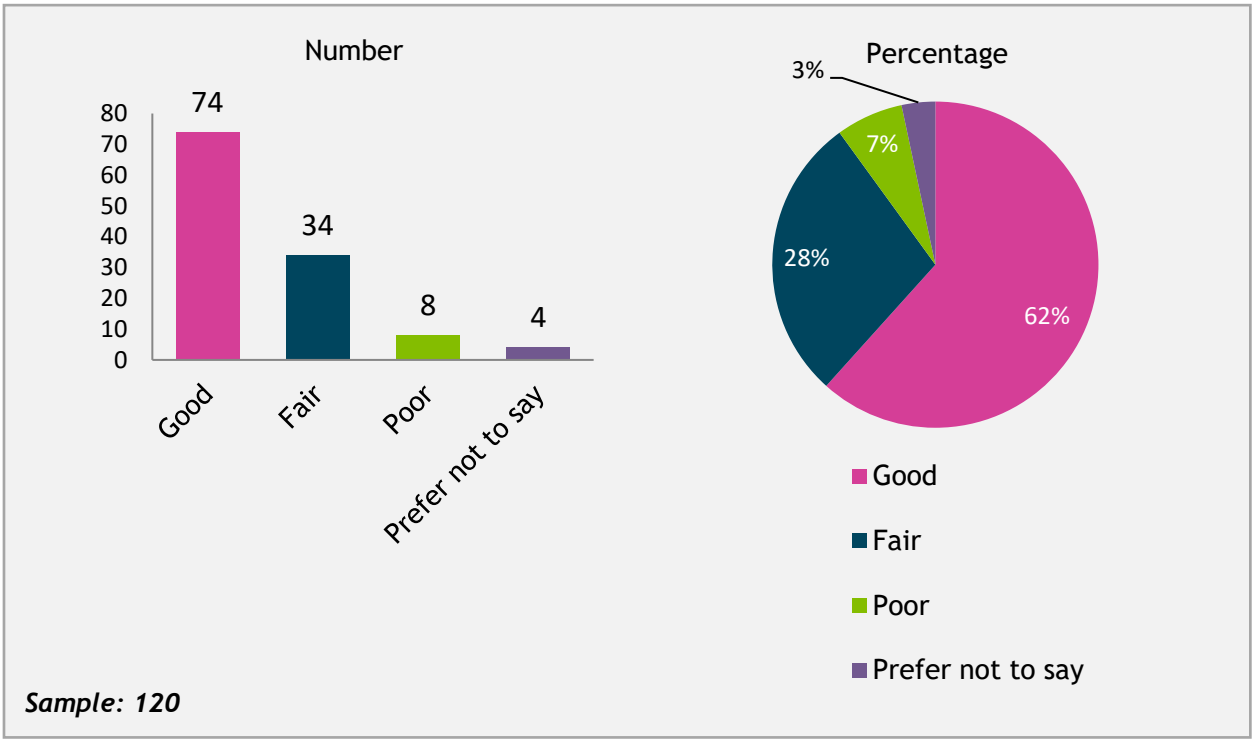
Mental Health



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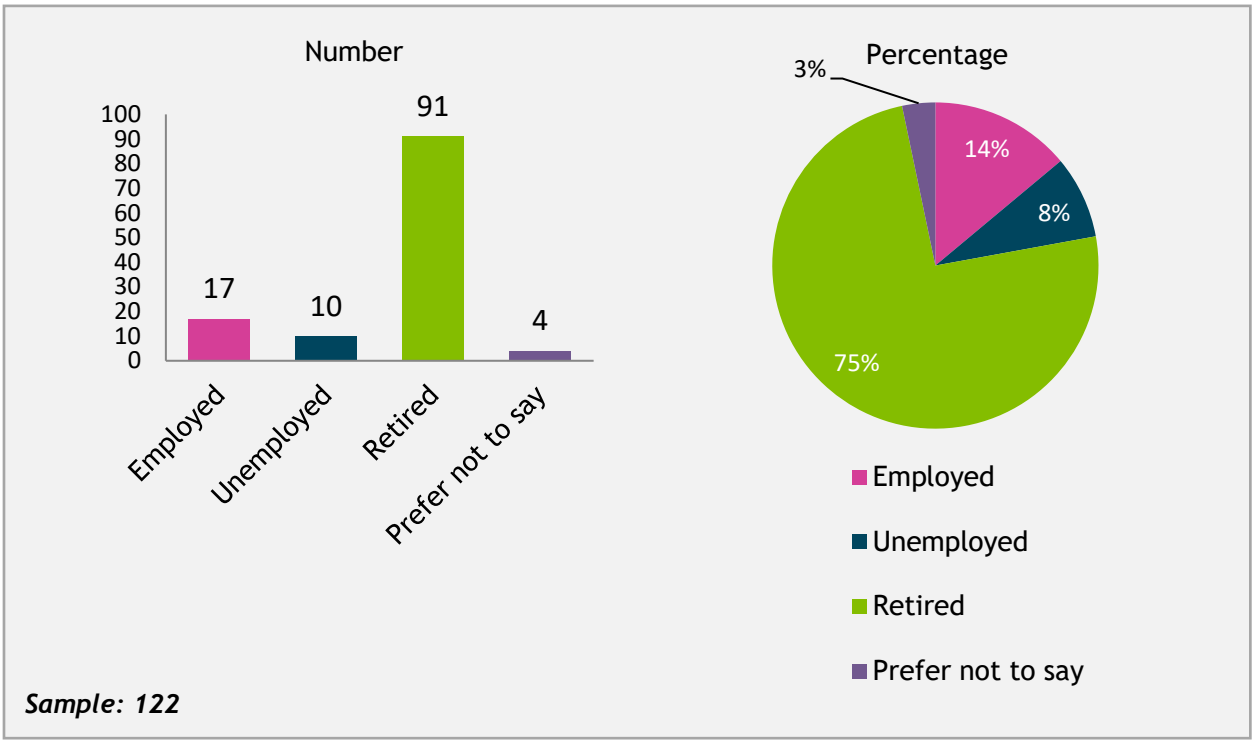
Employment



Sample: 122

"It seems to be about emptying hospital beds - rather than meeting the needs of vulnerable patients."

Local Resident