**Patient-participant – person with learning disability**

Q Do you want to tell me about this doctor and what makes him a great doctor?

A OK. So we came into the building and we was cold, so dressed for.

Q Yeah. And what’s your doctor going to do when they first see you?

A The blood pressure, you know one of those machines, the nurses usually does it.

Q So the nurse will check that you’re OK by checking your blood pressure.

A Yeah. Then guiding you to a doctor.

Q Mmm, to help you find the doctor?

A Yeah.

**Patient-participant – person with learning disability**

And then they started talking to the nurses and doctors and I heard them talking to the nurses and I heard them saying things about my children and things like that. And I turned round and said “how do you know about my children” and then they started talking about (name of patient-participant’s husband). And I got a social worker to talk to me.

**Patient-participant – person with learning disability**

Q Have you got any other thoughts about what it means to be treated like a human being? You said ‘kind’ which I think is a really important one. Any other things that you think?

A Well, the nurses shouldn’t talk about (name of patient-participant’s husband) when he’s not there.

Q Yeah.

A And why should they talk about my ex husband?

…

A No, why didn’t they come to me and ask questions?

Q Yeah. So you heard them talking about it, you said when we were talking earlier that they were laughing.

A Yeah.

Q Yeah I could see why that would make….that would make me very upset if I heard that.

A It made me cry.

**Patient-participant – person with learning disability**

Q I’m trying to think what I’ve got….where are my symbols? I don’t have what I wanted. What do you think about Dr (Name of neurologist) who you go to for your appointments?

A I like her.

Q Will you talk to me about how come you like her?

A Well she talks to me nicely. And she asks. And she writes to me. And she asks how I’m getting on and….And she asks how my tablets are. And she doesn’t write every 6 months, she writes every 3 or 4 months.

Q Yeah, so it’s a bit sooner, a bit quicker.

**Patient-participant – person with learning disability and Family member – lives with patient-participant – person with learning disability**

NB. A = Patient-participant; B = Patient-participant’s family member

A And don’t talk about other people.

Q Yeah, so ‘confidential’ maybe, that’s the big word that (name of patient-participant’s husband) used earlier wasn’t it?

A Yeah.

Q So they keep things private, they’re confidential, they keep things confidential.

A Or just don’t talk about other….

Q Don’t talk out of turn I guess, right?

A Yeah.

B Or don’t speak til they’re told.

Q Yeah. How are you going to get that down, what are you going to write?

A Don’t….

Q Talk bad maybe?

A Don’t talk….

Q Behind people’s backs – that kind of stuff?

A Don’t talk….about other people. Don’t talk…..about…other….other….people.

Q Yeah. So for me that’s about being professional. Do you know what the word ‘professional’ means?

A Yeah like when….behind your back. I can’t talk about you.

**Carer - lives with patient-participant**

I think if you’re a carer and you have the natural ability to be a carer, then you’re humanising it anyway. I think if you’re just trying to read from a script instead of being humanising… that is giving a false impression of what it is to be human and compassionate, understanding and caring.

**Patient-participant – person with learning disability and Family member – lives with patient-participant – person with learning disability**

NB. A = Patient-participant; B = Patient-participant’s family member

Q How does a doctor treat you like a human being?

B Well sort of like talk to you sort of like nicely and not talk to you in a horrible way sort of thing. Like, oh he was a respectable doctor and not being awful or anything like that.

Q Mmm, so when someone talks to you nicely how does that look, how does that sound?

B You think oh they’re a very happy person.

Q Is there anything else you want to say about what a good doctor, what the best doctor would be like?

B Well if they’ve got horrible thoughts they must keep that to themselves.

**Family member – lives with patient-participant – person with learning disability**

So how do you find calling emergency services, calling ambulances? Is it something you are happy about, sad about, or unsure about.

A I’ll put it there.

Q Yeah, so you’re happy with calling ambulances. So what happens when you call the ambulances?

A Well they come out like when I do call them. And if when they come out, when she have a seizure they’d ask why have I called, and I say “well I do a call out because with it being a seizure something could go wrong”.

Q So you call them and they come out and they help you when things go wrong. What do they do when they get here, how do they help?

A Well they check her over like and that. And they have these, what’s their name, pressure…oh I can’t think what they call them but they….

Q They check her blood pressure maybe?

A Well they do like….like this ??? and they take blood from her finger and then they….

Q OK. And how does it make you feel when they’ve checked her over?

A Well it makes me feel a bit better.

**Professional/clinician**

A Yeah. I think obviously they are sort of very separate to us and they will sort of continue to monitor. And I know that they’ve got the Open Access service so if there is anything sort of specifically epilepsy related that’s usually the first point of contact I think for those patients. But as I say, we sort of have the risk assessments and the…I forget what they’re called now, the emergency medication plan for epilepsy I think it’s called, and we will do the SUDEP risk assessment in community. So generally medication things are managed I believe elsewhere, but we make sure that everybody else knows what they’re doing. And we will also, if somebody’s having rescue medication we will deliver the practical element of the training as well for support staff and carers.

**Professional/clinician**

We are now in the process of looking to see if we can get a private call commissioned now for the evening as well because I think that would be better for (name of patient-participant). If we could get it with the same company that would be really good just for communication purposes then between, you know between them if there had been any issues on the morning call or any issues on the evening call then obviously that would be communicated clearly, you know written in the book and documented.

**Patient-participant – person with learning disability and Family member – lives with patient-participant – person with learning disability**

NB. A = Patient-participant; B = Patient-participant’s family member

Q OK, just recording in case you say anything that you want to add. So is there anything else you want to add at the moment about what it means to be the best doctor for a patient like you?

B Make sure they examine you properly.

Q Yeah, so I think that’s an important one. What does it mean to be examined properly?

B Well make sure you don’t get any….well how can I explain it? Make sure they don’t have any colds or something like that, that’s the only way I can explain it.

**Carer - lives with patient-participant**

Participant – Yeah, they had a very calm, relaxed attitude towards the meetings and appointments. It was always friendly and open. There was not sort of like, the context of…. many years ago, something like that in the NHS would be very augmented, very regimented and something like that wouldn’t have time for a laid-back attitude towards it, so I think she was amazing in what she did, and it was sort of a happy event for both, I think. She got something out of it and learned about an individual, so yeah…

**Carer - lives with patient-participant**

I think she tends to listen more intently if the atmosphere isn’t a rigid atmosphere, like over a desk-type interview type thing.

**Carer - lives with patient-participant**

…nobody should sort of like reel off questions, sort of like in an exercise book… you know, be adaptive to the person’s needs and don’t have a single line and you read from that single line, be adaptive.

**Carer - lives with patient-participant**

Researcher – Thank you. Have you always felt involved enough… do you think the NHS has involved you enough as a carer in their decisions or information gathering processes?

Participant – Yes and no. I think there is a lot of… they tend to sort of have… when there is process being put together, when there is a care plan being put together by a professional, I think that sometimes it is just a taper of questions not tailored to the individual, a standard form, a standard way of doing it. I think that has to be more person-centred, more tailored to the individual, you know, care plans, assessments, they have to be more tailored to the individual rather than just a generalisation.

**Patient-participant – person with learning disability and Family member – lives with patient-participant – person with learning disability**

NB. A = Patient-participant; B = Patient-participant’s family member

Q How do you know that somebody like a doctor or a paramedic cares about (name of patient-participant)? What makes you know that they care?

B They…with the paramedics, if one chap’s there he says something like “you put these washers? on her and see if she’s OK” you know.

Q Yeah. So you like it when they sort of properly do a…what would you call it…like examination, when they look over her and stuff to check she’s OK.

B Yeah.

Q Is it important to you that they take her to hospital, or is it just important they check her over?

B So they usually ask does she want to go down, and they come and perhaps sometimes she’ll say “oh I don’t want to go down like” and that.

**Carer - lives with patient-participant**

She is quite able to make that decision, she knows her own mind. She is allowed to make wrong decisions, she is allowed to make bad decisions, that’s up to her, that’s her choice. I suppose I get they have got a protocol they have to follow, but that protocol wasn’t brought into force the minute I booked [patient participant] in. She should have been given a learning disability nurse to be with her. As nobody is ever available anymore, she should have been able to make that choice, whether it was the right one or the wrong one.

**Patient-participant – person with learning disability**

Q What do you think about living here?

A They treat me like a masterful master should.

Q A master what?

A They treat me from a master to master should.

Q Oh like a master to master should.

**Carer**

A I'll tell you. Right. So I hate…I dislike in people this self-righteous I'm perfect and… you know because I'm not perfect, I get it wrong sometimes. Difference is I guess that I think I know when I've got it wrong and I accept it if other people tell me I get it wrong and I change it. That's how I see me. I think the nurses that looked after (name of person participant supported who experienced dehumanizing care) and the care assistants whatever, the NCAs, they didn't even know they got it wrong even when they told they getting it wrong. They didn't care. That's the difference. So that's where I'm coming from, that I’m not a goody goody, I'm not perfect, but God, I try.

**Carer**

A I suppose the majority of people would say money. I don't think it's all about resources and money. I don't think it matters, if somebody come along, waved a magic wand and suddenly you've got all the perfect hospitals built and everything else. I think it would make it easier but I don't think money can change making the health service more humanized in particular. First of all the people have got to change. In fact I'll give you an example. Systems drive me nuts. So I'm quite autonomous and I'm very lucky I can make decisions and they happen two hours later. I’ve had need to…and this is the NHS, I've had need to contact the bladder and bowel service over the last six weeks. I know one of our residents needs to have an increased level absorbency in her incontinent pads. One level, one level, that's all. Been caring for this lady for 21 years. She's changed a lot in age so her needs are changing. Cut a long story short, I did everything by the book. I completed the assessment I kept a two-week assessment form that gives a clear picture of her bladder and bowel habits, her intake of fluid. We're now six weeks down the road and I still haven't had an assessment for her. They won't give me the OK or they won't approve the higher level of pads. I can't bear to see her wet so I've been purchasing a higher level of pads from the same place that they provide them from. So at great expense we've been buying them. She's now dry. She's been dry since I started to purchase the pants.

I emailed them a week ago. We're about to run out. We're going to have our new delivery of the NHS stock on Friday, but they will not provide me with the higher level of pads. So today I phoned them again “Please do this. It's the most common sense approach. She's dry”. Her skin integrity is good. Why would we want that to not be good? Why should she have to be in wet clothing? Why? But in short they won't do it because she has to have a home visit, even though I'm saying to them “it works, these pads work”. They're not even any more expensive than the other ones, they're just higher absorbency by one level, and they will not. So they're sending out on Friday the old type, which will result in her being wet again once the pads have run out that I've now purchased that will come on Wednesday.

So today I have said to them, I asked to speak to one of the continence nurses, the one that comes out to do visits is on holiday, I said surely there must be someone else - there isn't. So in a nutshell, we either have to buy them or she has to be wet. I've said I'm really concerned that the integrity of her skin will be put at risk, so I'm not going to be party to that. And this is what I mean about I'm not a goody goody but I'm also not afraid to be counted. And I think it's bloody shocking frankly. Because they'll send out boxes and boxes of pads that are no good, yet I'm repeatedly hearing on the news that the NHS is financially in dire straits. Why do we want to waste all these pads?

**Carer**

A Now some people, professionals, would see that as being highly inappropriate.

Q For the sake of the recording she just said ‘professionals’ and then did the bunny ears inverted commas.

A Yeah, would say that's inappropriate. I don't agree with that. I think it's the most normal human reaction to have between two people that have known each other well in excess [more than two decades], albeit in a working relationship. And I'm always very clear to say… he'll say things to me like “you're a very, very good friend to me”, and I say to him back “and I'm very pleased to have you as a friend (name of patient-participant) but remember if you ever have any problems you can always ask the staff to call me” you know that kind of thing, so that it stays working but it's friendly. I never feel uncomfortable about it.

**Carer**

Here at (name of care home) if people….I'm frequently having a young woman who has very limited family contact, she tells me she loves me. I don’t tell her I love her because I think that would probably be a step too far, but we have a hug, she tells me her problems. And that's what I'm talking about with the mutual trust, that comes with time, and I know that (name of patient-participant) trusts (name of carer 1) and I'm pleased for (name of patient-participant) that he does.

I think also it's very important to keep safeguards in place to protect staff and residents, but we have risk assessments in place. One individual for instance will make allegations about staff, so you know there are very careful constraints in place there. But I think treat people as individuals not as a group even in the same care home so that affords each person to be individual. And just because we can’t hug A, we can hug B, C, and D. Because why not? Who doesn't need a hug now and again?

**Carer**

Q And can you tell me any stories about (name of patient-participant) healthcare, maybe like a particularly good example of healthcare that he’s received.

A Well he’s been through a lot lately with change of medications for his epilepsy with Dr….. – am I allowed to say names?

Q Yeah you can, we can anonymise them.

A OK. So yeah so Dr (name of learning disability psychiatrist) and Professor (name of neurologist). Yeah he had many appointments there, which you attended, to change fully from one epileptic medication to another, which was quite a long time really to change it over, the slowing the one down and starting the other one up. So I think that was done well and there was a lot of contact regarding how procedures were going, how long they were lasting, how many he was having. So yeah that was a pretty good experience for him.

Q Yeah. I mean it sounds like they took a slow pace, which I appreciate, why do you think that was important particularly to (name of patient-participant)?

A Because he’s on such a high dose of the previous medication and obviously such…you’d be going on….they had to monitor the right amount of the new medication….

[Interruption]

A …sorry where was I? Yeah so he was then going on….they had to try and find the right dosage of the new medication that would sit right with (name of patient-participant) then as well. But it was about weaning him off the one and starting the other one then as well, so it was a very….it had to be a very careful time to not increase the seizures.

Q I think for me that’s an example of like, you know things being handled very delicately and responsibly. But do you think that that, how (name of patient-participant) was treated, would you call that a humanising healthcare experience, or just a very professional, well done healthcare experience?

A Well it’s obviously just a professional well done procedure I guess, you know.

**Carer**

Q Because I’m interested in health and possibly the social care setting as well, so yeah I’m just curious about that kind of interpersonal touch with somebody that you have care responsibilities….

A Yeah. So there’s a lady here that can get quite upset sometimes, and yeah often sort of a hug or something again sort of like initiated by her will help. Because does want when they’re upset to feel comforted, you know. And obviously at the same time we’ve got to keep in the back of your mind for things like your safeguarding and stuff like that, you know regarding things like that you know for like potential negative things that could come out of even things like that. You’ve got to be wary. But yeah I think correctly and appropriately then yeah I think it’s good for the person.

**Carer**

A Well treating well, I mean you should always treat somebody how you want to be treated yourself, you know that’s the fundamental part of it. And the hope is that they get treated as the legislation that’s in place of the person-centred care. But don’t just looking at it as a documentation that’s telling you that they’ve got to be at centre, you’ve got to take that emotion and you’ve got to be involved, not just treat it as tick boxes sort of in your head, like “right that’s been done, that’s been done, that’s been done”. You’ve got to actually have, like I say, emotion or express yourself. So it’s quite like you’re passionate then about it rather than just being playing ??? like stereotypical and you’re just ticking the box going down, down, down. And so that would be like your straight line. And then if you have passionate stuff then that’s when it branches out then. So my analogy is I suppose if you’re just ticking the boxes you’re like the trunk of a tree, but then with the branches then that’s where you’re giving the passion so we can fulfil then, you know. That’s what I think anyway.

And the other side of the coin then is, I don’t even want to think about that really but I suppose it does happen, is the negative side of care where again that comes down I suppose just to tick boxing, so you’re just doing personal care routine but you’re not fully checking to make sure that, you know skin integrity or something is declining and stuff like that you know. So it might not even be something you’re doing intentionally but because you’re not ticking that bit more passion or empathy that you’re not fulfilling the whole role, which then could be the decline of care for somebody then. Especially with somebody who has learning disabilities they might not be able to tell you themselves you know, where a regular person could.

**Carer - lives with patient participant**

…(patient-participant) has had an annual health check with the GP, and it was only (fewer than 5) years ago when one of the doctors noticed he (identifying diagnosis redacted; the issue was surrounding the patient-participant's genitalia), which meant he had to undergo an investigation.

Participant – And the good story is when the GP did his annual health check and found that he (identifying diagnosis redacted; the issue was surrounding the patient-participant's genitalia) and she was very good, she came out and explained to me and to (patient-participant) that he (identifying diagnosis redacted; the issue was surrounding the patient-participant's genitalia). Because we don’t know what went on when he was with his mum. He couldn’t remember anything. She went on to explain that she would have some tests done. I said, you know, could we expedite those? While it’s not an urgent healthcare problem, (patient-participant) is anxious, he suffers with dreadful anxiety, and he was absolutely distraught for days. So, we got the appointment very, very quickly and nothing abnormal was discovered. This nurse had then called a meeting and insisted that every single learning disability male had their (genitalia) checked in the annual health check. I also reported that to shared lives and they reported that in their newsletter and made a point that we as carers must ensure that our services users are checked properly, which (patient-participant) really hadn’t been for several years. So, that was quite a good outcome really, not just for (patient-participant) but for male patients with a learning disability

**Carer - lives with patient participant**

She was patient and very respectful. She promised him everything would be dealt with as quickly as they humanly can do it. It was literally two or three weeks when we got the appointment, which normally would have taken two or three months.

**Family member – lives with patient-participant**

A All I can say is about (name of LD community nurse) is that she’s been for (Name of daughter/patient-participant) from day one. Very professional person.

Q What does it mean to be professional to you?

A Know your shit. Excuse my language. But know your shit, don’t feed people waffle who are desperate to see some signs of success in the meds, the condition, everything. And just to have someone, just suggestions by way of just simple things but they make a big difference. She does know her stuff she does. Even with the meds, she knows what the meds do and all the rest of it. She explains that to us. Not like the professors and everybody else. But when you’re sat down in a relaxed atmosphere (Name of daughter/patient-participant) sleeping or she’s playing, but you’re in a relaxed atmosphere and you talk like, you know. And that’s when she’ll say “well try this” or “try it this way”. Because you get so clouded yourself with the care of (Name of daughter/patient-participant) you don’t always have the broader look. So when someone comes from outside, like (name of LD community nurse), that you trust – if it wasn’t (name of LD community nurse) then I wouldn’t pay much attention to them to be honest with you, but because it’s (name of LD community nurse) and she’s proven it over and over like.

**Professional/clinician**

Q How do you build the trust with the family, is it just turning up, doing your best and then….how long did it take to build up trust with (Name of patient-participant) and (Name of patient-participant) family?

A It’s taken time and it’s been through testing times as well because there’s been like safeguarding issues that have gone on in the past, out of my control. But obviously I’ve been complicit in the investigation around there so then I’ve had to like work hard and spend time with them, spend time listening. Again it’s about being available. It’s not about palming people off. If I say I’m going to do something I will do it. It might…I’ll always tell it might not be straightaway but if there is something that I can do I will do it and will get back to them. Being open and honest, if I can’t get the result that they want then I will say “I can’t help you with this, but why can’t we try this and try and find a solution to it”. But yeah mainly I think it’s just listening, a lot of it is just listening to them and verifying that they are in need, that they have a massive…how can I say….hill to climb on a daily basis.

**Family member**

We went through everything.

**Family member**

A But these are all put in hospital passports, and sometimes I’ve found these hospital passports just get lost in the documents, or somebody just wouldn’t look. And I’ve been in on 3, 4 occasions where I’ve said “right the documents here”. I’ve gone back in another time and that document has again been lost in handovers or just not passed on in handovers, and other people just not knowing that they’re there. But I think if they are passed on to everyone, including the cleaner who is going past.

**Family member**

We spoke to the liaison officer down there and it was the complete opposite. Everything that we’d handed over wasn’t translated to the staff. Every time the staff team changed or the shift handover had changed that wasn’t passed on.

**Family member**

…obviously it’s just where the hospital communication didn’t hand over between shifts, and from the liaison officer, so I’ve got a good story and a bad story.

**Family member**

A Again, our hospital passports that we send in, we have these little phrases, we put these in our hospital passports. So we do like a mini breakdown. So “if I’m thirsty or if I’ve got a dry mouth or my mouth is stinging I would like a cup of tea”. If “I’ve had a cold for 20 years my nose is playing up” and we’ve got like a little ??? purifier which seems to help, or she just likes her nasal spray or a really hot honey and lemon tea, so it says “please offer me a honey and lemon tea or use my nasal spray”. So we’ve got these little short breakdowns, but sometimes these hospital passports get lost in translation. I think maybe these could be put on a board in her room, so a cleaner coming in, if she said “oh do you know what, I’ve got a really…” another one is a salty mouth. A salty mouth means she wants a cup of tea. But you wouldn’t know that.

**Family member – lives with patient-participant**

A Yeah. We’ve had a few carers which we’ve been…disappointed to say the least. They’ve not really been what we expected. They’ve sort of brought their own problems into the house. So we didn’t think they were suitable so we’ve had to get rid of a couple.

Q Do you want to tell me any stories about that?

A Well it’s like I’ve said. I won’t mention any names. One carer was coming in and they were having obviously problems of themselves, marital, and some of the stories were a bit unsavoury, which shouldn’t be brought up in a household. I mean we’ve got our own problems as it is without other people’s problems. But they seemed to think that it was appropriate to tell them, and we didn’t think it was appropriate at all. So we sort of got rid of that certain person.

**Family member – lives with patient-participant**

Q ??? tap dancing. So when you’re watching these videos with your daughter are you noticing anything that you like, like in terms of how they touch her, how they communicate [redacted], how they talk to her?

A Oh no they’re completely….they’re well trained, and yeah they don’t do anything that we don’t do. In fact they probably do a little bit more because we know (name of daughter/patient-participant), but they’ve got to be…they’ve got guidelines, so yeah they’re perfectly good.

**Family member – lives with patient-participant**

Q Talk to me about the GP.

A Well they don’t know (name of daughter/patient-participant). (name of daughter/patient-participant) never goes there. So we never take (name of daughter/patient-participant) to the GP because they’re all red tape, you know fill this form in, do that, do that and all that. It’s just a waste of time.

**Family member – lives with patient-participant**

There’s always “oh you’ll have to fill this form, you’ll have to see the doctor about it”, you know it’s like that a bit. And I know GPs have a lot to do, but there’s that.

**Patient-participant – person with learning disability**

Researcher – And how about your privacy at the doctors?

Participant – Sometimes good, sometimes not great

Researcher – Do you want to tell me a little about that?

Participant – People can look inside the curtains; they need a locked door(?)

Researcher – Why are you not sure if it’s a good thing?

Participant – People look through the curtains sometimes

Researcher – Why is that?

Participant – Not good

Researcher – Who are the people?

Participant – Nurses

Researcher – Do you think they check on you before you’re ready?

Participant – Yeah

Researcher – I see… and that’s not great privacy

Participant – No

**Patient-participant – person with learning disability and Family member – lives with patient-participant – person with learning disability**

NB. A = Patient-participant; B = Patient-participant’s family member

Q Yes. How do you think the best doctors….

A (Name of patient-participant’s husband)….

Q …. nurses and social workers talk to you and (name of patient-participant)?

A And they don’t talk about other….say your boyfriend or your girlfriend.

Q Yeah they don’t gossip.

B And stuff like that.

A That’s what they did in….

Q The (name of hospital)

A The (name of hospital) and I didn’t like it and I told them.

Q So I understand why you didn’t like that, I wouldn’t like it either, what is it about them talking about your partner and your past partner that made you so cross, what was it about them gossiping that made you cross?

A Well they shouldn’t talk of….it’s nothing to do with them.

Q Yeah. For me it sounds like they weren’t very respectful.

A No.

Q Do you use the word….do you know about the word ‘respect’?

A Respectful, they shouldn’t even talk….they shouldn’t even say a word about him.

Q No.

A And how did they get to…alright they know (name of patient-participant’s husband) but how did they get to know my ex husband?

[Redacted]

A …How do you get to know my ex husband? And they just laughed. I said that to me is not a laughing matter.

**Family member**

A With my individuals, they’ve only got a certain aspect of care or a certain allowance, so they only get like 6 hours of care. So we would only support within their care plan and within their….well within their care provider plan. So I would only go in for 6 hours, so (name of person participant supported) B is then sat for them X amount of hours on her own with the staff who don’t really know her that well. And then if these documents are not being looked at, they’re not being handed over, not being checked, she’s not getting everything that she needs.

**Carer**

Researcher – and would you say that, I know that neither of us are health care practitioners so it is all a bit speculative but what do you think as it sounds to me your understanding of care is very social care orientated, supporting people to live a good life, what do you think care might mean in a health care context, do you think it’s much the same or there are important differences.?

Participant – I think it’s mostly the same but it’s making sure that person is getting what they need, when they need it and making sure that there is follow ups to things that are happening that that persons being giving the right support with for instances if that person recently had a blood test making sure that that is followed up in the right amount of time, whether or not it’s just to say you're fine or actually we need to see further tests, I think it’s just to make sure that person is getting the right, I want to say care but that’s what you are asking