



**SUMMARY REPORT OF GATESHEAD FORUM
14 SEPTEMBER 2005**

A. BACKGROUND

On 14th September 2005, a group of 89 people from around the North East gathered to discuss the future of the health and social care services people need in the community and in their own homes. The event was the first of number of events being held across the country to get people's views on this important topic.

B. HOW THE PARTICIPANTS WERE SELECTED

We wanted people from all backgrounds to come together and share their views and opinions on this issue. So we:

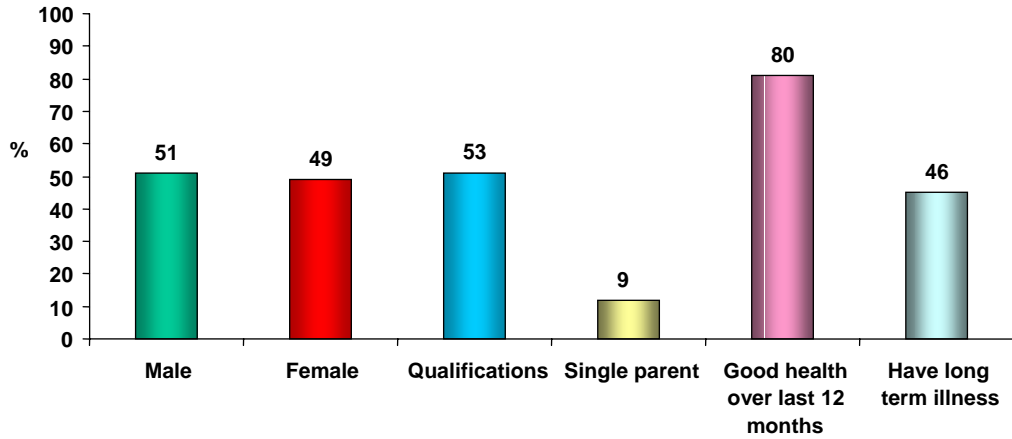
- Sent out packs to 10,000 people living within 30 miles of Gateshead inviting them to apply to take part in the event
- Asked people who wanted to take part to give us some information about themselves
- Invited 110 people to come along on the day who were selected to fit the demographic profile of the area in terms of age, gender and to cover all sections of society; we also wanted to make sure that we heard from people who don't always get involved in this kind of consultation, so we specifically asked more people from some backgrounds to come along.

On the day, 89 people attended. The profile of those who attended is included below.

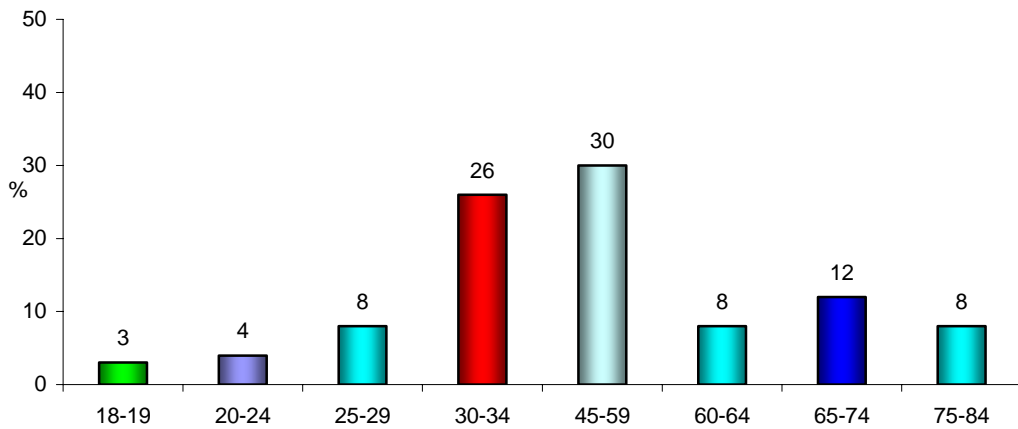
C. PROFILE OF PARTICIPANTS

The demographic breakdown of the 89 people who attended was as follows:

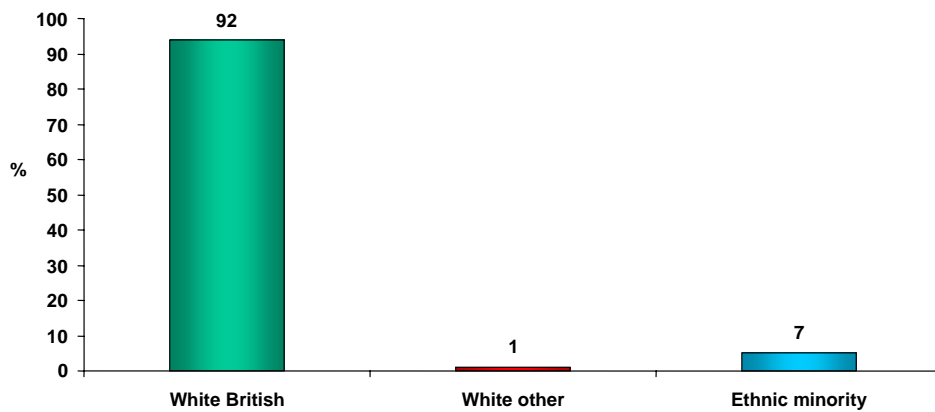
Demographic profile of North East participants



Age profile of North East participants



Ethnic profile of North East participants



D. THE AGENDA FOR THE DAY

During the day, participants spent their time in groups of 10, discussing the issues. Each group of 10 participants involved people from a range of backgrounds. Each group discussed these questions:

- What is most important to you about community health and social care services?
- How can we help you take care of yourself and support you and your family in your daily lives?
- When you and your family need help and support, how, when, where and from whom do you want to get it?
- How can we help you get the right services, when you need them, and ensure your care and support is properly co-ordinated?

During the course of the discussion, participants voted on a range of options and discussed the reasons why they had prioritised particular options. At the end of the day, participants then reflected on the options the group had selected to see if they would make significant improvements to the service people experience, and whether they strike an appropriate balance between the needs of different groups and the nation as a whole.

E. THE OUTCOMES OF THE DISCUSSION

1. WHAT'S IMPORTANT TO YOU?

The things people thought were most important about community health and social care services were as follows:

1.1 TOP THREE ISSUES

ACCESS TO SERVICES

- Making sure there are adequate resources to ensure services are available when, where and from whom I want them
- Having the transport I need to get to services
- Being able to make appointments at a time I want
- Being able to speak to a professional when I want to
- Being able to self-refer to some services

INFORMATION ABOUT SERVICES

- Making sure people know what health and social care services are available, when and where, and from whom (especially for vulnerable groups)

CONTINUITY AND CO-ORDINATION BOTH WITHIN AND BETWEEN SERVICES

- Making sure different agencies are 'joined up', especially GP and other agencies, aftercare in the community following a hospital stay

- Seeing the same professionals (so professionals know the patient and their individual needs, and so people don't have to repeat themselves each time they see a different professional)

1.2 OTHER ISSUES RAISED:

QUALITY OF CARE

(especially for older people and vulnerable groups)

- Ensuring consistency between areas
- Better assessment of care needs
- Better in-home care
- Enabling independence
- Ensuring mental wellbeing (tackling loneliness and isolation)
- Ensuring services are free at the point of delivery (concerns raised about paying for social care for older people and vulnerable groups)

PRIORITISATION

- Striking the right balance between those with special needs and the needs of the wider population

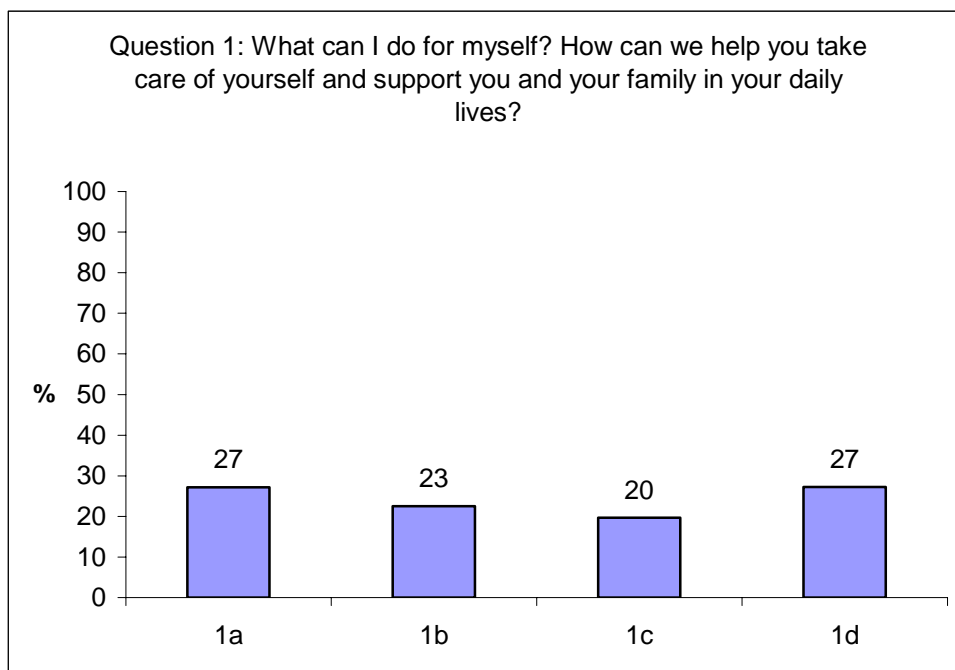
2. QUESTION ONE: WHAT CAN I DO FOR MYSELF? HOW CAN WE HELP YOU TAKE CARE OF YOURSELF AND SUPPORT YOU AND YOUR FAMILY IN YOUR DAILY LIVES?

The results of the voting for session two were as follows (see also Table 1 below):

	%AGE OF VOTES
Issue 1a Promoting and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment.	27%
Issue 1b Ensuring a range of health professionals, such as nurses and pharmacists, can provide people with information and support about how to take better care of themselves and their families.	23%
Issue 1c Tackling the things that cause ill health and disadvantage, such as poverty and poor housing, by developing new services in the community and by expanding the range of services available in doctors' surgeries (e.g. providing jobs and skills advice), children's centres and other locations.	20%
Issue 1d Ensuring older people and those with disabilities can get the practical help and support they need to remain independent and active for longer	27%
<i>Base: all 89 participants</i>	

Many participants made detailed suggestions to enhance the options discussed. One table of participants suggested improving access to facilities that enable people to lead active lives (e.g. better facilities in schools, local leisure centres, safety in communities to enable people to be active outdoors etc).

Table 1



Base: all 89 participants

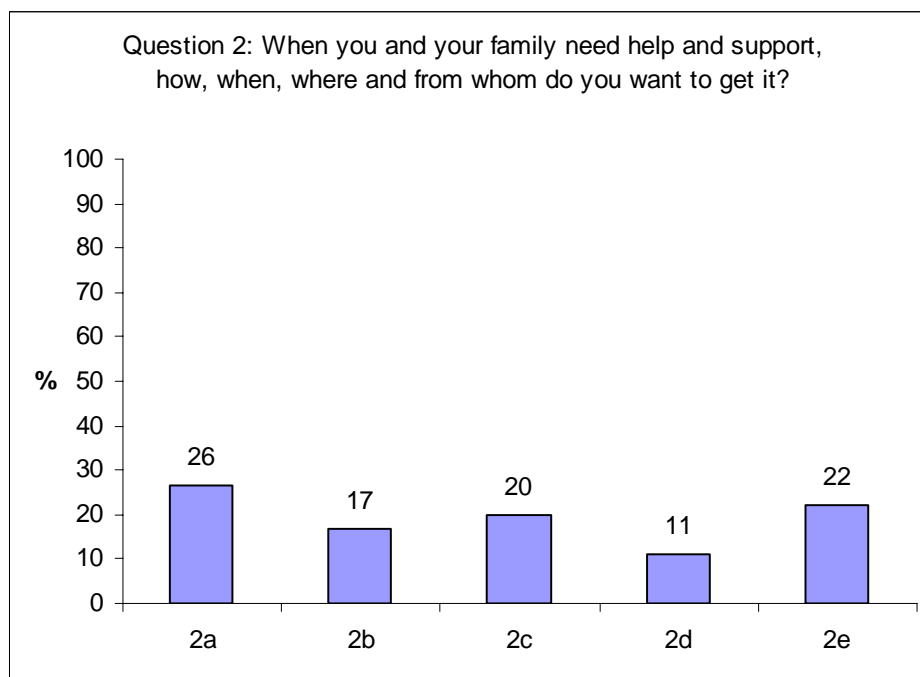
3. QUESTION TWO: WHEN YOU AND YOUR FAMILY NEED HELP AND SUPPORT, HOW, WHEN, WHERE AND FROM WHOM DO YOU WANT TO GET IT?

The results of the voting for session three were as follows (see also Table 2 below):

	% OF VOTES
Issue 2a Providing convenient services which fit around people's lives, for example by extending opening hours to evenings and weekends at the local GP practice, pharmacy and other community services	26%
Issue 2b Providing care in convenient locations (for example NHS Walk in Centres near train stations so people can get quick advice on problems and health issues on their way to work) or allowing people to register with any family Doctor, not just one where you live	17%
Issue 2c Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for families and children to use	20%
Issue 2d Developing new services for people who don't always currently access care,	11%

such as people from black and minority ethnic groups and teenagers	
Issue 2e Allowing people to choose how to receive services at the end of life and to die where they want with dignity	22%
<i>Base: all 89 participants</i>	

Table 2



Base: all 89 participants

Again, many participants made detailed suggestions to enhance the options discussed. Three tables of participants made other suggestions:

- Developing awareness and public programmes that make sure people understand what is available and know how to gain access to it.
- Walk-in health care services in community pharmacies
- Providing health professionals in places of work and study

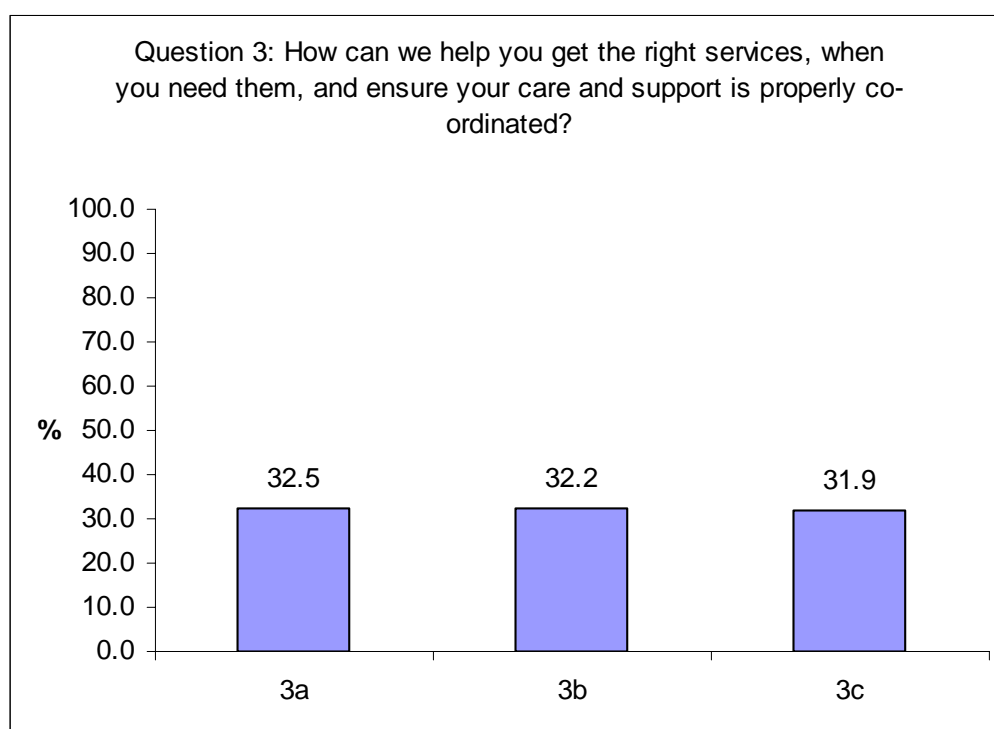
4. QUESTION 3: HOW CAN WE HELP YOU GET THE RIGHT SERVICES, WHEN YOU NEED THEM, AND ENSURE YOUR CARE AND SUPPORT IS PROPERLY CO-ORDINATED?

The results of the voting for session four were as follows (see also Table 3 below):

	%AGE OF VOTES
Issue 3a Providing effectively joined-up social care and health services to those that need them, for example through a single 'needs	32.5%

assessment'. A 'needs assessment' would be a kind of one-stop-shop appointment instead of lots of appointments.	
Issue 3b Providing people with better information about what NHS, local authority and social care services are on offer	32.2%
Issue 3c Improving the availability, quality and choice of services for long-term care users and people with long-term illnesses like diabetes.	31.9%
<i>Base: all 89 participants</i>	

Table 3



Again, many participants made detailed suggestions to enhance the options discussed. Two tables of participants also wanted to see other things: one wanted more help and support for carers; the suggested creating a co-ordinator role (i.e. one professional) to ensure services are joined up for patients.

5. THE MOST IMPORTANT THING TO DO RIGHT NOW

Finally, participants were asked what the single most important thing for the DH to do right now:

- Providing people with better information about what NHS, local authority and social care services are on offer
- Promoting and supporting better health, for example through routine check ups, advice on healthy lifestyles and promoting self-care and self-assessment, e.g. a *health MOT* for everyone and a long-term plan how to implement that

- Ensuring access to services where, when and from whom people want them (especially out-of-hours appointments with GPs)
- Ensuring services are more joined up / co-ordinated services
- Improving quality of care, including self-care and self-assessment, better care for people with long-term conditions and carers
- More joined-up and better co-ordinated services, e.g. an integrated health and social care centre in every community, one-stop shop services
- Proper funding for everything

F. NEXT STEPS

The views that were given today will be reported back to the Department of Health. They will be used to help the Government consider what it could do to make health and social care services better for everyone.

Any new ideas will then be discussed in more events like this with members of the public, happening in Leicester, London, Plymouth and Birmingham over the next two months.

At the end of the process, the Government will produce a White Paper in December giving proposals for the future of health and social care services. Everyone who attended today will receive a summary of this document so they can see how their input has been used.