

Table 1

- What happened to Jackdaw (Admiral Nurses)? Was it evaluated? It saved lots of money.
- How can we synthesise learning from these events and show what we've done and share progress / decisions – Website or printout of feedback sent out to attendees?
- Work with CAG on output from Centene

Table 2

- Education for both patients and healthcare professional so that the best information possible can be given – a plan put in place.
- Technology – this can be difficult as over 50% of the population do not have access to the internet, we need to acknowledge and think of other ways to communicate information.
- A named health care professional who knows the patients story instead of having to repeat every time help is needed.
- Openness, honesty and transparency is key, you need to communicate more with patients even if it is not always good news.
- Increase training for carers to help with self-care
- GP's need to let patients know about local self-help group, community and voluntary organisations where other people are going through the same experience.

Table 3

Q1

- People don't know what is available
- Education / extended family not got the knowledge or advice
- Education needed from a young age on self-care
- Help with lifestyle, support prevention
- Life style and family units changes. Parent – child habits passed on.
- Confidence into people/families to cook
- No time, easy to buy rubbish
- Parents work more
- Schools teach basics
- Adults having the access and being communicated with.
- Carers / self-help groups not accessible as take place during the day/hrs when people are working.
- Life's are totally different to previous generation
- Food fast and easy everywhere
- Extended hours – not in paper
- Until hit crisis point
- Difficult to navigate
- Reassurance – telephone triage

Q2

- Access to support and assessment (social care)
- Hits crisis before you can find out
- Relying too much on 3rd sector

- Acute and community care need to be speak to each other
- Same clinician – continuous care

Table 4

- Self-care for different groups as they have different needs – so school age children will need input from school nurses – obesity/mental health. Helps later on too.
- IT – lots of things can't rely on IT - young people and families. You need people and enough staff.
- LA funding cuts – hitting the non-statutory groups. Support is very hard to get now. Huge impact on self-care. Undue pressure on people when care isn't funded properly.
- No-one would be against self-care or integrated care – looking after grandchildren one day a week limit to what you can do.
- Self-care is very individual – trying to put it all under one umbrella is difficult. NHS Constitution is getting very vague. What do you actually mean? So many variations. You can't ask everyone to look after themselves in their own home.
- Sure Start was very good but they've been shut – If you want healthy adults you need healthy babies and children.
- Voluntary sector is important in people's neighbourhoods. Help with laundry, be-friending, and meals on wheels. That saves the NHS lots of money and helps vulnerable people. That needs to be sustainable.
- If funding went into public health then prevention would make a real difference. Reactive care is much more expensive.
- Even fit and healthy people can get ill. You don't have 0-70 without any illnesses. Need a properly funded NHS.
- Government needs to put in much more money.
- In Beeston there is not enough support for dementia, 40 services with carers. Beeston people don't know about the voluntary sector. Services are there, funded, but people aren't signposted.
- In Derby SPA – pull together all those organisations. Carer's Federation – support workers. GP practices. This would relieve NHS staff and support carer's. Other organisations want to get to that point.
- Look after carers and you save shed loads of money. This is really working well. Make it work – self-help and social prescribing.
- NHS is really confusing and frustrating for the patient. All of it needs joining up and communication needs improving.
- What is a ghost app?
- Good quality community respite is required - for stroke carer's or children with multiple needs.
- People need encouragement so you need support staff to help people do self-care. People are being left on their own again.