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Background

The Scottish Health Council was set up in April 2005 with the purpose of promoting improvements in the quality and extent of patient focus and public involvement in the NHS in Scotland. In order to demonstrate patient focus we expect health care services to be truly patient friendly and take account of each individual's social, cultural, spiritual, emotional and physical needs. To further public involvement we must ensure that the NHS work with all groups within the community including those who are marginalised. These groups are sometimes referred to as 'hard to reach' or perhaps more correctly as 'seldom heard'.

It was decided that local offices of the Scottish Health Council hold events to establish ways of working in partnership with such groups. The local office in Highland held such an event in October of 2006.

In its minutes the Scottish Health Council stated "*It is hoped that these events (to be held across Scotland) will establish positive long term working relationships between local offices and Local Advisory Council members and agencies representing local "hard to reach" groups*".

Aim of the Highland Event

The aim of the event was to initiate a mutually beneficial relationship between the Highland Local Office, Highland Local Advisory Council members and a cross-section of groups that represent those sections of the community who may be deemed 'hard to reach' or 'seldom heard'.

- ❖ to identify those groups in Highland willing to work with us
- ❖ to find out the preferred ways in which this can be done
- ❖ to identify gaps in our knowledge of such groups and to bridge any gaps

Groups we invited (A full list is given in Appendix 2)

We wished to ensure that we at least try to include groups representing:

- ❖ the main ethnic minority communities
- ❖ young people
- ❖ carers
- ❖ the elderly
- ❖ people with mental health issues
- ❖ people with chronic illnesses
- ❖ lesbian, gay, bisexual and transgender (LGBT) communities
- ❖ people from areas of low income/high unemployment and other indicators of deprivation
- ❖ people from areas other than the above where rurality is an issue
- ❖ the travelling community

Introductions and roles

Scottish Health Council

Carolyn Adams, Regional Manager North, welcomed those attending, gave a brief introduction to the role of the Scottish Health Council and spoke about the aim of the day which was to investigate how best the Scottish Health Council could work with voluntary organisations and groups, particularly those groups working with the most marginalised in society.

Fabio Villani, Regional Officer, gave examples of how the role of the Scottish Health Council is fulfilled in practice giving a brief summary of his remit within the North Region and about the NHS Boards he covers; Highland, Western Isles and the Scottish Ambulance Service. He also spoke about the annual assessment of the Patient Focus and Public Involvement activities of NHS Boards and the resulting reports written about each Board. He explained that the report about NHS Highland was contributed to by all the staff in the Highland office, Local Advisory Council members and by contacts in the community.

Fabio introduced the staff; Administrator Lynn McCauley, Local Officers Liz Macdonald and Allison Meek all based in Inverness and newly appointed Local Officer Fay McCormick. Fay is to be based in the Argyll and Bute area

Delegates

One of the aims of the day was to learn more about each other. Those attending had been asked to be prepared to give a summary of their groups' remit and activity.

❖ Joan Lawson, a Local Advisory Council member, is active in a number of groups in Caithness. She spoke about how the members of those groups are affected by health services.

See 'Report from Caithness' in Appendix 3

❖ Jeanette McIntyre, Bute Community Care Association spoke about the issues she is familiar with in an island community.

See 'Report from Bute' in Appendix 3

❖ Benjamin Wilson spoke about the Healthy Together Project for which he is an Outreach Worker.

Funded by the National Lottery the project has been going for 18 months and was set up to look at health assessment needs of travellers in Argyll in order to help prevent and raise awareness of bowel cancer, heart disease and strokes.

The main issue for travellers is getting access to services. He maintained that in some cases GPs refuse to take travellers on as patients.

The Healthy Together team are in the process of rolling out an Individual Health Record Booklet which will be given to each member of a travelling family, this booklet will be kept by the person for life and will be used to record their medical history. Awareness raising sessions will be run in Argyll over the next year but there is no funding to continue after that.

❖ Christine Fletcher works for People First. People First support people with Learning Disabilities.

Christine told us that there are recommendations on good practice, from the Scottish Executive, when working with and for people with learning difficulties. However there have been no funds made available to implement these recommendations. Also negative and discriminating attitudes prevent good practice.

People with learning difficulties need support to access health services, this need has resource implications and the resources are not made available to offer the support to ensure access takes place. This is particularly the case in relation to hospital services where people with learning disabilities need support. In rural areas there are additional difficulties as living in rural areas becomes a second barrier to accessing health services for people with learning difficulties.

❖ Alan Ryndycz works with the Shirly Project a supportive employment agency. Their role is to represent any clients who have support needs and are looking for paid employment within their chosen field.

They have job coaches/outreach workers who will go in and help the person with any difficulties they have thus allowing them to get the job done. They need NHS Highland who are a major employer in Highland to be more open minded than at present as they are not keen to get involved.

It has been found that a spin off effect from people being employed is that they feel better in themselves. Some of their clients have had difficulty in the decision making side of things and feel that they are not able to make decisions on their own and are not sure where to go for help.

❖ Fiona Wilson is the Chair of Lochaber Routes a Community development support group for travellers/gypsies in Lochaber. It was originally set up to provide support with housing and employment but they are hoping to move into health related matters with the help of extra funding which has now been received.

❖ Carole Lloyd is the Manager of Partnerships for Wellbeing which started out with a remit to develop volunteering in Primary Care and has become a successful charity operating in the Highland Region area whose aim is to encourage and support individuals who wish to effect positive lifestyle changes, and to live more active and independent lives. Partnerships for Wellbeing works at grass roots level, using a community development approach to engage with its target groups, and recruits volunteers from within these groups whom it then trains and supports to deliver its initiatives. In addition, Partnerships for Wellbeing engages with statutory, voluntary and community organisations and groups to help ensure that volunteering

is recognised as an integral part of NHS provision, health improvement and wellbeing, as well as providing an effective route to patient participation, public involvement and partnership working.

Carole would like to see NHS Highland having a transport policy as there isn't one in place at present.

❖ Keith McKenzie, a Local Advisory Council member, is a member of Highland HealthVOICES Network, one of the Public Partnership Forums for NHS Highland. Through the Network Keith has been attending meetings about different areas of the Health Service. He explained his concerns about proposed changes to outpatient appointments.

The change will mean that when a GP requests an outpatient referral it will go to the relevant hospital department. The patient will then receive a letter from the hospital confirming that they have been referred and giving them a likely waiting time. A letter, nearer the time, will be sent giving a date and time for an appointment which the patient is expected to confirm. If, for whatever reason, they don't phone and confirm they will be removed from the waiting list and will go to the bottom of the list if they then request another appointment. The concern coming from patients' groups is that there may be good reasons for people not responding but by not attending the appointment they'll be off the list. Reasons cited are for example; literacy difficulties, or people absent from home.

❖ Two of the groups who were unable to attend, Caithness Deaf Care and Contact the Elderly, provided information about their activities which they asked us to share. This information is included in Appendix 3.

Promotional materials; leaflets newsletters etc. had been supplied by a number of groups and these were displayed on the day.

Workshop

The discussions which had taken place around the various presentations and over lunch led neatly into the workshop discussions.

Key concerns expressed were; that smaller groups tended to be less visible to the NHS when consultations take place, that the effort required for smaller groups to participate is not recognised and therefore not supported and that communication with communities is poor or misdirected. It was felt that information, about e.g. changes to health services, should be available at the places people use regularly; shops, garages, bus stops.

Brief summary notes of the discussion can be found in Appendix 4.

In conclusion

There were a few learning points for us and we hope to do better in future.

- ❖ We were disappointed that the attendance was not greater. Given the geography of Highland, the expense of travel and in some cases the need for overnight accommodation it is perhaps understandable. When hosting any future events of this kind we will consider a different location.
- ❖ Another learning point was the lead time required to secure British Sign Language (BSL) signers. We were reassured that the amount of notice given would normally be sufficient and we were just unlucky but as one person felt unable to attend because of the lack of signers we will allow more time in future.

Scottish Health Council Highland would like to thank all those who attended for participating so freely. We learned a lot and were encouraged by the level of interest in continuing contact. The responses on the Evaluation Forms (see Appendix 5) were generally favourable and gave us some valuable pointers for the future. One of the responses and some of the reports in Appendix 3 have been edited for clarity and to preserve anonymity.

Appendix 1

Participants

Carolyn Adams	Regional Manager North	Scottish Health Council
Christine Fletcher	Development Worker	People First
Allan Jones	Local Advisory Council Member	Scottish Health Council
Joan Lawson	Local Advisory Council Member	Scottish Health Council
John Lennan	Local Advisory Council Member	Scottish Health Council
Carole Lloyd	Manager	Partnership for Wellbeing
Duncan Martin	Local Advisory Council Member	Scottish Health Council
Liz Macdonald	Local Officer	Scottish Health Council
Lynn McCauley	Administrator	Scottish Health Council
Fay McCormick	Local Officer	Scottish Health Council
Jeanette McIntyre	Member	Bute Community Care Association
Keith McKenzie	Local Advisory Council Member	Scottish Health Council
Rona Membury	Local Advisory Council Member	Scottish Health Council
Allison Meek	Local Officer	Scottish Health Council
Alan Ryndycz	Employment Co- ordinator	Shirlie Project
Liz Stevenson	Public Health Practitioner	NHS Highland (Lochaber and Skye)
Fabio Villani	Regional Officer North	Scottish Health Council
Benjamin Wilson	Outreach Worker	Healthy Together
Fiona Wilson	Chair	Lochaber Routes

Apologies

Mrs Deirdre Aitken	Co-ordinator	Caithness Deaf Care
Mrs Monica Lee- MacPherson	Chairperson	The Scottish Highlands and Islands and Morayshire Chinese Association (SHIMCA)

Apologies

Theresa Love Lee	Member	Lochaber Disability Access Panel
Arlene Maxtone	Development Officer	HDCD (Highland Developmental Co-ordination Disorder Group)
Sheila Maclver	Involvement Officer	Alzheimer Scotland
Annabel Mowat	Manager	Reachout Highland
Frances Nixseaman	Young Carers Strategy Development Officer	Highland Carers' Project
Jean Pentland	Community Development Officer	Scottish Deaf Association
Eileen Wilson	Fieldwork Manager	Age Concern Scotland

Unable to attend but requesting further contact

Bill Anderson	Manager Highlands and Islands	The Prince's Trust Scotland
Donald Beaton	Office Manager	Skye and Lochalsh Council on Alcohol
Dr Linda Birnie	Centre Manager	Highland Brook
George Bruce	Administration Manager	Caithness Mental Health Support Group
Myra Clark	Project Manager	TYKES (The Young Karers East Sutherland)
Irene Edwards	Development Officer	Cowal Community Care Forum
Annette Ewen	Co-ordinator	Safe Strong and Free Project
Irene Jackson	Helpline & Information Officer	Rural Stress Information Network
Malcolm H Lochhead	Youth Work Manager	Youth Highland
Jean Mackay		The Janny's Hoose
Alan Michael	Development Officer	Contact the Elderly
Ruth Moody	Centre Manager	North Argyll Carers' Centre

Appendix 2

Groups Invited

Age Concern Scotland
Alzheimer Scotland
Argyll & Bute Women's Aid
Badenoch & Strathspey Association for Mental Health
BEMIS (Black and Ethnic Minority Infrastructure in Scotland)
BLAST! – *drug projects*
Bute Community Care Association
Bute Community Links
Bute Council on Alcohol & Drugs
Cairdeas Cottage – *mental health support*
Caithness ACE Committee -*Advisory Committee for Enable*
Caithness Council on Alcohol
Caithness Deaf Care
Caithness Drug and Alcohol Forum
Caithness Mental Health Support Group
Caithness Voluntary Group
Calman Trust – Invergordon Project
Children's Rights Officer, Highland Council
CHIP+ (Children in the Highlands Information Point Plus)
Contact the Elderly
Cowal Community Care Forum
Cowal Council on Alcohol & Drugs
Deaf Action Highland
ENABLE, Dunoon – *charity for children and adults with learning disabilities*
ENABLE, Bute Branch – *charity for children and adults with learning disabilities*
Family Association for Children with Extra Special Needs (FACES)
Family First
Family Resource Centre
GOYODA (Go for Youth, Options, Development and Advice)
HDCC (Highland Developmental Co-ordination Disorder group)
Healthy Together
Helensburgh & District Branch Enable - *charity for children and adults with learning disabilities*
Helensburgh & Lomond Community Care
Highland Abuse Survivors Project
Highland ADHD (Attention Deficit Hyperactivity Disorder) Support Group

Groups Invited

Highland Alcohol & Drugs
Highland Brook
Highland Carers' Project
Highland Community Care Forum
Highland Deaf Children's Society
Highland Muslim Educational Association (HMEA)
Highland Senior Citizens Network
Highland Society for the Blind
Highland Society for the Deaf
Highland Users Group
Highland Visible Voices
Highlands & Islands Autism Society
Highland's Childrens Forum
Home Start Lorn
Home-Start Ross and Cromarty
Initiative at the Edge
Inverness Hard of Hearing/Lip Reading Group
Inverness Women's Aid
Islay & Jura Community Care Association
Islay Council on Alcohol & Drugs
KADAS (Kintyre Alcohol and Drugs Advisory Service)
Kintyre Community Education Centre
Kintyre Forum on Community Care
Kyles & District Elderly Forum
Lochaber Action on Disability
Lochaber Council on Alcohol
Lochaber Deaf Care
Lochaber Disability Access Panel
Lochaber Routes
Mid Argyll Council on Alcohol
National Resource Centre for Ethnic Minority Health
National Schizophrenia Fellowship - Carers Support
National Schizophrenia Fellowship (NSF)
NCH Intensive Probation Project – *children's charity*
NCH Lochaber Families Project - *children's charity*
NCH Positive Options Project - *children's charity*
North Argyll Carers' Centre
NSF(S) (National Schizophrenia Fellowship) Carers Support Project
Oban Council on Alcohol & Drugs

Groups Invited

Oban Youth Against Drugs
Partnerships for Wellbeing
People First
Princess Royal Carers Trust (North Argyll)
Nairn Health & Happiness
Principal Youth Officer, Highland Council
Public Health Practitioners, NHS Highland
Reachout Highland
Re-solv
Richmond Fellowship Scotland - Badenoch
Ross-shire Carers Support Group
Ross-shire Women's Aid
Rural Stress Information Network
SACRO
Safe, Strong and Free Project
Salvation Army
Salvation Army
Scottish Deaf Association
Scottish Highlands and Islands and Morayshire Chinese Association
(SHIMCA)
Shirlie Project
Skye & Lochalsh Association for Disability
Skye & Lochalsh Council on Alcohol
Skye & Lochalsh Mental Health Association
Skye Old People's Welfare
SLUG (Skye & Lochalsh Users Group)
SMART (Supporting Mental Health and Recovering Together)
Street Work Project
Stresswatch (Highland Stress Help Group)
The Deaf Society
The Haven
The Janny's Hoose
The Prince's Trust Scotland
TYKES (The Young Karers East Sutherland)
Victim Support Highland
Who Cares Scotland
Youth Highland

Appendix 3

Caithness Deaf Care

My role is as Co-ordinator of Caithness Deaf Care, we are a voluntary/ charitable organisation with two drop in centres in Wick and Thurso (20 miles apart) we visit people in rural areas, nursing/residential homes and hospitals. We are involved with Caithness deaf Club (profoundly deaf sign language users) and provide communication support and advocacy for them. We have over 800 clients in Caithness and North East Sutherland.

Some of the problems encountered by them before, during or after appointments with health staff are:-

Hard of hearing clients – possibly hearing aid users:-

Telephone access – some of our clients experience difficulty on the telephone especially with times of appointments

Correspondence is technically worded and some people are unsure what the appointment is for

Waiting rooms can be noisy & busy with phones, chatting, music – people possibly don't hear the names being called

Reception and medical staff who are not trained in deaf awareness do not look at the client when speaking – often having their head down or turned away – for people trying to lip read this is not helpful

Personal listeners and loop system can be very useful and are not very expensive to buy – for the reception area and doctor/nurse office

Profoundly deaf clients:-

Access to appointments by text messaging would be very useful – as most surgeries/hospitals do not have text phones and not all deaf people have fax machines or use e-mail.

Access to sign language interpreters for routine appointments should be standard and the onus should not be on the deaf person to organise it.

Training of reception/medical staff in communication tactics and deaf awareness would be advantageous to all concerned.

If anything is unclear please do not hesitate to contact me on 01955 606 170.

Thank you
Deirdre Aitken, Co-ordinator

Contact the Elderly

Contact the Elderly has been operating in Highland for over 8 years. During this time we have developed an excellent working relationship with many other agencies and helped, in many different ways, many older people who were lonely and isolated. **We now have 393 older people on our books and 232 volunteers** without whom the service could not operate.

Present Activities

1. Sunday outings

This is the basic operation that we have been involved in throughout the UK for over 40 years and in the Highlands for over 8 years. Lonely/isolated older people are taken out once a month on a Sunday afternoon usually to a private house for a cup of tea and a chance to chat.

2. Friendship Groups

These have now been operating for over 3 years. One weekday afternoon a month or in some areas a week a group of older people meet up, reminisce, listen to a speaker, do an activity, have a cup of tea and a blether and sometimes finish up with a good old fashioned sing song.

3. Visiting Service

This has been running for nearly 3 years. Older people who are virtually house bound are 'matched up' with a visitor who calls for about 1 hour a week. This call may include taking the person out for a cup of tea or just a short run in the car.

Benefits of Contact the Elderly Activities

These have been independently evaluated and have been found to include: reducing the chances of developing dementia and depression, improving the outlook and attitude of many people and most of all alleviating loneliness and isolation. By having regular social contact people get mental, physical and social stimulation. They have something to look forward to, good memories of the outings, which enables them to be able to tell their friends and relatives what they have been up to and this stimulates further conversation. Overall, the outings and visits enhance the general wellbeing and life of the older person.

Main Areas of Concern

The present main areas of concern are the number of referrals of older people we are getting from official agencies through the area. These referrals are passed to us because the official agencies do not have the finance to help the person. We do not at present receive any financial assistance from any of these agencies, and we are seen as 'a soft touch and an easy way' of getting referrals off the books.

The official agencies to which I refer include Social Work Departments and several health service agencies including GPs, Health Visitors and Occupational Therapy

At present I am paid for 21 hours per week and am the only paid Contact The Elderly person in the Highlands.

If you have any queries please do not hesitate to get in touch.

Alan Michael
Development Officer

Report from Caithness

NHS Highland is offering regular, fortnightly physiotherapy to Multiple Sclerosis sufferers in Ross-shire. Wick Multiple Sclerosis Group has been without a physiotherapist since November 2005, although it has: standing frames, parallel bars, bikes etc, unused. Caithness General Hospital say they are unable to offer regular physiotherapy support to the Multiple Sclerosis Group and have said "physiotherapy is to teach someone how to exercise".

Transport in the area makes it difficult for Multiple Sclerosis sufferers to get to group meetings.

There is only one Multiple Sclerosis nurse for Highland who can only see at a maximum 30 patients a week. This does not provide a sufficiently frequent service for the demand in Caithness.

No Neurological Consultant visits Caithness so patients have to make the journey to Raigmore either by ambulance, a long 3 hours with no toilet stops, or by car. By the time they get to see the consultant they are in no fit state, for the few minutes they get, to ask questions or take in what is said to them, then they have to face the long journey home again. Totally unsatisfactory.

Caithness mental Health Support Group report a lack of funds, the increase yearly is insufficient. People are being referred but there are only 2 members of staff to 30 users. There is a crisis all the time, the Haven in Wick for mental health users and Stepping Stones in Thurso lack volunteers.

Mental Health users have extreme difficulty in accessing mental health support workers out of hours or of seeing the Community Psychiatric Nurse appointed to them for any decent length of time, due to the case load on the Community Psychiatric Nurses.

If mental health users make complaints they are told that if they wanted to change their Community Psychiatric Nurse none were available, and that their support worker would be withdrawn, as without a Community Psychiatric Nurse there would be no support worker.

Joan Lawson

Report from Bute

Bute Community Care Association is concerned with people's welfare; we are an island community and the cost of travel to the mainland is high both in cash and time: - we are members of the Argyll & Bute Public Partnership Forum and have been invited to become members of a patient/staff group in the health centre. A lot is up in the air due to Argyll & Clyde being dissolved.

Mental Health

Although the consultant comes regularly to the island the hospital is situated a 200 mile journey, through Inverary by car, or for those non drivers visiting this means a 2/3 bus + 2 ferry journey on three days of the week, summertime approx 8am till 4pm in the winter 8am till 7pm. In both cases weather permitting or a two day journey via Glasgow again this is a ferry, train and bus journey. At present there is no functioning "Place of Safety" this due to no appropriately trained staff being available. The local police place patients in cells until the ambulance and escort come down from Lochgilphead; this can take overnight or a minimum three hour wait. Recently the ambulance did not have a qualified escort resulting in our community police officer having to accompany the patient to hospital, the constable then had to make the return journey. We are not alone in this I have a newspaper cutting from British Columbia expressing concern about this problem.

Maternity Services

First time mothers and others not likely to have straight forward delivery must go to the Royal Alexandra Infirmary in Paisley, not an easy place to reach as this is a ferry, train and bus journey. If a problem arises during a Rothesay delivery the mother is sent to Paisley by ambulance during the day and by helicopter at night, one of the helicopters does not have room for a partner meaning he/she misses the birth.

Children's Services

Overnight stays are no longer part of the services in Inverclyde Royal hospital, Greenock due to lack of paediatric consultant cover caused by the new working hour's directive. Children will be seen at A&E but if more urgent or other treatment is required the young patient will be transferred to Paisley. The Acute Assessment Unit has also been transferred to Paisley. Day surgery, clinics and child development services are ongoing and expanding at Inverclyde Royal Hospital.

Elderly Care Services

These were badly hit in the spring when the funding dried up resulting in massive cuts in the Home Help services. Some extra funding was found in June but did not bring the services up to scratch. Argyll & Bute council social works department are intending to have people engage the use of licensed agencies to take on the provision of domestic element. Bed blocking has increased as the care packages funding has been cut.

Kidney Dialysis

Patients have to travel to the mainland for their treatment – it can be a long day three times a week.

Learning and Physical Difficulties

Those with learning and physical difficulties are disadvantaged as the Supporting People funding, provided by the UK government has come to an end, the Scottish Executive will become the funder but to what extent?

This is just a small insight into island living.

Jeanette McIntyre

Appendix 4

Workshop

We had intended to break out into smaller groups for workshops. However, the smaller than anticipated number of participants and the level of inclusive interaction already occurring prompted a consensus in favour of a single workshop.

The following brief notes cover; the type of issues groups would like to be involved in or consulted on, the level of decision making they would like to be included in, their ideas on who should be involved and ways of contacting them, what they expect from being involved.

Notes on Discussion

- ❖ involving groups (such as Travellers) in central decision making processes
- ❖ involving groups in service redesign in their Locality (e.g. care of the elderly in Lochaber).
- ❖ reach beyond 'the usual suspects' (e.g. not only involve the bigger groups but also the smaller, more local groups as well as individuals).
- ❖ hold meetings/meet people and groups where they are (e.g. on Travellers sites)
- ❖ contact relevant groups on existing lists (e.g. GP lists, Social Work lists, 'at risk' groups from emergency planning lists etc.
- ❖ make information available in communities
- ❖ Post Offices and hairdressers! (*amongst the suggestions for good places for information to be displayed*)
- ❖ Acknowledgement (e.g. of contact, feedback etc.)
- ❖ Reflection of views, concerns, issues raised during consultation
- ❖ Scottish Health Council should have direct contact with the various groups, either directly on the Local Advisory Councils or through other contact

Appendix 5

EVALUATION FORM – RESPONSES

Number of forms circulated (staff excluded)	12
Number of responses received	9

Questions and responses

How accessible was the venue?

- Excellent
- Very good
- OK
- No difficulties
- Fine
- Close to bus routes, 5 min walk, good disabled access
- A wee bit different
- Excellent
- Very accessible as travelling by car

What did you find most helpful about this event?

- Networking
- Discussion
- Meeting new people
- Contact with other groups
- Sharing experiences
- Meeting the other user group representatives
- The general atmosphere led to discussion without “pushiness” and good listening/feedback
- Listening to the various groups and hearing what they thought their issues were.
- Meeting members of the SHC and developing a greater understanding of the role.
- Meeting other members of voluntary sector

What was least helpful?

- Some reps from particular groups of interest failed to attend
- None
- Not getting help with travel etc.
- Lack of time to develop discussions
- Just the travelling!
- People not showing up.
- N/A
- Don't know
- All was helpful

What should we have done differently?

- Not a lot
- Nothing it was fine
- Don't know
- Smaller discussion groups to allow everyone more opportunity to put their point of view forward
- Specific topic-led workshops
- Give some details of all those invited and their groups
- Awareness raising. I would have liked to have seen more people there.
- Not sure

How could we build on this event?

- Keep on plugging away and building up database
- More events
- Get more people involved
- Refresher meetings perhaps 6 monthly/annually
- Perhaps a local Argyll/Lochaber group?
- As above (i.e. give some details of all those invited and their groups)
- Keep people in touch
- Feedback and awareness raising
- By ensuring that local groups and organisations know who their local volunteer/contact is

Any other comments?

- It is going to be a long slog but is coming clearer
- Everyone was friendly and the event was very helpful
- Good
- Left with a feeling of “welcome” and hope
- None
- It is often difficult to assess how representative representatives are