

Consultation Report

Haringey's Older People's Mental Health and Dementia - Commissioning Framework 2010-2015

November 2010

Summary:

The Commissioning Framework sets out how services will develop and be delivered for people with dementia, older people with mental health problems and their carers over the next 5 years (to 2015/16). The consultation period on the Commissioning Framework was from the beginning of June to 6th September 2010. People could contribute in three ways to the consultation:

- i. Written responses / and questionnaires
- ii. Meetings with users and carers directly affected by the issues – including 2 open meetings organised with Haringey Alzheimer’s Society
- iii. A consultation with people currently using services to find out what is most important to them.

Information about the consultation was advertised by:

- A launch at the Haringey Dementia Conference in May 2010.
- A mail out of the summary document, questionnaire and invitation to the open meetings to over 400 members of Haringey Alzheimer’s Society
- An advert in Haringey Forum for Older People’s newsletter
- A meeting with the Health and Wellbeing Theme Group (under the umbrella of Haringey Association of Voluntary and Community Organisations) introducing the consultation.
- A consultation web page on Haringey Councils internet site
- Informal discussions at the Haringey Dementia Forum

A wide range of views were collected during the consultation. The majority of people agreed with the recommendations and priorities made in the draft Commissioning Framework. There was no overall consensus about the top priorities but two issues did come up during the consultation many times:

1. The need for a comprehensive information booklet on services and practical advice on dementia
2. The need for more training and education for all staff working with people with dementia, especially GP’s and staff in general hospitals

A lot of people also asked for a less “wordy” and easier to read summary document.

Along with these requests was a lot of praise for the quality of the services people received in Haringey. Most notably many people mentioned the Councils day and domiciliary care services, the Admiral Nursing service, Age Concern, 60 Plus and the Memory Clinic at St Ann’s.

A number of comments made during the consultation were directly related to equalities issues. All feedback on equalities was recorded and included, in detail, in the Consultation Report. The table below summarises the comments and feedback on equalities organised into Haringey Councils Diversity Strands:

Equalities issue / diversity strand	Comment / Feedback
Age	<p><i>Younger people with dementia:</i></p> <ul style="list-style-type: none"> i. Younger people with dementia have different needs to older people with dementia ii. There are fewer services specifically for younger people with dementia
Disability	<p><i>People with learning disabilities:</i></p> <ul style="list-style-type: none"> i. More focus is needed on the needs of people with learning disabilities who have dementia ii. More focus is needed on older people with learning disabilities who have functional mental health problems. iii. Staff working with people with learning disabilities need more training in dementia care. <p><i>Older people with functional mental health problems:</i></p> <ul style="list-style-type: none"> i. A separate Framework for older people with functional mental health problems would be useful. ii. Older people with functional mental health problems have different needs to younger people and should have separate services
Ethnicity	<ul style="list-style-type: none"> i. Seek the views of people from Black and ethnic minority communities to make sure they are included in service developments and planning. ii. Paid carers need to understand the needs of people from different backgrounds and different ethnic groups. iii. Services should be available that meet a range of different cultural needs, including language, diet, customs and ways of thinking about mental health. iv. Information booklets should be available in different languages v. Ensure that people from black and minority ethnic communities are fully engaged and involved with all planning and service development vi. Use the knowledge of black and ethnic minority communities to help others understand different perspectives and approaches to mental health in different communities and groups.

Religion or belief	<ul style="list-style-type: none">i. Faith religion and spirituality is very important to some people who use health and care servicesii. Services should be available that respect and support peoples religions and faith.
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We would like to thank everybody who contributed to the consultation as your comments will contribute to the final version of the Commissioning Framework and help us improve services in Haringey. To show how this will happen the table below lists each of the issues, suggestions and concerns raised in the consultation, including equalities, and shows how they will be included in the final document and the future work on improving services:

How feedback from the consultation on the Older Peoples Mental Health and Dementia Commissioning Framework informed the final version:

The feedback was / people asked us to:	So we plan to:
<p>Produce a less 'wordy' easy to read version of the Commissioning Framework with less technical language, explanations of terms used and the different meetings and groups involved.</p>	<ul style="list-style-type: none"> - Re-write and circulate a summary of the final version - Include a glossary of terms in the main document and a diagram showing the meetings and groups involved in doing the work
<p>There should be a time table for action</p>	<ul style="list-style-type: none"> - Produce a Delivery / Action Plan with timescales
<p>Carers and users of services should be more involved in the development of services and plans.</p> <p>Seek the views of people from Black and ethnic minority communities to make sure they are included in service developments and planning.</p>	<ul style="list-style-type: none"> - Support a group of users and carer reps to contribute to the work of the Older Peoples Mental Health Steering Group (the group responsible for making sure the recommendations are carried out) and ensure that the diverse community of Haringey is well represented. - Look at different ways to involve more people using the suggestions made in the consultation e.g. going out to meet people in existing groups, using existing newsletters and networks and ensuring people from all Haringey's communities are involved. - Make sure that where big changes or decisions are needed in the future that users and carers are consulted.

The feedback was / people asked us to:	So we plan to:
Make sure that health and social care services and commissioners work together.	<ul style="list-style-type: none"> - Ensure the two services work closely together, and make sure that we include GP's in our work who will soon be commissioning health services.
Do more work on services for older people with functional mental health needs and look at services specifically for older people with mental health problems	<ul style="list-style-type: none"> - Work with the Barnet, Enfield and Haringey Mental Health Trust to agree how services for older people will be delivered in the future. The work will include work on making sure services are age appropriate.
Give more thought to the needs of people with learning disabilities who have dementia	<ul style="list-style-type: none"> - Include a new recommendation in the Commissioning Framework that will make sure that that the needs of people with learning disabilities and dementia are included in the wider work, - Make sure the work being done by the learning disability and dementia working group is included in the Delivery (Action) Plan for the Commissioning Framework.
Publish a comprehensive information booklet on dementia with information about services and practical advice which should be widely available in hard copy and on the internet.	<ul style="list-style-type: none"> - Look at the existing sources of information, see where there are gaps and write an information booklet.
Getting a diagnosis of dementia should be easier and quicker.	<ul style="list-style-type: none"> - Actively look at ways of improving the links between GP's and the memory assessment clinic at St Ann's Hospital.
Offer more support and services to people under 65 who have dementia	<ul style="list-style-type: none"> - Explore the development of a memory assessment pathway for people under 65. - Work with services users and neighbouring boroughs to look at what support services are available to people with dementia under 65 and consider how we can work together to meet any gaps in services.

The feedback was / people asked us to:	So we plan to:
Give more information about what personalisation means for people with dementia and their carers.	<ul style="list-style-type: none"> - Work closely with people involved in personalisation to ensure the needs of people with dementia are well met this will include working with users and their carers to look at the impact of personalisation on their services - ensure publicity includes information to people with dementia and their carers about personalisation
Ensure social care services (home care and care homes) can meet the cultural, religious, dietary different language needs of all people using their services.	<ul style="list-style-type: none"> - make sure that the needs of Black and ethnic minority service users and carers and people of different faiths are included in all our work on developing the quality of social care services (including home care and care homes)
Be clear about how the needs of older people with mental health problems and people with dementia and their carers will be included in the Housing Strategy for Haringey.	<ul style="list-style-type: none"> - Work to ensure the Housing Strategy is explicit on meeting the needs of older people with mental health problems and people with dementia and their carers.
Improve the quality of care people with dementia get in general hospitals	<ul style="list-style-type: none"> - review psychiatric liaison services in general hospitals to make sure it is meeting the needs of people with dementia - prioritise hospital staff in our dementia training plan - improve the pathways and links between hospitals and community services for people with dementia
Improve the public's awareness about dementia and the ways to reduce the likelihood of getting dementia – prevention	<ul style="list-style-type: none"> - write a three year plan of actions to improve public awareness about dementia - ensure that health promotion campaigns include information on reducing the likelihood of getting dementia and mental health problems.

The feedback was / people asked us to:	So we plan to:
Support GP's to get a better understanding of the importance of early diagnosis and the needs of people with dementia and their carers and to complete the Quality Outcomes Framework (QOF) monitoring for people with dementia. (QOF is a way of GP's recording the work they have done which is reported to the Dept of Health and linked to the level of payment GP practices receive)	<ul style="list-style-type: none"> - GP's (and reception staff) will be one of the priority groups in our dementia training plan. - QOF data on dementia will be included in the Joint Strategic Needs Assessment work (a way of collecting up to date information on the needs of people in Haringey)
Look at the range of support for carers including: <ul style="list-style-type: none"> - offering training to carers - support for carers of people in care homes - carers support groups at varying time of the day / week 	<ul style="list-style-type: none"> - carers will be one of the priority groups in our dementia training plan - include carers of people in care homes in consultations - Await the results of the national pilot projects on improving carers and users (peer) support services, due by the end of 2010/11 and use the results to review and improve services in Haringey.
Ensure a wide range of respite care available	<ul style="list-style-type: none"> - ensure that personalisation and the increased use of personal budgets will mean that services people receive meet their individual needs, choices and preferences. - look at the range of respite care services offered in Haringey for people with dementia as part of the work on developing new service providers
Look at the support care home staff get to care well for people with dementia and in particular the role of Community Matrons.	<ul style="list-style-type: none"> - Review the way care homes are supported and look at the role of the Community Matrons and others.

The feedback was / people asked us to:	So we plan to:
Make sure people working directly with people with dementia understand the Mental Capacity Act and make sure people using services have access to support to make decisions for themselves.	<ul style="list-style-type: none"> - Include in all contracts with health and social care providers the need for their staff to have a good understanding of the Mental Capacity Act AND - include clear references to Mental Capacity Act in the dementia pathway
Support to people in the early stages of dementia	<ul style="list-style-type: none"> - Ensure the pathway for dementia includes support for people in the early stages of dementia

Feedback from meetings with user's carers and others

What we did:

A major part of the consultation was going out and meeting people affected by the issues, face to face, in small groups. This approach was chosen after discussion with members of Haringey Alzheimer's Society. It was felt that the best feedback comes from small group discussions in locations and settings where users and carers feel most comfortable. Over fifty people (mostly carers with a smaller number of users of services) gave their comments and feedback in the following meetings:

- Two open meetings held in conjunction with Haringey Alzheimer's Concern Open Meeting at the Grange and the Haynes Day Centres
- Woodside Carers Group
- Carers Unite
- Toms Club
- Cedar Ward Carers Group

In addition to these meetings views were sought informally from people attending the September Dementia Forum and a meeting was held with the Health and Wellbeing Theme Group (under the umbrella of HAVCO - Haringey Association of Voluntary and Community Organisations) to get feedback from third sector community based groups.

The feedback received from all these meetings has been collated and organised into themes. These themes are set out below with quotes from people attending the meetings to illustrate points made. There was no overall consensus about the top priorities but two issues came up many times:

1. The need for a comprehensive information booklet on services and practical advice on dementia
2. The need for training and education in dementia for all staff working with people with dementia, especially GP's.

The feedback themes from consultation meetings:

The consultation documents:

Many people found these too long and difficult to read.

"It was not user friendly".

People asked for more explanations of the groups and meetings mentioned in the documents and how they link together.

Putting the Framework into action:

A timetable is needed linked to resources available. If there is a resource gap people wanted to know about it and asked for it to be clearly identified.

Involvement of service users and carers:

A number of people wanted to be more involved in the work on the Commissioning Framework. Suggestions made included having more individual and small group discussions with users and carers with familiar people in familiar surroundings rather than lots of bigger meetings. People wanted more creative ways of involving people that take account of their caring responsibilities.

“Its hard to find time to get involved when you are a carer”

Getting a diagnosis of dementia

Some people had had difficulty getting a proper diagnosis of dementia. A big barrier to getting diagnosed was thought to be people’s lack of understanding about dementia, especially some GP’s. Another problem was that the NHS ‘privacy rules’ got in the way of getting a diagnosis as health care staff would not discuss things with family carers.

“It took months to get to St Ann’s, but when I got there the service was excellent”

Joint work across health and social care:

There was strong support for making the joint commissioning role a joint appointment between Haringey Council and Haringey Primary Care Trust. If this is not possible people felt that the systems should be made to work well across both organisations.

People with functional mental health problems:

Services for older people with functional mental health problems need more attention.

“Could there be a separate strategy for older people’s mental health”?

People with dementia who are under 65 (Working Age Dementia):

It was highlighted that for younger people with dementia under 65, there is a need to recognise that this groups needs are different from older people with dementia. Feedback indicated that there are very few services for them. It was also suggested that a Tom’s Club or similar for people under 65 was needed.

Personalisation and social care services:

Some people felt that they did not have enough information about personalisation and what it means for people with dementia and their carers. Worries were expressed about the responsibilities of being an employer under direct payments and if this is still the same under personalisation. More information about personalisation and social care was requested.

Paid carers need to understand the needs of people from different backgrounds and different ethnic groups. Services should be available that meet a range of different cultural needs, including religion, languages, diets, customs and ways of thinking about mental health.

“we are paying for our services so we should have the best”

Sometimes paid carers focus too much on their tasks and only did what was on the care plan even if it was not needed at that moment.

“Sometimes it’s the simple things that make all the difference”

Communication between paid carers and families needs to improve
Home care workers need a lot of time to build up relationships with people with dementia.

The day services at the Grange, Haynes and Woodside were highly praised by many people, as was the Council’s home care service.

“There is some outstanding good practice from some of the Haringey Council home care workers”.

Haringey Older Peoples Housing Strategy:

People wanted it to be clear how the needs of people with dementia will be included in the Older Peoples Housing Strategy.

General Hospital care:

Many carers had difficulties when the person with dementia they cared for was in hospital. Outpatients appointments were also a problem especially the long waits.

“The lack of understanding in general hospitals of dementia is a real concern and needs addressing”

Problems were also experienced because the hospital is in one borough and the community services in another. This seemed to make communication and coordination more difficult for some.

Information:

Age Concern and 60 Plus were praised for the support and information they provide. But there is a huge need for a comprehensive booklet on local services which could also be available on websites. The booklets should be available to everyone, be widely distributed and if possible translated into different languages.

“I was desperate and clinging to any information I could get”

“I didn’t know what was out there”

“The information booklet must be available in all languages so everyone can use it”.

Public awareness about dementia

Lots more needs doing locally to raise public awareness in Haringey for everyone.

GP's

Some families GP's are excellent at supporting people with dementia, whilst others had difficulty getting their GP to take memory problems seriously. The importance of GP's (and their receptionists) being well trained and informed about dementia was stressed many times in the consultation.

"GP's are central"

Support for carers:

Professionals and paid carers need to understand the stresses and strains of caring for someone.

"I go to work for a rest"

"We need to be assessed as a family"

People lose their social life when they become carers.

"It is a burden of responsibility being a carer that is not always acknowledged"

Carers value training and help to care e.g. lifting and handling. The training and support offered to carers by Admiral Nurses is very good.

"The Admiral Nurses are wonderful"

Carers still have a role even after someone has moved into a care home. Carers still need support after their loved on moves into a care home.

Sharing in carers support groups really helped a lot of people and many felt that more groups at different times e.g. evenings and weekends would be a good idea.

Respite care:

Some people did not know about respite care. Others told us sometimes it was hard to get the right sort of respite care. More varied forms of respite care would be very useful for some people.

Care Homes:

The recommendations about care homes should apply to all Haringey Care Homes. People's culture and religion and dietary needs need to be met if they move into a care home.

Feedback from users of services

What we did:

Staff at the Grange, Haynes and Woodside Day services worked with individuals and small groups of people using the services and asked them two questions:

- i. What would make life easier for you?
- ii. What is important to you?

The exercise was conducted over three days and in total 23 clients contributed. Session 1 was held at the Grange with 9 clients; session 2 at the Haynes with 10 clients from both centres and session 3 at the Haynes with 4 clients.

The responses were recorded verbatim and were collated and analysed.

Summary of themes from the users feedback:

There were seven major themes that came through each illustrated with direct quotes from the service users:

Theme	Service users responses
<i>Maintaining our independence</i>	<ul style="list-style-type: none"> - “ [I want] to be able to make my own decisions” - “to rekindle lost skills” - “[I want] to remain active and have my independence”
<i>Having appropriate support and help</i>	<ul style="list-style-type: none"> - “ I get help to support me with personal care” - the day service staff are very supportive and help me a lot” - The day service is like a life line”
<i>Being financially secure</i>	<ul style="list-style-type: none"> - “money to eat out and to buy food”
<i>Keeping active and doing meaningful things</i>	<ul style="list-style-type: none"> - “To be with other people socialising, assisting other people, do the ironing. I like to be with older people”. - “I hate sitting still”.
<i>Social and family networks and contact are vital</i>	<ul style="list-style-type: none"> - “ the day centre ...gives me the opportunity to meet people” - “Mother, brother, and father – wife” - “I have a very dear friend who lives in Australia. I would like to see her everyday”.
<i>Faith, spirituality and religion are very important to some people</i>	<ul style="list-style-type: none"> - “to help Him so you’re not in danger” - “to go back to the Father in Heaven”.
<i>Staying healthy</i>	<ul style="list-style-type: none"> - “[I] would like to remain mentally and physically well”

- “to maintain good health and have good support”

In many ways the things of most importance to people using the services in Haringey are common to everyone. The feedback from users of services helps to remind us that people with dementia do want and need the same things as people without dementia or mental health problems.

Feedback from written responses received:

What we did:

We advertised the consultation via:

- a mail out to all members of the Haringey Alzheimer’s Society (including the summary of the draft Commissioning Framework and a questionnaire)
- A notice in the Haringey Forum for Older Peoples Newsletter
- A web page on the Haringey Council internet site

We received twenty four written responses either on the feedback form or as letters (or both). See appendix 1 for demographic breakdown of written responses.

The written feedback:

The majority of people responding, sixteen, said they agreed with the proposed recommendations and priorities for action; seven did not directly give an answer to this question. One response said that they did not agree with Recommendation 22 on the role of home treatment teams and crisis resolution for older people with functional mental health problems as there should be separate older peoples services rather than one service for everyone whatever their age.

A number of people made suggestions for things that should be added to the proposals/recommendations as follows:

- More on prevention and keeping healthy
- A clearer separation of older peoples services from younger peoples services
- A detailed guide to services for carers of people with dementia “would be very useful”
- More involvement of carers of people who have relatives in care homes
- Develop the role of Community Matrons in care homes and specifically their knowledge of dementia care.
- Extend knowledge of all staff in health and social care on the Mental Capacity Act
- More support for people in the early stages of dementia
- Highlight role of LINK.
- More work on respite care needs for carers of people with dementia
- Reducing the length of time people have to wait for an assessment

- Ensuring access to continuing care funding is “equal for all”.
- Training the police on mental health issues “is very important”

Many of these themes are picked up in more detail below.

When asked what recommendations people felt were the most important a wide range of responses were given in the written feedback covering nearly all the recommendations in the Framework:

- Improve the data relating to needs and demographics (Recommendation 1)
- Ensure services have detailed service specifications (Recommendation 2).
- Funding: Identify current spend on specialist dementia services and percentage of generic services used by people with dementia. (Recommendation 3)
- Ensuring joint commissioning and joint work across health and social care (Recommendation 4)
- Developing an Integrated Pathway for people with dementia and their carers (Recommendation 5)
- Improving Public and Professional Awareness and understanding of dementia (Recommendation 6)
- Recommendations relating to personal care and support, personalisation and individual budgets and home / domiciliary care services (Recommendation 11)
- Implementing the Carers Strategy and developing better links between the Carers Partnership Board and The Older Peoples Mental Health Steering group (Recommendation 12)
- Improving Intermediate Care and working links between the Intermediate Care Steering group and the Older Peoples Mental Health Steering group (Recommendation 14)
- Improve and extend support to care homes to improve the quality of life for people with dementia living in care homes (Recommendation 16)
- Improving End of Life care for people with dementia (Recommendation 17)
- Training in dementia care, particularly for GP’s (Recommendation 18)
- Participation in the development of the Older Peoples Housing Strategy (Recommendation 15)
- The recommendation on the use of anti psychotic medication for people with dementia (Recommendation 19)
- Good mental Health Promotion and Prevention (Recommendation 20)

It was also suggested that looking at the pathway to see the relative significance of different points would be a good way of approaching the task of agreeing priorities.

Such a wide range of views suggests that there are no clear 'top' priorities for action over and above others. This is supported by the wide range of feedback from the meetings held as well.

The next section gives the written feedback in themes:

The report itself

- Many people asked for a less 'complicated' version and found the 'technical' phrases and jargon difficult to follow or understand.

Pathways:

- There should be a clearer definition of what a pathway is.

Engagement and involvement of users and carers

- Increase the amount of involvement of people with dementia and their families in the work on the plan
- Ensure that people from black and minority ethnic communities are fully involved with all planning and service development
- Use the knowledge of black and ethnic minority communities to help others understand different perspectives and approaches to mental health in different communities and groups.

Organisational arrangements:

- A clear description of the steering groups, working groups and Partnership Boards and the Health and Wellbeing Board and how they relate to each other is needed.
- The Steering Group need strong membership with skills knowledge and experience and administrative support to be able to work effectively.

People with learning disabilities:

- There needs to be more focus to the needs of people with learning disabilities in relation to dementia and functional mental health problems in old age.
- The aim should be to maintain the quality of life for people with learning disabilities and dementia for as long as possible. Can be achieved by ensuring that good quality community based services are available.
- Training for people and staffing in learning disability services is needed on dementia.

Functional mental health services for older people (e.g. depression, anxiety, psychosis etc)

- It would be clearer if the needs of older people with functional mental health problems were looked at separately from those of people with dementia
- This sort of separation would allow more detail and emphasis to be given to older people with functional mental health problems.
- There is a need for specialist mental health services for older people because staff working with younger people with functional mental health problems would not understand the needs of older people.

GP's

- Need to improve quality of the Quality Outcomes Framework (QOF) data on people with dementia kept by GP's (QOF is a way of GP's recording the work they have done which is reported to the Dept of Health and linked to the level of payment GP practices receive)

Prevention

- Prevention and promotion of good physical and mental health is very important:
"Attack it before it starts".
- Supporting people to keep healthy physically and mentally. Importance of exercise and good diet and maintaining family and social contacts was emphasised. Using more volunteers to help people stay in touch and socialise was also suggested.

Information and communication:

We need

- a local guide with practical information and advice as well as lists of local services, what they offer and how to contact them. Could be distributed via GP's
- regular meetings with reps from social services to keep people up to date with changes in services and regulations.

Communication Plan and public awareness:

- More detail on who will be responsible for the Communication Plan and Public Awareness campaign is needed.

Getting a diagnosis of dementia:

- help seems dependent on how good or knowledgeable your GP is about dementia. Need to make sure all GPs have the right knowledge and expertise and know to refer on to the memory service.
- Must improve GP's understanding of the importance of early diagnosis and referral to memory services
- More training and awareness raising needed

Joint Commissioning and joined up work between health and social care:

- A joint commissioner for dementia services is much better than a separate one for health and social care.
- Joined up work is "Essential".

Care homes:

- need for staff in care homes to be well trained in dementia and mental health issues, they also need to know where to go for further specialist support with more complex problems.

Care for people with dementia whilst in hospital:

- On general wards people may get physical health care needs met but not always their psychological/mental health needs.

- More training and awareness raising needed for all hospital staff on caring for people with dementia.

Support for carer:

Carers need:

- support at the early stages when dementia just been diagnosed
- information about what to expect as a carer
- training, support and mentoring
- clear information about support available, as well as financial implications and costs

Decision making and the Mental Capacity Act

- All staff working across all public services need to understand the Mental Capacity Act
- More support for people with dementia to make decisions and to have access to advocates and representation.

Feedback on the consultation and future involvement:

An important part of the consultation was finding out how people wanted feedback on the consultation and how they would like to be involved in the future:

Getting feedback on the consultation:

The majority of people wanted written feedback on the consultation by post. A smaller number said they would prefer the internet and emails, but many others said they did not have access to a computer. The consensus was that feedback should be available by post and on the internet.

Getting involved in the future

Some people said they would like to be involved more in the future but would find it difficult to get to meetings either because of their full time commitments as carers or because they found getting around and public transport difficult. If these problems could be overcome many welcomed the idea of attending meetings, either one off on particular issues or as part of regular meetings/groups. Varying the times of events/meetings across day time and evenings was suggested as well.

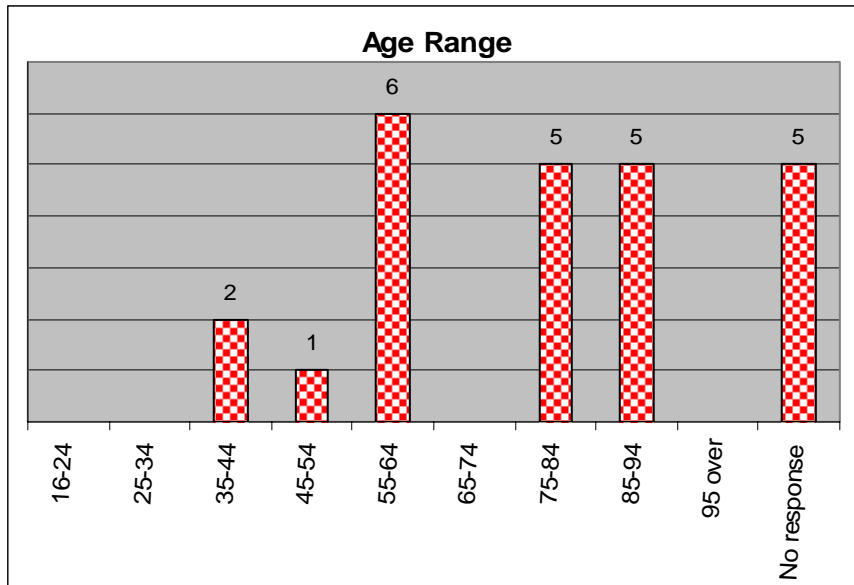
Using existing networks including community based groups, user and carer groups and organisations like LINK and the Alzheimer's society was also seen as a positive way to involve people more. Doing more outreach to people living in care homes and their carers was also suggested. Another way of keeping people informed is via existing newsletters.

Overall people involved in the consultation wanted to be more involved in the future.

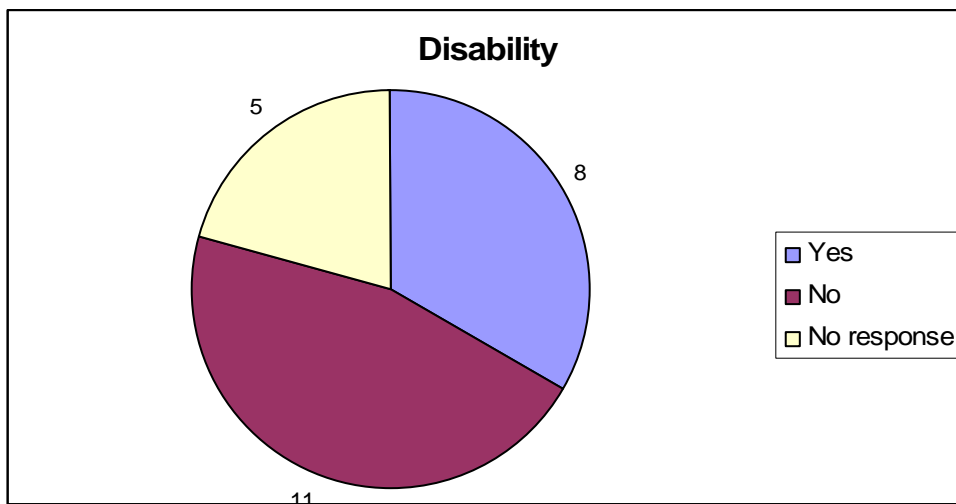
Equal Opportunities Monitoring Summary of written feedback received

Total number of written responses received = 24

Age breakdown:



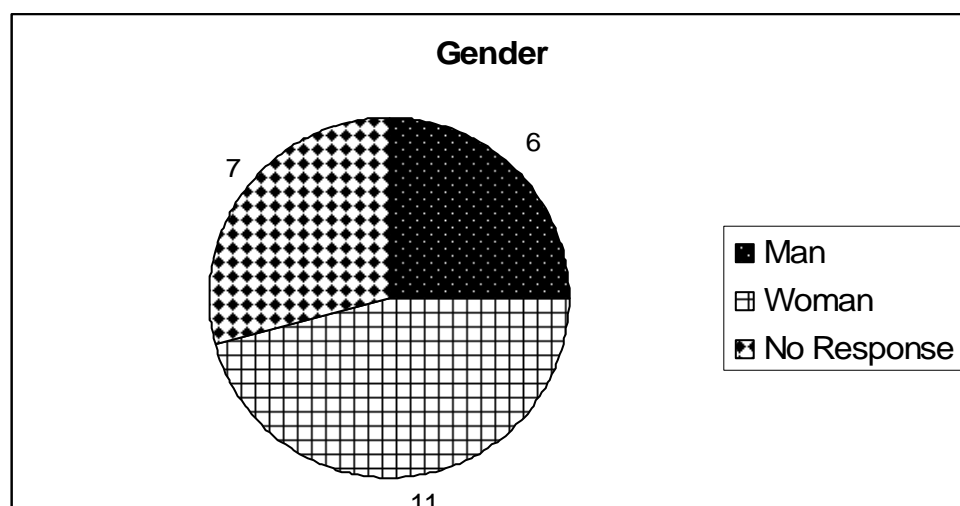
Disability:



Ethnicity

White British Other	White British	White Irish	Asian or Asian British Indian	Black or Black British African	Black or Black British Caribbean	Black British	Other ethnic group	No Response
1	7	2	4	1	1	2	1	5

Gender



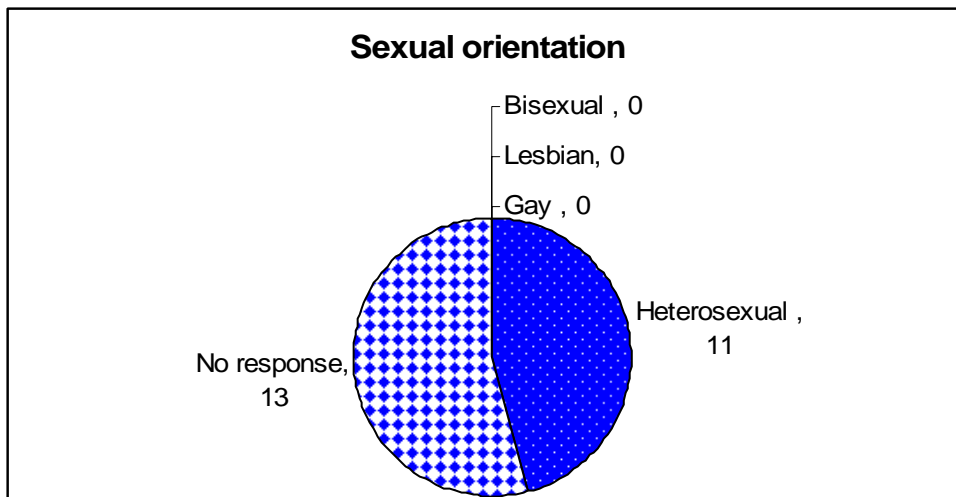
Gender Identity

Does your gender differ from your birth sex?		
Yes	No	No Response
0	7	17

Religion:

No Religion	Muslim	Christian	Hindu	Other	No response
2	1	9	3	2	7

Sexual orientation:



Reasons for interest in consultation

