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# *Our Health, Our Future*

## Analysis of survey results

### FINAL REPORT

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# Summary of findings of the qualitative data analysis

Three core themes were identified from the answers to the open-ended questions (qualitative) data:

1. Advice and support regarding lifestyle changes and improving diagnosis of health conditions.
2. Improving awareness of, and access to, health and care services and information.
3. Improving communication between health and care professionals and patients/local people.

## **Advice and support regarding lifestyle changes and improving diagnosis of health conditions**

- Adopting unhealthy lifestyle behaviour and choices (unhealthy diet, smoking, excessive alcohol consumption, obesity, poor sleep and physical inactivity) were seen as contributing to poorer physical health and the increased risk of chronic conditions such as diabetes, cardiovascular disease, cancer and other morbidities.
- Establishing healthy behaviours during childhood and adolescence was perceived as important; behaviours were viewed as harder to change during adulthood where lifelong habits and behaviours were embedded.
- It was suggested that schools were an ideal setting to promote the importance of healthy lifestyle choices and psychological wellbeing through education around nutrition, exercise/sports and mental health issues.
- The inextricable link between physical and mental health was acknowledged.
- Respondents were supportive of the NHS Health Check programme, but felt checks should be more frequent.
- Respondents reported experiencing very long delays in the diagnosis of their long-term conditions – some reported paying privately to get a quicker diagnosis and improved access to treatment.

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- Respondents believed there should be more training for health and care professionals, to increase awareness and understanding of rare conditions and conditions that are harder to diagnose.
  - Respondents wanted information on the side effects of treatment and how they could manage their condition beyond taking medication, such as adjusting their lifestyle (e.g. stopping smoking, symptom monitoring, physical activity, losing weight, making diet changes).
  - Some respondents felt that health and care professionals were too hasty to prescribe medication (and in some cases overprescribe), without considering the person as a whole.
  - Financial constraints and work commitments were perceived as barriers to having leisure time and doing the type of exercise they wanted to do (e.g. swimming, gym membership).

### **Improving awareness of, and access to, health and care services and information**

- Respondents reported that they wished they had known about local health and care services and initiatives sooner, and that they could self-refer for certain services without having to consult a GP (e.g. Improving Access to Psychological Therapies (IAPT), audiology, physiotherapy, smoking cessation), without having to consult a GP first.
- Respondents wanted health information to be clear, transparent and easy-to-understand, with minimal jargon.
- Respondents expressed frustration and concern about the limited availability of GP and NHS dentist appointments.
- It was suggested that technology could be used to develop (1) a single web portal, to help 'map' the different health and social care services across local areas in one place, akin to the London Tube map, (2) an App that would enable patients and their caregivers to book GP appointments, order repeat prescriptions and view their medical records on their mobile phone or tablet, and (3) use video conferencing for appointments.

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- Extended GP opening times (early morning, evening or weekend appointments) would help to accommodate those who are working or have other commitments during the day.
  - Respondents experienced delays in accessing secondary (hospital) specialist services, reporting lengthy waiting times and rearrangement of appointments and/or operations.
  - Access to reliable and affordable public transport was highlighted as a barrier to accessing hospital care. Frustration was expressed about travelling long distances (circa 50 miles) for hospital appointments.
  - Respondents felt more should be done to raise awareness of the local mental health services available, reduce waiting lists and the option of self-referral.
  - Respondents wanted mental health issues to be discussed more openly in educational settings, and campaigns to teach children and young people about key issues regarding mental health (depression, anxiety) at the earliest opportunity to help destigmatise mental health in the community.
  - Carers felt that more could be done to identify carers' physical, emotional and social needs, and in providing them with support to improve coping and quality of life.
  - Concerns were expressed regarding the organisation and future of the health and social care system, and the increasing shift towards privatisation of the NHS.
  - Respondents wanted a more 'joined up' service that was easier to navigate, with better integration of health and social care services, to facilitate better communication between professionals working across the continuum of health and social care.

## **Improving communication between health and care professionals and patient/local people**

- Respondents placed importance on health and care professionals providing patient-centred care and opportunities for shared decision-making, in which people are listened to and respected.

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- Respondents, particularly those living with long-term conditions, valued being treated as ‘expert patients’ about their condition(s).
  - It was suggested that initiatives should focus on empowering patients and their families/caregivers to feel able to participate in decisions about their health and wellbeing.
  - Respondents seemed to value continuity of care with health and care professionals, where they learn about a patient’s medical history (physical comorbidities and mental health) and their psychosocial context.
  - Frustration was expressed when care was not properly co-ordinated between services due to lack of communication (e.g. GPs and specialists, GPs and social care, mental health and NHS).

## **Quantitative and subgroup analysis**

- In total, we identified 3087 codes at sub-theme level (over the 14 sub-themes grouped in three core themes) in responses across all three of the questions asked.
- The most common sub-theme identified in the analysis was ‘Improving access to, and continuity of, primary care services’ (ST7) with 25.9% respondents referring to it.
- The second most common theme was ‘The role of digital technology/e-health to improve health and care information and services’ (ST6) with 14.1% of respondents referring to it.
- The third most common theme was ‘Perceived impact of lifestyle choices, behaviours, and family history on physical and mental health’ (ST1) with 13.5% of respondents deemed to be referring to it.
- Overall, the number of responses from Wiltshire was higher than the other two regions (42% vs 31% and 27% approximately for B&NES and Swindon respectively), which, to some extent, is in line with the population size of each area. There were no major differences in the top three sub-themes by area.
- Some differences between age groups were observed in the sub-group analysis. Specifically, in the two younger age groups (under 18 and 18-24), perceived impact of lifestyle choices, behaviours and family history

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on physical and mental health was not one of the top three sub-themes (ST1). This contrasts with all the other age groups, where ST1 was the second or third most common thread in the responses. For the younger age groups, improving access to mental health services and support was the first (under 18) or second (18-24) most common theme.

- Interestingly, for older groups aged 75-84 and 85+, different sub-themes appear among the top three. In the 75-84 age group (where we had a sufficient number of respondents), feeling heard and listened to by health and care professionals (ST13) was the third most common sub-theme.
- No considerable differences were identified in the remaining sub-group analysis.

## **Notes on the analysis and presentation of results**

- All charts included in this report can be resized, reformatted and restyled as preferred or required for different presentation purposes.
- As per our agreement, no statistical tests have been used to estimate the significance (or not) of differences in proportions and other summary measures. For this reason, I have refrained from using such terms as 'significant' or 'significance' that may point to statistical tests. Instead I have used lay terms such as 'notable', 'negligent', 'substantial' to provide a qualitative assessment of any difference observed.
- The left uppermost cell of each table contains the survey question verbatim to aid with transferring the table in the main report/presentations.
- All other categorical variables were sorted from the category with the largest response rate to the one with the lowest, unless otherwise stated.
- Areas are sorted alphabetically: Bath and North East Somerset, Swindon, Wiltshire.
- Table and figure legend; N: total number of respondents included in this analysis (N = 1462); n: the number of respondents in a sub-group (e.g. all female respondents, n = 1081); %: percent.

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# 1 Demographic analysis

In this section, we present a descriptive statistical analysis of who responded to the survey.

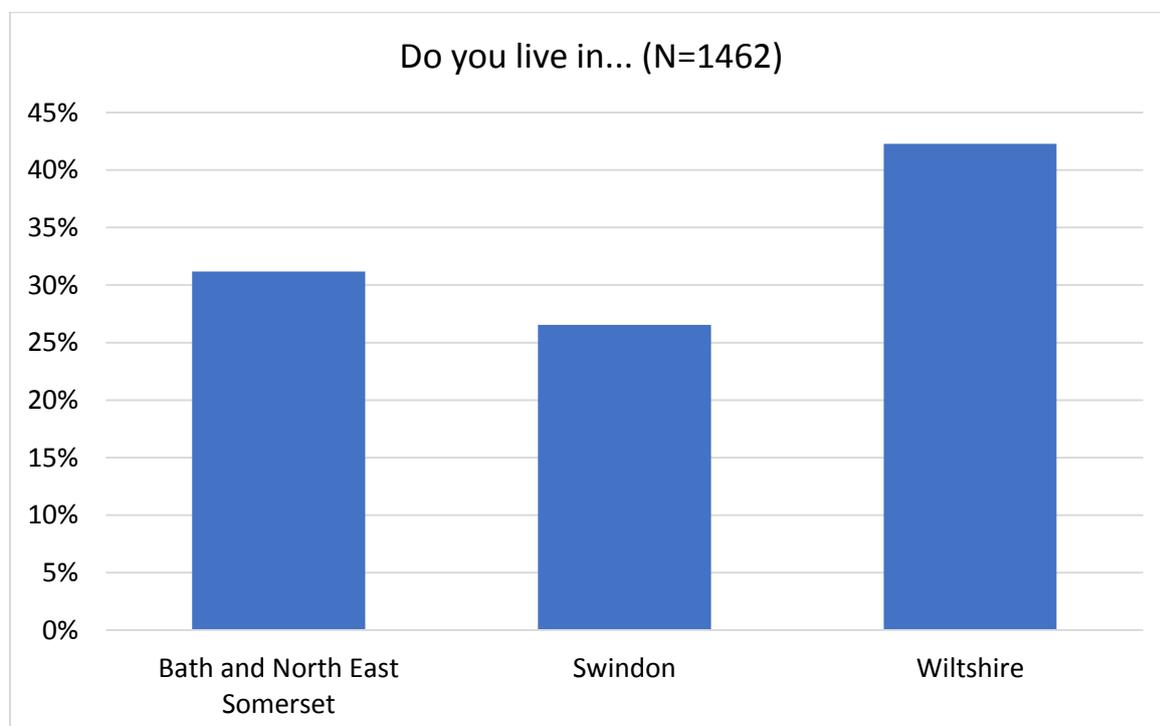
## 1.1 Area

The number of responses from Wiltshire was higher than the other two areas (42% vs 31% and 27% approximately for B&NES and Swindon respectively).

This is, at least in part, justified given that the population of Wiltshire is bigger compared to the other two areas.

Do you live in...	n	%	Population* (for reference)
Bath and North East Somerset	456	31.19%	188678
Swindon	388	26.54%	226366
Wiltshire	618	42.27%	496043
<b>Grand Total</b>	<b>1462</b>	<b>100.00%</b>	<b>911087</b>

\* Source: Office for National Statistics, Table SAPE20DT5: Mid-2017 Population Estimates for Clinical Commissioning Groups in England



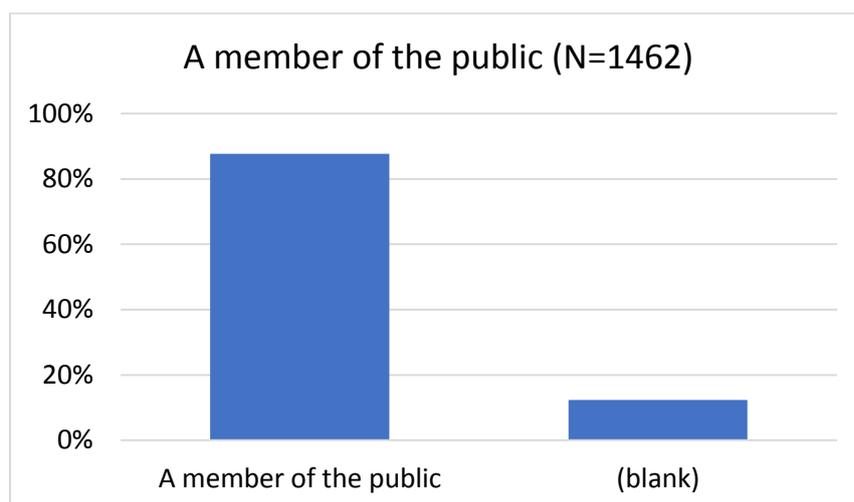
## 1.2 Are you responding as?

The survey asked respondents to identify as one of the following types:

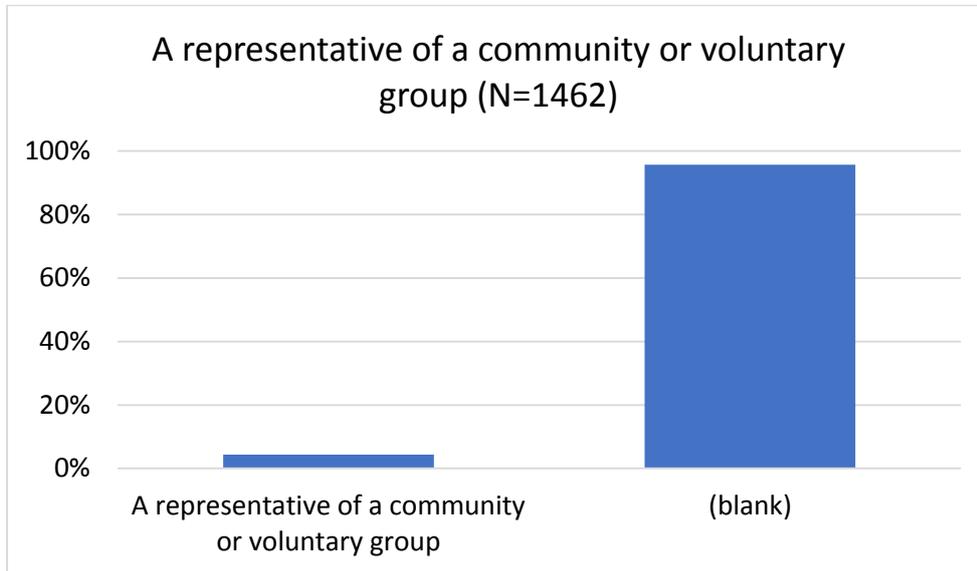
1. A member of the public
2. A representative of the community
3. A health or social care professional
4. Other

Respondents could declare more than one type, and many of them did, as the tables and charts below show. Almost nine in 10 respondents identified as members of the public (88%). Less than 5% of respondents identified as a representative of a community or voluntary group, and about 11% identified as a health or social care professional. Finally, 49 respondents identified as Other, with roles varying from 'Patient' to 'Retired health care professional' to 'Local councillor'. No single descriptor had more than one response.

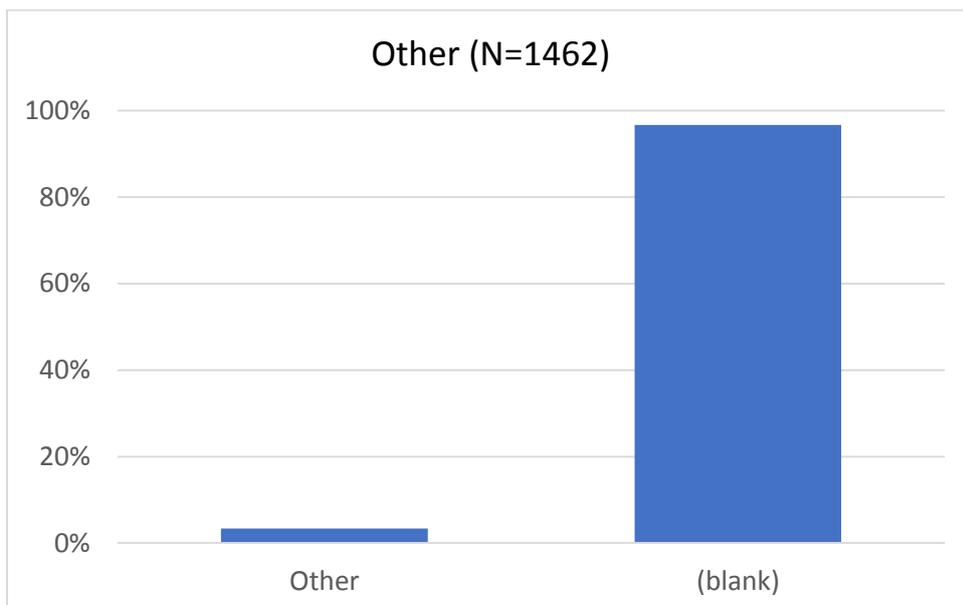
	n	%
A member of the public	1282	87.69%
(blank)	180	12.31%
<b>Grand Total</b>	<b>1462</b>	<b>100.00%</b>



	n	%
A representative of a community or voluntary group	63	4.31%
(blank)	1399	95.69%
<b>Grand Total</b>	<b>1462</b>	<b>100.00%</b>

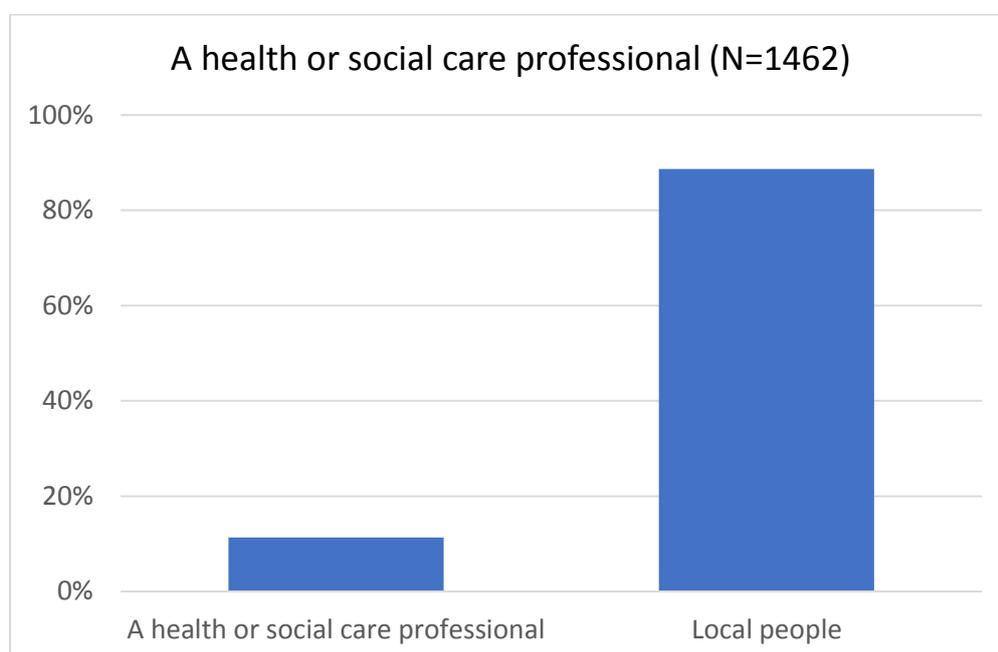


	n	%
Other	49	3.35%
(blank)	1413	96.65%
<b>Grand Total</b>	<b>1462</b>	<b>100.00%</b>



For the purposes of the sub-group analysis, we grouped every respondent who identified as a 'Health and social care professional' as such, and all the others as 'local people'. The following table and chart show the breakdown of respondents across these two categories.

	n	%
A health or social care professional	166	11.36%
Local people	1296	88.64%
<b>Grand Total</b>	<b>1462</b>	<b>100.00%</b>

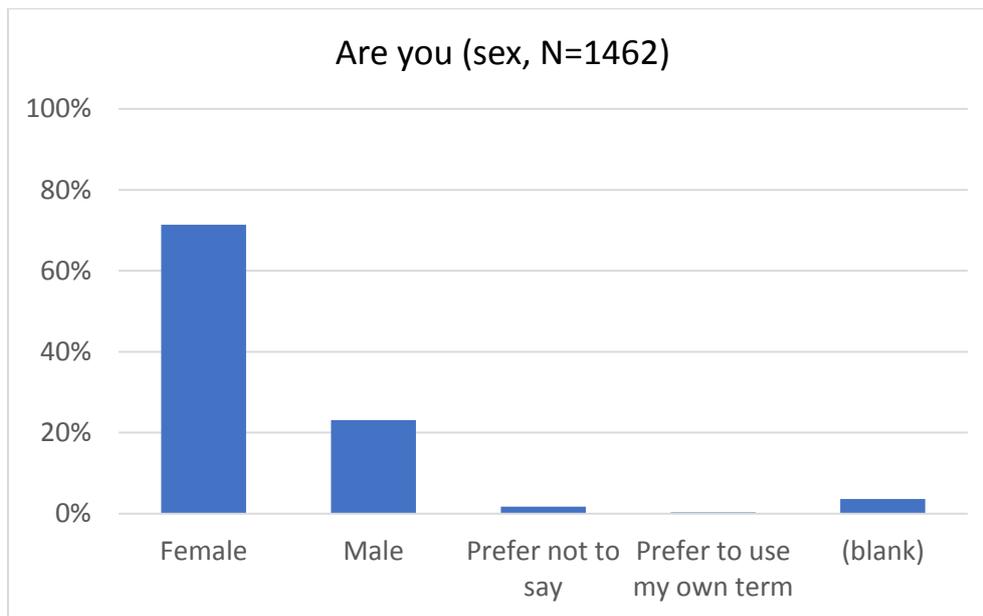


### 1.3 Please tell us which town or village you live in

There were 366 different cities, areas within cities, towns and villages entered by 1322 respondents (90.42% of the total). As this was a free-text question, there were many typos and different spellings of the same town that made any quantitative analysis impractical.

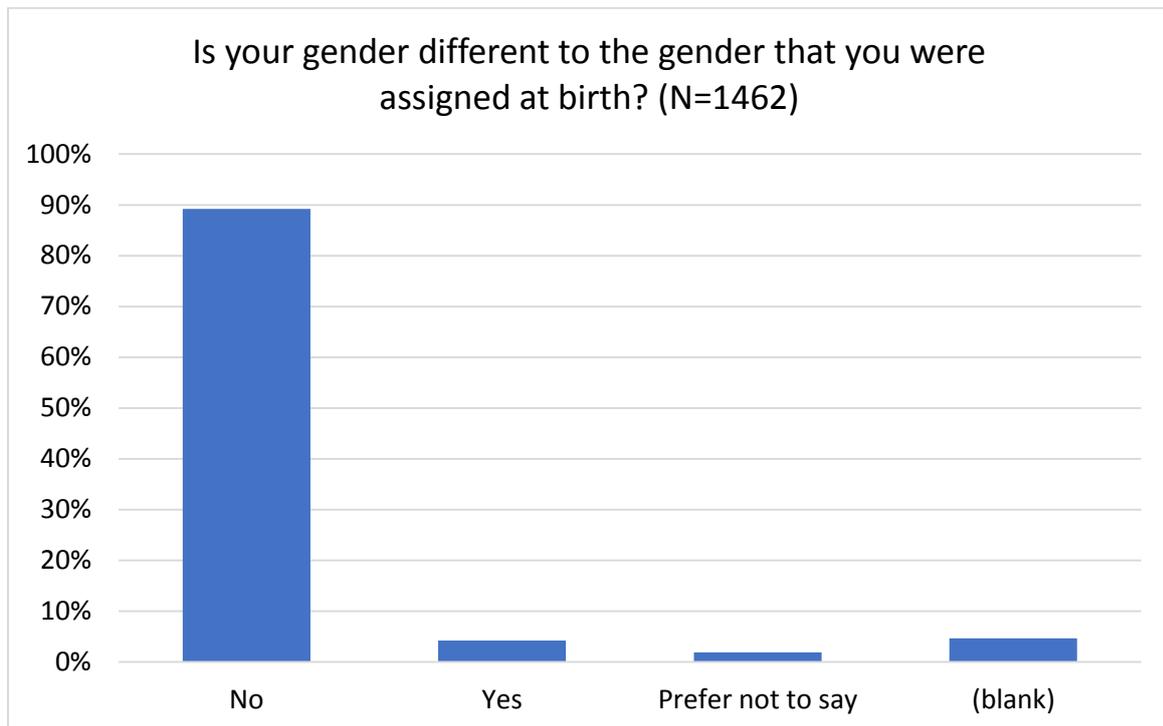
## 1.4 Are you (sex)

Are you...	n	%
Female	1043	71.33%
Male	337	23.06%
Prefer not to say	25	1.71%
Prefer to use my own term (blank)	4	0.27%
	53	3.62%
<b>Grand Total</b>	<b>1462</b>	<b>100.00%</b>



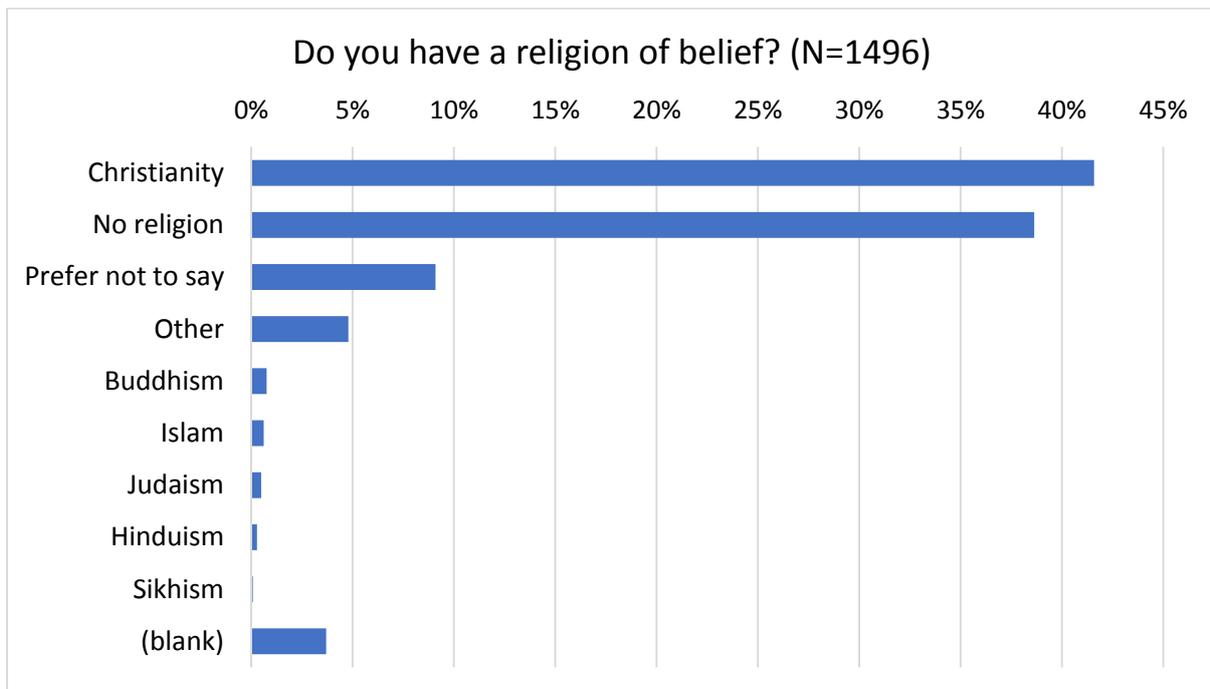
## 1.5 Is your gender different to the gender that you were assigned at birth?

Is your gender different to the gender that you were assigned at birth?	n	%
No	1304	89.19%
Yes	62	4.24%
Prefer not to say	28	1.92%
(blank)	68	4.65%
<b>Grand Total</b>	<b>1462</b>	<b>100.00%</b>



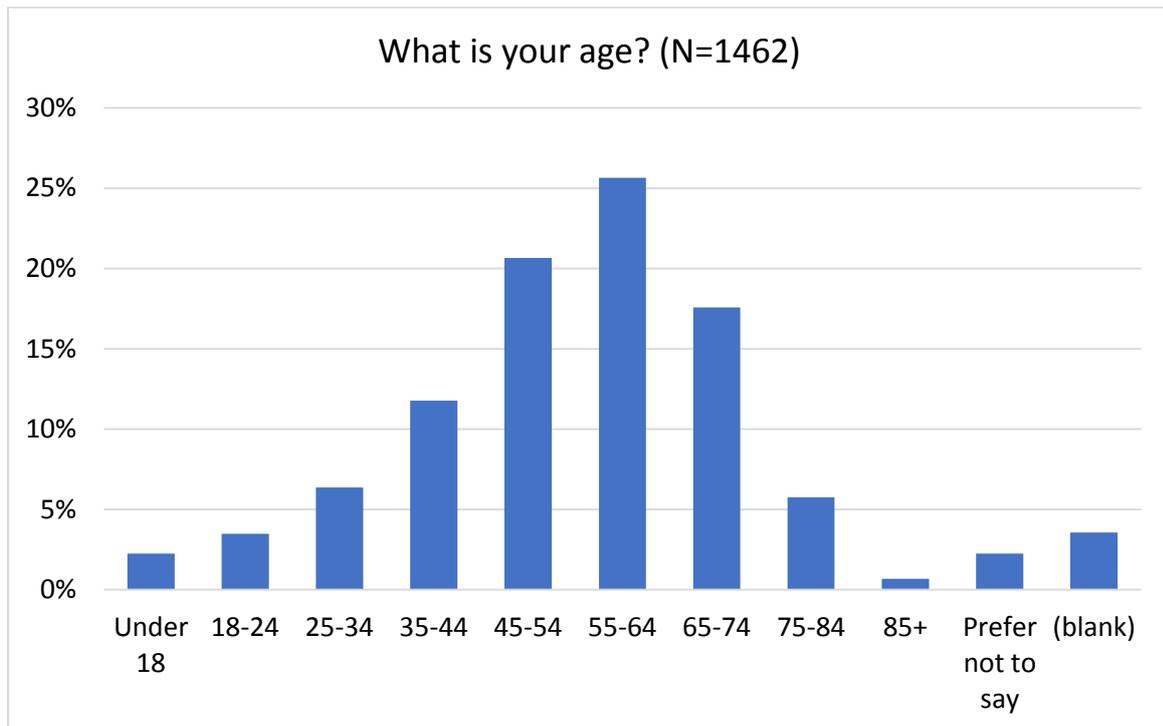
## 1.6 Do you have a religion or belief?

Do you have a religion or belief?	n	%
Christianity	608	41.59%
No religion	565	38.65%
Prefer not to say	133	9.10%
Other	70	4.79%
Buddhism	11	0.75%
Islam	9	0.62%
Judaism	7	0.48%
Hinduism	4	0.27%
Sikhism	1	0.07%
(blank)	54	3.69%
<b>Grand total</b>	<b>1462</b>	<b>100.00%</b>



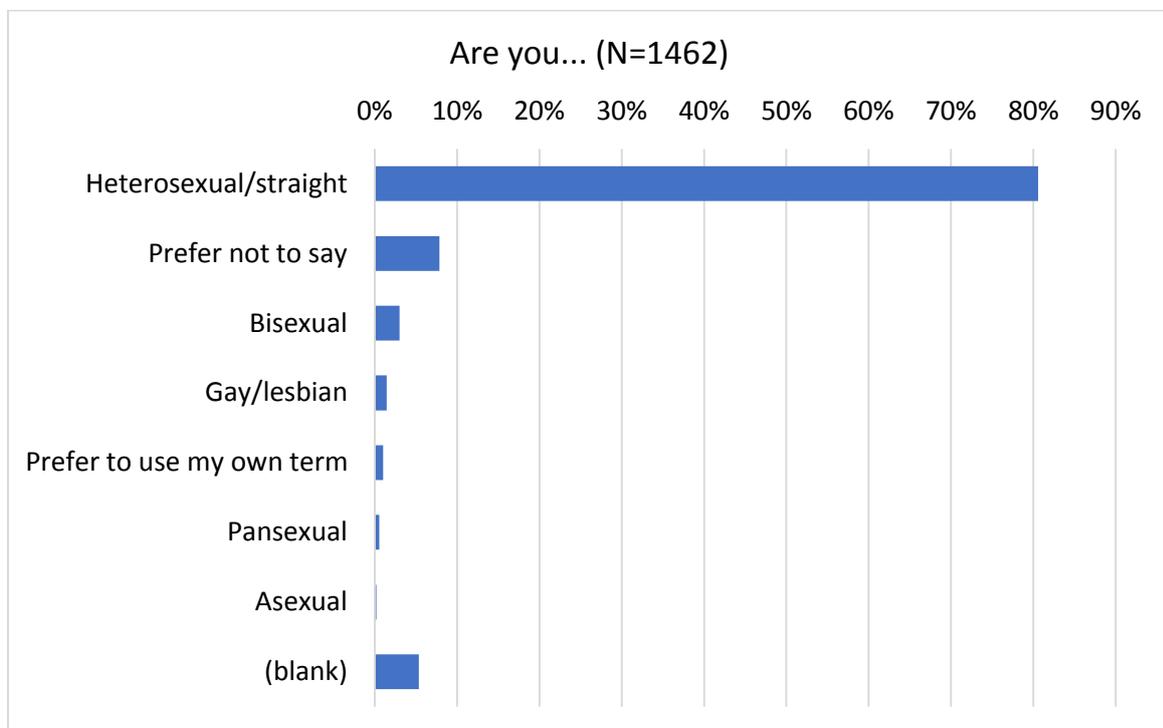
## 1.7 What is your age?

What is your age?	n	%
Under 18	33	2.26%
18-24	51	3.49%
25-34	93	6.36%
35-44	172	11.76%
45-54	302	20.65%
55-64	375	25.65%
65-74	257	17.58%
75-84	84	5.75%
85+	10	0.68%
Prefer not to say	33	2.26%
(blank)	52	3.56%
<b>Grand Total</b>	<b>1462</b>	<b>100.00%</b>



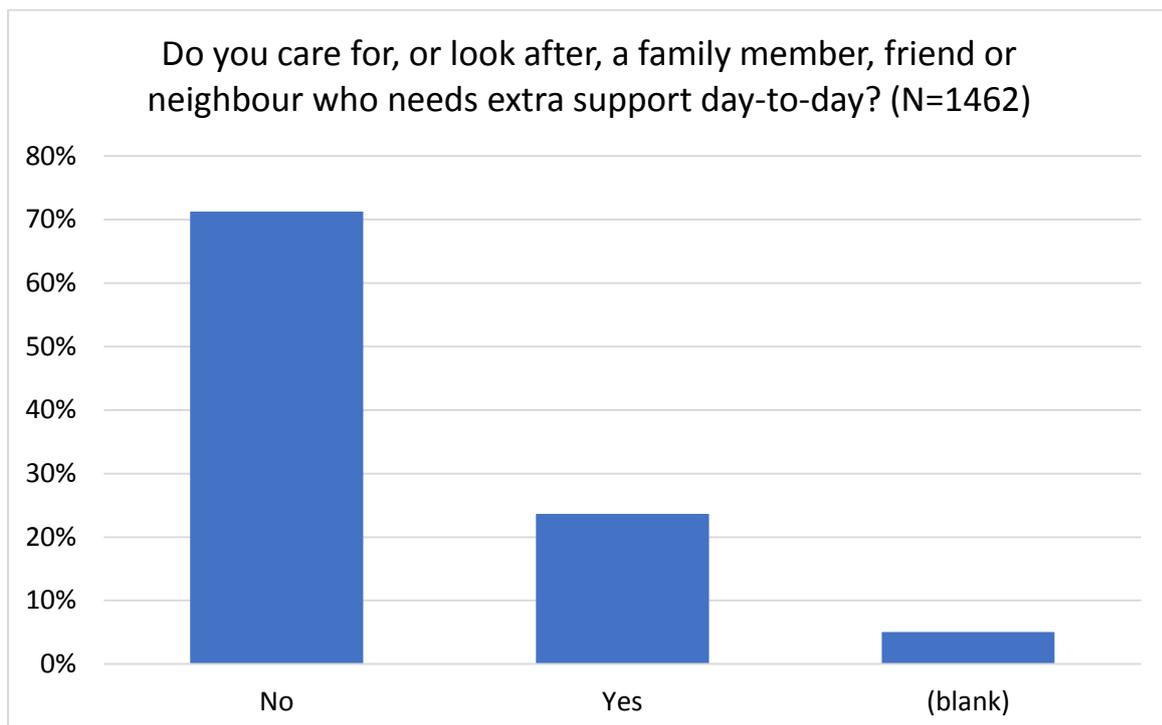
## 1.8 Are you (sexuality)

Are you...	n	%
Heterosexual/straight	1178	80.58%
Prefer not to say	115	7.87%
Bisexual	44	3.01%
Gay/lesbian	21	1.44%
Prefer to use my own term	15	1.03%
Pansexual	8	0.55%
Asexual	3	0.21%
(blank)	78	5.33%
<b>Grand Total</b>	<b>1462</b>	<b>100.00%</b>



## 1.9 Do you care for, or look after, a family member, friend or neighbour who needs extra support day-to-day?

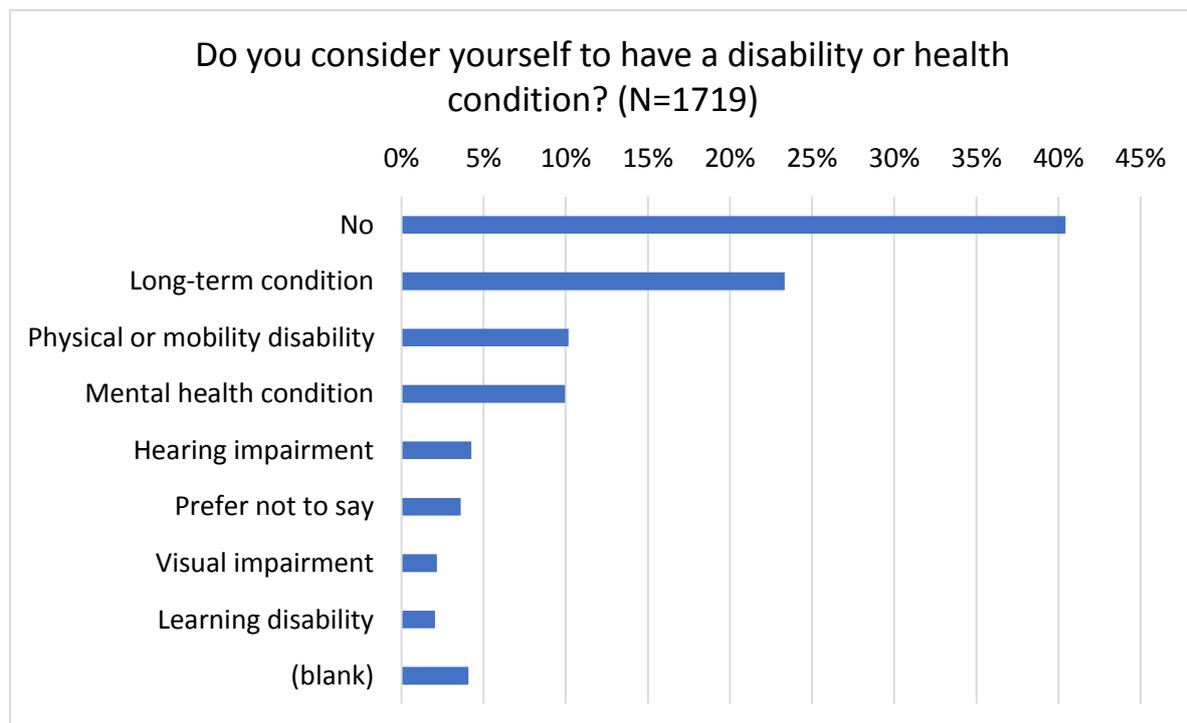
Do you care for, or look after, a family member, friend or neighbour who needs extra support day-to-day?	n	%
No	1042	71.27%
Yes	346	23.67%
(blank)	74	5.06%
<b>Grand Total</b>	<b>1462</b>	<b>100.00%</b>



## 1.10 Do you consider yourself to have a disability or health condition?

Do you consider yourself to have a disability or health condition?	N	%
No	695	40.43%
Long-term condition	401	23.33%
Physical or mobility disability	175	10.18%
Mental health condition	171	9.95%
Hearing impairment	73	4.25%
Prefer not to say	62	3.61%
Visual impairment	37	2.15%
Learning disability	35	2.04%
(blank)	70	4.07%
<b>Grand total</b>	<b>1719</b>	<b>100.00%</b>

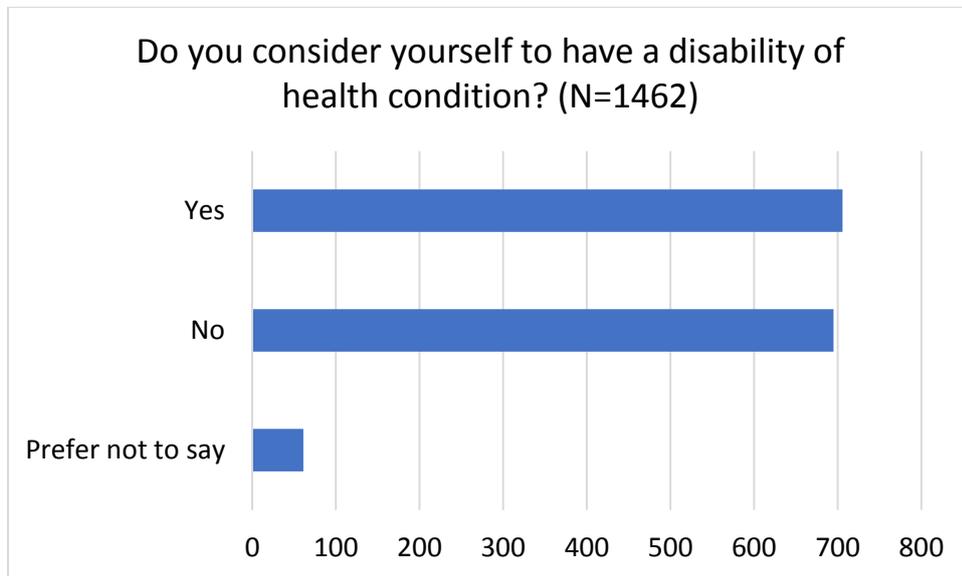
Note: the grand total (N) is 1719, as respondents were invited to select all categories that applied to them.



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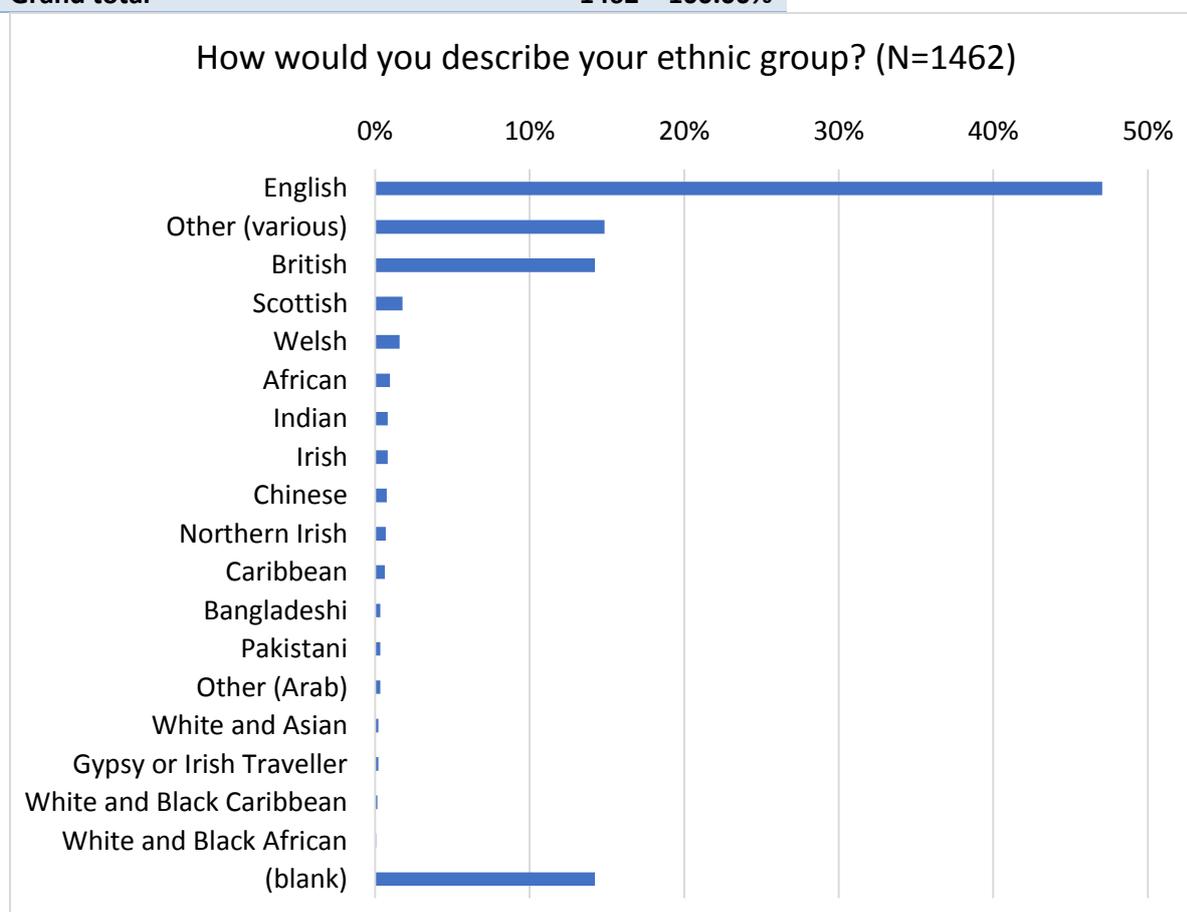
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<b>Do you consider yourself to have a disability or health condition?</b>	<b>n</b>	<b>%</b>
Yes	706	48.30%
No	695	47.53%
Prefer not to say	61	4.17%
<b>Grand Total</b>	<b>1462</b>	<b>100.00%</b>



## 1.11 How would you describe your ethnic group?

How would you describe your ethnic group?	n	%
English	688	47.06%
Other (various)	217	14.84%
British	208	14.23%
Scottish	26	1.78%
Welsh	23	1.57%
African	14	0.96%
Indian	12	0.82%
Irish	12	0.82%
Chinese	11	0.75%
Northern Irish	10	0.68%
Caribbean	9	0.62%
Bangladeshi	5	0.34%
Pakistani	5	0.34%
Other (Arab)	5	0.34%
White and Asian	3	0.21%
Gypsy or Irish Traveller	3	0.21%
White and Black Caribbean	2	0.14%
White and Black African	1	0.07%
(blank)	208	14.23%
<b>Grand total</b>	<b>1462</b>	<b>100.00%</b>



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## 2 Qualitative analysis

### 2.1 Qualitative analysis methods

The qualitative components of the survey (three open-ended questions, see numbered list below) were analysed thematically to examine commonalities, relationships and differences across the responses and identify patterns or themes (Braun and Clarke 2006).

1. What's the one thing you wish you'd known sooner to help you be as healthy as possible?
2. What's the one thing that would help you to find and use health and care services more easily?
3. What's the one thing that would help to make a difference to your health and care in the future?

Respondents answered the three open-ended questions with different frequency, as the tables below show. Written responses to the open-ended questions in the survey ranged widely from a few words to longer, more detailed responses.

Question 1	N	%
Total answered	1267	86.66%
(blank)	195	13.34%
<b>Grand Total</b>	<b>1462</b>	<b>100.00%</b>

Question 2	N	%
Total answered	1371	93.78%
(blank)	91	6.22%
<b>Grand Total</b>	<b>1462</b>	<b>100.00%</b>

Question 3	N	%
Total answered	1404	96.03%
(blank)	58	3.97%
<b>Grand Total</b>	<b>1462</b>	<b>100.00%</b>

Initially, the open-ended responses to the three survey questions were read and re-read by a qualitative researcher (SKL), to gain familiarity with the free-text responses. A hybrid approach to thematic analysis was used, whereby

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themes were identified direct from the data (inductively), and by taking into account the aims and objectives of the public consultation (deductively). Basic themes were generated by SSL and discussed among the research team using an iterative process.

A preliminary coding framework comprising core themes and sub-themes was developed. Two researchers (SSL and CV) then independently coded around 5% (n=75) of the open-ended responses using the preliminary coding framework, and discussed whether the framework was capturing respondents' points of view and ideas on the future of health and care services. The coding framework was refined before being applied to the entire set of responses. The final coding framework comprised three core themes and 14 sub-themes (see Table Thematic Coding Framework).

Between one and three sub-themes were assigned to each response. An audit trail was kept linking the raw data and coding.

The findings are represented by the following three core themes:

1. Advice and support regarding lifestyle changes and improving diagnosis of health conditions.
2. Improving awareness of, and access, to health and care services and information.
3. Improving communication between health and care professionals and patients/local people.

Throughout the report, verbatim quotes have been used to illustrate how the findings and interpretations have arisen from the data. Direct quotes are referenced by the area and the type of stakeholder (e.g. member of the public, health or social care professional, carer, representative from community or voluntary group). Some of the sub-themes are not mutually exclusive and there may be some degree of overlap between them.

Table. Thematic coding framework

Core themes	Sub-themes	Description
<p>Advice and support regarding lifestyle changes and improving diagnosis of health conditions (reflection on previous experience – wished they had known sooner)</p>	<p>1. Perceived impact of lifestyle choices, behaviours, and family history on physical and mental health</p>	<p>People raised the importance of prevention and health promotion. Respondents shared their perceptions of the impact of various lifestyle, environmental factors and family history on health, and how they wished they'd known about these sooner, sometimes earlier in their life. Diet, weight management/obesity, sleep, smoking, alcohol, and sun protection were all mentioned, as was the link between physical activity/diet and mental health/wellbeing. Respondents spoke of the importance of maintaining fitness through middle and older age, and how lifestyle in younger years can impact on middle age. The adverse effects of processed food and sugar were also mentioned: “super brain, super body”</p>
	<p>2. Importance of early diagnosis, screening and regular health-checks</p>	<p>Respondents spoke of their own/personal experiences of misdiagnosis/delayed diagnosis for various conditions. People shared that it had sometimes taken years to diagnose conditions, and that they lived with symptoms without having treatment. Conditions included: diabetes, kidney stones, menopause, dyslexia, bipolar disorder, psychosis, aortic stenosis, rare conditions, lipoedema, chronic fatigue syndrome (CFS/ME), coeliac disease, attention deficit hyperactivity disorder (ADHD), MS heritable joint condition, dermatillomania, fibromyalgia, ovarian cancer, abnormal cervical symptoms, gum disease, congenital heart defect, and cancer. People also spoke of waiting a long time for appointments with specialists/consultants.</p> <p>Respondents felt that there should be more information about</p>

		symptoms, in order to help people recognise conditions, and understand the impact on physical, mental and social wellbeing (e.g. fibromyalgia and menopause)
	3. Provision of treatment and self-care advice and information	Respondents wished they'd had more information about techniques and/or treatments to manage conditions/treatment recovery.
	4. Perceived barriers and facilitators for active and healthy lifestyles	Respondents commented on perceived barriers and facilitators: <ul style="list-style-type: none"> <li>– Environment that facilitates/encourages walking and cycling, e.g. safer, more green/open space, parks and playing fields;</li> <li>– Better access to fitness/leisure centres (including affordability e.g. free use of gyms);</li> <li>– More affordable local food.</li> </ul>
Improving awareness of, and access to, health and care services and information	5. Navigation - raising awareness of different health and care services, initiatives and schemes (reflection on previous experience – wished they had known sooner)	Respondents spoke of various (local and national) health services and initiatives they wish they had known about. For example – Village Agents, lymphedema service via Virgin Care, Bath Mind, CAB benefits services, walk-in centres, NHS 111, pharmacist role, SUCCESS clinics, active Health, Motiv8, Passport to Health, Beat the street, smoking cessation service.  People wishing they had known sooner that they could self-refer to specific services e.g. physio, stress management, mindfulness, mental health.
	6. The role of digital technology/e-health to improve health and care information and services	Respondents wanted health information that was clear and easy to understand. People raised that websites need to be easier to navigate, and suggested a single point of access/central website.

		Respondents also wanted the option to book appointments online, and better use of waiting areas in terms of how information is shared.
	7. Improving access to, and continuity of, primary care services	People shared the challenges they have had accessing primary care services (GPs, pharmacists, dentists) and suggested some solutions. Respondents mainly spoke of long waiting times to get GP appointments, wanting to see the same doctor (traditional, family doctor), feeling there should be better coordination between primary care and other services (medical records linked), wanting the option of booking appointments in advance, not the same day, and the importance of continuity of care.
	8. Improving access to secondary care	People shared the challenges they have had accessing secondary care (hospital, specialist services) and suggested some solutions. Respondents spoke of the challenge of having to travel long distances to hospital, issues with car parking, better transport to hospitals (not just for older groups), the need for quicker diagnosis and shorter hospital waiting times, difficulties being referred to specialists, decisions to be seen privately, hospital signage and barriers to navigating hospitals, and the need for better communication between hospital and primary care services.
	9. Improving access to mental health services and support	Awareness of mental health services was raised, as well as the need to reduce stigma, and more compassion for vulnerable groups in the community. Respondents also spoke of services for children and young people, waiting times, managing depression at different life stages, and a range of conditions, including eating disorders, psychosis, and drug addiction.
	10. Improving care and support for	Respondents spoke of the importance of improving care and

	vulnerable and disadvantaged populations	<p>support for more vulnerable populations (e.g. elderly people, children/young adults, people with autism spectrum disorder (ASD), people who have conditions such as epilepsy and LGBTQ+ groups).</p> <p>Concern was raised about care facilities for older people, and the expense of this. Respondents raised that GPs need to take a more holistic approach.</p>
	11. Improving information and support for carers	Respondents spoke of the need for more support for carers, and the challenges of being a carer, including the impact on psychological and physical health.
	12. Concerns relating to the organisation and future of the health and social care system	Concerns were expressed regarding increasing privatisation of the health/social care system across the NHS (e.g. Virgin Care), and how governments influence health and care policy and practice/systems.
Improving communication between health and care professionals and patients/ local people	13. Feeling heard and listened to by health and care professionals	<p>Respondents raised the importance of people feeling listened to, and taken seriously, by health and care professionals.</p> <p>Respondents, particularly those living with long-term conditions, value being treated as 'expert patients' about their condition(s).</p>
	14. Patient/ local people being empowered	<p>It was suggested that initiatives should focus on empowering patients and their families/those who care for them to feel confident/able to ask questions and participate in decisions about their health and wellbeing.</p> <p>Respondents raised the importance of understanding patient rights and the concept of self-referral.</p>

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## 2.2 Advice and support regarding lifestyle changes and improving diagnosis of health conditions

### 2.2.1 *Perceived impact of lifestyle choices, behaviours and family history on physical and mental health*

In response to the question “What’s the one thing you wish you’d known sooner to help you be as healthy as possible?”, respondents reflected on their understanding of concepts of health and wellbeing, and talked about physical, mental and social determinants of health and wellbeing. They were aware how lifestyles and health behaviours affect health. Lifestyle choices such as food, exercise and smoking were often perceived as key determinants of physical health, and that adopting unhealthy lifestyle behaviour and choices (unhealthy diet, smoking, excessive alcohol consumption, obesity, poor sleep and physical inactivity) contributed to poorer physical health and the increased risk of chronic conditions such as diabetes, cardiovascular disease, cancer and other morbidities.

*Q. What’s the one thing you wish you’d known sooner to help you be as healthy as possible? Answer: 1. Exercising 2. Healthy food 3. Friendship 4. Sleeping early (Swindon, Member of the public)*

*Regular and successful working out. Eating balanced and healthy meals. Drinking more water. Sufficient sleep. Waking up early (Swindon, Member of the public)*

*How dangerous smoking and excessive alcohol consumption is to the human body (Wiltshire, Member of the public)*

*That being overweight can increase the incidence of cancer (B&NES, Member of the public)*

*My weight linked to diabetes and the subsequent difficulty in trying to lose it (Swindon, Member of the public)*

Older and middle-age participants reflected on the limited advice and information about health promotion and disease prevention in their younger

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years (e.g. the adverse effects of smoking, being overweight and sun exposure). In hindsight, they wished they had been given this advice and support earlier in life, to have the knowledge and confidence to adopt healthier lifestyle choices. Participants reflected on health behaviours across the different stages of the life course and acknowledged how engaging in health-promoting behaviours (sport and exercise, good nutrition and diet) adopted in younger years helps to prevent or delay the onset of chronic conditions and disabilities in middle age. Establishing healthy behaviours during childhood and adolescence was perceived as important and thought to be harder to change during adulthood where lifelong habits and behaviours are embedded. It was suggested that schools were an ideal setting to promote the importance of healthy lifestyle choices and psychological wellbeing, through education around nutrition, exercise/sports and mental health issues.

*I wish I hadn't started smoking when I was young. At least I've managed to give up completely for 5+ Years but who knows what damage has already happened (B&NES, Member of the public)*

*The danger of being overweight, having high blood pressure and eating unhealthy foods. Wish I had heeded the advice given when I was 30-40 years old (Wiltshire, Member of the public)*

*I wish my parents had forced me to attend sports/exercise stuff from a young age so it a) became routine b) I found something I enjoyed! (Wiltshire, Member of the public)*

*The importance of healthy food. I wish I'd been more aware of nutrition when I was younger and not just the standard blurb that you get told (Wiltshire, Member of the public)*

*Lifestyle changes that can reduce cancer risk (Health or social care professional)*

Respondents acknowledged the connection between physical and mental health and wellbeing, and how they thought the two were inextricably linked, and should be seen as a 'partnership'.

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*Physical manifestations of a condition/disorder can be as indicative of poor mental health as of poor physical health  
(Wiltshire, Member of the public)*

Respondents commented on the importance of looking after their mental health, both in the workplace and at home, particularly as they got older. This was facilitated by eating a balanced diet, regular physical activity, and maintaining social relationships with family, friends and other members of the community.

*The importance of maintaining an active lifestyle to prevent deterioration in mental and physical health as you get older  
(B&NES, Member of the public)*

*The importance of maintaining good mental health. I feel that stress from all sources (work, home, etc....) has more of a negative impact on your health than I ever thought. I tell my children that "health is wealth", including mental health  
(B&NES, Member of the public).*

*Keeping work and home life very separate - not allowing work to overspill into additional working hours (Wiltshire, Health or social care professional)*

*Working shifts is bad for your mental and physical health  
(Wiltshire, Health or social care professional)*

*The benefit of mindfulness, etc. on mental health. Reassurance that having emotions is normal, and it's normal to have good and bad days! (Swindon, Health or social care professional)*

*I wish I had recognised how important mental wellbeing is  
(B&NES, Health or social care professional)*

*My emotional, relationship and community life is central to my health and happiness (B&NES, Member of the public)*

*Organizing lifestyle in regard to health and mental status like exercising. Super body, super brain (Swindon, Member of the public)*

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Respondents expressed their views on what constitutes healthy eating and the importance of diet and lifestyle in disease prevention and management. Some wished they had learnt more about the adverse effects of sugar, saturated fats additives, caffeine and processed food, and the link between gut microbiome and health. Some spoke of adopting plant-based diets (veganism, vegetarian), or diets low in carbohydrates without red meat to stay healthy, and wish they had known sooner about the health benefits of these diets.

*The true value of genuinely healthy nutrition - raw food, organic food, avoiding processed food and all food additives, health effects of sugar, gluten and dairy and the value of micronutrients (B&NES, Health or social care professional)*

*How beneficial a vegetarian diet is (Wiltshire, Member of the public)*

*Realising that processed/convenient food is not cheaper than natural wholesome foods (Swindon, A health or social care professional)*

*The benefits of a Vegan diet. Four years on and I've never felt or looked better (B&NES, Member of the public)*

Respondents said that it would have been helpful to have known more about their family medical history, to identify what conditions run in the family and whether they can lower their risk of developing disease.

*Implications on health from the family legacy of genetics, i.e., what hereditary problems were coming my way! (Wiltshire, Member of the public)*

*That T2 Diabetes has a strong genetic link (B&NES, Member of the public)*

*Family history problems that affect my life (Wiltshire, Member of the public)*

*My risk based on my family history (Swindon, Member of the public)*

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### 2.2.2 Importance of early diagnosis, screening and regular health-checks

In response to the question, “What’s the one thing you wish you’d known sooner to help you be as healthy as possible?”, respondents said they wished their health conditions had been diagnosed earlier. Respondents reported experiencing very long delays in the diagnosis of their long-term conditions or illnesses. This included delays in cancer diagnosis, the menopause, type 2 diabetes, fibromyalgia, coronary heart disease, autoimmune disorders such as rheumatoid arthritis, celiac disease, Ehlers-Danlos syndromes (group of rare inherited conditions), hypothyroidism, multiple sclerosis, and chronic such as type 2 diabetes, lipoedema, aortic stenosis and mental health conditions such as bipolar disorder, psychosis, attention deficit hyperactivity disorder (ADHD) and dermatillomania (skin picking disorder). In some cases, it had taken years for conditions to be diagnosed accurately, and respondents described having to live with symptoms and not having the appropriate treatment to manage them. In other cases, conditions were misdiagnosed as another health condition, and symptoms were not managed properly.

*The diagnosis of coeliac disease which took over six months  
(Member of the public)*

*That I had hypothyroidism - a diagnosis that was delayed for  
10+ years as the NHS only test TSH as standard (Wiltshire,  
Member of the public)*

*I wish I’d had an appropriate diagnosis of lipoedema 20 years  
ago rather than 6 years ago which would have meant I could  
have stopped it progressing so much. This needs better  
awareness amongst GPs (Swindon, Member of the public)*

Respondents believed there should be more training for health and care professionals, to increase awareness and understanding of rare conditions and conditions that are harder to diagnose. According to respondents, it was important that primary health and care professionals took their symptoms (both common and vague/subtle) seriously, and they were listened to, to facilitate conditions being diagnosed in a timely manner. They felt more information should be available in GP practices about different conditions, to raise public awareness of symptoms and prompt timelier help-seeking.

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*GPs who take care to investigate symptoms thoroughly. I've been misdiagnosed and ignored, because my condition is relatively rare (B&NES, Member of the public)*

*Earlier intervention for conditions such as Ehlers-Danlos Syndrome is vital for learning to manage and live with the condition. I wish I had known that I should trust my instincts; to push for a specialist referral earlier and not let myself be brushed aside by consultants who do not have expertise in the area (Wiltshire, Member of the public)*

Respondents valued the role of health screening programmes (e.g. breast, bowel, cervical) as it was perceived as a facilitator to speed up diagnosis. They were also generally very supportive of the NHS Health Check programme, but felt checks should be more regular than every 5 years, and closer monitoring was important for individuals identified at greater risk of cardiovascular disease.

*I have not reached a life changing crisis as yet but I'd like to be getting a regular 'MOT' and screening to catch something early that is capable of being influenced for the better (B&NES, Health or social care professional)*

*To have more regular check-ups for healthy heart etc., rather than once a year (Swindon, Member of the public).*

*Regular health checks, in addition to the CVD @Health Check' programme. These to be carried out at own GP practice (Wiltshire, Member of the public)*

*I think everybody should have an annual blood test for over 50's and every five years for 18 - 49 that monitor not only the basic of a full blood test but also for vitamins/minerals, thyroid etc. Some of these can help to sort out problems with dietary and help people to look after themselves (B&NES, Member of the public)*

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### 2.2.3 Provision of treatment and self-care advice and information

Embedded in respondents' experiences of long-term conditions was the concept of self-care, and the strategies they used to engage in self-care from the outset of their diagnosis. Respondents described a range of behaviours and activities they participated in to control their conditions and sustain long-term health and wellbeing. After being diagnosed, respondents spoke of gathering as much information they could on their condition, and how to manage and control it. Respondents wanted information on the side effects of treatment and how they could manage their condition beyond taking medication, such as adjusting their lifestyle and health behaviour (e.g. stopping smoking, symptom monitoring, physical activity, losing weight, making diet changes).

When asked, "What's the one thing you wish you'd known sooner to be as healthy as possible?", respondents commented:

*Would have liked to have known more information about the terrible side effects of chemo. Once you have this there is no proper after care and it ruins your life (Swindon, Member of the public)*

*What non-drug based treatments are effective in countering the disabling impact of multiple sclerosis (Wiltshire, Member of the public)*

*Using a Personal Trainer (PT) instead of seeing a physiotherapist for my Cerebral Palsy could have improved my strength years ago. Physio sessions are too short (6 week) and advice sheets. A PT helps keep you motivated and on track (Wiltshire, Parish Councillor)*

*Being able to access alternative health care including aromatherapy and wholesome unadulterated supplements on the NHS instead of toxic drugs with major side effects often worse than the symptom they are prescribed for (Wiltshire, Member of the public)*

Some respondents felt that health professionals were too hasty to prescribe medication (and in some cases overprescribe), without considering the person

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as a whole, and their physical and psychological wellbeing. For example, some respondents described using mindfulness, meditation, social prescribing and yoga to look after their mental health and alleviate symptoms of depression, anxiety and negative thoughts. Services/clinics to monitor long-term conditions were valued by participants.

*Mindfulness and meditation and other holistic services on prescription instead of simply being prescribed medication for depression (Wiltshire, Member of the public)*

*Free up doctors to teach health and not hand out pills. They need to be trained in the importance of what we eat and our life styles (B&NES, Member of public)*

*More Social Prescribing! Developing Health & Independence  
MyScript has been the single best thing in helping my mental health recovery on a sustainable level (Wiltshire, Member of the public)*

*Access to people who want to help me stay fit and healthy without just prescribing medication (Wiltshire, Member of the public)*

#### *2.2.4 Perceived barriers and facilitators for active and healthy lifestyles*

A number of social, structural, environmental and individual factors were reported by respondents as influencing their ability to maintain a healthy lifestyle and enhance their wellbeing.

Respondents perceived various local services and facilities as being connected to health and wellbeing (e.g. swimming pools, fitness/leisure centres, parks, playing fields, cycle paths and lanes). However, financial constraints and work commitments seemed to be obstacles in allowing some respondents to have leisure time and do the type of exercise they wanted to do. Being a member of a fitness centre or swimming pool was perceived as too expensive and unaffordable. When asked to comment on the one thing that would make a difference to their health in the future, some respondents stated that more affordable gym membership and access to free fitness classes and exercise groups would make a difference.

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*Free or inexpensive access to exercise facilities including swimming pool (B&NES, Health or social care professional)*

*Cheaper / free fitness classes. Fitness classes you can bring kids to for childcare (B&NES, Member of the public)*

*Affordable swimming pool near where I live. Swimming helps with Mental Health and wellbeing and would be a good follow up to IAPT services I've used (Wiltshire, Member of the public)*

*Options to help me lose weight and get fitter at a minimal cost and to fit in with my full-time work (Wiltshire, Health or social care professional)*

Environments perceived as conducive to providing opportunities for active lifestyles and better health were recreational spaces, such as parks, playgrounds, and good walking and cycling infrastructures. Investment in recreational areas and green spaces was valued by respondents and perceived to make a difference to respondent's health in the future.

*Sport and outside facilities. Parks, playing fields kept available (Swindon, Member of the public)*

*Healthy environment - need an environment which encourages more safe walking/ cycling and cleaner air (B&NES, Representative of a community of voluntary group)*

*Better to and from hospital public transport that considers shift works. And the needs of bike riders such as dry, locking bike sheds. Showering, changing facilities with day lockers to store helmets and cycling clothes (Wiltshire, Health or social care professional)*

*Having more green areas that are free to use to encourage more families to get out and use them egg parks, water areas, play areas for children, BBQ areas etc.... (Wiltshire, Health or social care professional)*

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Similarly, respondents expressed frustration that healthy food options available in supermarkets and restaurants were often at a premium and considered a 'luxury'. It was felt that healthier food (fresh, non-processed, organic local produce) should be more affordable than mass-produced processed food, and healthy food choices should be promoted in schools.

*Better access to low cost vegan food. Currently, it is considered a luxury and is priced at a premium, despite the ingredients being significantly cheaper than meat, eggs or dairy (B&NES, Member of the public).*

*Fresh non processed foods being cheaper than mass produced processed food (B&NES, Member of the public)*

*Access to affordable local food (vegetarian) (Wiltshire, Member of the public)*

*It's my choice if I want to be healthy or not, the government, supermarkets, and schools need to educate more on how to cook, stop processed foods and mass manufactured food that full of chemicals which is killing us off day by day and fund more healthier choices in schools (Wiltshire, Health or social care professional)*

Respondents expressed concerns about the levels of traffic-related air pollution and the perceived impact this had on their short and long-term health (e.g. ability to exercise in the area, reduced lung function, worsening of asthma symptoms), particularly in the Bath and North East Somerset and Salisbury region.

*How bad the air quality is in this part of Bath (Bathwick). Would have moved or stopped exercising in the toxic air before it damaged my and my family's health (B&NES, Member of the public)*

*I certainly wish I had been able to live in a cleaner environment. A significant reduction in air pollution in Wiltshire and especially in Salisbury (Wiltshire, Member of the public)*

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*The effects of air pollution on my health. The long term effects of breathing in toxins & plastic particles (B&NES, Member of the public)*

## **2.3 Improving awareness of, and access to, health and care services and information**

### *2.3.1 Navigation - raising awareness of different health and care services, initiatives and schemes*

In response to the question, ‘What’s the one thing that would help you to find and use health and care services more easily?’, respondents reported that they wished they had known about local health and care services and initiatives sooner, and how they could access them. This included NHS walk-in centres, mental health services (e.g. Improving Access to Psychological Therapies (IAPT), Child and Adolescent Mental Health Services (CAMHS), Bath Mind, Lymphoedema Service, MyScript (community health/wellbeing service), asthma clinics, sexual health clinics, alcohol/substance misuse services, smoking cessation clinics, The Carers’ Centre, and local community initiatives/schemes such as the Village Agents, Beat the Street, Passport for Health, and Motiv8.

*Proper signposting to NHS dentists and mental health services that work. It's a minefield of revolving doors that don't help people who are struggling (B&NES, Member of the public)*

*The Carers Centre: GP, health visitors, social workers etc. should all have details about the Carers Centre to give to clients. They do amazing work to support carers, lift morale and wellbeing. Feeling isolated and overwhelmed can lead to mental health issues, but the Carers Centre help to address this. A depressed carer is no good for themselves or the person they care for. The state saves billions of pounds through family being cared for at home, so ensure the support is there for them! (B&NES, Member of the public/ carer)*

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*Knowing what is available. There are many organisations out there for all sorts of conditions but it's left to individuals to find them. More signposting from surgeries and health centres as well as pharmacies would be helpful (B&NES, Member of the public)*

*Clearer information on the local NHS websites (i.e. CCG, hospital trusts, etc.) on what services are available. When I moved from Buckinghamshire to Wiltshire, it took me much research and many phone calls to determine what chronic pain services would be available to me locally in Wiltshire (Wiltshire, Member of the public)*

*A clear guide as to what services can be contacted directly without the need for a GP appointment. What operations and treatments in B&NES are available, e.g. hip operations, cataracts, hearing services and what are not. Currently impossible to find out easily (B&NES, Member of the public)*

Respondents also wished they had known sooner that they could self-refer for certain services without having to consult a GP first (e.g. Improving Access to Psychological Therapies (IAPT), audiology, physiotherapy, smoking cessation).

*I wish I had known earlier that I can self-refer to Primary Care Liaison for Mental Health Services (Swindon, Member of the public)*

*There are veteran's mental health services that you can self-refer to (Wiltshire, Member of the public)*

*I wish I'd known sooner about Improving Access to Psychological Therapies (IAPT) Service and their support and Silvercloud which I found really useful when I needed support (Wiltshire, Health or social care professional)*

*To be made more aware of services for example when you visit a GP for your mental health they can advise you of Wiltshire, IAPT for example (Wiltshire, Member of the public)*

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*I can self-refer to physio at RUH (B&NES, Member of the public)*

### 2.3.2 *The role of digital technology/e-health to improve health and care information and services*

Respondents acknowledged the growing role of technology in health and social care, and how using technology (websites, apps, linked computer systems to give staff access to patient's medical history and test results) would help them to find services more easily and make a difference to their health and care in the future.

Participants described seeking health information online for a number of reasons, such as looking up symptoms, interest in a particular health topic or condition, self-care advice and management of long-term conditions, finding health and care services and schemes in the community, and helping family and friends who did not have the confidence or computer skills to search for themselves. The results indicate that some respondents found the information online too confusing and overwhelming, and were unsure of where to look because there were different websites for different services.

*Simplified online information. It's sometimes hard to find what you're looking for and informative can be contradicting (B&NES, Member of the public)*

*If I hadn't worked in and with the NHS I would it difficult to navigate. NHS Choices is good but some sort of map through the system for common conditions; so that if one thing isn't working we know what the next step is (B&NES, A representative of a community or voluntary group/Medical rep)*

The need for clear information and communication permeated throughout respondents answers. Respondents wanted health information (online, verbal, written) that was clear, transparent and easy-to-understand, with minimal jargon and "NHS speak", that most people are unfamiliar with.

*Less jargon and better communication between services. Too many health care practitioners assume that the public know what they mean when they use 'NHS-speak'. This morning, I was asked if an appointment with a 'GP Associate Trainee' would be*

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*acceptable to me. How on earth should I know?! I needed a prescription so I asked if that person could prescribe and was assured that they could. Got to the practice and they cannot prescribe. Wasted my time and that of the practice (B&NES, Member of the public)*

*For the NHS to ditch its technical language and start using simple English (Swindon, Member of the public)*

It was suggested that a single 'one-stop' web portal be developed to help 'map' a comprehensive directory of health and social care services across local areas in one place, akin to the Tube map. Health and care professionals also suggested that staff intranet sites should be easier to navigate and clearly presented.

*A clear map of services - something like the Tube Map in concept (Wiltshire, Member of the public)*

*A single NHS and social care app (Wiltshire, Member of the public)*

*What the map of services for health/mental health looks like, and how to access services directly. A good integrated portal online (B&NES, A representative of a community or voluntary group)*

*A better linked website/portal like NHS Choices that talks through specifically what's available in my area according to physical/mental/age-appropriate need etc. Maybe linked from my GP website? (B&NES, Member of the public)*

*A single point web site that provides information and contact details for all the services that are available to me in my area (Wiltshire, Member of the public)*

Respondents reported having difficulties accessing primary care and booking appointments with their GP, due to lengthy waiting times or only being able to book the appointment on the day (see sub-theme below, 2.3.3 *Improving access and continuity of primary care services*). Participants also suggested that

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developing an app that would enable patients and their caregivers to book GP appointments, order repeat prescriptions and view their medical records on their mobile phone or tablet. However, concerns were raised on behalf of vulnerable patients, such as the elderly or those with mental health issues, who may lack the confidence or communication skills to push for an appointment when required.

*The ability to be able to book GP appointments electronically, and access results and information/correspondence about me, on an app/web based system. A joined up health record between my GP and hospitals (Wiltshire, Member of the public)*

*If I want to book a train journey or book a flight I use an app, why can't I use an app to book an appointment with a primary care specialist? (Wiltshire, Member of the public)*

*Apps but these are coming on line although as my surgery is one of the 5 north Swindon often the app still says no appointments (Swindon, Health or social care professional)*

*Online app to book appointments for GP and dentist etc. (Wiltshire, Member of the public)*

*I am heavy online/app user so any relevant app with info, signposting and resources would be very useful to me (B&NES, Member of the public)*

*An app that lists services within your area or an x mile radius from your local doctor's surgery (Swindon, Health or social care professional)*

### *2.3.3 Improving access to, and continuity of, primary care services*

Access to primary care (predominately via GPs and dentists) was a recurrent and strong theme in the analysis. Improving access to GPs was perceived to make a difference to respondents' health and care in the future. In particular, respondents expressed frustration and concern about the limited availability of GP appointments and NHS dentists in their area, and how they struggled to get an appointment with a GP due to lengthy waiting times (up to 6 weeks in some

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cases) and not being able to book appointments in advance (i.e. having to make same-day bookings).

*Making appointments, I find it difficult to get access to my GP, I work 8-5 and can't use a phone in the day. Online appointments are non-existent, advance appointments are weeks away  
(Swindon Member of the public)*

*Getting a doctor's appointment in a reasonable time scale not having to wait over 6 weeks for one (Swindon, Member of the public)*

*Being able to access GP appointments more quickly (B&NES, Member of the public)*

*An easily accessible and well-staffed local GP surgery where I could build up relationships with health professionals (B&NES, Member of the public)*

*To be able to book more GP appointments online without having to ring the surgery and waiting for call back (B&NES, Health or social care professional)*

*Being able to get a GP appointment within 2 months (Wiltshire, Member of the public)*

*More access to GP appointments at times suitable for people who work full time (B&NES, Health or social care professional)*

*That finding an NHS dentist that takes on patients is absolutely impossible (Wiltshire, Member of the public)*

Some described only making an appointment with the GP when it was absolutely necessary, as a 'last resort'. Negative interactions with front-line staff at GP surgeries were reported by respondents who said they attempted to make appointments, and felt reluctant to disclose personal and sensitive information to non-medical staff.

*The receptionists should be more flexible and listen to what you are saying and what may seem a minor health problem may not*

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*be as simple as they think. It took me 4 months to get an appointment (Wiltshire, Member of the public)*

*Easy access to the surgery to make appointments and not have to tell receptionists personal information (Swindon, Member of the public)*

There were varied views about telephone triaging (a strategy to manage the demand for GP appointments, whereby patients who telephone the surgery are offered a call-back). Concerns were expressed about non-medical staff triaging patients with no clinical training, which could lead to unequal access to care.

*If I manage to get through to my GP on the phone, they never have any available to book in advance. I am already at work (2.5 hours away) when the surgery opens for booking appointments that day. I am basically unable to address my health issues because I can't stay at home every day on the vague chance I might get an appointment that day if I phone in the morning (Swindon, member of the public)*

*Remove telephone triaging with untrained staff - unnecessary 'shaming' for needing an appointment in the next week rather than routine (4-6 weeks). - Doctor triage required or fair and equal access for all who ask to be seen (Wiltshire, Member of the public)*

Respondents also suggested that GP surgeries should make greater use of digital technology and enable patients to book appointments online via email or using an App, and the option of GP appointments being conducted via video/ skype. It was felt that this approach to booking appointments would benefit people who may lack the communication skills or confidence to make appointments over the telephone (e.g. those with a hearing impairment, those who do not speak English as a first language, people with autism spectrum disorder (ASD)).

*The ability to be able to book GP appointments electronically, and access results and information/correspondence about me,*

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*on an app/web based system. A joined up health record between my GP and hospitals (Wiltshire, Member of the public)*

*Online booking service for GP/dentist appointments, maybe an App like for blood donations! (B&NES, Member of the public)*

*Online booking. I don't have hours to sit in a phone queue daily, until I can get an appointment. My wife has autism and struggles to make these calls also and to articulate her symptoms to get passed the receptionist gate keeper (Swindon, Member of the public)*

*Digital displays in GP surgeries and hospital waiting rooms so people with hearing loss know it is their appointment time and make sure health professionals don't call names when not in view to patient (Wiltshire, A representative of a community or voluntary group).*

Continuity of care in primary care was also highly valued, with respondents preferring to see the same doctor each time. It appeared to be frustrating for participants when they did not see the same GP, particularly for those with long-term conditions/multiple co-morbidities, who had to explain their conditions each time to different health and care professionals. Lack of continuity of care was also thought to lead to missed or delays in referral opportunities, decreasing access to secondary and community care/specialist services.

*Continuity of personnel - seeing a different person whenever you visit your practice is off putting, as you have to start from the beginning if you have any on-going problem. Also, if you have never met the Dr before, or if it's a locum, there is no established relationship. Chopping and changing of part time professionals is not conducive to easy consultations (Wiltshire, Member of the public)*

*Continuity of care is vital to good health outcomes... but is all too easily lost. There's good evidence that seeing a doctor who*

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*knows you reduces the risk of hospital admission and reduces the risk of death (B&NES, A health or social care professional)*

Participants reported that the opening times of their surgery were inconvenient to their working/childcare commitments, and often struggled to get through to their surgery on the telephone due to lack of reception/front-line staff or closing phone lines at lunchtime. It was indicated that extended GP opening times (early morning, evening or weekend appointments) would help to accommodate those who are working or have other commitments during the day.

*Easier access to nurse and GP appointments for evenings and weekends (Swindon, Member of the public)*

*Easier access to GP appointments, more flexibility of times, e.g. weekend or evenings, improved referral processes and faster (Swindon, Member of the public)*

*More services for those who work to enable us to attend appointments i.e. evening and weekend services. (Wiltshire, Health or social care professional)*

#### *2.3.4 Improving access to secondary care*

Issues regarding access to secondary care was also a recurrent theme across the responses. Respondents experienced delays in accessing secondary (hospital) specialist services, reporting lengthy waiting times and rearrangement of appointments and/or operations. This seemed to be a source of frustration and anxiety.

*Scared that if need an operation it will be cancelled at least twice even when in the ward ready to have it (Swindon, Member of the public)*

*Getting told you need an operation in September to be done within 6 weeks, told it would be in December they being told the CCG has not given the funding get opened up in February shut up sent home get finally see someone in June told it won't be done for 18 weeks being off work sick for 8 months not getting*

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*paid for the last 3 now facing losing my job (B&NES, Member of the public)*

*Currently, I have to wait for a GP appt. Then wait a month for a referral letter to arrive. Then book an appointment for six months' time minimum. Then have to travel 55 miles round trip for that referral appointment plus follow ups. Not allowed to be seen at GWH anymore - what happened? For my GP to be able to make my referral appointments directly for me and at Swindon GWH not having to traipse all over Wiltshire for health care (Wiltshire, Member of the public)*

As highlighted in sub-theme (2.2.2 *Importance of early diagnosis, screening and health checks*), participants reported lengthy delays in their diagnosis and treatment. Some described having to wait a long time to be referred to a specialist/consultant, and others acknowledged that certain conditions were more difficult to diagnose or less visible (e.g. fibromyalgia, chronic fatigue syndrome, multiple sclerosis, celiac disease, Ehlers-Danlos syndrome). Some respondents seemed to regret not going privately, and having to wait a long time for their treatment on the NHS.

*I would have spent my limited cash on getting my knee fixed privately instead of being made to wait for 14 years by 3 NHS hospitals before it collapsed. NHS replaced my knee and left my leg too short and knee painful at rest. As a result other foot pronated and, due to PT Tendon failure, now walking is very painful and difficult (Wiltshire, Member of the public).*

*What the NHS has come to for the walking wounded. If I'd have known sooner I would have taken out private health insurance. Certain treatments just not available due to budgets! Referral almost impossible! Waiting times before hospital appointments farcical! (B&NES, Member of the public)*

*Glaucoma treatment on the NHS is very poor - if I had gone privately I could have avoided sight loss (B&NES, Member of the public)*

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Others reported paying privately to see a specialist because NHS waiting times were too long for and they could be treated and cared for in a timely manner. Paying privately was seen as a way to access health services faster, and get a faster diagnosis and improved access to treatment.

*Q. What's the one thing that would help you to find and use health and care services more easily?*

*Answer: Being able to request a specialist referral. I have been repeatedly turned away by my GP. Ended up financing my own MRI scan, multiple visits to a specialist and finally my knee surgery (B&NES, Member of the public)*

*For my son. He needed urgent mental health care. Fortunately I had some savings so he was able to see a psychiatrist privately and did go back to finish his degree. Could we have better joined up services to get him back into NHS mental health care? (B&NES, Member of the public)*

Access to reliable and affordable public transport was highlighted as a barrier to accessing hospital care. Respondents spoke of the difficulties they experienced using public transport to travel to larger hospitals, and found it challenging to time appointments to match fixed transport schedules. This was also noted by health/social care professionals who felt that public transport schedules were not designed for night and shift workers. It was also thought that non-emergency patient transport services should be better funded and available for different patient groups, including people who have disabilities, in all areas.

*Better to and from hospital public transport that considers shift works (Wiltshire, Health or social care professional)*

*Affordable, reliable and regular public transport from our village to the health and care services location (B&NES, Member of the public)*

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*More availability from face-to-face people and local hospitals instead of having to travel to the larger centres (Wiltshire, A representative of a community or voluntary group)*

*Bring back cottage hospitals or make more services available at Primary care centres so that people don't have to travel to bigger hospitals (Wiltshire, Member of the public)*

*Accessibility/transport for blind people. Not everyone has a carer or family to assist with getting to appointments (B&NES, Member of the public)*

*Transport for ages not just the elderly or permanently disabled. Being on crutches and unable to drive, transport had been a great stress to me (Wiltshire, Member of the public).*

Residents in North Wiltshire expressed frustration that they had to travel long distances (circa 50 miles) for hospital appointments in their region, and felt it was 'illogical' that they were not offered appointments at Great Western Hospital, Swindon, which was geographically closer, but outside their area. Car parking at hospitals was also highlighted as a financial constraint.

*There needs to be greater tie up between Wilts and Swindon. If you live in North Wiltshire we can only access Swindon or Gloucestershire by public transport. Sending people to anywhere else in Wiltshire is impossible and leaves people isolated (Wiltshire, Member of the public)*

*Here residents of North Wiltshire can choose and book at GWH for appointments. We in North Wiltshire are not allowed access to such services as Physiotherapy or Podiatry / Orthotics and have to travel 50 mile round trips to receive our health care at a huge financial cost to ourselves (Wiltshire, Carer)*

Respondents expressed frustration that hospitals were unable to access their GP/primary care medical records, and GPs may not have access to patients' discharge summaries. This often meant that patients or carers had to repeat complex information about their (or the person they care for's) health to

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specialists/consultants. Improved access to patient medical records between hospitals and GPs would help to improve continuity of care and coordination between primary care and secondary care professionals and services.

*On admittance into A&E the hospital can easily and quickly access my GP's file, so I don't have to remember all of the operations, illnesses, etc. I have had over many years! (B&NES, Member of the public)*

*Medical records should be made available to all the doctors treating me (B&NES, A representative of a community or voluntary group)*

*Single client view regarding medical records. So GP can see my hospital records and vice versa (Swindon, Member of the public)*

*I would like to see full access to all my health records online in one place (Wiltshire, Member of the public)*

*A national database of patient's records accessing blood results, allergies etc... (Wiltshire, Health or social care professional)*

*To be able to see all of my records at the touch of a button (Wiltshire, Member of the public)*

Hospital navigation was an issue that was raised by both health/social care professionals and members of the public. Respondents described having difficulties navigating their way around hospitals due to confusing signage (often written in medical/technical terminology) and unclear hospital maps. It was felt that efforts should be focused on improving in-hospital navigation strategies to reduce the stress on patients and staff.

*More Easy Read in hospitals (more pictures and symbols on signs). Colour-coded. Always hot in hospitals - would be good to have fans and water. Make disabled access in hospitals and GP surgeries - bigger lifts, and bigger beds for bigger people. Need to be comfier to sleep in. Easy Read leaflet for patients for operations (Swindon, Member of the public)*

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*More clear signs for people to see where to go in the hospital.  
Navigating hospital is difficult (Swindon, Member of the public)*

### *2.3.5 Improving access to mental health services and support*

Improving access to mental health services and support was a prominent theme across the analysis, with respondents recognising the bi-directional relationship between physical health and mental health. Respondents with a long-term physical health condition spoke of also having a mental health problem. Respondents stated that they had initially been reluctant to disclose their mental health problems to a health or care professional, due to embarrassment, or fear of what others might think, and that they would not be taken seriously. There was also concern around health and care professionals' knowledge and skills in detecting mental health problems, and that medication would be the only treatment option available. The perceived stigma associated with mental health and the treatments on offer seemed to be a barrier for respondents.

*I wish I had known sooner that there's no stigma attached to asking for support! (B&NES, Member of the public)*

*Going to the mental health services aren't as bad as it may seem (B&NES, Member of the public)*

Respondents felt more should be done to raise awareness of the local mental health services available, and the option of self-referral. For example, respondents wished they had known sooner that self-referral via the 'Improving Access to Psychological Therapies (IAPT)' was available to them. Concern was expressed about the long waiting lists to seek professional support for mental health difficulties, which acted as a deterrent to seeking help. In some cases, respondents sought help privately to avoid the lengthy delays. Others spoke of having to be persistent with seeking help and securing appointments for mental health problems.

*Not for me - for my son. He needed urgent mental health care.  
Fortunately I had some savings so he was able to see a psychiatrist privately and did go back to finish his degree. Could*

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*we have better joined up services to get him back into NHS mental health care? (B&NES, Member of the public)*

Respondents wanted mental health issues to be discussed more openly in educational settings, and campaigns to teach children and young people about key issues regarding mental health (depression, anxiety) at the earliest opportunity to help destigmatise mental health in the community. Respondents were highly supportive of the Child and Adolescent Mental Health Service (CAMHS), but felt it was underfunded and pathways to accessing the service were not transparent.

*Not to have to jump through so many hoops, (waiting lists, filling in forms, meeting different people or professionals with limited knowledge), for help with my mental health (B&NES, Member of the public)*

*That CAMHS is a great service but it remains very underfunded which adversely affects its reputation (Swindon Member of the public)*

In particular, respondents identified a number of areas where they thought mental health services could be improved, such as mental health support for veterans, people with eating disorders, maternal mental health (perinatal and postnatal depression/anxiety), drug and alcohol addiction and mental health, stress management and the impact on health, child and adolescent health and wellbeing, and the impact of attention deficit hyperactivity disorder (ADHD).

*More support services for mothers suffering mental health problems (B&NES, Member of the public)*

*That there are veteran's mental health services that you can self-refer to (Wiltshire, Member of the public)*

*Teenagers/young people need more advice and learning on mental health problems: 1. How to identify symptoms/signs of mental health issues in yourself. 2. How to identify the same things in those around you. 3. Access and availability to help*

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*and support through mental health problems, reduce stigma etc.... (Wiltshire, Member of the public)*

*Mental health services being more accessible to younger people. doctors providing more information for young vulnerable people effected by mental health (Wiltshire, Member of the public)*

### *2.3.6 Improving care and support for vulnerable and disadvantaged populations*

Across the data, concern was expressed from, or on behalf of, more vulnerable or disadvantaged groups in the community regarding care and support for them, including the elderly, children and young people, people living with long-term conditions, those with autism spectrum disorder (ASD), and people who did not identify as male or female, or identified themselves as transgender.

With regard to the elderly population, there was concern that the increasing role of technology (the Internet, Apps) to access health information and services (e.g. booking appointments, seeking information) would inadvertently exclude members of the elderly population, who may not have easy access to information online, or are not confident or familiar with using digital technology. It was felt that service providers would need to take this into account when developing interventions/tools and resources designed to improve access to health and care services. There was also concern raised about health and social care of the ageing population, and the lack of information about how the elderly population can be best supported, and what assistance is available to support care in the community. It was felt that support for the elderly populations is underfunded and under-resourced, and health and social care services and care agencies need to improve their communication with one another to help patients and carers to navigate the system. It was felt that health and social care services could be amalgamated, as a “one-stop shop”, so that information is available in one centralised place.

*I want to see clarity of guidance for elderly residents accessing resources for their home care needs. How they can access continuing health care when the time comes and getting the best possible services for the aging population. So that families can have stress free interventions and communications with GPs*

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*social services and care agencies do they can have the time to actually spend quality time with their loved ones instead of having to negotiate the unjoined up practices of the dinosaur of the NHS endless phone calls to physics to get the adaptations for homes similarly with social workers, GPs why can't there be a one stop shop where all information is openly available. And not in Facebook websites etc. in real time on the real world not everyone has a mobile or computer (B&NES, Member of the public)*

*Social care is impossible to navigate, my care my support is not updated and is very very confusing if you are new to this world. Where do you go when your mum is under the age of 65 but is self-neglecting? What do you do? She's so unwell. She keeps going into hospital and you get told it's a social issue but where do you go? How can I help her? Where is the care? Why won't you care? (Swindon, Member of the public)*

As highlighted above in sub-theme, 2.3.5 'Improving access to mental health services and support', improving awareness of mental health issues and services among children and young people was considered important. It was perceived that the wellbeing of children and young people is getting worse, with more experiencing mental health problems or being diagnosed with a mental health disorder. Early intervention was believed to be critical to help children and young people talk more openly about mental health, and equip them with information and advice on how to deal with certain situations and where support is available (e.g. bullying, stress and anxiety, depression).

*Help/support for children to deal with bullying, verbal, online etc. How to deal with stress and anxiety e.g. with exams. It is so easy to show kids how to handle stress/anxiety but it is not done in schools. Bullying and stress has led to lots of suicides lately - can we try to reduce this? Even online help for stress/depression for teenagers is not well covered. Easy direct advice on handling stress should be targeted at teenager's level of interest/engagement (B&NES, Member of the public)*

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*Access to mental health support - they fob you off at every turn.  
The criteria should not be "are you feeling suicidal" and  
teenagers don't even get help if they are. Really, really, really  
bad (Wiltshire, Member of the public)*

*One main online help website showing advice/videos/tutorials  
service for mental health for children/teenagers.*

Respondents felt there was a lack of awareness and understanding of autism spectrum disorder (ASD) among the health and social care professional community, and knowledge about appropriate services to refer them to.

*Not to ask for help at all with my Autistic Daughter, more harm  
than good has come of it! (Wiltshire, Member of the public)*

*That autistic children and adults have no support or they are  
deemed not vulnerable enough, education negligence support.  
A service for Autism and their families for whole health realistic  
support (Wiltshire, A representative of a community of  
voluntary group)*

It was felt that more health and care professional training, education and specialist support was needed to help adults and children with gender identity health issues.

*The GPs don't know anything about caring for transgender  
people and I should have gone private from the start. GPs who  
know about the pathways available to transgender people  
(Wiltshire, Member of the public)*

*The stress and anxiety coupled with secondary mental health, is  
a side effect of the underlying cause, not being able to be open  
about being ICD10 F64.0 (gender identity disorder in  
adolescence and adulthood), now after many years eventually  
diagnosed (Wiltshire, Member of the public)*

### *2.3.7 Improving information and support for carers*

Respondents spoke of caring for close family members, sometimes providing full-time, 24-hour support, and the challenges they faced in doing so. Carers

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felt that more could be done to identify carers' physical, emotional and social needs, and to provide them with support to improve their coping skills and quality of life. Some respondents wished they had known sooner that they were entitled to an assessment to identify their needs and to develop a plan for carer support. Carers reported that health and care professionals provided limited information about available carer support and services (e.g. The Carers' Centre), and carers often described doing their own research.

*I wish I'd been recognised as an unpaid carer sooner so that I would have had more support with my own health and wellbeing (Wiltshire, Member of the public)*

*To know what help is available to carers from Carers Support AFTER a bereavement (Wiltshire, Member of the public)*

Carers described putting their lives 'on hold' to become carers, and the experience could be lonely, isolating and stressful. Respite care services were considered limited, and carers felt they had little time to look after themselves. Their physical health and mental wellbeing often came last because of their caring responsibilities.

*Becoming a Carer makes you put your whole life 'on hold'. It affects everything you do, most of all you find yourself putting your own health at the bottom of the list (Wiltshire, Full-time carer)*

*That my daughter had anorexia and there was help for her in Wiltshire as this has affected my health significantly as a carer (Wiltshire, Member of the public)*

*Time for me as a full-time carer and being made aware by my GP of the Carers' Centre and the opportunities it provides to help alleviate the feelings of isolation (B&NES, Member of the public)*

*How to manage stress when caring for a child with Autism Spectrum Disorder (ASD). Carers are so busy with caring that*

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*they tend to put their needs last (Swindon, Member of the public)*

Some carers spoke of specific challenges they encountered when caring for family members. For example, one respondent who cared for a family member with Parkinson's spoke of the lack of a dedicated Parkinson's team/nurse in North Wiltshire (as there is at Great Western Hospital, Swindon), and that he had to travel a 50 plus mile round trip to attend hospital appointments or carer network meetings.

*To make local health care truly local and allow the residents of North Wiltshire the right to make hospital appointments at venues that are short travel miles away from home and on the public transport route. To improve Parkinson's Care Provision in North Wiltshire, to match the team service that is currently only offered to residents of Swindon District at the Great Western Hospital (GWH). To provide a fit for purpose and fully funded support network for carers in North Wiltshire that is accessible locally and not fifty mile plus round trip to attend meetings (Wiltshire, Carer for my wife with Parkinson's)*

#### *2.3.8 Concerns relating to the organisation and future of health and social care system*

There seemed to be underlying concerns relating to the organisation and future of the health and social care system, and the increasing shift towards privatisation of the NHS (e.g. contracts with companies such as Virgin Care). Respondents reported finding it harder to navigate the health and social care system because care was often provided by different organisations who worked separately, with minimal communication.

*The fragmentation of services makes navigation of and access to services a nightmare. Health providers blame each other for problems and don't share records of information, so there is a lot of wasted time and a lot of stress for families and patients. (Wiltshire, Member of the public)*

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*Bring back PCTs, remove Virgincare. I am deeply unhappy with how Virgincare are operating local health services (B&NES, Health or social care professional)*

*Being able to access all services in one place from one provider. Due to our health care needs, we currently access help from 4 different organisations who don't talk to each other. The privatisation of the NHS is making services far worse and focus should be on investing in NHS organisation like it used to be. We are actively considering moving out of Wiltshire to avoid the terrible care providers by private companies (Wiltshire, Member of the public)*

*To vote consistently to keep the NHS public. It would mean more people are alive and in good health now. Halting the privatisation of the NHS. I would expect my comments to be added to your survey results (Wiltshire, Member of the public)*

In the future, respondents wanted a more 'joined up' service that was easier to navigate, with better integration of health and social care services, to facilitate better communication between health and social care professionals. The concept of more integrated care was valued by respondents and thought to be critical for the long-term health and wellbeing of local communities.

Respondents expressed frustration at repeating the same information about their conditions to different health and care professionals, and wanted better coordination between NHS health, mental health, and social care services, primary care (GPs, pharmacists and community services) and secondary care services (hospitals and specialists), and NHS/council health and care and private health and care organisations.

*Joined up services - too many different providers means you don't know who does what (B&NES, A member of the public)*

*Knowing that there was a fully funded service available at point of need. Joined up health and social care and no privatisation (B&NES, Member of the public)*

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*Transparency of services and joined up thinking. Whenever I've had a doctor referral, you're sent on a circular tour of online and phone which frustratingly don't interlink (B&NES, Member of the public)*

Some felt that access to quality care was becoming more of a lottery depending on where people live (a 'postcode lottery'), and acknowledged that health and social care services in certain areas were struggling and could be improved.

*Much more joined up approach to care provision, there is still very much a postcode lottery when it comes to care provision (Wiltshire, Member of the public)*

Others spoke of moving to another area, or wanting to move to another area so they could access the support they need.

*I wouldn't have moved to Swindon had I known how bad the care is here. I wish I knew that sooner (Swindon, Member of the public)*

## **2.4 Improving communication between health and care professionals and patients/local people**

### *2.4.1 Feeling heard and listened to by health and care professionals*

When asked, "What's the one thing that would help to make a difference to health and care in the future?", respondents commented that 'improved' and 'better' communication with health and care professionals and support staff would enhance their experience as a patient or carer.

*Q. What's the one thing that would help to make a difference to health and care in the future? Improved communication. Communication in the health maze is lousy (Swindon, Member of the public)*

As highlighted in sub-theme (2.3.2. *The role of technology and e-health to improve health and care information and services*), respondents valued clear,

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easy-to-understand and consistent communication with minimal jargon and less “NUS speak”, which respondents found confusing.

*Ending of titles of services that are not exactly clear about what the service offer is and uses internal NHS jargon only (Swindon, Member of the public)*

*Better support because I have difficulty understanding complicated information (Swindon, Member of the public)*

Respondents spoke of positive and negative interactions they had experienced with health and care professionals. In particular, they wanted to see health and care professionals within a reasonable time (not weeks), and seemed to value health and care professionals who showed empathy, politeness, active listening and respect.

*Better access to a doctor who will treat me with dignity and respect (Swindon, Retired nurse)*

*I wish doctors had actually believed me when I went to them for help when I became unwell but sadly they treated me as a hypochondriac attention seeker who was mentally unstable and directed me into mental health service when I actually had a genetic illness not a psychiatric illness. To be believed when I say I'm in pain and unwell and I want invisible illness to be taken seriously not dismissed by nurses and doctors. The medical profession need more training in how they deal with invisible illness or those like me with a rare genetic illness. It's all too easy to point us to mental health when we aren't crazy we are ill. I have bad medical PTSD now because of how I was treated (Wiltshire, A member of the public)*

Positive encounters were perceived as those where health and care professionals took the time to listen to people's views and concerns, and took them seriously. Respondents valued health and care professionals who took an interest in the person as a whole, providing patient-centred care and opportunities for shared decision-making. People seemed to feel more satisfied when health and care professionals made eye contact with them, and

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did not spend more time looking at the computer screen during the consultation.

*More time with my GP and more attention to what I say instead of GP spending the time entering data on PC and not really listening to most of what I am saying (Swindon, Member of the public)*

*Being really listened to and being treated as a whole person, mind and body (B&NES, Member of the public).*

*Having a GP who has time to listen and doesn't jump on the first symptom you mention and assume that is the whole picture (Wiltshire, Member of the public)*

*Doctors who listen, who look at the whole patient, not just one symptom at a time. Who believe what the patient is telling them and don't write us off as hysterical just because we're female (Swindon, Member of the public)*

Respondents seemed to find it frustrating when they were not able to see the same health and care professional (particularly their GP), and valued relational continuity of care where the professional learns about a patient's medical history (physical comorbidities and mental health) and psychosocial context. This was thought to help respondents build a relationship with health and care professionals, and navigate the system with greater ease and confidence. Respondents also felt it facilitated earlier diagnosis, prompt referrals and access to specialist or community services, and enhanced the management of conditions.

*Continuity of care. You never see the same doctor once in treatment and I have had the wrong diagnosis and medication at least twice (Swindon, Member of the public)*

*Getting care from the same doctor whether it is a GP or hospital doctor. The lack of continuity of care wastes everyone's time and can lead to missed diagnoses (B&NES, Member of the public)*

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*Continuity with own Dr. Each time a different Dr/nurse is seen time is wasted explaining problem. Dr doesn't know patient how can they tell if there is improvement or determination. Some patients will always tell of pain etc, others don't want to be a nuisance and hold back. Only by knowing the patient can a Dr know (Wiltshire, Member of the public)*

Respondents also spoke of communication between health and care professionals, and expressed frustration when care was not properly coordinated between services, due to lack of communication (e.g. GPs and specialists, GPs and social care and mental health). Some reported having to pass information on between different services to keep them fully informed.

*Not having to fight for everything and good communication between professionals. No "misplacing" letters etc. (Swindon, Member of the public)*

*Communication between all departments made better (Member of the public)*

*Different services working together rather than expecting the patient to pass information between the two. I am a whole person! (Swindon, Representative of a community of voluntary group)*

*Much more joined up approach across specialists. One for spinal injury, one for Rheumatology and both are very independent, no one is looking at the bigger picture! (Wiltshire, Member of the public)*

*Better communication between GPs and Avon Wiltshire Mental Health Partnership NHS early intervention services (direct contact possible between them) (Swindon, Member of the public)*

*Health & care services needed to be more joined up to help support each other and make the pathways clearer. Effective working between NHS, Adult Social Care, & 3rd Sector to ensure*

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*there is clear understanding of who does what and that they work together more effectively (Wiltshire, Health or social care professional)*

#### *2.4.2 Patients/local people being empowered*

Respondents seemed to draw on the notion of empowerment, as they considered what they wished they had known sooner, and what would make a difference to their health and care in the future. Upon reflection, some participants felt they should have taken more responsibility or ownership of their health sooner, and had greater self-confidence in their ability to acquire knowledge, appraise information, and challenge health and care professionals if they did not agree with their point of view.

*That whilst doctors know about medical conditions in the abstract, I am the expert in my own condition (B&NES, Member of the public)*

*To undertake my own research into my illness which would have avoided misdiagnosis and complications arising from being misdiagnosed (Wiltshire, Member of the public)*

*I have the knowledge and information over my condition to make improvements and to lessen the impact it has over my life. This would have been much easier if I had known the tools to do this when I was diagnosed, rather than waiting 3 years. I now I have to battle to reverse 3 years of deterioration. Ultimately, if you are diagnosed with a long-term condition that is not life threatening, there seems to be very little follow-up. Earlier intervention for conditions such as Ehlers-Danlos Syndrome is vital for learning to manage and live with the condition. I wish I had known that I should trust my instincts, to push for a specialist referral earlier and not let myself be brushed aside by consultants who do not have expertise in the area (Wiltshire, Member of the public)*

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*I wished I'd known how to be assertive with my GPs (several over 40 years) to get correct diagnoses and treatments  
(Swindon, Member of the public)*

*Buy in from my doctors that I am actually capable of researching my own conditions and have a better understanding of my own body than them and not to be treated like an idiot (Wiltshire, Member of the public)*

To navigate the health and social care system effectively, respondents indicated it was important to express their preferences, prepare questions in advance of appointments, ask questions during health consultations, take personal responsibility for the management of their conditions and, when necessary, gather additional expert opinions. Respondents, particularly those living with long-term conditions, valued being treated as 'expert patients' who had sufficient knowledge and skills to understand and manage their conditions.

*Being listened to and have health professionals understand that I should have some influence over the type of treatment I receive rather than just assume that I have no idea and must do as the doctor says. They are the expert but I am the expert on myself and my symptoms so let's work together to solve the problem (B&NES, Member of the public)*

Some respondents said they were unaware that they had right to choose which hospital or service their GP referred them to, and they could also choose their consultant. It was felt more should be done to raise people's awareness of this. For example, in response to the question, "What's the one thing you wish you'd known sooner to help you be as healthy as possible?", respondents commented:

*That I don't have to choose a local hospital and can choose another with a shorter waiting list (Swindon, Member of the public)*

*That you can choose where to go for some treatments (B&NES, Member of the public)*

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People's responses suggested that initiatives should focus on empowering patients and their families/carers to feel able to actively participate in decisions about their health and wellbeing (if they wish to do so).

*Q: What's the one thing that would help to make a difference to your health and care in the future? Answer: How to identify the 'right' question to ask my doctor, to have a conversation, to share decision making. NOT ask me what do I want when I don't know the options or tell me what to do (Wiltshire, Member of the public)*

Respondents also spoke of the importance of being 'pro-active' with their health and care, in terms of taking personal responsibility, and managing, their own health, and acquiring enough knowledge and skills to interact with health and care professionals.

*Need to be more proactive in finding out about any condition for me and my family. Check your prescribed medication against any new medicines, as I found out I should not be mixing two that I was prescribed, not really me that should be checking that really just didn't feel right! (Wiltshire, Member of the public)*

*Preventative measures to enable and empower me to look after me. No one should be more interested in my health than me.....I advise my patients of this and encourage partnership care. I help them look after themselves (B&NES, Health or social care professional)*

Being able to self-refer to mental health services (without a GP referral), and the growing movement of social prescribing, were seen as positive opportunities to empower people to improve and maintain their health and wellbeing.

*Self-referral options, especially in terms of mental health so I don't have to go through my doctor to determine whether additional support is necessary, as not everyone is confident in explaining the extent of their mental health to their GP and that may affect the aftercare given (Wiltshire, Member of the public)*

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*More Social Prescribing! DHI's My Script has been the single best thing in helping my mental health recovery on a sustainable level (Wiltshire, Member of the public)*

### 3 Quantitative analysis

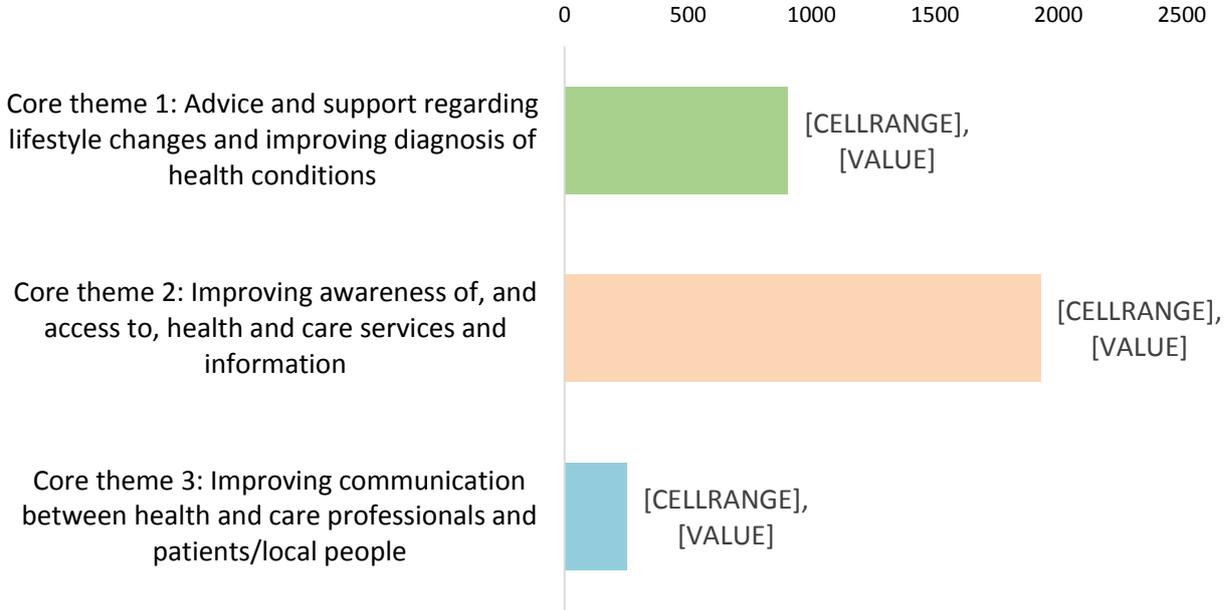
A descriptive statistical analysis of the qualitative responses by region, sex, religion or belief, age, sexuality, carer, disability, and ethnic group was carried out to identify whether groups’ responses focused on a particular issue/aspect of their health and care.

In presenting the sub-group analysis, we opted to use a gold, silver, bronze colour scheme to depict the first, second and third most common sub-themes, as identified in the qualitative analysis stage.

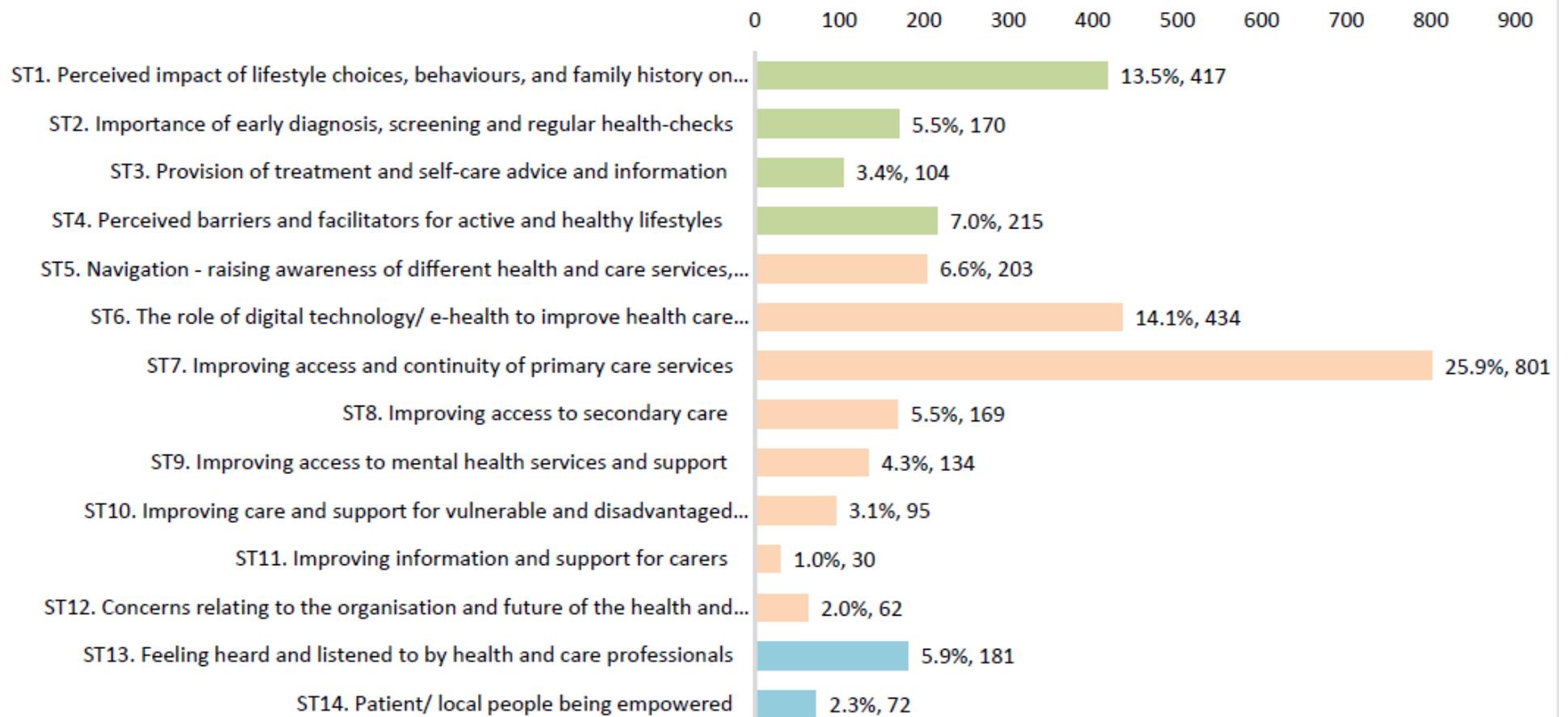
In total, we identified 3087 codes at sub-theme level (over 14 sub-themes grouped under three core themes) in responses across all three of the questions asked.

Core and Sub-themes	n	%
<b>Core theme 1: Advice and support regarding lifestyle changes and improving diagnosis of health conditions</b>	<b>906</b>	<b>29.3</b>
ST1. Perceived impact of lifestyle choices, behaviours and family history on physical and mental health	417	13.5
ST2. Importance of early diagnosis, screening and regular health-checks	170	5.5
ST3. Provision of treatment and self-care advice and information	104	3.4
ST4. Perceived barriers and facilitators for active and healthy lifestyles	215	7.0
<b>Core theme 2: Improving awareness of, and access to, health and care services and information</b>	<b>1928</b>	<b>62.5</b>
ST5. Navigation - raising awareness of different health and care services, initiatives and schemes (reflection on previous experience – wished they had known sooner)	203	6.6
ST6. The role of digital technology/e-health to improve health and care information and services	434	14.1
ST7. Improving access to, and continuity of, primary care services	801	25.9
ST8. Improving access to secondary care	169	5.5
ST9. Improving access to mental health services and support	134	4.3
ST10. Improving care and support for vulnerable and disadvantaged populations	95	3.1
ST11. Improving information and support for carers	30	1.0
ST12. Concerns relating to the organisation and future of the health and social care system	62	2.0
<b>Core theme 3: Improving communication between health and care professionals and patients/local people</b>	<b>253</b>	<b>8.2</b>
ST13. Feeling heard, and listened to, by health and care professionals	181	5.9
ST14. Patient/local people being empowered	72	2.3
<b>Grand total</b>	<b>3087</b>	<b>100</b>

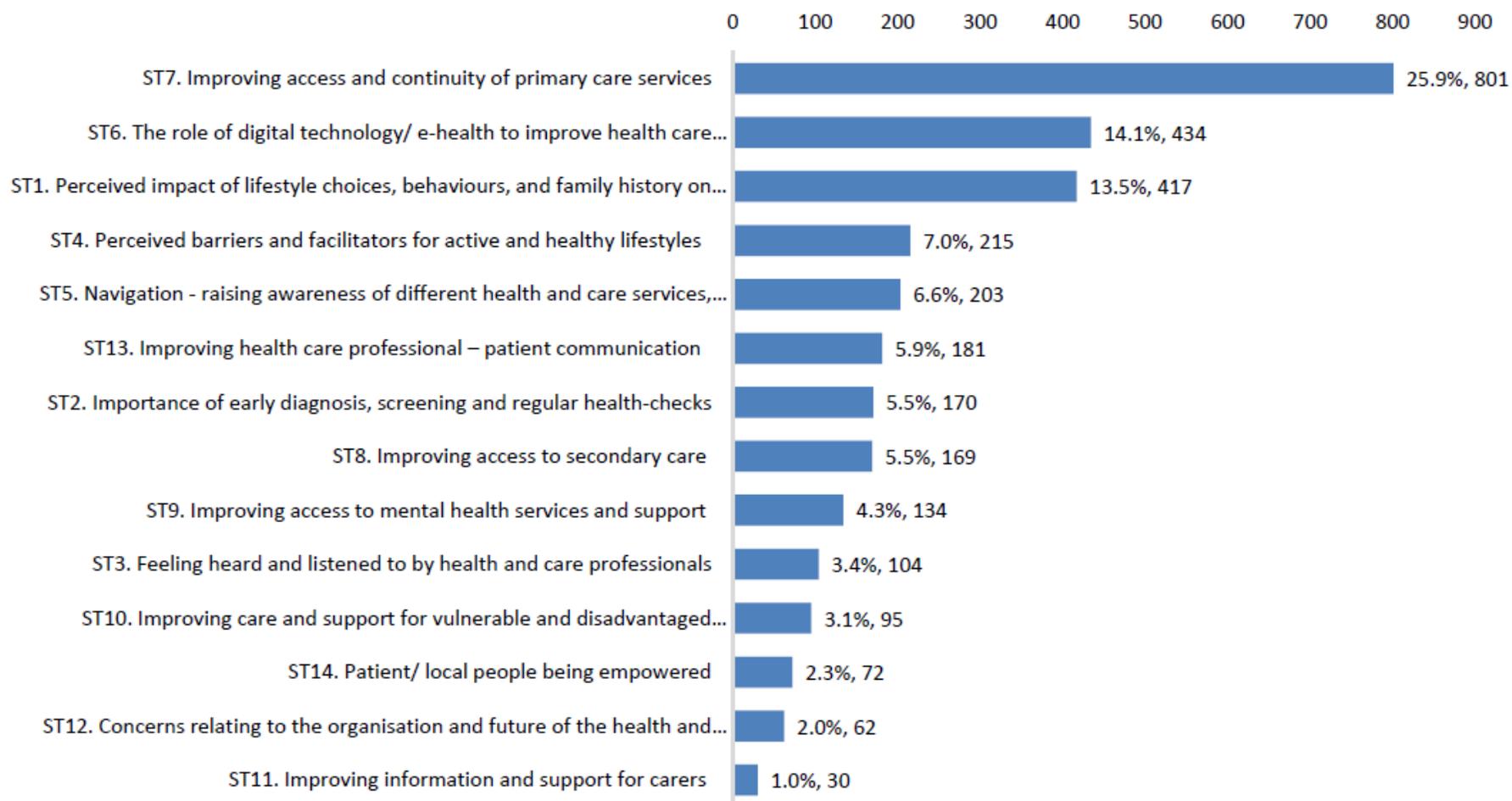
Frequency of codified responses identified through qualitative analysis by core theme (N=3087)



## Frequency of codified responses identified through qualitative analysis by sub-theme (N=3087)



Frequency of codified responses identified through qualitative analysis by sub-theme  
in descending order (N=3087)



### 3.1.1 Area

Sub-themes	B&NES (n, %)	Swindon (n, %)	Wilt- shire (n, %)	Total (n, %)
ST1. Perceived impact of lifestyle choices, behaviours and family history on physical and mental health	139 14.5%	102 12.5%	176 13.4%	417 13.5%
ST2. Importance of early diagnosis, screening and regular health-checks	51 5.3%	49 6.0%	70 5.3%	170 5.5%
ST3. Provision of treatment and self-care advice and information	30 3.1%	22 2.7%	52 4.0%	104 3.4%
ST4. Perceived barriers and facilitators for active and healthy lifestyles	80 8.4%	39 4.8%	96 7.3%	215 7.0%
ST5. Navigation - raising awareness of different health and care services, initiatives and schemes (reflection on previous experience – wished they had known sooner)	64 6.7%	55 6.7%	84 6.4%	203 6.6%
ST6. The role of digital technology/e-health to improve health and care information and services	135 14.1%	108 13.3%	191 14.5%	434 14.1%
ST7. Improving access to, and continuity of, primary care services	210 21.9%	268 32.9%	323 24.6%	801 25.9%
ST8. Improving access to secondary care	45 4.7%	37 4.5%	87 6.6%	169 5.5%
ST9. Improving access to mental health services and support	48 5.0%	24 2.9%	62 4.7%	134 4.3%
ST10. Improving care and support for vulnerable and disadvantaged populations	39 4.1%	19 2.3%	37 2.8%	95 3.1%
ST11. Improving information and support for carers	9 0.9%	7 0.9%	14 1.1%	30 1.0%
ST12. Concerns relating to the organisation and future of the health and social care system	27 2.8%	10 1.2%	25 1.9%	62 2.0%
ST13. Feeling heard and listened to by health and care professionals	61 6.4%	56 6.9%	64 4.9%	181 5.9%
ST14. Patients/local people being empowered	20 2.1%	19 2.3%	33 2.5%	72 2.3%
<b>Total</b>	<b>958 100%</b>	<b>815 100%</b>	<b>1314 100%</b>	<b>3087 100%</b>

There were no major differences in the top three sub-themes by region, with ST1, ST6 and ST7 appearing in the responses from all three regions:

<b>Region</b>	<b>Top sub-theme (%)</b>	<b>2<sup>nd</sup> sub-theme (%)</b>	<b>3<sup>rd</sup> sub-theme (%)</b>
B&NES	<b>ST7</b> 21.9%	<b>ST1</b> 14.5%	<b>ST6</b> 14.1%
Swindon	<b>ST7</b> 32.9%	<b>ST6</b> 13.3%	<b>ST1</b> 12.5%
Wiltshire	<b>ST7</b> 24.6%	<b>ST6</b> 14.5%	<b>ST1</b> 13.4%

NB: % of total for each region

### 3.1.2 Local people/A health or social care professional

Sub themes	A health or social care professional		Local people		Total	
	n	%	n	%	n	%
ST1. Perceived impact of lifestyle choices, behaviours and family history on physical and mental health	58	15.5%	359	13.2%	417	13.5%
ST2. Importance of early diagnosis, screening & regular health-checks	16	4.3%	154	5.7%	170	5.5%
ST3. Provision of treatment and self-care advice and information	13	3.5%	91	3.4%	104	3.4%
ST4. Perceived barriers and facilitators for active and healthy lifestyles	40	10.7%	175	6.4%	215	7.0%
ST5. Navigation - raising awareness of different health and care services, initiatives and schemes (reflection on previous experience – wished they had known sooner)	29	7.8%	174	6.4%	203	6.6%
ST6. The role of digital technology/e-health to improve health and care information and services	67	18.0%	367	13.5%	434	14.1%
ST7. Improving access to, and continuity of, primary care services	80	21.4%	721	26.6%	801	25.9%
ST8. Improving access to secondary care	11	2.9%	158	5.8%	169	5.5%
ST9. Improving access to mental health services and support	18	4.8%	116	4.3%	134	4.3%
ST10. Improving care and support for vulnerable and disadvantaged populations	8	2.1%	87	3.2%	95	3.1%
ST11. Improving information and support for carers	2	0.5%	28	1.0%	30	1.0%
ST12. Concerns relating to the organisation and future of the health and social care system	8	2.1%	54	2.0%	62	2.0%
ST13. Feeling heard, and listened to, by health and care professionals	14	3.8%	167	6.2%	181	5.9%
ST14. Patients/local people being empowered	9	2.4%	63	2.3%	72	2.3%
<b>Total</b>	<b>373</b>	<b>100.0%</b>	<b>2714</b>	<b>100.0%</b>	<b>3087</b>	<b>100.0%</b>

We identified no differences in responses between local people and health or social care professionals.

### 3.1.3 Sex

Sub-themes	Female		Male		Prefer not to say	Prefer to use own term	blank	Total
	n	%	n	%				
ST1. Perceived impact of lifestyle choices, behaviours and family history on physical and mental health	302	13.4%	99	14.3%	2	2	12	417
ST2. Importance of early diagnosis, screening and regular health-checks	118	5.2%	49	7.1%			3	170
ST3. Provision of treatment and self-care advice and information	77	3.4%	22	3.2%	3		2	104
ST4. Perceived barriers and facilitators for active and healthy lifestyles	166	7.4%	39	5.6%	1	1	8	215
ST5. Navigation - raising awareness of different health and care services, initiatives and schemes (reflection on previous experience – wished they had known sooner)	142	6.3%	48	6.9%	5		8	203
ST6. The role of digital technology/e-health to improve health and care information and services	319	14.2%	100	14.5%	4	1	10	434
ST7. Improving access to, and continuity of, primary care services	572	25.4%	185	26.7%	9	2	33	801
ST8. Improving access to secondary care	123	5.5%	35	5.1%	5		6	169
ST9. Improving access to mental health services and support	101	4.5%	22	3.2%	7	1	3	134
ST10. Improving care and support for vulnerable and disadvantaged populations	64	2.8%	27	3.9%	3		1	95
ST11. Improving information and support for carers	25	1.1%	3	0.4%	1		1	30
ST12. Concerns relating to the organisation and future of the health and social care system	39	1.7%	19	2.7%	2		2	62
ST13. Feeling heard, and listened to, by health and care professionals	144	6.4%	33	4.8%	2		2	181
ST14. Patients/local people being empowered	56	2.5%	11	1.6%	2	1	2	72
	<b>2248</b>	<b>100%</b>	<b>692</b>	<b>100%</b>	<b>46</b>	<b>8</b>	<b>93</b>	<b>3087</b>

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There were no differences in the top three sub-themes by sex:

Region	Top sub-theme (%)	2 <sup>nd</sup> sub-theme (%)	3 <sup>rd</sup> sub-theme (%)
Female	<b>ST7</b> 25.4%	<b>ST6</b> 14.2%	<b>ST1</b> 13.4%
Male	<b>ST7</b> 26.7%	<b>ST6</b> 14.5%	<b>ST1</b> 14.3%

NB: % of total for each sex

### 3.1.4 Religion or belief

There were no differences in the top three sub-themes by religion or belief. Note, only 'Christianity' and 'No religion' categories are included in the subgroup analysis for brevity, and because of the low numbers for other options.

Sub-themes	Christianity		No religion	
	n	%	n	%
ST1. Perceived impact of lifestyle choices, behaviours, and family history on physical and mental health	186	14.2%	152	12.8%
ST2. Importance of early diagnosis, screening and regular health-checks	79	6.0%	59	5.0%
ST3. Provision of treatment and self-care advice and information	41	3.1%	46	3.9%
ST4. Perceived barriers and facilitators for active and healthy lifestyles	97	7.4%	85	7.2%
ST5. Navigation - raising awareness of different health and care services, initiatives and schemes (reflection on previous experience – wished they had known sooner)	83	6.3%	72	6.1%
ST6. The role of digital technology/ e-health to improve health and care information and services	191	14.5%	172	14.5%
ST7. Improving access to, and continuity of, primary care services	339	25.8%	299	25.2%
ST8. Improving access to secondary care	78	5.9%	54	4.5%
ST9. Improving access to mental health services and support	40	3.0%	73	6.1%
ST10. Improving care and support for vulnerable and disadvantaged populations	38	2.9%	41	3.5%
ST11. Improving information and support for carers	16	1.2%	9	0.8%
ST12. Concerns relating to the organisation and future of the health and social care system	20	1.5%	30	2.5%
ST13. Feeling heard and listened to by health and care professionals	67	5.1%	74	6.2%
ST14. Patients/local people being empowered	39	3.0%	22	1.9%
<b>Total</b>	<b>1314</b>	<b>100%</b>	<b>1188</b>	<b>100%</b>

Region	Top sub-theme (%)	2 <sup>nd</sup> sub-theme (%)	3 <sup>rd</sup> sub-theme (%)
Christianity	ST7 25.8%	ST6 14.5%	ST1 14.2%
No religion	ST7 25.2%	ST6 14.5%	ST1 12.8%

NB: % of total for 'Christianity' and 'No religion'.

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### 3.1.5 Age groups

Some differences between age groups were observed in the sub-group analysis. Specifically, in the two younger age groups (under 18 and 18-24), perceived impact of lifestyle choices, behaviours and family history on physical and mental health was not one of the top three sub-themes (ST1). This contrasts with all the other age groups, where ST1 was the second or third most common thread in the responses. For the younger age groups, improving access to mental health services and support was the first (under 18) or second (18-24) most common theme.

Interestingly, in the age groups 75-84 and 85+, three different sub-themes appear among the top three:

- ST13, feeling heard and listened to by health and care professionals (3<sup>rd</sup> top in 75-84 group);
- ST5, Navigation—raising awareness of different health and care services, initiatives and schemes (reflection on previous experience—wished they had known sooner) which was joint first in the 85+ group, and
- ST2, Importance of early diagnosis, screening and regular health-checks, which was joint third in the 85+ group.

It should be mentioned that the number of respondents in the 85+ group were very small (16 respondents in total), so no strong conclusions should be drawn.

Sub themes	<18 (n, %)	18-24 (n, %)	25-34 (n, %)	35-44 (n, %)	45-54 (n, %)	55-64 (n, %)	65-74 (n, %)	75-84 (n, %)	85+ (n, %)	Prefer not to say/ blank (n, %)	Total (n, %)
ST1.	4 6.7%	10 8.6%	30 14.7%	45 11.9%	96 14.2%	110 13.6%	82 16.0%	20 11.8%	2 12.5%	18 11.8%	417 13.5%
ST2.	2 3.3%	7 6.0%	5 2.5%	15 4.0%	38 5.6%	54 6.7%	35 6.8%	8 4.7%	2 12.5%	4 2.6%	170 5.5%
ST3.	1 1.7%	4 3.4%	8 3.9%	15 4.0%	25 3.7%	26 3.2%	13 2.5%	8 4.7%	0 0.0%	4 2.6%	104 3.4%
ST4.	3 5.0%	8 6.9%	19 9.3%	36 9.5%	58 8.6%	47 5.8%	28 5.5%	3 1.8%	1 6.3%	12 7.9%	215 7.0%
ST5.	5 8.3%	5 4.3%	15 7.4%	21 5.6%	41 6.1%	49 6.1%	32 6.2%	19 11.2%	4 25.0%	12 7.9%	203 6.6%
ST6.	11 18.3%	20 17.2%	39 19.1%	76 20.2%	101 15.0%	98 12.2%	60 11.7%	13 7.7%	1 6.3%	15 9.9%	434 14.1%
ST7.	12 20.0%	18 15.5%	46 22.5%	79 21.0%	173 25.7%	215 26.7%	151 29.4%	55 32.5%	4 25.0%	48 31.6%	801 25.9%
ST8.	1 1.7%	3 2.6%	4 2.0%	19 5.0%	28 4.2%	52 6.5%	36 7.0%	12 7.1%	1 6.3%	13 8.6%	169 5.5%
ST9.	16 26.7%	19 16.4%	18 8.8%	20 5.3%	25 3.7%	22 2.7%	6 1.2%	1 0.6%	0 0.0%	7 4.6%	134 4.3%
ST10.	3 5.0%	4 3.4%	2 1.0%	15 4.0%	17 2.5%	25 3.1%	14 2.7%	10 5.9%	1 6.3%	4 2.6%	95 3.1%
ST11.	0 0.0%	0 0.0%	1 0.5%	3 0.8%	7 1.0%	10 1.2%	5 1.0%	2 1.2%	0 0.0%	2 1.3%	30 1.0%
ST12.	0 0.0%	0 0.0%	3 1.5%	5 1.3%	13 1.9%	23 2.9%	12 2.3%	3 1.8%	0 0.0%	3 2.0%	62 2.0%
ST13.	2 3.3%	14 12.1%	11 5.4%	18 4.8%	36 5.3%	55 6.8%	27 5.3%	14 8.3%	0 0.0%	4 2.6%	181 5.9%
ST14.	0 0.0%	4 3.4%	3 1.5%	10 2.7%	16 2.4%	20 2.5%	12 2.3%	1 0.6%	0 0.0%	6 3.9%	72 2.3%
<b>Total</b>	<b>60</b>	<b>116</b>	<b>204</b>	<b>377</b>	<b>674</b>	<b>806</b>	<b>513</b>	<b>169</b>	<b>16</b>	<b>152</b>	<b>3087</b>

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Key for sub-themes:

ST1. Perceived impact of lifestyle choices, behaviours, and family history on physical and mental health

ST2. Importance of early diagnosis, screening and regular health-checks

ST3. Provision of treatment and self-care advice and information

ST4. Perceived barriers and facilitators for active and healthy lifestyles

ST5. Navigation - raising awareness of different health and care services, initiatives and schemes (reflection on previous experience – wished they had known sooner)

ST6. The role of digital technology/ e-health to improve health and care information and services

ST7. Improving access to, and continuity of, primary care services

ST8. Improving access to secondary care

ST9. Improving access to mental health services and support

ST10. Improving care and support for vulnerable and disadvantaged populations

ST11. Improving information and support for carers

ST12. Concerns relating to the organisation and future of the health and social care system

ST13. Feeling heard and listened to by health and care professionals

ST14. Patients/local people being empowered

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### 3.1.6 Carers

Sub-themes	No		Yes		(blank)		Total	
	n	%	n	%	n	%	n	%
ST1. Perceived impact of lifestyle choices, behaviours and family history on physical and mental health	315	14.4%	87	11.4%	15	11.1%	417	13.5%
ST2. Importance of early diagnosis, screening and regular health-checks	116	5.3%	48	6.3%	6	4.4%	170	5.5%
ST3. Provision of treatment and self-care advice and information	71	3.2%	29	3.8%	4	3.0%	104	3.4%
ST4. Perceived barriers and facilitators for active and healthy lifestyles	154	7.0%	50	6.5%	11	8.1%	215	7.0%
ST5. Navigation—raising awareness of different health and care services, initiatives and schemes (reflection on previous experience—wished they had known sooner)	146	6.7%	45	5.9%	12	8.9%	203	6.6%
ST6. The role of digital technology/e-health to improve health and care information and services	315	14.4%	101	13.2%	18	13.3%	434	14.1%
ST7. Improving access to, and continuity of, primary care services	566	25.9%	193	25.2%	42	31.1%	801	25.9%
ST8. Improving access to secondary care	115	5.3%	47	6.1%	7	5.2%	169	5.5%
ST9. Improving access to mental health services and support	101	4.6%	28	3.7%	5	3.7%	134	4.3%
ST10. Improving care and support for vulnerable and disadvantaged populations	53	2.4%	39	5.1%	3	2.2%	95	3.1%
ST11. Improving information and support for carers	8	0.4%	21	2.7%	1	0.7%	30	1.0%
ST12. Concerns relating to the organisation and future of the health and social care system	34	1.6%	26	3.4%	2	1.5%	62	2.0%
ST13. Feeling heard, and listened to, by health and care professionals	139	6.4%	36	4.7%	6	4.4%	181	5.9%
ST14. Patients/local people being empowered	54	2.5%	15	2.0%	3	2.2%	72	2.3%
<b>Total</b>	<b>2187</b>	<b>100%</b>	<b>765</b>	<b>100%</b>	<b>135</b>	<b>100%</b>	<b>3087</b>	<b>100%</b>

There were no major differences in the top three sub-themes between carers and non-carers.

### 3.1.7 Disability

Sub-themes	No		Yes		Prefer not to say		Total	
	n	%	n	%	n	%	n	%
ST1. Perceived impact of lifestyle choices, behaviours and family history on physical and mental health	233	15.8%	170	11.4%	14	11.2%	417	13.5%
ST2. Importance of early diagnosis, screening and regular health-checks	65	4.4%	102	6.8%	3	2.4%	170	5.5%
ST3. Provision of treatment and self-care advice and information	39	2.6%	59	4.0%	6	4.8%	104	3.4%
ST4. Perceived barriers and facilitators for active and healthy lifestyles	122	8.3%	86	5.8%	7	5.6%	215	7.0%
ST5. Navigation—raising awareness of different health care services and initiatives and schemes (reflection on previous experience—wished they had known sooner)	93	6.3%	98	6.6%	12	9.6%	203	6.6%
ST6. The role of digital technology/e-health to improve health and care information and services	239	16.2%	186	12.5%	9	7.2%	434	14.1%
ST7. Improving access to, and continuity of, primary care services	373	25.3%	396	26.6%	32	25.6%	801	25.9%
ST8. Improving access to secondary care	60	4.1%	96	6.4%	13	10.4%	169	5.5%
ST9. Improving access to mental health services and support	42	2.9%	84	5.6%	8	6.4%	134	4.3%
ST10. Improving care and support for vulnerable and disadvantaged populations	47	3.2%	44	3.0%	4	3.2%	95	3.1%
ST11. Improving information and support for carers	15	1.0%	14	0.9%	1	0.8%	30	1.0%
ST12. Concerns relating to the organisation and future of the health and social care system	35	2.4%	22	1.5%	5	4.0%	62	2.0%
ST13. Feeling heard, and listened to, by health and care professionals	78	5.3%	95	6.4%	8	6.4%	181	5.9%
ST14. Patients/local people being empowered	31	2.1%	38	2.6%	3	2.4%	72	2.3%
<b>Total</b>	<b>1472</b>	<b>100%</b>	<b>1490</b>	<b>100%</b>	<b>125</b>	<b>100%</b>	<b>3087</b>	<b>100%</b>

No differences in responses were identified between those who declared a disability and those who did not.

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# Appendix

## Data pre-processing

- A single Excel file contained all responses to the survey.
- There were 2974 records in total, see table below.
- There 1473 records with at least a response in one of the three main survey questions.
- Of these 1473 records, six did not have a response in Region, four had no response to question 'Are you responding as' and one answer was incomprehensible.
- The final dataset contained 1462 records, each corresponding to a single response.

	Count	Notes
All records	2974	
Region, any of three options	1640	
Are you responding as?	1634	At least 1 option
Q1, at least 1 character	1274	
Q2, at least 1 character	1379	
Q3, at least 1 character	1413	
Q1 or Q2 or Q3, at least 1 character	1473	
Records removed	6	No response to question Region
	4	No response to question 'Are you responding as'
	1	Incomprehensible answer
<b>Total</b>	<b>1462</b>	