

Our Health, Our Future campaign Engagement summary

What we asked people

From 13 June – 31 July 2019, we (health and care organisations across Bath and North East Somerset (B&NES), Swindon and Wiltshire) ran the *Our Health, Our Future* campaign to ask local people to tell us how we can make sure they are able to get the support they need with their health and care, now and in the future.

To help us plan how we are going to develop local health and care services over the next five years, we asked people three questions.

What's the one thing...

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

Who we engaged with and how

We ran the campaign for **7 weeks** and encouraged people to answer the questions in a range of ways, including:

Filling in our survey. This was available online and in a paper booklet, in English, Polish, Arabic and Easy Read format.

The survey was shared widely across B&NES, Swindon and Wiltshire, both online via social media, email and e-newsletters, and physically in a range of community settings, including support groups, GP practices, and libraries.

We had **1462** responses to the survey, and people who filled it in lived in: B&NES: **31%**, Swindon: **27%**, Wiltshire: **42%**.

Sending us a photo response. We encouraged people to send us photos of them holding up their answers, to add to our online gallery.

We created a campaign toolkit, which included text for newsletters, social media messages and images, and a flyer, poster, and video. This was shared with communications and engagement colleagues in health, care and third sector organisations, who helped us to promote the campaign across the three areas.

Talking with us face-to-face. We engaged with **1062** people face-to-face, and held **25** engagement activities. We talked to people at market days and on local high streets, met with community groups, and shared the campaign resources with local residents and professionals.

To ensure that we heard from seldom heard and vulnerable groups, we shared the campaign resources with a range of charities and support groups who represent different communities. We:

- Encouraged younger people (under the age of 30) to share their views by reaching out to them on Instagram, and chatting through the questions with them in a range of settings, including a college, university and supported housing residence.
- Had 1:1 discussions in shelters and hostels with people who are homeless and their support workers.
- Reached out widely to people who have learning disabilities, sharing the Easy Read survey booklet with a number of special education needs and disability charities. We also had 1:1 conversations with parents of children who have learning disabilities, and held group discussions at day care services with adults who have learning disabilities.
- Had discussions with people who care for/look after someone who needs extra support day-to-day.
- Attended an armed forces event to reach out to those who are currently serving/have formerly served in the military.
- Shared the campaign resources with black and minority ethnic (BME) groups, including Polish communities, via food shops and Saturday Schools. We also shared an Arabic translation of the survey booklet with Julian House in Bath and The Harbour Project in Swindon, which enabled refugees to take part and share their views with us.

Please see Appendix 1 (pages 13-17) for more detailed information about who we engaged with, broken down by location, age, sex, ethnic group etc.

What people told us

In both the survey responses, and discussions we had with people face-to-face, the larger proportion of people's comments related to improving awareness of, and access to, health and care services and information.

The top three issues that people raised in their survey responses related to:

- 1. Improving access to, and continuity of, primary care services.**
- 2. The role of digital technology/e-health to improve health and care information and services.**
- 3. Perceived impact of lifestyle choices, behaviours and family history on physical and mental health.**

Most of the responses from people we spoke with face-to-face also focused on issues 1 and 3 above, as well as the **importance of feeling heard, and listened to, by health and care professionals, and improving care and support for vulnerable and disadvantaged populations.**

For younger people, improving access to mental health services and support was the first (for those under 18) or second (for those aged 18-24) most common issue they raised in their survey responses.

For those aged 75-84, feeling heard and listened to by health and care professionals was a common issue they raised in their survey responses.

People's comments have been summarised under different themes below.

Please see Appendix 2 (pages 17-18) for more information about the number of comments made on different topics. For more detailed information, and to read people's comments, please read the [full survey analysis](#).

1. Advice and support regarding lifestyle changes and improving diagnosis of health conditions

Perceived impact of lifestyle choices, behaviours and family history on people's physical and mental health

- 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.
- Being informed of potential health risks (associated with smoking, drinking and an unhealthy diet), and establishing healthy behaviours, during childhood and teenage years, was perceived as important. Behaviours were viewed as harder to change during adulthood. Several people said they wish they'd had advice, and a better understanding of: how to eat more healthily; how bad processed food is for you; and 'hidden sugars' (e.g. found in drinks such as fruit juice and smoothies).
- People with learning disabilities, and support workers, raised the importance of hand washing and hand hygiene.
- It was suggested that schools were an ideal setting to promote the importance of healthy lifestyle choices and psychological wellbeing through education on nutrition, exercise/sports and mental health issues. Young people, in particular, felt that more awareness needs to be raised about mental health (e.g. in education and work settings), and the importance of talking to others about how you are feeling.
- The relationship and overlap between physical and mental health was acknowledged: people commented that your mental health can affect your body; many physical problems are linked to your mental state; and focusing on your mental health is key to feeling healthy.
- Young people felt that more sex education should be taught in schools, and advice about/access to free contraception should be more widely available.

Importance of early diagnosis, screening and regular health-checks

- People felt more information should be available (e.g. in GP practices) about different conditions, to raise public awareness of symptoms and prompt people to seek help earlier. For instance, some people said they wish they had known about/understood blood pressure and cholesterol, so they could have done something about it sooner.
- Respondents were supportive of the NHS Health Check programme, but felt checks should be more frequent.
- People felt it's helpful to be aware of vaccinations that you need/are available. E.g. both males and females can have the HPV vaccination.
- Respondents said they wished their health conditions had been diagnosed earlier. Some people reported experiencing very long delays in the diagnosis of their long-term conditions, and some paid privately to get a quicker diagnosis and improved access to treatment.
- 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.

Provision of treatment and self-care advice and information

- 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. 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.
- Some people raised the importance of understanding allergies, treatment you may need (e.g. carrying an EpiPen), and making these known to people (e.g. wearing medical tags).
- Some respondents wanted more information about the perimenopause and menopause, and support with how to manage these.

Perceived barriers and facilitators for active and healthy lifestyles

- 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. being a member of a gym or swimming pool was felt to be too expensive and unaffordable).
- People shared that recreational spaces, such as parks, playgrounds, and good walking and cycling infrastructures, provide opportunities for them to have active lifestyles. Investment in recreational areas and green spaces was valued by respondents and perceived to make a difference to people's health in the future.
- People also expressed concerns about levels of traffic-related air pollution and the impact this has had on their health (e.g. ability to exercise in the area, reduced lung function, worsening of asthma symptoms), particularly in Bath and Salisbury.
- People felt that healthier food (e.g. fresh, non-processed, organic, local produce) should be more affordable than mass-produced processed food, and more readily available (e.g. 'healthier fast food' at lunchtime). People also wanted consistent advice and information about healthy food choices and suggested this should be promoted more in schools.

2. Improving awareness of, and access to, health and care services and information

Navigation – raising awareness of different health and care services, initiatives and schemes

- 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) and Child and Adolescent Mental Health Services (CAMHS)), asthma clinics, alcohol/substance misuse services, smoking cessation clinics, The Carers' Centre, and local community initiatives such as Beat the Street.
- Some respondents, including people with learning disabilities and people who are homeless, were not aware of NHS 111, and it was suggested that more accessible information needs to be displayed in the community about services like this (e.g. on posters, in Easy Read format, and in different languages). It was also suggested that medical question and advice sessions could be run locally for people at GP practices and one stop shops.
- People wished they had known sooner that they could self-refer to certain services without having to consult a GP first (e.g. IAPT, audiology, physiotherapy, and smoking cessation).

- People felt that routes through health and care services need to be clearer from the outset, so that people who are unwell, and their families, are supported to understand what is happening, where to go, what to do and when.

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

- Respondents wanted health information to be clear, transparent and easy-to-understand, with minimal jargon. Several people said they wanted websites and online information about health to be 'better' and more accessible.
- 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, like 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) video conferencing for health and care appointments.

Improving access to, and continuity of, primary care services

- Respondents expressed frustration and concern about the limited availability of GP and NHS dentist appointments. People said they struggled to get an appointment with a GP due to lengthy waiting times and not being able to book appointments in advance (i.e. having to make same-day bookings).
- Some people said they wanted more detailed, longer appointments with GPs e.g. housing support workers raised that more time is needed for language interpreting, and that the need for a double slot should be identified at the point of making the booking. They also felt that having more health professionals who speak different languages would ensure more privacy for patients, as an interpreter would not be necessary.
- Some respondents reported having negative interactions with front-line staff at GP surgeries and said they felt reluctant to disclose personal and sensitive information to non-medical staff. Concerns were raised about non-medical staff triaging patients with no clinical training, which could lead to unequal access to care.
- Respondents 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 done via video/skype.

It was felt that booking appointments online would benefit people who may not be able 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)).

- Several respondents said they preferred to see the same doctor each time, particularly those who had long-term conditions/multiple co-morbidities, who found it frustrating having to explain their conditions to different health and care professionals. Lack of continuity of care was also thought to lead to missed, or delays in, referral opportunities, and decreasing access to secondary and community care/specialist services.
- People said 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.
- People wanted more drop-in services to be available. Others requested more flexibility with appointments. E.g. the need for allowances to be made for people who are homeless who miss booked appointments and are then offered a walk-in appointment (waiting times can be long, which impacts on support workers' time).
- Different groups raised issues registering with a GP practice, due to i) not knowing how to register, or ii) not being able to register. Reasons for not being able to register included not having fixed accommodation, or already being registered at a practice in a different area. It was felt that a process for dual GP registration would help students and people who are homeless/living in temporary accommodation, to access health appointments and support more easily.
- Some people raised that the process of booking appointments, and receiving reminders, needs to be more accessible for those who can't use the phone or read text messages. For example, a paper letter confirming the details was felt to be more suitable for people with learning disabilities.

Improving access to secondary care

- Respondents had experienced delays in accessing secondary (hospital) specialist services, lengthy waiting times, and rearrangement of appointments and/or operations. People reported lengthy delays in their diagnosis and treatment, and some regretted not going privately. Others had paid privately to see a specialist because NHS waiting times were too long.
- 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. People also thought that non-emergency patient transport should be better funded and available for different patient groups, including people who have disabilities.

- People were frustrated that hospitals weren't able to access their GP medical records, and GPs may not have had access to patients' discharge summaries, meaning that patients, or carers, had to repeat complex information to health professionals. Respondents felt that improved access to patient medical records between hospitals and GPs would improve continuity of care and coordination between services.
- People described having difficulties navigating their way around hospitals due to confusing signage (often written using medical/technical terminology) and unclear hospital maps. People with learning disabilities said that more pictures, arrow signs, larger text, and colour coding, would help.

Improving access to mental health services and support

- Respondents said 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 wouldn't be taken seriously. There was also concern about health and care professionals' knowledge and skills in detecting mental health problems, and that medication would be the only treatment option available.
- People felt that there is not enough information about local mental health services, and more should be done to raise awareness of what support is available, and the option of self-referral.
- People expressed concern 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.
- 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 routes to accessing the service were not transparent.
- 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).

- Some people also raised they had difficulty getting bereavement counselling, and that there is a lack of support available for those who have had a miscarriage.

Improving care and support for vulnerable and disadvantaged populations

- Concern was expressed from (or on behalf of) more vulnerable or disadvantaged groups in the community regarding care and support for them. These groups included older people, children and young people, people living with long-term conditions, people who are homeless, people who have learning disabilities, people who have autism spectrum disorder (ASD), and people who did not identify as male or female, or identified themselves as transgender.
- Among older groups, there was concern that the growing role of digital technology in accessing health information and services would exclude those not have access to information online, or are not confident or familiar with using digital technology. People felt that service providers would need to take this into account when developing interventions, tools and resources for improving access to health and care services.
- People also raised concerns about the lack of information on how older people can be best supported, and what assistance is available to support care in the community. It was felt that support for older people is underfunded and under-resourced, and health and care services and care agencies need to improve their communication with one another to help people navigate the system. Some people also raised issues they'd had getting a community care assessment.
- Respondents felt 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. They felt that it was important to improve awareness of mental health issues and services among children and young people, to help them talk more openly about mental health, and to equip them with information and advice on how to deal with certain situations, and where support is available.

It was also suggested that the transition from child to adult services should be extended (e.g. accessing children's services up to the age of 21) to provide more continuity.

- 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.
- Professionals who work with people who are homeless shared that those they support often feel fearful about their health, and more outreach is needed for them to engage, and build up trust, with services. This would also result in them relying less on emergency services.

- 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.

Improving information and support for carers

- People felt that more could be done to identify carers' physical, emotional and social needs, and to support them to cope and have a better quality of life. Some carers wished they had known sooner that they were entitled to an assessment to identify their needs, and to develop a plan for carer support. Respondents reported that health and care professionals provided limited information about support that is available for carers e.g. The Carers' Centre.
- Those who care for/support others day-to-day described putting their lives 'on hold' to become carers, and that 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, and they said it would help to have support to attend their own health appointments.
- Respondents mentioned the importance of financial support, including raising awareness among carers of what they can access, and suggested that discounted prescriptions would be helpful.

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

- Concerns were expressed about the organisation and future of the health and care system, and the increasing shift towards privatisation of the NHS. People felt that the NHS is under pressure and needs more funding and staff.
- 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.
- Some people 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.

3. Improving communication between health and care professionals and patients/local people

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?’, people said that ‘improved’ and ‘better’ communication with health and care professionals and support staff would enhance their experience as a patient or carer.
- People said that they don’t always understand what is happening, or what next steps are, and valued clear, easy-to-understand and consistent communication with minimal jargon and less “NUS speak”. People with learning disabilities told us that they don’t always understand what is happening during appointments and would appreciate it if professionals could check how they are and explain things.
- Respondents spoke of positive and negative interactions they had experienced with health and care professionals, and appreciated those who showed empathy, politeness, active listening and respect. Several people shared that they don’t always feel listened to or taken seriously by health and care professionals. A group of adults who have learning disabilities told us that health and care professionals often don’t communicate with them directly, speaking instead to their carer or support worker, and that they can feel ‘spoken down to’.
- People felt that health professionals need more training in how to:
 - 1) engage directly with specific groups and not make judgements or assumptions e.g. support to engage with people who have learning disabilities, people who are homeless, people who have substance misuse problems;
 - 2) put people at ease and talk about specific topics e.g. mental health.

It was felt that this could reduce people’s confusion, fear and reluctance to engage with health services.

- Respondents seemed to find it frustrating when they were not able to see the same health and care professional (particularly their GP), and valued continuity of care, where the professional learns about a patient’s medical history (physical comorbidities and mental health) and 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).

Patients/local people being empowered

- Some people felt they should have taken more responsibility or ownership of their health sooner, and had greater self-confidence in their ability to acquire knowledge, assess information, and challenge health and care professionals if they did not agree with their point of view. Several respondents wanted access to up-to-date health research and evidence and felt people should always ask questions and get a second opinion, if necessary.
- Respondents, particularly those living with long-term conditions, value being treated as 'expert patients' about their condition(s).
- It was suggested that initiatives should focus on empowering patients and their families/those who care for them to feel able to participate in decisions about their health and wellbeing. 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.
- People with learning disabilities said they wanted to understand their health condition(s) better and rely less on those who care for and support them. If more information was available in Easy Read and visual formats, and used during appointments, they felt they would be able to access and understand what is being communicated with greater independence.

What next?

Thank you to everyone who took the time to complete the survey or talk to us during our campaign.

People's experiences and views have been shared with local decision makers and will help to shape the priorities in the Long Term Plan for B&NES, Swindon and Wiltshire. The Plan will be published on our [website](#) in December 2019.

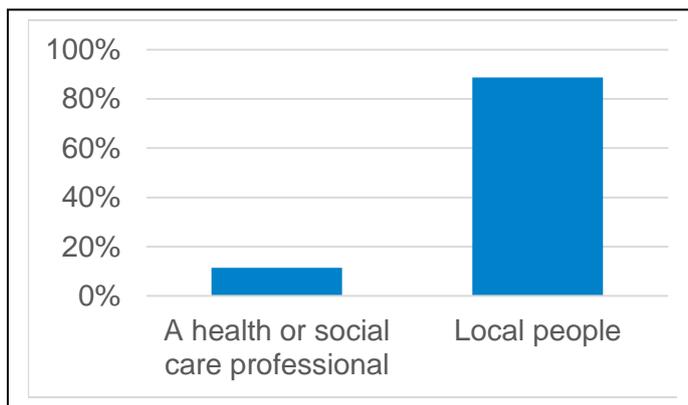
The findings from the campaign are also being shared widely with commissioners and colleagues in local health and care organisations to inform the development of services in the future.

Appendix 1 – Profile of respondents

To check we are aware of particular issues and needs of different groups in the community, and to understand how representative the views we have collected are, we asked people to give us some information about themselves in the surveys (if they felt comfortable to).

Who people were responding as

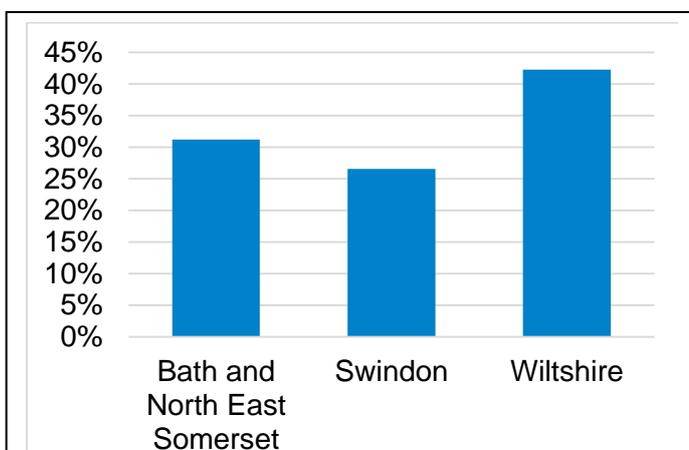
89% of people who filled in the survey identified as 'local people' and 11% as 'health or social care professionals'.



Location

Here is a breakdown of survey respondents by area:

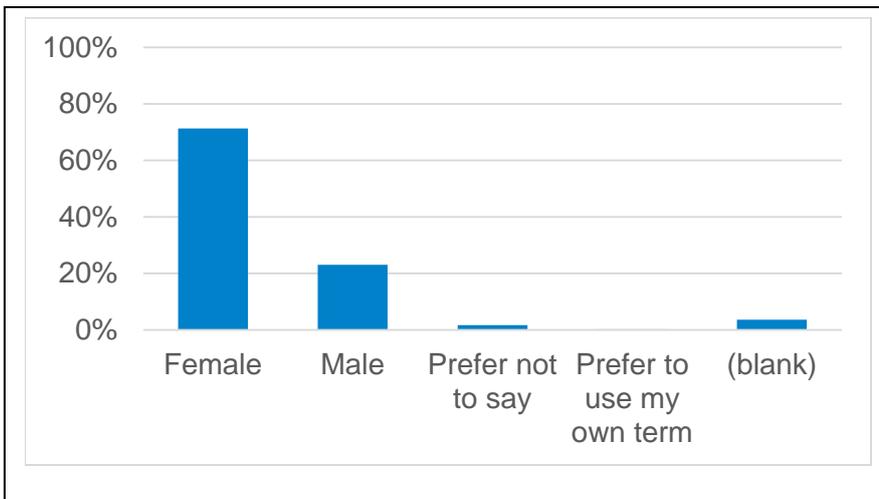
Do you live in...	%	n
Bath and North East Somerset	31%	456
Swindon	27%	388
Wiltshire	42%	618
Grand Total	100%	1462



Please note, we engaged with people living in a range of areas during our face-to-face engagement.

Sex

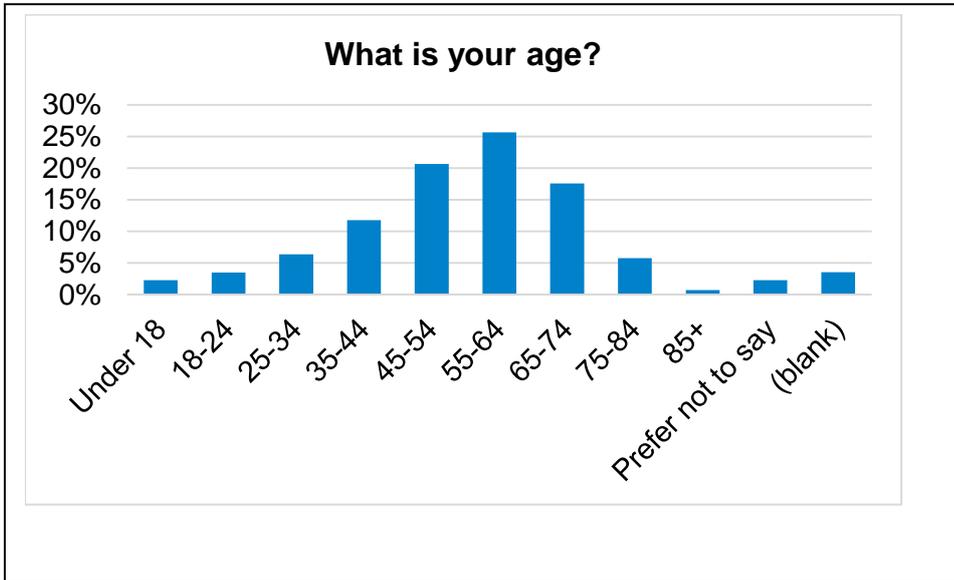
Are you...	n	%
Female	1043	71%
Male	337	23%
Prefer not to say	25	2%
Prefer to use my own term	4	0.3%
(blank)	53	3.6%
Grand Total	1462	100%



Please note, during our face-to-face engagement, we engaged with both men and women, and proactively targeted men where we could e.g. during our street team discussions, at market days and the National Armed Forces Day event in Salisbury.

Age

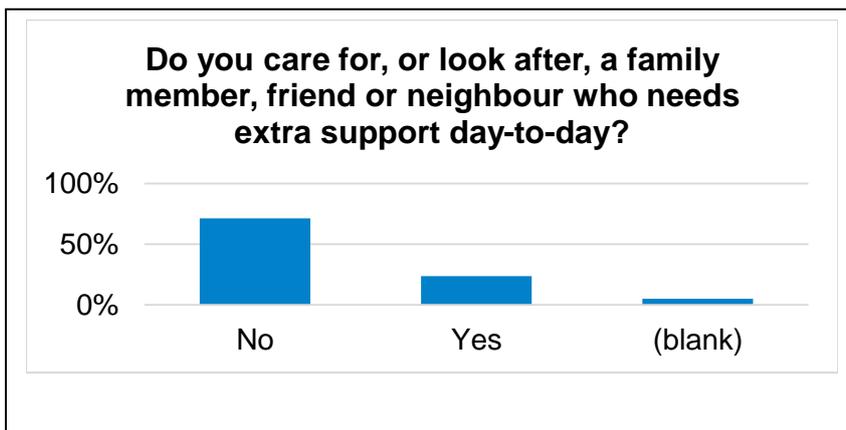
What is your age?	n	%
Under 18	33	2%
18-24	51	3%
25-34	93	6%
35-44	172	12%
45-54	302	21%
55-64	375	26%
65-74	257	18%
75-84	84	6%
85+	10	1%
Prefer not to say	33	2%
(blank)	52	4%
Grand Total	1462	100%



Please note, we proactively engaged with children and young people in our face-to-face engagement, and shared the survey with children’s charities, schools, colleges and universities. We also engaged with older groups via charities and support groups who shared paper copies of the survey on our behalf.

Caring responsibilities

24% of survey respondents said they care for, or look after someone, who needs extra support day-to-day.

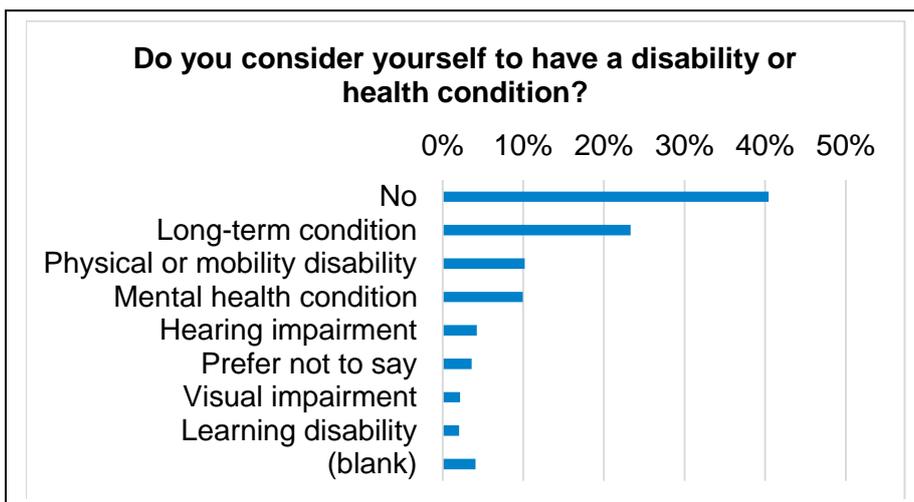


We also had several conversations with people who care for/support someone day-to-day, during our face-to-face engagement.

Disability or health condition

In the survey, we asked people to consider if they have a disability or health condition:

Do you consider yourself to have a disability or health condition?	N	%
No	695	40%
Long-term condition	401	23%
Physical or mobility disability	175	10%
Mental health condition	171	10%
Hearing impairment	73	4%
Prefer not to say	62	4%
Visual impairment	37	2%
Learning disability	35	2%
(blank)	70	4%
Grand total	1719	100%



We had face-to-face discussions with several people who have a disability and/or health condition, and shared the campaign resources widely with support groups and services.

Ethnic group

In the survey, we asked people to describe their ethnic group:

How would you describe your ethnic group?	n	%
English	688	47%
Other (various)	217	15%
British	208	14%
Scottish	26	2%
Welsh	23	2%
African	14	1%
Indian	12	1%
Irish	12	1%
Chinese	11	1%
Northern Irish	10	1%
Caribbean	9	1%
Bangladeshi	5	0.3%
Pakistani	5	0.3%
Other (Arab)	5	0.3%
White and Asian	3	0.2%
Gypsy or Irish Traveller	3	0.2%
White and Black Caribbean	2	0.1%
White and Black African	1	0.1%
(blank)	208	14%
Grand total	1462	100%

We reached out to black and minority ethnic (BME) groups, by sharing the campaign resources with services such as Polish food shops and Saturday Schools, and support groups such as the Bath Ethnic Minority Senior Citizen Association (BEMSCA). We also shared an Arabic translation of the survey booklet with Julian House in Bath and The Harbour Project in Swindon, which enabled refugees to take part and share their views with us.

Appendix 2 – Detailed results

Table 1: number of comments relating to three core topics

Sub-theme	Number of comments (survey)	%	Number of comments (face-to-face)	%
Core theme 1: Advice and support regarding lifestyle changes and improving diagnosis of health conditions	906	29.3	199	40.8
Core theme 2: Improving awareness of, and access to, health and care services and information	1928	62.5	226	46.3
Core theme 3: Improving communication between health and care professionals and patients/local people	253	8.2	63	12.9
Total number of comments	3087		488	

Tables 2 and 3: number of comments relating to specific (sub-) topics

Sub-themes	Number of comments (survey)
ST7. Improving access to, and continuity of, primary care services	801
ST6. The role of digital technology/e-health to improve health and care information and services	434
ST1. Perceived impact of lifestyle choices, behaviours and family history on physical and mental health	417
ST4. Perceived barriers and facilitators for active and healthy lifestyles	215
ST5. Navigation - raising awareness of different health and care services, initiatives and schemes (reflection on previous experience – wished they had known sooner)	203
ST13. Feeling heard, and listened to, by health and care professionals	181
ST2. Importance of early diagnosis, screening and regular health-checks	170
ST8. Improving access to secondary care	169
ST9. Improving access to mental health services and support	134
ST3. Provision of treatment and self-care advice and information	104
ST10. Improving care and support for vulnerable and disadvantaged populations	95
ST14. Patients/local people being empowered	72
ST12. Concerns relating to the organisation and future of the health and social care system	62
ST11. Improving information and support for carers	30

Sub-themes	Number of comments (face-to-face)
ST1. Perceived impact of lifestyle choices, behaviours and family history on physical and mental health	149
ST7. Improving access to, and continuity of, primary care services	76
ST13. Feeling heard, and listened to, by health and care professionals	43
ST10. Improving care and support for vulnerable and disadvantaged populations	42
ST5. Navigation - raising awareness of different health and care services, initiatives and schemes (reflection on previous experience – wished they had known sooner)	27
ST2. Importance of early diagnosis, screening and regular health-checks	23
ST8. Improving access to secondary care	22
ST9. Improving access to mental health services and support	20
ST14. Patients/local people being empowered	20
ST6. The role of digital technology/e-health to improve health and care information and services	18
ST3. Provision of treatment and self-care advice and information	14
ST4. Perceived barriers and facilitators for active and healthy lifestyles	13
ST12. Concerns relating to the organisation and future of the health and social care system	12
ST11. Improving information and support for carers	7