

Healthier Together

Improving health and care in Bristol,
North Somerset and South Gloucestershire



The Healthier Together Panel

Survey results - July 2019





Our Vision:

“Understanding the needs and wants of the BNSSG population, so that we can make quicker, more effective decisions and deliver better health outcomes for our citizens”



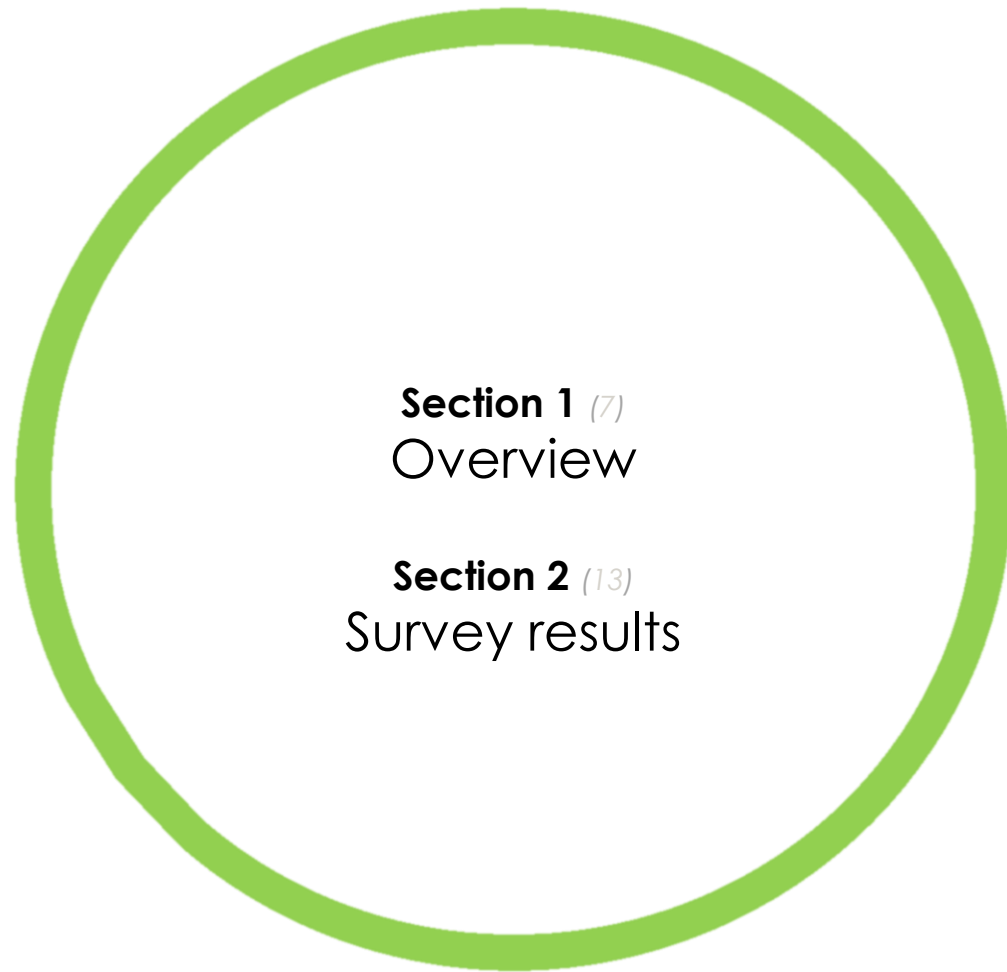


Healthier Together Citizen's Panel

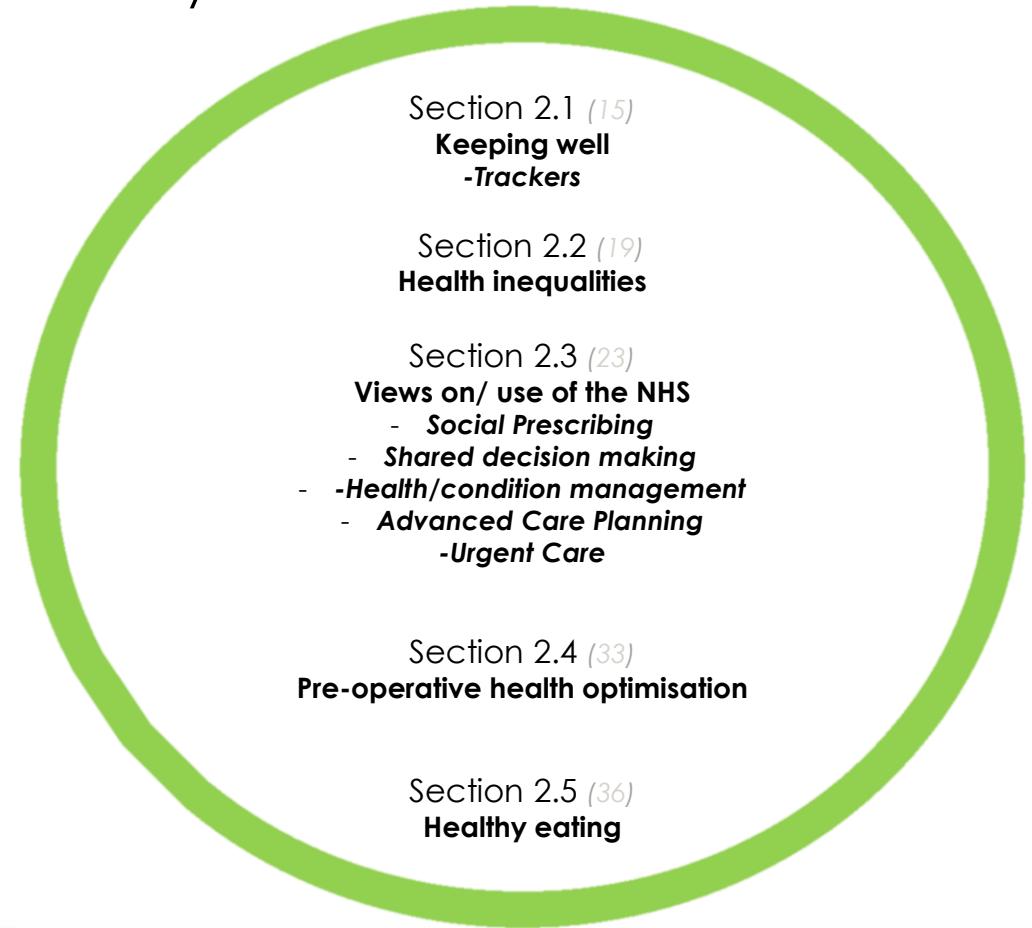
Survey Results

June to July 2019

Main Structure

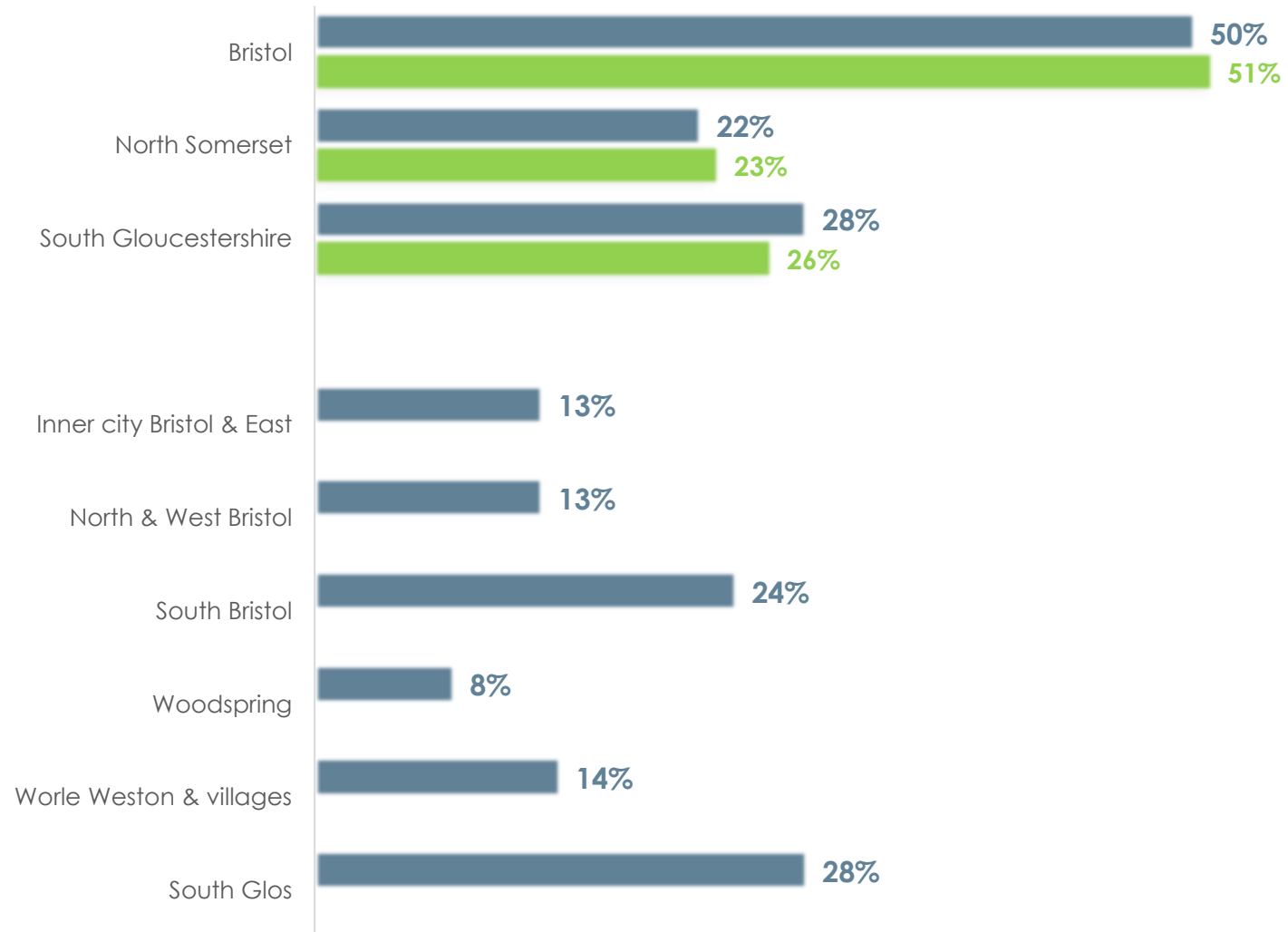


Section 2 Structure – Survey results



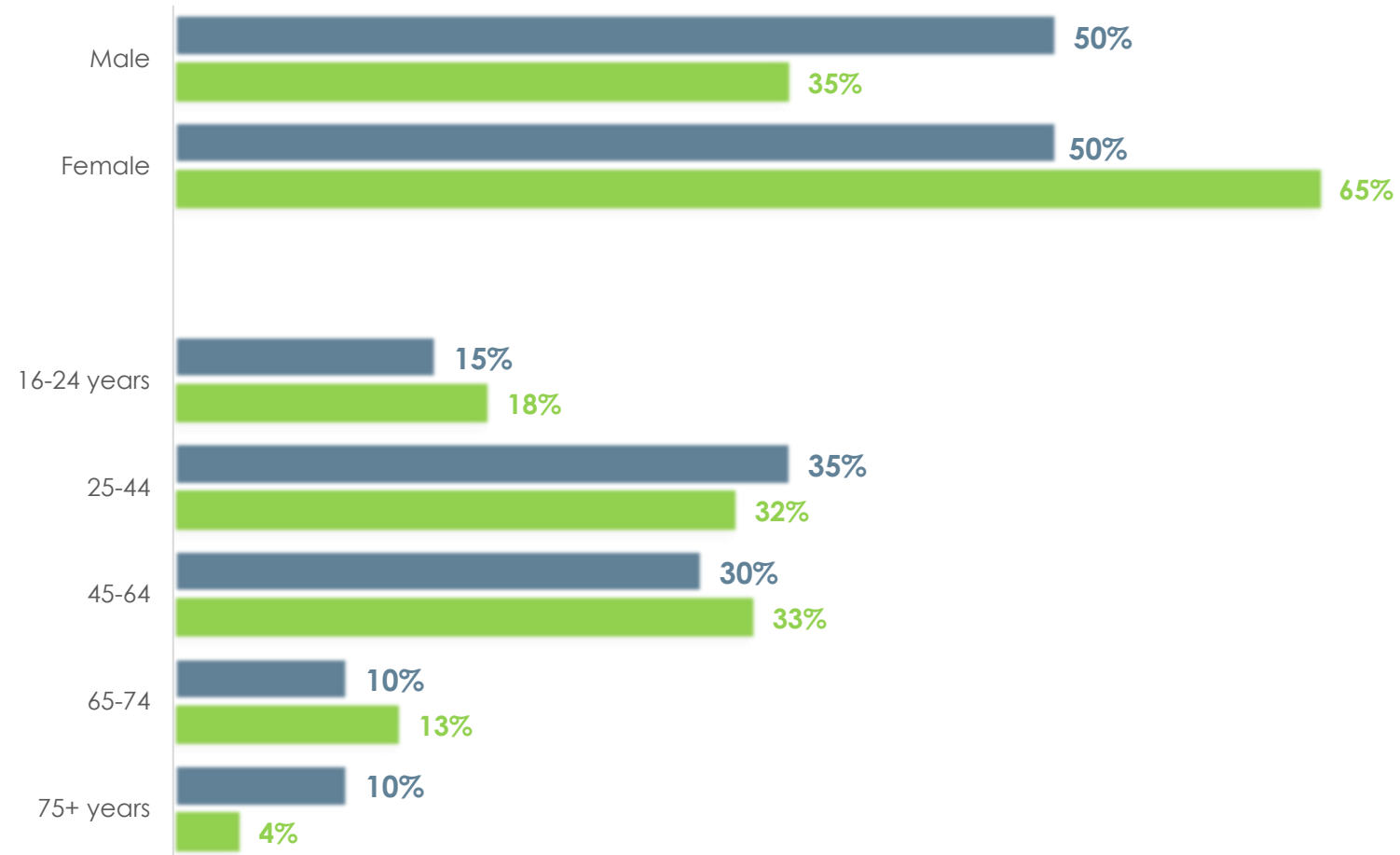
Sample profile 1 – Comparison of the profiles of the entire BNSSG region population (according to census data)/our rim weighted survey sample and the actual panel profile as at July 2019

% of BNSSG entire population/survey participant rim weighted profile (521) % of our panellists so far (1034)



Sample profile 2 – Comparison of the profiles of the entire BNSSG region population (according to census data)/our rim weighted survey sample and the actual panel profile as at July 2019

% of BNSSG entire population/survey participant rim weighted profile (521) % of our panellists so far (1034)





Section 1 Overview

Overview – Health inequalities, pre-op health optimization, social prescribing & urgent care

Health Inequalities



Almost three quarters of respondents are in favour of spending more/ greater levels of care in more deprived areas and spending less/ fewer services/ support in wealthier neighbourhoods



Those who are against feel that health should not be a "postcode lottery" and that the "policy would discriminate against those who help themselves and work hard"

Social prescribing

Pre-op health optimisation



A majority (83%) of respondents are in favour of the introduction of a 12 week course (to improve health prior to non-urgent surgery)



Those who are against this measure say that "To smoke or allow yourself to become obese should not cost the NHS money"



A majority (89%) of respondents are in favour of alternative/additional solutions to prescription drugs

Urgent care



29% of respondents, in each case, would not consider online advice nor NHS111(Online) for urgent care. Mainly because they do not feel PC literate or do not trust online info



23% of respondents would not consider a pharmacist for urgent care. Mainly due to a perceived lack of availability, qualifications and privacy



A majority of respondents would consider NHS111 (Telephone), GP's, MIU's/ Walk in Centres for urgent care

Overview – Shared decision making, Keeping well

Shared decision making



One in five respondents report that they **do not believe that they were sufficiently involved in the decisions made** about their care/treatment on their last visit to an HCP. The same proportion does not feel confident in reaching such shared decisions



15% of respondents report that they have had a health-related procedure, intervention or medication where they believe that they were not given sufficient opportunity to discuss the risks and benefits of alternative options, or not given sufficient information before accepting it

Healthy eating



69% of respondents report that they **eat healthily** most of the time



A typical fortnight of main meals in a respondents household comprises – 8 meals cooked from scratch, 2 shop bought ready meals, 1 hot food takeaway, 1 meal at a restaurant/diner, 1 sandwich/pasty bought from a convenience store and 1 main meal will be skipped completely



However, approximately **one third (31%)** of respondents are **unable to prepare meals** from scratch using basic ingredients



One half of these non-cooks would like to be able to learn how to cook meals from scratch at low cost or use a cooking APP

Current state of mind



73% of respondents report that they are **feeling healthy**



65% of respondents currently **feel in control** of their lives



62% of respondents currently **feel happy**

Through the ages



- **16-24's** feel **the least in control of their lives**, of all age groups
- They would like access to a **cooking APP** to improve skills and cook at low cost, most likely age group to have a **sandwich as a main meal**
- Very much **in favour of health inequality spending** and **pre-op courses**
- They are **unsure about using NHS111 (telephone)** for urgent care
- They are **confident about reaching shared decisions** with HCP's and very **comfortable about Advanced Care Planning**

15% of BNSSG residents are 16-24yrs

- **25-44's** feel **less in control of their lives** than older age groups
- They would like a **cooking APP and courses** to improve skills, they are the most likely age group to **skip a main meal** altogether
- They are more likely to be **unsure about social prescribing** than others
- They are the **least confident** age group in **shared decision making** with HCP's and **less sure about Advanced Care Planning** discussions

35% of BNSSG residents are 25-44yrs

- **45-64's** feel **the least confident in the kitchen**, of all age groups
- They are very much **in favour of pre-op courses**

30% of BNSSG residents are 45-64yrs

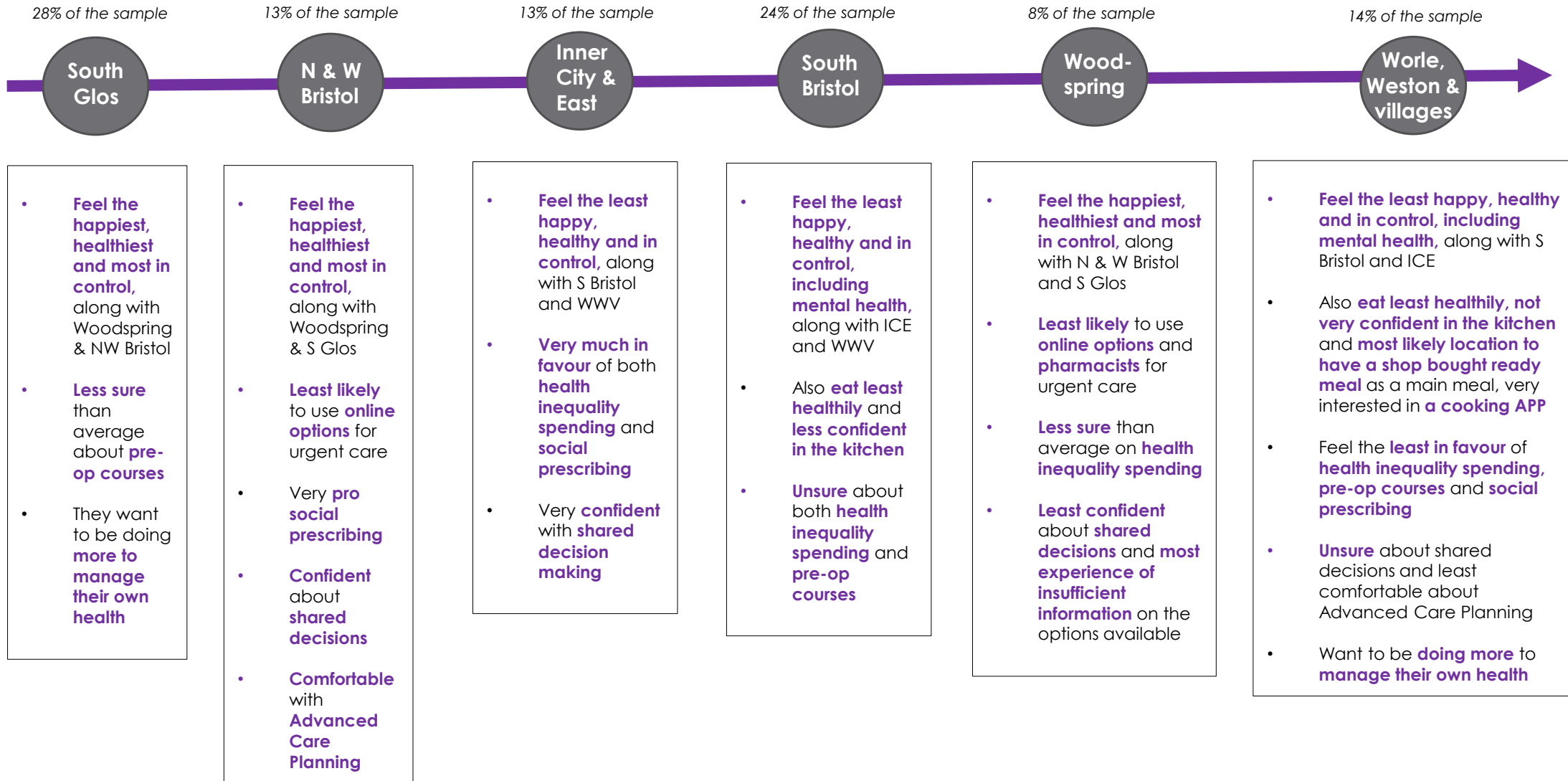
- The newly retired (**65-74 yrs**) feel the **healthiest, happiest and most in control** of their lives, of all age groups
- They also **eat the most healthily**
- They have some **reservations about health inequality spending**
- They are **confident about shared decisions** and **comfortable with Advanced Care Planning** discussions

10% of BNSSG residents are 65-74yrs

- **75+'s** feel **happier, healthier and more in control of their lives**, than average, they also **eat more healthily**
- They have some **reservations about health inequality spending** and **pre-op courses**
- Many would **not consider online options** for urgent care
- They are very much **in favour of social prescribing**
- They are **confident about shared decision making**
- But they are the **least comfortable** age group when it comes to talking **about Advanced Care Planning discussions**

10% of BNSSG residents are 75+yrs

Across the localities



Other sub groups

50% of BNSSG residents are male, 50% female



- Males feel less happy, healthy and in control than females, they also feel they eat less healthily
- Males more strongly in favour of health inequality spending than females
- Males are less in favour of pre-op courses than females

17% of BNSSG residents have a LTC



- Those with a serious LTC feel less happy, healthy and in control than those without, they also feel they eat less healthily too
- They are less confident in the kitchen and more likely to eat sandwiches or skip a main meal altogether
- Very pro health inequality spending and pre-op courses
- Less sure about social prescribing and shared decision making than average

31% of BNSSG residents live alone and 10% are not working (non-retired), 9% are lone parents, 40% have dependent children



- Those living alone and also those not working feel less happy, healthy and in control than average
- Those not working also feel that they do not eat so healthily as others and are not confident in the kitchen, they are quite likely to skip a main meal
- Those with children in the house feel they eat the least healthily, due to lack of time mainly, they eat more ready meals and sandwiches as main meals than average, also more likely to skip a meal (including lone parents). Considerable interest in cooking courses and APPs
- Less sure about health inequality spending and shared decision making if you have children in the house and also pre-op courses and social prescribing among lone parents

10% of BNSSG residents are BAME



- BAME residents do not feel as confident in the kitchen as others
- Less sure about health inequality spending, pre-op courses and social prescribing than average
- They are the least confident in shared decision making

Section 2 Survey results



Section 2 Structure

Section 2.1 (15)

Keeping well
-Trackers

Section 2.2 (19)

Health inequalities

Section 2.3 (23)

Views on/ use of the NHS

- *Social Prescribing*
- *Shared decision making*
- *Health/condition management*
- *Advanced Care Planning*
- *Urgent Care*

Section 2.4 (33)

Pre-operative health optimisation

Section 2.5 (36)

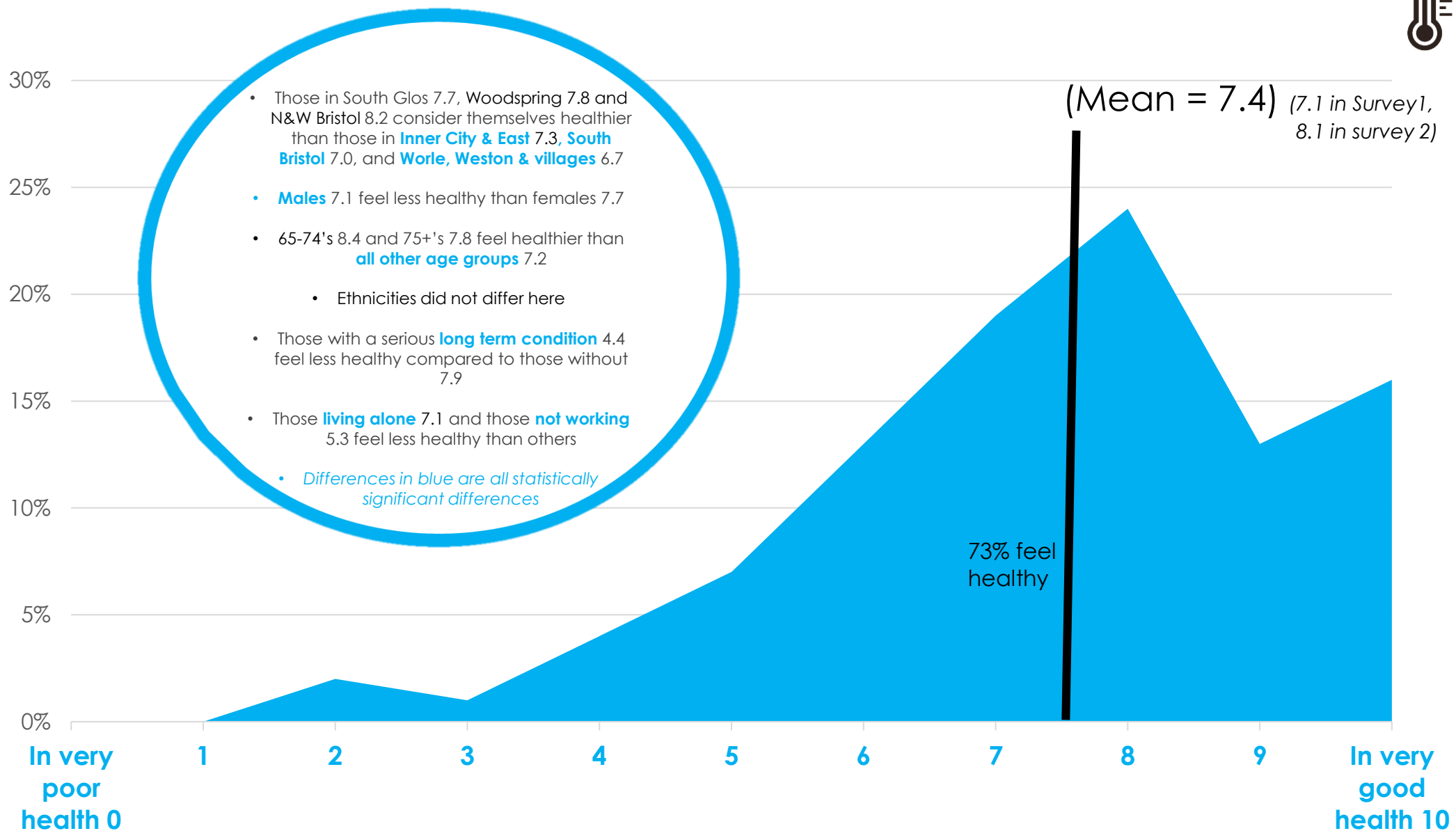
Healthy eating





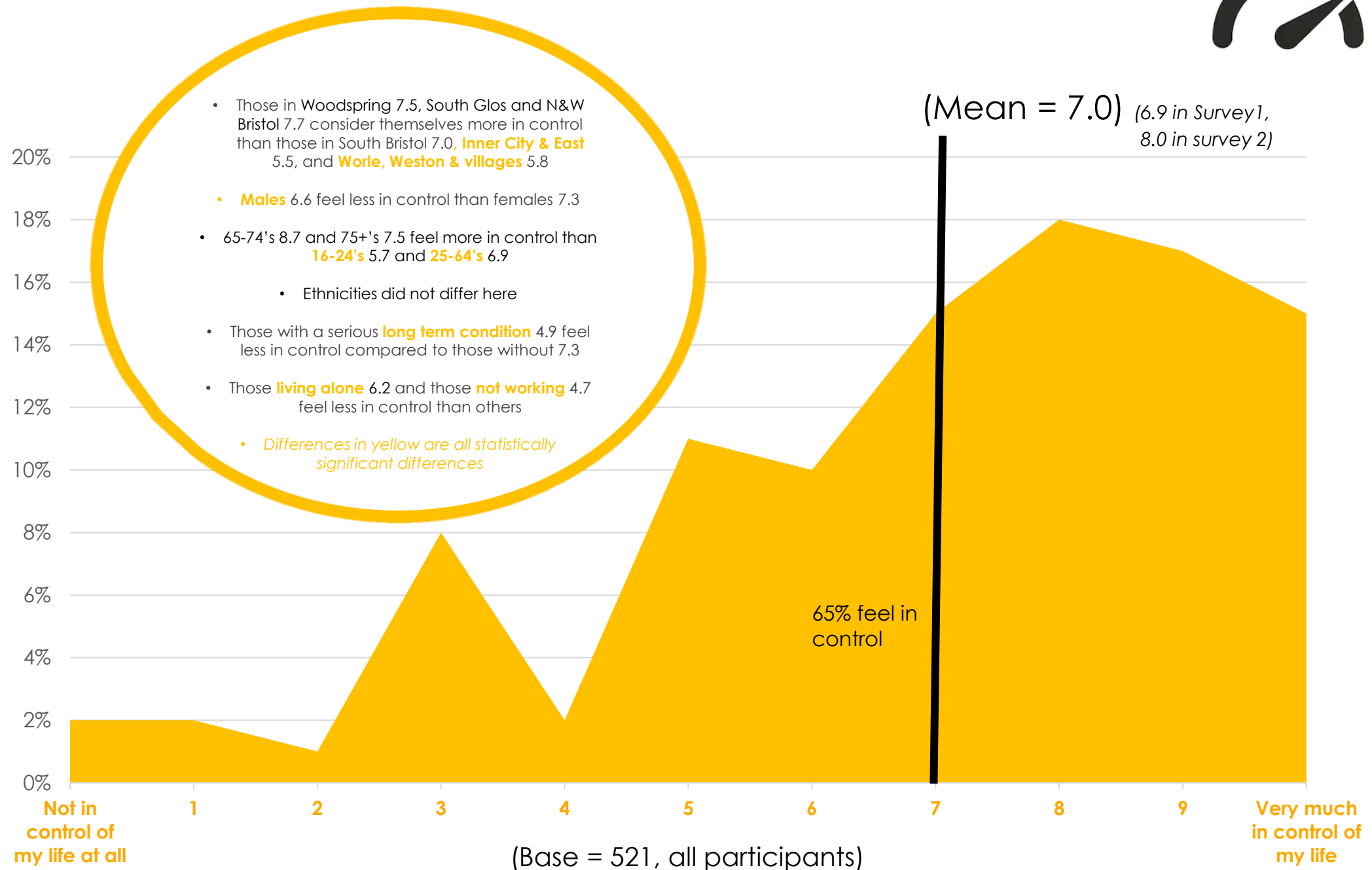
2.1
Keeping well
-Trackers

Healthiness - do you currently consider yourself to be.....

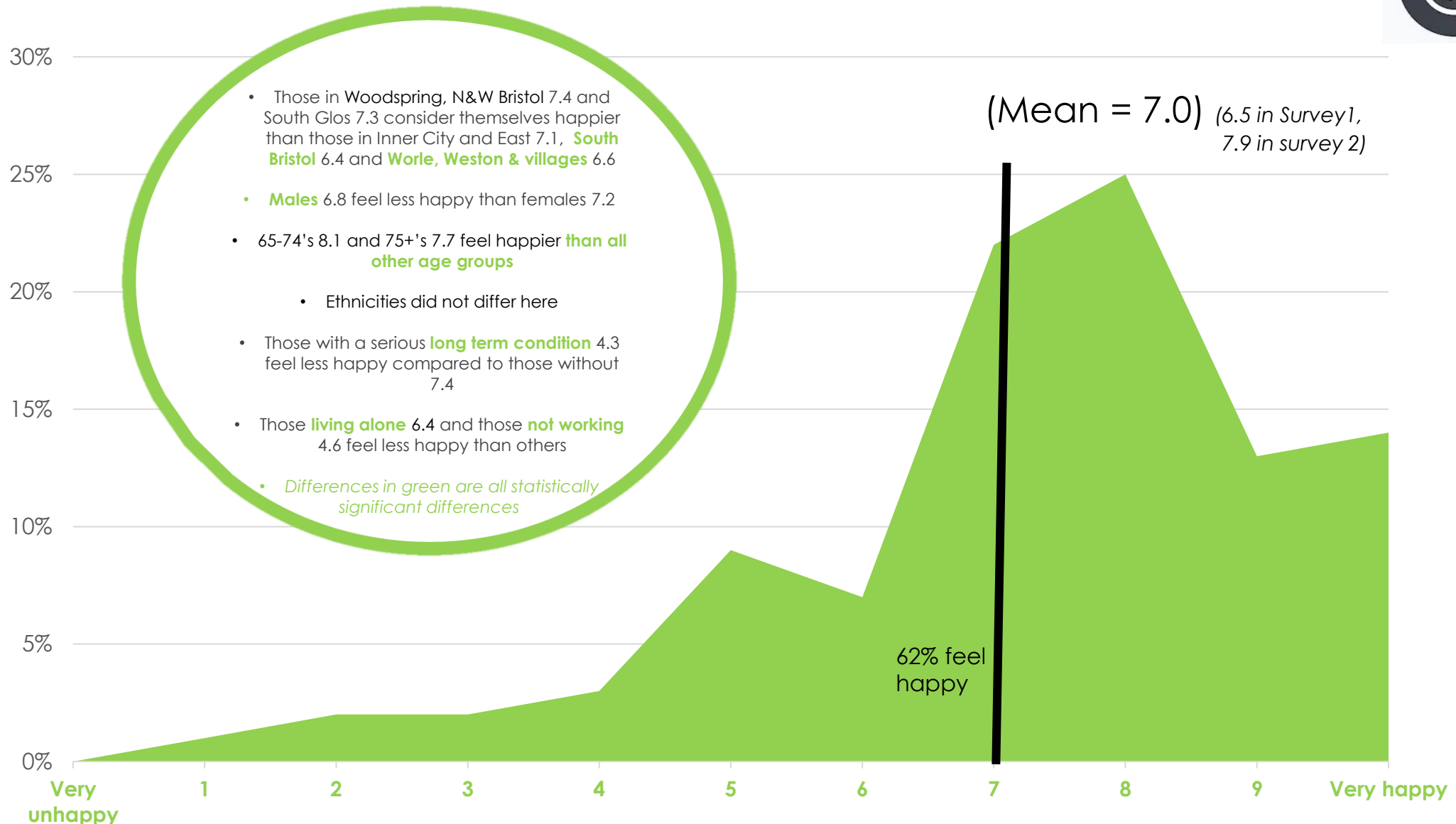


(Base = 521, all participants)

Control - do you currently consider yourself to be.....



Happiness - do you currently consider yourself to be.....

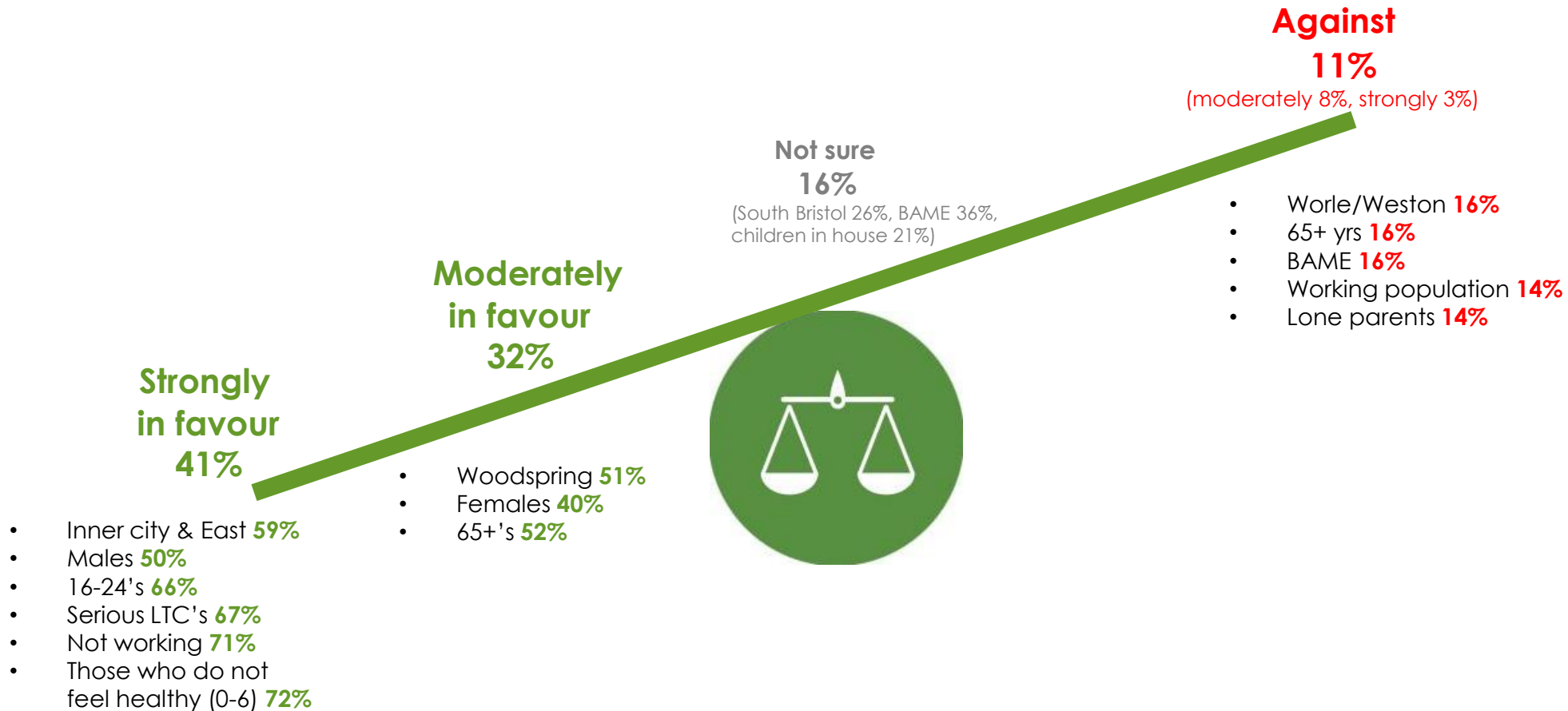


- Those in Woodspring, N&W Bristol 7.4 and South Glos 7.3 consider themselves happier than those in Inner City and East 7.1, **South Bristol** 6.4 and **Worle, Weston & villages** 6.6
- **Males** 6.8 feel less happy than females 7.2
- 65-74's 8.1 and 75+'s 7.7 feel happier **than all other age groups**
 - Ethnicities did not differ here
- Those with a serious **long term condition** 4.3 feel less happy compared to those without 7.4
- Those **living alone** 6.4 and those **not working** 4.6 feel less happy than others
- *Differences in green are all statistically significant differences*



2.2 Health inequalities

To what extent would you be for or against the policy of spending more/ greater levels of care in more deprived areas and spending less/ fewer services/ support in wealthier neighbourhoods?



Health inequality – differences in spending/support

– Why do you say that?



Strongly in favour (41%)

“Deprived areas have a higher vulnerable population, they need greater care, easily accessible services, more resources and more money”

“It’s our social responsibility, duty of care, fairness”

Moderately in favour (32%)

“Education, support and prevention is what is needed”

“Wealth of the neighbourhood is not an indicator. Poverty is not always obvious. Age is a big factor, also debts/money problems. People work hard and shouldn’t be punished”

Not sure (16%)

“It’s a balance between self-help and ‘hand-outs’ – those who can’t be bothered abuse the system, lazy, won’t cook”

“Don’t know, need more info”

Against (11%)

“Equality for all. All walks of life need medical attention. It’s not based on postcode. We all pay our taxes”

“Poverty can be concealed by leafy glades”

“People have to take responsibility for behaviour changes and lifestyle choices. Policy would discriminate against those who help themselves and work hard”

Health inequality – differences in spending/support

– Why do you say that? **Moderately in favour** / **against**



Whilst deprived areas should receive greater support, it should also involve greater concentration on the education of healthy living, exercise and diet. Many better off people are a lesser drain on the system because they are often more health aware. In general they should not see a significant reduction of available services

To give a strongly in favour I would want to know more about the proportions and details of what you would be planning to spend the money on. Theoretically I agree that more targeted support could help, but I also think the support needs to be holistic. i.e. I don't think an app for healthy cooking recipes is going to help a family that is living in poverty due to austerity measures that means they are subject to the bedroom tax or a drastic cut in income because their benefits have been stopped

I would need a definition of "deprived areas". In my view the NHS is there to provide a base level of medical care to everyone. As such everyone should receive the same right to service, whether wealthy or deprived. Logically, more wealthy people will probably have better health and hence the medical practices will by default probably allocate a greater share of its budget to the less well off. I do not believe in the policy of active discrimination to deprive someone, here the wealthy, of a 'perceived right'. I do believe in a fairer society and this is fairer for all. Education is the most important influencer and everyone should take responsibility for their own life decisions and not expect society to 'bail them out'. There is obviously a variant line of thinking where someone is disadvantaged through no fault of their own. These people are, on balance, probably due more support.

Services should be provided equally, wherever they are needed. We all pay taxes, we should all expect the same treatment. We all have choices and access to information about health. However, parenting, cookery, budgeting, alcohol and drugs classes should be made more available in deprived areas

I myself live in a 'wealthier' area, but I am a single parent with no help from his dad and I struggle to pay bills - taking away services just because of 'area' is not right

Huge amounts of money have already been spent in deprived areas and not much has changed. It's the areas in between poorest and wealthiest neighbourhoods that miss out the most and could do with some help

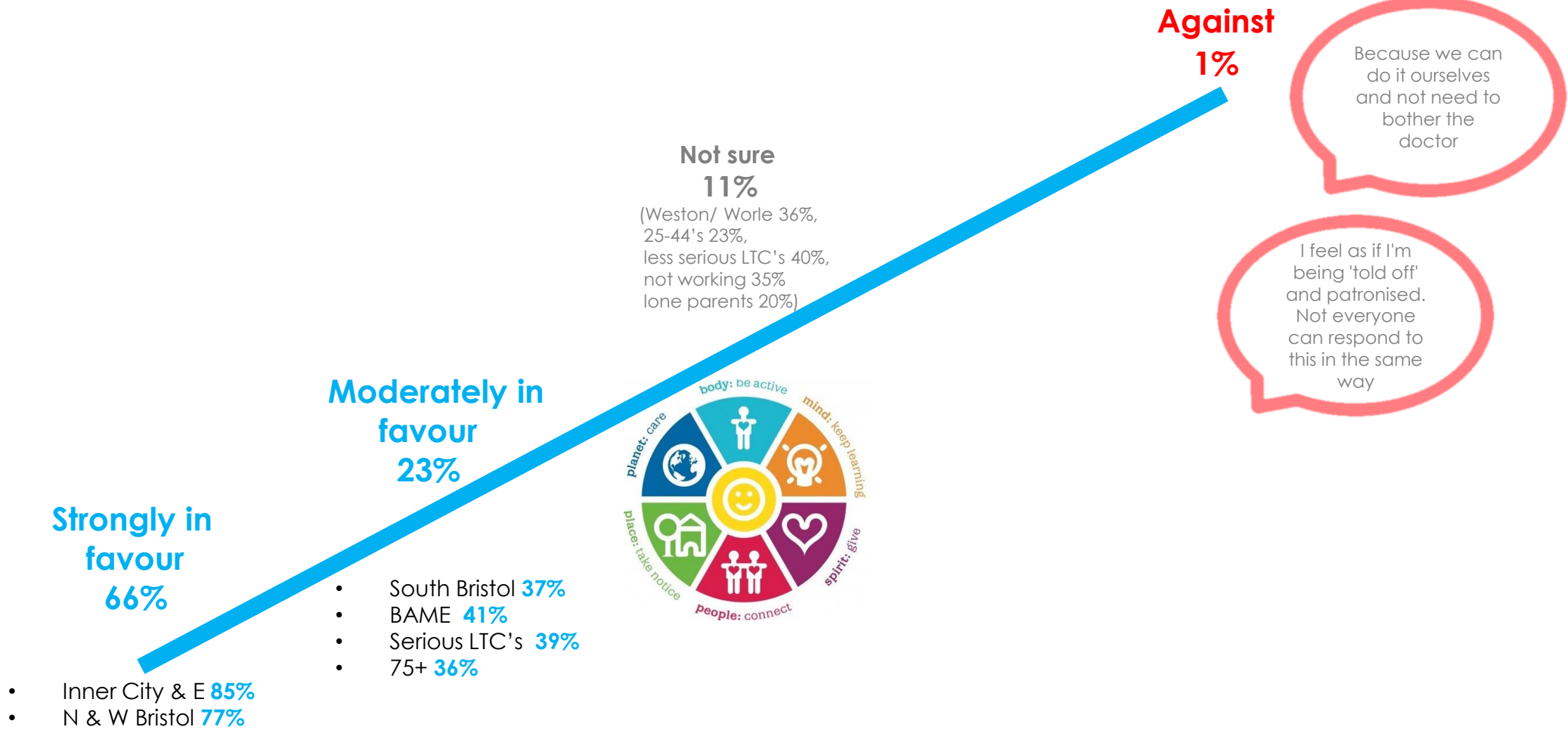


2.3

Views on/ use of the NHS

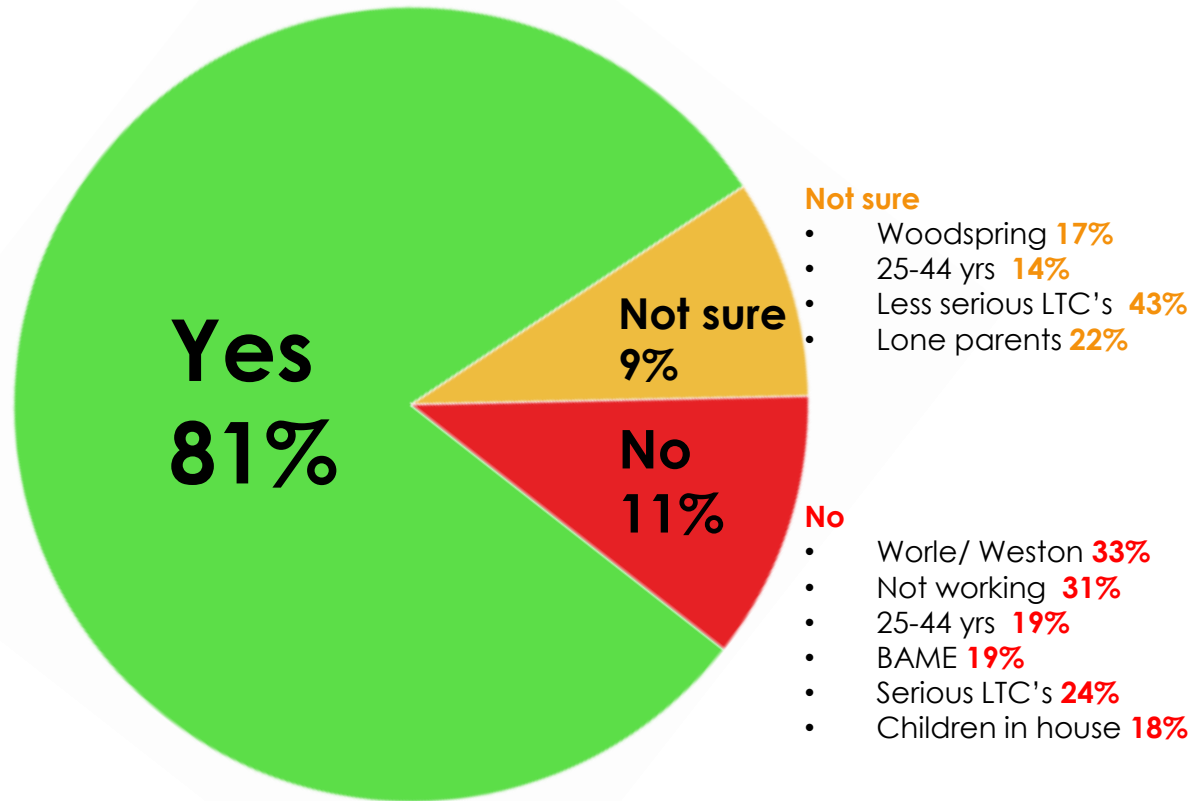
- *Urgent Care*
- *Social Prescribing*
- *Shared decision making*
- *Advanced Care Planning*

Social prescribing - As a general rule, to what extent would you be for or against these alternative or additional solutions to prescription drugs?



Think back to the last time you saw a health care professional (this includes doctors, nurses, physiotherapists, specialists or any other health care professional).

Do you believe that you were sufficiently involved in the decisions made about your care/treatment on that occasion (ie.as involved as you wanted to be/ should have been)?



(Base = 521, all participants)

"HCP's are under time pressure and so you are never quite sure if you have had the fullest advice/ consideration"

"Doctors do not have time for interaction with their patients. They have to diagnose as quickly as possible as the waiting list and demand is so high"

" Decisions about what's wrong are often made very quickly without a real understanding of the patient"

" I was told what the next steps were but the reasons for it weren't explained. I think sometimes doctors don't know how to talk to people in a language they understand (without being patronising!)"

" Dr did not ask enough questions and was too quick to prescribe anti-depressants which I did not want and have since shown did not need"

Think back to the last time you saw a health care professional (this includes doctors, nurses, physiotherapists, specialists or any other health care professional).

Do you believe that you were sufficiently involved in the decisions made about your care/treatment on that occasion (ie.as involved as you wanted to be/ should have been)?



(Base = 521, all participants)

No/not sure

- Not working **45%**
- Worle/ Weston **43%**
- Woodspring **30%**
- 25-44 yrs **33%**
- LTC's **33%**
- Lone parents **31%**
- BAME **30%**
- Children in house **26%**
- Males **25%**

Two thirds of those saying 'no/not sure' also did not report themselves as confident in shared decision making

"HCP's are under time pressure and so you are never quite sure if you have had the fullest advice/ consideration"

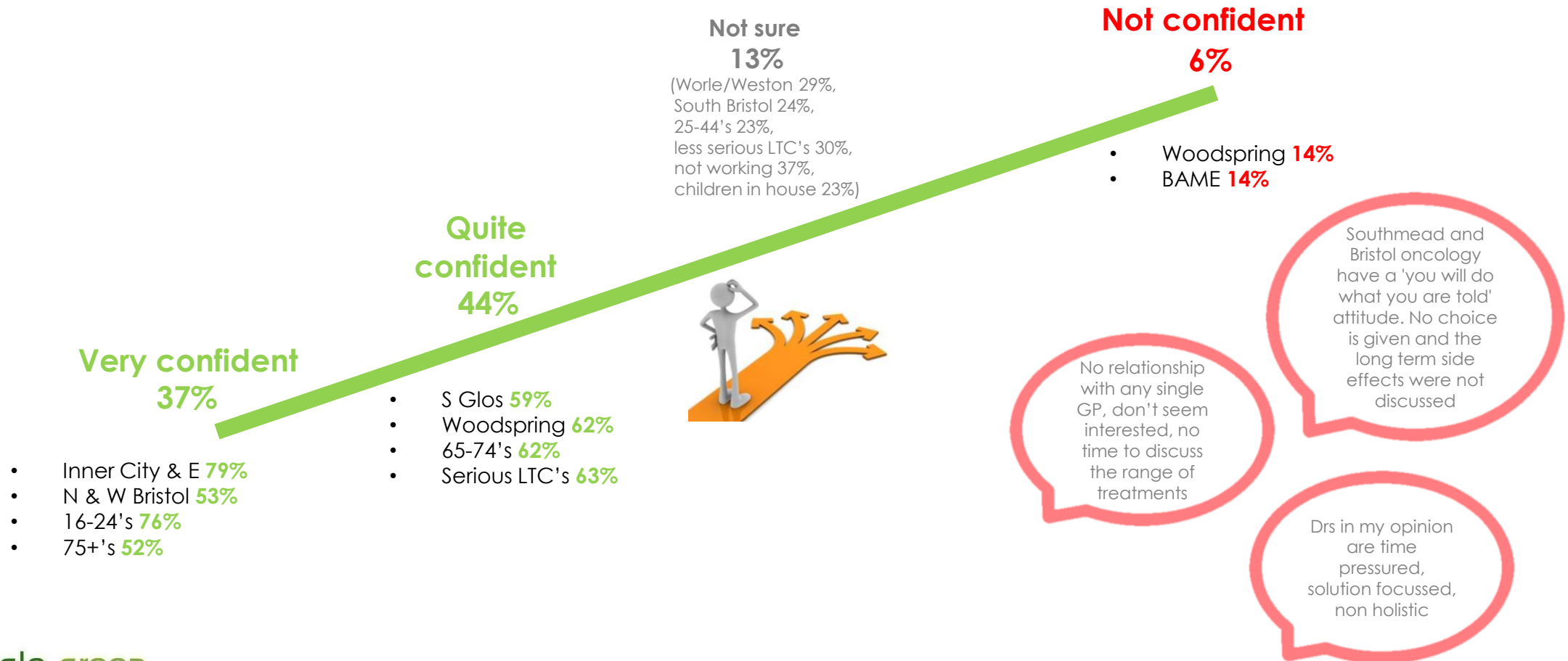
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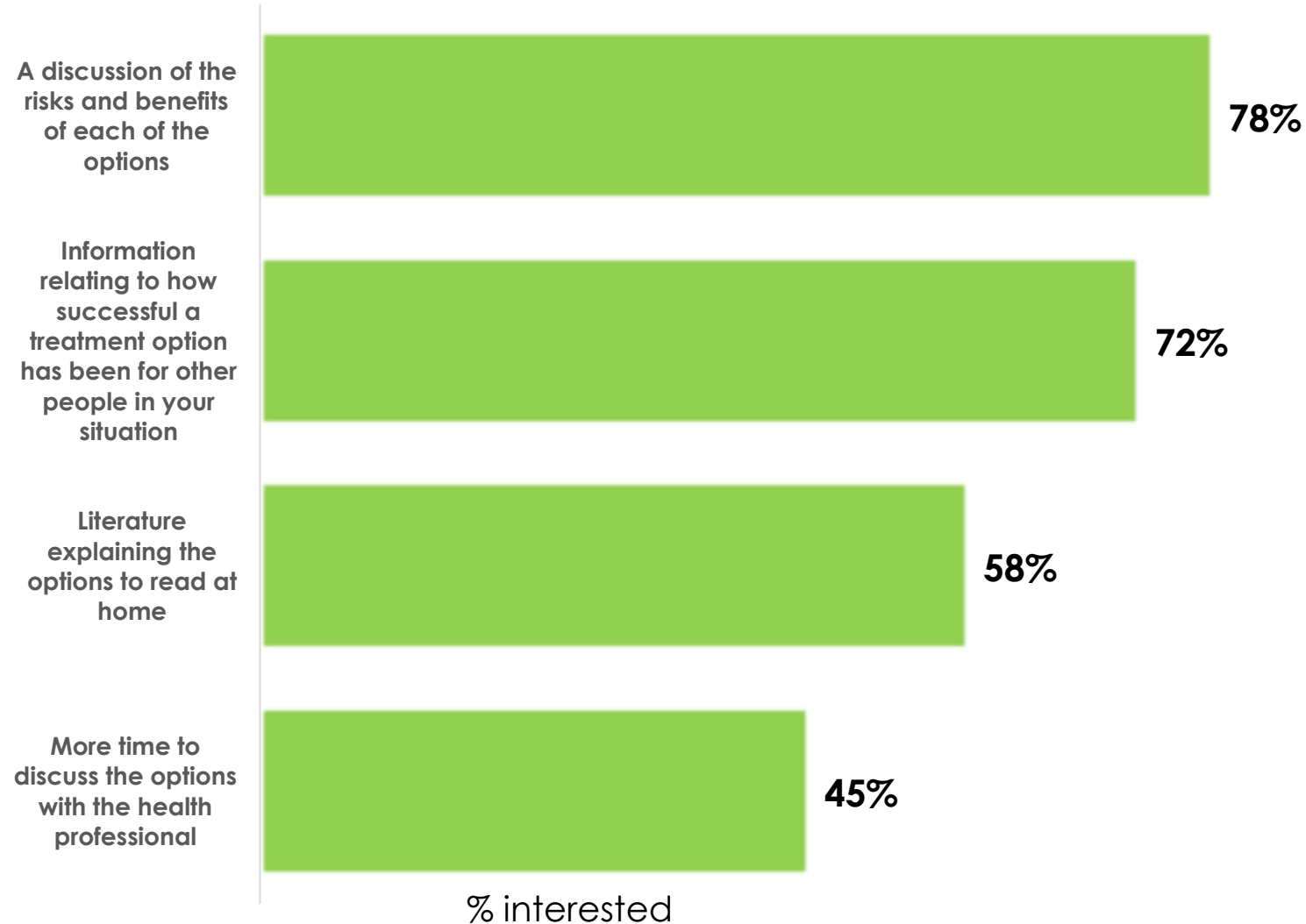
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" Dr did not ask enough questions and was too quick to prescribe anti-depressants which I did not want and have since shown did not need"

Generally, **how confident are you in reaching a shared decision** about your care and treatment with a health professional when you are considering treatment options?



Would any of the **following measures help you to reach a shared decision** when you are considering treatment options with a health professional?



Considerable interest across the board

Insufficient shared decision making

- **15%** of BNSSG residents report that they have had a health-related procedure, intervention or medication where they believe that they were not given sufficient opportunity to discuss the risks and benefits of alternative options, or not given sufficient information before accepting it *(a further 12% are 'not sure' if this has been the case for them)*

- This opinion was higher among those with a **serious LTC (26%)**, those in **Woodspring (24%)** and those aged **25-44yrs (23%)**

(NB> No particular correlation here with the 20% who said they weren't sufficiently involved in the decisions made about their care/treatment on the last occasion they saw a HCP)

➤ **Panellists with this experience reported:**

The side effects were not explained. No time to discuss them

17 people
3% of all panellists

I was not able to ask questions, there was no discussion, just told what to do

12 people
2% of all panellists

Too quick to prescribe anti depressants, no alternatives/ holistic approach discussed

5 people
1% of all panellists

I just accept that HCP knows best, acts in my interests

5 people
1% of all panellists

Not enough time, time constraints

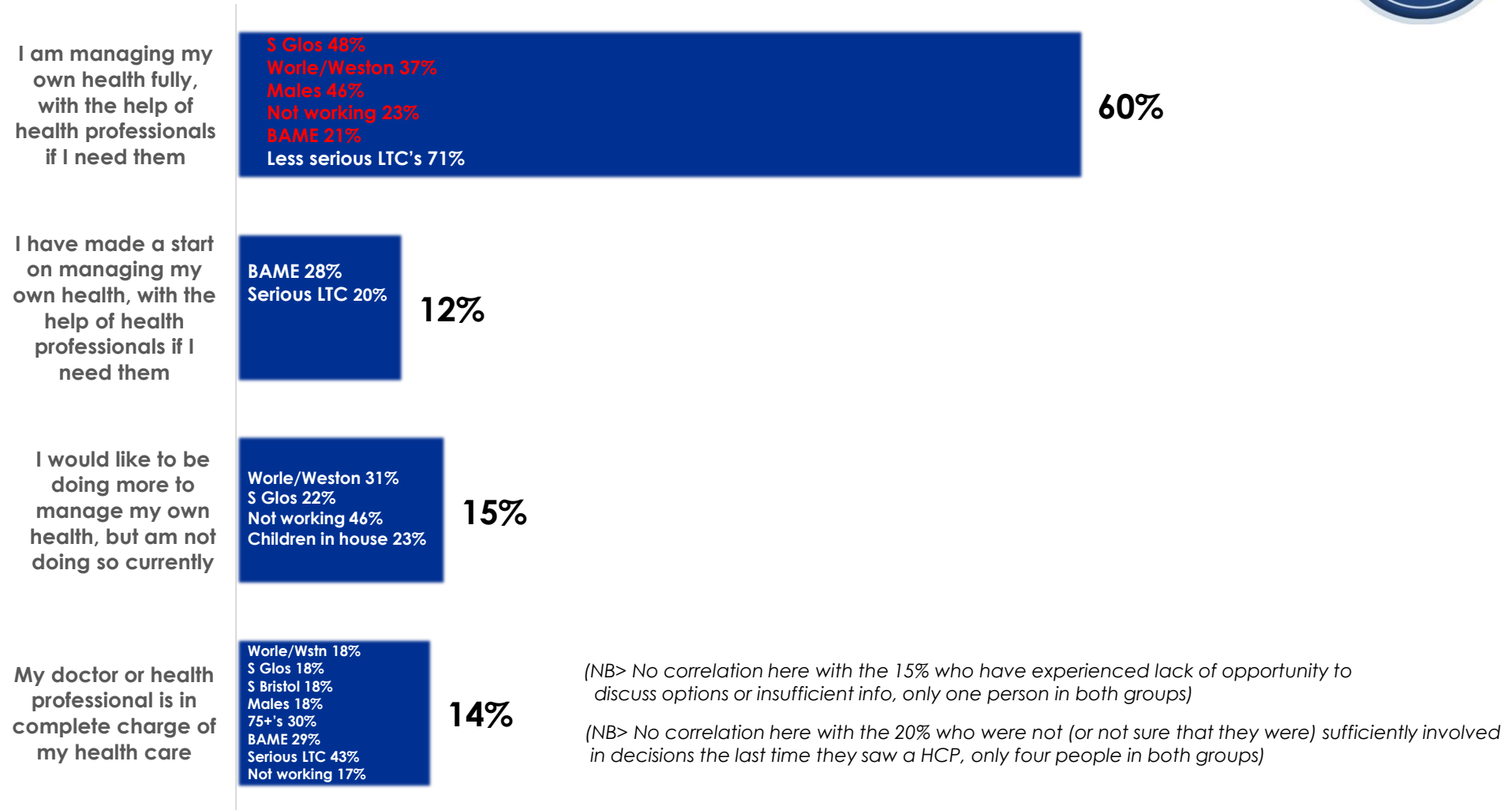
5 people
1% of all panellists

I wasn't taken seriously, wasn't listened to

5 people
1% of all panellists

"In a consultation you feel rushed. If you don't decide there and then, you may be waiting another 2 weeks for an appointment to tell the Dr your decision"

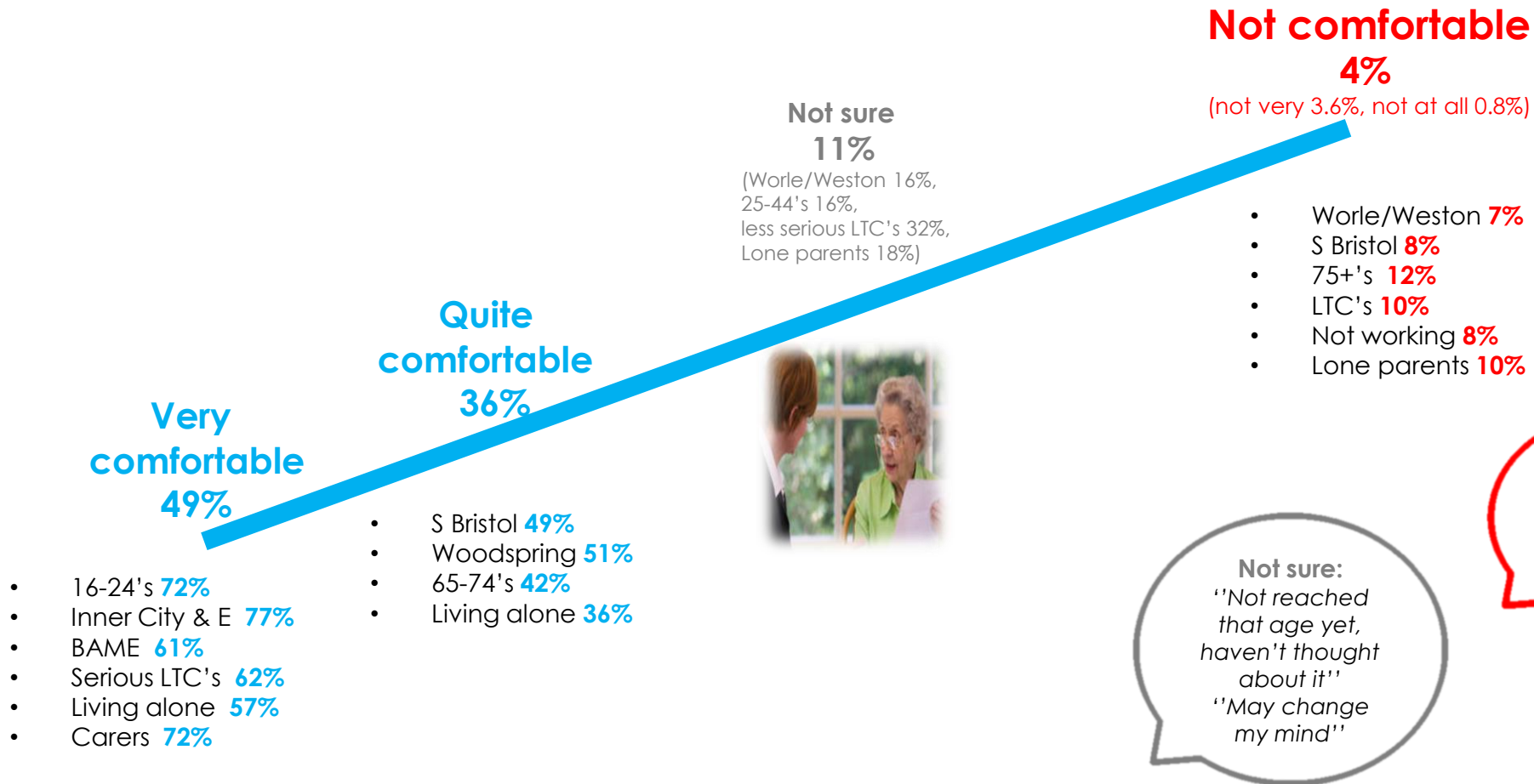
Finally, we would like to understand **how in control you personally feel in terms of managing your own health, condition or treatment**



(Base = 521, all participants)

Advance Care Planning is talking about how you would like things to be when you are near the end of your life. This can include where you would like to die, how much active treatment you would like to receive and who you would like to nominate if you cannot make decisions for yourself.

How comfortable do you feel about a health care professional raising the topic of advance care planning with you?



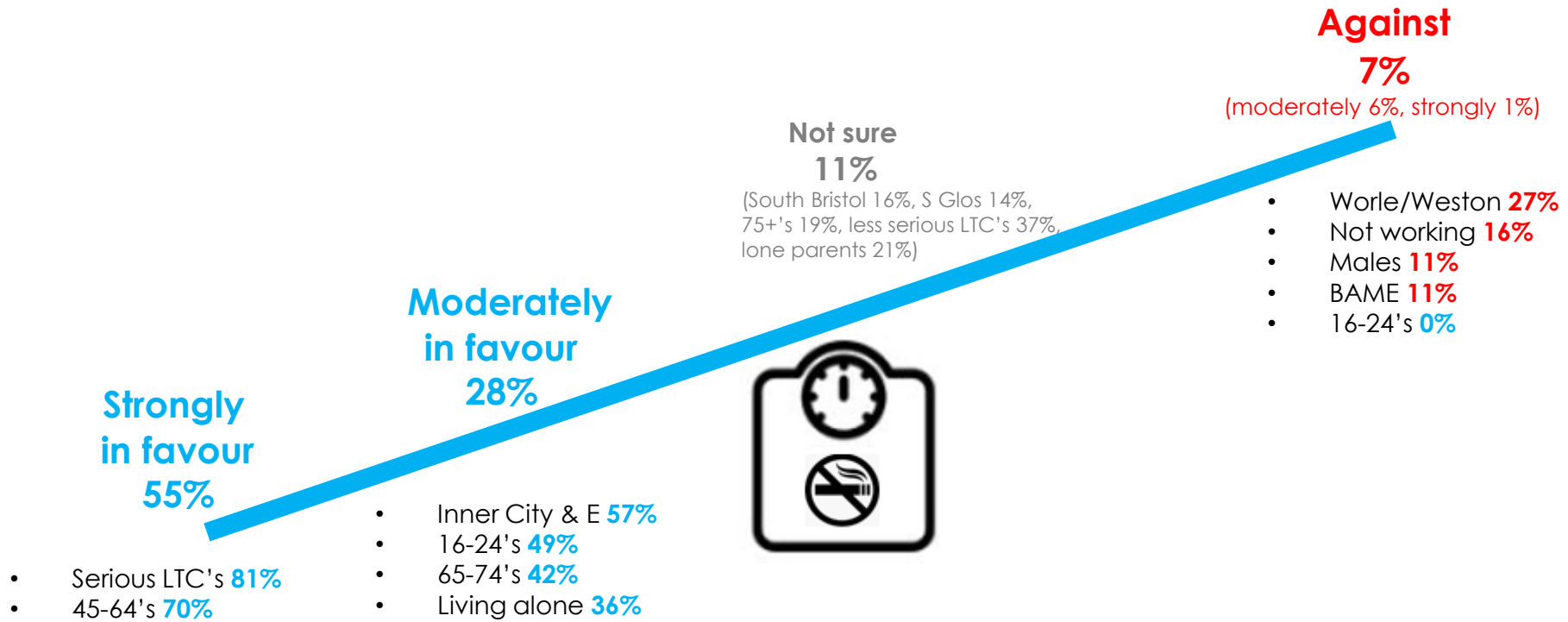
Considering this list of alternative **sources of urgent care**, are there any that you personally WOULD NOT consider using if you needed urgent care?

(Base = 521, all participants)	% WOULD NOT CONSIDER	% Don't know	Sub-groups	Why do say this?
Online advice	29%	14%	N & W Bristol 40% NOT Woodspring 49% NOT 75+ 53% NOT South Bristol 22% DK South Glos 18% DK BAME 32% DK Not working 29% DK	<ul style="list-style-type: none"> Prefer to speak to someone Unreliable, lack trust, misdiagnosis. Not PC literate. Not for urgent care as too long, confusing, can't answer questions
NHS 111 (Online)	29%	14%	N&W Bristol 47% NOT 75+ 71% NOT Inner City & E 54% DK	<ul style="list-style-type: none"> Lack of expertise, tick box exercise Poor service (past experience of 9 people) Depends if it was a chat system
Pharmacy	23%	6%	Woodspring 38% NOT Workers 33% NOT Not working 19% DK Lone parents 16% DK	<ul style="list-style-type: none"> Not for urgent care, lack of availability Lack of expertise, qualifications Privacy is an issue
NHS 111 (Telephone)	11%	12%	75+ 23% NOT 16-24 50% DK Inner City & E 52% DK Living alone 23% DK	<ul style="list-style-type: none"> Poor service, unreliable, unhelpful, based on past experience/hearsay Lack of knowledge, untrained, based on algorithm Long waiting time on the telephone
GP	11%	4%	S Glos 16% NOT Woodspring 20% NOT Workers 15% NOT Not working 13% DK	<ul style="list-style-type: none"> Can't get an appointment, they're too busy already, would take too long, not appropriate for urgent care
Minor Injuries Unit/ Urgent Care Centre/Walk In Unit	4%	3%	N&W Bristol 12% NOT 75+ 12% NOT Not working 13% DK Lone parents 15% DK	<ul style="list-style-type: none"> Lack of availability, opening hours, none in the area May not be equipped to deal with the situation



2.4
Pre-operative
health optimisation

If a 12 week course (to improve health prior to non-urgent surgery) was introduced in Bristol, North Somerset and South Gloucestershire to what extent would you be for or against it?



Pre-operative health courses:

– Why do you say that? **Against (7%)**



There is enough advice in the world about healthy eating and to stop smoking.

Some people don't help themselves and rely on hardworking citizens to pay for their mistakes. I think the NHS should have extremely rigorous thresholds to be reached before even contemplating allowing patients to access such services. They have put themselves at risk and should know better!

Give these people information **but the onus should be on them to sort their habits out**, not paid for by the NHS

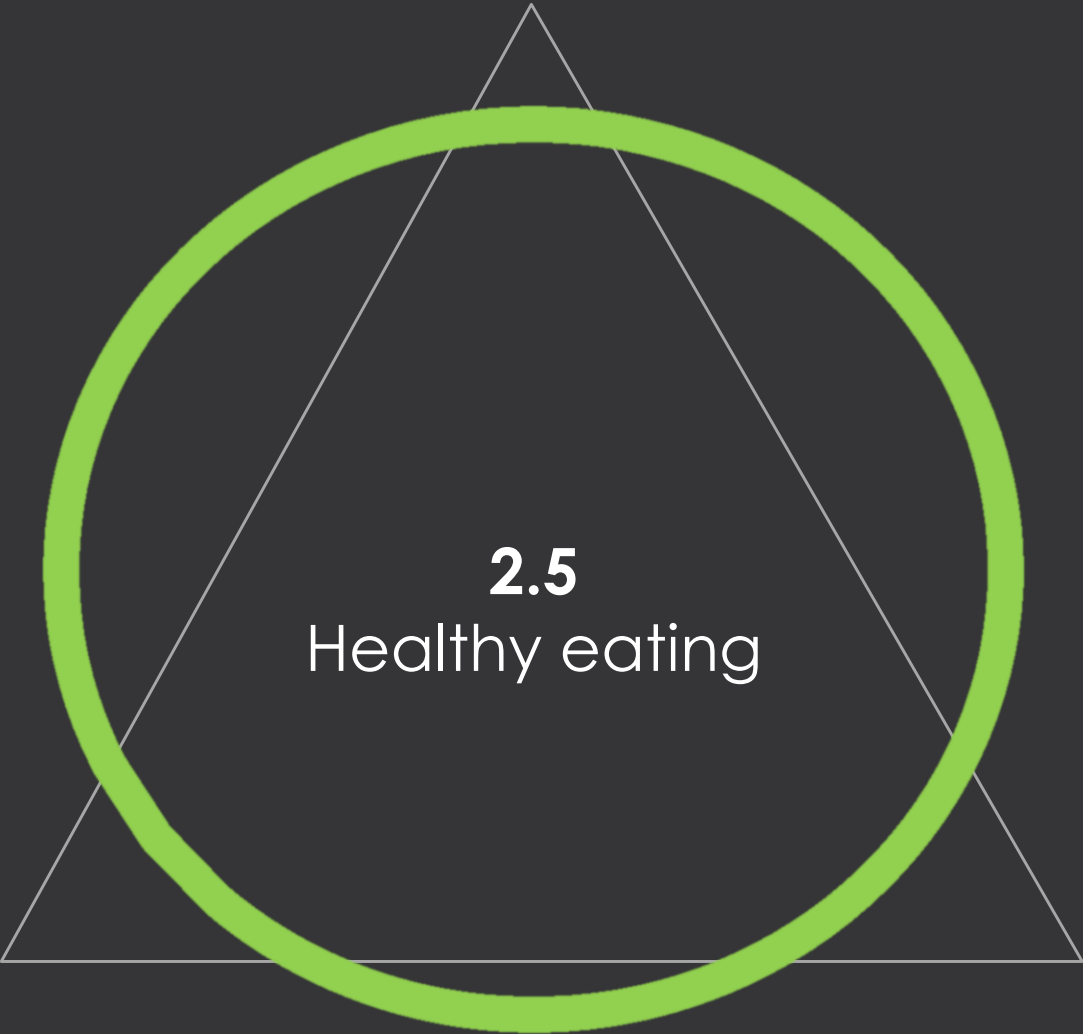
I feel that smoking and obesity is self inflicted and don't see why courses to support patients should be given. I also feel strongly about this subject as I think the government should be supporting the people that regularly work out or swim to keep themselves fit. This is being proactive and, long term, being fit and healthy costs the NHS less. **To smoke or allow yourself to become obese should not cost the NHS**

It is each adult individual's responsibility to control their own smoking and eating habits and government intervention should be limited to pointing out the dangers of failing to do so

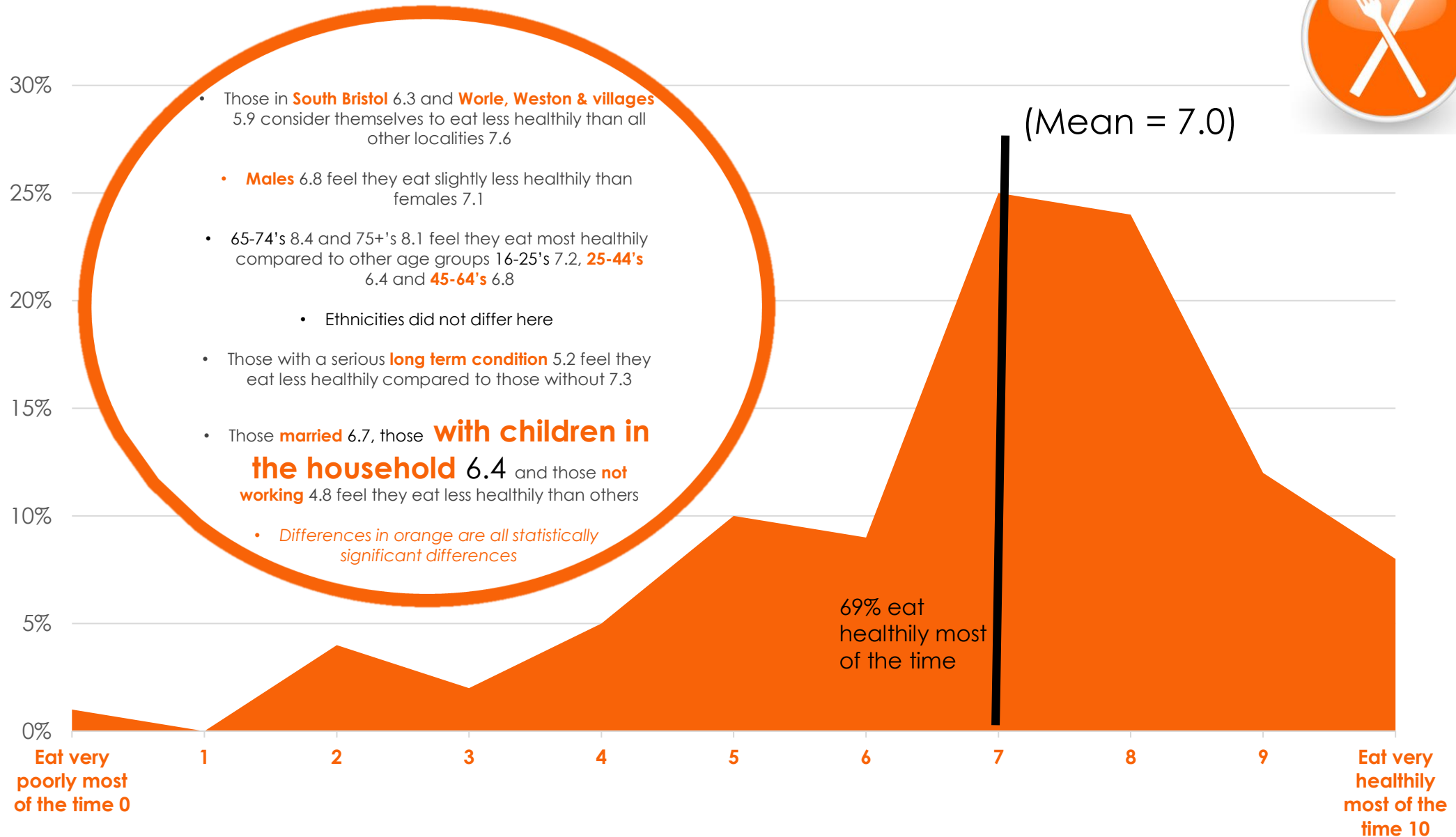
It's not easy but **if you want to stop something you will put the effort in.**

I'm dying as an alcoholic. But its down to me to stop

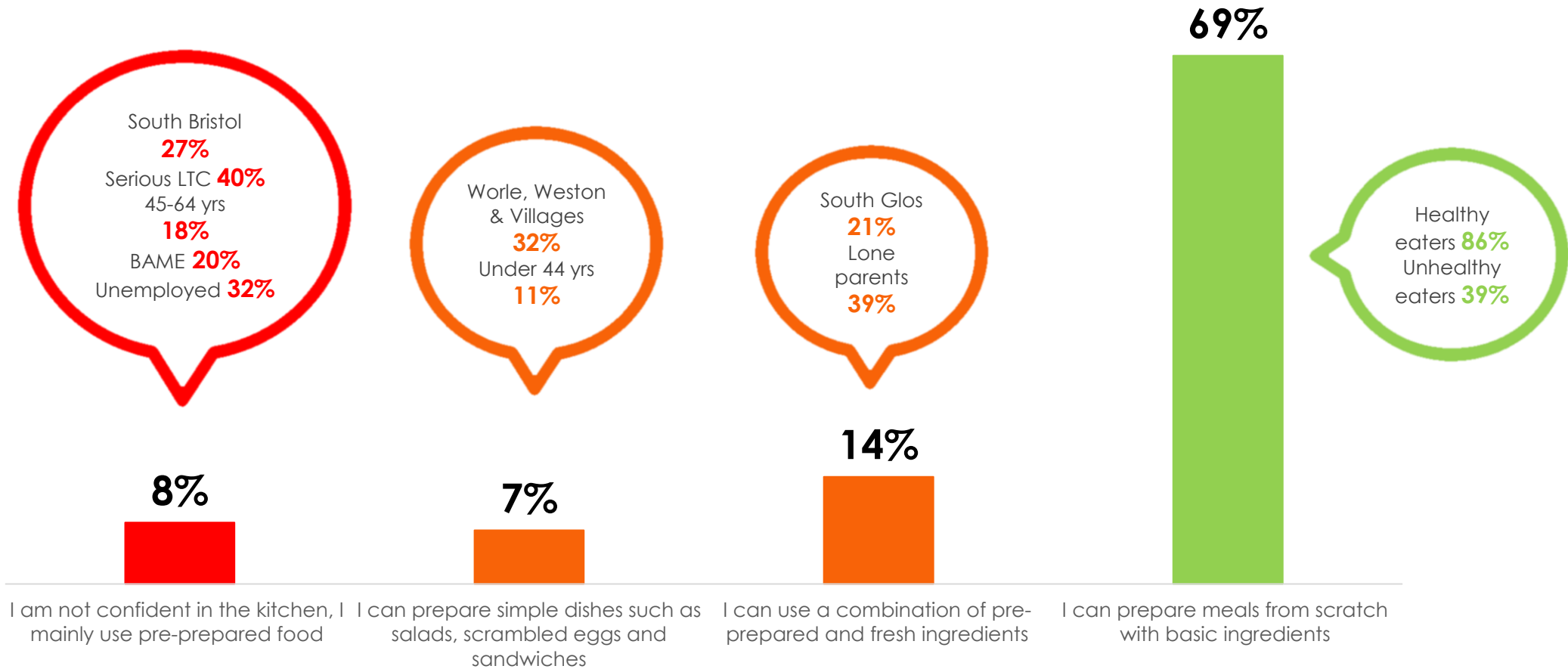
You can't make people do this. They will stop seeking help



Healthy eating - do you currently consider yourself to.....



Where do you consider yourself to be on the following **scale of cooking ability?**



A typical week of main meals in BNSSG households

(1 of 2)



4 times per week



Once per week



0.5 times per week



0.5 times per week



0.5 times per week



0.5 times per week



A main meal that is prepared and cooked from scratch

Shop bought ready meal

Hot food takeaway

Restaurant

Sandwich/pasty as main meal

Skip main meal all together

Additionally:

70% of BNSSG households purchase fresh and affordable food close to home on a weekly basis.

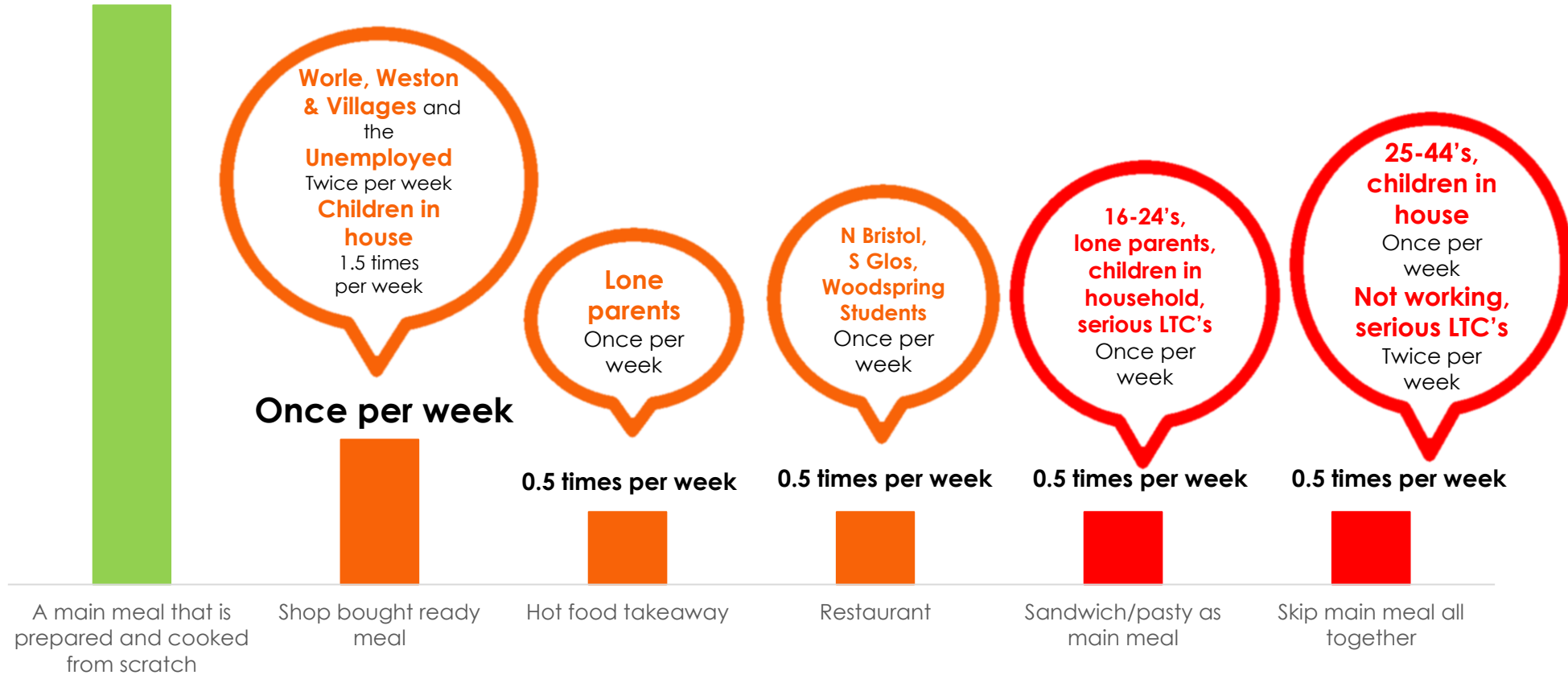
This figure drops to **30%** for those with serious LTC's and **45%** in Worle, Weston & Villages. It rises to **85%** in North Bristol and Woodspring

A typical week of main meals in BNSSG households

(2 of 2)



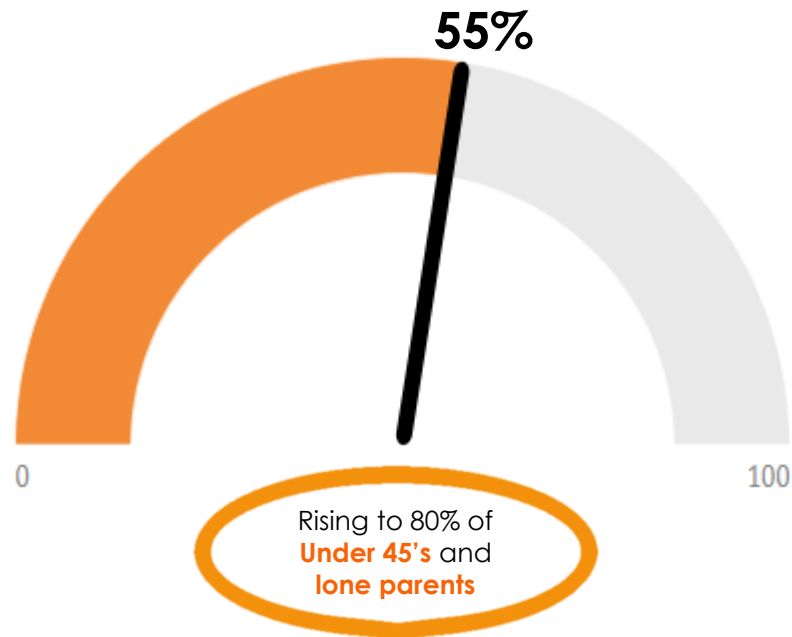
4 times per week



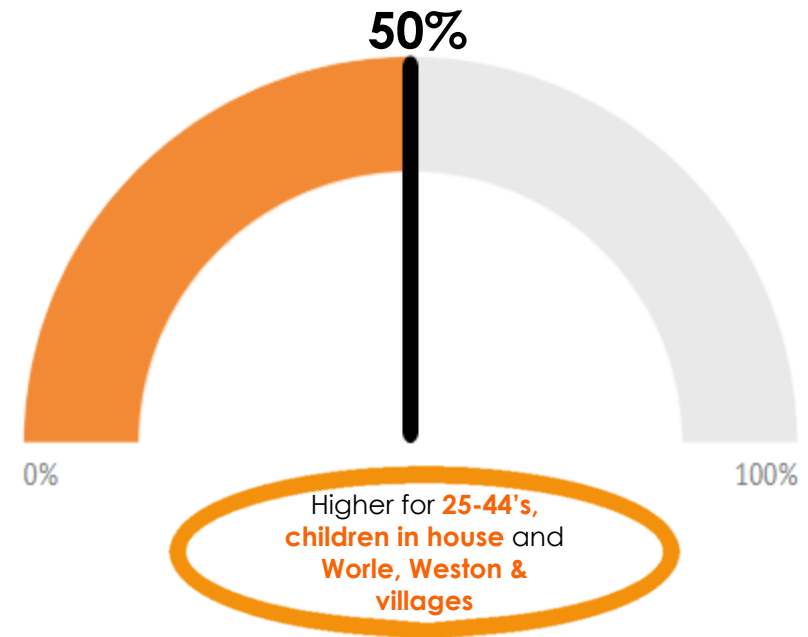
And would any of the following make you more likely to cook meals using fresh ingredients....



.....Being able to learn about how to cook meals from scratch at low cost?



..... Use of a cooking APP on your phone with ideas and recipes for healthy meals?



(Base = 220 ie. all those who feel they do not eat healthily and/or have limited cooking skills)

Comments from panellists – what would make you more likely to cook meals using fresh ingredients....



**More
time**

**Cheaper
fresh food
availability,
local, farms/
markets etc**

**Someone to
cook for/eat
with would
encourage
better eating**

**A freezer
and good
Tupperware
to store
extra
portions**


**Having more
time and
childcare
would help. Life
is pressured as
a working mum
with no free
childcare**

**Proper cooking
lessons back in
school! Teaching
proper cooking
skills with very
regular classes!**

**Meals being
quick to
make and
not too
much effort**

**Instructions,
education,
recipes**

**Food
boxes like
Hello fresh**



**Please contact us
with any further
questions**

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