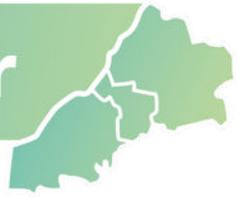


Healthier **Together**

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



# Healthier Together Citizens Panel

March 2023 - Full Report - ICS Strategy and Primary Care



# Report structure

1. Introduction, sample and keeping well tracker questions

2. ICS strategy

3. Primary care

4. Overview summary

5. Appendices – Survey March 2023 sample profile / Citizens Panel response rates over time / Verbatim comments on reasons for choosing main priority

# 1: Introduction, sample and keeping well tracker questions



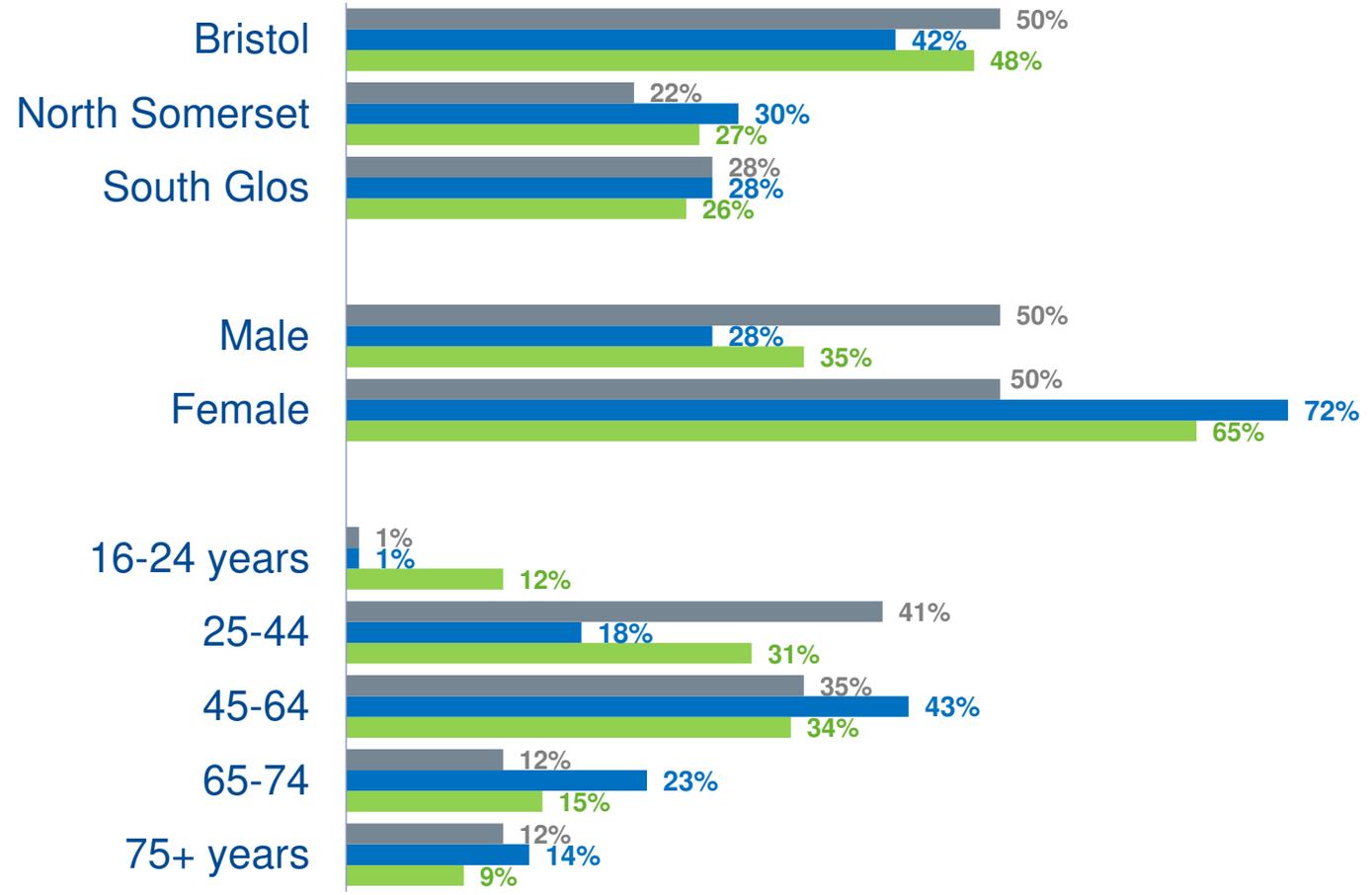
## Vision and mission of the Healthier Together Panel

“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”

# We have a total of 490 responses to survey March 2023, with the data weighted to reflect the BNSSG population

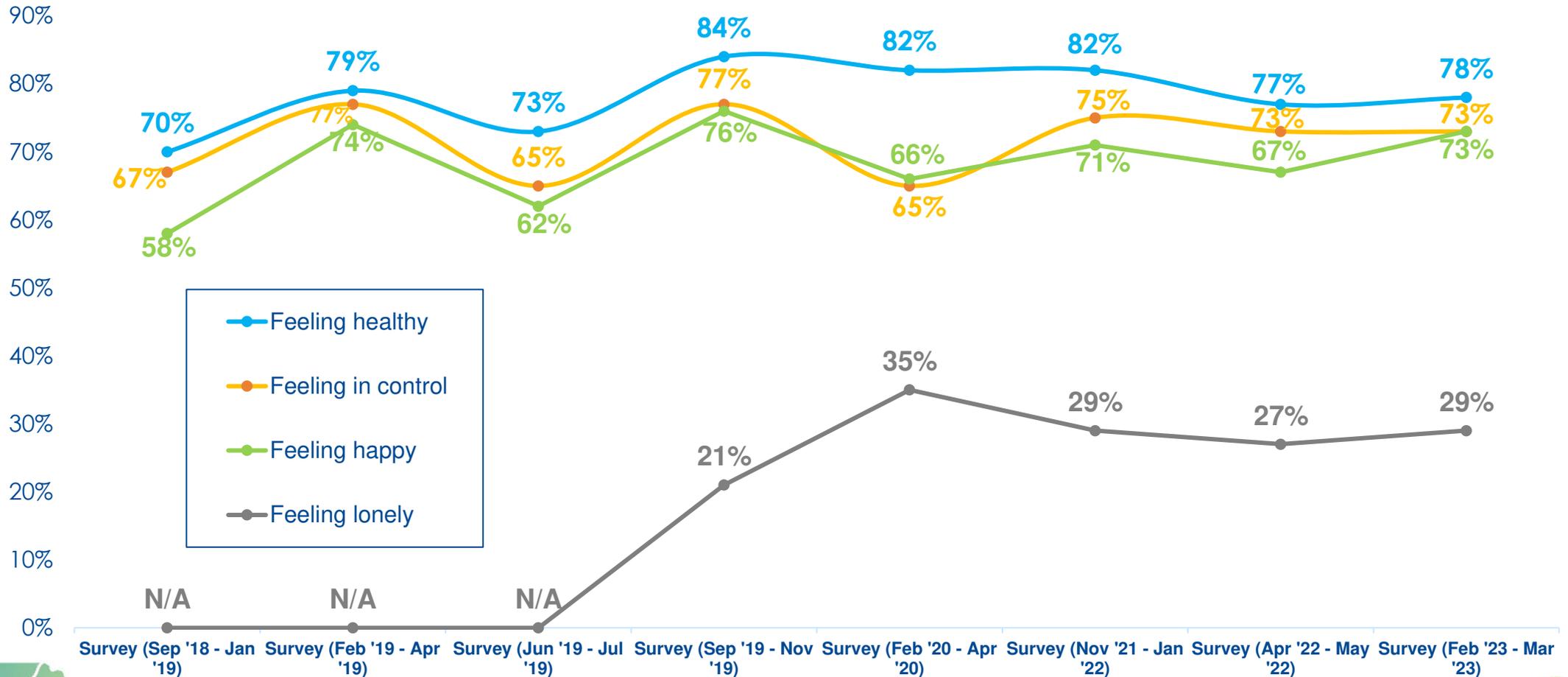
The following is a comparison of the profile of the **rim weighted survey March 2023 sample**, the **unweighted survey March 2023 sample** and the **actual whole panel profile** as at March 2023

% of survey March 2023 participants rim weighted (490) % of survey March 2023 participants unweighted (490) % of all our panellists to date (1546)



# Keeping well tracker questions

- Overall, feelings of health, control, happiness and loneliness are very similar to April-May last year, with just a slight increase in happiness. They are all currently mid-range scores compared with all scores collected for each element between September 2018 and March 2023.
- In survey March 2023, those in **South Bristol** feel less happy, healthy and in control than other localities. This is also notable in those with **long term conditions**



Q1. Firstly, our regular temperature checks, do you currently consider yourself to be....? Base for survey March 2023 : n=490

## 2a: ICS strategy - priorities

*N.B. Statistically significant differences in sub-groups of sample size  $n = 30-49$ , for any individual question, are asterisked\* in this report.*



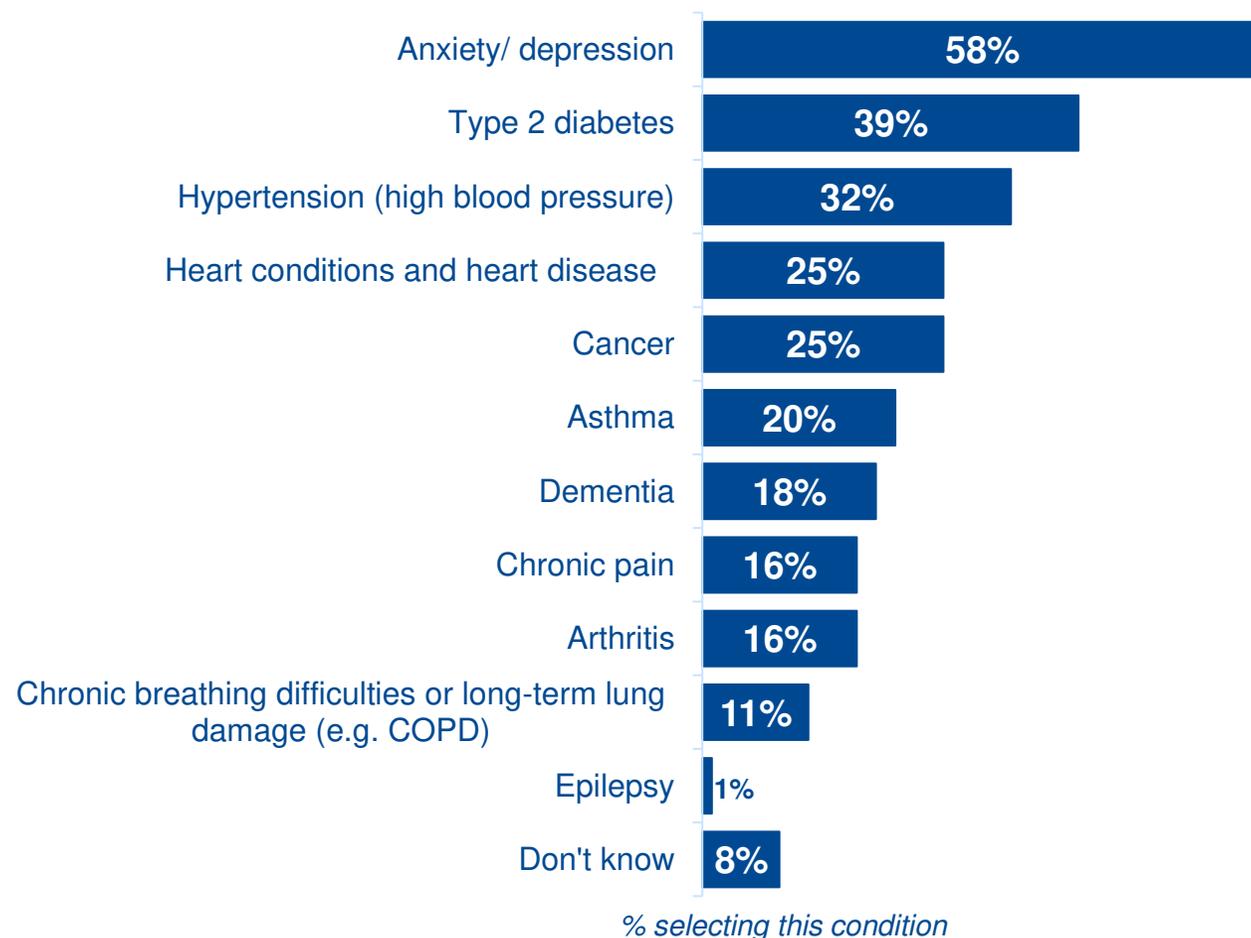
*“Last summer, the Integrated Care System (ICS) in Bristol, North Somerset, and South Gloucestershire (BNSSG) asked for your views as part of our Have Your Say engagement.*

*We received more than 3,000 responses to our questions, and since then we have included this feedback into our planning for the future. We are now developing a proposal about what we might choose to focus on in the next few years, and would like your thoughts on what is most important for us to focus on.*

*The next few questions focus on these potential priorities, and refer to the ICS in BNSSG. If you would like more information on the organisations that make up the ICS in BNSSG please visit <https://bnssghealthiertogether.org.uk/about-us/>”*

**Panellists were initially asked to select up to three long term health conditions that they believe affect the most number of people in the BNSSG region** (from a given list) (they selected 2.6 conditions each on average)

Anxiety/depression, type 2 diabetes and high blood pressure were the top three LTCs that panellists selected



Those aged 25-44 were more likely than the average to select anxiety/ depression, 72% compared to 58%.

Those in Inner, City & East (73%) and South Bristol (71%) were also more likely than average (58%) to select anxiety/ depression.

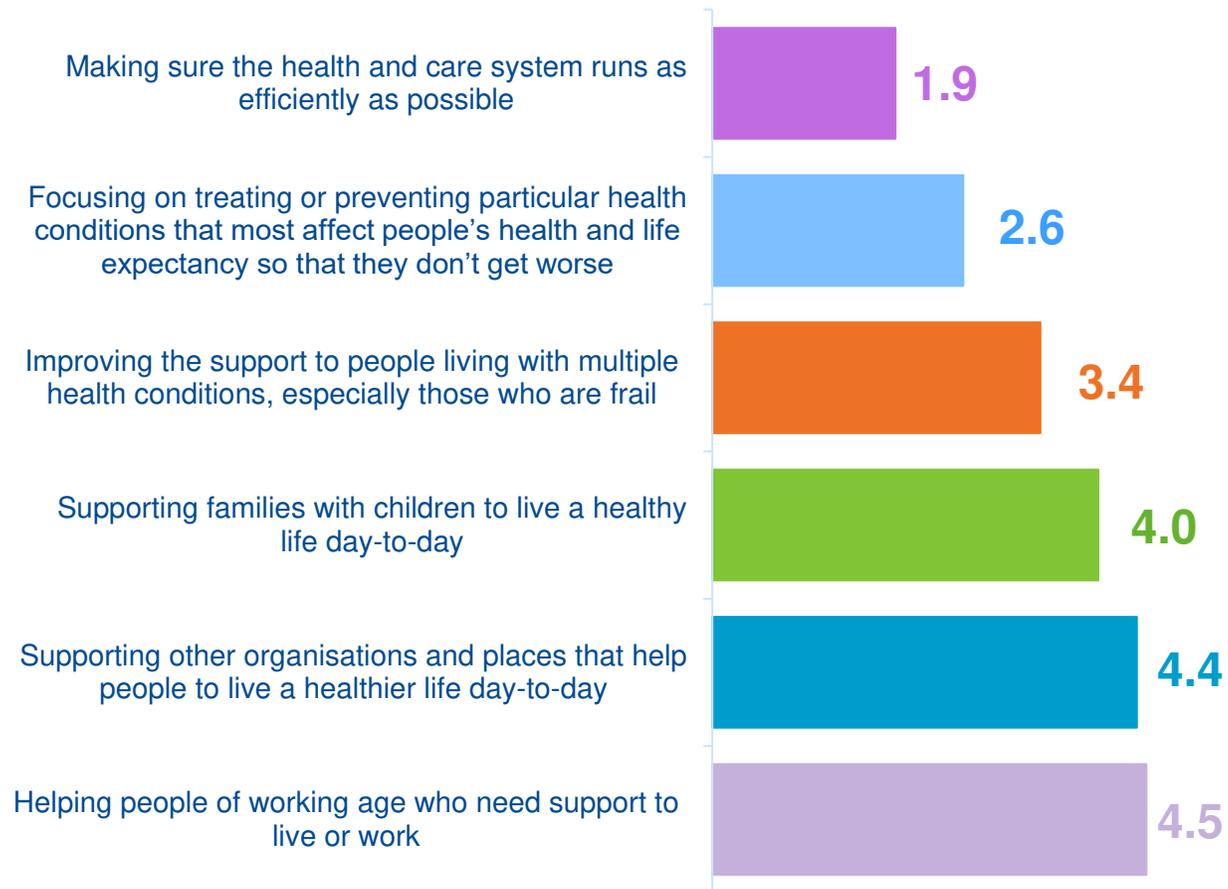
Those aged 75+ were more likely to select heart conditions (34%) and arthritis (34%) than the average (25% / 16%).

*N.B. Statistically significant differences in sub-groups of sample size n = 30-49, for any individual question, are asterisked\* in this report.*

## Panellists ranked six given priorities in order from 1 (*most important*) to 6 (*sixth most important*)

The two most important priorities for the ICS, in the opinion of the BNSSG population, are **running the health and care system efficiently** and **treating/preventing particular health conditions to avoid them worsening**

Overall average priority positioning (*using a rank order scale from '1' the most important to '6' the sixth most important*)

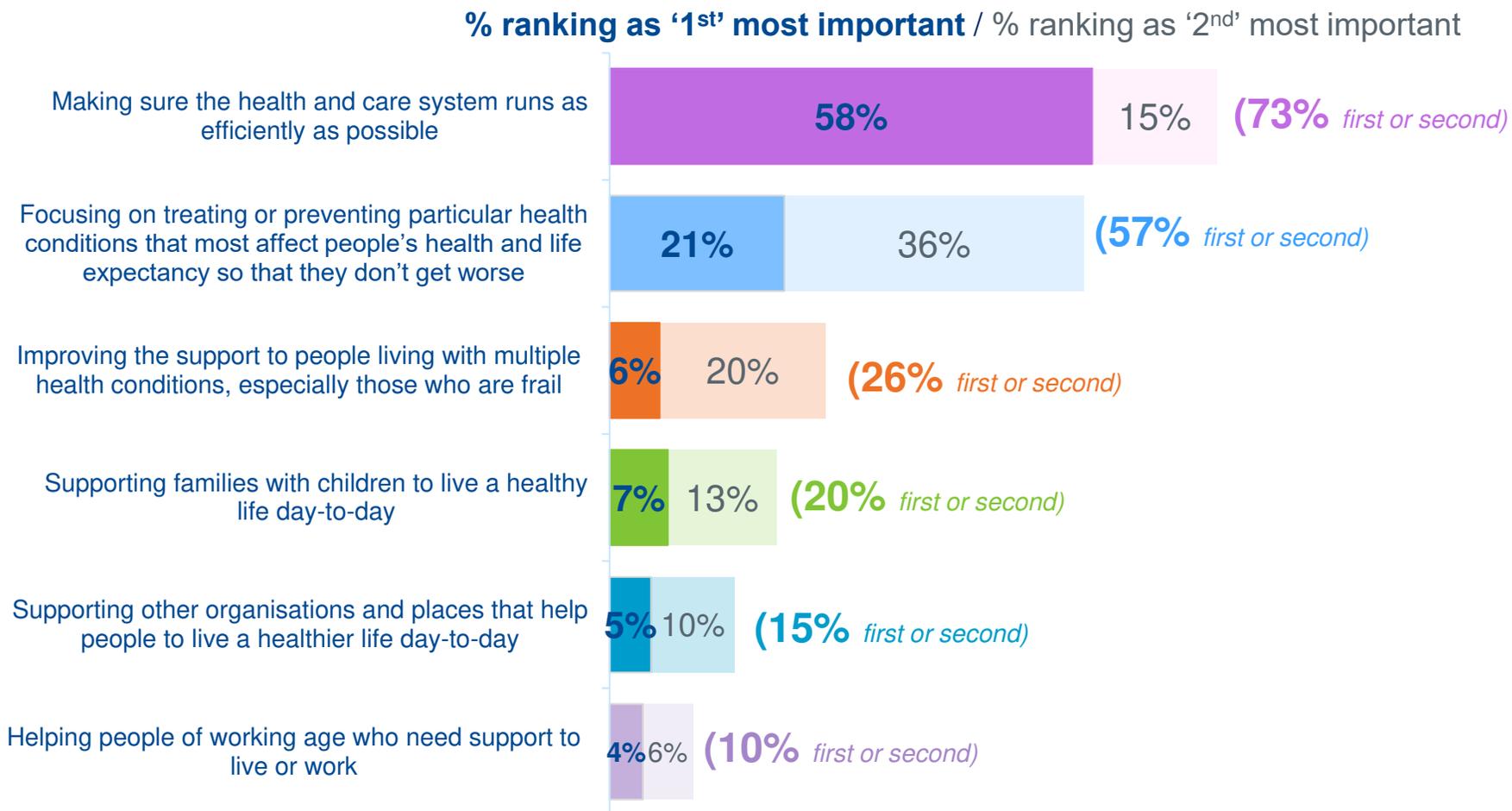


The third most important priority for the ICS, in the opinion of the BNSSG population, is **improving support for those with multiple health conditions, especially the frail**.

The remaining three priorities all rank fairly evenly alongside each other.

## Panellists ranked six given priorities in order from 1 (most important) to 6 (sixth most important)

Considering the percentages of panellists placing each priority in either first or second place further highlights the two most important priorities for the ICS, in the opinion of the BNSSG population. These being **running the health and care system efficiently** and **treating/preventing particular health conditions to avoid them worsening**



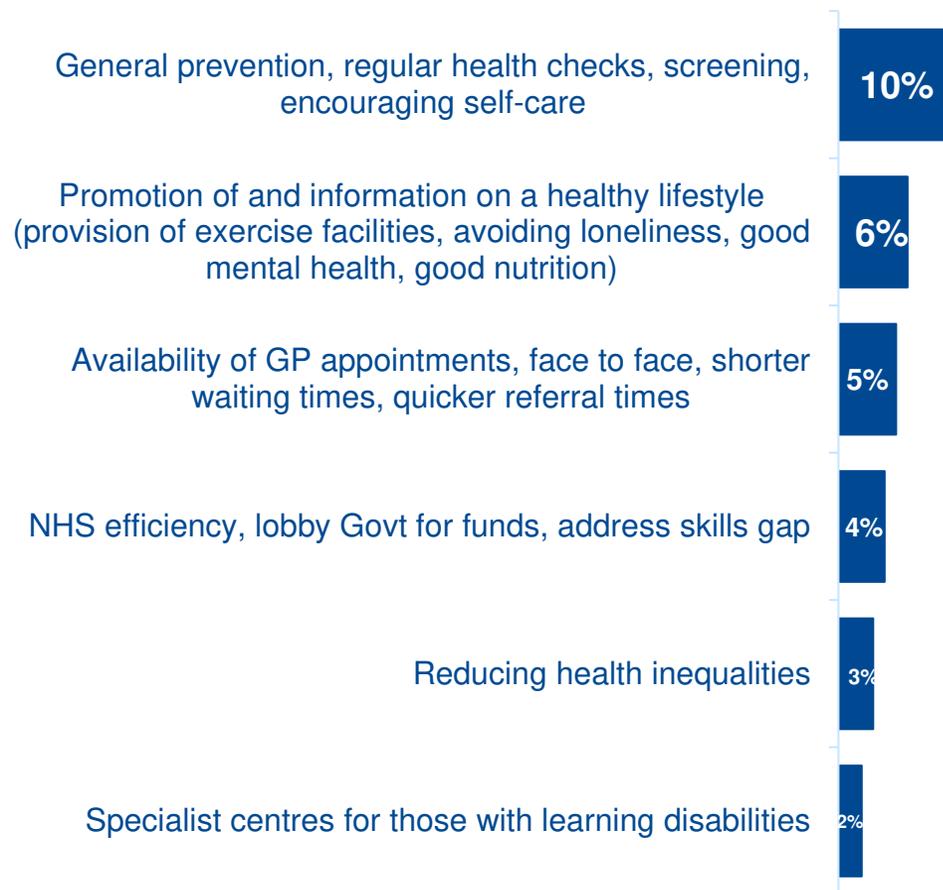
There are some significant differences across the sub groups of panellists.

76% of those in Worle, Weston and Villages select **efficiency** as the **1<sup>st</sup> most** important priority.

37% of those in North & West Bristol select **treatment/ prevention** as the **1<sup>st</sup> most** important priority.

Those with long term conditions and those aged over 75 place slightly higher than average emphasis on **support for those with multiple conditions**. 14% and 11% placing this **first** respectively.

**Approximately one third of the panellists added additional priorities or comments of their own** (*these were often emphasising a general point or were items that were subsequently covered later in the questionnaire as 'sub priorities'*). (*64% of panellists did not mention any additional priorities*)



# Panellists were asked to explain in their own words the reason why they placed their most important priority for the ICS in first position..

**Making sure the health and care system runs as efficiently as possible**

*(58% of the sample placed this first)*

Essential to healthcare, foundation for everything, everything else will follow.

NHS is at breaking point currently.

Too much inefficiency and waste currently, not joined up.

Focusing on treating or preventing particular health conditions that most affect people's health and life expectancy so they don't get worse

*(21% of the sample placed this first)*

Preventative measures reduce the need for medical treatment.

Reduces the number of patients, burden, workload. Enabling the focus to be on those most in need with multiple conditions, the vulnerable.

Improving the support to people living with multiple health conditions, especially those who are frail

*(6% of the sample placed this first)*

Vulnerable, those with multiple health conditions, disabilities - need the most support, care, help, to live comfortably

Supporting families with children to live a healthy life day-to-day

*(7% of the sample placed this first)*

The next generation are the future. Investment and healthy lifestyle education needed to produce a healthier generation.

Supporting other organisations and places that help people to live a healthier life day-to-day

*(5% of the sample placed this first)*

Spreads the workload, burden, pressure across organisations, bridges the gap. Preventative support offered from other organisations.

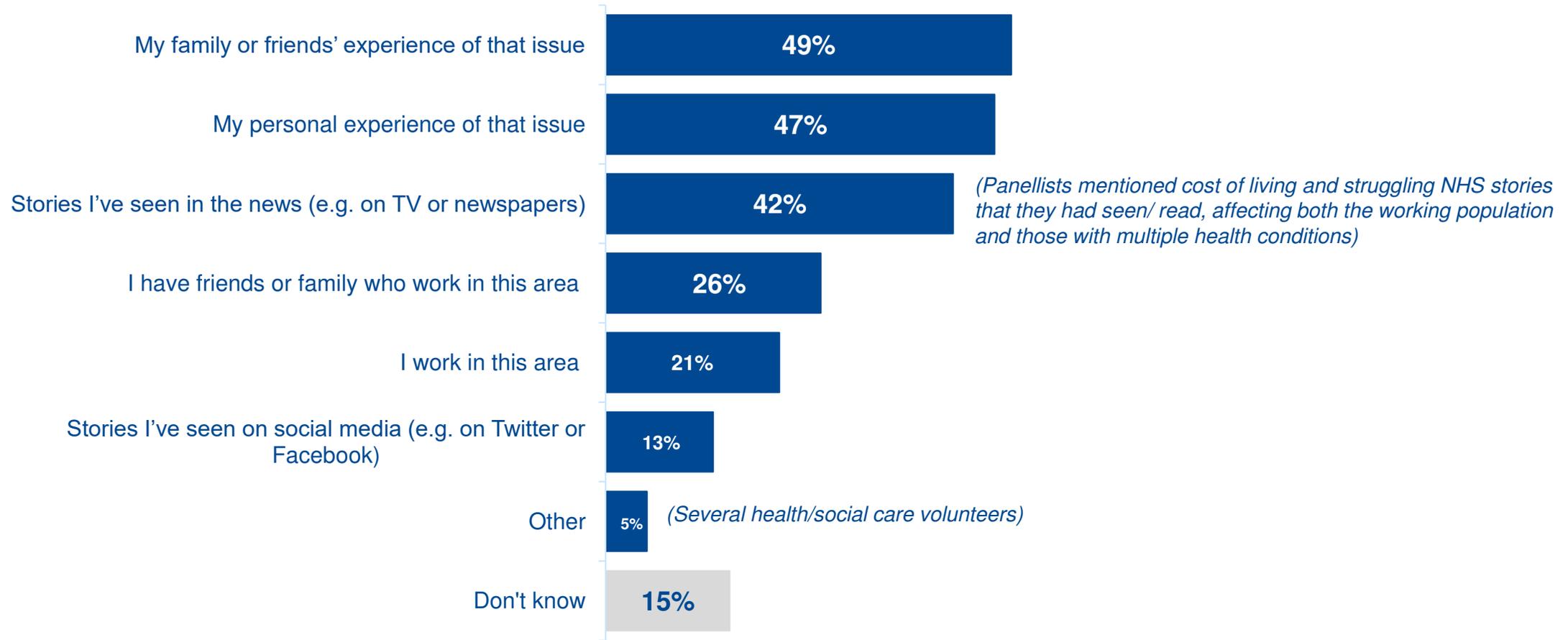
Helping people of working age who need support to live or work

*(4% of the sample placed this first)*

They are the backbone of society. Contributing to tax and helping fund the NHS. Healthy lifestyle and good mental health are important.

## A majority of the panellists had become informed about their priority choices through their experience of that issue or through the experiences of their family and friends

Newspaper and TV articles are the next most informative, followed by experiences of working in these areas (themselves or family and friends)



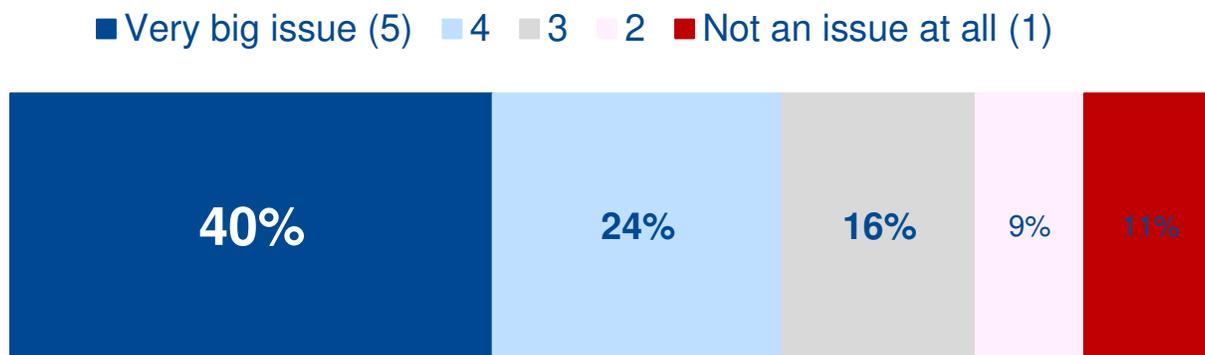
## Two thirds (64%, scores of 5 or 4) of panellists consider their first placed important priority to be a very or quite big issue for themselves. Further, three quarters (77%, scores of 5 or 4) say it is a very or quite big issue in the local area

Those **aged 65 and over** (72%) and those with **long term health conditions** (80%) are more likely than other sub groups to say these priorities are very or quite big issues for themselves.

Those in **Inner City & East** (87%)\*, **South Bristol** (86%) and **Worle, Weston & Villages** (92%) are more likely than other sub groups to say these priorities are very or quite big issues for their local areas.

*N.B. Statistically significant differences in sub-groups of sample size n = 30-49, for any individual question, are asterisked\* in this report.*

To what extent is this an issue for you personally



**77%** of those who placed **'Making sure the health and care system runs as efficiently as possible'** as their most important priority said this is a very or quite big issue for them personally. This compares to **44%** of those who placed **'Focusing on treating or preventing particular health conditions that most affect people's health and life expectancy'** as their most important priority saying this is a very or quite big issue for them personally.

To what extent is this an issue in your local area



**87%** of those who placed **'Making sure the health and care system runs as efficiently as possible'** as their most important priority said this is a very or quite big issue in their local area. This compares to **58%** of those who placed **'Focusing on treating or preventing particular health conditions that most affect people's health and life expectancy'** as their most important priority saying this is a very or quite big issue in their local area.

## 2b: ICS strategy – sub priorities

*N.B. Statistically significant differences in sub-groups of sample size  $n = 30-49$ , for any individual question, are asterisked\* in this report.*



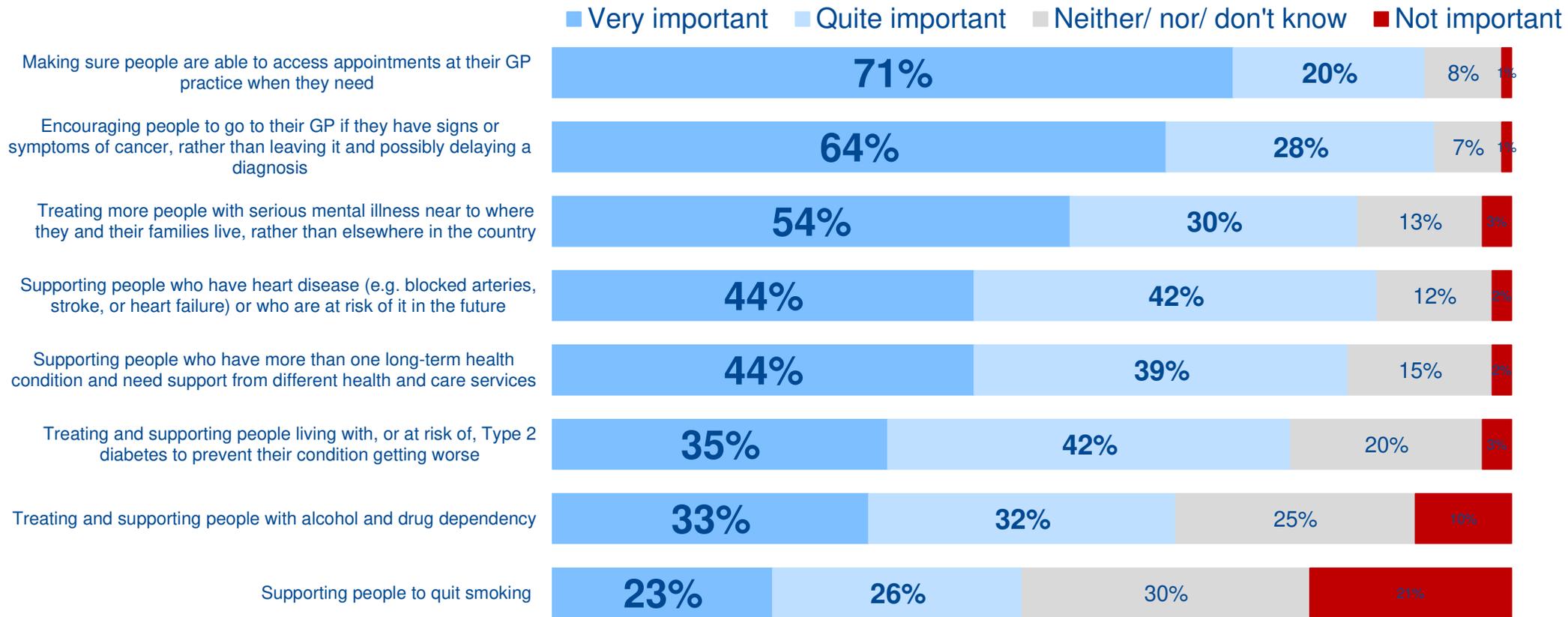
The next section of the survey addressed collections of sub-priorities relating to each of the main priorities detailed in section 2a of this report.

All participating panellists answered the questions on every sub priority – this did not depend on whether they had placed the main priority as their most important priority.

*N.B. 'Making sure the health and care system runs as efficiently as possible' was ranked as the first most important ICS priority overall, in the opinion of panellists. There were no sub-priorities examined in this survey in relation to this main priority*

## “Focusing on treating or preventing particular health conditions that most affect people’s health and life expectancy” was ranked as the second most important ICS priority overall, in the opinion of panellists

The three most important sub-priorities within this overall priority are accessing GP appointments (**71% say very important**), early cancer diagnosis (**64%**) and local treatment for those with serious mental illness (**54%**)



## “Focusing on treating or preventing particular health conditions that most affect people’s health and life expectancy” was ranked as the second most important ICS priority overall, in the opinion of panellists

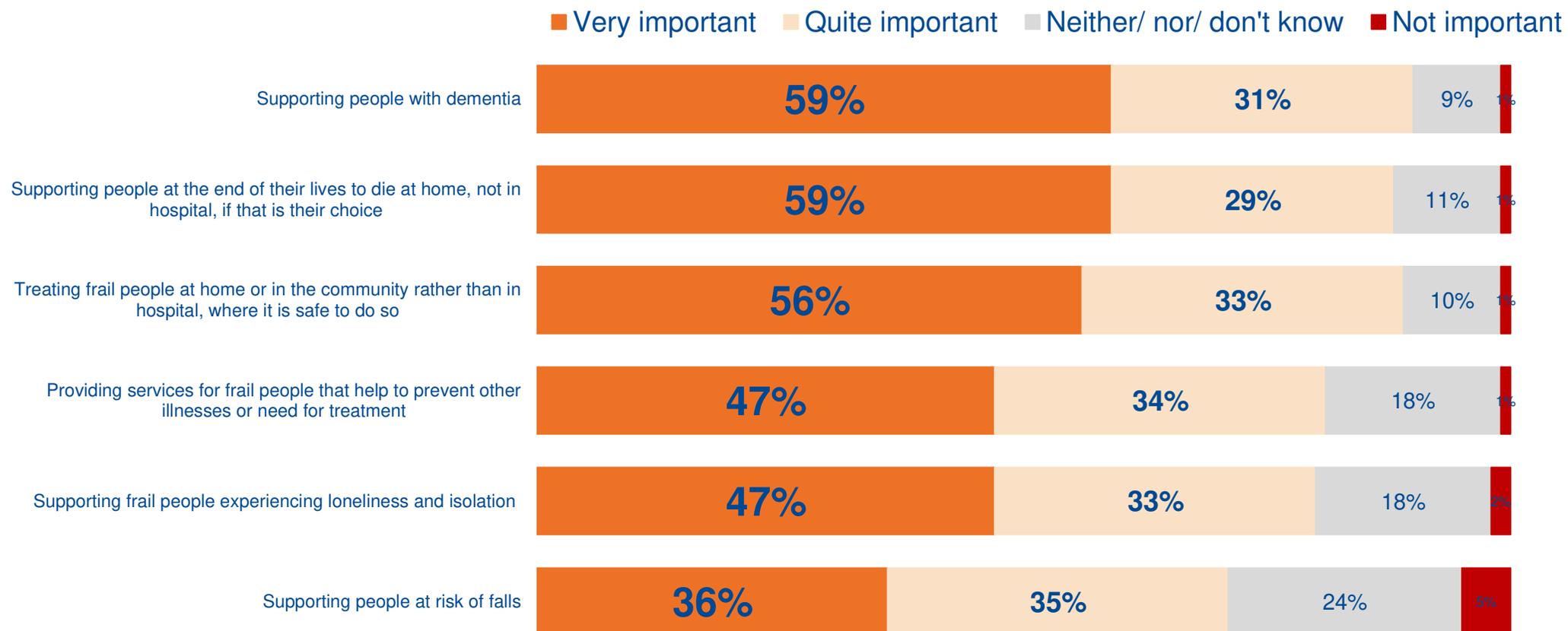
Some **significant differences** are evident within the sub-priorities across some of the **distinct groups of panellists**:



- ❖ Early **cancer diagnosis** was equally important to **all sub groups** (92% saying very or quite important).
- ❖ Making sure **people are able to access appointments at their GP practice** when they need to was rated as being of greater importance to those in **North Somerset (97%)** and **South Glos (95%)** compared with the average (91%).
- ❖ Treating more people with **serious mental illness near to where they and their families live**, was highlighted as important in greater proportions by those in **Woodspring (92%)** and by **females (88%)** compared to the average (84%).
- ❖ Support for **heart disease** was rated as being of greater importance to those in **Worle, Weston and Villages (WWV) (98%)** than the average (86%).
- ❖ Supporting people who have more than one long-term health condition and need **support from different health and care services** was of particular importance to **unpaid carers (96%)** compared to the average (83%).
- ❖ Those those in **WWV (92%)** rated **Type 2 diabetes** as very or quite important in greater proportions than the average (77%).
- ❖ Greater numbers of those in **Bristol (41%)** cited **alcohol and drug dependency support** as very important, compared to North Somerset (23%) and South Glos (27%).

## “Improving the support to people living with multiple health conditions, especially those who are frail” was ranked as the third most important ICS priority overall, in the opinion of panellists

The three most important sub-priorities within this overall priority are supporting people with dementia (59% say very important), enabling the choice to end one’s life at home (59%) and treating the frail at home/ in the community when safe to do so (56%)



## “Improving the support to people living with multiple health conditions, especially those who are frail” was ranked as the third most important ICS priority overall, in the opinion of panellists

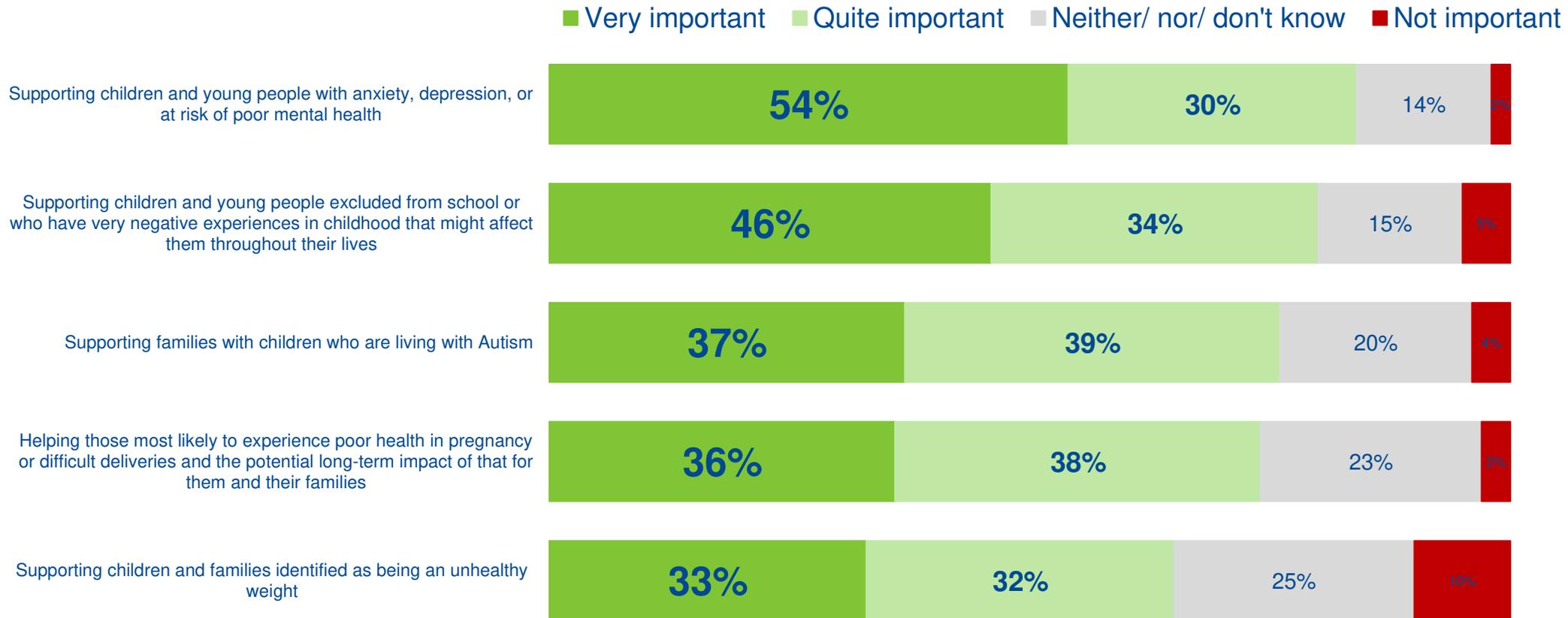
Some **significant differences** are evident within the sub-priorities across some of the **distinct groups of panellists**:



- ❖ Those in **South Bristol (95%)**, **Worle, Weston and Villages (WWV) (99%)** and **unpaid carers (98%)** rated **support for people with dementia** as very or quite important in even greater proportions than the average (90%).
- ❖ Those in **WWV (99%)**, those aged **75 and over (96%)** and **unpaid carers (99%)** rated **support for people at the end of their lives to die at home**, not in hospital, if that is their choice as very or quite important in greater proportions than the average (88%).
- ❖ Treating **frail people at home or in the community** rather than in hospital, where it is safe to do so, was highlighted as important in greater proportions by those in **WWV (94%)** and **South Glos (93%)**, those **aged 45 and over (92%)** and **unpaid carers (98%)** compared to the average (89%).
- ❖ Providing **services for frail people that help to prevent other illnesses or need for treatment** was rated as being of greater importance to **females (85%)**, those who are **retired (89%)** and **unpaid carers (98%)** than the average (86%).
- ❖ Supporting frail people **experiencing loneliness and isolation** was of particular importance to **unpaid carers (91%)** and those in **South Bristol (92%)** compared to the average (80%).
- ❖ Those in **Inner City and East Bristol (87%)**, **females (80%)** and those **aged 45 and over (76%)** rated **support for those at risk of falls** as very or quite important in greater proportions than the average (71%).

## “Supporting families with children to live a healthy life day-to-day”, was ranked as the fourth most important ICS priority overall, in the opinion of panellists

The two most important sub-priorities within this overall priority are supporting both young people with, or at risk of, poor mental health (84% say very or quite important) and those who have had negative experiences in childhood (80%)



## “Supporting families with children to live a healthy life day-to-day”, was ranked as the fourth most important ICS priority overall, in the opinion of panellists

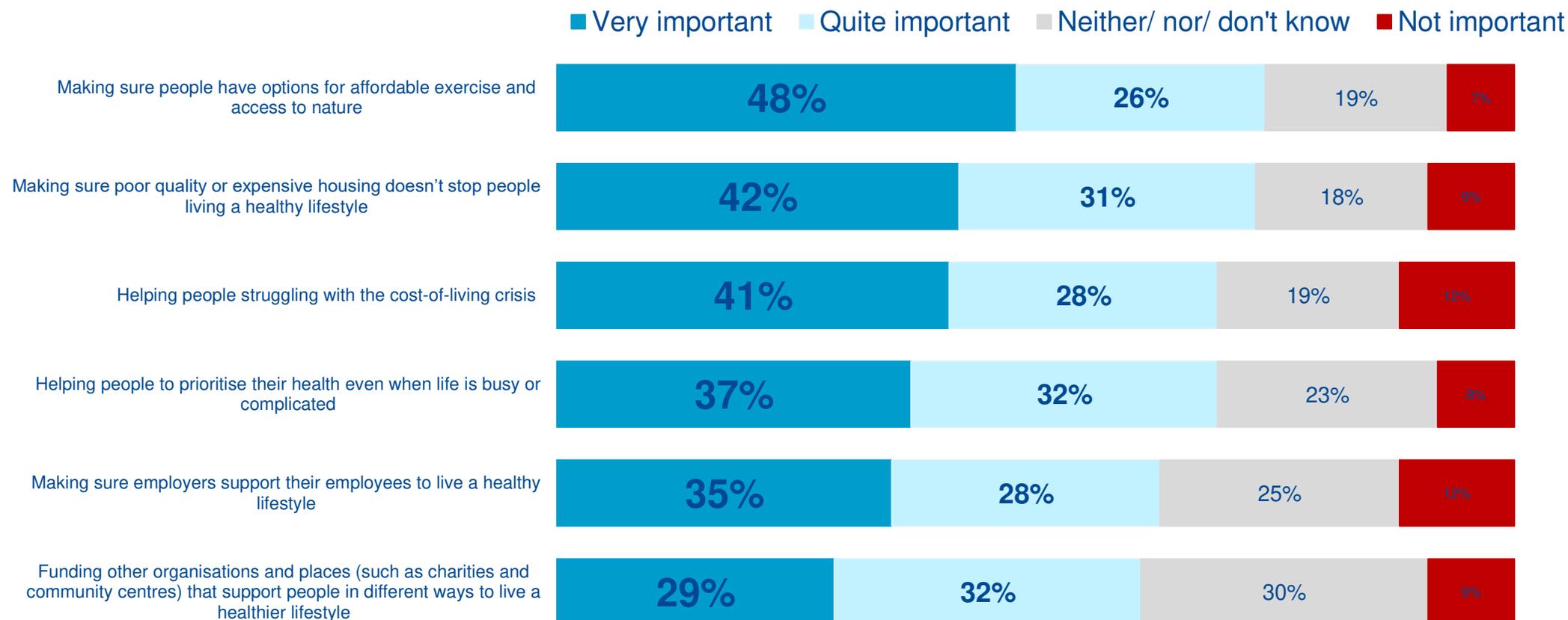
Some **significant differences** are evident within the sub-priorities across some of the **distinct groups of panellists**:



- ❖ Those in **North Somerset (91%)** rated **supporting children and young people with anxiety, depression, or at risk of poor mental health** as very or quite important in greater proportions than the average (84%).
- ❖ Those in **North Somerset (85%)** and **North & West Bristol (82%)** rated **supporting families with children who are living with Autism** as very or quite important in greater proportions than the average (76%).
- ❖ There were **no meaningful differences** in opinion across the sub groups of panellists with regard to how important they consider each of the following to be:
  - ❖ **Supporting children and young people excluded from school or who have very negative experiences in childhood** that might affect them throughout their lives (80%)
  - ❖ **Helping those most likely to experience poor health in pregnancy or difficult deliveries** and the potential long-term impact of that for them and their families (74%)
  - ❖ **Supporting children and families identified as being an unhealthy weight** (65%).

## “Supporting other organisations and places that help people to live a healthier life day-to-day”, was ranked as the joint fifth most important ICS priority overall, in the opinion of panellists

The two most important sub-priorities within this overall priority are ensuring affordable exercise and access to nature (74% say very or quite important) and ensuring poor quality or expensive housing doesn't prevent a healthy lifestyle (73%)



## “Supporting other organisations and places that help people to live a healthier life day-to-day”, was ranked as the joint fifth most important ICS priority overall, in the opinion of panellists

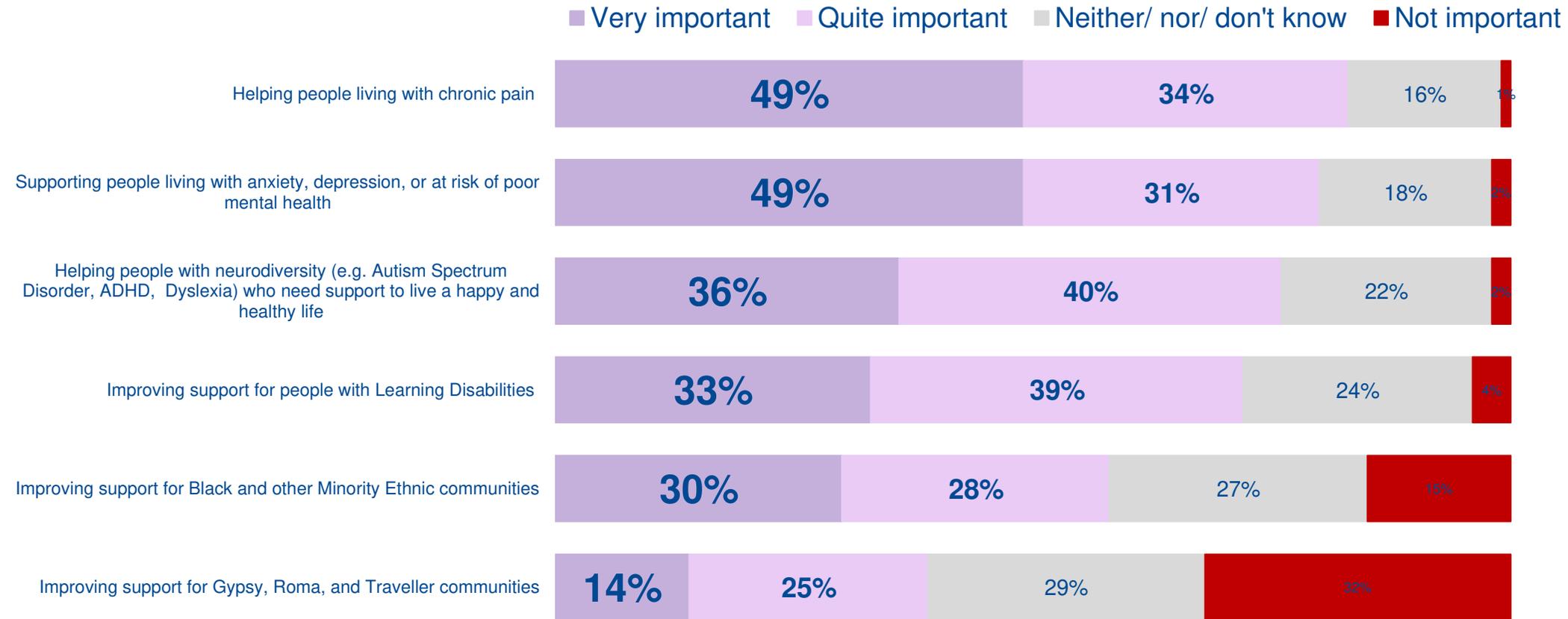
Some **significant differences** are evident within the sub-priorities across some of the **distinct groups of panellists**:



- ❖ Making sure people have **options for affordable exercise and access to nature** was highlighted as important in greater proportions by those in **Worle, Weston & Villages (WWV) (86%)** and those **aged 44 and under (88%)** compared to the average (74%).
- ❖ Those in **South Bristol (82%)** and those **aged 44 and under (83%)** rated **making sure poor quality or expensive housing doesn't stop people living a healthy lifestyle** as very or quite important in greater proportions than the average (73%).
- ❖ Similarly, those in **South Bristol (79%)** and those **aged 44 and under (71%)** rated **making sure employers support their employees to live a healthy lifestyle** as very or quite important in greater proportions than the average (63%).
- ❖ Those in **Inner City and East Bristol (80%)**, **WWV (80%)**, **females (78%)**, the **unemployed (94%)** and those **aged 44 and under (76%)** rated **helping people struggling with the cost-of-living crisis** as very or quite important in greater proportions than the average (69%).
- ❖ Helping people **to prioritise their health even when life is busy or complicated** was highlighted as important in greater proportions by those in **South Glos (79%)** compared to the average (69%).
- ❖ Funding other **organisations and places (such as charities and community centres) that support people in different ways to live a healthier lifestyle** was highlighted as important in greater proportions by **females (69%)** compared to the average (61%).

## “Helping people of working age who need support to live or work”, was ranked as the joint fifth most important ICS priority overall, in the opinion of panellists

The two most important sub-priorities within this overall priority are helping those with chronic pain (83% say very or quite important) and supporting those with, or at risk of, poor mental health (80%)



Q9: Thinking now about “Helping people of working age who need support to live or work”, on a scale of 1 to 5, how important or not do you think are each of the following issues for the ICS in BNSSG to focus on? Base: n=475 (All those who answered this question)

## “Helping people of working age who need support to live or work”, was ranked as the joint fifth most important ICS priority overall, in the opinion of panellists

Some **significant differences** are evident within the sub-priorities across some of the **distinct groups of panellists**:



- ❖ Those those **aged 75 and over (93%)** and those in **North Somerset (92%)** rated **helping people living with chronic pain** as very or quite important in greater proportions than the average (83%).
- ❖ Supporting **people living with anxiety, depression, or at risk of poor mental health** was rated as being of greater importance to those in **Inner City & East (93%)** and **South Bristol (88%)** and **females (86%)** compared with the average (80%).
- ❖ Helping **people with neurodiversity (e.g. Autism Spectrum Disorder, ADHD, Dyslexia)** who need support to live a happy and healthy life was highlighted as important in greater proportions by those in **Worle, Weston and Villages (WWV) (85%)** compared to the average (76%).
- ❖ Those from **South Bristol (81%)** and **females (77%)** rated **improving support for people with Learning Disabilities** as very or quite important in greater proportions than the average (72%).
- ❖ Improving **support for Black and other Minority Ethnic communities** was of particular importance to those in **Inner City & East (73%)**, **females (66%)** and those **aged 44 and under (67%)** compared to the average (58%).
- ❖ Greater numbers of those in **North & West Bristol (53%)** rated **improving support for Gypsy, Roma, and Traveller communities** as important compared to the average (39%).

## 2c: ICS strategy

– summary of significant differences across the sub groups

*N.B. Statistically significant differences in sub-groups of sample size  $n = 30-49$ , for any individual question, are asterisked\* in this report.*



# A summary of the significant differences across the sub groups



## Regions – North Somerset

- ❖ Those in **North Somerset** rated **supporting children and young people with anxiety, depression, or at risk of poor mental health (91%)** and **supporting families with children who are living with Autism (85%)** as very or quite important in greater proportions than the average (84%) and (76%) respectively.
- ❖ Those in **North Somerset (92%)** rated **helping people living with chronic pain** as very or quite important in greater proportions than the average (83%).
- ❖ Making sure **people are able to access appointments at their GP practice** when they need to was rated as being of greater importance to those in **North Somerset (97%)** compared with the average (91%).
- ❖ Treating more people with **serious mental illness near to where they and their families live**, was cited as important in greater proportions by those in **Woodspring (92%)** compared to the average (84%).
- ❖ Support for **heart disease** was rated as being of greater importance to those in **Worle, Weston and Villages (WWV) (98%)** than the average (86%) and **WWV (92%)** also rated **Type 2 diabetes** as very or quite important in greater proportions than the average (77%).
- ❖ Those in **WWV** rated **support for people with dementia (99%)**, **support for people at the end of their lives to die at home (93%)**, treating **frail people at home or in the community rather than in hospital (94%)** as very or quite important in greater proportions than the average (90%) (88%) and (89%) respectively.
- ❖ Making sure people have **options for affordable exercise and access to nature** was highlighted as important in greater proportions by those in **WWV (86%)** compared to the average (74%). As was **helping people struggling with the cost-of-living crisis (80%)** compared to (69%).
- ❖ Helping **people with neurodiversity (e.g. Autism Spectrum Disorder, ADHD, Dyslexia)** who need support to live a happy and healthy life was highlighted as important in greater proportions by those in **WWV (85%)** compared to the average (76%).

# A summary of the significant differences across the sub groups



## Regions – Bristol

- ❖ Greater numbers of those in **Bristol (41%)** cited **alcohol and drug dependency support** as very important, compared to North Somerset (23%) and South Glos (27%).
- ❖ Those in **South Bristol (95%)** rated **support for people with dementia** as very or quite important in even greater proportions than the average (90%) and supporting frail people **experiencing loneliness and isolation** was also of particular importance to those in **South Bristol (92%)** compared to the average (80%).
- ❖ Those in **South Bristol (82%)** rated **making sure poor quality or expensive housing doesn't stop people living a healthy lifestyle** as very or quite important in greater proportions than the average (73%). Those in **South Bristol (79%)** also rated **making sure employers support their employees to live a healthy lifestyle** as very or quite important in greater proportions than the average (63%).
- ❖ Those from **South Bristol (81%)** rated **improving support for people with Learning Disabilities** as very or quite important in greater proportions than the average (72%).
- ❖ Those in **Inner City and East Bristol** rated **support for those at risk of falls (87%)** and **helping people struggling with the cost-of-living crisis(80%)** as very or quite important in greater proportions than the average (71%) and (69%) respectively.
- ❖ Supporting **people living with anxiety, depression, or at risk of poor mental health** was rated as being of greater importance to those in **Inner City & East (93%)** and **South Bristol (88%)** compared with the average (80%).
- ❖ Improving **support for Black and other Minority Ethnic communities** was of particular importance to those in **Inner City & East (73%)** compared to the average (58%).
- ❖ Greater numbers of those in **North & West Bristol (53%)** rated **improving support for Gypsy, Roma, and Traveller communities** as important compared to the average (39%). Those in **North & West Bristol (82%)** also rated **supporting families with children who are living with Autism** as very or quite important in greater proportions than the average (76%).

## – South Gloucestershire

- ❖ Making sure **people are able to access appointments at their GP practice** when they need to was rated as being of greater importance to those in **South Glos (95%)** compared with the average (91%).
- ❖ Treating **frail people at home or in the community** rather than in hospital was highlighted as important in greater proportions by those in **South Glos (93%)** compared to the average (89%).
- ❖ Helping people **to prioritise their health even when life is busy or complicated** was also highlighted as important in greater proportions by those in **South Glos (79%)** compared to the average (69%).

# A summary of the significant differences across the sub groups



## Age groups

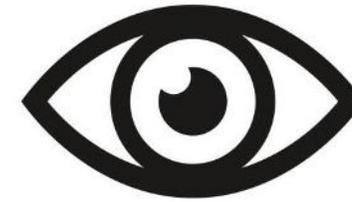
- ❖ Those aged 75 and over (96%) rated **support for people at the end of their lives to die at home** not in hospital if that is their choice, as very or quite important in greater proportions than the average (88%).
- ❖ Those aged 75 and over (93%) rated **helping people living with chronic pain** as very or quite important in greater proportions than the average (83%).
- ❖ Treating **frail people at home or in the community** rather than in hospital, where it is safe to do so, was highlighted as important in greater proportions by those aged 45 and over (92%) compared to the average (89%). Similarly, those aged 45 and over (76%) rated **support for those at risk of falls** as very or quite important in greater proportions than the average (71%).
- ❖ Those aged 44 and under rated options for **affordable exercise and access to nature (88%)**, making sure **poor quality or expensive housing doesn't stop people living a healthy lifestyle (83%)**, helping **people struggling with the cost-of-living crisis (76%)** and making sure **employers support their employees to live a healthy lifestyle (71%)** as very or quite important in greater proportions than the average (74%), (73%), (69%) and (63%) respectively .
- ❖ Improving **support for Black and other Minority Ethnic communities** was of particular importance to those aged 44 and under compared to the average (58%).

## Other sub groups

- ❖ Treating more people with **serious mental illness near to where they and their families live**, was highlighted as important in greater proportions by **females (88%)** compared to the average (84%). Providing **services for frail people that help to prevent other illnesses or need for treatment** was rated as being of greater importance to **females (85%)** than the average (86%), as was **support for those at risk of falls (80%) / (71%)**. They also rated many of the sub-priorities attached to **“Supporting other organisations and places that help people to live a healthier life day-to-day”** as of greater than average importance
- ❖ Supporting people who have more than one long-term health condition and need **support from different health and care services** was of particular importance to **unpaid carers (96%)** compared to the average (83%). **Unpaid carers** also rated the sub priorities attached to **“Improving the support to people living with multiple health conditions, especially those who are frail”** as of greater than average importance

# 3: Primary care

*N.B. Statistically significant differences in sub-groups of sample size n = 30-49, for any individual question, are asterisked\* in this report.*

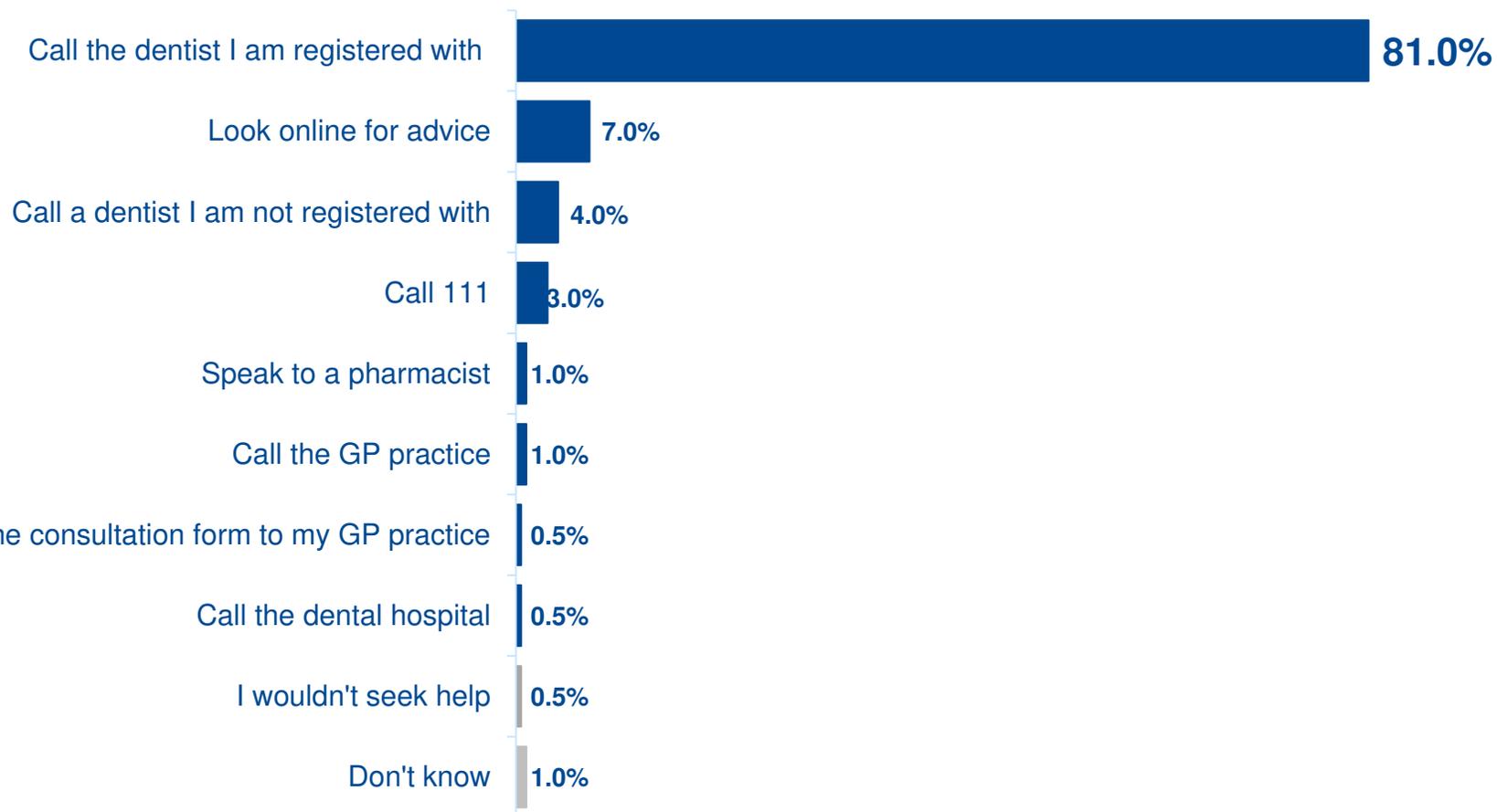


The next section of the survey asked questions as part of the ICB's preparation for delegated responsibility for commissioning pharmaceutical, general ophthalmic and dentistry services (POD) from 1st April 2023.

## The vast majority of panellists would first call the dentist they are registered with if they had a problem with their teeth



Several panellists added that their actions would in fact depend upon the severity of the problem



*N.B. 88% of panellists are registered with either an NHS (57%) or private (31%) dentist.*

*14% of those **aged 44 and under** are not registered with a dentist, compared to 9% of those aged 45 and over. Those **aged 44 and under** are consequently more likely to look online for advice first (12%) than the 45 and overs (4%).*

## Follow on actions would most likely be looking online for advice, calling the dental hospital or calling 111, if experiencing a problem with their teeth



Several panellists added that their actions would in fact depend upon the severity of the problem



Those **aged 25-44** are more likely than average to go on to **look online for advice** (36%) or **call 111** (32%).

Those **aged 65+** are more likely than average to go on to **call the dental hospital** (31%).

Those in **South Glos** are the most likely sub group to **consider speaking to a pharmacist** (20%), this compares to 9% in both Bristol and North Somerset.

## Almost one half of panellists would first call a known opticians if they had a problem with their eyes, followed by calling the GP or 111 and looking online for advice



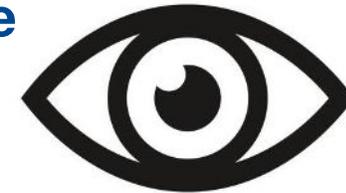
Several panellists again added that their actions would in fact depend upon the severity of the problem



68% of those **aged 65 and over** would be likely to **call a known opticians**, compared to 38% of those aged 25-44.

Those **aged 44 and under** are more likely to first **call their GP** (24%) or **look online for advice** (16%) than average.

## Most likely follow on actions are evenly split between calling the GP, looking online for advice, calling a known optician or calling 111, if experiencing an eye problem



Several panellists again added that their actions would in fact depend upon the severity of the problem

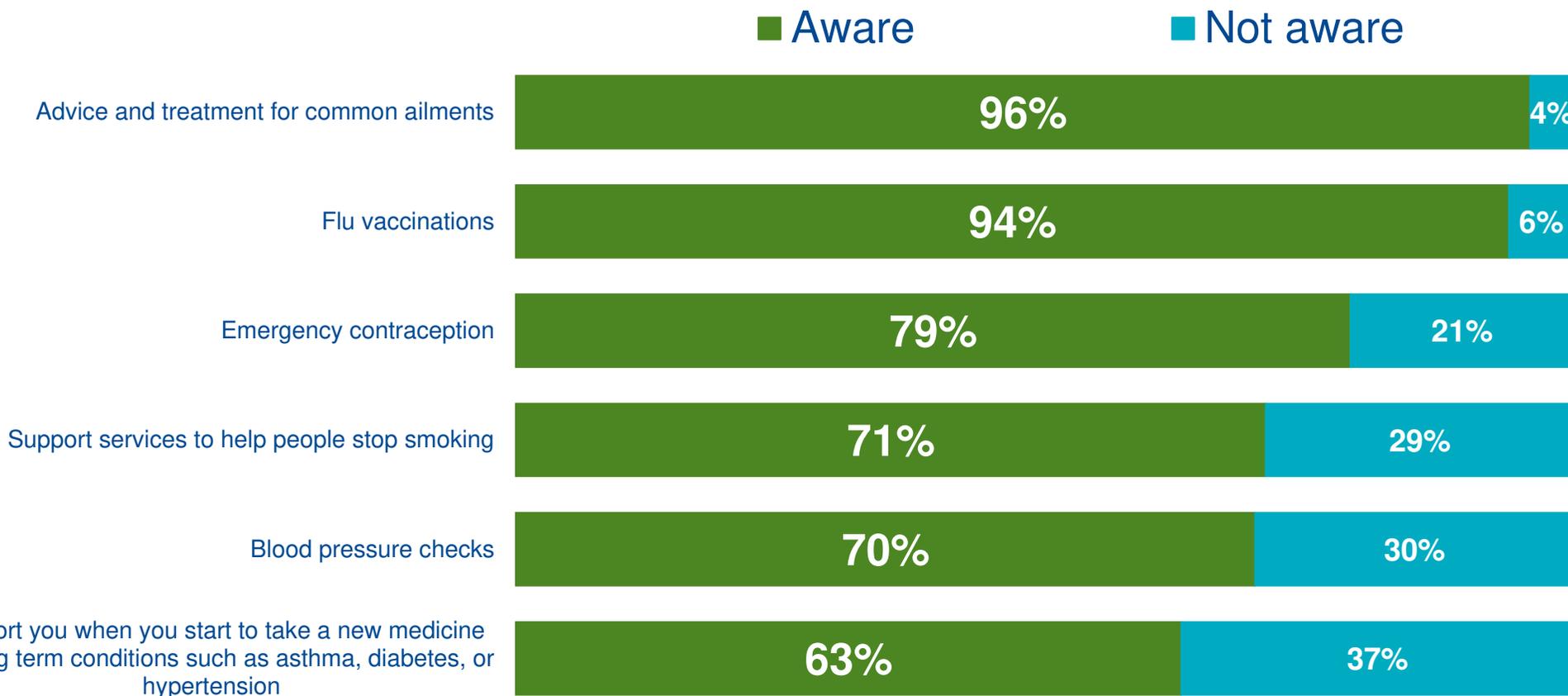


Those **aged 25-44** are again more likely to go on to **look online for advice** (30%) or **call 111** (29%), compared to those aged 65+ at 8% and 15% respectively.

Those in **South Glos** are again the most likely sub group to **consider speaking to a pharmacist** (17%), this compares to 9% in Bristol regions.

# A majority of panellists are aware of each of a range of services that could be provided at a local pharmacy

Support when starting to take a new medicine for long term conditions such as asthma, diabetes, or hypertension has the lowest awareness levels of the given services



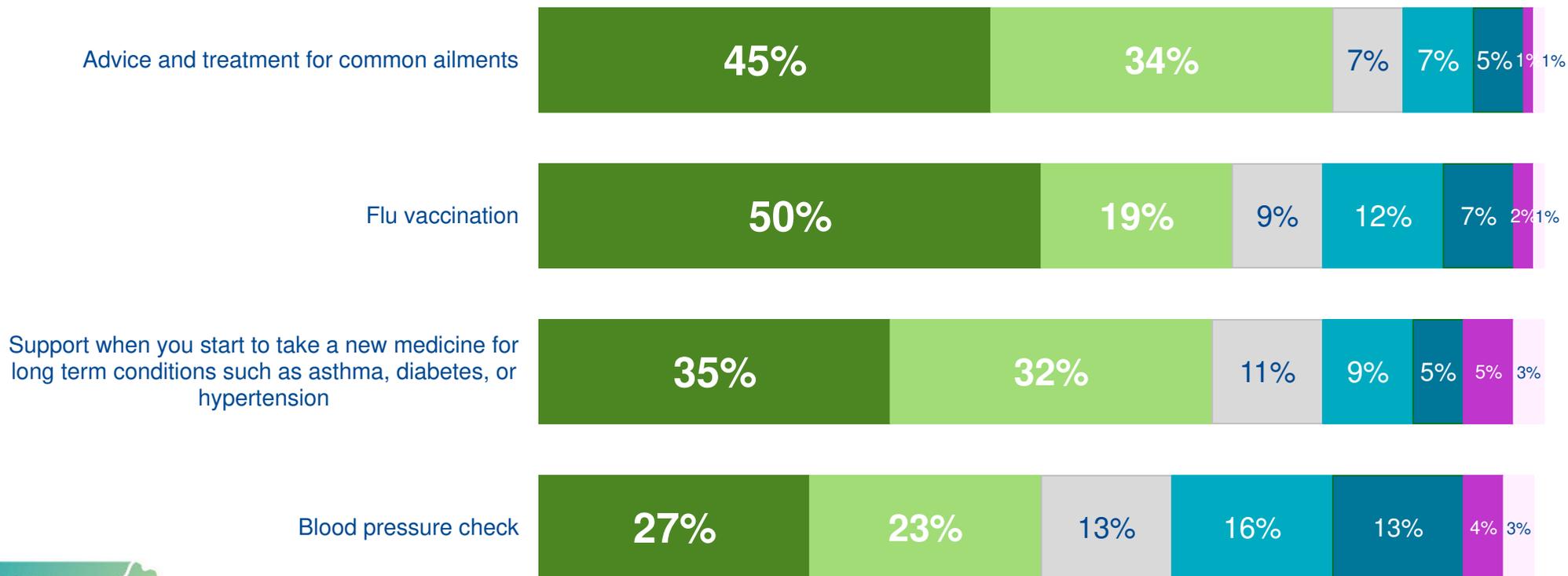
Those in **South Glos** and those in **older age groups** have **awareness of a greater number** of these potential pharmacy services than the average.

# There is considerable preparedness (in principle) to use each of a range of services that could be provided at a local pharmacy, particularly common ailment advice/ treatment (79% likely), flu vaccinations (69% likely) and support with new LTC medicines (67% likely)



50% of panellists say they would be likely to have a blood pressure check at a local pharmacy, several panellists mentioned that this is very easy for them to do themselves at home

Very likely(5) 4 3 2 Very unlikely(1) Not applicable Don't know



Those in **South Glos** and those in **the 25-44 age group** state a greater preparedness (in principle) to use these potential pharmacy services than the average.



Q17: How likely or unlikely would you be to use any of the following services if your local pharmacy provided them? Using the scale 1 – very unlikely to 5 – very likely? Base: n=474 (All those who answered this question)

# 4. Overview summary

*N.B. Statistically significant differences in sub-groups of sample size  $n = 30-49$ , for any individual question, are asterisked\* in this report.*



# Key points – ICS strategy

- By far and away the most important priority for the ICS, in the opinion of the BNSSG population (given a list of six priorities to choose from), is **“making sure the health and care system runs as efficiently as possible” (73%, say this is the first or second most important priority)**
  - The priority ranked in second place is **“focusing on treating or preventing particular health conditions that most affect people’s health and life expectancy so they don’t get worse” (57% say first or second most important).**
    - The three most important sub-priorities within this overall priority are accessing GP appointments (91% say very or quite important), early cancer diagnosis (92%) and local treatment for those with serious mental illness (84%)
  - The priority ranked in third place for the ICS, in the opinion of the BNSSG population, is **“improving support for those with multiple health conditions, especially the frail” (26% say first or second most important)**
    - The three most important sub-priorities within this overall priority being supporting people with dementia (90% say very or quite important), enabling the choice to end one’s life at home (88%) and treating the frail at home/ in the community when safe to do so (89%)
  - And the fourth ranked overall priority is **“Supporting families with children to live a healthy life day-to-day” (20% say first or second most important).**
    - The two most important sub-priorities within this overall priority are supporting both young people with, or at risk of, poor mental health (84% say very or quite important) and those who have had negative experiences in childhood (80%)
  - The fifth and sixth ranked priorities are **“Supporting other organisations and places that help people to live a healthier life day-to-day” (15% say first or second most important)** and **“Helping people of working age who need support to live or work” (10% say first or second most important)**
- Two thirds (64%) of panellists consider their first placed priority for the ICS to be a very or quite big issue for themselves. Further, three quarters (77%) say it is a very or quite big issue in the local area
  - Those **aged 65 and over** (72%) and those with **long term health conditions** (80%) are more likely than other sub groups to say these priorities are very or quite big issues for themselves.
  - Those in **Inner City & East** (87%)\*, **South Bristol** (86%) and **Worle, Weston & Villages** (92%) are more likely than other localities to say these priorities are very or quite big issues for their local areas

# Key points – Primary care

- The vast majority of panellists would first **call the dentist they are registered with** if they had a problem with their teeth (81%).
  - Those aged under 45 are less likely to be registered with a dentist than their counterparts and are therefore more likely than average to call the GP or look online for advice as a first port of call compared to other sub groups
  - Potential follow on actions, for all, would most likely be looking online for advice, calling the dental hospital or calling 111, if experiencing a problem with their teeth
- Almost one half of panellists would first **call a known opticians** (48%) if they had a problem with their eyes, followed by **calling the GP** (19%) and looking **online for advice** (11%)
  - 68% of those aged 65 and over would be likely to call a known opticians first, compared to 38% of those aged 25-44. Those aged 44 and under are more likely to call their GP (24%) or look online for advice first (16%) compared to the average
  - Most likely potential follow on actions are evenly split between calling the GP, looking online for advice, calling a known optician or calling 111, if experiencing an eye problem
- **A majority of panellists are aware** of each of a range of **services that could be provided at a local pharmacy**:
  - Advice/ treatment for common ailments (96% awareness)
  - Flu vaccinations (94%)
  - Emergency contraception (79%)
  - Support for stopping smoking (71%)
  - Blood pressure checks (70%)
  - Support when taking a new medicine for LTCs (63%)
  - There is also considerable preparedness (in principle) to use these services that could be provided at a local pharmacy, particularly common ailment advice/ treatment (79% likely), flu vaccinations (69% likely) and support with new LTC medicines (67% likely)

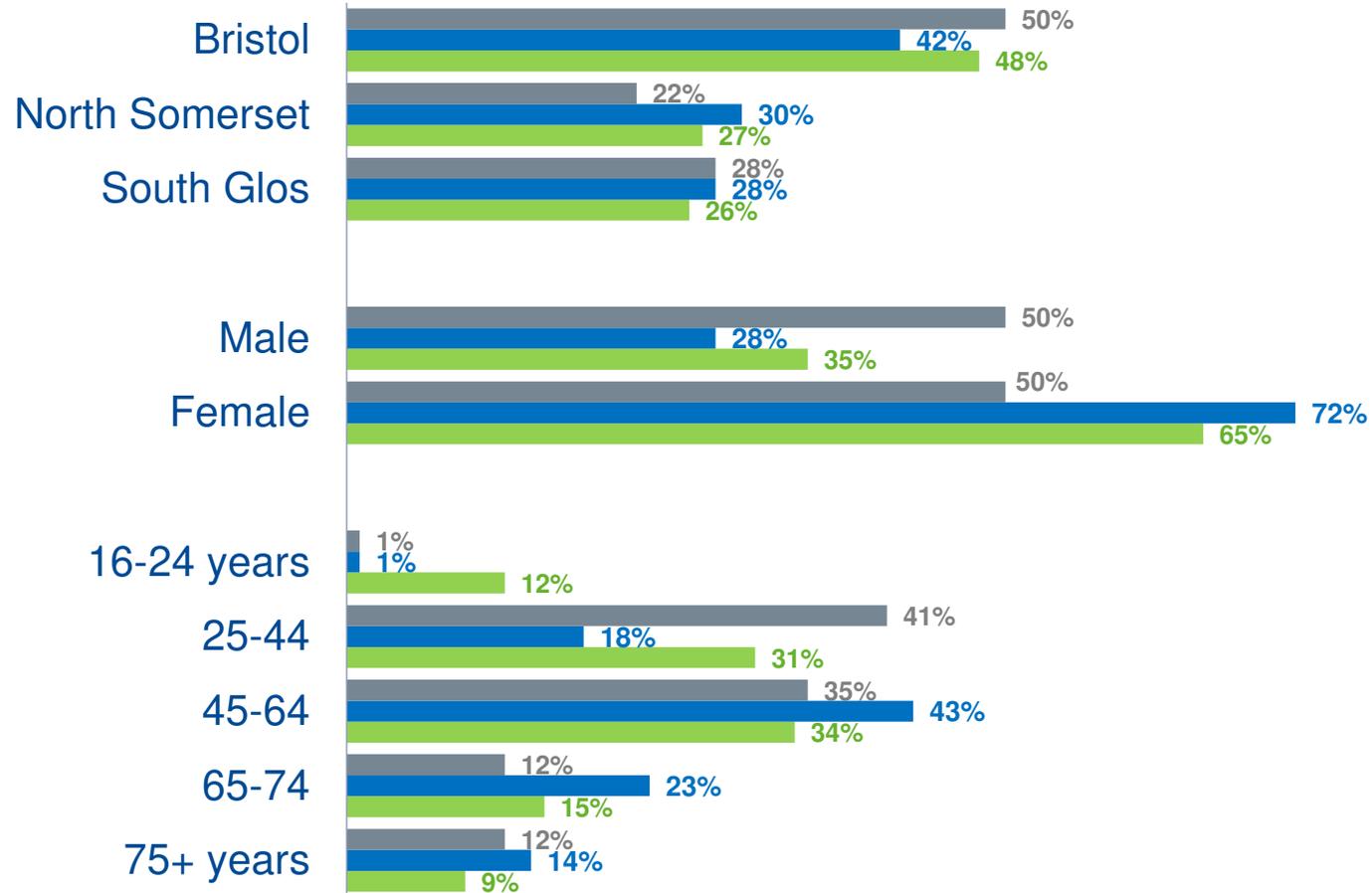
# 5. Appendices:

- Survey March 2023 sample profile
- Citizen Panel response rates over time
- Verbatim comments – reasons for choosing main priority

# We have a total of 490 responses to survey March 2023, with the data weighted to reflect the BNSSG population

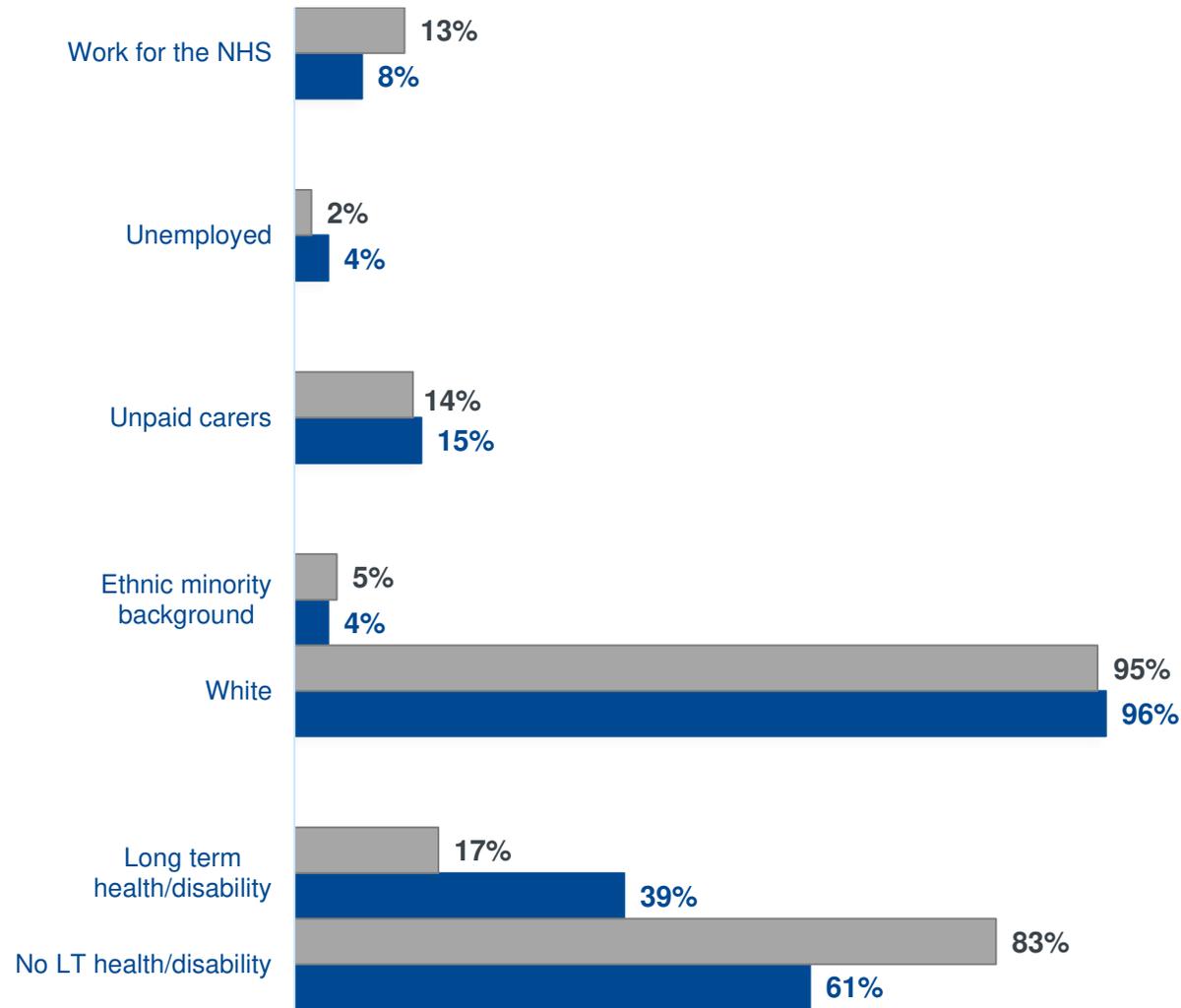
The following is a comparison of the profile of the **rim weighted survey March 2023 sample**, the **unweighted survey March 2023 sample** and the **actual whole panel profile** as at March 2023

% of survey March 2023 participants rim weighted (490) % of survey March 2023 participants unweighted (490) % of all our panellists to date (1546)



# Survey March 2023 sample profile, with the data weighted to reflect the BNSSG population

The following is a comparison of the profile of the **rim weighted survey March 2023 sample** and the **unweighted survey March 2023 sample**



% of survey March 2023 participants rim weighted (490) % of survey March 2023 participants unweighted (490)

5. Appendices		Survey (Sep '18 - Jan '19)	Survey (Feb - Apr '19)	Survey (Jun - Jul '19)	Survey (Sep - Nov '19)	Survey (Feb - Apr '20)	Survey (Apr - May '20)	Survey (Jul - Aug '20)	Survey (Nov '20 - Jan '21)	Survey (Nov '21 - Jan '22)	Survey (April - May '22)	Survey (July - Sep '22) 'Have Your Say'	Survey (Feb - Mar '23)
Total number of panellists	681	991	1034	1032	1048	1042	1042	1042	986	1239	1338	1546	
Number of survey participants	525	680	521	473	404	295	361	358	390	592	382	490	
Survey response rate	<b>77%</b>	<b>68%</b>	<b>50%</b>	<b>46%</b>	<b>39%</b>	<b>28%</b>	<b>35%</b>	<b>34%</b>	<b>41%</b>	<b>48%</b>	<b>29%</b>	<b>32%</b>	
Method/ comments	Face to face recruitment began.  Surveys also conducted online/ postal/ telephone.	Face to face recruitment continued.  Surveys also conducted online/ postal/ telephone.	Face to face recruitment continued.  Surveys also conducted online/ postal/ telephone.	Conducted online/ postal/ telephone.	Conducted online/ postal/ telephone.	Conducted online/ postal/ telephone.	Conducted online/ postal/ telephone.	Conducted online/ postal/ telephone.	Conducted online/ postal/ telephone.	Face to face recruitment refresh begins (100 new recruits and 100 inactive panellists deleted)  Surveys also conducted online/ postal/ telephone.	Face to face recruitment refresh continues (273 new recruits)  Surveys also conducted online/ postal/ telephone.	Face to face recruitment refresh (142 new recruits)  Surveys also conducted online/ postal/ telephone.	'Have Your Say' survey participants (208 new recruits) joined the panel after survey (July-Sep'22)  Conducted online/ postal/ telephone.

## Panellists were asked to explain in their own words the reason why they placed their most important priority for the ICS in first position..

**Making sure the health and care system runs as efficiently as possible**  
(58% of the sample placed this first)

Unless it runs efficiently everything else fails - but I would say that the issue is also underfunding  
*Woodspring, female, aged 65-74*

Because this is core to everything. If people can't get effective healthcare, then everything else is pointless  
*North Bristol, male, aged 25-44*

Without the NHS we'd be god knows where. Money should be constantly injected into the healthcare system  
*S Glos, female, aged 25-44*

Well, it's not currently, is it? The current chaos is ruining the NHS and a badly managed service adversely affects staff, therefore patients  
*Inner City, female, aged 45-64*

This is fundamental to a healthy, happy community and almost takes care of the other 5 potential priorities. Also, the efficiency of the system has the potential to benefit the maximum number of people, regardless of their situation. Prevention is better than cure and if we can prevent more issues than we end up treating, this has to be beneficial  
*S Glos, female, aged 45-64*

Well, you cant improve a house if the foundations are faulty  
*North Bristol, male, aged 45-64*

This is the root of everything as far as I can tell. If this works well it will be diagnosing in a timely manner, treating in a timely manner and getting people care in a timely manner  
*Inner City, female, aged 45-64*

To ensure value for money; that frontline staff are properly paid and respected; that management roles are scrutinised, assessed and unnecessary roles eliminated; that hospitals are fit for purpose, facilities are adequate and able to provide healthcare for their local communities  
*WWV, male, aged 75+*

The health system is the basis for everything health related. Patients should be able to see their doctor face to face, have their say and should not have to wait for so long to get appointments  
*WWV, female, aged 25-44, ethnic minority background*

There is a lot of waste within the healthcare system. Too many managers. Find better ways for people to access GP appointments etc.  
*S Glos, female, aged 45-64*

## Panellists were asked to explain in their own words the reason why they placed their most important priority for the ICS in first position..

Focusing on treating or preventing particular health conditions that most affect people's health and life expectancy so they don't get worse  
(21% of the sample placed this first)

All of these are equally as important, but preventing the onset of health conditions means less overall intervention required in the long term

*Inner City, female, aged 25-44, ethnic minority background*

Health issues that worsen can lead to a downward spiral requiring greater input from the health community

*North Bristol, male, aged 75+*

If these conditions are prevented or treated early they will drain the healthcare system less, plus improve peoples lives

*WWV, female, aged 25-44*

Because prevention is always better than waiting for a situation to develop

*Inner City, female, aged 45-64*

I feel preventative measures are often overlooked. I feel we need an overall response. We need to rethink health care and acknowledge we all have a responsibility for our own health

*North Bristol, female, aged 45-64*

I'm a great believer in prevention is better than cure. Translate this into healthcare and surely you're going to have less people needing the health service. Also promoting people to self care, eating healthy, a low salt intake, exercising etc

*S Glos, female, aged 45-64*

I chose this because it expresses what a health service should essentially be about

*South Bristol, male, aged 45-64*

Prevention is key to easing demand on the healthcare system, as well as to minimising the numbers of people becoming chronically unwell

*North Bristol, male, 45-64*

## Panellists were asked to explain in their own words the reason why they placed their most important priority for the ICS in first position..

### Improving the support to people living with multiple health conditions, especially those who are frail

(6% of the sample placed this first)

By supporting those who are frail we would be preventing hospital admissions for example trips and falls, eating properly, having support in the community

*S Glos, female, aged 45-64*

'Frequent flyers' can be very expensive to the health system, using inappropriate services and A&E, so its good to support them appropriately

*Woodspring, female, aged 65-74*

### Supporting other organisations and places that help people to live a healthier life day-to-day

(5% of the sample placed this first)

From what I read in the news it often seems that different organisations are not joined up very well, resulting in poor outcomes and sometimes tragedy

*Inner City, female, aged 45-64*

Because you can't do it all yourselves...

*Woodspring, male, aged 65-74*

### Supporting families with children to live a healthy life day-to-day

(7% of the sample placed this first)

A lot of families haven't got much money but you can learn to cook veg rather than chips and eat healthy

*South Bristol, female, aged 45-64*

Its an uphill battle to buy the right foods, because of rising costs, and have the time to cook from scratch when working and raising young kids... and it is so important for adults and kids physical and mental health to eat well

*Woodspring, female, aged 25-44*

### Helping people of working age who need support to live or work

(4% of the sample placed this first)

Keeping people healthy and able to work helps people financially, socially as well as contributing positively to mental and physical health. It supports families to meet financial demands and also contributes to the wider economy

*S Glos, female, aged 45-64*

People who are of working age who can work - can earn - can contribute tax - which will upkeep our NHS and other state funding. This can be a virtuous cycle

*S Glos, male, aged 25-44*

# Contact us with any questions

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