



WE NEED TO TALK

Public, Staff and Stakeholder Feedback Report

February 2025

The NHS is everyone's story.

And you can write the next chapter.

Our NHS. The next chapter.

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Introduction

As an Integrated Care System working closely with our partners, we are developing a strategic direction for the potential future design of services to meet the challenges facing our health and care system over the next two decades. We believe that, without radical action, the quality of services we deliver – and the lives people have – will become more difficult as we face a perfect storm of issues. We are clear we will need to do things differently and are prepared, when needed, to take decisions to ensure we have a health and care system that is better able to respond to the demands of the future.

Our Integrated Care System has jointly set out what we think matters as we look ahead to the future of the NHS. We are committed to ensuring people's voices are at the heart of our decision making, and that we undertake transformative and meaningful public engagement. Throughout October and November 2024, a period of socialisation of our initial thoughts took place to seek views, opinions and perspectives. At the heart of this are conversations with our communities, to hear everyone's views by involving the public and stakeholders to understand what matters most to people and see how this aligns with our ideas.

This report outlines the comprehensive set of engagement activities undertaken to test the principles of this approach and the responses we received to help inform the future design of services

Aims and objectives

Before further developing our thinking for the future design, we wanted to hear from our communities. Over a period of four weeks, we set out to hear from people as part of our **We Need to Talk** campaign of public engagement.

The aim of this work was to ask the people who live in Humber and North Yorkshire and experience our health and care services, what matters to them and how people can be supported to live healthier lives. We also set out to listen to colleagues across the local health and care system, Integrated Care Board (ICB) staff and other key stakeholders working in our system to understand their perspective on the challenges faced.

The aims and objectives were:

- To foster open and honest conversations with people about the challenges facing the NHS
- To gain a greater understanding of what matters most to people
- To explore ideas about how the NHS could adapt to meet the challenges of today and the demands for the future

- To ensure the public voice is heard in helping write the next chapter of the NHS
- To ensure we hear the voices of the seldom heard in our communities through face-to-face conversations

Engagement approach

In October 2024, the background to our **We Need to Talk** engagement was set out in the ‘**Our NHS. The next chapter**’ case for change document and short video. This provided our population with an introduction to the challenges faced and the reasons why we feel change is needed. It outlined how to get involved and share views. The **We Need to Talk** engagement offered a variety of ways for people to get involved including:

- An online survey – see Appendix 1 for questionnaire
- A shorter version survey – see 3,345Appendix 2
- Paper copies of both surveys that could be returned by post
- Being involved in a community discussion group
- Speaking with us at an outreach event
- Sharing views in response to social media posts

A list of all the targeted discussion groups and outreach events can be found in Appendix 5 and 6.

Our engagement was launched with a press release, letters to system partners and key stakeholders, via staff and through social media channels on **Monday 14th October 2024**, and closed on Monday 11th November 2024. The survey and case for change document was also sent to all 2,000+ members of Community Voices (the ICB membership scheme).

We held virtual meetings with staff and key stakeholders to gather their views and insight. In addition, the ICB’s Patient Engagement Network had an entire focus on this subject with attendees empowered to get involved during the online session.

In total we engaged with 4,791 people. The data we have collected has come from a wide variety of different engagement opportunities including:

- Main survey – 3,345 responses
- Shorter version survey – 84 responses
- Targeted discussion groups – 487 responses
- Outreach events – 538 responses
- ICB staff – 140 responses
- Stakeholders – 82 responses
- Patient Engagement Network – 37 responses
- LinkedIn poll – 78 responses

This report sets out the full results, however, there are clear and common priorities that have emerged across all the different methods and these are also highlighted throughout.

Executive summary

We Need to Talk

What's the next chapter of our NHS?



Mandate for Change: 97% of people agree the NHS needs to change, **70%** think some services should be stopped or delivered differently

Without further investment in the NHS, people want us to prioritise: Primary Care, Emergency Care and Mental Health Care

Priority 1

Access to Services

People in HNY want us to address:

- The long waiting times to receive the advice, care or treatment they need
- The ability to get the care they need to look after their general health and wellbeing

Priority 2

Person Centred Approach

People in HNY want us to address:

- Improved communication, coordination and integration of NHS services
- Care being centered around a person's needs, and that they are listened to

Priority 3

Staff and Workforce

People in HNY want us to address:

- NHS services being understaffed
- Having enough staff with the right skills and experience



Hospital to Community

The vast majority of people want easy access to general health services in a coordinated way, as close to home as possible or digitally. Over half of respondents expect to have access to urgent care within a short journey. People want to see a better use of community assets and resources, including VCSE.



Analogue to Digital

People are 5 times more likely to always use digital methods for online banking than for health but the vast majority are willing to use it. People currently find some digital health services difficult to use or inconsistent. People want the NHS to use integrated digital systems and products to ensure better coordination, communication and efficiency.



Sickness to Prevention

When asked about what else the NHS should consider, 16% of people (unprompted), told us that prevention needs to be an area of focus for the future of the NHS. People suggested how the NHS and wider health and care system, should increase its health improvement and prevention activities – including those related to the wider determinants of health.

In this executive summary we describe the headline findings from the main survey whilst highlighting any differences for particular groups where relevant. There was broad consensus across all engagement to the principles outlined in the Case for Change. Furthermore, the priorities identified, and key themes are consistent with our ICB strategy.

The need for change

Across all our engagement opportunities, there was **an overwhelming majority of people who told us that the NHS does need to change**. There were 98% of main survey and shorter survey respondents who think that the NHS needs to undergo change, with strong support reflected across our geography and the various demographic groups we had contact with. This support was echoed by staff and system partners.

Our conversations in the community revealed that **people still care passionately about the NHS and want it to improve**. There was a strong feeling that the care provided is good, but that it is the things that support the provision of care that could be improved.

There was a sense that some of the **key issues have been known for a long time** and little improvement has been made. People expressed frustration that the challenges of the pandemic are long gone, and they expect some positive change to be taking place by now.

What should we prioritise?

The **clear priorities are the universal services** offered within emergency care and primary care (including dental and pharmacy services).

There is some variation across different groups. People who are younger, marginalised, or from health compromised populations ranked **mental health** and care for **long term health conditions** higher. For services which are accessed at specific points during the life-course such as maternity and end of life care, priority is dependent upon age group.

Our NHS workforce prioritise the **recruitment, retention, and training of staff; improving efficiency; and embracing the opportunities of digital transformation**.

Issues to address

Respondents told us they would like to see action being taken to **address access to services** including **long waiting times** to receive advice, care or treatment. Over a third said they need to have easy access to good quality health and care. They talked about problems with **getting to** an appointment (whether that be transport or parking); difficulty **making an appointment**; and having to travel to access services that are a long way from home. NHS staff told us how we could change the way we

deliver services for the population, with suggestions around the **use of digital services**, with people suggesting there should be good access for both digital and non-digital methods.

People also told us about a range of **workforce issues** which they feel need to be considered, including how the health and care system can **retain more of its existing workforce, and recruit staff to new vacancies**. There was feedback about the lack of continuity of care and of low morale affecting care provided.

There was feedback about **funding and the allocation of resources**. Almost a fifth of open comments related to the structure of the NHS. There was a feeling that the NHS is 'top-heavy' with managers and back-office functions, and from some people **a call to reduce bureaucracy within the NHS and address inefficiencies**. Our patient network felt there needs to be a shift in funding away from management over to frontline service provision.

Some participants emphasised the need to address long standing issues regarding **communication between providers** and called for better collaboration and integration between services. They want a person-centred approach where they feel listened to and empowered to be involved in their care. They told us that IT systems should be integrated to ensure better communication and efficiency across health and care.

People told us that the NHS needs to make a change in how it deals with conditions which could be viewed as preventable. There was support overall for **preventative care** and for providing advice and education to help people self-care and live a healthier life. It was suggested that better use of resources and information could help people manage their health better.

Being unable to afford transportation to an appointment was regarded as either the least or second least important issue to address by all six geographical areas and by almost all the demographic groups.

What is most important to people about their care?

Across all engagement methods, clear priorities emerge regarding receiving care. The top priorities were **being able to get the care they need to look after their general health and wellbeing; care being centred around their needs and that they're listened to**. People also wanted to see **that there are enough staff**, who have the right skills and experience.

Respondents with a learning disability placed a higher emphasis on receiving person-centred care and being listened to, whilst LGBTQ+ respondents placed a higher emphasis on inclusivity and equality.

94.4% of main survey respondents **ranked access to general health care as their top priority**.

What could we stop doing?

Over a quarter (30%) of respondents told us that there should be no reduction in the services the local NHS delivers. The remaining 70% thought some services could be stopped or delivered in a different way.

Where they did suggest things that could be stopped, 34% of comments referred to planned care; however, this was related to specific **services which people perceived were related to personal choice rather than clinical need**, such as gender affirming care, cosmetic procedures, and fertility/IVF.

There was a strong feeling that **the NHS needs to make a change in how it deals with conditions which could be viewed as preventable**, and which may be influenced by a person's lifestyle choices including diet, smoking, and alcohol consumption.

Some suggestions were related to primary care services – particularly those based within pharmacy settings. Some called for pharmacy services to be enhanced; however, the majority were identifying areas where they felt that services could be either reduced or stopped entirely – in particular, **the qualifying criteria for free prescriptions and the prescribing of 'over the counter' medication**, which people identified as potential cost savings.

How far will people travel for care?

The data shows that people expect to have routine healthcare services, such as **primary care and pharmacies**, either available digitally or within a short journey. They are **prepared to travel for a longer time to access pre-arranged hospital appointments and specialist or complex treatment** for conditions such as cancer.

In most cases, respondents told us that they would not expect to travel more than an hour, or out of area, to receive most treatment. The exception to this rule is specialist care, such as cancer treatment, where almost a quarter said that they would expect to travel more than an hour.

The application of digital technology in health and care

When looking into how people use digital technology as part of their daily lives, we found that respondents to our survey were much **more likely to use technology for other areas of their lives, than they are for managing their health needs**. For example, more than twice as many people said that they either 'always' or 'often' use online banking, compared the number of people who said they use health management solutions such as the NHS App or video appointments.

We found that there is **good appetite from many people to use digital technology for healthcare** purposes, with particularly strong interest around ordering medications online, telephone appointments (for receiving test results, etc.) and the NHS App. Respondents often said that they would be willing to use other items such

as wearable technology and home monitoring kits if they had access to the right equipment.

People told us about perceived barriers to expanding the use of digital. Almost a quarter of comments on this expressed **a very clear preference to have face-to-face interactions** with concerns about the accuracy of diagnosis remotely and a lack of trust or confidence in digital. Concerns were raised about the risks of digital exclusion for groups who may not have access to digital technologies (85% of comments on this topic) or the knowledge and skills to confidently use them.

What could we do to help people live healthier lives?

Over a third of comments came from people who said that they need to have access to good quality healthcare services. They told us that these services, whether that be general practice, dental, or more specialist services, **need to be easy to access and with waiting lists which are not leaving them waiting for several months** for treatment.

Wider societal issues such as having a decent home, a caring society, and access to community fitness facilities such as leisure centres, were also important in helping people to manage their own health and wellbeing.

Over half of the people who answered this question, told us that they're **already taking action** to improve their physical and mental health, through a variety of measures including stopping smoking, losing weight, and accessing mental health support. **Most commonly, people said that they're improving their health by living an active lifestyle and taking part in exercise.** Many people are aware of the benefits of healthy eating, and some are pursuing this by reducing alcohol intake and the consumption of processed foods.

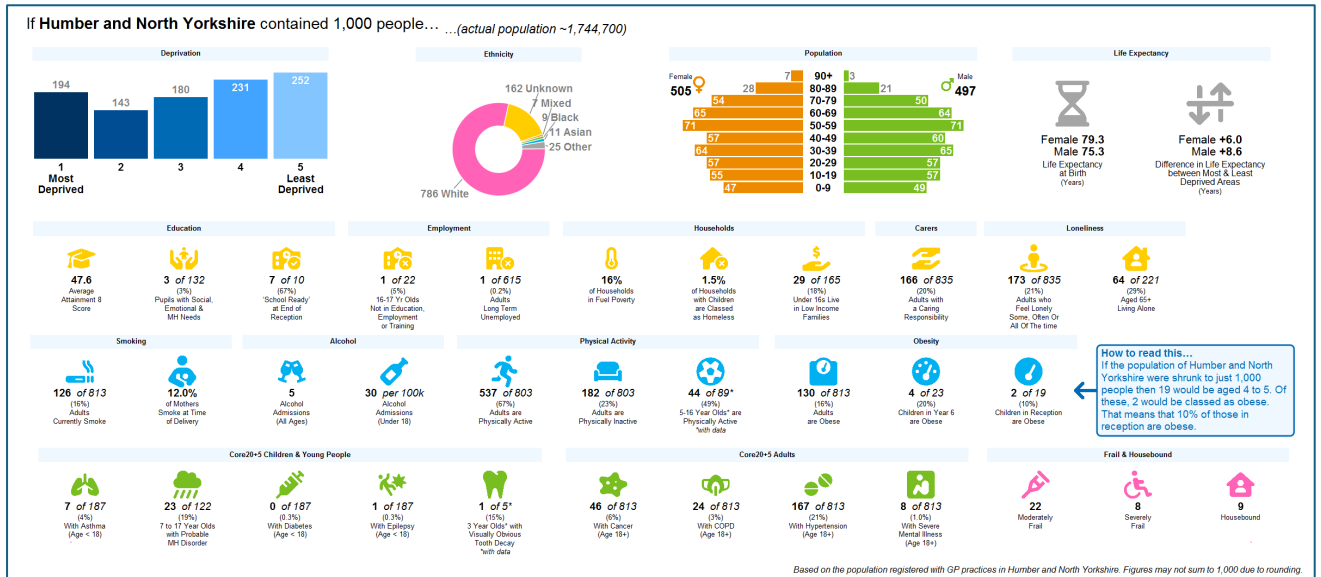
The top three barriers people told us they face were: **motivation and willpower 43.6% (1,132), time constraints 38.9% (1,010), and habitual behaviours 29.3% (760)**

Respondents also told us of additional barriers including **having an existing medical condition** which limits the actions they can undertake and poor access to medical services meaning that they are **needing to wait a long time for treatment or diagnosis.** We also heard how people are often balancing multiple time commitments, such as caring for young children or a relative with a medical condition, which means that their own wellbeing comes further down the list of priorities.

Some of the groups we visited talked to us about the importance of **community and voluntary sector activities** like walking, gardening, and group participation in supporting physical and mental health. A focus on **preventive care** through early intervention and education was also raised.

What do we know about our population?

The following illustrates some information about Humber and North Yorkshire as a whole, presenting data as it might apply if there was a population of 1,000 people. This provides a snapshot view which gives a sense of some of the demographics and health challenges faced across our population.



How the data is analysed

Both the main and shorter surveys had a mix of ranking, qualitative and quantitative questions to ensure we had richer data and insight available at the end of the exercise. The shorter survey was designed to collect similar data to that in the main survey whilst being easier to complete. To help us better understand the impact on our different communities, the Data Pack accompanying the main survey provides detailed reports which split the responses to each question by each geographic and demographic response. The findings from each question are set out in the next chapters.

It should be noted that, for some questions, many people choosing 'other' went on to state an answer which was available in the original options provided. For instance, 40 people in the main survey selected "other" for the gender identity question and subsequently identified themselves as female. To preserve the integrity of the responses provided, the data and records have not been altered.

Consequently, the tabular data within the data pack reports on the actual responses provided and, by default, may not offer a comprehensive and representative sample of all cohorts. While their responses are included in the overall data analysis, they are not represented within the female cohort data tables in the data pack. All 'other' responses have been coded with the themes displayed in tables under the relevant demographic questions within this report. .

The percentage of people who respond to a survey is called the response rate. High survey response rates help to ensure that survey results are representative of the target population. A survey must have a good response rate in order to produce accurate, useful results and, clearly, the aim is to have the largest number of people possible to respond.

Research shows there are many statistical calculations available to help determine what a good response rate might look like. Raosoft's sample size calculator is a method of working out how strong your response rate actually is.

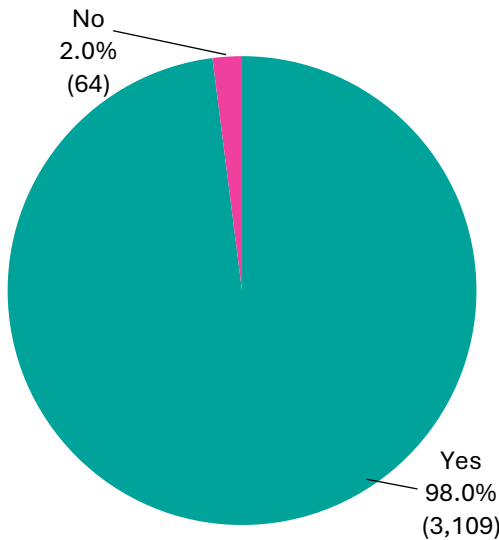
The calculation for the We Need to Talk public involvement project, based on a Humber and North Yorkshire population size of 1.7 million, gives an ideal response rate of **385**. We received **3,429** responses in a 4-week engagement window – almost ten times the ideal response rate.

There were **3,345** responses to the main survey, and **84** responses for the shorter version. The analysis that follows explains which data source it relates to.

Main survey questionnaire findings

Question 1 – Knowing what you now know, do you agree the NHS needs to change?

Answered: 3,173 Skipped: 172



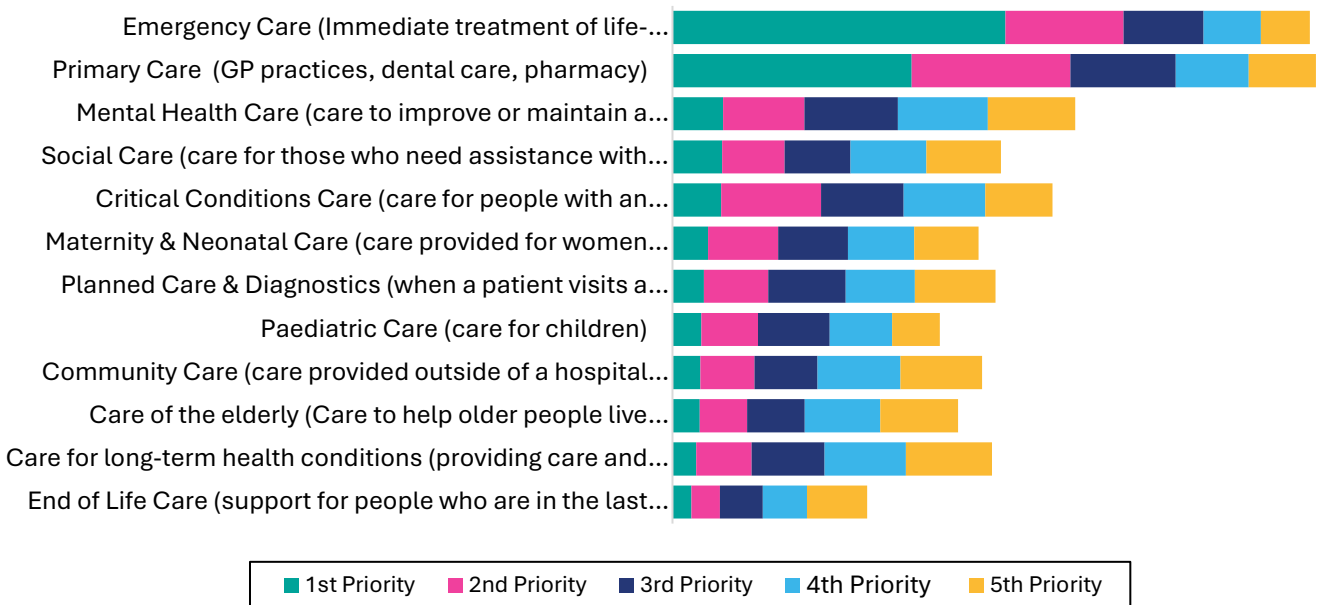
98% (3,109 individuals), agree that the NHS needs to undergo change. This sentiment was consistently reflected across **all six geographical areas** within the HNY ICB, as well as across **diverse demographic groups**, with agreement rates ranging from 96% to 100%. *(Detailed in the table below.)*

Among respondents who identified as **NHS staff, 99.5% (540) agreed that change is necessary**. Similarly, **96.9% (31)** of responses from **System Partners supported the need for change** within the NHS.

Please refer to **page 4** of the data pack for a detailed demographic and geographic data breakdown.

Question 2 – If the NHS receives no more investment, what do you think should be prioritised? Please select your top five priorities in order of importance to you.

Answered: 3,135 Skipped: 208



	1 st Priority	2 nd Priority	3 rd Priority	4 th Priority	5 th Priority	Response Total
Emergency Care	1,130	401	271	194	167	14.5% (2,163)
Primary Care	811	539	357	247	228	14.6% (2,182)
Mental Health Care	172	276	317	306	296	9.2% (1,367)
Social Care	168	212	225	257	253	7.5% (1,115)
Critical Conditions Care	165	339	280	277	229	8.6% (1,290)
Maternity & Neonatal Care	122	237	237	225	218	7.0% (1,039)
Planned Care & Diagnostics	107	218	262	235	274	7.3% (1,096)
Paediatric Care	98	192	243	212	162	6.1% (907)
Community Care	95	183	214	281	277	7.0% (1,050)
Care of the Elderly	93	161	196	256	264	6.5% (970)
Care for Long-Term Health Conditions	81	187	249	276	292	7.3% (1,085)
End of Life Care	64	97	145	151	204	4.4% (661)
Grand Response Total						14,925

When using the overall **response total**, the top 5 services respondents identified as priorities were:

- 1. Primary care 14.6% (2,182)**
- 2. Emergency care 14.5% (2,163)**
- 3. Mental health care 9.2% (1,367)**
- 4. Critical care conditions 8.6% (1,290)**
- 5. Planned care and diagnostics 7.3% (1,096)**

However, when considering the data from a priorities perspective, although emergency care received a smaller overall response total (2,163) than primary care (2,182), almost **three quarters** of respondents (**70.8%, 1,531**) selected **emergency care as their first or second priority**, suggesting that it is seen as more important to more people than any other service.

More than 70% of respondents who identified as **LGBT+ (77.8%, 7)** or **living with a mental health condition (72.9%, 97)** prioritised **mental health care** above all other services. **More than half** of respondents **aged 0-24years (56.9%, 62)** and those with a **learning disability (55.6%, 30)** prioritised mental health services as their **second biggest priority**. Males and respondents aged 75-85+ rated mental health care as a lower priority, placing it 8th or 9th.

“I don’t think mental health services got a fair share of the budget. If more money was spent on mental health, it would save money elsewhere – for example, in A&E. They see the sharp end of people’s struggles. With a mentally healthier society, there would be fewer people turning up to A&E.”

-Heard in a mental health discussion group

Maternity and neonatal care is more important to respondents **aged 0-24 years (46.8%, 51)** and **BAME respondents (45.1%, 37)**, but it is a lower priority overall.

End-of-life care is the **least prioritised** service overall, with **4.4% (661)** of the overall response total. This sentiment is mirrored across all demographic and geographic groups.

Please refer to **page 6** of the data pack for a detailed demographic and geographic data breakdown.

Question 3 – In your opinion, are there any services currently provided by the NHS that shouldn’t be provided in the future?

Answered: 1,601 Skipped: 1,74

After identifying the services which they felt the NHS should be prioritising, respondents were given the opportunity to share their thoughts on what shouldn’t be provided in the future. This was an open question, with respondents writing their responses, rather than selecting from a pre-populated list; as such, the analysis process has involved coding each response to identify key themes across the data. Although this question asked for suggestions about what services should be stopped in the future, some individuals took the opportunity to identify services they felt should continue to be delivered, or which could be enhanced, in the future.

30% of comments (483) came from individuals who felt that the **NHS in Humber & North Yorkshire should not be considering any reduction in the services** it offers. Often, people told us that they valued all services equally, and that they should all continue to be offered in the future. In some cases, people acknowledged that everyone has different priorities based on their own circumstances, and that by cutting or making changes to one or more services, it has a knock-on effect across the wider system.

“All services should be provided, from the cradle to the grave. A much more holistic approach should be implemented. Also alternative therapies, and preventative measures.”

“I think all services regarding our physical and mental health should be provided by the NHS”

"I feel all the above are important as the person going through different aspects or situations for them it is important. It feels unfair to exactly say what is more important. Every aspect mentioned above is a priority"

"The question is how to change and the main 2 issues are efficiency within the NHS and the contract with the general public. This contract needs to be an overall government led discussion about diet, exercise, not missing appointments, alcohol and other stimulants, better regulation of the food industry, housing which includes cooking and food storage facilities, public education etc....I am not aware of any service which shouldn't be provided in total in the future"

By the far the most referenced area of healthcare that respondents felt shouldn't be offered in the future, was **planned care** (34.3% / 550 comments); however, it is important to note that these comments did not relate to all areas of planned care, with key procedures such as hip & knee replacements, not appearing in the feedback.

Comments related to areas of planned care which respondents felt were more of a personal or individual choice, rather than due to a medical need. The most common areas of planned care to be raised were gender affirming care (17.5% of total comments / 281) and cosmetic procedures (13.1% of total comments / 210).

Many of the comments about cosmetic surgery were relating to procedures where patients have chosen to address a particular area(s) of their body, rather than there being a clinically assessed need for the procedure.

"the NHS was set up to provide health care for serious illnesses - not for cosmetic, and other services that are self-inflicted etc"

Some respondents did specifically state in their feedback, that they felt it was important to continue offering cosmetic procedures to patients who have a clinical need because of treatment for another condition such as cancer, or due to injuries – including burns.

"Cosmetic surgery except where clinically indicated, for example, a birth defect, or following injury etc."

"There should be no cosmetic surgery of any sort unless life threatening. This does not include plastic surgery from burns etc."

Fertility and IVF services was a common area of planned care which people suggested could be stopped or reduced – 190 comments (11.8% of total comments)

referenced this. Some of the comments about fertility services, suggested that they should be provided or funded in different ways – for example, by providing one round of IVF funded by the NHS or by making it a service which patients pay for in full.

9.4% (151 individual comments) related to how the NHS could deal with **preventable conditions** and those which can be influenced by lifestyle choices; in particular, conditions which are related to diet, alcohol consumption, and smoking (89 comments / 5.5% of total comments.)

“preventable health conditions that should be treated by self care e.g. obesity, exercise, social prescribing, ear wax removal”

“Too much resources dedicated to long term health conditions caused by smoking, alcohol and obesity. More prevention, less cure.”

Some respondents also suggested that the NHS should reduce the work it undertakes around prevention and health improvement (36 comments / 2.2% of total comments) – in some cases, these comments referenced the potential to reduce public health initiatives such as screening services (such as cancer), stop smoking, and vaccinations.

“With lack of funds, stop opting everyone into preventative measures and just deal with those who are seeking help. Stop sending unsolicited stuff like the bowel cancer tests through the post. How much money is being wasted on this one thing alone? How much money is being wasted on other unsolicited stuff.”

It should, however, be noted that a similar number of people (38 / 2.3% of total comments) said that there should in fact be an increase in the amount of prevention and public health related activities, to help people make more informed choices about their health and lifestyles. Some people identified that by increasing the spending on preventative and educational measures, there could be a positive impact in reducing the number of people who needed to access intervention services in the future.

“I would like to see the NHS, or linked separate body, play a much larger role in education, preventing disease and promoting good health care and management, work to get people healthier and prevent illness rather than waiting until it occurred to treat illness.”

“No - but by doing more of the proactive stuff and preventing poor health in the first place, it should mean we don't need to do so much of the reactive stuff.”

Just over 8% of comments related to **primary care services** – particularly those based within pharmacy settings (87 / 5.4% of total comments.) A small number of these called for pharmacy services to be enhanced; however, the majority were

identifying areas where they felt that services could be either reduced or stopped entirely.

Where individuals commented that pharmacy services should be stopped or reduced, it tended to be around two particular themes: stopping the use of prescriptions for medication and products, such as paracetamol, which are freely available 'over the counter' (2% of total comments / 32), and changing the qualifying criteria for free prescriptions (1.7% / 28).

"Many medicines that are prescribed but could be bought over the counter at pharmacies."

Comments regarding the free prescriptions criteria, included charging a nominal fee for all products, means testing free prescriptions, and limiting what people can get for free to just products related to their specific condition.

"The level of free prescriptions it's 60 now and should be older and people with a long term condition get some free for things that are not even related to their health condition"

Just over 6% (103) of the feedback received in response to this question, referenced **access to services**. Although smaller in numbers, these comments tended to relate to some of the most common issues patients and service providers experience, including people accessing the wrong service, the need to deal more proactively with patients who persistently fail to attend appointments, and addressing the issue of bed blocking within our hospitals. Where people raised the issue of others using the wrong service, there was often an acknowledgement that this was due to individuals not being able to get an appointment promptly with a GP or other primary care clinician.

"I think there should be a bolder approach to turning people away from/redirecting people who are in the wrong place e.g. A&E"

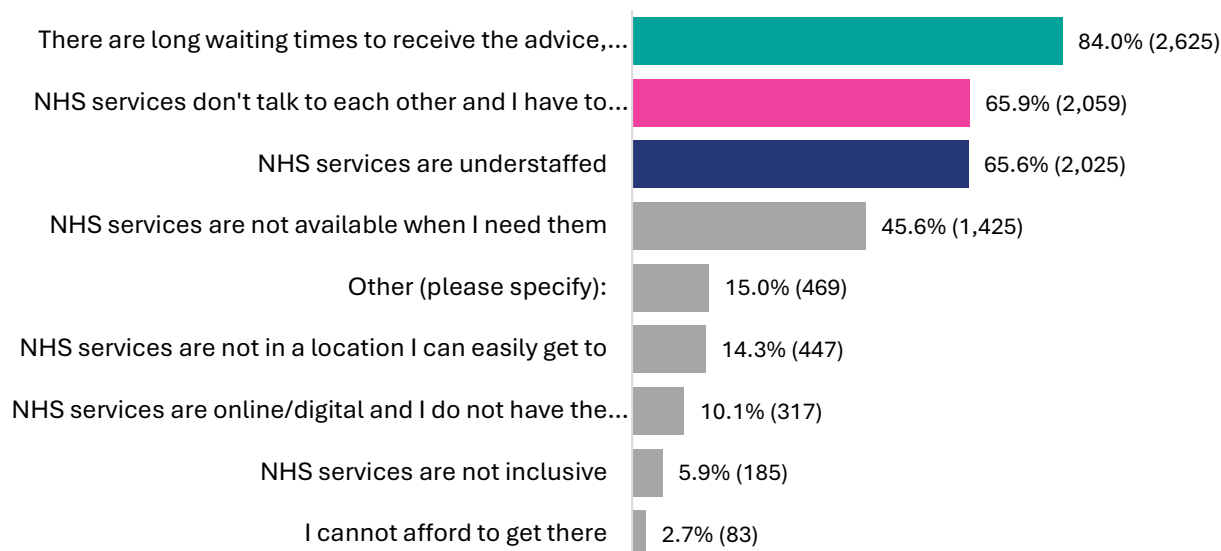
"Releasing hospital beds blocked by people who no longer need intense medical treatment but are not able to self care."

On a similar theme, 5.5% of total comments related to the level of access that tourists and people who have moved to the UK from abroad, should have to the healthcare system. These comments tended to suggest that people who have come to the UK on holiday or have migrated here, should need to have health insurance which the NHS can then claim back the cost of treatment against, or pay for their care themselves.

“We should also be more like hospitals abroad if you are a visitor to the UK you have to pay for any treatment up front or your insurance has to agree to pay prior to treatment.”

Question 4 – Of all the problems we know many of you face on a day-to-day basis, which are the top three you would like us to prioritise solving?

Answered: 3,124 Skipped: 221



Overall, the three biggest problems that respondents would like us to prioritise solving are:

- 1. There are long waiting times to receive the advice, care or treatment I need – 84.0% (2,625)**
- 2. NHS services don't talk to each other, and I have to tell my story over and over again – 65.9% (2,059)**
- 3. NHS services are understaffed – 65.6% (2,025)**

This sentiment is consistently reflected across **all six geographical areas** within HNY ICB. In each region, more than three-quarters of respondents (**77.4% - 89.2%**) identified **long waiting times** as the primary issue to address.

Nine out of ten demographic groups (90%) also identified **long waiting times** as the main issue to address, except respondents with **learning disabilities**, who cited **understaffed services** as their primary concern.

This alignment in feedback extends to **staff and system partners**, who also consistently identified **long waiting times** as the top issue to be solved.

In contrast, the **inability to afford transportation** to an appointment was regarded as either the **least or second least important** issue to address by **all six**

geographical areas within the HNY ICB, and by **90% (9 out of 10) of demographic groups**. Notably, the only exception to this trend were **LGBTQ+** respondents, who ranked it as the sixth most important concern.

Please refer to **page 8** of the data pack for a detailed demographic and geographic data breakdown.

649 respondents selected **'other'**. Their comments have been coded by theme and summarised in Appendix 4

The main problems respondents would like to see addressed included:

- **Communication and co-ordination** (78 comments, 16.6% of the total comments).

This theme focused predominantly on two main areas: and a need for a more integrated and patient-centred approach to delivering services (12.1%) and a lack of communication between different departments & services within the NHS (8.1%) when patients are accessing multiple services.

“Patients end up fighting with services as care is not joined up, this is stressful for patients and their families. especially if patients don't know what the NHS should provide these people get suboptimal service. Provision should be seamless, and it is not.”

“It's like being on the telephone waiting desperately for some football tickets or concert tickets and actually not having any idea where you are in the queue. I'm desperate to get the tickets but I have no idea whether I have a chance of getting them or not. But when it comes to my health, like in this case, multiply that anxiety by 10.

- Heard whilst talking to a patient in the community

- **Staffing and workforce issues** (78 comments, 16.6% of total comments).

This theme cut across several issues, which have been raised in other areas of this engagement and previous pieces of insight activity: 5.1% (24) said that there needs to be better training and support for NHS staff. 4.9% (23) said that there is a lack in continuity of care. 4.2% (20) said that they have concerns about the quality of new healthcare staff; and 3.6% (17) said that there needs to be more GPs and nursing staff.

When individuals identified a need to recruit more clinical staff, this often went hand in hand with concerns about how many people the NHS has working in non-patient facing, management roles.

“Far too many managers and bureaucracy as opposed to staff on the ground”

“As clinicians expand their roles, I am concerned that they do not have the level of experience and knowledge based to safely perform those roles. There’s a careless attitude from many staff.”

“I want to be able to see the same GP, even if I have to wait a week or two”

- **Accessing appointments with their GP and other healthcare services.** 77 comments/16.4% of respondents would like to see the NHS address problems with accessing appointments with their GP and other healthcare services. The most raised issue with access, was that patients have a preference for a face-to-face consultation, rather than through some of the more remote options now being used more often: 7.4% of total comments / 35, referred to this. This is something which has been raised as an issue by respondents to other ICB insight projects, including NHS75.

Although less common, respondents also raised concerns about long waiting times for appointments, difficulty contacting services on the phone, and wanting to see more appointments made available outside of office hours for people who work or rely on someone else, who works, to get them to an appointment.

“NHS services that are online make me feel like my issue hasn’t been properly seen.”

“We have gone from GPs visiting you at home, to online submissions and silence. What an unacceptable and upsetting decline”

“GP face to face appointments are none existent for some. People are ignoring this and are simply attending hospital instead.”

- **Funding and the allocation of resources** (77 comments, 16.4%)
Comments primarily centred around two specific themes. Firstly, there were suggestions for the NHS to reduce bureaucracy and management costs (33 / 7% of total comments). Concerns were raised regarding the current structure of the NHS, which was perceived to have an excessive number of non-clinical roles, with people telling us to prioritise positions that provide direct patient care.

Secondly, individuals identified inefficient use of resources (27 / 5.7% of total comments), including the duplication of forms, the effects of NHS reorganisations, and procurement processes.

“NHS is fixated by statistics. Too much is spent on administrivia.”

“Too much red tape at management level”

Question 5 – When thinking about NHS services, what is most important to you and your family? Please rank the following statements in order of importance 1-9 (with 1 being the most important and 9 being the least important)

Answered: 2,943 Skipped: 402

Respondents were asked to rank nine decision statements in **order of importance to them** with 1 being the most important and 9 being the least important.

Weighting metrics were applied to each answer choice in descending order, so a first-choice selection (most important) received a score of 9 and the last-choice selection (least important) received a score 1.



Overall, respondents told us that the top three most important things to them when thinking about NHS services were:

- 1. I can get the care I need to look after my general health and wellbeing**
- 2. My care is centred around my needs, and I am listened to**
- 3. There are enough staff with the right skills and experience.**

The charts on next three pages stratifies the data geographically and demographically, presenting the **top three selections** for each cohort.

Comparative data sets – Geographic Split

North Yorkshire



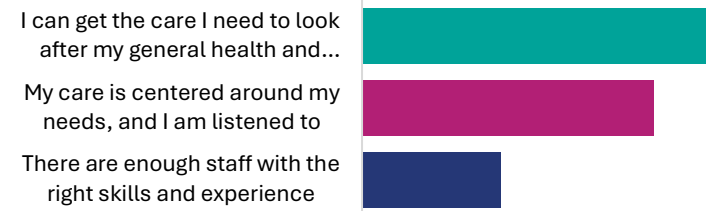
East Riding of Yorkshire



York



North East Lincolnshire



Hull

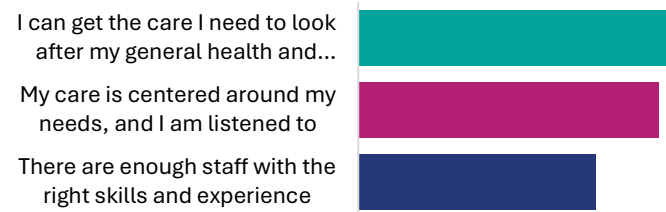


North Lincolnshire



Comparative data sets – Demographic Split

Young People (0-24 years)



LGBT+



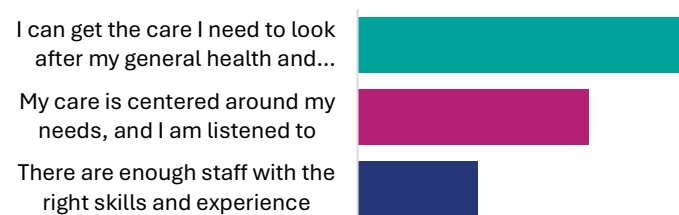
Older People (75-85+ years)



Disability



BAME



Learning Disability

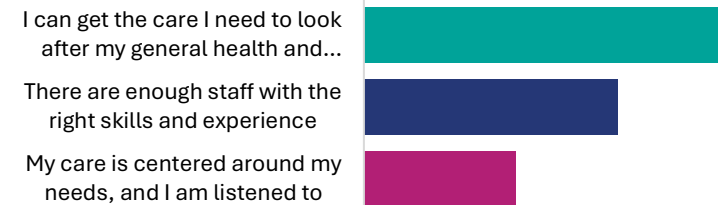


Comparative data sets – Demographic Split (Continued)

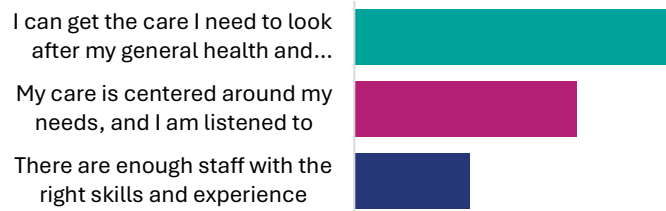
Long-Term Health Condition



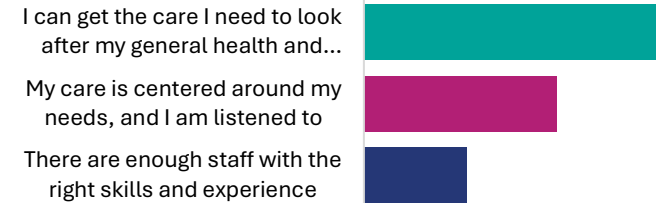
Staff



Mental Health



System Partners



Across all data sets (overall, geographic, and demographic) a clear trend emerges, highlighting the top three priorities when accessing NHS services:

1. **I can get the care I need to look after my general health and wellbeing**
2. **My care is centred around my needs, and I am listened to**
3. **There are enough staff with the right skills and experience.**

94.4% of respondent groups, or 17 out of 18 cohorts, ranked access to general health care as their top priority. Only people with a learning disability ranked it second.

Regional variations show that **North East Lincolnshire** and **North Lincolnshire** consider **personalised care** and **being listened to** as a high priority, ranking it as the **second most important** factor.

Respondents from **York** place more importance on **accessing specialist services** when needed, **ranking it fourth**.

North East Lincolnshire places higher value on **being able to get there** compared to other regions, **ranking it sixth**.

Services are good value for money is consistently ranked last (9th) across all regions.

Demographically, respondents with **learning disabilities** identified **patient-centred care and being listened to** as the most important. They were also the only demographic or geographic group to rank this in first place.

Respondents from **LGBT+ communities** prioritised **inclusivity and equity** highly, **ranking it 4th**, possibly reflecting their concerns about systemic barriers. Conversely, **older individuals aged 75-85+** and **male** respondents ranked this statement 8th.

Staff and **system partners** shared many of the public's priorities, especially regarding **staffing** and **being listened to**.

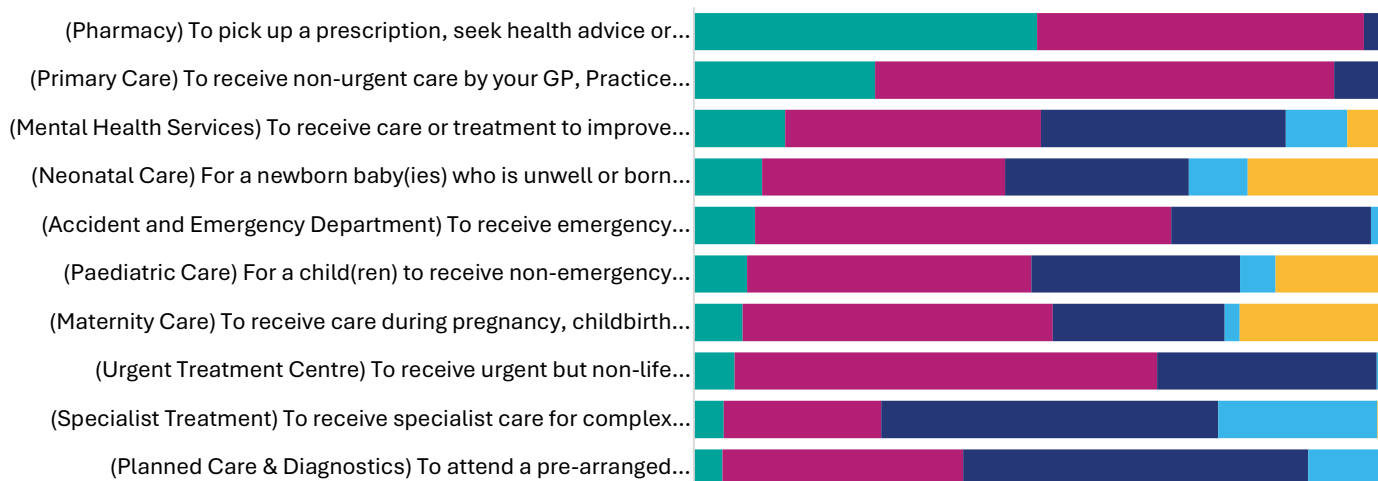
Please refer to **page 11** of the data pack for a detailed demographic and geographic data breakdown

“They latch onto a symptom and treat that – and when you’re a woman it’s only certain symptoms like your weight or menopause stuff they seem to hear. They don’t look at the whole body, your history or other things that are going on”

- Heard in a women’s health group

Question 6 – When thinking about your expectations on the need to travel to receive health advice, care or treatment, please complete the following statements.

Answered: 2,746 Skipped: 59



	I would expect to have access digitally and/or available within walking distance	I would expect to travel a short distance (e.g. short car/bus/cycle journey)	I would expect to travel further (e.g. 30 minute + car/train/bus journey)	I would expect to travel out of area (e.g. 60+ minute car/train/bus journey to another county/region)	Not applicable to me	Response Total
(Pharmacy) To pick up a prescription, seek health advice or purchase over the counter medicines	49.4% (1,352)	47.1% (1,289)	2.1% (59)	0.2% (7)	1.2% (32)	10.4% (2,739)
(Primary Care) To receive non-urgent care by your GP, Practice Nurse or Health Care Assistant	26.1% (713)	66.1% (1,806)	6.9% (189)	0.4% (12)	0.5% (14)	10.0% (2,734)
(Mental Health Services) To receive care or treatment to improve your psychological and emotional-well-being	13.2% (358)	36.8% (1,001)	35.2% (959)	8.9% (241)	5.9% (163)	9.9% (2,722)
(Neonatal Care) For a newborn baby(ies) who is unwell or born prematurely to receive specialist care after birth	9.8% (267)	35.0% (952)	26.4% (719)	8.5% (230)	20.3% (553)	9.9% (2,721)
(Accident and Emergency Department) To receive emergency care for a life-threatening injury and illness	8.8% (241)	59.9% (1,634)	28.7% (784)	2.1% (56)	0.5% (15)	10.0% 2,730

(Paediatric Care) For a child(ren) to receive non-emergency treatment or diagnosis	7.6% (208)	40.9% (1,113)	30.1% (817)	5.1% (139)	16.3% (444)	10.0% (2,721)
(Maternity Care) To receive care during pregnancy, childbirth and the postnatal period	7.0% (190)	44.6% (1,212)	24.7% (671)	2.2% (59)	21.5% (583)	9.9% (2,715)
(Urgent Treatment Centre) To receive urgent but non-life threatening care, for example, a sprained ankle or a minor burn	5.9% (160)	60.8% (1,658)	31.5% (861)	1.2% (33)	0.6% (15)	10.0% (2,727)
(Specialist Treatment) To receive specialist care for complex conditions, for example cancer care or specialist mental health care	4.3% (117)	22.7% (619)	48.5% (1,325)	22.8% (624)	1.7% (46)	10.0% (2,731)
(Planned Care & Diagnostics) To attend a pre-arranged appointment at a hospital or clinic for non-emergency treatment or diagnosis	4.1% (112)	34.6% (944)	49.7% (1,354)	11.0% (300)	0.6% (16)	10.0% (2,726)
Grand Response Total						27,266

This data reflects individuals' expectations regarding the **acceptable distances** they would be **willing to travel** to access various healthcare services.

Almost all respondents expect to have access to **pharmacy services (96.5%, 2,641)** and **primary care (92.2%, 2,519)** either digitally, within walking distance or within a short car/bus journey.

Over half of respondents expect to have access to **urgent care (60.8%, 1,658)** and **emergency care (59.9%, 1,634)** within a short car/bus/train journey, and almost half of respondents expect the same access for **maternity services (44.6%, 1,212)** and **paediatric care (40.9%, 1,113)**

There is more of an expectation from respondents to travel (30mins+) for **pre-arranged hospital treatments (planned care and diagnostics) (49.3%, 1,354)** and for **specialist care e.g. cancer treatment (48.5%, 1,325)**.

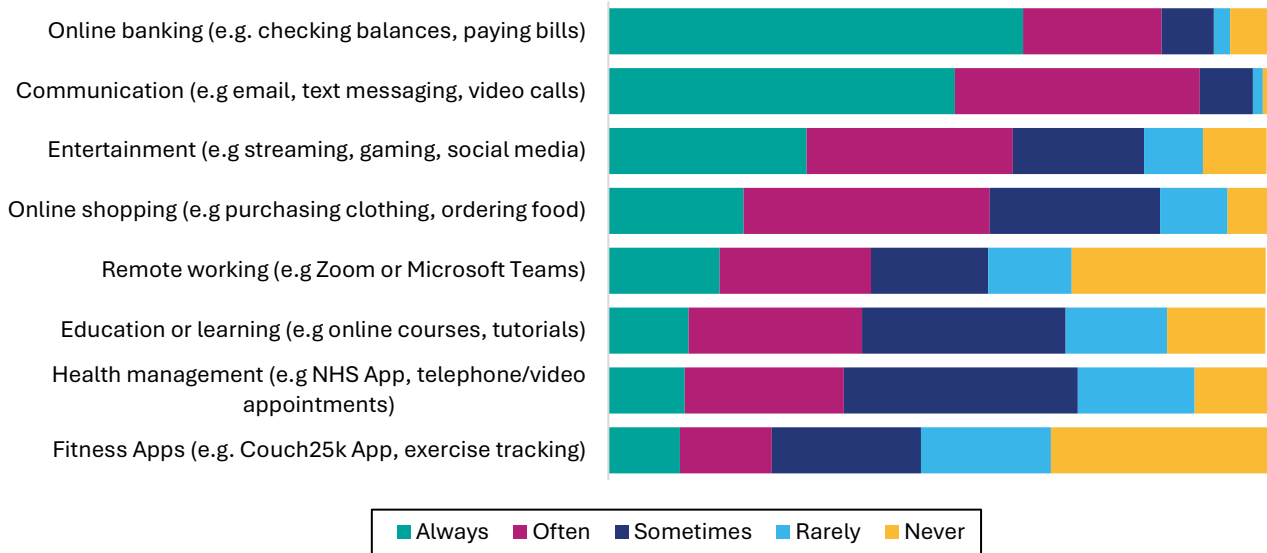
For most services, respondents told us that they would not expect to travel more than 60 minutes or out of area to receive treatment or care.

The only exception to this being **specialist care e.g. cancer treatment** where almost **one quarter of respondents (22.8%, 624)** said they would expect to travel more than 60 minutes. This suggests that there is an acceptance that specialist care cannot be provided everywhere and instead located within specialised or larger medical facilities that may be further away.

There were no stark variations in responses across the demographic and geographic data splits. Please refer to **page 13** of the data pack for a detailed demographic and geographic data breakdown.

Question 7 – Which of the following activities do you regularly use technology for in your day-to-day life? (Please provide an answer for each row)

Answered: 2,737 Skipped: 6 08



	Always	Often	Sometimes	Rarely	Never	Response Total
Online Banking (e.g. checking balances, paying bills)	62.8% (1,717)	21.0% 574	7.9% (216)	2.5% (67)	5.8% (158)	12.5% (2,732)
Communication (e.g. email, text messaging, video calls)	52.6% (1,435)	37.1% (1,014)	8.0% (219)	1.5% (42)	0.7% (20)	12.5% (2,730)
Entertainment (e.g. streaming, gaming, social media)	30.1% (821)	31.3% (854)	19.9% (543)	9.0% 244	9.7% (264)	12.5% (2,726)
Online Shopping (e.g. purchasing clothes, ordering food)	20.5% (560)	37.3% (1,019)	25.8% (705)	10.3% (280)	6.1% (166)	12.5% (2,730)
Remote Working (e.g. Zoom or MS Teams)	16.9% (460)	23.1% (628)	17.8% (485)	12.7% (345)	29.5% (804)	12.5% (2,722)
Education or Learning (e.g. online courses, tutorials)	12.2% (332)	26.4% (718)	31.0% (843)	15.4% (420)	15.0% 407	12.5% (2,720)
Health Management (e.g. NHS App, telephone/video appointments)	11.6% (316)	24.1% (659)	35.5% (969)	17.7% (483)	11.1% (304)	12.5% (2,731)
Fitness Apps (e.g. Couch25k, exercise tracking)	10.9% (296)	13.9% (380)	22.7% (618)	19.7% (538)	32.8% (895)	12.5% (2,727)
Grand Response Total						21,818

Overall, the data indicates that a higher number of respondents frequently or always use technology daily compared to those who rarely or never use it.

Respondents are **five times more likely** to **always** use digital methods as their default for **banking (62.8%, 1,717)** and **four times more likely** to use digital methods for **communication (52.6%, 1,435)** compared to **managing their health (11.6%, 316)**.

Respondents are almost **twice as likely** to **always or often** use technology for **entertainment (61.4%, 1,675)** and **online shopping (57.8%, 1,579)**, compared to **managing their health (35.7%, 975)**.

Almost **one third of respondents (32.8%, 895)** **never** use **fitness apps** in their day-to-day lives, this sentiment was most prevalent with **older respondents (aged 75-85+)** where almost **two-thirds (64.8%, 118)** stated they never use fitness apps.

Health management apps received the highest overall number of **sometimes** responses, with over **one-third of respondents** selecting this option (**35.5%, 969**), suggesting that respondents engage with this technology more circumstantially or only when necessary. This sentiment continues across all demographic and geographic groups.

Considerably more respondents **aged 75-85+ never** use technology compared to other groups, (with the exception of online banking and communication.) for example, **entertainment, 35.7% (65)** reported **never** using this technology, while only **7.1% (13)** **always** do. For **remote working, 2.8% (5)** **always** use it, and **58.6% (106)** **never** do. In **education, 4.5% (8)** **always** use it, **whereas 34.6% (62)** **never** do.

Please refer to **page 34** of the data pack for a detailed demographic and geographic data breakdown.

Respondents were also provided with an **“other (please specify)”** box, 107 comments were left. They have been themed and can be found in Appendix 4.

There was an interesting split in the ‘other’ responses to this question, with many people taking this opportunity to explain why they either **don’t currently use, or don’t like using, digital applications and solutions** in their daily lives. 48.6% of comments (52 comments) came from people who either said that they don’t use or don’t like to use these technologies in their lives. When people told us this, they usually identified that there was something which acted as a barrier to them or their loved ones, from using them. 20.6% of total comments (22) identified concerns related to digital exclusion and technical barriers as an issue; these comments referenced issues such as people not being computer literate, having no internet access, or being unable to afford to pay for internet data on their mobile device.

“I had a stroke, so things take a long time to get in my head and stay”

“There cannot be an assumption that everyone has access to and can use technology. This discriminates against certain groups such as the elderly. Some people cannot read or write, are experiencing poverty, mental ill health which can make it far more difficult to access services. Also if English is a 2nd language this can also create difficulties!”

Respondents also told us about user experience issues relating mainly to healthcare applications, which act as a barrier to them using these solutions. 7.5% (8) said that they find NHS digital products difficult to use; most of these comments related specifically to the NHS App, with people saying that they find it ‘very complicated’ and ‘quite difficult to navigate.’ 8.4% (9) identified limitations to some of the NHS digital products that are currently being used; again, these tended to relate to the NHS App and features which are not currently being used or available.

“The NHS app is useless. Half of the available options are not switched on for my surgery, including prescriptions.”

“I would happily access more online or phone appointment if they were offered especially for primary care rather than travel as I don't drive but these are rarely offered. also apps and online booking don't always work (the primary care one never works properly)”

Referring specifically to NHS care, 8 people (7.5% of comments) told us that they want to have access to face-to-face appointments with a clinician, rather than being directed to remote, digital solutions.

“Not enough face to face appointments available. Dr's too keen to push for online”

“No more digital services please. We just need to see a GP face to face when we need to, is it really that difficult ?”

43 people (40.2% of total comments) told us about how they use **technology as part of their lives**. Nearly half of these people (21 / 19.6% of total comments) told us that they use technology to enable them to access healthcare services, whether that be to book and manage their appointments, have a video call with a clinician, or to view their medical records. It should be noted however, that a small number of people who said this, also told us that they felt ‘forced’ to use technology so that they could access services; so, it is likely that for some people who do use technology to access healthcare, it is through necessity, rather than personal preference.

“I prefer telephone appointments. Our family is known to our GP and consultants. A telephone appointment is often quicker for advice and chats on current condition that does not require examination. Also this cuts out travelling with a person in a wheelchair.”

“Dentist, Optician, GP practices ...all use txt to mobile to confirm, cancel, re-book appointments, with timely reminders which is really helpful/convenient.”

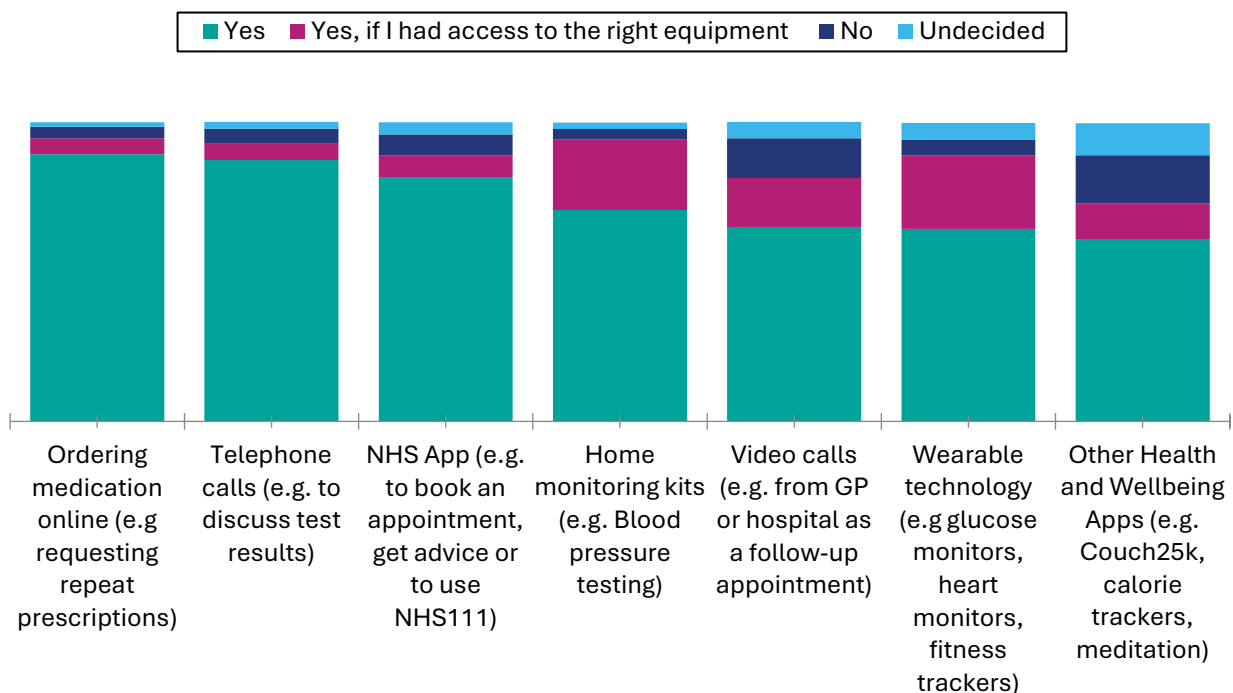
“I use technology for medical appointments because I am forced to - I prefer not to”

Respondents also told us about the other activities which they use technology to access, including managing social activities such as booking hotels etc. (5 / 4.7%); using health monitoring technology such as smart scales and at-home blood pressure monitors (4 / 3.7%); and to undertake employment and voluntary work (4 / 3.7%).

It should be noted that some of the comments provided in response to this question, sat across both main themes i.e. explaining how they use technology, but also identifying barriers to using it. Therefore, the total percentages will be above 100%.

Question 8 – If it’s suitable for your health, are you willing to use digital technology to help with your care, treatment, or to improve your overall health and wellbeing?

Answered: 2,744 Skipped: 601



	Yes	Yes, If I had access to the right equipment	No	Undecided	Response Total
Ordering Medication Online (e.g. requesting repeat prescriptions)	89.3% (1,442)	5.4% (147)	3.8% (104)	1.5% (42)	9.6% (1,735)
Telephone Calls (e.g. to discuss test results)	87.3% (2,389)	5.7% (156)	4.8% (130)	2.3% (62)	15.1% (2,737)
NHS App (e.g. to book an appointment, get advice or to use NHS111)	81.7% (2,234)	7.2% (197)	7.0% (192)	4.1% (112)	15.1% (2,735)
Home Monitoring Kits (e.g. Blood Pressure testing)	70.8% (1,934)	23.6% (644)	3.5% (96)	2.1% (58)	15.1% (2,732)
Video Calls (e.g. from a GP or hospital as a follow-up appointment)	65.0% (1,779)	16.3% (445)	13.3% (363)	5.5% (149)	15.1% (2,736)
Wearable Technology (e.g. Glucose monitors, heart monitors)	64.5% (1,759)	24.6% (672)	5.3% (144)	5.6% (154)	15.1% (2,729)
Other Health and Wellbeing Apps (e.g. Couch25k, Calorie Trackers)	60.9% (1,661)	12.2% (333)	16.1% (440)	10.7% (293)	15.0% (2,727)
Grand Response Total					18,131

Overall, the vast majority of respondents said they **would be willing to use technology** to help with their care or to improve their overall health and wellbeing – but in some areas more than others.

The most likely are **ordering medication online (89.3%, 1,442)**, **telephone calls (87.3%, 2,389)**, and the **NHS App (81.7%, 2,234)**. However, on average, **older respondents (aged 75-85+)** are **12.3% less willing** to use the NHS App compared to other demographic groups.

Respondents appear to be receptive to, but **less likely** to use digital for **video calls, e.g. from GP (65.0%, 1,779)**, **wearable technology (64.5%, 1,759)** and for other **health and wellbeing apps (60.9%, 1,661)**.

Older respondents (aged 75-85+) demonstrate a **lower willingness** to use video calls for their care or treatment, with almost one-quarter **(47.2%, 85)** being less inclined compared to **62.2% on average**. This trend extends to **health and wellbeing apps**, where over one-third of respondents **(33.1%, 60)** from this age group selected **no**.

Please refer to **page 43** of the data pack for a detailed demographic and geographic data breakdown.

Respondents were also provided with an **“other (please specify)”** box. **152 comments** were left. They have been themed and can be found in Appendix 4.

Overall, the respondents' comments primarily addressed the potential barriers associated with using technology for health and care purposes, however there was some support for digital solutions.

“The lady shared that recently she has been sent information about appointments on the NHS app and has subsequently missed her appointments because she cannot use the app due to her accessibility needs”

- Heard in a women’s discussion group

The key themes that emerged in relation to this included:

- **Preference for face-to-face interaction** – (41 comments, 26.9% of total comments)
Of the 152 comments received, over one-quarter (26.9%) indicated a preference for face-to-face interactions with a clinician rather than using digital means. Many respondents emphasised the importance of having a physical examination (24.3% of total comments) as part of the diagnostic process, rather than relying on remote interaction.

11.1% (17 respondents) indicated that in-person interactions have been inappropriately replaced by technology, with some giving examples. These respondents often expressed concerns about diagnoses made through remote means without a physical examination of their symptoms. Additional concerns were raised about remote appointments causing delays in diagnosis and treatment; examples were provided where, after waiting for a remote appointment, a subsequent in-person consultation was needed.

Additionally, some individuals (7, or 4.6%) mentioned that face-to-face appointments provided them with a level of emotional reassurance. This sentiment has been reflected in previous engagement activities, particularly concerning Primary Care.

“Its important patients see a GP, or health professional in person. GP's can tell a lot from seeing someone that doesn't show in a phone call.”

“Think telephone calls/video calls should only be as follow up. I have not physically seen a cardiologist via my local hospital since I was diagnosed and was actually told that 'we don't see patients anymore face to face unless private'. How can a Dr see your complexion, body etc over the phone? “Recently saw a community cardiologist face to face - fantastic service, quick, efficient and reassuring.”

- **Concerns around digital access and exclusion** - (32 comments, 21.1%)
Concerns included digital literacy (10.5% / 16), accessibility, and connectivity (8.5% / 13), particularly for individuals who are older or more vulnerable, as they may not be comfortable or able to use solutions such as the NHS App, or may lack the necessary technology, such as internet connectivity in rural areas. Furthermore, 22 comments (14.4%) highlighted the risks of **digital exclusion** associated with transitioning more services and appointment processes to online platforms.

“We live in a rural area where digital exclusion is a problem due to connectivity, poverty and aged population who are not online & do not want to be”

“We mustn't forget there is still a lot of people not able - they will sit in silence and not get help early so facilities need to continue to be face to face.”

- **Support for using digital solutions for healthcare** - Just over 20% (31) of respondents said that they would, with some caveats on when it is used, support the use of digital solutions for healthcare. Of these, 29 people (19% of total responses) said that the suitability of digital solutions should be assessed on a case-by-case basis; 12 people (7.8%) said that digital solutions could take on a complimentary role alongside traditional interactions with healthcare services – for example, a video call to follow up a face-to-face appointment.

“Happy to support digital, however this can only work if the condition/reason for the first has already been seen by the GP. e.g. sending images via email doesn't always detect the right course of treatment of referral which can then lead to delays in treatment.”

“I'm undecided about video calls as I feel it needs to be case-by-case. If it's general advice, absolutely fine. If it's something that physically needs to be looked at to help the assessment, I don't think video quality is sufficient.”

- **Usability and trust issues** (28 comments, 18.4%)

18.4% (28) of comments related to issues regarding the usability of digital solutions and the trust users are willing to place in them. Most of these comments (25 out of 28) were about inefficiencies and limitations within systems and applications – in particular, people finding it difficult to use the NHS App; the limitations of remote appointments; and a desire from some, to be able to book appointments online, rather than needing to phone up their GP surgery and face lengthy waiting times for their call to be answered.

“I find that NHS is lacking in terms of what it could achieve if only more technological solutions were applied. It is impossible to book an appointment with my local GP practise, because available slots are only advertised on Monday for the next two weeks. Even If I wanted to book something in advance, I can't. And the only way to book it is to keep on calling after 8:00 on Monday morning. The practise can only handle two calls. Most of the time lines are engaged. And once I manage to get through, turns out all appointments are now booked for the next two weeks and I cannot book anything after that, instead I am asked to call back on the following Monday.”

“To use the NHS App the user journey would need to be greatly improved - it is clunky and some services not available”

- **How the use of digital healthcare solutions could be improved (27 comments, 17.7%)**

Additionally, regarding the improvement of digital healthcare solutions, most comments suggested either better integration of systems (7.3% of total comments) or providing individuals with the option to choose between these digital solutions and a more traditional approach to receiving care (7.8% of total comments).

“Better integration with existing health apps/data on smart devices/iPhone etc”

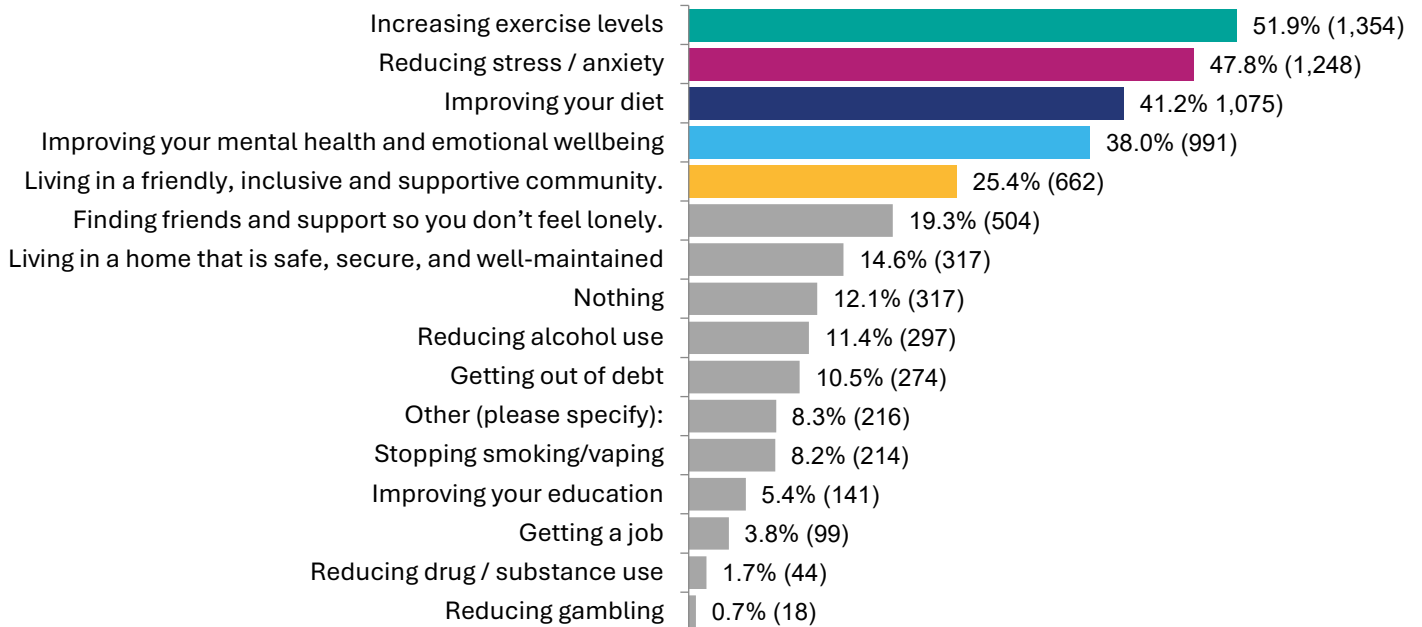
“Things like the NHS app would be much less frustrating if services were genuinely accessible through them and there was more clarity and consistency in how they were used.”

“Look at the French Dr Lib app, it makes the NHS booking system look archaic. It's shameful that we don't already have something like this, but rely on teams and teams of administrative staff to struggle making millions of appointments”

“The bigger issue around tech use for me is around who decides when it is appropriate. There are things I would happily have online appointments for, and things I wouldn't.....So I worry we are becoming overly reliant on what technology can do and forgetting that people want to talk to people. Patient choice must be a factor in this, not just clinical convenience.”

Question 9 – Looking to the future, which of these factors could improve the overall health and wellbeing of you and your family? (Please tick all that apply)

Answered: 2,610 Skipped: 735



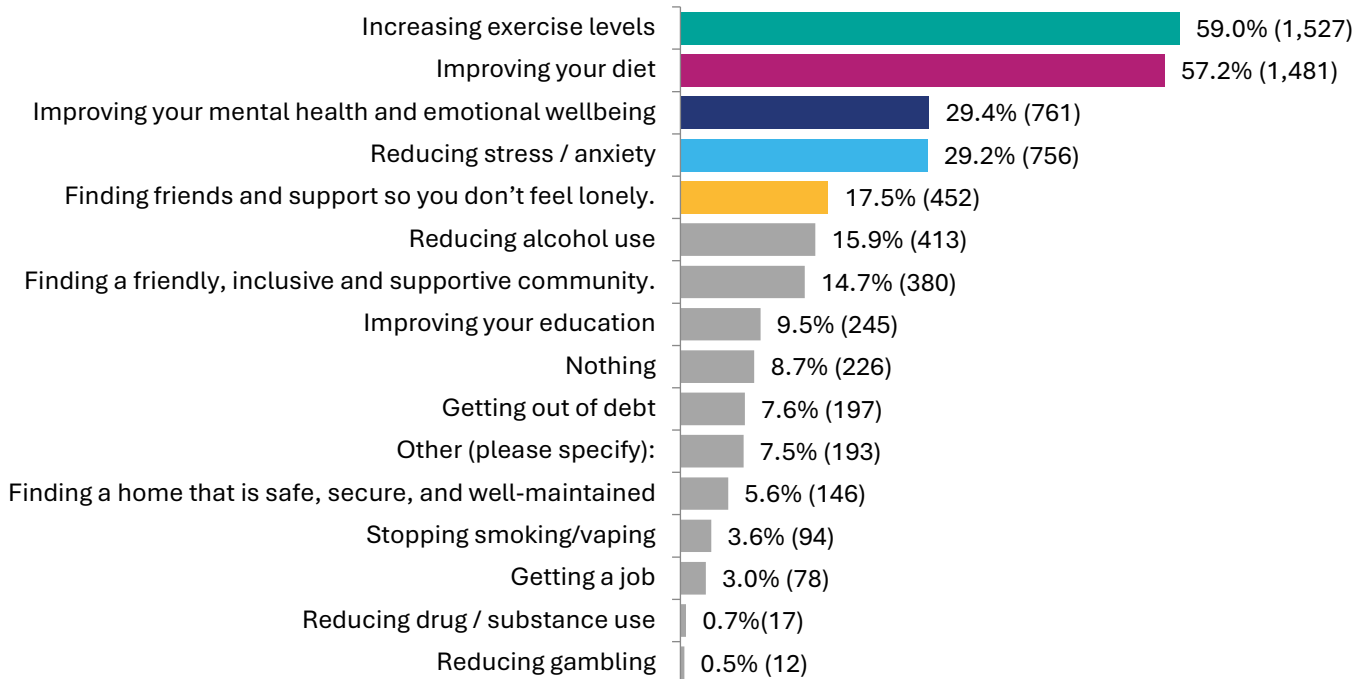
Overall, the top five areas where respondents *could* improve their health and wellbeing are:

- 1. Increasing exercise levels – 51.9% (1,354)**
- 2. Reducing stress and anxiety – 47.8% (1,248)**
- 3. Improving your diet – 41.2% (1,075)**
- 4. Improving your mental health and emotional wellbeing – 38.0% (991)**
- 5. Living in a friendly, inclusive and supportive community – 25.4% (662)**

Question 10 – What are you doing currently to improve the health and wellbeing of you and your family?

(Please tick all that apply)

Answered: 2,590 Skipped:

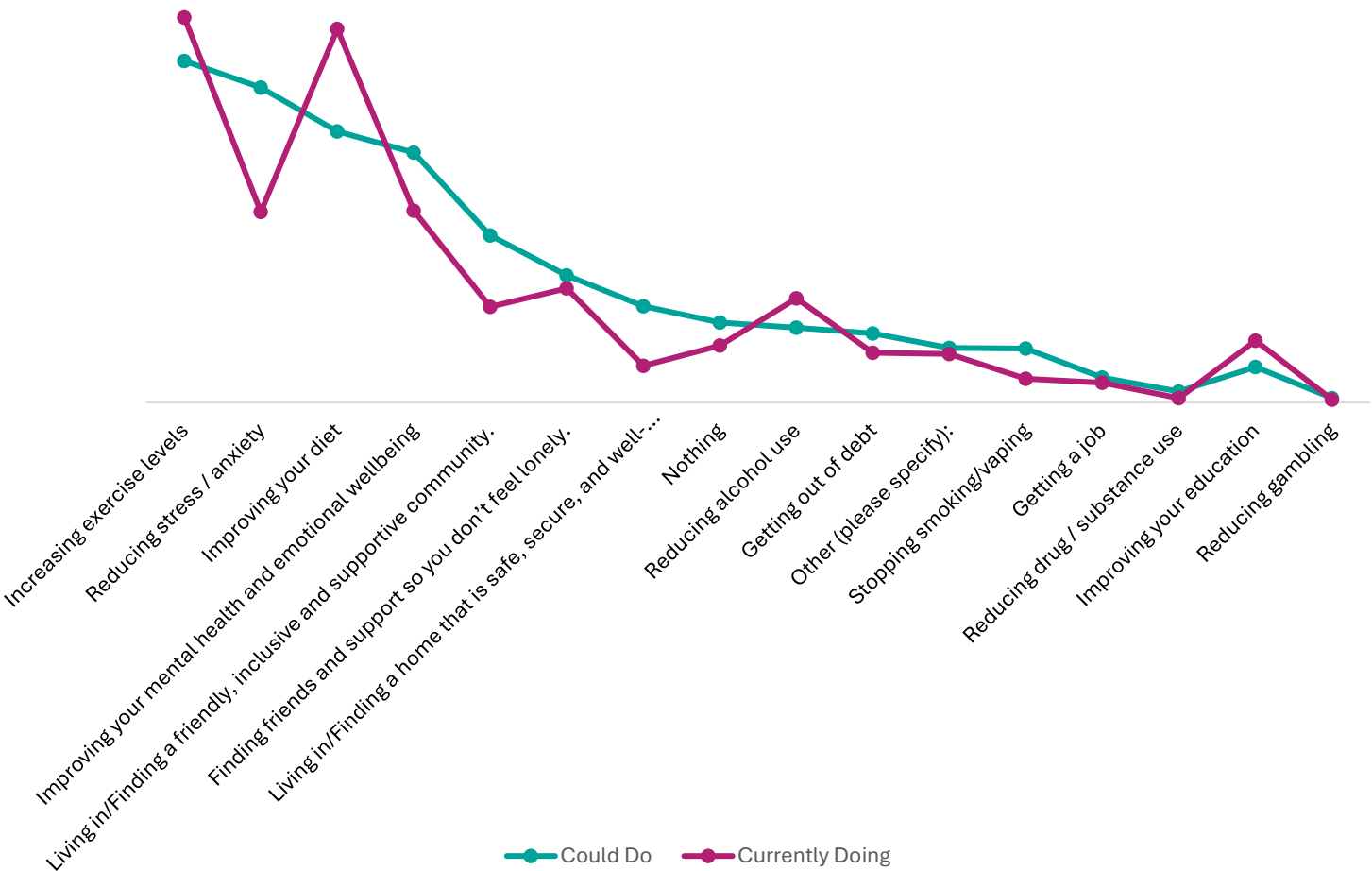


Overall, the top five areas where respondents are taking the most proactive action to improve their health and wellbeing, both for themselves and their families, are:

1. **Increasing exercise levels – 59.0% (1,527)**
2. **Improving their diet – 57.2% (1,481)**
3. **Improving their mental health and emotional wellbeing – 29.4% (761)**
4. **Reducing stress and anxiety – 29.2% (756)**
5. **Finding friends so they don't feel lonely – 17.5% (756)**

There is variation in the order of responses between questions 9 and 10, revealing disparities between awareness and action. The following chart and analysis highlight some of these key differences.

A comparison chart displaying the data results for what respondents could do vs what they are currently doing to improve their health and wellbeing.



	Could do	Currently doing	% Variable
Increasing exercise levels	51.9% (1,354)	59.0% (1,527)	+7.1% (+173)
Reducing stress/anxiety	47.8% (1,248)	29.2% (756)	-18.6% (-492)
Improving your diet	41.2% (1,075)	57.2% (1,481)	+16.0% (+406)
Improving your mental health and emotional wellbeing	38.0% (991)	29.4% (761)	-8.6% (-230)
Living in / Finding a friendly, inclusive and supportive community	25.4% (662)	14.7% (380)	-10.7% (-282)
Finding friends and support so you don't feel lonely	19.3% (504)	17.5% (452)	-1.8% (-52)
Living in / Finding a home that is safe, secure and well maintained	14.6% (382)	5.6% (146)	-9.0% (-236)
Nothing	12.1% (317)	8.7% (226)	-3.4% (-91)
Reducing alcohol use	11.4% (297)	15.9% (413)	+4.5% (+116)
Getting out of debt	10.5% (274)	7.6% (197)	-2.9% (-77)
Other (please specify)	8.3% (216)	7.5% (193)	-0.8% (-23)
Stopping smoking/vaping	8.2% (214)	3.6% (94)	-4.6% (-120)
Improving your education	5.4% (141)	9.5% (245)	+4.1% (+104)
Getting a job	3.8% (99)	3.0% (78)	-0.8% (-21)
Reducing drug / substance misuse	1.7% (44)	0.7% (17)	-1.0% (-27)
Reducing gambling	0.7% (18)	0.5% (12)	-0.2% (-6)
Total	2,610	2,590	/

This data underscores the **disparities** between individuals' perceptions of their **potential efforts** and their **current actions** to enhance their health and wellbeing. For instance, many respondents recognise they could make greater strides in stopping smoking, living in a friendly and supportive community, or enhancing their mental health, yet these are areas where their current efforts fall short. Conversely, increasing physical activity, improving education and improving diet are all areas where proactive action is already being undertaken.

The key headlines across the three data sets are:

- **Reducing stress / anxiety:** Fewer people are taking proactive steps to reduce stress and anxiety despite recognising its benefits for overall health and well-being. While **47.8% (1,248)** of respondents believe reducing stress and anxiety **could** improve their health, only **29.2% (756)** are actively addressing it—leaving an **18.6% (492) gap** between awareness and action.

Geographically, this gap is most pronounced in **York (-21.4%, -39)** and the **East Riding of Yorkshire (-21.2%, -72)**.

Demographic analysis reveals a similar pattern: in **60% (6 out of 10)** of cohorts, **one-sixth** of respondents acknowledge the need for action but are not taking steps. The gap is particularly stark among **LGBT+ respondents (-88.9%, -8)** and those with **mental health conditions (-33.1%, -45)**. In contrast, respondents with **learning disabilities (-1.9%, -1)** and **older adults (75–85+) (-5.3%, -10)** show much smaller disparities and appear to **manage stress more effectively**.

- **Living in / finding a safe, secure, and well-maintained home:** Fewer people are actively seeking safe, secure, and well-maintained housing despite recognising its health benefits. Among **382 (14.6%)** respondents who acknowledged the advantages, only **146 (5.6%)** are currently searching for such a home.

This trend is particularly evident in **North East Lincolnshire** and **Hull**. In North East Lincolnshire, **21.9% (41)** recognised the benefits, but only **5.4% (10)** are taking action, leaving a gap of **nearly one-quarter**. Similarly, in Hull, while **19.0% (51)** see the benefits, only **7.9% (21)** are actively looking.

The gap is especially notable among **LGBT+ respondents**, with **more than two-thirds (-44.5%, -4)** not seeking a safe and secure home, despite recognising its potential to improve their health and well-being.

- **Improving mental health and emotional wellbeing:** A significant gap exists between recognising the importance of mental health and taking action to improve it. While **38.0% (991)** of respondents believe improving their mental health would benefit their well-being, only **29.4% (761) are actively taking steps**, leaving an **8.6% (230) disparity**. This means **over one-quarter of respondents** are not currently engaging in efforts to enhance their mental health.

This trend is particularly pronounced in **North East Lincolnshire**, where **50.3% (94)** acknowledge the benefits, but only **36.0% (67) are taking action**, resulting in a **14.3% (27) gap**.

Disparities are even greater among **specific demographic groups**: respondents with **mental health conditions (-33.0%, -45)**, **younger individuals aged 0–24 (-29.6%, -33)**, and **BAME respondents (-23.2%, -19)** all show significant **gaps between awareness and action**.

- **Improving your diet:** A **positive trend** emerges here as **16.0% (406) more respondents** are actively improving their diet rather than just acknowledging its benefits for health and well-being. This demonstrates how individuals are taking responsibility for their health and that of their families.

Geographically, **all six areas** show more respondents taking steps to improve their diet, though **Hull** (8.2% below the overall average) and **North East Lincolnshire** (5.0% below the overall average) lag behind other regions.

Demographic data aligns with this trend, except among **younger people (ages 0–24)**, where **8.1% (-10)** fewer respondents are actively working to improve their diet.

- **Stopping smoking/vaping:** **Fewer respondents** are attempting to quit smoking or vaping, with **4.6% (120)** not taking action despite recognising the health benefits.

This trend is consistent **across all six regions**, with particularly **low cessation efforts in North East Lincolnshire** and **Hull**, where **fewer than half** (12/16) are trying to quit compared to those acknowledging the benefits (25/33).

The disparity is especially pronounced among **younger respondents (ages 0–24)**, with an **18.3% (-20)** gap between recognising the benefits of quitting and taking action—this is **more than twice** the combined average of the 10 demographic cohorts of -7.2%.

Some nuanced variations to note include:

- **Reducing alcohol use:** A greater percentage of East Riding of Yorkshire (**7.5%, +25**) and York (**6.5%, +11**) respondents are currently taking proactive steps to reduce their alcohol use consumption, conversely only **0.1%** of respondents from **North Lincolnshire** are taking the same action.
- **Improve your education:** **North East Lincolnshire** respondents (**+10.2%, +19**) are more focused on improving their education compared to other areas.

- **Getting out of debt:** A higher percentage of respondents from **North East Lincolnshire (-8.0%, -15)** are **not actively trying to get out debt** compared to other geographies.
- Generally, individuals **aged 0-24 years** and those with **mental health conditions** are **less likely to take steps to improve their health and wellbeing**. The data reveals that, of the 16 indicators examined, young people are proactively addressing only **31.3% (5 out of 16)**, while those with mental health conditions are doing so in just **25.0% (4 out of 16)**.

Please refer to **pages 51 - 57** of the data pack for a detailed demographic and geographic data breakdown.

Respondents were also provided with an **“other (please specify)”** box.

For **question 9**, **216 comments were left (8.3% of those who responded to this question)**, identifying other factors that respondents feel could improve their overall health and wellbeing. These comments have been analysed to identify the key themes, and 4 key, overarching themes were identified.

38% of comments came from respondents who told us that having **access to good quality healthcare services**, would help to improve their own health and that of their family. Over a quarter of people who responded, (26.4%) told us that they need services which are easy to access; these comments covered a wide range of NHS services, from everyday services such as General Practice and dental care, through to acute services including cancer treatment and neurology.

“Easy access to G.Ps who cares about their patients.”

“Having services that are accessible locally and do not require frail elderly parents to travel to appointments 20 + miles from their home or be excluded due to increased digitalisation of access to services”

In addition to having services which are easy to access, people often told us that waiting times for these services need to be reduced, to allow them to receive treatment and advice to help manage and improve their health and wellbeing. 21 comments (9.7% of total comments) referenced waiting times for treatment. Often

people told us about long waiting times of several months for referrals and treatment to commence, and how these impact on their health.

“Not having the spend what little time I have left sitting in hospital waiting rooms for upto 5 hours to receive 15 minutes worth of treatment”

Getting an appointment with a consultant that I was referred to 8 months ago

“Getting a support after a diagnosis. Waiting times are too long. Diagnosed in June and still waiting for a referral.”

Respondents often told us of **societal issues** (21.3% of comments / 46), which they felt could help them to improve their health and wellbeing; many of these are commonly known as the ‘wider determinants of health’ and include having a more caring society (7 / 3.2% of total comments), a decent place to live (7 / 3.2%), and access to community fitness facilities (6 / 2.8%).

“Exercise classes available and art type classes available”

“Living where we don't have to put up with anti social behaviour from neighbours”

Where people told us about societal issues which could improve their overall health and wellbeing, the most common issues they raised were problems with the NHS. 7.9% of comments (17) related to this, and they often told us that they need an effective health service.

“Knowing that NHS is efficient, friendly and patient oriented”

“Opening East Riding Cottage Hospitals to ease pressure at HRI”

Just over 20% of people, told us **that managing their physical and mental health** could help them to improve their overall health and wellbeing.

21 comments (9.7% of total comments) came from people who told us that having support to manage a long-term condition such as high blood pressure and Osteoarthritis, would help them to do this.

“Managing health conditions to maintain a better life”

“Getting reliable medical care for my complex conditions”

A similar number of people (19 / 8.8% of total comments) told us that having good mental health, would help to improve their overall health and wellbeing; often, these comments related to the need for improved access to mental health services.

“Support and help easily available for addictions. Not just alcohol and drugs but also gaming and social media habits for all.”

“Being able to sort out health issues to aid better mental health and the motivation and energy needed to do more physical activities”

16.7% (36) of comments came from respondents who identified that there are **personal circumstances**, which impact on their ability to improve the health and wellbeing of them and their family. 14 of these comments (6.5% of the total comments) were related to employment and how this impacts a person’s ability to manage their health; often, these issues related to time-pressures created by needing to balance work responsibilities with those at home, such as caring for children or adult relatives with care needs.

“Having a work/life balance. My job as a teacher takes over my life. I am exhausted in the ‘holidays’ and use the time to ‘recover’ not ‘live’.”

“no working and been carer at the same time - so carer respite”

An equal number of people (13 / 6% of total comments in both cases) told us that either family or financial circumstances could improve their overall health and wellbeing. When people told us resolving financial issues could help them to improve their health, this tended to relate to being able to either deal with the increased cost of living, have access to affordable childcare, or source suitable and affordable housing.

“Managing cost of living and increased outgoings”

“Easier access to quality affordable child care”

For **question 10**, **193 comments** were left identifying additional things respondents are currently doing to improve their overall health and wellbeing. From analysing all these responses, 4 main themes have been identified.

14% (27) of respondents told us that they felt they're **already doing everything they can** to improve their overall health and wellbeing. In many cases, people told us that they're already doing many of things listed in the multiple-choice options, and that they're living what they'd consider to be a healthy lifestyle.

“I do not smoke drink or eat junk. I meditate and take responsibility for my own health. I would like more time to exercise to improve overall....health”

“I enjoy good health. All the factors listed I enjoy the positive ones and don't indulge in the negative ones.”

The most common theme to come out the responses to this question, was that many **people are already undertaking actions to improve their physical and mental health** (52.3% of total responses to this question / 101). There were many different approaches that people said they're taking to improve their health, including stopping smoking, avoiding infectious diseases (or taking actions, such as wearing a facemask, to reduce the chance of transmission of infection), managing their mental health by reducing stress or accessing support, and losing weight.

“Wearing a mask, avoiding covid infections”

“Reducing my weight through the use of medication paid for privately”

The most common action respondents told us they're taking to improve their overall health was to live an active lifestyle and take part in exercise – 18.1% (35) of total respondents, told us that they're doing some form of physical activity, whether that be running, going to the gym or leisure centre, or getting out in the garden.

“I already cook from fresh, 9 fruit/veg a day, walk or cycle everyday with 2 14mile+walks a month, getting into nature”

“doing gardening as a hobby, improves fitness and wellbeing”

12.4% (24) of respondents said that they're following a healthy diet to improve their overall health and wellbeing; many of those people, also told us that they live an active lifestyle and were using exercise as another means to improve their health. When people told us about their healthy diets, some specifically said that they had cut out (or never consumed) items such as alcohol or highly processed foods.

“Online grocery shopping avoiding temptation in the trolley then in the cupboard - no bad foods in the house.”

“Don't drink or smoke, reduce sugar intake, walk regularly and socialise for mental health, but am still overweight and stressed.”

A similar number of respondents (23 / 11.9% of total respondents) told us that they were trying to access health care services to manage a condition and help improve their overall health. These comments varied quite significantly, with some people telling us of major barriers to accessing support, including long wait times after a referral, whilst others had taken the decision to access private healthcare to address their needs.

“Accessing private health care because educated staff are not available locally - e.g, women's health - menopause.”

“I am too unwell to make any progress because appropriate ongoing mental health support has been drastically reduced.”

People also told us that being an **active part of their community** helps to improve their overall wellbeing – 7.8% (15) of respondents told us this, and that they were involved in local activities and groups such as choirs, online communities, or helping others. 8 of these people (4.1% of total responses) said they have been taking part in volunteering activities as part of their efforts to improve their health and wellbeing, including being part of a GP Patient Participation Group and volunteering in a local school.

“supporting the local GP practice by volunteering and being part of the patient participation group.”

“Being open to opportunities and helping others in the community”

All comments from questions 9 and 10 have been themed and can be found in Appendix 4.

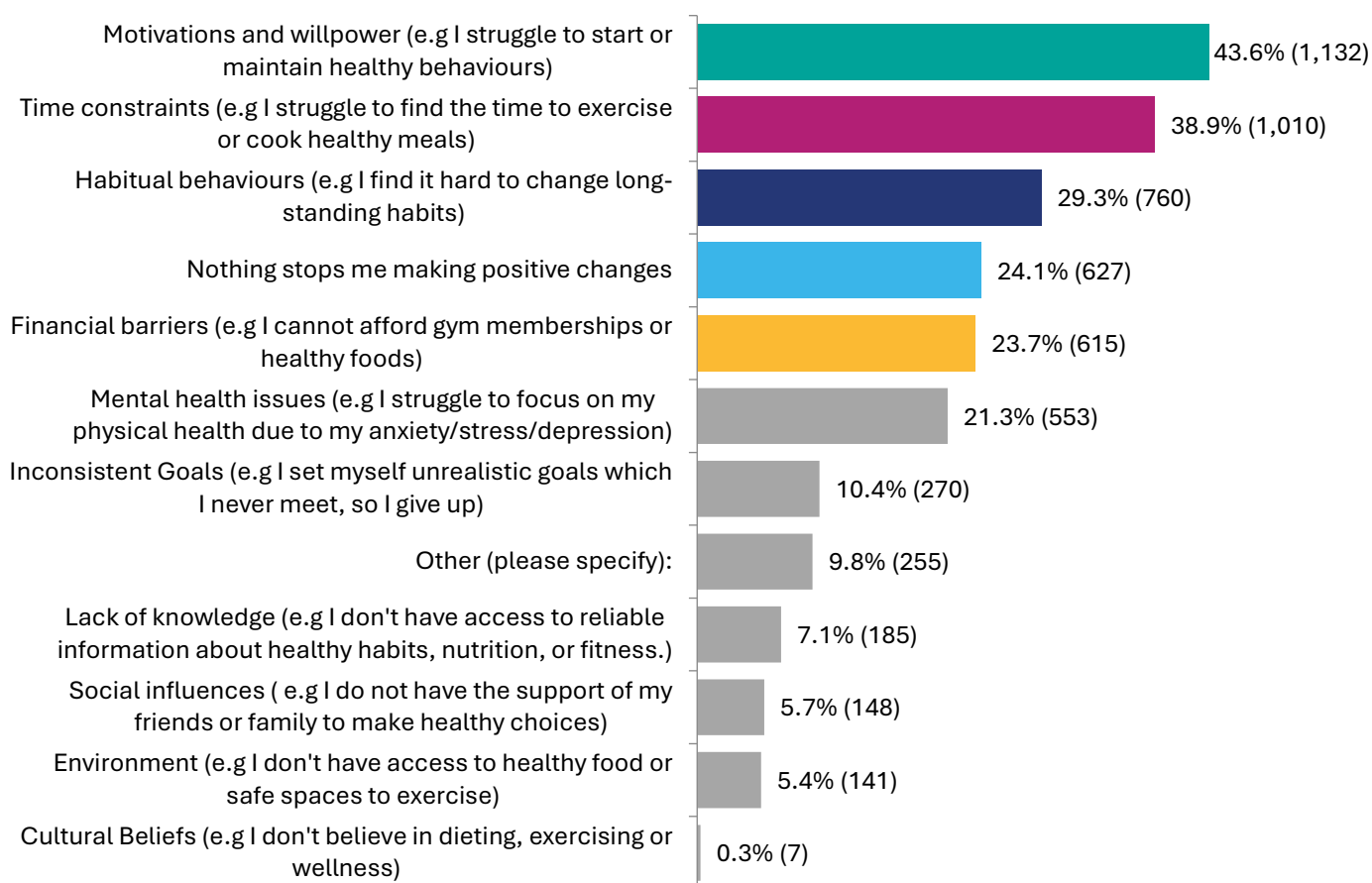
“I’m not very sociable but I was talked into coming along to a drop-in. I kept coming. Now, I actually do things, talk to other people. I go fishing with others. It’s men sitting, talking, opening up – more than fishing. You’re not alone anymore, not invisible”

- Heard at a mental health discussion group

Question 11 – What stops you making positive changes that may improve your health and wellbeing?

(Please tick all that apply)

Answered: 2,598 Skipped: 747



The top three barriers identified by respondents as hindrances to making positive changes for their overall health and wellbeing are as follows:

1. **Motivations and willpower – 43.6% (1,132)**
2. **Time constraints – 38.9% (1,010)**
3. **Habitual behaviours – 29.3% (760)**

This sentiment is **consistent** across various demographic and geographic data sets, with **70.6% (12 out of 17 cohorts)** aligning with the first and second choices.

Exceptions include **LGBT+** respondents, who ranked financial barriers and mental health issues as joint first, and **older individuals**, who ranked 'nothing' as their primary barrier, motivations and willpower as second, while time constraints were ranked sixth.

There was slightly more variation in the third choices among cohorts. While **64.7% (11 out of 17 cohorts)** also cited habitual behaviours, some differences were noted. For instance, **BAME and North East Lincolnshire** ranked it **fourth**, **disabled respondents, younger people**, and **East Riding of Yorkshire** respondents ranked it **fifth**, and the **LGBT+** respondents ranked it **sixth**, all placing a **higher emphasis on financial barriers**.

Please refer to **page 59** of the data pack for a detailed demographic and geographic data breakdown.

Respondents were also provided with an **“other (please specify)”** box. **255 comments** were left, identifying other factors that respondents feel could improve their overall health and wellbeing.

All comments from have been themed and can be found in Appendix 4.

Respondents told us about a wide range of barriers and issues which have, or would, stop them from making positive changes to improve their health and wellbeing.

The most common barrier people told us about, was that they have an **existing medical condition**, which limits their ability to undertake positive actions to improve their overall wellbeing. 36.1% (92) of total respondents, told us that they have a medical condition, whether that be physical or mental health, which negatively impacts on what they can do to improve their health.

The overwhelming majority of these people (81 out of 92 / 31.8% of total comments) said that they have a long-term health issue, such as Cancer, mobility problems, and Multiple Sclerosis, which negatively impacts what they can do to improve their overall health.

“Exhaustion, and the impact of some of my medications”

“My illness prevents me increasing my physical activity which is very frustrating”

“Poor mobility and long term health issues.”

5 people (2% of total comments) said that they had a short-term health condition or illness, such as an injury or illness, which is stopping them from being able to act at this time, to improve their health.

“Pain from problem with foot/ankle limits exercise and mobility. Awaiting diagnosis and treatment (taking months).”

Nearly 20% of people (19.6% of total comments / 50) told us that a **lack of access to appropriate medical and care services**, is negatively impacting on their ability to take actions to improve their own health. Often, these people said that they had been unable to access a service at all or were facing significant waiting times to receive a diagnosis or treatment. As with earlier questions, the services that respondents said they were struggling to access, covered a broad spectrum of health and care, including General Practice, Mental Health, and Social Care.

“Private Mental Health support would cost me around £400 per month which I cannot afford and shouldn't have to given we have the NHS, but the NHS has not got enough capacity.”

“Local Authority don't provide enough support for disabled people.”

“Inaccessible healthcare”

47 people (18.4% of total respondents) said that they struggle to make positive changes to improve their overall wellbeing, because of **other time pressures and commitments** in their lives.

In many cases, there were two key commitments which meant that respondents felt they didn't have the time to make changes to their own lives. First, 30 people (11.8% of total comments) told us that they have caring responsibilities for a family member or friend, which take up a significant amount of time. These responsibilities were usually for looking after young children or providing care, unpaid, to an adult family member who has a disability and needs support with daily living. Some people told us that after they have taken care of others' needs, it leaves them with very little, if any, time to prioritise their own health and wellbeing.

“Life is too busy I'm a single mum of four there is way more to think about before I get to me”

“working full time with 2 young children means I dont have time for the gym and less time to cook from scratch”

“I focus primarily on the health and wellbeing of my husband, who has a progressive and degenerative disease. This leaves limited time and opportunity for my own needs, even though I know perfectly well that his wellbeing depends on my health being maintained.”

The second commitment people said limits their ability to make positive changes to improve their health and wellbeing is balancing their work and life commitments. 17 people (6.7% of total comments) told us this. Often, people told us that they worked long hours, balancing work with other commitments at home such as childcare, which leaves them with little time to deal with other areas of their lives. Several people told us that their jobs in the NHS, and the hours they're working, means that it is difficult for them to make changes to improve their wellbeing.

“A high-stress, sedentary, job which takes up significant time per week.”

“Being a full time carer, part time carer and working part time”

“Long working hours in the NHS!”

A less common theme, but one which appeared in 7.5% of the comments (19), was that some level of isolation was preventing some respondents from taking part in activities or actions which would help to improve their health and wellbeing. Where people told us that being isolated made it difficult to improve their health and wellbeing, this tended to be down to one of two issues – either a lack of community activities or facilities such as leisure centres (9 / 3.5% of total comments), or poor public transport links and accessibility (8 / 3.1%). Where people referenced transport or accessibility issues, these always related to the process of getting to and from a service or activity.

“Poor public transport options and lack of safe footpaths in my area”

“Total lack of social, low cost exercise available outside of working hours”

“community groups seem to be set at specific groups - e.g. chronically unwell or non working people / older people - theres absolutely nothing for professional people trying to network in non working hours.”

Question 12 – Is there anything else you think we need to consider as we begin to write the next chapter for our NHS?

Answered: 1,277 Skipped: 2,608

We asked respondents to identify anything they felt the NHS needed to consider when planning the next chapter for health and care. It is not a surprise, given the open nature of this question, that the near 1300 responses covered a vast array of topics, from how patients access services, the use of digital technologies, through to how there should be a shift in the focus of activity, towards the prevention of illness, rather than just the treatment.

Access to services was a theme in over a third (37.3% / 476) of the comments. This theme covered many different topics relating to how patients access services, including: the process of getting to an appointment, difficulty getting an appointment or accessing a service, and the location of those services.

6.2% (79) of the total comments received were in relation to having more services based in local communities, whether that be in GP surgeries, community venues, or local hospitals such as Bridlington or East Riding Community Hospital; often, this came alongside concerns about needing to travel longer distances to access the care they need.

“More use of local small hospitals. They, re vital to stop people having to travel a long way for sometimes small issues.”

“Consider mobile units or 'hubs' where services can travel to rather than everyone having to make their way to a hospital/surgery”

“Care should be centred in the community with primary care funded to meet the needs of their community. One size does not fit all, big super practices are unsafe and do not meet the needs of patients. Rurality is a health inequality that is over looked.”

Waiting times, whether that be for a prearranged appointment such as General Practice, or when accessing a walk-in or urgent care service, was an issue raised in 5.5% (71) of the total comments. It was not uncommon for respondents to tell us of waiting a couple of weeks to get an appointment with their GP, and many months to

access specialised care such as support for their mental health. Concerns were raised about the lengthy waits patients face when attending some of our urgent care services.

“I had to take my 6 year old son to Austria for a grommets operation as his glue ear meant he couldn't hear and the wait to see a consultant was over 12 months. His hearing had already been affected for over a year. The long term impact of not treating issues will cost the NHS more in the long run.”

“Just because a condition is ruled out as life threatening does not mean it is not debilitating and life altering. People can be in constant pain and have no quality of life. So just because the condition has been ruled as not life threatening it is wrong for those people to have to wait over a year in constant pain to be even seen by a specialist. This needs to be amended. Also, more communication needs to be given to people on the waiting lists as when you are in pain and suffering and not hearing anything from the hospitals it can be very demoralising. You feel forgotten about.”

“Patient expectations should be managed, we shouldn't expect to have a of the range cancer centre in every town for example, but we should be able to get a GP appointment or mental health support without having to wait and wait and wait.”

On a similar note, 147 comments (11.5% of total comments) received in response to this question, identified current difficulties with accessing healthcare services; these relate to numerous services including dental (32 / 2.5% of total comments), and mental health (22 / 1.7% of total comments.) General Practice was by far the most common service for respondents to report having concerns about accessing – 6.7% (86). When people told us about problems accessing GP services, this was often due to problems the appointment booked – for example, phoning up at 8am, and waiting in long call queues.

“GP services are not accessible to the public, it has been this way for many years but made worse since Covid. The ICB really needs to crack down on GP services, if better service was provided by GP then patients would not have to seek help in secondary care. Lots of patients end up in urgent treatment or A&E because they have not been able to access help in the community such as their GP. It's unacceptable and something needs to be done.”

“Yes. Make NHS dentists available to the elderly. I still want to look after my teeth at age 72 but refuse to make my ex NHS dentist super rich by providing the same treatment for twice the price. So, I don't attend anymore - and then when all my teeth fall out, I will just pay out once for false teeth!”

“Proper access to mental health services without having to wait months would save us money across so many other departments within not only the NHS, but police, prisons, courts, public safety, domestic violence.”

This is something which was also referred to by the public during conversations with ICB staff, including in Scunthorpe, where one person said that they *“Can’t get a GP appointment, receptionist is a barrier and say they can’t help. Was told to go to A&E to get painkillers as wanted strong ones and had to sit and wait two hours in A&E just to get this as GP surgery told me they couldn’t help and go there instead”*. Another person said that *“They say ring at 8am for a GP appointment, but still no appointments.”*

Just over 3% of comments about access to services, were about issues related to getting to an appointment, whether this be a lack of public transport options, needing to travel a long distance to access a service, or a lack of parking for those who have travelled using their own vehicle. Where people reported concerns about needing to travel long distances to access care, this tended to be related to secondary and specialist care, rather than Primary Care services.

A similar number (3.8% / 48) said that they would like to see the NHS address concerns about people accessing services inappropriately – specifically, those who failed to attend an appointment (29, 2.3% of total responses), and those who were accessing the wrong service (for example, attending A&E for a condition which should have been dealt with by arranging a GP appointment) (23 / 1.8%). Some people suggested charging a small fee for appointments, which is refunded after attending.

Just over 18% of comments (232 / 18.2% of total responses) were related to **staffing** issues; these fell into several categories, although three were most prevalent. 87 (6.8% of total responses) were about how the health and care system needs to focus more on how it retains more of its workforce and recruits new staff to fill existing vacancies; some people suggested solutions for how more staff could be retained and recruited.

“Too many re-organisations of the NHS have cost a lot and achieved very little. Recruitment and retention of NHS staff is essential. Support public sector pay and pensions to keep the experience needed in the system”

“We desperately need to reduce top tier management levels so we can take on more staff in the areas that need it.”

Sometimes, when people said that they felt the NHS needed to recruit more staff, they would stress that they did not want to see this result in more staff working in

management or non-patient facing roles, and that it should result in more staff delivering clinical services to patients.

Retention of staff was raised through our other engagement channels, including one person who told us, “To me the most important thing is to keep the staff you have by really looking after them so that they don't leave. Pay, job satisfaction and work life balance. Giving them the time, equipment and environment to do their job well. Not chase targets.”

6% of comments about staffing related to staff training and qualifications – in particular, how training in a medical profession can be made more attractive, and how to retain staff who have been trained by the NHS. Suggestions included reducing the financial burden for individuals wishing to train, by using initiatives such as bursaries, and making staff commit to working in the NHS for a set period after they qualify within their profession.

“We should return the non means tested bursary to Nursing/ODP/Midwife/other health care professionals as a matter of urgency otherwise the lack of willing students will continue to drop causing widespread issues through the NHS”

“Also workforce planning... we need to ‘grow our own’ training more medical staff, AHPs and nurses. We spend far too much on locums.”

“When student nurses qualify guarantee them jobs or prioritise newly qualified nurses jobs. I keep seeing politicians saying we have a nursing staff shortage but I keep getting beaten back by experienced staff for vacancies make your mind up are you short staffed or do you only want nurses who create less training work for you”

Many people told us that they feel that as we look to plan the next chapter of the NHS, consideration needs to be given to the **structures and processes of the NHS** as an organisation – 221 comments (17.3% of total comments) related to this.

Of those who said this, over half of those comments (123 / 9.6% of the total number of comments) referenced the need to reduce what people perceive as ‘top-heavy’ management and back-office functions. This is a continuation of theme identified in question 3, where 4.5% of comments identified a desire from respondents to see management and back-office functions reduced within the NHS. It is important to note that, in general, these comments appear to relate mainly to management positions that do not involve any patient care, rather than those roles that include responsibilities such as ward management. In some cases, people told us that they felt the amount of people in back office and non-clinical roles, meant that there was less money available to fund an increase in clinical roles.

"I work in the NHS..... Our managers used to work on the front line/ undertake bench work/ work an occasional shift. Now they do not. As such they say do this or do that and we try to explain why that will not work but they do not listen. We are now a "top heavy" organisation. If the managers had to do one shift a month we would have none of our current problems."

"NHS pays too much for too many chiefs and has not enough Indians"

A smaller number of comments (2.9% / 37 comments) related to reorganisation within the NHS; the majority of these (27) were from people who felt that there is a need for further reorganisation, although there were a smaller number of people (8) who identified the negative impact that previous reorganisations have had. Opinion on what further restructuring is needed within the NHS varied, with some people calling for larger organisations such as NHS England and Integrated Care Boards to be abolished, whilst other suggestions included changing how GP practices operate, and breaking the NHS up into 'smaller, more agile units.'

We also received a similar number of comments (2.7% of total responses / 35) regarding the use of private organisations, to deliver services which have been commissioned by the NHS. The majority of these (28 / 2.2%) came from people who felt that the NHS should stop using private companies to deliver some of its services; often, people said that they felt it was wrong that private companies were benefiting financially from others' ill health. Some people did express a wish for there to be more privatisation of NHS services; however, this was very much a minority of respondents who left a comment (5 / 0.4% of total comments.)

"The key word is organisation. In my experience the individual cells in the NHS don't communicate and throwing money at the NHS will not help. Unless there is restructure (top to bottom) real change will not happen."

"Too many re-organisations of the NHS have cost a lot and achieved very little."

"The NHS is a wonderful Cog that keeps turning but it's getting slower & half these revamps are old ones modernised"

"Ensure that the NHS remains fully publicly owned. Ensure that its funding increases and more public money is spent to support our health service. Do not sell off any parts of our NHS to private companies. Protect our NHS."

“Make all these fragments of the NHS back into one NHS. Stop privatising bits. Remove the NHS from being a political football, it needs to be cross party, whole of the UK solutions.”

“Need to consider how community interest companies (such as City Healthcare Partnership CIC) deliver NHS services. They are businesses who are all about the bottom line and as a service user I’m made to feel that. Their business is more important than how they deliver care to me and my family.”

This is a theme which was also identified during the NHS75 engagement in 2023, which found that “some people also have concerns about the ‘privatisation’ of the NHS and said that they would like to see the use of private companies stopped. This could be due to a lack of understanding of the role organisations such as Community Interest Companies and other third-sector organisations play as part of the NHS, and that individual GP practices are private companies.”

16% of people (204 comments) who responded to this question, told us that **prevention** needs to be an area of focus for the future of the NHS. With many of these, people suggested how the NHS and wider health and care system, should increase its health improvement and prevention activities – including those related to the wider determinants of health. For example: that there should be more education programmes for children and adults about how to live a healthy lifestyle, increased public health activity (such as screening and vaccination programmes, reducing take-away food businesses, etc), and support to access fitness and wellbeing services such as gyms and leisure centres.

“More focus on prevention. For example healthy meals in schools and stop junk food outlets such as bakeries near schools”

“While I have misgivings about the following, I think consideration should be given to refusal of patients to engage with health advice - diet, smoking, exercise. I think the likes of Weightwatchers, gym attendance, cookery classes should be available on prescription. There could be incentives for those who participate or possibly sanctions for those that do not.”

Of those comments about prevention, 73 referred to a specific area of prevention – self-care. This accounted for just under 6% of the total responses to this question. When people mentioned self-care, they often told us that people need to take more personal responsibility for managing and improving their own health and not expect the NHS to do everything for them.

“Education! I have worked in the NHS for 42 years and there are a significant number of patients who have no knowledge of how to cope with minor illness and injuries”

“Back to basics. NHS is a finite resource and the public need to understand their level of responsibility for their health. We live in a society that blames others and expects others to fix but that needs to change. NHS should be there when people aren't able to manage their own health or utilise home remedies/community support/ pharmacy etc.”

Again, the theme of self-care, is one which was also found during the NHS75 engagement exercise, which said “there was a strong theme around educating people to use the NHS responsibly. People felt this would help redistribute demand and that by telling people how to keep themselves well, they would be able to avoid preventable ill health.....People would need support and information to enable them to do this, and suggestions included utilising communication campaigns and public health initiatives around topics such as healthy eating and exercise to enable and support them to live healthier lives for longer.”

This consistent message from our communities, shows that there is a desire and a want, from people in Humber and North Yorkshire, for support and tools to enable them to manage their own health and wellbeing.

Over 10% (134) of the comments related to the better **integration** with other areas of the health and care system, and the wider public and voluntary sector; most of these comments fell into two specific categories.

People told us that there needs to be better integration between NHS services so that care is more joined-up – 4.8% of the total comments (61) related to this. An issue that was often raised is that people feel that different NHS services and departments – and in some cases, other care organisations - do not talk to each other, and that there should be a more holistic approach taken to care, as opposed to just treating the obvious symptom or issue.

“Communication, communication, communication. I want one health service, I shouldn't have to see or experience the fractured seams between departments, services and providers. Why are doctors still 'writing' to each other?”

“The NHS needs to put the patient at the centre of everything. Consider the whole person. Not one complaint, one symptom but everything that is going on with the person. Then triage and direct appropriate responses into locally-maintained resources. Speed up diagnosis. Link systems to talk each other, to share data.”

“I want to be treated like a whole person. Currently my symptoms are treated individually as if there wasn't a system connecting everything together.”

Poor communication between different corners of the health system, is something which people also raised as an issue at the outreach events held during the ‘We Need To Talk’ engagement, with specific examples being given including a patient who had recently undergone surgery and was asked to come in for check up by their consultant, and needed a blood test – was told to report through A&E. No dialogue between ward and A&E meant he was put to the back of the A&E queue and waited several hours. The Consultant called to see where he was and once they realised the patient was stuck in A&E had to come down themselves to sort.

4.9% of total comments (62 comments) related to the need for the NHS to have a closer working relationship with the social care system. People seem to recognise the pivotal role of social care when it comes to supporting patients who have been in hospital, and that having a strong social care system which works alongside the NHS, is key to addressing some of the flow issues, such as ‘bed blocking’ within our hospitals.

“Joined up services- health and social care go hand in hand but proper liaison is rare.”

“How to manage hospital patients in transition to home. Halfway hospitals with less qualified staff (therefore cheaper) for patients who just need a bed while care packages are put in place.”

“Social care needs fixing, it's an important step to free up hospital beds especially as older people get stuck in the system.”

The interface and relationship between health and social care, is one which was identified as a theme in the NHS75 project, where “some people felt that improvements need to be made to the interface between the NHS and social care providers, and increased capacity within the care system, especially to help alleviate some of the issues which the health system experiences around hospital discharge.”

Other feedback

Whilst most of the feedback we received came via our surveys and discussion groups, some people provided feedback through other means, including letters, emails, and discussions with our staff. These 12 comments have been collated and analysed, to allow for the identification of common themes and trends.

The themes identified follow a very similar trend to those from the discussion groups and surveys, with comments referencing some of the **wider societal issues** which impact the NHS, **the need for the NHS to change, system integration, and digital transformation**.

The most common themes identified were **staffing and workforce** (6 / 50%) and **patient experience** (4 / 33.3%), with issues raised including staff retention and training, and travel and transport issues.

Shorter questionnaire findings

A shorter alternative version of the questionnaire was developed to offer a format for using with existing groups or to provide on request, see Appendix 2. This format was taken to pop-up engagement events and offered a less complex way to provide feedback. **There were 84 of these shorter questionnaires completed, some used in groups with younger people, those with a learning disability or those for whom English is not their first language.** Some of those completed will simply have been chosen as a more suitable option in that engagement setting. Where there are themes which differ from those that appear in the main report findings, these are highlighted.

If the NHS gets no more additional money, what do you think is most important?

The responses to this question differed slightly from the priorities highlighted in the online survey. Respondents were asked to rank seven things that the NHS should prioritise with 1 being the most important and 7 being the least important. Overall, they felt that **looking after babies who are unwell** should be the top priority, followed by **people who are seriously unwell and children**. Care of babies or children received a lower priority in the online survey.

Overall rank	Item
1	Looking after babies who are unwell
2	Looking after people who are seriously unwell or have been in an accident
3	Looking after children who are unwell
4	Looking after people who have poor mental health
5	Looking after people who are having a baby
6	Looking after old people who are unwell
7	Looking after adults who are unwell

What three things do you think the NHS is really good at doing already?

Unique to this version of the questionnaire was a question that asked people to suggest three things the NHS is good at. The suggestions are assumed not to have any priority and have therefore been combined to describe the top three themes overall:

1 Staff are good and caring (27 responses)

"The staff are always friendly"

"Kind and caring towards patients"

"There are golden staff in every service who care because the money isn't why they are there."

2 Urgent and emergency care (16 responses)

"Dealing with people who are hurt in accidents"

"Saving lives"

"In emergencies they are the best"

3 Providing care for free (16 responses)

"Don't have to pay for prescriptions for young people"

"Free at the point of contact"

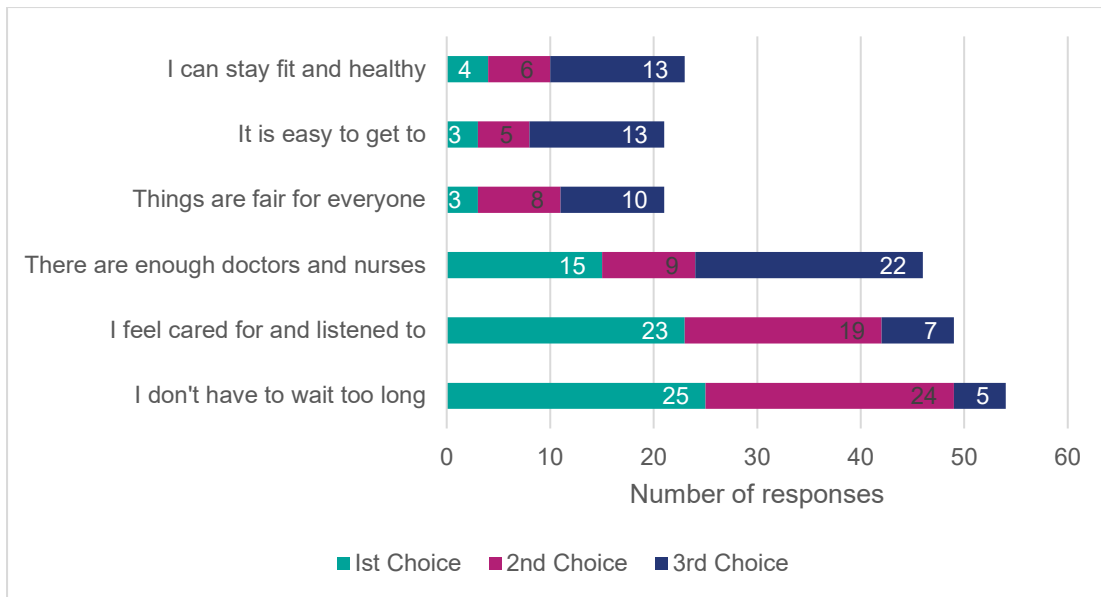
"The service is free and available to all"

What three things matter most to you when you're feeling unwell?

This is a slightly different version of a question in the main survey, which in this version asked people to say what three things matter most to them when feeling unwell. They were asked to make three choices, with 1 being the most important.

Although having enough staff was also a third choice in the online survey priorities, the respondents to this shorter questionnaire were specific about waiting times and feeling cared for and listened to:

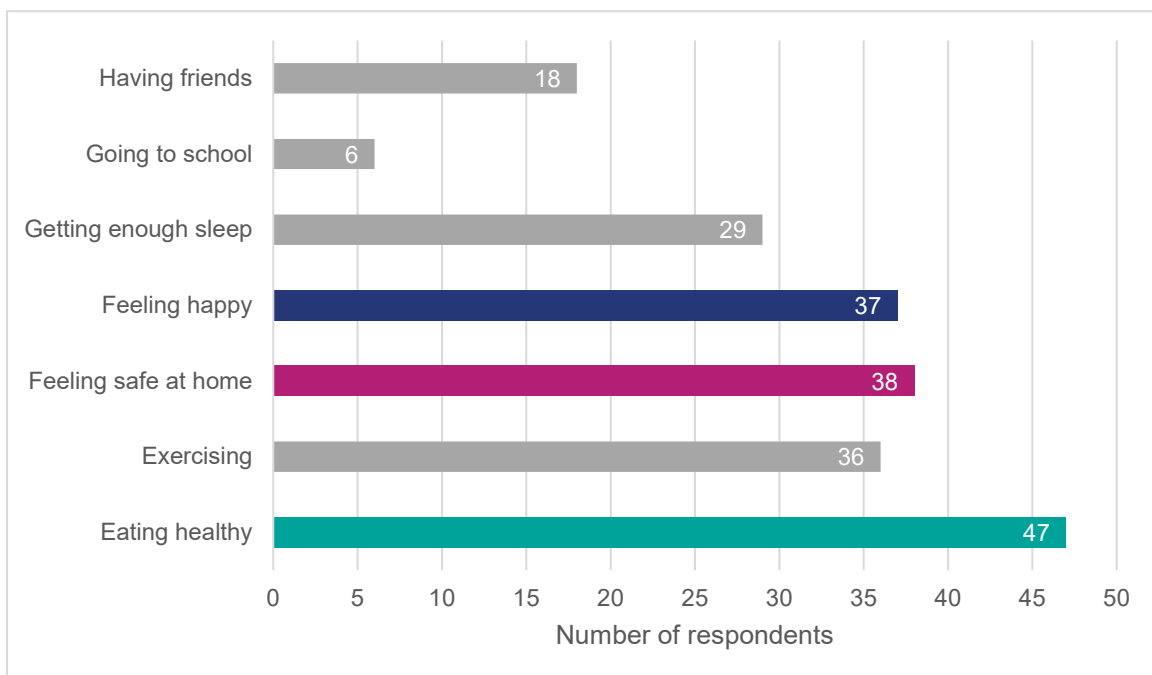
- 1 **I don't have to wait too long** (54 responses)
- 2 **I feel cared for and listened to** (49 responses)
- 3 **There are enough doctors and nurses** (46 responses)



What are the three most important things to help you stay fit and healthy?

When asked to choose three things that people thought were important to help them stay fit and healthy, the top three combined themes from all suggestions were slightly different than those in Question 9 of the online survey which sets out factors that could improve overall health and wellbeing. These respondents chose healthy eating as their top priority:

- 1 **Eating healthy** (47 respondents chose this as an option)
- 2 **Feeling safe at home** (38 respondents chose this as an option)
- 3 **Feeling happy** (37 respondents chose this as an option)



How can the NHS help you with the 3 things you said are important?

Unique to this shorter questionnaire, people were asked to suggest things that the NHS could do to help with the above priorities. Suggestions were not made in any order of priority and are therefore analysed as a whole. The top three suggestions combined were:

1 Offer healthy eating advice and education (36 responses)

Whilst lack of knowledge about healthy habits was only a barrier for 7.1% (185) in the online survey, the respondents to the shorter questionnaire felt **this was a key theme**.

“Provide information about healthy food”

“Telling us what is healthy eating / what are the best exercises”

“Advise and control sugar consumption”

2 Help with mental health (12 responses)

“Emotional and wellbeing support available”

“Better understanding of mental health and that its ok not to be ok”

“Better access and joined up access to mental health”

3 Listen to people to find out what they need (11 responses)

“Talk to us and help us understand what we need to do to be healthier and not need health services as much”

“Come to us, speak to us, educate us”

“More time with a GP to talk about health”

Is there anything else you would like to tell us?

This open question allowed respondents to the shorter questionnaire to add any other feedback they had around health services and keeping healthy. There were 56 responses to this question and they were coded to identify any common themes. Many of the responses (15) were not applicable as they commonly said ‘no’ in response to the question. Some picked out individual concerns and were not able to be grouped into a common theme. Of those that could be grouped, the top three themes were:

1 Mental health (5 responses)

“Mental health must be a priority for the NHS”

“More investment into therapies”

“Mental health medication needs to be more regularly reviewed and carefully spoken about with the individual”

2 **Waiting times** (4 responses)

“Waiting times for ultrasound when worried about symptoms and in pain isn’t good”

“Ambulances take too long and sometimes police officers end up taking you to hospital. Make sure you’re actually ok when you leave hospital”

“Referrals need to be received and passed on more quickly”

3 **Recruitment of clinical staff and development of services** (4 responses)

“To ensure the services have sufficient staff - when GPs do their training to offer incentives to ensure they remain in the UK”

“Small market towns are increasing in size, but the local GP Practice is not increasing”

“Please stop university training for nurses. The admission demands encourage top students but when they qualify the all expect fast track careers. We need nurses who are happy to stay on the ward at Band 5 level”

Targeted communities qualitative themes

Introduction

Seldom-heard groups often have specific health needs that are less well understood or addressed by healthcare services. We held targeted discussions with groups to allow us to hear directly from these populations, gaining insights into their challenges, barriers, and priorities. The topic guide can be seen in Appendix 3. **In total we engaged with 487 people across 32 targeted groups.** The full list of groups can be found in Appendix 5.

This highlights potential health inequalities which can inform strategies to address this.

Themes from discussion groups

There were several recurring findings across the targeted discussion groups:

- The key themes relating to prioritisation are the need to **reduce waiting times**, improve **emergency care**, and invest in **mental health services**. Accessibility of routine and specialist care was highlighted as critical.
- Barriers to access included **long waiting times**, **communication** gaps between providers, **travel** difficulties, and **understaffed services**. **Socioeconomic factors** and digital access also posed challenges.
- While many were open to digital health solutions, they expressed concerns about **affordability, training, and reliability**. Access to suitable devices and

confidence in using technology remain significant barriers for certain demographics.

- People find activities like walking, gardening, and group participation support physical and mental health. However, barriers such as the **cost of healthy food, lack of exercise opportunities, and time constraints** hindered healthier lifestyles.

Key issues from targeted groups

The following summarises the key issues for the groups we engaged with in our targeted engagement.

Targeted group	Key issues raised
Middle aged	Waiting times Holistic care Poor communication
Young people	Mental health Taking issues seriously
Black and minority ethnic	Navigating the NHS Waiting times
Carers – substance misuse	Better integration Improve mental health services
Disability and long-term conditions	Being passed around Having to repeat their story Hearing impaired accessibility
Learning disabilities	Lack of dignity and respect Not being listened to
LGBT+	Referral times for mental health Waiting times for gender affirming care
Men’s health	Mental health Waiting lists Communication
Mental health	Lack of communication/integration Lack of long-term support VCSE filling the gaps
Parents and carers	Dental Waiting times leading to anxiety
Veterans	Tailored mental health support
Women’s health	Experiences are dismissed Not being listened to

Targeted group - middle aged

Location - Westcliff Community Centre Knit and Natter

What should be prioritised?

This group felt there should be a strong emphasis on **treating the whole body rather than just symptoms**, with suggestions for full body health checks upon entering A&E to catch issues early. Additionally, **improving technology and communication** between hospitals and patients is highlighted as an area for improvement. They stressed the importance of A&E for emergencies and life-threatening illnesses.

What could we do less of?

This group expressed concerns about the wastage of equipment and supplies, with suggestions **to stop discarding unused items**. They suggested **better management of repeat prescriptions** to avoid unnecessary medication. Making over-the-counter medicine more **available for those who can afford it**, rather than ordering it on a prescription it is also suggested.

What makes it difficult to access services?

This group talked about challenges such as **long waiting times, travel difficulties, and understaffed services**. The group raised the issue of women in particular finding it hard to access digital services due to **lack of equipment, nervousness, or lack of knowledge about how to use it**. Communication issues between specialists and GPs, as well as **having to tell your story over again to different professionals** were also highlighted. The group said they had mixed experiences with pharmacists, where some are helpful while others simply direct you to A&E.

How could we best deliver services for this group?

When considering what is most important in NHS services, the ability **to get to services** was the top priority for this group. Having enough **skilled staff** was second, and having care **centered around individual needs** was chosen as the third priority.

The proximity of services was also discussed, with **mental health services, GP practices and pharmacies expected to be within walking distance** or accessible digitally. A&E, hospital appointments, routine operations, and tests are expected to be a short travel journey away, while **this group expects that specialist care may require longer travel**, but notes that support may be needed to enable those who cannot drive to access these services.

All the women in this group said they **do not use digital services for leisure or banking**. However, some had used blood pressure monitors. There is a willingness to use digital technology for health and wellbeing **if the equipment is free** or low-cost and **support and training** are available.

What could people do to keep fit and healthy?

The group were asked what they are currently doing to keep fit and healthy. Activities such as **attending groups** for mental health and companionship, gardening, and getting out in the fresh air are mentioned. Some of them said this was **doing more for them than the NHS could**. Challenges to keeping fit and healthy include existing **health conditions, safety fears, financial constraints**, and **lack of knowledge** about opportunities to join groups.

Targeted group - Young people

Locations - Flourish, Grimsby Institute- Heath and Social Care Students, Franklin College Health and Social Care Students and Inclusion LGBT+

What should be prioritised?

Young people in the groups felt that while all services are important, prioritisation is necessary with **mental health, waiting lists, and life-threatening conditions** being top priorities.

They expressed concerns about **long waiting lists** for physiotherapy and dentistry, with some waiting years for orthodontics. Emergency care was also highlighted, with issues such as **inappropriate waiting areas and lack of comfort for carers**. Mental health services were deemed crucial, especially given the difficulty in getting GP appointments. There was also a significant concern about **the crisis in gender services with unacceptably long waiting lists** particularly for young people.

What could we do less of?

Young people suggested that the NHS should be tougher on making people **look after themselves** to reduce them seeing help for poor health and look at **reducing wastage**. Examples included **not prescribing common medicines** like paracetamol, **reducing reliance on external agencies** for tasks that could be done in-house, and **addressing the misuse of A&E** and other resources. There was also a sentiment that **people should take more responsibility for their health**, especially for conditions caused by lifestyle choices like smoking.

What makes it difficult to access services?

Young people felt that **long waiting times, difficulty in getting GP appointments, and poor communication** between doctors and hospitals were common issues when trying to access health and care services. They also mentioned the **expense and difficulty of finding parking**, the **distance to travel** for specialist treatment, and the **lack of gender-specific exercise sessions** as barriers to accessing services. There were concerns about the **availability of medication**, the need to **repeat their medical history** multiple times, and the **lack of compassion** from some GPs. The struggle to **balance health needs with busy schedules**, especially for students, was also highlighted.

The primary concerns were **accessibility, personalised care, and sufficient staffing**. Young people wanted to ensure that they could easily access services, that their care was centred around their needs, and that there were enough staff with the right skills and experience to provide quality care.

How could we best deliver services for this group?

Young people told us about the importance of **proximity for minor services** like GP, pharmacy, and mental health services. **For more serious conditions, they were willing to travel further** if the care was better and transport was available. They also expressed a **preference for digital access** where possible.

They told us they were **generally competent with technology** and used it for various activities like online banking, shopping, and fitness tracking. However, they **expressed concerns about older people struggling with technology** and the lack of access to devices or internet for some.

Young people said they were **open to using technology** like home testing kits, fitness trackers, and video appointments to improve their health and wellbeing. However, they **preferred in-person consultations for serious issues** and were concerned about technical issues and communication barriers with digital consultations.

What could people do to keep fit and healthy?

A variety of activities were mentioned to keep fit and healthy, including **walking, gym workouts, healthy eating, and mental health practices** like therapy and mindfulness. Young people were knowledgeable about **self-care and the importance of a balanced diet and regular exercise**.

Barriers to keeping fit and healthy included the **cost and convenience of unhealthy food, lack of time and motivation, and the closure of youth clubs**. They also mentioned the need for **more education** on healthy eating and the importance of making healthy choices accessible and affordable.

Targeted group – Black and minority ethnic groups (BAME)

Locations - Peel Street Project (women's group), Welcome to York, Our City Hub

What should be prioritised?

The BAME groups emphasised the **need for the NHS to improve efficiency** rather than identifying specific priorities. Examples included receiving multiple letters for the same appointment and attending appointments without test results being available.

What could we do less of?

These groups suggested that prescriptions for over-the-counter medicines such as paracetamol, **could be purchased** by patients. However, they noted that creams for children's health conditions like eczema are very costly and may be difficult without prescription.

What makes it difficult to access services?

Getting appointments with GP practices was highlighted as a significant challenge. This group mentioned **difficulties in calling GP practices at specific times of day** due to busy schedules and the lines being busy. Migrant communities told us they face additional challenges, such as **UK doctors not recognising diagnoses from other countries**, and the need for information in **multiple languages**. In addition they told us that some practices, like Fulford GP Practice, only accept appointment requests online which can be a barrier to this group.

How could we best deliver services for this group?

This group felt that **local pharmacy services were useful**. They also suggested the need for **more walk-in centres in York** to avoid hospital visits for urgent treatment.

They told us there is a **lack of understanding about the NHS and its services** among migrant communities. More information about women's health services and children's vaccination programs is needed. They suggested that **education** about the NHS should be provided in schools and universities. This group also told us that **family members of migrants without settled status face challenges in accessing NHS treatment**.

These groups emphasised the importance of **accessible** healthcare, **personalised** care, and having **enough skilled staff**. They expressed a preference for having certain services within walking distance or accessible digitally, while being **willing to travel further for specialised care**.

The groups were **generally confident in using technology** for various purposes, including online banking, shopping, and fitness tracking. They were **open to using digital technology for health and wellbeing**, provided instructions were clear.

What could people do to keep fit and healthy?

Participants mentioned activities like **walking, going to the gym, and healthy eating** to stay fit. However, they faced barriers such as **the cost of healthy food, time constraints, and the lack of gender-specific exercise sessions**.

Targeted group – Carers of people (substance misuse)

Location - Angels Carers Group

What should be prioritised?

This group strongly felt there should be **prioritisation of life-threatening emergency care**, with examples of delayed ambulance services leading to tragic outcomes. There was also a strong emphasis on **better integration of social and health care**, with suggestions to tax and ring-fence both sectors to solve funding problems. Concerns about ambulance wait times and the **handover process** at

hospitals were highlighted, with suggestions to improve these processes through better use of technology or having non-clinical staff handle handovers.

What could we do less of?

This group also told us they felt there was a need to **scale down administrative and management costs to divert funds** to frontline services. It was suggested that the NHS could **reduce over-prescribing of over-the-counter medications** and address the issue of **missed appointments** with a 'three-strikes' policy. Additionally, there was a concern that cutting services might lead to the NHS having to pay for private treatment, which would not result in savings.

What makes it difficult to access services?

In terms of access to services, this group felt that **inconsistent mental health services** created a major issue. They told us that people with addictions struggle to access help **due to the complexity of services for mental health and addictions**. There were mixed experiences with the crisis team, with the **quality of care depending on who answers the phone**. Carers face challenges when the crisis team cannot speak to them due to **data protection**, and there are frustrations when the crisis team **only responds if the police are involved**.

This group told us that there is a need for a **safe place** for people with addictions or mental health issues to go voluntarily when in crisis. There are issues with the **community mental health team not visiting patients**, which can lead to a lack of support and potential eviction. Long **waiting lists for counsellors** and difficulties in getting GP appointments are also highlighted, along with problems with parking and lift facilities at hospitals.

How could we best deliver services for this group?

In terms of service accessibility, this group of carers felt that **GP practices, pharmacies, and dentists should be within walking distance** or accessible digitally. Hospitals, including emergency rooms and maternity services should be a short travel journey away, while **specialist hospitals and consultants could be located further away or out of the local area**.

Most people in this group reported using digital technology for banking, shopping, and some using the NHS app. They expressed **willingness to use digital technology** to improve their health and wellbeing in the future, but noted they would **need help to gain confidence in using it**. They expressed a **preference for face-to-face interactions for certain health issues**, but digital options were seen as helpful for some situations.

What could people do to keep fit and healthy?

For this group, keeping fit and healthy involves participating in **activities at leisure centres, eating healthily, and they value having pets for well-being**. Peer support groups were seen as beneficial for well-being, and they expressed positive experiences with **social prescribing activities like healthy eating and cooking from scratch**. This group held a view that children are more adept at using apps and

technology to manage their health, and a **proactive approach to health** is encouraged.

Finally, the group felt there were some challenges to keeping fit and healthy whereby **carers could be struggling to look after themselves**. They told us there was a need for **more autonomy in managing long-term health conditions**, and there was a **lack of knowledge** about community resources. They suggested information hubs and standardised points of contact throughout the **area** to ensure people are not missed.

Targeted group – Disability and long-term health conditions

Locations - Green Futures, Westcliff Community Centre Knit and Natter, Long Term Conditions Men's Group - Centre 4 Grimsby, Endometriosis Support Group (Hull), Deaf Group Scarborough

What should be prioritised?

These groups place a strong **emphasis on the prevention of diseases** and the need for a more **proactive approach to healthcare**. Many told us that the current system is **too focused on treating the aftereffects of poor health** rather than addressing the root causes. One person asked if GPs and nurses are taught to talk to patients about preventative measures whilst in medical school.

People in these groups placed importance on **mental health** and **cancer care** and consistently ranked these as high priority, alongside emergency care and end-of-life care. They talked about the need for **better equipment** and **more appointments**, with concerns about whether consultants would be willing to work more hours.

What could we do less of?

These groups said there could be **more effective spending** and **reduction of waste** within the NHS, where budgets are sometimes used for the wrong things such as building maintenance and not for basic treatments and supplies etc.

What makes it difficult to access services?

People in these groups highlighted **difficulties in getting GP appointments**, with some noting that while they could easily get appointments for certain conditions like diabetes it was much harder for other issues. They also had **concerns about the effectiveness of digital and telephone appointments**, with a preference for face-to-face consultations for an accurate diagnosis. The **timing of appointments** was another barrier, especially for those with work or travel commitments.

Communication between different specialists and GPs also makes it difficult to access services, with participants expressing frustration over having to repeatedly tell their story to different professionals.

How could we best deliver services for this group?

The discussions revealed a strong desire for **better integration** of services and improved communication. People in these groups felt that services and systems should be more interconnected to avoid the need for patients to carry their medical history to every appointment. They also felt there should be better training for healthcare staff to deal with patients with **audio impairments** and more empathy in their interactions. The **need for interpreters in all health and care settings** was emphasised, with the lack of access to interpreters leading to delays in treatment.

“After a long wait, they asked why there was such a delay. To their surprise, they were told they had already been called. But they hadn’t heard due to their hearing impairment.”

- Heard at deaf club discussion group

What could people do to keep fit and healthy?

When it comes to keeping fit and healthy, participants mentioned various activities such as **gardening, attending wellness hubs, and participating in community groups** like the Knit and Natter. However, they talked about some of the barriers to this, including **the cost of gym memberships, time constraints, tiredness, and dealing with their health conditions**. Safety concerns and financial difficulties were also mentioned as obstacles to maintaining a healthy lifestyle.

Targeted group – Learning disabilities

Location - Flourish and Starlight Arts - Ashby North Lincs

What should be prioritised?

One of the key themes from these conversations was a keen **appreciation for the NHS, with many people expressing their gratitude** for the care and support they receive. They talked about the **dedication and kindness of the staff**, the importance of having access to healthcare services, and the positive impact of the NHS on their lives.

However, there were also significant **concerns about the accessibility and efficiency** of the services. Many of them mention **long waiting times** for appointments and treatments, **difficulties in finding NHS dentists**, and the challenges of getting timely care, especially in **emergencies**. The need for **more staff** and specialists was raised, as was the desire for **better communication** and understanding from healthcare professionals, particularly for those with complex needs or disabilities.

“One lady said she went to hospital, and she was having a rhythmic spasm and that many clinicians around her didn’t understand what that was and despite the fact the lady was explaining herself, and that if they contact somebody in Grimsby Hospital who normally deals with her care, they would be able to explain the treatment they needed. But they didn’t listen to her. And this theme of not listening to the patient came up frequently with this cohort.”

- Heard at learning disability discussion group

What makes it difficult to access services?

Many participants express a preference for **seeing the same doctor** or nurse consistently, rather than having to repeat their medical history to different practitioners. There is also a call for **longer appointment times** to ensure that patients feel heard and understood. Additionally, the need for better accessibility to healthcare services, including more **convenient appointment times** for working individuals, **free parking** at hospitals, and the availability of **private rooms at pharmacies for confidential consultations**.

How could we best deliver services for this group?

These groups expressed frustration with the current state of the NHS, pointing out the **inefficiencies** and areas where improvements are needed. They said there needed to be **more empathy and kindness** from healthcare providers, **better coordination between hospital staff and GPs**, and a more **consistent approach** to patient care.

They suggested providing **easy-to-read letters** for those with learning disabilities and offering more **support for mental health and well-being**.

The responses also reflect a desire for more **personalised and continuous** care.

What could people do to keep fit and healthy?

These groups talked about the importance of **empowering patients** with knowledge and encouraging them to **take responsibility** for their health. This included **educating parents** on healthy eating for their children.

Targeted group – LGBT+

Location - Inclusion LGBT

What should be prioritised?

Those taking part in these discussion groups said that while all services are important, areas such as **mental health, waiting lists, and physiotherapy** should be prioritised, especially where it concerns conditions that are life-threatening. There was a significant concern about the **acute crisis in gender services**, and these groups talked about unacceptably long waiting lists, particularly for young people. An example was given of a 14-year-old who died by suicide while on the waiting list. Additionally, these groups talked about the need for **more community services that are easily accessible** and for **better use of technology** to improve service delivery.

What makes it difficult to access services?

While most people in these groups said they were able to get appointments when needed and used technology to access advice and GP practices, they highlighted issues such as **conflicting diagnoses from different health professionals** and a **lack of knowledge among GPs about gender issues**. One participant mentioned that their GP had to Google information during a consultation, indicating a need for better links between specialists and GPs. There were also concerns about the **distance to travel for specialist treatment and mental health services**.

What could we do less of?

When discussing what services should be provided by the NHS in the future, some participants suggested that **over-the-counter medications** and certain low-level **dermatology services could be delivered outside of the NHS/GP model**. This would free up clinicians' time for more critical services. There was also a suggestion to promote prescription pre-payment cards more actively.

How could we best deliver services for this group?

People in these groups were generally **competent with technology** and used it for various purposes such as online banking, shopping, and fitness. They were also **willing to use digital technology** for health purposes, such as home testing kits, video/telephone appointments, and fitness trackers. However, they felt there were **limitations, such as the inability to book appointments through the NHS App**.

What could people do to keep fit and healthy?

The people in these groups mentioned that **whilst they were aware of healthy eating habits, poverty was a significant barrier**. Families struggle to afford healthy food, and there was a lack of time and energy to cook fresh meals. There was a call for **more support for parents**, including simple meal plans and basic cooking education in schools. Additionally, there was a need for **more workplace support** to encourage healthy eating.

Targeted group – Men’s health

Locations - Westcliff Men's Mental Health Drop-in, The Forge

What should be prioritised?

The men agreed that the NHS needed to change, with some calling for significant reforms. They felt that the NHS was **overburdened rather than understaffed**. Mental health services were unanimously prioritised, as the participants believed that **without mental health, there is no health**. They told us that current statutory services were not meeting people's needs, but **non-NHS mental health support like community groups were now filling the gap**. They suggested that investing more in these community services could benefit more people. Additionally, they believed that spending more on mental health could save money elsewhere in the system, such as A&E and emergency care because it could help by reducing harmful behaviours like excessive drinking.

This group also emphasised the importance of **addressing waiting lists** for all services, as long waits could lead to severe consequences. **Poor experiences in A&E** were reported, with one man telling us that his wife had to wait seventeen hours before being admitted for a serious spinal problem. Acute stroke services were also highlighted as very important. **Social prescribing was highly valued** by this group, with many saying they find it helpful, with one man mentioning the support he received from the Job Centre for his mental health.

What could we do less of?

A few of the men suggested that **dentistry should not be provided by the NHS**, as it was difficult to access and felt like a lottery for people. They believed it might be too late to save it but agreed that emergency dentistry was essential. They also felt that the NHS should **not provide over-the-counter medicines that can be bought** cheaply and should avoid giving people large prescriptions of items like co-codamol with constant refills.

What makes it difficult to access services?

The top barrier identified was poor **communication**. The men shared experiences of having to repeat their stories multiple times because clinicians did not communicate with each other. Some had also received follow-up letters that seemed to be about other patients rather than them.

Getting an appointment was often difficult, with many experiencing **frustrations when calling their practice**. Some did not understand why they were asked the reason for their call, leading to a discussion about the role of care navigators. They felt that receptionists were trying to protect GPs from overload, and GPs were avoiding referrals to protect hospitals.

“One men’s group told us they didn’t ring the GP practice because they’re going to have a ‘gatekeeper’ trying to keep them from getting an appointment.

What they didn’t understand was anything around care navigation, or the fact that somebody is trying to point them towards an alternative health professional who could deal with their problem a lot quicker than if they see a GP first.”

- Heard at men’s health discussion group

Travel was another barrier, with participants agreeing that while it made sense to travel for some appointments, it was not always easy or possible. They suggested that **hospitals should consider people's circumstances when booking appointments**. Mental health services were also seen as **lacking understanding**, with one man recounting how he was sent home from A&E during a mental health crisis because he was not actively suicidal.

How could we best deliver services for this group?

The men talked about the importance of having their **care centered** around their needs and **being listened to**. They wanted assurance that specialist services would be available when needed and that they would be **treated fairly and inclusively**, regardless of their identity.

The men told us they expected **simple tests to be closer to home** along with pharmacy services, which they had positive experiences with. They expected more **complicated tests and general hospital care to be a short journey** away. They said they would expect to **travel longer or out of their local area for specialist care**, such as for cancer. One participant mentioned being willing to travel to Edinburgh for quicker care, but **they stressed the difference between being prepared to travel and being able to travel**.

How could we best deliver services for this group?

Most of the men said they **used some technology** for entertainment or keeping in touch, such as WhatsApp or Messenger. However, **only about half of the group had a smartphone or other device** and none of the eight participants used fitness trackers. Some had old-fashioned mobiles, making it difficult to access links sent by their practices. One man used a blood pressure monitor at home which made him feel more independent in managing his condition.

The men liked the idea of using technology to help with medical conditions but were **concerned about their ability to use the equipment or having the right IT** in place. **Only two participants had the NHS App** on their phones and were unsure of its capabilities. They agreed that it might be helpful if someone came to their group

to help them install it and understand how to use it. They were unsure about video or telephone appointments for mental health help, as **they felt face-to-face interactions were important for understanding body language and unspoken cues**. Many were **uncomfortable using the telephone**, which they found to be a barrier.

What could people do to keep fit and healthy?

The group did not have much time to discuss this in detail, but they all emphasised the **importance of community support** such as the community centre mental health group and groups like Men in Sheds. One man talked about how attending a drop-in lunch helped him overcome his suicidal thoughts after losing his wife. They agreed that **the right mental health support made them less likely to adopt unhealthy behaviours like smoking, drinking, or overeating**. They also appreciated **pharmacy services** and the private consultations they offered. Most of the men tried to manage their own health and did not rush to the doctors for minor illnesses, preferring to seek advice from pharmacies and wait for minor issues to improve on their own.

Targeted group – Mental health

Locations - Westcliff Men's Mental Health Drop-in, Westcliff Community Centre Knit and Natter Next Steps, Malton

What should be prioritised?

The prominent theme for the mental health groups was the **prioritisation of mental health services**. People in these groups consistently emphasised the importance of mental health and believe that **current statutory services are not meeting people's needs**. People felt if their mental health was in a good state this had a real impact on their general health and wellbeing.

Another significant theme was the need for **improved communication** and coordination within the NHS. Many participants reported poor experiences due to a lack of communication between clinicians, hospitals, and GPs. This lack of communication leads to frustration and inefficiencies in the system.

What makes it difficult to access services?

Accessibility and availability of services also emerged as critical issues with people highlighting **difficulties in getting appointments**, long **waiting times**, and the need for **more face-to-face** interactions. They expressed concerns about the impact of new housing developments on local GP practices and the need for additional funding to accommodate the growing population. **Travel was another barrier**, with some participants finding it challenging to attend appointments due to distance and timing.

What could people do to keep fit and healthy?

The groups also touched on the **importance of social prescribing and community support**. People valued the role of community hubs and groups like Next Steps and Men in Sheds in providing essential support and improving their mental health and overall well-being. These networks offer a sense of community, access to help and advice, and **opportunities for social interaction**, which are crucial for maintaining good health.

How could we best deliver services for this group?

While some people in these groups were open to using digital tools to manage their health, others faced barriers such as **lack of equipment, digital literacy, and discomfort with using technology**. There was a general consensus that with the right support and training, more people would be willing to adopt digital health solutions.

Targeted group – Parents and carers

Locations - Dementia Carers Group – Grimsby, Home-Start, Hull, Home-Start, Goole

What should be prioritised?

The consensus among these groups is that **dental care should be prioritised** due to the lack of access to NHS dental services. One person shared a personal story about their parents being dropped from their practice list for missing an appointment, resulting in their father losing his teeth because he couldn't get registered elsewhere. **Preventative health services** were also deemed crucial, with suggestions like bringing back school dentists to ensure children receive equal care.

People in these groups expressed a desire for **fewer managers** and more hands-on staff, the return of ward matrons, and **better communication** between staff and management. There were also suggestions around improved **cleaning** services, **better food** quality, **free parking** for staff and patients, **quicker test results**, and **better coordination** between scans and appointments. The discharge system was highlighted as needing improvement, with better coordination between doctors and pharmacies.

Overall, **mental health** care, **early years** care, **emergency care**, and reducing **waiting times** for ambulances were the priorities from these groups. The need for improved staff retention and continuity of care was also mentioned, with one person noting the anxiety caused by continually seeing different healthcare providers. **Primary care** was identified as a priority, with concerns about access and the current state of services. **Cancer services** and **mental health care** from childhood to adulthood were also deemed essential.

What could we do less of?

Over-the-counter medicines like paracetamol were suggested to be **removed from prescription** lists, with a system in place for those who need them regularly. There were mixed opinions on **the value of weight loss surgery** and other interventions. Participants felt that the NHS should **stop using private healthcare** settings and employing sub-contractors for manual work, as these practices were seen as costly and inefficient. **Fertility treatments** were also questioned, with one example given of a woman who had her tubes tied and later reversed at the NHS's expense.

What makes it difficult to access services?

People in this group shared their frustrations with long ambulance **waiting times**, **difficulty seeing GPs**, and poor **coordination** between clinicians and pharmacies. There were also concerns about the **lack of understanding of women's health issues** and the challenges faced by carers in getting appointments for those they care for. The digital systems used by the NHS were criticised for being inadequate, leading to patients **having to repeat their stories multiple times**. Other barriers included the difficulty of getting through to GPs, the lack of communication between services, and the **challenges faced by single-parent families** and those without access to technology.

How could we best deliver services for this group?

Accessibility and being **listened to** were top priorities for this group. The availability of staff with the right skills and experience was also crucial, along with the assurance that specialist services would be available when needed. People in this group expressed a preference for having **GP practices and pharmacies within walking distance or accessible digitally**, while hospital services and specialist care could be a short travel journey away. However, there were **concerns about the ability to travel for specialised care, especially for those without support**.

The use of technology to help with day-to-day activities and health management was generally welcomed, with participants using online banking, shopping, and health apps. However, there were **concerns about the need for support to help people use technology effectively**. Participants were open to using digital technology for health monitoring and appointments but **emphasised the importance of having the choice and not being forced to use it**.

What could people do to keep fit and healthy?

Finally, the conversations highlight the challenges participants face in keeping fit and healthy. **Caring duties, financial constraints, lack of time** and support, and poor **access to services** were significant barriers. People in this group also mentioned the **high cost of healthy food**, the stress and anxiety caused by **not having local services**, and the **lack of inclusive and accessible fitness groups**. Despite these challenges, participants tried to maintain a healthy lifestyle through activities like walking, joining support groups, and eating healthily.

Targeted group – Veterans

Location - NEL4Heroes Veterans Group North East Lincolnshire

What should be prioritised?

People in this group emphasised the importance of **cancer** treatment, **urgent care**, and **mental health** services. They stressed that mental health support should be timely and tailored to individual needs, as "one size doesn't fit all". Additionally, there was a call for better support for mothers and families dealing with **stillbirths**, as they often suffer from PTSD and require more mental health support.

What could we do less of?

The group told us about the inefficiency and misuse of NHS resources. People pointed out that **doctors should not prescribe over-the-counter medicines** and that repeat prescriptions should be monitored more closely to prevent unnecessary orders. There were also concerns about the **impact of immigration** on the NHS, with some participants suggesting that people coming into the country should be checked for infectious diseases. The issue of **prisoners clogging up A&E services** was also raised, with a suggestion to charge people for inappropriate use of services.

What makes it difficult to access services?

This group talked about their frustration with the **target-driven nature** of the NHS, which they felt reduced them to statistics rather than individuals. The **use of jargon** was also seen as a barrier to understanding and accessing services. Long **waiting times at A&E** and **difficulties in getting GP appointments** were common concerns. There were also issues around the accessibility of services, particularly for those **living in rural areas or with limited transportation** options.

How could we best deliver services for this group?

People in this group were generally **open to using digital tools** to improve their health and wellbeing, provided they were shown how to use them. Many were already using online banking, shopping, and health apps. However, there was a recognition that **not everyone is comfortable with phone call appointments and that some services need to be available in person**.

What could people do to keep fit and healthy?

In terms of keeping fit and healthy, participants mentioned engaging in **step challenges** and recognising the need for more exercise. **Peer support groups** were seen as valuable, with a suggestion that there could be better networks and community integration to support health and wellbeing. **Work-life balance was identified as a significant barrier** to maintaining a healthy lifestyle.

Targeted group – Women’s health

Location - Endometriosis Support Group (Hull), Immingham Girl's Night Out Group, The Forge

What should be prioritised?

Women highlight several key themes regarding the prioritisation of NHS services. Many in this group emphasised the need for **increased funding** and education for staffing, particularly for **training new doctors and nurses**. There was also a strong sentiment that **local authorities should take more responsibility for social care funding, rather than the NHS**. Women's health emerged as a significant concern, with participants noting that over 10% of women struggle to work due to female-only

“When you’re a woman, they tend to put everything down to being overweight or something to do with menopause. Even mental health difficulties. They don’t really ask about your history or what might have happened to you.”

- Heard at women’s health discussion group

health issues like endometriosis and the group expressed **disappointment that women's health is not prioritised**.

What could we do less of?

Some of the women **questioned the value of social prescribers** in GP services. There was also a call for standardisation across all NHS services to ensure consistency and efficiency.

What makes it difficult to access services?

Accessing health and care services posed several challenges for the women in the groups. Many described the frustration of **living in pain while waiting for specialist appointments** and the inefficiency of having to go through **multiple steps to get a referral**. There were also complaints about GPs following **rigid checklists** rather than listening to patients' concerns, and the **lack of communication** between different services, which forces patients to repeatedly provide their medical history. The **long waiting times** for specialist services, particularly for endometriosis, were highlighted as a major issue, with some participants having to pay privately for necessary treatments.

“Another woman spoke about being on the waiting list for more than 3 years for an operation – during this time she couldn’t work and was in agony.....she knew her ‘cost to society’ would’ve been less had she just received the care she needed sooner and was able to work.”

- Heard at women’s health discussion group

How could we best deliver services for this group?

Women had **mixed feelings regarding the use of digital technology** to improve health and wellbeing. While some appreciated the convenience of digital consultations during the COVID pandemic, there was a **strong preference for maintaining the option of in-person appointments**. The **inconsistency** in digital systems across different GP practices was also noted as a barrier to effective care.

Finally, the discussion touched on the need for **better integration between the NHS and the voluntary, community, and social enterprise (VCSE) sector**. Participants suggested that regular, mandated training events for NHS staff to connect with the VCSE sector could save resources and improve patient care. There was also a call for government-mandated targets for NHS services to ensure accountability and better outcomes for patients.

Outreach locations visited

In total we engaged with **538 people** at 19 outreach engagement events across Humber and North Yorkshire. Most people went on to complete either the main survey or the shorter version survey. Some people took the time to talk to us and share their thoughts about the NHS without completing our survey, and this feedback was recorded and added to our data. This ad hoc **feedback was found to reflect the themes throughout this report** and some of the anecdotal comments are included as quotes within this report. A full breakdown of the locations visited is available in Appendix 6.

Staff and stakeholder engagement

Patient stakeholder engagement

A meeting of the Patient Engagement Network was held on Wednesday November 6th 2024, with the main purpose being to involve members in a discussion and breakout session about the 'We Need to Talk' engagement. The Patient Engagement Network is made up of community members from across Humber & North Yorkshire, who have an interest in health and social care. The meeting was held virtually, using Microsoft Teams; Sixty-nine members registered and expressed interest to attend and thirty seven signed in for the virtual meeting.

After receiving a presentation outlining the engagement exercise, the meeting split up onto 6 break-out groups to discuss the following issues:

- *How do you think the NHS needs to change?*
- *What do you think the biggest priorities are?*
- *Which NHS services could / should be delivered differently?*
- *Are there things we could do better to encourage self-care and to empower self-management of minor illness and long-term conditions?*

The top themes which came out of the conversations were:

1. Integration and collaboration across services

- Improved coordination between primary care, secondary care, and social care is essential.
- IT systems should be integrated to facilitate smooth communication between departments.
- The NHS should work closely with voluntary and independent sectors, especially in areas like mental health and patient recovery.

2. Prevention and education

- Focus on preventive care through early intervention and education.
- Educate the public, starting in schools, about healthy lifestyles and appropriate use of services.
- Campaigns to promote self-care and healthy living (e.g., gym incentives, mental health support before crises).

3. Workforce challenges

- Recruitment and retention of frontline staff, including nurses and GPs, are critical.
- Staff are overstretched, impacting morale and service quality.
- Strong leadership is needed to drive positive change across all levels of the NHS.

4. Improving patient flow

- Address bottlenecks such as bed-blocking due to insufficient community or social care.
- Streamline discharge processes with better support from community services.
- Reduce waiting times for appointments, tests, and treatments.

5. Digital and technological upgrades

- Invest in consistent IT systems to ensure seamless sharing of medical records.
- Expand digital health services but consider the needs of digitally excluded populations.
- Explore telehealth and virtual wards to reduce hospital visits and improve efficiency.

6. Access and equity

- Address disparities in service availability across regions (e.g., "postcode lottery" for care).
- Improve timely access to GP appointments and ensure consistency in care quality across practices.
- Ensure inclusivity for non-digital and low-income populations.

7. Empowering self-management

- Provide resources and training to help patients manage minor illnesses and long-term conditions independently.
- Use trusted community resources like libraries to disseminate health information.
- Expand awareness of local health services and alternatives to A&E for non-urgent issues.

8. Streamlining NHS services

- Consider delivering non-essential services (e.g., eye and hearing tests) through partners like pharmacies and high street ophthalmology services.
- Expand the role of community hospitals and optimise GP surgery spaces for additional services.
- Rationalise elective care to reduce hospital pressure.

9. Public communication and transparency

- Simplify public-facing information about how to navigate NHS services.
- Provide clear guidance on the appropriate use of services like Urgent Treatment Centres (UTCs).
- Foster trust through openness about NHS priorities and challenges.

10. Funding and resource allocation

- Increase funding for primary care to address public-facing needs.
- Allocate resources effectively to balance emergency and elective care demands.
- Shift funding focus from management and statistics to frontline services.

Political stakeholder engagement

Approach

Much of the engagement with stakeholders involved raising awareness of the survey, encouraging them to participate and to promote through their channels and within their organisations.

- **Pre-launch (11 October):** Initial warm-up communications targeting political and local authority leaders, as well as system Chief Executives and Chairs. The goal is to inform them about the upcoming survey and encourage their participation and promotion
- **Launch (14 October):** Official launch communications sent to political and local authority leaders, and other stakeholders. This includes sharing public-facing communications like press releases, website content, and FAQs

- **Week 2 (w/c 21 October):** A mid-way point review message is sent to stakeholders, encouraging continued participation and spreading the word about the survey.
- **Week 4 (w/c 4 November):** Final reminders are sent out, thanking those who have participated and urging others to complete the survey before the deadline.

MP engagement event – 8 November

We held one engagement session, offering all MPs across Humber and North Yorkshire to drop in and provide their feedback and thoughts as part of the engagement. Three MPs attended the session in person, with a further two represented by members of their office.

Feedback and themes from MPs and representatives:

Access and centralisation concerns:

- MPs stressed the need for accessible, local services and cautioned against centralisation that could create barriers, particularly for underserved groups like low-income, elderly, and single-parent families without access to transport.
- There is a perceived discrepancy between the intent to localise care and the movement of services to larger centres, which can increase travel burdens.
- Although respondents may be willing to travel for specialised services, there needs to be clarity on what these are.

Workforce and training initiatives:

- Workforce shortages, especially in primary care and specialties like stroke, were highlighted as critical.
- MPs encouraged a stronger focus on growing local workforce through expanded roles for Hull and York Medical School, as well as exploring additional training in pharmacy and dentistry.
- Concerns were raised about dependency on overseas recruitment, with MPs urging prioritisation of local workforce development.

Digital accessibility:

- MPs emphasised the need for accessibility, particularly for low-income and elderly constituents who may lack reliable internet or digital literacy.
- MPs advised that non-digital solutions should remain available to avoid widening inequalities.

Specific service concerns: stroke and dentistry:

- Concerns were raised regarding stroke care, with some patients reportedly traveling long distances for their care. More immediate assurances for

patients facing delays were requested, with an ask for a briefing to be provided on the provision for stroke services.

- Access to dental care remains a prominent issue, especially in underserved areas, with MPs requesting a comprehensive plan for improvement.

Expectations for action and accountability:

- MPs emphasised a need for clear demonstrable progress, so that they could see tangible improvements and impact on outcomes.
- There was a call for action plans and communications that could give constituents confidence that the ICB is effectively addressing concerns and moving towards solutions.

Staff engagement

ICB Staff were invited to join a series of engagement sessions held online, to offer their views. There were **222** staff that took part in these workshops. This feedback has been summarised as follows:

What do you think the biggest priorities are?

Staff were asked about the priorities for our NHS and where the focus for development and improvement should be. They told us about a need to prioritise workforce as well as improve efficiency and embrace digital transformation. Health inequalities were a theme here as well as looking at collaborative care models and how services can be more sustainable.

Workforce and staff support

- The need to value staff, improving staff recruitment and retention
- Workforce development, providing training programmes that do not leave people financially less well off
- Creating more university places for people to become doctors and nurses
- Incentivise GPs to work in areas of deprivation and redistribute the workforce to meet population needs
- Empower staff teams to then empower patients
- Allow front-line staff to innovate so they can make changes and efficiencies

Address health inequalities

- Improve physical accessibility to premises, addressing health inequalities
- Use CORE20PLUS5 to address health inequalities and healthy life expectancy gap
- Incentivise GPs to work in areas of deprivation
- Consider pooled budgets for care of the elderly, increasing collaborative work to prevent hospital visits
- Targeting harder-to-reach communities to ensure they have access to services
- Ensure quick access to primary care to reduce emergencies
- Develop community pharmacy services and social prescribers to support prevention

Early intervention and prevention

- Supporting people to live healthier lives and look after themselves through prevention and empowerment
- Focus on best start to life: suggesting nutrition from birth, parental support, ACE avoidance and Sure Start models
- Use more proactive rather than reactive approaches
- Population health improvement focused on determinants of health
- More use of technology and face-to-face care to support prevention at neighbourhood level

Digital transformation and integration across the system

- Maximise use of AI and apps, with digital investment to ease workloads
- Improve integration and communication between organisations with data sharing
- System integration and ensuring digital platforms communicate
- Examine what is already there before introducing new systems to ensure they link up and talk to each other
- Communicating to the public about what our digital offer is

Collaborative care models

- More collaboration and joined up working across the system
- Focus on social care to safely transition people out of hospital
- Make sure community services (e.g., pharmacies) are equipped to treat patients without sending them back to GP
- Community Hubs for urgent care, diagnostics, and family support
- Communicate with patients to empower and involve them in their care process

Mental health

- Focus on children's mental health
- Develop trauma-informed care, treating causes not just symptoms
- Support for mental health across all sectors with cross-partner collaboration
- Consider alternatives to 1:1 support in secondary care for long term conditions

Communication and public engagement

- Improve communication so patients know where to go and when
- Clear signposting and standardised messaging
- Involve and reflect key stakeholders' voices
- Engage the right people in discussions that they can influence or add value to
- Build trust with communities and allow time for relationships to develop

Efficiency, funding and resilience

- Ensure care is delivered in a robust, long-lasting way with accessible aftercare
- Fix the care system with proper funding
- Consistency across our area to prevent disparities in service quality
- Find longer-term funding and pooled resources for sustainability
- Balance current demand while proactively preparing for the future

Which NHS services could or should be delivered differently?

Staff were asked what could be changed about the way we deliver services for our population. Suggestions were made about how people access services and the use of digital. There were also ideas about how particular services could be improved such as mental health, children's services and a focus on prevention.

The way people can access our services

- More one-stop clinics to benefit patients and streamline pathways
- More GP out of hours services
- All services available 7 days a week
- Make the 'front door' to services easier to access and very visible
- Digital by default does not always work and does not work for everyone, particularly for access to primary care
- Ability to book appointments digitally, not waiting for letters to arrive with dates that people can't attend and then must call to re-appoint
- Communicating to let people know where they are in a waiting list for an appointment or service and how much longer they can expect to be waiting

Digital transformation

- Better digital systems that align and offer consistent responses, even single point of access
- Use AI where it is most efficient and choose the right AI for this
- More digital options for telephone and virtual consultations where appropriate for access
- More opportunities to use technology consistently. Still lots of face-to-face outpatient appointments when a phone or video consultation would have been more appropriate
- IT systems linking up so data can be shared

Mental health services

- Mental health services need to be more accessible and flexible to meet rapidly changing needs. They could be better integrated into primary care.
- Understand work across all partners to support citizens
- Provide more support for mental health, not just in emergency cases but how people can manage their day-to-day mental health
- Mental health services need to reflect the changing presentations of client groups they will face over the next generation

Community and primary care

- Improving access to primary care to avoid overspill into other services
- More focus on quality of care and choice (recognising this requires resource)
- Secondary care to provide more support to primary care to help with more complex patients and keep them in the community
- Consider group support for long-term conditions as sometimes people just need peer support

- Focus on prevention in the community
- Flexibility of appointments in primary care such as combining appointments for efficiency where relatives both have a need for example

Integration

- NHS 111 pathways to be clearer
- Identify services which can be shifted out of acute hospitals
- ICB to improve the way we work to avoid duplication and become more joined-up across the system
- Use the voluntary sector more

Prevention

- Carry out proactive health checks and screenings for at-risk populations
- Get public health messages and prevention agenda pushed out at an early age
- Intervention with children to prevent deterioration with clear delineation of roles and responsibilities between schools and medical professionals
- Increase uptake of screening services

Children's and women's services

- Provide all-age services
- Commissioning of children's ADHD/Autism services across ICB and not at place with variation and different timescales for diagnosis
- We need Sure Start centre-type models back, universally for everyone

Delivery and efficiency

- Focus on quality of care and choice
- Streamline pathways such that patients are not directed to a number of different places for one issue
- Address limited step-down/community beds for older frail people
- More scope for secondary care to support primary care to help with more complex patients and keep them in the community

Are there things we can do better to encourage more self-care and to empower self-management of minor illnesses and long-term conditions?

Staff were asked what could be done to encourage self-care for illnesses and long-term conditions. Suggestions were made about education, communication and awareness raising as well as they way services could be delivered in a more integrated way including better use of the available technology.

Education and awareness

- Patient education from an early age on how to access services and self help
- Raising awareness of different services and clinical roles
- Educate children about diet and exercise

- More education and awareness campaigns

Self-care and empowerment

- Fostering a culture of self-care
- Empower people so they CAN make a real difference
- Promote resilience in families and knowledge about how to deal with minor injuries and illnesses themselves, e.g. sore throats without accessing a medical professional
- Promote self-care/management within GP practices (don't prescribe straight away)

Integration of services

- Social care needs to be brought along the same journey as the NHS and both areas need to work better together
- There is not a deep enough understanding of prevention for long-term conditions
- Build the trust so that a pharmacy-first approach works
- Work collaboratively with local employers to support education in health and wellbeing within the workplace as well as schools
- Co-design with 'experts by experience' and then promote in ways that will get 'buy-in'

Technology and innovation

- Use AI more to predict people's future ill health
- Develop our digital platforms and apps
- Have digital education and drop-in sessions to help reduce digital exclusion
- Have more opportunities to use technology. There are still lots of face-to-face outpatient appointments when a phone or video consultation would have been more appropriate
- Patient-informed follow-up appointments

Supporting vulnerable groups

- Raise awareness of support available with vulnerable groups
- Targeted support for new parents
- Have mental health support that can be delivered more as prevention and is easily accessible in the community, e.g. behavioural activation

Prevention

- Recognise that issues are wider than the NHS and involve the wider determinants of health around deprivation and cheap ultra-processed foods leading to diabetic/obesity issues in the future
- Government policy needs to support health not just let the NHS treat the outcomes of things that are bad for health
- Clear information about how to access health services
- Make testing and awareness raising much easier – high street clinics in shopping centres, e.g., mole clinics

Community based initiatives

- Set aside funds for grassroots community projects that encourage self-sustaining health improvement (e.g., singing for lung health, or peer support groups)
- Champions training for other diseases (following Cancer Champions model)

Communication

- Communicating to the public better about what's available and what WE ARE doing
- Better promotion of other healthcare professionals in practice, e.g., physio
- Better comms around pharmacy first, GP team and total triage rather than needing to see a doctor every time
- Promote resilience in families and knowledge about how to deal with minor injuries and illnesses themselves

ICB Senior Leadership Team engagement

Our ICB Senior Leadership Team (SLT) were invited to discuss the similar topics. There were 50 people in attendance.

This feedback was collected as flip chart notes from group conversations and has been summarised as follows, with themes in order of priority for each question:

How do you think the NHS needs to change?

1 Move to services in community and better integration

- Moving services out of hospitals
- Neighbourhood integration
- Improving the 'frequently needed' services within the community

2 Improve accessibility and continuity of care

- Addressing service variation across Humber and North Yorkshire
- Promoting continuity
- Improving navigation to the right services
- One-stop shop which allows signposting to other support or services

3 Focus on self-care and prevention

- Emphasis on empowering people to self-care
- Suggestion of clinics for self-care for those with a long-term condition
- Encouraging personal wellbeing, including within the workplace
- Shift towards focusing on prevention

What do you think the biggest priorities are?

1 To have a stronger community focus

- Moving resources to the community
- Investing in the right staff
- Local community knowledge
- Move resource to the community – GP practices, optometry, community pharmacy and dental.

2 Emphasis on quality and safety

- Focus on continuity of care
- Improving patient experience

3 Examine productivity and efficiency

- More focus on speed and accessibility of treatment
- Create thriving primary and social care
- Knowing the value of services
- NHS hospitals to focus on those with greater complexity and / or acuity patients

Which NHS services could/should be delivered differently?

1 Focus on integration and consistency

- Ensure consistency in the offer to patients
- Changing the way we talk about the NHS
- Make sure we're consistent in our offer AND delivering the offer

2 Consider the resource allocation

- Shifting resources to primary care – proactive prevention
- Being explicit about what is provided
- Having honest conversations about clinical risk
- Move to where the demand is and less specialism – change the workforce make up to reflect this

Are there things we can do better to encourage more self-care and to empower self-management of minor illnesses and long-term conditions?

1 Focus on communication and working in partnership

- Improving communication with patients, recognising that individual might have different needs to supporting self-management
- Fostering true partnerships with the third sector
- Supporting long-term funding for this

2 Take a behavioural science approach to prevention

- Avoiding medical solutions to non-medical problems
- Lifestyle community interventions - specific to communities but a universal offer

Online engagement

Media reach

We Need to Talk launched on 14 October, with a media release distributed the same day, generating significant organic coverage from major outlets like BBC Online, Yahoo, MSN, plus several local news platforms across Humber and North Yorkshire, including Hull Daily Mail, York Press and Scarborough News. The BBC online article gave a significant early boost to the public engagement and numbers of people directly accessing the We Need to Talk survey.

Paid media

We followed up organic activity with paid-for placements to run during the final 7-10 days of the four-week public engagement, investing in the main news outlets that cover Humber and North Yorkshire. We Need to Talk video content was watched by a total of 56,021 people across National World and Reach platforms.

Social media and website reach

To make the most effective use of social media, a combination of **paid** and **organic** posts was used both ahead of and during the 'We Need to Talk' engagement period. Social media was used to help gain trust, participation, and to engage with our local communities online.

Mumbler

Mumbler is a vibrant network of local parenting websites that offers free, trusted information to parents and carers. It's a reliable source for everything families need to know about family life in their area.

We promoted the 'We Need to Talk' campaign through Mumbler over a two-week period in November across the Humber and North Yorkshire network, and this led to 26 people completing the survey.

Social media findings

Prior to the launch of the engagement, we held a snap Facebook poll asking the simple question: **'Do you think the NHS needs to change?'** 63% of the 428 members of the public who responded said the NHS needed to change.

During the engagement period, we posted more than 30 individual posts on Facebook, Instagram and LinkedIn.

On LinkedIn we ran two quick vote posts asking the following questions:

- **Q1. Would you be willing to use digital technology to help with your care, treatment or to improve your overall health and wellbeing?**

In response to this question, 29 people voted, with 93% saying “yes.”

- **Q2. Do you think the NHS needs to change?**

In response to this question 49 people voted, with 100% saying “yes.”

Themes and conversation

A summary of the key themes from the comments received include:

- The NHS needing more budget
- The pressure on the NHS from migration
- Pressure on staff doing a good job
- Too many managers
- Problems with the Government
- Poor use of services by the public

Appendices

Appendix 1 - Main survey questionnaire



Our NHS – The next chapter. We need to talk.

The NHS is there for us at the best of times, such as bringing a new life into this world, and also the worst of times, when we hear bad news such as a diagnosis of a life-limiting illness.

We are immensely proud of our NHS. But we have to be honest with you. Right now, it is in serious trouble. Things may sometimes seem broken, but we know they can be fixed.

We want to build a health and care system that is fit to respond to today's challenges. We want the NHS to be here for us as we grow older as well as for our children and grandchildren.

We want our population to live longer.

We want each community to do all they can to live improved, healthier lives.

We want to do things differently.

And we want to do it together.

We need to talk.

The NHS is everyone's story. *And you can write the next chapter.*

Our NHS. The next chapter.

We would like you to help us write the next chapter for our NHS by completing this survey.

We would encourage you to really take your time and think about the answers you give as we will use your feedback to help shape local NHS services for the future.


This is your chance to have your say. Please use it.

The closing date for this survey is **11th November 2024**

If you require this survey in an alternative format (*including large print or alternative languages*) or if you require additional support to complete this survey, please contact: hnyicb.engagement@nhs.net or call 01482 672156 (*and leave a message*)

Please return any surveys to:
Humber and North Yorkshire ICB
FREEPOST RTTL-HSBE-BLHL
Health House
Grange Park Lane
Willerby
HU10 6DT

If you would prefer to complete this survey online, scan the QR code



1. Knowing what you know now, do you agree the NHS needs to change?

Yes

No

2. If the NHS receives no more investment, what do you think should be prioritised?

Please select your **top five priorities** in order of importance to you.

	1st Priority	2nd Priority	3rd Priority	4th Priority	5th Priority
Care for long-term health conditions <i>(Providing care and support for people to manage long-term health conditions, e.g. diabetes)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of the Elderly <i>(Care to help older people live independently and comfortably)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Care <i>(Care provided outside of a hospital setting, e.g. district nursing, physiotherapy, speech and language therapy)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Care <i>(Immediate treatment of life-threatening injuries or illness)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End of life care <i>(Support for people who are in the last months or years of their life)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Conditions Care <i>(Care for people with an incurable condition that may shorten their life e.g. Cancer Care)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternity & Neonatal Care <i>(care provided for women and babies throughout pregnancy, labour and postnatally or for babies who need extra care after birth)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Care <i>(Care to improve or maintain a person's mental health)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric Care <i>(care for children)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planned Care & Diagnostics <i>(When a patient visits a hospital or clinic at a pre-arranged time/date for diagnosis or treatment)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care <i>(GP Practices, dental care, pharmacy)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Care <i>(Care for those who need assistance with daily activities to maintain independence)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. In your opinion, are there any services currently provided by the NHS that shouldn't be provided in the future? *(please avoid acronyms wherever possible)*

4. Of all the problems we know many of you face on a day-to-day basis, which are the top three you would like us to prioritise solving?

- | | |
|--|---|
| <input type="checkbox"/> NHS services don't talk to each other, and I have to tell my story over and over again | <input type="checkbox"/> NHS services are not available when I need them |
| <input type="checkbox"/> NHS services are not inclusive | <input type="checkbox"/> NHS services are not in a location I can easily get to |
| <input type="checkbox"/> NHS services are understaffed | <input type="checkbox"/> There are long waiting times to receive the advice, care or treatment I need |
| <input type="checkbox"/> NHS services are online/digital and I do not have the equipment, skills or access to use them | <input type="checkbox"/> I cannot afford to get there |
| <input type="checkbox"/> Other (please specify): | |
-

5. When thinking about NHS services what is most important to you and your family? Please rank the following statements in order of importance 1-9 (with 1 being the most important and 9 being the least important)

- | | |
|--|----------------------|
| I can get the care I need to look after my general health and wellbeing | <input type="text"/> |
| My care is centered around my needs, and I am listened to | <input type="text"/> |
| I can stay healthy and manage my health in a way that works for me | <input type="text"/> |
| I am able to get there | <input type="text"/> |
| I am treated in a fair and inclusive way, irrespective of who I am | <input type="text"/> |
| There are enough staff with the right skills and experience | <input type="text"/> |
| I know specialist services will be available somewhere when I need them | <input type="text"/> |
| I am cared for in well-maintained locations that have up-to-date equipment | <input type="text"/> |
| Services are good value for money | <input type="text"/> |

6. When thinking about your expectations on the need to travel to receive health advice, care or treatment please complete the following statements. (Please **provide one answer** for each row)

	I would expect to access digitally and/or available within walking distance	I would expect to travel a short distance (e.g. short car/bus/cycle journey)	I would expect to travel further (e.g. 30 minute + car/train/bus journey)	I would expect to travel out of area (e.g. 60+ minute car/train/bus journey to another county/region)	Not applicable to me
To pick up a prescription, seek health advice or purchase over the counter medicines (Pharmacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To receive non-urgent care by your GP, Practice Nurse or Health Care Assistant (Primary Care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To receive urgent but non-life-threatening care, for example a sprained ankle or a minor burn (Urgent Treatment Centre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To receive emergency care for a life-threatening injury and illness (Accident and Emergency Department)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To receive specialist care for complex conditions, for example cancer care or specialist mental health care (Specialist Treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To attend a pre-arranged appointment at a hospital or clinic for non-emergency treatment or diagnosis (Planned Care & Diagnostics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For a child(ren) to receive non-emergency treatment or diagnosis (Paediatric Care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To receive care during pregnancy, childbirth and the postnatal period (Maternity Care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For a newborn baby(ies) who is unwell or born prematurely to receive specialist care after birth (Neonatal Care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To receive care or treatment to improve your psychological and emotional-well-being (Mental Health Services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Which of the following activities do you regularly use technology for in your day-to-day life? (Please provide one answer for each row)

	Never	Rarely	Sometimes	Often	Always
Online banking <i>(e.g. checking balances, paying bills)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online shopping <i>(e.g. purchasing clothing, ordering food)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote working <i>(e.g. Zoom or Microsoft Teams)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication <i>(e.g. email, text messaging, video calls)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment <i>(e.g. streaming, gaming, social media)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education or learning <i>(e.g. online courses, tutorials)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness Apps <i>(e.g. Couch25k App, exercise tracking)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health management <i>(e.g. NHS App, telephone/video appointments)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (Please specify)

8. If it's suitable for your health, are you willing to use digital technology to help with your care, treatment, or improve your overall health and wellbeing? *(Please provide one answer for each row)*

	Yes	Yes, if I had access to the right equipment	No	Undecided
Video calls (e.g. from GP or hospital as a follow-up appointment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone calls (e.g. to discuss test results)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home monitoring kits (e.g. Blood pressure testing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering medication online (e.g. requesting repeat prescriptions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS App (e.g. to book an appointment, get advice or to use NHS111)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Health and Wellbeing Apps (e.g. Couch25k, calorie trackers, meditation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wearable technology (e.g. glucose monitors, heart monitors, fitness trackers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (Please specify)

9. Looking to the future, which of these factors **could improve** the overall health and wellbeing for you and your family? *(Please tick all that apply)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Nothing | <input type="checkbox"/> Reducing alcohol use | <input type="checkbox"/> Getting out of debt |
| <input type="checkbox"/> Improving your mental health and emotional wellbeing | <input type="checkbox"/> Improving your diet | <input type="checkbox"/> Reducing drug / substance use |
| <input type="checkbox"/> Improving your education | <input type="checkbox"/> Getting a job | <input type="checkbox"/> Increasing exercise levels |
| <input type="checkbox"/> Reducing gambling | <input type="checkbox"/> Living in a home that is safe, secure, and well-maintained | <input type="checkbox"/> Finding friends and support so you don't feel lonely. |
| <input type="checkbox"/> Stopping smoking/vaping | <input type="checkbox"/> Reducing stress / anxiety | <input type="checkbox"/> Living in a friendly, inclusive and supportive community. |
| <input type="checkbox"/> Other (please specify): | | |

10. What are you doing currently to improve the health and wellbeing of you and your family? (Please tick all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Nothing | <input type="checkbox"/> Reducing alcohol use | <input type="checkbox"/> Getting out of debt |
| <input type="checkbox"/> Improving your mental health and emotional wellbeing | <input type="checkbox"/> Improving your diet | <input type="checkbox"/> Reducing drug / substance use |
| <input type="checkbox"/> Improving your education | <input type="checkbox"/> Getting a job | <input type="checkbox"/> Increasing exercise levels |
| <input type="checkbox"/> Reducing gambling | <input type="checkbox"/> Finding a home that is safe, secure, and well-maintained | <input type="checkbox"/> Finding friends and support so you don't feel lonely. |
| <input type="checkbox"/> Stopping smoking/vaping | <input type="checkbox"/> Reducing stress / anxiety | <input type="checkbox"/> Finding a friendly, inclusive and supportive community. |

Other (please specify):

11. What stops you making positive changes that may improve your health and wellbeing? (Please tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Lack of knowledge (e.g I don't have access to reliable information about healthy habits, nutrition, or fitness.) | <input type="checkbox"/> Motivations and willpower (e.g I struggle to start or maintain healthy behaviours) |
| <input type="checkbox"/> Time constraints (e.g I struggle to find the time to exercise or cook healthy meals) | <input type="checkbox"/> Financial barriers (e.g I cannot afford gym memberships or healthy foods) |
| <input type="checkbox"/> Social influences (e.g I do not have the support of my friends or family to make healthy choices) | <input type="checkbox"/> Mental health issues (e.g I struggle to focus on my physical health due to my anxiety/stress/depression) |
| <input type="checkbox"/> Habitual behaviours (e.g I find it hard to change long-standing habits) | <input type="checkbox"/> Environment (e.g I don't have access to healthy food or safe spaces to exercise) |
| <input type="checkbox"/> Cultural Beliefs (e.g I don't believe in dieting, exercising or wellness) | <input type="checkbox"/> Inconsistent Goals (e.g I set myself unrealistic goals which I never meet, so I give up) |
| <input type="checkbox"/> Nothing stops me making positive changes | |

Other (please specify):

12. Is there anything else you think we need to consider as we begin to write the next chapter for our NHS?

About You

We would like to know a bit more about you to help us to better understand the answers you have given during this survey, and the health and care needs of our local communities.

We know that people of different ages, ethnicities, sexualities, and other Protected Characteristics, have different health needs, access healthcare services in different ways, and sometimes have different experiences of care.

By answering some short questions, you can support our work aiming to reduce health inequalities in Humber and North Yorkshire, giving everyone the opportunity to receive care in a way which is most appropriate to them, and improving outcomes for patients. In line with data protection law, your information will remain anonymous and will only be used to support this survey etc.

To find out how we use your information, please visit <https://humberandnorthyorkshire.icb.nhs.uk/privacy-policy/>

You do not need to answer these questions if you do not want to.

13. Are you answering as:

- A member of the public → Please go to **question 16**
- A member of staff → Please go to **question 14**
- A system partner → Please go to **question 15**

14. Which organisation do you work for? [Please go to question 16](#)

15. Which system partner are you completing this survey on behalf of? [Survey complete](#)

16. What is the first half of your postcode? (e.g. DN32)

17. How old are you?

- | | | |
|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> 0-19 | <input type="checkbox"/> 20-24 | <input type="checkbox"/> 25-34 |
| <input type="checkbox"/> 35-49 | <input type="checkbox"/> 50-64 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 75-84 | <input type="checkbox"/> 85+ | <input type="checkbox"/> Prefer not to say |

18. What is your gender?

- | | |
|--|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| <input type="checkbox"/> Transgender Female | <input type="checkbox"/> Transgender Male |
| <input type="checkbox"/> Non-Binary or Gender Non-Conforming | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> I identify in another way (please specify): | |

19. Which of the following best describes your ethnic background?

- | | |
|--|--|
| <input type="checkbox"/> Asian / Asian British | <input type="checkbox"/> Black / African / Caribbean / Black British |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Mixed / Multiple ethnic group |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> White |
| <input type="checkbox"/> Not on the list (please specify): | |

20. Which of the following best describes your sexual orientation?

- Asexual
- Gay man
- Heterosexual or straight
- Not on the list (please specify):
- Bisexual
- Gay woman or lesbian
- Prefer not to say

21. Do you have a disability, long-term illness, or health condition?

- No disability
- Visual impairment (e.g. being blind or partially sighted)
- Other sensory impairment (e.g. impaired smell, touch, taste or spatial awareness)
- Learning disability or difficulty (e.g. dyslexia, Autism Spectrum Disorder)
- Long-Term Health condition (e.g. asthma, epilepsy, hypertension, heart disease or diabetes)
- Not on the list (please specify):
- Physical impairment (e.g. difficulty moving your arms or mobility issues)
- Auditory impairment (e.g. being deaf or having a hearing impairment)
- Mental health condition (e.g. depression, dementia or schizophrenia)
- Cognitive impairment (e.g. Alzheimer's, Multiple sclerosis, Parkinson disease)
- Prefer not to say

22. Which of the following best describes your employment status?

- Employed full time
- Self-employed
- In full-time education at school, college or university
- Retired
- Other (please specify):
- Employed part-time
- Enrolled on a government supported training programme (e.g. Apprenticeship)
- Unemployed
- Prefer not to say

Almost done....

Thank you for taking the time to complete our survey. If you would like to join our public membership scheme **Community Voices** and continue to help us write the next chapter for our NHS please contact: hnyicb.engagement@nhs.net or call 01482 672156 (*and leave a message*)

Or leave your contact details below:

The NHS is everyone's story.

And you can write the next chapter.

Our NHS. The next chapter.



Our NHS – The next chapter. We need to talk.

The NHS has always been there for us. It helps during happy times, like when a baby is born, and during hard times, like when someone is sick or someone we love dies.

We are very proud of our NHS, but it is having big problems right now. Some things aren't working well, but we believe they can be fixed.

We want the NHS to help people today and in the future. We want everyone to live longer, healthier lives.

To make these changes, we need your help.
We need to talk.

Let's Talk!

Please answer these questions and help us make things better

The survey closes on 11th November 2024.

If you need help completing it, please ask someone you trust or email hnyicb.engagment@nhs.net or call 01482 672156.

Or, if you would prefer to complete this survey online, scan the QR code



The NHS is everyone's story.

And you can write the next chapter.

Our NHS. The next chapter.

Do you think the NHS needs to do things differently?

 Yes

 No

**If the NHS gets no more additional money, what do you think is most important?
Please put these sentences in order of importance to you.
(Did you know....you can drag the options up and down or put a number next to them!)**

-  Looking after babies who are unwell
-  Looking after children who are unwell
-  Looking after people who are having a baby
-  Looking after adults who are unwell
-  Looking after old people who are unwell
-  Looking after people who have poor mental health
-  Looking after people who are seriously unwell or have been in an accident

If you had 3 wishes, what 3 things would you ask the NHS to do differently to help you feel better faster?



Wish 1 -



Wish 2 -



Wish 3 -

What 3 things do you think the NHS is really good at doing already?



1 -









2 -



3 -

From the sentences below, tell us what 3 things matter most to you when you're feeling unwell, with number 1 being the most important to you.

	1st Choice	2nd Choice	3rd Choice
 I don't have to wait too long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 I feel cared for and listened to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 There are enough doctors and nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Things are fair for everyone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 It is easy to get to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 I can stay fit and healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are the 3 most important things to help you stay fit and healthy?

	1st choice	2nd choice	3rd choice
 Eating healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Exercising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Feeling safe at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Feeling happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Getting enough sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Going to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Having friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can the NHS help you with the 3 things you said are important in question 6?

✓ 1

✓ 2

✓ 3



Is there anything else you would like to tell us?



How old are you?



Where do you live?



What is your gender?

- Female
- Male
- Transgender
- Non-Binary or Gender Non-Conforming
- Prefer not to say
- Other (please specify):



Do you have a disability, long-term illness or health condition?

- No
- Physical disability (e.g. difficulty moving my arms or legs)
- Sensory disability (e.g. being blind)
- Long-Term health condition (e.g. asthma or diabetes)
- Other (please specify):
- Mental health condition (e.g. anxiety)
- Learning disability or difficulty (e.g. autism or dyslexia)
- Audio disability (e.g. being deaf)



What race or ethnicity best describes you?

- White
- Black / African / Caribbean / Black British
- Mixed / Multiple ethnic group
- Asian / Asian British
- Chinese
- Other (please specify):

Appendix 3 - Discussion groups topic guide

1 **Knowing what you know now, how does the NHS need to change?**

Note for facilitator: This focuses on understanding of case for change and recording people's understanding and acceptance of a need for change as opposed to remain as they are/do nothing.

Do you agree the NHS needs to change to address the challenges it currently faces? Please record how many accept need for change:

Prompts if required:

- *If the NHS receives no additional investment, what services/care/treatment do you think should be prioritised?*
- *Is there anything currently provided by the NHS that shouldn't be provided in the future?*
- *What makes it difficult for you when trying to access health and care services (e.g., travel, appointment availability, understaffed services etc)*

2 **When thinking about NHS services, what is most important to you and your family?**

Note for facilitator: This focuses on understanding what is most important to people - location vs expertise, services close to home vs quality/safety.

You need to get the group to consider the following options and **record the top three** as agreed by the group. Please read these out:

- I can access the high-quality and effective care I need, when and where I need it*
- My care is centred around my needs, and I am listened to*
- I can stay healthy and manage my health in a way that works for me*
- I am able to get there*
- I am treated in a fair and inclusive way, irrespective of who I am*
- There are enough staff with the right skills and experience*
- I am cared for in well-maintained locations that have up-to-date equipment*
- Services are good value for money*

Top three:

1:

2:

3:

3 How could we best deliver NHS services for you?

Note for facilitator: This is about encouraging people to think about what could (or should) be delivered differently/digitally as well as exploring how far people would be prepared to travel for specialised care.

Prompts include:

1. What services **would you expect to have** within walking distance of your home, a short travel journey away, a longer travel journey away or out of your local area (e.g. a different county)
2. Do you **use technology** to help with day-to-day activities? (e.g online banking, online shopping, gaming, fitness etc) – Identify which activities and frequency (e.g. never, rarely, sometimes, often, always)
3. Are you **willing to use digital technology** to help improve your health and wellbeing in the future? **(please record how many are willing to use** **technology here:**

4 What could people do to keep fit and healthy?

Note for facilitator: This focusses on exploring what people think they should be doing for themselves (self-care) and what responsibility people should have to do what they can to stay healthy.

Prompts include:

1. What are you **currently doing** to keep fit and healthy?
2. What **makes it difficult** for you to keep fit and healthy?

Appendix 4 - Coding tables

Coding tables have been developed to demonstrate the themes which came out of each question, and how we have used these themes to develop the key findings within this report.

Main survey

Question 3 – In your opinion, are there any services currently provided by the NHS that shouldn't be provided in the future?

Theme	Sub-theme	Number of responses
No/Not applicable		483
Community Care		56
	Social Prescribing	8
	Therapy Services	14
	Supply of aids & adaptations for the home	7
	Hearing/Audiology	3
	Podiatry	7
Urgent & Emergency Care		7
End of Life Care		20
Maternity & Neonatal		4
Cancer		1
Staff Training		2
Mental Health		33
Planned Care & Diagnostics		550
	Gender Reassignment	281
	Cosmetic surgery/procedures	210
	Weight loss (surgery/management)	93
	Fertility/IVF	190
Paediatrics/Children & Young People		3
Primary Care		134
	Health Checks	3
	Holiday vaccinations	7
	Sick notes	5
	Ophthalmology	8
	Make changes to access	19
	Minor procedures	7
	Dentistry	17

		Improve the NHS dental offer (3)
		Reduce/remove the NHS dental offer (13)
	Pharmacy	87
		Stop prescriptions for 'over the counter' medication (32)
		Enhanced Pharmacy offer (4)
		High-cost drugs for rare conditions (2)
		Food supplements (gluten-free, etc.) (7)
		Qualifying criteria for free prescriptions (28)
Social Care		
		61
	Funded or delivered differently	23
Critical conditions		
		2
Elderly		
		24
Long-term conditions/life limiting		
		4
Learning disabilities		
		6
Reduce management & back-office functions		
		73
	Reduce management teams/positions	39
	Reducing red tape and cumbersome processes	19
	Remove back office clinical roles (Care Navigators, etc)	2
	Reduce non-clinical staff	9
	Equality & Diversity roles	22
Treatment of minor conditions/promoting self-care		
		10
Preventable conditions & lifestyle choices		
		151
	Treatment of conditions influenced by lifestyle choices (smoking/drugs/alcohol/diet/etc.)	89
	Personal responsibility for own health	17
	Reduce prevention work	36

	Increased public health and prevention work	38
Women's health		6
Non-UK nationals' access to NHS care		88
Hospital Meals		2
Translators/translation of documents		11
Rectifying treatment abroad & private health treatment		47
Access to services		103
	People accessing the wrong service/inappropriate use	26
	Bed blocking	22
	Review the Patient Transport and Ambulance criteria's/how patients get to services	19
	Prioritising who receives care	21
	Improve access to services	13
	Waiting times	5
	Managing DNAs	12
Use of outside organisations		26
	Stop using private companies for NHS care	14
	Commission the VCSE to deliver services	4
	Reduce/stop agency staff use	2
	Use the private sector to meet NHS demand	7
Uncodeable		66

Question 4 - Of all the problems we know many of you face on a day-to-day basis, which are the top three you would like us to prioritise solving? (Other)

Theme	Sub-theme	Number of responses
Access to GP & other appointments		77
	Long wait times for appointments	17
	Difficulty getting through on the phone	16

	Phones in clinics / departments not being answered or messages returned	4
	Preference for face-to-face consultations	35
	Too much 9-5 in NHS – more out of office hours are needed for people who rely on workers for transport	12
	Difficulties experienced with accessing diagnostics	5
Staffing and workforce		
		78
	Shortage of GPs and nurses	17
	Lack of continuity of care	23
	Concerns about the quality of new healthcare staff	20
	Need for better training and support for NHS staff	24
	Lack of compassion and patience	13
	Clinical staff doing admin tasks	1
Communication & co-ordination		
		78
	Lack of communication between different NHS departments	38
	Patients having to repeat their stories multiple times	9
	Difficulties navigating the NHS system	10
	Need for a more integrated and person-centred approach	57
Digital transformation		
		45
	Concerns about digital exclusion	7
	Frustration with the NHS App and other digital systems	20
	Need for better integration of digital and traditional methods	18
	Importance of digital literacy and support	2
	More investment in IT	7
	More digital services are needed to enable patients to have more control	10

	Lack of alternative means of communication – i.e. email	2
Funding and resource allocation		
		77
	Underfunding of NHS	6
	Inefficient use of resources	27
	Need for more investment in primary care	8
	Calls for reduced bureaucracy and management costs	33
	Funding not available for my treatment/other treatments	10
	More funding for estates/buildings	3
Patient Experience		
		59
	Impersonal nature of digital interaction	7
	Lack of clarity and empathy in communications	10
	Concerns about patient safety, hygiene and care quality	15
	Need for more holistic/patient centred approach	20
	Travel & transport issues	16
	Treat carers with more respect and listen to them	1
Specific service concerns		
		43
	Shortage of NHS dentistry services	22
	Accessing mental health/addiction services	9
	Concerns about quality of emergency care	6
	Better support for long-term conditions	2
	'Postcode lottery' – different services in different areas	4
Women's health issues		
		20
	Better services for women's health; need for women's health clinics	10
	Concerns over lack of separate care or inpatient facilities for men and women	11
	Need for paediatric nurse specialist in primary care	1

Hospital admittance/discharge		9
	Inappropriate admittance or readmittance	2
	Delayed discharge	4
	Lack of inpatient beds	1
	Lack of clinician ownership over a patients stay in hospital	2
	Aftercare/advice following diagnosis or disability	1
Societal issues impacting the NHS		55
	Ageing population	3
	Perceived misuse of the NHS; including perceptions around migration, specific services	18
	Better health education and prevention services	17
	Role of social care supporting the NHS	7
	People who suggest Politics (and politics) should be removed from the NHS	4
	Individuals/families taking more responsibility	2
	Issues around access for young people	1
	Inequitable access for people with an LD/neurodiverse people	4
NHS needs to change		27
	NHS should be privatised	4
	NHS needs radical change	8
	Fewer Advanced Health Practitioners, more GPs	1
	Less private health providers	7
	Redesign of Primary Care needed	9
	Workforce plan needed	4
	Contracting laws preventing doing things in-house	1
	More strategic leadership	1
Uncodeable		25

Question 7 - Which of the following activities do you regularly use technology for in your day-to-day life? (Other)

Theme	Sub-theme	Number of responses
Uses for digital tech		43
	To access healthcare services	21
	To monitor my health remotely	4
	Use fitness apps	2
	Keeping up to date with current affairs	3
	Employment/voluntary work	4
	Enhance the tech offer	2
	Social activities/arranging travel	5
Reasons for not using digital tech		
		52
	Digital exclusion/technical barriers	22
	Wanting face-to-face	8
	Not aware of digital options	1
	Costs	2
	Limitation of current solutions	9
	Difficult to use apps	8
Uncodeable		
		14

Question 8 – If it's suitable for your health, are you willing to use digital technology to help with your care, treatment, or improve your overall health and wellbeing? (Please provide an answer for each row)

Theme	Sub-theme	Number of responses
Preference for face-to-face interaction		41
	Importance of a physical examination	37
	Emotional reassurance	7
	Inappropriate replacement by technology	17
Barriers to technology adoption		
		32
	Digital literacy	16
	Accessibility & connectivity	13
	Discomfort or physical barriers	8
	Non-availability	11
Digital exclusion		
		22

	Vulnerable populations	20
	Risk of 2 nd class service	16
Usability and trust issues		
	App & system inefficiencies	25
	Data security concerns	2
	Service not fully digital	1
Conditional support for digital solutions		
		31
	Case-by-case use	29
	Complimentary role	12
Perceived advantages of digital technology		
		12
	Convenience and efficiency	10
	Personal autonomy	11
Challenges in communication		
		17
	Medium/tool suitability	14
	Language and understanding	7
Recommendations for improvement		
		27
	System integration	11
	Accessibility & training	5
	Choice	12
Should be greater use of digital		
		9
	Efficiency	8
	Convenience	6

Question 9 - Looking to the future, which of these factors could improve the overall health and wellbeing for you and your family? (Other)

<u>Theme</u>	<u>Sub-theme</u>	<u>Number of responses</u>
Mental and physical health condition		44
	Good mental health increases motivation	19
	Pain issues	3
	Support for a long-term condition	21
	Mental health support for children and young people	8
Personal circumstances		
	Employment	14
	Finances	13
	Family	13
	Caring responsibility	8
Healthcare access and quality		
	Waiting times for treatment	21
	Preventing illness from becoming chronic	9
	Dignity through single sex services and facilities	14
	Easy access to services	57
Societal		
	Better health education	4
	More caring society that values people	7
	Access to outdoors and nature	4
	Fear of infectious illness (e.g. Covid)	5
	Problems with NHS	17
	Health Screening	3
	Community fitness facilities	6
	A decent place to live	7
Uncodeable		
		4

Question 10 - What are you doing currently to improve the health and wellbeing of you and your family? (Other)

<u>Theme</u>	<u>Sub-theme</u>	<u>Number of responses</u>
Improving my physical and mental health		101
	Eating and drinking a healthy diet	24
	Keeping busy	2
	Being active/exercise	35
	Avoiding infectious disease	6
	Medication	1
	Managing mental health	8
	Working to access healthcare	23
	Managing a health condition	8
	Stopping smoking	2
	Losing weight	9
Being part of the community		15
	Volunteering	8
Spending time with family/friends		5
Managing other's care needs		14
Struggling with income		2
I don't have the time to		1
Already doing everything that I can		27
Employment		10
Keeping up to date on health and social info		1
Sourcing new housing		1
Uncodeable		16

Question 11 - What stops you making positive changes that may improve your health and wellbeing? (other)

<u>Theme</u>	<u>Sub-theme</u>	<u>Number of responses</u>
Existing medical condition		92
	Long-term medical condition	81
	Short-term illness	5
Lack of access to medical/care services		50
Time pressures		47
	Work/life balance	17
	Caring for others	30

Isolation		19
	Living in an isolated community	2
	Lack of community activities/facilities	9
	Poor public transport/accessibility	8
Age related issues		6
Nothing stops me		7
I'm already in good health		9
Wanting same sex support/facilities		3
Habits/addictions		2
Pregnancy		1
Uncodeable		15
Finance issues/barriers		5
Concerns about transmittable illness		2
Diet		2
Other people		3
Information about changing my lifestyle		1
Grief		2

Question 12 - Is there anything else you think we need to consider as we begin to write the next chapter for our NHS?

<u>Theme</u>	<u>Sub-theme</u>	<u>Number of responses</u>
Access to services		476
	Providing services for patients with preventable conditions/lifestyle choices	19
	Free at the point of access	6
	Non-UK nationals & tourists	20
	Prioritising who receives care	12
	Inappropriate access to services	48
		Using the wrong service (23) Dealing with 'Did not attends' (29)
	Getting to an appointment	41
		Lack of/unreliable public transport (15) Long journeys to access care (16) Parking (6)

	Services based within local communities	79
	Continuity of care	28
	Too short an appointment	7
	Waiting times	71
	Putting right care received abroad by UK nationals	1
	Want to see a GP rather than another medical professional	7
	Reduce regional variances in services offered (postcode lottery)	23
	Access to services outside of normal hours (weekend & evenings)	26
	Wanting a face-to-face appointment	37
	Difficulty accessing a service	147
		General Practice (86) Dental (32) Mental Health (22) Hospital Services (6) Urgent Care (7)
Staffing		232
	Recruitment & retention of staff	87
	Attracting staff to working in difficult to recruit areas of Humber & North Yorkshire	2
	Staff wellbeing	52
		Improve staff wellbeing & morale (36) Poor morale/welfare (20)
	Industrial action	1
	Goodwill	3
	Pay	48
	Training & qualifications	77
Funding of services		94
	Increased funding for services	34
	Increased taxes	8
	Paying for care/services	32
NHS structures & processes		221

	Reduce inappropriate referrals	2
	Admin processes	30
	Use of 'private' organisations to deliver NHS services	35
		Stop private organisations delivering services (28) Utilise the private sector (5)
	Top-heavy management/back-office functions	123
	NHS reorganisations	37
		Negative impact of previous reorganisations (8) Calls for further organisation (27)
Integration		
		134
	Integration between services/joined up care	61
	Link in with charities & VCSE sector	14
		VCSE organisations providing NHS services (4)
	Closer working with Social Care	62
		Enhanced Social Care model (26)
Communications & Marketing		
		90
	Communications between services (including referrals)	25
	Patient communications	36
	Improve patients understanding of the NHS (and its offer)	23
Prevention		
		204
	Self-care	73
Work in a more efficient way		
		99
	Reduce waste	43
Digital/remote technology		
		126
	Security of NHS systems	4
	Effective digital systems for booking appointments	9
	Digital exclusion	22
	Shared electronic patient record	45

	Remote appointments	11
	Use of Artificial Intelligence	4
Listen to the voice of lived experience		26
Diagnosis		30
	Equipment	6
	Understanding a diagnosis	7
Learn from other parts of the NHS/health systems		7
Supporting the most vulnerable		17
Quality of care & patient experience		78
	Poor care	18
	Good care	3
	Poor patient experience	47
NHS estate management		23
	Better use of estates	6
	Investment	8
Equality & Diversity		88
	Inclusive services	21
	Equality & Diversity jobs/roles	14
	Gender reassignment services	3
	Keep single sex facilities	20
	Concerns about being treated by staff of the opposite sex/gender	10
	Stop inclusive processes (rainbow badges, languages, communications about gender, etc.)	42
Culture		7
No/Uncodeable		46

Shorter questionnaire - Question 3 Wish 1

<u>Theme</u>	<u>Sub-theme</u>	<u>Number of responses</u>
No/Not applicable		3
Accessibility and waiting times		
	GP appointments	13
	Waiting times in general	15
	Services should be close to home	1
	Ambulance waiting times	1
	Open access services	1
	Seamless pathways	4
Workforce and training		
	Training for nurses	1
	Need more clinicians	2
Listening to patients		
	More time to listen	7
	Respect	1
Communication	Better communication	6
Mental health and neurodiversity		
	Mental health	3
	Invest in neurodiversity services	2
General practice	Face to face appointments	4
Other comments		12

Shorter questionnaire - Question 3 Wish 2

<u>Theme</u>	<u>Sub-theme</u>	<u>Number of responses</u>
No/Not applicable		2
Better communication	Take more interest in conditions	3
	Communicate better overall	4

	Listen to patients	6
	Awareness of person's needs	1
Access to services		
	Quicker phone response at GP	1
	Have more GP appointments	5
	Manage the workflow better	2
	Reduce waiting lists	7
	Quicker prescribing	2
Mental health		4
Workforce		
	More nurses needed	1
	Clinicians shouldn't do admin	1
	More dentist	2
	Training in CPR	1
Face to face contact		
	See a GP face to face	2
	Consistency / continuity of care	2
Other comments		22

Shorter questionnaire - Question 3 Wish 3

<u>Theme</u>	<u>Sub-theme</u>	<u>Number of responses</u>
No/Not applicable		2
Improve mental health		9
Communication		
	Better communication in general	5
	Listen to the patient	1
	Be aware of language used	1
Speed of response		
	Better efficiency	3
	Diagnosis	2

	Quicker services	7
Other responses		25

Shorter questionnaire - Question 4 - What is the NHS good at

<u>Theme</u>	<u>Sub-theme</u>	<u>Number of responses</u>
Staff are good and caring		27
Urgent and emergency care		16
Providing care for free		16
Treating serious conditions		13
Caring nature		12
Maternity and children's care		9
Simple pathways and referrals		8
Good opening hours		7
Pharmacy and prescribing		7
Cancer treatment		7
Communications		4
Mental health		4
Specialist care		3
Good clean facilities		3
Intensive care		3
Other comments		16

Shorter questionnaire - Question 7 - How can the NHS help you achieve healthy lifestyle?

<u>Theme</u>	<u>Sub-theme</u>	<u>Number of responses</u>
Give advice, demos and plans		18
Better health promotion education		18
Support better mental health		12
Listen to us to find out what we need		11
Provide social activities		8
Low-cost gym or exercise sessions		7
Provide good care		5
Quicker response and appointments		4
Better community care		4
Other comments		37

Shorter questionnaire - Question 8 - Anything else you want to tell us?

<u>Theme</u>	<u>Sub-theme</u>	<u>Number of responses</u>
Not applicable		15
Mental health		5
Waiting times		4
Workforce and recruitment		4
Access to GP services		4
Listen to us		3
Other comments		19

Other feedback (letters, emails, conversations)

<u>Theme</u>	<u>Sub-theme</u>	<u>Number of responses</u>
Access to General Practice, Emergency Departments, and other appointments		3
	Inappropriate advice on where to access support and care	1
	Long wait times for appointments/to be seen	3
	Difficulty getting prescriptions at chemist	1
	Difficulties getting through to services on the phone (e.g., GP)	1
	Difficulties experienced with accessing diagnostics	1
Staffing and workforce issues		6
	Better retention of staff	2
	Shortage of clinical staff	1
	Lack of continuity of care	1
	Concerns about the quality of new healthcare staff	2
	Need for better training and support for NHS staff – specifically nursing	3
	Lack of compassion and patience	1
Integration		2
	Lack of communication between different NHS departments	2

	Patients having to repeat their stories multiple times	1
	Difficulties navigating the NHS system	1
	Need for a more integrated and patient-centred approach	1
Digital transformation		1
Funding and resource allocation		3
	Top heavy management system	3
	Inefficient use of resources	1
	Calls for reduced bureaucracy and management costs	1
Patient Experience		4
	Lack of compassion, dignity, and respect	2
	Concerns about patient safety, hygiene, and care quality	1
	Travel and transport issues	2
Improve methods of communication for staff and inpatients to improve efficiency of care		1
Societal issues impacting the NHS		3
	Cost of living crisis impacting health	1
	Poor support for veterans	1
	Perceived misuse of NHS	3
	Individuals/families taking more responsibility	1
NHS needs to change		3
	Private practices/services to support	1
	Procurement and commissioning of services to be joint with Local Authorities	1
	NHS needs radical change	1
	Redesign of Primary Care need	1
	Workforce plan needed	1

	Introduce payments/fees for GP appointments	1
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Appendix 5 - Targeted groups visited

In total we engaged with **487** people in targeted discussion groups across Humber and North Yorkshire:

Group name	Targeted demographic	Place	Date	No of attendees
Men in Sheds	Men's health and Age (middle age)	Hull	16.10.24	10
Shed on the Isle	Men's health and Age (middle age)	NL	29.10.24	8
Franklin College	Age (young people)	NL	11.11.24	15
Grimsby Institute	Age (young people)	NEL	8.11.24	20
Nothing about me without me	Age (young people)	ICB wide	30.10.24 31.10.24	40
The Peel Project (Women's group)	BAME	Hull	22.10.24	18
ESOL - Learning for Life	BAME	NEL	29.10.2024	3
The Forge Homeless Project	Homeless	NL	29.10.24	15
Scunthorpe Islamic Group	BAME	NL	1.11.24	40
Welcome to York, Our City Hub	BAME	York	1.11.24	10
Home-Start Goole	Parents and Carers	ERY	5.10.24	8
Home-Start Hull	Parents and Carers	Hull	22.10.24	4
Carers Support (dementia carers)	Parents and Carers	NEL	5.10.24	8
Carers Support (carers of people with addictions)	Parents and Carers	NEL	30.10.24	8
YMCA parent, baby and toddler group	Parents and Carers	NEL	4.11.24	1
Hull & ER Endometriosis Support Group	Disability / Long Term Health Condition	Hull & ERY	11.11.24	4

Us Women group	Disability / Long Term Health Condition	ERY	12.11.24	9
Greener Futures - LTC/social isolation	Disability / Long Term Health Condition	NEL	31.10.24	6
Thrive men's group	Disability / Long Term Health Condition	NEL	5.11.24	4
Scarborough Deaf Café	Disability / Long Term Health Condition	NY	4.11.24	14
Flourish	Learning Disabilities	NEL	1.11.24	11
Starlight Arts Drama Group	Learning Disabilities	NL	7.11.24	25
Getting My Health Right for Me (event)	Learning Disabilities	NY	7.11.24	28
Inclusion LGBTQ+ group	LGBTQ+	NEL	7.11.24	9
LGBT + network	LGBTQ+	York	22.10.24	48
Girls Night Out (social isolation/MH)	Mental Health	NEL	28.10.24	15
Westcliff Community Drop-In Centre men's mental health group	Mental Health	NL	18.10.24	8
Men in Sheds (Next Steps)	Mental Health	NY	31.10.24	7
Next Steps, Norton, Malton	Mental Health	NY	1.11.24	9
York Livestock Centre	Farmers	York	7.11.24	35
Veterans NEL 4 Heroes	Veterans	NEL	30.10.24	14
Veterans Breakfast, Colburn	Veterans	NY	25.10.24	33
TOTAL – 32 groups				487

Appendix 6 - Outreach locations visited

In total we engaged with **538** people at outreach engagement events across Humber and North Yorkshire.

Location / event	Place	Date	Number of contacts
Richmond Indoor Market	NY	28.10.24	10
Gallows Community Centre	NY	5.11.24	35
York Hospital	York	29.10.24	35
Roko Health Club	York	29.10.24	51
Designer Outlet McArthur Glen	York	7.11.24	30
West Offices	York	17.10.24	50
Bridlington Spa	ERY	22.10.24	14
Beverley Leisure Centre	ERY	18.10.24	14
North Point Shopping Centre	Hull	17.10.24	20
St Stephens Shopping Centre	Hull & ERY	8.11.24	8
St Phillips Food Bank, Bilton Grange	Hull	8.11.24	40
Freedom Centre	Hull	23.10.24	14
Freeman Street Market	NEL	8.11.24	17
Centre4 Community Cafe	NEL	24.10.24	22
Scunthorpe Emergency Department	NL	7.11.24	36
St John's Market, Scunthorpe	NL	5.11.24	48
Ironstone	NL	5.11.24	16
Brigg Garden Centre	NL	18.10.24	57
NYC Wider Conference	NY	25.10.24	20
TOTAL – 19 locations			538

Appendix 7 - Tracking link data

Within Smart Survey we were able to create tracking links to identify where the responses online had originated. We created links to identify the following responses:

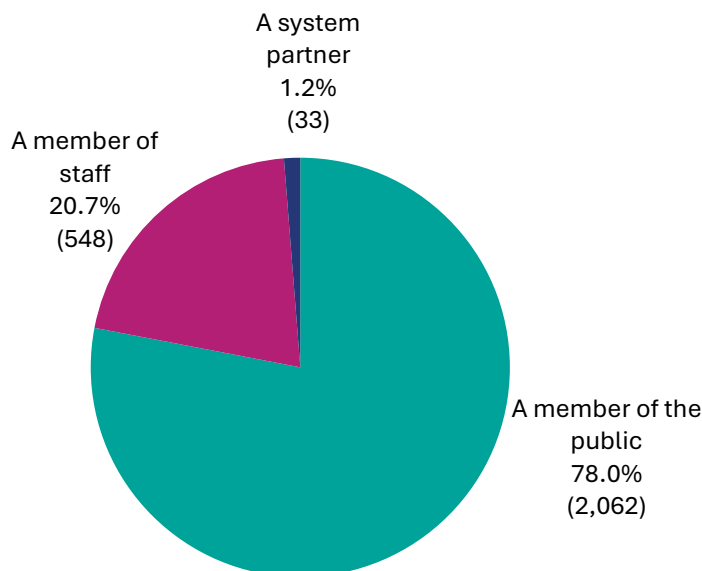
Data tracking link	Number of responses
Main online survey	1,646
Staff online survey responses	433
Website link responses	847
Targeted groups and outreach input online	88
Mumbler link	26
Social media week one	188
Social media week two	62
Social media week three	22
Social media week four	33
TOTAL	3,345

Appendix 8 - Main survey demographic data

About You – Demographic monitoring questions

Question 13 - Are you answering as:

Answered: 2,643 Skipped: 702



Response	% of response total	Number of responses
A member of the public	78.0%	2,062
A member of staff	20.7%	548
A system partner	1.2%	33

The following skip logic was applied to this question:

- Respondents who identified as members of staff were directed to Q14.
- Respondents who identified as a system partner were directed to Q15.
- Respondents who identified as members of the public were directed to Q16.

Question 14 - Which organisation do you work for?

Answered: 505 Skipped: 2,840

Out of the 548 respondents who identified themselves as staff in question 13, 505 specified their organisation in this question. Two respondents identified as working for more than one organisation, resulting in a total of 507 coded responses.

Skip logic was applied to this question. Upon completion respondents who had identified as a member of staff were then directed to question 16.

The categorisation of these responses is summarised in the table below.

Organisation	% of total responses	Number of responses
Humber and North Yorkshire ICB	20.3%	103
York and Scarborough Teaching Hospitals NHS Foundation Trust	19.9%	101
Primary Care	14.2%	72
'NHS'	8.1%	41
Humber Teaching NHS Foundation Trust	5.5%	28
Hull University Teaching Hospitals NHS Trust	5.5%	28
Navigo Health and Social Care CIC	3.6%	18
Harrogate and District NHS Foundation Trust	3.4%	17
Northern Lincolnshire and Goole NHS Foundation Trust	2.8%	14
Other / Uncategorised	2.8%	14
City Health Care Partnership	2.0%	10
South Tees Hospitals NHS Foundation Trust	1.8%	9
Out of area	1.6%	8
Local Authorities	1.2%	6
Tees, Esk and Wear Valleys NHS Foundation Trust	1.2%	6
Yorkshire Ambulance Service	0.8%	5
Mental Health Providers	0.8%	4
North Tees and Hartlepool NHS Foundation Trust	0.8%	4
North of England Care System Support	0.8%	4
Voluntary and Community Sector Enterprise	0.6%	3
Social Care Providers	0.4%	2
Community Care Providers	0.4%	2

Dentistry	0.2%	1
Citizen's Advice	0.2%	1
Pharmacy	0.2%	1
Private Healthcare Provider	0.2%	1
Yorkshire Health Network	0.2%	1

Question 15 - Which system partner are you completing this survey on behalf of?

Answered: 26 Skipped: 3,319

Out of the 33 respondents who identified themselves as staff in question 13, 26 identify which part of the system they were representing in this question.

There is some duplication/cross-over in representation between member of staff and system partner.

Skip logic was applied to this question. Upon completion respondents who had identified as a system partner were then directed to the end of the survey and no further demographic monitoring data was collected.

The categorisation of these responses is summarised in the table below.

System Partner	% of total responses	Number of responses
North Yorkshire Council	15.4%	4
Voluntary and Community Sector Enterprise	15.4%	4
Primary Care	11.5%	3
City of York Council	11.5%	3
Community Provider	7.7%	2
East Riding of Yorkshire Local Authority	7.7%	2
Humber and North Yorkshire ICS	7.7%	2
NHS Hospital Trust	7.7%	2
Unknown / Uncategorised	7.7%	2
N3i	3.8%	1
Pharmacy	3.8%	1

Question 16 – what is the first half of your postcode? (E.g. DN32)

Answered: 1,725 Skipped: 1,620

A total of 1,725 respondents submitted postcode data, with 1,505 responses falling within the geographical boundary of NHS Humber and North Yorkshire ICB. These have been categorised and are presented in the accompanying chart below.

Additionally, 199 postcodes were provided from areas outside the ICB boundary. These have been similarly categorised and displayed in a separate table. We will share any relevant data with corresponding ICBs, so they are aware of the insight provided by respondents living within their geography.

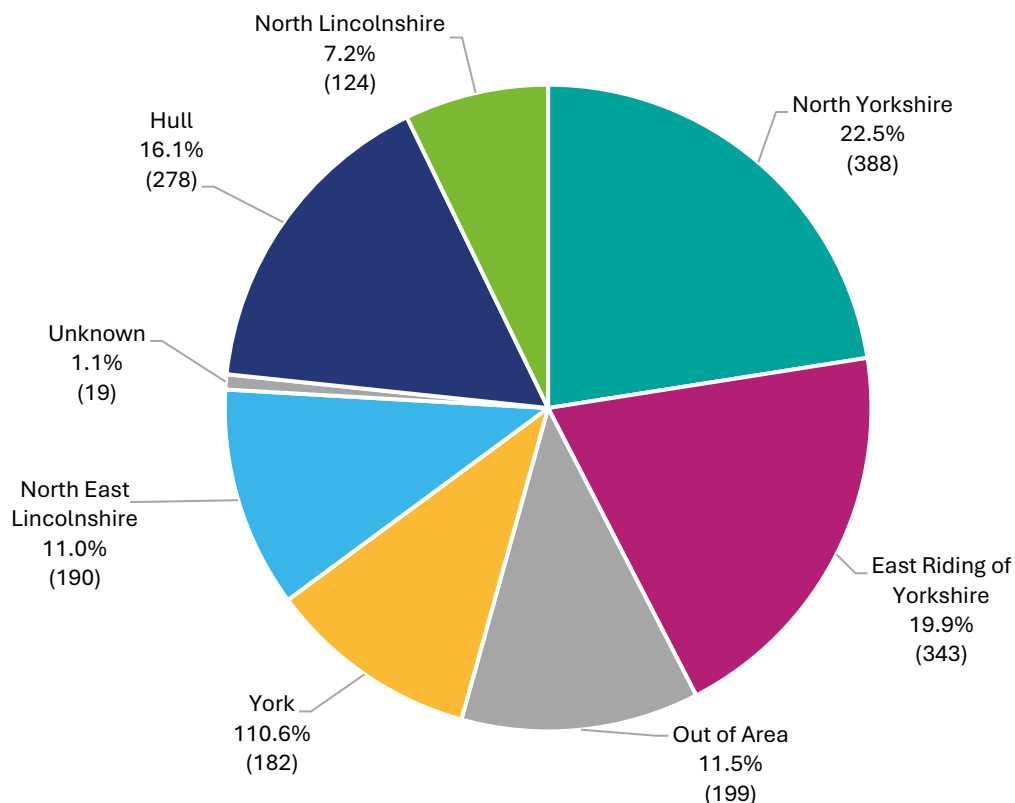
Lastly, 19 postcodes were incomplete or unknown (e.g., HU) and, as such, could not be accurately assigned to a specific area. These have been categorised as unknown.

Please note % rates have been calculated based on the sample size (1,725) not the overall response rate (3,345).

Geographical Area	Number of responses	% sample size of survey responses	Population size	% sample size of the population ¹
North Yorkshire	388	22.5%	1,158,816	0.03%
East Riding of Yorkshire	343	19.9%	342,200	80.1%
Hull	278	16.1%	267,100	0.1%
North East Lincolnshire	190	11.0%	156,900	0.1%
York	182	10.6%	202,821	0.09%
North Lincolnshire	124	7.2%	167,700	0.07%
Out of area	199	11.5%	N/a	N/a
Unknown	19	1.1%	N/a	N/a

1

Source: 2021 census data - <https://www.ons.gov.uk/census>



199 respondents provided a postcode outside of the NHS Humber and North Yorkshire area, these have been categorised into ICB boundaries are presented below.

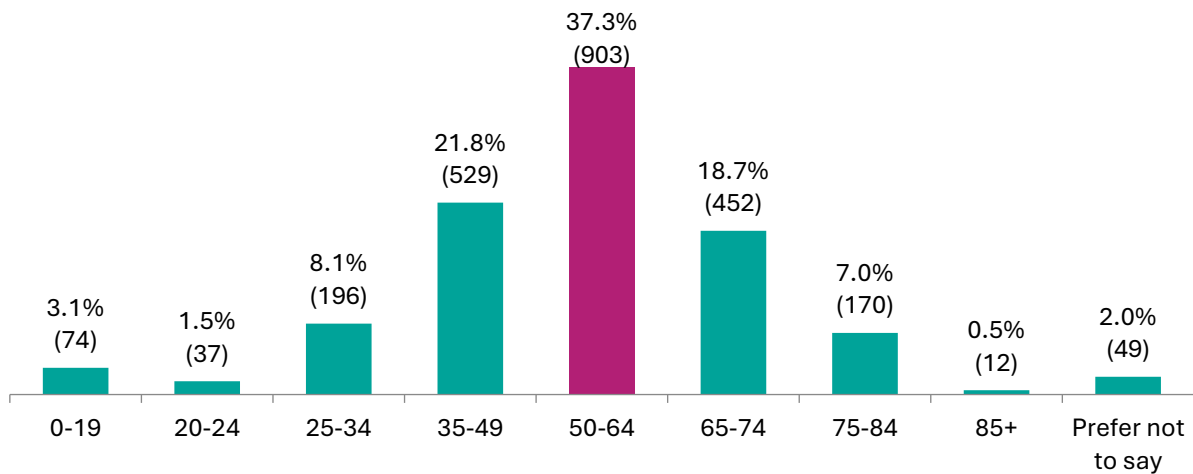
Integrated Care Boards	% of overall responses	Number of responses
NHS West Yorkshire ICB	1.8%	31
NHS Lincolnshire ICB	1.3%	23
NHS South Yorkshire ICB	1.2%	21
NHS North East and Cumbria ICB	0.9%	15
NHS Cheshire and Merseyside ICB	0.8%	13
NHS Sussex ICB	0.4%	7
NHS Scotland	0.4%	7
Wales Health Board	0.4%	7
NHS Cambridge and Peterborough ICB	0.4%	7
NHS Greater Manchester ICB	0.3%	5

NHS South West London ICB	0.3%	5
NHS Bristol, North Somerset and South Gloucestershire ICB	0.2%	4
NHS Bath, North East Somerset, Swindon and Wiltshire ICB	0.2%	4
NHS Hampshire and Isle of Wight ICB	0.2%	4
NHS North West London	0.2%	4
NHS The Black Country ICB	0.2%	3
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	0.2%	3
NHS Leicester, Leicestershire and Rutland ICB	0.2%	3
NHS Gloucestershire ICB	0.2%	3
NHS South East London	0.2%	3
NHS Mid and South Essex	0.2%	3
NHS Devon ICB	0.2%	3
NHS Norfolk and Waveney ICB	0.2%	3
NHS Surrey and Heartlands ICB	0.2%	3
NHS Herefordshire and Worcestershire ICB	0.2%	3
NHS Nottingham and Nottinghamshire ICB	0.2%	3
NHS Herefordshire and West Essex ICB	0.1%	2
NHS Cornwall and Isles of Scilly ICB	0.1%	2
NHS Kent and Medway ICB	0.1%	2
NHS Dorset ICB	0.1%	2
NHS Coventry and Warwickshire ICB	0.1%	2
NHS North East London ICB	0.1%	2
North Central London ICB	0.1%	2
NHS Birmingham and Solihull ICB	0.1%	2
NHS Derby and Derbyshire ICB	0.1%	2
NHS Lancashire and South Cumbria ICB	0.1%	1
NHS Bedfordshire, Luton and Milton Keynes	0.1%	1

NHS Staffordshire and Stoke-on-Trent ICB	0.1%	1
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Question 17 – How old are you?

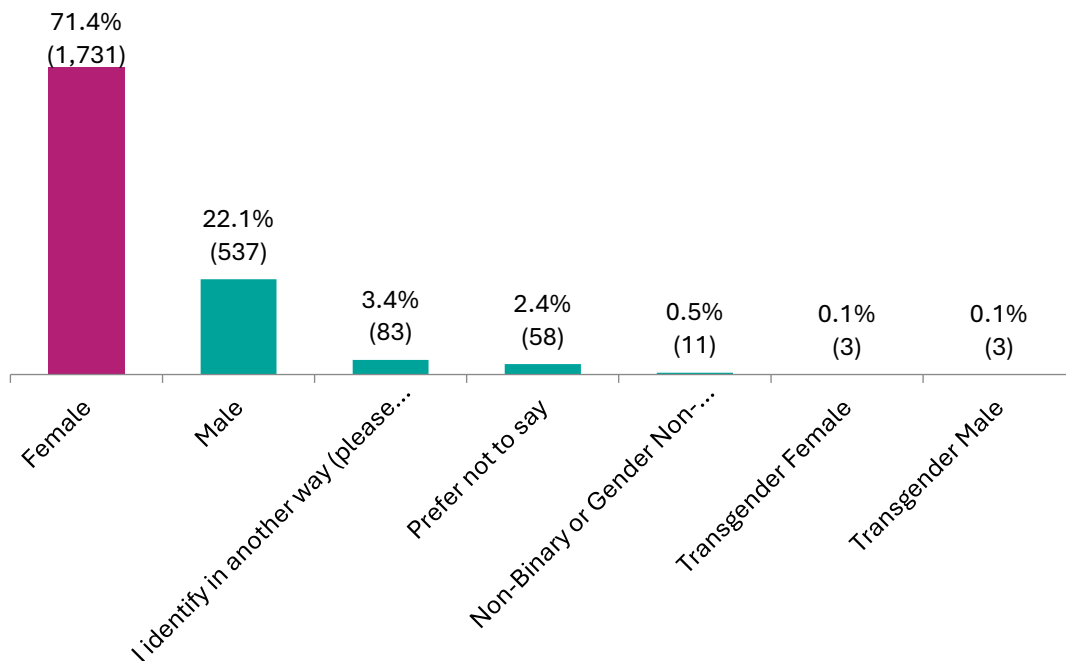
Answered: 2,422 Skipped: 923



Option	% of responses	Number of responses
0-19	3.1%	74
20-24	1.5%	37
25-34	8.1%	196
35-49	21.8%	529
50-64	37.3%	903
65-75	18.7%	452
75-84	7.0%	170
85+	0.5%	12
Prefer not to answer	2.0%	49

Question 18 – What is your gender?

Answered: 2,426 Skipped: 919



Option	% of responses	Number of responses
Female	71.4%	1,731
Male	22.1%	537
I identify in another way (please specify)	3.4%	83
Prefer not to say	2.4%	58
Non-Binary or Gender non-conforming	0.5%	11
Transgender female	0.1%	3
Transgender male	0.1%	3

There were 83 responses from people who considered themselves to fit into 'I identify in another way'.

It should be noted that some respondents choosing 'other' went on to state an answer which was available in the original options provided.

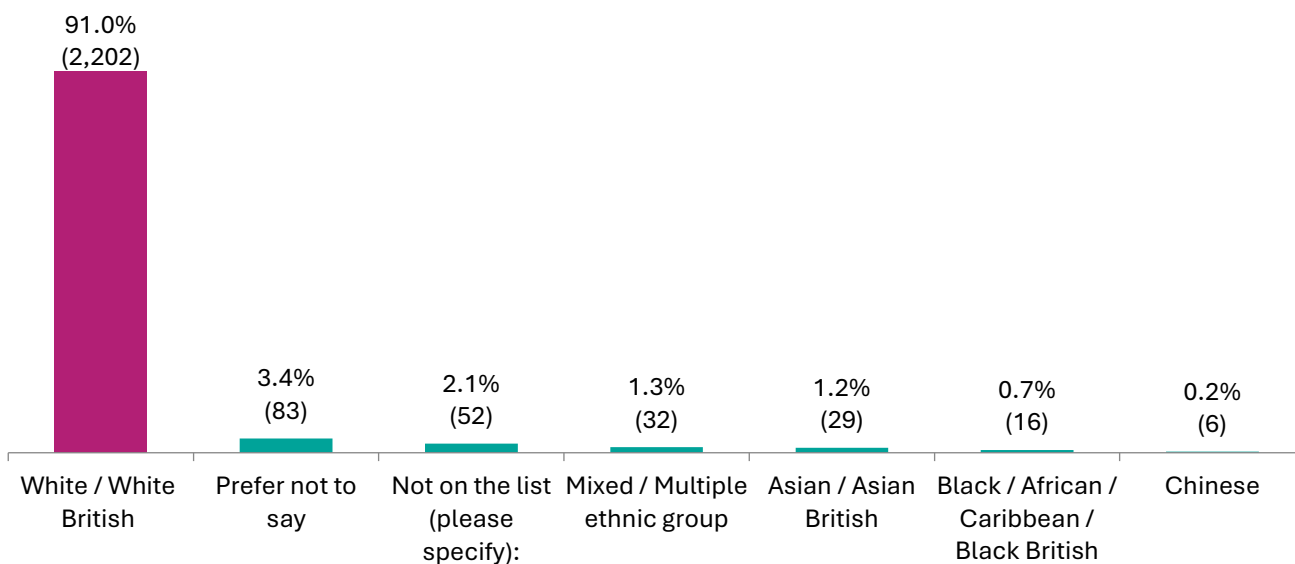
In order to preserve the integrity of the responses provided, the data and records have not been altered.

These have been categorised and set out in the table below:

Other response for gender	Number of responses
Female	40
Will not answer this question	25
Disagrees with the concept of gender	13
Male	3
Other response - 'human'	2

Question 19 – Which of the following best describes your ethnic background?

Answered: 2,420 Skipped: 925



Option	% of responses	Number of responses
White/White British	91.0%	2,202
Prefer not to say	3.4%	83
Not on the list (please specify)	2.1%	52
Mixed / Multiple ethnic group	1.3%	32
Asian / Asian British	1.2%	29
Black / African / Caribbean / Black British	0.7%	16
Chinese	0.2%	6

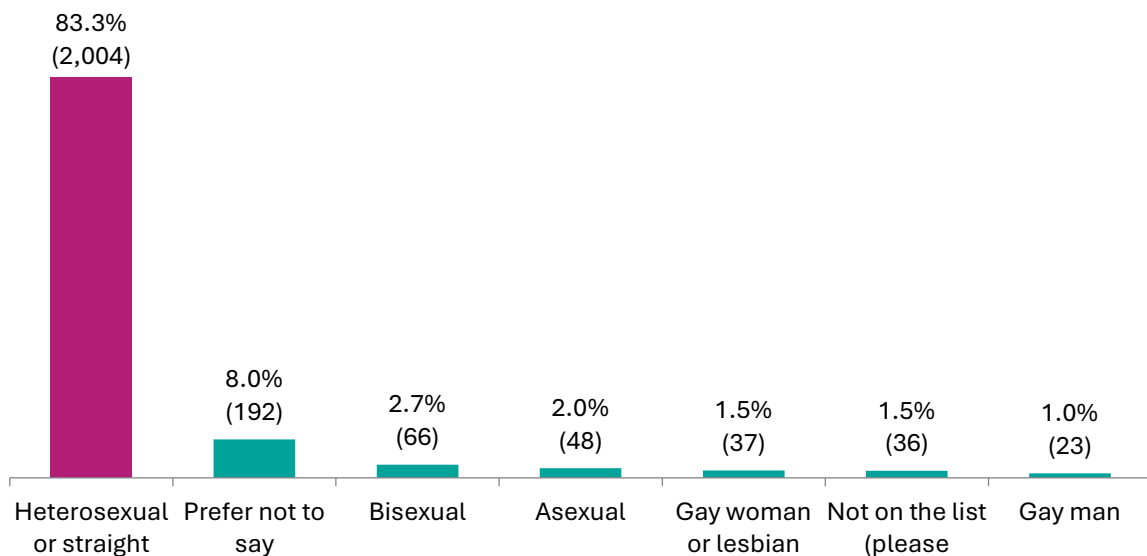
There were 52 responses from people who said their ethnic background was not on the list provided.

It should be noted that some respondents choosing 'other' went on to state an answer which was available in the original options provided. In order to preserve the integrity of the responses provided, the data and records have not been altered.

Other response for ethnicity	Number of responses
Other – White / White British / White English	25
Other – Unidentifiable	12
Blank – No response	7
Other – Mixed / Multiple Ethnicities	5
Other – European	1
Other – Latin American	1
Other – Middle Eastern Asian	1

Question 20 - Which of the following best described your sexual orientation?

Answered: 2,406 Skipped: 939



Option	% of responses	Number of responses
Heterosexual / Straight	83.3%	2,004
Prefer not to say	8.0%	192

Bisexual	2.7%	66
Asexual	2.0%	48
Gay woman or lesbian	1.5%	37
Not on the list (please specify)	1.5%	36
Gay man	1.0%	23

There were 36 people who said their sexual orientation was not on the list provided. These responses were grouped and categorised in the table below.

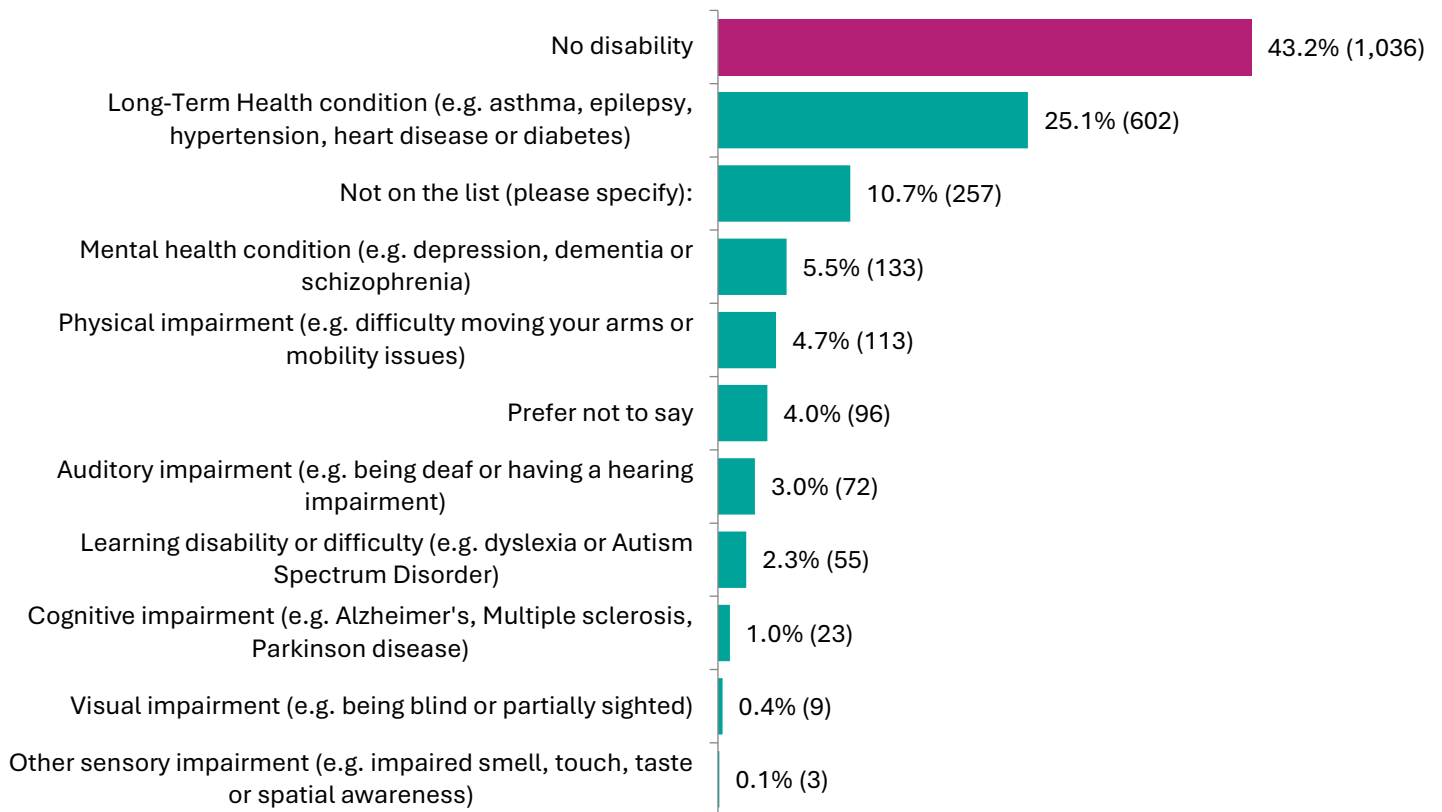
It should be noted that some respondents choosing 'other' went on to state an answer which was available in the original options provided.

In order to preserve the integrity of the responses provided, the data and records have not been altered.

Other response for sexual orientation	Number of responses
Refusal to complete this question / inappropriate comment	18
Complaint about the categories offered	6
Pansexual	5
No response completed	2
Trixic / Enbian	1
Queer	1
Asexual / Bisexual	1
Panromantic / Asexual	1
Heterosexual / Straight	1

Question 21 – Do you have a disability, long-term illness, or health condition?

Answered: 2,399 Skipped: 946



Option	% of responses	Number of responses
No disability	43.2%	1,036
Long-term health condition (e.g. asthma, epilepsy, hypertension, heart disease or diabetes)	25.1%	602
Not on the list (please specify)	10.7%	257
Mental health condition (e.g. depression, dementia or schizophrenia)	5.5%	133
Physical impairment (e.g. difficulty moving your arms or mobility issues)	4.7%	113
Prefer not to say	4.0%	96
Auditory impairment (e.g. being deaf or having a hearing impairment)	3.0%	72
Learning disability or difficulty (e.g. dyslexia or autism spectrum disorder)	2.3%	55

Cognitive impairment (e.g. Alzheimer's, Multiple sclerosis, Parkinson disease)	1.0%	23
Visual impairment (e.g. being blind or partially sighted)	0.4%	9
Other sensory impairment (e.g. impaired smell, touch, taste or spatial awareness)	0.1%	3

There were 257 people who said their disability, long-term illness or health condition was not on the list provided. Their responses were grouped and categorised in the table below.

It should be noted that some respondents choosing 'other' went on to state an answer which was available in the original options provided.

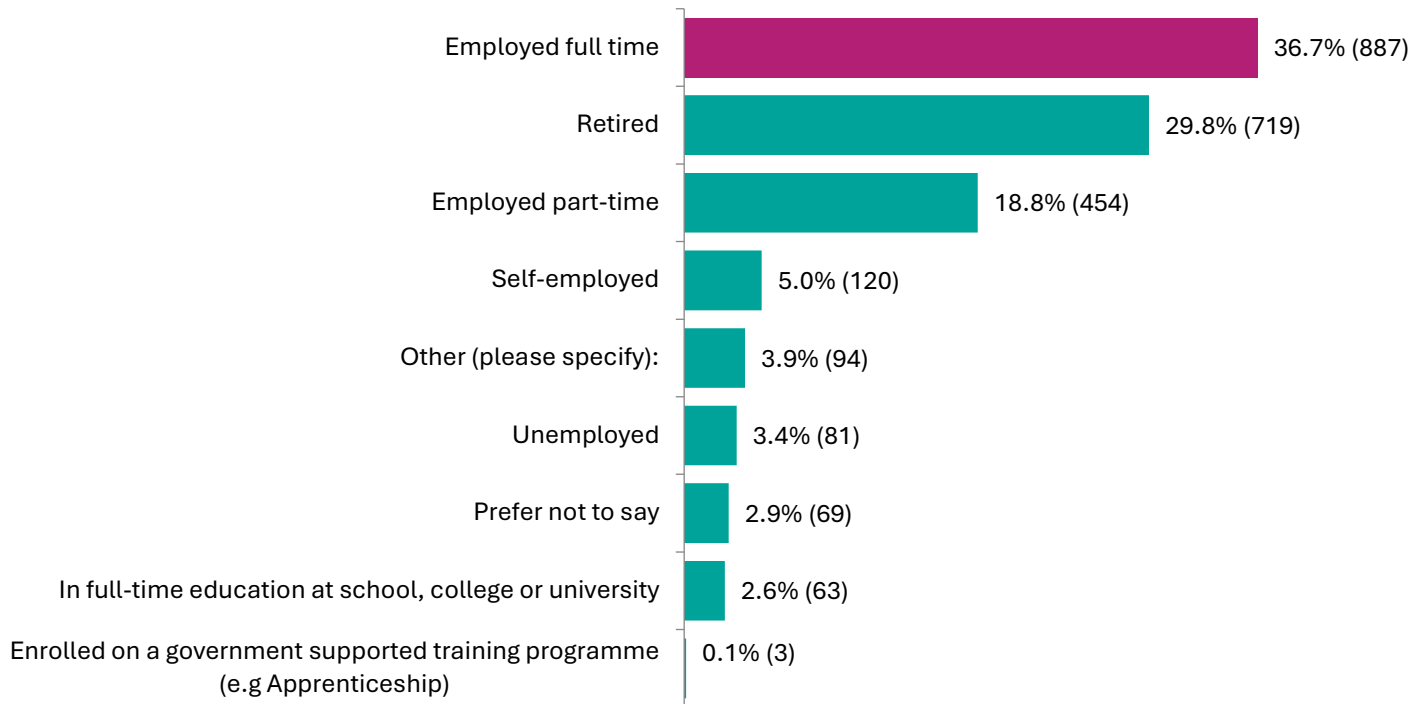
In order to preserve the integrity of the responses provided, the data and records have not been altered.

Other response for disability / impairment	Number of responses
Other clinical condition (where a single response for that condition)	36
Cancer	34
Mental health	30
Commented that you can't tick more than one box	28
Arthritic condition	24
Multiple conditions	20
Neurodiversity	16
Bowel and digestive conditions	14
No response added	12
Visual impairment	9
Thyroid conditions	9
Asthma	8
Scoliosis / spine conditions	8
Heart conditions	7

Kidney diseases	7
Complaint about the format of the question	7
Hearing impairment	6
Cognitive impairment	6
Hypertension	6
Fibromyalgia	5
Diabetes	5
Joint pain	4
Mobility issues	4
Chronic pain	4
Long Covid	4
Prostate conditions	3
ME / CFS	3
Lupus	3
Autoimmune conditions	3
Menopause	2
Leukaemia	2

Question 22 - Which of the following best describes your employment status?

Answered: 2,416 Skipped: 929



Option	% of responses	Number of responses
Employed full time	36.7%	887
Retired	29.8%	719
Employed part-time	18.8%	454
Self-employed	5.0%	120
Other (please specify)	3.9%	94
Unemployed	3.4%	81
Prefer not to say	2.95	69
In full-time education at school, college or university	2.6%	63
Enrolled on a government supported training programme (e.g. Apprenticeship)	0.1%	3

There were 94 people who described themselves with an 'other' employment status.

Some of these match the categories provided, but to maintain the integrity of the data as the respondent had not chosen one of the options provided these remain as 'other' responses.

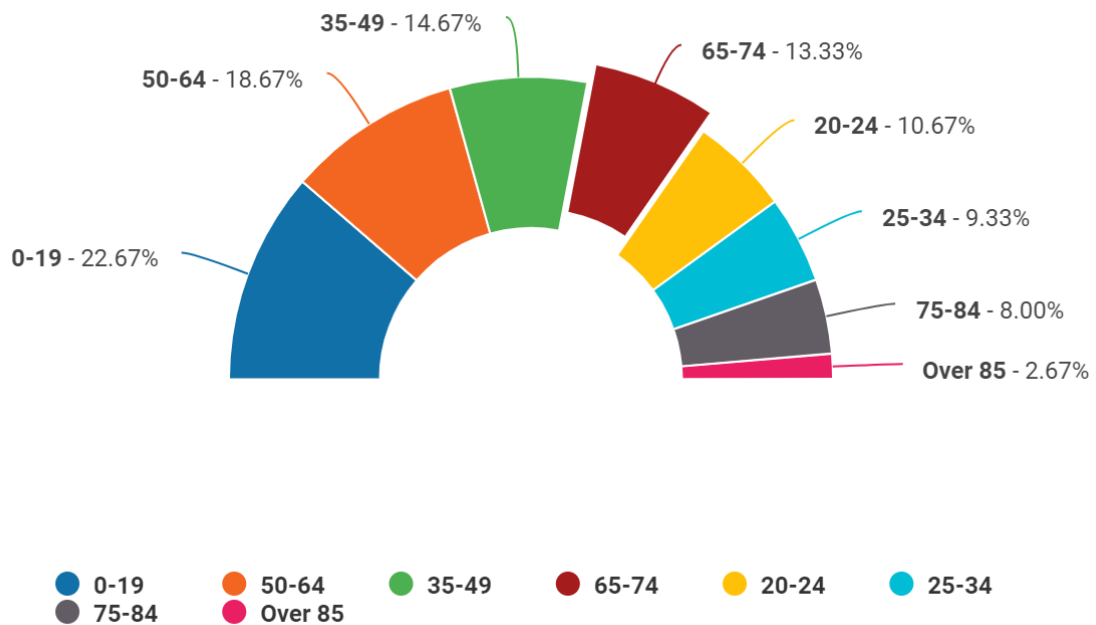
All responses were grouped and categorised in the table below:

Other response for employment status	Number of responses
Carer	22
Not working due to ill health	20
Volunteering	16
Retired	15
Homemaker	8
On sick leave	6
Work part time	3
Student	2
Self employed	2
Maternity leave	1

Appendix 9 - Shorter survey demographic data

How old are you?

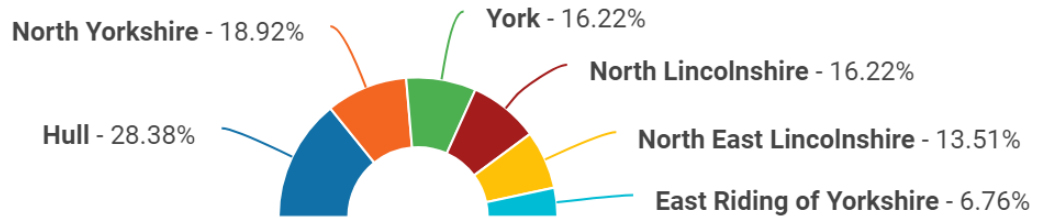
Answered: 77 Skipped: 7#



Age range	Number of respondents	Percentage
0-19	17	22.67%
20-24	8	10.67%
25-34	7	9.33%
35-49	11	14.67%
50-64	14	18.67%
65-74	10	13.33%
75-84	6	8%
Over 85	2	2.67%

Where do you live?

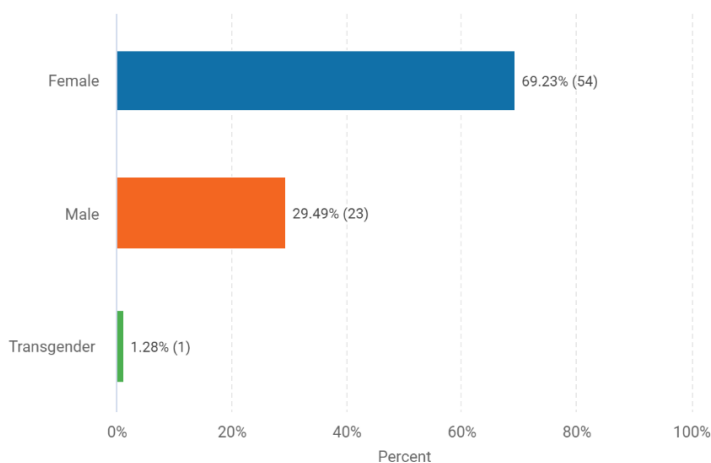
Answered: 77 Skipped: 7



Postcode area	Number of respondents	Percentage
Hull	21	28.38%
North Yorkshire	25	18.92%
York	12	16.22%
North Lincolnshire	12	16.22%
North East Lincolnshire	10	13.51%
East Riding of Yorkshire	5	6.76%

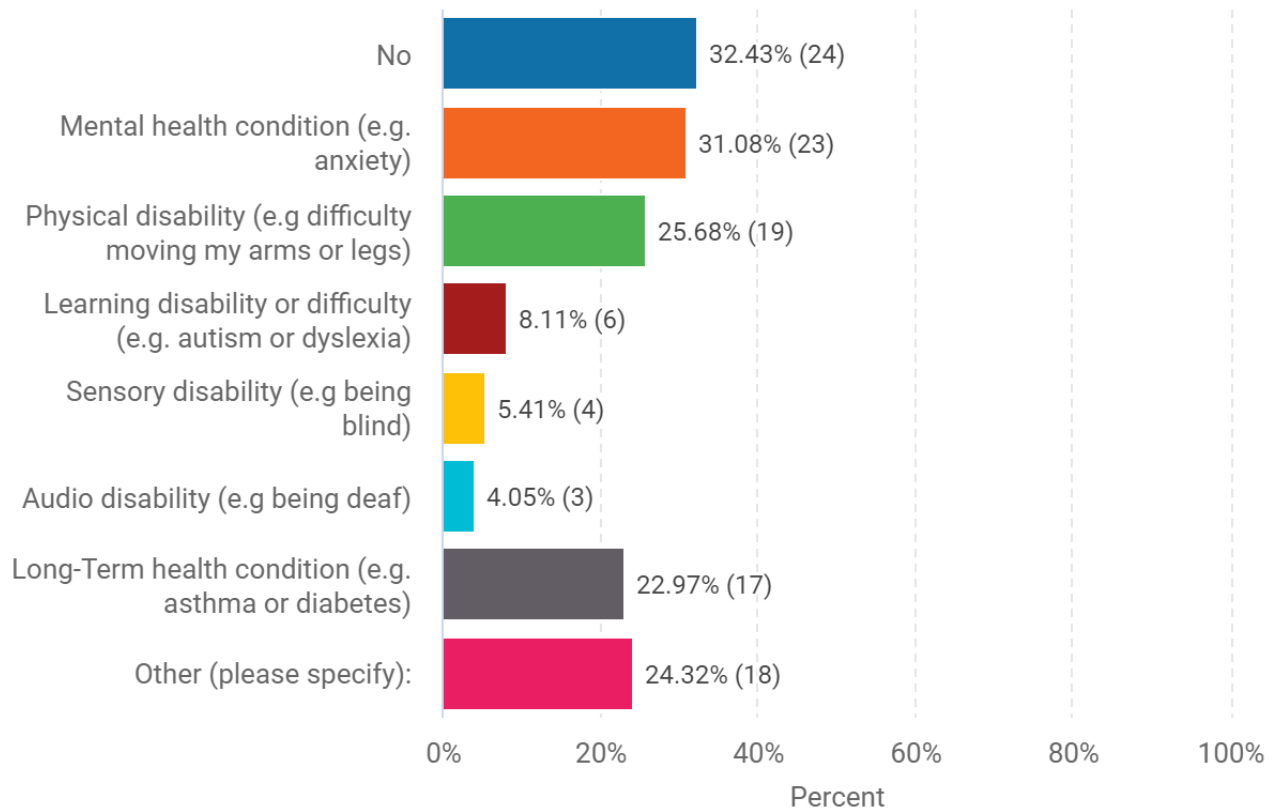
What is your gender?

Answered: 78 Skipped: 6



Do you have a disability, long-term illness or health condition?

Answered: 74 Skipped: 10



What race or ethnicity best describes you?

Answered: 76 Skipped: 8

