

NHS Long Term Plan

General responses to our survey

Healthwatch in Bury

whot

would you do?

It's your NHS. Have your say.

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Background

The NHS published its Long Term Plan on 7 January 2019. The Plan, which was developed in partnership with frontline health and care staff, patients and their families, focuses on several key changes, as summarised below. The full report can be found on the NHS Website at <https://www.longtermplan.nhs.uk/>.

Doing things differently - giving people more control over their own health and the care they receive. Encouraging health teams to work better together and to work more closely with other community assets at a neighbourhood level.

Preventing illness and tackling health inequalities - investing more money in prevention, premature birth, obesity, smoking, problem drinking and gambling and taking action on poor air quality.

Backing the NHS workforce - increase staffing and training places, make the NHS a better place to work.

Making better use of digital technology - providing more convenient access to services and information for patients and staff, a new NHS App as a digital 'front door' and an option of 'digital first' GP access.

Getting the most out of taxpayers' investment in the NHS - identify ways to reduce duplication and make better use of the NHS' combined buying power to achieve savings and cut administration costs.

Specific action - on supporting people living with a range of **specific conditions** (autism, learning difficulties, mental health illnesses, dementia, heart and lung disease, and cancer).

About this Project

This project was commissioned from Healthwatch England by NHS England. Healthwatch England marshalled the national network of Healthwatch Organisations to a) engage with their populations, b) collect evidence, c) produce reports on a regional level (in this case Greater Manchester).

The result of the engagement will be shared with Healthwatch England to produce a national evidence base that will inform the development and implementation of the specific activities discussed within the long term plan.

Results will be published on a regional level and shared with those responsible for transforming health and care services (in this case the Greater Manchester Health and Social Care Partnership).

The Greater Manchester Health and Social Care Partnership is already working on its Prospectus for the next 5 years. The Prospectus will set out how Greater Manchester will respond to the ambitions in the new NHS Long Term Plan published in January 2019 and update how the Health & Social Care Partnership will contribute to the wider vision for Greater Manchester.

This work will be shared with the Partnership and used in tandem with the Prospectus to inform and guide developments across the city.

Objectives

To gather, analyse and present a comprehensive set of responses from the people of Greater Manchester on some of the key the topics raised in the NHS Long Term plan. In particular we wanted to find out:

- What people think would help them to live healthier lives? (prevention)
- What would make it easier for people to take control of their own health and wellbeing? (personalisation)
- What would make support for people with long-term conditions better? (care closer to home)

- What people think about increasing the use of technology in health and care services? (digitalisation and tech)
- What people who have autism, learning disabilities, mental health conditions, heart or lung disease, and cancer think would make their health services better?

Structure of the Reports

Greater Manchester Healthwatch have produced a series of reports to show the findings of this engagement exercise as follows:

Long Term Plan General Findings - this report covers the responses to the general survey, there were 2091 responses. It represents by far the biggest sample and gives a broad overview, in terms of geography and demographics, of what the People of Greater Manchester think about the general themes in the Long Term Plan. General focus group responses are also included in this report.

Six Reports on Specific Conditions - these reports have much smaller numbers of respondents, between 29 and 77 people. The reports combine data from the individual specific conditions surveys and focus groups, but provide a more in depth understanding of actual patient journeys and more specific ideas for improvement and support within the relevant services. These reports are:

- 'The Patient's Journey In Mental Health'
- 'The Patient's Journey in Autism Services'
- 'The Patient's Journey in Learning Disabilities Services'
- 'The Patient's Journey in Dementia Services'
- 'The Patient's journey in Cancer Services'
- 'The Patient's Journey in Cardiac and Respiratory Services'

Methodology

Engagement for this project took place across Greater Manchester between March 4th - April 26th, 2019. Healthwatch in Greater Manchester (HW in GM) worked closely together on this project with all 10 Local Healthwatch (LHW) in the city region using the same locally adapted questionnaires. HW Bury took mixed methods approaches appropriate to their local area with the survey publicised online, via social media, distributed on paper, and taken to local groups and events.

Summary of general survey responses across Greater Manchester

Area	Bury
TOTAL NUMBER OF SURVEYS ('Yes' to Q1)	142
TOTAL NUMBER OF SURVEYS ('NO' to Q1) - not used	0
Number of surveys completed by people living outside of GM	2
Number of surveys completed by people living outside of locality but within GM	12

Total used responses = 142.

In this report only the general focus group data for the Bury area has been included, with the specific conditions data separated into 6 condition focused reports.

General focus groups = 2 groups and 30 people

Summary of all focus group responses across Bury

Area	Topic	Participants	Location	Date
Bury	Learning Disabilities	10	The Elms Community Centre, Whitefield	2019-04-03
Bury	General (mixed)	20	The Fed, Heathlands Village, Prestwich	2019-04-04
Bury	General (Sensory impaired)	10	Bury Society for the Blind	2019-04-17
Total		40		

General survey questions

Opening questions

Who are you completing the survey on behalf of?

Where in Bury do you live?

Prevention

Rate how important the following things are to you when it comes to living a healthy life:

- Easy access to the information I need to help make decisions about my health and care.
- Having the knowledge to help me do what I can to prevent ill health.
- Access to the help and treatment I need when I want it.
- Professionals that listen to me when I speak to them about my concerns.
- For every interaction with health and care services to count; my time is valued.

If there was one more thing that would help you live a healthy life, what would it be?

Personalisation

Being able to manage and choose the support you need

- If I have a long term condition I decide how the NHS spends money on me.
- Choosing the right treatment is a joint decision between me and the relevant health and care professional
- I make the decision about where I will go to receive health and care support
- I should be offered care and support in other areas if my local area can't see me in a timely way
- I make the decision about when I will receive health and care support
- My opinion on what is best for me, counts
- Communications are timely
- I have time to consider my options and make the choices that are right for me

If there was one more thing that would help you manage and choose how the NHS supports you, what would it be?

Care closer to home

The help you need to keep your independence and stay healthy as you get older

- I want to be able to stay in my own home for as long as it is safe to do so
- My community can support me to live my life the way I want
- My family and friends have the knowledge, confidence and power to help and support me when needed
- I expect there to be convenient ways for me to travel to health and care services when I need to do so
- I expect that my family and I will feel supported at the end of life

If there was one more thing that would help you retain your independence and live healthily for as long as possible, what would it be?

Technology

How you interact with your local NHS

- I have absolute confidence that my personal data is managed well and kept secure
- I can access services using my phone or computer
- I can talk to my doctor or other health care professional wherever I am
- I can make appointments online and my options are not limited
- Any results are communicated to me quickly making best use of technology
- I manage my own personal records so that I can receive continuity in care
- I am able to talk to other people who are experiencing similar challenges to me to help me feel better

If there was one more thing that you think need to change to help you to successfully manage your health and care, what would it be?

If you have any further comments please write them below

Tell us a bit about you (demographics)

- What is your age?
- What is your ethnicity?
- Do you consider yourself to have a disability?
- Are you a carer?
- Do you have a long term health condition?
- Which of the following best describes you?
- What is your gender?
- What is your religion?

General focus group questions

Discussion about *where and by whom* people want to be supported (care closer to home)

Ideally talk about:

- Neighbourhoods
- Integrated care
- Treatment in community vs hospital
- Support from voluntary groups
- Non clinical support
- Peer support
- Who should be involved in care
- How often, where and how they can interact with services?

Care closer to home/neighbourhood (facilitators summary, cover main points of discussion)

People's direct comments on the care closer to home (please enter all the direct comments you collected).

Discussion about Prevention:

What would help people to act on some of the prevention things?

Ideally talk about:

- Routine health checks
- Screening
- Information about our health status
- Access to early intervention services (e.g. stop smoking, weight management etc)
- Wider determinants of health
- Access to healthy lifestyle activities
- Environmental aspects (air quality, take away outlets, green space, safe streets etc)

Prevention discussion (facilitators summary)

People's direct comments on Prevention (please enter all the direct comments you collected).

Digital services and technology discussion

What do people think about the NHS using more digital services?

Ideally talk about:

- Digital working in NHS
- Shared care record
- Video consultation
- Remote monitoring devices
- Apps
- Digital first option' for GP services the NHS 'front door' app

Digital services and technology discussion (facilitators summary)

People's direct comments on digital services (please enter all the direct comments you collected).

Personalisation

What would personalised care look like?

Ideally talk about:

- Choice
- Control
- Communication
- Personal budgets

Personalisation discussion (Facilitators Summary)

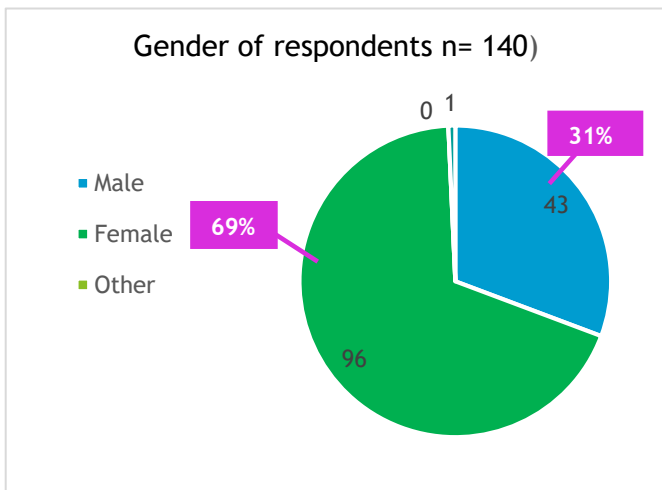
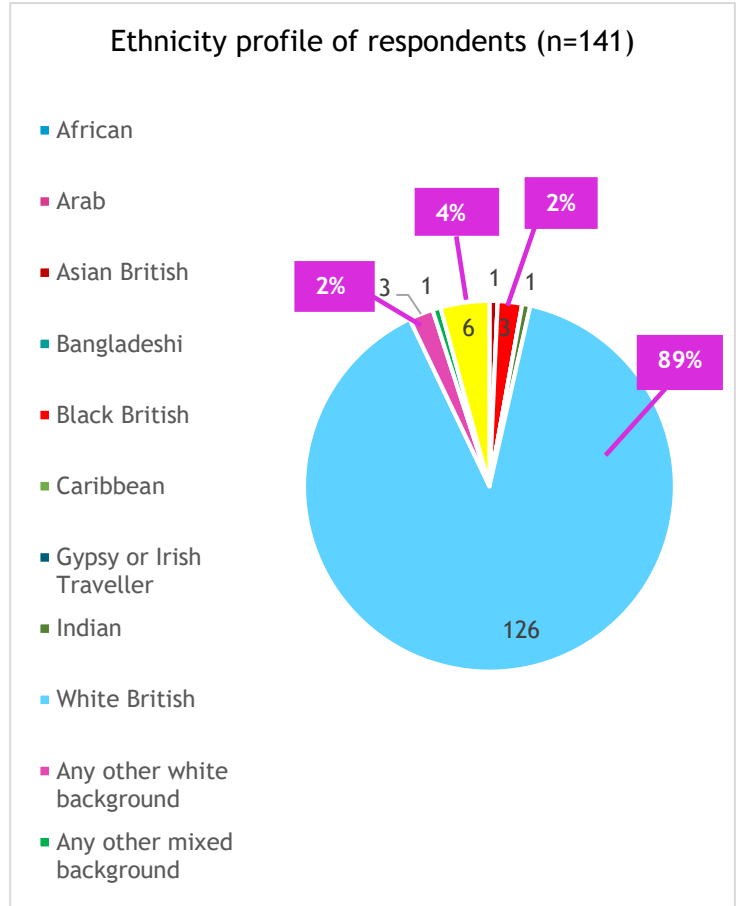
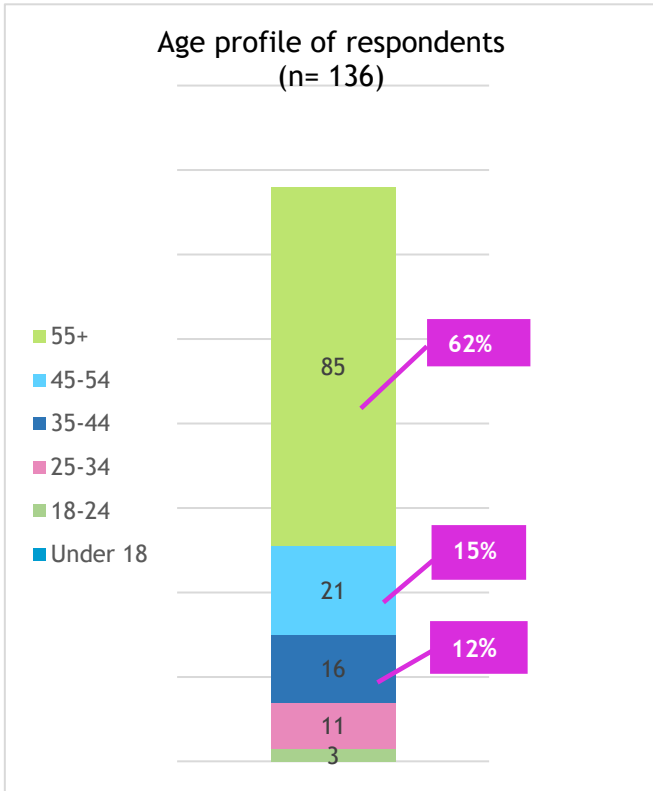
People's direct comments on personalisation (please enter all the direct comments you collected).

Anything else?

Anything else people said that doesn't fit under the other headings. If you could group the comments by type and give them a sub heading that would help a lot.

Who we spoke to

Demographics



Age profile of respondents - We had 136 people respond to this question. A high proportion of respondents indicated they were over 55+ which equals 62% (85 people).

Ethnicity profile of respondents - We had 141 people respond to this question. A majority of respondents indicated they were 'White British' which equals 89% (126 people).

Gender profile of respondents - There were 140 responses to this question. A majority of the respondents were female 69% (96), with 31% selecting male (43).

Disability profile of respondents - Most respondents said they did not have a disability 62% (85). However 35% (48) did indicate they had a disability, which should still be considered significant.

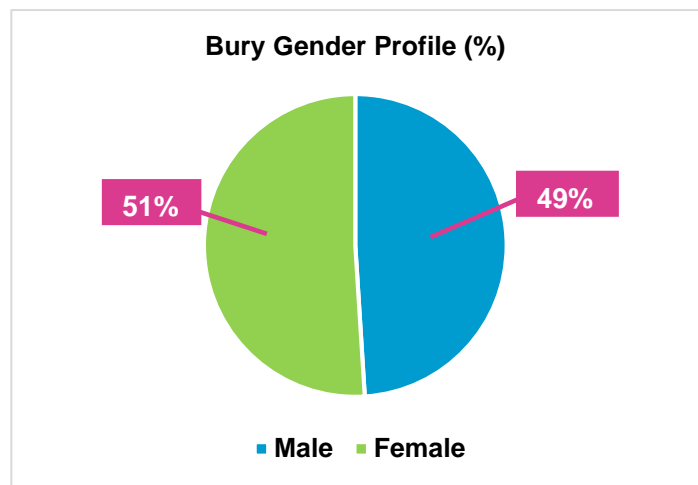
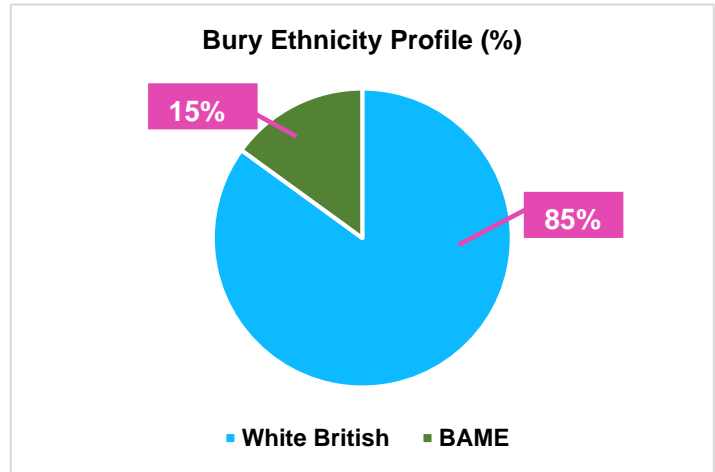
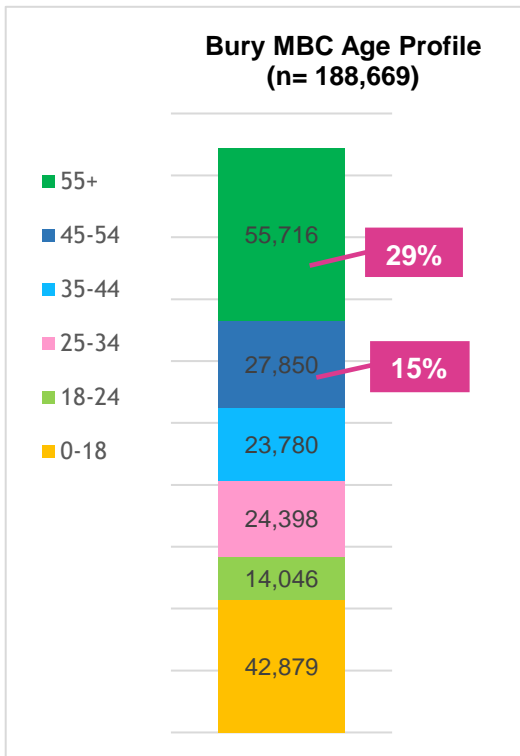
Carer profile of respondents - A high number of people said they were not carers 83% (111). A significant number 17% (22) said they were a carer.

Health conditions profile of respondents - Just about half of people indicated they had either a long term condition 50% (73) or multiple conditions 14% (20). 37% of the respondents (54) indicated they had no long term or multiple health conditions.

Sexuality profile of respondents - There was a high number of respondents selecting 'heterosexual' for this part of the demographic information 92% (125). The next largest categories were 'gay or lesbian' 4% (6) and 'bisexual' 4% (5).

Religious profile of respondents - The majority of respondents selected 'Christian' when asked about their religion 48% (67), the second major category by total was 'no religion' 26% (36). The third largest category was Jewish 17% (24).

Comparison with Office for National Statistics Census, 2011



In order to check the representativeness of our dataset the above charts have been created from Office for National Statistics (ONS) census data (2011). Below this is referred to as the ONS data.

Regarding the age profile from the ONS data for the Bury MBC region this has the 55+ group making up 29% of the population, our sample had 62%. The next largest category in the ONS data was 45-54 at 15% of the population, our sample also showed 45-54 as the second highest category (15%). Overall the Healthwatch dataset includes a higher percentage of older participants compared to the ONS statistics.

When comparing ONS data for ethnicity in Bury MBC with Healthwatch results the data has a similar profile. ONS data shows a split with 85% White British and 15% BAME. Healthwatch results have 89% White British and 11% BAME. In summary the Healthwatch dataset is representative of the ethnicity profile found in the last census.

A look at the gender profile data set shows a significant difference between the findings. In the ONS data Bury has a split between 51% female and 49% male, our data included 69% female, 31% male. Therefore the findings in the Healthwatch data differ by about +20% for females and -20% for males from the census data

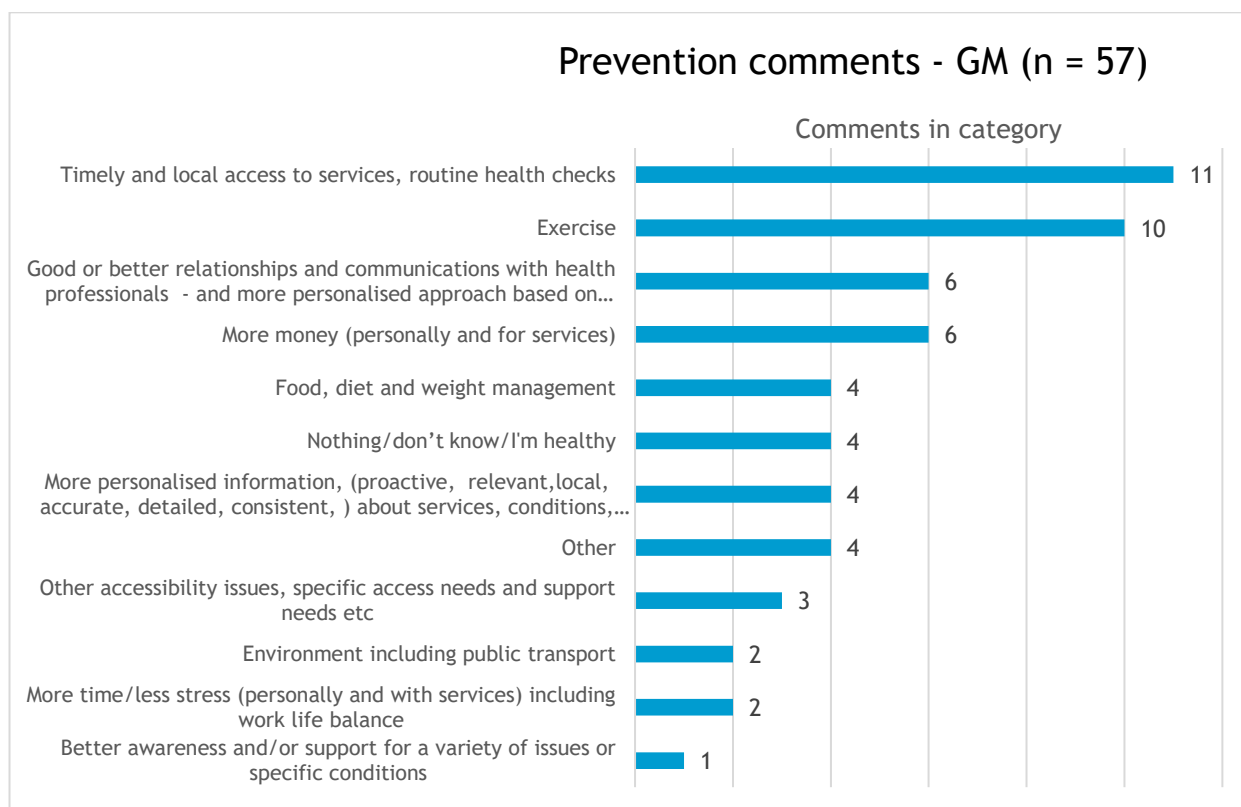
Analysis of key themes

In this section the four main themes from the survey and focus groups are looked at. The themes are prevention, personalisation, care closer to home, and technology.

Prevention

This section looks at people's first preference across Bury MBC related to prevention and healthcare.

The 'prevention comments' chart refers to qualitative statements made by people on prevention. People were asked to give any other thoughts or comments they had related to the topic of prevention.



There were two areas people commented on most frequently '*timely and local access to services and routine health checks*' (11) and '*exercise*' (10). This shows, much like the quantitative preferences, that most people felt access to professionals and services were key topics. A new topic that emerged from the qualitative comments was concern over healthy and active lifestyle: this area included statements related to exercise and also eating healthily.

'Timely and local access to services and routine health checks' (11 comments)

Key themes and supporting comment examples:

- Appointment times • Week wait too long •Waiting lists •A&E
- Check-ups •Mental health• Location-distance

"Being able to get a doctor's appointment."

"Quicker easier access to a dedicated GP who knows my history."

"Sufficient early support. Services working together in a coordinated way."

"More out of hours' services."

"Long waiting time for appointments, both GP and hospital, are very stressful. The opposite would be useful!"

"A hospital in Bury. We used to have two. Now more people live in this area but we have to travel further for treatment. And it is getting more difficult to get a doctor's appointment."

'Healthy and active lifestyle' (14 comments)

Key themes and supporting comment examples:

- Gym access •Information •Access •Provision •Time

"Free gym membership and a salad bar in Bury."

"Easier access to cardio exercises for people with physical disabilities."

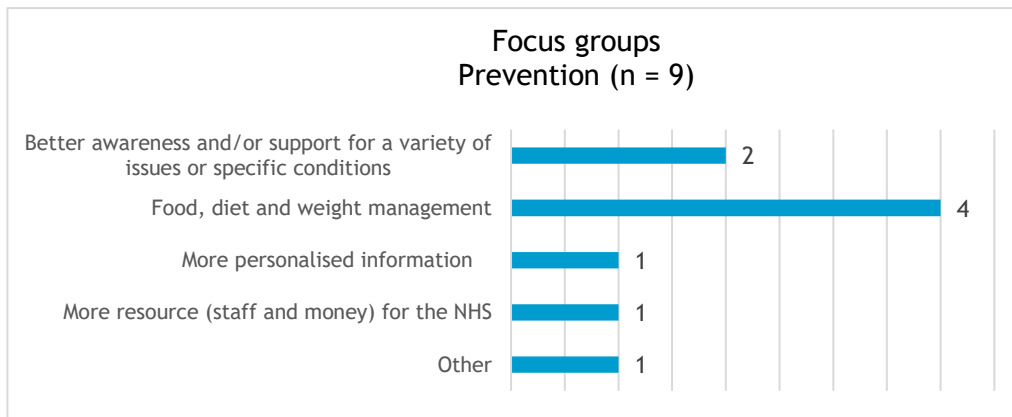
"Access to exercise for health. Easy access to IAPT services no waiting list."

"Better care for obesity just like you have for people who suffer with anorexia."

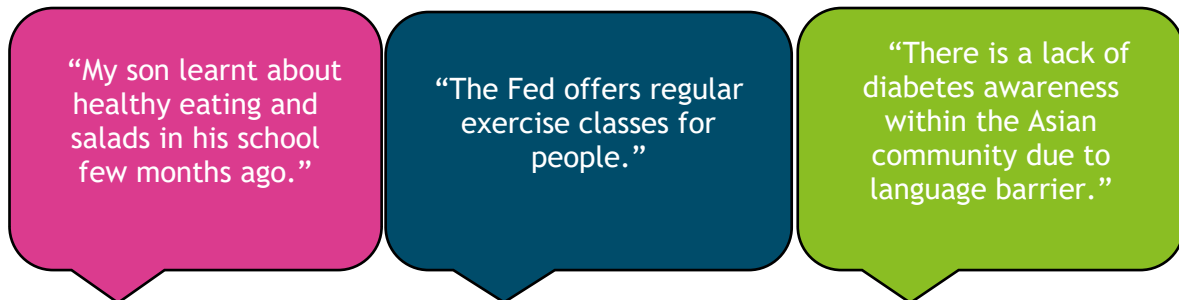
"Easy access to group activities to encourage me to become active."

"Dietitian and confidence training."

The chart below shows the topics within prevention that were discussed in the general focus groups.



While a range of different topics and issues were raised in the focus groups ‘*food, diet and weight management*’ and ‘*better awareness and/or support for a variety of issues or specific conditions*’ were found to have the highest number of comments.

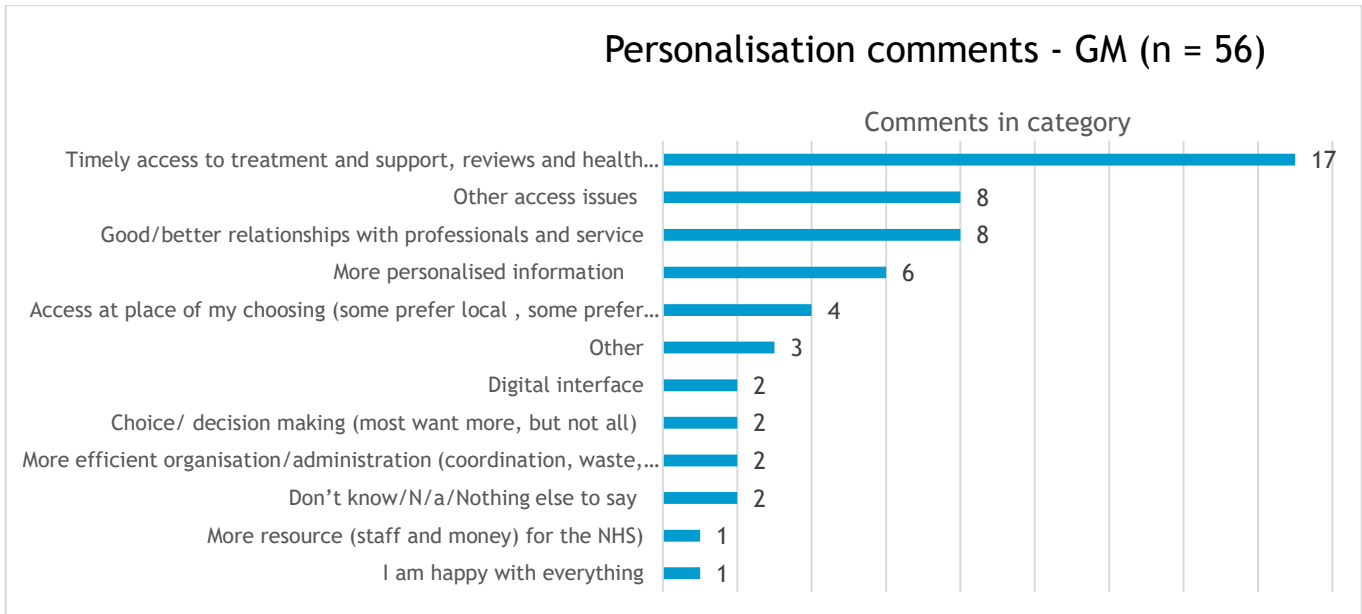


Overall issues for prevention:

- This section has assessed people’s opinion on prevention by looking at preferences from quantitative questions, qualitative open ended comment, and focus group discussions.
- Responses suggest that better awareness and/or support for a variety of issues and specific conditions would help people to manage their own health and wellbeing and conditions.
- People also recognised more exercise and physical activity could contribute to staying healthy and well. In order to increase take-up of physical activity, many people thought improving access could encourage use. Access, in this case, referred to more gyms, cheaper or free places, having more time to spend exercising.

Personalisation

A chart was created to show a summary of the free comments people made relating to personalisation.



The result of the ranking question shows people wanted to have a dialogue and choice with those delivering their care.

The personalisation comments chart shows ‘timely access to treatment and support, reviews, and health checks’ (17), ‘better relationships and communications with health professionals’ (8) and ‘other access issues’ (8) as key areas within the comments. As the most preferred statement in the quantitative question was on collaborative decision making, the comment preferences suggest collaborative relationships could be improved by focusing on access, communication, and tailored information.

‘Timely access to treatment and support, reviews, and health checks’ (17 comments)

Key themes and supporting comment examples:

- Waiting times
- Time of appointments
- Travel
- Car Parking

“Access to doctors’ appointments outside school hours, with non-working people being encouraged to visit during the day.”

“Greater access to out of hours’ services - the world has changed.”

“Better/ more parking. I don’t mind paying although would prefer to for this in an app than have to find change. But parking is awful at all NHS facilities.”

“More doctors and/or paramedics/nurses - so that relatively simple decisions can be made a lot quicker - e.g. it took over 3 weeks to get a telephone appointment with a GP to discuss my blood results when it was patently obvious I could stay on the low dose.”

“Booking clerks understanding that I have the right to choose where I will be referred/treated.”

'Better relationships and communications with health professionals' (8 comments)

Key themes and supporting comment examples:

•Clarity •Care •Information sharing •Continuity •Dialogue •Supportive •Time to talk

“Having extra time to talk with my specialist. I go to a good, well managed doctor's surgery who really care and always chase up any care I need.”

“Improved group communication between GP's, hospitals and other health institutions with regard to access of patient records.”

“I prefer to see my own doctors on emergencies rather than locums.”

“Maintaining good communication throughout a treatment span.”

“Health professionals who listen, and care. Not rushed.”

“Not having to fight for the health professionals to support me.”

'More personalised information' (6 comments)

Key themes and supporting comment examples:

•Records •Information •Clarity •Formats •Guidance and signposting

“More information on the best places for that help support and treatment instead of trawling through google to find it.”

“Communication in different formats to meet diverse needs.”

“Accurate information about prevention and healthy lifestyle, invest in health research especially mental health as it costs a lot to the NHS and other services.”

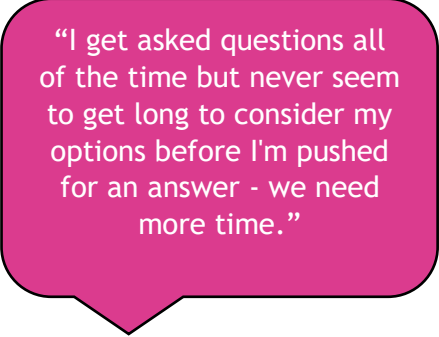
“Knowledge of relevant specialist consultants who would give second opinions.”

“More knowledge about rare diseases.”

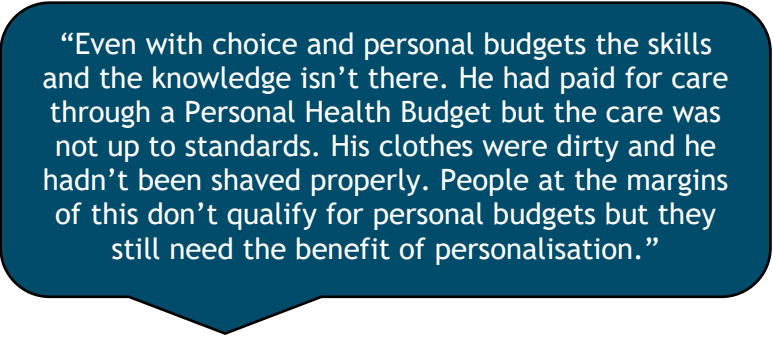
“I would want to be told all options for treatment but must accept that clinical decisions will also be influenced by priorities and the needs of other patients.”

Finally the summary of comments from the general focus groups conducted found that *'improved relationships and communication with health professionals'* was important to people in personalisation.

Examples of comments that supported the most popular topic:



“I get asked questions all of the time but never seem to get long to consider my options before I'm pushed for an answer - we need more time.”



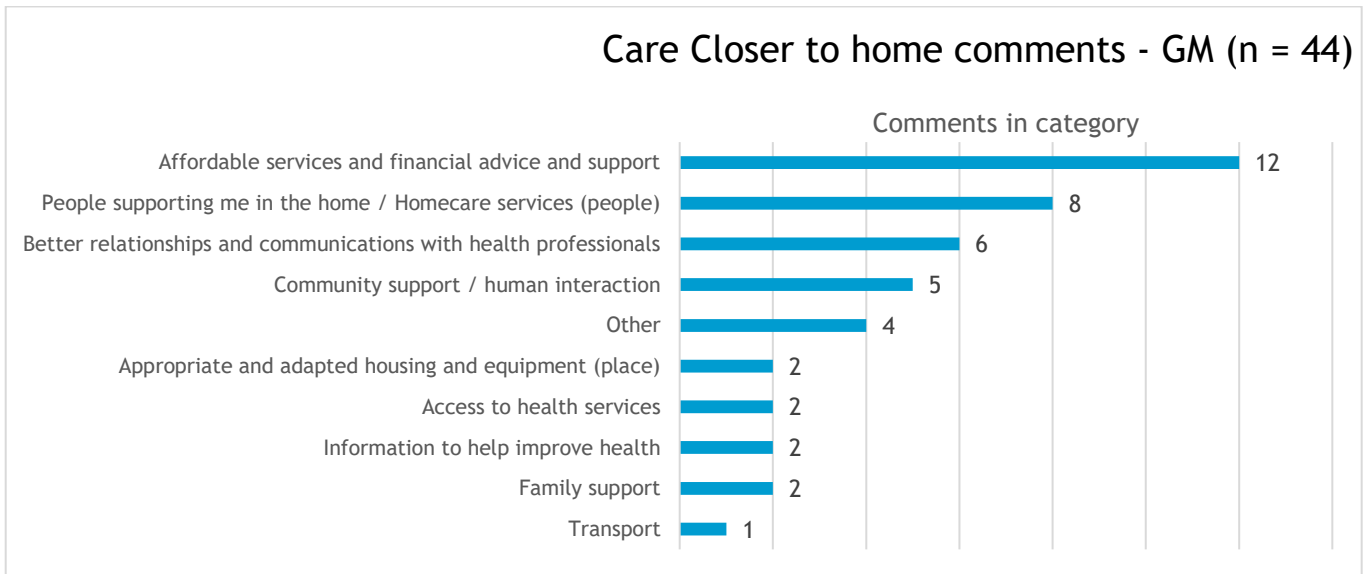
“Even with choice and personal budgets the skills and the knowledge isn't there. He had paid for care through a Personal Health Budget but the care was not up to standards. His clothes were dirty and he hadn't been shaved properly. People at the margins of this don't qualify for personal budgets but they still need the benefit of personalisation.”

Overall issues for personalisation:

- The opinions gathered related to personalisation were analysed for common themes and relevant suggestions. Timely access to treatment and support stood out as an important priority from the comments that people made.
- The desire to improve or maintain good communication was also important in the qualitative comments we received, with better relationships and communication emerging as a priority.
- Comments showed that a caring attitude, clarity, having enough time to share concerns, continuity of professional, and the sharing of information were features of a positive relationship between people and healthcare professionals.
- People also thought access to treatment was important to personalisation. People said they wanted information to be clear and accessible to them. This would help improve trust between individuals and the healthcare system as a whole.

Care closer to home

A summary of the care closer to home, free comment responses, is shown below.



When we summarised the comments for the care closer to home qualitative question ‘affordable services and financial advice and support’ (12), ‘people supporting me in the home/homecare services’ (8) and ‘better relationships and communications with health professionals’ (6) were the most popular areas for comment.

‘Affordable services and financial advice and support’ (12 comments)

Key themes and supporting comment examples:

- Elderly
- Free care
- More money
- Advice
-

“Free home care and support when I will need it.”

“That professional care is available free at the point of access and that the onus of care is not placed on family and friends. A flexible health care service that is available 24/7.”

“Realistically priced quality care.”

“Properly paid carers.”

“More money to enable me to pay for healthy eating.”

“More money and community services.”

'People supporting me in the home/Homecare Services' (8 comments)

Key themes and supporting comment examples:

- Quality •Time •Reliability •Affordability •Resources •Availability

“Proper care to be provided in my own home to include adjustments where needed. Again this should work on a points system of contributions rather than bad means tested system.”

“Greater support for family carers, more services within the home.”

“More care from nurses and carers instead of paper work.”

“Greater availability of nursing support not just carers in the community.”

“Choice of care support packages.”

“The creation of a support system of home helps, shoppers, cooks etc. that you could contact at a few hours’ notice if you were feeling ill via an app like a ‘home help Uber.’”

'Better communication and relationships with health professionals' (6 comments)

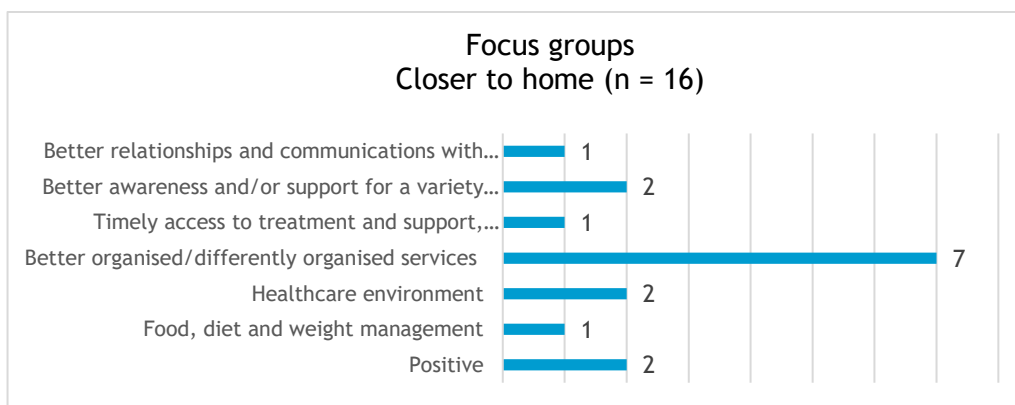
Key themes and supporting comment examples:

- Convenient appointments •Face to face contact •Services working together • Being listened to

“Booking clerks giving consideration to where I live when arranging appointments.”

“Confidence that NHS services will always be there.”

“Being listened.”



Comments on ‘care closer to home’ at focus groups were wide ranging. The most popular area the comments focused on was *‘better organised/differently organised services’*.

‘Better organised/differently organised services’ (7 comments)

“I have a sight loss and have to go into the surgery for my prescriptions and they get it wrong each time so have to go twice. I can not use internet.”

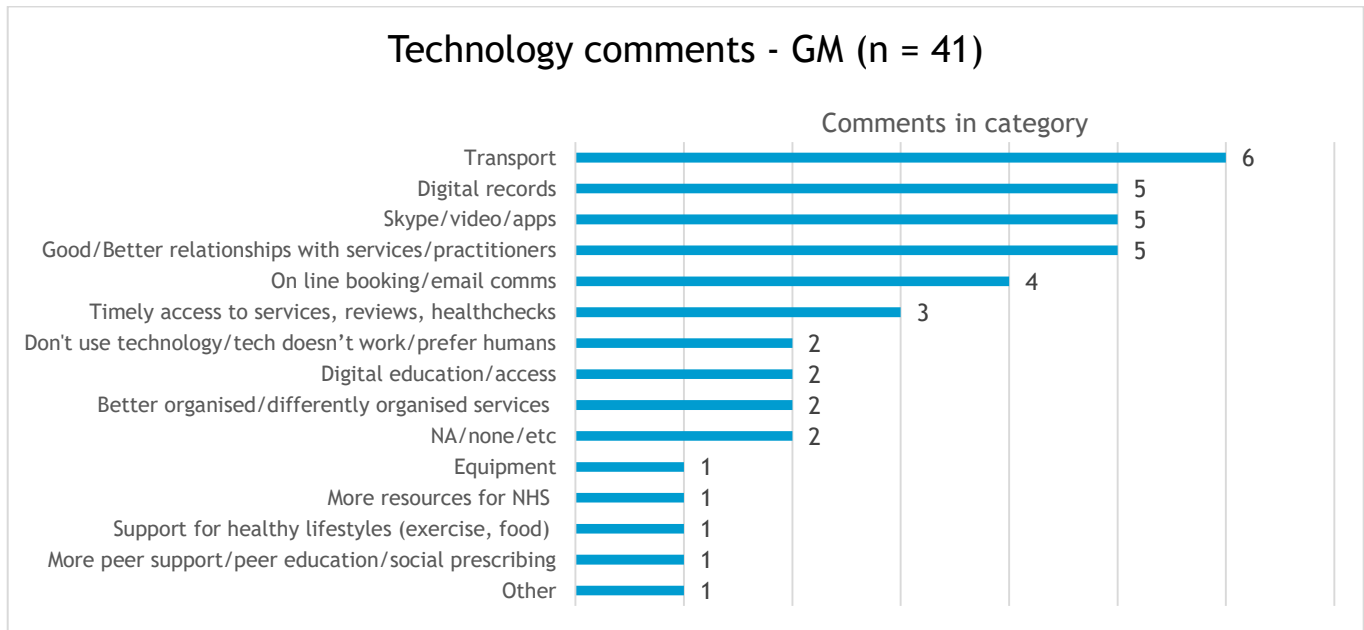
“Someone I know went to see their GP and was told to go to A& E. When they got to A&E they were told to deal with it and go back to their GP. It is very confusing.”

Overall issues for care closer to home:

- Affordable services and financial advice and support were the most frequent topics regarding ‘Care closer to home’. People highlighted the need for free care, supporting the elderly and having services well-funded.
- Care services should be of high quality, reliable, on time, and well resourced. Being able to receive that care in people’s own home was also important and comments received highlighted the importance of quality and reliability of the home care. Better communications and relationships, with health professionals, were also highlighted as important issues for the respondents.
- Comments from the focus group comments highlighted the need for improved organisation of services.

Technology

A summary of the technology related, free comment responses is shown below.



When commenting on the issue of technology and healthcare people most commonly mentioned ‘transport’ (6 responses), ‘digital records’ (5 responses), ‘Skype/video/apps’ (5 comments), ‘good/better relationships with services/practitioners’ (5 responses) and ‘online booking/email communications’ (5 responses). The spread of topics here shows more clearly the range of different ways the term ‘technology’ can be interpreted.

People want technology to support them in their interactions with healthcare services, improving access, communication, and efficiency.

‘Transport’ (6 responses)

Key themes and supporting comment examples:

- Free transport •Care in the community



‘Digital records’ (5 comments)

Key themes and supporting comment examples:

- Access •Speed •Security

“Joined up systems, that are secure and the sharing information is on a need to know basis. A system that is monitored for breaches and inappropriate use of data. Clear lines of accountability when problems occur.”

“That the online personal medical records are up to date, correctly recorded and accurate.”

“Better communication between health and patient, for patients to have full access to their health records.”

‘Skype/Video/Apps (5 comments)

Key themes and supporting comment examples:

• Information • Mobile applications • Online forums

“Readily available applications on my phone where it is easy to access info regarding healthy lifestyle.”

“Opportunity to talk to people in forums/online with same problems.”

“More world-leading and trustworthy (i.e. NHS) applications.”

People were also asked to comment on technology during the focus groups held for this project. An illustration of the broad comment areas can be seen below.

Focus groups on technology emphasised the possibilities of technology when used in healthcare. There were concerns over whether technology can be used by everyone and whether data is secure, but on the whole, people were more interested in the variety of possibilities.

“I use my Ipad regularly so would be happy with IT systems. People with dementia would suffer if they made everything digital. It removes personal touch and face to face contact which is critical.”

“Digital services are great for certain health monitoring (e.g. seizures, heart monitors, telecare, hive, howz, pendant alarms etc.).”

“I have set up Alexa to remind my mum to take her medication at set times.”

Overall issues for technology:

- The use of technology was seen as a way of improving access to healthcare as well as improving the way people interact with, and have control over, their healthcare.
- The range of responses was wide, with the concept of technology having a variety of interpretations. For example, technology might enable social care systems to be arranged more efficiently;
- Some comments referred to enabling access to digital versions of medical records, with the belief this could assist communication between professionals and prevent mistakes.
- Focus groups comments highlighted the opportunity to use technology for improving healthcare, though some users did express concern for those less able, or willing, to adopt new ways of engaging with healthcare through technology.

Conclusions

This report has looked at the responses to the Healthwatch general survey and general focus groups held across Bury following the publication of NHS 10 year plan. Whilst people were not directly required to read the NHS 10 year plan before responding to this study, their views are useful in showing local people's priorities and experiences before responding, and whether they match the aims of the 10 year plan.

People were asked to consider four main areas for this research. The areas chosen were prevention, personalisation, care closer to home, and technology, these areas cover the broad themes within the NHS 10 year plan itself.

Drawing on qualitative free comment responses, people equated the concept of prevention with access to healthcare services, though they also recognised the need to support their health through lifestyle choices. People were aware of the need to exercise and eat healthily but thought this needed more support, particularly with greater availability of gyms and possibly their subsidy through free or reduced entrance fees and also having a greater access to dietitians. The main issue was a desire for GP and other medical services to be responsive to the need for timely appointments.

With respect to personalisation, people wanted a timely access to support, reviews and health checks. A more personalised service should be supported by easier access to medical records, so patients do not need to repeat themselves, and professionals know more about the people they see. Better relationships with health professionals was mentioned as being central to effective healthcare. People want enough time to share their concerns and information provided to be clear and accessible for them.

Care closer to home is a wide ranging topic area which could be interpreted as referring to care services provided in the home environment, or the priority people give generally to local availability of services. As a result of the ways this area could be interpreted we had people comment on the need for home care services to be of high quality, reliability, and affordability. There was concern amongst some for the elderly and how they would be treated. It was also recognised that more funding might be needed to achieve a better quality of care service. We also had people comment on how health services might be made more convenient and accessible, for example through the use of pharmacies for medication management and better communication between health professionals. As found in comments on personalisation, to be listened to and have better relationships with health professionals.

Finally people were asked to comment on the role technology might play in healthcare. People felt that technology could be a positive solution to identified problems in the healthcare system. For example technology might be employed to allow appointments to be managed more easily, with availability made clear, and avoiding long queues on the telephone. Other people mentioned the way technology could mean easier access to medical records, this was thought to have potential to ensure better understanding of people's conditions and also allow oversight regarding mistakes within their records. A more straightforward suggestion for technology was to offer readily available applications on mobile phones regarding healthy lifestyle and an online forum that would allow patients to communicate with people who have similar health problems.

Across the four topic areas in this study, people in the Bury MBC area expressed a range of views which have been explored through the ranking of preferences, as well as the analysis of open comments. People were keen for their healthcare to be managed efficiently, wanted the healthcare system to be close to them, and be responsive to their needs and wishes. Those delivering healthcare should make use of technology in an appropriate way to improve access, dialogue, and personalisation. Respondents looked to a healthcare system provided by people with time to care, a willingness to communicate and understand them.

Acknowledgements

This report was created in collaboration with the researchers from Healthwatch Bolton.

Thanks to the people of Bury who shared their views and experiences.

Appendix 1 - Full results

Demographics

Age profile of respondents - n = 136

Age	Bury
Under 18	0
18-24	3
25-34	11
35-44	16
45-54	21
55+	85

Ethnicity profile of respondents - n total = 141

Ethnicity	Bury
African	0
Arab	0
Asian British	1
Bangladeshi	0
Black British	3
Caribbean	0
Gypsy or Irish Traveller	0
Indian	1
White British	126
Any other white background	3
Any other mixed background	1
Other	6

Gender profile of respondents - n total = 140

Gender	Bury
Male	43
Female	96
Other	0
Prefer not to say	1

Disability profile of respondents - n total = 138

Disability	Bury
Yes	48
No	85
Prefer not to say	5

Carer profile of respondents - n = 133

Carer	Bury
Yes	22
No	111

Health conditions profile of respondents - n = 147

Condition	Bury
A long term condition	73
Multiple conditions	20
Neither	54

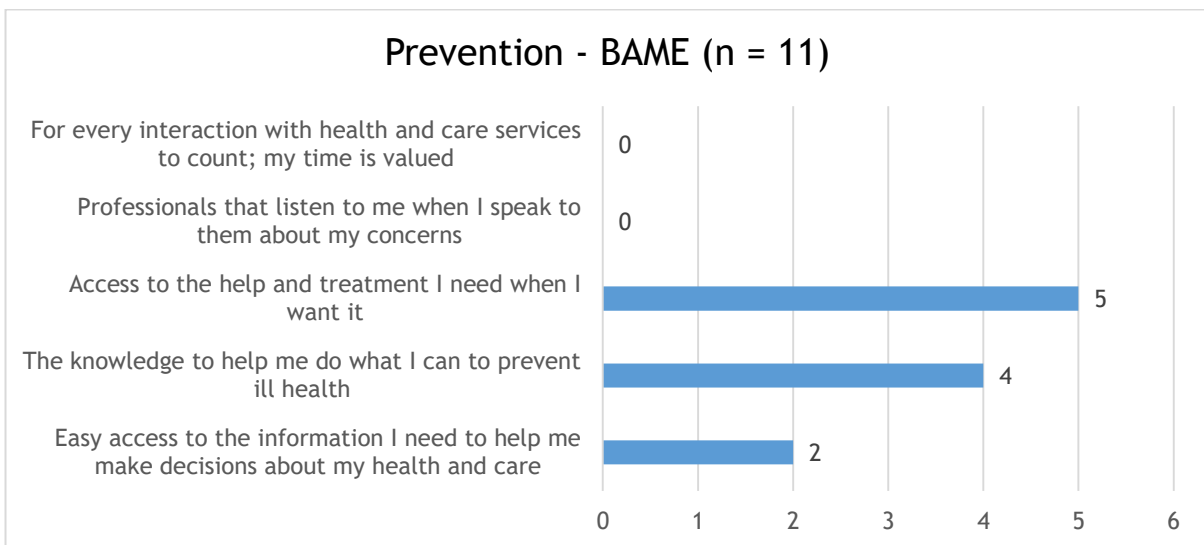
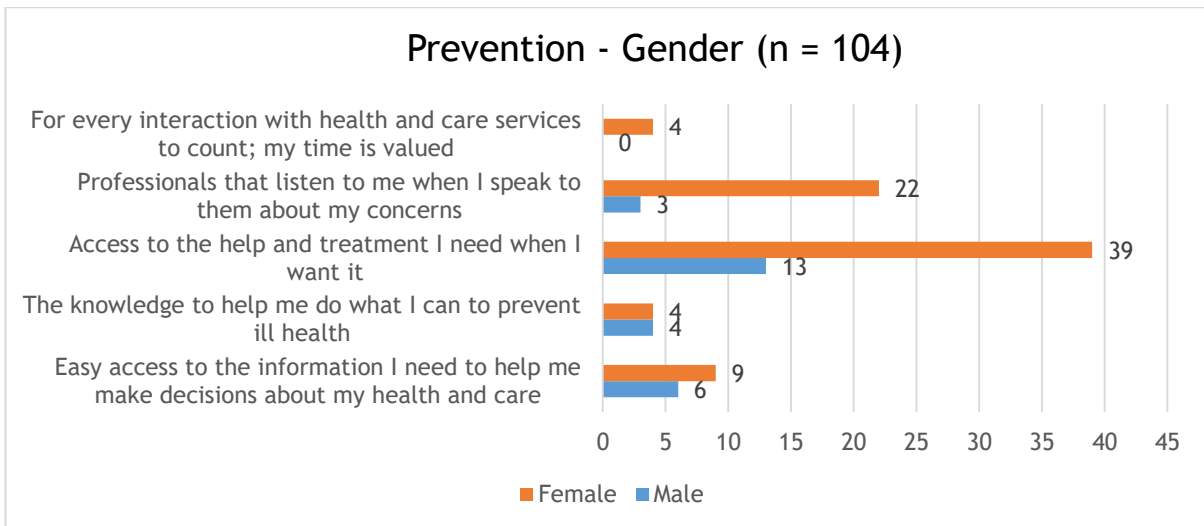
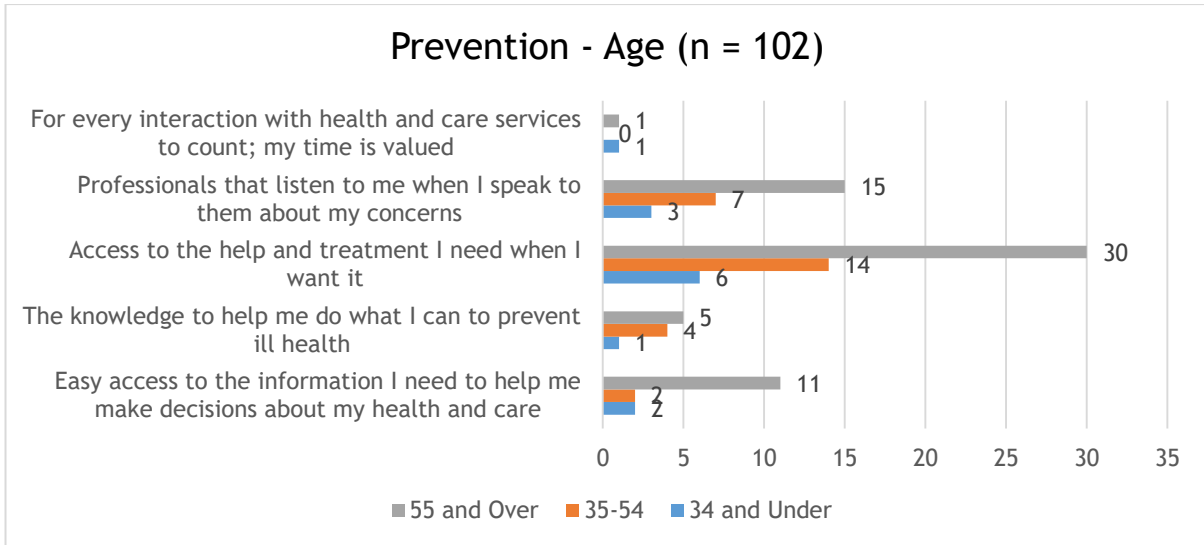
Sexuality profile of respondents - n = 136

Sexuality	Bury
Heterosexual	125
Gay or Lesbian	6
Bisexual	5
Asexual	0
Pansexual	0

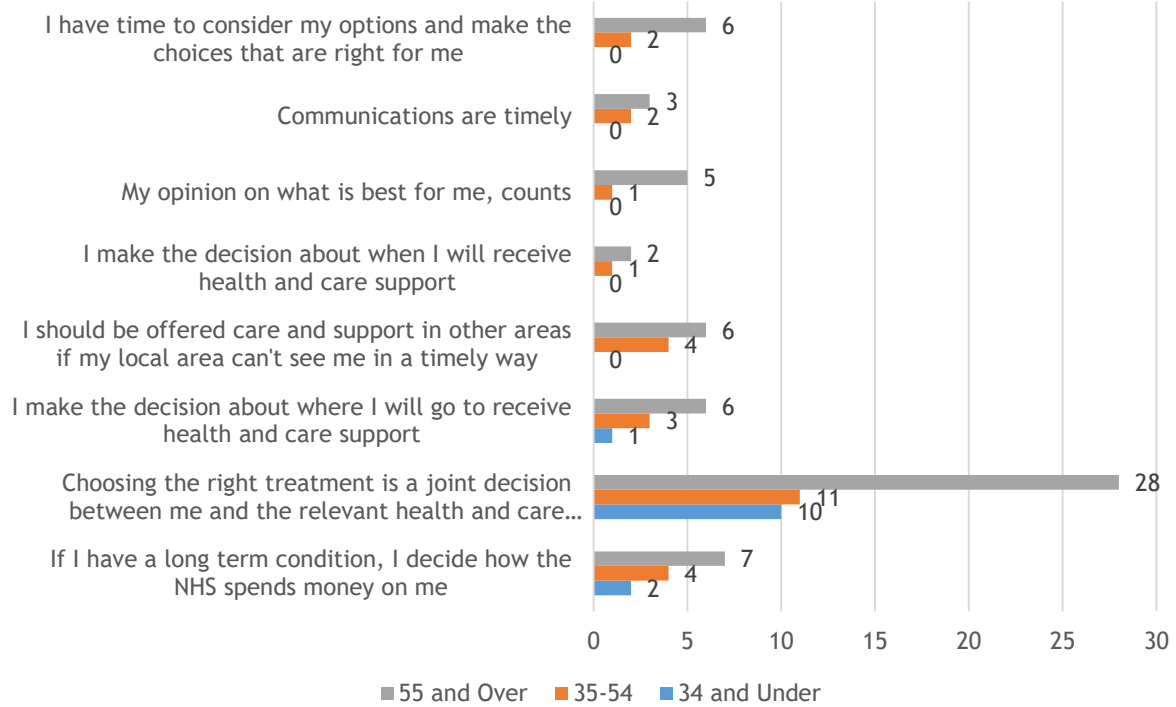
Religious profile of respondents - n = 140

Religion	Bury
Buddhist	3
Christian	67
Hindu	1
Jewish	24
Muslim	0
Sikh	0
Other	3
No religion	36
I'd prefer not to say	6

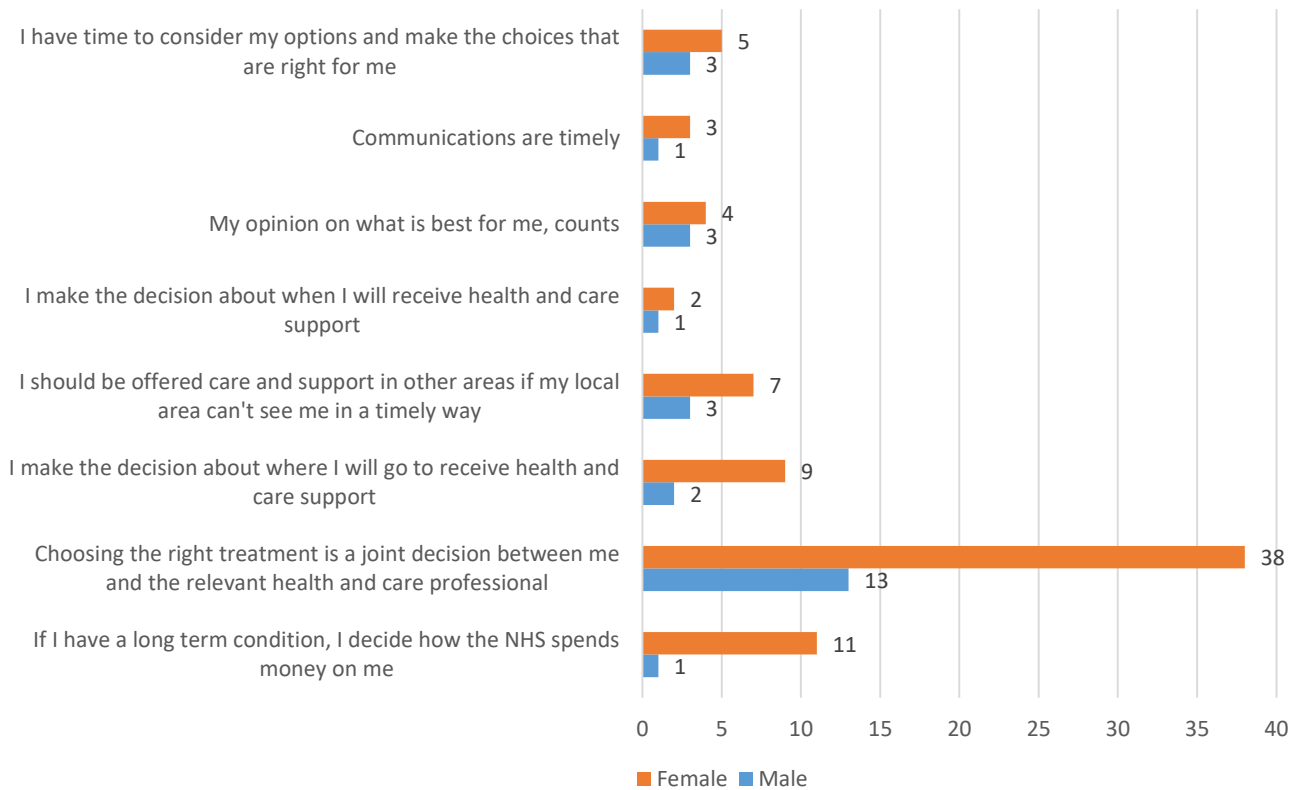
Survey results - age, gender, BAME (ethnicity)



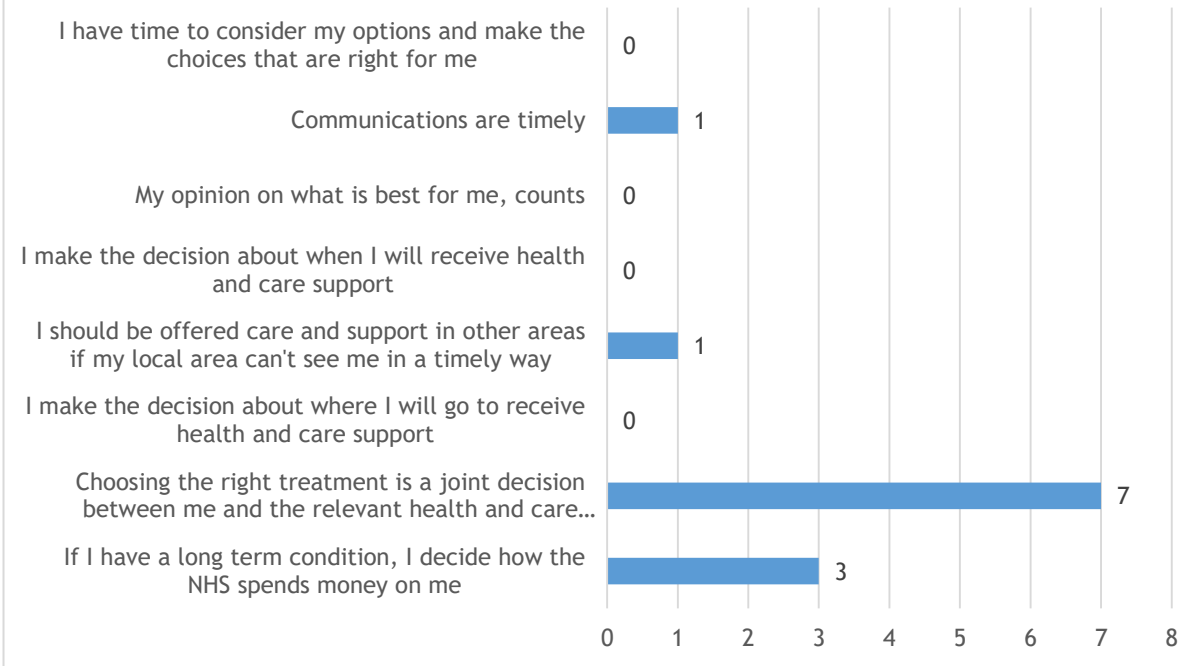
Personalisation - Age (n = 104)



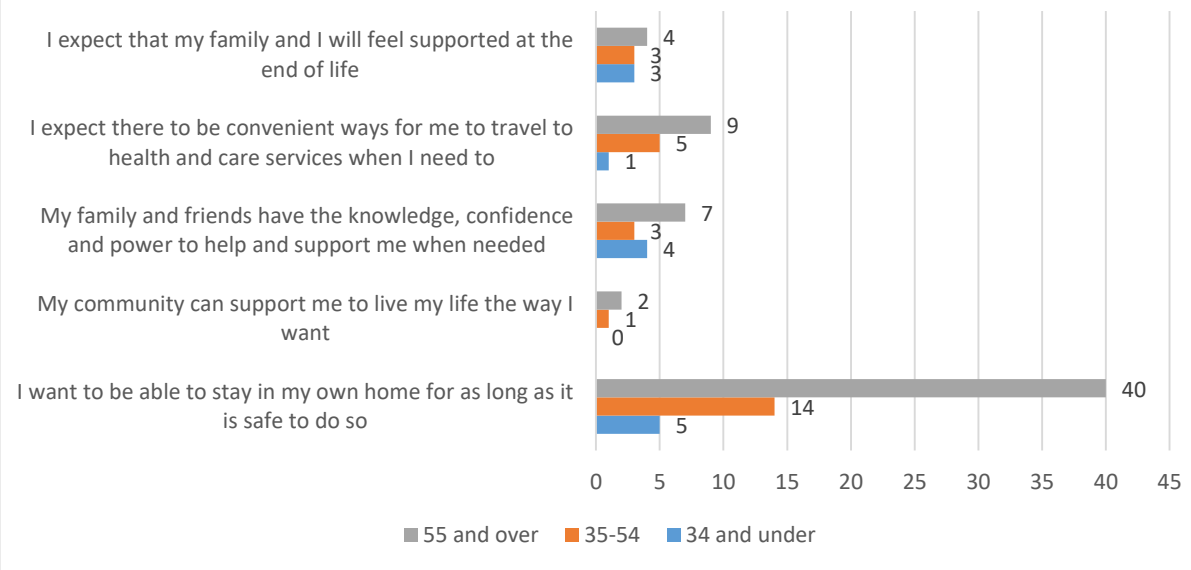
Personalisation - Gender (n = 106)



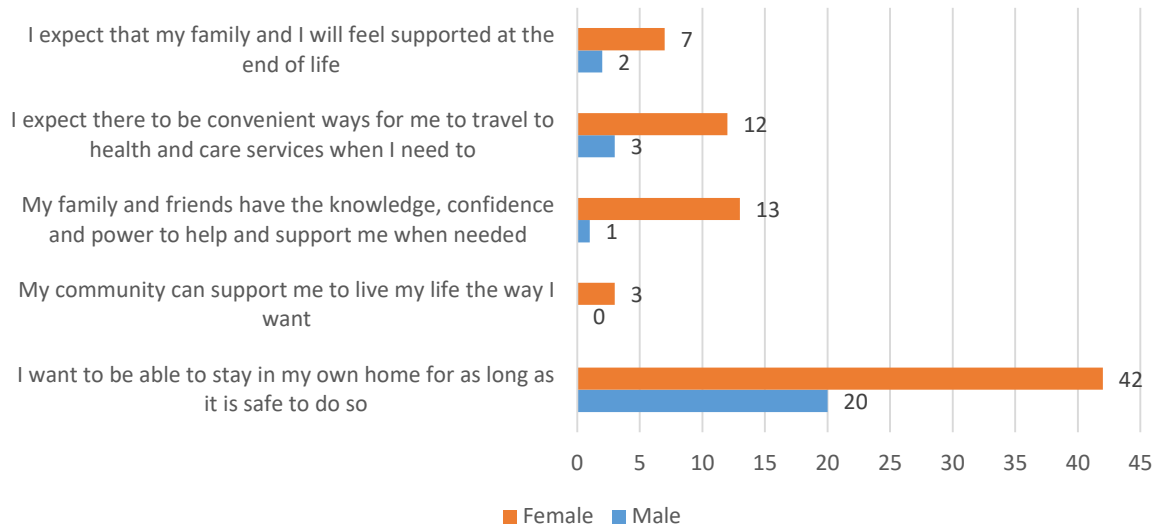
Personalisation - BAME (n = 12)



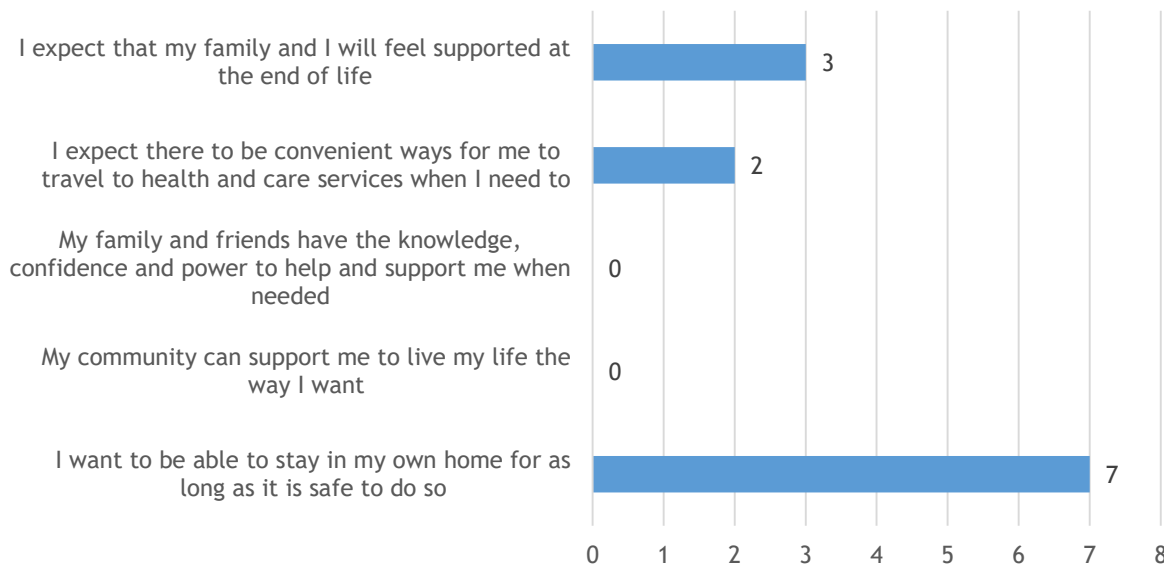
Care Closer to Home - Age (n = 101)



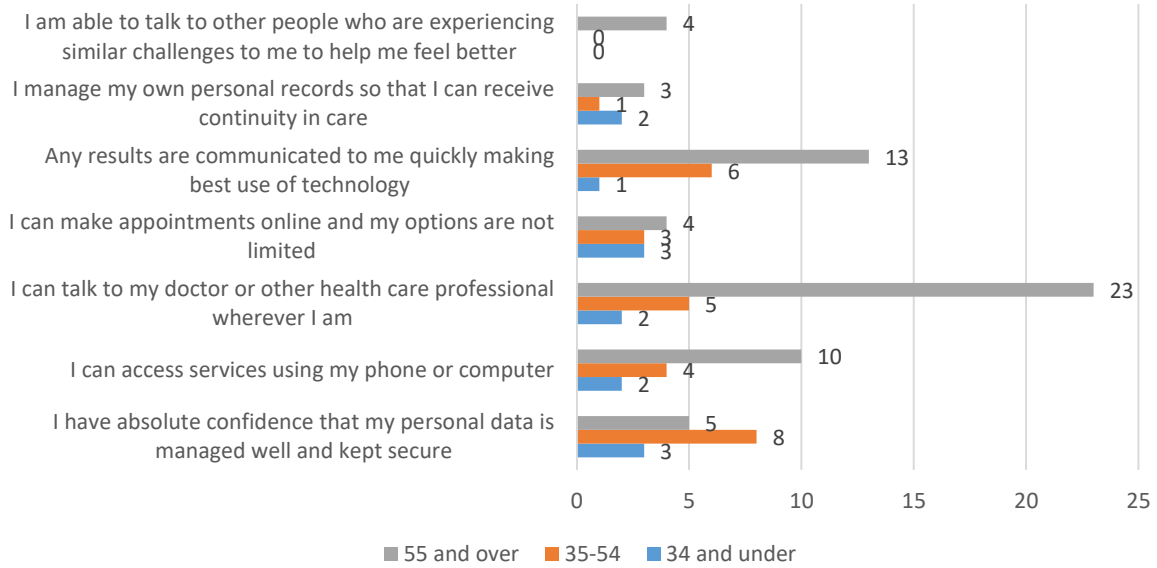
Care Closer to Home - Gender (n = 103)



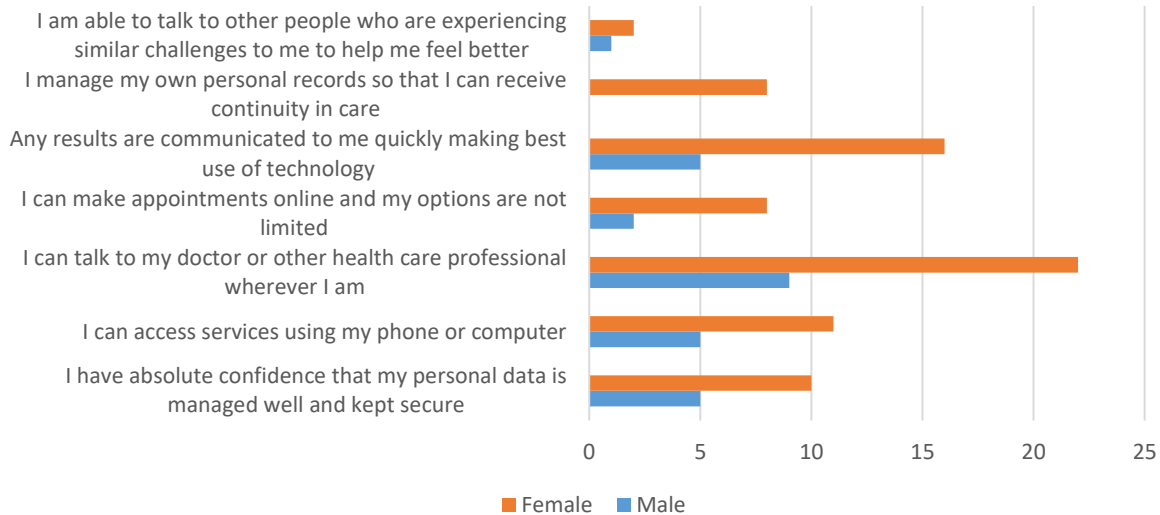
Care Closer to Home - BAME (n = 12)



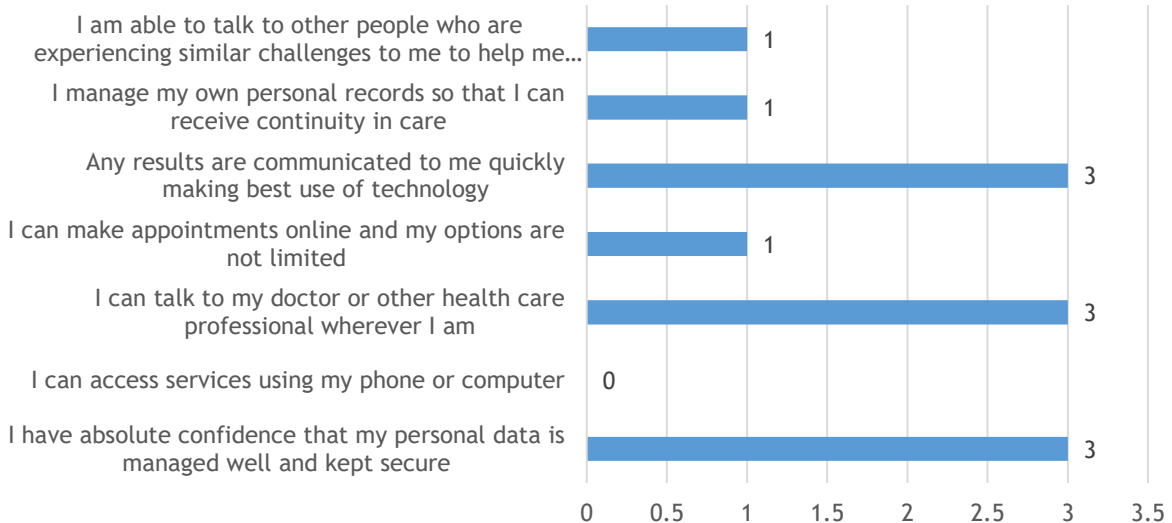
Technology - Age (n = 102)



Technology - Gender (n = 104)



Technology - BAME (n = 12)



wh  **t**
would you do?

It's your NHS. Have your say.
