



Rural Communities

Accessing Health and Care

June 2026



What we did

Buckinghamshire (Bucks) has areas of deprivation in its rural communities as well as its urban areas. Deprivation can result in differences in [health inequalities](#) and, ultimately, life expectancy. It is important therefore to understand whether rural communities might face different challenges in their access and experience of health and care.

We collected feedback from 229 people – 200 completed the survey and 29 attended focus/discussion groups. All lived in Bucks or are registered with a Bucks GP. The median age of 208 respondents was 66. All responses were collected between 23 January and 4 May 2026.

Key Findings

- + Half of respondents were concerned currently with their physical health. A third told us they were currently concerned with their mental health.
- + When asked what good health and wellbeing means, the most popular responses for online survey respondents were being physically and mentally fit and active and having a good quality of life. Those living with a long term condition (LTC), were more likely to say good health meant living without pain, being socially involved, independent and needing to know the NHS was there when they need it, than those living without a LTC.
- + The most common ways people stayed healthy were by exercising, eating healthily and spending time with friends and family.
- + The most common places people found information about looking after their health were NHS websites, online self-help resources, their GP surgery, and friends and family.
- + 94% of online survey respondents had experienced health conditions / wellbeing issues over the past year. The most common ones experienced were back, joint or muscle pain, heart problems, hearing or vision loss and mental health issues. Only

half of these respondents said they sought help for all of the health problems they had experienced.

- + The most common places where respondents sought help, were their GP surgery, self-help (the Internet), pharmacies and urgent and emergency care services .

NHS health checks and other screening

- + 55% (104/190) of respondents had attended/completed any check-ups, e.g. bowel screening or the NHS Health Check they been invited to. A few who were eligible had not attended. However, not everyone understood why they might not be eligible for an NHS health check e.g. existing long term condition or over a certain age.
- + 93% of those who had undertaken bowel screening and around 70% of those who had received advice about cholesterol and blood pressure had found this helpful or very helpful. However, 50% thought that the advice about exercise, diet and weight loss needed to be more helpful.
- + Several people wanted increased screening services e.g. PSA testing.

Positive Feedback

- + Three quarters of online survey and focus group respondents told us that, in general, they felt their overall health was good or very good.
- + 65% of online survey and focus group respondents were satisfied, or very satisfied, using their local health and care services in the last year.
- + 83% of respondents had had their blood pressure checked in the last year.

Barriers

Some issues may be more difficult for people living in rural locations compared to those living in towns.

Digitalisation of services

- + Some respondents have welcomed increased digitisation of services as this can save time, travel and cost. However, a quarter (of those saying there were barriers) either didn't have good enough internet connectivity at home, could not afford to pay for it, or had a lack knowledge or confidence using IT. Where no other option was offered, this resulted in some people not seeking health and care services.
- + There is also general frustration with aspects of the NHS App (not being able to manage a dependant relative's account in a different GP surgery, not holding all

data expected, not being intuitive) or using the online triage software required to book appointments.

- + The digitation of services has highlighted poor communication where those who are sight impaired are receiving more text messages in small font, those with Parkinsons struggle to type as much as they are now being required to do and those who are Deaf, deaf or hard of hearing are being asked to attend more online appointments rather than face to face ones.
- + People told us NHS IT systems and services are not integrated so professionals do not always have access to relevant patient data. Some said this led to delays in treatment and / or poor communication. Some people found out about their appointments at the last minute, received their letters late, or were told they missed appointments that they had not been told about.

Public transport, parking and distances

- + People living rurally may live further from NHS services, particularly secondary care. Some people travelled over 2 hours to attend appointments because of time required to find parking spaces or wait for buses or connections.
- + 18% of people identifying barriers to access health and care said services being delivered too far away was an issue.
- + 18% of people identifying barriers to access health care said there was a lack of public transport local to them. These transport challenges were both hyper-local and cross county, for example to a hospital. Many said public transport could be infrequent, and it may be impossible to attend an appointment or pickup medication using just one method. When rural roads are blocked because of roadworks, public transport can be cancelled until these are completed.
- + From some rural areas, at least two buses or a bus and a train, are required to get to any Buckinghamshire Healthcare Trust (BHT) hospital.
- + Getting to services that are further away takes more time and also costs more in fuel or transportation. Patients do not understand why they need to travel to hospitals further away rather to the one nearest, by distance, to them.

Access to services

- + Many told us they struggled to get a GP appointment. Where several surgeries belong to a group, waiting for an appointment at the most local surgery, closest local surgery might take longer. This, however, may be the only option for those with transport issues.

- + Some carers, people who are housebound or have hearing or sight loss told us about accessibility issues. Most carers could only go to an appointment if they had someone else to look after the person they care for, while others could only attend appointments if a carer could accompany them.
- + Treatment by Pharmacy First was not available to all those we spoke to particularly those who are often older and / or have multiple conditions.
- + Some people told us about long waits for secondary care which made their quality of life difficult.
- + There were a few people who were isolated and lonely didn't know where to go for additional support.

Trust and Confidence

- + Some people, including some with mental health conditions, did not feel listened to or felt like they had no choice of medication or services.
- + Several were worried that the NHS would not be there for them when they needed it. Several had already chosen to pay privately to access care.

Our recommendations

We have made the following recommendations to Buckinghamshire Executive Partnership

Digitisation of services

- ✓ While many residents living rurally may welcome an increase in online appointments and digital health platforms (finding it easier to receive care without having to travel), there should still be other ways for people who have trouble using digital tools to get the care they need.
- ✓ Provide more digital cafes/regular digital training sessions for rural community groups. These should be connected to community / free or low cost travel schemes and / or held in places where parking is free, making it easier for people to attend.
- ✓ Support the work of Bucks Digital Forum to facilitate expansion/uptake of the Shared Care record across Bucks providers.

Access to services

- ✓ Continue to promote the work of social prescribers, Age UK Bucks, [the Joy App](#) and other services which can reduce social isolation, provide support and help people stay independent as long as possible.
- ✓ Continue to publicise why, and when, people should attend screenings and NHS checks but also why, and when, they might not get invited.

Minimise distances travelled

- ✓ Continue the implementation of Integrated Neighbourhoods to bring services closer to rural communities.
- ✓ Consider offering more flexibility to those accessing health care in rural areas e.g. more drop-in clinics and mobile health units.

We have made the following recommendations to Buckinghamshire Healthcare Trust

Minimise distances travelled

- ✓ Consider where people live when booking appointments particularly in secondary care. Enable residents to have the choice of an appointment at their nearest medical unit wherever possible. Continue to publicise local community transport and the [Healthcare Travel Costs Scheme](#) to help those who may qualify.

We have made the following recommendations to Thames Valley Integrated Care Board (TV ICB).

Access to services

- ✓ Continue to explore digital solutions so healthcare professionals can share information easily, patients trust that their doctors and nurses have all the details they need, referrals are made smoothly, delays are kept to a minimum, and patients are updated quickly.
- ✓ Ensure that local healthcare providers follow the [Accessible Information Standard](#) (AIS) so that people with a disability, impairment or sensory loss can receive health and care information in an accessible format.

Minimise distances travelled

- ✓ Consider expanding pharmacy services whether that means offering more treatment options or delivery services.

We have made the following recommendations to Buckinghamshire Council.

Access to services

- Raise awareness of [eligibility criteria for NHS checks](#) and those with long term conditions should be getting these checks as part of other health reviews. Consider providing more NHS health checks etc for people in rural areas in community buildings.
- Continue to publicise where people can have their blood pressure checked away from the GP surgery.
- Work with the NHS to provide more screening etc for people in rural areas in community buildings.

Public and community transport

- Continue to expand the local public and community transport services particularly in the more remote villages in rural Buckinghamshire.
- Continue to publicise the local community transport hub services to help those who may qualify.

What the project was about

Background

We often hear from those living in urban areas of Buckinghamshire particularly in the south of the county. Through targeted engagement, we also hear from communities in Aylesbury, High Wycombe and Chesham where there are comparatively higher levels of deprivation. However, there are also pockets of deprivation in more rural areas of Buckinghamshire such as near Buckingham, Cadmore End, and Wotton Underwood.

Our Aims

We wanted to know what works, in terms of health and social care, and what does not for those living in more rural areas. We expected to hear that public transport, distances to secondary care appointments, less availability of services and possibly poor broadband or mobile phone coverage were issues. In November 2024, the government published [an updated paper about health and wellbeing in these communities](#).

“Overall, health outcomes are more favourable in rural areas than in urban areas.... However, the rural population is older than those living in towns. So, although rates of ill-health from common causes are on average lower, the prevalence of these conditions will be higher with concomitant pressures on health and care services.” ([LGA Health and wellbeing in rural areas](#))

This project aimed to:

- Talk to people about the health and care issues in rural Buckinghamshire
- Find out what stops people seeking help for health and care issues.
- Find out what might make rural communities seek help for health and care issues earlier.

Who talked to us

We collected feedback from 229 people – 200 completed the survey and 29 attended focus/discussion groups. The latter were held within social or community groups. Full details can be found in Appendix 2.

Where we invited people to leave a comment, we analysed, and have summarised, these comments by theme. Many people commented on more than one theme, so the

number of comments is greater than the number people who responded. Full details about who talked to us can be found in Appendix 3. We found the following:

For those completing the survey

- + 92% (164/178) identified as White: British.
- + 73% (132/180) identified as a woman and 25% (45/180) as a man
- + The median age of 180 respondents was 65.

For those attending the focus/discussion groups

- + 97% (28/29) identified as White: British.
- + 41% (12/29) identified as a woman and 59% (17/29) as a man
- + The median age of 28 respondents was 73.

What we heard

This report reflects the views of the 229 people who talked to us. All of these respondents lived in Bucks or were registered with a GP in Bucks. Full details about how people answered our questions can be found in Appendix 4.

Health concerns

81% (179/220) of those we spoke to told us they were worried, now or in the past, about their physical health. Of those, 64% (115/179) told us they were currently worried about their physical health. Not as many were worried about their mental health. Only 36% (79/217) said there were, or had been worried, about their mental health in the past.

What does good health look like?

We analysed, and have summarised, the 176 responses by theme. Full details of the responses can be seen in Figure 1.

The top theme was that people wanted a **good quality of life**.

“Quality of Life, having the resilience to handle life's stresses, having a sense of purpose, remaining active in later life, healthy relationships with plenty of sleep and sensible nutrition ...”

They needed **to be well physically and live without pain** as well as **keep fit and active** and **be mentally well**..

“Being able to use my body for day to day living and exercise without problems or pain.”

“Being able to do the things I want without restriction and looking forward to the future.”

“Ability to live a pain free life without mental health issues.”

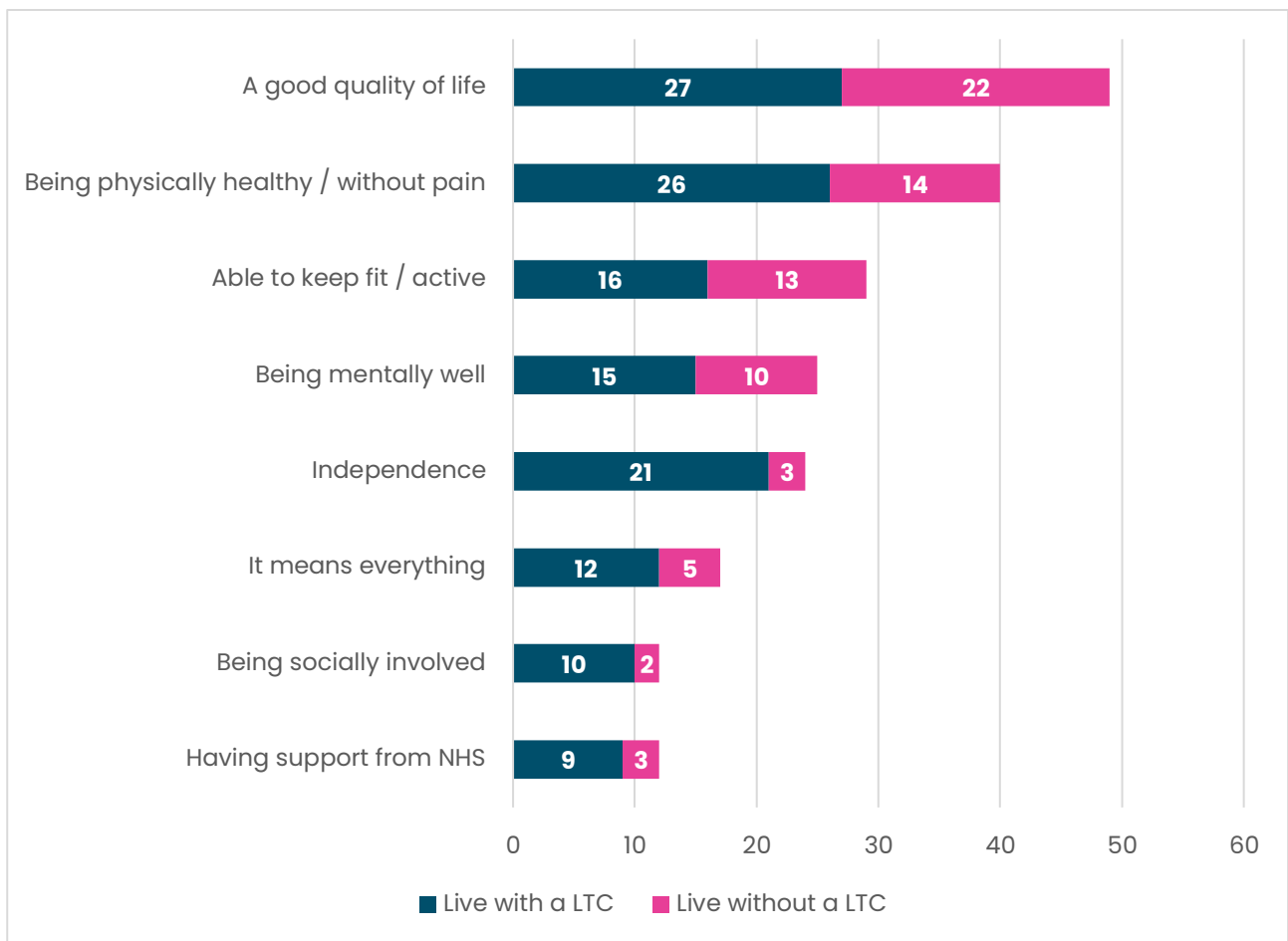


Figure 1 - What does good health and wellbeing mean to you?

Four people said they need to be in good health in order to look after other adults who depend on them at home.

“The ability to live a full and active life and look after my husband who has dementia”

They also needed to **be supported as carers** to ensure they didn't become unwell unnecessarily. A third (6/16) of those who said they had a mental health condition also identified as carers.

"Feeling safe, supported, able to cope with my caring role, not overwhelmed with stress."

For some, often with a long term condition, health meant **everything**.

"It underpins everything I can and cannot do. Impacts all aspects of my life."

Some of those who had long term conditions, or were not in the best of health, told us about the impact this had on their daily lives.

"I took good health for granted as a relatively young and active person. Since I have become disabled due to chronic illness it is now clear to me that good health is everything - all aspects of my life have shrunk because of chronic ill health."

Several said good health and wellbeing meant being able **to socially interact** with others whether this be family, friends or their community.

"Removing anxiety of health issues, which otherwise leads to worry and depression. Good health and wellbeing lead to improved relationships with family and friends."

"Being able to be physically active and live life as I chose to. To feel able to manage and cope with life and work. To feel connected with people and a community."

Remaining independent was also an important factor for several respondents.

"To have the ability to see and hear and to be able to move without feeling pain so [I can] live independently and ... participate in those activities in which I am interested."

“Ability to lead the life I wish to, independently, and not being a worry to my family.”

Some people also said that feeling healthy and well to them meant being able to get **help from health services** whenever they needed it.

“[Need to] Feel that medical help is available when needed without the anxiety of the current state of NHS services in Bucks.”

Those living with a long term condition (LTC), were more likely to say that good health and wellbeing meant living without pain, being socially involved, independent and needing to know the NHS was there when they need it, than those living without a LTC.

How do you look after your health?

The top three responses from 220 respondents were:

- Exercise (162)
- Healthy eating (151)
- Spending time with friends and family. (146)

	Survey Count	Focus Group Count	Total
Regular Medical Check-Ups	73	0	73
Exercise	147	15	162
Healthy Eating	148	3	151
Managing weight	105	0	105
Minimising stress	77	0	77
Spending time with friends and family	135	11	146
Reducing/Stopping smoking	25	0	25
Managing alcohol (NHS Guidance less than 14 units/week)	64	0	64
Therapy/Counselling	25	0	25
Religious practice	23	0	23
Other	47	18	65

Table 1 - What do you do to look after your mental or physical health?

In addition to the options we provided, people told us about other things that kept them healthy. This included hobbies such as writing, gardening, spending time in nature, volunteering and mindfulness. Many also told us they didn't smoke.

"Do not drink, [do] drugs or smoke."

The Men in Sheds focus group told us how important not only the creative side of their group was but the fact it also enabled them to form friendships, get involved in their community and allowed them to open up to a group of men they trusted.

Older people also told us that taking their prescribed medication was important.

Information about health

We asked where people find information about taking care of their health. Not everyone felt they needed to find information about taking care of their health.

"I don't bother as I don't need to."

However, 208 people did tell us where they would go. Full details of the responses can be seen in Table 2.

	Survey Count	Focus Group Count	Total
GP surgery	91	0	91
Pharmacist	59	2	61
NHS Websites	117	5	122
Other Websites	71	9	80
Health Apps	34	0	34
My work place	11	0	11
Family & Friends	79	16	95
Place of worship	4	0	4
Self-help (Internet)	104	0	104
Self-help (AI)	22	6	28
Other	32	6	38

Table 2 - Where do you find information about taking care of your health?

The top four responses were:

- NHS websites (122)
- Self-help - the Internet (104)
- Friends and family (95)
- GP surgery (91)

The two most popular ways people looked for information were by searching online. No focus group participants said that they would go to the GP surgery as they found it difficult to get an appointment when they were ill, so said they thought it would be hard to get any information from there.

"Not GP, you can't get to see them."

Three quarters of the respondents told us that, in general, their overall health was good or very good. Full details are shown in Figure 2.

"I'm as good as you can expect at 90."

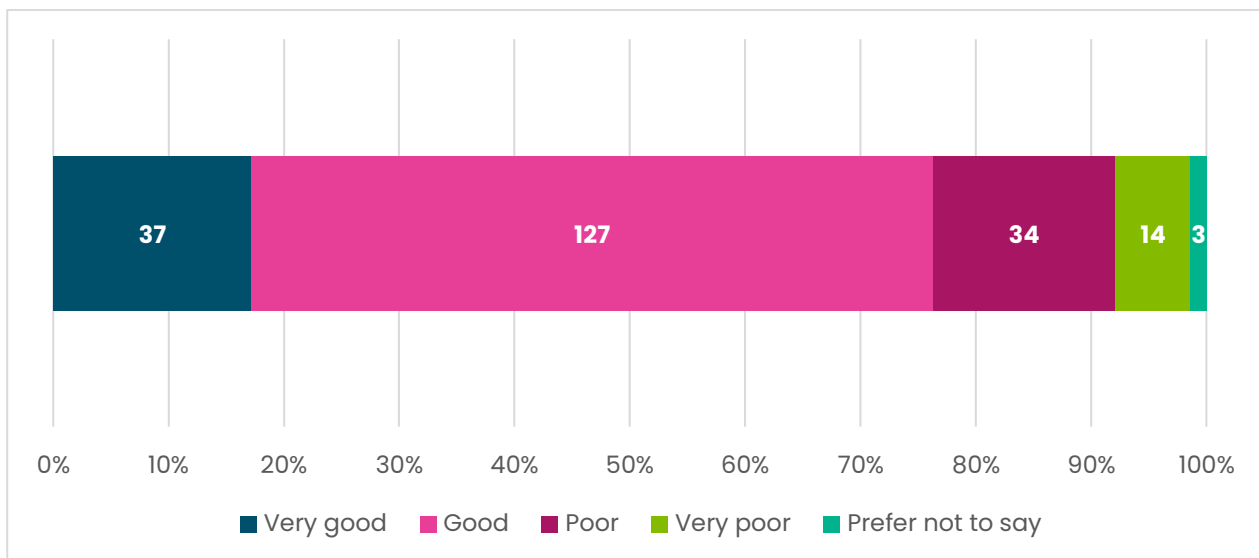


Figure 2 - In general, how is your overall health?

Of those who said their health was poor or very poor, 27% (13/48) said they lived with a mental health condition.

People's health issues

We listed the most common health conditions/wellbeing problems. 94% of online survey respondents (185/197) had experienced them over the past year. The top four most common conditions experienced were:

- Back, joint, knee, shoulder or muscle pain (135)
- Heart problems (high blood pressure, heart disease) (74)
- Hearing or vision loss (68)
- Mental Health issues (e.g. stress, anxiety, depression) (56)

While half of these respondents said they sought help for all of the health problems they had experienced; half either only sought help for some or didn't seek any help.

"Didn't bother with the other [men's health problems] because it's next to impossible to get a doctor appointment."

The four most common places these people looked for help were

- GP surgery (154)
- Self-help – Internet (48)
- Pharmacy (39)
- Urgent and Emergency Care Service (39)

42 people also told us they sought help from a range of other specialists. These included osteopaths, chiropractors, physiotherapists, opticians and mental health practitioners. In addition, 21 people said they sought help from the private sector.

"When I see one of the NHS team they are brilliant. However, it can be a struggle to access them in a timely manner. Consequently, I now go privately for dental care and the less urgent long term issues."

Satisfaction with local health services

We asked how satisfied respondents had been using their local health and care services in the last year. This included any GP, hospital or other health care practitioner they needed to visit.

Satisfied

65% of respondents were satisfied, or very satisfied, with their experiences with the NHS. Several were positive about the new **online services** offered by GP services.

"Outstanding service. Always manage to get a call or appointment. The new booking website is fantastic especially as I work!"

"Booked an appointment on the NHS App, got phone call the same day and then a face to face Appointment."

Others were complimentary about the **treatment and service** from their GP surgery.

"Medication review which has led to a referral. Very satisfied."

"My GP surgery service is second to none. From doctor to nursing provision service has been efficient informative and friendly."

Others were positive about their experiences in other local health care services.

"First class knee replacement and cancer care at Stoke M works well."

"The pharmacy in Berrycroft is very good. I can always pick up my medication the next day."

Mixed experience

Many others had a mixed experience depending on which part of the NHS they had contact with.

"Very satisfied with pharmacist, although their options for treatment are limited. Satisfied with A&E department, excellent treatment once in, but waits are over 8 hours are just awful. Very dissatisfied with GP service, on everything, from getting an appointment, the way a GP talks to you, to the treatment prescribed"

"GP in Waddesdon has been excellent. I've had no problem getting through on the phone, booking appointment or getting prescriptions. Have had great and informative support... [However], the wait for that [physio] seems very long. Mental health support through talking therapies is good but limited."

"I gave birth just under 5 months ago. The antenatal experience was mixed with no specific midwife for us to contact and pushy doctors during labour. I would say that the midwives during labour were outstanding. Since giving birth I have been on a waiting list for uncommon postnatal bleeding, with still no date for a scab and our local health visitor drop in clinic has been closed, as it was deemed a luxury... as a non-driver, I did not agree"

"The GP just keep giving out more pills and don't review those I'm on. When I recently went to hospital they replaced 6 drugs with just one. My memory is much better."

"Poor communication [by GP], poor diagnosis, but did refer on as requested. Secondary care was excellent"

Dissatisfied

35% of respondents were dissatisfied with the NHS. These were the people who left the most comments about their experience. 19% (12/64) answering the online survey respondents who were not happy with local health and care services said they had a mental health condition.

The most common problem reported was the **wait for a GP or dental appointment** (28).

"The wait times make it easy to give up and accept poor life."

The next most common issue was waiting for a **referral to secondary care** (16).

"I was referred to specialist months ago and heard nothing"

".. appointment on the 30th of Jan cancelled ... a new appointment for the 6th of November 10 months away. I haven't had a Neurology appointment at Stoke Mandeville since June 2024."

"Waiting lists are too long. I've waited 13 months for a telephone appointment from the pain clinic. Had it this week. Still don't have a diagnosis or pain management."

Other issues included **poor diagnosis or treatment** (15) and **not being listened to** (14).

"It took me getting to crisis for GP to listen more and take a more proactive role in supporting me and believing me when I say how I'm feeling. Now they are proactive, responsive and sort things out quickly."

Feeling unsupported (10) and **poor communication** (7) were also issues for some.

"I got a letter saying I missed an appointment with the dermatologist, but I never received the appointment letter in the first place."

"When the GP chooses to contact me [or] I get an appointment with rheumatology they are great. There appears to be no way for me to contact anyone when I have an issue and would like help."

"Obtaining results of scans etc from local hospitals is an absolute nightmare."

And one person was dissatisfied being put in a mixed ward.

"... I am glad am back home. Next time I'm going private. They placed me next to two young men, which made me uncomfortable."

Several were **paying for private care** (10) to overcome these issues.

"If I want to be sure of a face to face appointment, I see a private GP."

NHS checks and screening

We asked online survey respondents if they had attended any check-ups, e.g. bowel screening or the NHS Health Check (for over 40s) when they were invited. Full details of the responses can be seen in Table 3.

- 55% (104/190) had attended/completed the preventative care they been invited for.

A few people who were eligible told us they hadn't been invited for any checks including for an NHS health check.

"Never been invited and I am 49 years of age "

"I just want to say that I didn't know that regular medical check-ups are available. If they were, I would definitely attend them to help monitor my health and prevent any illnesses before they got out of hand."

Two people also said that they were refused an NHS check because they had a long term condition but felt these checks had not been done elsewhere.

"Told not eligible for health checks because I have one of the conditions listed for exclusion for age related checks. Have hospital checks for a long term condition but they do not have time to do checks."

Others didn't know that this might be why they hadn't been invited.

"When I was first diagnosed as being diabetic... it was stressed that annual health checks were essential. I haven't been invited for a check for well over a year."

One person didn't know why they were not invited for mammograms despite a history of breast cancer.

"... I am 79 and I had breast cancer in 2011 ... I never get called for routine mammograms. I contacted Wycombe Hospital over a year ago and they said they would notify me in November, but they never did. It's frustrating."

Several men also wanted to know why it was difficult to get a PSA test.

"There should be more early diagnosis. I'm 70+ and had to fight to get a prostate test."

Several women also wanted us to know that they had attended the breast screening they had been invited to.

	Survey Count
I have attended/completed any preventative care I have been invited for	104
I have attended/completed some of the preventative care I have been invited for	17
I have not attended/completed any preventative care I have been invited for	12
No, as I'm under 40 years of age so not eligible	16
No, as I have not been invited (but am over 40 years of age)	41
Total	190

Table 3 - If you have been invited for any check-ups have you attended/completed this?

We asked the few who did not attend, why they made that decision. One person said the time of the appointment wasn't convenient. A third (4/11) told us they didn't feel it was important.

"Because I was fit and healthy, I did not want to lose pay from work."

Another said they were over 40, hadn't been offered an NHS health check but wouldn't ask for one.

"... I am in my mid-50s. and I'm not comfortable asking for one as the reception are not approachable."

Another, with a long term condition, said they couldn't manage the screening.

"Bowel specimen required. Too difficult to carry out."

One person told us there were restrictions about which screenings/checks they were able to attend.

"All appointments I have been able to access can only be accessed if a carer is present and available to take me."

How helpful were these checks?

93% of those who had undertaken bowel screening and around 70% of those who had received advice about cholesterol and blood pressure had found this helpful or very helpful. Several told us they had found the process easy.

"Received package for bowel screening through the post. Very convenient."

"All these checks are helpful. Bad cholesterol can be reduced if you know it is high."

Several people shared more about the **helpful follow up treatment or support** they received afterwards. This ranged from positive advice and changes in lifestyle.

"I attended an over 40 check up at Be Healthy Bucks and I was very impressed with the level of empathy and lack of judgement ..."

"I was referred to the community dietitian, and they helped loads talking and sending me special milkshakes to boost my energy."

"I have been alerted to possible issues and have been able to ... adopt positive actions to improve and maintain my general health."

As well as being given prescription medicine and medical treatment.

"I have been given the appropriate medication to deal with the conditions [high cholesterol and blood pressure]."

"Blood and bowel tests showed up an issue, a colonoscopy and endoscopy were arranged."

Some told us the checks gave them peace of mind that there were no simple hidden issues they were not aware of.

“I’ve not been given much advice about anything recently, but the bowel screening program is very **reassuring**”

However, not everyone was satisfied. A few said they only received general advice.

“No one available to discuss and explain.”

50% of those receiving advice about exercise, diet and weight loss thought this needed to be more helpful.

“Weight advice I think needs to be improved and much more sensitive to the individual person’s needs. My last annual review was a nurse trying to pleasantly suggest various lifestyle changes I could make. Many of which I have tried. I have been on many diets, and they have all failed resulting in yo-yo weight issues....”

“Did council health eating coaching which was useless; told me to eat more carbs. The NHS Health eating pre-diabetes course is really good, but still does not help with mental health reasons for poor eating habits or the physical limitations to exercise”

And one person felt their mental and physical health were being treated in isolation.

“My mental health issues were not taken into consideration when initially carrying out these checks. ”

While most online survey respondents said it would be easiest for them to get a NHS Health Check at their GP surgery, other neighbourhood locations e.g. a local pharmacy or community building, were chosen as options by a quarter of respondents. Other suggestions for convenient locations, for these checks, included a supermarket, a school or “anywhere with decent parking”.

Most people knew that they could get their blood pressure checked in a GP surgery, a pharmacist or at home using a home monitor. However, there was less awareness that this could also be done in some community locations e.g. a library or in some religious buildings. A few people said they were unaware that you could get an NHS check outside a GP surgery or that they could initiate it themselves.

"Didn't know could do this unless at a GP appointment."

"I'm supposed to have a yearly one, but I don't get one."

One person said they were unable to keep on top of monitoring their blood pressure.

"Apparently I need to home monitor, but I can't afford to buy one. The surgery unable to help."

83% of respondents had had their blood pressure checked in the last year. However, not everyone was aware of the importance of having regular blood checks particularly over the age of 40.

"I didn't know you should have your blood pressure checked regularly"
(Male, White British, over 46 years of age)

Barriers and concerns

We asked everyone if there was anything that made it difficult for them to use health services. Full details of the responses can be seen in Table 4.

	Survey Count	Focus Group Count	Total
I can't afford to lose income by taking time off to see health professionals	3	0	3
Health services are often too far away	32	6	38
The cost of travel stops me using health services	8	1	9
Lack of public transport near me	31	6	37
It is hard to arrange appointments	86	17	103
Poor internet connection	9	1	10
I find online services /apps difficult to use	39	8	47
Too time consuming to attend an appointment	7	0	7
Not sure when I need to seek medical help	18	0	18

I am not sure where to go for help	11	0	11
Nothing stops me using health and wellbeing services	55	0	55
Other	47	0	47

Table 4 Is there anything that makes it difficult for you to use health services?

A quarter (55/204) of respondents told us nothing stopped them accessing health services. For the rest, the top four most common answers were:

- It is hard to arrange appointments (103)
- I find online services /apps difficult to use (47)
- Health services are often too far away (38)
- Lack of public transport near me (37)

Difficulties booking an appointment

Half of the people said this was the hardest part of getting health care. They also mentioned that being at work could make finding a convenient time and place to make, or take, appointments a challenge.

"Difficult to take time off as I am teacher."

"I don't have access to my phone during the day due to working at a prison and I inform the GP about this when I refer. I miss call backs and sometimes have to keep re-referring myself."

Someone also said they felt uncomfortable because they didn't have much **privacy** when the surgery called them in some situations.

"I don't want to take a call from my GP on my mobile in a public place. So, we have to wait in all day until he rings."

For several people, especially older adults or those who have trouble hearing, not being able to see a doctor in person was also a problem.

"I can never get a face to face appointment everything is over the phone which I find very difficult and. Frustrating."

Digitisation of services

A quarter (57) of respondents, who said there were barriers to accessing health services, had issues with IT. Ten struggled to access the internet at home either because of poor internet connectivity where they lived or because they didn't have internet access at home.

"I can't afford to have the internet at home. I have to go out to use free Wi-Fi."

However, for most, the issues were a lack of digital knowledge or confidence.

"I am elderly... The increasing INSISTANCE of computer literacy, and use of "APPS" is VERY, VERY disconcerting and actually prevents me from seeking the medical help I need."

"I am not technically minded I find online apps very difficult and distressing."

A few people also mentioned how reception staff would refuse to make appointments for patients in the GP surgery building.

"Surgery won't make appointment for you when you're in the building. You have to do it online. E-consult takes 20 mins."

"I have overheard a receptionist say - I'm sorry but you have to book an appointment online. If you don't the doctors may ask you to reregister..."

However, this was not the case in all GP surgeries.

"I'm not comfortable using computers. I told the surgery I couldn't use the website, so they gave me a form to fill in at the surgery. The doctor did ring me back that morning."

Some people also found some of the messaging unclear.

"I hate the NHS app... I often do not know which consultation they mean so just ignore them all. I object having to log in to find out if the notification is ... worth my time or just banal."

While others struggled with the NHS **IT** online tools provided.

"I am computer savvy, but the Klinik system used by the NHS is clumsy and not intuitive"

"You can't make an online appointment out of hours."

"On top of managing my own healthcare I manage my elderly mothers but can't get access to her NHS app properly because I'm not at the same surgery as her which is just ridiculous."

Even some of those who did use the NHS App said it wasn't intuitive.

"The NHS App isn't difficult to use once you've used it several times but finding what you want is challenging."

We were also given lots of examples of ways in which the **lack of connectivity within NHS IT systems** impacts patients.

"To many different hospitals involved and not sending results and letter to my GP. It would be much better if all notes were in one system"

This also had an impact on some patient's **confidence in the NHS**.

"As I'm under different hospitals they do not have full access to all my notes which is concerning"

"If I do something e.g. hand in a letter it appears on my NHS app record. But there's no record of what the doctor does. Has he made a referral?"

"When I didn't hear back, I contacted the surgery who told me I shouldn't send in stuff in the evening as the following morning the system gets wiped. If you want them to action an email you have to send the request in the morning! "

Distance to services and public transport

18% of people identifying barriers to access health care said health services being delivered too far away was an issue. **Distance** was mentioned as an issue for some GP appointments and accessing a pharmacy.

"Having to pick up medication from the doctors – 2.5 miles each way – with a limited bus service."

"My GP has combined with 2 other surgeries which are miles apart... if you can't drive it's an issue getting to two of them... You can usually get an appointment, but the quickest appointment is not always the nearest...which is a problem"

Another person said weather and the state of the roads could impact access to health services and more online support might help in these circumstances.

"I think that they could do more to sign post to apps such as NHS weight loss app, online classes etc. Living rurally, it's hard to get out especially in winter with the bad weather and state of the roads."

However, the main issue, concerning distance, concerned getting to a hospital.

"Being sent to Stoke Mandeville Hospital, which can take up to an hour by car, rather than Milton Keynes University Hospital which is 10 minutes away. Being referred to a contracted our MSK provider and having to go to High Wycombe [90 minutes plus by road] for an ultrasound scan when surely it could have been done closer to home."

And for those who didn't have access to private transport, the journey could take longer. 18% of respondents identified a lack of **public transport** as a barrier to health services. For some this included getting to a GP surgery or pharmacist.

"Without a car, getting timely healthcare would be really difficult as the bus service through our village is next to useless."

"We have to use a bus to get to the GP which is difficult when it's so infrequent. If there's roadworks, there may be no bus service for a week."

But for most it was accessing secondary care where poor public transport became a bigger issue. There was either no, infrequent or unreliable public transport. This was particularly difficult for those who were elderly, disabled or ill.

"There is no bus service for me to attend Stoke Mandeville Eye Clinic in the afternoon."

"There's no community bus around here. There's one in Winslow, but it doesn't come this far."

"[You] can't afford to miss the appointment so [you] have to go to the bus stop to try to catch the bus two before the bus you want because... what if the bus doesn't turn up and you miss your appointment?"

"I don't drive and this affects when I can have appointments because of the difficulties getting to certain hospitals due to the public transport network. There are only so many times I can ask friends to help me before compassion fatigue sets in."

This is even more difficult if people needed to visit A&E in the evening / at night.

"Get told to go to A&E where you can wait for 12 hours isn't the solution when public transport is virtually non-existent where I live and needs many changes of buses there and back!"

Many also found it difficult (and so stressful) trying to find parking at hospital.

"I would love to access frequent and reliable public transport between Wendover and local hospitals and other local health centres. Trying to find a vacant hospital car park space is very stressful, especially if feeling unwell..."

This was such a concern for some they were considering moving house.

"Living in a rural area I am concerned about the lack of public transport and am looking to move before I have to give up driving. This will mean moving away from a network of support "

This, and distances to secondary care appointments, often mean travel is **costly**.

"You might be able to get the bus to get a blood check, or pick up a prescription, but rarely can you get a bus to and from a GP appointment. We have to use taxis then which are expensive."

"Too expensive to get to anywhere out of my locality i.e. the majority of Frimley Health services."

Accessibility

Six people also raised **accessibility issues** and reasonable adjustments they felt had not been made. These people were disabled, had sensory issues or Parkinsons.

"Parking impossible at hospital, no allowance or disabled people, appointments made on telephone not helpful when deaf"

"Telephone appointments difficult due to being hard of hearing; poor or no mobile signal; digital voice telephone system often cuts out mid conversation (BT says they can find no fault). Face to Face appointments with GP can mean a wait of 4 weeks"

"My Tremors make it hard to hold a phone so how can I type ???"

"I have poor eyesight. Sending message to my mobile phone which require me to click on answers, is really hard. Still the surgery seems unable to stop doing this nor to do something better."

"The size 8 font in hospital letters is too small."

Another felt unsupported.

"Neurodivergence seems to be ignored by medical professionals. If you don't fit the guidelines. getting help is 10x more difficult. "

One person also fell into an age category which **Pharmacy First** are unavailable to support. When this happens, it may be more of a problem for those living rurally.

"Getting a repeat prescription for a UTI on a Saturday was a nightmare. The surgeries were shut and I wasn't eligible to use the service as it not available for my age group. There is a random cut off point at 64. The local pharmacies were unable to help. THE 111 phone service was challenging and protracted. It took me 4 hours in total to finally get my prescription after being sent from pillar to post. It was very stressful, exacerbated by the UTI making me feel very unwell."

For another, getting a prescription fulfilled at a hospital was occasionally an issue.

"If you get seen too late at an urgent treatment centre, it might be too late to get a prescription that day. If that day is a Friday then you have to wait 3 days before you can get it."

While **carers** often found timings, and length, of appointments difficult.

"Since I am a carer for my husband my ability to attend appointments which take a long time, and are far away, is restricted to whether I can get a carer in to look after him."

One also told us they were concerned about managing their own health as a full-time carer. A few people also told us they were **housebound** because of frailty, physical or mental health issues. Some told us about their difficulties accessing healthcare.

"... the doctor wanted me to go for an XRAY but was unable to arrange any transport. There is no possibility of Patient transport services...and an ambulance was not available for an XRAY appointment... [Later] I had to be admitted for about 6 weeks. Had I been able to get to the hospital for an XRAY it would not have been so serious, and I could have been treated quickly. There is no provision for seriously disabled people to get to hospital for an appointment if they are unable to get in a car."

"I am disabled and mainly house bound. it is very difficult to get any healthcare provider to visit"

Others told us about the difficulties getting through to hospital departments or getting results following tests/scans.

"There's no follow up after being seen."

"Getting eye treatment after visiting the optician was chaotic. I am now trying to get the treatment by contacting the hospital directly."

For many this resulted in poor **continuity of care** and what some people saw as **unnecessary repetition** of their health background.

"My consultant asked me the same questions every time i.e. what drugs am I on and what time do I take them? He should know by now... GP is okay, but lose continuity is also see a different one"

Other concerns

41% (81/199) of respondents told us they had no other worries about their health or getting medical help. The top three of the remaining responses were:

- I don't feel that my problems are severe enough to seek help (45)
- I feel I will be judged by the health profession. (28)
- I don't like asking for help. (28)

Several people told us they **didn't feel listened to**. These included people with **mental health conditions**, or those supporting those individuals, particularly where an individual refuses to take their medication or becomes aggressive.

"Health professionals can be dismissive and minimise my symptoms."

"You only get statements from the NHS. You can't discuss anything with an NHS professional anymore."

"[The] NHS doesn't listen.... [1] Didn't feel supported by MH team via group therapy. Had 18 sessions of CBT then discharged. Now having to pay privately for EDMR which Talking Therapies said I was ineligible for."

"Being called hypochondriac as I find it hard to get myself across... I don't feel doctors take notice of my notes..."

"I'm not very confident... My mind often freezes because I am so nervous ... so sometimes I leave the appointment, and I really don't know what I was told and what I have to do... I was once told that I could only ask about one issue so ... I worry a lot about taking up too much of the doctor's time. "

This often included feeling as if there is no **choice**.

"... Discharged from hospital with a discharge note containing medication which is not explained Then when visiting the GP ... they start pushing recommended medication or changes from a checklist without even explaining or asking ... This is not informed consent ..."

A few feared being told, in the absence of GP appointments, to go directly to the Emergency Department (A&E).

"Having been stuck on corridors I fear being told to go to A and E."

One person under 40 felt that only life threatening issues were important to the NHS.

"It is crystal clear that the NHS is not able to deal with anything other than end stage problems... So unless you think you might actually die, there is no point in asking for help"

Some people had experience of **poor communication** and a **lack of integrated services**.

"No joined up care. My test results from Wycombe diagnostic centre were not passed back to the GP. The hospital phoned to say I'd missed an appointment which I knew nothing about. I have to wait longer to be seen now, and a missed appointment is a waste of NHS resources."

" Milton Keynes hospital and Stoke Mandeville don't communicate with each other. They don't share information."

"Communication is poor. In January, it was agreed I needed a scan. First I heard of a date was when I got a call the day before asking me to come in the following day."

"Communication is so poor both at hospital and primary care level - have waited 12 weeks from hospital appointments with consultant to finally obtain medication needed from the GP for my diabetes."

Several people told us they had either never received letters regarding a hospital appointment or else it arrived after the appointment date.

"A letter was sent from Wycombe hospital about ... a month after it was dated... Luckily I got a phone alert and so I knew about the procedure and went; otherwise I'd have missed it and that would have also been a waste of resource for the NHS."

“Too bureaucratic. Milton Keynes hospital and GP communicate poorly with each other ... GP didn't get letter so asked me to obtain another from Milton Keynes hospital. The latter said they couldn't reissue without direct request from GP... GP then failed to issue a UTI prescription based on this letter 3 times. Going round and round in circles... for 3 months. I had to pay privately to get required medication.”

Others told us knowing where to **access reliable information** is not always easy.

“Overwhelmed by all the information that is coming from unregulated sources & is sometimes conflicting.”

And another said they didn't understand the **NHS processes/pathways**.

“Confused about what can self-refer to and who to refer to – for urgent care of elderly parents, MSK and mental health.”

Some people also told us it was the process which didn't work.

“They review repeat prescription medication. So instead of giving you 3 months' supply they only give you a month and tell you to make a GP appointment. However, the earliest I could get a review of this medication was in 6 weeks' time ...after I'll have run out of medication!”

Several people felt **isolated and needed more support**.

“I have no family close by and no friends. I would like to meet people ”

“I wish to speak to someone who can help me. My life is getting too hard.”

“I have arthritic sclerosis and am finding it difficult to know what could help me at home with household duties...”

Making things easier for rural communities

188 people told us what could make it simpler for them to use health services or support them to get help more quickly. The top four most common responses, from those we proposed, were:

- Having drop-in clinics locally – no appointment booking needed (94)

- Mobile health units in local villages/towns (84)
- Regular health check-up reminders (78)
- More flexible appointment times (59)

More local services

Easier and quicker **access to primary care** was mentioned by several respondents. Half the respondents felt **drop-in clinics** or **mobile health units** in local villages/towns would give people living rurally more equity. This increased to three quarters of those who told us they lived with a mental health condition.

“Villages are often affluent however there are families and individuals within villages who are often struggling financially and health wise and would benefit from a pop up/drop in clinic in a village hall for vaccinations, health checks, social prescribing. Why not have a BP machine in the village pub.”

“Just to be able to get an appointment within a few days would be great. I have been waiting for over two weeks for my appointment.”

Several people wanted drop in clinics so that they could **have face to face appointments** rather than phone or online ones. This included older people and people with no or poor hearing.

“Nothing is better than in-person, face-to-face appointments with qualified, experienced GPs who have enough time to understand the wider picture of a person's health situation. Online, automated systems of triage or diagnosis are at best approximate and at worst dangerous.”

A few wanted more support for those who are housebound, while others wanted **pharmacists** to do more.

“Pharmacies should be able to give more medications. In Europe pharmacists are trusted to give antibiotics and similar.”

Others wanted more information about prescription delivery services which they knew worked for some people. Pharmacy2U was widely used but isn't nationwide.

“Medicine on prescription was delivered to the village, but this has now ceased. Advice as to whether the online pharmacies are safe and legitimate would be helpful as, unless people have their own transport, it is very difficult to collect medicine.”

Providing more NHS services more locally was mentioned frequently. If people had to visit a hospital, many would choose to visit the nearest hospital regardless of county or NHS Trust boundaries. However, people wanted their individual location and personal circumstances, e.g. do they drive or is public transport easily available, considered.

“In the past few years I have had appointments as far ranging as 5 miles away, 15 miles away, 20 miles away. All of them involve expensive taxis, or multiple bus routes there and back. When I complain about these distances, there is usually a much better alternative offered. So, why aren't they offered to begin with?”

“... No idea why patients in Buckingham and Winslow get referred there [Stoke Mandeville Hospital] when Milton Keynes is so much easier to visit, easier to park, less expensive to park and less expensive to get to on public transport.”

“Why do they have to send me to Amersham or High Wycombe hospitals instead of Stoke Mandeville which is nearer. I don't drive.”

“Why do we have to go to High Wycombe hospital for a UTI issue? Why can't we go to Milton Keynes or Stoney Stratford? ”

One person was concerned that if more local options were not offered some people may choose to miss an appointment because of the cost, difficulty or time required.

“This puts people off attending.”

One person wanted **more facilities in villages** to help people keep healthy.

“Add gyms to villages. Doesn’t have to be big, just a squat rack, bench, dumbbells, barbell and weights with maybe a cable machine.”

Another commented on more investment being needed to enable patients to be released from acute hospitals earlier.

“Sort out the tension between acute and community care. Put more money into community hospitals to reduce bed blocking in bigger hospitals; patients would also then be closer to friends and family.”

Better digital services but also alternatives

Respondents also told us they wanted **more flexibility when booking or having appointments**. Some people wanted more digitisation of health services.

“Having to phone a GP at a set time to try and get an appointment is quite old-fashioned and given I’m a teacher I cannot call my GP at the time required and often can’t book. Online booking would be great”

“I think the new on-line system is fantastic and has made a huge improvement in ease of access to medical advice and care.”

“Stoke Mandeville does everything by letter. I would prefer it online. “

Others wanted the NHS App, and other integrated technology, to be easier to use or contain more information, including all their health records for them to see.

““I can’t find any reference on my NHS App to my cancer care, recent knee op. etc”

“Allow email communication or letter upload via practice site.”

This included **more integrated services** which they hoped would improve communication between professionals and ultimately their care.

“Just one place to access all the NHS facilities that is joined up across the services. I seem to spend a lot of time explaining who I am or what is wrong with me every time I meet someone new”

And using technology in a way that suits the patient is important to many.

“Respect options when requesting appointments. If patients request no phone calls don't call them abruptly; enable messaging options ... by Accurx. If I have a query about my condition, and want to ask if this is normal, I really don't want you take an entire appointment I just need the question answered.”

Being listened to and communicated with in a way that suits the patient was important to many respondents. They wanted to have prompt responses when they made complaints as well as having a **choice**.

Some wanted understanding and alternative options to technology.

“...[we need] health centre staff who are emphatic of the needs of elderly patients. Some of the interactions I have observed with my 91 year old mum are not acceptable. Receptionists being dismissive, failing to offer alternatives if you are computer illiterate “

A few told us they were open to improving their **IT skills**, and to possibly use digital NHS services, if their confidence and knowledge levels improved.

“I don't always want to ask my sons about IT. I can just about send emails on my I-pad but don't know how to do much more. If I could get a class that would teach me more IT skills and improve my confidence that would be wonderful.”

However, the location of any digital cafes providing training, can influence attendance.

“Lots of older villagers have difficulty with the online appointment system... They are beginning to provide tuition, but you have to travel by infrequent bus service to get there. Insufficient parking if you go by car..”

More health checks and information

A few wanted more **health checks /screening**.

“Healthcare is reactive and screening feels piecemeal.”

Including checks for younger men, women and older people.

"[I want] Well women health check clinics or hubs/drop-ins. Women's health concerns can be neglected and ignored."

"I would like annual check-ups for those over 70. I have had no face to face check-ups for medication, BP or diabetes for several years. I believe this service might help cut down problems with the elderly if they had an annual MOT!"

Several people wanted **more information and support** whether this was about health checks or end of life support.

"[I want] information available end of life care funerals and power of attorney etc."

"Understand how to manage long term and palliative health conditions and have the support to do so."

Public and community transport

A need for **more community or public transport** was also mentioned.

"Better transport options. Not having to rely on being able to drive."

"... We have a car but without this we would struggle to access health care as there is very limited public transport ... There could be more services in Buckingham ... There is a gap in access between Milton Keynes and Aylesbury hospitals."

"Rural villages are not at all well served if you don't have a car ... Are there any community vehicles which help the remote villages?"

Social Care

Very few people we heard from told us about their experiences with social care.

"OT visited to make adaptations to house. Very good."

However, three told us about their difficulties getting social care support. One seemed unaware of the care assessment process, and another was dissatisfied with it.

"I pay for morning and evening care so would like to know if I am eligible for this care under the NHS."

"I am full time carer for my wife who has Parkinson's and I have tried to get support from adult social services but without success."

Any other comments

Positive comments

A few people left positive comments. Several in Haddenham told us how useful their community transport scheme is.

"The [Haddenham Fish Scheme](#) is excellent. It is transport for Haddenham residents in need."

A few people told us that, if you're online, Pharmacy2U works really well for repeat prescriptions.

Negative comments

However, most comments were negative.

One person mentioned a need for more **social care funding**.

"Social Care needs an urgent increase in funding, and the Government should set out plans for the long term. It's hard to understand what the difference between a Health Care need and a Social Care need is??"

Another commented on the **Buckinghamshire Healthcare Trust website**.

"Bucks NHS website has limited info for patients compared to others."

One person wanted the **NHS 10 Year Health Plan** delivered.

"I'd like to see all the staff who work in the NHS (and social care) ... be part of a single genuine Neighbourhood Team... No hand offs to get you off their list onto someone else's... This would save the NHS resources... Deliver on the NHS 10 Year Health Plan..."

Another raised the issue that protecting people's data didn't always keep people safe.

"There is an issue with GDPR when a 90+ man with dementia keeps being unsafely discharged home and local friends and The Lions are not allowed any information despite his next of kin never getting involved."

Two people talked about how the effort of hospital staff seemed to vary a lot, depending on which hospital, or part of the hospital, they were working in.

"Nurses in some hospitals are really good but elsewhere are lazy and playing on their phones and chatting."

"Contracted cleaners in the John Radcliffe are unsupervised and do 10 mins work then are on their phones streaming videos."

Acknowledgements

We thank all the people who talked with us about their experiences. We also thank all those community services and groups who enabled us to collect feedback directly from people attending. A list of these can be seen in Appendix 2.

Disclaimer

Please note this report summarises what we heard. It does not necessarily reflect the experiences of all people living in rural communities in Bucks, or registered with a GP in Bucks.

Appendix 1

More about our approach

Who we included

We collected feedback from 229 people living in, or registered with a GP in, Buckinghamshire. This was mainly done via our survey online. We also held three focus groups. The focus groups varied from seven to eleven people and took place in Winslow and North Marston. All participants were informed that:

- Participation in the study was voluntary
- Personal information collected would be stored in accordance with the Data Protection Act 2018
- Transcripts would be anonymised
- Participants could withdraw from the study within 7 days and request that their information be removed and destroyed, where possible.

Who we will share our findings with

We will share our findings with the Care Quality Commission and Healthwatch England, the independent national champion for people who use health and social care services. We also share all our reports with the Buckinghamshire Council Health and Wellbeing Board and the Health and Adult Social Care Select Committee. We will also share our findings with TV ICB and Buckinghamshire Healthcare Trust.

How we follow up on our recommendations

We will request a formal response to our recommendations from the Thames Valley ICB, Buckinghamshire Council, BHT and the Buckinghamshire Executive Partnership. We will follow-up their formal response to confirm what changes have been made.

Appendix 2 – Who did we hear from?

Groups who hosted a focus group for us:

- Men in Sheds, Winslow
- Coffee group, Wesley Centre, North Marston
- 3W Patient Participation Group, Winslow

Locations we visited to collect survey responses face-to-face

- Sixty Plus group, Haddenham.

We also ensured all Community Board leaders, Integrated Neighbourhood Team leads, and county councillors in rural communities were contacted to promote the project.

We also spoke at the Buckinghamshire Council Rural Forum meeting in March.

Appendix 3 – Demographics

Please tell us your age

Age Group	Survey Count	Focus Group Count	Total
16-17 years	6	0	6
18 to 25 years	1	0	1
26 to 35 years	2	0	2
36 to 45 years	16	0	16
46 to 55 years	17	2	19
56 to 65 years	29	4	33
66 to 75 years	55	9	64
76 to 85 years	43	8	51
86+	9	3	12
Prefer not to say	2	0	2
Total	180	26	206

Please tell us your gender

Gender	Survey Count	Focus Group Count	Total
Woman	132	12	144
Man	45	17	62
Prefer not to say	2	0	2
Prefer to self-describe	1	0	1
Total	180	29	209

Please tell us your ethnicity

Ethnic Group	Survey Count	Focus Group Count	Total
Asian / Asian British: Indian	1	0	1
Black / Black British: African	2	0	2
Mixed / Multiple ethnic groups: Black Caribbean and White	2	0	2
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic	1	0	1
White: British / English / Northern Irish / Scottish / Welsh	164	28	192
White: Irish	2	0	2
White: Other background	4	0	4
Prefer not to say	2	1	3
Total	178	29	208

Please tell us if you have a disability

Do you have a disability?	Survey Count	Focus Group Count	Total
Yes	44	7	51
No	128	19	147
Prefer not to say	7	0	7
Total	179	26	205

Please tell us if you have a long-term health condition

Do you have a long-term health condition?	Survey Count	Focus Group Count	Total
Yes	115	22	137
No	61	4	65
Prefer not to say	2	0	2
Total	178	26	204

Please tell us if you consider yourself to be a carer

Are you a carer?	Survey Count	Focus Group Count	Total
Yes	27	4	31
No	149	22	171
Prefer not to say	1	1	2
Total	177	27	204

Please tell us your sexual orientation

Gender Identity	Survey Count	Focus Group Count	Total
Heterosexual / Straight	160	17	177
Asexual	2	0	2
Bisexual	2	0	2
Gay man	1	0	1
Lesbian / Gay woman	1	0	1
Prefer not to say	9	7	16
Prefer to self-describe	3	0	3
Total	178	24	202

Which of the following disabilities do you have?

Which disabilities?	Survey Count	Total
Physical or mobility impairment	30	30
Sensory impairment	5	5
Neurodevelopmental condition (ADHD, ASD, learning difficulties)	7	7
Mental health condition	9	9
Long Term condition	27	27
Learning disability (intellectual disability)	1	1
Other	6	6

Do you have any of the following neurodevelopmental conditions?

Which disabilities?	Survey Count	Total
Does not apply to me	128	128
Autism (autism spectrum disorder)	5	5
Dyspraxia (developmental coordination disorder)	1	1
Dyscalculia	3	3
Dyslexia	11	11
ADHD / ADD (attention deficit hyperactivity disorder / attention deficit disorder)	12	12
Prefer not to say	5	5
Other	3	3

Which of the following long-term conditions do you have?

Which long-term health conditions?	Survey Count	Total
Asthma, COPD or respiratory condition	27	27
Blindness	2	2
Cancer	8	8
Cardiovascular condition (including stroke)	18	18
Chronic kidney disease	6	6
Deafness or severe hearing impairment	13	13
Diabetes	11	11
Epilepsy	4	4
Hypertension (high blood pressure)	38	38
Learning disability	1	1
Mental health condition	17	17
Musculoskeletal condition	37	37
Prefer not to say	2	2
Other	36	36

Please tell us your religion or belief

Religion / Belief	Survey Count	Total
Buddhist	1	1
Christian	102	102
Hindu	1	1
Judish	1	1
No religion	48	48
Prefer not to say	13	13
Other	2	2
Total	168	168

Is your gender identity the same as your sex recorded at birth?

Gender Identity	Survey Count	Total
Yes	170	170
Prefer not to say	2	2
Total	172	172

Please tell us your marital or partnership status

Marital or Partnership Status	Survey Count	Total
Single	20	20
Cohabiting	7	7
In a civil partnership	1	1
Married	100	100
Separated	3	3
Divorced / Dissolved civil partnership	12	12
Widowed	26	26
Prefer not to say	4	4
Total	173	173

Please tell us your pregnancy or maternity status

Pregnancy or maternity status	Survey Count	Total
Does not apply to me	70	70
Currently breastfeeding	4	4
Total	74	74

Appendix 4 – What did people tell us?

Have you ever been worried about your physical health?

	Survey Count	Focus Group Count	Total
Yes, in the past but not now	58	6	64
Yes, I am worried now	109	6	115
No	28	9	37
Prefer not to say	4	0	4
Total	199	21	220

Have you ever been worried about your mental health?

	Survey Count	Focus Group Count	Total
Yes, in the past but not now	45	1	46
Yes, I am worried now	32	1	33
No	116	16	132
Prefer not to say	6	0	6
Total	199	18	217

In general, how is your overall health?

	Survey Count	Focus Group Count	Total
Very good	29	8	37
Good	117	10	127
Poor	33	1	34
Very poor	14	0	14
Prefer not to say	3	0	3
Total	196	19	215

Have you experienced any of the following health or wellbeing problems over the past year?

	Survey Count	Total
Back, joint, knee, shoulder or muscle pain	135	135
Breathing problems (asthma, bronchitis)	36	36
Heart problems (high blood pressure, heart disease)	74	74
Concerns relating to alcohol, smoking/drugs or weight	18	18
Concerns related to cancer	31	31
Hearing loss or vision problems	68	68
Men's health problems (e.g. prostate, erectile dysfunction)	19	19
Women's problems (e.g. endometriosis, menopause)	30	30
Mental Health issues (e.g. stress, anxiety, depression)	56	56
I haven't experienced any health or wellbeing problems in the past year	12	12
Other	41	41

'Other' conditions included urology, gastrology, diabetes, dental, dermatology, renal and ENT.

Did you seek help for any of these problems?

	Survey Count	Total
Yes, for all of them	101	101
Yes, for some of them	74	74
No, for none of them	19	19
Prefer not to say	2	2
Total	196	196

Where did you seek help from?

	Survey Count	Focus Group Count	Total
GP surgery	143	11	154
Pharmacist	32	7	39
NHS 111	28	1	29
Urgent Treatment Centre	11	1	12
Emergency Department at Hospital	30	2	32
Family & Friends	19	6	25
Self-help (Internet)	43	5	48
Self-help (AI)	9	0	9
Local community	6	0	6
Prefer not to say	0	0	0
Other	64	1	65

How satisfied have you been using your local health and care services in the last year?

	Survey Count	Focus Group Count	Total
Very satisfied	28	3	31
Satisfied	93	9	102
Dissatisfied	47	3	50
Very dissatisfied	17	0	17
I have not accessed health services in the last year	5	0	5
Total	190	15	205

Why did you not have the NHS Health Check/screening?

	Survey Count	Total
Inconvenient time of appointment	1	1
Did not think it was important	4	4
Other	6	6

Tell us more about how helpful you found the NHS check/screening

	Very helpful	Helpful	Not very helpful	Very unhelpful	Don't know	N/a	Total
Advice about Cholesterol	10	40	10	1	11	41	113
Advice about Blood pressure	13	39	13	0	6	40	111
Advice about Weight	2	25	14	4	8	54	107
Advice about diet or exercise	3	26	21	2	7	49	108
Bowel screening	33	52	2	0	4	20	111
Abdominal aortic aneurysm screening	7	4	1	0	12	78	102
Diabetic eye screening	9	7	0	0	8	82	106

Where would it be easiest for you to get an NHS Health Check?

	Survey Count	Total
GP surgery	159	159
Community Pharmacy	47	47
Local community centre/building	47	47
Place of worship	7	7
At my work place	9	9
Other	20	20

When did you last have your blood pressure checked?

	Survey Count	Focus Group Count	Total
In the last year	155	17	172
Between 1-5 years ago	25	1	26
More than 5 years ago	6	1	7
Never had a blood pressure check	2	0	2

Total	188	19	207
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Did you know you can have your blood pressure checked in lots of different places?

	Survey Count	Focus Group Count	Total
GP surgery	164	19	183
Pharmacy	114	8	122
At certain libraries and community spaces	18	4	22
At certain churches or mosques	2	0	2
At home using a home monitor	128	16	144
Other	18	0	18

What other worries do you have about your health or getting medical help?

	Survey Count	Focus Group Count	Total
I don't like asking for help	28	0	28
I don't want to be judged by my community	5	0	5
I feel I will be judged by the health profession	27	1	28
I would rather manage health problems on my own	15	0	15
I don't feel that my problems are severe enough to seek help	43	2	45
I am worried I might not be able to understand the health professional	17	0	17
I am afraid of what health professional might tell me	17	0	17
I am concerned that information would not be kept confidential	12	0	12
None	70	11	81
Other	33	2	35

What might make it simpler for you to use health services or get help more quickly?

	Survey Count	Focus Group Count	Total
More information about where to go for help	31	0	31
More information about the signs and symptoms of physical health problems	26	0	26
More information about the signs and symptoms of mental health problems	11	0	11
Mobile health units in local villages/towns	82	2	84
Having drop-in clinics locally - no appointment booking needed	94	0	94
Regular health check-up reminders	73	5	78
More flexible appointment times	59	0	59
Online self-help programmes or advice	18	2	20
NHS health checks for younger men	7	4	11
Other	44	4	48

Do you receive any social care support?

	Survey Count	Focus Group	Total
Yes	7	1	8
No	174	19	193
Prefer not to say	3	0	3
Total	184	20	204

If you require this report in an alternative format, please contact us.

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