My health, my responsibility

Keeping well & preventing ill health

June 2026

What we did

One of the aims of the Fit for the Future: The 10 Year Health Plan for England is to support people to prevent ill health and reduce the number of those who are ill and the severity of their illness.

> "People are living too long in ill health, the gap in healthy life expectancy between rich and poor is growing and nearly 1 in 5 children leave primary school with obesity… We will achieve our goals by harnessing a huge cross-societal energy on prevention."
>
> (Fit for the Future: The 10 Year Health Plan for England)

We wanted to find out to what extent Buckinghamshire residents felt a responsibility to keep themselves well. We also wanted to explore what steps they took to keep themselves fit and well and whether they knew where to get information to help them achieve this?

We collected feedback via four focus groups, an online survey and a Just 5 Questions in person survey at community events and out and about in Bucks. 430 people, who live in Bucks or are registered with a Bucks GP, gave us feedback. 34 attended the focus groups, 218 completed the online survey and 178 completed the Just 5 Questions. For three focus groups, the facilitator translated the questions into Urdu for some of the participants. All responses were collected between 27 January and 31 May 2026.

Key Findings

Keeping healthy

+ Most people told us they did not smoke or vape. However, one third considered themselves to be overweight. Of those responding to the survey or Just 5 Questions who told us they had a long term health condition (LTC), 38% (60/159) thought they were overweight.
+ Most of the online and focus group respondents told us they eat healthily, try to reduce stress and drink less than 14 units of alcohol / week. However, less than half (mostly women of a variety of ages) said they got 7-9 hours sleep a night. And, of the 30 who said they did drink more than the recommended weekly amount, most identified as White British (20/21), over 45 (18/23), as a woman (13/22) and did not live in an Opportunity Bucks ward (18/20).
+ Most of the survey and focus group respondents also told us they undertake any health checks/screening and vaccinations offered by the NHS.
+ 35% of the online survey and focus group respondents said they did less than 20-40 minutes moderate exercise a day. Some found it hard to find to exercise because it was difficult to find someone to take care of children or other loved ones.
+ Further analysis revealed that among the survey respondents who thought they were overweight, about 75% said they ate healthily. However, more than half of these (47/83) were doing less than 20 to 40 minutes of moderate exercise a day. In contrast, about 75% (102/134) of those who didn't see themselves as overweight were getting at least this amount of daily exercise.
+ 42% the survey respondents told us nothing stops them living a healthy lifestyle. The main barriers for the remaining focus group / survey respondents were lack of time, the cost and not knowing enough about the places or groups that could help them.
+ A third of online survey and focus group respondents said they had high blood pressure. Most of these were over 45 years of age. Less than 8% of online survey respondents said they had heart disease and / or Diabetes (Type 2). However, in the focus groups these percentages were higher.
+ 70% of those who said they had type 2 diabetes said they found managing their type 2 diabetes difficult. Only 40% of these were aware of the NHS Type 2 Diabetes Path to Remission Programme.

+ People completing the online survey generally didn't know much about several risk factors which are related to high blood pressure, heart disease or diabetes (type 2).
+ Two thirds of respondents were aware that if you are over 40 you should get a blood pressure check at least every 5 years.
+ More than 80% of survey and focus group respondents knew they could have high blood pressure without any symptoms, and that blood pressure checks were available in many different locations (not just a GP surgery).

Making it easier to look after your health and wellbeing

+ Almost all the focus group or survey respondents agreed that their health was their responsibility.
+ More than a quarter of respondents told us they could not think of, or did not need, anything to help them do more exercise, eat more healthily or manage their wellbeing better. Of the rest:
    - 60% wanted more affordable and accessible leisure facilities.
    - 42% wanted exercise options suitable for certain groups e.g. those with long-term health conditions, split by age or gender etc.
    - 38% said discount vouchers and more affordable healthy food would help.
    - 28% wanted more help with meal planning and portion size.
    - Of the 31 people who said unhealthy food should be harder to obtain, a third lived in lived in “the bottom 40% of postcodes for levels of deprivation in England (IMD2019)".
    - 34% asked for more information about managing their health better.
    - 29%, wanted clear ways to follow-up when diagnosed with a health issue.
+ 84 people shared how they would like to get more information about staying healthy. Those who answered online mainly liked the idea of talking directly with health experts and getting more details through the NHS app. On the other hand, people in the focus groups preferred having health talks in community or faith groups and watching videos (including ones in different languages) about how to improve their health and understand health risks.

Apart from the points above, we found no evidence of a significant difference between how people answered our questions based on their gender, age, whether they had a LTC, where they lived or their ethnicity.

Our recommendations

We have made the following recommendations to Buckinghamshire Executive Partnership

- ☑ Increase promotion of the NHS Type 2 Diabetes Path to Remission Programme and the NHS Diabetes Prevention Programme to patients who may benefit from these.
- ☑ When creating information for people, consider how this will be delivered and the different tools and methods needed depending on who you are sharing it with. While online respondents preferred one-to-one conversations with health professionals and more information on the NHS app, the focus groups preferred more awareness talks in community groups / faith settings, videos about how to manage health better (and risk factors), and videos in different languages.
- ☑ Continue to publicise the risk factors which can influence the chance of a person getting high blood pressure, heart disease or diabetes (type 2).
- ☑ Keep spreading the message that exercise is very good for everyone - adults, children, and even those with health problems. The benefits of being active are much greater than any risks. Let people know that anyone can do some sort of exercise, and not all types of exercise require spending money.
- ☑ Promote groups that help people with long-term health conditions or disabilities to get active, such as We are Undefeatable, Exercising from home | Disability charity Scope UK and England Athletics | Parkinson's UK.
- ☑ Promote free exercise options such as Simply Walk and how to find exercise and wellbeing activities, which match their interests, using the Joy App.
- ☑ Promote Be Healthy Bucks and BetterPoints Bucks further to help people lead healthier lives.
- ☑ Support groups that help women include exercise as part of their daily routine. This could be through activities like women's only cycling Let's Ride - Breeze Amersham or simple exercises at home like. Move your way in 2026 – no rules, just you | This girl can. Investigate more women's only exercise options like women's only gym or swim sessions in Chesham.
- ☑ Continue to promote Move Together Bucks Referral Pathway – Free Physical Activity Support for 50+ in Buckinghamshire - Active In The Community.
- ☑ Encourage local employers to help staff make physical activity a part of everyday life, because staying active is good for health and also benefits the employer. A new

study published by the British Journal of Sports Medicine has found that taking five-minute breaks every hour is the best way to boost wellbeing while still being efficient at work.

We have made the following recommendations to Buckinghamshire Council

- ☑ In line with the latest government active travel paper, to make walking and cycling easier and safer—so people can choose to walk or bike more often—expand Buckinghamshire's network of cycling paths.
- ☑ Continue to promote healthy eating through programmes such as the Healthy Start scheme and Healthier Families - Home - NHS.
- ☑ For use in schools: Look at models such as the ones used by The School Food Showdown and healthy meal competitions to help students better understand healthy eating, it's benefits and how to cook a meal from scratch.
- ☑ Refuse planning applications in line with the National Planning Policy Framework for local government for new fast-food outlets within walking distance of schools and in places where existing takeaways are already negatively impacting local health. The Council's Fast Food report illustrated how fast food outlets in Bucks raise public health concerns particularly in deprived areas and near schools.
- ☑ Continue, where possible, to restrict outdoor advertising for food high in fat, salt and / or sugar on land they own.

What the project was about

Background

In 2024, despite being one of the major health systems in the developed world, the UK was only ranked 8/11 for health outcomes (life expectancy and the number of avoidable deaths).

> "Over 1 in 5 of all deaths in England and Wales in 2022 were considered avoidable (Office for National Statistics, 2024). These were people under 75 years of age who died from causes that are considered either preventable or treatable… about two-thirds is preventable, driven by risk factors like obesity, smoking, physical inactivity and alcohol consumption (Institute for Health Metrics and Evaluation, 2024)."
> (Working group's report on the 10 year plan)

The **10 Year Health Plan for England: fit for the future** (10YHP) aims to **"reinvent the NHS through 3 radical shifts ".** One is 'From Sickness to Prevention'. This needs everyone to understand that we are all responsible for taking care of our health. This means doing our best to stay healthy. It also means that those with any long term health conditions or complex needs need to work with medical professionals to manage their health.

However, it is important to recognise the barriers some communities face, and the importance of doing things with people and not to them (Cottam 2018).

> "Through the 10YHP engagement exercise, the public has told us the tone of health messaging too often blames those with the highest need for support. People feel disempowered, disconnected and overlooked. Some can struggle with digital literacy, or lack resources or agency to access support, they may mistrust health services or, given high levels of long-term conditions in particular communities, they can be fatalistic about developing certain conditions themselves."
> (Working group's report on the 10 year plan)

The report states that taking steps to prevent health problems should not make people with poorer health feel judged or labelled. Also, not all health issues can be prevented.

The Buckinghamshire, Oxfordshire and Berkshire West ICB (now part of the Thames Valley ICB) Joint Forward Plan also aims to prioritise prevention, (to maintain good health) and reduce health inequalities. This also fits with the development of Integrated Neighbourhood Teams (INTs) in Bucks.

Our Aims

We wanted to understand how much people believe it's their responsibility to look after their health and wellbeing, compared to how much they think it's the responsibility of the NHS. Are people proactive about managing their health or wellbeing or do they think it's always for the NHS to fix? We also wanted to understand what would help them become better active participants in their own care.

We expected to hear that people don't always take up NHS health checks and screening when offered it. We also expect that people are not often aware of the services available in Bucks that might help them stay healthy.

Who talked to us

We collected feedback from 430 people. 218 completed the online survey, 178 answered the Just 5 Questions and 34 attended focus groups. Full details can be found in Appendix 2. Where we invited people to leave a comment, we analysed, and have summarised, these 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

+ 85% (158/186) identified as White: British.
+ 70% (130/187) identified as a woman. 27% (51/187) identified as a man
+ The median age of 185 respondents was 61.
+ Of the 153 people that gave full postcodes, 12% (18) lived in "the bottom 40% of postcodes for levels of deprivation in England (IMD2019)".

For those attending the focus groups

+ 69% (22/32) identified as Asian / Asian British: Pakistani.
+ 100% (34/34) identified as a woman.
+ The median age of 33 respondents was 49.

+ Of the 31 people that gave full postcodes, 58% (18) lived in "the bottom 40% of postcodes for levels of deprivation in England (IMD2019)".

For those answering the Just 5 Questions

+ 53% (92/174) identified as White: British. 28% (48/174) identified as Asian / Asian British: Pakistani.
+ 59% (105/178) identified as a woman. 41% (73/178) identified as a man
+ The median age of 178 respondents was 50.
+ Of the 141 people that gave full postcodes, 53% (75) lived in "the bottom 40% of postcodes for levels of deprivation in England (IMD2019)".

What we heard

This report reflects the views of the 430 people who talked to us. All of them 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 information

- Most people told us they did not smoke or vape. However, one third thought they were overweight.
- Of those responding to the survey or Just 5 Questions who told us they had an LTC, 38% (60/159) thought themselves overweight.

	Yes, I do	No	Prefer not to answer	Total
Do you smoke	26	403	0	**429**
Do you vape	28	400	0	**428**
Do you consider yourself overweight	160	260	4	420

Table 1

We asked focus group participants and online survey respondents more about to the things they do that could impact their health.

- 89% said they undertake any health checks/screening offered by the NHS.

- 88% said they drink less than 14 units of alcohol / week. Of the 30 who said they did drink more, most identified as white British (20/21), over 45 years of age (18/23), as a woman (13/22) and did not live in an Opportunity Bucks ward (18/20).
- 85% said they eat healthily, and the same percentage said they try to reduce stress.
- 81% said they take any vaccinations offered by the NHS.
- 47% (133/250) said they got 7-9 hours sleep a night. Of those who gave us their gender, three quarters (77/105) of those not getting 7-9 hours sleep a night identified as a woman.
- Overall, 35% said they did less than 20-40 minutes moderate exercise a day.
- Further analysis revealed that among the survey respondents who thought they were overweight, about 75% said they ate healthily (lots of fruit, vegetables and fibre and little salt, sugar and fat). However, more than half of these (47/83) were doing less than 20 to 40 minutes of moderate exercise a day. In contrast, about 75% (102/134) of those who didn't see themselves as overweight were getting at least this amount of exercise daily.

Barriers to a healthy lifestyle

We asked focus group and survey respondents what makes it difficult for them to live a healthier life. 42% (88/208) the survey respondents told us nothing stops them. Of the rest, the top three responses were:

- I don't make the time (74)
- I can't afford to (41)
- I don't know where to find information or groups that might help me (24)

Full details of the responses can be seen in Table 2.

Many people recognised they often did not to find **the time** to live more healthily. Others highlighted that commitments, such as family (at home or caring responsibilities elsewhere) or work, took up too much of their time.

> "Time commitment of my work sometimes makes it hard to do as much as exercise and home cooking as I would like"

> "Main problem is working around being a full time unpaid carer for 2 people. Putting their needs first takes priority. Stressful!!"

In our focus groups, we frequently heard from women who said it was other people (and the time they spent on them) who stopped them living healthier. **A busy lifestyle** was an issue for some whether that be work or home life.

Affordability was also an issue. **The cost** of exercise/sport, healthy food or paid care to cover caring responsibilities were all mentioned as barriers.

> "In the past, it has been lack of childcare services in gyms locally. Also the cost of taking my children swimming is ridiculous! I would take them every weekend if it was affordable!"

Several people also gave other answers. 17 respondents found it difficult to live a healthier life because of **old age, disability or a long term condition.**

> "I am slightly disabled so find exercising every day difficult."

A few told us that the **delays to their treatment or access to NHS health care** caused them stress.

> "Stress caused by being diagnosed with a high risk condition then having referrals not being actioned for months and months."

Fifteen people also told us they felt **unsupported** in terms of managing their health when looking at different options to help improve their conditions.

> "It's been difficult to get help with menopause symptoms, other than standard HRT solutions"

> "I have tried everything. Paid privately for gastric band but when I got gallstones, the hospital said I had to have band removed before gallbladder removed. Nothing works and I don't qualify for injections. GPs have never been helpful with weight loss so now don't visit the GP at all as always refer to weight."

We also heard about people **feeling embarrassed** about doing certain forms of exercises – principally where tight-fitting clothes were required – because of their medical conditions or weight.

For some there were **cultural barriers** such as no female only spaces to access.

> "There are no female only swimming sessions in Chesham."

> "You often have to walk through areas where men are, e.g. at a gym, to get to a women's only space."

	Survey Count	Focus Group Count	Total
I didn't know I needed to	0	9	**9**
I don't know what I need to do	0	13	**13**
I don't know where to find information or groups that might help me	4	20	**24**
I'm not interested/motivated	5	16	**21**
I can't afford to	17	24	**41**
I don't make the time	17	57	**74**
Cultural barriers	10	4	**14**
Nothing stops me	0	88	**88**
Other	14	46	**60**

Table 2 - What makes it difficult for you to try to live a healthier life?

Heart disease, Diabetes (type 2) and High Blood Pressure

We asked focus group and survey respondents about high blood pressure, heart disease or type 2 diabetes. Full details of the responses can be seen in Table 3.

	Yes	No	I used to	Prefer not to say	Total
High blood pressure	69	158	12	1	**240**
Heart disease	23	209	6	2	**240**
Diabetes (Type 2)	23	204	4	0	**241**

Table 3 - Do you have any of these conditions?

- A third of respondents said they had high blood pressure. Most of these were over 45 years of age.

- Of the online survey respondents, 8% (17/209) had heart disease and 7% (15/209) said they had diabetes (Type 2). However, in the focus groups 19% (6/31) said they had heart disease and 26% (8/31) said they had diabetes (Type 2).
- 70% of those who said they had type 2 diabetes said they found managing their type 2 diabetes difficult. Only 40% of these respondents were aware of the NHS Type 2 Diabetes Path to Remission Programme.

We asked the same people if they were aware that how they live their life could affect their health and their risk of developing these conditions. Over 92% of respondents said they were aware of this.

> "I'd be surprised if people are not aware with the huge pressure to live healthy lives and stay independent "

However, when we asked more about what might contribute to these conditions, many survey respondents didn't know much about some of the risk factors. These may be ones they can't control, like their age or family background, but also ones they can influence, like smoking, being overweight, or not exercising enough. Full details of the responses can be seen in Table 4.

> "Being aware is one thing. Some risk factors are impossible to avoid or mitigate, especially hereditary ones. Stress is a major factor and hardest to do anything about when you are an unpaid carer."

	High Blood Pressure	Heart Disease	Diabetes (type 2)	Response Total
Age	158 (36%)	156 (36%)	122 (28%)	436
Family history	157 (35%)	168 (37%)	128 (28%)	453
Ethnicity	89 (29%)	100 (33%)	115 (38%)	304
Being overweight	175 (34%)	167 (32%)	172 (33%)	514
Lack of exercise	163 (35%)	171 (36%)	137 (29%)	471
Smoking	164 (38%)	173 (40%)	92 (21%)	429
Lack of Sleep	127 (42%)	112 (37%)	65 (21%)	304
Alcohol	150 (36%)	151 (36%)	115 (28%)	416
Stress	184 (46%)	150 (37%)	70 (17%)	404

Table 4 - Which risk factors do you think might be related to these conditions?

Getting a blood pressure check

We asked more about blood pressure and blood pressure checks. While general advice is that you should check your own blood pressure regularly, GP's often measure the number of people over 40 who have a blood pressure check at least every 5 years. Full details of the responses can be seen in Figure 1.

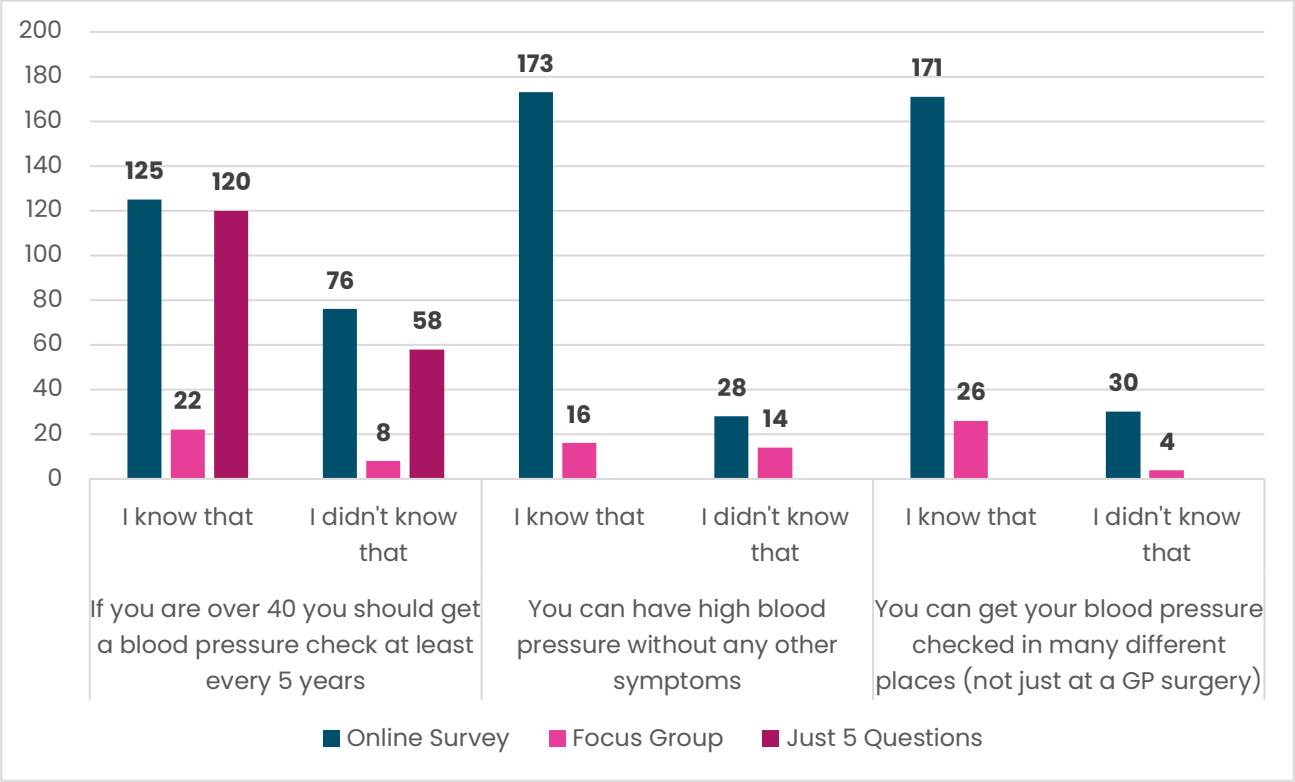

Figure 1 -Are you aware that...?

- Two thirds of respondents were aware that If you are over 40 you should get a blood pressure check at least every 5 years.
- Over 80% of survey and focus group respondents knew they could have high blood pressure without any symptoms, and that blood pressure checks were available in many different locations (not just a GP surgery).
- Many respondents with long term conditions took their blood pressure regularly, and more frequently than every five years. Many had a home monitor.

Partners in Health

The 10-year health plan is looking for people to be partners in taking care of their health. This means that everyone takes care of themselves and uses health services properly. It encourages everyone to do what's needed to stay healthy.

Nearly everyone who took part in the focus groups and surveys believed that taking care of their health was their own responsibility.

> "I totally believe each person should take responsibility to look after their own health first... Expert and professional help when required via the health service plays an equal part in delivery, but the journey begins with us."

We also asked survey respondents who, besides the NHS, should do the most to help people look after their health and stay well. The top three responses were:

- Me (205)
- My family and friends (85)
- Local government (43)

Making it easier to look after your health and wellbeing

More than one person suggested the public message about being healthy needed to be changed.

> "It [health] needs to be a bigger part of our culture, and it needs to be seen as cool. I make healthier choices when I am around healthy people."

However, being healthy needs to be inclusive, made part of everyday life and not be just for those with a lot of money. Another commented that social media has made it appear only the fit and fashionable go to the gym etc.

> "...Need to change the messaging around exercise. Used to say that whatever you can do helps. Now we've gone backwards with social media telling you what you should look like/wear when exercising..."

Doing more exercise

We asked everyone what would help people do more exercise. We analysed, and have summarised, these by theme. Respondents could give more than one answer.

- 43% (174/404) of respondents told us they either already did enough exercise, or they could not think of anything that would help them do more exercise.

> "Nothing, I am self-motivated and regularly exercise 2 to 3 hours each day."

50 of these respondents told us they didn't need anything else; they knew what they needed to do, in terms of more exercise, but hadn't done it yet.

However, 230 people did make suggestions about what would help them do more. Full details of the responses can be seen in Figure 2. The top three responses for them were:

- More affordable and accessible leisure facilities (137)
- Exercise options suitable for certain groups e.g. those with long-term health conditions, split by age or gender etc (97)
- More time (38)

60% (137/230) said they would benefit from **more affordable and accessible leisure facilities** locally. This included cheaper local gym membership and swimming sessions.

> "Make leisure facilities cheaper; pay as you go options, not just monthly direct debits. Make cheaper rate for those on family credit."

Some people also asked for more information about how they might exercise at home.

> "I think raising awareness about the amount of time people spend sitting when working from home …, along with how to take active breaks, would be a fantastic way to improve the daily activity."

Exercising with others was also seen as a motivating factor which would incentivise many to do more.

> "Having someone else to exercise with to keep me motivated."

> "As an alcoholic, I need to exercise in a group."

People also wanted a range of exercise options, including taster sessions, to appeal to the widest range of people. Specifically, people asked for more group walks and exercise classes.

> "More try out days / open days for things like fitness in the park etc."

However, **group exercise** locally also needed to be available at the right time and, for some, needed to have a drop in option.

> "Full time workers rarely have the option to access health facilities /activities during the regular 9-5 workday."

> "More exercise classes. Classes on weekends, More accessible …"

Many people often wanted to exercise with people 'like me'.

+ 42% (97/230) told us they wanted **exercise options suitable for certain groups** e.g. those with long-term health conditions, classes split by age or gender etc.
+ A few, who identified as Asian British Pakistani women, wanted more female only activities e.g. swimming or exercise classes, while others already attended these.

> "… advertise more women only exercise classes. I drive to a women only boxing class in Marlow."

+ A few people with mobility issues (including those in a wheelchair) also said they would feel more comfortable doing exercise with others like them rather than going to sessions where they were 'accommodated' but felt different.
+ A few told us they had been excluded because of their health issues.

Some people also recognised that more exercise might also benefit their mental health and spending time doing this with others might make them feel less socially isolated.

> "Being able to meet with like-minded people or people in my circumstances. People opening up about their own issues would help me open up about mine. "

Several people also suggested better infrastructure locally. In addition to services that help older people stay healthy and active, a few wanted sufficient facilities to help middle-aged adults stay in better shape than their parents were at their age.

> "Instead of only ever fixating on those with health conditions, those that remain reasonably fit also need suitable options."

> "Fun activities in the community. More padel courts locally."

Seven people suggested more dedicated cycle lanes.

> "Better roads to facilitate cycling. Buses to encourage public transport and walking."

> "Safer roads to cycle on, without pot holes. Or a proper off-road cycle route."

A few people also wanted more information about exercise and its impact.

> "More guidance on different forms of exercise."

> "Knowing what exercise is, say, similar to walking a mile"

Many said they just needed **more time**. Almost half of those who gave this answer lived in "the bottom 40% of postcodes for levels of deprivation in England (IMD2019)".

> "More time, being a parent and working full time limits my opportunities."

Several said they needed **more support**, including for some medical assistance, to enable them to do more exercise.

> "Investigating and treating the medical issues that are reducing my ability to exercise."

For the respondents who identified as carers, more **financial or respite assistance** was needed to enable them to leave the house to exercise. Parents often also said they needed more **childcare** to enable them to go to the gym or exercise elsewhere.

> "Time issues as carer for mum. Arthritis also limits exercise."

For others this involved **getting more employers on board**.

> "Encouragement from my employer to make time for this."

> "Businesses should do a 5 minute health class before work and after lunch."

> "... the hidden expectation to be in early, lunch at desk and leave late adds to stress, contributes to disordered eating and doesn't allow time for a good break and active movement during the day. Having employers more aware of the benefits of keeping their employees fit and pushing them to take breaks, have screenings and take a walk at lunch would be helpful."

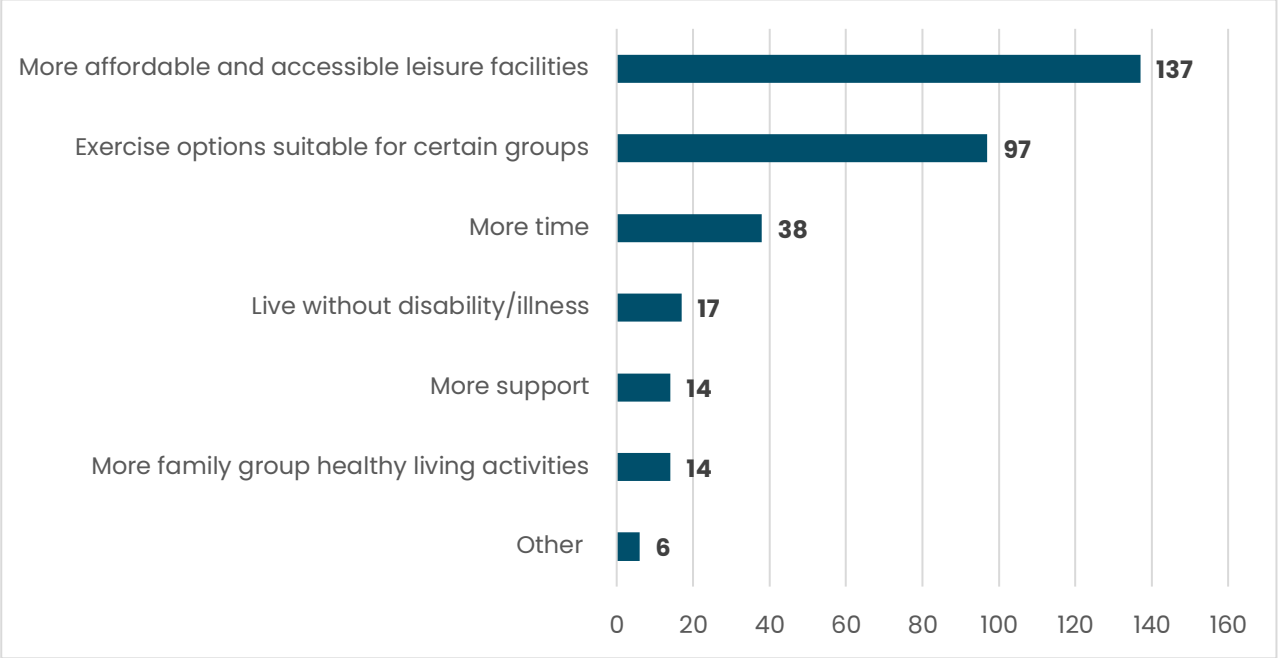

Figure 2 - What would help you do more exercise?

Eating more healthily

We asked everyone what would help people eat more healthily. We analysed, and have summarised, these by theme. Respondents could give more than one answer.

- 36% (143/397) of respondents told us they either already had a healthy diet, or they could not think of anything that would help them eat more healthily.

> "I already eat healthy. I buy fresh fruit meat and fish. I buy organic options. I don't buy fast foods or UPFs and I cook meals from scratch."

36 of these respondents told us they didn't need anything else; they knew what they needed to do, in terms of eating more healthily, but hadn't done it yet.

However, 254 people did make suggestions about what would help them eat more healthily. Full details of the responses can be seen in Figure 3. The top three responses for them were:

- Discount vouchers to buy fruit and vegetables and other more healthy food options (96)
- More help with meal plans and portion size (70)
- Self-control (41)

38% (96/254) said they wanted **healthy food to be more affordable**.

> "Eating healthily can be expensive."

> **"**[Need] cheaper meat and vegetables."

28% (70/254) said they wanted more help with **meal planning** and portion size.

> "Need to also explain what is healthy and what is not…portion size, types of food etc."

> "What is a portion size for each type of food?"

> "Someone making me a meal plan with correct fat/ protein/ carbs for my height and weight."

Some said that they needed to be more organised, get into a better routine and make time to cook from scratch.

> "I could eat more greens. I did a healthy eating course locally but it's putting it into practice now that's difficult."

> "Batch cooking to give me more control."

A few asked for recipes for healthy food.

> "Healthy alternatives e.g. vegetable dishes that are tasty."

16% (41/254) said they just needed more **self-control**.

> "I struggle making better food choices."

Nine of these respondents specifically mentioned that they needed to reduce the amount of oil and / or sugar from their diet. Many more knew which elements of their diet were not healthy.

> "Eat more fruit, cut out alcohol and fizzy drinks, choose better."

> "Not buying sweets (Buy 1 get 1 free should be banned)."

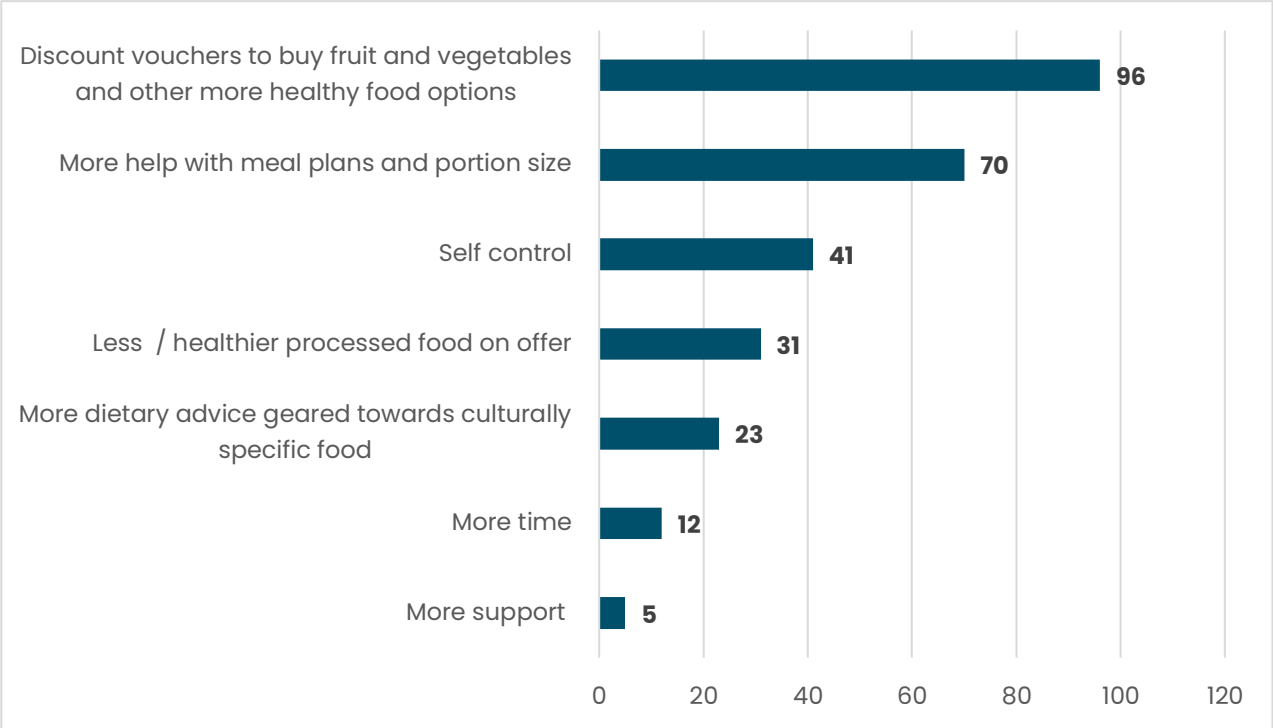

Figure 3 - What would help you eat more healthily?

31 people wanted it to be more difficult to access unhealthy food. A third of these lived in "the bottom 40% of postcodes for levels of deprivation in England (IMD2019)".

Several people commented on there being too many unhealthy fast food /take away/ready meal options easily available in shops on the high street. Some people suggested there should be more onus on food producers, supermarkets or take away providers to reduce the amount of processed or **unhealthy foods on sale**.

> "I think if food companies made less processed food that would help…"

> "More healthier, on-the-go, food options in towns and workplaces."

Many said healthy, fresh food needed to be cheaper than processed food in the supermarkets.

> "It would be cheaper for me to buy two big ready-made lasagnas than make them, but I don't want to eat the rubbish in the ready-made ones."

One person said most local 'corner shops' did not sell any fresh fruit or vegetables but only processed food. Alternatively, there should be more regulation concerning the sale of processed food to help make it healthier.

> "Greater availability of healthier convenience foods so that when I don't cook from scratch I'm not eating pure junk."

Several people thought advertising should change to focus more on promoting healthy eating on social media and show fewer ads for junk food.

Another person said they needed to know more about their own health to be motivated to change their diet.

> "If I was more aware of my cholesterol levels, this could make me change my diet if necessary."

What else would help

We asked everyone what else would help people better manage their health and wellbeing. We analysed, and have summarised, these by theme. Respondents could give more than one answer.

- 24% (94/85) of respondents told us they could not think of anything that would help them better manage their health and wellbeing.

However, 291 people did make suggestions about what else would help. Full details of the responses can be seen in Figure 4. The top three responses for them were:

- Information about how to manage my health better and what increases my chances of getting certain common long term conditions (98)
- Clear ways to follow-up when I am diagnosed with an issue e.g. high blood pressure (85)
- More easily accessible testing (for type 2 diabetes and heart disease) in the community (74)

34% (98/291) asked for **more information** to be provided about how they could keep themselves as healthy as possible.

> "Need to hear more facts about why I need to do more."

This involved using simple words that patients could understand, without too much medical jargon.

> "Better communication with medical staff - more sharing of vital information in understandable language"

> "[There is an] Increasing need for professional guidance in sorting through the increasing volume of contradictory and unsubstantiated noise promoted through social media. We all need help in navigating our way through the slop."

It also meant teaching both older and younger people, men and women alike.

> "Education is important for those groups who don't know how to keep & stay healthy. Up to date knowledge for health staff & correct information given to everyone at risk of type 2 diabetes"

Several people also wanted to learn more about ways to stay active or find ways to exercise when they had a long-term illness, a disability, or were neurodiverse.

> "More information about more how to do this for people who are neurodiverse. As an example, I cannot picture/create images in my head, so asking me to think or picture something doesn't really work."

> "More information is needed about the benefits of exercise and losing weight [when you have a] LTC..."

29% (85/291) of those suggesting what else might help them more, told us they either didn't know where to go or what to do and professionals didn't always provide them with a pathway which was easy to understand or follow. They wanted **clear ways to follow-up** on receipt of any diagnosis.

> "Clear and Consistent messaging from health professionals"

A few wanted quicker referrals to specialists and support groups.

> "Not having to wait so long when I am referred to a specialist to answer questions that my GP can't deal with."

> "Where is the support package after diagnosis."

One person requested a care coordinator for those living with multiple conditions.

> "A person to help navigate the health system and help pull together care and treatment plan for multiple health conditions. "

A few asked for more effective treatment whether this was for menopause, mental health, needle phobia or spinal care.

> " … greater investment in mental health resources including support for carers of family members with mental health conditions."

Several people also suggested **more support for local groups** whether these supported the oldest, youngest or most vulnerable in our communities.

25% (74/291) told us they (including those over 75 years of age) wanted **more testing and preventative support** in the community.

> "Routine testing, say yearly, for old person problems."

> "Regular medical checks to detect issues before they become serious or problematic - less reactive treatment."

> "It would be helpful to have a full MOT once a year at GP surgery and a face to face follow up appointment. Telling someone your blood tests came back okay is not enough.

> "More gentle rehabilitation exercises."

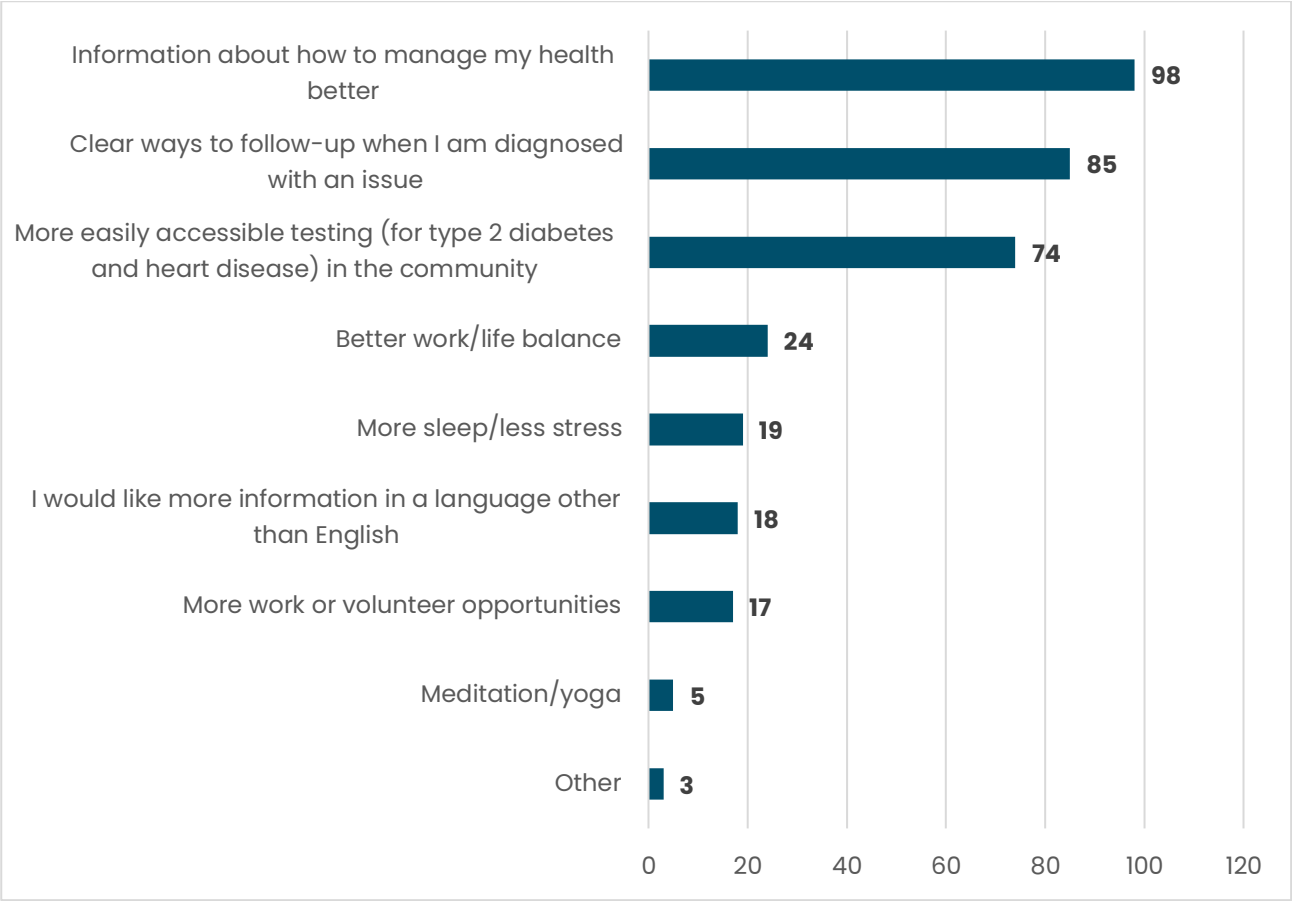

Figure 4- What else would help you better manage your health and wellbeing?

46% (11/24) of those who said they needed a **better work/life balance,** and 37% (7/19) of those who said they needed **more sleep and / or less stress** lived in "the bottom 40% of postcodes for levels of deprivation in England (IMD2019)".

Information provision

For those who indicated they would like more information, 84 told us how they would like this to be provided. Full details of the responses can be seen in Table 5. The top three responses were:

- One-to-one discussions with a health professional (43)
- Better healthy - physical and mental - lifestyle education programmes in schools/colleges (37)
- More awareness talks in community groups / faith settings (36)

While online respondents preferred one-to-one conversations with health professionals and more information on the NHS app, the focus groups preferred more awareness talks in community groups / faith settings, videos about how to manage health better (and risk factors), and videos in different languages.

> “An App or device that tracked calorific intake in real time”

People told us the information needs to be understandable and accessible.

> “Don't include medical jargon we won't understand.”

In the focus groups, several people wanting more information, requested this in a **language other than English**.

> “Leaflets (in GP surgeries and on community noticeboards etc) in different languages about risks of these diseases, how you can prevent them and do more to keep you healthy.”

> “Have a translation facility on the NHS App.”

> “Digital cafes with language support.”

But, how this information is shared depends on whether people can read the language involved.

> "Not everyone can read Urdu or understand English, so information needs to be more visual."

Both focus group and survey respondents were very interested in making sure people were educated from a young age about why they should, and how they could, keep themselves healthy.

> “Health / wellbeing should be taught in schools along with basic meal planning and managing household finances.”

> “More education at a younger age. More info about the link between exercise / diet and mental health.”

> “More awareness [would have helped] when I was younger, especially coming from a South Asian Community.“

	Survey Count	Focus Group Count	Total
Videos about how to manage my health better and the risk factors	21	14	**35**
Videos in different languages	2	10	**12**
More information on the NHS app	30	3	**33**
Recommendations for other self-care apps	24	3	**27**
One-to-one discussions with a health professional	39	4	**43**
More awareness talks in community groups / faith settings	23	13	**36**
Better healthy - physical and mental - lifestyle education programmes in schools/colleges	29	8	**37**
Other	3	6	**9**

Table 5 - How would you like more information to be provided?

Any other comments

60 people provided additional comments. Most of these repeated points already made earlier. New comments included one praising the muscular skeletal service (MSK) and another complaining about the parking there.

> " The MSK unit in High Wycombe is quick, on time, amazing and even works on Sundays. But you need to get more than one bus to get there from Princes Risborough if you don't drive."

> " If you do drive the parking [at the MSK unit in High Wycombe] is hit and miss."

Two people, who take several types of medication daily, also told us they liked their GP and their practice, However, they felt they had not had a serious medicine review, even though they were now taking more pills or higher doses than before.

> "I take 15 drugs daily and am concerned about the dosage of some as they make me feel strange. The pharmacist is lovely but he's going down the tablet route rather than the person route. I don't like to bother my GP."

Another praised their cancer care but not the rest of their care.

> ".. As a cancer patient, the focus seems to be on treating the cancer but any help dealing with problems caused by such radical treatment appear to be a very low priority with no enhanced access to services and minimal, if any, support."

A few people complained about delayed diagnosis and medication.

> "I think the NHS generally can be a bit archaic in its approach to information on healthy food choices and diagnostics processes tend to stick to rigid pathways that are solution based, before a prognosis has been found in some areas."

> "My desire to live a healthy life has been thwarted by a lack of a proper face to face addressing of my actual problems at the time I am faced with them. I am currently wanting a proper diagnosis of my heart condition together with a treatment programme, but I have not been offered it yet... my quality of life plummeting every month..."

> "A problem with dispensing medicines. When my pharmacy cannot find my medicine they should take responsibility for telling me early so that I can search for it. But I the patient is not the best agent to do this, especially if forgetful. It's a responsibility break/gap, which needs to be mended please."

> "GPs should take a holistic assessment rather than prescribing to improve the symptoms. The NHS and farming should be funded/subsidised by the food industry...."

Another person wanted more promotion of aqua fitness.

> "Need to increase awareness of the benefits of aqua fitness for older people with joint issues e.g. sciatica. The water gives you support and resistance using swim weights help massively. This should be more widely known and available."

While another felt providing less support to those who didn't look after their health might be an incentive for people to look after their health better.

> "Those who live a healthy lifestyle should get priority medical treatment when … they get ill. This would be a big incentive to healthy behaviour. The triage system should be altered to reflect this, rather than spending resources on those with self-inflicted conditions."

Acknowledgements

We thank all the people who talked with us about their experiences and those who hosted focus groups so we could 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 Bucks, or registered with a GP in Bucks.

Appendix 1

More about our approach

Who we included

We collected feedback from 430 people living in, or registered with a GP in, Buckinghamshire. As well as collecting feedback via our survey online we also took this out to community spaces and groups to collect individual's views. We also held four focus groups. The focus groups varied from seven to eleven people and took place in Chesham, High Wycombe and Aylesbury. In three focus groups, conversations were mainly in Urdu and translated by our facilitator. 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 the 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
- Buckinghamshire Healthcare Trust

We will follow-up each formal response to confirm what changes have been made.

Appendix 2 - Who did we hear from?

Locations where we ran a focus group:

- South Asian Women's Group, Chesham
- Poplar Grove PPG, Aylesbury
- South Asian Women's Group, High Wycombe
- South Asian Women's Group, Aylesbury

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

- Community Activity Day, Elmhurst Family Centre, Aylesbury
- World Health Day event, Chiltern Lifestyle Centre, Amersham

Locations where we asked Just 5 Questions

- Hearing Loss & Deaf Information Day, Hughenden Garden Retirement Village
- Together on Tuesdays, Chalfont St Giles
- Women Health Fair, The Ark Centre, High Wycombe
- Aylesbury Market
- Eid in the Park, High Wycombe

Appendix 3 - Demographics

Please tell us your age

Age Group	Survey Count	Focus Group Count	Just 5 Questions Count	Total
18 to 25 years	4	1	20	**25**
26 to 35 years	8	9	32	**49**
36 to 45 years	16	4	26	**46**
46 to 55 years	25	6	30	**61**
56 to 65 years	49	9	30	**88**
66 to 75 years	55	2	19	**76**
76 to 85 years	24	2	18	**44**
Over 86 years	4	0	3	**7**
Prefer not to say	2	0	0	**2**
Total	**187**	**33**	**178**	**398**

Please tell us your gender

Gender	Survey Count	Focus Group Count	Just 5 Questions Count	Total
Woman	130	34	105	**269**
Man	51	0	73	**124**
Prefer not to say	4	0	0	**4**
Prefer not to self-describe	2	0	0	**2**
Total	**187**	**34**	**178**	**399**

Please tell us your ethnicity

Ethnic Group	Survey Count	Focus Group Count	Just 5 Questions Count	Total
Arab	1	0	0	**1**
Asian / Asian British: Chinese	2	0	2	**4**
Asian / Asian British: Indian	2	3	4	**9**
Asian / Asian British: Pakistani	2	22	48	**72**
Asian / Asian British: Any other Asian / Asian British background	1	1	3	**5**
Black / Black British: African	1	1	4	**6**
Black / Black British: Caribbean	0	1	3	**4**
Mixed / Multiple ethnic groups: Asian and White	1	0	1	**2**
Mixed / Multiple ethnic groups: Black Caribbean and White	0	0	2	**2**
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic	3	0	3	**6**
White: British / English / Northern Irish / Scottish / Welsh	158	4	92	**250**
White: Irish	3	0	1	**8**
White: Any other White background	6	0	10	**16**
Prefer not to say	6	0	0	**6**
Total	**186**	**32**	**173**	**391**

Please tell us if you have a disability

Do you have a disability?	Survey Count	Focus Group Count	Just 5 Questions Count	Total
No	142	31	147	**320**
Yes	37	3	26	**66**
Prefer not to say	6	0	0	**6**

Total	185	34	173	392

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

Do you have a long-term health condition?	Survey Count	Focus Group Count	Just 5 Questions Count	Total
No	93	16	102	**211**
Yes	88	18	71	**177**
Prefer not to say	6	0	0	**6**
Total	**187**	**34**	**173**	**394**

Please tell us if you consider yourself to be a carer

Are you a carer?	Survey Count	Focus Group Count	Just 5 Questions Count	Total
No	161	18	152	**331**
Yes	21	7	21	**49**
Prefer not to say	2	0	0	**2**
Total	**184**	**25**	**173**	**382**

Please tell us your sexual orientation

Gender Identity	Focus Group Count	Survey Count	Just 5 Questions Count	Total
Heterosexual / Straight	10	165	136	**311**
Asexual	0	2	0	**2**
Bisexual	0	2	0	**2**
Gay man	0	1	0	**1**
Lesbian / Gay woman	0	1	1	**2**
Pansexual	0	0	1	**1**
Prefer not to say	24	15	40	**79**
Prefer to self-describe	0	1	0	**1**
Total	**34**	**187**	**178**	**399**

Which of the following disabilities do you have?

Which disabilities?	Survey Count
Physical or mobility impairment	16
Sensory impairment	7
Neurodevelopmental condition (ADHD, ASD, learning difficulties)	8
Mental health condition	5
Long Term condition	21
Prefer not to say	1
Other	6

Do you have any of the following neurodevelopmental conditions?

Which disabilities?	Survey Count
Does not apply to me	137
Autism (autism spectrum disorder)	8
Dyspraxia (developmental coordination disorder)	1
Dyscalculia	3
Dyslexia	8
ADHD / ADD (attention deficit hyperactivity disorder / attention deficit disorder	9
Prefer not to say	3
Other	7

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

Gender Identity	Survey Count
Yes	176
Prefer not to say	6
Total	182

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

Which long-term health conditions?	Survey Count
Asthma, COPD or respiratory condition	15
Cancer	2
Cardiovascular condition (including stroke)	5
Chronic kidney disease	16
Deafness or severe hearing impairment	4
Dementia	8
Diabetes	11
Epilepsy	1
Hypertension (high blood pressure)	27
Mental health condition	6
Musculoskeletal condition	24
Other	28

Please tell us your religion or belief

Religion / Belief	Survey Count
Christian	88
Muslim	5
Sikh	1
No religion	68
Prefer not to say	19
Other	2
Total	183

Please tell us your marital or partnership status

Marital or Partnership Status	Survey Count
Single	**27**
Cohabiting	**12**
In a civil partnership	**2**
Married	**109**
Separated	**1**
Divorced / Dissolved civil partnership	**7**
Widowed	**16**
Prefer not to say	**9**
Total	183

Appendix 4 – What did people tell us?

How much do you agree with the following statements:

	Agree		Disagree		Total
	Survey Count	Focus Group Count	Survey Count	Focus Group Count	
I eat healthily (lots of fruit, vegetables and fibre and little salt, sugar and fat)	188	23	29	9	**249**
I do at least 20-40 minutes moderate exercise (e.g. brisk walking) a day	138	22	79	10	**249**
I get 7-9 hours sleep every night	125	8	93	24	**250**
I try to reduce stress	190	22	26	10	**248**
I drink less than 14 units of alcohol / week	188	32	30	0	**250**
I undertake any health checks/screening offered by the NHS	195	29	22	5	**251**
I take any vaccinations offered by the NHS	186	16	31	16	**249**
Total					

Do/did you find managing of your type 2 diabetes difficult?

	Survey Count	Focus Group Count	Total
Yes	10	6	**16**
No	6	1	**7**
Total	**16**	**7**	**23**

Are you aware of the NHS Type 2 Diabetes Path to Remission Programme?

	Survey Count	Focus Group Count	Total
Yes, I took part in it	4	2	**6**
Yes, but I haven't taken part in it	3	0	**3**

No	8	6	**14**
Total	**15**	**8**	**23**

Were you aware that how you live your life could affect your health / your risk of developing

	I am aware	I became aware only after diagnosis	I have recently become aware	I didn't know that	Total
High blood pressure	214	10	4	5	**233**
Heart disease	215	4	2	7	**228**
Diabetes (Type 2)	215	5	4	5	**229**

Other than the NHS who should have the biggest role in helping people manage their health and wellbeing?

	Survey count	Focus Group count	Total
Me	181	23	**204**
My family and friends	79	6	**85**
Local government	40	3	**43**
Voluntary Organisations	33	4	**37**
Don’t know	9	0	**9**
Other	19	0	**19**
Total			

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

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