



Review of Healthy Hounslow Services Survey Report– March 2025

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Introduction



We are Healthwatch Hounslow

Healthwatch Hounslow is your local health and social care champion. From Feltham to Chiswick and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.

healthwatch
Hounslow

What is Healthy Hounslow

The London Borough of Hounslow have commissioned healthy lifestyle services since 2003. Healthy Hounslow is the latest iteration of the service, which launched under a four-year contract on 1st April 2023. It is a collaborative partnership between several organisations dedicated to supporting residents in leading healthier lifestyles by becoming more active, eating well, and stopping smoking. The current collaborative partnership brings together Morelife, Maximus, Lampton Leisure, Feltham & Bedfont Primary Care Network, and Hounslow Council to deliver comprehensive health services. These services include Smoking Cessation, Health & Wellbeing Coaching, Healthy Weight Management, Exercise on Referral, Cook & Eat sessions, and Community NHS Health Checks. For more information on Healthy Hounslow, visit: <https://healthyhounslow.co.uk/>

Project background

The Public Health department of the London Borough of Hounslow Council wanted to review the Healthy Hounslow service which they commissioned, following its first year of delivery. The aim was to gather comprehensive feedback from clients who had accessed services through the various providers under the Healthy Hounslow alliance.

To support this, Healthwatch was contracted to conduct a research study that would assess the service's overall performance and help identify any gaps or areas for improvement.

Healthwatch carried out a survey-based study, collecting responses from individuals who had accessed any of the Healthy Hounslow services. The survey was distributed primarily through GP practices that had referred clients, as well as through Healthwatch's own community engagement initiatives.

Methodology

In collaboration with the Public Health team of London Borough of Hounslow, we designed an online survey to gather feedback from clients who have used the Healthy Hounslow services. The survey was widely promoted through the GP practices by sending a text message to their patients who have been referred to any of the Healthy Hounslow services. The text message encouraged people to take part in the survey and share their feedback, providing a link of our survey.

Meanwhile, More Life, who is the first point of contact for Healthy Hounslow shared their clients directory of 561 people with their consent- only phone numbers and email addresses. The aim was to reach the right people who have come across Healthy Hounslow services, and ideally participated in any. At first, we sent out emails to all, introducing ourselves and explaining the purpose of the project. For the next step, we managed to call 309 people, however, we couldn't speak to all either because they were busy, not interested or did not pick up.

Methodology

Additionally, via our patient experience programme, we carried paper versions of the survey for our GP practice visits and asked for feedback from the patients if anyone has ever used any services from the organisation. We also collaborated with the Healthy Hounslow outreach team on Hounslow High Street, where they offer community health checks, to promote our project and gather client feedback. Overall, we got the feedback from 216 people.

Terminology

For the clarity throughout the report, we would occasionally refer to Healthy Hounslow as “HH”, Single Point of Access as “SPA”, Other healthcare professionals as “HCP”.

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Survey



Survey Questions

The survey had a total number of 27 questions on the topic, and a few demographic ones, such as age, gender, ethnicity, sexual orientation, employment status, disability, etc.

The main areas were:

Awareness of Healthy Hounslow (HH): Our survey asked clients where did they first learn about Healthy Hounslow, whether they knew that this is an alliance between different service providers who provides various services through different lots. We then asked them to rate the clarity of information on a scale of terrible to excellent.

Referrals and Single Point of Access (SPA): We asked clients who were referred them to the service; how long it took for the service to get back after being referred; how was the referral process; were there any delays and if they were informed about any potential waiting time. People were also asked about their experience with SPA's efficiency- in connecting to other HH services and additionally signposting to relevant services.

Service experience: The survey asked clients what service did they take from HH, how was their experience, what did they enjoy most, if they felt included, and if they have any suggestions for improvements.

Access to resources, venues: We asked clients, if applicable to them, if they had access to resources about HH and relevant to their programmes-whether they were adequate and motivating. Similarly, if they had access to venues where the services were delivered- if they were satisfied with the sites.

Support club and feedback upon completion of the programme: Lastly, our survey asked questions on completion of the programme if clients opted to join any support club, if any and whether they were provided with a feedback form.

How to read this report

The main body of the report is divided up into two sections:

- Key findings and recommendations
- Full findings, where readers can find further detail for each finding area, alongside additional charts, comments and quotes.

Further information, including a full demographic breakdown of respondents, and all charts, are included in the Appendix.

Limitations

The responses gathered from our survey forms a snapshot rather than a fully representative view of all experiences and opinions. The term “Healthy Hounslow” was unclear to some participants and had to be thoroughly explained with references to the service providers and different programmes offered. However, it is likely that some respondents answered without fully grasping its meaning.

Many responses were incomplete, either because the question was not applicable—such as for those who had not yet accessed the service or had only recently started their journey—or due to respondents' reluctance to continue, likely influenced by the survey's length. The number of respondents for each question is clearly indicated throughout the report.

Additionally, as the list of people to contact was provided by Healthy Hounslow, there is a possibility of unconscious or unintended bias in the responses.

Some of the questions were tweaked later based on the clients' comments throughout the survey, in order to report our findings in line with the responses gathered from them.

Acknowledgments

Healthwatch Hounslow would like to thank the Public Health department of London Borough of Hounslow, More life and the GP practices for facilitating our outreach and engagement with clients and being supportive of the project.

We would also like to thank all the clients who shared their feedback, and the volunteers and staff who gave their time to assist us with the data collection and analysis.

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Key Findings based on themes



Key Findings

Awareness about Healthy Hounslow

1. Most people got to know about Healthy Hounslow via their GP. Over half the people (62%) of our survey respondents were aware of the Healthy Hounslow services through their GPs.
2. Although the majority have a general understanding of Healthy Hounslow, many still lack clear information about the organization. While most respondents rated the clarity as “okay,” nearly a quarter (22%) rated it as “poor.”.

Referrals

1. People are being informed/referred to the services by different healthcare professionals apart from their GPs. 24% people have heard from other healthcare professionals. However, 19% said they have come across Healthy Hounslow through High Street.
2. The majority of respondents (42%) reported that it took a couple of weeks for the service to make an initial contact with them after being referred, while 29% experienced delays of a month or more.

Key Findings

Single Point of Access (SPA)

Majority of the people have neutral or positive experience with Single Point of Access. Around 80% of respondents were either neutral or satisfied with how SPA managed both referrals and connecting them to relevant services. However, some dissatisfaction still exists, particularly with being connected to relevant services (23%), which was slightly higher than dissatisfaction with the referral process itself (20%).

Better Points system

A large number of the respondents were not aware of the Better Points reward system. 70% of the total respondents have stated they did not know about the Better Points app.

Health Coach experience

Among the respondents, 33% reported being assigned a health coach, 28% stated they were not assigned one, and 29% were unsure or unclear about whether they had been assigned a health coach.

Key Findings

Service enrollment/programme joined

1. Service enrollment is distributed across different programmes, with weight management, exercise on referral, and stop smoking services being the most frequently accessed. Each of these programmes had respondents close to a quarter, 24%, 23% and 23% respectively. Moreover, many have also engaged with multiple services.
2. The majority of the people, 60% felt included in the programme they signed up for.

Access to resources, venues/sites

1. Access to resources, such as, course materials, information booklets, tools & equipment is fairly evenly distributed. While a significant proportion, 35% of respondents found access to resources not applicable to them, many (31%) stated they did not have access.
2. A substantial number of people did not avail their programmes in person, which rendered 35% reporting n/a. However, those who did avail services through any venues/sites, expressed positive satisfaction levels (35%).

Key Findings

Missed sessions and policy awareness

While the majority of the people did not miss any sessions, 34% respondents did. Among them, some have clearly stated they were not aware on any policies on missed sessions.

Support club/Feedback upon completion

More than half the respondents didn't join a support club, if applicable. Additionally, the majority of the people haven't received any feedback form after completion of the programme.

56% of the people weren't part of a support club, and 30% didn't receive any feedback form upon completion of the service enrolled.

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Recommendations



Recommendations

Awareness about Healthy Hounslow:

1. Improve clarity of information: Simplify information by using clear and concise language to explain what Healthy Hounslow is, what services it offers, and how it operates as an alliance. Using visual aids like infographics, flowcharts, and short explainer videos can help clarify how the program works.
2. Expand awareness channels: Encourage word-of-mouth referrals, social media campaigns, and partnerships with other organisations, pharmacies, and community hubs. Additionally, increasing High Street presence by considering pop-up stalls and interactive kiosks/booths in community hubs where people can learn about the services to promote all services.
3. Enhance GP communication while supporting other healthcare professionals (HCP): Ensure GPs have up-to-date, easy-to-share resources and provide the same information to all the other HCPs.

Recommendations

Referrals:

1. Improve referral process: Aim to reduce the waiting time for initial contact after clients are referred to ensure quicker access in getting appointments for the services desired. Similarly, track and address longer delays where people wait longer than months and identify bottlenecks and improve follow up procedures accordingly. Additionally, since many people were referred by other HCPs and high street, utilise these channels for direct signposting.
2. Improve communication about referral status and potential delays: Provide clear estimated timeframes and any potential factors affecting waiting times, instead of vague indication of a waiting list.
3. Enhance patient experience and satisfaction: Ensure that referral pathways are clearly communicated, and clients know what to expect. For cases of potential delays, consider offering interim support such as self-help resources, virtual consultations, or check-in calls.

Recommendations

Single Point of Access (SPA):

1. Improve referral experience: Since dissatisfaction is higher with the referral process than with service connection, review and streamline referral workflows to make them smoother and more user-friendly. Explore the option of introducing a helpline or live chat feature for users struggling with self referrals to get immediate assistance through SPA.
2. Ensure proper follow ups: Implement a tracking system where clients receive confirmation and status updates about their SPA connection/referral progress, as there is only a voicemail currently in place when called the SPA.
3. Simplify the SPA Process: Reduce steps in the referral and service connection processes, where possible, to make the system more seamless and easy.

Recommendations

Better Points system:

1. Increase awareness: Ensure that all healthcare professionals, advisors, and outreach workers actively inform clients about the Better Points app when introducing them to Healthy Hounslow services. Additionally, leverage multiple communication channels, for example, promote Better Points via GP practices, social media, posters in clinics, SMS reminders, and email newsletters.
2. Enhance understanding and accessibility of the app: Offer support by organising short informational sessions or video tutorials demonstrating how the app works and how to redeem rewards. This can also boost client motivation.
3. Strengthen word of mouth promotion: Encourage peer recommendations and share testimonials from users who have benefited from the rewards.

Recommendations

Health coach

1. Provide clarity on health coach: Ensure clients get a standard introduction to their health coach, explaining their role, and how they will support the client. Similarly, distinguish how they provide support to clients and the guidance offered by their assigned trainer/advisor of the service.

Since most clients have shared their views on a Health Coach but often confused them with their service trainer or advisor, the following recommendations are based on their collective feedback:

2. Enhance training for person centered support: Provide empathy and engagement components to their training materials, emphasizing motivational interviewing and active listening techniques. Additionally, encourage coaches to celebrate client milestones and progress in a more engaged manner to boost their motivation.

3. Allow greater flexibility in support methods: Where possible, provide longer or more tailored sessions based on individual client needs.

Recommendations

Service enrollment

1. Increase awareness of lesser known services: Ensure all services are clearly listed on the website, GP leaflets, and social media, with easy-to-understand descriptions and eligibility criteria.
2. Enhance cross-service referrals: Establish a streamlined referral process between different programmes to ensure seamless transitions.
3. Promote user success stories: Uphold positive user experiences through testimonials and community spotlights to encourage others to participate.

Access to resources, venues/sites

1. Improve clarity and accessibility of resources: Reduce jargon and ensure that resources are written in clear, simple language. Use infographics, bullet points, and real-life examples to make information easier to digest.
2. Offer variety of formats: some clients prefer physical resources over online options, provide printed booklets, leaflets, and posters at GP surgeries, community centers, and service locations.
3. Use personalized resource guide: Instead of overwhelming clients with all information at once, provide tailored resources specific to their programme and progress level.

Recommendations

Access to resources, venues/sites (cont.)

4. Expand service delivery options: Given the preference for both online and in-person resources, consider hybrid models where clients can choose between virtual and face-to-face support, where possible.
5. Venue communication: Ensure clear information is provided about location, facilities, and accessibility options when clients are offered the service in person.

Missed sessions policy

1. Strengthen awareness of policies: While most clients knew they could contact their advisor, a small group was unsure. Make policies about missed sessions explicit in welcome materials, reminders, and initial consultations. Ensure clients have a clear contact point for rescheduling or guidance.
2. Improve flexibility (where possible): Introduce flexible scheduling or makeup sessions for those who miss sessions due to illness, work, or caring responsibilities. Consider alternative timing such as, evening or weekend sessions may help those with work commitments attend more consistently.
3. Proactive Follow-Ups: If a client misses a session, advisors or service providers should check in and provide encouragement or alternative solutions to keep them engaged.

Recommendations

Support club and feedback upon programme completion

1. Identify barriers to participation: Conduct follow-ups with past participants to understand why they are not joining support clubs and whether they would find them beneficial.
2. Increase awareness: Ensure participants are informed about support clubs at the end of their programme, highlighting the benefits and how to join.
3. Ensure consistency in feedback form distribution/method: Investigate whether different services/providers are distributing feedback forms inconsistently and establish a uniform process across all programmes.
4. Use multiple channels for feedback: Explore different methods (emails, SMS links, online surveys, phone calls) in addition to what's currently in place.



Full Findings



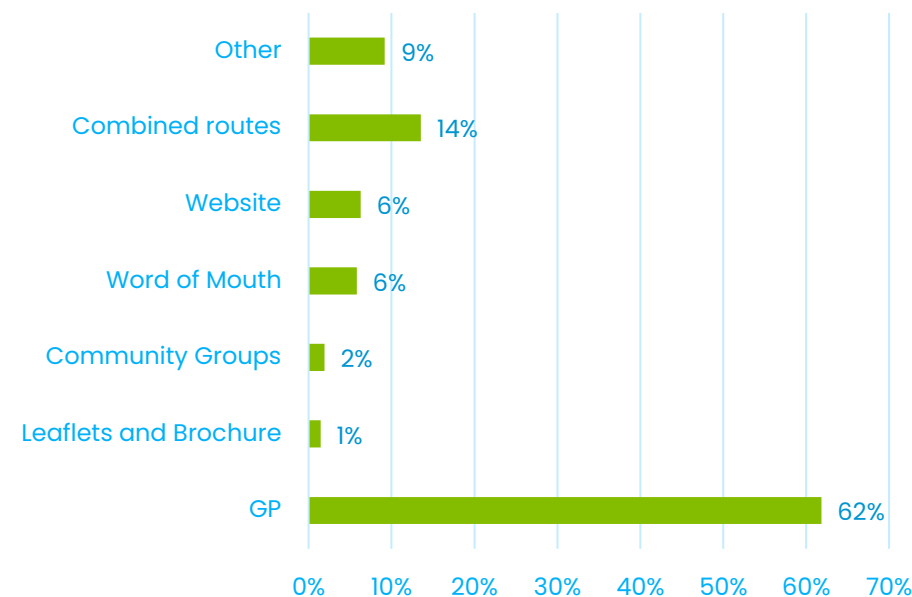
Awareness about Healthy Hounslow

Our project examined people's awareness of Healthy Hounslow by focusing on several key aspects. The survey asked questions on where they first learned about the organisation, whether they understand this umbrella term and if they know that it's a collaboration among different service providers who provides many different services through different lots.

Although majority of the respondents got to know about Healthy Hounslow only through their GPs, quite a few, 14% learnt about the service via multiple sources.

While the website and word of mouth had a similar number of respondents, 9% cited "others" as their source of awareness. Upon reviewing the comments, we found that people had learned about Healthy Hounslow through various channels beyond the given options. These sources were categorised as follows: other healthcare professionals (HCP), high street, alternative communication channels, other organizations, the Better Points app, personal referrals, and miscellaneous sources.

Medium of awareness (n.207)



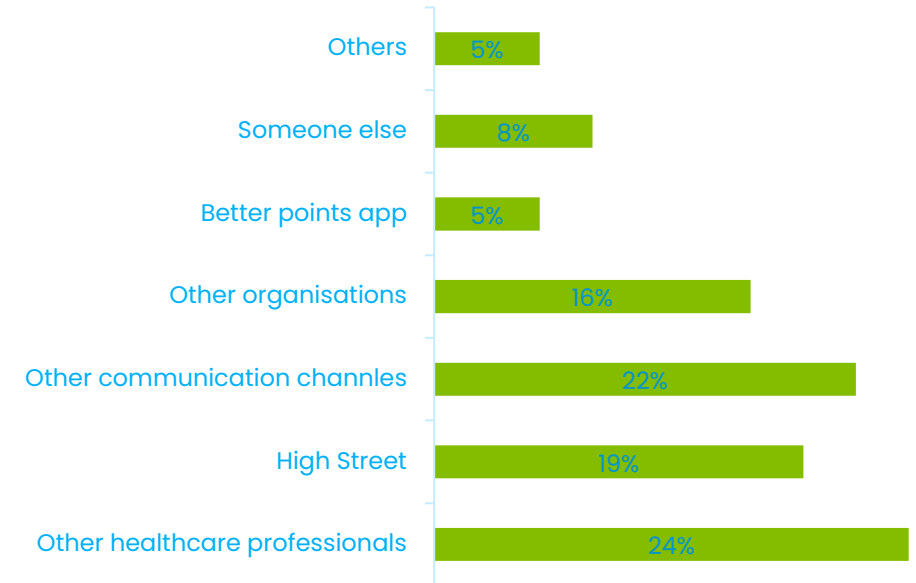
Awareness about Healthy Hounslow (cont.)

Nearly a quarter (24%) of respondents identified other healthcare professionals (HCPs) as their source of awareness about Healthy Hounslow, with physiotherapists being the most commonly mentioned, along with nurses, care coordinators, and social prescribers.

Additionally, 19% encountered Healthy Hounslow through outreach efforts on Hounslow High Street, while 22% became aware through various communication channels such as newsletters, emails, and community group messages.

This breakdown highlights key avenues—HCPs, other organisations, high street outreach, and community groups.

Other sources of awareness (n.37)



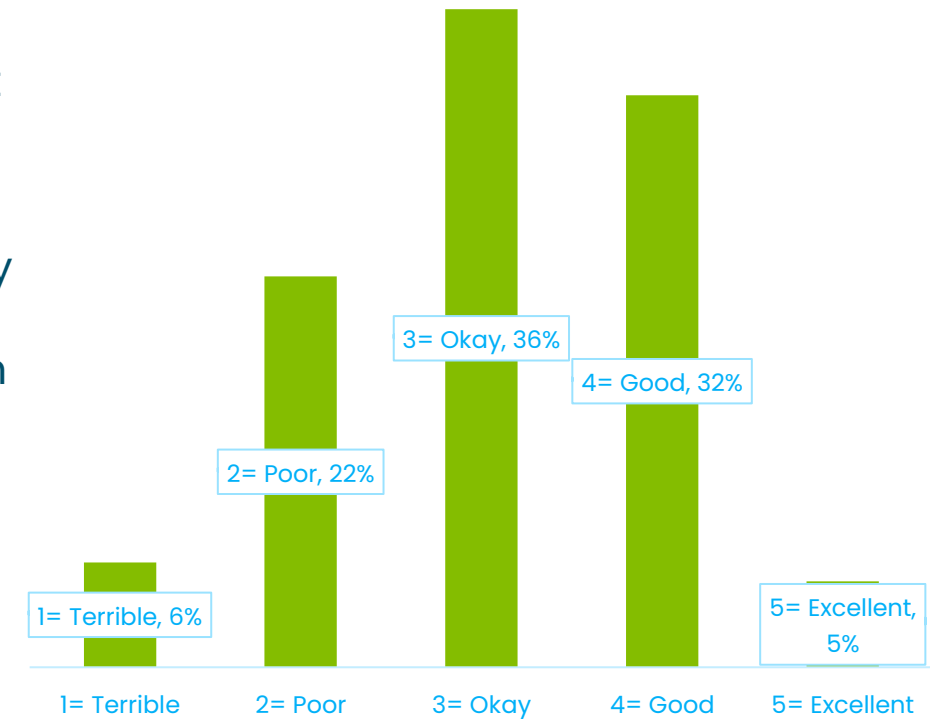
Awareness about Healthy Hounslow (cont.)

Nearly half (45%) of respondents were unaware that Healthy Hounslow operates as an alliance of different service providers. While 39% acknowledged their awareness, 14% were unsure. However, among those who were familiar with the alliance, only 5% (n.10) also recognised that it delivers a range of services through different lots.

Regardless of their understanding of the umbrella term, a significant 74% of respondents were unaware that the alliance offers multiple services through these different lots.

When asked to rate the clarity of information provided about Healthy Hounslow on a scale of 1 to 5, most participants held a neutral stance. However, 22% rated it as “poor,” highlighting a notable gap in clarity regarding the alliance and its services.

Clarity of information about Healthy Hounslow (n.190)



Referrals

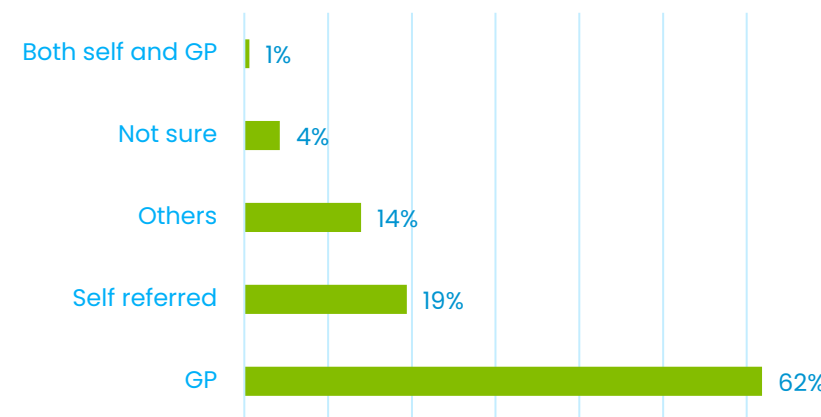
Our survey examined key aspects around referrals, such as:

- who referred them to the service
- time taken for the service to get back to them after getting referred
- ease of the referral process
- communication related to delays

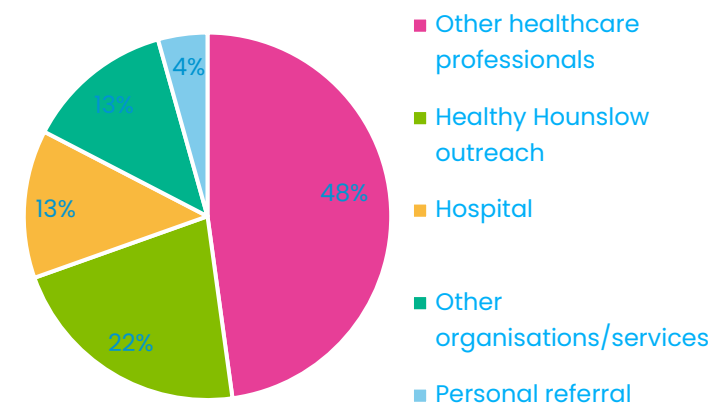
We asked the clients who were they referred to the service by, providing with 3 options: GP, self-referred and others. Our findings showed that while majority of the respondents 62% were referred by their GP, a notable 14% were also referred via alternative means.

Upon further exploration, we categorised these referral sources as shown in the chart-other sources of referrals. Nearly half (48%) of respondents were referred by other healthcare professionals, primarily physiotherapists, as well as pharmacists and staff at GP practices. The second most common referral source (22%) was outreach efforts, including Healthy Hounslow's health check vans, interactions on Hounslow High Street, and direct contact through calls or emails.

Referred by (n.165)



Other sources of referrals (n.23)



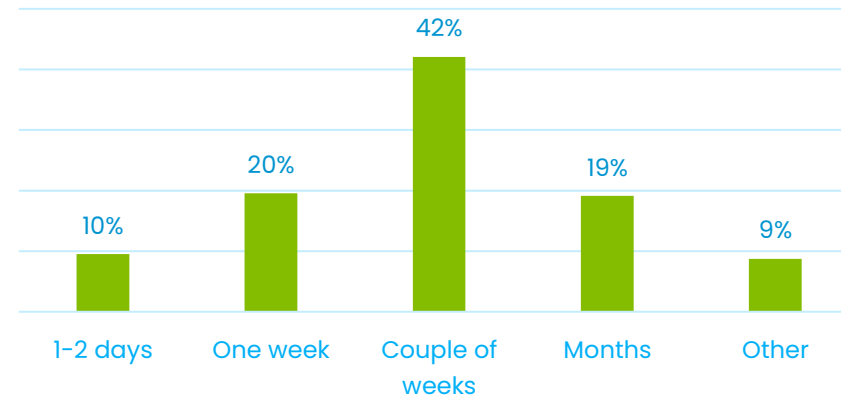
Referrals (cont.)

We wanted to find out how much time did it take for the service to make an initial contact with the clients after they have been referred. Further to this, we wanted to explore whether they have been informed about any potential delays, if any and to whom applicable.

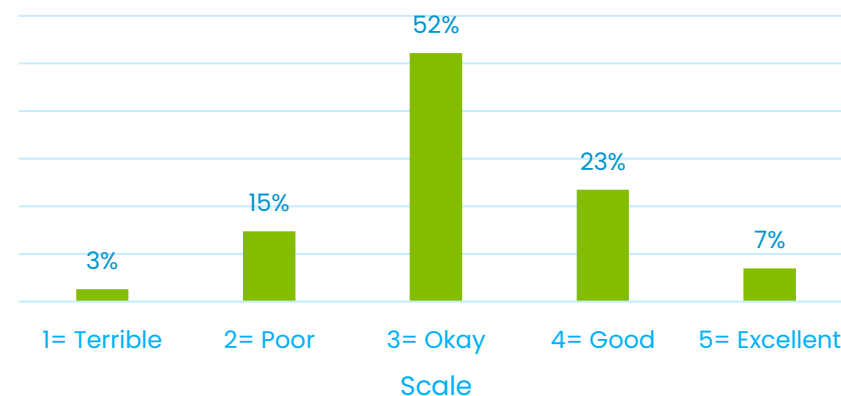
Our findings suggests that majority of the people, 42% waited couple of weeks (2-4 weeks) after they were referred. However, there is a good response rate of 30% of people having an initial contact after their referral within a week. Where people chose "other", through qualitative assessment we have found that 2 people have said it took them 8 months to hear back, while 10 people are still waiting to hear back for an initial call back after being referred.

To learn more about the referral process, we asked people to rate their experience on a scale of 1-5 with 1 being terrible and 5 being excellent. While, half the people were okay with the process, just below 20% rated negatively and 30% rated positively.

Time taken to get back after referral
(n.183)



Referral process (n.115)



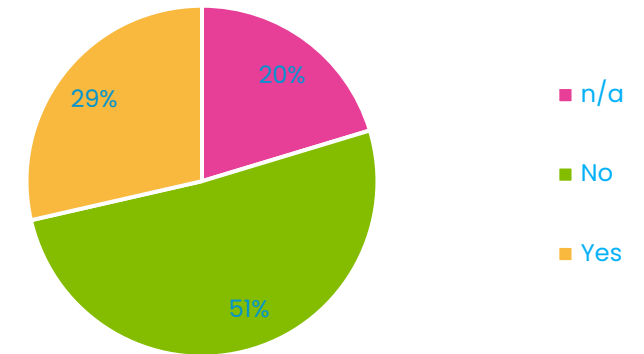
Referrals (cont.)

Followed by the previous questions, our survey explored whether people experienced any delays in getting an appointment and if they were informed about expected waiting times.

Our findings suggest that over half the people, 51% did not experience any delays in getting an appointment whereas, a significant proportion, just below 30% of the total respondents did face a delay. To better understand the nature and perception of these delays, we conducted further analysis of additional comments provided by participants.

Through this qualitative analysis, 24 people expressed disappointment at not being informed about any expected waiting times after being referred. In contrast, 9 people have said they have been told that they was a waiting list, though no definite timeline was provided.

Delay in getting appointment after referral? (n.182)



Single Point of Access (SPA)

Our survey aimed to determine the efficiency of the single point of access (SPA) of Healthy Hounslow in. We explored clients' satisfaction levels with the SPA in two aspects- to use the system or get referred to other HH services and their efficiency in connecting to relevant services or signposting.

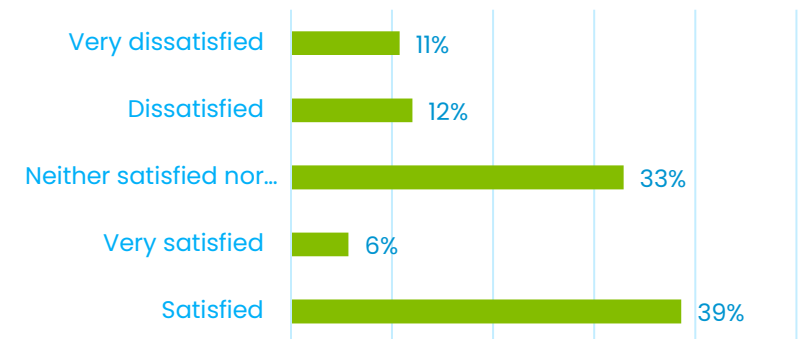
The total number of respondents for both the questions were 158. While majority of the people have expressed a neutral position, nearly 40% expressed a general satisfaction with using SPA- either for their initial referral or when being signposted to other Healthy Hounslow services.

However, greater satisfaction overall was observed, close to 50% for SPA's efficiency in connecting clients to other relevant services. This shows that people are getting the required support needed as they are signposted to relevant services elsewhere.

SPA Satisfaction to use/get referred to other HH services (n.158)



SPA Satisfaction connecting to other relevant services (n.158)



Better Points system

Our survey assessed clients' awareness about BetterPoints rewards system, whether they knew about the different types of rewards offered and if they knew how to use/download the app.

All the respondents answered this question, where majority have stated a "no." with only 27% saying they were informed about the app and its benefits. However, very few people responded "n/a", as they might have not come across this yet.

Some common comments made by the clients are:

"I don't know anything about the app."

"Never heard of it."

"Not aware of this."

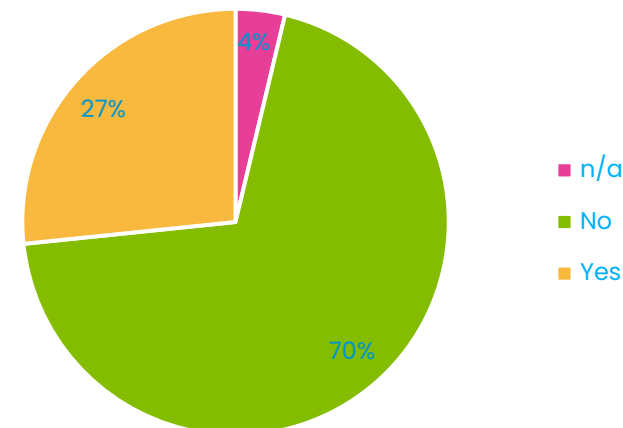
Others:

"I was told about this a few weeks into the programme."

"My smoking advisor might have told me."

"They give rewards; it's a useful app."

Awareness about BetterPoints
(n.214)

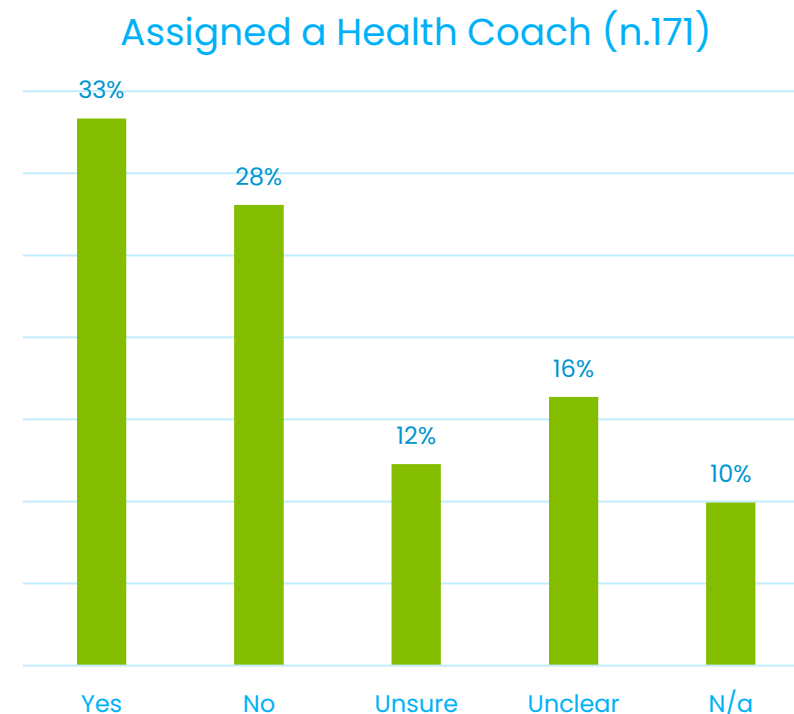


Health Coach

Our survey asked clients to briefly describe their experience with a health coach, if they had been assigned one. Based on their responses, we categorised them as follows: "yes," "no," "unsure," "unclear," and "n/a" regarding whether a health coach was provided for their journey.

The results revealed a near equal split between a definitive "yes" (33%) and "no" (28%) responses, with both categories falling close to the 30% mark. However, 28% of participants were either unsure—likely due to not recalling or not fully understanding who a health coach is—or unclear in their responses.

Additionally, some respondents (n.18) reported that their health coach was the same individual serving as their smoking advisor or gym trainer, specifically within stop-smoking services or exercise referral programs. This reflects a knowledge gap in client understanding, where the distinct roles of a health coach and programme-specific advisors are often conflated.



Health Coach (cont.)

Others who have reported to have been assigned a health coach, have shared a general positive sentiment. Some comments are cited below:

“I was dealing with discrimination on my own. It was very helpful to know that someone cares for you when everyone has been discriminating you. Thank you for being there for me. ”

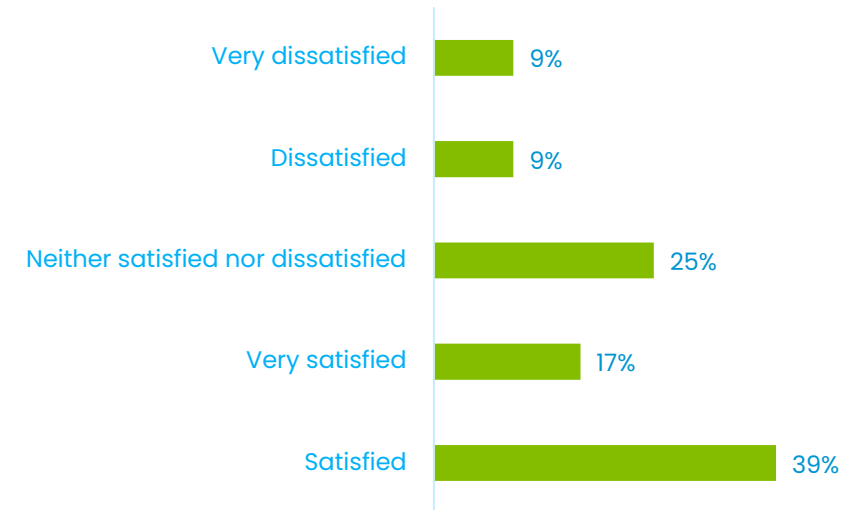
“I didn’t really find them helpful at all as they were like a robot. They only asked the right questions, showed no enthusiasm or real encouragement when I was doing well. Just an ok and move on.”

“I was assigned to Person X who has been very helpful and I wouldn’t have stopped smoking without his advice, help and support .”

“My coach X was very helpful but the bureaucracy of the organisation was failing her at her job. She felt she couldn’t leave me on the machines for an extended duration of time and yet she was of opinion I was to be supervised all the time. This took away from the person centred care. In end I gave up, but I didn’t want to, all because the company policies do cater for a certain few.”

Additionally, while many people hold a neutral opinion, the majority have expressed good satisfaction with their experience with a health coach. Over half, 56% people have said they were satisfied and very satisfied with below 20% sharing dissatisfaction.

Satisfaction level with Health Coach
(n.142)



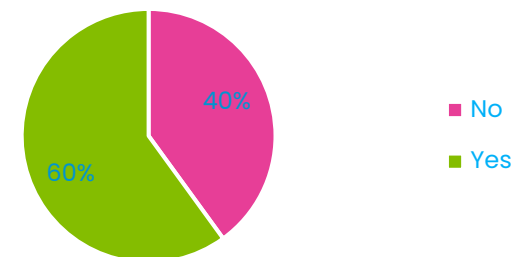
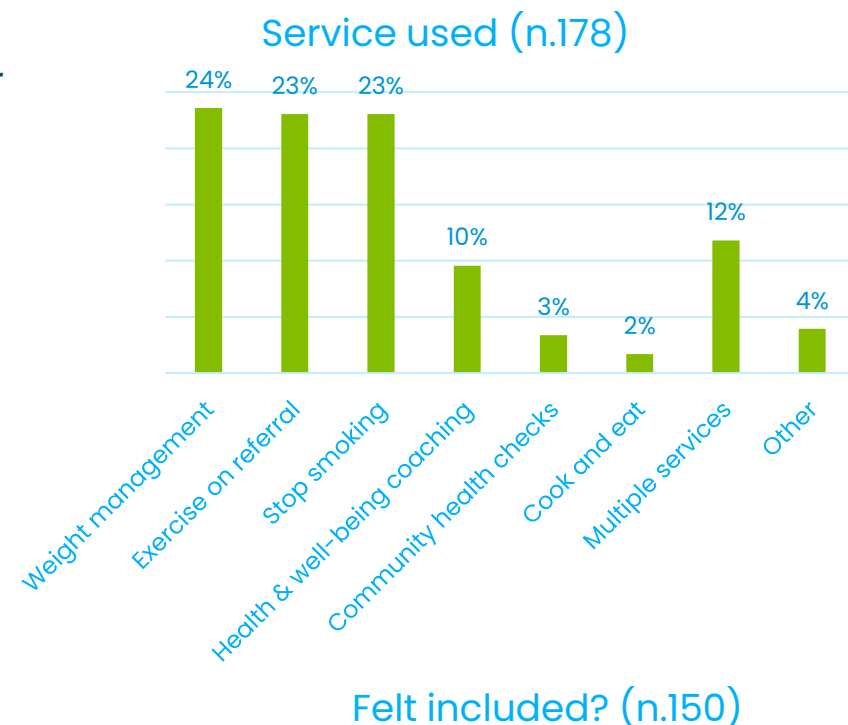
Service enrolment

Our survey aimed to explore the services or programs clients have used or are currently using through Healthy Hounslow.

The results revealed that the most popular services among clients were weight management (24%, provided by Beezee programme), exercise on referral (23%, provided by Lampton Leisure) and the stop smoking service (23%, provided by Morelife). Notably, 12% of respondents (n=21) reported using multiple services.

While only 4% of participants mentioned "other" services, we examined their responses to identify additional programs they had opted for. Some of the mentioned services included physiotherapy, a pre-diabetes course, alcohol recovery, a course on type 2 diabetes, rehabilitation, and others. However, some responses were unclear, as the question allowed for open-ended answers. In several cases, the comments provided lacked sufficient detail or coherence to be meaningfully interpreted.

We also asked clients whether they felt included in the program they were enrolled in and whether their needs and preferences were considered. Although a significant number of people did not answer this question, the overall sentiment was positive, with 60% of respondents answering "yes."



Access to resources, venues/sites

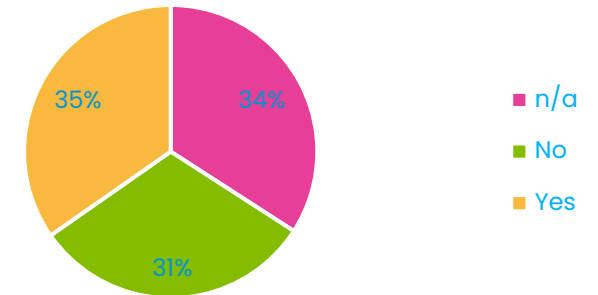
We aimed to understand whether clients have access to resources that are adequate, user-friendly, easy to understand, and compelling/motivating for their programme.

While it might not have been applicable for a lot of respondents, as portrayed by 34% of people. However, the majority of the others have said they do have access to resources (35%). However, upon exploring comments, we have found that many people have said there is too much information and a lot of jargon. Some have also said that they would prefer physical resources, such as promotional materials, information booklets, and course materials (where applicable) than online options.

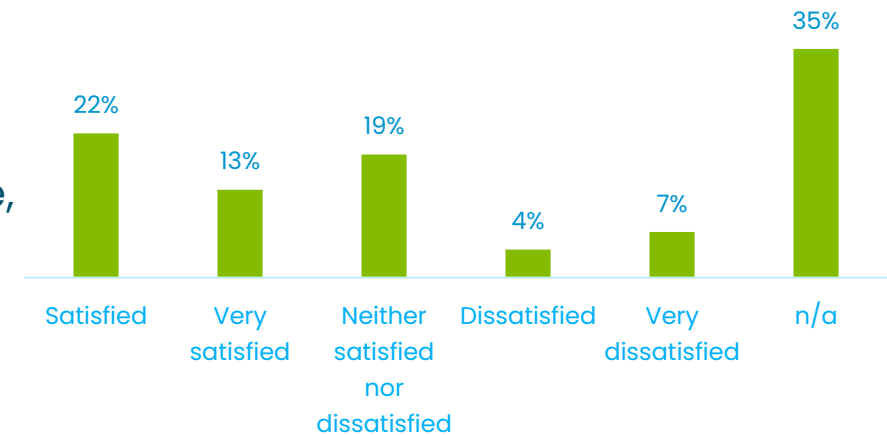
Our survey also enquired about satisfaction levels with the venues/sites where the services are delivered alongside the online and telephone options. The aim was to understand whether these venues are convenient, appropriate and accessible to all users.

With 35% people not choosing to visit any venues/sites of their programme, among those who have visited the service providers' sites, 35% have expressed satisfaction with a minority 11% expressing dissatisfaction. However, no reasons were given by the respondents for expressing their opinions.

Access to resources (n.170)



Satisfaction with venues (n.187)



Missed session policy

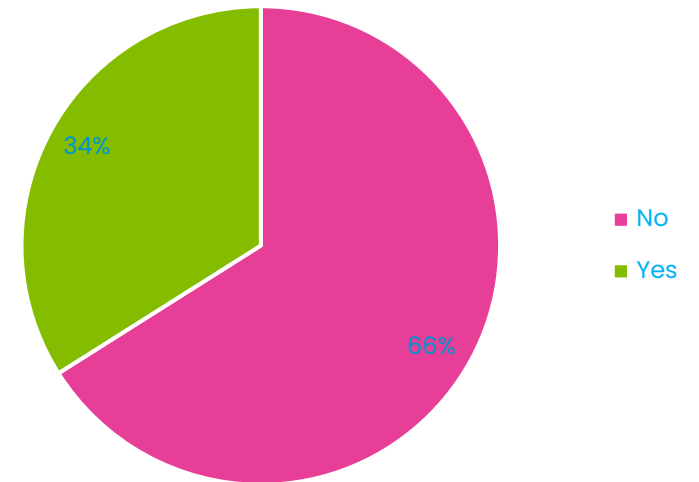
Our survey had a total of 159 respondents for this question, where we explored if people have missed any session. If so, what was the potential reason and if they were aware of any policy when they miss a session.

The majority of the participants have said they have not missed any session, however, a good number of them, 34%, have.

The common reasons for missing a session were: illnesses (multiple), caring responsibilities, and work commitments. Additionally, the majority of the people said they knew what to do if they miss a session. The most common answer was "I can get in touch with my advisor" or, "Let them know earlier". It is noteworthy, that when people say advisor, they mean their smoking advisor from the stop smoking service.

Further analysis of additional comments showed only 5 people have clearly said that they were unaware of what to do if they missed a session. One person reported being asked to go back to their GP for a new exercise referral after missing a session due to illness.

Missed any session? (n.159)

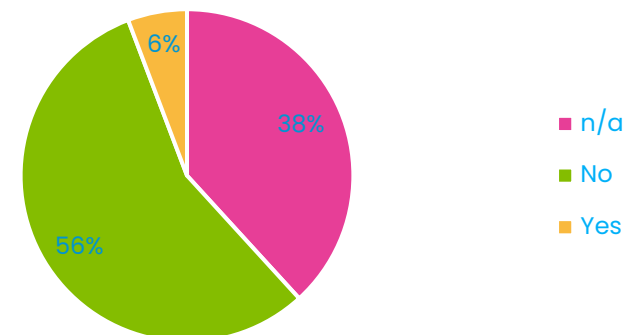


Support club and feedback upon programme completion

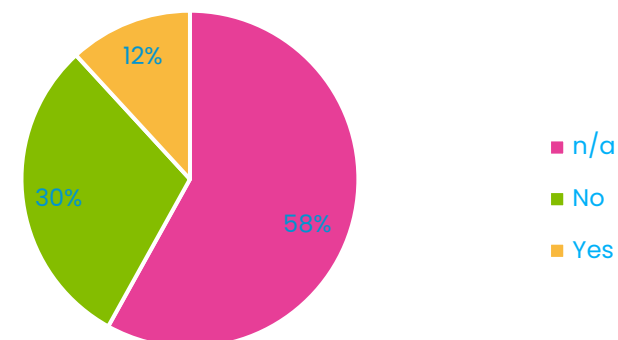
Almost 90% people answered the question where we asked if they were part of any support club after completion of their programme. However, over half the people, 56% have answered “no”. On the other hand, a handful of respondents said “n/a” either because their programme didn’t offer any after completion or they were still actively taking the service. This could be a potential area to explore why people are not opting for any support club when many clearly want to stay connected to the services they have taken.

Although majority of the respondents were still actively part of the programme, those who have completed have either received a feedback form or not. According to our findings, 30% have not been provided with a feedback form and only 12% have. From the responses received, it is evident that there is an existing feedback system in place after completion of the program, for which the organisation needs to explore why is there a discrepancy. Is it that participants are receiving the feedback forms via different modes of communication?

Part of support club? (n.191)



Feedback form provided? (n.186)



6

Clients' experience of the programme



Client experience on joining the programme

We explored what clients mostly enjoyed about the programmes they were enrolled in, how they felt, if they could make any lifestyle changes and encountered any barriers in their journey.

While clients have lots of appreciation, we have categorized them into various themes:

- Support and encouragement: Many valued the support received from their advisors, group chats, and one-on-one coaching. Having someone check in on them provided motivation and accountability.
- Health checks and advise: Via the community health check van in the High Street and elsewhere, several people found full health checks beneficial. They appreciated receiving quick results on BMI, blood pressure, cholesterol, and diabetes tests.
- Group environment and community: Depending on the services, meeting other people in similar situations helped them feel supported and understood, imparting a sense of belonging. Group sessions, webinars, and gym classes were frequently mentioned.
- Education and awareness: Clients learned about healthy eating, portion control, smoking cessation, and different diet options through the most popular services as mentioned in the report earlier. Tailored advice and practical knowledge were well received by the majority.
- Exercise and structure: Many clients enjoyed structured exercises, including gym sessions, swimming, and aquafit. Having a routine and structure were important in maintaining motivation and kept them going.
- Personalised approach: Some people highlighted how their advisor adapted plans based on their progress and needs, making them feel valued.

Client experience on joining the programme (cont.)

How clients felt:

- Positive and motivated: Many clients reported feeling motivated, healthier, and more confident in managing their health. The sense of community and regular check-ins helped maintain their progress.
- Disappointed and frustrated: Some were disappointed due to lack of follow-up, lack of access to certain services (e.g. exercise classes), or receiving incorrect therapy.
- Overwhelmed or unsure: A few clients felt uncertain about the program or had not yet engaged fully. Some expressed feeling lost due to lack of clear guidance.

Overall experience:

The majority found the program beneficial, especially in terms of support, knowledge, and lifestyle changes. However, experiences varied depending on personal needs and service delivery. Some felt their expectations were exceeded, while others struggled due to barriers(refer to the next slide).

Client experience on joining the programme (cont.)

Some of the potential barriers:

- Lack of follow-up: Some felt the program stopped abruptly with no continued support.
- Miscommunication and delays: A few clients experienced delays in responses, referrals, or enrollment, leading to frustration.
- Health and personal limitations: Illnesses or physical conditions (e.g. frozen shoulder, arthritis, anxiety) prevented some from fully participating in exercise programs.
- Inconsistent staff support: Some felt trainers were not always present or engaged enough during gym sessions, which made them confused and conscious at times (for people who required help).
- Incorrect type of support: Some were offered services that didn't match their needs, such as therapy that wasn't suitable.
- Limited access to services: Some were unable to access exercise classes due to cost of the service, scheduling, or availability of trainers.

Client experience on joining the programme (cont.)

Notable comments:

"Meeting other people with similar issues. Expectations exceeded."

"I was disappointed that I did not have access or even a discounted fee for exercise classes. This would have hugely helped my progress."

"I went because I had to, but I needed that. Like an appointment. I did enjoy it and met some nice people."

"Nothing, my time was wasted as I did not meet the criteria for help. I was left feeling more depressed and demotivated."

"Having a coach. It is lonely and depressing managing health problems alone."

"They were really friendly and helpful."

"My expectations weren't met. Nothing particularly, because it didn't seem relevant to what I was looking for."

6

**Suggested
improvements by clients
and any further
comments**



Suggested improvements/Further comments

We have categorized the comments based on the following themes:

Communication issues:

- Clients feel the communication process is impersonal, with advisors forgetting previous discussions.
- There is a need for clearer, more structured communication between service providers, GPs, and clients.
- Long waiting times for responses, with some clients waiting months for contact.
- Clients struggle to reach staff and leave messages.
- Clients want better follow-up after initial referrals and more transparency regarding waiting times.
- Some reported difficulty getting information about programs, expectations, and available services.
- More advertising and promotion are needed, especially for services like Healthy Hounslow and BetterPoints.

Support and personalization:

- Clients desire more personalized support, especially regarding health conditions like severe anxiety, autism, and diabetes.
- There is a demand for more tailored exercise programs, particularly for disabled individuals.

Suggested improvements/Further comments

Support and personalization (cont.):

- Some clients would prefer follow-ups every two weeks rather than monthly to maintain engagement.
- More availability of different service locations and exercise options (e.g., yoga, group classes).
- A request for peer support opportunities during smoking cessation programs.

Programme structure and accessibility:

- Many clients feel the program is too short and should be extended.
- Difficulty booking recurring sessions due to the need to rebook weekly.
- Some clients reported issues with self-referral processes and understanding their next steps.
- Clients suggested the inclusion of gym discounts, social incentives, and more flexibility in services.
- Issues were raised about affordability, particularly regarding gym/swim concessions for low-income individuals.
- Better integration of dietary and exercise support for those with specific medical needs (e.g., menopause weight management).

Suggested improvements/Further comments

Service delivery and staff engagement:

- Clients feel that advisors need better training in communication and remembering client progress.
- Some clients felt staff had preconceived ideas about their ability to use gym facilities (could be due to their anxiety or other issues).
- Concerns about staff shortages, leading to rushed sessions and a lack of availability.
- Some feel the program sounds good in theory but lacks proper execution.

Follow ups and progress tracking:

- Clients feel there should be better tracking of their progress throughout the program.
- Some expressed frustration over not receiving completion certificates (maybe that was expected).
- More structured feedback loops between clients and providers.
- Requests for consistent follow-ups to check progress, rather than just an initial consultation.

Suggested improvements/Further comments

Accessibility and ease of use:

- The online system is difficult to access (clients locked out multiple times).
- Referral processes take too long, impacting engagement.
- Clients want easier access to services without excessive waiting times.
- Some struggled to enroll in programs and seek guidance.

Facilities and cleanliness:

- The gym could be cleaner.
- Issues with the availability of certain facilities.
- Request for improvements to make spaces more welcoming.

6

Appendix

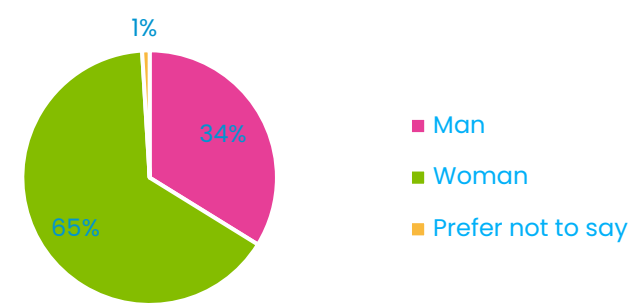


No. of Respondents from the following GP practices

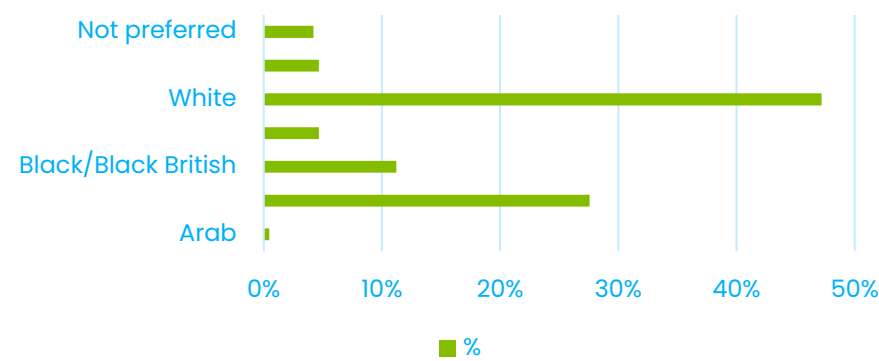
GP practice	Count	Percentage	GP practice	Count	Percentage	GP practice	Count	Percentage
24GPs	1	1%	Feltham Queens Park	4	3%	Kingfisher Practice	4	3%
Albany Practice	7	5%	First care Hounslow	1	1%	Little Park Surgery	4	3%
Bath Road Surgery	3	2%	First Practice Hounslow	1	1%	Maslows park surgery	1	1%
Blue wing surgery	1	1%	Fordbridge Medical Centre	1	1%	Mount medical centre	3	2%
Brentford Family Practice	7	5%	Gill medical	1	1%	Petals gardens	1	1%
Brentford Group Practice	7	5%	Glebe Street surgery	1	1%	Redwood practice	1	1%
Brentford Health Centre	1	1%	Green- bedfont	1	1%	Redwood practice	3	2%
Brentford medical centre	1	1%	Grove park surgery	2	1%	skyways medical centre	1	1%
Carlton Surgery	2	1%	Grove Park Terrace	2	1%	Spring grove medical centre	1	1%
Chestnut practice	3	2%	Grove Village medical centre	3	2%	St. Margaret's Practice	7	5%
Chiswick Health Practice	2	1%	Hatton Medical Practice	1	1%	The Green practice	2	1%
Chiswick heath centre	2	1%	Heart of Hounslow	4	3%	The Medical Centre Cecil Road	2	1%
Chiswick Medical Practice	3	2%	Heston health centre	1	1%	The practice feltham	1	1%
Clifford House Medical Practice	2	1%	Hiyos practice	4	3%	Thornbury road centre for health	6	4%
Clifford Road Surgery	1	1%	HMC Health	3	2%	Wellesley Road	1	1%
Cranford medical centre	2	1%	Holly road surgery	3	2%	West 4 GPs	5	3%
Crosslands Surgery	4	3%	Hounslow Family Practice	3	2%	Willows Practice	8	5%
Hounslow Medical Centre	5	3%	Isleworth practice	2	1%	Jersey Practice	4	3%
Grand Total	147	100.00%						

Survey Respondents

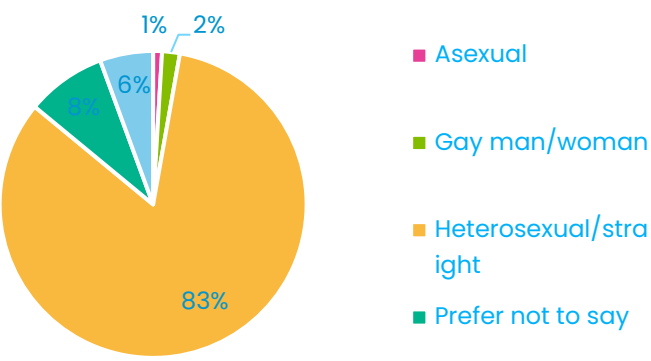
Gender (n.214)



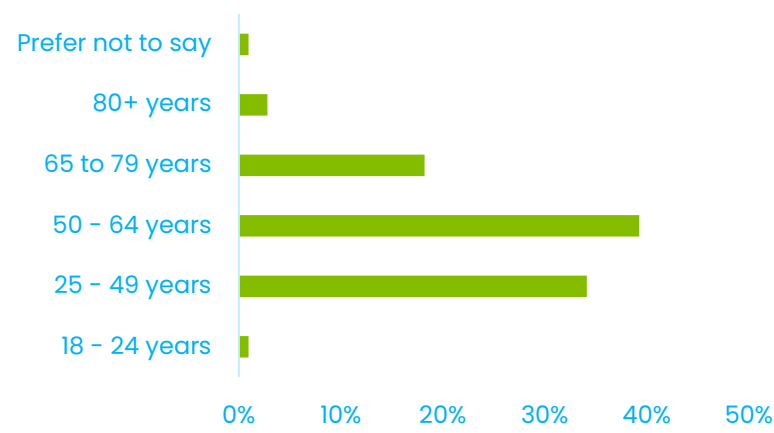
Ethnicity grouped (n.214)



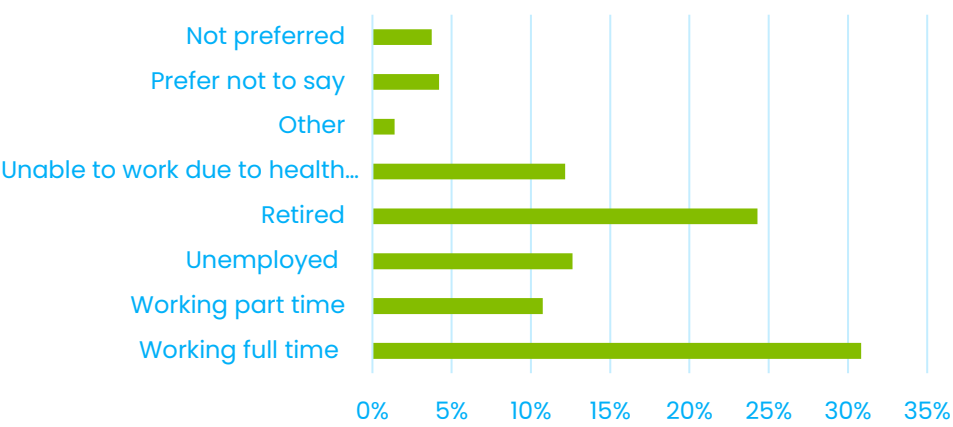
Sexual orientation (n.214)



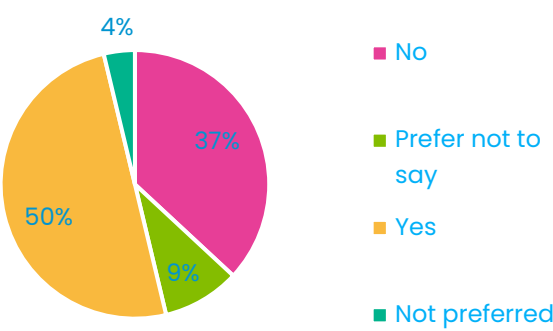
Age (n.214)



Employment status (n.214)

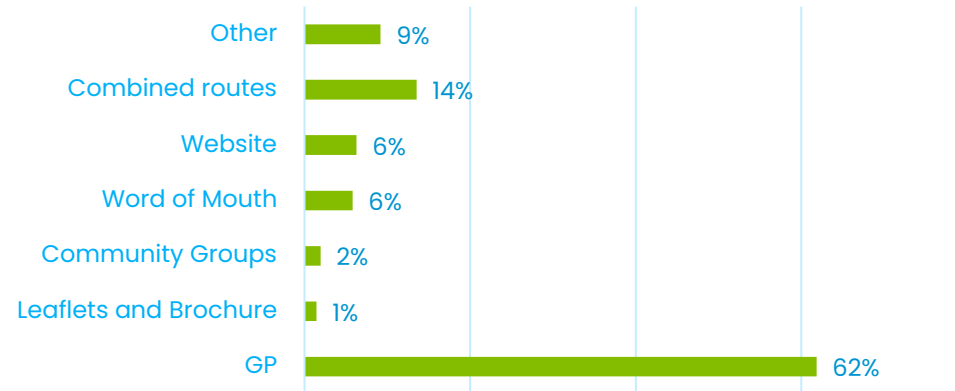


Disability (n.214)

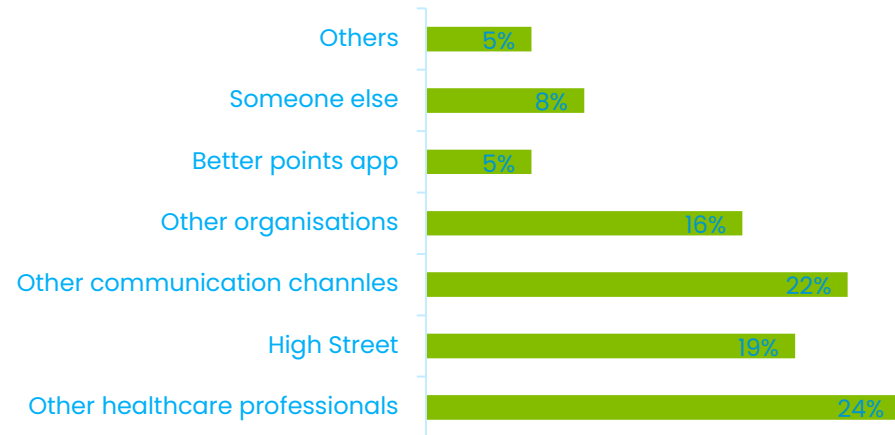


All charts

Medium of awareness (n.207)



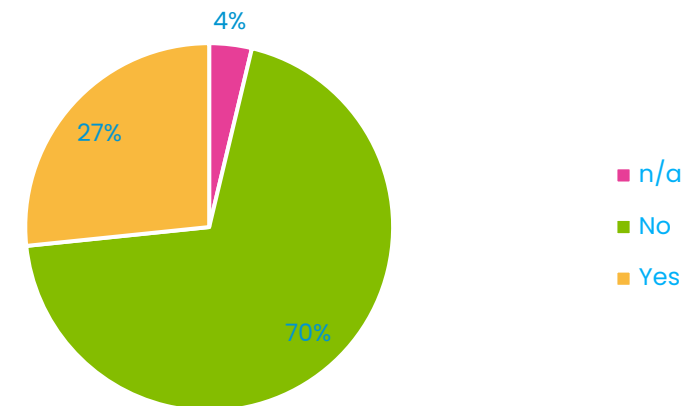
Other sources of awareness (n.37)



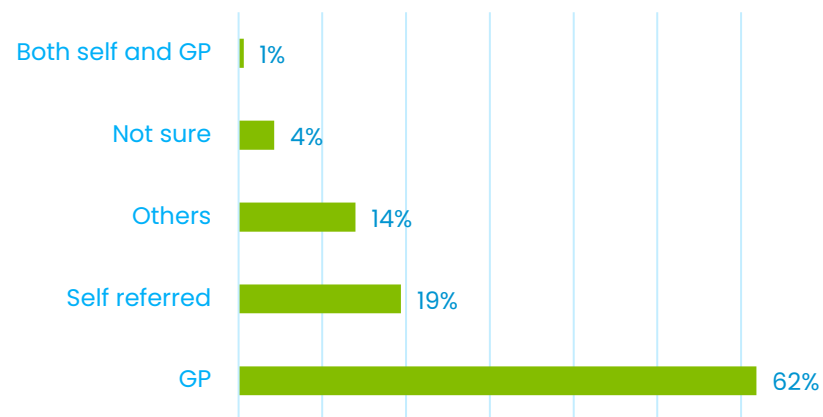
Clarity of information about Healthy Hounslow (n.190)



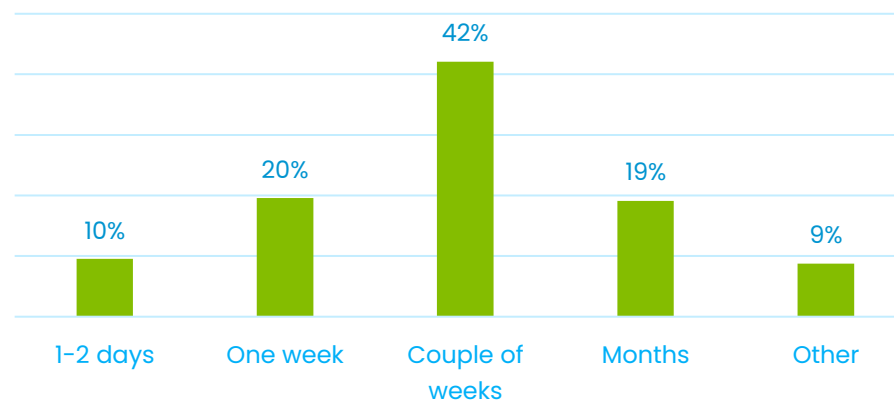
Awareness about BetterPoints (n.214)



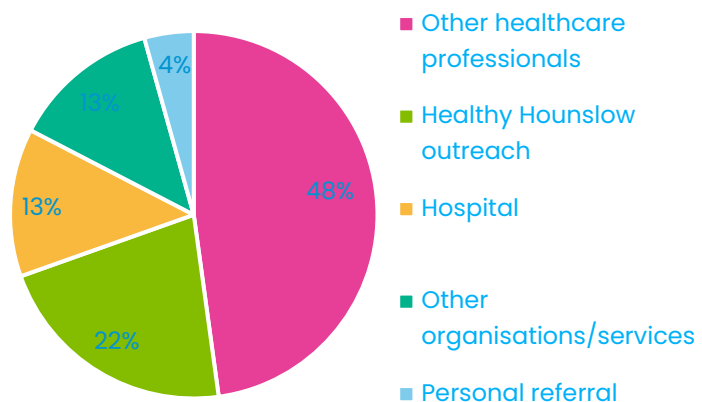
Referred by (n.165)



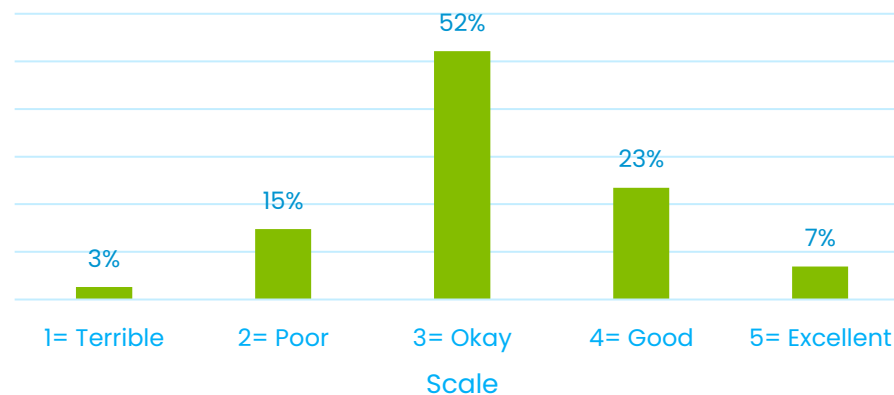
Time taken to get back after referral (n.183)



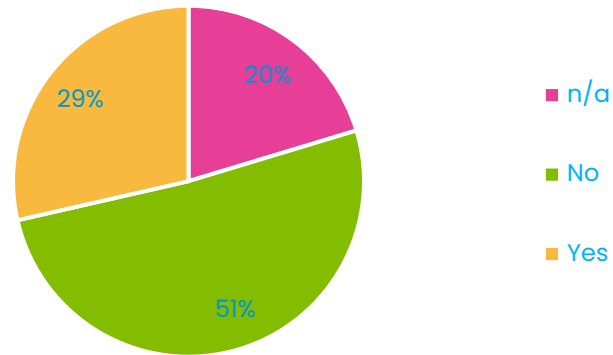
Other sources of referrals (n.23)



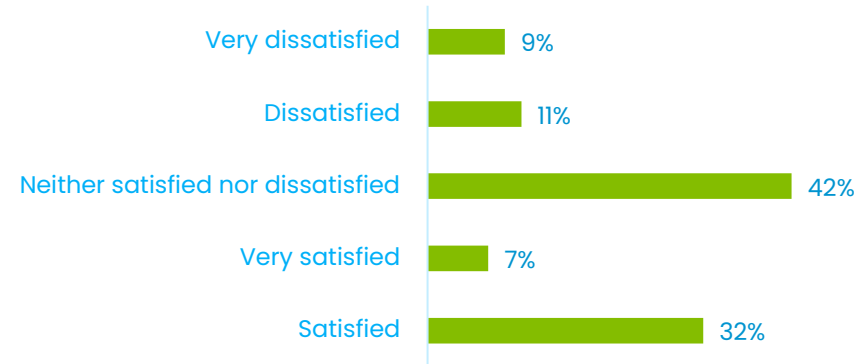
Referral process (n.115)



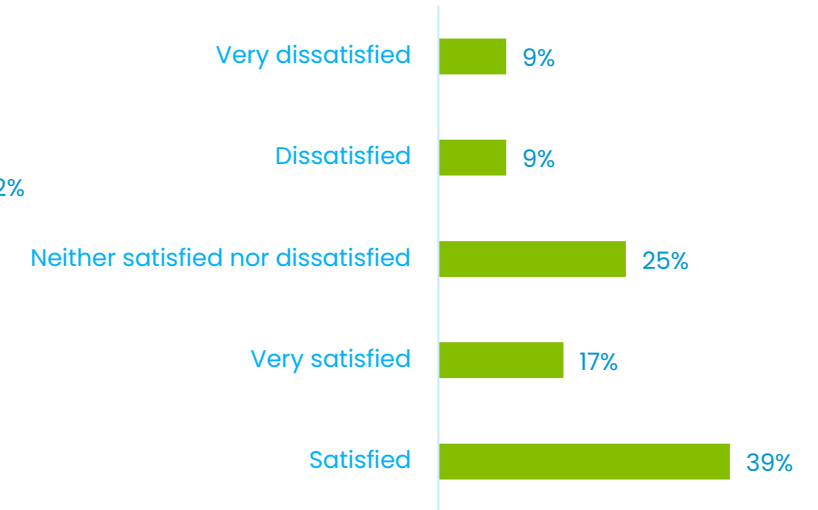
Delay in getting appointment after referral? (n.182)



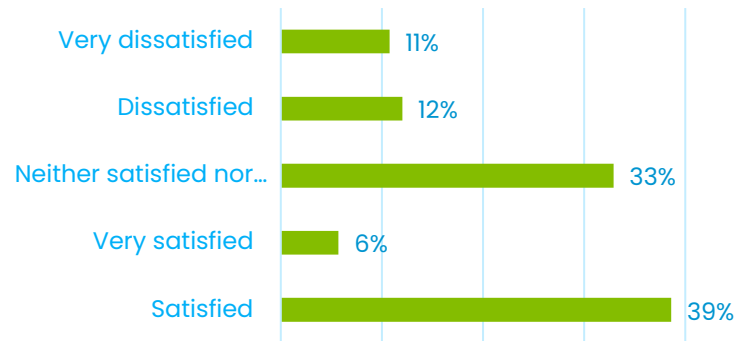
SPA Satisfaction to use/get referred to other HH services (n.158)



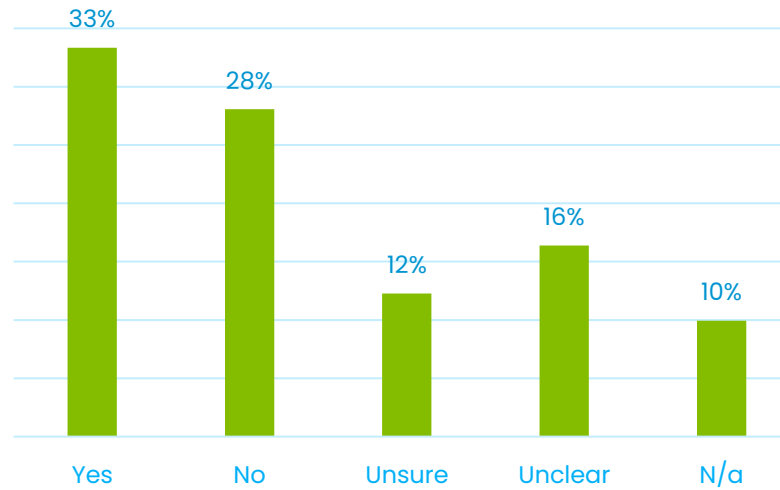
Satisfaction level with Health Coach (n.142)



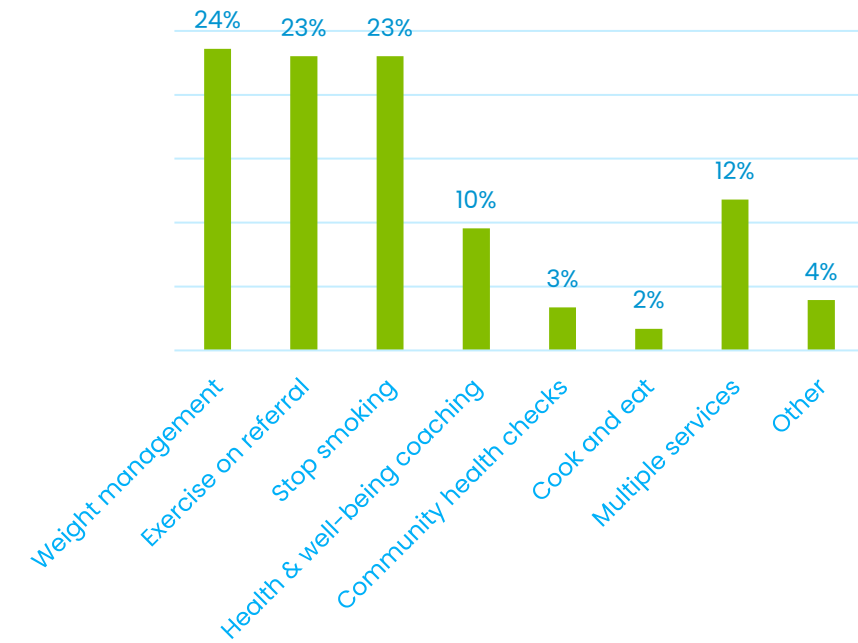
SPA Satisfaction connecting to other relevant services (n.158)



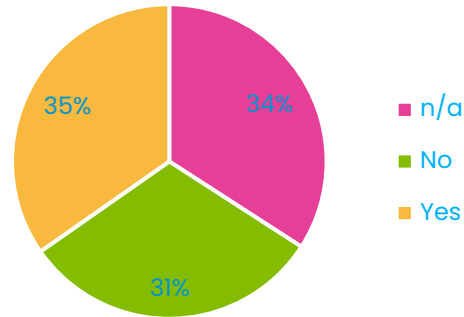
Assigned a Health Coach (n.171)



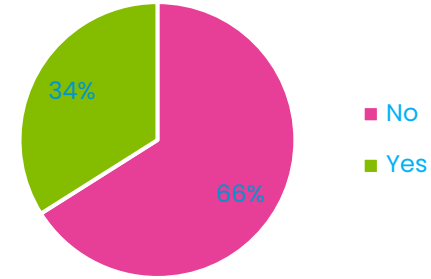
Service used (n.178)



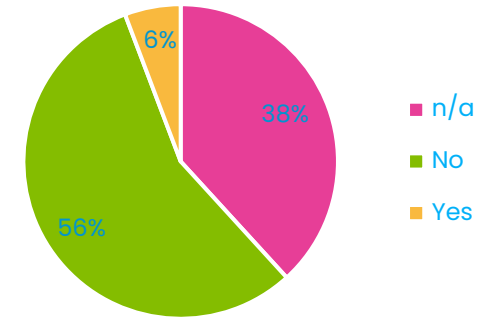
Access to resources (n.170)



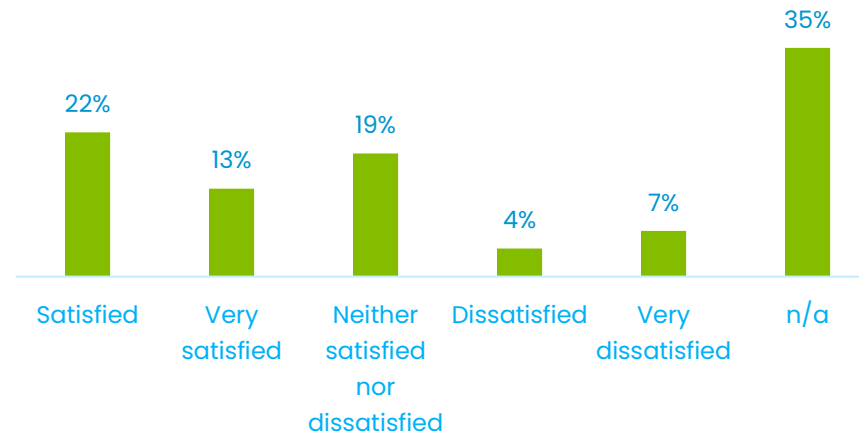
Missed any session? (n.159)



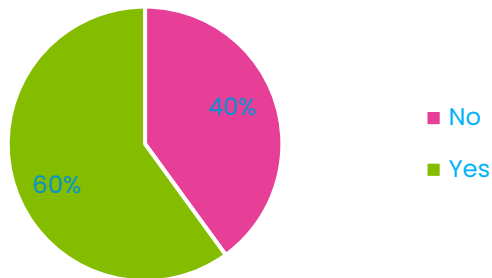
Part of support club? (n.191)



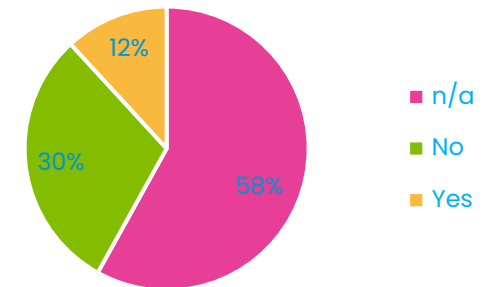
Satisfaction with venues (n.187)



Felt included? (n.150)



Feedback form provided? (n.186)



Demographics

Ethnicity	n.	%
Arab	1	0%
Asian/Asian British: Any other Asian/Asian British background	6	3%
Asian/Asian British: Bangladeshi	2	1%
Asian/Asian British: Chinese	2	1%
Asian/Asian British: Indian	41	20%
Asian/Asian British: Pakistani	8	4%
Black/Black British: African	14	7%
Black/Black British: Any other Black/Black British background	1	0%
Black/Black British: Caribbean	9	4%
Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background	4	2%
Mixed/multiple ethnic groups: Black African and White	4	2%
Mixed/multiple ethnic groups: Black Caribbean and White	2	1%
Prefer not to say	10	5%
White Cymro	1	0%
White: Any other White background	20	10%
White: British/English/Northern Irish/Scottish/Welsh	70	34%
White: Irish	9	4%
White: Roma	1	0%
Not preferred	9	4%
Grand Total	214	100%

Employment	n.	%
Working full time	66	31%
Working part time	23	11%
Unemployed	27	13%
Retired	52	24%
Unable to work due to health issues/disability	26	12%
Other	3	1%
Prefer not to say	9	4%
Not preferred	8	4%
Grand Total	214	100%

Pregnancy	n.	%
No	75	35%
Not relevant	113	53%
Given birth recently	1	0%
Prefer not to say	7	3%
Not preferred	18	8%
Grand Total	214	100%



Thank you

