



# Warrington Adult Health and Wellbeing Survey 2023 Access to Health Services Report



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Warrington Borough Council Public Health Knowledge and Intelligence Team

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## Executive summary

This report contains findings from the 2023 Health and Wellbeing Survey and provides information on respondents' access to and experience of health services, including GP practices, A&E departments and dental practices.

In the following text, 'Quintile 1' relates to the most socio-economically deprived areas of Warrington and 'Quintile 5' the least deprived areas.

### Access to GP services

Around 80% of respondents reported having used GP services in the past 12 months. This was more common in women, and in older respondents, but showed no straightforward pattern by deprivation.

### Methods of booking appointments at GP practice

Of those who had used GP services, the most common methods of making appointments were: two-thirds by phone, almost half through an online booking system, and a quarter in person. Those aged 65+ were more likely to report booking GP appointments in person or by phone, whilst those aged 18-39 were more likely to report booking appointments online, through an App, or via another route such as NHS 111.

### Experience of booking a GP appointment

Almost half of respondents (45%) reported that their experience of booking an appointment had been good or very good, but more than 1 in 3 (37%) reported it had been fairly poor or very poor.

### Difficulty making a GP appointment

Around 80% said they had needed to use a GP service in the past year. Of those:

- The most commonly reported barriers were: all appointments taken by first thing in the morning (40%); being unable to get through on the phone (31%); being unable to get a face-to-face appointment (20%); the GP practice only using an online booking system (12%); and being unable to get an appointment with the person that the respondent wanted to see (9%).
- Women were significantly more likely than men to report that all appointments were taken by first thing in the morning, being unable to get through on the phone, and being unable to have a face-to-face appointment. Respondents aged 65+ were significantly more likely to report being unable to get through on the phone, unable to have a face-to-face appointment, and unable to get an appointment with the person they wanted to see compared to Warrington overall.

### Experience of appointments at GP practice in the past year

- 72% had seen a GP/doctor, of whom, 75% were satisfied and 12% dissatisfied.
- 69% had seen a nurse, practice nurse, or nursing associate, of whom 83% were satisfied and 7% dissatisfied.
- 42% had seen a pharmacist, of whom 73% were satisfied and 12% dissatisfied.
- Relatively low proportions of respondents had seen a mental health professional (19%), a physiotherapist (19%), a health and wellbeing coach (15%), a social prescribing link worker (15%), or a paramedic (13%). Of respondents who had had appointments with these health professionals, between 50% and 60% were satisfied and between 15% and 20% were dissatisfied.

## **Use of GP practice online services**

Around 80% reported needing to use a GP service (whether online or not) in the past year.

- Of these, the following proportions of respondents used online services to: order repeat prescriptions (53%); book appointments (41%); seek medical advice (24%); and access their medical records (19%). There were large differences by age-band; respondents aged 65+ were much more likely to book repeat prescriptions online, but much less likely to book appointments, seek medical advice, or access medical records using GP online services than those aged 18-39.
- However, some said they had not used online services because: they preferred to contact their practice by phone or in person (15%); they didn't know these services were available (6%); and they didn't have internet access (1%).

## **Methods of accessing health services, advice or information**

Amongst those who had accessed health services, advice or information at least once in the past year, the most common methods reported for doing so were: a face to face appointment with a GP/clinician at a GP practice (59%); a visit to a pharmacy (59%); a telephone consultation with GP/clinician at a GP practice (53%); an app (41%); an online booking system (32%).

## **Advice on minor ailments**

- Around two-thirds of respondents (68%) reported having needed to seek advice on minor ailments for themselves or their family in the last 12 months, with women (75%) much more likely to report this than men (62%).
- The most frequently reported methods for seeking advice were: 54% had visited a pharmacy, 37% looked online, 24% used e-Consult, 21% had a face-to-face appointment with a GP or clinician, 20% had a phone consultation with a GP or clinician. However around 1 in 12 said they visited A&E for advice on a minor ailment.
- Those aged 18-39 were more likely to report using e-consult, an App, looking online, visiting a walk-in centre or contacting NHS 111 online or by phone than those aged 65+. Respondents aged 65+ were more likely to report having a phone or face to face appointment with their GP.

## **Accessing immediate medical attention**

To access immediate medical attention, 41% said they had visited a pharmacy, 27% visited A&E, 23% contacted NHS 111 by phone or online, 19% visited a walk-in centre and 10% called 999, at least once in the last 12 months.

Women were more likely than men to report each option. By age-band, there was little difference in the proportion calling 999 and visiting A&E, but visiting a pharmacy, visiting a walk-in centre, and contacting the NHS 111 phone/online service was most common in those aged 18-39, and least common in those aged 65+.

## **A&E attendance**

Around 30% of respondents said they had attended A&E in the last 12 months. Of these:

- The most commonly reported reasons for doing so were: because it was a medical emergency needing urgent treatment e.g. an accident or serious incident (44%), they were told to attend by 999/NHS 111 (25%), they were told to attend by a GP (19%), and they had been taken there in an ambulance (17%).

- However, 10% said they went to A&E because they couldn't get an appointment with their GP, 9% said because they knew they would be seen and treated there, and 7% said they didn't know where else to go.
- Men (46%) were more likely than women (41%) to report attending A&E due to a medical emergency needing urgent treatment, but women (29%) were more likely than men (21%) to say they had been told to attend by 999/NHS 111. Respondents aged 65+ were more likely to say they had attended A&E because their GP had told them to (24%), or that they had been taken in an ambulance (21%). Those aged 18-39 were more likely to say it was because they had been told to attend A&E by 999/NHS 111.

### **Dental care arrangements and last dental checkup**

- Three quarters of respondents reported having some form of dental provision, with over half (54%) registered with an NHS dentist, 14% with a private dentist through choice and 10% with a private dentist because they were unable to find an NHS dentist.
- Men (75%) were less likely than women (80%) to have some form of dental provision. It was much less common in those aged 18-39 (71%) compared to those aged 65+ (85%), and much less common in deprived areas, with only 65% in Quintile 1 compared to 84% in Quintile 5.
- Being registered with an NHS dentist was more common in women and in older respondents. It was significantly lower in those aged 18-39 living in Quintiles 1 and 2 (only around 45%).
- Almost 1 in 4 (23%) respondents did not have any form of dental provision. Reasons given included: being unable to find an NHS dentist accepting new patients (13%), not wanting or needing to be registered (4%) and being unable to afford treatment (3%).
- More than 1 in 5 reported their last dental check-up was more than 2 years ago. This was significantly higher in the 18-39 age-band (28%), and significantly lower in those aged 65+ (17%). The proportion in the most deprived areas (30%) was almost double that in the least deprived (17%).

### **Hearing**

- Nearly three-quarters (72%) of respondents reported having had no problems with their hearing, 9% had hearing problems that had been treated, and 5% had attended an assessment for their hearing problems.
- The proportion who said they had no hearing problems was significantly higher in women (74%) than men (69%), and in those aged 18-39 (83%) compared to those aged 65+ (54%). In those aged 65+, a significantly higher proportion of women (60%) than men (46%) reported no hearing problems.
- However, 1 in 9 (11%) reported having had problems with their hearing but not having sought advice or help. This was more common in men than women, and in those aged 40+.

### **Warrington Hospital potential improvements if funding available**

- Respondents were asked '*If Warrington and Halton Teaching Hospitals NHS Foundation Trust receive funding for a new hospital what do you think would have the greatest positive impact on patients and local community?*' and could select up to three options.
- The three most common options chosen were ease of access including car parking, public transport and active travel (81%), delivery of local care where possible (52%), and locating the hospital in a central location (50%). A significantly higher proportion of those aged 65+ chose these three options.
- Much lower proportions cited more single rooms for patients (24%), bigger wards so patients have more space (16%), improved catering facilities (14%) and improved access to green space for patients

(12%). Those aged 18-39 were more likely to choose more green space, improved catering facilities, bigger wards, and more single rooms.

## Introduction

A comprehensive, large-scale survey of adults in Warrington was undertaken during April-June 2023. The topics explored in the survey cover a wide range of factors that are known to impact on an individual's health and wellbeing. The information which is gathered through these population surveys has proved valuable in understanding and describing health-related behaviour and identifying health inequalities within Warrington. Previous surveys were completed in 2001, 2006 and 2013.

Invitation letters were posted to a named sample of adults (aged 18+ years) living within the Warrington borough boundary, selected by age, gender and postcode to reflect the population profile. In total, 4,932 returns were received<sup>1</sup>. This enables analysis to be undertaken by different population subgroups, for example by gender, age-band and socio-economic deprivation quintile<sup>2</sup>. Figure 1 presents the distribution of deprivation across Warrington.

The survey questions have been grouped into topic areas under five broad themes:

- General health and health related behaviour
- Emotional health and wellbeing
- Finances, cost of living and employment
- Home, neighbourhood and communities
- Access to health services

This fourth report contains analysis of questions on home, neighbourhood and communities. A subsequent report will be produced with analysis of health service access and experience.

In terms of gender, topics were only analysed separately for men and women. The small number of respondents who identified themselves as transgender, non-binary, preferred not to say, or other, were insufficient to produce robust statistical analysis for each group. Therefore, analysis shows Men, Women and Persons; responses from people who identified as transgender, non-binary, preferred not to say or other, are included in results for Persons.

Analysis by ethnicity has not been undertaken because the number of respondents in each ethnic community other than White, were insufficient to produce robust statistical analysis for each group.

Appendix A outlines information on the demographics of respondents, including age, gender, ethnicity, and socio-economic deprivation.

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<sup>1</sup> To make the analysis representative of the Warrington population, responses were weighted to account for different response rates in sub-groups of the population. The subgroups were defined by age-band, gender and deprivation quintile.

<sup>2</sup> Deprivation quintiles are derived based on the national ranking of the Lower Level Super Output Areas in Warrington, using the Indices of Multiple Deprivation 2019. 'Quintile 1' relates to those local areas in Warrington that fall within the most deprived 20% in England, 'Quintile 5' is those areas falling within the least deprived 20% of areas in England. [English indices of deprivation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019)



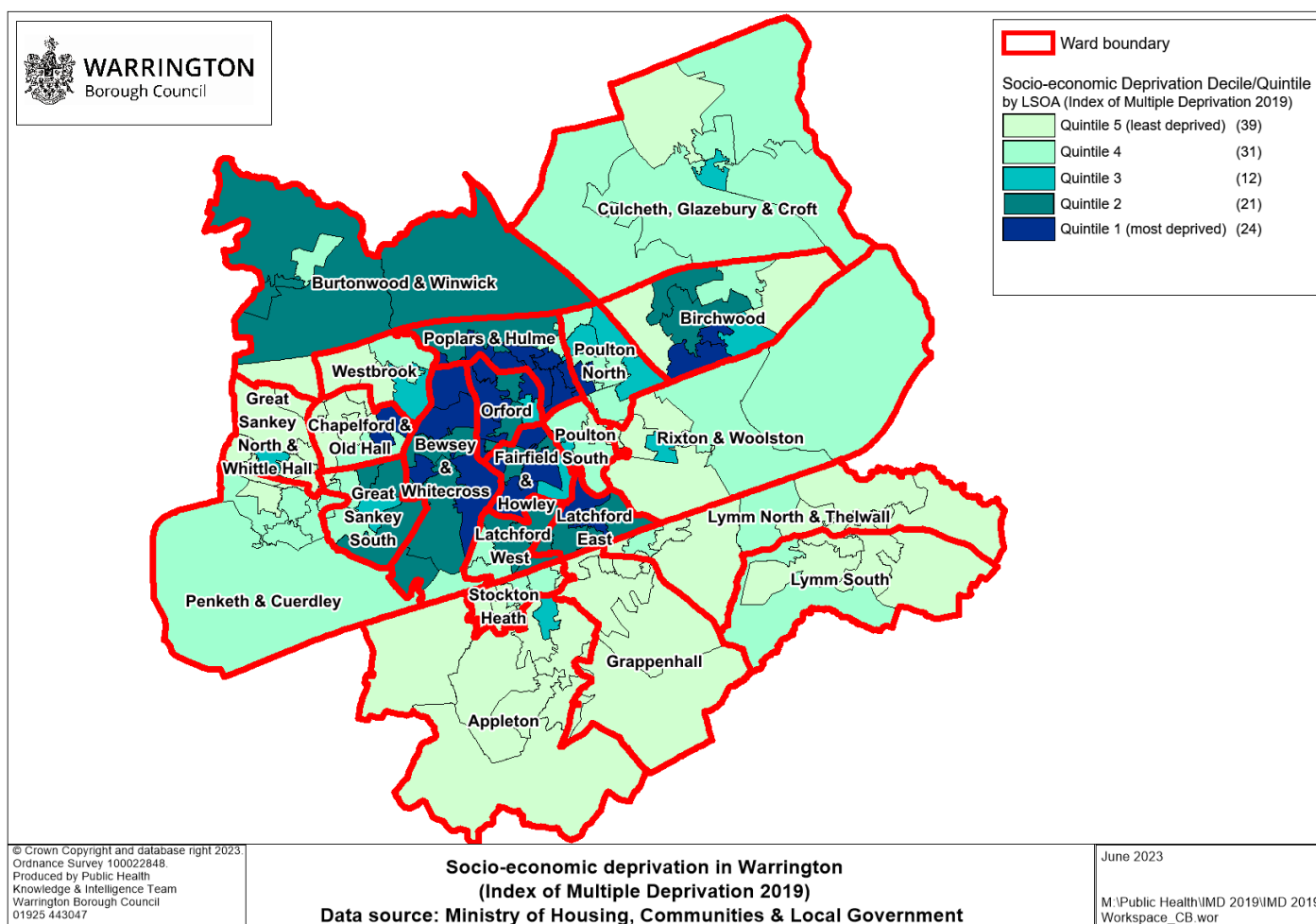
The Warrington Health and Wellbeing Survey is a bespoke, local resource that specifically looks at inequalities within Warrington. Although some of the questions used in this survey are also used in national surveys, the way in which they have been analysed may be different. Sometimes when national comparators are available, they have been included in the text to provide a national context. However, please interpret these with caution as it may not be possible to directly compare results from the Warrington Health and Wellbeing Survey with national data.

## Socio-economic deprivation in Warrington

Socio-economic deprivation is a major determinant of health and wellbeing. It covers a broad range of issues, not merely financial. The English Indices of Deprivation cover seven 'domains'; Income, Employment, Health and Disability, Education, Barriers to Housing and Services, Crime, and Living Environment. The overall Index of Multiple Deprivation 2019 (IMD 2019) is an aggregation of these seven domains. Detailed analysis of deprivation across Warrington is available in the Warrington JSNA<sup>3</sup>.

As shown in Figure 1, the more socio-economically deprived areas of Warrington borough tend to be located in the middle of the borough, with the outskirts being less deprived. The exceptions are areas within Birchwood ward in East Warrington and areas within Burtonwood and Winwick ward in North-West Warrington. See Appendix A for number of respondents by deprivation quintile.

**Figure 1: Map of Warrington Indices of Deprivation 2019 by Lower Super Output Area**



<sup>3</sup> [warrington 2019 deprivation profile report.pdf](#)

## How to read the charts

Several charts in this report follow the layout below. Smoking prevalence in Figure 2 below is used as an example. It can be viewed as three charts in one; the one on the left shows differences between men/women/persons, the middle one shows differences between men/women/persons in each deprivation quintile, and the one on the right shows differences between men/women/persons in each age-band. Topic by topic, different patterns are seen in men/women/persons, deprivation and age-band.

### Left hand section (GENDER)

- Across Warrington as a whole, 6.0% of women (orange bar), 7.9% of men (yellow bar), and 7.1% of persons (purple bar), were current smokers in 2023.

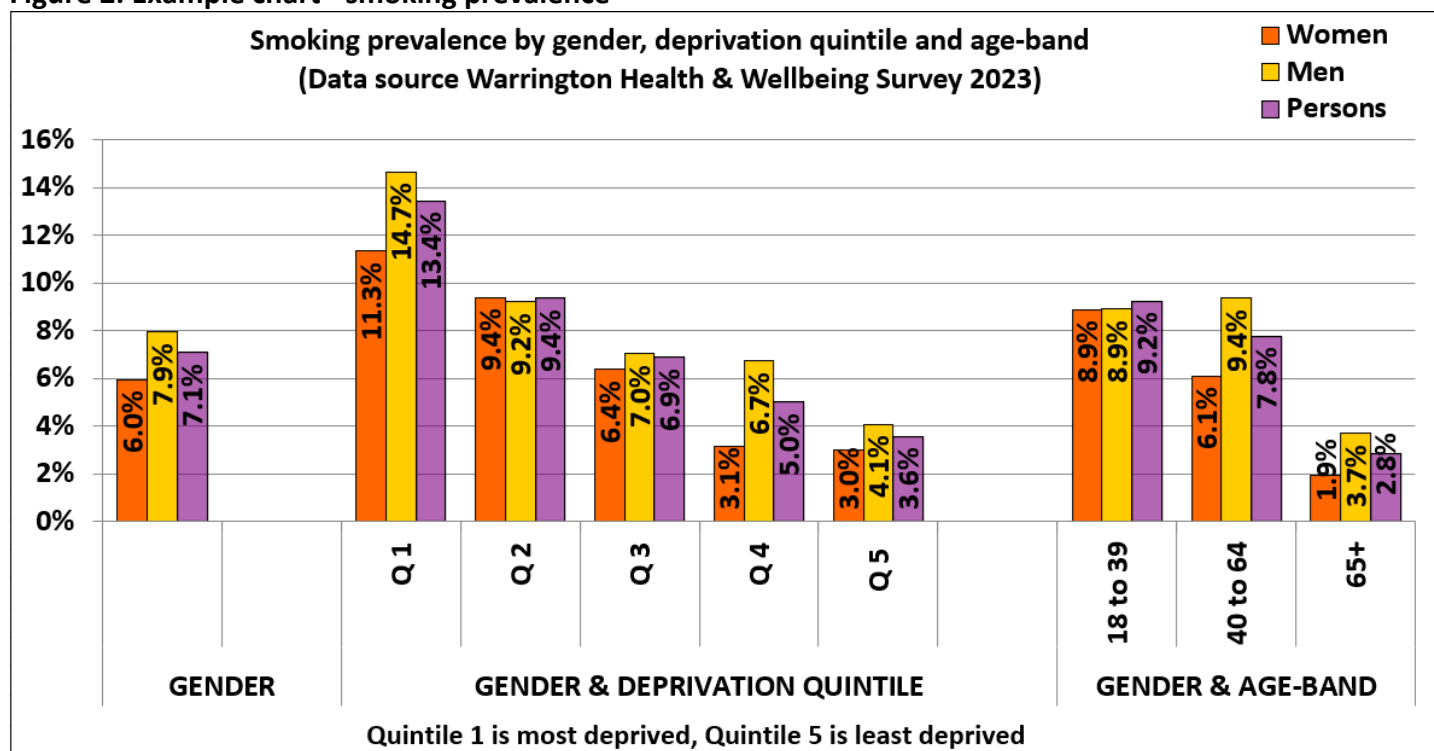
### Middle section (GENDER AND DEPRIVATION)

- A very strong link with deprivation can be seen in men, women and persons, with much higher prevalence in the more deprived areas.
- Persons (purple bars) show a straightforward gradient from Quintile 1 (13.4%) down to Quintile 5 (3.6%). Men (yellow bars) also show a fairly straightforward slope from Quintile 1 (14.7%) down to Quintile 5 (4.1%). Women (orange bars) show a slope from Quintile 1 (11.3%) down to Quintile 4 (3.1%), but it hardly reduces further in Quintile 5 (3.0%).

### Right hand section (GENDER AND AGE-BAND)

- In persons (purple bars), prevalence reduces by age-band, from 9.2% in 18-39 year-olds, to 7.8% in 40-64 year-olds, to only 2.8% in those aged 65+.
- In 18-39 year-olds, prevalence in men and women is the same (8.9%), but in 40-64 year-olds and those aged 65+, it is higher in men than women.
- Note that usually in each group of 3 bars, the prevalence figure of persons is roughly halfway between men and women. However, in 18-39 year-olds, prevalence for persons (9.2%) is slightly higher than men and women (8.9%). This is because prevalence is very high in respondents who don't identify as male or female, and who are included only in prevalence for persons.

Figure 2: Example chart - smoking prevalence



# Access to GP services

## Methods of booking appointments at GP practice

Respondents were asked 'In the past 12 months, have you booked appointments at your GP practice in any of the following ways?'. Respondents could select as many responses as were applicable from the following options: 'In person at the GP practice', 'Through an online booking system', 'By phone', 'By automated telephone booking', 'Via an App', 'Via another route, such as NHS 111', 'None- I haven't needed to use any general practice services'.

Around a fifth (22.6%)<sup>4</sup> reported not having used GP services in the past 12 months. This was more commonly reported in men (28.9%) than women (16.5%), and in younger respondents (33.2% of 18-39 year-olds, 19.0% of 40-64 year-olds and 14.3% of those aged 65+). There was no straightforward pattern by deprivation.

Of the 3,567 who *had* accessed GP services, the most commonly reported methods of making appointments were: by phone (68.2%), through an online booking system (37.5%) and in person (27.0%). Lower proportions of respondents reported booking via an app (4.6%), by automated telephone booking (1.3%) and via another route such as NHS 111 (5.4%). The proportions using each booking method is shown in **Table 1**, split by age-band. In general, there was little difference between men and women, and no clear pattern with deprivation was seen. However, older respondents (aged 65+) were more likely to report booking GP appointments in person or by phone, whilst younger respondents (aged 18-39) were more likely to report booking appointments online, through an App, or via another route such as NHS 111.

**Table 1. Method of booking appointments at GP practice by age-band.**

Method of booking appointment at GP practice (of 3,567 valid responses)	Age-band			All
	18 to 39	40 to 64	65+	
By phone	66.1%	65.5%	75.3%	68.2%
Through an online booking system	45.9%	41.0%	22.6%	37.5%
In person	19.8%	28.0%	33.2%	27.0%
Via another route such as NHS 111	7.4%	5.1%	3.8%	5.4%
Via an App	5.6%	4.6%	3.6%	4.6%
By automated telephone booking	1.2%	1.3%	1.5%	1.3%

## Booked GP appointments by phone

This was the most common method of booking GP appointments, reported by two-thirds (68.2%) of respondents, with similar proportions of men (67.7%) and women (68.9%). A higher proportion of respondents aged 65+ reported booking by phone (75.3%) compared to respondents aged 18-39 and 40-64

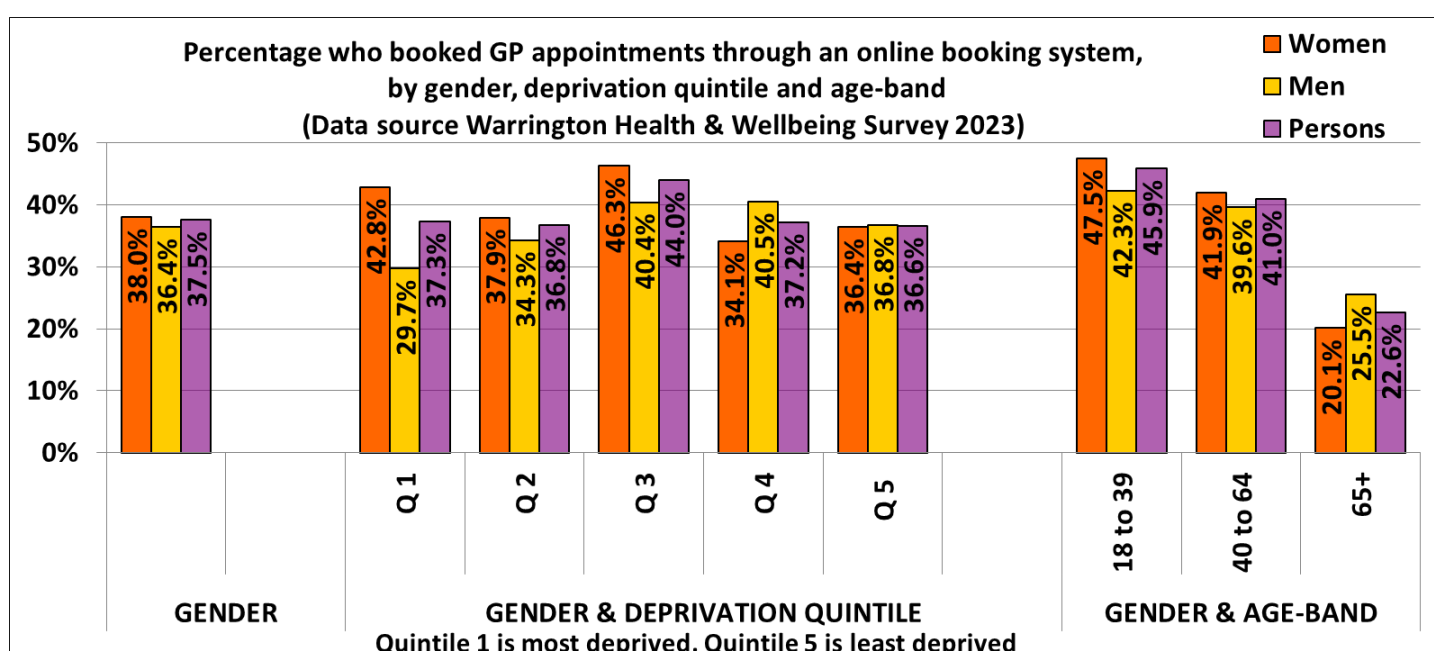
<sup>4</sup> In this question on methods of booking an appointment, 22.6% reported that they hadn't booked an appointment in the last 12 months. In a subsequent question on experience of making an appointment, a slightly lower proportion (19.0%) reported that they hadn't booked an appointment in the last 12 months. In both questions, the same patterns were seen between men and women, and between age-bands.

(both around 66%). There was no clear pattern by deprivation, ranging from 63.5% in Quintile 2 to 70.7% in Quintile 5.

### Booked GP appointments through an online booking system

- Overall, 37.5% respondents reported booking GP appointments through an online booking system, with similar proportions in men (36.4%) and women (38.0%).
- The proportion decreased with age; 45.9% of 18-39 year-olds, 41.0% of 40-64 year-olds and 22.6% of those aged 65+.
- There was no clear pattern by deprivation, ranging from 36.6% in Quintile 5 to 44.0% in Quintile 3. A much higher proportion of women in Quintile 1 (42.8%) than men (29.7%) reported booking appointments online.

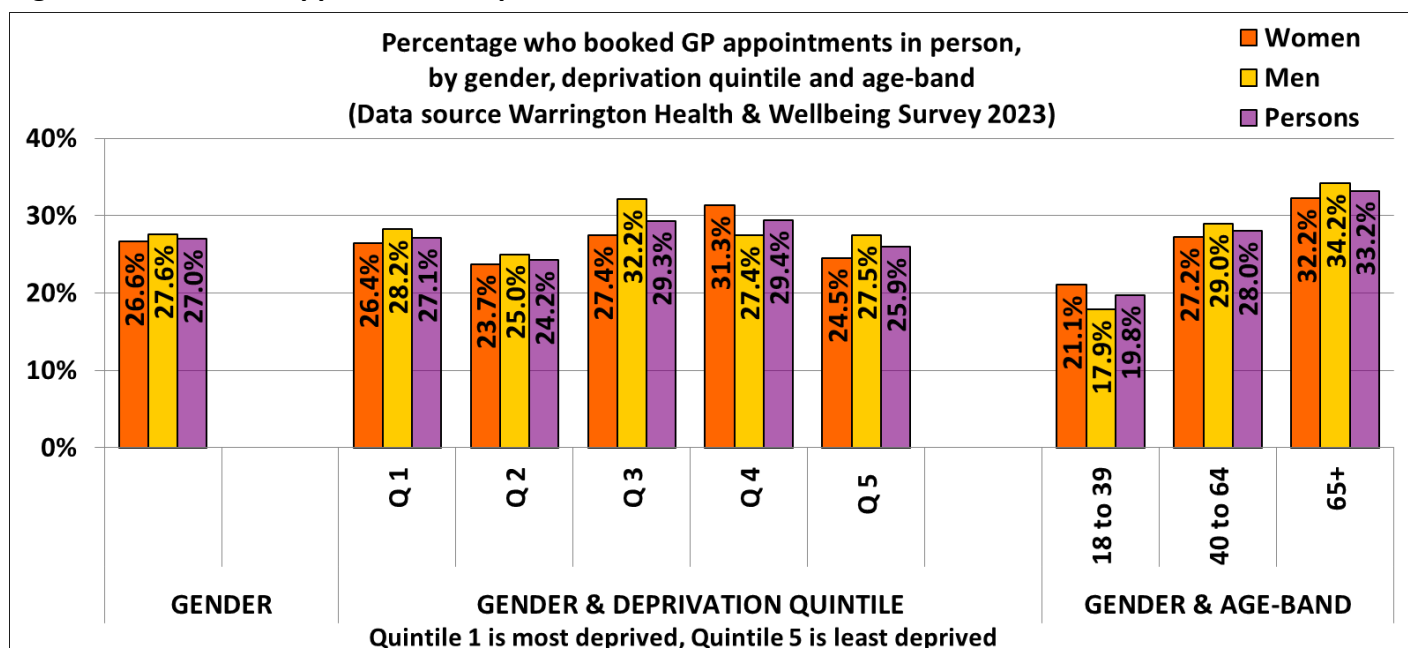
Figure 3. Booked GP appointment through an online booking system.



### Booked GP appointments in person

- Overall, 27.0% respondents reported booking GP appointments in person, with little difference between men (27.6%) and women (26.6%).
- The proportion using this method increased by age-band, from 19.8% of 18-39 year-olds, rising to 28.0% of 40-64 year-olds and 33.2% of those aged 65+.
- There was no clear pattern by deprivation, ranging from 24.2% in Quintile 2 to 29.4% in Quintile 4.

Figure 4. Booked GP appointment in person.



## Booked GP appointments via other methods

- **Almost 1 in 20 (4.6%) respondents reported booking via an App.** This was slightly higher in men (5.8%) than women (3.6%), and decreased with age-band from 5.6% of 18-39 year-olds to 4.6% of 40-64 year-olds, and 3.6% of those aged 65+. The proportion was higher in more deprived areas, ranging from 8.3% in Quintile 1 to 3.2% in Quintile 5.
- **Only 1.3% of respondents reported booking by automated telephone booking.** Due to the small numbers, no further analysis was conducted.
- **Around 1 in 20 (5.4%) respondents reported booking via another route such as NHS 111.** There was little difference between men (5.0%) and women (5.8%). The proportion reduced slightly by age-band, from 7.4% of 18-39 year-olds, to 5.1% of 40-64 year-olds and 3.8% of respondents aged 65+. The proportion was slightly lower in Quintile 5 (3.9%) than all other quintiles (all around 6%).

## Experience of booking a GP appointment

Respondents were asked 'Generally, over the last 12 months, how would you describe your experience of making appointments at your GP practice?' with responses 'very good', 'fairly good', 'neither good nor poor', 'fairly poor', 'very poor' or 'I have not made any appointments at my GP practice'.

Overall, of 3,709 valid responses, 19.0%<sup>5</sup> said they had not made any appointments at their GP practice in the past 12 months. This was more common in men (24.6%) than women (13.5%), and more common in younger

<sup>5</sup> In this question on experience of making an appointment, 19.0% reported that they hadn't booked an appointment in the last 12 months. In a previous question on methods of booking an appointment, a slightly

respondents (29.3% of 18-30 year-olds, 15.2% of 40-64 year-olds and 11.7% of those aged 65+). There was no straightforward pattern by deprivation quintile.

As shown in **Table 2**, of the 3,709 respondents who *had* made an appointment in the past 12 months, 16.7% said their experience had been very good, 28.7% said good, 17.4% said neither good nor poor, 18.3% said fairly poor, and 19.0% said very poor. **This equates to almost half (45%) reporting that their experience of booking an appointment had been good or very good, but more than 1 in 3 (37.2%) reporting it had been fairly poor or very poor.**

- The proportion was similar in men (39.1%) and women (35.7%).
- There was no clear pattern by deprivation, ranging between 31.9% in Quintile 2 to 39.5% in Quintile 3.
- The proportion was slightly higher in respondents aged 40-64 (40.0%), compared to around 35% of respondents aged 18-39 and 65+.

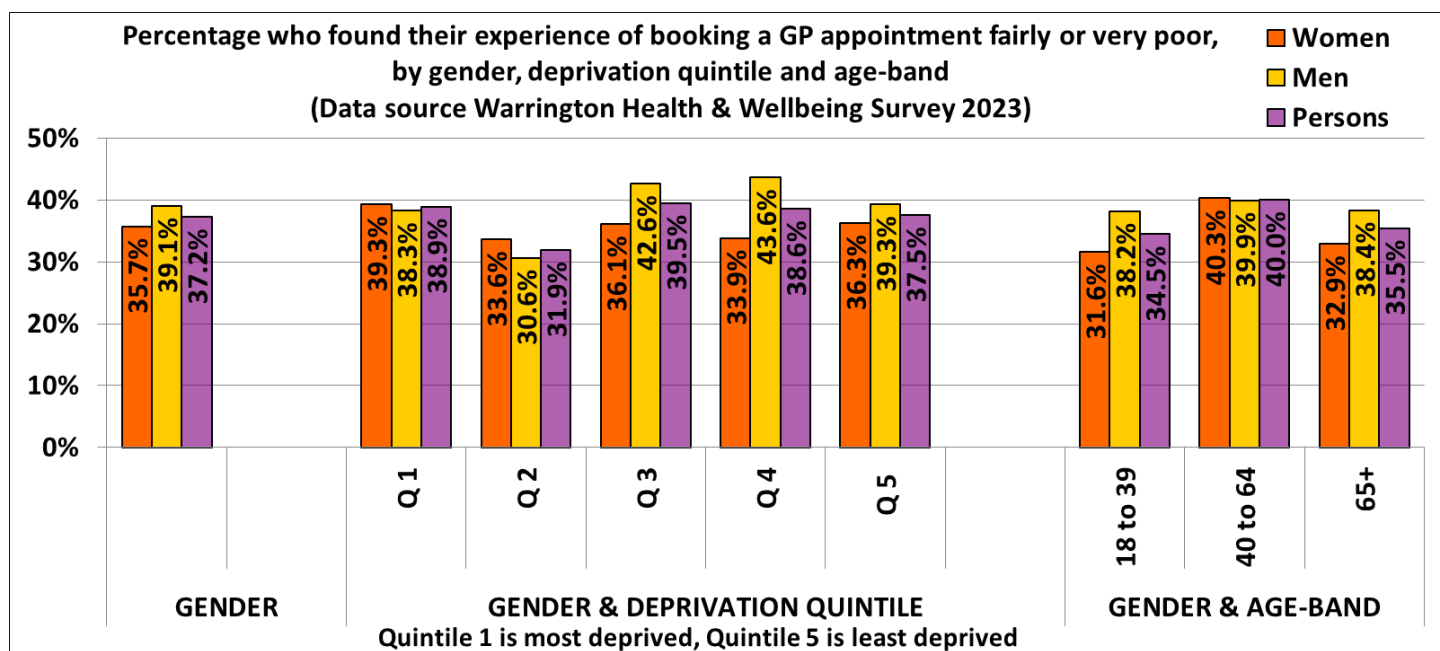
**Table 2. Experience of booking a GP appointment.**

<b>Experience of booking a GP appointment</b>	<b>Percentage (of 3,709 valid responses)</b>
Very good	16.7%
Fairly good	28.7%
Neither good nor poor	17.4%
Fairly poor	18.3%
Very poor	19.0%
Fairly or very poor*	37.2%
<i>*Percentage may not sum due to rounding</i>	

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higher proportion (22.6%) reported that they hadn't booked an appointment in the last 12 months. In both questions, the same patterns were seen between men and women, and between age-bands.

Figure 5. Poor experience booking appointments at GP practice.



## Difficulties making a GP appointment

Respondents were asked 'If you have experienced difficulties making appointments at your GP practice in the last 12 months, please use the list below to tell us the reason for this'. Respondents could select as many responses as were applicable.

Overall, 37.4% said they had not had any problems making appointments. However, 40.3% said 'all appointments are taken by first thing in the morning', 31.0% said 'I can't get through on the phone', 19.5% said 'I can't get a face-to-face appointment', 12.1% said 'my practice only uses an online booking system', 9.3% said 'I can't get an appointment with the person I want to see', and 5.2% gave another free-text response. **Table 3** shows the percentage of respondents who experienced each barrier.



**Table 3. Difficulties in booking a GP appointment.**

	No. valid unweighted responses	Not had any problems making appointments	Percentage reporting each difficulty in making an appointment					
			All appointments taken by first thing in the morning	Can't get through on the phone	Can't get face-to-face appointment	My practice only uses an online booking system	Can't get appointment with the person I want to see	Other
Women	2103	33.3%	42.5%	34.0%	21.6%	13.1%	10.3%	6.0%
Men	2008	41.9%	37.9%	27.5%	17.2%	10.7%	8.1%	4.2%
18-39	1112	44.8%	37.5%	26.8%	15.0%	11.5%	5.6%	5.1%
40-64	1745	35.0%	42.8%	31.7%	20.8%	14.0%	10.3%	5.3%
65+	1290	31.8%	39.8%	35.5%	23.4%	9.5%	12.3%	5.1%
Quintile 1	661	38.4%	40.4%	28.6%	22.3%	13.7%	10.2%	4.5%
Quintile 2	695	41.7%	36.7%	22.8%	18.4%	14.3%	9.5%	4.5%
Quintile 3	388	33.7%	42.3%	31.1%	22.1%	13.1%	10.7%	6.7%
Quintile 4	1000	33.2%	43.0%	36.3%	19.5%	11.6%	9.7%	4.1%
Quintile 5	1403	38.3%	39.9%	33.0%	18.0%	10.1%	8.0%	6.3%
<b>All</b>	<b>4147</b>	<b>37.4%</b>	<b>40.3%</b>	<b>31.0%</b>	<b>19.5%</b>	<b>12.1%</b>	<b>9.3%</b>	<b>5.2%</b>

Of 4,147 valid responses:

- **Over a third (37.4%) had not had any problems making appointments.** This response was more common in men (41.9%) than women (33.3%), and in 18-39 year-olds (44.8%) compared to those aged 40-64 (35.0%) and aged 65+ (31.8%). This may at least in part be due to men, and younger people, being less likely to have tried to make an appointment. There was no straightforward pattern by deprivation quintile.
- **Two-fifths (40.3%) of respondents reported all appointments were taken by first thing in the morning. This issue was experienced by a significantly higher proportion of women (42.5%) than men (37.9%).** No significant differences were noted between deprivation quintiles, which ranged from 36.7% in Quintile 2 to 43.0% in Quintile 4. By age-band 37.5% of respondents aged 18-39, 42.8% of 40-64 year-olds and 39.8% of those aged 65+ reported this. In those aged 18-39, it was significantly lower in men (30.4%) than women (43.4%).
- **Nearly a third (31.0%) of respondents reported not being able to get through on the phone.** Men (27.5%) were significantly less likely to report this than women (34.0%). Although there was no straightforward pattern by deprivation, the proportion ranged from 22.8% in Quintile 2 (significantly lower than Warrington) to 36.3% in Quintile 4 (significantly higher). Respondents aged 65+ (35.5%) were significantly more likely to report this compared to Warrington overall, and those aged 18-39 (26.8%) significantly less likely.

- **1 in 5 (19.5%) respondents reported not being able to get a face-to-face appointment.** This was reported by a significantly higher proportion of women (21.6%) than men (17.2%). Respondents aged 65+ were also significantly more likely to report this (23.4%), compared to 20.8% of 40-64 year-olds and those aged 18-39 (significantly less likely at 15.0%). There was no pattern by deprivation, with all quintiles between 18.0% and 22.3%.
- **1 in 8 (12.1%) respondents reported that the practice only uses an online booking system.** Proportions were quite similar in women (13.1%) and men (10.7%). There was no straightforward pattern by deprivation, ranging from 10.1% in Quintile 5 to 14.3% in Quintile 2. Equally, there was no straightforward pattern by age band (11.5% of 18-39 year-olds, 14.0% of 40-64 year-olds and 9.5% of those aged 65+).
- **1 in 11 (9.3%) respondents reported not being able to get an appointment with the person they wanted to see,** with similar proportions of men (8.1%) and women (10.3%). There was no pattern by deprivation (all quintiles between 8.0% and 10.7%). This was reported by a significantly lower proportion of those aged 18-39 (5.6%), compared to 10.3% of 40-64 year-olds, and 12.3% of those aged 65+ (significantly higher).

A total of 210 respondents reported additional reasons for difficulties booking appointments at their GP practices. The three most commonly reported issues related to:

- The online booking process not being user friendly along with the limited hours during which it could be accessed.
- Long waits for non-urgent appointments, often running to several weeks.
- Dissatisfaction with the practice triage processes or the response from staff when contacting the surgery.
- Also reported were: frustrations with being unable book appointments in advance; no online booking option at practice; difficulties making or attending appointments during working hours; appointments being cancelled and difficulties with communication due to anxiety or language barrier.

## Experience of appointments at GP practice with health professionals/clinicians

Respondents were asked *'We would like to know about your experience of appointments at your GP practice (both face to face and by telephone). If you have had appointments with any of the following health professionals/clinicians in the last 12 months please would you tell us about the quality of your experience'*, with responses *'Very satisfied'*, *'Quite satisfied'*, *'Neither satisfied or dissatisfied'*, *'Not very satisfied'* or *'Not satisfied at all'*.

Not all respondents had experienced an appointment with each type of health professional. **Table 4** shows the percentage who had seen each type of health professional in the past year, and analysis on levels of satisfaction was undertaken only on those who had had an appointment. *'Very satisfied'* and *'Quite satisfied'* were combined to show satisfaction, and *'Not very satisfied'*, and *'Not satisfied at all'* were combined to show dissatisfaction.

In the past year, at their GP practice:

- 72% (3,155) had seen a GP/doctor, of whom 75% said they were satisfied, 13% neither satisfied/dissatisfied, and 12% dissatisfied.
- 69% (2,978) had seen a nurse/practice nurse/nursing associate, of whom 83% said they were satisfied, 10% neither satisfied/dissatisfied, and 7% dissatisfied.
- 42% (1,691) had seen a pharmacist, of whom 73% said they were satisfied, 16% neither satisfied/dissatisfied, and 12% dissatisfied.
- 19% (720) had seen a mental health professional, of whom 53% said they were satisfied, 27% neither satisfied/dissatisfied, and 20% dissatisfied.
- 15% (555) had seen a social prescribing link worker, of whom 48% said they were satisfied, 34% neither satisfied/dissatisfied, and 18% dissatisfied.
- 15% (551) had seen a health and wellbeing coach, of whom 50% said they were satisfied, 31% neither satisfied/dissatisfied, and 19% dissatisfied.
- 19% (737) had seen a physiotherapist, of whom 59% said they were satisfied, 27% neither satisfied/dissatisfied, and 15% dissatisfied.
- 13% (509) had seen a paramedic, of whom 53% said they were satisfied, 33% neither satisfied/dissatisfied, and 15% dissatisfied.

**Table 4. Experience of appointments at GP practice.**

Health professional <u>seen at GP practice</u>	% who had had an appointment	No valid responses of those who had had an appointment	Of those who had an appointment in past year							
			Very satisfied	Quite satisfied	Neither satisfied or dissatisfied	Not very satisfied	Not satisfied at all	Very or quite satisfied*	Not very satisfied, or not satisfied at all*	
GP/doctor	72%	3155	40%	35%	13%	8%	4%		75%	12%
Nurse/practice nurse/nursing associate	69%	2978	54%	29%	10%	5%	3%		83%	7%
Pharmacist	42%	1691	41%	32%	16%	7%	5%		73%	12%
Mental health professional	19%	720	28%	25%	27%	8%	11%		53%	20%
Social prescribing link worker	15%	555	24%	24%	34%	8%	10%		48%	18%
Health and wellbeing coach	15%	551	28%	22%	31%	8%	11%		50%	19%
Physiotherapist	19%	737	32%	26%	27%	7%	8%		59%	15%
Paramedic	13%	509	27%	26%	33%	6%	8%		53%	15%

*\*Percentages may not sum due to rounding.*

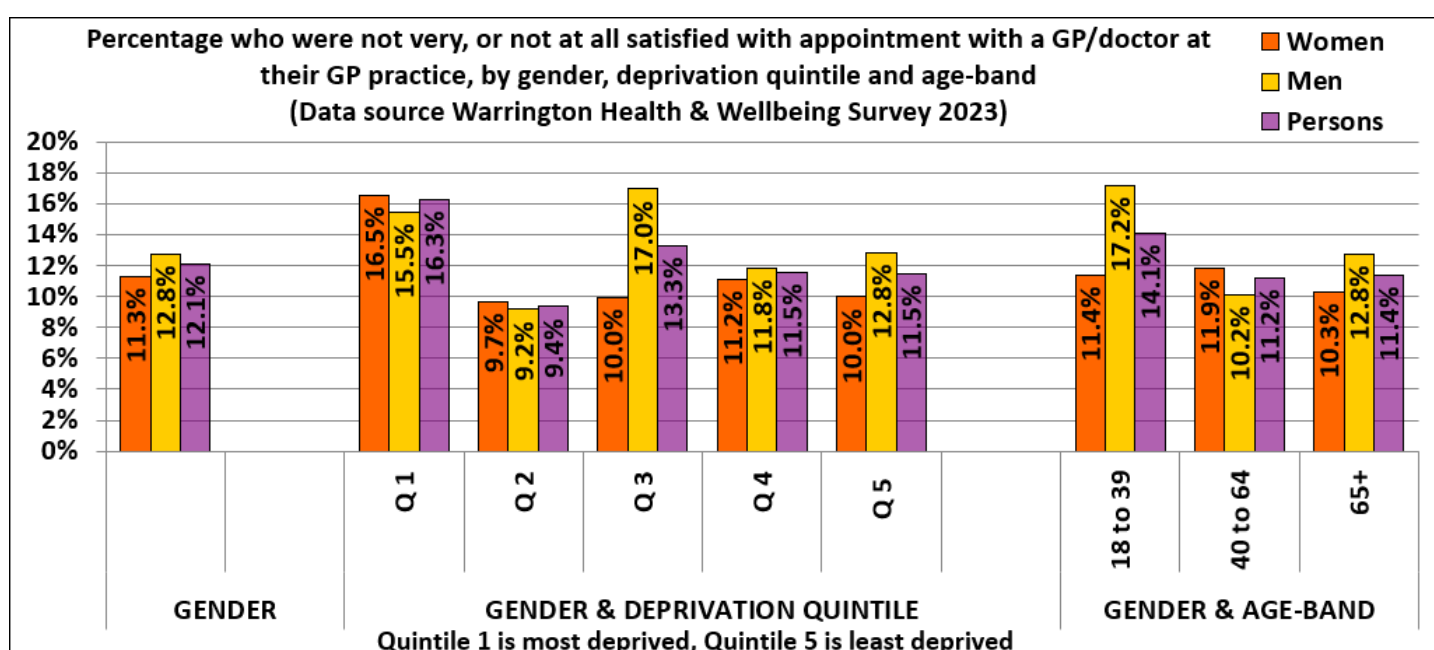
Detailed analysis was only undertaken for levels of satisfaction with appointments with a GP/doctor and with a nurse/practice nurse/nursing associate, because the proportions of respondents who had seen other health professionals were relatively low.

## Dissatisfaction with appointment with a GP/doctor

Overall, of 3,155 valid responses from those who had had an appointment with a GP/doctor at their practice in the past year, and who gave their level of satisfaction, 12.1% said they were not very satisfied or not satisfied at all. See **Figure 6**.

- Overall, there was little difference between men (12.8%) and women (11.3%).
- The proportion was higher in the most deprived areas (Quintile 1, 16.3%) than in Quintiles 2 to 4 (between 9% and 13%).
- Those aged 18-39 were slightly more likely to say they were dissatisfied (14.1%) compared to the other age-bands (around 11%).
- Men aged 18-39 were more likely to report dissatisfaction (17.2%) compared to women of the same age (11.4%).

**Figure 6. Percentage who were not very, or not at all, satisfied with appointment with a GP/doctor at their GP practice.**



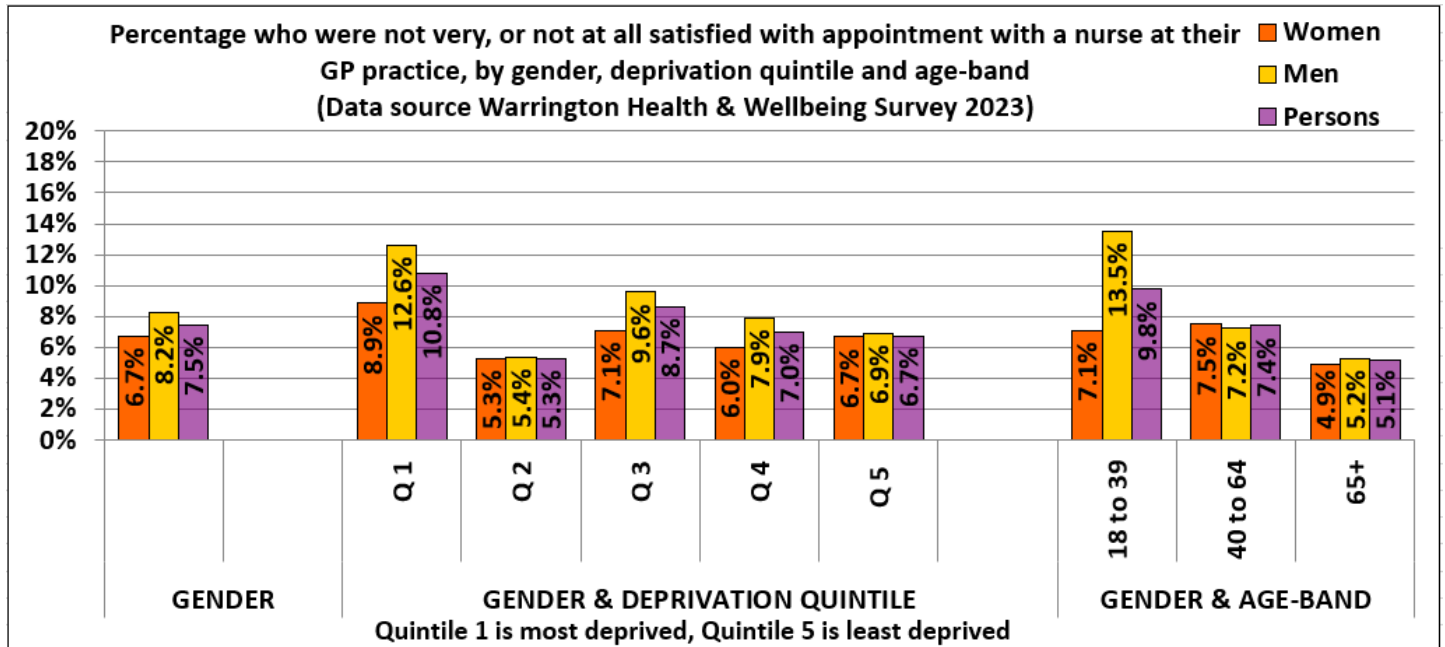
## Dissatisfaction with appointment with a nurse, practice nurse, or nursing associate

Overall, of 2,978 valid responses from those who had had an appointment with a nurse, practice nurse, or nursing associate at their GP practice in the past year, and who gave their level of satisfaction, 7.5% said they were not very satisfied or not satisfied at all. See **Figure 7**.

- On the whole there was little difference between men (8.2%) and women (6.7%).
- There was no straightforward pattern by deprivation, but dissatisfaction was highest in the most deprived areas, with 10.8% in Quintile 1 compared to other quintiles (between 5.3% and 8.7%).
- There were slight differences by age-band; 9.8% of 18-39 year-olds compared to 7.4% of 40-64 year-olds and 5.1% of those aged 65+.

- Men aged 18-39 were more likely to report dissatisfaction (13.5%) compared to women of the same age (7.1%).

**Figure 7. Percentage who were not very, or not at all satisfied with appointment with a nurse/practice nurse/ nursing associate at their GP practice.**



## Use of GP practice online services

Respondents were asked 'In the last 12 months which, if any, of the following general practice online services have you used? (By 'online' we mean on a website or smartphone app)'. Respondents could select as many responses as were applicable from the following options: 'Booking appointments', 'Seeking medical advice', 'Ordering repeat prescriptions', 'Accessing my medical records', 'None - I didn't know these services were available', 'None - I prefer to contact my practice by phone or in person', and 'None - I do not have internet access'. **Table 5** shows the percentage giving each response by age-band.

Of 4,423 valid responses, 20.1% reported not having needed to use any GP services. Men (25.8%) were much more likely to report not needing to use GP services than women (14.9%). Three times as many respondents aged 18-39 (32.5%) reported not needing to use any GP services than those aged 65+ (10.6%). Not having needed to use any GP services was more common in deprived areas, with 24.8% in Quintile 1 and 22.6% in Quintile 2, compared to between 16% and 19% in Quintiles 3, 4 and 5.

Analysis of the remaining 3,612 respondents who reported that they had needed to use GP services in the last 12 months is shown in **Table 5**. Overall, 52.7% said they used online services to order repeat prescriptions, 40.9% to book appointments, 24.0% to seek medical advice, and 18.9% to access their medical records. Reasons for not using online services were: preferring to contact their practice by phone or in person (14.9%), not knowing these services were available (5.8%) and not having internet access (0.9%).

**Table 5. Use of GP practice online services.**

<b>Use of GP online services in the last 12 months (of 3,612 valid responses who said they had needed to use GP services)</b>	<b>All</b>	<b>Aged 18 to 39</b>	<b>Aged 40 to 64</b>	<b>Aged 65+</b>
Ordering repeat prescriptions	52.7%	37.7%	55.6%	63.5%
Booking appointments	40.9%	52.6%	42.4%	26.1%
Seeking medical advice	24.0%	31.6%	24.7%	14.9%
Accessing my medical records	18.9%	21.1%	19.1%	16.3%
<b>Reasons not used online services:</b>				
None - I prefer to contact my practice by phone or in person	14.9%	11.1%	13.0%	22.3%
None - I didn't know these services were available	5.8%	8.9%	5.9%	2.4%
None - I do not have internet access	0.9%	**	0.4%	2.5%

Of the 3,612 respondents who did report having needed to use GP services:

- **Two-fifths (40.9%) of respondents reported using GP online services to book appointments.** Similar proportions of men (42.3%) and women (39.4%) reported this. The proportion of respondents using online services to book appointments decreased with age, from 52.6% of 18-39 year-olds, reducing to 42.4% of 40-64 year-olds and 26.1% of those aged 65+. There was no clear pattern by deprivation, ranging from 37.8% in Quintile 5 to 48.4% in Quintile 3.
- **A quarter (24.0%) reported using online services to seek medical advice.** Similar proportions of men (22.8%) and women (24.9%) reported this. The proportion decreased by age, from 31.6% of 18-39 year-olds, to 24.7% of 40-64 year-olds and 14.9% of those aged 65+. Similar proportions were reported by deprivation quintile (between 22.6% and 25.2%).
- **Over half (52.7%) reported using online services to order repeat prescriptions.** A slightly higher proportion of women (54.5%) than men (50.8%) reported this. The proportion also increased with age-band, from 37.7% of 18-39 year-olds, to 55.6% of 40-64 year-olds and 63.5% of those aged 65+. There was no clear pattern by deprivation quintile, ranging from 30.0% in Quintile 2 to 56.0% in Quintile 5.
- **Nearly 1 in 5 (18.9%) reported using online services to access medical records.** Similar proportions of men (17.7%) and women (19.8%) used this service. The proportion decreased with age, from 21.1% of 18-39 year-olds to 16.3% of those aged 65+. There was no clear pattern by deprivation, ranging from 14.2% in Quintile 3 to 20.5% in Quintile 1.
- **Notably, 5.8% reported not using online services as they didn't know these services were available.** Similar proportions of men (6.6%) and women (5.2%) were unaware of these services. The proportion decreased with age from 8.9% of 18-39 year-olds to 2.4% of those aged 65+. There was no clear pattern by deprivation.
- **Almost 1 in 6 (14.9%) reported not using online services, preferring to contact their GP practice by phone or in person.** Similar proportions of men (15.1%) and women (14.7%) reported this. Respondents aged 65+ (22.3%) were twice as likely to report this than those aged 18-39 (11.1%). There was no clear pattern by deprivation, ranging from 12.6% in Quintile 1 to 17.2% in Quintile 4.
- **A small proportion (0.9%) of respondents reported not using online services due to not having internet access.** Due to small numbers further analysis has not been conducted.

# Access to other health services

(advice and information, minor ailments, immediate medical attention and A&E)

## Methods of accessing health services/advice/information

Respondents were asked 'In the last 12 months, have you used any of the following options to access health services or advice/information?' Respondents could select as many responses as were applicable from the following options: 'Face to face appt with GP/clinician at practice', 'Pharmacy', 'Phone consultation with GP/clinician at practice', 'Using an app', 'Online booking system', 'NHS 111 telephone', 'NHS 111 online', and 'Video consultation with GP/clinician at practice'. The percentage giving responses 'Yes, more than once', 'Yes, once' and 'No' are listed in **Table 6**.

The responses 'Yes, more than once', 'Yes, once' were combined to show the percentage using each option at least once, as it reflects experience of using a particular option, and respondents may not have needed to use the service more than once. Overall, the percentages using each method at least once were: 59% said 'face to face appt with GP/clinician at practice', 59% said 'a pharmacy', 53% said 'phone consultation with GP/clinician at practice', 41% said 'using an app', 32% said 'online booking system', 21% said 'NHS 111 telephone', 13% said 'NHS 111 online', and 4% said 'video consultation with GP/clinician at practice'.

**Table 6. Methods of accessing health services/advice/information.**

	Percentage accessing health services/advice/information in the past year				Total valid unweighted answers	Yes at least once*
	Yes, more than once	Yes, once	No			
Face to face appt with GP/clinician at practice	29%	31%	41%		4162	59%
Pharmacy	36%	23%	41%		4184	59%
Phone consultation with GP/clinician at practice	27%	26%	47%		4132	53%
Using an app	31%	10%	59%		4055	41%
Online booking system	17%	16%	68%		4046	32%
NHS 111 telephone	7%	14%	79%		4010	21%
NHS 111 online	5%	8%	87%		3923	13%
Video consultation with GP/clinician at practice	2%	2%	96%		3942	4%

\* Percentage may not sum due to rounding.

## Minor ailments

Respondents were asked 'In the last 12 months, thinking about occasions when you or a member of your family have needed advice for a minor ailment, e.g. cold, sore throat, upset stomach, where have you gone for advice?' Respondents could select either 'I have not needed to seek advice for myself or my family', or select as many responses as were applicable from the following options: 'Visited a pharmacy', 'Used eConsult', 'Used an App like NHS or Patient Access', 'Looked it up online (e.g. NHS website, Diabetes UK, Asthma UK)', 'Contacted NHS 111 by telephone', 'Contacted NHS 111 online', 'Face to face appointment with a GP or

*clinician at your GP practice*, *Telephone consultation with a GP or clinician at your GP practice*, *Video consultation with a GP or clinician at your GP practice*, *Visited a walk-in centre*, *Visited A&E*, and *Other*.

Of 4,314 valid responses, 31.7% reported *not* having needed to seek advice for themselves or their family in the last 12 months, with men (38.1%) much more likely to report this than women (25.4%). Although there was little difference by age-band overall, there were differences when split by both age-band and gender; younger men aged 18-39 (44.7%) were much more likely to report this than men aged 40+ (around 35%), but older women aged 65+ (35.0%) were much more likely to report this than younger women (20%-23%). There was no clear pattern by deprivation quintile.

- Of the 2,952 respondents who *had* sought advice on minor ailments for themselves or their family in the last 12 months,



**Table 7** shows the percentage accessing each source of advice. Overall, 54.2% had visited a pharmacy, 37.0% looked online, 23.9% used e-Consult, 21.1% had a face to face appointment with a GP or clinician at their GP practice, 19.7% had a phone consultation with a GP or clinician at their GP practice, 11.8% contacted NHS 111 by telephone, 10.7% visited a walk-in centre, 8.5% visited A&E, 6.4% used an app like NHS or Patient Access, 4.8% contacted NHS 111 online, 0.5% a video consultation with a GP or clinician at their GP practice, and 3.2% gave another free-text response.

- Women were more likely than men to report using e-consult (26.4% of women, 20.5% of men) and going online to seek advice (39.6% of women, 33.5% of men).
- There were large differences by age-band. Younger respondents aged 18-39 were more likely to report using e-consult, an App, going online, visiting a walk in centre or contacting NHS 111 online or by phone than respondents aged 65+. Respondents aged 65+ were more likely to report having a telephone or face to face appointment with their GP.
- There was no consistent pattern by deprivation quintile.

A total of 113 respondents provided further information on how or where they would seek advice relating to a minor ailment. The most commonly cited approaches were:

- Self-care dealing with the ailment without seeking advice elsewhere.
- Using Google and searching online, these responses indicated reference to a range of sources not limited to more specialist sites e.g. NHS choices, Diabetes UK etc.
- GP or other health professional, some responses referred to existing conditions whereby they sought advice from a service with which they were already involved.
- Self-assessment as they themselves or a member of their family were health professionals.
- Responses also referred to the use of online Doctor services e.g. Asda, Superdrug, Boots, access to private health services and support. Some respondents had tried unsuccessfully to seek advice from their GP surgery.

**Table 7. Methods of accessing advice on minor ailments.**

Source of advice for minor ailments (of 2,952 valid responses)	Aged 18 to 39	Aged 40 to 64	Aged 65+		Male	Female		All
Visited a pharmacy	50.2%	57.3%	53.5%		54.4%	54.2%		54.2%
Used eConsult	31.1%	22.1%	17.6%		20.5%	26.4%		23.9%
Used an App like NHS or Patient Access	8.5%	6.1%	4.2%		7.7%	5.3%		6.4%
Looked it up online (e.g. NHS website, Diabetes UK, Asthma UK)	46.7%	35.1%	27.5%		33.5%	39.6%		37.0%
Contacted NHS 111 by telephone	17.6%	9.3%	8.9%		12.9%	11.1%		11.8%
Contacted NHS 111 online	8.9%	3.4%	2.0%		4.5%	5.1%		4.8%
Face to face appointment with a GP or clinician at your GP practice	24.3%	17.7%	23.1%		20.9%	21.4%		21.1%
Telephone consultation with a GP or clinician at your GP practice	18.3%	17.8%	25.2%		18.1%	21.0%		19.7%
Video consultation with a GP or clinician at your GP practice	0.9%	**	**		0.6%	0.4%		0.5%
Visited a walk-in centre	12.5%	10.5%	8.8%		11.6%	10.1%		10.7%
Visited A&E	9.5%	7.1%	9.7%		9.4%	7.8%		8.5%
Other	2.1%	3.9%	3.6%		2.5%	3.9%		3.2%

## Immediate medical attention

Respondents were asked 'In the last 12 months, have you done any of the following to seek immediate medical attention (for you or someone close to you)?' Respondents could select as many responses as were applicable from the following options: 'Called 999', 'Visited A&E', 'Contacted NHS 111 telephone / online service', 'Visited a walk-in centre', and 'Visited a pharmacy'. Respondents could select 'yes once', 'yes more than once' and 'no'. Responses 'yes, more than once' and 'yes, once' were combined for analysis, and results shown in **Table 8**.

Overall, 40.6% said they visited a pharmacy, 26.9% visited A&E, 22.8% contacted NHS 111 by phone or online, 18.5% visited a walk-in centre and 9.6% reported calling 999, at least once in the last 12 months.

- Women were more likely than men to report accessing each option for immediate medical advice.
- By age-band, there was little difference in the proportion calling 999 and visiting A&E. However, contacting the NHS 111 telephone / online service was more common in 18-39 year-olds (28.3%) compared to 21.4% of 40-64 year-olds and 17.4% of those aged 65+. Visiting a walk-in centre was more common in 18-39 year-olds (20.8%) and 40-64 year-olds (19.3%) compared to those aged 65+ (13.7%). Visiting a pharmacy was also more common in 18-39 year-olds (46.7%) and 40-64 year-olds (42.8%) compared to those aged 65+ (27.1%).
- There were no strong patterns by deprivation quintile.

**Table 8. Methods of accessing immediate medical attention at least once in the last 12 months.**

Method of accessing immediate medical attention at least once in last 12 months	All	Total unweighted valid responses	Male	Female	Aged 18 to 39	Aged 40 to 64	Aged 65+
Visited a pharmacy	40.6%	4085	35.7%	45.3%	46.7%	42.8%	27.1%
Visited A&E	26.9%	4165	25.2%	28.2%	27.6%	26.9%	25.7%
Contacted NHS 111 telephone / online service	22.8%	4069	19.3%	25.9%	28.3%	21.4%	17.4%
Visited a walk-in centre	18.5%	4058	17.7%	19.5%	20.8%	19.3%	13.7%
Called 999	9.6%	4073	8.1%	10.9%	9.3%	9.0%	11.2%

## A&E attendance

Respondents were asked 'If you have visited A&E in the past 12 months, would you please tell us your reason for choosing this option for accessing urgent medical attention'. Respondents could select as many responses as were applicable from the following options: 'It was a medical emergency needing urgent treatment (an accident, serious incident)', 'I/my family member didn't know where else to go', 'I/my family member couldn't get an appointment with my GP', 'I/my family member was told to attend by the GP', 'I/my family member was told to attend by 999/NHS 111', 'I/my family member was taken there in an ambulance', 'I knew I would be seen and treated if I went there', and 'Other'. **Table 9** shows the percentage of respondents who selected each option by gender and age-band.

Of 4,200 valid responses, 69.1% reported *not* having attended A&E in the last 12 months, with men (71.0%) slightly more likely to report this than women (67.5%). The proportion of men reporting not having attended A&E decreased with age from 73.1% of 18-39 year-olds to 67.7% of 65+, whereas in women it increased with age from 62.5% of 18-39 year-olds to 72.9% of 65+.

Of the 1,294 respondents who reported having attended A&E in the last 12 months, 43.6% said they did so because it was a medical emergency needing urgent treatment (an accident or serious incident), 25.3% were told to attend by 999/NHS 111, 18.5% were told to attend by a GP, and 16.7% were taken there in an ambulance. However, 10.0% said they went to A&E because they couldn't get an appointment with their GP, 9.3% said because they knew they would be seen and treated there, and 6.8% said they didn't know where else to go. In addition, 5.3% gave other free-text responses.

Of the 1,294 respondents who reported having attended A&E in the last 12 months:

- **Overall, 43.6% reported attending A&E because of a medical emergency requiring immediate treatment<sup>6</sup>.** Men (46.2%) were more likely to report this than women (40.7%). There was no clear pattern by age-band or deprivation.
- **A quarter (25.3%) reported being told to attend A&E by 999/NHS 111.** A substantially higher proportion of women (29.4%) than men (20.6%) reported this reason. The proportion of respondents decreased with age from 31.9% of 18-39 year-olds to 24.2% of 40-64 year-olds, and 17.5% of those

<sup>6</sup> Medical emergency as defined by respondent

aged 65+. There was no clear pattern by deprivation, ranging from 20.6% of respondents in Quintile 1 to 37.9% in Quintile 2.

- **Nearly 1 in 5 (18.5%) reported being told to attend A&E by their GP.** Similar proportions of men (17.7%) and women (19.1%) reported this. The proportion increased with age, from 15.0% of 18-39 year-olds, to 18.6% of 40-64 year-olds and 23.7% of those aged 65+. There was no clear pattern by deprivation quintile ranging from 20.4% of respondents in Quintile 4 to 14.6% of those in Quintile 2.
- **1 in 6 (16.7%) of respondents reported being taken to A&E in an ambulance,** with similar proportions of men (15.8%) and women (17.3%) reporting this. By age-band, the proportion increased with age, 13.3% of 18-39 year-olds, 16.9% of 40-64 year-olds and 21.5% of those aged 65+.
- **1 in 10 (10.0%) reported not being able to get an appointment with their GP.** Men (11.8%) were slightly more likely to report this than women (8.7%). Respondents aged 18-39 and 40-64 were also more likely to report this (around 11%) than those aged 65+ (6.6%). There was little difference between deprivation quintiles, although the proportion was highest in Quintile 1 (12.5%) and lowest in Quintile 5 (8.5%).
- **1 in 11 (9.3%) of respondents reported attending A&E because they knew they would be treated there.** A slightly higher proportion of men (11.8%) than women (7.2%) reported this. Similar proportions were reported by age-band, from 8.1% in 40-64 year-olds to 11.3% in respondents aged 65+. There was no clear pattern by deprivation, ranging from 6.6% in Quintile 3 to 11.5% in Quintile 2.
- **6.8% reported attending A&E because they didn't know where else to go.** Similar proportions of men (8.0%) and women (5.8%) reported this. The proportion of respondents choosing this option decreased with age, from 8.5% of 18-39 year-olds to 4.1% of those aged 65+. Respondents living in the most deprived areas were more likely to report not knowing where else to go (13.2% in Quintile 1) than any other Quintile (ranging between 3.2% and 6.9%).
- A total of 106 respondents marked 'other' in response to this question and provided further reasons for having gone to A&E to seek urgent medical attention. Respondents cited a range of reasons, including having been advised to attend A&E following an appointment with another health professional or clinician, referred by a walk-in centre, having a sick or injured child, an injury or medical emergency e.g. fracture or chest pains, there being nowhere else open, or experiencing post operative problems.

**Table 9. Reason for attending A&E. (Respondents could select as many reasons as applicable).**

<b>Reasons for attending A&amp;E</b> <i>(of 1,294 respondents who had visited A&amp;E in last 12 months)</i>	<b>All</b>	<b>Male</b>	<b>Female</b>	<b>Aged 18 to 39</b>	<b>Aged 40 to 64</b>	<b>Aged 65+</b>
It was a medical emergency needing urgent treatment (an accident, serious incident)	43.6%	46.2%	40.7%	42.0%	45.4%	42.4%
I/my family member was told to attend by 999/NHS 111	25.3%	20.6%	29.4%	31.9%	24.2%	17.5%
I/my family member was told to attend by the GP	18.5%	17.7%	19.1%	15.0%	18.6%	23.7%

I/my family member was taken there in an ambulance	16.7%		15.8%	17.3%		13.3%	16.9%	21.5%
I/my family member couldn't get an appointment with my GP	10.0%		11.8%	8.7%		11.2%	10.9%	6.6%
I knew I would be seen and treated if I went there	9.3%		11.8%	7.2%		9.5%	8.1%	11.3%
I/my family member didn't know where else to go	6.8%		8.0%	5.8%		8.5%	6.9%	4.1%
Other (please specify)	5.3%		4.2%	6.4%		5.3%	4.3%	7.4%

## Dental care arrangements

Respondents were asked 'what are your arrangements for dental care?', with the following options: 'Registered with NHS dentist', 'Registered with private dentist through choice', 'Registered with private dentist as could not find NHS dentist', 'Other dental provision', 'On waiting list for NHS dentist', 'Unable to find NHS dentist taking new patients', 'Unable to afford treatment', and 'Don't want or need to be registered'.

Percentages of respondents with some form of dental care are listed in **Table 10** and shown in **Figure 8**.

Reasons for having no dental care are listed in **Table 11** and shown in **Figure 9**.

Of 4,280 valid responses, 53.8% said they were registered with an NHS dentist, 13.6% with a private dentist through choice, 9.7% with a private dentist because they were unable to find an NHS dentist, and 0.6% said other, equating to **77.6% with some form of dental provision**.

Of these, current dental provision was significantly lower:

- In men (74.7%) than women (80.4%).
- In more deprived areas, with 64.4% in Quintile 1 and 68.6% in Quintile 2, compared to between 80.4% and 83.4% in Quintiles 3, 4 and 5. Quintiles 4 and 5 were significantly higher than Warrington overall.
- In those aged 18-39 (70.9%) compared to 78.7% of 40-64 year-olds and 84.5% of those aged 65+ (significantly higher than Warrington overall).

## NHS, private or other type of dental provision

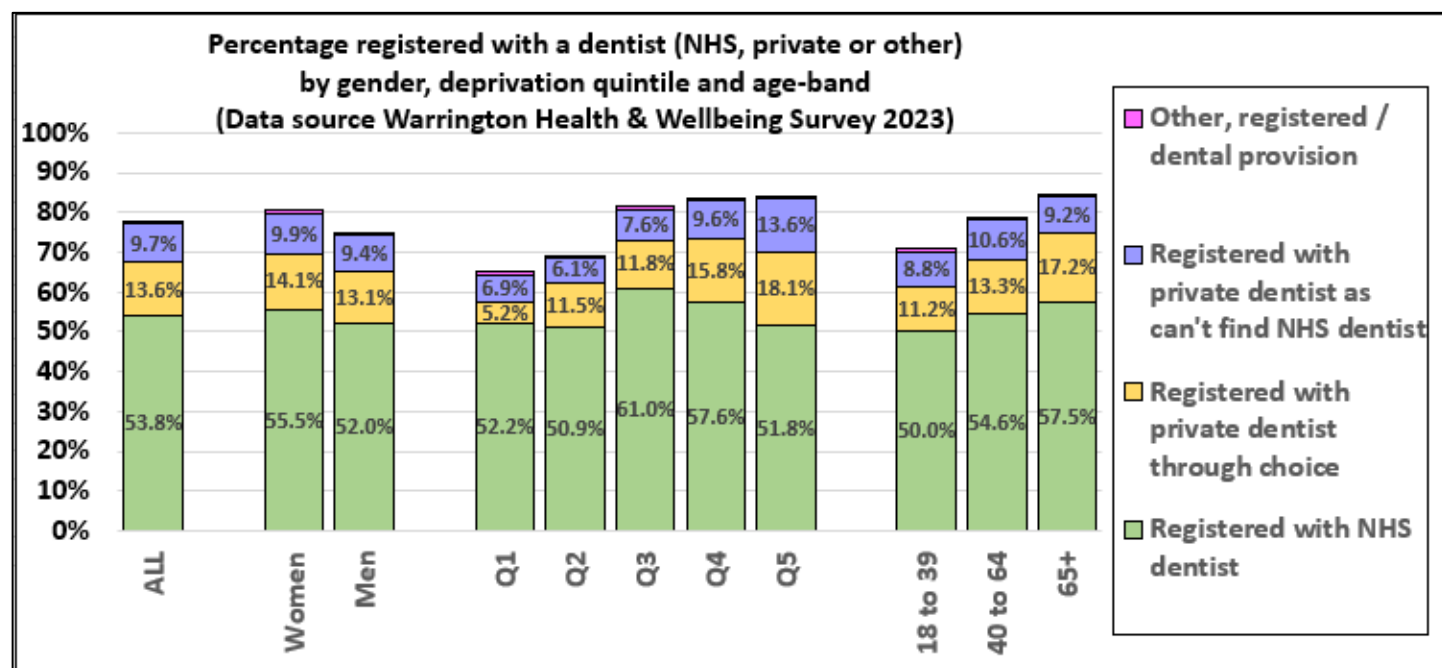
- **NHS dentist (53.8% overall)**. This was slightly higher in women (55.5%) than men (52.0%), and increased with age-band from 50.0% of 18-39 year-olds, to 54.6% of 40-64 year-olds, and 57.5% of those aged 65+. There was no clear pattern by deprivation, ranging from 50.9% in Quintile 2 to 61.0% in Quintile 3. However, the proportion was significantly lower in those aged 18-39 living in Quintiles 1 (46.5%) and 2 (44.2%).
- **Private dentist through choice (13.6% overall)**. There was little difference between women (14.1%) and men (13.1%), and the proportion increased with age-band from 11.2% of 18-39 year-olds, to 13.3% of 40-64 year-olds, and 17.2% of those aged 65+. There was a strong pattern by deprivation, ranging from 5.2% in Quintile 1 (most deprived) to 18.1% in Quintile 5 (least deprived).

- **Private dentist as could not find NHS dentist (9.7% overall).** There was little difference between women (9.9%) and men (9.4%), or between age-bands, from 8.8% of 18-39 year-olds, to 10.6% of 40-64 year-olds, and 9.2% of those aged 65+. It was less common in more deprived areas, ranging from 6.1% in Quintile 2 to 13.6% in Quintile 5 (least deprived).
- **Other free-text responses (0.6% overall).** Other reported dental care arrangements included dental treatment elsewhere in the UK as the respondent was unable to find an NHS dentist in the Warrington area (n=4), dental treatment abroad (n=4), the respondent worked for a dental practice (n=2), and a family member was a dentist (n=1).

**Table 10. Type of dental provision.**

	<i>No. valid unweighted responses</i>	Percentage registered with a dentist or with other dental provision				Total
		Registered with NHS dentist	Registered with private dentist through choice	Registered with private dentist as could not find NHS dentist	Other dental provision	
Women	2156	55.5%	14.1%	9.9%	0.8%	<b>80.4%</b>
Men	2080	52.0%	13.1%	9.4%	0.3%	<b>74.7%</b>
Quintile 1	671	52.2%	5.2%	6.9%	0.9%	<b>65.3%</b>
Quintile 2	706	50.9%	11.5%	6.1%	0.1%	<b>68.7%</b>
Quintile 3	403	61.0%	11.8%	7.6%	0.9%	<b>81.3%</b>
Quintile 4	1044	57.6%	15.8%	9.6%	0.4%	<b>83.4%</b>
Quintile 5	1456	51.8%	18.1%	13.6%	0.6%	<b>84.2%</b>
18-39	1126	50.0%	11.2%	8.8%	0.8%	<b>70.9%</b>
40-64	1795	54.6%	13.3%	10.6%	0.3%	<b>78.7%</b>
65+	1359	57.5%	17.2%	9.2%	0.7%	<b>84.5%</b>
All	4280	53.8%	13.6%	9.7%	0.6%	<b>77.6%</b>

Figure 8. Percentage registered with a dentist (NHS, private or other).



### Reasons not registered with a dentist

Of 4,280 valid responses, 13.2% said they were not registered because they were unable to find an NHS dentist accepting new patients, 4.4% said they did not want or need to be registered, 2.7% said they were unable to afford treatment, 1.2% said they were on a waiting list for an NHS dentist, and 0.8% said other, equating to **22.8% without any form of dental provision**.

Overall, 22.8% had no form of dental provision, but this was significantly higher:

- In men (25.1%) than women (19.6%).
- In more deprived areas, with 34.5% in Quintile 1 and 31.1% in Quintile 2, compared to between 15.7% and 18.7% in Quintiles 3, 4 and 5 (Quintiles 4 and 5 were significantly lower than Warrington overall).
- In those aged 18-39 (28.9%) compared to 21.2% of 40-64 year-olds and 15.4% of those aged 65+ (significantly lower than Warrington overall).

### Reasons for not having dental provision

- **Unable to find an NHS dentist accepting new patients (13.2% overall)**. This was slightly higher in men (14.5%) than women (12.0%), and decreased with age-band from 18.2% of 18-39 year-olds (significantly higher), to 13.7% of 40-64 year-olds, and 6.0% of those aged 65+ (significantly lower). There was a strong pattern by deprivation, with 20.0% in Quintile 1 and 18.4% in Quintile 2, compared to between 9.6% and 10.5% in Quintiles 3, 4 and 5.
- **Do not want or need to be registered with a dentist (4.4% overall)**. This was slightly more common in men (5.2%) than women (3.7%) and was significantly higher in those aged 65+ (6.4%) compared to 4.2% of 18-39 year-olds and 3.4% of 40-64 year-olds. It was slightly higher in more deprived areas, with 5.9% in Quintile 1 and 5.7% in Quintile 2 compared to Quintiles 3, 4 and 5 (between 3.4% and 3.9%).

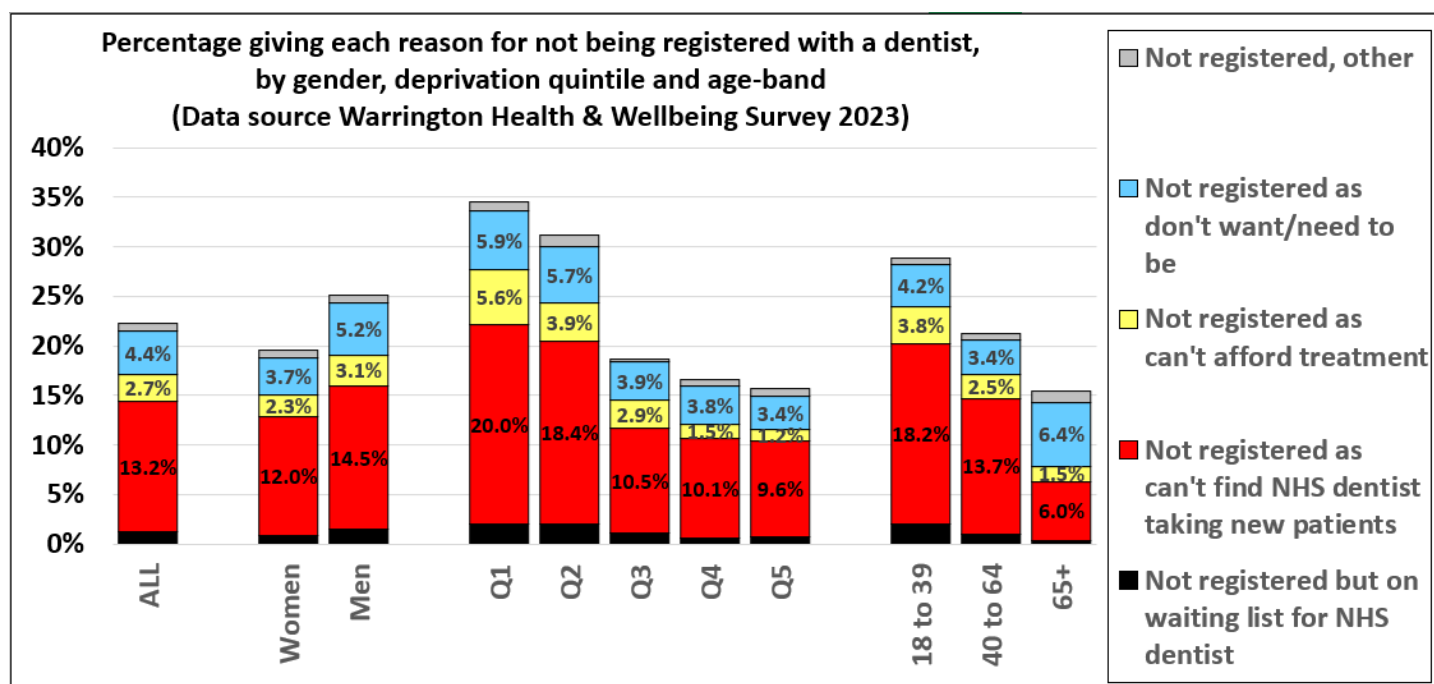
- **Unable to afford treatment (2.7% overall).** This was slightly more common in men (5.2%) than women (3.7%), and in younger adults, ranging from 3.8% in 18-39 year-olds, to 2.5% of 40-64 year-olds, and 1.5% of those aged 65+. The proportion was higher in more deprived areas, ranging from 5.6% in Quintile 1 (significantly higher) to 1.2% in Quintile 5 (significantly lower).
- **On a waiting list for an NHS dentist (1.2% overall).** The percentage of respondents giving this answer was very low, and showed relatively small differences by gender, deprivation or age-band.
- In responses given providing reasons for not being registered with a dentist, 61 respondents provided further information under 'other'. Several respondents reported their NHS dentist practice changing to a private practice, with some reporting their subsequent need to leave the surgery without alternative provision due to the cost implications. Frustrations were expressed by several respondents who had been removed from their dental practice list without any prior notification due to a period of inactivity. In some cases, this inactivity was due to the Covid-19 pandemic lockdown. This had left these respondents without access to dental care or treatment. Some respondents reported using dental practices outside Warrington due to a lack of NHS dentists. Also referenced as reasons for not being registered were a fear of dental treatments, being registered outside the UK, not knowing how to register with a dentist, and disability access.

**Table 11. Reasons why not registered with a dentist.**

	<i>No. valid unweighted responses</i>	Reasons as to why not registered with a dentist					Total
		On waiting list for NHS dentist	Unable to find NHS dentist taking new patients	Unable to afford treatment	Don't want or need to be registered	Other reason	
Women	2156	0.9%	12.0%	2.3%	3.7%	0.8%	<b>19.6%</b>
Men	2080	1.5%	14.5%	3.1%	5.2%	0.8%	<b>25.1%</b>
Quintile 1	671	2.0%	20.0%	5.6%	5.9%	0.9%	<b>34.5%</b>
Quintile 2	706	2.0%	18.4%	3.9%	5.7%	1.1%	<b>31.1%</b>
Quintile 3	403	1.1%	10.5%	2.9%	3.9%	0.2%	<b>18.7%</b>
Quintile 4	1044	0.5%	10.1%	1.5%	3.8%	0.6%	<b>16.5%</b>
Quintile 5	1456	0.7%	9.6%	1.2%	3.4%	0.8%	<b>15.7%</b>
18-39	1126	2.0%	18.2%	3.8%	4.2%	0.7%	<b>28.9%</b>
40-64	1795	1.0%	13.7%	2.5%	3.4%	0.7%	<b>21.2%</b>
65+	1359	0.4%	6.0%	1.5%	6.4%	1.1%	<b>15.4%</b>
All	4280	1.2%	13.2%	2.7%	4.4%	0.8%	<b>22.2%</b>



Figure 9. Reasons why not registered with a dentist.



### Time since last dental check-up

Respondents were asked 'When did you have your last dental check-up?' Results are listed in **Table 12**. Of 4,131 valid responses, 65.0% said 'Less than 12 months ago', 13.6% said 'Between 1 and 2 years ago', 12.8% said '2 to 5 years ago', 5.7% said '5-10 years ago' and 3.0% said 'Over 10 years ago', equating to **more than 1 in 5 (21.4%) reporting their last dental check-up was more than 2 years ago**.

Table 12. Time since last dental check-up.

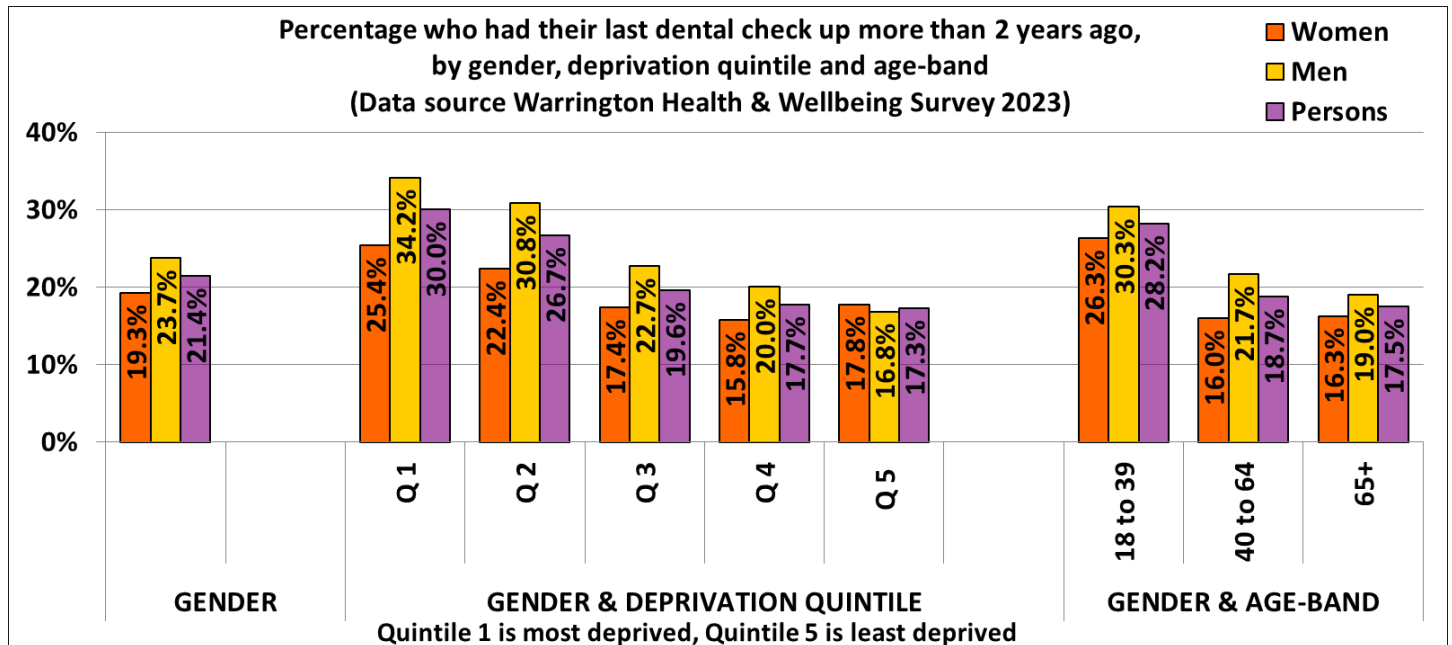
Time since last dental check-up (of 4,131 valid responses)	%
Less than 12 months ago	65.0%
Between 1 and 2 years ago	13.6%
2 to 5 years ago	12.8%
5-10 years ago	5.7%
Over 10 years ago	3.0%
More than 2 years ago	21.4%

Further analysis, shown in **Figure 10**, was undertaken on the 851 respondents whose last dental check-up was more than 2 years ago.

- More than a fifth (21.4%) of respondents reported it had been more than 2 years since their last dental check-up.
- Men (23.7%) were significantly more likely to report this than women (19.3%).

- The proportion decreased with age. Compared to Warrington, the proportion whose last dental check-up was more than 2 years ago was significantly higher in the 18-39 age-band (28.2%), and significantly lower in those aged 65+ (17.5%).
- There was a clear pattern by deprivation, with respondents from Quintiles 1 (30.0%) and 2 (26.7%) significantly more likely to report having gone more than 2 years since their last dental check-up and those in Quintile 5 (17.3%) significantly less likely.

**Figure 10. Percentage whose last dental check-up was more than 2 years ago.**



## Hearing problems

Respondents were asked about their hearing, and asked to select the option that best corresponds to their personal experience. Of 4,329 valid responses, 71.5% selected 'I have never had any problems with my hearing', 8.8% said 'I have had problems with my hearing that have been treated', 5.4% said 'I have had problems with my hearing and have been offered a hearing assessment which I have attended', 0.5% said 'I have had problems with my hearing and have been offered a hearing assessment which I have not attended', 11.2% said 'I have had problems with my hearing but have not sought any advice or help', and 2.4% gave a free-text 'other' response. Analysis is shown in **Table 13** by gender and age-band. There were no straightforward patterns by deprivation.

Based on the standard options provided, it is not possible to determine whether respondents had sought an assessment, advice, or treatment through the NHS or privately (either through choice or necessity). However, a number of respondents who provided a free-text response specifically reported that the assessment or treatment they sought was private.

**Table 13. Hearing problems by gender and age-band.**

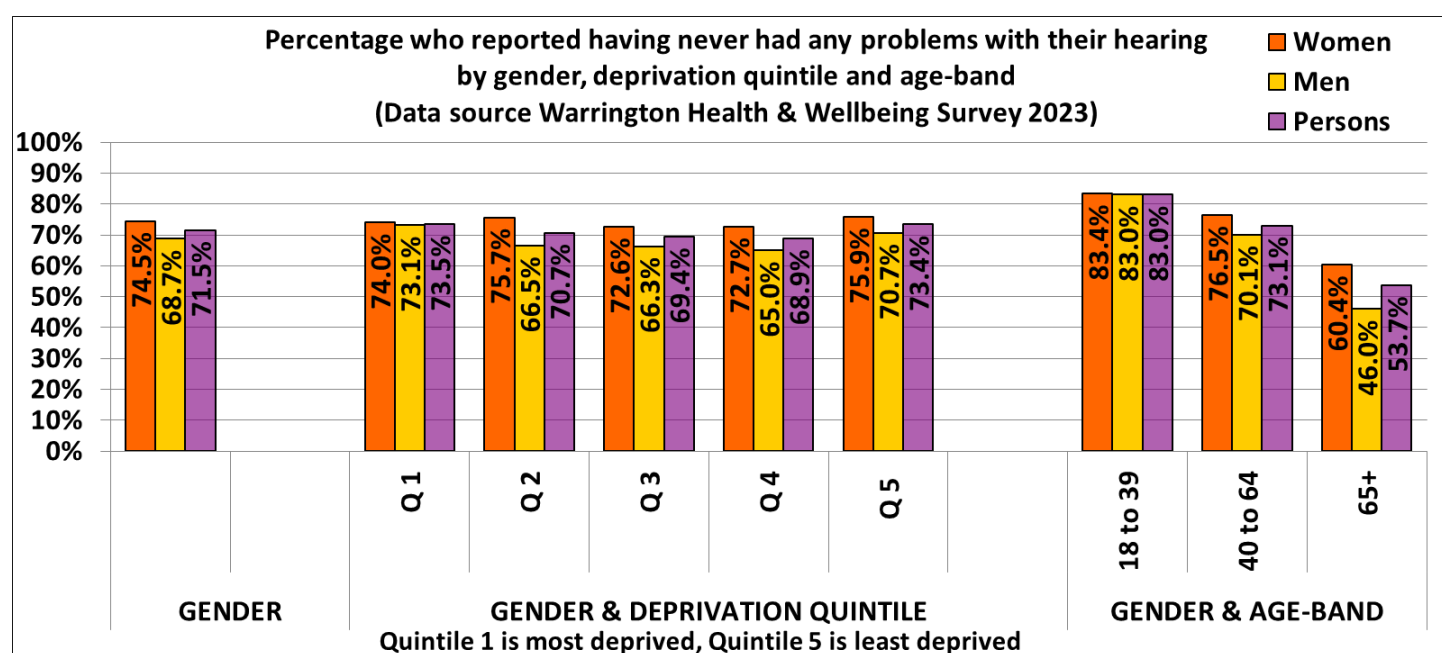
Hearing problems (of 4,329 valid responses)	Gender			Age-band		
	All	Male	Female	18-39	40-64	65+
I have never had any problems with my hearing	71.5%	68.7%	74.5%	83.0%	73.1%	53.7%
I have had problems with my hearing that have been treated	8.8%	10.1%	7.7%	4.8%	6.3%	18.5%
I have had problems with my hearing and have been offered a hearing assessment which I have attended	5.4%	5.6%	5.3%	2.3%	5.2%	10.0%
I have had problems with my hearing and have been offered an assessment which I have not attended	0.5%	0.7%	0.4%	0.5%	0.5%	0.8%
I have had problems with my hearing but not sought any advice or help	11.2%	12.5%	9.8%	8.8%	12.0%	13.1%
Other	2.4%	2.4%	2.4%	0.5%	3.0%	4.0%

- **Nearly three-quarters (71.5%) of respondents reported not having had any problems with their hearing.** A significantly higher proportion of women (74.5%) than men (68.7%) reported having no hearing problems. Absence of hearing problems was significantly higher in 18-39 year-olds (83.0%) and significantly lower in those aged 65+ (53.7%). Of the respondents aged 65+, a significantly higher proportion of women (60.4%) than men (46.0%) reported no hearing problems. The proportion was similar among deprivation quintiles, ranging between 68.9% and 73.4%.
- **1 in 11 (8.8%) respondents reported having had problems with their hearing that have been treated.** A higher proportion of men (10.1%) reported this than women (7.7%). Compared to Warrington overall, a significantly lower proportion of those aged 18-39 (4.8%) and 40-64 (6.3%) reported this, and a significantly higher proportion of those aged 65+ (18.5%). Of respondents aged 65+, a higher proportion of men (21.7%) than women (15.8%) reported having had hearing problems that have been treated. There was no clear pattern by deprivation quintile.
- **Around 1 in 20 (5.4%) respondents reported having had problems with their hearing and been offered an assessment that they had attended.** This was reported by similar proportions of men (5.6%) and women (5.4%). Notably, this was more commonly reported in those aged 65+ (10%), particularly among men aged 65+ (11.9%) compared with women aged 65+ (8.1%). There was little difference by deprivation quintile, ranging from 4.4% in Quintile 1 to 6.1% in Quintile 4.
- **A small proportion (0.5%) of respondents reported having problems with their hearing and having been offered an assessment which they had not attended.**
- **1 in 9 (11.2%) respondents reported having had problems with their hearing but not having sought advice or help.** This was more commonly reported by men (12.5%) than women (9.8%). The proportion increased with age, from 8.8% of respondents aged 18-39, to 12.0% of 40-64 year-olds and 13.1% of those aged 65+. There was no clear pattern by deprivation quintile, ranging from 8.8% in Quintile 5 to 13.8% in Quintile 2.

147 respondents chose to provide further information relating to their hearing problems, either in relation to the nature of their problem and/or the treatment they had received.

- Over a quarter reported having paid privately for either an assessment, ear wax removal, hearing aids or other treatment. Some comments expressed frustration that ear wax removal was not offered on the NHS. A small number of respondents reported being unable to access ear wax removal services or assessments due to the cost.
- Tinnitus was a commonly reported issue with some comments showing frustrations with what was available to treat this problem.
- Reference was made by a number of respondents to long waiting times for specialist appointments.
- Some reported difficulties in accessing help or advice for their hearing problem through their GP practice.
- Some responses related to general problems with hearing aids.

**Figure 11. Percentage who have never had problems with their hearing.**



## Warrington and Halton hospital: preferred improvements if funding was available

Respondents were asked 'If Warrington and Halton Teaching Hospitals NHS Foundation Trust receive funding for a new hospital what do you think would have the greatest positive impact on patients and local community?' and could select up to three options. Overall, 80.8% said 'Ease of access including car parking, public transport and active travel', 51.9% said 'Deliver care as locally as possible', 50.5% said 'Locate hospital in a central location', 23.6% said 'More single rooms for patients', 15.9% said 'Bigger wards so patients have more space', 14.2% said 'Improve catering facilities', and 12.2% said 'Improve access to green space for patients'. In addition, 308 respondents gave another free-text response. Analysis is shown in **Table 14**.

**Table 14. Preferred improvements if funding was available at Warrington and Halton Hospital.**

Preferred hospital improvements if funding was available (Of 4,302 respondents giving at least one response)	All	Gender		Age-band		
		Male	Female	18 to 39	40 to 64	65+
Ease of access including car parking, public transport and active travel	80.8%	79.3%	82.3%	73.4%	82.1%	87.9%
Deliver care as locally as possible	51.9%	48.9%	54.8%	45.2%	50.1%	63.5%
Locate hospital in a central location	50.5%	49.6%	51.6%	35.9%	51.1%	68.1%
More single rooms for patients	23.6%	22.7%	24.7%	26.7%	22.9%	21.0%
Bigger wards so patients have more space	15.9%	16.2%	15.5%	24.4%	14.1%	8.2%
Improve catering facilities	14.2%	14.2%	14.0%	15.9%	14.3%	11.6%
Improve access to green space for patients	12.2%	12.5%	11.8%	18.2%	11.4%	5.8%
Other (308 diverse responses, some relating to the options above)						

Of 4,302 respondents who selected at least one response, by far the most common option chosen (80.8%) was *'ease of access including car parking, public transport and active travel'*. Notably, 26 of the respondents who chose this option strongly reiterated it within the free text 'Other' option, citing car parking issues (only one cited active travel and none cited public transport). Other commonly reported improvements, cited by more than half of respondents included delivery of local care where possible (51.9%) and locating the hospital in a central location (50.5%). However, differences in choice of improvements were noted by age:

- Whilst 80.8% of respondents overall said, *'ease of access including car parking, public transport and active travel'*, this increased with age from 73.4% of 18-39 year-olds (significantly lower), rising to 82.1% of 40-64 year-olds and 87.9% of those aged 65+ (significantly higher).
- Overall 51.9% said *'deliver care as locally as possible'*. However, this was a greater priority for older age groups, increasing from 45.2% of 18-39 year-olds (significantly lower), to 50.1% of 40-64 year-olds and 63.5% of those aged 65+ (significantly higher). It was also a significantly higher priority in women (54.8%) than men (48.9%).
- Half (50.5%) of respondents said, *'Locate hospital in a central location'*. Notably, the proportion in the older age-band was double that in the younger age-band; 35.9% of 18-39 year-olds (significantly lower), 51.1% of 40-64 year-olds and 68.1% of those aged 65+ (significantly higher).

Much lower proportions of respondents cited *'more single rooms for patients'* (23.6%), *'bigger wards so patients have more space'* (15.9%), *'improve catering facilities'* (14.2%) and *'improve access to green space for patients'* (12.2%).

Overall, 308 respondents cited other areas of improvement as free text responses:

- A large number (148) related to waiting times and/or the need to increase capacity (e.g. staff, beds, and physical space). Several commented on the effect of the increasing Warrington population, and therefore increasing demand, on the hospital. Others expressed the opinion that it would be better not to build a new hospital, but instead use the money to increase staff and resources at the existing hospital.
- Other respondents cited the location of a new hospital, if there was to be one, although opinion was split as to whether it should be centrally located or not.

- Several respondents suggested a facility such as a walk-in centre or minor injury unit, either near the hospital or in other locations, to relieve pressure on A&E. In addition, several highlighted that an increase in availability of GP appointments could relieve pressure on A&E.
- To relieve pressure on hospital beds, several respondents suggested enabling earlier discharge of patients, through coordinating a multi-agency discharge approach, improving links with social care and having a separate facility for rehabilitation to support a focus on community care.
- Whilst there was already a standard response of 'Ensure ease of access, including car parking, public transport and active travel', parking issues were frequently mentioned (26 respondents). This included high parking fees for staff, patients and visitors, lack of spaces, and dissatisfaction of residents near the hospital regarding congestion on their streets. One respondent suggested improving the hospital drop-off system and another cited the insufficient numbers of disabled parking bays at the current hospital. Some respondents suggested more efficient, joined up services.
- Several respondents suggested support, facilities and staff training relating to carers, people with disabilities, and patients with specific conditions such as dementia, autism and mental health.
- Single sex wards were mentioned by 4 respondents, all aged 70+.

## Appendix A – Demography of respondents

### Respondents by gender

Table 15: Respondents by gender

No. respondents by gender	
Female	2467
Male	2421
Non-binary, Transgender or 'Other' (free text response) have been combined, as there are too few in each group to analyse and report separately	20
Prefer not to say	24
Total	4932

### Respondents by age-band

Table 16: Respondents by age-band

No. respondents by age-band	
18-39	1377
40-64	2054
65+	1501
Grand Total	4932

### Respondents by deprivation quintile

Table 17: Respondents by deprivation quintile

No. respondents by age-band	
Quintile 1 (most deprived)	815
Quintile 2	830
Quintile 3	461
Quintile 4	1208
Quintile 5 (least deprived)	1618
Grand Total	4932

## Ethnicity

Over a quarter of respondents did not provide their ethnic group; 1,221 gave no response and 43 chose 'Prefer not to say'. Table 18 shows the ethnicity of respondents. Census 2021 figures are given for comparison.

**Table 18: Respondents by broad ethnic group**

Respondents by broad ethnic group	No. of respondents	Percentage (as a % of all who gave a valid response)	Census 2021
Asian / Asian British	240	6.5%	3.3%
Black, Black British, Caribbean or African	28	0.8%	0.7%
Mixed or Multiple ethnic groups	21	0.6%	1.6%
White English / Welsh / Scottish / Northern Irish / British	3,177	86.6%	88.1%
All other White combined due to very small numbers in some ethnic groups. Includes Census categories 'Irish', 'Gypsy/Irish Traveller', 'Roma', 'Any other white background' and 'White unspecified'.	190	5.2%	5.4%
Other ethnic group	12	0.3%	0.9%
<b>Total known ethnicity</b>	<b>3,668</b>	<b>100%</b>	<b>100%</b>
<i>Unknown: 'Prefer not to say'</i>	43		
<i>Unknown: no response</i>	1,221		

## Breakdown of sample by population subgroup (to match Warrington borough's overall population and the percentage of respondents in each population subgroup).

As can be seen in Table 19 the ideal percentage of respondents does not exactly match the actual percentage of respondents, because there were different response rates in each subgroup. In order to make estimates representative of the Warrington population, each subgroup was weighted for the analysis.

**Table 19: Breakdown of sample by population subgroup**

IMD 2019	Ideal % of respondents in each of 30 population subgroups (to match overall Warrington resident population)						Actual % of respondents in each of 30 population subgroups					
	Female			Male			Female			Male		
	18-39	40-64	65+	18-39	40-64	65+	18-39	40-64	65+	18-39	40-64	65+
<b>Quintile 1</b>	3.9%	3.7%	1.6%	4.2%	4.1%	1.4%	3.4%	3.7%	1.2%	2.6%	4.0%	1.7%
<b>Quintile 2</b>	3.6%	3.6%	1.7%	3.6%	4.0%	1.4%	2.8%	3.7%	2.0%	2.8%	3.4%	2.0%
<b>Quintile 3</b>	1.3%	1.7%	1.2%	1.3%	1.7%	1.0%	1.3%	2.0%	1.5%	1.1%	1.8%	1.7%
<b>Quintile 4</b>	3.2%	4.9%	3.7%	3.6%	5.2%	3.1%	3.3%	4.7%	3.9%	2.8%	4.7%	5.1%
<b>Quintile 5</b>	4.4%	7.3%	4.4%	4.2%	7.1%	3.9%	4.2%	6.9%	5.7%	3.5%	6.8%	5.7%
<b>Total</b>	<b>100%</b>						<b>100%</b>					