healthwatch Herefordshire

Proactive Care Project Report

August 2024

About us

Healthwatch Herefordshire is your local health and social care champion. We make sure NHS and local authority leaders, and 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.

Contents

Introduction

Healthwatch Herefordshire and Herefordshire General practice were successful in receiving NHS England funding as part of the 'Partnership working with people and communities' initiative for Integrated Care Boards.

Herefordshire Primary Care Networks (PCNs) aim to create proactive care plans for a small cohort of patients across multidisciplinary teams. The cohort identified were frail patients and those with long-term health conditions.

In addition to the clinical care plans, the aim was for Healthwatch to engage with communities to understand what community-based provision or activities do, or would, support them to manage their long-term health conditions and frailty (in particular Diabetes, Cardiovascular Disease, Heart Failure, and Respiratory conditions).

It was also envisaged that this community engagement work would provide a complementary picture of what non-clinical support people identified as beneficial, existed or didn't exist in each PCN area.

The overall aim was to establish how this cohort of patients could be better managed proactively in the community to delay or slow the progression of their condition where possible, avoid duplication of effort from multiple clinical appointments/disciplines, reduce unplanned admissions, and achieve better outcomes for patients.

For Healthwatch to provide a comprehensive response, the project was divided into four constituent parts.

Part 1:

- Engage with the selected patient cohort to understand what kind of non-clinical support in their community they currently use or would like to be able to use to support them to live as well as possible for longer.
- Highlight any differences in that provision across each of the Primary Care Networks.

Part 2:

- Work with the PCN and other sources like Talk Community, community groups and organisations to produce a list of community assets which patients identify as useful within each PCN area
- Highlight gaps in provision which would be beneficial to patients if they were available.

Part 3:

- Engage with patients to understand whether people are aware of or have used the Social Prescribing services offered by their GP and how useful they found the experience.

Part 4:

- Engage with patients to ascertain if they are aware of or have used the day and support services available through St Michael's Hospice and if they have knowledge of Advanced Care Planning.

Engagement with the public took place between April and August 2024.

See Appendix 8 for a glossary of terms and abbreviations contained in this report.

Method

A survey was designed which could be used online or offline to gather patient views and opinions. It was structured in such a way that only people identifying with long-term health conditions were able to participate.

The survey was accessible from the Healthwatch Herefordshire website and promoted via a QR code with associated marketing materials, posters, leaflets and additionally via Healthwatch Herefordshire's social media channels.

Business-style cards were printed and distributed to each GP surgeries, for distribution to patients with diabetes, hypertension, asthma/COPD or cardiovascular conditions, when being seen in the clinic.

Appendix 1 poster.

Appendix 2 survey.

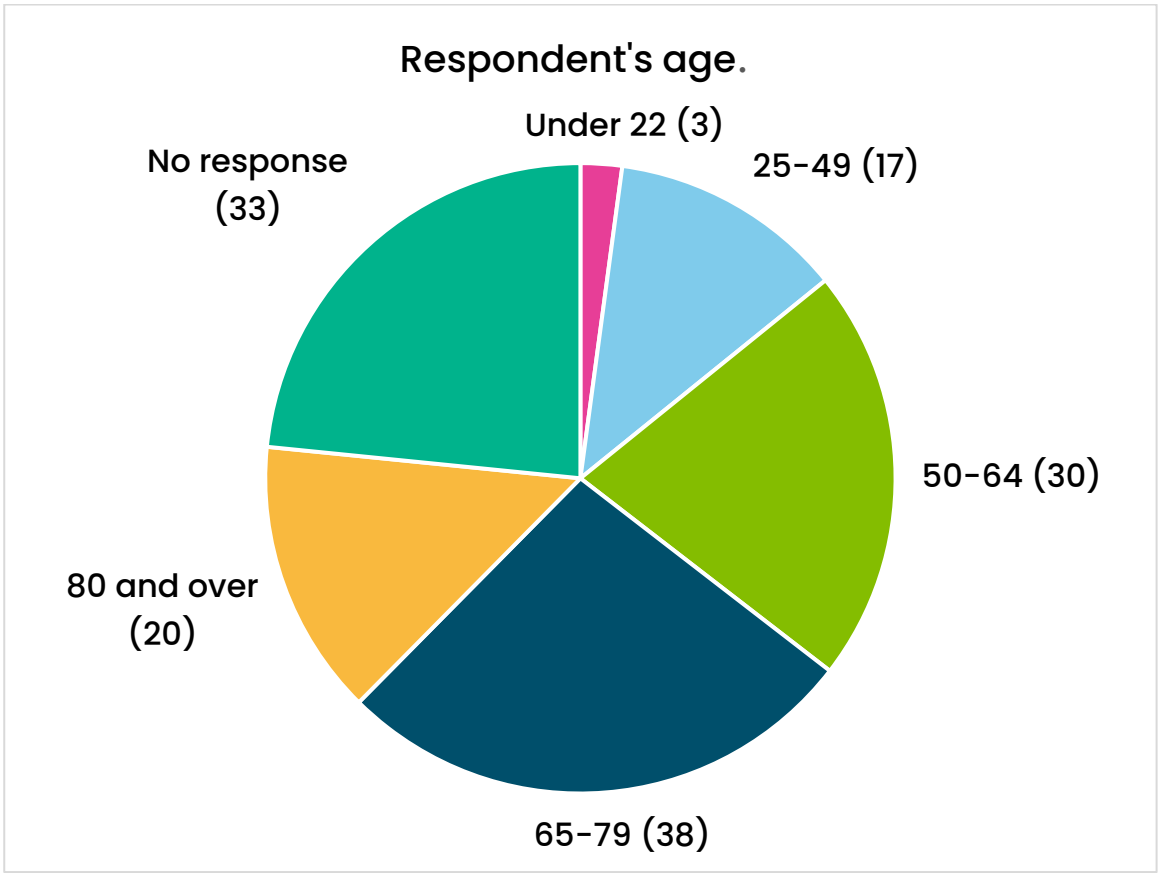
Demographics

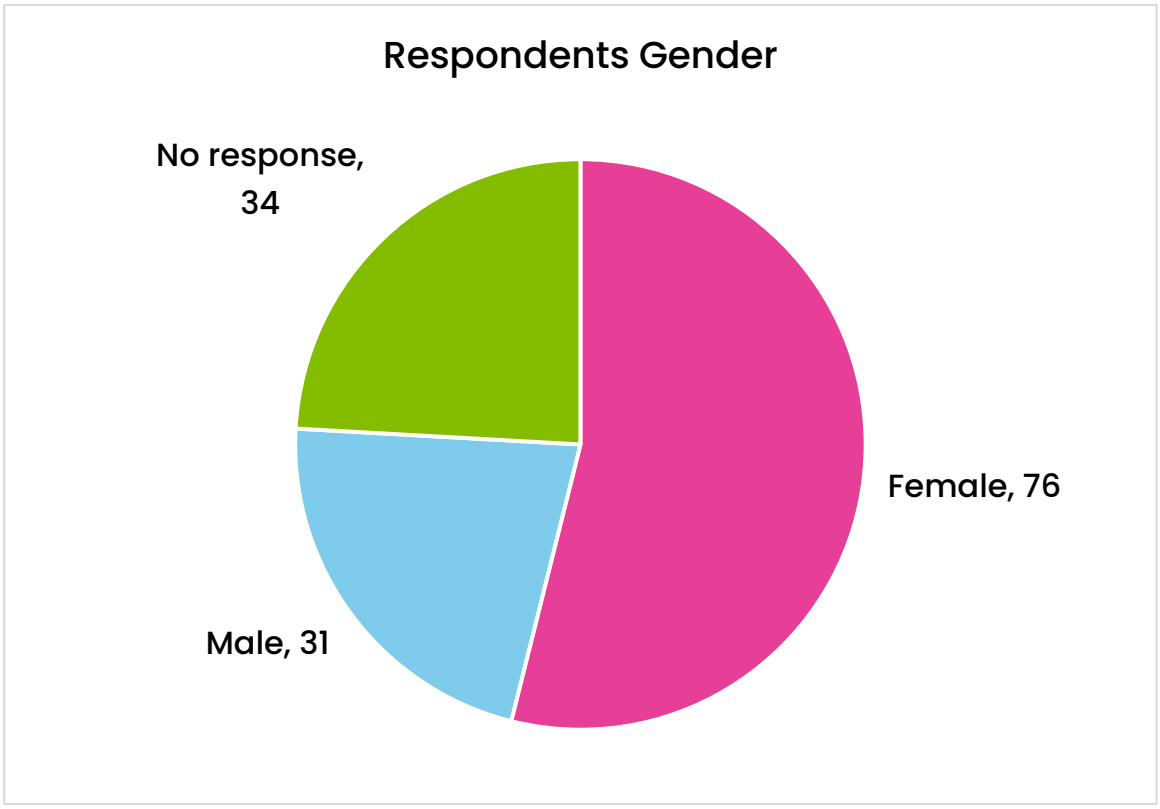
The survey was structured so that only people indicating that they had a long-term health condition were able to proceed with the questions.

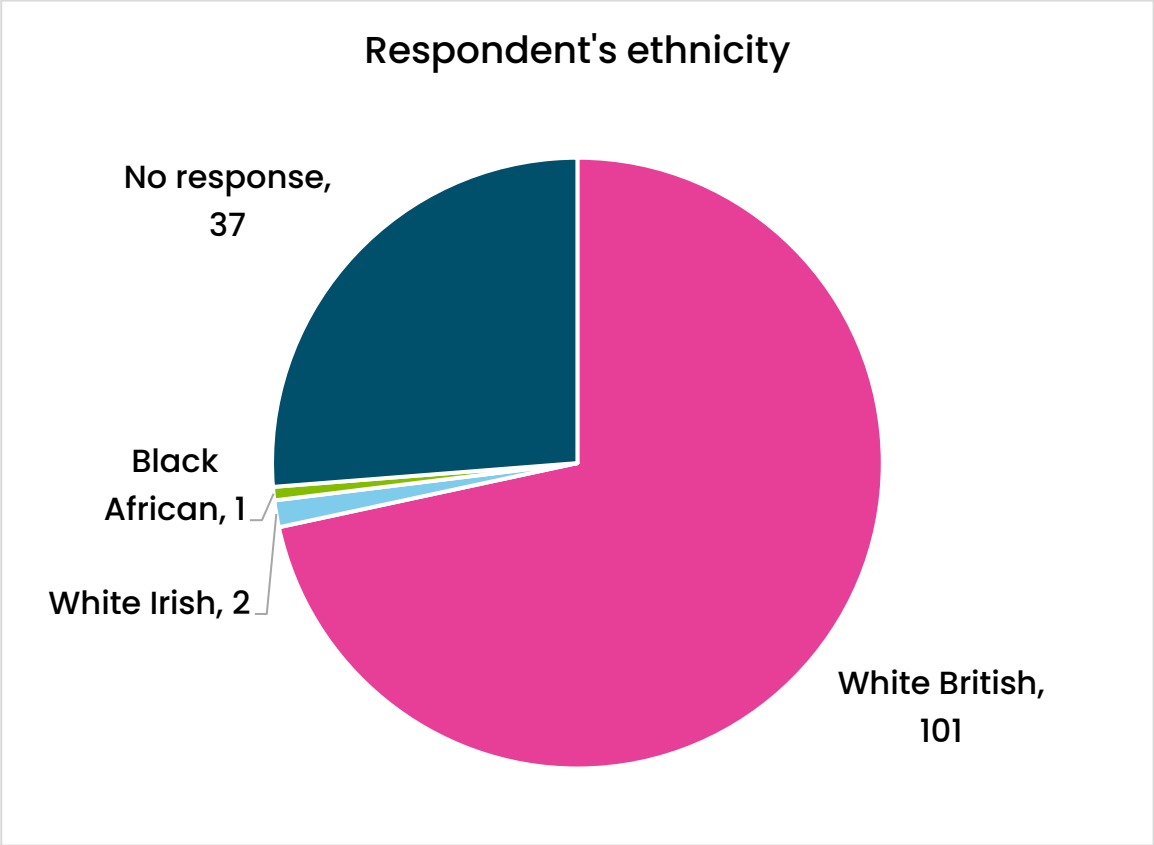
Healthwatch engaged with 141 people directly and indirectly.

- 89% of respondents completed the survey for themselves, 11% answered on behalf of a spouse/partner, child or parent.
- 78% of respondents gave us their age. 80% of these were over 50 years old.
- 90% of respondents were female, 28% male.
- 34 respondents did not indicate their gender.

The following charts illustrate the demographics of respondents who completed the survey.


Respondent's age.
Under 22 (3)
25-49 (17)
50-64 (30)
65-79 (38)
80 and over (20)
No response (33)


Respondents Gender
Female, 76
Male, 31
No response, 34



The table below shows the percentage number of respondents from each PCN.

PCN	% of respondents
City North	17
City South	25
North and West	9
East	6
South and West	41
Unknown	2

Appendix 3 shows a table of which GP surgery is within each PCN and a chart of the number of responses received by, the PCN area.

Findings for Part 1:

What do people find useful in their communities that help them cope and self-manage their long-term health conditions?

46% of respondents listed health support groups or activities they attended in person or accessed online.

The table below shows all the groups and activities people identified as useful to them, listed by each PCN.

PCN	Useful groups and activities
City North	White House coffee morning Mindfulness drop-in at St Michael's Hospice (MIR) Making it Real a lived experience board at Herefordshire Council. Versus Arthritis
City South	Crohn's and Colitis UK Forum PCOS Facebook group Tai-chi Post-COVID support group in Worcester Parkinson's group, The Swan Inn monthly
North and West	Wye Valley Pain Management Centre Oxygen Therapy Centre (privately) Acupuncture (privately) Physio (privately) Podiatrist (privately)
East	Myaware online
South and West	Broomy Hill Day Centre Respite at Orchard Place Leadon Bank Ledbury 21 plus, Downs Syndrome Youth Club, Abergavenny Marches Family Network sessions, Flipz Gymnastics Club. John Kyrle Club Ross The Knoll- Ross Ross Meeting Centre Dementia group

	Larruperz Centre lunch clubs shamanic drumming circle Singing for the brain Ross Chair yoga Fownhope Co-Co activities: Compassionate Community scheme Fownhope Westbank Residential Home (for daycare) Ross Baptist Church Wednesday for lunch Ross Mental Health Peer Support Group Crohn's and Colitis UK online Halo gym - aqua aerobics and swimming Carers of Herefordshire Group Madley craft group Coffee mornings Eaton Bishop, Winter wellbeing, Warm spaces Sarcoidosis UK FB page

With 42 % of all respondents registered within the two city PCNs, it might have been expected that they would identify a higher number of useful groups and activities: where population density and provision of regular public transport are greatest. However, the South and West PCN respondents identified the greatest number of useful groups and activities, with 11 of the 25 being known to be located in Ross on Wye.

Only 5 online support groups were identified, none directly related to the target cohort group of people with diabetes, asthma/COPD, or cardiovascular disease. However, each condition has a national UK charity with a website, information and community forums.

Questions 4 and 5 of the survey gathered information relating to how often respondents' health condition affected their daily activities and how physically active they were.

The following tables show the percentage of responses received in each category.

Survey question 4: How often does your long-term health condition affect your daily life?

Response	% of respondents
Every day	58
Occasionally	24
Rarely	10
Never	8

Survey question 5: How physically active are you?

Response	% of respondents
Regularly: most days	52
Occasionally: at least once a week	30
Rarely: once a month	9
Never	9

Question 6 of the survey gathered information about how confident respondents were in knowing when and where to seek help and advice for their health and whether they felt they had a strong support network around them.

- 80% of respondents (113 people) agreed they knew when to seek help and advice for their health, 13% (18 people) disagreed.
- 74% (103 people) agreed that they knew where to seek help and advice for their health, 17% (24 people) disagreed.
- 70% (99 people) agreed that they felt they had a strong support network around them to help them manage their health, 23% (33 people) disagreed.

Appendix 4. Table showing all responses to question 6.

Findings for Part 2:

What did people say was lacking in the community that they felt would help them cope and self-manage their long-term health conditions?

33% of respondents expressed their opinion of what groups, activities or support services they felt were lacking in their community.
Their responses are shown in the table below, listed by PCN.

PCN	Groups, activities and support services identified as lacking:
City North	Free prescribed yoga sessions available through the NHS. Hydrotherapy sessions. Support group for people with Neurological conditions like M.E. Dietary support Joined up services as my conditions are managed separately with no cross-over Faster ADHD referrals Easier access to GP appointments Support while waiting for referral (to manage symptoms until you can be seen)
City South	Halo: groups are over-subscribed Scleroderma support Support for adults with autism Asthma support group Diabetes support Managing fatigue Support with Crohn's disease Support for dialysis & kidney disease Long term physiotherapy Accessible transport in city and rural areas Emergency support for mental health crisis Occupational therapist for sensory needs Easier access to GP appointments
North and West	Dental care MS nursing team

	Diabetes specialist nurses Sarcoma support Hospital appointment travel networks (from a village with little public transport.) Help looking after husband- I am his carer Transport
East	Asthma and COPD M.E/CFS support Fibromyalgia support Myasthenia Gravis neuromuscular M.E. specialists or groups Mental Health Counselling Easier access to GP appointments
South and West	Long-term and ongoing guided and supported gym sessions Post-cancer support group to help anxiety Sarcoidosis support when first diagnosed Dementia support/ social group without requiring a family member or carer to be present More dementia support and activity groups A befriending service so I see someone daily Emergency support: to care for the person I care for if I'm ill. Help with transport Help with applying for a Blue Badge for parking Daytime social events: meal followed by talk/discussion or games Social opportunities for young adults with Learning Disability- e.g. inclusive healthy, sports activities Activity outside with my children Help with shopping Someone to talk to Help with laundry Housing

It was clear from respondents and our subsequent desktop research that there are no peer support groups available in Herefordshire for patients with diabetes, asthma/COPD or cardiovascular disease.

A "Singing for Lung Health" activity (not peer group) is advertised by Asthma + Lung UK online as holding an activity group in Hereford every Monday. This is delivered by Encore Music Enterprises and The Wye Valley Trust, for £40/term or £120/year.

Below is a table of where the closest in-person peer support groups are for the target cohort:

Condition	Nearest in-person support group to Herefordshire
Diabetes	Cinderford Gloucester Newport, Wales
Asthma/COPD	Great Malvern, Worcestershire
Cardiovascular disease	Worcester Abergavenny Cheltenham.

(Source: Asthma+Lung UK, Diabetes UK, & British Heart Foundation websites)

Respondents who did not drive themselves identified that a lack of public transport, and its physical and geographical accessibility were seen as barriers for them when attending their healthcare appointments and social well-being support opportunities in their communities.

Some also highlighted that they were solely reliant on family or friends for transportation or were concerned about the cost of travelling to and attending clinical appointments and additional support for their health.

Isolation (both physical and social) and loneliness were also mentioned relating to a lack of transportation options.

The additional common themes that were highlighted by respondents as barriers to managing their health are listed below.

- Difficulty accessing GP appointments
- Low level of clinical support services for patients with MS and ME
- Difficulty navigating services for managing a patient's different health conditions.

"There are no health support groups in my area applicable to my condition. I can't afford to pay for medical therapies which help my condition. I have asked my GP to prescribe free therapies which help but they refused."

"Simply having the same medical person/team so I don't have to keep explaining over and over and still be misunderstood or things being missed completely"

Findings for Part 3

Are people aware of the Social Prescribing services offered by their surgery? Have they used the service, and if so which aspect and how did they find it?

32% of respondents (45 people) said that they were aware of the Social Prescribing service offered by their GP surgery.

8% (11 people) of these said that they had used the service.

The table below shows which aspect of the service they said they used, listed by PCN.

PCN	Which aspect of social prescribing was used?
South and West	Advice for day and respite care Planning for future support needs For general information Discussion about support for my husband who has dementia Weekly one-to-ones, help with benefits, mental health and peer support as I'm a carer Online services

North & West	Community health group
City South	Signposting for my neurodiverse family's needs Yoga Unsure- they didn't do anything

72% of respondents said that they found the Social Prescribing service useful, 27% of these found it extremely useful to them.

Appendix 5: Chart illustrating how useful respondents found the Social Prescribing service and an explanation of what Social Prescribing is.

Respondents were able to leave a comment as to the reason they did or did not find the service useful. Some examples can be seen below.

"I could not have got through the last 18 months without her kindness and encouragement with all her helpful directions. She listened and helped me to cope in the most desperate and difficult place I found myself. She was invaluable and I am so grateful for her help and support, she made all the difference to my situation."

"Not very useful: Didn't help at all and was just two phone calls from them and then never heard from them again. No discharge".

Findings for Part 4:

Which St Michael's hospice support or day services are used by the community, and how useful did they find them?

6% of respondents (8 people) said that they had used support groups or day services provided by St Michael's Hospice

Which support groups or day services were used?	How many people used them?
Mindfulness drop in	2
Counselling	2

Monthly cinema afternoons	1
Complementary therapy post shingles	2
Various daycare activities for my mother	1

100% of people found the services to be useful, very useful or extremely useful for them. (see Appendix 6 for details)

Respondents were able to leave a comment as to the reason they did or did not find the service useful. Some examples can be seen below.

> "Relaxing, very friendly and lovely to get out and meet others"
>
> "It gave me the ability to get through a very tough period in my life and illness"

Are people familiar with the term 'Advanced Care Planning' and do they have an Advanced Care Plan in place?

26% of respondents (37 people) said that they were familiar with the term "Advance Care Planning". Of these, 8% (3 people) said that they have an Advanced Care Plan in place.

Appendix 7 Description of an Advanced Care Plan.

Conclusions

- The participation from the public was more concentrated in the South and West PCN area, as community engagement took place in person at two peer support groups: The Ross Meeting Centre (dementia support) and The John Kyrle Club. These two groups were identified multiple times as useful services for respondents, but it was not possible to identify whether their response was a direct result of engagement in person or through other means.

- Many of the community assets listed by respondents, particularly those run by volunteers, are dependent on participation and support from their communities. Groups can easily fold without ongoing support for organising or funding.

  The Ross Meeting Centre (dementia support) and The John Kyrle Club fall into this category and have both received support from the Ross Community Development Trust. (Ross-CDT).

  This has been in the form of volunteer training and screening and promotion of the clubs in a quarterly newsletter that is delivered to all the households locally.

- A new peer support group for those affected by prostate cancer has been started this year in Herefordshire. It has been set up by two individuals with the condition who identified a gap in support in the county, which would have been useful to them upon diagnosis. Voluntary groups like this rely upon individuals to join in and organise, for the greater good of their local community. This can wane when people become acutely unwell.

- There is apathy among communities to engage with health research at a local level, which makes getting the views of a significant number of people In a specific cohort difficult. NHS services have direct access to these patients and could assist in more effective targeting to ensure participation.

- The engagement highlighted that more could be done to increase people's desire and willingness to play a more active role in managing their health.

- It is clear that in a large sparsely populated county like Herefordshire, services can be Hereford-centric, and transport can be an issue for some people. There is a need to manage expectations in more rural areas about expecting the same level of support services as a market town or the city.

- The most significant gap in provision that was identified by respondents of the target cohort was the lack of peer support groups in the county specific for diabetes, asthma/COPD, and cardiovascular disease.

- 100% of the respondents who said they had used day or support services through St Michael's Hospice gave positive feedback on their experiences

Recommendations and next steps

- Consider what could be learnt from how St Michael's Hospice deliver their day and support services, in light of receiving 100% positive feedback from respondents.
- Look to identify provisions similar to the Ross Community Development Trust (Ross CDT) and replicate them across the wider county.

  The Ross CDT is a charity that offers support to local volunteer organisations and charities. It enables local groups to access useful resources for managing their volunteers and staff, as well as networking opportunities to connect them with each other and potential new volunteers.

  Their vision is "To unlock the potential of the Ross-on-Wye community to collaboratively and creatively enhance the quality of life of all in the town." (Source: rosscdt.org.uk)

- Look beyond Herefordshire to identify where successful services are established that people identified as missing locally, and replicate these in Herefordshire.
- Partner with the Taurus Talk Wellbeing Outreach team to take information and services directly to the seldom heard / rural communities, as accessing transport for many patients can be a barrier to managing their health.
- Encourage each PCN to engage with other service providers and actively signpost patients to the existing support organisations around the network.
- Work more closely with the voluntary, community or social enterprise organisations in Herefordshire to ensure that all patients receiving long-term health condition diagnoses are provided with support and signposting into these community support services, through the Social prescribers and Health and Wellbeing Coaches.
- Promote and keep up to date the details of existing health-related community support groups, using the existing Talk Community directory

with printable lists. Thus, providing a one-stop shop for signposting to health and wellbeing support for both clinicians and patients to access.

- One Herefordshire partners to consider feasibility of supporting the codesign and establishment of peer support groups for diabetes, asthma/COPD, and cardiovascular disease.

Acknowledgements

Thanks go to the participants of the following groups, who welcomed us warmly and completed our survey:

- Herefordshire Prostate Cancer Support Group
- The Ross Meeting Centre (Dementia support for people with mild/moderate dementia and their carers)
- The John Kyrle Club, Ross on Wye.
- Herefordshire Carers together:
    - Ledbury,
    - Hinton Community Gardening and craft groups,
    - Rejuvenate!
    - Madley Craft Groups.
    - Bodenham
    - Leominster walking group
- The Fownhope Bridge Club
- The Hit Squad.
- The Hinton Community Centre Coffee and Chat group
- St Peters Church, Hereford
- Revive Christian Life Centre, Hereford.
- Whitehouse Community Hub
- Bishops Frome Community Meeting
- The Moreton Teapotters Group
- Attendees of the Lea Village coffee morning.
- Patients at the Talk Community Hub, Maylord Orchard Centre, Hereford
- Attendees at Ross Cattle market
- "Bosbury Brew"
- Dorstone Community Hall Meeting
- St Martins Food Share, Belmont
- Burghill & Tillington Soup Lunch Club
- Hinton Community Centre coffee and chat
- The Cart Shed, Devereux Wootton
- Aymestry Parish Hall Coffee Morning
- Belmont Community Centre coffee morning
- Marden Parish Links hub
- Bromyard Methodist Church coffee morning

- Sutton St Nicholas Community Plant sale

PCN Teams

- Alisha Jenkins, Integrated Care Programme Manager, Taurus Healthcare
- Gillian Pearson, Associate PCN Director of Prevention, Partnerships and Transformation
- Dr Mike Hearne and the staff of Fownhope Medical Centre.
- PCN development managers, Anna Straker, Su Suehr, Hannah Hope, Lucy Burgess, Matt Hagley.

Appendices

Appendix 1. Project poster.

Appendix 2.

Project survey.

Tell us your views of living with a long term health condition.

1. About this survey

General Practice in Herefordshire has asked Healthwatch Herefordshire to survey patients with long-term health conditions to understand how patients can be helped to manage their health effectively within their community, reduce hospital admissions, and slow disease progression where possible.

We'll analyse what you say and write a report that we'll share with local service providers to help shape future services. We may use quotes from your survey response in our final report, but we'll remove any information that would identify you first.
The information you give us is completely confidential. If you give your contact details regarding volunteering or receiving our newsletter, they will only be used for these purposes.

For more information about what Healthwatch Herefordshire does,
visit https://www.healthwatchherefordshire.co.uk

For further information about how we process your data, see our privacy notice
https://www.healthwatchherefordshire.co.uk/privacy

A full list of our contact details is available at the end of this survey.

1. Who are you responding on behalf of?

- ☐ Myself
- ☐ My Partner/spouse
- ☐ My parent
- ☐ My child
- ☐ My client
- ☐ My friend

- [ ] Other (please specify):

2. Do you have a long-term health condition? Select all that apply

- [ ] Asthma, COPD or respiratory condition
- [ ] Blindness or severe visual impairment
- [ ] Bone, muscle, or joint conditions
- [ ] Cancer
- [ ] Heart and blood vessel diseases (including stroke)
- [ ] Chronic kidney disease
- [ ] Deafness or severe hearing impairment
- [ ] Dementia
- [ ] Diabetes
- [ ] Epilepsy
- [ ] Hypertension
- [ ] Learning disability
- [ ] Mental health condition
- [ ] Neurological condition: Multiple Sclerosis, Motor Neurone Disease, Parkinson's
- [ ] Prefer not to say
- [ ] Other (please specify):

3. Which GP surgery are you registered with?

- [ ] Alton Street Surgery
- [ ] Belmont Medical Centre
- [ ] Cantilupe and Hampton Dean Surgery
- [ ] Colwall Surgery
- [ ] Cradley Surgery
- [ ] Fownhope Medical Centre
- [ ] Golden Valley Practice

- [ ] Hampton Dean
- [ ] Hereford Medical Group (HMG)
- [ ] Kington Medical Practice (HR5 3EA)
- [ ] Kingstone Surgery (HR2 9HN)
- [ ] Ledbury Health Partnership
- [ ] Mortimer Medical Practice
- [ ] Much Birch Surgery
- [ ] Nunwell Surgery
- [ ] Pendeen Surgery
- [ ] Ryeland Surgery
- [ ] Tenbury Wells Surgery
- [ ] Wargrave House Surgery
- [ ] Weobley & Staunton on Wye Surgeries
- [ ] I am not registered with a GP, but do live in Herefordshire.
- [ ] Prefer not to say
- [ ] Other (please specify):

4. How often does your long-term health condition affect your daily life?

- [ ] Never: I have no active symptoms - my health condition doesn't affect my life
- [ ] Rarely: my health condition is generally well managed.
- [ ] Occasionally: my symptoms sometimes limit my daily activities
- [ ] Every day: My symptoms restrict my daily activities

5. How physically active you are: (Choose one which most applies to your level of physical activity.) Include walking, cycling, sports, gardening etc.

- [ ] Regularly: most days
- [ ] Occasionally: at least once a week
- [ ] Rarely: once a month
- [ ] Never

6. Tell us how strongly you agree or disagree with the following statements:

	Disagree completely	Disagree slightly	Neither Agree or Disagree	Agree Slightly	Agree completely
I am confident that I know when to seek help and advice for my health.	☐	☐	☐	☐	☐
I am confident that I know where to seek help and advice for my health.	☐	☐	☐	☐	☐
I feel that I have a strong support network around me of friends/family/others to help me manage my health.	☐	☐	☐	☐	☐

7. Please list the name/s of any health support groups or activities you attend in person or access online. (for example Ross Dementia Group, Herefordshire Cardiac Support Group)

8. Have you used any support groups or day services provided by St Michael's Hospice?

☐ Yes

☐ No

9. Please tell us which St Michael's Hospice services you have used.

10. How useful did you find the services provided by St Michael's Hospice?

- [ ] Extremely useful
- [ ] Very useful
- [ ] Somewhat useful
- [ ] Not so useful
- [ ] Not at all useful

11. How do you feel this helped/didn't help you?

12. Tell us what services you feel are missing from your community that would help you manage your health more effectively. (For example: a support/social group with other people who have the same health conditions)

13. What aspects of daily life do you need support with, but feel that the support is NOT available for you within your community?

14. Are you aware of the Social-prescribing service offered by your GP surgery?

- [ ] Yes
- [ ] No

15. Have you used the Social-prescribing service offered by your GP surgery?

- [ ] Yes
- [ ] No

16. Which aspect of the Social-prescribing service did you use?

17. How useful did you find the Social-prescribing service?

- [ ] Extremely useful
- [ ] Very useful
- [ ] Somewhat useful
- [ ] Not so useful
- [ ] Not at all useful

18. How do you feel this helped/didn't help you?

19. Are you familiar with the term "Advanced Care Planning"

- [ ] Yes
- [ ] No

20. Do you have an Advanced Care Plan in place?

- [ ] Yes
- [ ] No

21. If you would like to add any further comments, please do so below:

22. Would you like to learn more about becoming a Healthwatch Volunteer in your local community?

- [ ] Yes
- [ ] No

23. If you would like to learn more about volunteering with us, please leave your contact details in the comment box below.

24. Would you like to sign up to receive the Healthwatch Herefordshire newsletter via email?

- [ ] Yes
- [ ] No

25. If you would like to receive the Healthwatch Herefordshire newsletter via email, please put your full name and email address in the comment box below.

26. The following questions allow us to make sure that we collect views from a broad cross-section of Herefordshire's population.

What is your age?

- [ ] Under 17
- [ ] 17-18
- [ ] 18-24
- [ ] 25-49
- [ ] 50-64
- [ ] 65-79
- [ ] 80-and over
- [ ] Prefer not to say

27. What is your gender?

- [ ] Male
- [ ] Female

- [ ] Non-binary
- [ ] Prefer to self describe
- [ ] Prefer not to say

28. Is your gender the same as the gender assigned at birth?

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

29. What is your sexuality?

- [ ] Asexual
- [ ] Bisexual
- [ ] Gay man
- [ ] Heterosexual/straight
- [ ] Lesbian/Gay Woman
- [ ] Pansexual
- [ ] Prefer to self describe
- [ ] Prefer not to say

30. What is your ethnicity?

White

- [ ] British
- [ ] Irish
- [ ] Other

Asian or Asian British

- [ ] Indian
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] Any other Asian background

Mixed

- [ ] White and Black Caribbean
- [ ] White and black African
- [ ] White and Asian
- [ ] Any other mixed background

Black or Black British

- [ ] Caribbean
- [ ] African
- [ ] Any other black background

Other Ethnic Group

- [ ] Chinese
- [ ] Any other Ethnic Group
- [ ] I do not wish to disclose my ethnic origin

Additional Comments:

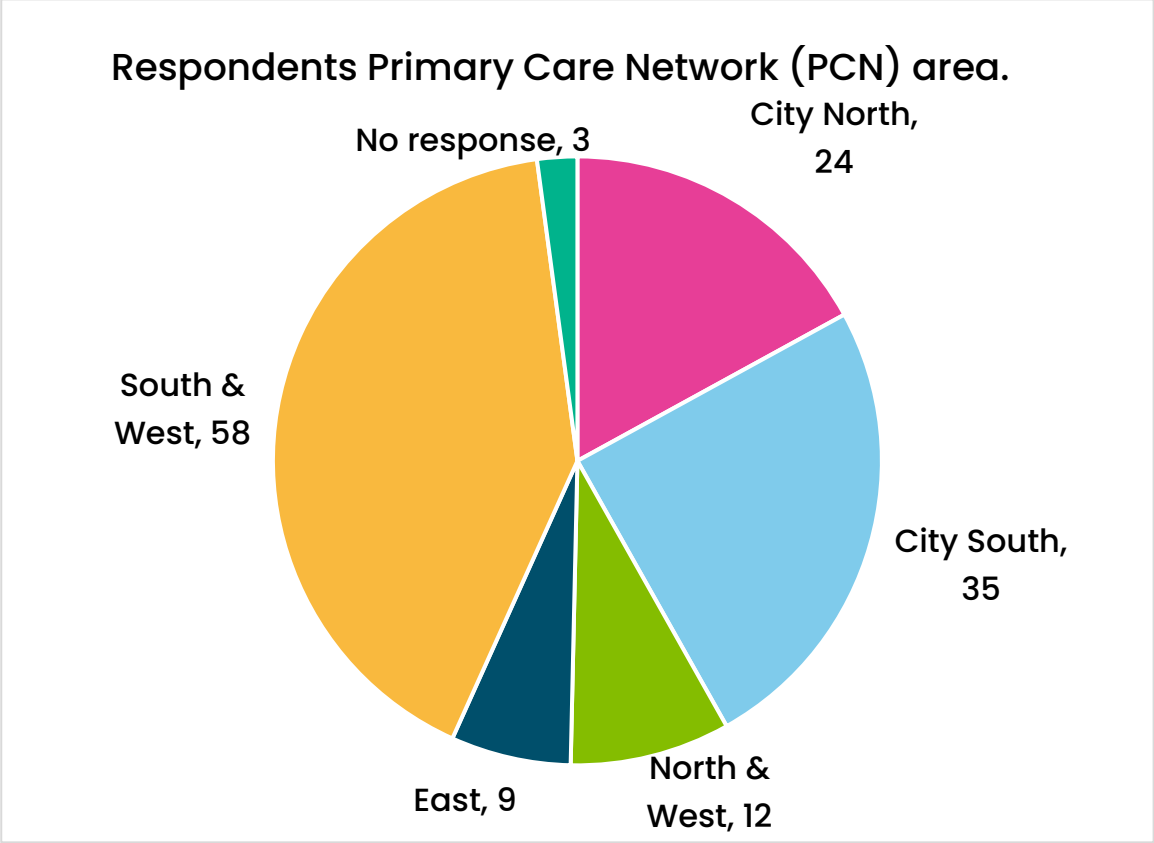
Appendix 3.

Primary Care Networks

The nineteen General Practise (GP) surgeries across Herefordshire are divided into five area groups called Primary Care Networks. (PCN)

The table below shows the GP surgeries in each primary Care Network (PCN) and the chart demonstrates which PCN the survey respondents were registered with.

Primary Care Network	Name/s of GP surgeries in each PCN
City North	Hereford Medical Group
City South	Belmont Medical Centre Cantilupe & Hampton Dean Surgery Wargrave House Surgery
North and West	Kington Medical Practice (HR5) Mortimer Medical Practice Ryland Surgery Tenbury Wells Surgery Weobley & Staunton-on-Wye Surgeries
East	Colwall Surgery Cradley Surgery Ledbury Health Partnership Nunwell Surgery
South and West	Alton Street Surgery Fownhope Medical Centre Kingstone Surgery (HR2) Golden Valley Practice Much Birch Surgery Pendeen Surgery



Appendix 4.

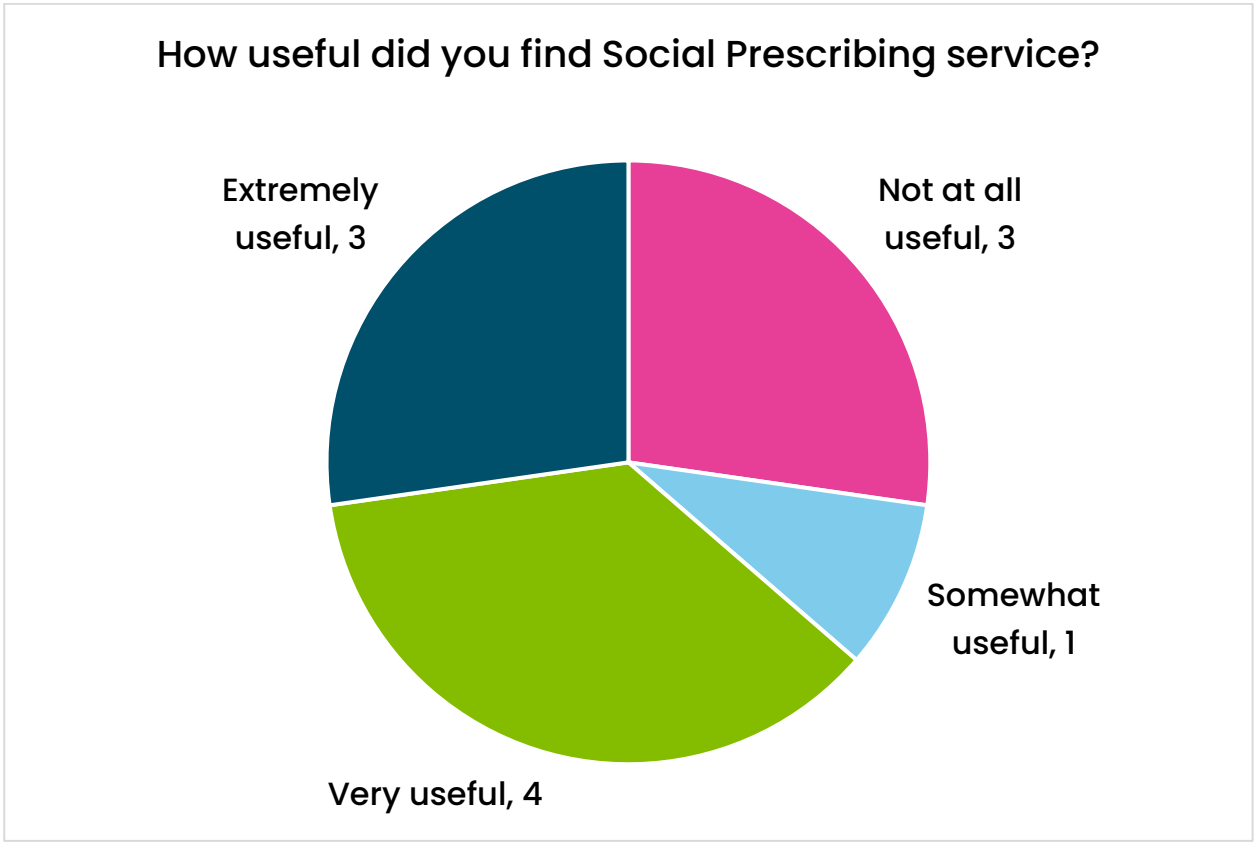
Question 6: Tell us how strongly you agree or disagree with the following statements:

Responses	Disagree completely	Disagree slightly	Neither Agree or Disagree	Agree Slightly	Agree completely
I am confident that I know **when** to seek help and advice for my health.	7.14% 10	5.71% 8	6.43% 9	26.43% 37	54.29% 76
I am confident that I know **where** to seek help and advice for my health.	8.57% 12	8.57% 12	9.29% 13	25.71% 36	47.86% 67
I feel that I have a **strong support network** around me of friends/family/others	15.00% 21	8.57% 12	5.71% 8	24.29% 34	46.43% 65

Responses	Disagree completely	Disagree slightly	Neither Agree or Disagree	Agree Slightly	Agree completely
to help me manage my health.					

Appendix 5.

This chart shows how the 11 respondents who had used the GP Social Prescribing Services rated their experience, and below is an explanation of what Social Prescribing is.

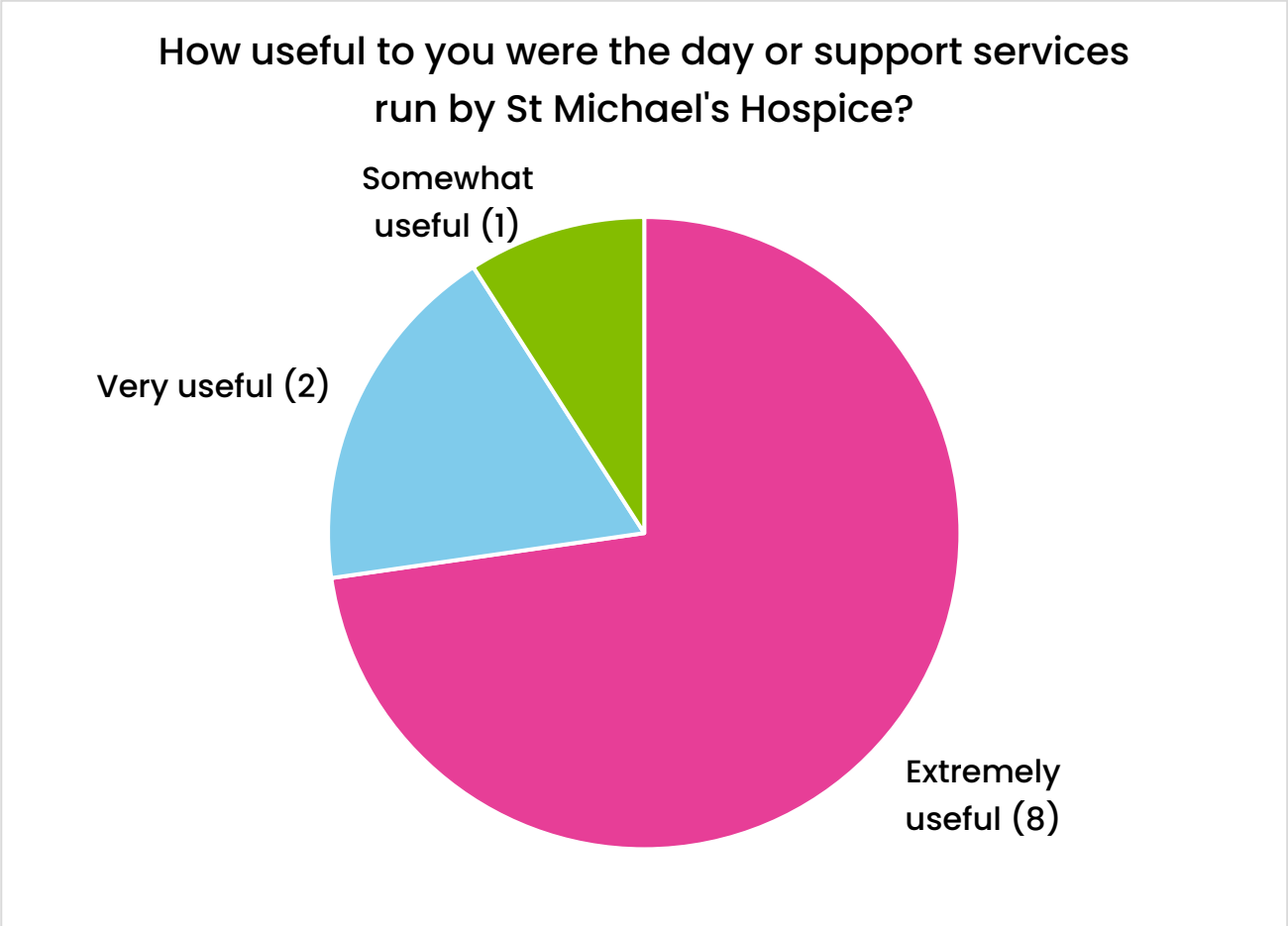


Social prescribing operates alongside existing medical treatments or as a stand-alone service to provide non-medical support within the local community.
The service enables healthcare professionals to link patients with all sorts of non-medical support and recognises that our health and well-being can be affected by a wide range of factors – including social, environmental and economic.

For more information contact your GP surgery.
(Source: https://www.herefordshiregeneralpractice.co.uk/for-patients/social-prescribing)

Appendix 6.

This chart shows how useful respondents found the St Michael's Hospice day and support services that they used.



Appendix 7.

Below is a description of what an Advanced Care Plan is and a website address for further information.

Advance care planning offers people the opportunity to plan their future care and support, including medical treatment, while they can do so.

It is a voluntary process of person-centred discussion between an individual and their care providers about their preferences and priorities for their future

care. These are likely to involve several conversations over time and with whoever the person wishes to be involved.

It can cover areas such as the person's thoughts on different types of care, support or treatment, financial matters, and how they like to do things (for example shower rather than bath).

Not everyone will want to make an advance care plan, but it may be especially relevant for:

- People at risk of losing mental capacity - for example, through progressive illness.
- People whose mental capacity varies at different times - for example, through mental illness.

(Source: www.nice.org.uk/about/nice-communities/social-care/quick-guides/advance-care-planning)

Appendix 8.

Glossary of terms and abbreviations.

Term	Explanation
ADHD	Attention Deficit Hyperactivity Disorder
Advanced Care Plan	see Appendix 7
Cardiovascular disease (CVD)	Conditions affecting the heart or blood vessels.
CFS	Chronic Fatigue Syndrome
COPD	Chronic Obstructive Pulmonary (lung) disease
Demographic (analysis)	The study of a population based on factors such as age, race, and gender.
GP	General Practitioner: a doctor who provides general medical treatment for people who live in a particular area:

Health & Wellbeing Coach	Health and wellbeing coaches support people to increase their ability to self-manage, motivation levels and commitment to change their lifestyle
Hypertension	High or raised blood pressure
Integrated Care Board (ICB)	The NHS organisation responsible for planning health services for their local population.
M.E	Myalgic Encephalomyelitis (Chronic Fatigue Syndrome)
MS	Multiple Sclerosis
NHS England	NHS England leads the National Health Service (NHS) in England to deliver high-quality services for all.
PCN	Primary Care Network
QR code	A type of bar code used to give easy access to online information through the digital camera of a smartphone or tablet.
Respondent	A person who answered questions in the survey
Social Prescribing service	See Appendix 5
Talk Community	The free online wellbeing information and signposting directory for Herefordshire
Talk Wellbeing	A wellbeing service which provides free health checks for anyone aged 18 or over who lives or works in Herefordshire, provided by Taurus Healthcare
Taurus Healthcare	Is the group that all the GP practices in Herefordshire belong to, which supports them to deliver daytime and out-of-hours clinical services for the population of Herefordshire https://www.herefordshiregeneralpractice.co.uk/

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