

Healthier Together

Improving health and care in Bristol,
North Somerset and South Gloucestershire



The Healthier Together Panel

Survey two results

May 2019



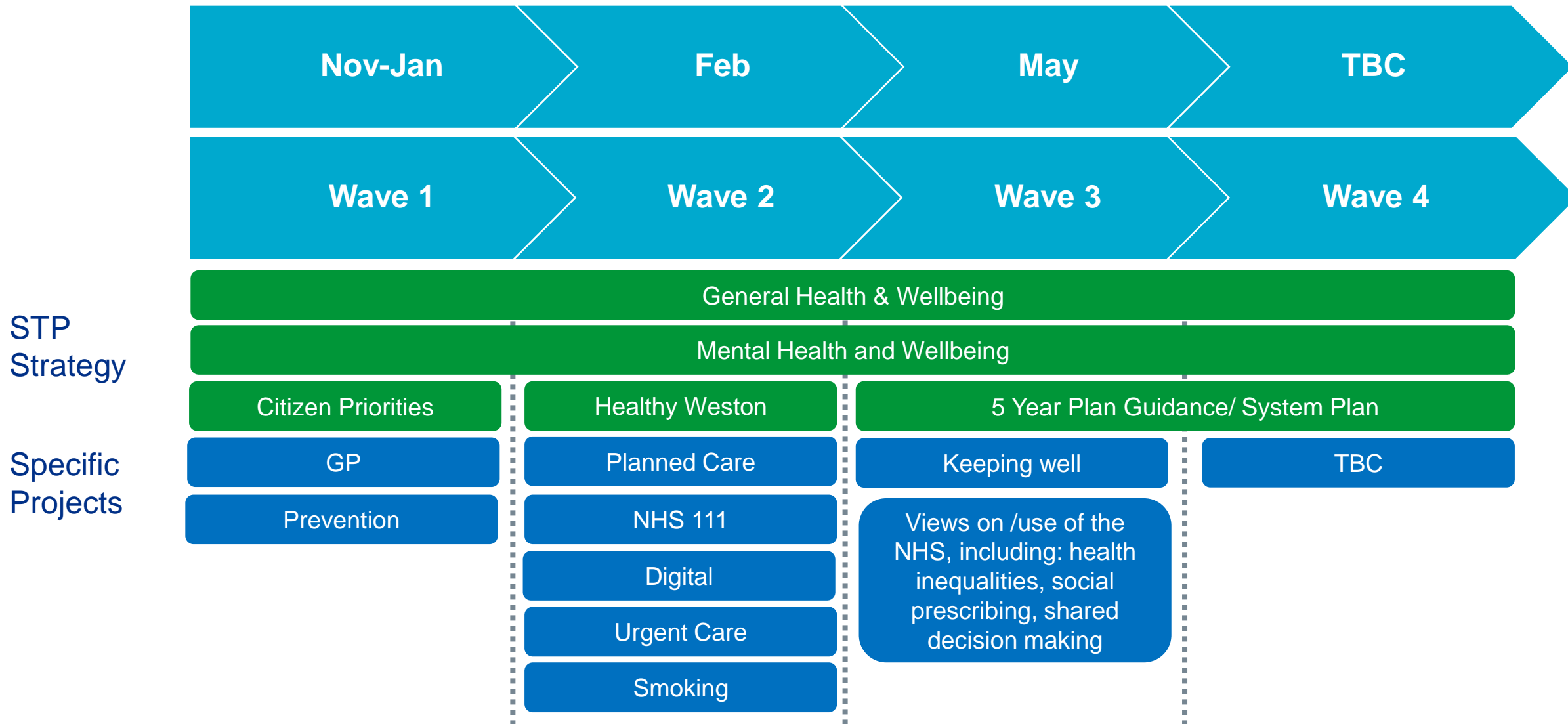


Our Vision:

“Understanding the needs and wants of the BNSSG population, so that we can make quicker, more effective decisions and deliver better health outcomes for our citizens”



Timeline of planned surveys





Healthier Together Citizen's Panel

Survey 2 Results

February to May 2019

Main Structure

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*Project background and
recruitment tracker*

Section 2 Structure – Survey 2 results

Section 2.1 (16)
Keeping well
-Trackers
-Smoking
-Mental health

Section 2.2 (32)
Comms

Section 2.3 (34)
Planned care/ strategy

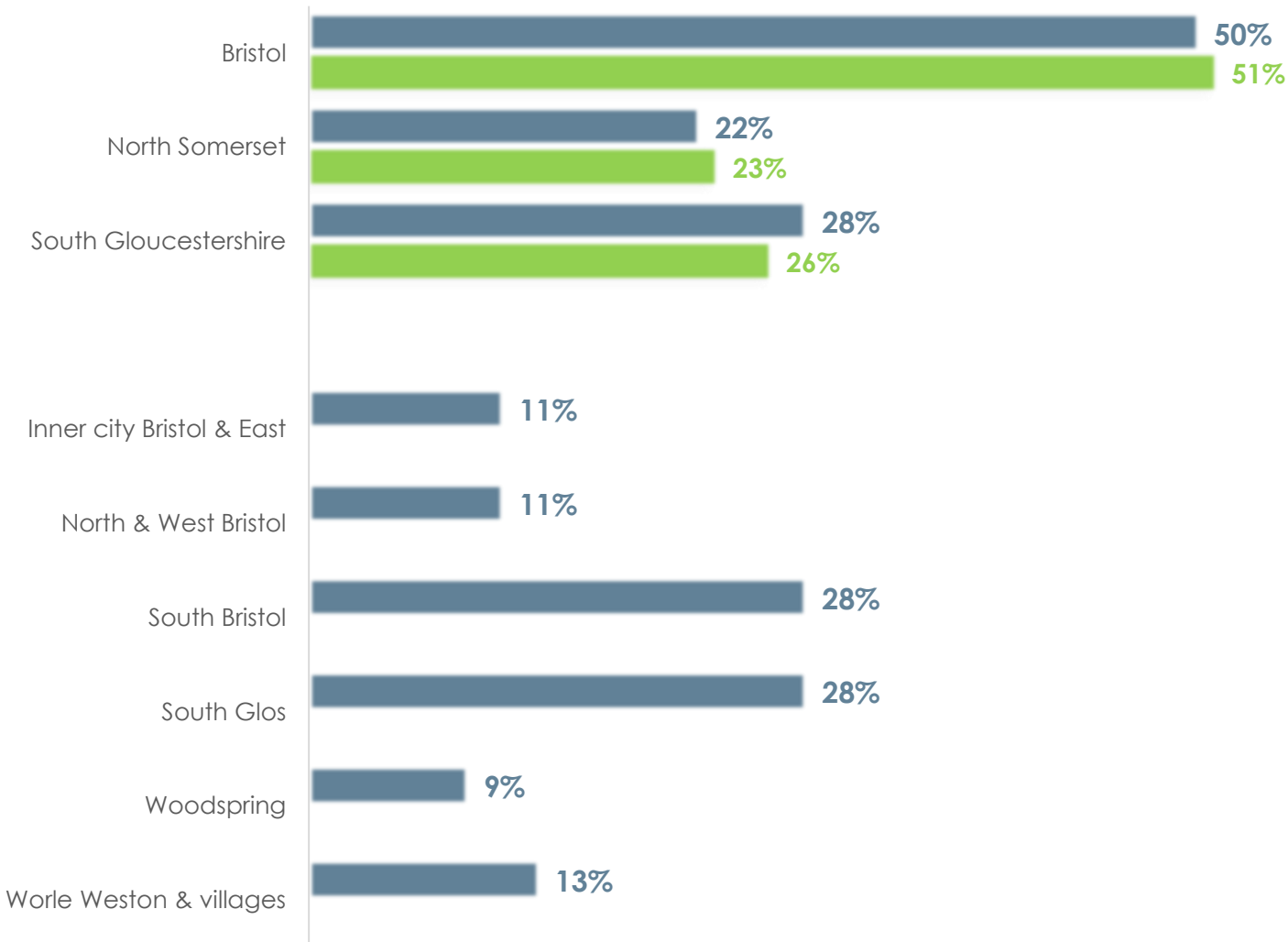
Section 2.4 (39)
Digital

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Urgent Care

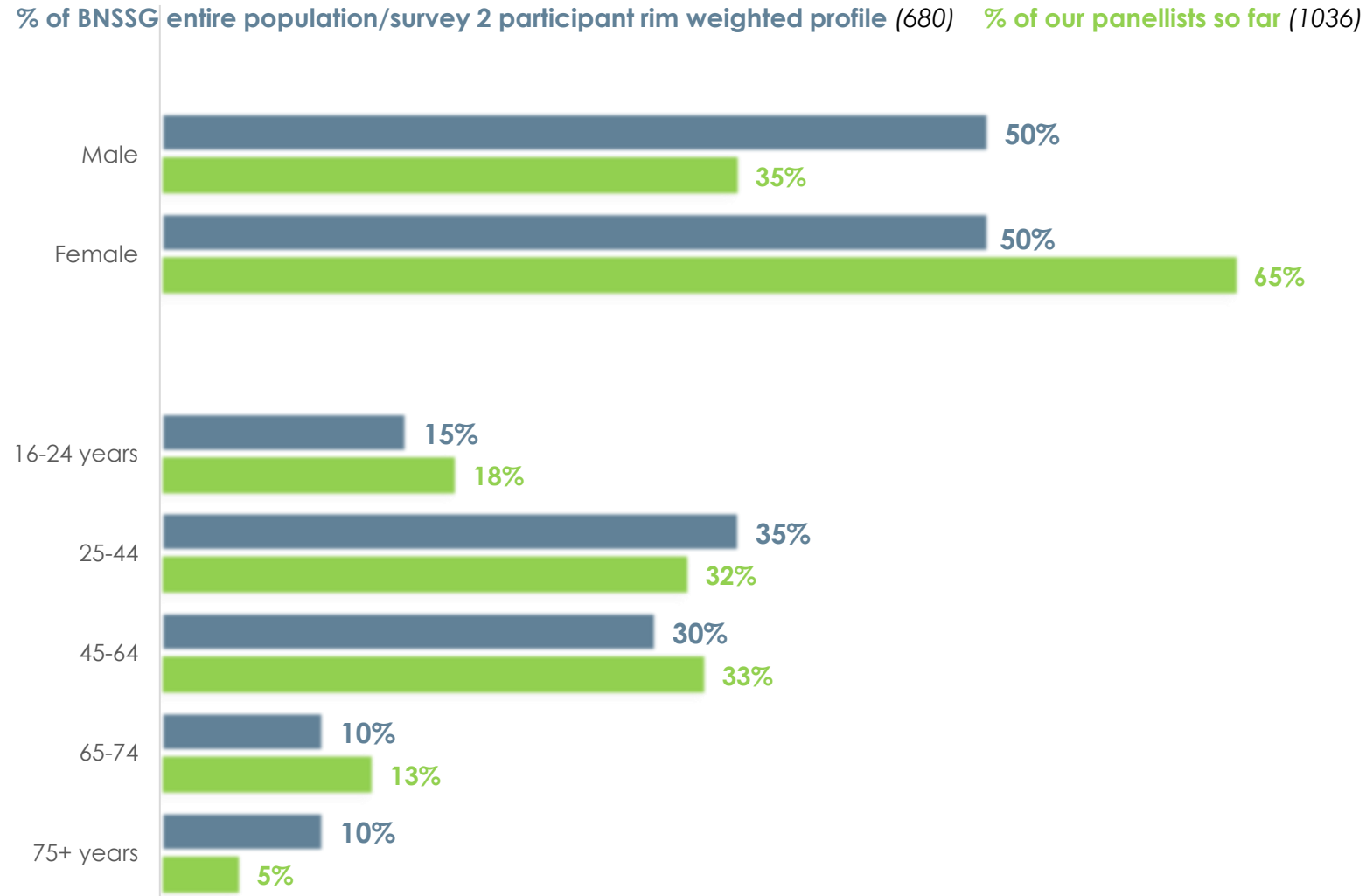


Sample profile 1 – Comparison of the profiles of the entire BNSSG region population (according to census data)/our rim weighted survey 2 sample and the actual panel profile as at May 23rd 2019

% of BNSSG entire population/survey 2 participant rim weighted profile (680) % of our panellists so far (1036)



Sample profile 2 – Comparison of the profiles of the entire BNSSG region population (according to census data)/our rim weighted survey 2 sample and the actual panel profile as at May 2019





Section 1 Overview

Overview – Planned care, digital and urgent care

Planned care



11% of BNSSG residents report that they have had an outpatient or clinic appointment that they considered to be a waste of their time



13% of BNSSG residents report that they have had surgery or treatment that they later regretted (or know someone who has)



Between one half and two thirds of BNSSG residents would travel (up to 3 hours on average) to receive specialist care with better results, rather than stay close to home

Digital



A majority of BNSSG residents are comfortable with their health and social care records being shared with other NHS professionals



A majority are also comfortable with consultations with a health professional over the telephone and booking their appointment online/ receiving a confirmation (and test results) by email



Booking a follow up appointment via an online booking system is the most popular method among BNSSG residents

Urgent care



Around **three quarters** of BNSSG residents are aware that both NHS 111 and Minor Injury Units are available for urgent and emergency care




Around **one half** of BNSSG residents are aware that GP's and Pharmacists are able to provide urgent and emergency care




As the perceived level of urgency increases the tolerance for a pre-A&E online or telephone assessment decreases

Overview – Keeping well

Current state of mind – slightly higher %'s than we saw in the winter months



79% of BNSSG residents report that they are **feeling healthy** and **76%** **feel mentally healthy**




77% of BNSSG residents currently **feel in control** of their lives



74% of BNSSG residents currently **feel happy**


Smoking



19% of BNSSG residents report themselves as smokers, 10 per day on average



Approximately a **further third** have smoked in the past and have now given up



3% of panellists currently use an e-cigarette/vape – this would equate to 30,000 users in the region



A majority of BNSSG residents are against smoking cigarettes and e-cigarettes on NHS sites

Through the ages



- **16-24's** feel **generally healthier than average**
- Their feeling of mental health is at the average level
 - they are the most likely age group to be having counselling and CBT 8%
- The 16-24 age group has the **highest level of smoking** 34%
- This age group are the **most comfortable with digital service** options, followed by 25-44's

16% of BNSSG residents are 16-24yrs

- **25-44's** feel **the least mentally healthy** of all age groups
 - Interestingly they are the most likely age group to be doing physical exercise to keep mental ill-health at bay
- This age group are **very concerned about mental health pressures on children** 83%
- 28% of this age group smoke
- Middle age groups (30-50) are **the most likely to be vaping, 4%**. A majority of these vapers have given up smoking and an additional greater number have now stopped smoking all together via use of a Vape (conventional and vaping)

35% of BNSSG residents are 25-44yrs

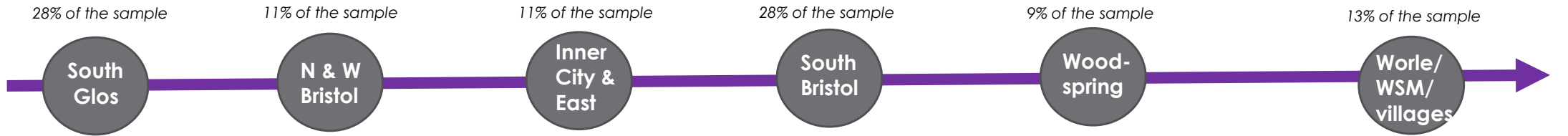
- The newly retired (**65-74 yrs**) feel the **healthiest, happiest and most in control** of their lives, of all age groups
- This includes feeling the **most mentally healthy**, they are the most likely to be taking a daily walk (often with the dog)
- Only 5% of this age group smoke, they are **anti-vaping** both generally and at NHS sites

10% of BNSSG residents are 65-74yrs

- **75+'s** feel **happier and more in control of their lives, than average**, in these lighter months/ longer days
- They also feel the **most mentally healthy (along with 65+'s)**, they are the most likely to be doing puzzles and crosswords
- Only 4% of this age group smoke, they are very **anti-vaping** both generally (56%) and at NHS sites (74%)
- They are the **least likely to want to travel** to receive specialist treatment with better outcomes
- They are the **least comfortable with digital service** options and the **least happy about pre-A&E assessments** by phone or online
- They have a **high awareness of GP's, Pharmacists and MIU's offering emergency care**

10% of BNSSG residents are 75+yrs

Across the localities



- **Sits in the middle overall**, on health, happiness, control and mental health
- More likely than average to **choose to travel for specialist treatment** with better results



- **Feel the happiest, healthiest and most in control, including mental health**, along with Woodspring
- **Least likely to smoke** 5%
- More likely than average to **choose to travel for specialist treatment** with better results



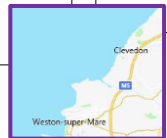
- **Feel the least happy, healthy and in control, including mental health**, along with S Bristol and WWV
- **Equal most likely to smoke** 30%
- Most concerned about **inability to talk openly on mental health** and feel that there is **insufficient awareness and information** on this subject
- **Most likely to have regretted surgery/treatment** 27%
- **Less likely to choose to travel for specialist treatment** with better outcomes



- **Feel the least happy, healthy and in control, including mental health**, along with ICE and WWV
- **Equal most likely to smoke** 29%
- **Less likely to choose to travel for specialist treatment** with better outcomes
- **Very pro pre-A&E assessments** online or by telephone for self



- **Feel the happiest, healthiest and most in control, including mental health**, along with N & W Bristol
- More likely than average to **choose to travel for specialist treatment** with better results
- **Very pro pre-A&E assessments** online or by telephone for self
- **Least happy** about sharing records and digital services
- **Higher awareness** of GP's and Pharmacists available for emergency care



- **Feel the least happy, healthy and in control, including mental health**, along with S Bristol and ICE
- **3rd most likely to smoke** 21%
- Most likely to mention **healthy eating** as a way to keep mental ill-health at bay
- **Feel the least knowledgeable about what steps to take** if they or their children had **mental health worries**
- **Least happy** about sharing records, digital services and pre A&E assessments
- **Higher awareness** of GP's and Pharmacists available for emergency care

Other sub groups

50% of BNSSG residents are male, 50% female



- **Males feel less happy, healthy and in control** than females, including feeling mentally healthy
- **Males less happy to share their health and social care records** than females

17% of BNSSG residents have a LTC



- Those with a **LTC feel less happy, healthy and in control** than those without, including feeling mentally healthy
- More likely than average to have **regretted having surgery/treatment**
- **Much less likely to choose to travel for specialist treatment with better results**
- Specifically less happy to share their **health and social care records for research purposes**
- **Less comfortable** than others with **digital service options**
- **Less happy** about **pre-A&E assessments by telephone or online** than others

31% of BNSSG residents live alone and 10% are not working (non-retired), 9% are lone parents



- Those **living alone** and also **those not working feel less happy, healthy and in control** than average, including mental health
- Approximately **one third** of each of these two sub groups **are smokers**
- **Those living alone** feel there is **insufficient awareness and information on mental health wellbeing**
- **Lone parents** are **more comfortable** than others with **digital service options**

10% of BNSSG residents are BAME



- **BAME** residents are more likely to report that it is **not easy to talk openly about mental health** and wellbeing
- More likely to have **regretted surgery/treatment**
- **Less happy** to share their **health and social care records** than others
- **More comfortable** than others with **digital service options**
- **Less aware** that **Pharmacists are available for urgent care** than others

Section 2
Survey 2
results



Section 2 Structure

Section 2.1 (16)

Keeping well

-Trackers

-Smoking

-Mental health

Section 2.2 (32)

Comms

Section 2.3 (34)

Planned care/ strategy

Section 2.4 (39)

Digital

Section 2.5 (45)

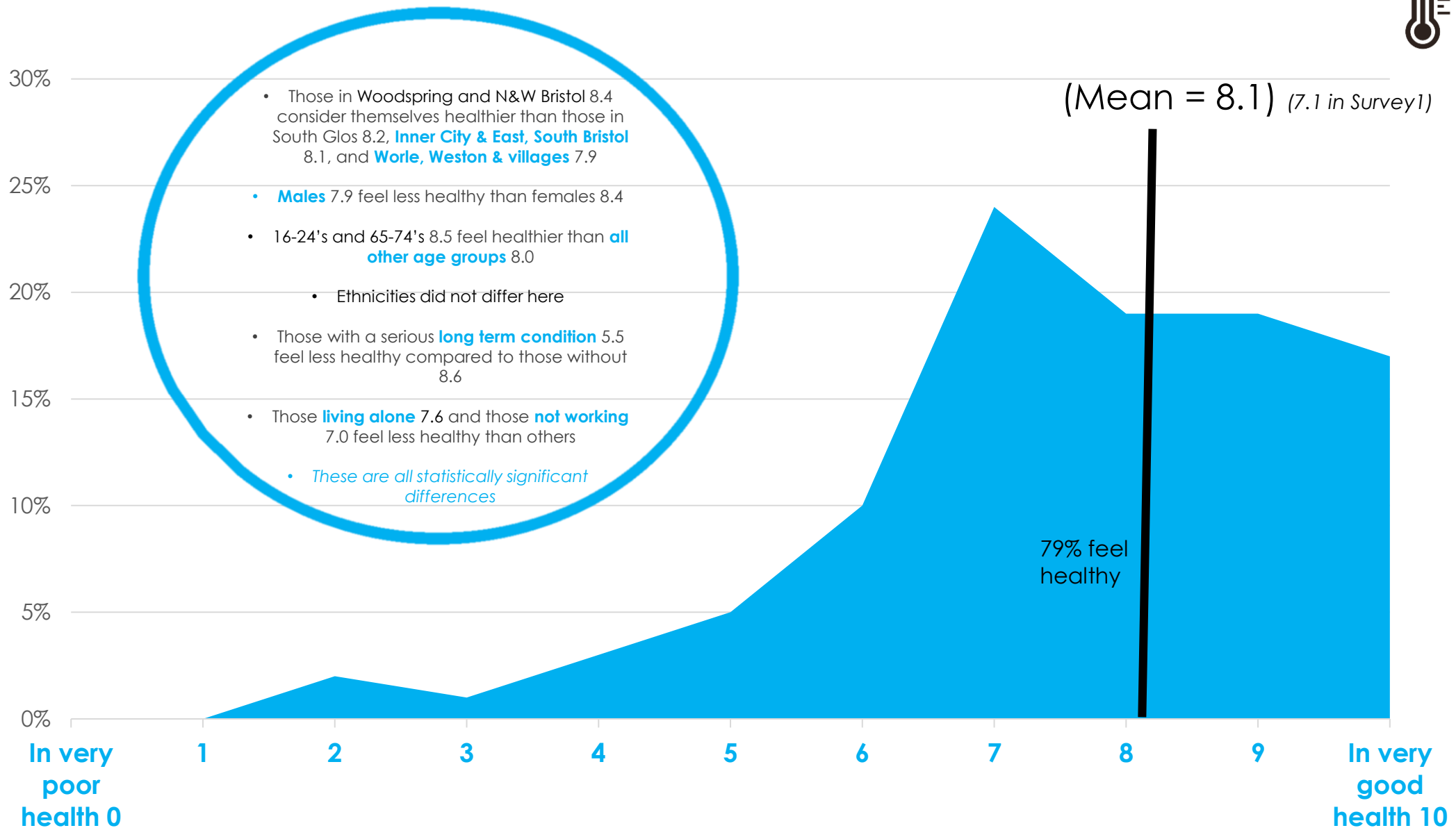
Urgent Care



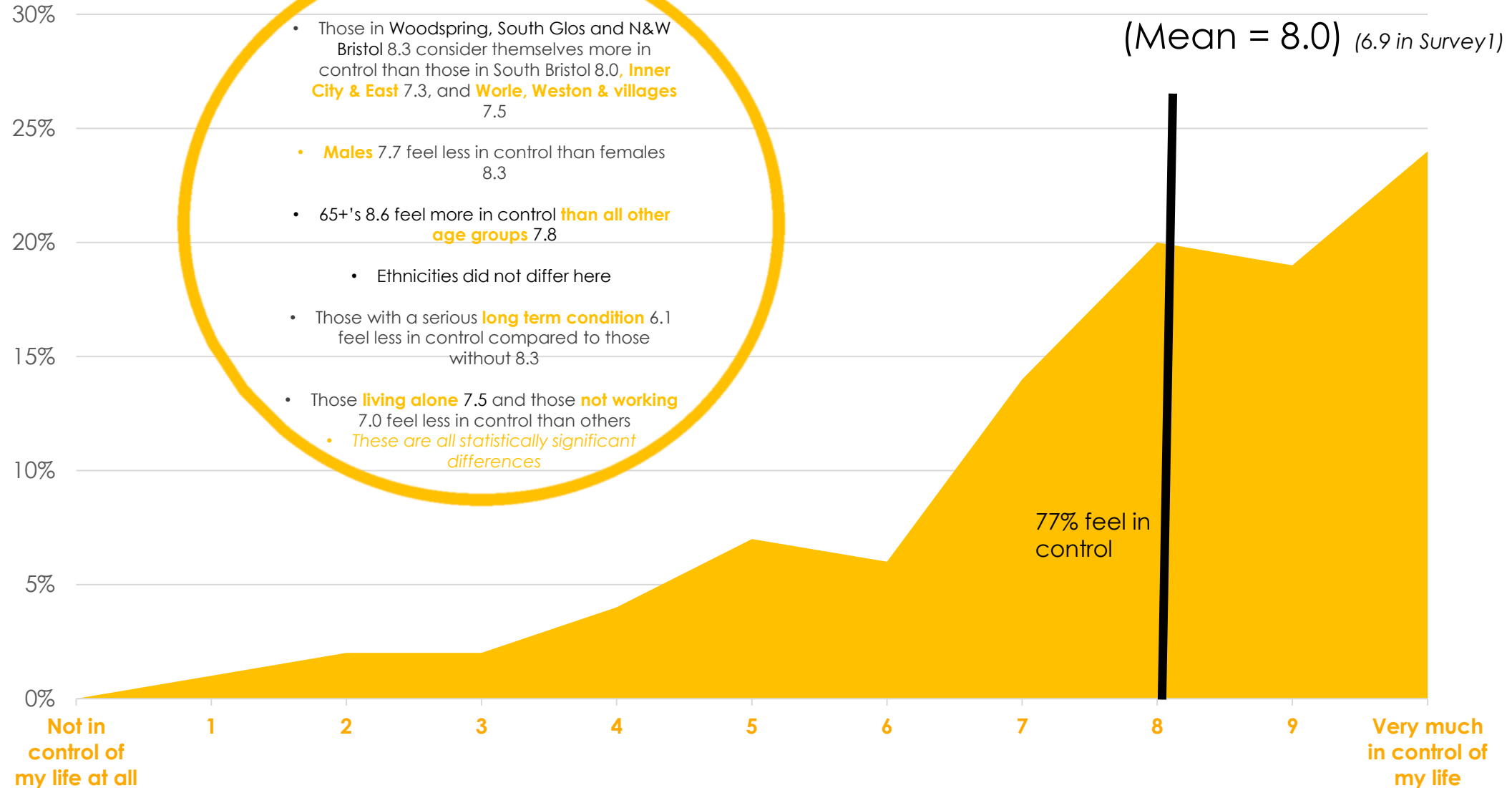


2.1
Keeping well
-Trackers
-Smoking
-Mental health

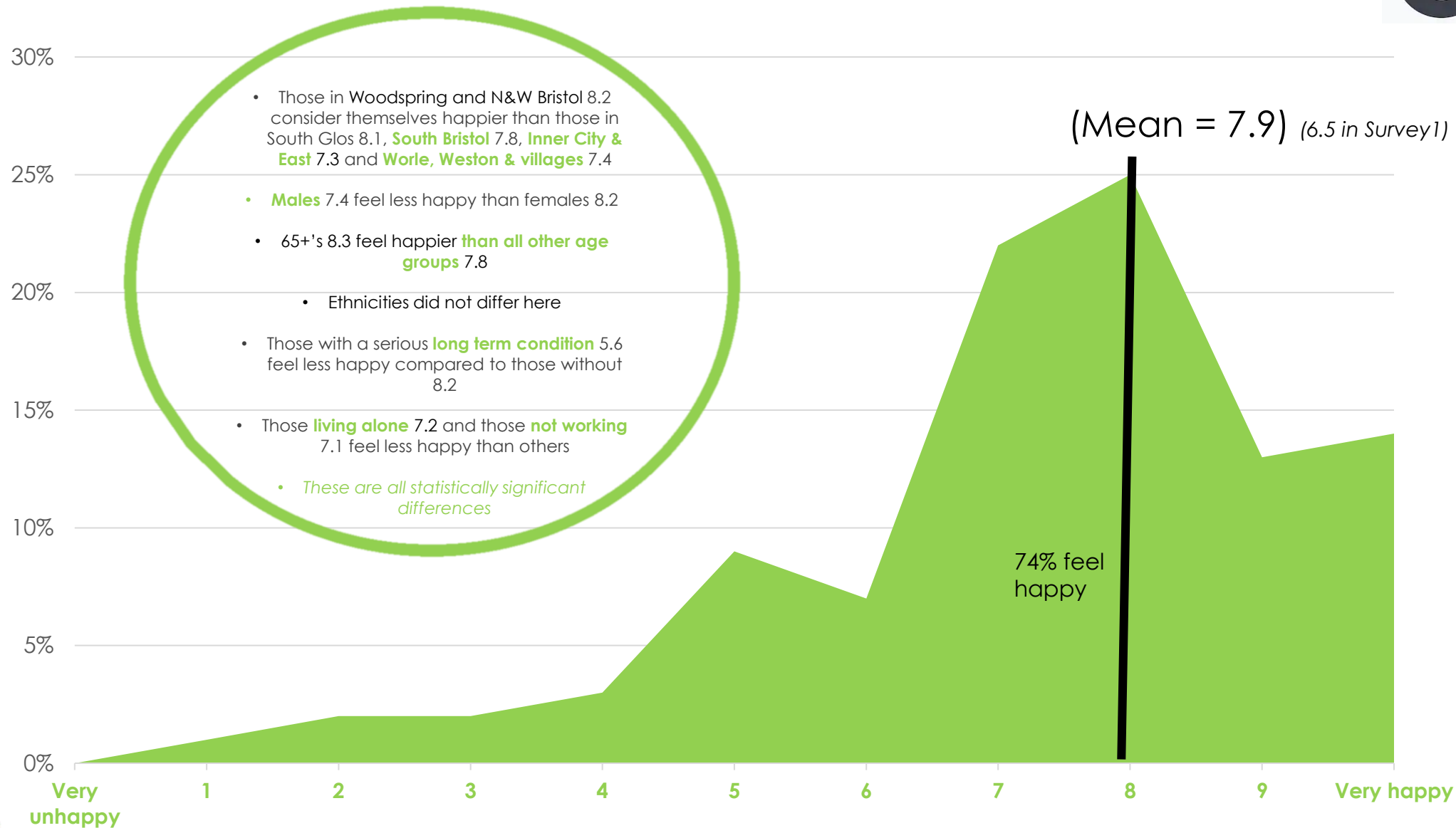
Healthiness - do you currently consider yourself to be.....



Control - do you currently consider yourself to be.....



Happiness - do you currently consider yourself to be.....

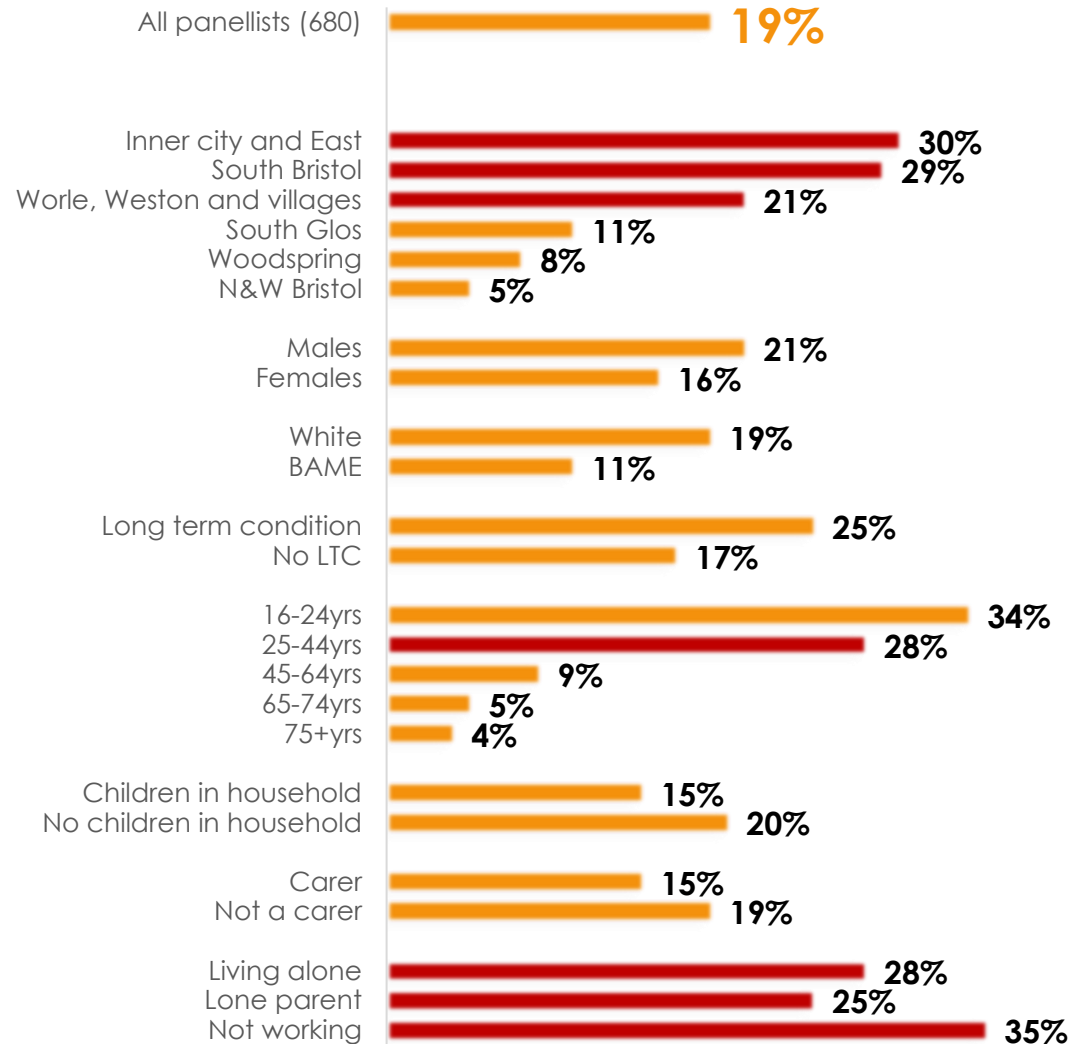


Smoking habits – *Do you smoke cigarettes containing tobacco?*

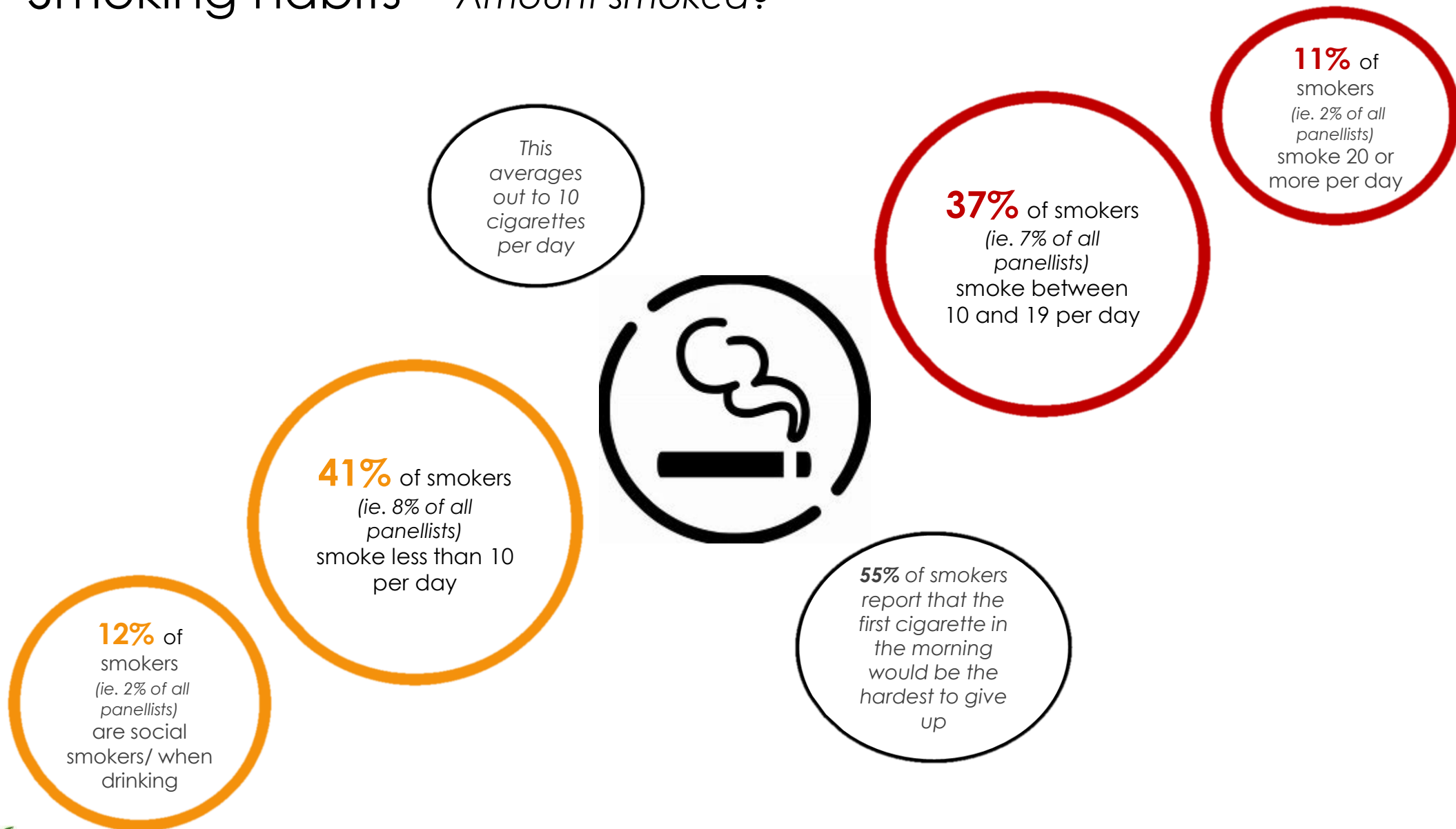
19% of all panellists are smokers



In many cases we see that those least happy, healthy and in control are statistically **more likely to be smokers**



Smoking habits – Amount smoked?



Smoking habits – *Reasons why you smoke?* (open question)

30% of smokers report that they smoke due to **stress**

14% of smokers report that they smoke due to **anxiety or depression**



One third of smokers declined to answer this question

18% of smokers report that they smoke **simply because they like it**

And 15% of smokers report that they smoke **due to habit/ addiction/ boredom**

Smoking habits – Giving up smoking?



- **60%** of current smokers have managed to give up smoking for a reasonable period of time at some point over the years
- One half of these 'returners' said they started smoking again due to **stress**
 - One in ten returned due to **boredom**
- 2 or 3 people in each case cited: **depression, lack of willpower, weight gain, socialising, drinking and cannabis as pain control** as reasons for smoking again

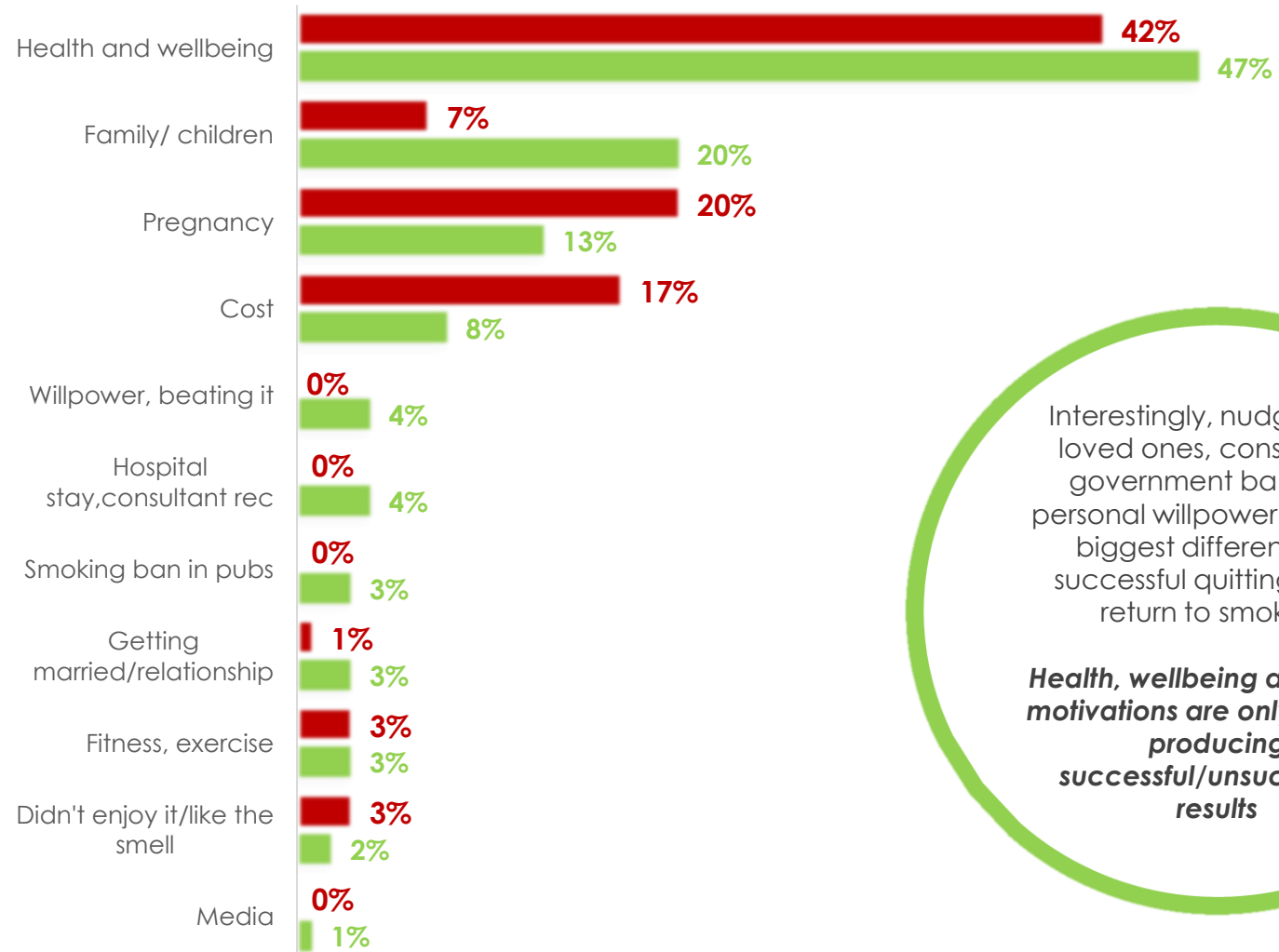
(Base = 126, all current smokers)

- **One third** of current non-smokers have been regular smokers in the past
- One third of these previous smokers say that sheer **willpower and determination** is the reason why they have continued not to smoke, they **do not like failing** (particularly older age groups)
- A quarter state that **health and well-being benefits** are the reason for their continued non-use (all age groups)
- 17% cite **nicotine replacement** as their **crutch** (younger age groups)
- 11% mention **family/children and support from others** as the reason for their continued non use
- 8% mention **anti-social habit/smelly/dirty** and **6% the cost** as reasons for continuing not to smoke

(Base = 191, all previous smokers)

Strongest motivations for giving up smoking (open question)

Those who have returned to smoking (75) Those who have not returned to smoking (191)



Interestingly, nudges from loved ones, consultants, government bans and personal willpower show the biggest differences in successful quitting and a return to smoking.

Health, wellbeing and fitness motivations are only equal in producing successful/unsuccessful results

E-cigarettes/ vaping – Have you ever tried an e-cigarette/vaping?

3% of all panellists currently use an e-cigarette/ vape

- Two thirds of these vapers are people who have given up smoking (ie. 2% of all panellists)
 - One third are smoking both conventional cigarettes and e-cigarettes (ie. 1% of all panellists)
- Only one person is a previous non-smoker, this person is aged 16-24 yrs

A further 22% of all panellists have tried one in the past but do not use one currently

- 1 in 5 of these trialists were previous non-smokers, younger people, they tried mainly out of **curiosity** or "it was trendy", but they haven't continued (ie. 4% of all panellists)
- The remaining four fifths (ie. 18% of all panellists) were mainly trying to give up smoking cigarettes for health reasons/cost reasons - this 18% breaks down into 11% of all panellists who have continued smoking conventional cigarettes and 7% of all panellists who have now stopped smoking all together

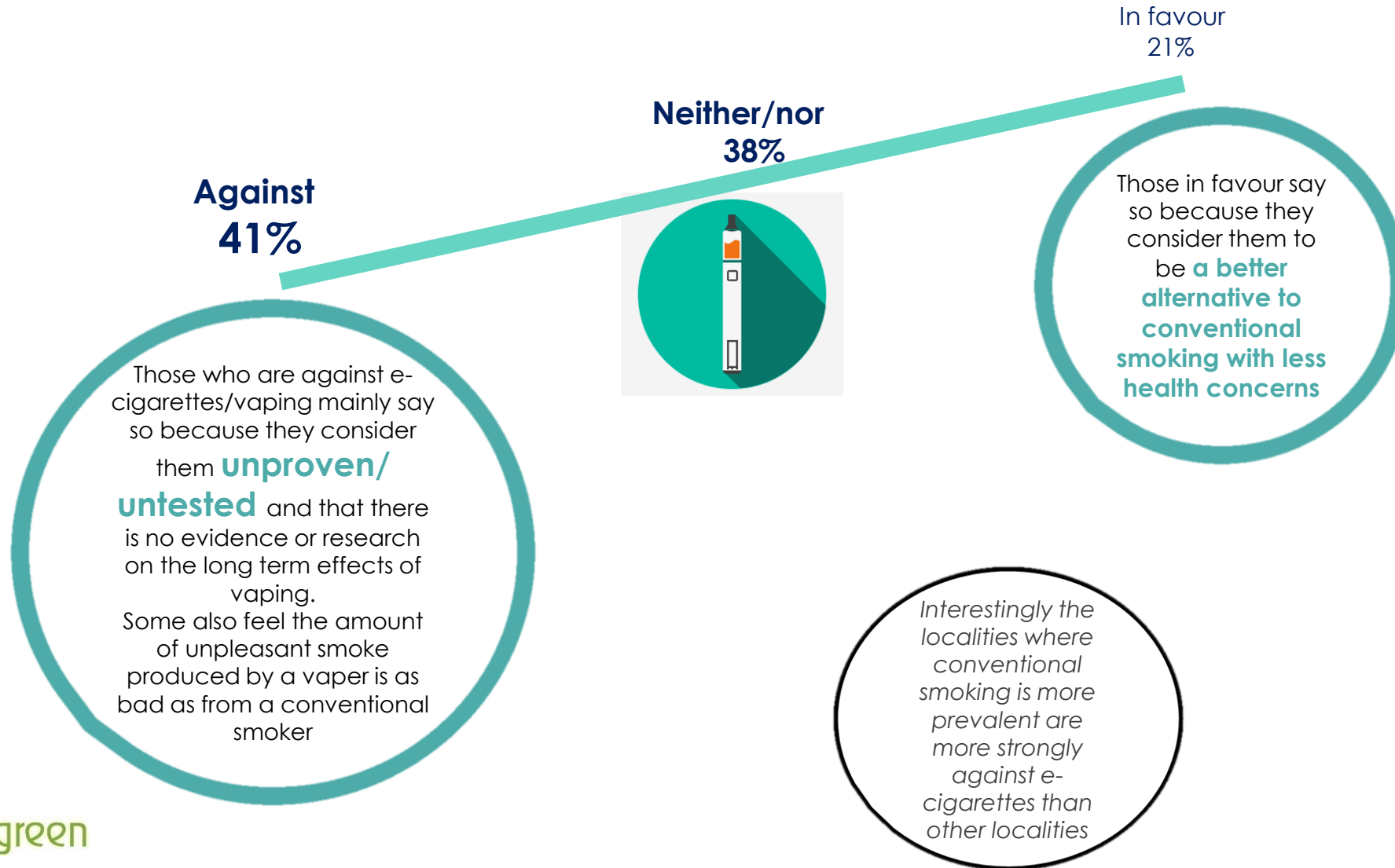


The profiles of e-cigarette trialists and users show very similar patterns to those who smoke cigarettes containing tobacco

In total, 9% of all panellists have successfully given up smoking conventional cigarettes through the use of an e-cigarette/ vape (there is a middle-age bias here, 30's to 50's)

What are your general views on e-cigarettes/ vaping?

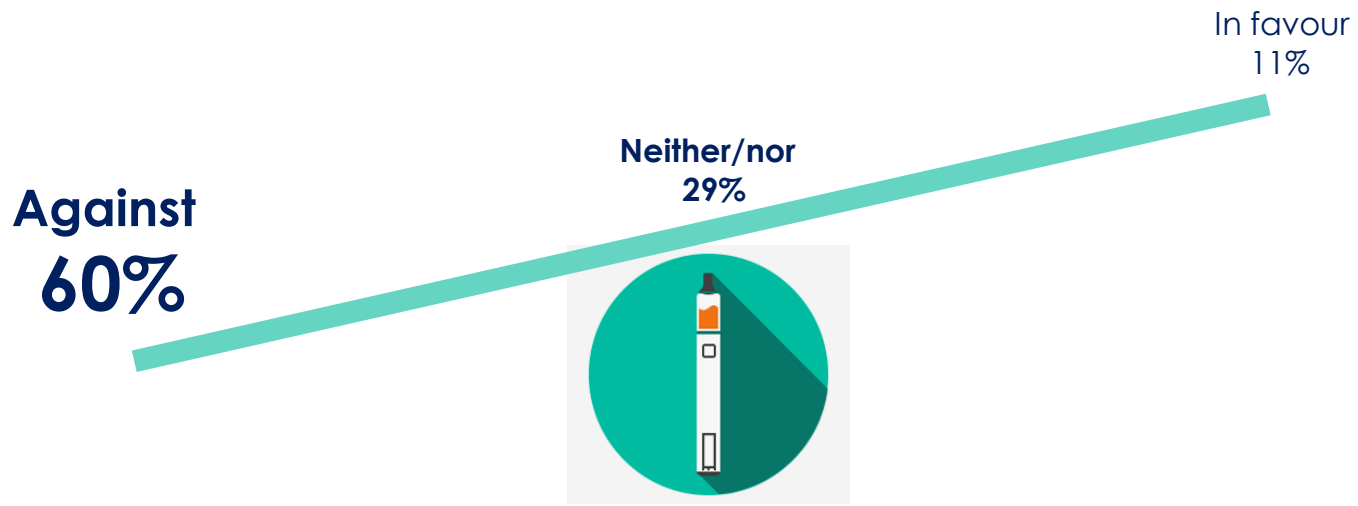
(Base = 680, all panellists)



What are your views on e-cigarettes and vaping on NHS sites?

(eg. the outside areas of hospitals and GP surgeries)

(Base = 680, all panellists)



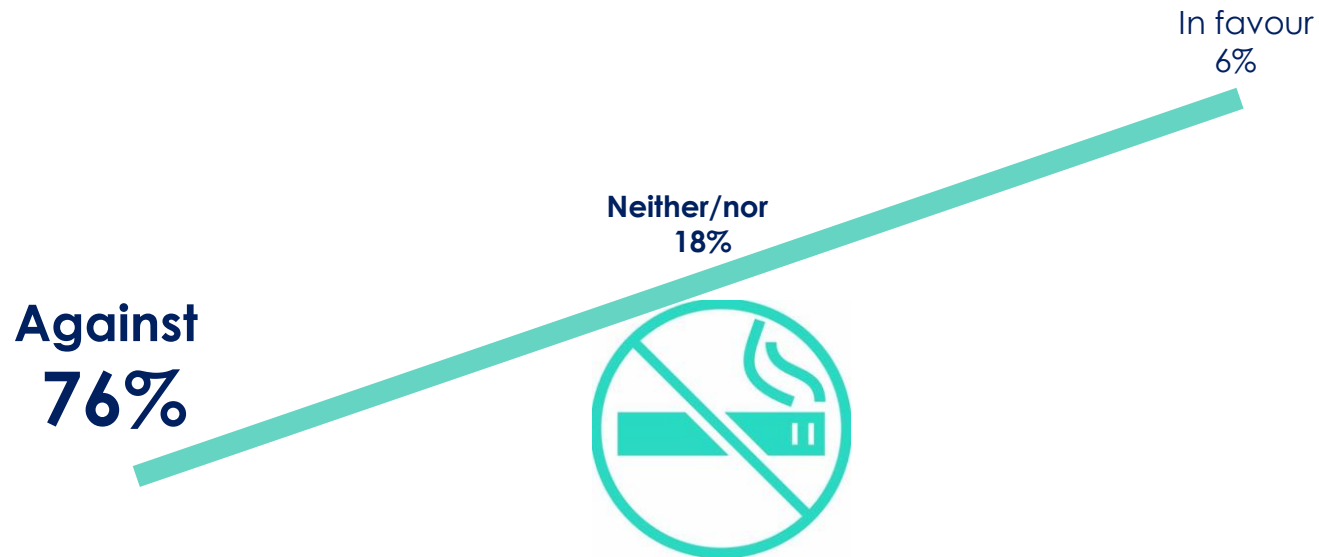
Category	% against
16-24yrs	39% *
75+yrs	74% *
Inner city and East	38% *

(* significant differences)

What are your views on smoking cigarettes on NHS sites?

(eg. the outside areas of hospitals and GP surgeries)

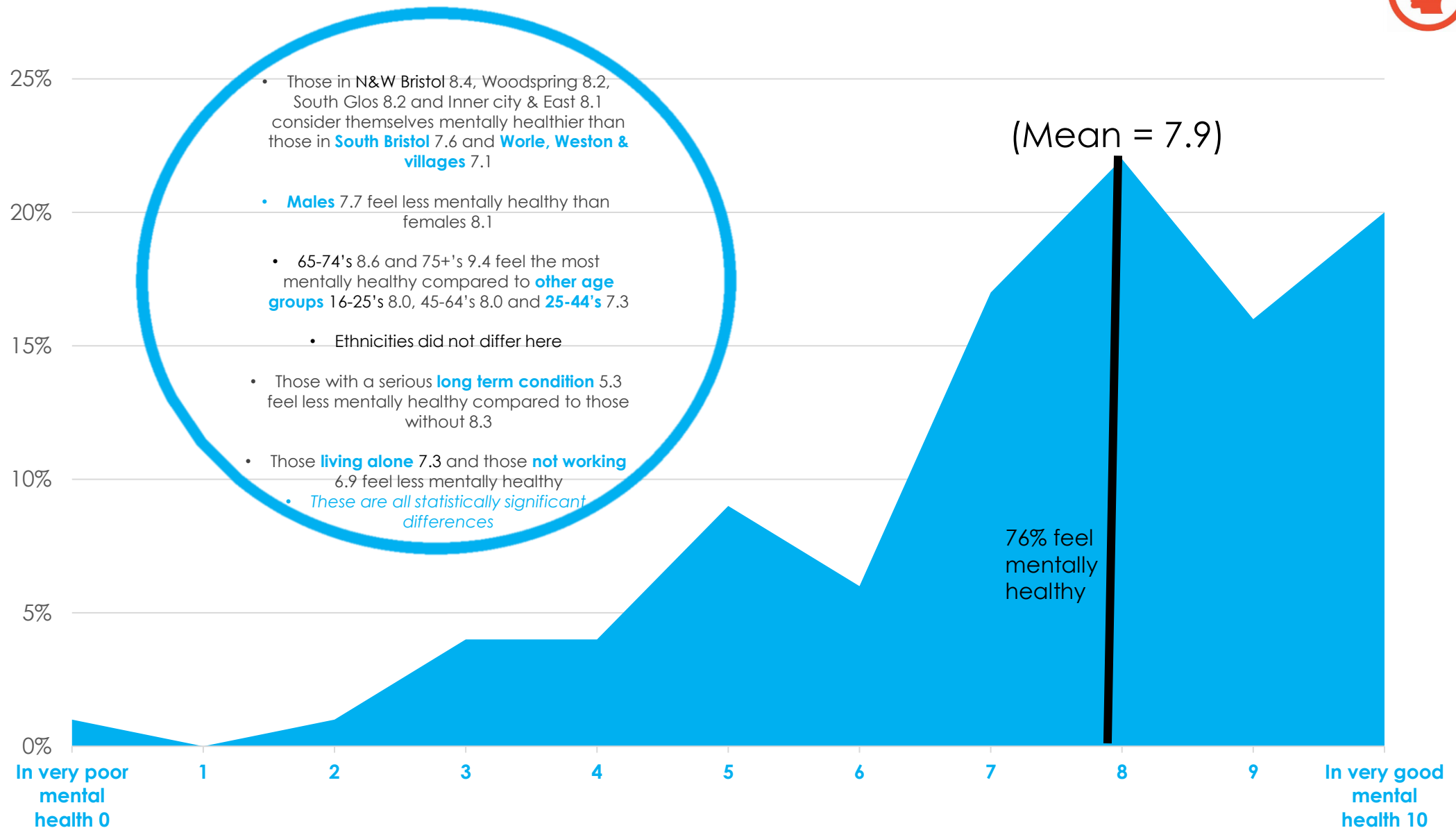
(Base = 680, all panellists)



Category	% against
16-24yrs	52% *
75+yrs	89% *
Inner city and East	45% *

(* significant differences)

Mental health - do you currently consider yourself to be.....



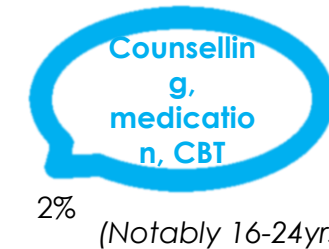
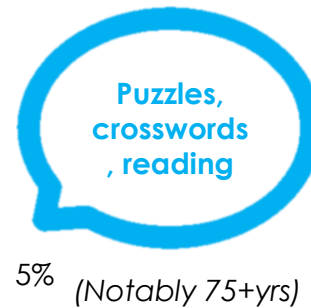
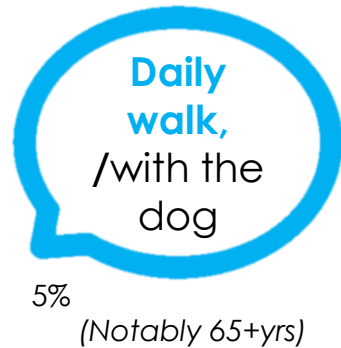
- Those in N&W Bristol 8.4, Woodspring 8.2, South Glos 8.2 and Inner city & East 8.1 consider themselves mentally healthier than those in **South Bristol** 7.6 and **Worle, Weston & villages** 7.1
- **Males** 7.7 feel less mentally healthy than females 8.1
- 65-74's 8.6 and 75+'s 9.4 feel the most mentally healthy compared to **other age groups** 16-25's 8.0, 45-64's 8.0 and **25-44's** 7.3
- Ethnicities did not differ here
- Those with a serious **long term condition** 5.3 feel less mentally healthy compared to those without 8.3
- Those **living alone** 7.3 and those **not working** 6.9 feel less mentally healthy
- *These are all statistically significant differences*

(Base = 680, all panellists)

Is there something that you do to try and keep your mental health and wellbeing as positive as is possible. Something that seems to work well for you, that you could recommend to others to try?
(Open question)



(Interestingly those that reported the lowest levels of 'feeling mentally healthy' had more suggestions here than others)



Statements relating to mental health and wellbeing.....



	% Agree	% Neither / nor	% Disagree	Those notably disagreeing/ agreeing
If I became worried about my mental health and wellbeing, I am confident that I know the steps I need to take to do something about it	72%	13%	15%	Disagreeing <ul style="list-style-type: none"> • Inner city & East 32% • Worle/Weston 20% • Students 38%
I feel that it is much easier to talk openly about mental health and wellbeing these days	78%	13%	9%	Disagreeing <ul style="list-style-type: none"> • Inner city & East 21% • BAME 28% • Students 18%
I am personally very concerned about the mental health pressures on children and young people these days	72%	18%	10%	Agreeing <ul style="list-style-type: none"> • 25-44yrs 83%
As a parent, I know what I would do and where I would go to for help if I was worried about my child's mental health (<i>parents only, 232</i>)	74%	9%	17%	Disagreeing <ul style="list-style-type: none"> • Worle/Weston 39% • Severe LTC 41%
I believe that there is a sufficient amount of awareness building and information about mental health and wellbeing	58% *	18%	25%	Disagreeing <ul style="list-style-type: none"> • Inner city & East 64% • Living alone 34% • Students 44%

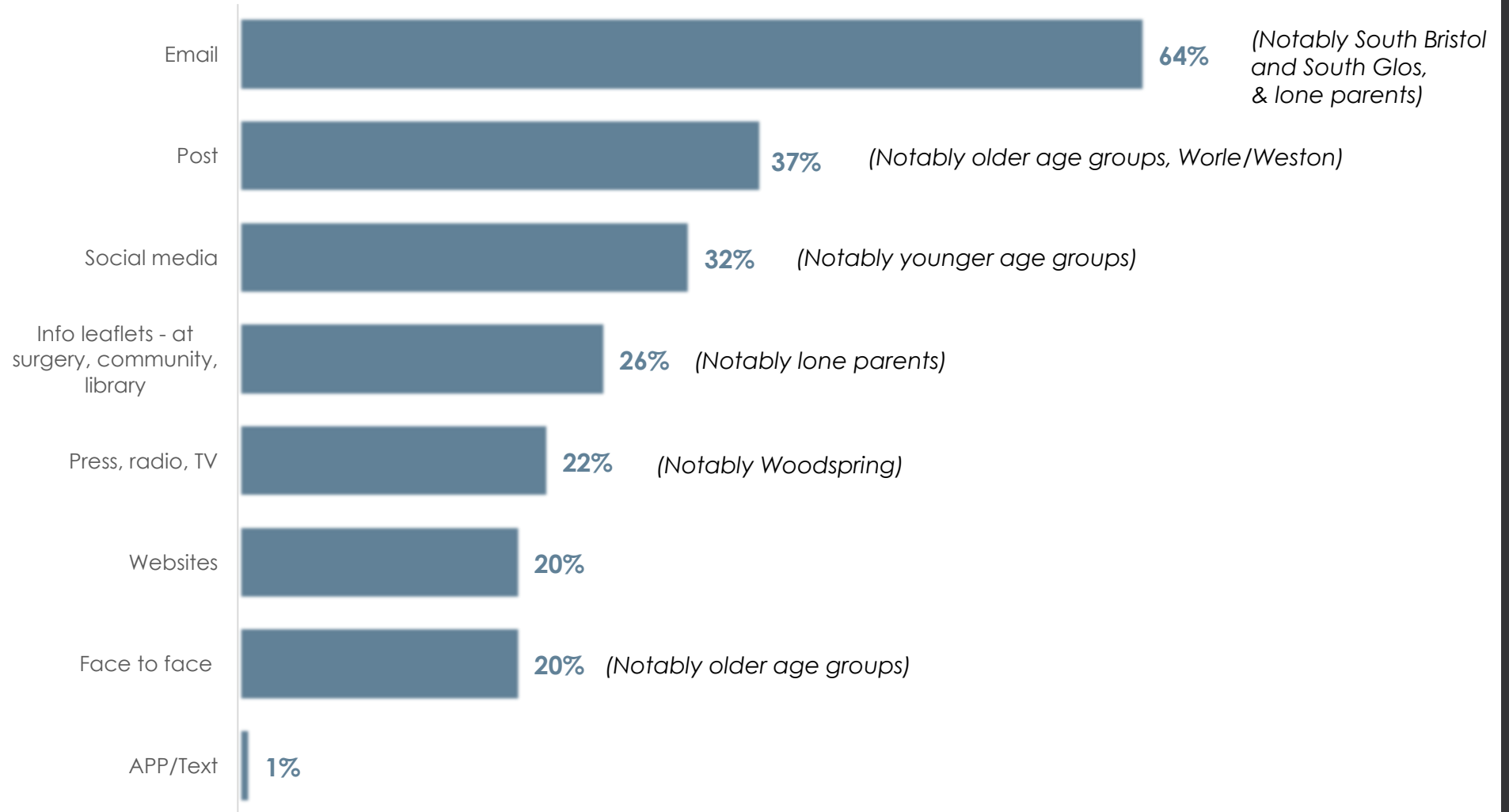
(* significantly lower agreement than the other statements)

(Base = 680, all panellists)



2.2 Comms

What is the best way for health and care services to let people like you know about proposed service developments and how to get involved?





Waste of time appointments

➤ **11%** of BNSSG residents report that they have had an outpatient or clinic appointment (for any condition/ailment/test/results etc) that they considered to be a waste of their time (7% a one off appointment and 4% a series of such appointments)

➤ This opinion was very evenly spread across all the panel sub-groups, with only 1 or 2 exceptions: in Worle/Weston; the 75+ age group and lone parents where only 1 or 2% held this opinion in each case

➤ **A number of main reasons were given as to why they considered this a waste of time (in blue)**

➤ **Better solutions, suggested by these panellists, were essentially the reverse of the issues (in green)**

There was an issue with the appointment – sent to the **wrong department**, clinic or member of staff

13 people
2% of all panellists

(Correct referral, better comms)

There was no new information to give, **results not ready**, conflicting information

12 people
2% of all panellists

(Better comms)

Problem has not been resolved, no help, no solution, no diagnosis

9 people
1% of all panellists

(Further tests, investigations or better medics)

Did not seem interested in me, **did not listen to me**, did not believe me

9 people
1% of all panellists
Notably young people

(Listen to me)

(Shorter wait)

Very long waits

9 people
1% of all panellists

Physio didn't happen, didn't help

6 people
0.5% of all panellists

Health worker not informed, not read my notes

5 people
0.5% of all panellists

(Be better prepared)

Didn't need face to face, could be done on phone

8 people
1% of all panellists

(Telephone call)

Various other unique stories

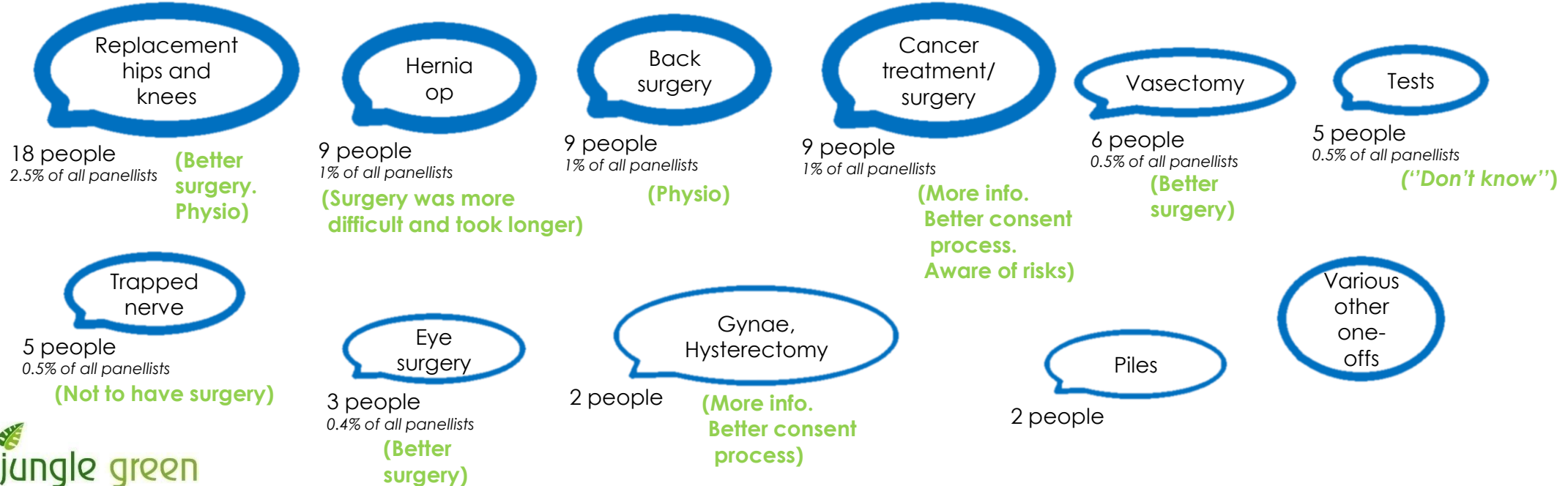
Surgery/treatment subsequently regretted

➤ **13%** of BNSSG residents report that they have (or someone they know has) had surgery or treatment that they later regretted

➤ This was more prevalent in Inner city & East Bristol, among BAME's, among those with long term conditions and those aged 75 years and over (All 20%+)

➤ **The main surgeries or treatments regretted are** (in blue)

➤ **With hindsight is there anything anyone could have done differently to have achieved a different outcome?** (in green)



You have a condition or ailment that needs the attention of a specialist in that particular field, in principle which of the following two options would you choose

A) I would choose the closest available relevant service to my home (even if the outcomes/results could be better elsewhere)

B) I would choose to travel to receive care from a specialist with better outcomes/results history

Option A 35%

- Inner city & East **46%**
- Worle/Weston **44%**
- South Bristol **39%**
- 75+yrs **47%**
- Severe LTC **60%**

Transport concerns, public transport (no car, rely on Others, can't travel), prefer to be close to home and family, cost factor, cost to the family

No preference
11%



- 16-24yrs 24%

Option B 54%

- N&W Bristol **63%**
- South Glos **65%**
- Woodspring **60%**
- 45-74yrs **63%**

Better results, outcomes, treatment, quality of care, experts, specialists (all outweigh the inconvenience)

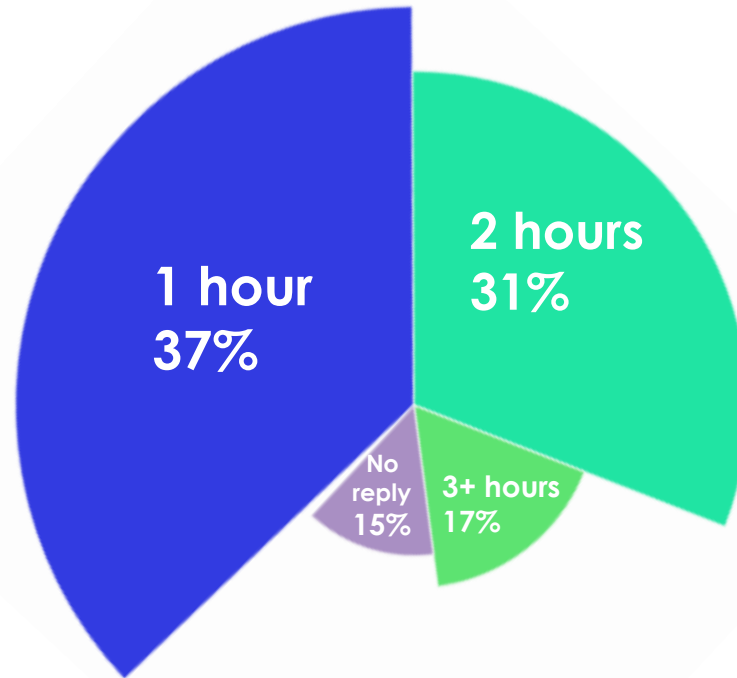
What is the maximum travel time that you would consider making to receive specialist care?

The average maximum travel time considered by those who preferred **option A** (close to home) was

2 hours

The average maximum travel time considered by those who preferred **option B** (travel to a specialist) was

3 hours





2.4
Digital

In which of the following circumstances (if any) would you be happy for your health and social care records to be shared with other NHS professionals.....

	% Yes	% Don't know	% No	Those notably not happy sharing
If you were in an emergency situation	95%	3%	2%	<i>No, not happy sharing</i> • BAME 7% • Males 4%
For routine care (e.g. GP appointment, general follow up)	89%	5%	6%	<i>No, not happy sharing</i> • Woodspring 17% • Unemployed 12%
To help the NHS plan their service delivery by analysing patient data/records	81%	13%	6%	
Generally happy with this in principle, in any circumstances	70% *	16%	14%	<i>No, not happy sharing</i> • Inner city & East 33% • North Somerset 21% • BAME 22% • Males 19% • Students 31%
For research purposes	68% *	18%	14%	<i>No, not happy sharing</i> • North Somerset 22% • Males 18% • Severe LTC 24% • Unemployed 22%

(* significantly lower happiness to share than in the other circumstances)

(Base = 680, all panellists)

Additional comments on the sharing of health and social care records – (Open question)

Apart from in an emergency or as part of my personal care package it should only be shared in an anonymised form. I do not trust the IT systems in the public sector to hold the information securely if they try to share it

For some options, like research and service delivery, I would expect that my data would be kept anonymous. For an emergency situation I would expect that all relevant information was shared

As long as the data is secured properly and not with a private company

...always have concerns it could be used in the wrong way - particularly by privatized departments

...some reservations with security of data and personal information that could be passed to third parties

I was unclear from the question if the records are anonymised. If yes, I don't have a problem.

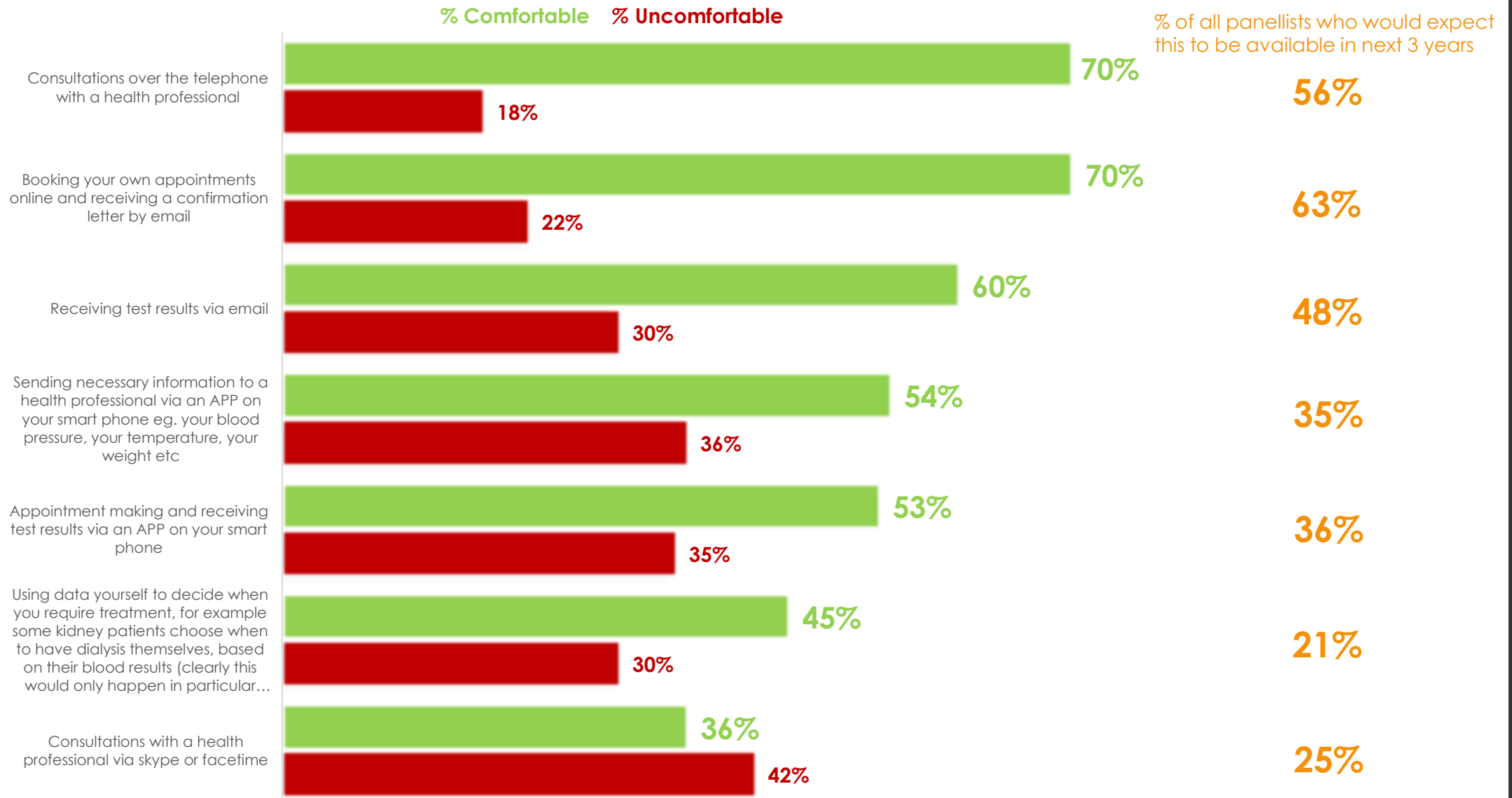
I think the NHS has fallen behind in big data analysis. My husband was speaking to a private doctor who said decisions can be made on sample sizes of 100

I also have strong reservations about data security - I don't think the NHS has the IT

It is impossible to guarantee full confidentiality and data security, there is nothing that would convince me that the NHS is not accessible to hackers

Research purposes would be a yes if agreement sought first

How comfortable or uncomfortable are you, on an overall basis, about receiving health and social care in each of the following formats? (Chart 1 of 2)



(Base = 680, all panellists)

How comfortable or uncomfortable are you, on an overall basis, about receiving health and social care in each of the following formats? (Chart 2 of 2 - Profile patterns)

Uncomfortable

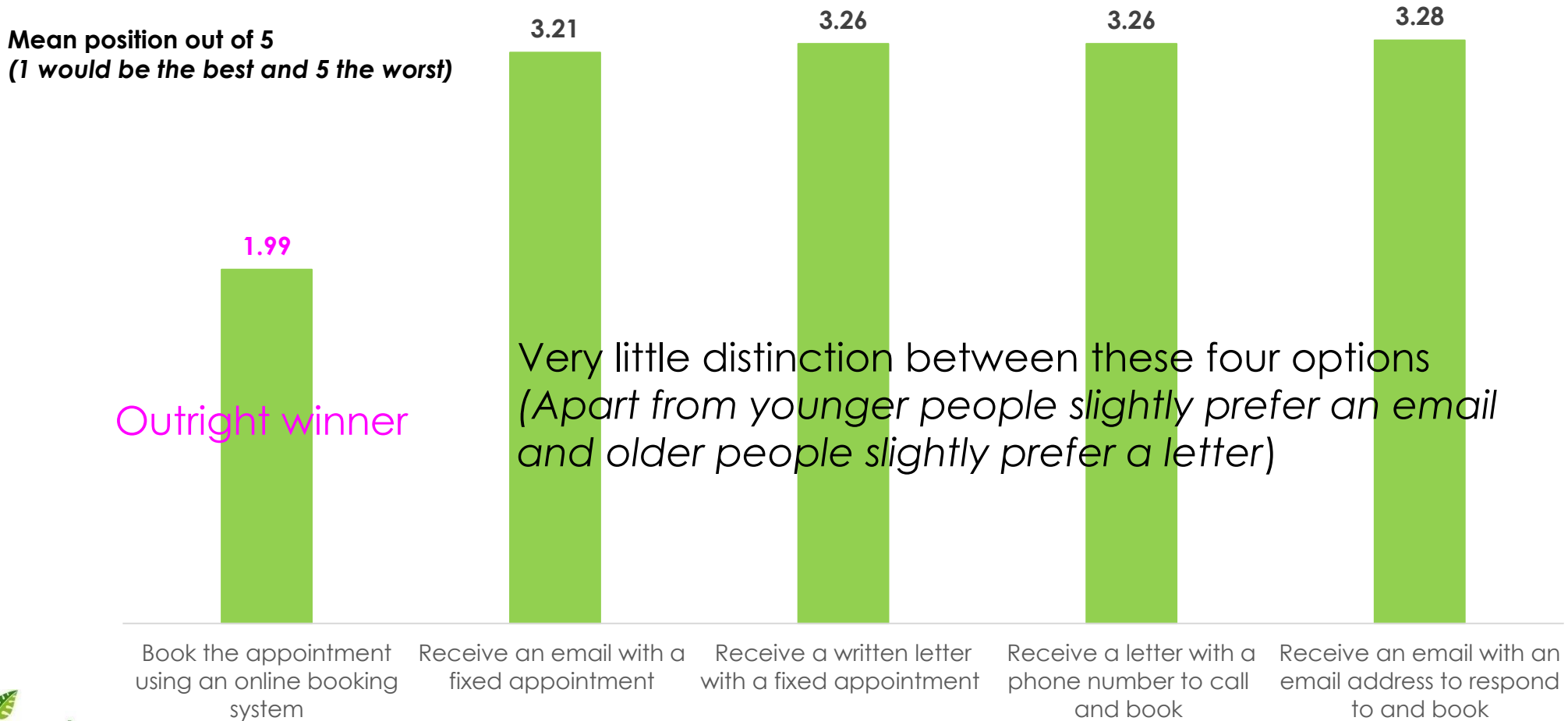
- Those in **Worle, Weston and villages** were significantly more uncomfortable with all of these scenarios, than other localities and **Woodspring** were the second most uncomfortable with them all
- Those aged **75+yrs** were the least comfortable age group with these scenarios
- Those with a severe **long term condition** were less comfortable than others with all of these scenarios

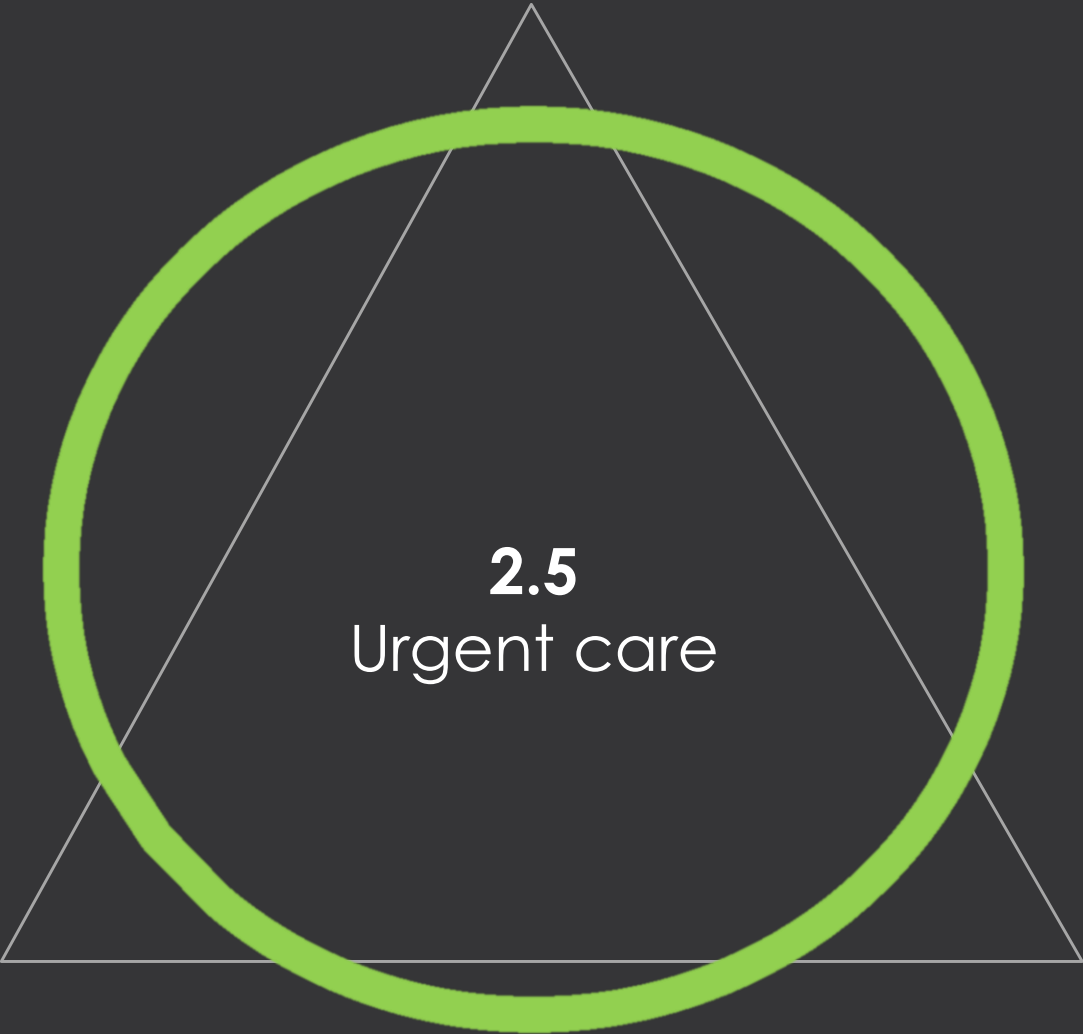
Comfortable

- **BAME** were significantly more comfortable with all of these scenarios than others
- **Younger age groups** were more comfortable than older respondents
- **Lone parents** are notably comfortable with all of these scenarios

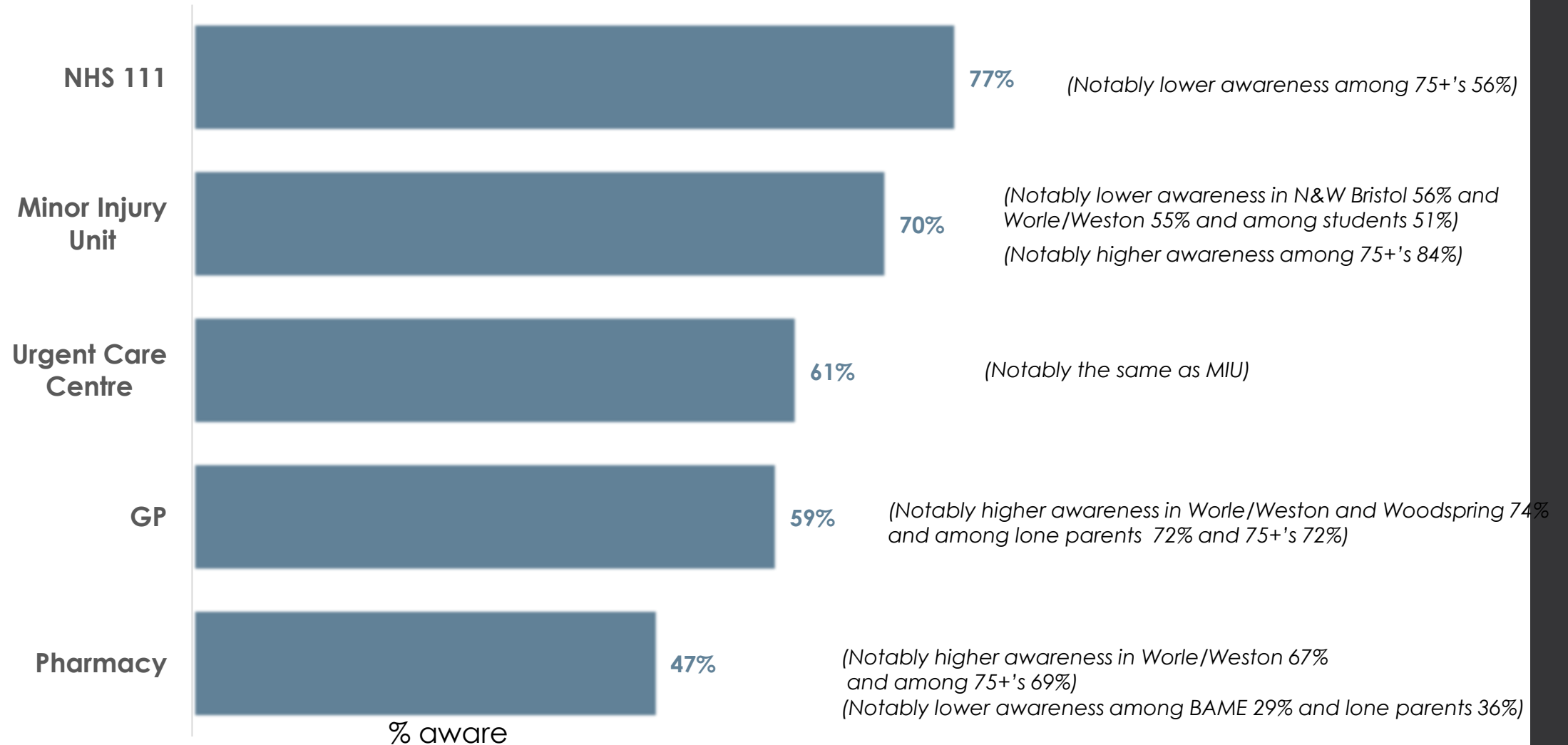
Some people tell the NHS that they would like to have more flexibility in how follow up appointments are arranged.

Please rank the following in order of preference for arranging a follow up appointment (1st, 2nd, 3rd, 4th, 5th).....



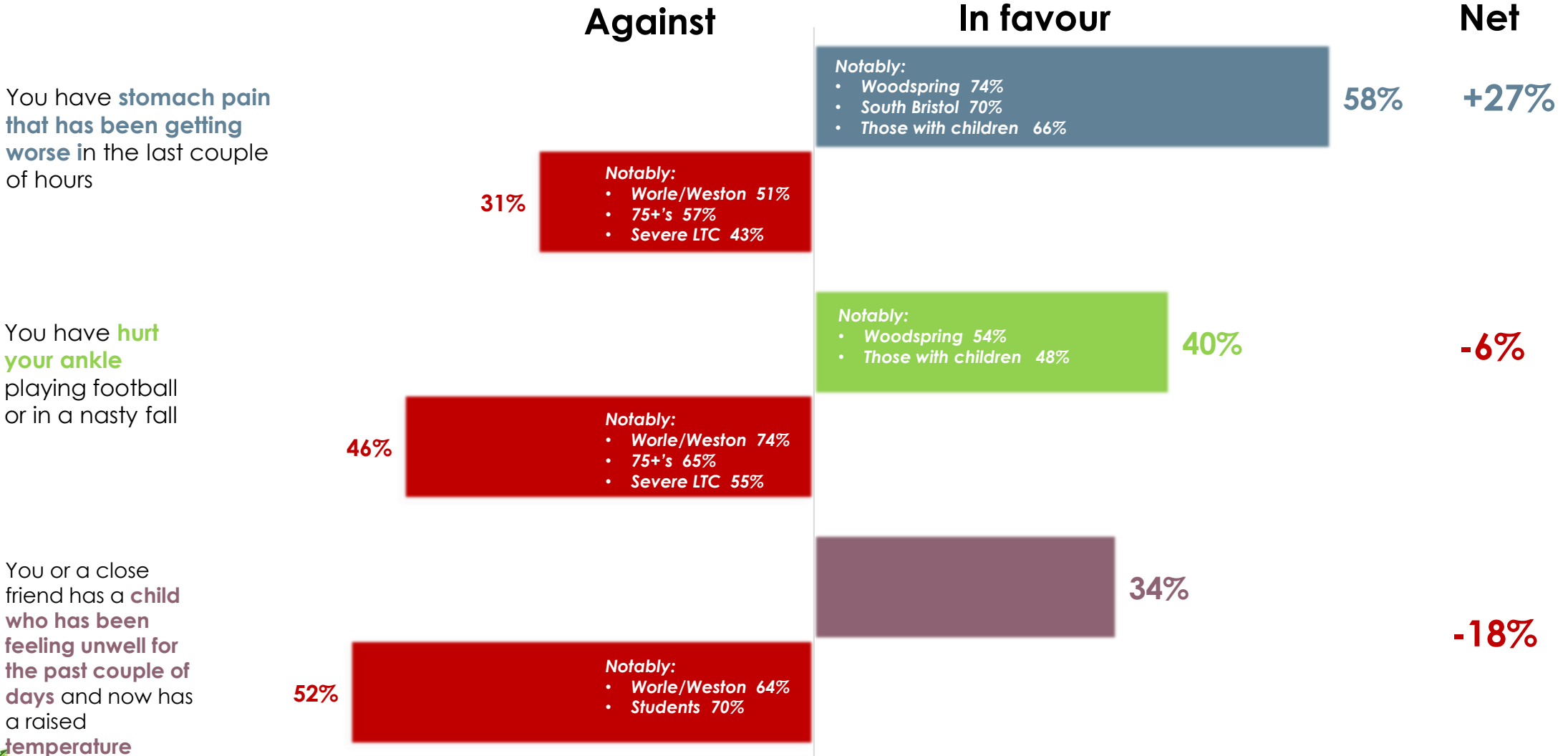


People mainly think first of A&E when they need urgent or emergency care. Can you indicate which of the following other services you are aware of as being able to provide urgent and emergency care?



Like many other areas of the country, our region's urgent and emergency care services are seeing and treating more people than ever before. To try and make this experience as efficient and as easy as possible for people, we are looking at how these urgent and emergency services could potentially be redesigned to best meet the needs of local people.

How would you feel about receiving an online or telephone assessment, rather than going straight to hospital in each of the following situations - :



(Base = 680, all panellists)

Additional comments on pre A&E online or telephone assessment – (Open question)

Concerns that **symptoms cannot be fully described** if not face to face

Children must be a priority – decline quickly, meningitis etc.
Common sense/ gut feeling needs to prevail here. Pre-assessment could delay treatment

Would need to be a trained professional, thorough, ability to reassure – **not a call centre script**

Depends on **circumstances/ seriousness/ symptoms,** common sense needs to be applied / option

Would use GP, pharmacist or NHS 111 instead

Skype would be better to see symptoms

Section 3 Next Steps

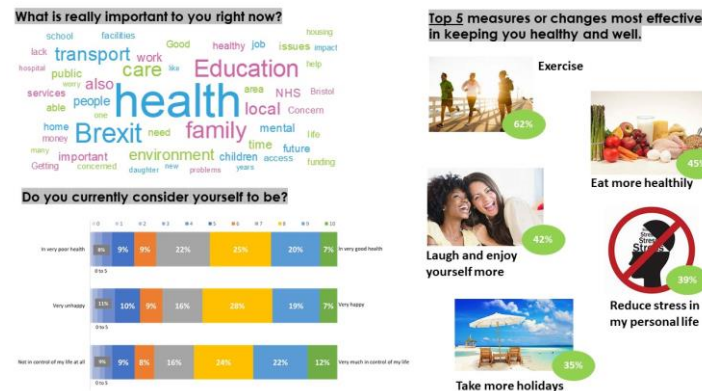


Further recruitment

- Further funding could be considered for increasing the panel sample size to 1,500 over the next 12 months – this would aid with survey analysis should more usual response rates kick in over time (30% to 50%)

Edited highlights

- An edited highlights graphic to be agreed and published on Jungle Green website and hopefully, Healthier Together/BNSSG websites (for Surveys 1 and 2)
- This would usefully include comments/ feedback and, possibly, actions, resulting from the findings from Section heads or a relevant spokesperson – to feedback to panellists



Section 4
Panel profile



Important note on panel profile

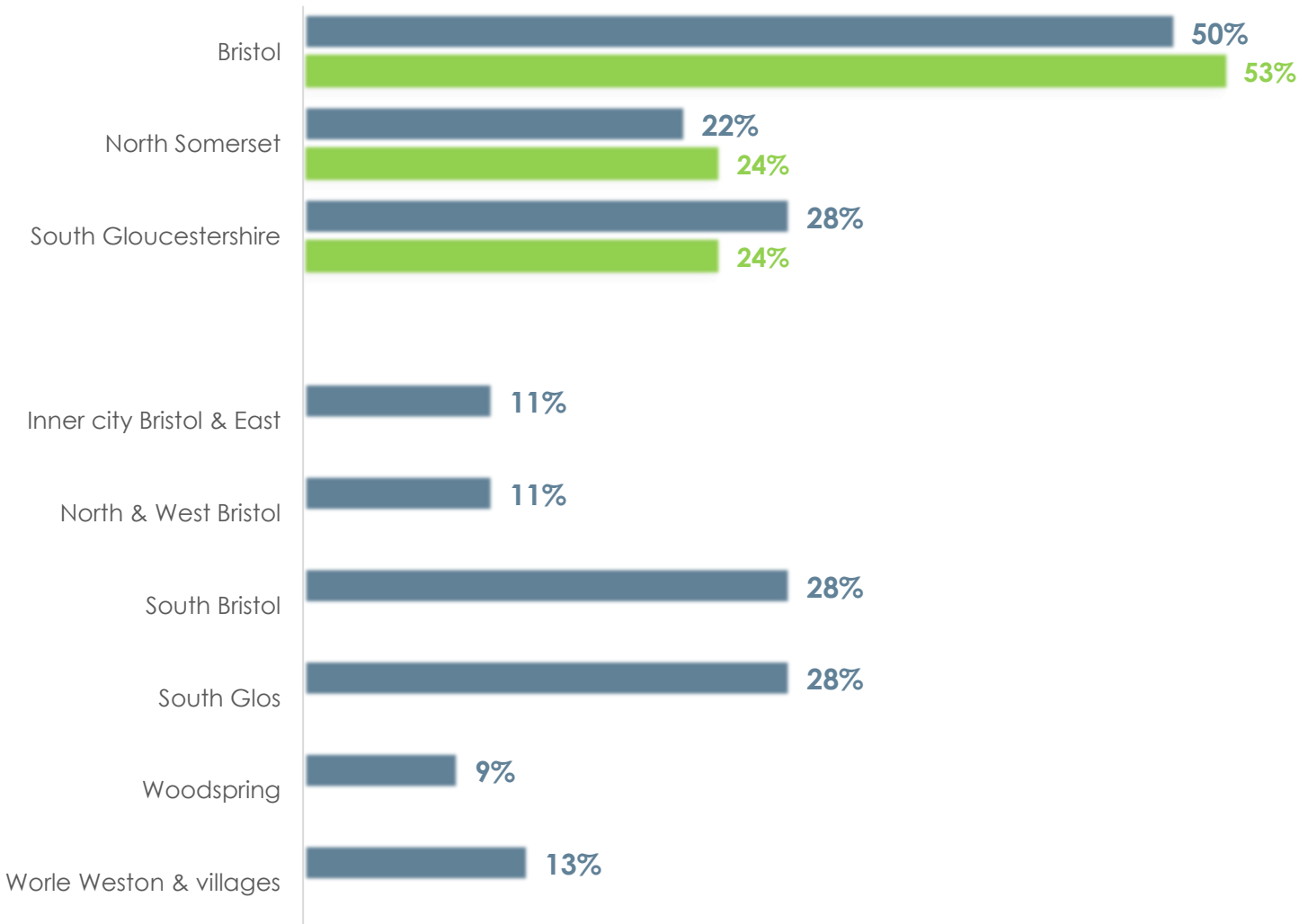
Survey 2 participants' responses have been rim weighted to reflect the exact profile of the BNSSG population.

The sample profile relating to the findings in section 2 of this report is, therefore, **as per the blue bars in the following charts.**

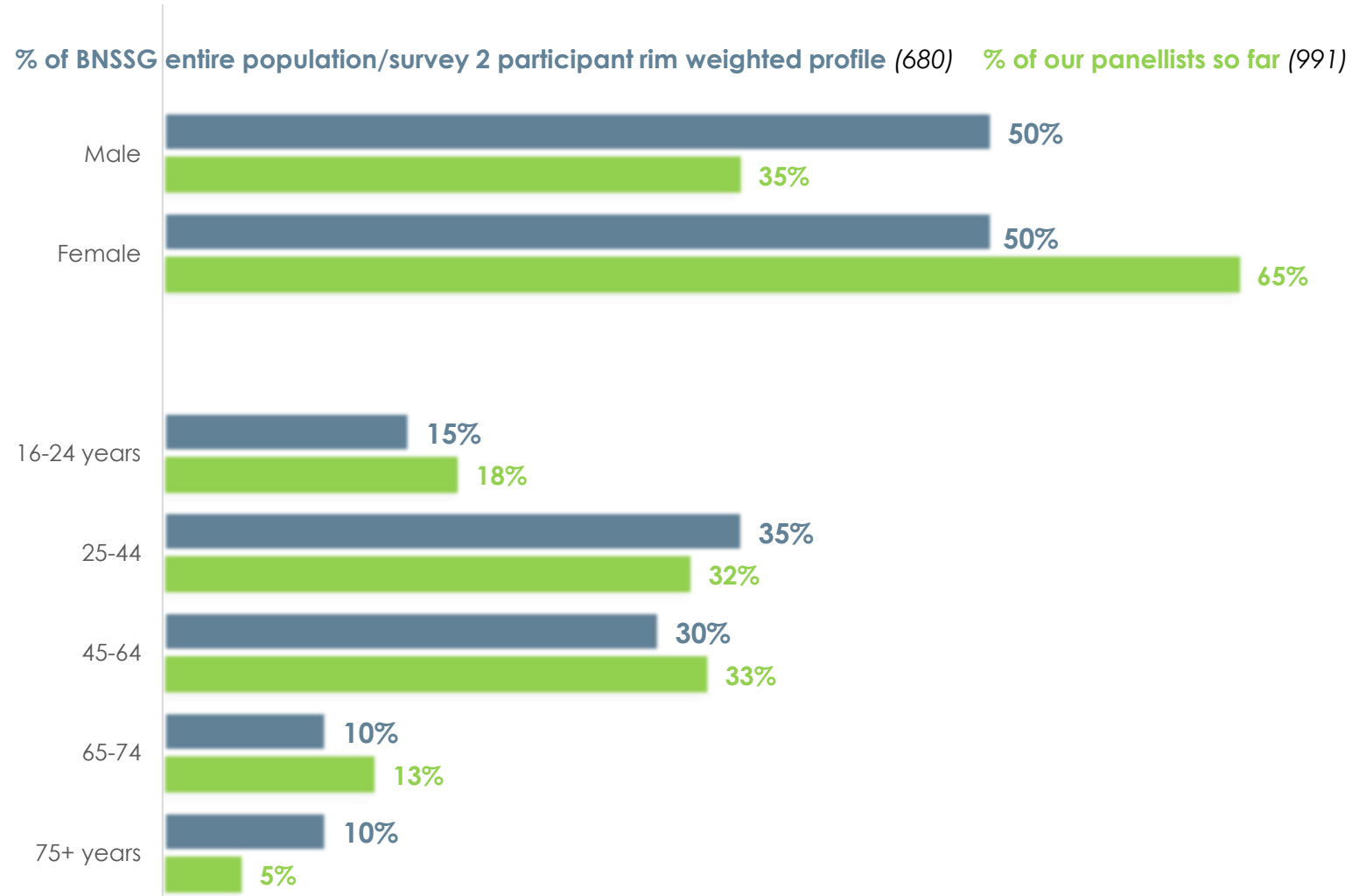


Sample profile 1 – Comparison of the profiles of the entire BNSSG region population (according to census data)/our rim weighted survey 2 sample and the actual panel profile as at May 2019

% of BNSSG entire population/survey 2 participant rim weighted profile (680) % of our panellists so far (991)

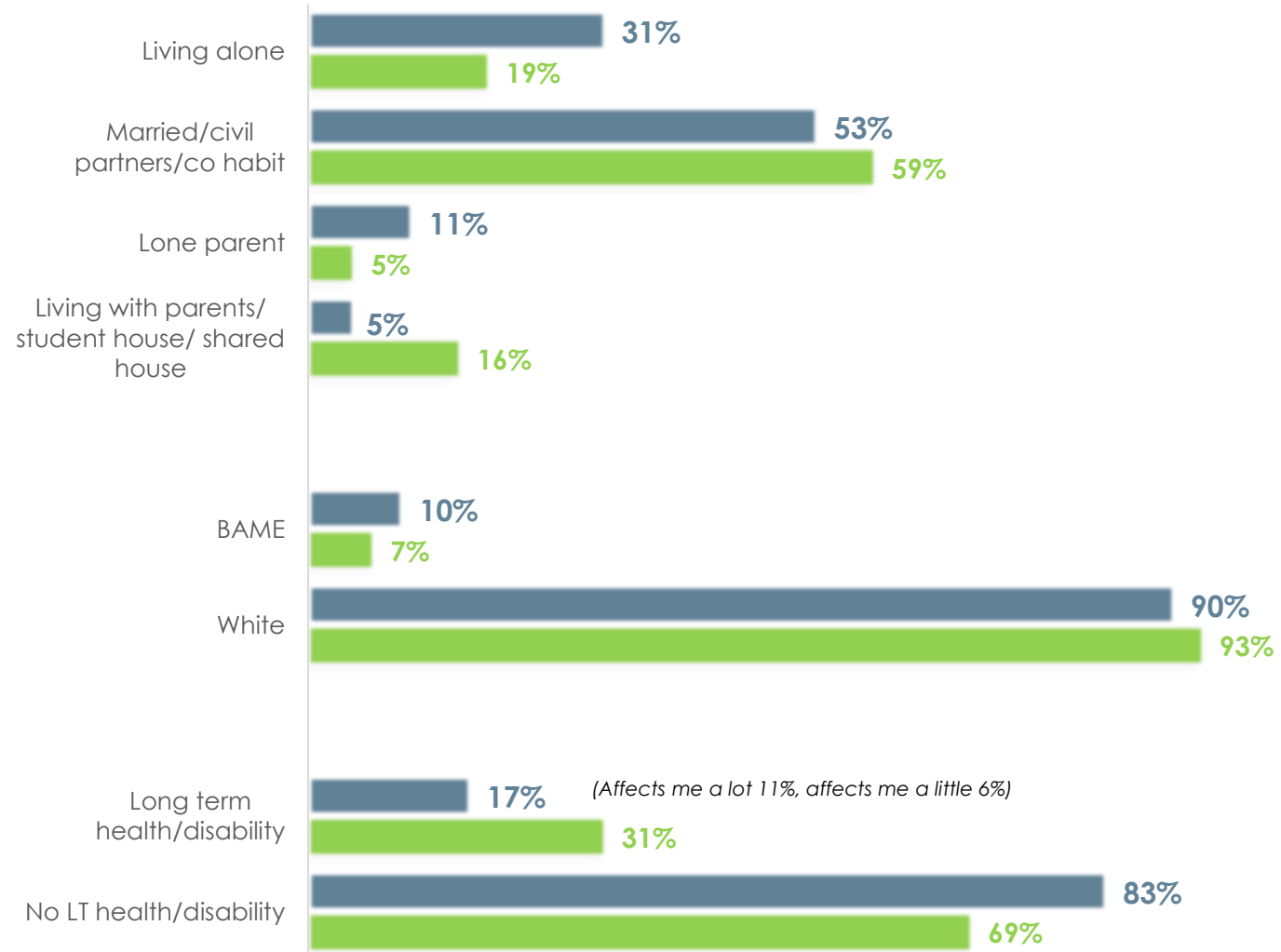


Sample profile 2 – Comparison of the profiles of the entire BNSSG region population (according to census data)/our rim weighted survey 2 sample and the actual panel profile as at May 2019



Sample profile 3 – Comparison of the profiles of the entire BNSSG region population (according to census data)/our rim weighted survey 2 sample and the actual panel profile as at May 2019

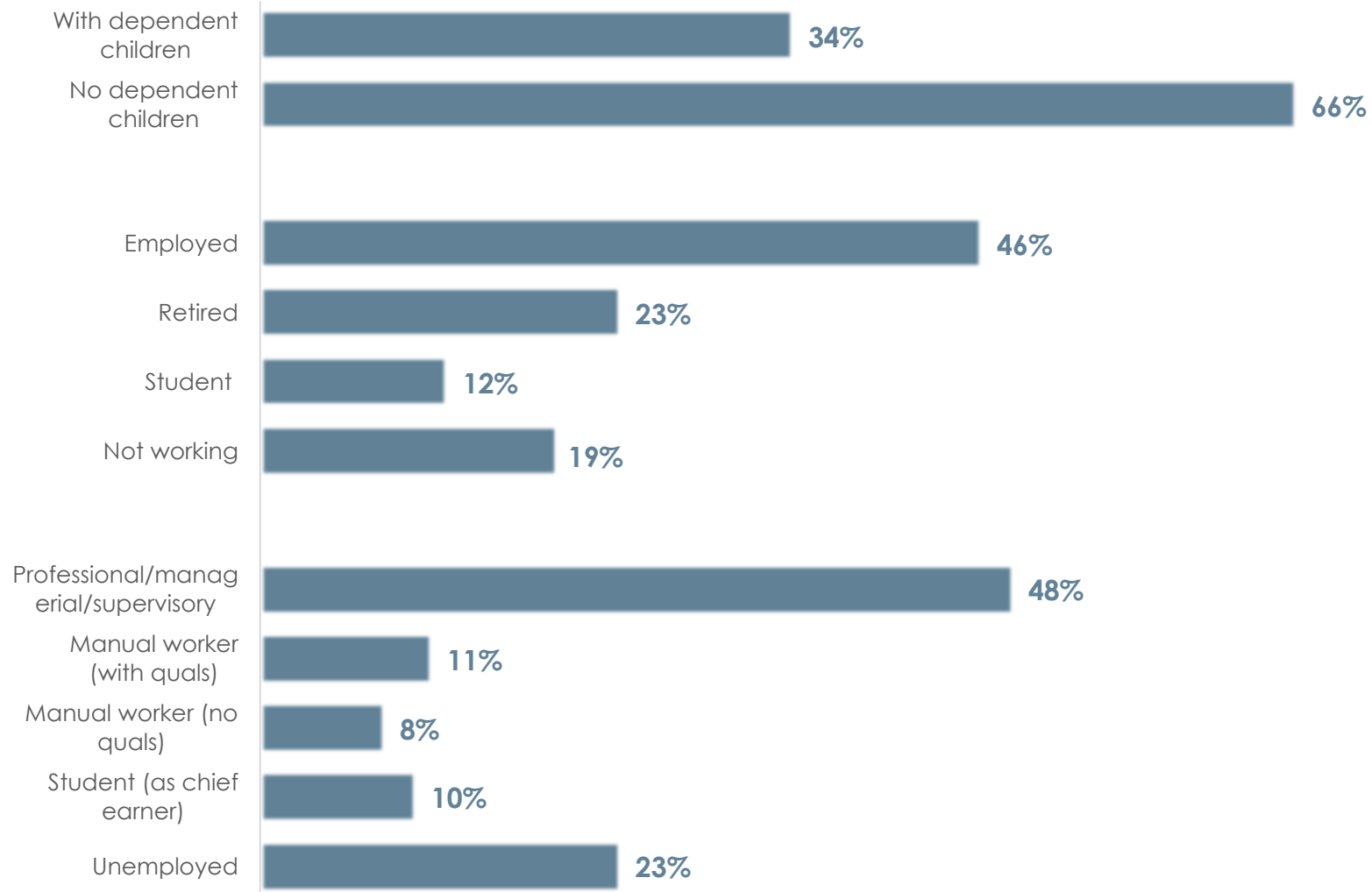
% of BNSSG entire population/survey 2 participant rim weighted profile (680) % of our panellists so far (991)



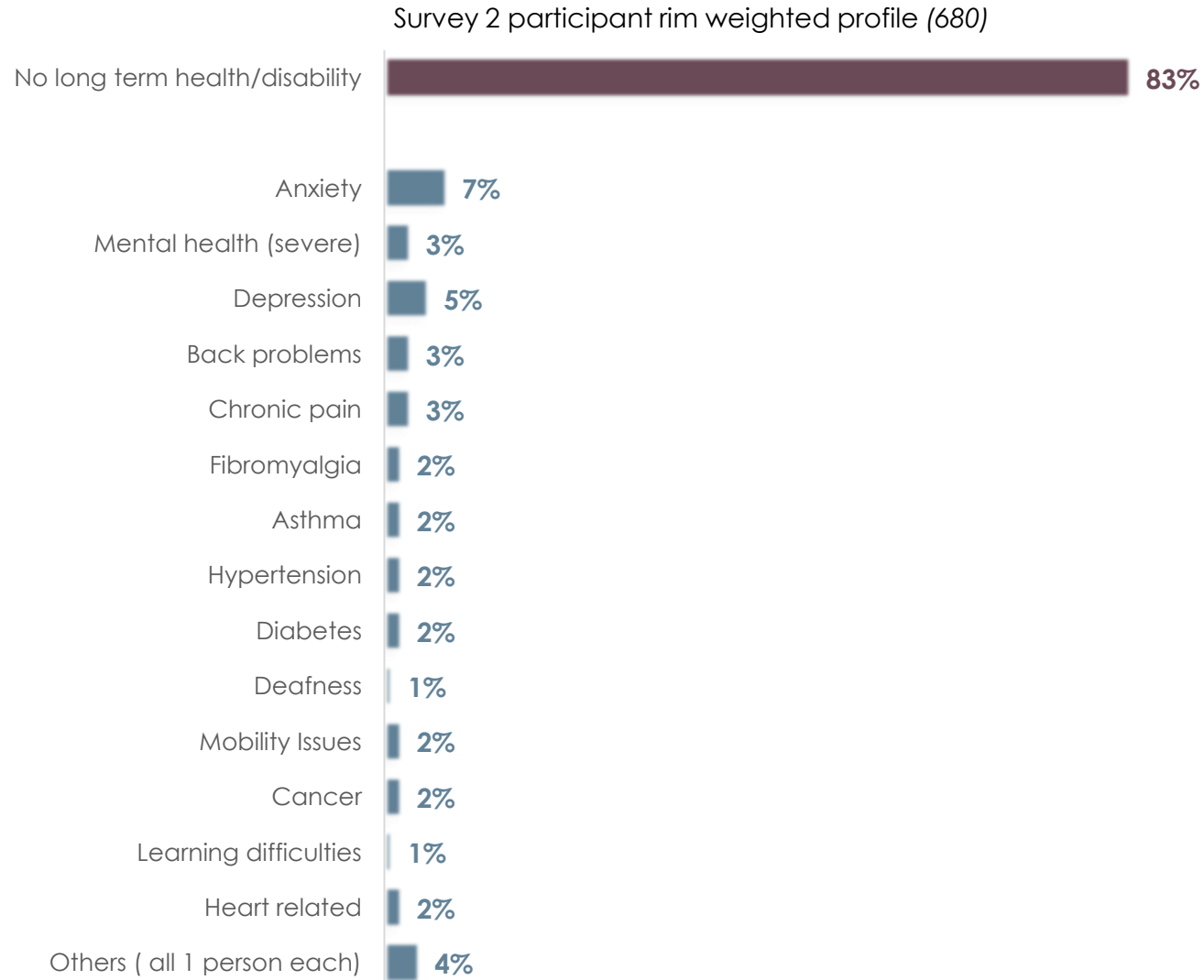
Sample profile 4 – Survey 2 participants

– Family status/working status/chief wage earner

Survey 2 participant rim weighted profile (680)

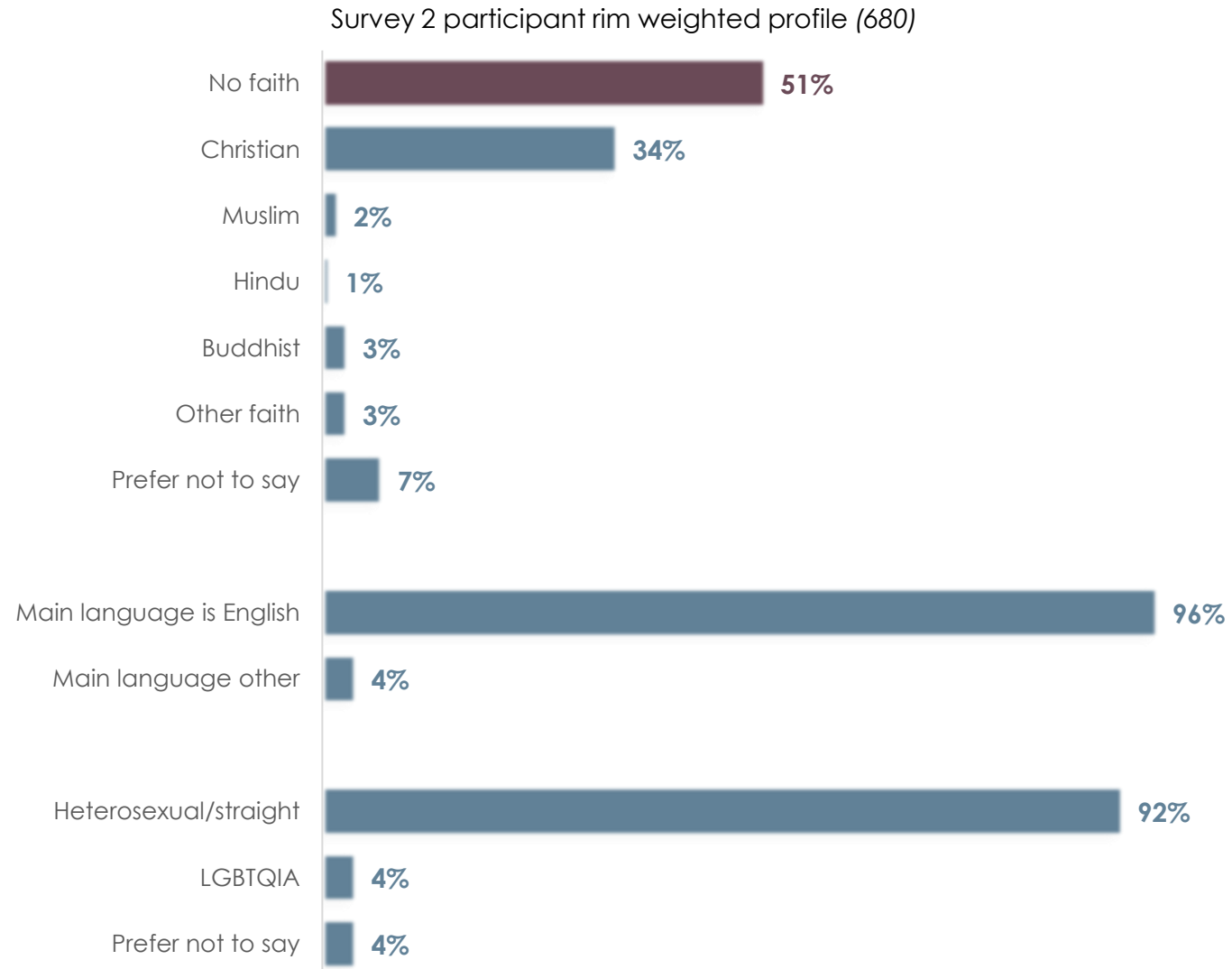


Sample profile 5 – Survey 2 participants – Long term health/disability profile

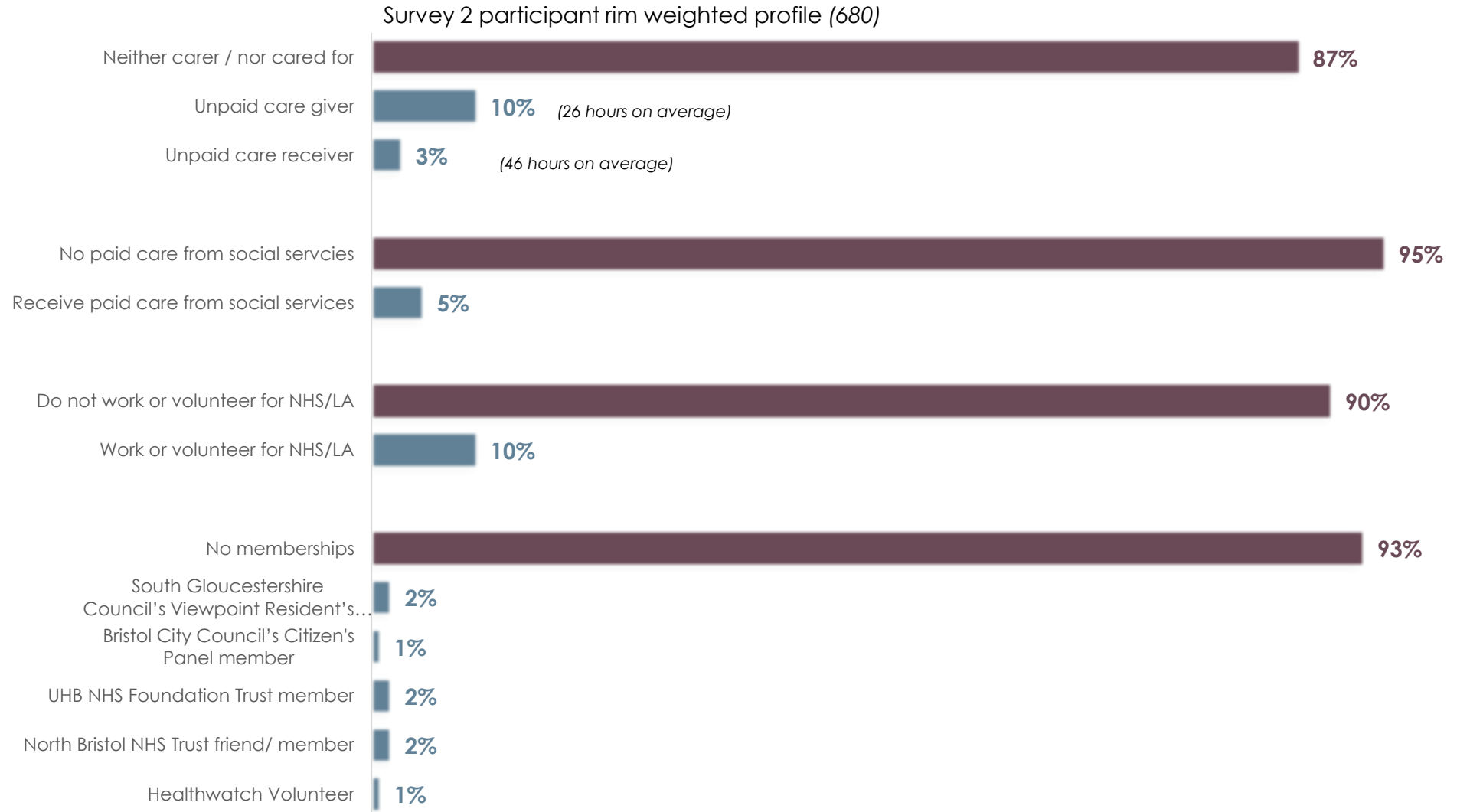


Sample profile 6 – Survey 2 participants

– Faith, main language, gender identity



Sample profile 7 – Survey 2 participants – Care, memberships, volunteering



Appendix

***Project
background &
recruitment
tracker***



Project Background

Background

- BNSSG and Healthier Together wished to develop a Healthier Together Citizen's Panel
 - The panel provides a mechanism for gathering insight and feedback on health and care issues from a representative sample of the circa one million population of Bristol, North Somerset and South Gloucestershire
 - Anonymised feedback is to be shared with project managers and senior leaders to help shape and influence Healthier Together partnership initiatives and programmes of work
 - Anonymised feedback is also to be made publicly available so panel members and the wider public will have the opportunity to review the results (and understand the actions being taken as a result)
- The approach focusses on engaging those who may not normally choose to provide their views on health and care issues (going beyond the 'usual voices')
- The panel is to be used to complement existing methods of engagement and involvement to support BNSSG and Healthier Together ongoing efforts to hear from a representative mix of the local population

Jungle Green

- In July 2018 BNSSG and Healthier Together commissioned Jungle Green to act as a collaborative research partner and to recruit and manage this panel on their behalf
- This document reports on Survey 2 results and recruitment activity/panel profile so far

Methodology

Panelists:

- 991 individuals have joined the Healthier Together Citizen's Panel as at the end of April 2019

Step 1) Core recruitment

– face to face

- 60 face to face recruitment days have taken place between late September 2018 and April 2019
- These have been spread right across the BNSSG region
- 855 panellists have signed up to the panel so far via this method
- F to F recruitment was the preferred core method: both to avoid self-selection and to enable specific targeting of a representative sample of citizens in many different geographic locations
- *The interaction with the professional recruitment team also provides an opportunity for a clear introduction to and explanation of the Panel's purpose*


Step 2) Additional recruitment methods

- These have included social media advertising, member get member, engagement with local organisations and the distribution of postcards with a QR link in local venues
- An additional 136 panellists have joined via these methods
- This additional recruitment allows an element of boosting of certain categories of citizen's, such as younger people, BAME and hard to reach audiences

- Panellists will complete up to 4 surveys per year online. Jungle Green also conduct some interviews by telephone and postal questionnaire if the respondent has chosen these alternative methods

Recruitment Tracker as at 20th May 2019

Face to Face Recruitment	No. of shifts	Achieved	Survey 1	Response Rate	Survey 2	Response Rate	Survey 3	Response Rate
On-Street	28	489	356	73%	241	49%		0%
On-Site BRI	3	50	28	56%	24	48%		0%
Health Event - 22 Nov (Julie Ford)	1	6	6	100%	6	83%		0%
Community Day - Bristol Central (15.01.19)	4	37	37	100%	19	49%		0%
Community Day - Knowle (1.03.19)	4	54			54	100%		0%
Community Day - Weston (March 2019)	4	50			50	100%		0%
Community Day - South Gloucester (April 2019)	4	30			30	100%		0%
Additional - Community Day Bristol (April 2019)	4	29			29			0%
Additional - Community Day Broadwalk (April 2019)	3	43			43			0%
Additional - Community Day Bradley Stoke (May 2019) - Survey 3	3	42					42	100%
Additional - Recruitment Days - Survey 2	5	50			47	100%		0%
Total - Face to Face	63	880	427	78%	543	65%	42	5%
Other recruitment methods								
Member Get Member		72	65	68%	60	83%		0%
Social Media - Facebook - ongoing		64	19	100%	61	95%		0%
Leaflet		1			1	100%		0%
Employer (Aviva/ NHS)		13	10	64%	10	77%		0%
Travel to Work thank you page		1			1	100%		0%
Other - BNSGG/ Healthwatch		5	4	67%	4	80%		0%
Total other methods		156	98	74%	137	87%	0	0%
Total Panellists		1036	525	77%	680	68%	42	4%



**Please contact us
with any further
questions**

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