

Healthier **Together**



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

 jungle green

Healthier Together Citizens Panel

Survey 9 – Urgent Care, Digital Health and Care, Long Covid – Final results

November 2021 to January 2022



Report structure

1

Overview Summary

2

Urgent care

3

Digital health and care

4

Long Covid

5

Appendices – Detailed sample profile

Section 1

Overview Summary

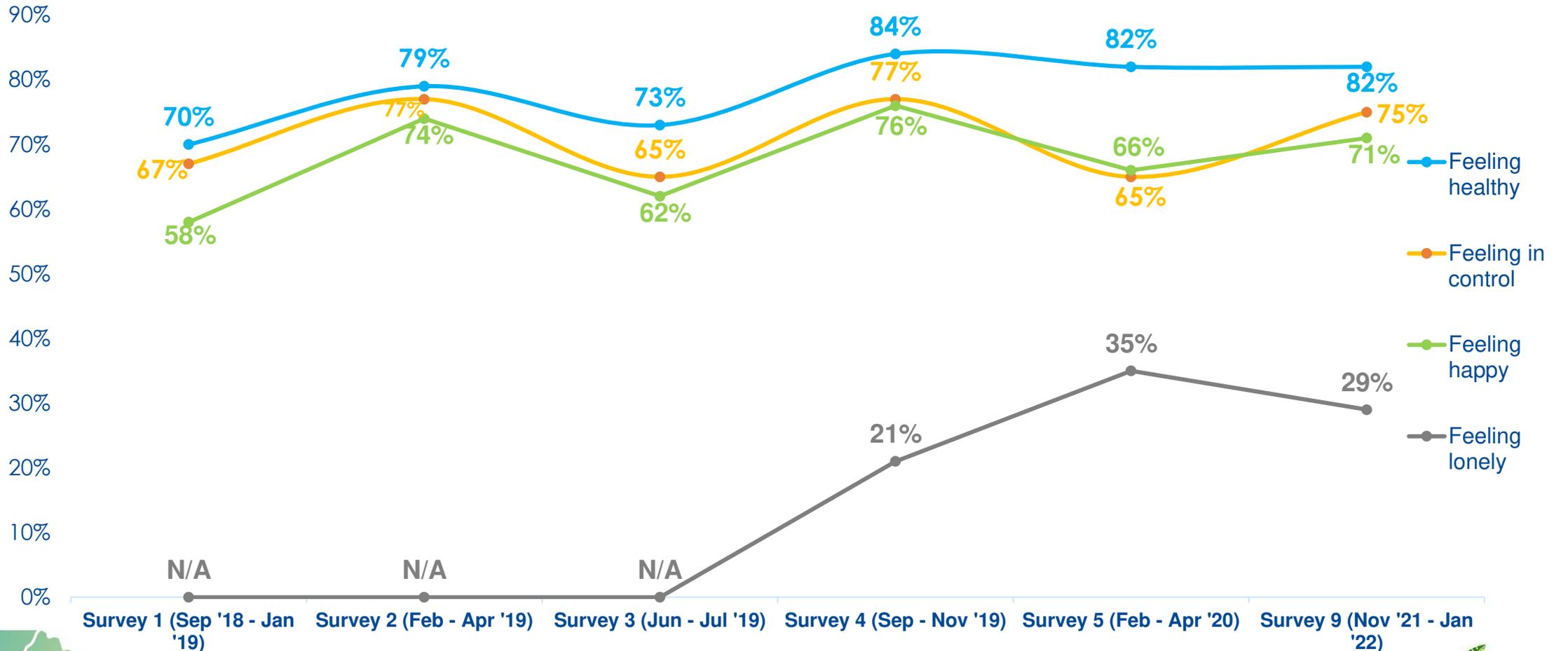


Vision and mission of the Healthier Together Panel

“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”

Keeping well tracker questions

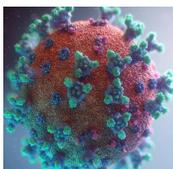
- The following tracker questions were reintroduced to survey 9, after a gap of 18 months. Overall, current feelings of health, control and happiness are at the higher end of the range of scores collected for each element between September 2018 and April 2020. Feelings of loneliness are mid range.
- As was evident in surveys 1 to 5, those in **Worle, Weston and Villages** still feel significantly less happy, healthy and in control than other localities, and they feel lonelier. This is also notable in those currently **unemployed** and those with high impact **long term conditions**



Q1. Firstly, our regular temperature checks, do you currently consider yourself to be....? Base: n=390



Long Covid



- **89%** of all participants **are aware of the condition** known as Long Covid
- **59%** of those aware of Long Covid are confident that they would be able to **identify the symptoms of Long Covid**
- **6%** of all participants, in total, report that they have or have had **long covid**
- **45%** of all participants are confident that they would be able to **source appropriate support for Long Covid** if required
- **One half** of all participants **are not aware of any of the current key resources available** to support those with Long Covid
- **44%** of all participants **are aware of the NHS webpage** on the long term effects of Covid-19

Urgent care



- Overall, panellists consider that a healthcare scenario that can wait for 2.5 or more days is a **routine** one. Something needing attention in 0.5 to 2.5 days becomes an **urgent** need and if help is needed within the next 4 hours it becomes an **emergency**
 - **Those aged 25-44 years, males**, those with **LTCs** and the **unemployed escalate more quickly** than other groups

(These findings correlate strongly with the same survey findings in BSW CCG citizens panel survey 6)
- If experiencing an urgent healthcare need (i.e. not an emergency), panellists are most likely to either call their GP (**64% are likely to do this**) or call NHS 111 over the phone (**66% likely**)
 - One half of panellists would be likely to go to an MIU / UTC (**49% likely**) and **45%** would be likely to use NHS 111 online/ or via NHS app
 - **One third** of panellists feel that it is **quite or very likely that they would go straight to an A&E department** and **one fifth feel likely to call 999**

- In total, **71%** of panellists have used NHS 111 at all (phone and/or online) in the past
- **Two thirds of panellists (67%) agree** that NHS 111 provides advice and help for **urgent but not life threatening** conditions and also that **NHS 111 has nurses and doctors** that can provide a **consultation** online or over the phone, if needed (**66%**).
 - Just slightly fewer (**59%**) agree that NHS 111 can connect them with the **right local service**
 - **One third (33%)** of panellists feel that they would like to **go directly to the service they think best suits their needs without contacting NHS 111 first**
 - **One fifth (18%) do not feel clear** about when it is appropriate to use NHS 111

Panellists in the BNSSG region, as a whole, escalate themselves more quickly to 'urgent/emergency need' compared to those in the BSW CCG region

Digital health and care



- **89%** of all participants **use google (or another search engine) to search for information in relation to a health condition**
 - This ranges from 96% of those aged 16-44 years to 83% of those aged 45-74 years and 74% of those aged 75+
- The most **frequently used online source** of health information and support is the NHS.UK website **76%**
- Just over **one half** of panellists, in total, **use health related devices and apps**, a majority of these device or app users have chosen their own devices and apps
- Among those who do not use these devices or apps, the MAIN reason is a **lack of perceived need**, followed by a lack of awareness

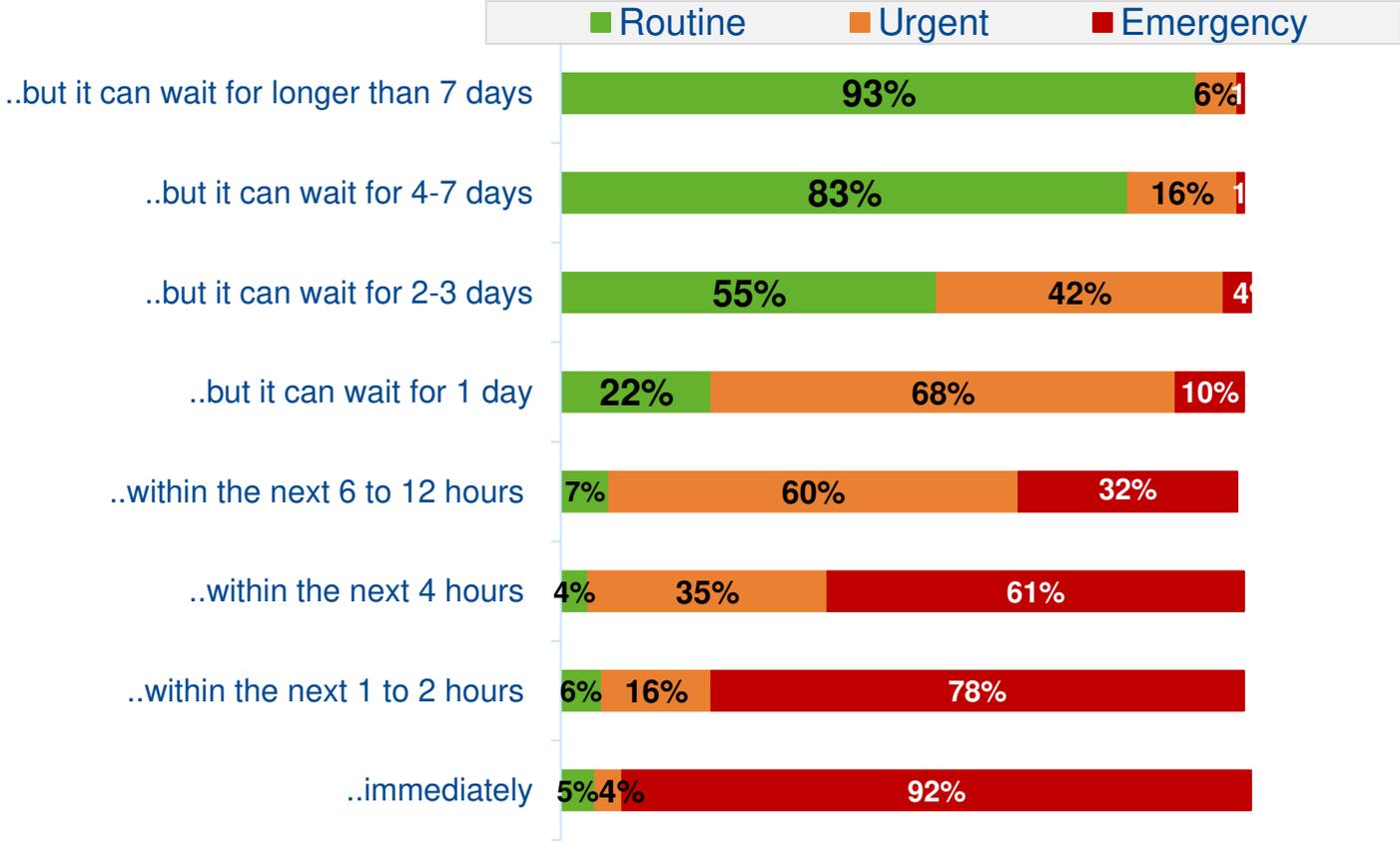
- There are **significant levels of comfort** among panellists in considering receiving **health and social care in various digital formats**, these comfort levels have increased somewhat since 2019
- There are **significant levels of comfort** among panellists in using **video consultations** instead of some in-person appointments, especially when the HCP is someone known to the patient. These comfort levels have increased somewhat since early 2020
- **Two thirds, 68%**, of all participants say they would be **likely to have a video consultation in the future** if a HCP felt it was appropriate for them
- The main **benefits of video consultations** are perceived as **saving time and expense**, giving patients **quicker access to appointments** (*as 'very difficult to get an appointment face to face currently'*) and being a **safe option** avoiding potential infections
- The main potential **challenge** of video consultations perceived by panellists is that they feel a **face to face encounter enables a physical examination, tests** to be done, **symptoms** to be spotted, **body language** to be read and a **rapport** to be built

Section 2

Urgent care



Overall, panellists consider that a healthcare scenario that can wait for 2.5 or more days is a **routine** one. Something needing attention in 0.5 to 2.5 days becomes an **urgent** need and if help is needed within the next 4 hours it becomes an **emergency**



However, there are some differences across sub-groups:

- Those **aged 25-44 years escalate more quickly** (25% say urgent or emergency at 4-7 days, 51% say urgent or emergency at 2-3 days)
- **Males escalate more quickly** than females (56% of males say urgent or emergency at 2-3 days compared to 36% of females. 41% of males say emergency at 6 to 12 hours and 69% at 4 hours)
- Those with **LTC's, those currently unemployed and those in WWV locality also escalate more quickly** than others

These sub-group findings, especially relating to age, correspond with those of BSW CCG's Citizens Panel survey 6 and with BNSSG CCG Urgent Care project Summer 2021

Panellists in the BNSSG region, as a whole, escalate themselves more quickly than those in the BSW region



Q7. Looking at the list of potential scenarios below, could you say whether you would personally consider each one to be BEST described as a 'routine healthcare need', an 'urgent healthcare need' or an 'emergency healthcare need'.
 Base: n=382, total participants answering this question

The following are examples of what panellists would consider to be routine, urgent and emergency healthcare needs *(unprompted question)*

- ### Routine
- **General aches and pains** (back pain, head ache, migraine, muscular, joints, chest pain, sprains) **20%**
 - **Ongoing conditions**, diabetes check, asthma **17%**
 - **Medical** check up, review, screening **17%**
 - **Cold and flu** symptoms, sore throat, chest infection **12%**
 - **Blood tests**, blood pressure, screening **12%**
 - **Dermatology**, rash, moles, eczema **11%**
 - Repeat **prescription**, medication **9%**
 - **Dental**, toothache **4%**
 - **Mental health check up**, depression, anxiety **4%**
 - **Ears**, blocked/wax, infections **4%**

- ### Urgent
- **Persistent, severe pain** (back pain, migraine, swelling, chronic pain, sprains) **27%**
 - **Broken limbs**, bones, fractures **10%**
 - **Persistent, severe cough**, coughing blood, fever, high temperature, chest infection **9%**
 - Injury/ cut with **severe/abnormal bleeding** **9%**
 - **Heart conditions/ attack**, murmurs, problems **9%**
 - **Breathing difficulties** **7%**
 - **Unexplained lumps** **7%**
 - **Sudden deterioration**, dizziness, fainting, change in condition/ symptoms worsening **6%**
 - **Mental health crisis**, anxiety, depression, suicidal **6%**
 - **Infection / antibiotics** **6%** **Severe vomiting, diarrhoea** **6%**

- ### Emergency
- **Heart conditions/ attack**, murmurs, problems **45%**
 - **Broken limbs/ bones**, dislocation, fractures **23%**
 - **Stroke**, slurred speech **19%**
 - Injury/ cut with severe/abnormal **bleeding, lacerations** **16%**
 - **Breathing difficulties**, breathless, respiratory **15%**
 - **Loss of consciousness**, collapse **8%**
 - **Persistent, severe pain** (back pain, migraine, swelling, chest pain, sprains) **7%**
 - **Head injury** **5%**
 - **Life threatening**, need of A&E, ambulance, RTA **8%**
 - **Mental health crisis**, overdose, suicidal **5%**
 - **Falls** **4%** *(75+ years 26%)*

(Larger than average proportions of 25-44 year olds mention mental health, lumps and bleeding as urgent)

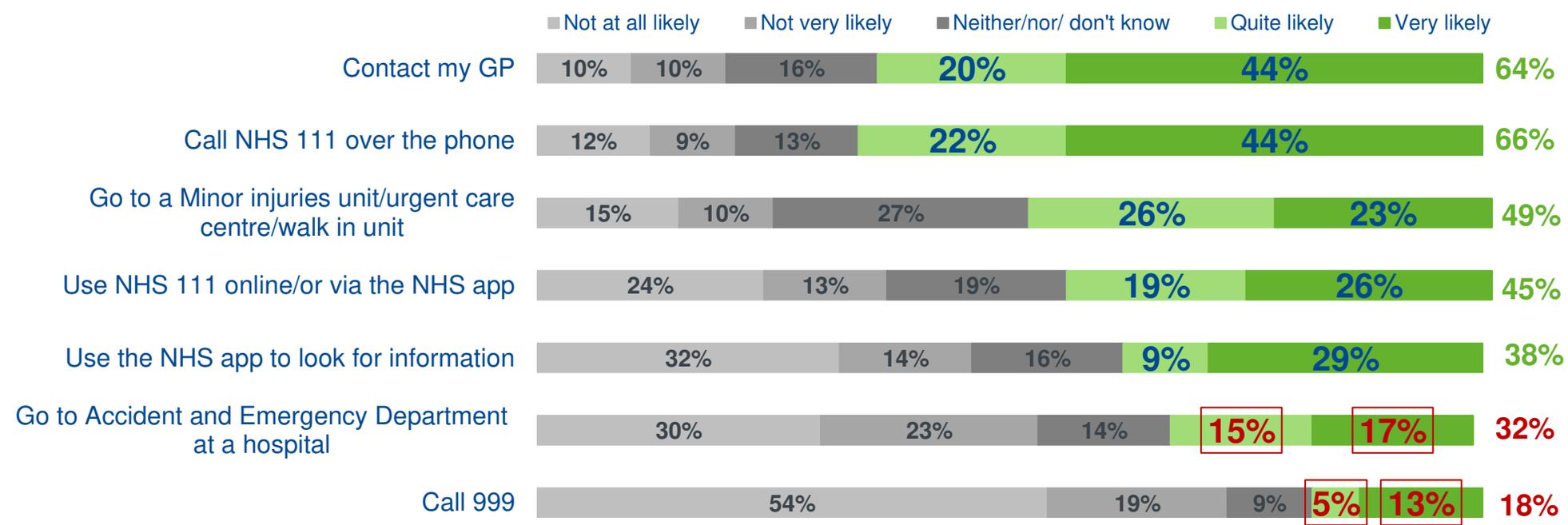


Q8/9/10. Could you now give one or two examples of problems or conditions that you would personally consider to be ROUTINE/ URGENT/ EMERGENCY healthcare needs?'. Base: n=390, total participants answering this question



If experiencing an urgent healthcare need (i.e. not an emergency), panellists are most likely to either contact their GP (64%) or call NHS 111 over the phone (66%). One half of panellists would be likely to go to an MIU / UTC (49%) and 45% would be likely to use NHS 111 online/ or via NHS app

• One third of panellists feel that it is quite or very likely that they would go straight to an A&E department and one fifth feel likely to call 999



- Those aged 65+ are more likely than other age groups to contact their GP (76%), compared to those aged under 45 (55%)
- The opposite is true for using NHS 111 online or via NHS app. Only 35% of those aged 65+ are likely to do this, compared to 52% of those aged under 45
- BAME panellists are much more likely to attend an MIU/UTC (72%) than average and to call 999 (32%)
- Those in Inner City & East (45%) and WWV (40%) localities are more likely than average to go straight to A&E

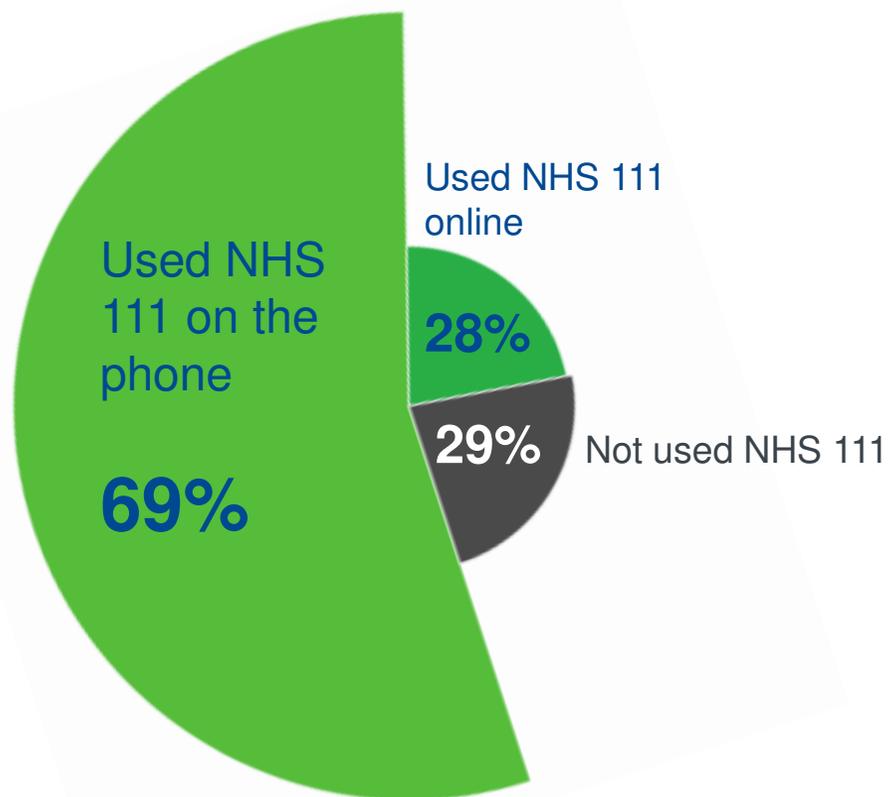


Q11. If you were experiencing an urgent healthcare need (like the ones you may have mentioned earlier, i.e. urgent but not an emergency situation), how likely would you be to do each of the following? Base: n=373



Two thirds have used NHS 111 over the telephone in the past and 29% have used NHS 111 online (this includes 26% who have done both)

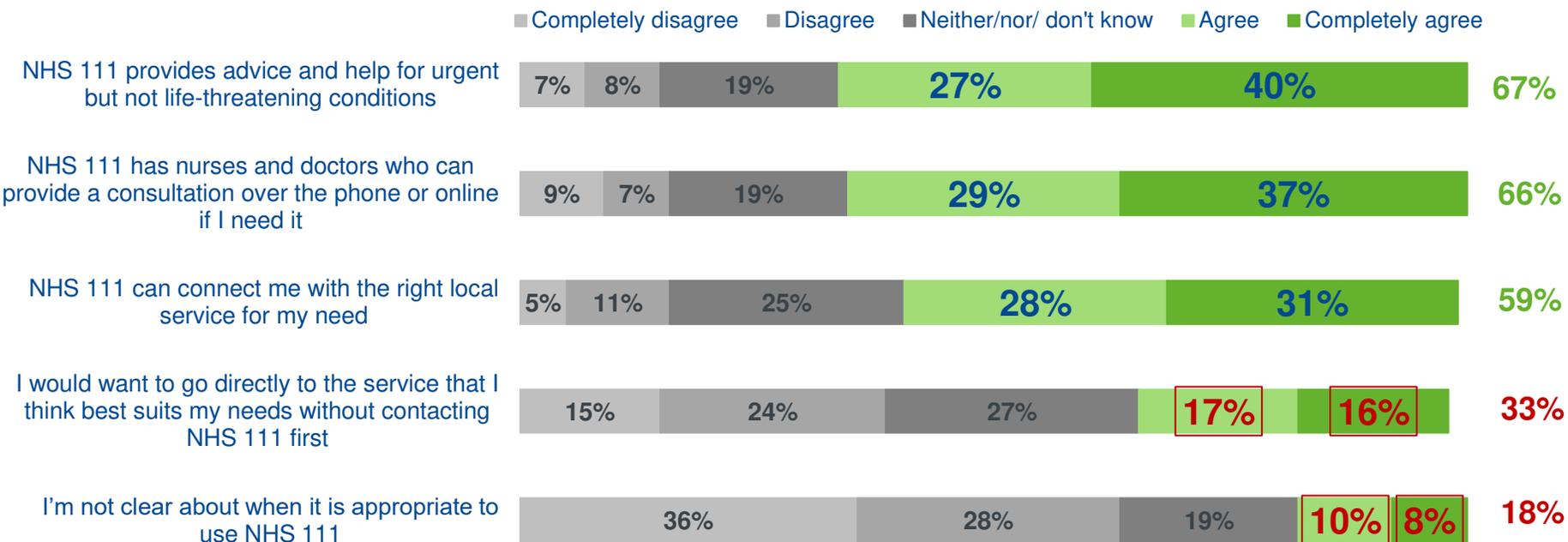
- In total, **71%** have used NHS 111 (phone and/or online) in the past and **29%** have not done so



- Younger age groups, under 45, are much more likely to have used NHS 111 (phone and/or online) (**78%**) than older age groups, 65+ (**46%**)
- Females are more likely to have used NHS 111 at all (phone and/or online) (**78%**) than males (**64%**)
- Those with LTCs are more likely to have used NHS 111 at all (phone and/or online) (**86%**) than those without LTCs (**68%**)
- BAME panellists are less likely to have used NHS 111 at all (phone and/or online) (**55%**) than average

Perceptions and understanding of the NHS 111 service

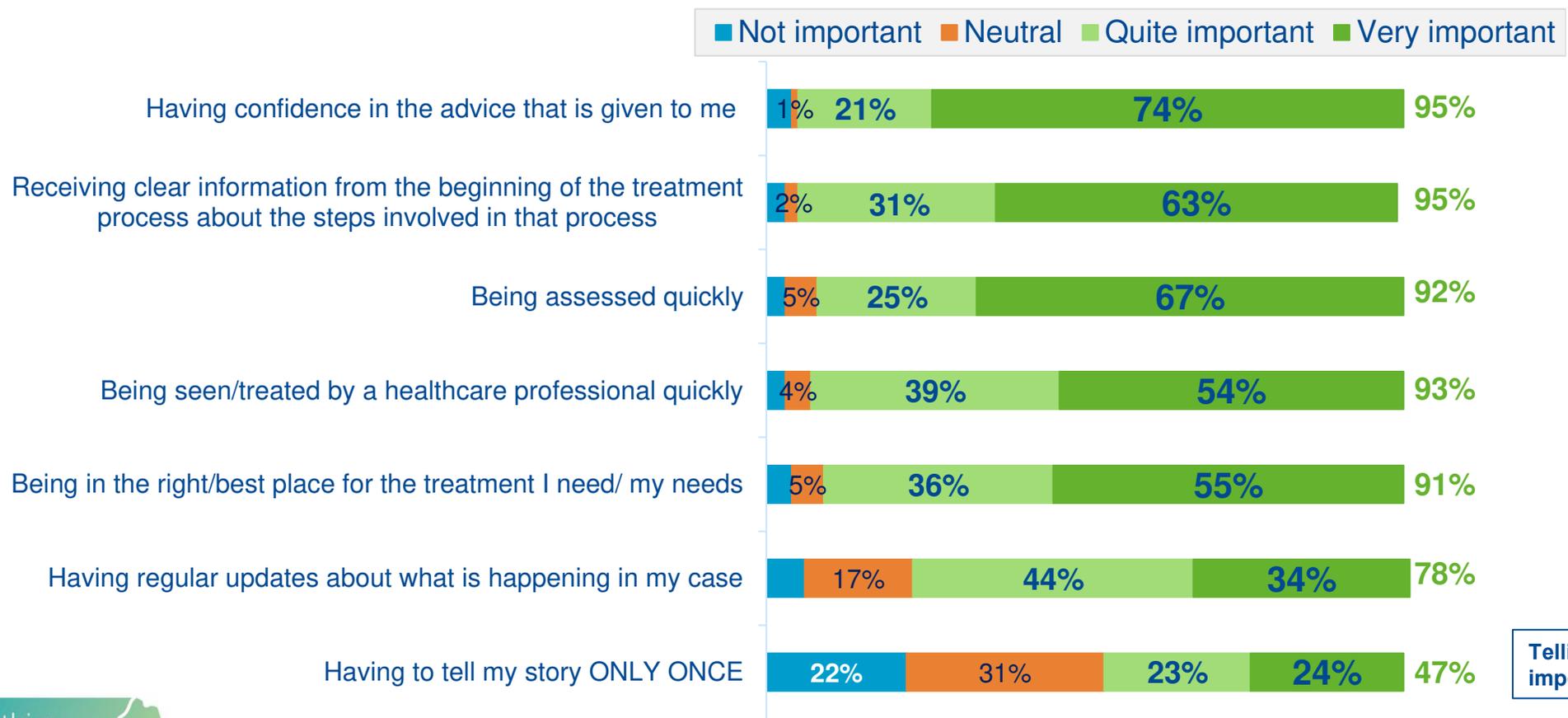
- **Two thirds of panellists (67%) agree** that NHS 111 provides advice and help for **urgent but not life threatening** conditions and also that **NHS 111 has nurses and doctors** that can provide a **consultation** online or over the phone, if needed (**66%**). Just slightly fewer (**59%**) agree that NHS 111 can connect them with the **right local service**
- **One third (33%)** of panellists feel that they would like to **go directly to the service they think best suits their needs without contacting NHS 111 first**
- **One fifth (18%) do not feel clear** about when it is appropriate to use NHS 111



- **Those who have used NHS 111 in the past** (higher among females, younger age groups and those with LTCs) are **slightly more likely to agree** with the first three statements than those who have not used NHS 111. They are also a little less likely to agree with the last two statements (22% and 12% respectively).
- **51% of those aged 65+** feel they would like to go **straight to the service** they think suits them best without contacting NHS 111 first
 - This age group are also **the least clear** about when it is appropriate to use NHS 111 (31% are not clear)

If experiencing an urgent healthcare need, having confidence in the advice that is given to you is the most critically important factor (95%), followed by receiving clear information from the beginning of the treatment process about the steps involved in that process (95%)

- Being assessed and treated quickly and being in the right/best place for the treatment follow very closely behind (92%/ 93%/ 91%)



Telling one's story once only is of more importance, overall, to those with LTC's 63%



Q13. If you were experiencing an urgent healthcare need (like the ones you may have mentioned earlier, i.e. urgent but not an emergency situation), how important would each of the following factors be to you in your subsequent treatment? Base: n=370, total participants answering this question



Section 3

Digital health and care



A majority of panellists search for health information online. Half of panellists think it is important to use an information source they have used before

- **89%** of all participants **use google (or another search engine) to search for information in relation to a health condition**
 - This ranges from **96%** of those aged 16-44 years, **83%** of those aged 45-74 years to **74%** of those aged 75+
- When searching for health information online, just over one half of participants (**56%**) state that it is important that the **source they use is one they have used before** (39% say this is **quite important** and 17% say very important)
 - A majority of those who do not consider this important, stated that they were **indifferent** about the information source being one they had used before
- The list of the most **frequently used online sources** of health information and support is headed by the NHS website..

▪ NHS.UK	76%
▪ NHS 111 online	30%
▪ Online or digital peer to peer support (e.g. WhatsApp groups, social media groups, other instant messaging groups)	21%
▪ Other mentions by 2 or 3 people in each case included NICE, Mayo Clinic, Patient UK and WebMD	

Q14. Do you ever use google (or another search engine) to search for information in relation to a health condition? *Base: n=370*

Q15. When searching for health information online, how important to you is it, that the source of the information is one you have used before? *Base: n=370*

Q16. What online sources do you most frequently use when looking for health information and support? *Base: n=370*

Just over one half of panellists, in total, use health related devices and apps, a majority of these use devices or apps they have chosen to use themselves

I use devices or apps that I have chosen myself to support and monitor my own general health and well-being (e.g. fitness trackers, smart watches, Headspace, Calm, Couch to 5K, Quit Smoking, Menopause support)

48%

(Rising to 57% of those aged 16-44 years and dropping to 15% of those aged 75+)

I use devices or apps recommended to me by a Healthcare Professional to monitor and manage a specific condition (e.g. diabetes, irritable bowel syndrome, musculoskeletal conditions, COPD)

13%

(Rising to 21% of those aged 75+)

I share data with a Health Professional from an app, device or through other technology provided by a Healthcare Professional to monitor activity or a specific condition (e.g. blood pressure monitor, heart rate and oxygen levels, tools that monitor activity to reduce such risks as falls or dehydration, COPD)

13%

(Rising to 25% of those with LTCs)

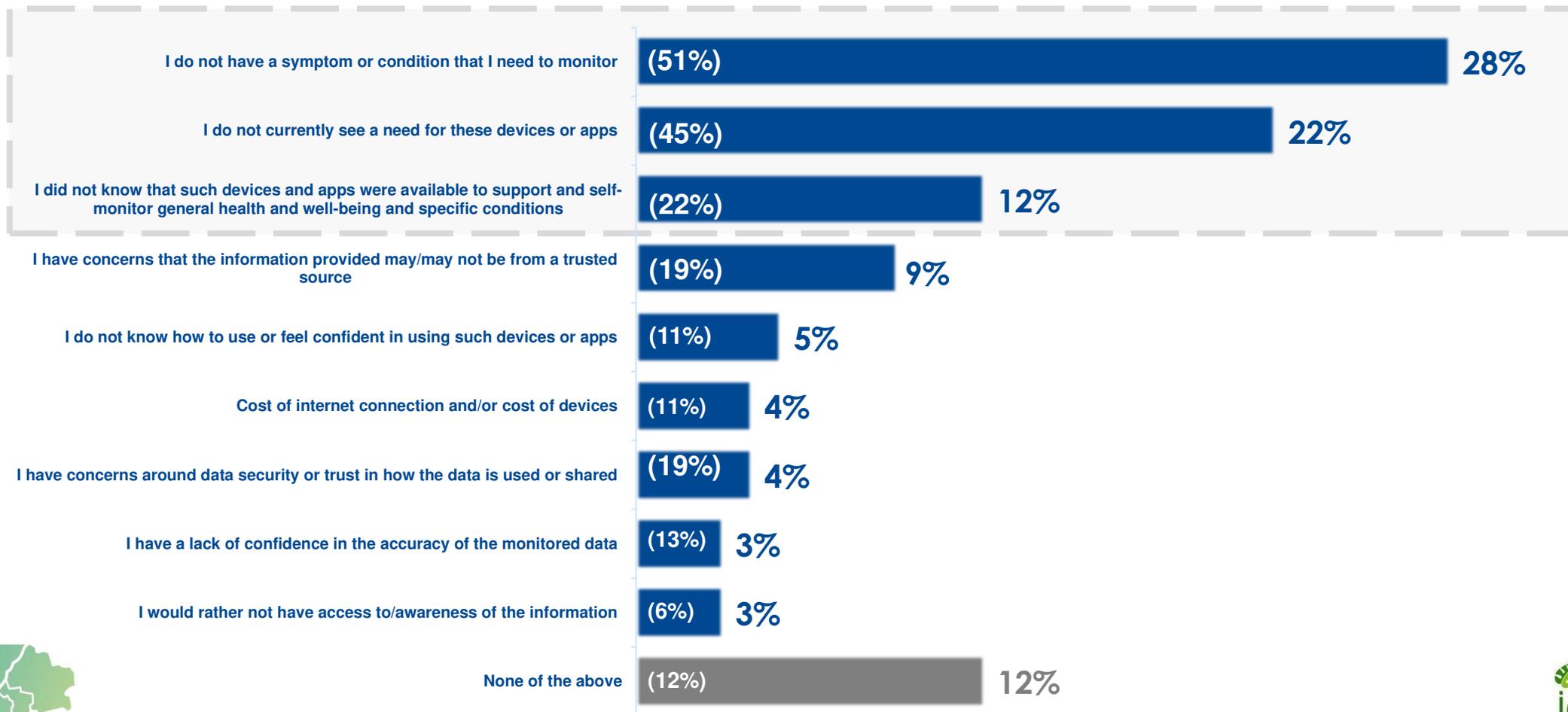
None of the above apply to me

44%

(Dropping to 38% of those aged 16-44 years and rising to 62% of those aged 75+)

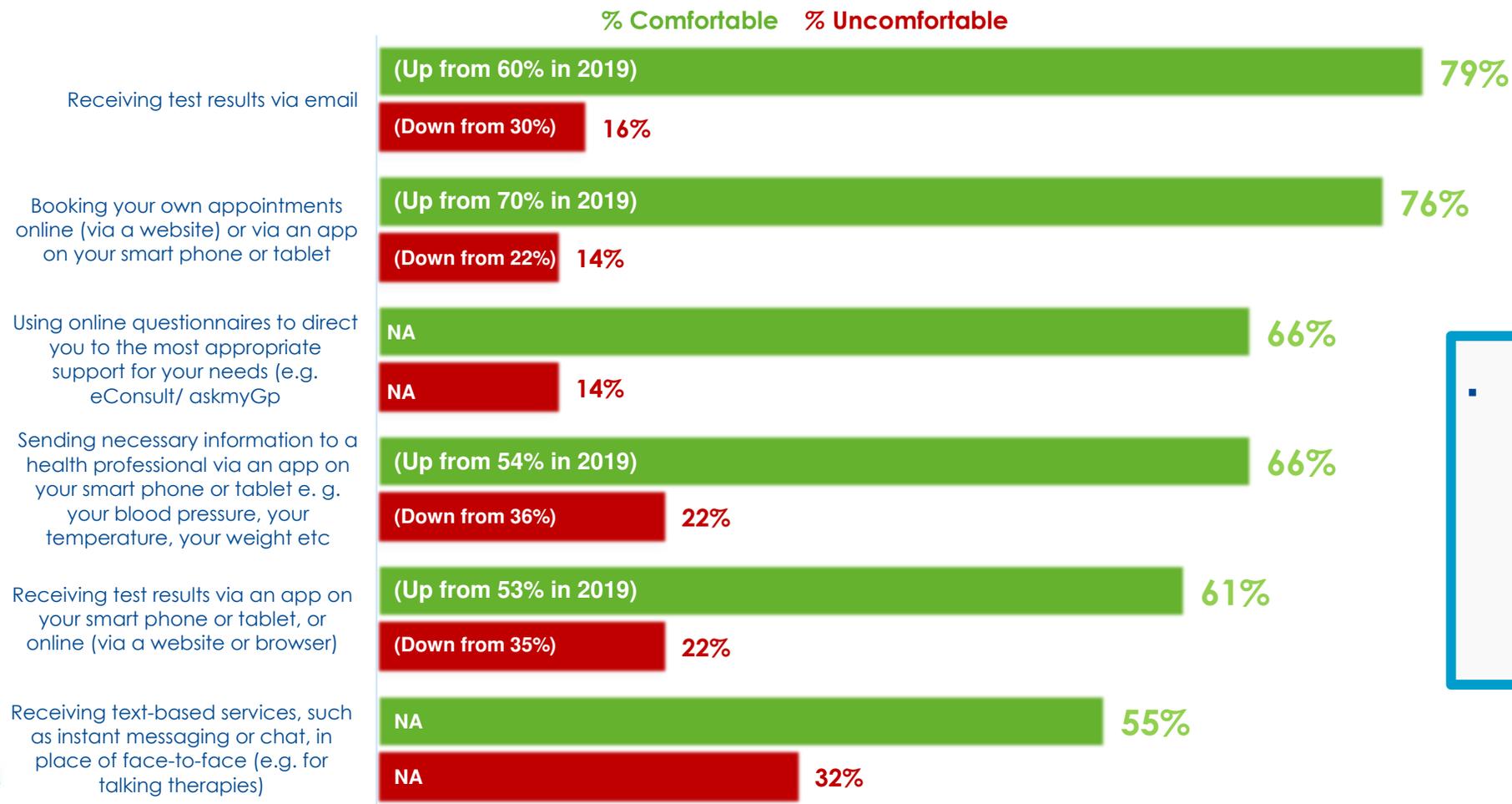
Among those who do not use these devices or apps, the MAIN reason is a lack of perceived need, followed by a lack of awareness

- Concerns about whether the information comes from a trusted source (9%), data security concerns (4%) and a lack of confidence in the accuracy of the monitored data (3%) come further down the list
- Lack of knowledge and/or confidence around ability to use the devices/apps is the main reason for 5% of non-users, largely from older age groups
- (Bracketed percentages in white show the proportions of non-users who mentioned each factor as a reason in the preceding question asking for 'all reasons' for not using these devices/apps)*



There are significant levels of comfort among panellists in considering receiving health and social care in various digital formats, these comfort levels have increased somewhat since 2019

(Percentages in brackets show the equivalent percentages from the Healthier Together citizens panel survey 2 in 2019)



▪ In general, males, older age groups, those with LTCs and those from lower social grades are slightly less comfortable with each of these formats and may require an extra nudge to encourage use

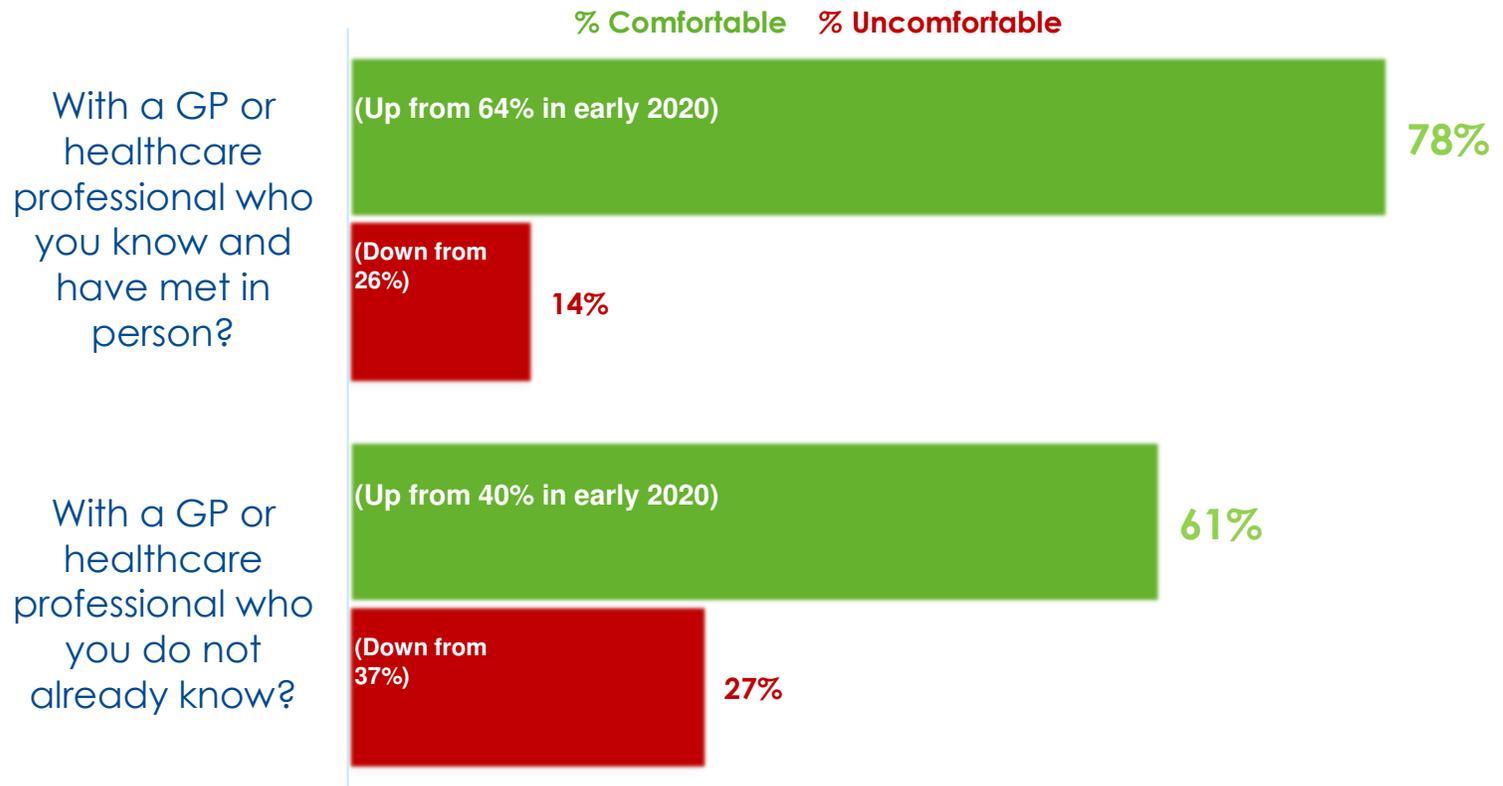


Q19. Overall, how comfortable or uncomfortable are you receiving health and social care in each of the following formats? Base: n=361

There are significant levels of comfort among panellists in using video consultations instead of some in-person appointments, especially when the HCP is someone known to the patient. These comfort levels have increased somewhat since early 2020

(Percentages in brackets show the equivalent percentages from the Healthier Together citizens panel survey 5 in March/April 2020)

- One fifth of participants have had a video consultation in the last 12 months and comfort levels were higher among these individuals:
 - Known HCP **89%/8%**
 - Unknown HCP **76%/19%**



Those aged 75+ are less comfortable with this format **67%/10%**

Those aged 75+ **31%/32%** and those with more complex LTCs **26%/54%** are less comfortable with this format

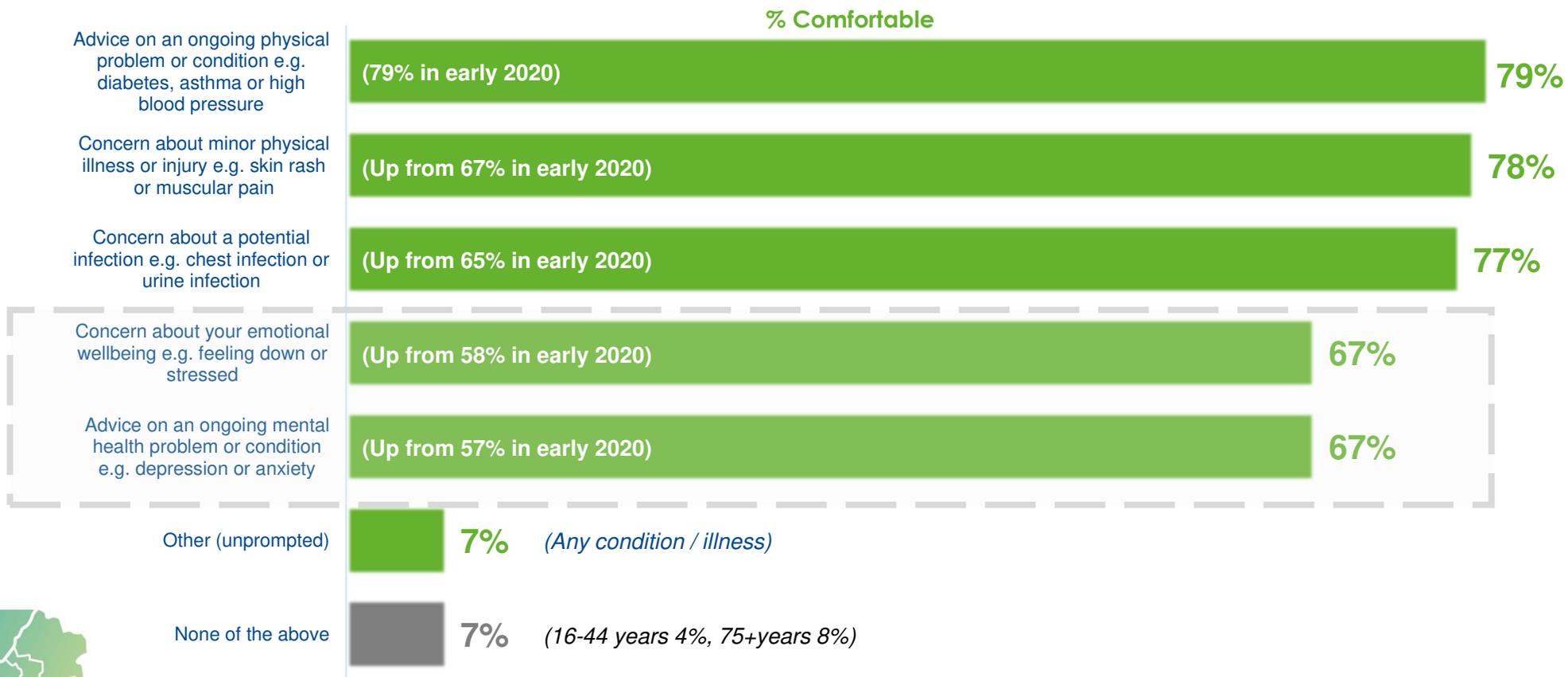


Q20. How comfortable or uncomfortable are you with the idea of using of video consultations to receive health and care services instead of some in-person appointments, in each of the following scenarios? Base: n=361

There are significant levels of comfort among panellists in using video consultations for a wide variety of health related concerns. Most of these comfort levels have increased somewhat since early 2020

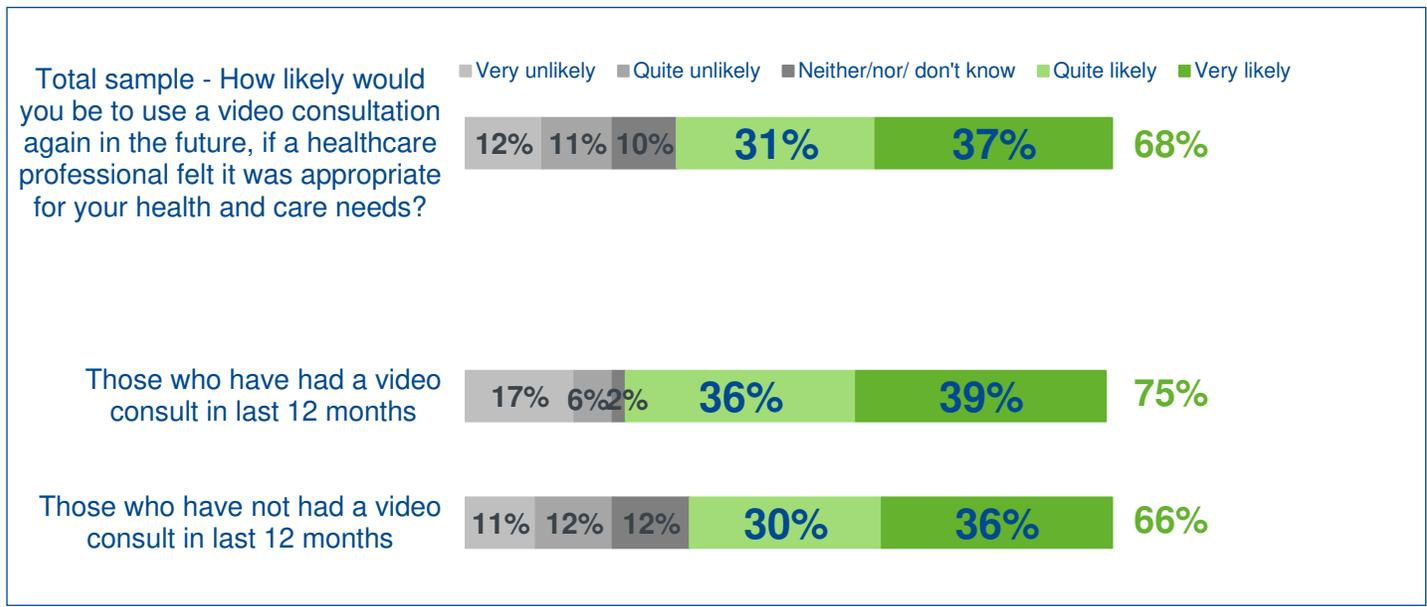
(Percentages in brackets show the equivalent percentages from the Healthier Together citizens panel survey 5 in March/April 2020)

People are still directionally less likely to be comfortable using video consultations for new or ongoing mental health or emotional wellbeing concerns, as they were in early 2020, although to a lesser extent now in 2022



18% of panellists have had a video consultation with a GP or HCP in the last 12 months

- This proportion (18%) was similar across most key sub-groups, with the exception of the 75+ age group, where only 2% had had such a consultation
- Two thirds, 68%**, of all participants say they would be **likely to have a video consultation in the future** if a HCP felt it was appropriate for them, prior recent experience of video consultations increases this likelihood a little, to **75%**
 - Those in Worle, Weston & Villages are least likely to have a future video consultation (**39%**), along with those aged 75+ (**53%**)



The main benefits of video consultations are perceived as saving time and expense, giving patients quicker access to appointments (as 'very difficult to get an appointment face to face currently') and being a safe option avoiding potential infections



Q22. Please describe what you think the **benefits** of using video consultations are for you and your family? Base: n=341, all those who answered this question

The main potential challenge of video consultations perceived by panellists is that they feel a face to face encounter provides a better outcome. This is because it enables a physical examination and/or tests to be done, symptoms to be spotted, body language to be read and a rapport to be built

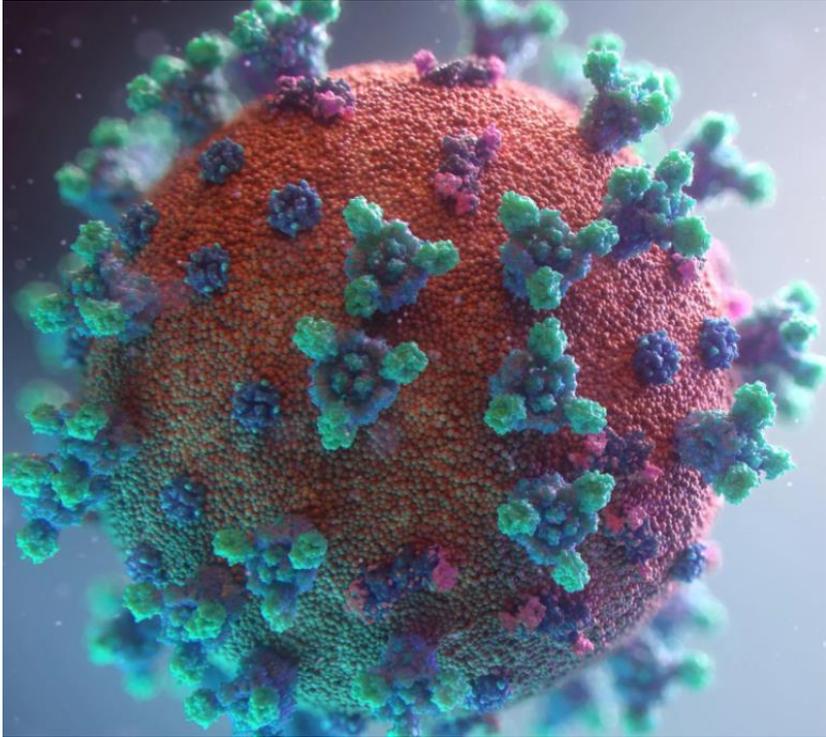
- In addition, some panellists feel that they would not be confident in explaining themselves clearly in a video consultation and would feel awkward, anxious and/or uncomfortable
- Further to this, technology can present a problem for some, either through lack of access or lack of confidence in using it



Q22. Please describe what you think the **challenges** of using video consultations are for you and your family? Base: n=338, all those who answered this question

Section 4

Long Covid



Long Covid – experience, awareness and identification of symptoms

- **6%** of all participants, in total, report that they are either **experiencing long covid** (4%) or have experienced it in the past (2%)
 - This is most notable among those aged 25-44 (**11%**), manual workers (**27%**) and those in Inner City & East (**8%**), South Gloucestershire (**11%**) and Worle, Weston & Villages (**13%**) localities
- **89%** of all participants **are aware of the condition** known as Long Covid
 - Awareness is lower among 16-24 year olds (**66%**) and BAME participants (**63%**)
 - Awareness is lower than average in Inner City & East (**72%**) and WWV (**84%**) localities (all other localities are in the high **90's**)
- **59%** of those aware of Long Covid are confident that they would be able to **identify the symptoms of Long Covid**, **29%** say they are unsure as to how confident they are about this and **12%** say they are not confident in identifying the symptoms of Long Covid
 - Confidence in identifying symptoms is lower than average among 16-24 year olds (**30%**), Inner City & East locality (**34%**), BAME participants (**29%**) and those with high impact long term health conditions (**35%**)

Q2. Some people experience what is known as long Covid following an initial Covid infection. Have you heard of the condition known as long Covid? *Base: n=390, total sample*

Q3. How confident are you that you would be able to identify the symptoms of long Covid? *Base: n=349, those aware of Long Covid*

Q4. Do you think that you have had long Covid? *Base: n=390, total sample*

Long Covid – support for those with the condition

- **45%** of participants are confident that they would be able to **source appropriate support for Long Covid** if required, **26%** say they are unsure as to how confident they are about this and **30%** say they are not confident that they would be able to find support for Long Covid
 - This figure rises to **68%** of those who report that they are currently experiencing or have experienced Long Covid
 - Confidence in sourcing support is lower than average among 16-24 year olds (**36%**) and the South Gloucestershire (**35%**) locality

- **One half** of all participants **are not aware of any of the current key resources available** to support those with Long Covid
 - This figure is **55%** among those who report that they are currently experiencing or have experienced Long Covid and is **48%** among those who have not had long covid
 - Lack of awareness is higher than average among BAME participants (**65%**)

- **44%** of all participants **are aware of the NHS webpage** on the long term effects of Covid-19
 - This figure is higher than average in North & West Bristol (**59%**) and among females (**50%**)

- Only 12% of participants are aware of the 'Your Covid Recovery' website and 10% are aware of social media Long Covid support groups

Section 5 - Appendices

Detailed sample profile



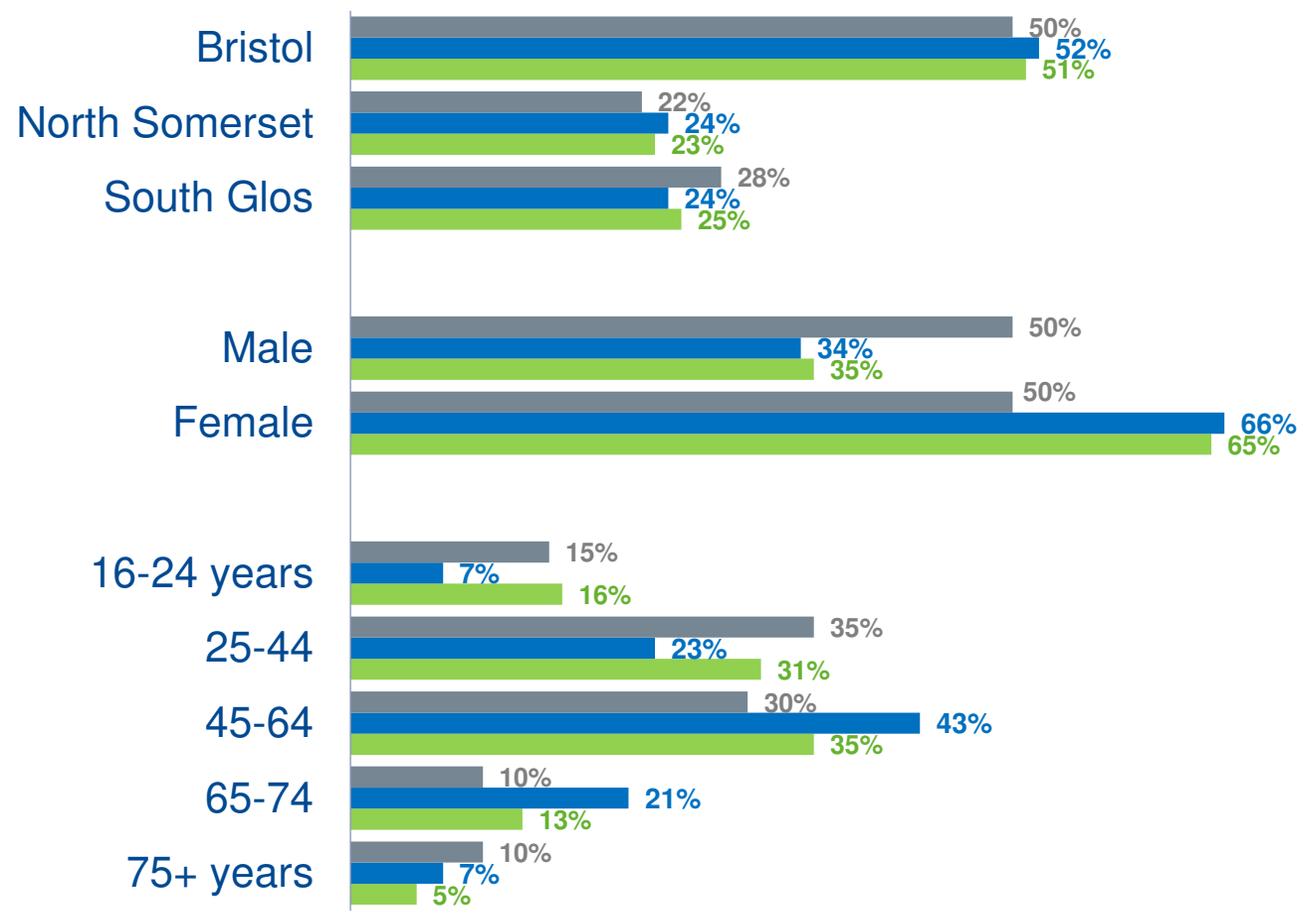
Response rate remains strong at 41% *(after a gap of 12 months between surveys 8 and 9)*

	Survey 1 (Sep '18 – Jan '19)	Survey 2 (Feb – Apr '19)	Survey 3 (Jun – Jul '19)	Survey 4 (Sep – Nov '19)	Survey 5 (Feb – Apr '20)	Survey 6 (Apr – May '20)	Survey 7 (Jul – Aug '20)	Survey 8 (Nov '20 - Jan '21)	Survey 9 (Nov '21 to Jan '22)
Total number of panellists	681	991	1034	1032	1048	1042	1042	1042	986
Number of survey participants	525	680	521	473	404	295	361	358	390
Survey response rate	77%	68%	50%	46%	39%	28%	35%	34%	41%
Method/ comments	<i>Face to face recruitment began. Surveys also conducted online/ postal/ telephone.</i>	<i>Face to face recruitment continued. Surveys also conducted online/ postal/ telephone.</i>	<i>Face to face recruitment continued. Surveys also conducted online/ postal/ telephone.</i>	<i>Conducted online/ postal/ telephone.</i>	<i>Conducted online/ postal/ telephone.</i>	<i>Covid Pulse 1. Conducted online/ postal/ telephone.</i>	<i>Covid Pulse 2. Conducted online/ postal/ telephone.</i>	<i>Covid Pulse 3. Conducted online/ postal/ telephone.</i>	<i>Face to face recruitment refresh begins (plus 100 inactive panellists deleted) Surveys also conducted online/postal/ telephone.</i>

We received a total of 390 responses to survey 9, with the data weighted to reflect the BNSSG population

The following is a comparison of the profile of the **entire BNSSG region population** (according to census data)/our rim weighted survey 9 sample, **the unweighted survey 9 sample** and the **actual whole panel profile** as of January 2022

% of survey 9 participants rim weighted to BNSSG entire population profile (390) % of survey 9 participants unweighted (390) % of all our panellists to date (986)



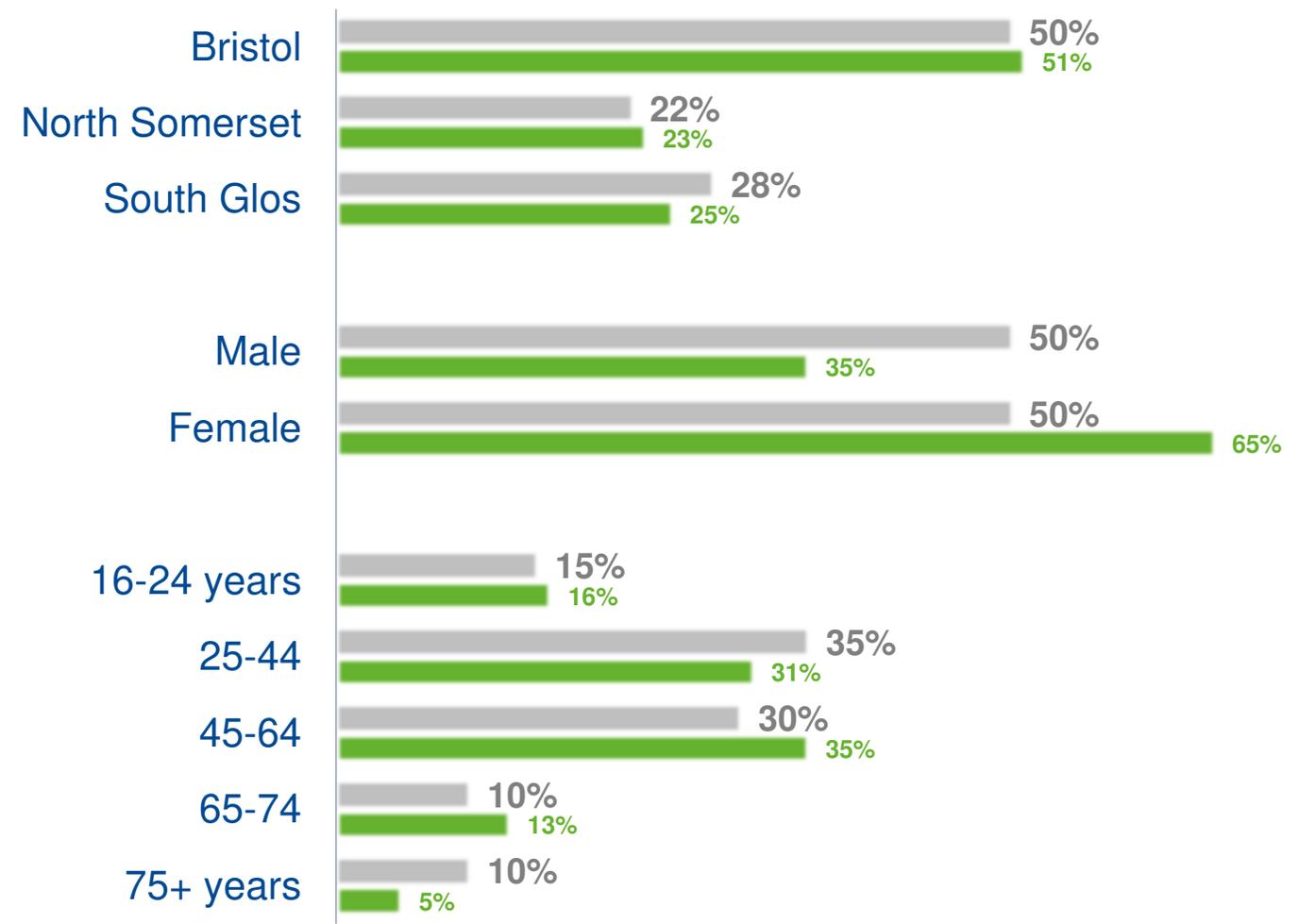
The chart shows 2 things:

- ❖ Males are less likely to sign up to a health-related citizens panel than females
- ❖ Younger age groups are less likely to respond to an individual survey than other age groups



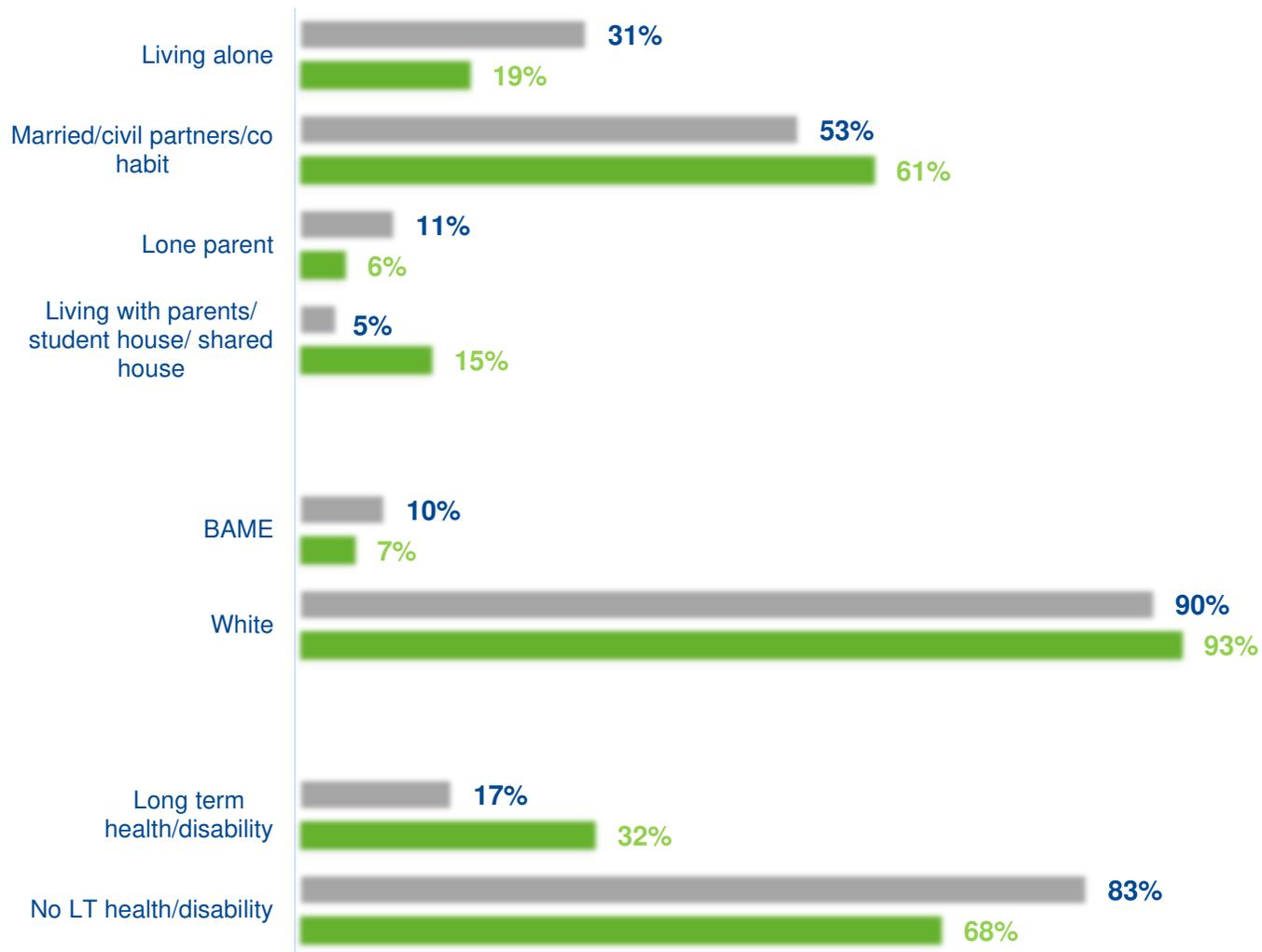
Comparison of the profiles of the rim weighted survey 9 sample and the actual panel profile as at January 2022

% of BNSSG entire population/survey 9 participant rim weighted profile (390) % of our actual panellist profile as at Jan 2022 (986)



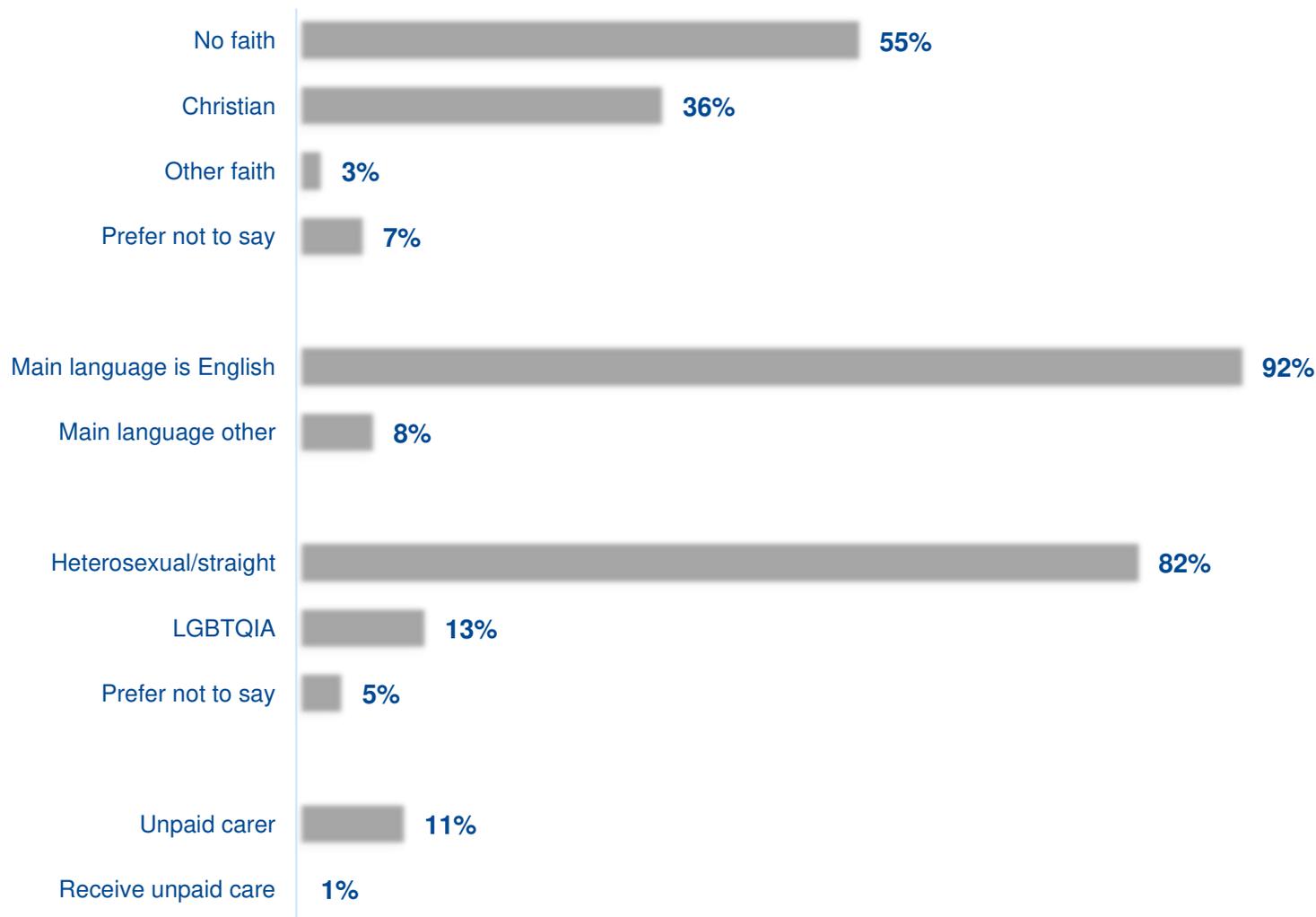
Comparison of the profiles of the rim weighted survey 9 sample and the actual panel profile as at January 2022

% of BNSSG entire population/survey 9 participant rim weighted profile (390) % of our actual panellist profile as at Jan 2022 (986)



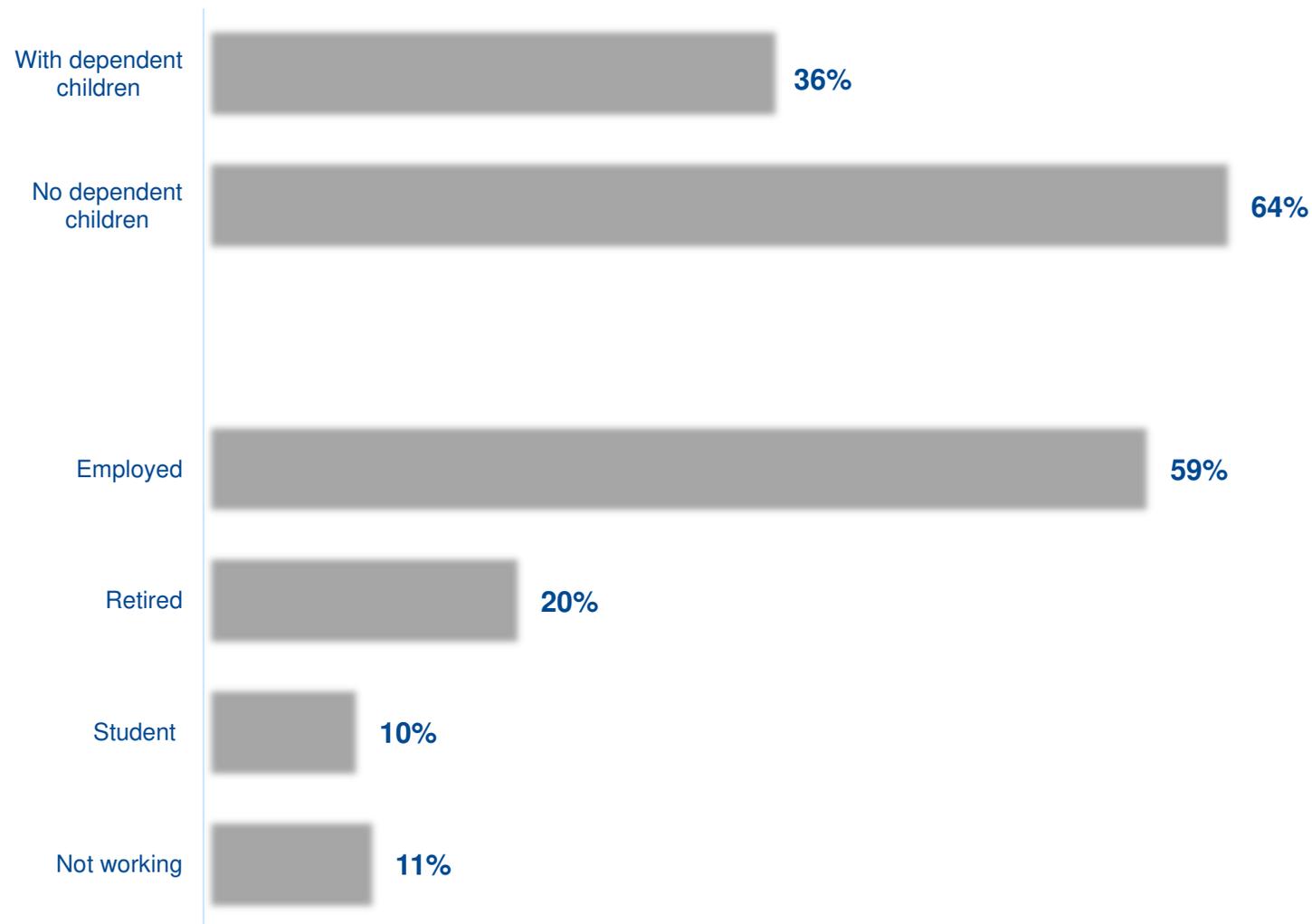
Faith, main language, gender identity, unpaid carer/care status

Survey 9 participant rim weighted profile (390)



Family status/ working status

Survey 9 participant rim weighted profile (390)



Contact us with any questions

Alex Ward-Booth, Head of Insights and Engagement,
BNSSG CCG - alex.ward-booth1@nhs.net

Lynne Tomlin, Insights and Engagement Manager,
BNSSG CCG – lynne.tomlin@nhs.net

Janice Guy, Managing Director, Jungle Green MRC –
janice@junglegreenmrc.co.uk

Julie Ford, Taurus Research -
julie@taurusresearch.co.uk





Contact us:

Healthier Together Office, Level 4, South Plaza, Marlborough Street, Bristol, BS1 3NX

0117 900 2583

Bnssg.healthier.together@nhs.net

www.bnssghealthiertogether.org.uk

 @HTBNSSG