



**NHS Greater Huddersfield CCG**  
**NHS North Kirklees CCG**

# **Health optimisation for non-urgent elective surgery**

## **Engagement report**

May 2017

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## 1.0 Executive summary

It had been agreed by NHS Greater Huddersfield and North Kirklees Clinical Commissioning Groups (CCGs) to scope the introduction of a Health Optimisation programme that would include new criteria which asks patients with a BMI over 30 to lose weight and smokers to quit before undergoing non-urgent elective surgery.

As part of the scoping exercise we needed to understand the needs of people that may be impacted by the introduction of health optimisation. Some initial work had been undertaken during September 2016 – February 2017 by Healthwatch Kirklees and both CCGs, which had provided some insight, but as these views were mainly from White British people they were not representative of our communities. And as such this work needed to focus on gaining the views from those people who are seldom heard and those within protected groups.

To support this work we recruited 13 Community Voices to have conversations within their communities. To gain views on what support and information people would require to help them lose weight or stop smoking. The engagement commenced on 6<sup>th</sup> March 2017 and ran for 5 weeks.

Community Voices deliver conversations with targeted service users from a variety of local areas, protected groups and communities. Community Voices are individuals working in the voluntary and community sector who are trained to engage with the local population on our behalf. By working with volunteers in this way the response to our conversations has strengthened and increased, particularly amongst seldom heard groups.

In addition to the work undertaken by the Community Voices, a task and finish group was established to support the scoping of the health optimisation non-elective surgery pathway. The membership of this group included five lay representatives from the following organisations; S2R, Kirklees Local TV, Saathi, Honeyzz and Denby Dale Centre

584 surveys were collected via the Community Voices. The main themes raised from this engagement and previous engagement that has taken place are:

### Views on asking people to lose weight or stop smoking prior to a routine operation

- Whilst this engagement did not ask people for their views on asking people to stop smoking or lose weight prior to a routine operation, previous engagement has. Although people were supportive of the idea to encourage people to give up smoking or lose weight prior to a routine operation. It was felt that these decisions should be made by the consultant on a case by case basis. And the decision should be based on the effectiveness of the treatment, impact on the patient if the surgery is delayed (there was some concern that delays in treatment could also lead to further health complications) and impact on the patient if the surgery goes ahead without them giving up smoking or losing weight.

- Many felt that BMI was not a useful indicator of how healthy a person is, many cited examples of people that were physically fit but had high BMI due to muscle mass.
- It was felt that people should be provided with realistic weight loss goals. Views on how much time people should be given to achieve these goals ranged from 2 weeks to 12 months. For smoking this ranged from 6 weeks to 6 months.
- Some questioned why this should be restricted to people who smoke or have a high BMI, and suggested that it should be extended to include people who drink alcohol or take drugs.

### Prevention

- It was felt that there was a need to look at prevention by educating adults and children on healthy eating, not smoking and promotion of the benefits of exercise. This should start in schools and include teaching children how to cook.
- For many cost was seen as barrier to leading a healthy lifestyle, it was therefore suggested that people should be provided with reduced or free access to gym memberships, swimming, exercise classes and sport. And ensure these activities are available in local communities. Particular mention was made to enabling all children to be able to access activities for free. And provide fruit and vegetables for free or at a reduced cost. And educate people on how to eat healthily on a budget by running cooking workshops.
- GP practices should target 'at risk' patients to come in for regular health checks and advice. And run drop-in sessions where people can obtain support and guidance.
- Provide people with rewards / incentives if they lose weight or stop smoking, such as healthy food vouchers or subsidised recreational facilities.
- Reduce the number of takeaway outlets.
- Increase the number of free outdoor gyms in local parks.
- The Government should ban smoking and impose restrictions on fat and sugar levels in processed foods.

### Supporting people to lose weight and / or stop smoking

- Many felt that the need to lose weight or stop smoking should have already been addressed by the GP prior to the need for surgery, through regular health checks. And support should be offered even if they are not waiting for an operation.
- People highlighted that it can be extremely difficult for some people to lose weight or stop smoking, as there may be an underlying reason as to why they are overweight or smoke. Therefore need to establish if there is any underlying cause and provide appropriate support to tackle this, such as counselling or CBT.
- Explain to people what the risks are if they don't lose weight / stop smoking, and the benefits if they do. Use patient stories / case studies of people from Kirklees telling the benefits of losing weight / stopping smoking.

### Supporting people to lose weight

- If patients were expected to lose weight prior to a routine operation, they should be provided with the appropriate support to enable them to do this. This should include a

referral to a weight management programme such as Slimming World and Weight Watchers. These support services should be provided for free. Some respondents had been referred to these programmes and spoke positively about them. However, many felt that 3 months was not long enough to make a change in lifestyle.

- Provide reduced or free access to gym memberships, personal trainers, swimming, exercise classes and sport. And ensure these activities are available in local communities. The support should be available at a range of times of the day and days of the week to enable people who work or have caring responsibilities to attend.
- Provide fruit and vegetables for free or at a reduced cost. And educate people on how to eat healthily on a budget by running cooking workshops.
- A few people suggested that should look at alternative ways to help people to lose weight, such as hypnotherapy, acupuncture, medication and herbal remedies.

### Supporting people to stop smoking

- People who have been asked to stop smoking prior to an operation should be referred to a smoking cessation service and be provided with free counselling, online support, apps, group support, medication, nicotine patches, gum, e-cigarettes or hypnotherapy. The support should continue up to and after their surgery.
- Stop smoking sessions could be held in GP surgeries and community venues, where people could hear ex-smokers talk about how they did it and the benefits they have seen to their health and lifestyle. The sessions should be available at a range of times of the day and days of the week to enable people who work or have caring responsibilities to attend
- There was some concern by some people that if people give up smoking it may lead to them putting on weight, so it was suggested that as part of the support services provided to them this should also include healthy eating and exercise.

## 2.0 Background

As part of their respective recovery programmes, as well as being standard good practice, the Greater Huddersfield and North Kirklees CCGs have reviewed a range of commissioned services to test whether they are providing the best quality and outcomes, value for money, and that they are an effective and equitable way of using the resources available for the best benefit of the overall population of Kirklees.

Part of this review has looked at the scoping of the introduction of a 'Health Optimisation period' to improve outcomes for active smokers and those with a BMI>30 on a non-urgent elective surgery pathway

One of the many expectations in the NHS Five Year Forward View is that CCGs take action on smoking, obesity and diabetes. In Kirklees we have high levels of chronic obstructive pulmonary disease, cardiovascular disease, type-2 diabetes and cancer, which in many cases are linked to behaviours like smoking, lack of exercise and unhealthy diets. We are working with a range of partners including public health to encourage people to make healthier lifestyle choices and reduce preventable ill-health. The introduction of new criteria for surgery would support this work.

Within West Yorkshire and Harrogate Sustainability and Transformation Partnership, Harrogate and Rural Districts (HaRD) CCG has implemented a Health Optimisation period, effective from 1 November 2016.

### Smoking

In England in 2011, an estimated 79,100 adults aged 35 and over died as a result of smoking (18% of all deaths) and nearly half a million hospital admissions for adults aged 35 (5% of all admissions) were attributable to smoking. Treating smoking-related illnesses costs the NHS an estimated £2.7 billion in 2006. The overall financial burden of all smoking to society has been estimated at £13.74 billion a year.

Locally smoking rates vary across Kirklees with significant variations across social and ethnic groups. High level data provided by Public Health indicates that 12% of the adult population in Greater Huddersfield are active smokers and rising to 14% of the adult population in North Kirklees.

It has been agreed by both CCGs to scope the introduction a health optimisation pathway for active smokers referred for non-urgent elective procedures.

### BMI

Public Health England reported that the prevalence of obesity amongst adults has increased sharply in the 1990s and early 2000s. The proportion who were categorised as obese (BMI 30kg/m<sup>2</sup> or over) increased from 13.2% of men in 1993 to 24.3% in 2014 and from 16.4% of women in 1993 to 26.8% in 2014. Today nearly a third of children aged 2 to

15 are overweight or obese, and younger generations are becoming obese at earlier ages and staying obese for longer.

Reducing obesity levels will save lives as obesity doubles the risk of dying prematurely. Obese adults are seven times more likely to become a type 2 diabetic than adults of a healthy weight, this may cause blindness or limb amputation. And not only are obese people more likely to get physical health conditions like heart disease, they are also more likely to be living with conditions like depression, which can have an impact on motivation, medication may cause weight gain etc.

The burden is falling hardest on those children from low-income backgrounds. Obesity rates are highest for children from the most deprived areas and this is getting worse. Children aged 5 and from the poorest income groups are twice as likely to be obese compared to their most well off counterparts and by age 11 they are three times as likely.

Locally 20% of the adult population is assessed as obese in Greater Huddersfield and 24% in North Kirklees. These rates vary significantly across social and ethnic groupings.

It has been agreed by both CCGs to scope the introduction of a health optimisation pathway for patients with a BMI over 30 referred for non-urgent elective procedures.

### **Kirklees Integrated Wellness Model**

The support services that people would be referred to, as part of the health optimisation pathway are also currently being reviewed. Public Health, Kirklees Council, with partners in the NHS, social care and the voluntary sector, are leading the development of an Integrated Wellness Model to support and enable adults in Kirklees to lead healthier, happier lives and be more physically active. This is a major service redesign based on integration of a number of services and interventions covering health improvement, self-care and long term conditions. The new model will be in place by 1 April 2018. Support services will be provided by Primary Care until the Wellness Model is implemented in April 2018.

To support the development of the Wellness model, work is taking place with key stakeholders and service users. The research is scheduled to commence February / March 2017, with a summary by early May 2017.

As the development of the Kirklees Integrated Wellness Model will include gaining views on support services, such as smoking cessation and weight management, this intelligence will be used to influence the scoping of the Health Optimisation for the non-urgent elective surgery pathways, and the views and feedback from service users will be included in any re-design.

## 3.0 Our responsibilities, including legal requirements

### 3.1 Our responsibilities

Engaging people is not just about fulfilling a statutory duty or ticking boxes, it is about understanding and valuing the benefits of listening to patients and the public in the commissioning process.

By involving local people we want to give them a say in how services are planned, commissioned, delivered and reviewed. We recognise it is important who we involve through engagement activity. Individuals and groups play different roles and there needs to be engagement opportunities for both.

Engaging people who use health and social care services, and other stakeholders in planning services is vital to ensure services meet the needs of local communities. It is also a legal requirement that patients and the public are not only consulted about any proposed changes to services, but have been actively involved in developing the proposals.

### 3.2 Legal requirements

There are a number of requirements that must be met when discussions are being made about the development of services, particularly if any of these will impact on the way these services can be accessed by patients. Such requirements include the Health and Social Care Act 2012 and the NHS Constitution.

[Health and Social Care Act 2012](#), makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners, and it also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution - and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements, where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- in decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSC) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The duties to involve and consult were reinforced by the [NHS Constitution](#) which stated: 'You have the right to be involved directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services'.

[The Equality Act 2010](#) unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. To help support organisations to meet these duties a set of principles have been detailed in case law. These are called the Brown Principles;

- The organisation must be aware of their duty.
- Due regards is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regards involves a conscious approach and state of mind.
- The duty cannot be satisfied by justifying a decision after it has been taken.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- The duty is a non-delegable one.
- The duty is a continuing one.

[An Equality Impact Assessment \(EQIA\)](#) will need to be undertaken on any proposals for changes to services that are developed through the programme, in order to understand any potential impact on protected groups and ensure equality of opportunity. Engagement must span all protected groups and other groups, and care should be taken to ensure that seldom-heard interests are engaged with and supported to participate, where necessary.

[The Gunning Principles of Consultation](#) are recommended as a framework for all engagement activity but are particularly relevant for consultation and would be used, in the event of a judicial review, to measure whether the process followed was appropriate. The Gunning Principles state that:

- Consultation must take place when the proposal is still at a formative stage
- Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response.
- Adequate time must be given for consideration and response
- The product of consultation must be conscientiously taken into account

## 4.0 Engagement process

As part of the scoping exercise we needed to understand the needs of people that may be impacted by the introduction of health optimisation. Some initial work had been undertaken during September 2016 – February 2017 by Healthwatch Kirklees and both CCGs, which had provided some insight, but as these views were mainly from White British people they were not representative of our communities. And as such this work needed to focus on gaining the views from those people who are seldom heard and those within protected groups.

To support this work we recruited the following Community Voices to have conversations within their communities, using the survey (see Appendix B) as a template for discussion. Community Voices deliver conversations with targeted service users from a variety of local areas, protected groups and communities. Community Voices are individuals working in the voluntary and community sector who are trained to engage with the local population on our behalf. By working with volunteers in this way the response to our conversations has strengthened and increased, particularly amongst seldom heard groups.

The Community Voices were able to choose the most appropriate approach to engage with their community.

1. Auntie Pams
2. Carers Count
3. Huddersfield Pakistani Community Alliance
4. Kirklees Local TV
5. KVIN- Kirklees Visual Impairment Network
6. Mencap in Kirklees
7. Moldgreen United Reformed Church
8. PCAN
9. PRJM Ltd.
10. Raabani Matriach Support
11. RCCL
12. Saathi Community Enterprise Ltd.
13. Support to Recovery

The engagement commenced on 6<sup>th</sup> March 2017 and ran for 5 weeks.

In addition to the work undertaken by the Community Voices, a task and finish group was established to support the scoping of the health optimisation non-elective surgery pathway. The membership of this group included five representatives from the following organisations; S2R, Kirklees Local TV, Saathi, Honeyzz and Denby Dale Centre.

## 5.0 Analysis of existing engagement

A review of any existing engagement that had taken place about BMI and smoking took place. The following is a summary of the existing engagement:

### Healthwatch Kirklees

During September 2016, Healthwatch Kirklees used social media to ask people their views on the approach being taken by the Vale of York CCG in introducing BMI and smoking thresholds for non-urgent surgery. They received back 203 survey, 63 for smoking and 140 for BMI.

- Whilst people were supportive of the idea to encourage people to give up smoking or lose weight prior to a routine operation. It was felt that these decisions should be made by the consultant on a case by case basis. And the decision should be based on the effectiveness of the treatment, impact on the patient if the surgery is delayed (there was some concern that delays in treatment could also lead to further health complications) and impact on the patient if the surgery goes ahead without them giving up smoking or losing weight.
- If patients were expected to give up smoking or lose weight prior to a routine operation, they should be provided with the appropriate support to enable them to do this. Such as referral to a weight management programme, smoking cessation, gym membership etc.
- People highlighted that it can be extremely difficult for some people to lose weight, as their weight may have been caused due to the side effects of medication, mental health conditions, or a medical condition that restricts their ability to exercise.
- Many felt that BMI was not a useful indicator of how healthy a person is, many cited examples of people that were physically fit but had high BMI due to muscle mass.
- It was felt that there was a need to look at prevention by educating adults and children on healthy eating and promotion of the benefits of exercise.
- Some questioned why this should be restricted to people who smoke or have a high BMI, and suggested that it should be extended to include people who drink alcohol or take drugs.

The report can be accessed here: <https://www.northkirkleescg.nhs.uk/wp-content/uploads/2014/05/Smoking-and-BMI-engagement-report-FINAL-1.pdf>

### North Kirklees CCG

In addition to the work done by Healthwatch Kirklees, North Kirklees CCG used their quarterly engagement event on 30<sup>th</sup> November 2016 to ask local people, voluntary and community sector organisations and key stakeholders about asking people to stop smoking and / or lose weight prior to a routine operation. The key themes raised were:

## Smoking

- People were supportive of the idea to encourage people to give up smoking prior to a routine operation if it led to an improvement in health outcomes. However, they were concerned if it became mandatory and led to people being denied treatment.
- It was felt that the operation should still go ahead even if they are unsuccessful.
- It was suggested that the operation date should be confirmed, and whilst the patient is waiting for their operation they should be provided with support to stop smoking.
- Smoking was seen as an addiction, and that many people would not find it easy to stop without the appropriate support being provided.
- There was some concern about the impact on the patient if the surgery is delayed and if this could lead to further health complications.

## BMI

- People were supportive of the idea to encourage people to lose weight prior to a routine operation.
- Many felt that BMI was not a useful indicator of how healthy a person is.
- People highlighted that it can be extremely difficult for some people to lose weight, as their weight may have been caused due to the side effects of medication, mental health conditions, or a medical condition that restricts their ability to exercise.
- If patients were expected to lose weight prior to a routine operation, they should be provided with the appropriate support to enable them to do this.
- There was some concern about the impact on the patient if the surgery is delayed and if this could lead to further health complications.
- It was felt that there was a need to look at prevention by educating adults and children on healthy eating and promotion of the benefits of exercise.

The report can be accessed here: <https://www.northkirkleescg.nhs.uk/wp-content/uploads/2016/11/Engagement-Event-30th-November-2016-Report.pdf>

## Greater Huddersfield CCG

Greater Huddersfield CCG held sessions with their Community Voices and their Patient Reference Group Network.

**Community Voices** session was held on 12<sup>th</sup> January 2017. The purpose of the session was to let them know about health optimisation and to ask them to:

- Think about how we can work with your local community to understand the impact of this change.
- Work together to identify what needs to happen to make the change work in our local area.
- Support a new 'pathway design'

From the discussions the following comments were made:

- Raise awareness of campaigns such as self-care/ looking after yourself and have information as early as possible
- Leading conversations should be avoided, have less judgemental conversations. How do we shift people in conversation
- Appropriate techniques to support people
- Interlinked with mental health i.e. body image/ self esteem
- Behavioural change
- Understand the information i.e. criteria's & thereafter inform the community
- Positive benefits
- Promotional material- leaflets/videos
- Needing surgery is a stressful/triggers point, this need to be acknowledged.
- Success stories are good tool for people going on the journey
- Impact greater on vulnerable communities
- Quick/ easier and cheaper food options is more appropriate for some
- Different techniques for different communities (one size does not fit for all)
- Voucher schemes- incentive – difficult with NHS having to save money
- South Asian communities- go through mosques etc to engage a wider audience
- Go through churches & schools, early intervention.
- Utilising appropriate community venues
- Sign posting i.e. health trainers/ PALS/Overeater anonymous etc.

[Patient Reference Group Network](#) at their meeting on the 2<sup>nd</sup> February 2017. The main themes raised were:

- People should be told as soon as possible about the need to lose weight or stop smoking.
- People need to be given a clear explanation of what's happening, when and what the benefits and dangers are to their health
- Practical support on diet, nutrition and exercise should be provided, this shouldn't just be in the form of literature.
- Support needs to be provided before the operation and continue after the operation.
- Deliver consistent messages locally across the patch.
- Stopping smoking can cause weight gain – which is the most critical – stopping smoking or losing weight?
- Many felt that BMI was not a useful indicator of how healthy a person is.

## 6.0 Analysis of engagement feedback

We received feedback on the engagement via 584 completed surveys.

Appendix C provides a breakdown of the protected characteristics of the survey respondents. It should be noted that approximately 10% of people did not complete the equality monitoring form, however, in summary the survey respondents were:

- **62.1% (339)** were female and **36.4% (199)** were male
- **1.4% (7)** stated that their gender was different to the sex they were assumed to be at birth
- Respondents were aged between 10 and 90, with an average age of 40
- **85.5% (429)** described themselves as heterosexual, **1.2% (6)** as lesbian, **2.4% (12)** as gay, and **2.8% (14)** as bisexual.
- The majority of respondents, **60.4% (328)** described themselves as White, **25% (136)** as Asian or Asian British, **6.4% (35)** as Black or Black British; and **4.4% (26)** as mixed or multiple ethnic groups.
- **35.6% (191)** stated that they identified with Christianity, **29.6% (159)** no religion and **21% (113)** Islam
- **18.3% (93)** provide care for someone
- **14.8% (81)** described themselves as having a disability. With the majority having a long term condition and / or a disability that was physical or mobility or a mental health condition.

In terms of where people live, 540 (92.5%) people provided the first part of their postcode. Of these, 75.4% (407) were from Greater Huddersfield postcodes, 20.9% (113) were from North Kirklees postcodes, and 3.7% (20) were out of the area. As the majority of the Community Voices are organisations that represent Greater Huddersfield, these results are not surprising.

### **Q1. Please tell us how we could encourage people in Kirklees to live a healthy lifestyle**

**578** (98.9% of all respondents) respondents provided a comment, the main themes raised were:

- Some people felt that there tends to be an underlying reason as to why people are overweight or smoke. Therefore need to establish if there is any underlying cause and provide appropriate support to tackle this.
- For many cost was seen as barrier to leading a healthy lifestyle, it was therefore suggested that people should be provided with reduced or free access to gym memberships, swimming, exercise classes and sport. And ensure these activities are available in local communities. Particular mention was made to enabling all children to be able to access activities for free. And provide fruit and vegetables for free or at a reduced cost. And educate people on how to eat healthily on a budget by running cooking workshops.

- Start in schools, educating children on the benefits of eating healthy and exercising, and teaching them how to cook.
- Provide access to weight loss programmes for free, such as Slimming World and Weight Watchers
- Provide support groups and buddying schemes to encourage people to maintain a healthy lifestyle and stop smoking.
- Raise awareness of what is already available and how people can access the support / services.
- GP practices should target 'at risk' patients to come in for regular health checks and advice. And run drop-in sessions where people can obtain support and guidance.
- Explain to people what the risks are if they don't lose weight / stop smoking, and the benefits if they do. Use patient stories / case studies of people from Kirklees telling the benefits of losing weight / stopping smoking.
- Some people felt that the onus is on the individual to want to lose weight / stop smoking.
- Reduce the number of takeaway outlets.
- Increase the number of outdoor gyms in local parks
- Provide people with rewards / incentives if they lose weight or stop smoking, such as healthy food vouchers, subsidised recreational facilities.

**Q2. Please tell us what support you think should be available to help people lose weight before their surgery.**

**567** (97.1% of all respondents) respondents provided a comment, the main themes raised were:

- Some people felt that the onus is on the individual to want to lose weight.
- Many people highlighted that it can be extremely difficult for some people to lose weight, as their weight may have been caused due to the side effects of medication, mental health conditions, or a medical condition that restricts their ability to exercise. Need to establish if there is any underlying cause to them being overweight, and provide appropriate support to tackle this, such as counselling, CBT.
- Provide reduced or free access to gym memberships, personal trainers, swimming, exercise classes and sport. And ensure these activities are available in local communities.
- Provide fruit and vegetables for free or at a reduced cost. And educate people on how to eat healthily on a budget by running cooking workshops.
- Explain to people what the risks are if they don't lose weight, and the benefits if they do. Use patient stories / case studies of people from Kirklees telling the benefits of losing weight.
- Provide access to a weight loss programme such as Weight Watchers or Slimming World. Some respondents had been referred to these programmes and spoke positively about them. However, many felt that 3 months was not long enough to make a change in lifestyle.

- Regular check-ups to monitor progress and to provide encouragement and support. This support should continue once the person has lost the weight and after surgery.
- To look at alternatives way to help people to lose weight, such as hypnotherapy, acupuncture, medication and herbal remedies.
- Support groups provided in local community so they can meet people going through it together.
- Leaflets about how lose weight i.e. what foods to eat, exercise plan. A guide as to what is a healthy weight and how it impacts on your health i.e. heart disease and diabetes.
- Give rewards for losing weight e.g. shopping vouchers.

### **Q3. When and how do you think that support should be provided?**

**557** (95.4% of all respondents) respondents provided a comment, the main themes raised were:

- Many felt that the need to lose weight should have already been addressed by the GP prior to the need for surgery, through regular health checks. And support should be offered even if they are not waiting for an operation.
- Most people felt that if someone is told to lose weight just because they need surgery, they should be provided with free regular support immediately, and this should continue up to and after their surgery. They should be provided with realistic weight loss goals. Views on how much time people should be given to achieve these goals ranged from 2 weeks to 12 months.
- When advised that they need to lose weight they should be referred to a weight loss programme, such as Weight Watchers or Slimming World and be given free membership to a gym. In addition to this they should be provided with a range of information of what is available locally, such as support groups, walking groups etc. The support should be available at a range of times of the day and days of the week to enable people who work or have caring responsibilities to attend.
- Some people highlighted that it can be extremely difficult for some people to lose weight, as their weight may have been caused due to the side effects of medication, mental health conditions, or a medical condition that restricts their ability to exercise. Establish if there is any underlying cause to them being overweight, and provide appropriate support to tackle this, such as counselling or CBT.

### **Q4. Please tell us what support you think should be available to help people stop smoking before their surgery**

**544** (93.1% of all respondents) respondents provided a comment, the main themes raised were:

- Many described smoking as an addiction and as such it is very difficult to stop. To support people in doing this it was felt that they should be referred to a smoking cessation service and be provided with free counselling, group support, medication, nicotine patches, gum or e-cigarettes. Other suggestions were hypnotherapy, reflexology, CBT and acupuncture.

- Stop smoking sessions could be held in GP surgeries and community venues, where people could hear ex-smokers talk about how they did it and the benefits they have seen to their health and lifestyle.
- Some people felt that there was a need to understand why they smoke and try to address any underlying issues.
- There was some concern by some people that if people give up smoking it may lead to them putting on weight, so it was suggested that as part of the support services provided to them this should also include healthy eating and exercise.
- Need to raise awareness of the impact smoking has on the body, and the complications it can cause when someone requires surgery. And the benefits of stopping smoking, both in terms of health and financial.
- Many felt that was already a lot of support available that people can access if they wish to stop smoking.
- Some people felt that cigarettes should be banned.

#### **Q5. When and how do you think that support should be provided?**

**525** (89.9% of all respondents) respondents provided a comment, the main themes raised were:

- Many felt that the need to stop smoking should have already been addressed by the GP prior to the need for surgery, through regular health checks. And support should be offered even if they are not waiting for an operation.
- Many acknowledged that whilst it is difficult to stop smoking, surgery may be the incentive they need to stop.
- People who have been asked to stop smoking prior to an operation should be referred to a smoking cessation service and be provided with free counselling, online support, apps, group support, medication, nicotine patches, gum, e-cigarettes or hypnotherapy. The support should continue up to and after their surgery. Views on how much time people should be given to stop smoking prior to their operation ranged from 6 weeks to 6 months.
- Need to raise awareness of the impact smoking has on the body, and the complications it can cause when someone requires surgery. And the benefits of stopping smoking, both in terms of health and financial.
- Stop smoking sessions could be held in GP surgeries and community venues. The sessions should be available at a range of times of the day and days of the week to enable people who work or have caring responsibilities to attend.
- Many felt that there should be a real focus on prevention and reducing the number of young people that take up smoking.

#### **Q6. Please use this space to provide any additional comments you have about supporting people to lose weight or stop smoking.**

**350** (59.9% of all respondents) respondents provided a comment, the main themes raised were:

- Many felt that the need to lose weight or stop smoking should have already been addressed by the GP prior to the need for surgery, through regular health checks. And support should be offered even if they are not waiting for an operation.
- Many people highlighted that it can be extremely difficult for some people to lose weight, as their weight may have been caused due to the side effects of medication, mental health conditions, or a medical condition that restricts their ability to exercise. To tackle their weight the underlying causes need to be addressed first. This was felt to be the same for people that smoke.
- Some felt that people are aware of the dangers of smoking and being overweight but don't believe that it will impact on their health.
- Some felt that there was a need for community groups to receive more funding to enable them to support their communities to lead healthier lifestyles.
- Many felt that people need a supportive environment to help them to lose weight or give up smoking. This could be provided through buddying, support groups, community groups etc.
- Some people felt that cigarettes should be banned and processed foods should be more expensive.
- Focus on prevention and start in schools, educating children on the benefits of eating healthy, exercising, not smoking; and teaching them how to cook.
- For many cost was seen as barrier to leading a healthy lifestyle, it was therefore suggested that people should be provided with reduced or free access to gym memberships, swimming, exercise classes and sport. And ensure these activities are available in local communities. Particular mention was made to enabling all children to be able to access activities for free. And provide fruit and vegetables for free or at a reduced cost. And educate people on how to eat healthily on a budget by running cooking workshops.
- Provide access to smoking cessation and weight loss programmes for free.
- Raise awareness of what is already available and how people can access the support / services.
- Some people felt that the onus is on the individual to want to lose weight / stop smoking.
- A few people commented that they had been asked to lose weight prior to surgery but had not been provided with the appropriate support to enable them to do this.

## 7.0 Equality

The data has been analysed to understand if the respondents were representative of the local population based on the 2011 Census data and to also understand if there were any trends or differences in responses by particular communities or groups.

Approximately 10% of survey respondents chose not to complete the equality monitoring form, and some were partially completed.

### Sex

From experience of previous surveys we know that women are much more likely to respond to surveys and often take more responsibility for family health, so the increased response rate is somewhat expected.

	Census profile %	Respondents profile %	Differential
Male	49.4%	36.4%	-13.0
Female	50.6%	62.1%	+11.5

### Age

	Census profile %	Respondents profile %	Differential
15 and under	20.4%	8.4%	-12.0
16-24	12.0%	15.2%	+3.2
25-44	27.1%	36.7%	+9.6
45-59	19.2%	22.1%	+2.9
60-64	6.1%	6.5%	+0.4
65-74	8.3%	7.9%	-0.4
75-84	5.0%	2.9%	-2.1
85 and over	1.9%	0.4%	-1.5

Given the programme will have an impact on children it is unfortunate that their views are not evident in the engagement, this will need to be considered going forward.

### Ethnic group

It should be noted that:

- White British includes English, Welsh, Scottish, Northern Ireland, British.
- White Other includes Irish, Gypsy or Irish Traveller, any other white groups.
- Asian/Asian British includes Indian, Pakistani, Bangladeshi, Chinese and any other Asian background.
- Mixed/multiple ethnic background includes White and Black Caribbean, White and Black African, White and Asian and other mixed/multiple ethnic background.
- Other ethnic group includes Arab and any other ethnic group.

	Census profile %	Respondents profile %	Differential
White/White British	76.7%	57.8%	-18.9
White other	2.5%	2.6%	+0.1
Mixed/multiple ethnic group	2.3%	4.4%	+2.1
Asian/Asian British	16.0%	25.0%	+9.0
Black/African/Caribbean/ Black British	1.9%	6.4%	+4.5
Other ethnic group: Arab	0.6%	0.2%	-0.4

## Religion

	Census profile %	Respondents profile %	Differential
Christian	53.4%	35.6%	-18.8
Buddhism	0.2%	0.4%	+0.2
Hindu	0.4%	1.5%	+1.1
Judaism	0.0%	0.0%	
Muslim	14.5%	21.0%	+6.5
Sikhism	0.8%	1.5%	+0.7
Other religion	0.3%	5.8%	+5.5
No religion	23.9%	29.6%	+5.7

## Disability

It should be noted that census data collected asks people to identify if their day to day activities are limited a lot or a little, where as our equality monitoring asks people if they would describe themselves as disabled. This data has been combined to create an overall percentage of people that have some level of difficulty with day to day activities.

	Census profile %	Respondents profile %	Differential
Disability	17.7%	14.8%	-2.9

## Carers

	Census profile %	Respondents profile %	Differential
Carers	10.3%	18.3%	+8.0

## Lesbian, Gay, Bisexual and Transgender

It should be noted that accurate demographic data is not available for these groups as it is not part of the census collection. The most up to date information we have about sexual

orientation is found through the Office of National Statistics (ONS), whose Integrated House Survey for April 2011 to March 2012 estimates that approximately 1.5% of the UK population are Gay/Lesbian or Bisexual. However, HM Treasury's 2005 research estimated that there are 3.7 million LGB people in the UK, giving a higher percentage of 5.85% of the UK population.

Transgender and Trans are an umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. One study suggested that the number of Trans people in the UK could be around 65,000 (Johnson, 2001, p. 7), while another notes that the number of gender variant people could be around 300,000 (GIRES, 2008b).

Lesbian, Gay and Bisexual %	Transgender %
6.4%	1.4%

### Under representation

As can be seen from the tables above the reach of the survey has met with a representative sample of most of our communities. However to understand what, if any, under representation existed between known demographic profiles and people responding to the survey, the section below highlights any difference of -2.5 or more. The underrepresented groups were;

- People aged 15 and under
- Males
- Christians
- White / White British
- Disabled people

However, it should be noted that in the previous engagement that has taken place, White / White British were overrepresented. The latter groups; men, Christians and White/White British whilst underrepresented were still represented in significant numbers so we can feel comfortable that we have heard their voices, albeit not at a representative level. For children and young people under 15 and possibly disabled people who are more likely to be impacted by the programme further activity would need to be considered.

### Analysis

Utilising the themes identified across the survey in the open questions, analysis has been undertaken to understand if there is any difference in the responses to these questions by people from protected groups. Caution should be applied as some themes are raised by relatively few people.

#### Asian / Asian British

The following suggestions were made:

- That there should be healthy eating classes specifically focused on Asian food.

- Information that is provided should be in community languages and be culturally sensitive.
- Hold healthy living sessions in local communities and have members of the Asian community trained as health champions.
- Hold more women only exercise classes.
- The services provided need to understand Asian community culture and eating habits.

### Disability

A couple of people mentioned that the sports facilities provided by Kirklees Active Leisure are not accessible for wheelchair users.

### Carers

The following suggestions were made:

- It was felt by some that there was a need to provide support services specifically for carers, which would support them in being able to undertake exercise and eat a healthy diet. These activities would need to fit in around their caring responsibilities and should be provided for free. Suggestions made were gym membership, walking groups, weight management course, managing stress and support groups.
- Health professionals need to be more aware of the issues faced by carers, and how this can impact on their mental and physical health. Some felt that carers should have regular health checks to monitor their health so they are able to continue to be carers.

## 8.0 Summary of key themes from existing data and the engagement

The main themes raised from existing data and the engagement are:

### Views on asking people to lose weight or stop smoking prior to a routine operation

- Whilst this engagement did not ask people for their views on asking people to stop smoking or lose weight prior to a routine operation, previous engagement has. Although people were supportive of the idea to encourage people to give up smoking or lose weight prior to a routine operation. It was felt that these decisions should be made by the consultant on a case by case basis. And the decision should be based on the effectiveness of the treatment, impact on the patient if the surgery is delayed (there was some concern that delays in treatment could also lead to further health complications) and impact on the patient if the surgery goes ahead without them giving up smoking or losing weight.
- Many felt that BMI was not a useful indicator of how healthy a person is, many cited examples of people that were physically fit but had high BMI due to muscle mass.
- It was felt that people should be provided with realistic weight loss goals. Views on how much time people should be given to achieve these goals ranged from 2 weeks to 12 months. For smoking this ranged from 6 weeks to 6 months.
- Some questioned why this should be restricted to people who smoke or have a high BMI, and suggested that it should be extended to include people who drink alcohol or take drugs.

### Prevention

- It was felt that there was a need to look at prevention by educating adults and children on healthy eating, not smoking and promotion of the benefits of exercise. This should start in schools and include teaching children how to cook.
- For many cost was seen as barrier to leading a healthy lifestyle, it was therefore suggested that people should be provided with reduced or free access to gym memberships, swimming, exercise classes and sport. And ensure these activities are available in local communities. Particular mention was made to enabling all children to be able to access activities for free. And provide fruit and vegetables for free or at a reduced cost. And educate people on how to eat healthily on a budget by running cooking workshops.
- GP practices should target 'at risk' patients to come in for regular health checks and advice. And run drop-in sessions where people can obtain support and guidance.
- Provide people with rewards / incentives if they lose weight or stop smoking, such as healthy food vouchers or subsidised recreational facilities.
- Reduce the number of takeaway outlets.
- Increase the number of free outdoor gyms in local parks.
- The Government should ban smoking and impose restrictions on fat and sugar levels in processed foods.

### Supporting people to lose weight and / or stop smoking

- Many felt that the need to lose weight or stop smoking should have already been addressed by the GP prior to the need for surgery, through regular health checks. And support should be offered even if they are not waiting for an operation.
- People highlighted that it can be extremely difficult for some people to lose weight or stop smoking, as there may be an underlying reason as to why they are overweight or smoke. Therefore need to establish if there is any underlying cause and provide appropriate support to tackle this, such as counselling or CBT.
- Explain to people what the risks are if they don't lose weight / stop smoking, and the benefits if they do. Use patient stories / case studies of people from Kirklees telling the benefits of losing weight / stopping smoking.

### Supporting people to lose weight

- If patients were expected to lose weight prior to a routine operation, they should be provided with the appropriate support to enable them to do this. This should include a referral to a weight management programme such as Slimming World and Weight Watchers. These support services should be provided for free. Some respondents had been referred to these programmes and spoke positively about them. However, many felt that 3 months was not long enough to make a change in lifestyle.
- Provide reduced or free access to gym memberships, personal trainers, swimming, exercise classes and sport. And ensure these activities are available in local communities. The support should be available at a range of times of the day and days of the week to enable people who work or have caring responsibilities to attend.
- Provide fruit and vegetables for free or at a reduced cost. And educate people on how to eat healthily on a budget by running cooking workshops.
- A few people suggested that should look at alternative ways to help people to lose weight, such as hypnotherapy, acupuncture, medication and herbal remedies.

### Supporting people to stop smoking

- People who have been asked to stop smoking prior to an operation should be referred to a smoking cessation service and be provided with free counselling, online support, apps, group support, medication, nicotine patches, gum, e-cigarettes or hypnotherapy. The support should continue up to and after their surgery.
- Stop smoking sessions could be held in GP surgeries and community venues, where people could hear ex-smokers talk about how they did it and the benefits they have seen to their health and lifestyle. The sessions should be available at a range of times of the day and days of the week to enable people who work or have caring responsibilities to attend
- There was some concern by some people that if people give up smoking it may lead to them putting on weight, so it was suggested that as part of the support services provided to them this should also include healthy eating and exercise.

## **9.0 Conclusion**

The engagement process has provided the CCGs with the views and suggestions of the public and voluntary and community sector organisations, on what support and information people would require, to help them lose weight or quit smoking. These views will be considered as part of the scoping of a Health Optimisation programme.

This report will be made publically available and feedback provided to those respondents who have requested it.

We would like to thank all respondents who have given their time to share their views.

## Appendix A – Engagement action plan

Activity	9/1	16/1	23/1	30/1	6/2	13/2	20/2	27/2	6/3	13/3	20/3	27/3	3/4	10/4	17/4	24/4	1/5	8/5	15/5	22/5	29/5	June onwards	
Develop and agree engagement action plan																							
Recruit community assets to undertake engagement																							
Recruit lay reps for Health Optimisation Task and Finish Group																							
Develop and agree patient survey																							
Engagement by Community Assets takes place																							
Inputting of surveys online																							
Analysis of both existing and data from current engagement.																							
Production of engagement report.																							
Present the report to Health Optimisation Task and Finish group																							
Feedback to the public																							

## Appendix B – Survey



NHS North Kirklees Clinical Commissioning Group  
NHS Greater Huddersfield Clinical Commissioning Group

### Survey

Greater Huddersfield and North Kirklees CCGs have decided to ask people to improve their health before undergoing surgery.

#### What was the decision?

Patients with a BMI over 30 and smokers will be asked to try to lose weight or quit smoking before undergoing routine, non-urgent surgery.

#### What are the reasons for the change?

There is evidence that people who smoke or who are obese experience more complications during and after surgery and can take longer to recover.

The NHS Five Year Forward View asks CCGs to take action on smoking, obesity and diabetes. In Kirklees we have high levels of chronic obstructive pulmonary disease, cardiovascular disease, type-2 diabetes and cancer. In many cases these are linked to smoking, lack of exercise and unhealthy diets. We are already working with a range of partners to encourage people to make healthier lifestyle choices and reduce preventable ill-health.

This is not a ban on surgery and people who do not wish to access support services or fail to lose weight or stop smoking will not be denied their operation.

We would welcome any thoughts or suggestions you have about how we support people to stop smoking and / or lose weight before a routine non-urgent operation.

Please insert organisation name

#### Q1. Please tell us how we could encourage people in Kirklees to live a healthy lifestyle

## Support services to help people to lose weight

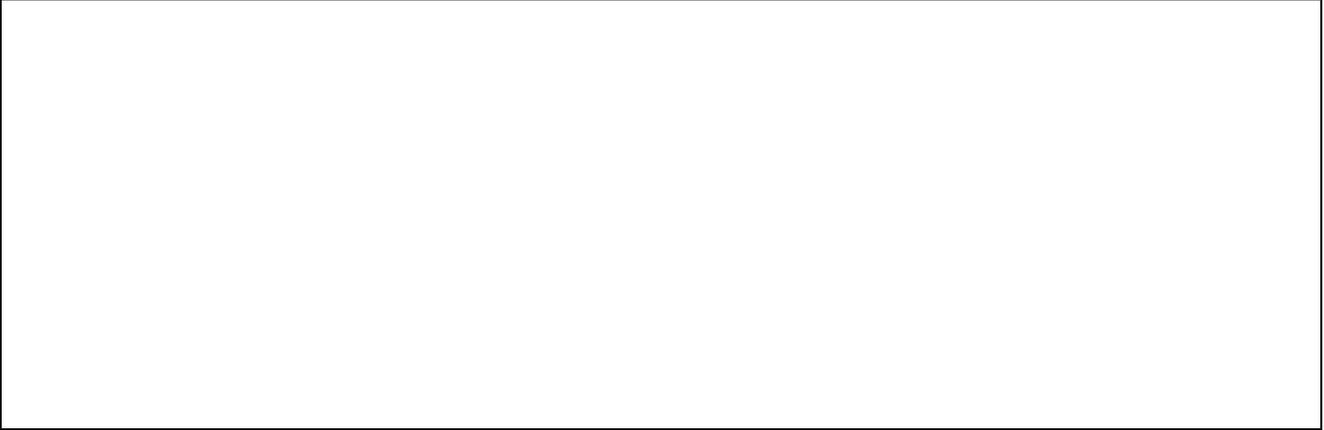
**Q2. Please tell us what support you think should be available to help people lose weight before their surgery.**

**Q3. When and how do you think that support should be provided?**

## Support services to help people to stop smoking

**Q4. Please tell us what support you think should be available to help people stop smoking before their surgery**

**Q5. When and how do you think that support should be provided?**



**Q6. Please use this space to provide any additional comments you have about supporting people to lose weight or stop smoking.**



## Equality monitoring

In order to ensure that we provide the right services and to ensure that we avoid discriminating against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and data will be protected and stored securely in line with data protection rules. This information will be kept confidential.

<p><b>1. What is the first part of your postcode?</b></p> <table border="1"> <tr> <td style="text-align: center;">Example</td> <td style="text-align: center;">HD6</td> </tr> <tr> <td style="text-align: center;">Yours</td> <td></td> </tr> </table> <p><input type="checkbox"/> Prefer not to say</p> <p><b>2. What sex are you?</b></p> <p><input type="checkbox"/> Male   <input type="checkbox"/> Female</p> <p><input type="checkbox"/> Prefer not to say</p> <p><b>3. How old are you?</b></p> <table border="1"> <tr> <td style="text-align: center;">Example</td> <td style="text-align: center;">42</td> </tr> <tr> <td style="text-align: center;">Yours</td> <td></td> </tr> </table> <p><input type="checkbox"/> Prefer not to say</p> <p><b>4. Which country were you born in?</b></p> <table border="1"> <tr> <td style="height: 20px;"></td> </tr> </table> <p><input type="checkbox"/> Prefer not to say</p> <p><b>5. Do you belong to any religion?</b></p> <p><input type="checkbox"/> Buddhism</p> <p><input type="checkbox"/> Christianity</p> <p><input type="checkbox"/> Hinduism</p> <p><input type="checkbox"/> Islam</p> <p><input type="checkbox"/> Judaism</p> <p><input type="checkbox"/> Sikhism</p> <p><input type="checkbox"/> No religion</p> <p><input type="checkbox"/> Other (Please specify in the box below)</p> <table border="1"> <tr> <td style="height: 20px;"></td> </tr> </table> <p><input type="checkbox"/> Prefer not to say</p>	Example	HD6	Yours		Example	42	Yours				<p><b>6. What is your ethnic group?</b></p> <p><b>Asian or Asian British:</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Other Asian background (please specify)</p> <table border="1"> <tr> <td style="height: 20px;"></td> </tr> </table> <p><b>Black or Black British:</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Other Black background (please specify)</p> <table border="1"> <tr> <td style="height: 20px;"></td> </tr> </table> <p><b>Mixed or multiple ethnic groups:</b></p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Other mixed background (please specify)</p> <table border="1"> <tr> <td style="height: 20px;"></td> </tr> </table> <p><b>White:</b></p> <p><input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> <p><input type="checkbox"/> Other White background (please specify)</p> <table border="1"> <tr> <td style="height: 20px;"></td> </tr> </table> <p><b>Other ethnic groups:</b></p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Any other ethnic group (please specify)</p> <table border="1"> <tr> <td style="height: 20px;"></td> </tr> </table> <p><input type="checkbox"/> Prefer not to say</p>					
Example	HD6															
Yours																
Example	42															
Yours																

<p><b>7. Do you consider yourself to be disabled?</b>  <input type="checkbox"/> Yes   <input type="checkbox"/> No  <input type="checkbox"/> Prefer not to say</p> <p><b>Type of impairment:</b>  Please tick all that apply</p> <p><input type="checkbox"/> <b>Physical or mobility impairment</b>  (such as using a wheelchair to get around and /  or difficulty using their arms)</p> <p><input type="checkbox"/> <b>Sensory impairment</b>  (such as being blind / having a serious visual  impairment or being deaf / having a serious  hearing impairment)</p> <p><input type="checkbox"/> <b>Mental health condition</b>  (such as depression or schizophrenia)</p> <p><input type="checkbox"/> <b>Learning disability</b>  (such as Downs syndrome or dyslexia) or  cognitive impairment (such as autism or head-  injury)</p> <p><input type="checkbox"/> <b>Long term condition</b>  (such as cancer, HIV, diabetes, chronic heart  disease, or epilepsy)</p> <p><input type="checkbox"/> Prefer not to say</p> <p><b>8. Are you a carer?</b>  Do you look after, or give any help or support to a  family member, friend or neighbour because of a  long term physical disability, mental ill-health or  problems related to age?  <input type="checkbox"/> Yes   <input type="checkbox"/> No  <input type="checkbox"/> Prefer not to say</p>	<p><b>9. Are you pregnant?</b>  <input type="checkbox"/> Yes   <input type="checkbox"/> No  <input type="checkbox"/> Prefer not to say</p> <p><b>10. Have you given birth in the last 6 months?</b>  <input type="checkbox"/> Yes   <input type="checkbox"/> No  <input type="checkbox"/> Prefer not to say</p> <p><b>11. What is your sexual orientation?</b>  <input type="checkbox"/> Bisexual (both sexes)  <input type="checkbox"/> Gay (same sex)  <input type="checkbox"/> Heterosexual/straight (opposite sex)  <input type="checkbox"/> Lesbian (same sex)  <input type="checkbox"/> Other  <input type="checkbox"/> Prefer not to say</p> <p><b>12. Are you transgender?</b>  Is your gender identity different to the sex  you were assumed at birth?  <input type="checkbox"/> Yes   <input type="checkbox"/> No  <input type="checkbox"/> Prefer not to say</p>
--	--

Thank you for taking the time to complete this survey.

Please return to:  
FREEPOST RTEJ-AGSA-UAZL  
NHS North Kirklees CCG  
4th Floor  
Empire House  
Wakefield Old Road  
Dewsbury  
WF12 8DJ

**Please return no later than Friday 7<sup>th</sup> April 2017. Unfortunately, we cannot accept any responses after this date.**

## Appendix C – Equality monitoring data

Q1. What is the first part of your postcode? e.g. HD1, WF10, BD4, LS13, HX6. If you would prefer not to say, please leave the box blank

Answer Options	Response Percent	Response Count
BD1	0.2%	1
BD6	0.2%	1
BD8	0.2%	1
BD9	0.2%	1
BD11	0.2%	1
BD13	0.2%	1
BD19	0.6%	3
DN8	0.2%	1
HD1	11.9%	64
HD2	12.0%	65
HD3	9.4%	51
HD4	12.0%	65
HD5	13.0%	70
HD6	0.9%	5
HD7	4.4%	24
HD8	4.4%	24
HD9	7.2%	39
HX3	0.6%	3
HX5	0.2%	1
HX6	0.4%	2
LS7	0.2%	1
OL4	0.2%	1
OL14	0.2%	1
WF3	0.2%	1
WF5	0.6%	3
WF6	0.2%	1
WF12	2.2%	12
WF13	3.1%	17
WF14	2.2%	12
WF15	1.1%	6
WF16	0.6%	3
WF17	10.9%	59
<b><i>answered question</i></b>		<b>540</b>
<b><i>skipped question</i></b>		<b>44</b>

## Q2. What sex are you?

Answer Options	Response Percent	Response Count
Male	36.4%	199
Female	62.1%	339
Prefer not to say	1.5%	8
<b><i>answered question</i></b>		<b>546</b>
<b><i>skipped question</i></b>		<b>38</b>

## Q3. How old are you? e.g. 42

Answer Options	Response Percent	Response Count
16 and under	9.6%	50
17-25	15.4%	80
26-35	18.0%	94
36-45	18.8%	98
46-55	15.4%	80
56-65	13.4%	70
66-75	6.5%	34
76-85	2.5%	13
86 and over	0.4%	2
<b><i>answered question</i></b>		<b>521</b>
<b><i>skipped question</i></b>		<b>63</b>

#### Q4. Which country were you born in?

Answer Options	Response Percent	Response Count
Africa	0.4%	2
America	0.2%	1
Barbados	0.2%	1
Britain	1.2%	6
Canada	0.2%	1
China	0.2%	1
EU	0.2%	1
England	57.7%	280
France	0.2%	1
Great Britain	0.6%	3
Germany	0.4%	2
Grenada	0.2%	1
Hong Kong	0.2%	1
India	1.9%	9
Ireland	0.2%	1
Jamaica	1.2%	6
Jordan	0.2%	1
Kashmir	0.2%	1
Nigeria	0.2%	1
Pakistan	4.3%	21
Peru	0.2%	1
Poland	0.4%	2
Scotland	0.6%	3
South Africa	0.2%	1
Syria	0.2%	1
The Netherlands	0.2%	1
Trinidad and Tobago	0.2%	1
Turkey	0.2%	1
UK	24.9%	121
Wales	1.0%	5
Yorkshire	1.2%	6
Zimbabwe	0.2%	1
<b>answered question</b>		<b>485</b>
<b>skipped question</b>		<b>99</b>

### Q5. Do you belong to any religion?

Answer Options	Response Percent	Response Count
Buddhism	0.4%	2
Christianity	35.6%	191
Hinduism	1.5%	8
Islam	21.0%	113
Judaism	0.0%	0
Sikhism	1.5%	8
No religion	29.6%	159
Prefer not to say	4.7%	25
Other (please specify)	5.8%	31
<b>answered question</b>		<b>537</b>
<b>skipped question</b>		<b>47</b>

### Q6. What is your ethnic group?

Answer Options	Response Percent	Response Count
Asian or Asian British: Indian	7.0%	38
Asian or Asian British: Pakistani	16.0%	87
Asian or Asian British: Bangladeshi	0.7%	4
Asian or Asian British: Chinese	1.1%	6
Asian or Asian British: Other Asian Background	0.2%	1
Black or Black British: Caribbean	4.6%	25
Black or Black British: African	1.5%	8
Black or Black British: Other Black background	0.4%	2
Mixed or multiple ethnic groups: White and Black Caribbean	2.4%	13
Mixed or multiple ethnic groups: White and Black African	0.6%	3
Mixed or multiple ethnic groups: White and Asian	1.5%	8
Mixed or multiple ethnic groups: Other mixed background	0.0%	0
White: English, Welsh, Scottish, Northern Irish, British	57.8%	314
White: Irish	1.5%	8
White: Gypsy or Irish Traveller	0.2%	1
Other white background	0.9%	5
Arab	0.2%	1
Any other ethnic group	1.7%	9
Prefer not to say	1.8%	10
<b>answered question</b>		
<b>skipped question</b>		

**Q7. Do you consider yourself to be disabled?**

Answer Options	Response Percent	Response Count
Yes	14.8%	81
No	82.6%	451
Prefer not to say	2.6%	14
<b><i>answered question</i></b>		<b>546</b>
<b><i>skipped question</i></b>		<b>38</b>

**Q8. Types of impairment:**

Answer Options	Response Percent	Response Count
Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using your arms)	28.8%	23
Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)	16.3%	13
Mental health condition (such as depression or schizophrenia)	36.3%	29
Learning disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)	16.3%	13
Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	37.5%	30
Prefer not to say	2.5%	2
<b><i>answered question</i></b>		<b>80</b>
<b><i>skipped question</i></b>		<b>504</b>

**Q9. Are you a carer? Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?**

Answer Options	Response Percent	Response Count
Yes	18.3%	93
No	77.6%	395
Prefer not to say	4.1%	21
<b><i>answered question</i></b>		<b>509</b>
<b><i>skipped question</i></b>		<b>75</b>

**Q10. Are you pregnant?**

Answer Options	Response Percent	Response Count
Yes	2.6%	14
No	96.0%	509
Prefer not to say	1.3%	7
<b><i>answered question</i></b>		<b>530</b>
<b><i>skipped question</i></b>		<b>54</b>

**Q11. Have you given birth in the last 6 months?**

Answer Options	Response Percent	Response Count
Yes	3.0%	15
No	95.8%	484
Prefer not to say	1.2%	6
<b><i>answered question</i></b>		<b>505</b>
<b><i>skipped question</i></b>		<b>79</b>

**Q12. What is your sexual orientation?**

Answer Options	Response Percent	Response Count
Bisexual (both sexes)	2.8%	14
Gay (same sex)	2.4%	12
Heterosexual/straight (opposite sex)	85.5%	429
Lesbian (same sex)	1.2%	6
Other	0.6%	3
Prefer not to say	7.6%	38
<b><i>answered question</i></b>		<b>502</b>
<b><i>skipped question</i></b>		<b>82</b>

**Q13. Are you transgender? Is your gender identity different to the sex you were assumed at birth?**

Answer Options	Response Percent	Response Count
Yes	1.4%	7
No	96.5%	496
Prefer not to say	2.1%	11
<b><i>answered question</i></b>		<b>514</b>
<b><i>skipped question</i></b>		<b>70</b>

