

Vasectomy Services in North Kirklees

Engagement Report

April 2015



For longer, healthier, happier lives

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1. Background

NHS North Kirklees CCG, working with NHS Greater Huddersfield CCG, is currently undertaking a procurement process for a new integrated community service across Kirklees. The current community contract is due to expire at the end of September 2015. There are a number of services that are currently provided within the current community service contract that are out of scope of the new contract. Instead, alternative arrangements are being developed for these services. One of these services is the vasectomy service. The service is currently provided from Dewsbury Health Centre, to meet the needs of approximately one hundred and ten men per year.

We are proposing that we look to buy these services via a route that would mean that when patients are referred for a particular service they will be able to choose from a list of qualified providers who meet NHS requirements for service quality and cost (Any Qualified Provider). The service specification that we are developing reflects the provision of a community based service, which is specialist led. This is in line with approaches taken by other CCGs locally and this will continue to support provision of a service closer to home.

2. Our engagement responsibilities

For NHS North Kirklees CCG, 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 they want to give them a say in how services are planned, commissioned, delivered and reviewed. They recognise it is important who they involve through engagement activity. Individuals and groups play different roles and there needs to be engagement opportunities for both.

Legal Requirements

There are a number of requirements that must to 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, set out the Government's long-term plans for the future of the NHS. It is built on the key principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay. It sets out how the NHS will:

- put patients at the heart of everything it does, 'no decision about me, without me'
- focus on improving those things that really matter to patients
- empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services

It 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 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'.

3. Engagement approach

NHS North Kirklees CCG, embarked on engagement over a four week period, from 5th – 30th March. An engagement plan supporting this work was developed (see Appendix A). The engagement was aimed primarily at men that had previously used vasectomy services across North Kirklees, however, the plan also included methods to capture the views of the wider public and key stakeholders.

Existing data was collated and analysed to form part of the engagement process. The information considered as part of this exercise was any patient feedback received in relation to vasectomy services, via the Patient Advice and Liaison Service (PALS) and complaints. In addition to data from PALS and Complaints, data from previous engagement and patient experience reports were also analysed for any issues relating to vasectomy services (see appendix B for a full list of the data reviewed).

As part of the plan a survey (see appendix D) was designed to gain feedback from patients about their views on the proposal for vasectomy services. The survey with a covering letter (see appendix C) was circulated via our existing engagement and communication mechanisms. In addition to these mechanisms, we arranged for surveys

to be distributed to patients accessing the service during the engagement period, however, it should be noted there were only two clinics we were able to access during the engagement period.

4. Analysis of existing data

This section provides a summary of the key issues raised through the analysis of existing data. Existing data from PALS / Complaints, previous engagement exercises and patient experience reports were analysed for any issues relating to vasectomies. In addition to this, we also looked at any issues from previous engagement exercises that had been raised in relation to community based services across North Kirklees (see appendix B for a full list of the data reviewed). Where relevant data was found this is described below.

PALS and Complaints

There have been no PALS and one complaints made about vasectomy services, this was in relation to a cancelled appointment.

Patient Opinion

Two comments have been posted in the previous two years about vasectomy procedures received at Dewsbury Health Centre, both praising the quality of the service.

Termination of Pregnancies – June 2014

The key themes that could be related to a community based service were:

- Would like to access sexual health services from their GP or practice nurse, or from a building where all sexual health services are in one place.
- The top three barriers to accessing sexual health advice or treatment are: the opening hours not being convenient, not wanting the people in the waiting room to hear why you are there and being too embarrassed to ask for help.
- The top three things people would want from sexual health services in the future are: confidential service, expertise of the staff and a welcoming and relaxed atmosphere.

Care Closer to Home – May 2014

The key themes that could be related to a community based service were:

- Ongoing involvement of patients and their families / carers throughout their care. Enabling them to make informed choices and ensuring that they are provided with information that they are able to understand. Patients need to know about their diagnosis, what to expect, how to manage their condition, what their treatment options are, what ongoing support or care is available and who to contact for further support.
- To be able to access the right services at the right time and for more services to be available in the evening and at the weekend.
- Ability for services and patients to access their patient record

- Provision of a seamless / integrated service staffed by a skilled and flexible workforce that wraps around the needs of the patient.

Call to Action – February 2014

The key themes in relation to community based services were:

- Support transformation programmes aimed at delivering Care Closer to or at Home and invest in resources within the community to support this, including increasing access to GPs, home visits, and basing Specialist clinicians and clinics in the community
- Ensure that patient records are shared between organisations to enable greater continuity of care and avoid duplication or confusion
- Improve communication mechanisms between organisations, work towards shared goals and have more joint services
- Adopt a holistic approach to patient care by providing regular checkups, 24/7 support with a single point of contact, improve care planning and multidisciplinary working to avoid duplication

Meeting the Challenge – June 2013

Although not part of the Clinical Services Strategy consultation, care closer to home questions were asked and discussed because of the interdependencies. The main themes arising from this were:

- the importance of equitable access to care
- the need for improved communications systems
- the need for more integrated care
- investment needed in services providing care closer to home

The consultation also highlighted the need for provision of 24/7 GP care, optimised sharing of medical records to increase efficiency and improved care.

5. Analysis of patient survey

16 surveys were completed; the majority were completed by representatives from a GP practice (62%).

Q1. Are you completing this on behalf of:

	%	
Yourself, as someone that has previously used the service	25%	4
Someone you care for that has previously used the service	0%	0
A representative of a voluntary organisation	13%	2
A provider of the service	0	0
A GP practice	62%	10
Prefer not to say	0%	0
Other	0%	0
	<i>Answered question</i>	16
	<i>Skipped question</i>	0

Q2. What do you think about our proposal to change the way we buy vasectomy services using the Any Qualified Provider route?

10 respondents commented on this question. 8 (80% - 6 were representatives of GP practices, 1 represented a voluntary organisation and 1 had previously used the service) of these were in support of the proposal as long as it was a good service and the quality and standards of the services were maintained.

Of the remaining two respondents, one felt that they didn't have enough information to comment (a representative of the VCS) and the other (someone that had previously used the service) expressed concerns around the quality of care received when the motive of the company is to make a profit

Q3. In the new vasectomy service how would you rate the importance of the following:

a) Location of the service

94% (15) of respondents felt that the location of the service was very important or important.

	%	
Very Important	50%	8
Important	44%	7
Not very important	6%	1
Not important	0%	0

Please use this box to provide any further details to support your answer

Time is important to patients; we need to get traffic off the roads.

Access to public transport and parking.

The closer to home the experience the better from my experience.

b) Opening hours of the service

94% (15) of respondents felt that the opening hours of the service were very important or important.

	%	
Very Important	44%	7
Important	50%	8
Not very important	6%	1
Not important	0%	0

Please use this box to provide any further details to support your answer
Not everyone can come in office hours.
Access available out of office hours if required.
Flexibility.
This could be made better for men with children.

c) Provision for weekend appointments

86% (13) of respondents felt that the provision of weekend appointments was very important or important.

	%	
Very Important	33%	5
Important	53%	8
Not very important	14%	2
Not important	0%	0

Please use this box to provide any further details to support your answer
Less time off work.
Important as not everyone wants to have time off work , or is able to get time off work.
In cases I know about recovery has taken just a couple of days so a weekend appointment could useful.

d) Provision for evening appointments

87% (14) of respondents felt that the provision of evening appointments was very important or important.

	%	
Very Important	31%	5
Important	56%	9
Not very important	13%	2
Not important	0%	0

Please use this box to provide any further details to support your answer
Important as not everyone wants to have time off work , or is able to get time off work.
Evening appointments would be good as it would be closer to night time helping with resting.

e) Waiting time for an appointment with the service

100% of respondents felt that the waiting time for an appointment with the service was very important or important.

	%	
Very Important	37%	6
Important	63%	10
Not very important	0%	0
Not important	0%	0

Please use this box to provide any further details to support your answer
Should be seen within four weeks.
Could prioritise on a patient to patient basis
I found my waiting time good I wasn't sitting too long an dealt with rather quickly which i think is great

f) Quality of the service provided

100% of respondents felt that the quality of the service provided was very important or important.

	%	
Very Important	88%	14
Important	12%	2
Not very important	0%	0
Not important	0%	0

Please use this box to provide any further details to support your answer
Quality is the main aspect and I feel my procedure was completed with that in mind.

g) Availability of information about the procedure including appropriate opportunities for discussion

100% of respondents felt that the availability of information about the procedure including appropriate opportunities for discussion was very important or important.

	%	
Very Important	81%	13
Important	19%	3
Not very important	0%	0
Not important	0%	0

Please use this box to provide any further details to support your answer

This is important as I found the information helped calm my nerves before understanding the procedure and talking the doctors I had worry of things going wrong and being in lots of pain.

Important that people understand everything before committing to irreversible process.

Q4. In your view, are there any improvements we could make to the current service?

6 (38%) people responded to this question and provided the following comments:

Only give available appts to book online so patient knows when they can go to the appt.

No experience of current service.

The service was very good.

YES.

The service has a send a letter to GPs stating that we need to do full scrotal examination to feel the vas deferens and inform the patient if the operation can be easily done under Local anesthesia.

It should be the decision of surgeons whether a case can be done by them under Local and not left to the GPs as we are not trained enough to take this decision.

Many patients do not recognise the importance of going back for the test to ensure that it has worked. The new service provider should ensure that they have a KPI for this and payment linked to it. Patients also need choice of provider and location. Waiting times should be set by clinical need prioritisation.

Operating from more available health centres and surgeries is the only improvement I could think of.

Q5. Is there anything else that you think we should take into account when buying the new vasectomy service?

4 (25%) people responded to this question and provided the following comments:

Choose a company that doesn't have to generate a profit to survive. I do not want my health care to be influenced by whether it is profitable. Keep it within the NHS.

To save money have per case payment.

Local venue

Convenient times affects working men

Value for money. Waiting times, patient access. Referral to be electronic not paper from GP practice. Confirmations directly into clinical system.

I think the same quality and time in the procedure should be kept the same but more providers to choose from is a good idea so men could be closer to home to shorten travelling time.

6. Summary of key themes / issues

The main themes taken from the existing data and this engagement are:

- The majority of the respondents were supportive of the proposal to provide vasectomy services via AQP, as long as it was a good service and the quality and standards of the services were maintained.

When looking at the provision of any services in the future the key areas of importance to respondents (it should be noted, there was little variation in views across the type of respondent) were:

- Ensuring that the service was provided in locations that are accessible by public transport, has parking facilities and is kept within North Kirklees utilising existing health centres and surgeries.
- The ability to access the service at evenings and weekends was seen as a priority by the majority of respondents, citing the difficulties in taking time off work to have the procedure.
- Waiting times, quality of the service and the availability of information about the procedure were all seen as essential elements of the service.

In terms of improvements / changes to the service in the future, a couple of suggestions were made with regards to contract monitoring and how patients are referred to the service.

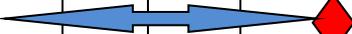
7. Conclusion

This engagement process has provided a snapshot of the views of the public, providers and voluntary and community sector organisations on primary care gynaecology services and their suggestions on how the services could be provided in the future.

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 Plan

Activity	23/2	2/3	9/3	16/3	23/3	30/3	6/4	13/4	
Develop a patient survey and covering letter									
Sign off draft survey, covering letter and draft plan									
Gain agreement from providers for distribution of survey to patients									
Develop media release and briefing for OSC									
Start of engagement									
Survey and information to be uploaded to websites, intranet, included in staff newsletter and weekly huddle.									
Survey and letter to be distributed to patients accessing the service (subject to agreement from provider)									
Letter to be sent to VCS, PRG Networks, People databases, Healthwatch and other key stakeholders									
Survey to be distributed at GP Forum									
End of engagement									
Collation of existing patient feedback									
Analysis of both existing and data from current engagement									
Production of Engagement report									
Present the report to CCG									
Feedback on engagement and next steps									

Appendix B – List of existing data reviewed

PALS, Complaints and Patient Opinion postings received since April 2013 that related to Vasectomy services

NHS North Kirklees CCG, *Care Closer to Home, February Event Engagement Report* – February 2015

NHS North Kirklees CCG, *Commissioning Intentions Event Report* – February 2015

NHS North Kirklees CCG, *Care Closer to Home, May Event Engagement Report* – July 2014

NHS North Kirklees CCG, *Care Closer to Home, Interim Engagement Report* – April 2014

NHS North Kirklees CCG, *Call to Action* – February 2014

NHS North Kirklees CCG, *Commissioning Intentions Event Report* – January 2014

NHS North Kirklees CCG, *Engagement Annual Report 2012-13* – October 2013

NHS North Kirklees CCG, *Voluntary & Community Sector Event Summary Report* – July 2013

NHS North Kirklees CCG and NHS Wakefield CCG, *The Outcome of the Public Consultation in the Meeting the Challenge Clinical Services Strategy Proposals* – July 2013

NHS Calderdale, Kirklees and Wakefield District Cluster, *Mid Yorkshire Clinical Services Strategy, Pre-consultation engagement analysis* – January 2013

NHS Calderdale, Kirklees and Wakefield District Cluster, *Mid Yorkshire Clinical Services Strategy, Summary findings from the engagement of patients* – January 2012

NHS North Kirklees Clinical Commissioning Group
Empire House
4th Floor
Wakefield Old Road
Dewsbury
WF12 8DJ

Tel: 01924 504900/504901

www.northkirkleescg.nhs.uk

05 March 2015

Vasectomy Services in North Kirklees

Dear Sir / Madam

NHS North Kirklees CCG, working with NHS Greater Huddersfield CCG, is currently undertaking a procurement process for a new integrated community service across Kirklees. The current community contract is due to expire at the end of September 2015.

There are a number of services that are currently provided within the current community service contract that are out of scope of the new contract. Instead, alternative arrangements are being developed for these services. One of these services is the vasectomy service. The service is currently provided from Dewsbury Health Centre, to meet the needs of approximately one hundred and ten men per year.

We are proposing that we look to buy these services via a route that would mean that when patients are referred for a particular service they will be able to choose from a list of qualified providers who meet NHS requirements for service quality and cost (Any Qualified Provider). The service specification that we are developing reflects the provision of a community based service, which is specialist led. This is in line with approaches taken by other CCGs locally and this will continue to support provision of a service closer to home.

North Kirklees CCG is committed to involving the public patients, carers and stakeholders to ensure their views are fully represented in decisions about the planning and delivery of health services. We would therefore appreciate if you could take the time to share your views on this proposal by completing and returning the survey enclosed. You can also complete this survey online by going to <https://www.surveymonkey.com/s/VasectomyServices> . The closing date is Monday 30th March 2015.

If you require any further information please contact Kirsty Wayman on Tel: 01924 504952 or Email: Kirsty.wayman@northkirkleesccg.nhs.uk

Yours faithfully

A handwritten signature in black ink that reads "D. Kelly". The signature is written in a cursive style with a large, looped 'D' and a long, sweeping tail for the 'y'.

Dr David Kelly
Chair, North Kirklees CCG

Vasectomy Services in North Kirklees

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We are proposing that we look to buy these services via a route that would mean that when patients are referred for a particular service they will be able to choose from a list of qualified providers who meet NHS requirements for service quality and cost (Any Qualified Provider). The service specification that we are developing reflects the provision of a community based service, which is specialist led. This is in line with approaches taken by other CCGs locally and this will continue to support provision of a service closer to home.

We are running a survey to find out what individuals, families and carers, clinicians, other health providers and voluntary groups think of our idea. We really do want to know what you think and would be grateful if you could spare a few minutes to complete this short survey **by Monday 30th March 2015**. Thank you for participating in our survey. Your feedback is important.

This is also available online at <https://www.surveymonkey.com/s/VasectomyServices>

If you would like more information or to discuss this survey, please contact Kirsty Wayman on Tel: 01924 504900 or email: Kirsty.wayman@northkirkleescg.nhs.uk

1. Are you completing this on behalf of:

	Yourself, as someone that has previously used the service
	Someone you care for that has previously used the service
	A representative of a voluntary organisation
	A provider of the service
	A GP practice
	Prefer not to say
	Other (please specify)

2. What do you think about our proposal to change the way we buy vasectomy services using the Any Qualified Provider route?

3. In the new vasectomy service how would you rate the importance of the following:

	Very important	Important	Not very important	Not important
a. Location of the service				
Please use this box to provide any further details to support your answer				

	Very important	Important	Not very important	Not important
b. Opening hours of the service				
Please use this box to provide any further details to support your answer				

	Very important	Important	Not very important	Not important
c. Provision for weekend appointments				
Please use this box to provide any further details to support your answer				

	Very important	Important	Not very important	Not important
d. Provision for evening appointments				
Please use this box to provide any further details to support your answer				

	Very important	Important	Not very important	Not important
e. Waiting time for an appointment with the service				
Please use this box to provide any further details to support your answer				

	Very important	Important	Not very important	Not important
f. Quality of the service provided				
Please use this box to provide any further details to support your answer				

	Very important	Important	Not very important	Not important
g. Availability of information about the procedure including appropriate opportunities for discussion				
Please use this box to provide any further details to support your answer				

4. In your view, are there any improvements we could make to the current service?

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5. Is there anything else that you think we should take into account when buying the new vasectomy service?

--

Equality Monitoring - OPTIONAL

In order to ensure that we provide the best services for all of our communities, and to ensure that we do not knowingly discriminate 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 all information will be protected and stored securely in line with data protection rules.

This information will be kept confidential and you do not have to answer all of these questions, but we would be very grateful if you would.

What sex are you?

Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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Transgender

Is your gender identity different to the sex you were assumed to be at birth?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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What is your age?

Under 16	<input type="checkbox"/>	16 - 25	<input type="checkbox"/>	26 - 35	<input type="checkbox"/>	36 - 45	<input type="checkbox"/>	46 - 55	<input type="checkbox"/>	56 - 65	<input type="checkbox"/>	
66 - 75	<input type="checkbox"/>	76 - 85	<input type="checkbox"/>	86 +	<input type="checkbox"/>	Prefer not to say						<input type="checkbox"/>

What is your sexual orientation?

Bisexual (both sexes)	<input type="checkbox"/>	Lesbian (same sex)	<input type="checkbox"/>	Gay man (same sex)	<input type="checkbox"/>	Heterosexual/ Straight (opposite sex)	<input type="checkbox"/>	
Other:	Please specify					Prefer not to say		<input type="checkbox"/>

What is your ethnic background?

Asian, or Asian British	Black, or Black British	Mixed / multiple ethnic group	White	Other	
Chinese	African	Asian & White	British	Arab	
Indian	Caribbean	Black African & White	Gypsy/Traveller		
Pakistani		Black Caribbean & White	Irish		
Other Asian background	Other Black background	Other Mixed / multiple ethnic background	Other White background		
Prefer not to say	<input type="checkbox"/>	Other:	Please specify any other ethnic group here		

Do you consider yourself to belong to any religion?			
Buddhism	<input type="checkbox"/>	Christianity	<input type="checkbox"/>
Islam	<input type="checkbox"/>	Judaism	<input type="checkbox"/>
No religion	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Other:		Please specify	

Do you consider yourself to be disabled?		
The Equality Act 2010 states that a person has a disability if: 'a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on that their ability to carry out normal day-to-day activities'		
Yes	<input type="checkbox"/>	No
		Prefer not to say

If yes above, what type of disability do you have? (Tick all that apply)			
Learning disability/difficulty	<input type="checkbox"/>	Long-standing illness or health condition	<input type="checkbox"/>
Physical or mobility	<input type="checkbox"/>	Hearing	<input type="checkbox"/>
		Mental Health condition	<input type="checkbox"/>
		Visual	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	Other:	Please specify

Do you provide care for someone?		
Such as family, friends, neighbours or others who are ill, disabled or who need support because they are older.		
Yes	<input type="checkbox"/>	No
		Prefer not to say

Thank you for taking the time to complete this form.

Please return to:

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

**Please return this form no later than Monday 30th March 2015.
 Unfortunately, we cannot accept any responses after this date.**

Appendix E - Equality Monitoring Data

What sex are you?

Male	50%	8
Female	44%	7
Prefer not to say	6%	1
<i>answered question</i>		16
<i>skipped question</i>		0

Is your gender identity different to the sex you were assumed to be at birth?

Yes	0%	0
No	93%	14
Prefer not to say	7%	1
<i>answered question</i>		15
<i>skipped question</i>		1

What is your age?

Under 16	0%	0
16 - 25	0%	0
26 - 35	6%	1
36 - 45	12%	2
46 - 55	44%	7
56 - 65	31%	5
66 - 75	0%	0
76 - 85	0%	0
86 +	0%	0
Prefer not to say	6%	1
<i>answered question</i>		16
<i>skipped question</i>		0

What is your sexual orientation?

Bisexual (both sexes)	0%	0
Lesbian (same sex)	0%	0
Gay man (same sex)	0%	0
Heterosexual/Straight (opposite sex)	87%	13
Prefer not to say	13%	2
<i>answered question</i>		15
<i>skipped question</i>		1

What is your ethnic background?

Chinese	0%	0
Indian	7%	1
Pakistani	7%	1
Other Asian background	0%	0
Black African	0%	0
Black Caribbean	0%	0
Other Black background	0%	0
Asian & White	0%	0
Black African & White	0%	0
Black Caribbean & White	0%	0
Other Mixed / multiple ethnic background	0%	0
White British	73%	11
White Gypsy/Traveller	0%	0
White Irish	0%	0
Other White background	0%	0
Arab	0%	0
Prefer not to say	13%	2
answered question		15
skipped question		1

Do you consider yourself to belong to any religion?

Buddhism	8%	1
Christianity	31%	4
Hinduism	0%	0
Islam	8%	1
Judaism	0%	0
Sikhism	0%	0
No religion	46%	6
Prefer not to say	8%	1
answered question		13
skipped question		3

Do you provide care for someone? Such as family, friends, neighbours or others who are ill, disabled or who need support because they are older.

Yes	43%	6
No	50%	7
Prefer not to say	7%	1
answered question		14
skipped question		2

Do you consider yourself to be disabled? The Equality Act 2010 states that a person has a disability if: 'a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on that their ability to carry out normal day-to-day activities'

Yes	0%	0
No	100%	15
Prefer not to say	0%	0
<i>answered question</i>		15
<i>skipped question</i>		1

What type of disability do you have? Tick all that apply

Learning disability/difficulty	0%	0
Long-standing illness or health condition	0%	0
Mental Health condition	0%	0
Physical or mobility	0%	0
Hearing	0%	0
Visual	0%	0
Prefer not to say	0%	0
<i>answered question</i>		
<i>skipped question</i>		