WALC Alcester survey findings

Response totals

- There were 46 respondents to the Alcester survey.
- Figures are presented which include percentages (all subject to rounding) and number of respondents for the question and/or according to the whole cohort.

Alcester results

Age

- Age was the demographic collected which would be of interest in this context.
- The 66+ years old age category is the modal category in the Alcester data, amounting to nearly 8/10 (78%) of responses for the age category question (n=31/40, where a total of 6 respondents did not provide their age category) in Alcester.

Figure 1: Nearly 8/10 (31/40) Alcester respondents were aged 66+

- Ward Level Statistics from the 2021 Stratford Upon Avon Census suggest in Alcester East some 28% of people are aged 65+ years old, with a further 4% aged 85% and in Alcester West, 34% of people are aged 65+, with a further 6% aged 85+.
- This suggests this survey double over-represents the over 65/66+ years old age group for Alcester.
- Just 1 person (2%) in the Alcester data was in the 26-40 age category.
- The Alcester survey also received 8/46 (17%) responses from the 41-65 years old age group.

Frequency of health service use in Alcester

GP visits

- Figure 2 below shows the frequency that respondents in Alcester visit their GP.
- Most (55%) are attending around twice a year.
- A further quarter (24%) are visiting monthly.

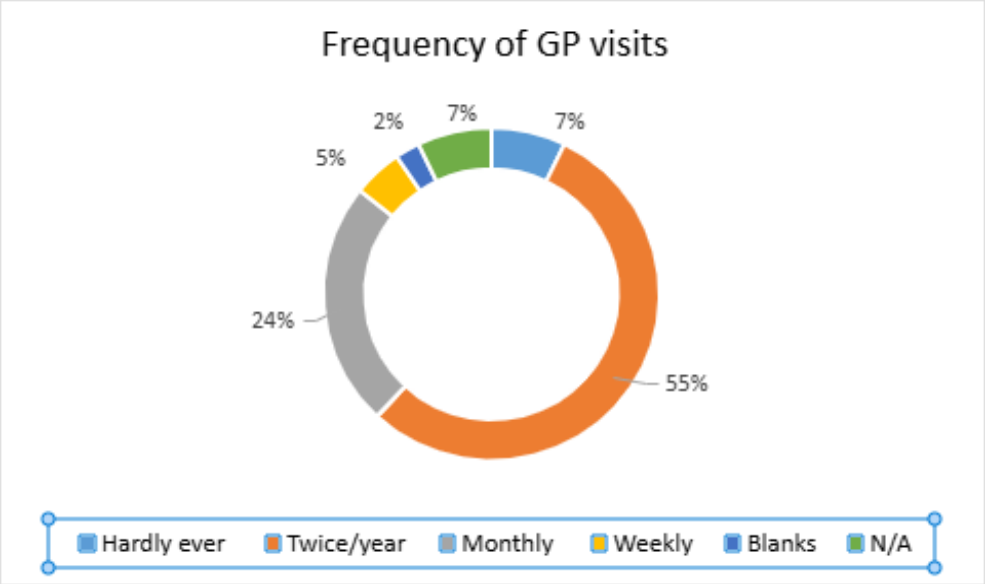

Figure 2: Frequency of GP visits

- A recent study suggested over the period 2000-2019 an average of just over 7 consultations per year per person (1,699,709,314 consultation events from 12,330,545 patients, in 845 general practices, from 1 April 2000 to 31 March 2019).
    - This study was based on 'UK general practice data from the Clinical Practice Research Datalink (CPRD) GOLD database' and so included patients from across practices who are signed up to this database (using the Vision system).
    - The study is otherwise 'broadly representative... based on age, gender and deprivation.'
- Consultations however were defined as: all contacts with the practice, requests for repeat prescriptions, appointments with other practice staff and thus not just GP appointments.
- Therefore, where Alcester patients are visiting the GP twice per year, given the context that they may also be requesting prescriptions (based also on pharmacy visits later in this report), as well as any other appointments within the count of twice per year, they could in fact attending above this national study's average, but this is unclear given the current question only asks about GP visits, and not contacts, requests or other appointments in the surgery.

Pharmacy visits

- In contrast to the GP visits data, most (77%) visit their pharmacist monthly (34 respondents, see Figure 3 below). Of this 34, 26 (76%) are aged 66+, which also represents 56% of the Alcester cohort (46 respondents).

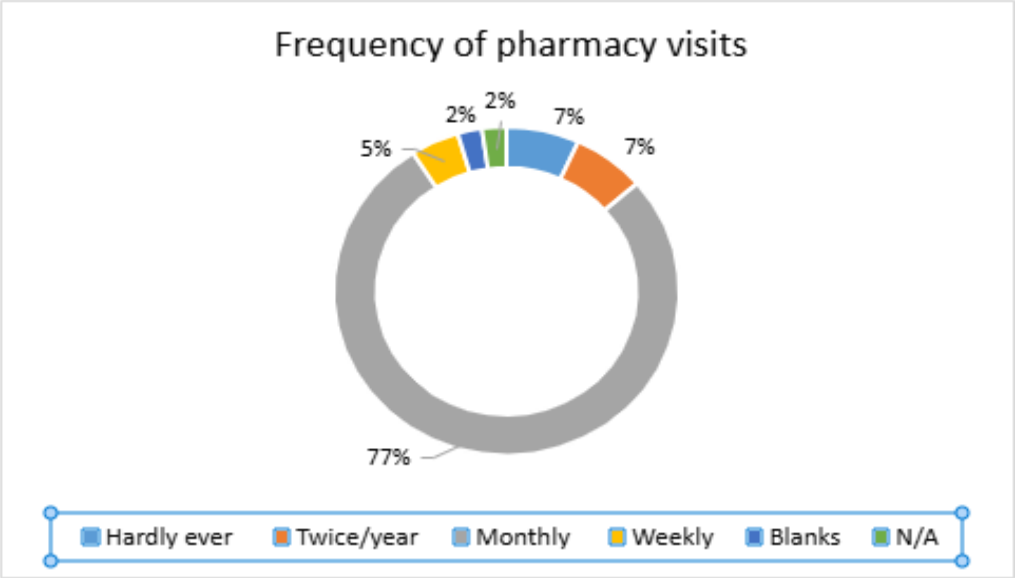

Figure 3: Frequency of pharmacy visits

- Prescriptions tend to be provided and then collected monthly, so this group may also be on some form of regular prescription.
- However, the survey did not ask about prescription use, so a firmer interpretation cannot be drawn.

Dentist visits

- Just over half of Alcester respondents (55%), which also represents the majority segment, are going to their dentist twice a year, presumably according to the NHS dentistry recommendation to attend for check-ups every 6 months.
- This is supported by the UK-wide ONS survey 'Experiences of NHS healthcare services in England: September 2024': 'Of those with an NHS dentist who had a dental appointment in the last 28 days, the most common reason for accessing NHS care was for a routine check-up (69.3%).'

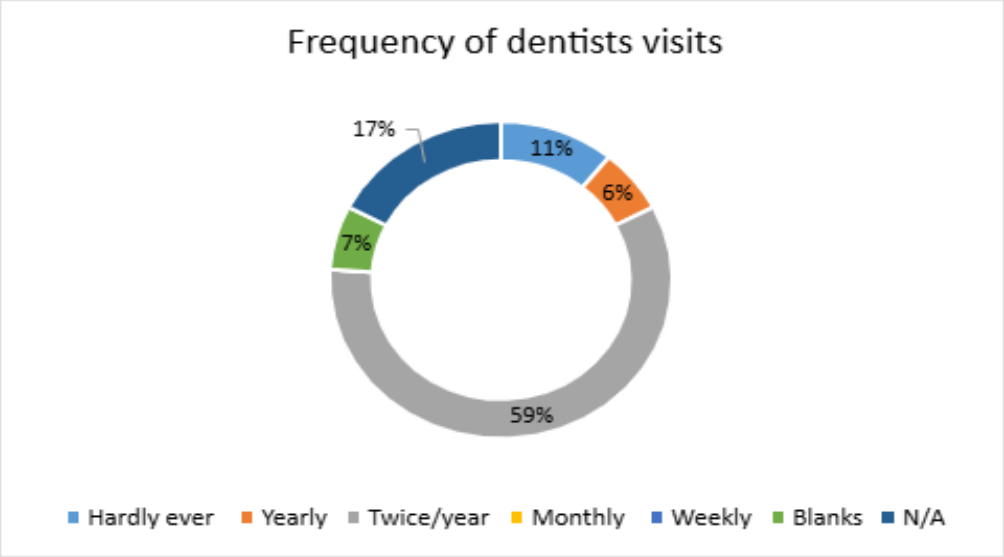

Figure 3: Frequency of visits to the dentist

- No-one is attending weekly or monthly, suggesting within this sample there are no dental conditions requiring frequent need to access services.
- Around 1/9 (a total of 5 respondents) however are 'hardly ever' going to their dentist. Two (40%) of this 5 are in the 41-65 category, and 3 (60%) are in the 66+ category.
- Elsewhere in the survey there are calls for NHS dentistry to open in Alcester which may explain why some people are hardly ever seeing a dentist.
- The UK-wide survey 'Experiences of NHS healthcare services in England: September 2024' suggests around 13% of people are not registered with a dentist, thus around 1/8.
- The same national survey also suggested around 6% of people had their last dentist appointment over two years ago and almost half (43%) of those without an NHS dentist, last had an appointment two or more years ago.
- It is probable that the figures in our local survey and those reflected in the national figures are describing issues around accessibility of services in Alcester and more widely across the UK.
- The 1/8 figure nationally not registered with a dentist is a broadly similar number to those in our survey who say they hardly ever go to the dentist (1/9), however whether these represent the same groups is not discernible from two very different datasets.

<u>Private care</u>

- Figure 4 below represents the responses around the frequency of private services use, presumably via private appointments.
- Whilst most said private appointments were not relevant i.e. they did not attend private appointments, 15% (7 respondents) attend private services twice a year. A similar number (18%) said they hardly ever do. Of those 7 attending twice a year, 6 are aged 66+.

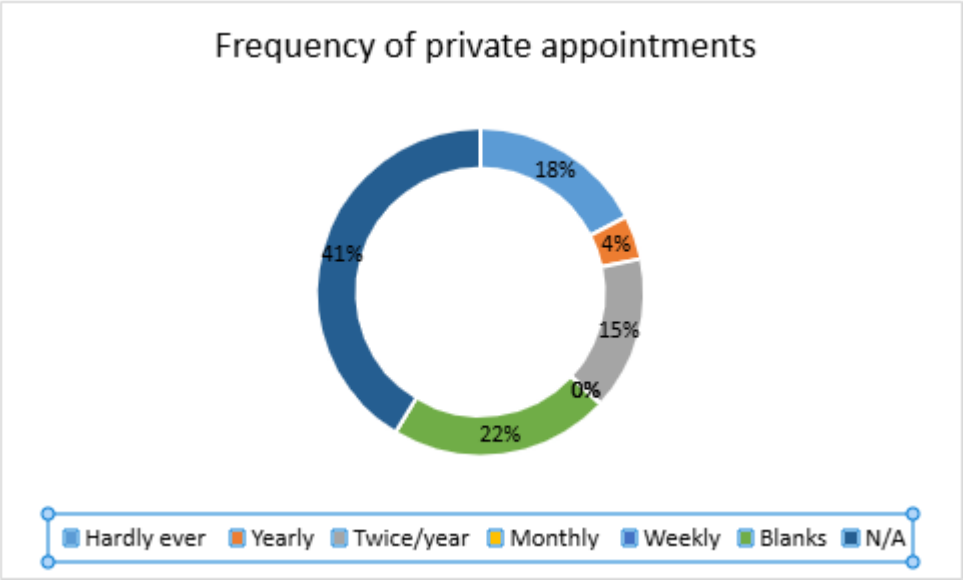

Figure 4: Frequency of private appointment visits

Charity/voluntary-led services

- Figure 5 shows the frequency of charity or volunteer service use in those living in Alcester.
- Most respondents said that these services were not applicable, around 51%, and therefore presumably had not used them. Another quarter (24%) left the question blank.
- Nine percent in each category of hardly ever and weekly, used charity/voluntary services. Four percent used them twice a year, another 2% monthly.
- This might suggest either a need for more services and/or raising awareness of the services already available.

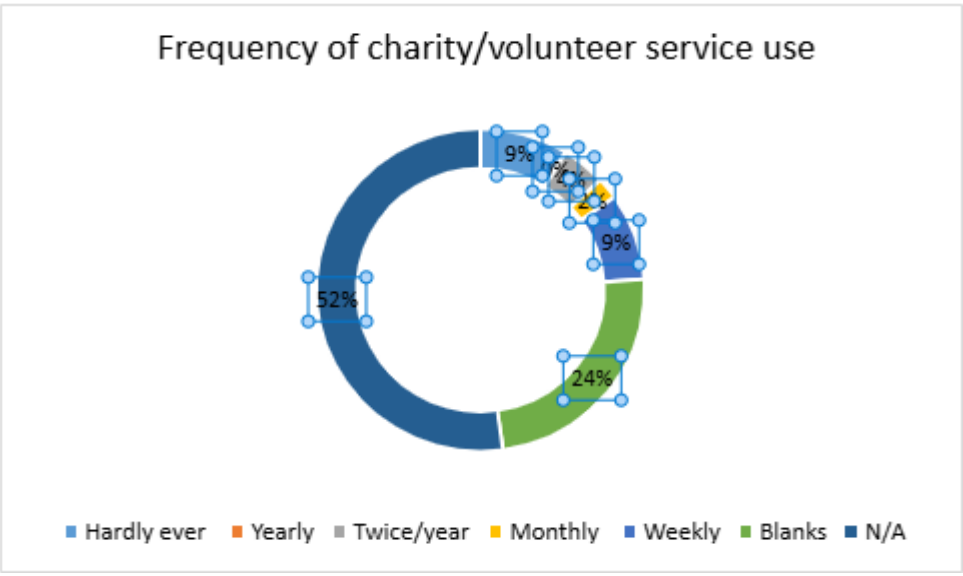

Figure 5: Frequency of charity/volunteer service use

Transportation access to health services

Travelling to the GP survey

- Most respondents attend their GP surgery via car (55%, 25/45) (see Figure 6 below).
- Another third or so (37%) travel to the GP surgery via walking or cycling.

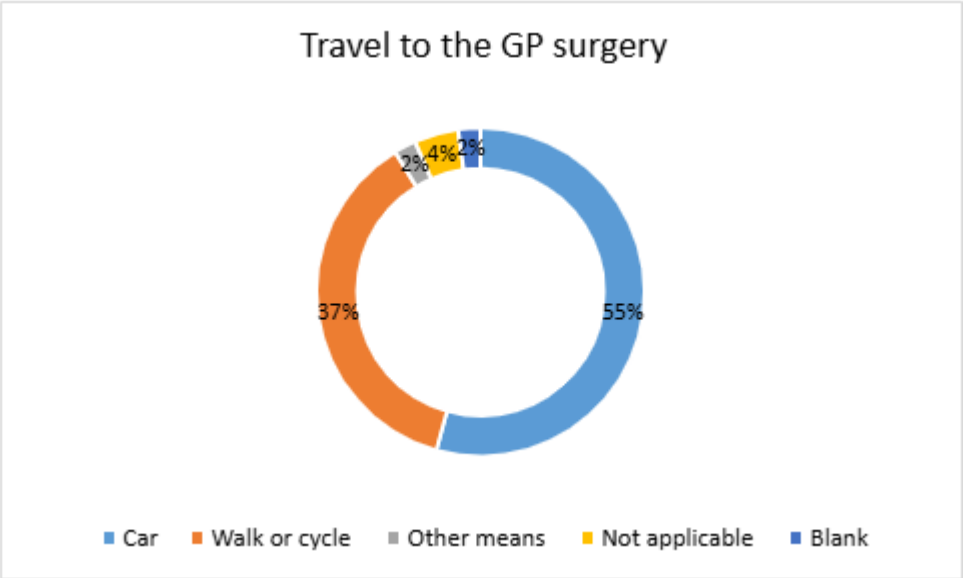

Figure 6: Mode of travel to the GP surgery

Travelling to the pharmacy

- Methods of travel for attending a pharmacy for respondents living in Alcester changes slightly comparative to GP attendance.
- Half of respondents visit via walking or cycling to the pharmacy.
- Another 40% travel via car.
- This difference is presumably either due to distance, location, state of health, and/or convenience of the pharmacy relative to a GP appointment.

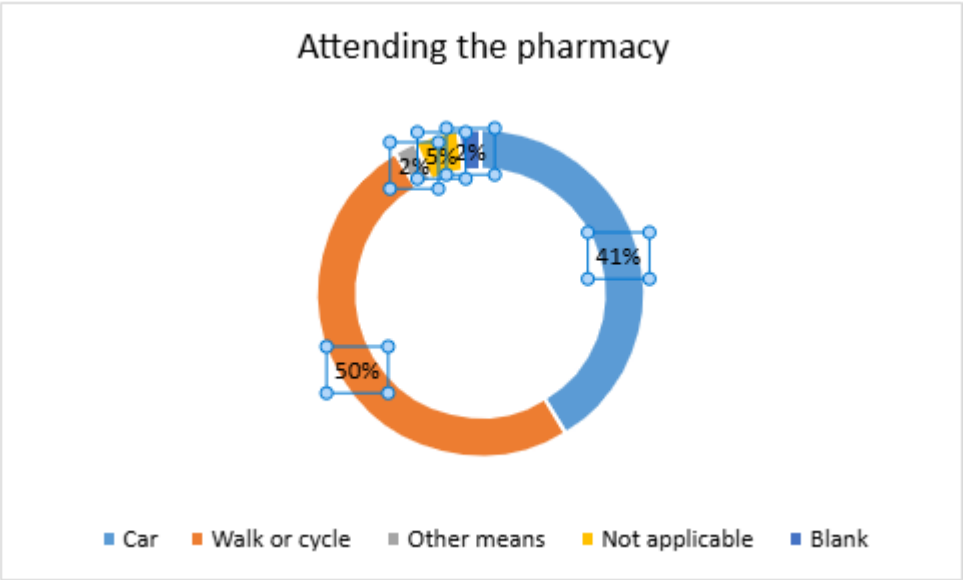

Figure 7: Mode of travel to the pharmacy

Travelling to the dentist

- As shown in Figure 8, most people travel by car to the dentist.
- Another quarter (24%, 11 respondents) however say this is not applicable to them. All 11 also said in the earlier question about frequency of dental visits that it was either 'hardly ever' or 'not applicable' to them.
- Of these 11, 7 also said not applicable to private appointments travel.
- Again, of these 11, and looking back at their overall private appointment attendance from that previous question, 5 are saying not applicable there as well (another 4 said hardly ever to private appointment attendance).
- Just 2 said twice a year and so might be dental patients, though this is not clear and would be a complete guess and could be other appointments, non-dental.
- These responses potentially raise the concern around people in Alcester either attending dental appointments very infrequently, if at all, and the possibility of developing dental-related issues without regular check-ups and the knock-on effect to their health and other health services, as well as needing more urgent services should issues arise.

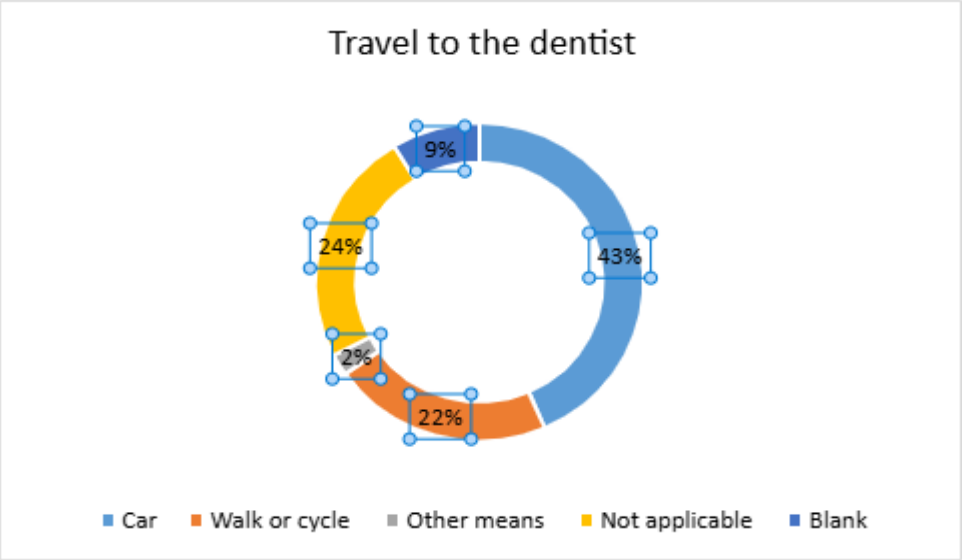

Figure 8: Mode of travel to the dentist

Travelling to private appointments

- As shown in Figure 9 below, most respondents (75%) in Alcester said private appointment travel was not applicable to them (41%, 19 responses) or left the question blank (33%, 15 responses) which is presumably another group who thought the question was not relevant because they did not use private appointments or otherwise did not wish to answer.
- One fifth (20%, 9 respondents) however said they travel to private appointments by car, (6%, 3 respondents) by walking and/or cycling. This means at least 15 respondents are utilising private appointment-based healthcare.

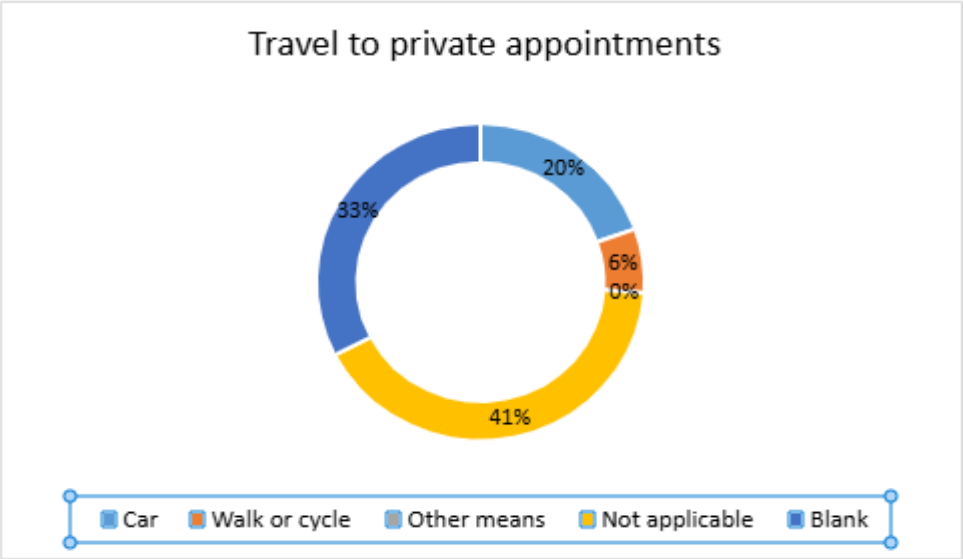

Figure 9: Mode of travel to private appointments

Travelling to charitable/voluntary services

- For Alcester, most respondents (83%) either left this question blank (33%) or said this was not applicable (50%). Eight respondents (17%) travelled by car or walked. See Figure 10 for the full breakdown of figures.
- This suggests charitable and voluntary services are not being well utilised in Alcester.
- Three people who initially said car also said: 'I sometimes get a lift', 'VASA transport to day care and family members to drive', and 'donkey'.
- Someone in the not applicable group also said 'online' so are accessing charitable or voluntary services online. They were also one of the people who said they use charitable or voluntary services monthly.

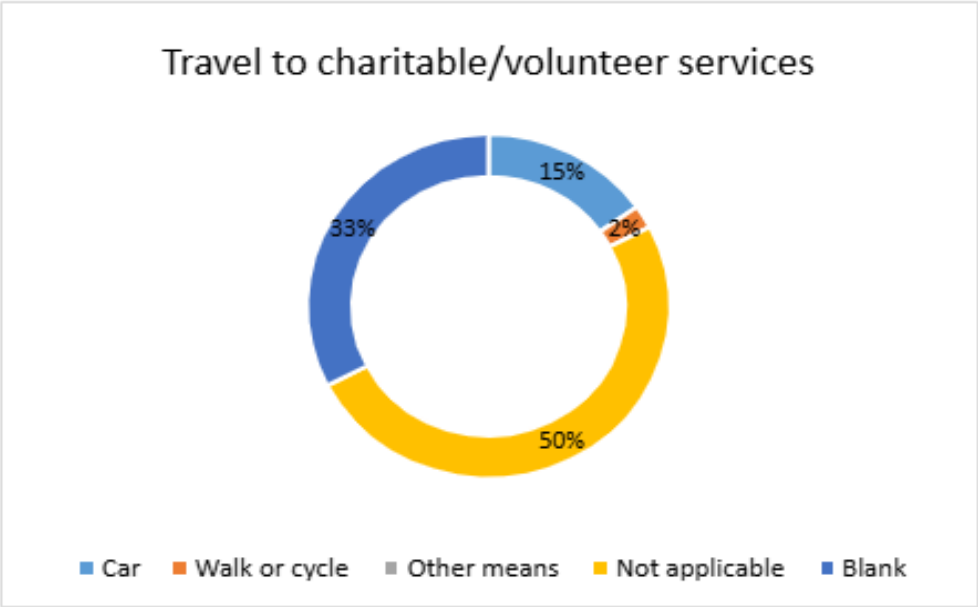

Figure 10: Using charitable/volunteer service transport

What prevents people accessing health services in Alcester?

- For Alcester, of the 20 people who responded, 11 (55%) said nothing or 'NA' i.e. there is nothing preventing them accessing health services.
- Of the remaining 9, a third (3 respondents) mentioned a lack of services altogether (2 quoting the lack of dental service, 1 other person said GP access).
- The remaining 6 mentioned a lack of support service, needing to get a lift, limited time as they are a carer, internet issues and flooded roads. Some of these issues could be the impact of rurality.

Receiving social care

- 4/45 (9%) in the Alcester sample are either receiving social care at home services themselves or someone else is within the household.
- One person who said they did not have social care in their household however commented that the care proposal had not been appropriate for them and they had refused it.
- Of those receiving social care, three people made additional comments including that they were happy with the care they receive, that staff were attentive, helpful, and caring, and another saying it was difficult to find, suggesting a second person who had been looking for social care and struggled to access appropriate care.

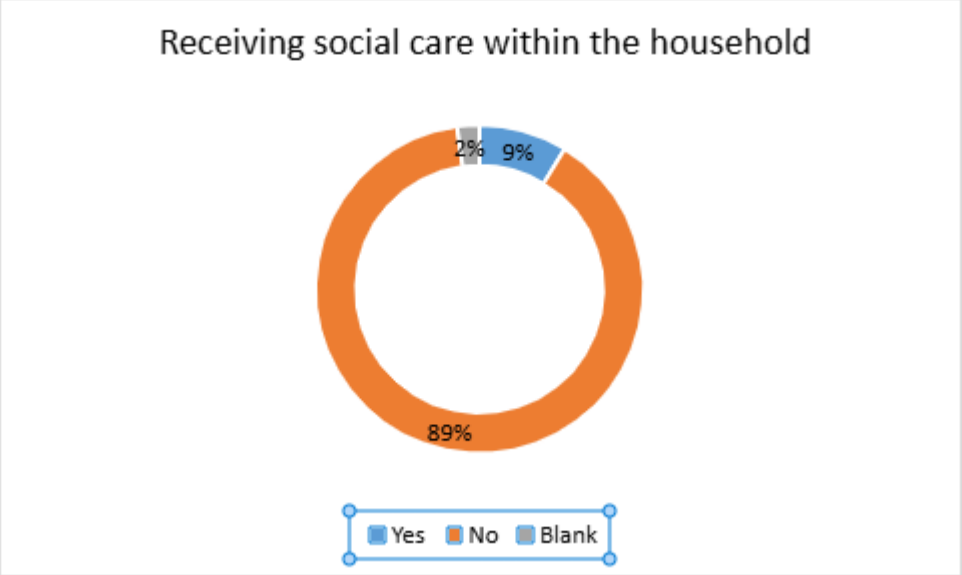

Figure 11: Receiving social care in the household

Visiting or supporting an immediate family member or neighbour in social care (outside of the home)

- Eight (17%) of the respondents are visiting or supporting an immediate family member or neighbour in social care outside of the home, meaning most (37 respondents) are not, and 1 person left the question blank.
- Of these 8, most (5 respondents) are visiting weekly, 2 are visiting monthly, and 1 daily.

- There is insufficient data within this 8 to look at whether age or working age, transportation etc. Is a factor for frequency for supporting their family members or neighbours, particularly where 3 people left the age question blank.
- Of the 6/8 (75%) who said they visit either daily or weekly, most (5 respondents) said they use a car however to attend, and 4 also mentioning via cycling or walking. This suggests the person they are visiting is close by to where they live, or if they are not retired, to where they are working, or otherwise able to travel from elsewhere with high frequency.

Factors preventing people accessing the social care services they need

- Two people responded to this additional question.
- The responses were that good quality care was hard to find, and also time constraints of themselves caring for two other people.

Other things which could make health and social care better in Alcester

Twenty-four people responded to this question, and the responses have been provided as themes below as follows:

1. <u>Access to more appointments and wider access to other healthcare professionals</u>

- Access to face-to-face GP appointments, more appointment availability.
- An NHS Dentist practice made available.
- Care coordinator for mental health was also flagged as being needed by another respondent.
- Need for a drop-in centre in cases where appointments are not accessible during the day.
- Regular health checks (this suggests this respondent, and perhaps others though this is unclear, may not be receiving the standard NHS 40-74 annual health check). This was however someone aged 66+ so it is also unclear whether they are no longer eligible.
- Easier access to investigations e.g. CT, PET and other scans. Two people had also mentioned difficulties for themselves or people they know with attending hospital appointments.

2. <u>Support groups</u>

- Access to better support groups, with someone mentioning having to travel to Stratford, Bromsgrove, Worcester.

3. <u>Local infrastructure</u>

- Access to an alternative supermarket where the current one is expensive.
- Request for a route which is safer.
- More local events to attend.

Perceptions on why people may not be able to be as healthy as possible in Alcester

- Most people mentioned several reasons including psychological reasons around a lack of willpower, motivation and/or 'laziness', or lack of mental stimulation.
- There were also views around poor diet, working hours, and lack of access to gyms or leisure.
- There were two views around poverty, including the mention of 'paying for heating over food'.
- Another respondent said 'cars idling outside of schools', presumably a view around either use of cars instead of physical activity methods of travel, or air quality and/or noise or disruption caused.
- There has also been a further mention in this question around having better/safer walking access via pathways which then enable people to walk and not drive. This may also account for some of the reasons why people drive or receive lifts to access GP surgery services.
- There was also a view recorded around the local green plan, as follows:
    - *"The 'Local Plan' is a green hidden agenda to eventually sideline national politics and replace it with non-elected people such as The Mayor under the pretence that monarchy back by popular demand. The 'Local Plan' was opposed by the previous Conservative government and the present Labour government may be ignorant of it. By the way, the Mayor is* [mayor name, phone number and email address have been redacted]*".*

Other final comments

Five service-level compliments were received as follows:

- *Care at Arrow GP service 'phenomenal care'.*
- *Wonderful treatment from nurses and pharmacy* (Alcester Pharmacy).
- *Can't say enough about Alcester Dementia Cafe – brill.*
- *Day care centre at the Baptist Church is a brilliant service.*
- Also, a comment about the *Eric Payne Dementia service – brilliant service*.

<u>Infrastructure around housing, health and education</u>

- Shortage of affordable housing e.g. for downsizing.
- Educating children 'as already is happening' on healthy eating and exercise and 'promote the community fridge'.
- Shortage of services for young people including mental health.
- Repetition of the need for an NHS dentist (additional from previous questions).

<u>Infrastructure around built and social environment</u>

- Request for reduction in litter.
- The view that pavements need upgrading, and that these have not been carried out for considerable amounts of time.
- A call for more street lighting.

Alcester: where respondents live and links with deprivation deciles

- Respondents had the option to provide their postcode at the end of the survey.

- Most Alcester respondents live in B49 5 or B49 6 start postcodes. This amounted to 42/46 (91%) responses to the postcode question (3 people did not give a postcode and another person lived in a CV postcode).
- Another 3 postcodes had been entered incorrectly or only with B49, leaving 39 postcodes that could be analysed.
- When looked at using the English indices of deprivation 2019 check on Gov.uk, of the 39 postcodes utilised, 26/39 so two thirds lived in areas 7-9 according to the 'Index of Multiple Deprivation Decile' (English indices of deprivation 2019: Postcode Lookup).
    - According to this index, index 1 represents the 10% most deprived areas in the country, and index 10 represents the 10% least deprived areas in the country.
    - As such, areas designated deciles 7-9, are living in the 60-90% least deprived areas.
- Also, they are all postcodes designated deciles 8-9 on the income aspect of the index. Income within the index, alongside employment, each create 22.5% of the weighting counting towards the designated decile.
- The remaining third of respondents however live in areas designated 4-5 on the index and thus are sitting towards the middle ground towards being slightly more deprived areas relative to the two thirds majority.
- Also, these are all postcodes designated deciles 3-6 on the income aspect of the index.
- In relation to health and disability, which accounts for 13.5% with the decile designation, the vast majority of the B49 5 and B49 6 areas sit across deciles 6-9, with half of these sitting in decile 9, being the least deprived.

Key themes regarding services for Alcester

The themes arising from the survey, in particular the qualitative questions, cluster around four areas, and are listed under these four areas as follows:

Healthcare services

- There are clearly excellent services for people including day care, dementia support and GP and pharmacy services. What is needed next is greater access to these services i.e. more appointments and ensuring people get regular health checks i.e. the standard NHS 40-74 age group annual checks.
- There are calls for NHS dentistry provision in Alcester.
- There are calls for a drop-in service and having the possibility for scan services e.g. PET, CT, X-ray outside of hospital services/more accessible than going to the hospital. There are other concerns also around difficulties accessing these and hospital appointments more generally.
- There is a need for high quality social care in the household where some respondents have voiced difficulties in accessing this from themselves or someone else in their household.

Lifestyle factors

- Several respondents suggested that lifestyle issues like lifestyle choices, poor diet, lack of motivation and lack of services may be reasons why people in Alcester may not be as healthy as they could be.
- A call to continue to educate Children and Young People around healthy lifestyles e.g. diet and exercise.

Built and social environments

- There are repeated calls for improving footpaths both as an additional exercise option and for allowing on-foot access to the GP service.
- To perhaps take a look at more anti-social behaviours around littering, idling cars around schools.
- To consider how additional services like gym or other exercise options can then contribute to wider health.

Social life

- There may also be benefit in increasing social events in the area to encourage people to get out, and also to offer drop-in services.