# Outpatient clinics at Calderdale and Huddersfield NHS Foundation Trust

# Feedback from people with certain protected characteristics in relation to the use of telephone and video healthcare appointments

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# Our work at a glance

## Background

Calderdale and Huddersfield NHS Foundation Trust (CHFT) plan to introduce telephone and video appointments to some of their outpatient clinics. Before doing so, it wanted to understand the impact of these appointment changes on people with specific protected characteristics. Following a request from CHFT, Healthwatch Calderdale agreed to undertake engagement with these people understand what, if any, difficulties they may have accessing health care by telephone or video care. CHFT also wanted to understand what action it could take to reduce or remove barriers to accessing telephone or video care services for these people.

## What did we do?

We engaged with the following people:

- People who do not speak English at all/people who have only a very basic command of English/limited English proficiency;
- Individuals with a sensory impairment;
- Older and/or frail people;
- Individuals with a long-term condition;
- Those with a physical or mobility impairment;
- People with a learning disability;
- Individuals with her mental health condition;
- People with autism.

We created a questionnaire for face-to-face and online engagement work with the people detailed above to find out if they felt they would be able to access health care by telephone/video appointments without difficulty. Where people said that they would encounter difficulties with the proposed services, we asked about the nature of these difficulties and what could be done to mitigate those difficulties.

The aim was to source views and feed that back to CHFT ahead of wider use of telephone and video in health care, highlighting barriers that may exist and suggesting ways of overcoming them.

## Breakdown of groups we engaged with

We piloted our survey with a group of adults with learning disabilities. We spoke to 5 people (prospective patients), 1 carer and we asked for 1 professional judgement to seek the views of those who work with the individuals to see if they could offer further context.

We amended our survey following this engagement session, introducing a ‘don’t know’ and ‘maybe’ category to some of the questions; adding more specific breakdown to categorise the type of disability the respondent had (where applicable) and fine tuning the equality monitoring questions.

In total we visited 34 groups in person and we promoted our survey on our social media channels. All of the information collected from the groups was inputted into the online questionnaire via Survey Monkey. This allowed us to see on a live basis which particular people we needed to engage with further in order to obtain a wider sample which was representative of the groups identified above.

Some groups submitted written feedback to us, separate from our questionnaire. These groups responded collectively, not individually, so their feedback appears in addition to the statistics.

### Engagement by specific protected characteristic

| Characteristic | Groups we’ve engaged with |
|---|---|
| Learning disability | Waves (Kirklees)<br>Pennine Magpie (Calderdale) |
| Long term conditions | Halifax & Calder MS Society<br>Stroke Association (Calderdale) |

| | |
|---|---|
| | Autism Hub (Calderdale)<br>Wheelchair Enabling Service (Calderdale)<br>Disability Partnership Calderdale<br>Evidence submitted: ME group (Calderdale)<br>Individual feedback x2 |
| Older/frail | Alzheimer's society carer support group (Kirklees)<br>Jubilee Centre Support Group (Kirklees)<br>Church coffee-lunch groups (Kirklees) |
| Sensory | Blind & Low Vision Group (Kirklees)<br>Deaf Association (Calderdale)<br>Kirklees Macular Society<br>Huddersfield Deaf Centre<br>Evidence submitted: Halifax Macular Support Group<br>Individual feedback: x3 |
| English as a second language | Milen Care in Batley - older people's group for South Asians<br>Sisters United (Calderdale)<br>The Central Jamia Mosque Madni, Halifax.<br>Halifax Central Initiative<br>Pakistan Association (Huddersfield)<br>South Asian Ladies Group (Kirklees)<br>Women's Activity Centre (Calderdale) |
| Mental health | Carers Count: Drug, alcohol & mental health group (Kirklees)<br>Platform One Huddersfield<br>Sizzle and Chat (mental health, carers, Kirklees)<br>Healthy Minds (Calderdale) |
| Carers | Carers Count (Kirklees)<br>Aspire (5 engagements throughout Kirklees)<br>Sandy Mount residents (patient & carers group, Kirklees) |

## Our Findings

We spoke to 311 people as part of this engagement work as follows;

- we obtained feedback from 290 people directly;
- 14 people commented as a group workshop;
- we received written feedback from 2 groups and 5 separate individuals.

## General overview (exclusive of collective group feedback):

**Total response: 290**

| | |
|---|---|
| People who would receive care | 223 |
| Family member/carer/representative | 67 |

When asked if all problems could be mitigated, the general feeling towards the use of telephone/video outpatient clinics was as follows:

Telephone: 


Video: 


Figures show negative, unsure, positive and based on feedback if all the barriers could be overcome.

| **Telephone care:** Do you feel you/person you care for would be able to access the telephone care service without difficulty? | | If barriers were overcome | |
|---|---|---|---|
| Yes | 108 | Yes | 144 |
| No | 134 | No | 57 |
| Don't know | 35 | Don't know | 62 |
| Maybe | 11 | Maybe | 14 |

| **Video care:** Telephone care: Do you feel you/person you care for would be able to access the video care service without difficulty? | | If barriers were overcome | |
|---|---|---|---|
| Yes | 66 | Yes | 133 |
| No | 182 | No | 71 |
| Don't know | 33 | Don't know | 78 |
| Maybe | 8 | Maybe | 21 |

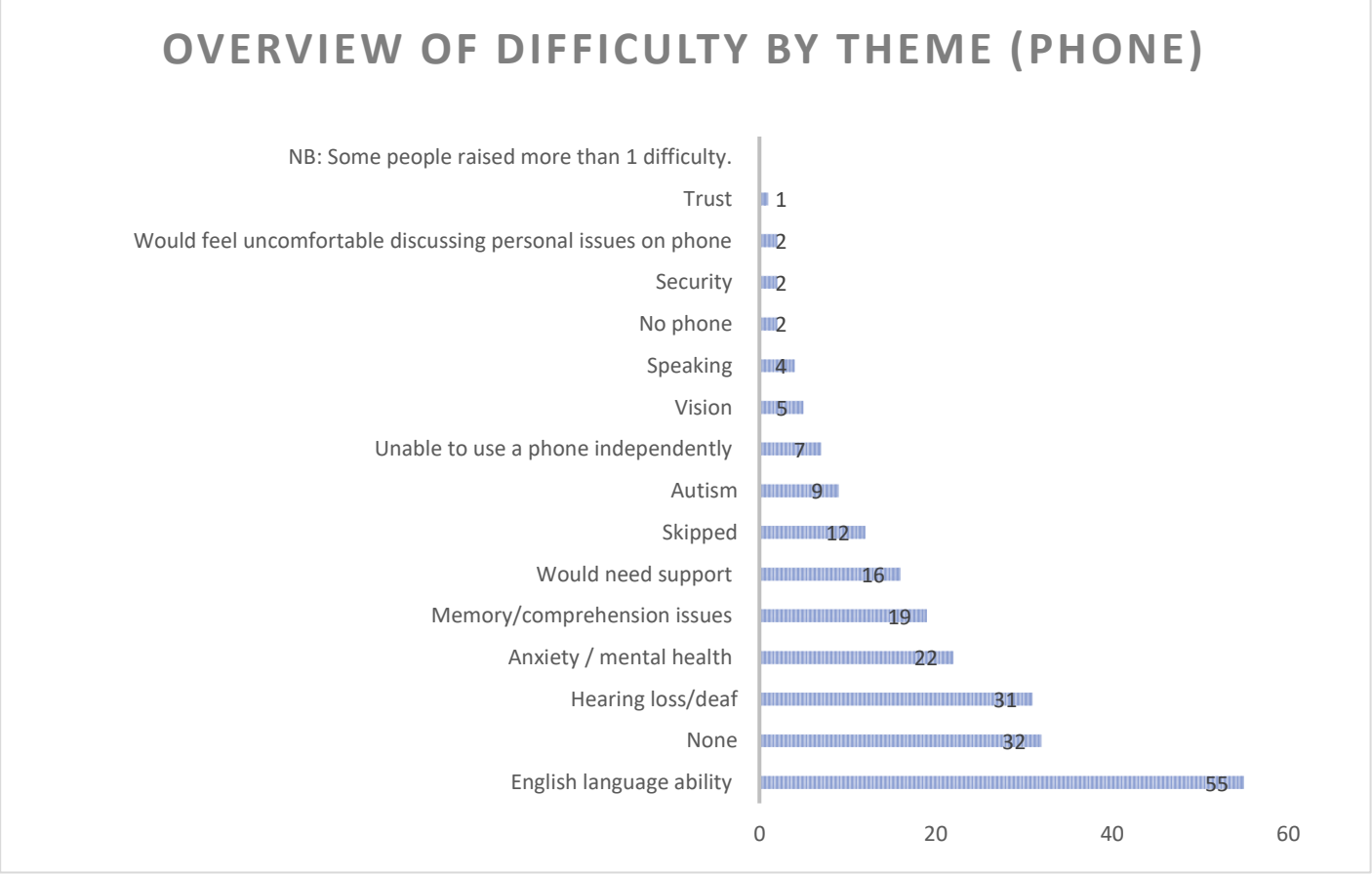
There was one group which was overwhelmingly against the idea - the deaf/hard of hearing community. These people reported that without the use of specific technology it would be too challenging for them. There was a mixed response from people without English as a first language, the larger proportion were against telephone and video clinics if no translation facility was available.

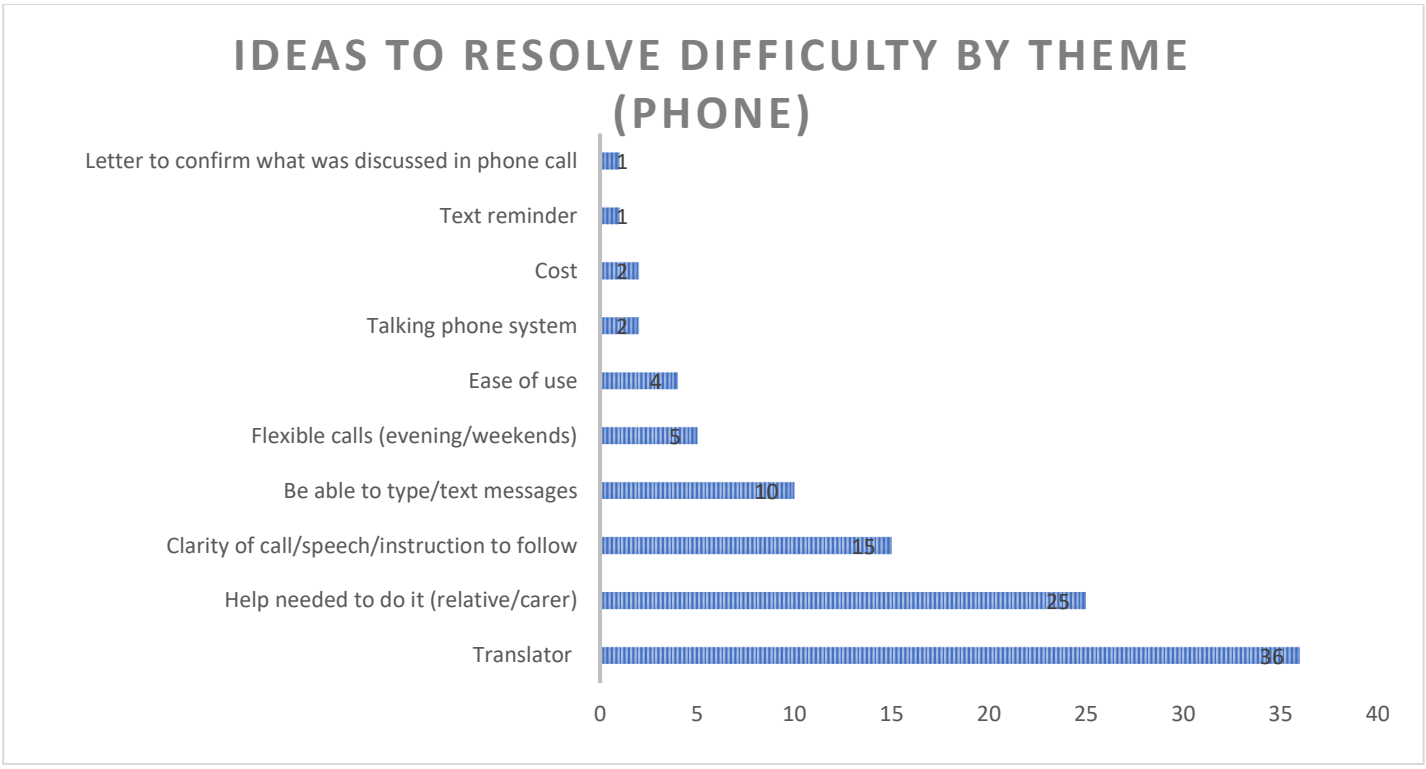
In other areas, the results were more divided, but many told us they could/would make use of telephone/video clinics if they were supported by a family member/carer, while accepting it will lead to further reliance on others for personal health care.

Carers told us that if they would be relied on to provide support then a timeslot would be needed so they could be available. They said it would have to be a timeslot of no more than 1 hour, due to pressures on their work/caseload.

### Telephone clinics

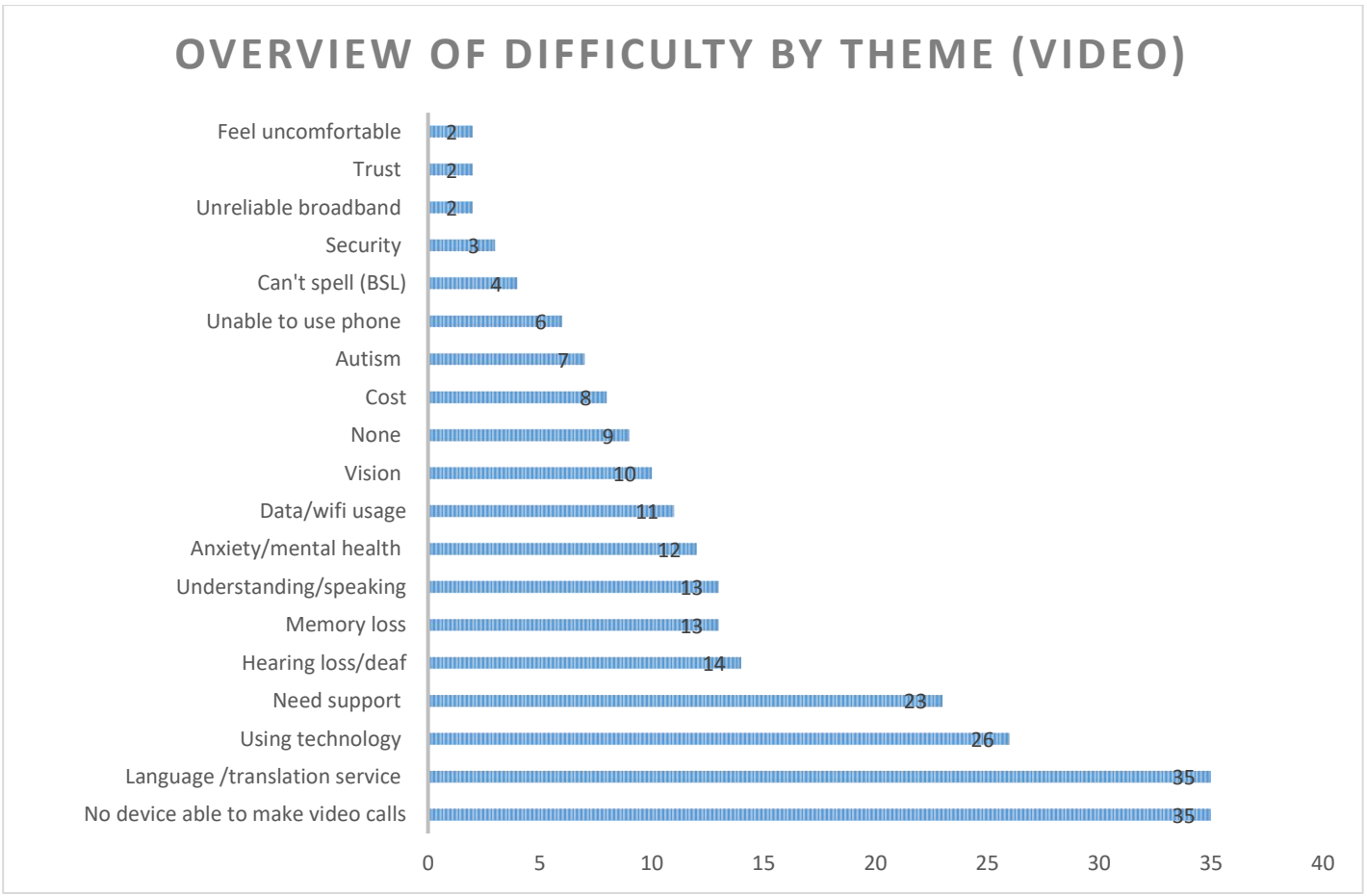
The first graph below shows the difficulties people gave for not wanting a telephone appointment. The second graph shows the ideas people gave to overcome such difficulties.

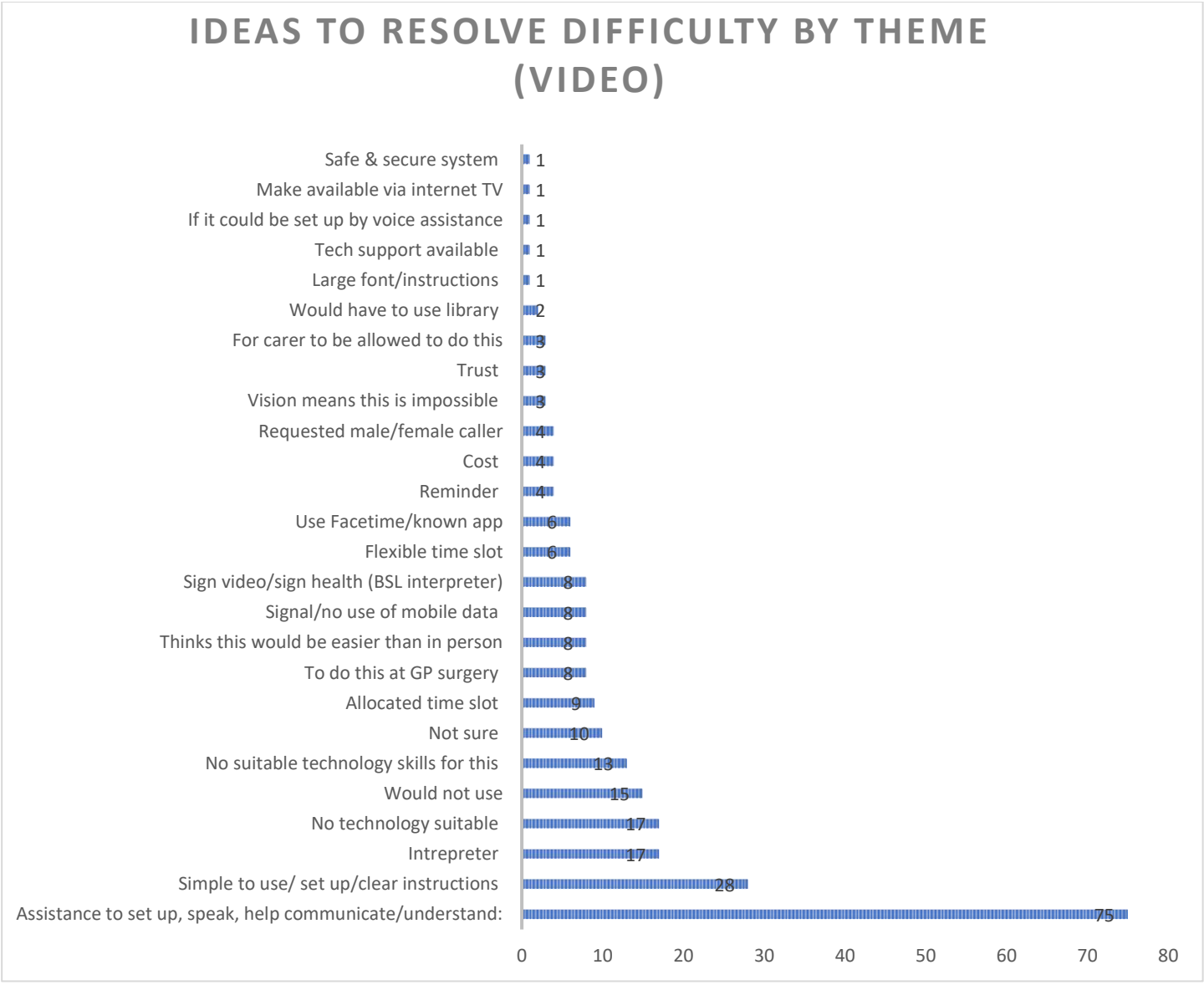





## Video clinics

The first graph below shows the difficulties people gave for not wanting a video appointment. The second graph shows the ideas people gave to overcome such difficulties.






# Findings by protected characteristic

## English for speakers of other languages

This section will focus on those with spoken English as a second language. It excludes respondents who said they use British Sign Language/Sign Supported English as their first language and the response of this particular group are detailed in the sensory section on page 9.

Telephone: **42** 23 **17**  Video: **47** 23 **12**

Figures show negative, unsure, positive and based on feedback if all the barriers could be overcome.

We ran 6 face to face engagement sessions with people who speak English as a second language, these were with people who speak Asian languages including Guajarati, Urdu, Punjabi, as well as people from Arab nations including Syria, Lebanon and Morocco. We used interpreters for 1 Arabic outreach session and 1 Urdu outreach session. The languages given are as follows:

| What language do you feel comfortable speaking in? | Number |
|---|---|
| English | 199 |
| Guajarati | 15 |

| | |
|---|---|
| Arabic | 14 |
| Urdu | 14 |
| British Sign Language | 10 |
| English/Urdu | 9 |
| Punjabi | 8 |
| Punjabi/Urdu | 4 |
| English/Punjabi | 2 |
| Mirpiri | 2 |
| Lithuanian | 1 |
| French | 1 |
| Hindu | 1 |
| Bengali | 1 |
| Skipped question | 9 |

ESOL, Urdu: "Yes, my level of English is fine for this. I would prefer a real-time update on Electronic Patient Records instead so I can monitor my own health. Then the ability to 'live chat' via EPR to ask a question if I need to."

ESOL, Urdu: "If there was a translation option I could do this, it would be easier than breaking from work as I work shifts."

ESOL, Arabic: "I could not do this without translation, if that was not provided I would have to ask my children to translate."

There was a mixed response to the idea of telephone and video clinics, some felt that without suitable translation they would not be able to do this. Many had the technology and used it regularly as they make video calls abroad, but the older generation said they needed support of the younger generation for setting up new Apps or logging into a video system, especially if the process is not in their first language.

Some currently relied on others for translation – in 1 case a mother was relying on her teenage son for translation support. Practically it may mean he may have to miss college classes to fit in with an appointment and personally she wasn't comfortable with him translating personal medical details.

ESOL, Polish: "Can speak & understand English well, may not know all medical words. May need to 'translate' in real time on internet if possible."

ESOL Arabic: "Unable to understand & speak in English. No medical understanding. No comprehension of process. Would have to rely on child aged 11 to interpret & not comfortable with child knowing personal medical info."

ESOL English/Urdu: "Think it's a good idea. I (and most of the community) have smartphones to make calls/Skype abroad. Setting up any app/logging into a system may need to have clear instructions, or older generation would need to be assisted by younger generation. However, translator would be needed for a lot of people."

Urdu speaker: "Difficulty with my accent/understanding accents. If Dr speaks Urdu, can they speak it to me? Is there facility for online translation by type/text?"

Professional view: a community worker in the Park ward of Halifax currently assists over 100+ members of community in many areas including health. She assists to make appointments due to a language barrier, but does not attend with them. She doesn't believe many of the people she works with would be able to manage appointments by telephone or video without help of another person. She says the team is unable to manage additional workload to offer support. She also questioned if the set-up/process to get onto a telephone/video appointment would be available in other languages and believes it may be confusing for some.

## Sensory impairments

This section focuses on those with hearing and vision difficulties. Our work with the deaf/hard of hearing groups was done via face-to-face engagement, one with a BSL interpreter. One of the visual groups submitted evidence collectively, so the figures represented below do not convey all views.


Figures show negative, unsure, positive and based on feedback if all the barriers could be overcome.

Feedback to our online survey shows 38 people said they had a sensory impairment, however we also received feedback from groups collectively so we have included their feedback in addition to the statistics. Of those we engaged with directly, 35 were the people who would receive the care (i.e. the prospective patients) and 3 were carers, family or representatives.

### Deaf/hard of hearing:

Of the 28 respondents who had hearing loss, 27 said they would be unable to have an appointment via telephone/video and 1 said they would, with their hearing aids. Some cannot speak, hear, write or read in English well and explained they see English as their second language.

Our engagement with 10 of these respondents was done with a British sign language (BSL) interpreter who communicated our work, the questions and answers. The respondents gave suggestions of areas for overcoming the barriers they face when participating in healthcare, including a hearing loop/technological answer such as BSL Signing via iPad, but still felt it would be too challenging. One respondent suggested an idea: "Sign video is good, I can book appointments for my child with it. There are a few organisations that understand about sign language interpretation." They are unsure if BSL via iPad would work via externally telephone/video rather than in person.

Healthwatch Calderdale is aware that Leeds Teaching Hospital use an 'interpreter on wheels' – it is an iPad with amplifier on a transportable stand. The service does not need pre-booking, instead users log in to the machine at the time they need and choose the translation service (language/BSL) they need. LTH reported to Healthwatch Leeds that it is good for emergency or unplanned scenarios. Video interpreting is charged by minute, while face to face is often charged by the hour. LTH is assessing the service so could offer further feedback for CHFT to explore.

"I have hearing aids so would struggle. I only hear half of what is being said over the phone and it could mean I miss some important information or misunderstand something."

"It's for hearing people… I would panic as I can't spell any words (profoundly deaf)."

"Unable to hear on telephone. Use phone only for visual so text messages/emails. I can lip read so it depends on how clear the visual (video) is, also whether they look directly to the camera so face on."

"I can see this is a good idea for many, but think it may be too problematic for those with hearing difficulties."

"Nothing for me, would have to rely on someone to assist. Currently I can attend appointments alone as I lip-read. Backward step if we now need a carer. If this was to be imposed, would it breach the Equalities Act?"

### Visual difficulties

We attended two groups with people with visual difficulties – 1 group submitted evidence collectively rather than individually. We spoke to 14 individuals – 10 females, 4 males, all aged over 65. The feedback below is the collective response.

*Telephone care:* There was a mixed response as to whether or not people or their carers felt that they would be able to access the telephone care service without difficulty.
In terms of the perceived difficulties of using the telephone care service, the following issues and concerns were raised:

- Some members have hearing difficulties in addition to visual difficulties;
- It can be difficult if people talk too quickly or have accents;
- What if you have lost your voice and the call is due?
- What if they can't get to the phone in time?

With regard to what people felt would make it easier for them or the person they represented to access the telephone care service, people said:

- Give people specific times for the call with a margin;
- If someone misses their call could the hospital call them back?

If the barriers identified could be overcome, more than half of people said they/the people they represented would be likely to use the telephone care service, especially if it saved on travelling and finding a parking space.

*Video care:* The feedback from groups with visual difficulties was mostly negative to appointments via video, for the following reasons:

- I don't have the facilities;
- I don't know how to do it;
- Lots of older people don't use the internet;
- As my eyesight gets worse I wouldn't be able to use it;

Ideas for mitigating the issue included using Facetime (an App many already have installed) or giving people the choice. Many respondents told us they would need a smartphone/laptop for it. They said they "might" use it if someone could teach them, but that would lead to reliance on others for healthcare.
They questioned if a facility would be available at a local GP practice so there was someone to ask for assistance.

"I have no vision so couldn't see and would need someone to set it up."

"Learning disability: my vision is not good, looking at screens gives a glare which I don't have in person. Also my speech is slurred so they may not understand."

Stroke patient: "Vision is not great. Same issues as using phone re listening, attention etc, & seeing medical person doesn't mean it would improve it."

"I have no vision so couldn't see and would need someone to set it up."

Our feedback shows that people with vision difficulties are amenable to appointments via telephone, but they felt that video care would pose more challenges and many felt they would not be able to set up video care without support.

## People who are older and/or frail

This section features feedback from those aged over 65, or with a frailty as a primary condition. There is some cross-over with other areas, such as those who speak English as a second language.


Figures show negative, unsure, positive and based on feedback if all the barriers could be overcome.

Further to those who were identified as deaf/hard of hearing (page 9); 33 people said they would be unable to follow such appointments due to ability to hear/understand/comprehend or memory loss issues as a result of their medical condition. This includes people with dementia, older and frail patients and those who have had a stroke and have suffered sensory impairment as a result.

### Feedback from people with memory difficulties

People with dementia or carers of people with memory loss all reported it would be too difficult for the person. The carers, many of them older, felt it may be difficult for them also. Most also did not have suitable technology for video care.

At our engagement with stroke patients many of them cited memory difficulties and they would need to rely on others for support to do this via telephone or video.

> "I cannot talk properly people don't understand me. I would not be able to understand or remember things."

> "They would not know where to start they do not have any understanding due to learning difficulties and memory issues. He couldn't take it all in."

Due to the large volume of comments, we have included some more of them here:

| | |
|---|---|
| "They would forget what they have been told, would not understand fully what is being said due to short term memory and may refuse to take the call." | "My husband has dementia so unable to answer questions." |
| "The people asking the questions give very clear simple questions, good empathic communication skills and knowledge of dementia." | "The person I care for has memory issues and does not fully understand their current health issues. They would get tired and not be able to fully engage in the call." |
| "Unable to speak English, plus mobility issues and memory issues for the person I care for." | "I have memory issues and hearing impairment so I would struggle to hear and understand all what may be said." |
| "Due to health conditions his memory and understanding are impaired. His speech is slow and slurred." | "I do have a poor memory so taking it all in at the time may be hard as I get flustered when I'm on the telephone." |
| "Would give it a go but are all (medical staff) aware of how autistic people think - i.e. pausing while thinking of what to say/repeating same things. Also, have difficulty understanding at times, memory-wise it is difficult so I'd have to write a lot down/makes notes or have someone to help." | "The person I care for has memory issues and language barrier. He would not answer the phone or able to answer questions due to dementia." |
| "Due to mobility issues and memory issues, he would not be able to set up the video care system." | "He may get confused and would not remember that he has an appointment, when he is on the call he may muddle up days weeks and events for example he may say something happened last week but it may have happened that day." |
| "I would need to be present due to memory issues and they would not be able to set up the service. I would need to help answer questions." | "I don't know how to Facetime only make calls or send texts so someone would have to help every time as I would not be able to remember how to do it. I can read a text but cannot get them back again." |

## Long-term conditions

Conditions represented here include epilepsy, stroke and multiple sclerosis.

Telephone: **16** 31 **81**

Video: **20** 46 **68**

Figures show negative, unsure, positive and based on feedback if all the barriers could be overcome.

134 people answered this question: 39 family member/carer/representative; 95 would be the patient. Of the 134:

- 16 people also said they had a sensory impairment
- 29 respondents had a mental health condition
- 32 participants had a learning disability
- 42 people had a physical or mobility disability.

We sought a professional judgement from a local Stroke Association representative who said stroke patients generally struggle with communication, which includes listening, speaking and following a conversation in detail. He added that stroke patients can become easily frustrated and if the telephone and video system was not set up well, or it was too confusing, it may lead to frustrations before a call is connected to the right person. He said a video call may be easier as patients could see who they were talking to, but he said not all may be were skilled enough in technology, so it may cause frustrations.

Neurological condition: "I cannot remember what is being said or always understand also I have speech difficulties so the person may misunderstand what I said or not be able to understand me clearly."

Stroke: "Not sure due to pronunciation & being understood is difficult. Can't access Apps myself due to type of learning & physical disability."

"Due to health condition they get very tired and in pain this affects ability to engage in conversation."

MS patient: "I have a tremor which affects hands, also difficulty getting to phone before it rings off & then holding phone for a long time."

## Physical disability

Feedback here includes people who use wheelchairs or are carers for people with a physical or mobility impairment including restrictions to their arms, which people felt would pose difficulties with telephone and video care. 66 people responded; 53 people who would receive the care, 13 family member/carer.

Telephone


Video:


Figures show, negative, unsure, positive and based on feedback if all the barriers could be overcome.

Once again, there is cross over with the answers from other areas, including people with long-term conditions. Below are quotes from wheelchair users.

Wheelchair 1: "Getting to the phone before it stops ringing & having to wait for a doctor to ring. It is not practical as I would need hands on service and for adequate explanation and consultation."

Wheelchair 2: "Limited walking and hand movement, not easy for patients to find words."

MS 3: "Struggles with hands, cannot input digits, can lift a handset but often drops it & unable to hold for long time. Only has a basic phone."

## Learning disability

We ran 2 engagement sessions directly with people who had a learning disability, 1 in Kirklees and 1 in Calderdale, both were at day care facilities for people with learning disabilities.

Telephone: 

Video: 

Figures show, negative, unsure, positive and based on feedback if all the barriers could be overcome.

Overall, 66 people identified themselves as having a learning disability; 43 people who would receive care and 23 who are carers/family members/representatives.
6 people told us they were able and willing to have an appointment in this way. They felt it would be better as it meant they did not have to get Patient Transport/wheelchair accessible taxis to a hospital then navigate around in their wheelchairs. They also said they would be supported by a parent/carer in person or via telephone/video so it did not matter.

11 respondents told us they would struggle to do this without help. One issue included timing - if there were at a day care facility they would need support, which may prove difficult in some circumstances.

We also sought professional judgements from the staff who run the venues we visited to understand the issues further. One suggested such patients may agree as they are eager to please, but the reality is they could not do it.
One staff member told us: “Maybe a couple could do it, with support. It might be a good idea for GP surgeries but not for something more complex. Only 20% of people with a learning disability here (at the day care centre) have a mobile phone, lots of residents are in supported living and would need the support, so it depends on time, where they are etc.
“We could provide some support, but if we don’t know the person's full medical history, then it may cause difficulties.”

This group, more than others, asked about the cost of the calls/cost impact on the data/Wi-Fi access needed to make a video call. A relative carer of 1 man with learning disabilities told us they were having to find more and more funding for personal care, so any extra cost they face wouldn’t be welcomed. However, she agreed if it was comparable to paying for parking at a hospital a telephone/video appointment would be preferable.

One mother of a child with learning disabilities said it would be preferable for both her as the patient and her as the carer as travelling with a child with a wheelchair can be difficult.
Another person said if it improved waiting times they would try it as they found waiting at the hospital challenging.

“Nervous if I don't know what something is about. Once explained to me happy to chat. So may struggle to understand. Can't read, write or use hands to text so would need assistance, but I would be happy to try it.”

“Have used FaceTime. It's much easier than me trying to get to hospital, which can be difficult in taxi in a wheelchair. All depends no support of parent.”

“Not sure, speech barrier with pronunciation & being understood is difficult. Can't access Apps myself due to type of learning & physical disability.”

“Not good on the phone, I stutter so don't feel confident. Parent would assist.”

Carer: “They would not know where to start they do not have any understanding due to learning difficulties and memory issues, he couldn't take it all in.”

## Mental health difficulties

We had 60 people respond saying they experienced mental health conditions, some also had other conditions so there is some cross over with answers from the aforementioned groups. 45 were the person who would receive care; 15 said they were family members/carer or representative.
Telephone: 

Video: 

Figures show negative, unsure, positive and based on feedback if all the barriers could be overcome.

In most, anxiety was a big issue but the responses were mixed about whether telephone/video use would improve or exacerbate any anxieties they faced when dealing with medical appointments.

During our engagement we found people were wary of providing feedback via technology and prefer using paper questionnaires. They also felt unsure about being agreeable to something when they were well that they wouldn't manage when they were unwell. Many said they would need a code so they knew they could trust that the person on the phone was who they said they were.

They also asked if there would be a transcript made available afterwards, as they may struggle to recall all that was said, plus a clear indication of the next step, if any.

"It may help with any anxiety and be a quicker way to be seen."

"I cannot hold and understand a conversation. I get very nervous and anxious when I hear a phone ring due to my mental health condition."

Carer: "I would need to take the call particularly as their mental health can be variable so not predictable so it is hard to book appointment for a call as we would not know what their mental health would be kind at that given time so may not engage at all or it may go ok if I help."

"I feel a lot better getting a phone call. I don't like face to face as I have anxiety. I feel like the doctor is judging me and they don't seem to have the time to talk, this may help with that as they have set time aside to ring me and may have more time to listen."

Carer: "Due to their mental health they could answer questions if they were well at the time but this is not always the case."

"I could do it but this would cause me anxiety. I find video chats scary."

Carer: "The person I care for would be suspicious due to their mental health needs so would not answer the phone. They may not feel well enough on the day to take part in this type of service or understand what is being discussed as their mental health is unpredictable."

## Autism

We did some targeted work with people with autism and there was a mixed response, some were unable to speak to their doctor in any way and needed support of a parent/carer. Others felt it would be useful as it meant they didn't have to travel and wait, which exacerbate anxieties.

"Not knowing the person at the other end of the phone is a barrier to being able to speak confidently. Don't feel confident discussing personal issues over the telephone."

"I have used Skype with a clinical psychologist for years. I would consider it."

"Difficulty speaking to stranger on phone, can't even speak to doctor in person & feels unable to do on phone."

"As part of the NHS LTP all medical practitioners are to get autism training - would like to see how that changes dealings/feelings before committing to this."

Many of the people with autism we spoke to had a lot of questions about the telephone and video care. They wanted to know if the person they would be speaking to via telephone or video would have had

previous autism training/awareness. They also reported that a timeframe would have to be stuck to as they would prepare themselves and would grow anxious about any deviation from what was agreed.
They wondered if they would have time to make notes and reflect on what's being said; some said they may agree to this then get anxious so would need to find some support.

## Queries and comments that cross all protected characteristics:

Here's an overview of comments that were made or questions that were asked that we did not comment on.

### Cost:

Some raised concerns about the cost of the phone call, the technology used, whether they would need an App and how much of the mobile data a video call would use and who would meet this cost.

### Access to technology:

While many older people did not have access to suitable technology for video calls, it is not just confined to that age group. At one venue for adults with learning disabilities staff estimated only 20% of people attended had access to a mobile phone, including many younger adults.

### Reliance on others to help:

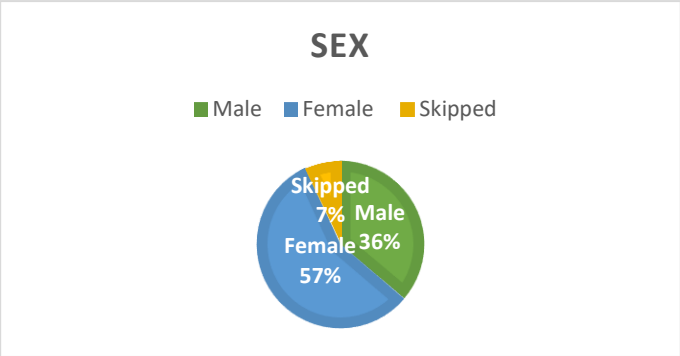
Some felt they would have to ask other people to help them do something they are currently able to do themselves, removing a layer of independence they currently have.

### Translation:

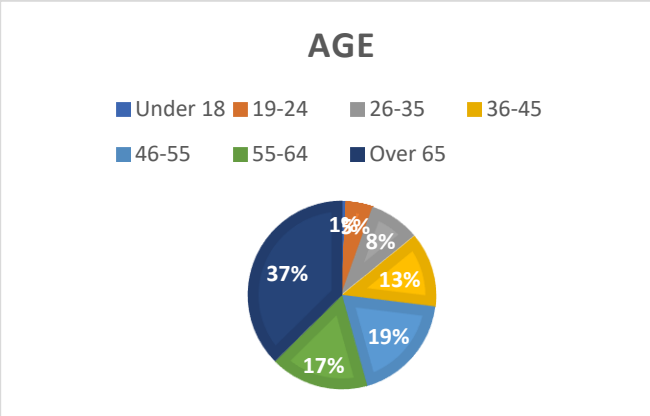
We were not able to say what translation facilities would be offered, compare it to what translation services are currently available in person and whether telephone/video care allows for possible three-way conversations including a translator.

## Equality data:

### Overall data:




| | |
|---|---|
| Male | 105 |
| Female | 165 |
| Skipped | 20 |




| | |
|---|---|
| Up to 18 | 2 |
| 19-25 | 13 |
| 26-35 | 24 |
| 36-45 | 36 |
| 46-55 | 52 |
| 55-64 | 47 |
| Over 65 | 104 |

## Ethnicity:

| | |
|---|---|
| White: English, Welsh, Scottish, NI, British | 175 |
| Asian or Asian British: Pakistani | 49 |
| Asian or Asian British: Indian | 23 |
| Other: Arab | 10 |
| White: other | 5 |
| Black or Black British: Caribbean | 4 |
| Black or Black British: African | 4 |
| Any other ethnic group | 4 |
| White Irish | 4 |
| Mixed/multiple: White and Asian | 3 |
| White: Gypsy/traveller | 1 |
| Mixed/multiple: White and Black Caribbean | 1 |
| Mixed/multiple: white and Black African | 1 |
| Prefer not to say | 1 |

## Sexual orientation:

| | |
|---|---|
| Heterosexual | 177 |
| Gay/lesbian | 3 |
| Other | 3 |
| Bisexual | 2 |
| Prefer not to say | 44 |
| Skipped | 61 |

## Postcode area:

| | |
|---|---|
| HX1 | 39 |
| HX2 | 19 |
| HX3 | 17 |
| HX4 | 9 |
| HX5 | 4 |
| HX6 | 8 |
| HX7 | 3 |

| | |
|---|---|
| HD1 | 23 |
| HD2 | 18 |
| HD3 | 12 |
| HD4 | 29 |
| HD5 | 18 |
| HD6 | 6 |
| HD7 | 3 |
| HD8 | 13 |
| HD9 | 4 |

| | |
|---|---|
| WF12 | 5 |
| WF13 | 5 |
| WF14 | 6 |
| WF15 | 2 |
| WF16 | 5 |
| WF17 | 21 |

| | |
|---|---|
| OL14 | 2 |
| WF | 8 |
| BD19 | 2 |
| BD7 | |
| HD | 1 |

## Sensory data:

Are you? Patient: 35; Family/carer/representative 3

Gender: Male: 11; female 20 (skipped 6)

Age: Over 65 (19 people); 55-64 (8 people); 19-24 (5 people); 26-35 (3 people); 36-45 (2 people) 46-55 (1 person).

Ethnicity: 32 were white British, 2 Asian/Asian British Pakistani; 2 Irish; 2 others.

Language ability: 28 people said they were comfortable speaking in English; BSL was the only other language given.

Sexual orientation: heterosexual 20; bisexual 2; other 1; prefer not to say 5.

## Older/frail data:

Are you? Patient 83; family/carer/representative 22.

Gender: 46 men; 54 female.

Age: Over 65+

Ethnicity: 79 are English, 17 Asian/Asian British Pakistani; 6 Asian/Asian British Indian, 4 other.

Language skills: 77 were comfortable speaking in English, the remainder spoke Punjabi, Urdu, BSL, SSE, Gujarati; 28 of them felt their English was not adequate for either a telephone or video appointment

(without translation).
Language: 77 felt they have sufficient English language skills out of 105 responses. Others included Urdu, Arabic and Gujarati.
Sexual orientation: 86 heterosexual, 1 gay, 10 skipped.

### Long term data:

Are you? Patient 95; family/carer/representative 39

Gender: 54 were men, 86 female.

Age: over 65s (65 people); 27 aged 55-64; 21 46-55; 15 36-45; 4 26-35; 4 19-25.

Ethnicity: 84 are white British; 22 Asian/Asian Pakistani; 19 Indian; 3 Caribbean; 7 other. 104 speak English, the remainder speak Arabic, Punjabi, Hindu and Urdu.

Language: 30 said they did not have an adequate level of English, 102 yes, the remainder unsure.

Sexual orientation: heterosexual 115; bisexual 2l gay 1, prefer not to say 13.

### Physical/mobility impairments data:

Are you? Patient 53; family/carer/representative 13

Gender: Male 23: female 42 (skipped 2)

Age: aged over 65 (26 people); 46-55 (14 people); 55-64 (13 people); 26-35 (5 people) with 4 each for 19-25 and 36-45.

Ethnicity: 50 were white British, 6 Asian/Asian Pakistani; 5 Asian/Asian British Indian; 5 others.

Language: 10 felt their level of English is not adequate and their first language is a mix of Arabic, Punjabi and Urdu.

Sexual orientation: Heterosexual 47; Lesbian 1; Prefer not to say 2; Skipped 9.

### Learning disability data:

Are you? Patient 43; family/carer/representative 23

Gender: Male 31; female 37

Age: 26-35 (13 people); followed by 36-45 (12 people); 19-25 (11 people); 55-64 (10 people) 65+ (10 people), 46-55 (8 people) and Under 18 (1 person).

Ethnicity: 47 are White British, 6 Asian/Asian British Pakistani; 3 white Irish; 5 other.

Language: Of 60 who responded, 7 did not speak an adequate level of English and spoke Urdu/Punjabi.

Sexual orientation: heterosexual 34; bisexual 2; gay 1; other 2; prefer not to say 12.

### Mental health data:

Are you? Patient 45/ family/carer/representative 15

Gender: male 16 ; female 45

Ages: 36-45 (16 people) followed by 46-55 (15 people); 55-64 (9 people); 19-25 (7 people); 26-35 (6 people) and over 65 (6 people); up to 18 (1 person).

Ethnicity: 38 were white British; 9 Asian/Asian Indian; 4 Asian/Asian British Pakistani; 4 Arabic; 1 Gypsy-traveller and 3 classed themselves as other.

Language: 52 were comfortable speaking English; 8 felt they didn't have adequate English-speaking skills.

Sexual orientation: heterosexual 43; bisexual 2; gay 1; other 1. Prefer not to say 11.