MUSCULOSKELETAL SERVICE REVIEW
BUCKINGHAMSHIRE

Engagement Report

March 2015
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1. EXECUTIVE SUMMARY

The objective of this report is to present the common findings and themes following a programme of engagement that was held with the public, patients, health professionals and other key stakeholders to gather their feedback to specifically review Musculoskeletal (MSK) Services in Buckinghamshire.

Stakeholders

A wide and varied range of stakeholders were contacted in Buckinghamshire through a variety of engagement and communication channels. These included service users, members of the public, health care professionals and physicians with expertise in musculoskeletal healthcare, GPs and patient organisations such as those who are members of ARMA.

Methodology

- Two public meetings were held, one in Aylesbury and one in High Wycombe to seek the views of those using the services
- An event was held specifically for health care professionals and a separate event for GPs was also held as part of the engagement process
- An online engagement survey seeking public views ran alongside face-to-face engagement events

The engagements were supported by a comprehensive range of communications to promote the activity both off-line and online, which were delivered through a variety of channels.

Overall main objectives

- To seek the views of those who have experience of the MSK services in Buckinghamshire and their thoughts on how it could be improved
- To specifically target engagement to clinicians and GPs with experience of the MSK services to help shape and improve the patient experience
2. INTRODUCTION

This report summarises the results of a sustained programme of engagement with the public, patients, staff and other key stakeholders to help identify the needs of those using MSK services in Buckinghamshire.

3. OVERALL KEY THEMES

Two strong consistent themes agreed across the engagement events.

- That there is a need for a coherent and joined up service with better communication between medical professionals and patients.
- Patients should be better informed and supplied with the adequate knowledge and skills to be able to self-manage their conditions.

4. METHODOLOGY

This series of engagement activity was broken down into three categories, entitled in this report as public, health professionals and GPs.

Public Engagement Event

Focused face to face public engagement events took place in Aylesbury and High Wycombe to gather thoughts and ideas for a new service.

An online questionnaire to ascertain service users’ views’ on the current musculoskeletal services ran alongside.

Communicating this to the public was achieved through the following means:

- Press statements
- Local radio promotion
- Articles in ‘GP newsletters’
- Digital and website engagement, including social media
- Promotional material including posters
Health Care Professionals Engagement Event

A face-to-face event was arranged and facilitated to find out the views of professional organisations and health professionals. Communication channels of partner agencies where utilised to promote the event.

GPs Engagement Event

A face-to-face event was arranged and facilitated to find out the views of GPs. This was promoted through the CCG bulletins and also through emails.

5. FEEDBACK

5.1 PUBLIC ENGAGEMENT

Online Survey regarding current services to public:

83 participants completed the survey, the age range was 18-85. Female: Male ratio was 77:23, there was a variety of ethnic backgrounds. The service split was 58% MusIC service, 14% hospital physio, 14% orthopaedics, 12% rheumatology and 2% non-emergency surgery. (Appendix 1 – Detailed Results from online survey)

Responses to questions

MusIC Service

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<tr>
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<td>17%</td>
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<td>4%</td>
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<tr>
<td>Felt treatment worked</td>
<td>15%</td>
<td>11%</td>
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<td>Treated with dignity and respect</td>
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<td>Felt treatment worked</td>
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Referral process and waiting time comments:

- Positive and negative comments.
- Re-referral time takes too long,
- Delays in waiting for clinic appointments including rescheduling of appointments.

Suggestions for change about referral process and waiting times

- To be seen as soon as possible if in pain,
- For waiting times to be shorter,
- More staff at clinics as often running late.
- Would like consistency of staff,
- Referrals made earlier on within the system.

Treatment and aftercare comments:

- Professional staff, but some were unhelpful.
- Some felt it was not as good as private services that are available.

Suggestions for change for their Treatment:

- shorter waiting times,
- appointments at more convenient time of day,
- for it to be less difficult to get appointments at hospital
- improved parking,
- access to treatment at community hospitals
- more convenient locations for those living in rural locations.
- If x-rays/scans taken before treatment/exercises then the patient and clinician would know what they are dealing with earlier on in the process.

Involvement in decisions about your treatment:

- Not enough time in appointments.

Comments on whether treatment worked for them:

- too much time lapping between appointments,
- Had been told they had suffered more damage as the problem had not been identified sooner.
- ‘Nuffield Oxford puts Stoke Mandeville Hospital to shame’

Best parts of your care:

The following were mentioned: nursing staff at SMH, physiotherapists at Cressex, convenient location of MusiC and pilates being offered as after care.

Aylesbury Vale Clinical Commissioning Group
Chiltern Clinical Commissioning Group
5.2 PUBLIC ENGAGEMENT EVENTS

Fourteen people attended the two events. There was generally positive feedback about idea of an integrated service. Further thoughts for the proposed service are summarised below:

Scope - The attendees proposed the scope of the integrated service should include: rheumatology, pain, podiatry, orthopaedic and spinal, physiotherapy, a psychological service, post-operative rehab, weight management/obesity, possibly OT and some way to prevent people from getting injuries etc. in the first place.

Referral – patients should be able to self-refer initially if certain conditions met, or if still having a problem greater than a month rather than having to go back to the GP to be re-referred or if having a flare up of e.g. rheumatoid arthritis, Triage – correct people doing triage, suggestion of rheumatology physician involved at triage

Appointments – waiting times for first and follow-up should be shorter, at more convenient times (e.g. when can use bus pass)

Clinic sites - to be easily accessible, free/inexpensive parking, in community, closer to home

Clinicians & health care professionals - Felt to be good and competent currently. Language not always clear. Identified need for advice and communication to the patient to be clear and consistent throughout They should be able to access all information within the pathway, likely would cut down repeat tests.

Assessment and advice – Initial face to face assessment felt to be important e.g. before attending group exercise class, or before being given access to videos/leaflets on exercises.

Treatment – needs to be specific to the individual.

Non-face to face contact: - some happy to use videos

Navigation through the service – the admin and triage process and pathway should be explained clearly to patients. The idea of a patient navigator was thought to be good, to speak to the service rather than the GP

GP – should be fully informed throughout whilst the patient is in the musculoskeletal service, and able to advise and signpost their patients appropriately

Patient groups – being able to talk to others with a similar condition important for many. Could be within/signposted from the service.
5.3 ENGAGEMENT WITH CLINICIANS AND HEALTH PROFESSIONALS

18 clinicians and professionals attended the event. Some were representing a larger MSK service. The following is a summary of comments when discussing the current service and how it can be improved:

Opinion from some secondary care professionals regarding current intermediate service was - Not felt to be coherent and joined up, inconsistent experience for patients depending on who they see, some felt patients were getting treatment e.g. injections when was not appropriate. Felt that conditions are being investigated/diagnosed by MRI rather than clinically. Reports for imaging not always easily accessible within secondary care, lots of time wasted chasing investigations that have already happened. Lots of time wasted by all professionals trying to find out what has already happened to/with the patient.

Patient frustration - Felt that it could be understandable for a patient to feel frustrated, across the services, it could/should be more clear to patients and GPs what is happening, where referrals should be sent, GPs are not always clear where referrals should be sent (e.g. podiatry)

Paediatric patients were discussed – some cross over with general paediatricians, different environment may be required for patients e.g. with Asperger’s than what MSK could provide. One orthopaedic paediatric consultant at SMH, other orthopaedic consultants see patients e.g. aged 5, 6. MusIC has safeguarding in place as they see patients under 18 (16 and 17).

Triage is important as contributes to the patient seeing the right person at the right time. Felt a wide range of healthcare professionals, - including ESP, podiatry, OT, consultants, (condition-dependent) needed within triage process but if all went direct to consultants they would be inundated. Felt some conditions difficult to triage on form alone and require face to face (e.g. hand/foot)

Early Diagnosis - Some conditions are felt to require a definite diagnosis as early as possible – with early consultant input suggested, whereas others the exact diagnosis is not necessary and a management pathway for that body part (e.g. shoulder) would be more suitable.

An integrated service would require – good communication and information, we should consider an integrated care record, and lots of time would be saved if knowing what has already happened to the patient. It should include self-management the GPs (and acknowledging a great deal of difference in experience of GPS with MSK conditions) and self-management, psychological services important. Professionally unsustainable to separate gynaecology physiotherapy from MSK physiotherapy. An MDT approach was suggested.
**Trauma** - No consensus on whether it is a good idea to not include trauma. Mentioned a lot of patients seen in current service have late sequelae of, or missed, trauma. Do not want to disadvantage patients who chose not to go to A&E.

### 5.4 GP ENGAGEMENT

Six GPs attended the engagement event regarding thoughts on a new service and some GPs submitted their views via email. The following is a summary:

**Scope** – An integrated service should include Pain, orthopedics, rheumatology, physiotherapy, orthotics, podiatry, nerve conduction studies, some sort of psychological service for patients with chronic pain and self-management. Weight management does not need to be included and agreement pediatric services should not be included.

**Referral forms** should be easy to complete on a computer and ideally sent electronically, referrals should not go missing. The need for GP re-referrals back into the service for the same condition (e.g. when discharged and a month later need re-referring, or constant cycle of discharge-re-refer to pain clinic) should be reduced.

**Pathways and GPs** It is important that GPs are involved within this service and not thought of as separate. There should be pathways for each body part e.g. knee pain pathway, shoulder pain pathway etc. Different pathways could involve e.g. secondary care specialist at different times in the pathway. Pathways would start with self-management and information without having to see the GP. It is important to be referring at the right time it was discussed how a number of patients get better before being seen and may well get better without physiotherapy. Leaflets and information should be the same from the GP and clinicians within the MSK service, providing consistency.

**Follow up does not have to be face to face** e.g. annual review for rheumatology could be done over the phone, freeing up appointments for those with a flare up to be seen much more quickly. There should be a fast track pathway for more urgent cases.

**Education for GPs** is important, and the site of educational events should be varied and education could include podcasts/videos.

**GPs need to be fully informed** of what is happening to the patient throughout the pathway and it be easy for them to know where the patient is in the pathway and what is happening. Currently a lot of time is wasted with this. However it was felt GPs do not need to have access to an integrated care service. It would be useful for reports of imaging to be accessed e.g. uploaded onto ICE. Discharge letters should include how many sessions, what sort of exercises the patient had and what to do if they deteriorate. Letters should be received ideally on the same day – could use docman and be sent electronically.
The idea of an admin navigator for patients was welcomed. However for patients with long term conditions such as rheumatology or chronic pain – it was felt that a patient should have a named nurse who they could contact for advice. There should also be an advice hub for GPs.

Location of clinics important – with easy access, locally for patients. Happy for consultants to do clinics in GP surgeries.
Appendix 1 – Results of Survey Monkey

1. Please choose which service you are going to provide feedback on

<table>
<thead>
<tr>
<th>Answer Options</th>
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<th>Response Count</th>
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<td>Hospital Physiotherapy Services</td>
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<td>Rheumatology out-patient services</td>
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<tr>
<td>Non-emergency orthopaedic operations such as Hip</td>
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<td>6</td>
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<tr>
<td>answering question</td>
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2. How did you feel about the referral process and waiting time?

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<th>Neither</th>
<th>Quite unsatisfied</th>
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3. Additional comments

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Number | Response
--- | ---
1 | Waiting list is unacceptably lengthy
2 | Took a couple of weeks but overall, not overly delayed
3 | The constant need for re-referral takes too much time
4 | Sent to incorrect specialist. Needed BACK and got HIP. Sent to incorrect hospital, then HIP man left without seeing me and when I did finally see him he said his specialty was HIPs and why had I gone to him. I thought that as well!
5 | "There is always a delay in waiting time for clinic appointments and this is due to the heavy workload for consultant and specialist nurses. They are an excellent team of staff in spite of being very busy all the time."
6 | You get fobbed off by the music service trying to delay inevitable referral to hospital to save money. GP hamstrung because can't organise investigation like MRI. GP become glorified triage as part of rationing healthcare
7 | Your e-mail revising the postcode has cost me nearly £2 as I was on holiday. Stop sending pointless e-mails. Only send ones particular to me.
My doctor felt that I needed to be seen by the specialist at the hospital but I had to wait for several weeks before I could get an appointment.

Was "lost in system" and waited ages for an appointment, was very difficult to get through on the telephone.

Referred by GP for shoulder - over the course of the year things have worsened and now include back and ankles, but cannot look at those unless referred again

Usually have appointments rescheduled.

Waiting time to long

Too long a waiting time for services

GP could not refer me directly but had to make me an appointment for a telephone 'consultation' first. This phone call was in fact just to make me an appointment, there was no consultation. Simply resulted in an extra week of delay before I was seen.

attended A&E with a promised referral to a clinic which never happened.

Cressex Diagnostic Centre was very efficient. I only got a referral for MRI by badgering the GP practice who lost the original referral from the doctor. Luckily the locum doctors and practice manager were able to sort this out.

Referral process took too long

Referral was quick but too long a wait for initial appt.

Good to have seen surgeon with no time-wasting via musk/skel visit required

There was a mix up over my referral so I waited and waited for an appointment and when I chased up and finally got an appointment it was 3 months since I had gone to my GP. Once they knew about me the service did all they could to get me in quickly to see someone?

Was listed months ago for a second attempt at previously unsuccessful hip replacement. After pre-op assessment was advised my haemoglobin level was too low. After one month of iron supplements was advised I was back on the list but have not heard a word since despite checking a few times.

It was clear right from the beginning that the staff there did not have the expertise to deal with what my problem was. It took almost a year to be referred to a surgeon.
It took nearly a month from seeing my Doctor to my 1st appointment.

A long wait for the initial referral - about 4 weeks - could do with a standby list for cancellations.

MUSIC ignored my GP's request for an MRI scan and took 2 weeks to send papers to hospital, without seeing me. All they achieved was a two week waste of time in my 18 week referral to treatment. I eventually had surgery in week 20.

I was in a lot of pain and needed treatment a lot sooner

I was surprised how quick it was to get an appointment from GP referral

There was a long wait

Consultant never washed his hands before or after examining me. I still had to go and see another consultant to agree surgery, even though the assessment consultant had done so. I now have to go and see yet another consultant and have pre-op checks done yet again at the Horton Hospital this week, having had them done at SMH. What a waste of time. 3 consultants!

I had to repeatedly hassle for cancellation appointment slots even though I was in a lot of pain.

No process for further treatment other than to be referred. Patients with chronic conditions should be on a long term treatment plan where they can slot back into the service as required.

I had to wait quite a long time to see the physio, but I appreciate that many people need this valuable service.

As always the initial appointment could do with being quicker

Problem with referral from Dr, not sure if it was their fault or the Music service's fault
1 "Physiotherapist changed half way through - quite unsettling

Treatment was not completed - my muscles still hadn't set after a couple of months and so I was told nothing could be done and it wouldn't be a nuisance, however over a year later I still experience sharp pains and limited movement, especially when doing everyday activities"

2 Cressex centre staff are v professional

3 Physiotherapists are not qualified to read MRI scans. I was told my back was fine and it was fractured. Physiotherapists not sufficiently skilled to give appropriate treatment. Very lacidaisical in services given. Couldn't wait to get me off their books instead of treating me correctly so that I would "do the rounds" and be back in the future.

4 I’m always satisfied with my care although it’s a busy clinic they do their best to accommodate everything that comes their way in helping us they are

5 "I have attended for both a problem with my shoulder and a knee injury. I saw different staff for each problem and they were very different in their approaches. The lady who saw me for my shoulder was very friendly and helpful, explaining what exercises and treatment I needed. The lady I saw for my knee injury was very abrupt, I had to ask for clarification of the exercises and she got very frustrated that I could not carry out some of the exercises she wanted me to do.

I am currently recovering from a broken foot and am told I will need physio once my cast comes off. I am now wary of returning to the same clinic."

6 When I did get to be seen, the doctor told me that I would start on some new medicines but I then had to wait for another appointment to see the specialist nurse to talk me through about the medicine. This also seemed to take quite a long time as
all the appointments were fully booked and this further delayed me starting my treatment which the specialist said I needed. I didn't quite understand why I had to sign forms for my doctor to decide if she would prescribe the medicine. If the specialist has recommended it surely my doctor should just prescribe it. Waiting in pharmacy took ages and I would have preferred to get the medicine from my local pharmacy.

7 Felt like I was not listened to, the first doctor was uncaring, dismissive and very brisk and did not want to talk to me about my other related problems as he did not have time. After another referral, I was seen by a doctor I felt was better.

8 Unable to block book appointments. Only able to make next appointment after each treatment resulting in 3 week waiting time for next appointment. Also you cannot book at the centre of attendance only through the telephone booking number,

9 have had four appointments over a year and each time have seen someone different and started all over again

10 I was enrolled in pilates classes which were good but only lasted a few weeks.

11 Usually takes a long time from consultation to action

12 MUSIC side was brilliant at time of treatment but process for referral was too long, still undergoing rheumatology but assessment for podiatry is too long and have only just had appointment but not until 15th November!

13 I did not really get any treatment - just a prescription to do some exercises and self-massage. I could have called after a month to make a follow on appointment if I wanted to and that was a good thing.

14 ended up with an infection

15 All my treatment including my operation was undertaken at a private clinic at the NHS expense.

16 MRI was handled very well. Follow up physiotherapy (land-based) was not nearly as helpful as the private hydrotherapy which I paid for myself at Prestwood Physiotherapy. Meanwhile I retired slightly early from my job (age 64) as I could not work on my feet all day any more. The hydrotherapy exercises worked wonders and I still do them at any pool regularly.

17 The physiotherapists varied drastically - from poor to very good.... Had the poor one initially when I most needed help.
Had to press very hard indeed for five year follow-up to 2007 hip replacement

attentive and caring

Not treated

They tried to make me do exercises to treat four collapsed discs and an arthritic hip.

the consultant was always very rushed & never had time to discuss my treatment or answer questions

Huge amounts of time and supposed investigations including 2 ultrasounds were wasted when a MRI scan ordered by the surgeon I eventually saw immediately revealed the problem. It took 6 months for them to actually X-ray the shoulder area and having seen there wasn’t a problem with the bones it should have confirmed there was a soft tissue problem and that a MRI scan was necessary

On my first visit I was given exercises for a pain in my lower back, doing the exercises did nothing for my back pain, and caused me some discomfort in my neck.

The advice in itself was great, but there was no aftercare, merely one appointment where advice was dispatched. What I needed was ongoing physio as I had pretty severe pgp from about 20 weeks to the end of my pregnancy.

After waiting for months for an appointment I saw a physiotherapist once. In that appointment, despite being in agonising pain and being barely able to walk, the treatment that was offered was a computer printout of exercises that I should complete at home. No follow up appointment was offered or has ever been made. I have been forced to pay for private physiotherapy treatment for the past 2 years, treatment that I feel I should have received from MUSIC.

still awaiting treatment

Treatment is ok but aftercare poor - very much left to get on with it without support other than making follow up appointments and then the waiting times kick in again

I did not receive any treatment or diagnostics. It would have saved time and money if my very experienced GP had been allowed to refer me to hospital.

It was absolutely useless

Very knowledgeable people and spent time explaining everything to me
Was treated well and some points the physiotherapist made were very helpful however it can be disheartening as a patient if high expectations are placed at the beginning of treatment but then you suddenly find yourself discharged because you’re not making progress quickly enough. Another session with the opportunity to ask further questions and being provided with an aftercare plan would have been helpful.

Passed onto Horton hospital for surgery. Not had treatment yet so I cannot comment.

Initial consult at Cressex was great, prompt and consultant helpful. Follow up physio at Marlow was disappointing. Second visit the nurse seemed rushed and wasn’t too helpful at suggesting what else I could do to help my condition.

I came for an acupuncture appointment on a day when I had hurt my back and was in bad pain. The physio was not able to help or offer any advice, or told to consult a GP. She more or less shrugged her shoulders as to say what you expect me to do. When I could not attend the rest of the acupuncture appointments there was no follow up. I consulted an orthopaedic surgeon privately about neck pain and a comment was made about 'chasing a diagnosis' which was unhelpful.

The physio I saw was very experienced and knowledgeable, and thanks to him my functional level has improved significantly.

Spent some time finding the correct person to give an accurate diagnosis but the ability for the physio to order MRI scans directly is very good and saves an enormous amount of time.
Number | Response
---|---
1 | "I am under the age of 16 so I did not have much of a say. I also felt uncomfortable with my physiotherapist and so would refrain from talking."
2 | Constantly told had so many people to deal. It was extremely difficult to get continuity of treatment. Often waiting over a month in between appointments. No wonder service is inadequate.
3 | My consultant always involves me in any decisions regarding my treatment. I have to say that the staff are very hard working and they need to have some recognition about all the work done in the clinic.
4 | My diagnosis and treatment were explained to me by the doctor and then I was able to answer more questions when I met with the specialist nurse who was very good in explaining about everything.
5 | "insufficient time allowed for treatment - each appointment only 15 mins Only allowed 3 sessions of physiotherapy. As each appointment was 3 weeks apart the treatment was not successful and in my opinion a waste of NHS resources both funding and time."
6 | Haven’t go that far year after a year
7 | was not given enough information
8 | Just given a list of exercises. I paid a Sports Remedial Massage practitioner who taught me the most useful, essential stretches and my very intelligent, enthusiastic private physiotherapist helped me to strengthen my knees and ankles and quads etc. although I had a medial meniscus out, a kneecap very out of line, severe arthritis in all compartments and tendinitis below the knee. I was taken off the knee replacement list as a result. I can walk medium distances and do my own water gym exercises with a waist float and ankle floats to enhance resistance. I have thickening
around the knee but no pain (I support the knee if I sleep on my side). I do not think I will need a knee replacement if I can keep going like this. I have been to a local pool hundreds of times now since retiring Nov 2012. Warm water helps.

9 My comments and observations were ignored
10 As above - no opportunity for discussion of options etc.
11 Not really.
12 I was given no option for additional physio, which us what I needed
13 GP involved me but MUSIC did not.
14 They wanted you to tell them what they had to do and I was the Patient!!
15 Careful described condition and ways to alleviate it
16 Only because I was not expecting to be discharged that session. An additional session would have been helpful.
17 There seems to be a reluctance to do any hands on treatment. I now have to pay for private treatment. If the problem is short term fixable one, the service probably is ok but for anything long term it does not help just keeps you revolving.
18 All treatments were discussed and tried out. Anything I didn't feel comfortable with was altered in order to make it more accessible for me.
Limited movement and sharp pains still continue to be a part of my everyday routine over a year later.

It greatly helped

No. I was told to try again in a year!!

Yes most of the time and up to a point. If any changes required regarding treatment my consultant always discusses any new treatment with me

Worked for a short time

Physio helped ease situation but ended up needing an operation,

As previously stated, the first lady who treated me was lovely but the second one was very rude and I did not feel that she was very respectful towards me.

It has taken a long time for the medicine to start to work and I still get flare ups of my arthritis so I am not sure if I will need to change this medicine. I do not feel as though I am seen enough and it is difficult to get an appointment at the hospital with the specialist. My GP does not seem very clued up about my condition or treatment and so I rely on the helpline if I am worried about anything.

Problem still ongoing but have finally been referred to orthopaedics. I feel there were unnecessary time wasting additional steps to get to this point. It has taken 2 years so far.
10 treatment did not work as there was too long between appointments and treatment times allowed too short

11 Different exercises each time, and told to stop the ones the last physio had told me to do as they were definitely the wrong ones and may be making the problem worse

12 No it hasn't worked

13 Hip injections did nothing for me.

14 Difficult to find suitable drugs to manage condition very time consuming

15 I did my exercises as prescribed. No difference. I am in as much discomfort as before. Did not return for further treatment as I did not get the impression that the physio could offer me any further help.

16 ended up having several operations to sort it out

17 It was much more of a struggle doing the stretches and exercises on land than doing them in water.

18 Cancelled appointments as staff not available

19 I am still suffering and relying on medication to be able to function reasonably normally particularly painkillers.

20 TWO HIP REPLACEMENTS LEFT ME WITH TENDELENBURG GAIT

21 Physiology had very little information about my condition

22 After being messed around for 2 years, I went to the Nuffield Oxford who operated as soon as possible. They were fantastic and put stoke Mandeville go shame! They also said they wished they has caught my problem a couple of years earlier because of the damage done in that time...

23 Again treatment varied according to the interest of the Physio...

24 I felt 8 was just a number

25 Still waiting

26 No, the "treatment" made things worse, caused me a serious increase in pain which necessitated my GP dishing out more and more pains killers. He was completely in the dark about the treatment I was receiving.
my operation was not a success and now the consultant wants to do another - he now says this is fairly common but he never mentioned this before the surgery!

I am now awaiting a surgical procedure which the surgeon has said is not a small operation

On my 2nd visit the physio manipulated my neck which has left in severe pain, a scan has since shown that I have degenerative disc disease.

It was ok in as much as I could try to replicate what was shown in my one appointment, but with continued pain for many further weeks, I needed ongoing sessions to ensure effective treatment

Still on going.

Don't know yet

I think my injury would have healed sooner had there been a proper aftercare plan. As things stand it is now 16 months since my first referral and my physio is on-going.

MUSIC might have some use for borderline situations, but when the only decision is whether the patient needs an arthroscopy or a knee replacement, I see no point in using this "service".

2 visits and no treatment whatsoever as they did not have a clue!!

It took time but worked eventually from self-help based on advice

Not had surgery yet.

Once surgery was performed (June 2013) the outcome was good. However, the initial problem occurred in August 2012 and I sought (private) physio assistance in Sept 2012 and, when that did not work, went to my GP in Oct of that year.

I had to go elsewhere i.e. a private physio and osteopath which I could not easily afford to do.

Treatment worked when sent to Palates course, this course should be longer.

Neither the Music service or SMH have been able to establish the problem
11. What were the best parts of your care?

Answer Options | Response Count
--- | ---
answered question | 49
skipped question | 34

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<tr>
<th>Number</th>
<th>Response</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Nursing staff friendly &amp; caring</td>
</tr>
<tr>
<td>2</td>
<td>Given regular exercises to do at home - more control over my situation</td>
</tr>
<tr>
<td>3</td>
<td>Interaction with professional staff</td>
</tr>
<tr>
<td>4</td>
<td>The receptionist's welcome and the one lady on the tele appointments line who was very helpful. Is one of the ladies not a total of one?</td>
</tr>
<tr>
<td>5</td>
<td>Physiotherapy at Cressex</td>
</tr>
<tr>
<td>6</td>
<td>Being involved in all aspects and being treated as an individual and also the specialist nurses are excellent and are always ready to discuss any problems. They work very hard in the clinic and this need to be recognised by the managers. Inspite of being short of staff they always try their best to accommodate and work above and beyond their call of duty.</td>
</tr>
<tr>
<td>7</td>
<td>Got the feeling my physio cared and knew exactly what was needed</td>
</tr>
<tr>
<td>8</td>
<td>My shoulder is now fully recovered and I know if the issue does recur, the exercises I was given will work to treat it.</td>
</tr>
<tr>
<td>9</td>
<td>Once I got to be seen at the hospital, the staff were very good and everyone was very caring. The specialist nurses have been very helpful when I have rung their helpline when I have been worried about my medicines and how I was feeling.</td>
</tr>
<tr>
<td>10</td>
<td>The support from the Specialist nurses Christine and Jackie at Stoke Mandeville. They are always available to answer questions and take care to ensure you have all the information you need and have an advice line if you need to contact them</td>
</tr>
<tr>
<td>11</td>
<td>MRI scan was good.</td>
</tr>
<tr>
<td>12</td>
<td>convenience of the location of the MUSIC</td>
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</tbody>
</table>
nice people, though two have left the service over the year as they too are dissatisfied with the system and both told me that was why they were leaving!

The Physiotherapist was very approachable & easy to talk to.

Sally Edmund's being a very caring rheumatologist

MUSIC treatment was great at the time but only 2 appointments before being signed off, feel it was too soon

Pain relieved

Being listened to

All the people were polite and the appointment process did work and I was seen promptly.

Once I was referred to the Saxon clinic everything was excellent.

Clean, spacious centre. Polite staff.

Everything was explained

Staff tried their best

The referral to the pain clinic

The diagnosis of what I was suffering from.

Privacy and confidentiality

The treatment / exercises from the last Physio I saw were very good and useful... Also her referrals to have my MRI scan and to a 'knee' consultant were prompt and efficient.

Consultant (Mr Graham) taking time to understand all my personal circumstances to determine care, not just clinical presentation.

The lady physiotherapist was very easy to talk to and she explained very clearly what the situation was and how we should work to help the problem.

A year later I did have an MRI scan

When I was referred to The Circle at Reading.
good apt booking system

After my 2nd visit being referred for a MRI Scan on my neck, then after my 3rd visit being referred for an X-ray on my lower back.

Speed with which I was arranged to see physio.

My GP agreed immediately to refer me to MUSIC immediately because of the severity of my pain.

Thoroughness of testing.

The one to one diagnosis and initial treatment. Attending more convenient locations to my home.

None received.

None

How well they explained everything and the time spent checking everything

Advice from the physio was very helpful.

Difficult to say as the process isn't even finished.

The High Wycombe diagnostic centre.

Dr Fletcher at Simpson Centre and the consultant I saw at Wycombe

The physics were pleasant and polite and were probably doing their best within the financial constraints of the service.

The advice given to me on exercises to do to relieve the pain.

The advice about how to exercise effectively to improve muscle fitness, despite the limitations of severe lung disease

Palates and staff
**12. If you could change anything about the referral and assessment process you experienced what would it be?**

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<tr>
<th>Answer Options</th>
<th>Response Count</th>
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<tr>
<td>skipped question</td>
<td>28</td>
</tr>
</tbody>
</table>

**Number | Response**
--- | ---
1 | More funding is needed. When you're in pain you need to be seen ASAP Not waiting months and months which in turn makes your condition worse and harder to treat. Which in turn could bring along another set of medical problems...

2 | "referral should be immediately after the injury (or as soon as the injury will allow) more detailed treatment and more done to ensure my injured area returned to normal."

3 | Shorten timescale

4 | Date given for start of physio at time of discharge from hospital

5 | Doctors should be more specific rather than asking physio to consider a specific treatment (MRI/X-ray) etc. It takes too long to get the first appointment.

6 | Nothing

7 | To expedite clinic time more staff are required to avoid the clinic running late all the time. They need more staff to help out with treatment for patients.

8 | Stop the music service

9 | Speed it up. It took a few weeks to hear from the appointment team and then the actual appointment was another week or so beyond that. When you are in pain, the waiting is very draining.

10 | Being able to see the specialist quickly without having to wait for several weeks. I was in a lot of pain and having to take time off work and it took f ages for my doctor to refer me to the hospital and then weeks for me to be seen and treatment started. This is not very satisfactory when you are struggling to get up every day and need to carry on working. I felt very low and it was almost a relief to get a diagnosis so I knew what to expect. There should be a way that I could have had some of the blood tests and x-rays done before I went for my first visit at the hospital so that the doctor
could look at these when I went for the appointment rather than waiting for the results. This would have made me feel as though something was being done before I got to the hospital appointment.

11 Appointments are continually being rescheduled months ahead. A telephone consultation has been offered, however how the doctor can see my joints over the phone.

12 Referral straight to the surgeon as I had requested.

13 Ability to make block appointments at start of referral

14 See the same person each time, who cared about the whole of you, not just the one thing you were originally referred for

15 Speed it up

16 Maybe referrals from Music should be made earlier. I am still doing exercises given to me 2 years ago but pain is much worse. I'm only just being referred to an orthopaedic surgeon now after 3 years of agony.

17 Time from referral to seeing some one

18 Referral time is much too long,

19 I would have liked the explanation of my condition was a bit clearer. I felt as though that I was being hurried

20 Quick appointment time required, without excessive delay

21 Would prefer treatment in Buckingham community hospital as traveling to Aylesbury is difficult when disabled and living around 20 miles away in a rural location

22 Allow GPs to refer directly and make appointments on the spot. They are surely more qualified than someone on the end of telephone to judge the need. Allow physio to make follow on appointments based on their professional judgement of the person's need.

23 I had to find out about MUSIC myself. The GP was useless as didn't seem to know what and how to arrange an appointment

24 Lack of understanding from Wexham park hospital about patients in South Bucks and the referral process

25 Having my condition diagnosed and treated correctly 15 years ago.

Aylesbury Vale Clinical Commissioning Group
Chiltern Clinical Commissioning Group
26 Loss of referral at GP practice while I was working was very inconvenient as my knee was giving way while I was carrying things. The most pain was after work and both my knees hurt at the top of the fibula for months. My private physiotherapist taught me a stretch which solved this - none of the NHS people seem to be MUSCLE people really. They handed out exercise lists.

27 More communication

28 If the person/people that see you would listen to the issues and location of the pain instead of treating something that is referred pain

29 STOKE MANDEVILLE AE NO FIT FOR PURPOSE

30 X-rays and more information need to be available to physio department

31 Just a little quicker between referral and assessment

32 Referral process was good but couldn't get a post op appt. soon enough.... Was told at clinic to start Physio straight away... had to wait ... fortunately I had some private apt ASAP through my personal injury insurance... thankfully.

33 I think it would be very useful to be able to book the next appointment at the centre if you want to do this rather than have to telephone the central booking service. Also it would be so useful if you could speak with your physiotherapist over the phone when issues/queries over treatment occur.

34 I would have chosen another provider

35 Triage patients face to face, find out exactly what is wrong with them, including x-ray and scans before commencing treatment.

36 more time spent with me

37 The ability of a GP to bypass this part of the service if as like mine he was sure it was a soft tissue problem

38 Scans and X-rays should be taken before treatment is initiated.

39 An option for proper physio care as opposed to being given just a taster session which was of limited use

40 Only that it be available nearer to home.

41 speed it up
Reduce the waiting time for initial referrals and improve arrangements for managing aftercare with timely follow ups. This must make the service more efficient and cost effective.

GP's should be allowed to refer directly to hospital consultants when all options have already been tried, over a number of years and surgery is the only solution.

That you had been seen by someone who knew what they were talking about and then sent to the Clinic

quicker referrals

Nothing - it was perfect as it was

They didn’t have notes so were unable to rectify an issue. If it was all done by the hospital this error would not have occurred, saving everyone time.

Don’t waste time on an intermediate step if you have to see another consultant and tell the story all over again etc.

If one has paid to have private physio and one has a professional letter stating that all avenues (listed) have been tried to no avail and that referral to a Consultant? Surgery is recommended, this should be taken into consideration by MUSIC. One should not have to start at the beginning and go through the whole process again. Although I provided this information to my GP and to the first NHS physio that I saw, MUSIC stated subsequently (on my complaint) that they had not received this.

Nothing

In my case, assessment process did not take into account previous history, or rather it appeared that way. The delays in seeing a surgeon were too long. I was trying to work while taking morphine. It seemed to me that I was being forced to undergo physiotherapy which I knew from previous episodes over a period of 30 years, was not going to work. I was in an inflexible 'system' which was centred on completing a process rather than listening to the patient or my GP. When I contacted my GP, I was told there was nothing that could be done.

Being able to return for additional treatment without starting again and being rationed.

Make this service more widely available to patients and reduce waiting times. I only got this service because I asked for it.
As my problem was 'nonstandard' diagnosis took much longer than I expected.

The Dr being able to book an appointment whilst I was sat with her, avoiding any referral problems.

### 13. If you could change anything about your treatment. i.e location, waiting time. What would it be?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Count</th>
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</thead>
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<tr>
<td>skipped question</td>
<td>28</td>
</tr>
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</table>

**Number | Response**
---|---
1 | Waiting times need to be addressed. More funding should ease this.
2 | more convenient hours - physio hours are often during the day, interrupting my studies and everyday life - later hours for more convenience
3 | Employ properly skilled physiotherapists who can give superb treatment rather than a half-hearted massage that doesn't do any good and not tell you after two treatments that it hasn't worked, leaving you pleading not to be discharged.
4 | Nothing
5 | The clinic is really a very busy place and this need to be taken into consideration as the staff are very hard working and need to be recognised for all the effort they put in. I'm sure additional help would be well appreciated. Dr Magliano is an excellent consultant as she is very caring and is totally committed to all her patients as are the specialist nurses. To avoid waiting time more staff are needed.
6 | An earlier x-ray might have save me and the NHS time and resulted in the operation being carried out earlier
7 | Time to get an appointment and also the attitude of the therapist.
8 | It is very difficult to get an appointment at the hospital. The doctor says they want to see you in 3 or 4 months but then you get given an appointment for 5 or 6 months. I had one phone consultation with my consultant but then she wanted to see me anyway so it would have been better just to have had an ordinary appointment! The other thing which I did not find at all convenient was having to go to the hospital to
have my blood tests when I first started on my new medicine. It was very costly and difficult to park at the hospital and it would have been much more convenient for me if I could have had them done at my surgery but I was not allowed to book in for these tests.

9 Waiting times have got worse over the years not better. Whenever I phone my GP with a problem with my joints or medication he tells me to phone Rheumatology. I only get 1 month supply of my medication at a time which means I often run out.

10 Waiting time, unnecessary appointments before final referral

11 Allow block booking of appointments at initial assessment. Allow the assessor/practitioner to make the follow up appointments at the initial assessment. It should not be difficult to allow assessor/practitioners access to the booking IT system.

12 waiting time

13 Waiting time

14 Waiting time

15 Location of MUSIC - no parking difficult to get to

16 See above

17 More treatment, appointments available locally in community hospital as I live in a rural location. Waiting time for referrals too long

18 Location, parking and waiting times were all great!

19 To have the same physio each time as having a new one takes time out of the appointment reading about the fracture and how to treat it.

20 Communication

21 Faster, earlier, treatment.

22 My NHSA appointment with the surgeon (separate form) took about 18 weeks waiting time. Making a phone call was very frustrating (14th in queue).

23 Location

24 More information about what is happening and when
25 Closer to home instead of traveling over 30 miles away
26 A more local hospital appointment would be more helpful.
27 THE NEED FOR CONTINUING CARE/PHYSIOTHERAPY/REHABILITATION IN OLDER GROUP SETTING NOT IN MULTIPURPOSE GYM
28 Improved waiting times and better access for clients especially those with chronic incurable conditions
29 Waiting times too long
30 Location - i.e. Buckingham was good.
31 Refused to attend Wycombe Hospital for physio and won battle to attend Buckingham Hospital - and it was a battle
32 The parking situation at the clinic in Aylesbury is very difficult. My husband attends the Thame Community Hospital for his physiotherapy services and I would definitely choose this location over the Aylesbury facility if it was available and I needed to access the service in the future. A much more pleasant experience with better waiting area and coffee machine etc.
33 "The location is awkward to get to if you don't drive, very ck Link Cal, reception staff patronising! Unfriendly place."
34 Waited weeks for treatment. One very rude receptionist who I complained about today! Carole was lovely though and so were the nurses and doctors.
35 Waiting time? See above!
36 Triage patients, find out exactly what is wrong with them before commencing treatment.
37 nothing
38 The waiting times were ridiculous and could be considerably reduced and the appointment service become more efficient by booking the next appointment when you were there for an appointment as at least then it could be checked that you were not on holiday etc.
39 A scan or X-ray before being given any sort of exercises. So from the start you know what you are dealing with.
40 A say in the treatment I can have, rather being told I can only have the one session. Surely, it should be based on the need of the patient, rather than basing it off the fact that it was pgp related to pregnancy (which seemed to have an automatic one appointment limit)

41 That the physiotherapist had provided much more appropriate treatment and follow up.

42 Again a nearer location.

43 Base in Wycombe

44 Improve the training of physiotherapists to ensure there are proper plans in place to manage aftercare.

45 Not applicable.

46 Going to the first Non Session and being told to make an appointment for 2 weeks’ time and then finding out that it was impossible for over a Month!!

47 quicker treatment, when you are in pain you don’t want to have to wait for months before treatment starts.

48 Nothing - it was perfect as it was

49 Treatment at Wycombe hospital rather than Cressex would have been ideal. It is far cheaper to get to and a less uncomfortable journey. Perhaps patients could choose where to have their treatment, or Wycombe Hospital in its central location could be used again.

50 Yes, not to be sent to see 3 consultants and referred to yet another hospital.

51 Calling the music main number results in a long wait and the call often gets diverted to another department.

52 The inflexible process.

53 All the negative points above.

54 Shorter waiting time. Everything else was ideal.

55 Reduced waiting times
14. ADDITIONAL INFORMATION: This section will help us to check that the service is accessible to everyone in our community, you do not have to

<table>
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<th>Answer Options</th>
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**Answered question 82**

**Skipped question 1**

15. Please tell us your gender:

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**Answered question 82**

**Skipped question 1**

16. Do you consider yourself to be disabled

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**Answered question 81**

**Skipped question 2**

17. Please tell us what your ethnic origin is:

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**Answered question 51**

**Skipped question 32**
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answered question 77

skipped question 6