

**‘Pain Management Services’**

**Report of Findings - Engagement**  
**October 2017**

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## 1. Purpose of the Report

The purpose of this report is to present the findings from the recent engagement activity for Pain Management services. This report describes the background to the engagement, the process followed to deliver the engagement and the findings.

The report also sets out the legal obligations for engagement and the principles by which the CCGs must follow as part of their organisational strategy.

## 2. Background

NHS Calderdale Clinical Commissioning Group (CCG) need to look at how local pain management services are currently provided, to make sure that they are in line with all the latest evidence and NHS guidance.

If current services don't change they will be unable to continue to provide the right care for people in the future. The CCGs believe any changes that can be made will benefit local people if commissioners' get them right.

Access to pain management services are through a visit to a patients GP practice in. The GP may then refer the patient to a number of services already in place. These services may include:

- Orthopaedic service for an injection or surgery
- Chronic pain service for injection therapy
- Chronic pain management programme

In order to identify patients views of services it is important to gather views on the services patients have used now, or may have used in the past. By gathering patients views the CCGs will be able to decide which services have the potential to be changed or improved. The CCGs will be working closely with GP Practices on any service proposals.

The engagement will ensure commissioners are able to understand what can be done to develop new approaches to pain management. We want to look at helping people to manage their own pain and keep people independent in the future.

## 3. Legislation

### Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

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

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

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

### **The Equality Act 2010**

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'equality of opportunity', and c) foster good relations. All public authorities have this duty so the partners will need to be assured that "due regard" has been paid.

### **The NHS Constitution**

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided
- In the decisions to be made affecting the operation of those services

## **4. Principles for Engagement**

NHS Calderdale CCG has a 'Patient and Public Engagement and Experience Strategy'. This strategy has been developed alongside key stakeholders. The strategy sets out an approach to engagement which describes what the public can expect from any engagement activity. The principles in the strategy state that the CCG will;

- Ensure that the CCG engage with public, patients and carers early enough throughout any process
- Be inclusive in all engagement activity and consider the needs of the local population

- Ensure engagement is based on the right information and good communication so people feel fully informed
- Ensure that the CCG are transparent in their dealings with the public and discuss things openly and honestly
- Provide a platform for people to influence thinking and challenge decisions
- Ensure any engagement activity is proportionate to the issue and that feedback is provided to those who have been involved in that activity

The strategy sets out what the public can reasonably expect the CCG to do as part of any engagement activity and the process required to preserve these principles to ensure public expectations are met.

## 5. Methodology

A letter (appendix 1) was sent with an accompanying survey (appendix 2) and equality monitoring form (appendix 3) to all patients who have accessed pain management services in hospital. The survey was developed in conjunction with Greater Huddersfield CCG and Kirklees Council Public Health Team support. The purpose of the survey was to ensure that the CCG could gather views from any patient who has used pain management services over the past two years.

The survey was separated into two sections. The first section asks patients to identify and rank pain management services, which includes self-management approaches used to manage pain. The aim of this section is to help the CCG identify how patients manage pain now and the mechanisms they find most useful. By ranking the answers the CCG can understand why patients ranked certain mechanisms above others and identify the services patients benefit from as well as those that require improvement; including any suggested improvements.

The second part of the survey is based on a public health segmentation tool. The Healthy Foundations Segmentation Tool will help the CCG identify any patterns in treatment preferences from specific cohorts of patients. The aim of this tool is to better understand local populations and in greater depth. This insight, will be invaluable not only to those health professionals designing new interventions, but also to commissioners who need to understand the services required to best meet the needs of their customers. The segmentation model consists of five core motivational segments; Healthy Conscious Realists (HCR), Balanced Compensators (BC), Live for Today's (LFT), Hedonistic Immortals (HI) and Unconfident Fatalist (UF).

Given that the Unconfident Fatalist segment is most likely to be 'at greatest risk' of multiple long term conditions, poor health behaviours, poor social networks, poor self-esteem and therefore make the biggest demands on the health and social care system it seems sensible to focus on this segment to prevent some of this demand.

Initially Greater Huddersfield CCG commenced this work in March 2017 through all current pain management service providers, Calderdale CCG followed the same approach using existing tools to all patients living in Calderdale. The data gathered from this process has been analysed and the findings set out below.

## 6. Findings from the engagement process

The engagement process took place in October 2017 and a letter and survey were sent to 500 patients. Participants were given three weeks to respond to the survey as each survey was posted to the home address. The CCG received 65 responses to the survey and the findings are set out below.

### 6.1 Section 1: Pain management services

#### We asked people if they could you tell us the first part of the postcode?

We received 65 responses to this question and the following postcodes were covered by the responses.

Code	HX1	HX2	HX3	HX4	HX5	HX6	HX7	HX15	OL14	HD2	HD3	HD6
Total	7	15	19	2	3	7	2	1	2	2	1	4

Q1a. When was the last time you used a pain management service?							Response Percent	Response Total
1	Under 1 month						18.97%	11
2	3 - 6 months						62.07%	36
3	6 - 12 months						18.97%	11
4	1 - 2 years						0.00%	0
<b>Analysis</b>	Mean:	2	Std. Deviation:	0.62	Satisfaction Rate:	33.33	answered	58
	Variance:	0.38	Std. Error:	0.08			skipped	8

The majority of those responding had used pain management services in the last 3-6 months, with all respondents stating they had used services in the past year.

#### Q1b. We also asked people to tell us which pain management service/s they used?

64 people responded to this question and they told us:

- Pain clinic at Calderdale Royal (31) with most respondents stating they had received injection therapy or attended the pain clinic.
- Other responses were given but no location was stated:
  - MSK service (1)
  - Injection therapy (17)
  - Pain Management (4)
  - Acupuncture (7)
  - Orthopaedic service (1)
  - Physio (1)
  - Ultra sound (1)

- Department of chronic pain (1)
- Spinal injury (1)
  
- Mill Hill (1)
- To see Dr Lesser (1)

From those responding it is useful to know that 48 people responding had received injection therapy to manage pain.

**Q2. We then asked people to tell us what the pain was that they currently manage? (I.e. back pain)**

61 people responded to this question – some including more than one condition. People told us the pain they were currently managing was:

- Back pain (40)
- Elbow and knee pain (14)
- Spine including arthritis and sciatica (8)
- Neck and shoulder (7)
- Joint pain (2)
- Other individual comments included osteoporosis, nerve problems, spondylitis, fibromyalgia, hip, side and stomach pain, arthritis in various joints.

**Q3. We asked people to tell us which of the following services they had used to manage their pain**

We received 63 responses to this question. The tables below are in order of the services most used by patients. These are in order as:

- GP practice (23)
- Injection therapy (23)
- Chronic pain service (19)
- Physiotherapy (NHS) (17)
- Exercise (17)
- Alternative therapy (16)
- Chemist (11)
- Orthopaedic surgical advice (10)
- Physiotherapy (private) (7)
- Family/friend (6)
- A&E (2)
- Expert Patient service (2)
- Internet and phone apps (1)
- Self-care hub (1)

However it is worth pointing out that more people rated the service than had used it, so some of the scores could be based on those who have not used the service but are aware of it.

The tables below set out each of the services used and how they were scored on a scale of 1-5 (1 meaning not helpful at all to 5 meaning very helpful).

GP practice					Response Percent	Response Total	
1	I have used this				32.9%	23	
2	1				4.3%	3	
3	2				10.0%	7	
4	3				14.3%	10	
5	4				18.6%	13	
6	5				20.0%	14	
<b>Analysis</b>	Mean:	3.41	Std. Deviation:	1.97	Satisfaction Rate:	48.29	
	Variance:	3.87	Std. Error:	0.24			
						answered	70

From those respondents using the service the GP practice was identified by most as a helpful service in the support of pain management.

Injection therapy					Response Percent	Response Total	
1	I have use this				39.0%	23	
2	1				5.1%	3	
3	2				3.4%	2	
4	3				3.4%	2	
5	4				6.8%	4	
6	5				42.4%	25	
<b>Analysis</b>	Mean:	3.61	Std. Deviation:	2.31	Satisfaction Rate:	52.2	
	Variance:	5.36	Std. Error:	0.3			
						answered	59

For those using injection therapy the scores were also high for the majority of patients. However in the narrative related to the scoring people told us the relief from pain was good but temporary.

Chronic pain service					Response Percent	Response Total	
1	I have use this				32.8%	19	
2	1				5.2%	3	
3	2				6.9%	4	
4	3				1.7%	1	
5	4				13.8%	8	
6	5				39.7%	23	
<b>Analysis</b>	Mean:	3.78	Std. Deviation:	2.21	Satisfaction Rate:	55.52	
	Variance:	4.9	Std. Error:	0.29			
						answered	58



For using the chronic pain services, again the scores were good.

Physiotherapy - NHS						Response Percent	Response Total	
1	I have use this					34.0%	17	
2	1					20.0%	10	
3	2					26.0%	13	
4	3					4.0%	2	
5	4					6.0%	3	
6	5					10.0%	5	
<b>Analysis</b>	Mean:	2.58	Std. Deviation:	1.6	Satisfaction Rate:	31.6	answered	50
	Variance:	2.56	Std. Error:	0.23				

Physiotherapy was not rated highly by those who used the service with many respondents in the narrative stating that the treatment was not focussed enough or long enough to be effective.

Exercise						Response Percent	Response Total	
1	I have use this					39.5%	17	
2	1					7.0%	3	
3	2					25.6%	11	
4	3					9.3%	4	
5	4					11.6%	5	
6	5					7.0%	3	
<b>Analysis</b>	Mean:	2.67	Std. Deviation:	1.65	Satisfaction Rate:	33.49	answered	43
	Variance:	2.73	Std. Error:	0.25				

Exercise received mixed reviews. On reading the respondents reasons for the scoring it appears that some people were using exercise at the time of pain rather than as a tool to prevent pain. There seemed to be some confusion about how exercise could support people and what exercise to do when in pain; with some reporting it was too painful to exercise.

Alternative therapies i.e. acupuncture						Response Percent	Response Total	
1	I have use this					33.3%	16	
2	1					25.0%	12	
3	2					18.8%	9	
4	3					10.4%	5	
5	4					4.2%	2	
6	5					8.3%	4	
<b>Analysis</b>	Mean:	2.52	Std. Deviation:	1.54	Satisfaction Rate:	30.42	answered	48
	Variance:							

Acupuncture was not rated as a high by most respondents. Those who liked it reported taking it up privately with some stating it made little difference or the pain relief was temporary.

Chemist						Response Percent	Response Total	
1	I have used this					34.4%	11	
2	1					12.5%	4	
3	2					6.3%	2	
4	3					21.9%	7	
5	4					9.4%	3	
6	5					15.6%	5	
<b>Analysis</b>	Mean:	3.06	Std. Deviation:	1.87	Satisfaction Rate:	41.25	answered	32
	Variance:	3.5	Std. Error:	0.33				

Chemists were seen as a good source of support for pain relief and medication reviews but not a support for providing advice on how to manage pain.

Orthopaedic surgical advice						Response Percent	Response Total	
1	I have used this					34.5%	10	
2	1					17.2%	5	
3	2					13.8%	4	
4	3					0.0%	0	
5	4					13.8%	4	
6	5					20.7%	6	
<b>Analysis</b>	Mean:	3.03	Std. Deviation:	1.99	Satisfaction Rate:	40.69	answered	29
	Variance:	3.96	Std. Error:	0.37				

Again orthopaedic surgical advice worked for some people and not others. This depended on the condition the person had.

Physiotherapy - Private						Response Percent	Response Total	
1	I have use this					38.9%	7	
2	1					5.6%	1	
3	2					22.2%	4	
4	3					5.6%	1	
5	4					16.7%	3	
6	5					11.1%	2	
<b>Analysis</b>	Mean:	2.89	Std. Deviation:	1.82	Satisfaction Rate:	37.78	answered	18
	Variance:	3.32	Std. Error:	0.43				

Respondents marginally rated private physiotherapy higher than NHS physiotherapy but again the usefulness of managing pain through physiotherapy was mixed.

Family / friend					Response Percent	Response Total	
1	I have use this				25.0%	6	
2	1				0.0%	0	
3	2				12.5%	3	
4	3				4.2%	1	
5	4				20.8%	5	
6	5				37.5%	9	
<b>Analysis</b>	Mean:	4.08	Std. Deviation:	2.02	Satisfaction Rate:	61.67	
	Variance:	4.08	Std. Error:	0.41			
						answered	24





Friends and family were seen as a useful source of support to those managing pain. However family and friends could only provide limited support which was more about care and motivation rather than practical advice.




A&E					Response Percent	Response Total	
1	I have use this				33.3%	2	
2	1				0.0%	0	
3	2				16.7%	1	
4	3				16.7%	1	
5	4				33.3%	2	
6	5				0.0%	0	
<b>Analysis</b>	Mean:	3.17	Std. Deviation:	1.67	Satisfaction Rate:	43.33	
	Variance:	2.81	Std. Error:	0.68			
						answered	6







Those respondents who used A&E did so to manage episodes of pain that were unmanageable. Those who used the service found it useful for this purpose but complained that waiting times were too long.

The additional service areas reported below were used and rated by only one or two people who had used the service. It appears that few respondents have heard of or even used these services, in comments some respondents stated they did not know what these services were, or how they could use them.

The services included in the following tables may benefit from further publicity to raise awareness of the facilities available:

5.9. Expert patient service					Response Percent	Response Total
1	I have use this				40.0%	2
2	1				20.0%	1
3	2				20.0%	1
4	3				0.0%	0
5	4				20.0%	1
6	5				0.0%	0
<b>Analysis</b>	Mean:	2.4	Std. Deviation:	1.5	Satisfaction Rate:	28
	Variance:	2.24	Std. Error:	0.67		
					answered	5

5.3. Self-care hub					Response Percent	Response Total
1	I have used this				14.3%	1
2	1				0.0%	0
3	2				42.9%	3
4	3				0.0%	0
5	4				0.0%	0
6	5				42.9%	3
<b>Analysis</b>	Mean:	4	Std. Deviation:	1.85	Satisfaction Rate:	60
	Variance:	3.43	Std. Error:	0.7		
					answered	7

5.5. Internet / phone app					Response Percent	Response Total
1	I have used this				16.7%	1
2	1				16.7%	1
3	2				16.7%	1
4	3				16.7%	1
5	4				16.7%	1
6	5				16.7%	1
<b>Analysis</b>	Mean:	3.5	Std. Deviation:	1.71	Satisfaction Rate:	50
	Variance:	2.92	Std. Error:	0.7		
					answered	6

There were only 2 responses to other services that were used to manage pain, these were:

- Mr Flood sent me in 1993
- Alternative therapies - this was many years ago. All services ticked were very helpful BUT remedies do not help

**Q3a. Please tell us more about those ranked 1-3 (if any). As narrated above under each table people told us:**

- Physiotherapy services were mentioned a number of times with respondents providing mixed reviews on the helpfulness of physio
- People told us they could or do not exercise because they are in pain, or exercise caused more pain
- Family can be too busy to help/support a person
- GPs and Chemist offer little or no help other than giving prescriptions, patches or cream
- Acupuncture can help for a short time and for some it was not effective
- Injection therapy can be helpful as long as this is a regular occurrence, it was reported as a short term fix
- Some people stated they had tried everything but the pain would not go away
- A surgical procedure was reported as not always the solution
- Some people had not had good results with self-care

*'Physio for my issues don't work, especially when in 2 occasions they claimed it was all in my head'.*

*'So don't rate this physio services making out we are lying about pain'*

*'physio was ridiculous just told to go home and do exercise that I could not do.'*

*'physio didn't help at all'*

*'Physiotherapy both private and NHS gave very little relief'*

*'exercise made the pain worse'*

*'the exercise did not help as the pain in neck grew worse'*

*'Attended a healthy options programme for exercise unable to carry most of the programme'*

*'My GP practice just prescribes pain killers rather than worrying about the root cause'.*

*'No other help with pain relief from the pharmacy'*

*'In touch with doctor for pain relief medication'*

*'Physiotherapy was of little help apart from exercise plans. Acupuncture was mostly reflective or short lasting relief'*

*'injection x2 worked for 2 weeks'*

*'Whatever I try it does not take pain away'*

*'They don't help with the pain , pain killers and physio make no difference , pain clinic just dint seem to care'*

*'A surgical procedure was done without my consent which cause me more pain than I had in the first place and resulted in severe pain , anxiety , phobia , PTSD depression'*

*'I tried over the counter pain killers (paracetamol) which helped, prescription pain killer worked better. Orthopaedic surgeon not very helpful after diagnosis. Physio offered me exercise + acupuncture which helped a little. The most helpful was from the pain clinic which I would not be able to function today with the function I received'*

*'not sufficient enough pain relief given in medication form'*

**Q3b. Please tell us about those you have ranked 4 - 5 (if any), again as narrated above under each table, people told us:**

- GP services are valued by patients
- Chronic pain services were also reported as being helpful or excellent
- Injections were seen as temporarily helpful or for some the only relief
- For some surgery was reported as curing the problem
- Chronic pain course was reported as helpful for those who attended
- Some people found the acupuncture and physiotherapy so helpful they now pay privately to keep it going
- Pharmacists were useful to explain medication
- Support groups can be helpful
- Some patient used A&E for pain when it is a bad episode, but reported long waits

*'GP are brilliant'*

*'GPs have been very protective with referrals, On-going shared care with medicines management'*

*'chronic pain are brilliant and try their best to help me'*

*'chronic pain service and injection therapy - accessed at Calderdale royal every 3 - 4 months – excellent'*

*'The pain clinic have been incredibly been supportive , understanding with injection , medical therapy. There is more innovative practice there too. A+E has been useful for flares up'*

*'injections help for a few moments usually'*

*'I had one procedure with orthopaedic surgery in April of this year which did cure carpal tunnel in my wrist'*

*'been having caudal injections for several years and is the only way to get relief'*

*'Also completed a course on Living with Chronic pain which helped'*

*'Acupuncture was started under the pain service with a positive effect as it was rather shorter in duration and two sessions were deferred results did not last so I am now paying for it permanently'*

*'Chemist helpful cause they explained what medication does'*

*'in my case, having a support group is essential. Having to deal with cancer and a failing spine is at times difficult, I have to stay positive, but the wait for my next spinal injections is far too long. Being on morphine is destroying my life and the sooner I get those injections I can start a programme to get off this horrible ??? drug. I cannot sleep properly, it effects most of my digestive system etc. I want to be off this dug asap'*

*'A& E do well, but waiting time to be seen is bad, especially if you are in pain, you wait at least 4 hours'*

#### **Q4. Finally we asked people to tell us 'What would help you to manage you pain better?' people told us:**

- Medication, cream and patches
- A number of people stated they did not know, or nothing more could help
- Regular injections were cited a number of times
- Others stated they needed more help than the NHS could offer
- An operation or surgery to attempt to cure the problem
- Access to advice when there is a flare up
- Exercise such as pilates
- The use of technology to pin point pain and diagnose
- More ongoing support on pain management

*'Not really sure as I use anti-inflammatory tablets as and when I need them, I try do much exercise I can along with walking and pain injections every 4 to 6 months'*

*'Other than blocking the nerve that causes most of my problems, I do not know'*

*'More regular facet joint injections (at moment waiting well over 12 months for treatment)'*

*'At the moment I have an injection from the pain clinic every 4 or 5 months which gives me a lot of pain and helps me to manage my life.'*

*'Don't think I could be much better with anything'*

*'Don't think there is much more than can be done other than an operation which I was advised against , therefore the treatment I am receiving keeps me going although there is a lot I can not do'*

*'Immediate access to advice for a flare up, and to be seen more frequently. Waited over 6 months for follow up appointment.'*

*'Exercise - to strengthen core muscles i.e. pilates'*

*'as described at 3b i.e. the use of x rays to ensure precise location of sacroiliac joints ensuring the needle deposits the steroid deep into the joints. this procedure was used when I first started the treatment some years ago at Huddersfield royal infirmary and proved to be most effective'*

*'I would prefer to have regular pain management, it appears that I have been offered help with pain relief injection (once) but then no follow up or routine appointment to access the outcome and advice on follow up treatments'*

*'I have no ideas left - was hoping pain clinic could help - I was told dint need to see me again , I left there upset and in tears , they had no answers to give me dint seem to care at all! , it was traumatic experience for me.'*




*'some more spinal injections and I can then get off this horrible morphine and find another way to deal with the pain in my upper back. It is effecting all aspects of my life.'*

*'I manage my pain by lying down, until the pain subsides and taking pain killers'*

*'A "magic" bed and pillow - I keep trying new ones but nothing helps'*

*'distalgesics were the best tablets - but no longer prescribed. Cannot take opioids because of side effects so managing with voltoral cream, injections and exercises given to me by physio'*








**Q5. If you need support to manage your pain how will you travel and how far would you be prepared to go?**

5a. How far would you be prepared to travel?							Response Percent	Response Total
1	Under 15 minutes						15.79%	9
2	15 - 30 minutes						56.14%	32
3	30 - 60 minutes						31.58%	18
<b>Analysis</b>	Mean:	2.23	Std. Deviation:	0.67	Satisfaction Rate:	59.65	answered	57
	Variance:	0.46	Std. Error:	0.09			skipped	9

For the good majority of those responding 56% would be prepared to travel for up to 30 minutes to receive the service they need. In fact 31.5% would travel up to 60 minutes if they could receive support to manage their pain.

As the majority of the respondents in question 5b (table below) stated they travel by car 73.4% this could account for these responses.



5b. How do you usually travel?					Response Percent	Response Total		
1	Public transport				20.31%	13		
2	Car				73.44%	47		
3	Hospital shuttle bus				4.69%	3		
4	Volunteer transport				3.13%	2		
5	Access bus				0.00%	0		
6	Patient transport				3.13%	2		
7	Taxi				20.31%	13		
8	Other (please specify):				4.69%	3		
<b>Analysis</b>	Mean:	3.92	Std. Deviation:	2.71	Satisfaction Rate:	37.5	answered	64
	Variance:	7.33	Std. Error:	0.34			skipped	2

## 6.2 How you feel about your health and life

In order to understand further patients experience of services, we asked a few more questions about each patient in section 2 of the survey. The questions allowed us to identify groups of people who can be segmented using a public health tool.

The questions asked relate to how patients feel about their health and life overall. By asking these questions it has given us an overview of how people are feeling right now and their attitudes towards maintaining a healthy lifestyle. The survey revealed that we received a range of responses from each of the categories.








category	Pain survey 2017	From CLiK population Survey 2012
Balanced Compensator	4% (3)	15%
Health Conscious Realist	26% (20)	26%
Hedonistic Immortal	9% (7)	11%
Live for today	12% (9)	20%
Unconfident fatalist	49% (38)	27%






The segmentation model consists of five core motivational segments; Healthy Conscious Realists (HCR), Balanced Compensators (BC), Live for Today's (LFT), Hedonistic Immortals (HI) and Unconfident Fatalist (UF).








Given that the Unconfident Fatalist segment is most likely to be 'at greatest risk' of multiple long term conditions, poor health behaviours, poor social networks, poor self-esteem and therefore make the biggest demands on the health and social care system it seems sensible to focus on this segment to prevent some of this demand. A the response from unconfident








fatalists represents 27% of the views collated the CCG can consider all personality types when planning for future services.

The questions we asked, and the responses provided are set out below:

I feel good about myself					Response Percent	Response Total	
1	Disagree strongly				12.3%	7	
2	Disagree				8.8%	5	
3	Disagree slightly				10.5%	6	
4	Neither agree nor disagree				24.6%	14	
5	Agree slightly				10.5%	6	
6	Agree				22.8%	13	
7	Agree strongly				10.5%	6	
<b>Analysis</b>	Mean:	4.23	Std. Deviation:	1.86	Satisfaction Rate:	53.8	
	Variance:	3.47	Std. Error:	0.25			
						answered	57

I get a lot of pleasure from taking risks					Response Percent	Response Total	
1	Disagree strongly				43.9%	25	
2	Disagree				35.1%	20	
3	Disagree slightly				10.5%	6	
4	Neither agree nor disagree				7.0%	4	
5	Agree slightly				0.0%	0	
6	Agree				3.5%	2	
7	Agree strongly				0.0%	0	
<b>Analysis</b>	Mean:	1.95	Std. Deviation:	1.18	Satisfaction Rate:	15.79	
	Variance:	1.38	Std. Error:	0.16			
						answered	57

I generally focus on the here and now rather than worry about the future					Response Percent	Response Total	
1	Disagree strongly				6.3%	4	
2	Disagree				9.5%	6	
3	Disagree slightly				9.5%	6	
4	Neither agree nor disagree				17.5%	11	
5	Agree slightly				14.3%	9	
6	Agree				33.3%	21	
7	Agree strongly				9.5%	6	
<b>Analysis</b>	Mean:	4.62	Std. Deviation:	1.73	Satisfaction Rate:	60.32	
	Variance:	3	Std. Error:	0.22			
						answered	63

I learn from my mistakes					Response Percent	Response Total		
1	Disagree strongly				1.7%	1		
2	Disagree				5.2%	3		
3	Disagree slightly				1.7%	1		
4	Neither agree nor disagree				10.3%	6		
5	Agree slightly				15.5%	9		
6	Agree				46.6%	27		
7	Agree strongly				19.0%	11		
<b>Analysis</b>	Mean:	5.48	Std. Deviation:	1.38	Satisfaction Rate:	74.71	answered	58
	Variance:	1.9	Std. Error:	0.18				

Here are some things that other people have said they would like to have over the course of their lives. How important, or not, is each one to you personally? Please tick one box on the scale from 1-7 where 1 is not at all important and 7 is very important. Please tick one box only for each row

	1	2	3	4	5	6	7	Response Total
To have money, wealth and possessions	27.9% (17)	18.0% (11)	27.9% (17)	13.1% (8)	6.6% (4)	4.9% (3)	1.6% (1)	61
To have an image that others find appealing	32.8% (20)	16.4% (10)	9.8% (6)	16.4% (10)	11.5% (7)	9.8% (6)	3.3% (2)	61
							answered	62
							skipped	4








Here are some more statements that we would like you to look at. How much do you agree or disagree with each of them? Please tick one box only for each row

	Disagree strongly	Disagree	Disagree slightly	Neither agree nor disagree	Agree slightly	Agree	Agree strongly	Response Total
Following a healthy lifestyle is an effective way to reduce my chances of becoming ill	0.0% (0)	0.0% (0)	3.3% (2)	11.7% (7)	13.3% (8)	46.7% (28)	25.0% (15)	60
If you don't have your health, you don't have anything	1.7% (1)	3.4% (2)	6.8% (4)	3.4% (2)	11.9% (7)	32.2% (19)	40.7% (24)	59
There is nothing more important than good health	3.2% (2)	3.2% (2)	3.2% (2)	1.6% (1)	6.5% (4)	37.1% (23)	45.2% (28)	62
I am very involved in my health	0.0% (0)	1.7% (1)	1.7% (1)	8.6% (5)	27.6% (16)	43.1% (25)	17.2% (10)	58
I am in control of my own health	8.8% (5)	7.0% (4)	5.3% (3)	19.3% (11)	15.8% (9)	31.6% (18)	12.3% (7)	57
The main thing which affects my health is what I personally do	10.3% (6)	19.0% (11)	6.9% (4)	13.8% (8)	10.3% (6)	29.3% (17)	10.3% (6)	58
If a person is meant to get ill, it doesn't matter what a doctor tells them to do, they will get ill anyway	23.0% (14)	31.1% (19)	4.9% (3)	21.3% (13)	3.3% (2)	14.8% (9)	1.6% (1)	61








Here are some more statements that we would like you to look at. How much do you agree or disagree with each of them? Please tick one box only for each row

	Disagree strongly	Disagree	Disagree slightly	Neither agree nor disagree	Agree slightly	Agree	Agree strongly	Response Total	
I intend to lead a healthy lifestyle over the next 12 months	0.0% (0)	0.0% (0)	0.0% (0)	12.1% (7)	15.5% (9)	56.9% (33)	15.5% (9)	58	
								answered	63
								skipped	3

For you, would leading a healthy lifestyle be...? Please tick one box only 1 being extremely difficult to 7 being extremely easy

						Response Percent	Response Total	
1	1					12.90%	8	
2	2					9.68%	6	
3	3					11.29%	7	
4	4					24.19%	15	
5	5					17.74%	11	
6	6					16.13%	10	
7	7					8.06%	5	
<b>Analysis</b>	Mean:	4.05	Std. Deviation:	1.79	Satisfaction Rate:	50.81	answered	62
	Variance:	3.21	Std. Error:	0.23			skipped	4

How much control do you believe you have over whether or not you lead a healthy lifestyle over the coming year? Please tick one box only 1 being no control to 7 being complete control

						Response Percent	Response Total	
1	1					4.84%	3	
2	2					4.84%	3	
3	3					12.90%	8	
4	4					17.74%	11	
5	5					32.26%	20	
6	6					19.35%	12	
7	7					8.06%	5	
<b>Analysis</b>	Mean:	4.58	Std. Deviation:	1.5	Satisfaction Rate:	59.68	answered	62
	Variance:	2.24	Std. Error:	0.19			skipped	4

**For you, would leading a healthy lifestyle be...? Please tick one box only 1 being not enjoyable to 7 being enjoyable**

					Response Percent	Response Total	
1	1				3.23%	2	
2	2				1.61%	1	
3	3				4.84%	3	
4	4				19.35%	12	
5	5				24.19%	15	
6	6				35.48%	22	
7	7				11.29%	7	
<b>Analysis</b>	Mean:	5.11	Std. Deviation:	1.36	Satisfaction Rate:	68.55	
	Variance:	1.84	Std. Error:	0.17			
						answered	62
						skipped	4

**Which of these best describes your view; please only tick one box**

**If I don't lead a healthy lifestyle, my health could be at risk**

					Response Percent	Response Total	
1	In the next 12 months				28.30%	15	
2	In the next few years				47.17%	25	
3	In the next 10 - 20 years				18.87%	10	
4	Much later in life				1.89%	1	
5	Not at all				3.77%	2	
<b>Analysis</b>	Mean:	2.06	Std. Deviation:	0.94	Satisfaction Rate:	26.42	
	Variance:	0.88	Std. Error:	0.13			
						answered	53
						skipped	13

**Compared with other people of your age, how likely do you think it is that you will get seriously ill at some point over the next few years? Please tick one box only**

					Response Percent	Response Total	
1	I am much more likely to get seriously ill than other people of my age				13.33%	8	
2	I am a little more likely				16.67%	10	
3	No more or less likely				51.67%	31	
4	I am a little less likely				1.67%	1	
5	I am much less likely to get seriously ill than other people of my age				3.33%	2	
6	I already have a serious illness				13.33%	8	
<b>Analysis</b>	Mean:	3.05	Std. Deviation:	1.43	Satisfaction Rate:	41	
	Variance:	2.05	Std. Error:	0.18			
						answered	60
						skipped	6

## 7. Equality and Diversity

The respondents to the survey have been compared to the local population data, sourced from the 2011 Census where possible. The sample is very small which makes it difficult to identify underrepresentation or trends in data. Areas of underrepresentation or overrepresentation where possible are highlighted.

### Sex

Women are often more likely to participate in engagement or consultative exercises so whilst numbers of males are lower this may not be significant in relation to whether it is a representative sample or not.

Sex	Population %	Response Percent	Response Total
Female	48.9	65.0%	39
Male	51.1	31.7%	19
Prefer not to say		3.3%	2

### Age

Proper analysis of age to ascertain representation was not made due to issues with the data collection process. The paper survey collected age bands which could not be compared with census data and the electronic survey collected individual age. There were also a significant number (31%) who provided no information on age.

Of those that could be compared there were no children or young people with only one respondent under the age of 40 with the majority aged over 46.

Age	Percentage	Response Total
20 -24	1.4%	1
40 -44	1.4%	1
46-55	17.9%	12
Over 55	5.9%	4
60-64	4.4%	3
65-69	11.9%	8
70-74	4.4%	4
70 plus	2.9%	2
75-79	2.9%	2
80-84	2.9%	2
85-90	1.4%	1
Blank	31.3%	21

### Religion

Christianity was over represented and all other religions or people with no religion were underrepresented/

Religion	Population %	Response Percent	Response Total
Christianity	56.3	71.7%	43

Hinduism	0.3	0.0%	0
Islam	7.3	3.3%	2
Judaism	0.1	0.0%	0
Sikhism	0.2	0.0%	0
No religion	28.1	16.7%	10
Prefer not to say		3.3%	2
Other		5.0%	3

### Country of birth

Only ten people answered this question. All who answered had been born in the UK apart from one who was born in Pakistan.

### Ethnicity

The sample was not representative of the population but maybe representative of the patients using the service.

Ethnic group/background	Population %	Response Percent	Response Total
<b>Asian or Asian British</b>			
Pakistani	6.8	1.5%	1
Bangladeshi	0.3	0	0
Chinese	0.2	0	0
Indian	0.6	0	0
Any other Asian background	0.4	0	0
<b>Black or Black British</b>			
African	0.2	0	0
Caribbean	0.2	0	0
Any other Black/African/Caribbean background	0.0	0	0
<b>Mixed or multiple ethnic groups</b>			
White and Asian	0.4	0	0
White and Black African	0.1	0	0
White and Black Caribbean	0.5	1.5%	1
Any other Mixed/Multiple ethnic background	0.3	0	0
<b>White</b>			
English, Welsh, Scottish, Northern Irish, British	86.7	82.1 %	55
Irish	0.9	0	0
Any other White background	2.1	2.9%	2
<b>Other ethnic group</b>			
Arab	0.1	0	0
Other ethnic	0.2	0	0

background, please describe			
Prefer not to say		4.5%	3
Blank		7.5%	5

### Disability

The number of respondents identifying as disabled is reflective of the demographics of patients who would be using a pain management service but over representative for the general population.

Disabled*	Population %	Survey	
		%	Response total
Yes			
Limited a lot	8.2	67.7%	42
Limited a little	9.7		

\*from 2011 Census –‘Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?’ (Limited a lot and limited a little).

Impairment type	Response Percent	Response Total
Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using their arms)	78.3%	36
Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)	10.9%	5
Mental health condition (such as depression or schizophrenia)	13.0%	6
Learning Disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)	2.2%	1
Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	41.3%	19

### Carers

Carers are over represented in this engagement.

Carers	Population %	Survey	
		No	%
Yes	10.5	10	15.4%

### Pregnancy and Maternity

There were no respondents who were pregnant or had given birth in the last 6 months

### Lesbian, Gay, Bisexual and Transgender

It should be noted that accurate demographic data is not available for these groups as it is not part of the census collection. The Office of National Statistics (ONS), estimated that approximately 1.5% of the UK population are Gay/Lesbian or Bisexual, in 2011-12.



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

There were no respondents who identified as Gay or Lesbian and only one who identified as Bisexual.

Sexual orientation	Response Percent	Response Total
Bisexual (both sexes)	1.9%	1
Gay (same sex)	0.0%	0
Heterosexual/straight (opposite sex)	92.6%	50
Lesbian (same sex)	0.0%	0
Other	0.0%	0
Prefer not to say	5.6%	3

Is your gender identity the same as the sex you were assigned at birth?		Response Percent	Response Total
1	Yes	2.4%	1
2	No	92.9%	39
3	Prefer not to say	4.8%	2

### Equality Themes

Because the sample is very small there it there would be limited value in trying to draw major themes from the data however some analysis was undertaken on protected characteristics where there were some clear differences in experience or preference.

### Disability and impairment

When looking at data from those identifying as disabled with mobility impairments or long term conditions there were some clear differences in experience in relation to other respondents.

- Chemists were viewed as useful for advice, explaining the use of medications, side effects and effectiveness. However there was concern that they often did not take into account someone's ability to use the medication or cream because of their disability.
- GPs were viewed as useful and a good source of care and advice however this did vary dependent on the skills and knowledge of their GP. Some patients felt that their GP was less skilled in managing pain or understanding their condition and tended to refer rather than look at different options for pain management.
- Orthopaedic Surgical Advice was viewed as being very helpful although for some people there was no surgical option or solution.
- Physiotherapy was considered useful but for many of these respondents it had not improved their pain or ability to move and often increased the pain

- The Chronic Pain Service was valued highly by respondents but there were some concerns expressed about the time it took to get referred to it and for a few feelings of desperation because they were told there was nothing the service could do to help.
- Respondents feedback a mixed experience of acupuncture with it working for some and not for others.
- Exercise was not viewed very positively by these respondents many of whom felt it made their pain worse or it was physically impossible to do.
- People who were disabled were more likely to seek help from family and friends than other equality groups and were less likely to go to A and E
- Injection therapy was valued highly although for some it had a shorter time of effectiveness.
- Lack of communication between services was mentioned several times within this group of respondents which led to a poorer patient experience.
- The emotional impact of long term pain was evident from this particular group of respondents and there was no mention of any support provision for this.

### **Travel:**

Respondents had clear preference for using cars to travel appointments although a smaller number would use taxis or public transport. Preferred travelling time was 15-30 minutes.

### **Carers**

When looking at data from those identifying as a carer there were some clear differences in experience in relation to other respondents

- Carers were less likely to go chemist as they felt that they could only provide advice which they could get from a GP as well and get the prescription.
- Carers were more positive about their care from GPs in relation to pain management than other groups.
- No carers had used Orthopaedic surgical advice. People with caring responsibilities are known to prioritise the person they care and their needs - rather their own health. It may useful to look at whether carers are avoiding surgical intervention or whether it was just not applicable for these individuals.
- Physiotherapy was rated as not being very effective, time consuming and often increasing pain
- The Chronic Pain service was valued highly by carers in enabling them to manage their conditions.
- Acupuncture and exercise was not seen as effective for managing or reducing pain, and in fact exercise increased pain.
- Carers were less likely to use A &E to manage pain and none would seek support from family and friends.
- Injection therapy was regarded as very effective.

### **Travel:**

Respondents had a clear preference for using a car or public transport to travel to appointments. Preferred travelling time was 15-30 minutes.

## 8. Overall findings and common themes

The overall findings and common themes from the engagement are set out below:

We asked people to tell us the services people used to manage pain. People told us the top six services used in order were:

- GP practice (23)
- Injection therapy (23)
- Chronic pain service (19)
- Physiotherapy (NHS) (17)
- Exercise (17)
- Alternative therapy (16)

The following services would benefit from publicity to raise awareness of the facilities available so that people can identify the tools available to self-manage pain, the services were:

- Expert patient programme
- Self-care hub
- Internet or phone APPs

People also told us that some services or interventions were ranked as not being helpful in the management of pain for the following reasons:

- Physiotherapy services were seen as not helpful because the programme were not effective or the treatment took too long or did not work.
- Exercise caused more pain or people found it difficult to exercise. The message to patients appeared to focus on exercise when in pain rather than n to prevent pain.
- Families and friends can often be too busy to help/support a person
- GPs and Chemist offer little or no help other than giving prescriptions, patches or cream
- Acupuncture can help for a short time and for some it was not effective
- Injection therapy can be helpful as long as this is a regular occurrence, although it was reported as a short term fix
- Some people stated they had tried everything but the pain would not go away
- A surgical procedure was reported as not always the solution
- Some people had not had good results with self-care

The services that worked well for people were:

- GP services who were valued by patients
- Chronic pain services which were reported as being helpful or excellent
- Injections although for some it was temporarily helpful or the only relief from pain
- Surgery where appropriate as it was reported as curing the problem
- Attending a chronic pain course
- Acupuncture and physiotherapy
- Pharmacists who were useful as they could explain medication
- Support groups

- A&E for pain when it is a bad episode

When asked what would help people to manage pain, people told us:

- Medication, cream and patches
- Regular injections
- More help than the NHS could offer
- An operation or surgery to attempt to cure the problem
- Access to advice when there is a flare up
- Exercise such as Pilates
- The use of technology to pin point pain and diagnose
- More ongoing support on pain management

For the good majority of those responding 56% would be prepared to travel for up to 30 minutes to receive the service they need. In fact 31.5% would travel up to 60 minutes if they could receive support to manage their pain. As the majority of the respondents stated they travel by car 73.4% this could account for these responses.

## **9. How the findings will be used**

The engagement process has provided the CCG with the views and suggestions of the public on pain management services. These views will be considered as part of the findings how pain management services are delivered.

This report will be made publically available and feedback provided to those respondents who have requested it. We would like to thank all respondents who have given their time to share their views.

## Appendix 1:

Dean Clough  
5<sup>th</sup> Floor F Mill  
Dean Clough Mills  
Halifax  
HX3 5AX

Tel: 01422

October 2017

Dear Patient

### **We are contacting you because you have used pain management services.**

We would really welcome your feedback on the services you received and how we can improve services in the future. We have attached a short survey and a freepost address envelope (no stamp needed) to gather your views or you can do the survey online using the following link <http://www.smartsurvey.co.uk/s/PainManagementGH/>. The closing date for responses is Friday 17<sup>th</sup> November 2017.

If you would like to provide your views in another way please telephone or email Zubair Mayet on e-mail: [zubair.mayet@greaterhuddersfieldccg.nhs.uk](mailto:zubair.mayet@greaterhuddersfieldccg.nhs.uk) or telephone 01484 464024.

### **Why are we making changes?**

If we don't change current services we will be unable to continue to provide the right care for people in the future. We believe any changes we can make will benefit local people if we get them right.

We want to think about what we can do to develop new approaches to pain management. We also want to look at helping people to manage their own pain and keep people independent.

Your help is needed to shape the future of your local NHS. We would really appreciate your support in completing the survey, without your views we can't make the changes we need to improve services. Thank you in advance for your help,

Yours sincerely

Andrew Bottomley

Senior Programme Manager, NHS Calderdale CCG

**PAIN MANAGEMENT SURVEY - We want to listen to your views on pain management services.**

We need to look at how our local pain management services are currently provided, to make sure that they are in line with all the latest evidence and NHS guidance.

If we don't change current services we will be unable to continue to provide the right care for people in the future. We believe any changes we can make will benefit local people if we get them right.

To get pain management services you would usually go to your local GP. Your GP may then refer you to a number of services already in place. These may include:

- Orthopaedic service for an injection or surgery
- Chronic pain service for injection therapy
- Chronic pain management programme

We need to gather your views on the services you use or have used in the past. By doing this we will be able to decide which services can be changed or improved. We will be working closely with local GP practices in order to make these changes.

We want to think about what we can do to develop new approaches to pain management. We want to look at helping people to manage their own pain and keep people independent.

Your help is needed to shape the future of your local NHS. We would really appreciate your support in completing the survey, without your views we can't make the changes we need to improve services. Thank you

**Could you tell us the first part of your postcode? i.e. HD8**

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1a. When was the last time you used pain management services?							
Under 1 month		3 – 6 months		6 -12 months		1-2 years	
Other		Please tell us when.					

1b. Which pain management service/s did you use?	
--	--

2. What is the pain that you currently manage? (i.e. back pain)

3. Which of the following have you used to manage your pain? (please tick all that apply)  
*please could you also rank each on a scale of 1-5 (1 meaning not helpful at all – to 5 meaning very helpful) leave blank any you have not used.*

	I have used this	1	2	3	4	5
Chemist						
GP Practice						
Self-care hub						
Orthopaedic surgical service						
Internet/ Phone APP						
Physiotherapy: NHS						
Physiotherapy: Private						
Chronic pain service						
Expert patient programme						
Alternative therapies i.e. acupuncture						
Exercise						
A&E						
Family/friend/carer						
Injection therapy						
Other: please tell us						

3a. Please tell us about those you ranked 1-3 (if any)

3d. Please tell us about those you ranked 4-5 (if any)

4. What would help you to manage your pain better?

**5. If you need support to manage your pain how would you travel? and how far would you be prepared to go?**

5a. How far would you be prepared to travel?

Under 15 minutes	<input type="checkbox"/>	15 – 30 minutes	<input type="checkbox"/>	30 – 60 minutes	<input type="checkbox"/>
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5b. How do you usually travel?

Public transport	<input type="checkbox"/>	Car	<input type="checkbox"/>	Hospital shuttle bus	<input type="checkbox"/>
Volunteer transport	<input type="checkbox"/>	Access bus	<input type="checkbox"/>	Patient transport	<input type="checkbox"/>
Taxi	<input type="checkbox"/>	Other – please state	<input type="checkbox"/>		

**How you feel about your health and life**

In order to understand your experience of services, we want to ask you a few more questions about you.

The questions are anonymous but will help us identify groups of people who may be able to help us design services further.

This first section of the questionnaire looks at how you feel about your health and your life overall. It will give us an overview of how you are feeling and your attitudes towards maintaining a healthy lifestyle.

Please answer these questions as honestly as possible – there are no right or wrong answers.

Here are some statements that other people have made about their lives. How much do you agree or disagree with each of them? **Please tick one box only for each row**

		Disagree strongly	Disagree	Disagree Slightly	Neither agree nor disagree	Agree slightly	Agree	Agree strongly
A)	I feel good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B)	I get a lot of pleasure from taking risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C)	I generally focus on the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	here and now rather than worry about the future							
D)	I learn from my mistakes							

Here are some things that other people have said they would like to have over the course of their lives. How important, or not, is each one to you personally? Please tick one box on the scale from 1-7 where 1 is not at all important and 7 is very important. **Please tick one box only for each row**

		Not at all important					Very important		
		1	2	3	4	5	6	7	
A)	To have money, wealth and possessions								
B)	To have an image that others find appealing								

Here are some more statements that we would like you to look at. How much do you agree or disagree with each of them? **Please tick one box only for each row**

		Disagree strongly	Disagree	Disagree Slightly	Neither agree nor disagree	Agree slightly	Agree	Agree strongly
A	Following a healthy lifestyle is an effective way to reduce my chances of becoming ill							
B	If you don't have your health, you don't have anything							
C	There is nothing more important than good health							
D	I am very involved in my health							
E	I am in control of my own health							
F	The main thing which affects my health							

	is what I personally do							
<b>G</b>	If a person is meant to get ill, it doesn't matter what a doctor tells them to do, they will get ill anyway							
<b>H</b>	I intend to lead a healthy lifestyle over The next 12 months.							

For you, would leading a healthy lifestyle be...? **Please tick one box only**

<b>Extremely difficult</b>					<b>Extremely easy</b>	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

How much control do you believe you have over whether or not you lead a healthy lifestyle over the coming year? **Please tick one box only**

<b>No Control</b>					<b>Complete control</b>	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

For you, would leading a healthy lifestyle be...? **Please tick one box only**

<b>Not enjoyable</b>					<b>Enjoyable</b>	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

Which of these best describes your view: **Please tick one box only**

	<b>In the next 12 months</b>	<b>In the next few years</b>	<b>In the next 10-20 years</b>	<b>Much later in life</b>	<b>Not at all</b>
<b>If I don't lead a healthy lifestyle, my health could be at risk...?</b>					

Compared with other people of your age, how likely do you think it is that you will get seriously ill at some point over the next few years? ***Please tick one box only***

**I am much more likely to get seriously ill than other people of my age**

**I am a little more likely**

**No more or less likely**

**I am a little less likely**

**I am much less likely to get seriously ill than other people of my age**

**I already have a serious illness**

## Equality Monitoring - OPTIONAL

In order to ensure that we provide the best services for **all** of our communities, and to ensure that we do not knowingly discriminate against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and all information will be protected and stored securely in line with data protection rules.

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

### What sex are you?

Female  Male  Prefer not to say

### Transgender

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

Yes  No  Prefer not to say

### What is your age?

Under 16  16 - 25  26 - 35  36 - 45  46 – 55  Prefer not to say

### What is your sexual orientation?

Bisexual (both sexes)  Lesbian (same sex)  Gay man (same sex)  Heterosexual/ Straight (opposite sex)

Other:  Prefer not to say

### What is your ethnic background?

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

### Are you pregnant?

Yes  No  Prefer not to say

### Have you given birth within the last six months?

Yes		No		Prefer not to say	
<b>Do you consider yourself to belong to any religion?</b>					
Buddhism		Christianity		Hinduism	
Islam		Judaism		Sikhism	
No religion		Prefer not to say		Other: Please specify	
<b>Do you consider yourself to be disabled?</b>					
The Equality Act 2010 states that a person has a disability if: 'a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on that their ability to carry out normal day-to-day activities'					
Yes		No		Prefer not to say	
<b>If yes above, what type of disability do you have? (Tick all that apply)</b>					
Learning disability/difficulty		Long-standing illness or health condition		Mental Health condition	
Physical or mobility		Hearing		Visual	
Prefer not to say		Other:	Please specify		
<b>Do you provide care for someone?</b>					
Such as family, friends, neighbours or others who are ill, disabled or who need support because they are older.					
Yes		No		Prefer not to say	

Thank you for taking the time to complete this survey

**Please put in an envelope and return to (no stamp needed as it is FREEPOST):**

**Freepost RTHC-ARSS-ABXC  
Pain management engagement (012)  
Greater Huddersfield Clinical Commissioning Group  
Broad Lea House  
Dyson Wood Way  
Bradley  
HUDDERSFIELD  
HD2 1GZ**

**Please complete and return no later than  
Friday 17<sup>th</sup> November 2017, thank you**