

# Our Health Our Future Panel

***Survey 5 results*** – A survey on the **Coronavirus vaccine, remote consultations, remote monitoring technology, PIFU** and **mental health services**

*Survey conducted 29<sup>th</sup> March to 3<sup>rd</sup> May 2021*

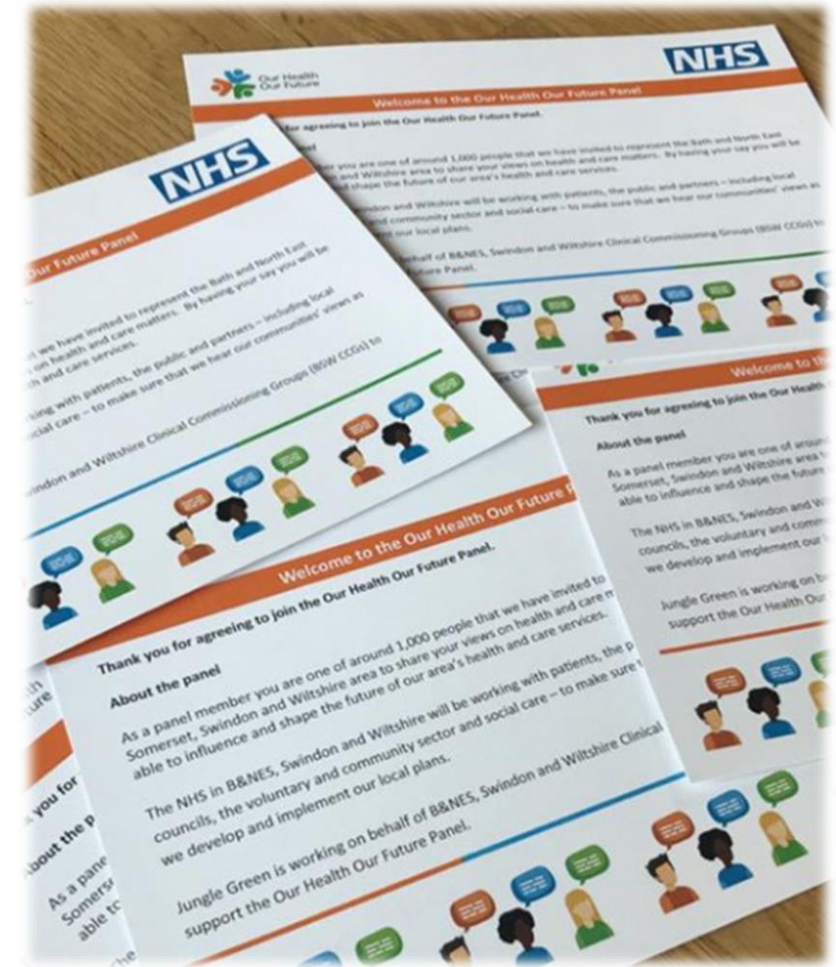


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## Section 1

# Introduction



# Vision and mission of the Our Health Our Future Panel

“ The Our Health, Our Future (OHOF) Panel is a way for us to engage with those living in Bath and North East Somerset, Swindon and Wiltshire (BSW) to get their views on health and care issues.

In line with our value of "inclusive", the online panel is made up of a representative sample of the population from across our region. Panel members will take part in regular surveys throughout the year.

Panel surveys will inform both strategic direction and day-to-day service delivery, particularly around proposed service change or development of new services. Anonymised feedback will be shared with project managers and senior leaders to help shape and influence partnership initiatives and programmes of work. Anonymised feedback will also be made publicly available so panel members and the wider public will have the opportunity to review the results “

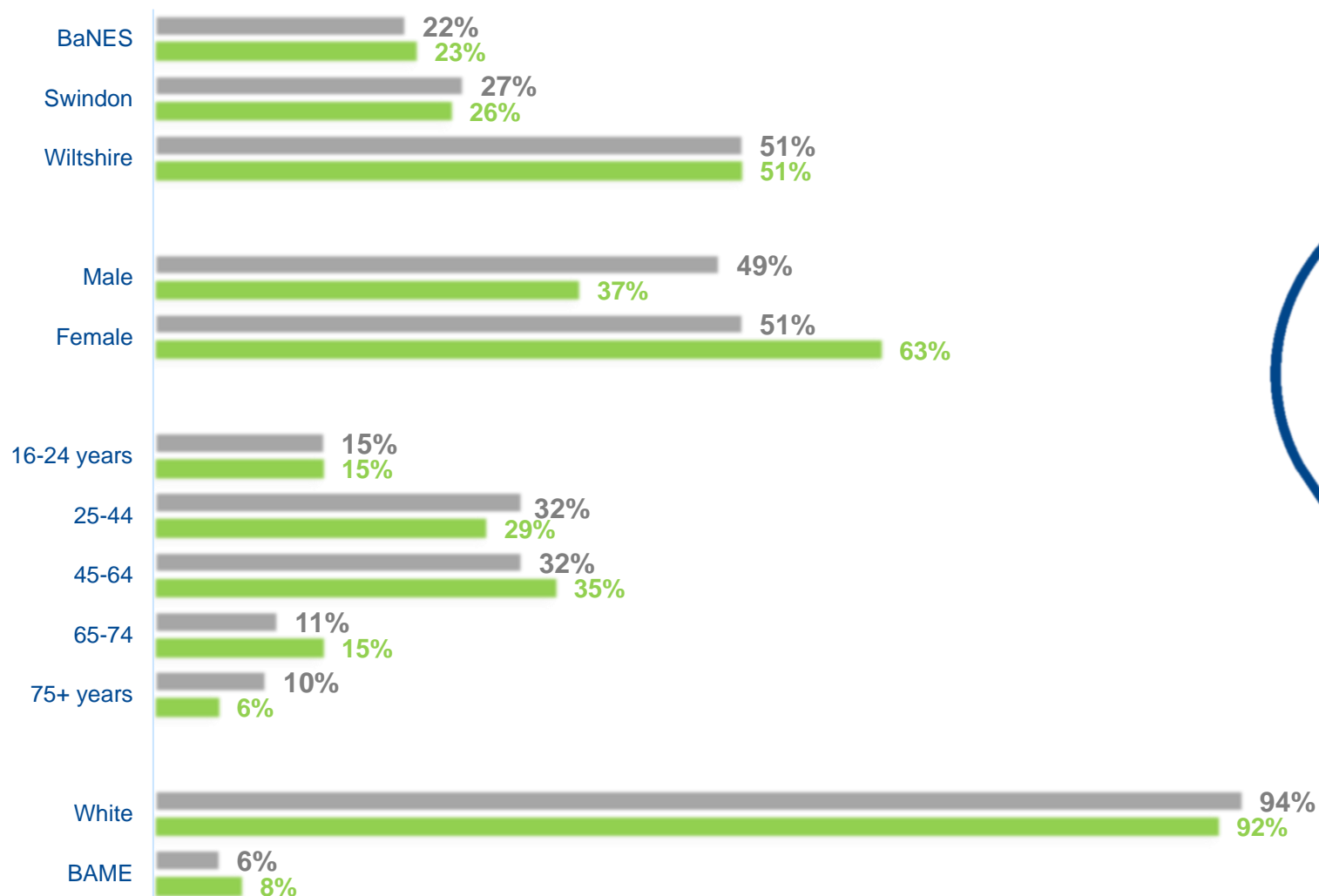


# Response rates remain strong

	Survey 1	Survey 2	Survey 3	Survey 4	Survey 5
<b>Number of participants</b>	790	381	382	501	395
<b>Response rate</b>	100%	48%	45%	50%	40%
<b>Method</b>	<i>All conducted via face to face recruitment interviews</i>	<i>Conducted online only</i>	<i>Conducted online only</i>	<i>Including 200 face to face recruitment interviews</i>	<i>Conducted online only</i>

# We now have a robust and representative panel

% of BSW entire population/survey 5 participant rim weighted profile (395)    % of our actual panellist profile as at May 2021 (1,011)



**NB:**  
Survey 5 participants' responses have been rim weighted to reflect the exact profile of the BSW population (according to census data and JNSA).

A more detailed panel profile is given in Section 4 of this report.

## Section 2

# Overview summary

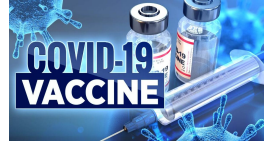




# Keeping well and the Coronavirus vaccination



- ❖ In the last survey (Nov/ Dec 2020) all keeping well scores had moved in a positive direction, possibly following the positive announcements regarding coronavirus vaccines
- ❖ In this survey 5, scores have slipped back to levels last seen as we were emerging out of lockdown 1



- ❖ 80% (of those who have not yet had the vaccination) say that they will definitely or probably have the coronavirus vaccine when it is offered to them
- ❖ Just under one in ten are unsure (particularly 45-64 year olds) and 13% responded with a firm 'NO' (notably 16-24 year old females in Wiltshire)
- ❖ The main concerns are:

*"It's not fully tested, what are the long-term effects?, it's not licensed, it's experimental"*

*"Not proven that it works/is effective, not proven it is safe"*



- ❖ Most young people would prefer to have their vaccination at a GP practice, followed by a local community venue
- ❖ Many young people would prefer not to travel to a large vaccination centre nor a hospital for their vaccination
- ❖ Two thirds of young BSW residents (aged 16-24) say that they would find a virtual Q&A information event on the vaccination quite useful (notably in Wiltshire)



# Remote consultations and remote monitoring technology

- ❖ When comparing panellists' most recent consultation experiences - face to face and telephone consultations receive very similar levels of satisfaction (*i.e. 80% and 77% respectively*)
- ❖ Video consultations receive extremely high levels of satisfaction, 96% in total (*nb. only 1% of the sample had had a video consultation on their last consultation occasion*)
- ❖ Three quarters of all panellists would be comfortable using a telephone consultation in the future and two thirds would be comfortable with a video consultation
- ❖ The main reasons given for being uncomfortable...

... with telephone consultations was **the lack of physical examination/ body language**

...and with video consultations it was **the lack of appropriate technology or technical ability**



- ❖ Only 16% of the sample had ever been issued with an NHS monitoring device, mainly a heart rate monitor. The majority had found this easy to use and helpful
- ❖ 50% of panellists had made use of a monitoring device/ APP of their own
  - ❖ One quarter had used a step counter (*typically younger ages*) and a quarter a blood pressure monitor (*typically older ages*)
  - ❖ Again the vast majority had found these easy to use and helpful
- ❖ One third of panellists had experience of a close family member, a loved one or close friend being issued with a device from the NHS or using a device/APP of their own to monitor a condition
  - ❖ 81% of these individuals reported that they found this put their own mind at ease about the other person staying healthy

# PIFU and Mental Health Services



- ❖ **A majority** of the relevant panellists (22 individuals), who had been offered PIFU, **understood the explanation** of PIFU at the time and **knew who to contact** to arrange a follow up appointment
- ❖ Just under **one in ten** of those who weren't offered PIFU, felt that they could have been offered this option
- ❖ **Two thirds** of all panellists would be likely to choose PIFU in the future, if it was considered appropriate and offered to them
- ❖ Most of the remainder either **want more information about PIFU before they decide** or they **feel that they do not want the responsibility of deciding if/when they should have a follow up appointment themselves**

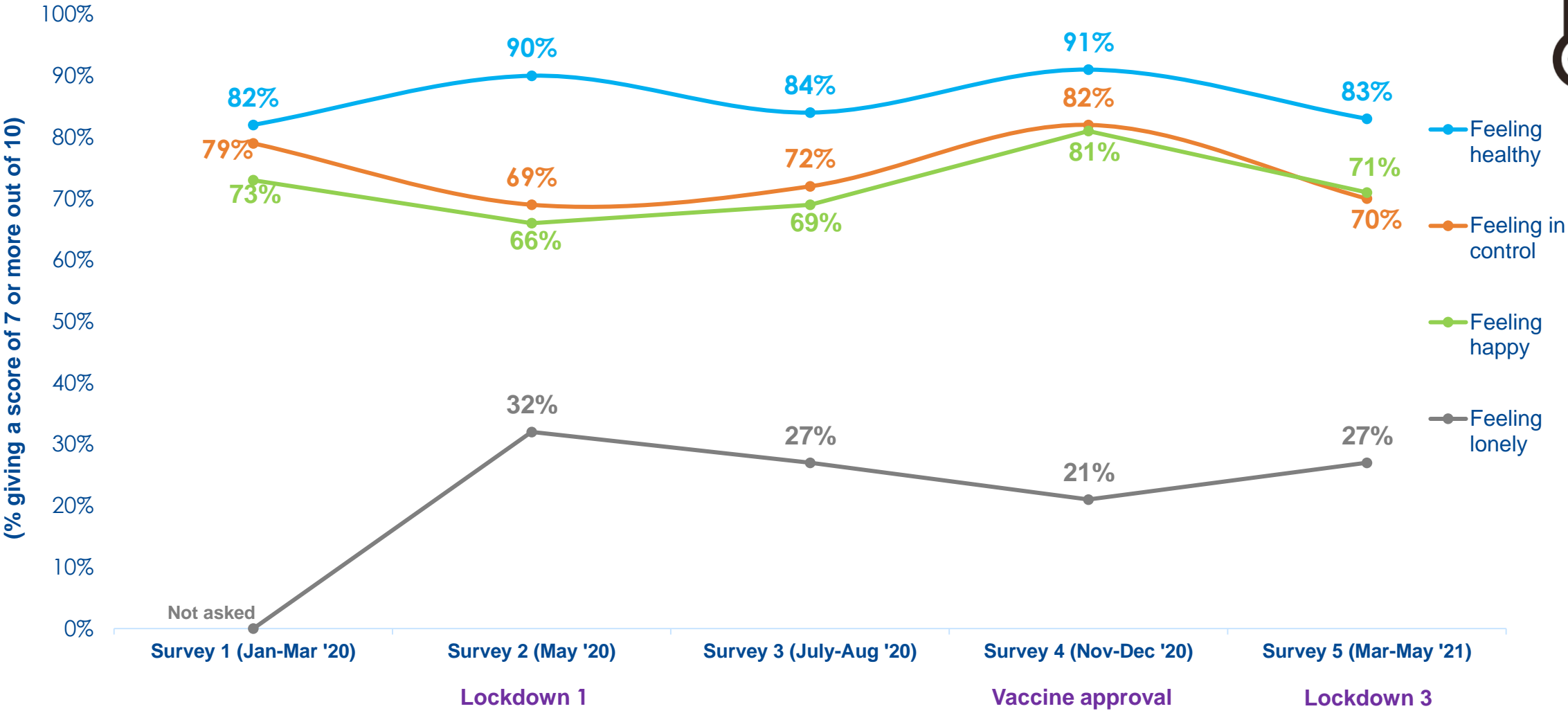
- ❖ **One quarter** of panellists have experience of **using mental health services** in BSW, either personally or through supporting someone else
- ❖ Users of mental health services in BSW report a majority of them to be **very valuable** (particularly clinical psychologists, social prescribers, primary care liaison, GP's, psychiatrists and the voluntary sector for young people) **scores of 80%+**
- ❖ Slightly lower proportions of users rate IAPT, the adult voluntary sector, psychiatric nurses and CAMHS to be valuable, however attached levels of value are still reasonably high - **two thirds to three quarters of users in each case**
- ❖ **Only one third** of those that had used A&E for mental health services found them valuable
- ❖ Users of mental health services in BSW report that **timeliness and availability of appointments** are the two **top priorities for improvement** currently, closely followed by **staff having the time to listen**
- ❖ Users of mental health services in BSW are currently split into thirds regarding the quality of mental health services overall in the region
  - **One third believe mental health services to be of good quality overall**
  - **One third believe mental health services to be of poor quality overall**
  - And the final third are neutral on this point

## Section 3a

# Survey 5 results – Keeping well and the coronavirus vaccine



# Keeping well trackers – scores have slipped down again in lockdown 3





# Keeping well trackers – across the sub-groups

- ❖ In the last survey (Nov/ Dec 2020) all keeping well scores had moved in a positive direction, possibly following the positive announcements regarding coronavirus vaccines
- ❖ In this survey 5, scores have slipped back to levels last seen as we were emerging out of lockdown 1
- ❖ Those in **BaNES** give slightly lower scores, in all cases, than those in Swindon and Wiltshire
- ❖ Males give slightly lower scores in all cases than females
- ❖ All scores given by those aged 25-44 years are the lowest of all age groups
- ❖ Those with long term conditions give lower scores in every case compared to those without an LTC
- ❖ Those living alone give lower scores in every case compared to those living with others
- ❖ Differences mentioned in purple are all statistically significant differences



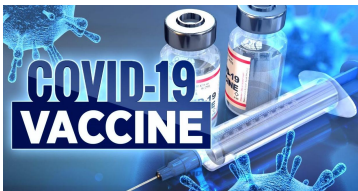
# 70% of panellists have already had the vaccination

- Understandably the majority are from the older age groups

	Total (395)	16-24 years	25-44 years	45-64 years	65-74 years	75+ years
% who have had the vaccination	70%	37%	44%	90%	95%	100%

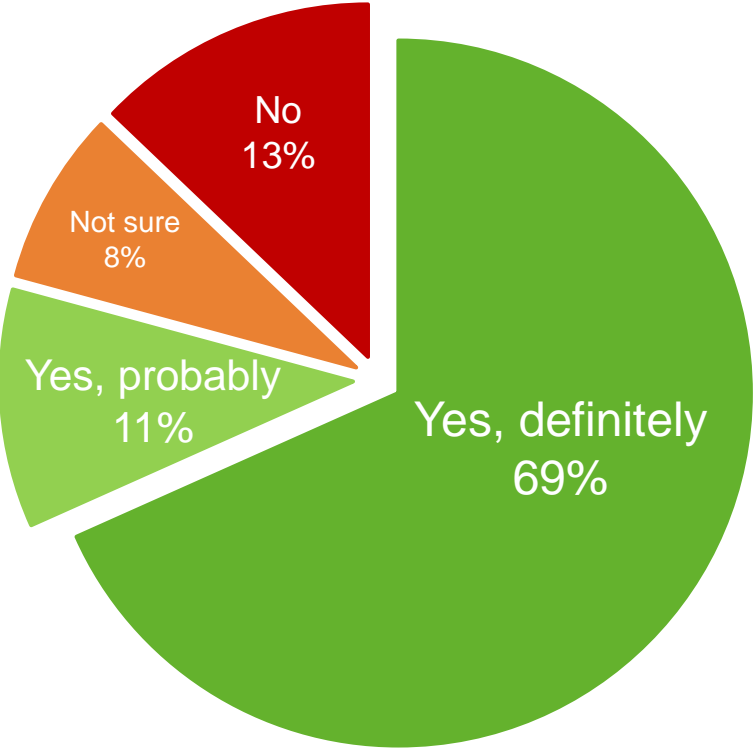
	Total (395)	BaNES	Swindon	Wiltshire		Male	Female	White	BAME		LTC	No LTC		Unpaid carers
% who have had the vaccination	70%	74%	82%	63%		73%	67%	70%	72%		75%	70%		81%





80% (of those who have not yet had the vaccination) say that they will definitely or probably have the coronavirus vaccine when it is offered to them

- Just under one in ten are unsure and 13% responded with a firm ‘NO’



**Yes , definitely**  
“Vaccination will prove really important after remaining lockdowns are released and life gets more normal”

“We must still protect one another and being selfish will not help with that. In addition, the risks are tiny compared to actually getting covid or long covid”

**Yes , probably**  
“I’m happy to have the vaccine, but it’s not urgent for me, so I’d be happy to wait for it to be given to others first.  
Although I am keen to travel overseas when possible so I would like it for that reason”

“Nasty side effects, my friend died due to it”  
“I would prefer Pfizer not Oxford”

**Not sure**  
“I’m pregnant”  
“I don’t know how it will affect my baby/breastfeeding, I’d like more research done” ( 3 people)

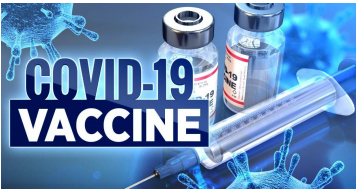
“ I’m appalled at the lack of thinking, the censorship of open debate and the overall control exerted by those who should know better. All these vaccines have been given ‘emergency use authorization’ i.e. they are not licensed”

“ I have had reactions to vaccines in the past and don’t want to take the risk” (3 people)

**No**  
“Does NOT have a FULL license, only Emergency use”  
“ It’s experimental”

“ I am not prepared to let your government kill me because their puppet masters want them to reduce the population with an untested vaccine”

80% (of those who have not yet had the vaccination) say that they will definitely or probably have the coronavirus vaccine when it is offered to them



- Just under **one in ten** are unsure and **13%** responded with a firm ‘NO’. There are some differences across the sub-groups

Remaining sub-groups requiring extra reassurance/ persuasion

	Total (112)	16-24 years	25-44 years	45-64 years	65-74 years	75+ years
Yes, definitely	69%	65%	74%	48%	Only 2 people not vaccinated yet	100% already vaccinated
Yes, probably	11%	3%	16%	-		
Unsure	8%	6%	3%	37%		
No	13%	27%	7%	15%		

	Total (112)	BaNES	Swindon	Wiltshire	Male	Female	White	BAME	LTC
Yes, definitely	69%	80%	66%	66%	81%	58%	67%	92%	36%
Yes, probably	11%	5%	15%	11%	6%	15%	11%	-	22%
Unsure	8%	13%	15%	4%	9%	7%	8%	-	4%
No	13%	1%	3%	19%	5%	20%	13%	8%	38%



# Reasons why individuals say they **will** or **will not** have the vaccine, (or are **unsure**)

	All those who have not been vaccinated yet	Yes, will definitely have it (77)	Yes, probably will have it (12) Mainly females, aged 25-44	Not sure about having it (9) Aged 25-64	No, will not have it (14) Mainly females, aged 16-24, Wiltshire
"To protect myself, my family, my friends and others"	40%	63%	15%	-	-
"To get back to normal life. To get on with life"	18%	30%	-	-	-
"I have confidence, trust and faith in vaccines, science and medical experts"	12%	19%	-	-	-
"I want to be able to travel, but I'm not a priority group happy to wait"	10%	-	46%	-	-
"I don't feel at risk, I have a healthy immune system"	10%	-	46%	35%	4%
"I'm pregnant, breast feeding, having fertility treatment"	5%	-	17%	24%	4%
"I prefer natural/ alternative therapies and remedies. I avoid medical intervention"	4%	-	-	35%	2%
"Vaccine concerns - not fully tested, what are the long-term effects?, it's not licensed, it's experimental"	22%	-	-	55%	85%
"Not proven that it works/is effective, not proven it is safe"	9%	-	-	-	52%

(NB. One or two people with long term conditions were nervous about clotting risks and would prefer not to have Astra Zeneca for that reason)



# Most young people would prefer to have their vaccination at a GP practice, followed by a local community venue

## Most preferred option

Options given	Total (112)	16-24 years (26)	25-44 years (65)
Pre-booked appointment at a <u>GP practice</u>	56%	74%	52%
Pre-booked appointment at a <u>local community venue/site</u> – one that is led by a GP practice(s)	19%	3%	26%
Pre-booked appointment at a <u>large vaccination venue</u> (e.g. Bath Racecourse or Salisbury City Hall)	12%	11%	14%
Pre-booked appointment at a <u>local pharmacy</u>	12%	-	17%
Pre-booked appointment at a <u>hospital</u>	3%	13%	-

Schools, gyms, town halls and leisure centres were also suggested by young people here

## Would prefer not to use this option

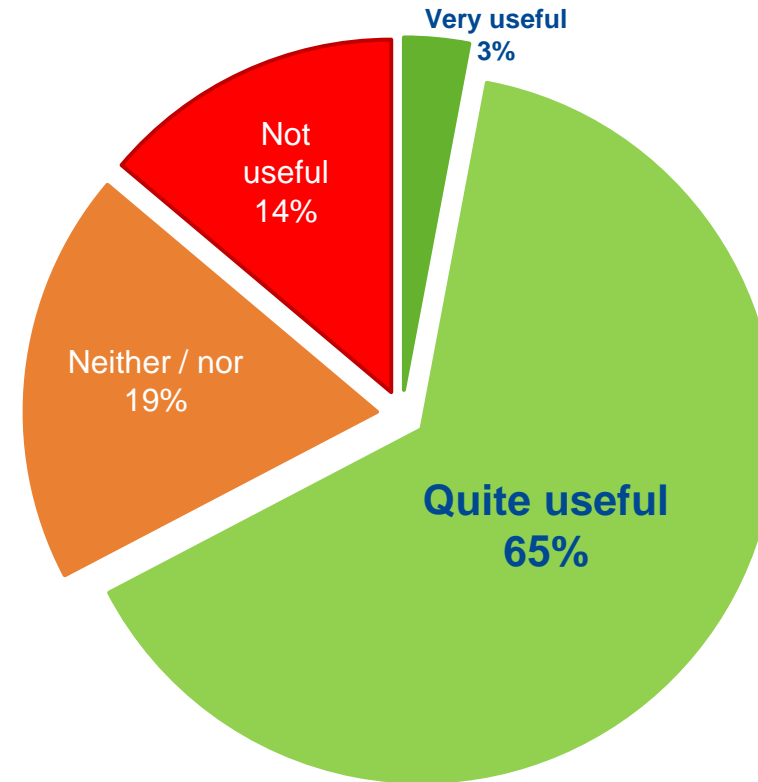
Total (112)	16-24 years (26)	25-44 years (65)
8%	-	7%
19%	38%	9%
48%	77%	39%
29%	38%	26%
37%	40%	29%

Many young people would prefer not to travel to a large vaccination centre nor a hospital



**Two thirds** of young BSW residents (aged 16-24) say that they would find a virtual Q&A information event on the vaccination **quite useful**

*(particularly notable among those in Wiltshire)*

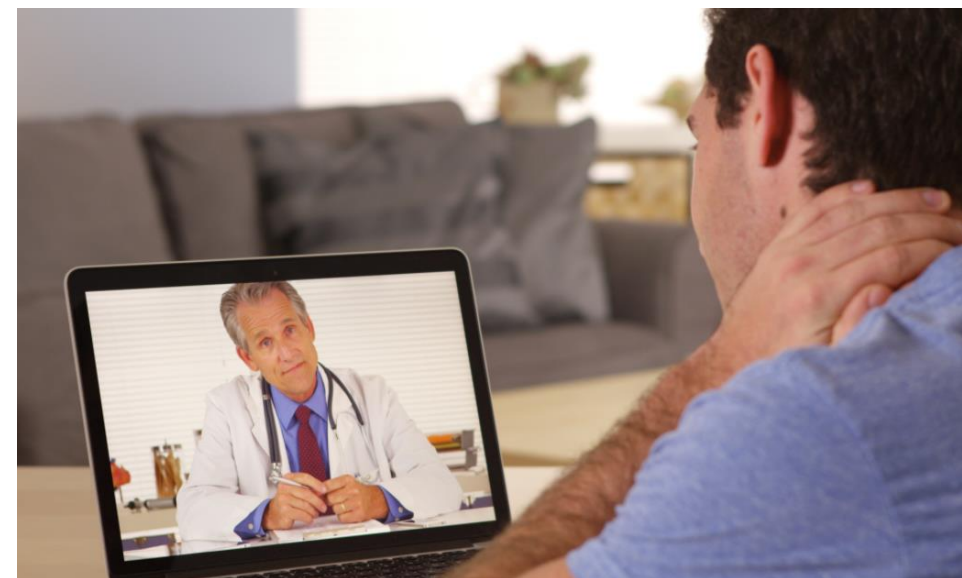


Q2e. How useful, if at all, would you find it to have a virtual Q&A information event relating to the Covid -19 vaccine?

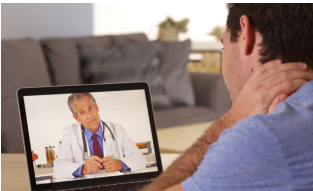
*Base: n=112, those who have not yet had the vaccination*

## Section 3b

# Survey 5 results – Remote consultations and remote monitoring technology



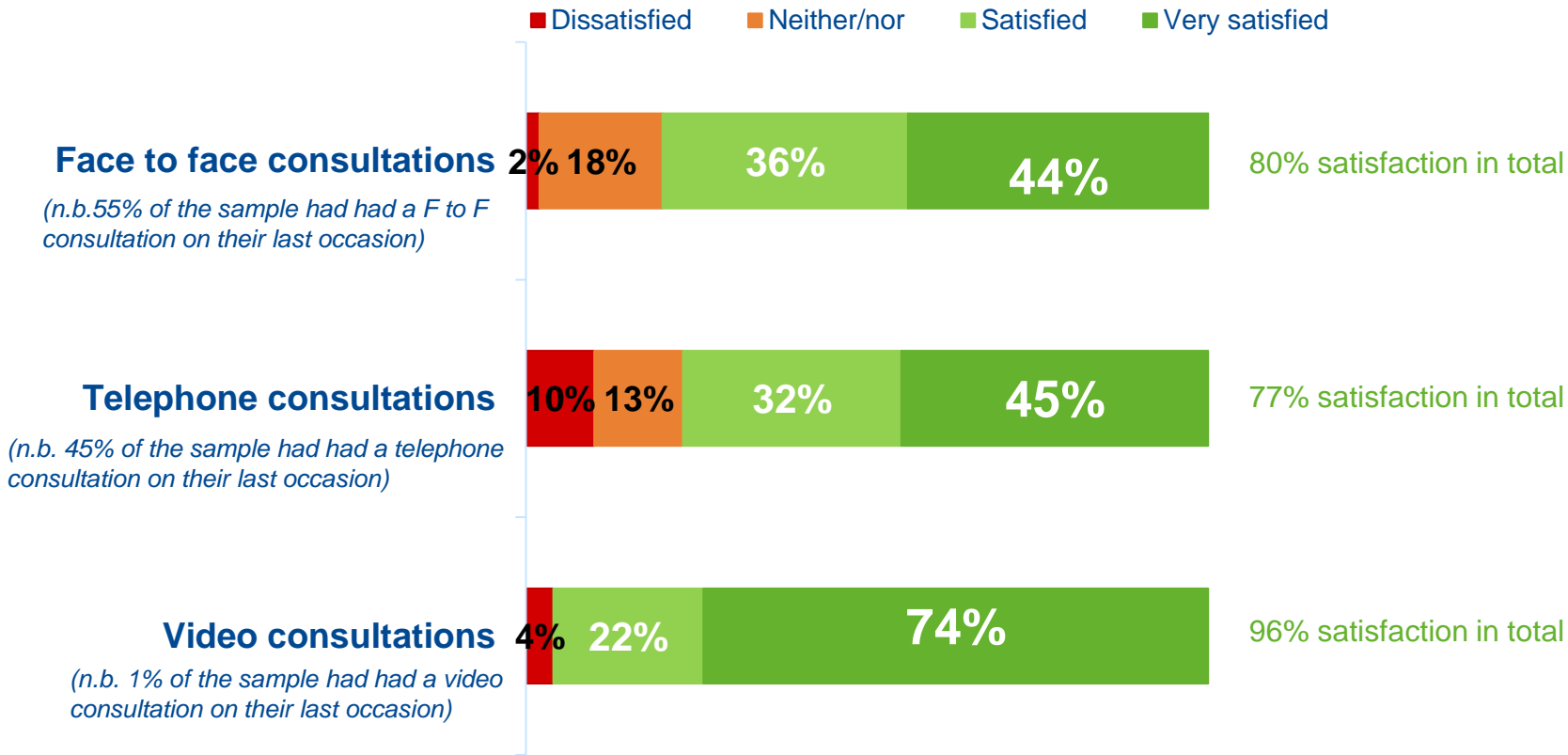




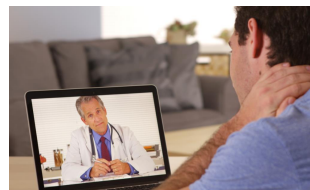
**When comparing panellists’ most recent consultation experiences - face to face and telephone consultations receive very similar levels of satisfaction (i.e. 80% and 77% respectively)**

**Video consultations receive extremely high levels of satisfaction, 96% in total**

*(NB> The majority of the consultations had occurred within the last 12 months)*



## Experiences of video consultations were very positive, only one person felt dissatisfied



### Very satisfied/ satisfied

I needed to see a dietician quite urgently. The video appointment **allowed me to see someone much more quickly and in addition, negated the need to visit a hospital site** (my partner is clinically vulnerable). We **achieved everything that we needed to** achieve and it was much **more relaxed and less hassle** than having to go out to an appointment. It also **allowed my partner to listen in and contribute**

I think the doctor actually had more time - it **didn't feel as rushed** as a face to face appointment.

**Much easier** than going to GP

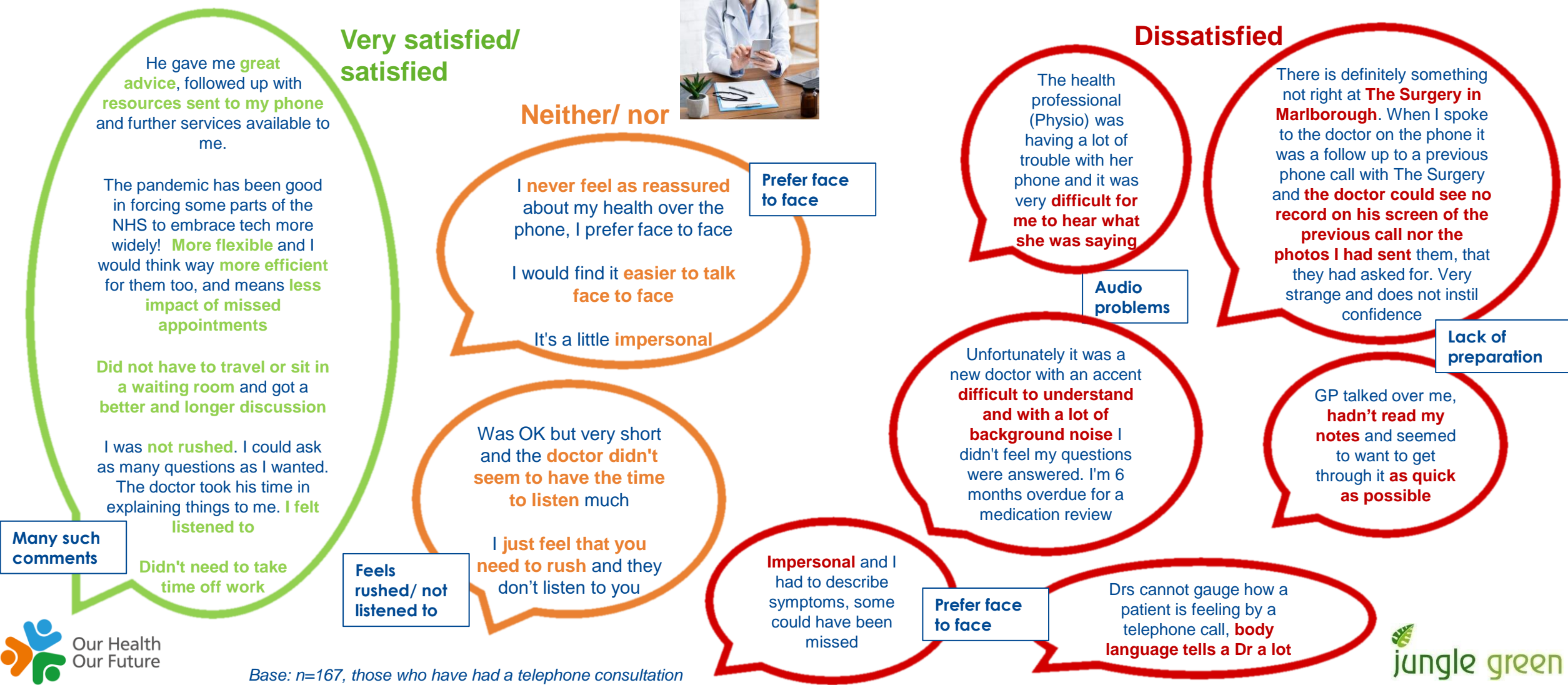
Could **see the person** I was dealing with

### Dissatisfied

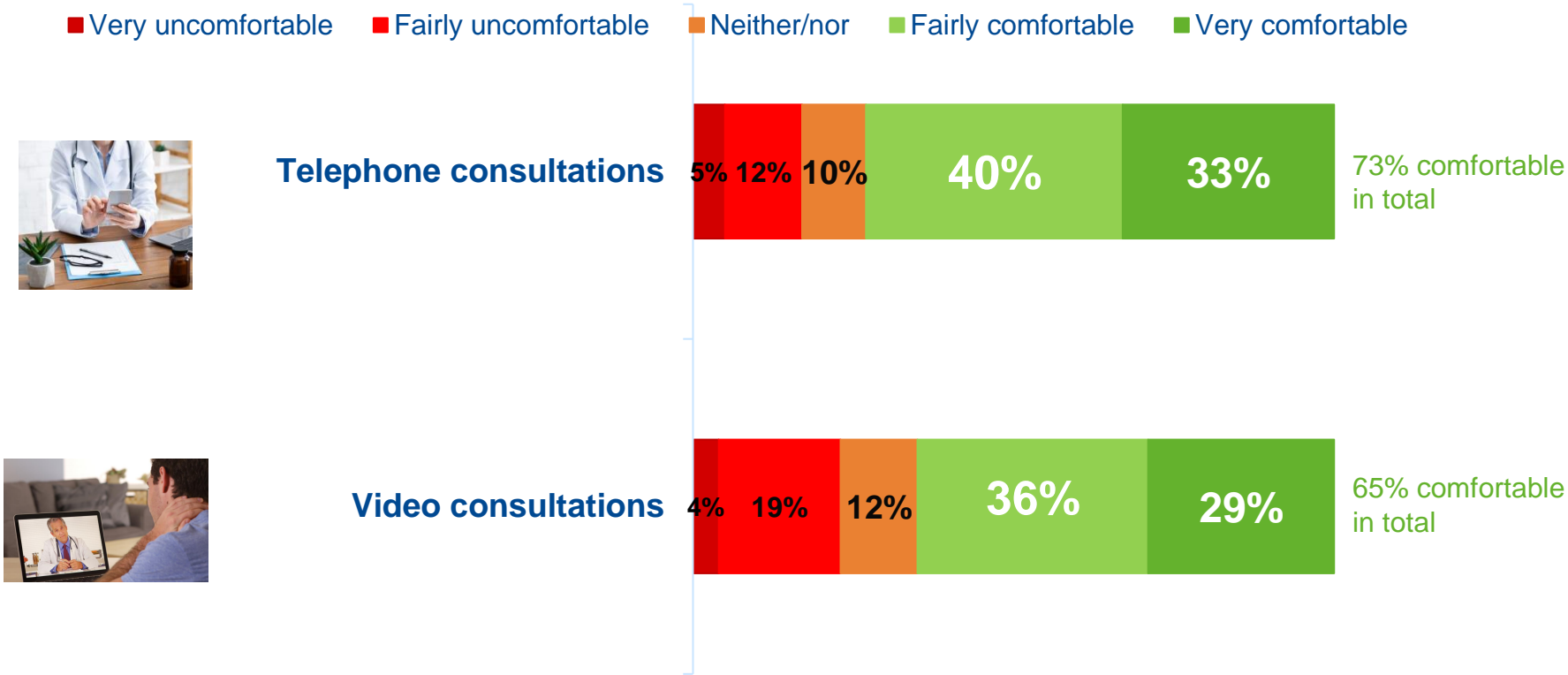
The **person was late connecting to me then had to rush off because she had the next person waiting**

- In total, 6 panellists had had a video consultation as their most recent consultation, **only one of these individuals had experienced a technical difficulty** (*nb. aged 25-44*)
- The technical difficulty involved an audio problem, a video problem and an internet connection problem. However, the problem was resolved easily and the individual went on to rate her overall experience as 'satisfied'

Experiences of telephone consultations were positive for 77% of users. 13% said neither satisfied/ nor dissatisfied and 10% said dissatisfied



Three quarters of all panellists would be comfortable using a telephone consultation in the future and two thirds would be comfortable with a video consultation



Those in **Swindon** are **less comfortable** than others **about both** of these consultation methods

**Females** are **less comfortable with video** than males

Those with **long term conditions** are only **slightly less comfortable** than others (with both methods)

Those **aged up to 44** are **the most comfortable** with both of these methods

# Reasons for not being comfortable with telephone or video consultations?

## Telephone consultations



Proper diagnosis cannot be done over the phone

I feel under pressure with a phone call, it puts the onus on me somehow to explain the problem in a concise and understandable manner

Inferior to face-to-face

With the majority of consultations involving some form of appraisal or physical examination being required, it merely postpones/delays the eventual diagnosis

Because the Doctors rush and don't listen

I have hearing difficulties (older age groups)

Aversion/problem with the phone

I have slight anxiety regarding using the telephone (younger age groups)

Base: n=64, those uncomfortable with telephone consultations

## Video consultations



Internet security

I would worry that personal information could be intercepted or seen by others

Not very good on screen, struggle with the technology.

Don't have a smart phone / equipment.

Never done a video call before

Aversion/problem with the technology

Feel even though the Dr can see me, they are forced to take your issue more seriously when in the same room

Personal aversion/problem with video call

Feel uncomfortable with a stranger on the screen.

I have anxiety over this sort of thing

Base: n=81, those uncomfortable with video consultations





# A majority, 84%, had never been issued with an NHS monitoring device.

## One in ten had experience of a heart rate monitor

Never been issued with NHS remote monitor

84%

Heart rate monitor

(Notably those aged 65 + years)

9%

Glucose monitor

4%

Blood pressure monitor

3%

Sleep monitor

1%

95% of all users found their devices **easy to use**

70% of all users reported that they found the device **useful for keeping themselves healthy**

Those who did not say it was useful in this way, mostly said...

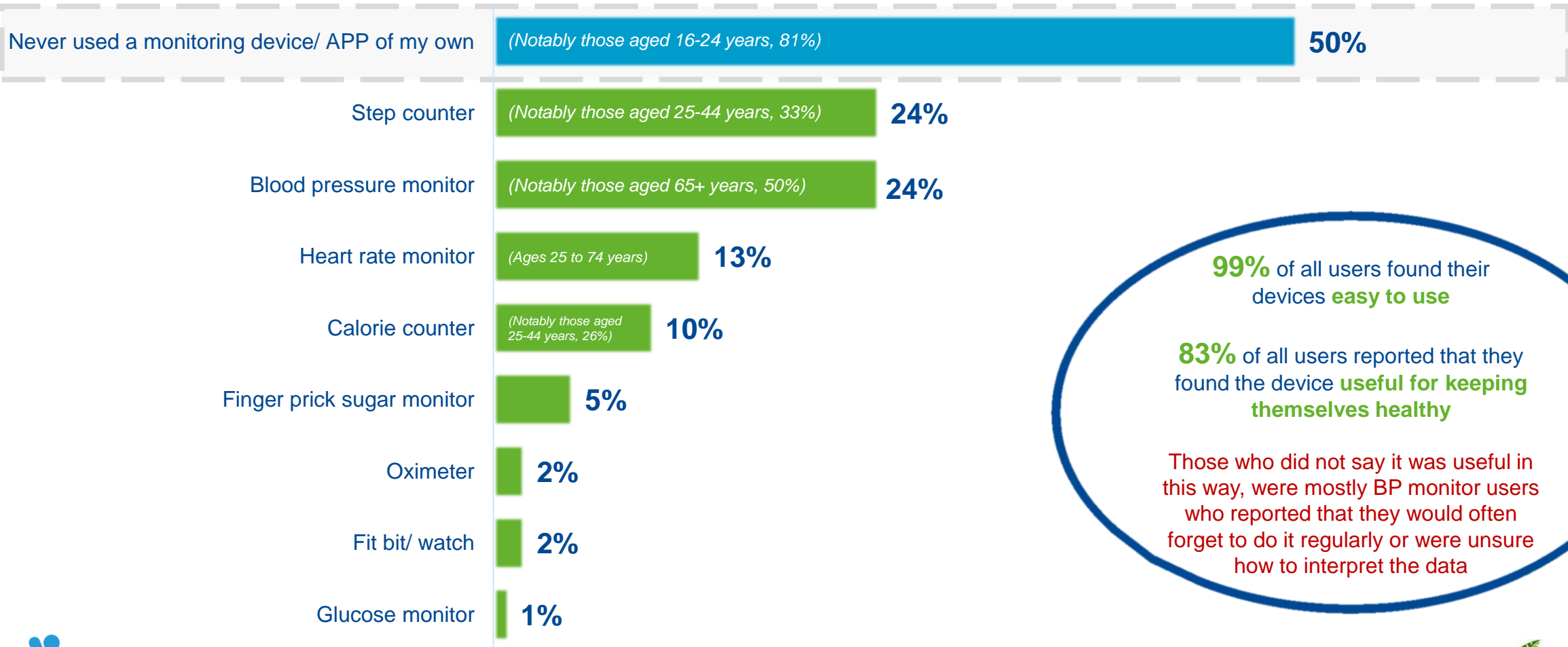
*It was a temporary trace to check for a couple of days.  
Not to keep myself healthy*

A small number reported the monitor keeping them awake at night/ being uncomfortable. But most reported their experience to be a straightforward, simple and useful exercise



# 50% of panellists had made use of a monitoring device/ APP of their own

## One quarter had used a step counter and a quarter a blood pressure monitor



99% of all users found their devices **easy to use**

83% of all users reported that they found the device **useful for keeping themselves healthy**

Those who did not say it was useful in this way, were mostly BP monitor users who reported that they would often forget to do it regularly or were unsure how to interpret the data

# 83% of panellists that had made use of a monitoring device/ APP of their own had had positive experiences, 17% were more negative



## Positive experiences

This was **better** than having to go to the nurse frequently to have my blood pressure checked

Preferrable to surgery appointment

Because of the problems to even get an appointment with a surgery for BP, easier to do it yourself, avoids the white coat syndrome

We **feel proud** when we meet the minimum requirements. Really helps manage our weight

I use the walking app because I set myself a mileage goal for charity last year and now its for **personal satisfaction**

Motivating

The Apple Watch is a **great incentive** when you are doing an activity

I have a Apple Watch that does it all easily and **in an emergency** it would call 999 if needed

"All in ones" popular

Went through a bad few years where BP was more up than down. It **warned** me when to call for help

I use an end of finger thingy for pulse and blood oxy levels, a thermometer and blood pressure monitor - **has been reassuring** through the pandemic to monitor things

**Easy to use** and regular monitoring helped me to understand and manage the BP condition

Enables self-understanding, management and reassurance

## Negative experiences

I have a history of anorexia, so this has in fact at times been really unhelpful and unhealthy to use, as I **easily get caught up in the obsession about doing more exercise/fitness**, whilst at the same time severely restricting my nutrition, so as to lose weight **in a very unhealthy and detrimental way**

Can get obsessive

Blood pressure monitor always shows my blood pressure far too high. But I **can never get the arm band done properly** so I get cross

Understanding and trusting the data

I'm **never** sure what the readings mean

Since covid, my memory is bad and was **difficult to remember to monitor** BP daily

Remembering to do it

Found it hard to use twice a day as **life just got in the way**

Finger prick **very fiddly**. Also needs additional bits that I **can't afford**

My only problem was the step counter strap kept breaking and I gave up after the third one, really annoying!

Cost can be a barrier

My sugar level they keep telling me is borderline, so I got a monitor but **cannot afford to keep buying the test strips** so have stopped



# One third of panellists had experience of a close family member, a loved one or close friend being issued with a device from the NHS or using a device/APP of their own to monitor a condition

No experience of loved one using a device

67%

Blood pressure monitor

17%

Heart rate monitor

9%

Finger prick sugar monitor

9%

Glucose monitor

5%

Step counter

3%

Calorie counter

1%

Oximeter

1%

Fit bit/ watch

1%

81% of all those who had experienced a loved one using a monitoring device reported that they found this put their own mind at ease about the other person staying healthy

Very high BP issue meant **he** was able to be at home rather than hospital

**My father** is 86 and has many health issues

Father had diabetes so I could understand his blood sugar levels **even though I lived away from him**. Towards the end of his life he had a heart rate monitor which enabled us (his family) to pick up on subtle changes that happened to his body

Reassurance, **peace of mind**, less worry

**Because it improved my ability to intervene** in case of an exacerbation

## Section 3c

# Survey 5 results – PIFU

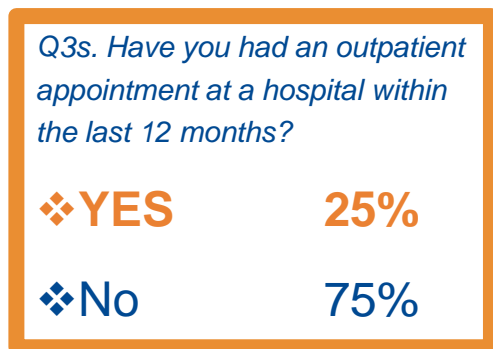


PIFU is when a patient (or their carer) initiates their follow-up appointment themselves with the hospital when required, rather than returning to their GP for potential re-referral. For example, when the person's symptoms or circumstances change.

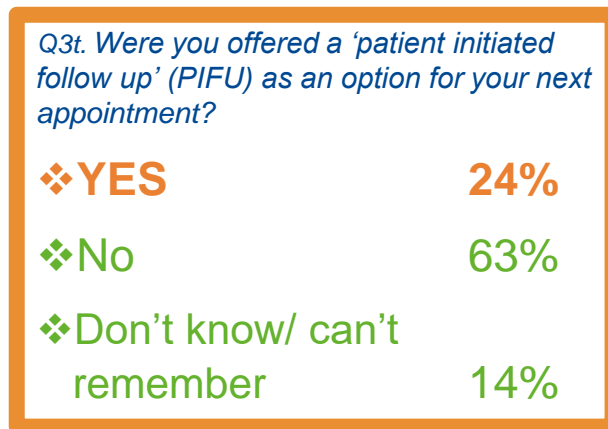


## A majority of the relevant panellists, who had been offered PIFU, understood the explanation of PIFU at the time and knew who to contact to arrange a follow up appointment

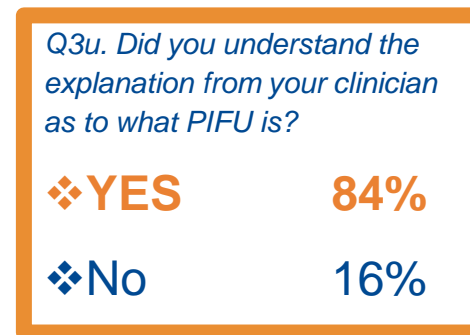
- Just under **one in ten** of those who weren't offered PIFU, felt that they could have been offered this option



Base: n=395, total sample



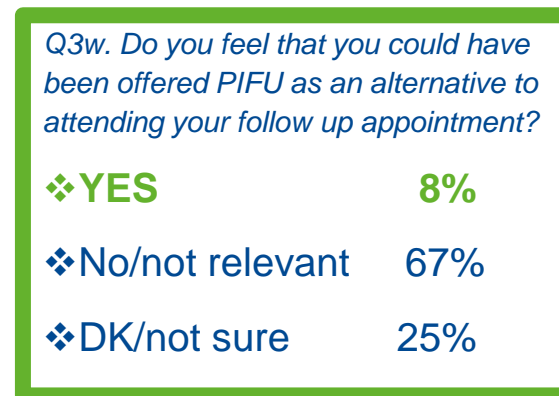
Base: n=92, those who have had an outpatient hospital appointment in the last 12 months



Base: n=22, those offered PIFU



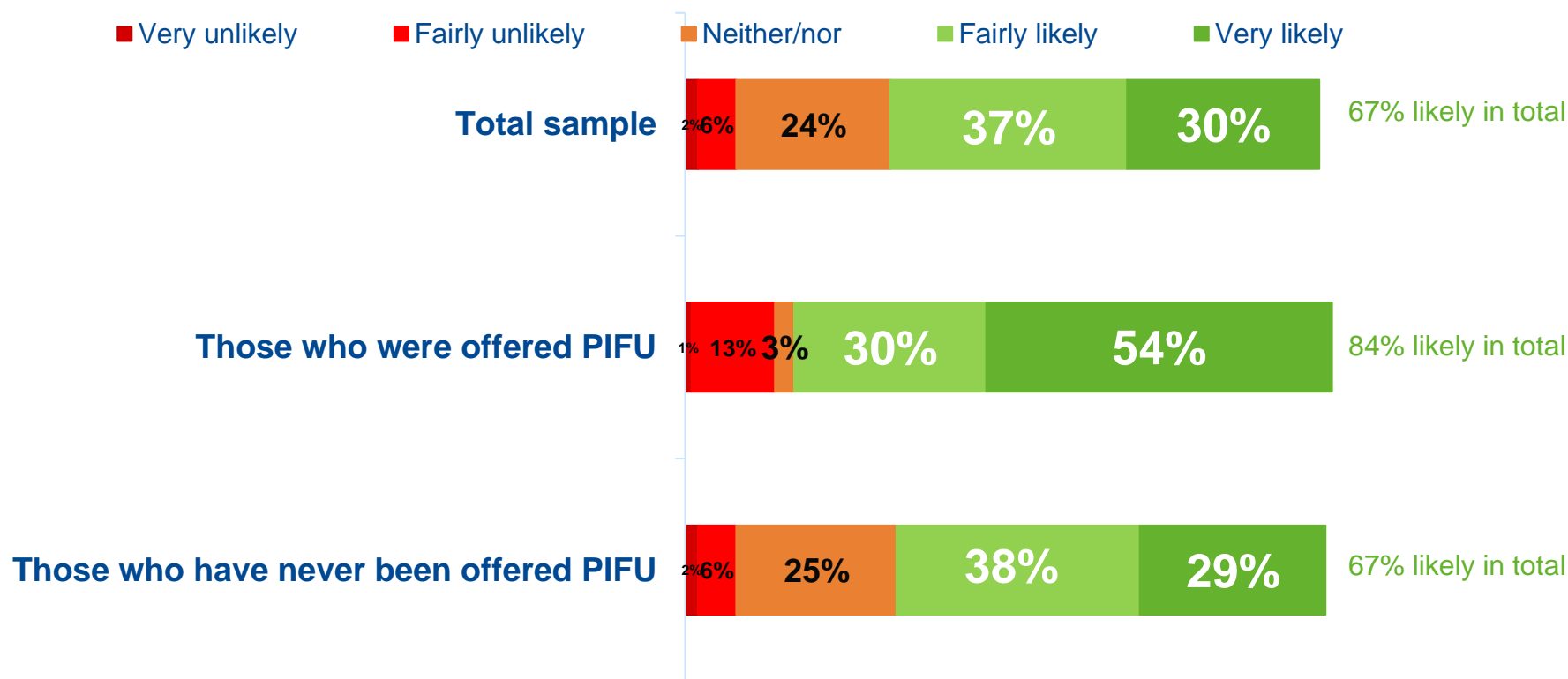
Base: n=22, those offered PIFU



Base: n=70, those not offered PIFU

## Two thirds of panellists would be likely to choose PIFU in the future, if it was considered appropriate and offered to them

- This rises to **84%** of those who have already been offered PIFU in the last 12 months



Those in **Swindon** are **slightly less likely** than others to choose PIFU

**Males** are **slightly less likely** to choose PIFU than females

Those **aged 25-44** are the **least likely** age group to choose PIFU

Those **with long term conditions** are **less likely** to choose PIFU than average

Finally, **manual workers** are **less likely** to choose PIFU than others

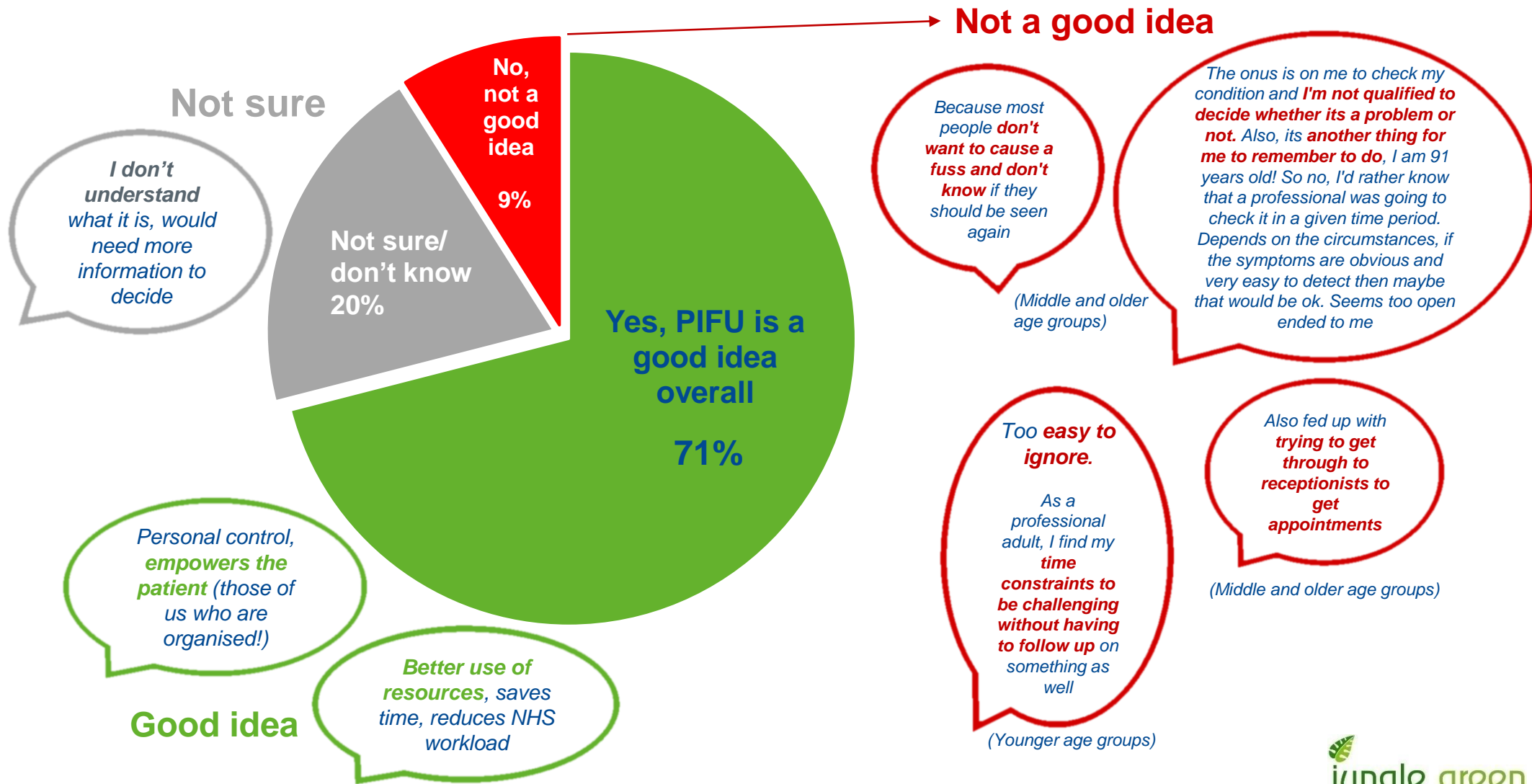
*Many of the above are 'unsure' about PIFU rather than strongly against it*





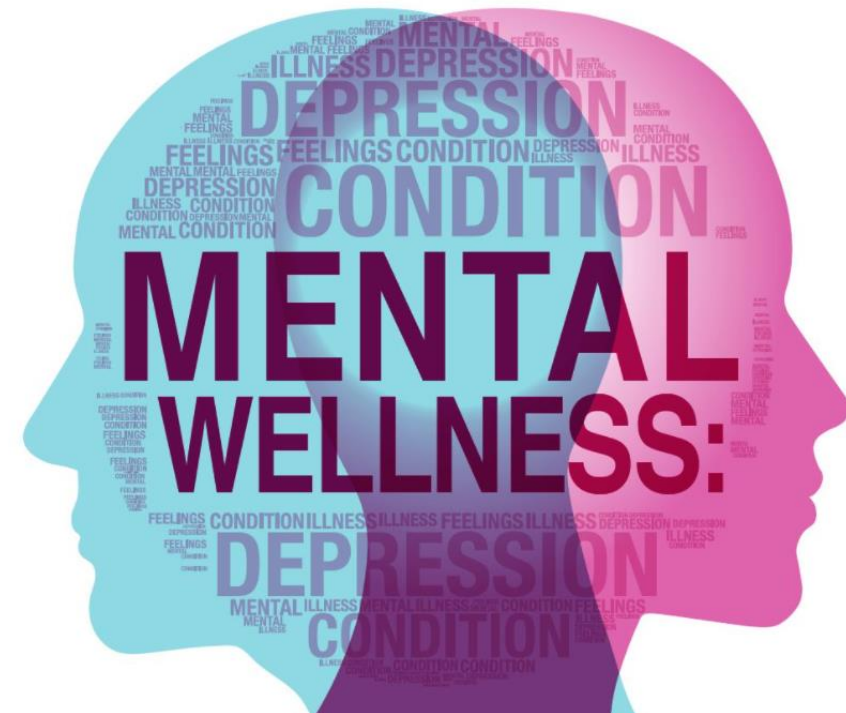
# 71% of panellists think PIFU is a good idea overall, one fifth are unsure and one in ten feel it is a bad idea

NB. A very similar profile of responses across the sub-groups



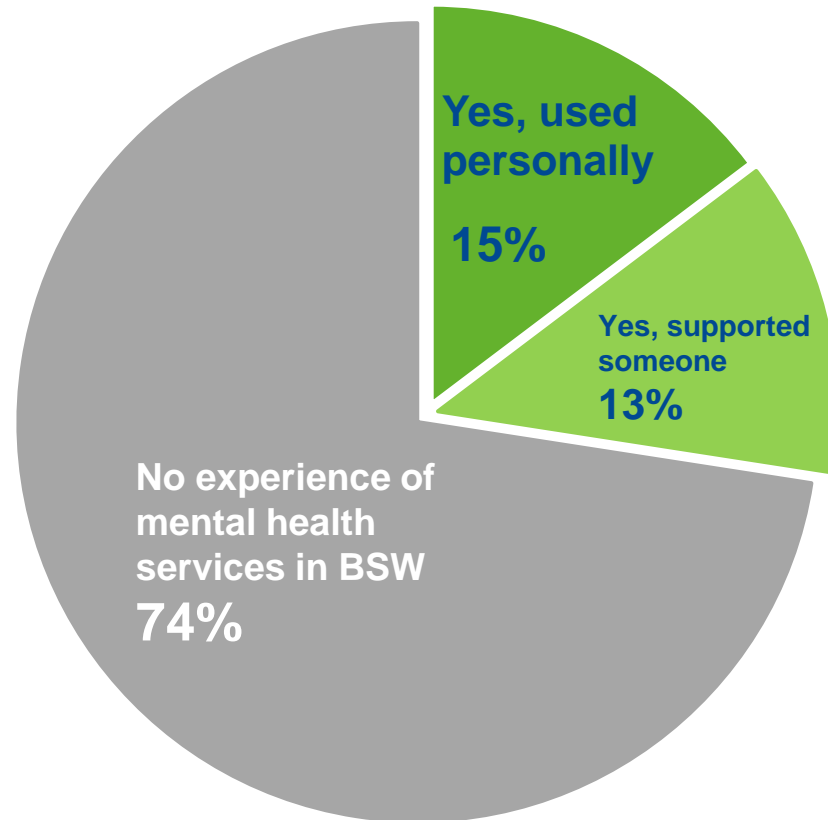
## Section 3d

# Survey 5 results – Mental health services





# One quarter of BSW residents have experience of using mental health services in BSW, either personally or through supporting someone else



Females are more likely (21% personal and 17% someone else, 65% no experience) to have experience of mental health services than males

Those aged 16-44 are more likely (22% personal and 12% someone else, 68% no experience) to have experience of mental health services than older age groups

Those with LTC's are more likely (35% personal and 6% someone else, 60% no experience) to have experience of mental health services than others

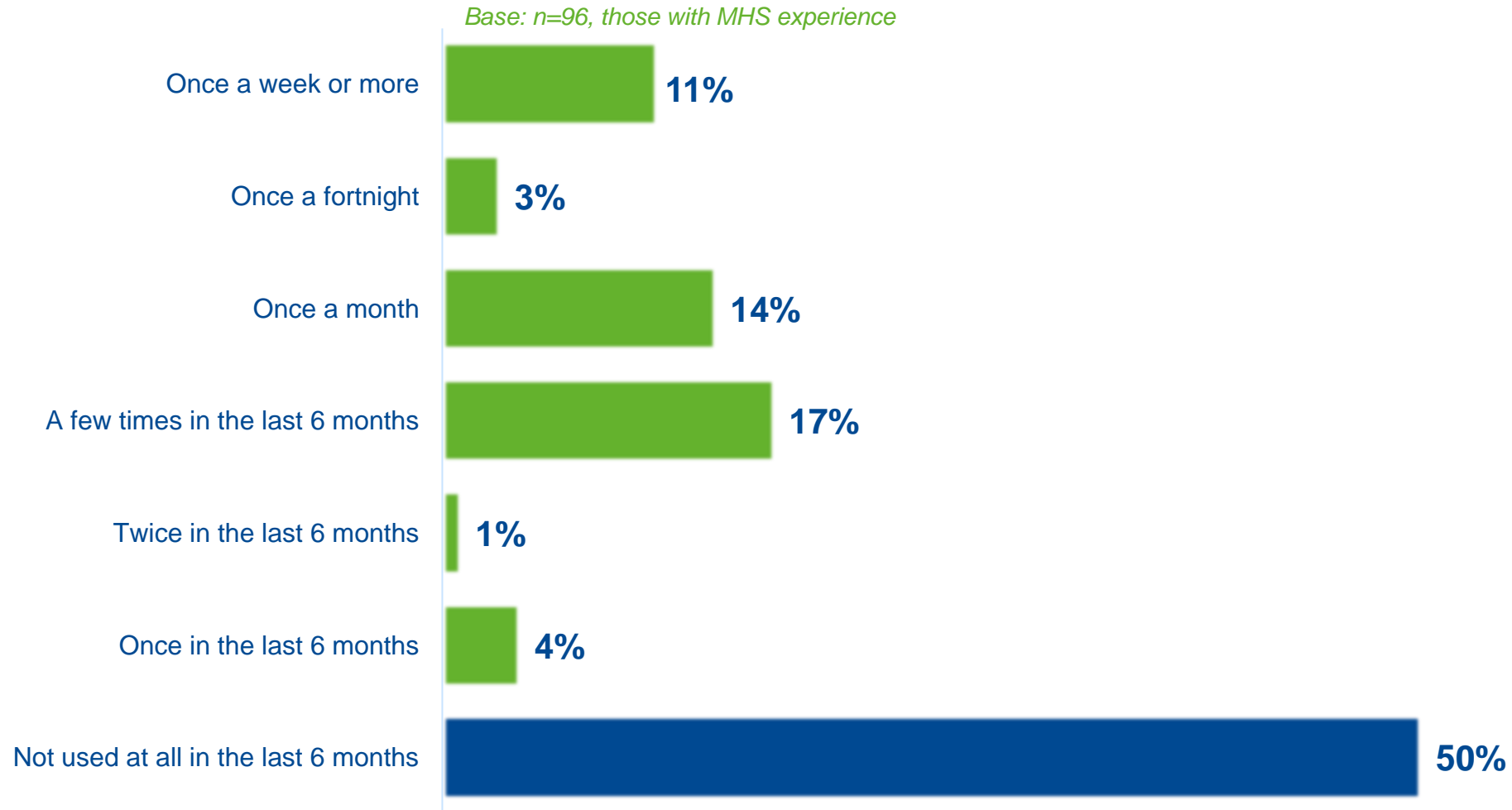
BAME residents are more likely (33% personal and 25% someone else, 42% no experience) to have experience of mental health services than others

Those not working are more likely (43% personal and 26% someone else, 32% no experience) to have experience of mental health services than others

Q4a. Do you have experience of using mental health services, or have you supported a family member or friend who has used mental health services? (In BSW) Base: n=395, total sample



**One half of those with experience of BSW mental health services have not made use of these services within the last 6 months at all. For the remainder the average number of uses was 1.5 times per month over the last 6 months**

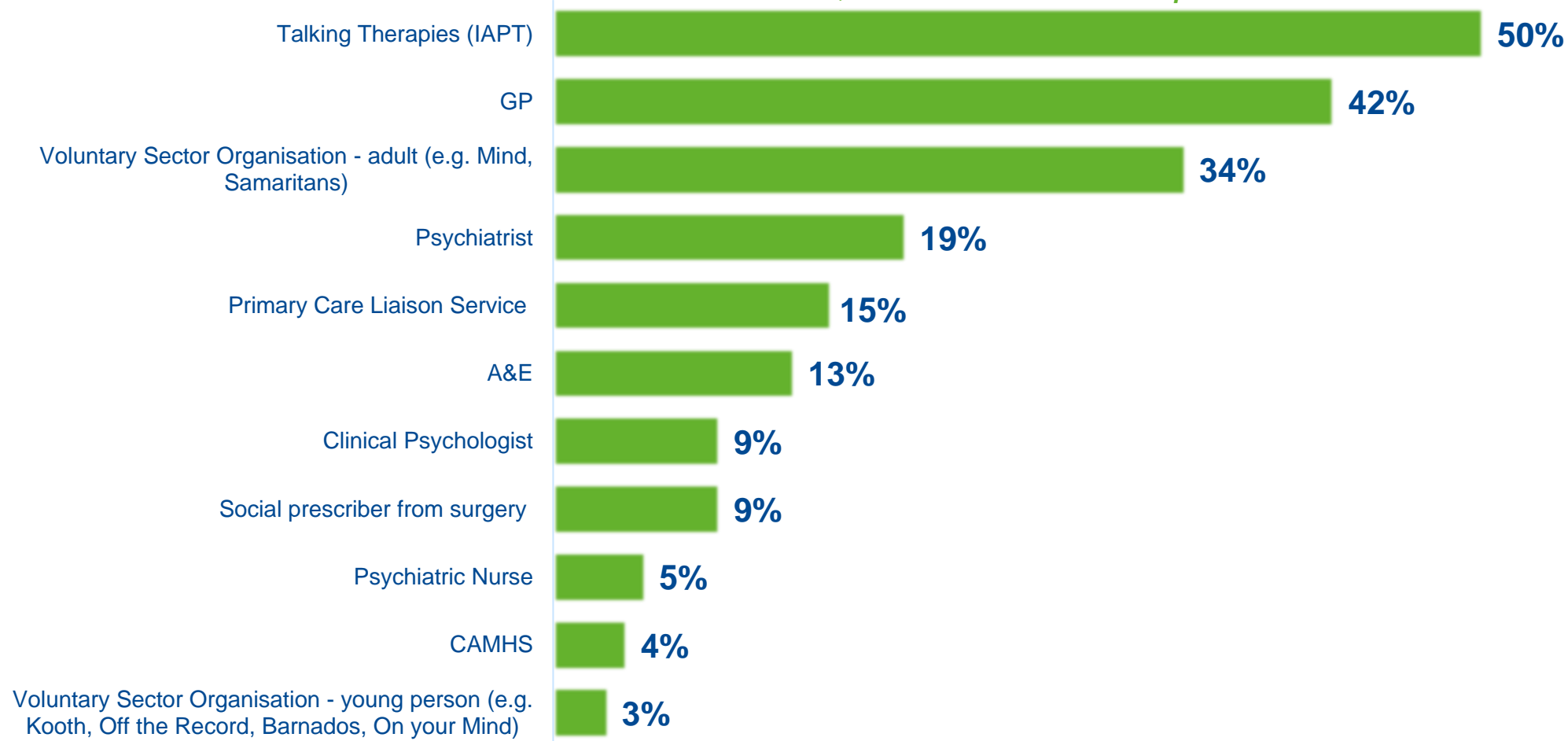


Q4b. How frequently have you or the person you support used mental health services in the last 6 months?

# Mental health services used in BSW

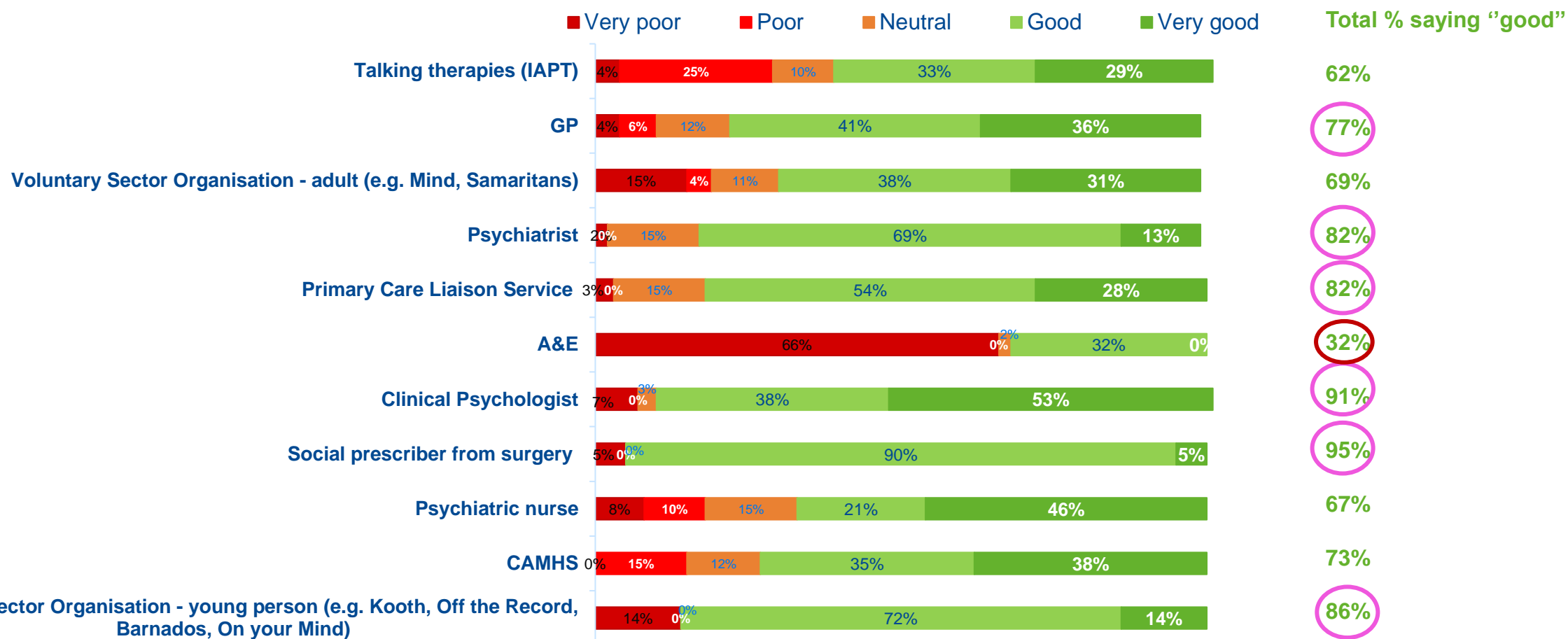


*Base: n=96, those with MHS experience*



## Users of mental health services in BSW report a majority of them to be **very valuable**

- Slightly lower proportions of users rate IAPT, the adult voluntary sector, psychiatric nurses and CAMHS to be valuable, however attached levels of value are still reasonably high - two thirds to three quarters of users in each case
- Only one third of those using A&E for mental health services found them valuable



Q4c. Please rate how valuable you found each service that you have used? Base: n=96, those with MHS experience





As evident from the previous chart, the majority of comments made by BSW mental health service users relating to these services were that they are helpful and supportive. For the remainder, the reasons that they said 'poor' or 'very poor' are given here (*mainly waiting lists and feeling doubted or ignored*)...



Q4d. Any comments relating to 'poor' scores in Q4c?

Users of mental health services in BSW report that timeliness and availability of appointments are the two top priorities for improvement currently, closely followed by staff having time to listen



■ Needs no improvement at all ■ Needs very little ■ Neutral ■ Needs a fair bit ■ Needs a great deal of improvement

Total % saying “needs improvement”

Comments made relating to these scores...

*There is a **lack of funding and resources**, very overstretched*

*Waiting lists are too long*

*It can feel like a tick box exercise*

*A longer term relationship improves the overall service outcomes*

Being able to get the right help when I need it



63%

Being able to find the right service and book an appointment(s) with ease



52%

Staff having the time to listen and talk, to understand your needs, working with you in a compassionate way



49%

Addressing non clinical and social care needs



41%

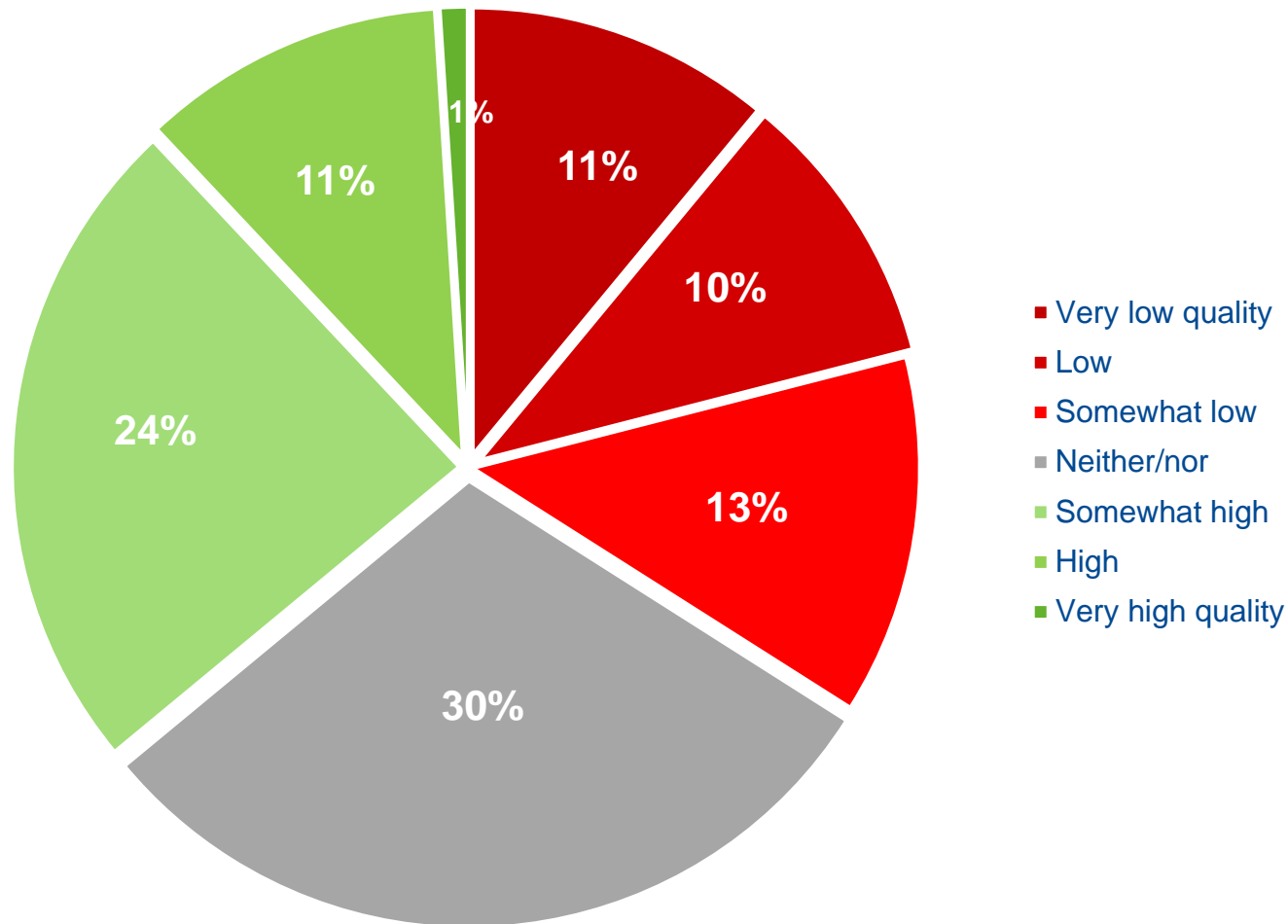
Being able to remain with the same mental health professional for the whole time I need their support



28%



# Users of mental health services in BSW are **currently split into thirds** regarding the quality of mental health services overall in the region



➤ One third believe mental health services to be of good quality overall

➤ One third believe mental health services to be of poor quality overall

➤ And the final third are neutral on this point

# Final comments on mental health services in the BSW region....



Q4f. Any further comments?

## Section 4

# Appendices – Panel Profile





# Recruitment methodologies – 1,011 panellists recruited



## 1) Core recruitment – face to face

- 33 face to face recruitment days took place in January to March and then November / December 2020 (*always when pandemic regulations allowed*)
  - A mixture of **community days** in town halls, libraries, community & social centres, shopping malls and cafes/inns
  - Along with individual interviewers conducting face to face **on-street shifts and door to door interviews**, among local communities in less busy locations
- These have been **spread right across the BSW region**, including
  - Bath, Batheaston, Midsomer Norton, Keynsham
  - Swindon
  - Devizes, Marlborough, Trowbridge, Warminster, Salisbury, Amesbury, Chippenham
- F to F recruitment was the preferred core method: both to avoid self-selection and to enable specific targeting of a representative sample. **914 panellists** have been recruited via this method
- The interaction with the professional recruitment team also provides an opportunity for a clear introduction to and explanation of the purpose of the panel

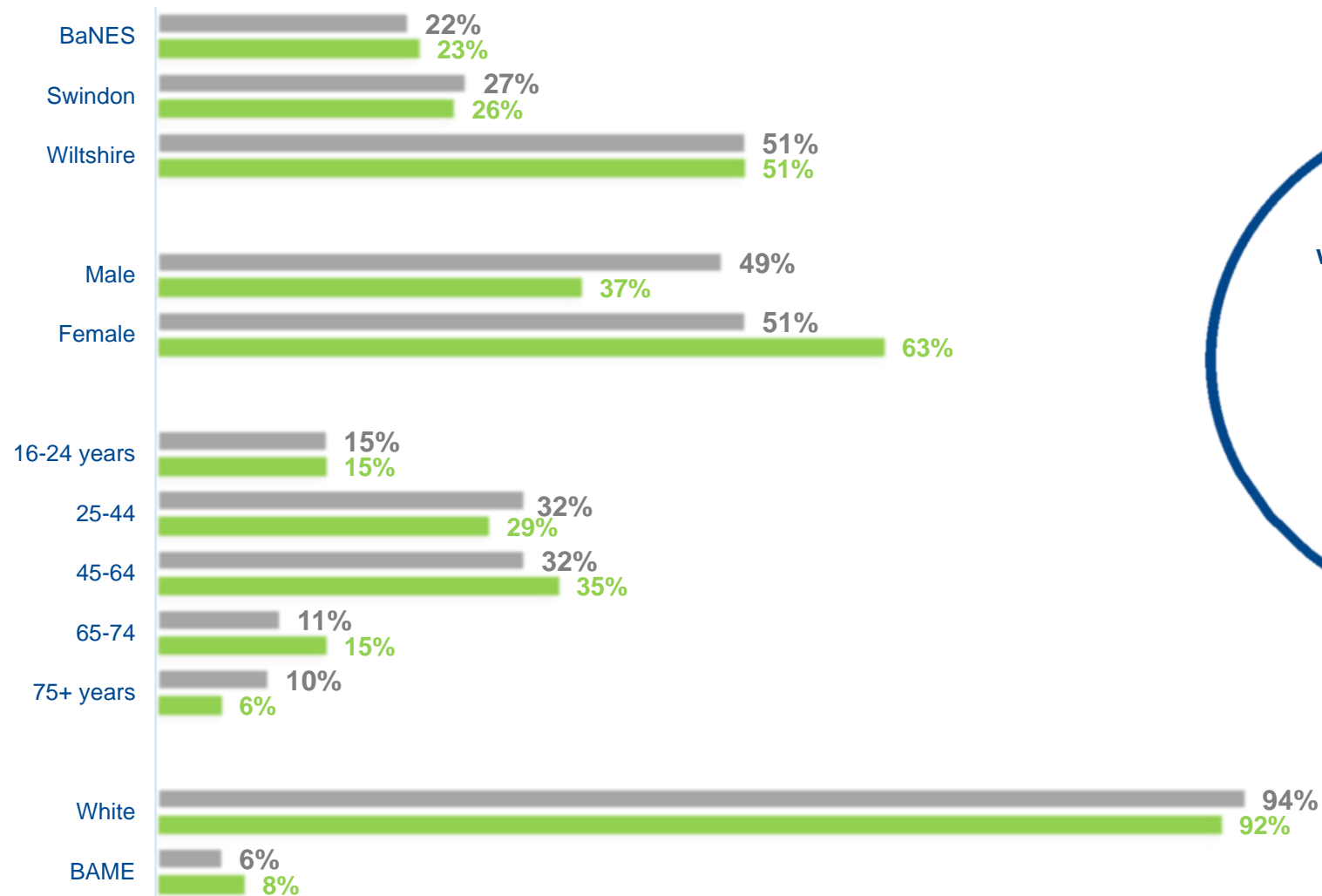
## 2) Additional recruitment methods

- These have included **social media** advertising on Facebook and Instagram, **member get member** (*panellists promoting to their contacts*), engagement with **local organisations** and **promotion by BSW CCG** via it's website, social media and contacts
- An additional **97 panellists** have joined via these methods
- This additional recruitment allowed an element of boosting of certain categories of citizen's, such as younger people and hard to reach audiences



## Comparison of the profile of the entire BSW region population (according to census data/JNSA)/ our rim weighted panel profile and the actual panel profile recruited as at May 2021

% of BSW entire population/survey 5 participant rim weighted profile (395)    % of our actual panellist profile as at May 2021 (1,011)

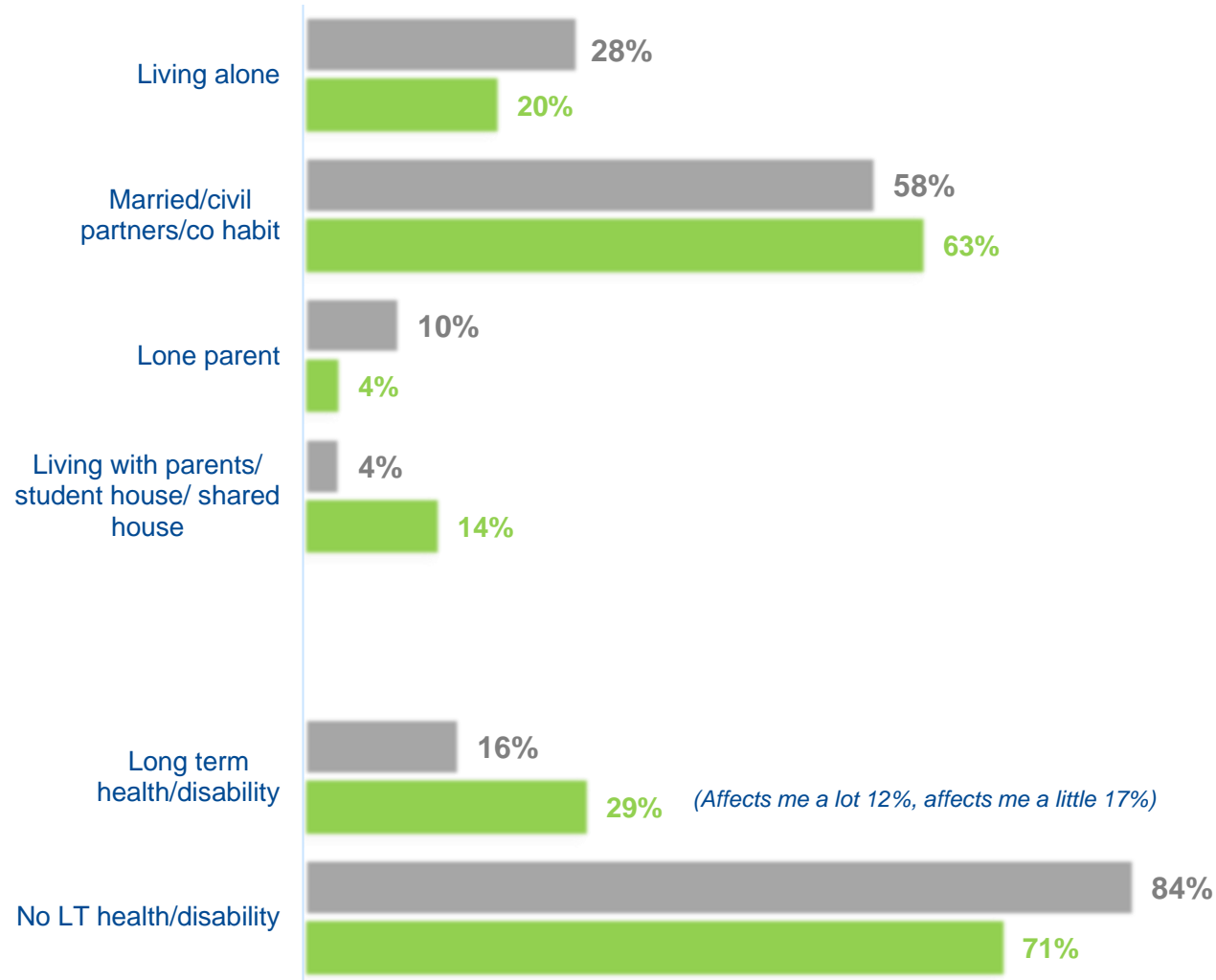


**NB:**  
Survey 5 participants' responses have been rim weighted to reflect the exact profile of the BSW population.

The sample profile relating to the findings in section 3 of this report is, therefore, exactly the same as the grey bars in the following charts.

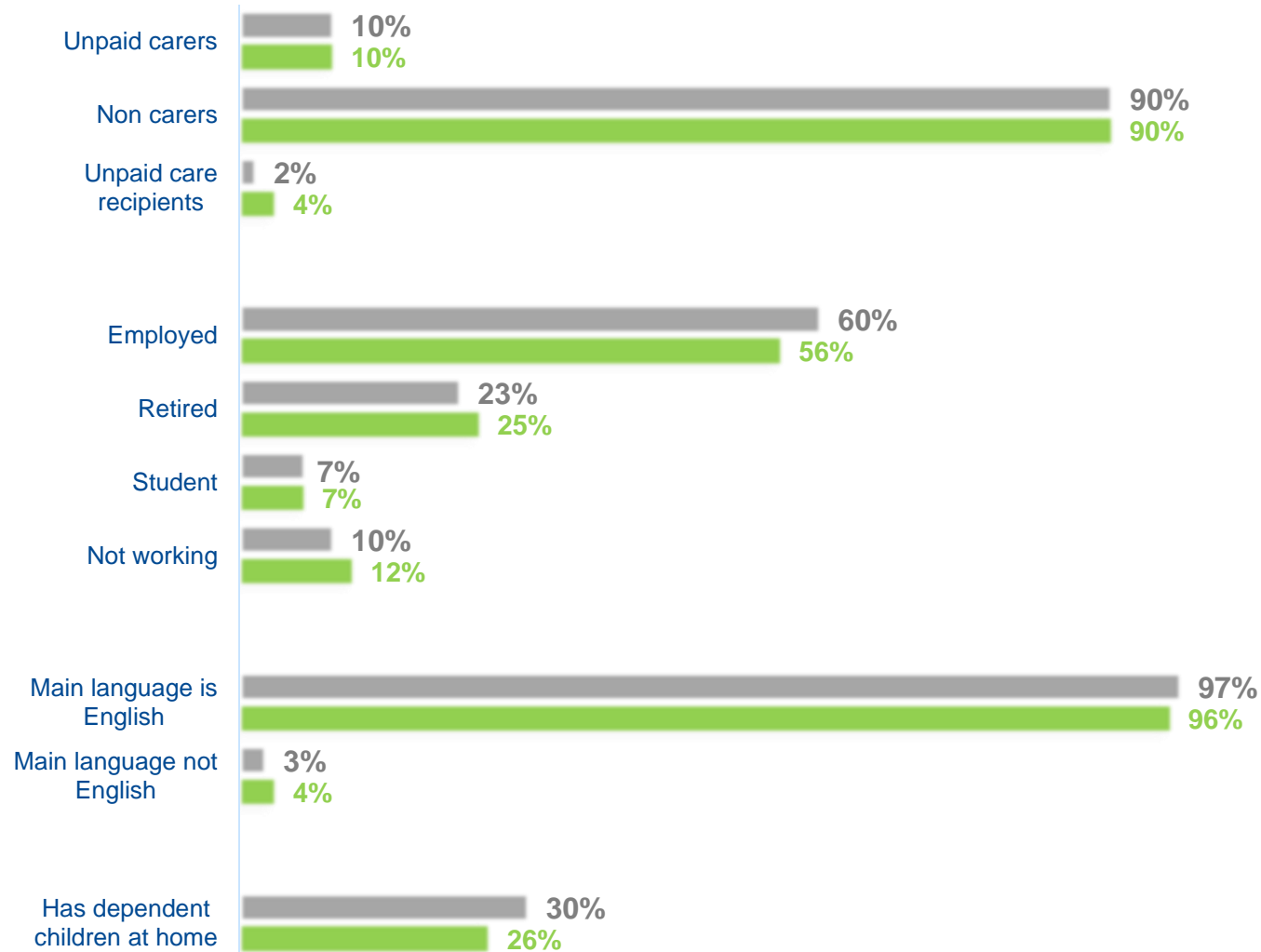
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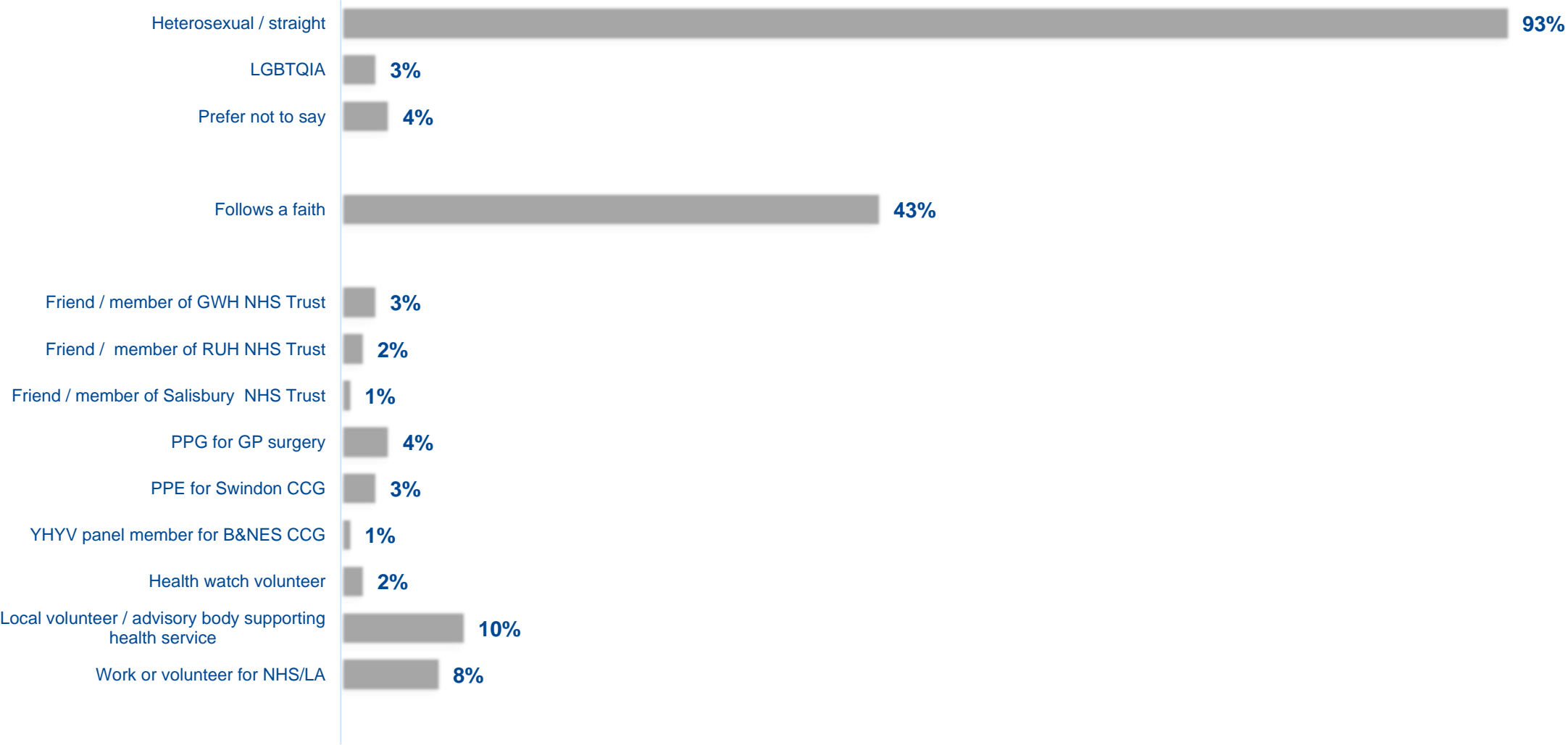


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# Rim weighted panel profile



Base: n=395



**Any questions please contact us:**

- Janice Guy, Marketing Research Consultant, Jungle Green mrc – [janice@junglegreenmrc.co.uk](mailto:janice@junglegreenmrc.co.uk) , 0117 914 4921
- Julie Ford, Recruitment and Data Manager, Jungle Green mrc – [julie@junglegreenmrc.co.uk](mailto:julie@junglegreenmrc.co.uk) , 01275 818343

