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Clinically led review of urgent and emergency care standards

Measuring performance in a transformed system

Version 1, 26 May 2021

Contents

Introduction

1. The NHS National Medical Director was asked to review the current NHS access standards to ensure they measure what matters most to patients and clinically.

2. In December 2020, the recommendations from the Clinically-led Review of NHS Access Standards for urgent and emergency care were published for consultation alongside the strategy for transforming urgent and emergency care provision.

3. The recommendations summarised the review's findings, developed in consultation with an expert advisory group, build on the Transformation of urgent and emergency care: models of care and measurement report (Dec 2020) and draw on testing by NHS trusts and the experiences of delivering urgent and emergency care during the first year of the COVID-19 pandemic.

4. This document summarises the responses to the consultation and next steps.

Background

5. The ambition of the clinically-led review of access standards is to improve the offer for patients and deliver improved access and outcomes providing an overall better experience of care. The proposals set out how changing the measures for urgent and emergency care would not only reflect the change in how people expect to access care, but also enable the ongoing improvements in how that care is received. The intention is to enable a new national focus on measuring what is both important to the public, but also clinically meaningful.

6. The recommendations were developed with the support of key national stakeholders including patient representatives, clinicians, and healthcare leaders, and have been tested and refined through real experience of using them in 14 test sites since May 2019. Further, the consultation builds upon the input of patients and the public through work undertaken in collaboration with Healthwatch England and the local Healthwatch network. The briefing report summarising this, published in February 2020, set out views captured through 330 face to face interviews, 1,700 opinions captured via national polling and feedback from over 6,000 users of urgent and emergency care services. A full list of the participants in the review can be found in Annex A.

7. There is clear evidence that when it was first introduced, the current four-hour target improved care, but has only ever focused on one part of a now much more complex range of urgent services for patients. The proposed measures track activity across the urgent and emergency care pathway rather than a single element of care to help people understand what to expect at each stage and to drive improvements in patients care.

Proposed new bundle of standards for urgent and emergency care

Service	Measure
Pre-hospital	Response times for ambulances
	Reducing avoidable trips (conveyance rates) to Emergency Departments by 999 ambulances
	Proportion of contacts via NHS 111 that receive clinical input
A&E	Percentage of Ambulance Handovers within 15 minutes
	Time to Initial Assessment - percentage within 15 minutes
	Average (mean) time in Department - non-admitted patients
Hospital	Average (mean) time in Department - admitted patients
	Clinically Ready to Proceed
Whole System	Patients spending more than 12 hours in A&E
	Critical Time Standards

Consultation Approach

8. Following the Clinically-led Review of Standards in urgent and emergency care there was a public consultation to seek the views of patients, the public and key stakeholders on the revised core set of NHS access standards. The consultation was led by NHS England and NHS Improvement and ran from 15 December 2020 to 12 February 2021.

9. People across the country were asked to submit their views in the following ways:

- Online consultation survey
- Through email and letter correspondence
- By attending an online focus group event

10. The consultation was promoted across various bulletins and communication channels both by NHS England and NHS Improvement as well as stakeholder organisations. Facilitated group meetings as well as one-to-one discussions were held, enabling participants to discuss in more detail their views on specific elements of interest. In addition, Local Healthwatch were commissioned to ensure members of the public with experience of healthcare organisations working within the proposed model were aware and shared their views. The full breakdown of participants is included in Annex B.

11. The consultation covered the proposed measures themselves rather than the level of performance that should be expected against each of the measures. The setting of the thresholds and the implementation will be subject to cross-Government agreement.

12. This report presents the findings on the questions set out for engagement with the public and wider NHS.

Engagement questions

- Are you aware of the existing Accident and Emergency four-hour standard?
- If yes, what do you understand the existing four-hour standard to mean?
- Which would help you understand how well urgent or emergency care is doing: A single measure or a wider range of measures across your urgent or emergency care journey?
- Please rate how important you think each of the measures are based on a scale of 1-5 where 1 is not important and 5 is extremely important? Please explain your answers.

	Measure
1.	Response times for ambulances
2.	Reducing avoidable trips (conveyance rates) to Emergency Departments by 999 ambulances
3.	Proportion of contacts via NHS 111 that receive clinical input
4.	Percentage of Ambulance Handovers within 15 minutes
5.	Time to Initial Assessment - percentage within 15 minutes
6.	Average (mean) time in Department - non-admitted patients
7.	Average (mean) time in Department - admitted patients
8.	Clinically Ready to Proceed
9.	Percentage of patients spending more than 12 hours in A&E
10.	Critical Time Standards

- Are there any additional measures that should be included within the bundle?
- To what extent do you agree with the recommendation to replace the current measure with the proposed new bundle of measures?
- To what extent do you agree that measuring the average time for all patients is a more appropriate or meaningful performance measure than the percentage of patients treated within a pre-determined time frame?
- To what extent do you agree that the bundle of indicators adequately measures the elements of the Urgent and Emergency Care pathway that are important to you?
- Please explain why you think the measures identified are appropriate or not?
- What do you think are the best ways to advise and communicate the proposed new urgent and emergency care measures to patients and visitors to urgent and emergency care departments?
- What are the key issues/barriers that should be taken into account for implementation of the bundle of measures and establishing thresholds for

performance? What additional support might providers need for implementation?

- Do you support the idea of a composite measurement approach to presenting the effectiveness of urgent and emergency care across a system?
- How frequently should this composite be updated and published?

Consultation responses

Respondents

13. In total there were 354 responses to the online survey, 16 participants at two focus group events and 18 pieces of correspondence. Participants were not required to answer every question. Analysis of the postcodes and organisations people identified as being part of, show that engagement and views have been received from a range of public, voluntary and independent sector organisations from across health, local government and wider social care and representing views from across England. Responses from the correspondence and focus group have been included against the relevant questions and within the analysis.

14. In addition to the formal responses, NHS England and NHS Improvement held discussions with clinical and operational leaders across each of the seven regional areas including Medical Directors, Directors of Nursing, Chief Operating Officers and commissioners of services. Table 1 shows the basis on which respondents to the online survey identified their participation.

Table 1: Which of the following would best describe you or your organisation?

	No.	%
Patient/public member	157	44%
NHS Trust	101	29%
Public sector organisation - NHS	30	9%
NHS CCG	19	5%
Patient Group or Network	5	1%
Charity	5	1%
Private company	5	1%
Voluntary or small community organisation	4	1%
GP Practice	2	0.6%
Local government / council	1	0.3%
Public sector organisation - not NHS	1	0.3%
Other	24	7%
TOTAL	**354**	

15. Forty-four percent (157) of online survey respondents identified themselves as a patient or member of the public, and of those from an organisation, a further 133 said they were not representing the official position of their organisation. Individual pieces of correspondence were primarily received from organisations, but did not identify organisation type or the basis of the submission and have therefore been excluded from the breakdown of response type but included within the overall analysis. This brings the total number of responses from individuals to around 78%, with 48% identifying themselves as having a clinical qualification. This combined with the extensive organisational engagement throughout the testing and development of the proposals as well as the findings from Healthwatch England's research provides a consistent message on what is important to clinicians, managers and importantly patients and members of the public.

Views on the current standard

16. Ninety-five percent of people said they felt they knew what the current target was, however when asked to set out that understanding it is clear their expectations differ. Expectations include four hours from arrival to initial assessment, four hours to seeing a medical professional, through to four hours to being admitted once a decision to admit is made. Of those responses that are identified from organisations or people with a clinical background, there was also feedback that the current standard delivered improvements, but that now a focus on a single measure can conflict with meeting the clinical needs of patients.

Views on the proposed approach

17. The responses also show that at a local level there is agreement with the recommendations that information and performance systems should reflect not just a single point in a pathway, but the wider urgent and emergency care system. Some local systems have set out how they have tried to extrapolate the current standard into a performance measure across an Integrated Care System (ICS), this goes to support the proposal that the standards should be able to help inform the wider system assessment of pressure points.

18. The bundle of measures was established to reflect the different standards and their different functions for various audiences, helping to support the multiple approaches that can be taken to monitor and report performance. Overall eighty percent of respondents said that a bundle of measures would be more helpful than a single measure to understand how well an urgent and emergency care system is doing. This demonstrates majority support for the recommended new approach.

19. As set out in Table 2 there is a clear level of support for a bundle of measures within all respondent groupings.

Table 2: Would a single measure or bundle of measures help you understand how well urgent or emergency care is doing?

	Total		Respondent type						Organisational response		Clinical qualification	
	No.	%	Patient / public	Voluntary / community sector org / charity	NHS Trust	CCG	Other NHS organisations	Other organisations	Yes	No	Yes	No
Single measure	71	20%	34%	23%	8%	11%	3%	13%	5%	11%	11%	28%
Bundle of measures	293	80%	66%	77%	92%	89%	97%	87%	95%	89%	89%	72%
Base	*364*		*155*	*13*	*101*	*19*	*31*	*31*	*63*	*132*	*167*	*183*

20. The responses support the model being proposed, and in some cases look for further development beyond that set out in the recommendations. There is a clear need to balance the public facing accountability measures with performance measures that enable local understanding of challenges and support the transformation of urgent and emergency care systems. Whilst there is no consensus on a single measure that should be included, the richness of the debate presented supports the arguments set out in the Interim report into the Clinically-led Review of NHS Access standards that a single measure is no longer suited to the different models and pathways that deliver urgent or emergency care to people.

Table 3: To what extent do you agree with the recommendation to replace the current measure with the proposed bundle of measures?

	Total		Respondent type						Organisational response		Clinical qualification		
	No.	%	Patient / public	Voluntary / community sector org / charity	NHS Trust	CCG	Other NHS organisations	Other organisations	Yes	No	Yes	No	Correspondence responses
5 – strongly agree	99	28%	26%	25%	26%	42%	39%	29%	37%	27%	29%	27%	9%
4 – agree	140	39%	29%	67%	41%	53%	45%	39%	48%	42%	38%	37%	91%
3 – neutral	72	20%	27%	8%	21%	5%	6%	19%	10%	19%	19%	22%	-
2 - disagree	22	6%	7%	-	7%	-	6%	6%	5%	6%	7%	6%	-
1 – strongly disagree	24	7%	11%	-	4%	-	3%	6%	-	5%	7%	7%	-
Base	*357*		*154*	*12*	*99*	*19*	*31*	*31*	*62*	*130*	*167*	*179*	*11*

Views on the proposed bundle of standards

21. There is a clear belief that the measures in the bundle are either important or extremely important, with more than half of the respondents scoring 4 or 5 on a 5 point scale and more than 80% scoring the measures 3 or higher.

Table 4: Please rate how important you think each of the measures is

	Extremely Important				Not Important	Score 4 & 5
	5	4	3	2	1	
Response times for ambulances	289	46	20	4	3	92.5%
Reducing avoidable trips (conveyance rates) to Emergency Departments by 999 ambulances	201	83	56	11	6	79.6%
Proportion of contacts via NHS 111 that receive clinical input	113	120	76	23	16	67.0%
Percentage of Ambulance Handovers within 15 minutes	205	95	40	12	3	84.5%
Time to Initial Assessment - percentage within 15 minutes	203	111	29	8	4	88.5%
Average (mean) time in Department - non-admitted patients	95	116	88	38	17	59.6%
Average (mean) time in Department - admitted patients	130	117	73	29	10	68.8%
Clinically Ready to Proceed	172	96	59	19	11	75.1%
Percentage of patients spending more than 12 hours in A&E	243	65	33	8	8	86.3%
Critical Time Standards	189	93	41	12	3	83.4%

22. There is clear support for the move from the current '12hours from Decision to Admit' to the proposed '12hours from Time of Arrival'. This will be further strengthened when used in conjunction with the 'Clinically Ready to Proceed' measure and the average (mean) time in department. The clinical suitability of an ED for patients beyond six to eight hours has also been raised, and therefore the use of a percentile expectation alongside the average is also being considered. This would help prevent outliers from skewing the performance and manage the clinical risk of patients spending too long in an Emergency Department.

23. Responses to the consultation also made clear that the proposal to use an average time for all patients in an Emergency Department was more meaningful than the current approach of setting an expectation for a percentage of patients within a pre-determined time frame. Only 24% of patients disagreed or strongly disagreed with the suggested move, compared to 54% supporting or strongly supporting the proposal.

Table 5: To what extent do you agree that measuring the average time for all patients is a more appropriate or meaningful performance measure than the percentage of patients treated within a predetermined timeframe?

	Total		Respondent type						Organisational response		Clinical qualification		Correspondence responses
	No.	%	Patient / public	Voluntary / community sector org / charity	NHS Trust	CCG	Other NHS organisations	Other organisations	Yes	No	Yes	No	
5 – strongly agree	74	21%	17%	23%	25%	26%	27%	23%	24%	25%	22%	21%	-
4 – agree	112	31%	33%	54%	26%	42%	27%	29%	37%	27%	27%	35%	40%
3 – neutral	79	22%	21%	23%	25%	21%	23%	19%	19%	25%	23%	22%	10%
2 - disagree	44	12%	13%	-	12%	11%	17%	13%	15%	11%	17%	8%	10%
1 – strongly disagree	48	13%	16%	-	12%	-	7%	16%	5%	12%	11%	15	40%
Base	*357*		*154*	*13*	*100*	*19*	*30*	*31*	*62*	*131*	*168*	*179*	*10*

24. The extension of urgent and emergency care standards to consider activity that takes place outside of an Emergency Department would be welcomed by respondents. A number of areas have been suggested for inclusion, these broadly relate to:

- Additional ambulance measures
- Patient discharge
- Treatment in alternative settings & direct admission levels
- Further disaggregation of measures

25. These are all issues that have been considered by clinicians, and either require further development or have been excluded due to the need to carefully balance all dimensions of the bundle. The national access standards provide a framework for local discussion and accountability. The experience during field testing was that the use of the bundle allowed a much richer discussion around issues outside of the headline measure(s) and it is therefore believed that the current proposals will enable insight to be built into local commissioning and transformation plans.

How measures support UEC transformation

26. The standards are intended to help inform patients about what their expectations should be when accessing urgent and emergency care. The consultation highlighted the need to ensure that urgent and emergency care services listen to and engage with their patients to understand what the experience of accessing that service is and how it can be improved. This cannot easily be translated into an access standard, but is clearly very important when commissioners, managers and clinicians are supporting the transformation of these pathways.

27. The proposed introduction of Critical Time Standards (CTS) has received extensive support and the responses are helping to inform what should be included within those measures. This emphasises the need to consider the overall approach to standards and move from a static single measure to one that encourages and supports innovation in care and improvements in clinical outcomes.

28. Only 13% of respondents disagreed with the proposal, with 67% of people fully supporting the move from the current standard to the new bundle of measures.

Next Steps

29. Feedback during the engagement period has included requests to make these changes quickly and give certainty to the NHS and the people it serves. However, many respondents have emphasised the importance of a phased implementation given 1) the need to focus on restoring routine NHS services and 2) the technical demands of establishing new data collections and performance analysis systems together with business change to management functions. A number of stakeholders and respondents highlighted the need to set appropriate performance expectations against these metrics, which will require agreement with Government.

30. The presentation of performance across the bundle of measures is something that will require further work. Overall 78% of respondents, supported the idea of a composite measurement approach to present the effectiveness of urgent and emergency care. However, when asked how frequently it should be updated it became clear there were a number of possible uses and audiences that the respondents had anticipated a composite be used for, from a real time dashboard approach to an annual update. It is therefore, our intention to continue developing the thinking on this proposal with stakeholders, subject to government agreement to the principle of the bundle and agreement of suitable thresholds.

31. The responses on how best to advise and communicate the proposed new measures to patients and visitors, as well as the opportunities or challenges to implementation, will be considered as part of an implementation plan, subject to Government agreement to implement the proposals.

Annex A: Participants in the clinically-led review of NHS access standards

Clinical Oversight Group
Academy of Medical Royal Colleges
Royal College of Surgeons
Royal College of Physicians
Royal College of Nursing
Royal College of General Practitioners
Royal College of Emergency Medicine
Royal College of Psychiatrists
NHS Providers
NHS England and NHS Improvement
NHS Clinical Commissioners
NICE UK
HealthWatch England
Patients Association
Cancer Research UK
Breast Cancer Care
Macmillan Cancer Support
Mind

Urgent and Emergency Care Advisory Group
Academy of Medical Royal Colleges
Royal College of Emergency Medicine
Royal College of Paediatrics and Child Health
Royal College of Nursing
Royal College of Physicians
Royal College of Surgeons
Royal College of General Practitioners
Society of Acute Medicine
NHS Clinical Commissioners
NICE UK
Healthwatch England
Patient's Association

Annex B

Table 6: Do you have a clinical qualification?

	Total		Respondent type						Organisational response	
	No.	%	Patient / public	Voluntary / community sector	NHS Trust	CCG	Other NHS organisations	Other organisations	Yes	No
Yes	169	48%	22%	14%	81%	32%	72%	68%	45%	79%
No	185	52%	78%	86%	19%	68%	28%	32%	55%	21%
Base	*354*		*157*	*14*	*101*	*19*	*32*	*31*	*64*	*133*

Figure 1: Map of postcodes. Base: 284 consisting of 243 individual postcodes and 40 organisational postcodes

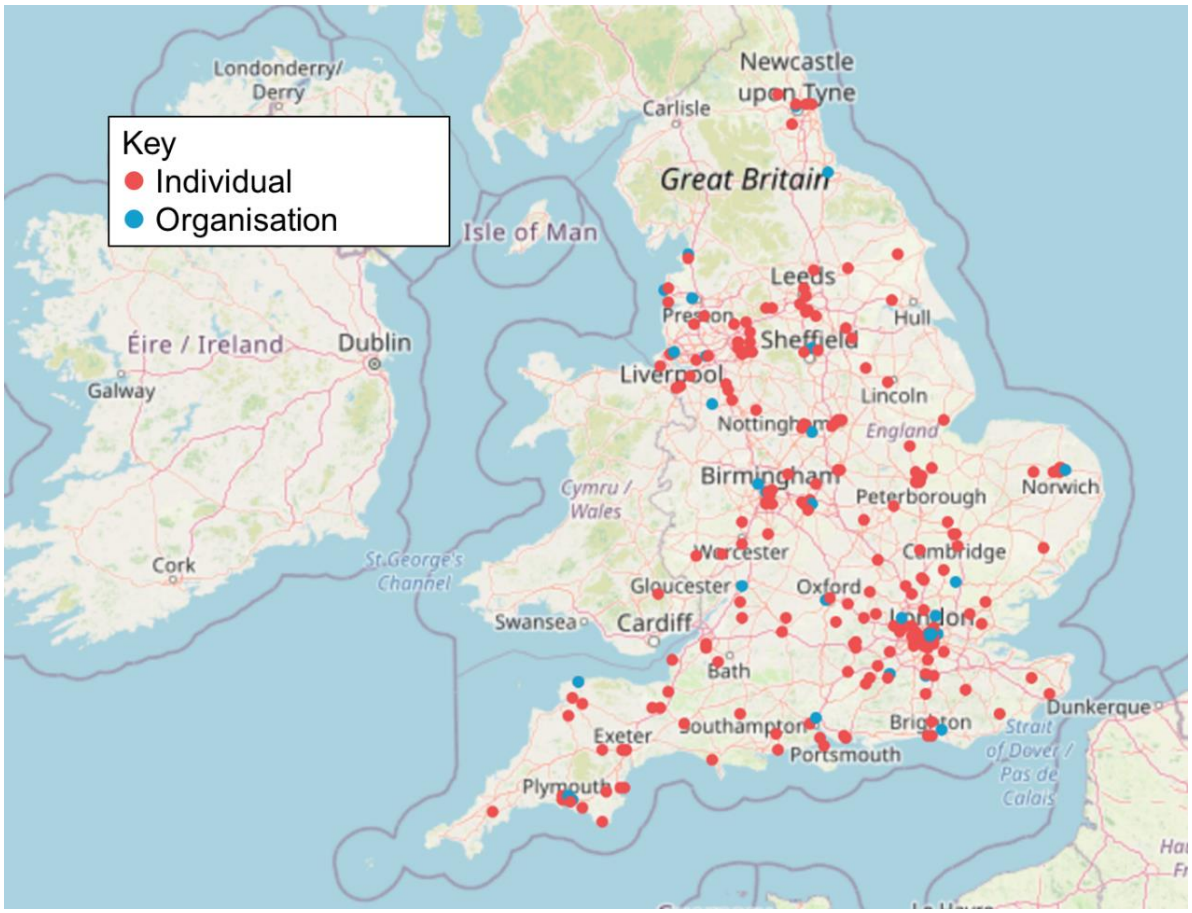

Table 7: If you are replying on behalf of an organisation or as an NHS employee, if you are happy to do so, please state the name of the organisation below:

List of organisations	
Addenbrookes hospital	NHS Cambridgeshire & Peterborough CCG
Age UK	NHS Liverpool CCG / Cheshire & Merseyside UEC
Bath and North East Somerset, Swindon and Wiltshire Integrated Care System	NHS North Devon District Hospital Employee
Black Country and West Birmingham STP	NHS South Sefton CCG
Blackpool Teaching Hospital	NHS West Hampshire CCG – Southampton & South West Hampshire ICP
British Geriatrics Society	NHSE/I
British Thoracic Society	NHSEI NW
BSUH NHS Trust	Norfolk & Waveney CCG
Bucks Healthcare NHS Trust	Norfolk and Norwich Hospital
Calderdale & Huddersfield NHS Foundation Trust	North Bristol NHS Trust
Central England Co-operative	North East Ambulance Service NHS Foundation Trust
Cerner	North Middlesex University Hospital
Cheshire and Merseyside Urgent and Emergency Care Network	North Tees and Hartlepool NHS Foundation Trust
Cheshire CCG	North West Anglia NHS Trust
CHFT	Northern Care Alliance
Chief Operating Officer, University Hospitals of Morecambe Bay	Northumbria Healthcare NHS Foundation Trust
CNWL	Nuffield Trust
Co-Chair of the Clinical and Professional Leadership Advisory Group - Urgent and Emergency Care - NHS London	NWAFT
Combe Costal Practice	Picker Institute Europe
Cornwall	Portsmouth Hospitals University Trust
County Durham and Darlington NHSFT (LADB)	Primary Care Foundation
Derriford Hospital	Representing the Emergency Medicine Clinical Leads Forum Midlands Region
DHU 111 (East Midlands) CIC	Revolutionise Limited
DHU Health Care	Royal College of Nursing
East Cheshire Trust	Royal Pharmaceutical Society
East Midlands Ambulance Service NHS Trust	Royal Surrey County Hospital, Ashford St Peters and Surrey and Sussex Healthcare, Surrey Heartlands ICS
East Suffolk and North Essex NHS Foundation Trust	Sheffield Teaching Hospitals NHS Foundation Trust
Enfield Parent Carer Forum	Society for Acute Medicine
ESNEFT	Somerset
Frimley Health	Somerset Foundation Trust
Frimley Health NHS Foundation Trust	Southampton University Hospital NHS Foundation Trust - Eye Casualty
Frimley Park	St George's University Hospitals NHSFT
Gloucestershire Clinical Commissioning Group	Stroke Association
Harrogate and District NHS Foundation Trust Emergency Department	Surrey
Healthier Lancashire and South Cumbria Integrated Care System	Surrey and Sussex Healthcare NHS Trust
Healthwatch Birmingham	Sussex Community NHS Foundation Trust
Healthwatch Bucks, Healthwatch Oxfordshire, Healthwatch Reading, Healthwatch Wokingham Borough, Healthwatch West Berkshire	Tameside & Glossop ICFT
Healthwatch England	Tameside General Hospital, Ashton Under Lyne, Greater Manchester
Healthwatch Portsmouth	The Pennine Lancashire A&E Delivery Board is a multi-disciplinary group of professionals, compromising of both clinical and managerial

Hounslow and Richmond Healthcare Trust	The Society for Acute MEDICINE
Hull University Teaching Hospitals NHS Trust	Torbay and South Devon NHS FT
Imperial College Healthcare NHS Trust	UHCW
Kettering general hospital NHS FT	UHP
Lancashire Teaching Hospitals	ULHT
Lead commissioners for North West Ambulance, NHS 111 and Patient transport services	University Hospital Southampton
Lincolnshire community health services	University Hospitals Dorset
Liverpool University Hospital NHS Trust	University Hospitals of Derby & Burton NHSFT
London Ambulance Service	University Hospitals Plymouth NHS Trust
Manchester University NHS Foundation Trust	West Hertfordshire Hospitals NHS Trust
MFT	West Midlands Ambulance Service University NHS Foundation Trust
Mind	West Midlands Integrated Urgent Care Team
Morecambe Bay CCG	Whittington Health NHS Trust
MPFT	Wiltshire
NDHT	Wirral University Teaching Hospital
NEL Commissioning Support Unit	York Teaching Hospital NHS Foundation Trust
NELCSU + NCL Stakeholders	

Table 8: Which of the following groups does your organisation represent?

	Total		Respondent type						Organisational response	Clinical qualification		
	No.	%	Patient / public	Voluntary / community sector org / charity	NHS Trust	CCG	Other NHS organisations	Other organisations	Yes	No	Yes	No
My organisation represents the whole community, including all of these groups	153	96%	-	64%	99%	100%	100%	100%	90%	99%	99%	90%
Specific age group	9	6%	-	21%	7%	-	-	-	10%	4%	6%	6%
Specific long-term condition	8	5%	-	29%	4%	-	-	-	12%	2%	4%	8%
Those with a particular disability	7	4%	-	21%	4%	-	-	-	10%	2%	4%	6%
Specific gender group	6	4%	-	7%	5%	-	-	-	6%	3%	5%	2%
Specific ethnic or race group	6	4%	-	7%	5%	-	-	-	6%	3%	5%	2%
Communication impairments	6	4%	-	14%	4%	-	-	-	8%	2%	4%	4%
Those who have recently had a baby or are pregnant	5	3%	-	7%	4%	-	-	-	6%	2%	4%	2%
Those with a drug or alcohol addiction	5	3%	-	7%	4%	-	-	-	6%	2%	4%	2%
Geographical impairments	5	3%	-	7%	4%	-	-	-	6%	2%	4%	2%
Particular sexual orientation	4	3%	-	7%	3%	-	-	-	6%	0.9%	3%	2%
Homeless people	4	3%	-	7%	3%	-	-	-	6%	0.9%	3%	2%
Army Veteran	4	3%	-	7%	3%	-	-	-	6%	0.9%	3%	2%
Gypsy and traveller communities	4	3%	-	7%	3%	-	-	-	6%	0.9%	3%	2%
Marriage and civil partnership	3	2%	-	-	3%	-	-	-	4%	0.9%	3%	-
Those with a particular religion or faith	3	2%	-	-	3%	-	-	-	4%	0.9%	3%	-
Base	**159**		**-**	**14**	**93**	**19**	**29**	**4**	**49**	**110**	**107**	**52**

Table 9: Demographic profiling

Ethnicity		
White: British	227	83%
White: Irish	4	2%
White: Gypsy or traveller	2	0.7%
White: Other	15	6%
Mixed: White and Black Caribbean	2	0.7%
Mixed: White and Black African	-	-
Mixed: White and Asian	2	0.7%
Mixed: Other	-	-
Asian/Asian British: Indian	9	3%
Asian/Asian British: Pakistani	1	0.4%
Asian/Asian British: Bangladeshi	-	-
Asian/Asian British: Chinese	2	0.7%
Asian/Asian British: Other	1	0.4%
Black/Black British: African	1	0.4%
Black/Black British: Caribbean	2	0.7%
Black/Black British: Other	1	0.4%
Other ethnic group: Arab	1	0.4%
Any other ethnic group	5	2%
Base	*275*	
Age category		
16 - 19	1	0.3%
20 - 24	3	1%
25 - 29	8	3%
30 - 34	21	7%
35 - 39	23	8%
40 - 44	37	13%
45 - 49	36	13%
50 - 54	33	12%
55 - 59	39	14%
60 - 64	22	8%
65 - 69	18	6%
70 - 74	17	6%
75 - 79	17	6%
80 and over	4	1%
Prefer not to say	7	2%
Base	*286*	
Religion		
No religion	122	45%
Christian	131	48%
Buddhist	1	0.4%
Hindu	7	3%
Jewish	2	0.7%
Muslim	3	1%
Sikh	-	-
Any other religion	7	3%
Prefer not to say	-	-
Base	*273*	
Sex		
Female	148	54%
Male	116	42%
Intersex	-	-
Other	1	0.4%
Prefer not to say	9	3%
Base	*274*	

Sexual orientation		
Heterosexual	235	86%
Lesbian	-	-
Gay	5	2%
Bisexual	6	2
Other	1	0.4
Prefer not to say	28	10
Base	*275*	
Relationship status		
Married	160	57%
Civil partnership	5	2%
Single	36	13%
Divorced	16	6%
Lives with partner	28	10%
Separated	2	0.7%
Widowed	9	3%
Other	7	3%
Prefer not to say	20	7%
Base	*283*	
Pregnant currently		
Yes	3	1%
No	271	99%
Prefer not to say	-	-
Base	*274*	
Recently given birth		
Yes	2	0.7%
No	269	99%
Prefer not to say	-	-
Base	*271*	
Health problem or disability		
Yes, limited a lot	19	7%
Yes, limited a little	55	19%
No	209	74%
Prefer not to say	-	-
Base	*283*	
Disability		
Physical disability	27	24%
Sensory disability	11	10%
Mental health need	21	19%
Learning disability or difficulty	3	3%
Long-term illness	40	36%
Other	11	10%
Prefer not to say	27	24%
Base	*112*	
Carer		
Yes - young person(s) aged under 24	48	17%
Yes – adult(s) aged 25 to 49	7	3%
Yes - person(s) aged over 50 years	49	18%
No	171	62%
Prefer not to say	9	3
Base	*277*	
Armed Services		
Yes	16	6%
No	252	90%
Prefer not to say	11	4%
Base	*279*	

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

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