# Accessibility to Healthcare Services in the Maldon Central, Dengie & South Woodham Ferrers Integrated Neighbourhood Team (INT) Area

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**Emily Cramb, Master of Public Health Student,**

**Warwick Medical School**

**Pathways to the Public Health Workplace Module**

**Academic Supervisor:** Bronwyn Harris, University of Warwick

**Organisation Supervisor:** Peter Blackman, South Woodham Ferrers Health & Social Care Group

# Contents

# Layout Disclaimer

Due to the large word count, this document has been formatted for readability. Therefore, the *Executive Summary* has been placed in the *Results* section. The results from the survey and focus group discussions held, which detail the analysis in depth alongside figures and tables created by the author have been placed in the appendices (Appendix 5, 6 and 7). The contents page has been added to outline the structure and to allow navigation to these sections.

# Abbreviations

| Abbreviation | Definition |
|---|---|
| AGM | Annual General Meeting |
| CVS | Community Voluntary Services |
| FGD | Focus Group Discussion |
| ICB | Integrated Care Board |
| ICS | Integrated Care System |
| INT | Integrated Neighbourhood Team |
| MSE ICB | Mid and South Essex Integrated Care Board |
| NHS | National Health Service |
| PCN | Primary Care Network |
| PPG | Patient Participation Group |
| SDOH | Social Determinants of Health |
| SWF | South Woodham Ferrers |
| SWF H&SCG | South Woodham Ferrers Health & Social Care Group |
| VCFSE | Voluntary Community Faith and Social Enterprise sector |

# Introduction

### South Woodham Ferrers Health & Social Care Group

South Woodham Ferrers Health & Social Care Group (SWF H&SCG) is an independent self-governed organisation formed in 2016 to campaign the health and social care needs of the SWF population. It was originally SWF Healthcare 2000, a millennium project. SWF H&SCG aims to do this through advocacy and information provision. Moreover, SWF H&SCG provides public health & welfare information to the local community through its website, via weekly bulletins, social media presence and a regular column in the SWF's magazine, delivered monthly to all homes and premises in SWF[1] .

The SWF H&SCG maintains a positive reputation, with ability to engage all NHS and social care authorities and organisations at the greatest operational levels. SWF H&SG was built upon this, continuing to access to the highest-level representatives such as councillors, Non-Executive Directors, Chief Executives and Executive Directors of health and social care organisations and authorities. SWF H&SCG has a Task Force made up of invited representatives of all constituencies of the Town, including Patients, Service Users, Councillors, Education, Business, Recreation, Philanthropy and Faith [2] .

### Maldon Central, Dengie & South Woodham Ferrers Integrated Neighbourhood Team (INT) area

INTs are a model of healthcare delivery that brings together professionals from different sectors, including health, social care, and the voluntary sector, to work collaboratively in local communities. They complement Primary Care Networks (PCNs), introduced nationwide as part of the NHS Long Term Plan (2019). PCNs are a network of primary care services, aiming to provide more integrated health and social care for people, closer to their homes. PCNs typically serve a population between 30,000-50,000 people [3]. SWF is placed in the Dengie & SWF PCN [4]. INTs followed this move in July 2022, building further on the idea of "integrated care" as part of Integrated Care Partnerships (ICPs). Mid and South Essex Integrated Care System (MSE ICS) is the umbrella for MSE ICB and MSE Integrated Care Partnership (ICP). There are four Alliance areas within MSE ICS of which Mid Essex Alliance includes the Maldon Central, Dengie & SWF INT [2]. SWF is in the Mid Essex Alliance area, within the larger Mid and South Essex ICS illustrated below in Figure 1. The geographical coverage of Mid Essex Alliance spans across Braintree, Chelmsford and Maldon Districts serving a population of 405,000, where planning and service delivery for routine health and care services is done . The area is a semi-rural and rural area. The Mid and South Essex Integrated Care Board (MSE ICB) highlights the need for improved service delivery due to an ageing population, with an estimated 1 in 7 aged over 75 by 2039 and a total population increase of 14.7%, creating an increased demand for health and care services, exceeding funding supply

from central government. Additionally, there is emphasis on widening health disparities[5].

Figure 1: Diagram of Mid and South Essex ICS[5]

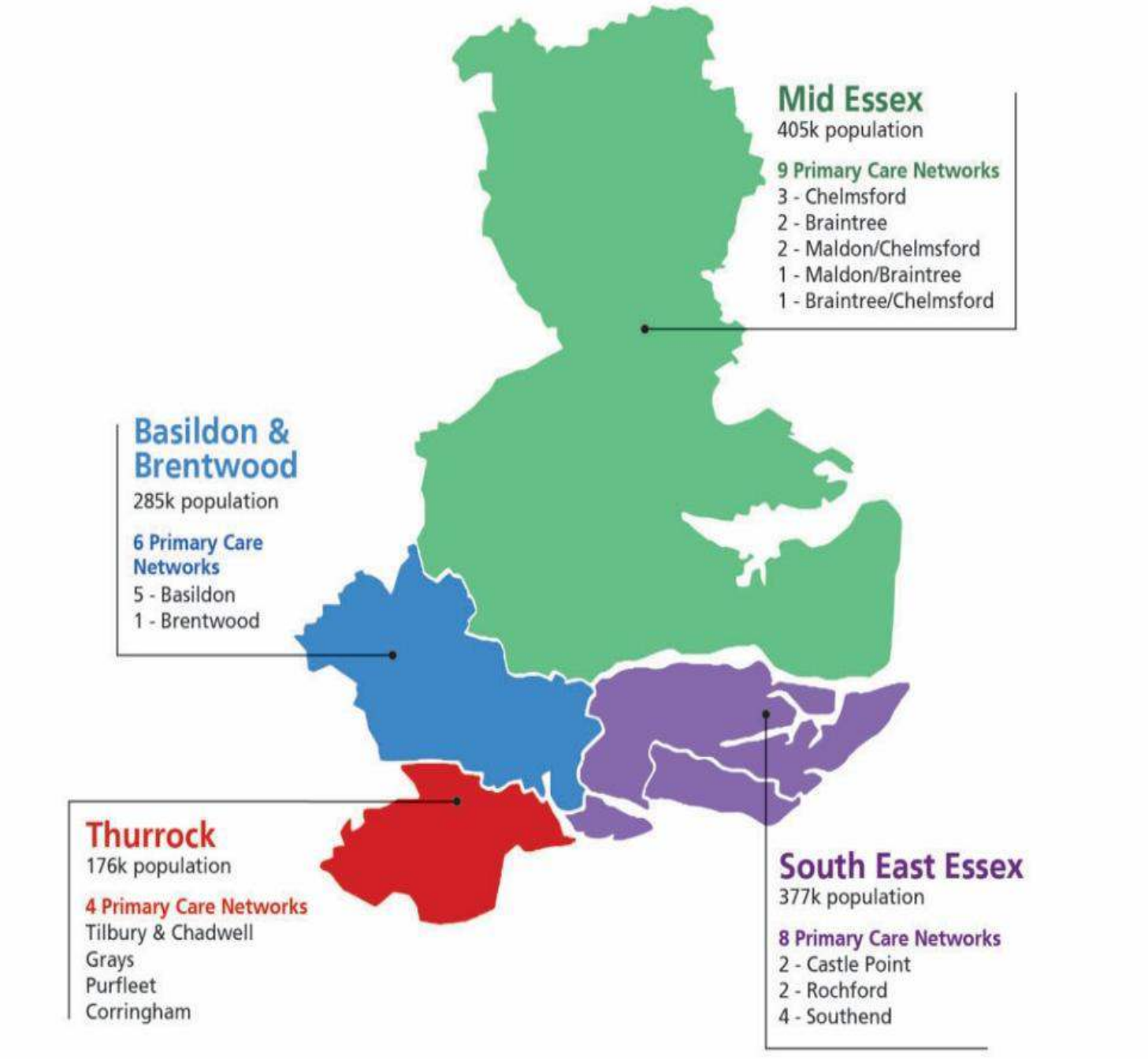
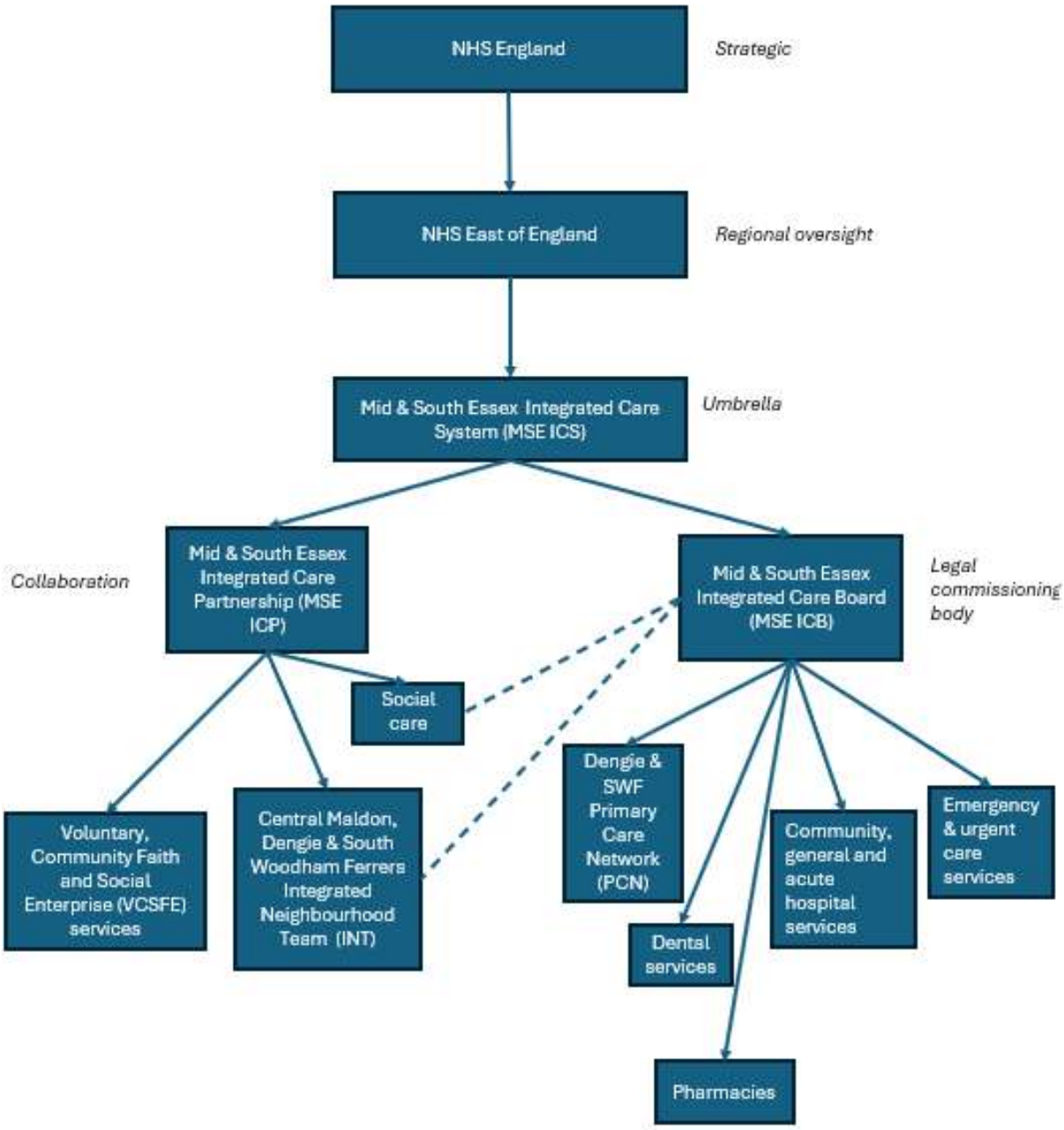


Figure 2 below has been created to show the NHS governance and local service integration pathway for the Central Maldon, Dengie & SWF INT.

Figure 2: Local NHS governance and service integration pathway for the Central Maldon, Dengie & SWF INT area[6]



## Recent Developments in Health Policy

At the Community Health Services and St Peter's Hospital Public Consultation Hearing held on 19th March 2024, Peter Blackman, Chair of SWF H&SCG presented responses to the consultation questions and suggested proposed changes to local community hospital services[7-9] . In September 2024, The Mid & South Essex Integrated Care Board (MSE ICB) announced a six-month delay in the final decision-making regarding the reconfiguration of community hospital service beds, including a midwife-led birthing unit and ambulatory care services[8,9]. At the point of the writing of this report, the final decision making by the MSE ICB will take place in July 2025.

At a national level, the "triple devolution" of health and care services has been outlined by Wes Streeting, Secretary of State for Health and Social Care in November 2024, referring to the transfer of power to local authorities by de-centralising health services [10, 11]. This focuses on:

> *"Power shifting out of the centre to Integrated Care Boards (ICBs), to providers and, crucially, to patients. I want to lead an NHS where power is moved from the centre to the local and from the local to the citizen."* [10]

Later, in March 2025, Prime Minister Sir Kier Starmer announced a radical review of NHS England and the proposed abolishment as the executive body that oversees the NHS in England [11]. Whilst restructuring the healthcare system may empower local entities to enhance healthcare delivery that is more responsive to community need, there are concerns regarding ensuring equitable health outcomes across England if a central oversight is lost leading to a potential "postcode lottery" [10] .

## Health, Welfare & Social Care Assessment of the Dengie & South Woodham Ferrers Primary Care Network June 2023

An annual general meeting (AGM) held by SWF H&SCG in July 2022 called for a study to be undertaken due to concerns of unsatisfactory service provision and the need to analyse the impact of COVID-19 and the cost-of-living crisis on the community. Following this, in June 2023, the SWF H&SCG published a report on their website titled " *Health, Welfare & Social Care Assessment of the Dengie & South Woodham Ferrers Primary Care Network June 2023*" in collaboration with the University of Warwick Masters of Public Health course. The report used a mixed-methods approach combining quantitative and qualitative primary data collection. Four quantitative surveys were conducted: Social Impacts of COVID-19, Social Impacts of the Cost-Of Living Crises, Access to Appointments and Services, and Mental Health. Two online qualitative workshops were conducted based on the preliminary results of the surveys with the public. The report highlighted the pressures faced by the NHS and the impact on the healthcare services of the Dengie & SWF PCN area. Accessibility was highlighted as a major concern, recommending further research [4] .

### Accessibility

Accessibility to healthcare services is an important public health matter. Accessibility of a service is essential for a population to utilise resources to their full extent. A population or individual may be unable to have preventative care or appropriate intervention for poor health or illness if they do not have adequate access. Therefore, access to treatment is a determinant of the health and well-being of a population [13] .

## Aims and Objectives of this Study

Accessibility has been recognised as an important issue with healthcare services across England, yet to our current knowledge, no independent body of the NHS has planned to understand and provide evidence regarding access in the currently changing public health climate.

### Aim

The aim of the research is to provide evidence regarding the accessibility of local community and hospital services for residents of Central Maldon, Dengie and SWF and to develop recommendations for enhancing service accessibility, with a focus on physical accessibility.

### Objectives

The objectives for the study are as follows:

1. To identify what local community health and social care services, including VCFSE (Voluntary, Community, Faith & Social Enterprise Sector), the local population use to support their health and wellbeing through a survey.

2. To understand how people currently physically access these services through a survey and focus group discussions (FGDs).

3. To document how people currently travel to access in person services through a survey and FGDs.

4. Identify enablers and barriers to access through a survey and FGDs.

5. Exploring viable options for addressing those barriers within the local context through a survey and FGDs.

# Methodology

## Approach

A mixed-methods design was implemented in this study, combining quantitative and qualitative primary data collection and analysis to assess accessibility to healthcare services in the INT area. This approach was chosen to enable a widely implemented survey across the community to be supported by enriched insights into patient experience in FGDs. Data was collected in two steps:

**Step 1:** Survey released to the public – "Accessibility to Healthcare Services in the Maldon Central, Dengie & South Woodham Ferrers Integrated Neighbourhood Team" (Appendix 1)

**Step 2:** Online focus group discussions (FGDs), one with stakeholders and local authorities in addition and one with the public.

The research design was structured to first gather primarily quantitative data through the survey that has a broad community outreach, followed by qualitative insights from the FGDs. The data collection overlapped due to the time constraint of the project and to ensure a comprehensive understanding of healthcare accessibility. Questions for the FGDs guides were enhanced by preliminary analysis of responses to the survey.

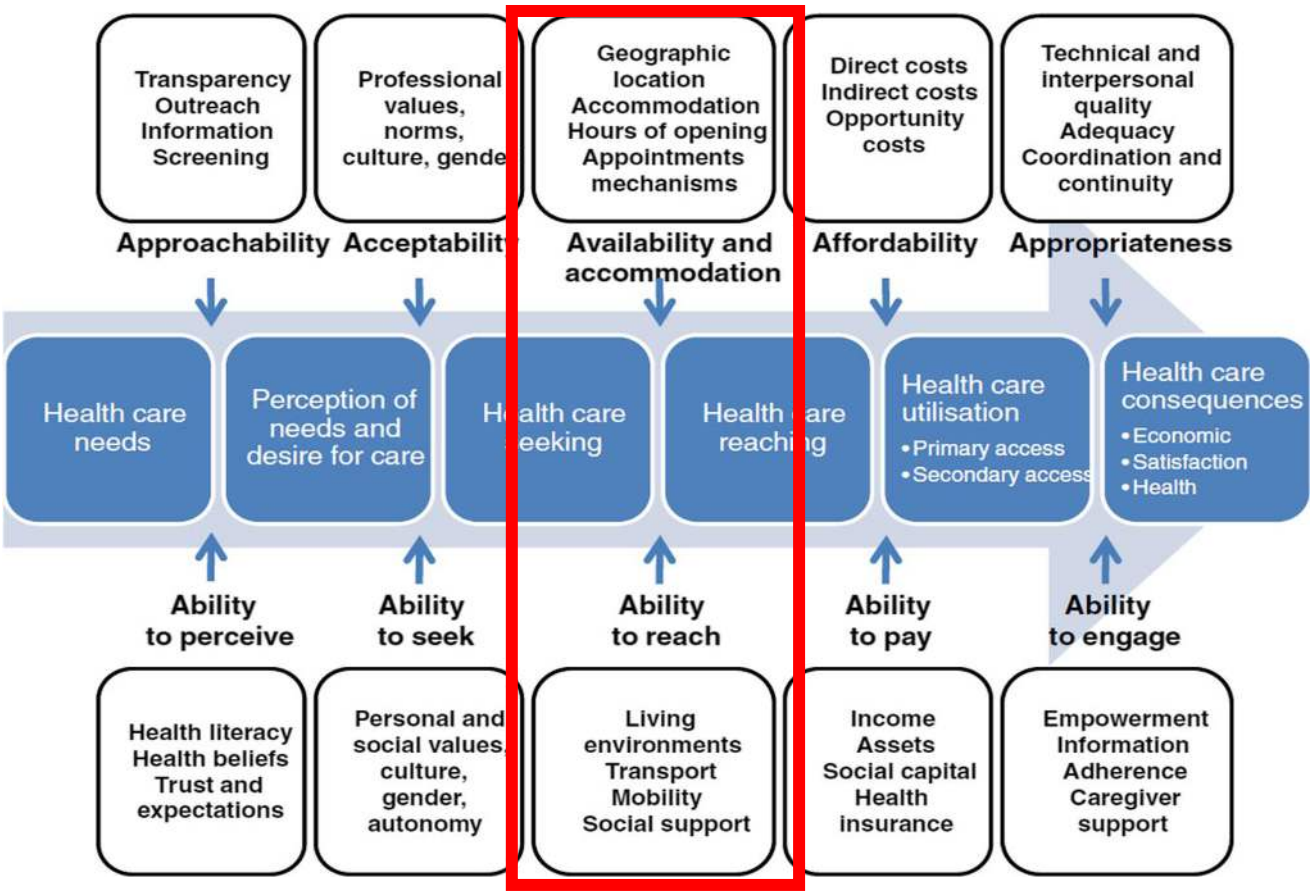
## Ethical Clearance

The study (Step 1: survey implementation and analysis, and Step 2: conducting FGDs and analysis) was given course-delegated ethical approval on behalf of the BSREC committee at the University of Warwick (REGO-PAT-2025-002). The author who designed the research has completed the full Epigeum Research Integrity, Second Edition training.

## Levesque et al (2013) Accessibility Framework

The exploration of accessibility was supported by the Levesque et al (2013) framework illustrated in Figure 3, which theorises access as the interaction between the ability of individuals to seek and reach care, and the availability and approachability of services to deliver care. This model has informed the development of both the survey and focus group discussion topics by focusing on availability and accommodation alongside the ability to reach [14].

Figure 3: Levesque et al Accessibility Framework (2013) [14]




## Survey Development

The questions in the survey were primarily produced based on consultation between SWF H&SCG and the University of Warwick. Questions used in the 2021 census were used to inform demographic questions [15] .

Whilst the survey is independent of the NHS, we were pleased to receive valuable informal feedback in consultation from the MSE ICB regarding an initial draft of the survey. This allowed contribution to the development of our survey by identifying of what would be helpful and usable by them. While a formal piloting step was not conducted, the final version of the survey was reviewed internally and with a few Patient Participation Group (PPG) leaders to ensure clarity, relevance, and accessibility before being distributed to the public. The survey was created and administered using Qualtrics software, providing a secure platform for collating responses.

### Survey Content

The survey consisted of five sections (Appendix 1).

Each participant answered an initial section on  demographic information. This included age, gender, ethnicity place of residence, registered GP surgery, caring and veteran status. Additionally,  disability, and employment status were requested and subsequent impact on general access to services. Avoidance of emergency services was also placed in this section to ensure all participants had the opportunity to answer this.

The next sections (2-5) aimed to review accessibility and availability of healthcare services within the INT area. Each section generally consisted of questions regarding use of service, appointment convenience and ease, mode of transport, time taken to travel and whether participants experienced any challenges. Follow-up questions were only asked where participants had specified service use within a specified timeframe. Furthermore, those who had experienced access challenges for each service were asked a follow up question regarding what these challenges were.

**Section 2: Community health and social care services**

- GP surgeries: routine and urgent GP appointments
- Pharmacy services
- Dental services
- Tests and laboratory services
- Social care services
- Emergency services
- VCFSE services

**Section  3: Community hospital services**

**Section 4: General and acute hospital services**

**Section 5: Specialist hospital services**

Participants were asked to describe challenges in accessing healthcare services. The term ‘challenges’ was used intentionally to allow for a broader interpretation, involving both structural barriers and individual-level difficulties

## Participant Recruitment & Data Collection

**Inclusion and exclusion criteria for the survey were as follows:**

*Inclusion criteria:*

- Aged 18 years or older
- Residents who live within the Maldon Central, Dengie and South Woodham INT area

*Exclusion criteria:*

- Individuals aged below 18 years
- Non-residents of the Maldon Central, Dengie and South Woodham Ferrers INT area

The recruitment for survey participants was voluntary and self-initiated. A snowball sampling approach was employed. Individuals who completed the survey were encouraged to share the survey details with others in their networks, further aiming to expand participation. Purposive sampling was also used to ensure that participants were residents within the defined INT area, aligning the survey sample with the study's geographic focus. This maximised the limited resources of the project by being cost-effective.

Peter Blackman, chair of SWF H&SCG was responsible for the distribution of the survey. Dissemination was multi-faceted in attempt to reach a large audience as described in Table 1. Participants accessed the survey either through an anonymous link or QR code. A news release and social media post were designed by the author and SWF H&SGG (Appendix 2). Continuation of the survey past the participation information leaflet and consent form indicated informed consent. No personally identifiable data was collected during the survey. The survey was published for 21 days between 15.04.2025 and 07.05.24. The FGDs took place on the 02.05. 2025.

Table 1: Survey distribution strategy

| Channel | Description |
|---|---|
| **GP surgeries** | Forwarded to local GP surgeries and PPG leads in the Maldon Central, Dengie & South Woodham Ferrers INT area:<br><br>• Greenwood & Wyncroft Practice, South Woodham Ferrers<br>• Kingsway Practice, South Woodham Ferrers<br>• Trinity Medical Practice, Mayland<br>• William Fisher Medical Centre, Southminster<br>• Dengie Medical Partnership, Mayland & Tillingham<br>• Burnham Practice<br>• Longfield Medical Centre, Maldon<br>• Blackwater Medical Centre |
| **SWF H&SCG website** | Published on the SWF H&SCG website for online access to be received by subscribers, networks and contacts. |
| **SWF H&SCG weekly newsletter** | Sent out to 300+ subscribers to weekly newsletter |
| **Social media** | Shared on SWF H&SCG's SWF town social media accounts/pages, along with those for the Dengie and Maldon. |
| **News outlets** | News release submitted to:<br>• Maldon & Burnham Standard<br>• Essex Chronicle & Essex Live<br>• Echo - Southend & Basildon<br>• BBC Essex (radio) |
| **Contacts of SWF H&SCG** | • NHS Mid & South Essex ICB<br>• SWF Town Council Councillors<br>• Contacts on the Dengie and in Maldon<br>• Sir John Whittingdale MP and his involved constituents |

### Step 2: Qualitative Focus Group Discussions (FGDs)

Two synchronous online FGDs discussions were held (n =2). The focus group discussion guides were formed using the structure of the survey (Appendix 3 & 4). One of the FGD's was with members of the public (n=2) to explore barriers to access and the potential viable options for addressing these. Participants were not chosen to be representative of the population, but to provide their perspective into accessibility experience. Questions in the FGD were adjusted using initial survey results.

A second FGD was held for stakeholders/service providers in the locality (n=4) aiming to explore the reasons for access barriers and recommendations for improvement. This included representatives from local authorities and NHS.

### Data Analysis

Only fully completed surveys were processed by Qualtrics to allow participants to withdraw from the survey at any point in line with ethical considerations. Survey data was analysed descriptively using Stats IQ, Text IQ and Crosstabs IQ on Qualtrics. Hospital names were pseudonymised when interpretating the results due to the nature of the research. The FGDs were recorded, pseudonymised and transcribed using the inbuilt function on Microsoft Teams. Whilst most insights gained from the FGDs were around recommendations, these have been integrated into interpretation of the survey to complement the findings. The FGD's were analysed using an integrated light touch thematic analysis guided by the Braun and Clarke (2006) thematic steps and themes were drawn from this[16]. The author produced the graphs and tables shown in the results by importing the raw survey data from Qualtrics into Microsoft Excel and using in-built functions. The results of the survey and FGDs are in Appendix (5 &6).

# Results (Executive Summary of the Research)

This report builds upon previous research titled *"Health, Welfare & Social Care Assessment of the Dengie & South Woodham Ferrers Primary Care Network (June 2023),"* which identified accessibility as a key issue for service users within the Primary Care Network (PCN). Accessibility to healthcare is an important public health concern, requiring services to be both physically and functionally reachable for populations to use them effectively. Following the establishment of Integrated Neighbourhood Teams (INTs) in the UK as part of the NHS Long Term Plan (2019), this project takes a broader approach. It aims to provide evidence on the accessibility of local community and hospital services for residents of the Central Maldon, Dengie, and South Woodham Ferrers INT and develop recommendations to enhance accessibility.

This research is grounded in the Levesque et al (2013) framework of healthcare access, focusing on the dimensions of availability, accommodation, and ability to reach.

A mixed-methods approach was used, combining primary quantitative and qualitative data collection. An online community survey (n=254) gathered data on service use, appointment booking, travel methods, and access barriers. In addition, two focus group discussions (FGDs) (n=6) with members of the public and local stakeholders explored lived experiences and potential solutions.

The project was guided by five key objectives:

1. To identify which local community health and social care services, including those provided by the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector, are most used by residents.
2. To understand how people currently access these services.
3. To document how people travel to access these services.
4. To explore barriers and enablers to access.
5. To investigate possible solutions to improve accessibility in the local context.

Survey data was analysed descriptively. Qualitative insights were also drawn from free-text responses. Data from the FGDs was analysed using a light-touch thematic approach. This generated themes across both groups. Key findings from the survey show that GP surgeries (81.1%), general and acute hospitals (78%), and community hospitals (73.2%) are the most frequently accessed services, followed by testing and laboratory services (72%), pharmacies (69.7%), and dental services (64.6%). While access experiences varied, parking emerged as the most reported challenge across all services except specialist hospitals and emergency services. Additional barriers included long travel times, poor transport links, and high travel costs, especially for hospital services. Although community services were geographically closer, functional access barriers including limited availability and flexibility of appointments and communication were expressed as being more difficult for participants. Additionally, some participants also experienced transport-related issues and long travel distances even to local community services. Testing and laboratory services were notably praised for flexibility.

The FGDs yield four central themes across the two FGDs:

***Theme 1: Transport barriers to accessing healthcare services***

***Theme 2: Fragmented coordination and communication***

***Theme 3: Service planning, policy and funding constraints***

***Theme 4: Recommendations and opportunities for integrated and collaborative solutions***

FGDs emphasised broader systemic issues, including poor coordination between services, inflexible policies, and missed opportunities for integration. Participants suggested solutions such as postcode-based mapping for appointments, localising care, and staggered appointments to reduce unnecessary travel and parking burdens.

Findings from the survey and FGDs highlight that while services like GP surgeries and hospitals are widely used, physical access is shaped by more than distance alone. Transport emerged as a major barrier, particularly for those without private cars. Public transport and taxi usage were reported as unreliable, costly, and time-consuming. Communication and appointment systems played a key role in shaping access. Telephone booking was dominant but often inefficient. However, services offering

online or call-back systems such as testing services were well received. Despite being geographically closer, GP surgeries were frequently perceived as harder to access due to booking systems and limited flexibility.

Access issues primarily relate to an individual's "ability to reach" dimension with the Levesque et al framework. This is impacted by transport, travel time, parking and communication. Difficulties with booking also suggest challenges around service acceptability and approachability, indicating the need for a broader view of access beyond just logistics.

To support a more holistic understanding of healthcare access in the INT area, future research should explore additional dimensions of the Levesque et al (2013) framework, specifically: approachability, acceptability, and appropriateness. This allows extension beyond physical access. A combined theoretical approach using the Social Determinants of Health Model may be beneficial to provide a broader lens of structural determinants. Studies should also include more representative and inclusive samples, particularly socially isolated and underserved populations. This may uncover hidden or compounded barriers to accessing care. The barriers identified were modifiable factors, that had the potential to become enablers of access. For the NHS and local services, there are several considerations recommended from this research. These include piloting postcode-based tools to reduce unnecessary travel by directing patients to the nearest appropriate care and expanding community-based services in rural areas to lessen reliance on distant hospital services. However, it is essential that the local population still receives the best quality care possible. Moreover, trialling more flexible appointment systems, such as staggered times to improve functional access, is recommended. Finally, stronger collaboration between the NHS, social care, VCFSE services, and local authorities is essential to develop integrated and tailored travel solutions beneath the ICP framework.

# Discussion

This mixed-methods project combined quantitative and qualitative data to explore healthcare accessibility within Central Maldon, Dengie, and the SWF Integrated Neighbourhood Team (INT) area. Although the sample was not fully representative of the wider population, it provided valuable insights from both the public and local stakeholders.

### Service Use

GP surgeries (81.1%), general and acute hospitals (78%), and community hospitals (73.2%) were the most frequently accessed services, followed by tests and laboratory services (72%), pharmacies (69.7%), and dental services (64.6%). In contrast, social

care (5.5%) and voluntary, community, faith and social enterprise (VCFSE) services (2.5%) had the lowest reported use. This may reflect the sample's specific needs or a lack of clarity around what VCFSE services include.

### Travel, Transport and Parking

Transport was a key factor influencing physical access identified in both the survey and the FGD as a key theme. Most participants used private vehicles to access services (e.g., 85.4% for general hospitals), with low reliance on public transport (e.g. 2.2% for GP appointments). Though travel times to local services were generally shorter and satisfaction higher, some still reported lengthy journeys. Those reliant on public transport experienced significant disadvantage. General and specialist hospitals were particularly challenging, with 23.7% reporting journeys of over an hour and 53.5% reporting difficulty accessing care. These findings align with a report by Rural Services published in 2023 which highlights disparities in travel times between rural and urban areas [17]. Additionally, a scoping review emphasises travel time as a core accessibility metric [18]. However, this study suggests measuring travel time alone lacks comprehensiveness of understanding the whole journey. Transportation barriers include rigid transport schedules, limited, costly parking, and poor coordination between transport and healthcare services. This suggests that the structural design of service access, rather than distance alone, plays a key role in shaping accessibility in semi-rural and rural contexts.

Participants using general and specialist hospital services reported increased use of public transport to reach their destination. Participants recalled using multiple forms of public transport to attend a single appointment. In the FGDs, participants from rural highlighted the lack of public transport in areas such as the Dengie, with journeys taking more than 120 minutes one way simply to reach the hospital. Additionally, it was emphasised as a barrier to receiving care, with unreliability and availability of public transport being a significant reason for missing appointments. This echoes findings that transportation can act as a significant barrier to healthcare access and argue this may lead to poorer health outcomes[19].

Parking emerged as the most identified challenge for all services in the survey (excluding emergency services and specialist hospitals) and was supported by feedback in the FGDs. For example, in the survey, participants who identified challenges in attendance, parking was cited by:

- 85.8% at general hospitals
- 56.7% at pharmacies

- 57.7% at GP surgeries

This links with broader concerns around the financial and emotional burdens of travel. One participant shared:

> *"I always add an extra 45–60 minutes just for parking at Hospital 2… my husband has to take time off work just to drive me."*

This illustrates how infrastructure constraints interact with time, cost, and dependence on others. Local transport timetables and taxi fare estimates further illustrated these burdens (Appendix 7). Although park-and-ride schemes were viewed as potential enablers of access, participants noted these could also increase travel time.

Distance to venues was a consistent barrier, particularly for specialist hospital services in the survey. However, in the FGDs it was noted that:

> *"Where you can get a service which is specific and immediate, then the travelling consideration sort of drops down"*

This reflects that improving access is not only about reducing distance but ensuring that the journey is justified by the value of the service received.

Emergency care access presented similar issues. Quantitative data illustrated that following long wait times, distance was the second most cited reason for delaying seeking care. Among those who had accessed emergency services in the last 12 months, 68.4% reported challenges, with long ambulance travel times and parking difficulties further affecting access. These findings support the need for more localised acute care and better transport infrastructure.

### Communication

Communication was another recurring theme, acting as both a barrier and enabler. Telephone was the primary method for booking GP, dental, and testing appointments. Participants reported mixed experiences in the survey, with some experiencing long waiting times to get an appointment and many experiencing scheduling difficulties across different services. Participants in the survey highlighted the convenience of online booking for testing and laboratory services. Qualitative data supported the implementation of a call-back method in a GP surgery that received positive patient feedback regarding convenience. Further research is needed to be able to quantify the impact this has on accessibility. These strategies improved patient experience by adapting services to user's needs and enhancing the ability to reach care.

Reported difficulties in booking GP appointments were greater than for community, general, acute, and specialist hospital services. This is notable because GP surgeries were among the most physically accessible services in terms of travel. Whilst GP surgeries are geographically convenient, communication processes and inflexibility of

appointments may create functional access barriers for the population. In contrast, testing and laboratory services were praised for their flexibility, which participants linked to higher service satisfaction. This highlights how flexibility and responsiveness in scheduling play a critical role in shaping patients' overall experience of service access. A systematic scoping review noted that whilst such methods including call-back and flexibility of appointment times can improve access by increasing convenience and choice, their success depends on demand not exceeding available resources [20].This means that GP surgeries must have the availability of appointments for this to be beneficial. Overall, this data reflects how service-level responses to communication challenges can act as important enablers of access.

### Opportunities for Service Integration and Improvement

Generally, challenges identified in this study are modifiable. Barriers related to transport, communication, scheduling, and rigid service models were consistent across the survey and FGDs. Despite this, participants offered potential solutions. The FGDs highlighted fragmented collaboration among service providers but also proposed solutions such as staggered appointments and postcode-based mapping to direct patients to nearby services. Expanding community-based care was also seen to shift barriers into enablers, by bringing as much care locally as possible. This aligns with the plan of the "devolution of healthcare" outlined by Wes Streeting [11]. Additionally, the FGDs recognised a need for wider service collaboration. These findings suggest many of these accessibility issues are potentially influenced by misalignment between services and national and local policy, emphasising a need for more integrated and flexible service models.

### Application to the Levesque (2013) Framework

Using the Levesque et al framework, the most prominent barriers in this study relate to the "ability to reach" dimension, which is affected by transportation, travel time and parking. Difficulties in arranging appointments may reflect not only ability to reach but also challenges around the perceived approachability and acceptability of services. Such dimensions may influence whether individuals seek care at all, reinforcing the need to consider access as more than a logistical issue. The framework reminds us that access is multidimensional and includes perceptions of availability, approachability, appropriateness and acceptability[14] .

### Reflection: Strengths and Limitations

The placement provided a valuable opportunity to conduct mixed-methods primary data collection and analysis. A key strength of this study is its continuity with prior local research, which identified a need for deeper exploration of accessibility. This continuity ensures that the study contributes to an ongoing area of concern in the INT. The study also adds value to a relatively under-researched area, particularly concerning

healthcare access in INTs within rural settings in the UK. Ethically, although FGD data was pseudonymised, there was a risk of indirect identification due to the small number of FGD participants and the local context. However, this was mitigated by carefully anonymising quotes and withholding job roles in the reporting.

There are several limitations to the study which have been recognised. Due to the time constraints of the student placement, granular detail in analysis could not be achieved in linking specific locations within the INT to access experiences, which may have been useful for place-by-place subgroup analysis. Furthermore, the time constraints meant a formal pilot of the survey could not be conducted. Absence of a formal pilot test increases the risk that some survey questions may have been misinterpreted, potentially compromising the reliability of responses. In the future, a pilot study could be conducted with 5-10 members of the public. However, an internal review and informal feedback from the NHS Mid and South Essex Integrated Care Board and local PPG leaders helped align the survey with organisational priorities.

Another limitation of the study is the limited representativeness of the sample, which reduces the generalisability of findings. The data is best interpreted as reflective of the participants' individual experiences, rather than as generalised conclusions of the whole population. However, the purposive and snowball sampling approach means the sample may have been skewed toward participants that are healthcare-engaged, potentially underrepresenting those facing the greatest access barriers, such as those socially isolated or from marginalised groups. The survey looked only to analyse data from people who have used services, meaning data is not collected on underserved populations who may not be able to access services at all. Similarly, not capturing variables such as socio-economic status limits the study's ability to explore the intersectionality of barriers to access, which are well-documented in the literature [21] . These unmeasured factors likely interact with geographic and transport barriers, such as cost of public transport. Additionally, the results showed that those who were employed struggled with access. Further inclusion and analysis of these variables may have provided nuanced insights into how access inequities manifest across demographic groups. This suggests that incorporating the Social Determinants of Health model (SDOH) which provides a broad scope of non-medical factors that affect health outcomes, in combination with Levesque et al.'s (2013) accessibility framework could be valuable for future research [22]. This was not part of the original research framework; therefore, a future combined theoretical approach may offer a more comprehensive understanding of intersection in access issues. For example, one barrier that could be better understood using the model is the financial burden of multiple transport connections, particularly for those who have a low household income. This will enable the analysis of individual service-use pathways described by Levesque et al and the underlying structural conditions identified by the SDOH model [22] . Considering diverse community groups through a stratified sampling strategy in

future research could further provide a more inclusive view of barriers across the INT. Finally, the FGDs were co-facilitated with the student and an organisational member with existing community relationships. This may have influenced participant responses. However, the use of structured FGD guides helped mitigate this potential bias.

# Recommendations and Conclusion

### Recommendations for Future Research

- Explore other dimensions of access within the Levesque (2013) framework, specifically approachability, acceptability, and appropriateness to support the findings from this project. This could potentially be a combined theoretical approach using the SDOH model. This will enable a more holistic perspective of how individuals engage with healthcare services extending beyond exploring physical access in isolation in the INT area.
- Conduct studies with more representative and inclusive samples. This should include socially isolated individuals and underserved populations, enabling a better understanding of hidden or compounded barriers to access across the INT area.

### Considerations for the NHS and Local Services

- Reduce unnecessary travel by piloting postcode-based matching tools to direct patients to the closest appropriate care and services that still maintains the best quality of care, especially for routine tests or follow-up appointments.
- Expand and promote community-based services, particularly in rural areas. This would aim to reduce reliance on distant hospitals and improve access to care closer to home.
- Trial more flexible appointment systems across services (e.g. staggered appointment times, online and call-back booking options) to improve functional access for those affected by transport or parking challenges.
- Build greater integration and collaboration across through the existing structure of the MSE ICP: The NHS, social care, VCFSE sector and local authorities to explore tailored integrated transport solutions.

### Conclusion

This study provides important insights into healthcare accessibility across Central Maldon, Dengie, and the South Woodham Ferrers INT area and highlights the multi-faceted nature of physical access.

Services such as GP surgeries and hospitals are widely used within the population. However, access is shaped not only by geographical distance but also by structural, logistical, and communicative barriers. Transport difficulties, particularly for those

reliant on public transportation and parking limitations for those who use a car emerged as key challenges within the data. Additionally, communication and flexibility and cross-sector collaboration can be key enablers but present with current challenges in the area.

Despite limitations, this study builds on local research and contributes to an under-explored context within the UK. Addressing the identified barriers through targeted integrated interventions will enable barriers to be turned into enablers whilst still aiming to provide the population with the best quality of care as possible. Future inclusive research that considers other dimensions of access will be essential for promoting equity in healthcare access across the INT, together providing an example for similar semi-rural and rural settings in the UK.

## Acknowledgements

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# Appendices

## Appendix 1: Survey (with consent form and participation leaflet)

# Accessibility to Healthcare Services

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Start of Block: PIL and Consent form

Q1.1

**Participant Information Leaflet** **Study Title:** **The Maldon Central, Dengie & South Woodham Ferrers Integrated Neighbourhood Team (INT) area: Accessibility to Healthcare Services**

**Investigator(s):**

**Emily Cramb (University of Warwick), Peter Blackman (South Woodham Ferrers Health & Social Care Group), Bronwyn Harris (University of Warwick)**

**Research team** Researcher: Emily Cramb, University of Warwick Academic Supervisor: Bronwyn Harris, University of Warwick Organisational Supervisor: Peter Blackman, South Woodham Ferrers Health and Social Care Group

**Introduction** Thank you for your interest in this study. Before you decide whether to take part, you need to understand why the research is being done and what it would involve for you. Please take the time to read the following information carefully. Talk to others about the study if you wish. Please ask us if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to take part.

**Who is organising and funding the study?** The study is organised with South Woodham Ferrers Health & Social Care Group (SWF H&SCG), in partnership with Warwick University Master of Public Health course. **What is the study about?** This research is independent of the NHS, Essex County Council, the GP Patient Survey, and the Friends and Family Test. It is designed to gather insights specifically on accessibility needs across different healthcare services. In 2023, South Woodham Ferrers Health & Social Group collaborated with the University of Warwick. Master of Public Health student Sacara Philips at the University of Warwick completed a report titled "Health, Welfare & Social Care Assessment of the Dengie & South Woodham Ferrers Primary Care Network" . The report highlighted the issue of service accessibility within the area. This research intends to build upon these findings. A link to the report can be found here: health-welfare-social-care-assessment-of-the-dengie-south-woodham-ferrers-pcn-jun23.pdf This study focuses on the physical accessibility to services used by residents within the the Maldon Central, Dengie & South Woodham Ferrers Integrated Neighbourhood team (INT) area. INTs represent a collaborative approach in delivering

health and social care services in a specific area. These are part of the NHS Long Term Plan published in 2019 and now exist across the UK. By observing accessibility within the INT area, this aims to have a positive effect on providing evidence for enhancing care and equity of service provision.

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Q1.2 **Aim of the study:** The aim of the research is to provide evidence about the physical accessibility of local community and hospital services for residents of Central Maldon, Dengie and South Woodham Ferrers, and to develop recommendations for enhancing service accessibility. **What would taking part involve?** Taking part in this study will involve your participant to complete the following survey. The survey may take between 10-40 minutes to complete depending on your use of services. The survey questions are based on the experience of accessibility to local services. If you require assistance with submitting this survey, please visit your local library or seek support from family, carers or friends. **Do I have to take part?** No. Participation in this study is completely voluntary, and choosing not to take part will not affect you in any way. Once the questionnaire is completed and submitted, you cannot withdraw your answers. Further details about withdrawing from the study are provided later in this document. **What are the possible benefits of taking part in this study?** There are no direct benefits for you, but taking part in this study will provide wider benefits to the community by identifying the supply and demand of the Maldon Central, Dengie and South Woodham Ferrers community. The project will provide evidence regarding the accessibility in the Dengie & South Woodham Ferrers Primary Care Network (PCN) to key health services. This can be used to aid progress in developing the new town of SWF. It will inform the local health and welfare agenda in future consultations. It may also be an example of what can be done for other PCNs and INTs across England. **What are the possible disadvantages, side effects or risks, of taking part in this study?** There are no identified disadvantages, side effects or risks, from partaking in this study. However, some questions may cover sensitive topics. If you feel uncomfortable, you may choose not to respond or withdraw at any time. Each question has a prefer not to answer, allow participation to continue. **Expenses and payments** You will not be reimbursed or will not receive any form of payment/token for your time.

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Q1.3 **Will my taking part be kept confidential?** No identifiable data will be collected. All data will be collected anonymously through the Qualtrics survey software. Those

with access to the data will be the three investigators listed at the beginning of this leaflet. **What will happen to the data collected about me?** As a publicly funded organisation, the University of Warwick must ensure that it is in the public interest when we use personally identifiable information from people who have agreed to take part in research. This means that when you agree to take part in a research study, such as this, we will use your data in the ways needed to conduct and analyse the research study. We will be using information from you to undertake this study and will act as the data controller for this study. We are committed to protecting the rights of individuals in line with data protection legislation. No identifiable data will be collected from you as part of this study. This means that once your responses have been submitted to the research team, it will not be possible to withdraw this data as your individual responses cannot be identified. **Data Sharing** Your rights to access, change or move your information are limited, as we need to manage your information in specific ways for the research to be reliable and accurate. The University of Warwick has in place policies and procedures to keep your data safe. This data may also be used for future research, including impact activities. This would only be granted following additional ethical review and approval by an independent Research Ethics Committee and subject to your consent at the outset of this research project. For further information, please refer to the University of Warwick Research Privacy Notice which is available here:
**https://warwick.ac.uk/services/idc/dataprotection/privacynotices/researchprivacynotice** or by contacting the Legal and Compliance Team at infocompliance@warwick.ac.uk. **What will happen if I don't want to carry on being part of the study?** Participation is entirely voluntary, and a decision to withdraw participation from the study without giving a reason, will not affect you in any way. You will be able to withdraw from the study before submitting the survey by closing the web browser. Once data has been submitted, you will be unable to withdraw data.

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Q1.4 **What will happen to the results of the study?** The results of this study will be collated together and analysed in a 3000 word report that will be submitted to Warwick University and to the South Woodham Ferrers Health & Social Care Group. The report may be published in an online peer reviewed research journal. The results may be used as secondary data by future students. Any use of the data outside of the project will require additional ethical review and approval. **Who has reviewed the study?** The study has been given course-delegated ethical approval on behalf of BSREC committee at the University of Warwick. **Who should I contact if I want further information?** South Woodham Ferrers Health & Social Care Group – Peter Blackman Email address: peter@blackmanservices.co.uk **Who should I contact if I wish to make a**

**complaint?** Any complaint about the way you have been dealt with during the study or any possible harm you might have suffered will be addressed. Please address your complaint to the person below, who is a senior University of Warwick official entirely independent of this study: **Head of Research Governance** Research & Impact Services University House University of Warwick Coventry CV4 8UW Email: researchgovernance@warwick.ac.uk Tel: 02476 575733 If you wish to raise a complaint on how we have handled your personal data, you can contact our Data Protection Officer who will investigate the matter: DPO@warwick.ac.uk If you are not satisfied with our response or believe we are processing your personal data in a way that is not lawful you can complain to the Information Commissioner's Office (ICO). **Thank you for taking the time to read this Participant Information Leaflet. Please click the arrow to continue to the next section.**

Page Break

Q1.5

**Consent Form** **Study Title:**

**The Maldon Central, Dengie & South Woodham Ferrers Integrated Neighbourhood Team (INT) area : Accessibility to Healthcare Services**

**Investigator(s):** **Emily Cramb (University of Warwick), Peter Blackman (South Woodham Ferrers Health & Social Care Group), Bronwyn Harris (University of Warwick)**

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. 2. I understand that my participation is voluntary and that once I have completed and submitted the survey, I will am unable to withdraw my answers.

3. I understand that data collected during the study, may be looked at by individuals from The University of Warwick, and the South Woodham Ferrers Health & Social Care Group where needed for the purpose of the research I give permission for these individuals to have access to my data. 4. I am happy for my data to be used in future research. Any use of the data outside of the project will require additional ethical review and approval. 5. I agree to take part in the above study. **Continuing with the survey is indication of informed consent**

End of Block: PIL and Consent form

Start of Block: Section 1: Demographics and emergency healthcare delay

Page Break

Q2.1 **Introduction *The survey is likely to take around 20 minutes to complete, but may take less time or slightly longer depending on the sections that are relevant to you*** This survey is part of an independent research project conducted by the University of Warwick and the South Woodham Ferrers Health & Social Care Group. It is not affiliated with the NHS, Essex County Council, the GP Patient Survey, the Friends and Family Test, or the ongoing Community Health Services Consultation. While we will engage with system partners, participation in this survey does not guarantee changes to services. We are gathering insights into the accessibility of local community, hospital, and social care services for people in the Maldon Central, Dengie, and South Woodham Ferrers Integrated Neighbourhood Team area. This project builds on a report published in 2023 by South Woodham Ferrers Health & Social Care Group in collaboration with the University of Warwick. Accessibility was identified as a barrier to health and social care services in the area. A link to the report will be provided at the end of the survey. A key focus of this project is travel and transport. As local councils oversee public transport and highways, we will work with them for support and involvement. Health authorities have limited capacity to drive change in this area. The survey focuses on accessibility needs including physical access, transport, and communication support. The survey does not aim to discuss general patient satisfaction. **Who should participate?** We encourage all residents aged 18 and above living in the Maldon Central, Dengie, and South Woodham Ferrers area to take part in this survey. This includes patients, carers, and individuals who currently or previously have accessed local health and social care services. **About This Survey** Your feedback is invaluable in identifying accessibility challenges and informing recommendations for improvement. The findings of this survey will be used to identify key accessibility enablers and barriers to share with stakeholders and recommend potential improvements. The survey is structured to tailor follow-up questions based on the services you have used. If a question is not relevant or you prefer not to answer, you can select "prefer not to say." • Your response is anonymous. • This research follows ethical guidelines to ensure your privacy and confidentiality. By continuing with the survey, you confirm that you understand the purpose of the research and consent to participate. • Participation will not affect your care. • To withdraw, simply close your browser before submitting. Once submitted, responses cannot be withdrawn. **Survey Structure** 1. Demographics 2. Accessibility to community health, social, and VCFSE (Voluntary, Community, Faith, and Social Enterprise) services 3. Community hospital services 4. General and acute hospital services 5. Specialist hospital services We encourage you to complete all relevant sections. There are no right or wrong answers, your honest feedback is essential to this research. Once the research is complete, the final report for this project will be published on SWF Health & Social Care Group's website https://swfhealthsocial.co.uk/. If you need help submitting the survey, support

is available at your local library. Alternatively, please seek support through family, carers, or friends. Your views matter, thank you for sharing your experience.

Page Break

Q2.2 **Section 1: You have now begun the survey. This section will focus on demographics.**

Q2.3 **What is your age?**

- ○ 18-24 (1)
- ○ 25-34 (2)
- ○ 35-44 (3)
- ○ 45-54 (4)
- ○ 55-64 (5)
- ○ 65-74 (6)
- ○ 75-84 (7)
- ○ 85 and over (8)
- ○ Prefer not to say (9)

Page Break

Q2.4 **What is your gender?**

- ○ Male (1)
- ○ Female (2)
- ○ Non-binary/third gender (3)
- ○ Prefer not to say (4)

Page Break

Q2.5 **What is your ethnicity?**

- ○ English, Welsh, Scottish, Northern Irish or British (1)
- ○ Irish (2)
- ○ Roma (3)
- ○ Any other White background: please specify below (4)

_____

- ○ White and Black Caribbean (5)
- ○ White and Black African (6)
- ○ White and Asian (7)
- ○ Any other Mixed or Multiple ethnic background: please specify below (8)

_____

- ○ Indian (9)
- ○ Pakistani (10)
- ○ Bangladeshi (11)
- ○ Chinese (12)
- ○ Any other Asian background: please specify below (13)

_____

- ○ African (14)
- ○ Caribbean (15)
- ○ Any other Black/African/Caribbean background: please specify (16)

_____

- ○ Arab (26)

○ Any other ethnic group: Please specify below (23)

_____

○ Prefer not to say (24)

Page Break

Q2.6 **What is your area of residence?** A parish represents an area of land. Historically, this term came from the defined territorial unit of the Church of England. If you are unsure of the parish you reside in, the link below can help identify your Parish through postcode search: **https://parish.uk/find-parish-council/index.html**

▼ Althorne Parish (36) ... Other (76)

Page Break

Q2.7 **Do you consider yourself to have an impairment, disability or long-term health condition?** (This could include physical, sensory, learning, or mental health disabilities, as well as ongoing conditions such as arthritis, diabetes, or a long-term illness)

○ Yes (4)

○ No (5)

○ Prefer not to say (6)

Page Break

*Display this question:*

*If Do you consider yourself to have an impairment, disability or long-term health condition? (This c... = Yes*

Q2.8 **Do you use any of these accessibility options when accessing health and community services?** *(select all that apply)*

- ☐ Hearing loop (37)
- ☐ Interpreter or translation service (38)
- ☐ Easy read or picture materials (39)
- ☐ Information provided in braille (40)
- ☐ Wheelchair access (41)
- ☐ Arranging first or last appointment of the day (42)
- ☐ Enhanced access appointments (43)
- ☐ Longer appointments support understanding information (44)
- ☐ A quiet area when waiting (45)
- ☐ Flexible visiting (46)
- ☐ ⊗ I do not use any reasonable adjustments (47)
- ☐ Other: please specify below (49)

_____

- ☐ ⊗ Prefer not to say (48)

Page Break

*Display this question:*

*If Do you consider yourself to have an impairment, disability or long-term health condition? (This c... = Yes*

Q2.9 **Do you feel that your impairment, disability or long-term health condition challenges your ability to access health and social care services?**

- ○ Yes (5)
- ○ No (6)
- ○ Not sure (7)
- ○ Prefer not to say (8)

Page Break

*Display this question:*

*If Do you feel that your impairment, disability or long-term health condition challenges your abilit... = Yes*

Q2.10 **In what way does your disability, impairment or long-term health condition challenges your accessibility to health and social care services?** *(select all that apply)*

- ☐ Mobility difficulties can impact physical accessibility to in-person services (1)
- ☐ Difficulty navigating in-person services (2)
- ☐ Difficulty booking appointments (3)
- ☐ Difficulty communicating with professionals (4)
- ☐ Lack of understanding or awareness of condition among professionals (5)
- ☐ Financial barriers (6)
- ☐ Long waiting times for treatment (7)
- ☐ Difficulty using online services (8)
- ☐ Fear of discrimination or stigma from healthcare providers (9)
- ☐ Other: please specify below (10)

_____

- ☐ ⊗ Not sure (11)
- ☐ ⊗ Prefer not to say (12)

Page Break

Q2.11 **What is your employment status?** *(please select the option that best describes your situation):*

- ○ Employed – full-time (30+ hours per week) (1)
- ○ Employed – part-time (less than 30 hours per week) (2)
- ○ Self-employed – full-time (3)
- ○ Self-employed – part-time (4)
- ○ Unemployed – looking for work (5)
- ○ Unemployed – not looking for work (6)
- ○ Retired (7)
- ○ Student (8)
- ○ Unable to work due to illness or disability (9)
- ○ Caring for family or dependents (e.g., full-time parent, carer) (10)
- ○ Other: please specify below (11)

_____

- ○ Prefer not to say (12)

Q2.12 **Do you feel that your employment status challenges your ability to access to health services?**

- ○ Yes (1)
- ○ No (2)
- ○ Not sure (3)
- ○ Prefer not to say (4)

Page Break

*Display this question:*

*If Do you feel that your employment status challenges your ability to access to health services? = Yes*

Q2.13 **How does your employment status challenge your accessibility to health and social care services?** *(select all that apply)*

- ☐ Difficulty scheduling appointments around work or other commitments (1)
- ☐ I struggle to get time off for appointments (2)
- ☐ Difficultly arranging childcare (3)
- ☐ Financial constraint (e.g. cost of prescription, dental care, transport) (4)
- ☐ Other: please specify below (5)

_____

- ☐ ⊗ Not sure (6)
- ☐ ⊗ Prefer not to say (7)

Page Break

Q2.14 **Are you a carer?** *"A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support." – NHS England*

- ○ Yes, I am a paid carer (1)
- ○ Yes, I am an unpaid carer (2)
- ○ No (3)
- ○ Prefer not to say (4)

Page Break

Q2.15 **Are you a Veteran?** *(a Veteran is anyone who has served in the UK Armed Forces for a minimum of one day)*

- ○ Yes (1)
- ○ No (2)
- ○ Prefer not to say (3)

Page Break

Q2.16 **Please select the name of your registered GP surgery.**

- ○ Greenwood & Wyncroft Practice, South Woodham Ferrers (1)
- ○ Kingsway Practice, South Woodham Ferrers (2)
- ○ Trinity Medical Practice, Mayland (3)
- ○ William Fisher Medical Centre, Southminster (4)
- ○ Dengie Medical Partnership: Mayland & Tillingham (5)
- ○ Burnham Practice (6)
- ○ Longfield Medical Centre, Maldon (7)
- ○ Blackwater Medical Centre (8)
- ○ Other: please specify below (9)

_____

- ○ Prefer not to say (10)

Page Break

Q2.17 **Have you ever delayed or avoided seeking emergency healthcare services?**

- ○ Yes (1)
- ○ No (2)
- ○ Not sure (3)
- ○ Prefer not to say (4)

Page Break

*Display this question:*

*If Have you ever delayed or avoided seeking emergency healthcare services? = Yes*

Q2.18 **Why did you delay or avoid seeking emergency healthcare services?** (select all that apply)

- ☐ Long waiting times (1)
- ☐ Difficulty traveling to the hospital (2)
- ☐ Financial constraint (e.g., cost of transport) (3)
- ☐ Uncertainty about whether the situation was an emergency (4)
- ☐ Fear of overburdening the NHS (5)
- ☐ Previous negative experiences (6)
- ☐ Language barriers (7)
- ☐ I cannot access digital services easily (8)
- ☐ Other: please specify below (9)

_____

- ☐ ⊗ Prefer not to say (10)

End of Block: Section 1: Demographics and emergency healthcare delay

Start of Block: Section 2: Accessibility to community health/social/VCFSE services

Q3.1 **Section 2: Local community services. This section is focused on understanding accessibility of local health and social care services. In the past 12**

**months, please select the following services you have accessed.** *(select all that apply)*

- [ ] Routine appointment at your GP surgery (*A pre-booked appointment for a non-urgent health concern. This may include check-ups, or ongoing management of a condition)* (1)
- [ ] Urgent appointment at your GP surgery *(An appointment booked typically for the same day regarding a non-life threatening but urgent health concern)* (2)
- [ ] Pharmacy services *(e.g consultations with a pharmacist, collecting medication, or minor illness treatment)* (3)
- [ ] Dental services *(e.g routine or emergency dental care, including check-ups, treatments, or extractions.)* (4)
- [ ] Tests and laboratory services *(e.g blood tests, X-rays, scans, or other diagnostic testing)* (5)
- [ ] Social care services *(e.g support services related to personal care and practical assistance for children and adults who require extra support)* (6)
- [ ] Emergency services *(e.g NHS 999, A&E, ambulance, or urgent hospital treatment for life-threatening conditions)* (7)
- [ ] Voluntary, Community, Faith & Social Enterprise sector services - VCFSE *(Non-NHS or private healthcare services, including support from community led groups, charities and faith-based organisations)* (8)
- [ ] ⊗ I have not accessed any of these services (9)
- [ ] ⊗ Prefer not to say (10)

Page Break

End of Block: Section 2: Accessibility to community health/social/VCFSE services

Start of Block: Section 2: Routine GP appointments

Q4.1 **This set of questions will be regarding routine appointments at your GP surgery. For the last routine appointment you attended, who was it for?**

- ○ Me - I accessed on my own (1)
- ○ Me - I was accompanied by someone else (2)
- ○ My child (3)
- ○ Someone I am caring for (4)
- ○ Someone I accompanied that I do not care for (5)
- ○ Other: please specify below (6)

_____

- ○ Prefer not to say (7)

Q4.2 **How did you attend this appointment?**

- ○ In person (1)
- ○ Telephone (2)
- ○ Video call (3)
- ○ Other: Please specify below (4)

_____

- ○ Prefer not to say (5)

Page Break

Q4.3 **How did you book this appointment?**

- ○ Telephone (1)
- ○ Online request (2)
- ○ I attended reception in person (3)
- ○ I am not sure, someone else booked the appointment (4)
- ○ Other: please specify below (5)

_____

- ○ Prefer not to say (6)

Q4.4 **How easy was the process to book this appointment?**

- ○ Very easy (1)
- ○ Somewhat easy (2)
- ○ Neither easy nor difficult (3)
- ○ Somewhat difficult (4)
- ○ Very difficult (5)
- ○ Prefer not to say (6)

Q4.5 **How easy was it for you to schedule the appointment at a time that was convenient for you?**

- ○ Very difficult (1)
- ○ Somewhat difficult (2)
- ○ Neither easy nor difficult (3)
- ○ Somewhat easy (4)
- ○ Very easy (5)
- ○ Prefer not to say (6)

End of Block: Section 2: Routine GP appointments

---

Start of Block: Section 2: Urgent GP Appointments

Q5.1 **These next questions are regarding your last urgent appointment at your GP surgery. For your last urgent appointment at your GP surgery, who was it for?**

- ○ Me - I accessed on my own (1)
- ○ Me - I was accompanied by someone else (2)
- ○ My child (3)
- ○ Someone I am caring for (4)
- ○ Someone I accompanied that I do not care for (5)
- ○ Other: please specify below (6)

_____

- ○ Prefer not to say (7)

Q5.2 **How did you attend this appointment?**

- ○ In person (1)
- ○ Telephone (2)
- ○ Video call (3)
- ○ Enhanced Access appointments (4)
- ○ Out of Hours via 111 (5)
- ○ Other: please specify below (6)

_____

- ○ Prefer not to say (7)

Page Break

Q5.3 **How did you book this appointment?**

- ○ Telephone (1)
- ○ Online request (2)
- ○ I attended reception in person (3)
- ○ I am not sure, someone else booked the appointment (4)
- ○ Other: please specify below (5)

_____

- ○ Prefer not to say (6)

Q5.4 **How easy was the process to book this appointment?**

- ○ Very difficult (1)
- ○ Somewhat difficult (2)
- ○ Neither easy nor difficult (3)
- ○ Somewhat easy (4)
- ○ Very easy (5)

Q5.5 **How easy was it for you to schedule the appointment at a time that was convenient for you?**

- ○ Very easy (1)
- ○ Somewhat easy (2)
- ○ Neither easy nor difficult (3)
- ○ Somewhat difficult (4)
- ○ Very difficult (5)
- ○ Prefer not to say (6)

End of Block: Section 2: Urgent GP Appointments

Start of Block: Section 2: GP transport questions

Q6.1 **This section is regarding your last visit to the GP surgery. This may have been a routine or emergency appointment. For your last visit to the GP surgery, what mode(s) of transport did you use to attend?** (*select all that apply)*

- ☐ Car (personal vehicle) (1)
- ☐ Bus (2)
- ☐ More than one bus (3)
- ☐ Train (4)
- ☐ More than one train (5)
- ☐ Walking (6)
- ☐ Cycling (7)
- ☐ Taxi (8)
- ☐ Door-to-door transport service (9)
- ☐ My appointment was remote (10)
- ☐ Other: Please specify below (11)

_____

- ☐ ⊗ Prefer not to say (12)

*Skip To: Q6.4 If This section is regarding your last visit to the GP surgery. This may have been a routine or emer... = My appointment was remote*

Page Break

Q6.2 **For your last visit, how long did it take you to travel to your GP surgery?**

- ○ Less than 15 minutes (1)
- ○ 15-30 minutes (2)
- ○ 31-60 minutes (3)
- ○ More than 1 hour (4)
- ○ Prefer not to say (5)

Page Break

Q6.3 **How easy is it for you to travel to your GP surgery when you need to?**

- ○ Very difficult (1)
- ○ Somewhat difficult (2)
- ○ Neither easy nor difficult (3)
- ○ Somewhat easy (4)
- ○ Very easy (5)
- ○ Prefer not to say (6)

Page Break

Q6.4 **Do you face any challenges accessing appointments at your GP surgery?** *This may refer to the booking of, travel to, attendance to the appointment*

- ○ Yes (1)
- ○ No (2)
- ○ Prefer not to say (3)

Page Break

*Display this question:*

*If Do you face any challenges accessing appointments at your GP surgery? This may refer to the book... = Yes*

Q6.5 **Select the main challenges you face accessing appointments at your GP surgery?** *(select all that apply)*

- ☐ Distance to the surgery (1)
- ☐ Lack of public transportation (2)
- ☐ Lack of finances for travel (3)
- ☐ Lack of available/convenient appointments (4)
- ☐ Waiting times (5)
- ☐ Time constraints (6)
- ☐ Building is not appropriate for my physical needs (7)
- ☐ Lack of flexible appointment times (8)
- ☐ Language or communication barriers (9)
- ☐ Difficultly navigating the building upon arrival (10)
- ☐ Availability of parking (11)
- ☐ I prefer remote or telephone appointments (12)
- ☐ Arranging childcare or a carer for a dependent (13)
- ☐ Other: please specify below (14)

_____

☐ ⊗ Prefer not to say (15)

Page Break

Q6.6 **Space for additional comments** *(not required)*

_____

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_____

End of Block: Section 2: GP transport questions

Start of Block: Section 2: Pharmacy services

Q7.1 **This section is about pharmacy services. Select the reasons you have used a pharmacy in the past 12 months.** *(select all that apply)*

- ☐ Collecting or receiving a prescription (1)
- ☐ Consultation with a pharmacist (2)
- ☐ Vaccination (3)
- ☐ Health advice (4)
- ☐ Blood pressure checks (5)
- ☐ Contraception (6)
- ☐ Stop smoking advice (7)
- ☐ Over the counter items (8)
- ☐ Other: please specify below (9)

_____

- ☐ ⊗ Prefer not to say (10)
- ☐ ⊗ I have not used a pharmacy in the past 12 months (11)

*Skip To: End of Block If This section is about pharmacy services. Select the reasons you have used a pharmacy in the past... = I have not used a pharmacy in the past 12 months*

*Skip To: Q7.5 If This section is about pharmacy services. Select the reasons you have used a pharmacy in the past... = Prefer not to say*

Page Break

*Display this question:*

*If This section is about pharmacy services. Select the reasons you have used a pharmacy in the past... = Collecting or receiving a prescription*

Q7.2 **How do you typically receive your prescriptions?**

- ○ Home delivery (1)
- ○ I collect them in person (2)
- ○ Someone else collects them for me (3)
- ○ I have not used a pharmacy within the last 12 months (4)
- ○ Prefer not to say (5)

*Skip To: End of Block If How do you typically receive your prescriptions? = I have not used a pharmacy within the last 12 months*

Page Break

*Display this question:*

*If How do you typically receive your prescriptions? = I collect them in person*

Q7.3 **For your last visit to collect a prescription, how long did you wait to receive your prescription upon arrival?**

- ○ Less than 5 minutes (1)
- ○ 5–10 minutes (2)
- ○ 10–20 minutes (3)
- ○ More than 20 minutes (4)
- ○ I had to return at a different time as the prescription was not ready (5)
- ○ Prefer not to say (6)

Page Break

*Display this question:*

*If This section is about pharmacy services. Select the reasons you have used a pharmacy in the past... = Collecting or receiving a prescription*

Q7.4 **Have you ever had to visit multiple pharmacies to find a prescribed medication?**

- ○ Yes (1)
- ○ No (2)
- ○ Prefer not to say (3)

Page Break

Q7.5 **How often do you visit your local pharmacy?**

- ○ Weekly (1)
- ○ Monthly (2)
- ○ Every few months (3)
- ○ Rarely/Never (4)
- ○ Prefer not to say (5)

---

Q7.6 **For your last visit how long did it take you to travel to your local pharmacy?**

- ○ Less than 15 minutes (1)
- ○ 15-30 minutes (2)
- ○ 31-60 minutes (3)
- ○ More than 1 hour (4)
- ○ I have not travelled to the pharmacy in person (5)
- ○ Someone attended for me, but I have attended previously (6)
- ○ Prefer not to say (7)

*Skip To: End of Block If For your last visit how long did it take you to travel to your local pharmacy? = I have not travelled to the pharmacy in person*

---

Q7.7 **For your last visit what mode(s) of transport did you use to travel to your local pharmacy?** *(select all that apply)*

- ☐ Car (personal vehicle) (1)
- ☐ Bus (2)
- ☐ More than one bus (3)
- ☐ Train (4)
- ☐ More than one train (5)
- ☐ Walking (6)
- ☐ Cycling (7)
- ☐ Taxi (8)
- ☐ Other: please specify below (9)

_____

- ☐ ⊗ Prefer not to say (10)

Q7.8 **Have you experienced any challenges accessing your local pharmacy?** *This may refer to the booking of appointments, travel to, and attendance*

- ○ Yes (1)
- ○ No (2)
- ○ Not sure (3)
- ○ Prefer not to say (4)

*Skip To: Q7.10 If Have you experienced any challenges accessing your local pharmacy? This may refer to the booking... = Not sure*

*Skip To: Q7.10 If Have you experienced any challenges accessing your local pharmacy? This may refer to the booking... = No*

Page Break

Q7.9 **Select the main challenges you face when accessing your local pharmacy.** (select all that apply)

- ☐ Distance to the pharmacy (1)
- ☐ Lack of public transportation (2)
- ☐ Lack of finances for travel (3)
- ☐ Lack of available appointments (4)
- ☐ Waiting times (5)
- ☐ Time constraints (6)
- ☐ Building is not appropriate for my physical needs (7)
- ☐ Lack of flexible appointment times (8)
- ☐ Language or communication barriers (9)
- ☐ Difficultly navigating the building upon arrival (10)
- ☐ Availability of parking (11)
- ☐ Cost of parking (16)
- ☐ I prefer remote or telephone appointments (12)
- ☐ Arranging childcare or a carer for a dependent (13)
- ☐ Other: please specify below (14)

_____

- ☐ ⊗ Prefer not to say (15)

*Skip To: Q7.10 If Select the main challenges you face when accessing your local pharmacy. (select all that apply) = Cost of parking*

Page Break

Q7.10 **Space for additional comments** *(not required)*

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_____

_____

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_____

**End of Block: Section 2: Pharmacy services**

**Start of Block: Section 2: Dental services**

Q8.1 **The next set of questions are about dental services. What type of dental care do you currently access?**

- ○ NHS (1)
- ○ Private (2)
- ○ Both NHS and private (3)
- ○ I do not visit a dentist (4)
- ○ Prefer not to say (5)

*Skip To: End of Block If The next set of questions are about dental services. What type of dental care do you currently ac... = I do not visit a dentist*

*Skip To: Q8.8 If The next set of questions are about dental services. What type of dental care do you currently ac... = Prefer not to say*

Q8.2 **Have you struggled to register with an NHS dentist in your area?**

- ○ Yes (1)
- ○ No (2)
- ○ Not applicable - I have only attempted to register with a private dentist (3)
- ○ Prefer not to say (4)

Page Break

*Display this question:*

*If The next set of questions are about dental services. What type of dental care do you currently ac... = NHS*

*Or The next set of questions are about dental services. What type of dental care do you currently ac... = Both NHS and private*

Q8.3 **How easy is it to get an NHS dental appointment when you need one?**

- ○ Very difficult (1)
- ○ Somewhat difficult (2)
- ○ Neither easy nor difficult (3)
- ○ Somewhat easy (4)
- ○ Very easy (5)
- ○ Prefer not to ssy (6)

Page Break

*Display this question:*

*If The next set of questions are about dental services. What type of dental care do you currently ac... = NHS*

*And The next set of questions are about dental services. What type of dental care do you currently ac... = Private*

*Or The next set of questions are about dental services. What type of dental care do you currently ac... = Both NHS and private*

Q8.4 **Have you paid for private dental care due to difficulties accessing an NHS dentist?**

- ○ Yes, often (1)
- ○ Yes, but only for specific treatments (2)
- ○ No, but I have considered it (3)
- ○ No, I only use NHS dental services (4)
- ○ I would, but I cannot afford private dental care (5)
- ○ Prefer not to say (6)

Page Break

*Display this question:*

*If The next set of questions are about dental services. What type of dental care do you currently ac... = NHS*

*And The next set of questions are about dental services. What type of dental care do you currently ac... = Private*

*And The next set of questions are about dental services. What type of dental care do you currently ac... = Both NHS and private*

Q8.5 **How easy is it for you to get an appointment with a dentist at a time that is convenient for you?**

- ○ Very easy (1)
- ○ Somewhat easy (2)
- ○ Neither easy nor difficult (3)
- ○ Somewhat difficult (4)
- ○ Very difficult (5)
- ○ Prefer not to say (6)

Page Break

*Display this question:*

*If The next set of questions are about dental services. What type of dental care do you currently ac... = Both NHS and private*

*Or The next set of questions are about dental services. What type of dental care do you currently ac... = Private*

Q8.6 **How do you feel about the cost of private dental care?**

- ○ Very affordable (1)
- ○ Somewhat affordable (2)
- ○ Neither affordable nor expensive (3)
- ○ Somewhat expensive (4)
- ○ Very expensive (5)
- ○ Prefer not to say (6)

Page Break

*Display this question:*

*If The next set of questions are about dental services. What type of dental care do you currently ac... = NHS*

*Or The next set of questions are about dental services. What type of dental care do you currently ac... = Both NHS and private*

Q8.7 **How affordable do you find the cost of NHS dental care?**

- ○ Very affordable (1)
- ○ Somewhat affordable (2)
- ○ Neither affordable nor expensive (3)
- ○ Somewhat expensive (4)
- ○ Very expensive (5)
- ○ Prefer not to say (6)

Page Break

*Display this question:*

*If The next set of questions are about dental services. What type of dental care do you currently ac... = NHS*

*Or The next set of questions are about dental services. What type of dental care do you currently ac... = Private*

*Or The next set of questions are about dental services. What type of dental care do you currently ac... = Both NHS and private*

Q8.8 **For your last visit how long did it take you to travel to your dentist?**

- ○ Less than 15 minutes (1)
- ○ 15-30 minutes (2)
- ○ 31-60 minutes (3)
- ○ More than 1 hour (4)
- ○ Prefer not to say (5)

Page Break

*Display this question:*

*If The next set of questions are about dental services. What type of dental care do you currently ac... = NHS*

*Or The next set of questions are about dental services. What type of dental care do you currently ac... = Private*

*Or The next set of questions are about dental services. What type of dental care do you currently ac... = Both NHS and private*

Q8.9 **For your last visit, what mode(s) of transport did you use to travel to visit your dentist?** *(select all that apply)*

- ☐ Car (personal vehicle) (1)
- ☐ Bus (2)
- ☐ More than one bus (3)
- ☐ Train (4)
- ☐ More than one train (5)
- ☐ Walking (6)
- ☐ Cycling (7)
- ☐ Taxi (8)
- ☐ Other: please specify below (9)

_____

- ☐ ⊗ Prefer not to say (10)

Page Break

Q8.10 **Do you find access to dental care challenging in any way?**

- ○ Yes (1)
- ○ No (2)
- ○ Prefer not to say (3)

*Skip To: Q8.12 If Do you find access to dental care challenging in any way? = No*

Page Break

*Display this question:*

*If Do you find access to dental care challenging in any way? = Yes*

Q8.11 **Select the main challenges you face accessing dental care:** (select all that apply)

- ☐ Distance to the dentist (1)
- ☐ Lack of public transportation (2)
- ☐ Lack of finances for travel (3)
- ☐ Lack of available appointments (4)
- ☐ Waiting times (5)
- ☐ Time constraints (6)
- ☐ Building is not appropriate for my physical needs (7)
- ☐ Lack of flexible appointment times (8)
- ☐ Language or communication barriers (9)
- ☐ Difficultly navigating the building upon arrival (10)
- ☐ Availability of parking (11)
- ☐ Cost of parking (16)
- ☐ Cost of service (12)
- ☐ Arranging childcare or a carer for a dependent (13)
- ☐ Other: please specify below (14)

_____

☐ ⊗ Prefer not to say (15)

Q8.12 **Space for additional comments** *(not required)*

_____

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_____

End of Block: Section 2: Dental services

Start of Block: Section 2: Tests and laboratory services

Q9.1 **This section is about tests and laboratory services. These services encompass tests and examinations that aim to provide insights into a patient's health, enabling healthcare professionals to make informed decisions and deliver personalised care. Have you been referred for any blood tests, scans, or diagnostic tests by your GP surgery or consultant in the last year that you have recieved?**

○ Yes (1)

○ No (2)

○ Not sure (3)

○ Prefer not to say (4)

*Skip To: End of Block If This section is about tests and laboratory services. These services encompass tests and examinati... = No*

*Skip To: End of Block If This section is about tests and laboratory services. These services encompass tests and examinati... = Not sure*

*Skip To: End of Block If This section is about tests and laboratory services. These services encompass tests and examinati... = Prefer not to say*

Q9.2 **Indicate the type of testing you received for your most recent test.** (*select all that apply)*

- ☐ Blood test (1)
- ☐ Scan (e.g CT, MRI, ultrasound, bone, DEXA, X-ray, PET, radionuclide, hysterosalpingography scans or barium tests) (2)
- ☐ Physical examination (3)
- ☐ Psychological examination (4)
- ☐ Other: please specify below (5)

_____

- ☐ ⊗ Prefer not to say (6)

---

Q9.3 **For your most recent test, how long did you wait to receive the test you needed?**

- ○ Less than a week (1)
- ○ 1-2 weeks (2)
- ○ 3-4 weeks (3)
- ○ More than one month (4)
- ○ More than two months (5)
- ○ I never received the tests (6)
- ○ Prefer not to say (7)

Q9.4 **For your most recent test, where did this take place?**

- ○ My GP surgery (1)
- ○ Another GP surgery (2)
- ○ St Peter's Community Hospital, Maldon (3)
- ○ Braintree Community Hospital (4)
- ○ Broomfield Hospital (5)
- ○ Basildon Hospital (6)
- ○ Southend Hospital (7)
- ○ The test was remote (8)
- ○ Other: please specify below (9)

_____

- ○ Prefer not to say (10)

*Skip To: Q9.7 If For your most recent test, where did this take place? = The test was remote*

Page Break

Q9.5 **How long did it take for you to travel to receive the test(s) you needed?**

- ○ Less than 15 minutes (1)
- ○ 15-30 minutes (2)
- ○ 31-60 minutes (3)
- ○ More than 1 hour (4)
- ○ More than 2 hours (5)
- ○ More than 3 hours (6)
- ○ Prefer not to say (7)

Q9.6 **What mode(s) of transport did you use to travel to the receive the test(s)?** (select all that apply)

- ☐ Car (personal vehicle) (1)
- ☐ Bus (2)
- ☐ More than one bus (3)
- ☐ Train (4)
- ☐ More than one train (5)
- ☐ Walking (6)
- ☐ Cycling (7)
- ☐ Taxi (8)
- ☐ Other: please specify below (9)

_____

- ☐ ⊗ Prefer not to say (10)

Q9.7 **Did you experience  any challenges attending the test(s)?**

- ○ Yes  (1)
- ○ No  (2)
- ○ Not sure  (3)
- ○ Prefer not to say  (4)

*Skip To: Q9.9 If Did you experience any challenges attending the test(s)?  = No*

*Skip To: Q9.9 If Did you experience any challenges attending the test(s)?  = Prefer not to say*

*Skip To: Q9.9 If Did you experience any challenges attending the test(s)?  = Not sure*

Page Break

Q9.8 **Select the main challenges you faced attending for this test(s)?** *(select all that apply)*

- ☐ Distance to the venue (1)
- ☐ Lack of public transportation (2)
- ☐ Lack of finances for travel (3)
- ☐ Lack of available appointments (4)
- ☐ Lack of flexible appointment times (8)
- ☐ Waiting times (5)
- ☐ Time constraints (6)
- ☐ Building is not appropriate for my physical needs (7)
- ☐ Language or communication barriers (9)
- ☐ Difficultly navigating the building upon arrival (10)
- ☐ Availability of parking (11)
- ☐ Cost of parking (15)
- ☐ Arranging childcare or a carer for a dependent (12)
- ☐ Other: please specify below (13)

_____

- ☐ ⊗ Prefer not to say (14)

Page Break

Q9.9 Space for additional comments *(not required)*

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End of Block: Section 2: Tests and laboratory services

Start of Block: Section 2: Social care/Welfare services

Q10.1 **What type of social care/welfare support do you (or household member) receive?** (*select all that apply*)

- [ ] Advocacy (1)
- [ ] Community activities and engagement (2)
- [ ] Day/drop-in centres (3)
- [ ] Ensuring homes are adapted and accessible (4)
- [ ] Financial support (5)
- [ ] Personal care (6)
- [ ] Providing information and advice (7)
- [ ] Residential care (8)
- [ ] Home care visits (9)
- [ ] Disability support (10)
- [ ] Carer support services (11)
- [ ] Social work or safeguarding support (12)
- [ ] ⊗ None, but I am trying to access support (13)
- [ ] ⊗ None, I do not need to access support (14)
- [ ] ⊗ Not sure (15)

☐ Other: please specify below (16)

_____

☐ ⊗ Prefer not to say (17)

*Skip To: End of Block If What type of social care/welfare support do you (or household member) receive? (select all that a... = Not sure*

*Skip To: End of Block If What type of social care/welfare support do you (or household member) receive? (select all that a... = None, I do not need to access support*

Page Break

Q10.2 **How easy was the process of applying for this support?**

- ○ Very difficult (1)
- ○ Somewhat difficult (2)
- ○ Neither easy nor difficult (3)
- ○ Somewhat easy (4)
- ○ Very easy (5)
- ○ Prefer not to say (6)

Page Break

Q10.3 **Space for additional comments** (not required)

_____

_____

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_____

_____

End of Block: Section 2: Social care/Welfare services

Start of Block: Section 2: Emergency Services

Q11.1 **This section is about emergency healthcare services. Indicate which of the below service(s) you or someone in your household has used in the past 12 months.** *(select all that apply)*

- ☐ 999 emergency call (1)
- ☐ A&E (Accident & Emergency) (2)
- ☐ NHS 111 Helpline (3)
- ☐ Urgent Treatment Centre (UTC) (4)
- ☐ GP Out-of-Hours Service (5)
- ☐ ⊗ No emergency services used (6)
- ☐ Other: please specify below (7)

_____

- ☐ ⊗ Prefer not to say (8)

*Skip To: End of Block If This section is about emergency healthcare services. Indicate which of the below service(s) you o... = No emergency services used*

Page Break

Q11.2 **How easy would you say it is to access emergency healthcare services in your area?**

- ○ Very easy (7)
- ○ Somewhat easy (9)
- ○ Neither easy nor difficult (10)
- ○ Somewhat difficult (11)
- ○ Very difficult (12)
- ○ Prefer not to say (13)

Q11.3 **Have you experienced any challenges in accessing emergency healthcare services?**

- ○ Yes (1)
- ○ No (2)
- ○ Prefer not to say (3)

Page Break

*Display this question:*

*If Have you experienced any challenges in accessing emergency healthcare services? = Yes*

Q11.4 **What are the main challenges in accessing emergency healthcare services you have experienced?** (If you prefer to not answer please leave field empty)

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Page Break

Q11.5 **For the most recent emergency healthcare need in your household, did you or someone else phone 999?**

- ○ Yes (1)
- ○ No (2)
- ○ Prefer not to say (3)

Page Break

*Display this question:*

*If For the most recent emergency healthcare need in your household, did you or someone else phone 999? = Yes*

Q11.6 **For the most recent emergency healthcare need in your household, what was the outcome of the 999 call?**

- ○ An ambulance was despatched immediately (1)
- ○ Telephone triage followed by ambulance dispatch (2)
- ○ Telephone triage advised alternative transport to hospital (3)
- ○ Telephone triage advised alternative care (4)
- ○ Other: please specify below (7)

_____

- ○ No (5)
- ○ Prefer not to say (6)

Page Break

*Display this question:*

*If For the most recent emergency healthcare need in your household, what was the outcome of the 999... = An ambulance was despatched immediately*

Q11.7 **How long did you wait for the ambulance to arrive?**

- ○ Less than 15 minutes (1)
- ○ 15-30 minutes (2)
- ○ 30 minutes – 1 hour (3)
- ○ 1–3 hours (4)
- ○ 3–6 hours (5)
- ○ More than 6 hours (6)
- ○ More than 12 hours (7)
- ○ Phone triage and ambulance not despatched; no emergency care received (8)
- ○ Ambulance not dispatched, used alternative transport to receive emergency care (9)
- ○ Not sure (10)
- ○ Prefer not to say (11)

Page Break

*Display this question:*

*If For the most recent emergency healthcare need in your household, what was the outcome of the 999... = Telephone triage followed by ambulance dispatch*

*Or For the most recent emergency healthcare need in your household, what was the outcome of the 999... = Telephone triage advised alternative transport to hospital*

*Or For the most recent emergency healthcare need in your household, what was the outcome of the 999... = Telephone triage advised alternative care*

Q11.8 **How long did you wait for a telephone triage call?**

- ○ Less than 15 minutes (1)
- ○ 15-30 minutes (2)
- ○ 30 minutes – 1 hour (3)
- ○ 1–3 hours (4)
- ○ 3–6 hours (5)
- ○ More than 6 hours (6)
- ○ More than 12 hours (7)
- ○ A call was not received (8)
- ○ Prefer not to say (9)

Page Break

*Display this question:*

*If For the most recent emergency healthcare need in your household, what was the outcome of the 999... = Telephone triage followed by ambulance dispatch*

Q11.9 **How long did you wait for the ambulance to arrive following telephone triage?**

- ○ Less than 15 minutes (22)
- ○ 15-30 minutes (23)
- ○ 30 minutes – 1 hour (24)
- ○ 1–3 hours (25)
- ○ 3–6 hours (26)
- ○ More than 6 hours (27)
- ○ More than 12 hours (28)
- ○ Phone triage and ambulance not despatched; no emergency care received (29)
- ○ Ambulance not dispatched, used alternative transport to receive emergency care (30)
- ○ Not sure (31)
- ○ Prefer not to say (32)

Page Break

*Display this question:*

*If For the most recent emergency healthcare need in your household, what was the outcome of the 999... = An ambulance was despatched immediately*

*Or For the most recent emergency healthcare need in your household, what was the outcome of the 999... = Telephone triage followed by ambulance dispatch*

Q11.10 **Whilst waiting for an ambulance, did any of the following arrive to assist instead?** (select all that apply)

- ☐ A paramedic in a rapid response vehicle (1)
- ☐ Community first responder (11)
- ☐ Mental health crisis response team (12)
- ☐ GP or out-of-hours doctor (13)
- ☐ Nurse or urgent care practitioner (14)
- ☐ Police officer or fire service (15)
- ☐ No one else arrived before the ambulance (16)
- ☐ ⊗ Not sure (17)
- ☐ Other: please specify below (18)
- ☐ ⊗ Prefer not to say (19)

Page Break

*Display this question:*

*If For the most recent emergency healthcare need in your household, what was the outcome of the 999... = An ambulance was despatched immediately*

*Or For the most recent emergency healthcare need in your household, what was the outcome of the 999... = Telephone triage followed by ambulance dispatch*

*Or For the most recent emergency healthcare need in your household, what was the outcome of the 999... = Telephone triage advised alternative transport to hospital*

Q11.11 **Upon arrival to Accident & Emergency (A&E) how long did it take to receive medical assistance from hospital staff?**

- ○ Less than 10 minutes (1)
- ○ Less than 30 minutes (2)
- ○ 30 minutes – 1 hour (3)
- ○ 1–3 hours (4)
- ○ 3–6 hours (5)
- ○ More than 6 hours (6)
- ○ More than 12 hours (7)
- ○ Did not receive care - self-discharged (8)
- ○ Did not travel to A&E after ambulance arrival (9)
- ○ Did not attend A&E (10)
- ○ Not sure (11)
- ○ Prefer not to say (12)

End of Block: Section 2: Emergency Services

Start of Block: Section 2: VCFSE services

Q12.1 **This section is about voluntary, community, faith & social enterprise services (VCFSE). These are non-NHS or private healthcare services, provided by voluntary and charitable sector organisations that aim to serve the needs of the**

**local community. Examples of services below have been provided. Have you accessed any of the below services in the past 12 months?** *(select all that apply)*

☐ Food bank and services (e.g Maldon Food Pantry, Dengie Food Pantry, Tollesbury Village Food Larder, South Woodham Ferrers Foodbank, Chelmsford Holiday Hamper Project, Social Supermarket ) (1)

☐ Mental health support groups (e.g Essex Carers Support, Mind, Caffe Marconi Knitting Group) (2)

☐ Physical health (e.g Maldon and Dengie Stroke Support and Carers Group, Dengie D Caf; Alzheimer's Society; Green space games) (3)

☐ Community centres or hubs (e.g Maldon Family Hub; Dengie Winter hubs, South Woodham Ferrers Community hub) (4)

☐ Support services at faith-based venues (e.g Burham Community in a Cup; Maldon Community in a Cup; St Mary's Church; South Woodham Ferrers Evangelical Church) (5)

☐ Voluntary services (e.g Chelmsford/Maldon CVS, community 360, Volunteer centre Essex) (6)

☐ Libraries (e.g South Woodham Ferrers Library, Maldon library, Burham on Crouch Library, Southminster library) (7)

☐ Community groups/projects (e.g Ukrainians in Chelmsford, Computer club with IT Man, Tennyson House Live Well Garden group, Whittle Practice Garden, Chelmsford 100, Number 11, Chelmsford 4 Good) (8)

☐ Charity shops (e.g Havens Hospices, Cancer Research UK) (9)

☐ Other: please specify below (10)

_____

☒ I haven't accessed any VCFSE services (11)

☐ ⊗ Prefer not to say (12)

*Skip To: Q12.3 If This section is about voluntary, community, faith & social enterprise services (VCFSE). These are... = I haven't accessed any VCFSE services*

Page Break

Q12.2 **What mode(s) of transport do you typically take to access your most used VCFSE service?** *(select all that apply)*

☐ Car (personal vehicle) (1)

☐ Bus (11)

☐ More than one bus (12)

☐ Train (13)

☐ More than one train (14)

☐ Walking (15)

☐ Cycling (16)

☐ Taxi (17)

☐ ⊗ Other: please specify below (18)

_____

☐ ⊗ Prefer not to say (19)

Q12.3 **How would you describe the role of VCFSE services in your community?**

- ○ Essential across all areas (1)
- ○ Valuable, but they are under-resourced (14)
- ○ Effective in some areas, but not all (15)
- ○ Limited impact overall (16)
- ○ Not effective (17)
- ○ I am not familiar with VCFSE services in my area. (18)
- ○ Prefer not to say (19)

Page Break

Q12.4 **How convenient is the location of VCFSE services that you require in your area?**

- ○ Extremely convenient (1)
- ○ Very convenient (7)
- ○ Somewhat convenient (8)
- ○ Not so convenient (9)
- ○ Not at all convenient (10)
- ○ Not sure (11)
- ○ Prefer not to say (12)

Page Break

Q12.5 **What additional support or services would you like to see offered by VCFSE organisations in your area?** (not required)

_____

_____

_____

_____

_____

End of Block: Section 2: VCFSE services

Start of Block: Section 3: Community hospital services

Q13.1 **Section 3: This section is about community hospital services. Community Hospitals are small local hospitals that provide a range of services to their local community. These can include community beds, maternity, clinics, minor injuries units, some surgery, X ray departments, treatments such as physiotherapy, outpatient clinics and much more. The community hospitals for the Central Maldon, Dengie and SWF are at Braintree and St Peter's, Maldon.**

Page Break

Q13.2 **In the last 12 months, have you or someone you assisted visited Braintree Community Hospital or St Peter's Hospital, Maldon for any service?**

- ○ Yes (1)
- ○ No (2)
- ○ Prefer not to say (3)

*Skip To: End of Block If In the last 12 months, have you or someone you assisted visited Braintree Community Hospital or S... = No*

*Skip To: End of Block If In the last 12 months, have you or someone you assisted visited Braintree Community Hospital or S... = Prefer not to say*

Page Break

Q13.3 **For your last visit, which hospital did you attend?**

- ○ Braintree Community Hospital (1)
- ○ St Peters' Community Hospital, Maldon (2)
- ○ Other: please specify below (3)

_____

- ○ Prefer not to say (4)

---

Q13.4 **Who was this visit for?**

- ○ Me - I accessed on my own (1)
- ○ Me - I was accompanied by someone else (2)
- ○ My child (3)
- ○ Someone I am caring for (4)
- ○ Someone I accompanied that I do not care for (5)
- ○ Other: please specify below (6)

_____

- ○ Prefer not to say (7)

---

Q13.5 **What was the main purpose(s) of this visit?** *(select all that apply)*

- [ ] Surgery (1)
- [ ] Consultation (2)
- [ ] Diagnostic testing (3)
- [ ] Treatment (4)
- [ ] Emergency care (5)
- [ ] Second opinion (6)
- [ ] Pre-operative assessment (7)
- [ ] Post-operative care (8)
- [ ] Visiting a patient (9)
- [ ] ⊗ Not sure (10)
- [ ] Other: please specify below (11)

_____

- [ ] ⊗ Prefer not to say (12)

Page Break

Q13.6 **Did you require an appointment for this visit?**

- ○ Yes (1)
- ○ No (2)
- ○ Prefer not to say (3)

*Skip To: Q13.10 If Did you require an appointment for this visit? = No*

*Skip To: Q13.10 If Did you require an appointment for this visit? = Prefer not to say*

Page Break

Q13.7 **How did you book this appointment?** *(select all that apply)*

- ☐ Telephone (1)
- ☐ Online (2)
- ☐ Walk-in n (3)
- ☐ I received a letter with an appointment time and date (4)
- ☐ I received an email with an appointment time and date (5)
- ☐ I received a confirmatory text (6)
- ☐ ⊗ Not sure, someone else booked the appointment (7)
- ☐ Other: please specify below (8)

_____

- ☐ ⊗ Prefer not to say (9)

Q13.8 **How easy did you find it to book the appointment for this visit?**

- ○ Very easy (1)
- ○ Somewhat easy (7)
- ○ Neither easy nor difficult (8)
- ○ Somewhat difficult (9)
- ○ Very difficult (10)
- ○ Prefer not to say (11)

Q13.9 **How easy was it for you to schedule the appointment at a time that was convenient for you?**

- ○ Very easy (1)
- ○ Somewhat easy (7)
- ○ Neither easy nor difficult (8)
- ○ Somewhat difficult (9)
- ○ Very difficult (10)
- ○ Prefer not to say (11)

Page Break

Q13.10 **How long did it take for you to travel to the hospital for this visit?**

- ○ Less than 15 minutes (1)
- ○ 15-30 minutes (8)
- ○ 31-60 minutes (9)
- ○ More than 1 hour (10)
- ○ More than 2 hours (11)
- ○ More than 3 hours (12)
- ○ Prefer not to say (13)

Q13.11 **What mode(s) of transport did you use to travel to the hospital for this visit?** *(select all that apply)*

- ☐ Car (personal vehicle) (1)
- ☐ Bus (2)
- ☐ More than one bus (3)
- ☐ Train (4)
- ☐ More than one train (5)
- ☐ Walking (6)
- ☐ Cycling (7)
- ☐ Taxi (8)
- ☐ Other: please specify below (9)

_____

- ☐ ⊗ Prefer not to say (10)

---

Q13.12 **For your last visit, did you experience any challenges attending the hospital?**

- ○ Yes (1)
- ○ No (2)
- ○ Prefer not to say (3)

Page Break

*Display this question:*

*If For your last visit, did you experience any challenges attending the hospital? = Yes*

Q13.13 **Would you say that attending this visit was challenging because of the:** *(select all that apply)*

- ☐ Distance to the hospital (1)
- ☐ Lack of public transportation (15)
- ☐ Lack of finances for travel (16)
- ☐ Lack of flexible appointment times (21)
- ☐ Lack of available appointments (17)
- ☐ Waiting times (18)
- ☐ Time constraints (19)
- ☐ Building is not appropriate for my physical needs (20)
- ☐ Language or communication barriers (22)
- ☐ Difficultly navigating the building upon arrival (23)
- ☐ Availability of parking (24)
- ☐ Cost of parking (28)
- ☐ Other: please specify below (26)

_____

- ☐ ⊗ Prefer not to say (27)

Page Break

*Display this question:*

*If For your last visit, did you experience any challenges attending the hospital? = Yes*

*And For your last visit, did you experience any challenges attending the hospital? = No*

*And For your last visit, did you experience any challenges attending the hospital? = Prefer not to say*

Q13.14 **Space for additional comments** (*not required)*

_____

_____

_____

_____

_____

End of Block: Section 3: Community hospital services

Start of Block: Section 4: General/acute hospital services

Q14.1 **Section 4: This next section is about general and acute hospital services. General hospitals for the central Maldon, Dengie and SWF Integrated Neighbourhood Area (INT) area are mainly Basildon, Broomfield and Southend.**

Q14.2 **In the last 12 months, have you or a someone you assisted visited a general hospital for any service?**

- ○ Yes (1)
- ○ No (2)
- ○ Prefer not to say (3)

*Skip To: End of Block If This next section is about general hospital services. General hospitals for the central Maldon, Den = No*

*Skip To: End of Block If This next section is about general hospital services. General hospitals for the central Maldon, Den = Prefer not to say*

Page Break

Q14.3 **For your last visit, which general hospital did you visit?**

- ○ Basildon Hospital (1)
- ○ Broomfield Hospital (7)
- ○ Southend Hospital (8)
- ○ Springfield Hospital (under NHS) (9)
- ○ Other: please specify below (10)

_____

- ○ Prefer not to say (11)

Q14.4 **Who was this visit for?**

- ○ Me - I accessed on my own (1)
- ○ Me - I was accompanied by someone else (2)
- ○ My child (3)
- ○ Someone I am caring for (4)
- ○ Someone I accompanied that I do not care for (5)
- ○ Other: please specify below (6)

_____

- ○ Prefer not to say (7)

Q14.5 **What was the main purpose(s) of this visit to the general hospital service?** (select all that apply)

- [ ] Surgery (1)
- [ ] Consultation (24)
- [ ] Diagnostic testing (25)
- [ ] Treatment (26)
- [ ] Emergency care (27)
- [ ] Second opinion (28)
- [ ] Pre-operative assessment (29)
- [ ] Post-operative care (30)
- [ ] Visiting a patient (31)
- [ ] Other: please specify below (32)

_____

- [ ] ⊗ Not sure (33)
- [ ] ⊗ Prefer not to say (34)

Page Break

Q14.6 **Did you require an appointment for this visit?**

- ○ Yes (1)
- ○ No (2)
- ○ Prefer not to say (3)

---

*Display this question:*

*If Did you require an appointment for this visit? = Yes*

Q14.7 **For this visit, how did you book the appointment?** (select all that apply)

- ☐ Telephone (1)
- ☐ Online (2)
- ☐ Walk-in (3)
- ☐ I received a letter with an appointment time and date (4)
- ☐ I received an email with an appointment time and date (5)
- ☐ I received a confirmatory text (6)
- ☐ ⊗ Not sure, someone else booked the appointment (7)
- ☐ Other: please specify below (8)

_____

- ☐ ⊗ Prefer not to say (9)

*Display this question:*

*If Did you require an appointment for this visit? = Yes*

Q14.8 **How easy did you find booking the appointment for this visit?**

- ○ Very easy (1)
- ○ Somewhat easy (7)
- ○ Neither easy nor difficult (8)
- ○ Somewhat difficult (9)
- ○ Very difficult (10)
- ○ Prefer not to say (11)

*Display this question:*

*If Did you require an appointment for this visit? = Yes*

Q14.9 **How easy was it for you to schedule the appointment at a time that was convenient for you?**

- ○ Very difficult (1)
- ○ Somewhat difficult (2)
- ○ Neither easy nor difficult (3)
- ○ Somewhat easy (4)
- ○ Very easy (5)

Page Break

Q14.10 **How long did it take for you to travel to the hospital for your last visit?**

- ○ Less than 15 minutes (1)
- ○ 15-30 minutes (8)
- ○ 31-60 minutes (9)
- ○ More than 1 hour (10)
- ○ More than 2 hours (11)
- ○ More than 3 hours (12)
- ○ Prefer not to say (13)

Q14.11 **What mode(s) of transport did you use to travel to the hospital for this visit?** *(select all that apply)*

- ☐ Car (personal vehicle) (1)
- ☐ Bus (2)
- ☐ More than one bus (3)
- ☐ Train (4)
- ☐ Walking (5)
- ☐ Cycling (6)
- ☐ Taxi (7)
- ☐ Other: please specify below (8)

_____

- ☐ ⊗ Prefer not to say (9)

Q14.12 **For your last visit, did you experience any challenges attending the hospital?**

- ○ Yes (1)
- ○ No (2)
- ○ Prefer not to say (3)

*Skip To: Q14.14 If For your last visit, did you experience any challenges attending the hospital? = No*

*Skip To: Q14.14 If For your last visit, did you experience any challenges attending the hospital? = Prefer not to say*

Page Break

*Display this question:*

*If For your last visit, did you experience any challenges attending the hospital? = Yes*

Q14.13 **Would you say that attending this visit was challenging because of the:**
*(Please select all that apply)*

- ☐ Distance to the hospital (1)
- ☐ Lack of public transportation (16)
- ☐ Lack of finances for travel (17)
- ☐ Lack of available appointments (18)
- ☐ Waiting times (19)
- ☐ Time constraints (20)
- ☐ Building is not appropriate for my physical needs (21)
- ☐ Lack of flexible appointment times (22)
- ☐ Language or communication barriers (23)
- ☐ Difficultly navigating the building upon arrival (24)
- ☐ Availability of parking (25)
- ☐ Cost of parking (30)
- ☐ Emergency services response time (26)
- ☐ Other: please specify below (28)

_____

- ☐ ⊗ Prefer not to say (29)

Page Break

Q14.14 **Space for additional comments** (not required)

_____

_____

_____

_____

_____

End of Block: Section 4: General/acute hospital services

Start of Block: Section 5: Specialist hospital services

Q15.1 **Section 5: This final section is about the accessibility to specialised hospital services. Normally, you will be referred to a specialist service through your GP or a consultant at a general hospital. Generally, you cannot self-refer to a specialist service at a hospital within the NHS, except when accessing sexual health clinics or accident and emergency treatment. Specialised services support people with a range of rare and complex conditions. They may involve diagnosis and treatments provided to patients. Examples of specialist hospitals in the UK you may have been referred to: • The Christie NHS Foundation Trust: leading experts in cancer • The Clatterbridge Cancer Centre • Great Ormond Street Hospital for Children • Liverpool Heart and Chest Hospital • Moorfields Eye Hospital • National Hospital for Neurology and Neurosurgery • The Robert Jones and Agnes Hunt Orthopaedic Hospital • Royal Brompton Hospital and Harefield hospital: heart and lung centre • The Royal Marsden: cancer diagnosis and treatment • Royal National Orthopaedic Hospital • Royal Papworth Hospital: Heart and lung specialist • St Mark's Hospital: Bowel • Queen Victoria Hospital: reconstructive surgery, burns care, and rehabilitation • The Walton Centre: Neurology and neurosurgery • West London NHS Trust: Mental health • Broomfield Hospital: burns and plastic surgery**

Page Break

Q15.2 **In the last 12 months have you or someone you assisted been referred for a specialist hospital service?** 

- ○ Yes (1)
- ○ No (2)
- ○ Not sure (3)
- ○ Prefer not to say (4)

*Skip To: End of Survey If In the last 12 months have you or someone you assisted been referred for a specialist hospital se... = No*

*Skip To: End of Block If In the last 12 months have you or someone you assisted been referred for a specialist hospital se... = Not sure*

*Skip To: Q15.3 If In the last 12 months have you or someone you assisted been referred for a specialist hospital se... = Prefer not to say*

Page Break

Q15.3 **For the most recent referral who was this for?**

- ○ Me - I accessed on my own (1)
- ○ Me - I was accompanied by someone else (2)
- ○ My child (3)
- ○ Someone I am caring for (4)
- ○ Someone I accompanied that I do not care for (5)
- ○ Other: please specify below (6)

_____

- ○ Prefer not to say (7)

Q15.4 **How would you rate the experience with the referral process to the specialist service?**

- ○ Very smooth (1)
- ○ Somewhat smooth (2)
- ○ Neither smooth nor challenging (3)
- ○ Somewhat challenging (4)
- ○ Very challenging (5)
- ○ Prefer not to say (6)

Page Break

Q15.5 **How long did it take to get an appointment following referral to the specialist service?**

- ○ Less than 1 week (1)
- ○ 1–2 weeks (6)
- ○ 3–4 weeks (7)
- ○ More than 4 weeks (8)
- ○ More than 8 weeks (10)
- ○ More than 12 weeks (11)
- ○ Prefer not to say (9)

Q15.6 **Have you attended an in-person appointment following this referral in the last 12 months?**

- ○ Yes (1)
- ○ No (2)
- ○ Prefer not to say (3)

*Skip To: End of Block If Have you attended an in-person appointment following this referral in the last 12 months? = No*

*Skip To: End of Block If Have you attended an in-person appointment following this referral in the last 12 months? = Prefer not to say*

Page Break

Q15.7 **How was the appointment booked for this visit?** *(select all that apply)*

- ☐ Telephone (1)
- ☐ Online (2)
- ☐ Walk-in (3)
- ☐ A letter with an appointment time and date was received (4)
- ☐ An email with an appointment time and date was received (5)
- ☐ ⊗ Not sure, someone else booked the appointment (6)
- ☐ Other: please specify below (7)

_____

- ☐ ⊗ Prefer not to say (8)

Q15.8 **How easy did you find booking the appointment for this visit?**

- ○ Very easy (1)
- ○ Somewhat easy (7)
- ○ Neither easy nor difficult (8)
- ○ Somewhat difficult (9)
- ○ Very difficult (10)
- ○ Prefer not to say (11)

Q15.9 **How easy was it for you to schedule the appointment at a time that was convenient for you?**

- ○ Very easy (1)
- ○ Somewhat easy (2)
- ○ Neither easy nor difficult (3)
- ○ Somewhat difficult (4)
- ○ Very difficult (5)
- ○ Prefer not to say (6)

Q15.10 **What was the main purpose(s) of this visit?** (select all that apply)

- [ ] Surgery (1)
- [ ] Consultation (12)
- [ ] Diagnostic testing (13)
- [ ] Treatment (14)
- [ ] Emergency care (15)
- [ ] Second opinion (16)
- [ ] Pre-operative assessment (17)
- [ ] Post-operative care (18)
- [ ] Visiting a patient (19)
- [ ] Other: please specify below (20)

_____

- [ ] ⊗ Prefer not to say (21)

Page Break

Q15.11 **How long did it take for you to travel to the hospital for this visit?**

- ○ Less than 15 minutes (1)
- ○ 15-30 minutes (9)
- ○ 31-60 minutes (10)
- ○ More than 1 hour (11)
- ○ More than 2 hours (12)
- ○ More than 3 hours (13)
- ○ More than 4 hours (14)
- ○ Prefer not to say (15)

Q15.12 **What mode(s) of transport did you use to travel to the hospital for this visit?** *(select all that apply)*

- ☐ Car (personal vehicle) (1)
- ☐ Bus (20)
- ☐ More than one bus (21)
- ☐ Train (22)
- ☐ More than one train (23)
- ☐ Walking (24)
- ☐ Cycling (25)
- ☐ Taxi (26)
- ☐ Other: please specify below (27)

_____

- ☐ ⊗ Prefer not to say (28)

---

Q15.13 **For this visit, did you experience any challenges when attending?**

- ○ Yes (1)
- ○ No (2)
- ○ Prefer not to say (3)

*Skip To: Q15.15 If For this visit, did you experience any challenges when attending? = No*

*Skip To: Q15.15 If For this visit, did you experience any challenges when attending? = Prefer not to say*

Page Break

*Display this question:*

*If For this visit, did you experience any challenges when attending? = Yes*

Q15.14 **Would you say that attending this visit was challenging because of the:** (select all that apply)

- ☐ Distance to the hospital (1)
- ☐ Lack of public transportation (15)
- ☐ Lack of finances for travel (16)
- ☐ Lack of available appointments (17)
- ☐ Waiting times (18)
- ☐ Time constraints (19)
- ☐ Building is not appropriate for my physical needs (20)
- ☐ Lack of flexible appointment times (21)
- ☐ Language or communication barriers (22)
- ☐ Difficultly navigating the building upon arrival (23)
- ☐ Availability of parking (24)
- ☐ Cost of parking (29)
- ☐ Other: please specify below (27)

_____

- ☐ ⊗ Prefer not to say (28)

Q15.15 **Space for additional comments** (not required)

_____

_____

_____

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_____

End of Block: Section 5: Specialist hospital services

## Appendix 2: Survey News and Social Media Release

The survey release was then expanded until 07.05.2025. Below are the original news and social mediareleases.

**NEW RESEARCH TO SURVEY ACCESSIBILITY OF HEALTHCARE SERVICES IN MALDON, THE DENGIE AND SOUTH WOODHAM FERRERS (SWF) AREA**

How long does it take to get from places like Maldon, Burnham-on-Crouch and South Woodham Ferrers (SWF) to appointments at Broomfield, Basildon, Southend or specialist hospitals, on public transport, or in a car which must be parked? How easy is it to use local health services like GPs, pharmacies and dentists? How long is the wait for an ambulance?

Today we launch our independent and anonymous academic survey to investigate this.

Peter Blackman, Chair, SWF Health & Social Care Group said:
“In conjunction with The University of Warwick we’re asking patients in Maldon Central, Dengie & SWF Integrated Neighbourhood Team area about their experiences of Accessibility to Healthcare Services. Our report produced with the University of Warwick in 2023: *Health, Welfare & Social Care Assessment of the Dengie & South Woodham Ferrers Primary Care Network* highlighted an issue of accessibility, which we want to investigate further. This is also an issue raised during the ongoing consultation about future community health services and St Peter’s Hospital, Maldon’s future.”

We are inviting residents of Maldon, the Dengie, and SWF aged 18+ to complete our survey to help form recommendations on accessibility. We’ll use this report to inform the Mid & South Essex Integrated Care Board and other relevant authorities to help guide any potential improvements in accessibility across the area.

📝 **Take the Survey Now:**
👉 warwick.co1.qualtrics.com/jfe/form/SV_2mY0OwsBK4fDLam
🕒 **Average time to complete: 20 minutes**
🗓️ **Closes: 11:59pm on Bank Holiday Monday, 5 May 2025**

This survey is part of an independent research project conducted by South Woodham Ferrers Health & Social Care Group and the University of Warwick. It is not affiliated with the NHS, Essex County Council, the GP Patient Survey, the Friends and Family Test, or the ongoing Community Health Services Consultation. While we will engage with system partners, participation in this survey does not guarantee changes to services.

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Note to editors:
QR code for survey above

**Study Title**: The Maldon Central, Dengie & South Woodham Ferrers Integrated Neighbourhood (INT) area: Accessibility to Healthcare Services
Investigators: South Woodham Ferrers (SWF) Health & Social Care Group & Warwick Medical School
Researcher: Emily Cramb, Masters of Public Health student, Warwick Medical School
Academic Supervisor: Bronwyn Harris, Associate Professor, Public Health, Warwick Medical School
Organisational Supervisor: Peter Blackman, Chair, SWF Health & Social Care Group

**This research is independent of the NHS, Essex County Council, the GP Patient Survey, and the Friends and Family Test.** It is designed to gather insights specifically on accessibility needs across different healthcare services.

In 2023, South Woodham Ferrers Health & Social Group collaborated with the University of Warwick. Master of Public Health student Sacara Philips at the University of Warwick completed a report titled "Health, Welfare & Social Care Assessment of the Dengie & South Woodham Ferrers Primary Care Network" . The report highlighted the issue of service accessibility within the area. This research intends to build upon these findings. A link to the report can be found here: health-welfare-social-care-assessment-of-the-dengie-south-woodham-ferrers-pcn-jun23.pdf . Accessibility was the top concern of respondents in consultations about future of community health services and St Peter's Hospital Maldon (Consultations 2024-25).

This study focuses on the physical accessibility to services used by residents within the Maldon Central, Dengie & South Woodham Ferrers Integrated Neighbourhood team (INT) area. INTs represent a collaborative approach in delivering health and social care services in a specific area. These are part of the NHS Long Term Plan published in 2019 and now exist across the UK. By observing accessibility within

the INT area, this aims to have a positive effect on providing evidence for enhancing care and equity of service provision.

Contact: Peter Blackman, Chair, SWF Health & Social Care Group
Email: swfhealthsocial@outlook.com
Mobile: 07966 170623
Voicemail 01245 322079

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**Social Media Post Template**

**🚨 Have you used healthcare services in the Maldon, Dengie and South Woodham Ferrers? If so, we want to hear from you about your experience accessing these services.**

We're collecting your experiences in a new survey with the University of Warwick to inform the local NHS and other authorities.

📝 Please take this anonymous survey to speak up:
👉 https://warwick.co1.qualtrics.com/jfe/form/SV_2mY0OwsBK4fDLam

🕒 Average time of 20 minutes to complete

🕒 Closes: 5th May (Bank Holiday Monday)

📍 For residents of the Maldon, Dengie and South Woodham Ferrers area aged 18+

📢 Your participation will be anonymous
📢 Your voice matters

#HealthcareServices #Maldon #Dengie #SWF #NHSAccess #UniversityofWarwick #EssexNHS

## Appendix 3: Focus Group Discussion Guides

### Focus Group Discussion Guide (service users)

1. Introduction

- Welcome participants and introduce facilitator/rapporteur and student.
- Explain the purpose of the discussion:
  *To understand experiences in accessing local health and community services and explore potential improvements.*
- Outline the plan for the session
- Obtain any outstanding consent (written/verbal)

- Highlight confidentiality and maintaining respect for different perspectives
- Re-affirm consent and allowance to withdraw or not answer a question
- Begin the recording

2. What has been your experience accessing the following services in the Central Maldon, Dengie and SWF area?

- Pharmacies
- GP surgeries
- Nurses, midwives, health visitors
- Dentists
- Emergency care
- VCFSEs

Prompt: What challenges have you faced in accessing these services? Can you recall an experience you found difficult? (Communication, navigating services, travel). What would improve access?

3. What has been your experience getting tests and treatments locally, such as blood tests, scans, physio?
   Prompts: Have you faced any issues with waiting times, availability, or referrals? Have you had problems with communication from healthcare providers regarding results and follow-ups?

4. What is your experience traveling to and using:
   - Community hospitals ( St Peter's, Maldon, Braintree)
   - General hospitals (Basildon, Broomfield, Southend)
   - Specialist hospital services

Prompts: Have you encountered any transport or accessibility issues in reaching these hospitals? How do hospital services compare to community health services regarding access (wait times, communication and physical access).

*5.* Some people in our survey mentioned challenges like parking, public transport, distance to services, waiting times, and appointment availability. Have you experienced any of these, or perhaps faced other challenges?

6. What would improve access to these services for you and your community?

Prompts: What changes would you like to see in how services are delivered? Are there any good practices from other areas that could be implemented locally?

7.Summary

- Highlight key points made in the discussion.
- Ask participants if they have any final thoughts they would like to add.
- Thank participants for their time and input

Questions intent to be guided by preliminary survey results. However, these guides give an insight into the potential questions.

### Focus Group Discussion Guide (stakeholders/service providers)

1.Introduction

- Welcome participants and introduce facilitator/rapporteur and student.
- Explain the purpose of the discussion:
  *To gain insights from service providers and stakeholders on accessibility to health and community services and the potential solutions*
- Outline the plan for the session
- Obtain any outstanding consent (written/verbal)
- Highlight confidentiality and maintaining respect for different perspectives
- Re-affirm consent and allowance to withdraw or not answer a question
- Begin the recording
- Brief participant introductions: Role and organisation.

2. Initial survey feedback suggests parking, public transport, waiting times, and appointment availability are barriers to access. From your perspective, are these the main challenges, or are there others you see affecting patients?

Prompts: What are the main challenges people face in reaching local services such as GPs, pharmacies, hospitals? What role does transport play in limiting/enabling access? What groups are most affected by barriers to physical access?

3. What is currently being done to support access in transport, service provision and local planning?

Prompts:  Are buildings designed to accommodate wheelchair users and those with mobility impairments? Are there adequate ramps, lifts, and accessible toilets? Are waiting areas, consultation rooms easy to navigate and comfortable for service users?

Is public transport reliable and accessible for people needing healthcare? What support exists regarding transport? How is parking planned for at hospitals and other services during construction? Are ambulance and non-emergency medical transport services adequate?

4. What improvements could be made to enhance access to healthcare services and what does potential integration with transport look like?

Prompts: What transport solutions could help? What improvements are needed in buildings?  What could be done quickly to improve parking, appointment systems, or transport access in the short term? What policy change  could improve access to both transport services and infrastructure? How can stakeholders work together to address these challenges?

5. What are the potential immediate actions that could be  prioritised to improve access to services?

Prompts: What  strategies should be prioritised? Long-term vision? Who will lead the implementation of these strategies?

6.Summary

- Highlight key points made in the discussion.
- Ask participants if they have any final thoughts they would like to add.
- Thank participants for their time and input

Questions intent to be guided by preliminary survey results. However, these guides give an insight into the potential questions.

## Appendix 4: FGD Consent Form

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Contact: Peter Blackman, Chair, SWF Health & Social Care Group
Email: swfhealthsocial@outlook.com
Mobile: 07966 170623
Voicemail 01245 322079

# Appendix 5: Results From the Survey

## Survey

The survey was comprehensive, covering multiple domains. For this report, the focus is on insights reflecting access to services. The results are outlined in line with the structure of the survey.

### Survey Demographics

#### Overview of Survey Respondents

A total of 254 participants took part in the survey. Females accounted for 81.9% of respondents and 17.7 % for males. Participant age ranged from 18 to 85 and above. The highest proportion of respondents reported themselves as in the 65-74 category (27.6%) followed by 55-64 (26.4%) and 75-84 (22.8%). The majority (96.1%) of respondents identified their ethnicity as English, Welsh, Northern Irish. Participants were asked to identify the parish in which they reside in. Across 34 choices of parishes and "other", twenty-seven listed parishes had at least 1 respondent. Maldon Town had the most respondents (26.8%), followed by South Woodham Ferrers (20.9%) Heybridge Parish (11.8 %) and Burnham-on-Crouch Town (7.1%). Approximately 1.2% of participants identified as a veteran. Furthermore, 12.4% identified as an unpaid carer and 2% identified as a paid carer. The survey respondents were not representative of the general population within the INT, nor were they intended to be.

#### Impact of Impairment, Disability and Long-term Health Condition on Accessibility Perception

Participants were asked if they consider themselves to have an impairment, disability or long-term health condition, with 49.2% answering yes. Furthermore, 64.8% of these participants reported not using any reasonable adjustments when accessing health and community services. However, 9.6 % identified using a hearing loop, 8.8% requiring wheelchair access, 4% arranging the first or last appointment of the day, 3.2% use a quiet area when waiting and 1.6% flexible visiting. Additionally, 8.8% preferred not to say. Approximately 5.6% identified "other" provisions such as disabled car parking. Of participants who identified as having an impairment, disability or long-term health condition, a third reported that their condition challenges their ability to access health and social care services. Table 2 illustrates the identified challenges by these participants, with the most significant challenge being mobility difficulties (55%). Participants who selected "other" (12%) identified challenges such as "*transport problems"* and *"getting the right services to talk to each other"* suggesting physical and functional access challenges.

Table 2: Challenges reported accessing health and social care services due to having an impairment, disability or long-term health condition (multiple-choice question)

| Choice | Percentage (%) | Count |
|---|---|---|
| Mobility difficulties can impact physical accessibility to in-person services | 55 | 22 |
| Long waiting times for treatment | 45 | 18 |
| Difficulty booking appointments | 32.5 | 13 |
| Lack of understanding or awareness of condition among professionals | 30 | 12 |
| Difficulty using online services | 25 | 10 |
| Fear of discrimination or stigma from healthcare providers | 12 | 5 |
| Other | 12 | 5 |
| Difficulty communicating with professionals | 10 | 4 |
| Difficulty navigating in-person services | 7.5 | 3 |
| Financial barriers | 7.5 | 3 |
| Not sure | 2.5 | 1 |
| Prefer not to say | 0 | 0 |

### Impact of Employment on Accessibility Perception

Table 3 illustrates employment status of the participants who answered the survey. Most participants were retired (55.5%), or in employment (full time: 18.1% and part time12.2%).

Table 3: Employment status of participants

| Choice | Percentage (%) | Count |
|---|---|---|
| Employed – full-time (30+ hours per week) | 18.1 | 46 |
| Employed – part-time (less than 30 hours per week) | 12.2 | 31 |
| Self-employed – full-time | 1.6 | 4 |
| Self-employed – part-time | 2.8 | 7 |
| Unemployed – looking for work | 0.4 | 1 |
| Unemployed – not looking for work | 2.4 | 6 |
| Retired | 55.5 | 141 |
| Student | 0.8 | 2 |
| Unable to work due to illness or disability | 3.5 | 9 |
| Caring for family or dependents (e.g., full-time parent, carer) | 1.6 | 4 |
| Other | 0.4 | 1 |
| Prefer not to say | 0.8 | 2 |

Approximately 37.4% of these participants identified as currently being in employment or self-employed. A fifth of the survey's total participants felt that their employment status challenged their ability to access services, 34% of these participants were employed or self-employed. Table 4 shows challenges identified in relation to employment status, with scheduling appointments around work or other commitments

was the most common answer (63.5%). Participants who selected "other" provided insight such as "*transport*", "*transport cost*", "*distance to venues*" and *"cannot sit online for ages to try and book an appointment"*.

Table 4: Challenges reported accessing health and social care services due employment status (multiple-choice question)

| Choice | Percentage (%) | Count |
|---|---|---|
| Difficultly arranging childcare | 11.5 | 6 |
| Difficulty scheduling appointments around work or other commitments | 63.5 | 33 |
| Financial constraint (e.g. cost of prescription, dental care, transport) | 17.3 | 9 |
| I struggle to get time off for appointments | 32.7 | 17 |
| Not sure | 5.8 | 3 |
| Other | 11.5 | 6 |
| Prefer not to say | 7.7 | 4 |

## Section A: Local Community Services

Table 5 shows the proportion of participants who selected the use of each local community healthcare service in the last 12 months. The most common was GP surgery use, specifically routine appointments at the GP surgery. GP surgeries were accessed by 81.1% of participants.

Table 5: Identified use of local community services in the last 12 months by participants (multiple-choice question)

| Service option | Percentage (%) | Count |
|---|---|---|
| Routine appointment at your GP surgery | 81.1 | 206 |
| Urgent appointment at your GP surgery | 40.9 | 104 |
| Tests and laboratory services | 72 | 183 |
| Pharmacy services | 69.7 | 177 |
| Dental services | 64.6 | 164 |
| Emergency services | 15.4 | 39 |
| Social care services | 5.5 | 14 |
| Voluntary, Community, Faith and Social Enterprise sector services - VCFSE | 2.5 | 5 |
| I have not accessed any of these services | 2.0 | 5 |
| Prefer not to say | 0.8 | 2 |

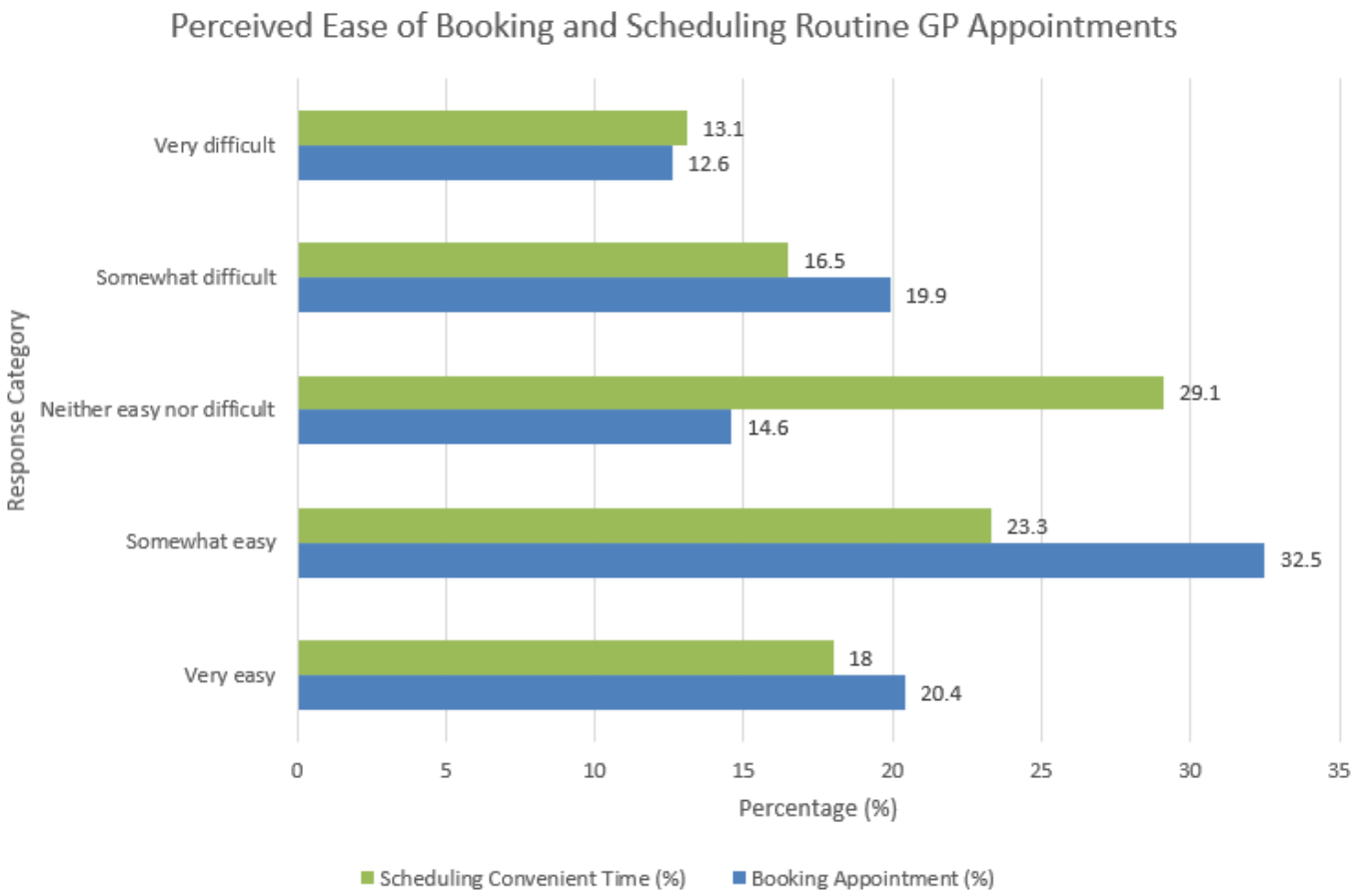
## GP Surgeries (Routine and Urgent GP Appointments)

### Routine GP Appointments

A total of 206 participants (81.1%) recalled attending an in-person routine appointment at their GP surgery in the last 12 months. Regarding routine GP appointments, 85% of

participant's "last routine appointment" was for themselves and this was attended on their own. Additionally, 79.6% of these appointments were in-person. Telephone was the most reported booking method (51.9%), followed by online request (30.6%) and attending the GP reception (10.7%). Figure 4 shows the perceived ease of booking process and scheduling appointments at a convenient time. This highlights the largest proportion of respondents found the booking process *"somewhat easy"* (32.5%) and scheduling appointments was *"neither easy nor difficult"* (29.1%).

Figure 4: Cluster bar graph showing the perceived ease of booking and scheduling participants last routine GP appointment



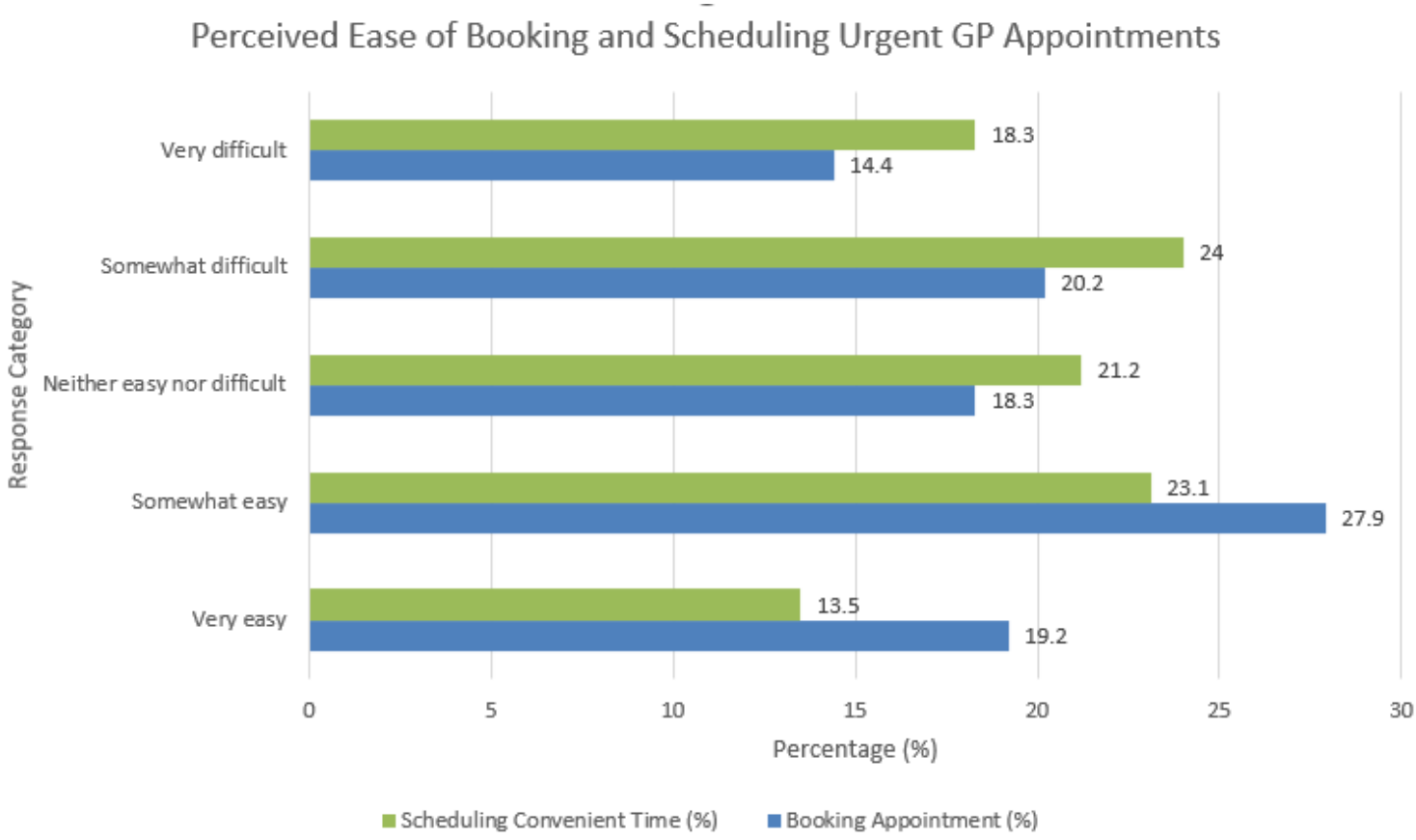

### Urgent GP Appointments

A total of104 participants identified as accessing an urgent appointment at their GP surgery in the last 12 months. Similarly to routine GP appointments, most participant's "last urgent GP appointment" was for the respondent and was attended independently (81.7%). Moreover, 82.7% of these appointments were attended in person. Telephone was the most common booking method (58.7%), followed by online request (32.7%) and attendance to reception (6.7%). Figure 5 demonstrates the perceived ease of the booking process and scheduling appointments at a convenient time. This highlights the

largest proportion of respondents found the booking process *"somewhat easy"* (27.9%) and scheduling appointments was *"somewhat difficult"* (24%) . Like routine appointments, there is variation shown in responses. However, more participants reported difficulty in booking and scheduling urgent appointments at a convenient time compared to routine appointments, suggesting urgent appointments may be more difficult to access. This was reflected by participants in the additional comments space:

> *"Getting appointments for either an emergency (same day) might not be possible due to the volume of requests that day."*

Figure 5: Cluster bar graph showing the perceived ease of booking and scheduling participants last routine GP appointment




### Travel

All participants (n = 228) who selected having either an urgent or routine appointment were asked follow-up questions regarding transport and access for their last visit. The most common forms of transport used to attend the GP surgery were car (68.4%), followed by walking (27.6%) and bus (2.2%). Travel time to GP surgeries was less than 15 minutes for 76.4% of respondents, 15-30 minutes for 20.4% and 31-60 minutes for

3.1%. This implies a typically short journey time for most participants. Table 6 illustrates that a cumulative 76% of participants found getting to their GP surgery as *"very easy"* or *"somewhat easy"*.

Table 6: Perceived easiness of travelling to GP surgery when needed

| Response category | Percentage (%) | Count |
|---|---|---|
| Very difficult | 0.9 | 2 |
| Somewhat difficult | 8.0 | 18 |
| Neither easy nor difficult | 15.1 | 34 |
| Somewhat easy | 24.4 | 55 |
| Very easy | 51.6 | 116 |

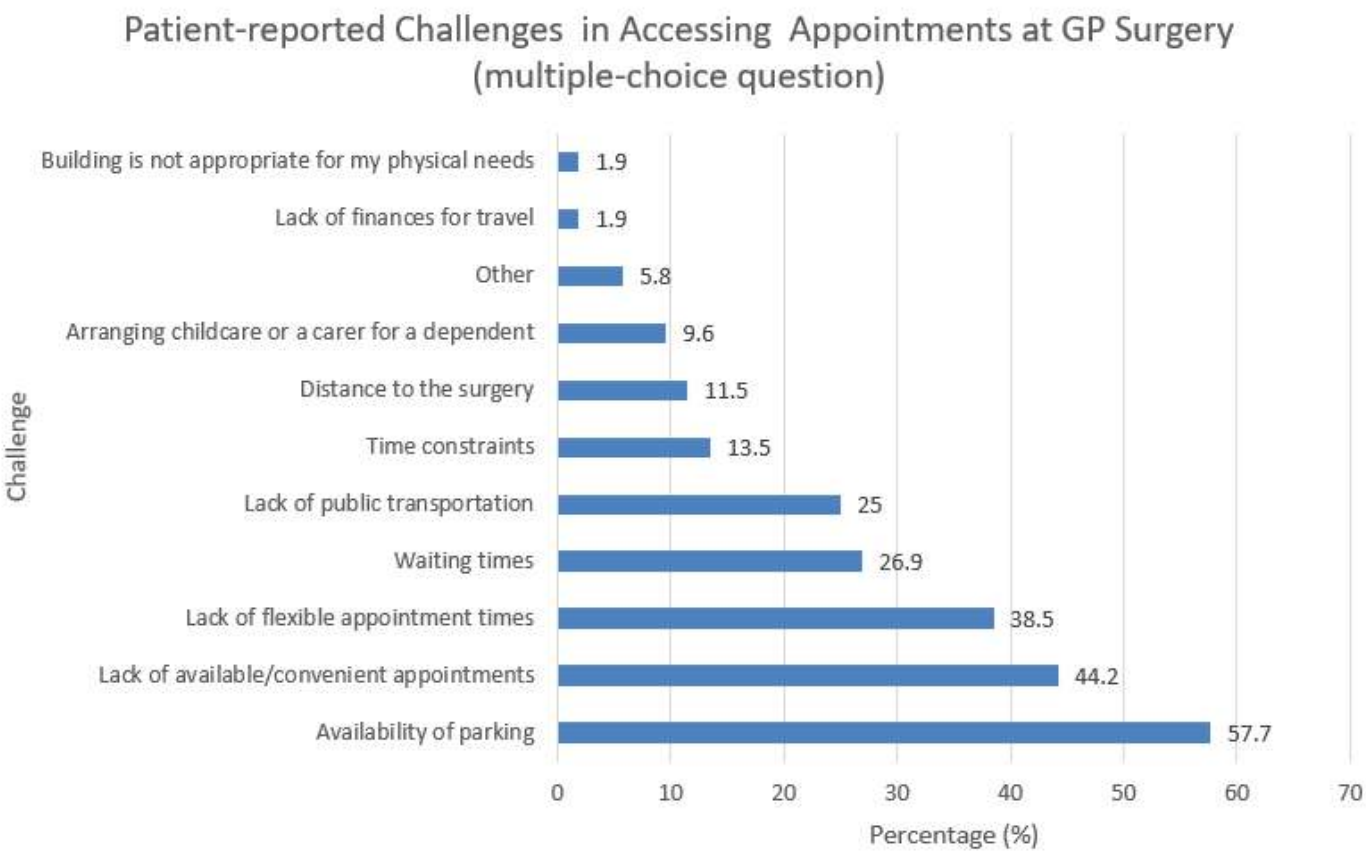
### Challenges

A total of 22.8% of participants identified challenges in accessing appointments at their GP surgery. Figure 5 demonstrates that the most reported challenges as availability of parking (57.7%) lack of available/convenient (44.2%) and flexible appointment times (38.5%), waiting times and lack of public transportation (25%). Participants who selected "other" raised personal experiences such as being *"unable to travel alone"* and *"when I'm very ill it is hard to get out of the house"*. The option for participants to provide additional comments mirrored these challenges shown in Figure 6. Limited parking was recognised by participants, for example:

*"My son who is severely disabled, is who I mostly visit the surgery with, or the pharmacy to collect his meds. Disabled parking can be a challenge. "*

Competing spaces between different practices in close proximity of one another, long waiting times even with an appointment and lack of available appointments for multiple weeks ahead were also raised. Concerns were raised reflecting communication and functional access difficulties around arranging appointments, with participants sharing that it is *"difficult to talk to a doctor if it is just something you are concerned about"* and *"getting appointments at all is a difficult process"*.

Figure 6: Bar graph showing patient-reported challenges when accessing appointments at their GP surgery




## Pharmacy services

### Service Use

Results of the survey show that 177 (69.7%) participants reported using a local pharmacy in the last 12 months, with 73% reporting monthly use. The most common uses of a pharmacy were: collecting or receiving a prescription (93.8%), purchasing over the counter items (36.7%), vaccination (32.2%), consultation with a pharmacist (29.4%) and seeking general health advice (13.6%). This highlights the varied use of pharmacies. For those who have used a pharmacy for prescriptions, 86.7% report typically collecting orders in person. For participant's last visit to collect a prescription, 41.7% of received their prescription within 5 minutes of arrival, 35.8% waiting between 5-10 minutes and 15.3% between 10-20 minutes. Only 2.8% of participants waited more than 20 minutes and 4.9% of participants recounted needing to return another day as the prescription was not ready or medication needed to be ordered. A total of 22.9% of participants reported previously having to visit multiple pharmacies to find a prescribed medication.

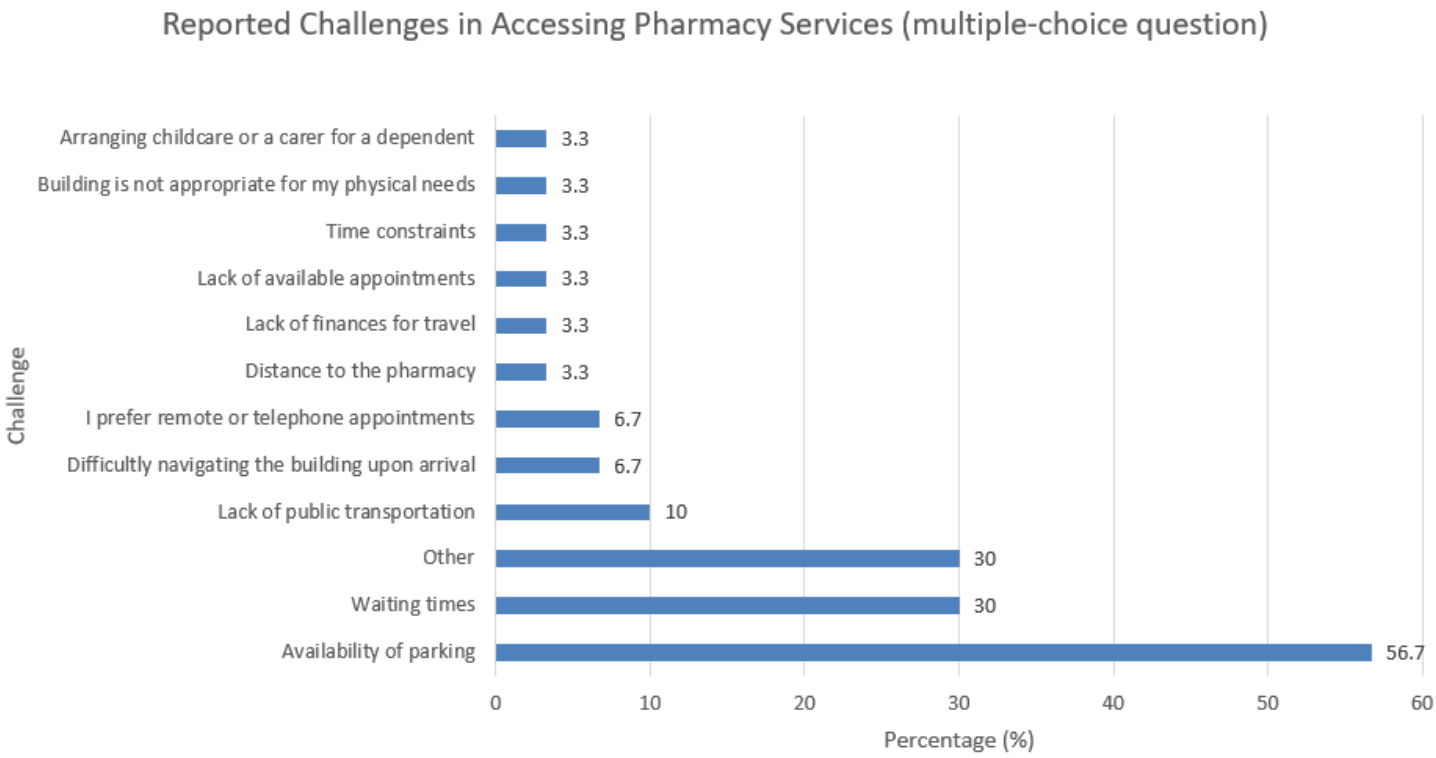
### Travel

In terms of travel, 76.1% of participants stated that it took them less than 15 minutes to travel to their local pharmacy, with car being the most common mode of transport (63.2%), followed by walking (38.5%). This reflects a typically short journey time, similar to GP surgeries.

### Challenges

Of this sample, 16.3% reported they experience challenges accessing their local pharmacy. The most common challenges identified were availability of parking (56.7%), followed by waiting times (30%), illustrated in Figure 7. Additional comments provided by participants provided a mixed view. Some participants shared their pharmacy experience as *"very good"*, *"we have an excellent pharmacy with an obliging pharmacist who is much more accessible than the GP surgery"* and *"boots pharmacy is wonderful"*. This suggests that pharmacies can be an enabler to access to those seeking healthcare advice. Whilst others described issues such as parking, queuing and their local pharmacy as being *"sometimes overwhelmed with patients collecting prescriptions as it has so much extra work now the pharmacy within the GP surgery is closed"*.

Figure 7: Bar graph showing reported challenges when accessing pharmacy services




## Dental Services

### Service Use

Of the 64.6% survey participants who reported using a dentist in the past 12 months, the majority (79.3%) currently access only NHS dental care as shown in Table 7.

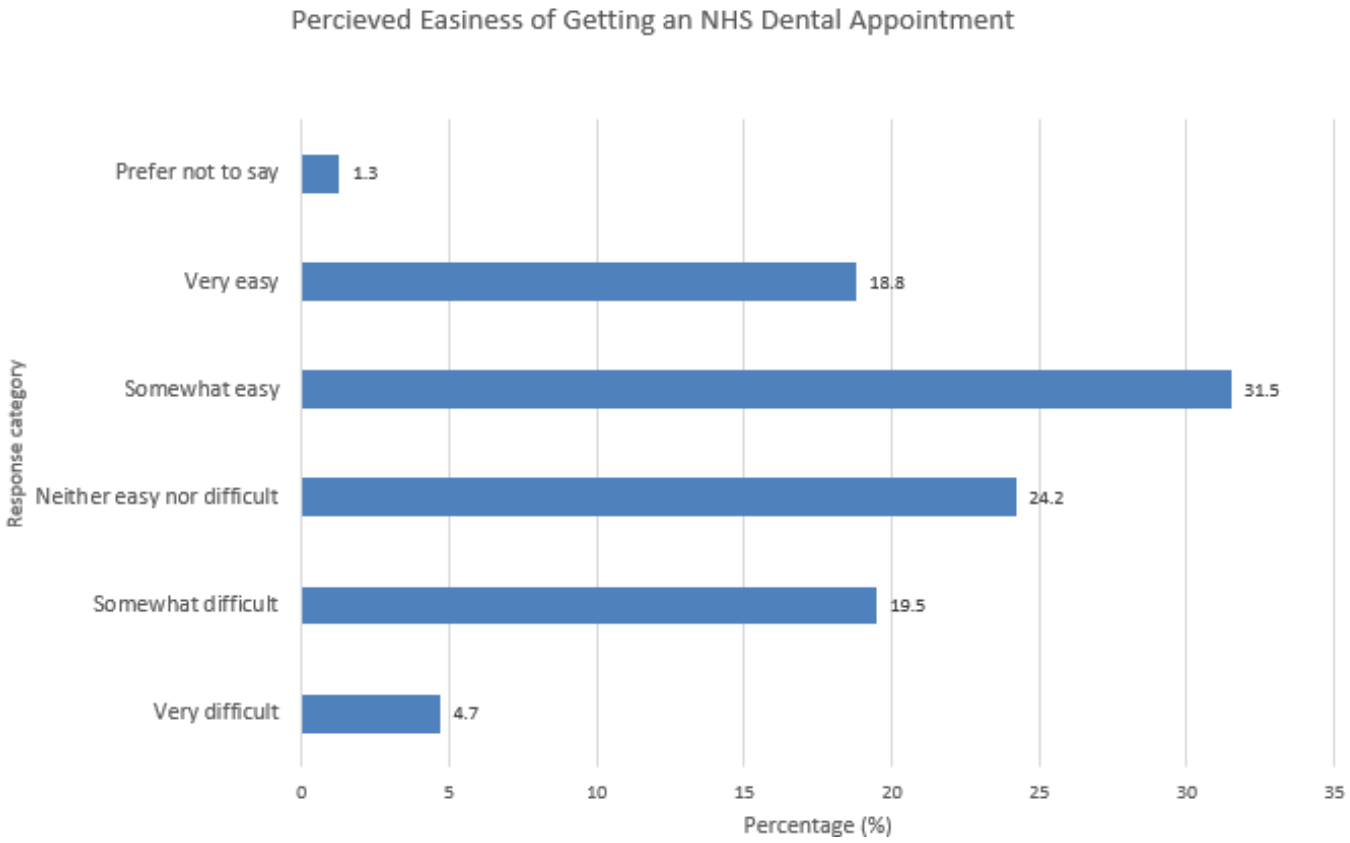
Table 7: Type of dental care accessed by survey participants who used a dentist in the past 12 months

| Dentist care | Percentage (%) | Count |
|---|---|---|
| NHS | 79.3 | 130 |
| Private | 9.1 | 15 |
| Both NHS and private | 11.6 | 19 |

### Getting an NHS Dental Appointment

Approximately 15.9% of participants reported struggling to register with an NHS dentist in their area. Figure 8 shows that half of the respondents (50.3%) recall finding it somewhat or very easy to get an NHS dental appointment, while about a quarter (24.2%) found it somewhat or very difficult, and the remaining quarter were neutral.

Figure 8: Bar graph showing perceived easiness of getting an NHS dental appointment



### Cost of Dental Care

The survey shows varied perceptions regarding the affordability of NHS dental care. A small group of respondents (6.7%) finds it *"very affordable",* while a larger proportion (30.2%) considers it *"somewhat affordable".* A significant number (12.8%) feel that NHS dental care is neither affordable nor expensive. Conversely, 39.6% of respondents feel it is somewhat expensive, and 9.4% find it very expensive. A small minority (1.3%) preferred not to say.

These results suggest that while a considerable portion of people view NHS dental care as affordable or somewhat affordable (36.9%), a large number (49.0%) perceive it as somewhat or very expensive. This highlights the mixed views on the cost of NHS dental services, with affordability being highlighted for many, despite the NHS's aim to provide more affordable care.

The survey results suggest that private dental care is generally perceived as expensive. A significant proportion of respondents (38.2%) believe it is very expensive, while nearly half (47.1%) consider it *"somewhat expensive".* Only a small group (2.9%) view it as *"somewhat affordable",* and 11.8% feel it is neither affordable nor expensive. These findings indicate that participants potentially feel the cost of private dental care is a financial burden, with few finding it affordable.

### Travel

Reported travel times to the dentist show that most people have relatively short journeys to their dental appointments. Nearly half of the respondents (48.2%) reported traveling less than 15 minutes to reach their dentist, and a further 39% said it took them between 15 and 30 minutes. A smaller number of respondents, 11.6%, travelled between 31 and 60 minutes, and just 1.2% faced travel times of over an hour. This indicates that many people have easy access to dental care in reference to travel time, however are travelling further compared to GP surgeries and pharmacies. Three quarters of participants reported using a car to travel to their last dentist appointment followed by 25% walking, 3% using a bus and only 0.6% using more than one bus and 0.6% using a taxi.

### Challenges

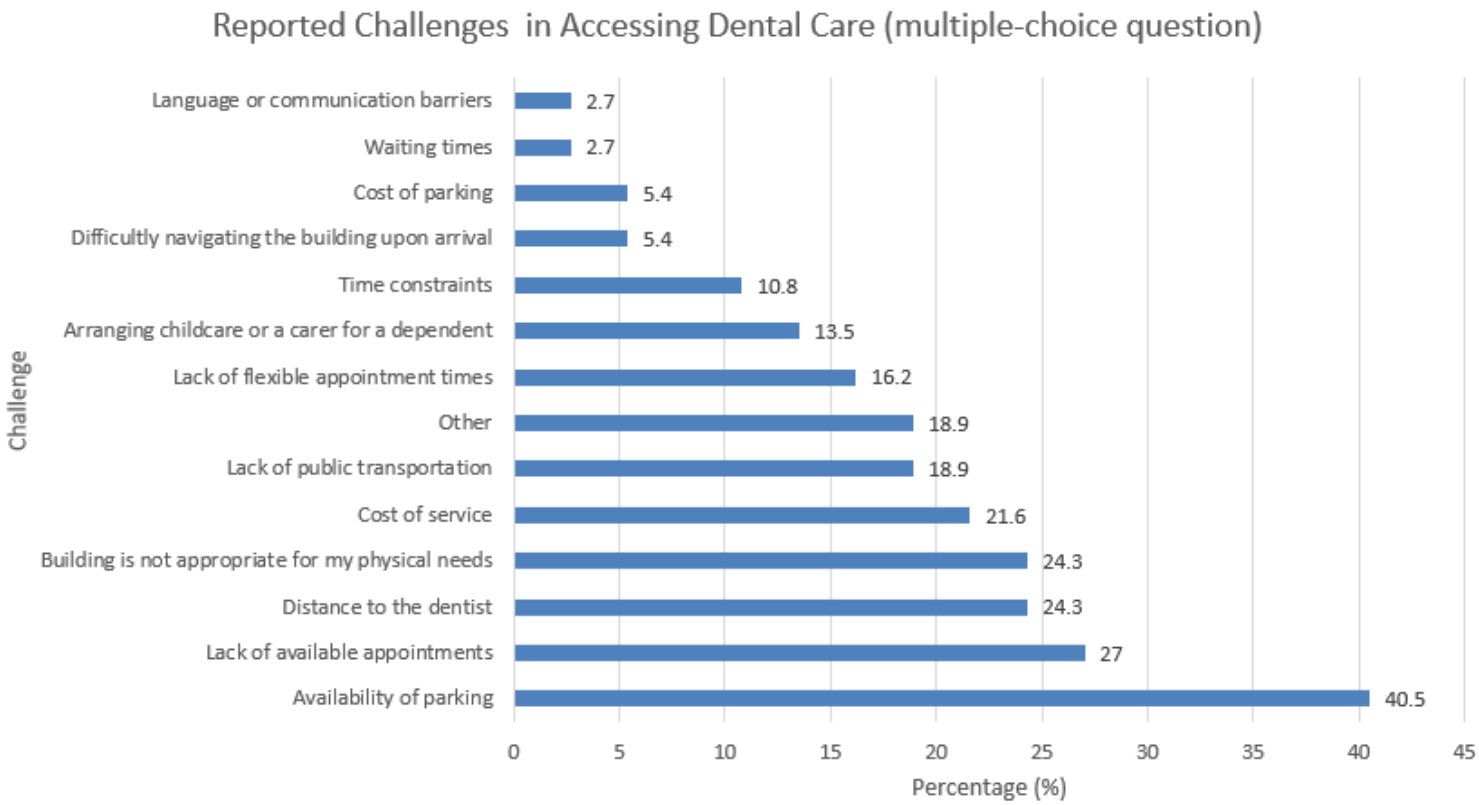
A total of 22.6% of participants stated that they find access to dental care challenging. Figure 9 highlights that access to dental care is suggested to be hindered by various factors, with availability of parking (40.5%) being the most reported barrier. A considerable portion of individuals also struggle with lack of available appointments (27%), making it difficult to secure timely care. Distance to the dentist (24.3%) and

inaccessible building designs (24.3%) further contribute to the challenge, particularly for those with mobility issues. Financial obstacles, including the cost of services (21.6%) and lack of public transportation (18.9%), also affect many individuals. Other challenges, such as lack of flexible appointment times (16.2%) and arranging childcare or care for dependents (13.5%), reflect the role of personal schedules and commitments influencing access.

Additional comments further emphasised difficulties in parking, and some participants having to register at dentists far away due to lack of NHS capacity. Several participants also commented on the layout of dentist and lack of provision for those with reduced mobility. For example, one participant shared:

*"All dentists in Place X seem to be upstairs and have no stairlifts for people like me with mobility issues".*

Figure 9: Bar graph showing reported challenges when accessing dental care




## Tests and Laboratory Services

### Overview of Participant's Most Recent Testing

Table 8 demonstrates the type of testing received by participants at their most recent test, with blood test being the most common (86.3%). Most individuals (61.7%) received the test within 1-2 weeks, with nearly 85% receiving within 3-4 weeks. A

smaller portion of participants (9.3%) waited over two months to receive the test they needed. The guidelines for testing however, are dependent on urgency of the test. Therefore, it cannot be determined on whether there was a definite delay or not. For their most recent test the most common location was Hospital 1 (27.2%) followed by GP surgery (36.1%) and Hospital 2 (12.6%).

Table 8: Type of testing received most recently by participants (multiple-choice question)

| Type of test | Percentage (%) | Count |
|---|---|---|
| Blood test | 86.3 | 158 |
| Scan (e.g CT, MRI, ultrasound, bone, DEXA, X-ray, PET, radionuclide, hysterosalpingography scans or barium tests) | 41.5 | 76 |
| Physical examination | 16.9 | 31 |
| Other: please specify below | 2.7 | 5 |
| Psychological examination | 0.5 | 1 |
| Prefer not to say | 0.5% | 1 |

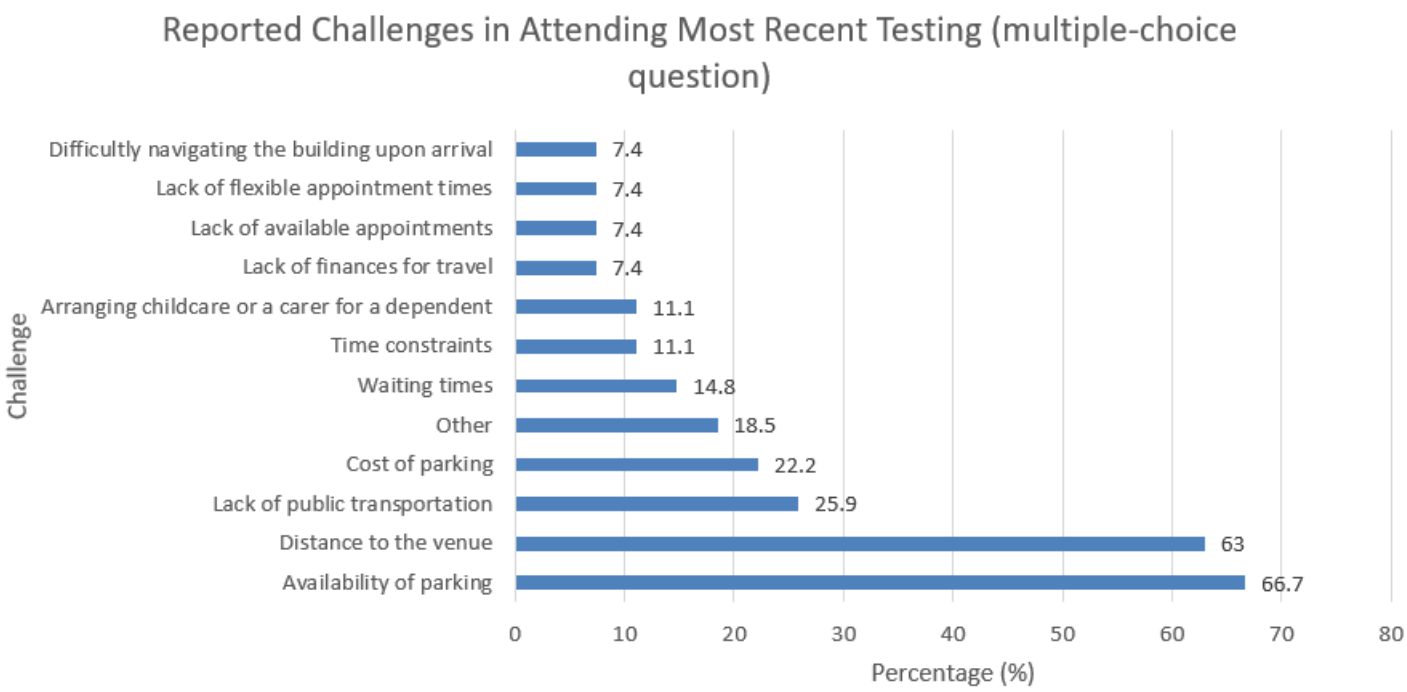
### Travel

Just over half of participants (51.9%) travelled less than 15 minutes to receive the test, while 19.7% took 31-60 minutes, and 20.8% took 15-30 minutes. A smaller proportion, 7.1%, had longer travel times of more than 1 hour. The data suggests that most individuals have relatively short travel times to access testing, but some individuals experience longer travel durations, potentially indicating access challenges for those located further away from the service location. Car was the most common mode of transport (74.9%), followed by walking (21.3%).

### Challenges

Approximately 14.8% of respondents identified experiencing challenges attending the test. Figure 10 demonstrates patient-reported challenges in attending this test. The survey results reveal that logistical barriers were the most significant challenges faced by respondents in attending their most recent test. The top concerns were the availability of parking (66.7%) and the distance to the venue (63%). A quarter of respondents (25.9%) also identified a lack of public transportation, while 22.2% pointed to the cost of parking. These findings suggest that transportation-related issues are a primary barrier to access. Other challenges, such as waiting times, time constraints, and the need to arrange childcare or care for dependents, were reported less frequently. However, these still represent meaningful barriers for these participants. Participants who selected “other” mentioned distance to the hospital, transport and communication regarding GP booking issues.

Figure 10: Bar graph showing reported challenges when attending their most recent test




Additional comments stressed the issue of parking, with one participant sharing that *"my only difficulty has been if carpark is full and/or there is a queue"*. Some participants reflected on challenging experiences such as parking availability and cost with *"previous tests have required huge parking expenses over the course of the last year, parking difficulties depending on time of day, extended travel times at rush hour"* suggesting the cumulative burden of parking. Participants noted that they *"can never find a space at the hospital, so drive to park and ride, bus into Chelmsford then bus to Hospital 2"* and *"It would take 3 buses to get to Hospital 2 and there is no public transport to get back to Tollesbury after an afternoon appointment"*. A lack of public transport was further highlighted, with one participant recognising *"without friends taking me (I don't have a car) it would've been an extremely difficult journey to make"*. Some participants reflected on positive experiences, with one participant commenting *"Hospital 1 offers a great experience – FREE parking, speedy service and friendly staff"* reflecting the importance of quality of care and communication. Flexibility and communication methods within services was highlighted where a participant reported being able to return home after forgetting paperwork needed testing and staff *"fitted me in when I returned"* . Online services such as "*Swiftqueue"* allow participants to book testing at convenient times, further emphasising the importance of flexibility. This suggests that flexibility may be an important enabler for access.

## Social Care Services

### Service Use

Only 13 participants identified as receiving social care or welfare support. A breakdown of this support is shown below in Table 9, illustrating financial support as the most common type of support (25.7%).

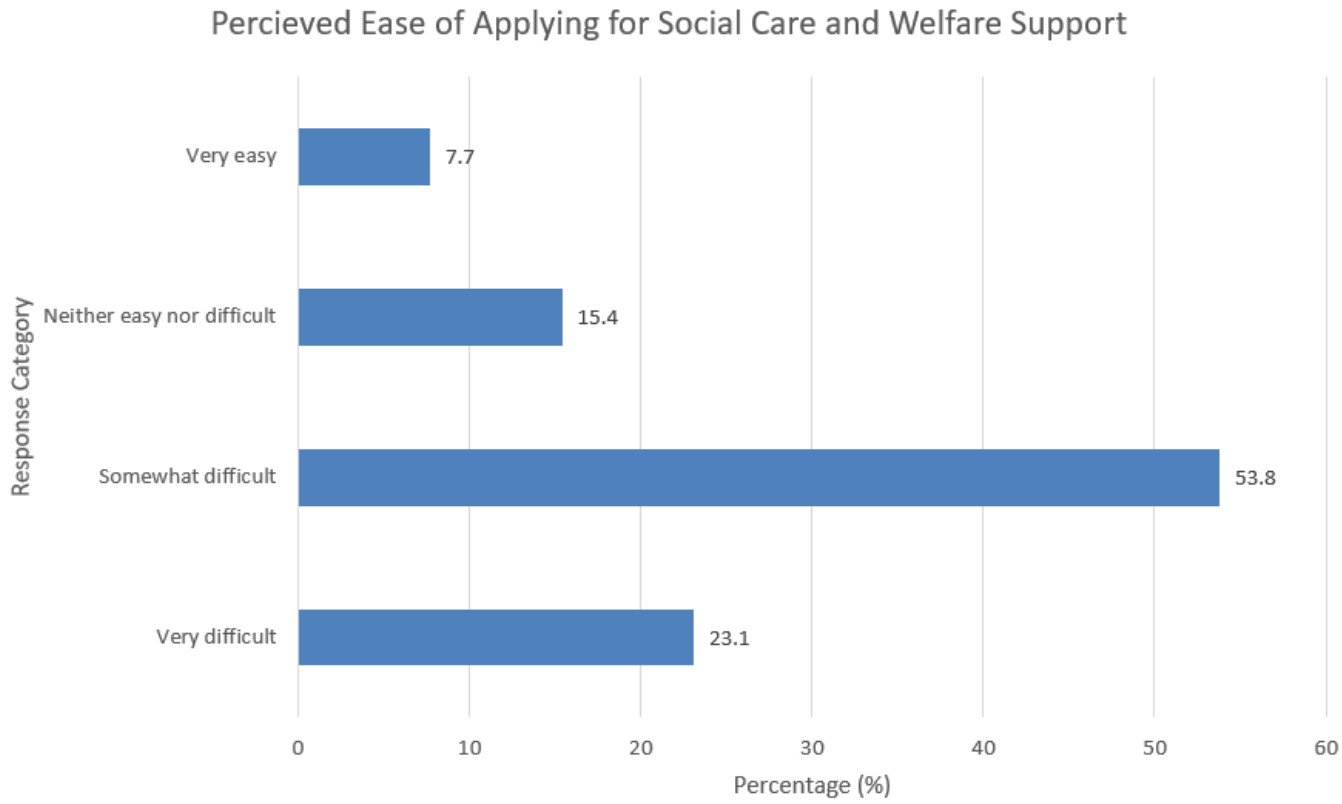
Table 9: Types of social care or welfare support received by participants (multiple-choice question)

| Choice | Percentage (%) | Count |
|---|---|---|
| Financial support | 35.7 | 5 |
| Ensuring homes are adapted and accessible | 21.4 | 3 |
| Personal care | 21.4 | 3 |
| Providing information and advice | 21.4 | 3 |
| Disability support | 21.4 | 3 |
| Community activities and engagement | 14.3 | 2 |
| Day/drop-in centres | 14.3 | 2 |
| Home care visits | 14.3 | 2 |
| None, but I am trying to access support | 14.3 | 2 |
| Other | 14.3 | 2 |
| Residential care | 7.1 | 1 |
| Carer support services | 7.1 | 1 |
| Social work or safeguarding support | 7.1 | 1 |
| None, I do not need to access support | 7.1 | 1 |
| Advocacy | 0 | 1 |
| Not sure | 0 | 1 |
| Prefer not to say | 0 | 1 |

### Accessing Support

As shown below in Figure 10, most respondents (53.8%) found it "*somewhat difficult*" to access support, and another 23.1% described it as "*very difficult*", indicating that over three-quarters (76.9%) experienced some level of difficulty. A smaller portion (15.4%) felt neutral, indicating the experience as "*neither easy nor difficult"*. Only a very small proportion (7.7%) found the process "*very easy"*, suggesting that ease of access to support may be rare and may highlight barriers to access.

Figure 10: Bar graph of perceived ease of applying for social care and welfare support

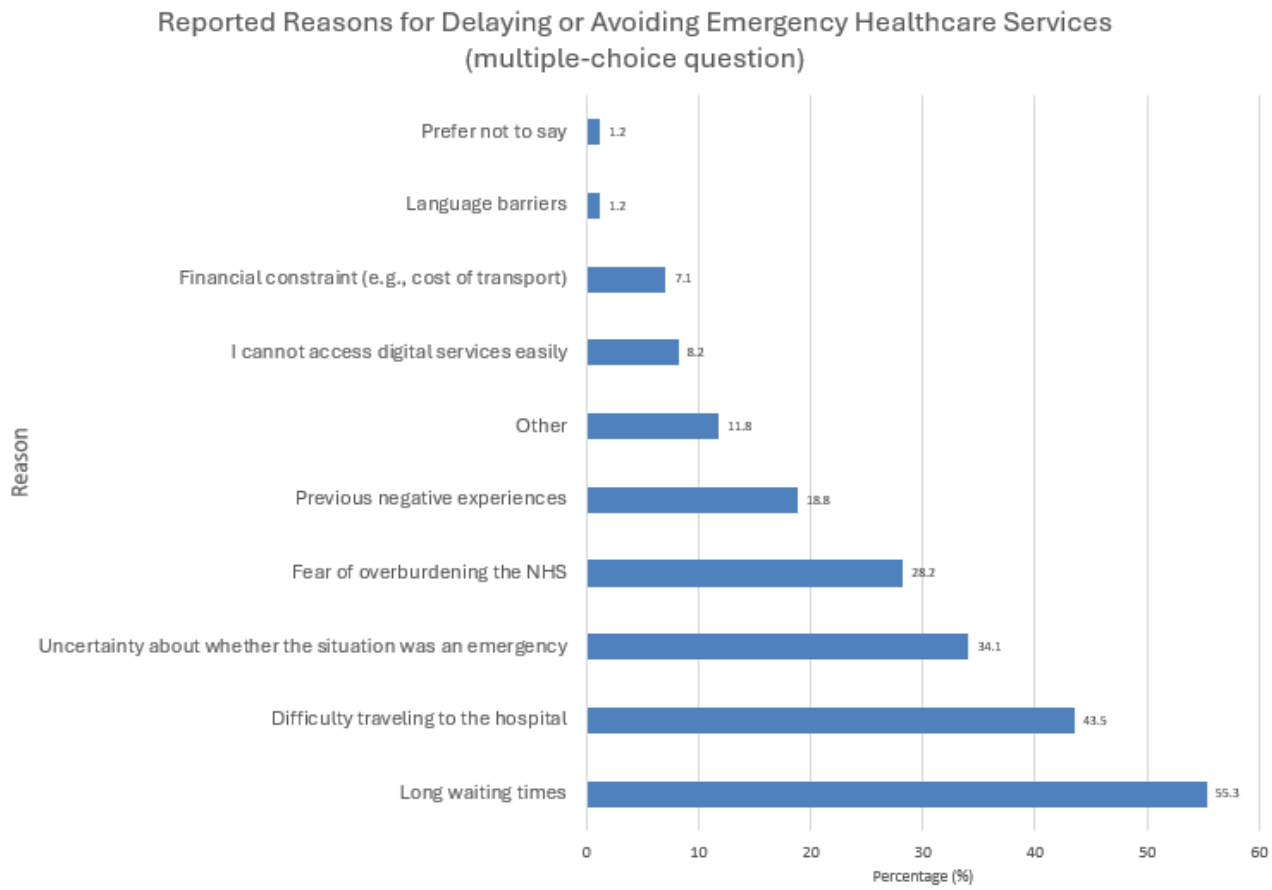



## Emergency Services

### Delaying and Avoiding Emergency Healthcare Services

In the demographics section, all participants were asked if they had, at any point delayed seeking emergency healthcare services. Across the 254 participants, 33.5% of participants reported delaying or avoiding emergency healthcare services. Figure 11 shows the reasons reported by participants for delaying or avoiding seeking emergency services. The most frequently indicated issue was long waiting times (55.3%), indicating that delays in care arriving/being received may be a key deterrent. Difficulty travelling to the hospital (43.5%) was the second most identified a reason, suggesting transportation challenges. A considerable number of respondents (34.1%) were uncertain about whether their situation qualified as an emergency. Additionally, fear of overburdening the NHS (28.2%) reflects a sense of personal responsibility that may lead individuals to delay or avoid seeking care. Participants who selected "other", cited challenges such as *"no support available for my adult disabled daughter"* and *"hassle to get an appointment"*.

Figure 11: Bar graph showing reported reasons for delaying or avoiding emergency healthcare services




## Use of Emergency Service in the Last 12 Months

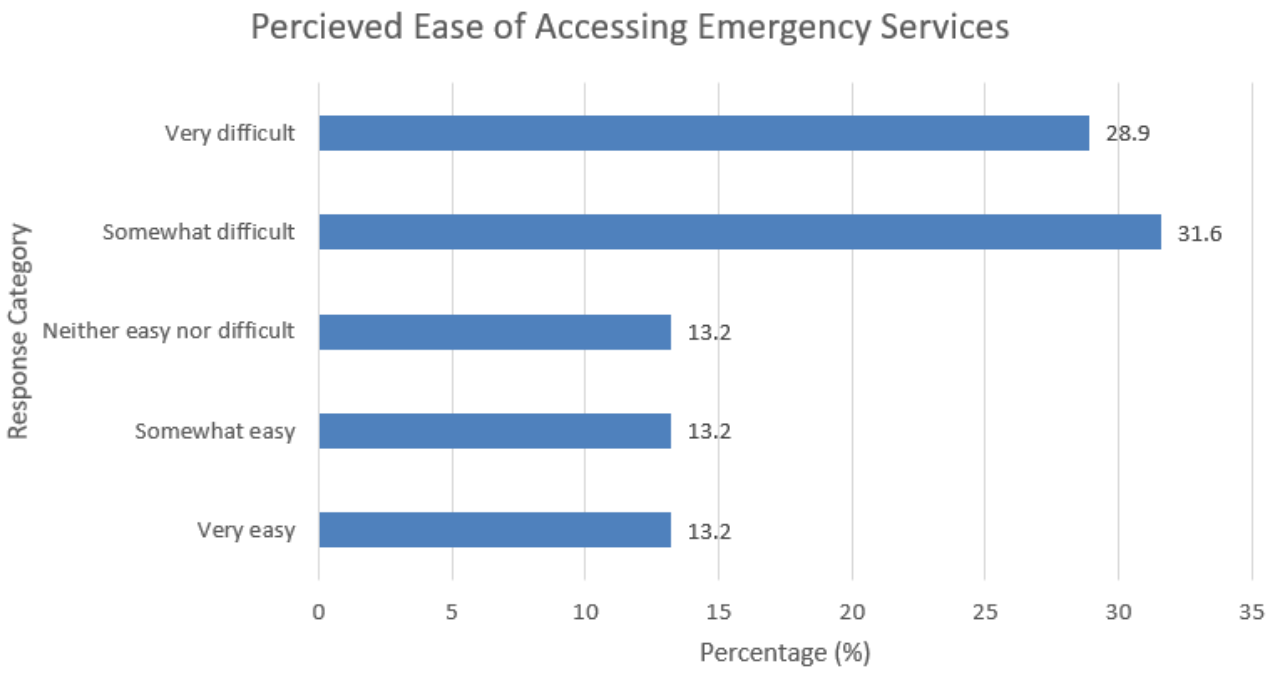
Participants were asked what emergency services they or someone in their household had used in the last 12 months. Table 10 shows that A&E (71.8%), 999 Emergency Call (56.4%) and the NHS 111 Helpline (53.8%) were the most used services in the sample.

Table 10: Emergency service use in the last 12 months (multiple-choice question)

| Emergency Service | Percentage (%) | Count |
|---|---|---|
| A&E (Accident & Emergency) | 71.8 | 28 |
| 999 Emergency Call | 56.4 | 22 |
| NHS 111 Helpline | 53.8 | 21 |
| Urgent Treatment Centre (UTC) | 12.8 | 5 |
| GP Out-of-Hours Service | 10.3 | 4 |
| No Emergency Services Used | 2.6 | 1 |
| Other: please specify below | 0.0 | 0 |
| Prefer Not to Say | 0.0 | 0 |

Figure 12 below, highlights that a combined 60.5% of respondents rated access as either "*somewhat difficult*" (31.6%) or "*very difficult"* (28.9%). In contrast, only 26.4% of respondents found access to be "*somewhat easy"* or "*very easy*". Additionally, 13.2% reported a neutral experience, suggesting inconsistency in service provision, however more people find access difficult.

Figure 12: Perceived ease of accessing emergency services



A total of 68.4% of participants who had used emergency services in the last 12 months experienced challenges in access. An open-text box was provided for participants to provide insight into the main challenges. Waiting times and delays both in A&E and for ambulance to arrive were consistent across responses. Reflecting on rural disparities, one participant shared:

> *"Remote location Can take 20-30 mins for ambulance to arrive, and that's not including waiting for an ambulance to be available"*

Location is presented as an issue, with one participant recalling:

> *"Our nearest A&E is 45 min to an hour travel time by car. Last time I attended A&E I drove myself, despite being advised to go to A&E by the chemo unit as I was having side effects from the treatment which were affecting my heart"*

Parking at Hospital 2 to receive emergency care was suggested, with another participant stating, *"I couldn't park the last time I was trying to get my child to a & e. Parking is absolutely atrocious"*. Additionally, communication issues were raised such as *"111 did not call me back within the stated timeframe so I had to go to A&E"* and *"not being able to see or speak to an out of hours GP at all"*.

## VCFSE services

### Service Use

Only 5 participants indicated use of VCFSE services in the last 12 months, meaning the sample size was very small and potentially does not reflect real use in the area. Table 11 shows the services used by this sample, with 28.6% of participants using both libraries, charity shops.

Table 11: Use of VCFSE services (multiple-choice question)

| Choice | Percentage (%) | Count |
|---|---|---|
| Libraries | 28.6 | 2 |
| Charity shops | 28.6 | 2 |
| Mental health support groups | 14.3 | 1 |
| Physical health | 14.3 | 1 |
| Support services at faith-based | 14.3 | 1 |
| Other | 14.3 | 1 |

### Travel, Perceived Role of VCFSE and Suggestions

Modes of transport to VCFSE services in the sample were car (80%) and walking (20%). When asked about the role of VCFSE services in the community, 57.1% of participants selected that services are *"valuable, but they are under-resourced"* , followed by *"essential across all areas" by 28.6% and "I am not familiar with the VCFSE services in*

*my area"* by 14.3%. The highest proportion of participants (42.6%) stated that the location of VCFSE services were *"somewhat convenient"*. Participants were then asked on what additional support they would like to see offered by VCSFE. Participants shared that transport to group meetings would enable travel for those with no transport, increased recognition and funding for existing services and online booking system for GP surgeries training across all areas that may not have a library.

## Section B: Community Hospitals

### Service Use and Booking Appointments

A total of 73.2% of participants reported visiting community hospitals within the INT, with 80.1% visiting Hospital 1, 17.2% visiting Hospital 3 and 2.7% attending "other". Roughly half (52.7%) of participants attended on their own. Table 12 shows the purpose of participant's most recent visit, with the most common reason being diagnostic testing (47.3%). Nearly all participants (97.8%) required an appointment for this visit. The method of booking varied for these appointments. The most common methods were receiving a letter with an appointment time and date (42.9%), online (31.3%), and telephone (22.5%).

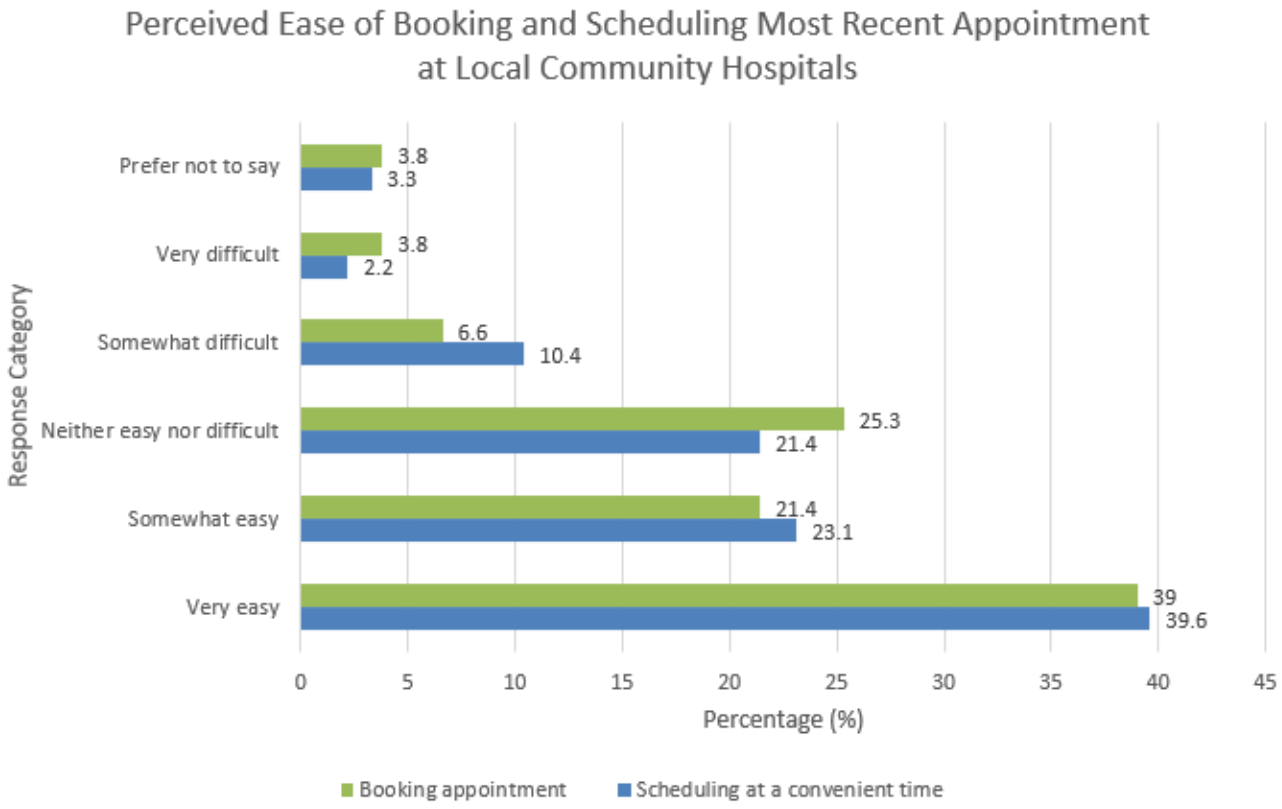
Table 12: Purpose of participant's most recent community hospital visit (multiple-choice question)

| Choice | Percentage (%) | Count |
|---|---|---|
| Diagnostic testing | 47.3% | 88 |
| Consultation | 25.8% | 48 |
| Other | 20.4% | 38 |
| Treatment | 10.2% | 19 |
| Surgery | 2.2% | 4 |
| Emergency care | 1.1% | 2 |
| Post-operative care | 1.1% | 2 |
| Prefer not to say | 1.1% | 2 |
| Second opinion | 0.5% | 1 |
| Pre-operative assessment | 0.5% | 1 |
| Not sure | 0.5% | 1 |

Figure 13 illustrates that most participants found both booking appointments and scheduling them at a convenient time to be relatively easy, though there are slight differences in ease between the two. More participants found booking an appointment "*very easy*" (39.6%) compared to scheduling at a convenient time (39%). Additionally, 23.1% described booking as "*somewhat easy"*, slightly higher than the 21.4% who felt the same about scheduling. However, more participants reported challenges with

scheduling, with 25.3% saying it was "*neither easy nor difficult*" and 10.4% describing it as *somewhat difficult*. This is comparable to 21.4% and 6.6% respectively for booking. A small minority found both "*very difficult*" or preferred not to say. Scheduling appointments at a convenient time appears to be slightly more challenging than simply booking an appointment, reflecting a potential need for greater flexibility in appointment times.

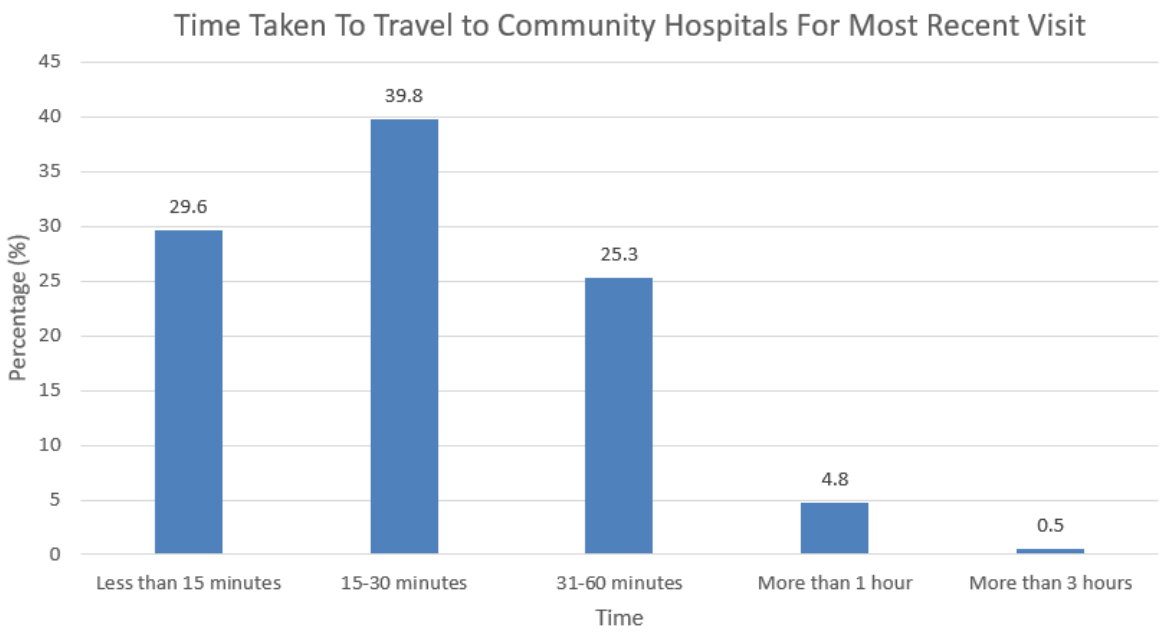
Figure 13: Cluster bar graph showing perceived ease of booking and scheduling participant's most recent appointment at a local community hospital




## Travel

The data shows that most participants reported relatively short travel times when attending community hospitals, as illustrated in Figure 14. Approximately 70% indicated that their journey took 30 minutes or less, with 39.8% traveling between 15 and 30 minutes, and 29.6% reporting journeys of under 15 minutes. A smaller percentage (25.3%) had travel times ranging from 31 to 60 minutes. Only few (4.8%) reported travel times of over an hour, and 0.5% travelling for more than 3 hours. The most common modes of transport were car (83.3%), walking (12.9%) and bus (3.8%).

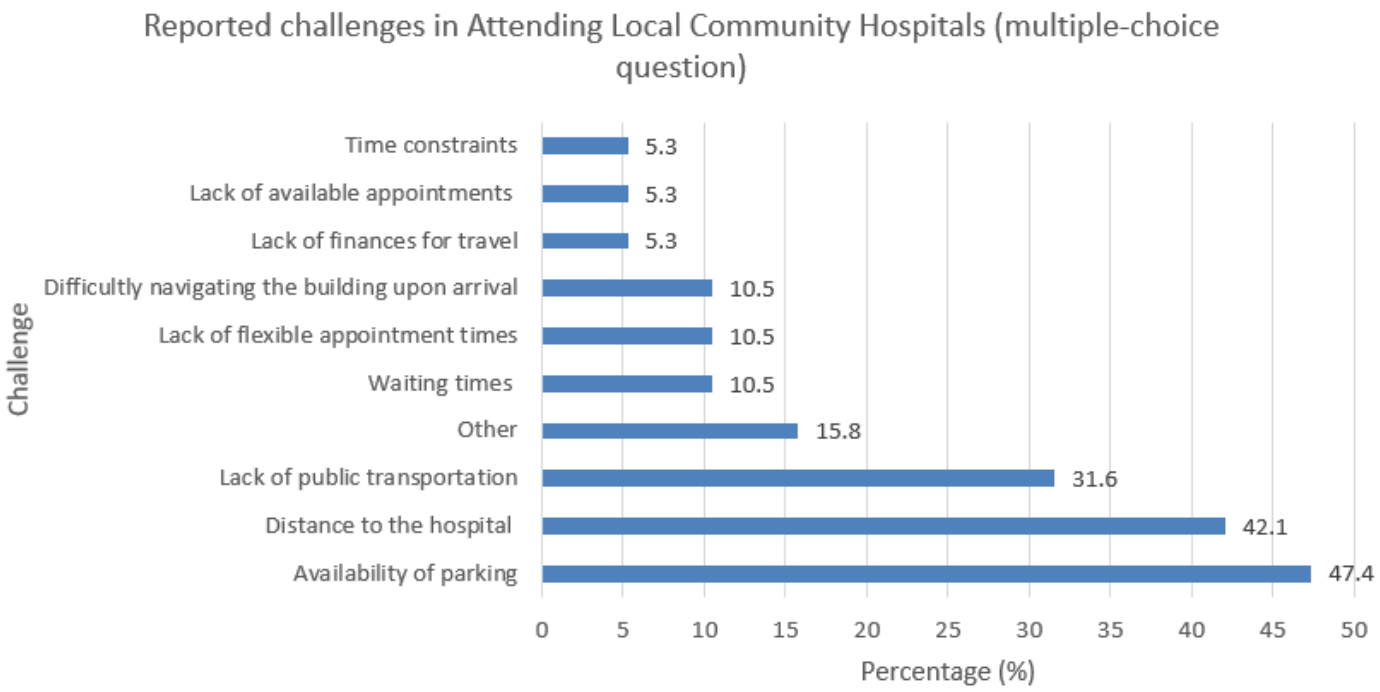
Figure 14: Bar graph showing the time to taken by participants to travel to a local community hospital for their most recent visit




## Challenges

Only 10.2% of participants report experiencing any challenges when attending the hospital for their last visit. Figure 15 outlines the challenges reported by these participants, with parking as the most significant issue (47.4%), followed by distanced to the hospital (42.1%) and lack of public transportation (31.6%). No additional comments were provided by participants.

Figure 15: Bar graph showing challenges in attending local community hospitals reported by participants




## Section C: General and Acute Hospitals

### Service Use and Booking Appointments

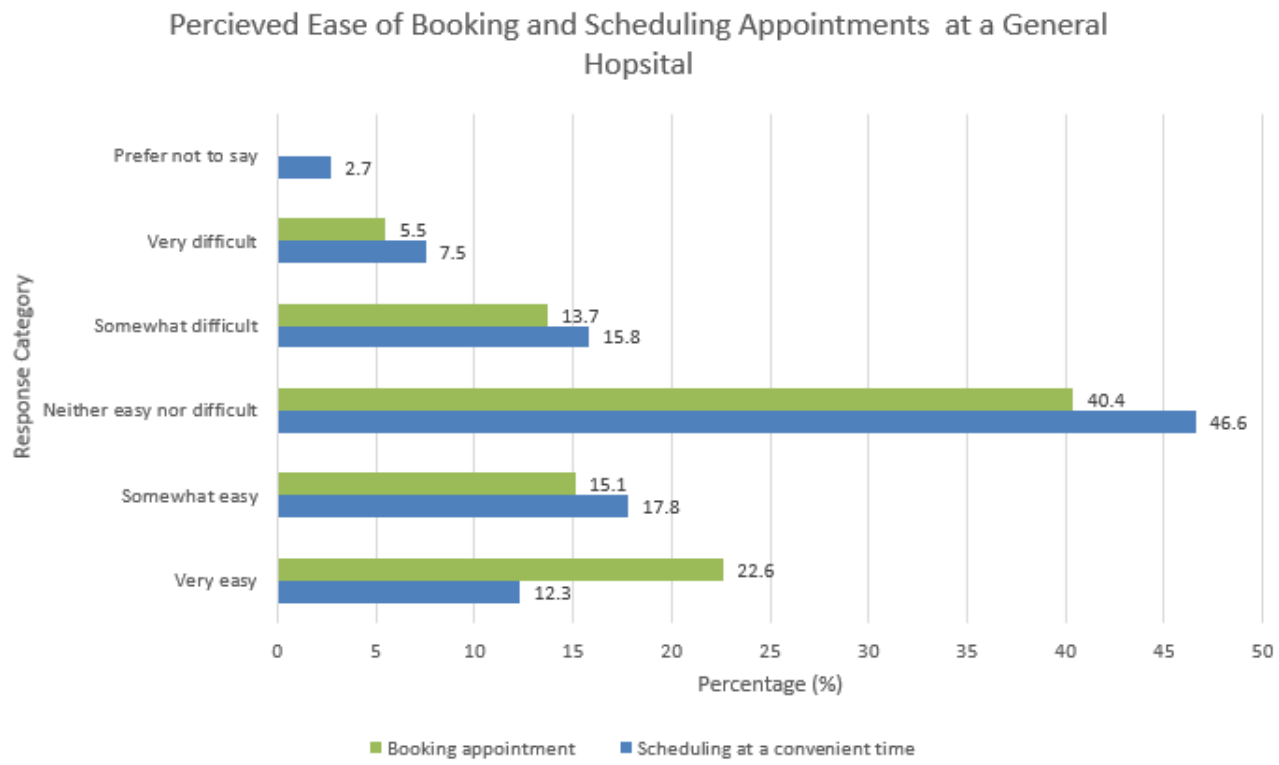
Responses indicate that 78% of participants (n=198) attended a general hospital in the last 12 months. Participants were asked to recall their last visit, with 76.3% of most recent visits at Hospital 2. Of these, 40.4% were attended by the participant on their own, followed by the participant being accompanied with someone else (20.2%) and attending for someone else that they care for (12.6%). The most common purpose of the visit was for consultation (32.2%), followed by diagnostic testing (25.3%), treatment (21.7%), emergency care (21.7%) and surgery (13.6%).

### Booking Appointments

Pre-booked appointments were required for 73.7% ahead of attendance, with 71.2% receiving a letter providing an appointment time and date as the booking method. Figure 16 shows the perceived ease of booking appointments. This demonstrates that participants generally find booking an appointment at a general hospital easier than scheduling one at a convenient time. Specifically, 22.6% of respondents rated booking as "*very easy*" compared to only 12.3% for scheduling. When merging the *"very easy"* and *"somewhat easy"* categories, 37.7% found booking easy, while only 30.1% said the same about scheduling. On the other hand, a higher percentage of respondents found

scheduling to be difficult (23.3%) compared to booking (19.2%). Importantly, the largest portion of participants: 46.6% for scheduling and 40.4% for booking, ranked both tasks as "*neither easy nor difficult,*" suggesting a neutral experience for many participants. These results highlight a relative ease in booking appointments, however booking an appointment at a convenient time may be more challenging for some.

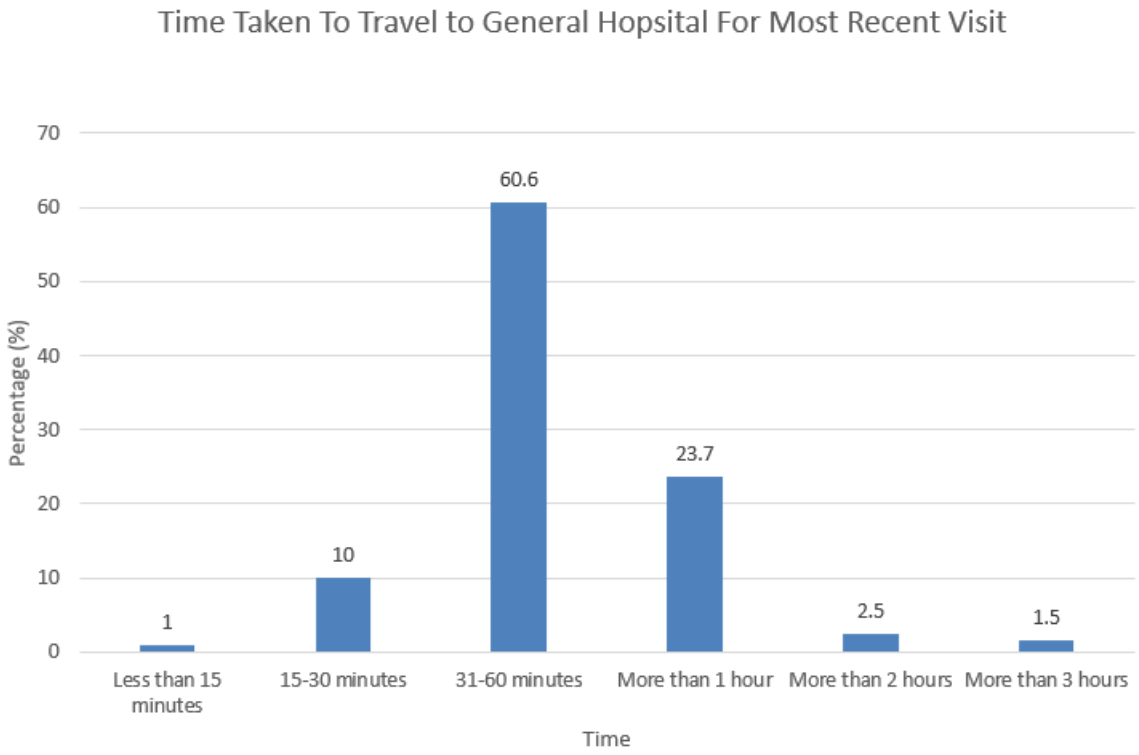
Figure 16: Cluster bar graph showing perceived ease of booking and scheduling appointments at a general hospital




## Travel

Figure 17 shows that most respondents (60.6%) reported travelling between 31 and 60 minutes to reach the general hospital. A notable portion (23.7%) travelled for more than one hour. Small percentages reported longer travel times for more than two hours (2.5%) and for more than three hours (1.5%). Shorter travel durations appear less common, with 10% travelling between 15 and 30 minutes and only 1% traveling less than 15 minutes. This is relatively in line with travel time calculations for both car, public transport and taxi as shown in Appendix 7. Overall, this reflects that relatively few participants experience short or very long journeys, however many are spending a significantly longer time travelling in comparison travelling to dentists, GP surgeries, pharmacies and testing.

Figure 17: Bar graph showing the time to taken by participants to travel to a general hospital for their most recent visit



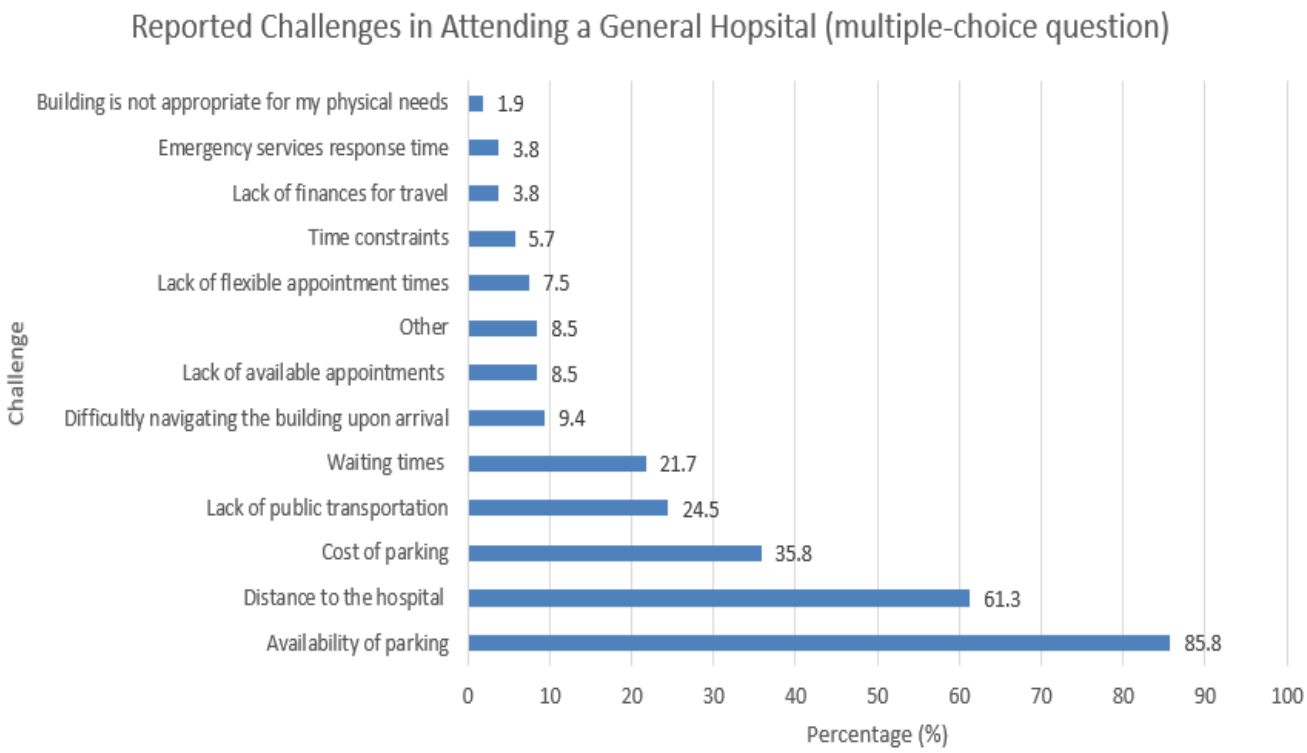

Car was the most common mode of transport to reach the general hospital (85.4%), followed by bus (9.6%), and other (7.6%) which included ambulance, mobility scooter, park and ride, community transport, underground and cars of relatives and friends. 4% of participants used more than one bus.

### Challenges

Roughly half (53.5%) of participants stated they experienced challenges in attending the hospital for their last visit. Figure 18 highlights that availability of parking was the most cited issue (85.8%), followed by the distance to the hospital (61.3%) and cost of parking (35.8%). This indicates that getting to hospitals and finding affordable, accessible parking are major barriers. Additionally, lack of public transportation (24.5%) further compounds travel difficulties, especially for those without private cars.

Other concerns include waiting times (21.7%) and difficulty navigating the building upon arrival which may disproportionately affect those with mobility or orientation challenges (9.4%). A smaller group of respondents also noted issues such as lack of available or flexible appointments, time constraints, and financial barriers to travel, indicating that scheduling and affordability continue to impact access. Very few cited problems with the physical suitability of the building (1.9%), suggesting that while accessibility inside the facility is generally adequate, getting there and navigating the building remains a challenge.

Figure 18: Bar graph showing reported challenges attending a general hospital for their most recent visit




Additional comments strongly emphasised poor parking and public transport connections to Hospital 2. However, the park-and-ride implementation is viewed positively for those it is accessible to, however adds significant time to journeys.

One participant shared:

> *"I always add an extra 45-60 mins to allow for parking at Hospital 2. Prefer to go with my husband so he can park the car if I need to go in for my appt. Means he has to take time off work too, when I could go alone if parking was easier."*

Participants shared they were:

> *"Accompanied family member via emergency ambulance - couldn't get a bus home as service ended until morning, had to spend £37 for a taxi home, which is half my weekly budget".*

Additionally,

> *"I was fortunate to be given a lift. Public transport from home to hospital is VERY difficult. Cab fare £60".*

This emphasises the burden cost of travel to attend healthcare facilities.

## Section D: Specialist Hospital Services

### Service Use and Appointment Booking

Roughly one third (31.1%) of participants from the survey indicated they or someone they assisted had been referred to specialist hospital service in the last 12 months. Of these participants, 68.8% have attended an in-person appointments regarding this referral. Most participants (70.9%) received a letter with an appointment time and date as the method of booking.

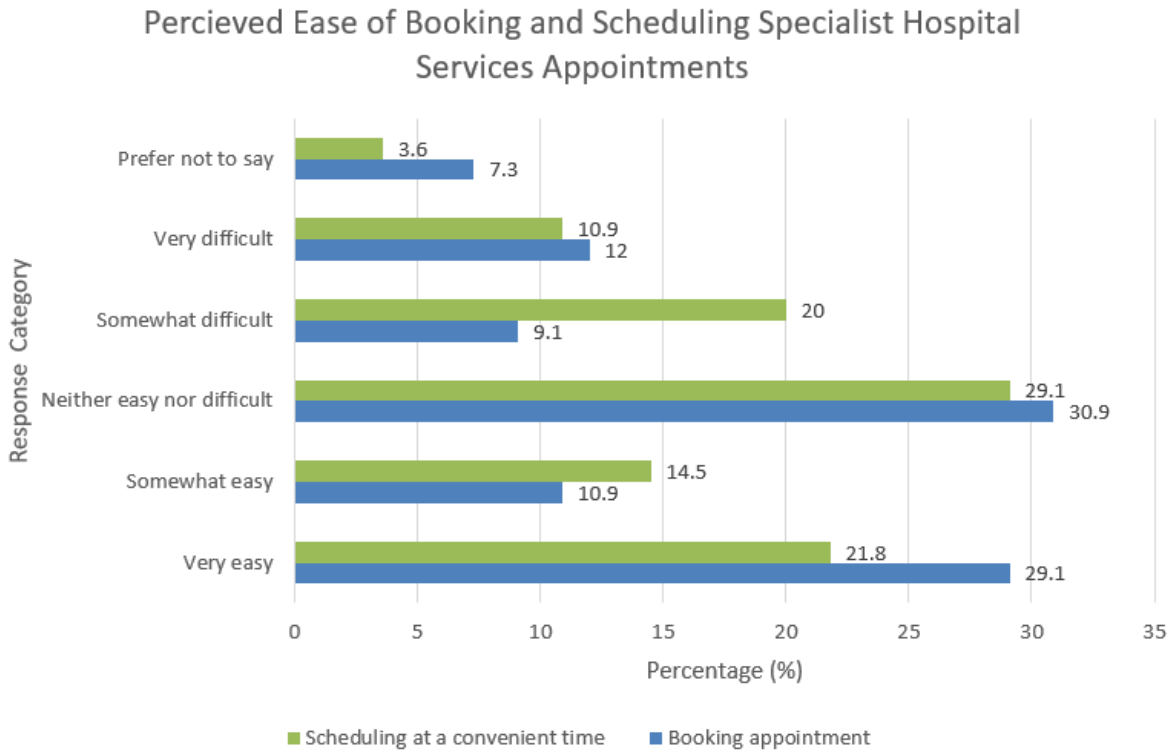
The most common reported reason for visits to specialist hospital services was for consultation (63.6%), as illustrated in Table 13 below.

Table 13: Reported reason for participant's most recent visit to a specialist hospital service (multiple-choice question)

| Reason for Visit | Percentage (%) | Count |
|---|---|---|
| Consultation | 63.6 | 35 |
| Diagnostic testing | 27.3 | 15 |
| Surgery | 14.5 | 8 |
| Treatment | 14.5 | 8 |
| Post-operative care | 14.5 | 8 |
| Pre-operative assessment | 10.9 | 6 |
| Visiting a patient | 3.6 | 2 |
| Second opinion | 1.8 | 1 |
| Other | 1.8 | 1 |
| Emergency care | 0.0 | 0 |
| Prefer not to say | 0.0 | 0 |

The data suggests that participants typically found booking an appointment to be easier than scheduling it at a convenient time. Figure 19 highlights that whilst 29.1% rated the booking process as *"very easy,"* only 21.8% said the same for scheduling. Similarly, fewer people found booking *"somewhat difficult"* (9.1%) compared to scheduling (20%). The most common response for both tasks was *"neither easy nor difficult,"*. This indicates that many participants had neutral experiences. However, the higher rates of difficulty reported for scheduling suggest that coordinating appointment times to fit personal availability presented more challenges than the initial act of booking itself.

Figure 19: Bar graph showing perceived ease of booking and scheduling specialist hospital services appointments

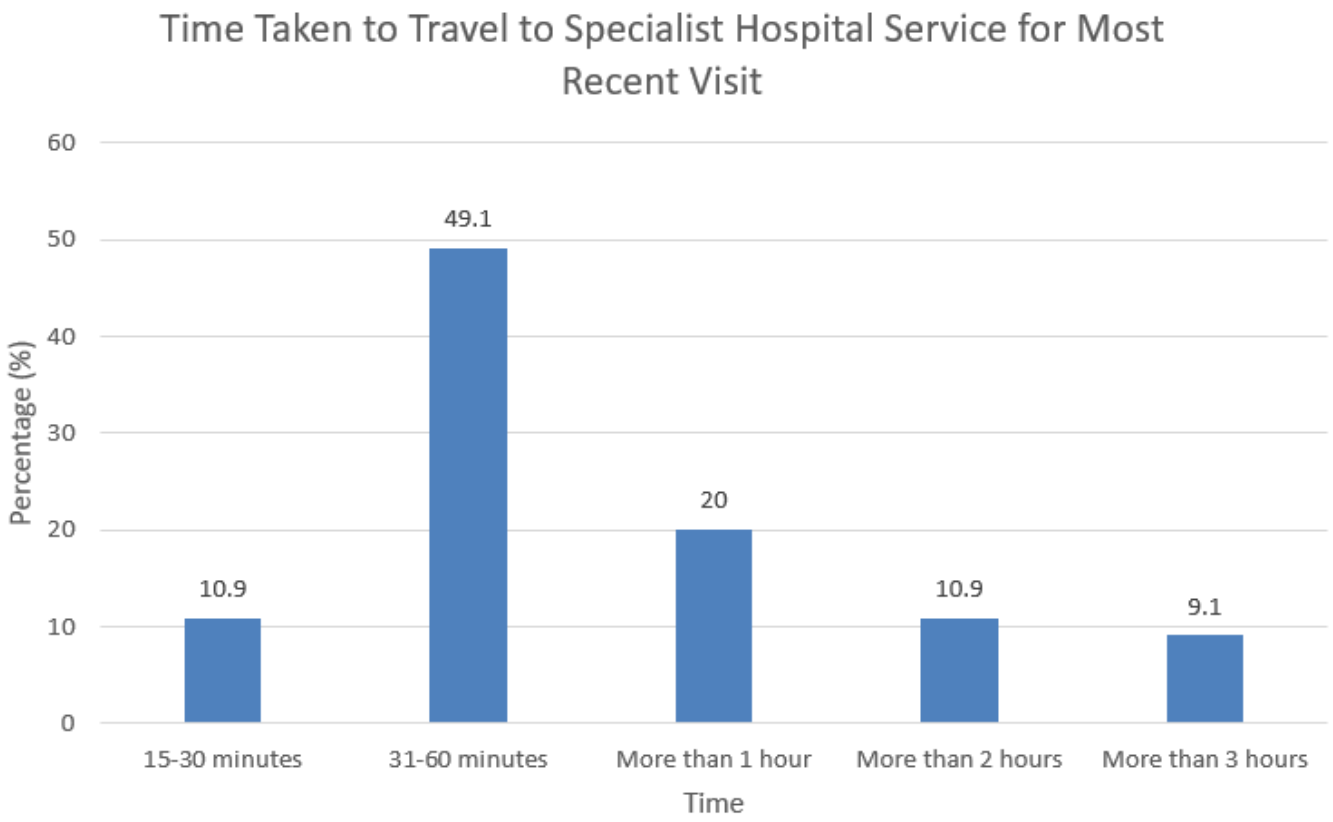



## Travel

The most common modes of transport were by car (76.4%), followed by train (10.9%), more than one train (9.1%) and bus (7.3%).

Figure 20 shows that most participants travelled moderate distances to reach the specialist service, with nearly half (49.1%) reporting a travel time of 31 to 60 minutes. A smaller percentage (10.9%) reported shorter travel times of 15 to 30 minutes. Markedly, a significant portion of participants experienced longer travel durations. This is illustrated by 20% travelling more than one hour, 10.9% travelling more than two hours, and 9.1% spending over three hours travelling. Whilst the majority had a potentially manageable commute, a considerable number of patients faced substantial travel time to access hospital services

Figure 20: Bar graph showing time taken to travel to specialist hospital services for participant's most recent visit



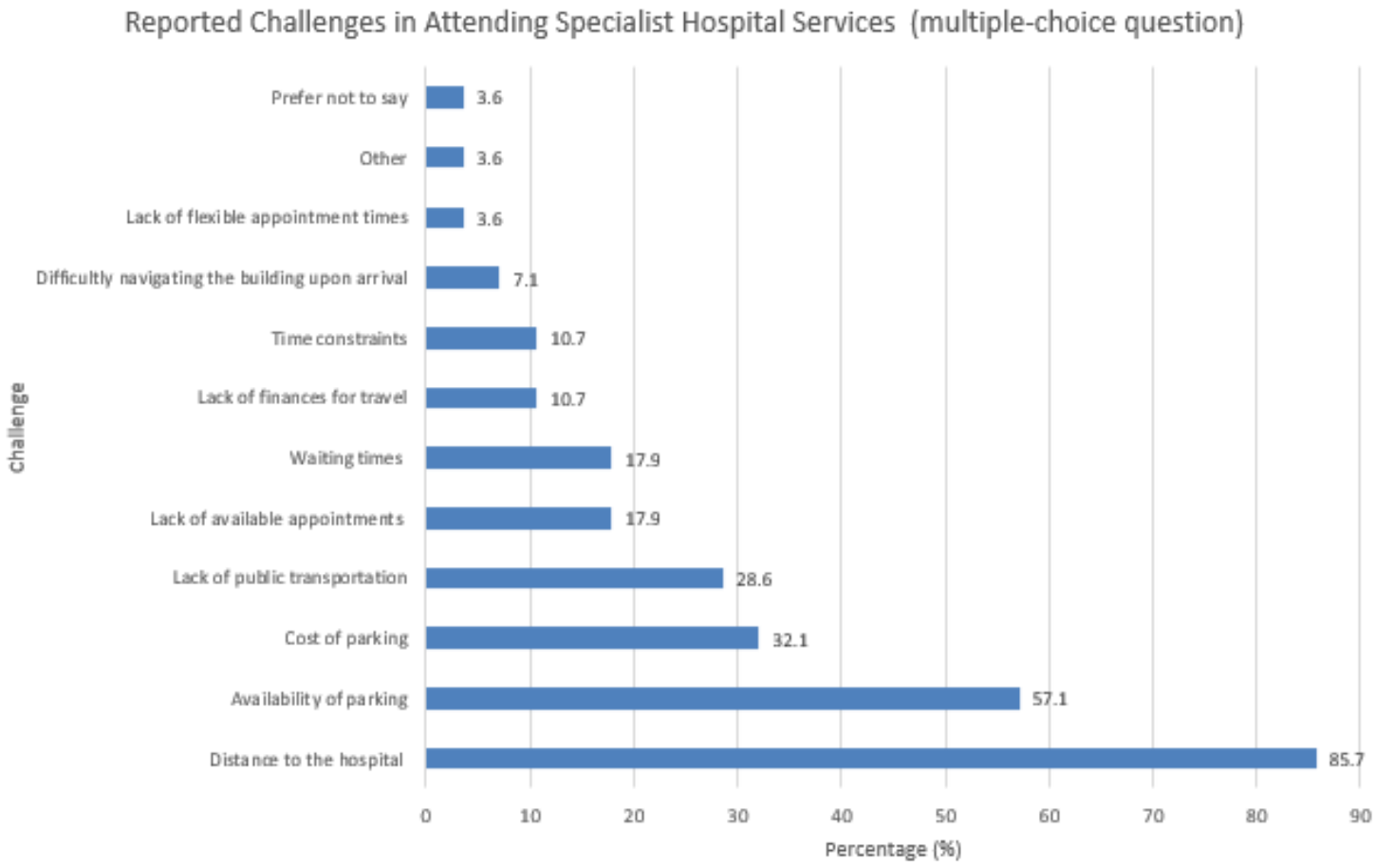

## Challenges

Half of participants who have attended a specialist hospital service (50.9%) of participants stated that they experienced challenges when attending the service. Figure 21 demonstrates that the most identified challenge was distance to the hospital (85.7 %), suggesting that location and travel requirements are a barrier for patient access. This is followed by availability of parking (57.1%) and cost of parking (32.1%). Lack of public transportation (28.6) adds to this issue, particularly for those without access to private vehicles. Consequently, this reinforces transportation and parking as key concerns for many participants.

Other challenges relate more directly to the service directly, such as lack of available appointments and waiting times (both 17.9%). Lack of finances for travel and time constraints (both 10.7%) also contribute to challenging attendance. Less commonly reported issues include difficulty navigating the building and lack of flexible appointment times. In the additional comments section, frustration around distance and parking was mirrored. One participant shared:

*"An appointment was given at a hospital via 2 different trains departing from another 45 mins from my home for 8am in London, no understanding of travelling for patients outside of London area"*

Figure 21: Bar graph showing patient-reported reasons for delaying or avoiding emergency healthcare services



## Appendix 6: Results From the Focus Group Discussions (FGDs) - Outline of Identified Themes

The sample size for the FGDs was representative. For the first FGD with patients, it was harder to recruit than desired however those who attended were able to represent some wider community perspectives. For the second FGD with stakeholders, key organisations were sufficiently represented. This combined analysis approach enabled identification of common themes and any contrasting perspectives between public experiences and professional viewpoints. A light-touch thematic analysis of the two FGDs yielded 4 key themes:

### *Theme 1: Transport barriers to accessing healthcare services*

The FGDs highlighted access barriers to healthcare services, particularly in rural and less connected areas such as the Dengie. This involves the distance, cost of travel, availability of public transport and parking. These barriers are particularly pronounced for hospital visits, compared to more local services like GP surgeries, pharmacies, or dentists:

> *"Generally, everybody either walks, goes in their car, or uses the bus to reach local health services. So, accessibility in that sense is all right." (FGD1).*

FGD2 noted that travel to hospital can be expensive, recognising:

> *"The cost of the petrol and maybe parking at the other end; or they may have to pay a single/return fare ticket several times and maybe even use a train to add to the equation."*

Additionally, journeys can *"can take more than 120 minutes just to get there"*.

Furthermore, journey's feel unnecessary, such as:

> *"The prescription had to be picked up from the Hospital. So, I did a 15-mile journey there and a 15-mile journey back just to pick up for two seconds." (FGD2)*.

A stakeholder identified that:

> *"Travel distance and the travel options are the challenges that I would hear are the most common challenges that are expressed" (FGD2)*.

Reliability of transport was identified as the primary reported reason for missing appointments. A participant shared:

> *"People are just missing their appointments due to the fact their transport didn't turn up, or the public transport is running late, or they just couldn't get it; it took too long in the traffic, and they couldn't get to their appointment."*

Also, the unreliability of hospital transport services, especially for elderly patients was described:

> *"Treating frail, elderly individuals, often they're eligible for hospital transport, so it'll be an ambulance or a driver that picks somebody up. It's notoriously unreliable, so you've got to sit around and wait for two hours on arrival. Equally*

*the same thing can happen at home. The reverse can be true though, in that it can be late, and then you end up missing the appointment."*

The knock-on effect of missed or delayed transport was seen to have a wider clinical impact:

> *"If somebody misses their appointment by 45 minutes, it puts you on the back foot for the entire day."* (FGD2)

For those who do rely on personal cars, parking difficulties presented a further barrier where *"parking is always an issue."* (FGD1)

However, an appreciation for park-and-ride services when available was expressed:

> *"Useful that the service from Chelmer Valley to Broomfield is back because whilst that was cancelled, that was a bit of a problem I think, I like to use that." (FGD1)*

Another key challenge identified was the inflexibility of public transport, especially where services did not align with clinic schedules. Infrequent routes or long travel times made it harder for patients to attend even routine appointments. The mismatch between public transport availability and clinic scheduling reflects a lack of system integration that hinders patient access. Although funding schemes like the "Love Your Bus" grant were welcomed, they had limited uptake in rural areas:

> *"We were hoping for more applications from the Dengie. There were a few, but not as many as we expected."*
> *(FGD2)*

Participants suggested the potential of on-demand or digital solutions to address this structural problem such as *"digital care share transport schemes"* (FGD2). Other participants proposed practical adjustments, including staggered appointment times, particularly for blood tests. This may ease parking congestion and reduce transport-related delays. This is something that is already being implemented at one hospital. Crucially, while transport was a barrier, it did not always override patient preferences for quality of care. One participant stated:

> *"Where you can get a service which is specific and immediate, then the travelling consideration sort of drops down in the things you want to think about."*
> (FGD1)

This suggests that clinical urgency, and efficiency of services can at times, outweigh travel inconveniences. However, this is when such care is perceived as high-quality and accessible. This suggests a complex trade-off between accessibility and clinical outcomes. Transport is highlighted as a key structural barrier to ensuring equitable access to healthcare, particularly for rural and vulnerable populations. Understanding these transport barriers is essential for designing targeted interventions to improve healthcare access in the rural population.

### *Theme 2: Fragmented coordination and communication*

Participants across both focus groups identified challenges related to coordination and communication between different healthcare services and agencies. These gaps often result in fragmented care pathways, confusion for patients, and inefficiencies within the system.

At the patient level, this disconnect can affect uptake of available services despite their availability, impacting service use. For example, one participant noted:

> *"Additional clinics run out of hours and weekends, and they are easily accessible but tend to be accessed more by people outside South Woodham; locals tend to wait till Monday"* (FGD1).

Communication failures or delays between healthcare services and patients can result in distress. A participant from FGD1 explained:

> *"They get a letter… they're potentially going to be referred for a query cancer diagnosis that can be very upsetting, but all of a sudden, they get this letter come through and they're not expecting it and they're like, well, what do they mean, I have to choose a hospital?"*

Some GP surgeries have integrated a call-back method that had *"a lot of positive feedback from our patients"* (FGD1), demonstrating potential for improvement in communication that prevents queuing. It was however noted that *"practices do not include and inform patients when introducing new IT systems"* (FGD1) such as Patches, which may suggest that patients may not always be familiar with communication systems when attempting to access services.

When observing stakeholder discussion integration and collaboration appear limited, especially with wider partners. One participant mentioned:

> *"I think service partners speaking with each other is very difficult. We've got a foundation in terms of our partnership working, but actually there's a long way to go." (FGD1)*

Additionally, there is reliance on public consultations rather than stakeholders working together throughout decision-making processes. This disconnect also exists within services themselves, as another stakeholder shared:

> *"My main thing I would say is the services are not communicating; I can certainly say not just externally, but even within Service X for example. Sometimes we're not talking to each other and not actually trying to see what one service might be doing that could benefit another, or that we're not duplicating something." (FGD2)*

These communication and coordination gaps highlight the need for more integrated, patient-centred approaches when considering access to healthcare services.

### *Theme 3: Service planning, policy and funding constraints*

Stakeholders across both focus groups identified barriers arising from planning processes, national policy frameworks, and funding structures. These constrain service design, accessibility, and responsiveness to local need.

A key limitation discussed was the rigidity of national policy frameworks that limit local flexibility. Stakeholders frequently pointed out that many planning and operational decisions lie outside their direct control. For example, in relation to parking a participant noted:

> "*It always feels like however many parking spaces you think you need is never the amount of parking spaces that you're allowed to build because there's always an assumption that somehow through car share schemes or whatever, that you can kind of be more environmentally friendly." (FGD2)*

Another example provided was the location of pharmacies:

> *"It's actually not for us to decide because it's a nationally determined thing. So, it's not a local decision." (FGD2)*

> Additionally contractual constraints such as:
> *"There are limitations of what changes we can make before those contracts are up for renewal." (FGD2)*

> *"The way that the policy areas are divided between organisations doesn't really help the situation." (FGD2)*

This top-down governance structure restricts local organisation's ability to adapt services to community need. For example, decisions around pharmacy locations and responsibilities for prescribing certain medications are bound by national regulations:

> *"There's a strong legal and commercial framework about where and how pharmacies are put." (FGD2)*

> *"There's often quite strict legislation around shared care drugs and in some instances, GPs are just simply unwilling to follow the consultant's decision in a community setting." (FGD2)*

This is mirrored in transport planning, where stakeholders described the difficulty in aligning health service locations with public transport routes due to commercial feasibility concerns. Healthcare facilities were seen as unable to generate sufficient footfall to influence transport networks significantly:

> *"Public transport routes… even for big hospitals… don't seem to generate enough flow compared to a supermarket or shopping centre." (FGD2)*

Working within complex funding and legal structures, such as Section 106 developer contributions mean stakeholders have limited authority. Attempts to bridge gaps through community or on-demand transport face challenges including underutilisation, cost, and funding thresholds*:*

> *"Prior to Essex County Council 2023 consultation use of on demand public transport services, they were really poorly used…they were just too expensive at the cost they were." (FGD2)*

While community transport schemes were described as a helpful resource for unreliable patient transport, they were not designed solely for medical appointments. Funding restrictions prevent more targeted solutions:

> *"We can't fund specifically just for hospitals. We're funding to provide access to whatever services they need… not just hospitals." (FGD2)*

These insights reflect a fragmented service environment. Responsibility is spread across agencies with differing priorities and limited capacity to integrate patient needs fully.

Cumulatively, these quotes indicate operation under tight structural constraints. Well-intentioned strategies may be limited due to influence, funding inflexibility, and commercial viability. Ultimately, these factors impact access due to the feasibility of local service improvement.

### *Theme 4: Recommendations and opportunities for integrated and collaborative solutions*

Participants highlighted the importance of community-based initiatives as a key strategy to improve healthcare access and reduce the burden of travel. One example cited was a dedicated clinic for dementia patients:

> *"One morning a month is dedicated to dementia patients, so that provides them with a safe and comfortable setting… it's been a massive success." (FGD1)*

Home-based alternative  support was also identified as a valuable approach within this clinic:

> *"We do offer if patients don't want to come to the clinic, then my colleague who works at the Alzheimer's Society, she will call the patient or go round to their home environment… taking them out of the equation of having to go to acute hospital." (FGD1)*

The participant emphasised a broader goal of bringing services into the community to create more patient-friendly environments, particularly for vulnerable groups:

> *"So I think it's about in a nutshell bringing services out into the community, making it more comfortable for your patient and giving consideration to people who have got all different kinds of conditions." (FGD1)*

Community hubs were also valued for their social and mental health benefits, especially for individuals new to an area:

> *"Community hubs I think are really good for people who have, like, moved to the new area and they don't know anybody… for mental health, I believe that's really important." (FGD1)*

Alongside this, stakeholders similarly highlighted the need to reduce unnecessary journeys, with the potential of smarter technology and scheduling tools. One participant noted:

> *"Technology just needs to advance a little bit more, to the point that those unnecessary journeys are ruled out… there's many test results where people go to get test results that could be done remotely." (FGD2)*

Service localisation based on postcode mapping and patient residence was a proposed solution, supported by others in the group:

*"When booking appointments, the providers could look at the postcode and say well actually that person lives in Maldon… one woman's having to go off to Southend, which seems crazy… but it could be that that X-ray could happen nearer their home." (FGD2)*

Flexible appointment booking that considers public transport availability and patient preferences was seen as important:

*"We couldn't quite understand why the hospitals wouldn't have some sort of tick box… where they can ask if they need to use public transport and the provider be more flexible about appointment times for those using public transport." (FGD1)*

*"I suppose just a consideration that if you are using public transport, you should be kind of given the choice or the range that fits within when the public transport is available." (FGD2)*

*"I'm inclined to go at the time that I can get; if there was flexibility of time, even better, but my answer would be the flexibility of location and the clinical necessity." (FGD2)*

Participants also discussed the importance of aligning funding across services to support integrated transport and health outcomes, especially in rural and coastal areas. One participant highlighted the recent Essex Caring Communities 2025 report goal to:

*"Align funding from across the system to support shared outcomes on transport investment in more isolated rural and coastal communities." (FGD2)*

At the same time, some stakeholders cautioned that improving transport access alone may be insufficient without broader systemic reform:

*"Supporting access in transport… probably would be sticking plasters because actually it's the wider kind of systems that are going to come in place through devolution in local government reform, which I think will be in a better position to be able to support these areas because we'll be more working together as one." (FGD2)*

Finally, participants identified the need for higher-level policy shifts and local engagement to ensure that solutions reflect community needs where:

*"District partners work willingly together with the wider system partners across the county to make that first action on the plan work and lobby and influence and have those conversations." (FGD2)*

Concluding remarks centred around reducing unnecessary journeys where possible to lessen the travel burden on patients such as:

> *"I think the onus is on the NHS to reduce the need to travel; I guess if I was to phrase it, it would be along the lines of when it's clinically essential only." (FGD2)*

This theme demonstrates some appetite among local partners to collaborate on tailored and integrated improvements.

### Times and Estimated Taxi Fares to Reach Hospital Services

Additional data was provided of public information regarding travel times, public transportation routes and estimated taxi fares to reach hospitals used by people the INT (Appendix 7). The timings provide further evidence for time that patients take to travel and the efforts and additional cost that distance alone does not take into consideration.

## Appendix 7: Travel time for car, public transport and taxi fares to hospital services

### Travel Times calculations by car – May 2025

Southminster CM0 7AY by road to Hospitals at:

1. Broomfield CM1 7ET - 45mins x 2 + parking & walking to appointment
2. Basildon SS16 5NL - 35 mins x 2 + parking & walking to appointment
3. Southend SS0 0RY - 45 mins x 2 + parking & walking to appointment

Burnham CM0 8SJ by road to Hospitals at:

1. Broomfield CM1 7ET - 50 mins x 2 + parking & walking to appointment
2. Basildon SS16 5NL - 35 mins x 2 + parking & walking to appointment
3. Southend SS0 0RY - 45 mins x 2 + parking & walking to appointment

Heybridge CM9 4GD by road to Hospitals at:

1. Broomfield CM1 7ET - 30 mins x 2 + parking & walking to appointment
2. Basildon SS16 5NL - 40 mins x 2 + parking & walking to appointment
3. Southend SS0 0RY - 45 mins x 2 + parking & walking to appointment

Maldon CM9 5DF by road to Hospitals at:

1. Broomfield CM1 7ET - 30 mins x 2 + parking & walking to appointment
2. Basildon SS16 5NL - 35 mins x 2 + parking & walking to appointment
3. Southend SS0 0RY - 40 mins x 2 + parking & walking to appointment

South Woodham Ferrers CM3 5QP by road to Hospitals at:

1. Broomfield CM1 7ET - 35 mins x 2 + parking & walking to appointment

2. Basildon SS16 5NL - 25 mins x 2 + parking & walking to appointment
3. Southend SS0 0RY - 30 mins x 2 + parking & walking to appointment

- These times assume perfect driving conditions. Anyone in Essex and this area would always add 30 minutes each way to allow for delays and more at rush hour times when congestion is usually in multiple places.
- Distance to walk to check-in and reach the correct venue allow say 15 minutes

**Table A1: Public transport to Basildon Hospital – May 2025**

| AREA TO BASILDON HOSPITAL | Travel time [to area only], excludes transfer times. Allow extra travel and time to hospital site | | | Time and cost: one way |
|---|---|---|---|---|
| | **Bus** | **Train only** | **Combined bus & train** | **Taxi** |
| MALDON | 2hrs 3 minutes (2 buses) | N/A | N/A | 26 minutes £80-95 |
| ALTHORNE | 1hr 34min (2 buses) | 1hr 58 minutes (2 trains) | N/A | 24 minutes £40 -50 |
| BURNHAM | 2hrs 27mins 2 buses | N/A | 58 minutes | 30 minutes £45-55 |
| TILLINGHAM | 2hrs 33mins 2 buses Or 2hrs 39 minutes (2 buses) | N/A | 1hr 42 minutes | 32 minutes £50- 65 |
| SOUTHMINSTER | 2hrs 20 minutes (2 buses) | N/A | 1hr 2 minutes | 29 minutes £45-55 |
| LATCHINDON | 2hrs 7 minutes | N/A | 1hr 50 minutes | 24 minutes £35-50 |
| NORTH FAMBRIDGE | 1hr 34 minutes | N/A | 46 minutes Or 49 mins | 21 mins £40-60 |
| COLD NORTON | 1hr 42 2 buses or 2hrs 33mins (2 buses) | N/A | 1hr 24mins train and (2 buses) | 21 minutes £30-40 |

**Table A2: Public transport and taxi fares to Broomfield hospital – May 2025**

| AREA To BROOMFIELD HOSPTIAL | Travel time [to area only], excludes transfer times. Allow extra travel and time to hospital site | | | Time and cost: One way |
|---|---|---|---|---|
| | **Bus** | **Train only** | **Combined train & bus** | **Taxi** |
| MALDON | 59 minutes<br>(2 buses) or<br>1hr 13<br>(2x buses) or<br>1hr 16 minutes (1 bus) | N/A | N/A | 18 minutes<br>£90-120 |
| ALTHORNE | 1hr 24<br>(1 bus)<br>or<br>1hr 38 minutes (2 buses) | N/A | 1 hr 32 minutes<br>(train and 1 bus) | 31 minutes<br>£130 -170 |
| BURNHAM | 1hr 39 minutes<br>(1 bus)or<br>1hr 53 minutes<br>(2 buses) | N/A | 1hr 34 minutes<br>(train and 1 bus)<br>Or<br>1hr 37 minutes<br>(3 trains 1 bus) | 37 minutes<br>£150-190 |
| TILLINGHAM | 1hr 45 minutes<br>(2 buses) or<br>2hrs 11 minutes<br>(2 buses) | N/A | N/A | 38 minutes<br>£170 -210 |
| SOUTHMINSTER | 1 hr 32 minutes<br>(1 bus)<br>Or<br>1hr 46 minutes<br>2 buses) | N/A | 1 hr 41 minutes<br>3 trains<br>1 bus | 35 minutes<br>£150-180 |
| LATCHINGDON | 1 hr 19 minutes or<br>1hr 33 minutes<br>(2 buses) | N/A | N/A | 28 minutes<br>£110-150 |
| NORTH FAMBRIDGE | 1hr 12 minutes<br>(1 bus) | N/A | 1hr 25 minutes<br>3 trains, 1 bus | 28 minutes<br>£110- 150 |
| COLD NORTON | 58 minutes<br>(2 buses) or<br>2hrs<br>3 buses | N/A | N/A | 24 minutes<br>£100 - 130 |

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**Table A3: Public Transport and taxi fares to Southend Hospital**

| **AREA TO SOUTHEND HOSPTIAL** | **Travel time [to area only], excludes transfer time. Allow extra travel and time to hospital site.** | | | Time and cost: One way |
|---|---|---|---|---|
| | **Bus** | **Train only** | **Combined train &bus** | **Taxi** |
| MALDON | 1hr 8 minutes (1 bus) | N/A | N/A | 29 minutes £75-95 |
| ALTHORNE | 2hrs 6 minutes (2 buses) | 1hr 10 minutes (2 trains) | 1 hr 23 minutes (1 train, 1 bus) | 26 minutes £45-60 |
| BURNHAM | 2hrs 21 minutes (2 buses) | 1hr 15 minutes (2 trains) | 1 hr 28 mins (1 train, 1 bus) | 32 minutes £55 - 70 |
| TILLINGHAM | 2hrs 27 minutes (2 buses) | 1hr 59 minutes (2 trains) | 2hrs 12mins (train and bus) | 34 minutes £65 -80 |
| SOUTHMINSTER | 2hrs 14 minutes (2 buses) | 1hr 19 minutes (2 trains) | 1hr 25 minutes (train and bus) | 30 minutes £55 - 70 |
| LATCHINGDON | 2hrs 1 minutes 2 buses Or 2hs 14 minutes (2 buses) | 2 hrs 8 minutes (2 trains) | N/A | 25 minutes £45-55 |
| NORTH FAMBRIDGE | 1hr 16 minutes (1 bus) | 1hr 3 minutes (2 trains) | N/A | 23 minutes £40-50 |
| COLD NORTON | 1hr 47 minutes (2 buses) 2hrs 28 minutes (3 buses) | N/A | N/A | 22 minutes £40-50 |