DATA ANALYSIS OF PATIENT COMPLETED FORMS

Prepared For :

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Prepared By :

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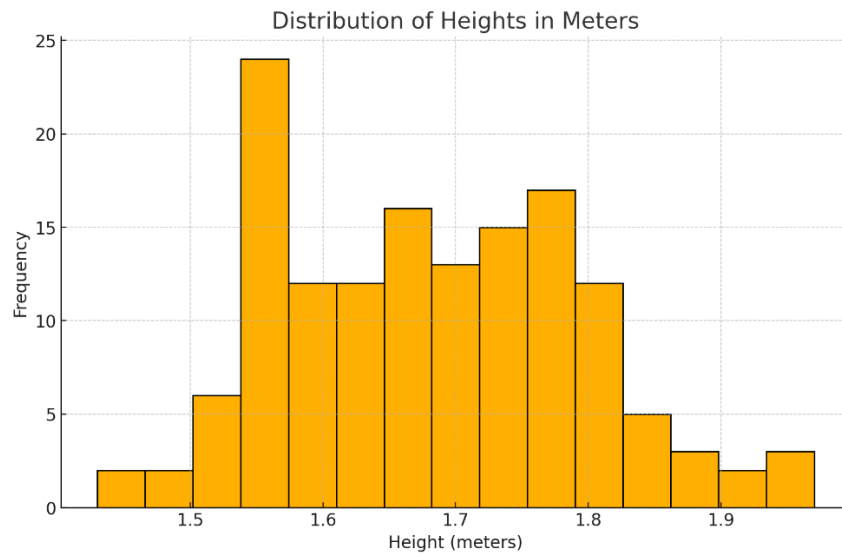Belinda Haughton

Height and Weight
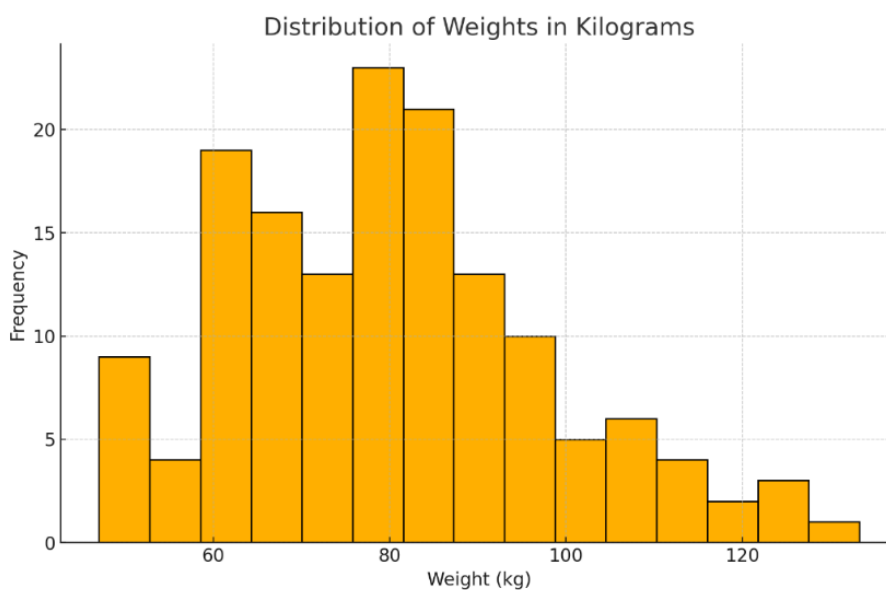
Height:

- The average height of the individuals in the dataset is 1.68m.

- Heights range from as low as 1.43m to as high as 1.97m, showing a large variation.


Distribution of Heights in Meters

Weight:

- The average weight is 80.10 kg, with a range from 47 kg to 133.3 kg.

- This wide range indicates a significant diversity in the weight of the individuals, suggesting the presence of both underweight and overweight individuals.

Distribution of Weights in Kilograms

Body Mass Index (BMI)

- The calculated BMI values, which are derived using height and weight, average at 28.1, with individual BMIs ranging from 15.9 to 45.4.

- A wide range of BMI values suggests the dataset includes individuals with varying degrees of nutritional health, from underweight to severely obese.

Distribution of BMI
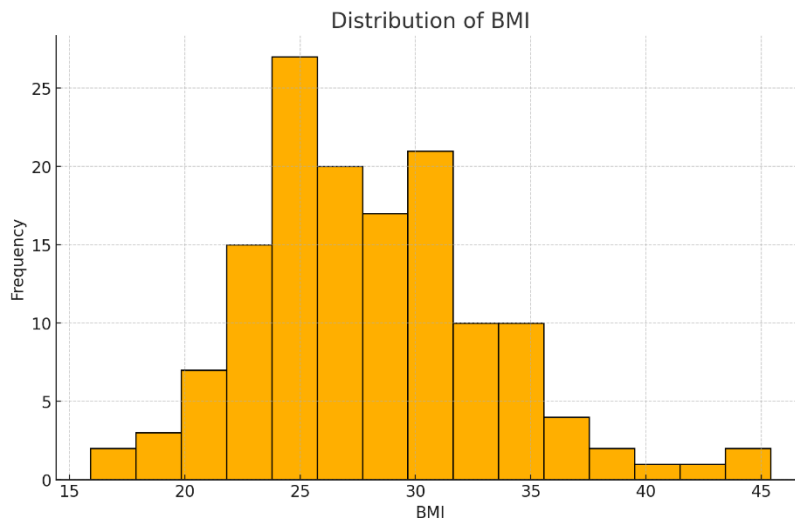
Cholesterol Levels

HDL Cholesterol

- The average HDL cholesterol level is 1.6 mg/dL.

- HDL levels vary significantly, from as low as 0.51 mg/dL to as high as 6.22 mg/dL.

- High variability in HDL cholesterol indicates differing cardiovascular health statuses among the individuals.

HDL:Total Cholesterol Ratio Distribution by Gender
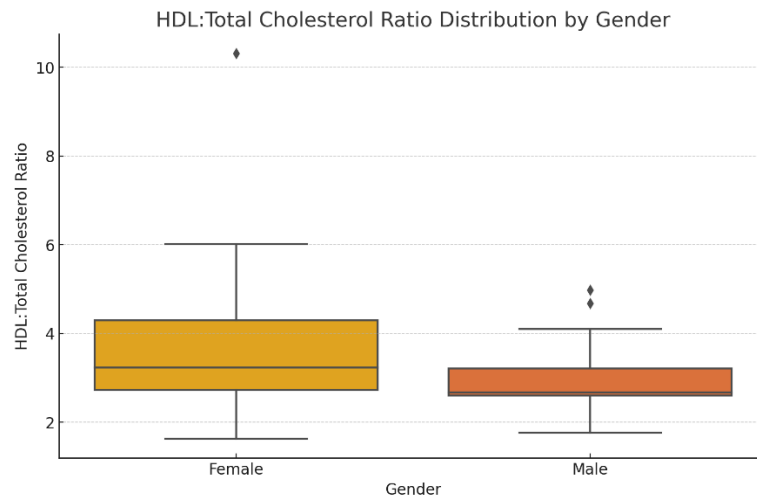
Total Cholesterol:

•	The average total cholesterol is 4.74 mg/dL, with levels ranging from 1.13 mg/dL to 10.3 mg/dL.

•	The wide range highlights the varied lipid profiles in the dataset.

Total Cholesterol Distribution by Gender
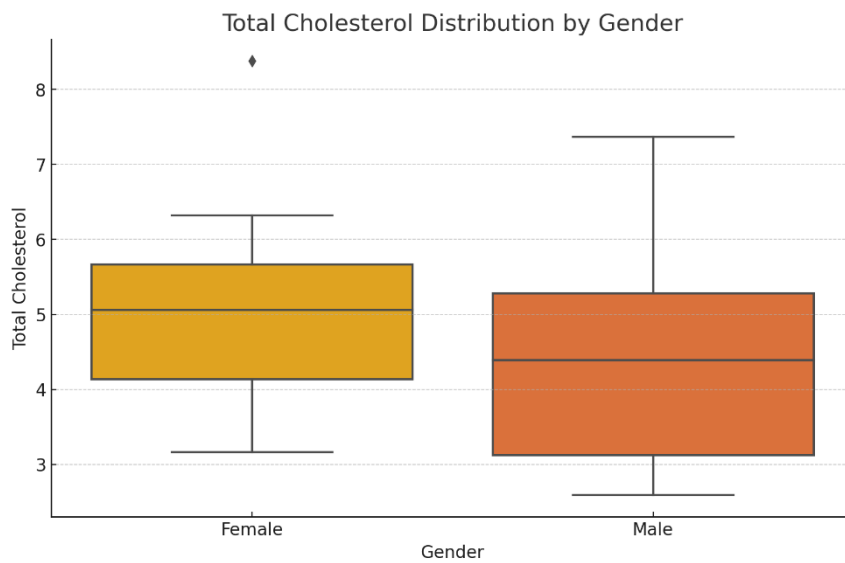
HDL to Total Cholesterol Ratio:

•   The average ratio is 3.26, with a range from 0.35 to 10.31.

•   This ratio is a useful marker for cardiovascular risk assessment, with higher ratios generally indicating better health.
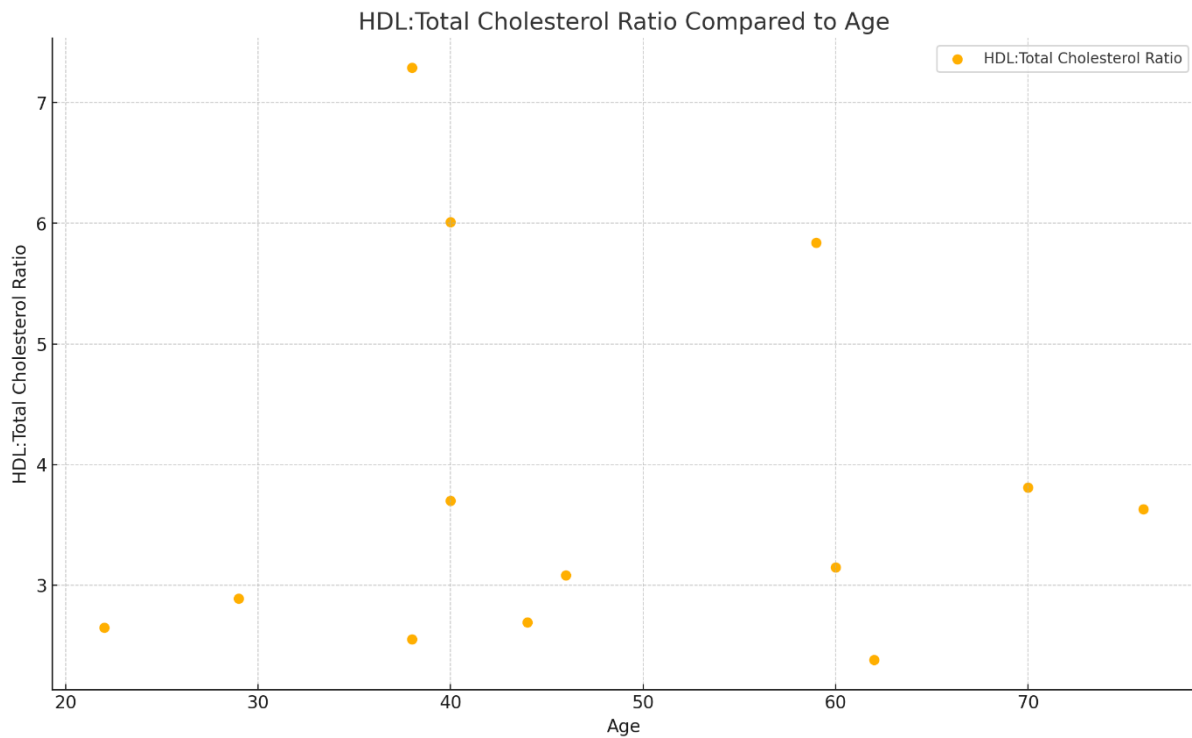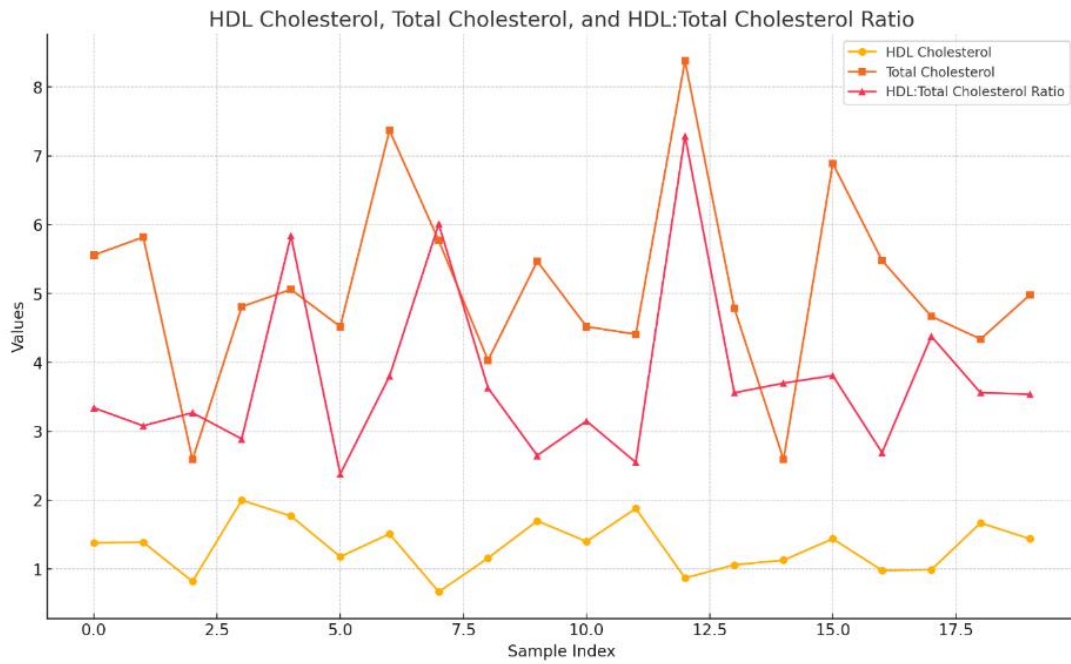
Blood Pressure

BP(L):

Systolic Pressure:

• The average systolic pressure is 137.84 mmHg.

• Systolic pressures range from 92 mmHg to 220 mmHg, indicating the presence of both normal and high blood pressure cases.

Diastolic Pressure:

• The average diastolic pressure is 85.27 mmHg.

• Diastolic pressures range from 60 mmHg to 117 mmHg.

In our study, we observed a significant number of participants with abnormal blood pressure levels. Specifically, out of the total participants:

• 96 individuals (29.18%) were found to have high blood pressure.

• 4 individuals (1.22%) were identified with low blood pressure.

These findings highlight the prevalence of high blood pressure within our participant group, which is considerably higher than the prevalence of low blood pressure.

Blood Pressure Levels Among Participants

(BP(R):

Systolic Pressure:

•   The average systolic pressure is 140.14 mmHg.

•   Systolic pressures range from 86 mmHg to 218 mmHg.

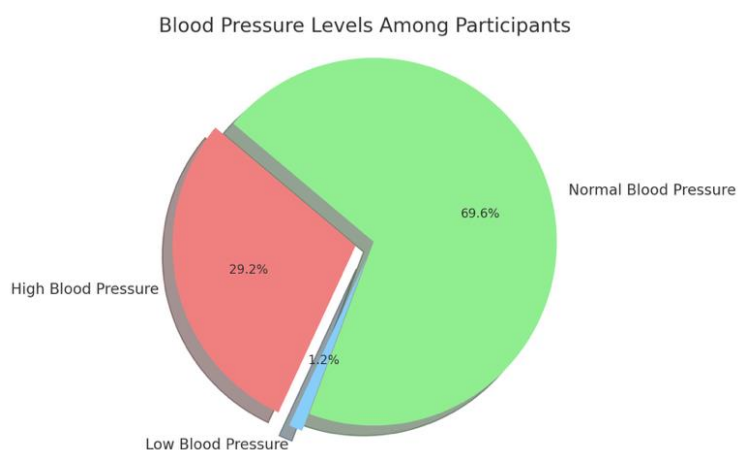**Diastolic Pressure:**

•   The average diastolic pressure is 85.05 mmHg.

•   Diastolic pressures range from 53 mmHg to 121 mmHg.

In our study, we observed a significant number of participants with abnormal blood pressure levels. Specifically, out of the total participants:

•   82 individuals (24.92%) were found to have high blood pressure.

•   7 individuals (2.13%) were identified with low blood pressure.

These findings highlight the prevalence of high blood pressure within our participant group, which is considerably higher than the prevalence of low blood pressure.

Blood Pressure Levels Among Participants
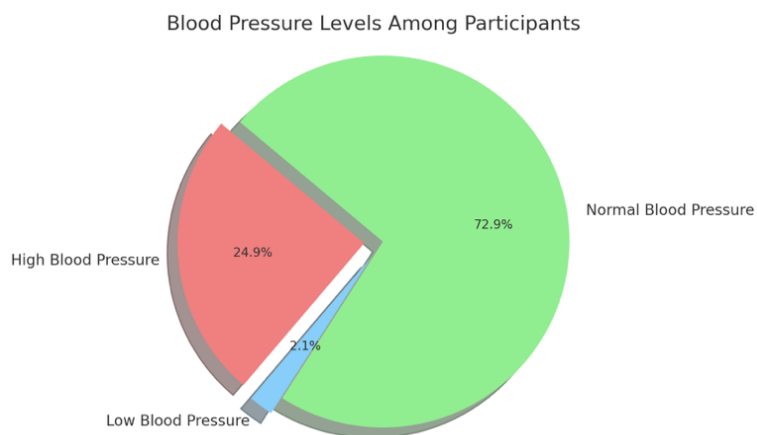
Summary

Height and Weight: The dataset displays significant diversity, with some potential data entry anomalies in height.

BMI Calculation: Indicates a mix of underweight, normal weight, overweight, and obese individuals based on calculated values.

Cholesterol Levels: High variability in HDL and total cholesterol levels suggests diverse cardiovascular health statuses.

Blood Pressure: The data points to a prevalence of both high and low blood pressure conditions among the individuals.

Health Data Analysis Report

Introduction

The analysis focuses on a dataset containing health-related metrics such as blood pressure (BP), height, weight, BMI (Body Mass Index), cholesterol levels, and demographic information. The objective is to understand the relationships and trends within the dataset, particularly focusing on blood pressure and BMI across different age groups and genders.

Data Cleaning and Preparation

1. **Initial Data Cleaning**:
   o Extracted systolic and diastolic pressures from BP readings for both left and right arms.
   o Converted heights to meters and weights to kilograms where possible.
   o Recalculated BMI using the formula: BMI = weight (kg) / (height (m)²).
2. **Categorization**:
   o Classified blood pressure readings into categories:
     ▪ Normal: Systolic < 120 and Diastolic < 80
     ▪ Elevated: Systolic 120-129 and Diastolic < 80

- Hypertension Stage 1: Systolic 130-139 or Diastolic 80-89
- Hypertension Stage 2: Systolic ≥ 140 or Diastolic ≥ 90
- Classified BMI values into categories:
  - Underweight: BMI < 18.5
  - Normal weight: BMI 18.5-24.9
  - Overweight: BMI 25-29.9
  - Obesity: BMI ≥ 30

Summary Statistics

Key health metrics were summarized as follows:

1. **Blood Pressure (BP)**:
   - Left Arm Systolic: Mean = 148.0, Std = 15.2
   - Left Arm Diastolic: Mean = 89.4, Std = 9.0
   - Right Arm Systolic: Mean = 153.75, Std = 9.7
   - Right Arm Diastolic: Mean = 92.0, Std = 4.5
2. **BMI**:
   - Mean = 0.002942, Std = 0.000486

Trend Analysis

Blood Pressure Categories by Age Group and Gender:

The cross-tabulation highlights the distribution of blood pressure categories across different age groups and genders:

- **Age Group 30-39**:
  - One male with Hypertension Stage 1.
- **Age Group 40-49**:
  - One male with Elevated BP.
  - One female with Hypertension Stage 2.
- **Age Group 50-59**:
  - One male with Hypertension Stage 1.
  - Two females and one male with Hypertension Stage 2.
- **Age Group 60 and above**:
  - One female with Elevated BP.
  - One male with Hypertension Stage 1.
  - One male with Hypertension Stage 2.

BMI Categories by Age Group and Gender:

The cross-tabulation highlights the distribution of BMI categories across different age groups and genders:

- **Age Group 30-39**:
    - One male with normal weight.
- **Age Group 40-49**:
    - One female who is overweight.
- **Age Group 50-59**:
    - One female and one male with normal weight.
    - One female and one male with obesity.
- **Age Group 60 and above**:
    - One male with normal weight.
    - One female who is overweight.

Visualizations

1. **Scatter Plots**:
    - **Age vs Systolic BP**: Shows how systolic blood pressure varies with age.
    - **Age vs Diastolic BP**: Highlights the relationship between diastolic blood pressure and age.
    - **Age vs BMI**: Illustrates the relationship between age and BMI.
2. **Box Plots**:
    - **Gender vs Systolic BP**: The distribution of systolic BP appears to be relatively similar across males and females.
    - **Gender vs Diastolic BP**: Diastolic BP shows a similar pattern between males and females.
    - **Gender vs BMI**: The distribution of BMI values appears to be similar across genders, with males showing a slightly wider range.

Conclusion

The analysis provided insights into the relationships and trends within the health data:

1. **Blood Pressure Trends**: Hypertension is prevalent across different age groups, particularly among those with higher BMI.
2. **BMI Trends**: BMI categories showed a diverse distribution across age groups and genders, with a notable presence of obesity in the middle-aged and older populations.

Further analysis could include a more detailed investigation into specific subgroups, exploring potential anomalies, and expanding the dataset for more comprehensive insights.

Health Goals Achievement Report

Introduction

This report examines the barriers preventing individuals from achieving their health goals based on the provided data. The analysis finds key themes hindering progress, such as lack of motivation, time constraints, healthcare access, financial constraints, and chronic conditions. The goal of this report is to provide a comprehensive understanding of these barriers and offer insights into potential strategies for overcoming them.

Major Themes Identified:

1. Musculoskeletal Issues
2. Chronic Conditions
3. Mental Health
4. Neurological Symptoms
5. Mobility Issues
6. Pain Management
7. Cardiovascular Health
8. General Health Concerns

Frequency of Health Concerns Themes

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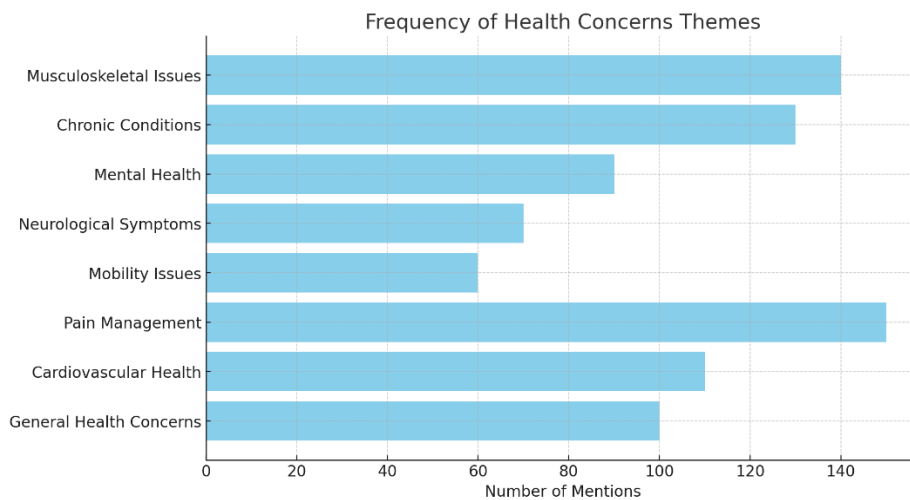
Detailed Analysis:

1.Musculoskeletal Issues

Common Concerns:

- Cervical spine problems
- Knee, hip, and foot pain
- Lower back pain
- Shoulder pain
- Osteoarthritis
- Sciatica
- Joint issues
- Scoliosis

Implications:

- These issues significantly affect daily activities, mobility, and quality of life.
- They often require ongoing pain management and physical therapy.

2. Chronic Conditions

Common Concerns:

- High blood pressure
- Diabetes (Type 1 and Type 2)
- High cholesterol
- Asthma and allergies
- Thyroid issues (Hyperthyroidism)
- COPD (Chronic Obstructive Pulmonary Disease)
- Long Covid

Implications:

- Chronic conditions need continuous management and monitoring.
- They are often associated with lifestyle modifications and medication adherence.

3. Mental Health

Common Concerns:

- Anxiety
- Depression
- ADHD
- Bipolar disorder
- Insomnia

Implications:

- Mental health issues require a combination of therapy, medication, and lifestyle changes.
- They can worsen physical health problems and vice versa.

4. Neurological Symptoms

Common Concerns:

- Pins and needles in extremities

- Tremors
- Migraines
- Neuropathy
- Numbness

Implications:

- These symptoms can affect coordination and daily functioning.
- They often need specialized neurological assessments and treatments.

5. Mobility Issues

Common Concerns:

- Reduced mobility
- Difficulty walking
- Balance issues

Implications:

- Mobility issues can lead to increased dependency and reduced quality of life.
- Physical therapy and mobility aids are often necessary.

6. Pain Management

Common Concerns:

- Persistent pain in various body parts (back, neck, shoulders, joints)
- Chronic pain conditions (Fibromyalgia, Chronic Pain Syndrome)

Implications:

- Chronic pain requires multi-disciplinary approaches including medication, physical therapy, and lifestyle adjustments.

7. Cardiovascular Health

Common Concerns:

- High blood pressure
- Heart conditions (Heart attack history, palpitations)
- Blood pressure management

Implications:

- Cardiovascular health needs regular monitoring and lifestyle changes to manage risks.

8. General Health Concerns

Common Concerns:

- Fatigue
- Weight issues

- General aches and pains
- Digestive issues (IBS, Coeliac disease)
- Skin issues

Implications:

- General health concerns often require holistic approaches including diet, exercise, and regular check-ups.

Conclusion:

The analysis shows that musculoskeletal issues, chronic conditions, and mental health problems are the most prevalent health concerns among the provided data. Effective management of these conditions involves a combination of medical treatment, lifestyle modifications, and supportive therapies. Addressing barriers such as time constraints, motivation, and access to healthcare is crucial for improving health outcomes.

Health Goals and Barriers Report

Analysing the current health goals provided reveals several key themes. These themes focus on improving physical health, managing chronic conditions, enhancing mobility, and addressing mental health and lifestyle factors. Here is a structured analysis:

Major Themes Identified:

1. Pain Management and Relief
2. Weight Loss and Fitness
3. Improving Mobility and Flexibility
4. Managing Chronic Conditions
5. General Health and Well-being
6. Mental Health and Stress Reduction

Frequency of Health Goals Themes
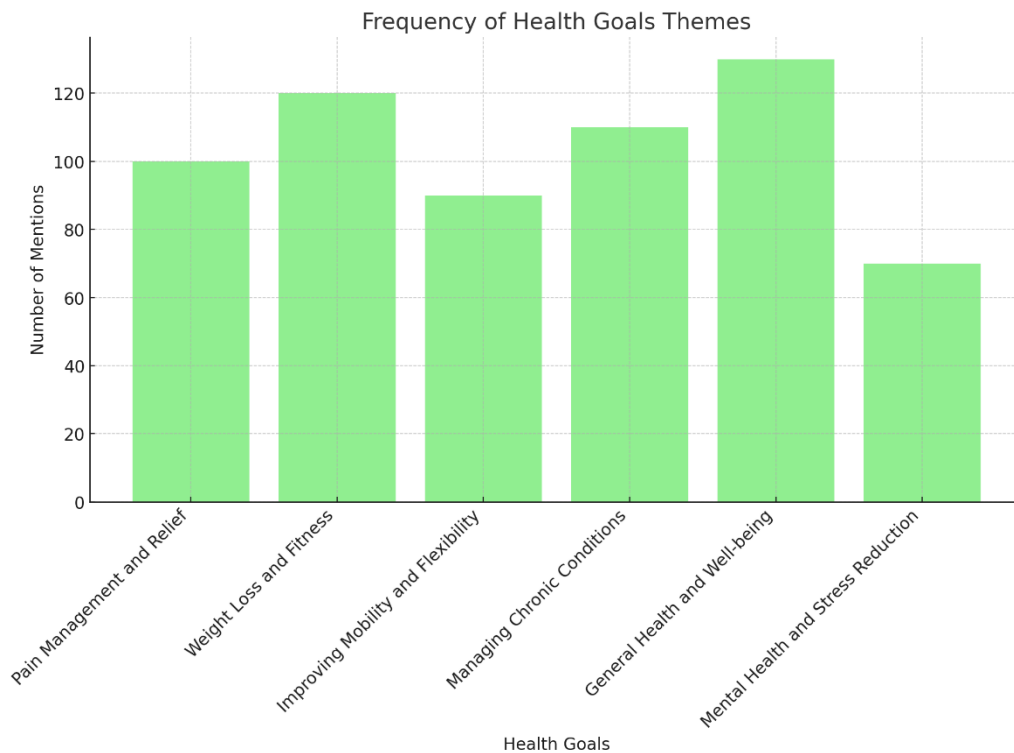
Detailed Analysis:

1. Pain Management and Relief

Goals:

- Reduce pain.
- Pain relief
- To not be in constant discomfort
- Reduce pain levels.
- No pain, please
- To ease pain down the back of the leg and back
- Ease back pain.
- Lessen pain.
- To be pain-free
- Help pain levels.

Implications:

- Pain is a significant concern, affecting quality of life.
- Pain management may require medical intervention, physical therapy, and lifestyle adjustments.

2. Weight Loss and Fitness

Goals:

- Weight down to 110kg
- Lose weight.
- To be thinner
- Lose 1/2 stone.
- Reduce weight.
- Maintain a healthy weight.
- Lose belly fat.
- Lower cholesterol
- Gain weight, increase protein and calories.
- Increase cardio exercise.
- Strengthen lower back.

Implications:

- Weight loss is crucial for improving overall health and managing chronic conditions.
- Fitness goals include both weight loss and muscle strengthening.

3. Improving Mobility and Flexibility

Goals:

- Flexibility
- Regain mobility.
- Improve osteoarthritis, mobility, and posture.
- Keep up exercise regime.
- Get better.
- Get back to running.
- Optimize health potential in the 40s.
- Run further, improve flexibility.
- Strengthening
- To walk without aid
- To be more mobile
- Walk with no pain.
- Increase in exercises.

Implications:

- Enhancing mobility and flexibility is essential for independence and daily functioning.
- Goals focus on both regaining lost mobility and improving existing capabilities.

4. Managing Chronic Conditions

Goals:

- Stay healthy.

- Manage diabetes, stay fit and well.
- Manage high blood pressure.
- Non-smoker, non-drinker
- Manage pain, chronic conditions.
- Manage T2DM, manage foot pain.
- Non-smoker
- Cut out bad foods.
- Relieve tendency to back pain.
- Remain healthy and mobile.

Implications:

- Effective management of chronic conditions requires ongoing medical care, lifestyle changes, and monitoring.
- Goals often focus on symptom relief and maintaining health.

5. General Health and Well-being

Goals:

- Keep fit and healthy.
- To be able to travel more.
- Improve foot health.
- Stay active.
- Better diet and exercise
- Increase water intake, reduce butter intake.
- Eat vegetarian foods, no meat.
- Take more exercise.
- General health improvement

Implications:

- General well-being encompasses a broad range of health practices, including diet, exercise, and regular check-ups.
- Lifestyle changes are a common goal for overall health improvement.

6. Mental Health and Stress Reduction

Goals:

- Ease symptoms and reduce anxiety.
- Improve mental health.
- Less stress
- Increase motivation.
- Improve sleep quality.

Implications:

- Mental health and stress management are integral to overall health.

- Goals often include reducing anxiety, improving mental resilience, and better managing stress.

Conclusion:

The analysis shows a comprehensive range of health goals, primarily focusing on pain management, weight loss, improving mobility, managing chronic conditions, general well-being, and mental health. These goals show a holistic approach to health, addressing both physical and mental aspects. To achieve these goals, individuals may need support in the form of medical care, lifestyle modifications, physical therapy, and mental health resources.

Barriers to Health Goals Achievement Report

Analysing the barriers to achieving the health goals reveals several key themes. These themes focus on internal and external factors hindering progress, such as motivation, time constraints, healthcare access, and managing chronic conditions. Here is a structured analysis:

Major Themes Identified:

1. **Lack of Motivation and Willpower**
2. **Time Constraints**
3. **Health Conditions and Pain**
4. **Access to Healthcare and Support**
5. **Financial Constraints**
6. **Mental Health and Stress**
7. **Knowledge and Guidance**

Frequency of Barriers to Achieving Health Goals
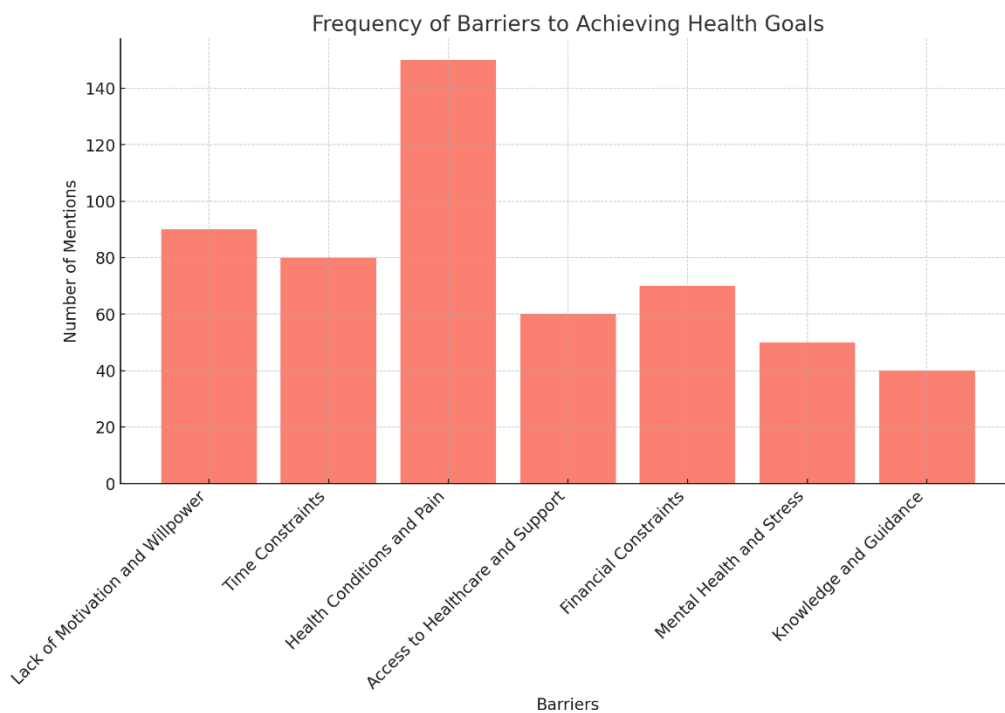
Detailed Analysis:

1. Lack of Motivation and Willpower

Barriers Identified:

- Unmotivated
- Not trying hard enough
- Willpower
- Lack of positive mental attitude
- Laziness, not enough effort, temptation
- Lack of motivation and energy
- Procrastination

Implications:

- Internal factors such as motivation and willpower play a significant role in achieving health goals.
- Addressing these needs behavioural interventions and possibly support from mental health professionals.

2. Time Constraints

Barriers Identified:

- Time
- No time to go to GP.
- Time/stress
- Busy wanting to reclaim time from the day.
- Time/tiredness/CBA (Can't Be Arsed)
- Time because of work
- Time, weather
- Time just gave birth.

Implications:

- Time management is a critical barrier for many individuals.
- Strategies such as better scheduling, prioritizing health, and seeking time-efficient health interventions can help.

3. Health Conditions and Pain

Barriers Identified:

- Ill health and depression
- Fatigue, brain fog
- Pain
- Constant pain can't sit or stand for too long.
- Recovering from ACL reconstruction knee surgery
- Chronic conditions like diabetes, arthritis, etc.
- Post accident recovery.

- Pain, mobility, fatigue
- General pain
- The pain in legs/hip/back
- Injuries
- Painful joints
- Pain in knees, balance
- M.E. (Chronic fatigue, anxiety)

Implications:

- Chronic conditions and pain are significant barriers.
- Comprehensive pain management and chronic disease management plans are necessary.

4. Access to Healthcare and Support

Barriers Identified:

- NHS wait times.
- Not finding any help
- No affordable provision available
- Lack of proper diagnosis and access to treatment beyond home exercises
- Social services funding
- Difficulty getting appointments.

Implications:

- Access to timely and affordable healthcare is a major issue.
- Improving healthcare accessibility and providing better support systems can help overcome these barriers.

5. Financial Constraints

Barriers Identified:

- Lack of money
- Not being able to afford injections privately.
- Financial constraints for treatments like x-rays, private healthcare, etc.
- Prev saw chiro but had to stop due to finance.
- Poor treatment due to lack of funds

Implications:

- Financial barriers prevent access to necessary healthcare and treatments.
- Solutions may include financial planning, seeking affordable healthcare options, and exploring insurance coverage.

6. Mental Health and Stress

Barriers Identified:

- Mental health issues (depression, anxiety)

- Stress
- Mental health, being unwell.
- Mental health, fear, and life
- Stress, fear and life.

Implications:

- Mental health significantly affects the ability to achieve health goals.
- Addressing mental health through counselling, stress management techniques, and possibly medication can be beneficial.

7. Knowledge and Guidance

Barriers Identified:

- Not sure where to get help from
- Difficult to know how to go about it.
- Confusion from advice from different sources
- Lack of knowledge on what works.
- Unsure if the wrist is broken (needs an x-ray)
- Need advice on bending and lifting.

Implications:

- Knowledge gaps and lack of proper guidance can hinder progress.
- Providing clear, consistent, and accessible health information and guidance can help individuals take the right steps toward their health goals.

Conclusion:

The analysis shows that a combination of internal and external factors, including motivation, time, health conditions, access to healthcare, financial constraints, mental health, and knowledge, are major barriers to achieving health goals. Addressing these barriers requires a multi-faceted approach involving behavioural support, better healthcare access, financial planning, mental health interventions, and clear health guidance. By understanding and addressing these barriers, individuals can be better supported in their journey towards achieving their health goals.

Help and care questionnaire analysis

Are you able to get the care and treatment that you need from local services?

The survey included a total of 326 respondents. Of these, 179 individuals reported that they were able to access the care they needed. In contrast, 69 respondents indicated that they were unable to obtain the necessary care, while 67 individuals did not provide a response. Additionally, 11 respondents were uncertain, offering ambiguous answers such as "yes and no," "sometimes," or "depends."

The accompanying graph demonstrates that the majority of respondents perceived themselves as having received the required care from local services.

Are you able to get the care and treatment that you need from local services

Didn't respond
21%

Unsure
4%

Yes
53%

No
22%
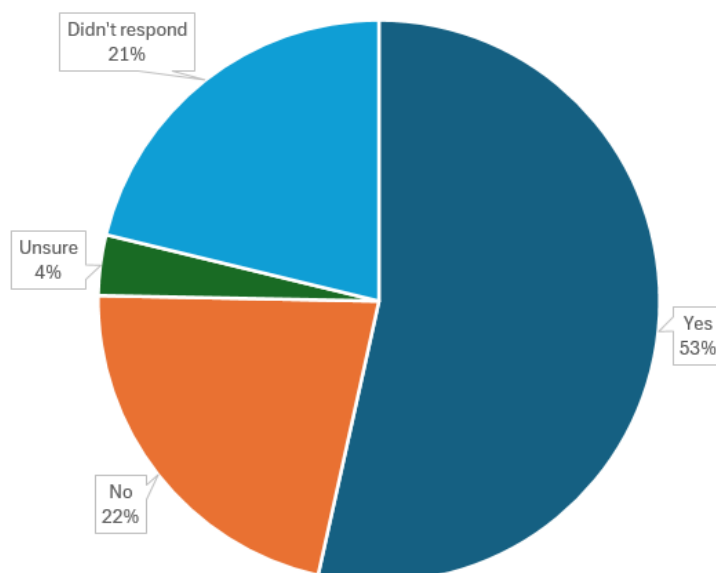
When non-respondents are excluded from the analysis, the data reveals a slightly different trend, with a higher proportion of respondents indicating "yes."

Are you able to get the care and treatment that you need from local services
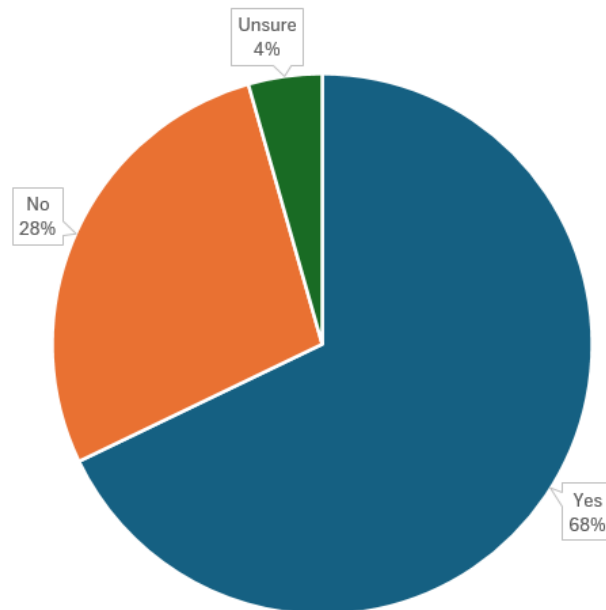
If not, what's missing?

Although some of the responses were ambiguous, the feedback suggests that waiting times, along with access to general practitioner (GP) and dental appointments, are perceived as significant barriers to care. Additionally, slow referral processes and transportation issues were cited as concerns by some respondents. One participant noted the absence of "foot and musculoskeletal assessments" as a gap in services, while another recommended the inclusion of a general health check.

Where do you go when you need information about a health or care issue? E.g. look online, ask family or friends, GP surgery, library, community group, social media, other etc.

Respondents frequently selected multiple options, with "GP" and "online" being the most preferred choices.

While most of those who selected "other" did not specify their source of care, a few provided responses such as pharmacy, NHS app, health visitor, or calling 111. Some respondents expressed uncertainty about where to seek care or indicated that they did not seek care at all. Additionally, the location "Westbourne" was mentioned by some respondents, which could refer to a GP surgery, pharmacy, or community group. One respondent, employed at a hospital, noted that they obtained information through "chatting at work."

A total of 53 out of the 326 respondents did not answer this question.

Where do you go when you need information about a health or care issue?
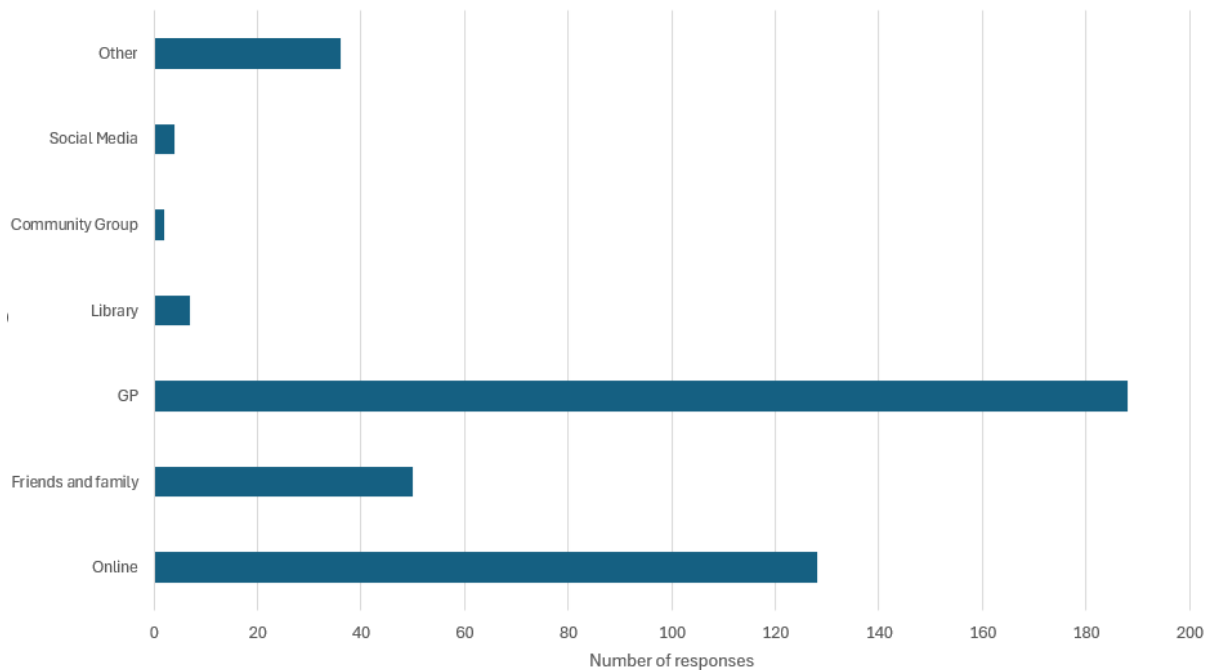
If you could change one thing about health and/or care services locally, what would it be?

The predominant theme emerging from the responses is the limited access to GP and dental appointments, as well as concerns over general waiting times. Additionally, many patients expressed a preference for face-to-face consultations over telephone appointments.

Other suggestions included increased awareness of transgender issues, a broader selection of over-the-counter medications in pharmacies, the establishment of an information hub for drop-in consultations, more informal consultation options, and enhanced mental health services. There was also a recommendation for a dedicated local call number, and several respondents advocated for a focus on prevention rather than the management of symptoms.
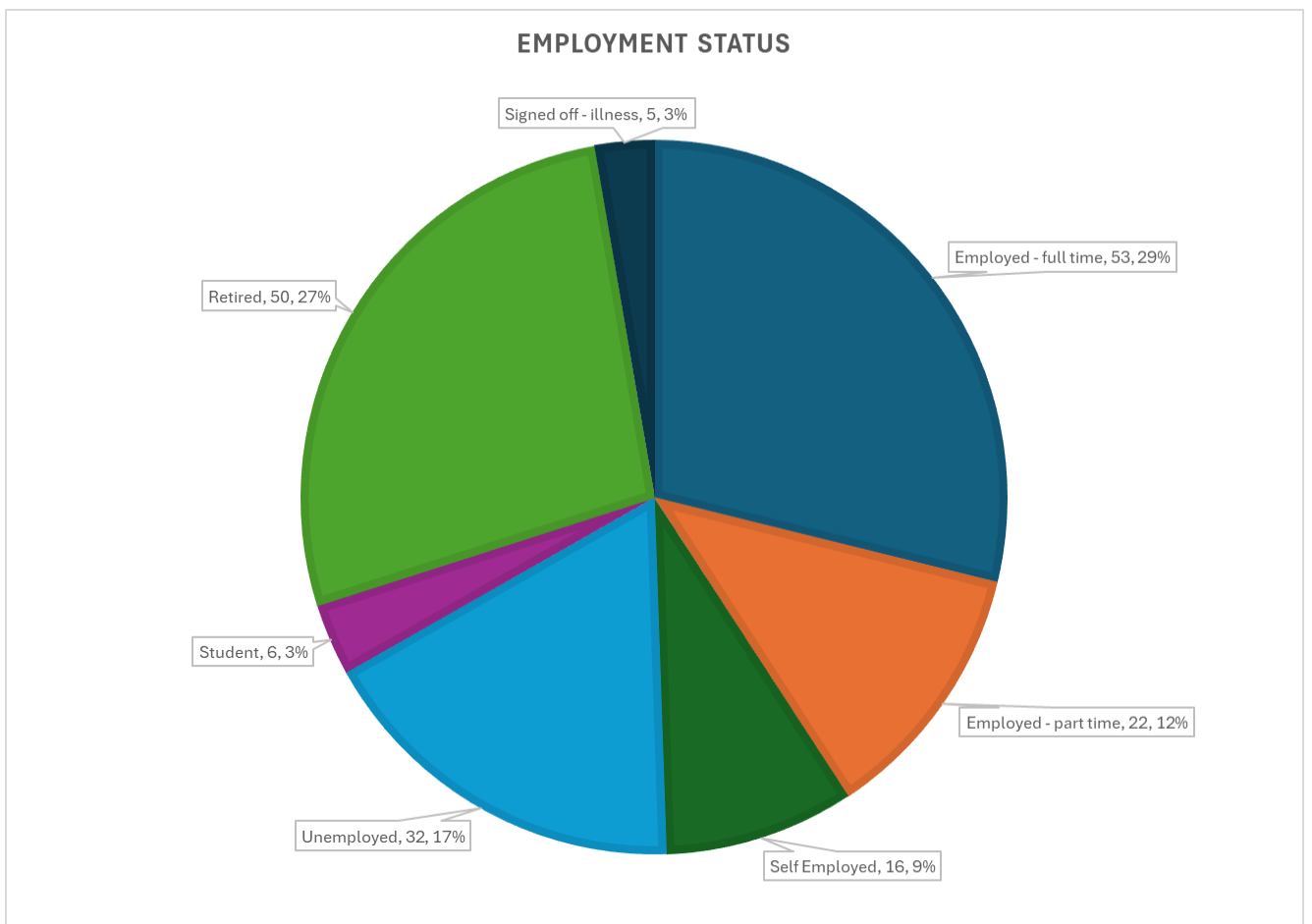
113 respondents did not provide an answer to this question.

Employment Status

Of the participants who answered this question:

- 53 are employed full time
- 22 are employed part time
- 16 are self employed
- 32 are umemployed
- 50 are retired
- 6 are students
- 5 are signed off due to illness

EMPLOYMENT STATUS

A total of 112 respondents did not provide an answer to this question.

Additionally, 31 respondents provided answers that could not be categorised. For instance, the term "employed" was used without specifying whether it referred to full-time, part-time, or self-employment. Some respondents included details about their occupation (e.g., care worker) or mentioned working from home or performing tasks involving "heavy lifting." However, these responses could not be consistently categorised and have therefore been excluded from the analysis and the accompanying pie chart.

Friends and family questionnaire analysis

How likely are you to recommend our services to friends and family if they needed similar care or treatment?

Out of the 325 respondents, 199 did not provide an answer to this question.

Among those who did respond, 89 indicated that they were extremely likely to recommend our services, 33 were likely to recommend them, 3 were neutral (neither likely nor unlikely), 0 were unlikely, and 1 respondent indicated that they were extremely unlikely to recommend our services. It is worth noting that this individual's negative response may have been entered in error, as their responses to other questions were highly positive.

The graph below visually represents these responses.

How likely are you to recommend our services to friends and family if they needed similar care or treatment?
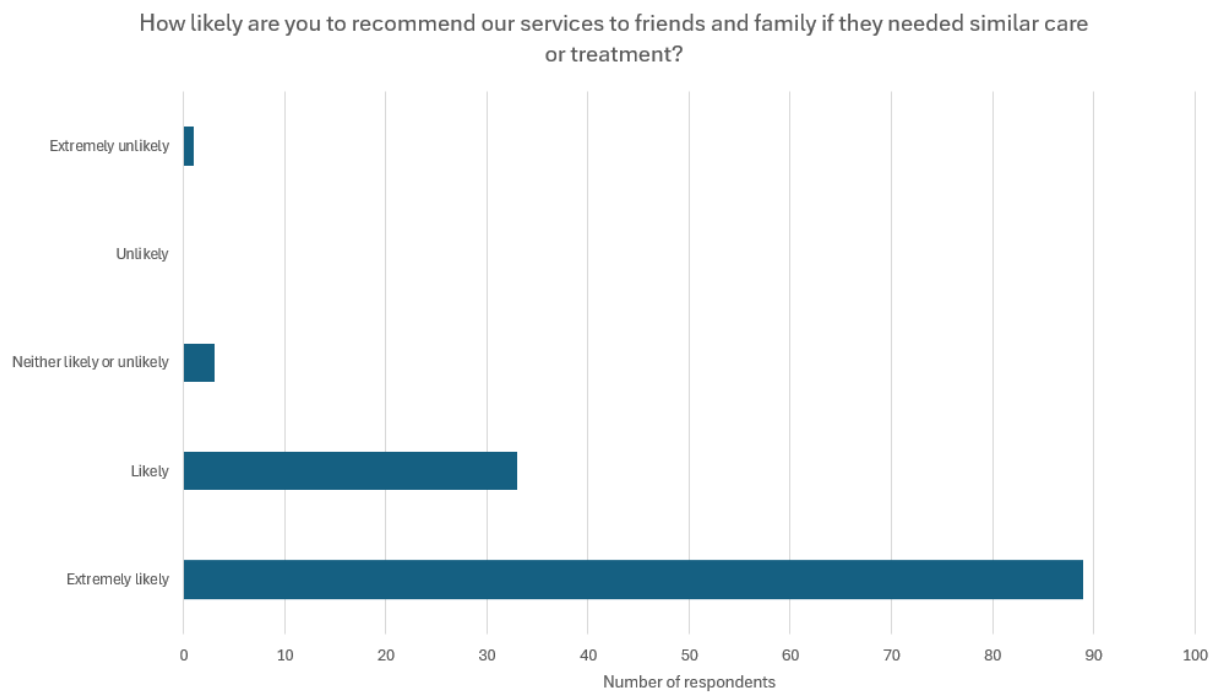
Rating our service

Patients were asked to answer four questions regarding their experience at the pop-up event:

1. How would you rate the quality of the care/service you received?
2. How would you rate the friendliness of the staff?
3. How would you rate the cleanliness and appearance of the clinic?
4. How would you rate your overall experience?

Respondents were given the option to rate four aspects of the services using the categories: poor, okay, good, and excellent. A significant number of respondents did not answer these questions (with over 170 non-responses for each question), and these non-responses have been excluded from the analysis presented below.

The accompanying graph illustrates that most services were rated favourably, with the majority of respondents expressing positive opinions. However, the physical appearance of the clinic received lower ratings, suggesting room for improvement. Several respondents specifically noted that the clinic was excessively cold. For clarity, the number of responses for each rating category is displayed on the corresponding bars of the graph.

Ratings of different elements of our service
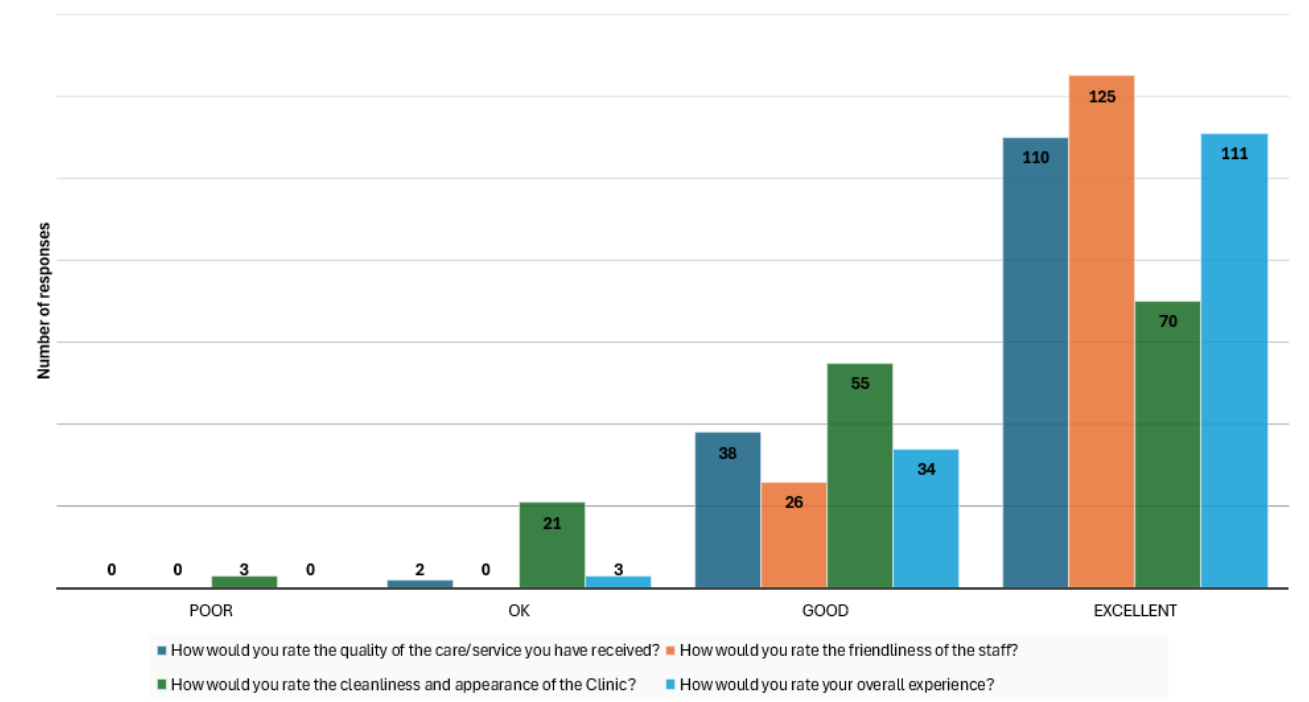
Gender

Participants were asked to indicate their gender, with the options provided being: male, female, non-binary, or prefer not to say. A total of 168 responses were received, while 157 individuals did not respond.

Of the respondents, 70 identified as male, 96 as female, 1 as non-binary, and 1 selected "prefer not to say." Due to the small size of the non-binary and "prefer not to say" categories, these have been excluded from the pie chart for clarity.

Additionally, one respondent who selected male specified that they are transgender.

GENDER
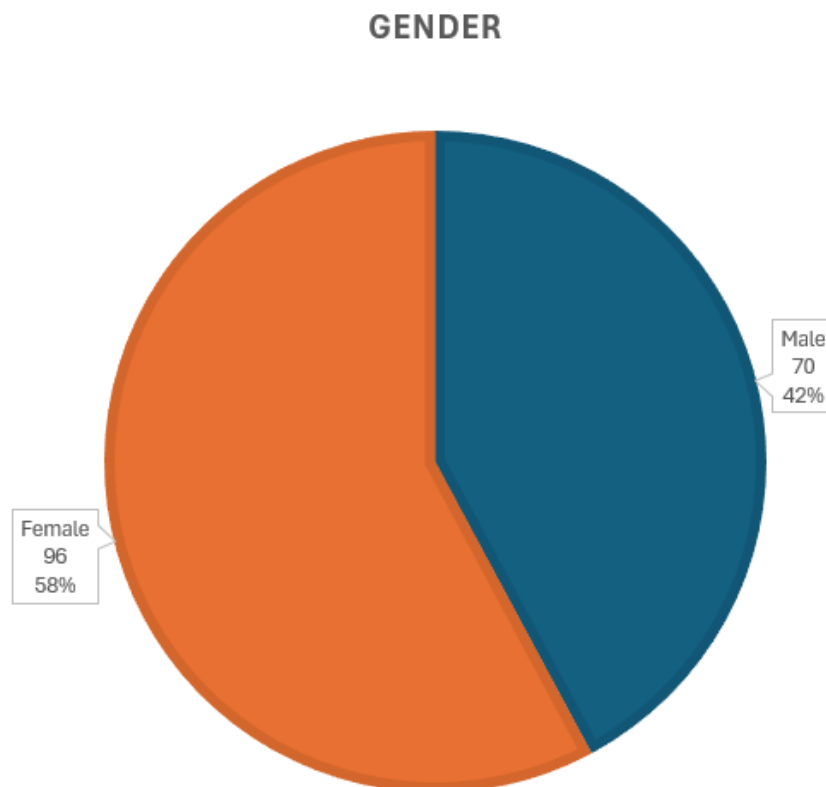
Birth Year

There were 156 responses to the year of birth question, while 169 individuals did not respond.

The oldest respondent was born in 1925, making them 98 or 99 years old, while the youngest respondent was born in 2006, making them 17 or 18 years old.

The mean age of the respondents was approximately 53 or 54 years, with an average birth year of 1970.

One respondent indicated uncertainty regarding their birth year.

Disability

There were 169 responses to the disability question, whilst 156 did not respond.

Among the respondents, 129 individuals identified themselves as not having a disability. One respondent was uncertain about whether they had a disability, and this individual has been excluded from the pie chart. Additionally, 39 respondents reported that they did have a disability.

Do you consider yourself to have a disability?
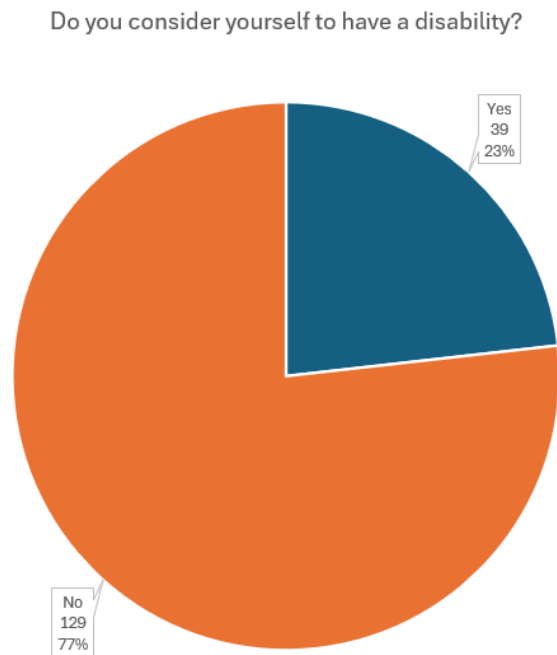
Details of disability

Respondents who identified as having a disability were asked to provide details regarding the nature of their disability.

The responses were diverse, encompassing both mental and physical health conditions. It is important to note that some conditions identified by respondents as disabilities may not be officially classified as such, but they clearly have a significant impact on the individuals' daily lives.

The reported conditions included mental health issues, mobility impairments, hearing and vision difficulties, and respiratory problems. Additionally, one respondent mentioned "coeliac" disease, and another referenced "womb prolapse."

Ethnic background

A total of 167 individuals responded to this question, while 158 did not provide a response. Respondents were asked to select the option that best described their ethnic background from 16 available choices, including an "other" category.

As illustrated in the graph below, the vast majority of participants identified as *White British*. When including those who identified as *White Irish* and *White Other* under the broader category of *White*, 81.4% of respondents reported their ethnic background as *White*, representing a significant proportion of the sample.

Ethnic Background

Category	Number of respondents
Other - anything else	8
Mixed - Other background	3
Mixed - White and Asian	2
Mixed - White and Black African	1
Mixed - White and Black Caribbean	2
Black or Black British - Other	0
Black or Black British - African	8
Black or Black British - Caribbean	0
Asian or Asian British - Other	0
Asian or Asian British - Chinese	3
Asian or Asian British - Bangladeshi	0
Asian or Asian British - Pakistani	3
Asian or Asian British - Indian	1
White - Other	22
White - Irish	8
White - British	106

Number of respondents

Who was the main person who answered the question?

Participants were provided with three response options:

1. "Me – patient"

2. "Me – the parent or carer"

3. "Both the patient and parent/carer"

Out of the respondents, 160 indicated that they had answered the questions themselves, 0 participants reported that the parent or carer had answered, and 2 participants indicated that both they and the parent/carer had answered. A total of 163 participants did not respond to this question.

Please share your thoughts on your experience, whether good or bad.

A total of 105 respondents provided an answer to this question. The overwhelming majority expressed high levels of satisfaction with the service, describing the staff as professional, helpful, and friendly. Respondents felt that the advice provided was excellent and viewed the service a s a valuable community resource. One respondent even remarked that the service was superior to what they received from their own doctor. There was only one moderately negative response, where an individual described the service as "OK but not fantastic."

Current Health Goals

Numerous patients articulate health objectives, including weight loss, smoking cessation, reduction in alcohol consumption, increased physical activity, and the management of blood pressure and cholesterol levels. Additionally, some patients express a desire to alleviate pain associated with their conditions, while a few specifically mention aims related to recovery from long COVID.

What is stopping me from achieving these

Patients have identified several barriers to achieving their health goals, including limited time, lack of motivation, mental health challenges, and exacerbations of existing health conditions. Additionally, delays within the NHS and financial constraints have also been cited as contributing factors.