

Norfolk & Norwich Settle in Service Insight & Impact Report

Headline Findings

- Volunteers improve patient experience and wellbeing post-discharge
- Volunteering improves volunteer wellbeing

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A. Introduction

Volunteers are crucial to the NHS’s vision for the future of health and social care, as they work in partnership with skilled staff to perform a variety of roles that support patients and staff.

The aim of the Volunteer Innovators Programme (VIP) was to develop and assess impactful volunteer innovations that can be refined and shared to other UK trusts looking to adopt effective volunteer services. The innovations were chosen based on their potential to make the most impact, and their ability to be tested and scaled in other NHS settings. The aim of our Insight and Impact work has been to assess the impact of each innovation on staff, patients, volunteers and the system.

The Norfolk and Norwich (hereon in N&N) Settle in Service was established to enhance patient experience post-discharge by providing volunteer support to vulnerable patients returning home after hospital. Volunteers meet patients at home on the day of their discharge and ensure they have food and drink, and a safe environment at home (e.g., the lighting, water and heating are all fully functional). This is followed up with a second visit or phone call the next day. In addition, the volunteers provide support and advice to patients and refer them to other relevant organisations where appropriate. This additional package of support may potentially contribute to lower 48 hour readmissions by ensuring patients are comfortable and integrated back into their homes and communities following a stay in hospital. In February 2020, a volunteer driver scheme was introduced within the trust. The

two services worked closely together to streamline the patient discharge process and offer the patients a personal and friendly transport home and settle in service.

This volunteer service is increasingly important, particularly in light of the recent results from the 2019 Adult Inpatient Survey, which notes that *“Patients consistently reported less positive experiences for the themes of: communication at the point of discharge and consideration of the support they will need after leaving hospital”*. The evidence suggests that patients who feel anxious about returning home after a hospital stay, and who don’t feel they have support at home, are more likely to be readmitted to hospital.

"The patient asked if we could get her some bread so one of the volunteers popped out with little change she had and bought her some bread from the local shop. They then tested her pendant alarm to see it was still working. We then asked her how she was feeling about being back home and she was very happy and thanked us for our help. They followed up with a call the next day, no concerns raised. Patient reports she was comfortable at home with her package of care from Norfolk First Support." Feedback from the Voluntary Services Team at Norfolk & Norwich

At the start of the project there were 10 Settle in Service volunteers. Another 7 joined increasing the team to 17 active volunteers, with a further 12 awaiting competencies to be completed once Covid-19 restrictions are lifted.

NOTE: The Settle in Service coordinator post was vacant between July 2019 and December 2019 because the original coordinator resigned due to long term health issues. This post was filled in December 2019 by a Discharge Coordinator on secondment.

In March 2020, all N&N voluntary services were stepped down due to the Covid-19 pandemic. During this time, the Settle in Service was adapted to operate from the Aylsham discharge suite and carried on supporting patients with signposting to community services. Volunteers also completed food shops and welfare calls.

B. Methodology & Sample

Key Insight and Impact questions for this project:

- 1) Does the Settle in Service improve the patient experience post-discharge?
- 2) Is the Settle in Service effective in signposting discharged patients to community resources?
- 3) Does the Settle in Service save staff time (allowing them to care for more patients)? *
- 4) Does the Settle in Service reduce the risk of 48 hour readmissions?

*NOTE: Early on in the project it became clear that the primary staff-related benefit of the

Settle in Service was to provide staff with peace of mind in relation to patients being discharged from hospital. Benefits in relation to saved time for staff were agreed to be negligible, so a methodology for recording time saved was not developed. As a result, data collection became more focussed on recording qualitative impacts.

Patients

Patient feedback was collected using the VIP Patient Discharge Survey which was provided at the point of discharge from hospital, when at home, and then 72 hours after hospital discharge. A copy of the VIP Patient Discharge Survey can be found in Appendix A. **Total number of responses to the VIP Patient Discharge Survey:** 15 responses. This consists of 8 Females and 7 Males, age range 55-94 years.

NOTE: The relatively low response rate in relation to this survey is likely to reflect both the delayed introduction of the survey (it took five months to agree its efficacy) and unwillingness/lack of mental capacity amongst patients who would otherwise have been expected to answer the questions.

Volunteer

Volunteer feedback was collected using the VIP Volunteer Survey which was provided quarterly throughout the project. The survey was completed by volunteers in other roles at the trust so the findings are not limited to Settle in Service volunteers. A copy of the VIP Volunteer Survey can be found in Appendix B. **Total number of responses to the VIP Volunteer Survey:** 100 responses from volunteers, consisting of 60 Females and 31 Males (undisclosed, n=9), 82% retired, 7% employed, 1% unemployed and 10% 'Other', age range 21 -75 + years.

C.Key findings

Total activity (April 2019-March 2020)

Total number of patients supported during VIP: 78

Total number of patient interactions recorded during VIP: 108 (not all patients needed a follow-up visit/call)

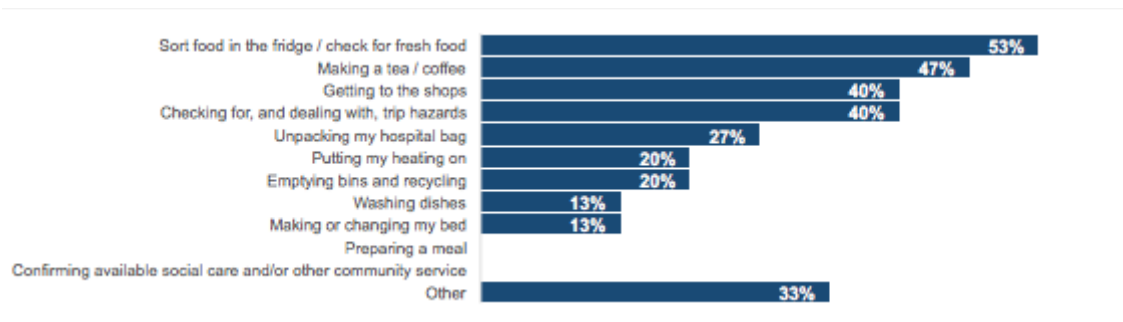
Total number of volunteers recruited into the role during VIP: 7 (plus 12 awaiting competencies)

Total number of volunteer hours recorded during VIP: 112

Note: The figures for patients presented above do not include patients supported by the driver service and during Covid-19.

Volunteer support to patients post discharge: Volunteers provided support to patients in a number of different ways, from checking the fridge for fresh food (53%), to checking for tripping hazards in the patients' home (40%) and putting the heating on ensuring that patients are comfortable (20%). Graph 1 shows a breakdown of the activities undertaken by volunteers as part of the Settle in Service as reported by patients.

Graph 1: Activities completed by volunteers at patient's home



Other activities included: picking up car from G.P., helping with feeding pump, tidying, Hoovering.

1) *Does the 'Settle in Service' improve the patient experience post-discharge?*

(NOTE: Results should be interpreted with caution due to small sample size)

Volunteers contribute to delivering a good patient experience post-discharge

When patients were asked to think about their discharge experience and say if they would recommend their hospital to family and friends who needed treatment, 73% of patients surveyed agreed/strongly agreed. The data also suggests that patients felt more informed and less worried at discharge. Almost all patients surveyed (93%) knew who to inform if they were worried about their condition. This score is 18% higher than the equivalent score recorded in the trusts' Adult Inpatient Survey (2019) result. In addition, the majority of patients using the Settle in Service were clear on what they should, or should not, do after leaving the hospital (86%). Again, this is higher (21%) than the trusts' Adult Inpatient Survey result for the same question. These high scores may have contributed to the patients' positive experience post discharge. (NOTE: We do not have information on whether patients surveyed as part of the Adult Inpatient Survey (2019) received any support from volunteers post discharge due to this survey being anonymous).

2) *Is the Settle in Service effective in signposting discharged patients to community resources?*

No patients indicated that they were helped with 'confirming available social care and/or other community services' when they responded to the VIP Patient Survey. However, the

small sample size and a possible lack of understanding of the question, or unwillingness to answer, amongst the cohort of patients assisted by the service, means that this is unlikely to be a true reflection of the signposting role of the volunteers. Settle in Service volunteers were asked to record their signposting activities, in the pre-Covid-19 period and once Covid-19 had arrived, and the available data highlights the types of signposting which occurred.

Food support was a common reason for signposting throughout the duration of the programme. Welfare calls formed a very prominent part of the signposting support available from volunteers after the arrival of Covid-19.

Pre Covid-19 signposting support

- 1 patient signposted to a food bank
- 3 patients signposted to Age UK for befriending
- 21 patients signposted to Red Cross for Food Support

Covid-19 signposting support

- 16 welfare calls
- 6 patients signposted to Red Cross for Food Support
- 1 patient signposted to cromer care group for food support
- 1 patient signposted to Norfolk County Council for transport support

3) Does the Settle in Service save staff time (allowing them to care for more patients)?

NOTE: Benefits in relation to saved time for staff were agreed to be negligible, so a methodology for recording time saved was not developed.

4) Does the Settle in Service reduce the risk of 48 hour readmissions?

Although, there is research evidence available from organisations, such as the Royal Voluntary Service, which suggests a link between the basics of home health and fewer readmissions for patients who are discharged from hospital, it was not possible to demonstrate that the N&N Settle in Service had an impact on readmissions. This was despite the fact that volunteers follow a checklist which requires a focus on key home health risks such as checking for trip hazards, putting heating on, checking for food in the fridge, and helping with washing.

The 48-hour readmissions data for the Trust for the two years that was analysed (April 2018-March 2020) remained largely consistent at 1% of total discharges and no correlation between readmissions and volunteer activity could be identified in the data. The relatively small number of patients supported by the service in their homes post-discharge as a

proportion of total hospital discharges is likely to be a key reason for this. It is also important to reflect on the wide range of factors that can lead to a hospital readmission. The volunteers can only contribute to a reduction of risk in a handful of these areas.

In order to draw any definitive conclusions in relation to readmissions, the scale of the service would probably need to increase and ideally longitudinal data for specific patients who are supported by the service would need to be tracked. It would be sensible to look at how many readmissions occur within 24 hours, 48 hours, and 72 hours of discharge.

Additional insights

Volunteers support patient wellbeing post-discharge

(NOTE: All patients who received support from this service lived alone. The small patient survey sample size, highlighted above, means that findings presented below should be treated with caution)

Data from the patient surveys indicates that volunteer support can improve patient wellbeing post-discharge by helping patients to feel safer when at home. Indeed patients using the service generally felt:

- Safer when at home (57%) compared to at the time of discharge (12%);
- Less lonely post discharge (17% feeling lonely) compared to at the point of discharge (33% feeling lonely)
- Less frightened (0% feeling frightened soon after discharge, 20% at time of discharge)
- More reassured when at home (38%) compared to at the time of discharge (28%)
- More supported at home (33%) compared to at the time of discharge (20%).

Although it would not appear to be unreasonable to assume that volunteer support has contributed to these positive results, the absence of any comparative data for patients who did not receive the Settle in Service could mean that such outcomes have little, or nothing, to do with the volunteers. They may just be the normal reaction amongst patients who have returned home from hospital.

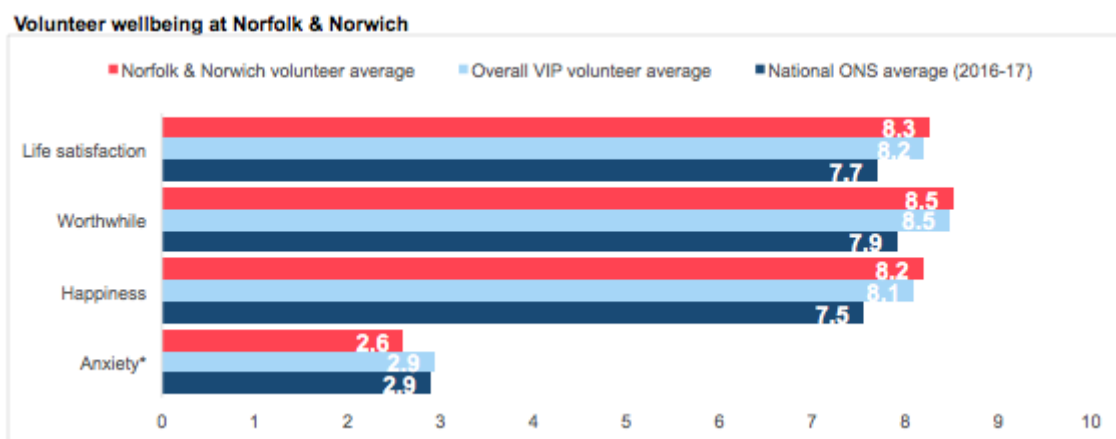
"I like the Settle in Service for many reasons. Patients are very grateful for your support when arriving home. I love being able to reassure patients and reduce their anxiety. This gives me great pleasure in knowing I've made a difference." Volunteer for the 'Settle in service'

Volunteers have improved wellbeing

Volunteers at the trust scored significantly higher on life satisfaction, life feeling worthwhile and happiness compared to the national average with statistically significant differences (**P 0.001** for Happiness & life feeling worthwhile, **P 0.004** for life satisfaction). Volunteers also reported low scores on anxiety suggesting that they feel less anxious. This score was lower than the VIP volunteer average and the National ONS average. See Graph 2 for comparisons from volunteers from the Settle in Service compared to the overall VIP volunteer average and the National ONS average. (**NOTE:** We cannot say whether these results occurred due to volunteering or whether there are other influences contributing to them).

Finally, a large number of volunteers (75%) felt that volunteering has increased their confidence and given them a sense of purpose (95%) which may help to improve wellbeing.

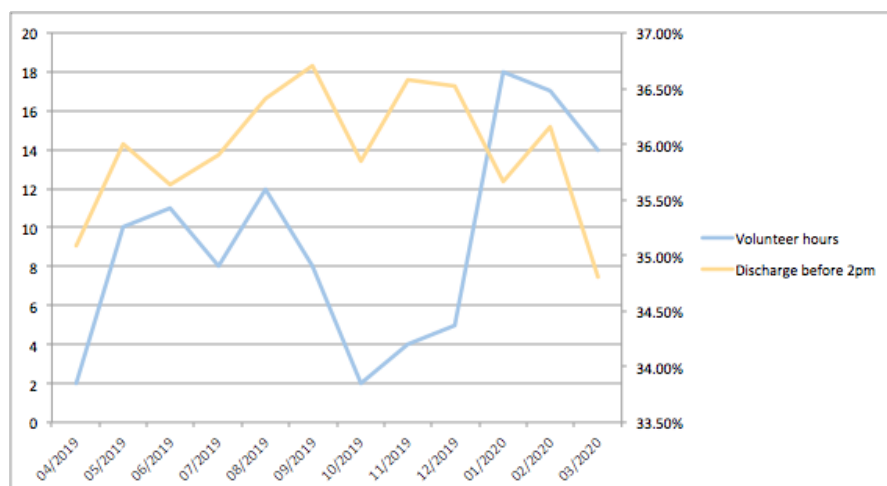
Graph 2: Comparison on scores of life satisfaction, worthwhile and happiness between Norfolk & Norwich volunteers, the VIP trusts and the National ONS average



Volunteers are more active when there is a higher number of discharges before 2pm

The data shows that, in the main, when there is a high number of discharges before 2pm, there is a high number of volunteer activity (measured in hours) – and vice versa. See Graph 3 for relationship between discharges before 2pm and volunteer hours. This is unsurprising given that the current volunteer service is largely reactive, with volunteer support primarily focussed on those who are ready for discharge / those who have been discharged.

Graph 3: Discharges before 2pm and volunteer hours



Although it wasn't a prioritised outcome for the service, data on discharges before 2pm was provided by the trust, and the data was analysed to see if there were any patterns. Analysis of surveys from patients who have received the support of a 'settle in' volunteer at N&N indicates that more than 50% left hospital before 2pm (n=15) but it was not possible to see any trends of increased pre-2pm discharges at a Trust level. At the Trust level, the monthly rate of patients discharged before 2pm remained between 33 and 37% for the two years between April 2018 and March 2020. Again, this is unsurprising given the nature of the service. As well, in this situation, we would expect discharge times to continue to be largely determined by factors outside the control of volunteers, such as pharmacy delays. Some anecdotal evidence from staff at N&N suggests that volunteers are helping to prevent unnecessary overnight stays, but data was unavailable to validate this.

"This service (Hospital to Home) has allowed my patient to go home earlier with their equipment and prevented another overnight stay." Occupational Therapist, Norfolk and Norwich

Considerations for the volunteering team

Whilst most volunteers (95%) would recommend N&N as a place to volunteer to their family and friends, there were a few volunteers (4%) who were neutral (neither likely or unlikely) and 1 volunteer (1%) who was unlikely to do so.

D. Conclusions

In summary, the insight and impact work completed on the N&N Settle in Service shows the difference volunteers can make to patients leaving hospital. The volunteers enhance patient

experience post discharge by providing support to patients when they return home after a hospital stay, which helps patients feel safer and more supported.

As well as benefiting patient experience and wellbeing, volunteers also benefit, as seen in the high scoring against satisfaction with life and improved wellbeing.

Acknowledgements

Helpforce would like to acknowledge the hard work and dedication shown by the voluntary services staff (Troy Smith, Sally Dyson and Charlotte Evans) and volunteers for organising and running this innovation.

References

1. Adult Inpatient Survey (2019) - Adult Inpatient Survey 2019 - <https://www.cqc.org.uk/publications/surveys/adult-inpatient-survey-2019>
2. Royal Voluntary Service (2020). Support Leaving Hospital. Royal Voluntary Service. - <https://www.royalvoluntaryservice.org.uk/our-services/hospital-support/support-leaving-hospital>

E. Appendices

Appendix A - Norfolk & Norwich Patient Discharge Survey

NUH Settle in Service Survey

The Norfolk and Norwich NHS Foundation Trust in partnership with Helpforce is conducting a survey on behalf of the Trust Settle in Service. Helpforce is a not-for-profit organisation that aims to accelerate the growth and impact of volunteering in health and care, in close collaboration with this hospital. You are under no obligation to participate in this survey as it will not affect your treatment, but it would greatly help to improve our service if you participated. The survey will not collect information that identifies you as an individual and is entirely voluntary. We appreciate any feedback that you give us.

This survey is aimed at better understanding your experience in hospital and your discharge back home.

The questions being asked will be used ONLY for the purposes of this survey and will be shared between the Norfolk and Norwich NHS Foundation Trust and Helpforce. The data will be analysed and written up as a report. This report will be made available to the hospital. It may also be made available to the public through Helpforce or any of its partners such as NHS England. Participants will not be identified at any point. If you have given your contact information, this will not be recorded.

We will complete these surveys by telephone and therefore we will require you to sign to consent to this information being gathered over the phone. You are able to withdraw this consent at any time before you complete the survey.

helpforce



.....

I,, am happy to be contacted by telephone to complete the settle in service survey.

Signature.....

Date.....

Part 1: At the point of discharge - in hospital

[FOR staff or volunteer to complete]

About You - age and sex - please circle

1. Age	18-24	25-34	35-44	45-54
	55-64	65-74	75-79	80-84
	85-89	90-94	95-100	100+
2. Sex	Male	Female	Other	Prefer not to say

3. Length of stay in hospital:

Less than a week - 6 days	Between 7 to 14 days	Between 15 to 30 days	Over a month or more
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4. What time did the respondent leave hospital?

- a) Before lunchtime - 14:00
- b) After 14:00 but before 18:00
- c) After 18:00

5. Does the respondent live alone:

- Yes
- No
- Don't know

To ask respondent

5. Please ask the respondent how they are feeling about going home; ask them to **circle three words** which best describe their emotions about going home. Also please capture any quotes / comments they make about going home.

<u>Discharge from Hospital</u>
Happy
Supported
Safe
Ignored
Reassured
Un-informed
Frightened
Comfortable
Worried
Lonely
Well informed
Uncertain
Other comments:

Part 2: At home - following volunteer support - a few hours after discharge (same day)

1. Please ask the respondent how they now feel about being at home; ask them to **circle three words** which best describe their emotions about being at home. Also please capture any quotes / comments they make about going home.

<u>At home</u>
Happy
Supported
Safe
Ignored
Reassured
Un-informed
Frightened
Comfortable
Worried
Lonely
Well informed
Uncertain
Other comments:

Part 3: 72 hrs post discharge [to be completed over the phone]

For staff or volunteer to ask respondent

1. What support did you get from the from the Settle In Service?
 - Sort food in fridge / check for fresh food
 - Getting to the shops
 - Making a tea/coffee
 - Preparing a meal
 - Making or changing my bed
 - Unpacking my hospital bag
 - Putting my heating on
 - Checking for, and dealing with, trip hazards
 - Emptying bins and recycling
 - Washing dishes
 - Confirming available social care and/or other community services
 - Other (free text) _____

2. Please ask the respondent how they now feeling now; ask them to **circle three words** which best describe their emotions. Also please capture any quotes / comments they make about going home.

<u>At home</u>
Happy
Supported
Safe
Ignored
Reassured
Un-informed
Frightened

Comfortable
Worried
Lonely
Well informed
Uncertain
Other comments:

3. Can we ask you about your thoughts on these questions related to your recent hospital stay:

i. When I left the hospital, I had all the information I needed to be able to take care of myself	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know/ Don't Remember/ Not Applicable
ii. When I left the hospital, I was confident I could actually do the things I needed to do to take care of my health	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know/ Don't Remember/ Not Applicable

(source: Care Transitions Survey)

4. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital? (source: NHS Inpatient Survey)

- Yes
- No

5. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital? (source: NHS Inpatient Survey)

Yes	No	Don't know / can't remember
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6. Thinking about your discharge experience ... How likely are you to recommend this service (e.g. **your hospital**) to your friends and family if they needed similar care or treatment? (please tick one box)

Extremely unlikely	Unlikely	Neutral	Likely	Extremely likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you have any feedback or comments on the 'Settle In Service' ? Probe - what is good about the the service? and what can we improve on?

Please provide exact quotes if possible.

Appendix B - VIP Volunteer Survey

Short Volunteer Survey - Please tell us about your volunteer experience? ... 2 minute survey

Volunteer participation information sheet

We are very pleased that you have agreed to complete the survey. This information sheet explains why the survey is being carried out and what it will involve. We would be grateful if you could read the following information carefully. Please contact us if anything is unclear or if you would like more information.

What is the purpose of this survey?

This survey is aimed at better understanding your volunteering experience and the impact volunteering may have on you. The findings may also help us to further improve the volunteer services in healthcare settings.

Who is organising this research?

This research is organised by Helpforce (www.helpforce.community), a not-for-profit organisation that aims to raise the profile of volunteering in health and care across the UK, in close collaboration with the hospital you volunteer at.

Do I have to take part?

Participation in this survey is entirely voluntary. If you take part, your consent is implicit. This means that you give your consent by filling in this survey and submitting it. However, you are free to withdraw at any time and without giving a reason. The survey consists of questions about your volunteering activities, experience, and how you are feeling.

Will my taking part in the survey be kept confidential?

The survey team will follow ethical practice. The participation of all those taking part will be entirely confidential. Your survey responses will not affect your volunteer role in any way. All data is anonymised, securely stored and treated as confidential at all times.

What will happen to the results of the study?

The data will be analysed and written up as a report. This report will be made available to the hospital. It may also be made available to the public through Helpforce or any of its partners such as NHS England. Participants will not be identified at any point. The data collected is for research only, it will not be used for any other purpose. If you have any questions or wish to provide any feedback about this survey, please contact: Dr Allison Smith at as@helpforce.community

Thank you again for taking part in this study.

1. How often are you currently volunteering in the hospital or for the hospital?

- ☐ At least once a week ☐ Less than once a week but at least once a month
☐ Less than once a month ☐ Other (please specify): _____

2. Approximately how many hours do you currently spend volunteering in the hospital or for the hospital in an average month?

_____ hours

3. What activities do you undertake when you volunteer in the hospital or for the hospital? Tick all that apply

- ☐ Helping to mobilise patients, e.g. to get dressed and move around
☐ Helping out on wards during mealtimes, e.g. encouraging patients to eat, passing them a drink
☐ Providing companionship or mental stimulation to patients, e.g. visiting people for a chat, play cards, share music/books
☐ Supporting patients to leave hospital and settle back at home
☐ Supporting staff or patients with tasks, e.g. picking up prescriptions, moving patients around within hospital
☐ Leading activities and social activity groups to support patients with long-term conditions, e.g. dementia, stroke
☐ Restraint debriefs (mental health)
☐ Handholding & comforting - in theatre/surgery
☐ Other (please specify): _____

4. How likely are you to recommend volunteering at the trust to friends and family if they wanted to volunteer? Tick one

- | | | |
|---|---|---|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Likely | <input type="checkbox"/> Neither likely or unlikely |
| <input type="checkbox"/> Unlikely | <input type="checkbox"/> Extremely Unlikely | <input type="checkbox"/> Don't know |

5. We would like to better understand aspects of your wellbeing. There are no right or wrong answers. For each of these questions I'd like you to give an answer on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".

a. Overall, how satisfied are you with your life nowadays?	0	1	2	3	4	5	6	7	8	9	10
b. Overall, to what extent do you feel that the things you do in your life are worthwhile?	0	1	2	3	4	5	6	7	8	9	10
c. Overall, how happy did you feel yesterday?	0	1	2	3	4	5	6	7	8	9	10
d. On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday?	0	1	2	3	4	5	6	7	8	9	10

6. On a scale of 1-10, (where 1 is disagree and 10 is agree) please rate how you feel about the following at the moment. Please circle.

	Disagree										Agree	N/A
a. My volunteering gives me a sense of purpose	1	2	3	4	5	6	7	8	9	10		N/A
b. My volunteering has increased my confidence	1	2	3	4	5	6	7	8	9	10		N/A
c. My volunteering has increased my ability to get paid work	1	2	3	4	5	6	7	8	9	10		N/A
d. My volunteering at the hospital has increased my interest in pursuing a career in health and care	1	2	3	4	5	6	7	8	9	10		N/A
e. My volunteering at the hospital has increased my interest in working for the NHS	1	2	3	4	5	6	7	8	9	10		N/A

7. How interested are you taking up a career in health and care/NHS? (Please circle)

A. I have recently taken steps to take up a career in health and care (e.g. job search, job applications, discussions with key professionals)

• I have not yet taken any steps to take up a career in health and care (e.g. job search, job applications, discussions with key professionals) but plan to shortly

• I have not taken steps and have no intentions to do so in the near future

• Not applicable

8. To what extent did your volunteering in this hospital motivate you towards a career in health and care/NHS? (Please circle)

A. I am not considering a career in health and care

- To some extent although my main motivation came from elsewhere
- My volunteering was the main motivator towards a career in health and care
- Not applicable

We would like to know a bit more about you so that we can compare the experiences of different types of volunteers.

7. About you

a. Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to say			
b. Orientation	<input type="checkbox"/> Hetersexual/straight	<input type="checkbox"/> Gay/lesbian	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say	
c. Age:	<input type="checkbox"/> 16-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50	<input type="checkbox"/> 51-60	<input type="checkbox"/> 61-74
	<input type="checkbox"/> 75-84	<input type="checkbox"/> 85 and over				
d. Status:	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student		<input type="checkbox"/> Retired	
	<input type="checkbox"/> Other					

8. What is your ethnic background?

<u>White</u>	<u>Asian/Asian British</u>	<u>Chinese and other ethnic background</u>
<input type="checkbox"/> British	<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Any other ethnic background (please specify)
<input type="checkbox"/> Any other White background	<input type="checkbox"/> Bangladeshi	
<u>Mixed</u>	<input type="checkbox"/> Any other Asian background	
<input type="checkbox"/> White and Black Caribbean	<u>Black/Black British</u>	
<input type="checkbox"/> White and Black African	<input type="checkbox"/> Caribbean	
<input type="checkbox"/> White and Asian	<input type="checkbox"/> African	
<input type="checkbox"/> Any other mixed background	<input type="checkbox"/> Any other Black background	

9. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?

☐ Yes ☐ No ☐ I would prefer not to say

Thank you again for taking part in this study.