NHS
Greater Manchester

An NHS Fit for the Future: Happy, Healthy Lives

Engagement Report

3

Part of Greater Manchester Integrated Care Partnership

Contents

1. Introduction and Background

NHS Greater Manchester (NHS GM) launched a public engagement programme in June 2024, ending in March 2025. This public conversation was designed to inform and involve people about the challenges NHS GM faced in delivering the Greater Manchester Integrated Care Partnership Strategy for 2023 to 2028. The findings will be used to inform how NHS GM can make the NHS in Greater Manchester fit for the future.

Phase one was about promotion and awareness of the public engagement programme and signing people up to be involved in phases two, three and four.

Phase two focused on finance and efficiencies. Phase three was about making our services great, and this report contains the findings of phase four of the programme, entitled 'happy, healthy lives', which focussed on wider conversations about what keeps people well.

This included questions about using NHS services like screening and vaccination programmes and questions about what's going on in their daily lives that affects their health for better or worse. We also wanted to hear their thoughts about NHS Greater Manchester shifting towards preventing sickness and not just treating it.

All of the reports will be available to view on the NHS GM website on the Fit for the Future webpage. Printed copies can also be requested by contacting the engagement team by phone: 07786 673 762, by email at: gmhscp.engagement@nhs.net or by writing to: NHS GM engagement team, NHS Greater Manchester, Tootal, 56 Oxford St, Manchester, M1 6EU.

Image 1: A stall in a community venue

2. Aims

To achieve the ambitions in the GM Integrated Care Partnership (ICP) Strategy, NHS GM needed to work together with staff, stakeholders and communities to bring in views, experiences and ideas to help create an NHS fit for the future of Greater Manchester against a backdrop of three main challenges (image 2):

- Financial balance. Making the most of NHS GM's money to bring the local NHS finances into balance, making savings where it can.
- Great Services. Making services easier to access with shorter waiting times and fairer for everyone.
- Happy, healthy lives. Focussing on supporting people to live happy, healthy lives by preventing illnesses, where possible, or identifying them earlier.

This report focusses on engagement and conversations about the third challenge – happy, healthy lives.

Image 2: Fit for the future three challenges

3. Approach

The NHS GM engagement team directly engaged over 300 individuals and communities across the ten Greater Manchester localities in different ways over a period of approximately ten weeks. This included face-to-face work at over 20 group meetings and public events, through online discussions on Microsoft Teams, running conversations on social media, and by using an online survey which 136 people completed.

Those who took part included members of the public, health and care workers, and volunteers. We targeted engagement with people from diverse backgrounds including learning disability groups, those living with mental health conditions, women's groups, a men's group, with places of worship such as mosques and with the Chinese community.

A total of 21 social media posts were published on the NHS GM social media platforms (Facebook, X, Instagram, LinkedIn) with over 30,000 people reached in this way.

In addition, staff and organisational stakeholders were kept informed and encouraged to share information and engagement opportunities through regular briefings and newsletters.

Table 1: Numbers of people reached and/or engaged with

Method of engagement	Public engagement numbers
Online survey	136 responses
Groups and meetings (online and in person)	241 people across 21 locations
Social media (21 messages posted)	31,184 people reached across 21 posts
Stakeholder briefing communication	1500+ people on the distribution list
Keep Connected staff newsletter	1500+ people on the distribution list

4. Accessibility

To enable as many people as possible to take part, engagement resources were developed in several formats and people were engaged with in different ways to suit their needs wherever possible. This included:

- Easy read and British sign language (BSL) versions of documents.
- A range of ways to give views including email, SMS, WhatsApp or over the telephone, supported by members of the engagement team.
- Outreach to community groups representing protected characteristics with support from the voluntary, community, faith and social enterprise (VCFSE) sector.
- Attending public spaces such as shopping centres and libraries.

Equality analysis was carried out periodically during this phase to understand the groups reached, the gaps and where to target.

Some examples of the groups and types of people engaged with in this phase include a community radio station for diverse communities who work with members of the Chinese community. The engagement team attended a Mosque to speak and listen to the views and experiences of people who practice the Muslim faith. The mosque has a very high footfall, with all age ranges represented. The younger people at the mosque, aged 15 – 25, were particularly interested in the work of the NHS and were keen to share their views. There was representation from several ethnic groups such as Pakistani, Indian, Black British and other Black ethnicities.

Image 3: Khizra Mosque Engagement

5. Findings

Most of the questions the public were asked focussed on what keeps people well. This included questions about using NHS services like screening programmes and vaccinations, as well as questions about what happened in their daily lives which made an impact on their health, for better or worse.

We asked about what additional support people might need to have better physical and mental health, about prevention services and also what were their priorities for the NHS.

People were also asked about what they believed to be the responsibilities of the NHS for prevention and what should be the responsibility of other partners in the wider system. This will help us when directing our efforts to ensure people can live happy, healthy lives.

A full list of the questions asked via the online survey, at public engagement opportunities and on social media can be found at Appendix A of this report.

Although the main topic in this phase of work was promoting staying well, the engagement team also asked people what makes it harder to stay well and where else they go for support and information.

It is notable that a considerable amount of the feedback gained was around pressures on personal finances, the cost of living and work life balance, and how these impact negatively on individuals' ability to stay well. This included being able to provide a warm and secure home for their family and to be able to afford healthy food or the opportunity to exercise. Overall, the responses indicate that people feel weight management is an important aspect of prevention, but they face barriers related to cost, accessibility, and the adequacy of support services.

A clear message was that people valued and wanted more opportunities to engage, to learn and seek advice, to socialise and to be heard by healthcare services.

There was lots of positive feedback on vaccination and screening opportunities, and there wasn't a strong view of reducing any of these services but rather comments on how to expand these to increase prevention of ill health.

Some expressed a willingness to receive vaccinations and appreciate the protection they offer. For example, one person mentions being pleased to accept flu and COVID jabs to protect aged people while another stated that they always get any vaccines offered, including flu and COVID vaccines, which are now really easy to access.

It should be noted that, overall, members of the public found it much more difficult to offer a view on the subject of prevention, compared to questions in earlier phases, especially around access to services. This may be because 'prevention of ill health' is a wide ranging and somewhat abstract idea to most people compared to 'going to see a GP'.

Therefore some of the feedback wasn't strictly 'on topic' as people tended to revert to what they have personal experience of. For future work, this suggests that deliberative methodologies where people are talked through the issues in some detail are likely to result in more informed opinions.

There were some strong themes around accessibility, whether that be of places and transport or the lack of information available in a variety of languages, or catered to, specific types of people or conditions. In terms of how to live a happy and healthy life, the following themes were evident.

5.1 Access to healthcare

In summary, improving access to a GP, healthcare professional or health advice and information was a strong theme in this phase of engagement. Overall, while many respondents engaged with available health services, there were notable gaps in service provision and communication that affected their experiences. The majority of participants felt that vaccinations and screenings were one of the main sources of the prevention of ill health.

Access to a GP or health professional

People told us that it was very important for them to be able to see a GP or healthcare professional either within their GP practice or a hospital setting. Patients stated that they would like it to be easier to contact their GP practice for healthcare advice, early detection of conditions or monitoring of an existing problem, to obtain an appointment, or to obtain a referral onto another service within a realistic timeframe.

“Getting help and advice quickly and easily. I like using the pharmacy rather than making a doctor’s appointment. Having regular check-ups with my consultant for ongoing conditions”,

“Having access to healthcare i.e. it is easy to access and not difficult like it currently is, or indeed non-existent”

Several participants highlighted long waiting lists for mental health support, which often results in missing the critical moment of need. Several people mentioned the need for better access to mental health services, such as talking therapies, free mindfulness apps, free yoga sessions, and easier access to therapy services in general. Others felt that mental health support should be more about self-help rather than accessing professional services such as bereavement services.

There were concerns about the quality of mental health services, with one person describing the services as "*very poor*," citing a tragic personal experience where their daughter took her own life while under care. Inequity in accessing mental health services was also cited, with another respondent noting that those who can afford to pay for private services do so, which creates disparities.

There were also references to wanting competent healthcare professionals who listen and take patients' concerns seriously.

“Being listened to, medication is not always the answer”

“Staff that actually care, competent consultants who listen and not send mentally ill patients

home too soon. Those that are on wards to listen to patients and take threats to kill themselves very seriously! Too many young adults are dying because of failing services!"

Regarding prevention of ill health, the lack of timely and adequate mental health support has been reported to affect overall well-being and work ability, as mentioned by one participant who has not had a necessary consultant appointment for over two years.

Respondents frequently mentioned the importance of vaccinations, with many expressing gratitude for receiving flu and COVID-19 vaccines, although some still had concerns about side effects. Health checks and screenings were generally valued, particularly for cancer and diabetes, but there were concerns about accessibility and age restrictions, especially for mammograms and bowel screenings. Some responses did not explicitly mention feelings towards vaccinations but indicated participation in vaccination programmes as part of their healthcare experience.

"I had the flu vaccine when pregnant and it was good to be protected."

On the theme of prevention, the responses suggest that some individuals feel that cancer screening services could be more proactive and accessible, with a desire for earlier and more frequent screenings. Additionally, one lady told us that they she was required to instigate cancer screenings herself as she was now over 71, which she found strange given the increased prevalence of cancer with age.

"Are older people less likely to get cancer or does it not matter if they do?"

Language barriers and the need for interpreters were highlighted as issues affecting participation in health services. Some respondents noted difficulties in accessing services due to inflexible appointment times and caring responsibilities. Concerns about the availability of dental services and support for weight loss were also mentioned.

Respondents frequently expressed dissatisfaction with the current healthcare system, particularly the GP appointment process, which was seen as outdated and inconvenient. A lack of continuity in care was also a theme. There where calls for more investment in nursing, including bringing back bursaries to encourage young people to enter the profession. Concerns were raised about the accessibility of healthcare services for people with disabilities, including the lack of accessible cancer screening for wheelchair users and the underutilisation of health passports.

Overall, there was a strong sentiment that the NHS should focus more on prevention and encouraging personal responsibility for health. Responses evidenced concerns about the pressure on NHS resources and overall, there was a sense of frustration with systemic issues and a lack of trust in promised improvements.

Community services

People told us that they place value on services being provided close to home in their community, provided by qualified staff who are well connected to other services. However, they expressed concerns that more often staff are behind computers or buried under piles of bureaucratic paperwork. Respondents valued staff being visible in the community, building

relationships with patients, and investing time and energy in supporting patients to make positive changes.

Respondents frequently mentioned the importance of community engagement and the need for more inclusive and accessible events which promote happy, healthy lives. Many highlighted the value of having events at local community hubs, libraries, and religious centres, which are seen as trusted and familiar spaces. Additionally, the need for better communication and collaboration between different community groups and service providers was highlighted to enhance the effectiveness of these engagements. Respondents frequently mentioned the need for more inclusive events that cater to diverse groups, such as older people and those with specific health concerns.

People also expressed a desire for more opportunities to share family experiences and be heard by services, suggesting a need for platforms that facilitate open dialogue and support. Several people highlighted the significance of religious and cultural gatherings, such as Friday prayers at mosques, as key opportunities for direct engagement. There was also a call for more targeted support for families and for those with 'silent voices' within the community, indicating a need for mechanisms that allow underrepresented groups to express their concerns.

Access to necessary services and facilities in communities, such as public toilets and social care, was also mentioned as important for maintaining well-being.

Image 4: Engagement at British Muslim Heritage Centre

Information and advice

People referred to the need to have access to information and advice to support them to be able to live happy and healthy lives, but they were not always aware of where this information can be obtained from. Suggestions included having a monthly newsletter or printed information in local libraries. There was concern highlighted that sometimes it is difficult to find out information if you are not digitally enabled. Pharmacies were frequently mentioned as a valued source of advice.

Mental Health and Well-being

People placed a lot of emphasis on the importance of community and social support groups to maintain good mental health, with people talking about the value of social groups, running clubs, and local craft groups to support them to maintain good mental health and well-being.

"A local Hub for local areas where senior citizens can meet to socialise, learn new skills, hear speakers, attend exercise classes etc."

There was also mention of the value of having access to green spaces, fresh air, and the countryside as being beneficial for mental well-being. Many people mentioned that exercise and being outside supports them to maintain good mental health, however for some people this isn't always possible due to a lack of facilities or their opening hours.

"Access to well-being activities for people that work unsociable hours and not business hours".

People talked about the social isolation that started in Covid and how this has continued for them. Some said they had a lack of awareness of what activities are available to reduce loneliness.

"I have much more limited social contact and support networks since Covid. I feel quite lonely and socially isolated a lot of the time which affects my mental health".

Financial stability and support were mentioned as impacting on people's mental wellbeing. Work-related factors were also a recurring theme, with respondents seeking a happy work-life balance, supportive employers/managers, stress-free jobs, and opportunities to explore new skills. People also referred to affordability of services like childcare. This theme is discussed in more detail further down the report.

Overall, the responses suggest a desire for a holistic approach to mental health support that includes community engagement, financial stability, accessible mental health services, holistic therapies and a supportive work environment which support people to reduce stress and stay mentally well.

Internet/Technology/Social Media

The lack of availability of easily accessible advice led many people to use the internet to obtain information and advice on staying well, there was reference to people using Government websites as a trusted source of information.

"*The internet has lots of resources, local leisure centres, friends and family or community groups*", and "*social media - support groups for long covid on Facebook, accounts on Instagram. Online - websites including NHS but others too. Ask my GP (especially in relation to long covid) but don't generally get anything useful back.*"

The internet was a popular resource, although some expressed a distrust in it. Social media platforms like Instagram were used for specific purposes such as exercise routines. Some respondents preferred official sources like the NHS website over general internet searches.

Some people talked about using social media platforms such as Facebook and Instagram to get advice on staying well and access support groups. Many people stated they listen to podcasts on well-being advice and other health related topics. Some people referred to using newspapers and television to obtain advice, along with speaking to friends and family.

Transport and the environment

Some people referred to difficulties with transport preventing them from accessing services that can support them to stay well. One woman referred to not feeling safe to go out on her own –

"*Litter and streets not feeling safe as a woman to go out for a walk alone*".

The lack of adequate transport links and parking facilities at hospitals were common concerns, affecting timely access to healthcare services.

5.2 Opportunities

The following themes were found in relation to having the opportunity, or lack of opportunity to do things which would contribute positively to a healthy, happy life. Overall, physical activity, healthy eating, financial stability, and social support emerged as the main themes across the responses.

The environment, exercise and healthy food to maintain good physical health

Many people cited having access to clean, open spaces to exercise and support weight management as being helpful to maintain good physical health. Some women stated that having access to more gender specific gyms would help them to be more physically active.

"Having more facilities available such as aerobics groups and women only groups for other exercise classes"

There were several comments that specifically referred to having access to more information about cycling and walking routes that are safe and have clean air, with well-maintained footpaths away from roads to support safe activities for children and families.

"Accessible routes for walking or cycling. Flat, even pavements with lowered curbs without cars parked on them. Most residential areas walking paths are not accessible for anyone who uses any kind of walking support or has a pram or child with them".

Others referred to the importance of exercise, such as swimming to help to manage long-term conditions and disabilities better.

"*I had a heart attack and the operation and after care have all been outstanding. I have been guided through physio and have maintained the exercises to diminish the chances of another heart attack*"

People referred to barriers such as lack of time, low pay and poor work life balance that prevent them from being able to access exercise.

"*Being paid more, so I don't have to work as much, then [I] can afford healthy eating/exercise opportunities".*

A number of people referred to wanting access to affordable healthy food, however many people told us that food is very expensive, and it is not always possible to make healthy choices. In contrast to that however, some people felt it was more about education for healthy eating and that healthy food did not need to cost a lot of money.

"finances - money pays bills so I can eat and stay warm and safe"

"Money which provides warm home, good food, less stress"

"*Finances and being able to take breaks / holidays*".

In terms of preventing ill health, based on the responses provided, people's feelings about weight management varied and reflected a mix of challenges experienced and desires for support. Several people expressed a need for more accessible and affordable options to support weight management, such as free or discounted gym memberships and support with weight loss through exercise classes. There were also calls for a more compassionate approach to weight management, recognising the need for understanding individual circumstances and providing tailored support.

A few people did indicate dissatisfaction with current weight management services, citing a lack of effective support and understanding from healthcare providers. This suggests that while there is a desire for better weight management support, there are clearly gaps in the availability and quality of existing services.

Voluntary and Community, Social Enterprise and Faith organisations

People referred to the value of Voluntary and Community, Social Enterprise and Faith organisations, and organisations such as the Citizens Advice Bureau and how these places offer support and advice.

"*My personal approach to staying well apart from using the NHS is that I rely on community groups, local clubs, and online resources for health information and support*".

Community resources such as community centres, churches, mosques, and local hubs were also commonly cited as places for seeking help and information. There was a call for more support groups for people with long-term conditions and disabilities, with a need for social prescribers to be more active in local communities. Specific communities, such as the d/Deaf

community, highlighted the importance of tailored services and gatherings but often had their own support groups.

Others referred to going to places of worship such as mosques for support and advice. A few people stated that they would seek advice from their local gym or libraries, valued for providing a sense of belonging and support. Additionally, some respondents highlighted the role of religious practices and faith in their well-being.

Social Interactions and Friends and Family

Social connections, such as the support of family and friends, were also identified as vital for staying well. A few people pointed out the significance of taking personal responsibility for their own wellbeing. Social connections with family and friends, as well as engaging in meaningful activities, were seen as vital for living a happy, healthy life.

Image 5: Whitefield Ladies Group Engagement Bury

5.3 Financial pressures

In summary, respondents were confident at naming contributors to poor health, including a diet of processed or fast foods alongside a lack of exercise but felt that there were factors which limited them from participating in healthy choices. These included low incomes and the influence that this can have on food choices, availability of exercise and having the time to prioritise both diet and exercise due to working long or unsociable hours.

Poor health choices

Many people talked about the financial pressures which limited their ability to make the right choices. One person also referred to pressures on time which inhibited their personal responsibility to stay well.

"In order to get specialist help, there is a financial burden. I don't have the money to get the help I need."

Respondents frequently emphasised the importance of affordable healthy food and having a warm, secure home as critical factors for maintaining physical and mental well-being. Many highlighted the need for better support for disabled individuals to remain in work and manage their health conditions effectively. Unhealthy eating habits were commonly mentioned, with fast food being a convenient but unhealthy choice due to its accessibility and perceived low cost.

The cost of living and rising bills were highlighted as stressors that contribute to poor health choices. Social factors such as loneliness and caring responsibilities were noted as barriers to health, with some respondents feeling unsupported in their roles as carers.

Work life balance

Work-life balance issues were prevalent, with many mentioning long working hours and stress as reasons for not exercising or eating well. Whilst people appreciate the need to work to ease the financial burden, they also talk about having a lack of time to eat well that encourages poor food choices such as takeaways.

"*Stress (overeating, lack of time, always rushing and making poor dietary choices*)"

People also refer to finding it difficult to exercise or practice self-care to keep them well due to working and a lack of free time.

"*Over work, less time to spend doing exercise/ treatment which would help me"*

"Limited time to exercise/practice self-care due to being an unpaid carer and working full time"

"*A lack of time to take a break / walk / sustained exercise".*

NHS vs wider system responsibility

Within the online survey, people were asked to scale a series of statements about how much responsibility they felt the NHS had (within the wider system) in contributing to elements of a healthy, happy life – based on the 'building blocks of health' model. The scale ran from 'a great deal of responsibility', 'limited responsibility' and 'no responsibility'.

The majority of the survey responses stated that the NHS has **no responsibility** for:

- making sure people can earn a living wage,
- had access to affordable public transport,
- feel safe in the place that they live,

- and that people could access places to connect with their friends.

The majority of the survey responses said the NHS had **limited responsibility** for elements such as:

- making sure people could access training and education responsibilities and access to work,
- that people can live in safe, dry, warm housing,
- that people can access healthy food,
- and that people can breathe clean air.

The survey showed that the highest percentage response in the scaling exercise was that 63.2% who felt that the NHS had **a great deal of responsibility** for providing access to advice about how to stay healthy and well. There was no other scaled question which showed a great deal of responsibility for the NHS in the areas stated.

This answer may partly reflect how people perceive the NHS as it is now – i.e. primarily a service for 'making people better'. Deliberative work drawing out the connections between the issues and healthcare seeking behaviours may help shine further light on this.

6. Conclusions

The engagement team set out to ask the public how the NHS can support them to live happy, healthy lives and it was told in return that access to services and information were the main barriers for people. This scaled from accessing a GP appointment to receiving information about a specific condition in the correct language.

The need for individuals to thrive in all elements of their daily lives to live happily and healthily was acknowledged, but it was felt that the NHS was not always best placed to influence each of those elements. People tended to focus on the responsibility that the NHS does have on providing access to healthcare professionals or advice about how to stay well.

There was generally a high level of satisfaction with vaccination and screening services, with support for more opportunities to be created in community hubs.

But there were barriers for people with additional needs such as disabilities, long term conditions or for whom English was not their first language. In these circumstances people tend to be supported by the voluntary, community or faith sector colleagues to navigate the health system, and without that support this would negatively impact on their ability to stay well.

A common conversation during the engagement with the public was around household financial pressures for people within Greater Manchester, and the impact that work-life balance, or a lack of finances can have on a person's overall wellbeing and ability to provide a warm, safe home for their families where they can eat nutritious food and engage in social activities or exercise.

Overall, people seemed to want the opportunity to take charge of their own wellbeing and to prevent ill health but felt there are factors in their wider lives which often inhibited this.

Image 6. Khizra Mosque Engagement

The nature of the engagement – relying in many cases on surveys and fairly brief conversations – precluded a more in-depth examination of the issues around prevention. However, this work might provide a useful baseline for what people think based on their typical understanding of the issues which we could then look to compare with views of people who have been immersed in the issues through a future deliberative process.

Key things to consider

Based on the insight gained in this phase of the work, commissioners should be especially mindful of the following key learning:

- The ICB and its partners may wish to review actions in helping address domestic money worries and precarity, as this has been shown to linked to ill health by a large number of respondents.

- Feedback showed a desire amongst many people to engage with services in support of their staying well. This supports the Live Well agenda and suggests people would value information but also the opportunity to be heard.

- Responses suggested people over-estimated the impact of healthcare provision on staying well, and under-estimated lifestyle and environmental factors. For a 'left shift' to take place, this suggests a dialogue with the public will be required.

- People we engaged with were more supportive of immunisations and vaccinations than we would have expected from current take up rates. Further, segmented work to understand different groups beliefs and behaviours on this topic may be helpful in supporting future programmes.

- Overall, there was a theme of people not being heard. The wider system may wish to give further thought to how we can more systematically capture and act on the voices of patients and the public, particularly through everyday clinical interactions.

- This phase of work demonstrated that the general public often feel less able to offer informed opinions about prevention than they are about receiving treatment, of which everybody has some experience. NHS GM's Engagement and Population Health teams may wish to give further thought to how deliberative methodologies might be used to help people shape our prevention work through by supporting more detailed, informed conversations.

7. Appendix A

NHS GM bank of engagement questions for Public Engagement

Phase 2: Happy, Healthy Lives	Q	Meetings, focus groups	Public outreach
To create a Greater Manchester where everybody can thrive, we need all of the right building blocks in place, like stable jobs, good pay, quality housing and good education. What are the things that would help you have good mental and physical health? Simplified for public outreach What are the things that would help you have good mental and physical health?	1	X	X
Intro The NHS does lots of things to help people stay well, such as cancer screening, cholesterol and blood pressure checks, stop smoking and weight loss programmes and vaccinations. Question Which of these types of services do you think are most important and why? Prompts Have you ever used any of these services? Vaccination, checks, cancer checks etc How was your experience? What stopped you from using this type of service?	2	X	X
Apart from the NHS, where would you go to for support and advice on staying well?	3	X	X
Apart from access to good healthcare, what's the number one thing in your life that a) helps you stay well	4a	X	X
Apart from access to good healthcare, what's the number one thing in your life that b) makes it harder to stay well	4b	X	X
How should the NHS work with community groups (like this one) and/or local people (like you) to help improve people's health?	5	X	

NHS GM online survey questions

Question	Q	Online survey	Social media interactions
Thinking about the 'building blocks' of health... To build a healthy Greater Manchester where everyone can live well, it helps to have key things in place, like stable jobs, fair pay, decent housing, and good education. What would better support you to have good physical health? Share what matters to you most!	1	X	X
Below are some of the things NHS staff currently do to help prevent ill health. Please choose those you are important to you. ○ Checking if people are at risk of certain diseases e.g. by checking weight, cholesterol levels or family history ○ Screening people to check if they have certain diseases like cancer or diabetes ○ Providing vaccines to prevent viruses such as flu or measles ○ Providing support to help people reduce risks such as smoking cessation, weight management or help with mental well-being	2	X	
Please tell us which of these you have previously used. ○ Checking if people are at risk of certain diseases e.g. by checking weight, cholesterol levels or family history ○ Screening people to check if they have certain diseases like cancer or diabetes ○ Providing vaccines to prevent viruses such as flu or measles ○ Providing support to help people reduce risks such as smoking cessation, weight management or help with mental well-being	3	X	
How would you describe your experience of using these services?	4	X	
	5	X	

Please tell us about anything that has stopped you using any of these services.			
Thinking about the NHS's responsibilities... How much responsibility do you think the NHS should have for making sure that more people can access training and education opportunities? • A great deal of responsibility • Limited responsibility • No responsibility	6	X	
How much responsibility do you think the NHS should have for making sure that more people can access work (paid or voluntary)? • A great deal of responsibility • Limited responsibility • No responsibility	7	X	
How much responsibility do you think the NHS should have for making sure that more people can earn a living wage? • A great deal of responsibility • Limited responsibility • No responsibility	8	X	
How much responsibility do you think the NHS should have for making sure that more people can live in safe, dry, warm housing? • A great deal of responsibility • Limited responsibility • No responsibility	9	X	
How much responsibility do you think the NHS should have for making sure that more people can access affordable public transport? (optional) • A great deal of responsibility • Limited responsibility • No responsibility	10	X	
How much responsibility do you think the NHS should have for making sure that more people can feel safe in place they live? • A great deal of responsibility • Limited responsibility • No responsibility	11	X	
How much responsibility do you think the NHS should have for making sure that more people can access healthy food? • A great deal of responsibility	12	X	

• Limited responsibility • No responsibility How much responsibility do you think the NHS should have for making sure that more people can breathe clean air? • A great deal of responsibility • Limited responsibility • No responsibility How much responsibility do you think the NHS should have for making sure that make sure that more people can access places to connect with their friends? • A great deal of responsibility • Limited responsibility • No responsibility How much responsibility do you think the NHS should have for making sure that more people can access advice about how to stay healthy and well? • A great deal of responsibility • Limited responsibility • No responsibility	13 14 15	X X X	
Thinking about how you try to stay well... Apart from the NHS, where do you go to for support and advice on staying well? Apart from access to good healthcare, what's the number one thing in your life that helps you stay well? And what's the number one thing in your life that makes it harder to stay well?	16 17 18	X X X	
Thinking about NHS priorities... In what ways, if any, could an increased focus on prevention by the NHS help you and your family stay healthy and independent for longer? Do you think it would be a good idea for the NHS to spend more of its money helping people stay well, even if that means spending less on treating ill health? Yes No Please tell us why.	19 20 21	X X X	
Standard NHS GM demographics and equalities questions.	22	X	