Redesigning Podiatry Services in West Cheshire

Consultation and gathering views:
8th December 2014 - 1st March 2015
1.1 About us
West Cheshire Clinical Commissioning Group (the CCG) is made up of 36 GP practices responsible for designing local health services for local people, covering a population of around 260,000 people.

The CCG currently commission (pay) Cheshire and Wirral Partnership NHS Foundation Trust (CWP) to provide community foot health services (podiatry) to patients who have usually been referred by their GP.

CWP provides a wide range of community-based health services as well as mental health and learning disability hospital services in West Cheshire and beyond.

1.2 The case for change in West Cheshire
The NHS is a hugely important service to patients and is highly regarded by the public. It does however need to change:

- To meet the needs of people who are living longer with complex health and care needs.
- To respond to the global financial crisis in order to achieve high quality services within more limited resources.
- To provide joined-up care that puts the patient at the centre, ignoring the organisational and sector boundaries of primary, community, hospital and social care.
- To reduce variation in the quality of care which at times has meant that the NHS has failed to live up to the high expectations we all have.
- To ensure we grasp the opportunity afforded by new technologies.

The CCG has agreed strategic plans for a 5-year period. In order to remain financially stable, it needs to address the increasing costs resulting from changes to the local population. Based on current planning assumptions, this means that savings of approximately £20 million per year will be required in each of the next 5 years in order to ensure the whole health community remains affordable.

“The health of the local population will continue to improve by people being supported to stay well and take responsibility for their own wellbeing.”
West Cheshire CCG five year plan

1.3 The case for change in Podiatry Services
Traditionally podiatry treatment (both nationally and within West Cheshire) has been targeted towards patients who are over 65 years of age or to patients with long-term conditions. However, an increasing number of younger people are developing diabetes and presenting with foot health problems, whilst at the same time the ageing population is increasing in size – with a higher than average number of 65 year-olds living in West Cheshire.

Increasing demand for podiatry treatment is not new, and the Service was last redesigned in 2004 when a model with a revised ‘access criteria’ for patient eligibility was introduced. However, the demand on the Service has continued to increase despite its introduction. Demand now exceeds the commissioned levels of the Service (ie. demand is greater than the amount of patients the Service can support).
Alongside this, the Service needs to follow the latest advice for people with high clinical needs, such as people with diabetes and neuropathy and/or ischemia. These patients have an increased risk of developing a foot ulcer and in the worst case scenario will require amputation.

Prioritising patients with high clinical needs will avoid more costly invasive surgery that carries greater risks, and will give patients a better quality of life for a longer period of time.

The key priorities defined by the National Institute of Clinical Excellence (NICE) are to detect risk factors for foot ulceration in patients with low level medical and/or podiatric needs by:

- An annual review with a practice nurse
- Encouraging beneficial self-care
- Referring patients who present to their practice nurse with an increased risk of developing foot problems to the Podiatry Service for expert treatment. For patients with moderate level medical and/or podiatric needs, regular reviews should be arranged (3 to 6 monthly) and for patients with high level medical and/or podiatric needs, more frequent reviews (1 to 3 monthly) will be required.

Diabetes UK state that in England:

- People with diabetes are up to 30 times more likely to have an amputation
- Nearly £700 million is spent each year on foot ulcers and amputations
- It’s predicted there will be more than 7,000 amputations in 2014/15
- The majority of diabetes-related amputations are caused by a foot ulcer failing to heal
- Approximately 61,000 people with diabetes have a foot ulcer at any given time.

The current Service model is as follows:

- Access criteria is based on the 2004 model. Patients are assessed as high, moderate or low and/or podiatric need.
- Frequency of treatment ranges from 1 week to approximately 12 weeks and beyond, dependent on the level of need.
- Patients with a low medical and/or podiatric need have less frequent appointments, once every 12 weeks or more - when an appointment becomes available. Waiting times are currently long for routine appointments due to demand (approximately 45 weeks).
- New patient referrals are prioritised and acute conditions fast-tracked for appointment. Waiting times for new routine assessments are currently up to 8 weeks.
2. Podiatry Services Proposed Redesign

2.1 The challenge
In response to the challenges outlined, the Podiatry Service needs to change in order to meet the needs of the population in West Cheshire. Due to financial constraints within the NHS there isn’t sufficient new money available to provide the same Podiatry Service that currently exists for more people, whilst ensuring people with high level medical and/or podiatric needs are prioritised. However the CCG is protecting the existing investment (so there is no cut to funding for podiatry).

As a result, the CCG and CWP have been exploring options for changing the Service to ensure that patients with high medical and/or podiatric needs can be seen appropriately and also that the needs of people with low level needs are still met. Our key objectives are to:

- Improve access and frequency of podiatry appointments for patients with high medical and/or podiatric needs.
- Improve outcomes for patients with diabetes in line with NICE guidance.
- Provide clearly visible eligibility criteria e.g. in patient friendly leaflets.
- Provide signposting to other foot care providers who provide lower-level services, where appropriate.
- Promote self-care and self-management.

2.2 Why we are consulting
The changes that we are proposing will impact on patients, carers, staff, GPs and other partners. This document and website information is being provided to support a 12-week public consultation on these proposed changes. This follows best practice on the importance of considering the views of people who use the Service, or care for someone who uses the Service, as well as people who may use the Service in the future. We want to hear from you - and there are a number of ways you can let us know what you think.

The document should be read together with additional information available on our websites, www.westcheshireccg.nhs.uk and www.cwp.nhs.uk, including a question and answer sheet. We would also encourage you to attend one of our public events, details of which are contained on page 12 of this document.

ALL service change proposals must comply with the Department of Health’s four tests for service change. The four tests are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- A clear clinical evidence base
- Support for proposals from clinical commissioners.
2.3 What are we proposing?

When reviewing the Podiatry Service a number of options were considered, with the aim of improving outcomes for patients within the resources available. In order to explain these options we have used example patient stories. Please read a bit about each person in the box below before reading how each option would affect them.

Samiya

Samiya is a 68 year-old who has type-2 diabetes. She and her husband are fairly active and enjoy regularly meeting close friends and going on holidays. Samiya has some loss of feeling in her feet (neuropathy) and should have podiatry appointments every 12 weeks but sometimes this interval is longer; it has been 14 weeks on one or two occasions. Samiya does apply a moisturising cream to her feet every day, as she is reminded to do this at every podiatry appointment. Recently Samiya has noticed that her eyesight isn’t quite as good as it was and is unaware that her neuropathy has worsened and is beginning to alter the shape of her feet.

Bill

Bill is an 82 year-old widower, who apart from having a total hip replacement four years ago enjoys an active life. Since having the hip replacement Bill finds it difficult to bend to cut his nails, which is made worse because his nails are much thickened. This hasn’t been a problem to Bill because he has been having NHS podiatry treatment about every 12 weeks since his wife died 10 years ago.

Jason

Jason is a 24 year-old healthy young man who enjoys playing sport, especially football at the weekend. Jason has developed a painful in-growing toenail which has become infected. Jason saw his GP who prescribed antibiotics for his infection and made a referral to the Podiatry Service.
Option 1:
Continue with the current NHS service and keep the same eligibility criteria to access NHS podiatry services.

What would this mean for Samiya…
Samiya's routine appointment is for 20 minutes and because of the limited time the podiatrist only checks the circulation, performs the routine treatment and gives advice about applying a moisturising cream every day. Samiya was given more detailed self-care and footwear advice and information when she first saw the podiatrist, but it was a couple of years ago and she no longer follows it as she has had no problems with her feet.

Samiya is looking forward to going on holiday and has bought a new pair of shoes to wear. Samiya's new shoes rub the top of one of her toes and cause the skin to break causing an ulcer to develop. When Samiya returns home she starts to experience pain in her foot and contacts the Podiatry Service for an earlier appointment. The Podiatry Service is fully booked and advises Samiya to attend the emergency drop-in clinic the day after tomorrow. Samiya now has to attend the Podiatry Clinic on a weekly basis for treatment of the ulcer and has to rest and limit her walking to aid the healing process. Also, Samiya now has to take antibiotics which cause her to have diarrhoea and feel unwell. Samiya worries that if the ulcer doesn’t heal she is at risk of losing her toe or foot and that she won’t be able to go out and meet her friends anymore and begins to feel depressed.

What would this mean for Bill…
Bill appreciates his regular appointment because it’s nice to get out and about, as his children live away. Unfortunately the last time Bill went to the podiatrist he was told that waiting times for routine appointments are currently up to 45 weeks and because he has low level needs and good foot and general health he is likely to have to wait a long time for his next appointment.

Bill was advised he would be sent an appointment automatically when one became available and that if he felt that the interval between appointments was too long he might like to consider an alternative provider and was given suitable information.

After waiting 38 weeks for an appointment, Bill is experiencing some discomfort and looks at the list of alternative providers. He realises that because his nails are thickened, a simple nail cutting service isn’t appropriate so has decided to see a podiatrist privately. Bill is a bit worried about paying for something he has previously received free of charge.

What would this mean for Jason…
Eight weeks have passed and Jason hasn’t received an appointment yet with the Podiatry Service. He’s had three courses of antibiotics which have resolved the infection but he’s missing being active and playing football, and during the last week he has been off work as his toenail is now so painful he can’t get his shoes on. Jason telephones the Podiatry Service who say that he is on a waiting list. Jason is offered a slot in the emergency drop-in clinic, but he thinks it will be too painful to be touched without a local anaesthetic which he has been told won’t be available in the drop-in clinic. Jason is placed on a cancellation list and within the next week is offered a cancellation appointment. Jason goes on to have nail surgery, which resolves the problem and he is back playing football 11 weeks after being referred. He was off work for two weeks.
Option 2:
Improve the current NHS service for people with high level medical and/or podiatric needs by changing the eligibility criteria to access NHS podiatry services. People who are assessed as having low level needs would be discharged and provided with self-help information, details of alternative non-NHS providers and contact details for how to get help with benefits. Should their circumstances change they would be re-assessed.

What would this mean for Samiya…
As Samiya has some loss of feeling in her feet (neuropathy) and therefore has a high risk of developing a diabetic foot ulcer, the Podiatry Service sees her every 12 weeks and she has a longer appointment time. This enables the podiatrist to thoroughly check Samiya’s circulation, nerve supply and foot shape as well as remind her about foot health, footwear advice and education at each appointment. Also, the extra time allows the podiatrist to educate Samiya about the signs and symptoms of when something is wrong and how to seek urgent attention. Samiya realises that because she has neuropathy she won’t feel pain, but if she does and it’s sharp then she may have an infection and should see her doctor for antibiotics immediately.

Samiya attends for her regular appointment and is told that her neuropathy has become more extensive and she now has less feeling in her feet. Samiya is given more advice about maintaining her foot health, especially about her footwear being made of soft materials and being big enough to avoid rubbing her toes but still fitting properly. The podiatrist notices that one of the toes has become more prominent and gives Samiya another appointment to come back within the next week, before she goes on holiday, to have a small off-loading device made and fitted. Samiya takes the advice and buys a new pair of shoes made of soft leather with a deep toe-box and uses the device to protect the toe from being rubbed. In doing this Samiya is able to avoid having a foot ulcer and enjoys her present quality of life for longer.

What would this mean for Bill…
Bill receives an assessment appointment where he is told he has good foot and general health and as such has low level needs and will no longer be eligible to receive NHS podiatry treatment. At the appointment the podiatrist provides a one-off treatment for his thickened nails which are reduced to being flat and is given a demonstration on how to keep them reduced, as well as a nail file to reduce them with. Bill tells the podiatrist that he might be able to file a couple of nails a day to prevent them from becoming thick again. Bill feels reassured that he has been told how to recognise a foot problem that needs treatment by a podiatrist and that he can be re-referred by his GP if and when necessary. Bill also has a list of State Registered Podiatrists who have membership of the Health and Care Professions Council. As well as this, Bill has been given contact details for Cheshire West and Chester Council about claiming benefits that he may be entitled to help with treatment fees.

What would this mean for Jason…
Jason received an appointment with the Podiatry Service within three weeks of being referred by his GP and after receiving prompt treatment at the clinic is back to playing football within five weeks of being referred.
Option 3:
This option is the same as option 2, but for current patients, if they have podiatric needs (ie. they have corns or calluses, but may have no other health problems) they would continue to receive appointments at intervals based on their level of need. Should their circumstances change they would be re-assessed and if they no longer had podiatric needs they would be discharged with self-help information, details of alternative non-NHS providers and contact details for how to get help with benefits.

What would this mean for Samiya, Bill and Jason…
Their stories would be the same as for Option 1 (see page 6).

Options summary:

Under Option 1: waiting times for new and routine appointments will continue to increase, as demand on the Service continues to increase in line with health and population trends. People with high or moderate medical and/or podiatric needs like Samiya will not receive the interventions recommended by NICE and may go on to need more invasive surgery as a result. People with high or moderate medical and/or podiatric needs like Jason may require long courses of antibiotics, become inactive and need time off work.

Under Option 2: access and frequency of podiatry appointments and outcomes will improve for people like Samiya and Jason with high or moderate medical and/or podiatric needs, in line with NICE guidance. In addition, important self-care advice and clear signposting to other foot care providers for lower-level needs and benefits support will be provided to assist people like Bill to maintain their foot health.

Under Option 3: the outcomes for Samiya, Bill and Jason would continue to be the same as under Option 1 for the foreseeable future. By retaining current patients with low level podiatric needs, the majority of the low level patients will remain on the caseload. So people with high or moderate medical and/or podiatric needs will not experience any benefits. In about 5-10 years’ time the impact of changing the system for new referrals would begin to free up clinical time to concentrate on patients with high level medical and/or podiatric needs.

Our preferred option is Option 2, which meets our objectives to improve services for people with high or moderate medical and/or podiatric needs and to ensure that people with low level needs receive appropriate advice on self-care, details of alternative providers and contact details for how to get help with benefits.
3. Engagement and feedback

We outlined our plans as part of a pre-consultation exercise with the following groups earlier this year:

• Healthwatch
• Health and Well-being Scrutiny Committee
• Rural and City Locality GP Networks.

Themes from this exercise focused on patients who would be signposted to alternative providers, following their NHS assessment. Concerns were raised about the impact that being discharged from the NHS Service would have on: foot health, general health, mobility and quality of life, incidences of falls, the health care economy in general, and the wider implications to individuals around the cost of alternative provision.

In recognising and responding to the concerns raised, we can provide the following assurance:

• All existing patients will be assessed by the NHS Podiatry Service before anyone is discharged. Patients who are discharged will be provided with comprehensive self-care advice before they are signposted to other services.

• If appropriate, based on medical and podiatric need, the Podiatry Service could offer a short-term episode of care to treat a specific foot problem and then on completion of the treatment plan, the patient would be discharged and signposted to other services.

• People who require help with self-managing basic nail cutting needs will be given information about a non-NHS basic nail cutting service. People will need to self-fund this. The service is advertised and promoted by the Healthy Living Centres in Chester and Ellesmere Port.

• People who require help with self-managing low level podiatric needs will be given information about non-NHS providers. People will need to self-fund this. A list of registered members of the Health and Care Professions Council can be provided.

• Cheshire West and Chester Council (CWAC) can assist with a social care needs assessment and benefits advice, which looks at the whole person and not just foot health needs. Care providers contracted by the Council can also provide basic foot and nail care. This request needs to be added to individuals’ existing care packages. Contact details are available from the Podiatry Service.

• The Podiatry Service will continue to provide basic foot and nail care training for all carers from all agencies, extended to cover agencies providing social care on behalf of CWAC.

An information pack explaining all of the above will be provided to patients with combined low level medical and/or podiatric needs, including advice on:

• Re-referral
• Accessing the emergency drop-in clinics operating in Ellesmere Port and Chester
• How to recognise the signs and symptoms of problems requiring immediate expert care (diabetes-specific)
• Access into the ‘Diabetes Essentials’ programme.
In addition, as part of this consultation process, CWP is exploring the option of running a course for patients with low level medical and/or podiatric needs when they are discharged and signposted to other services, this would include the following topics:

- Foot exercise programme
- A presentation on how to self-manage all aspects of foot health
- Stalls with examples of appropriate footwear with catalogues available
- An opportunity for attendees to have their feet measured
- An opportunity to meet other people and access other health related courses.

CWP also aims to recruit volunteers who would have time to sit with patients who are being signposted to self-help and other providers, to go through the information pack with them and to answer any questions. We have completed an impact assessment for the proposed changes which can be found on our website.
Communication

Discussions with patients, carers, key partners and the public will continue until 1st March 2015. We encourage you to attend one of our public meetings, visit our website and complete a consultation response form – see overleaf for more information.

Courage

CWP is an innovative provider with a track record of successful service redesign. Our community mental health service redesign in 2013 was a whole-scale change and yet we recently received the highest patient satisfaction scores nationally for these services.

Compassion

CWP staff are passionate about patient care and receive positive feedback in patient surveys including:

“Over the last year I have had the most wonderful responsive support from you after my diagnosis of limb ischemia, to add to neuropathy. A year ago I had an ulcer on my foot - it was your team that spotted it and quite possibly saved my foot. Your continuing care has meant I have avoided surgery as well as keeping me mobile.”

“Our podiatrist was fantastic with my daughter! She was very personable, she spoke directly to my daughter, setting her at ease and explained everything very well. I thought that she was excellent!”

“I am very pleased with the excellent care I have received from the Podiatry Service. I had a painful ulcer which was treated and dressed which gave me instant pain relief. The care I received was given in a very professional manner.”

Our 6Cs commitment to consulting:

Care

These changes are in line with NICE guidelines and the Diabetes UK Care Connect Campaign ‘Putting Feet First’. CWP’s Podiatry Service is committed to playing a vital part in reducing the prevalence of foot ulcers and amputation rates in the diabetic population of West Cheshire, and ensuring that the Service also meets the needs of other patients.

Commitment

We will remain mindful of the effect change may have on our patients and carers. Our overall aim is to minimise anxiety for everyone, both during the consultation period (before any changes have been agreed) and, if approved, during implementation.

Communication

Discussions with patients, carers, key partners and the public will continue until 1st March 2015. We encourage you to attend one of our public meetings, visit our website and complete a consultation response form – see overleaf for more information.

Competence

The Service has a highly skilled workforce with up to date equipment and has forged good working relationships with GPs and other health care professionals. It has developed pathways in diabetes, wound care and services such as casting, off-loading and diagnostics in order to play a crucial part in an integrated approach to managing the foot health of patients with high level medical and/or podiatric needs.
4. Evaluation

Whichever option is taken forward, the CCG and CWP are committed to monitoring the service changes to ensure the benefits outlined in this document are achieved and avoid any negative impacts.

The outcome of the consultation will be presented to the CCG Governing Board and CWP Trust Board in May 2015 and shared with CWP’s Council of Governors, the Cheshire West and Chester Health and Well-being Scrutiny Committee and Healthwatch - prior to any changes taking place.

5. Next steps/way forward

The consultation period runs from the 8th December 2014 until 1st March 2015 (12 weeks). At the end of this period an independent report on the views expressed during the consultation will be produced and published on both the CCG and CWP’s website. Copies will also be available via the freephone number, 0800 195 4462.

Following the outcome of that report we will then communicate what will happen next and ensure the continued involvement of patients, carers, staff and partners.

6. Making your views known

You can make your views known in a wide variety of ways:

- By completing our consultation response form at the back of this document and returning it in the enclosed envelope to the following FREEPOST address:
  Freepost Plus RTAG-UUGR-SBHG
  Consultation - CWP
  Institute of Psychology, Health & Society
  Block B, 2nd floor, Waterhouse Building
  1-5 Brownlow Street, Liverpool
  L69 3GL

- By completing an online version of the consultation response form. You can find this at [www.surveymonkey.com/s/CWPPodiatry](http://www.surveymonkey.com/s/CWPPodiatry)

- We will be attending a number of community events and meeting with groups to look at specific issues that may come up as part of the consultation.

- By attending one of our public meetings during January/February 2015 at the venues below:

<table>
<thead>
<tr>
<th>Venue</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chester Town Hall</td>
<td>15th Jan</td>
<td>3pm-4pm</td>
</tr>
<tr>
<td>Civic Way, Ellesmere Port</td>
<td>26th Jan</td>
<td>2pm-3pm</td>
</tr>
<tr>
<td>Princeway Health Centre,</td>
<td>9th Feb</td>
<td>2pm-3pm</td>
</tr>
<tr>
<td>Frodsham</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tarporely Community Centre</td>
<td>16th Feb</td>
<td>5pm-6pm</td>
</tr>
<tr>
<td>Malpas Village Hall</td>
<td>23rd Feb</td>
<td>5pm-6pm</td>
</tr>
<tr>
<td>Neston Town Hall</td>
<td>26th Feb</td>
<td>2pm-3pm</td>
</tr>
</tbody>
</table>

If you would like to attend any of the above events, please contact 01244 397393 to register your place or email podiatry@cwp.nhs.uk

The deadline for all responses is 1st March 2015. The Trust has engaged an independent organisation to receive all of the completed questionnaires and to analyse the results. Any personal details provided will be treated in accordance with the Data Protection Act and will not be used for any other purpose.

If you have any further questions or would like more information about the consultation process then please contact us on 01244 397393. If you have any other concerns, comments or compliments you can contact the CWP PALS (Patient Advice and Liaison Service) on: 0800 195 4462 or email pals@cwp.nhs.uk or the CCG PALS on: 0800 218 2333 or email CMCSU.PALS@nhs.net.

Further information on the consultation and the work of the CCG and CWP can also be found on our websites at [www.westcheshireccg.nhs.uk](http://www.westcheshireccg.nhs.uk) or [www.cwp.nhs.uk](http://www.cwp.nhs.uk). If you require translation services or a copy of this document in a different format please speak to Podiatry Service staff or email info@cwp.nhs.uk.
Making your views known
Consultation response form

1. Which option do you support?
   Option 1 ☐   Option 2 ☐   Option 3 ☐   Other ☐
   Please tell us why you have chosen this answer / add any comments

2. We think it’s important to redesign the service to ensure patients with high/moderate level needs get seen quicker and more frequently. Do you agree?
   Strongly agree ☐   Agree ☐   Neutral ☐
   Disagree ☐   Strongly Disagree ☐
   Please tell us why you have chosen this answer

3. Do you support our plans to increase awareness of how to take care of your own foot-health?
   Strongly agree ☐   Agree ☐   Neutral ☐
   Disagree ☐   Strongly Disagree ☐
   Please tell us why you have chosen this answer

4. Do you support the idea of a course for people with low level medical and/or podiatric needs, following their NHS assessment?
   Strongly agree ☐   Agree ☐   Neutral ☐
   Disagree ☐   Strongly Disagree ☐
   Please tell us why you have chosen this answer
5. Would you be interested in becoming a volunteer to help people with signposting information?

Yes ☐    No ☐

Name:______________________________________________________________
Address:____________________________________________________________
Postcode:___________________________________________________________
Email:______________________________________________________________
Tel:_______________________________________________________________

6. If approved do you have any ideas for how we can support patients, carers and staff during and after the change?

7. Do you have any other suggestions or, comments you would like to raise as part of this consultation?

Thank you for taking the time to complete this questionnaire. Please return it in the enclosed envelope to the following FREEPOST address:

Freepost Plus RTAG-UUGR-SBHG
Consultation - CWP
Institute of Psychology, Health & Society
Block B, 2nd floor, Waterhouse Building
1-5 Brownlow Street, Liverpool
L69 3GL

If you would like to speak to someone in confidence about this consultation or any other matters relating to CWP services please call the following confidential PALS advice lines:

CWP: 0800 195 4462
CCG: 0800 218 2333

Please tick this box if you do not want CWP or the CCG to publish any of your comments. ☐
About you

We would be grateful if you could also tell us a bit about yourself (you can tick more than one box).

We are committed to ensuring that no person will be treated less favourably than another because of their gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age.

All questions are optional. You are not obliged to answer any of these questions, but the more information you supply the more effective our monitoring of a representative response will be.

1a. I am answering this survey as: (Please tick only one box)
- A Podiatry Service patient
- A carer of a Podiatry Service patient
- A member of the public
- A member of the CWP Foundation Trust
- A member of CWP Staff
- Another healthcare professional
- Another non-healthcare professional
- A CWP governor
- On behalf of a partner organisation
- Other (Please specify)

1b. If you are responding on behalf of another organisation, please specify the name.
(Please note, the full response received on behalf of partner organisations will be included in the consultation report.)

1c. What is your gender?
- Female
- Male
- Prefer not to say

1d. Is your present gender the same as the one assigned to you at birth?
(For 18 years and over only)
- Yes
- No
- Prefer not to say

1e. What is your sexuality?
- Bisexual
- Gay Man
- Gay Woman/ Lesbian
- Heterosexual/ straight
- Prefer not to say
- Other (please specify)

1f. How would you define your religion or belief?
- Atheism
- Hinduism
- Judaism
- Buddhism
- Islam
- Sikhism
- Christianity
- Jainism
- Prefer not to say
- Other (please specify)

1g. What is your relationship status?
- Single
- Married / Living as married
- Civil Partnership
- Widowed
- Prefer not to say
- Other (please specify)
1h. To which ethnic group do you belong?

<table>
<thead>
<tr>
<th>Asian/Asian British</th>
<th>Black/African/Caribbean/Black British</th>
<th>Mixed/Multiple Ethnic Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladeshi</td>
<td>African</td>
<td>White and Black Caribbean</td>
</tr>
<tr>
<td>Indian</td>
<td>Caribbean</td>
<td>White and Black African</td>
</tr>
<tr>
<td>Pakistani</td>
<td>Any other Black/African/Caribbean</td>
<td>White and Asian</td>
</tr>
<tr>
<td>Chinese</td>
<td>background, please specify:</td>
<td>Any other mixed/multiple</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ethnic background, please</td>
</tr>
<tr>
<td></td>
<td></td>
<td>specify:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Any other Asian background,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>please specify:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other ethnic group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Arab</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prefer not to say</td>
</tr>
</tbody>
</table>

White

<table>
<thead>
<tr>
<th>English/Welsh/Scottish/Northern Irish/British</th>
<th>African</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irish</td>
<td></td>
</tr>
<tr>
<td>Gypsy or Irish Traveller</td>
<td></td>
</tr>
<tr>
<td>Any other white background, please specify:</td>
<td></td>
</tr>
</tbody>
</table>

1i. What age group do you belong to

Under 11  11 – 17 years  18-21 years  22-30 years  31-40 years  41-50 years  51-60 years  61-65 years  66-70 years  71 years +  Prefer not to say

1j. Do you consider yourself to have a disability?

Yes  No  Prefer not to say

1k. If you have answered yes to question 1j, please indicate the nature of your disability:

Communication  Learning disability  Mental Health  Physical  Sensory (hearing and vision)

1l. Please provide your name and address for validation purposes only

(this information will not be provided to CWP by the independent reviewer of responses, Liverpool University.
Liverpool University will treat your personal data in accordance with the Data Protection Act and will not use the
information for any other purpose).

Title: ............................................. Name: ...........................................................................................................

Address: .........................................................................................................................................................

...........................................................................................................................................................................

Postcode: ......................................................................................................................................................

Thank you for taking the time to complete this questionnaire. Please return it in the enclosed envelope
to the following FREEPPOST address: Freepost Plus RTAG-UUGR-SBHG, Consultation - CWP,
Institute of Psychology, Health & Society, Block B, 2nd floor, Waterhouse Building, 1-5 Brownlow Street, Liverpool L69 3GL.