

Public Attitudes to Self Care Baseline Survey

Department of Health

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Executive Summary

- The English public feel that they are already active, knowledgeable and interested in doing self care and there is evidence to show that a significant proportion are acting on this.
- Evidence also suggests that given the kind of understanding people seem to demonstrate on what living a healthy lifestyle means, their motivation to do self care, especially healthy lifestyles, is not at the level at which it could be.
- Supporting people will be key to motivating them to do better self care, which will also help to empower them and give them the confidence they need.
- Information and support from care professionals – especially GPs – will play a key role. However, work needs to be done with all care professionals to develop their role in this regard, because the public feel professionals are not actively encouraging them to do self care currently.
- Community support groups, pharmacists, local community champions and internet based information sources also have a greater potential role they could play in promoting self care.
- The most elderly, socio-economically deprived and ethnic minority groups may need particular attention to do enhanced self care – whilst tending to be of poorer health, they are less active in self care and less confident in their knowledge and understanding of how to do self care.

Context - general health

Overall, the **public say they are in good health, are satisfied with life and are in control of it** (around three-quarters or more in each case).

In common with findings from other national research, the most **deprived and elderly** are more likely to say their health is *poor*, and to feel less satisfied and in less control of their lives. These are also the **groups that emerge throughout the research** as having higher health care needs. In addition, while they say they are in no worse health, **minority ethnic groups** also emerge as a group who need support to become active self carers (such as requiring skills to use health information, etc).

The public say they are active self carers:

- Over three quarters say they lead a healthy lifestyle (77%)
- More than eight out of ten (87%) say they often treat their minor ailment themselves

- Nearly two-thirds (64%) of those who have been a hospital patient in the last six months say they often monitor their illness following discharge
- Of those who have a long-term health condition, 82% say they play an active role in caring for their long-term health condition themselves.

When questioned, however, there is some evidence that **the public are less active than they say with regards to healthy living**. For example, their eating and drinking habits are not at the recommended levels for a healthy lifestyle (only 15% of people say they drink the recommended amount of seven glasses of water in an average day, and only 30% say that they eat the recommended five portions of fruit or vegetables). This highlights that the high self-ratings of self care are not necessarily accurate in terms of what may be considered desirable for healthy eating.

There is some evidence, however, that people do follow an exercise routine (certainly in terms of walking) and that they are actively seeking information to do self care.

This mismatch shows **a potential lack of awareness and understanding** of what people *could* be doing in terms of what may be considered desirable. Educating, supporting and motivating the public further may be necessary to meet this apparent need that people seem to have around self care.

Levels of self care activity are consistent across all age groups between 35 and 84 years. Younger people may need slightly more encouragement. Those aged 85+ are least active currently. Less affluent, deprived groups are also less active than others, as are those from minority ethnic groups. These groups may be key priorities to support for increased self care activity – especially given that deprived groups are most likely to be in poor health.

Supporting self care

Interest and motivation

The English public certainly appear very interested in wanting to do self care. For each of the four types of self care activities (leading a healthy lifestyle, and taking care of minor ailments, long-term conditions and following discharge from hospital), more than nine in ten are interested in being more active and around half of the public say they are *very* interested.

However, there do seem to be some issues around levels of active interest and motivation. When asked about barriers to self care, time (18%) and money (14%) are the most commonly mentioned factors. Whilst these may be valid reasons for some groups, people often cite these as excuses to not do self care, so these findings may indicate that self care is not a priority to them – and this is particularly likely, given that self care does not necessarily take more time and money. This further suggests that public may need to be better supported to increase motivation before behaviour is likely to change.

Information and knowledge

Information and knowledge are likely to be the key factors in any effort to increase self care behaviour among the public.

After time and money, lack of information and knowledge are cited by the public as the main barriers to self care – and are top among the factors people say would be most important in enabling them to do **better self care** (over a quarter (26%) cite better knowledge and understanding, and nearly one in five (19%) cite more health information).

However, when the public are asked to say how confident they are that they **have the knowledge and understanding they need to do self care, the vast majority say they are confident**. Although this is a positive finding in some ways, the public's confidence in their own understanding may be a barrier in that it indicates complacency. The public may need to be educated to increase their awareness and motivation of what else they could be doing and to increase their skills in doing more of what they may wish to do.

The main source the public currently get self care information from, and the source they say they most want this information from in the future, are their GPs. The other sources where the public want more self care information from, compared with what they are currently getting, are **pharmacists** and the **Internet**. It seems that community health professionals are likely need to be key allies in supporting self care.

Other methods of communication such as digital TV also appear to have an increasingly important role in the future.

Those groups that are least active in self care currently, i.e. the most elderly, deprived and ethnic minority groups, are least confident about their knowledge and understanding of self care. This reinforces the importance of information and education in supporting self care. These groups have similar preferences regarding information sources. However, when developing communications for these groups it must be borne in mind that the survey has indicated that these groups are less likely to have access to the internet than others.

The role of care professionals

The survey highlights that care professionals are likely to be key to supporting self care. After knowledge and information, **guidance from care professionals** is regarded by the public as the second most important factor that might better enable them to do self care; one in five (20%) cite this. As we have also seen, care professionals are regarded as key to providing trusted self care information.

Furthermore, the evidence suggests that in the case of written care plans and instructions for medicines, public do follow advice from care professionals.

However, currently, the public feel that professionals are not playing much of a role in encouraging them to do self care. **More than half** of those who have seen a care

professional in the last six months **say they have *not* often been encouraged to do self care, and a third say they have *never* been encouraged by the professionals.**

If professionals are to play an active role in self care, more work needs to be done with them to develop their role in supporting self care. Education and training would be key, as change may require culture shift from professionals being the principal providers of care and patients as passive recipients, towards more emphasis on *preventive care, healthy lifestyle* and *patient involvement* in their own care of minor, acute and long-term conditions – with professionals providing a *supportive, advisory, educational and skills training role*.

The survey confirms the importance of the role of professionals and also found that, when prompted, **over three-quarters of the public agree that if they had guidance and support from an NHS professional they would be far more confident about taking care of their own health and well-being.**

Support groups also have a role in providing advice, education and support. While two-thirds (66%) of the public say they would be more confident in doing self care if they had support from people with similar health concerns or conditions – showing there is a requirement for support group facilities – awareness of patient organisations and voluntary agencies appears low (68% of the public say they are not aware of one).

Few people say they have used **NHS Direct** in the last six months, however, **they want to use the services more in the future.**

Family, friends and colleagues are also cited as an important group -- following GPs and practice nurses as the largest and most preferred source -- of self care information and support.

Introduction

Background and objectives of the research

Self care support services were introduced in the NHS in the early 1990s with NHS Direct providing self care advice and information through a telephone helpline. Gradually this grew into becoming the NHS Direct family of services including the Online information facility and the interactive digital TV service. Stakeholder consultations and public surveys over nearly a decade led to the inclusion in 2000 of self care as one of the five building blocks in the NHS Plan. In 2001, the Expert Patients Programme was initiated to provide self care skills training to people with long-term conditions.

The 2002 Wanless report *Securing Our Future Health: Taking a Long-Term View* stated that the future costs to the NHS depended on how well “health services become more productive and how well people become *fully engaged* with their own health”¹. The 2004 Wanless Report built on this suggesting that individuals need to be more involved in their own and their children’s health and it is “the aggregate actions of individuals, which will ultimately be responsible for whether or not the *fully engaged* scenario unfolds”². The need for better self care is also explicit in the subsequent NHS Improvement Plan and the National Service Frameworks.

Thus in many policies of the Department of Health **support for self care has been established as a core principle of health and social care**. This is echoed in what the Prime Minister said in 2004: “I believe in Enabling Government. I believe in the power of government, not to control people’s lives or dictate conduct except where necessary for the greater good, but to *help* people help themselves”³.

More recently, self care support is being viewed as an inextricable part of the individual care pathway, from healthy lifestyle to caring for minor, long-term and acute conditions. This is reflected in the recently published model for *Supporting People with Long-Term Conditions - Improving Care Improving Lives*, the Public Health White Paper *Choosing Health*, the guidance highlighting the role of Community Matrons *Supporting People with Long Term Conditions: Liberating the talents of nurses who care for people with Long Term Conditions* and *Self Care - A Real Choice*. The latter provides guidance for NHS and social care to help practitioners and care managers provide support for self care along the whole of the care continuum.

To feed into this rich policy context, the Department of Health commissioned MORI to conduct a survey of the English public to establish a baseline of public attitudes towards self care and their self care behaviours. The baseline data would help assess the impact of recent initiatives on the public a few years down the line - and to inform care policy in the short and medium term future. The survey was conducted in two stages between August 2004 and January 2005.

¹ Derek Wanless/ Department of Health, *Securing Good Health for the Whole Population*, The Wanless Report, February 2004, emphasis added.

² Ibid.

³ Speech on the Civil Service, 24 February 2004, emphasis added.

The survey explores:

- general health
- feelings of satisfaction and control with life
- overall attitudes towards self care including the extent of interest and need for support to do better self care
- the current levels of self care activity
- barriers and facilitators to self care
- knowledge, information and communication
- the role of care professionals and community support groups.

Self care has been described as “the care taken by individuals towards their own health and well being, and includes the care extended to their children, family, friends and others in neighbourhoods and local communities. Self care includes the actions individuals and carers take for themselves, their children and their families to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long-term conditions; and maintain health and wellbeing after an acute illness or discharge from hospital”.⁴

This survey further examines public attitudes and behaviours on various aspects of self care:

- Leading a healthy lifestyle, including diet, exercise and lifestyle choices
- Self care of minor ailments
- Self care of long-term health conditions
- Self care of acute illness after discharge from hospital.

The baseline information provided in this survey will also be used to track the public’s activity and attitude to self care, to see how this may change over time.

Methodology

The survey was conducted on the MORI Omnibus, in August 2004 and January 2005. Face-to-face interviews were conducted with a representative sample of the English population. 1,638 interviews were undertaken in 2004 and 1,652 in 2005; both stages using CAPI – Computer Aided Personal Interviewing – and the data were weighted to ensure they are representative of the national population. For a more detailed methodology, please refer to Appendix 1: Omnibus Methodology - Technical Details.

Interpretation of the data

It should be remembered that a sample, and not the entire population of England, has taken part in the survey. In consequence, all results are subject to sampling tolerances, which means that not all differences are significant. A guide to statistical reliability is provided in Appendix 1.

⁴ *Self Care – A Real Choice* Department of Health, 2004.

Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of “don’t know” categories, or multiple answers. Throughout the survey an asterisk (*) denotes any value of less than half of one per cent, but greater than zero.

References are made to “net” figures. This represents the balance of opinion on attitudinal questions, and provides a particularly useful means of comparing the results for a number of variables. In the case of a “net satisfaction” figure, for example, this represents the percentage satisfied on a particular issue or service, less the percentage dissatisfied. For example, if the public records 40% satisfied and 25% dissatisfied, the “net satisfaction” figure is +15 points.

How Healthy is the British Public?

Overall, three-quarters of the public say their health is at least good, and are satisfied and in control of life most or all of the time.

The minority who say they are not in good health and are not satisfied or in control of life are more likely to be older and less affluent.

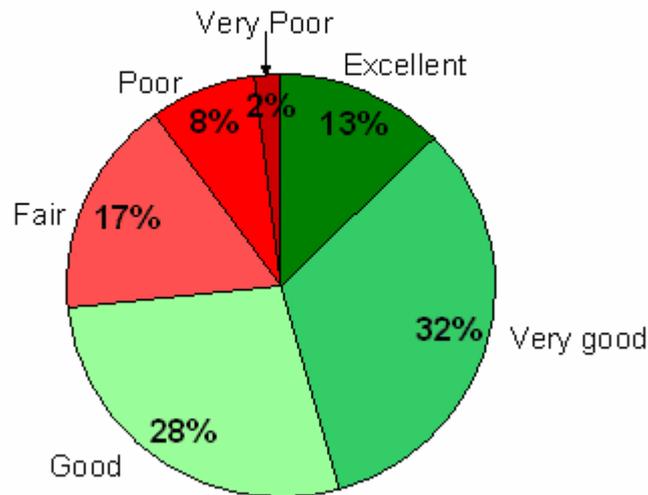
Overall, the English public feel that over the last six months they have been in good health. Three quarters (73%) say their health has been at least good on the whole including almost three in ten (28%) who describe their health as good, a further third (33%) as very good, and more than one in ten (13%) who describe their health as excellent.

However, 17% say their health is fair, while one in ten (10%) describe it as poor.

Fig 1: Views of the public on own health, England 2004-05

Self-rated Health

Q Over the last six months would you say your health has, on the whole, been . . . ?



Base: All, General Public (1,638)

Source: MORI Survey

In common with findings from other research, age, social class and affluence appear to have key bearings on how people describe their health.

As shown in the table below, the elderly are more likely to say their health has not been good, as are the most disadvantaged groups: those in social class DE, on lower incomes, living in more deprived areas and/or those who are out of work.

This research found no significant difference between people in White and ethnic minority groups on how healthy they say they are.

Table 1: Views of the public on own health, England 2004-05

<i>Q</i>	<i>Over the last six months would you say your health has, on the whole, been...?</i>	
	Good⁵	Fair/poor
<i>Base: All, general public (1,638)</i>	<i>%</i>	<i>%</i>
Total	74	26
Age		
15-24	84	16
25-34	79	21
35-64	73	27
65-84	64	37
85+	52	48
Social Class		
AB	82	18
C1	76	24
C2	73	27
DE	65	35
Income		
Over £30,000	83	17
£17,500 – £29,999	75	25
£9,500 – £17,499	74	26
Up to £9,499	56	44
Index of Multiple Deprivation		
Wards not in the top 20% most deprived	77	22
Top 20% most deprived wards	68	32
Work Status		
Full-time	81	19
Part-time	83	17
Not-working	64	36
Ethnicity		
White	74	26
Non-White	71	29
	Source: MORI Survey	

Although the most affluent (those in social class AB and with an income over £30,000) are more likely to say their health is good compared with all others, the vast majority of those with more modest incomes also feel their health is good (e.g. three quarters of C2s (73%) and those earning between £9,500 and £17,500 (74%).

⁵ **Good** is the combined *excellent, very good* and *good*; **Fair/ poor** is the combined *fair, poor* and *very poor*.

It is the *most* deprived who are more likely to say their health is poor. More than two in five (44%) of those where the household income is less than £9,500 say their health is fair, poor or very poor, as do over a third (35%) in social class DE, compared with an average of 26%.

In terms of age, nearly half (48%) of those aged over 85 say their health is fair, poor or very poor, compared with the average of 26%.

Given that over 85 and the most deprived groups are the biggest users of health and social care⁶, they would need to be the focus of a self care policy and of any new support for self care.

There are significant inequalities related to individuals' poor lifestyles and they tend to be socio-economic.

The Wanless Report, 2004

It is important to note that there is cross-over within the elderly and the socio-economically deprived demographic group. For example, social class E are those dependent on long-term state benefits, and are therefore more likely to be elderly and less affluent (i.e. relying for income on the state pension). However, **the elderly and socio-economically disadvantaged emerge throughout the research in terms of higher health and social care needs.**

People with long-term health conditions

When prompted with a list of long-term health conditions, over half (56%) of the public say they have at least one condition. The most common conditions mentioned are:

- Back or other pain (19%)
- Arthritis/rheumatism/other musculoskeletal disease (14%)
- Heart attack/ angina/ high blood pressure/ stroke/ other cardiovascular disease (13%)
- Visual impairment (10%)
- Asthma/ chronic obstructive pulmonary disease (COPD)/ emphysema/ other respiratory disease (9%)
- Anxiety/depression/other mental illness (7%)
- Diabetes (4%).

Fewer people in ethnic minority groups say they have a long-term health condition or disability (34% compared with the 56% average).

Among those with a long-term health conditions or disabilities, 43% say their condition limits their activities. This means that a quarter (25%) of the English population say they have a long-term illness that limits their activities⁷.

⁶ Department of Health, 2000, *NHS Plan*

⁷ This is in line with findings from the Health Survey of England (1998), which found that 25% of men and 27% of women reported a longstanding illness that limited their activities in some way. www.archive.official-documents.co.uk/document/doh/survey98

Again, as the table below shows, among those who say they have a long-term health condition, the elderly (aged 65+) and most deprived are more likely than others to say their condition limits their activities. Those in the north of England are also more likely to say that their condition limits their activities. No statistically significant differences emerged by ethnic group.

People with a mental health or musculo-skeletal condition are more likely to say their condition limits their activities compared with others with long-term health conditions (60% mental health and 55% musculo-skeletal vs 43% average).

Table 2: Views of the public on whether their long-term condition limits their activities, England 2004-05

<i>Q</i> <i>And does your long-term health condition or disability limit your activities in any way?</i>	Yes	No
<i>Base: All who say they have a long-term health condition (959)</i>	%	%
Total	43	57
Age		
15-24	32	68
25-34	36	64
35-64	44	56
65-84	46	53
85+	53	39
Social Class		
AB	34	65
C1	40	60
C2	40	60
DE	55	44
Region		
South	37	62
Midlands	42	57
North	50	50
Ethnicity		
White	43	57
Non-White	41	59

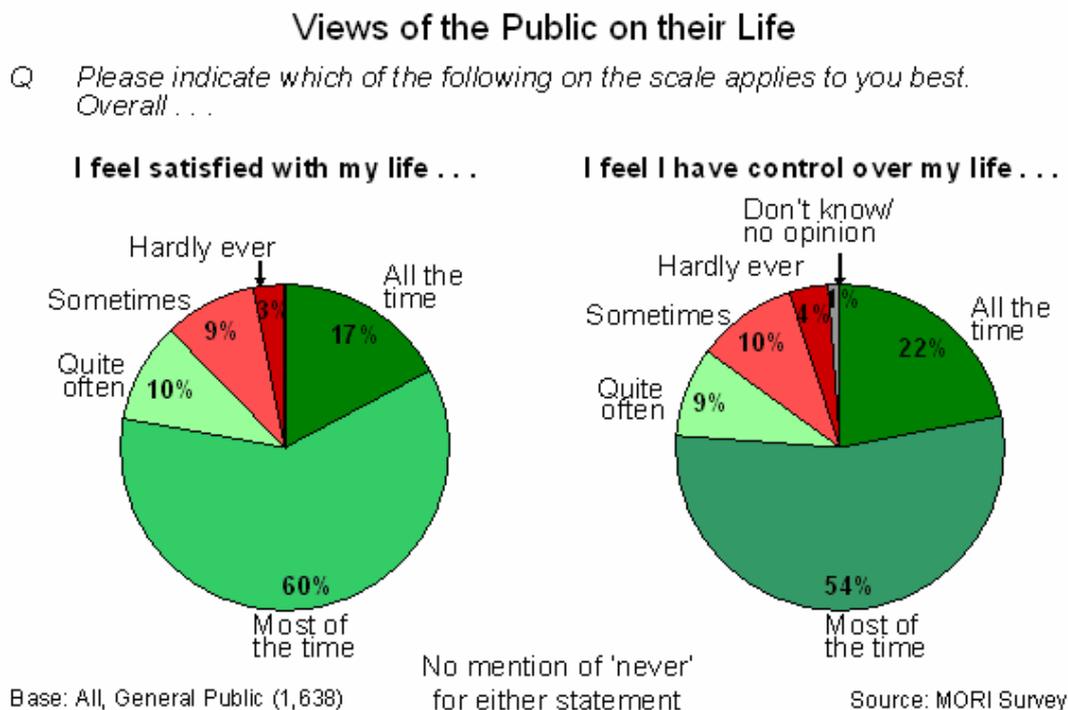
Source: MORI Survey

Satisfied and in control of their lives

As well as feeling healthy, the majority of the English public say they feel satisfied (77%) and in control of their lives (76%) most or all of the time.

Fewer than one in 25 say they *hardly* ever feel satisfied (3%) and/or in control (4%) of their lives, and no-one says they *never* feel satisfied and/or in control.

Fig 2: Views of the public on whether they feel satisfied and in control over their life , England 2004-05



Again it is the older people and more socially disadvantaged groups who are least likely to feel satisfied with life and in control of it. While ethnic minority groups are just as likely to feel in control, they are somewhat less likely to feel satisfied with their lives than White people (80% say they feel satisfied at least quite often, compared with 88% among White people).

Self Care Activity as at January 2005

The majority of the public say they are active in self care often or all of the time:

- in terms of living a healthy lifestyle: 77%
- caring for their own ailments: 87%
- monitoring the illness they went to hospital for: 64%
- caring for their long-term conditions: 82%.

Furthermore, in practice, the majority agree that the first thing they do when they are ill is to seek information to take care of themselves.

However, on some measures – including healthy eating – the general public are not as active as recommended guidelines. This indicates that the public may not be fully aware of the desirable levels of self care activity; further awareness raising and education and training may be essential to increase self care up to an appropriate level – at least regarding healthy eating.

There is some evidence that people are doing more exercise – particularly walking.

The more socially and economically disadvantaged, those with the poorest health and people in ethnic minority groups are least active in doing self care for healthy lifestyle and minor ailments. Potentially more support for self care may beneficially be provided to people in these groups.

Self-ratings of self care activity

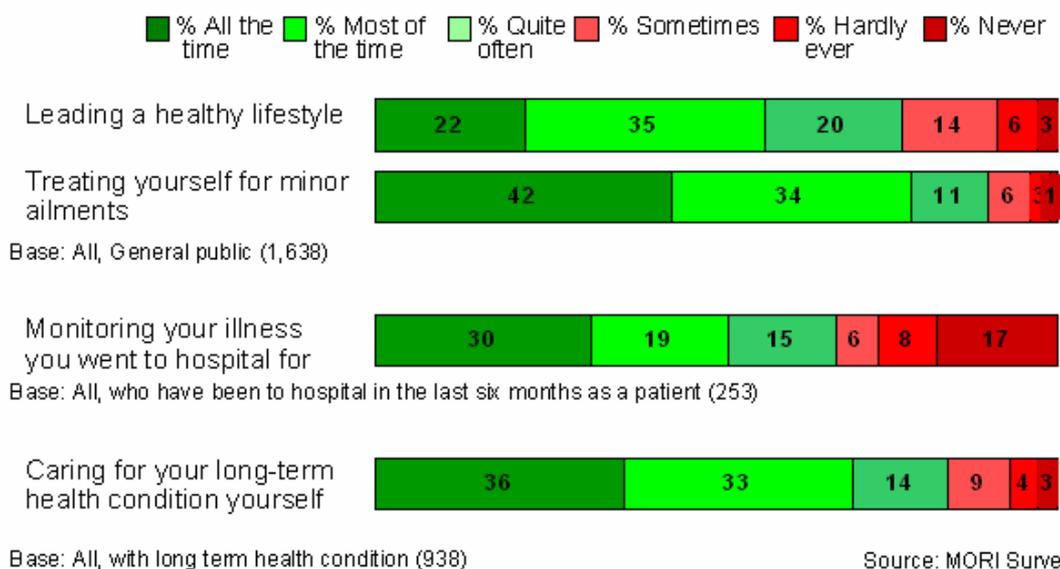
When the public are asked if they are currently involved in self care, the vast majority of them say they frequently are:

- Over three-quarters (77%) say they often lead a healthy lifestyle, with two in ten (22%) saying they do it all the time.
- Nearly nine in ten people (87%) say they often treat their minor ailments themselves, including four in ten (42%) who say they do it all the time.
- Among those who have been to hospital as a patient in the last six months nearly two-thirds (64%) say they often take an active role in monitoring the illness they went to hospital for. This includes three in ten (30%) who say they do so all of the time.
- Among people with a long-term health condition eight in ten (82%) say they actively take a role in caring for it, including 36% who say they do it all of the time.

Fig 3: Views of the public on how much self care they do, England 2004-05

The extent of self care people do

Q How often do you take an active role in . . .



While reported levels of self care are high, 17% of people who have been in hospital say they *never* monitor their illness. This may in part reflect the perceived low levels of self care advice and motivation provided by hospital staff, an issue that will be explored later in the report.

In terms of variation among different groups, the most deprived groups are the least active in self care currently. (However, this does not apply to people with long-term conditions where differences between socio-economic groups are *not* statistically significant):

- 20% of the people who live in affluent wards say that they play an active role in leading a healthy lifestyle only sometimes, hardly ever or never, compared with 26% of people living in the top 20% most deprived wards (according to the IMD⁸)
- only 8% in affluent areas actively treat minor ailment themselves only sometimes, hardly ever or never, compared with 14% of those in the top 20% most deprived wards.

Consistent with this, those who say their health is fair or poor (who tend to be older and more disadvantaged) are also *less* likely to be active self carers compared to those who say their health is good, very good or excellent. The most economically disadvantaged and those with the poorest health are therefore groups where greater effort may need to be made to increase self care levels, especially given that these

⁸ The Office of the Deputy Prime Minister's (ODPM) Index of Multiple Deprivation.

groups seem to be the greatest users of NHS services.⁹ These findings also suggest that people who do more self care feel that their health is good, very good or excellent and those who do less self care feel that their health is poor or fair.

People in ethnic minority groups say they are less active in doing self care:

- while on an average, 22% of the people say that they play an active role in leading a healthy lifestyle only sometimes, hardly ever or never, as many as 32% of people in ethnic minority groups say that they play an active role in leading a healthy lifestyle sometimes, hardly ever or never
- while on an average, only 10% of the people say that they actively treat their minor ailment themselves sometimes, hardly ever or never, 20% of people in ethnic minority groups say that they actively treat their minor ailment themselves sometimes, hardly ever or never.

There is no significant difference by ethnicity among those with long-term health conditions saying they take an active role in taking care of their long-term condition (83% of people in ethnic minority groups say they are active quite often, most of the time or all the time compared with 82% of all people in the sample). Thus it seems that a large proportion (83%) of people in ethnic minority groups who have long-term conditions do self care quite often, most of the time or all the time but only 20% of the people in ethnic minority groups seem to do self care around healthy eating or caring for minor ailments, and even when they do so it is only sometimes. There is potential therefore to support people from ethnic minority groups in healthy living and self care of minor ailments.

How active in self care are the public in practice?

As well as asking people if they *perceive* themselves to be active in self care, the survey also explored some self care related behaviours to confirm if the perceived levels of being active are the same as the level of actual self care activity.

Healthy eating

The survey found that despite more than three-quarters (77%) of the public saying they actively lead a healthy lifestyle:

- Only 15% of the public say they drink seven or more glasses of water a day, the recommended number of glasses of water for healthy lifestyle. 14% of people say that in an average day they do not even drink one glass of water.
- Fewer than a third (30%) of people eat five or more portions of fruit or vegetables a day, the recommended portions for healthy lifestyle. One in twenty-five (4%) say they do not eat any in an average day.

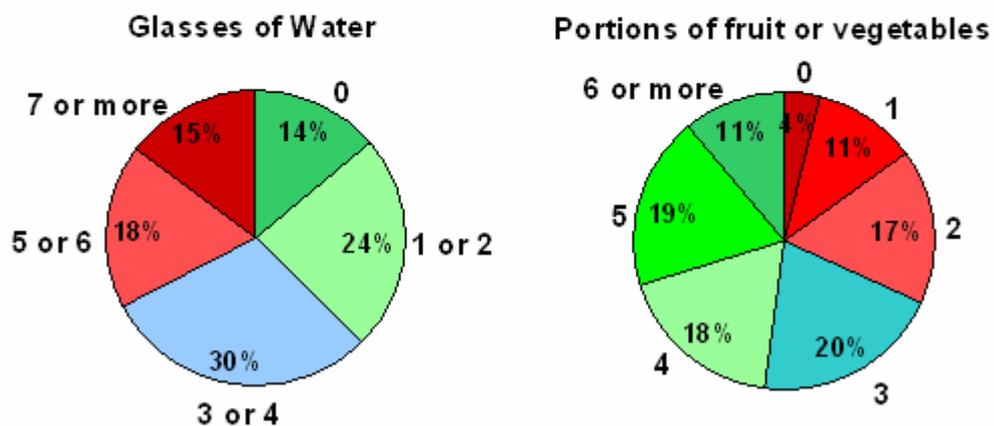
⁹ For example, 16% of those who describe their health as 'fair' at best, say they have used services of their GP or practice nurse more than ten times in the last six months; compared to that only 1% of those who describe their health as 'good', say they have used services of their GP or practice nurse more than ten times in the same period.

There is no significant difference between those who say they have a **long-term health condition** and the general public. With people in **ethnic minority groups**, while more say they drink seven or more glasses of water a day (22% vs 15% average), fewer say they eat five or more portions of fruit or vegetable in an average week (18% vs 30% average).

Fig 4: Eating habits of the public, England 2004-05

Healthy Eating

- Q *How many glasses of water do you drink in an average day, if any? This does not including any water in other drinks such as squash, tea or coffee.*
- Q *And how many portions of fruits and vegetables do you have in a day? Please count a portion of fruit as something like an apple, a nectarine, an orange, half a banana or a cup of fruit juice: a portion of vegetables is half a cup of vegetables.*



Base: All, General public (1,638)

Source: MORI Survey

Physical activity

Around a quarter (24%) of the public say they take part in sports two or more times a week. The majority of the public (59%), however, say they do not take part in any sports *at all* during an average week.

Sports is less likely to be undertaken by certain groups such as the elderly and more socio-economically deprived (32% of those in social class DE say they take part in sports during an average week compared with the national average of 41%). There is no difference between people in ethnic minority groups and the general population in terms of taking part in sports.

While 41% of the people take part in sports, more people do physical activity such as walking; 45% of people say they walk for more than three hours in an average week. Overall, three-quarters (74%) of the public say they do over one hour of walking in an average week, which is consistent with 77% of the public saying they often lead a healthy lifestyle.

Healthy lifestyle may thus be equated by the public with physical activity and not necessarily healthy eating.

Also healthy lifestyle seems to be equated to walking and not any more vigorous exercise such as going to the gym. For example, only a quarter (25%) of the public say they go to the gym for one hour or more in an average week, with only 11% saying they do more than three hours of gym. While a quarter do regular exercise such as going to the gym or aerobics for one hour or more in an average week, 10% do less than an hour and 65% say they do none at all.

It may be noted that a large proportion of people do not do any swimming or jogging. The percentage of people not swimming or jogging are as follows:

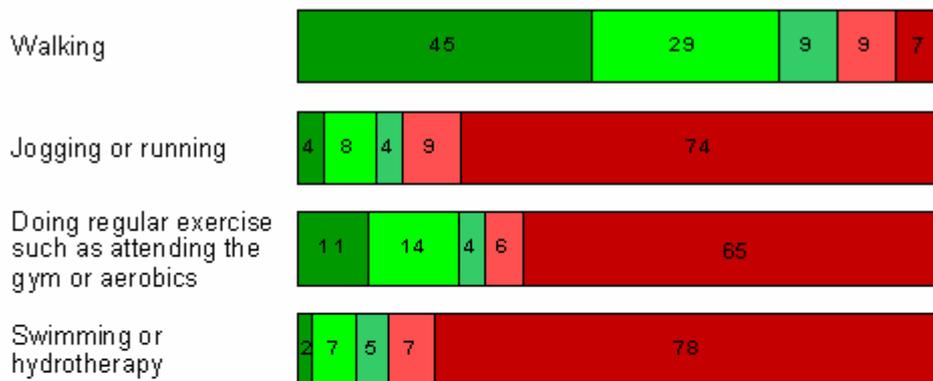
- Nearly eight in ten (78%) say they don't do any swimming in an average week.
- Three-quarters (74%) say they do no jogging or running in an average week.

Fig 5: Physical activity among the public, England 2004-05

Exercise and Sports among the Public

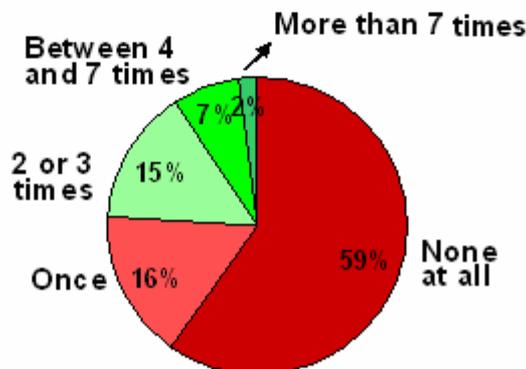
Q *And how much time do you spend in the following physical activity during an average week?*

■ % More than 3 hours ■ % 1 – 3 hours ■ % Between 30 minutes and an hour ■ % Up to 30 minutes ■ % None



Base: All, General public (1,652)

Q *How many times in an average week, if any, would you say you take part in sports?*



Base: All, General public (1,638)

Source: MORI Survey

Given that a small proportion of people say they take part in sports, exercise or other physical activity or have a healthy diet along with the evidence that there is interest in doing more self care indicates that people may take greater care of themselves if they had more support.

This may also indicate **a potential lack of awareness and/or understanding** of what people *could* do to stay healthy. Motivating educating and training the public may be necessary to increase healthy living behaviours.

The survey seems to indicate that more **deprived groups are less likely** to exhibit healthy living behaviours. For example, those in social class DE are much more likely to say they drink no water than those in social AB (17% vs 9%); eat no fruit or vegetables (6% vs 2%); and take part in no sport (68% vs 48%) or do not walk in an average week (11% vs 3%).

Treating own minor ailments

The evidence on the extent to which people are active in treating their own minor ailments, was further tested by looking at whether people sought out information on their minor ailments. The survey found that more than nine in ten people (92%) agree that *the first thing they do when they have a minor ailment is to find some health information themselves*. Only 8% disagree with this.

Table 3: Use of information for care of minor ailments, England 2004-05

Q To what extent do you agree or disagree with the following statement?	
<i>When I have a minor ailment, the first thing I do is try and find some relevant health information myself</i>	
<hr/>	
<i>Base: All, general public (1,638)</i>	%
Strongly agree	29
Agree	51
Somewhat agree	11
Somewhat disagree	3
Disagree	4
Strongly disagree	1
Don't know	1
Agree	92
Disagree	8

That people do find health information themselves is further highlighted by the third and fourth most mentioned sources of self care information being health books, manuals or magazines (21% of the public say this) and health shows on TV (15%)¹⁰.

Not only do people say they find health information themselves, nearly two in ten (18%) say they have **taken action** based on information they found in a health book, manual or magazine. To some extent these findings support the high self-ratings of self care activity around minor ailments.

¹⁰ See section *Sources of Self Care Advice and Information*

There is evidence that people with long-term conditions say they take care of their health condition themselves and findings also suggest that in practice too they are active self carers:

- Nearly a quarter (23%) of those with long-term health conditions say they have taken action based on information they found in a health book, manual or magazine compared with 13% of those without a health condition.
- Nearly one in five (19%) of those with long-term conditions say they have used tools or devices¹¹ to help diagnose their health condition or to monitor their health compared with 6% of those without a long-term condition.

However, the survey found that while people say they have used a device to monitor their health condition, there is also evidence that a lack of access to equipment at home is a major barrier to self care. There was also indication that even where people do have access to devices and equipment, a relatively high proportion lose them, or do not use them, or do not use them properly. This suggests that people may need training to be able to safely keep and use these items for enhanced self care.

¹¹ By tools and devices we mean, for example, a blood pressure measuring kit, pregnancy test kit, a device for checking blood sugar levels, etc.

Interest in Self Care

The public seem to convey the message that self care is a positive thing and that there is room for them to be more active in this area. For example, the majority express an interest in healthy living, in caring for one's own ailments and caring for long-term conditions; the majority also agree that people use their GP more often than necessary.

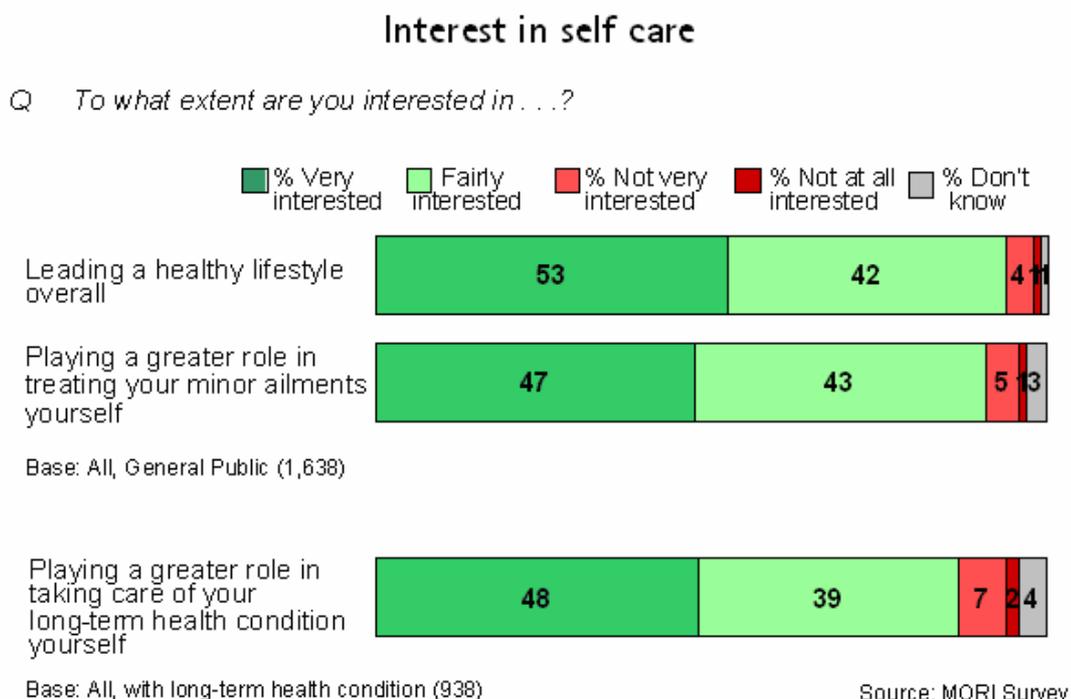
Among those aged 85 years or more, self care may be of less interest but there could be potential to explore the range of self care support that would suit them.

A key requisite to self care activity is buy-in and interest in the idea of it.

When the public are asked about their interest in doing more self care, the majority confirm they have an interest:

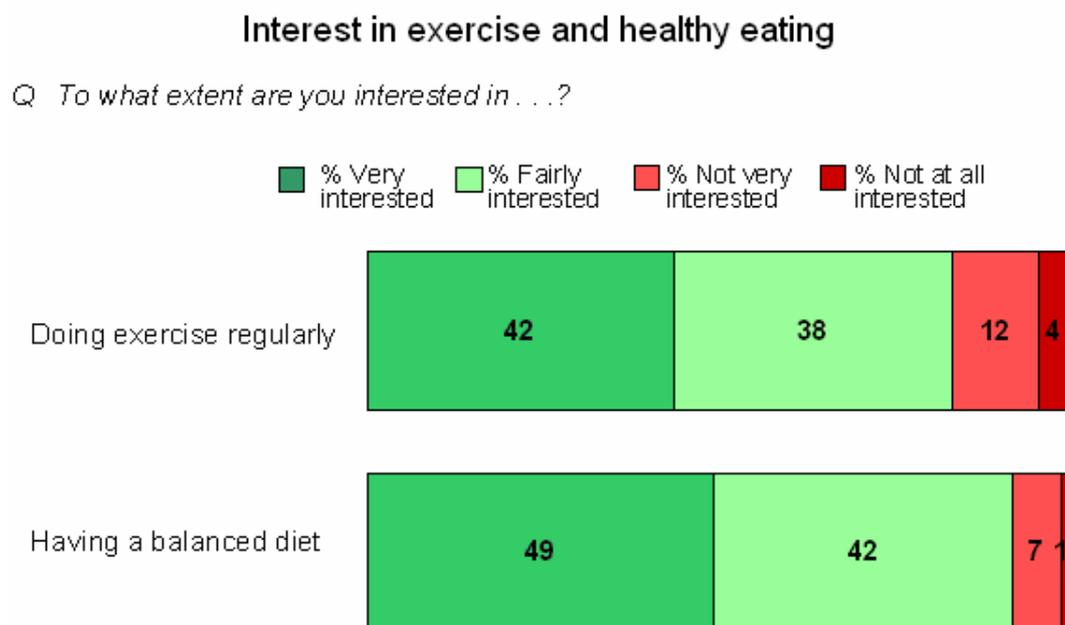
- 95% say they are interested in leading a healthy lifestyle, including more than half (53%) who say they are *very* interested.
- Nine in ten (90%) are interested in playing a greater role in treating their minor ailments, including nearly half (47%) who are *very* interested.
- Nearly nine in ten (87%) of those who have a long-term health condition say they are interested in playing a greater role in taking care of their condition, with nearly half (48%) who are *very* interested.

Fig 6: The extent to which the public is interested in doing self care England 2004-05



Furthermore, the public also say they are interested in specific healthy living activities, such as doing exercise regularly (80%) and healthy eating (91%).

Fig 7: The extent to which the public is interested in leading a healthy lifestyle England 2004-05



Base: All, General Public (1,638)

Source: MORI Survey

Interest in doing self care is strong across all **age groups** (including those with long-term health conditions) except those aged 85 years or older who are somewhat less likely than others to report an interest in self care. For example, 63% of those aged 85+ are interested in looking after their own minor ailments, compared with at least 87% among all other age groups.

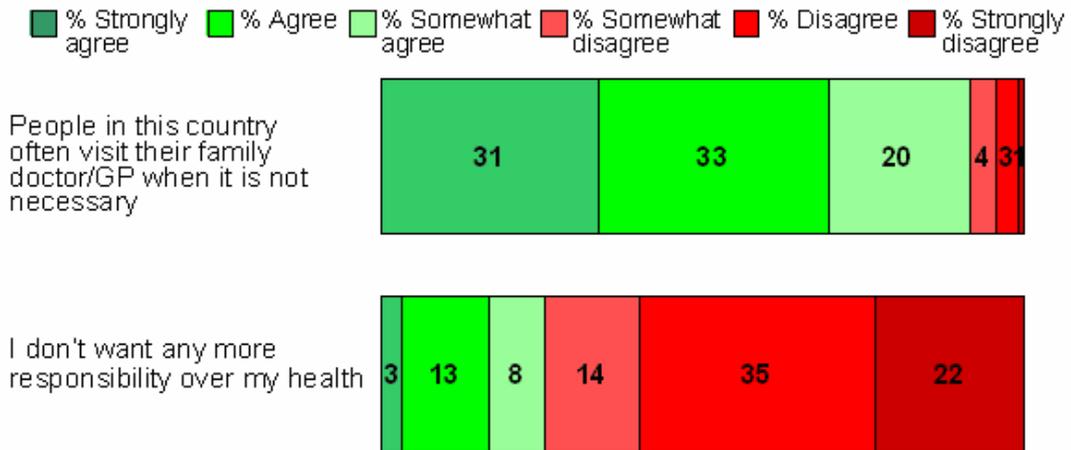
Interest in leading a healthy lifestyle and caring for their long-term conditions is equally strong among people in **ethnic minority** groups as compared to White people. In case of minor ailments there is a small difference among ethnic groups; 83% in ethnic minority groups say they are fairly or very interested in doing self care compared with 91% of White people.

In confirmation of overall levels of interest in self care, more than seven in ten people (71%) disagree that they do *not* want more responsibility for their own health and the majority of the public (85%) agree that people visit their GP unnecessarily.

**Fig 8: The extent to which the public takes responsibility in their own care
England 2004-05**

Responsibility over own care

Q To what extent do you agree with the following statements?



Base: All, General Public (1,638)

Source: MORI Survey

These findings suggest an awareness among the public that they could play a more active role in maintaining their own health, and there seems to be an openness among the public to take greater responsibility in caring for themselves.

Barriers and Enablers to Self Care

Issues relating to a lack of information and knowledge are regarded by the public as the biggest barriers to self care. These, along with advice and encouragement from care professionals, are regarded as the most important aspects to enable the public to do better self care.

These factors that are enablers or barriers to self care are very consistent across demographic groups, as are their relative importance.

However, lack of motivation also seems to be an issue -- many cite time and money as barriers (indicating self care may be a low priority to them). Improved information provision and training of care professionals may help to motivate as well as empower people to do better self care.

There are widespread, systematic failures that influence the decisions individuals currently make [about their own health]. These failures include a lack of full information, the difficulty individuals have in considering fully the wider social costs of particular behaviours, engrained social attitudes not conducive to individuals pursuing healthy lifestyles and addictions

The Wanless report, 2004

Barriers to self care

The most common aspects that the public say prevent them from doing self care are a **lack of time** (18%) **and money** (14%). And, as one might expect, full-time workers are more likely to mention lack of time (27%) than part-time workers (19%) or non-workers (9%). Similarly, those with the highest incomes are also *less* likely to cite a lack of money (10% earning over £30,000 say this compared with 14% on average).

However, we find that people often cite time and money as an easy 'excuse' for not doing something which they do not feel motivated to do. This is particularly likely here given that self care may not necessarily be expensive. It is also likely that people are not aware that self care support may even be free such as the Expert Patients Programme. Therefore, whilst people are generally interested in doing self care or in accessing self care support services, it may be that they are not strongly motivated to do so because of lack of awareness, information or skills to do so.

We have seen that the majority of people feel they are already very active in self care. Some people may mean that they are not interested in doing any more self care as they are doing quite a lot of it already.

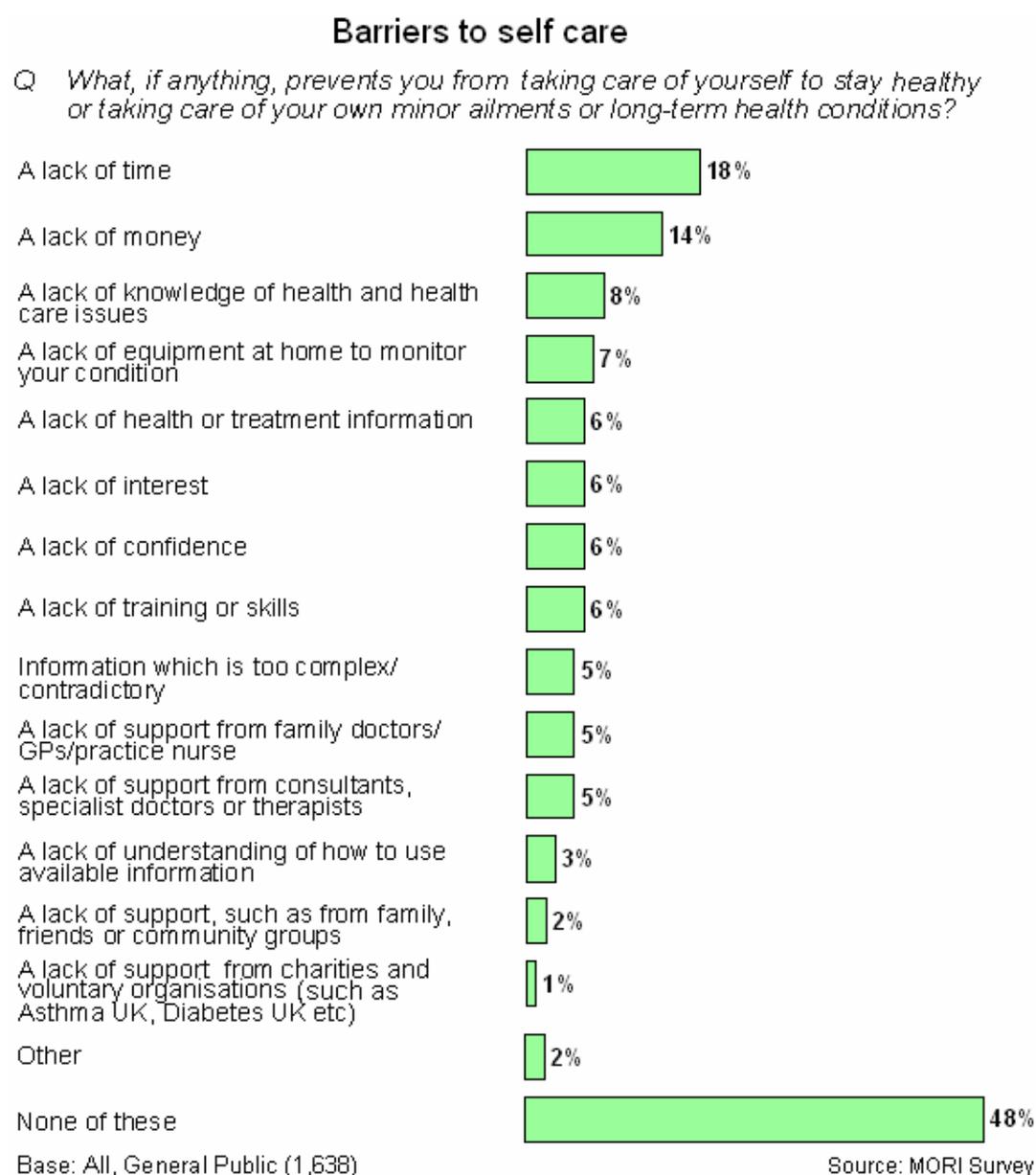
The next most common barriers to self care focus on knowledge and information: 8% cite lack of knowledge of health issues; 6% say that it is lack of health or treatment information, and 5% say that the information is too complex and they may not know how to use it. Taken together, issues around **knowledge and information become the largest barrier to self care**. Improving knowledge and information on how to use information to do self care is likely to be key to increasing motivation, as well as people's ability and skills to do self care.

7% of the people say that ***lack of equipment at home to monitor their condition*** is a barrier. This rises to 10% among those who describe their health as not good and among those who say they have a long-term condition. However among these groups, lack of time, money and knowledge are still more important than equipment.

Lack of support from a range of sources is also cited as a barrier as follows: from a GP/practice nurse 5%, a consultant/therapist 5%, family/friends 2%, community groups 2% and from voluntary agencies & patient organisations 1%.

For those who say their health is only fair or poor and those with a long-term condition, a lack of support from GPs/practice nurses and consultants/therapists, is twice as common a barrier to self care as it is for the general public as a whole (around one in ten, compared with one in twenty), although again these aspects are still less important than money and information among these groups.

Fig 9: Views of the public on barriers to self care, England 2004-05



These barriers, and their relative importance, are *very* similar across demographic groups (including by ethnicity and prevalence of long-term health conditions). Some differences which do emerge, such as those in social class DE are more likely to cite lack of support from their GP/practice nurse (8% vs 5% average) and lack of confidence (8% vs 5% or below for all other social classes) as barriers.

Enablers to better self care

When the public are asked what would better help them to be active in doing self care, knowledge and information again emerge as key. A quarter of the public (26%) cite better knowledge/understanding of minor ailments or long-term conditions, one in five (19%) cite more healthy lifestyle information.

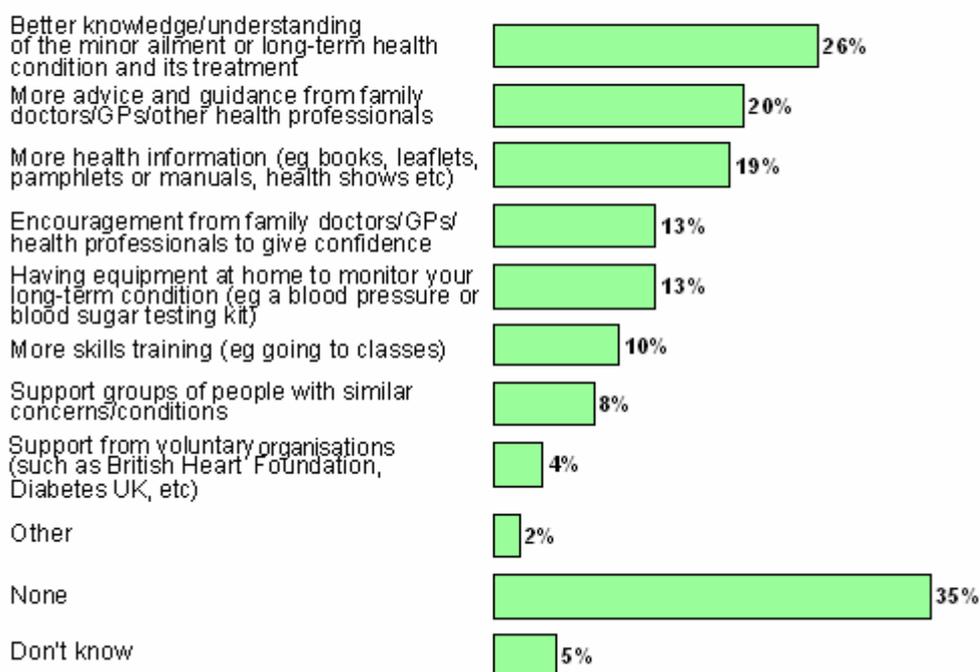
In addition, advice from care professionals emerges particularly strong: One in five (20%) say more advice and guidance from care professionals would enable them to do better self care, and 13% say more encouragement from them is important.

Further, 13% also say equipment in the home would enable them to do better self care (rising to 15% for those with long-term health conditions). One in ten (10% of the public) say more self care skills training would be important.

Fig 10: Views of the public on self care support, England 2004-05

Views of the public on the type of self care support they want in the future

Q *What, if any, of the following would better help you to stay healthy or take care of your own minor ailments or long-term health conditions?*



Base: All, General Public (1,638)

Source: MORI Survey

It is worth highlighting that nearly half (48%) of the public say that they do not see any major barrier that may prevent them from doing better/more self care. This may either be due to lack of motivation in doing self care or it may be that some of these people are already quite active in doing self care. Lack of motivation is the more likely reason for this kind of response.

Perceived barriers and enablers were largely consistent across all socio-demographic subgroups analysed (except where indicated above). However, the more disadvantaged groups were more likely to report no barriers indicating a possible lack of motivation or concern among these groups, and 26% among people in ethnic minority groups did not name any particular enablers, indicating lack of awareness or knowledge.

In the following chapters, we will explore three specific barriers/enablers in more detail -- knowledge and understanding, care professionals and support groups.

Knowledge and Understanding of Self Care

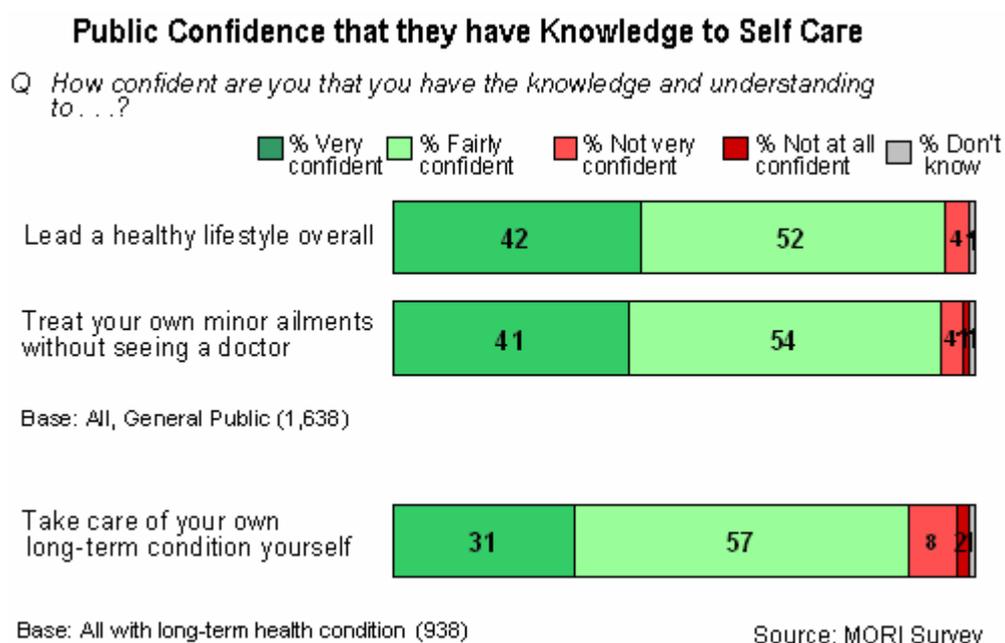
The majority say they are confident that they *already* have the knowledge and understanding to self care. At the same time people cite knowledge and understanding as the main enabler for better self care. This seems to suggest that while people have some knowledge to do self care, more information would be further helpful and providing training to people to help them use health information and knowledge would lead to enhanced self care.

Moreover, self care will also increase if care professionals were to motivate the public, increase their awareness, help them tackle any complacency, and raise their confidence in using the knowledge they have in taking care of themselves.

Although lack of knowledge and information are top among perceived enablers to self care, the majority of the public tend to say that they also feel confident that they have some knowledge and understanding they need to do self care:

- 94% say they are confident they have the knowledge and understanding to lead a healthy lifestyle
- 95% say they are confident they have the knowledge and understanding to treat their own minor ailments without seeing a doctor
- Nine in ten (89%) of those who say they have a long-term health condition say they are confident they have the knowledge and understanding to take care of their health conditions themselves.

Fig 11: Views of the public on their confidence to do self care, England 2004-05



This is a positive finding in some ways, but it may also indicate complacency, lack of motivation or lack of awareness as the public also says that for them knowledge and

understanding is also an enabler to enhanced self care. If the public has limited motivation to use or improve their knowledge and understanding, more support will need to be provided to overcome this.

Among the most **socio-economically disadvantaged groups** confidence about knowledge and understanding of self care are similar to the general public; confidence among the **elderly** is somewhat lower:

- Those in the 20% most deprived wards are as confident as the general public that they have the knowledge and understanding to lead a healthy lifestyle (93% compared with 95%)
- Those aged 85 or older are less confident they have the knowledge and understanding to treat their own minor ailments without seeing a doctor (85% compared with at least 95% in other groups).

People in **ethnic minority groups** are *less* likely to say that they are confident that they have the knowledge and understanding to do self care:

- 86% of people in ethnic minority groups say they are confident to do self care for leading a healthy lifestyle, compared with a national average of 95%
- 87% of people in ethnic minority groups say they are confident in doing self care of minor ailments, compared with a national average of 95%.

People who **feel that their health is poor** are less likely to have the confidence to self care:

- 83% of those whose health is at best fair or poor are confident to do self care; compared with a national average of 95%.

Having a **long-term condition** seems to be a factor in the confidence people have in doing self care. However, it may be worth noting that age, affluence and ethnicity do not appear to play a role in the confidence people have in self care of their long-term conditions. Among those with a long-term conditions, the perceived level of health is a more important determinant; i.e. the worse someone's health, the less confident they are in their own knowledge and understanding to do self care:

- 88% among all with a long-term condition are confident in taking care of themselves; 83% of those with long-term conditions whose health is at best fair or poor are confident in doing self care; compared to a national average of 95%.

The role of knowledge in encouraging interest and activity

The lower the level of people's confidence that they have the knowledge and understanding to do self care, the lower their interest and self care activity:

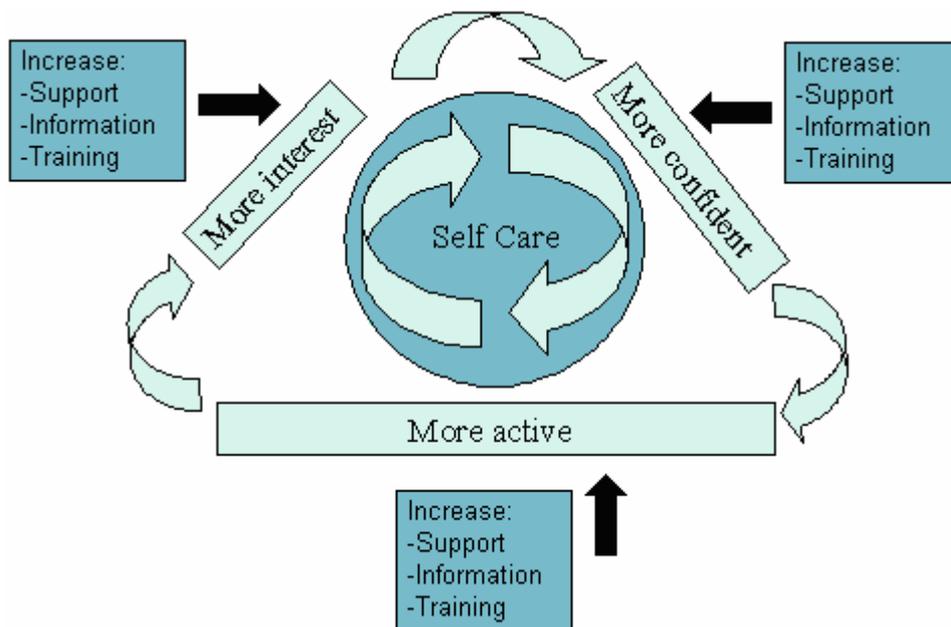
- In terms of self care activity, 20% of the people in ethnic minority groups who actively treat minor ailments themselves do so only sometimes, hardly ever or never, compared with half that proportion (10%) nationally. Similarly, people in ethnic minority groups are also *less* likely to be interested in doing self care (83% are interested compared with 90% among White people) and are

less confident they have the knowledge and understanding to treat their own minor ailments (87% say they are confident compared with the national average of 95%).

- Those who live in the most deprived wards (top 20% of IMD) are somewhat less likely to say they are actively leading a healthy lifestyle compared with those who live in more affluent areas (73% vs 79%). But they are as likely to say they are interested (94% vs 95%), and also nearly as likely to say they have the confidence in their knowledge and understanding to lead a healthy lifestyle (93% vs 95%).

As shown in the diagram below, **activity, interest and knowledge & understanding in self care are likely to be mutually reinforcing**. It may be beneficial to increase support in each of these areas.

Fig 12: The virtuous circle of self care



Self Care Support from Care Professionals

The majority of the public agree that guidance from care professionals would increase their confidence in taking care of their own health – and this is particularly the case among those with who say their health is poor.

However, over half of the public feel that they do not often receive encouragement from care professionals to do self care – and this includes those who have poor health and who are therefore in regular contact with care professionals.

When professionals do provide advice – such as in the case of care plans or written instructions for medicines – it is followed by a number of people and this can increase levels of self care.

When further promoting the role of care professionals in self care it will be important to bear in mind that socially disadvantaged groups and young people aged 15-24 are less confident than others in discussing their health problems with professionals.

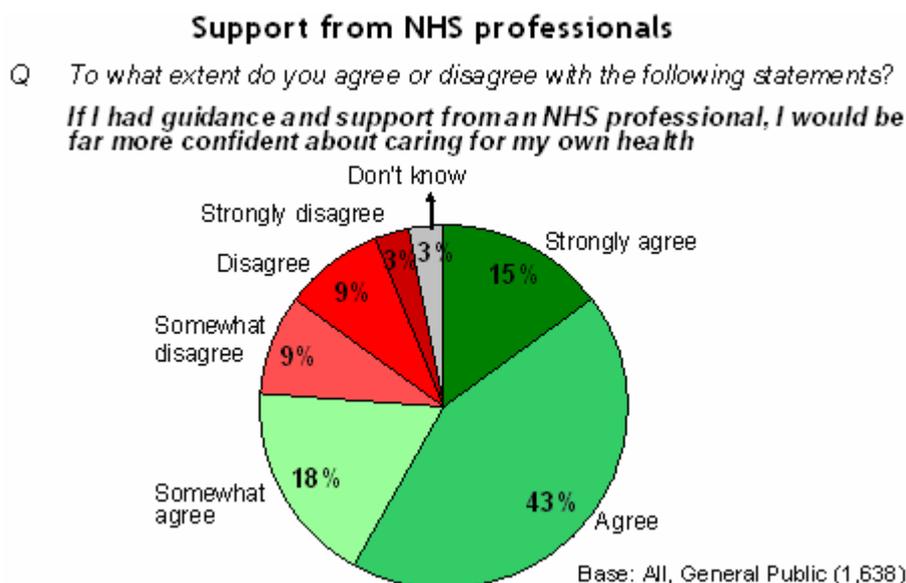
Use and awareness of patient organisations relating to specific long terms health conditions is relatively low. However, local community groups are felt to be an important source of support by some people and these could play a greater role in raising awareness and providing information and guidance on self care.

As well as care professionals, family, friends and colleagues are important sources of information, guidance and support for self care, particularly for younger people.

Importance of care professionals in supporting self care

Care professionals appear to have a vital role in supporting and increasing self care. As seen already, after knowledge and understanding, the public mentioned support from care professionals as the key enabler of self care. Reinforcing this view, 76% of the public agree that if they had **guidance and support from an NHS professional** they would be far more confident about taking care of their own health.

**Fig 13: Public want professionals to provide support for self care
England 2004-05**



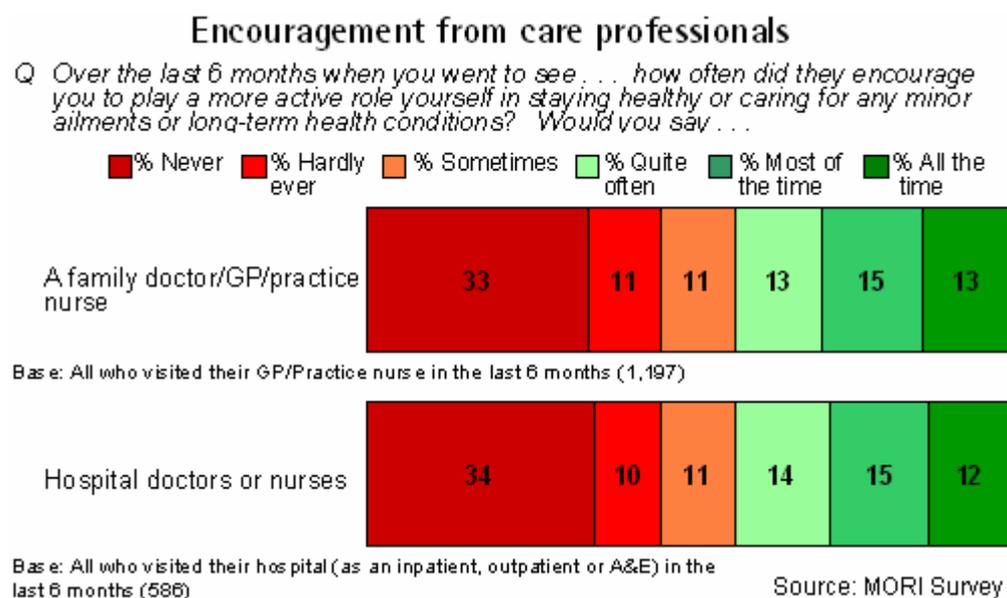
Furthermore, those who say they have poor health, the elderly and those who are socio-economically deprived, show lower levels of self care activity and they are more likely to say they would feel more confident to do self care if supported by a care professional. Compared with an average of 76%, the proportion that agree that advice and support from a care professional would give them more confidence to do self care is somewhat higher among those who say their health is fair or poor (80%).

In terms of desire for self care support and advice from care professionals, the survey does not find any difference among ethnic groups, or between people with long-term conditions and the general public.

Perceived contribution of care professionals

Despite the importance to the public of support from care professionals, they believe that they are *not* being encouraged to do self care by GPs or hospital professionals.

Fig 14: Views of the public on existing professional support for self care England 2004-05



More than half (55%) of the people who have been to their GP or practice nurse in the last six months say their GP or nurse has *not* often encouraged them to do self care including a third (33%) who say their GP or nurse has *never* encouraged them to self care during the last six months.

Four in ten (42%) say their GP or nurse **does** often encourage them, including 13% who say it happens every time, 15% who say it happened most of the time and 11% some of the time.

Likewise, with people who have seen a hospital doctor or nurse in the last six months, 40% say they have often been encouraged to do self care. Again, over half (55%) say they have not been encouraged often. This includes a third (34%) who say this has *never* happened and one in ten (10%) who say it *hardly ever* happened in last 6 months.

96% of those who were given a **care plan** following a hospital stay or visit say they often follow it, including over two-thirds (68%) who say they do so all the time. Likewise, nearly all (97%) of those who were given **written instructions for their medicines** often followed them, including four in five (81%) who followed them all the time.

However, only half (49%) of those who had been a hospital patient in the last six months say they were given written instructions for taking their medicines, and fewer than two in five (37%) were given a care plan.

**Fig 15: Views of the public on care plans and instructions for medicines
England 2004-05**

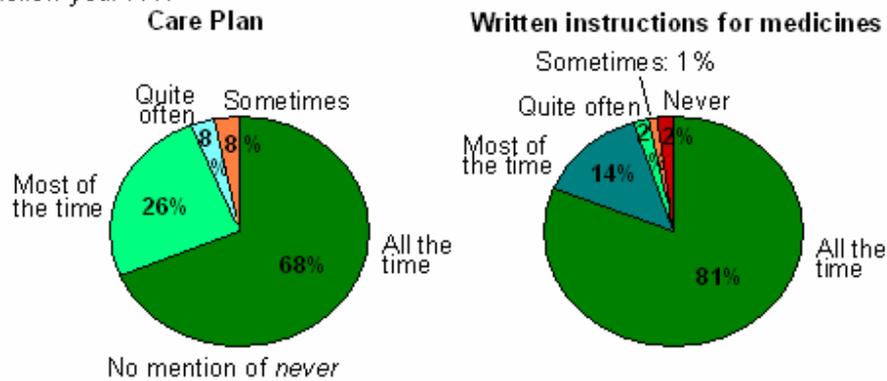
Provision and usage of care plans and written instructions for medicines

Q During or after your stay in hospital, were you provided with either . . . ?



Base: All those who have been to hospital as a patient in the last six months (253)

Q And following your stay in hospital in the last six months, how often did you follow your . . . ?



Base: All who were provided with a care plan (97)/ written instructions (122) Source: MORI Survey

Furthermore, those who say their health is only fair or poor and those with a long-term health condition are *no* more likely than the general public to say they were encouraged to do self care often when they see their GP/practice nurse (46% and 44% respectively vs 42% average) or hospital doctors and nurses (40% and 41% respectively vs 40% average).

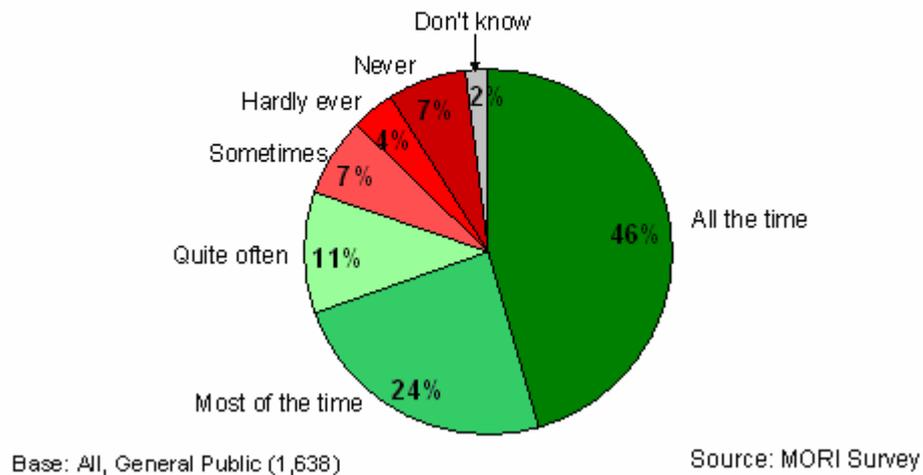
Communication with care professionals

Four in five (80%) members of the public say they feel confident quite often, most of the time or all of the time to discuss their health problems openly with a care professional.

**Fig 16: Confidence of the public in communicating with care professionals
England 2004-05**

Confidence in discussing health problems with care professionals

Q *When you see a care professional such as a doctor, nurse, therapist or a social worker, how often, do you feel confident to discuss your health problem openly with them ?*



Groups least likely to be confident (who say they never or hardly ever have confidence discussing their health problems with care professionals) include young adults, disadvantaged groups, those who feel their health is poor, people living in urban areas and those with low income:

- 27% of men and 32% women aged 15-24 years compared with 18% average in the population as a whole
- 20% among those not working compared with 16% in full- and part-time work
- 22% who say they have fair or poor health compared with 16% who say they are in good health
- 19% among those in urban areas compared with 11% in rural areas
- 18% among those earning up to £17,500 compared with 12% of those earning £30,000.

Interestingly, once again ethnicity and having a long-term health condition do not have a significant impact on these confidence levels.

Listening to care professionals & preparing questions for them

When going to see a care professionals, a third (32%) say they prepare a list of questions for them all of the time, most of the time or quite often. However, 55% say they hardly ever or never prepare a list of questions for professionals, including 43% who say they never do.

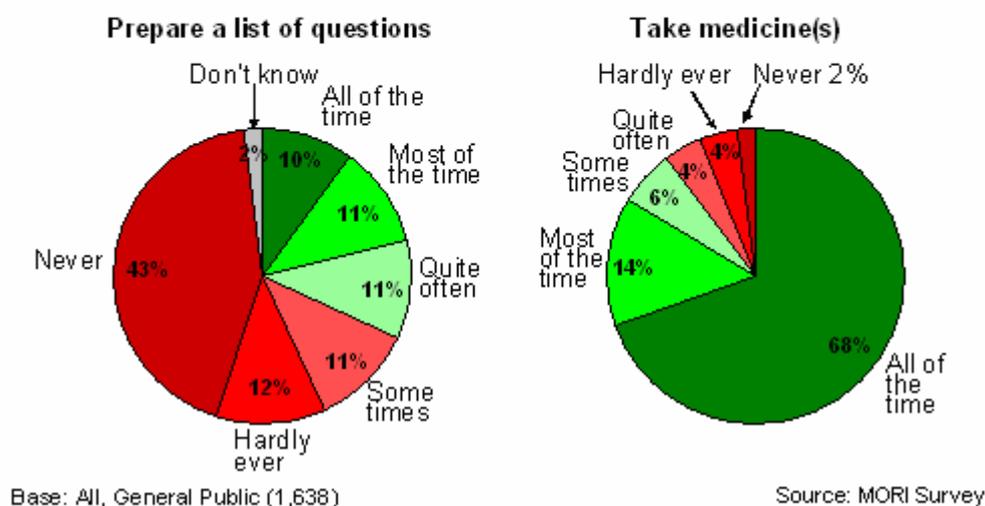
Nearly nine in ten people (88%) appear to take notice of their doctor's advice and say they take their medicine mostly or quite often, including 68% who always do. However, 6% say they hardly ever or never do so.

**Fig 17: Listening to care professionals and preparing questions for them
England 2004-05**

Preparing for and listening to care professionals

Q When you see a care professional such as a doctor, nurse, therapist or social worker, how often, would you say you prepare a list of questions for them?

Q how often, would you say you take medicine(s) when a doctor, nurse or pharmacist has asked you to?



Groups more likely to prepare a list of questions for care professionals include: those in social class AB (42% vs 32% average), earning over £30,000 (40% vs 32% average) and those living in more affluent areas (35% vs 26% of those living in the top 20% most deprived wards).

One group of people who are less likely to take their medicine are younger males. 4% of men aged 15-24 say they never take their medicine, compared to 2% of the people nationally. This is consistent with the lesser degree of confidence younger men have in discussing their problems with care professionals (see above).

Those who were provided with written instructions are *significantly* more likely to take their medicines *all the time* compared to the general public. Some of this higher level of likelihood may be accounted for by the fact that people who received written instructions had been to hospital in the last six months compared with the general public who were asked about medicine usage following their visit to a doctor, nurse or pharmacist.

This may mean that hospitalised patients, who had received written instructions following discharge from hospital, may have had more severe illness and hence more motivation to take their medicines. Also, given that those who receive written instructions are *more* likely to take medicines, it highlights the importance that advice, information and support from care professionals may have in increasing self care.

Table 4: Medicine intake, England 2004-05

Q	<i>How often would you say you take your medicine(s) when a doctor, nurse or pharmacist has asked you to do so?</i> <i>Base: All, general public (1,638)</i>	
Q	<i>And following your stay in hospital in the last six months, how often did you take your medicines regularly?</i> <i>Base: All those who were provided with written instructions during or following being a patient in hospital in the last six months (122)</i>	
	General Public	Those with written instructions following hospital discharge
	%	%
All the time	68	81
Most of the time	14	14
Quite often	6	2
Sometimes	4	1
Hardly ever	2	0
Never	2	2

Self Care Support Groups

Support groups may be helpful and important for certain categories of people, such as young people and those living in deprived conditions.

Two in three of the general public say that they would be more confident about doing self care if they were to receive support from someone with the same experiences, conditions and concerns. A similar percentage of the public, however, are not aware of support groups.

Importance of support groups

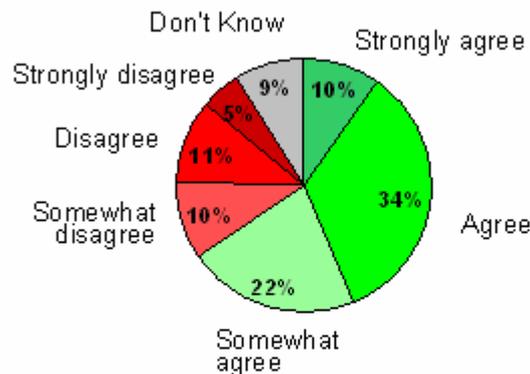
Support groups may have an important role to play for certain categories of people. For example, this was one of the three types of support that people from the more deprived groups say would enable them to do better self care compared with the rest of the public (it was third type of self care support after increased knowledge and understanding and encouragement from care professionals).

Two-thirds (66%) of the public say that if they had support from people who had the same concerns, problems or long-term health conditions, they would be far more confident about taking care of their own health.

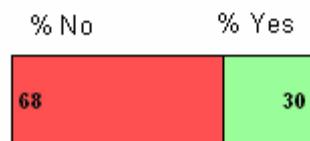
Fig 18: Interest in and awareness of local groups and national patient charities England 2004-05

Importance compared to awareness of support organisations & groups

Q To what extent do you agree or disagree with the following statement?
If I had support from people who had the same concerns, problems or long-term conditions as myself, I would be far more confident about caring for my own health.



Q And are you aware of any national charities, patient organisations, clubs or community support groups or networks who can help you with your health needs, such as Arthritis Care, Asthma UK, Diabetes UK, Health Focus?



Base: All, General Public (1,638)

Source: MORI Survey

Younger men and women, those living in more deprived areas, and those who are less likely to have heard of a support group, are more likely to agree that support from people with similar health problems, experiences, concerns and conditions would give them confidence to do self care.

- 77% of women aged 15-24 agree as do 73% of men aged 15-24, compared with an average of 66%.
- 45% agree who live in the top 20% most deprived wards, compared with 38% who live in other areas.

Use and awareness of support groups

Although one in ten (10%) say that self care skills training would better enable them to do self care, 95% of people say they have never used a relevant training course. 86% say they have never even heard of one.

Three in ten (30%) members of the English public say they are aware of support organisations, compared with over two thirds (68%) who are not aware.

3% of the general public, and 4% of those with long-term health conditions say they are a member of a patient organisation or community group.

**Table 5: Membership of patient organisations and community groups
England 2004-05**

Q	<i>And which of the following national charity, local club or support group are you a member of? Just read out the letter or letters that apply.</i>		
	General Public	People with long-term health conditions	Those with relevant conditions/ characteristics
	<i>%</i>	<i>%</i>	
British Heart Foundation	3	4	With cardiovascular condition – 7%
Macmillan Cancer Relief	3	3	With cancer/ leukaemia – 13%
Help the Aged	2	3	Aged 75 or over – 1%
Asthma UK	2	3	With asthma – 10%
Diabetes UK	2	3	With diabetes – 23%
Alcoholics Anonymous	1	2	-

Membership figures rise for patient organisations/charities depending on whether the respondent had a particular condition – nearly a quarter (23%) of those who say they have diabetes also say they are a member of Diabetes UK.

The more affluent, White, middle classes are more likely be aware of a voluntary organisation or community group, be a member of one, be aware of a training course, and to have used one. For example:

- 16% of social classes ABs have heard of a self care skills training course, compared with 10% of C2s and 9% of DEs
- One in 25 ABs (4%) have used a self care skills training course, compared with one in a hundred (1%) C1s and DEs and 2% of C2s.
- Two in five (40%) ABs are aware of voluntary organisations or community groups, compared with just over one in five (23%) DEs
- One in three (31%) White people say they are aware of voluntary organisations or community groups, compared with one in five (21%) among people in ethnic minority groups.

Those who say their health is not good, including those with long-term health conditions, are **not significantly** more likely than average to be aware of voluntary organisations, charities and community groups.

The role of family, friends and the local community

As well as care professionals, family, friends and colleagues are perceived by people as important sources of information, guidance and support when it comes to self care. Following GPs and practice nurses, they are the most used *current* source of self care information and the most *preferred* source.

A quarter (25%) of people say they have provided health advice to a member of their family, friends or colleagues. Around one in six (16%) say they have acted on advice of family, friends or colleagues.

Currently, the local community plays a seemingly lesser role in self care. 7% of the people receive health advice from the local community or neighbourhood, compared to information they receive from family, friends or colleagues (16%) or from a health book, manual or magazine (18%).

However, the 7% who do receive and act on health advice from a member of their local community or neighbourhood are still more than twice the number of those who have *received* self care advice from national charities or patient organisations (3%).

Table 6: Sources of self care information, England 2004-05

<i>Q</i>	<i>And which, if any, of the following have you personally done in the last six months? "I have..."</i>	
	Provided health advice to...	"I have taken action based on information I found in..." / "I have acted on health information received from..."
	%	%
A health book, manual or magazine	Not applicable	18
A member of my family, friends or colleagues	25	16
A health website I consulted	Not applicable	8
A member of my local community or neighbourhood	9	7

Base: All, General Public (1,652)

Those in the north of England and those who are more deprived are less likely to provide advice to family, friends or colleagues or act on advice from them.

Women are also more likely to provide health advice than men – to family, friends and colleagues and to the local community.

- Only one in five (20%) men have provided health advice to a member of the family, friends or colleagues compared with 29% among women.

Sources of Self Care Advice and Information

GPs are the most common source of self care information and the preferred source while practice nurses are the third most common source along with health books and magazines.

Information sources that are under-utilised (i.e. where preference to use outweighs current usage) currently include pharmacists and Internet sites. Along with the Internet, other forms of ICT appear to be valuable tools to support self care, including digital TV.

While there is low usage of NHS Direct services, the public want to use them more in the future.

Five times as many people wish to use NHS Direct Online than currently do, for example, and the Internet is also seen as another under-used source of self care information.

However, those least likely to have access to the Internet (the elderly and most socio-economically deprived) also tend to be the 'poorest' in terms of using self care information.

Information and communication have already been seen to be key to self care. Taken together, they are the most prominent barriers and enablers. People want more information to give them confidence to do self care, and they also want self care advice and guidance from care professionals.

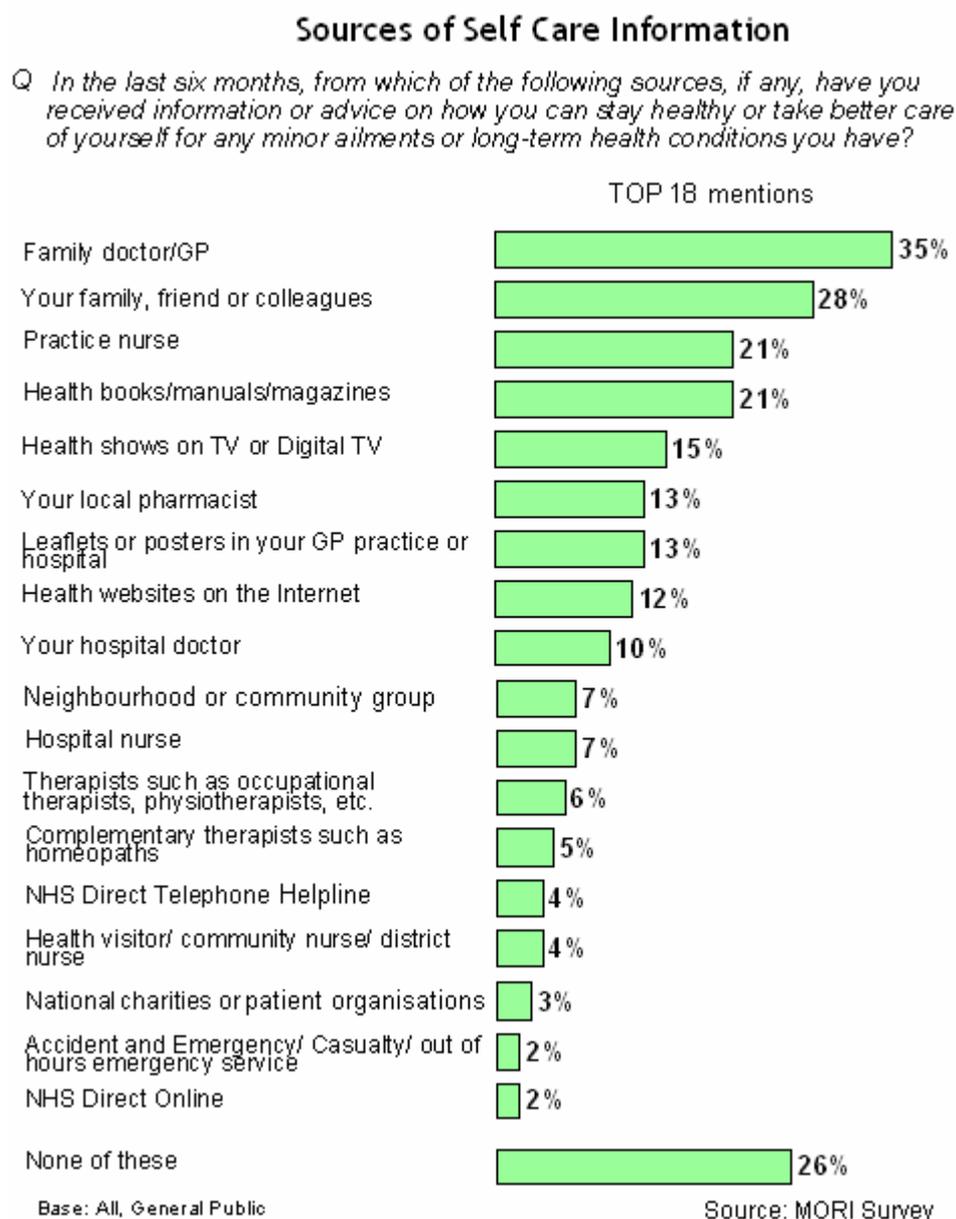
Current information sources

Over a third (35%) of the public say they receive care information from the GP. Over a quarter (28%) say they receive care information from friends, family and colleagues.

Following this, 21% say that practice nurse provide them with self care information, another 21% say they get self care information from health books, manuals or magazines, and 15% say health shows on TV/DiTV.

People also mention other sources: community groups (7%), NHS Direct (4% mention the telephone helpline and 2% the online service); or national charities or patient organisations (3%).

**Fig 19: Views of the public on sources of self care information used by them
England 2004-05**



That health books and TV shows are the third and fourth most cited sources of self care information may suggest that they are easily accessible, but also that people are actively seeking information to take care of themselves.

However, the elderly are less likely to say they consult these sources, for example, only 4% of the elderly cite TV shows, compared with an average of 15%. Those aged over 85 are more likely to consult family and friends (56% compared with an average of 33%), a health visitor (7% compared with an average of 4%) or A&E (5% compared with an average of 2%).

The more deprived (measured by IMD) are slightly *more* likely than average to gain self care information from TV shows (17% vs 15%), and are also *less* likely to consult books (18% in top fifth of IMD vs 22% among others).

In looking at nursing in more detail, 21% of people say they have received self care information or advice from practice nurses. This makes them the joint third largest source of self care information following GPs, and health books/manuals/magazines. Fewer people, however, have received information from other nurses: 7% from hospital nurses, 3% from Health Visitors and District nurses and 2% from Community nurses.

Preferred information sources

GPs are overwhelmingly the preferred source of self care information, mentioned by over half (51%). This suggests they will be a key ally in providing self care support, and increasing self care. The next most preferred sources are family and friends (mentioned by 25%), the local pharmacist (21%) and health books and manuals (20%).

The following table shows the top ten preferred sources of self care information. The table also shows the percentage points difference between sources used currently, and preferred sources in the future.

**Table 7: Current and future preferred sources of self care information
England 2004-05**

	Current source	Preferred source	Net percentage point difference
<i>QA In the last six months, from which of the following sources have you received information or advice on how you can stay healthy or take better care of yourself for any minor ailments or long-term health conditions you have?</i>			
<i>QB And which of these sources would you wish to use in the future for information or advice on what you can do yourself to stay healthy or take better care of yourself . . . ?</i>			
<i>Base: All English public (1,638)</i>	%	%	+%
Your family doctor/GP or practice nurse	35	51	+16
Your family friends or colleagues	33	25	-8
Health books/manuals/ magazines	21	20	-1
Health shows on TV or Digital TV	15	12	-3
Your local pharmacist	13	21	+8
Leaflets or posters in your GP practice or hospital	13	13	0
Health websites on the Internet	12	18	+6
Your hospital doctor or nurse	10	14	+4
Therapists such as an occupational therapist	6	7	+1
Complementary therapist such as a homeopath	5	7	+2

As the table shows, for most sources of self care information the level of current usage is similar to levels of preference for the future.

However, levels of preference are higher than current usage for GPs and health websites on the Internet and these can be used further to promote self care.

The importance of **pharmacists** reflects the findings of other MORI research¹² that suggests that pharmacists are a preferred source of primary health care, because they are:

- Trusted – seen as knowledgeable about health issues
- Accessible – seen as friendly
- Accessible – in terms of location, often located on a high street ‘near by’
- Accessible – no appointments/ waiting times.

This suggests that pharmacists may be another key ally in promoting self care.

There is still, however, a gap in information provision around staying healthy and other forms of self care. A quarter (26%) of the public say they have not received any self care information from any of the sources that were stated in the questionnaire at the time of the survey. This suggests that there may be other sources that need to be explored further.

Fewer people with long-term health conditions say they receive no information (21%) compared to the national average. There does not appear to be any difference among ethnic groups whether White or non-White.

Those who say they have not received any information are likely to be less affluent, living outside the south, in urban areas, be older and less interested in self care. For example:

- 32% of those with a low interest in self care say they received no information, compared with 24% of those with high interest
- 30% of those in social class DE say they received no information vs 18% of ABs
- 27% in urban areas vs 18% in rural
- 36% aged 75-84 vs 26% aged 65-74.

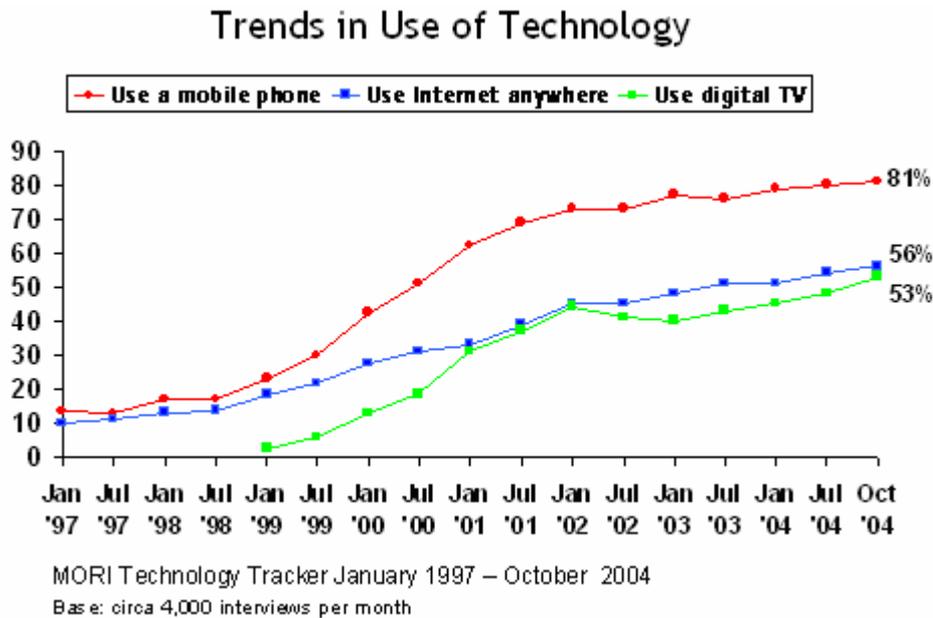
The elderly and deprived are also less likely to have access to the internet, the third largest source of self care information in terms of unmet need.

¹² See for example MORI/ Royal Borough of Kensington and Chelsea, 2003, *Access to Health care*

Information and Communications Technology

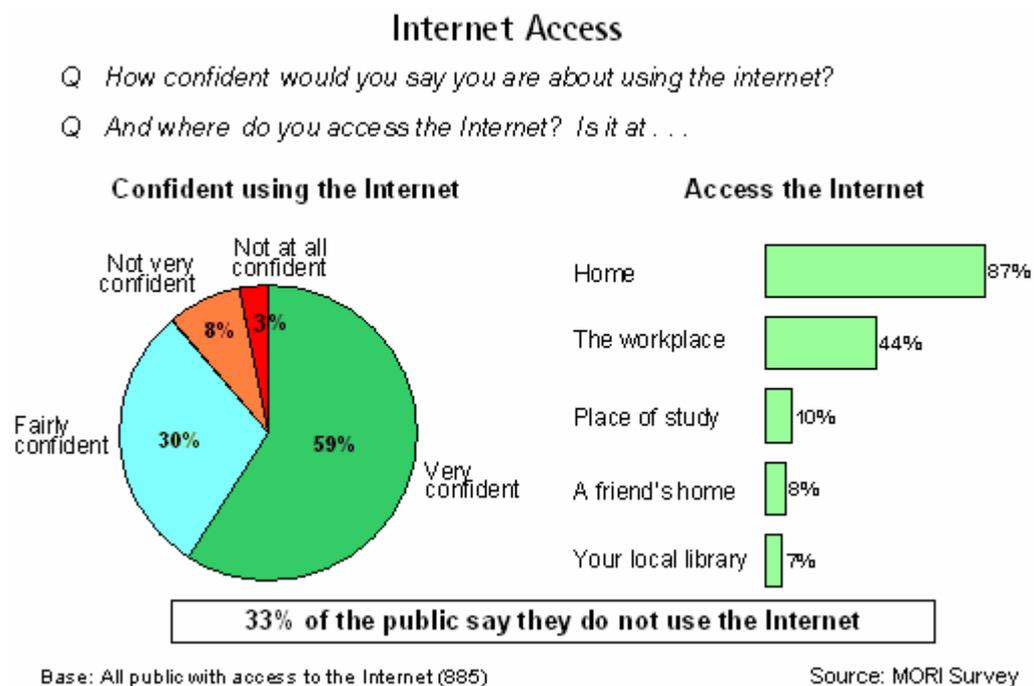
The increased future demand for health sites on the Internet reflects the growth of the Internet as a communication tool, a trend also evident for mobile phones and digital TV.

Fig 20: Trends in the use of Internet and Digital TV, Great Britain 1997-2004



Two-thirds (66%) of the public say that they have access to the Internet, nine in ten (89%) of whom say they are confident at using it including 59% who say they are *very* confident. Most commonly people use it at home, followed by the workplace.

Fig 21: Access to the Internet, England 2004-05



A third (33%) of the public, however, says they do not use the Internet. There is no difference in usage between people in White and ethnic minority groups. Those that don't have access are, however, more likely to have worse health, be less active and confident self carers, be older, and less affluent. For example, non-usage among these groups is as follows:

Poorer health, poorer self carers

- 48% of those who say their health is fair or poor do not have access to the Internet
- 40% of those who say they have a long-term condition and 49% of those who say their condition is limiting
- 42% of those who are less active self carers compared with 28% of those who are highly active self carers
- 45% of those with low interest in self care compared with 27% with high interest.

Less affluent

- Over half (55%) of those in social class DE say they do not have access to the Internet
- Two in five (40%) in the North
- A quarter (73%) of those with no formal qualifications
- Half (52%) of those who live in rented council or Housing Association accommodation say they do not have access to the Internet.

Older in age

- Four in five (81%) of those aged over 64 compared with an average of 33% say they do not have access to the Internet.

Those that need self care information most – i.e. those with poorer health, the less affluent and the elderly – are also those who say they do not have access to the Internet. Special attention will need to be paid to the needs of these groups as they may not be able to use the Internet to access self care information.

Those in social class DE are more likely to use mobile phones and Digital TV. According to the MORI Technology Tracker, while internet usage among those in social class DE has doubled from 7% in January 1997 to 14% in January 2004 and 15% in October 2004, other new technologies are more widely used by this group.

For example, nearly a quarter of mobile phone users, a more popular medium than the Internet, are from social class DE. Also, while internet and Digital TV usage is comparable between social class DE and the general population (56% and 53% respectively), nearly a quarter of Digital TV users are in social class DE (23%) (and this has been fairly consistent over the last two years) compared with the 15% of Internet users who are in social class DE. This shows Digital TV to be the more popular media and technology than the Internet among this group.

However, even for those aged 34 or under, and for social class DE, leaflets in surgeries or hospital, health books or magazines and support from care professionals are still equally or *more* preferred as sources of self care information.

NHS Direct and Walk-in Centres

Few people say they have used NHS Direct in the last six months – 4% say they have used the telephone helpline service and 2% the online service. 1% say they have used a walk-in centre.

However, **people say they want to use them more in the future:**

- Three times as many people (12%) say they would wish to use NHS Direct telephone helpline for information and advice in the future compared to those who say they have used it in the last six months (4%)
- Five times as many (10%) say they would wish to use NHS Direct Online compared with current users (2%)
- Six times as many (6%) say they wish to use walk-in centres compared with the 1% of current users.

Given that people say they will increasingly look to health websites on the Internet, and given that trust still resides in care professionals (especially GPs and practice nurses), NHS Direct Online appears to have a key potential role to play in the future, along with local community groups, peers and people with similar health problems and conditions.

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Copyright and Publication of Data

All data are copyright of the Department of Health and any press release or publication of the findings of this survey requires the advance approval of the Department.

Appendices

Appendix 1: Omnibus Methodology - Technical Details

Sample Design

MORI's Omnibus sample is a constituency based quota sample. There are 641 parliamentary constituencies covering Great Britain. From these, they select one in three (210) to be used as the main sampling points on the MORI Omnibus. These points are specially selected to be representative of the whole country by region, social grade, working status, MOSAIC rurality, tenure, ethnicity and car ownership. Within each constituency, one local government ward is chosen which is representative of the constituency.

Within each ward or sampling point, they interview ten respondents whose profile matches the quota groups shown below. The total sample therefore is around 2,100 (10 interviews multiplied by 210 sampling points).

Gender:	Male; Female
Household Tenure:	Owner occupied; Council Tenant/HAT; Other
Age:	15 to 24; 25 to 44; 45+
Working Status	Full-time; part time/not working

These quotas reflect the socio-demographic makeup of that area, and are devised from an analysis of the 1991 Census combined with more recent ONS (Office of National Statistics) data. Overall, quotas are a cost-effective means of ensuring that the demographic profile of the sample matches the actual profile of GB as a whole, and is representative of all adults in Great Britain aged 15 and over.

For this England-focused survey they interviewed the 1,638 respondents in August 2004 and 1,652 respondents in January 2005 based in the 200 sample points in England.

Fieldwork

Fieldwork is carried out by MORI using CAPI (Computer Assisted Personal Interviewing). All interviews are conducted face to face, in the home – one interview per household. No incentives are offered to respondents.

Weighting and Data Processing

Data entry and analysis are carried out by an approved and quality-assured data processing company. The data are weighted using 6 sets of simple and interlocking rim weights for social grade, standard region, unemployment within region, cars in household, and age and working status within gender. This is to adjust for any variance in the quotas or coverage of individual sampling points so that the sample is representative of the GB adult population.

Statistical Reliability

Because a sample of the English public, rather than the entire population, was interviewed the percentage results are subject to sampling tolerances – which vary with the size of the sample and the percentage figure concerned. For example, for a question where 50% of the people in a (weighted) sample of 1,638 respond with a particular answer, the chances are 95 in 100 that this result would not vary more than 3 percentage points, plus or minus, from the result that would have been obtained from a census of the entire population (using the same procedures). The approximate tolerances that may apply in this report are given in the table below¹³.

Approximate sampling tolerances applicable to percentages at or near these levels (at the 95% confidence level)			
Size of sample or sub-group on which survey result is based	10% or 90% ±	30% or 70% ±	50% ±
100	6	9	10
500	3	4	4
1,638	2	2	2

Source: MORI Survey

Tolerances are also involved in the comparison of results between different elements of the sample. A difference must be of at least a certain size to be statistically significant. The following table is a guide to the approximate sampling tolerances applicable to comparisons between sub-groups.

Differences required for significance at the 95% confidence level at or near these percentages			
Size of sample on which survey result is based	10% or 90% ±	30% or 70% ±	50% ±
758 vs 880 (male vs female)	3	5	5
388 vs 446 (Social class AB vs DE)	4	6	7
1180 vs 455 (health condition good vs not good)	3	5	5

Source: MORI Survey

¹³ These tolerances are based on a purely random sample. This survey, however, used a quota sample, although differences in tolerance to those presented above would not be significant.

Definition of Social Grades

The grades detailed below are the social class definitions as used by the Institute of Practitioners in Advertising, and are standard on all surveys carried out by MORI (Market & Opinion Research International Limited).

Social Grades			
	Social Class	Occupation of Chief Income Earner	% of population
A	Upper Middle Class	Higher managerial, administrative or professional	2.9
B	Middle Class	Intermediate managerial, administrative or professional	18.9
C1	Lower Middle Class	Supervisor or clerical and junior managerial, administrative or professional	27.0
C2	Skilled Working Class	Skilled manual workers	22.6
D	Working Class	Semi and unskilled manual workers	16.9
E	Those at the lowest levels of subsistence	State pensioners, etc, with no other earnings	11.7

Appendix 2: Topline Data

- This document provides the topline results of a face-to-face survey conducted among the general public across England.
- Fieldwork took place on 12-16 August 2004 and on 20-24 January 2005.
- Data is based on 1,638 interviews in 2004 and 1,652 interviews in 2005.
- Interviews were conducted face-to-face using CAPI (Computer Assisted Personal Interviewing).
- Data have been weighted to reflect the national known profile of adults aged 15+ in Great Britain.
- All figures are given in percentages.
- Where results do not sum to 100%, this may be due to multiple responses, computer rounding or the exclusion of “don’t know/not stated” response categories
- An asterisk (*) represents a value of less than one per cent, but not zero
- Most results are based on all=1,638 people unless otherwise stated; in some cases results are based on all=1,652 people; in a few other cases results are based on all=1,638 +1,652 =3,290 people.

Please indicate which of the following on the scale applies to you best. Overall...		All the time	Most of the time	Quite often	Some times	Hardly ever	Never	Don't know/ No opinion
		%	%	%	%	%	%	%
Q1.	I feel satisfied with my life...	17	60	10	9	3	0	0
Q2.	I feel I have control over my life...	22	54	9	10	4	0	1

Q3.	Over the last six months would you say your health has, on the whole, been...?	%
	Excellent	13
	Very good	33
	Good	28
	Fair	17
	Poor	8
	Very poor	2

Q4. Which, if any, of the following long-term health conditions or disabilities do you have personally? Just read out the letter or letters that apply		%
	Back pain or other pain	19
	Heart attack/ Angina/ High blood pressure/ Stroke/ Other cardio-vascular disease	14
	Arthritis/Rheumatism/ other musculoskeletal disease	13
	Asthma/ Chronic obstructive pulmonary disease (COPD)/ Emphysema/ other respiratory disease	9
	Anxiety/ Depression/ other mental illness	8
	Visual impairment	8
	Diabetes	5
	Hearing impairment	5
	Irritable Bowel Syndrome (IBS)	4
	Thyroid problems	3
	Cancer/ Leukaemia	2
	Psoriasis	2
	Endometriosis	1
	Epilepsy	1
	Inflammatory Bowel Disease (IBD/Crohn's/Ulcerative Colitis)	1
	Chronic Fatigue Syndrome/ME	0
	HIV/ AIDS	0
	Multiple Sclerosis (MS)	0
	Polio	0
	Sickle Cell Anaemia	0
	Liver disease	0
	Other	5
	Don't know	1
	None of these	44

Q5. And does your long-term health condition or disability limit your activities in any way, or not?		%
	Yes	43
	No	57
	Don't know	0

Base: All with a long-term health condition (959)

	How often do you take an active role in...?	All the time	Most of the time	Quite often	Some times	Hardly ever	Never	Don't know/ No opinion
		%	%	%	%	%	%	%
Q6.	leading a healthy lifestyle (such as doing exercise regularly, healthy eating, not smoking)	22	35	20	14	6	3	1
Q7.	treating yourself for minor ailments (such as coughs or stomach aches) when you get them (e.g. rather than going to the doctor)	42	34	11	6	3	1	2
Q8.	caring for your long-term health condition yourself (such as monitoring it and administering treatment)	36	33	14	9	4	3	2

Q8 Base: All with a long-term health condition (959)

	To what extent are you interested in ...?	Very interested	Fairly interested	Not very interested	Not at all interested	Don't know
		%	%	%	%	%
Q9.	leading a healthy lifestyle overall	53	42	4	1	1
Q10.	doing exercise regularly	42	38	12	4	3
Q11.	having a balanced diet	49	42	7	1	1
Q12.	quitting smoking (if you are a smoker)	10	11	7	6	66
Q13.	playing a greater role in treating your minor ailments yourself	47	43	5	1	3
Q14.	playing a greater role in taking care of your long-term health condition yourself (such as controlling it, monitoring it or administering treatment)	48	39	7	2	4

Q14 Base: All with a long-term health condition (959)

Q15. How many glasses of water do you drink in an average day, if any? This does not include any water in other drinks such as squash, tea or coffee.	%
0	14
1	9
2	15
3	15
4	15
5	10
6	8
7 or more	15

Q16. And how many portions of fruits and vegetables do you have in a day? Please count a portion of fruit as something like an apple, a nectarine, an orange, half a banana or a cup of fruit juice; a portion of vegetables is half a cup of vegetables.	%
0	4
1	11
2	17
3	20
4	18
5	19
6 or more	11

Q17. How often, if at all, would you say you take medicine(s) when a doctor, nurse or pharmacist has asked you to?	%
All the time	68
Most of the time	14
Quite often	6
Sometimes	4
Hardly ever	4
Never	2
Don't know	1

	How confident, if at all, are you that you have the knowledge and understanding to...?	Very confident	Fairly Confident	Not very confident	Not at all confident	Don't know
		%	%	%	%	%
Q18.	lead a healthy lifestyle	42	52	4	0	1
Q19.	treat your own minor ailments without seeing a doctor	41	54	4	1	1
Q20.	take care of your own long-term health condition yourself (such as monitoring or treating it)	31	57	8	2	1

Q20 Base: All with a long-term health condition (959)

Q21. What, if anything, prevents you from staying healthy or taking care of your own minor ailments or long-term health conditions? Just read out the letter or letters that apply	%
A lack of time	18
A lack of money	14
A lack of knowledge of health and health care issues	8
Lack of equipment at home to monitor your condition (e.g. a blood pressure or blood sugar testing kit)	7
A lack of health or treatment information	6
A lack of interest	6
A lack of confidence	6
A lack of training or skills	6
Information which is too complex/contradictory	5
A lack of support from family doctors/ GPs/ practice nurses	5
A lack of support from consultants, specialist doctors or therapists	5
A lack of understanding of how to use available information	3
A lack of support, such as from family, friends or community groups	2
A lack of support from national charities, patient organisations or voluntary agencies (such as Asthma UK, Diabetes UK, etc)	1
Other	2
None of these	48
Don't know	3

Q22. Which, if any, of the following would better help you to stay healthy or take care of your own minor ailments or long-term health conditions? Please read out the letter or letters that apply.	%
Better knowledge/ understanding of the minor ailment or long-term health condition and its treatment	26
More advice and guidance from family doctors/ GPs/other health professionals	20
More health information (e.g. books, leaflets, pamphlets or manuals, health shows on TV/Digital TV or health websites)	19
Encouragement from family doctors/GPs/ health professionals to give confidence	13
Having equipment at home to monitor your long-term health condition (e.g. a blood pressure or blood sugar testing kit)	13
More skills training (e.g. going to classes)	10
Support groups of people with similar concerns / conditions	8
Support from voluntary agencies, charities and patient organisations (such as British Heart Foundation, Diabetes UK, etc)	4
Other	2
None of these	35

How many times have you made use of the following services for your own personal treatment or care in the last 6 months?								
		Not at all	Once	2 to 3 times	4 to 6 times	7 to 10 times	Over 10 times	Don't know
		%	%	%	%	%	%	%
Q23.	Your family doctor/ GP/ or practice nurse	29	23	26	12	4	5	1
Q24.	Your local pharmacist	34	18	26	13	4	5	1
Q25.	A hospital doctor or nurse as a hospital patient	77	11	8	2	1	1	1
Q26.	Accident and Emergency Department / Casualty/Out of hours emergency services	88	9	2	0	0	0	1
Q27.	Outpatients	77	12	7	2	0	1	1
Q28.	Health visitor/ Community nurse / District nurse	93	2	2	1	0	1	1
Q29.	NHS Walk-in centre	95	3	1	0	0	0	1
Q30.	NHS Direct telephone helpline	91	6	2	0	0	0	1
Q31.	NHS Direct Online	97	1	1	0	0	0	1
Q32.	Social worker	98	0	0	0	0	0	1
Q33.	Rehabilitation in a care centre	99	0	0	0	0	0	1
Q34.	Therapists such as physiotherapist, chiropodist, psychologist etc	88	3	4	2	1	1	1
Q35.	Complementary therapist such as homoeopath, osteopath etc	92	2	3	2	1	1	1

Q36. And regarding your stay(s) in hospital, how many nights did you spend in hospital on your longest visit? DO NOT PROMPT	%
No nights, less than 24 hours	48
1	13
2	8
3	2
4	3
5	3
6	3
7	3
More than 7 nights but less than 14	6
More than 14 nights (two weeks) but less than 28 nights (four weeks)	3
More than 28 nights (four weeks) but less than 42 nights (six weeks)	1
More than 42 nights (over six weeks)	1
Don't know/ can't remember	6

Base: All who visited hospital as a patient in the last 6 months (376)

Over the last 6 months when you went to see ... [READ OUT Q37 AND Q38, ALTERNATE ORDER], how often did they encourage you to play a more active role yourself in staying healthy or caring for any minor ailments or long-term health conditions? Would you say...								
		Every time	Most of the time	Quite often	Some times	<i>Hardly ever</i>	Never	Don't know
Q37.	A family doctor/GP/ practice nurse	13	15	13	11	11	33	3
Q38.	Hospital doctors or nurses	12	15	14	11	10	34	4

Q37 Base: All who visited their GP or practice nurse in the last 6 months (1197)

Q38 Base: All who visited their hospital (as an inpatient, outpatient or A&E) in the last 6 months (586)

	All the time	Most of the time	Quite often	Some times	Hardly ever	Never	Don't know
Q39. When you see a care professional such as a doctor, nurse, therapist or a social worker, how often, if at all, would you say you prepare a list of questions for them?	10	11	11	11	12	43	2
Q40. When you see a care professional such as a doctor, nurse, therapist or a social worker, how often, if at all, do you feel confident to discuss your health problem openly with them?	46	24	11	7	4	7	2

Q41. In the last 6 months, from which of the following sources, if any, have you received information or advice on how you can stay healthy or take better care of yourself for any minor ailments or long-term health conditions you have?		
Q42. And which of these sources, if any, would you wish to use in the future for information or advice on what you can do yourself to stay healthy or take better care of yourself for any minor ailments or long-term health conditions you may have?		
	Q41	Q42
	%	%
Your family doctor/ GP or practice nurse	35	51
Your family, friends or colleagues	33	25
Health books/ manuals/magazines	21	20
Health shows on TV or Digital TV	15	12
Your local pharmacist	13	21
Leaflets or posters in your GP practice or hospital	13	13
Health websites on the Internet	12	18
Your hospital doctor or nurse	10	14
Therapists such as occupational therapist, physiotherapist, chiropodist, psychologist etc	6	7
Complementary therapist such as homeopath, osteopath etc	5	7
Health visitor/ Community nurse / District nurse	4	5
NHS Direct telephone helpline	4	12
Local or National Charities or Patient Organisations such as Asthma UK, Diabetes UK, British Heart Foundation, Help the Aged etc	3	4
Accident and Emergency Department / Casualty/Out of hours emergency services	2	4
Neighbourhood or local community support groups or networks	2	4
NHS Direct Online	2	10
An NHS Walk-in centre	1	6
Social worker	1	2
Health audio or video tapes	1	3
Other	2	1
None of these	26	13
Don't know	2	6

To what extent do you agree or disagree with the following statements?		Strongly agree	Agree	Some-what agree	Some-what disagree	Dis-agree	Strongly disagree	Don't know	
Q43.	People in this country often visit their family doctors/GPs when it is not necessary	31	33	20	4	3	1	7	%
Q44.	When I have a minor ailment, the first thing I do is try and find out some health information for myself	29	51	11	3	4	1	1	%
Q45.	If I had guidance and support from an NHS professional, I would be far more confident about caring for my own health	15	43	18	9	9	3	3	%
Q46.	I don't want any more responsibility over my health	3	13	8	14	35	22	4	%
Q47.	If I had support from people who had the same concerns, problems or long-term health conditions as myself, I would be far more confident about caring for my own health	10	34	22	10	11	5	9	%

Q48. Have you ever heard of or used a training course that helps you to learn the skills to do self care, such as the Expert Patients Programme, Challenging Arthritis, or DAFNE for diabetes, or any other such? Which of the following applies?	%
Heard	12
Not heard of	86
Used	2
Not used	95
Don't know	2

Q49. And are you aware of any local or national health societies, clubs or community support groups or networks who can help support you with your health needs, such as Asthma UK, Diabetes UK, Health Focus, Sikh Welfare Society or Saheli Club or any other such?	%
Yes	30
No	68
Don't know	2

Q50. And which of the following, if any, national or local health society, club or support group are you a member of? Just read out the letter or letters that apply.		%
A	British Heart Foundation	3
B	Macmillan Cancer Relief	3
C	Alcoholics Anonymous	2
D	Asthma UK	2
E	Diabetes UK	2
F	Help the Aged	2
G	MIND (National Association for Mental Health)	2
H	Royal National institute for the Blind (RNIB)	2
I	Action on Smoking and Health (ASH)	1
J	Arthritis Care	1
K	Multiple Sclerosis (MS) Society	1
L	BackCare	0
M	Health Focus	0
N	LINK Centre for Deafened People	0
O	Manic Depression Fellowship	0
P	Parivar Society	0
Q	Sab Ki Awaaz	0
R	Saheli Club	0
S	Sikh Welfare Society	0
T	Other	3
	None of these	88
	Don't know	2

Leisure/Social networks

How many times in an average week, if any, would you say you...?	Not at all	Once	2 or three times	Between 4 and 7 times	More than 7 times	Don't know	
Q51. Visited family/friends	12	23	37	18	8	1	%
Q52. Visit the cinema / Theatre / Live music concerts event / sports as spectator	62	30	6	1	0	1	%
Q53. Watch TV / listen to the radio or recorded music	2	2	7	20	69	1	%
Q54. Visit Pubs or Clubs	49	28	16	4	2	1	%
Q55. Take part in sports	59	16	15	7	2	1	%
Q56. Attend a class, for example, pottery or language or computing	87	9	3	1	1	1	%
Q57. Take part in a public body/committee/ community organisation (e.g. tenants association, school)	88	8	2	1	0	1	%
Q58. Undertake spiritual activities such as going to a place of worship or praying	82	12	3	1	2	1	%
Q59. Generally relax, for example lying still, relaxing on the couch	16	9	20	22	33	1	%

IT ACCESS ISSUES

Q60. How confident, if at all, would you say you are about using the internet?	All	All with Internet access
	%	%
Very confident	37	59
Fairly confident	23	30
Not very confident	10	8
Not at all confident	29	3
Don't know	1	-

Q61. And where, if at all, do you access the Internet? Is it at...	All	All with Internet access
	%	%
Home	53	87
The workplace	27	44
Place of study	7	10
A friend's home	7	8
Your local library	6	7
An internet cafe	3	5
On the move/ during a journey	1	1
A community centre	0	0
Your local family doctor's/ GP's surgery	0	0
None – don't use the Internet	33	1
Other	1	1

Q62. Which of these do you personally use?	%
Mobile Phone	81
Text messaging (SMS) on a mobile phone	56
Photo messaging (MMS) on a mobile phone using a camera built into the handset or as a plug-in to the phone	13
PC- desktop, laptop or other computer at home	56
PC- desktop, laptop or other computer at work, place of study or elsewhere	35
Internet at home (via 'dial-up' modem)	35
Broadband Internet at home via high-speed, always on connection (e.g. via ADSL or cable modem)	24
Internet at work, place of study or elsewhere	33
Digital TV (e.g. satellite digital (Sky digital), cable digital (ntl, Telewest) or through your existing aerial (Free view of other non-contract TV adaptor box)	54
Interactive services on Digital TV (e.g. games, shopping, banking or extra information accessed by pressing the 'red button' on your remote control)	18
DVD player (built into a computer or stand alone)	62
Digital Radio channels through a specialist DAB receiver, through a digital television or over the Internet	18
None of these	9
Don't know	1

Additional questions:

Q(63). SHOWCARD A And which, if any, of the following have you personally done in the last 6 months? I have... MULTICODE OK	%
Provided health advice <u>to</u> a member of my family, friends or colleagues.	25
Taken action based on information I found in a health book/ manual/ magazine (including encyclopaedia or guidebooks)	18
Acted on health advice received <u>from</u> a member of my family, friends or colleagues.	16
Used devices to help diagnose my health condition or illness or monitor <i>my</i> health. By devices we mean, for example, a blood pressure measuring kit, pregnancy test kit, a device for checking blood sugar levels.	12
Provided health advice <u>to</u> a member of my local community or neighbourhood	9
Used devices to help a friend, family or a colleague to diagnose a health condition or illness for them, or help monitor their health. By devices we mean, for example, a blood pressure measuring kit, pregnancy test kit, a device for checking blood sugar levels.	8
Taken action based on information I found in a health website I consulted.	8
Acted on health advice received <u>from</u> a member of my local community or neighbourhood.	7
None of these	52

Q(64). SHOWCARD B Which, if any, of the following long-term health conditions or disabilities do you have personally? Just read out the letter or letters that apply MULTICODE OK	%
I Back pain or other pain	18
J Arthritis/Rheumatism/ other musculoskeletal disease	14
K Heart attack/ Angina/ High blood pressure/ Stroke/ Other cardio-vascular disease	12
L Visual impairment	11
A Asthma/ Chronic obstructive pulmonary disease (COPD)/ Emphysema/ other respiratory disease	8
B Hearing impairment	7
C Anxiety/ Depression	6
D Diabetes	4
E Irritable Bowel Syndrome (IBS)	4
F Thyroid problems	3
G Psoriasis	2
H Cancer/Leukaemia	2
M Endometriosis	1
N Epilepsy	1
O Inflammatory Bowel Disease (IBD/Crohn's/Ulcerative Colitis)	1
P Schizophrenia/ Manic Depression/ Bipolar Disorder	0
Q Other mental illness	0
R Chronic Fatigue Syndrome/ME	0
S HIV/ AIDS	0
T Multiple Sclerosis (MS)	0
U Polio	0
V Sickle Cell Anaemia	0
W Liver disease	0
Other	3
None of these	48

Q(65). In the last 6 months, have you been in hospital as a patient. That is, <u>not</u> including Accident and Emergency/ A&E/ casualty, or as a visitor?	%	
	Yes	15 GO TO Q4
	No	85 GO TO Q8

And regarding your stay(s) in hospital, how many nights, did you spend in hospital ...			
Q(66).	... on your longest visit? NOT PROMPT		
Q(67).	...in total (i.e. adding up the total number of nights for all your stays in hospital in the last 6 months)? NOT PROMPT		
		Q4	Q5
		%	%
	No nights, less than 24 hours	44	44
	1	15	14
	2	10	9
	3	5	5
	4	4	3
	5	3	3
	6	2	1
	7	3	3
	More than 7 nights but less than 14	8	8
	More than 14 nights (two weeks) but less than 28 nights (four weeks)	5	6
	More than 28 nights (four weeks) but less than 42 nights (six weeks)	1	1
	More than 42 nights (over six weeks)	1	1
	Don't know/ can't remember	0	0

Base: All those who have been to hospital as a patient in the last 6 months (253)

Q(68). SHOWCARD C Following your discharge from hospital in the last 6 months, how often do you generally take an active role in monitoring your illness (that you went to hospital for)?	
	%
	All of the time 30
	Most of the time 19
	Quite often 15
	Sometimes 6
	Hardly ever 8
	Never 17
	Don't know/ no opinion 5

Base: All those who have been to hospital as a patient in the last 6 months (253)

Q(69). During or after your stay in hospital, were you provided with either ...	
	%
A care plan	37
Written instructions for taking medicines	49
None of these	36

Base: All those who have been to hospital as a patient in the last 6 months (253)

SHOWCARD D And following your stay in hospital in the last 6 months, how often did you ...?		All the time	Most of the time	Quite often	Some times	Hardly ever	Never	Don't know/ No opinion
		%	%	%	%	%	%	%
Q(70).	Follow your care plan	68	25	3	3	0	0	2
Q(71).	Take your medicines regularly	81	14	2	1	0	2	0

Base: Q(viii) All who were provided with a care plan (97)

Base: Q(ix) All who were provided with written instructions (122)

Q(72). In the last 6 months, from which of the following sources, if any, have you received self care information or advice which may include: how you can stay healthy; or, take better care of yourself for any minor ailments, acute illness or long-term health conditions you have? MULTICODE OK Just read out the letter or letters that apply		
		%
A	Your family, friends or colleagues	23
B	Practice nurse	20
H	Hospital nurse	7
J	National charities, voluntary agencies or patient organisations such as Asthma UK, Diabetes UK, British Heart Foundation, Help the Aged etc	4
D	District nurse	3
E	Health visitor nurse	3
F	Community nurse	2
C	Local community or neighbourhood groups or networks	2
I	Health Assistant	2
G	Community matron	*
	None of these	52
	Don't know	1

SHOWCARD F And how much time do you spend in the following physical activity during an average week?		More than 3 hours	1-3 hours	Between 30 mins & an hour	Up to 30 mins	None	Don't know/ No opinion
		%	%	%	%	%	%
Q(73).	Walking	45	29	9	9	7	1
Q(74).	Jogging/ running	4	8	4	9	74	1
Q(75).	Doing regular exercise and/ or attending gym and/or aerobics	11	14	4	6	65	1
Q(76).	Swimming/ hydrotherapy	2	7	5	7	78	2