



## 2018 HEREFORDSHIRE QUALITY OF LIFE SURVEY RESULTS

**FOCUS ON:  
PEOPLE WHO ARE DISABLED AND/OR HAVE A  
LONG-TERM ILLNESS  
(version 1.0)**



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**GET IN TOUCH**

DATA ORCHARD CIC  
Lower House Business Park  
Staunton-on-Wye  
HR4 7LR  
01432 800523  
info@dataorchard.co.uk  
www.dataorchard.co.uk



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## Acknowledgements

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## 1. CONTEXT

### 1.1 Background

This report gives an in-depth analysis of a 'quality of life' survey of Herefordshire residents undertaken in spring 2018, with a focus on people who are disabled and/or have a long-term limiting illness. The survey is part of a project called 'Better data, better lives', It is unique, having been entirely driven and managed by the community and voluntary sector in Herefordshire. It will fill gaps where there is currently no recent data available for the county, so that hundreds of voluntary and community organisations can target their services and resources to the people and places most in need. Please see the headlines and full report for more detail on other aspects related to quality of life in Herefordshire, which can be found on the Data Orchard website.

### 1.2 Aim

To provide evidence for voluntary and community sector organisations who support people who are disabled and/or have a long-term limiting illness. This report seeks to fill that gap and provide evidence needed to develop services and apply for the relevant funding to provide this support.

## 2. Methodology

### 2.1 Random sample postal survey

The Quality of life survey was posted out to a random sample of 4,125 residential households in April 2018 to achieve a representative sample of Herefordshire's adult population. Any member of the household aged 16 years or over could respond anonymously and post the survey back in the Freepost envelope supplied. A reminder letter was sent after 3 weeks with a deadline of 6 weeks after the initial mailout. Postal returns were accepted up until 9 weeks after the mailout.

There were 644 responses, lower than the target but possibly a result of the partner organisations not being as well-known as Herefordshire Council, who ran the previous survey in 2012. It was also at the time that 'Cambridge Analytica' was in the news, which caused some anxiety about personal data as evidenced by some of the comments back from residents - despite this survey being anonymous.

### 2.2 Weighting

There was an over-representation of older respondents compared with the resident population, so the results were weighted to account for this and also size of the household. In other words, responses from younger respondents were given more weight to account for the lower number of responses from this age group. Larger households were weighted accordingly too. More detail on the weighting method can be found in the Technical report (please e-mail [info@dataorchard.co.uk](mailto:info@dataorchard.co.uk) if you would like a copy).

### 2.3 Confidence Intervals

This survey uses the views of the responses received from those sampled population to estimate the views of the wider population, such as all adults aged over 16 in the county, or in some cases sub groups of the wider adult population, such as those adults who live in rural areas of the county. As such there is a margin of uncertainty about the result, known as a confidence interval which can be calculated. This confidence interval has been inflated to account for the effects of weighting and the effective sample size.

The worst-case inflated confidence interval for this survey when estimating the views of the adult population of Herefordshire = + / - 5.32%. This means that there is a 95% probability that the true figure for the views of the adult population lies within the range of the estimated figure plus or minus the 5.32%. More detail on confidence intervals can be found in the Technical report.

### 3. RESULTS

#### 3.1 PEOPLE WITH A DISABILITY AND/OR LONG-TERM ILLNESS IN HEREFORDSHIRE

**Question 39: Do you have a long-standing illness, disability or infirmity?**  
*(long-standing means anything that has troubled you over a period of time or that is likely to affect you over a period of time)*

Response	Count	2018 %	2012 %
No	380	62%	74%
Yes	231	38%	26%
Base	611		
No Answer	33		

**38% of respondents said they had a long-standing illness, disability or infirmity** compared with 26% in 2012, which probably reflects the older age profile in the county.

The types of long-standing illness, disability or infirmity detailed are summarised in the table below. 53% had progressive or chronic illness, such as cancer, COPD, diabetes, heart problems, asthma etc. 41% had problems which affect mobility - arthritis, back, hip or knee problems. Some respondents had multiple issues so the proportions in the table below total more than 100%.

Detail of types of disability, long-standing illness or infirmity	2018
Deaf / hard of hearing / acute hearing	3%
Blind / partially sighted / sensitive to light	4%
Learning disability or difficulty	0%
Mental health (e.g. stress)	8%
Progressive / chronic illness (e.g. MS, cancer, COPD, diabetes, asthma)	53%
Physical/mobility difficulties (e.g. arthritis, back & joint problems)	41%
Other	17%

**Question 40: Are you limited in your daily activities by this long-standing illness or disability?**

Response	Count	%
Yes, severely	27	12%
Yes, to some extent	118	52%
No	67	30%
Don't know	13	6%
Base (excludes don't knows)	225	
No Answer	5	

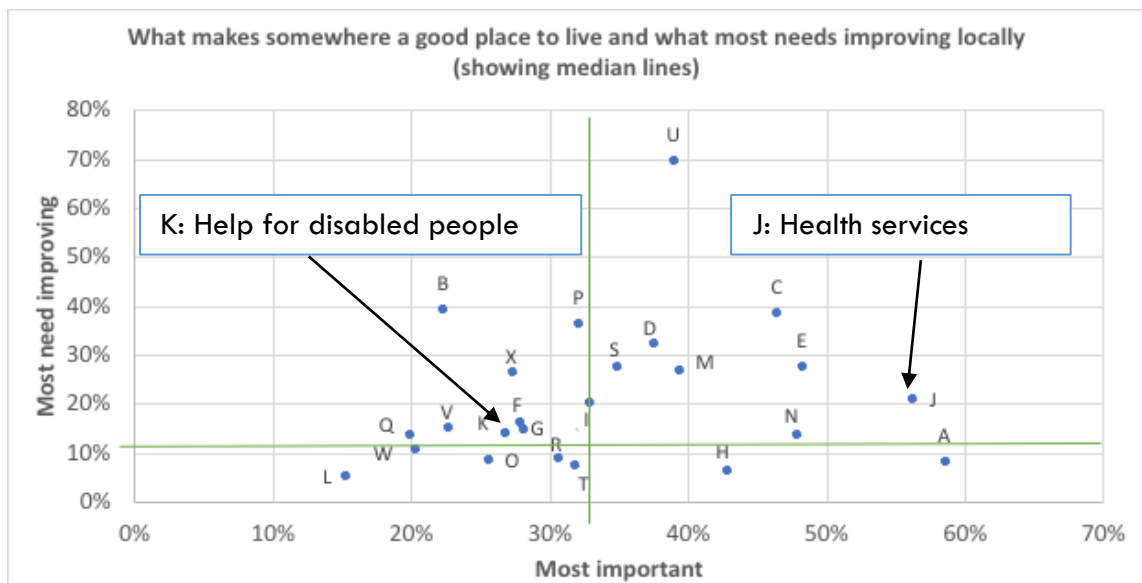
64% of those who said they had a long-standing illness or disability said it affected their daily activities - either severely (12%) or to some extent (52%).

### 3.1 ABOUT YOUR LOCAL AREA

(local area is defined as 'within about 15-20 minutes walking distance from your home')

Question 7A. Thinking generally, which of the things below would you say are most important in making somewhere a good place to live? AND B. Thinking about your local area, which of the things below, if any, do you think most need improving?

Thinking about their local area, 56% of respondents felt that 'Health services' were most important in making somewhere a good place (ranked 2nd, the same as in 2012) and 21% said it most needed improvement. 'Help for disabled people' was rated as most important by 27% (ranked the 18th most important aspect - similar to 2012) and 14% said it most needs improving. Please see the following chart and table for more detail.



Access to nature/green spaces	A	Job prospects	M
Activities for teenagers	B	Level of crime	N
Affordable decent housing	C	Level of pollution	O
Broadband and mobile phone connectivity	D	Level of traffic congestion	P
Clean and litter free	E	Locally available support services	Q
Community activities	F	Parks and open spaces	R
Cultural facilities	G	Public transport	S
Education provision	H	Refuse collection and disposal	T
Facilities for young children	I	Road and pavement repairs	U
Health services	J	Shopping facilities	V
Help for disabled people	K	Sports and leisure facilities	W
Historic places, areas or buildings	L	Wage levels and the cost of living	X

### 3.2 ABOUT THE LOCAL AREA

Respondents were asked several questions in relation to their local area (as defined within 20 minutes' walk from their home).

#### Most respondents (80% or more):

- Are satisfied with the local area as a place to live
- Are satisfied with their home as a place to live
- Feel safe when outside in their local area during the day (however this drops to 70% after dark)

- Say there is **not** a problem with people treating each other with respect, dignity and consideration

**A lower proportion (67%) felt that:**

- The local area is a place where people from different backgrounds get on well together
- The local area is safe for children to play outside

Analysis of the data did not reveal any differences between respondents about their local area, depending on whether they have a disability and/or long-term limiting illness or not.

### 3.3 ACCESS TO SERVICES

High proportions of respondents found green open space, shops and postal services **easy to access**. Services that respondents found **difficult** to access were banking services, museums, art galleries, cultural/heritage centre and cinema, film or theatre. There were no differences found based on whether the respondents provided unpaid care or not.

Respondents were also asked to describe (if appropriate) how access to services had changed over the last five years. Unpaid care was not mentioned in any of these comments.

The survey also asked about barriers to accessing services. Getting there and back (transport), opening or operating hours and parking availability and cost were the most common barrier.

#### 3.3.1 Differences by disability

- The data indicated that respondents with a disability or long-term illness found it marginally more difficult to access a cinema, film or theatre compared with those who do not have a disability or long-term illness.
- **There were very small numbers of disabled people with responses**, however the data suggests that they found physical access to cinemas, films and theatres a barrier compared to people who are not disabled. Cost appeared to be less of a barrier compared to those who are not disabled. For museums, art galleries, cultural and heritage centres, getting there and back was less of an issue for disabled people but physical access more of a barrier compared to non-disabled people.
- There were 119 comments on how disabled respondents felt access to services had changed over the last 5 years, which can be found in **Appendix A**. They did not specifically mention their disability but there were frequent comments about a deterioration in accessing health services such as a GP appointments, as well as banks and buses.

### 3.4 ARTS, CULTURE, HERITAGE, OUTDOORS & WELL-BEING

#### 3.4.1 Frequency of visit by type of activity

High proportions of respondents had visited the following places **at least once** over the past year:

- ▶▶▶▶ Natural heritage place i.e. park or garden (78%)
- ▶▶▶▶ Film or play (77%)
- ▶▶▶▶ Historic place e.g. historic house or museum (68%)



## Quality of life survey: Spotlight on respondents with a disability/long-term illness

The following places were visited more frequently (**at least every few months**):

- ▶▶▶▶ films or plays (62%)
- ▶▶▶▶ a natural heritage place (63%)

The events/places that most had **not** been to over the past year were:

- ▶▶▶▶ A live dance event (75%)

There were no differences found for respondents with a disability and/or a long-term limiting illness compared to all respondents:

## 3.5 PARTICIPATION IN ACTIVITIES

### 3.5.1 Time spent outdoors

**60% cent of respondents spent time outdoors daily** (excluding shopping trips/chores or time spent in their garden). This compares with 13% who spent no time outdoors in the last seven days. **There were no differences found based on whether respondents are disabled/have a long-term illness or not.**

### 3.5.2 Frequency by type of activity

The activities that most respondents **did at least once** over the past year were:

- ▶▶▶▶ A walk of at least 10 minutes (97%)
- ▶▶▶▶ Reading (95%)
- ▶▶▶▶ Gardening (89%)
- ▶▶▶▶ Sport or fitness activity (74% per cent)

Over 90% of those that had taken part in these activities, felt that it 'made them feel better' both physically and mentally.

The activities that most respondents **had not done** over the past year:

- ▶▶▶▶ Taken part in a performance e.g. dance, film, poetry, theatre (88%)
- ▶▶▶▶ Creative writing (83%)
- ▶▶▶▶ Created music (82%)
- ▶▶▶▶ Digital creative activity e.g. blogging, vlogging, gaming (74%)

### 3.5.3 Differences in participation levels by age, geography and disability

- Those with a disability or long-term illness had a higher rate of 'not been on a cycle ride' compared to those who do not have a disability/long-term illness.
- Those with a disability or long-term illness had a higher rate of '**gardening** more than weekly' than those who do not have a disability/long-term illness.
- Those who had a disability/long-term illness had a higher rate of 'not done any **sports or fitness** in the last year' compared with others; although there were similar rates of those who did **sports or fitness activity** more frequently (weekly or more) regardless of disability.

### 3.5.4 Effect on health and well-being

Q17. To what extent do you think taking part in any of the activities in this section, affects your health and well-being?

82% of disabled respondents said that taking part in any of the activities made their **physical health** feel better, compared with 93% of all respondents. 83% of disabled respondents said that taking part in activities made their **mental health** feel better, compared with 92% of all respondents. See the table below. **Appendix B** shows the detailed comments given by disabled respondents, of which there were 75.

% of responses	Makes me feel better	No difference	Makes me feel worse	Base
Physical health	82%	8%	1%	277
Mental health	83%	11%	0.5%	269

The few comments given by those who felt the activities they took part in made their physical or mental health feel worse, were related to injuries. For example: two respondents said it made their physical health feel worse but the activity made their mental health feel better:

*"I have injured myself several times completing garden tasks. However, I enjoy the challenge and cannot resist."* [by someone who regularly gardens, takes part in digital creative activity, reading, and arts and crafts]

*"Have bad back & legs so physical hurts"* [by someone who regularly gardens, reads and takes part in sports and fitness activity]

One comment from someone for whom activities made both their physical and mental health feel worse:

*"I suffer with depression and am disabled so a lot of activities are out for me."* [by someone who regularly does arts and crafts, creative writing, digital creative activity and reading]

And a comment from someone who felt the activities made no difference:

*"Physical activity is part of keeping medical condition from getting worse"*

### 3.6 BARRIERS TO DOING ACTIVITIES

Q18. If appropriate, what stops you from doing any of the activities mentioned in this section? Please give details:

There were four sections to this question where respondents could give open or 'free text' responses.

#### 3.6.1 Barriers to going to cultural or heritage places

There were 283 comments given to describe barriers to going to cultural or heritage places, which were categorised and summarised in the table below. The most frequently mentioned barriers were time constraints and access (getting there and back, parking and physical access). 11% said ill-health/disability or limited mobility was a barrier to going to cultural or heritage places.

Categories of barriers to cultural activities	Count of mentions	%
access (transport, parking, physical access)	87	31%
old age	11	4%
carer	10	4%
ill-health/disability/limited mobility	31	11%
don't want to go on own/bereaved	5	2%
busy/time constraints/work	90	32%
cost	56	20%
limited choice	9	3%
not interested	16	6%
nothing	8	3%
other	24	8%
Base = 283		

### 3.6.2 Barriers to taking part in creative activities

There were 250 comments given to describe barriers to taking part in creative activities. The most frequently mentioned were time constraints (25% of comments), not interested (20%) and [health/disability/mobility](#) (12%), as shown in the table below.

Categories of barriers to creative activities	Count of mentions	%
access	16	6%
availability	25	10%
age	12	5%
carer	14	6%
<a href="#">health/disability/mobility</a>	29	12%
busy/time constraints/work	63	25%
cost	13	5%
limited choice	0	0%
only do at home	4	2%
not interested/not my thing	51	20%
nothing	10	4%
not creative	20	8%
<b>other</b>	10	4%
Base = 250		

### 3.6.3 Barriers to doing sports or physical activity

There were 274 relevant comments given to describe barriers to doing sports or physical activity, which were categorised and analysed. The most frequently mentioned barriers were [health/disability/mobility](#) (28% of comments), time constraints/work (18%); and age (16%), as shown in the table below.

Categories of barriers to sports or physical activity	Count of mentions	%
access	1	0%
age	44	16%
availability locally	14	5%
time constraints/work	50	18%
carer	8	3%
childcare	9	3%
confidence/ability	2	1%
cost	22	8%
getting there, parking	19	7%
<a href="#">health/disability/mobility</a>	77	28%
limited choice	0	0%
motivation/too lazy	10	4%
not interested/not my thing	22	8%
nothing/already do	25	9%
other	8	3%
Base = 274		

### 3.6.4 Barriers to spending time outdoors

There were 162 relevant comments given to describe barriers to spending time outdoors. The most frequently mentioned barriers were time constraints (27% of comments); [health/disability/mobility](#) (19%) and the weather (18%) - as shown in the following table.

Categories of barriers to spending time outdoors	Count of mentions	%
busy/time constraints/work	44	27%
<a href="#">health/disability/mobility</a>	31	19%
weather	29	18%
nothing	14	9%
carer	11	7%
age	10	6%
travel/parking	10	6%
Access	5	3%
cost	5	3%
not my thing	5	3%
confidence/on own	4	2%
other	13	8%
Base = 162 comments		

## 3.7 SOCIAL WELL-BEING

### 3.7.1 Volunteering

Volunteering rates remain similar to 2012 levels but are still higher than national rates.

- 32% volunteered regularly at least once a month i.e. gave unpaid help to a group, club or organisation.
- 20% volunteered at least once a week.
- Overall 45% volunteered at least once over the last year. A further 16 per cent gave help as an individual.

The most common types of volunteering are for charity, community events and fund-raising and/or campaigning. [There were no differences found in the volunteering rates depending on whether respondents were disabled/had a long-term illness or not.](#)

### 3.7.2 Unpaid carers

A third of respondents provide unpaid care, similar to 2012 levels:

- 22% of respondents provide unpaid care for between 1-19 hours a week.
- 9% provide unpaid care for 50 hours a week or more.

[A higher proportion of respondents without a disability or long-term illness, did not provide any unpaid care.](#) In other words, those with a disability or long-term illness are more likely to provide some unpaid care, compared to those without a disability/illness.

### 3.7.3 Social isolation

Overall, levels of contact with family, friends or neighbours and loneliness remain level with 2012 and national rates.

- 60% of respondents were in **contact with family, friends or neighbours** most days; 34% at least weekly but 6% were only in contact once a month or less. This did not vary with age. [There](#)

were no differences found in the responses depending on whether respondents were disabled/had a long-term illness or not.

- 26% of respondents felt lonely some of the time during the past week. 8% felt lonely most or all of the time. The data indicates that those who are disabled/have a long-term illness had slightly lower rates of those who did not feel lonely - however, the numbers are small with corresponding large confidence intervals so we cannot say this for certain.

### 3.7.4 Personal well-being

Self-reported measures of how people are feeling give an indication of personal well-being. Here we present the results of measures at either end of the answer scale ranging from zero (not at all) to ten (completely).

10% of respondents gave low **life satisfaction** scores compared to 5% cent in the UK. 31% gave very high **life satisfaction** scores, similar to the UK. On average life satisfaction in the county is similar to nationally. The data indicates that those who are disabled/have a long-term illness had lower life satisfaction scores - however, the numbers are small with corresponding large confidence intervals so we cannot say this for certain.

13% of respondents gave low ratings of **how worthwhile they feel their life is**, considerably above the UK rate of 4%; and 21% gave high ratings, much lower than the UK rate of 35%. Overall this indicates lower levels of how worthwhile people in Herefordshire feel their life is compared to national levels. There were no differences found by whether respondents are disabled/have a long-term illness or not.

9% of respondents gave low **happiness** scores, similar to the UK (8% in 2017). 40% of respondents gave very high happiness scores, compared to the UK rate of 35%. Overall this indicates slightly higher levels of happiness in the county compared to nationally. The data indicates that those who are disabled/have a long-term illness had lower happiness scores - however, the numbers are small with corresponding large confidence intervals, so we cannot say this for certain.

4% of respondents had very high **anxiety levels**. 22% had some anxiety and 51% had very low anxiety scores. On average levels of anxiety in Herefordshire are similar to UK levels. The data indicates that those who are disabled/have a long-term illness had slightly higher anxiety scores - however, the numbers are small with corresponding large confidence intervals, so we cannot say this for certain.

## 3.8 MORE ABOUT DISABILITY/LONG-TERM ILLNESS

In terms of managing everyday costs, about half of all respondents find energy, food, clothing and transport costs manageable. 46% found mortgage/rent costs manageable and a quarter found this tight. There were no differences found in the responses from those who are disabled/have a long-term illness.

The majority (56%) of respondents felt their health was **good**, a quarter thought it was **fair** and 20% reported their health to be **bad**. The responses from those who are disabled/have a long-term illness was significantly different with a much lower proportion who felt their health was good (24%) and a much higher proportion who reported **bad/very bad health** (39%).

There were a couple of **'any other comments related to quality of life'** related to disability:

*"I have a disabled child and there is a lack of support and information available. Also council budget cuts are severely impacting on services provided resulting in poor quality of life for me and my child."*

*"At the moment I am fit and still driving so access to services is comparatively easy. My late husband was very disabled so it was much more difficult then, and may be for me in future! I've lived here for 47 years- need I say more?"*

*"Lucky to live in country and have a garden...Cared for husband 50+ hour per week as he had dementia, until March was unpaid. A good place to live but disabled/elderly people not getting enough care or fair share of the budget compared say to learning disability."*



## APPENDICES

### Appendix A

12. If you think that access to the services above has changed over the last five years, please describe how they have changed:
'Flicks in the sticks' is being very successful in village hall. No ticket office or station
Access is dependent on having a car. Public transport would be used if it was easily available. Cuts over recent years has made the use of public transport impossible
Access to GP services have deteriorated..... a lot!
Access to NHS. Doctors/Hospital - Appointments often cancelled more difficult to see one doctor who knows about you
Access to postal services (collecting pension) am always kept waiting 15 minutes as they are always selling insurance to people in the queue in front of me
Access to specific doctor at medical centre has become more difficult since the Senior Partners spend less time at the surgery as they diversify into other healthcare areas (e.g. hospital specialties)making continuity of treatment and rapport between doctor and patient difficult.
All banks have left and Post Office does not offer full range of services e.g. no transfers possible, no mini statements except at bank branches an hour away on bus.
All banks now closed, no bus to Leominster.
All recreational areas are dirty, unloved. Roaming dogs, litter, you promised everything and deliver nothing
All the banks in Kington have gone! Leominster only Lloyds - my bank is Ludlow 22 miles away!! Comment next to Banking services : 'Need to go 22 miles' Comment next to GP, dentist : 'Kington is under staffed' '?' written next to community transport, cinema, museums, and recreational area
Almost all services are becoming less easy to find, except shops.
An evening at the cinema/theatre is not easy as there is no public transport. Having to budget for a taxi each way puts most events out of reach
Appointments at the surgery impossible
Bank closed in Bromyard, then Ledbury now have to go to Malvern
Banking and postal services have declined
Banking is only through the PO. Dentist difficult to access. Must have a car to go to cinema etc, easy access to recreational area for children, leisure centre easy to access by bus or car
Banking services are declining. Refuse collection less frequently
Banking services easy for us (Barclays) - but 3 other banks have (or will be) closed. This is appalling for older people.
Banking services OK at present but local Ross branch closing so will then be difficult
Banking sevices
Banks are closing!
Banks closing in town. The cinema rarely operates other than a Saturday
Banks in Kington have closed

Banks in local town have closed. Nearest branch 17 miles distant, have to use community bank services, for essential banking issues. No access to internet/WIFI, where we live. (Difficult signal)
Banks in small towns are closing
Based in Sutton st Nicholas GP services are either Leominster or Greyfriars. Both are some distance and Greyfriars has parking issues I don't know about Leominster.
Become more restricted due to ill health
Bigger population, unchanged provision of service
Budget cuts have had an impact, cost of living increased and so transport in local community has suffered, as has help and advice - CAB gone etc.
Bus service has deteriorated (fewer services)
Bus service has increased. Now have royal mail van 1/2 day a week. New (better) Clergy.
Bus service much reduced.
Bus services greatly reduced, banks closing in rural towns. Cost of parking
Bus services not as good. Cinema, museums etc difficult for a non-driver but good to have flick in the sticks.
Bus timetable - stop too early in the evening 6pm. I was introduced to the Community Transport Dore - if it wasn't for this fantastic service - run by volunteers - i would be confined to my home. Buses only take one pram, or one wheelchair and taxis are costly. The horrendous mess of road changes have left the city in gridlock - this means a taxi which charges by the time, is now double in cost. So I am becoming a recluse at weekends as the transport sadly is only during the week.
Buses not run as frequently Litter not collected as frequently. Grass not cut at all. Post office moved further away Lime trees on Highway not maintained and often dangerous. More difficult to get GP appointment. Relief threatening green open spaces and wildlife and people's health.
Cannot get a GP appointment for about 3/4 weeks
Closure of banking services
Closure of banks & post offices.
Comment 'Flicks in the Sticks' next to Cinema option
Community project under way in Fownhope 3 miles away
Council services in connection with advice e.g. On recycling, planning seems to have become impossible to reach - deliberate policy?
Cutting down public transport and closing CAB's
Definitely NHS service! Limited treatment options, delays in referrals to specialist, lack of continuity with same doctor. I lost NHS dentist! Impossible to get appointments with GP. Poor communication between primary and secondary care.
Dentist and NHS due to more population not easy to get appointment
Dentist has moved into Hereford. Dr's surgery - hard to get an appointment - 3 weeks wait

District nursing services not v. readily available. Difficult to find good quality residential care services for the elderly (which is affordable). Ditto home care services. Courtyard theatre is the only theatre & centre for the arts & music (we miss out on many theatre productions which are 'on tour' unlike Malvern. Hereford is somewhat of a cultural backwater and have to travel a long way to access many shows. It does not make the most of its heritage eg city walls are an unremarkable feature - lost amongst 'Tesco' building for example.
Doctor and dental services: length of time and access to appointments. Parking expensive- car owners block roads. Shops closing: market pathetic. Tourist Information centre gone. Council seems to rely on charities and businesses to sponsor things they used to pay for.
Dr.s very overworked and hard to see your own GP
Due to many GPs being part time or retiring early it is no longer possible to book an appointment on line or by phone.
Forced from our NHS dentist to private one.
Getting a GP appointment is difficult NOT getting there!
Got work
Got worse
GP waiting times have lengthened a lot
GPs have more people to deal with along with the hospital. Can be a week to two weeks to get a GP appointment. The hospital is WAY to small for the numbers it has to cover. Less money on certain councillors' wages and more money for the NHS. Average time if you have to go to A&E is between 5-7 hours per visit
Greatly improved
Have only lived here for eighteen months - the Voluntary Community Service (Dore Transport) is excellent. We would be lost without it.
Health access more difficult
I haven't lived here that long
If I didn't have a car I could not access any of the above from open space & telephone/internet
Incredibly hard to get an appointment with a GP and all dentists seem to be going private.
Influx of immigrant workers has put far too much pressure on already stretched hospitals, doctors, dentists and schools.
Information now gained via internet and our transport facilities access to servies rather than public transport at irregular hours
Its got worse due to traffic and parking nightmare
Kicked out of my dentist because of being NHS so now no dentist.
Lack of banking and post office services
Less accessible due to lack of council funding
Less buses. Unable to access GP services. Dirty streets, potholes everywhere!
Local bank closed
Local post offices have closed. Difficult to get doctors' appointments.
Local shop opened
Local shop/post office closing

Quality of life survey: Spotlight on respondents with a disability/long-term illness

Long way for operations
Longer waiting time for GP appointment, surgery closure means more travelling
Many local p.o. have closed nd post boxes gone if no cat would find some reforcee difficult
Mobile Post Office 2 hours per week is no real substitute for village Post Office which closed. Respondent starred 'postal services; banking services; GP etc; cinema etc; museums etc; and leisure centre etc.' and wrote "None within 15 - 20 mins walking distance!"
Mobile post office just reduced service. GP outreach closed; bus service inadequate
More people in village but not increased services like GP etc.
Much more difficult to get advice on legal matter and tax since CAB closed and no tax advice available in council offices
Much more difficult to see a doctor or ancillary services
My bank's local branch (in Hereford) has closed. Parking at Leominster rail station difficult or impossible.
My Ross on Wye Natwest bank is closing down
New post office has opened nearby
NHS service has deteriorated
No bank, no post office, both closed
No CAB open on regular hours, not good public transport and closure of banks
No family doctors anymore (diff. doc every visit)
No late buses at weekends that allows us to use the facilities at City so do not go in evenings
No public transport available
Not possible to get a nhs dentist in Ledbury. Doctors' appointments move difficult to get in a reasonable time.
Post office in village and next village closed
Public transport has changed, there are less buses.
Public transport has decreased therefore personal transport now required
Public transport is almost non-existent
Public transport no longer an option, even if we drive 5 mile to a 'hub' . Affects our children very badly.
Publicly funded services continuously diminish - access to GP local library
Reduce bus service/timetable
Reduced bus service to Hereford
Reduced services
Rural location demands a car - but the roads are atrocious
Rural post office & bank closures
Services have been reduced/removed
The bus service has got significantly worse.
The bus service not so good now and parking fees in Hereford are horrendous.
There is more pressure on GP services and unfortunately banks are closing.
They got worse; post box removed (royal mail) phone box removed (BT) Banks closed local branches etc

Times have been cut due to staff shortages/cuts, Ltd buses. Poor maintenance of playground equipment and pathway/ gate access
To live here you need to be able to drive to access any of the above facilities which are considerable distance 5-10 miles
Unable to park near GP
Very concerned that the local branches of banks are closing. Would love a bus service in this village
Village shop & PO has closed - parking restricted and charges introduced.
Volume of traffic makes it near impossible to cross river
We are about to lose another bank leaving only one for 10,000 people.
We have lost all but two high street banks. Small independent shops are being pushed out of business due to influx of large retail chains. This is the death knell for Ledbury - it's the small independents that encourage tourists who in turn support our local economy. When we become another 'Malvern' we will lose the tourists.
We have lost our local post office. Many bank branches have closed. Bus service frequency has been reduced
We have no services here
WISH has been a disaster, now only accessible online.
Wouldn't know how to access them. Respondent wrote next to 'Leisure centre etc.' - "Far too expensive for OAPs"

## Appendix B

<b>Q17. Effect of activities on health and well-being - Please give details:</b>
Activity is best way to detox physically and mentally. Keep moving exercises lungs and heart increases circulation boosts energy.
All these activities help improve my physical and mental health
Always enjoy seeing friends - helps a lot with the pain
Any sports or physical activities make my pain worse. Psychologically I feel detached from local community. I have experienced racism for too long!
Been unable to explore until now
Being outside and singing in a group make you feel better.
Best when physical and mental activities are combined
Depends on how my disability affects me on a daily basis to what I do
Endorphins
Energising and motivational
Essential for over 80's
Exchanging views and impressions with individuals and groups
Exercise and being outdoors very beneficial
Exercise helps - not interested in the arts
Fresh air. Helping within the community
gardening - good exercise in fresh air & gives great satisfaction to grow my own fruit & veg.

Quality of life survey: Spotlight on respondents with a disability/long-term illness

Gardening improves everything
Good to get fresh air
Have bad back & legs so physical hurts
Have bad knees waiting for x-ray results. Mental health on tablets every day
Helps combat the effects of depression and anxiety
I am much happier and have more energy
I attend 3 sessions a week run by a disabled wheelchair user himself. Seated exercise and spin keeps my upper body fit and my mental state sane. A happy group of lovely people
I enjoy my garden and it keeps me fit
I feel better after going to town and occasional opportunities for a hat. It is difficult to do gardening and have a painful knee.
I feel better mentally and physically after swimming
I find that the social interaction I get from going to 5 different U3A groups very beneficial
I have arthritis and doing yoga and Pilates keeps me flexible
I have been ill most of this winter and where I used to walk a lot this is now difficult- I still walk daily and write and paint
I have injured myself several times completing garden tasks. However, I enjoy the challenge and cannot resist.
I have limited mobility but socialise as much as possible
I have multiple sclerosis- any activity can improve physical and mental wellbeing
I have to go outdoors at least once a day to feel better mentally and has knock on effect with physical
I just derive pleasure from doing these things
I like to go for a walk and not be caged in. Unfortunately, I have to drive to nearest park and open space due to distance
I sing and perform with two choirs/musical groups which helps me both physically & emotionally - singing is good for all ages & is good for the soul. Performance is challenging in a good way.
I suffer with depression and am disabled so a lot of activities are out for me.
I use activity to stay off depression medication and it work. I feel better for the activities I do.
interconnected one feeds the other (mental and physical health)
Keeping active and occupied makes me feel well
Keeping fit & mentally healthy. Feel good factor.
Limited as I have arthritis, it's annoying (very)
Lots of opportunities to meet and interact with others
Me time - Sense of balance of achievement in creative activities craft/gardening
Mentally a walk clears the brain and physically gets your circulation going
Mixing with others aids my mental health and physically it has improved
Mobility & distraction from constant pain
My garden is my therapeutic time
Not been well over last 9 months. Sciatica and strained shoulder, had acupuncture treatment
Organistaion and group leadership of history society in good for fitness and the 'little grey cells'
Physical activity curtailed due to arthritus
Physical activity is part of keeping medical condition from getting worse

Quality of life survey: Spotlight on respondents with a disability/long-term illness

Physical health, breathing, physical, creative, auditoral expression
Physically helps keep my joints working especially the arthritic ones. Mentally - helps keep my brain active.
Play golf, fresh air, in country no pollution
Reading and crossword. Similar puzzles help keep my mind active. Flower arranging helps me meet like-minded people and provides conversation
Reading and gardening both allow me to forget work pressures and gives relaxation
Singing in a community choir is definitely good for the soul
Social interaction and exercise is the key to life- both are needed to be happy.
Stops you sitting at home fussing and stretches mind & body
Suffered with depression for many years - exercise helps
Sunshine is great healer; fresh air is important to well-being.
Swimming makes me feel better.
Takes away stress
These two often interact positively
Too old for much now.
Usually pretty active most days
Very soothing and rewarding and good social hobby too
Walking
Walking & swimming have known mental & physical benefits
Walking and bird watching in open country is relaxing
Walking dogs twice a day gives me my only exercise.
Walking improves my well-being. on the whole
Walking in nice green area is very comforting and enjoyable
When able