ourNHS our future

18 September 2007 nationwide consultative event
Key findings

Contents

DH Department of Health

NHS

1. Introduction

In July, the Prime Minister, Gordon Brown, and the Secretary of State, Alan Johnson, invited Professor Lord Ara Darzi to lead a next stage review of the NHS. He is due to report in June 2008, in time for the 60th anniversary of the NHS.

On 18th September, strategic health authorities (SHAs) across the country (except NHS London which had conducted its review already) each held a consultative event to feed into the review. The events enabled groups of citizens - patients, public and staff - to consider the major themes of the review and offer their views to help determine the priority issues for resolution. The events were brought together by video conferencing at key points in the day so that the emerging key messages could be shared between the regions, and with the PM and health ministers who had attended the West Midlands event.

This report sets out the key messages from the day.

Lord Darzi has since published his interim report, available at www.nhs.uk/ournhs, and phase 2 of the review is now underway. It is envisaged that a second nationwide consultative event will be held in the new year.

Our approach

The events ran from 10.00am - 4.30pm on 18th September and comprised of a total sample of 1100 people. The events took place in:

Location	Participants
Birmingham	136
Bristol	128
Maidstone	113
Manchester	123
Newcastle	118
Norwich	124
Nottingham	116
Reading	110
York	132
Total	1100

Around two thirds of the participants in each region were patients and public, with one third staff. Patients and the public were recruited to reflect the population of the region, with additional representation from hard to reach and high user groups. Staff were a wide mix of clinical and non-clinical, primary and secondary, junior and senior. A demographic profile of the participants is included in the appendix.

Participants were seated on tables of 8-10, each with a facilitator. In the morning, patients and public sat on tables separate from staff. In the afternoon, patients, public and staff sat together. The day involved a mix of table discussions, presentations and films for information, plus electronic polling on key questions.

A note on the terminology in this report

'Participants' means all participants – patients, public and staff. Where the views of patients and public are differentiated from those of staff, this is made clear.

2. Summary

Overall views of health services

The majority of participants across the nine SHA regions expressed a degree of satisfaction with the health service both nationally and in their area in the polling. In addition there was strong support for the NHS continuing to be tax-funded and free at the point of need.

However, a significant minority said that they were not satisfied with the NHS, and most participants felt that there was room for improvement. The majority felt that there needed to be most improvement in terms of the provision of clean facilities. Many patients and public also said waiting times for hospital treatment needed a lot of improvement and many staff said that getting information about the services available needed a lot of improvement.

In table discussions participants believed that a high quality service meant receiving the most effective treatment possible resulting in the best possible outcome. They said that effective treatment should be supported by ease of access to services (involving both prompt access and local access), personal care, efficiency of services, cleanliness and safety, good communication and continuity of care. Participants reported a mixed picture in terms of quality.

Access to primary health services

Most participants did not experience any great difficulty in making appointments. However, a substantial minority said that they had problems getting through to GP surgeries on the phone to make appointments; and some participants had problems with surgery opening hours, mainly because of work and childcare.

There was widespread feeling that it should be easier to get through to GP surgeries and to make same-day appointments. People also wanted to be able to make an appointment in advance if needed rather than have to ring up just before it is required. In the polling, there was substantial support for the idea of GPs extending their opening hours into the weekends and into evenings during the week. Although many people valued having continuity of GP care; in the polling, a majority would be happy for hours to increase even if they had to see a different GP to usual.

In the polling the majority of participants supported travelling further if their GP surgeries were to offer additional services, however, this elicited much debate in table discussions and less than half said they would actually switch to a GP offering additional services.

Quality of care

Participants supported the need for some degree of centralisation of specialist treatments in polling. Discussions at tables revealed that participants believed that services should only be centralised where necessary, and that most treatments should remain available at a local level.

Many participants welcomed a choice about which hospital to go to, but they suggest that ideally standards of care should not vary between hospitals. They stressed the need to make informed choices, which depend on being given sufficient information and advice from healthcare professionals, especially GPs. Information on infection rates, outcomes and waiting times were all considered very important by the majority of participants.

Cleanliness was an important issue for participants. In table discussions, many participants spontaneously mentioned cleanliness in hospitals as an area where they would like to see substantial improvement. The polling echoed this concern with the majority of patients/public and staff saying that proving clean facilities needs a lot or fair amount of improvement.

Health and wellbeing

There was clear support for the NHS to do more to prevent people from getting ill. In the polling, the majority of people supported the NHS focusing more on preventing people becoming ill than on further reducing waiting times.

However, people did not feel that this responsibility fell solely to the NHS. In polling, participants placed more responsibility on families, the individual and schools than they did on the NHS.

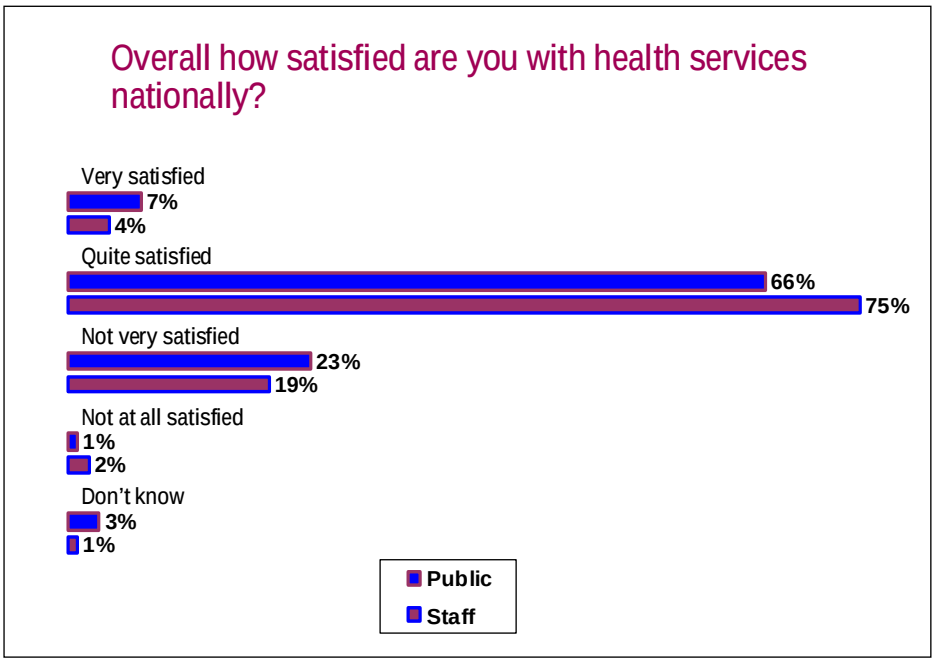
Childhood obesity was the priority health issue for most people. Over half of participants believed it was the most important issue for the NHS to tackle (compared with binge drinking and smoking). Participants believed that education had a large part to play in helping reduce obesity – teaching people how to achieve and maintain a healthy weight and to understand the consequences of obesity. However, participants also believed that providing incentives and support would be important.

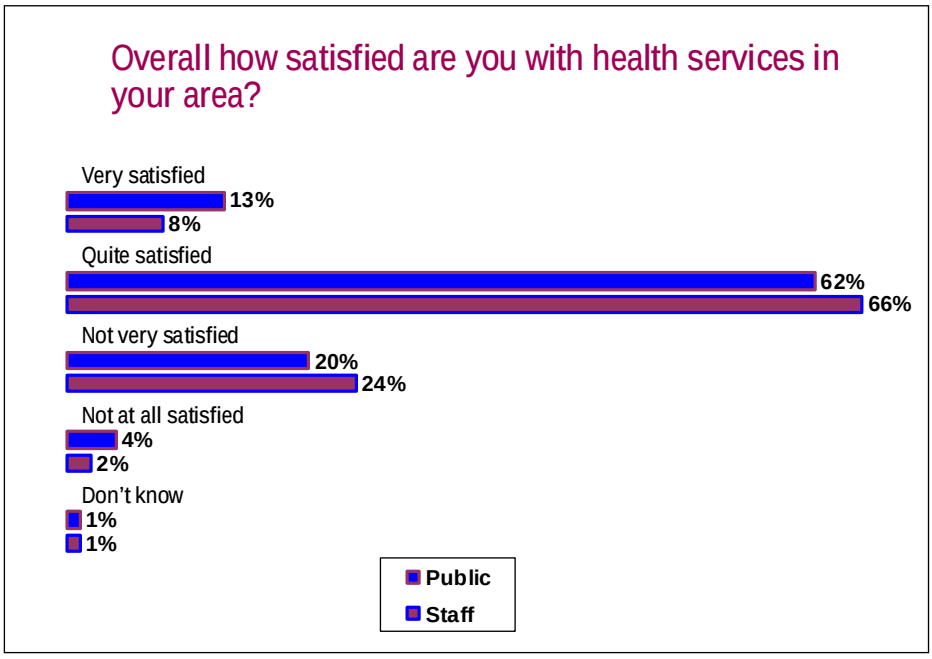
There was widespread support for the idea that government should introduce legislation to tackle obesity and binge drinking in the same way it had tackled smoking.

3. Satisfaction with healthcare services

Satisfaction with the NHS

In the polling, the majority of participants across the nine SHA regions expressed a degree of satisfaction with health services both nationally and in their area. 73% of patients/public and 79% of staff said they were satisfied with health services nationally. 75% of patients/public and 74% of staff said they were satisfied with health services in their area.





The polling demonstrated strong support for the NHS continuing to be tax-funded and free at the point of need. 91% of patients/public and 93% of staff supported this.

> *"The healthcare overall that we get is very good indeed because of the dedication of the staff and those who administer the healthcare. When you have something really seriously wrong with you, all the stops are pulled out and cost doesn't matter."*
>
> **North West**

Things that are working well in the NHS

Table discussions amongst patients/public revealed some of the reasons for relatively high levels of support for the NHS:

- Patients/public saw staff as a real asset to the NHS, and praised them for doing a good job in often difficult circumstances.
- In many regions, patients/public thought that emergency services are working well. Patients/public generally felt that they were receiving a quick response and effective treatment by the ambulance service in particular.
- There was praise among patients/public for some specialised services, e.g. children's services, maternity services, diabetes and cancer services.
- In some regions patients/public were very positive about access to some primary care services, e.g. walk-in centres and NHS Direct, and wanted more of these services.

In their table discussions, staff echoed some of the positive views of patients/public:

- The dedication of staff – they felt that staff remain committed to their jobs and to patients, even at times when morale is low.
- The quality of emergency services – staff in many regions spontaneously praised the ambulance services and quick response teams.
- Specialist services – many staff discussed the high quality of cancer care and cardiac care. In a number of regions, staff were proud that their area had centres of excellence in certain specialisms.

Staff in table discussions were positive about other aspects of the system, for example:

- Across all regions, staff believed that free access to healthcare in England was one of the core assets of the NHS.
- They thought primary care was working well – many people had trusting relationships with their GPs, and felt that GPs are successful 'gatekeepers' to other NHS services.

- Many staff believed that services are now more integrated, in terms of working relationships between departments, between health and social care, and increasingly in partnerships between health services and other organisations.
- There was a feeling among staff that the health service is already patient-centric – that frontline staff are passionate about people and that the patient's needs come first.

Room for improvement

In spite of relatively high levels of satisfaction with health services, many participants thought that some improvements could be made. In the polling, 24% of patients/public and 21% of staff said they were not satisfied with health services nationally and 24% of patients/public and 26% of staff said they were not satisfied with health services in their area.

The polling demonstrated that participants prioritised improvement in providing clean facilities (59% of patients/public and 37% of staff said this needed a lot of improvement). 45% of patients and public said waiting times for hospital treatment needed a lot of improvement. 38% of staff said that getting information about services available needed a lot of improvement.

From the discussions about what makes a high quality service, participants believed that the main priority in healthcare was to receive the most effective treatment possible resulting in the best possible outcome. Effective treatment should be supported by ease of access to services (involving both prompt access and local access), personal care, efficiency of services, cleanliness and safety, good communication and continuity of care.

In table discussions, patients/public reported a mixed picture on quality:

- Patients/public felt that there was too much variation between different areas – a 'postcode lottery', both in terms of the services available and the quality of those services. The variations discussed included:
  - Access to certain drugs and treatments, e.g. fertility treatment
  - Provision of services such as walk-in centres
  - Ease of access to GP appointments
  - Quality of advice and service received from NHS Direct (e.g. some complained about the waiting time to receive a call-back, not receiving a call-back at all, and receiving poor advice, although others were full of praise for the speed and quality of service from NHS Direct).
- Cleanliness in hospitals was mentioned by many patients/public as an area needing further attention. They were critical of cleaning services being contracted

out of hospitals and did not think there was consistency between hospitals in terms of guidelines/procedures on cleanliness.

- Patients/public acknowledged that waiting times had improved over the last few years, but many said this needed further improvement, particularly in terms of receiving test results and the time between referral and seeing a consultant.
- Participants wanted more flexibility in terms of GP appointments and out-of-hours access.
- Communication, particularly between staff and patients and between different services, was raised as an issue. Patients wanted to be treated as individuals, have staff answer their questions and explain procedures. Many mentioned that communication could be better between services so that they felt more joined up.
- Participants felt that much perceived underperformance in terms of quality stemmed from understaffing and lack of sufficient resources.

Staff made many of the same points in terms of what was not working well. In addition, some of the staff were critical of the NHS in the following areas:

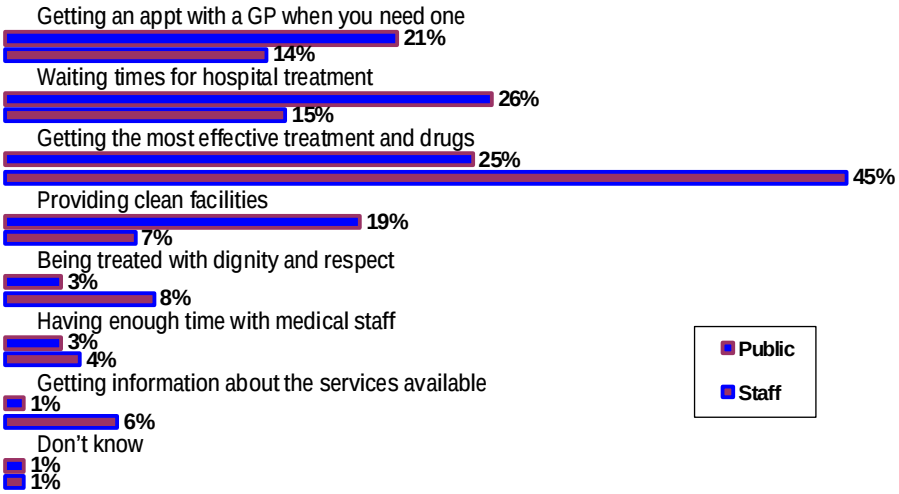
- They criticised the level of recent change and restructuring across the NHS. There was a feeling that there has not been enough time to consolidate before further change is introduced.
- Staff did not always feel valued and some believed there was low morale, with high pressure and long hours.
- IT was criticised.
- A number of staff spoke about financial pressures.
- There was some criticism of targets, with some staff saying that targets can work negatively on patient care and can be demoralising.
- A number of staff felt that there is not enough of a focus on mental healthcare currently. Some also said that services for older people and those with long-term conditions could be improved.

Priorities for the future

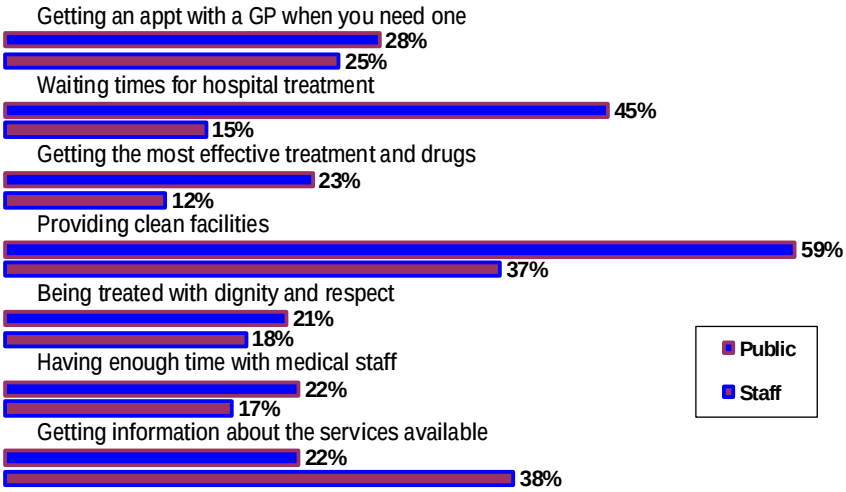
In terms of what element of healthcare was most important, nearly half of staff voted for ‘getting the most effective treatment and drugs’ as the most important aspect of healthcare in the polling. However, the majority of staff believed that the NHS was performing relatively well on this front, with only 12% of staff saying that ‘getting the most effective treatment and drugs’ needed a lot of improvement.

Among patients/public, there was no clear priority in the polling. Access to a GP, waiting times, getting the most effective treatment and drugs and providing clean facilities all featured highly on their ‘most important’ list. However, of the aspects most important to them, cleanliness was seen as needing most improvement, followed by addressing waiting times for hospital treatment:

Which one is the most important?



Percentage of respondents saying each service 'needs a lot of improvement'

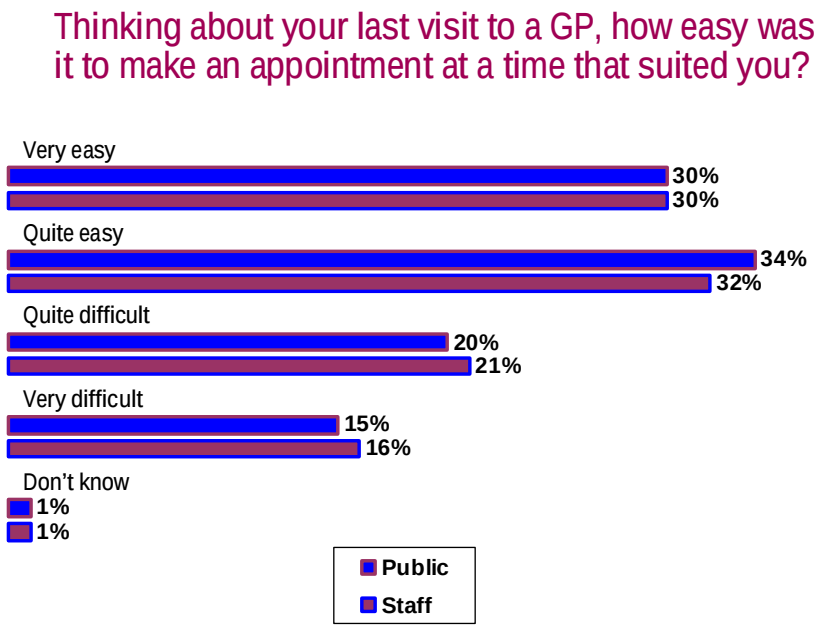


4. Access to primary health services

Access to a GP

Participants saw getting a prompt appointment with a GP as a priority. Most did not express any great difficulty in making appointments – in the polling 64% of patients/public and 62% of staff said they found it easy to book a convenient appointment last time they visited their GP.

However, a substantial minority of participants in the polling – 35% of patients/public and 36% of staff – said that they found it difficult to book an appointment at a time that suited them last time they visited their GP. In table discussions, there were mentions of problems getting through to GP surgeries on the phone to make appointments. Some participants had problems with surgery opening hours, mainly because of work and childcare.



"Getting appointments with GPs, not for emergency but just for a check up. You have to ring up at 8.30 otherwise you have no chance of getting one. Then you have to go in and hope someone drops out. It's frustrating having to dial at a particular time - don't like rigid booking system – get stressed just making an appointment."

South West

Whether they experienced problems with access to GPs or not, participants were supportive of improving access to primary care.

In qualitative discussions on the tables, there was widespread feeling that it should be easier to get through to GP surgeries and to make same-day appointments. People also wanted to be able to make an appointment in advance if needed rather than have to ring up just before it is required.

The polling across the regions demonstrated substantial support amongst all participants for the idea of GPs extending their opening hours into the weekends and into evenings during the week:

- 86% of patients/public and 84% of staff would want GPs to open later in the evenings on weekdays
- 84% of patients/public and 76% of staff would want them to open on Saturdays

Many participants said in table discussions that they valued the continuity of seeing their regular GP. However, from the polling, it seems that there is a willingness to trade this off for longer opening hours: 91% of patients/public and 90% of staff said they would be happy for hours to increase even if they had to see a different GP from their usual one.

In spite of support for increasing GPs' opening times, participants raised some of the potential drawbacks of this when discussing these issues in greater depth on their tables. GPs raised the issue of resources to pay for any extension of hours. Many members of the public were sympathetic towards GPs, and some patients/public felt that GPs' heavy workloads contributed to the problems with accessing primary care that some people encountered.

Access to other primary care services

Table discussions revealed that there was patchy knowledge and understanding of the range of services available at primary care level. Participants – both patients/public and sometimes staff – were often unsure about what services are available in their local area, when they are open and when it is appropriate to try and access them. For example, many patients/public had not heard of walk-in centres or NHS Direct.

Many participants who were aware of NHS Direct and walk-in centres saw them as a useful alternative point of access to healthcare, especially outside of GP hours. There were some reservations, though, about staff at NHS Direct and walk-in centres not having access to patients' notes, and therefore not fully understanding their medical history.

"If it's an out of hours surgery, you want them to still have your records."

East of England

It was clear in the discussions that there was no clear sense of where they should go when they are ill with specific conditions out of hours. This was supported in the polling, when given the scenario “It is Friday evening. You have a persistent cough and have been feeling generally unwell for the last couple of days. It is getting worse and you think you might have a chest infection,” most people said they would go to the chemist (36% of patients/public and 35% of staff) but a significant proportion of people would wait until Monday (25% of patients/public and 22% of staff), ring the GPs surgery to contact the emergency out of hours doctor (12% of patients/public and 22% of staff), go to the nearest walk-in centre (14% of patients/public and 14% of staff) or call NHS Direct (12% of patients/public and 5% of staff). Some clearer direction, especially out of hours, would be welcomed.

In table discussions, participants felt that, because of limited awareness of services, there should be more information about the range of primary care services. Participants argued that greater awareness of services and what they do - walk-in centres, NHS Direct and minor injuries units - would help to reduce inappropriate attendance at A&E departments. On some tables, staff expressed frustration that their efforts to publicise services were not always successful in making the public aware of the services available.

During qualitative discussions, a number of participants had positive things to say about pharmacists – that they were more accessible and often knowledgeable. The polling demonstrated that 86% of patients/public and 84% of staff would be happy to see a pharmacist for a minor complaint. People did not always give a sense of how they would judge whether an illness was minor, although discussion from the pen portraits suggests that they see this on the coughs/colds level.

> *“The role of pharmacists could be expanded – many people aren’t aware of how knowledgeable pharmacists are. That needs to change”*
>
> **East Midlands**

Providing more services under one roof

In the polling, there was support for GP practices providing additional services: 60% of patients/public and 55% of staff said they would be prepared for it to take longer to get there if their GP surgeries were to offer additional services such as X-ray, minor surgery, pharmacy or dentist services. However, the polling also revealed that participants were divided on whether they would actually switch GPs to gain access to these services:

- 42% of patients/public and 43% of staff said they would switch to a GP offering additional services
- 46% of patients/public and 50% of staff say they would not switch in this circumstance

In table discussions, there was more support from staff who currently run a number of services out of one location. Some of the benefits of bringing these services under one roof raised by staff and patients/public included:

- Reduced travelling time to access services.
- Improved join-up between services, leading to better quality of care, especially for people with long-term conditions.
- Better communication between service providers.

However, the co-location of services elicited much debate in table discussions, and both staff and patients/public raised a number of concerns about locating these services in the community, including:

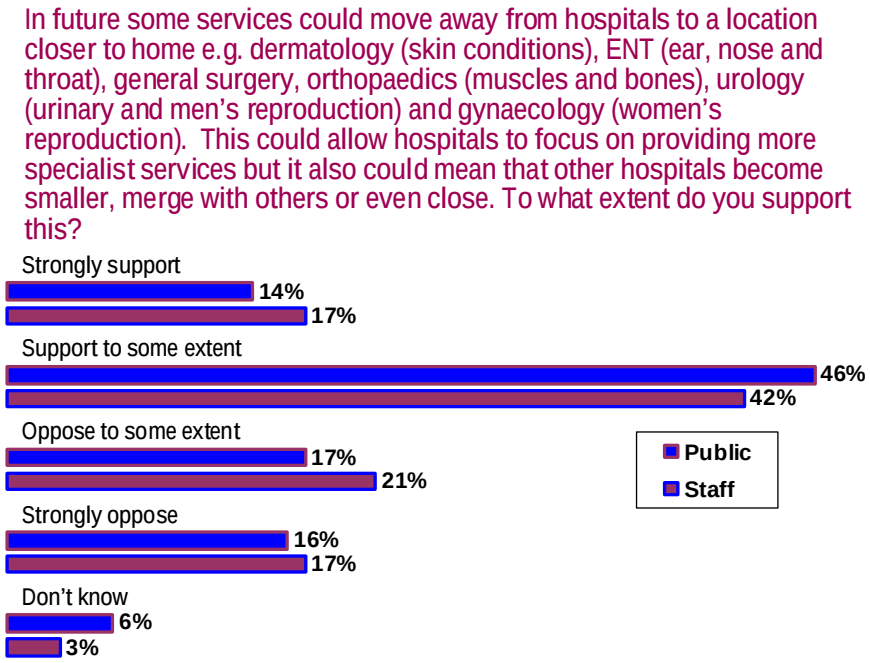
- Cost – participants wondered whether new premises and new staff would be needed for such centres. They also thought it would be costly to provide more specialist equipment – such as x-ray machines – at these locations.
- Staff willingness to re-locate – some staff expressed concern about whether staff would want to move locations.
- Access - Members of the public who thought they would find it harder to access a more distant centre tended to oppose centralisation, but those who assumed centres were likely to be near them were in favour of the move. That some services would become easier to access did not always outweigh concerns about the centralisation of others.

5. Quality of care

Participants discussed and voted on issues around the quality of care.

Centralisation of specialist services

Participants supported the need for some degree of centralisation of specialist treatments: in polling, 60% of patients/public and 59% of staff supported this (either strongly or to some extent).



"If travel is needed to get the best care possible, then it is worth it."

North East

However, discussions at tables revealed that participants believed that services should only be centralised where necessary, and that most treatments should remain available at a local level. While there was some acceptance of the case for centralisation of specialist services, participants were concerned that:

- Specialisation might reduce the quality of local healthcare services
- Emergency services might be compromised if people had to travel further to reach them
- It might widen inequalities in access to healthcare, for instance by disadvantaging the elderly and low income groups who were less able to travel longer distances to reach specialist services.

"You'd like to think that you'd get the best wherever you go."

Yorkshire and Humberside

Patient choice

When they discussed it in table sessions, many participants welcomed the idea of having more choice about which hospital to go to. In an ideal world, everyone would prefer to be treated for any illness at their local hospital. In practice, however, they recognised that standards of treatment and care varied between different hospitals, and therefore they wanted to be given information so that they could decide which hospital would be best for them in a particular circumstance.

Participants stressed in table discussions the need to make informed choices, which depended on being given sufficient information and advice from healthcare professionals, especially GPs.

> *"People can only make a proper choice if they're properly informed."*
>
> **South East**

When asked in polling what information they thought the NHS should provide to help people decide on which hospitals to go to, 82% of patients/public and 64% of staff said it was very important to provide information on infection rates. However, staff were more likely to think that information on outcomes was very important compared to information on infection rates – 75% of staff said this was very important, compared to 66% of patients/public.

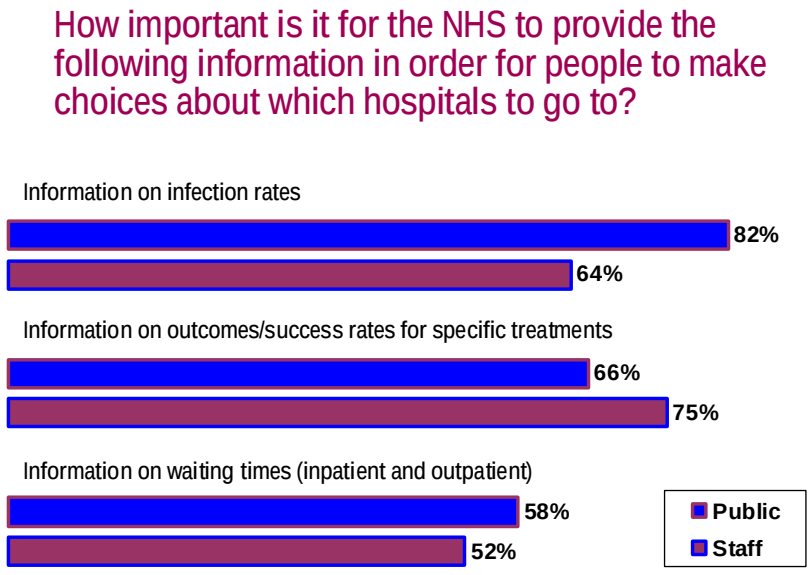


Chart shows percentage stating 'Very important'

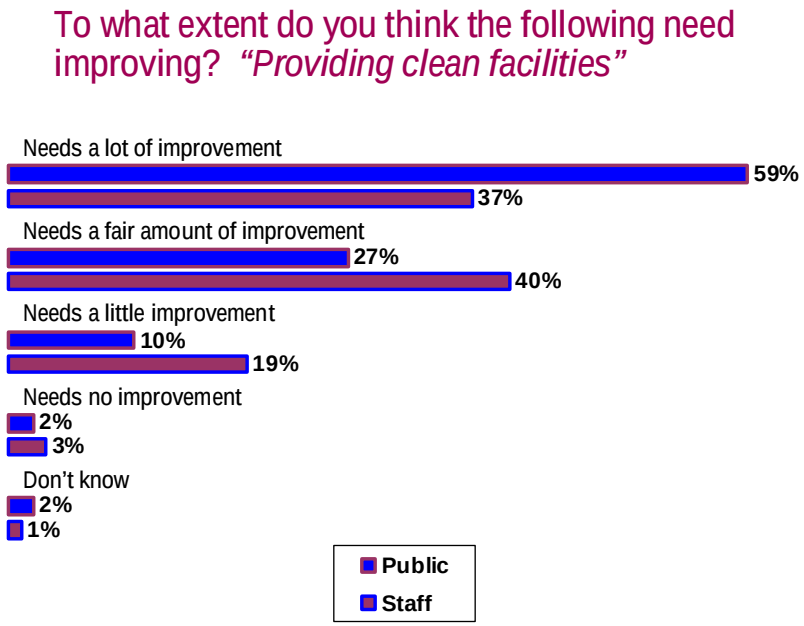
As with centralisation, participants raised some reservations around variation and inequalities in their table discussions on patient choice:

- There was some concern that choice might increase variation in standards of care provided by different hospitals – participants thought that the more popular hospitals would attract more patients and therefore more investment
- Some participants were concerned that health inequalities might increase – that those less able to make a choice (e.g. those with lower educational attainment; older people) would not be able choose effectively, despite the fact that they are often in greater need

Cleanliness in hospitals

In table discussions, many participants spontaneously mentioned cleanliness in hospitals as an area where they would like to see substantial improvement. In discussing cleanliness at their tables, participants talked about both cleaning (e.g. visible dirt, clearing up mess) and hospital acquired infections.

The results of the polling echo this concern: 86% of patients/public and 77% of staff said this needs a lot or a fair amount of improvement.



They believed that hospitals needed to develop a stronger culture of cleanliness, and in table discussions, participants suggested the following measures to instil this culture:

- Mandatory hand washing by staff (in the polling 66% of patients/public and 86% of staff picked this as the single most likely measure to give them confidence about hospitals reducing the spread of infections)
- Staff not wearing uniforms outside of hospitals (in the polling 18% of patients/public and 4% of staff chose this as the one measure most likely to give them confidence about hospitals reducing the spread of infections)
- More matrons to oversee standards in wards
- In-house cleaning staff
- Mandatory hand washing by visitors

The patient experience

Participants believed that a patient's recuperation was greatly assisted by a positive caring environment. In table discussions, participants said that being treated with dignity and respect was central to a positive experience.

In the polling, 53% of patients/public and 56% of staff said that 'being treated with dignity and respect' needed a lot or a fair amount of improvement in the NHS.

In table discussions, participants reported mixed experiences of care in this respect, and the best experiences were where staff had paid attention to their individual needs and concerns. Participants identified several other factors which they thought were necessary for a positive care experience:

- Hospitals should be clean and pleasant environments with peaceful, orderly wards. Bright, modern décor was also seen as important.
- Staff needed to take time to provide patients with clear and regular information about their condition and treatment.
  - In the polling, 57% of patients/public and 53% of staff said that there needs to be a lot or a fair amount of improvement in patients having enough time with medical staff.
- There needed to be improved communication between NHS staff to ensure continuity of care for patients.
- Nutritious food of an acceptable quality, and suited to that particular patient (e.g. if they have recently come out of an operation). Participants also thought that the system for ordering food in hospitals should be simplified.

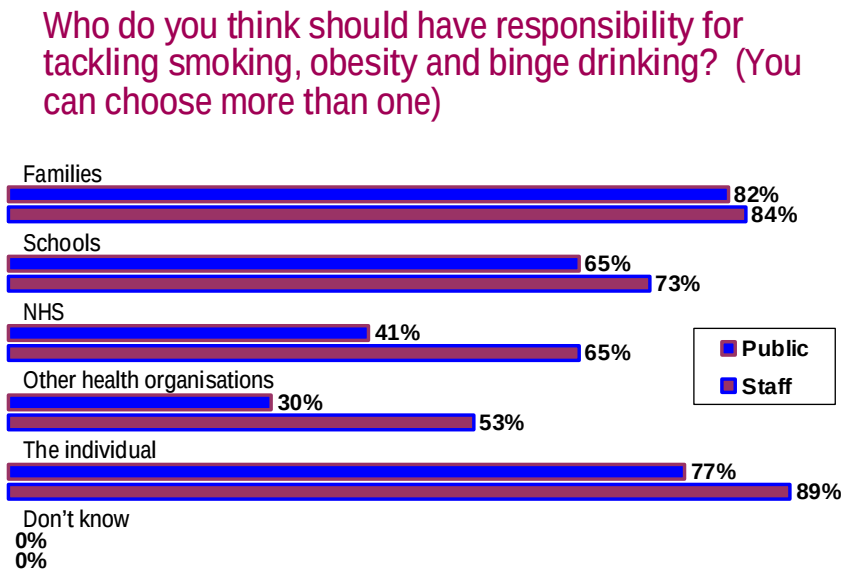
6. Health and wellbeing

Responsibility for preventing ill health

There was clear support for the NHS to do more to prevent people from getting ill. In the polling, 74% of patients/public and 78% of staff supported the NHS focusing more on preventing people becoming ill than on further reducing waiting times.

> *"We must put the emphasis on prevention as otherwise these problems will overwhelm us and the NHS."*
>
> **West Midlands**

However, in table discussions, participants made it clear that they did not think the responsibility for preventing illness fell solely to the NHS. In polling, participants placed more responsibility on families, the individual and schools than they did on the NHS:



When discussing this issue in greater depth, participants also emphasised that the government, retailers and manufacturers, employers, and the media also bore responsibility for changing their behaviour to help people lead healthier lives.

> *"Its not just about being reliant on the NHS, it's also about education and people taking responsibility themselves. Our lifestyle and looking after ourselves – a two way thing – our lifestyle as well as them looking after us".*
>
> **South Central**

The role of the NHS in preventing ill health

In table discussions, participants suggested a well-defined role for the NHS in terms of promoting health and wellbeing:

- To help assess individuals' levels of risk - participants in all regions call for more health 'MOTs' – routine checks on the key risk factors before people present with a health problem.
- To provide information on how to live healthily - defining what a healthy lifestyle is (e.g. what is healthy eating, safe drinking levels); informing people of the consequences of 'unhealthy' behaviours; information on what services are available to help people live healthily.
- To help people help themselves - providing individualised advice, and following this up with access to services and treatments. This is seen as particularly important amongst people with long-term conditions and those groups who are at greater risk of becoming ill (based on lifestyle and/ or demographics).

In many regions, participants discussed that they would like to see the NHS increasing its efforts to reach people before they become unwell, for example by:

- Monitoring people at every point they have contact with the health service;
- Providing services in community locations where people spend time;
- Extending the role of pharmacists and practice and community nurses in providing advice and support.

Priority health issues

Participants believed that the priority health issues were:

- Childhood obesity: In the polling, most participants (59% of patients/public and 59% of staff) believed this was the most important issue for the NHS to tackle (compared with binge drinking and smoking). Participants believed that education had a large part to play in helping reduce obesity – teaching people how to achieve and maintain a healthy weight and to understand the consequences of obesity. However, participants also believed that providing incentives and support would be important.
- Alcohol abuse: There was much discussion about binge drinking in the table discussions, and participants called for stronger measures to deal with this issue. However, once it was brought to their attention through a pen portrait exercise, sustained excess consumption of alcohol in the home was also a concern. This was an area where people felt there was too little information and support currently.
- Other priority health issues included mental health (especially stress, anxiety and depression), smoking, and drug abuse.

There was widespread support in the table discussions for government to play more of a role in tackling health issues, particularly binge drinking, but also obesity. Results from the polling corroborated this – 83% of patients/public and 85% of staff thought that the government should introduce legislation to tackle obesity and binge drinking in the same way it had tackled smoking.

Awareness of current NHS initiatives on helping people lead healthier lives

There was limited awareness of the programmes and initiatives the NHS runs to help people stay healthy. Although there was relatively high awareness of smoking cessation services, there was minimal awareness of services for those with weight problems and those with long-term conditions. Participants would like to see greater access to these services and for ongoing monitoring to become more widespread. Many participants supported the idea of regular health checks.

Tackling missed appointments

The issue of missed appointments in the NHS did not arise spontaneously in many table discussions. However, once it was raised, there was strong feeling about the levels of missed appointments. There was support for a penalty system for persistent offenders. In the polling, 83% of patients/public and 81% staff said that if patients miss their GP or specialist appointment where they have been given a choice on the time and date, action should sometimes be taken (depending on the circumstances). However, participants also believed that more should be done to improve the system for making and cancelling appointments.

Future improvements to health and wellbeing

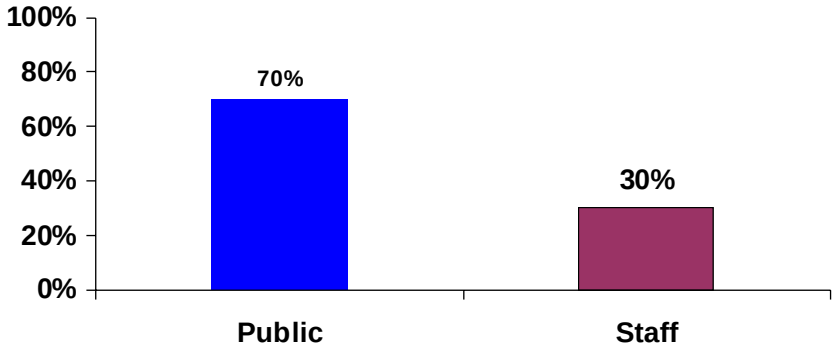
There were three key themes emerging from the ideas participants generated in table discussions on health and wellbeing:

- **Increasing understanding of staying healthy** – people wanted to see more done to inform and educate people on:
  - Guidelines for healthy living (e.g. what is a healthy diet? What is a unit of alcohol? How much alcohol can I safely drink in a week?)
  - The health consequences of not following the healthy living guidelines (e.g. what are the consequences of being obese or of exceeding the recommended weekly limits on alcohol?)
  - Services available to help people stay healthy
- **Providing motivation to change** – there was a strong belief that providing advice alone is not enough. Instead participants wished to see more systems of support and incentives and disincentives to encourage people to live more healthily.

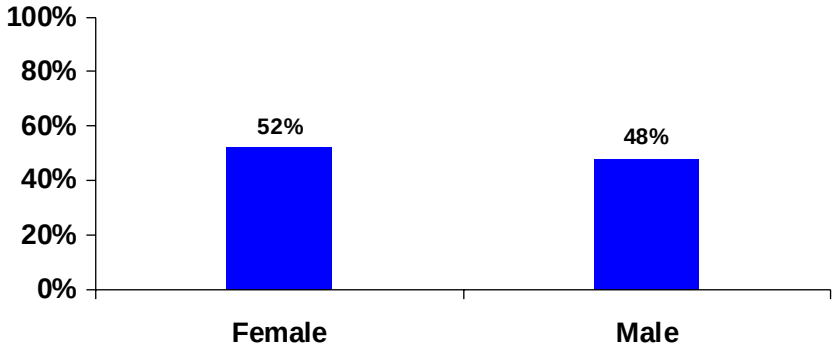
- **Integrating healthy living thinking and services into everyday life** – a number of participants suggested that we need to see our health as our own personal responsibility, rather than expecting the NHS to fix it when something goes wrong. Participants also wanted to see people monitoring and considering their health in their day-to-day lives. The aim of this is to ensure that people consider health risks at the point at which they take them, and spot warning signs as they arise.

7. Appendix: Demographic profile of participants

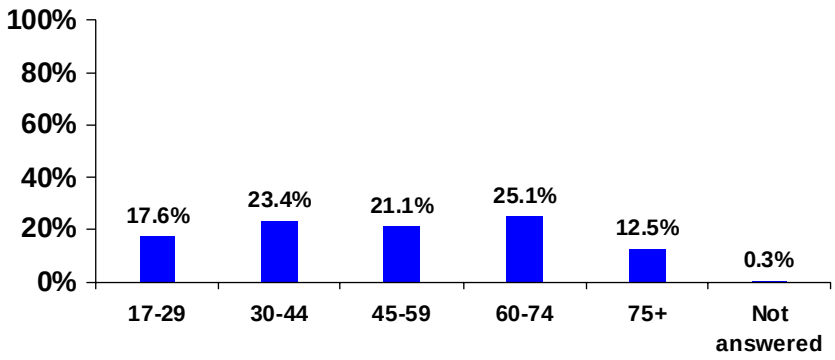
National Attendance Data



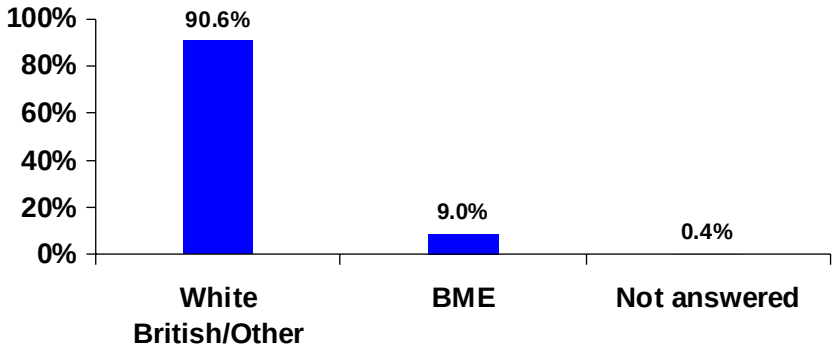
National Public Attendance Data: Gender



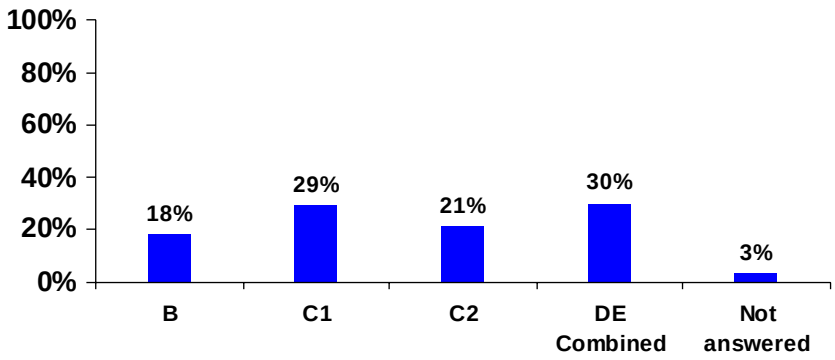
National Public Attendance Data: Age



National Public Attendance Data: Ethnicity



National Public Attendance Data: Socio-Economic Group (SEG)



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