



**Easy
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Hywel Dda
University Health Board

Changes to our services

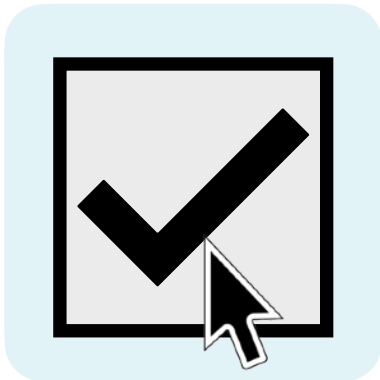
Tell us what you think



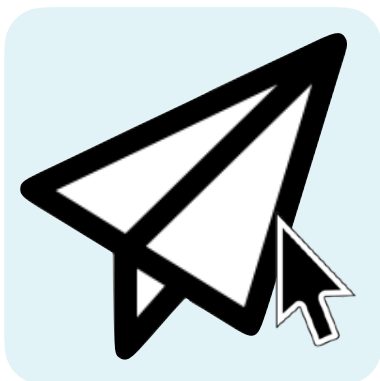
How to use this survey on a computer



You can complete this survey on your computer. First you will need to download it.



When you open the survey on your computer, you will be able to click on the tick boxes and write in the text boxes.



When you have finished the survey, save it to your computer and email a copy to:
Hyweldda.Engagement@wales.nhs.uk



You can also download this document, complete and send to us by post to:
Opinion Research Services FREEPOST
SS1018, PO Box 530,
Swansea, SA1 1ZL
(no need for a stamp)

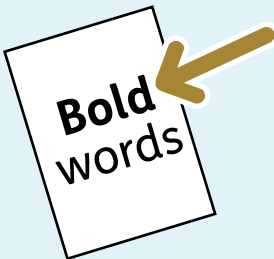
Easy Read



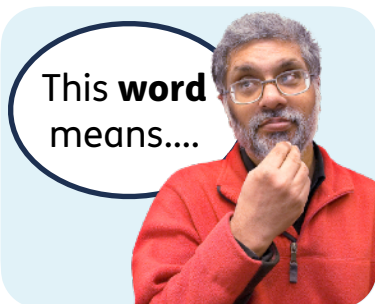
This is an Easy Read version of some information. It may not include all of the information but it will tell you about the important parts.



This Easy Read booklet uses easier words and pictures. Some people may still want help to read it.



Some words are in **bold** - this means the writing is thicker and darker. These are important words in the booklet.



Sometimes if a bold word is hard to understand, we will explain what it means.



Blue and underlined words show links to websites and email addresses. You can click on these links on a computer.

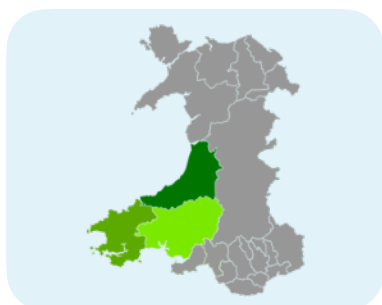
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About this booklet



This booklet is from Hywel Dda University Health Board.



We provide health services to people in Carmarthenshire, Ceredigion, and Pembrokeshire, and people living near those areas.



We want to know what you think about our plans to make changes to 9 services.



This booklet will give you information about the services and what we plan to do.



We know that there is a lot of information in this booklet, so you do not have to answer all the questions if you do not want to.

About our plan



Some of our hospital services are not always good and safe enough.



This is because our teams work in many different places, so sometimes parts of a service are done by just 1 person.

We still have problems from the COVID-19 pandemic, like:



- A lot of patients waiting a long time for treatment.



- More people who need help or treatment.



- Not having enough staff.



Since the pandemic there is not enough **social care** for everyone who needs it.

Social care is the extra support some people need with everyday life, like personal care.



Some of our services still cannot see as many people as they did before the pandemic.



This means patients are waiting a long time for some types of care.



Our plan has different choices for how to run 9 services.



The plan will last for more than 4 years, because it will take time to make all the changes.

We want the plan to:



- Make our services better.



- Make sure we have enough staff.



- Help see people quicker.

For each of the services, we want you to tell us:



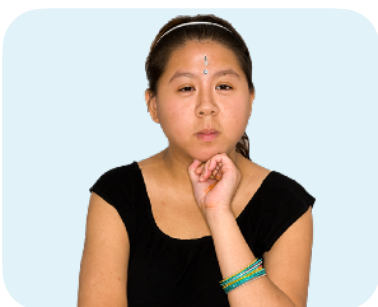
- Which of our choices you think are best to make our services better.



- Any worries you have about the ideas or the changes we might make.



- What you think about what our hospitals will do in the future.



- Anything else you think we need to think about, or other ideas you have.



For more information about our plans, please see our website:

www.hduhb.nhs.wales/clinical-services-consultation



If you would like the information on paper, or in a different way like braille, please call us on 0300 303 8322 and choose option 5 'other services'.

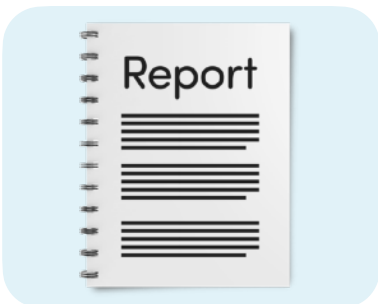
To tell us what you think, you can write in this booklet and send your answers to:



Opinion Research Services FREEPOST
SS1018
PO Box 530
Swansea
SA1 1ZL



Fill in the booklet on your computer and email it to:
Hyweldda.Engagement@wales.nhs.uk



Opinion Research Services is a company that will look at what everyone says and write a report for us.



We need your answers by Sunday 31 August 2025.



If you answer for yourself, we do not need to know who has given the answers.



If you answer for an organisation, we might need to know which organisation it is.



We will not ask for any personal information about you, like your name or address.



But we will ask some questions to make sure that we get information from different types and groups of people.



You can look at our website to find out more about how we keep information safe:

www.hduhb.nhs.wales/about-us/governance-arrangements/your-information-your-rights/privacy-notices



Or you can look at the website of Opinion Research Services:

www.ors.org.uk/privacy

Critical care services



Critical care services look after people who are very ill or might die.



This care is given in **intensive care units**.



At the moment, we have intensive care units in Bronglais, Glangwili, Prince Philip and Withybush hospitals.



Some patients go from Prince Philip to Glangwili for more care.



It is hard for us to get enough staff for critical care services.



None of our hospitals are as good or safe as they should be.



We are thinking of giving critical care services at fewer hospitals.

This would help us:



- Give better treatment.



- Keep patients safe.



- Make sure our services are good enough.



Some hospitals would not have critical care services.



Instead, they would have **enhanced care units**.

The **enhanced care units** would:

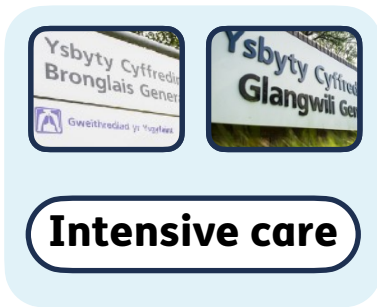


- Treat people who are not ill enough to need critical care.



- Get people who are very ill ready to move to Glangwili intensive care unit for critical care.

Choice A



Choice A is to keep intensive care units in Bronglais and Glangwili.



We would make enhanced care units at Prince Philip and Withybush.



We would also make an enhanced care unit at Glangwili so that the intensive care unit can just look after patients who are very ill.



This would mean patients near Withybush and Prince Philip would have to travel further for care if they were very ill.

Choice B



Choice B is to keep intensive care units at Bronglais, Glangwili and Withybush.



Prince Philip would have an enhanced care unit.



Patients at Prince Philip who need intensive care would be taken to Glangwili intensive care unit.



This would mean patients nearest Prince Philip who need intensive care would have longer journeys.

Choice C



Choice C is to keep intensive care units in all hospitals.



We would still move the sickest patients at Prince Philip to Glangwili intensive care unit.



It would be difficult to keep enough staff for this choice.



But not as many patients would have longer journeys.



Question 1: Thinking about all the information above, which choice do you think is best for critical care services?

Choice A

Choice B

Choice C

I do not think any of the choices is better than the others

I do not know



Question 2: Please tell us why you think this is the best choice.

Can you think of any ways we could make that choice even better?

Do you have any other ideas about what we could do?

If you need to, you can use an extra piece of paper to tell us what you think.

Dermatology services



Dermatology services look after people's skin, hair, and nails.



Since the COVID-19 pandemic, dermatology services have mostly been provided at Prince Philip.



There is also a clinic each week at Glangwili.



There are also nurse-led services at Cardigan Integrated Care Centre and South Pembrokeshire Hospital.



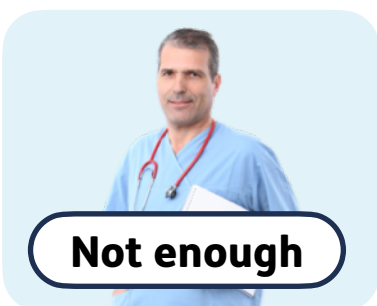
There are no dermatology services at Bronglais or Wyllybush at the moment.



More people want to use dermatology services, especially people who might have cancer.



This means that people who do not need to be seen quickly have to wait longer.



There are not enough dermatology **consultants** in the country.

Consultants are senior doctors who know a lot about their subject.



We have not had a permanent dermatology consultant since 2016.



Problems with staffing mean we have to cancel appointments and patients have to wait longer.



We plan to run all hospital dermatology services from Prince Philip.

This would help us:



- Make the service better.



- Get and keep staff, especially consultants.



The choices for dermatology are about where clinics that are not in Prince Phillip Hospital should be.

Choice A



Nurse-led clinics and some small operations would stay at Cardigan Integrated Care Centre.



We would start some nurse-led clinics at Amman Valley Hospital.



There would be no clinics in Pembrokeshire, so patients from this area would travel further.

Choice B



Nurse-led clinics would stay at South Pembrokeshire Hospital.



Some small operations would happen at some doctors' surgeries.



There would be no clinics in Ceredigion, apart from at some doctors' surgeries.



So patients from Ceredigion would have to travel further.

Choice C



There would still be nurse-led clinics and some small operations at Cardigan Integrated Care Centre.



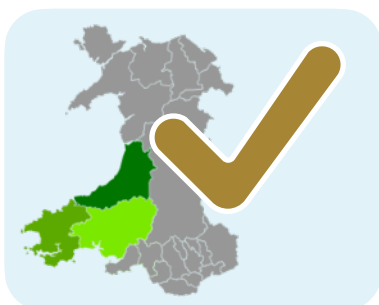
There would also still be nurse-led clinics at South Pembrokeshire Hospital.



There would be some new nurse-led clinics for children at Cross Hands Health Centre.



Some small operations would happen at some doctors' surgeries.



This choice keeps some dermatology services in Carmarthenshire, Ceredigion and Pembrokeshire.

Choice D



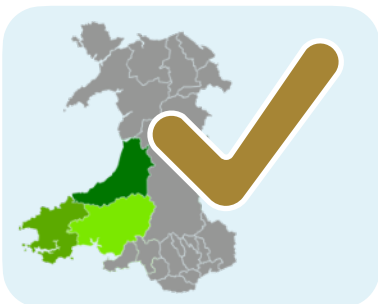
There would still be nurse-led clinics and some small operations at Cardigan Integrated Care Centre.



There would also still be nurse-led clinics at South Pembrokeshire Hospital.



There would be some new nurse-led clinics for children at Cross Hands Health Centre.



This choice keeps some dermatology services in Carmarthenshire, Ceredigion and Pembrokeshire.



Question 3: Thinking about all the information above, which choice do you think is best for dermatology services?

Choice A

Choice B

Choice C

Choice D

I do not think any of the choices is better than the others

I do not know



Question 4: Please tell us why you think this is the best choice.

Can you think of any ways we could make that choice even better?

Do you have any other ideas about what we could do?

If you need to, you can use an extra piece of paper to tell us what you think.

Emergency general surgery services



Emergency general surgery is when people may need an operation on their tummy area straight away.



At the moment, emergency general surgery services are provided at Glangwili, Bronglais and Withybush.



It is difficult to get enough consultant **surgeons** to do operations safely in these hospitals.

Surgeons are doctors who do operations.



In both choices the emergency general surgery service would stay at Bronglais.



In both choices Prince Philip would still not treat emergency general surgery patients.



Patients from near to Prince Philip would go to Glangwili for their surgery and recovery.



There are not enough emergency general surgery consultants to run services in Withybush and Glangwili.



So we want to bring all these doctors into one team.



This plan would make it easier to keep the service safe.



This plan would also make it easier to get consultant surgeons to work for us.



Most patients who do not need an operation would stay at their nearest hospital site in both choices.

Choice A



There would be consultant surgeons at Bronglais and Glangwili.



Patients at Wthybush who need an operation would be taken to Glangwili.



They would go back to Wthybush to recover afterwards.



This choice would make it easier to get consultant surgeons to work for us.



People would also know where operations would happen.



Patients nearer Withybush who needed emergency general surgery operations, would have to travel to Glangwili.

Choice B



There would be consultant surgeons at Bronglais.



Consultant surgeons would work at Glangwili one week and Withybush the next week.



Consultant surgeons would keep swapping where they worked.



This would mean sometimes patients might have their operation closer to home.



At other times, they would be moved to the hospital where operations were happening that week.



This choice is more difficult for staff.



But some patients would not have to travel as far.



We would still need to do operations in Glangwili for children and young people, even when the service is working in Withybush.



We would need to make sure there were enough staff to do this.



Question 5: Thinking about all the information above, which choice do you think is best for emergency general surgery services?

- Choice A
- Choice B
- I do not think either of the choices is better than the other
- I do not know



Question 6: Please tell us why you think this is the best choice.

Can you think of any ways we could make that choice even better?

Do you have any other ideas about what we could do?

If you need to, you can use an extra piece of paper to tell us what you think.

Endoscopy services



Endoscopy is when we use small cameras to look inside the body, in patients over 16 years old.



At the moment, endoscopy services are provided at Bronglais, Glangwili, Prince Philip and Withybush.



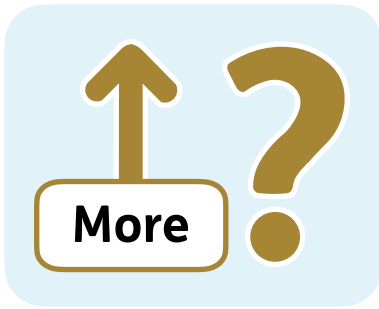
The main problem for our endoscopy service is that we need to do more.



If we do not do more, patients would have to wait longer for treatment.



In all our choices, some endoscopy procedures would continue to happen at all four main hospital sites.



The choices for this service are about different ways to do more.

Choice A



Gastrointestinal endoscopy services would continue at all four main sites.

Gastrointestinal endoscopy services look inside your stomach and intestines.



At Prince Philip, the unit would get bigger, from two to three rooms.



This would mean we could do more endoscopy services in the same place, including doing all endoscopy services to check breathing and weeing at Prince Philip.



Patients who live outside of the Prince Philip areas would have further to travel for these services.



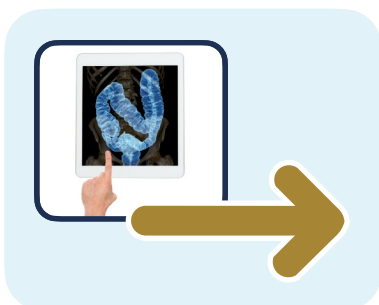
There would be no changes to the **bowel screening** service.

Bowel screening is where we check people to see if they have any problems with their poo or intestines.

Choice B



Endoscopy services would carry on at the same hospitals as they are at the moment.



All bowel screening would move to a site just for this service.



Depending where we put the bowel screening service, some patients would have to travel further, but some would have to travel less far.

Choice C



Gastrointestinal endoscopy services would continue at all four main sites.



We would increase the service at Prince Philip by working later on Monday to Friday, and starting to work at the weekend.



This would mean we could do all endoscopy services to check breathing and weeing at Prince Philip.



Patients who live outside of the Prince Philip areas would have further to travel for these services.



But there would be more appointments in the evenings and weekends at Prince Philip.



There would be no changes to the bowel screening service.



Question 7: Thinking about all the information above, which choice do you think is best for Endoscopy services?

Choice A

Choice B

Choice C

I do not think any of the choices is better than the others

I do not know



Question 8: Please tell us why you think this is the best choice.

Can you think of any ways we could make that choice even better?

Do you have any other ideas about what we could do?

If you need to, you can use an extra piece of paper to tell us what you think.

Ophthalmology services



Ophthalmology is treating eye diseases and injuries, including eye injections and operations.



At the moment, ophthalmology hospital services are provided from Bronglais, Glangwili, Prince Philip and Withybush.



There are also clinics in different places.



In all the choices, most ophthalmology services would happen at either Glangwili or Prince Philip.

Having most ophthalmology services at one main hospital would:



- Mean patients do not have to wait as long for treatment.



- Help us get and keep more staff.



- Make the service run better.

In all the choices:



- Withybush hospital would keep doing most of the services it does at the moment.



- Cardigan Integrated Care Centre and North Road Eye Clinic (Aberystwyth) would provide some services for people who do not need to be seen in a hospital.



- There would be no ophthalmology service at Aberaeron Integrated Care Centre.



- Regular eye injection services would happen at all sites that provide services for people who do not need to stay in hospital.

Choice A



Most eye services that need to be done in hospital, including emergency eye care, would happen at Glangwili.



Bronglais and Prince Philip would not have any ophthalmology services.



Amman Valley Hospital would do some eye operations, but would not do eye injections.

This would:



- Mean patients do not have to wait as long for treatment.



- Help us get and keep enough staff.

Choice B



Most eye services that need to be done in hospital, including emergency eye care, would happen at Prince Philip.



Glangwili would not do any eye services.



Bronglais would keep doing the same eye services.



Amman Valley Hospital would do eye injections, but no eye operations.



Services for people who live in Pembrokeshire and do not need to stay in hospital would be provided somewhere in Pembrokeshire.



This choice would keep more services closer to home for some patients.



But some patients might have to wait for treatment.



We might still have problems getting and keeping enough staff.

Choice C



Most eye services that need to be done in hospital, including emergency eye care, would happen at Glangwili.



Prince Philip would not do eye services anymore.



Bronglais would keep doing the eye services it does at the moment.



Amman Valley Hospital would still do eye injections but not do operations anymore.



Some services would be closer to home for some patients.



But in choice C, patients might still have to wait a long time for treatment.



And it might still be difficult to get and keep enough staff.



Question 9: Thinking about all the information above, which choice do you think is best for Ophthalmology services?

Choice A

Choice B

Choice C

I do not think any of the choices is better than the others

I do not know



Question 10: Please tell us why you think this is the best choice.

Can you think of any ways we could make that choice even better?

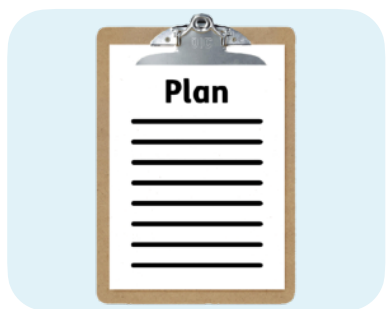
Do you have any other ideas about what we could do?

If you need to, you can use an extra piece of paper to tell us what you think.

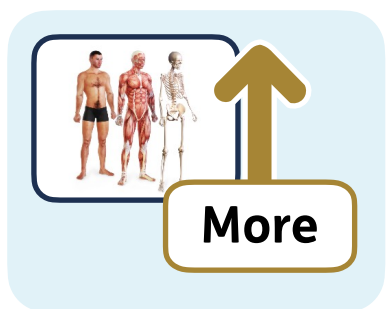
Orthopaedic services



Orthopaedic services is about looking after bones, joints, and soft tissues in your body, like muscles.



The choices are only about planned orthopaedic services and not emergency orthopaedics.



The main problem in orthopaedic services is that we need to do more so that patients do not wait as long.



At the moment, orthopaedic services are provided from Bronglais, Glangwili, Prince Philip and Withybush.



As well as the hospital services, we have clinics in Cardigan Integrated Care Centre, South Pembrokeshire Hospital and Tenby Hospital for people who do not need to stay in hospital.



Our staff also work at clinics at Tywyn Hospital, run by Betsi Cadwaladr University Health Board.



This means patients do not have to travel as far for treatment.

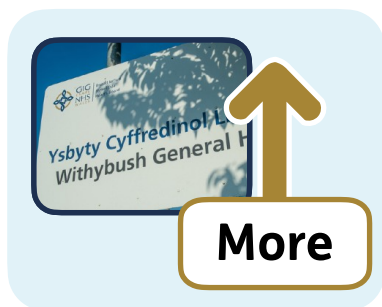


In all choices, all sites would continue to provide some services for people who do not need to stay in hospital.



Bronglais and Prince Philip would still do operations for people who need to stay in hospital.

Choice A



There would be more simple operations at Wthybush.



Prince Philip would do the more difficult operations for patients from our area and also from Swansea Bay University Health Board.



We would work with Swansea Bay University Health Board so that all patients get care in the best place.



This might mean our patients would go to Neath Port Talbot Hospital for some operations.

Choice B



Choice B is the same as choice A, but the orthopaedics service would be open for longer.



This would mean we could do more operations.

Choice C



In choice C, there would be more simple operations at Withybush.



This would mean we could do more operations.



Prince Philip would do the more difficult operations for patients from our area.

Choice D



There would be more treatment at Withybush and Bronglais for patients who do not need to stay in hospital.



Prince Philip would do the more difficult operations for patients from our area and also from Swansea Bay University Health Board.



We would work with Swansea Bay University Health Board so that all patients get care in the best place.



Question 11: Thinking about all the information above, which choice do you think is best for orthopaedic services?

Choice A

Choice B

Choice C

Choice D

I do not think any of the choices is better than the others

I do not know



Question 12: Please tell us why you think this is the best choice.

Can you think of any ways we could make that choice even better?

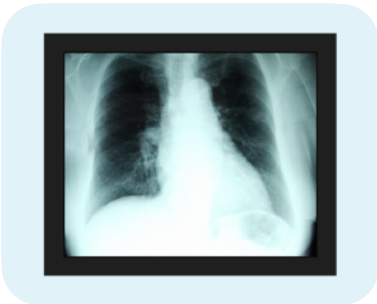
Do you have any other ideas about what we could do?

If you need to, you can use an extra piece of paper to tell us what you think.

Radiology services



Radiology is about looking inside the body to find and treat diseases and injuries.



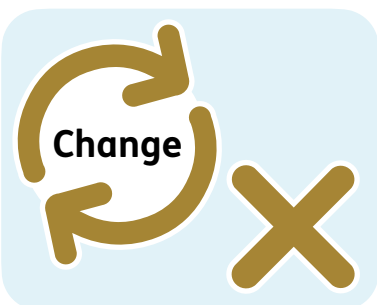
One example of a radiology service is doing X-rays.



Some radiology services help us find out what is wrong with patients. This is called **diagnostic radiology**.



Emergency diagnostic radiology is done all day every day.



We are not planning to change this.



For patients where there is a plan for them to come into hospital, we do diagnostic radiology 5 days a week, during the daytime.



Other radiology services help find out what is wrong with a patient when it is more complicated to work out. This is called **interventional radiology**.



At the moment, interventional radiology services are only provided 5 days a week, in the daytime.



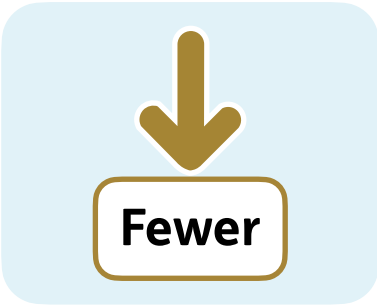
We have been doing more radiology at all our hospitals.



But we do not have enough staff to do some services for longer hours.



We also have problems keeping equipment up-to-date at all hospitals.



So all our choices are about doing radiology services at fewer places.

This means we could:



- Treat more patients.



- Have more radiology staff at those hospitals.



But it would mean that some staff would have to change where they work.



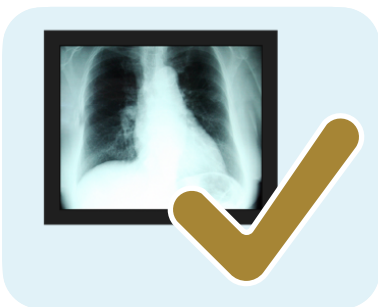
The options help with the staff shortages, but not enough to fully meet the need for interventional radiology.



In all the choices, we would stop doing X-rays at Llandovery and South Pembrokeshire hospitals.



So patients who live near these hospitals would have to travel further for their X-rays than they do now.



In all our choices, X-ray services would stay at Cardigan Integrated Care Centre and Tenby Hospital.

Choice A

At Bronglais, Prince Philip and Withybush there would be:



- A planned diagnostic radiology service.



- An interventional radiology service for people who do not need to stay in hospital.



Glangwili would provide inpatient interventional radiology for our whole area.



Having separate services for people who do and do not need to stay in hospital would mean we would not need to cancel as many treatments.

Choice B

At Bronglais, Glangwili, Prince Philip and Withybush there would be:



- Diagnostic radiology every day.



- Interventional radiology on Monday to Friday during the day.



There would also be a new place for diagnostic radiology, called a hub.



We do not know where this hub would be yet.



The new hub would mean that Prince Philip and Withybush would only look after patients who might have cancer.



These patients could have lots of different tests on the same day and in the same place.

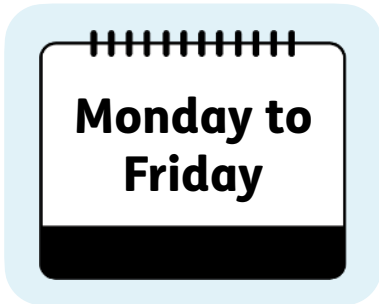


This choice would make it quicker to find out what was wrong with patients.

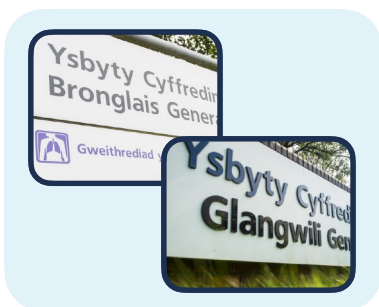


But this choice would mean we would need more staff.

Choice C



There would be planned diagnostic radiology at Bronglais, Glangwili, Prince Philip and Withybush, from Monday to Friday.



This choice would mean doing interventional services at Bronglais and Glangwili only.



This would help make the service safer.



It would also mean we would not have to cancel as many diagnostic services at Prince Philip and Withybush.

Choice D



At Bronglais, Glangwili, Prince Philip and Withybush, there would be a diagnostic radiology service every day.

There would also be an interventional radiology service:



- At Bronglais, Prince Philip and Withybush on Monday to Friday.



- At Glangwili all the time.



This choice would mean we need more staff.



Question 13: Thinking about all the information above, which choice do you think is best for radiology services?

Choice A

Choice B

Choice C

Choice D

I do not think any of the choices is better than the others

I do not know



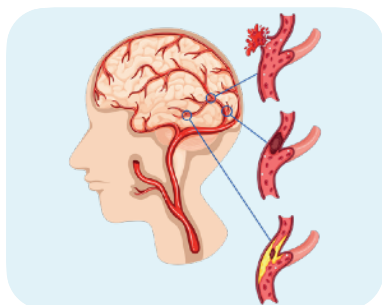
Question 14: Please tell us why you think this is the best choice.

Can you think of any ways we could make that choice even better?

Do you have any other ideas about what we could do?

If you need to, you can use an extra piece of paper to tell us what you think.

Stroke services



A **stroke** is a serious condition that happens when blood to part of the brain is cut off.



Sometimes people die of a stroke.



At the moment, there are stroke units at all four hospitals: Bronglais, Glangwili, Prince Philip and Wyllybush.



But the service is not good enough, and there are not enough staff.



This means that some people do not get better as well as they should.



We know that services would be better if we could bring them together, at fewer sites.

Bringing services together would also:



- Make it easier to get and keep staff.



- Keep the service running.



We are looking at two different choices for how stroke services could be delivered.



An ambulance would take someone having a stroke to their nearest hospital.

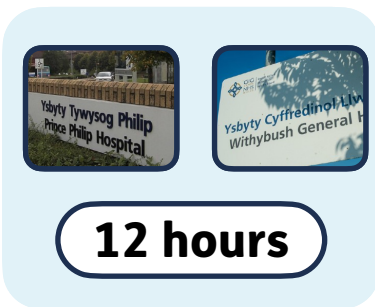


All hospitals would do checks and give some treatment.



If more treatment was needed, then patients would be taken to the nearest hospital that could give the patient that treatment.

Choice A



Prince Philip and Withybush would have stroke units, with specialist staff working 12 hours a day.



This means stroke patients from Bronglais and Glangwili would be taken to Prince Philip or Withybush for their stroke care.

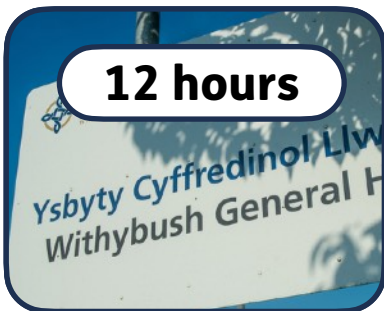


This would make it easier to have enough staff.

Choice B



Prince Philip would have a stroke unit with specialist staff there all the time.



Withybush would have a stroke unit, with specialist staff working 12 hours a day.



This means stroke patients from Bronglais, Glangwili and Withybush stroke unit would be taken to Prince Philip for care, usually for 72 hours.



After that, if patients still needed to stay in hospital, they would either stay in Prince Philip or go to Withybush.



This choice would make the service better.



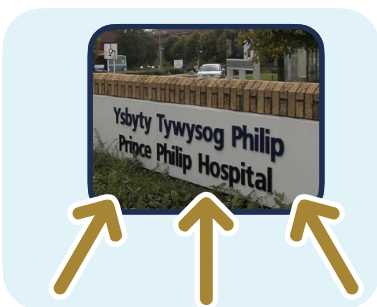
This choice would also mean that there were staff who specialise in stroke treatment available all the time.



It would also help us have more staff.



But more patients and visitors would travel further for stroke care than Choice A.



This is because all stroke patients would be taken to Prince Philip.



Question 15: Thinking about all the information above, which choice do you think is best for stroke services?

Choice A

Choice B

I do not think either of the choices is better than the other

I do not know



Question 16: Please tell us why you think this is the best choice.

Can you think of any ways we could make that choice even better?

Do you have any other ideas about what we could do?

If you need to, you can use an extra piece of paper to tell us what you think.

A large, empty rectangular box with rounded corners and a light blue border, intended for the student to write their response.

Urology services

Urology is a type of medical care for adults with problems in:



- Their private parts, if they are male.



- The parts of the body that make wee.



We give urology care in all four hospitals.



But we do not have enough staff, so some people have to wait a long time to get treatment.

Our plan



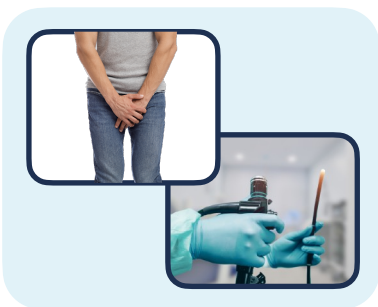
To help with getting enough staff, we want to do most urology care in 1 hospital.



It would look after all people who need to stay in hospital for urology treatment.



We think Prince Philip Hospital is the best place to do most of the urology care.



It would be close to the endoscopy service there.



The urology service would also check for cancer in those parts of the body for people in our area.



Only services for people with emergency urology problems would stay at Glangwili.

At Withybush and Bronglais, there would still be urology services for:



- People who do not need to stay in hospital.



- People who need tests to find out what is wrong.



If we think someone has cancer, they would go to Prince Philip for tests.



Our plan should mean that patients have to go to hospital less often.



But some patients would have to travel further to get to their appointments.



Question 17: How much do you agree or disagree with this plan for urology services?

- I agree a lot
- I agree
- I do not agree or disagree
- I disagree
- I disagree a lot
- I do not know



Question 18: Please tell us why you agree or disagree.

Can you think of any ways we could make our plan even better?

Do you have any other ideas about what we could do?

If you need to, you can use an extra piece of paper to tell us what you think.

Our hospitals in the future



We want to know what you think about the future of some hospitals in Carmarthenshire, Ceredigion, and Pembrokeshire.



We want to change how some healthcare services are given.



This would mean changes for our four main hospitals.

The changes could mean:



- Bronglais Hospital would stay the same, but patients might need to go to other hospitals for some treatment.



- Glangwili Hospital would give more urgent and emergency care, but some planned care might happen in other places.



- Prince Philip Hospital would give more planned care and would work with Swansea Bay University Health Board for some services.



- Withybush Hospital would give more planned care for patients in our area.



- Some people might need to go to Glangwili Hospital for extra care.



Question 19: How much do you agree or disagree with this plan for our hospitals?

- I agree a lot
- I agree
- I do not agree or disagree
- I disagree
- I disagree a lot
- I do not know



Question 20: Please tell us why you agree or disagree.

Can you think of any ways we could make our plan even better?

Do you have any other ideas about what we could do?

If you need to, you can use an extra piece of paper to tell us what you think.

A large, empty rectangular box with rounded corners and a light blue border, intended for students to write their responses to the question.

Anything else



Question 21: Is there anything else you would like to tell us?

This might be:



- Anything you think we have not thought about.



- Comments about a hospital.



- About getting to the hospital.



- About support for patients, visitors and staff.



Or you might want to tell us about what our choices mean for the **environment**.

The **environment** is where we live. It includes the land, the sea, the air and everything that lives in and on it.



If you need to, you can use an extra piece of paper to tell us what you think.

Treating everyone fairly



We have to think about how different groups of people might be affected by any changes to the service.



This might be because of their age, disability, race, religion or something else about their background.



Question 22: Are there any groups of people who you think might be affected in a good or bad way by any changes to the services?

Questions about you



We want to make sure we hear from lots of different groups of people who use our services.



Answering these questions will help us to check who we have heard from.



You do not have to answer any of these questions if you do not want to.

If you are answering these questions for an organisation, please tell us:



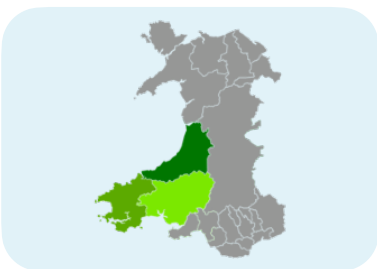
- The name of the organisation.



- Any group or department of the organisation you work in.



- Who the organisation works for or supports.



- Which area the organisation works in.



If you are answering these questions for an organisation, please also tell us how you listened to the ideas of members of the organisation.

If you are answering these questions for yourself, please write your postcode in the box below:





Question 23: How old are you?

Please tick one box below

Under 18

18 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 to 74

75 or over



Question 24: What is your **gender**?

Your **gender** is how you think of yourself. Most people think of themselves as a man or woman.

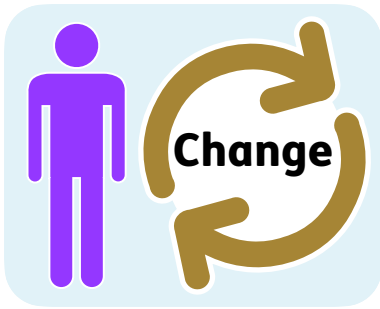
Man

Woman

Non-binary - this means you do not see yourself as a man or a woman

I use another word for my gender

I do not want to say



Question 25: Is your **gender** the same as the sex you were registered with at birth?

Yes

No

I do not want to say



Question 26: Are you pregnant or have you given birth to a new baby in the last year?

Yes

No

I do not want to say



Question 27: What is your **ethnic group**? *Only tick 1 box.*

Your **ethnic group** means your race, background or the country you or your family come from.

White

More than 1 ethnic background

Asian or Asian British

Black, African, Caribbean or Black British

I do not want to say

Any other ethnic group - please tell us:



Question 28: What is your sexual orientation?

This is who you are attracted to.

- Asexual** - you do not feel sexually attracted to anyone
- Bisexual** - you are attracted to more than 1 gender
- Gay or Lesbian - you are attracted to people of the same gender as you
- Heterosexual or Straight
- I do not want to say
- Other



Question 29: Do you have a long term illness or disability in your body or mind that affects what you can do in your daily life?

Yes

No

I do not want to say



Question 30: Do you care for someone without getting paid, like a friend, family member or neighbour?

Yes.

No.

I do not want to say.



Question 31: What language do you use at home?

English

Welsh

Other - please say:

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