



High Blood Pressure (Hypertension)

Engagement Report

Derby City

November 2023



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Introduction

Hypertension is often referred to as high blood pressure. This health condition affects just over a quarter of adults in the UK, around 14.4 million people have high blood pressure ([British Heart Foundation, 2019](#)). A blood pressure reading of 140/90 mmHg or more is treated as a high blood pressure reading ([NHS, 2023](#)).

It is essential for us to recognise the significant impact hypertension can have on our overall health and well-being. If hypertension is left untreated it can be severe and increase the risk of strokes and heart attacks. Research has shown that hypertension is a major contributor to early death worldwide. However, a reduction in high blood pressure and medical support if needed can significantly reduce these risks.

The high-priority area for this initiative is Derby City, nationally identified through [Core20Plus5](#) as a focus for reducing health inequalities. South Asian and Black African or Caribbean population groups face an elevated risk of developing cardiovascular disease due to being more prone to other risk factors like high blood pressure and type 2 diabetes.

Derby City is home to a large population of South Asian and Black African and Black Caribbean communities. To address these concerns effectively, the NHS has joined forces with the Derby Health Inequalities Partnership (DHIP) and Community Action Derby to launch a community-driven project aimed at improving the heart health of these communities.

This collaborative approach, anchored in the heart of these neighbourhoods, marks a vital step towards a healthier future for all.

Engagement Methodology

The key objectives of the engagement were to:

- Assess people's knowledge and awareness of high blood pressure and its associated risks.
- Better understand what people know about the services and support available at community pharmacies.
- Determine the most effective methods and platforms for disseminating health information to the community.
- Identify the best places within the community to communicate health information effectively.

Engagement with local communities is a critical aspect of understanding high blood pressure issues and promoting community-based solutions.

The plan of engagement involved a variety of strategies to ensure valuable insights was gained from a diverse range of individuals, especially those in key target groups such as:

- People over 40
- Residents of high deprivation areas
- Individuals from Black and Asian communities
- Seldom heard groups

The approach used for the engagement:

We recognise the importance of involving the local community in every step. We aimed to build trust and form partnerships with community groups and organisations that want to engage with their local community.

The methodology used for engagement were:

1. **Survey:** A comprehensive survey was disseminated to communities to collect individual responses on awareness, knowledge and experiences relating to high blood pressure.
2. **Community-Led Workshops:** Engaging with local community groups through workshops provided a platform for open discussions, idea sharing and gathering qualitative data.
3. **Case Study:** An in-depth case study allows us to explore a personalised viewpoint and experience of a local individual, shedding light on the human stories behind the statistics.

Feedback from all the information obtained from the engagement is presented within this report.

Outcomes

We had a target of around 100 people to complete the survey. The survey was completed by 265 people over a 5-week period, from 27 July to 31 August 2023.

11 different community groups took part in the engagement workshops during September and October 2023 which involved 409 people across different community groups in Derby.

Next steps

Learning from this report will be shared across the health and social care system to improve learning and understanding. Future communication campaigns will take into account the insight gathered throughout this programme of work.

Summary of Key Messages and Conclusion of the Report

This next section looks at the key messages from the survey and the engagement workshops, followed by the conclusions of the report. The rest of the report is a further breakdown of all of the questions asked and the responses.

Summary of Engagement Survey

Awareness and understanding

Just under 80% of people stated that they know what hypertension is and 83% of people identified stroke and heart attacks and other cardiovascular issues as the main risks.

The main factors that people thought increased the risk of getting hypertension were:

- Stress
- Poor diet
- Lack of exercise
- Being overweight

Other comments included: family history/genetics, high salt diet, smoking and excessive drinking.

56% of people knew where they could get a blood pressure check locally, with most people identifying GP surgeries, pharmacies, clinics and hospitals.

Under 20% of people who responded were aware that blood pressure checks are offered at community pharmacies.

Current experiences and barriers

Just under 80% of people who had their blood pressure taken at a community pharmacy rated their experience as good or very good, with positive comments saying that the service was quick, easy and efficient.

85% of people who completed the survey stated they would be happy to have their blood pressure taken at a community pharmacy in the future.

Barriers to why people might not get their blood pressure taken at a community pharmacy were:

- Concerns around cost and financial struggles
- Privacy and the lack of confidentiality
- Accessibility and convenience of pharmacies
- Competency and training of pharmacy staff
- Medical environment and trust in the testing process
- Need for a private and comfortable space
- Lack of awareness about the service

Creating awareness and providing education about the importance of regular blood pressure checks was the key theme to encourage local people to get their blood pressure checked regularly.

The main reason thought to be why some people do not take their blood pressure medication properly, was due to lack of understanding about the importance of taking medication for high blood pressure properly and the consequences of not taking medication.

Other areas mentioned were: forgetfulness, concerns about side effects, scepticism, reluctance towards relying on medication and concerns about the cost of prescriptions and access to medications.

Communication preferences

The main preferred method of receiving health and well-being information was via:

- Text messages
- Emails
- Social media

Other preferences were: spoken to directly (telephone or face to face), posters, official websites, leaflets and letters.

The majority of people prefer to receive information on health and wellbeing from the NHS.

For people who do not speak English as a first language the preferences were mixed, with 35% of people preferring information in English, 20% in pictures and words, 18% would prefer information in a language they normally speak. Other options included: videos in English or a language they normally speak.

Demographic information and limitations to take into consideration

After analysis, it was found that people who responded to the survey were representative of the Derby City population and the targeted ethnicity groups and age groups of the project.

It was not completely representative of the population of Derby City in regard to gender as there was an underrepresentation of men.

Summary of Engagement Workshops

Awareness and understanding

There was a mixed response to the understanding of what high blood pressure is, showing different ranges of knowledge, though most groups expressed a general level of awareness.

Some key factors that people said were linked to high blood pressure were:

- Stress
- Diet
- Obesity
- Lack of physical activity or exercise

Most of the responses associated stroke and heart attacks as a risk of having high blood pressure.

The main services people were aware of that are available at community pharmacies were: blood pressure checks, health advice, health checks, medical check-ups and vaccinations.

Three groups noted that some people had limited awareness of the services offered at their local pharmacies and they relied on general practitioners (GPs) instead. Also, one group noted a lack of facilities particularly for women's consultations.

Barriers

Some barriers identified by the groups, that might prevent people from attending the community pharmacy to have their blood pressure taken, were:

- Accessibility and convenience
- Embarrassment and social stigma
- Awareness and education
- Service efficiency
- Privacy issues

- Gender sensitivity
- Lack of knowledge about how to seek help or ask questions
- Language barriers

There was a wide range of thoughts as on why people do not take blood pressure medication as prescribed. The key themes mentioned within the responses included: concerns of side effects, self-management and independence, medication adherence patterns, lack of awareness and knowledge, denial, mistrust, cultural beliefs, language barriers, confidence issues, alternative treatments, lifestyle, practical challenges and taking multiple medications.

Communication preferences

There was a mixed response to how people would like to receive information on health and wellbeing services, the top 3 choices were: leaflets (19.76%), social media (18.47%) and being spoken to either via phone or face-to-face (18.01%), video messages also held a notable preference at 14.68%.

For people who do not speak English as their first language, the following methods are how people prefer to receive health and well-being information:

- 37% Information in the language they normally speak
- 35% In videos in the languages they normally speak

Preferences for who people would like to receive information from was mixed:

- 27% Local community groups
- 22% Places of worship
- 19% Community Connectors
- 18% Friends and family

Demographic information and limitations to take into consideration

Demographics were not taken for the workshops, the groups that took part in this work were grassroots organisations working in the heart of the community.

409 people took part altogether in the wide range of workshops. The community groups that took part in the engagement workshops have spoken about the communities they engaged with. Some of the communities mentioned being:

- South Asian and Asian community
- Black African and Caribbean community
- Refugee communities

Other communities such as: Sudanese, Eritrean, Iranian, Iraqi, Kuwaiti, English, Irish, Slovakian, Polish and Romanian communities took part in the workshops.

There was an underrepresentation of men with 266 women and 143 men taking part.

Conclusion

This report has extensively examined the awareness and management of hypertension in Derby City, with a particular focus on high-risk groups, such as individuals over 40, residents of high deprivation areas and people from Black and Asian communities.

The comprehensive engagement methodology, including surveys, workshops and case study, has provided valuable insights into Derby's communities knowledge of hypertension, its risks and the availability of health services, particularly in local pharmacies.

Key findings indicate a general awareness of hypertension and its risks among the surveyed populations. However, there is a gap in knowledge about the services available at local health facilities, particularly community pharmacies. This gap represents both a challenge and an opportunity for health authorities and community organisations to improve health literacy and enhance accessibility to these services.

Given these insights, it is recommended that concerted efforts be made to increase public awareness of hypertension management and the health services available at local pharmacies. This can be achieved through targeted communication campaigns, community-led initiatives and more importantly, collaboration with local organisations. Furthermore, addressing barriers to accessing these services, such as privacy concerns, financial constraints and language barriers, is essential. These efforts should aim to create an inclusive, well-informed community where hypertension is actively managed and health inequalities are significantly reduced.

It has been noted that the communication preferences are noticeably different between the two engagement methods (the survey and the community lead engagement workshops), therefore the data will be examined further for deeper insight and understanding. This highlights the need to actively involve grassroots organisations and communities in future communication designs and campaigns as they have a greater insight and understanding into the communications preferences of their communities that can't necessarily be captured without their full involvement.

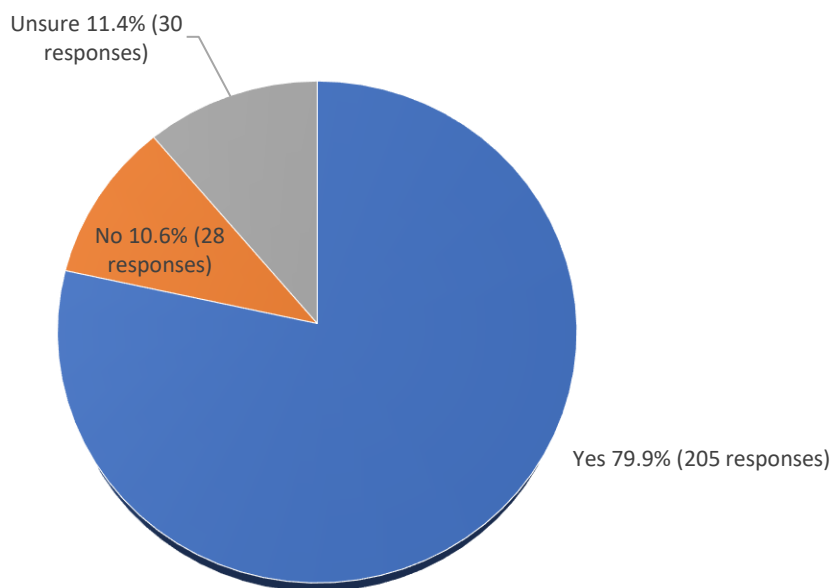
In conclusion, this report not only sheds light on the current state of hypertension awareness and management in Derby City but also paves the way for strategic initiatives aimed at improving community health outcomes. Continued engagement and collaboration among health authorities, community organisations and local residents will be crucial in fostering a healthier and more informed population.



Section One

Survey Results

Question 1: Do you know what hypertension is?

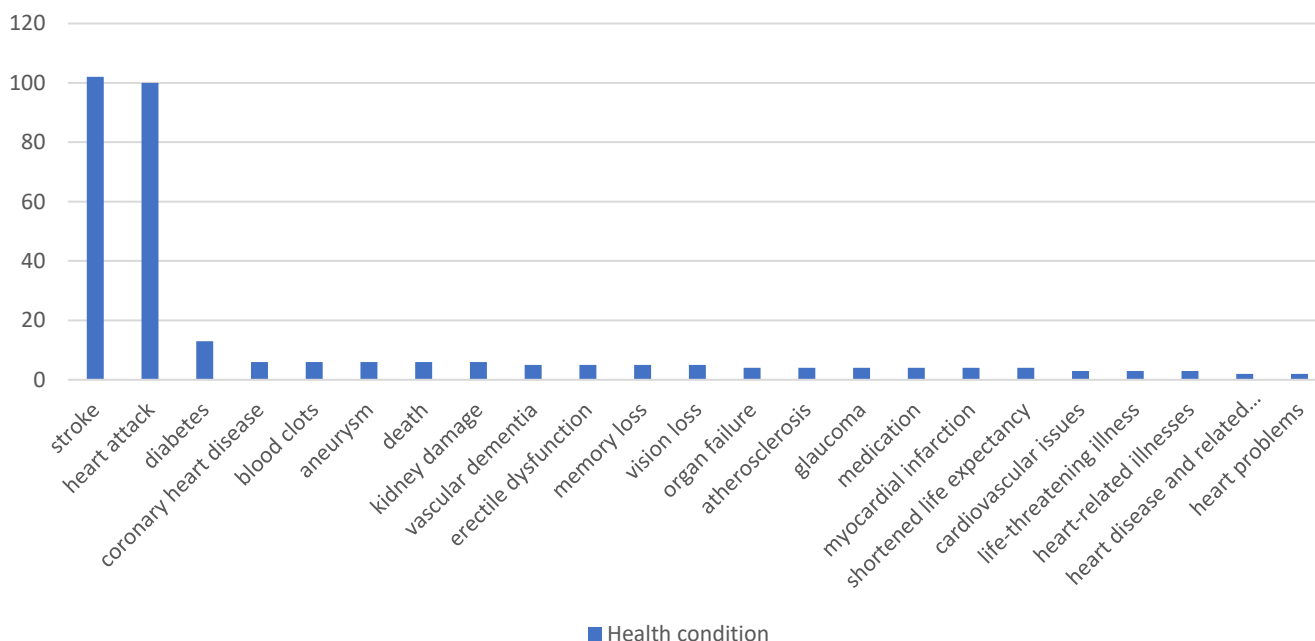


The majority of people said they know what hypertension is.

Question 2: What do you think are the risks of high blood pressure?

Overall, the answers given were a wide range of health risks associated with high blood pressure, particularly related to the cardiovascular system. Stroke was mentioned 102 times and heart attack was mentioned 100 times in comparison to other health conditions as shown in the graph below:

Key words mentioned within responses



83% of people identified cardiovascular risk (including strokes, heart attacks, heart disease and coronary heart disease) as a risk of high blood pressure.

Other health conditions like kidney damage, kidney failure, vascular dementia, brain haemorrhage, vision loss, erectile dysfunction, memory loss, aneurysm rupture, diabetes, high cholesterol, atrial fibrillation, blood clots, and in extreme cases death, were also mentioned.

In addition, increased risk of serious and potentially life-threatening health conditions, strain on organs and a general impact on health such as fatigue were identified.

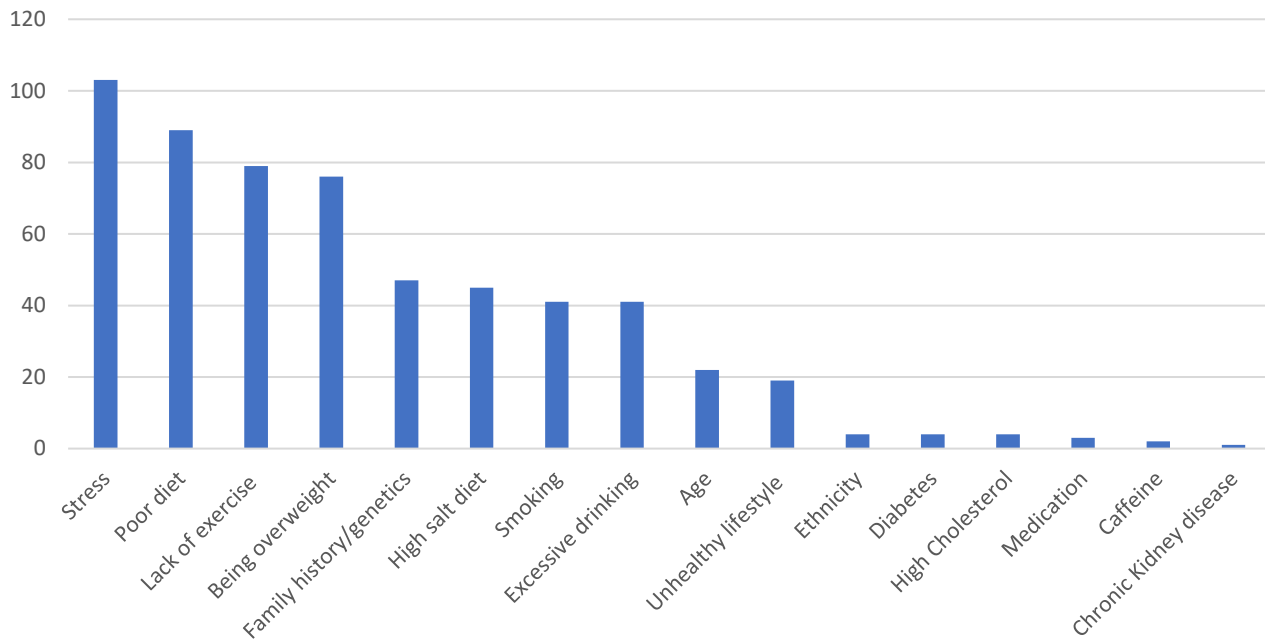
Question 3: What do you think could increase your chance of getting high blood pressure?

Most of the responses linked lifestyle choices, family history and genes with increasing the chance of getting high blood pressure. The key areas identified included:

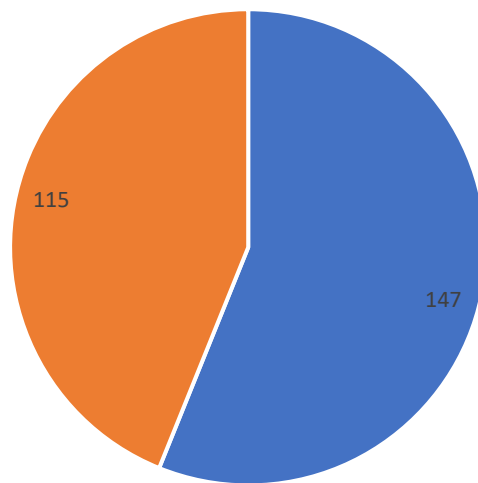
- **Lifestyle choices** - such as excessive drinking, lack of exercise, being overweight, stress, smoking, anxiety, poor sleep and abuse of drugs.
- **Diet** - unhealthy diet such as fried and fatty foods and high salt diet.
- **Family history and genetics** - The presence of high blood pressure in the family and genetic predisposition to high blood pressure.
- **Other health conditions** like diabetes, high cholesterol, chronic kidney disease and other unmanaged health issues increasing the risk of high blood pressure.
- **Medical check up** - lack of, or irregular, medical checkups.
- **Age** - high blood pressure developing over the years, or getting older and developing the condition.
- **Ethnicity** - Ethnicity and family background increasing the risk of high blood pressure
- **Environmental factors** - work-related stress and the mention of covid 19 vaccine in relation to medication.

Some expressed they were **unsure about the causes of high blood pressure**.

Here are the key themes identified from the text, along with the number of times each theme is mentioned:



Question 4: Do you know where you can get a blood pressure check done locally?



■ Yes (56.1%) 147 respondents ■ No (43.9%) 115 respondents

Question 4 continued: if you have ticked yes, please list where:

Majority of the respondents identified healthcare locations such as GP surgeries, pharmacies, clinics and hospitals as the places to have a blood pressure check done. Other named places included:

- Asda pharmacy
- Community Walk-in centre

- Lloyds pharmacy
- Boots pharmacy
- Day and night pharmacy
- Pakistan Community Centre
- Wellness clinic
- Well-woman check up
- Workplace

Case study



"I didn't realise I had high blood pressure until I went to a session and someone offered to give me a check. She gave me a check and my blood pressure came back as very high. We checked it a couple more times and I had to ring my GP because it was still showing as very high. I didn't realise it was so high because I didn't have any symptoms at all.*

I rang my GP and they sent me straight to A&E where they monitored me and did more checks. When I went back to my GP, I saw the nurse and I had to monitor my blood pressure at home for a period of time. Now I have to get it monitored regularly, so it is so important for us to get our blood pressure checked so we can get it treated.

I don't think people always take it seriously but we might be walking around with this silent killer and not knowing. High blood pressure can cause strokes, heart attacks and all sorts of issues, the best thing for us to do as a community is to take care of ourselves and one of the ways to do that is to have our blood pressure checked."

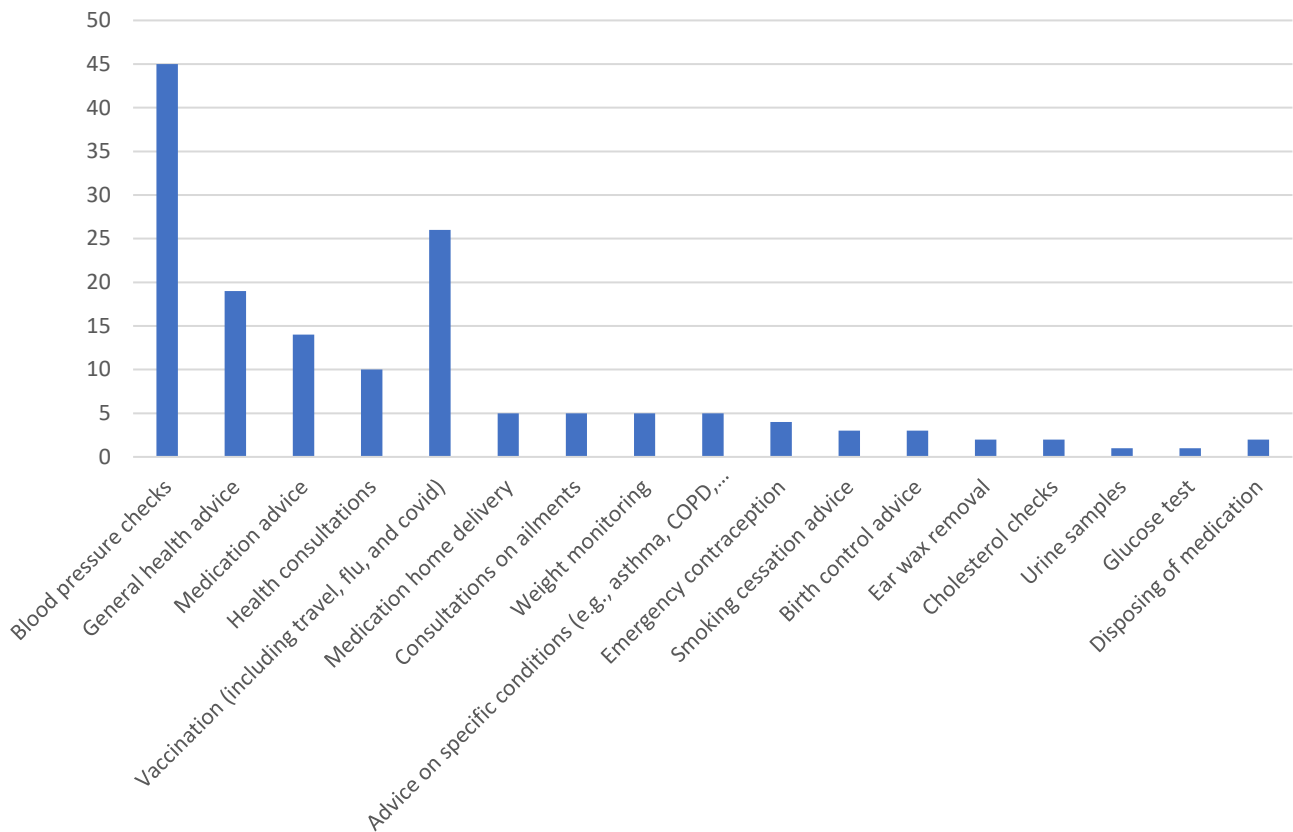
(*The session spoken about in this case study was at the Hadhari Centre and was delivered by Derby County Community Trust. Please speak to the person that takes your blood pressure about the most suitable pathways to follow when you get your blood pressure checked).

Question 5: Do you know what services your local pharmacy offers, if so what are these?

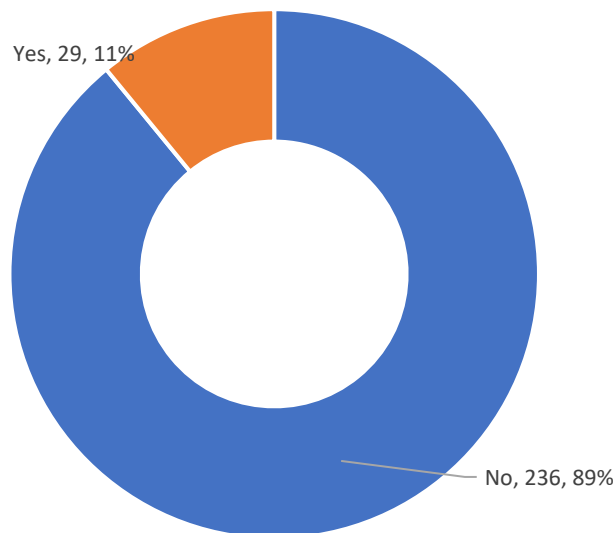
The main service spoken about was blood pressure checks, though this is still under 20% of the people who took part in the survey.

Other areas mentioned were general health advice, medication advice and flu vaccination. Other services that were mentioned in small amounts included health consultations and vaccinations (flu and covid). The services that were mentioned the least, included medication home delivery, weight monitoring, smoking cessation advice, birth control advice, glucose tests and urinary tract infection checks, amongst others. There were 54 people who were unsure of what services are offered at their local pharmacy.

The graph below shows in detail the mentions of services provided at the respondents local pharmacies:



Question 6: Have you ever had your blood pressure taken at a community pharmacy?



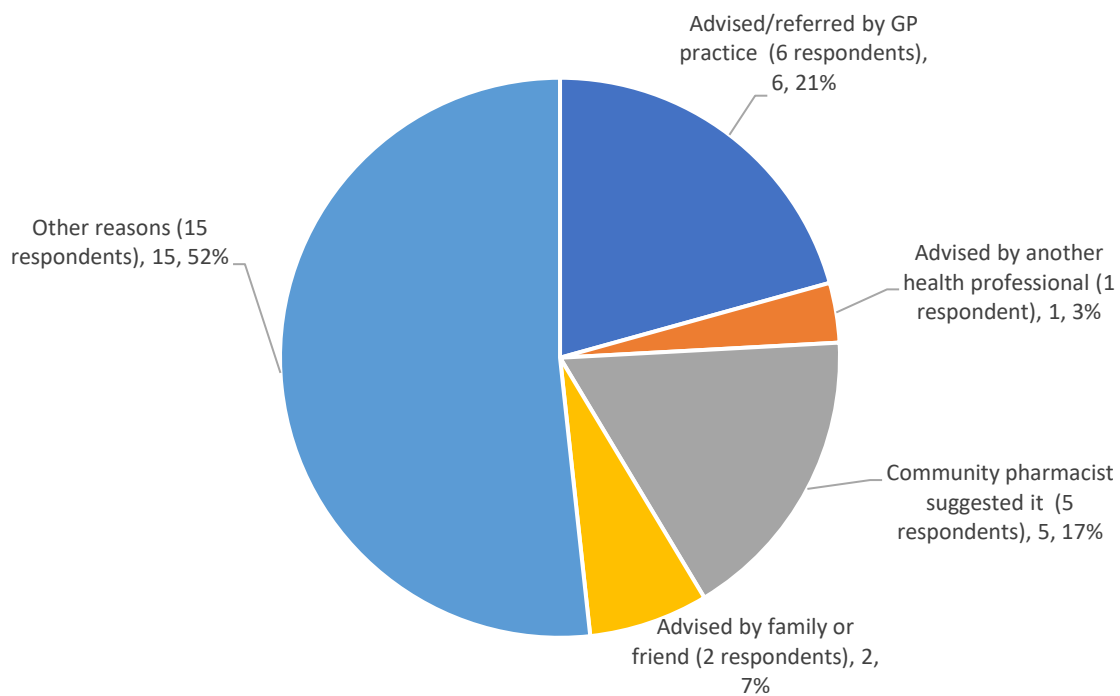
The majority of the respondents have not had their blood pressure taken at a community pharmacy.

Question 7: Why did you have your blood pressure checked at the community pharmacy?

The main reason given was that they were advised/referred by a GP practice or community pharmacist.

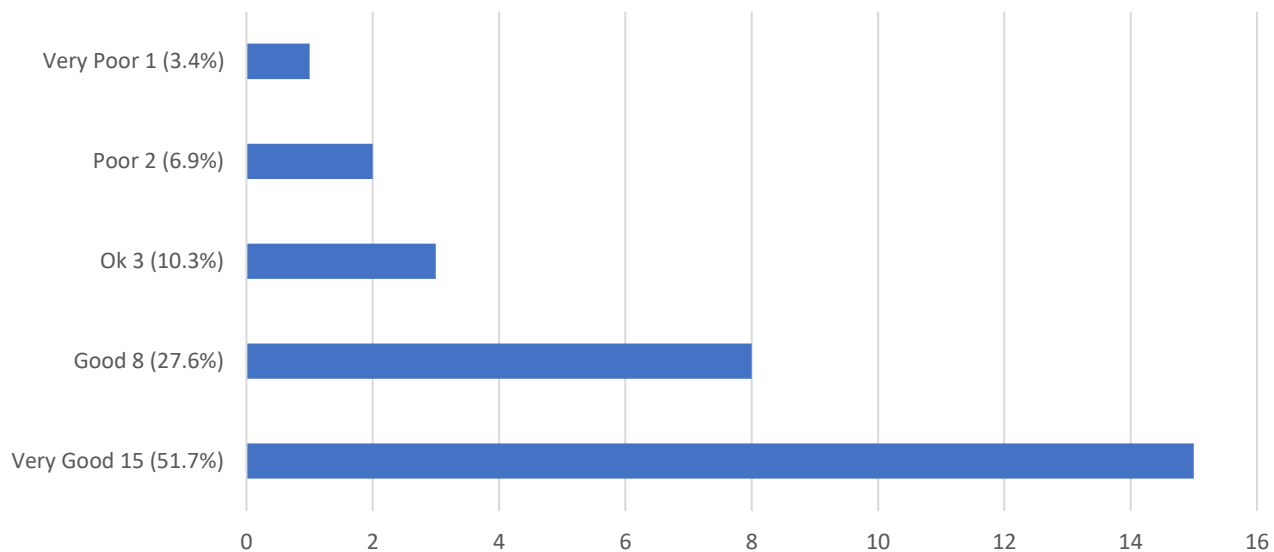
Others went due to advice from family or friends, another health professional, or for other reasons as listed below:

- I requested to have it done
- Feeling dizzy and anxious
- Curious
- Unknown
- Health insurance check



Question 8: How was your experience of having your blood pressure taken at the community pharmacy.

The majority of respondents rated the experience of having their blood pressure taken at a community pharmacy as very good or good.



Question 8 continued: why did you put this score?

The majority of respondents who had a blood pressure check done at a community pharmacy explained the service was **quick, easy and efficient**. Some explained that they had information explained to them properly during a blood pressure check.

Comments included:

- *"Quick and easy"*
- *"Made appointment and everything was easy"*
- *"Efficient, courteous"*
- *"They explained what they were doing and fitted a 24h monitor. Results were reported back to my GP"*
- *"They explained how much your blood pressure should be according to age and what number it would be around if it was high/low"*

However, others had mixed experiences, including some feeling rushed or lacking in information, there was feeling of uncertainty and suggestions for improvement.

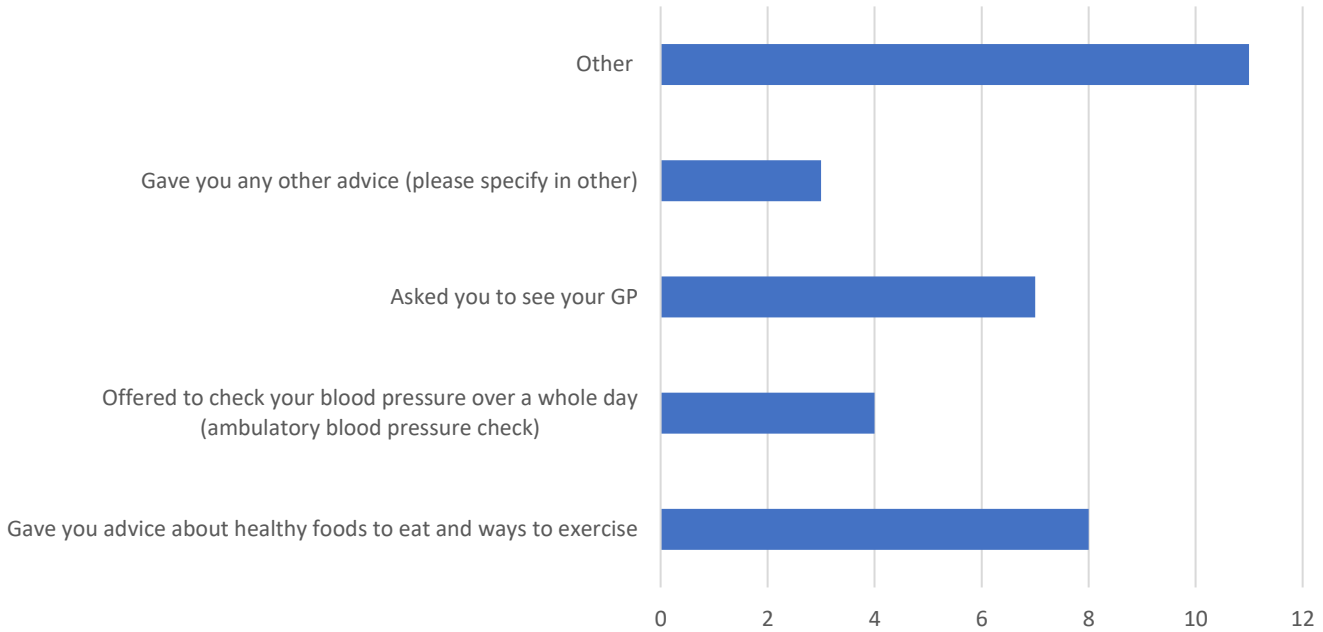
- *"It felt a bit rushed, not enough information, a leaflet would have been helpful"*
- *"Staff lacking training to use equipment or give advice"*

Some individual comments were made about the referral process to GPs and other pharmacies:

- *"The pharmacist suggested it when I picked up a prescription. It came back high so she signed me up for 24 hrs monitoring and made an appointment with my GP to review afterwards."*

- "All the pharmacies between Littleover, Sinfin and Chaddesden did not stock a large (burgundy) BP cuff. I ended up booking an appointment with the nurse at my doc's surgery. I was advised to buy my own machine."

Question 9: After having your blood pressure measured at the pharmacy, did they do any of the following? (please tick all that apply)

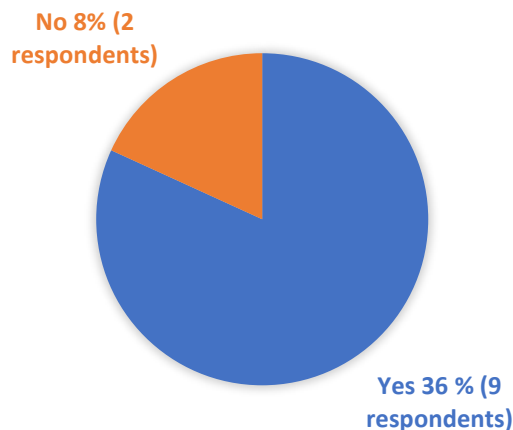


From the 24 respondents, 8 were given advice about healthy foods to eat and ways to exercise, 7 were referred to their GP and a few were asked to monitor their blood pressure over a whole day.

Other comments by respondents included:

- "I made an appointment with a nurse"
- "Cuff did not fit advise to buy a machine to use at home."

Question 10: If advised to carry out a whole day of blood pressure monitoring (using an ambulatory blood pressure monitor) did you do this?



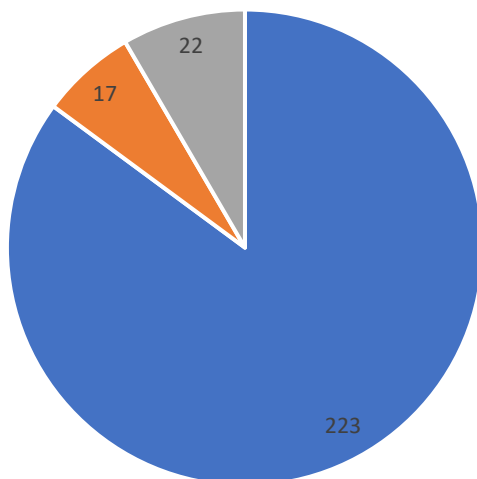
For the majority of respondents, it was not applicable for them to carry out a whole day of blood pressure monitoring, it was only needed for 9 respondents out of 24. (4 of these respondents had been offered the blood pressure monitoring by a pharmacy, whereas another 3 had been advised to go to their GPs, though did not state who had provided the blood pressure monitor. 1 person did not state the advice given that resulted in the blood pressure monitoring.)

If No, please specify your reason below:

A few respondents provided a reason as to why they were not required to carry out a whole day of blood pressure monitoring. They included the following reasons:

- "Advised to see a nurse"
- "Printed result to take up to a surgery"
- "Was not asked."

Question 11: In the future would you be happy to go to a pharmacy to get your blood pressure checked?

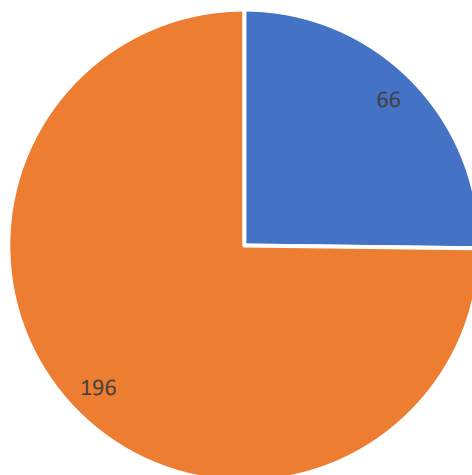


■ Yes 85.1 % (223 respondents) ■ No 6.5% (17 respondents) ■ Unsure 8.4% (22 respondents)

The majority of the respondents are happy to go to community pharmacy to get a blood pressure checks.

Question 12: Is there anything that would stop you getting your blood pressure checked at a pharmacy?

The majority of the respondents said no.



■ Yes 25.2% (66 respondents) ■ No 74.8% (196 respondents)

Question 12 continued: If Yes, please explain what these barriers would be:

Some of the barriers for getting a blood pressure check at community pharmacies included:

- Concerns around **cost and financial struggles**.
- **Privacy and the lack of confidentiality** during blood pressure checks at pharmacies are significant barriers
- **Accessibility and convenience of pharmacies**, including location, opening hours and transportation
- **Competency and training of pharmacy staff** to perform accurate blood pressure checks
- **Medical environment, trust in the testing process** and the **need for a private and comfortable space**
- **Lack of awareness about the service** and a **need for clear recommendations and communication**
- Some people have a monitor at home, so they found going to a pharmacy unnecessary
- A few individuals were concerned about how data was handled and the role of pharmacies in follow-up care

Despite this, accessibility of pharmacies, especially for elderly individuals and those with language barriers, was highlighted positively. Individual comments are listed within the appendix.

Question 13: What do you think would encourage local people to get their blood pressure checked regularly?

The most mentioned theme was **creating awareness and providing education** about the importance of regular blood pressure checks.

Other areas mentioned were:

- Easy access to blood pressure checks, including walk-in services and quick appointments, are important factors.
- Effective communication, reminders and invitations are mentioned as ways to encourage regular blood pressure checks.,
- Creating a private and comfortable environment for blood pressure checks is considered important.
- Involvement and support from GPs and the possibility of follow-up care.
- Providing services and information in multiple languages is important for accessibility.
- Offering incentives and making blood pressure checks free or low-cost can encourage participation.
- Engaging with the community through various settings and locations.
- Variety of cuffs to be made available.

Individual comments are listed within the appendix.

Question 14: Some people are prescribed medication to manage their high blood pressure but do not take it properly. Do you have any thoughts on why this might be?

The most common responses were around the **lack of understanding about the importance of taking medication for high blood pressure properly and the consequences.**

Other areas mentioned were:

- Forgetfulness and memory issues.
- Concerns about side effects and their impact.
- Scepticism and reluctance towards relying on medication.
- Concerns about the cost of prescriptions and access to medications.

Other reasons included:

Lack of clear communication and education regarding medication instructions and the importance of taking it properly.

Some individuals prefer natural remedies and lifestyle changes over medication. Stigma and a general reluctance to rely on medication. The complexity of medication regimens is cited as a challenge.

Language and cultural factors may play a role in medication non-adherence. Personal beliefs and attitudes towards health and medication impact adherence.

Issues with the healthcare system and lack of support are mentioned. In addition, psychological factors such as fear and confusion can contribute to non-adherence. Lastly, socioeconomic factors, including the cost of medication, impact adherence.

Individual comments are listed within the appendix.

Question 15: If there were local pop-up clinics for blood pressure monitoring, where do you think would be a good location for them and why? (Please name the location or building)

The locations mentioned (from most to least frequently) were:

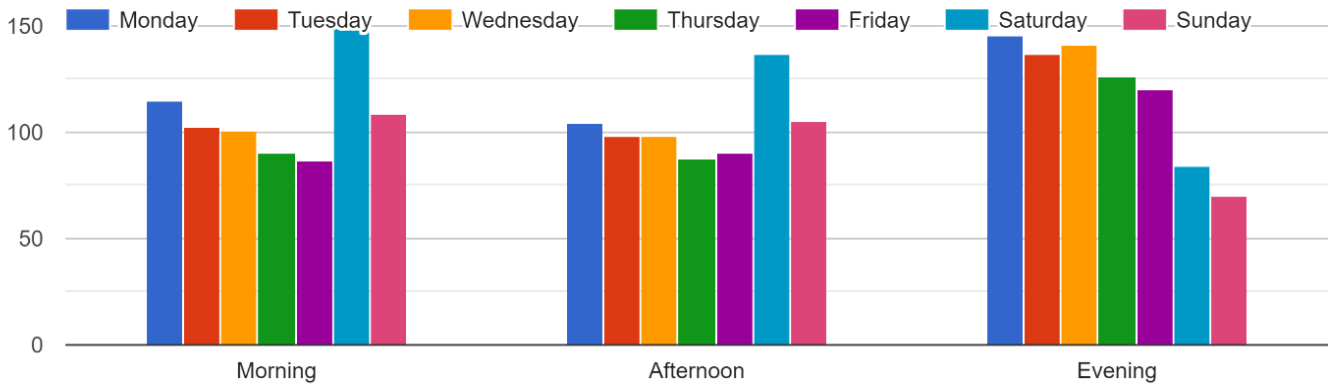
- Specific cultural/community centres (e.g., Pakistan, Indian Community Centres)
- Age UK centres (e.g., Age UK Chaddesden Park)
- Specific event locations (e.g. Derby County Football Stadium on game days)
- Specific clinics or health facilities (e.g. Peartree Clinic)
- Other locations (e.g. market places, Council House, town centres, school drop-off locations, Cosco Warehouse, breakfast/lunch clubs, Insomnia Cafe)

Other general places mentioned included:

- Supermarkets
- Community centres / community halls
- GP surgeries / doctors' offices
- Libraries
- Shopping centres / malls
- Pharmacies
- Places of worship (churches, mosques)
- Local shops / stores
- Schools / educational institutions
- Public transport stations (bus/train stations)
- Workplaces / offices
- Leisure centres / gyms
- Pubs / clubs

- Village halls
- Sports stadiums
- Local parks
- Health centres

Question 16: If there were local pop-up clinics for blood pressure monitoring, when do you think would be a good day or time for them to be held?

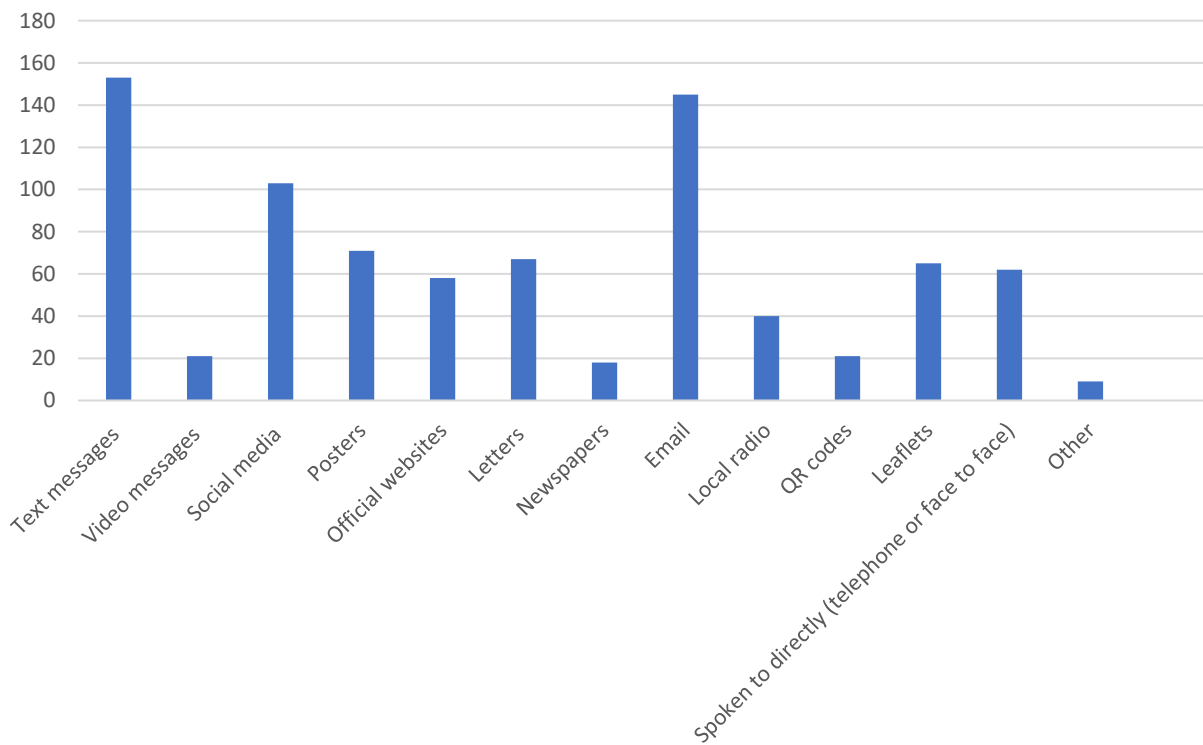


The table below shows the data from the graph in more detail:

Days of the week	Morning	Afternoon	Evening
Monday	115	104	146
Tuesday	103	98	137
Wednesday	101	98	141
Thursday	90	88	126
Friday	87	90	120
Saturday	149	137	84
Sunday	109	105	70

Question 17: How would you like to receive information on health and wellbeing services available to you?

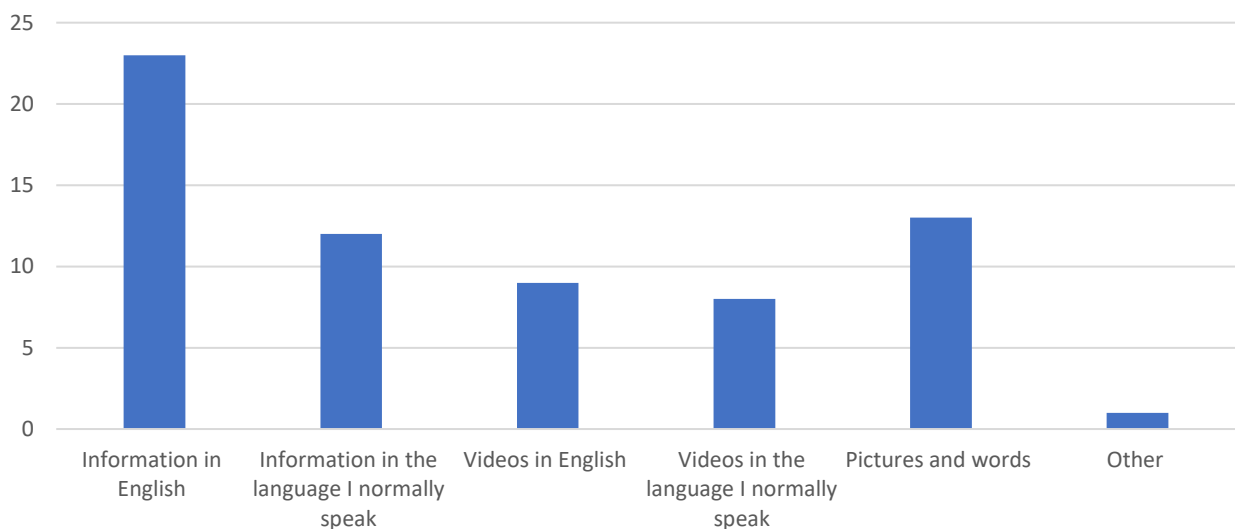
The majority of people preferred text messages, emails and social media as the method of receiving information on health and wellbeing services. Some preferred to be spoken to directly (telephone or face to face) in addition to the use of posters, official websites, leaflets and letters. A few people preferred methods like video messages, newspapers, local radio and QR code.



Lastly a few made individual comments including the following:

- Congressional events, some popular Asian, Caribbean and European TV channels - not all watch BBC.
- Different methods for different age groups. Younger people are more likely to use social media, older people are more likely to need more traditional methods.
- Subscribing to an email alert for a particular website
- Doctors' surgery
- Local Spotted Facebook posts such as Spotted Allenton and Littleover
- BSL video

Question 18: If you do not speak English as your first language which of the following methods would you prefer:



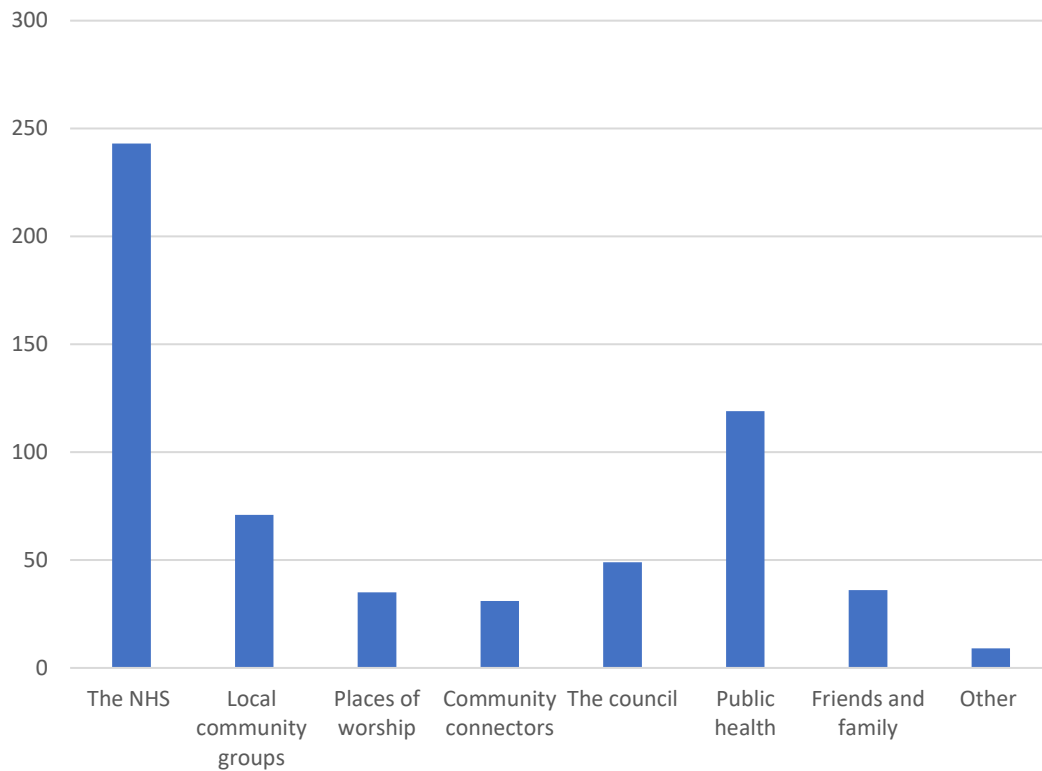
For people who do not speak English as a first language the preferences were mixed with 35% preferring information in English, 20% in pictures and words, 18% would prefer information in a language they normally speak.

Others included: videos in English or a language they normally speak.

In the 'other' category, a suggestion was made that "images/videos must reflect the people being targeted".

Question 19: who would you prefer to receive information on health and wellbeing from?

(Please tick all that apply)



The majority of the people prefer to receive information on health and wellbeing from the NHS. Next choice was Public Health and local community groups. Some prefer to receive information from places of worship, Community Connectors, the council, friends and family.

Other places listed included:

- Employers
- Local pharmacies
- Doctors' surgeries
- General Practitioner (GP)
- Receptionists at GP surgery
- Nurse practitioner

Demographics of the Survey

Demographic information and limitations to take into consideration.

The following demographic information is taken from people who completed the survey.

The ethnicity, age and gender of respondents to the survey have been compared to the demographics of Derby to see if the aims of the project were achieved.

After analysis, it was found that the survey was representative of the targeted ethnicity groups and age groups of the project, though was not completely representative of the population of Derby City in regards to gender.

Ethnicity

Derby City population identifies as 73% White British, 15.6% Asian and 4% from the Black community.

68% of people who completed the survey described their ethnicity as White English/Welsh/Scottish/Northern Irish/British.

16.7% of people identified their ethnicity as being from the Asian communities including the Pakistani, Indian and Chinese communities.

9.1% of people described their ethnicity as being from Black African and Caribbean communities.

A few identified from mixed/multiple ethnic groups or white other or preferred not to say.

To conclude, this shows that the survey was representative of the Derby City population and the target groups for this project.

Age

96.5% of people who completed the survey were over the age of 40. With 50.5% being in the age groups being 40-49.

This demonstrates that the survey was representative of the target age groups for this project.

Sex

73% of people who filled out the survey identified as female which is an overrepresentation of this gender and this limitation needs to be taken into consideration.

Preferred language

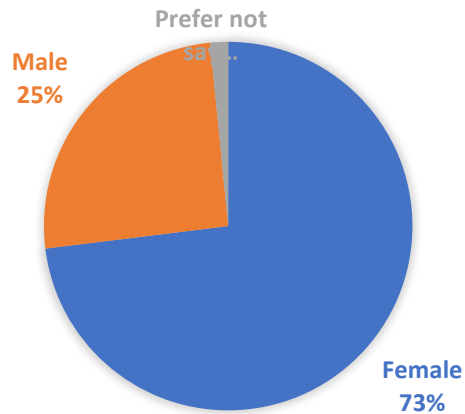
From the survey 95.7% of people gave their preferred language of communication and interpreting information as English.

Other languages that were chosen included Urdu and Punjabi.

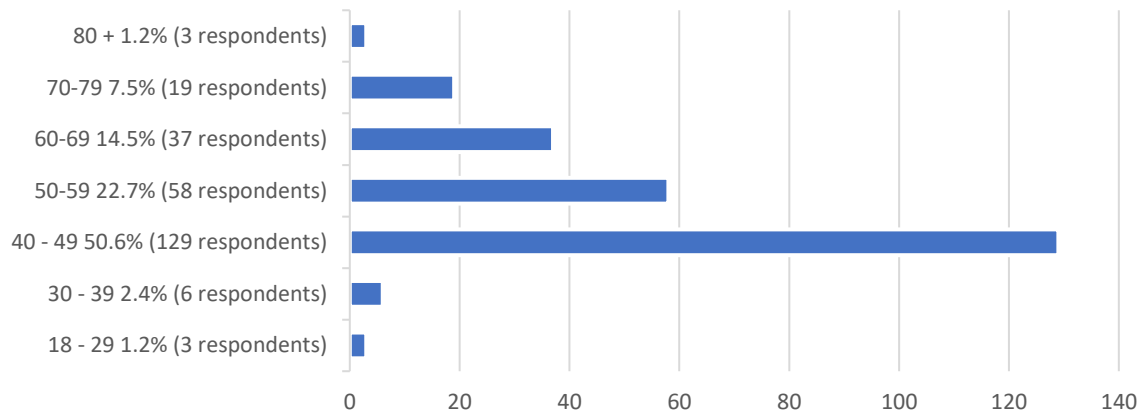
A few preferred Arabic, Polish, Bengali, Chinese, Spanish, Gujarati, Cantonese, Pothwari, Mirpuri and British Sign Language.

Further details about the demographic groups of the survey are detailed below:

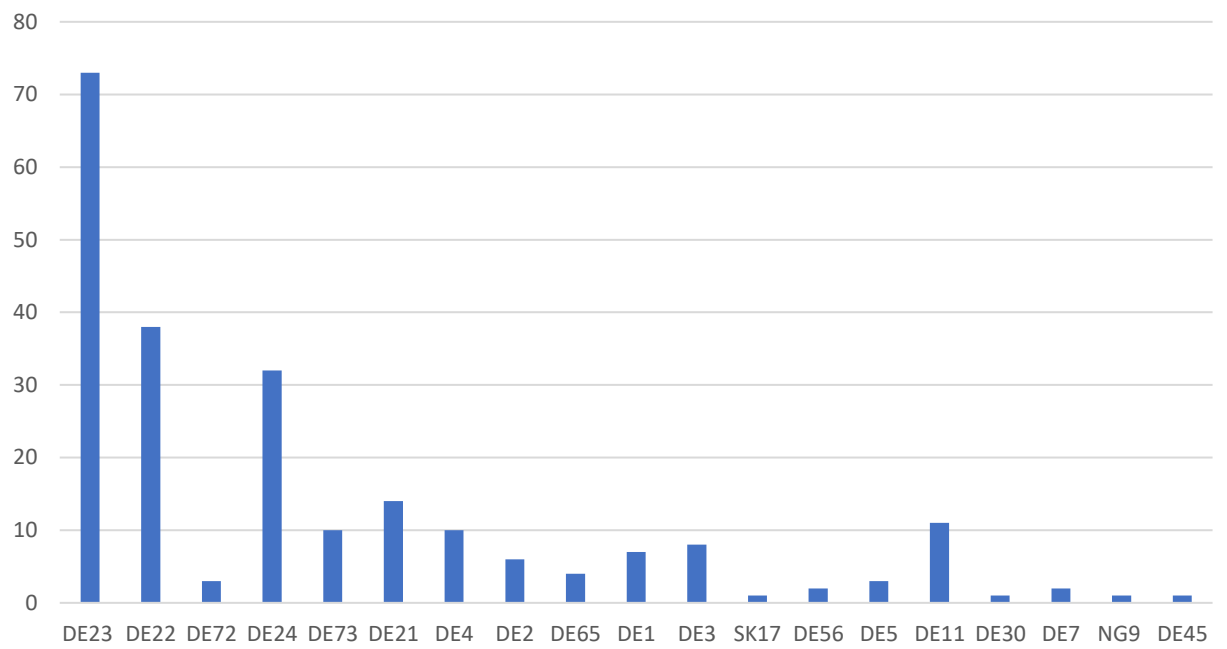
Gender



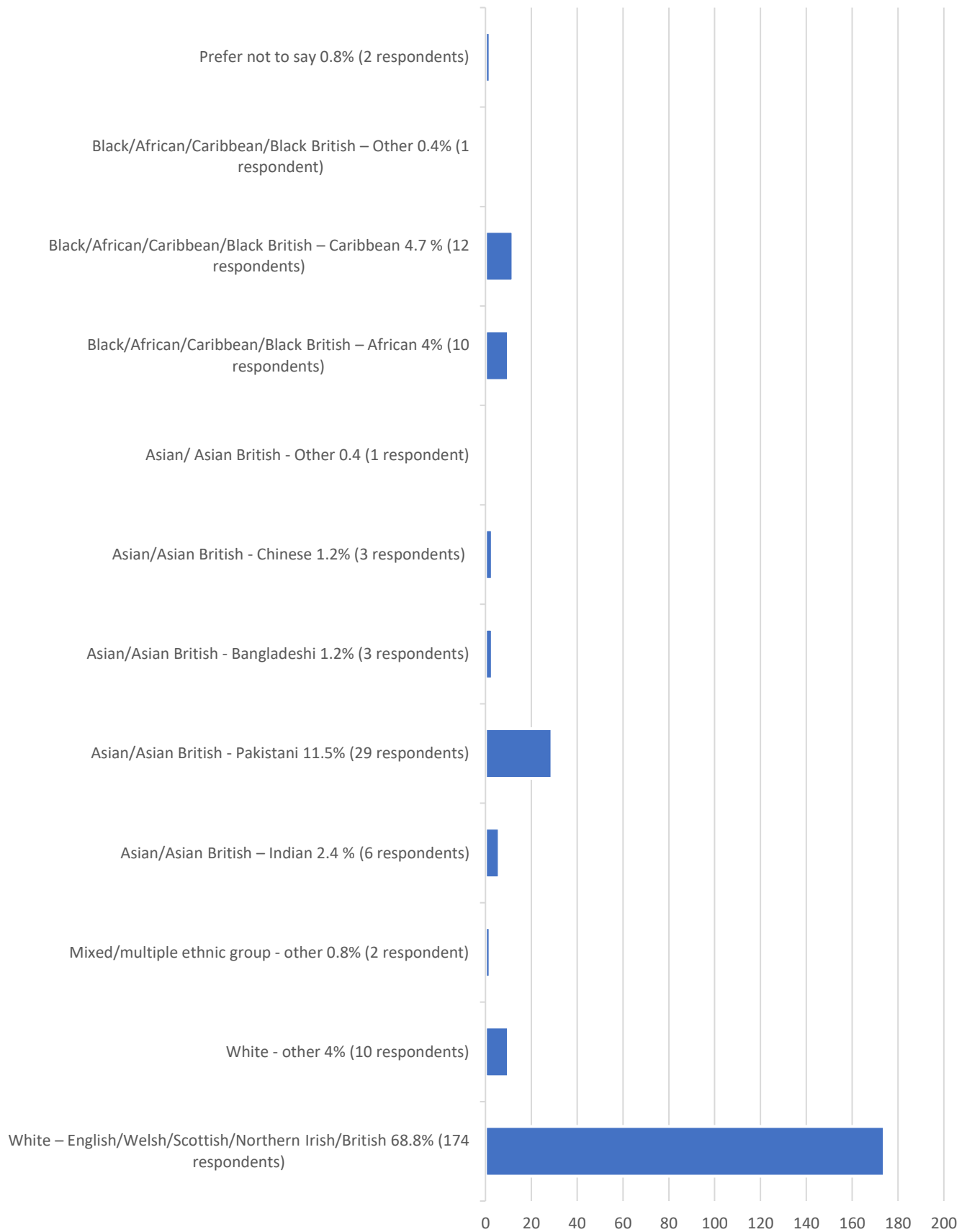
Age



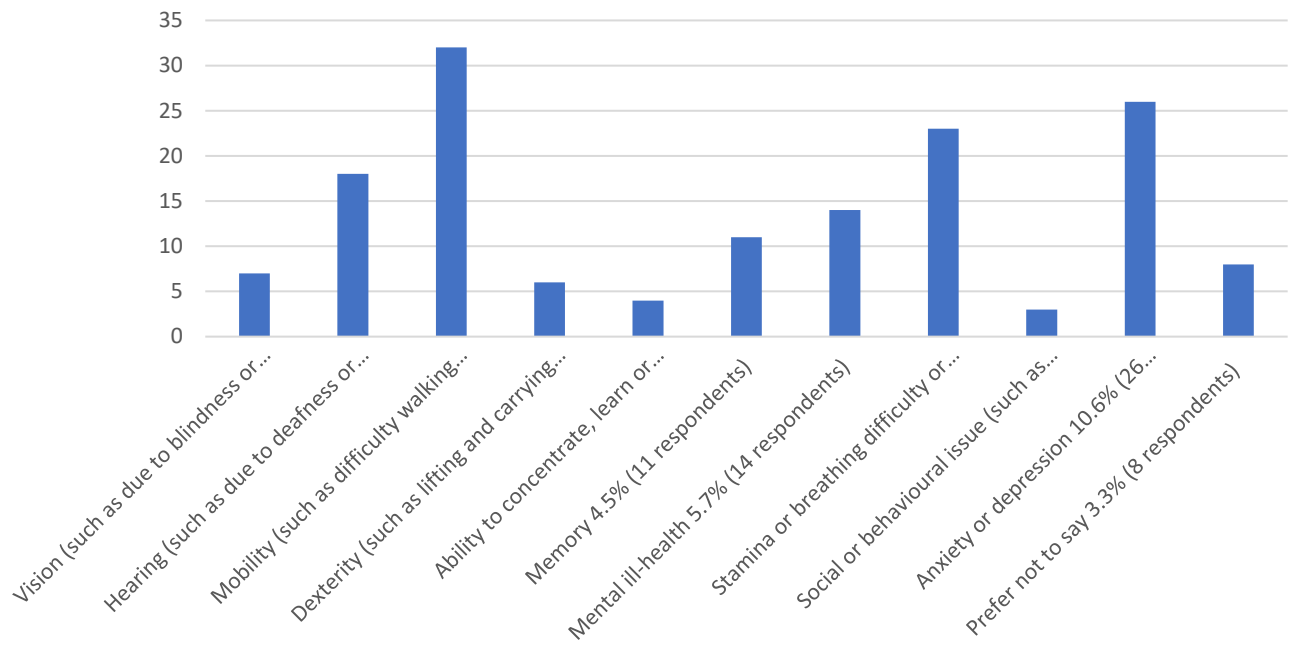
Postcode



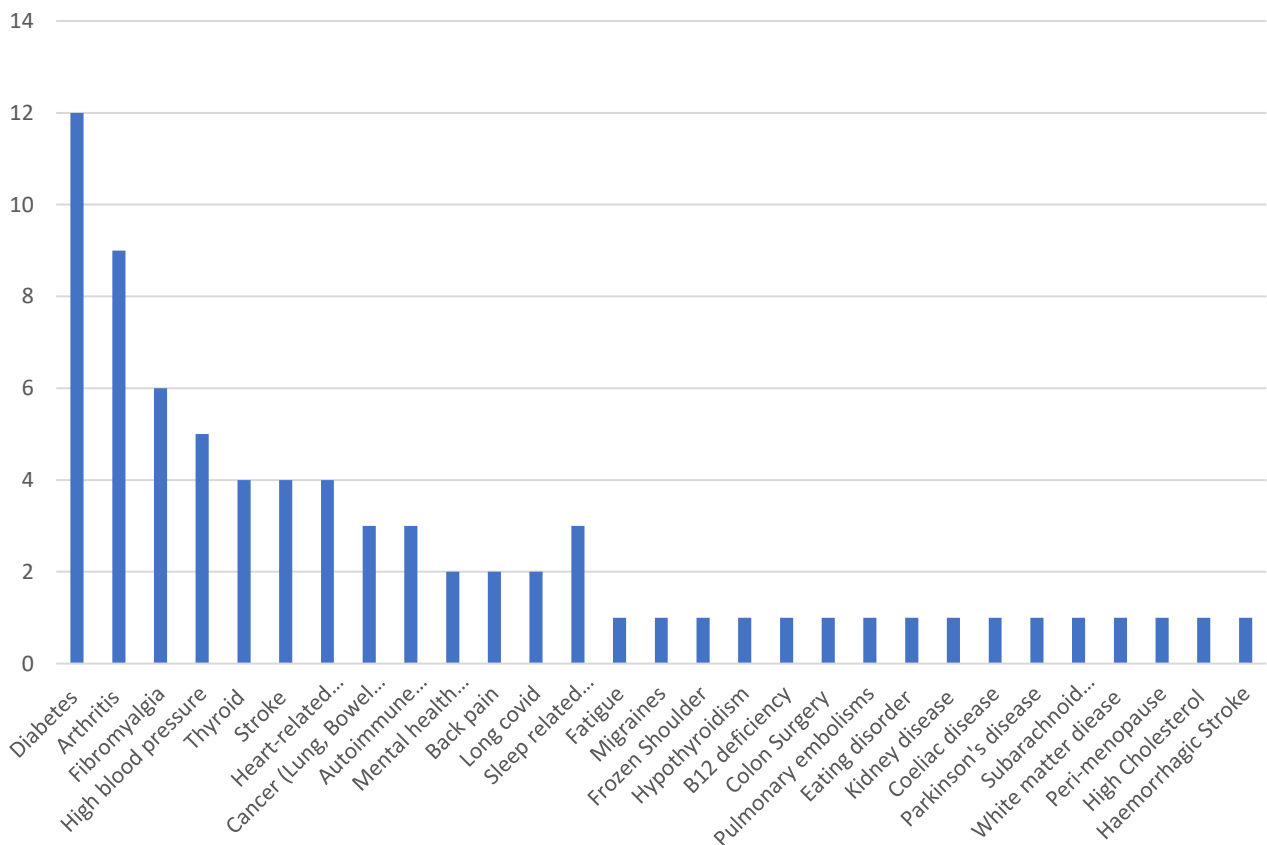
Ethnicity



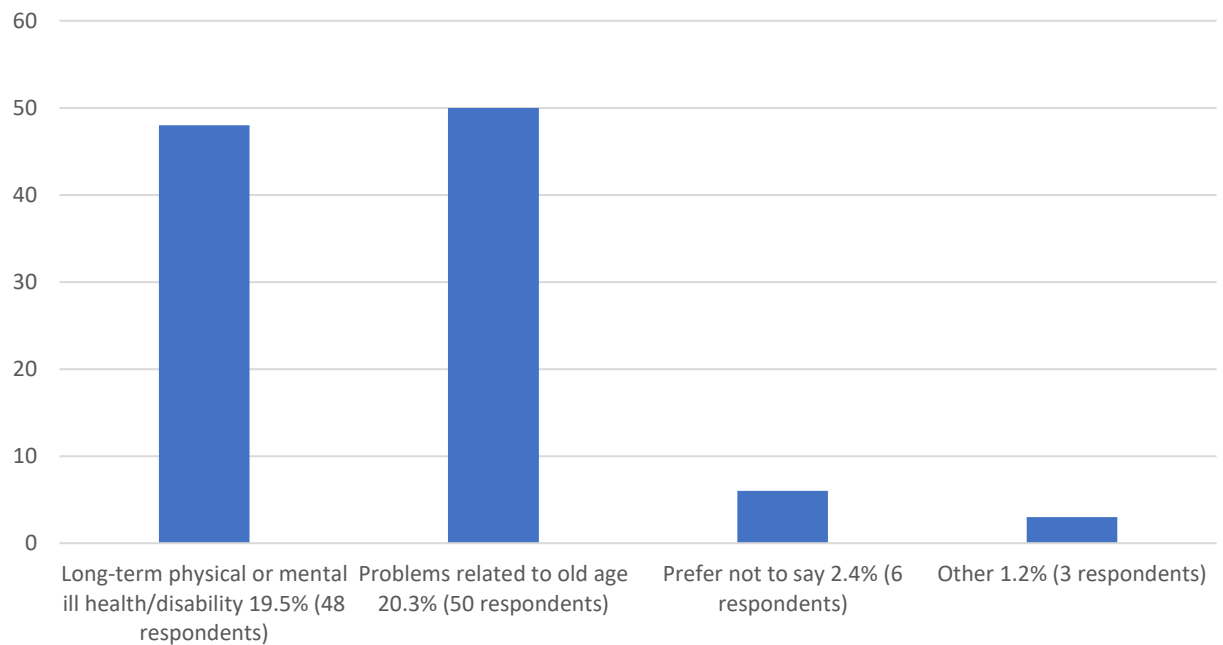
Health conditions or illness



Any other health conditions:



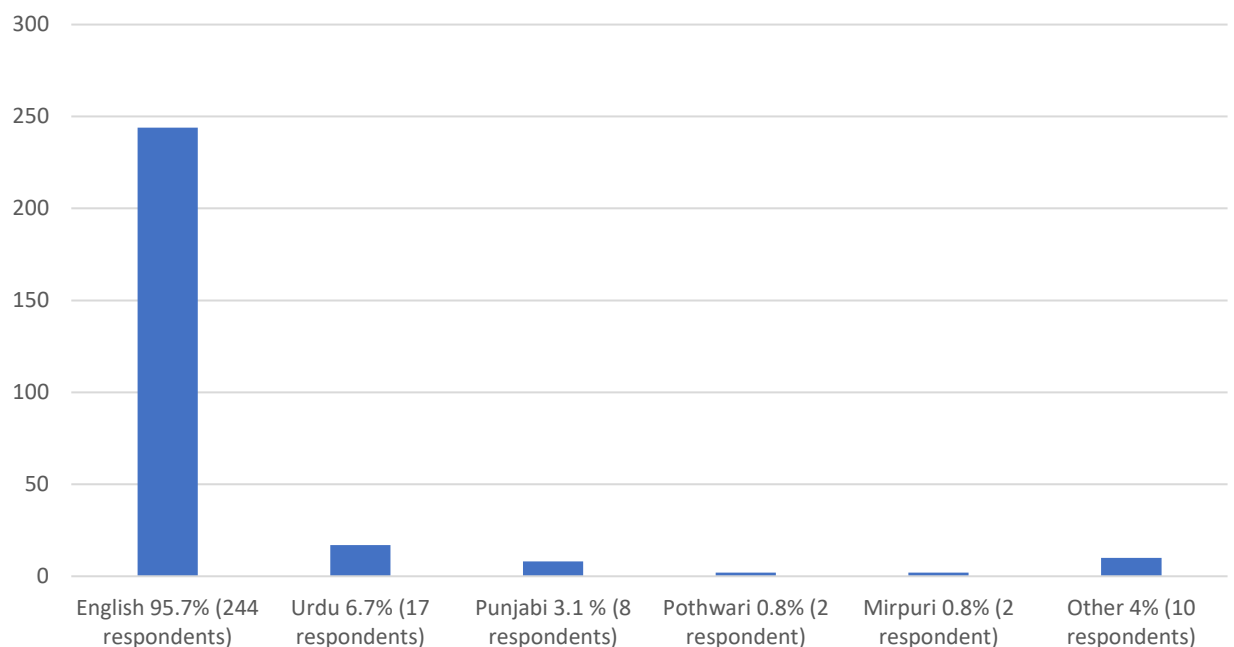
Do you look after, or give any help or support to family members, friends, neighbours or others because of any of the following:



Other individual comments included baby sitting and language barrier for parents, due to living in the UK their whole life.

Preferred language option for communicating and interpreting information

Other



Languages mentioned:

- Latvian
- Ukrainian
- Arabic

- Polish
- Bengali
- Chinese
- Spanish
- Gujarati
- Cantonese
- British Sign Language (BSL)

Section Two

Engagement Workshop Results

Introduction

An expression of interest was put out to community groups in Derby City to do their own community led workshops. 11 different groups came forward.

All of the community group leads attended a preparation session where the key aims of the workshops were discussed, different engagement methods and ideas were considered and key practicalities were covered such as how to conduct an engagement event and the core questions to discuss during the sessions.

Each group has written a little bit about their group and an overview of who took part in their engagement events:

An Nisa Events CIC

An Nisa Events CIC is a Community Interest Company (CIC) based in the UK. It is a social enterprise that focuses on organising events and initiatives that empower and support Asian women. The organisation aims to create a platform that promotes inclusion, education, leadership and social cohesion for Muslim women in the community.

An Nisa Events CIC creates a sense of community with local Asian women through collaborating with other charities, CICs and places of worship so we can deliver workshops regarding personal development. An Nisa holds local community fundays and fundraisers to entertain local families and help local small businesses to promote their work.

Kashmir Badminton club

Kashmir Badminton Club is a sporting and recreational group that provides health and wellbeing opportunities for members of the local community. The key focus is on regular exercise with a focus on badminton as a sport for men, women and children of all ages.

Islah Ul Muslimeen

Islah-ul-Muslimeen is a group that exists to fulfil the physical, mental and spiritual needs of the community through education and social, welfare, environmental and humanitarian health and wellbeing initiatives. We support people of all ages and genders from South Asian communities including Indian, Pakistani and Bangladeshi communities.

Derby Asian Strategic Partnership (DASP)

The Derby Asian Strategic Partnership is a collection of professionals from the Indian and Pakistani communities in Derby. Our aim is to ensure both communities have access to all information and opportunities that ensure they live active and healthy lives on an equal basis to the wider community.

We have 150 people from the Indian and Pakistani Origin and of mixed gender. Our age group of attendees consists of 16 – 65 years old.

Shanti lady group

We are an all-female gender. The group's activities are to bring our members out of social isolation. We provide them with warm drinks and some snacks. The age group is 50 plus and our members are mostly South Asian.

Prospect ABC

We are PROSPECTS ABC (Community Interest Company) affiliated and regulated by England Boxing. An award-winning club that has produced champions internationally and nationally multiple times. We are a voluntary run group. We use boxing as a way of dealing with multiple social issues.

We run a boxing club which caters for the local community of all ages and all abilities/disabilities. We have approximately 60 to 80 people daily who attend our club and people of all ethnicities from Pakistani, English, Irish, Indian, Jamaican, Slovakian, Polish and Romanian communities.

We hold separate sessions for different age groups ranging from 5 to 12 years, 12 to 16 years and seniors. We have a mixed group of genders, the majority being male.

Our club deals with people of multi-cultural backgrounds and it's great to get to understand their backgrounds and share them with each other. Boxing brings together people of all backgrounds and breaks down barriers to unite each other.

Derby Refugee Forum

Derby Refugee Forum run Derby Refugee Advice Centre (DRAC) which was established in 2002. We are a registered charity run by volunteers.

We offer support, signposting and social integration for those seeking sanctuary in the UK. We do this through our drop-in advice sessions every Tuesday and Thursday and through a wide variety of workshops, classes and trips.

We aim to provide a positive, respectful environment where people can get the help they need. We see people from all around the world and in 2022 we saw people from 46 different countries.

Many of our clients come from BAME communities, with a significant number from Sudan and Eritrea. The other main countries include Iran, Iraq and Kuwait. We mostly see males in the Centre approximately 70/30% split across the genders. The largest age group we see is between 30 – 39 years, 20 – 29 years, followed by 40 – 49 years.

Community One

Community One is a peer-led organisation that provides culturally specific support and programmes for Black, Asian, Minority Ethnic & refugee communities. All our programmes are designed/or delivered by people with lived experience. Our services include:

- Information, advice and guidance
- Youth programmes
- Holiday activity and food programme (HAF)
- Food bank and community shop

- Women only activities
- Physical activities
- Parenting programmes.

We support all ages. From young people aged 7 to 25 years to women who may be aged 20 to 50 including victims of domestic violence, the golden generation males and females aged 60 plus years. We support all communities including the South Asian community and focus on the Muslim community too.

Central Education and Training

Central Education and Training is a community-based training and education provider. We primarily work with adults who are economically and socially disadvantaged and therefore statistically less likely to be economically active or to be participating in education and learning through traditional routes.

CET's aims to enable adults to access foundation or entry-level education and training which will provide them with new skills and increased self-esteem and confidence to progress employment, further education, or improved career prospects. We are a stepping stone and a lifeline in some cases for people looking to build a more rewarding future.

We work with adults aged 19 years plus and all populations groups across Derby.

Open Doors Forum

Open Doors Forum (ODF) is a registered charity led by a group of professional people from the Black African Caribbean Community in Derby.

We help, support and encourage Black people through enhancing educational opportunities for all, lifelong learning to promote social unity and to encourage more people to be visible in the community at all levels and in as many ways as possible.

Our mission is to improve the chances of success for Black African Caribbean children, YP, men, women by encouraging social unity through greater exposure to community activities, opportunities, the achievement of better levels of education and career.

ODF have an extensive track record since 2003 of delivering projects geared towards the needs identified by community members for those who contribute to improving the lives of People of Colour and our communities.

ODF is based in the heart of Derby, in Normanton.

Sahakra

Sahakra was established in 1996 as a Day Care service for the Asian Elderly due to fund cuts by Derby City Council about 10 years ago.

We provide a drop-in service, walking groups, warm space, coffee mornings, exercise sessions and health awareness events. This helps to reduce social isolation and is available to our elders and other members of the community.

We signpost to services and provide advice on energy-saving support. Sahahra is based within Derby Arboretum Park. We work in partnership with Marches Energy Support, Artcore, Bosnia and Herzegovina Centre Derby and The Hadhari Project.

We are based in Derby Arboretum Park and support the elderly population.

All the workshop results have been analysed and the results of these workshops are as followed.

Results of the engagement workshops

Question 1: What is high blood pressure?

There was a mixed response to this question, showing different ranges of understanding and awareness of high blood pressure, though most groups expressed a general level of understanding.

Some groups gave a factual and medical explanation of what high blood pressure is, showing a good level of understanding and other groups acknowledged an understanding of the term.

Some groups spoke about possible symptoms and causes of high blood pressure. A male group felt high blood pressure was over 150 but is easy to live with and manage.

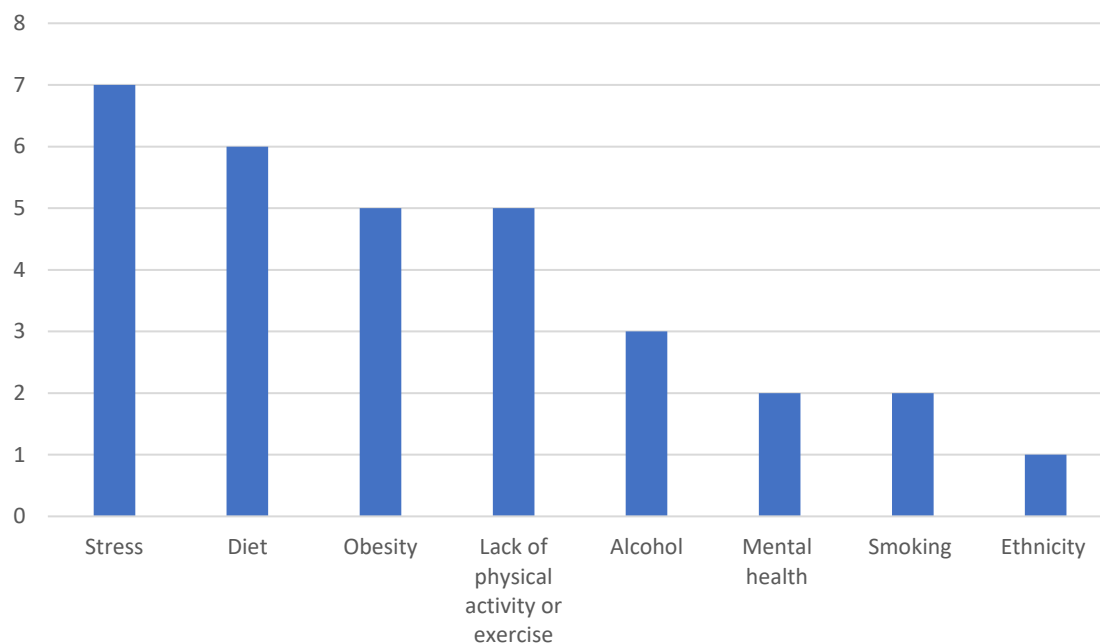
One group explained what blood pressure is in medical terms and there was an acknowledgment from a few groups that a number of people were unsure or did not fully understand what it was.

Question 2: What are some factors that are linked to high blood pressure?

Most of the responses stated that factors were linked to stress, mental health, diet and lack of exercise. The key areas identified included:

- Lifestyle factors such as stress, mental health, poor diet, lack of exercise and physical activity.
- Diet and nutrition - poor diet, high salt intake, high fat intake and unhealthy eating habits
- Obesity – being overweight or obese
- Lack of exercise or physical activity
- Family situations, hereditary factors and genetics
- Ethnicity and minority communities - High blood pressure is noted to be prevalent in ethnic minority communities, particularly in Asian and Black populations
- Alcohol consumption - Drinking too much alcohol
- Lifestyle choices - Unhealthy lifestyle choices, such as smoking, excessive eating and prioritising work over health

Here are the key themes identified from the feedback, along with the number of times each theme is mentioned:



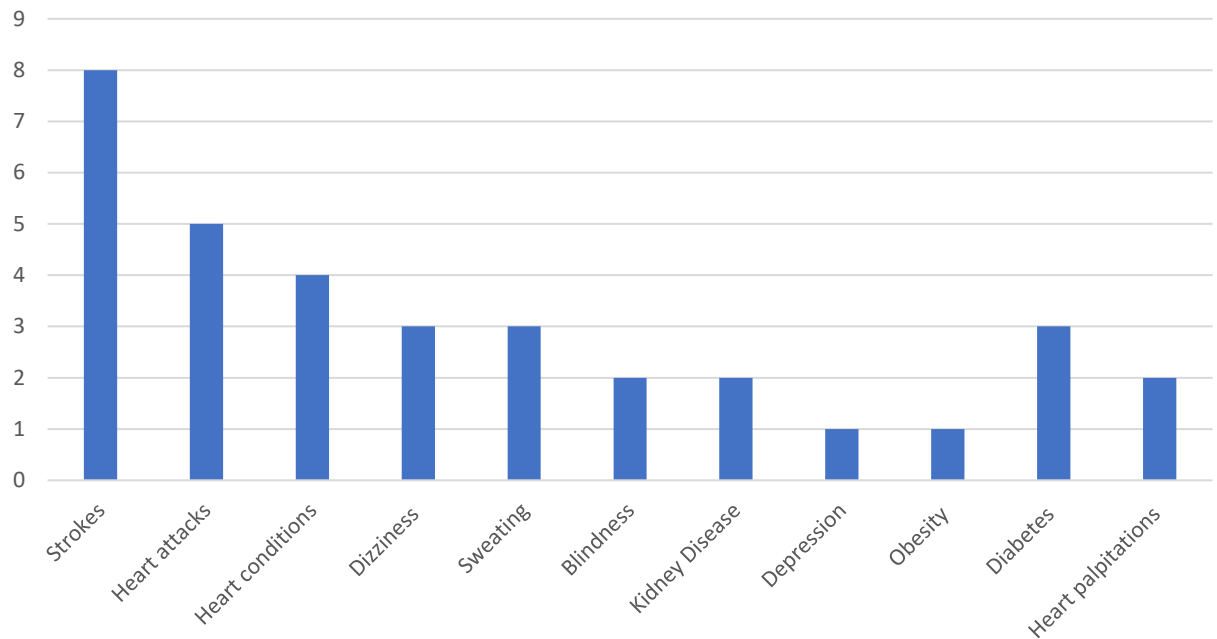
Question 3: What are the risks of high blood pressure?

Most of the responses associated stroke and heart attacks as a risk of having high blood pressure.

The key risks associated included the following:

- Strokes: The most frequently cited risk associated with high blood pressure, indicating a high concern for the impact on the brain and circulation
- Heart related issues: Various heart conditions such as heart attacks, heart failure, palpitations and general cardiovascular disease are repeatedly mentioned, reflecting the significant risks from high blood pressure to heart health
- Other health risks linked to health conditions, like kidney disease, diabetes, obesity and cancer
- Physical symptoms: dizziness, sweating and headaches are noted, which may indicate the immediate effects of high blood pressure on individuals.
- Fatal risks: There is an acknowledgment of the potential fatality of untreated high blood pressure, emphasising the seriousness of the condition.

Here are the key themes identified from the feedback, along with the number of times each theme is mentioned by groups:



Question 4: What services are you aware of that can be done at your local pharmacy? (not including collection of medication)

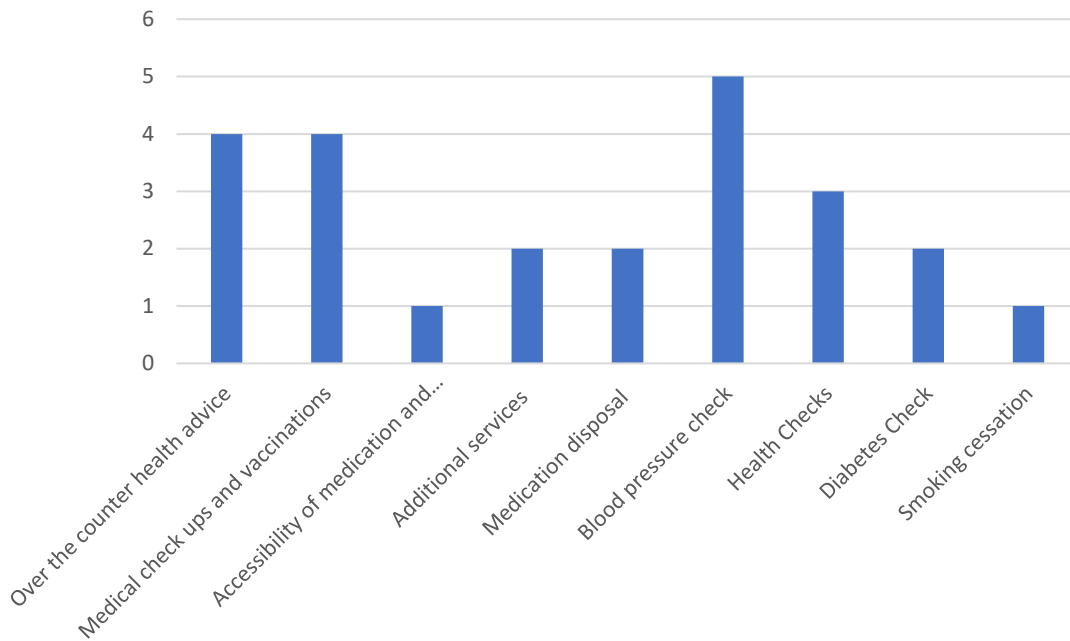
The services mentioned include blood pressure checks, health advice, check-ups and vaccinations.

The key themes mentioned included:

- Over-the-counter health advice: local pharmacies providing advice for health issues like back pain and colds and recommending medication over the counter
- Medical check-ups and vaccinations - Services include blood pressure checks, diabetes checks, flu vaccinations and other injections (e.g. flu and COVID-19 vaccines)
- Accessibility of medication and treatment - Local pharmacies offer accessibility to various medications and treatments, allowing individuals to obtain tablets and creams without seeing a doctor
- Providing treatment – Pharmacies offer diagnosis and treatment for minor health concerns, providing medication and creams without the need to see a doctor
- Additional services – weight checks and passport photo services
- Smoking cessation – local pharmacies providing support for smoking cessation
- Medication disposal – service for unwanted or expired medication.

There were three groups who noted some individuals had limited awareness of the services offered at their local pharmacies and that they relied on general practitioners (GPs) instead. Also, a group noted a lack of facilities, particularly for women consultations.

Here are key themes identified from the feedback along with the number of times each theme is mentioned:



Question 5: What are your experiences of going to your local pharmacy in regard to blood pressure monitoring services?

The key themes identified were:

- Medication and lifestyle advice: Some participants indicated that they are already on medication for blood pressure, while others received advice on diet and changes to their lifestyle, including exercise.
- Lack of advice: several individuals noted a lack of advice or guidance from the pharmacy after blood pressure checks.
- Service awareness: There is a lack of awareness that pharmacies offer blood pressure monitoring services. Some people are uncomfortable using these services at pharmacies due to the open nature of the space.
- Waiting times: There are mentions of long waiting times for blood pressure checks at pharmacies.
- Positive experiences and referrals: some participants had positive experiences including referrals for repeat checks if the results were borderline and referrals to a GP if necessary.
- Convenience: The pharmacy was seen as more accessible compared to getting through to a doctor and some found it easier to have their blood pressure checked there
- Operational challenges: There were delays in services and not being able to get checked during busy periods, with some individuals being referred to their GP.

Question 6: Are there any barriers that would stop you from getting your blood pressure checked at the pharmacy?

The main themes identified as barriers within the responses were:

- **Accessibility and convenience:** Some suggested that there is a difficulty or inconvenience in reaching the pharmacy, particularly for some women who find it a long way to travel.
- **Embarrassment and social stigma:** Some individuals feel embarrassed about visiting the pharmacy, likely due to the health issues they are facing or the perception of being judged by others.
- **Awareness and education:** A lack of awareness about health issues such as normalisation of high blood pressure in old age.
- **Service efficiency:** Long waiting times and queues at healthcare services are mentioned as a significant barrier
- **Privacy issues:** Privacy issues arise in busy pharmacies, where individuals may not feel comfortable discussing their health issues openly or feel that staff may not have the time to provide proper advice.
- **Gender sensitivity:** The gender of the staff can cause discomfort for some individuals, indicating a need for gender-sensitive service provision.
- **Lack of knowledge about how to seek help or ask questions.**
- **Language barriers:** difficulties in understanding medical terminology and language barriers were mentioned.

Question 7: Some people are prescribed medication to manage their high blood pressure but do not take it as prescribed. Do you have any thoughts to why this might be?

There was a wide range of thoughts on why people do not take medication as prescribed. The themes collectively highlight a mixture of personal, cultural and systemic factors. The key themes mentioned within the responses included:

- **Adverse side effects:** Concerns about, or experiences with, negative side effects from blood pressure medication.
- **Self-management and independence:** There are beliefs that managing the illness without medication is better, either through lifestyle changes or because they don't perceive the need for medication.
- **Medication adherence patterns:** Taking medication in different patterns such as only when experiencing symptoms or taking smaller doses than prescribed.
- **Lack of awareness and knowledge:** Lack of understanding about high blood pressure, its severity and the importance of taking medication consistently. As well as long-term risks associated with high blood pressure and non-adherence to medication.
- **Denial:** Denial of the severity of their condition
- **Mistrust:** About the medication being needed or effectiveness of medication. As well as lack of trust in healthcare systems or providers, possibly leading to doubts about the prescribed treatments.
- **Cultural beliefs:** That may affect the understanding of medical advice
- **Language barrier:** Which may lead to lack of understanding
- **Confidence issues:** That affect communication and understanding of medical advice
- **Alternative treatments:** Preference for, or belief in, the efficacy of alternative treatments like diet changes or herbal remedies overprescribed medication.

- **Lifestyle and practical challenges:** Practical issues like being too busy, forgetfulness, or finding it inappropriate to take medication at certain times.
- **Taking multiple medications:** worried about taking too many medications and its potential impact on health.

Question 8: How would you like to receive information on health and wellbeing services available to you?

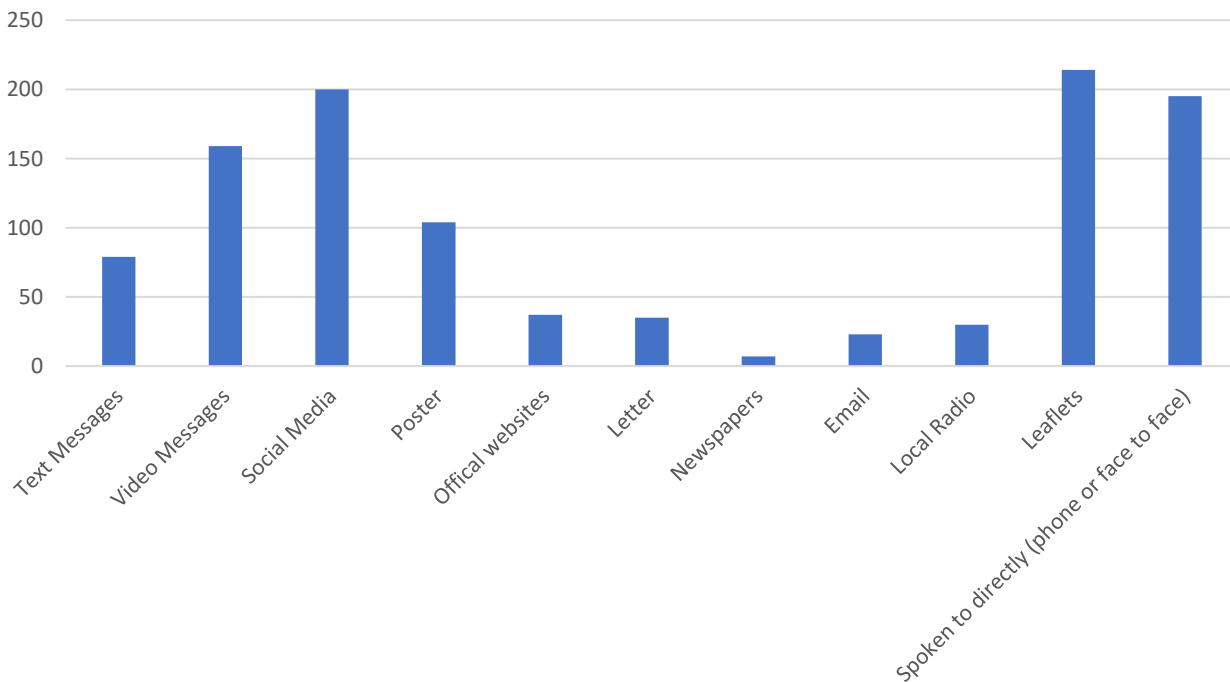
The majority voted for leaflets 19.76% as the preferred method for information on health and wellbeing services. Close behind, social media accounted for 18.47% of preferences, reflecting its significant role in information dissemination. Additionally, being spoken to either via phone or face-to-face, was chosen by 18.01% of respondents.

Video messages also held a notable preference at 14.68%. Other methods such as posters 9.60%, text messages 7.29%, official websites 3.42% and letters 3.23% were less popular but still notable.

More traditional methods like local radio 2.77% email 2.12% and newspapers 0.65% seemed the least favoured, indicating a shift towards more interactive and immediate forms of communication.

These findings highlight a diverse range of communication preferences among the public for health and wellbeing services.

The graph below shows the preferences in further detail:



An individual comment from a group:

- *"Some women said that face to face advice at pharmacies and local community groups are appreciated."*

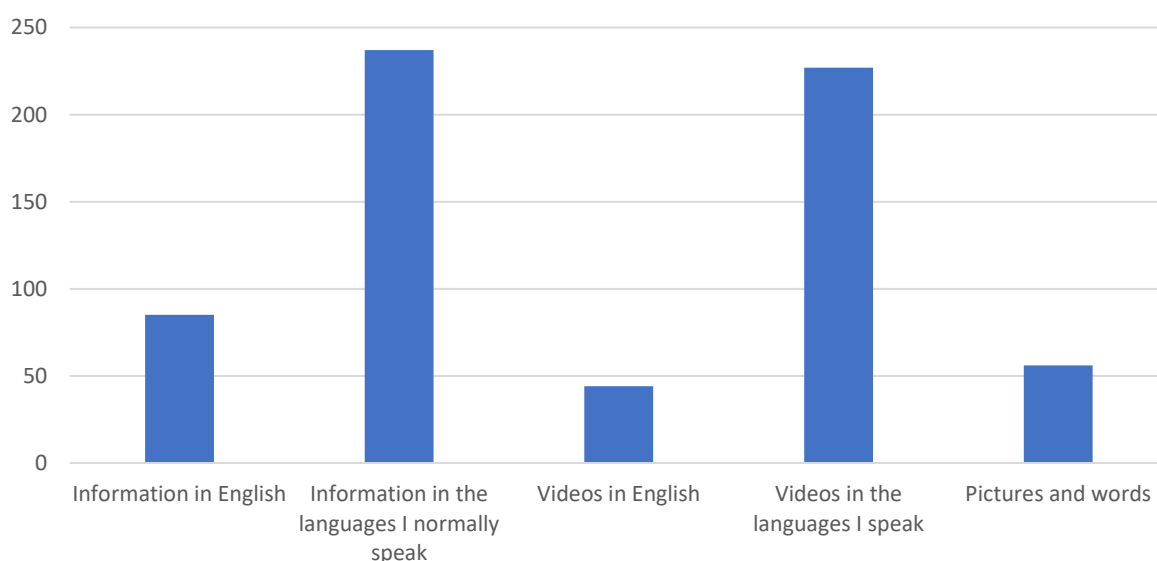
Question 9: If you do not speak English as your first language, which of the following methods would you prefer health and wellbeing information made in?

There is a significant preference for information on health and wellbeing in the language that the participants normally speak (36.52% of responses). Similarly, videos in the languages spoken by the participants were also highly favoured, with 34.98% selecting this option.

In contrast, content in English, both in written form and video formats, received lower preferences, accounting for 13.10% and 6.78% respectively.

Additionally, a smaller percentage of respondents (8.63%) preferred receiving information through pictures combined with words. These findings underscore the importance of linguistic diversity in health communication, highlighting a strong preference for receiving information in one's native language.

The graph below shows the preferences in further detail:



A summary of individual comments about communication preferences and campaigns are listed below:

- *"It is best for health professionals to explain in South Asian languages such as Urdu and Punjabi about health."*
- *"We can create awareness at a younger age through children in school and mosques. And by using advert on Asian channels."*
- *"It is good to have information in community languages."*
- *"Use community networks like WhatsApp to get message out to community."*

- *"Use local advertisement and tv adverts."*
- *"Use places of worship."*
- *"There is a preference to have information in English to read (which can be explained to them in detail), pictures and words usually help them to understand and if videos in their own languages as that would be useful."*

Question 9: Who would you prefer to receive information on health and well-being from?

The results indicate a diverse range of preferences among participants.

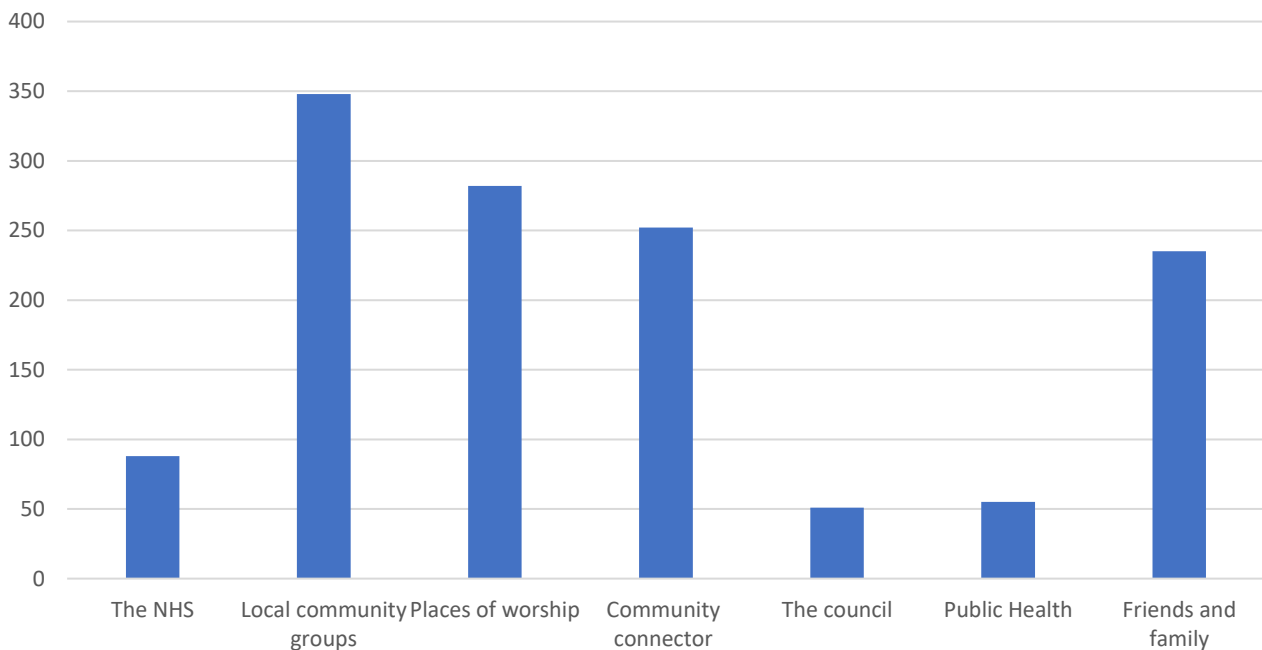
Local community groups emerged as the most favoured source, with 26.54% of responses indicating their preference for receiving information from these organisations.

Places of worship were also a popular choice, preferred by 21.51% of participants. Community Connectors, who play a key role in linking individuals with health and wellbeing resources, were preferred by 19.22% of the participants.

Friends and family were also considered important sources of health information, with 17.93% of respondents preferring to receive information from these personal networks, reflecting the value placed on advice from trusted loved ones.

Public Health and The NHS were less preferred, with 4.20% and 6.71% respectively, while the Council received 3.89%.

These findings suggest that while official health sources are valued, there is a stronger inclination towards community-based and personal sources for health and wellbeing information.



Summary of individual comments:

- *"Information from all services available."*

- *"It is important to receive as much information through different methods so that we do not feel excluded."*
- *"Like to visit local centres/ community connectors where they feel comfortable or to other trusted places of information".*

Question 10: Is there anything else you would like to say?

A few groups provided individual comments:

- More leaflets and videos in south Asian language with gender appropriate messages. They can inform us about the long term and short term benefits of medication.
- We need to know more about the numbers for blood pressure reading and what they mean. Also, why we need to take medication.
- Spread message of better exercise.
- Less reliance on car and focus more on walking.
- Adopt healthier lifestyle and take care of oneself and family too.
- We need to hold more awareness session for blood pressure as many did not understand the seriousness of Blood pressure.
- Need to hold more awareness sessions for diet and exercise.

Appendix

Individual comments from the survey

Individual comments:

1. Cost and financial struggles:

- "As mentioned before, you have to pay for each test, therefore if a week's monitoring is required, it would be very costly"
- "Excessive cost"
- "If there's a charge, if there's a long queue"
- "It costs far too much in a Taxi to travel less than a mile, especially when your Mobility is poor"

2. Privacy and lack of confidentiality:

- "No privacy, be overheard by others"
- "Not really a barrier, but why would I go out to check it when I can check it at home?"
- "It seems a bit public despite having a small room available"
- "Staff in chemists are so hesitant, I think given better training they would be able to offer different services but as it stands, it wouldn't be my initial point of call"

3. Accessibility and convenience of pharmacies:

- "Transport time considerations"
- "Transport (housebound)"
- "Distance, lack of information/support re: the findings"
- "If the pharmacy are only open during office hours when I'm working or are inconveniently located"
- "Opening hours incompatible with working full time"
- "Pharmacy is always very busy"

4. Competency and training of pharmacy staff:

- "Not convinced of competence & just money raising for Pharmacy. Also too busy"
- "Lack of their staff training and non-knowledge. Seemed to be just a tick-box exercise for them"
- "I have asked questions of pharmacy workers and received unclear responses. I'm not sure I'd trust them to be trained properly"

5. Medical environment, trust in the testing process and the need for a private and comfortable space:

- "If it was at the counter. In private it would be OK"
- "If there wasn't a private space to have the testing done"
- "Not having a private space, calm & quiet to relax before & during check"

6. Lack of awareness about the service and a need for clear recommendations and communication:

- "Lack of awareness and reminders that an ongoing service"
- "I don't think there are any clear recommendations on who should get their blood pressure checked and when. If I thought I should get my blood pressure checked then I would, but no one's ever suggested I should".

7. Home blood pressure monitor:

- "Don't need to go to the pharmacy as I have my own blood pressure monitor. If I didn't, I would be happy to go there."
- "I have my own monitor."
- "I have the machine at home already."

8. Concerns about data handling and role of pharmacies in follow-up care:

- "What happens with my data if pressure is too high, will they intervene, contact my GP, offer me meds for sale over the counter? If they provide a service, they should also do follow-up where evidence is present for further action, but how?"
- "Pharmacies can help NHS by doing local checks - even tying up medicine delivery rounds with quick BP checks and logging concerns with GP - not sure how though? Maybe GP sends local pharmacies details of who to BP check on and work together".

9. Positive Comment:

- "Elderly and people who don't use English as their first language can benefit greatly, as often the local chemist is seen as a friend and not foe".

Questions 13 individual comments:

1. Awareness and Education:

- "Awareness and ease - can't get to Dr but volunteers in community places can help."
- "More publicity around provision at pharmacies."
- "Promotion and more information."
- "More awareness."
- "Greater awareness of the service, welcoming environment."
- "To know the consequences of high blood pressure."
- "More awareness of the risks."
- "More awareness of the dangers of high blood pressure."
- "Knowledge of risks of high blood pressure and that it's often without symptoms."
- "Being aware of this service as many are not."
- "Enhancing risk advertising."
- "Understanding the risks of hypertension."
- "More information surrounding high blood pressure to make the effects of having high blood pressure known more to people."
- "More information on what problems high blood pressure could cause."
- "More information online or leaflets."

- "More information."
- "More information about where to get it checked and the fact you can have it done regularly, not just when there's a problem."

2. Convenience and Accessibility:

- "Blood pressure services could be made available whilst targeting the masses."
- "Blood pressure clinics - just like going for your blood tests."
- "Easier access to blood pressure monitors and staff available to explain results and give advice."
- "Quick easy service privacy."
- "Open drop-in service, not having to make an appointment."
- "Pharmacies who have time - they are all busy and you always have to queue for prescriptions."
- "Walk-in service, not having to make an appointment, free and getting the right advice and prescription afterwards."
- "Make it as easy as possible and really pushing the benefits of it."
- "Ease of having it done."

3. Communication and Reminders:

- "Social media - texts/letters from their doctor's surgery, work-based checks."
- "A reminder."
- "Fun advice on the radio, Pharmacy staff verbally telling people, posters around local medical units."
- "Text reminders from NHS?"
- "Being made more aware of risks carried by having a high BP."
- "Reminders. Invitations - welcoming messages on posters."
- "Reminders from GP."
- "Yearly nurse checkup."
- "Having open days."
- "Sending them letters that it's time to check."
- Privacy and Comfort:
 - "A calm quiet waiting area & separate private check room."
 - "Calm quiet waiting area & separate private check room."
 - "Private check room too."
 - "Having a private space, calm & quiet to relax before & during check."

5. GP Involvement and Follow-Up:

- "GP's follow up where there are concerns through data sharing but consent is important."
- "If the process is easy and open after work hours."
- "Availability and must be free."
- "Making the link so you know your GP is aware of the results and able to contact you if there are any causes for concern."
- "More awareness that it's possible."
- "By reinstating this facility at Lloyd's pharmacy."

6. Language Accessibility:

- "For those whose first language is not English, language can be a barrier."
- "Advertising in different languages, in lots of places as not everyone does social media."
- "Go to places of worship for all faiths to explain...i.e., Sikh gurdwara on a Sunday morning. Catholic churches Sunday morning, mosques Fridays, etc."

7. Cost and Incentives:

- "Discounted gym membership? Loyalty cards that can be used against products and services in pharmacies?"
- "Incentives e.g. free drink."
- "It's free."
- "Ability to use conveniently located pharmacy."

8. Community Engagement:

- "Community-led projects."
- "Informal community settings."
- "Visit lunch clubs and groups."
- "Places of worship."
- "Mobile units in shopping centers."
- "Pop-up blood pressure clinics at shops etc."
- "Talking about it with the nurse and Dr."
- "Yearly nurse checkup."
- "Availability locally and someone there to help."

9. Cuff Size:

- "Variety of cuffs."

Question 14 individual comments:

1. Lack of Understanding and Awareness:

- "Possibly do not realize the consequences."
- "Lack of knowledge."
- "Not educated enough on risks."
- "Not understanding the consequences, lack of understanding."
- "Not knowing the importance of it."
- "Don't understand the repercussions."
- "Not realising the risks and outcomes."
- "Not fully aware of the impact."
- "Not given information on repercussions."
- "Don't understand how important it is or the consequences."
- "Thinking that they know when their bp is or not hence needing it."

- "Don't know how serious it is."
- "Unaware of dangers."
- "Fear of side effects."
- "Not understanding the risks."

2. Forgetfulness:

- "Forgetting."
- "They forget or don't like side effects."
- "Forget - cost."
- "They forget."
- "Forgetfulness, not feeling the effects of high blood pressure at the time."
- "Forget to take it."
- "Depends on number of pills prescribed and associated advice given; or not!"
- "Lack of routine to prompt them."
- "Poor memory, not 'feeling' the benefits."
- "They may forget or they don't understand the seriousness."
- "They probably feel ok."
- "Mostly forget because of a busy lifestyle."
- "Older people may begin to have memory issues."
- "You get used to it."

3. Side Effects:

- "Side effects, misunderstanding."
- "Bad side effects."
- "Side effects, costs of prescriptions."
- "Some BP medication has side effects."
- "Some tablets aren't coated and give you a nasty taste in the mouth."
- "Taking diuretics to control BP can be a real nuisance."
- "They don't like side effects."
- "Side effects of medication which many patients experience."

4. Scepticism About Medication:

- "Not liking side effects."
- "They don't like taking medication."
- "People don't like taking drugs."
- "They probably feel ok after taking medications for a few days."
- "They do not want to rely on medication."
- "They may feel that a trade-off has to be made between alertness and BP control."
- "Scared of side effects."
- "Feel modifications do not help."

5. Cost and Accessibility:

- "Cost."

- "Prescriptions too expensive."
- "People struggle to take a tablet."
- "Can't afford the cost of a prescription."
- "Medications are too expensive."
- "Costs of prescription."

6. Education and Communication:

- "Proper advice should be given."
- "Doctors and Pharmacist haven't explained it properly."
- "Patient hasn't understood the instructions."
- "Not given information on repercussions."
- "Not informed enough about the severity of their problem."
- "Not knowing when to take it, not knowing the consequences."
- "Lack of instruction."
- "Not given directions or background info."
- "Instructions are not always clear on the prescription."
- "Not always clear on the prescription."

7. Belief in Natural Remedies:

- "Feel that natural remedies should be looked into."
- "It needs to be controlled by healthy eating and exercise."
- "Unless they are immobile to exercise and to eat healthily."
- "They should treat the causes, not the symptoms."

8. Stigma and Reluctance:

- "Stigma attached to taking medication."
- "Not wanting to be 'medicated'."
- "People don't like to be reliant on medication."
- "People have busy lives, it's hard to remember everything we have to do."
- "Hate taking tablets."

9. Complex Medication Regimen:

- "Too many meds being supplied from big pharma's."
- "People have lots of complications and with them come lots of pills."
- "Maybe in a cocktail of tablets and can forget what tablets are supposed to do."

10. Language and Cultural Barriers:

- "English is their second language."
- "They go to India - then start trying treatment and medications there."
- "They might not believe when people say it's due to language barriers and/or nationalities."

11. Personal Attitudes and Beliefs:

- "Survival of the fittest."
- "Personal choice."
- "Mainly because high blood pressure has no symptoms."

12. Healthcare System Issues:

- "Difficulty in ordering prescriptions."
- "No one at surgery who you can speak to."
- "No support and awareness in the community."
- "Not always clear on the prescription."
- "No follow-up checks to see if the patient is okay."

13. Psychological Factors:

- "Might hate taking medication."
- "Don't feel the immediate benefits of it or not feeling poorly enough to need to take it."
- "Scared."
- "Busy work & lifestyle, neurological conditions."
- "Confusion."

14. Socioeconomic Factors:

- "People are risking their lives due to the cost of prescription."
- "Some people cannot afford the cost of prescription."
- "Cost of medication - stretching out the tablets means you don't have to pay for them as often."