ABOUT THE ORGANISATIONS:

The University of Manchester Students' Union is a student-led organisation, established in 1908 and represents all students at the University of Manchester. We are proud to be the largest students’ union in the country, at a university ranked 47th in the world, 11th best in Europe and 7th best in the UK, by The Times Higher Education World University Rankings. We are a registered charity with a turnover in excess of £6 million per year. The Students’ Union is at the heart of student life which encompasses representation, welfare, clubs and societies, volunteering and training, along with our commercial activities. We are student life. Amplified.

NHS North, Central and South Manchester Clinical Commissioning Groups are responsible for planning and buying high quality, safe health services for our vibrant city. Led by local doctors and healthcare professionals with knowledge of their specific communities and patient needs, Manchester CCGs are committed to improving the health of Manchester’s population. Uniting almost 100 GP surgeries stretching from Blackley to Wythenshawe and Chorlton to Miles Platting, every local doctor has signed up to providing their patients with the best possible health services.

The Union, Manchester Metropolitan University is an independent charity that exists to represent the needs and views of MMU’s 37,000 students. When students enrol at university, they automatically become a member of the Students’ Union. We help students to get the most out of their time here and are committed to delivering the best possible experience. So we provide a whole range of services, activities and opportunities to help students to develop skills and talents that complement and enhance their education.

Project Manager and Lead Researcher:

Henri Egle Sorotos, MMRS
Insight Manager
The University of Manchester Students’ Union
**INTRODUCTION:**

This project was commissioned to identify student health needs and experiences in the Manchester City Council area. The results and recommendations are the outcome of a research programme conducted by the University of Manchester Students’ Union. All work was completed in partnership with The Union, MMU and the NHS North, Central and South Manchester Clinical Commissioning Groups (CGG).

The primary outcome is a series of policy recommendations. These are designed to be implemented by both the healthcare provider and higher education institutions (HEIs) in Manchester. The work also gives key stakeholders further insight into the student body at a time of great change in the higher education landscape. This report provides data not previously captured in Manchester. Stakeholders identified a dearth of information about student wellbeing and NHS service usage.

**KEY AIM AND RESEARCH PROBLEM:**

The CCG’s overall priority was identifying GP registration rates amongst the Manchester student population. The research project was designed to address registration levels not just in the overall Manchester student body, but in sub-populations of students at individual institutions.

**RESEARCH OBJECTIVES:**

**Secondary Data Objectives:**

- Demographic profiling of Manchester students
- Review of existing literature

**Primary Data Objectives:**

- Accurate estimation of student GP registration rate
- Assessment of student attitudes and behaviours to healthcare provision in Manchester
- Identification of barriers to healthcare amongst students
- Exploration of student mental wellbeing
- Identification of demographic differences

**Post-Primary Objectives:**

- Dissemination of recommendations to stakeholders

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*Manchester & Medicine: Student Health Needs in the City*
The NHS Clinical Commissioning Groups for Manchester are active stakeholders in student governance boards across the city. This includes the Manchester Student Strategy Board which unites key figures from Manchester City Council, NHS, Police, University of Manchester and Manchester Metropolitan University. However, previous direct work with the Students’ Union and NHS had never been completed. This project represented a new partnership.

Manchester has a disproportionate 20-24 year old population by comparison to the North West as a whole. Approximately 70,000 students study in the city, and are a primary reason for this difference in population size. Students form around 16% of the city’s total population. An age comparison can be found in figure 1.

In the context of the project, student refers to any registered non-distance learner at a Higher Education Institution (HEI) in the Manchester Metropolitan borough. In practice, this meant students attending:

- University of Manchester
- Manchester Metropolitan University
- Royal Northern College of Music
- Manchester College

The University of Manchester and Manchester Metropolitan University comprise the largest groups, and most respondents are from these two institutions. A significant part of work involved verifying student identities to ensure responses were authentic, genuine and valid. Research was focussed only on students and not the wider population of Manchester. Work to identify health need differences between students and non-students was deemed outside the scope of this project.

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1 Office for National Statistics
A research plan was drawn up based on the above business problem, aims and objectives. The lack of existing information and budget available meant an exploratory programme of work was most appropriate. A broad topic framework is detailed in figure 2.

Project budgets meant large amounts of data were required with relatively limited finances. As such, a purely qualitative programme was not feasible. A mixed methods approach allowed the project to better understand the target population and address all necessary research objectives. It also meant budget constraints were observed. A macro level programme of work is detailed in figure 3.
Current health trends indicate increased mental health related illness amongst students\(^2\). As such, a specific section of work was designed to assess the prevalence of mental health related issues. This was not designed to explain and identify potential solutions to mental health problems, but rather audit the rates of students facing issues. Of course, this presented certain ethical data collection issues which needed addressing when surveying respondents.

By far the most comparable pieces of research were the student health needs assessments conducted in Leeds\(^3\) and Newcastle\(^4\). Although slightly out of date, these were useful assets when designing surveys and topic guides. It also allowed final results to be broadly benchmarked against other similar cities.

Prior to publication, Healthwatch Manchester conducted a specific health awareness study for international student\(^5\). Although lacking a large sample size, this was useful when designing attitudinal questions specific to the Manchester student body.

Other Manchester specific literature\(^6\), although numerous, was lacking a direct student focus. These publications did give a good indication of overall health issues affecting Manchester’s population.

Analysis of the World Health Organisation healthy university approach also proved useful\(^7\). Although an old document, identifying past health trends in Higher Education was invaluable.

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\(^3\) See: Leeds Student Health Needs Assessment, Leeds University, 2006

\(^4\) See: Health Needs Assessment of University students studying in Newcastle, Gill O’Neill, 2012

\(^5\) See: Overseas Students Access and Entitlement to Healthcare, Healthwatch Manchester, 2015

\(^6\) See: Health Inequalities in Greater Manchester, GMCVO, 2006 and Inequalities in Greater Manchester, Just Greater Manchester, 2015

OVERALL ENGAGEMENT:

Participation in the project was generally high throughout all stages of research. Participants were readily available and willing to take part in the data collection tools. Researchers ensured all respondents were informed of project aims and methods to gain prior consent before participation. Across the entire project, researchers engaged with 1100 students. Given the timescales and budget available, this represents an excellent level of engagement. Data cleaning and student verification meant this number fell to 968 respondents as a final sample size. Both the main and street survey suffered from poor response amongst men. Efforts were made to alleviate this problem, and samples were post-weighted to ensure representativeness of gender. Some breakdowns of demographics are available in the appendices of this report.

METHOD:

A purely quantitative piece of work was deemed too rigid to address the research objectives originally posed. Equally, a qualitative project would not ensure the necessary reliability required to make policy recommendations. A two stage programme of work was devised incorporating both quantitative and qualitative research methods.

Main Survey:
An exploratory quantitative 20-25 question survey designed to capture:
• GP registration rates
• NHS Service usage
• Ease of registration
• Barriers to registration
• Prevalence of health problems

The questionnaire was self-completed by respondents. The Students’ Union and NHS Manchester CCG marketed the survey on social media. Survey length varied according to question logic, but remained manageable for the user.

Street Survey:
An exploratory quantitative 20-25 question survey designed to capture:
• GP registration rates
• NHS Service usage
• Mental Health audit
• NHS 111 awareness and satisfaction
• Prevalence of health problems

Whilst many questions were quantitative in nature, respondents were engaged in a free and open verbatim conversation designed to uncover the subtleties in service use and health issues. This formed the qualitative element of the research programme.

The questionnaire was conducted with interviewers in and around the university campuses. The survey was incentivised with a small food item for each respondent. Survey length varied according to question logic.

Survey designs are available in the appendices of this report.
The main survey was conducted throughout November 2015. Data was heavily cleaned to remove non-students, duplicates and straightlined responses. Poor response amongst male students meant a post-weighting was used for the variable gender.

GP registration:
Overall registration of GPs in the Greater Manchester area was found to be relatively high, and in line with the student health needs assessment conducted in Newcastle. However, satisfaction was found to be much lower than expected.

It is worth noting that respondents were asked about Greater Manchester GP registration, and not non-Manchester parental home healthcare.

Registration rates were broken down further by institution. It was revealed MMU students were a key driver in lowering overall student GP registration rates.
The male registration problem
Breaking registration rates down even further, there is a discrepancy in men and women registration levels. A troubling trend of non-registration amongst men is seen in the data. This problem is particularly apparent amongst men attending Manchester Metropolitan University, where registration was found to be under 45%. Based on this dataset, a male MMU student is more likely to not be registered.

Registration vs. Non-Registration
Once establishing the overall registration rate, an assessment of deeper experiences of the GP service was conducted. Key results can be found in figure 7:

Practical GP usage data was also gathered. This allowed an audit of appointment times:

\[
\text{FIGURE 7:}
\]
Registration and non-registration differences

**THOSE THAT REGISTERED**

- 87% found registering easy
- Large majority registered in first year

**THOSE THAT DIDN’T**

- 47% chose to stay with home GP distance and time often cited as reasons not to register
- 34% just haven’t got round to registering

\[
\text{FIGURE 8:}
\]
Ease of appointment booking

- 78% could get an appointment in seven days
- 3% said it took over two weeks to get an appointment
Finally, a health issue audit confirmed hypotheses around the high prevalence of mental health problems. However, probing revealed diet issues influenced personal wellbeing to a greater extent. A great appetite for increased nutritional information was revealed during the project. See figure 9 for the most common issues: The prevalence of alcohol over illegal drugs and other legal highs is certainly of note.
STREET SURVEY FINDINGS:

Base: 344
An interviewer administered street side survey was conducted over three weekday afternoons during November 2015. Questions were administered by paid student staff. Interviewer judgement was used to sample students, and student numbers taken to verify respondent's identity.

**GP registration:**
A core question assessing GP registration was included to mirror the question in the main survey. This was an important part of the project, and a similar result in the street survey would suggest results in the project were valid and reliable. Similar to the main survey, registration rates were found to be around 70%. This was a welcome result and reinforced the reliability of the main survey dataset.

**Mental Health Scoping:**
Respondents were asked to indicate any previous or current mental health problems they were facing. Conducting this on a street was a clear ethical hazard. Students may not want to share personal health details with a stranger in a public setting. As such, interviewers passed the tablet device over to participants, which ensured results were completely blind. Respondents were reminded that issues faced did not need to be diagnosed or declared. See figure 11 for results:

FIGURE 10:
Street Survey registration rate

- 29% Not Registered
- 71% Registered

FIGURE 11:
Mental health levels

- POORER MENTAL HEALTH
  - 25% experienced issues in last 12 months
  - 9% experienced issues over 12 months ago
- BETTER MENTAL HEALTH
  - 56% said they have never had any issues
Obviously these results rely on self-declaration of mental health issues by respondents. Some respondents may have felt uncomfortable declaring a mental health problem despite the results being blind to the interviewer. This is explored in further detail in the limitations section of this report.

Research identified common solutions people sought for mental health issues. Interestingly, the most common solutions were found in informal support networks such as friends and family, and not formal healthcare methods. Commons themes are detailed in figure 12:

**FIGURE 12:**
Mental health solutions
The next closest three solutions were all ‘formal’ health and university services offered to students. A full breakdown can be found in figure 13:

FIGURE 13:
Overall mental health solutions
Given the relative infancy of the new NHS 111 service, work also focussed on awareness and quality of the new telephone triage system. There was some concern that students didn’t have the necessary knowledge to make use of the system, nor did they know the correct number to call if needed. Some results can be found in figure 14:

Of those that had used the service, a NetPromoter feedback score was obtained for the triage system. Overall, student users had a positive experience when engaging with call centres. A full methodology of NetPromoter can be found in the appendices of this report.
As previously stated, a fully quantitative project was deemed insufficient to answer the overarching research objectives. To ensure a vibrant mix of data was obtained, interviewers asked respondents to identify the types of services they would like to see. This was conducted in an open conversation interview style. Respondents were asked what kinds of healthcare provision they would like to see in the future. A full set of qualitative data was then cleaned and collated. Verbatim responses were then thematically coded, and recurring ideas were identified. The framework in figure 16 graphically represents this process:
The two dominant themes represent the most common and general responses in the data. These reflect the common health issues found in the other quantitative research conducted in the study.

These results raise questions about service providers. Should it be the responsibility of the NHS to provide meal and diet advice to students? It is more likely that this falls into the remit of the universities in Manchester. On the other hand, mental health is an area that requires cross-organisation coordination and service provision. Some specific accounts can be found in figures 17 and 18:
Analysis of responses made it clear that communication was an obvious barrier to effective service offerings. Students lack a full understanding of both NHS and university healthcare and wellbeing provisions. The real challenge is articulating the holistic service offering available to the whole student population in the most effective way.

However, the communication issues do not detract from the dire state of mental health across the student body. Data certainly shows a real prevalence of issues, with 34% saying they have experienced a problem at some point in their life. Qualitative responses also suggest there is a serious and sizeable appetite for increased mental health provision. A full discussion of recommendations can be found later in the report.

The NHS is currently investing heavily in ways to direct patients to the appropriate service. As such, we felt it useful to explore service use over the previous six months. This audit of service use was completed during the street interviews. Results can be found in figure 19:

Of particular note are the high levels of walk-in and A&E use. Speculatively, one could say the high levels of walk-in use could be due to non-registration. Of course, there will be genuine weekend, out of hours and short notice walk-in centre use. Equally, pharmacies have relatively low levels of use given how numerous and accessible they are. This would suggest understanding about the service offerings of pharmacies is poor. Any future triage campaigns could continue to focus on promoting pharmacies as a key source of healthcare.
A full assessment of demographic differences in the data was completed. This gave researchers a fuller picture of service use in Manchester, and allowed work to highlight key groups requiring attention. Of particular note was the gender divide in results. Male students were less likely to be registered with a GP. In the starkest difference found, MMU male registration rate was nearly 40% below the UoM female registration rate. This observation was made in the main survey, and is certainly an area that should be explored in the future.

Statistical analysis showed that this difference was significant. Obviously this is of great concern, but further work is required to fully verify this for the wider population and the underlying reasons for this. The NHS 111 service also showed a similar difference with regards to gender. Female respondents were significantly more likely to have used the NHS 111 service.

Again, identifying reasons for this was beyond the scope of this project. As already highlighted, poor registration rates are not just isolated to male students. An institutional divide was also found, with significantly lower levels of MMU students choosing to register with a Greater Manchester GP. Identifying an overall theme throughout the results required a holistic assessment of the programme of work. What became clear was the need for integration and effective communication between organisations in the sector. Students are currently lacking a full understanding of service offerings from both the NHS and universities. Effective signposting must form the basis for any future work. More on this can be found in the recommendations.

Whilst efforts have been made to ensure reliable and valid data, there are certain limitations that require acknowledgement:

**Sampling:**
All respondents in the main survey were self-selected from the student body, with advertising conducted through the social media channels. Self-selection could mean that respondents were only those interested in speaking about their health situation. One must remember that self-selection may not effectively target hard-to-reach populations, such as students living at home.

**Street surveys:**
Street surveys involved a mall sample interception style method. Interviewers intercepted and screened potential respondents around the university campus, and then surveyed eligible respondents. Obviously this prevented a sample being taken of students who did not necessarily come to campus on a regular basis. It also prevented students answering if they felt intimidated or uncomfortable by the presence of an interviewer, or completing the activity on a street.

**Quant vs Qual:**
The budget available for work meant an in depth largely qualitative project was not feasible. This means work often negates underlying reasons for service use. Any future work would need to address these issues.

**Non-probability:**
Representativeness of the sample is always an area of concern when a non-probability sampling method has been adopted. In an ideal scenario students would be selected completely at random. Time, money and other practical reasons meant this was not feasible. The post-weighting of key demographic variables should mitigate most bias in the samples used.
RECOMMENDATIONS & DISCUSSION

Settings-based approach to health promotion can potentially enhance the contribution of universities to improving the health of populations and to adding value in the following ways: 1) by protecting the health and promoting the wellbeing of students, staff and the wider community through their policies and practices, 2) by increasingly relating health promotion to teaching and research and 3) by developing health promotion alliances and outreach into the community.⁹

Although recommendations are far-reaching and cover many different stakeholders, an overall theme of service integration and alliance was identified throughout the work. A recommendation framework can be found in figure 20:

RECOMMENDATIONS & DISCUSSION

Recommendations are primarily focussed on service integration, and cross organisation communication. Some more detailed explanations can be found below:

Utilisation of Students’ Union communication channels:
The Students’ Unions of The University of Manchester and Manchester Metropolitan University are at the forefront of student life for many in Manchester. As such, the two command the largest social media following amongst students in the city - a combined Facebook page reach of around 51500 likes10. Future work to improve healthcare provision for students must utilise these channels to communicate the most important messages. Manchester City Council and NHS Manchester CCG also possess highly influential social media channels which can also be utilised.

Health Strategy Board creation:
A new top level board designed to integrate services from the NHS, universities and third sector. Future work of the group should feed into the Greater Manchester Health & Social Care Devolution architecture. Work to map all healthcare services available to students is of prime importance, and should be a first priority for a new group.

Integration of Student Mental Health Forum:
Inclusion of this important body in the future work of a Student Health Board. This would provide a specific focus on one of the most important health issues affecting students in Manchester.

Triage information:
Utilisation of SU media channels and communications to provide information on appropriate service use. Continued promotion of the NHS 111 service to students who are in doubt of the appropriate service to use.

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10 Correct as of March 2016
APPENDICES

Appendix 1: Main Survey Design

- Please select your institution [pre coded]
- What is your Student ID number? [verbatim]
- Are you currently registered with a Greater Manchester GP? [pre coded]
- What is your ethnic origin? [pre coded]
- What is your educational institution? (school, FE college etc.) [pre coded]
- In which year of study did you register with a GP? [pre coded]
- What prompted you to register? [pre coded]
- How easy was the registration process for a GP? [pre coded]
- How long do you normally have to wait for a GP appointment after requesting one? [pre coded]
- How satisfied are you with the GP service? [pre coded]
- Which GP practice are you registered with? [verbatim]
- In the past six months have you visited any of the following in Manchester? [pre coded]
- Why have you chosen not to register with a Greater Manchester GP?
- Which of the following do you think are the biggest barriers to GP registration in Manchester (please tick all that apply)? [pre coded]
- Do you feel that any of the following personally affect your health and wellbeing?
- Please tell us what support would help you to tackle any of the above. [verbatim]
- Do you live with a long term health condition (e.g. diabetes, epilepsy, HIV)? [pre coded]
- Are you aware of Greater Manchester Health and Social Care Devolution? [pre coded]
- How would you describe your gender? [pre coded]
- Are you the same gender as you were assigned at birth? [pre coded]
- How would you describe your sexuality? [pre coded]
- What is your religion? [pre coded]
- Do you define as disabled? (this does not have to be a declared disability and includes mental health) [pre coded]
- Are you willing to be contacted further to discuss your experiences? If so please give your email address and mobile number. [verbatim]
APPENDICES

Appendix 2: Street Survey Design

• Please select your institution. [pre coded]
• What is your Student ID number? [pre coded]
• Are you currently registered with a Greater Manchester GP? [pre coded]
• How would you describe your ethnic origin? Please select one option. [pre coded]
• What is your educational institution? (school, FE college etc.) [pre coded]
• In the past six months have you visited any of the following in Manchester? [pre coded]
• Have you experienced emotional or psychological problems (e.g. depression, anxiety, worry, or stress) that interfered with your life? [pre coded]
• Where would you go for help about emotional or psychological problems? [pre coded]
• How likely is it that you would recommend the NHS 111 service to a friend or colleague? [pre coded]
• Do you feel that any of the following personally affect your health or wellbeing? [pre coded]
• Please tell us what support would help you to tackle any of the above. [verbatim]
• Do you live with a long term health condition (e.g. diabetes, epilepsy, HIV)? [pre coded]
• Are you aware of the Greater Manchester Health and Social Care Devolution? [pre coded]
• How would you describe your gender? [pre coded]
• Are you the same gender as you were assigned at birth? [pre coded]
• How would you describe your sexuality? [pre coded]
• What is your religion? [pre coded]
• Do you define as disabled (this does not have to be a declare disability and includes mental health)? [pre coded]
• Are you willing to be contacted further to discuss your experiences? If so please give your email address and mobile number. [verbatim]
Appendix 3: NetPromoter

Calculate your Net Promoter Scores using the answer to a single question, using a 0-10 scale: How likely is it that you would recommend [brand] to a friend or colleague? This is called the Net Promoter Score question or the recommend question.

Respondents are grouped as follows:
- Promoters (score 9-10) are loyal enthusiasts who will keep buying and refer others, fuelling growth.
- Passives (score 7-8) are satisfied but unenthusiastic customers who are vulnerable to competitive offerings.
- Detractors (score 0-6) are unhappy customers who can damage your brand and impede growth through negative word-of-mouth.

Subtracting the percentage of Detractors from the percentage of Promoters yields the Net Promoter Score, which can range from a low of -100 (if every customer is a Detractor) to a high of 100 (if every customer is a Promoter).

Appendix 4: Key Contacts

University of Manchester Students’ Union:
Henri Egle Sorotos (Insight Manager)
henri.eglesorotos@manchester.ac.uk / 0161 275 2930

Manchester Metropolitan University:
Jo Stafford (Communications Manager)
jo.stafford@mmu.ac.uk/0161 247 1162

NHS North, Central and South Manchester Clinical Commissioning Groups:
Communications and Engagement Team
communicationsmanchester@nhs.net / 0161 765 4004