

LIVING WELL IN HYNDBURN RURAL

Resident Experiences and Priorities

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Hyndburn Rural PCN

CVS HYNDBURN & RIBBLE VALLEY Community Voluntary Support

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1. EXECUTIVE SUMMARY

An overview of this report

Hyndburn Rural Primary Care Network (PCN) commissioned this engagement to better understand how residents experience health, wellbeing and access to support across everyday life. A total of 208 residents shared their experiences through community-based conversations and an online survey distributed through local GP practices.

The findings suggest that residents experience health and wellbeing holistically rather than as separate issues. Across the responses, physical health, mental wellbeing, financial pressure, independence, social connection and local environment were consistently described as closely interconnected.

Many residents reported managing reasonably well overall, with an average self-rated health score of 6.4 out of 10. However, responses also highlighted the cumulative impact of long-term health conditions, caring responsibilities, financial strain, waiting lists and reduced mobility on people's ability to remain active, independent and connected to their communities.

The report identifies several key factors affecting wellbeing across Hyndburn Rural. Financial pressures emerged strongly throughout the findings, particularly amongst younger and working-age residents, alongside concerns relating to transport, loneliness, anti-social behaviour, community safety and the condition of local amenities and public spaces. Residents frequently linked health and wellbeing to wider quality of life and the ability to participate fully in everyday community life.

Experiences of accessing healthcare and support were also shaped by wider practical and emotional realities rather than appointment availability alone. Work patterns, digital access, travel costs, caring responsibilities and lengthy waiting times all influenced whether support felt realistically accessible. Mental health support emerged as one of the clearest areas of concern, with several residents describing long waits, escalating distress and difficulty accessing timely help.

Residents articulated a clear vision of changes they wanted to see. Responses consistently pointed towards support that feels:

- local and easier to access
- preventative rather than crisis-led
- joined-up across services and communities
- compassionate, relational and person-centred
- connected to wider wellbeing, community life and independence

The report concludes by identifying several cross-cutting insights and considerations for future service planning. Overall, the findings reinforce the importance of preventative, community-connected and partnership-based approaches to wellbeing across Hyndburn Rural PCN, alongside continued resident involvement in shaping future support and services.

2. INTRODUCTION

Background and Context



Hyndburn Rural Primary Care Network (PCN) brings together six GP practices serving a population of approximately 34,000 residents. Primary Care Networks were established to support more joined-up, neighbourhood-based approaches to health and wellbeing, enabling GP practices and wider partners to work collaboratively to respond to local need and improve population health outcomes.

This survey was commissioned to strengthen understanding of the experiences, priorities and support needs of residents living across the Hyndburn Rural PCN area. Alongside existing service and population data, the PCN wanted to hear directly from local residents about their health and wellbeing, experiences of accessing support and the changes they would most like to see within their communities.

The work was developed to support future service planning and wider conversations around prevention, accessibility and community wellbeing. In particular, it reflects growing recognition across health and care systems that people's ability to live well is shaped by a wide range of interconnected factors beyond healthcare alone, including transport, financial pressures, local environment, social connection and access to practical support within everyday life.

The findings from this engagement are intended to complement existing quantitative and service data by providing deeper insight into residents' lived experiences of health, wellbeing and local support. By bringing together quantitative responses and resident voice, the report aims to strengthen understanding of how wellbeing is experienced across Hyndburn Rural PCN and where future planning may wish to focus attention.

The following sections outline how the survey was carried out, who took part and the key themes emerging from residents' responses. The report then draws together wider cross-cutting insights and considerations to help inform future service planning and partnership working across Hyndburn Rural PCN and the wider health and care system.

3. APPROACH

3.1 Survey Design

A short community survey was developed to better understand residents' experiences of health, wellbeing and access to local support and services. The survey included 12 core questions exploring:

- physical and mental health and wellbeing
- factors affecting residents' ability to live well
- experiences of accessing healthcare and community support
- priorities for future services and local change

The survey combined both closed and open-ended questions to capture a mixture of quantitative information and richer lived experience perspectives. A full copy of the survey can be found in Appendix A.

3.2 Data Collection Approach

Responses were gathered through two complementary approaches in order to reach a broad cross-section of local residents and reduce barriers to participation.

- **Community-Based Conversations**

Hyndburn and Ribble Valley CVS supported community engagement activity alongside the survey. Staff and volunteers carried out informal one-to-one conversations with local residents and recorded responses directly onto survey forms.

This approach was particularly focused on hearing from residents who may be less likely to engage with an online survey, including individuals experiencing financial hardship, social isolation or other barriers to participation. Engagement activity targeted trusted community spaces, including warm hubs and other local support settings. 60 residents were engaged through this targeted community-based approach.

- **Online Survey**

An online version of the survey was also distributed through the six GP practices within Hyndburn Rural PCN. The survey remained open for a period of eight weeks and was promoted through practice communication channels and local networks. A total of 148 responses were received through the online survey.

3.3 Analysis

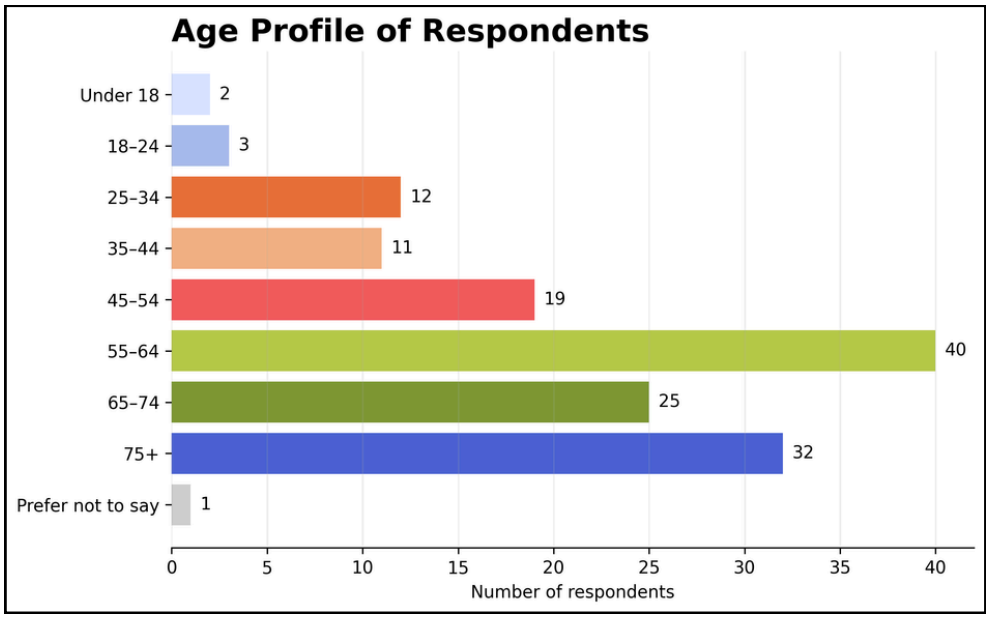
Survey responses were analysed using a mixed-methods approach. The analysis explored how residents understand health and wellbeing, the factors affecting their ability to live well, experiences of accessing support and the changes they would like to see locally. These themes were then brought together through a wider cross-cutting analysis, which informed the recommendations and considerations for future service planning set out later in the report. Resident quotes are included throughout to illustrate key themes and keep lived experience central to the findings.

4. WHO WE HEARD FROM

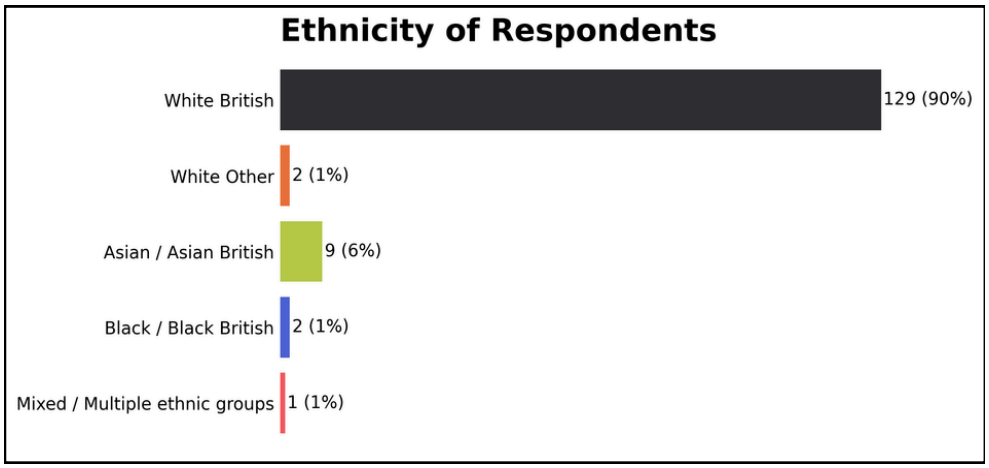
Survey Reach and Representation

208 residents shared their experiences of health, wellbeing, healthcare access and support needs. Providing demographic information was optional, meaning this data is not available for all respondents.

Based on the information provided, responses were most strongly represented by older residents. As a result, the findings may particularly reflect the experiences of people living with long-term health conditions, caring responsibilities or more regular contact with healthcare services.

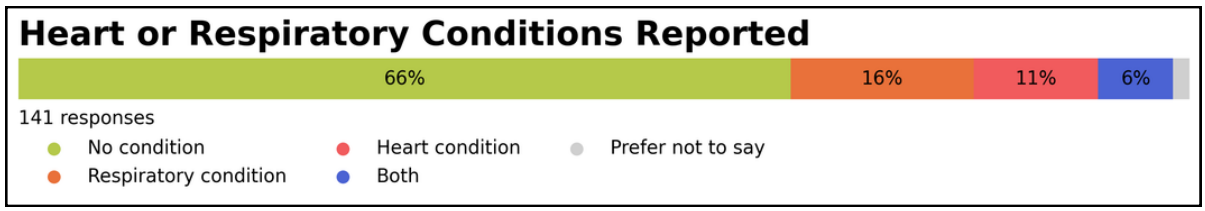


Most respondents identified as White British, broadly reflecting the wider demographic profile of Hyndburn, where 82.7% of residents identified within the White ethnic group in the 2021 Census.



Residents were also asked whether they currently live with a heart or respiratory condition. This question was included to help understand the extent to which the survey was reaching residents connected to the PCN's clinical priority areas and wider Core20PLUS5 focus. A notable proportion reported living with one or both

conditions, suggesting the findings are informed by many residents with direct experience of ongoing health needs, treatment pathways and regular interaction with healthcare services.



Responses were received from across the Hyndburn Rural Primary Care Network catchment, with the majority originating from BB5 postcode areas.



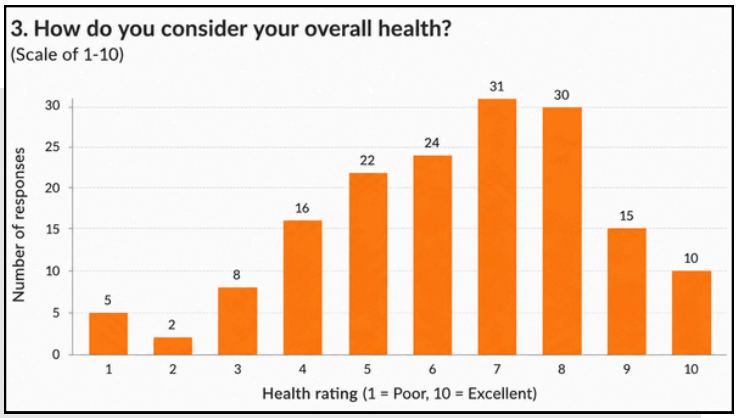
5. FINDINGS

Residents consistently described health and wellbeing as shaped by far more than healthcare alone. This section explores four interconnected themes: how residents describe their health and ability to live well, the wider factors affecting wellbeing, experiences of accessing healthcare and support, and the changes residents would like to see within their local community.

5.1 Living well in Hyndburn

Self-rated health scores were spread across the scale, although responses clustered most strongly around the middle-to-higher range. The average self-rated health score was 6.4 out of 10, suggesting that many residents feel they are managing reasonably well overall, even where they are living with ongoing health challenges or support needs.

While health scores remained relatively consistent across most age groups, responses suggest a more noticeable shift amongst residents aged 75+, who reported the lowest average health scores overall (5.3 out of 10).



Residents rarely described health purely in clinical terms. Instead, responses suggest that people often experience health and wellbeing holistically, with physical health, emotional wellbeing, independence and social connection closely intertwined.

For many, poor health was described less in terms of diagnosis and more in terms of what it limited: the ability to remain active, maintain independence, care for others, work or participate fully in everyday life. Approximately a third of respondents reported that their health frequently made it difficult for them to attend work or school.

> **"A medical condition has caused me to stop driving, which can be a great inconvenience, especially as my walking ability is now very poor."**

> **"Caring for my wife keeps me indoors for long periods."**

At the same time, many residents demonstrated resilience and adaptation in how they spoke about their health, particularly where they felt able to maintain routines, activities or independence despite ongoing conditions.

> **"My hip, but I can still do most things I enjoy."**

Overall, the findings suggest that residents' understanding of "living well" extends beyond healthcare or treatment alone. Quality of life was frequently associated with independence, social connection and continued participation in everyday life.

5.2 Factors Affecting Health and Wellbeing

Residents described health and wellbeing as influenced by a wide combination of social, environmental, financial and personal factors.

A. Financial Pressures and Cost of Living

Around one in three respondents reported that their financial situation impacts their health. Across the responses, financial pressure was frequently described as affecting stress levels, independence and people's ability to maintain healthy routines, including affording nutritious food, transport, social activities and opportunities to remain active.

Financial pressures affect younger and working-age residents disproportionately. Just over half (52%) of respondents aged 25–44 reported that finances were negatively affecting their health, compared to 25% of those aged 55–64 and 8% of those aged 65–74. Respondents aged 25–44 were also more likely to report difficulties accessing healthy affordable food.

"Healthy food is expensive."

"Stress because of money."

For some residents, financial pressures also affected their ability to manage health conditions or access support, including paying for prescriptions, transport to appointments and ability to access private treatment.

B. Local Amenities, Environment and Infrastructure

When asked what would help people live well locally, many responses centred around improving the wider local environment.

"I want a cleaner and safer place to live."

Residents frequently raised concerns around anti-social behaviour, including visible drug use and lack of visible police presence. Frustrations around litter, potholes and poorly maintained public spaces were also common.

Many residents highlighted the importance of accessible local amenities and opportunities to remain active and engaged within the community. This included calls for improved leisure facilities, better public transport, investment in town centres and more spaces and activities for young people.

"More sports facilities."

"More things for the youth to gather and enjoy themselves."

"Better places to go for walks."



C. Independence, Social Connection and Community

Loss of independence and difficulty participating in everyday life were frequently described as factors negatively affecting wellbeing. Poor mobility, caring responsibilities and limited transport options were all described as factors that could increase isolation or make it more difficult to leave the house regularly.

At the same time, many residents highlighted the importance of opportunities for people to gather, maintain relationships and feel part of the local community.

> **"Opportunities to socialise like Andy's Man Club or Haslingden Man Shed."**

However, responses also suggested that feelings of connection and belonging are not experienced equally across the community, with some residents reflecting on tensions around inclusion and community cohesion.

> **"Less racism."**

D. Personal Choices, Knowledge and Support

Some residents reflected on the role that habits, routines and confidence played in shaping their health and wellbeing.

> **"Bad lifestyle choices."**

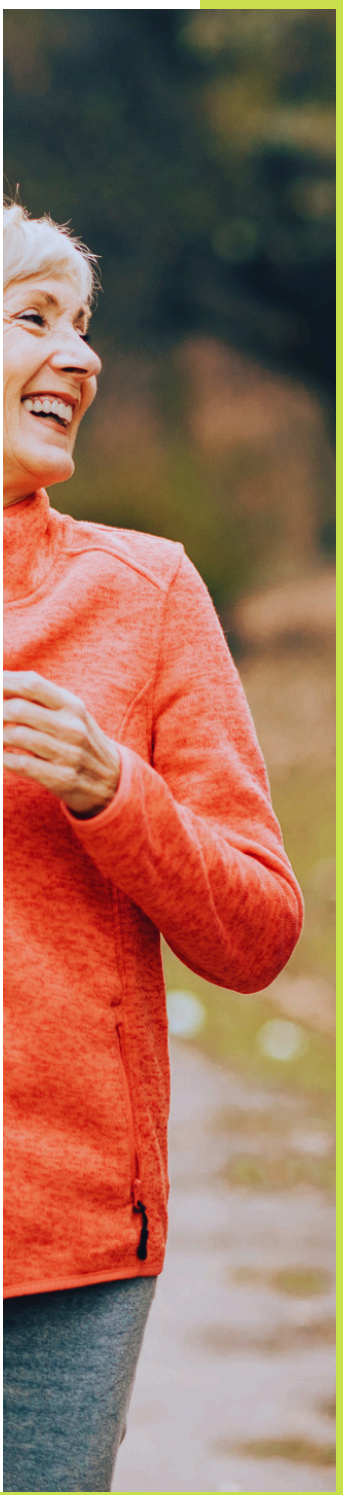
> **"I've never been keen on exercising."**

However, responses also suggested that people often viewed these choices as connected to wider access to support, knowledge, opportunity and circumstances.

> **"Inadequate knowledge of how to exercise and eat healthy for my own personal body."**

> **"Lack of support, services, knowledge."**

This final quote highlights how residents experience these issues as interconnected, with health and wellbeing shaped by a combination of personal, social and structural factors.



5.3 Experiences of Accessing Local Healthcare and Support

Residents often described access to healthcare and support as shaped by wider practical, emotional and financial pressures rather than by service availability alone. Across responses, healthcare access was closely connected to people's ability to maintain independence, manage daily life and feel supported within their community.

A. Accessing Appointments and Treatment

In addition to the availability of appointments, work patterns, caring responsibilities and reliance on digital booking systems all influenced whether residents felt able to obtain support when needed.

> **"Access to GP surgery... I don't have my phone to use apps at work, and now I can't ring. I'm being discriminated."**
>
> **"Can't get to see my GP when need to."**
>
> **"Support at weekends and evenings instead of middle of the day when I'm at work."**

Around a third of respondents reported currently being on a hospital waiting list for treatment. Waiting lists were often experienced not simply as delays, but as prolonged periods of uncertainty that affected emotional wellbeing, independence and quality of life.

- **"The lack of options for people on NHS waiting lists is simply inhumane."**

B. Mental Health Support

Mental health support emerged as one of the clearest areas of frustration regarding available support. Residents described a range of mental health and neurodivergent needs, including severe depression, bipolar disorder, ADHD and specific learning difficulties.

> **"Having to pay for private intervention as I'd probably be dead now if I had waited for NHS support."**
>
> **"This has caused a huge amount of damage, distress and upset."**
>
> **"Still waiting to get my son seen."**

The responses suggest that long waits and limited access were experienced not only as service pressures, but as experiences that intensified fear, exhaustion and hopelessness for some individuals and families.

C. Continuity and Compassionate Care

Alongside practical access issues, some residents highlighted the importance of relational aspects of care, including continuity, compassion and feeling understood by professionals. Although only a minority explicitly referred to wanting a named GP or more consistent contact with the same person, responses often reflected a broader desire for care that felt personal rather than transactional.

> **"Someone that's understanding."**
>
> **"Who actually cares."**

These responses suggest that feeling recognised, listened to and taken seriously formed an important part of how residents evaluated the quality of local healthcare and support.

D. Travel and Attending Appointments

For a proportion of residents, access to healthcare

was also shaped by geography, transport and cost. Around 12% of respondents reported difficulty attending appointments due to travel or financial barriers.

Residents frequently described needing to travel outside the immediate area for healthcare and support, including appointments in Burnley, Blackburn, Preston, Chorley, Manchester and Rawtenstall. Reliance on cars, friends or family for transport often reduced flexibility and independence, particularly where appointments involved multiple journeys, lengthy travel times or additional expense.

Specific examples included bereavement counselling delivered during working hours, specialist appointments such as gynaecology services, and changes to local provision that made previously accessible services harder to reach. Many respondents expressed a preference for services to be delivered more locally. Local provision appeared to represent more than convenience alone; for some residents, it was closely connected to maintaining independence and making support realistically reachable.

Across responses, accessibility appeared to involve more than physical proximity or appointment availability alone. Residents often evaluated services according to whether support felt practically, emotionally and financially reachable within the realities of everyday life.

5.4 What Residents Want to See Change

While many responses focused on current pressures and barriers, residents also articulated a clear vision of what would help people live well locally.

A. More Accessible and Responsive Healthcare

Residents frequently described wanting healthcare that felt easier to access within everyday life. This included quicker GP appointments, greater flexibility outside standard working hours and improved access to dentistry and specialist services locally. Many responses also reflected frustration at the loss of previously available local provision and concern about needing to travel outside the area for support.

Alongside practical access, responses suggested that residents value healthcare that feels responsive, relational and person-centred. Many residents described wanting to feel listened to, taken seriously and supported earlier, rather than only at the point of crisis.

B. More Holistic Support for Wellbeing

Residents often described wellbeing in ways that extended beyond medication or clinical treatment alone. Many responses reflected interest in more



preventative and holistic approaches, including counselling, talking therapies, peer support, wellbeing activities and community-based provision that connects physical and emotional wellbeing more closely together.

Several residents also expressed interest in wider therapeutic or alternative approaches, including art therapy, massage and other forms of non-clinical support alongside medical care. Across responses, there was a recurring sense that wellbeing support should feel more integrated into everyday community life and more accessible outside standard working hours.

C. Stronger Community Connection and Social Support

Many residents linked wellbeing closely to social connection, participation and feeling part of the local community. Responses frequently highlighted the importance of spaces and opportunities that bring people together, including community centres, youth provision, activities for older residents and informal social groups.

Mental health, loneliness and isolation were often discussed together, particularly among carers, older residents and those living with long-term health conditions. For some residents, community connection appeared to be experienced not as an optional extra, but as an important part of maintaining wellbeing and independence.

D. Safer and Better Maintained Local Environments

Residents consistently described the local environment as shaping both quality of life and wellbeing. Common concerns included anti-social behaviour, visible drug-related activity, litter, fly-tipping and the condition of roads, pavements and public spaces.

Many responses also reflected concerns around feeling unsafe or uncomfortable within the local area, particularly during evenings or winter months. For some residents, these concerns appeared to affect confidence to exercise, socialise or leave the house regularly. Alongside calls for greater police presence and enforcement, residents frequently described wanting cleaner, safer and better maintained environments that support people to remain active and connected locally.

E. Reducing Financial and Practical Barriers

Across many responses, residents described financial pressure as limiting their ability to stay healthy and participate fully in community life. Costs relating to food, transport, leisure activities and accessing support were all described as affecting wellbeing. This appeared particularly significant for younger and working-age residents, especially those aged 25–44

Residents frequently linked health improvement to wider economic and practical conditions, including affordable transport, access to local facilities, employment opportunities and opportunities to remain physically active at lower cost. Responses suggest that many residents do not experience health separately from these wider day-to-day circumstances, but as closely connected to financial stability and practical accessibility.

Overall, the findings suggest that residents want a model of support that feels local, accessible and connected — one that recognises health and wellbeing as shaped not only by medical care, but by community, environment, financial stability and the ability to live well day to day.

6. CROSS-CUTTING INSIGHTS

While residents raised a wide range of individual issues and experiences throughout the survey, several broader themes consistently emerged across the findings. Taken together, the responses suggest that residents experience health and wellbeing as closely connected to the wider realities of everyday life, including independence, financial stability, social connection and the practical accessibility of support.

Health and Wellbeing Are Experienced Holistically

Across the findings, residents rarely described health purely in clinical or medical terms. Instead, physical health, emotional wellbeing, independence, financial pressures and social connection were frequently experienced as interconnected parts of everyday life.

Residents often discussed health in relation to their ability to remain active, maintain routines, care for others, participate within their community and retain independence. This suggests that wellbeing is frequently experienced not simply as the absence of illness, but through people's ability to continue participating in everyday life in ways that feel meaningful and manageable.

The findings also suggest that residents often experience support holistically. Healthcare, mental wellbeing, community connection, local environment and practical support needs were frequently discussed together rather than as separate issues.

Accessibility Is Experienced Through Everyday Life

The findings suggest that accessibility is experienced cumulatively rather than through isolated barriers alone. Appointment availability formed one part of residents' experiences, but responses also highlighted the combined impact of transport, work patterns, digital access, caring responsibilities, financial pressures and waiting times on people's ability to obtain support when needed.

Residents frequently evaluated services according to whether support felt realistically reachable within the context of everyday life. In this sense, accessibility appeared to involve emotional, practical and financial considerations alongside physical proximity or service availability.

For some residents, barriers appeared to accumulate over time, particularly where long-term health conditions, caring responsibilities, financial pressure or limited transport options interacted together.

Residents Value Local, Preventative and Relational Support

Across the findings, residents consistently described wanting support that feels earlier, closer to home and

better connected to everyday community life. Responses often reflected frustration where support was experienced as difficult to navigate, overly reactive or only accessible once needs had escalated significantly.

Alongside practical access, residents also placed strong value on relational aspects of support, including feeling listened to, understood and taken seriously. Although continuity of care was not universally raised directly, responses suggest that trust, compassion and feeling recognised remain important aspects of how local healthcare and support are experienced.



7. RECOMMENDATIONS

Considerations for Service Planning

The findings suggest that residents want support that feels easier to reach, more joined-up and more rooted in the realities of everyday life. Across the survey, residents consistently linked health and wellbeing not only to healthcare itself, but also to transport, financial pressure, social connection, local environment and the ability to access support before problems escalate.

Rather than pointing towards a single solution, the findings highlight several interconnected considerations for future service planning across Hyndburn Rural PCN and wider system partners.

1 Strengthen Preventative and Community-Based Support

Residents frequently described wanting earlier support that helps people stay well, maintain independence and remain connected to their communities, rather than only accessing help once needs have reached crisis point.

Responses also reflected strong interest in support that extends beyond medication or clinical intervention alone, including opportunities for peer support, counselling, wellbeing activities and other community-based approaches that support wellbeing more broadly.

The findings suggest value in continuing to strengthen:

- community wellbeing initiatives
- peer support and social connection opportunities
- local mental wellbeing provision
- activities that reduce isolation and support everyday physical activity
- clearer navigation and signposting into non-clinical support
- connections between healthcare services and wider community provision

Several residents also expressed interest in wider therapeutic or wellbeing-focused approaches alongside medical care, including creative, social and non-clinical forms of support. This aligns closely with wider preventative, neighbourhood and social prescribing approaches already developing across primary care and community settings.

2 Improve the Practical Accessibility of Services

Residents consistently described accessibility as involving more than appointment availability alone. Whether support felt realistically reachable was often shaped by work patterns, transport, digital access, caring responsibilities and financial pressures.

Consideration may therefore be given to:

- increasing flexibility outside standard working hours where feasible
- reviewing the accessibility of digital booking and communication systems
- reducing transport and travel barriers where possible
- considering whether certain support offers could be delivered through community settings closer to where people live
- exploring opportunities for more locally delivered services
- improving communication around waiting times, referral pathways and available support

The findings particularly highlight the cumulative impact of barriers for residents managing long-term conditions, caring responsibilities or limited transport options.

3 Continue Prioritising Relational and Compassionate Care

Alongside practical access, residents repeatedly highlighted the importance of feeling listened to, understood and taken seriously when seeking support.

While continuity of care was only explicitly raised by a smaller number of respondents, the findings suggest that relational experiences shape trust, confidence and willingness to seek help. Approaches that support compassionate communication, continuity where possible and earlier intervention may therefore continue to play an important role in how local services are experienced. This may also include strengthening communication for residents awaiting treatment or referral, helping people better understand likely timescales, what to expect and where support may be available whilst waiting.

4 Strengthen Joined-Up Approaches to Wellbeing

Many of the issues residents associated with poor health and wellbeing sit beyond the direct control of healthcare services alone, including financial insecurity, loneliness, community safety, transport and the condition of local environments.

The findings therefore reinforce the importance of continued partnership working across healthcare, local authority, voluntary, community and faith sectors, particularly in relation to:

- reducing social isolation
- support for carers
- youth provision and safe community spaces
- affordable opportunities for physical activity and wellbeing
- community navigation and local support pathways

Residents' responses suggest that people often experience these issues collectively rather than separately, reinforcing the importance of coordinated and community-connected responses.

5 Continue Embedding Local Voice in Service Development

Residents provided detailed insight into how health, wellbeing and local services are experienced across

everyday life within Hyndburn Rural PCN. The findings suggest that there is unlikely to be a single approach to improving wellbeing across the community, with residents describing different priorities, pressures and barriers depending on age, health, financial circumstances and day-to-day responsibilities.

This highlights the importance of continuing to embed resident voice within future engagement, service design and decision-making processes. Ongoing involvement may help ensure that services are shaped around how people actually experience health and support within everyday life, rather than around assumed or standardised models of need.



8. CONCLUSION

Bringing the Findings Together



This engagement has provided valuable insight into how residents across Hyndburn Rural experience health, wellbeing and access to support within everyday life. While residents described a wide range of individual circumstances and priorities, the findings consistently suggest that wellbeing is experienced as shaped by far more than healthcare alone.

Across the survey, residents frequently linked their ability to live well to independence, financial stability, social connection, local environment and the practical accessibility of support. Health was often described not simply in terms of illness or diagnosis, but through people's ability to remain active, connected and able to participate in everyday community life.

The findings also highlight the cumulative nature of many barriers residents experience. Financial pressures, transport difficulties, waiting times, caring responsibilities and social isolation were often described not as isolated issues, but as interconnected pressures that can gradually affect wellbeing, resilience and access to support over time.

Alongside these challenges, residents articulated a clear vision for the future. Responses consistently pointed towards support that feels more local, preventative, compassionate and connected to everyday community life. Many residents valued approaches that recognise the relationship between physical health, mental wellbeing, community connection and wider quality of life.

The findings reinforce the importance of continued partnership working across healthcare, local authority and community sectors in responding to the wider factors shaping health and wellbeing across Hyndburn Rural. They also highlight the value of ongoing resident engagement to ensure future services and approaches continue to reflect the realities of people's everyday lives, differing experiences and changing needs.

While this report does not point towards a single solution, it provides a strong foundation for future conversations around prevention, accessibility, community wellbeing and service development across Hyndburn Rural PCN.

9. APPENDIX

Survey questions

The survey included a combination of open and closed questions exploring residents' experiences of health and wellbeing, access to support, barriers to living well and priorities for local services. Respondents were also invited to complete a small number of optional demographic questions to help understand who took part and whether responses reflected a range of local experiences.

Core Survey Questions

1. What changes would make the area a better place for you to live?
2. How do you consider your overall health?
3. (Scale of 1–10, where 1 = very poor and 10 = very good)
    - Does your health frequently make it difficult for you to work / go to school?Yes
    - No
    - If yes, can you explain why?
4. What, if anything, stops you from feeling as healthy as you would like to?
5. What changes or support might help you achieve better physical health?
6. What might help you achieve better mental health or wellbeing?
7. If you are unwell, where do you go for advice and support?
    - Are you currently on a hospital waiting list for treatment?Yes
    - No
    - Does your financial situation impact on your health?Yes
    - No
    - If yes, how?
8. Have you had any problems accessing healthy affordable food in the last 12 months?

- Yes
- No
- If yes, how often?

9. What services would you like to see being provided in the local community?
10. Have you ever not been able to attend a healthcare appointment due to travel distance or cost?

- Yes
- No
- If yes, what was the service and where would you prefer to see it delivered?

Optional Demographic Questions

Respondents were also invited to provide the following optional information:

1. What age group are you in?
2. How would you describe your ethnicity?
3. What is your postcode?
4. Do you currently have a heart or respiratory condition?



LET'S CHAT

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