healthwatch
in Devon, Plymouth and Torbay

Changing attitudes to vaccination in Devon, Plymouth & Torbay

August 2025

Contents

Executive Summary

Despite widespread access to vaccination services, uptake among at-risk groups in Devon, Plymouth, and Torbay is declining—raising urgent public health concerns.

The phenomenon of vaccine fatigue has been observed amongst the public, which, in terms of disease prevention and protecting hospital resources, marks a concerning trend.

Healthwatch in Devon, Plymouth and Torbay investigated the situation by means of a survey conducted via face-to-face interviews and an online survey.

As well as highlighting procedure satisfaction, staff praise and regional disparities, the results provide an insight into reasons for vaccine refusal. These include concerns about side effects, mistrust of vaccination programmes and a clear expression of vaccine fatigue.

Considering these results, Healthwatch have the following recommendations:

- **COVID-19 Status**: With 912 hospitalised cases in England as of 29 June 2025, there is an urgent need for health messaging to reinforce the continuing public health risk.
- **Vaccine Hesitancy**: Investigating the roots of vaccine fatigue and identifying influential sources of scepticism is recommended.
- **Shingles Vaccine Policy**: Current eligibility rules for people aged 65–69 are leaving many over 65's confused and frustrated. The rationale behind the eligibility requirements requires better communication to the public.
- **Regional Trends**: A larger proportion of Devon residents report being unvaccinated in the past 12 months compared to Plymouth and Torbay, which deserves further research and analysis.

About Us

Healthwatch in Devon, Plymouth, and Torbay (HWDPT) are the local independent consumer champions for people using health and social care services across Devon.

Local Healthwatch organisations were established as independent bodies run by local people, for local people. They are part of a national network of Local Healthwatch in England that was set up under the Health and Social Care Act 2012.

Healthwatch engages with the local community to give residents of Devon, Plymouth & Torbay a stronger voice to influence and challenge how health and social care services are provided for them.

Devon County Council, Plymouth City Council and Torbay Council jointly commission local Healthwatch in Devon, Plymouth and Torbay. This jointly commissioned Healthwatch service is provided by Colebrook Southwest Ltd, Citizens Advice Devon & Engaging Communities Southwest Ltd.

Background

In March 2025, the seasonal vaccination update from Devon Health and Wellbeing Board reported that the uptake for COVID-19 vaccination ranks Devon in 10th place compared to other ICBs in England. For the autumn seasonal vaccination programme, Devon recorded an uptake of 59.8% and 50% for flu and COVID-19 respectively.

The update goes on to report that "current uptake across the country, including in Devon, is lower than last year when end of campaign uptake was 75% for flu and 62% for COVID-19," going on to note that "Whilst points of access and vaccination offers continue to increase in Devon, **vaccine fatigue** amongst the public is being seen across many vaccinations, including flu and COVID-19."

In May 2025, the UK Health Security Agency recorded that in the 2024/25 seasonal flu vaccination programme, uptake in GP-registered patients aged 65 years and over was 74.9% as opposed to 77.8% in 2023/24. The corresponding figures for those aged 6 months to under 65 years in one or more clinical risk groups was 40.0% in 2024/25 and 41.4% in 2023 to 2024.[1]

We decided to investigate this apparent vaccine fatigue by conducting a survey that would look at issues around accessibility of vaccines, efficiency of notification procedures and examine possible factors behind people's changing attitudes to being vaccinated.

[1] The report notes that "During the 2024 to 2025 season, for the first time adult groups (excluding pregnant women) were eligible from 3 October, rather than 1 September as in previous seasons. Therefore, data for those aged 65 years and over, and those aged under 65 years in clinical risk groups, is not comparable with previous seasons." Despite this, the figures still represent a decline in overall numbers of at-risk patients receiving flu vaccinations.

Methodology

Research was gathered through a survey asking 11 main and 5 demographic questions (see Appendix 1). Initial survey responses were gathered through face-to-face discussions with people attending vaccination clinics, principally at Paignton Library in Torbay[2].

Subsequent responses were gathered by disseminating the survey online via our website and social media and through Healthwatch contacts, including NHS Devon.

Key Findings

Summary of Key Themes

- **Satisfaction with Procedures**: Most participants felt the invitation and clinic attendance procedures were satisfactory; staff at vaccination clinics and GP surgeries received high praise.
- **Vaccine refusal:** Non-uptake reasons cited included concerns about side effects and deep-rooted scepticism towards vaccinations.
- **Vaccine fatigue:** Around 30% of respondents demonstrated a sense of fatigue, leading to partial or complete refusal of vaccination offers.
- **Shingles Vaccine Confusion**: Eligibility rules for 65-year-olds (starting September 2023) caused frustration, particularly among those turning 65 just before the cut-off.
- **Regional Disparities**: Devon respondents were more likely to report not having received any vaccines in the past year compared to Plymouth and Torbay.

[2] With hindsight we view this as a survey error; as is noted in the report, this approach has weighted Torbay's responses in favour of those who are vaccine compliant, although it does not affect results from Devon and Plymouth.

Findings

In total, 298 people contributed to the survey, describing their experiences and opinions in responses to 11 questions. The findings are segmented by the themes of questions posed in the online survey.

Please Note: *All commentary featured in this report is included as verbatim to illustrate the themes identified from the data analysis. Not all comments are included in this report, and some comments relate to more than one theme.*

Demographics

Of the 298 survey respondents, 178 (63.5%) were aged 66–85, with a gender split of 183 (65.6%) female and 84 (30.1%) male. The greatest number of respondents were from Devon, with 51%, followed by Torbay (32.7%) and Plymouth (16%). Those who chose to describe their ethnicity were almost exclusively white British.

Invitation and attendance

The first question of the survey enquired if people had received any vaccinations in the past 12 months. Of 297 responses to this question, 53 people (17.8%) had not received any vaccines in the past 12 months, as opposed to 243 (81%) that had.

The majority of vaccines accepted by local communities were for either flu or COVID-19 (72.8% and 69.7% respectively) but 16.6% reported uptake of the RSV vaccine and 8.3% for shingles. Invitations for vaccination were generally from GP surgeries (76.8%), but just over one quarter (26.3%) originated from the NHS vaccination team[3]. Responses to "other" in Question 3 included that individuals were encouraged to be vaccinated by a health professional they were in the care of, and several people had

[3] Note that this figure is more than 100% because respondents could select as many as applied. Many people receive invites from both the vaccination team and their GP.

vaccinations organised by their employer. Most invitations - 220 of 285 responses (77.2%) – were received by text on a mobile phone.

Nearly three quarters of the survey respondents (212 - 74.4%) were invited for vaccination on grounds of their age, whilst a quarter (72 - 25.3%) were invited because of a pre-existing medical vulnerability. 15 respondents (5.3%) were carers, whilst elaborations under "other" included 3 people who did not know why they were invited and 5 who self-referred.[4]

The majority found it easy to book their appointments, with only 10 of the 282 that answered Question 8 saying it was not. Problems outlined in responses to "other" revolved mainly around difficulty getting an appointment that suited their preferences in terms of time and location. Despite this, almost 90% of responses to Question 10 indicated that the locations they were offered for appointments were easy to get to[5].

Vaccine refusal

Not everyone who received at least one vaccination had accepted all the vaccinations offered to them in the previous 12 months. Whilst 211 (72.8%) confirmed total compliance, nearly a quarter of the 290 respondents (24.5%) had not accepted all vaccines offered to them. 8 were uncertain.

It is important to note that several responses reflect widespread misinformation or unverified claims about vaccines and health systems. While these views are strongly held by some participants, they are not supported by current scientific consensus or public health data. This may suggest a need for clearer public messaging and targeted information campaigns to address misunderstandings and rebuild trust.

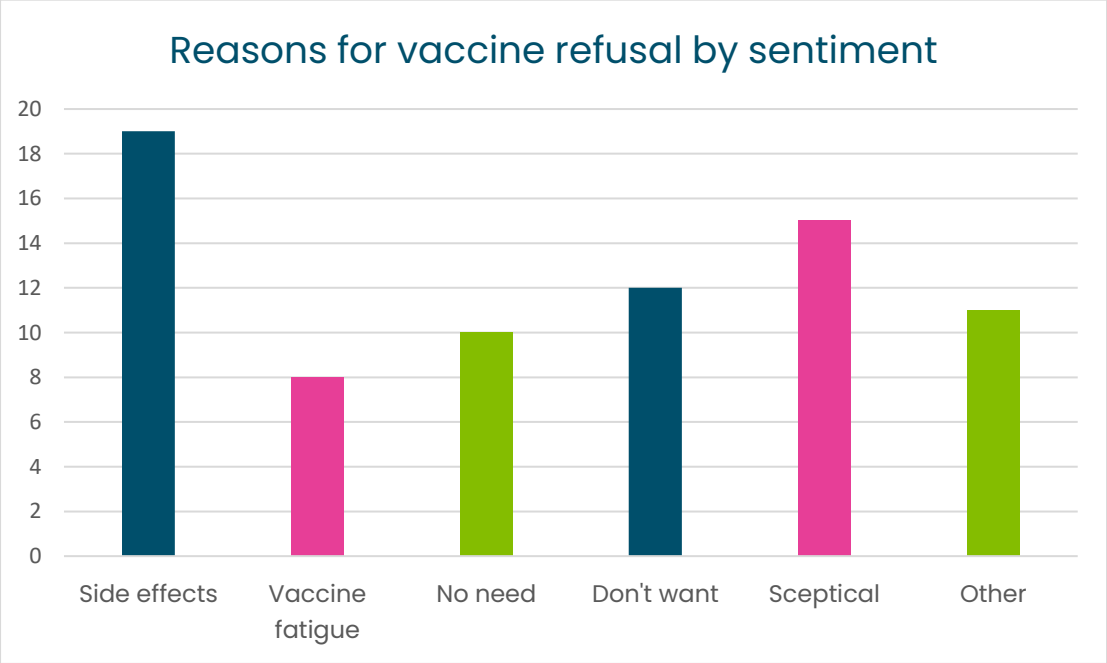
The most common reason people cited for not accepting all vaccines was

[4] Note that respondents were able to choose more than one option

[5] We should note that this percentage will be weighted by the fact that approximately 60 survey responses were gathered during face-to-face interviews at Paignton Library on vaccination clinic days and those surveyed were almost exclusively from nearby TQ3 and TQ4 postcodes. Had the clinic been held in Torquay's Riviera International Centre as in previous years, those interviewees may not have answered so favorably.

concern about **side effects** that either they had previously experienced themselves following vaccination, or that others had suffered. This reason accounts for 19 (35.3%) of the 75 responses to this question. A woman from Plymouth reported that: *"The first Covid jab ruined my health. It was the worst mistake I ever made, and I only made it as I was made to feel I would be harming the elderly if I didn't. I will never have another vaccination ever."* (The same participant stated they believed modern vaccines have negatively impacted people on a wide scale.)

One respondent from Devon was worried about accepting vaccinations on the grounds that *"Several people in the village where I live have been quite ill after… receiving vaccinations,"* whilst another was concerned that a relative accepting the Pneumococcal vaccine had experienced a violent reaction requiring hospital admission. Similarly, another Devon participant told us: *"I know a lot of people with ME/CFS and 'Long Covid' who have become ill due to vaccine trigger. I also know a lot of people suffering Covid vaccine damage."*



The second most common sentiment expressed by people who had refused some vaccines can best be described as **vaccine scepticism**, which can be attributed to 15 (20%) of the responders. As an example, one

participant believed that *"Healthy people do not need flu and covid vaccinations as…evidenced by the data published by various national health authorities in many countries globally."* Another suggested that *"Covid vaccines are now seen as unnecessary and harmful to many and are no longer being pushed in many countries due to the new studies that are ongoing and the enforced release of big pharma trials."*

They are not alone in feeling they had made an informed decision. *"I've worked in the NHS [and] many of these vaccines are unnecessary and do more harm than good,"* wrote one respondent, whilst another claimed to have researched the subject extensively: *"I have studied a lot of serious academic papers about MMR 'vaccines' and consider that the potential long-term risks to my health outway [sic] any possible benefits."*

The feelings of these respondents can best be summed up by a response that began simply *"Do not trust."* That participant then went on to tell us *"Have not even had a common cold since refusing my flu & C19 jabs!"*

There is evidence elsewhere in the survey responses of this scepticism – bordering on cynicism – in people's feelings about vaccination. When asked why they were invited for vaccination, for instance, we received this response: *"Because Drs like to get as many vaccinated or on unnecessary meds because they get paid to push as much as possible,"* which chimed with one other respondent who speculated: *"…to meet their targets I expect."* Both may well have agreed with the participant who felt the whole process was a matter of *"Brainwashing the vulnerable to make them take it…"*

10 (13.3%) of the 75 elaborations for not accepting all vaccines felt that there was **no need** for them to have one or all vaccines. One Devon resident in her middle years was invited for the flu vaccine on the grounds of having an at-risk medical condition but decided against it: *"I've never actually had flu so the vac should go to an older person who is more at risk."* Another wrote: *"Covid - do not feel the need for it any longer,"* suggesting they felt that either the worst risk from COVID-19 effects were

over, or that they had already received enough vaccines and booster.

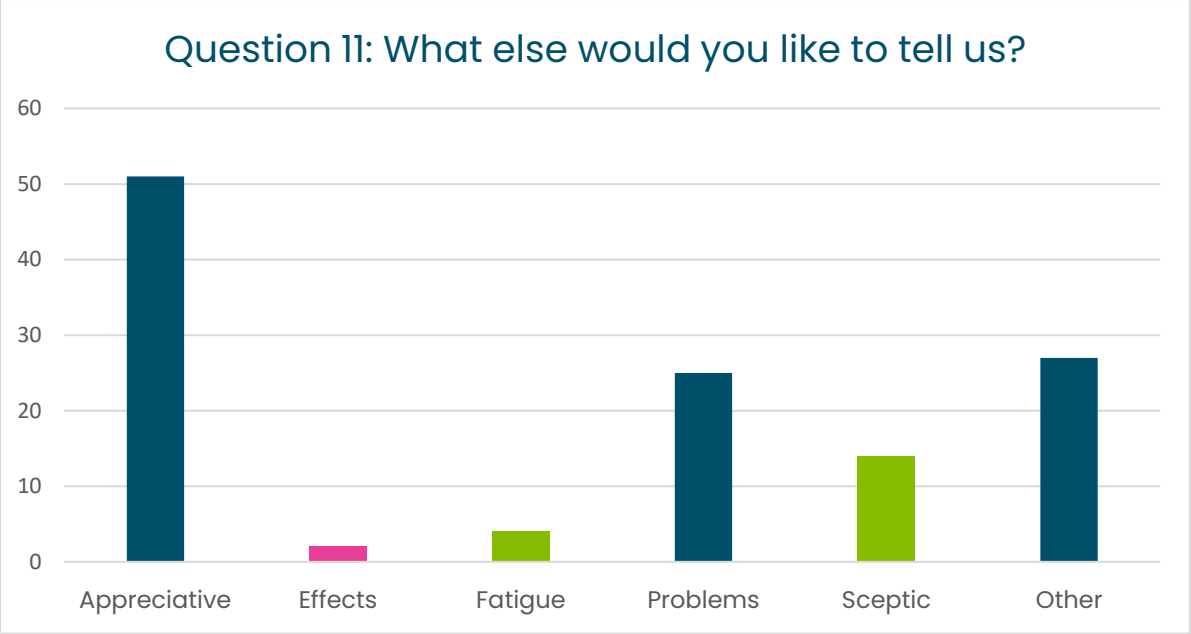
A further 12 (16%) of responses were from people stating that they simply **do not want** certain vaccines, generally without further elaboration, and vaccines for flu, COVID-19, RSV and Shingles were all mentioned in this respect.

Whilst all the above responses may demonstrate the commonly observed problem of **vaccine fatigue**, 8 (10.7%) responses to Question 4 illustrate this most explicitly. *"Too many!"* declared one participant, whilst another seemed to experience vaccine fatigue quite physically, observing *"...it feels like my body has had enough vaccinations now."* Others declared, variously; *"I feel I have had enough vaccines in my life since COVID," "Didn't want any more Covid jabs,"* and *"I believe we are being over vaccinated."*

Repeated invitations for COVID-19 boosters have wearied some, as evidenced by one person responding to Question 11 who suggested "*I think lots of people are (post Covid) completely fed up with being told what to do regarding jabs for flu etc,"* whilst another was honest enough to tell us they *"Just can't be bothered going to them all."*

Appreciation

123 respondents took the opportunity at Question 11 to tell us whatever else they wished to relate about their vaccination experience.



Of these, 51 people (41.5%) chose to express their appreciation for the vaccination programme and the way it was managed. *"I'm very grateful for the service,"* typifies many of the responses, whilst others recorded praise for vaccination staff, their GP practices or local pharmacies. *"Vaccination Days at Brannam Surgery in Barnstaple are very well organised and run like clockwork!"* wrote one, whilst another enthused *"Bovey Tracey Pharmacy doing the vaccinations is a great way to run this program locally. Timed appointments, no queues, easy parking."*

Alternatively, 25 people (17.2%) described a variety of difficulties or queries around the vaccination process. Difficulties mainly focussed on the accessibility of vaccination centres or parking, but 5 people took issue with the age-related eligibility criteria for the shingles vaccine. Currently, only adults who turned 65 on or after 1 September 2023 and those aged 70 to 79 are eligible. Two respondents aged over 79 complained they were ineligible: both subsequently contracted shingles.[6]

[6] The reasoning for the 79 years of age cut off is that the shingles vaccine (currently **Shingrix**) is believed to be less effective in people over 79, as the immune system naturally weakens with age. It should be noted that those over 79 with a severely weakened immune system can still have the singles vaccine, as can anyone over 50 with an immune vulnerability.

Another participant found themselves caught out by the September 2023 cut-off: *"I wasn't allowed a shingles vaccination because I am too old (over 65) and too young (under 70). I will have to wait 2 more years. My partner aged 65 was given the vaccination! This is nonsensical and frustrating."* The current age-based shingles vaccine eligibility is part of a phased rollout advised by the Joint Committee on Vaccination and Immunisation (JCVI), prioritising those at highest risk while expanding access gradually over time. Eventually the vaccine will be offered to everyone over 60, but this is being phased in to make sure the NHS can deliver this programme effectively. However, the frustration of those 'caught in the middle' is understandable, and efforts should be made to accelerate the roll-out.

Eligibility criteria were also called into question by those who felt the cohort has become too narrow, including someone working in a healthcare charity who was ineligible, and another who complained *"I currently don't fit into any category where I would be entitled to a free vaccination, even though I work with vulnerable people and I am a part time unpaid carer."*

Another response also touched on difficulties for carers, especially those not physically located with the cared-for: *"...it would help to acknowledge that carers often book the vaccination on the person's behalf, because I'm often having to instruct my cared-for person over the phone on how to do it, while they battle an app or a website. The IT is making it difficult."*

Vaccine scepticism was also expressed in 14 (9.3%) of the 123 answers to Question 11. We were told that the vaccination programmes: *"... make money for big pharma,"* whilst another protested: *"You should not be pushing them, more people die from flu than from covid, people died WITH symptoms not from it. Figures were distorted...."*

Conspiracy theories and loss of trust in politicians and health services were also evidenced: *"[I}have no confidence in the Government or NHS after the bullying & coercion & lies about the MRNA therapies."*

Importantly, even those who are currently vaccine compliant might be starting to have doubts about continuing. One Torbay man aged 76-85

interviewed after having received his spring Covid booster now felt that vaccinations were detrimental to the older generation. He reported that many of his older friends were thinking of not taking them up next year and queried why people such as nurses who had not been vaccinated had not got Covid whilst why some people who have received the vaccine became infected.

Regional variation

Across Devon, Plymouth and Torbay as a whole, 53 (17.8%) of 297 respondents had not accepted any vaccinations in the past year; this figure drops to 11.6% of Plymouth respondents and 7.8% of Torbay participants but rises to nearly a third – 32.3% - of Devon residents who took the survey. Torbay's apparent greater compliance will partly be due to having conducted many surveys face-to-face at the Paignton Library vaccination clinic, where, inevitably, respondents are going to report having had at least one vaccination.

In fact, the Torbay responses after the survey had gone online to the end of June provide a different picture, with 77.1% compliance and 22.9% not having received any vaccinations, which is much more realistic and puts Torbay in between Plymouth and Devon.

Similarly, the significance of Devon's high non-compliance may be limited, because 28 of the 35 unvaccinated participants in Devon were aged under 66 (although, confusingly, 7 cited their age as a reason for vaccine invitation, which were likely errors on the respondents' part). However, 7 people reported an at-risk condition, which would have made them eligible for vaccination, and 5 of the unvaccinated in Devon were over 65 years of age.

With those who said they accepted some, but not all vaccinations offered to them, there was more of an even response across 290 submissions. Devon still recorded the highest percentage of refusals at 28.1%, but with Plymouth not far behind at 27.9% and Torbay again showing greater compliance at 18.6%. The figure across the regions was 24.5%.

No vaccinations in post 12 months: stated eligibility by all regions

'No vaccinations'		Age	Pregnant	At risk	Carer	Other	TOTAL
				All regions			
Under 66	**39**	11	2	9	2	15	**39**
66+	**10**	9	0	0	1	1	**11**
ALL	**53**	20	2	9	3	16	**50**

No vaccinations in post 12 months: stated eligibility in Devon

		Age	Pregnant	At risk	Carer	Other	TOTAL
				Devon			
Under 66	**30**	7	1	7	1	11	**27**
66+	**5**	5	0	0	0	0	**5**
ALL	**37**	12	1	7	3	12	**35**

Note: Discrepancies between totals in the tables above are due to fewer respondents answering Question 7 than Question 1 and some respondents choosing not to give their age.

Observations

Summary of Observations

Limitations of this Study - Healthwatch acknowledge that the sample used here is limited and skewed toward older respondents in Torbay. As such, views may not be generalisable and significant additional investigation in different areas of Devon may capture different demographics and richer data.

- **Vaccination programme procedures** – Most respondents found procedures for invitation and clinic attendance satisfactory, and there was abundant praise for both vaccination clinic and GP surgery staff.
- **Vaccine refusal** – Reasons for non-uptake of vaccinations vary, ranging from concerns about side effects to outright scepticism of the vaccination programme; this scepticism appears deep rooted in some.
- **Vaccine fatigue** – The phenomenon of vaccine fatigue is evident in 30% of those not taking up either some or any vaccination offers.
- **Shingles** – The September 2023 'start date' for 65-year-olds becoming eligible for the shingles vaccine has caused confusion and frustration for some. That frustration is understandable in someone who turned 65 in August 2023 but who will need to wait until August 2028 to be eligible whilst someone reaching 65 today could be vaccinated straight away.
- **Regional variation** – A higher proportion of Devon residents completing the survey reported not having any vaccines in the past 12 months compared with those from Plymouth and Torbay.

Recommendations

Healthwatch have the following recommendations:

- With 912 confirmed COVID-19 patients in hospital across England on 29 June 2025, COVID-19 remains a significant healthcare problem, but our report demonstrates that many people feel it is no longer an issue for them. In terms of prevention, health messaging needs to emphasize the statistics that show COVID-19 to be a continuing threat to public health and a drain on resources within acute services.

- Declining public appetite for vaccination programmes warrants further investigation to understand factors behind vaccine fatigue and the sources of information that generate vaccine scepticism. Some of the responses we received also suggest a need for clearer public messaging, 'myth busting' and targeted information campaigns to challenge misinformation and disinformation, thereby rebuilding trust.

- The rationale behind the 1 September 2023 'start date' in relation to over-65s shingles vaccination eligibility needs communicating more clearly to the public to allay confusion and frustration in those over 65s falling outside of the requirements.

- Based on some of the evidence from this survey the situation in Devon, with its larger proportion of people being unvaccinated compared to Plymouth and Torbay, warrants further investigation.

Stakeholder Response from NHS Devon

NHS Devon would like to thank Healthwatch Devon, Plymouth and Torbay for undertaking this valuable piece of engagement and producing this insight report. Vaccination remains one of the most important things we can do to protect ourselves, our children, families, and our communities against ill health, especially over winter. They prevent millions of deaths worldwide every year.

NHS Devon is committed to reaching all eligible people as part of our local vaccination programmes and this report provide useful reflections to consider as part of the current campaign.

The COVID-19 pandemic has had a significant impact on the way that the public respond to vaccination offers and with an increasing number of vaccines becoming available to protect people from serious illness, and we need to ensure the public has access to accurate information so that they are able to make informed decisions.

It is helpful to see independent assessments to help improve future delivery of health services and we note the positive response to:

- how vaccinations are offered across the county
- access to vaccinations
- the range of health care staff providing vaccinations.

There are some findings in this report that are in line with national research findings into the reasons for vaccine hesitancy. NHS Devon will continue to work with our local communities to develop a deeper understanding of barriers to vaccination, increase uptake and increase access to information about vaccines.

NHS Devon constantly monitor vaccination uptake data and keep it under

review throughout the vaccination programme. As part of the seasonal vaccination programmes, we are able to quickly adapt outreach and mobile offers to where lower uptake levels are reported. NHS England have recently advised that they plan to review the shingles vaccination programme and the messaging about eligibility. NHS Devon will respond to this once information in released.

The national Joint Committee on Vaccination and Immunisation regularly review the need for vaccinations and which groups should be offered them. Sometimes this results in a reduction in the vaccine offer, such as we are seeing this winter with the reduction in the cohorts eligible for a COVID-19 vaccination.

Thank you again for this valuable piece of work, which will help inform how we deliver local vaccination programmes and keep vaccination uptake high, keeping our local population safe and well.

Dr Peter Collins, NHS Devon Chief Medical Officer

Acknowledgements

Healthwatch in Devon, Plymouth and Torbay would like to thank:

- Everyone who contributed their experiences to this report via either the online survey or in face-to-face interviews.
- Steven Clark, Stakeholder Engagement and Public Affairs Manager at NHS Devon.
- Kay Wilson and the staff and volunteers at the Paignton Library & Information Centre Vaccination Clinic.

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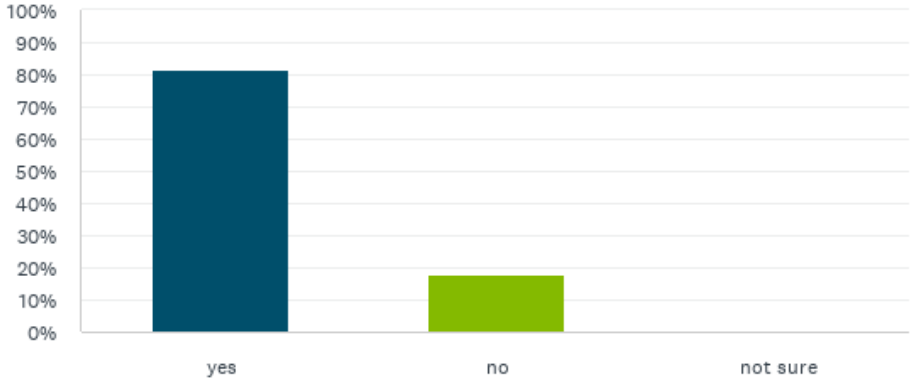
Appendix A

Vaccine Survey questions

1. Have you received any vaccinations in the last 12 months?

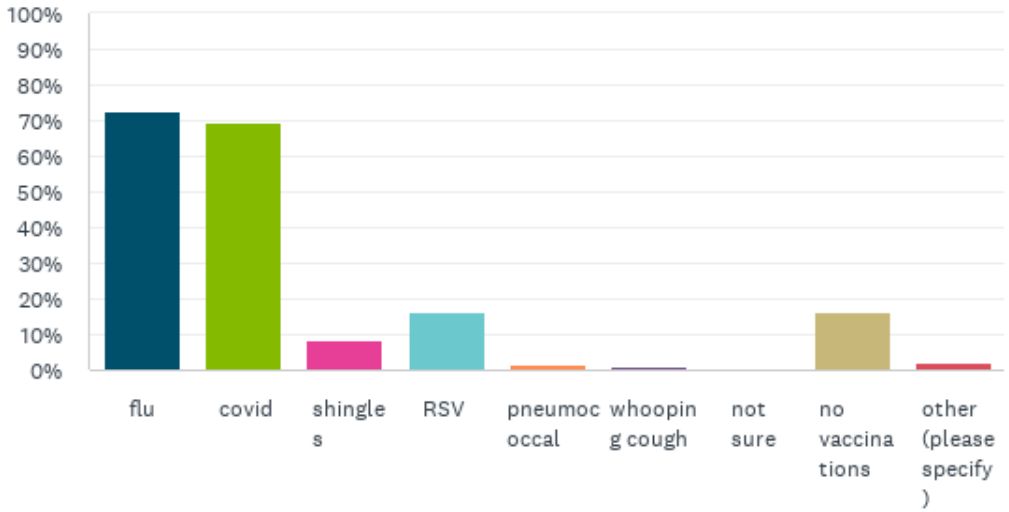
- ☐ yes
- ☐ no
- ☐ not sure



Question 1: Have you received any vaccinations in the last 12 months?

2. Which vaccinations have you had in the last 12 months?

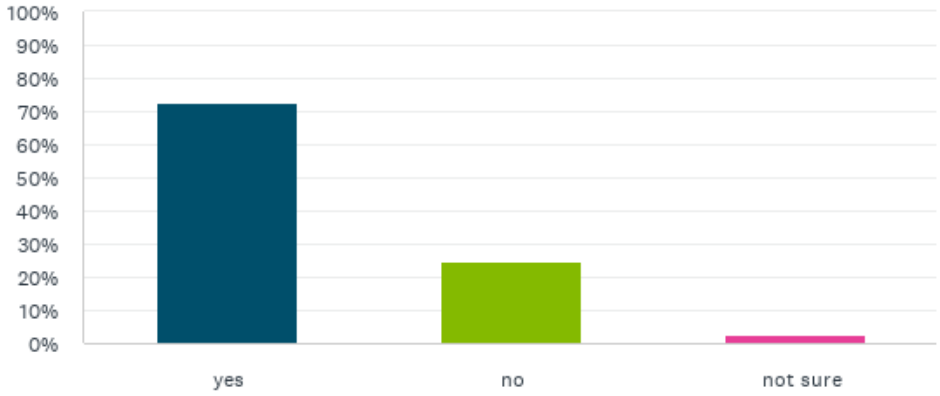
- ☐ flu
- ☐ covid
- ☐ shingles
- ☐ RSV
- ☐ pneumococcal
- ☐ whooping cough
- ☐ not sure
- ☐ no vaccinations
- ☐ other (please specify)



Question 2: Which vaccinations have you had in the last 12 months?

3. Did you accept all vaccinations offered to you?

- ☐ yes
- ☐ no
- ☐ not sure

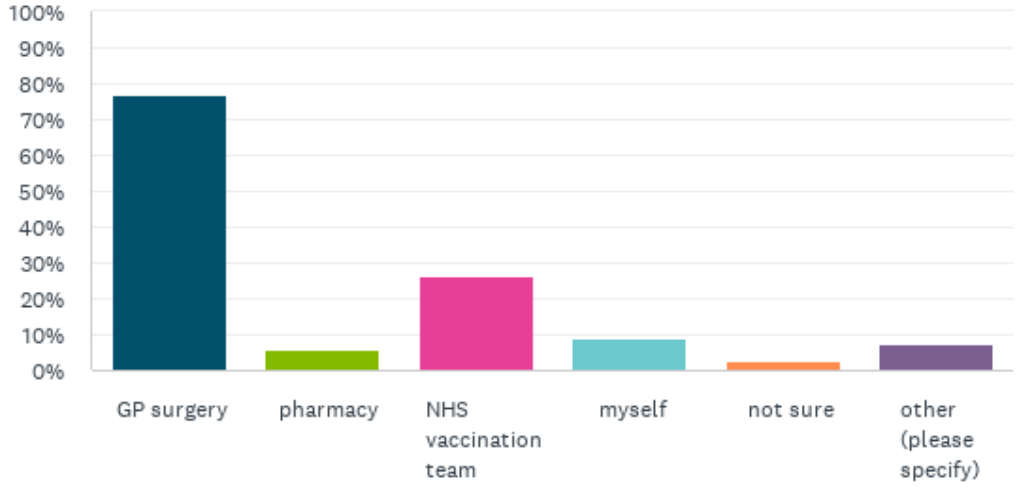


Question 3: Did you accept all vaccinations offered to you?

4. If no, why not?

5. Who invited you for the vaccinations? (select as many as apply)

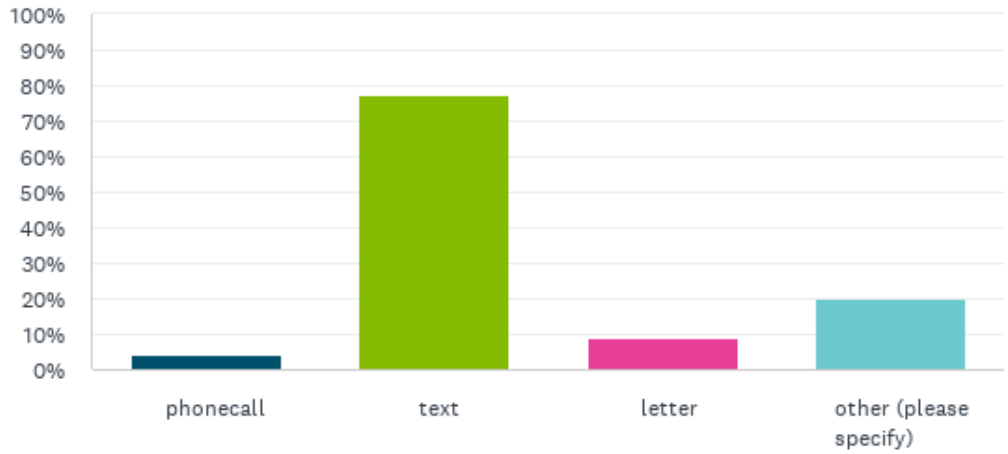
- ☐ GP surgery
- ☐ pharmacy
- ☐ NHS vaccination team
- ☐ myself
- ☐ not sure
- ☐ other (please specify)



Question 5: Who invited you for the vaccinations? (select as many as apply)

6. How were you invited for your vaccinations?

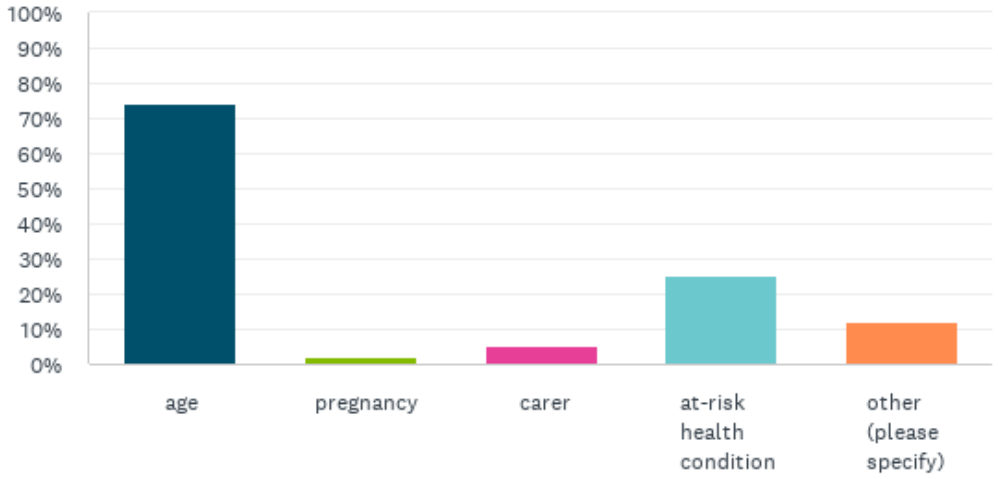
- phone call
- text
- letter
- other (please specify)



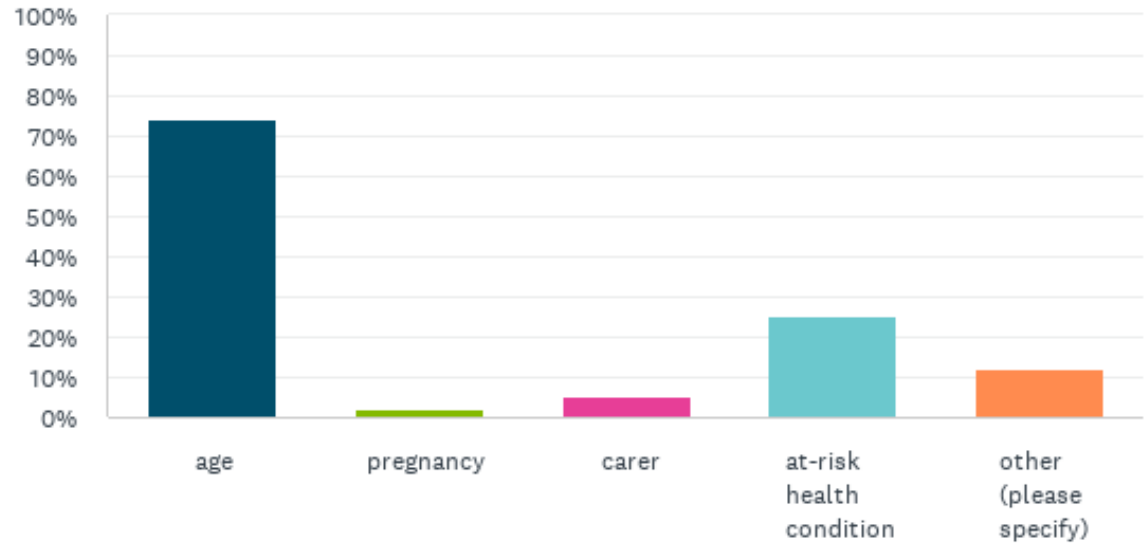
Question 6: How were you invited for your vaccinations?

7. Why were you invited for vaccination?

- age
- pregnancy
- carer
- at-risk health condition
- other (please specify)



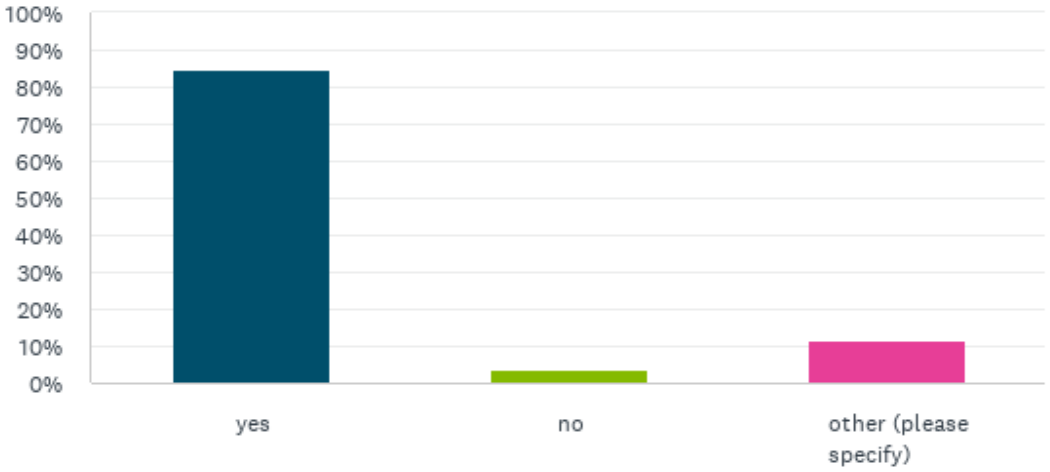
Question 7: Why were you invited for vaccination?



Question 7: Why were you invited for vaccination?

8. Was it easy to book your vaccinations?

- ☐ yes
- ☐ no
- ☐ other (please specify)

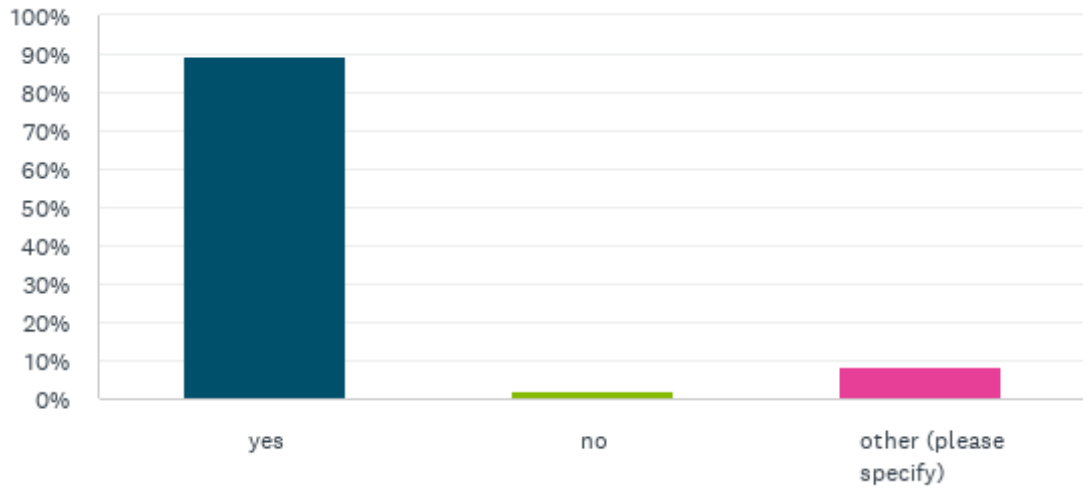


Question 8: Was it easy to book your vaccinations?

9. If no, why? (e.g. issues accessing online appointments, text message wasn't clear etc.)

10. Were the locations offered easy to get to?

- ☐ yes
- ☐ no
- ☐ other (please specify)



Question 10: Were the locations offered easy to get to?

11. Is there anything else you want to tell us about vaccinations?

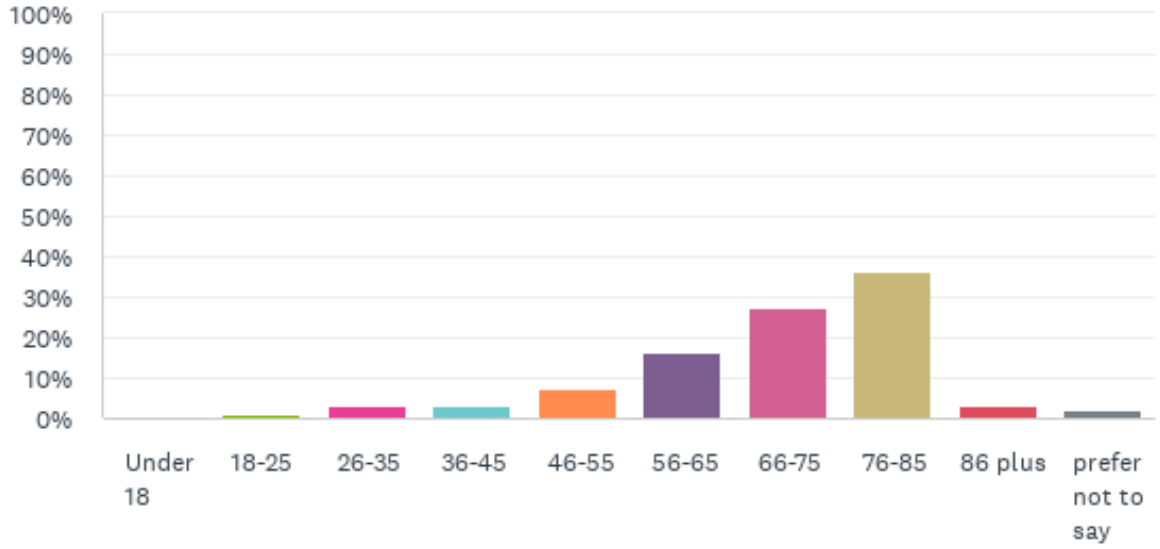
To help HWDPT analyse the information you have provided could you please answer the following demographic information.

12. What is your postcode?

13. What is your age group? (please select)

- ☐ Under 18
- ☐ 18-25
- ☐ 26-35
- ☐ 36-45
- ☐ 46-55
- ☐ 56-65
- ☐ 66-75

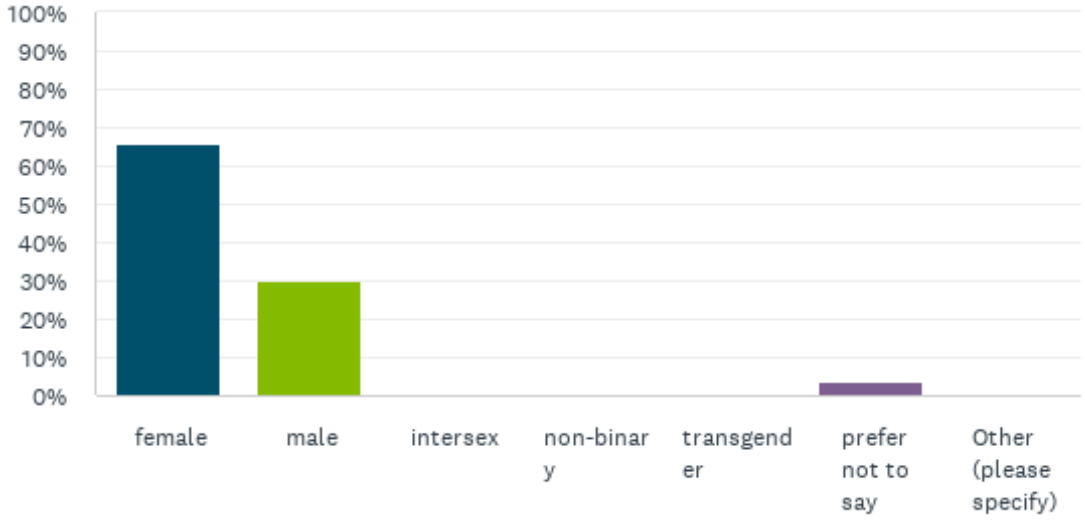
- 76-85
- 86 plus
- prefer not to say



Question 13: What is your age group?

14. How would you describe your gender? (please select)

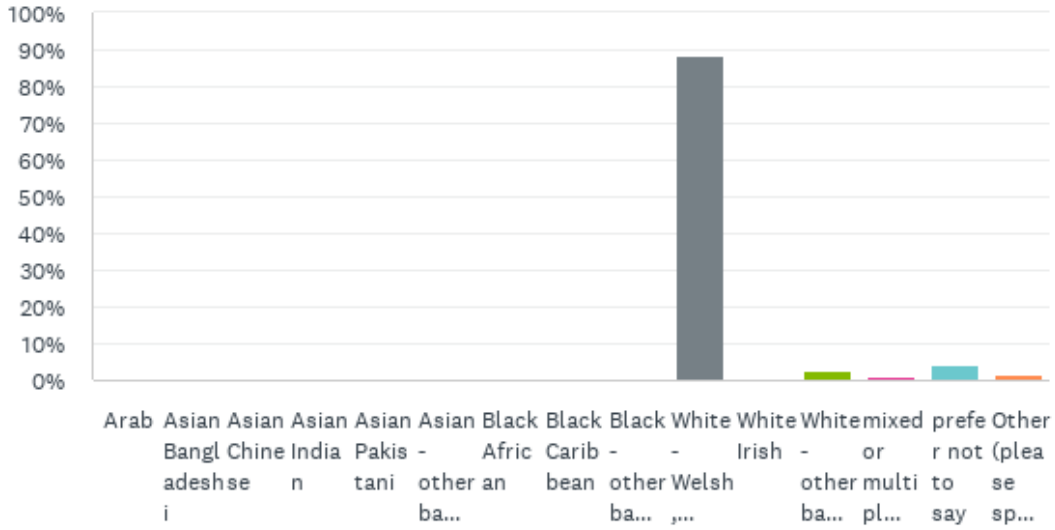
- female
- male
- intersex
- non-binary
- transgender
- prefer not to say
- Other (please specify)



Question 14: What is your age group?

15. How would you describe your ethnicity? (please select)

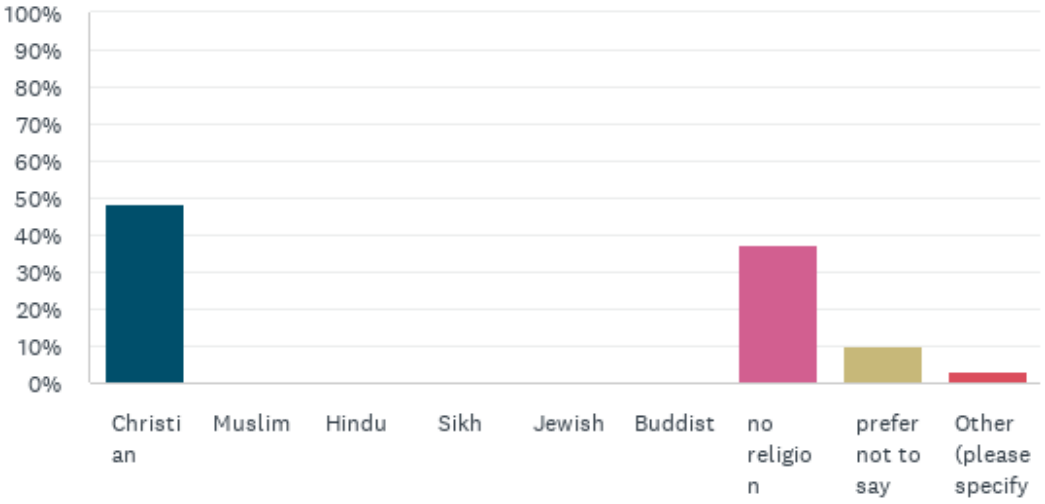
- ☐ Arab
- ☐ Asian Bangladeshi
- ☐ Asian Chinese
- ☐ Asian Indian
- ☐ Asian Pakistani
- ☐ Asian - other background
- ☐ Black African
- ☐ Black Caribbean
- ☐ Black - other background
- ☐ White - Welsh, Scottish, Northern Irish or British
- ☐ White Irish
- ☐ White - other background
- ☐ mixed or multiple ethnic groups
- ☐ prefer not to say
- ☐ Other (please specify)



Question 15: How would you describe your ethnicity?

16. Do you have a religion or belief? (please select)

- ☐ Christian
- ☐ Muslim
- ☐ Hindu
- ☐ Sikh
- ☐ Jewish
- ☐ Buddhist
- ☐ no religion
- ☐ prefer not to say
- ☐ Other (please specify



Question 16: Do you have a religion or belief?

healthwatch Devon

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