

**CAG Amendment 22/CAG/0051
further queries**

Our Future Health response
March 2023

1. Can you please confirm if you have had any complaints from the general public on receipt of an invitation letter? If so, how many, and what is the nature of the complaints?

The vast majority of contact with Our Future Health by the general public takes place via the Study Support Team in the form of emails and telephone calls.

As shown in Figure 1, of the 14,085 calls and emails received by our Study Support Centre during Q4 of 2022, when the main bulk of letters began to be issued, only a very small proportion of queries related to non-formal complaints (N=56) or privacy concerns (n=3).

The three calls relating to privacy concerns covered:

- Participant called Study Support about changing their password due to privacy concerns. Apparently, Safari had indicated that their password had been found in a data leak (not from Our Future Health).
- Participant concerned about their DNA getting into the wrong hands and possible cloning. Wanted to know whether the DNA left the UK and, if so, what security protocols were in place.
- Member of public outlined concerns about their personal DNA results becoming available to outside commercial bodies.

Calls to Study Support are categorised to enable tracking of themes. Inevitably there is sometime cross over between categories so in the interests of transparency and completeness we have reviewed and provide information on any category that may involve feedback about receipt of invitations.

The “Complaint” category (n=56) covers any complaint including issues when they attended the site (appointment was late, clinic was hard to locate, issue with staff) and, within that, review shows that no complaints were about receiving a letter/use of their address to send the letter.

The “Data Protection and Privacy Queries” (n=54) category covers queries about how data is protected, how privacy is respected and where/how data may be shared or used. Review of this category identified that the topics covered the same main themes around security provisions, storage and data sharing queries of which the following are provided as real examples:

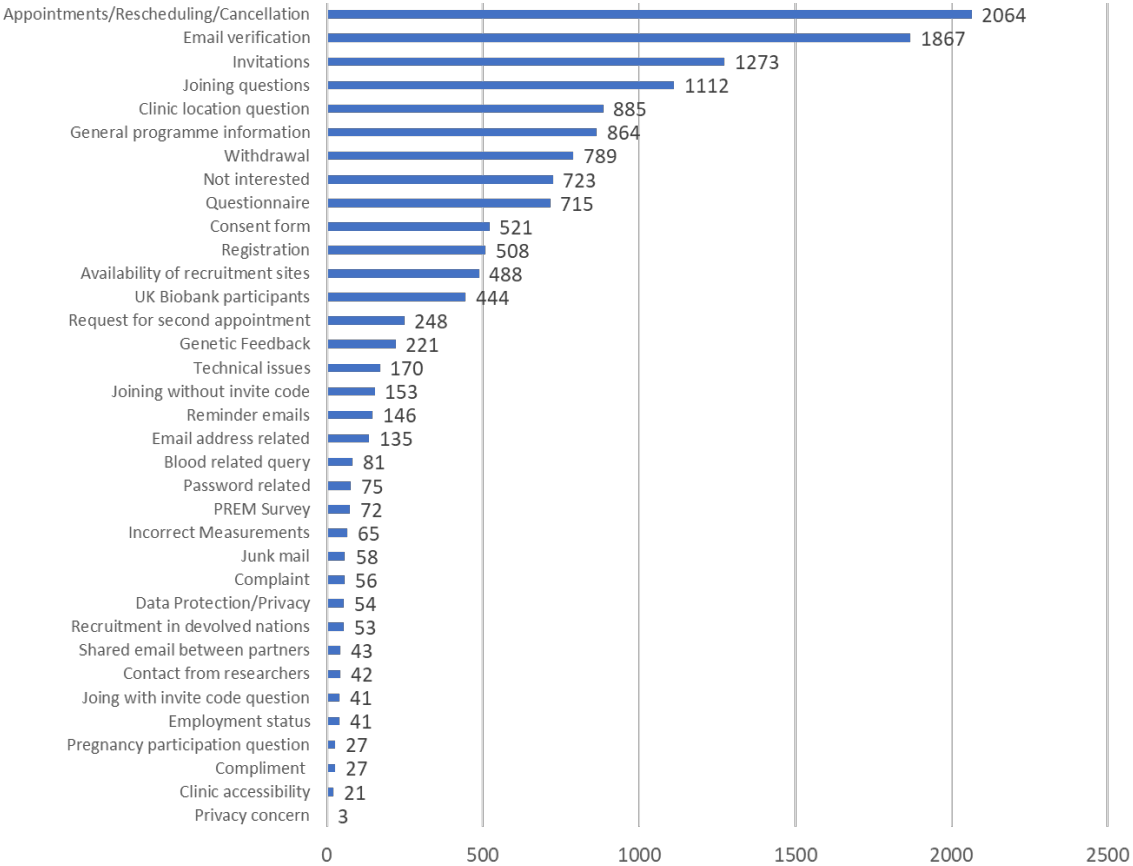
- A) Participant concerned about the intention to replacement of GDPR in the UK and the scrapping of EU Laws. If there is any possible impact, will they be informed?
- B) Potential participant concerned about future privacy of the data collected and is their guidance on how personal data (particularly genetic) will be used?
- C) Potential participant questioning the questionnaire and whether this information will be available to any Government bodies like DWP and Benefits. Can these offices ask to see the data and will you provide it to them if asked?
- D) Potential participant wishes to clarify whether any government agencies or law enforcement officers would be able to apply to court to gain access to any DNA information held by Our Future Health.
- E) Potential participant had an issue when typing in ourfuturehealth.org [not our web address] and Asian Beauty Dating Site came up. Worried about the security of signing up for program and giving personal data.

The “Invitations” category (n=1,273) is primarily used for people who call or email requesting further information about the programme after receiving an invitation. In the most recent full quarter (Q4 2022), the “Invitations” category comprised a total of 110 calls, a subset of which included individuals who wished to inform us that they were declining to participate (for a variety of reasons) and requesting that we do not write to them again. The following selection is representative of these kinds of feedback. All of the following were acted upon as per request:

- 1) *I would in no way wish to participate in your health survey. I do not give permission for any of my medical records to be shared. Please remove me from any databases or records in connection with this programme.*
- 2) *Has been asked to take part in this study. Unfortunately, he will have to decline as he has a condition and would not be up to attending extra clinics or filling out questionnaires.*
- 3) *Unfortunately, I am not interested so therefore please could you remove my details from your service including any further marketing about Our Future Health so I am not contacted in the future.*
- 4) *Please could you kindly remove the above name and address from your surveys permanently.*
- 5) *I am writing to inform you that my husband passed away last week so cannot be part of your health programme.*
- 6) *We no longer live in England so can you please remove me from your database –*
- 7) *I recently received a request to join this survey. I have decided not to take part for 2 reasons. I have concerns over whether the data may be processed by a company based off shore. I have had problems previously. in this respect. Secondly, having taken part in a lesser survey some years ago I found it very time consuming and somewhat intrusive.*
- 8) *I have received your letter dated 2 November on my return to the UK on family matters. I am normally based in France and so do not think that I can take part in your research as I may well be out of the country when you want to do tests or obtain information.*
- 9) *Can you please delete from your list please as he has a learning disability and cannot answer the questions about his health and it would cause him anxiety to try and think of answers that you want to hear.*
- 10) *The person on the below letter has no connection to me or my flat. Can you make sure that the lady on the attached letter is taken off of my address as she is no connection to me or my home.*

Finally, the “Not Interested” category (n=723) represents a cohort of people who contact Our Future Health to confirm they are not interested and do not want to accept the invitation.

Figure 1. Numbers of calls and emails received by Our Future Health Study Support Centre (Q4 2022)



Occasionally, Our Future Health is contacted by post or, in one specific case, by unusual alternative routes. Of these, 2 contacts have raised specific complaints about receiving a letter.

The first case contacted us by post, identifying that he had asked the NHS not to use his details for invitations to research studies and setting out the fine he intended to leverage for breach of this. He did not include his full name or address thus it was not possible to check this assertion.

The second case was referred to us via the Cambridgeshire REC Chair, who was contacted on his personal mobile by an individual who declined to give his name but wanted to complain that he had opted out but still received a letter. He alleges that he spoke to CAG and to NHS Digital (as was). As he declined to give his name and address, it was not possible to verify the assertion or investigate the claims in any way.

In summary, Our Future Health has received 2 formal complaints from the mailing of over 9 million letters. In addition, 57 calls were categorised as privacy concerns or data protection concerns. None were formal complaints about receiving a letter, and in total such queries represent 0.0006% of letters issued (n=9 million+).

In addition, we maintain close links with NHS Digital Contact Centre, who receive calls from individuals wishing to opt out of receipt of an invitation. They have confirmed that 8 calls related to complaints that NHS Digital would use their address in this way.

2. Have you had any negative PPI feedback, and if so, can you describe any comments?

Barriers to participation and concerns are captured as part of Our Future Health's insight projects. Specific scenarios included:

User research testing of PIS text ('Will I receive results from my sample?' and NHSBT revision)

- A member of the public who felt it would be necessary to allow participants to access their full data/genome data if they were to participate:
 - *I think what you should commit to do is to give back the data to the contributor and the contributor then takes responsibility for that data because it's his data or her data.... You know you have every right to your book from the library.... You know you are allowed under GDPR to request your data. You cannot get away from that. So, you might as well come up front and say we will give you back your data. I would be happy to participate, but I would lobby my MP. - P7*
- Somebody who felt it necessary to be able to sign up non-digitally:
 - *people don't have tech laptops like Internet poverty and media poverty is an issue. So if you're trying to cover as wider people as possible, that requirement also may take people out. - P11*

Public Attitudes tracker findings (N=2,767)

Practical barriers to taking part:

- Just under one in four (23%) respondents stated they don't have time to take part in Our Future Health.
- Similarly, 23% said that they would find it hard to provide a blood sample on a weekend.
- Just under a third (32%) said they would find it difficult on a weekday. Our Future Health have since offered both weekend and weekday appointments to participants.
- One in ten (10%) reported that they have a fear of needles that would stop them from providing a blood sample.

User research and participant interviews on engaging with the PIS

- The length and density of the participant information pages were a significant barrier to completing the journey.
- Participants who read the Participant Information Sheet considered it to be clear, well-designed, and reassuring. The 'professional' design reassured participants about the legitimacy of the study. In addition, the level of detail reassured participants who had concerns about data privacy. The content was considered easy to understand and sufficient.
- However, there seemed to be low recall across participants as participants often skimmed the sheet. The most common pain point mentioned was the length of information.

- These insights along with others gathered from recent interviews are currently being brought to the Ethics Advisory Board for discussion.

"If anything, it was too much [information]. I got the feeling it was kind of going over and over and over the same – are you happy with this? Are you sure you're happy with this? Are you really sure you're happy with this." (Female, 73, Segment 3)

"It was too long and I got bored of reading it" (Female, 61)

3. Did any questions asked as part of any of the PPI work cover the general public's perceptions of the role of the industry partners of Our Future Health?

Findings from PPI projects concerning the involvement of industry in the programme

Qualitative research and co-design work undertaken by our PPIE agency, Claremont in 2020-21 explored public perceptions of the design of the programme, including the role of industry. On the issue of industry involvement specifically, the project conclusions were that:

- The overriding sentiment was pragmatism - every respondent accepted relevant industry partners need to be involved to provide funding, though most want to know specifically who they are [note that we publish this information on our website [here](#)¹] and some had reservations about their motives and/or data protection.
- A minority would prefer project was entirely government / NHS funded but recognised this was unrealistic.
- Some saw industry involvement as a benefit to the project beyond funding – recognising their expertise and valuing the importance of collaboration in research.
- Some were just ambivalent – happy to support project and not bothered by who funding it.

Founding members policy document review (2021)

The Public Advisory Group were presented with website text which described the founding members policy (including partnering principles, terms of agreement, how they will access Our Future Health data).

Summary points from policy review:

- Clear and concise
- Needs to have purpose moved up
- Should be on website
- How will transparency be monitored? How will conflicts and sanctions be managed for non-compliance?
- There is a need to name partners
- Explain a bit more that there will be equity of voice on Boards

¹ <https://ourfuturehealth.org.uk/about-us/our-charity-industry-partnerships/how-industry-members-work-with-us/>

Public Advisory Group comments on sections within the policy included:

“By joining forces with leading charities and companies across a range of disease areas to establish Our Future Health, we will be able to reach a wider range of research expertise to help shape the scientific and technological goals and requirements of our programme. This in turn will help us to support their research which is designed to detect, prevent and treat a wide range of diseases.”

PAB Feedback: This paragraph seems to repeat much of the one above but I also can't work out if they are supporting the OFH research or OFH is supporting theirs.

“We will always be completely open about our Founding Members and will publish a list of them on our website.”

PAB Feedback: And links to their policies?

“The Founders Advisory Board will be able to nominate experts to serve on some other advisory groups established by Our Future Health.”

PAB Feedback: Perhaps say something here about an Independent Chair of the Board – otherwise some people may have concerns about large companies buying themselves all the power.

Specific feedback on the policy:

A: The document is clear, fairly concise and is easy to follow. As always with these things, the shorter the better but I appreciate the requirement to cover a lot of information.

B: I know the potential members are probably already aware of the purpose of Our Future Health, however the document outlines this about halfway through. I think this outline should be at the start of the document.

C: I found the content and general flow to be fine. There is good use of plain English, and the text avoids jargon. I found it easy to read and understand.

D: I do a lot of work on policies within my role and found this to be an easy to read and understand set of guidelines.

I: Question - would the Founding Members be published on the website? Would the charities / all company involved be published on the website?

Comments concerning transparency:

A: While references were made to transparency, it was not obvious to me from the text how this would be monitored and audited.

D: The statement below I would explain that only one member from each company/Charity would be able to sit on the board of the advisory group. As this wouldn't give larger companies the advance of a louder voice - (A Founders Advisory Board will be one of the advisory groups set up to help guide and shape Our Future Health and all Founding Members will have representation on it.)

Comments relating to governance:

A: In addition, it was not clear what happens in the event that there has been a conflict of interest or a failure of a partner to adhere to the terms. Mainly from a reassurance perspective. Perhaps this is something that would be covered in the access policy?

B: When you say you will publish a list of founding members, it may be worth adding 'with their permission' or similar. They will probably want their names published but this gives them the option.

Comments relating to Format, language and structure:

A: There are main headings for each section, but I still find it quite wordy, I'd appreciate it being broken down a little further with subheadings if possible. I personally skip around documents when they are set out in large chunks!

B: I don't like the 'open' bullet point markers. This is purely a personal choice, but I think it looks odd.

B: Finally, the language and style of writing used throughout the document is perfect; it's not too complicated yet it's not simple. I think it hits the correct point and targets a wide range of readers.

B: Does it need a summarising final paragraph?

B: In the 5th paragraph, possibly changing 'expensive' for 'high cost' sounds less like a pair of shoes!

C: As introduction text it is a little long. The use of bullet points helps break down the text, but the first page is "wordy".

C: I could argue it lacks some distinctive personality and ethos. Unless I was really interested in knowing the detail of the Founder Members policy, I would not have read past the 3rd paragraph. Which is OK because there is a link to "Partners" and "Governance" which I might just click on and then come back to scan read for any points I might want to understand.

C: Does the text need "warming up"? Can be improved by generating more "excitement" & "positivity". Is it possible to do this by naming some leading Partner companies and Academics/Scientists who Our Future Health have signed up?

General user research insights and survey results (N=212)

Overall, the public's trust in the NHS appears to drive trust in Our Future Health. For the few respondents who have questions regarding involvement of industry partners, this has not appeared to be a major barrier to participation.

Many report that they would explore the Our Future Health website to learn more about how industry partners fund the programme, how they access the data and what they may plan to do with Our Future Health data. A minority of those interviewed have expressed that involvement of industry partners makes them feel as though the programme is innovative and may lead to future opportunities to receive new treatments or technologies for health.

Survey (N=212) Heatmap analysis of results indicated that there is very little in our invitation letters that is leading to negativity or decreases in trust.

Public Attitudes tracker (2021; n=2,767)

Our Public Attitude Tracker found that members of the public were generally positive about the impact of partnerships with charity and industry. When asked:

- 69.85% of the sample agreed that these partnerships will improve Our Future Health.
- 20.72% agreed that partnerships with charity and industry would make them more likely to take part.
- 14.26% agreed that these partnerships would make them less likely to take part.

This is despite a relatively low level of trust in pharmaceutical companies in particular (25.00% generally trusted pharmaceutical companies, compared to 81.5% who generally trusted medical researchers in universities and 79.8% who generally trust the NHS).

There were some concerns about data security and privacy, with 40.69% of the sample reporting that they would feel comfortable with pharmaceutical, diagnostic and health tech companies having access to their health information.

Overall, while trust in pharmaceutical companies is relatively low, and there are some concerns about data sharing with these companies, this did not seem to discourage participation for most people, and most saw the benefit of such partnerships.

4. Please can you provide more detail about the content of the PPI work undertaken. I know you have provided a lot of the overview which is really helpful, but if you have any more specific detail about the information that was actually provided to the patient and public groups that would be great, and any specific comments/feedback that was provided.

During 2022 we spoke to 3,414 members of the public within 14 user research projects. 12 of those were conducted by our internal Behavioural Science team and 2 were conducted by an external user experience research agency, Bunnyfoot. All insights generated from these projects will continue to inform ongoing developments of the programme.

Our Future Health also worked with Kantar to conduct two insight projects: a public attitudes survey (N=2,767) and participant experience interviews (N=97).

We have tested with the public our blogs, prototypes, draft invites, our live website, the full digital PIS, subsections of the PIS, guided descriptions of the appointment experience and further specific artefacts that are part of the Our Future Health participant experience. We use a range of methodologies to gather insight (e.g., traditional user experience methods [card sorts, tree tests, moderated usability testing of prototypes] 1:1 in depth interviews; surveys [including heatmap tooling]). Below we have shared an extended summary of some of these projects, the methods and insights generated.

Participant experiences of Our Future Health

- The overarching aim of this project was to support the evaluation of people's experiences of participating in Our Future Health. Qualitative interviews aimed to understand participants' motivations for joining the programme; the extent participants understand what the programme entails; and any pain points in the current participant journey

- Participants did not have many concerns about the study as they felt it was delivered in partnership with the NHS and Boots – organisations they trusted. The three main drivers of engagement identified were a positive response to the programme’s marketing and invitations, the desire to help the NHS, and an appreciation of the quality of the study.

A project that explored general public attitudes to Our Future Health at scale

- 2,767 members of the public completed a survey to assess public attitudes to Our Future Health.
- Confirmed general public have a high interest in receiving personalised genetic information: 77% of participants wished to receive risk information of disease which is preventable or treatable, 65% wanted non-treatable risk information and 77% would want ancestry information.

Public facing website - 4 projects to assess comprehension and enhance usability in the re-development of our public facing website

- 351 members of the public completed tree tests and/or a card sort to inform development of the website information architecture (labelling and site structure).
- These two types of test involve participants grouping information together, labelling categories and identifying where they think they would find information.
- The impact of this research assisted in increasing usability of the public facing website by making information easier and more intuitive to find for prospective participants.

Participant information sheet - 3 projects to review revisions and amendments to the participant information sheet (PIS)

- In total we interviewed 31 members of the public to source feedback on content amendments to the PIS.
- All 3 projects were focused on reviewing specific sections of the PIS to assess comprehension and acceptability. Sections reviewed included ‘Return of results to NHSBT’ and ‘Will I receive results from my sample’.
- In 1 project, members of the public reviewed the experience of navigating the full digital PIS to enable us to understand how the type and amount of information contained within the PIS affected motivation to join.
- The impact of this research was that it has informed amendments to sections of the PIS to increase comprehension as well as to assist in participants in making informed consent.

Digital sign-up flow - 3 projects to generate insights to optimise conversion rate through the digital sign-up flow

- We interviewed 31 members of the public to gain insight on the user experience of our digital sign-up flow.

- All 3 projects were focused on understanding what the pain points are in the current sign-up flow and identifying ways to enhance the onboarding experience for participants and interaction with the PIS.
- There are 2 further interview projects planned for the sign-up flow where insights will inform design iterations and enhancement of the participant experience.
- The insights from this research inform design iterations which will ultimately positively impact the usability of the digital sign-up flow and lead to an optimised conversion rate.

A project to test our NHS DigiTrials invitation letters quantitatively

- 212 members of the public completed a survey to ascertain which aspects of the letter increased or decreased trust, increased or decreased positive feelings.
- Heatmap results indicated that there is very little in our invitation letters that is leading to negativity, or decreases in trust
- Providing a blood sample and linking to health records are the only parts of the letter that respondents flag as decreasing the likelihood of taking part

A project that explored desire and preferences for genetic feedback

- In 10 qualitative depth interviews, all respondents expressed a desire to receive genetic feedback, and some emphasised the importance of choice in receiving feedback for different types of conditions.
- This evidence shows that there is a strong desire for feedback and choice regarding the feedback received

<h4>5. Is PPI work being undertaken in each geographical area (or has this already been undertaken across all areas?)</h4>

For PPIE and research activities we recruit members of the public across the UK.

For example, our Public Attitudes tracker survey was completed by 2,767 members of the public from across the four nations of the UK:

- 56% of respondents were female
- 57% were from White ethnic backgrounds
- 20% were from Black ethnic backgrounds
- 20% were from Asian ethnic backgrounds
- ages ranged from 18 to over 75 years

For qualitative interviews and user research we also recruit respondents falling into the following segments:

- Early adopters (health)
- Early adopters (civic minded)
- Early majority
- Sceptics

- Lower income
- South Asian ethnic background
- Black ethnic background

6. I assume you are still proposing to send invites out to certain geographical areas in turn, rather than just targeting the entire UK at once – can you confirm? If so, can you provide a projected plan as to which areas you plan to send invites to and when, and how many invites in each area you expect that to be?

Our Future Health participation requires on-line provision of consent, completion of the online questionnaire, and booking and attendance of an in-person appointment to provide a blood sample and have health-related measurements assessed.

To enable this, we are standing-up in-person appointment venues in retail and pharmacy spaces, as well as using our mobile venues in specific geographical areas, sequentially moving from region to region. This means that invitations are issued into specific geographic locations, slightly ahead of the roll-out of the in-person venues in a given geographic area. There is no plan or intention, or indeed ability to facilitate the issue of invitations to the entirety of the UK at once.

For our detailed England location roll-out plan, please see Appendix 1. This shows how we will move from region to region standing-up and standing-down temporary in-person appointment venues. The Appendix also shows the census 2021 adult populations by local authority, all of who we plan to invite to join Our Future Health via NHS DigiTrials. Please note that this roll-out plan is subject to change.

To date, the following areas have been the focus of invitation activity, with associated opt out campaigns run in each area for one month prior to invitations being issued:

- Bradford;
- Leeds and Huddersfield;
- Birmingham;
- Greater London;
- Greater Manchester;
- East and West Midlands;
- South Coast of England (Brighton, Portsmouth, Southampton);
- Cambridgeshire and Peterborough;
- Luton
- St Albans

As of January 31st, NHS DigiTrials recorded 198 requests for individuals to be registered as opting out of receiving an invitation, as a result of these campaigns.

Forward plans for opt out campaigns include the following, planned for coming months:

- Berkshire and Guildford (March)
- Somerset – partial including Bristol (March);
- North West England inc Liverpool (March)

- Sheffield (March)
- Banbury (April)
- Stratford Upon Avon (April)
- Newark (April)

7. Can you please provide some specifics about speed of increase?

a) Noting that the amendment that supported an increase of 3 to 12 million invites was mid-November, and you have previously said you are reaching the upper limit of 12 million invites soon. This would appear to mean that 9 million invites have been sent in approximately 3.5 months, is that correct?

The number of Our Future Health invitation letters sent through NHS DigiTrials per month is shown in Table 1. Since the week commencing 17 October 2022, we have been sending close to 100,000 invitation letters per working day to ensure we utilise the in-person appointment capacity we have developed and expanded to meet the needs of our programme.

Table 1. Our Future Health invitations sent by NHS DigiTrials per month (July 2022 - February 2023)

Month	Invitations sent	Cumulative
July 2022	6,929	6,929
August 2022	46,532	53,461
September 2022	235,144	288,605
October 2022	1,371,506	1,660,111
November 2022	2,150,615	3,810,726
December 2022	1,969,429	5,780,155
January 2023	1,749,111	7,529,266
February 2023	1,560,354	9,089,620

b) Can you confirm when it is projected that 12 million invites would have been sent out?

As shown in Table 2, if we use our planned numbers for March and, thereafter, estimate 100,000 invitation letters per day (excluding weekends and bank holidays), we will reach the 12 million ceiling we are currently approved for by late April. Note that 100,000 letters per day is the maximum volume that can/will be issued so this forward estimate is variable only in terms of the decision to send invites on every working day.

Table 2. Projected number of Our Future Health invitations that will be sent by NHS DigiTrials per month (March 2023 - July 2023)

Month	Invitations sent	Cumulative
July 2022 – February 2023	9,089,620	9,089,620
March 2023	1,305,000	10,394,620
April 2023	1,800,000	12,194,620
May 2023	2,000,000	14,194,620
June 2023	2,200,000	16,394,620
July 2023	2,100,000	18,494,620

c) Can you please provide an estimate of when you estimate 45 million invites will be sent out to give CAG an idea of time scale?

If we assume that we will send 100k invitations per day, which works out at approximately 2 million per month on average, we will reach the total England adult population of 44,715,491² by August 2024. This is the quickest we would reach this ceiling, but we will review plans alongside achievements and costs on a rolling annual basis.

² <https://www.ons.gov.uk/census/maps/choropleth/population/age/resident-age-101a/aged-under-1-year>

Appendix 1 – Table of planned mobilisation of clinics by area


Note 1: Some dates will be preceded by Opt-Out Campaigns for all new geographic locations

Note 2: This is a live working document and subject to change, especially in relation to planned clinics.

Location	region	mobile	status	Open Date	Close Date
London Piccadilly Circus	London	N	open	12/07/2022	
Manchester Market Street	Greater Manchester	N	open	12/07/2022	
Bradford Broadway	West Yorkshire	N	open	13/07/2022	
Birmingham Bull Ring	West Midlands	N	open	18/07/2022	
Leeds St John Centre	West Yorkshire	N	open	28/09/2022	25/02/2023
Huddersfield Kingsgate	West Yorkshire	N	open	05/10/2022	28/02/2023
London White City	London	N	open	18/10/2022	
London The Strand	London	N	open	18/10/2022	
Birmingham The Mailbox	West Midlands	N	open	19/10/2022	21/03/2023
Nottingham Victoria Centre	East Midlands	N	open	25/10/2022	
Walsall Saddlers Centre	West Midlands	N	open	26/10/2022	02/04/2023
Kensington High Street	London	N	open	31/10/2022	
Longbridge Town Centre	West Midlands	N	open	31/10/2022	
Dudley Merry Hill Centre	West Midlands	N	open	31/10/2022	
Manchester St Mary's Gate	Greater Manchester	N	open	02/11/2022	02/04/2023
Oldham Spindles Shopping Centre	Greater Manchester	N	open	02/11/2022	02/04/2023
Stratford Broadway	London	N	open	16/11/2022	05/04/2023
Croydon Centrale	London	N	open	21/11/2022	05/04/2023
Wolverhampton Mobile Clinic	West Midlands	Y	closed	23/11/2022	22/12/2022
Wigan Mobile Clinic	Greater Manchester	Y	closed	24/11/2022	16/12/2022
Keighley Mobile Clinic	West Yorkshire	Y	closed	25/11/2022	16/12/2022
Harrow Mobile Clinic	London	Y	closed	30/11/2022	16/12/2022
Havering Mobile Clinic	London	Y	closed	01/12/2022	22/12/2022

Solihull Mobile Clinic	West Midlands	Y	closed	04/01/2023	07/02/2023
Bolton Mobile Clinic	Greater Manchester	Y	closed	04/01/2023	31/01/2023
Wakefield Mobile Clinic	West Yorkshire	Y	closed	05/01/2023	02/02/2023
Southwark Mobile Clinic	London	Y	closed	05/01/2023	02/02/2023
Greenwich Mobile Clinic	London	Y	closed	06/01/2023	02/02/2023
Rochdale Mobile Clinic	Greater Manchester	Y	closed	03/02/2023	06/03/2023
Halifax Mobile Clinic	West Yorkshire	Y	closed	07/02/2023	06/03/2023
North Acton Mobile Clinic	London	Y	closed	07/02/2023	02/03/2023
Hackney Mobile Clinic	London	Y	closed	07/02/2023	02/03/2023
Sandwell Mobile Clinic	West Midlands	Y	closed	10/02/2023	07/03/2023
Leeds University	West Yorkshire	N	open	06/03/2023	31/03/2023
Bexley Mobile Clinic	London	Y	open	07/03/2023	03/04/2023
Sutton Mobile Clinic	London	Y	open	07/03/2023	03/04/2023
Redditch Kingfisher SC	West Midlands	N	open	07/03/2023	
Solihull Sears RP	West Midlands	N	open	07/03/2023	
Southampton West Quay	South West	N	open	07/03/2023	
Brighton North St	South West	N	open	07/03/2023	
Portsmouth Commercial Rd	South East	N	open	07/03/2023	
Stockport Mobile Clinic	Greater Manchester	Y	planned	09/03/2023	05/04/2023
Bradford Mobile Clinic	West Yorkshire	Y	planned	09/03/2023	05/04/2023
Tamworth Mobile Clinic	West Midlands	Y	planned	10/03/2023	05/04/2023
Luton the Mall	East of England	N	planned	21/03/2023	
Leicester Fosse Park	East of England	N	planned	21/03/2023	
St Albans St Peters St	East of England	N	planned	21/03/2023	
Peterborough Queensgate Centre	East of England	N	planned	21/03/2023	
Leeds Trinity	Central England	N	planned	21/03/2023	
Corby	Midlands	Y	planned	04/04/2023	05/05/2023
Chorley	North West	Y	planned	04/04/2023	05/05/2023

Kew Retail Park	London	N	planned	04/04/2023	
Kingston	London	N	planned	04/04/2023	
Croydon Whitgift Centre	London	N	planned	04/04/2023	
Covent Garden Long Acre	London	N	planned	04/04/2023	
London Cheapside	London	N	planned	04/04/2023	
Ripon	Yorkshire & Humber	Y	planned	06/04/2023	11/05/2023
Brent	London	Y	planned	06/04/2023	10/05/2023
Bromley	London	Y	planned	06/04/2023	09/05/2023
Bristol	South West	N	planned	13/04/2023	02/10/2023
Liverpool	North West	N	planned	14/04/2023	24/09/2023
Uxbridge	London	N	planned	18/04/2023	
Staines Two Rivers Retail Park	London	N	planned	18/04/2023	
London 16 Tottenham Ct Rd	London	N	planned	18/04/2023	
London Beckton Gallions	London	N	planned	18/04/2023	
Greenford Westway Retail Park	London	N	planned	18/04/2023	
Sheffield	Yorkshire & Humber	N	Forecast	19/04/2023	24/09/2023
Nottingham	East Midlands	N	planned	21/04/2023	02/10/2023
Cambridge Newmarket Rd	East of England	N	planned	02/05/2023	
Basingstoke	South East	N	planned	02/05/2023	
Guildford	South East	N	planned	02/05/2023	
Basildon Town Square	South East	N	planned	02/05/2023	
Maidenhead High St	South East	N	planned	02/05/2023	
Coventry	West Midlands	N	Forecast	04/05/2023	06/10/2023
Blackburn / Preston	North West	Y	Forecast	10/05/2023	
Northamptonshire	Midlands	Y	Forecast	11/05/2023	
Wandsworth / Lambeth	London	Y	Forecast	12/05/2023	
Enfield / Redbridge	London	Y	Forecast	13/05/2023	
West Thurrock Lakeside Sc	South East	N	planned	16/05/2023	
Bluewater	South East	N	planned	16/05/2023	
Reading Broad St	South East	N	planned	16/05/2023	
Slough High St	South East	N	planned	16/05/2023	
Newbury Northbrook St	South East	N	planned	16/05/2023	
Selby / Doncaster	North East	Y	Forecast	16/05/2023	



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