Tackling health inequalities

Appendices to our second Health Champion community listening project

August to November 2022

healthwatch
Cambridgeshire

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This is the list of questions that formed the structure of each focus group.

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2. Are these issues just found in your local area or community?
3. How does that make you feel?
4. What do you think will help get you the health care you or your family need?
5. There are different groups that can help communities to get the support they need. What could community groups do differently to help you? (e.g., Care Network/Scope /Centre 33 /Time bank etc)
6. What could voluntary groups do to help? (e.g., Cancer support /Alzheimer's society/ Community allotments etc)
7. What could health providers do to help? (e.g., GP/hospitals/ clinics – podiatry, diabetes, maternity etc.)
8. Have you seen any good examples we should do here?

Appendix 2

Sawston workshop

Barriers to getting health and social care

Care for people with learning disabilities

People told us resources for people with learning disabilities have declined since before the Covid pandemic.

> **"Austerity has meant there has been no extra budget to help people with LD – Brexit and Covid has not helped retain staff as support workers People get to a crisis point before asking for help. Then it's too late to save pain, frustration, and therefore(results in) more advanced medical issues"**
>
> **"People are offered a stop gap to fill in the time before the correct service is available- such as art therapy instead of a psychologist. This might not end up being the right path as the psychologist should assess the treatment pathway first."**
>
> **"It is like a plaster on something that needs a plaster cast."**
>
> **"Dieticians for people with LD are no longer trained in easy read"**

Dental services for people learning disabilities

One carer told us that at the time of an appointment, the dentist deemed the room was unsuitable for the person's needs. They had to rebook another appointment.

> **"Adequate risk assessments should be done in good time to prevent wasted appointments and being knocked back to the start of another waiting list."**
>
> **"Getting a person with LD to a dentist is time consuming with preparation and explaining what is to happen, managing coping skills etc."**
> Carer of son with LD

Leaving hospital – discharge planning

People do not always know what to expect or ask for and services are not always put into place when they should be. These barriers prevent people becoming independent at home and lack of home equipment, could lead to trips and falls.

> **"Some people need advocacy as they are not able to speak up for themselves. They accept what is put into place (or not) passively."**

Social Prescribers

GP surgeries are using the Social Prescribing Service, which has been developed to respond to the high levels of health inequality and deprivation in local communities. However, one person said their surgery asks for a GP referral to see the social prescriber, but there are no appointments available to speak to the GP.

Social prescribers around Sawston use personal email addresses and there is a high turnover of staff. This sets further barriers for people who are isolated or require holistic support. All surgeries operate differently.

People with limb loss

People told us that there is a significant delay in obtaining prosthetic limbs, around three-six months, which can have a knock-on effect to being employed, the person's mental health and having a family life.

There is also a backlog of physiotherapy for people with limb loss, delaying the persons recovery and independence.

A further barrier to independence is a lack of suitable housing stock. Living in inappropriate housing is known to be harmful to people's physical and mental health.

What do you think would help get the health care you or your family need?

Liaison between clinical staff and patients

> **'Need an intermediate layer, a communication specialist to talk to relatives etc'**

Sensory services have an eye clinic liaison officer who bridges the gap between medical experts and the patient and family. They also have access to translators.

> **"The clinical liaison officers can speak to the patients in their own language, they can explain what is happening, make appointments and plan next steps with the patient. Ensures good communication between health and social care."**
> Woman aged 50-60

It would be helpful if this type of communication intermediary could be implemented in every area of specialist medical care. It could work well in, for example, oncology. Currently exposes great inequality between treatment and communication/provision of information between different health conditions being treated by specialist services.

Leaving hospital – discharge planning

People suggested:

- Discharge pathways should be well communicated and signposted in accessible ways.

- Use the same pathway over the whole country as when a border is crossed, it creates more confusion due to different discharge pathways, for example between Cambridgeshire and Norfolk.

Housing for people with limb loss

Use advocacy schemes more.

Get housing associations and other organisations to work proactively to provide a package to live safely and independently.

Social prescribers

> **"Strengthen the network. Make it a consistent service and provide information about how to access it. Make service consistent across all geographical areas. Would improve communication, provision of information, Accessibility, and impact. Empowers the service users and gives them a voice."**

Soham workshop

Barriers to getting health and social care

Routine health checks

We were told health checks for over 50s have stopped at the Soham surgery.

These were good at preventing medical issues becoming more complex.

> **"Unexpected issues, e.g., iron deficiency, would be picked up at these."**

Abdominal aortic aneurysm screening (AAA) locally for men has stopped too.

> **"Scans stop at age of 75. People are individuals and would like to live healthier, longer- given the option to take care of themselves and the people they may still care for."**

Community equipment services

Not getting the right equipment at the right time to support independence and recovery at home is a barrier to recovery for people with limb-loss as well as people being discharged from an operation.

> **"Poor service between hospital, surgery, and supplier. Getting equipment for my recovery at home after an operation – did not arrive at all. Delayed my recovery and I had to purchase my own equipment."**

> **"Low level interventions are important to prevent health issues"**

People with limb loss are facing long waits for prosthetics – up to 3-6 months. This causes barriers to "living their best life" and causes anxiety. Also, long waits for spare parts for existing prosthetics is a barrier to being able to live independently.

Problems getting GP care

People raised a concern about access to GPs/ medical care in the Soham locality. They say that there has been an increase in housing but no increase in health staff to care for the extra population.

People said that the triage system at GP surgeries is a barrier. One person said that she had been 'seen' by several people before she even got to see the doctor (receptionist, nurse, senior nurse, doctor).

Others said that information was not always passed on along the triage system, so you end up repeating yourself. It depends on how articulate you are as to whether you get past the receptionist and get access to a doctor.

> **"You start your day ready for an argument (to get an appointment). You give up asking for an appointment to ask for help."**

> **"Clinicians do not know what help is available in the community to help people".**

Social prescribers

As mentioned at the Sawston group, GP surgeries are using the Social Prescribing Service, which has been developed to respond to the high levels of health inequality and deprivation in local communities. The people in Soham think Social prescribers would be a useful service, but don't know how to contact them.

> **"People need to be informed how to reach a social prescriber- is it via their GP (that is an issue itself) or can they contact without being referred?"**

Phone signal

The phone signal in some parts of the area of Soham is not strong and means making calls to make appointments can be difficult.

People who find it difficult leaving their home

> **"A neighbour has difficulties getting regular checks carried out for diabetes as she is housebound and because of the lack of affordable, accessible transport."**

Local migrant worker

Local migrant farm workers live in crowded accommodation and do not have access to translated information about how to use health or care services.

Pregnant people from migrant worker families do not access midwifery services until late into their pregnancy and usually via the children's centre as they have no information about how the UK system works or where to go.

> **"Last week we had a 30-week pregnant woman arrive on our doorstep asking for help. She had not seen any healthcare professional throughout her pregnancy - it is not an unusual occurrence"**
> Children's Centre, Soham

Their accommodation is often not suitable for pregnant people or for bringing up babies/children.

Farm workers and their partners with diabetes find it difficult to get medical help due to the lack of translation services.

What do you think would help get the health care you or your family need?

General GP surgery services

Have a regular drop-in service for diabetes, maternity, or other blood tests to save having to book appointments. Provide a minibus for local people to these services in rural areas.

> **"There are not enough people on the ground to deal with patients and to understand their needs."**

Continuity of care, i.e., have the same GP, practice nurse or other clinician who will recognise other health issues rather than just the one the appointment was set for, for example, identifying mental health problems.

> **"Can we change the 'them and us' feeling? The systems are not talking to each other if they did it might help things to run more smoothly."**

People raised concerns about lack of access to face-to-face appointments, with one person describing it as a "wall".

There was also the suggestion of a greater input from pharmacists.

> **"Why don't we give pharmacists more of an input? This might reduce pressure on GPs and ultimately improve access, e.g., some conditions require regular monitoring of prescription drugs, but it is not always possible / easy to talk to a GP about this. The pharmacist knows about the prescriptions etc and could do the review."**
> **(This was happening at Staploe pre Covid.)**
> Woman aged 50-60

Another shared the experience of attending the Minor Injuries Unit (MIU) in Ely to be told that the MIU 'were only triaging' and the person would be signposted to

Addenbrooke's. They suggested that it would have been better to say the MIU was closed rather than **"waste resources on paying a receptionist and a paramedic".**

The group discussed missed GP appointments and what the consequences should be. They decided that 'Good' would be having someone to call people to remind them about an appointment or find out about why an appointment was missed.

The group said that GPs in the Lincolnshire area do this, and it helps to reduce the number of people who miss appointments. This reduces the overall costs to the surgery and opens more appointments. It also gives the opportunity for the surgery to ask why the appointment is not being taken, for example, is there a transport issue or other barriers?

English not first language - farm workers

Have regular clinics or visits by health visitors at the migrant workers' farms together with translators. The clinics should also offer advice on other issues such as housing.

Provide local information for migrant farm workers on how to access transport, and where to access services from community/charity and health teams.

> **"Let people know what is out there"**

People who have difficulty leaving their homes

People made suggestions to support access to services and social support for people who find it hard to leave their homes due to physical or mental ill health.

> **"Knowing an elderly neighbour is housebound and diabetic, she has issues getting to her GP for her checks. I understand in Peterborough diabetic teams do house visits for the housebound to take tests – could we have this in our area?"**
>
> **Also, during the pandemic there was a service set up by volunteers to collect shopping, do gardening and to collect prescriptions for the older people who could not get out – they also had a chat line which was a life saver for people who were isolated. Could this service not run with the trained volunteers who may still be available?"**
> Woman aged 50-65

Community equipment services

We had discussed how difficult it appeared to be to receive and return equipment and that people did not know where to do this.

> **"Equipment amnesty could be announced on Facebook pages like 'Spotted in Ely' that reach lots of people"**

> **"In times gone by, we didn't always need to see the GP for things. Baby clinics were the chance to get the baby weighed, ask the health visitor about issues and to meet other parents. Could there be**

> **more local clinics of this type for different needs thus taking pressure off GP? Easy to access and low-level intervention to help people."**
> Woman aged 50-60

There was a feeling that services need to be properly funded and should not rely on volunteers who 'prop up an inadequate system'.

East Barnwell workshop

Barriers to getting health and social care

NHS and private care

The group felt that there was a 'rich v poor' divide in relation to access to healthcare with reports of GPs suggesting that people 'go private' to access treatments sooner, which was not an option available to families on a low income.

It was suggested that someone who can't afford to go private could find themselves not just in physical difficulties but also financial as they may not be able to work, or their recovery will take longer that they are eligible for sick pay for.

One participant explained he needs to have podiatry on a four-weekly basis. He used to have care with the NHS, but they would only give appointments when there was a significant problem, rather than regular preventative foot care. He is now paying for his own podiatry, but many others will be unable to pay for this.

One participant said that they "need to have regular physio, but the NHS only allows referral when there is a problem, and then appointments are for six weeks only." He needs regular physio to resolve issues and to prevent changes in health but cannot afford to pay for this.

Travel

People raised concerns about having to travel long distances to some appointments as they were not available at their local hospital.

People raised concerns about how they were collected early from home when they needed to use the hospital transport scheme and then taken home extremely late. The long waits caused challenges for some and we were told that people with prosthetic limbs generally avoid using this service due to the long waits.

We were told that recent changes to the Blue Badge disabled parking scheme for institutions such as special schools had changed and had caused problems on obtaining the badges. There was a report that this has led to one local volunteer service not being able to run due to the inability to renew their Blue Badge.

Sheltered housing

Participants raised concerns about the quality of life for people living in Sheltered Housing, with one person saying that there had been a substantial change in staffing and that the staff did not engage with residents as much as they could

They felt that this reduced the sense of camaraderie between residents and created a 'them and us' type situation between residents and staff.

They wanted to see this resolved as it was felt that a good quality of life had positive impacts on both mental and physical health.

Lack of joined up care

People felt that there needed to be a more joined up approach to providing services. And that people were often seen "in silos" that were specific to a health condition, which could miss the bigger picture. For example, someone waiting for a cataract operation may become socially isolated and experience mental ill health whilst they wait for the operation.

One person said that the system is more complicated than it needs to be at times. For example, they needed special shoes made by the Disablement Service at Addenbrooke's Hospital; however, to obtain these they must be referred each time by the GP. They felt that it would be more efficient if they could self-refer for new shoes once they were on the system.

Isolation for people who find it hard to leave their home

People remembered the Community Hubs/Schemes that neighborhoods created at the end of March 2020 to make sure that people who were shielding would get food picked up for them, and pets walked. These schemes stopped as the 'lockdown' ended.

Learning disabilities and health

Sometimes adults who have a learning disability have poorer physical and mental health than other people, but this should not always be the case. Anyone aged fourteen and over who has a learning disability is entitled to have an Annual Health Check with their GP. You must be on your GP's 'Learning Disability Register' to get an invite through the post.

One person with a learning disability said that they had never been invited to an annual health check with their GP.

> **"If the GP has record of their patients that are eligible for such visits, do they send letters? And do they send letters in easy-read or other accessible formats?"**

What do you think would help get the health care you or your family need?

People with learning and other disabilities

GPs to set up a system to ensure a full annual health check is routinely carried out for people with learning disabilities. And stressed the importance of treating the person in a holistic way using easy to understand.

Information

We were told that if people working within the ICS "system" are well informed of what is available, they would be able to help connect people with what they need. The information is available from "How are you" websites, however these need to be better publicised.

Community cooperation

One participant talked about Buurtzorg, a health and care system in the Netherlands, which is very community based. A project had been trialed in Cambridgeshire called 'Neighbourhood Cares.' This led to a community development initiative called 'Think Communities'. People talked about the positive value of therapeutic communities and the benefits they bring.

Another explained they live in a cooperative living situation with other older adults, where there is a high staff turnover. They suggested

> **"What if the staff had a community built around them like the residents do? Would it make their jobs better and less likely to leave? Why don't they use the residents to help some with hoovering or other activities to keep them busy and active and support the staff? Use the knowledge and skills and abilities of the community to improve conditions for everybody."**

Workshop for rough sleepers

Barriers to getting health and social care

Because of the very vulnerable situation of rough sleepers, their barriers are multiple and compound on each other, making their health and social care issues more urgent than perhaps an issue which to most would be an inconvenience.

Lack of information

The rough sleepers are mostly not aware that despite being of no fixed abode they can register with any GP practice for their care.

There were examples of people not knowing where to get the urgent support they needed, for example recovery services for alcoholics needing crisis support.

> **"Where do you get that support? You go round in circles."**

> **"A rough sleeper in Cambridge had been in hospital for treatment for a stab wound. It may be infected, and he is in pain. He doesn't know where to go to get it treated."**

Problems travelling to healthcare

It is more difficult for rough sleepers and other homeless people to access healthcare appointments due to difficulties travelling to sites which may be some distance from where they usually stay.

If a homeless person is told to go to Addenbrooke's, they may not be able to pay for the fare. Sometimes there may not be a bus at the time required.

Problems getting dental care

Access to NHS dental care is a problem for most people in Cambridgeshire but it is a bigger issue for homeless people who are unable to travel to emergency dental appointments.

One man, whose first language was not English, told us:

> **"Can't register for a dentist locally but also cannot afford to travel or afford treatment. Have been rejected by a dentist who was advertising spaces for NHS patients – offered 2 year waiting list".**
> Homeless man, aged 40-50

Problems getting GP care

Both medical staff and rough sleepers are often unaware that people of no fixed abode can get an appointment at a GP surgery.

We were told the attitude of some health professionals and reception staff can be rude and judgemental. And unfortunately, bad experiences deter people from returning.

Digital access

Rough sleepers do not have personal access to Wi-Fi, smart phones, or computers.

If they have a basic phone, there is often have little or no credit. Being in a queue to speak to a GP receptionist or NHS 111 can mean long waiting times. These phones may have no facility to set a reminder for appointments.

Financial

Participants in the group said that rough sleeper can often make poor budgeting choices as they have little familiarity with how to plan and budget. For example, If they are receiving benefits, then they may purchase an expensive pair of trainers rather than plan on their next meal.

Lifestyle

Rough sleepers tend to stay awake at nighttime due to safety issues and sleep in the day. Some have no idea of time or day, which can make it difficult to keep appointments. Consequently, many fail to attend appointments with doctors, support workers etc.

If rough sleepers leave their belongings to attend an appointment, possessions may get stolen or removed by the City Council. If removed by the council, they "sticker" the place informing the items are stored safely; however, it is often in a unit several miles away.

A parent told us the council was unsympathetic to their rough sleeper son who was offered a tent as a solution to his housing problem. They said that it is hard for a single man to get on the housing list.

Rough sleepers can have limited access to clean water.

Concerns were raised regarding the change in system to access a bed at Jimmy's - a night shelter in Cambridge – as people are no longer able to self-refer, they must now be referred by an organisation.

> **"The homeless are unwilling to get the help they need until it gets too bad – then they need help immediately."**
> Support worker

Isolation

Participants shared experiences that some had with isolation.

> **"Some rough sleepers isolate themselves, finding it difficult to engage and will not take the opportunity to accept help from the services available to them.**
>
> **One lady aged 70+ will insist she has somewhere to stay — her home is four shopping trolleys that she transports slowly around the streets."**
>
> **She struggles to accept food donation from the volunteer group and only recently after 18 months of trying to engage, accepted and began to eat the food offered to her."**

Health services

Concerns were raised that hospitals are not doing enough to help prevent rough sleepers leaving without a support package or even providing clothing.

> **"Some rough sleepers are seen on Cambridge streets wearing hospital gowns. One man with stitches which may have been infected and was in pain and wearing dirty clothes, said he was 'discharged like this' and 'they don't care'."**

An account was shared of an individual who lives on the street who is unable to store their insulin at the correct temperature.

Some prescriptions need supervision to ensure the person is taking it. The group said that a pharmacist will ban a homeless person if they do not attend on three occasions. However, living in a chaotic way means appointments are often missed.

The Access Centre in Newmarket Road, Cambridge works well for homeless people in Cambridge; however, its drop-in times are between 9-11am and sessions to support addictions need prebooking. The chaotic lifestyle of rough sleepers mean they are not aware of time/day, therefore may struggle to book regular doctor appointments.

Some health services are too far to walk to.

Working together – voluntary and community groups

It was reported that voluntary groups are tending to work in silos, rather than pulling their resources and skills together for the benefit of the rough sleepers. Some food provision is duplicated and other nights, no food available.

> **"There are many agencies and groups providing superb services throughout the city, if everyone communicated, joined forces great things can happen! Sadly, we are seeing the same faces who sat on the streets 5 years ago."**

Mental health issues

Many rough sleepers have mental health issues but have the capacity to make decisions about how they live their lives.

Some of the local homeless people are autistic but are not getting the support they need due to masking of their symptoms.

> **"One person had been sleeping in a bus shelter for 6 months and had mental health issues. Whilst this person had received many offers of accommodation, due to his mental health issues, all had been declined and whilst a person is not presenting as a danger to himself or others, the frustration is that there is little that can be done."**
>
> **"Groups not working proactively or together."**

What do you think will help you get the health care you need?

Improve access to healthcare

People suggested ideas to make it easier for support workers to book appointments or speak on behalf of rough sleepers. They recognised that there are safeguarding and data protection issues that could make this more complicated but suggested that a code could be introduced so that the receptionist is aware that the support worker has the right to speak on the person's behalf.

Promote and train GP surgeries and homeless people about the right to health care. "Right to register" yellow cards have been highlighted at the focus group and provided to both organisations to pass to rough sleepers.

Other suggestions included:

- If an appointment is likely to be longer than usual, offer it at the end of the day.
- Ensure issues are dealt with in one appointment, including the dispensing of prescriptions, as people who are homeless often live day to day, and an appointment for next week may not work. Most homeless people do not know what day of the week it is.
- Awareness training for health/social care around the cultural differences working with the homeless.
- Staggered dinner breaks for health service reception staff to broaden phone access.
- A regular well-advertised clinic/ minibuses similar to mobile libraries for walk-in non-urgent healthcare appointments such as foot care, diabetes checks, etc.
- Raise awareness of services such as screening programs for prostate and breast cancer – accessibility would be improved by mobile units.
- Promote health care awareness through community groups / community centres.
- Ely walk-in centre to offer homeless dental access clinic.
- Homeless people to have access to have free access to NHS dental care. Currently, only get free treatment if you are on certain benefits, so if you do not have an address, there are no benefits and no free dental treatment.

Preventing isolation

Participants suggested that somewhere to go to talk through a problem and mix with people was important in terms of reducing isolation for homeless people and would benefit their mental health.

> **“We have been offered an allotment which would give skills and food, but we have no volunteers to assist with this.”**
> Support worker Lighthouse Centre

> **“My best investment [From the charity that the support worker is employed by] is paying for a gym membership for a homeless person. Being busy in a warm environment stops him being reliant on alcohol. Not having anything to do means the homeless are more likely to depend on drugs and alcohol to get through their day.”**
> Support worker

Participants suggested multi-agency drop-in groups where people can get advice on a range of issues including housing advice, mental health support, addiction support and employment support.

Help organisations and voluntary groups work together to ensure consistency in the overall approach to outreach and to ensure safeguarding is in place and to not waste valuable resources.

Accommodation

During the Covid pandemic, rough sleepers were given temporary accommodation. The voluntary group lead told us some homeless people do not like being placed with others who have addictions. This is a reason for people sleeping back on the streets. When finding accommodation, sourcing the right place for everyone is vital.

Providing support for mental health and addictions at accommodation sites will mean homeless people are more likely to have a healthier outcome.

> **"There are a lot of empty buildings in Cambridge – can something be done long term to make into units for rough sleepers together with support for drug/alcohol issues?"**

Allow self-referrals for Jimmy's shelter.

The Lighthouse Centre Church, Ely has a first draft architect designs for a six-room shelter which would ideally have a full-time paid support worker and volunteers who can support homeless people through their addictions and mental health issues and to improve overall health.

This would require funding.

Gypsy and Traveller workshop

Barriers to getting health and social care.

> **"The system should fit the person, not the person fit the system"**

Like the findings from rough sleepers, the Gypsy and Traveller communities have multiple barriers to getting the health and social care they need.

Each barrier compounds and intensifies the frustration and often results in community not receiving the right care at the right time.

People said that there is a lack of flexibility to accommodate different lifestyles and cultures.

We were told a physio wanted a patient to go onto a rehabilitation ward ahead of being discharged from hospital. Although medically fit to go home, the physio thought there was no safe way to get the patient in and out of a trailer. The patient insisted on going home and said their sons would assist with mobility. As a result of then discharging themselves, they were not offered the community physio service it was felt was required.

Another person's request for a wheelchair was declined because the caravan was deemed too small for wheelchair use. Following an intervention by a member of the Traveller Health Team, a wheelchair was provided.

A person from the community had recently moved to Cambridgeshire and needed medical treatment. They tried to register with a GP but were told they could only register by phone between 8-8.30 am. They had run out of their pain medication and had to take a family members' prescribed pain relief instead.

This individual also tried to claim Personal Independence Payment recently and filled out a form, but as they cannot see a GP to get a fit note, the claim could not be made.

"They wanted me to wait 2/3 months for an appointment"

Low literacy

Gypsies and Travellers often have lower literacy levels and can struggle to read and understand hospital letters, prescriptions, and aftercare leaflets.

Doctors may not feel comfortable asking a patient if they can read and write.

Transport

Patient transport or taxis sometimes do not turn up or may refuse to go onto a Traveller site.

"My daughter can't get to her appointment with the baby at Addenbrookes because no one will take her"

Mental health and Gypsy, Roma, and Traveller culture

There is stigma attached to mental health illness within Gypsy, Roma and Traveller communities, especially if other people call the police to site when a family member is having a mental health crisis. One parent drove their distressed son to a supermarket car park and called from there to avoid this concern.

Unsuitable housing

We heard from a support worker about a person who has a house which is not suitable for their health requirements.

> **"A parent with 3 young children has multiple health issues, struggles with the stairs where there is the only bathroom and toilet"**

Lack of digital access

Due to the location of mobile homes and low literacy, people in the community often have poor digital access. Many caravans don't have Wi-Fi and the 4G signal is often poor.

The community can access computers at hubs, but this is only on a weekly basis.

People may not be able to use their phones for much more than just making a call.

> **"Filling in the housing form online with help took about 2 hours at a drop-in session"**

"My phone screen is broken so I can't get online at the moment"

Caller unknown

Important calls from the GP or health services may not be picked up as it doesn't show a caller ID number. This can result in being automatically discharged from a needed service.

Unreliable post

Post to sites is unreliable. There are often several people with similar names – therefore receiving the correct letter can be tricky.

Benefits

Proof of income may be required for means tested care. This paperwork is often not accessible to Gypsies and Travellers. One person might look after the money / income / benefits for lots of others making it difficult to track.

Access to GP care

Both medical staff and people within the Gypsy and Traveller are often unaware that people with no fixed abode can register and get an appointment at a surgery.

Like rough sleepers, we were told the attitude of some health professionals and front desk staff can be rude and judgemental

Lack of joined up health care

A parent called the police for their child's mental health issues. An ambulance came and patient was taken to Addenbrooke's, then to the crisis team, then to Union Lane facility.

Each time the parent had to repeat their story. They received opt in letters which they could not understand. They did not receive the support they needed as the community mental health team would not visit the site, and the person was informed the psychiatrist didn't have time to come out. This patient has since been sectioned.

There is inflexibility for people responding to health organisations. There can be a delay before a person is able to respond to an email or phone call. This may mean they lose their appointment or treatment.

Lack of health education

There is less awareness of how the body works amongst people in the Gypsy and Traveller community. There is a lack of sex education and little communication between generations about health.

We were told by the Traveller Health Team Preventative measures such as screening programs don't seem to feature highly for these communities – not many invitations have been seen.

Trust in medicine is not as good as it could be – e.g., vaccinations, The measles, mumps, and rubella vaccine (MMR) is still an issue today and has had a knock-on effect to other vaccinations.

What do you think will help you get the health care you need?

> **“If individualised care was a real thing, needs would be met”**

Data dictionary

The NHS collect demographic data from patients. The inclusion of Gypsies and travellers as a separate ethnicity is planned soon. This will help health professionals make care appropriate to their needs and culture.

Low literacy

We were told that GPs and health services should be direct and ask people in the community of they can read or not.

They should ask the following questions:

- How would you like us to tell you about your care – text, phone etc?
- Who else would you like us to talk about your care?
- Do you need help to understand information given about your health?

Digital access

NHS services need to have greater flexibility given in the length of time to respond to emails and phone calls due to health literacy and digital access.

Could calls from the NHS system identify as “NHS” rather than caller unknown?

Training for health professionals and other services

Provide cultural awareness training for health care staff, transport providers, and benefit assessors. Include information around the issues around lack of Wi-fi, phone signal and delay in post deliveries.

Also, inform healthcare staff that people with no fixed abode can get access to medical help.

> **“Professionals need to listen.”**

People whose first language is not English

We spoke to two communities, one being settled in the UK for several years, and one for up to six months.

Barriers to getting health and social care

Language

Some people whose first language is not English depend on family members for translation. They may not live with them or be available without notice.

We were told they feel reluctant discussing sensitive topics such as sexual or mental health in front of family members or people they know acting as interpreters.

People told us online booking and doctor-led telephone call back triage are challenging for patients with a low level of English. Patients may struggle to understand that they need to call at specific times in the morning to be placed on the triage list.

Patients who use interpreters are given the same time slots as those fluent in English. As interpreting itself takes time, patients have effectively less time with their doctor.

Clinical encounters can be compromised where language barriers exist or where there is limited understanding of cultural differences which may impact on issues.

We heard that a newly arrived person to the UK had different diagnosis for a health issue from two different parts of the health system. They are unsure whether their diagnosis is serious, or not.

We were told a male interpreter would not use gynaecological words for a woman's medical condition when interpreting a conversation to a job coach. This caused problems with the job coach understanding their condition, and then being able to consider suitable employment options.

We were told the online translation service did not recognise a medical term; therefore, insufficient information could be given for a PIP assessment and this was a barrier to obtaining the benefit.

> **"it is assumed (incorrectly) everyone from the Ukraine wants translation in Russian"**

We were also told that although positive, increased employment for the Ukraine community, means a reduced opportunity to attend English language classes.

Getting access to GP services

We were told that some communities have little confidence in GPs, as the waits are so long and it is so hard to see a health professional.

A parent told us about the issue getting an urgent appointment for their child with a temperature. After making many calls to the surgery, NHS 111 was called. NHS 111 called the same surgery who then contacted the Father. This was very frustrating and delayed the right care at the right time for the child.

Changing appointments is difficult at some surgeries.

> "I have to cancel it first without being able to see what time slots are available first. For fear of losing the existing appointment and not being able to find a new suitable appointment in good time, I am keeping the existing one and reluctantly have to give up attending a very important work meeting"

Access to maternity services

We heard about a first-time mother being refused access to the Rosie maternity centre when she thought she was in labour. The parents were recommended to travel to another hospital where the doctor informed them the birth was not imminent.

The mother gave birth in the car on the way back to Cambridge.

The experience of being in a different country, and culture was stressful and has impacted on both their mental health and trust in the UK health system.

Information about health services

> "I don't know if I have to pay or not"

We were told when someone is not familiar with the UK NHS system, they don't know whether they must pay for the service and this can delay access to getting help.

Although there are a lot of resources about the NHS and social care services, it is difficult to know which sources are reliable and trustworthy. The recent changes in the NHS system and name changes add to people's confusion and frustration.

> **"Not knowing where to get trustworthy information is a barrier which stops us looking for answers"**

We heard some cultures have concerns around the covid vaccine. Uptake can be poor due to language barriers and misinformation

The Ukraine hub told us that they do not know about walk in centres or other health care providers apart from a GP or A&E.

There is confusion about being able to obtain health information for family members who live abroad and whose first language is not English. We heard a young person was admitted to A&E, then a ward. When a parent arrived from another country to support them, there was confusion and misunderstanding as the parent did not understand the UK system or the language. This became a barrier for the carer and young person getting support.

Experience of being judged

We heard people feel uncomfortable when clinicians carry out examinations without trying to communicate with them, even though the patient has a good understanding of English. This discourages someone engaging with health services and could delay treatment.

> **"a small number of health professionals' attitude towards people whose first language is not English or who are from ethnic minorities could become a barrier contributing to the distrust and health inequalities"**

We heard that some Ukrainian men do not visit health services as they feel they are being judged for not remaining in their country of origin.

A mother told us the protocols for a child's care is different in the Uk. She was made to feel a "hypochondriac" because she requested a blood test for her child.

Finances

We were told that some peoples benefits bring their income threshold higher and therefore they must pay for prescriptions. These are costly and sometimes different lifestyle choices must be made.

Transport

Similar to other focus groups, public transport systems in rural areas are not sufficient for people's needs. Other methods of transport are too expensive.

What do you think will help you get the health care you need?

Language

Both long and short-term residents said they wanted to be asked which language and dialect they require from the start. Their language should not be assumed.

Provide interpreters who have knowledge in the area requiring interpretation – an understanding of medical words and terminology will prevent misdiagnosis and misunderstandings.

We were told that people whose first language is not English would like to have English language lessons out of normal office hours.

Access to health services

Consider increasing time booked for consultations to allow for interpreters.

Provide interpreted information about local health services and where to access them. This can be shared through local hubs and community settings. Short videos could be posted on GP and hospital websites.

People with a communication barrier such as English not being first language should have priority for a face-to-face appointment. This would ensure clear understanding between the person and health professional.

Maternity services

If a maternity service is closed due to staffing issues, it should be best practice to first check an expectant mother to be safe to travel before sending onto another hospital.

Vaccine uptake

Local health services could promote the vaccine through short videos presented by people from different communities and ethnicities. The videos could be shared through YouTube, and community groups.

Appointment system

It was recommended the NHS develops a well-designed booking app which works well for everyone.

A choice of dates and times should be given from the first contact as this would save resources.

> **"Tailor the technology"**

All GP surgeries should have a phone system informing callers their place in the call queue.