

**Womens' experiences of health and social care:
A public engagement supported by 'A Way Out'
(October 2020- June 2021)**



Summary

Healthwatch Stockton-on-Tees have engaged with local women who experience significant social marginalisation, exclusion, and a complex range of vulnerabilities. The engagement has been supported by 'A Way Out' who are an outreach and prevention charity. A Way Out have enabled eight women to share their narratives of their views and experiences of their health and wellbeing, and health and social care services over the past two years.

The overall findings of this engagement, based on what women have told us, show that:

- There have been positive experiences of being able to access care and support from maternity services.
- Barriers to accessing GP services has had an effect on the women's mental health, wellbeing and other health conditions. The main barriers include not having access to the internet to access health services, not being able to access face-to-face appointment bookings and not being able to access face-to-face appointments with a GP.
- Difficulties around communication between the healthcare professional and the patient have been identified as a barrier to effective pain management for the women.
- Additional barriers to accessing GP services have been identified.

Based on the findings, the following recommendations have been made:

1. GP practices should promote 'choice' in how patients access appointments and remote care.
2. GP practices to identify and record the specific support needs (relative to communication and ability to access specific GP services) of patients that have a range of complex social vulnerabilities, as and when their needs arise.
3. GP practices to support their staff's knowledge and understanding of the registration of patients who are homeless/have no fixed abode/who are legitimately unable to provide documentation of living within their catchment area.
4. Health care professionals to communicate the risks, benefits and consequences of different methods of managing pain to enable patients to actively participate in their care and support. Healthcare professionals and support worker/advocate/carer need to work together to facilitate this process and understanding where appropriate.

'Healthwatch Stockton-on-Tees would like to say thank you to the women who have taken the time to share their experiences and thank you to 'A Way Out' and the complex needs workers who have worked hard to support this engagement and their clients through such challenging times.'

Introduction

Local Healthwatch have been set up across England to create a strong, independent consumer champion with the aim to:

- Strengthen the collective voice of citizens and communities in influencing local health and social care services to better meet their needs.
- Support people to find the right health and social care services for them by providing appropriate information, advice and signposting.

Healthwatch Stockton-on-Tees works with local people, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of local health and social care services. This doesn't just mean improving services today but influencing and shaping services to meet the needs of the local communities tomorrow.

Healthwatch Stockton-on-Tees is steered by a Board of volunteers, commissioned by the Local Authority and accountable to the public. Healthwatch Stockton-on-Tees are the only non-statutory body whose sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak-out on their behalf. The service is managed by Pioneering Care Partnership, a leading third-sector charitable organisation aiming to improve health, wellbeing and learning for all.

Healthwatch has:

The statutory right to be listened to.

- Providers and Commissioners must respond to Healthwatch within 20 days of submission of requests for information or reports.
- The statutory power to Enter & View publicly funded health and social care services.
- A statutory seat on the Health and Wellbeing Board.

Background and methodology

Since March 2020, the COVID-19/Coronavirus pandemic has exposed the longstanding structural drivers of health inequities along with class, ethnicity, gender, education level, and other factors to exacerbate existing social vulnerabilities in society (British Medical Journal). The British Medical Journal states that the Covid-19 pandemic has affected groups that face discrimination and historical injustices the hardest.

In October 2020 - June 2021, Healthwatch Stockton-on-Tees engaged with local women who experience significant social marginalisation, exclusion and a complex range of vulnerabilities. The aim of this engagement was to find out about the women's views and experiences of their own health and wellbeing, and health and social care services over the past two years.

The engagement has been supported by 'A Way Out' who have worked to ensure that the women they support have a voice and feel safe enough to communicate their views and experiences. A Way Out is an outreach and prevention charity which aims to engage, empower, and equip vulnerable and excluded women, families and young people to live lives free from harm, abuse and exploitation and to reduce life limiting choices and behaviour. The multiple adversities that the women experience can include selling sex on the street, abuse, trauma, learning difficulties, mental health difficulties, poverty, poor housing, homelessness, addictions, lack of stability, lack of education and low aspirations.

Eight women have shared their narratives with support from three complex needs workers at A Way Out. Throughout the conversations general prompts were provided as guidance where needed. Some of the prompts include 'What has worked well for you?', 'Is there anything that has not worked well for you that you think needs to change?' and 'Has there been anything that has affected your health and wellbeing?'

Findings

Women have told us that they have been faced with difficulties in accessing health care services and that this has had an effect on their mental health, wellbeing and other health conditions. Difficulties have been experienced through not being able to make an appointment/access face-face appointments with a GP and the communication barriers that are associated with primarily telephone contact between the patient and the GP surgery.

'Telephone appointments don't feel like enough. I'm not happy with speaking to so many different people who don't understand what's going on for me.'

'I've not been able to have face-to-face appointments for check-ups. This makes me anxious around getting help for problems or that something seriously wrong and will be missed. I know other people have been able to have face-to-face appointments, but I haven't, and I don't think it's fair.'

'The Doctors I've had appointments with have been great and it's a good GP Surgery, but I haven't been able to get through to them to book appointments a lot of the time.'

'I've had problems accessing care for my gastro and gut-related problems. I was meant to have CT scan done as urgent and it was cancelled - something to do with miscommunications. I was told that I would need to be referred again by my GP - I received a different telephone appointment by another GP I hadn't spoken to before and I didn't get what I needed. I struggle with my mental health, and I feel like no one is listening -it makes it worse and then I stop asking for help. The confusion has delayed things by weeks.'

Women have also told us that not having access to the internet has created difficulties in being able to access health care services.

'I was told that I needed to go on the website to get the registration form to fill in, print it out and send it back to the surgery. I've only got an old mobile phone (no internet). It was really difficult for me to register with a GP. I was really frustrated and ready to give up with it straight away when they said I'd have to go online because I don't have access to the internet.'

'I can't afford credit for my mobile phone, and I don't have any internet -I'm homeless and I couldn't go to the surgery in person to ask for an appointment because of the lockdown.'

'When the mid-wife rang me, she said I had to register my pregnancy online. I don't have internet on my phone. I finally managed to find someone who had internet on their phone who would let me use their phone to do it, but I felt like there must be loads of people who can't use online services like this because we don't all have internet.'

One woman told us that maternity services has worked well for her.

'I'm overall really happy with how I've been able to access healthcare and other support services, I'm happy with how my pregnancy and health were looked after. I'm happy with how my unborn baby was looked after - I've had face to-face support and received physical appointments. If it had only been telephone appointments, I think this would have been different, as I feel more comfortable speaking face to face with people around my pregnancy. It's nice knowing the support is there but I don't feel suffocated by it.'

Three women have told us that within primary care services, they haven't received the care and support they need from health care professionals to manage their pain, and that this is having an effect on their health and wellbeing. It has been stated that they don't know why, but they believe that it is to do with their methadone treatment. The reasons for not being able to receive alternative/additional pain medications/management whilst on methadone in these situations has not been explained to the women.

One woman has stated that:

'I had to speak to a different GP this time and she gave me bad advice about my medication. She did not know about the medication I was already taking or how painful my stomach was. I did not feel the advice given was really about how much pain I was in, I felt that they thought I was not in as much pain as I actually was.'

Women have told us that it is important to them that they receive support to access health services.

'When I'm struggling to communicate with healthcare services it can be overwhelming and feel I need to have someone there to understand and who can explain it to me in an easier way and so that I don't get confused by what I'm told.'

Summary of findings and further information:

Barriers to accessing GP services and other health care services

The importance of face-to-face and physical checks-ups delivered by maternity services, where appropriate, has been highlighted as a method of service delivery that has contributed towards an expectant mothers' positive experiences of care and support throughout her pregnancy. However, women have told us that the barriers they face in accessing health services has had an effect on their mental health and wellbeing. These barriers include not having access to the internet to access health services and not being able to access face-to-face appointment bookings/appointments with a GP.

Research findings from Healthwatch England (2021) and similar work conducted by National Voices, show that some people find it more difficult to access care through digital or remote methods for a variety of reasons, including affordability of technology, digital skill level, disabilities, and language barriers. For some people, remote methods aren't an option, and a lack of alternatives can mean they don't receive vital healthcare.

Healthwatch England concluded that people living in social deprivation are more likely to be digitally excluded than the general population and that this can impact on healthcare experiences. On a national level Healthwatch England have pointed out the need for a bold programme of investment in digital literacy and online access while emphasising the importance of maintaining face-to-face methods to ensure no one falls through the gaps.

In line with the most recent standard operating procedure for general practice issued by NHS England, practices should respect patient preferences for face-to-face care unless there are good reasons to the contrary (e.g., the patient has COVID-19 symptoms).

Published in June 2021, the NHS Appointments and Remote Care - Knowing Your Choices (patient information poster) states that you can expect to:

- Be seen in person if that's the only way you can get good care - whether it is for a physical or mental health problem.
- Be able to request face-to-face support if you cannot access the care you need over the phone or online.
- Get support from a staff member to help you book an appointment.

If you need a face-to-face appointment and are struggling to get one you can.

- Explain to clinical or administrative staff that certain times or platforms don't work for you.
- Say if something does not make sense or you do not understand.
- You can expect information in a language and format that works for you.

Further patient information (NHS appointments and remote care - knowing your choices) can be found at:

https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/unlocking_the_digital_front_door_-_patient_fmediaacing_information_0.pdf

Healthwatch Stockton-on-Tees have shared this information with 'A Way Out' who can support the women who use their services to understand their choices when accessing GP services. Healthwatch Stockton-on-Tees have also shared this information with the public via social media and it has been sent directly to local services who may offer support to marginalised groups.

Removing all barriers to accessing services also requires an understanding of individual support needs. Following Healthwatch England (2021) consultation, patients and practice staff have suggested coding patient's support needs in relation to communication, language, and digital access as and when particular needs arise. Staff can then be proactive about offering people an appropriate consultation type or pre-empt requests for adjustments in future.

Additional Barriers to Accessing GP services and other health care services

Throughout this engagement Healthwatch Stockton-on-Tees have also identified barriers in people registering with a GP surgery due to not having a home address. On occasions it has not been known by administrative staff, that if the GP practices are able to take new patients, then the GP practice has a responsibility to register people who are homeless, have no fixed abode and who are legitimately unable to provide documentation of living within their catchment area (CQC, 2021). Homeless patients are entitled to register with a GP using a temporary address such as a friend's address, a day centre or the GP practice address (CQC, 2021).

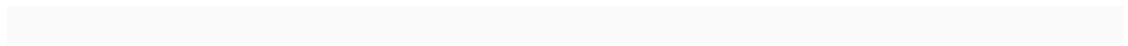
Healthwatch Stockton-on-Tees have distributed the 'NHS GP Access Cards' to vulnerable communities who are in contact with services such as 'A Way Out' and The Moses Project. The card, similar in look to a credit card provides details of how to register with a GP. On the back of the card is the NHS England Customer Contact Centre number, for people to use if they have been refused registration. The cards also include statements that enable the patient to ask for help to fill in forms, help to read and understand, and to ask to speak to someone confidentially.

Pain management and communication in primary health care.

In some cases, women have told us that they don't feel as though they have received the care and support, they need from health care professionals for managing their pain and that this is having an effect on their health and wellbeing. Difficulties around communication between the healthcare professional and the patient has been identified as a barrier to effective pain management for the women.

NICE (2021) guidance recommends that health care professionals take a person-centred approach to working with patients to assess and manage pain. A person-centred approach is a collaborative process that emphasises the importance of communication, information and shared decision making to enable patients to actively participate in their care.

It is important that health care professionals communicate the risks, benefits and consequences of different methods of managing pain in a way that can be understood by the patient. For people who require extra support, it is imperative that those who support/care/advocate, facilitate communication between patient and clinician where appropriate.



Recommendation number	Recommendation	Responsible body	Comments
1.	GP practices to promote 'choice' in how patients access appointments and remote care.	<ul style="list-style-type: none"> • NHS Tees Valley CCG 	
2.	GP practices to identify and record the specific support needs (relative to communication and ability to access specific GP services) of patients that have a range of complex social vulnerabilities, as and when their needs arise.	<ul style="list-style-type: none"> • NHS Tees Valley CCG 	
3.	GP practices to support their staff's knowledge and understanding of the registration of patients who are homeless/have no fixed abode/who are legitimately unable to provide documentation of living within their catchment area.	<ul style="list-style-type: none"> • NHS Tees Valley CCG 	
4.	Health care professionals to communicate the risk, benefits and consequences of different methods of managing pain to enable patients to actively participate in their care and support. Healthcare professionals and support worker/advocate/carer to work together to facilitate this process	<ul style="list-style-type: none"> • NHS Tees Valley CCG • A Way Out 	

	and understanding where appropriate.		
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Response to:

Women's Experiences of Health and Social Care Report: A public engagement supported by 'A Way Out'

[Tees Valley Clinical Commissioning Group response](#)