



NHS CHARITIES
TOGETHER



Access to Healthcare

Supporting people to access the health care they need to recover and stay well

Background

People missing NHS appointment(s) can have serious implications for their health and can even lead to premature death, so the NHS want to make sure people attend their appointments so they can recover and stay well. Missed appointments also cost the NHS millions of pounds every year and increases waiting times when our NHS is already very stretched.

Local voluntary and community sector (VCS) groups best understand their community and the people they serve and can also provide support enabling people to recover and stay well.

In November 2023 we were commissioned by Public Health Dorset thanks to funding from NHS Charities Together via Dorset County Hospital Charity in association with Dorset Community Foundation to innovatively partner with five local voluntary and community groups on a short but very important piece of work gathering insights from communities across Dorset to help us to understand the barriers for people attending NHS appointments and what can be done to address these.

We asked the community groups partnering with us to ask their communities two key questions:

1. What are the barriers hindering individuals from attending NHS appointments in Dorset?
2. What people thought could be done to address these barriers?

Groups were asked to think outside the box when exploring the method they use to gather this insight and for volunteers to be integral in the delivery of the project. To support with this and to ensure its success we offered our partner community groups:

- £5,000 financial assistance
- training from the Point of Care Foundation for volunteers to enable effective conversations with participants.
- support with recruiting volunteers through CAN's Volunteering Hub
- peer support through CAN's Trusted Voices Champion Network

In addition to this groups had the opportunity to apply to a 'Thank you' fund for participants at the end of the project – enabling groups to organise an activity participants would enjoy as a thank you.

The activity

It is believed that those from the list below most often miss appointments, so together we wanted to focus and gather insights from the following communities:

- Black people
- Families with young children
- People with poor mental health
- Older people

- People affected by poverty

Following an application process, where we asked community groups to pitch their ideas to us, we partnered with the following organisations to carry out a range of innovative, collaborative engagement activities with specific communities across Dorset to help understand the barriers and what can be done to address these:

[Christchurch Community Partnership](#) worked with the BU PIER (Public Involvement in Education & Research) Partnership to use their community researcher model to upskill volunteers enabling them to facilitate and lead engagement activities with older people and the socially isolated who they already work with, many who have poor mental ill health and/or mobility issues.

[CoCreate Dorset CIC](#) worked with individuals in Bournemouth, Christchurch, Poole and Weymouth with poor mental ill health through Forum Theatre, a structured performance method that encourages active problem-solving.

[Home Start Wessex](#) supported volunteers to lead and facilitate engagement activities with families with young children including those affected families affected by poverty.

[Nigerian Community in Dorset](#) engaged with black people some of those were families with young children and poor mental ill health through focus groups and one-to-one engagement activities with support from BU student volunteers.

[Poole Communities Trust](#) used creativity to stimulate conversation and engagement from the communities of Bourne, Branksome and Turlin Moor by working with a local illustrator to create a comic strip highlighting the barriers and challenges.

Key themes

Some key themes across the 5 projects have been identified as impacting access to healthcare with many of these themes interlinking.

1. Communication
2. Discrimination/ Inequity of Access
3. Expectations
4. Appointment booking
5. Online healthcare
6. Public transport
7. Continuity of care

These themes were the same for both internally generated (for example feeling unwell and needing to contact a GP) and externally generated (such as receiving a request to book a hospital appointment) needs to access healthcare.

1. Communication

This theme acknowledges the systems within the process of making and attending appointments that people found challenging: poor methods of communication, as well as a perceived culture that often lacks care and empathy.

Across all the projects people shared a feeling of not being valued or respected when trying to communicate with healthcare services with some sharing that they feel rushed or dismissed by both healthcare professionals and the receptionists.

There are often language related challenges which prevent people effectively articulating their situations clearly which can cause frustration and the feeling of not being listened to or dismissed.

There was a clear sense that a one size fits all approach needs to be replaced with more tailored and personalised approach for people with support needs. It was recognised that people felt it was less the fault of the staff, who they respected as doing their best in difficult situations and that underfunding and lack of staff created a system that was problematic.

Overall, how the NHS communicates with people at all points of contact was considered a barrier to engagement.

2. Discrimination/ Inequity of Access

Many of the reasons communities shared centred around inequity of access for reasons related to both mental health, and also ethnicity, physical disability, learning disability and neurodiversity.

People felt that the current system cannot accommodate peoples access needs effectively and/or consistently and this was a significant barrier to accessing healthcare.

Some people felt unable to safely communicate their access needs, others had experiences where they had asked for adaptations, however they were not accommodated, or taken seriously by staff.

People involved in the forum theatre piece with Cocrete and community members from Nigerian Community in Dorset shared difficult and/or discriminatory experiences with reception staff and a feeling of being unsupported and unwelcome. In one instance someone waited a long time for an appointment only to find there was no translator there on the day to support with communication.

Black people shared how they felt there was structural racism within the system – there is a belief that individuals from black backgrounds face disadvantages compared to other groups. One participant pointed out that a black women may not receive the same level of care as their white or Asian counterpart. Creating a reluctance to engage with the system. Consequently, accessing faith/religious based or local alternatives.

3. Expectations

Several of the projects spoke to those who had recently migrated to England and/or were navigating the healthcare system with English as a second language.

They shared that there is a lack of understanding of what the system is, what people are entitled to and what someone can ask for. Those from different countries have different cultural expectations with background and beliefs influencing their interactions with health services and expectations from the system.

For example, some expect healthcare professionals to have comprehensive knowledge and provide clear explanations if this is not met then there is a diminished willingness to attend future appointments consequently contributing to lack of engagement.

Across all projects people shared their frustration around the difficulties of differing systems for making appointments and lack of flexibility.

Nigerian Community in Dorset highlighted that some shared that their employers do not seem to make allowances for their workers who need to attend appointments; especially if the worker

is in what can be considered a low skilled role. This perception can discourage workers from attending appointments.

4. Appointment booking

Many across all communities shared the difficulties they face when attempting to book an appointment. Including appointment availability; many highlighted lack of emergency appointments but also the long waits for non-urgent appointments.

Some individuals also reported experiencing long wait times when trying to speak with a receptionist to book an appointment. Examples were given of people being on hold for over an hour, which prevented them from engaging in other activities, both physical and mental, during that time.

Others shared how they are expected to use the online booking system which they find hard to use and time consuming.

There is also a perceived difficulty in changing and cancelling appointments, especially when trying to contact a service by phone.

Many shared the frustrations around health being a system that decides when you come rather than a two-way communication that finds an appointment with you or asks you to confirm you will attend. This was particularly difficult for those with young children, working or poor mental health.

5. Online healthcare

Online healthcare presented numerous barriers for people across all communities whether it was receiving or accessing information regarding notifications of appointments, appointment cancellations and/or rebooking to using e-consult.

Although some participants were online for other reasons such as online shopping or linking with friends and family and accessing information they did not want to be or felt unable to be online for healthcare. The barriers and impact of these were complex and nuanced across all communities.

6. Public transport

It was clear across all the communities that there are many factors that play a part in enabling a person to attend their healthcare appointment but transport was a key component – this could be the location of the appointment, the time of day, if they had their 'own' car, the parking facilities, whether they were reliant on public transport, if they could book a transport service and/or other commitments such as childcare or work.

However, the lack of public transport options arose time after time. Christchurch Community Partnership shared some people have to allow more than two hours to travel to a GP appointment as they have to catch two buses which has a 20 minute wait in the middle.

Nigerian Community in Dorset shared that some of their families who do not have a vehicle face difficulty due to inadequate public transport options, especially when balancing childcare responsibilities and work commitments.

People supported by Homestart Wessex shared the importance of local and easy to access services, with parking.

The lack of transport prevents people from accessing healthcare.

7. Continuity of care

For many, consistency of healthcare professionals, particularly GP's, impacts how someone engages with services. Not seeing the same person consistently raises distrust and creates a reluctance to engage.

Recommendations

People were asked to share what they think could be done to address some of the barriers highlighted above.

Communication

Methods of communication was a key theme for improvement, it is important that all communication needs to value the patient's perspective, not patronise and be accessible without jargon or big words.

Many felt the system would work better and DNA's would likely reduce if the methods of communication were fit for purpose.

Generally, it was felt that services need to be more flexible in the ways they are contacted and communicate out from and for communication to be more two-way.

This could look like:

- Being able to state your communication preferences and enabling face-to-face, phone, text and email as well as letter options for people to chose from.
- Making better use of email more generally
- Asking people to confirm attendance at appointments, as standard practice, e.g. reply 'YES' text to accept this appointment
- Make 'chose and book' appointment making the norm
- Better joined up communication between primary care, hospital care and the specialist care
- Enable the appointment system to work form the perspective of the individual joining up multiple appointments where possible

Across all the projects people shared their frustrations around the difficulties they face when contacting health services suggestions to address this include:

- More people answering the phones at GP practices, hospitals and community healthcare transport services
- If a 'call at 8am for an appointment' process is in place then also offer a 1pm alternative for those who need it for access reasons
- Introduce a telephone system which calls back someone when the operator is free rather than leaving someone on hold.

Culture

There is a perceived lack of care and empathy within the system which makes individuals reluctant to engage. There is a need to improve the attitude of staff and the culture within the services. Suggestions included:

- Celebrating and recognising receptionists with awards such as 'the most welcoming GP receptionist award'
- Training for receptionists to be more respectful and understanding
- Ask settings to review their current 'welcome' to their service – review their phone messages which are considered negative and the tone of communications
- Consider how messages can be delivered differently and in ways that are more positive and welcoming

Accessibility

Many shared how difficult it is to navigate the healthcare system and this was amplified if English is their second language. To help people understand the system, what they can expect and what they can ask for there could be better information about services which could look like:

- Simplify processes wherever possible putting the person at the centre in all instances
- Better leaflets and take-home signposting for other services
- Clearer information about how to request and access support within a service
- A place or places where someone can understand the maze of services and different entry points
- Ensuring information is available in different languages and formats

This would help to ensure the system is accessible to all.

There is a need to understand how accessible services are to those with additional needs. Small changes can contribute to reducing big barriers. Some suggestions include:

- Undertake an access audit – ask how accessible services are (at every step of someone's journey) particularly for those with additional needs
- Improve mental health and discrimination awareness training, especially in relation to people's experiences for all staff especially receptionists and administrators
- extend appointment durations to allow people to effectively articulate their situations
- arranging successive appointments within a short timeframe to ensure previous conversations have been understood but also people shared the longer the duration between appointments the less willingness there is to attend subsequent appointments

Engagement and education

Those from the black community highlighted several ways engagement and education could improve engagement with the health system. Often cultural factors such as background, beliefs and their peers influence how someone interacts with healthcare services potentially contributing to lack of engagement and instead a reliance on faith/religious and local remedies.

To help tackle this we could improve engagement with religious/faith based leaders. There isn't suggestion that leaders discourage but they could help encourage their congregations to embrace both faith/religion and modern medicine.

People expressed concerns about potential repercussions on employment stability when attending medical appointments. There is a need to raise awareness and reinforce the message, particularly amongst those in what are considered low skilled jobs, people are legally entitled to attend medical appointments without compromising their employment.

Alongside this an education piece with employers on benefits of allowing staff to attend appointments is needed.

Transport

A reliable, responsive, and accessible transport system that covers all healthcare appointments (hospital and primary care) will ensure all communities are able to access NHS services.

Where this is not possible there is a need to have more outreach in more trusted community settings making it easier for people to access appointments.

Conclusion

By partnering with VCS groups who work specifically with the key communities we wanted to hear from we were able to directly ask them what the barriers are to accessing healthcare services enabling us to highlight several key themes.

The themes encompass various aspects of the healthcare system, including:

- communication challenges
- discrimination and inequity of access
- differing expectations
- difficulties in appointment booking
- obstacles related to online healthcare
- issues with public transport
- the importance of continuity of care.

With the recommendations proposed by community members offering actionable steps for the NHS to consider to address these barriers.

Suggestions include improving communication methods, fostering a culture of empathy and respect within healthcare services, enhancing accessibility through language support and simplified processes, and implementing measures to accommodate diverse needs, such as extending appointment durations and arranging successive appointments within short timeframes.

Additionally, engaging with religious and community leaders, raising awareness among employers about the importance of allowing staff to attend medical appointments, and improving transportation options are identified as crucial steps to ensure equitable access to healthcare services for all.

Overall, this collaborative effort has provided valuable insights and actionable recommendations to enhance access to NHS appointments and promote better health outcomes for individuals across Dorset. By addressing these identified barriers and implementing the suggested recommendations, we can work towards a healthcare system that is more inclusive, responsive, and supportive of the diverse needs of the community.