Inequalities in Milton Keynes

Published February 2023

Contents

Contents....1
Introduction....2
Background....3
Acknowledgements....4
Methodology....4
Tell us about yourself....5
Which Services?....8
What went well?....9
What didn't go so well?....10
What could be better?....13
Communication....16
Looking after yourself....18
Health Information....19
NHS Messages....20
What information or support would help?....22
Recommendations....23
Appendix 1: Survey Questions....25
Appendix 2: Relevant Reports....27

Image credit: Centre for Ageing Better

Introduction

Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB) and the Bedfordshire, Luton and Milton Keynes Integrated Care Partnership (ICP), known as the BLMK Health and Care Partnership hold a joint priority to tackle health inequalities.

To achieve this, both the Board and Partnership recognise that working with, and listening to communities, particularly seldom asked, and therefore seldom heard communities within Bedfordshire, Luton and Milton Keynes is essential. Only with their shared experiences can the Integrated Care System (ICS), as a whole, better understand what barriers people face in accessing health and care services.

The ICB commissioned the Reverend Lloyd Denny, from Luton, to undertake a review of health inequalities in Bedfordshire, Luton, and Milton Keynes. During a first phase of this project, the University of Sheffield was commissioned to undertake a literature review. This literature review brought together both national and local research and reports into a single report evidencing historical health inequalities in Bedfordshire, Luton, and Milton Keynes, the people within our communities who faced the greatest health inequalities, under-representation, and themes of their biggest barriers.

In August 2022, the ICS convened an Inequalities Steering Group which invited proposals from local Healthwatch and Voluntary and Community Sector partnerships to deliver a second stage of the project which included in-depth engagement and listening activities, with a focus on intersectionality, to capture experiences of health inequalities within specific groups identified within the literature review.

There is, and will continue to be, a big focus on understanding and learning more about what inequalities people experience by the BLMK ICS with the intention to address those inequalities and improve the way health and care services support people who experience greater health inequalities.

Health inequalities are not a novel topic and there has always been a strong moral and economic case for acting to address these. The government and the ICS are now even more dedicated and determined to tackle health inequalities as shown by recent policies, system overhauls and changes in societal attitudes.

Background

Healthwatch is the statutory body created to help improve local health and social care services and make sure they work for the people who use them.

Healthwatch Milton Keynes is the local independent champion for people using health and social care services in Milton Keynes. Our main statutory functions as local Healthwatch are:

- To obtain the views of people about their needs and experience of local health and social care services
- To make reports and recommendations about how those services could or should be improved
- To promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services
- To provide information and advice to the public about accessing these services and the options available.

We represent the voice of local people on various health and social care forums, including the Integrated Care Board and the Health and Care Partnership (formerly called the Health and Wellbeing Board).

We're part of a national network that reports to Healthwatch England, NHS England and The Department of Health and Social Care on national health and social care trends.

Much of our work is driven by the difficulties experienced by people as they try to navigate local health and care services. This meant we were confident in our ability to highlight specific issues to the ICS Inequalities Steering Group as part of a BLMK wide project to explore ways to reduce the inequalities that are growing for some of our residents as the health and care system comes under increased pressure.

The evidence we gathered for this report underline the themes we have highlighted in previous work and we look forward to seeing the results that the renewed interest in coproducing solutions with affected residents will bring.

Acknowledgements

Healthwatch Milton Keynes would like to acknowledge and thank the residents who contributed, with such openness and honesty, their stories in order to improve the experiences of others. Their stories highlight the impact that applying blanket processes, strictly adhering to arbitrary rules, and unconscious bias have on individuals who are often unable, for a variety of reasons, to overcome the barriers they face on a daily basis.

We would also like to thank the hardworking teams at the various community groups for their time and support, and their understanding and help to highlight the inequalities as well as the diversity and resilience within our city.

Methodology

Healthwatch Milton Keynes ran a survey and conducted interviews with residents at planned outreach events, and drop-in visits to spaces including Community Larders and local groups such as MK Snap, Carers MK and the Somali Outreach Project.

The survey asked questions drawn from both from the inequalities themes from the literature review and input from the ICS Communications and Engagement team. The questions can be found in Appendix 1. Our outreach team used a semi-structured conversation approach when meeting residents on a one-to-one basis or in groups. The conversation topics were based on the survey questions and the conversations were recorded via hand-written notes. This approach allowed people to talk freely about their experiences in their own words and give priority to what was most important to them.

Healthwatch Milton Keynes had **144** responses to our published Inequalities survey and held listening interviews with **151** people through outreach events, focus groups and our assertive outreach work.

Our Outreach officer also had conversations with listening group organisers about the inequalities and themes that they were seeing, and advocating on behalf of their client groups, most often. Many of these groups have been created by, and for, members of local communities to pass on support and knowledge that they found was missing when they needed it themselves.

The personal stories we heard were added to the survey results and a selection of these stories have been included, verbatim, to provide insight into the issues being experienced by these marginalised, and often vulnerable, people when seeking care and treatment.

Tell us about yourself

The residents we interviewed and heard from identified the following aspects of how their social and political identities combine to affect their experiences of health inequality:

- 58% of survey respondents that didn't identify as having a disability or long-term condition attributed their health inequalities to their age, ethnicity or their gender/gender identity
- 31% survey respondents were carers
- 27% of people engaged with were from ethnic minority groups
- 18% of all people sharing their experiences identified as having a disability
- 23% of all people sharing their experiences lived in deprived areas of Milton Keynes
- 9% of all people sharing their experiences identified as LGBTQ+
- 4% of all people sharing their experiences lived in temporary accommodation
- Other intersectional inequalities trends were noted for older women across all communities, people on lower incomes, people living in council housing, and religious beliefs.
- 1% of people said whilst they were more than financially stable, their disability or carer responsibilities meant they experienced unequal access to care

Tell us about yourself cont...

How would you describe your gender?

Is your gender identity the same as the sex you were assigned at birth?

Please tell us which sexual orientation you identify with.

Tell us about yourself cont...

Please select any of the following that apply to you.

If you consider yourself to have a disability, how would you describe your disability?

Which of the following best describes your current financial status?

Which Services?

When we asked what health or social care services people had used in the last three years, the GP was by far the most popular answer.

This is largely because the GP is at the centre of the health and, to an extent, social care system. There are few services that can be accessed without a referral from a GP, including assessments that fall under the social care umbrella such as the Integrated Autism Service.

There were almost 45% of people who selected 'other'. Of the people who chose to specify what service this had been, the physio, district nursing service, and pharmacists were the most mentioned. Sadly, around 1 in 5 people said that they had not been able to see a GP or be referred to the service they required, such as a midwife, as they were unable to register.

> "I really need to see a GP and a dentist but I've been told I can't see a GP because I don't have the ID. I can't afford to see the dentist. I'm in a lot of pain. I worry about my kids' teeth"

The COVID-19 pandemic also increased people's reliance on their GP practice as the vaccination programme was rolled out, and as the other support services people may have turned to were unable to accommodate the changes brought about by lockdowns and restrictions.

When added together, almost 40% of the people we spoke to had seen a mental health professional. Some of the people who selected 'other' also mentioned mental health specialist teams, MK IAPT (Improved Access to Psychological Therapies), and addiction services.

What went well?

49% of survey respondents skipped this question. The most common positive comment made by those who selected 'other' related to the support they had received by professionals who had advocated for them to get appointments, assessments, or treatment. Around 1/3 of people commented that they had not actually been able to get to see their health or care professional.

For the people who did respond to this question, health professionals being friendly and approachable was a more common experience than having their identity, disability, or living situation considered.

What did make a difference for people who provided comments was the times where they were seen as a person, not just a set of presenting symptoms or circumstances.

The common thread was that things went well when people were lucky enough to encounter individual professionals who worked around the system to personalise the approach, but that the overall system did not allow for individual differences or needs.

Personal stories:

"These vary from service to service, and individuals within the service, too. I am ticking every box that has ever applied to any one service or professional within it - but they don't all apply to every visit, service and health professional. … [GP] also seems to have a disconnect between my disabilities and the actual limitations they place on my life"

What didn't go so well?

When thinking of how to improve the patient experience, it is worth noting that the number of people who felt their concerns about their health or care were dismissed were almost as high as those who had difficulty in getting an appointment, or getting to it, combined. This has a negative, and sometimes fatal, impact on patient outcomes:

"My sister tried to see a GP. She had tried throughout the pandemic to get an appointment and because she kept getting told to 'call back tomorrow at 8' she gave up. By the time she ended up in A&E, she was diagnosed with terminal bowel cancer. She died last year."

The organisations we spoke to relayed the difficulties caused for people they worked with when professionals didn't take the time to explore personal circumstances. This was mentioned in relation to hospital discharge where people were being sent home to potentially unsafe spaces, and where people had not been given the information necessary to contact services for follow up or if their situation worsened.

"People should not be discharged into unsafe and unsuitable situations. Those being paid to look after them need to be more organised and actually care about the people they look after."

"I assume no one asked this lady what her home was like and didn't bother to check that she would be safe"

A high number of women expressed their frustration at being patronised or dismissed. Women frequently experience diagnostic overshadowing, and a disregard towards gender appropriate support from the system. This view was held by women when connecting with almost all health services, throughout their lives, from puberty to menopause:

"Don't keep writing everything below the chest off to 'women's problems' - and because you are a woman yourself - you should understand how patronising that is"

"My practice is now down to two men in an area where there are many Muslim women. When I spoke to a receptionist about this yesterday and she commented that if they were really ill they'd see a man!"

"Because I am a woman, and my symptoms were vaguely in my pelvis, everyone just leaps to the conclusion that it is gynaecological, and just something to put up with"

"I feel there is discrimination against single older women, especially poorer women (in council housing and on state pension only). This has been evident at my GP practice. If they break a leg, for instance, they do not always/routinely get physio. Without a computer or smart phone, you have to telephone the practice on a land line (45 min wait) or go to the practice where you're often sent away to ring in or wait for a call from a Doctor. There is no recognition of additional vulnerability or need. The hospital is much better but if you need a procedure for day case surgery, you are on your own afterwards. This is high risk and scary"

Trans people told us they experienced similar attitudes from professionals who did not seem aware of the damage this could cause:

"They constantly dead name me, refer to my biological sex and this causes me enormous distress"

"Staff need to be aware of LGBTQI+ issues, it is hard enough without being outed or judged every time we need an appointment"

There were a number of comments made by hearing impaired people who continue to struggle with health and care services who insist on using telephones for communication, even after their need for email or text communication has been added to their patient record. This is incredibly frustrating when the Accessible Information Standards have been a legal requirement since 2016.

"I got a text asking me to call to make an appointment. My husband called to advise I needed text or face to face as I am deaf. They asked me to provide a letter from my GP or consultant to confirm this. I got the letter and tried to deliver it to them but could not access their premises and they have no letterbox. They told me they could not see me face to face, and that their practitioners do not have email they can use with patients. So because I am Deaf, apparently I can't access the service"

"I am deaf and severely sight impaired so information is hard to get - even online information needs to be sent in a format my screen reader can 'read'."

The number of people who commented about not being able to register with a GP or being removed from GP Practice lists reflects the growing amount of feedback we receive about this issue. There is disbelief among patients that 'Home Visits' is a genuine reason for maintaining strict boundary areas as this removes the patient choice and cuts off any continuity of care they might have received. Patients have also told us that there does not seem to be any consideration given to the reasons behind the behaviours that have led to their deregistration:

"I was removed from GP register due to non-attendance of appointments. I have suffered severe trauma, struggled with depression, had a recent suicide attempt, am still in the process of being diagnosed and have previously been prescribed anti psychotics."

"Was told that GP Practice only registered people with a MK6 postcode and that 'No Fixed Abode' is not accepted here"

"I was released from prison with a prescription that I can't get filled because I am in temporary housing, pharmacy wont fill prescription if I am not registered with GP and GP practices won't register me because I don't have the right paperwork/ ID"

People who were on low incomes felt that the difficulties this caused in getting to appointments, eating well, or getting/ maintaining a healthy home were not considered by professionals.

"They don't understand how hard it is to be in temporary accommodation and have no money for transport"

"I have run up rent arrears and am now really struggling. The council didn't tell me that Housing benefit was available to me. Addiction Services treated me as a case not a person"

Personal stories:

"No support for my family while I was in hospital. My husband was given a warning by his employer because he had to take time off to look after our children. We earn too much for 'government' help but not enough to pay for 6 weeks of childcare."

What could be better?

96 people opted to add comments to further explain the answer selection they had made when asked what could be changed to help them feel better supported when connecting with services and professionals.

One of the themes emerging was that adhering to strict admission or referral thresholds and criteria created barriers when people were seeking support:

"Services are led by everything BUT the patient and their needs. If you can't fit into a very specific box, you've nowhere to turn"

People felt that, especially if they had been living with a long-term condition or disability, it should be acknowledged that they probably had more knowledge about their condition, its effects, and its treatment, than most General Practitioners. This was especially true when people were seeing a doctor who was new to them.

While each person's circumstance or condition was different, the overwhelming theme of all the comments was that better communication is needed. Good communication leads to people being treated with dignity, as whole human beings, and being involved and informed about what is happening with their care and treatment.

"With Black women being more likely to die during childbirth - why was my wife being ignored?"

"I never feel like my support needs were considered or available unless I went to private care, which I can't afford even with family's financial help. I also have bad anxiety over phone calls, and nowhere seems to understand that or be able to offer other arrangement"

"Trans person being asked, by GP Admin team, questions relating to sex assigned at birth and ignoring my stated gender"

What could be better cont...

There was an ask for information to be compassionately, and proactively provided by all organisations and service providers. This included the way diagnoses were given, where people could access non-clinical support, and general information to support new or changed circumstances.

"The council housing team should provide an information pack for the new area they are moving people to - and the hospital could have told me about RNIB, SARC or CiL to help me until I know whether my sight loss is permanent or not"

"I was alone when I received my cancer diagnosis. This was from a nurse who rushed into the room, apologised that the doctor was too busy to be there and threw some leaflets on the table. She then said I'd hear about "staging" in the next couple of weeks. That's how I was told I had cancer"

"If the GP is going to be the gatekeeper for every treatment, the GP needs to be available and to follow up - noone can do anything without the GP referral but the GP is never there and other GPs at the practice tell me we have to see the original Dr"

Personal stories:

I am an atheist. Many services provided discriminate, sometimes inadvertently, against those with no religious belief by being held in religious settings or being run by religious organisations. I refer particularly to socially orientated provisions and support groups which are necessary for everyone for a healthy, happy existence, regardless of faith. I have been a single parent which also leads to discrimination because many health services cannot be accessed because of lack of childcare provision. As a single woman I am further discriminated against because my earnings are low and statistically are likely to remain low throughout my life, yet I am expected to pay the same for services as others who, because of their gender or because they are part of a couple have considerably higher earnings. This naturally affects my health because not only have I always had to worry about money at every stage of my life, inducing physical and mental ill health, I am also less able to afford treatments which are not free for example dentist, chiropodist, physiotherapist. As a single parent I also feel I have been discriminated against in terms of housing provision which has had a detrimental effect on my overall wellbeing. As a woman I feel that my health concerns have not been taken seriously leading to poorer health now in later life and a shorter life expectancy. I feel that the lack of provision of health and welfare services throughout my life (much of which has been spent in Milton Keynes) has been so extreme as to be abusive.

What could be better cont...

Communication

Improved communication in all its guises forms the recommendation that Healthwatch Milton Keynes makes most often. Appropriate communication is also a legal obligation under the Accessible Information Standards, the Equalities Act, and the Human Rights Act. Because this right to be treated with fairness, dignity, and respect and to be given information in a way that a person can easily understand, is enshrined in law, it is assumed that providers and organisations will provide it. This means that it does not tend to be included in service specifications, governance documents, or staff training. In practice, organisations and professionals, striving to deliver services with high levels of contractual requirements, budgetary, and staff restraint, often overlook this vital duty.

Over half of the people we spoke to said they had difficulty communicating or being understood by staff in health and social care settings. With only 20% of respondents telling us they had a sensory impairment; this indicates that language and wider cultural differences play a large part in communication barriers.

When people expanded on the difficulties they faced a common theme was that their opinions, thoughts, and feelings were dismissed by health and care professionals:

"Our concerns are just brushed aside as if we don't understand enough, aren't smart enough, to understand what they would tell us"

"The GP doesn't listen. Has already decided what he thinks is wrong and doesn't listen"

"Because I am young, I am considered not to know what I want or need"

"They could be more helpful - I think it's because I have an accent that they assume it means I am stupid - I am probably more educated than they are - and speak more languages for a start"

People need to trust the health or care professional when they are talking about their diagnosis, treatment or plans and having a relationship or rapport with the healthcare professional was an important aspect of this:

"I haven't managed to get an appointment yet. I want 'person to person' - not a discussion on the phone with someone I have never met and don't have any rapport with .... this is my health and my body. I am important, I am not a subjective case history!"

Communication Cont...

For people with sensory impairments or neurodiverse conditions, the move to a virtual health and care world is creating issues in communication which are having very real impacts on their health outcomes. People told us that the anxiety around online or telephone appointments is so high that they are avoiding even trying to contact their health professional.

"I find it hard to make a GP appointment when I need it because they do not give a time that they will call you. They call you at any time. My Autism means that I need routine so the uncertainty of when they will call makes me anxious all day and unable to work on anything in case they call."

"I am partially deaf now. I always feel rushed which makes me nervous and forget what I want to say. As this has been an ongoing situation throughout my life, it is now ingrained behaviour and I constantly feel of little or no importance. Long waits and impatient staff over the years also increase my nervousness and inability to approach health and care services in a relaxed manner. I have also felt on occasions that not everyone is treated with the same degree of care and respect"

People who are hearing impaired and people who are not fluent in English are in danger of being 'non-compliant' with the medical advice they are being given because they have not heard or understood it.

"I am Deaf. BSL is first language. NHS never use BSL interpreter and always call me. I can't answer phone and get taken off waiting list for mental health after baby. Say I did not reply"

"I am deaf in one ear so I often miss words and feel as though Drs get annoyed if I ask them to repeat themselves. So I don't always ask - but then I don't always know what I am supposed to do"

People who identify as LGBTQI+ told us that they don't feel they can be open with their health professional, or that they feel judged if they are open about their sexuality or their gender identity.

"...My GP appears to think a post-menopausal woman doesn't need to have a sex life, or at least if she does, it must be with one regular partner. I think the LGBTQ side of things is best kept under wraps because I think her own cultural and/or religious beliefs would make that hard for her to give me the fair treatment I deserve. And she's the best of the bunch at my surgery. On the other hand, on certain purely medical issues where there is not a link to my LGBTQ status, she has been rock solid. I do think she would benefit from equalities training because there's no way she will have had any while training to become a GP."

Trans people experienced treatment which highlights the need for further diversity and inclusion awareness and training.

GP Admin staff need to have some cultural competency training to stop stigmatising trans people

Looking after yourself

When we asked people if they felt they looked after their health well, or to the best of their ability, 85% of people felt they did. This has an interesting relationship to the 93% of people who identified as having a long-term condition or disability. In exploring this further and asking what people were most proud of when looking after their own health, people who had long-term conditions or disabilities knew what they needed to do to keep healthy whereas those who were in general 'good' health tended to respond with 'I go to the Doctor'. This group did not appear to identify that good eating habits, physical exercise, and staying engaged were part of looking after their health.

Things people told us most often that they were proud of was being educated and aware of their own health and condition, eating well, and being physically active as far as they were able. People who identified as having a mental health concern were proud of the fact that they recognised when they needed to ask for support, and that they did actually ask for that help.

We asked what people felt they could do better to look after themselves, the underlying message was that people wanted more support to live the lives they wanted:

"Have some help to get my independence back"

"Get answers to questions about genetic condition"

"My parents are more in charge of my health than I am"

"Get more support so I don't have to do everything while looking after 2 children with SEN"

"Have health professionals who respect I am the expert in my own body"

"Have more money to buy better food. to be in accommodation that helps me stay healthy"

"Get registered with a GP"

"Be younger, richer, and male"

Health Information

We wanted to understand the level of people's knowledge of how to keep healthy or if they knew when to get help, as people's 'health literacy' is becoming a topic of discussion across many of the heath care and prevention meetings we attend. 70% of the people we spoke to felt they had a good level of knowledge and 25% responded with 'sometimes'.

When we asked where they got their information, the vast majority used 'official' health information sources and/ or friends and family.

A number of people selected 'other' so they could add context to their selection:

"I can find all the information I need but then the organisations don't provide the help they are meant to"

"I know when I should get help but don't always know where to get it from. Thank goodness for Healthwatch and the other charity groups who make sure I get the information I need - the professionals don't give it out!"

"I know when to go and get help - unfortunately, the help isn't there"

"I would say GP but they are not helpful at all - if you want information you have to go other places and then tell the GP what is wrong"

As this was a survey run by Healthwatch Milton Keynes, it is perhaps unsurprising that Healthwatch were mentioned numerous times as a safe and trusted place to get information and signposting. Children and Family Centres, P3 support workers and Parish Councils were also noted as being reliable sources of information and signposting.

NHS Messages

When asked whether the health messages from the NHS were easily available, the responses were very evenly split. The reasons given for feeling that the messages were not easily available included the disproportionate amount that were only shared digitally. People with visual impairments said that many of the messages were not compatible with screen readers, or that letters which offered different formats were in small and faint print. Language was also a barrier to access with most NHS messages not being released in an easy read format or translated into other languages for some months after the original message and none of the social media or online messages were available in these formats at all.

We followed these questions by asking what more people felt the NHS and other health and care services do to help them be their healthiest selves.

A common response related to the availability of the services to be able to follow the advice:

"I can't follow the advice NHS give if I can't access the services"

"When I follow the messages that the NHS give, the health organisations should facilitate this, otherwise - what is the point?"

"Make sure their staff know what the messages are as well"

The suggestions related to accessibility of the messages themselves made up, by far, the largest proportion of responses:

"make sure they use BSL interpreter"

"I'm not very computer literate and don't often go online. I need to do some training"

"have them easier to find and to understand"

"make sure things are written so people with autism can understand them - clear, concise, not vague"

"Make the messages accessible for people with sensory impairments"

"Question applies to those who have access to a computer, and are able to use one. others are left out"

NHS messages cont...

While thinking about what they needed from services to help them be their healthiest selves, the need for understanding, compassion, and cultural competency was given the greatest importance:

"Provide advice for people with physical disabilities (eating healthy, exercising when not very mobile, specific mental health support)"

"Include older people in their plans, if you don't help us stay healthy we are going to be more expensive to look after!"

"Be deaf aware so that I understand what they are telling me"

"Don't tell me to look after myself but then make everything (food, cooking, health care) too expensive to be able to"

"Make sure people are aware that if they don't get called for a screening, they can still ask for one. Make sure people who have cancer worries are able to see a Dr!"

"Don't treat me as a second class citizen because I have an accent"

"Treat me like a person, give me the information they have that will help me"

"Make health and care services accessible for wheelchair users"

"Be aware of cultural needs"

"Offer help that's available to disabled and neurodivergent and queer people with people who know and understand these and how it can affect our lives and wellbeing"

10% of people who left a comment said that being able to register with a GP would be the best way the NHS could help them.

Ten people asked for health professionals that listened to them and were able to acknowledge that other consultants, or even the patient themselves, might know more than they did about that particular condition. Some people asked that health and care professionals looked at them as a person, not just as an illness.

What information or support would help?

One of the statutory roles of a local Healthwatch is to ensure people's voices are heard and considered when health and care organisations are designing and delivering services. Any recommendations we make are drawn directly from what people tell us they need because we, as involved as we may be, cannot know what the end user of the various services are experiencing. To this end, we asked people to tell us what would help.

When it comes to preventing poor overall health, and/or any existing conditions, what kind of information and/or support would be helpful to you?

It will be no surprise to anyone reading this report that the 'other' information and support that people said would be helpful would be accessible for people with sensory impairments, language support, or learning disabilities. It would recognise people's cultural needs, gender identity, sexuality, age, and financial circumstance.

People asked that health and care settings were, physically and emotionally, safe spaces for them, no matter their identity or their health need.

"I want to feel like the people who looks after me, actually cares about me as a person, not a paycheque"

Recommendations

Whilst this report was commissioned to support the work of the BLMK ICB Denny Review in reducing inequalities and promoting coproduction, we feel there is benefit in the wider dissemination of the findings, and subsequent recommendations to the workstreams and teams who are currently designing services and pathways.

The following recommendations are taken from our July 2022 report, *"Perceptions of Health Inequalities in Milton Keynes'*, our 2022 report to NHS England on the Pakistani and Bangladeshi perceptions of the NHS vaccination programme, our 2019 report and 2020 review of GP registration, and the findings of our 2019 report on LGBTQ+ Health Inequalities and Access to Treatment.

We have included links to these reports in the appendices for ease of access.

- **Ensure that every patient or service user is asked about, or offered, the support they will require to be able to understand the information being given to them.**

  This is required under the Accessible Information Standards11 and the Equality Act 2020. Whilst not being able to speak English is not a 'protected characteristic' defined under the Equality Act 2010, section 13G of the National Health Service Act 2006 ("NHS Act") states that NHS England, 'in the exercise of its functions, must have regard to the need to reduce inequalities between patients with respect to:

  • Their ability to access health services; and

  • The outcomes achieved for them by the provision of health services.

  Commissioners may need to consider how these services are procured across the BLMK area, or how they are written in to service specifications to ensure they are being provided by commissioned services.

  Consider the way that a patient's need for reasonable adjustments can be shared at the point of referral or discharge. Current practice causes common inequality reported by people with hearing impairments or languages other than spoken English.

- **Consistent BLMK wide Inclusion and Diversity Awareness training should be part of the induction for all new staff, with regular refresher training to ensure that best practice is maintained.**

- **Address the issue of diagnostic overshadowing and ensure approaches to improve person-centred, holistic care is a focus for BLMK Integrated Care System leaders.**

  We would recommend further research is done locally with core groups of patients affected by diagnostic overshadowing to establish the extent and to support the system to develop a practical approach to reducing the prevalence.

Recommendations Cont...

- Healthwatch Milton Keynes recommends that GP Practices in Milton Keynes review their practice procedures to ensure that they fall in line with, and do not contradict Primary Medical Care Policy and Guidance.
- The Primary Medical Care Policy and Guidance policy highlights that patient registration is a complex issue. We recommend that Practice Managers ensure that national policy is not applied selectively in practice procedures.
- Accurate Information on GP practice websites
- Healthwatch Milton Keynes recommends that all GP practices in Milton Keynes ensure that the patient registration information on their website complies with the national policy.
- The role of the receptionist in the registration process is critical. Healthwatch Milton Keynes recommends that Practices provide further, and ongoing, training to their teams, so that they feel empowered to make reasonable exceptions based on individual circumstances.

  Healthy London Partnership produced some useful training resources, aimed at helping receptionists understand homeless peoples' experiences of accessing Primary Care, and highlighting the vital role that receptionists can play in changing this. https://www.healthylondon.org/resource/homeless-health-elearning/.
- Healthwatch Milton Keynes recommends that when Practices refuse a patient registration, they undertake the relevant record keeping and communication to the applicant, as outlined in the Primary Medical Care Policy and Guidance.

  If a practice does have reasonable grounds to decline a patient registration, then following this process will help ensure the patient understands why their application has been rejected. This record keeping should also be accurately recorded and communicated when deregistering a patient.

Appendix 1: Survey Questions

Have your say on inequalities in health and care services

Q1. Tell us about yourself. Tick all that apply to you.

I am from an ethic minority group	I have a disability	I live in a poorer area of Milton Keynes	I am LGBTQ+	I am a refugee	I am homeless	I live in temporary housing	Other

Q2. Can you tell us which health and social care services you have used in the last 3 years?

Q3. Can you tell us some of the things that went well?

Q4. Can you tell us some things that didn't go so well?

Q5. What do you feel could be changed so that you felt better supported when connecting with these services/professionals?

Q6. Do you feel you struggle to communicate well and find it difficult to be understood when discussing your health and care with staff in health and social care services?

Q7. If you answered Yes, can you tell us more about these difficulties?

Q8. Do you feel you look after your own health well, or to the best of your ability?

Q9. What do you feel most proud of when looking after your health?

Q10. What do you feel you could do better to look after yourself?

Q11. Do you feel you have good level of knowledge about being healthy and know when to get help?

Q12. If you want information about keeping healthy or managing a health condition, where do you go to find it?

Q13. Do you think messages and advice from the NHS about looking after your own health are easily available?

Q14. Do you use messages and advice from the NHS about looking after your own health?

Q15. What more could the NHS and other health care services do to help you be your healthiest self?

Q16. When it comes to preventing poor overall health, and/or any existing conditions, what kind of information and/or support would be helpful to you?

Q17. Please tell us your age.

Q18. How would you describe your gender?

Q19. Is your gender identity the same as the sex you were assigned at birth?

Q20. Please tell us which sexual orientation you identify with.

Q21. Please tell us your ethnicity.

Q1. Tell us about yourself. Tick all that apply to you.
Q22. Please select any of the following that apply to you.
Q23. If you consider yourself to have a disability, how would you describe your disability?
Q24. Which of the following best describes your current financial status?
Q25. In which area of Milton Keynes do you live?

Appendix 2: Relevant Reports

For context we have inclded links to reports with recommendations mae previously to the MK CCG and, later, to the BLMK ICB.

My Right to Healthcare: Review:

https://www.healthwatchmiltonkeynes.co.uk/report/2020-12-04/my-right-healthcare-review

LGBTQ+ Health Inequalities and Access to Treatment

https://www.healthwatchmiltonkeynes.co.uk/report/2019-06-07/lgbtq-health-inequalities-and-access-treatment

Perceptions of Health Inequalities in Milton Keynes:

https://www.healthwatchmiltonkeynes.co.uk/report/2022-05-05/perceptions-health-inequalities-milton-keynes

Exploring perceptions of the NHS England Vaccination Programme within the Pakistani and Bangladeshi communities in Milton Keynes:

https://www.healthwatchmiltonkeynes.co.uk/report/2023-01-31/exploring-perceptions-nhs-england-vaccination-programme-within-pakistani-and

healthwatch
Milton Keynes

Healthwatch Milton Keynes
Suite 113, Milton Keynes Business Centre
Foxhunter Drive
Linford Wood
Milton Keynes
MK14 6GD

www.healthwatchmiltonkeynes.co.uk
t: 01908 698800
e: info@healthwatchmiltonkeynes.co.uk
@Healthwatch_MK
Facebook.com/HealthwatchMK