

Fairer NHSGGC Engagement Report for 2016 – 19

1. Introduction

The Corporate Inequalities Team has engaged with people with protected characteristics since 2013 as part of our actions in the NHSGGC Equality Scheme. This is to ensure that our equalities work is rooted in the issues that our patients face.

In the three years we have spoken to more than 300 people from diverse groups specifically about their experiences of using NHSGGC services.

Recruitment to the events was through the voluntary sector and through NHSGGC services.

Through this engagement we have established baseline of patients' experiences of using the NHS. Follow up engagement has been done to ensure progress against the actions in our Fairer NHS equality scheme and to assess if patients perceive changes in their experience of using our services.

This paper summarises the issues raised by patients across this three year period using examples given by patients to elucidate each area.

2. Positive Improvements

At the engagement sessions there was general positive feedback on the NHS. Feedback on areas where we have improved over the three years included the following:

- Better provision for accessible information in different languages and formats has been useful for patient;
- Interpreting service and access to interpreters made a big difference to the patient experience shared by most groups who use the service;
- Patient from learning disability groups, those with autism and some asylum seeker groups mentioned having positive

- experiences at the QEUH, including pre appointment visits facilitated by the Support and Information Service;
- Specific patient pathways received positive feedback such as the battery changing service for the hearing aids in Audiology;
 - The majority of patients feedback that their relationship with GP's and Health Visitors are very good;
 - When pre planning for Acute services is in place for the patient their experience is positive;
 - The provision of the British Sign Language feedback mediator is a positive development for Deaf people enabling them to get rapid resolution to problem with access to interpreting;
 - Patients were very positive about the idea of getting involved in the engagement process to advise and feedback on future developments and improvement of services;
 - The 'pathway to health' resource, interpreting cards and booklet is a well used resource with different groups and community organisations.

3. Key areas of concern

Six main areas of concern were raised in the engagement events as follows:



Details of each area are provided in the next sections.

3.1 Knowing more about me

All those who attended events felt that NHSGGC needed to know more about them as patients with a particular protected characteristic.

'There should be more work done to improve staff awareness of the support needs of people with learning disability and in responding to the care needs of individual patients.'

'There's just a general lack of awareness amongst health professionals.' Trans patient.

'Staff seem unfamiliar with the Interpreting booking procedure and who pays for interpreters, which affects the likelihood of booking an interpreter.' British Sign Language user.

Action: Give staff access to information and well as experiential learning to understand the patient's perspective and needs.

3.2 Improving my access to services

Many people described difficulties in accessing services. Three areas were highlighted; physical access, access to information and financial barriers.

Disabled people described many examples of the physical inaccessibility of our buildings and sites including:

- Simplifying and improving signage and layout of hospital and clinics could improve patient experiences;
- Loop systems are not universally available or are not working;
- The drop of area at the QEUH was highlighted as not accessible;
- There need to be more accessible car parking spaces;
- RAH incline on the hill is very steep for those with mobility issues and there is no clear path or drop pavement. The drop off zone is limited and there is no pavement to the right;
- Orientation for visually impaired visitor to QEUH is required because of the open plan design.

'We need to take a human rights approach in responding to the access needs of patients with wheelchairs - to NHS buildings and facilities.' Disabled patient

Many groups, including asylum seekers, those with learning disability and visually impaired people highlighted the need for more information and information in appropriate formats including:

- There is a lack of accessible information e.g. easy read;
- People with a Visual Impairment need the priority information in relation to their care;
- Clear information or pathway can be very helpful for patient with hearing loss and can save staff time;
- Some groups have poor knowledge of the system due to being new asylum seeker.

Issues relating to financial access to services was raised across all protected characteristics groups:

- It is costly to go to hospital, more information is needed on how to make claims for travelling;
- Travelling to GP practices is difficult for those who are destitute and no travelling expenses can be claimed by this group;
- Fear of costs at opticians is a barrier to using the service for older people and Black and Minority Ethnic communities.

3.3 Communicating with me

Despite the existence of a robust Interpreting Policy, those whose first language was not English felt that they did not have access to the appropriate communication support when they needed it. This is particularly true of those who require British Sign Language interpreters and in relation to Asylum Seekers. For example:

- Patients reported still having family members used in appointments or staff not booking interpreters for Deaf patients;
- Asylum seekers reported they cannot access same day GP appointment because they need communication support;
- Appointment letter does not tell you if the interpreter is booked for patient appointment;

- Some staff refuse to book interpreters and insisted on using family for interpreting in GP and outpatient appointments;
- Gender specific interpreters are not as readily available in some languages e.g. Somali;
- Staff make judgments if patient need interpreter and who is most 'deserving';
- Registration with GPs is a big issue for asylum seekers (registration form difficult to fill in without help) and interpreters are routinely not provided for registration.

"I waited 7 hours in the hospital with my wife she was in the end diagnosed with a heart attack, without an interpreter it was very stressful situation" BSL user

3.4 Giving me more time

Many patients described the need for more time so that their needs can be met in appointments or hospital stays. This is linked to staff understanding how to meet patients' needs, for example, as a Deafblind person or a person with a learning disability by giving them more time to discuss this with their healthcare professional.

Sometimes people's care suffered due to their additional needs or disability, for example:

'They said I couldn't go to the toilet until after dinner and I didn't get a bath or a shower. I got a bath the last day before I went home (how long were you in the hospital?) - 2 weeks. Patient with a learning disability.

This issue is also integral to communication support. We need to ensure we take the time to identify peoples' needs preferred means of communication is and then develop a communication plan for them while they are in our care.

3.5 Your attitude towards me

Some patients found that staff's attitudes towards them was based on stereotyping or prejudice. This affected the patient's confidence in the service and marred their experience of NHSGGC as a whole. This related particularly to older people, Black and Minority

Ethnic people, disabled people, Lesbian Gay and Bisexual people and in relation to social class.

For example in relation to staff attitudes and sensitivity in working with older patients:

'NHS needs to give priority to ensuring that staff members provide a service that demonstrates respect for the patient. Staff recruitment and training should address attitudes and behaviours around dignity and respect.'

Carer from voluntary sector

Patients receiving homecare described asking their same sex partners to leave before the carer came into their home and hiding photographs of partners for fear of being judged.

Other comments included:

'The NHS needs to understand the repercussions of not responding sensitively to trans people. It could be as severe as someone completing suicide'.

Trans patient

'The NHS need to challenge staff attitudes and stereotypes on patients living on benefits, or coming from particular areas'.

Voluntary sector worker

Some staff at the reception in GP surgeries and other NHS services can be racist towards Asylum seekers'

'If someone doesn't speak English I tell them to take a seat in the waiting area and deal with them at the end. We don't have time for people who don't speak English.' GP receptionist.

'People with invisible disabilities e.g. autism, learning disability have more difficulties and people make assumption that their personal behaviour is aggressive.' Voluntary sector organisation

3.6 Meeting my additional needs

The transition between Primary Care and Acute out-patients, in-patients or emergency care was problematic for most of the patients we spoke to. Our inability to plan for their attendance or admission to Acute made it difficult for us to meet their additional needs.

Disabled patients additional needs, in particular, are not systematically being met. Most disabled groups stated that they thought that NHS staff should have a better understanding of specific conditions such as autism, epilepsy, profound deafness and learning disability.

Staff do not always identify the access support needs of Deafblind patients. Visual impairment or dual impairment means that Deafblind patients require support at virtually all stages of their patient journey. Examples given were patients not being given assistance with getting to toilet or with eating meals during in patient stays.

Services used in great numbers by those with protected characteristics such as audiology and ophthalmology were highlighted as areas where we could excel and deliver exemplary services if staff were supported to do so.

The patient pathways within Acute services requires support from the voluntary sector and this is not always in place. The voluntary sector can augment NHS services where necessary to ensure additional supports are in place.

Some older people reported that their personal support needs, such as support to eat or with incontinence issues, were not met during their stay in hospital.

4. Conclusion

Much has been done to address the issues raised by our patients as part of the delivery of the Fairer NHS GGC equality scheme since 2013. This paper has gathered together all the feedback into a themed analysis to enable us to determine equality outcomes for 2016 – 19 which will continue to improve our services and improve health outcomes for people from equality groups.