Accessing Healthcare in Cambridge

Executive Summary

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INTRODUCTION

In December 2021, the Department for Levelling Up, Housing and Communities granted £22.5 million to areas with low vaccine uptake. The Cambridge Council for Voluntary Services were commissioned by Cambridge City Council to co-design and manage a community engagement scheme to provide neutral and safe spaces for people to discuss their feelings on the vaccines and to make sense of the pandemic. Over the course of this programme, it became apparent that low vaccine uptake was linked to barriers to health access – from needing childcare in order to attend an appointment to being physically unable to access a vaccination centre. In the final stage of the programme, the City Council commissioned this community engagement scheme (CCVS and CECF) to research and map access to health care in Cambridge. There is no doubt that the pandemic exacerbated barriers to accessing health care across the United Kingdom. However, the pandemic did not create these health inequalities.

The aim of this research was to "increase opportunities for health equality in Cambridge so that more people enjoy a good quality of life and can access better healthcare choices that are right for them". We wanted to particularly engage "seldom heard groups" who are often underrepresented in this type of research and less likely to be heard by decision makers. This includes (but is not limited to):

- particular ethnic minority groups
- people with disabilities
- refugees and asylum seekers
- members of the LGBT+ community
- people who are homeless
- people with language barriers

Working across the CCVS Engagement Team and the CECF Health Champions network, we used community spaces and buildings to engage seldom heard groups with our research survey. The research builds on the important and comprehensive work of Healthwatch Cambridgeshire on health inequalities in South Cambridgeshire. We will present key findings from our research and recommendations for building a health equalities partnership for Cambridge.

Health Inequalities

What are they?

The King's Fund defines health inequalities as "avoidable, unfair and systematic differences in health outcomes between different groups of people". These differences can be observed across various aspects of health:

- life expectancy
- access to healthcare services
- quality of care
- behavioural risks to health.

55% OF UK HOUSEHOLDS
FORECAST TO FALL INTO FUEL POVERTY
BY JANUARY 2023
MEANING THEY WILL EXPERIENCE GREATER
HEALTH INEQUITY
(INSTITUTE OF HEALTH EQUITY)

Health inequalities are caused by a combination of factors, including environmental factors, social and economic determinants (quality of housing and ability to heat your home), policy-making, and access to and quality/experience of your care. Other factors can further impact somebody's experience of health care services:

- gender identity
- ethnicity
- location
- age
- disability
- income

2023 is an important time of change for the NHS, with the formation of the new Integrated Care Systems, which came into effect from the 1 July 2022. These systems are 'geographically based partnerships' that work to bring together organisations 'that meet health and care needs, improve population health and reduce inequalities'.

WHAT WE DID

The CCVS Engagement Team designed a broad survey that would allow participants to explore their experience over the past year and bring what they felt comfortable sharing. We wanted to capture how they perceived healthcare services around them and as a part of their day-to-day life. The survey gave participants spaces to record any experience with any healthcare service over the past year, with healthcare communication, their experience with any vaccination service and finally, a space for them to share changes that they would like to see/changes that would make services more accessible to them. Through engaging communities and voluntary organisations across Cambridge, this research aimed to bring together different yet similar experiences of healthcare to help the new ICS/ICB understand the needs of communities.

The CCVS Engagement team and CECF Health Champions worked with several organisations throughout Cambridge, attending community events and running art and wellbeing workshops to engage these communities with our research. Our approach was limited by time. We devised our surveys from November to December 2022 and rollout occurred over January to February 2023. Drawing the results together and configuring this report took place over a mere two weeks. Our approach is also limited by its generality needed to suit the many different communities that we wanted to engage. The results were mostly qualitative and varied – we have identified common themes and trends across the results. The themes this report discusses are: comfort accessing care; waiting times; continuity of care; the structure of services; minorities and intersectionality; comfort accessing information and vaccinations.

Ethical considerations

Participants were informed of how their data would be used, collected and stored. They were aware that participation in the survey research was voluntary. Research was anonymous and participants were aware that they would not be identified in the research.

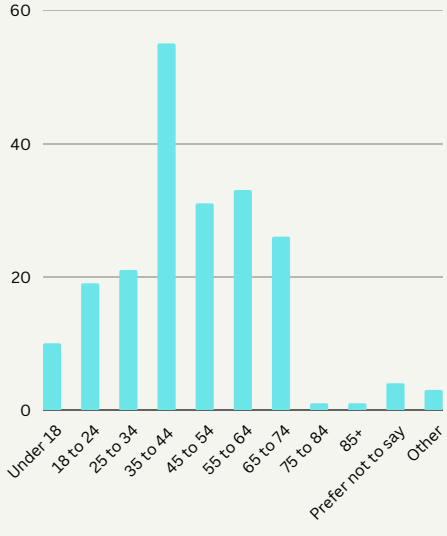
The focus was more on building trust across communities, adapting our questioning style to suit the needs of the different groups and people we encountered and to encourage conversations about health and wellbeing. It is important to note the crossovers in people's experience – people will experience a different combination of factors depending on their circumstances. Recognising the intersectional nature of experience is important to understanding the level of health inequity for certain communities.

WHO IS REPRESENTED?

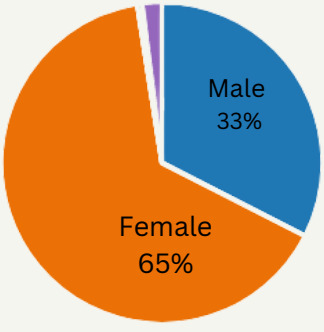
Our residents' survey collected demographic information, including age, ethnic groups, sexual orientation and disability information. Here are some highlights.

AGE

The majority of our respondents were middle-aged.

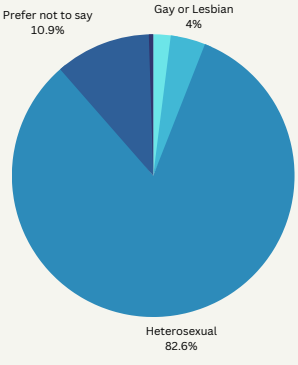


GENDER



Over half of our respondents identified as female. 3% also identified that their gender was now different to their assigned at birth gender.

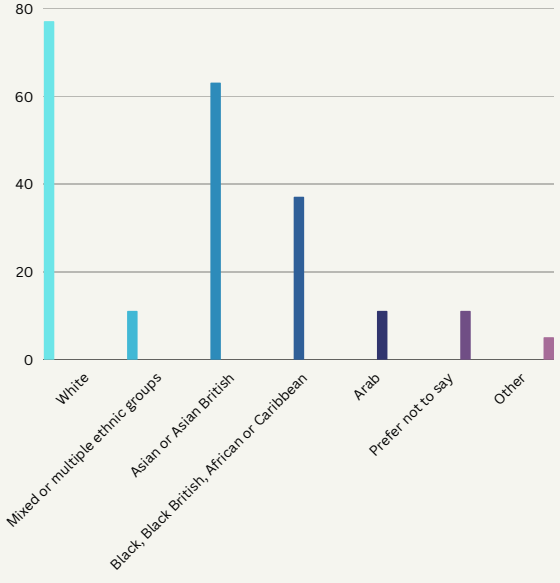
SEXUALITY



83% of our respondents identified as heterosexual, whilst 6% identified with the LGBT+ community.

ETHNICITY

This survey was representative of the diversity that exists in Cambridge as 35% of respondents identified as white and over 50% being from predominantly non-white backgrounds.



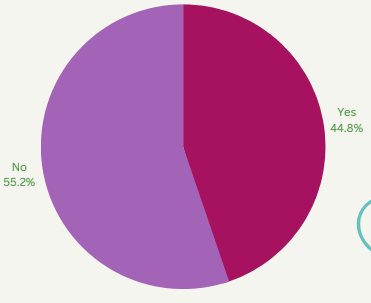
18% RESPONDENTS
IDENTIFY HAVING A DISABILITY

13% RESPONDENTS
HAVE CARING RESPONSIBILITIES

SURVEY FINDINGS

We collected responses from 219 residents of Cambridge in total, all from different walks of life.

Respondents described experiences with GPs, hospitals, vaccines, counselling, blood tests, etc. The most featured in the responses were GP surgeries and hospitals.



When asked, "Have you had any issues with accessing these services?", 45% reported experiencing issues. Only 34% of residents felt very comfortable using these services.

Barriers to Health Access in Cambridge: Resident's Responses

Waiting times to access health services are too long - this includes the time spent for getting a phone call, a call back, getting an appointment, waiting lists for scans.

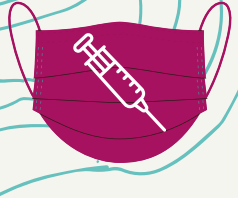
"Been waiting 4 years for autism diagnosis referral"

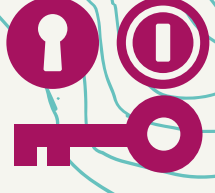
Continuity of Care is lacking. There were multiple comments on the difficulty of seeing a different doctor each time

"I would like to see my regular doctor more often, I feel that she is always busy and ... I am scared to see locum doctors because they don't know my health properly"

Arranging vaccinations was relatively 'hitch-free' for lots of participants, some did experience barriers to access.

"On site it depends, most people would be willing to take off mask so I could lip read and communicate. One person refused and I acted like I was ok with it but I wasn't"



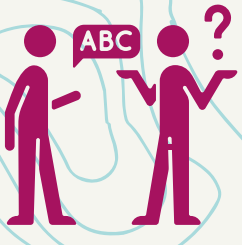


Access is not one size fits all. Some preferred telephone appointments, but others felt dissatisfied with the doctor's communication and did not find the services suitable for them.

"I don't like it when they call from anonymous phones. It makes me anxious because I don't know who is calling"
"Although when I tried counselling, I found it too formal. I didn't like the chair facing me straight on. It felt too intense."

Language barriers impact those without English as a first language and there are few interpretation services.

"I took my friend with me to a hospital appointment to translate for me. The security officer didn't let my friend in and pushed her away. I insisted that I needed an interpreter and requested a telephone one, but the doctor said no"



Barriers to Health Access in Cambridge: Organisations' Responses

Long waiting lists for dental care
"It is virtually impossible for our beneficiaries to access dental care. New arrivals since 2020 have found the situation has substantially worsened and no NHS dentists are accepting new patients."

A lack of trauma-informed care
"Many of our clients have complex trauma and there are few treatment pathways available to them in the NHS. The burden then falls to the voluntary sector which is under resourced to provide the trauma-informed care these individuals need. Many clients report being pushed around a system that is not meeting their needs."

Silencing of young people
"We've got young people who are caring for other people, who are caring for young siblings, who've got anxieties and worries about other members of their family ... if a teenager goes forward, they're not seen and they're not given parity in what they're bringing."

Services are at capacity which will lead to non-attendance
"Capacity to support the needs of the City is limited, therefore important issues either being missed or handed to those not experienced. Negative experience then leading to non attendance in the future."

50% of our respondents were "very concerned" about the state of health inequality in Cambridge

SURVEY FINDINGS

We also received responses from 13 organisations through survey replies and 1 focus group.

These organisations work across the VCSE sector and the healthcare sector. Many responses echoed the opinions of residents.

The themes of protracted waiting times, language barriers, difficulty for new residents to integrate into the system and receive much needed care came out strongly in the response given by several organizations.

RECOMMENDATIONS

We asked residents what they thought needed to change in order to have better access to their healthcare services. Most recommendations related to GP services, which for many, are the first point of access to services.

A personalised GP service

"Our doctor has changed and the service is very poor keep getting new doctors. We want the GP to go back to norm like before and more personal service like one to one and were the doctors knows you".

More accessible communication services

Providing interpreters for those who do not have English as a first language and services for hearing-impaired residents.

Increased appointment availability

Some suggestions included expanding GP services to accommodate for evening and weekend appointments. Respondents also wanted more time allocated to appointments so that they did not feel rushed.

Other suggestions

- Better funding to provide more extensive services
- This could include return of the NHS out of hours services, more access to interpretation services
- Faster access to scans and MRI services
- More dental appointments
- Shortened waiting times to get calls back

Relationships based on mutual respect

Better customer service from receptionists at GP services, especially when dealing with people from minority ethnic groups

A note on: intersectionality of minority groups and healthcare access in Cambridge, whether it be ethnic or religious minorities, LGBTQ+ individuals, or people with a disorder or disability. While a move to digitize processes may have its merits, those processes must be designed with the users in mind as an over-reliance on non-face-to-face communication may disadvantage some groups especially those with language barriers.

SUMMARY

The survey was conducted as a community response to health access in Cambridge and is intended to highlight issues that are of importance for optimum healthcare provision. While it highlights a number of salient points, it is by no means exhaustive and there is a lot of room for improvement. The results of this survey may show some overlaps and similarities between this survey and others conducted within the city to collect certain health data such as the survey conducted by Healthwatch which is referenced earlier. It is recommended that all the information be taken together to inform healthcare provision in Cambridge.

Services must be crafted in a way that is accessible to every resident of Cambridge city, regardless of whether they are long-time residents or have newly moved in, abled of less abled, or are classified as a majority or minority. Healthcare services must also work in a way that involves partnership and evokes trust.

You will be able to read our full report by going to the CCVS website - www.cambridgecvs.org.uk. We have included recommended reading and references.

ACKNOWLEDGEMENTS

We would like to thank the CCVS Engagement Team, the City Council team, the CECF Health Champions and all of the wonderful folk who engaged with our research and shared their stories with us. Thanks also to Healthwatch Cambridgeshire for sharing their important research with us.