

ACCESS TO HEALTHCARE : LOOKING AT HEALTH INEQUALITIES IN SWALE

**a report by Healthwatch
Kent in collaboration with
Diversity House**

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Background

Diversity House are a charity which aims to promote community integration, re-integration, social inclusion and cohesion within the Swale and Kent communities. Earlier this year, we attended a meeting where the CEO of Diversity House presented a research piece looking at the experiences of ten individuals from Swale who were trying to access primary care services. This research identified patient perceptions for poor healthcare access.

Studies have identified Swale as having the worst GP to patient ratio in the whole of the UK, with one GP for every 3,300 patients [1].

Here at Healthwatch Kent we are keen to explore opportunities to understand health inequalities experienced by people living in Kent. Healthwatch Kent defines a health inequality as something affecting people, or contributing to differences in health status between groups of people, and can be observed between populations and groups within populations.

Our aim in this report, was to see if we were able to identify any differences in the experience either geographically, culturally, or racially between individuals across the whole of Kent and those living in Swale.

Using our own data alongside the themes identified by Diversity House we have been able to compare Swale with the rest of Kent.

[1] <https://www.bbc.co.uk/news/health-46912055>

How did we hear from Swale residents?

We've analysed everything that Swale residents have told us about their experience of GP services. We also proactively reached out to Swale residents through a series of questions online. This is what we found.

What have Swale residents told us about primary care?[1]

"I was informed by the reception manager that it would not be possible to register my child as they live elsewhere and were already registered at a different practice in that area. I explained that my child also lived with me for 50% of the week. I was asked to give evidence of this arrangement to the practice and was told I would have to share my court papers with the admin team. The reception manager was rude and abruptly hung up the phone."

"I have had numerous problems with the surgery over the past few months. My relative requires regular prescriptions but the surgery has not been authorising their prescriptions in a timely manner which is causing further problems. What is the reason these mistakes are happening; it is since the health centre has moved to MPA group."

"Phone contact within the health centre whether you call at 8am, 11am, 2pm or later the phone lines are constantly busy and just simply cannot get through yet when you arrive in person reception/office staff there is over 6 personal working. Why are the phones not being answered?"

"I was told by my Dr that I need a CT scan, however 5 weeks have passed and the hospital have not received the referral form via email. I am in pain every day and I also need a medical certificate to cancel my holiday. The Dr has had the form for over 2 weeks"

"There are numerous issues patients at this practice are experiencing due to the poor management of this facility - Our community is elderly and vulnerable, and are being hugely affected by their continued failings"

“I had an infection but was not able to get a GP or nurse appointment during a 2 month period. The reception staff are unhelpful and make it difficult when contacting the surgery.”

“I called all local GP practices in my area and they refuse to register me and my 7 year old child, the reason being I am not in their catchment area even though most of them are the closest to me and are given as choice on the NHS list”

“I’m concerned about the issue of GP to patient ratios compared to other health authorities in the UK, and as such why the CCG then closed a surgery serving 9000+ patients. The excellent doctors currently at the practice may leave the area to take up positions elsewhere.”

“I tried calling from 7:59am until 2pm but the phone was constantly engaged. I completed 2 eConsult forms but have not had a call back from a GP. I was told there were no face-to-face appointments left for the day. I have not received any response to my eConsult after 2 days”

“I had been ill for 3 weeks and tried to ring up for a telephone appointment and was told I couldn’t have one. I explained that I’m a patient, but the centre said it would still be two weeks for an appointment, or I could call back the next day or call 111. I called 111 who called an ambulance and I had to spend 3 days in hospital.”

“I have been unable to see a doctor. The telephone system is costly and inefficient. I have reached desperation point and am in constant pain but can’t get to see anyone.”

What did Swale residents tell us online?

We posted into ten Swale resident forums on Facebook and heard from 117 people.

We asked people if they felt their cultural beliefs made it difficult for them to see a GP in Swale. Nearly a third (31%) of people told us that their cultural beliefs had made it harder for them to see a GP.

The Diversity House survey highlights that Swale residents find issues, such as cultural norms and poor health beliefs, contribute to prevent them from visiting their GPs. The response from Swale residents to our questions appears to contradict this feeling, with 69% of respondents saying cultural factors were not an issue. However, 87% of Swale residents identify as 'white' and we are unable to gather ethnicity data from the online response,. Therefore we believe that the Diversity House data may be highlighting a cultural inequality that should be explored further.

In addition to cultural beliefs, we also asked Swale residents if they found it difficult to travel to their GP surgery. 27% of people told us they had found it difficult to get to the surgery.

Although Healthwatch regularly hears about the impact that poor transport has on people trying to get to hospital, we believe that the proportion of people in Swale who have indicated that they struggle to access primary care is evidence of a health inequality issue in Swale.

What health inequalities exist in Swale?

Diversity House carried out a rapid participatory inquiry and held individual discussions with ten Swale residents. The same 10 residents were also involved in two focus groups. The group was made up of a mix gender, ethnicity and background including people from deprived areas. This research identified peoples perceptions of why poor access to healthcare exists in Swale. This is what they told us:

“GP recruitment is on the decline.”

“Access to health services was already limited, but the recent global pandemic has made matters worse.”

“Retirement of older general practitioners.”

“Some surgeries have closed or merged, which is particularly bad in the Isle of Sheppey.”

“Because there is no official recommendation for how many patients a GP should have, some GPs sign on a large number of patients to their practice, increasing waiting times to see a doctor.”

“People with long-term conditions, such as diabetes or cardiovascular issues, will need to see their GP more frequently as the population ages, making access to health more difficult for some.”

“The matriarchal attitudes of most GP surgery front office staff make it difficult for patients to see their doctors. Most GP surgery receptionists are overly protective of the doctors or want to wield their power.”

“Social issues, such as cultural norms and poor health beliefs, prevent people from visiting their GPs, and poor transport.”

“Following the lockdown, the GPs are unable to deal with the backlog caused by the Coronavirus.”

Diversity House acknowledges that people interviewed as part of the participatory inquiry found their experiences extremely distressing, which had made it harder for them to engage with health services.

Does our data support Diversity House findings?

Some of our organic feedback does support Diversity House' research. Our feedback tells us that some issues regarding access to primary care exist because of the closure of GP practices, the merging of practices and a poor patient to GP ratio. Our feedback also tells us that people are suffering further health complications, because of being unable to access primary care services in Swale.

Our engagement and research have also revealed there are some people within Swale who feel their cultural beliefs do make it difficult to access their GP and that there are also some people who feel poor transport links make it difficult to access their GP. This data also supports the case made by Diversity House.

How did this compare to what we have been hearing from the rest of Kent?

Whilst issues regarding access to primary care exist in Swale, we receive a wealth of feedback regarding GP access across the rest of Kent, too. Here are some things we have heard recently, from residents in other parts of Kent.

“South Ashford Medics are not the same since it merged with other practices.”

“I went to a pre-arranged appointment at one practice to find that it was closed. I was taken by family member to the main practice and was then told my appointment was at a third practice. No one had communicated this with me.”

“I was informed that a clinic I attended at my GP surgery had closed and that no other provision had been made for me or the other patients who attended that clinic. The only advice the surgery staff could give was that I would need to contact the hospital or go private. Following a referral from the practice, I got in touch with the hospital and was informed that there was a long wait – approximately 12 months for the hospital's clinic.”

“It took half an hour to get through on the phone and when I spoke with the surgery, I was informed by a receptionist that there were 'too many patients contacting the surgery.’”

“I have found a lump which has been causing me concern. I called my GP for a face-to-face appointment, but I am unable to make an appointment for at least another month. People who have serious illnesses are not getting seen.”

In review of this feedback, we can acknowledge that similar issues exist across Kent, and are not exclusive to Swale. However we also acknowledge that supporting data and research suggests the *impact* of the identified issues might be greater upon Swale residents, than those in other parts of Kent, due to the added health inequalities they are affected by.

Actions

1. Healthwatch Kent and Healthwatch Medway will meet with Diversity House every quarter to discuss and share the feedback we have all heard from Swale residents. Working together we will analyse the demographic data, with the aim of building evidence around existing health inequalities.
2. Population Health Team to further explore the insights around cultural factors and transport links from the Healthwatch Kent research. It is important that we understand these barriers to accessing primary care for Swale residents.
3. Population Health Team to conduct further engagement with Swale residents to generate more feedback and insights around the issues raised in this report. This evidence can then be used during discussions with wider partners to seek solutions.