healthwatch Lincolnshire

Inequalities Report

Lincolnshire residents experiences of Inequalities in health and social care

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About us

Here to make health and care better

We are the independent champion for people who use health and social care services in Lincolnshire. We're here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

Our goals

1 Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.

2 Providing a high quality service

We want everyone who shares can experience or seeks advice from us to get a high quality service and to understand the difference their views make.

3 Ensuring your views help improve health & care

We want more services to use your views to shape the health and care support you need today and in the future.

"Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone's views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people's lives."

Sir Robert Francis QC, Chair of Healthwatch England

Health Inequalities

The coronavirus (COVID-19) pandemic, and the wider governmental and societal response, have brought health inequalities into sharp focus.

People's rights in health & social care

We all have our unique individual experiences of accessing health and care services, which include different outcomes both excellent and those that need improvement. Health inequalities are avoidable, systematic differences in health between different groups of people.

Inequalities of what?

Health inequalities are ultimately about differences in the status of people's health. But the term is also commonly used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives, both of which can contribute to their health status. Health inequalities can therefore involve differences in:

- health status, for example, life expectancy and prevalence of health conditions
- access to care, for example, availability of treatments
- quality and experience of care, for example, levels of patient satisfaction
- behavioural risks to health, for example, smoking rates
- wider determinants of health, for example, quality of housing.

Inequalities between who?

Differences in health status and the things that determine it can be experienced by people grouped by a range of factors. In England, health inequalities are often analysed and addressed by policy across four factors:

- socio-economic factors, for example, income
- geography, for example, region or whether urban or rural
- specific characteristics including those protected in law, such as sex, ethnicity or disability
- socially excluded groups, for example, people experiencing homelessness.

The NHS Constitution

The NHS Constitution sets out people's rights in healthcare, which include –

'You have the right to receive care and treatment that is appropriate to you, meets your needs and reflects your preferences.

You have the right to expect your NHS to assess the health requirements of your community and to commission and put in place the services to meet those needs as considered necessary, and in the case of public health services commissioned by local authorities, to take steps to improve the health of the local community….

You have the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy, and maternity or marital or civil partnership status'

How listening to local people can help public services to reduce inequality

How health and social care needs are met can make a positive difference to people's outcomes and their experiences of care. Listening to people about their experiences of care and their views about how care could be improved is at the heart of the work of Healthwatch Lincolnshire

By sharing these themes, we will influence the local managers who design and commission (buy) local health and care services. We want to help local managers to work more closely with local residents, local Healthwatch and local community organisations to design and deliver services, and to monitor how well services are doing.

Importantly, we want to help them to improve local services by working together well in partnerships that include residents and local organisations.

Methodology

As part of our COVID-19 One year on survey which we conducted between Feb and June 2021, we asked people whether there was any specific reason that had impacted how they accessed Health and Care in an equitable manner.

The data and patient comments and experiences are those shared from that survey.

We asked: *People in our communities should receive equal services irrespective of their status do you believe you have been treated unequally based on any of these characteristics. (please tick all that apply and support us by giving a summary of why you believe that).I believe my health care, treatment and support has been unequal due to my…*

We received 336 responses and the graph below shows he key characteristics which respondents drew our attention to in terms of inequitable care. What we were unable to ascertain a true reflection of was to what degree this was different to pre-pandemic environments as no benchmark has been set.

Across the time we carried out the *COVID- 19 One year on survey* age was the biggest reason given for inequality and this exists across all the age ranges. For the purpose of this report we have jointly looked at long term conditions and disability jointly as well as Geography being the most common reasons stated for inequitable care

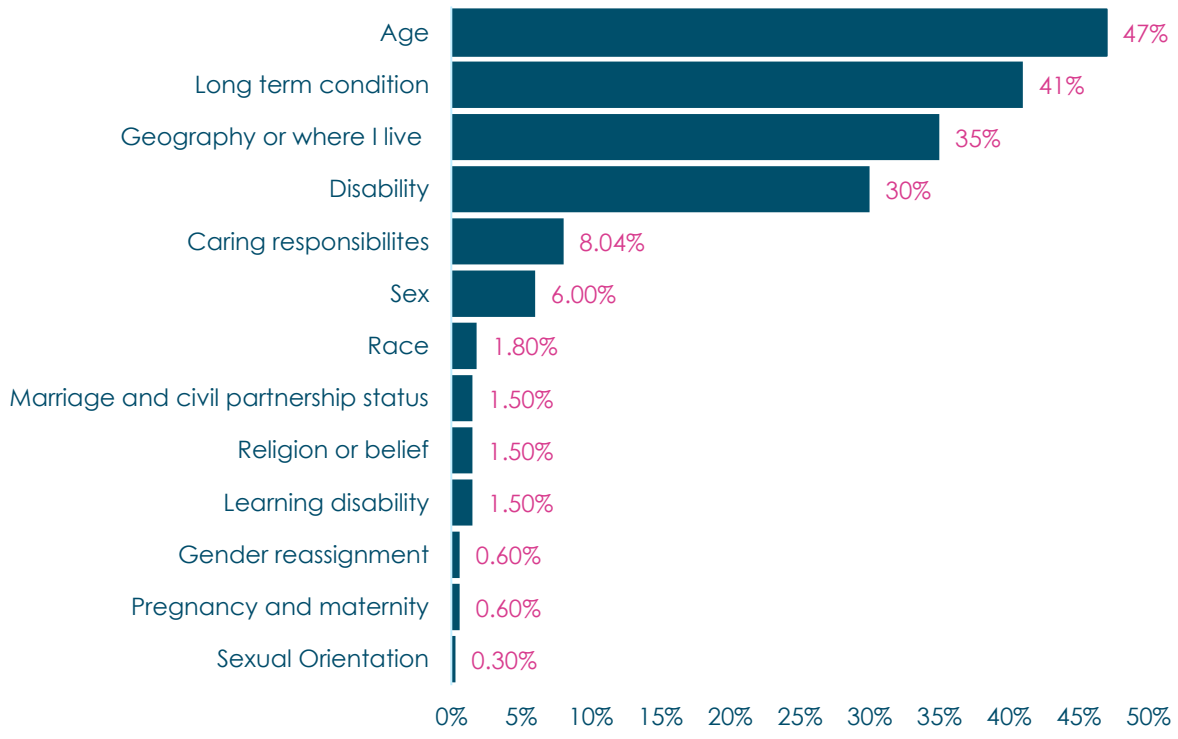

Table above shows the personal characteristics that people felt impacted on the inequalities in health and care.

The reasons why participants felt they had been unequally treated are described below in order of how frequently they were reported.

Age

The NHS Constitution guarantees a 'comprehensive service to all, irrespective of age, a duty to respect human rights, access based only on clinical need,' and the Equality Act explicitly bans age-based discrimination, whereby 'meeting individual's needs should be based on individual circumstances and not arbitrary assumptions based on their age.' The vast majority of comments received from this survey related to patients feeling they were not receiving the care they required because of their older age.

"I have various long term health issues and disabilities. I have found even more so during lockdown that because of my age etc nobody wants to help me or not want to listen to my concerns."

Advances in health care have helped people in England to live longer than ever before. As a result, the number of older people in England is growing significantly and this rate of growth is projected to speed up over the next 20 years. This is good news for all of us but it creates a challenge for the NHS – as we get older we tend to get long term conditions and need more health and social care.

Why are older people treated differently?

Staff attitudes

There is a clear perception from older people that they are treated differently by health and social care stuff due to their age.

"I feel, as a woman of my age I am not taken seriously by my GP and my Covid and Post Covid Syndrome is not being taken seriously and being invalidated."

Health and care services can sometimes communicate differently with older adults than with younger ones and patients feel they are not taken seriously or treated as 'senile'.

One individual told us *"You get to 60 and it seems your written off as things are age related and you have to 'put up with it' rather than being treated."*

Older people and very old people in particular may be judged to have had a 'fair innings' and thus be less deserving of limited health and social care resources, The NHS has stated that age should not be a barrier to treatment, however this does not prevent health care professionals taking a person's age into account where appropriate to do so when discussing potential interventions - for example, where age may be a risk factor.

"I am more than 84 years of age and am treated as if I am senile which makes me very cross."

"I am a young 67-year-old woman but feel patronised by providers using words like 'bless' and generally treating me as if I am mentally unwell which I am not. I have a PhD and still involved in academic research."

"I feel that's once you Re over 70 the GPS don't really have the time for you."

In contrast to what has already been shared we also had several comments that related to inequalities due to being younger. Too young to have surgery or a feeling of being overlooked.

"Because I am in my 30s, I feel I have been overlooked."

"With my age I do get told im to young to be in pain the way I am".

"Would love to have knees surgery but keep being told not old enough!"

These comments also came at a time where older people who were more clinical vulnerable were being prioritised for COVID-19 vaccinations.

"It is assumed that people who are younger are capable of waiting longer for help but actually they should be treated the same as any other age group in my opinion."

It is worth stressing that inequalities are not necessarily unfair, indeed, positive discrimination is a well-established mechanism for addressing inequalities in health. For example, people over 60 are entitled to free prescriptions and eyesight tests and the process of allocating resources for health and social care is weighted by the proportion of older people resident in the local population.

Long Term Conditions & Disabilities

Long-term conditions are one of the major causes of poor quality of life in England. More than 50 per cent of people with a long-term condition see their health as a barrier to the type or amount of work that they can do, rising to more than 80 per cent when someone has three or more conditions. This means that, on top of their direct impact on health status, long-term conditions also have an indirect impact on health, given the importance of being in good-quality work for an individual's physical and mental health.

People in lower socio-economic groups are more likely to have long-term health conditions, and these conditions tend to be more severe than those experienced by people in higher socio-economic groups. Deprivation also increases the likelihood of having more than one long-term condition at the same time, and on average people in the most deprived fifth of the population develop multiple long-term conditions 10 years earlier than those in the least deprived fifth.

The vast majority of the comments we received directly related to the pandemic and concerns about cancelled appointments for long term conditions and disabilities.

"I have complex health issues and was under four specialist, 3 I have not heard from for over 12 months and 1 I've had one telephone call in 12 months".

"Feels like oh you've got long term illness just get on with it and manage."

Patient's value regular check-up appointment to manage their conditions and this was not the case during the pandemic. There are concerns about the long-term effects of the pandemic and how these patients.

"Government advised cancer service should continue but I feel I was overlooked and failed by ULHT because I did not get my check-ups when I should have, causing potential issues which are only now being looked into".

"I used to receive regular reviews of my medication but now I just get my prescription. I am on opiates, but my pain is no longer under control, but I feel as if, if it is not Covid-19 none is interested."

"I've not had a blood test for either of my conditions for over a year".

"Feel my heart condition has not been checked for a long time."

Disability Access

Others felt their disability directly affected them accessing health and social care services.

"I am chronically deaf. I have not been able to get new hearing aid moulds and to get batteries for my hearing aids. Trying to communicate with the assistant at the pharmacy when we are both wearing masks, are standing two metres apart and have a Perspex screen between us has also proved challenging at times."

"My only criticism would be say that disabled people have been affected by the pandemic and Covid-19 security - screens placed so that those in wheelchairs or mobility scooters can't access places. disabled parking bays used for queue management (what because disabled people aren't allowed out - not all of us are shielding) also where a carer has to attend with you - 3-degree questions about that person."

Weight

We also received several comments relating to limited access to treatment due to being overweight.

"Get told nothing they can do, doing all they can! Weight issues seriously lead to prejudice in health care".

"My size - I have Lipoedema and have various conditions. Present as morbidly obese. Fat bias."

Surgeons and other clinical experts have been clear that stopping smoking or losing weight (if a patient is overweight) before surgery can improve outcomes and recovery following many types of surgery. Decisions about whether to proceed with surgery should always take place between the clinician and patient, informed by the available clinical evidence. Delaying or denying surgery can prolong painful symptoms for patients and cause additional stress for patients being required to make difficult lifestyle changes.

Geography

Geography and health are intrinsically linked. Where we are born, live, study and work directly influences our health experiences: the air we breathe, the food we eat, the viruses we are exposed to and the health services we can access.

Lincolnshire is predominantly a rural county and rural populations have a higher chance of developing chronic diseases and preventable conditions (obesity, ischemic heart disease, COPD, diabetes, cancer and injury) as well as unhealthier risky behaviours (substance abuse, smoking) compared to urban populations, and they face challenges accessing care. Covid-19 has further highlighted the vulnerability of these communities during a global pandemic.

Rural counties like Lincolnshire also struggle with infrastructure issues such as transport links and road networks as well, staff recruitment and retention. Public transport makes it difficult for patients to attend outpatient departments and other health facilities. As a result, some patients tend to rely on practices to provide a wider range of services than is normally regarded as ‘core’ general practice.

With such a vast county as Lincolnshire and with a relatively poor road network, no motorways and limited dual carriageways it can be difficult travelling across the county. Many of the comments focussed on this aspect of travel, with long journeys expected to attend hospital. Many people in Lincolnshire don't have access to transport and often rely on public transport which is equally difficult due to its infrequency and often it doesn't stretch to some of the most rural parts of the county, making attending medical appointments increasingly difficult.

Travel & Transport

"Long and expensive journeys to attend hospitals when previously it was local."

"The health service is not very good in Lincolnshire, the nearest main hospital to me is Boston. I cannot drive due to diabetic neuropathy in my feet."

"Had to travel an hour for Covid-19 test due to lack of resources in our area."

"Due to our hospital being commandeered as a Covid free area we have been forced to travel or drive ourselves or partners at least 25/30 miles for appointments at other hospitals. After care has been less and travelling in our 80s is not advisable."

"As we cannot drive for ourselves, it has been very difficult to get transport to our appointments. It is very difficult to physically travel away from home any further than we can walk."

Infrastructure

"Been left abandoned by consultants for over 12 months, no phone calls from them, dropped off some lists but not told this has happened until I contact the department. Not able to access GP services as digital system does not work in my area. It's bad."

"The infrastructure in Lincolnshire, roads and distances everyone is obliged to travel mean that we are not often able to access healthcare within 'the golden hour'. Funding for roads, police, healthcare requires a top-down change as the formula's used at government level are flawed, skewed. Ambulance services are stretched, my mother-in-law had to wait in Lincoln for an ambulance crew from Nottingham to take her to Lincoln County Hospital. This is not acceptable and was distressing for her and the family".

We received comments where local people felt that Lincolnshire was underfunded in terms of health and care.

Lincolnshire funding

"Believe health care in Lincolnshire is underfunded and we have to travel to get to hospital. Louth's hospital is good."

"Rural Lincolnshire is underfunded, and I have been denied surgery due to my mental health".

"I think our local practices are unequal in terms of quality of care. I also believe that Lincoln receives a lot less in terms of finance and new initiatives when seeing all the other high-tech hospitals around the country. I believe that we are as entitled to the same high-quality equipment and doctors etc as anywhere else."

Depending on where you live in the county may alter the way you access services and we heard from many people who felt they experienced different levels of care because of where they lived.

Inconsistency across the county

"I know people in different areas where GPs are offering face to face appointment rather than being assessed by a receptionist then a nurse then a nurse over the phone just to be fobbed off with tablets."

"My surgery dispenses to some patients but not others based on where they live. I cannot physically use high street pharmacies so rely on someone to fetch my medication for me."

"Postcode lottery of not living in a city."

"I feel that in Skegness we can't always access services available in more urban areas."

"I live mid-way between 2 market towns neither of which are well funded. There's no safe way to get support for my son for me to access health care."

What is being done to tackle inequalities in health and social care in Lincolnshire?

What is Healthwatch Lincolnshire doing?

We will carry on our work to reduce inequalities in health and social care in Lincolnshire. To do this we will continue to work closely with our partners in the sector to highlight key issues to decision-makers to ensure they are addressed.

We will also:

- **Engage local people in constructive and empowering dialogue about health inequalities**
- **Build knowledge about health inequalities generally, and how they are experienced by local people**
- **Use its influence to shape local policy and practice**
- **Encourage action that will help tackle health inequalities, by local groups as well as by local and national bodies**
- **Give communities a bigger say in health and social care by enabling a full diversity of people to share views and concerns**

Furthermore, we will reach out to community groups to raise awareness of our work, build new relationships and collaborate with them to strengthen their voice from within the health and care system. Our staff and volunteers will continue to encourage decision makers to seek views from local communities and enable community representatives.

To read more about how we use your feedback, check out our 'so what' report.

What is NHS Lincolnshire doing?

NHS Lincolnshire Integrated Care Board (ICB) and Better Lives Lincolnshire (Lincolnshire's Integrated Care System) are fully committed to reducing Health Inequalities across Lincolnshire. Tackling inequalities in outcomes, experience and access to services is one of the key aims of Better Lives Lincolnshire.

The ICB has set up a team to lead on this work, working closely with colleagues from Lincolnshire County Council's Public Health Team, together with colleagues across the whole health and care system in Lincolnshire .

Examples of the engagement work we have undertaken to date include:

Four services consultation – our consultation included engagement with people from all protected characteristics groups.

Diversity Listening events – being developed to ensure that we are hearing the voices of the different groups and communities across Lincolnshire.

Community Diagnostic Centres (CDC) - over the past five years, demand for diagnostic services in England has risen at a greater rate than increases in its capacity. The COVID-19 pandemic has made these challenges even worse, resulting in substantial increases to waiting lists and waiting times for some diagnostic services. In Lincolnshire, the CDCs will be crucial to ease these pressures and continue to diagnose patients quicker. Engagement has been undertaken to gather views on what is most important to the public when providing CDCs, what they feel are the benefits and also their mains concerns, so that we can mitigate these in the future. Feedback from this engagement will help shape the future delivery of the service. We have recently opened our first centre in Grantham.

Access to GP appointments and information – Primary care in Lincolnshire offers evening and weekend appointments out of "usual" practice hours. Additional engagement has been taking place to develop plans for further enhanced access. A series of events has also been recently held to enable patients to input into GP Practice Website design.

What is NHS Lincolnshire doing? Continued.

Increasing access to Mental Health support – A core element of our Integrated Place-Based Teams development has been to embed specialist older adult provision in areas of highest need. These roles work as part of the wider Multi-Disciplinary Team to provide specialist input and links into our existing Older Adults service. We are working with all our partners to develop our Recovery College using a hub and spoke model; with communities designing and developing the courses that they want in their local area. Through the local Mental Health partnership board we have been able to introduce the concept of co-facilitation and design of courses as well establish strong links with community based venues and partners to begin to map out the needs and links to already existing courses within the community.

The information provided from this report will support and inform our work to reduce health inequalities in access, experience and outcomes for people across our Lincolnshire population.

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