

# Health inequalities of working age adults

Craven and West Yorkshire

June 2024

West Yorkshire  
Health and Care Partnership



healthwatch

# Health inequalities of working age adults

## What are our public's experiences of health and social care services?

**This briefing paper is provided by local Healthwatch across Craven in North Yorkshire and West Yorkshire. It is a summary of the key messages that came out of the feedback we received from people.**

A survey was shared by [West Yorkshire Voice](#) and local Healthwatch. This asked people what works well for them in healthcare services, what improvements can be made, what worries people about their health and managing their health, and for suggestions on what would work better for people and communities. Survey results were able to be broken down into age groups (to focus on working age adults) and we asked respondents if they identify with several groups who face inequalities or are at risk of inequalities. 112 people across West Yorkshire responded to the survey with 82 people (73.2%) fitting into the 18-68 age category and classed as working age adults.

Responses came from across West Yorkshire and all areas (places) were represented in the responses received. Those people who completed the survey had accessed a wide range of services; with a larger number of people having recently accessed (or supported someone to access) their GP surgery, mental health services, pharmacy, accident and emergency services, inpatient services, podiatry, physiotherapy and dentistry.

Of the 82 people who completed the survey there was a broad representation of groups who experience inequalities:

- Deaf or hard of hearing
- Blind or have sight impairment
- Experience mental health
- Neurodivergent
- Physical and mobility issues
- Black, Asian and minority ethnic
- LGBTQ+ community
- Unpaid carer
- Learning disability
- Gypsy/Roma traveller
- Seeking sanctuary/asylum

Through helping people, West Yorkshire Voice could understand the experiences of people and communities at greatest risk of health inequalities. This has included conversations with people who are deaf, blind or partially sighted, homeless, have a learning disability, neurodivergent people, have had a stroke, people who access mental health services, people who are impacted by the cost-of-living crisis, those living in areas of high deprivation and people with a diagnosis of myalgic encephalomyelitis.

We would like to thank our West Yorkshire Voice partners - West Yorkshire Sight Loss Council, West Yorkshire autism and ADHD deep dive co-production project, Healthy Minds Forum, Leeds Mental Wellbeing Service' co-production project, Bradford Talking Media Health Champions & Deaf Group, Bevan Healthcare, Different Strokes and Spectrum Community Health Community Interest Company and Community Awareness Programme for their involvement.

This briefing paper highlights the key themes from the survey responses and outreach conversations along with collated local insight from Healthwatch and partners and provides recommendations. These themes cover areas that when working effectively help to create positive experiences of healthcare for people but can also create barriers to accessing healthcare and successful treatment when they do not work well, and this is particularly true for people experiencing or at risk of health inequalities.

A summary of community testimonies can be found at the end of the document.

## **Access**

People told us that they it can be difficult to make appointments and that some systems that are in place can make this more difficult. This is a particular theme when people are trying to access Primary care and GP appointments. There are examples where systems and processes to book appointments work well, but this is not consistent and the insights we have gathered suggest that there are more barriers to accessing primary care and wider healthcare services for those people who experience health inequalities.

“Unable to get appointments to meet my needs. Terrible answering service, by the time I get through there are no appointments left. Review appointments cannot be booked in advance.”

We heard that people are getting frustrated with it feeling difficult to make appointment with their GP, and so are waiting until their health deteriorates, and things become more urgent.

“The side effects of my condition and medication mean I can struggle to sleep at night and find it hard to wake myself up in the morning. So, when I need to ring the GP at 8am to get an appointment, it’s

impossible. When I call later, they tell me to ring tomorrow or go online, which I can't do. Don't consider my situation."

People told us that appointments being offered in work time make it difficult to attend, and that it is not always possible to arrange time out of the working day/appointments cannot always be rearranged for when they can attend. This is also the case for some people who are trying to contact services whose phonedlines are only open during working hours, and there isn't opportunity to take time out of work to make the phone call.

"Getting to appointments in work time, I work in a school and feel judged when I ask for time off for appointments for me/my children."

We have heard that there is a need for services to be easily accessible via public transport, and when appointments are offered out of area or not on public transport routes this creates a barrier due to time available to get to appointments, the cost of travel, and the physical impacts of travelling. A need for sufficient parking was also highlighted.

"Things being easier to access such as appointments being nearer. Due to visual impairments, I can't always get to them if I don't have someone to go with me".

We have heard from some people who are street homeless who have told us that having to ring for an appointment at 8am does not work for them, as they may not have slept for long periods at night. This creates a barrier to securing an appointment within the given times that phonedlines are open. People have told us that they do not always have credit on their phones or phone contracts to be able to stay in long queues, so they give up and find it impossible to get an appointment. Others do not have access to a phone at all and so are unable to receive return phone calls or telephone appointments.

## Quality of care

People told us that good quality care involves being listened to and feeling understood. It is important that people do not feel rushed and are given the time they need in appointments, this includes having flexibility on appointment length when people have additional communication or support needs.

“Consistent care from GPs and longer appointment times as often feel rushed.”

Kind, compassionate and helpful staff are appreciated, and people have shared experiences of when healthcare and reception staff have had a positive impact on their experience of healthcare.

“Hard working, professional, compassionate and kind staff!”

We have heard that privacy and dignity is really important to people and having to share sometimes very personal information in a public space or over the phone can feel intrusive and can put people off engaging in healthcare. People also told us that some physiotherapy treatment is provided in a large room with other patients which can feel overwhelming and impacts on the effectiveness of the appointment. Members of the Deaf community reported needing to bring someone with them to appointments to interpret for them as an interpreter is not provided; while for some this may be a source of comfort, for others, this impacts on privacy and can affect the accuracy of information being relayed.

People told us that they feel services are under too much pressure, and that this is sometimes reflected in the quality of services they receive.

“Staff are under too much pressure to maintain health checks for people with long term conditions. I seldom have a review of my treatment for inflammatory bowel disease.”

Several people responded to the survey and told us that things work well when services are joined up and there is consistency, however this is often not the case services with the NHS often do not liaise with each other well, and there isn't a holistic approach to people's support needs.

“A more joined up way of working between GP and social care services is needed. I feel like GP should be able to tell housing services I need better accommodation without waiting for an assessment.”

We heard from people who are visually impaired who expressed the missing connection between diagnosis of long term and life-changing sight loss conditions and mental health and psychological support.

We also heard from someone who had experienced a stroke who shared that they felt there was an assumption of needing care within the treatment they received, and this led them to feeling deskilled and unintelligent.

## **Communication**

Communication is a key theme and people have shared how important it is that services get communication right.

Communication works well when things are explained clearly and in a way that meets the individual's communication needs. We have heard from people who have had positive experiences within services and the information provided has allowed them to understand the

next steps, understand where to go and they have been given clear information about options to make an informed decision about their care. We have heard that this is particularly important for people who are neurodivergent.

We have heard that poor communication is one of the biggest barriers to people accessing healthcare services and maintaining their own health- this feedback relates to how well people are able to manage their appointments and their conditions through initiatives like the NHS App. Clear information is not always received, and this is not always in the format that people need to be able to understand.

“Pinderfields send letters to offer patients to ‘opt in’ to an appointment by ringing up – this isn’t accessible if someone doesn’t have access to a phone/ can’t ring up which is common among homeless/ vulnerably housed communities.”

We have heard from people who are unable to read or write but still receive text messages with appointment and treatment information, this is difficult to get updated on the system despite them explaining their communication needs.

There are often delays in information being shared if this is required in an accessible format and we have heard that some people that are blind or partially sighted are sent information that is not in line with the accessible information standard (AIS). The provision of communication that meets people’s needs is key to effective treatment and engagement with services, we have heard from people who have attended appointments/services where an interpreter has not been provided despite this being a communication need.

“It would be interesting to know how many appointments are missed by people who are blind or partially sighted because they are often



sent information that is not in line with the Accessible Information Standard”.

People have told us that face to face appointments are more accessible in some cases and talking on the phone or online presents a communication barrier. For people who are deaf or hard of hearing, it is not possible to ring and book an appointment without support from someone else. People would benefit from being given options and having choice on how their appointments are delivered. People feel more positive about their experiences when this works well.

Having a clear contact method to get in touch with services helps people to feel reassured and provides an appropriate way for them to get in touch with services if needed. We have heard that it is helpful when services send appointment reminders, but this must be in an accessible way for everyone. People have told us that being kept informed while waiting for an appointment or treatment is important and there is often a lack of communication when on a waiting list.

“Improvements could be by being kept informed which I know is staff intensive but may mean people do not contact as much”.

“I was recently in hospital, whilst I was there, they told me they had picked up an abnormality with my heart and they would write to my GP. 6 weeks later, I had not heard anything from my GP”.

Cancelled appointments can be an issue for people when this is not communicated effectively and follow up appointments/contact is not made. We have heard examples of when regular health checks and reviews are cancelled on more than one occasion, including examples of the annual Diabetes review and in Dentistry.

“I haven't heard from dentist since my appointment was cancelled during COVID-19 - at the time they told me they would re-arrange it and be in touch.”

## **Coordination**

Coordination comes up as a key theme through the insights we have heard from people. This includes coordination within services and across the system.

People have told us that records are not joined up and services do not always communicate with each other effectively. We have heard that people have had to tell their story multiple times or need to reiterate key information at points throughout their journey, this leads to frustration and details often being missed.

“I have several health needs and am seen under neurology, pain management and gynaecology, also my GP. There is no joined-up system where all those departments work in unison; it is piecemeal, and I am the one managing it, trying to pull the strings together, chasing it up when one contradicts the other”.

People have told us that there are issues when notes and patient records are not joined up, and services can still not access people's records across systems. This presents a number of barriers to people receiving the effective treatment and can cause stress for people as they try to navigate the systems, particularly for people with caring responsibilities.

“When my father then goes into hospital again after appointments elsewhere there are gaps in the record and disturbingly medical staff often do not know about the medical history. There is a lack of consistency in healthcare as a result and on occasion when I've

asked staff to note specifics on his record and ensure it is given to follow.”

There are issues when people have been told that appointments will be made but this is then not followed up and is sometimes caused by a lack of coordination between providers. We heard from two prison leavers who talked about how they had struggled to access appointments after leaving prison and were told repeatedly that they would be booked in for an appointment, but this did not happen.

Waiting times and timely services are also common themes in the feedback we have received from people.

“You get an appointment at the Doctors then it takes ages for them to contact a consultant. Months later you get an appointment that is cancelled again and again and then all the clinics in my case ENT are cancelled, presumably due to lack of doctors”.

“We were booked into wrong clinic, which led to waiting over a year to see a consultant following diagnostic procedures”.

People have told us that medication shortages and lack of alternative medication can be an issue. We have been told that if blood tests and repeat prescription reviews don't line up with when prescriptions are needed, medications are not dispensed. We have heard from people who are experiencing homelessness that requesting medication can be challenging at times, one man described needing to attend surgery in person every week to fill out a slip to request medication – the man had problems with his legs which cause mobility problems meaning this is difficult to do every week, he was also required to attend in person to collect the medication, and was prescribed one weeks' worth of medication at a time but with no explanation as to why; this meant that it became

very difficult for him to repeatedly access his much needed medication.

We have also heard from a transgender individual who shared that they had their hormones stop unexpectedly whilst on the gender identity service waiting list, and they were then waiting for a significant amount of time without the required hormone treatment.

### **Variation and lack of consistency**

People have told us that there is a level of variation in the care they are receiving. Some people report positive experiences of aspects of healthcare, whereas others have shared much less positive experiences, this is particularly apparent in access to primary care but is a theme across most health services. The insights we have gathered also suggest that there is greater variation for people who are facing health inequalities than those who are not.

People have told us that they feel there is a disparity between physical and mental health, and that mental health treatment and support is variable.

“Still no 'parity of esteem' in Leeds regarding mental as opposed to physical health. If I have a physical health condition, I get treatment for as long as is necessary, however if I have an ongoing mental health support need, I only get a quota of help (e.g. 6 counselling sessions) not help for as long as I need it”.

We have heard that people have experience different standards of care in different areas. In particular people have told us that annual health checks are not consistent, for some people with a learning disability these are being done and for some they aren't, and in some

cases, these might be carried out over the phone despite there being a need for physical checks.

People also told us to be able to successfully manage serious and long-term conditions it is crucial to have consistent care, however this is not always peoples experience.

“Having had cancer surgery, I was told quarterly monitoring would happen for first two years. At end of first year, I have only had two scans. I was recently offered follow up appointment with oral surgery and no scan had been ordered. Referral was made but I have now been told I am not urgent so still waiting with after 5 months this is not reassuring.”

## Key messages and recommendations

### 1. Access

- Services, particularly GPs and Primary Care, would work better for people if restrictions were removed on times that people can make appointments.
- Flexible ways for people to make appointments would be helpful; including the option to book appointments in advance and to have systems in place that allow people to manage their bookings.
- Both online and face to face appointments should be offered, and in person appointments should be at a place that is accessible and easy to access on public transport routes.
- Out of hours appointments would be useful for working people or those who cannot attend early morning appointments.

- Community outreach and services being provided holistically within one venue/session would be effective for people and community groups who are less likely to access services through the current usual means.

## **2. Quality of care**

- It is important to maintain privacy and dignity during booking and attending appointments, and this should be respected at all times.
- Time should be given to understand people's needs and choice in how these needs can be met.
- The quality of care on offer and received should be equitable across communities, and efforts should be made to ensure that services are delivered in a way that allows this to happen.

## **3. Communication**

- People need better communication with regular updates on wait times.
- There should be clear contact details of how to get in touch between appointments.
- Clear and accessible information must be provided, and opportunity given to ask questions.
- People must be kept informed and involved throughout, in a way that they can understand.

## **4. Coordination**

- There must be better coordination between care providers, with joined up access to referral information, patient information and care planning.
- Where possible, people should be given a choice of where they receive treatment and provided with appointment and treatment information well in advance.
- Services and systems must work better together.

## **4. Variation and lack of consistency**

- There is a distinct variation in people's experiences, and this is dependent on several factors. How services are currently offered is not accessible to all people, particularly those at greatest risk of health inequalities and therefore positive engagement with healthcare services is variable for these groups of people.
- Equity in access and experience must be the focus for healthcare services going forward, and we must work with communities to truly understand what this will look like in the future.

# References

This briefing has been written using a range of reports and sources including insight captured from [West Yorkshire Voice](#), Healthwatch in [Leeds](#), [Kirklees](#), [Calderdale](#), [Wakefield and District](#), [Bradford and District](#) and [North Yorkshire](#). Information was also gathered from [Healthwatch England](#) reports, as well as [Integrated Care Board](#) teams who have spoken with the public and listened to their views.

## Testimonies

What did we ask community organisations?

We asked:

1. What is working well?
2. What does not work well/what could be improved?
3. What worries you about your health, and managing your health?
4. What suggestions do you have for how health services could work better?

## People who are deaf

### Bradford Talking Media

Bradford Talking Media is an organisation that is passionate about making information accessible to as many people as possible. BTM works with, and supports, a broad range of individuals and communities who find ordinary print difficult or impossible to read.

### What is working well?

- There is one place to book interpreters in Bradford; this works well and is easy to use.



- Some people have had positive experiences of interpreters being provided at Optician appointments, when interpreters are provided this works well.

### **What does not work well/what could be improved?**

- One interpreter booking system does mean that you have to book far in advance as appointments can get booked up and there are not always enough interpreters available.
- Video interpreting does not feel accessible.
- One person shared an experience of there being no interpreter at A&E.
- One person shared that they had to drive to Huddersfield to access a Dentist as there were none available in Bradford.
- There are varied experiences of interpreter provision at Optician appointments, some people were not provided with an interpreter.

## **People who experience sight loss**

### **West Yorkshire Sight Loss Council**

West Yorkshire Sight Loss Council launched in December 2021 and works with blind and partially sighted volunteers. They meet once a month to discuss their work on projects across our three key priority areas of employment and skills, health and well-being and inclusive communities.

### **What does not work well/what could be improved?**

- Services are not consistently following the Accessible Information Standard:
  - Requests for large font take a long time to come through or are not honoured.

### **What worries you about your health, and managing your health?**

- There seems to be no link between mental health services and diagnosis of visual impairment – not considered to be a link between emotional impact and the diagnosis.
- 76% of people who are blind/ partially sighted are working age and unemployed.
- Many people are unaware of their rights as people with visual impairments.

## **People who have experienced, or are experiencing homelessness**

### **Bevan Healthcare**

They operate across West Yorkshire work with refugees and asylum seekers, people experiencing homelessness or who are insecurely housed, sex workers, Gypsy Romany and traveller groups.

### **What is working well?**

- Bevan has designated GPs who come into the centre as outreach
- One local service has some funding to do some targeted work around emergency Dentistry care which is open to all the public

### **What does not work well/what could be improved?**

- Patients are still required to ring up and book an appointment at 8am which isn't accessible due to many people not sleeping through the night – they are doing some targeted work around changing this for the practice.
- There aren't enough GP slots available to meet the need for patients.

- Didn't used to offer food whilst providing healthcare but people were so hungry, so this was important to introduce. This helps offer healthcare services to people alongside a hot meal and a warm space.
- Having all services in one place is helpful.
- Many people use the Bevan service even once being housed and then there is outreach and transitional support towards mainstream services
- Many people come through word of mouth and so people travel out of area to access Bevan e.g. Shipley

### **What suggestions do you have for how health services could work better?**

- Most services are in house, but dentistry is still separate, it would be good for this to be brought into the services being provided in house.

### **Spectrum Community Health Community Interest Company**

Spectrum Community Health Community Interest Company provides quality healthcare for people in vulnerable circumstances. They work in partnership to provide primary care, substance misuse and sexual health services, in the community and in secure environments, including prisons and hospitals.

### **What does not work well/what could be improved?**

- Dental care:
  - Waiting list to become a patient – waiting for years. This leads to emergency problems which are compounded by limited resources to self-manage whilst homeless/ in vulnerable housing
  - Limited availability of slots for spectrum and other organisations to refer to despite demand.

- Hospital treatment:
  - Pinderfields send letters to offer patients to 'opt in' to an appointment by ringing up – this isn't accessible if someone doesn't have access to a phone/ can't ring up which is common among homeless/ vulnerably housed communities.
- Housing challenge:
  - Instance of supported living not being safe – possessions being taken, drug dealing taking place – feeling unsafe in house. Supported living service not intervening.
- Lack of support for homeless people
- Limited drop-in services – people come for a hot meal once a day but that will be the only food they eat that day.
- Based centrally so not accessible to everyone

## People with learning disabilities

### Bradford Talking Media

#### What is working well?

- Receptionists being helpful and friendly.

#### What does not work well/what could be improved?

- Different standards of care experienced in different areas:
  - E.g. annual health checks done differently in each area. Some have regularly, some don't. Some being done over the phone despite there being a need for physical checks.
- Not all services and information follow the accessible information standards e.g. easy read.
- Services not offering face to face appointments feels inaccessible as talking on the phone or booking online feels more difficult.
- Hard to explain things over the phone.

- Online services require digital skills which may mean someone needs to support.
- Queues on the phone.
- Not being talked to directly/ seen as capable of talking to directly – example = someone couldn't see the dentist alone without their mum present despite wanting to go ahead with the appointment.

### **What suggestions do you have for how health services could work better?**

- Important to explain things simply.
- Where check-ups/ follow ups are required, it would be helpful to have a reminder text.

### **Healthier Lives Bradford**

Healthier Lives is a network that gets together people who have or work with people with learning disabilities. They hold a meeting on annual health checks.

### **What is working well?**

- These are important to people because they are more vulnerable and are more at risk of multiple conditions e.g. cardiac conditions, epilepsy, and diabetes.
- People can't always express that they are in pain – the annual health check helps as a preventative measure.

### **What does not work well/what could be improved?**

- Lots of people don't go to the dentist:
  - There is a misconception that if you don't have any teeth that you don't need to go to the dentist.
- People can't express that they are in pain – helps as a preventative measure.

### **What worries you about your health, and managing your health?**

- People can't always express how they are feeling without these annual health checks.
- People with learning disabilities might struggle to listen to the signs of when to slow down and when they might be struggling with their health.

## **People who have recently left prison**

### **Spectrum Community Health Community Interest Company**

#### **What does not work well/what could be improved?**

- Two prison leavers talked about how they had struggled to access an appointment after leaving prison and were repeatedly told they would be booked in for one, but this didn't happen.

## **People who are neurodiverse**

### **NHS in West Yorkshire neurodiversity (Autism & ADHD) project - in partnership with Touchstone**

#### **What does not work well/what could be improved?**

- Several people have reported as part of our reasonable adjustments work that they have been let go from work or not been offered jobs because the recommendations from occupational therapy have made it easier for work to let them go or not recruit them to post.
- Autistic people have reported that they find the therapies through IAPT do not work for them because they aren't individualised / appropriate for autistic thinkers. There don't seem to be alternatives for ND communities or if there are, people aren't aware of them.

#### **What worries you about your health, and managing your health?**

- A few people have been getting in touch to say that they've been told by their GPs that school are responsible for making referrals for Autism & ADHD assessments for their children (this isn't true, school gather the evidence, but the GP needs to make the referral) and are seeking advice around this. It's apparently something that has been coming up on Facebook ND family forums a lot more too. This has been across different WY areas.

## People who have had a stroke

### Different Strokes

Different Strokes help younger stroke survivors and their families to achieve an active recovery throughout their lives.

### What is working well?

- Airedale Hospital have psychological support as part of the stroke offer which works well.
- Airedale now have a scheme to support people returning to work – this has been set up as many post-stroke symptoms are similar to that of long COVID.

### What does not work well/what could be improved?

- Stroke patients get 12 weeks support after a stroke, but this isn't long enough considering the profound and lifelong impact.
- 6 sessions of physio aren't sufficient.
- Experience of having two falls post stroke due to it taking over a year to assess home environment and put in place house adaptations
- Challenges of being a carer for a parent in another city – carers charity in each area said they couldn't support. Caring for parent in Scarborough but living in Leeds – Leeds couldn't support because

care provided in Scarborough and Scarborough couldn't support as they were living in Leeds.

- Stigma in services:
  - Treated as though not intelligent – e.g. being presented with a box of toys
  - Assumption of needing care
- Inconsistency of record keeping and use of notes:
  - Provided with codeine for pain when allergic to codeine – caused anaphylaxis
  - Needed to come off medication for surgery but surgeons and staff weren't aware of this
  - Regularly suggested to take ibuprofen despite being on blood thinners
  - Had another patient notes on their system
  - Hypermobility – resistant to anaesthetic but not noticed on record

### **What worries you about your health, and managing your health?**

- There is a need for a lot of other services after a stroke.
- There is new research into the potential for dental problems to cause strokes – bacteria can cause heart conditions which can cause strokes.
- Returning to work after a stroke can be very challenging as the benefits system isn't supportive enough, applying for PIP is difficult and difficult to get the phased return needed.
- Experience of being put on a disciplinary for having a stroke on the way to work.
- Many people end up becoming self-employed because this is more manageable.



## **What suggestions do you have for how health services could work better?**

- Important to have more lived experience training for staff.

## **People who have accessed or are accessing mental health services**

### **Spectrum Community Health Community Interest Company**

#### **What does not work well/what could be improved?**

- GP access:
  - One person reported being denied appointments for mental health due to drug and alcohol and anger challenges – started to engage with drug and alcohol services but anger issues were still a barrier – this is despite risks to self through self-harm and suicidal ideation/ attempts.

Leeds Mental Wellbeing Service LS9 Lives project

Leeds Mental Wellbeing Service aims to truly integrate primary care and psychological therapies alongside a range of third sector partners in order to meet the diverse needs of the people of Leeds.

#### **What suggestions do you have for how health services could work better?**

- Consistent support – there are lots of wellbeing groups in the area, but these often end or lose funding, and people are left without alternative options.
- Community and connection – facilitating people to make connections in the local community and feel less isolated.
- Involving Family and Friends in their care.

- Initial Interactions & Feeling Welcome – a more accessible “front door” into Leeds Mental Wellbeing Service.
- Advertising primary care mental health within LS9 – many people have needs that could be met by the primary care mental health aspect of Leeds Mental Wellbeing Service but did not know about it.

## **LGBTQ+ Community**

### **Leeds LGBTQ+ Minds project**

Provides information on where and how to access inclusive and safe mental health support for LGBTQIA+ people in Leeds

### **What does not work well/what could be improved?**

- Communication with LMWS can feel impersonal & dehumanising.

### **What worries you about your health, and managing your health?**

- Indirect exclusion from the service (for example, LMWS cannot support people with eating disorders or addiction issues, which are difficulties that disproportionately affect the LGBTQIA+ community) drives people towards community/peer support, leading to community burn out.
- Perception of the service by LGBTQIA+ community affects their likelihood to access it. There are things that can be done e.g. branding.

### **What suggestions do you have for how health services could work better?**

- Leeds Mental Wellbeing Service needs to link LGBTQIA+ people in with their communities better.
- Records management: LGBTQIA+ service users need the data that’s kept about them to be accurate, easily accessible, and to have shared power in its creation.

- Thorough and consistent training on LGBTQIA+ identities and needs is needed across the whole service, to give staff confidence.
- Communication about how the service and specific treatments work need to be clearer for both staff and service users.
- Staff training needs to be improved on wider inclusion and person-centred care across the whole service.

### **People impacted by the cost-of-living crisis and those people living in areas of high deprivation**

We heard about the disproportionate impact poverty has on people trying to access health and care services. This ranges from digital exclusion to being charged for letters, not getting some health care and treatments such as dentistry because NHS services are simply not available to them, through to other interventions that cost money. There is a need to minimise or eradicate unseen additional costs for people with the greatest health inequalities.